



# Increased Meeting of Patient Expectations is Associated with the Interdisciplinary Approach Focused on Patient Family-Centered Care in a Peripheral Nerve/Brachial Plexus Clinic

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## Introduction

Meeting patient expectations in a neurosurgical clinic often relies upon the offering of surgical intervention. For patients who do not meet the indications for surgery, satisfaction is often low. However, the inclusion of multiple specialists focused on Patient Family Centered-Care (PFCC) principles is thought to improve the meeting of patient expectations. Since the University of Michigan (UM) Peripheral Nerve/Brachial Plexus Clinic comprises multiple surgical and medical specialists in a “one-stop shopping” approach via a single point of entry, we assessed the effectiveness of this model in the context of PFCC and patient expectations.

## Methods

Fifty-five patients sequentially recruited from the UM Peripheral Nerve/Brachial Plexus Clinic completed the modified Family-Centered Care Self-Assessment Tool1 and a clinic performance survey. Adherence to PFCC principles was graded from 0 to 3; a score of  $\geq 2.00$  was deemed satisfactory. Descriptive statistics and Student’s T-test were performed for sub-group analyses. The study was approved by the UM Institutional Review Board.

**Clinical Performance Survey: Although only 35% of patients were offered surgical intervention, 82% reported having their expectations met**

Parameter	N (%)
<b>Expectations Met</b>	
Yes	45 (82%)
No	3 (5%)
Did Not Respond	7 (13%)
<b>Specialties Involved</b>	
Neurosurgery	53 (96%)
Physical Medicine and Rehabilitation	32 (58%)
Electromyography	8 (15%)
Orthopedic Surgery	5 (9%)
<b>Surgery Offered</b>	
Yes	19 (35%)
No	29 (53%)
Did Not Respond	7 (13%)

## Results

Although only 35% of patients were offered surgical intervention, 82% reported having their expectations met. A significant interdisciplinary overlap of specialists in a single clinic visit existed among neurosurgeons, physiatrists, orthopedists, and occupational therapists. For the PFCC principles, 71% of the questions yielded satisfactory scores  $>2$ , including the “ability of clinicians to give a diagnosis” ( $2.53 \pm 0.66$ ). However, meeting the “linguistic and cultural needs” ( $1.39 \pm 1.13$ ) and “peer/community support” ( $1.22 \pm 0.94$ ) needed improvement.

## Results cont.

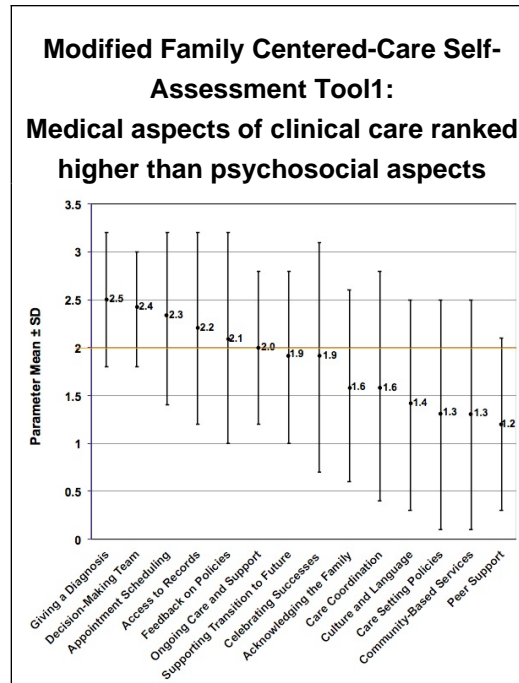
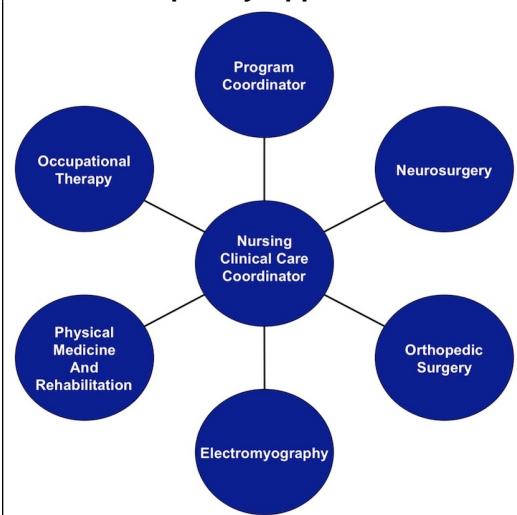
Potential racial and gender inequality existed: non-Whites (vs. Whites) and men (vs. women) rated all PFCC parameters lower.

**Demographic Factors Affecting Perceptions of Care\***

Significant Parameters within Sub-group	Mean <sub>1</sub> (Number)	Mean <sub>2</sub> (Number)	Difference
<b>Gender</b>	Men (29)	Women (26)	
Acknowledging the Family	1.3	2.0	0.7
Decision Making Team	2.1	2.6	0.5
<b>Ethnicity</b>	Non-White (8)	White (47)	
Appointment Scheduling	1.5	2.4	0.9
<b>Education Level</b>	< Bachelor's Degree (35)	$\geq$ Bachelor's Degree (20)	
Giving a Diagnosis	2.4	2.8	0.4
<b>Employment Status</b>	Employed (22)	Unemployed (14)	
Peer Support	0.8	1.7	0.9

\*All differences significant a  $p < 0.02$

## Interdisciplinary Approach Model



## Conclusions

Despite the low rate of surgery offered, the interdisciplinary approach emphasizing PFCC principles is an effective system that meets patient expectations and improves satisfaction. Because patient satisfaction is a factor for reimbursement rates from insurers, this model may be in the best interest of the patient and the physician.

## References

1. Institute for Patient Family Centered Care: A Self-Assessment Inventory. <http://www.ipfcc.org>
2. Shirley, E., & Sanders, J. Patient Satisfaction: