Satisfaction Surveys in Radiology: How to Collect and Use Data

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Patient and referring physician satisfaction surveys are becoming more important. Here’s how radiology groups can collect and use the data.

Source: Diagnostic Imaging

The radiology department at Oregon Health and Science University needed better insights into patient satisfaction. And the hospital-wide surveys offered little information specific to the department. So administrators decided to invite patients in for a dialogue.

About a dozen patients, pulled together randomly with help from a consultant, showed up earlier this year to talk about their experiences with radiology.

“Patients from all walks of life came in and, no holds barred, expressed their opinions,” recalled Brock Price, interim director of Diagnostic Imaging Services at OHSU.

Oregon’s experiment, which Price said may become an annual event for radiology and copied elsewhere in the hospital, is just one way radiology groups are assessing patient satisfaction.

Both patient and referring physician satisfaction surveys — either in-person interviews or online and print surveys — have grown in prominence in the past decade as the national healthcare agenda has focused increasingly on the quality of patient care.

The method each radiology practice chooses to conduct these surveys depends in part on each one’s goals and budgets, said David L. Smith, executive of radexec.com, a consultant and business advisor to radiology practices and imaging center operators. Both paper and electronic surveys can be effective (and this format tends to be more common than OHSU’s approach), and each offers advantages, he said.

Choosing the right format

Standardized, Web-based forms require less staff time and can be useful for measuring trends. But they also tend to be less impactful than hand-written comments in terms of impressing physicians and staff. Paper forms, either mailed out or available in waiting rooms, should ask no more than four or five questions to maintain efficiency, he said.

With free-form comments, praise for a staff member can be used for rewards and motivation. They can be read out loud during staff meetings as positive feedback to a particular employee. Quotes can be added to market materials, and Smith said he’s seen hospital TV ads featuring patients who have provided positive feedback.

“That’s taking it to the extreme,” he said, “but it shows what potentially could be done.”

Smith said he would shy away from companies that offer structured, Web-based surveys, even if that means giving up the comparative data. Some practices, like those that are aware of specific problems, may decide the cost is worthwhile, but most imaging centers tend to be less concerned about comparisons with other practices and more with pleasing their customers, he said.

For Price, standardized surveys don’t provide enough information or the opportunity to drill down further and ask follow-up questions. When patients are invited in, “they realize this organization really cares about them and will pass the information on to others. There’s a positive spin effect.”

Like OHSU, Georgia Regents Health System also brings patients in for a dialogue, but typically to discuss major initiatives such as equipment purchases and changes in interior design, said James V. Rawson, MD, chairman of radiology at Georgia.

Rather than invite patients at random, Georgia carefully selects its “patient advisors” based on their ability to remain open-minded and understand people have different needs. In the end, all patients benefit when decisions are based on input from patients. As Rawson explained, “having a good experience is part of the healing process.”

More than 200 patients or family members serve as advisors, selected from physician and staff recommendations. Most of the advisors have expressed concerns about the service they have received. As new patients are identified, they are added to the group, Rawson said. Some advisors work on a specific project, while others collaborate in multiple areas based on interest and availability.
Georgia also keeps tabs on patient satisfaction through surveys standardized for most hospitals through the CMS. These surveys, known as HCAHPS, or Hospital Consumer Assessment of Healthcare Providers and Systems, can be conducted by mail, telephone or voice response and asks patients to rate their experiences on topics including communication with healthcare providers, pain management, hospital cleanliness and discharge information.

CMS also requires patient satisfaction surveys for physicians interested in participating in the Maintenance of Certification Physician Quality Reporting System, which can yield a 0.5 percent incentive pay.

Rawson explained that in addition to scanning all of the HCAHPS surveys for information specific to radiology, his department also is considering offering a tablet in waiting rooms to capture immediate impressions.

“You get more specific information right away,” he said, rather than having to look back and put the comment into context.

**Using the data for change**

On-the-spot comments from patients and staff also can be instructive and prompt changes that directly benefit patients.

At OHSU, Dianna Bardo, MD, associate professor of pediatrics in the divisions of Diagnostic Radiology and Cardiovascular Medicine, said she was hearing from nurses in interventional radiology that patients were nervous about upcoming examinations and that they were not able to help them. Now physicians visit with the patients before the exams to answer questions and try to be reassuring. “So that’s a practice change for us,” she said.

In Fairfax, Va., Washington Radiology Associates depends on patient feedback as an essential component of its operations. But unlike hospital-based radiology services where a large proportion of imaging is done on inpatients, self-standing clinics depend on patients choosing them over the competition.

“Quality metrics is what we live on, and that’s how we effectively compete in this environment,” Patrick Waring, the administrator at Washington Radiology, said of patient satisfaction. “We use survey results to continuously improve our clinical operations and help us provide outstanding service to our current and future patients.”

Washington Radiology mails out about 700 surveys a month and usually hears back from 12 to 15 percent of patients.

Given the labor involved in deciphering paper surveys, Washington Radiology considered other options such as installing a kiosk in the waiting room. But busy patients might not want to stay to complete even a three-minute survey. Instead, the practice has a survey on its Web site and also distributes surveys through e-mail. A healthcare consultant guided them on the content and provides national benchmarking information.

**Surveying referring physicians**

Washington Radiology also surveys referring physicians, during face-to-face encounters rather than a standardized format, to make sure they are happy with all of the practice’s diagnostic services. “If you’ve made a referral, you want to make sure your patient is properly treated,” Waring explained. Key questions are not only whether the reports are accurate and patients satisfied, he said, but whether the physician will continue to recommend Washington Radiology.

While asking physicians their opinions about the practice has been helpful, Washington Radiology intends to start sending out a paper surveys as well to obtain a more thorough and broader representation of the physician population, Waring said.

“The surveys will also offer anonymity for those physicians who want to provide open and honest feedback in a way that helps us improve our service to them without making the relationship uncomfortable in any way,” he said.

Radexec.com’s Smith, however, advises practices to survey referring physicians both in-person or by telephone as well as through standardized forms. The feedback is not only important but also a “relationship builder,” he said.

To save time, practices could assign each radiologist to contact a certain number of physicians and ask four or five open-ended questions. Annually, a formal survey should go out either on paper or over the Web for quantitative data and training purposes.

Any negative feedback can be addressed by changing the way things are done, and for hospital-based practices, positive responses should be used to remind hospital administrators that your customers appreciate your work and policies.

“If you’ve never bothered to find out if your referring physicians are happy, you may get a nasty surprise in terms of an RFP from other groups,” Smith said. “Once that happens, it’s too late.”