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Primary Health Care Patient Experience Survey

Toolkit



Putting Patients First
Transforming Health Care through Lean

*Continuously improving the care experience of patients,
families, and providers.*



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The Patient Experience Survey Toolkit is a practical guide for surveying patients in primary care practices, public and primary health care services, or chronic disease management programs. Throughout this toolkit, we use primary health care ‘clinic’ and ‘primary health care’ as broadly inclusive terms representing any type of practice, clinic, service, program, or team, regardless of the composition of health care providers providing care or their funding model. While we refer to ‘patients’ throughout the toolkit, please substitute the word ‘client’ if you feel it is a better fit for the services you provide.

The toolkit will give you an understanding of a routine survey process, as well as methods to plan, carry it out, and use the results to inform your ongoing improvement efforts in your clinic. We want to make it simple and easy to survey patients, so that you can use their experiences to improve not only their care, but the experience of your staff and providers as well. The toolkit contains the following sections:

1. The importance of understanding patients’ experiences;
2. Primary Health Care Patient Experience Survey and Toolkit;
3. Getting ready to survey your patients;
4. Conducting the survey and sending surveys to the Health Quality Council (HQC);
5. Downloading and understanding your survey results; and
6. Using your survey results for improvement.

Appendix A: About Hoshin Kanri in Saskatchewan

Appendix B: Information on measurement

Appendix C: Survey schedule examples and template

Appendix D: Surveys

Appendix E: Sample agenda for a planning session

Sections 1 and 2 provide rationale for, and background on, why your clinic should collect and use patient experiences to inform your improvement efforts, and how the survey has been designed to best capture that information for you.

Sections 3-6 correspond with the four main steps in the process of surveying and improving:

- Planning to survey;
- Surveying;
- Understanding your data; and,
- Using your data for improvement purposes.

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You can read through the entire toolkit or link directly from a line in the table of contents to a particular section.

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1 The Importance of Understanding Patients' Experiences

1.1 Why should I survey patients about their experiences in my clinic?

- Patients are experts, as they are the only ones who experience the entire journey of care;
- Understanding patient experience is key to understanding the overall quality of care in your clinic;
- Patients' experiences of care are directly related to their health outcomes; and,
- Engaged patients are more likely to be actively involved in self-management of their health.

1.2 Benefits of surveying:

By shaping the clinic around the patient experience, three interrelated benefits are created:



Surveying patients' experiences provides insight into which processes in the clinic are working effectively for them, and which processes can be improved. By collecting and analysing this information, the clinic can improve and redesign processes to provide better quality health care for patients, resulting in better provider experience as well. The Patient Experience Survey is specifically designed to capture the information you require to fuel that improvement work.

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1.3 The Patient Experience Survey is a method for listening to the voice of the patient:

- There are a variety of ways to capture the voice of your patients: interviews, surveys, focus groups, patient advisors, observation (such as shadowing patients), complaint logs, etc.
- Among these methods, surveys are one of the best because they are easy to implement, yet systematic and effective.
 - Surveys work well for establishing a baseline—to understand the patient experience before you begin testing improvements—as well as monitoring progress over time as you try making changes to your processes to improve efficiency and quality, thereby bettering patient and provider experiences.
- As you test changes and begin to see improvement, you may choose to incorporate additional ways of gathering patient feedback, such as focus groups or interviews.
- Asking your patients about their experiences provides a valuable perspective on the care you provide.

1.4 Patient experience surveying in Saskatchewan:

HQC has coordinated the following surveys ([visit the HQC website](#) to learn more) and provided results back to the providers and health regions so that the results can be used for improving patient care:

- The Acute Care Patient Experience Survey was conducted on a continuous basis from 2007 until March 2014. This was the first initiative of its kind in our province to capture information on the in-patient experience province-wide. The survey results are still available on [Quality Insight](#).
- Since January 2014, we have been testing a prototype of a short survey administered during ED visits at Victoria Hospital in Prince Albert.
- Emergency Department Patient Experience Survey in 2011, the first patient experience survey in emergency care settings in Saskatchewan, provided a baseline for the province. Results of the survey are available on [Quality Insight](#).
- Clinical Practice Redesign Patient Experience Survey was developed as part of the Clinical Practice Redesign Program (CPR). Clinics across the province have started used this survey since December 2011. With the

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transition of the CPR, **the PHC survey outlined within this toolkit will be replacing the CPR patient experience survey.** Health Quality Council (HQC) will not be supporting the CPR Patient Experience Survey submissions. Instead, HQC will support the surveying process and provide survey results for the PHC patient experience survey.

1.5 As a clinic within Saskatchewan, you are not alone in this improvement journey:

As part of the health system planning, referred to as Hoshin Kanri (see [Appendix A](#) for more information about Hoshin Kanri in Saskatchewan), leaders have identified the following five-year improvement target:

By 2017, there will be a 50% improvement in the number of people who say, “I can access my Primary Health Care (PHC) Team for care on my day of choice either in-person, on the phone, or via other technology”.

Listening and responding to patients’ experience is essential for creating the desired transformational changes outlined above. The Primary Health Care Survey and this toolkit are one set of tools to help us, as a province, achieve the ambitious goals to improve access and the care experience for our patients across Saskatchewan.

Specifically, measuring responses to question #2 on the survey, “When you made this appointment, were you able to get an appointment on the day you asked for?”, not only allows all of us to assess the province’s progress toward the five-year improvement target, but, more importantly, it promotes patient-centered improvement across Saskatchewan. (See [Appendix D](#) for the survey questions.)

2 Primary Health Care Patient Experience Survey and Toolkit

You can choose a short survey or a longer survey; pick the one that best fits your situation ([Links to surveys also in Appendix D](#)).

The [short survey](#) includes five core questions that will help clinics, services and programs to measure: their progress toward improving their patients' overall experiences with care; and, their patients' access to care on their day of choice, which is one of the provincial Hoshin measures.

In addition to these five questions, the [long survey](#) includes six additional questions which focus on provider interpersonal skills, clinic organization, and coordination of care.

2.1 Why do we have a long survey and a short survey?

Simply, to give clinics a choice. The short PHC survey is a simple, standard way to begin to hear from our patients about their experiences of care. If clinics are interested in knowing more about their patients' experiences, they will have the option of asking a few more questions by using the long version of the survey. Because the two surveys share five questions in common, no matter which survey you choose, you have the opportunity for your clinic's results to be included in our overall understanding of patient experience in Saskatchewan.

2.2 Why do we have only two options? Why not give more flexibility?

While it may be tempting to ask about every aspect of patient care, limiting the focus of the survey helps clinics to direct their improvement efforts so they can test changes in only a few areas. This approach has been shown to improve the likelihood of achieving and sustaining improvement in those areas. In this case, the

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survey is designed to support improvement efforts that are focused on the agreed-upon provincial targets for primary care. When these targets are achieved, and, if the focus in the province changes in the future, we can revise the surveys so they continue to meet the needs of our health system.

At the provincial level, the standard surveys allow us to better understand the total impact of everyone's improvement efforts in these key, strategic areas, and we (Health Quality Council) can provide a consistent report of patient experience in these focus areas -- for Saskatchewan overall, and for different geographic areas across the province.

As a clinic using these standard surveys, you will also have access to any aggregate reports produced. At the individual clinic level, the standard set of questions will help you and your clinic to see how you are doing in relation to others, and, if you choose, perhaps share your own improvement ideas and learn from others working toward similar improvement goals.

2.3 What is the advantage of using one of the two standard provincial PHC surveys, rather than creating my own survey?

While it may seem like a good idea at the outset, designing your own survey can take a lot of time and work, and lead to many challenges:

- Questions have to be developed and tested (clarity, purpose, consistency, etc.) by staff in your clinic;
- Results have to be processed (manually or electronically) by staff in your clinic;
- There is not a community of clinics that are asking the same questions as you;
- Understanding what the data are showing is more difficult; and
- Using the data to improve your processes becomes substantially more challenging.

In contrast, the questions in the PHC survey are already tested and validated to make sure of the following:

- Survey questions work as intended;
- The great majority of respondents will understand questions and response options correctly;

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- Respondents can provide answers that are reflective of their experiences;
- Data entry for survey data doesn't need to be done by staff at your clinic; and,
- Reports are prepared automatically for your clinic, and anonymous, aggregate results are provided for your health region and the province, allowing you to see and understand your own results in relation to your peers.

Clinics that choose to use one of the two standard surveys will receive HQC's assistance in processing their survey data. Each clinic can mail completed surveys to HQC by the 5th of each month, and reports are automatically prepared and available for download by the clinic within 7 business days.

How does this toolkit help with surveying patients?

This toolkit will provide enough guidance to make surveying patients easy and rewarding, and by following the steps in sections 3-6 in this toolkit, you will be able to do the following:

- Measure patient experience using a standard survey tool;
- Improve patient experience in your clinic using your patients' feedback so you can provide accessible and responsive services based on patients' needs;
- Build communication and capability in your clinic to make improvement sustainable over time; and,
- Learn and share your improvement experience with similar clinics/services across the province.

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3 Getting Ready to Survey Your Patients

Before you start surveying your patients, there is some preparation required. We will look at the recommended pre-work in this section:

- Getting everyone on board: Communication is key.
- Determining your survey schedule.
- Preparation checklist.

3.1 Getting everyone on board: Communication is key

Your goal with patient surveying is to understand and improve patient experience. To achieve that, you will need to engage all of your staff, providers, and patients. When everyone understands and supports the same goal, you can create a good, reliable process for surveying your patients, you can collect useful information, and you can make meaningful improvements in your clinic. To get everyone on board, you can start by determining how you'll communicate with your patients and your staff and colleagues about what you're trying to achieve with surveying. The communications plan is not intended to be a formal document, nor should it be a large amount of work – it is simply a way to put your thoughts in order about how to engage staff and providers in understanding why you are interested in surveying your patients in the clinic, how to let patients know that you will be starting a survey process, and how the survey results will be used. Your chances of success will be greatly improved if your clinic staff and all providers are in agreement that this is important, and that it will improve things for your patients, as well as for staff, clinicians and the clinic overall. Here are a few key points to consider for your communications plan:

- Have a conversation with all the clinic staff and your clinical colleagues – ideally with everyone in the room at the same time (at a huddle or at a regular staff meeting if you have them) – talk about why you want to start surveying. Make sure everyone understands what you want to try, and if they are going to be involved, what it will mean for them. What ideas and input do others have about how to best setup the survey process in your clinic?

