

A Simple Surgical Patient Satisfaction Survey Combining OAS-CAHPS, Press-Ganey, and S-CAHPS questions

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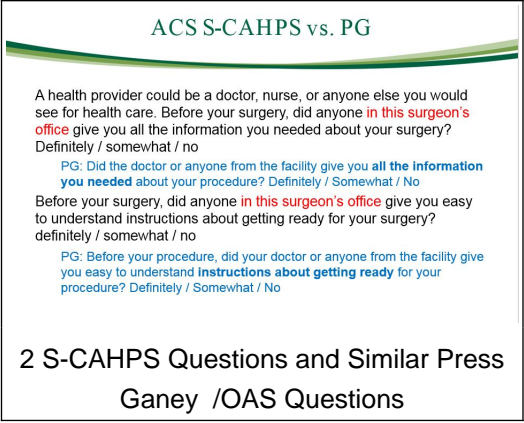
Introduction

The concept of patient-centered care has become an important part of value-based payment. Unfortunately, there are few measures of patient satisfaction relevant to surgical treatment, and surgeons have the sense that they can do little to impact the patient's answers to survey questions. The American College of Surgeons has championed a surgical satisfaction survey (S-CAHPS), part of its paradigm for advanced payment models. Implementation of an additional survey often requires significant resources. Our purpose was to determine whether a selection of questions from the current CMS outpatient ambulatory surgery (OAS-CAHPS) and Press-Ganey surveys could be used to simulate the S-CAHPS.

Methods

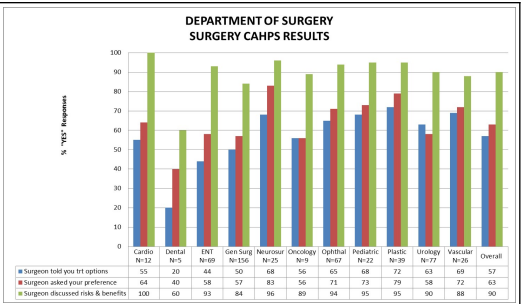
We integrated 3 S-CAHPS questions into our PG survey, and matched S-CAHPS questions to the existing OAS and PG questions. These added questions concerned offering alternatives to surgery, and discussing risks/benefits and treatment preferences. For the most part differences in question structure amounted to whether the question concerned "your doctor or anyone from the facility" in the OAS survey, or "anyone in this surgeon's office" in the ACS survey. A "surgical performance summary" was developed which eliminated questions regarding the facility and nonsurgical activities, and focused on preoperative communication (PG), postoperative communication on how the procedure went, and instructions specifically

Six months of data were collected across an academic Department of Surgery in 2017.

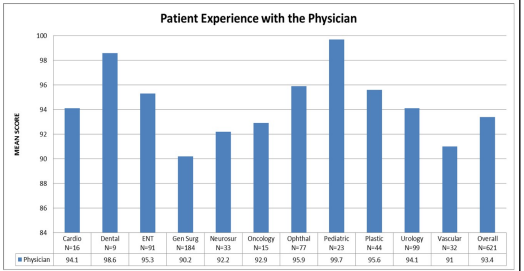


Results

Data spanning 11 surgical divisions, including neurosurgery, are presented. This subset of survey questions seems to adequately cover the areas of the ACS S-CAHPS survey, although the OAS and PG data is based on a Division rather than an individual. A significant variation in patient experience scores was found across this spectrum of activity, with clear room for improvement and shared learning across divisions. It was surprising to find significant variability in discussions of risks and benefits, and treatment options, and in sharing postoperative information regarding infection and bleeding. These deficiencies could be addressed with structured communication improvement plans.



Results of 3 added S-CAHPS questions, by Division



Press Ganey Pt Experience Across Divisions

Disadvantages of using this survey method include a lack of scientific validation, which is true for most surveys, and a significant lag time between the consenting process and completion of the survey. Other practical issues regarding the timing of postoperative patient interactions are also a concern, as is the discussion of "alternatives" if indeed there are none.

Information re subsequent pain	No 4 Yes, somewhat 39 Yes, definitely 332 Total 375	1.1 10.4 88.5	Top Box Scale rank	3.4 9.0 87.6	3.4 9.1 87.4	3.1 8.4 88.5	3.5 9.6 87.0
Information re subsequent bleeding	No 11 Yes, somewhat 25 Yes, definitely 86 Total 122	9.0 20.5 70.5	Top Box Scale rank	6.4 13.3 80.3	6.4 13.3 80.2	6.9 11.9 81.2	7.7 12.3 80.0
Info on response to infection	No 2 Yes, somewhat 11 Yes, definitely 24 Total 37	5.4 29.7 84.9	Top Box Scale rank	11.1 18.5 70.3	10.9 18.2 70.9	9.2 20.3 70.4	N<7 N<7 N<7

OAS CAHPS Questions Used - DC & Recovery

Overall Section Question	Specialty Total		All Respondents			
	Mean	n	Large PG DB N = 904	400+ Beds Teach N = 23	Academic N = 17	
Std Physician	93.4	621	94.3	29	94.7	18
Physician	93.4	621			94.7	8
Explanations prior to surgery	94.2	618	94.4	41	94.7	25
Information re what was done	91.4	596	92.5	29	92.3	34
Doctor response to questions	95.1	611	94.7	57	95.1	70
Doctor explain why proc important	93.2	597	92.7	53	94.0	22

Press Ganey Patient Experience Questions

Conclusions

This study demonstrates how the ACS S-CAHPS can be simulated from modified PG and OAS surveys without additional resources, and can offer an acceptable metric for patient satisfaction scores across a broad range of surgical service lines.

Learning Objectives

- » To understand the content of three current patient satisfaction surveys relevant to surgical practice
- » To understand the differences between S-CAHPS, AOS-CAHPS, and PG satisfaction surveys

References

Schmocker RK, Cherney Stafford LM, Siy AB, et al. Understanding the determinants of patient satisfaction with surgical care using the Consumer Assessment of Healthcare Providers and Systems surgical care survey (S-CAHPS). Surgery. 2015 Dec;158(6):1724-33.