

## **RACGP Patient feedback guide: Learning from our patients**

### **Disclaimer**

The RACGP Patient feedback guide: Learning from our patients (updated 2014) (Publication) is copyright of The Royal Australian College of General Practitioners, ABN 34 000 223 807 (RACGP). The information set out in the Publication was sourced from providers believed to be reputable and reliable, and was current at the date of first publication. However, the RACGP recognises the changing and evolving nature of social research principles, and does not guarantee this Publication is or will remain accurate, current or complete.

Instead, the information is intended for use as a guide of a general nature only. It is not an exhaustive analysis of the subject matter. It may or may not be relevant to particular practices or circumstances. Persons implementing any recommendations contained in this Publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when so doing.

To the extent permitted, the RACGP does not make any warranties of any kind, express or implied (including as to fitness of purpose or otherwise), nor it does it guarantee the satisfaction of relevant laws (including privacy laws), and it excludes all liability to anyone in relation to the Publication. Such excluded liability includes that for loss or damage (including indirect, special or consequential damages), cost or expense incurred or arising by reason of any person using or relying on the information contained in the Publication, whether caused by reason of any error, any act or omission (whether negligent or not), or any inaccuracy or misrepresentation in the information in the Publication.

First published October 2010 with editorial revisions October 2011, September 2012, August 2014.

ISBN: 978-0-86906-418-4

### **Recommended citation**

Patient feedback guide: Learning from our patients. Melbourne: The Royal Australian College of General Practitioners, 2014.

The Royal Australian College of General Practitioners  
100 Wellington Parade  
East Melbourne Victoria 3002 Australia  
Tel 1800 626 901  
Fax 03 9696 7511  
[www.racgp.org.au](http://www.racgp.org.au)

ABN 34 000 223 807

© The Royal Australian College of General Practitioners 2014

## *Purpose of this document*

The *Patient feedback guide: Learning from our patients* (the Guide) has been developed to:

- assist general practices in understanding what is required to fulfil Criterion 2.1.2 of the RACGP *Standards for general practices* (4th edition)
- explain the options available to practices for meeting the requirements of criterion 2.1.2
- provide guidance for practices wishing to develop their own practice-specific patient feedback tool.

The *RACGP Toolkit for developing practice-specific questionnaires* (the Toolkit) is a separate document to be used in conjunction with this Guide. It provides resources to assist practices in designing a practice-specific questionnaire and is available for free download on the RACGP website, [www.racgp.org.au/your-practice/standards/resources/patient-feedback](http://www.racgp.org.au/your-practice/standards/resources/patient-feedback)



# Contents

<i>Purpose of this document</i>	<i>i</i>
<i>1. Introduction</i>	<i>1</i>
<i>2. What is the value of patient feedback for your practice?</i>	<i>1</i>
<i>3. The importance of validity and reliability</i>	<i>1</i>
<i>4. How to meet Criterion 2.1.2 of the RACGP Standards for general practices (4th edition)</i>	<i>2</i>
4.1 Option 1: using an RACGP-approved validated patient experience questionnaire	2
4.2 Option 2: develop your own practice-specific method	3
<i>5. Practice-specific methods</i>	<i>5</i>
5.1 Questionnaires	5
5.2 Focus groups	7
5.3 Interviews	10
<i>6. What to measure when seeking patient feedback</i>	<i>12</i>
6.1 Access and availability	12
6.2 Information provision	12
6.3 Privacy and confidentiality	13
6.4 Continuity of care	13
6.5 Communication skills of clinical staff	13
6.6 Interpersonal skills of clinical staff	13
6.7 Patient demographics	14
<i>7. How can we use the information we receive about our patients' experiences?</i>	<i>15</i>
7.1 Embedding quality improvement	15
7.2 Involve the whole team	15
7.3 Develop an action plan	16
7.4 Tell your patients how their feedback has helped	16
<i>8. Useful resources</i>	<i>17</i>
Resources for conducting questionnaires	17
Resources for conducting focus groups	17
Resources for conducting interviews	17
<i>References</i>	<i>17</i>



## *1. Introduction*

You know everything about your practice. You know which consulting rooms are the best, which staff are in demand and what days of the week your telephones are running hot. You know your follow-up system is effective, and also that you have to be extra vigilant with your temperamental vaccine refrigerator. You know your practice inside out and you are the expert about your practice, but are you the only expert?

Do you know what your patients are saying to their friends and family about 'going to the doctor'? What are the things they don't like but are willing to put up with because they really like seeing a particular doctor? What are the things they think you should do differently, but don't believe it is their place to tell the doctor what to do? What is it about their experiences that make them say, 'this is my general practice'?

Some people find the prospect of collecting feedback from patients uncomfortable. There may be concerns about what patients will say and how much time and energy would be needed. At the same time, there can be a degree of excitement and curiosity about the prospect of knowing what patients really think about your practice.

## *2. What is the value of patient feedback for your practice?*

In order to meet your patients' needs, you have to understand what they are. The best way to understand your patients' needs is to ask them.