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- Communicate to patients about the survey. Patients need to feel that their input is important and may need reassurance about how the clinic is going to use their input. Ideally, the overall survey results should be posted on the communication wall for all patients to see, to help engage them in the improvement efforts, and to encourage them to continue to participate if they are selected more than once to respond to a survey. Remember to assure patients that all the survey feedback is anonymous.
- Once you get going with the surveying, include a plan to routinely check in with individual team members to find out how people are feeling about the surveying. Remember that not everyone is comfortable with patient surveys, as they may be worried about patients providing negative feedback about their performance. Reassure these members of the group that the surveys are not meant to point out individual faults, but they're about looking at how the clinic operates as a whole.
- Be specific about identifying and assigning roles and responsibilities – who will do what? It's easy to lose improvement efforts in the rush of day-to-day practice. A common challenge many teams face is not being specific in assigning surveying responsibilities. Be sure to include in your communication plan each person's role in the surveying. **Write them down** so there's no confusion around who is responsible for each task. Post the plan on the wall so that everyone can see it and help remind each other what their responsibilities are.
- Put up an information sheet about the survey process. This can be a short explanation of the survey and its purpose, to be posted prominently in the practice, several weeks before surveying begins. It could double as a communication tool for both the patient and staff areas of the clinic.
- Consider holding a planning session with your clinic staff and other providers. Provide the survey questions, discuss how to establish the survey schedule and process, discuss the list of survey tasks, establish “who will do what”, identify any training or other preparation needed (e.g., run a simulation or “dry run” one day?). See [Appendix E](#) for a sample agenda for a planning session.

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- Use a script for staff for when they give the survey to patients to complete, for example:

“We want to improve the clinic experience for our patients and families. To do that we need to understand what our patients and families need and want from our clinic.

By filling out the survey, you will be helping us to know what is most important to you and what we need to improve to make your visit to our clinic a better experience. When filling out the survey, think about your care experience today.

When you’re done, please drop it into the drop box before you leave today.”

3.2 Determining your survey schedule

When planning to survey patients, you may ask any or all of these questions:

- How many patients do we need to survey?
- How frequently do we need to survey?
- When do we know we have enough data for a baseline?
- What do we do after we have baseline?

A survey schedule should be used to make sure a comprehensive view of all patients’ experiences is captured with the survey. For example, if surveys are handed out only during downtimes, or to patients you know may be willing to fill out a survey, then you end up with a skewed picture of the patient experience at your clinic. This section will help you set up your survey schedule.

3.3 How to choose patients to survey each day?

Random sampling is important to try to eliminate bias from your results. However, knowing that this is not a research project we are working on, but that this is data collection for improvement purposes, we try to make the selection process close to random. A common expression in quality improvement when thinking about collecting data is: *“just enough data, and just good enough data”*.

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Some ways to improve the randomness of patient selection are to consider:

- Change the time of day patients are surveyed – e.g., survey the first X # of patients in the morning, right before or after lunch, or at the end of day
- Survey different types of patients – are there days or times when specific patient groups are seen? E.g., all diabetes patients on Wednesday mornings? Make sure your sample addresses all kinds of patients.
- Change the day of the week patients are surveyed – if you’re not surveying patients every day, select different days each week that you survey.

3.4 How frequently do you need to survey?

With the goal of “just enough data, and just good enough data”, surveying patients once a month doesn’t provide enough information, or quickly enough, to be helpful for identifying and testing ideas to improve based on the results of the survey – it would take almost a year to establish enough data points (a “baseline”) to know for certain that the changes you are making are having the impact you want.

As such, two options for collecting data once every two weeks are proposed in [Appendix C](#). Surveying once every two weeks would give you enough data to have a solid understanding of your baseline (where you’re starting from) within six months. This may still seem like a long time, but remember that you don’t have to wait that long – you can start immediately to identify areas for improvement, and to test and implement changes.

Ongoing measurement is the key. Don’t survey once and think that you have a good understanding of your patients’ experiences. It takes routine monitoring to see if you are making a difference with the changes you implement, and to know if you are able to sustain the improvements over time.

3.5 How many patients do you need to survey?

We recommend surveying a minimum of 10 patients per provider per survey week (note that we recommend surveying once every two weeks).

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You may ask, “Why 10?” This number of patients is ‘just enough’ patients to have reliable results. You are welcome to survey more patients, but 10/provider/survey week has been shown to be sufficient for improvement work.

[Appendix C](#) contains two examples of schedules for sampling patients, and step-by-step instructions for developing your own survey schedule. Review the survey schedule options provided in [Appendix C](#), and select an approach that makes sense for your clinic.

3.6 Preparation Checklist

Preparation for surveying should begin at least 3 weeks before your scheduled start date. Don’t be alarmed! Each week’s preparation will take no more than a few hours.

The benefit of starting this early is that it gives you enough time to discuss the survey with staff and providers, develop your communication plan with them as well as patients, and to have your survey schedule and plan in place. This checklist will help you prepare:

Preparation Checklist:	
1.	<p>Week -3 (3 weeks before you start surveying):</p> <p>Physician/Office Manager (or designated survey lead) accesses the PHC PES Toolkit on the Health Quality Council website.</p> <p>Review and follow the communications plan you’ve established.</p> <ul style="list-style-type: none"><input type="checkbox"/> Post the information poster prominently in the clinic, explaining a new patient experience survey will be implemented in three weeks.<input type="checkbox"/> Set up a planning session for next week for all staff/clinic colleagues.

2.	<p>Week -2 (2 weeks before you start surveying): Physician/Office Manager (or designated survey lead) creates plan for implementing the survey.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Post communication poster (if it isn't already posted for patients and families). <input type="checkbox"/> Create a draft survey schedule for clinic. <input type="checkbox"/> Hold a planning session. Discuss implementation of the survey with everyone on the clinic team. Address any concerns or questions, solicit and incorporate ideas. <input type="checkbox"/> Finalize and document the survey schedule and survey process after discussion at the information session (changes might have come out of good ideas at the session). <input type="checkbox"/> Request your user ID and password for the HQC file server, so you can access your reports once you start surveying (for details, see section 5.1 How to access your results).
3.	<p>Week -1 (1 week before you start surveying): Train staff on roles and responsibilities – including how to speak to patients about the survey (see script on page 14). May also want to try a simulation to hand out and receive surveys. Go through the survey questions with staff. Do they understand what each question is asking? Talk about how they can support and assist patients to complete the survey if needed. If you have any questions, support is available - please email phcsurveys@hqc.sk.ca anytime you need help.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Determine where you will post survey results for patients and families to see, as well as staff/clinicians – a “communication wall”. This will encourage your patients to continue to support the surveying process as they see their voice making a difference in your clinic. <input type="checkbox"/> Print enough surveys for the first week of surveying. <input type="checkbox"/> If using, put a ‘survey box’ where patients and families can place their completed surveys.

4.	<p>On surveying days:</p> <ol style="list-style-type: none"> 1. Physician/Office Manager (or designated survey lead) should be on site or available by phone to assist staff and support changes to handing out and collecting surveys as needed. 2. Review the survey process and surveys at end of day. Questions to consider are: <ul style="list-style-type: none"> • Are patients and families able to understand and answer the questions? • Are there any barriers to the survey process that need to be removed for staff? For patients and families? • How is staff feeling about the key messages? Is staff able to communicate these messages clearly? What additional training or support does staff need? • What questions are patients and families asking that staff cannot address? • How is the sampling plan/survey schedule working? What adjustments if any need to be made? <p>We would love to hear any feedback you receive from patients about the survey questions so we can improve the survey with your suggestions. We also appreciate if you could let us know about what works or what does not work in your clinic so we can update this toolkit, and share our learnings with each other. If you would like to share your feedback, suggestions, challenges, or success stories, please email phcsurveys@hqc.sk.ca and let us know.</p>
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4 Conducting the Survey

Now that you have done the prep work, it is time to start surveying your patients. This section will review the following:

- Essential tasks for routine patient experience surveying
- Processing your surveys - Overview
- Sending your surveys to the Health Quality Council
- Guidelines for success with Teleform

Essential tasks for routine patient experience surveying:	
1.	Determine your survey schedule depending on how quickly you want to establish your baseline (see Appendix C).
2.	According to the survey schedule, determine which days of the week the surveys will be handed out. Fill out the template in Appendix C . Start over on a new template when you reach the end of the weeks listed.
3.	Survey patients according to your survey schedule.
4.	In weeks when surveys are not handed out to patients, take the time to prepare for the next survey week – ‘prep time’ is estimated to be an hour, and includes the following: <ul style="list-style-type: none"> • Print enough copies of surveys (remember to follow TeleForm guidelines); • Prepare clipboards with patient experience surveys and pens attached; • Discuss if any process issues or questions came up during the last survey weeks. Are there any barriers? Do we need to change anything in the survey process? For staff? For patients? Is there an issue that needs to be resolved? ; • Review the survey schedule for the upcoming survey week.
5.	Follow the survey script and hand out the survey to the patients as they are being roomed.
6.	At the end of the day count the number of returned surveys. Your aim is to have 10 surveys per provider per survey week. If you have fewer, consider handing out more surveys the next day to reach that number by the end of the week.
7.	Mail surveys to the Health Quality Council (HQC). Surveys should arrive to HQC by no later than the 5 th of the month. If you get your surveys to HQC by the 5 th of the month, your results will be made available to you within 7 business days. If they are not received by HQC by the 5 th , you will not be able to get your results until the following month (they will be included in the next month’s automated report).

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4.1 Processing your surveys - Overview

The completed Patient Experience Surveys are mailed to the HQC for processing. The surveys are sorted and scanned, and the resulting PDF files are then processed using Teleform software. Teleform creates a data file that is then used to generate reports for the clinics using an automation script written in a computer language called SAS. These reports are uploaded on the secure HQC file server and are made available to the clinics no later than the 9th of each month.



The process of compiling survey results and providing reports for the clinics is highly automated and efficient. It relies on using the Teleform software suite. Teleform allows a large number of paper surveys to be processed in a short amount of time with minimal manual work, **but there are several guidelines that must be followed so that surveys can be processed efficiently.** When the guidelines are not followed, the resources required to process the surveys increase exponentially. Please refer to section 4.3 below for guidelines for success with Teleform surveys.

