

Patient-driven Progress: Using Feedback to Drive Health Center Improvement

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Our Roots

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of our communities and beyond through access to the highest quality health care, education, and research
- Integrated primary care model, including HIV prevention and treatment

The Fenway Institute

- Research, Education, Policy



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The National LGBTQIA+ Health Education Center

- Training and Technical Assistance
- Grand Rounds
- Online Learning
 - CE and HEI Credit
- Environmental Influences On Child Health Outcomes (ECHO) Programs
- Publications and Resources



Learning Module



Publication



Toolkit



Video



Webinar

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- Alternatively, e-mail us at education@fenwayhealth.org for less urgent questions.

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Physicians	AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 Credit™ toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.
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Other Health Professionals	Confirm equivalency of credits with relevant licensing body.



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Introductions

- Alicia Anderson
 - AVP of Quality Improvement
- Carley Rourk
 - Patient Relations Specialist
- Julian Dormitzer
 - Nurse Practitioner/Project Director



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Learning Objectives

1. Describe strategies for patient data collection.
2. Discuss best practices in integrating patient voices and feedback into clinical care and broader health center systems.
3. Identify barriers and facilitators to organizational change based on patient experience.

Why Measure Patient Experience?

The Power of Patient Feedback

- Correlation between Experience & Quality Outcomes: Agency for Healthcare Quality & Research (AHQR) identifies Patient Experience metrics as valid indicators of healthcare quality; agencies like CMS incorporate metrics into “value based” contracts driven by cost and quality
- Reduced clinical risk – It's not just about “hospitality” - patient perceptions of safety are correlated to likelihood to recommend in Press Ganey Data



Why Measure Patient Experience?

Patients reporting high satisfaction scores:

- Higher rates of preventive care use
- Better management of chronic disease
- More likely to follow treatment plans
- Fewer readmissions

Understanding patient experience data can highlight *where* to focus improvement and *which populations* may be experiencing care differently than others.



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The Power of Patient Feedback

Do patients feel overlooked or excluded? Judged or not listened to? Did patient (or care team) misunderstand information shared?

- Patient experience can be shaped by a variety of personal factors which can in turn influence trust, communication, satisfaction with care, and health outcomes.
- Collecting and acting on patient feedback isn't just good practice — it's essential for delivering patient-centered, effective, and compassionate care.



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Strategies for Actionable Patient Experience Data

1. Data Collection and Management

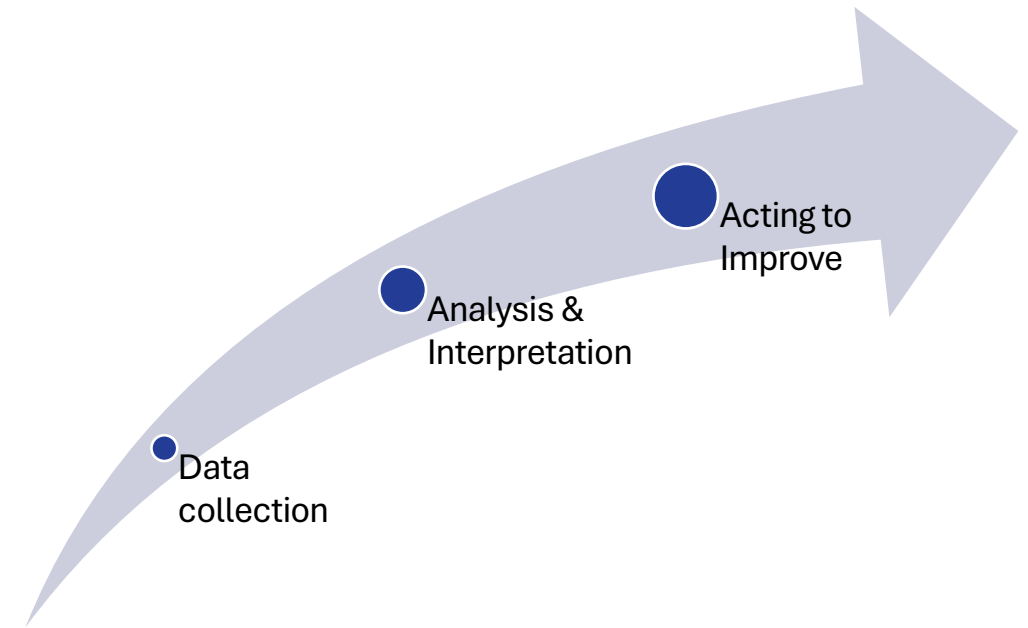
- What, how, and when
- Standardized metrics
- Demographics