There are many benefits to systematically seeking feedback about your patients' experiences, including:

- accessing information to assist in quality improvement
- demonstrating to your patients that your practice values their views
- providing constructive feedback to your staff.

There is also evidence that good patient experiences are positively related to other aspects of healthcare, including patients' adherence to their healthcare provider's clinical advice, clinical processes and other outcomes. Good patient experience is correlated with financial indicators, including patient loyalty and retention, reduced medico-legal risk and increased employee satisfaction.<sup>1</sup>

## *3. The importance of validity and reliability*

Patient experience, in itself, is part of the delivery of healthcare. It is important that measurement of this experience is valid and reliable. Therefore, the RACGP has determined that practices should use valid and reliable means of measuring patient experiences.

Validity refers to:

- the extent to which the results can be generalised to all the patients in your practice (external validity)
- the extent to which the results are a true reflection of how your patients experience your practice (internal validity).

Reliability refers to the consistency, reproducibility and repeatability of the results.

## 4. How to meet Criterion 2.1.2 of the RACGP Standards for general practices (4th edition)

Criterion 2.1.2 of the RACGP *Standards for general practices* (4th edition) (the Standards) requires two things of your practice:

1. Collect feedback about your patients' experiences by:
  - Option 1: using an RACGP-approved validated patient experience questionnaire; or
  - Option 2: developing and gaining RACGP approval of your own practice-specific method for gaining patient feedback.
2. Demonstrate that you have used the information you received from patients to help improve your practice.

Ideally, you will also be able to demonstrate that you have provided information to your patients about improvements you have made to your practice in response to their feedback.

### 4.1 Option 1: using an RACGP-approved validated patient experience questionnaire

This option is suitable for the majority of practices and provides an expert, standardised, high-quality and reliable method to collect and report patient feedback. This is also the simplest option and may often be the most cost-effective means. Practices can select the most suitable validated questionnaire from an RACGP-approved list (see [www.racgp.org.au/your-practice/standards/resources/patient-feedback](http://www.racgp.org.au/your-practice/standards/resources/patient-feedback)).

These carefully developed RACGP-approved questionnaires are in line with best available evidence and scientific knowledge about questionnaire development and administration. These questionnaires have been piloted with representative patient samples to ensure they measure patient experiences in a reliable way. The companies offering these questionnaires will also collate and analyse your patients' responses and provide your practice with a report of the results.

The RACGP does not gain any financial benefits from these companies. A small administration fee is charged by the RACGP to review applications for approval of validated questionnaires. The approved questionnaires are not ranked in comparison to one another. Practices may also be able to discuss with these companies the possibility of adding questions to these questionnaires where the practice wishes to seek further information.

If you choose this option, you can now skip to *Section 7: How can we use the information we receive about our patients' experiences?*



## 4.2 Option 2: develop your own practice-specific method

Some practices may choose to develop and administer their own practice-specific method for gaining patient feedback. Practices may wish to develop their own method because:

- the practice requires elaboration or an in-depth understanding of how patients experience a particular aspect of the practice
- the practice seeks to understand how particular types of patients experience care and these patients are unlikely to be sampled using a validated questionnaire
- the practice wishes to gather feedback from patients who are unlikely or unable to respond to a written questionnaire
- the practice wants to gain feedback from patients about very sensitive issues in an in-depth and confidential manner
- it is more culturally appropriate to get feedback via face-to-face communication.

The practice can choose one of the following three options to collect patient experience information using a practice-specific method:

- Develop their own practice-specific questionnaire.
- Conduct focus groups with patients.
- Conduct interviews with patients.

### Prior approval of practice-specific methodology

If a practice chooses to develop its own practice-specific method for gaining patient feedback it needs to apply to the RACGP to have its method approved following the initial development, pre-testing and refinement (but prior to collecting information from patients).

For details on how to apply for approval, please visit [www.racgp.org.au/your-practice/standards/resources/patient-feedback](http://www.racgp.org.au/your-practice/standards/resources/patient-feedback)

This Guide provides advice regarding what is required for the development of questionnaires for individual practices and the use of focus groups and interviews. Requirements are outlined in relation to:

