

## GENERAL PERCEPTIONS OR SPECIFIC DETAILS

Surveys with quantitative, structure answers—“Always”, “Sometimes”, “Seldom”, “Never”—can provide a general sense of patient satisfaction, and that sense can be trended over time. Surveys with free text responses capture specific customer details.

Ask a surgeon, “Which scalpel is best?” The answer will likely be, “It depends on the procedure.”

Healthcare organizations—practices and systems—survey patients, families and employees, and sometimes prospective investors. The population of interest and the intended use of the results should guide the design of the survey, and its analysis plan.

**The Design Process.** Good surveys take times, effort and money. Doing it right begins with design.

- What are the goals?
  - Use of the information
  - Target population(s)
  - Sampling strategy
  - Time frame(s)
  - Contact method
- What are the questions?
  - Reliability - Do the questions yield the same result when repeatedly asked?
  - Validity - Do the questions measure the property they are supposed to measure?

**The Audience.** The Target Population for a survey is not the same as its audience. Some surveys are designed for marketing purposes. They ask current and prospective buyers (or patients) about perceptions of the service or product—the traditional “five Ps” of marketing.

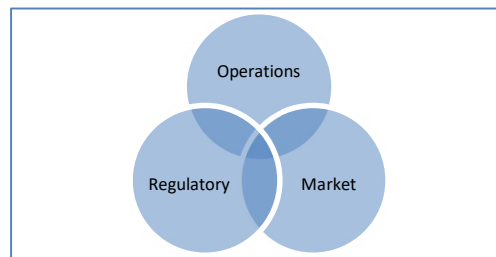


Figure 1: Survey Purposes & Audiences

Regulatory surveys, including CAPHS and HCAPS, ask about patients’ perceptions of service they have received, and their satisfaction with the services. These are population-based instruments that can yield response means and medians, and response distributions. As with many population-base studies, causes and effects can be difficult to evaluate.

An example: Figure 2 illustrates relationship between national alcohol consumption and mortality. At the population level, there is no apparent relationship. But when one considers specific patients and their longevity a very strong relationship emerges.

Regulatory surveys suffer from this weakness: they provide a “snapshot” view of satisfaction, but little actionable detail. Did the patients that perceived long wait times actually have long waits? How long? Are the perceptions about communications the same for all age groups?

The third general audience for surveys is the operations team.

These surveys ask questions about operational details, and data are collected in ways that support inferences about details and satisfaction results. How are actual wait times related to satisfaction?

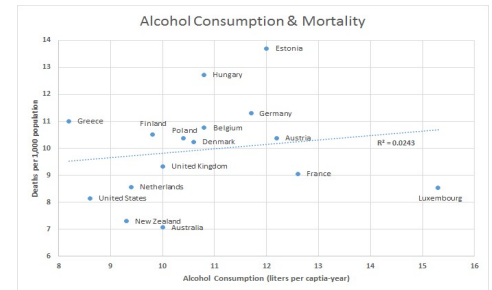


Figure 2: Typical Population-based Factor-Outcome Diagram

Does perception of wait time differ with patient age or diagnosis?

**Multiple Surveys.** As with scalpels, organizations need purpose-specific surveys that meet their needs. And the analysis plans must yield actionable intelligence, and performance feedback. The former can indicate issues that could be addressed; the latter measures changing conditions, as well as the results of interventions.

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