2. Analysis and Interpretation

- Leveraging qualitative and quantitative data
- Data metrics and trending
- Data segmentation

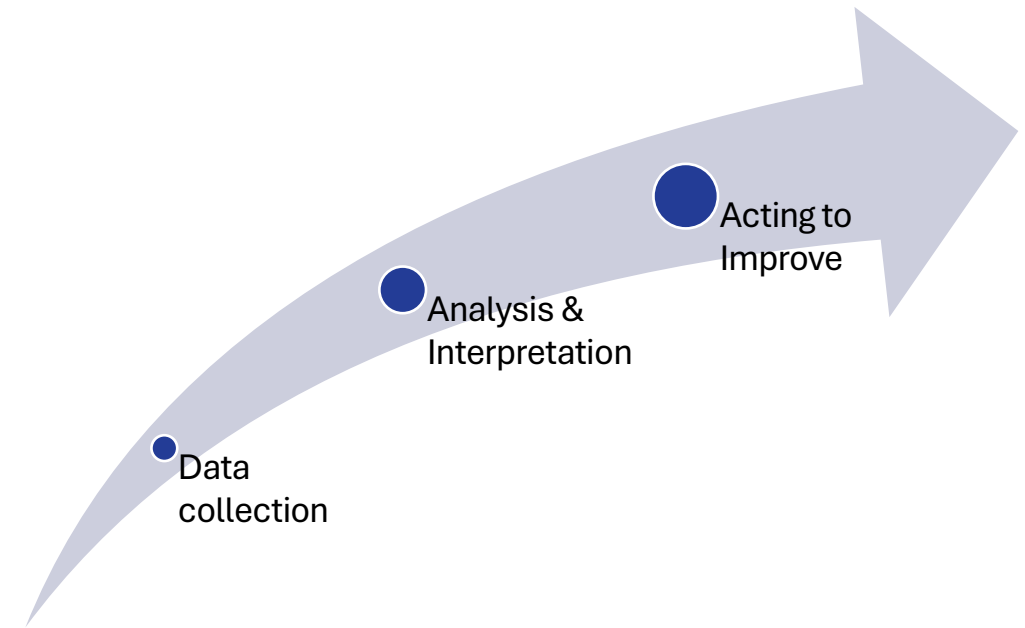
3. Actionable Insights and System Improvement

- Continuous improvement through collaboration
- Patients as improvement partners



Patient Experience Data Collection Sources

- Suggestion box
- Staff report (the empathetic listener)
- Complaint/Grievance process
- Validated Surveys
- Focus Groups
- Consumer Advisory Boards
- Patient committee members



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Patient Experience Data Collection Sources

Which method is right for you?

- Start by taking stock of what you already have access to.
 - Can it be strengthened, or do you need to add something new?
 - Consult department leaders, quality/safety committees, leadership, strategic plan to inform data to be collected.

Patient Survey Data Collection Considerations

- Survey tool selection (Valid and reliable? Benchmarkable?)
- Can internal resources support the survey data analysis on an ongoing basis?



Patient Survey Data Collection Considerations: Vendors

- Administration: Modes (email, phone, text, mail); frequency; languages
- Survey versions; custom question
 - CG-CAHPS developed by AHRQ
 - Telehealth, portal communication, priority areas for your organization
- Demographics collected (and analytics availability)
- Reporting and analytics – ease of access
- Costs (per survey, per provider, customizations)
- Data storage and security/privacy
- Access to benchmarking data (How do you compare to others? Are the peer groups appropriate?)
- Technical assistance, support, peer community access



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Patient Survey Data Collection Considerations

- Ease of access (QR codes, website link, email, phone)
- Making qualitative data quantifiable
 - Categorize feedback types for trending (i.e. access, quality, communication)
 - AI -> Natural Language Processing can be used to detect comment sentiment (positive/negative) and to extract themes (i.e. billing, cleanliness, communication)
- Demographic variables and population segmentation
- Are survey respondents representative of the population served?
 - Is the sample too small? Aim for around 25-30 responses in your data groups
 - Consider intersectional identities when analyzing data
- Collaborative dialogue with involved departments, focus on systems improvements and reducing clinical risk



Involving Patients in the Process



Focus groups to focus in on a specific issue or topic



Consumer Advisory Boards (CABs) to serve as advisory groups, or sounding board



Involving patient partners in workgroups to inform design of new processes and systems



