

## I Can't Get No Satisfaction Data: The Trials and Tribulations of Obtaining Satisfaction Data in Our Outpatient Palliative Medicine Clinic

Kimberly Sickler, MS, RN, CNS, ACHPN  
Mary Song, MPH  
Ashley Bragg, BS  
Stanford Health Care – Dept. of Palliative Medicine



ksickler@stanfordhealthcare.org  
<https://stanfordhealthcare.org/medical-clinics/palliative-care.html>

### Background

There is limited patient satisfaction literature in the Palliative Medicine setting. We developed our own satisfaction survey, since our clinic was too small to use Press Ganey to assess our patient's satisfaction with care. We also wanted something that would capture video visit data which Press Ganey did not.

### Methods

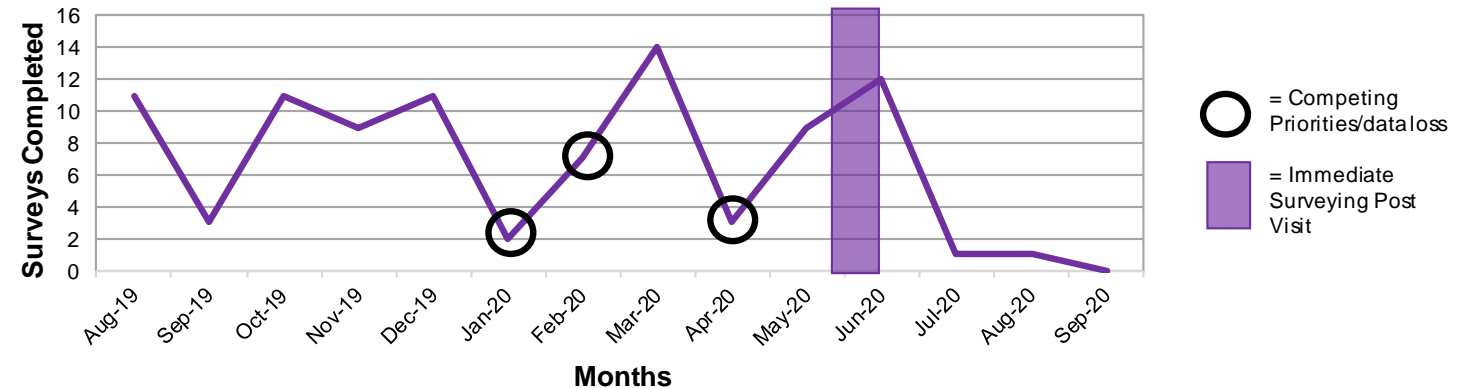
We developed a 17-item survey tool. We engaged known patients to pilot our survey for clarity and ease of use. Then our survey was sent to all new patients using the hospital's secure messaging portal. We created a standardized email with a link to our Qualtrics based survey. Our medical assistants sent the survey through our patient portal within 1-2 weeks of the patient visit. They documented weekly the number of messages sent and those unread. We reviewed weekly the number of responses. Six months in, we revised our process to send emails within two days of the visit.

### Results

- We sent 652 surveys
- Received 94 responses (14%)
- 56 were unable to be surveyed because of access.
- After 6 months of surveying, our response rate dropped to nearly 0 and we lost approximately 12 weeks of data.
- During a two weeks trial we sent the surveys within 48 hours, the numbers of survey received more than doubled.

# Optimizing Patient Satisfaction Survey Data: Immediate surveying of patients post visit improves response rates

Surveys Completed in FY 2020



### Conclusion

- Despite standardizing and embedding messaging into workflows, **competing priorities may contribute to data loss**.
- Having a standard cadence for reviewing results with the department and management may create more buy in and assist with needed surveying adjustments.
- Most importantly, **immediate surveying post visit improved response rates**.
- Consider **automation of surveys through the patient portal**



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# Stanford Palliative Medicine Patient Satisfaction Survey FY 2020

At Stanford Health Care we seek to deliver the highest levels of expert care with compassion and caring. We truly wish to provide an outstanding health care experience and greatly appreciate the input of our patients. Please find below a patient survey in relation to your recent experience with our Palliative Medicine Clinic. We hope that you will take a few minutes to complete the confidential survey. If you have any additional comments or questions, please call our Stanford Health Care Guest Services at 650-498-3333. On behalf of everyone at Stanford Health Care, we thank you for entrusting us with your care. Please know that we are committed to delivering the highest levels of excellence in care, one patient at a time.

**Instructions:** Please select the response that best describes the most recent experience you received at the Palliative Medicine Clinic. If you do not wish to answer a question, please skip to the next question.

