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Anesthesia Patient Satisfaction: Part 1

*What Five Years of Analysis and 30,000
Surveys Reveals*



Anesthesia Patient Satisfaction: Part 1

Few healthcare experts would have expected the impact of the patient experience on the bottom line. Malpractice suits, increasing competition, and consumer influence on utilization forever changed the way we view healthcare.¹

A once presumed guaranteed patient base has evolved into a less loyal, more vocal, cost-driven population. Tapping into the new mindset is, for some, unexplored territory. What constitutes patient satisfaction? Is it the same for every specialty? How do you ensure you receive relevant, meaningful feedback that helps improve the quality of your care and services?

“... A patient satisfaction survey mandated by CMS for all hospitals and a portion of reimbursement dependent upon the scores? An Institute and an ‘Association’ addressing Patient Experience? Some 30 years ago no one would have predicted any of these.”

“Concern for the patient’s experience comes of age,”

**Irwin Press, PhD
Patient Experience
Journal (2014)**

Recently, Somnia Anesthesia (Somnia) conducted a retrospective analysis of nearly 30,000 anesthesia-specific patient satisfaction surveys. The analysis consisted of 18,312 surgical patient surveys and 11,480 obstetrics (OB) patient surveys from September 1, 2010, through December 31, 2015. In a two-part series, we will review what we learned through the five-year process and share key survey findings and results.

Through the study, Somnia discovered interesting (and sometimes surprising) correlations between patient survey results and the delivery of anesthesia care. We hope that by sharing what we have learned, you will receive invaluable insight into your own patient satisfaction tools and processes.

Defining Patient Satisfaction

In the mid to late 1980s, hospitals and healthcare organizations explored ways to monitor patient satisfaction. Pioneers like Irwin Press, PhD, a medical anthropologist, and Rod Ganey, PhD, a sociologist and statistician, developed science-based patient survey tools.² Other survey organizations soon followed.

Despite three decades of surveys, the question remains as to how relevant or meaningful patient satisfaction surveys are. A good place to start may be with the concept of patient “satisfaction” itself.

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Patient satisfaction, as defined in the British Journal of Anaesthesia, is “the degree of congruence between expectation and accomplishment.”⁴⁵⁶ Merriam-Webster’s general definition of satisfaction is “a happy or pleased feeling because of something that you did or something that happened to you.”⁶ What does that translate to in an acute care setting?

For most patients, hospital stays are a necessary experience. Other than the birth of a child, few patients would define their hospital confinement as a happy or pleasant feeling. Rather than a subjective “happiness” or “pleasure” evaluation, the IHI Triple Aim initiative introduced the experience of care measurement.



Experience of care, measures the frequency of service delivery standards. For example, did the service occur? How often did it occur?

Health reform’s Patient Protection and Affordable Care Act (PPACA) and HCAHPS both adopted IHI’s measurement. In its Value-Based Purchasing program, CMS places a high value on the patient experience of care (25-30 percent domain weighting, depending on fiscal year).

The Industry’s Response

In addition to the hospital survey, CAHPS expanded to other care areas. Soon specialty groups campaigned for customized patient surveys related to the specialty’s particular services.

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS)

- CAHPS Hospital Survey
- CAHPS Clinician & Group Surveys
- CAHPS Surgical Care Survey
- CAHPS Home Health Care Survey
- CAHPS In-Center Hemodialysis Survey
- CAHPS Nursing Home Surveys
- ECHO® Survey (the CAHPS survey for behavioral health services)

Additional surveys include CAHPS Health Plan Surveys, CAHPS Dental Plan Survey, and CAHPS American Indian Survey

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In 2007, the American College of Surgeons (ACS) collaborated with surgical and anesthesia societies and the AHRQ CAHPS team. Their goal was the creation of a new survey for measuring a patient's surgical experience.

ACS petitioned the CAHPS Consortium to adopt the survey as a CAHPS instrument. The survey was approved as an official CAHPS product in early 2010.⁸ In June 2012, the National Quality Strategy (NQS) endorsed the CAHPS Surgical Care survey (SCAHPS).⁹

Unlike HCAHPS, the SCAHPS survey remains voluntary and is not linked (yet) to physician reimbursement.

However, the American Society of Anesthesiologists (ASA) does not endorse the SCAHPS survey. The ASA Committee on Performance and Outcomes Measurement expressed “significant concerns” and “strongly objected to the anesthesia questions.”