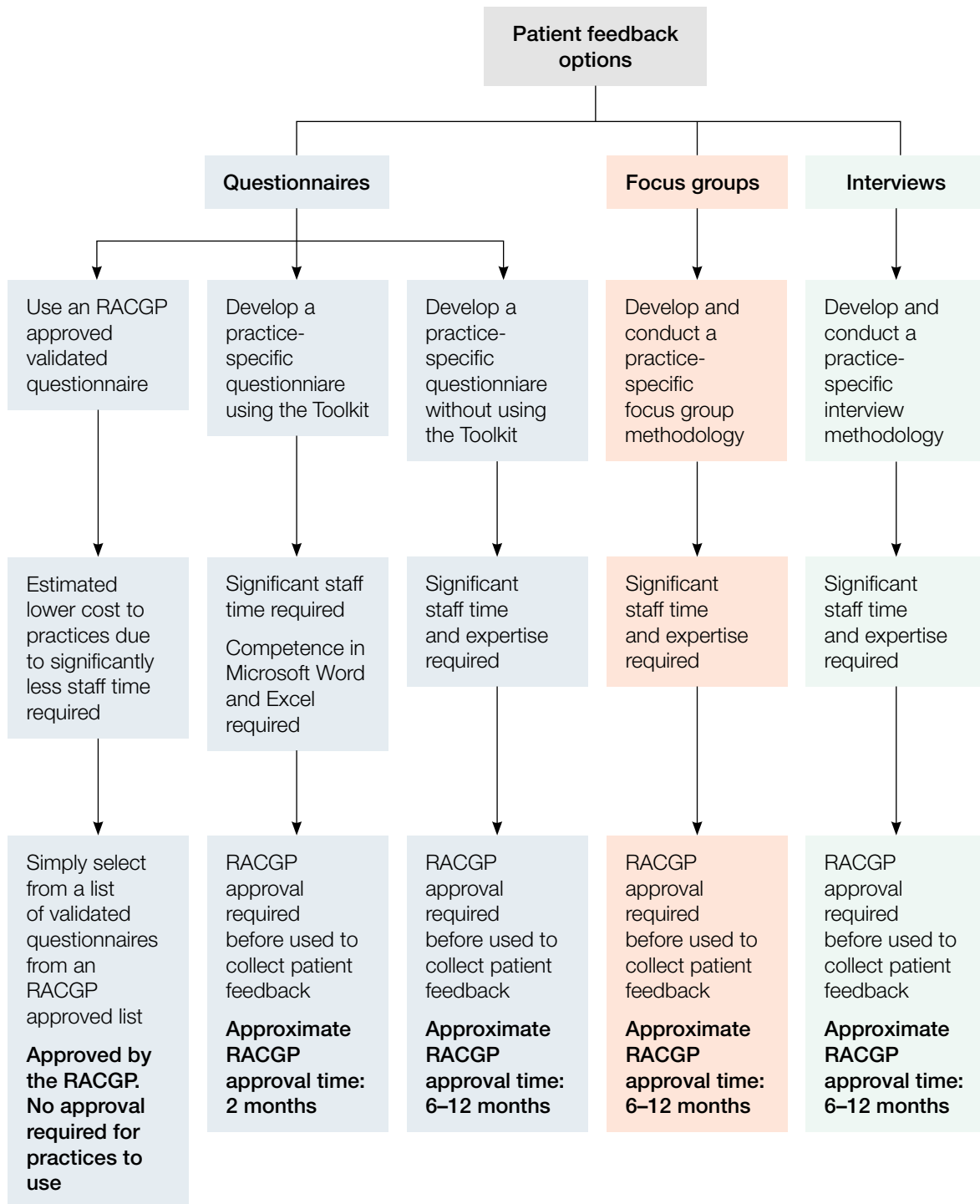
- the development of the practice-specific method
- pre-testing of the method
- selection of the patient sample
- size and composition of the patient sample
- process of data collection and collation
- data analysis and reporting.

The *Toolkit for developing practice-specific questionnaires* (the Toolkit) supports practices that have chosen to develop their own practice-specific questionnaire. The Toolkit provides a framework and a range of templates to assist the development of a valid and reliable patient feedback tool. As such, use of the Toolkit will facilitate faster approval and streamline processing.

For further information on the approval of practice-specific methodologies, please email [standards@racgp.org.au](mailto:standards@racgp.org.au)

*Figure 1* provides a summary and requirements for the available patient feedback options for practices.

Figure 1. Summary of patient feedback options



\*Approval time depends on whether the RACGP requires the tool to be refined and resubmitted.

## 5. Practice-specific methods

### 5.1 Questionnaires

Questionnaires are written documents asking individual patients to provide responses to a series of questions about your practice.

Developing high-quality questionnaires that can produce truly meaningful findings is actually more difficult than it appears. Anybody can write down a list of questions and photocopy it, but producing worthwhile and generalisable data from questionnaires needs careful planning and imaginative design.<sup>2</sup>The advice provided in this Guide and in the Toolkit is based on evidence of accepted methods of increasing the validity and reliability of questionnaires.

#### Why use a practice-specific questionnaire?

Practice-specific questionnaires are especially useful when:

- you want to develop and use your own specific questions
- you want most people to be familiar and comfortable with the method you have chosen to collect feedback.

#### Challenges in developing and administering your own individual practice-specific questionnaire

There are some challenges in developing and administering your own individual practice-specific questionnaire:

- Writing a questionnaire that can produce accurate and meaningful results can be challenging, even for skilled researchers.
- The success of the questionnaire often depends on how easy it is for patients to complete. Any aspect of the questionnaire (eg. length, type of questions, content of questions, order of questions, wording) can deter patients from answering in a way that will provide meaningful information.
- It is sometimes difficult to administer questionnaires in a way that protects data integrity, preserves patient confidentiality and prevents sampling bias.
- Analysing any non-numerical (qualitative) information from any open-ended questions can be challenging and time-consuming to novice analysts.