What is your age?

- Under [25](#) (1)
- 25 - [44](#) (2)
- 45 - [64](#) (3)
- 65 - [84](#) (4)
- 85 and [up](#) (5)

To which gender do you most identify?

- [Male](#) (1)
- [Female](#) (2)
- [Other](#) (3) \_\_\_\_\_

Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or [Latino](#) (1)
- No, not Hispanic or [Latino](#) (2)

Choose one or more races that you consider yourself to be:

- [White](#) (1)
- Black or African [American](#) (2)
- American Indian or Alaska [Native](#) (3)
- [Asian](#) (4)
- Native Hawaiian or Pacific [Islander](#) (5)
- [Other](#) (6) \_\_\_\_\_

How far do you live from the Stanford facility where you see the Palliative Medicine team?

- Less than 10 [miles](#) (1)
- 10 - 30 [miles](#) (2)
- 30 - 50 [miles](#) (3)
- More than 50 [miles](#) (4)

Was this your first visit with Palliative Medicine?

[Yes](#) (1)

[No](#) (2)

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Was this most recent visit in-person, over the telephone, or a MyHealth video visit?

In-person [visit](#) (1)

Telephone [visit](#) (2)

MyHealth video [visit](#) (3)

*Skip To: End of Block If Was this most recent visit in-person, over the telephone, or a MyHealth video visit? = Telephone visit*

*Skip To: End of Block If Was this most recent visit in-person, over the telephone, or a MyHealth video visit? = MyHealth video visit*

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Please select where your most recent Palliative Medicine Clinic experience was:

▼ Blake Wilbur (900 Blake Wilbur, Palo Alto) (1) ... Emeryville (5800 Hollis St, Emeryville) (6)

Thinking back to scheduling your appointment, how would you rate the following:

	Very Poor (1)	Poor (2)	Fair (3)	Good (4)	Very Good (5)
Scheduling a visit on the day and time you wanted (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The courtesy of the person scheduling your appointment (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The knowledge of the person scheduling your appointment (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments regarding scheduling:

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Most recently, how did you attempt to contact the Palliative Medicine Clinic for assistance?

- MyHealth [message](#) (1)
- [Telephone](#) (2)
- [Other](#) (4) \_\_\_\_\_
- I have not attempted to contact the Palliative Medicine [Clinic](#) (3)

Display This Question:

If Most recently, how did you attempt to contact the Palliative Medicine Clinic for assistance? ≡ I have not attempted to contact the Palliative Medicine Clinic

How would you describe your experience contacting the Palliative Medicine Clinic by \$(Q3/ChoiceGroup/SelectedChoicesTextEntry)?

	Very Poor (1)	Poor (2)	Fair (3)	Good (4)	Very Good (5)
Friendly/Courteous (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsiveness (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needs Met (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of Use (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Most recently, how did you attempt to contact the Palliative Medicine Clinic for assistance? ≡ I have not attempted to contact the Palliative Medicine Clinic

Comments regarding contacting the Palliative Medicine Clinic by

\_\_\_\_\_

What is your preference for how to contact the Palliative Medicine Clinic? (Check all that apply)

- MyHealth (1)
- Telephone (2)
- Other (3) \_\_\_\_\_

How well did each of the following providers meet your expectation? (If you did not see a team member, please leave it blank.)

	Very Poor (1)	Poor (2)	Fair (3)	Good (4)	Very Good (5)
Physician (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advance Practice Provider (i.e. Nurse Practitioner, Physician Assistant, Clinical Nurse Specialist) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Worker (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual Care Provider (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinic Coordinator (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about your most recent visit:

	Very Poor (1)	Poor (2)	Fair (3)	Good (4)	Very Good (5)
How do you feel about the length of your visit? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How clear were the instructions given for follow-up care (medication, coping techniques, etc.)? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well did your provider(s) address your questions or worries? (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments regarding your most recent visit:

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Thinking about your most recent visit:

	Very Poor (1)	Poor (2)	Fair (3)	Good (4)	Very Good (5)
How valuable was this Palliative Medicine Clinic visit? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How likely are you to recommend the Palliative Medicine Clinic to others? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How can we improve your experience in the Palliative Medicine Clinic?

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Are there any other comments you would like to share?

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If you would like to be contacted for follow-up, please leave your name and best method of contact (optional):

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## Contact Information

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- [ksickler@stanfordhealthcare.org](mailto:ksickler@stanfordhealthcare.org)
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- Stanford Healthcare
- <https://stanfordhealthcare.org/medical-clinics/palliative-care.html>