4.2 Send your surveys to HQC

Mail to:
Health Quality Council (Saskatchewan)
241 – 111 Research Drive
Saskatoon, SK S7N 3R2

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4.3 Guidelines for success with Teleform

While Teleform is a great tool, there are certain guidelines that have to be followed. Following these guidelines helps us get your data back to you quickly and efficiently. The following guidelines should be shared with anyone on the team who is working with the surveys:

- Keep the four black boxes in the corners of the page fully visible.
 - What does fully visible mean? That no part of the square is covered. Things to watch out for:
 - Mailing labels – make sure they do not cover the boxes
 - Photocopies – when photocopying, check to make sure the boxes are not cropped.
- Remove all staples.
 - Documents cannot be scanned when they are stapled. Make sure staples are removed before you send the hard copies to HQC.
- Do not fold pages.
 - Surveys are processed in batches using the scanner's feeder tray. Folded surveys often do not scan properly, so each folded page must be manually scanned one at a time.

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Teleform Examples – What Works

A completed Teleform survey should look like this:

The image shows a completed Teleform survey form. The form is titled "Primary Health Care Patient/Caregiver Experience - PRC Long Survey" and includes a header with the instruction "PLEASE DO NOT STAPLE AND DO NOT FOLD". The form contains several sections, including a header with a logo, a section for patient information (Name, Address, Phone, Email, Date of Birth, Sex, Race, Ethnicity, Language, Religion, Marital Status, Health Insurance, and Preferred Language), and a section for survey questions. The questions are numbered 6 through 11. Each question has a set of radio buttons for the response options. The form is marked with black boxes in the four corners, indicating that the form is complete and ready for scanning.

Teleform Examples – What does not work

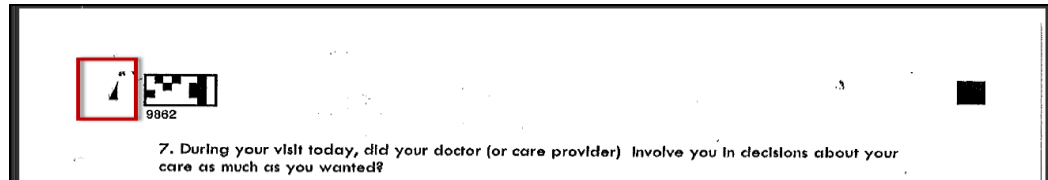
- Teleform *cannot* read the surveys if the black boxes on the four corners are not visible.

In these three examples, the black boxes on the four corners are not visible due to the photocopier cropping the black box or a mailing label covering it:

The image shows a survey form with a question: "6. During your visit today, do you feel that your doctor (or care provider) listened and respected you as a partner in care?". The response options are: "No, definitely not", "Yes, somewhat", and "Yes, definitely". The "Yes, definitely" option is selected. The form is marked with black boxes in the top-left and top-right corners, but the bottom-left corner is missing a black box. A red arrow points to the missing black box.

The image shows a survey form with a question: "6. During your visit today, do you feel that your doctor (or care provider) listened and respected you as a partner in care?". The response options are: "No, definitely not", "Yes, somewhat", and "Yes, definitely". The "Yes, definitely" option is selected. The form is marked with black boxes in the top-left and top-right corners, but the bottom-right corner is missing a black box. A red arrow points to the missing black box.

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- Teleform *cannot* read the surveys if the same page is photocopied several times and becomes faded. Make sure that you print from your computer a new copy of the survey from which you can make enough copies for the survey week.
- Teleform *cannot* read the surveys if you use an old version of the survey. Before you start surveying, to make sure you have the most recent version of the survey, you can check by emailing phcsurveys@hqc.sk.ca.

5 Downloading and Understanding Your Survey Results

This section reviews what to do once your results are ready:

- How to access your results (i.e., downloading reports from HQC file server).
- How to understand your results.

5.1 How to access your results

Downloading reports from the HQC file server

The HQC file server allows you to access the reports generated from your survey data. That means reports will be available to you immediately after they are created.

You need an account, which consists of a user ID and password, to access the server. To create a new account, a contact from your clinic needs to provide the following information by email to phcsurveys@hqc.sk.ca:

- First and last name
- Email address

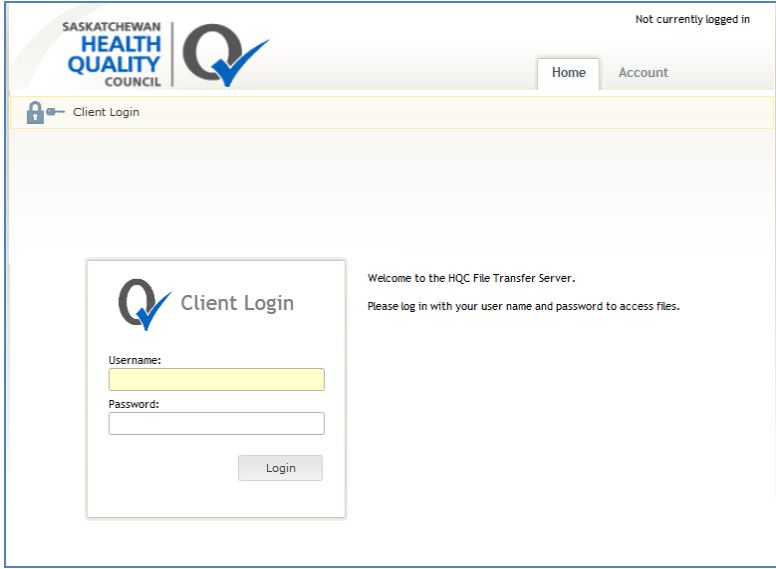
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- Clinic name
- Clinic location (RHA)

HQC will send you instructions and your account details through email. Please do not hesitate to contact HQC at phcsurveys@hqc.sk.ca if you have questions or concerns.

Accessing the HQC file server

You can access the file server at <https://files.hqc.sk.ca>. It supports all major browsers, including Internet Explorer 7+, FireFox, and Chrome. The server will initially prompt you for your user ID and password (see image below).

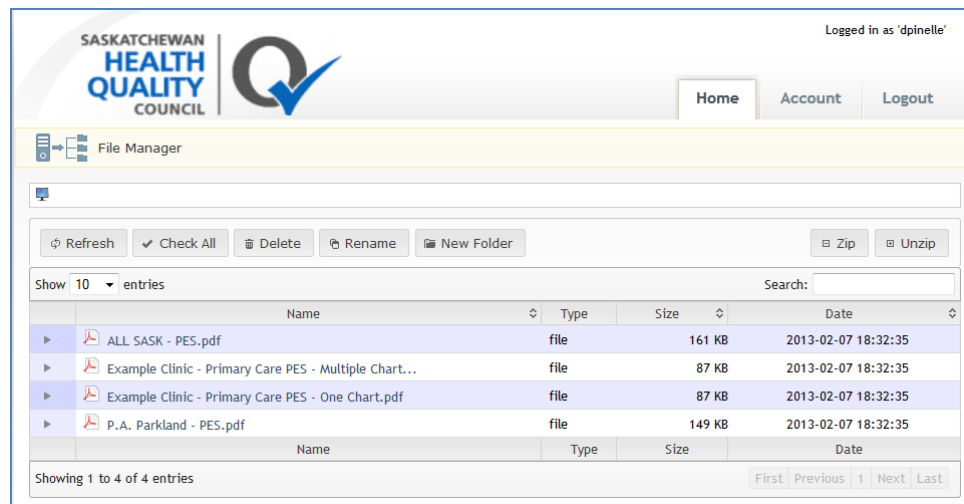


The screenshot shows a web browser window with the following elements:

- Top left: SASKATCHEWAN HEALTH QUALITY COUNCIL logo and a stylized 'Q' icon.
- Top right: "Not currently logged in" text and "Home" and "Account" navigation links.
- Below the navigation: A yellow bar with a lock icon and the text "Client Login".
- Main content area: A "Client Login" form box containing:
 - Username:
 - Password:
 - Login button
- Right side of the main content area: A welcome message: "Welcome to the HQC File Transfer Server. Please log in with your user name and password to access files."

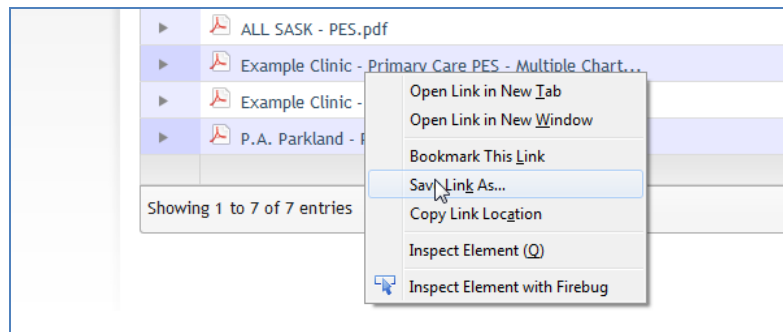
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After you log in successfully, the server will display your online folder (see image below).



Downloading individual files

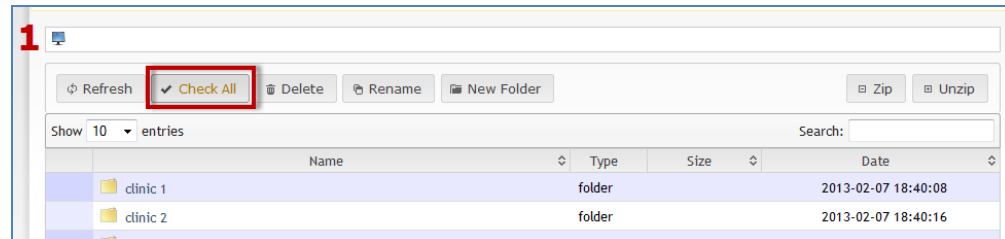
The file entries in the folder behave like hyperlinks that are found in most webpages. In most cases, you can download a file by clicking it. However, if the file is a PDF document, your browser may load the Adobe Reader plugin and display the file instead of downloading it. If this occurs, you can download the file by right clicking it, and your browser will then display a popup menu. Select “Save link as...” or “Save target as...” (wording varies slightly for different browsers), and specify where the file should be saved on your local computer.