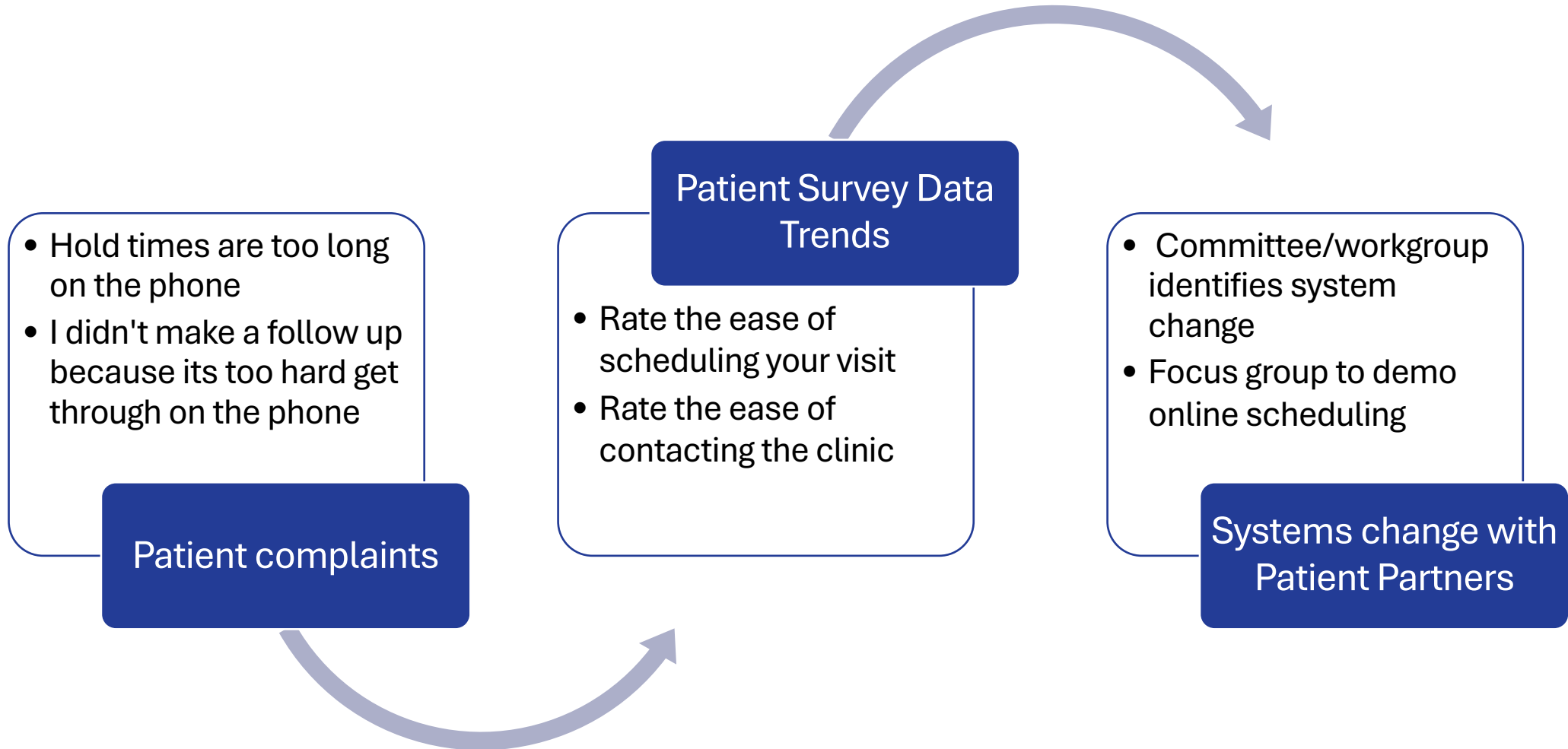
Patient partners as ambassadors to the community



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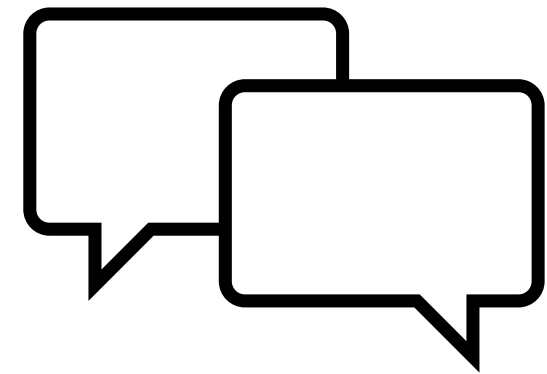
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Patient Feedback Pathways



Tool Example: Patient Feedback Reporting and Tracking System

[Link](#) to demonstration



Making Qualitative Feedback Quantifiable

Type of Complaint *

Communication Complaint x

Communication Complaint

Humaneness/Caring Complaint

General Complaint

Patient Rights Complaint

Quality/Care Complaint

Timing and Access Complaint

Other

Type of Communication Complaint *

Add an answer...

