Conducting waiting room surveys in practice-based primary care research

A user's guide

William Hogg MSc MCISc MD FCFP **Sharon Johnston** MD LLM **Grant Russell** MB BS FRACGP MFM PhD
Simone Dahrouge MSc PhDc **Elizabeth Gyorfi-Dyke** MA **Elizabeth Kristjanssonn** MA PhD

Research in primary care requires a variety of different data collection methods. Although there are a number of practice-based collection techniques, such as simulated patients, provider encounter forms, mailed questionnaires, and telephone surveys, each method has its drawbacks.[1] Waiting room surveys with patients can provide unique material for practice-based primary health care research, such as information on patients' experiences with care. These surveys can be valuable tools with which to collect practice-level data in primary care.

Generally, surveys are mailed to patients on practice registers. However, this approach is often challenged by inconsistent response rates, and it removes completion of the survey from the environment in which the care was provided. In contrast, surveys conducted in the waiting room offer unique potential for measuring different aspects of the consultation and enjoy high response rates. Because parts of surveys can be completed immediately after the clinical encounter, patients are able to report on care given by all members of the team with whom they interacted at the visit with minimal recall bias. Because other parts of surveys can be administered before the clinical encounter, this approach can also elicit an individual's experiences with care received in general, independent of the present encounter, which might be influenced by the survey administration. Therefore, patient waiting room surveys are valuable tools to gain insight into essential elements of primary health care, and, in some cases, they are the only or most reliable way to collect specific data, such as health promotion measures.[2]

Other benefits of waiting room surveys include the following: patients can provide their consent to have their responses linked to other data collection methods (such as health administrative databases); patients are more willing to provide detailed socioeconomic data that are not typically available through other sources; and data can be collected for all providers and staff in a practice (such as nurse practitioners) as opposed to solely focusing on physicians.

Although many practice-based studies have used patient surveys, there is little information on how to perform these in practice and little detailed information about what practices should expect if they are considering taking part in these types of research studies. This paper provides practical tips and cost estimates on conducting patient waiting room surveys, based on our experience with several large-scale primary health care research projects in Ontario.[2] The Comparison of Models Primary Care in Ontario (COMP-PC) study developed a training manual to support survey administrators in the field.[2] **Appendices A** to **F,*** which comprise sections of this manual, are included for readers to adapt and use in their own practice-based primary health care research projects. The complete detailed manual is available by contacting the corresponding author.

Staff training

A primary qualification for survey administrators is excellent people skills. For the COMP-PC project,[2] for example, survey administrators received half a day of in-house training, followed by 2 to 3 days of on-site training with an experienced survey administrator. Survey administrators had a toll-free telephone number they called if questions arose in the field.

Preparing for data collection

The survey administrator manual outlines information on making initial contact with the practice (**Appendix C***) and step-by-step information on recruiting patients, including documenting consent (**Appendix D***). Information was added to or changed in the manual as the project unfolded, and these changes were communicated to the survey administrators regularly.

Reliability and validity

The survey should be piloted before general distribution, and any information or feedback received from its initial run should be used to clarify the tool. High data quality should be ensured by conducting duplicate entry on waiting room surveys for at least a subset of practices. In the COMP-PC project, this revealed an initial error rate of

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*Appendices A to F are available at www.cfp.ca. Go to the full text of this article online, then click on CFPlus in the menu at the top right-hand side of the page.

1.3%; however, this decreased to 0.5%, overall, by the end of the study.[2] These findings should be communicated to the survey administrators to improve data quality.

In the COMP-PC project, the survey was conducted in 2 parts: The patient completed the first part of the survey in the waiting room before seeing the provider. Then, following the visit with the provider, once back in the waiting room, the patient completed the second part of the survey, which captured information specific to that encounter. The survey administrator was available to respond to any questions. Afterward, the survey administrator entered the survey data into the computer at a convenient time.

Budgeting

Costs for waiting room surveys include salary compensation and travel. For the practices in the COMP-PC project, it took an average of 31 hours to complete between 30 and 50 surveys in a practice. It will take longer if the inclusion and exclusion criteria for the survey limit the patient population. In the COMP-PC project, which was executed in 2006, survey administrators were paid $19 per hour.[2] Travel costs depend on the locations of the practice sites.

Discussion

It is necessary to have practice-level data for a variety of reasons. In particular, practice-level data collection is critical in primary care—for research (such as in experimental and quasi-experimental studies), for reporting on performance and accountability, and for continuous quality improvement and monitoring.[3] Patient waiting room surveys continue to be an important technique in the arsenal of methods for practice-level data collection.

Dr Hogg is a Professor and Director of Research in the Department of Family Medicine at the University of Ottawa in Ontario and Director of the C.T. Lamont Primary Health Care Research Centre (CTLC) in Ottawa. **Dr Johnston** is an Assistant Professor in the Department of Family Medicine at the University of Ottawa and a Clinical Investigator at the CTLC. **Dr Russell** is an Associate Professor at Monash University in Melbourne, Australia. **Ms Dahrouge** is Manager of Research Operations at the CTLC. **Ms Gyorfi-Dyke** is a health consultant in Ottawa. **Dr Kristjanssonn** is an Associate Professor in the School of Psychology in the Faculty of Social Sciences at the University of Ottawa.

Competing interests
None declared

Correspondence
Dr William Hogg, University of Ottawa, Department of Family Medicine, 43 Bruyère St, Ottawa, ON K1N 5C8; telephone 613 562-4262, extension 1354; e-mail **whogg@uottawa.ca**

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