

Increasing Response Rates on Student Satisfaction Surveys at a College Health Center



JOEL W. SCHWARTZKOPF, DPAS, MBA, FACHE | HUSKY HEALTH CENTER | UNIVERSITY OF WASHINGTON

BACKGROUND

Response rates to the Patient Satisfaction Assessment Service (PSAS) survey at Cougar Health Services, the Washington State University college health clinic, were too low. In spring 2023, the survey response rate was 2.14%. Patient satisfaction is an important quality-of-care measure of how well a student's needs were met. To ensure adequate data to inform administrative and operational decisions, the aim of increasing the response rate to 6% was identified. A coordinated change effort involved a set of interventions that took place during the fall 2023 term. Prior to 2023, survey invitations were being sent in weekly batches, survey completion required patients to login to their patient portal in the electronic medical record, and the data from the survey was not widely shared with providers and staff.

INTERVENTION


The primary intervention implemented in fall 2023 was changing the delivery method for the survey invitation to a direct email link sent to students who had been seen in the clinic that day. Providers were informed of this effort at the beginning of fall term and again before the intervention. Signage was placed in the clinic with messaging to increase overall awareness of the survey.

RESULTS

Comparing three weeks of the new delivery method to a three-week period immediately prior to the primary intervention showed an increase in response rate from 3.0% to 5.7%. The inability to send survey invitations directly to students via text message was an unexpected finding, which limited communication options.

The Setting: Cougar Health Services

- Cougar Health Services (CHS) on the Washington State University campus
- AAHC-accredited outpatient facility
- Primary care, counseling center, pharmacy, and vision clinic
- 18,681 medical encounters in FY 2023




Why measure satisfaction?

- Patient satisfaction is commonly measured, across practice settings, especially the Consumer Assessment of Healthcare Providers and Systems (CAHPS) series of surveys (Xenakis, et al, 2020).
- College health centers should use a tool with subjective and observational questions to obtain a better picture of overall patient satisfaction (Gyamfi, et al, 2023).

Problem: Right tool, wrong result

Which instrument best accomplishes this?



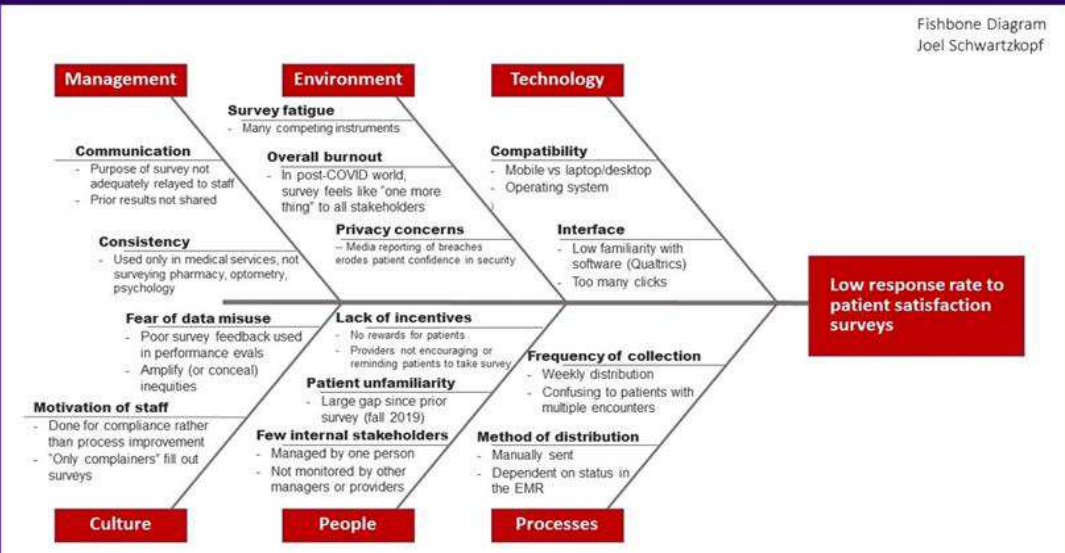
Satisfaction surveys were halted at CHS during the pandemic and resumed in spring 2023, using PSAS. Of 8,319 encounters only 178 surveys were completed.

RESPONSE RATE
2.14%

Implementation: Aiming for 6%

- Ambitious but achievable; and “there is no simple answer for an acceptable or sufficient response rate” for patient satisfaction surveys (Shiyab, et al, 2023, p. 441)
- Consulted peers to compare response rates at CHS with other institutions using PSAS
- Allowed for an internal QI project that did not require additional IRB approval
- Simple topic, understandable and engaging to stakeholders, with multiple opportunities for improvement

