

ORIGINAL

The role of patient satisfaction surveys to improve patient care in day surgery

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ABSTRACT

Introduction: Patient satisfaction surveys are validated tools in assessing the quality of healthcare services (3). This has been implemented in our day surgery department as part of a continuous quality improvement process.

Methods: Data from postoperative phone calls were collected over two five month periods in 2011 and 2012. Responses to the question, "how can we improve your day surgery experience" were collected.

Results: Overall patients expressed positive remarks about their care, but specified improvements regarding waiting area facilities and waiting times.

Conclusions: Patient satisfaction surveys, alongside objective postoperative outcome measures, provide a more complete healthcare quality assessment (3).

Keywords: Patient satisfaction survey, day case, ambulatory surgery.

INTRODUCTION

Measuring outcomes and quality in healthcare is challenging. A definition of quality may differ according to the observer's standpoint. Patients, doctors, anaesthetic assistants, recovery nurses and managers are likely to have their own perspective on "quality" and may suggest different metrics to measure it (1). Researchers have shown that for measuring healthcare system's performance, the assessment of patient satisfaction is a more sensitive indicator than the traditional measures of morbidity and mortality patterns (2). Based on available evidence patient satisfaction surveys are validated tools in assessing the quality of healthcare services (3-5). They are an important outcome measure and often refer to the patient's subjective view of various aspects of healthcare, such as the availability of personal and technical resources, interpersonal characteristics

of care providers and the adequacy of verbal and written communication. This concept is consistent with various business models in respecting consumer sovereignty.

Limitations with feedback surveys have been their inability to address the gap between healthcare providers and patients, caused by the inherently different goals of the service provider and the individual client, and the differences that exist among various individual clients (4). Although outcome measures have efficiently been assessed through specific questioning and feedback, patients have reported that most surveys "never ask them the questions that they want to answer" (6). Based on this information we developed a questionnaire with just one open-ended question; "how can we further improve your day surgery experience?" Our aim was to assess whether our patients' perceptions of the service they had received could provide

specific information and to use that as an additional tool to improve the quality of our Day Surgery Unit.

METHODS

Torbay Day Surgery Unit first implemented the newly formatted Patient Satisfaction Survey in 2011, which asked for patients' suggestions on how to improve their overall day surgery experience. Questionnaires were distributed to all patients undergoing day-case procedures under general anaesthetic over a five-month period in 2011 (7).

In addition to the specifically measured outcomes such as service rating, postoperative pain, nausea and drowsiness scores, the open-ended questionnaire gave a greater insight into the patients' perceptions of the quality of care received. As investigators we maintained an impartial approach while collecting patient feedback, to preserve the authenticity and meaningfulness of qualitative data. Based on initial findings the questionnaire was then incorporated into the routine 24-hour postoperative follow up phone call in 2012. Data was then collected from the follow-up phone call using a computerised record system (Galaxy Surgery[®] CSC) over a five-month period in 2012.

RESULTS

Our Day Surgery Unit treats over 7000 patients a year. In 2011, 315 patients completed the survey and 94.6 % expressed positive remarks about staff and the care received (Table I). This indicates a high level of patient satisfaction. The descriptive statements in the survey also highlighted suggestions for improvement (Table II).

"Excellent", "amazing", "professional", "efficient", "compassionate", "attentive", "friendly", "providing a personal touch", "respectful and caring", "approachable", "informa-

TABLE I

POSITIVE REMARKS REGARDING CARE FROM THE 2011 SURVEY

COMMENTS REGARDING POSITIVE ASPECTS OF CARE	NUMBER OF RESPONSES
No improvements necessary	120 (38.09 %)
Positive staff attitudes	170 (53.96 %)
Overall service rating	
Excellent	89 (28.25 %)
Very Good	41 (13.01 %)
Good	22 (6.98 %)

