



**STUDY THE USE OF PATIENT SATISFACTION SURVEYS TO
IMPROVE SERVICE QUALITY IN THE NATIONAL CANCER
INSTITUTE-AN INTERVENTION STUDY**

Thesis

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ABSTRACT

Patient satisfaction survey (PSS) could measure the quality of care and prepare advocacy material as policy brief that guide decisions for quality improvement. In cancer institute,conduction of PSS and using its findings is challenging due to the wide spectrum of cancer epidemiology and management strategies. The **objectives** of the study were to identify cancer patients' impression and attitude towards hospital services, highlight the items of quality of care that need intervention by surgery departments presented to policymakers as **policy-brief**, and measure the impact of interventions conducted by surgery staff on patient's satisfaction. **Methods:**The study was an **operations research**, pretest-posttest separate sample (n=250 for pretest and n=150 for posttest) intervention study conducted in the National Cancer Institute-Surgery inpatient units (6 units). Structured interview was done, using pre-tested questionnaire form, at time of discharge of inpatients from the hospital. The pre-intervention PSS findings had been analyzed and presented as policy brief to the Surgery Department Staff members'Board. Interventions conducted by the surgery department according to evidence-based information from PSS-Policy Brief delineated significant improvement in patient satisfaction from quality of care at a level of 76% for post-intervention group (Post IG) versus 62% among pre-intervention group (Pre-IG) ($p<0.005$, OR=1.9, CI= 1.2-3.05). There was significant enhancement for ten categories (35 items)of quality of hospital care. Of those quality categories: physicians' performance increased from 77% to 85% ($p<0.001$. OR= 2.2 CI= 1.5-3.02) and nurses' performance increased from 83% to 91% ($p=0.001$. OR= 3.1 CI= 2.1- 4.4).There was significant reduction in average hospital stay to be ≤ 10 days for 56% of (Post IG) versus 35% among (Pre-IG) ($p<0.001$). Self-satisfaction from health condition at discharge was reported by 73% of the Post-IG versus 61% of thePre-IG ($p=0.01$, OR=1.4 CI= 1.06 – 1.9). The study concluded that PSS used for preparing policy-brief that highlights problems for interventions;and advocate for quality improvement, inspired policy makers to make multidisciplinary interventions for improving quality of health care.

Key Words: National Cancer Institute, Patient Satisfaction, Quality of Care, Operations Research, Hospital Stay, Time management in Surgery Departments, Multidisciplinary Quality of care, Advocacy to improve quality, Policy Brief.

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LIST OF ABBREVIATIONS

ACA	: Affordable Care Act
ACS-CoC	: American College of Surgeons Commission on Cancer
AHRQ	: Agency for Healthcare Research and Quality
AOPSS	: Ambulatory Oncology Patient Satisfaction Survey
ASCO	: American Society of Clinical Oncology
ASR	: Age Standardized Rate
CASC	: Comprehensive Assessment of Satisfaction with Care
CCO	: Cancer Care Ontario
COIN	: Clinical Oncology Information Network
CPGs	: Clinical Practice Guidelines
DCIS	: Ductal Carcinoma in Situ
EHRs	: Electronic Health Records
EORTC	: European Organization for the Research and Treatment of Cancer
EORTC QLQ-SAT32	: European Organization for the Research and Treatment of Cancer, Cancer In-patient Satisfaction Questionnaire
GPs	: General Practitioners
IOM	: The Institute of Medicine
KOK	: Konferenze Onkologischer Kranken- und Kinderkrankenpflege(Conference of Nurses in Oncology)
NCCN	: National Comprehensive Cancer Network
NCI	: National Cancer Institute
NI	: Nutrition Intervention
NRH	: Norwegian Radium Hospital
OPPQNCS-SF	: The Oncology Patients' Perceptions of the Quality of Nursing Care Scale-Short Form

