

# “My clinic is successful” – a statement of opinion or fact?

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Do you work in a successful clinic? Do you know this as a fact? Or is it your opinion? Facts can be independently verified. Opinions are your beliefs.

Success can be defined in a number of ways. Key measures include:

- financial success
- full appointment schedule
- strong referral base
- professional association accreditation
- third-party funder accreditation
- positive client outcomes

Each of these facets of success is important. Most can be easily established as facts. For example, financial profitability can be measured with accounting tools. A full appointment schedule can be seen at a glance. Proof of professional association accreditation can be documented and certificates displayed.

But – what about “positive client outcomes”? If the purpose of your business is to provide hearing care, surely this is the most important area in which you need to deliver successful results. How do you know you have been successful unless you have the evidence to prove it? Until you can produce this evidence, your estimation of your success in delivering positive client outcomes is only your opinion.

Measurement of our client outcomes is important. Our clients and third-party funding parties will no longer accept that our qualifications, training and experience are sufficient assurance that successful results will be achieved. Consumers ask “How can you *prove* that I will get better results by using your service?” Third-party funders want to know “Where are your *data* to show that our money has been spent for a successful result?” Clinical success can only be proven by the use of valid and reliable outcomes measures.

*Who* says what is a successful client outcome? Your clients are the best judge if their needs have been met, and have definite opinions about the effectiveness of your products and services. Surveying your clients is essential for measuring those opinions.

This lecture addresses three key questions for outcomes measurement, using results from an outcomes measurement process currently in use in Australia, New Zealand, and Germany:

1. Is greater validity obtained when outcomes measurements are analysed independently, rather than “in house”?
2. How can a clinic confidentially compare its performance against its peers?
3. Do detailed outcomes measurements provide the factual evidence for a clinic to assert it is successful?

**Firstly – Is greater validity obtained when outcomes measures are independently analysed?**

It is commendable that some clinics do “in house” surveys of client opinion. The question is – Are these results valid? Do your clients tell you something different than they would tell others? How objective are “in house” measurements? Here are the results of one clinic (fig. 1).

Fig. 1

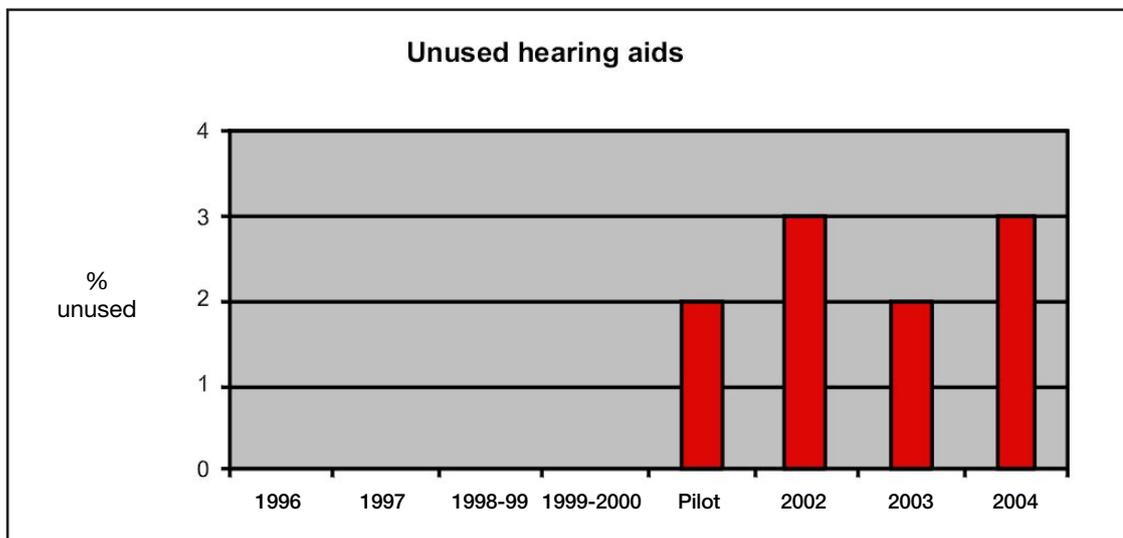
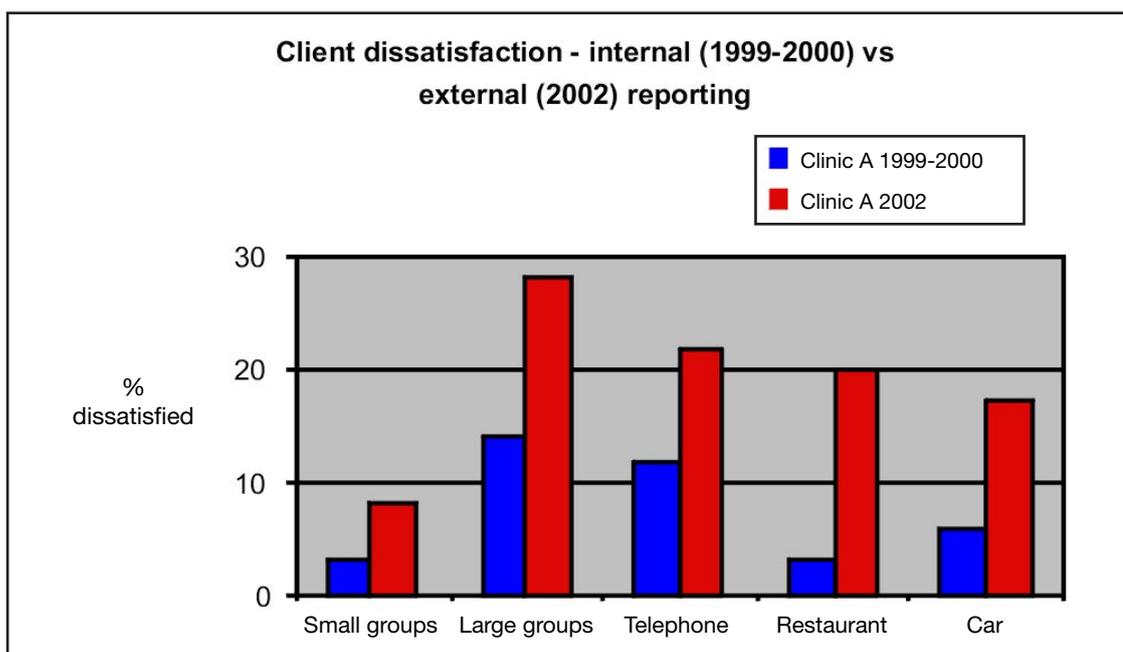


