



Health IT Patient Satisfaction Survey

Survey Tool

Provided By:

The National Learning Consortium (NLC)

Developed By:

Health Information Technology Research Center (HITRC)
Iowa Foundation for Medical Care

The material in this document was developed by Regional Extension Center staff in the performance of technical support and EHR implementation. The information in this document is not intended to serve as legal advice nor should it substitute for legal counsel. Users are encouraged to seek additional detailed technical guidance to supplement the information contained within. The REC staff developed these materials based on the technology and law that were in place at the time this document was developed. Therefore, advances in technology and/or changes to the law subsequent to that date may not have been incorporated into this material.

NATIONAL LEARNING CONSORTIUM

The National Learning Consortium (NLC) is a virtual and evolving body of knowledge and tools designed to support healthcare providers and health IT professionals working towards the implementation, adoption and meaningful use of certified EHR systems.

The NLC represents the collective EHR implementation experiences and knowledge gained directly from the field of ONC's outreach programs ([REC](#), [Beacon](#), [State HIE](#)) and through the [Health Information Technology Research Center \(HITRC\)](#) Communities of Practice (CoPs).

The following resource is an example of a tool used in the field today that is recommended by "boots-on-the-ground" professionals for use by others who have made the commitment to implement or upgrade to certified EHR systems.

DESCRIPTION & INSTRUCTIONS

This survey tool is intended to aid providers and health IT implementers assess the impact of health information technology (HIT) adoption to inform quality improvement initiatives. The results will provide an understanding of how patients are responding to EHR use in the office.

To administer the survey and evaluate the results, you may choose to distribute these on cardstock and provide a locked box in the reception area for patients to drop off the survey or put your return address on the reverse side for mailing back.

Alternatively, send the survey to patients after a visit with the request for them to be returned in a postage paid envelope you supply. Depending on the size of the office or the sensitivity of your patients, you may want to use a separate company to conduct the survey for you.

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1 HIT Patient Satisfaction

An important indicator of overall success with health information technology (HIT) is the patient perspective. Many clinics currently conduct patient satisfaction surveys, although these do not focus specifically on the impact of HIT adoption.

This tool suggests three approaches to learning more about the impact of HIT on your patients.

1.1 BEFORE AND AFTER HIT IMPLEMENTATION STUDIES

Identify specific timeframes for studying the differences in your standard satisfaction survey results.

1. Consider which aspect of your HIT implementation to study. For instance, implementing a computerized provider order entry may not have as direct an impact on patients as a documentation system or electronic (especially barcode) medication administration record.
2. Take measures before and after implementation, in close enough proximity so that intervening variables do not impact the results. If you compare distant time periods, such as the second quarter of this year and with the third quarter of last year, staff may have changed; you may have instituted other new processes other than HIT; or HIT may not have been sufficiently adopted by staff that it has become the standard practice, but patients have not yet come to expect its use.
3. Although you may compare your overall results or look at all measures on the survey, you may want to focus on those areas of the standard satisfaction survey that you believe would be most impacted by HIT. For example, if you use CG-CAHPS (Clinician & Group Consumer Assessment of Healthcare Providers Survey) you may want to compare questions on nurse and physician courtesy and respect, listening, and explanation. Also, you may want to compare questions on medication administration and its explanation—electronic health records (EHR) have alerts to medication interactions; have medication lists which aid in keeping track of the patient's medications, particularly if the patient is in on numerous medications; and can provide patient education materials.

When evaluating results, both positive and negative, recognize that many variables impact the survey results, not just HIT. Even with statistically significant improvements in patient satisfaction, HIT may have had an adverse effect on patients. If results are negative, especially in focused areas, look for the root cause. The root cause may be staff issues with the HIT, processes brought about by HIT that are new to patients, or patient concerns about HIT. To determine the root cause, it may be appropriate to conduct, or re-evaluate, the HIT user satisfaction survey, conduct informal walkthroughs of patient care areas, conduct a formal process analysis using process mapping techniques, and/or use a separate survey devoted to HIT (below). As you would with general satisfaction survey results, solicit input from staff for both cause and potential remediation.