#### How do we develop and use our own practice-specific questionnaire?

You have the option of using the Toolkit which contains detailed guidance and templates that will assist practices in developing their own tailored questionnaire for RACGP approval, which:

- can produce accurate and meaningful results
- is easy for patients to complete
- protects data integrity
- preserves patient confidentiality
- prevents sampling bias.

Use of the Toolkit will facilitate faster approval and streamline processing.

The Toolkit is available for free download on the RACGP website, [www.racgp.org.au/your-practice/standards/resources/patient-feedback](http://www.racgp.org.au/your-practice/standards/resources/patient-feedback)

Table 1 outlines the process to follow if you choose to develop a practice-specific questionnaire to obtain patient feedback to meet Criterion 2.1.2 of the Standards. The Toolkit provides further guidance and templates to assist completing this process.

**Table 1: Process for developing a practice-specific questionnaire**

1. Develop a written questionnaire that includes questions about the broad domains of patient experience and core patient demographics listed in *Section 6* of this Guide.
2. Ensure your questionnaire allows patients to answer questions via a range of responses. For example, you might want to ask patients to respond on a five-point Likert scale (eg. poor, fair, good, very good, excellent). You should not have a questionnaire that includes only yes/no or satisfied/dissatisfied responses.
3. Demonstrate that you have pre-tested the first draft of your questionnaire with a small and representative number of patients (eg. 10) to ensure the questions are easy to understand and respond to. Professional questionnaire developers would progress through multiple versions of a questionnaire until they have a final version. Pre-testing the questionnaire with patients (often called 'piloting') is critical to ensure that when you do give the questionnaire out to patients they respond to the questions in a sensible way so you collect information that is useful and meaningful for your practice.
4. Ensure the way you administer your questionnaire protects data integrity and patient confidentiality, and surveys a representative sample of the practice's patients.
5. Collect at least 30 completed questionnaires per full-time equivalent (FTE) GP in your practice in order to get a reliable picture of how patients are experiencing healthcare from your practice. The more patients you survey, the more accurate and meaningful your results will be.
6. Conduct at least 50 completed questionnaires with patients who regularly see each staff member (regardless of their FTE) if you want to collect and analyse feedback about individual GPs or other clinical staff members.
7. Randomly select the patients you invite to complete your questionnaire in order to ensure the credibility of the results, eg. every nth patient. Evidence suggests patients who do not fill out questionnaires are those who are sicker, less satisfied with the care or who attend the health service infrequently, so the way patients are approached to complete the questionnaire needs to include some type of randomisation. Leaving blank questionnaires at reception will not allow you to get a representative sample of patients because only those who are genuinely interested and have something specific to say about your practice will bother to complete it.
8. Ensure the results of the questionnaires are analysed in terms of standard descriptive statistics (frequencies, percentages, mean and range). Where possible, conduct a comparative analysis by demographic characteristics of patients (eg. do old and young patients respond to the questions you have asked in different ways?). If possible, you should conduct statistical tests of validity and reliability on your results in order to be certain they provide an accurate reflection of what patients are reported to experience in your practice.
9. Write a report that:
  - presents a summary of demographic data
  - includes the responses to individual questions in an easily understood format
  - groups responses in their larger domains
  - presents the responses to the open-ended questions
  - includes a response as to what the results mean for the practice.

Your application for a practice-specific questionnaire must explain how you have met, or plan to meet, each of these steps.

## 5.2 Focus groups

A focus group is a planned group discussion in which a moderator asks a small number of carefully selected patients to discuss key issues about their experiences of care from your practice. This is a qualitative method for collecting information.

Most practices will be more comfortable gathering feedback about their patients' experiences with a written questionnaire rather than more qualitative methods such as conducting interviews or focus groups. Some people trained in the health and medical fields have a negative view on the use of qualitative approaches – they believe they are subjective, time consuming or a waste of time when the option to collect quantitative data is available. However, there are accepted scientific rules and principles for how to collect, use and analyse qualitative information, ensuring results are meaningful for practices.

Unlike quantitative ways of collecting feedback about patient experiences (eg. questionnaires), the aim of selecting patients to be involved in the focus group is not to collect a representative sample of people who reflect all of your practice's patients. The aim in focus groups is to carefully handpick patients who you believe have a specific experience of your practice, or who have a common characteristic and can provide meaningful insights into how to improve your practice.

### Why use focus groups?

People will be more likely to discuss their experiences of your practice openly and honestly if they believe they have something in common with the other people in the focus group. For example, a focus group might contain only female patients, only patients with an Aboriginal or Torres Strait Islander background, or only new patients. There are a number of reasons why practices might collect patient experience feedback via focus groups. Focus groups are especially useful when:

- you require elaboration or in-depth understanding of how patients experience a particular aspect of your practice
- you want to understand how particular types of patients experience care from your practice and these patients are unlikely to be sampled using a questionnaire method (eg. patients with diabetes, young families or those with a specific illness)
- you want to collect feedback from patients who are unlikely to respond to a written questionnaire (eg. those with low literacy, living with a disability or from a non-English speaking background)
- it is more culturally appropriate to collect feedback via face-to-face communication (eg. some Aboriginal and Torres Strait Islander communities).