COVID-19 screening

Communication Breakdown

Incorrect Information

Patient-Staff Dialogue

E-Mail Responsiveness

Phone Call Quality

Phone Responsiveness

Other

Type of Complaint *

Patient Rights Complaint x

Type of Patient Rights Complaint *

Add an answer...

Name/Pronoun Used Error

Confidentiality/HIPAA

Consent

Discrimination

Medical Records Issue

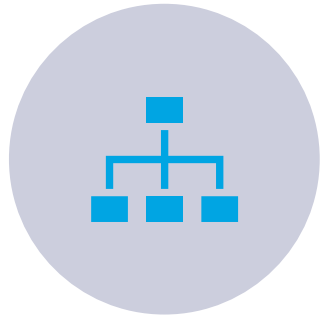
Other



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Best Practices: Creation of the Patient Relations Specialist Role



HISTORICALLY, RESPONSIBILITY
FELL UNDER DIRECTOR OF
PATIENT SERVICES



GOAL: CREATE A ROLE THAT
UTILIZES PATIENT FEEDBACK TO
SHAPE PROCESSES AND GAUGE
SUCCESS OR AREAS OF
IMPROVEMENT



EMPHASIS ON MORE THOROUGH
INVESTIGATION AND SUMMARY
OF FEEDBACK FOR DEPARTMENT
MANAGERS



RESOLUTION DEPENDENT ON
DIRECT CONTACT FROM
DEPARTMENT TO THE PATIENT

Patient Relations Specialist: Role Development and Growth

Early wins to help build buy in:

- Timely outreach to patients regarding feedback
 - Reestablish patients' trust
- Investigation ensured feedback being sent to correct department
 - Reestablish department leaders' trust
- Categorization of complaints began to establish trends

