Complete Summary

TITLE

Emergency department satisfaction: mean section score for "Doctors" questions on Emergency Department Survey.

SOURCE(S)

Emergency Department Survey Psychometrics. South Bend (IN): Press Ganey Associates, Inc.; 2001. 10 p.

Emergency Department Survey. South Bend (IN): Press Ganey Associates, Inc.; 2001. 4 p.

Brief Abstract

DESCRIPTION

This measure assesses the mean score for the questions in the "Doctors" section of the Emergency Department Survey.

This measure is a component of a composite measure; it can also be used on its own.

RATIONALE

1. Patient satisfaction is both an indicator of quality of care, and a component of quality care.

   In 2001, the Institute of Medicine (IOM) advocated a patient-centered model of care (Crossing the Quality Chasm: A New Health System for the 21st Century). In part, this is a reflection of the growing understanding that

   > "...patients constantly judge the motives and competence of caregivers through their interaction with them. This judgment is a very personal one, based on perceptions of care being responsive to patients' "individual needs," rather than to any universal code of standards (McGlynn, 1997). When these individual needs are perceived as being met, better care results. Lohr (1997) notes: "Inferior care results when health professionals lack full mastery of their clinical areas or cannot communicate effectively and compassionately." In short, when patients perceive motives, communication, empathy, and clinical judgment positively, they will respond more positively to care...Sobel (1995) claims that improved communication and

interaction between caregiver and patient improves actual outcome. Donabedian (1988) notes that "...the interpersonal process is the vehicle by which technical care is implemented and on which its success depends" (from Press [2002] Patient Satisfaction: Defining, Measuring, and Improving the Experience of Care, Health Administration Press).

It is clear that patients quite actively evaluate what is happening to them during the experience of care. The degree to which the patient judges the care experience as satisfactory "...is not only an indicator of the quality of care, but a component of quality care, as well" (Press, 2002).

2. In addition to its connection to quality of care and clinical outcomes, Patient Satisfaction has been linked to the following:
    - Healthcare employee satisfaction and retention
    - Healthcare facility competitive market strength
    - Hospital profitability
    - Risk management (likelihood of being sued)

PRIMARY CLINICAL COMPONENT

Emergency department care satisfaction

DENOMINATOR DESCRIPTION

Patients with an emergency department (ED) visit during the reporting period who answered at least one question in the "Doctors" section of the Emergency Department Survey. Deceased patients, patients admitted to hospital through the ED, patients who leave the ED against medical advice, patients who leave the ED without being seen, and patients transferred to another hospital/institution are not eligible.

NUMERATOR DESCRIPTION

The means of all the patients' scores for the "Doctors" section of the Emergency Department Survey

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Patient Experience

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
A systematic review of the clinical literature
One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Emergency Medical Services

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Patient-centeredness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients with an emergency department visit during the reporting period

DENOMINATOR (INDEX) EVENT

Encounter

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
Patients with an emergency department (ED) visit during the reporting period who answered at least one question in the "Doctors" section of the Emergency Department Survey

Exclusions
Deceased patients, patients admitted to hospital through the ED, patients who leave the ED against medical advice, patients who leave the ED without being seen, and patients transferred to another hospital/institution are not eligible.

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
The means of all the patients' scores for the "Doctors" section of the Emergency Department Survey

Exclusions
Unspecified

DENOMINATOR TIME WINDOW

Time window is a fixed period of time

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data and patient survey

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Continuous Variable

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors)

STANDARD OF COMPARISON

External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

The Emergency Room Survey was developed in 1988 and was revised and renamed the Emergency Department Survey in 2001. A Client Advisory Committee (CAC), representing physicians, nurses, technicians and administrators, was formed to discuss changes, to review early drafts of prototype questionnaires, and to provide feedback throughout the revision process. The revised survey was tested with the assistance of ten ED test sites across the U.S. The instrument was found to be psychometrically sound across a wide variety of tests of reliability and validity. Refer to the original documentation (Emergency Department Survey Psychometrics) for further details.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Emergency Department Survey Psychometrics. South Bend (IN): Press Ganey Associates, Inc.; 2001. 10 p.

Hall MF, Press I. Keys to patient satisfaction in the emergency department: results of a multiple facility study. Hosp Health Serv Admin 1996;41(4):515-32.

Identifying Information

ORIGINAL TITLE

Emergency Department Survey, Doctors.

COMPOSITE MEASURE NAME

Emergency Department satisfaction: overall facility rating score on Emergency Department Survey

DEVELOPER

Press Ganey Associates, Inc.

ADAPTATION

This measure was not adapted from another source.

RELEASE DATE

1988 Jan

REVISION DATE

2001 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Emergency Department Survey Psychometrics. South Bend (IN): Press Ganey Associates, Inc.; 2001. 10 p.

Emergency Department Survey. South Bend (IN): Press Ganey Associates, Inc.; 2001. 4 p.

MEASURE AVAILABILITY

The individual measure, "Emergency Department Survey, Doctors," is published in the "Emergency Department Survey."

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NQMC STATUS

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All inquiries regarding the measure should be directed to the Press Ganey Web site or e-mail Penny J. Miceli, Ph.D. at pmiceli@pressganey.com.

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