

# Key Drivers of Patient Satisfaction in a Lumbar Spine Surgery Setting

Jay M Levin BA; Robert Winkelman BS; Joseph E Tanenbaum BA; Thomas Mroz; Michael P. Steinmetz MD Cleveland Clinic, Department of Orthopaedic Surgery Cleveland Clinic, Department of Neurological Surgery Case Western Reserve University School of Medicine

#### Introduction

The Patient Experience of Care composed of nine dimensions derived from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey - is being used by the Centers for Medicare and Medicaid Services to adjust hospital reimbursement[1]. Currently, there are minimal data on how scores on the constituent HCAHPS items impact the global dimension of satisfaction, Overall Hospital Rating (OHR). The objective of our study was to determine the key drivers of overall patient satisfaction in the inpatient lumbar spine surgery setting.

## **Learning Objectives**

By the conclusion of this session, participants should be able to: 1) Identify which components of the patient experience of lumbar spine surgery is most strongly associated with high overall satisfaction 460 patients undergoing lumbar spine surgery were included, 79.8% of which selected a top-box OHR. Overall health and prior lumbar surgery status were patient characteristics significantly associated with a top-box OHR (Table 1, Table 2). The survey items that were associated with the greatest increased odds of selecting a top-box OHR included: staff always did everything they could to help with pain (OR 12.6, 95% CI 6.7 - 23.8), and nurses were always respectful (OR 11.7, 95% CI 5.7 - 23.8). These results as well as the remaining associations between individual survey items and overall satisfaction are displayed in Table 3.

#### Methods

Results

Demographic and preoperative patient characteristics were obtained. Patients selecting a top-box score for OHR (a 9 or 10 out of 10) were considered "satisfied". A baseline multivariable logistic regression model was then developed to analyze the association between patient characteristics and top-box OHR. Then multivariable logistic regression models adjusting for patient-level covariates were used to determine the association between individual components of the HCAHPS survey and a top-box OHR.

/ariables	Unsatisfied (n=92, 20.0%)	Satisfied (n=368, 79.8%)	P value
ge	62.94 +/- 12.17	63.92 +/- 11.13	0.447
ender			0.423
Male	49/92 (53.3%)	213/368 (57.9%)	
Female	43/92 (46.7%)	155/368	
lace			0.198
White	89/92 (96.7%)	339/364 (93.1%)	
Other	3/92 (3.3%)	25/364 (6.9%)	
Overall Health			0.039*
Excellent	2/85 (2.4%)	37/356 (10.4%)	
Very Good	28/86 (32.6%)	137/356 (38.5%)	
Good	38/86 (44.2%)	142/356 (39.9%)	
Fair	16/86 (18.6%)	38/356 (10.7%)	
Poor	1/86 (1.2%)	2/356 (0.6%)	
rior Surgery	42/92 (45.7%)	127/368 (34.5%)	0.047*
rimary Diagnosis			0.558
Stenosis	42/92 (45.7%)	155/368 (42.1%)	
DDD <sup>1</sup> or Spondylosis	21/92 (22.8%)	84/368 (22.8%)	
Spondylolisthesis	18/92 (19.6%)	60/368 (16.3%)	
HNP <sup>2</sup>	11/92 (12.0%)	66/368 (17.9%)	
Spondylolysis	0/92 (0.0%)	3/368 (0.8%)	
Comorbidities			
Cancer	24/80 (30.0%)	70/342 (20.5%)	0.065
Chronic renal failure	3/80 (3.8%)	4/342 (1.2%)	0.129
Diabetes	21/80 (26.3%)	73/342 (21.3%)	0.343
Coronary artery disease	10/80 (12.5%)	46/342 (13.5%)	0.822
Hypertension	44/80 (55.0%)	166/342 (48.5%)	0.298
Stroke	6/80 (7.5%)	14/342 (4.1%)	0.197
fedian BMI <sup>3</sup> (IQR <sup>4</sup> )	29.80 (26.11 - 34.00)	29.00 (25.93 - 32.85)	0 374
fedian Income (IQR)	\$54,904 (\$45,996 - 65,816)	\$53,899 (\$44,144 - 68,310)	0.761
Median Length of Hospital Stay	3.00 (2.00 - 4.00)	3.00 (2.00 - 4.00)	0.101
Median Survey Response Time IQR)	25.50 (17.00 - 37.00)	21.00 (16.00 - 35.00)	0.063
EO5D°	0.542 +/- 0.221	0.562 +/- 0.205	0.440
PHO9 <sup>6</sup>	7.80 +/- 5.87	7.12 +/- 5.76	0.440
D0 <sup>7</sup>	76.94 +/- 28.71	73.45 +/- 28.67	0.343
DDD: Degenerative disc disease INP: Herniated nucleus pulposus MI: Body mass index QR: Interquartile range 3:0-3D: EuroQol 5-Dimensions PDQ: Pain Disability Questionnaire PIQ-9: Patient Health Questionnaire 9 All p values < 0.05 were considered statisti	cally significant		