## The moderator

The role of a moderator is critical to the success of your focus groups. Focus groups should be conducted by trained and experienced moderators. The moderator's main role is to develop a non-judgemental environment in which patients feel comfortable and confident to openly and honestly discuss their experiences of your practice.

The moderator's role is to:

- pose questions
- encourage discussion among patients
- keep the group on track to discuss the key issues
- ensure everyone has the opportunity to comment
- manage any domineering participants
- most importantly, blend into the background and allow patients to honestly and openly discuss their experiences of the practice.

It is important that the moderator (and the person who subsequently collates and analyses the data) be someone who does not (or could not) provide clinical care to patients. The moderator will ideally be completely independent of the practice, which will allow patients to discuss their experiences of the practice honestly and openly. However, it is recognised that there may be special circumstances where securing an external moderator is not possible. In such cases, practices must make every effort to provide an environment in which patients feel they can respond freely, and where the moderator's presence could not reasonably be felt to inhibit the patients' ability to provide honest feedback.

## Challenges in conducting focus groups

Challenges in conducting focus groups include:

- the time required finding patients that will agree to attend
- developing appropriate questions
- the time required setting up and conducting focus groups
- conducting focus groups in a way that protects data integrity and respects patient confidentiality
- the skill required in analysing qualitative information from two or more focus groups
- considering how you will use the findings of focus groups given the finding will not be 'generalisable' to all of your patients' experiences
- ensuring the moderator is perceived as independent from the practice
- the communication skills of the moderator in directing and guiding the conversation.

## How do we develop and conduct focus groups with our patients?

Table 2 outlines the process to follow if you choose to conduct focus groups to obtain patient feedback to meet Criterion 2.1.2 of the Standards.

<b>Table 2: Process for conducting focus groups</b>
1. Develop a set of focus group questions that includes questions about the broad domains outlined in Section 6 of this document.
2. Conduct at least two focus groups to gain feedback about your practice. The larger the practice, the more focus groups you will need to conduct in order to ensure the relevant experiences of different patients are captured.
3. Conduct at least one focus group for each staff member (regardless of their FTE) if you want to collect and analyse feedback about individual GPs or other clinical staff members. Each focus group needs to be made up of patients who regularly see that clinical staff member. For example, if you have four doctors who work variable hours, you will need to conduct at least four focus groups, one with patients for each doctor.
4. Ensure the focus group is conducted in a suitable location that is quiet, allows privacy and where patients will not be unduly influenced by the practice.
5. Ensure each focus group has between five and 10 patients participating.
6. Ensure each focus group includes patients who share a similar characteristic. This will be the characteristic you think might be important in how they experience care in your practice.
7. Ensure each focus group is either audio- or video-recorded (with the permission of those attending), or detailed notes of the conversation are taken. The moderator cannot facilitate the discussion and take notes at the same time.
8. Ensure each focus group is conducted in a way that protects data integrity and respects patient confidentiality.
9. The focus group should be conducted by someone experienced in conducting focus groups and who does not (or could not) provide clinical care to patients. This moderator acts to facilitate the group discussion. Your patients will be more likely to discuss their experiences of your practice openly and honestly if the moderator is seen as independent and is not a practice staff member or clinician. Thus, your doctors, nurses and other practice staff members should not moderate, be note takers or be present during the focus group, and nor should they subsequently collate or analyse the data.
10. Ensure the results of each focus group are written in a way that factually records the discussion. This can either be a word-for-word transcript or summarised notes of key discussion points and participant quotes. Identifiable details of patients, such as names, must be removed from the report.
11. Ensure the results of the focus groups are analysed in terms of the key themes, topics or ideas that were raised for each of the broad categories of patient experience, and a report is prepared for the practice. If possible, an independent person should analyse the results and write the report in order to objectively collate and analyse the patients' responses.

Your application for approval to conduct focus groups must explain how you have met, or plan to meet, each of these steps.

## 5.3 Interviews

Individual interviews are planned, structured discussions between an interviewer and a patient in which the patient is asked to discuss their experiences of your practice via a set of pre-planned and ordered questions.

Most people are familiar with interviews used for employment purposes. Interviews to gain patient feedback might be structured in a similar way, but they differ significantly because of the aim of the conversation – to gather honest and open feedback from patients about your practice. The advice provided in this Guide relating to how structured interviews need to be developed and conducted comes from an evidence base of accepted methods of increasing the meaningfulness of interview results, as well as what is achievable within Australian general practices.

Like focus groups, the aim of selecting patients to be involved in your interviews is not always to collect a representative sample of people who reflect all of your practice's patients. It is certainly possible for you to handpick patients who you believe are representative of your wider patient group, but you might also specifically seek patients who are not usual, who have a specific experience of your practice and who could provide meaningful insights into how to improve your practice. For example, you might seek to interview patients who:

- have been with your practice for a long time
- have chronic disease or co-morbidities and are frequent attendees at your practice
- come to your practice because you have a sub-specialty (eg. sexual health)
- have attended education sessions run by your practice (eg. asthma education)
- have experienced how you coordinate care after they have been discharged from hospital.

