

# Virtual Patient Focus Group

## An innovative and creative approach to soliciting patient feedback

by

Agnese Bianchi, RN, BScN, MN

Sharon Rogers, B.A., M.H.Sc.

Jane Moser, RN, BScN, MN

Carol Roach, RN, BScN, MHA

Wendy Taylor, RN, BScN

University Health Network

Toronto, Ontario, Canada

<http://www.uhn.on.ca/>

### Abstract

Two initiatives, the virtual patient focus group and electronic order entry and electronic medication administration record (MOE/MAR), led to collaboration amongst the Patient Relations and the Nursing Informatics departments at a multi-site academic healthcare organization located in Toronto, Canada. The objective of the collaboration was to solicit patient feedback regarding the patient's perspective of safety, practice and technology using email. The following article describes the development of the virtual patient focus group through the Patient Relations department, specific survey questions developed by the Nursing Informatics department and the feedback received. Results indicated that there are some areas in communication and patient safety that need further attention but that overall the virtual patient focus group is an ideal avenue for soliciting patient feedback.

### Introduction

The University Health Network (UHN) is a multi-site academic healthcare organization located in Toronto, Canada. UHN has demonstrated leadership in a variety of clinical, research and educative areas. The last five to ten years has seen a substantial commitment in the development and use of sophisticated information technology strategies. Particular excellence has been acknowledged in the development of the electronic health record, the electronic medication order entry/ medication administration record system (MOE/MAR) and various electronic learning (elearning) strategies.

At UHN, the philosophy of care is modeled after the Picker Institute's Eight Dimensions of Patient-Centred Care (PCC) (University Health Network, 2004). The primary tenet of PCC at UHN is that each member of the UHN community is a partner in caring for patients. Over the past 4 years UHN's PCC strategy has concentrated on clinician-patient communication, patient education, patient safety, respecting diversity, and pain management.

Patient feedback has been sought and used in a meaningful way since 1993 via the establishment of a Patient Relations (Ombudsman) department. The extensive use of corporate-wide mail out surveys has been in place at UHN, as part of a provincial initiative, since 1994. Web-based email to engage in ongoing dialogue with past or current patients and family members regarding their experiences has been used at UHN since 2006. This

was in response to an informal discussion regarding a specific issue where the question, "what do patients want?" was answered with the simple response, "let's ask them, why not send them an email". From this was born the idea of the virtual patient focus group.

The MOE/MAR initiative, aimed at improving clinician-patient communication and patient safety, is approximately 75% implemented throughout the inpatient units. This along with electronic lab - diagnostic imaging orders and results and the nursing admission assessment, including allergy documentation, are 100% implemented throughout all inpatient units and clinics.

Two initiatives, the virtual patient focus group and MOE/MAR resulted in Patient Relations and the Nursing Informatics departments to collaborate on a project to further examine three pillars of PCC – clinician-patient/clinician-clinician communication, patient education, and patient safety. Assessing patient perceptions of computers at the point-of-care was included as well.

### **Virtual Patient Focus Group**

#### *Using web-based emails*

The strategy used was designed to leverage the communication already established between patients and the Ombudsman's office and integrating these individuals into a 'virtual focus group'.

#### *The virtual focus group process*

The process for enrolling and providing feedback in the virtual focus group included the following:

1. Each person who had written to the Ombudsman's office, either with a compliment or with a complaint, was asked via letter whether they would be interested in participating in the virtual focus group. The letter outlined at a high level the methodology that would be used. Specifically, membership was advised that every four to six weeks, various departments in the hospital would develop a set of specific questions that reflected a particular 'pressing' organizational issue(s). Members were assured that their identity would not be revealed and only summary data, without individual identifiers, would be shared. Additionally, their care would not be affected, either positively or negatively by a decision to participate or not participate in the virtual focus group.
2. An email with specific questions was sent to each member via an email attachment that had a link to an online survey at SurveyMonkey.com©. The Virtual Patient Group moderator accessed the summary responses via the site thus eliminating the member's burden of saving and sending an attachment to the moderator.
3. If a member of the virtual focus group was not interested in a specific topic, then they had the option not to respond without losing their place in the group. Members would be sent surveys until they formally emailed the internal moderator of their wish to be removed from the Virtual Group.
4. An internal moderator in the Ombudsman's office received and summarized all responses. Summaries of all comments received were de-identified and shared with the department that had initially developed the questions, the virtual focus group membership and posted to the Ombudsman's intranet site.