# Table 2 – Baseline multivariable logistic regression model predicting a top-box Overall Hospital Rating (OHR) Variable Odds Ratio (95% Confidence Interval) P value Overall health 1.59 (1.09 – 2.32) 0.016\* Thoir burber spine surgery 0.549 (0.322 – 0.934) 0.027\* Finor lumber spine surgery 0.549 (0.323 – 0.934) 0.027\* History of chronic renal failure 0.217 (0.038 – 1.245) 0.086 History of cancer 0.620 (0.340 – 1.123) 0.118 History of cancer 0.6220 (0.340 – 1.53) 0.118 Guryer sponse time 1.051 (0.023 – 1.050) 0.322 Survey response time 1.051 (0.023 – 1.198) 0.452 Cangth of hospital stu 0.997 (0.981 – 1.013) 0.710 Mental health 0.987 (0.708 – 1.375) 0.936

## Conclusions

Patient experience of care is increasingly being used to adjust hospital and physician reimbursement. The current study analyzed the key drivers of patient experience among patients undergoing lumbar spine surgery and discovered several important associations. Staff always doing everything they could to help with pain and nurses always being respectful were the strongest predictors of overall satisfaction in this population. These findings highlight opportunities for quality improvement efforts in the lumbar spine surgery setting.

(OHR) Survey Item Response	Top-Box Overall Rating	
	Adjusted OR (CI)	Adjusted I value
The hospital staff <u>always</u> did everything they could to help you with your pain	12.60 (6.67 – 23.79)	<0.001*
Nurses always treated you with courtesy and respect	11.66 (5.70 - 23.84)	< 0.001*
Nurses always listened carefully to you	8.88 (4.90 - 16.10)	<0.001*
Before giving you any new medicine, hospital staff <u>always</u> described possible side effects in a way you could understand	8.44 (3.56 - 20.02)	<0.001*
Staff took your preferences and those of your family into account in deciding what your health care needs would be	8.21 (4.25 - 15.87)	<0.001*
Doctors always treated you with courtesy and respect	6.67 (3.30 - 13.51)	< 0.001*
Your room and bathroom were always kept clean	6.20 (3.43 - 11.22)	< 0.001*
You had a good understanding of the things you were responsible for in managing your health	6.06 (3.40 - 10.81)	<0.001*
Your pain was always well controlled	5.72 (3.11 - 10.53)	< 0.001*
You always got help in getting to the bathroom or using a bedpan as soon as you wanted it	5.55 (2.88 - 10.69)	<0.001*
Doctors always listened carefully to you	5.54 (2.97 - 10.34)	<0.001*
Doctors always explained things in a way you could understand	5.06 (2.77 - 9.23)	< 0.001*
The area around your room was always quiet at night	4.42 (2.42 - 8.06)	< 0.001*
Nurses always explained things in a way you could understand	4.10 (2.29 - 7.34)	<0.001*
Before giving you any new medicine, hospital staff <u>always</u> told you what the medicine was for	3.53 (1.79 – 6.97)	0.002*
After you pressed the call button, you <u>always</u> got help as soon as you wanted it	3.08 (1.74 - 5.45)	<0.001*
You clearly understood the purpose for taking each of your medications	2.57 (1.49 - 4.42)	0.004*
Patient needed help from staff in using bathroom/bedpan	0.50 (0.26 - 0.96)	0.152
Hospital staff talked with you about whether you would have the help you needed when you left the hospital	2.68 (0.95 - 7.6)	0.184
You got information in writing about what symptoms or health problems to look out for after you left the hospital	3.10 (1.11 - 8.62)	0.152
You needed pain medication during your hospital stay	0.35 (0.04 - 3.54)	0.752
After leaving the hospital, you went directly to your own home	1.37 (0.642 - 2.93)	0.752

### References

[1] VanLare JM, Conway PH: Value-Based Purchasing - National Programs to Move from Volume to Value, **N Engl J Med** 367:292-295,2012.