

CLINICAL ADMINISTRATION OF A STANDARDIZED PATIENT SATISFACTION MEASURE

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INTRODUCTION

Evidence-based practice (EBP) represents a shift in the paradigm of clinical practice. EBP is not merely the clinical implementation of the findings of scientific literature; it relies on the amalgamation of the best available evidence, and this may come in several forms (Sackett 1996).

The patient perspective, one valuable source of evidence, can be captured using outcome measures of patient satisfaction. However, assessing patient satisfaction can be difficult because it is a complex, multi-faceted entity (Ware 1983). In orthotics & prosthetics (O&P), measuring patient satisfaction may be particularly challenging, due to the fact that it relies on patients' expectations for both the clinical services and the device provided.

Despite the complexity, collecting patient satisfaction data is worthwhile. It can be used to ensure that clinicians are providing high quality care and to make targeted changes that improve the patient experience. Historically, patient satisfaction has been assessed using outcome measures in the form of questionnaires. The data collected with an outcome measure is more accurate and valuable if the measure has undergone a process of standardized psychometric development. There are several publications which report on a standardized satisfaction measure in O&P (Bosmans 2009, Heinemann 2003), but there is a dearth of information in the scientific literature about how these measures are incorporated into clinical use. The purpose of this study was to investigate the benefits and challenges associated with administering a patient satisfaction outcome measure in the clinical setting. The protocol for this study was intended to demonstrate a feasible model for incorporating a standardized outcome measure into an O&P practice.

METHODS

Clinical sites: University of Michigan O&P Center and National Orthotic & Prosthetic Company

Outcome measure: Orthotics and Prosthetics Users' Survey (OPUS) patient satisfaction device and service modules. The questionnaire contains 21 items, 11 pertaining to device and 10 pertaining to service satisfaction. It is designed as a follow-up questionnaire to be administered two months after the clinical encounter.

Recruitment: Subjects must have received a new O&P device two months prior to the inquiry date.

Subjects were recruited via postal mail. Subjects were given three options for anonymously returning the questionnaire: postal mail, online, or drop-off at the clinic.

A reminder was sent two weeks after the initial mailing. Four weeks after the initial mailing, collection of the questionnaires ceased, the data was compiled, and average satisfaction levels for each item in the questionnaire were calculated. After basic data analysis, a targeted change was implemented at each site with the intent to improve patient satisfaction in the lowest scored areas of care.

Two months after the changes were made in each clinic, a second round of recruitment and questionnaire mailing occurred. The protocol for the second round of recruitment and questionnaire distribution was identical to the first round.

RESULTS

For the first round of mailing, 190 questionnaires were sent from UMOPC and 557 from NOPCO. The recruited subjects used both orthotic and prosthetic devices, custom and non-custom, and included all ages and pathologies. Based on the information obtained from the 103 completed questionnaires, patient comfort and skin care were identified at both clinics as the area to improve with targeted changes. These changes were addressed through clinician education and updated patient literature. Postal mail was the most common method for returning the completed questionnaires (66 mailed, 27 online, 3 drop-off). The average self-reported time to complete the questionnaire was 4.57 minutes.

DISCUSSION

The Orthotics and Prosthetics Users' Survey (OPUS) patient satisfaction measure was selected for the study, because it is O&P-specific and has sound psychometric properties (Heinemann 2003).

The administration of OPUS offered insight into the patient perspective and provided useful data to inform clinical practice. The results of this study offer a model for O&P clinics to reference when considering administering a standardized patient satisfaction measure. Further research is warranted to gain more insight about the process of incorporating standardized outcome measures into O&P clinical settings.

*This study was completed as a multi-center directed study for two NCOPE orthotic residencies. Data analysis is ongoing.

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