What Do Patients Want That They're Not Getting — A Study of Patients from the United States, Canada & Australia

Aimee Williams, Research Assistant ▪ Research & Development ▪ Press Ganey Associates, Inc., South Bend, IN

RESEARCH OBJECTIVE

To determine if patients in the United States, Canada and Australia identify similar opportunities for improvement within inpatient care settings.

STUDY DESIGN

Survey Design

- Analysis included data from surveys of satisfaction with inpatient care returned during 2002.
- A total of 2,075,908 surveys were analyzed (2,060,379 United States, 1,207 Canada, 14,322 Australia).
- Three versions of a base survey were used in which patients rated various aspects of care from 1 (Very Poor) to 5 (Very Good). Each was tailored to the unique healthcare environment of the patients in the country being surveyed.
- Survey versions varied in length (United States–49 questions; Canada–38 questions; Australia–58 questions).
- 22 questions, indexing nine domains, were common to all three surveys. Only this common subset was used for data analysis.

Data Analysis

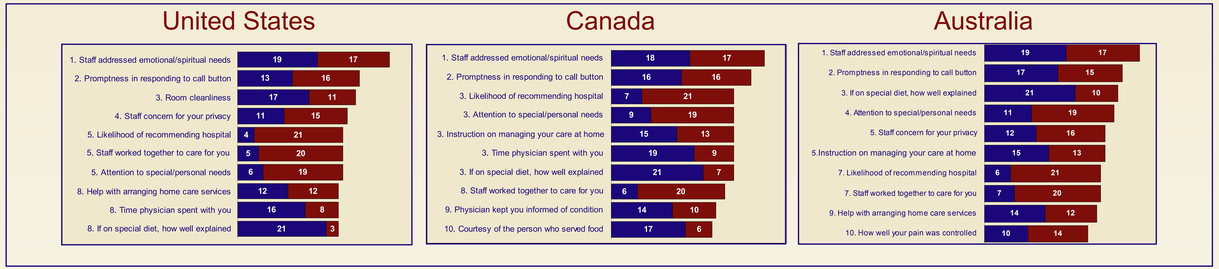
- Responses were linearly converted from Likert-type 1 to 5 scale to a 0 to 100 scale for ease of interpretation.
- For each country, opportunities for improvement were identified by calculating a Priority Index (see below).

Priority Index

- A Priority Index is a method of combining information about performance and importance of a particular concept. In the current study, performance is operationalized as the relative mean score for the survey item. Importance is operationalized through the item's correlation to the survey question "Overall rating of care given at this hospital"
- A Priority Index serves to highlight items that are both low in mean score and also highly correlated with the item "Overall rating of care given at hospital."
- Items are first rank ordered by mean score with a rank of 1 given to the item with the highest mean score and a rank of 21 given to the lowest scoring item.
- Items are then rank ordered by correlation to the variable "Overall rating of care given at this hospital" with a rank of 1 given to the item with the lowest correlation and a rank of 21 given to the most highly correlated item
- The two ranks are added together to create the Priority Index. Finally, items are rank ordered with a rank of one given to the highest Priority Index total and a rank of 21 given to the lowest Priority Index total.
- Items at the top of the Priority Index are areas with the largest opportunity for improvement - items which are both low scoring and highly correlated with "Overall rating of care given at this hospital"

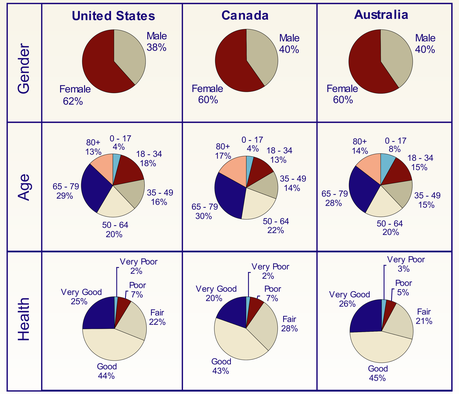
FINDINGS

Comparison of Priority Indices



Demographics

In looking at graphs of the patient populations studied (below) we note that they are generally comparable in distributions of sex, age and health status



