Surgical Patient Experience of Care Survey Design Project

Elizabeth W. Hoy, MHA
Assistant Director, Regulatory Affairs and Quality Improvement Programs
American College of Surgeons

Overview

- Why do we need a Surgical Patient Experience of Care survey?
- Survey Design Process
- Key Elements of the Survey
- Next Steps

Why Surgical CAHPS?

- CG-CAHPS survey geared to primary & chronic care
  - Always-Never response option problematic
  - 12-month reference period problematic
- Missing key domains of surgical episode
  - Informed consent
  - Shared decision making
  - Post-operative follow-up
  - Anesthesia care

Survey Development Process

- SQA Member Funding & TAP
  - 11 Surgical Societies
  - 1 Surgical Board
- Contracted with AIR and Westat
- Followed CAHPS Development Protocol
  - Literature Review
  - Focus Groups
  - Question/Item development
  - Cognitive Testing
  - Field Testing
  - Final Survey

Roger Levine, PhD
Andrea Burling, PhD
American Institutes for Research

Literature Review Results

Focus Group Results

Critical Incident Analysis Findings

Cognitive Testing Results

Literature Review

- Literature Review
  - 930 abstracts
  - 38 relevant articles
  - 18 different instruments identified
  - 14 domains of care identified
- Item characteristics
  - Types of scales (frequency, quality, rating, importance)
  - Administration issues

Literature Review Domains of Care

Domain of satisfaction	Description	Number of articles
Information/education	Communication, clear explanations, answering questions, providing information	15+
Interpersonal manner	Trust, courtesy, privacy, bedside manner, rapport, demeanor, kindness, professionalism, friendliness, respect	
Pain	Severity, quality of management, physical comfort	
Emotional support	Assurance, encouragement, reducing anxiety (including informing family)	10-14
Accessibility/convenience	Wait times, ease of reaching provider, wait list	
Technical quality of care	Competence, training, knowledge/skills, experience, certification, confidence in care	
Efficacy/outcomes of care	Functional test, objective outcome criteria	5-9
Availability	Provider and facility resources, food supply, attention, time spent with physician	
Environment	Cleanliness, welcoming atmosphere (including socioculturally)	
Customization/personalized care	Respect for preferences, listened to, patient advocacy, not rushed	
Patient involvement in care	Options explained, participation in decisionmaking	
Continuity of care	Coordination of care, organizational aspects of care	
Overall satisfaction	General satisfaction	0-4
Finances	Payment	

Focus Groups

- Focus groups (6)
  - 3 in Palo Alto, CA; 3 in D.C.
  - 49 surgical patients
    - Heterogeneous with respect to age, gender, type of surgery, number of surgeries, education, race/ethnicity

Focus Group Topics

- Topics discussed
  - Pre-Surgical Visits
  - Admissions Process and Pre-Surgery Interactions
  - Anesthesiology
  - Surgery and In-Hospital Recovery
  - Post-Surgery Visits
  - Characteristics of Good and Bad Surgeons

Focus Group Results

- Three domains of care were cited in all focus groups as drivers of positive or negative experiences
  - Surgeon's interpersonal skills and behaviors
  - Surgeon's expertise/technical competence
  - Surgeon's skill in communicating or providing health information and patient education

Critical Incident Analysis

- Critical Incident study was conducted to help inform development of CG-CAHPS
  - Interviews conducted with 168 patients and 39 providers
  - Collected 2,997 critical incidents
  - 294 of these incidents were either patient reports of office visits to a surgeon or were surgeon reports about an office visit

Critical Incident Results

	Surgeon Incidents	%	Other Provider Incidents	%	Prob.
Clinical skills	**121**	**41.2%**	**881**	**32.6%**	**< .001**
Provides good follow-up care	26	**8.8%**	114	**4.2%**	< .001
Gives thorough routine examination	0	**0.0%**	103	**3.8%**	< .001
Allows patient to participate in decisions about care	10	**3.4%**	22	**0.8%**	< .001
Rapport	**55**	**18.7%**	**765**	**28.3%**	**< .001**
Treats patient with courtesy and respect	12	**4.1%**	213	**7.9%**	0.026
Office practices, office, and ancillary staff	**16**	**5.4%**	**223**	**8.3%**	
Care from ancillary staff including nurses, technicians, therapists, etc.	2	**0.7%**	99	**3.7%**	0.012

Critical Incident Results

- In general, the critical incident taxonomic domains measured in CG-CAHPS are appropriate for a surgical patient experience of care survey.
- The following domains were particularly important to assess
  - Follow-up care
  - Involvement of patient in decision-making
  - Clinical skills (to the extent that the patient is a knowledgeable informant)

Critical Incident Results

- The following were less likely to characterize visits to a surgeon's office and are therefore important to measure
  - Rapport issues
  - Treating patients with courtesy and respect
  - Care from ancillary staff (including nurses, technicians, therapists, etc.)