Exhibit 1: Patient Satisfaction Survey Analysis Before and After HIT Adoption

Questions <i>(Replace with topics from your standard satisfaction survey)</i>	Before HIT Results	After HIT Results	Analysis
Staff courtesies and respect	Click here to enter text.	Click here to enter text.	Click here to enter text.
Staff listening	Click here to enter text.	Click here to enter text.	Click here to enter text.
Staff explanation of what they are doing	Click here to enter text.	Click here to enter text.	Click here to enter text.
Staff responsiveness	Click here to enter text.	Click here to enter text.	Click here to enter text.
Personal privacy	Click here to enter text.	Click here to enter text.	Click here to enter text.
Family involvement	Click here to enter text.	Click here to enter text.	Click here to enter text.
General management	Click here to enter text.	Click here to enter text.	Click here to enter text.
Staff arrival and departure timeliness	Click here to enter text.	Click here to enter text.	Click here to enter text.
Medication administration and its explanation	Click here to enter text.	Click here to enter text.	Click here to enter text.

1.2 SEPARATE SURVEY DEVOTED TO HIT

You can use a survey about HIT as the primary means to assess impact of HIT on patients, or as follow up to the analysis of your standard satisfaction survey. You may want to conduct a separate survey if you don't use a standard satisfaction survey, standard surveys are not timed so you can obtain results at key times in your HIT rollout, or you would like to emphasize the importance of your HIT to your patient community.

1. In conducting your HIT patient satisfaction survey, consider the communication to your patients about HIT. Just as springing HIT on your staff will likely not endear them to the HIT, the same is may be true to some extent for your patients. You may find that talking up the impending HIT activities, publishing an article in the local newspaper describing the benefits and requesting patience during construction, ensuring that physicians and staff explain the new HIT to the patients or their families, having an on-hold message requesting patience during construction, and other forms of communication should be conducted.

2. Conducting the HIT patient satisfaction survey shortly after go-live is a good idea and then conduct it periodically. Unlike the general satisfaction survey, this survey directly recognizes the new HIT and can aid in making patients feel comfortable that any changes they see are intended to benefit them. Doing it immediately can help head off unexpected consequences. Because this is not a part of your general satisfaction survey, you may not want to use a survey company to collect & tally results. Consider using a trusted community member to collect & tally the results.
3. In evaluating results, first follow up on any negative responses or comments. If a patient requests follow up, do so in much the same manner as you would any privacy or other complaint. Standard procedure usually is to immediately acknowledge receipt of the question or concern and either indicate you will investigate and get back to the person within a specified number of days or provide a direct response, if feasible. A high number of negative responses to one or more questions is a red flag.
4. Determine the root cause of negative responses, especially for those with a high number of negative responses. Any of the steps recommended above for determining root cause can be helpful. Because the results of the HIT patient satisfaction survey are a little more specific than those in a general satisfaction survey, you might also consider asking staff what conditions may have prompted negative findings and solicit their suggestions for improvement. Over the course of administration of the survey, you should ideally see an increase in acceptance of the HIT. If you do not, follow up on issues.

Exhibit 2: HIT Patient Satisfaction Survey

Dear Patient or Family Member,
 As part of our continuous quality improvement efforts, we recently adopted new computer systems to help our staff carry out their duties to provide the best possible health care services for you. We would like to know what you think! Please complete this form today and give it to any staff member or mail it to the post office box designated on the postage-paid envelope supplied. If you need help completing the form or have questions, please ask your nurse.

1. My nurse explained his or her use of the computer to me.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
2. I believe the computer will help the clinic be efficient.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
3. I believe the computer will help ensure the quality of my care.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
4. I believe personal information is safe in the computer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
5. I would like information about how I can use the computer to access my health care record.*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
6. I have questions or concerns about the new computer system.*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
7. I would like to commend Click here to enter text. for helping me understand the new computer system.			
8. Comments: Click here to enter text.			

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* If you would like to be contacted directly, please give us your name and contact information:

Name: [Click here to enter text.](#)

Day time phone #:

[Click here to enter text.](#)

Evening phone #:

[Click here to enter text.](#)

2 Anecdotal Evidence

This may be the best way to spot problems early. Although your communication plan should identify important communications with patients and their families, ensuring regular communication from both staff and managers can provide reassurance to patients and staff that your organization is concerned for their well-being.