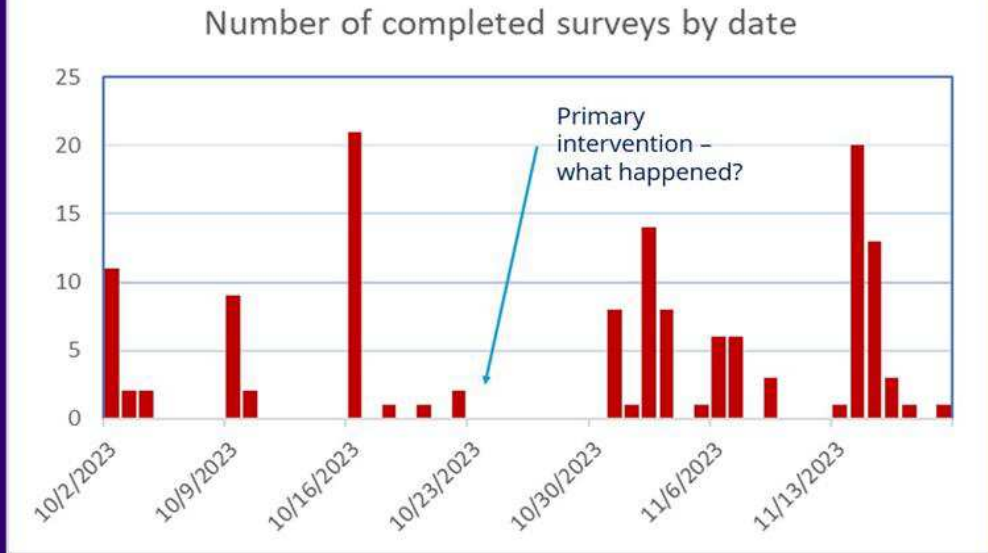
Analyzing inputs: fishbone diagram



Compared response rates for the three-week periods prior to and following primary intervention

DATE RANGE	TOTAL ENCOUNTERS	SURVEYS COMPLETED	RESPONSE RATE
Spring '23 baseline: 1/1/23-5/31/23	8319	178	2.14%
Pre-intervention: dates of service 9/25/23-10/13/23 (invites sent 10/2, 10/8, 10/16)	1700	51	3.00%
Post-intervention: 10/30/23-11/17/23 (invites sent daily)	1614	92	5.70%

Results: before and after



Results: an unexpected finding

- Students did not respond to text message invites and response rate dropped to zero
- Root-cause analysis showed that text invites resembled “spam” messages; link worked but it wasn’t trusted
- Decided to revert to email but left other elements unchanged
- Could this have introduced bias into the analysis? - or - Did the intervention have an unexpected effect on the survey results?

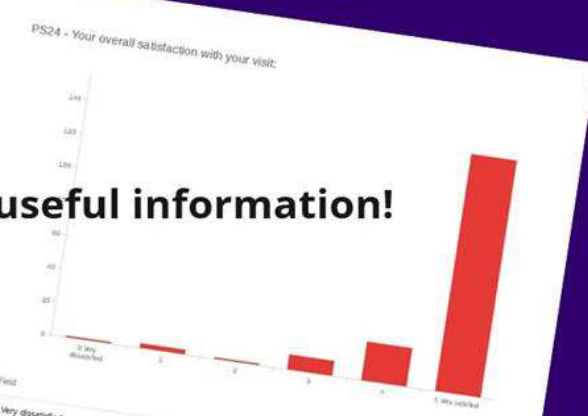
Results: significance

- Two-sample t-test comparing means on overall satisfaction and “would recommend to others” showed t(77)=1.52, p>0.05. and t(85)=0.28, p>0.05, respectively.
- No significant difference between the pre/post intervention groups on the two primary measures of patient satisfaction. **GOOD!**
- Was there a linear relationship between response rate and whether a patient received the old method of invitation vs the new?
- Weak positive correlation between the two variables, r(3312)=.066.

If 93% of the difference can be attributed to other variables, was this effort a success?

SUCCESS!

Response rates increased to 5.7%, nearly double the pre-intervention group and nearly triple the spring 2023 baseline



A trove of useful information!

Discussion and Future Work: Opportunities and ideas

Opportunities for improvement

- Isolate the independent variables
- Multiple regression analysis
- Text vs email
- Control for extrinsic factors
- Work with ACHA to standardize delivery

Ideas for future study

- Effect of providing tangible incentives
- Value of instant feedback in a brief assessment
- How does survey promote health equity?
- Impact on marginalized and excluded populations
- What about the non-utilizers?

CONCLUSION

The upward trend suggests that the strategies used in this project to increase response rates in a college health center were effective, but that additional strategies may increase the impact. Future work should examine the ability to send invitations via both text and email, the effect of adding financial incentives, and how diversity, equity, inclusion, and justice considerations can be applied to patient satisfaction surveys in college health centers.

KEY TAKEAWAYS

The use of a direct link, sent to students by email on the day of their encounter, appears to be the most effective factor among the multi-pronged approach to increasing response rates.

Incremental improvements, even when not necessarily statistically significant, remain important goals to try for.

Improving response rates should inherently lead to an amplification of marginalized voices and provide an additional tool to ensure that the needs of all students are met.

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