The types of patients you seek to interview will be dependent on your particular patient group and will be those you believe are likely to provide the most meaningful information about receiving healthcare from your practice.

### Why use interviews?

When deciding if collecting patient experience feedback via interviews will be suitable for your practice and patients, it is useful to know that interviews share very similar benefits and challenges to using focus groups (*Section 5.2*). In addition, interviews can be valuable when you want to ask about personal or sensitive issues that patients are unlikely to discuss openly in a group setting.

### The interviewer

The role of an interviewer is critical to the success of your interviews. Patient interviews should be conducted by trained and experienced interviewers.

The interviewer's role is to:

- create a non-judgemental and relaxed environment in which the patient feels comfortable and confident to openly and honestly discuss their experiences of your practice
- develop a conversation with the patient based on a set of pre-planned and ordered questions
- encourage elaboration on important points and seek clarification on specific things the patient says.

For these reasons, it is important that the interviewer (and the person who subsequently collates and analyses the data) be someone who does not (or could not) provide clinical care to patients. The interviewer will ideally be completely independent of the practice, which will allow patients to discuss their experiences of the practice more honestly and openly. However, it is recognised that there may be special circumstances where securing an external interviewer is not possible. In such cases, the reason for not being able to use an external interviewer must be clearly identified and practices must make every effort to provide an environment in which patients feel they can respond freely, and where the interviewer's presence will not inhibit the patient's ability to provide honest feedback.



## Challenges in conducting interviews

Challenges in conducting interviews include:

- the time required finding patients that will agree to attend
- developing appropriate questions
- the time required setting up and conducting interviews
- conducting interviews in a way that protects data integrity and respects patient confidentiality
- the skills required in analysing qualitative information from interviews, which can be difficult for novice analysts
- considering how you will use the findings of focus groups given the finding will not be 'generalisable' to all your patients' experiences
- ensuring the interviewer is perceived as independent from the practice
- the communication skills of the interviewer in directing and guiding the conversation.

## How do we develop and conduct interviews with our patients?

Table 3 outlines the process to follow if you choose to conduct interviews in order to obtain patient feedback to meet Criterion 2.1.2 of the Standards.

**Table 3: Process for conducting interviews**

1. Develop a semi-structured question list that includes questions about the broad domains outlined in Section 6 of this Guide.
2. Conduct at least five interviews per FTE GP in your practice to get a meaningful picture of how patients are experiencing healthcare from your practice. The more interviews you conduct, the more confident you can be that the findings reflect what patients really think about healthcare from your practice.
3. If you want to collect and analyse feedback about individual GPs or other clinical staff members, conduct at least five interviews with patients who regularly see each staff member (regardless of the staff member's FTE).
4. Interviews can be conducted face-to-face or over the telephone. However, it is often easier to develop a good rapport between the interviewer and the patient when the interview is conducted in person. This is especially true with relatively inexperienced interviewers. Skilled interviewers are often able to develop this rapport over the telephone and high quality information from patients can still be collected via a telephone interview.
5. Ensure each interview is either audio- or video-recorded (with the patient's permission), or detailed notes of the conversation are taken. Only a very experienced interviewer will be able to interview and take notes at the same time. Audio recording is the preferred option for most interviews.
6. Ensure each interview is conducted in a way that protects data integrity and respects patient confidentiality.
7. The interview should be conducted by an experienced interviewer who does not (or could not) provide clinical care to patients. Your patients will be more likely to discuss their experiences of your practice openly and honestly if the interviewer is seen as independent and is not a practice staff member or clinician. Thus, your doctors, nurses and other practice staff members should not be present during the interview, and nor should they subsequently collate or analyse the data.
8. Ensure the results of each interview are written in a way that factually records the discussion. This can be a word-for-word transcript or summarised notes of key discussion points and patient quotes. Identifiable details of patients, such as names, should be removed from this report.
9. Ensure the results of the interviews are analysed in terms of the key themes, topics or ideas that were raised for each of the broad categories of patient experience, and that a report is prepared for the practice. If possible, an independent person should analyse the results and write the report in order to look at what patients said in an objective manner.

Your application for approval to conduct interviews must explain how you have met, or plan to meet, each of these steps.

## 6. *What to measure when seeking patient feedback*

There are several broad domains pertaining to issues that are critical to patients' experiences of primary healthcare. To gain RACGP approval of your practice-specific methodology, you will need to ask your patients for feedback on each of the following six domains:

- Access and availability.
- Information provision.
- Privacy and confidentiality.
- Continuity of care.
- Communication skills of clinical staff.
- Interpersonal skills of clinical staff.

Examples of what should be considered in each domain are discussed below, however, the relative importance of each of these aspects will differ for each practice and patient population.

In addition, core demographic data must be collected to differentiate patient experiences and help practices interpret patient experience results for quality improvement.