Commonly Asked Questions

Question	United States n	Mean	SD	Canada n	Mean	SD	Australia n	Mean	SD
Speed of admission process	1,938,977	80.9	23.3	1,159	80.3	23.1	12,843	82.0	23.8
Courtesy of the person who admitted you	1,902,051	88.0	17.2	1,153	86.7	17.1	12,494	89.0	16.4
Room cleanliness	1,995,099	81.1	20.8	1,185	81.0	19.9	14,080	86.7	17.3
Courtesy of the person who cleaned your room	1,854,707	84.4	18.8	1,109	84.2	17.8	13,414	88.3	15.9
If you were placed on a special/restricted diet, how well was it explained	1,142,180	72.6	26.4	611	69.2	26.9	4,589	77.2	25.6
Temperature of the food (cold foods cold, hot foods hot)	1,889,018	75.6	22.0	1,087	70.4	24.8	13,769	79.5	21.4
Courtesy of the person who served your food	1,880,896	83.3	18.6	1,094	79.5	20.9	13,914	86.8	17.4
Friendliness/courtesy of the nurses	1,998,698	89.8	17.5	1,184	88.7	16.7	14,088	91.7	15.2
Promptness in responding to the call button									
Amount of attention paid to your special or personal needs	1,931,964	83.4	22.8	1,079	79.6	22.2	13,201	81.9	21.7
	1,954,639	84.9	21.8	1,128	81.7	22.2	13,617	86.0	19.7
Skill of the person who took your blood (e.g., did it quickly, with minimal pain)	1,864,262	83.3	21.1	1,116	84.7	19.1	8,958	88.4	17.6
Time physician spent with you	1,950,896	82.0	21.7	1,154	73.4	25.2	13,531	81.9	21.4
How well physician kept you informed	1,933,063	84.8	21.4	1,140	80.1	24.1	13,449	84.4	21.0
Friendliness/courtesy of physician	1,945,070	88.9	17.8	1,144	85.1	20.7	13,640	90.7	16.5
Instructions given about how to care for yourself at home	1,888,829	84.4	21.0	1,043	80.1	23.0	12,622	82.1	22.9
Help with arranging home care services (if needed)	886,929	83.4	23.6	509	81.2	23.6	4,933	83.3	24.0
Staff concern for your privacy	1,861,297	84.1	18.9	1,100	81.3	20.8	12,619	85.0	18.2
How well your pain was controlled	1,782,602	84.8	20.1	1,034	83.8	20.0	12,417	86.3	18.4
Degree to which hospital staff addressed your emotional/spiritual needs	1,635,492	80.7	22.5	953	79.3	22.9	9,919	80.8	22.0
How well staff worked together to care for you	1,973,742	86.8	19.1	1,173	84.2	18.5	13,603	86.9	18.3
Likelihood of your recommending this hospital to others	1,966,338	86.8	21.6	1,144	84.2	21.7	13,675	88.0	20.6
Overall rating of care given at hospital	1,971,324	87.2	19.3	1,172	85.2	19.1	13,873	88.8	18.1

PRINCIPAL FINDINGS

- "Degree to which hospital staff addressed your emotional/spiritual needs" is the number one item on the Priority Index in all three countries.
- Two other items, "Promptness in responding to the call button" and "Amount of attention paid to your special or personal needs", were also in the top five for United States, Canada and Australia.
- Six of the top ten Priority items were the same for all three countries.

LIMITATIONS

- Survey versions were not perfectly consistent across the three countries. There were many questions that were common to two of the three surveys, but also a few items that were unique to one of the surveys (7 items unique to the US survey, 9 unique to Canada and 17 unique to Australia).
- The facilities included in the study do not perfectly represent the total profile of types of hospitals within each country. Specifically, the United States sample underrepresents the opinions of patients who received care in for-profit hospitals and patients who received care in small hospitals (<100 beds). The Canadian sample of participating facilities was designed to be representative of the Ontario province, but may not fully represent the perceptions of patients in Canada as a whole. The Australian sample best represents the opinions of patients who received care in private hospitals rather than public hospitals.

CONCLUSIONS

- Across the three countries studied, with very different healthcare infrastructures, patient responses identify similar top priorities for quality improvement related to aspects of interpersonal care.
- Interestingly, the three shared top priorities are related to the amount of compassion or empathy shown by care providers and are not of a clinical nature.

RELEVANCE

- Evidence that interpersonal aspects of care are of a global concern in the healthcare industry.
- Perhaps the reason hospitals around the globe have such a difficult time addressing these needs is because they cannot be quantified in the same way as technical aspects of care.
- Presents an opportunity for global cooperation in an effort to solve service issues of an empathetic nature at the local level.

PRESS GANEY SATISFACTION MEASUREMENT

Press Ganey Associates, Inc. is the health care industry's largest independent vendor of patient satisfaction measurement and improvement services. The firm specializes in producing tested and reliable satisfaction surveys, comprehensive management reports, and national comparative databases to monitor customer satisfaction in health care delivery systems. Reporting instruments are available for more than 20 health care services. The firm's Consulting Services Division assists in developing actionable plans for performance and satisfaction improvement. Press Ganey Associates — founded in 1985 and headquartered in South Bend, Indiana — serves approximately 6,000 health care facilities and processes more than seven million completed customer surveys annually.