PATIENT EXPERIENCE IS NOT PATIENT SATISFACTION
Understanding the fundamental differences

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PRESENTATION OBJECTIVES

Review the conceptual flaws of patient satisfaction

Understand the differences between patient satisfaction and patient experience.

Patient experience and its relationship to patient safety and patient centered care
THEN AND NOW

First assisted take-off flight by the Wright Brothers, December 17, 1903

What's next?
FROM DISEASE CENTERED TO PATIENT-CENTERED CARE

Where we have been

- Fragmented care
- Provider centered care
- Paper
- Patients as passive participants
- Facility based visits
- “What's the matter with you?”

Where we are going

- Coordinated Care
- Patient centered
- Electronic
- Patients are fully engaged
- Innovative care delivery strategies
- “What matters to you?”

“Patient experience and satisfaction is the No. 1 priority for healthcare executives—above clinical quality, cost reduction, and many other burning issues”,

HealthLeaders Media Industry Survey 2013.”
17 to 25 people in one episode of care
The difference between patient satisfaction and patient experience

In some circumstances high levels of patient satisfaction supply evidence of high quality medical care, where in others they supply evidence of low expectations or unnecessary treatments. (Greaves et al., 2012; Fenton et al., 2012)
THE PITFALLS OF PATIENT SATISFACTION

Patient satisfaction

1. Satisfaction is seen as a judgment about whether expectations were met, it is influenced by varying standards, different expectations, the patient’s disposition, time since care, and previous experience.

2. None the less, qualitative research shows that patients will give positive satisfaction ratings even in the face of a negative experience unless they believe that the poor care is under the direct control of the person they are evaluating.

   - For example, they may be unhappy about hurried communication with their doctor but still give an adequate rating because they attribute this to time constraints not a lack of intrinsic skills.

3. Consequently, positive satisfaction ratings include both true positives and false positives.

4. High satisfaction ratings indicate that care is adequate not that it is of superior quality; low ratings indicate problems and should not be masked by reporting average scores.
The study found that when patients were asked a single question about how satisfied overall they were with their practice, only 4.6% of the variance in their satisfaction ratings was a result of differences between practices; the remaining variance resulted from differences between patients plus random error. In contrast, when asked to report on their experience with usual time they had to wait for an appointment, more than 20% of the variance in responses was a result of differences between practices. The authors conclude that for the purpose of discriminating performance between practices, it is better to ask patients to report on their experience rather than ask for satisfaction ratings.
Criticisms of patient satisfaction

- Patient satisfaction is sometimes treated as an outcome measure (satisfaction with health status following treatment) and sometimes as a process measure (satisfaction with the way in which care was delivered).
- Clearly patient satisfaction measurement is the application to healthcare of customer satisfaction, a concept coming both from quality management and marketing.
- It is an important evolution from industrialist metrics, focusing mainly on productivity and efficiency. In the 80s, with the upcoming of the so-called service economy, customer satisfaction appeared to an important metric too. As healthcare was defined as a service, quality programs in clinics included also patient satisfaction.
- Yet the value of measuring patient satisfaction has been limited. Mainly because, as in other industries and sectors, surveys have tended to focus on managers’ and clinician’s agendas; not on questions meaningful to patients, that can be translated into actions.
Patient satisfaction surveys tend to ask patients subjective questions about their satisfaction with their care.

“How do you rate your doctor’s caring and concern for you?”

“How satisfied are you with the appointment system in your health center?”

“How easy is it for you to get medical care when you need it?”

Multiple choice answers to satisfaction questions are also more subjective, such as:

Strongly agree, agree, neutral, disagree, strongly disagree

Very good, good, fair, poor
Experience questions relate to the patient’s actual, more objective experiences in the health center and aim to avoid value judgments and the effects of existing expectations. Examples of experience questions include:

*In the last 12 months, how many days did you usually have to wait for an appointment when you needed care right away?*

*In the last 6 months, how often did you see your provider within 15 minutes of your appointment time?*

*In the last 12 months, did anyone in your provider’s office talk with you about specific goals for your health?*

Multiple choice answers to experience questions are more objective, such as:

*Same day, 1 day, 2-3 days, 4-7 days, more than 7 days*

*Never, sometimes, usually, always*
The word is empathy

In the first case, the nurse performs her work in an **excellent** manner, asks the polite questions when it is defined, smiles in a routine way, is also polite in a routine way and at the end it is difficult to distinguish her friendliness from the automated friendliness of a cash dispenser.

