

A Success Story...

THE POWER OF PATIENT FEEDBACK

Involve patients in delivering and developing care

Bywater Medical Jindalee - QLD

The 'patient experience' is a key component of quality care. Whilst the technical aspects of care are paramount, just as important are the humanistic skills of the clinician and the extended practice team in ensuring the patient has a positive experience of care.

One of the best ways of gauging one's ability in this area is to 'ask the patient'. Evidence shows that patient feedback via surveys can be a valuable and effective method for clinicians in improving their communication skills, thus enhancing the clinician's ability to engage the patient in self-management strategies.

This case study outlines the process that Bywater Medical Jindalee undertook to address Change Principle 4: Involve Patients in delivering and developing their care to analyse how well they as a practice team, specifically clinicians were engaging with their patients.

The practice identified this as a critical role for the 'whole of practice team' to integrate the patient's perspective in the services they offer by utilising patients unique insights and views.



Context

Bywater Medical Jindalee is located in Jindalee, a Western Centenary suburb of Brisbane, approximately 13km from the Brisbane CBD. This location is classified urban, RRMA 1, and is one of the highest average socio-economic suburbs within Brisbane South Division's catchment area. The Division boundary includes approximately 50 suburbs and 18 postcodes.



L-R: Kay Taylor (Reception), Roslyn Elton (Practice Manager), Brenda Dyer (Practice Nurse)

Bywater Medical Jindalee has been established for 15 years. There are 9000 active patients on their database. The patient demographic consists mainly of young families and children, but there is also a high elderly population. This accounts for the higher incidence of chronic disease.

There are currently 149 patients on the practice Coronary Heart Disease (CHD) register and 166 patients on their Diabetes register.

The practice team consists of 3.6 FTE GPs, one full time Practice Manager, one full time Practice Nurse and five Reception staff. The practice participated in Wave 2 of the National Primary Care Collaboratives.

"The practice embraced the idea of gaining patient feedback to better inform the way they operate in their various roles...as a team and as a practice."

The Situation

Due to the impending change in ownership at Bywater Medical in 2006, the Practice Manager and Principal Doctor recognised a golden opportunity to work with the Brisbane South Division of General Practice and Client Focused Evaluations Program (CFEP) to obtain patient feedback with which to inform the patient's experience/s at the practice. It was felt that it was also a chance to involve the 'whole of practice' in this exercise, including the patients in a manner that would be interactive and positive to all.



Dr Greg Norman (Principal GP) and patient

Aside from the patient feedback surveys previously conducted for Practice Accreditation requirements, there really was no current feedback mechanism or quality improvement system in place to monitor this. The practice had not at any other stage sought patient's views on certain issues. Similarly, participation in the NPCC highlighted this fact and gave more meaning to 'making improvements' and identifying areas for improvement.

In addition, the practice had already done a significant amount of work and made great progress with their chronic disease patients and already developed and/or adapted a number of resources to assist in patient education and self management including hand held records, patient education packs, laminated pocket size dietary requirements cards, Diabetes Annual Cycle of Care brochures and healthy eating workbooks. The practice was also conducting Nurse led Diabetes MiniClinics. Having introduced new services at the practice, gaining this feedback would provide timely information.

The Change

The 'whole of practice' was involved and it was very much a team effort. The Practice Manager took the lead role in overseeing, administering and collating the surveys in the time required. This work was conducted over a two month period in early 2006. Three GPs at the practice participated. CFEP provided 40 surveys per GP which were then completed by the patient at the conclusion of the consultation.

After initially experiencing difficulties at peak times, the surveys were then only administered mid morning and afternoon so as to not disrupt and place any extra burden on the reception staff. The Practice Nurse also assisted with this process where necessary.

This exercise took considerable cooperation from the entire team. The requirement of 40 completed questionnaires per Doctor did place a time stress upon staff as this was an extra consideration in a very busy general practice environment, however the benefits of this exercise far outweigh this barrier. There was also an obvious need for the Practice Manager to communicate effectively with the team in the lead up to implement this process and she also did this on a daily basis during the survey collection.

Initially the patient's response to providing feedback in general terms was positive and there was very little difficulty in getting patients to respond to the survey, however the practice did not get a 100% response rate from the patients asked

Individual clinician's received their own personal report based on the results of their feedback. A powerful follow-up to this feedback was for the clinician's to undertake a targeted workshop that built on their skills identified from the patient feedback. This two to three hour workshop used the results of the feedback to drive learning. PDSA's for the application of this idea to address Change Principle Four as well as the outcomes, were developed.

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The Outcome

One of the major benefits was the receipt of the comprehensive report from CFEP. Receiving powerful (and potentially confronting feedback) on how the patient's perceived you as a Doctor, and addressing such issues as communication style, allowed patients to communicate points and issues they felt strongly about. The Practice Manager revealed that "the positive feedback was also confirmation that we were doing a really good job". In summary, the positive feedback related to the patient call back system, warmth of greeting in the surgery, the Doctor's ability to listen and recognition of exceptional reception staff members.

The most pressing administrative problem that emerged was that of patient negativity towards extended waiting times. The need to fully inform patients of how long they may have to wait if their doctor is running late as the patient presents is a strategy that is now embedded at the practice, as is the '20 minute head count'. This allows Reception staff to do a head count of patients in the waiting room at sporadic times during the day to ensure no patient is missed and that they are regularly communicated to in regards to waiting times.

Another significant change has been that the practice has also commenced 'same day appointments only' for the busiest GP which has curbed the access problem. Various resources were developed to educate patients on waiting times and were displayed in the waiting room and handed to patients on arrival at the practice. The practice also developed a communication board which addressed all suggestions individually (based on the feedback). This served to thank patients for their input and outlined how Bywater management intended and had addressed the issues.

Overall the clinicians felt the feedback was invaluable, offering an opportunity for reflection on consultation communication styles. The principal GP intends to introduce a series of micro patient feedback surveys, possibly three times per year, that will allow Bywater Medical to quickly respond to shifting patients attitudes. More specific feedback relating to the Diabetes Mini-clinics has already been identified as one option for further engagement with patients.

This has been a 'success story' because the practice embraced the idea of gaining patient feedback to better inform the way they operate independently in their various roles within the team, as a team and as a practice. They also need to be commended for taking that step; for looking at innovative approaches to tackle the higher Change Principles and for embedding the way they will do this in the future.

This highlights the practice's dedication and motivation to reflect openly and gain feedback from the patient's directly.

Support Material

- Client Focused Evaluations Program (CFEP) Validated Practice Accreditation and Improvement Survey (PAIS)
- Communication Board and patient flyers to communicate with patients
- Laminated signs in the waiting room to educate patients on waiting times

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