### 6.1 Access and availability

Issues of access and availability are of central importance to patients. In addition to physical access, other access and availability issues you could ask your patients include:

- waiting times to get an appointment
- waiting times in the practice
- how they make appointments or get advice over the telephone from one of your clinical staff members
- the length of your standard consultations
- the costs of your services and associated billing processes
- your normal opening hours
- arrangements for care outside of normal opening hours
- arrangements for home visits
- whether they have attended an emergency department for something that could have been treated within your general practice.

### 6.2 Information provision

Issues relating to information provision can be critically important to how patients experience healthcare. Your practice should seek patient feedback on a range of aspects relating to how you provide information to patients, such as information given by clinical staff during a consultation, including:

- proposed investigations
- referrals
- tests
- treatment
- medicines
- health promotion/illness prevention strategies.

You may wish to also ask patients for feedback regarding your practice information sheet or newsletter.

## 6.3 Privacy and confidentiality

Expectations of privacy and confidentiality differ between patients. When asking patients about these issues, feedback should be sought on:

- physical privacy (eg. if the physical aspects of your practice encourage privacy and confidentiality or if they can maintain privacy when undressing for an examination)
- information privacy (eg. if they are confident their health information is not shared with non-clinical staff members)
- patient consent for a third party to be present during a consultation.

## 6.4 Continuity of care

Continuity of care is a very important issue that covers:

- whether patients have a usual GP
- how long they have been patients of your practice
- whether patients see more than one GP
- how GPs and nurses work together to provide care for a patient
- how your practice coordinates care with other health providers (such as allied health, hospitals or tertiary referrals) to help integrate other types of healthcare into the overall comprehensive care you provide your patients.

## 6.5 Communication skills of clinical staff

One of the fundamental aspects of good quality healthcare is good communication between clinical staff and patients. Patients can provide unique feedback on how they experience the communication skills of clinical staff during their consultations. Patients make judgements about the way healthcare practitioners:

- listen
- explain
- discuss
- involve the patient in decisions about their healthcare.

When seeking patient feedback, you will need to ask patients to report on their experiences of your staff's communication skills, either generally or specifically relating to a consultation they have just had.

While the communication skills of clinical staff are of central importance to patients, the communication skills of non-clinical staff members are also important (eg. how the receptionist or practice manager communicates to patients).

## 6.6 Interpersonal skills of clinical staff

The interpersonal skills of clinical staff are related to communication skills. Good interpersonal skills are highly valued by patients and are critical to positive experiences of healthcare for patients. There is evidence that good interpersonal skills help develop trust in the patient–clinician relationship. Important aspects of interpersonal behaviour include:

- demonstrating care, concern and sympathy
- showing you remember a patient
- demonstrating knowledge about that patient's medical and personal history
- patient confidence in their clinician's diagnosis and treatment.

## 6.7 Patient demographics

A patient's demographic details can have a large impact on how they experience and judge quality of healthcare. The variables for collecting patient demographic data should be a reliable determinant of patient experience, easy to measure (to avoid asking too many questions) and respectful of a patient's sense of dignity and privacy.

The following core patient demographics must be determined:

- Age (eg. Which age bracket are you in?; What is your year of birth?)
- Gender (eg. What is your gender?)
- Ethnicity
  - Aboriginal and/or Torres Strait Islander status (eg. Are you of Aboriginal and/or Torres Strait Islander origin?)
  - Language spoken at home (eg. Do you mainly speak English at home?) or country of birth (eg. Were you born in Australia?)
- Education (eg. What is the highest level of education you have completed?)
- Healthcare card status (eg. Do you hold any healthcare concession cards?)
- Frequency of visits to the practice (eg. For how many years have you been attending the practice?; How often do you attend the practice?)

The sample questions for each of the core demographic variables as noted above may be tailored as required.

Where practices are using practice-specific focus groups or practice-specific interviews for collecting patient experience feedback, the collection of patient demographic data may include the core variables listed above, but will necessarily include more specific demographic data relevant to the particular purpose of such focus groups or interviews (eg. seeking feedback from patients with diabetes in a defined age bracket).

## *7. How can we use the information we receive about our patients' experiences?*

Regardless of the method used, collecting feedback from patients on its own has little value. If you have invested considerable time, effort and resources in collecting accurate feedback about your patients' experiences of your practice, you owe it to your practice and patients to consider it carefully and use it in your quality improvement activities. This is why the Standards require you to demonstrate that patient feedback has been used to make an improvement to your practice.

### 7.1 Embedding quality improvement

The RACGP encourages practices to embed the process of collecting patient feedback into their overall quality improvement program. This means that collecting patient feedback is not seen as a one-off activity and becomes an integral part of collecting evidence, which then forms the basis of quality and safety improvements.

Embedding quality improvement in your practice requires leadership and recognition that you need to:

- plan the type of information you need from your patients
- determine how you will collect that information
- determine how you will analyse the collected information
- determine what you will do with the information.