To the contrary, nurses able to **empathize** with the patient, get into the storm of emotions anxious patients suffer and yet, not losing the clinical point of view, will really look for solutions for patient problems, speak the patient’s language, challenge doctors and change their agendas if necessary, risking eventually an argument.

Patients value this. ‘The physician comforted us and acknowledged what a difficult journey we had.’
Key concepts of patient experience

- Patient experience goes beyond satisfaction and "making patients happy."
- You may have a negative outcome but still have a positive patient experience.
- You may have a positive outcome but a negative patient experience.
- Patient experience is linked to employee engagement.
- Patients judge healthcare providers not only on clinical outcomes, but also compassionate and excellent, patient-centered care.
For instance, knowing that 10% valuate their care as “poor” or the waiting times as “fair” does not help very much. Instead, knowing precise details about what went wrong during the care (communication, understanding of medication, etc.) makes a difference because here there is a call for action.

Thus, the difference between patient satisfaction and patient experience is what the values are prioritized: the organization’s and management priorities or patient needs?

*Applying patient experience means: putting patients first.*
THE TRADITIONAL MEASURE
Percentage of patients that rated nursing services as excellent

A satisfaction-rating instrument cannot tell you what to do if patients are dissatisfied

Service improvement activity requires specific data about what actually happened, not just data on whether patients were satisfied with what happened. (Berwick et al., 2003)
YOUR CARE FROM NURSES

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the nurses treat you with courtesy and respect?</td>
<td>CFN1</td>
</tr>
<tr>
<td>2. Did the nurses listen carefully to you?</td>
<td>CFN2</td>
</tr>
<tr>
<td>3. Did the nurses explain things in a way you could understand?</td>
<td>CFN3</td>
</tr>
<tr>
<td>4. Were there sufficient nurses on duty to care for you in hospital?</td>
<td>CFN4</td>
</tr>
<tr>
<td>5. Did the nursing staff respond immediately to your call bell?</td>
<td>CFN5</td>
</tr>
<tr>
<td>6. Did you have confidence and trust in the nurses treating you?</td>
<td>CFN6</td>
</tr>
<tr>
<td>7. Did the nurses talk in front of you as if you weren't there?</td>
<td>CFN7</td>
</tr>
</tbody>
</table>

- **Always**: 90.23% CFN1, 88.37% CFN2, 82.22% CFN3, 80.21% CFN4, 69.35% CFN5, 79.33% CFN6, 16.81% CFN7
- **Most of the Time**: 7.20% CFN1, 9.04% CFN2, 10.82% CFN3, 11.83% CFN4, 19.74% CFN5, 15.76% CFN6, 1.18% CFN7
- **Half of the Time**: 1.54% CFN1, 2.07% CFN2, 5.15% CFN3, 4.63% CFN4, 8.05% CFN5, 4.39% CFN6, 2.36% CFN7
- **Seldom**: 0.51% CFN1, 0.52% CFN2, 0.77% CFN3, 1.54% CFN4, 1.30% CFN5, 0.52% CFN6, 8.85% CFN7
- **Never**: 0.51% CFN1, 0.00% CFN2, 1.03% CFN3, 1.80% CFN4, 1.56% CFN5, 0.00% CFN6, 70.80% CFN7
Patient experience and patient safety

When nurses communicate effectively at the bedside, medication errors go down, pressure ulcers go down, and falls go down. Those are safety issues.

When physicians communicate better, coordination of care improves and compliance with treatment options increases. Those are quality issues.

There is also some evidence to suggest that patients can be used as partners in identifying poor and unsafe practice and help enhance effectiveness and safety.
A small but growing body of evidence shows the relationship between aspects of patient experience and clinical quality.

Clinical services that are intentionally patient-centered (surgery, ITU, cardiology) achieve better clinical outcomes (Boore 1978; Hayward 1975; Shuldham 1999; Suchman 1993).

