Patient experience survey
Protocol for reviewing patient comments

Background

Understanding patients' experience is vital to improving patient safety and the quality of care. The Ministry of Health and the Health Quality & Safety Commission are introducing an online patient experience survey for primary care. Patient participation is voluntary and their responses will be anonymous unless they choose to provide their contact details.

The survey consists of different modules that patients complete according to which health services they have accessed in the last year. There is space for patients to provide one or more free-text comments in each of the modules, in total the survey contains 22 places where a comment can be made.

Viewing patient comments

All comments made by patients are anonymous for the patient however, some comments can identify a practice, staff member or other health organisation.

Different organisations have different levels of access:
- Practices can only view comments made by their patients.
- Primary Health Organisations (PHOs) are able to view comments made by patients for each of their enrolled practices by name.
- District Health Boards (DHBs) are able to view comments at the PHO level, and only for PHOs where they are the lead DHB, the comments are not identifiable by practice.

Why comments need to be reviewed

There are important reasons why a systematic process and timely approach to reviewing patient comments is needed. This includes:
- ensuring that 'hate speech' is identified and removed
- removing staff or practice identifiable comments where requested
- identifying and acting on serious issues such as safety, violence, serious complaint
- identifying and acting on things that require follow-up, for instance a broken handrail in the clinic.

Who should review comments

This is a skilled task and comments should be reviewed by someone in the PHO who is in a quality manager or similar role. The reviewer looks for common threads and should be in a position to take appropriate action in response.

Common definitions

Text moderation: This is the process of editing patient comments. Original comments remain accessible to super-users in the text moderation area ie, if they edit a comment, they see the original comment and the edited comment.

Super-user: This is the person who has administrative rights for their organisation on the patient experience survey dashboard.

Patient contact request: This is where a patient requests that their practice contact them to discuss their feedback or health experience. Currently, Ipsos emails the practices to alert them that there is a contact request to action.

Principles for reviewing comments

- In general, swear words do not need to be moderated as they are considered part of normal language.
- Comments that identify practices and staff do not need to be moderated before they appear on the reporting portal. However, identifiable comments can be moderated on request.
- Any editing of text should be minimal and as far as possible retain the strength and intent of the original comments.
- Practice leaders or managers should be made aware of the original comment when identifiable information is changed.
- Where comments about identifiable staff are positive, they should not be edited. The staff member can still request comment moderation.
- Where comments are negative and identify a staff member, editing should focus on the behaviour and experience rather than the staff member's specific role or personal description.
- Hate speech should always be edited.

Process for reviewing comments
The survey is sent out to patients 10 days after the end of the survey sample week. Patients have 21 days to respond to the survey, after which it closes, and they can no longer complete it.

It is strongly recommended that all comments are reviewed within a month of the survey closing, however it is considered good practice to review comments at least weekly during the three week period that survey responses are completed. This will ensure that serious issues are identified in a timely manner.

The table on the next page describes the process and recommended actions.

Comment that triggers action	Recommended action for super-user	Notify practice?
a. Swearing or offensive comment	Hate speech is to be edited[1]. Use square brackets ([]) to indicate text has been removed or altered. Swear words do not generally require editing.	No.
b. Comment identifies a practice, practitioner, reception staff, another patient	Do not edit these unless requested. Where comment are edited, the practice leader or manager should be made aware of the original comment. Replace identifiable names with generic terms, eg, [nurse] [doctor] [A&M clinic].	Yes.
c. Comment identifies patient, eg, name, phone number, home address. Clinical details such as condition, specific medication or history that are linked to a personally identifiable patient should be edited.	Replace specific details that identify the patient or their clinical condition using [generic terms].	No.
d. Comment raises an issue of a serious nature eg, safety, violence, suicide, serious complaint and the patient is identifiable.	PHO should use their serious complaints procedure.	According to protocol.
e. Comment identifies some other action. This might require something to be fixed, eg broken handrail in the clinic or a medication error.	PHO should email the practice to alert them.	Yes.

Privacy considerations of the primary care patient experience portal login

In the instructions for each section of the survey, patients are advised that any comments they write are anonymous which means no one reading it will know who wrote it. Only some people (including those at their general practice) will read the comments to help them understand the service and how to improve it.

In order to respect the privacy of practices, practice staff and other health providers and professionals, it is important that login details to the primary care patient experience portal are shared judiciously.

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[1] Hate speech is prohibited under the Human Rights Act 1993. Section 61 (Racial Disharmony) makes it unlawful to publish or distribute "threatening, abusive, or insulting...matter or words likely to excite hostility against or bring into contempt any group of persons...on the ground of the colour, race, or ethnic or national or ethnic origins of that group of persons". Section 131 (Inciting Racial Disharmony) lists offences for which "racial disharmony" creates liability.

The table below sets out who might be expected to view patient comments. Practices are encouraged to share their login widely within their general practice team, as these are their results. Logins within a PHO, DHB and at the national level should be restricted only to those whose role necessitates access. The table below suggests, by organisation, who might have access and what their level of access is.

Organisation	Role	View
Practice	General manager, practice manager, general practitioner, nurse, admin team	Own practice results; other practices are anonymous. Can only view comments for their practice.
PHO	Quality manager/lead, clinical director, primary care manager	See all practices in their PHO by name.
DHB	Planning and funding, quality and risk managers, possibly DHB alliance representative.	Results only for PHOs where they are the lead DHB. Can see comments by unnamed practices in their area.
National	Three health quality intelligence staff from the Commission and two staff from the Ministry of Health.	Can see all comments, although only the PHO and DHB are identifiable.