5. Filtration/ deletion by the members 'spam" or virus filters was not anticipated as the virtual group moderator who sent out the emails would be identified by specific name attached to the hospital's email template.

#### *Advantages of a Virtual Focus Group*

There are several positive aspects to a virtual focus group. This strategy benefits and advances an organization's established and strategic engagement plan. The low cost and the real-time nature of responses make it an extremely attractive and dynamic strategy. Email technology also offers a degree of intimacy and vitality that gives the sense that the organization is really listening. By recognizing the pervasive and growing use of personal computers across all demographic groups, the virtual focus group allows participants to respond to questions and to dialogue with the 'hospital' when it is convenient for them. The feedback received via this strategy is extremely rich qualitatively.

#### *Challenges of a Virtual Focus Group*

Some challenges also exist. From a purely statistical or scientific perspective, there is a debate that the feedback is 'soft data' or 'patient opinions' and that this type of feedback is less worthy, accurate or compelling than other forms of information gathered. It was recognized from the onset that the feedback received from this focus group could not be presented as statistically significant or rigorously scientific but rather as a way to give patients the opportunity to share their opinions, views and suggestions on a variety of topics. The virtual group communicates via an internal moderator in order to protect patient confidentiality and as a result, the vitality and dynamism of face-to-face contact within a group or group membership is lost.

#### *Activity to date*

As of March 2007, the total number of virtual focus group members is about 180 people. Four departments have developed and received responses to their survey questions. Responses tend to be clustered within the first two-week period although, as in paper-based surveys, it is noted that responses 'dribble in' over the following weeks and if the response deadline was left open indefinitely, sporadic responses would be received. As this is not practical, a response deadline is set at four weeks post survey mail out. The development of more sophisticated information technology strategies has been discussed e.g. bulletin boards, chat rooms and description analysis, but are not being considered or implemented at this time.

The following account outlines the specific survey questions developed by the Nursing Informatics (NI) department. The virtual patient focus group was seen as an ideal avenue for getting the patient's perspective regarding matters of safety, practice and technology as well as being an innovative and creative approach to gathering information.

### **Survey Design**

Three NI project managers and the Director of Nursing Practice met to determine the survey design. This process included,

- Identifying the goals of the survey
- Determining sample size
- Discussing methodology
- Creating the survey
- Submitting the survey for distribution and entering data
- Analyzing the data

### *Survey Goals*

UHN has undergone a transformational change with the implementation of electronic medication order entry by physicians and electronic medication administration documentation by nurses. During this time clinical observations and documentation audits by the NI team have revealed a number of practice issues related to patient safety and the use of technology at the bedside. NI wanted to determine whether staff nurse perceptions were being reflected in patient's perception of the care they received. Specifically it was hoped the survey might give clarity to the patient's perspective related to safety when receiving medications in hospital and to the use of computers at the bedside.

### *Survey Sample*

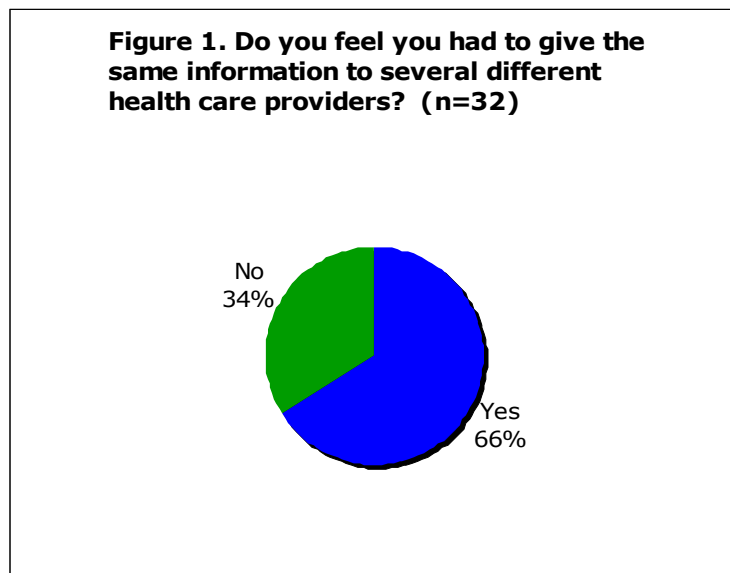
The size of the convenience sample was determined by the number of patients who had volunteered to participate in the virtual patient focus group by the date the survey was distributed via email. It was known that all patients had access to a computer and had an email address to which they could receive the survey. This meant that the participants had some level of comfort with computers and email.

