"All my patients say 'excellent.'"
Third Person versus First Person management

> *"We ask our patients to rate their care at the bedside and what we hear does not match the PRC scores. When we do post-discharge phone calls, everyone says 'excellent.' There must be something wrong with the data."*

While the desire for healthcare professionals to gather information at the time care is being delivered or shortly thereafter is laudable, the process of gathering this information often leads to frustration, confusion, and doubts of the third-party data.

It can be very difficult for healthcare professionals to reconcile different survey responses for the same patients, but oftentimes, the information collected by both methods is more similar than you may initially believe. If you look at your internally collected data and see that the vast majority of patients are giving positive responses with many of the responses "excellent," and only a small handful are offering negative responses, this data is probably very similar to the data PRC collects for you.

Because PRC tabulates and displays your Percent Excellent scores (as this is the most valuable score to improve in generating loyal patients), it is easy to assume that everyone who does not rate you as excellent is dissatisfied. In fact, when a person does not rate their care excellent, he or she most likely rate it positively, either very good or good.

However, there still may be differences between the two data. If this is the case, consider the impact the differences in the collection processes may have on the information gathered.

Differences in Data Collection Processes

The **data collection protocol** significantly affects the data. People are far more likely to express their true feelings to an unbiased third-party rather than to their caregiver. This does not mean that your patients are lying to you, only that they may shade their true feelings.

Some may not want to offend their caregivers or get them in trouble; some do not like confrontation; some fear that responding honestly will impact care. While we know that these fears are groundless--no one would provide substandard care in response to less-than-stellar survey scores—they may be very real concerns for your patients. The value of anonymity provides patients an opportunity to be candid, which, in turn, provides you with quality information from which to improve your hospital.

The **proper timing** in conducting patient surveys also plays a key role in gathering unbiased research. PRC's surveys are timed to provide the patient an opportunity to return to their normal routine yet not so long that they start to forget the specifics of that visit. This allows patients to lose that sense of vulnerability and fear that often accompanies healthcare encounters and gain perspective on their visit.

These are the sorts of things that make our third-party data-collection process different from hospitals' bedside or post-discharge questions, but this doesn't mean that first-party surveying should be eliminated.

Appropriately Using First-Party Data Collection

Post-discharge phone calls and bedside rounding have always been effective strategies for gathering clinical information. They can also be effective strategies for getting feedback on the patient experience and immediately implementing improvement processes. Below are some suggestions to increase their effectiveness:

Focus on them, not you. When you ask patients to rate the doctors, nurses, or food, it puts the focus on you and not on them. What they hear is, "Thank you for using our facility, we really appreciate that. Now could you do my job by telling me about my staff?" You have an opportunity to truly connect with your patients, but by using rating questions you'll end up being perceived as impersonal and selfish with their time.

Make the patient feel like they are the important person in the conversation. You can still gather the information you need by wording questions from the patient's point of view:

- **How are you feeling?**
- **Did you fill your prescriptions?**
- **Were your discharge instructions clear?**
- **Is there anything else we could have done to alleviate your fears?**

Do not word questions from your point of view.
Examples include:

- **How were our lab techs?**
- **Were our registration people nice to you?**
- **Were our nurses compassionate and caring?**

In addition, asking rating questions in these venues may lead patients to believe they have already completed a survey when PRC calls, sending a message that coordination and communication are lacking between you and PRC. Leave rating questions to PRC; this is what we do well.

Collect data PRC cannot collect. PRC is excellent at collecting rating data, but we cannot ask in-depth questions about all issues important to you, especially issues important to one specific unit or area. Use this opportunity to inquire about their perceptions of the various initiatives you are undertaking. If the focus is improving discharge instructions, ask patients if they understood their discharge information, if they kept the discharge paperwork, and how they have used it since they returned home. This gives you the opportunity to truly connect with your patients and find out if your initiatives are on target. This short conversation will yield valuable information while telling your patients that you truly care about them.

Carefully assign your internal surveys. Gathering information from patients through post-discharge phone calls or other avenues requires a special touch. The person(s) responsible for this must be able to gain patients' trust, probe for more information when needed, as well as connect with the patients. Consider assigning this task to one specific person.

In the end …

Your own data can provide wonderful insights, even in the absence of statistical rigor. These conversations can elicit colorful stories, opportunities for staff celebration, and immediate opportunity for improvement. PRC data provides you with a more uniform metric that is representative of your total patient population. Together, these sources provide unique perspectives and can be used to develop strategies to improve the patient experience. ∎