

# Integrating Patient Feedback into Clinical Resource Reviews

Emergency Care BC

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## Land Acknowledgement

- I would like to respectfully acknowledge that I currently live and work on the traditional, unceded, ancestral territory of the Lheidli T'enneh

# Outline

Where This Fits

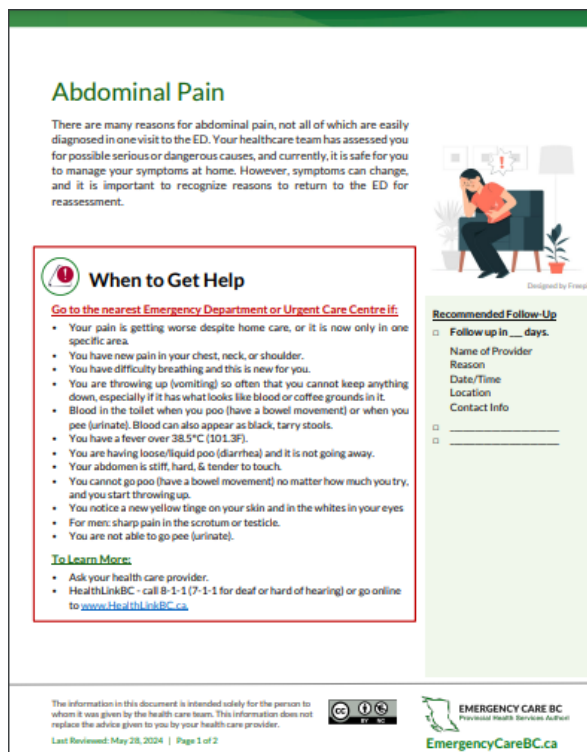
Importance & Current Literature

Feedback Review Tool

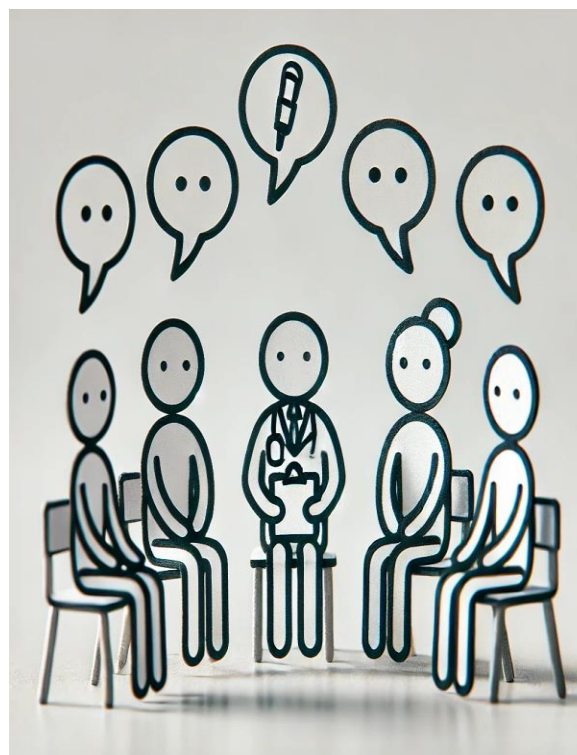
Call to Action

Future Direction

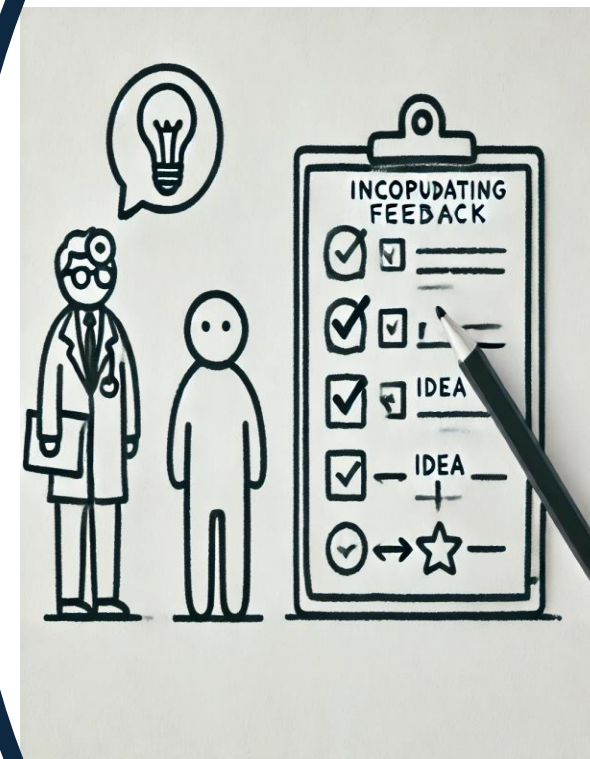
# Where It Fits



Development of Provincial Emergency Patient Information Resources (PEPIR)



Patient Partner Review



Incorporate Feedback

# Importance & Current Literature



INCREASE TREATMENT  
ADHERENCE



MITIGATE BIAS



IMPROVE INTER-RATER  
RELIABILITY



HELP ACCOUNT FOR  
CULTURAL HUMILITY



# Feedback Incorporation Tool



# Initial Rejection Criteria

- Begin by assessing feedback against the initial rejection criteria before moving to categorization:
  - **Scope Limitation:** Does the feedback suggest changes beyond the handout's intended purpose or scope?
  - **Conflict with Evidence-Based Practices:** Does the feedback conflict with established clinical guidelines or evidence-based recommendations?
  - **Negative Impact on Usability:** Would the suggested changes reduce the handout's effectiveness for its target audience?
  - **Resource Constraints:** Are the suggested changes impractical due to time, space, or resource limitations?

# Categorization

- For feedback that passes the initial rejection criteria, categorize it into one of the following:
  - **Clarity:** Feedback about simplifying language, defining terms, or fixing grammar issues.
  - **Actionability:** Feedback focused on adding clear steps or improving logical flow.
  - **Visual Design:** Feedback about enhancing visual elements like layout, bolding, or adding helpful visuals.
  - **Cultural Sensitivity:** Feedback related to inclusivity and relevance for diverse patient populations.
  - **Usability:** Feedback about navigation, format, or overall practicality.
  - **Accuracy and Consistency:** Feedback ensuring information is up-to-date and uniformly presented.
  - **Engagement and Tone:** Feedback on making the tone more approachable and adding relatable examples.



# Impact Scoring

- For each piece of feedback, assign an Impact Level based on its significance:
  - High Impact (3): Directly affects patient safety, understanding, or critical usability.
  - Medium Impact (2): Improves readability, usability, or aesthetics but is not safety-critical.
  - Low Impact (1): Reflects personal preferences or minor suggestions