### 7.2 Involve the whole team

Once you have collected and analysed feedback from your patients, it is recommended that the results be discussed by all practice staff. A dedicated team meeting is a good way to provide all staff (not only clinical staff) with an opportunity to reflect on the results, discuss findings of particular interest or confirm areas you suspected might be issues. If you have collected feedback about individual clinicians, it is advisable to discuss these results with the individual/s concerned outside of this group meeting. While it is often nice to have your colleagues hear that your patients think you are fabulous, disclosure and discussion of your shortcomings as your patients see them (along with a discussion on how you can address these issues) is best left for a more private situation.

## 7.3 Develop an action plan

Developing a clear action plan for quality improvement is the most critical thing your practice should do with the results of the patient feedback process. However, you should not consider patient feedback in isolation; place the information from patients alongside other information about your practice (including safety, effectiveness, cost and impact considerations) in order to determine what improvements could be made or are needed.

Not every suggestion from patients will be practical (or even preferred) and you will need to prioritise what changes can and should be made. For example, feedback that the practice 'should bulk bill everyone' may not be practical. However, feedback indicating that you could have a dedicated hour each day where 'walk-ins' could see a doctor might be worth trialling during influenza season. Quality improvement is not just about improving in the areas in which your patients say your practice can do better, but it is also about doing more of what patients say they like about your practice. Don't ignore the positive messages from your patients.

### Plan Do Study Act

It is recommended that your action plan focus on a small number of items you wish to base improvements on, rather than attempting to tackle everything patients provided feedback about. Depending on the feedback provided, you might take the opportunity to use this information for a plan, do, study, act (PDSA) cycle. This would mean deciding on what changes you wish to make to the practice, making those changes and then checking with patients – perhaps through re-surveying or running a group discussion – that the improvements have addressed the issue.

The types of changes you wish to make will differ for each practice and in response to the specific feedback from patients. It is worthwhile checking with your staff's continuing education providers to see if a rapid PDSA cycle might attract continuing professional development (CPD) points. For example, GPs who identify a possible practice improvement can turn such an observation into a Category 1 activity by completing a rapid PDSA. Even small improvements could lead to large practice benefits by undertaking the team-based reflection and learning facilitated by a rapid PDSA cycle.

## 7.4 Tell your patients how their feedback has helped

Patients value knowing their feedback has been useful to the practice. It is recommended that you think about ways to communicate the findings of your patient feedback process back to the patients. Some examples include:

- displaying a poster in your waiting room with simple messages of what your patients have told the practice and what you have decided to do in response
- updates on your website, newsletter or other promotional material demonstrating the value of patient input to your practice planning processes and the way you deliver care.

Informing patients on how their feedback has helped demonstrates that your practice believes patients are an integral part of your quality improvement process.

## 8. Useful resources

### Resources for conducting questionnaires

The *Toolkit for developing practice-specific questionnaires* is a separate document to be used in conjunction with this Guide. It provides resources to assist practices design a practice-specific questionnaire. It is available for free download on the RACGP website, [www.racgp.org.au/your-practice/standards/resources/patient-feedback](http://www.racgp.org.au/your-practice/standards/resources/patient-feedback)

### Resources for conducting focus groups

- University of Limerick. Focus Group Tutorial 1 and Focus Group Tutorial 2. Available at [www.youtube.com/watch?v=r6\\_DOhLmrvs](http://www.youtube.com/watch?v=r6_DOhLmrvs) and [www.youtube.com/watch?v=J0-kcCiK6SE&feature=related](http://www.youtube.com/watch?v=J0-kcCiK6SE&feature=related) [Accessed July 2010]. These 10-minute segments give you a general overview of using focus groups, show footage of a focus group in action and an analysis of what worked well. These videos are not specifically about using focus groups with patients, but will be a useful starting point for practices considering developing focus groups for their patients.
- Bender DE, Ewbank D. The focus group as a tool for health research: issues in design and analysis. *Health Transitions Review* 1994;4(1):63–79. This article offers a very detailed overview of the key steps in designing, implementing and analysing data from focus groups in healthcare.
- OMNI. Toolkit for Conducting Focus Groups Available at [www.omni.org/docs/FocusGroupToolkit.pdf](http://www.omni.org/docs/FocusGroupToolkit.pdf) [Accessed July 2010]. This is a 'how to' guide for those new to conducting focus groups. In particular, this toolkit offers useful guidance for inexperienced moderators in terms of the skills needed to encourage discussion and what to do in difficult situations.

### Resources for conducting interviews

Foddy W. *Constructing Questions for Interviews and Questionnaires: Theory and Practice in Social Research*. Cambridge University Press 1993. Whilst this book is 'academic' in nature, it can be used as a manual on how to write questions and discusses the science behind interviewing/questionnaire development. It is a valuable resource for those practices wishing to invest time and resources in developing their own individual practice-specific questionnaire or interviews.

## References

1. Browne, K., Roseman, D., Shaller, D et al (2010) 'Measuring patient experience as a strategy for improving primary care: *Health Affairs*, 29(5);921.
2. Boynton P, Greenhalg T. *Hands-on guide to questionnaire research: selecting, designing and developing your questionnaire*. *BMJ*, 2004;328: 1312-1315.











Healthy Profession.  
Healthy Australia.