Fig. 2

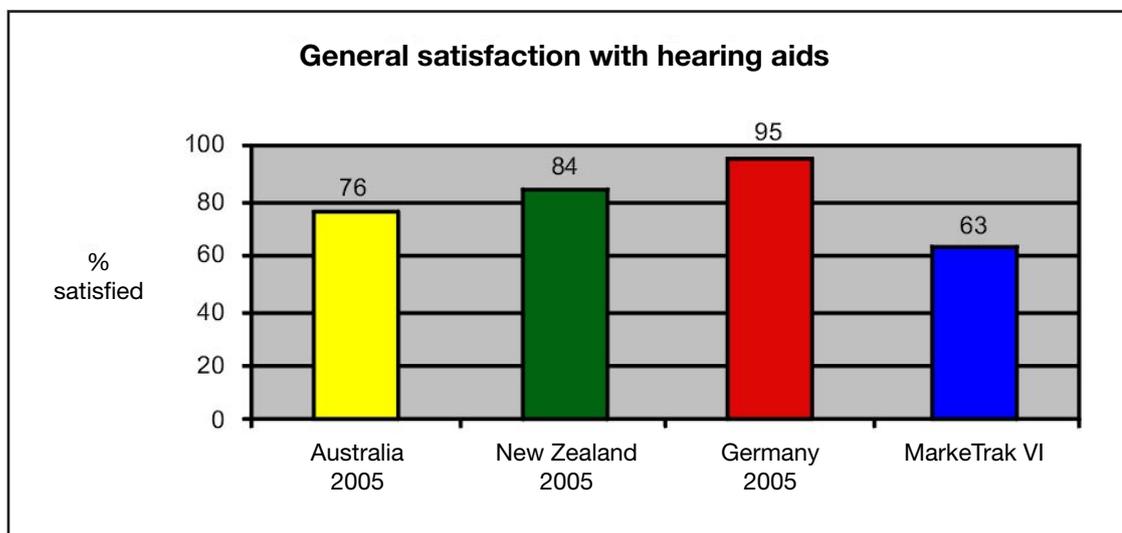


Before 2001, the clinic conducted the client opinion survey “in house” – the clients returned their surveys to the clinic. Not one single client admitted to not using their hearing aids. After 2001, client opinion surveys were returned to an external consultant – and a different picture was seen. Similarly, client reporting of dissatisfaction on a variety of measures was higher when the clients were giving their opinions to an independent consultant (fig. 2). Same survey, same audiologists, same demographic – different results. If they like you (and most of them do), they don’t want to upset you if they aren’t completely satisfied with your efforts. If you want your outcomes measurements to accurately reflect your clients’ experiences, you must ensure that they can give their honest opinions to an independent party.