Effective doctor-patient communication promotes compliance in medication and more active self-management of long-term chronic conditions (Bauman et al 2003).

Anxiety and fear delay healing but are allayed by emotional and psychological support (Cole-King and Harding 2001; Norman 2003; Weinman et al 2008).
Value-based purchasing

- Incentive payments based on “total performance score”
- Total performance score based on two domains

Top three organisational priorities for healthcare leaders (Beryl Institute, 2013)
AN EXAMPLE OF A PATIENT JOURNEY

- Hospital appointment
  - Difficulty parking
    - Can't find the dept
  - Happy to wait for 30mins but now I've had to wait for 1 hr
  - Enough time to ask questions
  - Need for privacy on a mixed ward
  - How far through the hospital? What will the scan be like? Getting settled into another ward.
  - How to get home.
  - Right medication - clear instructions?

Patients emotional state

- at home
- journey and arrival
- waiting
- clinical consultations/interventions
- In bed on a ward
- moving around the hospital
- discharge and leaving

- Happy to wait for 30mins but now I've had to wait for 1 hr
- Enough time to ask questions
- Need for privacy on a mixed ward
- How far through the hospital? What will the scan be like? Getting settled into another ward.
- How to get home.
- Right medication - clear instructions?
WHICH CHOICES- PROVIDER AND PATIENT?

- What are the most influential factors in a patients’ experience?
- Are these influential factors modifiable?
- If we modify these factors can we predict whether a patient’s experience will be positive or negative?

My hypotheses
RESEARCH GAP - THE CHALLENGE

Only two research papers, on patient satisfaction in the UAE, have been published.

Most of the research on patient satisfaction cannot be generalised to a multi-speciality acute care hospital setting.

No research on patient experience with hospital services in the UAE or other Gulf countries.

No assessment tools for measuring patient experience within an acute care setting have not been developed until now in this region.
The figure shows the Method for Patient Experience Survey. In order to develop the survey, the author reviewed related literature (RRL) for this study. Research questions were developed and checked the validity of the content using pilot study. A pilot test (N=36) was conducted in order to establish content validity. Cronbach's Alpha was used to test the data from the pilot test in determining the construct validity (Internal Consistency/Reliability).

The pilot test was found to be an important stage of the instrument development process as necessary revisions were identified. These revisions were made and the final survey questionnaire will be used to evaluate the result of Patient Experience Survey.
COMPASS METHOD FOR SURVEY DESIGN

COMPASS method for survey design

C
Conceptualize nature of research problem and identify literature base

S
Survey administration

S
Survey modification

O
Operationalize concepts, dimensions, domains and questions

M
Methodology of survey

A
Assess measurement properties

P
Pilot survey possibly?

Survey analysis, hypothesis testing and modeling

Refine concepts measured, populations studied, research application, instrumentation, or method of administration

Organize concepts and domains that are important to patients. Determine intended population and research application. Hypothesize expected relationships among concepts


Assess score reliability, validity, and ability to detect change. Evaluate administrative and respondent burden. Add or delete measures, or revise items. Identify meaningful differences in scores. Finalize instrument formats, scoring procedures, and training materials.
SURVEY TOOL BASED ON:

Learning from…

• Picker Institute
• Literature
• US Consumer Assessment of Healthcare Providers and Systems (HCAPHS) survey which has only 27 questions

PLUS
SURVEY DESIGN

Patient Survey

INSTRUCTIONS FOR THE SURVEY

This survey is about your overall experience in hospital. It asks for your opinion about your most recent visit/stay in the hospital only. Information from the survey will be used to help the hospital to improve services to patients.

- Not everybody receives all services. If you did not use a particular service while in hospital just mark the “Does Not Apply” box.
- There are no right or wrong answers. It is your opinion that is important.
- The survey is not the best way to make a formal complaint, as the survey researchers will not be able to help you to resolve it. If you would like to make a formal complaint about your experiences in hospitals you should contact the hospital patient liaison officer.
- Your opinions are important.
- REMEMBER: the survey is completely confidential. No information that will identify you will be given to anyone at the hospital.