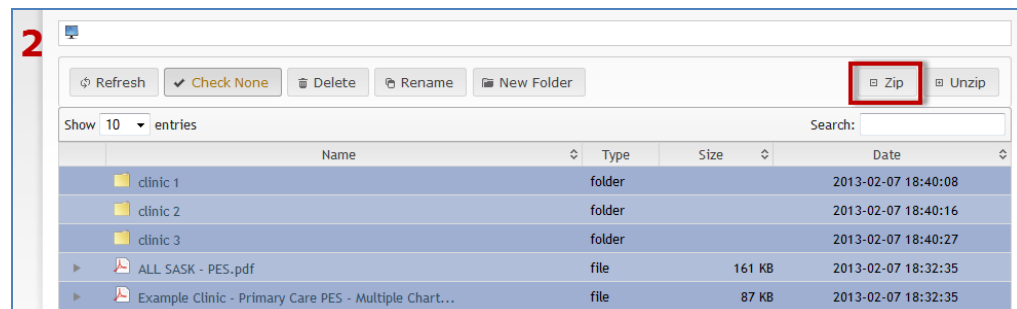
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Downloading multiple files

You can download several files and folders at once. Select all of the content in your folder by clicking the *Check All* button.



Click the *Zip* button, and the server will create a zip file that contains all of the selected content.



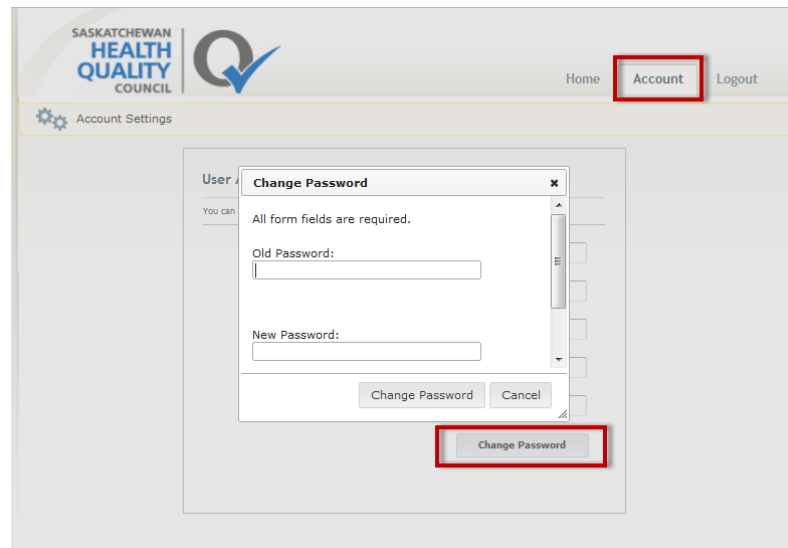
Click the zip file to download it and save it on your local computer. Double click the local copy of the zip file, and you will be able to access all of your reports.



Changing your password

You can change your password by clicking the *Account* tab (see below). Your account information will then be displayed. Click the *Change Password* button and follow the instructions in the dialog.

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5.2 Understanding your results

The patient experience survey results you receive from HQC will be displayed as a run chart. A **run chart** is a graphical display of data plotted over time. Run charts have a variety of benefits:

- They make it easy to see how a system or process is performing;
- They determine if changes tested resulted in improvement by displaying a pattern of data that is observable; and,
- They determine if the gains made by your improvement hold over time.

“All improvement occurs over time.” (W. Edwards Deming)

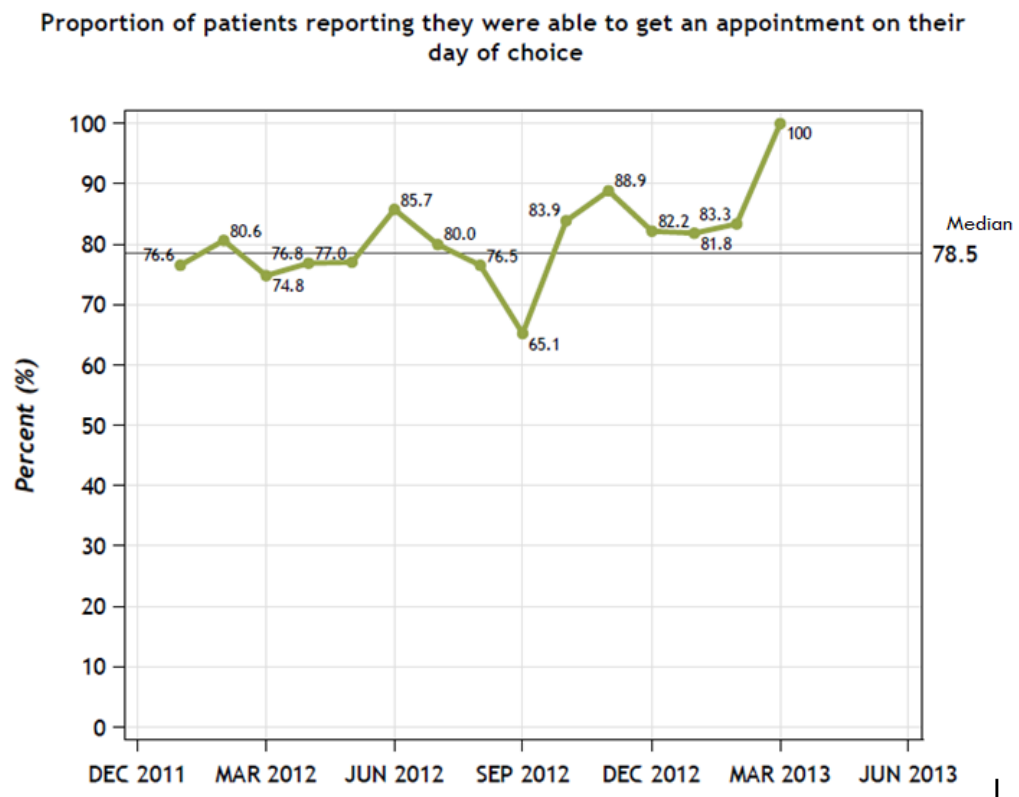
Since improvement occurs over time, it is crucial to display improvement data over time. The run chart is a simple, user-friendly way to present data over time.

In a run chart, the horizontal scale shows the time. Appropriate time increments typically are days, weeks, months, quarters, years. The vertical scale shows the measure you are studying, such as percent patients that had an appointment on their day of choice. For example, in Figure 1 below, proportion of patients

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reporting they were able to get an appointment on their day of choice is plotted over months:

Figure 1: Sample “Gold Standard” for Run Charts



Notable features of run charts include the following:

- The vertical and horizontal axes are clearly labeled;
- The data points are clearly marked. (The line connecting the data points is optional. What we will pay attention is the data points.)
- The median line is placed on the chart. Once the baseline is established, the median line is placed so that some rules can be applied to interpret the run charts.

Run charts may also include:

- The goal line: Adding a goal line helps with the interpretation, as we can easily tell the desired direction.

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- Annotations (comments to help with the interpretation of a chart or graph): Run charts can deliver a lot of information especially when they are annotated. There will be a lot of activity taking place in your clinic. If you keep track of some major events— such as the time an improvement team is formed, or some change ideas are started to be tested— and annotate them on your chart, your run charts will be more meaningful and interpretation of the chart will be easier.

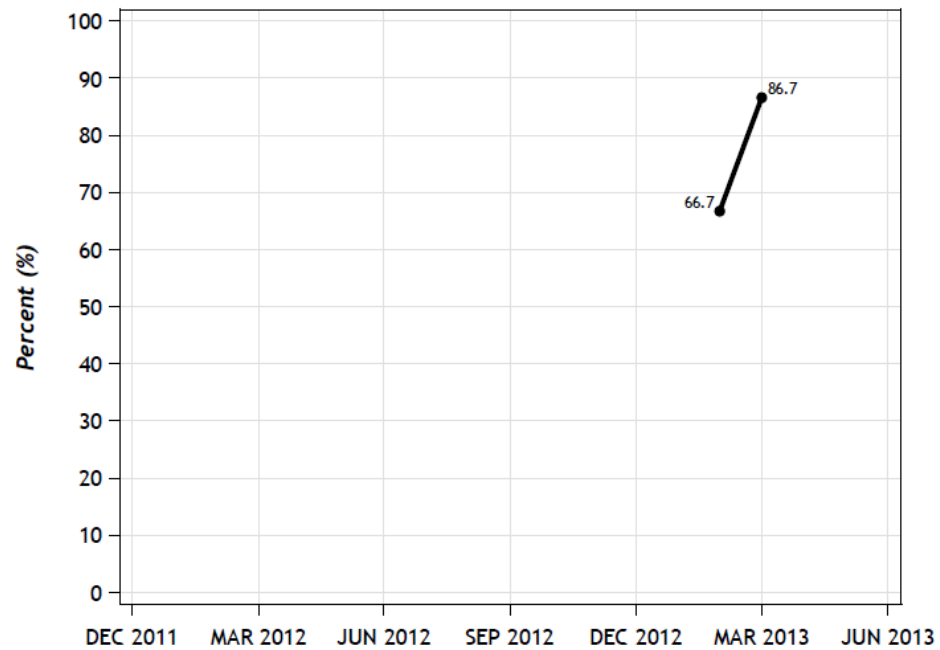
Earlier we talked about the importance of establishing baseline as a fundamental starting point for improvement work. Since you will receive your results in a run chart, you may ask **what will the baseline look like in a run chart?**

- When you start your patient experience survey, you will receive your results in a run chart right away. As you continue to collect the survey data, more data points will be added to your chart. For example, Figure 2 below shows early results of surveying Dr. Jane Doe's patients. More specifically, it shows the proportion of patients reporting satisfaction with the amount of time they waited during their appointment with Dr. Doe. In Figure 2 below, we see that Dr. Doe started surveying her patients in February and continued in March 2013. As surveying continues, new data points will be added to this run chart. (Please remember to disregard the blank space before the first data point as it does not mean anything.)

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Figure 2: First few data points on a run chart

Proportion of patients reporting satisfaction with the amount of time they waited during their appointment



- As you receive your results on a run chart, it is important that you keep track of unusual or major events at your clinic, and annotate those on the chart. For now, we recommend annotating by hand on your printed chart.
- **A baseline for improvement work is 10 to 12 data points over time.** Once you have 10-12 data points on a run chart, a median line will be added to your chart. At that time, you can use the **run chart rules** to assess the amount of variation in your care processes, and see if the changes made within the clinic are having the desired impact.

