The Beryl Institute Case Study: Emergency Department Increases Patient Satisfaction with Real-time Patient Feedback Technology

What was the challenge, opportunity or issue faced?
The emergency department staff at Buffalo Hospital is dedicated to their patients and proud of the care they provide. It was no wonder they felt disconcerted and frustrated every time patient satisfaction survey results consistently returned low scores.

“When talking to our patients and caring for them, our impression on a daily basis was that we were performing at a high level,” said Charles Lick, M.D., Emergency Services Medical Director. “But our patient satisfaction scores were not giving us that credit. Our scores said ‘you are performing poorly,’ and we didn’t think we were performing poorly, but we couldn’t prove it.”

Part of the Allina Hospitals & Clinics healthcare organization that serves patients throughout Minnesota and western Wisconsin, Buffalo Hospital utilizes the Allina survey system to measure patient satisfaction in their emergency department. The survey consists of a paper questionnaire conducted via U.S. mail, two or three months following the date of service.

“I think a lot of our dissatisfaction with the survey results is that the numbers are too delayed, and it ends up bringing in a very small sampling,” Lick said. “What we experienced on a day-to-day basis wasn’t being represented in the survey data.”

Through discussions with 10 other emergency department administrators across the Allina system, the Buffalo emergency department administration soon discovered they weren’t the only department unhappy with their current patient satisfaction survey results.

“We tried a number of different tactics internally to raise our scores on the mail-in survey, such as suggestion boxes and developing our own survey,” Lick said. “But we’ve continued to feel frustrated because we haven’t been able to move our numbers on the Allina survey because of the small number of participants and time delay.”

“We usually get back anywhere from 30 to 50 surveys each month,” said Margo Binsfeld, nurse manager at the Buffalo emergency department. “And the disconnect is that we’re seeing about 1,500 patients a month, so the survey completion rate really isn’t providing an accurate sampling of patient satisfaction.”

Additional frustration with their patient satisfaction survey results was the lack of actionable information or suggestions garnered from the feedback they did receive. The survey resulted in positive or negative marks, but did not provide specifics on how the staff could implement more positive changes.

“Many of the questions on the survey don’t result in actionable information for us in the emergency department,” Binsfeld said. “They don’t gather specific enough information, so it was a challenge for us to use the data that was provided.”

What did they do to address it?
Buffalo administrators began looking outside their emergency department for alternatives to help identify ways to better care for their patients and boost their patient satisfaction scores on the mail-in survey. Lick soon came across an electronic real-time patient feedback system, which was being used at another facility.

“I was very intrigued by the process and the point-of-care nature of the system,” Lick said. “So I brought it up here to Buffalo, and after reviewing the potential benefits with the hospital leadership team we were able to implement the system as a pilot program in March 2010.”

The system is provided by TruthPoint, which is located in the Twin Cities.
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area. Administered using in-room or tablet computers, the electronic system gathers real-time, confidential feedback from patients at the point of care while utilizing customized assessment questions and reporting features. The system additionally provides daily, weekly and monthly reports to help identify trends, root causes, safety and quality gaps.

“The customization is such a valuable feature,” Lick said. "Our initial survey questions seemed to be taking too long, however, and we had some frustration from patients, but we shortened it up and made it simpler and easier to complete.”

Once the system was implemented, the emergency department administration needed to determine who was going to invite feedback and when it would be distributed. Identifying the proper personnel presented challenges regarding staff workload and maintaining the patient’s comfort level while completing the survey – few patients would feel comfortable rating their experience honestly while the nurse, doctor or other direct care provider was administering the survey.

“We determined that the registration staff would administer the process,” Binsfeld said. "By the time the patient has finished providing their feedback, the nurse has returned with their discharge instructions. The timing is perfect because the patient doesn’t feel like their discharge is being delayed by completing a survey.”

What were the outcomes?
Over the past year of the pilot program, the Buffalo emergency department has seen a dramatic increase in survey participation and is receiving specific, constructive feedback on what they’re doing well and how they can improve their patients’ experiences. Plus, their patient satisfaction scores on their Allina survey have increased dramatically.

"With our new patient feedback system we’re getting back about 2,400 responses in a three-month period compared to the 100 to 150 returns from the mail-in survey,” Binsfeld said. "Our overall patient satisfaction scores measured by our Allina survey has jumped from 38 percent to 74 percent and that’s been really positive for our staff.”

Another positive experience for the staff is receiving timely patient feedback. The system compiles each completed response in real time and produces daily reports that are emailed to the doctors who worked during that 24-hour period.

"The system is very timely,” Lick said. "Having timely feedback is great and very individualized, which I think is a wonderful thing. With the old way, we’d get these aggregate scores from three months ago, and if the scores were bad, we wouldn't know what that meant. Now, because it’s so immediate and personalized, there’s so much we can do with this data.”

About Buffalo Hospital
Buffalo Hospital is a non-profit regional medical center committed to providing quality, comprehensive care to patients in and around Wright County. Located just west of the Twin Cities, Buffalo Hospital provides exceptional patient-centered care to nearly 70,000 patients every year.

This case study can also be found on the Beryl Institute website at www.theberylinstitute.org/?CASE012012. For more information, please contact:

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