Thank you for your valuable feedback.

- Cover page for instructions
- English and Arabic
- 5 point Likert scale using Always-Never
- 10 point scale for global rating
- Ranking of importance
- Free text for comments
PATIENT CENTERED CARE MEASURED BY 13 PATIENT EXPERIENCE DOMAINS

1. Care from doctors
2. Care from nurses
3. Management of Operations and Procedures
4. Cleanliness
5. Treatment with respect and dignity
6. Consistency and Coordination of care
7. Patient rights and feedback
8. Pain management
9. Involvement of family and friends
10. Discharge
11. Waiting for admission
12. Medication management
13. Quality of Food
### SURVEY DESIGN

#### 9. PAIN MANAGEMENT IN THIS HOSPITAL

<table>
<thead>
<tr>
<th>Question</th>
<th>Always</th>
<th>Most of the time</th>
<th>Half of the time</th>
<th>Seldom</th>
<th>Never</th>
<th>Does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did your doctors explain the amount of pain to expect?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Did your nurses explain the amount of pain to expect?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Was your pain well controlled?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 10. MEDICATION MANAGEMENT IN THIS HOSPITAL

<table>
<thead>
<tr>
<th>Question</th>
<th>Always</th>
<th>Most of the time</th>
<th>Half of the time</th>
<th>Seldom</th>
<th>Never</th>
<th>Does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Were the purposes of all medications sufficiently explained to you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Were the possible side effects of medicine explained to you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## 11 DEMOGRAPHIC QUESTIONS

1. Self-reported overall health
2. Education level
3. Nationality
4. Language
5. Age group
6. Marital status
7. Length of stay

### 8. Previous hospital visits

<table>
<thead>
<tr>
<th>How much did the hospital treatment/operation improve your health problem?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Worse than before</td>
</tr>
<tr>
<td>□ Not at all</td>
</tr>
<tr>
<td>□ Somewhat</td>
</tr>
<tr>
<td>□ Quite a bit</td>
</tr>
<tr>
<td>□ A great deal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>إلى أي درجة العلاج أو الأجراء الطبي المقدم لك من قبل المستشفى ساعدك على التحسن:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ أسوأ من السابق</td>
</tr>
<tr>
<td>□ ابدا</td>
</tr>
<tr>
<td>□ إلى حد ما</td>
</tr>
<tr>
<td>□ احيانا</td>
</tr>
<tr>
<td>□ إلى درجة كبيرة</td>
</tr>
</tbody>
</table>
## DEVELOPING A VALIDATED TOOL

### Internal consistency

<table>
<thead>
<tr>
<th>Item</th>
<th>Scale Mean if Item Deleted</th>
<th>Scale Variance if Item Deleted</th>
<th>Corrected Item-Total Correlation</th>
<th>Squared Multiple Correlation</th>
<th>Cronbach's Alpha if Item Deleted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the doctor explain the risks and benefits of the operation or procedure in a way you could understand?</td>
<td>7.58</td>
<td>45.850</td>
<td>.823</td>
<td>.746</td>
<td>.946</td>
</tr>
<tr>
<td>2. Did the doctor explain beforehand what would be done during the operation or procedure?</td>
<td>7.97</td>
<td>43.856</td>
<td>.933</td>
<td>.945</td>
<td>.913</td>
</tr>
<tr>
<td>3. Did the doctor answer questions about the operation/procedure in a way you could understand?</td>
<td>7.83</td>
<td>43.457</td>
<td>.923</td>
<td>.940</td>
<td>.915</td>
</tr>
<tr>
<td>4. Did the anesthetist explain how he/she would put you to sleep or control your pain?</td>
<td>7.78</td>
<td>46.235</td>
<td>.817</td>
<td>.713</td>
<td>.948</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall Cronbach’s Alpha</th>
<th>Cronbach's Alpha Based on Standardized Items</th>
<th>N of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>.947</td>
<td>.948</td>
<td>4</td>
</tr>
</tbody>
</table>
RESEARCH OBJECTIVES

1. Identify the variables that contribute most to the variability in patient experience at the patient and hospital levels.

