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Simple example of a practical solution to make patient feedback more useful

With great interest we read the article of Flott *et al*¹ describing the challenges of using patient-reported feedback. We recognise the challenges described and performed a bachelor project in the intensive care unit (ICU) in the University Medical Center Groningen (UMCG). We think the results from our project provide a potential promising practical solution to make feedback more useful.

In 2013 the UMCG participated in an independent multicentre study conducted among relatives of ICU patients.² In the open questions of the questionnaire, more dissatisfaction than expected was found, which fuelled the quest for an alternative, simple and continuous feedback system. In this study we compared the quality and amount of feedback gathered by an oral survey during the first 2 weeks and an app during the consecutive 2 weeks.

Between 20 February and 18 March 2017, patients above 16 years old, listed for discharge from the ICU that day, and their relatives were approached to participate in this study. The oral survey consisted of two simple questions: 'How satisfied are you with your stay in the ICU? (grade 1–10)' and 'Do you have specific suggestions of improvement for the ICU?' The RateIt app (RateIt, Hong Kong) was used consisting of the same two questions as in the oral survey.

A total of 208 responses (133 patients and 75 relatives) were included. The median satisfaction score was 8. Despite this high score many suggestions for improvement (n=95 suggestions given by 68 respondents) were given. The oral survey provided more often suggestions for improvement compared

with the app (50 vs 18 respondents). Suggestions for improvement were more frequently made by relatives compared with patients (57 suggestions given by 37 relatives vs 38 suggestions given by 31 patients). All improvement suggestions were classified to one of six categories: 'Surroundings' 48/95 (51%), 'Information, communication and education' 23/95 (24%), 'Patient care' 15/95 (16%), 'Attitude, handling and relation caregiver with patient/relatives' 7/95 (7%), 'Emotional support' 1/95 (1%) and 'Care for relatives' 1/95 (1%).

This simple study showed that an oral survey results in more suggestions for improvement than an app. The lack of complexity of the survey resulted in very specific, useful and practical suggestions for improvement, which were easily transformed into clear recommendations, such as 'respect sufficient rest of our patients' or 'don't forget to provide food to the patients who are able to eat'. The survey can easily be repeated in the course of time. These results may give a new perspective on how to conduct feedback studies.

The key suggestions for improvement found in this study were presented to the department in the form of a coat rack, which was an improvement option frequently mentioned by relatives (a coat rack was missing in one of our family rooms). This coat rack will be hung in central places in our department. On this coat rack recommendations based on the most important improvement suggestions will be hung. We think this is one example of a simple, but practical solution to make feedback more useful: every month the recommendations will be replaced by new ones, reminding all caregivers in our department of the feedback given by our patients and their relatives and thereby striving to improve our care.

We are well aware of the fact that the surveys used in the studies described in the article of Flott

*et al*¹ are much larger and more complex than the one we used in our study. We just wanted to show that a learning point could be: don't overcomplicate.

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Contributors LMD, LWD, JDG, MBK, AB conceived the design of the study. LMD coordinated the study. LWD, JDG, MBK, AB collected the data. LMD, LWD, JDG, MBK, AB analysed the results. LWD, JDG, MBK, AB wrote the initial manuscript. LMD, EK, IvdH critically revised the manuscript. All authors read and approved the final manuscript.

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