### *Creating the Survey*

The survey was designed to be straightforward so that each question addressed a single thought or idea. The questions were either yes/no questions or gradient questions with mutually exclusive categories. Participants were also given the option of commenting further regarding their responses. The survey had a short introduction stating its purpose followed by seven questions that addressed issues concerning safety, practice and technology. (Appendix)

## **Survey Results**

One hundred and twenty-four surveys were distributed in November 2006 via email with 32 surveys being completed and received by the Patient Relations office. This was a 26% response rate. The quantitative and qualitative results to each survey question are presented here in tables or charts followed by a discussion.



Twenty-one (66%) respondents indicated that various health care providers asked them the same questions. Nineteen of the 21 who responded affirmatively listed the information they were required to repeat. Many gave more than one type of information they had been asked to repeat. The top responses were:

- Current medications (n=11)
- Medical history (n=10)
- Allergies (n=4)
- Surgical history (n=3)

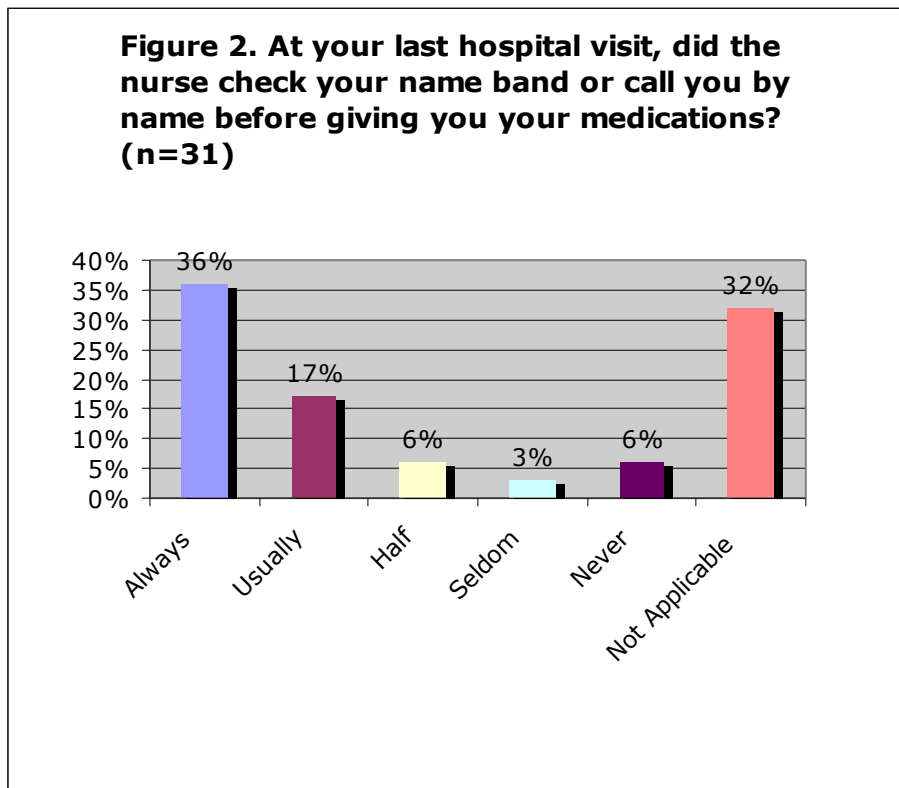
Nineteen of the 21 respondents commented further. Comments were evenly divided as to whether patients were tolerant or intolerant with the repetition of the questions.