Challenge: Resolution process and the role of patient relations

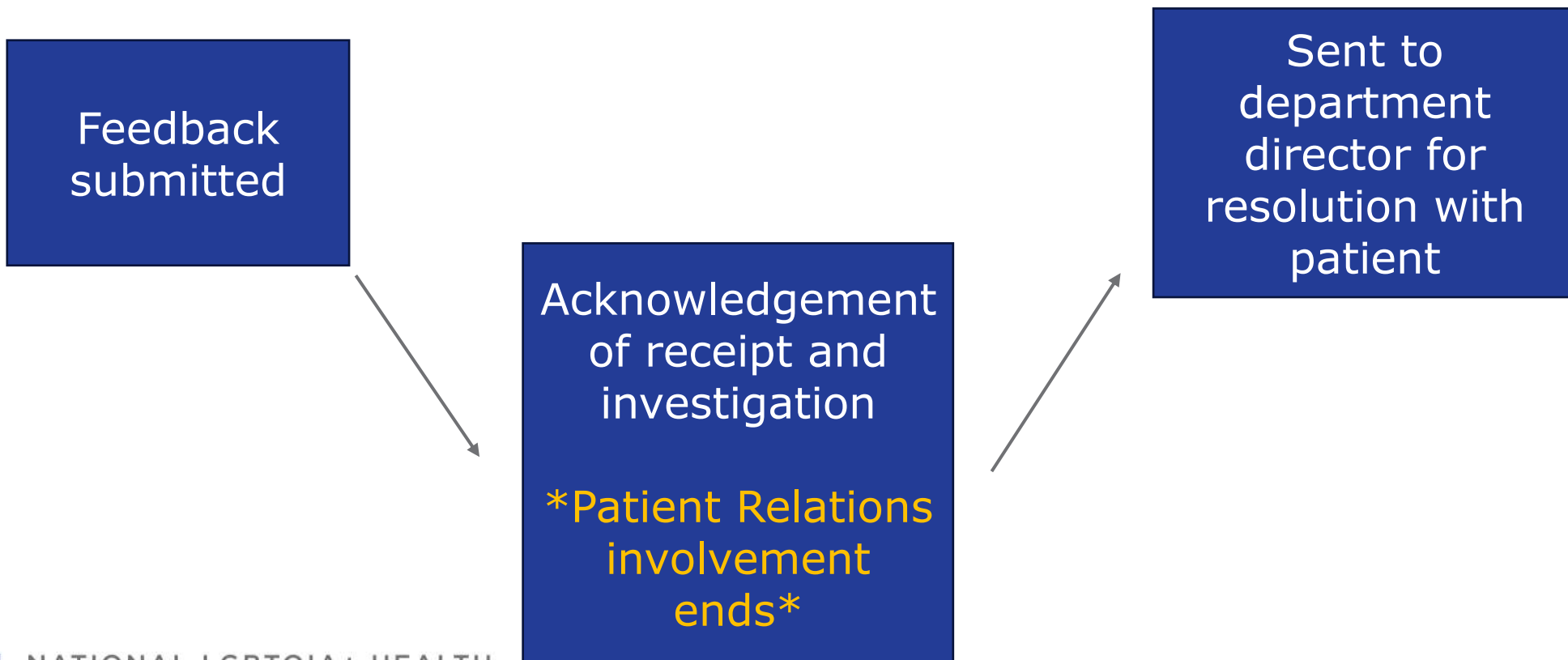


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Patient Relations Specialist: Process Improvement

Resolution process- lack of ownership



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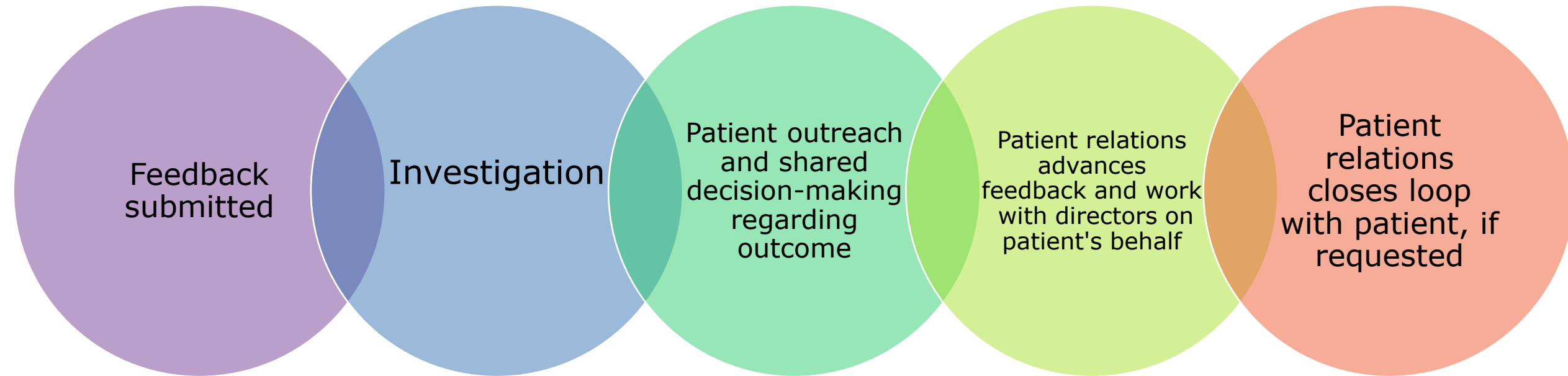
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Barriers and Strategies in Feedback Resolution

Barrier	Strategy
Staff needed to log into a separate platform to access feedback reports.	Provide feedback to staff in a platform they already use daily.
Email fatigue caused by multiple reminder emails for incomplete documentation or new reports.	Keep open feedback reports assigned to Patient Relations in the feedback platform. Send one concise email with feedback received, investigation notes, and next steps.
Department managers required to contact every patient directly to resolve grievances.	Utilize the Patient Relations role within the resolution process; work directly with patients to understand their desired outcomes.