OSP	: Oncology Surgical Patients
PASQOC	: Patient Satisfaction and Quality in Oncological Care
PB	: Policy Brief
PF	: Problem Frequency
PMH-PSQ-MD	: The Princess Margaret Hospital Satisfaction with Doctor Questionnaire
Post IG	: Post-intervention Group
Pre-IG	: Pre-intervention Group
PS-CaTE	: Canadian Patient Satisfaction with Cancer Treatment Education
PSQ-III	: Patient Satisfaction Questionnaire
PSQ-MD	: Patient Satisfaction with Doctor
PSS	: Patient Satisfaction Survey
QoL	: Quality of Life
RCTs	: Randomized Controlled Trials
RIAS	: Roter Interaction Analysis System
SEER	: The Surveillance, Epidemiology and End Results
SEQUS	: 26-item Patient Satisfaction Questionnaire
SLND	: Sentinel Lymph Node Dissection
SSTOPM	Surgical Standard Of Practice Manual
TME	: Total Mesorectal Excision
UC	: Usual Care
ASR	: Age Standardized Rate

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INTRODUCTION

Patient satisfaction is both a high priority and important measure of quality of hospital care. Several components of the quality of health care can be best assessed by patients' report on their experience; interpersonal aspect of medical care, hospital environment and hotel services (**MOHP, 2008**).

Patient satisfaction with quality of care is a dominant concept in quality assurance and quality improvement programs. Therefore having a grounded theory that explains how they perceive quality of care is important for health services evaluation and strategy planning for quality improvement. The importance of quality in the health care sector has been recognized relatively recently, but it has been accelerated over the past years through the development of quality assurance, quality improvement programs and patients' agendas. Quality was very popular in the marketing literature where the notion of «satisfying the customer» was a dominant model of quality of service improvement (**Raftopoulos, 2005**).

In recent years, awareness has risen of how patients perceive the quality of their healthcare. Consequently, measuring patient satisfaction has become an important tool to gain attention and value amongst the health care consumers as well as competitors. It has become increasingly important for health care professionals to

systematically measure patients' perceptions of and satisfaction with their care (*Williams et al., 1998; Kleeberg et al., 2008*).

Assessing the degrees of satisfaction in cancer patients is important to evaluate the outcome of therapy on the patient as a whole, his psychological status and overall quality of life (QoL) (*Feyer P et al., 2008*). The assessment of the patients' satisfaction also provides indications for improvement of care in a particular hospital (*Skarstein J et al., 2002*).

In order to improve the performance of the health systems, decision-makers need timely and accurate evidence-based information on different components of performance. One such component is the responsiveness of health systems to the population they serve, a term that refers to the quality of different aspects of the interactions between the population and the health system. These interactions can improve well-being, additional to improvements resulting from better health outcomes (*WHO, 2001*).

As physicians and hospitals experience growing pressure to increase the quality of their outcomes, enhance the safety of their patients and lower the cost of their care, analysts expect greater attention and scrutiny to be given to the accountability function of patient satisfaction scores, and to ways in which patient satisfaction measurement can be further integrated into an overall measure of clinical quality (*Guadagnino, 2003*).

Everyone facing the threat of cancer expects to receive care that is of high quality, well-coordinated, and delivered with compassion. Health care providers uniformly attempt to meet their patients' expectations and deliver such quality care; however, shortcomings of the system in which cancer care is delivered often impede their best efforts. Both patients and providers are often left frustrated and unable to achieve optimal care and outcomes. While many initiatives are underway that together promise to incrementally improve systems of care, a clear picture of what high-quality cancer care would look like is missing(**Rose et al., 2008**).

Among the recommendations made to address these deficiencies in quality is to have systems of care: use evidence-based guidelines, measure and monitor the quality of care, and ensure key elements of quality care for each individual with cancer (e.g., care planning, coordinated care, access to clinical trials, psychosocial support services, and compassionate care)(**Rose et al., 2008**).

Despite the different research studies conducted on patient satisfaction and quality of care, there is no perpetual model that could be applied at different health care setting. Such situation is allied to the multifactorial dynamics that influence patient satisfaction, as patient's background; diseases condition, level of service (primary, secondary, tertiary), the performance of the health workforce, and the policies and regulations executed at the