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

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.

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
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 (5)

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)

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)

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:

<table>
<thead>
<tr>
<th></th>
<th>Very Poor (1)</th>
<th>Poor (2)</th>
<th>Fair (3)</th>
<th>Good (4)</th>
<th>Very Good (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduling a visit on the day and time you wanted (1)</td>
<td>○</td>
<td>○</td>
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<td>The courtesy of the person scheduling your appointment (2)</td>
<td>○</td>
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<tr>
<td>The knowledge of the person scheduling your appointment (3)</td>
<td>○</td>
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</table>

Comments regarding scheduling:

________________________________________________________________

________________________________________________________________

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)
How would you describe your experience contacting the Palliative Medicine Clinic by $\text{OAXChoiceGroupSelected[Choices]}$?

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<tr>
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<th>Good (4)</th>
<th>Very Good (5)</th>
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</thead>
<tbody>
<tr>
<td>Friendly/Courteous (1)</td>
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<tr>
<td>Responsiveness (2)</td>
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<td>Needs Met (3)</td>
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<td>Ease of Use (4)</td>
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</table>

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.)

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<tr>
<td>Physician (1)</td>
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<td>Advance Practice</td>
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<tr>
<td>Provider (i.e. Nurse</td>
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<tr>
<td>Practitioner, Physician</td>
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<tr>
<td>Assistant, Clinical</td>
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<td>Nurse Specialist) (2)</td>
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<td>Social Worker (3)</td>
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<td>Spiritual Care Provider (4)</td>
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<td>Clinic Coordinator (5)</td>
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<tr>
<td>Thinking about your most recent visit:</td>
<td>Very Poor (1)</td>
<td>Poor (2)</td>
<td>Fair (3)</td>
<td>Good (4)</td>
<td>Very Good (5)</td>
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<td>How do you feel about the length of your visit? (6)</td>
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<td>How clear were the instructions given for follow-up care (medication, coping techniques, etc.)? (7)</td>
<td>○</td>
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<tr>
<td>How well did your provider(s) address your questions or worries? (8)</td>
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Comments regarding your most recent visit:

__________________________________________________________________________
__________________________________________________________________________
Thinking about your most recent visit:

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<tr>
<td>How valuable was this Palliative Medicine Clinic visit? (2)</td>
<td>○</td>
<td>○</td>
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<td>○</td>
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<tr>
<td>How likely are you to recommend the Palliative Medicine Clinic to others? (1)</td>
<td>○</td>
<td>○</td>
<td>○</td>
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How can we improve your experience in the Palliative Medicine Clinic?

__________________________________________________________________________________

__________________________________________________________________________________

Are there any other comments you would like to share?

__________________________________________________________________________________

__________________________________________________________________________________

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

__________________________________________________________________________________
Contact Information

- Kimberly Sickler, RN, MS, CNS, ACHPN
  - ksickler@stanfordhealthcare.org
- Mary Song, MPH
  - msong@stanfordhealthcare.org
- Ashley Bragg, BS
  - abragg@stanfordhealthcare.org
- Stanford Healthcare
  - https://stanfordhealthcare.org/medical-clinics/palliative-care.html