



Importance of patient and family satisfaction in perioperative care



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ABSTRACT

As healthcare systems increasingly shift focus toward providing high-quality and high-value care to patients, there has been a simultaneous growth in assessing the patient's experience through patient-reported outcomes. Along with well-known patient reported outcomes such as health-related quality of life and current health state, patient satisfaction can be a valuable assessment of quality. Patient and family satisfaction measures not only affect a patient's clinical course and influence overall patient compliance, but are increasingly used to gauge physician performance and guide reimbursement. The paucity of standardized measures and the subjective nature of patient and family satisfaction impairs a surgeon's ability to internalize this feedback and institute actions to optimize clinical care. This review seeks to identify areas to improve patient and family satisfaction with the perioperative experience.

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Introduction

Most contemporary attention on improving healthcare quality and value has been on domains of care influenced by care providers and healthcare systems. Outcomes, specifically for surgery, have traditionally focused on mortality, complications, and easily measurable metrics such as length of hospitalization or readmission. The patient perspective has too often been missing from these efforts and now, more than ever, the importance of the patient voice is being recognized. The basic principles of patient-centered care include: access to care, continuity and transition, involvement of family and friends, emotional support, physical comfort, information and education, coordination and integration of care, and respect for patients' preferences.¹ Essential to these principles is the healthcare system and care providers' willingness to participate in the process and collaborate with patients and major stakeholders in their care. For surgery, a variety of patient-reported outcomes have been identified including satisfaction, quality of life, disability, mood disorder, and pain.² These domains are often overlapping, highly subjective, and each have measurement tools in various stages of development and validation. For the purposes of this review, we will focus on patient and family satisfaction.

Patient and family satisfaction are essential quality measures that can inform improvements in the perioperative experience. Patient satisfaction has become an important metric for hospital and physician performance and is increasingly associated with reimbursement.³ Satisfaction not only affects a patient's clinical course, but can also have an impact on adherence to treatment plans. Poor patient satisfaction increases the likelihood of medical malpractice claims after unfavorable outcomes.⁴ Patient and caregiver satisfaction involves understanding a complex and dynamic relationship between healthcare providers and patients that includes elements such as expectations, perceptions regarding quality of care, and two-way communication. Professional organizations and societies including the American Academy of Pediatrics (AAP) and the Institute of Medicine (IOM) have prioritized improved patient outcomes through patient-centered care. Customizing care according to patient needs and values is essential to achieving this goal.⁵ The struggle to identify factors that influence the overall patient experience is even more significant in the setting of specialty practices.⁶ Effective evaluation, utilization and application of patient and family satisfaction surveys can improve the overall patient experience. Nonetheless, despite conceptual simplicity, altering and improving care based on such subjective measures has proven to be challenging.

Unique challenges in the pediatric patient population

There are unique challenges in the assessment of patient and family satisfaction for the pediatric perioperative patient. First,

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patient experience must be measured from the perspective of both the child and the adult care provider.⁵ Often, the fear and anxiety pediatric patients experience can be amplified by their caregiver's anxiety.⁷ Second, information should be communicated to the family unit at multiples levels to both obtain informed consent from adult care providers and age-appropriate assent whenever possible. This highlights the importance of assessing baseline health literacy of adult care providers.⁸

Interestingly, caregiver dissatisfaction with pediatric surgical experiences was related to higher caregiver education levels.⁵ Other factors associated with lower caregiver satisfaction included longer surgical procedures, surgical complications, and caregivers feeling overwhelmed.⁵ Caregiver apprehension, in turn, interferes with assimilation of data. Causes for misunderstanding are oral communication of information, use of technical vocabulary, and level of education. It is estimated that 40–80% of spoken information provided by physicians is immediately forgotten.⁹ Incomplete or incorrect information transmission may occur when only one caregiver is present during consultation. The anxiety caregivers feel as a result of hearing that their child needs to undergo surgery often leads to distraction and unanswered or forgotten questions.⁹

Patient and family satisfaction measures

Despite the importance of assessing patient satisfaction, there is no standardized process or widely accepted method to measure this outcome.⁵ One of the most frequently used methods to obtain patient and family satisfaction data is a patient-reported outcome survey. Herein, patients (or caregivers) report their own perceptions of the impact of disease and treatment as clinical endpoints.¹⁰ Patient satisfaction surveys are usually focused on the immediate post-operative and post-discharge interval, but longer-term data are lacking and may be insightful. These surveys are doubly complex due to the aforementioned need to assess outcomes from both the child's and the caregiver's perspective.