2. Identify the predictors of patient experience to empower regulators and payers to focus on these and improve on the delivery of care.

3. The knowledge of patient socio-demographic characteristics and its relationship to patient experience will permit healthcare providers to tailor care to meet the needs of patients at an individual level.
RESEARCH METHODOLOGY

Using Slovin’s formula – approximately 500 patients interviewed

Survey tool: 60 questions from 13 core domains covering the entire journey of care (from admission to discharge)

Face- face interviews of all inpatients who stayed at least 24 hours in the hospital and due for discharge on the day of the survey.

35% of patients were Emirati
DATA ANALYSIS

Descriptive statistics

• patients’ characteristics (including socio-demographic and stay characteristics – 39 variables

Multiple regression models

• test hypotheses relating to the association between patient experience, patient characteristics and experience constructs.

Regression analysis

• was used to estimate the coefficients of the explanatory variables independently associated with experience outcomes such as the Overall rating of the hospital ($Y_1$), Overall global measures score ($Y_4$) and the Overall patient experience score ($Y_5$).

Logistic regression analysis

• was used Willingness to return ($Y_2$) and Willingness to recommend ($Y_3$),
## WHAT DO PATIENTS WANT IN THE UAE WANT?

<table>
<thead>
<tr>
<th>Ranking of Importance</th>
<th>Mean</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Care From The Doctors</td>
<td>2.15</td>
<td>1</td>
</tr>
<tr>
<td>Your Care From The Nurses</td>
<td>2.81</td>
<td>2</td>
</tr>
<tr>
<td>Treatment With Respect And Dignity</td>
<td>4.19</td>
<td>3</td>
</tr>
<tr>
<td>Cleanliness Of The Hospital And Hand-Washing</td>
<td>4.89</td>
<td>4</td>
</tr>
<tr>
<td>Consistency And Coordination Of Care</td>
<td>5.83</td>
<td>5</td>
</tr>
<tr>
<td>Your Pain Management In This Hospital</td>
<td>5.97</td>
<td>6</td>
</tr>
<tr>
<td>Patient Rights And Feedback</td>
<td>6.13</td>
<td>7</td>
</tr>
<tr>
<td>Involvement In Decision Making</td>
<td>6.63</td>
<td>8</td>
</tr>
<tr>
<td>Your Medication Management In This Hospital</td>
<td>6.85</td>
<td>9</td>
</tr>
<tr>
<td>Management Of Your Operations And Procedures</td>
<td>7.07</td>
<td>10</td>
</tr>
</tbody>
</table>
PREDICTORS OF POSITIVE PATIENT SATISFACTION

The literature review

**Gender**
- males record higher experience scores than females
  (Crow et al., 2002; Danielsen et al., 2007)

**Age**
- Older patients rate their experiences and satisfaction higher than younger patients
  (Jackson et al., 2001; Jenkinson et al., 2002; Thi et al., 2002; Commission for Health Improvement, 2004; Vukmir, 2006; Danielsen et al., 2007; Bleich et al., 2007).

**Educational Level**
- High scores are associated with lower levels of education
  (Da Costa et al., 1999; Danielsen et al., 2007; Findik et al., 2010).

**Self-reported Physical Health**
- Only two studies- with a poor health status are more likely to report poorer satisfaction
  (Da Costa et al., 1999; Commission for Health Improvement, 2004).

**Length Of Stay**
- Limited studies, more satisfied with longer LOS but less than 1 month
  (Findik et al., 2010)

**Nationality**
- Inconsistent findings between nationals and expatriates
  (Al-Shamekh, 1992; Abdul Al Kareem et al., 1996; Al-Faris et al., 1996; Makhdoom et al., 1997; Bo Hamra and Al-Zaid, 1999; Saeed et al., 2001; Mansour and Al-Osmy, 1993; Al-Doghaither and Saeed, 2000; Alhashem, 2009)
Self-reported health status,
- patients with a positive self-reported health status had a higher overall patient experience score and 4 times (OR 4.14) more willing to recommend the hospital than patients who had poor self-reported health.

Educational Level
- High scores are associated with lower levels of education (Da Costa et al., 1999; Danielsen et al., 2007; Findik et al., 2010).