Patient Relations Specialist: Process Improvement

Change in process: Owning feedback until completion



Change from Patient Relations to Quality Improvement



Increased focus on identifying trends



Utilizing role as a resource for service recovery support



Integration with risk management



Added neutrality



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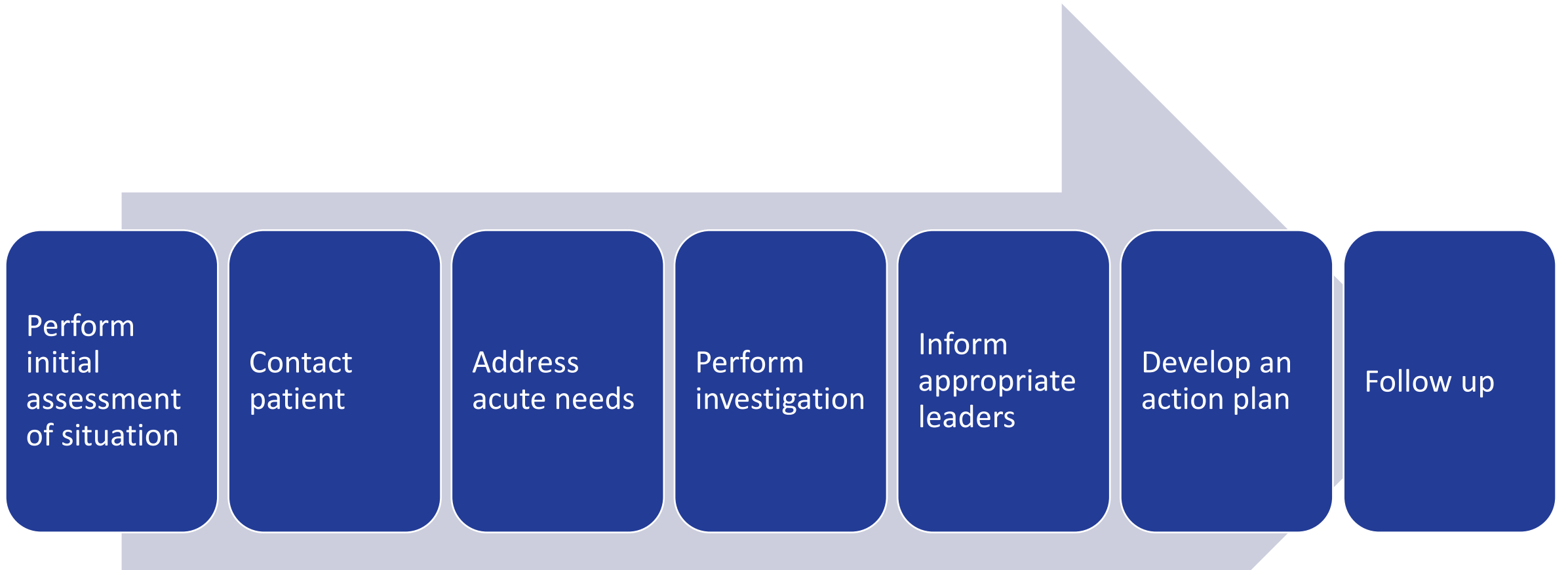
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Case Study: Introduction

- About the case:
 - Patient newly diagnosed with an infectious disease and experienced a delay in receiving treatment
- What departments were involved:
 - Medical, Nursing
- Goal:
 - Ensure patient receives treatment and address workflow failures