ASA proposed its own national survey standards and questions, and recommended reporting to the Anesthesia Quality Institute (AQI). To date, there is no universally accepted anesthesia-specific survey.

So where does that leave anesthesia? For anesthesia performed in an acute setting, the current required patient satisfaction tool is the hospital survey. In an outpatient setting, it's the clinician group survey (CGCAHPS).

How do HCAHPS and CGCAHPS apply to an acute specialty service like anesthesia? They don't.

We found ourselves in the same place as most healthcare organizations.

- **Lacking relevant/meaningful data** – Existing survey tools delivered data too broad and nonspecific to the services to be relevant or meaningful.

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- **Relying on outdated data** – CAHPS retrospective results have hospitals relying on information that is already three to four months old.

One of Somnia's earliest observations was the urgent need for relevant and real-time results.

From 2007 through 2010, Somnia began refining its own anesthesia-specific patient satisfaction surveys and processes. Certain aspects have clear application across all patient care.

Key Elements for Successful Survey

Prior to the birth of the CAHPS surveys, Somnia dealt with patient satisfaction issues the same way most hospitals and healthcare organizations did. We developed our own internal tools and processes. Over the years, we learned some valuable lessons.

Somnia encountered the same challenges you have probably faced. How do you ensure your patient satisfaction tools and processes have the right elements for success – validation, relevance, and meaningful results?



VALIDATION

Psychometric testing with established validation process

Most internally developed surveys lack validation. Anesthesia is no exception. Even surveys reported as having gone through a validation process have been questioned.

Researchers reviewed studies conducted over 20 years that evaluated tools used to measure patient satisfaction with anesthesia services. The most significant finding was the majority of anesthesia-related studies did not use validated tools for measuring patient satisfaction.¹¹

Somnia began revising our process by collecting feedback from national patient groups and anesthesia clinicians. The purpose was to develop a national standard survey for hospital-based practices, which included psychometric testing processes for validation.

PSYCHOMETRIC DEVELOPMENT PROCESS

- Gathering of opinions, relevant data, and literature research
- Testing of pilot questionnaire
- Retesting of pilot questionnaire
- Validity testing
- Reliability testing
- Acceptability measurement such as time to complete and response rate

Source: *Patient-Satisfaction Measures in Anesthesia*, Barnett, S., et al, *Anesthesiology*, v 119, No 2, August 2013

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RELEVANCE

Information closely connected and appropriate to subject

With CAHPS surveys being used across multiple specialties, it is not surprising that not all data will be relevant to each service. Somnia's sole focus on anesthesia services affords us a unique perspective on what is relevant data for improving anesthesia services.

Think of anesthesia's role as the book ends in the surgical patient experience. From the pre-operative greeting to pain management post-operatively, anesthesia is present throughout the patient's experience. (Hopefully, patients do not remember the intra-operative portion of their experience.)

Based on the patient and clinician feedback, we identified five priority areas for a positive surgical patient experience.

1. Treated well
2. Informed
3. Comfortable
4. Good outcomes
5. Timely/responsive care



MEANINGFUL

Provides important and useful information or purpose

A huge challenge in identifying meaningful data is the sheer volume. CMS reported more than 30,000 patients per day are surveyed about their hospital experience. Over 8,400 patients per day complete the HCAHPS survey.

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How do you sift through so much data to produce meaningful results? How do you develop tools and processes to capture this information and produce actionable steps for improving patient care and services?

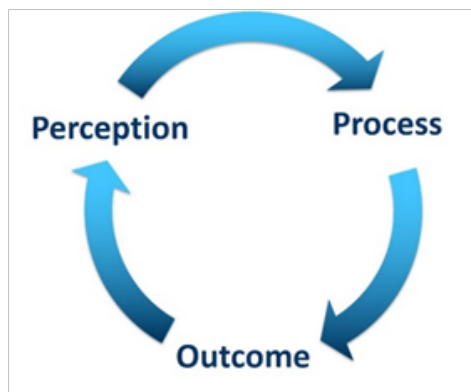
By narrowing our focus on anesthesia services, we feel we have been able to deliver real quality assessment and improvement for anesthesia services.

The best way to demonstrate how this works is by sharing our anesthesia survey design and actual results. We will discuss throughout the two-part series what has worked for Somnia and offer examples of the action taken.