Gender
- Males record higher experience scores than females (Crow et al., 2002; Danielsen et al., 2007)
KEY FINDINGS
Summary: Hospital stay characteristics

**Length of stay**
- Analysis revealed that patients who stayed 2-4 nights, 5-10 nights and more than 10 nights had reported significantly lower overall patient experience scores than patients who stayed for 1 night only. The longer the length of stay, the higher the probabilities of a lower overall patient experience score.

**Hospital treatment outcome**
- Patients who had a positive treatment outcome were more likely to provide a higher overall hospital rating than patients with negative treatment outcomes. (Area of originality)
KEY FINDINGS
Summary: Patient experience constructs

Nursing care
• a predictor of the overall rating of the hospital, the global measures score, willingness to return and willingness to recommend. Ranked 2 by patients

Care from Doctors
• a predictor of willingness to recommend (Y3), willingness to return (Y2) and the global measures score (Y4).
KEY FINDINGS
Summary: Patient experience constructs

- **Rated #4 by patients**
  - Cleanliness
    - a predictor of the overall rating of the hospital (Y1) and the global measures score (Y4). Ranked 4 by patients.

- **Rated #6 by patients**
  - Pain management
    - is a predictor of the overall rating of the hospital.
  - Quality of hospital food
    - a predictor of willingness to recommend (Y3), willingness to return (Y2) and the global measures score (Y4).
Key components of your organization’s “Patient Experience” effort – influencing choices

- Sharing Patient Experience Stories: 52%
- Hourly Rounding: 50%
- Leadership rounding: 49%
- Staff training programs: 49%

The responses of almost 1,100 healthcare leaders (Beryl Institute, 2013) shows that:

- Top priorities in addressing the patient experience remain focused on tactical issues
- Key components of experience efforts reveal a shift from reactionary to “in the moment” improvement
Which of the below is NOT a patient experience question?

1. How often were educated about medication by the nursing staff?

2. How would you rate the food quality? ✓

3. How often were you assessed for pain?

4. How long did it take the nurse to answer the call bell?

5. How long did you wait to see the doctor?
Question 2

What do patient experience ratings NOT intend to measure?

1. Access to care
2. Treatment with respect and dignity
3. Involvement in treatment decisions
4. Perception of quality care received
5. Patients evaluation of what actually occurred
### Differences Between Patient Satisfaction and Patient Experience

<table>
<thead>
<tr>
<th>Satisfaction ratings reflect</th>
<th>Patients’ experience ratings reflect</th>
</tr>
</thead>
<tbody>
<tr>
<td>The <strong>personal preferences</strong> and expectations of the patient</td>
<td>Report <em>in detail about their experiences of a particular</em> service, hospital episode, or clinician</td>
</tr>
<tr>
<td>The perception of the quality of the care received</td>
<td>Confidence and trust in health professionals</td>
</tr>
<tr>
<td>Response tendencies due to personal characteristics</td>
<td>Involvement in treatment decisions</td>
</tr>
<tr>
<td>Global satisfaction ratings can be misleading</td>
<td>Being treated with dignity and respect</td>
</tr>
<tr>
<td><strong>General evaluation</strong> categories (e.g., excellent, very good, good, fair, poor)</td>
<td><strong>Quantifiable and actionable concerns</strong> e.g. ‘Had to wait more than 15 minutes for the call button to be answered’</td>
</tr>
<tr>
<td>‘Fair’ or ‘poor’ doesn’t give managers or clinicians a view of what to do to improve the quality of care</td>
<td>Access and waiting times</td>
</tr>
<tr>
<td><strong>Patient’s evaluation</strong> of what occurred</td>
<td>Questions are designed to discover <em>what actually</em> occurred</td>
</tr>
<tr>
<td>‘How would you evaluate that experience?’</td>
<td>‘What was your experience?’</td>
</tr>
<tr>
<td>General rating of their care tends to elicit more positive responses – <strong>Fools Gold</strong></td>
<td>Factual questions about events and occurrences</td>
</tr>
</tbody>
</table>

The bird is in your hands........ the choice is yours!


References continued


