

# Administration of Emergency Medicine



## COMPARISON OF MAILED VS. ON-SITE EMERGENCY DEPARTMENT PATIENT SATISFACTION SURVEYS

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**Abstract—Background:** Patient satisfaction is one measure of the quality of emergency department (ED) care. The impact of survey delivery method on patient satisfaction in the ED remains unknown. **Objective:** We hypothesized that self-administered surveys in the ED would yield a higher response rate and different satisfaction compared to mailed surveys. **Methods:** This observational study was conducted during a 2-month period in an urban, tertiary-care, university-based ED. Eligible patients were randomized to either complete an on-site satisfaction survey in the ED at discharge or to complete an identical survey mailed 1 week after discharge. The primary outcome was the reported overall satisfaction of on-site vs. mail-out surveys. Satisfaction was measured using Likert-type scales and dichotomized outcomes were compared using a  $\chi^2$  test and logistic regression. **Results:** Two hundred and forty-two of 457 eligible patients randomized to the on-site group and 275 of 1152 patients in the mail-out group completed a survey (53% vs. 24%;  $p < 0.001$ ). Compared with the mail-out group, on-site subjects reported higher overall satisfaction (79.6% vs. 68.9%;  $p = 0.006$ ), significantly higher satisfaction with their nurses' ( $p < 0.001$ ) and doctors' listening skills ( $p < 0.001$ ), and were more likely to recommend this ED to friends or family (71.4%, vs. 56.6%;  $p = 0.001$ ). **Conclusions:** We found that patients who completed satisfaction

surveys in the ED reported higher satisfaction than those who received mailed surveys. In addition, measuring patient satisfaction by self-administered on-site surveys at the time of discharge from the ED yields a significantly higher response rate than measuring satisfaction using mailed surveys. © 2014 Elsevier Inc.

**Keywords—**patient satisfaction; emergency medicine; emergency department; satisfaction scores

## INTRODUCTION

### Background

The Institute of Medicine's report "Crossing the Quality Chasm" has resulted in efforts throughout the medical community to better understand the determinants of quality health care and to improve patient outcomes (1). Since the National Health Service (NHS) redefined quality health care to include the patient experience, practitioners have emphasized patient satisfaction as one measure of quality of care in the emergency department (ED) (2). Patient satisfaction has been shown to be associated with the concept of overall quality of care as perceived by the patient and may impact future ED choice or the recommendation of a specific ED to friends and family (3–5). Additionally, patient satisfaction may improve patient

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outcomes by improving compliance with discharge instructions, improving job satisfaction for the physician and ED staff, and by creating a positive work environment (5–7).

Previous studies of patient satisfaction in the ED have focused on identifying factors influencing overall satisfaction in ED patients and evaluating interventions designed to improve ED patient satisfaction. Satisfaction has been shown to be associated with the perceived quality of interpersonal communication and interactions between patient and ED staff, efforts to provide information and to enhance understanding of care received, acuity, triage level, diagnosis, and patients' perceived waiting times (4,7–15). A recent review of relevant literature from the past 20 years reinforces the findings of these individual studies: "Elements of the ED experience that correlate with patient satisfaction are timeliness of care, empathy, technical competence, information dispensation, and pain management" (16).

### *Importance*

Despite the current emphasis on patient satisfaction in the ED, we do not know the best method of measuring patient satisfaction. A 2004 review by Taylor and Benger illustrated the difficulties of comparing data from ED patient satisfaction studies because of the variety of instruments and methods used to measure overall satisfaction (17). Recognizing the lack of a "gold standard" for measuring patient satisfaction, the Centers for Medicaid and Medicare Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ) partnered to develop the first national, standardized, publicly reported survey of patients' perspectives of hospital care, the Hospital Consumer Assessment of Healthcare Providers and Systems (H-CAHPS), also known as the CAHPS® Hospital Survey (18). Although many health care organizations have endorsed this standardized survey instrument and data collection methodology for measuring patients' perceptions of their care, the H-CAHPS was designed to be used in the hospital setting. There are no published modifications of this instrument for ED use.

In addition to lacking a standardized instrument, the lack of a consistent method of survey administration also limits our ability to compare results from previous studies of ED patient satisfaction. Methods used vary from self-administered questionnaires to structured interviews and focus groups, which may occur at the time of the visit or sometime afterward, either by mail or in person. Little is known about which method is most likely to capture the most accurate data, or how the results from a mailed survey compare to a survey administered in the ED.

### *Goals of this Investigation*

The goal of this study was to compare ED patient satisfaction between two methods of administering the satisfaction questionnaire: self-administered surveys in the ED at the time of discharge or mailed surveys 1 week after discharge. We adapted the H-CAHPS survey for use in the ED, selecting items that reflected themes previously shown to be associated with overall patient satisfaction in the ED. Our primary study objective was to compare overall satisfaction and response rates between the two methods of survey administration.

## **MATERIALS AND METHODS**

### *Study Design and Setting*

This was a cross-sectional study of patient satisfaction with ED care that was a preplanned second phase of another study that evaluated provider estimates of patient satisfaction reported at the time of discharge (19). We surveyed a randomized sample of patients being treated in an academic ED in an urban, tertiary-care Level I trauma center with an annual patient volume of 40,000 ED visits. Emergency medicine (EM) attendings, residents, and nurse practitioners provide patient care. This study received approval from our Institutional Review Board.

### *Selection of Participants*

The study population consisted of patients being treated in the ED from October 2005 to January 2006 between the hours of 7:00 AM and 11:00 PM. This time period coincided with the availability of trained ED research assistants. All registered ED patients were potential subjects for study. Patients between the ages of 16 and 18 years could only participate with parental consent. Guardians of patients younger than 16 years of age were approached for inclusion. We excluded patients if they were medically unstable, a victim of sexual assault, unable to comprehend or complete the survey instrument due to the presenting illness acuity, had difficulty understanding English, or had impaired mental status (including drug or alcohol intoxication). The exclusion of non-English-speaking subjects was based on limited financial resources to create accurate translations and hire qualified interpreters, and concerns that the translated versions may not be comparable with the English version.

Because of concurrent studies being conducted in the ED during the study period, it was not possible to enroll all eligible patients into the study. Potential subjects were enrolled using a coin flip to minimize potential selection bias by the research volunteer. Patients selected

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