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“Run Chart rules!”

Here are four rules for recognizing signals for change in run charts. If one or more of these rules are observed, then we can say that there is evidence of a non-random signal in the run chart. Such evidence should prompt you to ask questions about what may have caused the change.

These rules help you react appropriately while considering all the data, not each individual data point.

Rule 1: Shift

- A shift is 6 or more consecutive data points either all above or all below the median.
- Data points exactly equal to the median do not add to nor break a shift; these data points are ignored when counting.

Rule 2: Trend

- A trend is 5 or more consecutive data points either all going up or all going down.
- Consecutive identical points do not add to nor break a trend, but only the first of these points count toward the total.

Rule 3: Too few or too many runs

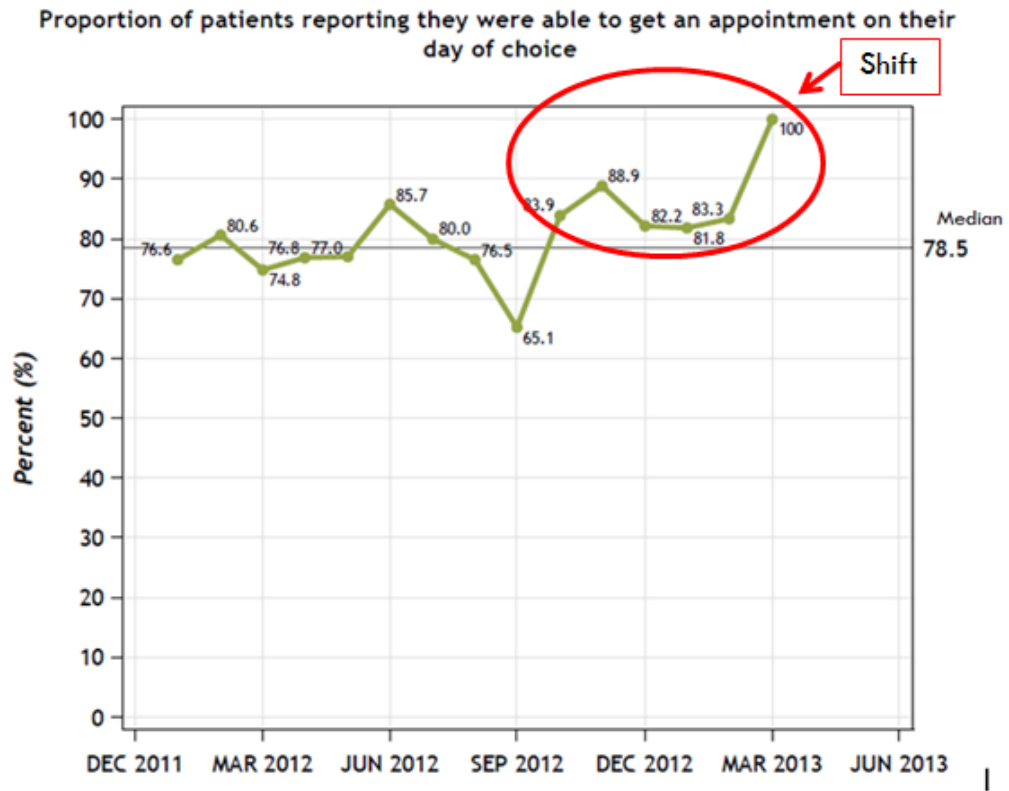
- The number of runs is found by counting the number of times the data line crosses the median, and adding one.
 - To ascertain if there are too few or too many runs, consult the table available in the News section of the [Quality Insight](#) website under “Run Chart rules!”

Rule 4: Astronomical Point

- An astronomical point is an unusually large or small number. It must be exceptional to every person viewing the chart.

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Now, let's look at Figure 1 and the rules again to see if we observe improvement.

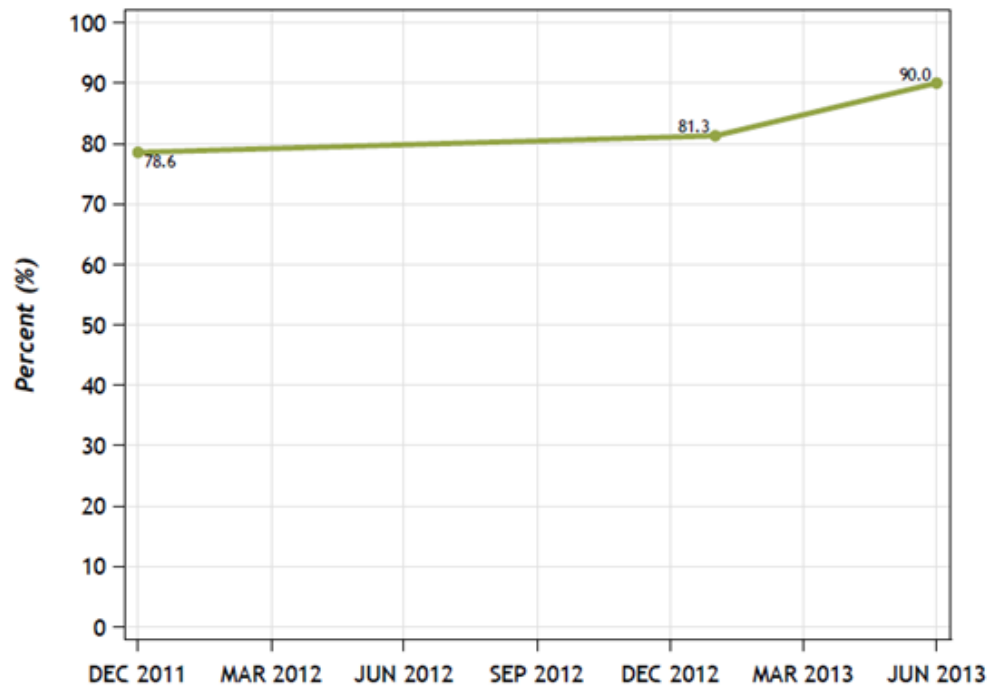


In Figure 1, we observe a shift. Given that the desired direction for this measure is up, we can say that we observe improvement in the proportion of patients who were able to get an appointment in their day of choice.

Note that if you do not survey your patients regularly, the data points will look scattered, and you will not be able to establish a baseline. Figure 3 presents an example of non-regular surveying.

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Figure 3: Unreliable data on a run chart due to non-regular surveying
Proportion of patients reporting they were able to get an appointment on their day of choice



Report	Numerator	Denominator	Avg Rating
DEC 2011	11	14	78.6
JAN 2013	26	32	81.3
JUN 2013	18	20	90.0

- The survey question is **WHEN YOU MADE THIS APPOINTMENT, WERE YOU ABLE TO GET AN APPOINTMENT ON THE DAY YOU ASKED FOR?**
- The numerator is the number of respondents who answered YES.
- The denominator is the number of respondents who answered the survey question.
- The median line is created using the first 12 data points. If there are less than 12 data points, there will not be a median line on the run chart.

In addition to the run charts, the results provided to you by HQC will include data tables corresponding to the run charts. The tables present the denominator (the number of people who filled the survey for any given data point), the numerator (the number of people who responded in a certain way, i.e., who said they had an appointment on their day of choice), and the percent (i.e., percent people who said they had an appointment on their day of choice).

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One important **caution** when working with percent or rate data is to be aware of the impact of unequal denominators. That is why we recommend surveying 10 patients per provider per week so that we have more or less equal denominators when building our charts. Some variation is OK. You may survey 9 patients one week and 12 in another week. But if you surveyed less than 8 patients in one week, interpretation of your run chart will get harder, and you will need to use caution in interpreting that data point.

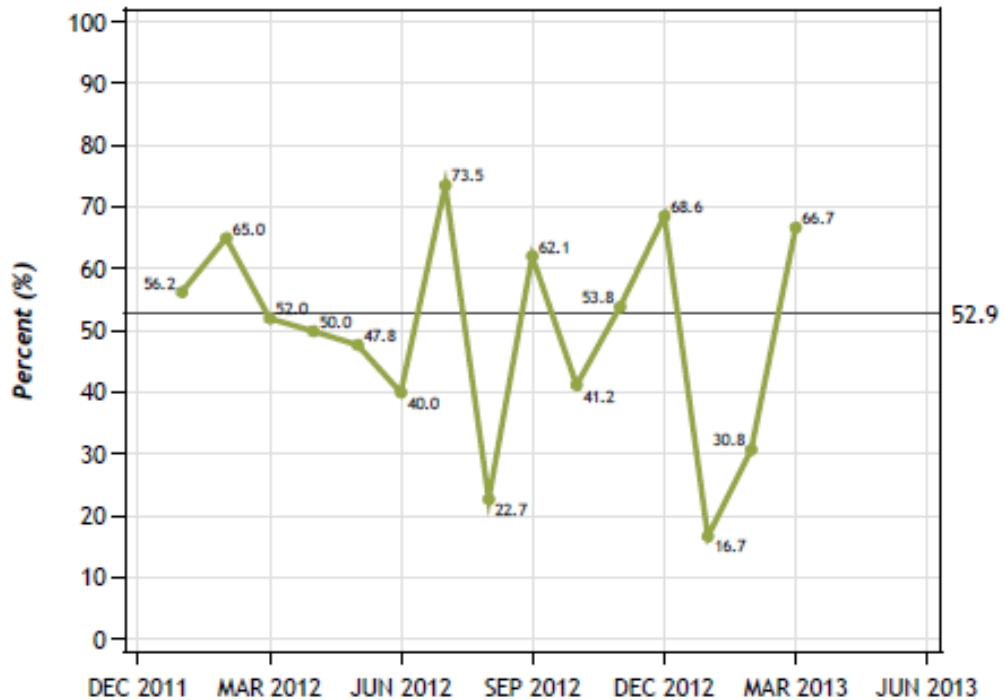
Here is an example. Let's say a team is plotting the percent of patients who had an appointment on their day of choice in the run chart below (Figure 4). When their team looks at this chart, they may react strongly seeing that they had a big drop in January 2012, and after that their score went up again in February and March 2013. Upon looking more closely into the table, the team would notice that the number of patients surveyed in each of those three months was three or less. Therefore, those data points are not giving them reliable information, and they should not try to read too much into those ups and downs.

