
How does PRC reduce bias?

Statisticians have realized that there is one issue that is far more important than sample size to producing useful data, and that is *bias*. If one does not draw an accurate sample, one cannot speak intelligently about the nature of the population. PRC works hard to reduce bias in several ways, including using a telephone methodology, sampling by week, employing highly-trained interviewers, speaking to the actual patient, and controlling the interview context.

Using a telephone methodology

The telephone methodology helps eliminate self-selection bias among respondents, which is important in achieving a representative sample. By reaching out to patients via telephone, we maintain control of the randomly-selected sample of patients to potentially be included in the research. Rather than sitting back and waiting for the patient to work up the “activation energy” needed to find where he/she stashed the survey when it arrived a few days ago, to find a pen to fill out the survey, and then to find the time to sit down and give their health care experience careful consideration, we initiate the contact and guide patients through the process of providing their perceptions about the care they received. In addition, the telephone methodology does not require written responses and therefore allows us to control for bias produced by educational limitations.

Sampling by week

Research has shown that dramatic differences in timing can affect responses, so PRC standardizes the time frame to eliminate bias. Each week, your organization sends PRC a file with all of the patient discharges and visits. From that file, we randomly select patients to interview. This means we’re calling patients at about the same time after their healthcare experience. We don’t call some patients the day they arrive home and other patients six months later.

Employing highly-trained interviewers

It is critical that the interviewer can effectively guide a respondent through the survey while making sure not to color the patient’s experience one way or the other. PRC interviewers are put through weeks of training, set up with a mentor, and monitored on a daily basis to make sure that they are a means to gather data, and not a means to taint or bias data.



Speaking to the actual patient (or screening for a loved one familiar with the care)

With other survey modalities, like the mail-out survey, one can never be sure who is actually completing the survey. PRC talks to the actual adult patient over 95% of the time. A small, but essential, segment of your adult patient population is people who are unable to complete a telephone interview on their own. In instances where patients are physically or mentally incapable of participating in a survey, we offer the option of having a caregiver who was familiar with the care received complete the telephone interview.*

Controlling the interview context

By maintaining control of the interview context, we can control several opportunities for bias. Among other controls, we can:

- translate the survey to gather perceptions from non-English proficient patients
- keep an interview's focus on the specific visit in question rather than general notions or opinions
- stratify the sample to make sure all units have enough interviews to truly understand their patients
- manage data collection through weekly batch cycles so each target sample actually gets filled in a timely manner

Above all else, PRC's goal is to conduct patient perception research that is timely, accurate, and reliable so that you can transform this research into strategic plans that will affect the total patient population in the future. Without a sound interviewing methodology that produces a representative sample of the patient population you serve, the results will not be effective in guiding the important process improvement efforts that will ultimately lead to better care for your patients.

