

Patient reported outcomes (PRO), as the name suggests, is a measurement of any aspect of a patient's health status that comes directly from the patient, without the interpretation of the patient's responses by a physician or anyone else (US FDA). PROs can be:

- symptoms (pain intensity or pain relief)
- functionality or disability
- health-related quality of life
- satisfaction

This issue deals with **patient satisfaction**.

"How patients experience treatment has important implications for treatment outcomes"

Wickizer T, Franklin G (AcademyHealth Meet. 2003)

"We found a relationship between patient perceptions of their physicians and reported health status declines"

Franks P, Fiscella K (Ann Fam Med. 2005 May)

Measuring Patient Satisfaction: we can't manage what we can't measure

Measuring patient satisfaction

Everyone welcomes a good word for a job well done. But beyond that, we need that feedback to improve patient care. Unfortunately, getting feedback is not as straightforward as asking "What do you think of our service?" In order to improve, one must first know what exactly needs improvement.

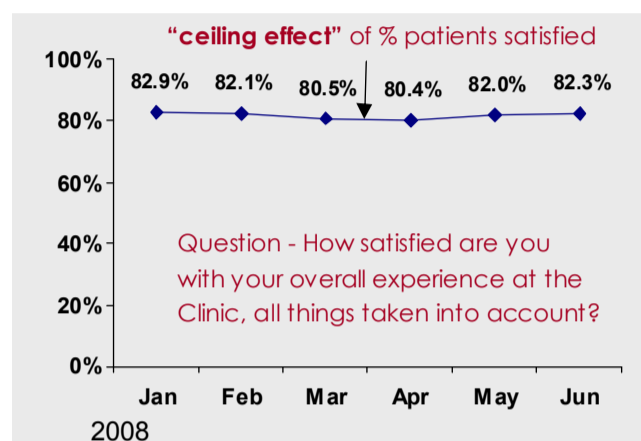
Traditional patient satisfaction survey instruments

Traditional surveys rely on patients' perceptions and subjective judgements regarding quality of care received. "How would you rate..." invariably elicits very high ratings after a few surveys and are hardly of any use thereafter. Once ratings hit high scores and plateaus ("**ceiling effect**") one might be tempted to conclude that everything is working perfectly and there is nothing more to do. On the other hand, the more cautious manager will know that there is always room for improvement and that the survey is no longer sensitive enough to detect problem areas.

Need actionable results

A valid, objective, actionable and reliable tool for assessing patients' satisfaction asks the question: "On today's visit, did the doctor tell you..." It has the advantage of being focused and having a clear frame of reference.

Patient Satisfaction Survey in NHG Polyclinics, Jan-Jun 2008 – Current Patient Satisfaction instrument



The choice of instrument for a patient satisfaction survey spells the difference between useful results and findings which are simply not actionable.

CAHPS® (Consumer Assessment of Healthcare Providers and Systems) Survey

The **CAHPS®** Survey is an internationally validated tool developed by a consortium of respected public and private organizations spearheaded by the Agency for Healthcare Research and Quality (AHRQ), USA. Used in the US, the Netherlands, Germany, Belgium, Japan, South Korea, the questions focus on actual experiences encountered along the care process, and are anchored on a specific episode of contact with the healthcare professional.

	The difference in questions asked in the 2 tools: perception-based vs objective experience	
	Standard patient satisfaction survey	CAHPS® survey
Patient empowerment	<ul style="list-style-type: none"> ▪ How would you rate staff's effort to include you in decisions about your treatment? 	<ul style="list-style-type: none"> ▪ On today's visit, did the doctor tell you there was more than one choice for your medication? ▪ On today's visit, did this doctor help you decide on choosing the type of medicine? ▪ On today's visit, when there was more than one choice for your medication, did this doctor ask
Doctor's ability to convey information	<ul style="list-style-type: none"> ▪ How would you rate the doctor's ability to provide information? ▪ How would you rate the explanation provided by the doctor on your diagnosis and management 	<ul style="list-style-type: none"> ▪ Did the doctor explain things in a way that was easy to understand? ▪ Did the doctor give you easy to understand instructions about taking care of these health problems or concerns?

Pilot CAHPS® surveys in NHG

A pilot CAHPS® survey in Yishun Polyclinic, Jan 2008 showed:

- Two out of three patients felt that 10 minutes is the ideal time to spend with each health professional. Three out of four felt that the doctor they saw spent enough time with them.
- Although patients with chronic conditions have the chance to make appointments for follow-ups, only half of them actually did so.
- Half of the respondents said that they will still come to consult for a non-urgent illness even if the waiting time is going to be long.
- Over half the patients were willing to pay more than \$10 for a guaranteed appointment, and 13% were willing to pay more than \$20 for same.

Dr Jason Cheah, CEO NHG Polyclinics said: "The CAHPS® instrument has brought out areas in the care of our patients where we have done well and other areas that has helped us plan policies."

The Emergency Department, Tan Tock Seng Hospital was one of the first institutions in NHG to use CAHPS®.

A/Prof Eillyne Seow, the Head of ED: "Looking at how the patients perceive the quality of our service is essential for improving patient care and safety. This survey (tool) allows an objective way of measuring and addressing the gaps that have enabled us to make the improvements in our department."



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