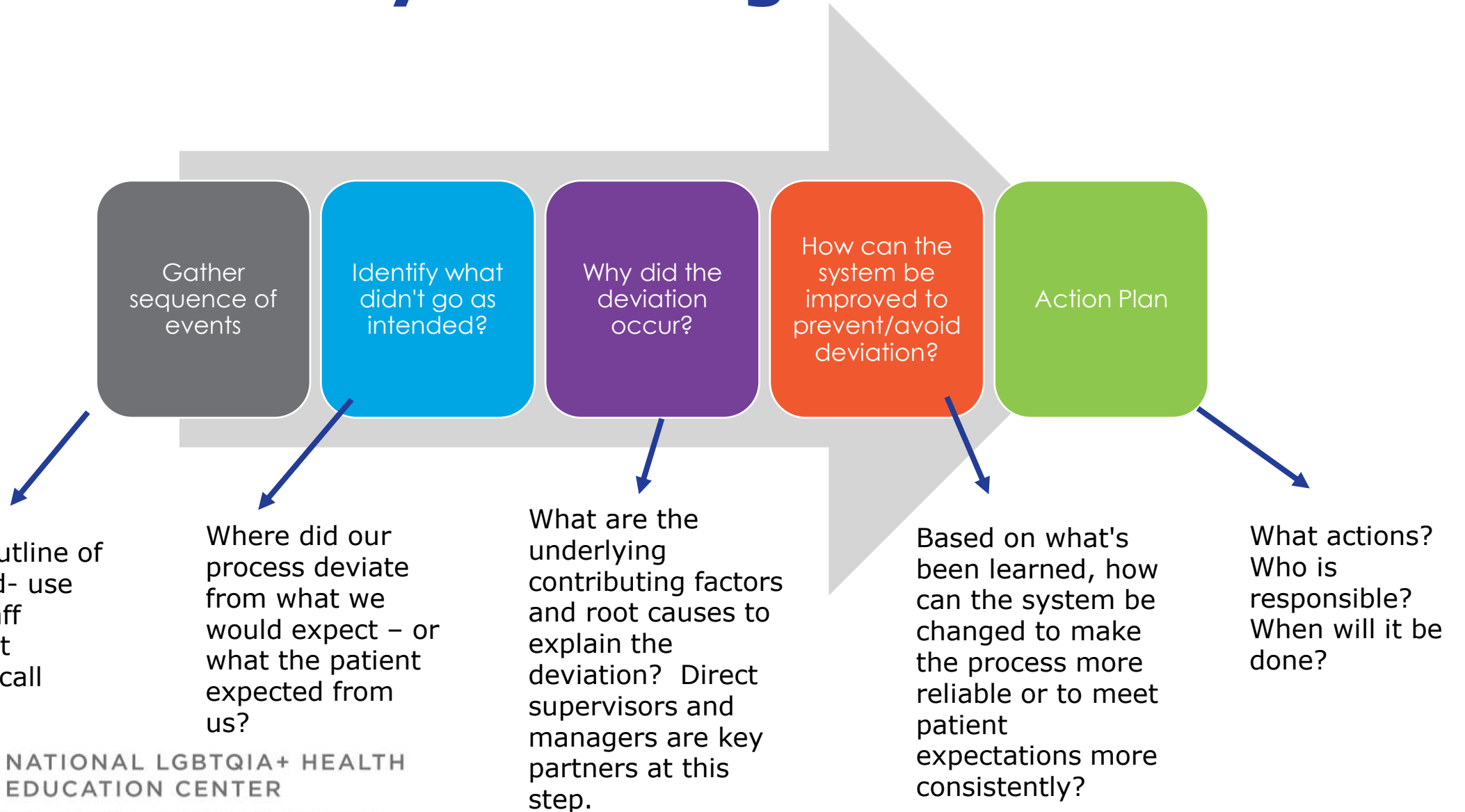
Case Study: Interventions



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Case Study: Investigation Process



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Case Study: Path to Resolution

- Action plan development and process improvement
- Follow-up and patient outreach

- Patient dissatisfied with resolution: What next?
 - Work with patient to discuss additional options
 - What is the patient *really* looking for?



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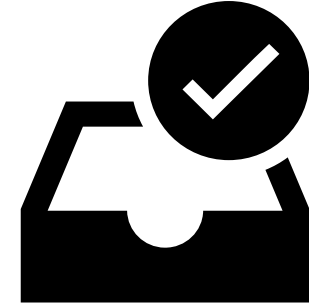
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Case Study: Conclusion

Patient satisfied with outcome

Take Aways

- Importance of buy in from department leaders
- Timely follow up is key
- Flexibility to adapt approach to patient's needs



Provider Perspective

- If patients have concerns, they are directed to the patient feedback form by their provider.
- The provider receives feedback from the clinical department leader, instead of patient services leadership, which leads to better understanding of the provider perspective.
- By identifying trends, systems are improved for everyone, including clinical staff.



Growth and Improvement Opportunities



Creating a culture of service excellence at Fenway Health



Finding ways to communicate effectively with department leaders



Forming a Community Advisory Board



Holding community listening sessions



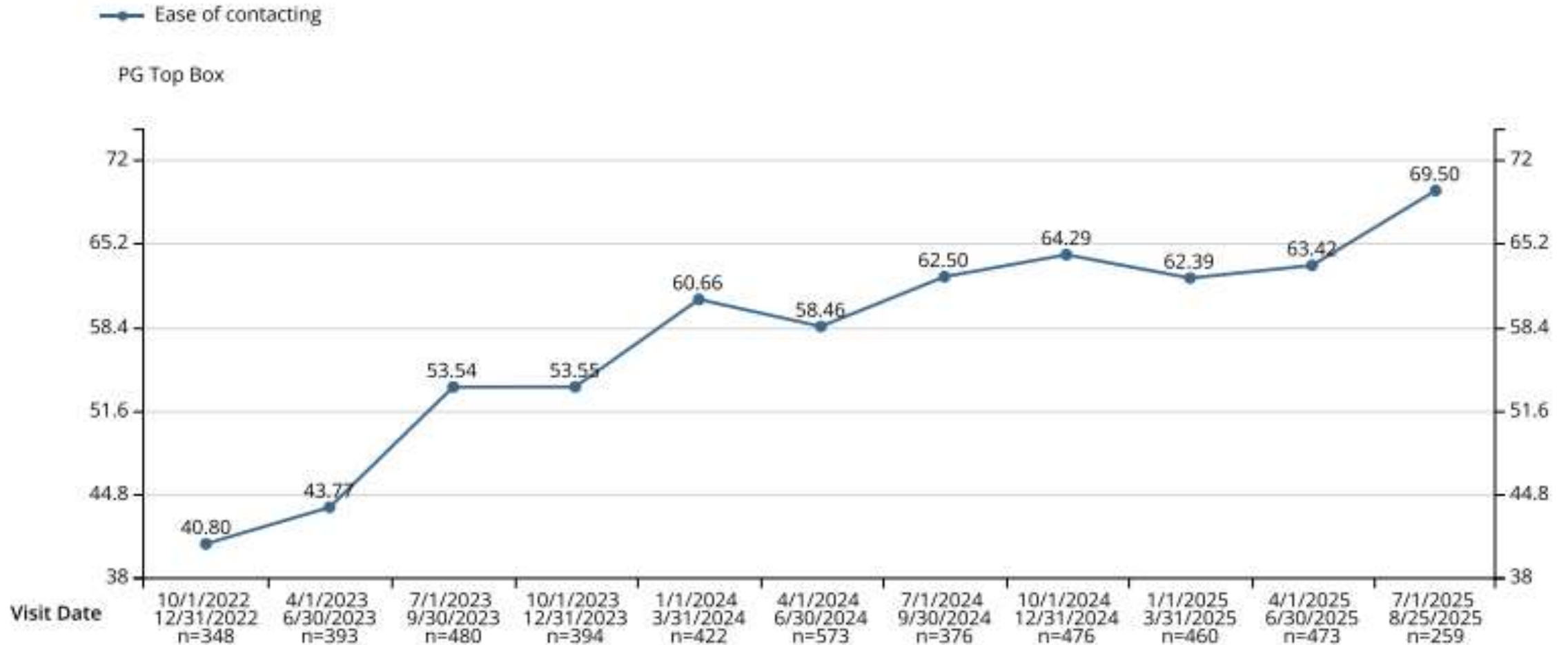
Better integration of patient experience data across platforms



