Editorial: Patients as Reviewers of Quality and Safety

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It is increasingly common for those who provide a service to seek the consumer's view. Methods range from telephone cold calling and prearranged face-to-face interviews to anonymous web-based free-text boxes. Those persons who are employed to capture and analyze such data do not have an easy task. Taking the comments of someone who has recently experienced difficulties with service in a retail store can be a challenging experience, yet taking comments from hospital patients on the quality of care is fraught with a rather more intricate range of difficulties.

In this issue of *The Joint Commission Journal on Quality and Patient Safety*, Lagu and colleagues[1] report on their analysis of data collected from hospital patients by the United Kingdom (UK) government's NHS Choices program. As Lagu et al. inform us, this centralized online facility, which was developed five years ago, enables patients to review the quality of care they received. The reviews are based on patient responses to structured questions, which are predominantly based on a five-point Likert scale but also narrative feedback (which is elucidated via three short prompts), to which the authors have directed most of their attention. They collected the data in the summer of 2010, before the implementation of a plethora of planned cost improvement programs in the NHS, the effect of which is unlikely to become evident for some time. As a group of health service researchers based in the UK, we have been working intensively on patient involvement in the quality and safety of their care for several years. We briefly consider the implications of this important and timely article for those wishing to collect, participate in, and respond to these types of patient data.

The NHS Choices data described in the article were drawn from 200 reviews from 20 randomly selected hospitals is a modest cross section of the patient perspective. However,

Lagu et al. rightly note that NHS Choices receives a relatively small number of reviews as a "tiny fraction" of the entire NHS inpatient population. Despite the laudable aim of NHS Choices, reliance on a web-based feedback scheme means that a significant number of patients will be excluded–not only those who are not Internet familiar (undoubtedly marginalizing the elderly and those with low levels of literacy) but also those who are especially ill and have complex needs. The latter group is likely to be of some importance to this type of initiative, as we also know that patient or care complexity can increase patient susceptibility to medical error.[2] The relative lack of public engagement with the system mirrors that of the majority of reporting systems available to patients and the public, such as the National Reporting and Learning System in the UK for the reporting of patient safety incidents by patients, the public, and health care staff. [3]

Nevertheless, there were several key messages from this study. Patients largely appeared to be very positive about their care but some also commented on medical errors. Many reviews commented directly on those caring for them. The nature of patient experience is probably influenced by their carers, but there is little evidence that a direct causal link exists between staff and patient experiences in the NHS.[4] There is then a need to compare patient feedback of this kind to associated staff feedback on the nature of their working experience. We do know, however, that failures in communication remain the most common contributory factor in patient safety incidents[5] and one of the issues most commented on by patients.[6] The fact that patients also commented on technical aspects of care, including medical errors, is not surprising to us, although we believe that patients require some prompting to provide such information. An early analysis of some of our data suggests that patients in the NHS are likely to begin their narrative reviews about care with positive comments. Specifically, it would appear that patients do not necessarily think about patient safety, unless prompted by

questions about their general experience which can frequently yield positive as well as negative responses. We would then argue that it is essential to not only give patients prompts about care to provide feedback (which is not necessarily a limitation of the study), and furthermore, that patients should be told that providing feedback such as this is not about apportioning blame to individual clinicians but *collective* learning. It should be borne in mind by those outside the UK, that NHS patients receive care free at the point of delivery, which, for many patients, is likely to serve as a stimulus not to criticize care delivery. We have also found that if patients are asked to give feedback at the actual time of their hospitalization, they might prefer to give their feedback face to face, which can also provide a scaffolding for their narratives.[7]

Notably, hospitals replied to more than half of the patient reviews. While this is encouraging, we are aware that many hospitals might struggle to provide tailored responses if the volume of reviews were to increase. It is worth reflecting on the difficulties faced by many risk management departments, which are not uncommonly criticized by their own clinical colleagues for failing to provide feedback following their submission of an incident report.[8] The resources required to respond to feedback are not uncomplicated. Any classification system would need to achieve both an expedient analysis but also address the possibility that a single patient narrative may contain a mixture of both positive and negative feedback on the inextricably linked but subtly different areas of quality and safety. The need for a reasonably rapid response and the ability to analyze, extrapolate, and examine trends in such data will be a significant challenge for many existing health care systems.

<L1>References

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