The majority of information regarding patient satisfaction is currently obtained from the nationally standardized and publically reported Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospital Survey. This Centers for Medicare and Medicaid Services (CMS) endorsed tool is the first to allow valid comparisons to be made across hospitals locally, regionally and nationally.¹¹ Despite development of alternative surveys to garner patient satisfaction feedback, CMS regulations over the types of surveys that hospitals are allowed to administer render the implementation of new surveys difficult. Thus, many healthcare systems have turned to less conventional methods to collect information using commercially-available internet tools such as SurveyMonkey (SurveyMonkey Inc., San Mateo, California, USA). Currently available satisfaction surveys are not specific to peri-operative patients. Furthermore, many of the existing surveys are intended for patients who were hospitalized rather than treated as outpatients.

The CAHPS Hospital Survey focuses on quality assessment relating to communication between physicians, other care providers, and patients. This survey can be completed via mail, telephone, mail with telephone follow-up, or interactive voice recognition prompts. Beginning in 2002, CMS partnered with the Agency for Healthcare Research and Quality (AHRQ) to develop and test the CAHPS survey.¹¹ In 2006, the survey was implemented with the first public reporting of results in March 2008.¹¹

In October 2014 Boston Children's Hospital created the pediatric CAHPS survey.¹² This survey asks caregivers to report on both their child's inpatient experience and their own experience with their child's inpatient stay. The survey was designed to measure the patient-centeredness of hospital care for patients less than 17

years old. Questions focus on communication, hospital environment, appropriateness of care, pain management, and other domains that caregivers viewed as important aspects of their child's care. The pediatric CAHPS survey has 62 items, takes approximately 15 minutes to complete, and feedback is organized into five specific areas: communication with caregivers, communication with children, attention to safety and comfort, hospital environment, and global rating. The survey is administered via phone or mail. Due to the duration and the inability to reach all patients, response rates tend to be low, and the pediatric CAHPS does not take capture patients who have same day surgery.

Press Ganey patient experience surveys combine the required CAHPS questions with scientifically-developed patient-centered questions to provide the most comprehensive view of the overall patient experience.¹³ While the CAHPS survey measures patient experience (how often a service was provided), additional Press Ganey questions reveal important qualitative details (how well a service was provided), enabling for a more balanced perspective of patient care within your organization.¹³ There are other proprietary survey tools available in various stages of development and validation to address outpatient experiences and various specific aspects of care.

Further standardized measurement tools for patient experience and satisfaction are lacking.⁵ Such tools could standardize the currently heterogeneous data collected, assist in research and quality improvement efforts, and allow findings to be more valid and generalizable.⁵

Patient satisfaction and pediatric surgery

The IOM has defined patient-centered care as care that is respectful of and responsive to individual patient preferences, needs, and values while ensuring patient values guide clinical decisions.¹⁴ The AAP recommends that patient- and family-centered care be incorporated into all aspects of children's surgical perioperative experiences.¹⁵ This patient-centered focus has become essential to the streamlining everyday operative care plan by decreasing patient confusion and increasing communication between care providers and between patients and care providers. While paramount, specific techniques to improve communication do not exist. Many hospitals have developed competency curricula focused on improving communication skills such as active listening, responding to patients' feelings with empathy and respect, and negotiation.¹⁶

There are a multitude of additional, non-clinical factors, such as staff friendliness and facilities/amenities that can influence the overall patient experience.⁵ Care providers can further build the patient-physician relationship by showing empathy, by having direct eye contact, appropriate facial expressions, engaging body language, as well as appropriate touch.¹⁷ Actively listening, engaging body language and appropriate touch can all be further improved through training sessions and easily implemented in a pediatric surgery clinic.⁶ Overall satisfaction is correlated with the child's impression of the nurse as friendly and the nurse and doctor as transmitting serenity.¹⁸ Pooled results demonstrate associations among satisfaction and continuity of care, provider interpersonal behavior, the care team comforting the child, explaining what is going on in the surgical process, and answering questions.⁵ These concepts are often taught in medical school but require further attention as physicians travel deeper into their practices.

Improvements upon patient and family satisfaction can be made with each patient-family-provider interaction.⁵ It is not uncommon for a lack of provider-patient communication to leave patients feeling unclear, anxious, and uncertain. Patients may

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