Cognitive Testing

- Two rounds of cognitive testing were conducted
  - Round 1: 11 English language; 6 Spanish language
  - Round 2: 9 English, 4 Spanish
  - Washington, D.C., Raleigh, N.C., Palo Alto, CA
  - Heterogeneous groups
    - Had a scheduled surgery w/in the past 12 months

Cognitive Testing Procedures

- Two hour sessions
- Protocol prepared, with item goals specified for each item
  - Think-alouds
  - Scripted and unscripted probes
- Results summarized by item, for each respondent

Cognitive Testing Results

- General Issues
  - Certain section headings were causing confusion
    - "Your Pre-Operative Care From This Surgeon" changed to "Before Your Surgery"
    - Allowed elimination of introductory sentences before each section
  - Difficulties distinguishing "other (i.e., health care) staff" from "clerks and receptionists"
    - In one case, there was only a nurse; in another, only a receptionist.

Cognitive Testing Results

- General Issues
  - Behavioral frequency response scale (Never – Always) created problems for many items
    - Particularly true when there was only a single visit
    - Definitely yes/Somewhat yes/Somewhat no/ Definitely no scale used
    - Issue tested in a field test experiment
      - Yes/no vs. No/yes order also tested in a field test experiment

Cognitive Testing Results

- Numerous item revisions were made
  - Scales changed
  - Wording changes
  - Order of sections and items changed

Cognitive testing results

Item	Problem	Recommendation
8. During your office visits before your surgery, did this surgeon talk to you to find out about important things in your medical history? **8. Durante las consultas previas a su cirugía, ¿hablo con usted este cirujano para enterarse de información importante sobre sus antecedentes médicos?**	A "No" response is not necessarily a sign of poor practice. In the first round, out of 4 "No's," one respondent had been with the surgeon for 17 previous hospitalizations. In the second round, 2 of the 3 "No's" were because the surgeon knew the patient's history. "Antecedentes medicos" is the 'standard' CAHPS translation for medical history. This was an issue for a respondent, who preferred "historica medicos."	Legitimate reasons for 'no' responses seem to be nearly as prevalent as other reasons. Either consider deleting or add an item asking how many surgeries this doctor has performed on the patient (to allow this issue to be addressed analytically). "Historica medicos" should be seriously considered as a replacement.

Cognitive Testing Results

Item	Problem	Recommendation
54. In general, how would you rate your overall health?	In Round 1, at least 7 respondents were comparing themselves to their past (pre-surgery) selves. In Round 2, at least 4 respondents were doing the same thing. This is very rare in other CAHPS surveys.	This may create problems in the use of this item as a case-mix adjuster.

Current Status of Project

- Completed field test analysis in mid-November
- Reporting composites
  - Pre-surgical Communication
  - Peri-operative Care
  - Post-surgical Follow-up
  - Office staff
- QI domains
  - Anesthesia Care
  - Shared Decision-making

Reporting Composites

- Pre-surgical Communication
  - Surgeon/staff give enough information
  - Surgeon/staff give easy-to-understand instructions
  - Surgeon listens carefully to you
  - Surgeon encourages you to ask questions
- Peri-operative care
  - Surgeon visits you before surgery
  - Visit makes you more calm and relaxed
  - Surgeon visits and discusses outcome of surgery before leaving the facility

Reporting Composites

- Post-surgical follow-up
  - Surgeon/staff explains what to expect during recovery
  - Surgeon/staff warns of symptoms requiring immediate medical attention
  - Surgeon/staff gave easy-to-understand instructions about what to do during recovery
  - Surgeon makes sure you are physically comfortable
  - Surgeon spends enough time with you
  - Surgeon treats you with courtesy and respect

Reporting Composites

- Office staff
  - Staff is as helpful as you thought they should be
  - Staff treats you with courtesy and respect

Quality Improvement Items

- Shared decision-making
  - Surgeon tells you there is more than one way to treat your condition
  - Surgeon asks which way you prefer to treat condition
  - Surgeon talks about the risks and benefits of treatment decisions

Quality Improvement Items

- Using diagrams
  - Surgeon/staff used diagrams, models, videos to help explain surgery
  - Diagrams, models, videos helped you understand
- Anesthesia care
  - Anesthesiologist encouraged you to ask questions
  - Anesthesiologist answered questions clearly
  - Anesthesiologist made you feel more calm

Next Steps

- Preparing submission to AHRQ for official CAHPS trademark
- Requires extensive documentation for review by CAHPS Consortium
  - Yale/Harvard
  - RAND
- Expected to take 3+ months
- Some specialty development of supplemental items over time

Potential Users of Survey

- Specialty societies
  - American Academy of Ophthalmology
  - American Academy of Orthopaedic Surgeons
  - American Academy of Otolaryngology-Head & Neck Surgery
  - American College of Osteopathic Surgeons
  - American College of Surgeons
  - American Society of Anesthesiologists
  - American Society of Colon & Rectal Surgery
  - American Society of Plastic Surgeons
  - American Urological Association
  - Society for Vascular Surgery
  - Society of Thoracic Surgeons

Potential Users

- **Surgical Boards**
  - American Board of Orthopaedic Surgery
  - American Board of Surgery
  - American Board of Thoracic Surgery
  - American Board of Ophthalmology
  - American Board of Urology
- **Health Plans**
  - United Healthcare
  - Wellpoint/Anthem

Contact Information

Elizabeth Hoy, MHA

Assistant Director,
Regulatory Affairs & Quality Improvement

ehoy@facs.org

(202) 672-1508

Roger Levine, Ph.D.

American Institutes for Research

rlevine@air.org

(650) 843-8160