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Monitoring Impact of Patient Feedback and Improvement Work

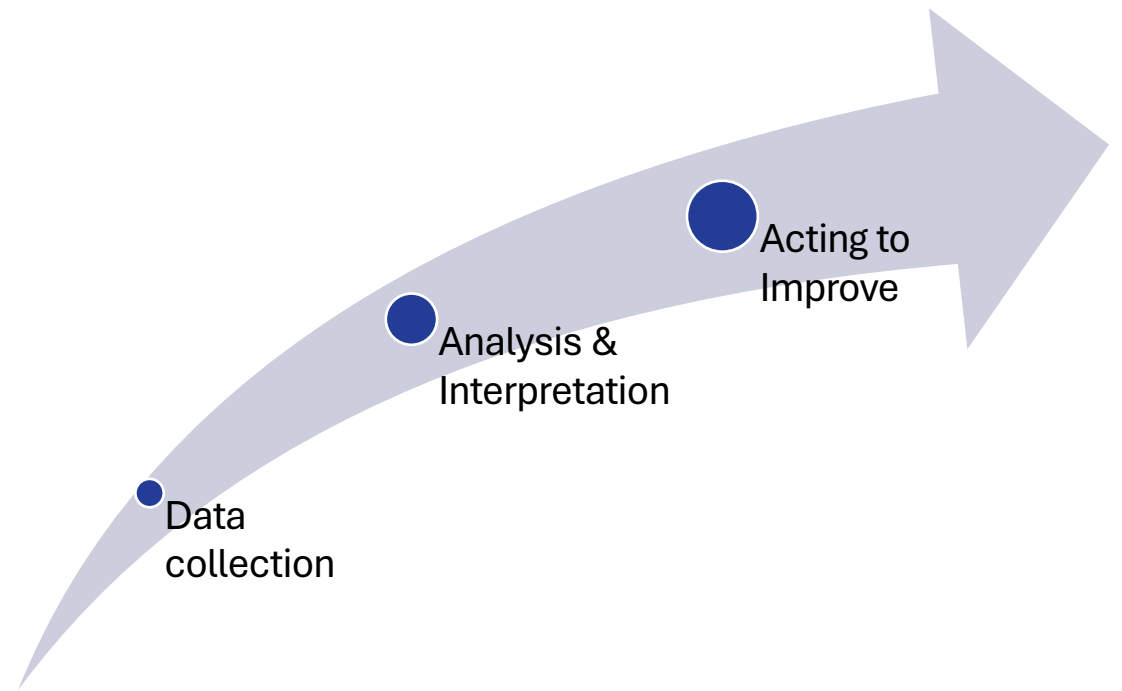


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Key Takeaways

- Leverage data and analysis to reveal systems opportunities (include the patient voice).
- Make feedback easy to give and act on.
- Focus on *continuous* process improvement with a collaborative, rather than punitive, approach.



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Q&A

HRSA Disclaimer

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