The medical team always seemed to ask me several questions related to my treatment...they'd have my chart but it often seemed like no one was reading it and depended on me for the info which was not confidence inspiring to say the least.

... I usually bring a list of mother's medication and hand it over. They copy the info., but then the next person copies it again. Also, my mom's medical history ...is all on file.

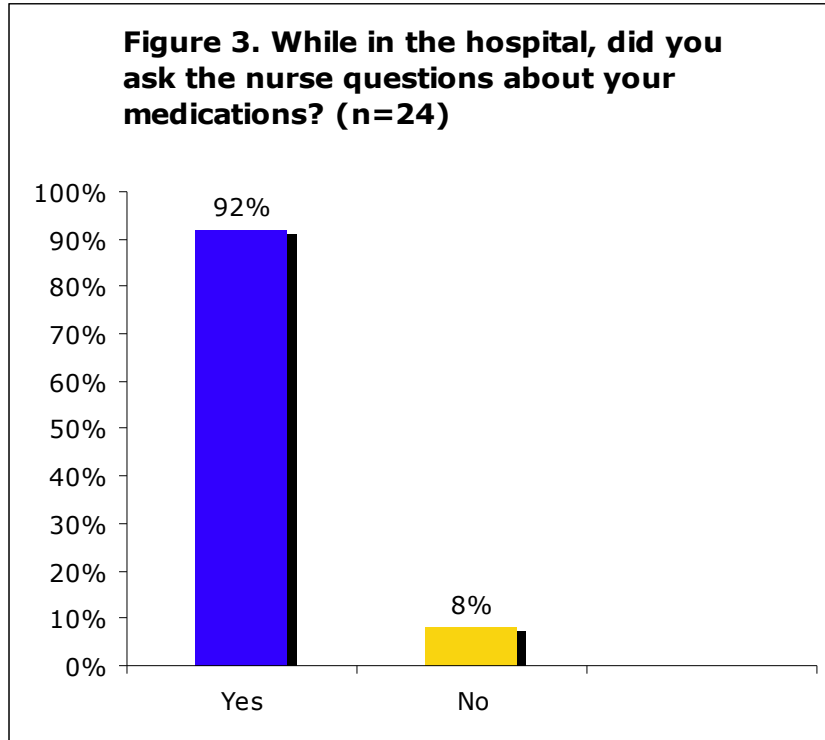
When you see a new doctor, you need to give your history again... but this is understandable.

There was some repetition.... but generally everyone seems to take the time to read the file and/or get some de-brief before seeing me.

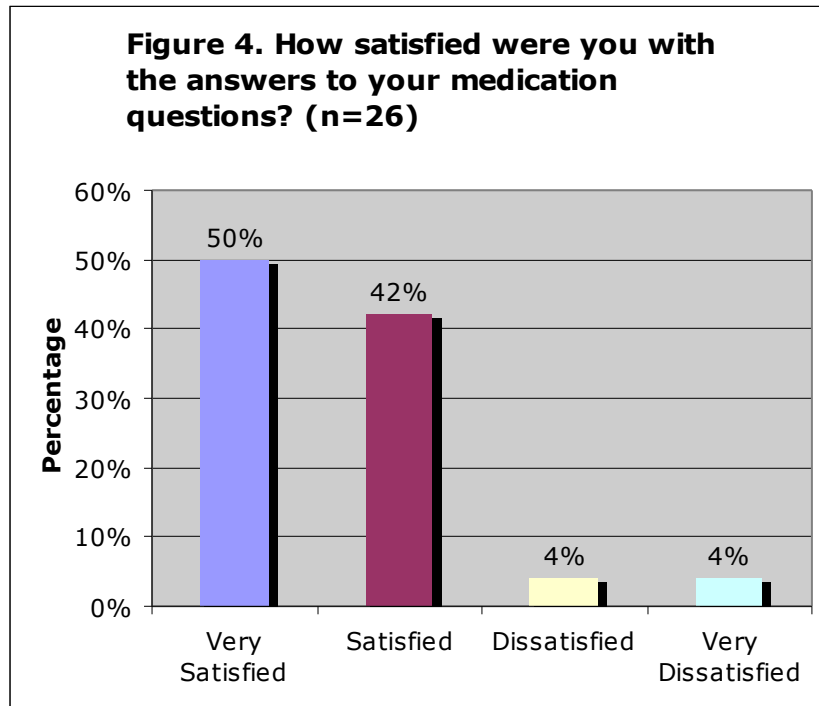


Excluding those respondents who did not receive medications 21 reported having received medication during their visit. Eleven reported that their identity was always

verified; 5 reported that it was usually verified. Two patients reported the identification check about half of the time, leaving 3 who seldom or never had their identity verified.

