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Continuous assessments enable hospitals to change, measure quality

BY DIANNE DANIEL

Most people are familiar with the adage, “If it ain’t broke, don’t fix it.” But how many ever stop to consider the opposite scenario: “If I don’t know it’s broken, how can I fix it?”

Quality co-ordinator Elsa Salomon does.

For more than 12 years, Salomon has been evaluating patient satisfaction at the Centre Hospitalier de l’Université de Montréal (CHUM), as a way of helping hospital decision-makers. Based on the premise that “you can’t improve what you don’t measure,” the information collected is used to implement quality improvements that keep the hospital aligned with its core values.

Key to the hospital’s assessment program is determining what questions to ask in the first place. “You do not ask a question that you’re not ready to hear the answer to,” says Salomon, using the example that if patients are asked to rate satisfaction with hospital operating hours, then administrators must be prepared to address it. “Are you willing – or able – to do something about it? If the answer is no, then don’t ask the question,” she says.

Working with an on-line, web-based surveying tool from Montreal-based Agili-T Health Solutions Inc., CHUM conducts one

major assessment of patient satisfaction every five years, as well as 12 to 15 surveys each year that are more specific in nature. To date, the majority of surveys have been paper-based, but the hospital is moving towards using computer kiosks and handheld devices at the bedside, says Salomon.

The Agili-T tool, called Androfact, offers a bank of validated questions prepared in collaboration with the University of Montreal and the Greater Montreal Regional Health Board. The questions are designed to measure different dimensions of healthcare delivery.

The subject matter covers everything required to monitor a patient experience, from accessibility to outcomes, including wait times, how easy it is to get around, the attitudes of physicians, the technical quality of care and the quality of the food.

When preparing a survey, users like CHUM simply point and click on existing questions, selecting those that best suit their needs.

“It’s like a pantry; you know what you need and you put it all into your pantry and then, depending on the recipe that you want to make, you get the necessary ingredients,” says Salomon. “Agili-T furnishes the basic information and analysis that are necessary to start your improvement process.”

Androfact is offered using an applica-

tion service provider (ASP) licensing model, with prices varying from \$7,500 to \$60,000 per year depending on variables such as the number of surveys conducted, the number of question modules (or banks) used and how many reports are made. The company provides a fully hosted, secure, hardware infrastructure as well as the software and, according to Agili-T president Richard Pridham, new product releases are available every six weeks.

Unlike market research firms that conduct surveys as an outsourced service, usually as a one-time endeavour, Androfact enables healthcare organizations to personalize the process of obtaining feedback, keeping it in-house at a price that enables a continual flow of information.

“Our customers don’t have to be experts in creating surveys,” notes Pridham. “They log onto the system and literally pick and choose from among the questions we offer.”

As hospital or health-region users select their questions, a corresponding database is automatically generated. Once the answers are entered – either manually or by scanning – results are analyzed.

The reports available through Androfact provide a weighted satisfaction value that can then be used to determine where improvements need to be made. “We provide the business intelligence aspect to

help them figure out what the data means, so they can determine whether or not they're meeting patient expectations," explains Pridham.

For example, one team at CHUM has used the survey process as a way to assess several changes implemented over a five-year period. By asking the same questions each year, they were able to assess which changes had the most impact on patient satisfaction. Eventually, Salomon would like to extend this type of analysis among teams as well.

"Instead of a team evaluating their personal best, they should be able to start looking at it from one team to another, willing to compare and willing to benchmark," she notes.

Internal benchmarking is an area the Izaak Walton Killiam (IWK) Health Centre in Halifax is hoping to get into once it begins to use the Androfact tool this fall. According to manager of quality Brenda MacDonald, the facility has been distributing paper-based questionnaires for several years in order to obtain patient feedback and currently uses 16 in-house developed surveys geared to 16 separate service areas.

Although it maintains a database of the information collected, it hasn't been able to compare results because the questions aren't standardized.

Moving to the validated questions available in Androfact will change that, says MacDonald. "Using standardized questions throughout the organization gives you the ability to pool your results," she says. "We currently can't do that."

In addition to moving to the web-based service, IWK is also looking to improve how surveys are disseminated. In addition to the labour-intensive process of sending out paper-based questionnaires, the health centre will be using Androfact to launch a survey on its website this fall and is also considering the use of computer kiosks in common areas or patient lounges. "Some will still prefer paper," notes MacDonald. "But the Internet is much more available now and is the way to go."

In order to reach as wide an audience as possible, IWK will be tapping into the multilingual capabilities in Androfact, offering its English questions in French, Arabic and other languages at the click of a button, says MacDonald. "Everything we've done to date has been English, and we know the patients and families we serve don't always speak English," she says. "Using the validated question banks ... allows us to be more inclusive."

Both Salomon and MacDonald are adamant the information gleaned from patient satisfaction surveys is crucial to

improving service quality. At IWK, several themes have emerged from survey responses over the years, resulting in lasting improvements. For example, new moms consistently indicated the information they received about breastfeeding was inconsistent and confusing. As a result, the hospital provided nursing staff with an education module outlining current best practices so that messaging would be more consistent.

Another theme indicated that hospital signage wasn't sufficient and that patients were having difficulty finding their way around, leading to the implementation of a new signage system that's still "work in progress" says MacDonald.

Unlike system-wide surveys – typically population or accountability studies – the information collected using Androfact is site-specific, department-specific and even change-specific, enabling quality managers to address the issues that really matter at the front lines, says Pridham.

"We provide a way to drill down and get feedback at the departmental level on an ongoing basis and to do it effectively and efficiently without absorbing major costs," he says. "We then deliver that feedback inside the organization to those on the front lines who can bring about change."

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