

Lack of Association Between Press Ganey Emergency Department Patient Satisfaction Scores and Emergency Department Administration of Analgesic Medications

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Study objective: We explore the relationship between Press Ganey emergency department (ED) patient satisfaction scores and ED administration of analgesic medications, including amount of opioid analgesics received, among patients who completed a patient satisfaction survey.

Methods: We conducted a secondary data analysis of Press Ganey ED patient satisfaction surveys from patients discharged from 2 academic, urban EDs October 2009 to September 2011. We matched survey responses to data on opioid and nonopioid analgesics administered in the ED, demographic characteristics, and temporal factors from the ED electronic medical records. We used polytomous logistic regression to compare quartiles of overall Press Ganey ED patient satisfaction scores to administration of analgesic medications, opioid analgesics, and number of morphine equivalents received. We adjusted models for demographic and hospital characteristics and temporal factors.

Results: Of the 4,749 patients who returned surveys, 48.5% received analgesic medications, and 29.6% received opioid analgesics during their ED visit. Mean overall Press Ganey ED patient satisfaction scores for patients receiving either analgesic medications or opioid analgesics were lower than for those who did not receive these medications. In the univariable polytomous logistic regression analysis, receipt of analgesic medications, opioid analgesics, and a greater number of morphine equivalents were associated with lower overall scores. However, in the multivariable analysis, receipt of analgesic medications or opioid analgesics was not associated with overall scores, and receipt of greater morphine equivalents was inconsistently associated with lower overall scores.

Conclusion: Overall Press Ganey ED patient satisfaction scores were not primarily based on in-ED receipt of analgesic medications or opioid analgesics; other factors appear to be more important. [Ann Emerg Med. 2014;■:1-13.]

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INTRODUCTION

Background

Opioid analgesic prescribing has increased concurrently with a sharp increase in opioid-related addiction and death.^{1,2} Although the majority of patients who receive opioid analgesics long term will not become addicted,³ the surge in opioid-related adverse events has led to an increased focus on responsible prescribing. The Food and Drug Administration identifies prescribers as essential to the reduction of opioid analgesic misuse.⁴

The majority of emergency department (ED) visits involve treatment of painful conditions.⁵ Clinical encounters in the ED about treatment of pain and provision of opioid analgesics can be challenging because decisions are affected by time constraints, lack of familiarity with the patient's opioid use or misuse history, and the duality of ensuring patient satisfaction and safety. Patients may expect and prefer to receive opioid analgesics despite ED clinician misgivings about their use.^{6,7} Clinicians

may feel compelled to prescribe them because of concerns about patient satisfaction.⁸

There are several commercially available surveys used to assess patient satisfaction, and results of these surveys might influence hospital reputation and profits. Many hospitals use Press Ganey ED patient satisfaction surveys (Press Ganey Associates, Inc., South Bend, IN) to evaluate elements of the patient experience of care. However, some have expressed concern that good patient satisfaction scores might not necessarily indicate better care and that an emphasis on patient satisfaction scores could compromise patient care.⁹ For example, Pham et al¹⁰ observed that physicians whose compensation was based on measures including patient satisfaction scores ordered more advanced imaging. In both ED¹¹ and primary care^{12,13} settings, clinicians were more likely to prescribe antibiotics when they believed it was what patients or parents wanted. This perceived link between ED clinician concern to increase patient satisfaction scores and ED clinician actions compels us to

Editor's Capsule Summary*What is already known on this topic*

Physicians may overprescribe opioids in an attempt to improve patient satisfaction survey results.

What question this study addressed

This secondary data analysis examined the association of pain management practices, including opioid prescribing, with patient satisfaction survey measures in 2 New England emergency departments.

What this study adds to our knowledge

After controlling for other factors, patient satisfaction, as assessed through 1 commercially available survey, was not associated with the administration of analgesics, including opioid analgesics.

How this is relevant to clinical practice

Pain management decisions should be driven by patient and clinical factors, rather than concern for patient satisfaction survey results.

explore whether such factors are at play in the provision of opioid analgesics.

Importance

In some emergency medicine settings, compensation and metrics of care are linked to Press Ganey ED patient satisfaction scores. Although how well Press Ganey ED patient satisfaction scores reflect patient satisfaction is debatable, this metric is widely used to quantify this entity, and thus it is important to explore how in-ED analgesic prescribing affects these scores. If ED clinicians are responding to perceived beliefs about the relationship between opioid analgesic prescribing and Press Ganey ED patient satisfaction scores, there could be a dangerous incentive to overprescribe opioid analgesics. Although researchers have studied other correlates of patient satisfaction in EDs in detail,¹⁴⁻⁷⁹ current research lacks an examination of the relationship between in-ED receipt of analgesic medications and patient satisfaction.

Goals of This Investigation

The aim of this study was to examine the relationship between Press Ganey ED patient satisfaction scores and in-ED receipt of analgesic medications, including the amount of opioid analgesics received, among survey respondents. We hypothesized that higher scores were associated with receipt of analgesic medications, receipt of opioid analgesics, and a greater amount of opioid analgesics received. We also were interested in how

patient-reported pain scores, response to medications, and other factors might affect Press Ganey ED patient satisfaction scores.

MATERIALS AND METHODS**Study Design and Setting**

We performed a secondary data analysis of Press Ganey ED patient satisfaction survey results and electronic medical records of patients discharged from 2 New England hospitals in the same hospital system: a Level I trauma center and a university-affiliated community hospital. During the study period at the Level I trauma center, the mean age of discharged patients was 41 years, 50.5% were female patients, 63.3% were white, 17.7% were black, 29.4% had private health care insurance, 41.8% had Medicare/Medicaid, and 28.8% had no health care insurance. At the community hospital, the mean age was 46 years, 56.4% were female patients, 71.6% were white, 15.7% were black, 36.3% had private health care insurance, 45.7% had Medicare/Medicaid, and 18.1% had no health care insurance. The hospital institutional review board approved this study.

Selection of Participants

The study population was composed of patients discharged from 2 New England EDs in the 2010 and 2011 fiscal years (October 1, 2009, to September 30, 2011) who completed a Press Ganey ED patient satisfaction survey. We limited our analysis to data from patients who were age 18-years-old or older, who completed a survey about their first ED visit during the study period, and who completed the survey themselves. Press Ganey randomly distributes satisfaction surveys to a sample of patients discharged from these EDs; however, information about their sampling methodology is limited. The total number of patients who received a Press Ganey survey and the response rate are considered proprietary information and are therefore not available from the company. Although response rates greatly depend on the variables chosen for calculation, as a matter of reference, the response rate to Press Ganey surveys at 2 academic, urban hospitals reported in 2 studies was 15% to 17%.^{22,27}

Methods of Measurement

We obtained Press Ganey ED patient satisfaction survey responses and matched them to electronic medical record data, using unique patient identifiers. Press Ganey was not involved in the design of the study, data analysis, reporting of the results, or composition or review of this article. Because the nature of the data reflects patient perspectives and unanswered questions could reflect those perspectives, missing data were not imputed.

Data obtained from the ED electronic medical records included medication orders, age, sex, race, health insurance status, time of arrival at the ED, time elapsed from ED arrival to time to consulting a physician, total length of stay in the ED, year and month of visit, and patient-reported pain levels. Data from this source were obtained from direct download from the electronic medical record database and hence were not

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