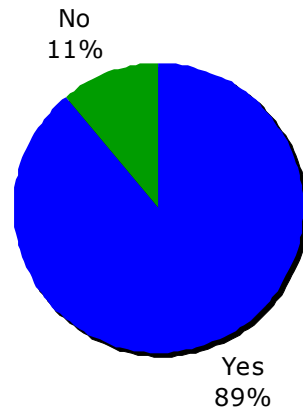


Twenty-four of 32 patients ( 75%) indicated that they asked their nurse questions about their medications. The remainder either did not ask or were not taking medications.

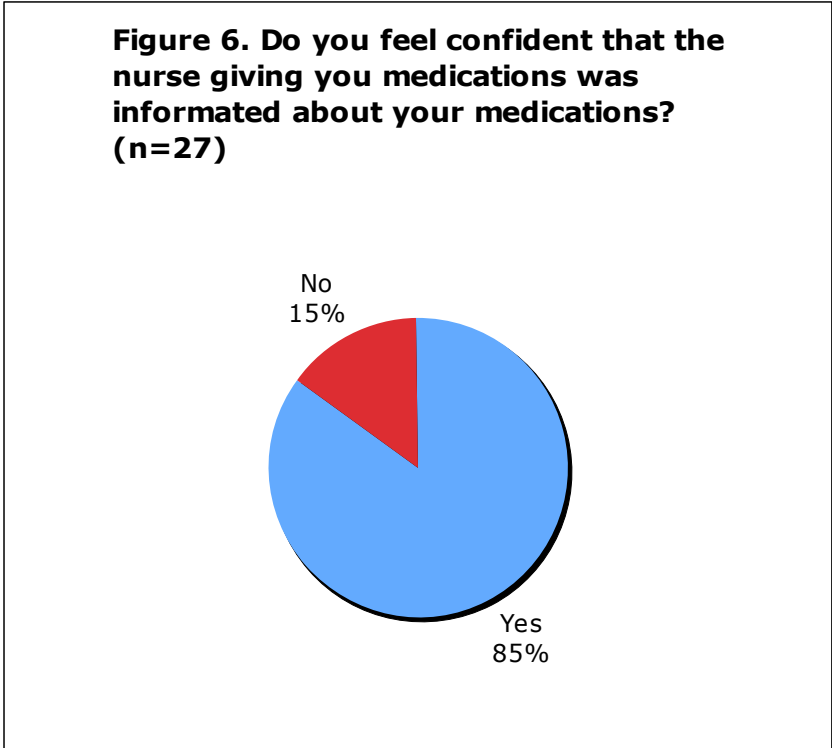


Of the 26 responses, 92 % were satisfied or very satisfied with the answers to their medications questions. The remaining 8% were not satisfied with the answers they received.