### Secondly – If you do an “in house” survey to measure your client opinions, what can you compare these results with?

If 85% of your clients are satisfied with their hearing aids, is this a good result? How do your data compare with results of similar businesses? How likely is it that similar businesses would share their results with your clinic? Is there any way businesses can confidentially compare their performance? Can you validly compare your data with results from within your own country if the data are measured differently? Can you validly compare your results to published data from other countries? When choosing which client outcomes measure you want to use, these are important questions to consider. Valid comparisons rely on being able to access relevant data collected from within the same demographic and within the same time frame, using the same survey questions and methodology. The EARtrak client survey process was designed to overcome such problems, and data from within Germany have confirmed there are significant differences to data collected from Australia, or New Zealand, or to the United States (fig. 3).

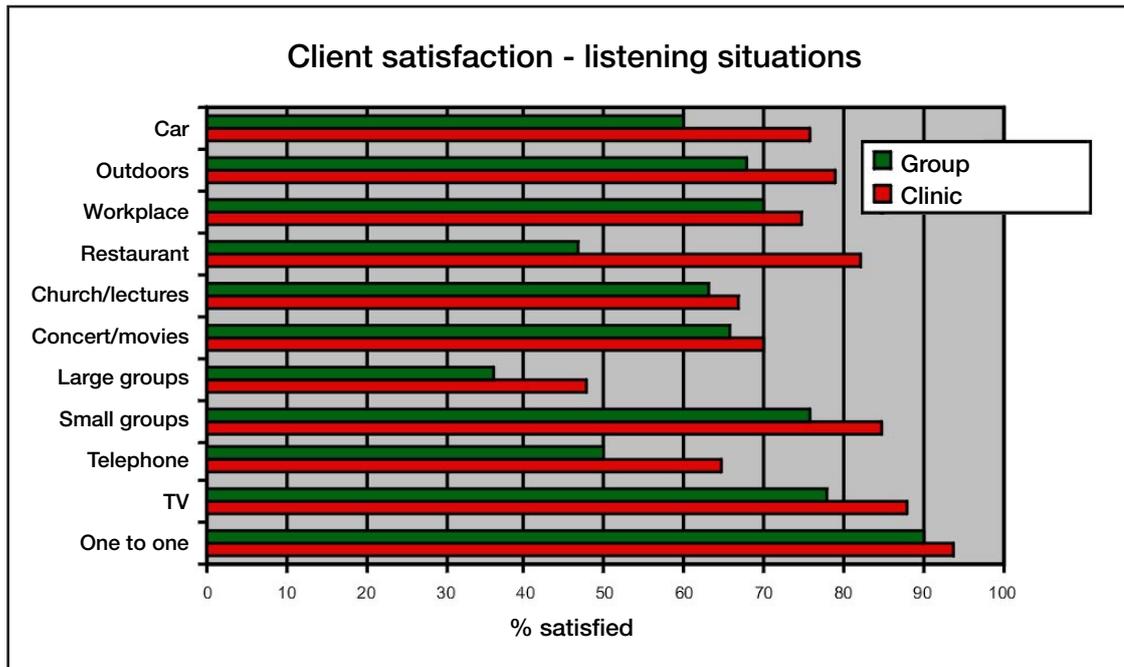
Fig. 3



### Thirdly – Can detailed outcomes measurements provide you with the evidence to prove your clinic is successful?

The results in fig. 4 show, for this clinic, that client satisfaction with hearing aid benefit in a variety of listening situations is above the average achieved by their peers. This is a successful clinic – and it has the data to prove it.

Fig. 4



## Conclusions

1. Judgement of the success of hearing aid fitting must be made by clients to a body *independent* of the organisation providing the service.
2. Clinics must be able to confidentially compare their client outcomes against benchmarks set by businesses operating from within the same demographic.
3. Detailed outcomes measures can allow an organisation to demonstrate effective delivery of hearing services to consumers and third-party funding organisations.

The questions we asked at the beginning were –

“Is your clinic successful?” and “Is your view based on opinion or fact?”

It is only *after* you have measured independently validated client outcomes that you will have the data to prove clinical success as a fact.