TABLE II

SUGGESTIONS FOR IMPROVEMENT FROM THE 2011 SURVEY

PATIENT SUGGESTIONS FOR IMPROVEMENT IN CARE	NUMBER OF RESPONSES
Quality of food	4 (1.26 %)
Comments on waiting area facilities	13 (4.12 %)
Perioperative waiting time	10 (3.17 %)
Clean environment	7 (2.22 %)

tive", were the phrases used to describe staff attitude and care. The overall service received responses like "awesome", "first class" and "totally positive" (7). Only 10.1 % of patients had suggestions for improvement. 4 patients commented on the quality of food, with 2 patients describing the toast as dry. 10 patients commented on the prolonged waiting time, however 8 patients were pleased that staff were reassuring and informative. 13 patients commented on the waiting area facilities with the main suggestion being the need for up-to-date reading material. 4 out of the 13 patients raised concerns about the lack of adequate seating in the waiting area and the need for separate adult and paediatric waiting rooms.

Specific remarks about improving patient care included "more nurses in preoperative ward for anxious patients", "patients to be wheeled down to theatre", "advice to bring in slippers and dressing gown" and "speedy discharge". Increasing the availability of extra stackable chairs and recycling magazines to which staff held regular subscriptions in waiting areas were cost-effective measures introduced following the initial survey (7).

In 2012, out of the 363 comments received, 86.7 % patients expressed positive remarks about their care. Several comments were made about the "superb", first class and "excellent" care received, reaffirming that the Torbay Day Surgery Unit runs a very efficient service that has consistently maintained its reputation. Descriptive patient remarks highlighted similar aspects of patient care as those in the 2011 survey (Tables III and IV).

Issues identified in 2011 included inadequate space in waiting areas and lack of up-to-date magazines, which had since been addressed and are not commented on here. Comments regarding waiting areas involved requests for separate child and adult waiting and consultation areas.

32 (8.8 %) patients commented on prolonged waiting times; an increase compared to the previous survey (3.17 %). Some suggestions were made of staggering arrivals to the

TABLE III

POSITIVE REMARKS REGARDING CARE FROM THE 2012 SURVEY

PATIENT SUGGESTIONS FOR IMPROVEMENT IN CARE	NUMBER OF RESPONSES
No improvements needed	251 (1.26 %)
Positive staff attitudes	67 (18.5 %)
Efficient service	55 (15.2 %)

TABLE IV

SUGGESTIONS FOR IMPROVEMENT FROM THE 2012 SURVEY

PATIENT SUGGESTIONS FOR IMPROVEMENT IN CARE	NUMBER OF RESPONSES
Quality of food	2 (0.5 %)
Waiting area facilities	10 (2.8 %)
Perioperative waiting time	32 (8.8 %)
Stick note availability	4 (1.1 %)
Patient information leaflets	7 (1.9 %)

day surgery unit. We also identified that the perioperative information may lack clarity and that sick notes were not always available in a timely manner, which were factors not identified in the previous survey. Other comments put forward by the patients included “better fitting gowns”, “family to accompany into anaesthetic room”, “avoid booking mistakes” and “avoid long wait for old notes”.

The increased number of patient remarks in 2012 asking for no further improvements in the day surgery service delivery is suggestive of a high level of contentment among patients of the care received (Figure 1).

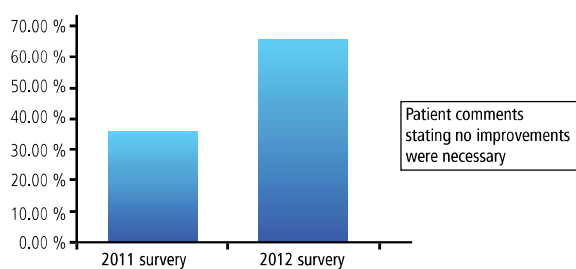


Fig. 1. No Improvements Necessary.

The 2012 survey showed a decrease in the number of positive comments regarding staff interactions, although both surveys were reassuring in that all the comments made about staff attitudes were very positive (Figure 2).