Anesthesia Survey Design

Somnia views the anesthesia patient experience survey design like a flywheel. Three critical components supply the energy for continuous improvement in anesthesia services (as illustrated below).

Flywheel Design for Anesthesia Patient Experience



The **Process** drives the **Outcome**. The outcome influences the patient's **Perception**, which ultimately defines the experience. Somnia uses a brief survey with a basic five-point Likert scale¹³ [Very Satisfied (5) through Very Dissatisfied (1)].

Two Distinct Anesthesia Surveys

We developed two distinct surveys to address primary anesthesia service areas – surgery and obstetrics (OB). In 2010, Somnia contracted with a CMS-approved national survey vendor to conduct the surveys.

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Both surveys were vetted and approved by CMS HCAHPS administrators to ensure there was no conflict with HCAHPS (hospital) surveys.

The surgical patient satisfaction survey addresses three time periods for the patient.

1. Prior to the day of surgery
2. On the day of surgery
3. Following the patient's surgery

The surgical survey also asks patients for their overall satisfaction with their anesthesia care.

“Satisfaction surrounding the birth of a child is a complex and emotive subject; for this reason, a tool specifically assessing maternal satisfaction with the anesthesia care would be invaluable.”

***Patient-Satisfaction Measures
in Anesthesia,
Barnett, S., et al***

The OB patient satisfaction survey as a separate instrument is not yet promoted by the ASA or AQL. However, from the beginning, Somnia felt the value of the OB patient's feedback was too important to ignore.

Think about the significance of this unique patient population in your own facility. The mother's experience during the birth of her child(ren) often influences the family's future healthcare decisions. Somnia discovered a distinguishing correlation of the OB patient survey responses to overall satisfaction.

We will discuss specific results for both surveys in Part 2. However, one OB-related finding was a game-changer in patient satisfaction. Because OB is a critical service area for most hospitals, it is an excellent example of why a separate OB patient satisfaction survey is so important.

Anesthesia staff response time to request for epidural – Picture a first-time mom. She probably does not know what to expect when it comes to her own pain management. When she asks for an epidural for pain relief, her expectation is she will receive the epidural immediately. If she doesn't, what do you think her perception will be of the anesthesia team's response time? Less than satisfied?

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Somnia established a realistic response time of 30 minutes, based on a quality component connected to an epidural. Fluid balance and maternal-fetus status must be closely monitored and managed. Lacking proper management, there may be increased risk to the mom and her baby. Without a clear understanding, the mom's perception is that the anesthesia team was not as responsive to her pain as they should be.

The insight Somnia received from our OB patient satisfaction surveys was enlightening. We knew we needed to better manage the OB patient's expectations when it came to understanding her own pain management.

Good communication, setting expectations, and regular follow-up help improve the process, the outcome, and the OB (or surgical) patient's perception of anesthesia care.

Improving Patient Experience

Press Gainey co-founder¹⁴ Irwin Press, PhD, sums up the challenges related to improving the patient experience.

“Effective health care leaders embrace partnerships... Health care is becoming much more of a team sport right now.”

The Three Qualities of Effective Health Care Leaders in 2015
The Advisory Board Company

“...the keys to improving patients' experience of care are neither obvious or effortless. Hospitals and other providers have to work at it... Everyone – including physicians – must be accountable...”

Concern for the patient's experience comes of age
Patient Experience Journal, Volume 1, Issue 1 -April 2014, pp. 4-6

Part 2 of our series shares select findings and observations from five years of conducting 30,000 patient satisfaction surveys. We will identify the lessons learned and the subsequent action – perhaps the most significant being real-time access to results.

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About Somnia Anesthesia

Somnia Anesthesia optimizes anesthesia services for healthcare facilities throughout the country by combining clinical excellence with unparalleled management acumen. Owned and operated by anesthesiologists since 1996, Somnia provides a turnkey, solutions-based approach to anesthesia management. With an extensive in-house infrastructure and a single-minded focus on anesthesiology, Somnia builds and manages local anesthesia teams that consistently deliver the highest-quality patient care, enhance operating room performance, increase revenues, and achieve full surgeon and patient satisfaction. To find out how your hospital can benefit from Somnia's national anesthesia management expertise, contact 877.795.5788 or visit www.somniainc.com.

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