# Weighted Scoring

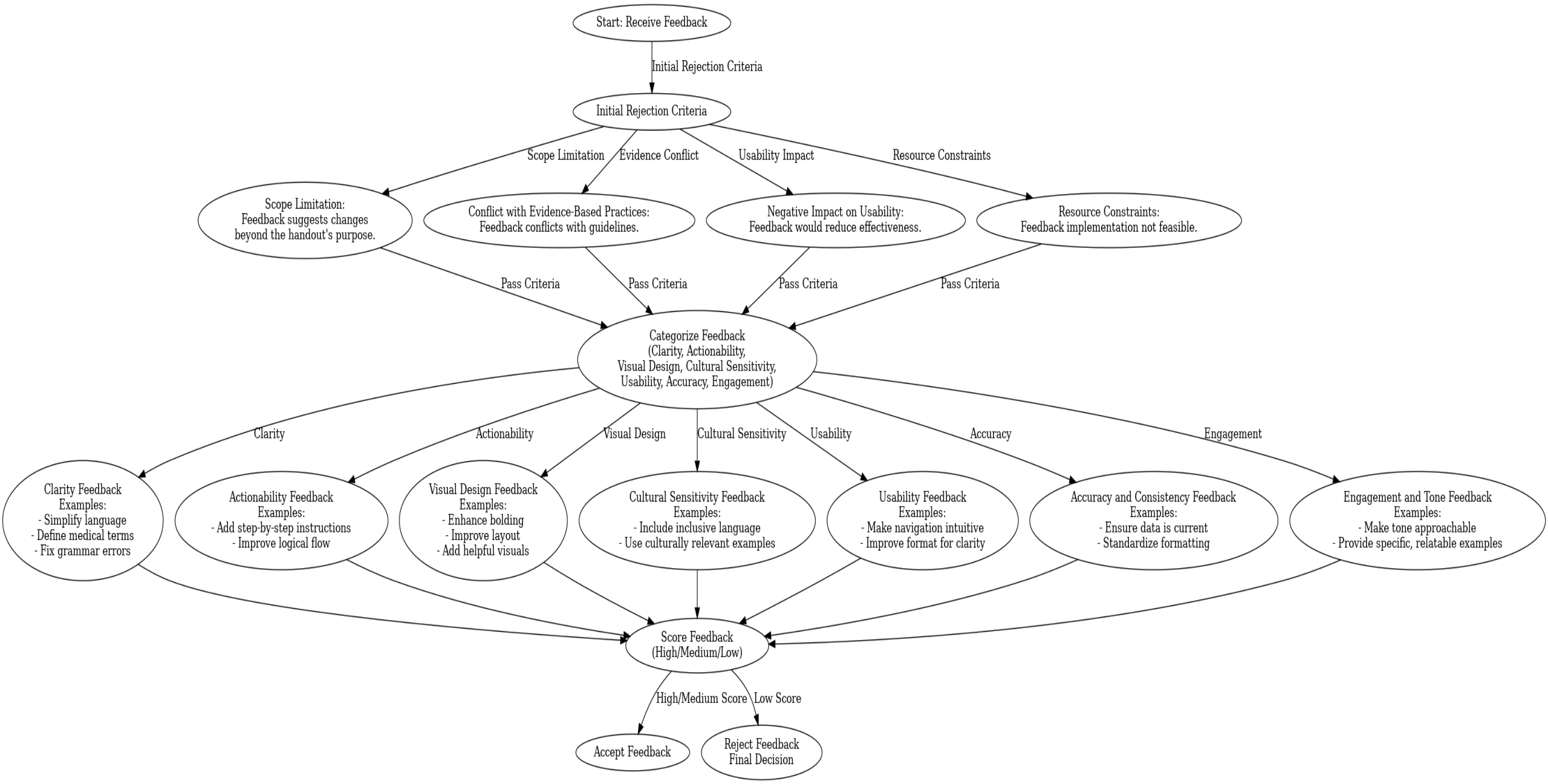
- Combine the impact score with the frequency of similar feedback from other patient partners.
- Calculation:
  - $\text{Weighted Score} = \text{Impact Level} \times \text{Frequency}$

# Weighted Scoring

- Example:
  - Feedback: "Patients might not understand the term 'myocardial infarction.'"
    - Categorization: Clarity Feedback
    - Impact Assessment: High Impact (3)
    - Frequency: 2 patient partners
    - Weighted Score:  $3 \times 2 = 6$

Weighted Score	Definition	Action
6 or higher	Significant impact on safety, clarity, or usability; frequently mentioned by patient partners.	Must Address Immediately.
3-5	Improves readability, usability, or aesthetics; mentioned by a few patient partners.	Review Later.
1-2	Reflects personal preferences or minor changes; infrequently mentioned.	Consider for Future Revisions.

# All together now...



# Call to Action

- For now..
- Feedback and Suggestions!
- Tool is not yet validated and is in initial trials of PEPIRs
- Keep thinking about our known problems:
  - Bias
  - Inter-rater Reliability
  - Cultural Humility



# Future Directions

1

Continue PEPIR  
utilization and  
trials

2

Adapt  
Feedback Tool

3

Validate  
Feedback Tool

4

Make it  
Accessible!



Thank You!