This example illustrates how important it is to keep the number of patients surveyed during survey weeks consistent over time. We recommend reviewing the number of surveys completed before the end of the week, so you can adjust and hand out couple of more surveys to make sure you have enough by the end of the week. And if for some reason, you end up surveying less than your target, you should take a note, annotate your chart, and interpret that data point with caution.

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Figure 4: When there are too few patients surveyed

Proportion of patients reporting they were able to get an appointment on their day of choice



Report	Numerator	Denominator	Avg Rating
JAN 2012	68	121	56.2
FEB 2012	26	40	65.0
MAR 2012	66	127	52.0
APR 2012	28	56	50.0
MAY 2012	32	67	47.8
JUN 2012	4	10	40.0
JUL 2012	25	34	73.5
AUG 2012	5	22	22.7
SEP 2012	18	29	62.1
OCT 2012	21	51	41.2
NOV 2012	7	13	53.8
DEC 2012	24	35	68.6
JAN 2013	1	6	16.7
FEB 2013	8	26	30.8
MAR 2013	2	3	66.7
APR 2013	-	<2	-
MAY 2013	-	<2	-

- The survey question is WHEN YOU MADE THIS APPOINTMENT, WERE YOU ABLE TO GET AN APPOINTMENT ON THE DAY YOU ASKED FOR?
- The numerator is the number of respondents who answered YES.
- The denominator is the number of respondents who answered the survey question.
- The median line is created using the first 12 data points. If there are less than 12 data points, there will not be a median line on the run chart.

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Be cautious about reacting to every change in a run chart. There is variation in every system and when you plot a measure over time, variation becomes visible. Rather than reacting to every data point that is up or down on the chart, it is important to understand the causes of variation in the system. Teams should understand their baseline data, and apply run chart rules to assess the variation they are observing.

Earlier, we said run charts help you to understand

- process performance.
- whether or not changes tested resulted in improvement by displaying a pattern of data that is observable.
- whether or not the gains made by your improvement hold over time.

These three functions of run charts correspond to **three stages of measurement** over time. In terms of being able to use run charts during these different stages, it is important that you survey your patients, and collect data consistently within each stage. If you skip surveying and have gaps in your data, the run chart would look like Figure 3, and will not offer you enough information for your improvement work.

- **Establishing a baseline:** When you first start surveying, you collect data to establish a baseline. The first 10-12 data points you have is your baseline, and by observing these data points, you can understand the performance of your process. You should collect biweekly (every two weeks) data to establish your baseline. At this stage you will be asking:
 - How is our process performing?
 - What are our patients saying about their experiences at our clinic?
- **Testing changes:** When you are testing changes in your clinic, it is important that you survey your patients and have those data points on your run chart so that you can observe if a pattern of data shows signs of improvement. At this stage, surveying and using a run chart to track your measures helps you to see what is really happening, focuses your work, lets you know when a course-correction is needed, and you can feel reassured that an idea has been thoroughly tested and trialed before concluding that it resulted in improvements. You should collect biweekly data when you are testing change ideas to improve your patients' experience. At this stage you will be asking:

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- Do the changes we are testing result in improvement?
- Do our processes show improvement?
- Do our patients report they have a better experience at our clinic?
- **Monitoring patient experience scores over time:** You may not be testing change ideas in your clinic yet, or you may have made improvements in your clinic and would like to survey your patients to make sure the gains hold over time. In either case, you should collect monthly data to monitor your scores over time. At this stage, you will be asking:
 - Do the gains made by our improvement hold over time?
 - Are the improvements sustained?
 - Do our patients consistently have better experiences at our clinic?

You should determine your survey schedule depending on where you are in these three stages of measurement. [Appendix C](#) provides detailed descriptions of survey schedules for these stages, and blank templates for you to fill out and start surveying.

6 Using Your Survey Results for Improvement

The following section provides concepts that will assist you and your clinic to identify problem areas, assess its impact on processes and staff/providers, determine the root cause, develop a solution, and then implement and test that solution. The section includes the following:

- Where waste can exist in your clinic;
- The flows of people and resources that are affected by waste and inefficient processes;
- How identifying wastes and flows can assist in generating improvement ideas; and
- What survey data is telling you and some other questions to help you dig deeper.

6.1 Eliminate the 7 types of waste (Staff and provider focused):

As defined in 'The Toyota Way to Healthcare Excellence', "Waste in the healthcare system is any expenditure of time or resources that does not contribute to the

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efficient delivery of quality healthcare to the patient.”(Black, 2008). Waste is not something to blame on a person, but rather it is the result of inefficiency and/or variability in processes.

The following seven categories of waste can be used to identify processes that need improvement:



include waiting for incorrect patient information to be recollected and/or corrected, patient wait to book an appointment, or waiting for a task to be completed, so that you can continue with your work.

- **Overproduction:** Producing what is not necessary, when it is not necessary, and/or in unnecessary amounts. Examples include reports that are not used, tests that are not needed, and excessive amounts of email.
- **Time on Hand:** Any wait by the provider or patient. Examples include waiting for incorrect patient information to be recollected and/or corrected, patient wait to book an appointment, or waiting for a task to be completed, so that you can continue with your work.
- **Transportation:** Unnecessarily moving supplies, equipment, and/or information. Examples include moving patient files from one location to another and moving supplies and equipment in and out of storage when, in both cases, they could be better located at or near the point of use of each.
- **Overprocessing:** Doing more work than is necessary to satisfy (or delight) your customers or trying to add more value than what your patients want. Examples include redundant capturing of patient information, collecting, recording and logging of data multiple times, and producing hard copy when electronic file is sufficient.
- **Stock on Hand/Inventory:** Excessive amounts of items retained for unnecessary or inappropriate lengths of time, which can lead to expiration of items, having to reprocess or clean unused items, and using space for storage instead of treatment. Examples include overstocking supplies in

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- storage areas when a smaller amount is adequate for the needs of the clinic.
- **Movement:** Needless movement of staff and providers. Examples include excessive walking due to the distance between an office and where care is provided, searching for supplies or equipment.
- **Defects:** Unnecessary costs and use of time and other resources due to errors in products and processes. Usually detected by a downstream person, who then has to rework it or pass it back. Examples include patients being scheduled for the wrong type of appointment, resulting in delays or the appointment having to be rescheduled.

As you can see, waste in your setting does not need to be isolated to a single type; rather it can be represented by multiple types. For example, unnecessary movement of staff is often tied to a waste in transportation because supplies and/or equipment are located too far away from where each is used. Another example is when you have too much stock on hand; it often results in expired items, which would be considered a defect. Wastes provide insight into the problems that result from poor processes. Identifying the waste lets you dig deeper into locating the root cause of the problem.

6.2 Understand the Seven Flows of medicine:

Once you begin looking at your processes using the '7 wastes', you can also use the framework of the '7 flows' to see where problems exist. If a process is not flowing smoothly in one direction (forward), it means there is a problem that needs to be addressed.

- **Flow of Patients:** Minimize patient walking and waiting. Bring services to the patient. Problems should force the process to stop. Flow is in one direction (no rework or retesting, if necessary). For example, can patients complete lab work before their annual checkup, so that results can be discussed during the appointment?

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- **Flow of Family:** Can they easily flow with the patient? They should be able to stop the process if they have concerns. Families and caregivers should be respected as an important source of information and support. For example, can exam rooms accommodate a caregiver who might need to understand the treatment plan?
- **Flow of Providers:** Avoid rework, and go to where patients are. All supplies, materials and instruments are located as close as possible to providers for easy access. Also, efficient provider flow requires an understanding of the flow of patients and the necessary time needed to spend with them. For example, are clinic appointment slots based on the actual time needed to complete that type of visit?
- **Flow of Information:** Travels with patient. Patient cannot move forward without the necessary information. Only minimal amount of information required should be used. Facilitates the pull of the patient through the process. When changing processes, consider how the information will flow. For example, can the clinic use visual cues on the exam door to signal when the patient is ready for the next provider?
- **Flow of Supplies:** At the point of use. Make flow and storage visual for easy use, and include quality control. Ensure minimal as necessary of inventory on hand. Just in time – only material on hand needed at the right place and at the right time. For example, can you have the most commonly used supplies located in each treatment room, so providers don't have to leave the room each time they need to grab supplies?
- **Flow of Equipment:** Arranged to facilitate flow of patient (i.e., at the point of use), using mobile, small equipment (whenever possible) that is flexible and easy to arrange. For example, can all the equipment that is necessary to conduct a certain type of exam (e.g., a complete physical) be located in the treatment room instead of the patient having to travel to different parts of the clinic?
- **Flow of Medications:** Located at or near the point of use by patients, so that there is no waiting for medications. Medications should not overstocked, and only pulled to patient when necessary. For example, can medication kits be present in some or all treatment rooms, so they can be used when necessary?

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6.3 How do these work together to help you make improvements?

Where waste exists, flow is negatively affected. However, every problem is an opportunity for improvement:

- If the front desk is collecting information that a medical office assistant is also collecting (an example of over processing), then the patient's flow is interrupted and unnecessary steps hamper staff and information flow. Can the information be collected once with a process put in place to make sure that information travels with the patient and is accessible to any provider who needs it along the patients' journey?
- A Physician, Nurse Practitioner, or Medical Office Assistant, for example, searching for equipment to treat a patient wastes their time (movement) and the patients' (time on hand), all because there are inefficiencies with equipment flow. Can the equipment be placed closer to the patient, with visual controls such as signs to designate where they should be returned?
- Do staff and providers waste time going through (movement) over-filled supply closets to find items (stock on hand), causing the flow of patients and sometimes other providers to stop (time on hand) and problems (defects) to occur from expired or missing items?
- Does the patient flow through the clinic in a back and forth manner because some necessary equipment is limited to certain areas and providers have isolated work areas? Can rooms be standardized so that each has the necessary equipment to meet the needs of the majority of patients and staff or providers can rely on the equipment being in the right place at the right time?

Overall, the seven wastes and flows are guide posts that identify the results of problems to help you narrow down areas that need to be improved. The act of coming up with the specific improvements to the problems requires the willingness to think beyond the traditional ways things are done and use the creative energies of those who work in the area to come up with solutions, try them, study them to see if they work, and then tweak them if necessary.