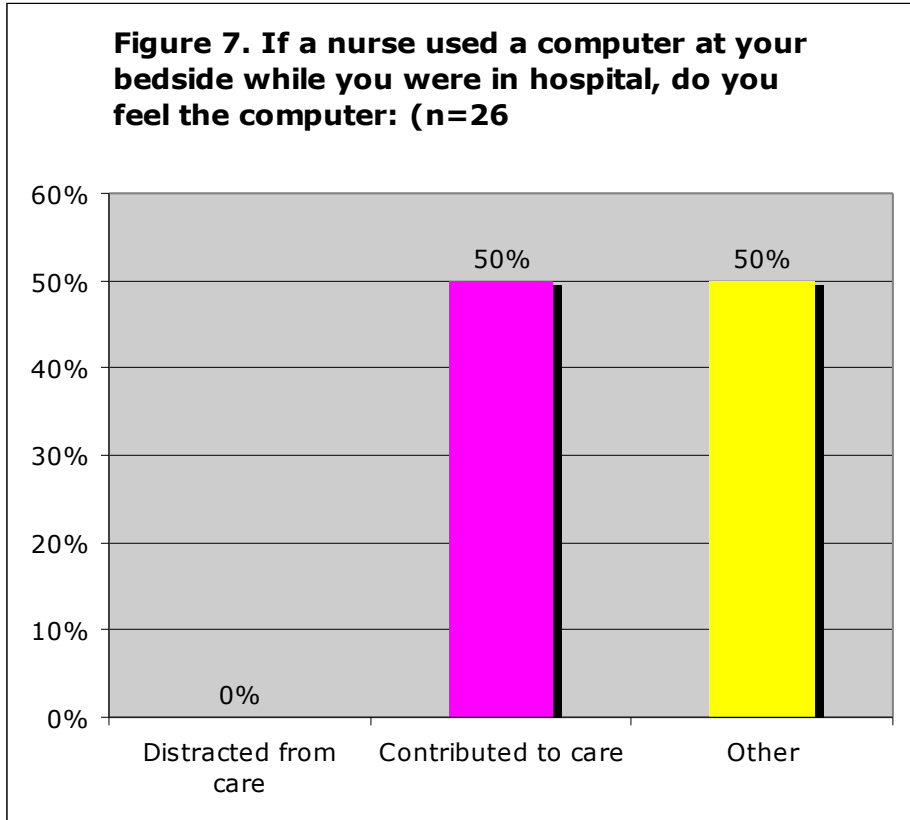
**Figure 5. Do you feel confident that the nurse giving you your medication was informed about your allergies? (n=26)**



There was an overwhelmingly positive response (88.5%) to the question about whether they felt their nurse was informed about their allergies. Of the 4 "No" responses one patient stated that he/she, "...repeatedly had to list and explain each drug I am allergic to". Another commented, "...needed to repeat allergies and generally found each nurse had a different version of their medication.



The responses to this question are very similar to those found in the previous question. Twenty-three of the 27 respondents (85%) stated that the nurse was knowledgeable about the medications being administered. The four 'No' responses provided us with interesting questions about our patients' perceptions, for example, "I never really questioned it ... felt it was/is the doctors responsibility to ensure nothing was prescribed incorrectly".





None of the respondents felt that using a computer at the bedside distracted from care. Of 26 respondents, 13 (50%) thought that when a nurse used a computer at their bedside the computer contributed rather than distracted from care. One participant stated that, "A bedside computer was not used but I would feel that if she had (*sic*) I would have felt very comfortable. Having info computerized would mean that everyone treating the patient had access to all the info, collected from the patient and from staff."

## Discussion

### *Communication*

Each clinician has equal accountability to review the patient's record (paper and electronic) before speaking with the patient. This review serves several purposes. First, it provides the clinician the opportunity to become familiar with the patient's history and care to date by other health care providers. Second, it guides the clinician to determine data they may need to collect to ensure safe care. Third, by reviewing the patient's record, the clinician can determine which questions have already been asked and need only verification/clarification and what new questions need to be asked. In general, it is expected that the practice of reviewing the patient chart reduces the number of questions patients are asked repeatedly by clinicians.

Responses indicate that the majority of patients perceive clinicians repeatedly ask about current medications, medical and surgical history and allergies. Knowing the type of information that is repeatedly sought may help identify ways to address this issue.

### *Patient Safety*

#### *Medication administration and the right patient*

Enhancing and promoting patient safety is one of UHN's main objectives and includes the MOE/MAR project. The five rights for medication administration, as set out by the College of Nurses of Ontario's Medication Standards (2003, p. 10), are:

- right medication,
- right dose,
- right route,
- right time,
- right client.

Of those who received medications 52% reported that the nurse, before medication administration, always identified them. At times familiarity with patients' may result in a less overt way of patient identification that may not necessarily support patient safety. This suggests that more work is needed to ensure that the right medications are given to the right patient.