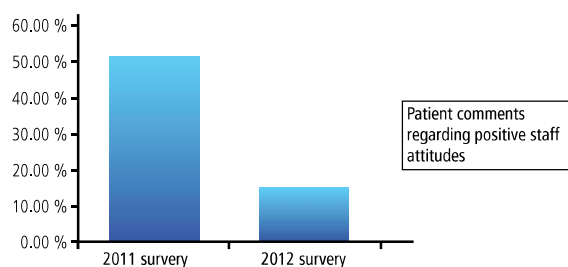


Fig. 2. Positive Staff Attitudes.

Discontent about the prolonged perioperative wait was the main issue noted in the 2012 survey (Figure 3). Out of the 32 patients concerned about waiting time overall, 26 patients commented on the prolonged preoperative waiting time, with a few suggestions for staggered arrivals.

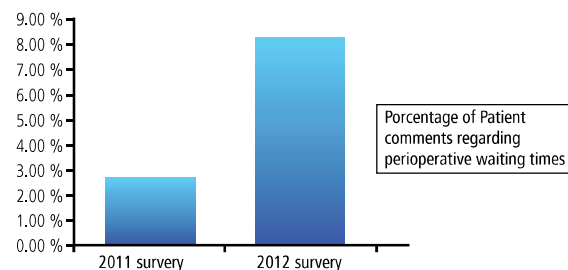


Fig. 3. Perioperative Waiting Times.

Comparisons of both the surveys were quite useful in identifying ongoing issues that need further improvement and their impact on patients’ satisfaction.

DISCUSSION

Quality improvement is now a driving force in healthcare and is an essential aspect of service delivery at all levels (8). It is achieved by the ongoing analysis of service delivery and continuous adaptations based on regular feedback of performance. Available evidence suggests that healthcare quality assessment becomes more authentic and legitimate if the patient perspective is integrated into the measurement tool (9).

Simple measures of “satisfaction” are now recognized as providing little specific information that can be used in quality improvement and there is a need for rigorous methods to elicit patients’ views (10,11). We felt that an experience-based, descriptive survey would provide more specific information. This survey was initially introduced to establish the patients’ subjective view of what they thought was important about their day surgery experience. Using an open question enabled this assessment. “The toast was dry”, “multiple flavoured yogurts”, background music in waiting areas”, “up-to-date reading materials in waiting areas” are all simple descriptive suggestions that highlighted the need for improvement in the quality of food and the waiting area facilities. The increased number of comments on the prolonged preoperative wait in the 2012 survey is indicative of the fact that we need to implement measures to make the waiting rooms comfortable and relaxing for the patients. Making the waiting experience more enjoyable, results in a higher customer satisfaction level (12).

Potential disadvantages of open questioning are that they are harder to interpret. Open questioning may identify personal opinions about the healthcare experience that are not always applicable to day case service provision as a whole. Patient narratives can be perceived as time-consuming to collect and not representative. One of the limitations of the survey has been the inability to understand the extent of a problem, due to the reduced response rate and representativeness of the sample. The cost effectiveness of implementing change is dependent on this. In order to highlight the patients’ subjective view, these results were analysed in isolation, that is, without assessment of other routine postoperative outcome measures (such as postoperative pain, postoperative nausea and vomiting scores).

This patient feedback survey was designed as an additional quality assurance tool and has enabled our unit to involve patients as far as practicable in making decisions about their own care. Measures have already been taken to implement changes based on the suggestions made by patients from the surveys conducted so far. By giving our patients the opportunity to express their thoughts we were able to identify specific concerns and areas for improvement. This questionnaire has now been incorporated into the Torbay Day Surgery department’s continuous quality improvement process.

CONCLUSION

This open-ended questionnaire survey confirmed that most of our patients have a very positive experience of ambulatory surgery, but more importantly, it helped to identify specific areas for improving patient care. Their use alongside objective postoperative outcome measures can provide a more complete healthcare quality assessment. It is worth emphasising that there is no “gold standard” measure of patient satisfaction (13). Positive remarks like “everything was perfect as always” and “perfect from start to finish” gives our day surgery unit the momentum to strive for further excellence.

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