6.4 How does the survey help you in this process?

The patient survey will assist you in identifying problem areas where you can start to explore what waste exists and how that is affecting the various flows within the

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clinic. Once you have identified the problem and its root cause, then you can find ways to solve it!

In addition to using the seven wastes and flows to assist in identifying areas to improve, the following table contains the questions from both surveys (short and long versions), possible reasons for low scores on questions, and additional questions to ask to drive down to the root cause. And, as you can see, low scores on one question often result in the same for others (reflecting the relationship between wastes and flows!), which means that problems span across multiple areas of patient's experiences.

Question Number	Survey Question	Possible Reasons for Low Scores	Questions/Considerations for Further Exploration
1	Did you see the doctor or other care provider that you wanted to see today?	There is low continuity of care with the provider. Patient panel sizes are not appropriate for provider supply.	Is there good continuity of care with our providers? Are patients generally able to see their provider? What do we know about supply of providers and staff, and patient demand? What do we know about how much time it takes from start to finish for a patient to book an appointment and be seen in our clinic? How are we handling urgent requests?
2	When you made this appointment, were you able to get an appointment on the day you asked for?	The clinic has a backlog (wait time for appointments), which means patients are not able to get day-of-choice appointments.	
3	Using any number from 0 to 10, where 0 is the worst clinic possible and 10 is the best clinic possible, what number would you use to rate this clinic?	Patient did not feel that concerns were addressed appropriately. Patient unable to book an appointment in a reasonable amount of time, or with their provider	Are there any themes or patterns we notice from the rest of the survey that might be driving this overall low score? Was there anything that happened during the survey period that might have contributed to this result? (i.e., flu season

Question Number	Survey Question	Possible Reasons for Low Scores	Questions/Considerations for Further Exploration
		<p>of choice. Wait times once in clinic excessive. Breakdown in communication between providers and patient. Clinic generally unpleasant - issues of cleanliness, convenience, staff/provider behaviour and attitudes. Factor not related to something specifically asked on the survey. You may need to explore further to find out the possible cause.</p>	<p>created larger than usual volumes and therefore delays.) If we walked through the clinic and looked at it from a patient's point of view, what are some of the things that we might notice? What might be reasons we would give the clinic a low score?</p>
4	Overall, I had the worst or the best care experience possible. (10-point scale care experience rating)	<p>Patient did not feel that</p> <ul style="list-style-type: none"> • concerns were heard and addressed appropriately. • they or their family members were listened and respected as a partner in care. • they or their family members were not involved in decisions 	<p>Are there any themes or patterns we notice from the rest of the survey that might be driving this overall low score? You may need to chat with some patients to understand their overall care experience and see if any common issues come up. Does the appointment schedule allow enough time for patient-centered care? Do we have processes in place for learning what patients want to talk about, or what concerns</p>

Question Number	Survey Question	Possible Reasons for Low Scores	Questions/Considerations for Further Exploration
		<p>about their care as much as they wanted.</p> <p>Breakdown in communication between providers and patient.</p> <p>Staff/provider behaviours and attitudes.</p> <p>Factors not related to something specifically asked on the survey.</p>	<p>they have?</p> <p>How do we check that patients have understood what we've told them?</p> <p>How else could we check?</p> <p>How do we learn about how patients want to be involved in their care?</p> <p>What are we not doing that could be helpful?</p>
5	How confident are you that you can manage your own health with the help of your doctor/care provider?	Patient not supported to manage their own health and health conditions.	<p>Does the appointment schedule allow enough time for patient-centered care?</p> <p>Do we have processes in place for discussing patient's health and health condition?</p> <p>What supports (i.e., time for conversation, brochures and other material) do we provide to help patients understand and better manage their health?</p>
6	During this office visit, did the care provider(s) spend enough time with you?	Not enough time scheduled for the visit.	Does the appointment schedule allow enough time for patient-centred care?
7	During your visit today, did your doctor (or care provider) explain things in a way that was easy to understand?	Reason for visit not clear; main reason not addressed until the end and not	Do we have processes in place for learning what patients want to talk about, or what concerns

Question Number	Survey Question	Possible Reasons for Low Scores	Questions/Considerations for Further Exploration
8	During your visit today, do you feel that your doctor (or care provider) listened and respected you as a partner in care?	enough time for thorough review. Provider did not make time/space to ask questions, check for understanding.	they have? How do we check that patients have understood what we've told them? How else could we check?
9	During your visit today, did your doctor (or care provider) involve you in decisions about your care as much as you wanted?	Provider body language came across as hurried or impatient. Provider explained things at a level the patient could not understand. Provider did not ask patient for input or comments.	How do we learn about how patients want to be involved in their care? What are we not doing that could be helpful? Is our body language conveying what we want it to? Are we coming across as warm and welcoming, or might patients be getting a different message?
10	How would you rate the amount of time you waited during your appointment today?	Late arrival by patients. Patients not arriving early enough for pre-work (such as completing paperwork). Appointment slots too close together (not enough time to prep room), or double-booked. Clinic running behind schedule. Provider added in squeeze-ins. Appointments required extra time. Clinic short-staffed.	Are we maintaining truth in scheduling? Are we booking the time we actually need for appointment types? Have we looked at how long an appointment actually takes, and does this match what we schedule? How are we deciding how many patients to squeeze in each day? Are we asking the right information when we book the appointment? If we asked different questions, would we book more or less time? Do we have enough staff to maintain the pace of our appointments? Do we have enough

Question Number	Survey Question	Possible Reasons for Low Scores	Questions/Considerations for Further Exploration
		<p>Patients not informed about delays.</p> <p>Patients uncomfortable during wait (exam room too hot/cold, patient waiting in state of undress, nothing to occupy patients while waiting).</p> <p>Provider/staff not acknowledging length of delay; no expression of empathy for the patient in having to wait.</p>	<p>equipment, or is the turnaround time creating delays?</p> <p>How are we sharing information about delays with patients? If there is an unusual delay, how do we let them know? What options do we give them?</p> <p>Are the clinic rooms welcoming and comfortable?</p> <p>Are we empathetic about the wait for patients?</p>
11	<p>In the last 12 months, how often did this doctor/care provider seem informed and up-to-date about the care you received from other care providers?</p>	<p>There was a breakdown in communication between care providers.</p> <p>While the provider may have been informed, this was not communicated to the patient at any point.</p> <p>The patient was hesitant to bring up other health care visits, in case it went against clinic rules.</p>	<p>How do we share back with patients what we've heard from other health care providers?</p> <p>What do we currently communicate to patients about what we want them to share with us, in regards to other providers they may have seen (including alternative health care and services such as chiropractor, massage therapists, etc.)?</p> <p>Do we have any clinic rules that are punitive, or that might be a disincentive for patients to be honest and upfront with us?</p>

Appendix A: About Hoshin Kanri in Saskatchewan

Our health care system is committed to adopting the principles and methods embodied in Lean (Toyota Production System) as our common approach for making health care better in this province.

Patients should experience a smooth flow from one process to the next in their care experience. When we look at the patient's journey as they make appointments, see their caregiver, get a test or medication, and get surgery or treatment, our health system's goal is to eliminate waiting, miscommunication, duplicate work and confusion. At every step in the journey, caregivers should have all the equipment, information and supplies they need to deliver care. This will result in better outcomes for patients and a more satisfying experience for the patient and caregiver.

Hoshin Kanri (management by policy) is a critical piece in the Lean infrastructure. This is a method for determining health system priorities and goals and organizational goals and activities that will contribute to achieving the provincial targets. Saskatchewan's health care system leaders form a collaborative strategic leadership group known as "Level 1". This group brings together the CEOs and Board Chairs of all health regions, and key provincial agencies (Saskatchewan Cancer Agency, 3sHealth, eHealth, the Health Quality Council), senior medical officers and key physician leaders, and the Deputy Minister of Health. Level 1 is responsible for reviewing health system performance, identifying strategic priorities, establishing improvement targets and desired health outcomes, and monitoring the progress of initiatives undertaken to achieve those goals.

Appendix B: Information on Measurement

Have you ever traveled by car on an unfamiliar road, in an unfamiliar area? If so, you probably made sure to frequently check the map and road signs. When in unfamiliar territory, we continually ask ourselves, "Are we lost or on the right track? How far have we gone in comparison to where we've been? How far do we have to go before we reach our destination?" Looking at the map and kilometre markers is a form of measurement that helps us answer these questions.

Measurement helps separate what you think is happening from what is really happening. Improvement measures help identify the following:

- Where you are;
- How close you are to where you want to go; and,
- If you are on a path where you don't want to go.

Remember that all improvement involves change, but not all changes lead to an improvement! That is why you should measure as you try changes to improve your clinic. Measurement helps your team in many ways:

- **See what is really happening**, which helps you reach agreement on where you need to focus efforts.
- **Focus their work**. Without measurement your team may get caught up in activity, rather than intentional progress.
- **Be motivated**. When you find you are closing in on your goal, you feel great. When you don't have this positive feedback, it can be hard to keep the momentum going.
- **Course-correct** if you are not moving toward your goal. Of course, it's great when data shows us progress towards our goal. But it's also helpful when it shows that we're not moving towards our goal or how we might be having an impact we don't expect, or that we don't want. It's much easier to course-correct earlier, rather than later.
- **Feel reassured** that an idea has been thoroughly tested and trialed before being put into practice. Even if your team thinks the changes are working, convincing others will be difficult if there is no data to back up the claims.
- **A fundamental part of improvement** is understanding your current state. To do so, you need to collect data (in this case, with a patient survey), for a period of time to **establish your baseline**. Baseline data gives you a starting point for measuring improvement. It reflects the clinic's current state, so when you make changes, you know if those changes had a positive impact on patients' experiences. Remember, don't let waiting for a baseline to be established hold you back from trying to improve in the meantime!

Appendix C: Survey Sampling and Schedule Template

This appendix offers you three sets of survey scheduling options so that you can

- establish a baseline in six months
- keep measuring when you are testing changes in your clinic
- monitor patient experience scores over time

Establishing a baseline:

Option 1: Surveying one or two days a week, on alternating weeks.