#### *Medication administration and allergies*

Accurate and accessible allergy information is a critical patient safety element especially in the world of electronic ordering of medications. At UHN allergy data must be reviewed and updated electronically prior to the electronic ordering of medications to ensure allergen to drug interaction checking (alerts). A large majority of respondents were confident that the nurse giving them their medications was informed about their allergies. The 11% who were not confident in the nurses knowledge of their allergies indicates there may be areas for improvement such as a) interviewing practices, b) safe medication

practice processes when checking allergy information and knowledge gaps in accessing electronic information, and c) integration of information in daily practice.

### *Education*

A majority of respondents appeared to be informed about their medications and were asking questions about their medications. While we do not know the quality of what was asked or the nurses' response, it appears that the majority of respondents were very satisfied or satisfied with the answers to their medication questions. This is encouraging given that the widespread availability of health-care information has resulted in an increasingly informed consumer who expects to be involved in decisions and discussions that affect his/her care. Greater demand is placed on health care providers to be knowledgeable and to share their knowledge with the consumer through patient education.

### *Computers at the bedside*

Following discussions with nurses in the organization the common belief was that a computer at the bedside would 'take me away' from the patient and interfere with care. At UHN one of the core principles of patient-centred care is valuing the patient's perspective so it was important for us to know if the patient's perspective of computers at the bedside was the same as the nurses' perspective. According to our respondents, it does not appear that the use of computers at the bedside compromises the organization's patient-centred care philosophy. Fifty percent of the respondents felt that it contributed to care. It would be beneficial to investigate further what aspects of bedside computers UHN nurses think takes them away from or interferes with patient care as compared to the UHN patient experience.

## **Conclusion**

This collaborative project between the Patient Relations office and the Nursing Informatics department proved to be an innovative and creative way to solicit patient feedback. Reflecting back on the questions and process many lessons were learned including how we might have rephrased some of the questions to get more detailed information. Results showed that there are some areas in communication and patient safety that need further attention. Next steps include a follow-up survey with UHN nurses to determine their perspective on patient safety, practice and technology. Also repeat measure of the survey to the virtual patient focus group will validate the responses from the past focus group. This process has revealed that patients are ready and willing to provide feedback regarding the care they received in hospital. We would endorse this approach for organizations wishing to obtain patient feedback.

## Appendix

### Nursing Informatics Virtual Patient Focus Group Questions

The following questions have two purposes, first to help us better understand your safety while receiving medications and secondly to get your perception of the use of computers at the bedside.

1. Do you feel you had to give the same information to several different health care providers?  
Yes  
No  
If yes, what information did you have to repeat?
2. Did the nurse check your name band or call you by name before giving you your medication(s)?  
Always  
Usually  
About Half the Time  
Seldom  
Never  
Not Applicable (I didn't receive medications while in hospital)
3. While in hospital did you ask the nurse questions about your medications?  
Yes  
No  
Not Applicable (I didn't receive medications while in hospital)
4. How satisfied were you with the answers to your medication questions?  
Very satisfied  
Satisfied  
Neither satisfied nor dissatisfied  
Dissatisfied  
Very dissatisfied
5. Do you feel confident that the nurse giving you the medication was informed about your allergies?
  - a. Yes
  - b. No
  - c. If no, please explain.
6. Do you feel confident that the nurse giving you the medication was informed about your medications?
  - a. Yes
  - b. No
  - c. If no, please explain
7. If a nurse used a computer at your bedside while you were in hospital, do you feel the computer;
  - a. Distracted from your care
  - b. Contributed to your care
  - c. Other, please specify:

## References

College of Nurses of Ontario. (2003). *Medication Administration Standards*. Toronto, Ontario: College of Nurses of Ontario.

University Health Network. (2004). *Patient-Centred Care Toolkit For Managers and Leaders*. Toronto, Ontario: University Health Network.

**EDITOR:** Helen Edwards

### APA REFERENCE:

Bianchi, A., Rogers, S., Moser, J., Roach, C. & Taylor, W. (2007). The Virtual Patient Focus Group: An innovative and creative approach to soliciting patient feedback. *Canadian Journal of Nursing Informatics*, 2(3), 14-25.