In Option 1 you will need to survey one or two days a week for one week, skip the next week, and then survey one or two days a week again. During the survey weeks, you will be surveying a minimum of **10 patients per provider per week**. As you survey on alternate weeks, you will have **biweekly data points** on your run chart and will establish a **baseline in six months!**

How to choose survey days

Write the days of the week (include only the days the clinic is open) on individual slips of paper. Place them in a container. The first day you draw will be the day of the week that you will survey on for week one. If you want to survey two days a week, draw one more time and write that day down as this will be the second day you will survey in week one. You will skip week two, and continue surveying on week three. Continue drawing days to fill out your survey schedule for six months. At the end of six months, you will have baseline data.

On the next page is a sample survey schedule of a team who has selected two days to survey during each survey week for six months. You can create a similar schedule for your clinic.

Sample survey schedule for option 1 (2 days per week, alternating weeks):

Month 1	Day	Staff	Month 2	Day	Staff	Month 3	Day	Staff
Week 1	Mon Tues		Week 1	Thurs Fri		Week 1	Wed Thurs	
Week 2	No surveys		Week 2	No surveys		Week 2	No surveys	
Week 3	Tues Fri		Week 3	Mon Wed		Week 3	Mon Fri	
Week 4	No surveys		Week 4	No surveys		Week 4	No surveys	
Month 4	Day	Staff	Month 5	Day	Staff	Month 6	Day	Staff
Week 1	Tues Wed		Week 1	Mon Fri		Week 1	Mon Thurs	
Week 2	No surveys		Week 2	No surveys		Week 2	No surveys	
Week 3	Wed Fri		Week 3	Tues Wed		Week 3	Tues Fri	
Week 4	No surveys		Week 4	No surveys		Week 4	No surveys	

Option 2: Surveying every day on a week, on alternating weeks

In Option 2 you will be surveying every day of that week; skip the next week; and then survey every day the following week again. During the survey weeks, you will be surveying **10 patients per provider per week**.

In this option you will not need to determine which days of the week you are going to survey, as you will spread out the survey activity throughout the week, and survey patients every day.

Similar to Option 1, you will be surveying on alternate weeks, and therefore will have **biweekly data points** on your run chart. You will establish a **baseline in six months!**

Sample survey schedule for Option 2 (everyday, alternating weeks):

Month 1	Day	Staff	Month 2	Day	Staff	Month 3	Day	Staff
Week 1	Every day		Week 1	Every day		Week 1	Every day	
Week 2	No surveys		Week 2	No surveys		Week 2	No surveys	
Week 3	Every day		Week 3	Every day		Week 3	Every day	
Week 4	No surveys		Week 4	No surveys		Week 4	No surveys	
Month 4	Day	Staff	Month 5	Day	Staff	Month 6	Day	Staff
Week 1	Every day		Week 1	Every day		Week 1	Every day	
Week 2	No surveys		Week 2	No surveys		Week 2	No surveys	
Week 3	Every day		Week 3	Every day		Week 3	Every day	
Week 4	No surveys		Week 4	No surveys		Week 4	No surveys	

Blank Survey Schedule Template for establishing a baseline

Month	Day	Staff	Month	Day	Staff	Month	Day	Staff
Week 1			Week 6			Week 11		
Week 2			Week 7			Week 12		
Week 3			Week 8			Week 13		
Week 4			Week 9			Week 14		
Month	Day	Staff	Month	Day	Staff	Month	Day	Staff
Week 1			Week 6			Week 11		
Week 2			Week 7			Week 12		
Week 3			Week 8			Week 13		
Week 4			Week 9			Week 14		

Testing changes:

Option 1: Surveying one or two days a week, on alternating weeks.

In Option 1 you will need to survey one or two days a week for one week, skip the next week, and then survey one or two days a week again. During the survey weeks, you will be surveying a minimum of **10 patients per provider per week**. As you survey on alternate weeks, you will have **biweekly data points** on your run chart.

How to choose survey days

Write the days of the week (include only the days the clinic is open) on individual slips of paper. Place them in a container. The first day you draw will be the day of the week that you will survey on for week one. If you want to survey two days a week, draw one more time and write that day down as this will be the second day you will survey in week one. You will skip week two, and continue surveying on week three. Continue drawing days to fill out your survey schedule for as long as you are testing changes.

Below is a sample survey schedule of a team who has selected two days to survey during each survey week for six months. You can create a similar schedule for your clinic.

Sample survey schedule for option 1 (2 days per week, alternating weeks):

Month 1	Day	Staff	Month 2	Day	Staff	Month 3	Day	Staff
Week 1	Mon Tues		Week 1	Thurs Fri		Week 1	Wed Thurs	
Week 2	No surveys		Week 2	No surveys		Week 2	No surveys	
Week 3	Tues Fri		Week 3	Mon Wed		Week 3	Mon Fri	
Week 4	No surveys		Week 4	No surveys		Week 4	No surveys	
Month 4	Day	Staff	Month 5	Day	Staff	Month 6	Day	Staff
Week 1	Tues Wed		Week 1	Mon Fri		Week 1	Mon Thurs	
Week 2	No surveys		Week 2	No surveys		Week 2	No surveys	
Week 3	Wed Fri		Week 3	Tues Wed		Week 3	Tues Fri	
Week 4	No surveys		Week 4	No surveys		Week 4	No surveys	

Option 2: Surveying every day on a week, on alternating weeks

In Option 2 you will be surveying every day of that week. Skip the next week, and then survey every day the following week again. During the survey weeks, you will be surveying a minimum of **10 patients per provider per week**.

In this option you will not need to determine which days of the week you are going to survey, as you will spread out the survey activity throughout the week, and survey patients every day.

You will be surveying on alternate weeks, and therefore will have **biweekly data points** on your run chart.

Sample survey schedule for Option 2 (everyday, alternating weeks):

Month 1	Day	Staff	Month 2	Day	Staff	Month 3	Day	Staff
Week 1	Every day		Week 1	Every day		Week 1	Every day	
Week 2	No surveys		Week 2	No surveys		Week 2	No surveys	
Week 3	Every day		Week 3	Every day		Week 3	Every day	
Week 4	No surveys		Week 4	No surveys		Week 4	No surveys	
Month 4	Day	Staff	Month 5	Day	Staff	Month 6	Day	Staff
Week 1	Every day		Week 1	Every day		Week 1	Every day	
Week 2	No surveys		Week 2	No surveys		Week 2	No surveys	
Week 3	Every day		Week 3	Every day		Week 3	Every day	
Week 4	No surveys		Week 4	No surveys		Week 4	No surveys	

Blank Survey Schedule Template for testing changes

Month	Day	Staff	Month	Day	Staff	Month	Day	Staff
Week 1			Week 6			Week 11		
Week 2			Week 7			Week 12		
Week 3			Week 8			Week 13		
Week 4			Week 9			Week 14		
Month	Day	Staff	Month	Day	Staff	Month	Day	Staff
Week 1			Week 6			Week 11		
Week 2			Week 7			Week 12		
Week 3			Week 8			Week 13		
Week 4			Week 9			Week 14		

Monitoring patient experience scores over time:

Once you established a baseline, if you are not yet testing changes to improve your patients' experience, you do not need to survey patients as frequently. You can switch to monthly data collection at this point. Remember that it is important to have monthly data points in order to monitor patient experience scores over time, and be able to track our progress as a province towards achieving our provincial targets.

To have monthly data points, all you need to do is to survey your patients one day a month. You will be surveying a minimum of **10 patients per provider one day a month**.

How to choose survey days

Write the days of the month (i.e., 1st to 31st) on individual slips of paper. Place them in a container. The number you draw will be the day of the month that you will survey on that month.

You can draw numbers and fill out your survey schedule for the next couple of months. If, in the meantime, you decide to start testing changes, then you will need to move to a schedule described above under testing changes.

Sample survey schedule for monitoring scores over time:

Month	Day	Staff
Month 1	23 rd	
Month 2	4 th	
Month 3	6 th	
Month 4	17 th	
Month 5	19 th	
Month 6	1 st	

Blank Survey Schedule Template for monitoring scores over time:

Month	Day	Staff
Month 1		
Month 2		
Month 3		
Month 4		
Month 5		
Month 6		

Appendix D: Primary Health Care Patient Experience Surveys

Download the survey that best meets your needs:

- [Short version](#) of the Primary Health Care Patient Experience Survey
- [Long version](#) of the Primary Health Care Patient Experience Survey

Appendix E: Sample Agenda for a Planning Session

The purpose of the planning session is to engage staff and providers in exploring the benefits of understanding the patient experience and hearing the patient voice. It's an opportunity for staff and providers to share information and plan for the survey. Therefore, if possible, all staff and providers should attend the meeting. This session can be the "kick-off meeting" for your patient experience surveys.

The following are potential "agenda" items or things to discuss at the session:

1. As part of "planning for success", discuss the clinic's goals and any improvement activities currently underway:
 - What impact would it have on improvement efforts (if applicable) if we had patient input? How would things be different if we saw the clinic through the eyes of the patient?
 - What are the differences between the patient's goal for their care and the clinic's goal? Where might we be able to find some common ground?
2. Engage staff in a discussion about the survey using the following discussion questions:
 - What do we hope patients are saying about our clinic?
 - What are some of the positive things they might say?
 - What are some of the negative things they might say?
 - What would we hope to learn from a patient survey?
 - How do we think our patients might respond to being asked for their feedback?
 - What is the impact of not understanding the patient experience?
 - What worries do we have about the survey itself or the process of surveying?
 - What do we hope to get out of using the survey?
3. Discuss the communications plan with staff and the other providers in your clinic. Set up a "communication board" to show survey results, post the survey schedule, and flag areas for improvement, or problems with the survey process that need to be addressed. Consider daily or weekly huddles to review the communication board. If using daily visual management already, the

“communication board” for surveying can be part of your normal daily management process.

4. Develop your survey schedule (see Appendix C for template) for the clinic, with input from providers and staff at the clinic. Consider how frequently you will survey, and what your process will be to hand out and receive surveys.
5. Discuss roles and responsibilities, and how to train and support staff for a successful survey process.
 - Make sure to discuss and draft the staff script for presenting the survey to patients to fill out. Staff responsible for giving the surveys to patients may want to practice the script.

For more information, please contact:

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John Black and Associates,
LLC is facilitating deployment of
the Saskatchewan Health Care
Management System.

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*Continuously improving the care experience of patients,
families, and providers.*