



System Safety in Healthcare

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How Good Are Patient Surveys for Safety?

Recently, I was invited to give my opinion as a patient advocate during a retreat organized by three U.S. federal government groups: The Centers for Medicare & Medicaid Services (CMS), the Agency for Healthcare Research and Quality (AHRQ) and the Office of Health and Human Services. The topic was “Partnership for Patients.” The AHRQ showed data on the significant progress made in the last four years on Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) measures. The data showed that more and more hospitals are achieving higher scores.

I asked the following simple question: If there is so much progress being made in critical hospital measures, then why is the number of patients dying from medical mistakes going up each year? The number of estimated deaths in 2010 was 99,000. The 2015 estimate, according to the National Patient Safety Foundation, is about *400,000 deaths*. There was absolutely no response to my question! In my opinion, this is evidence that surveys are not measuring how safe patient care is.

Concerns About Surveys

HCAHPS is important to hospitals, particularly because it helps to maintain market share. But while surveys may be completed, we cannot be sure that we have learned all we need to know from them. One article from The Atlantic.com [Ref. 1] explains that “patients can be satisfied and be dead an hour later.” One hospital in New Jersey made sure that a patient’s complaint that the hospital had no Splenda was put into a nurse’s personnel file. Another patient filed a complaint because he felt he was being mistreated because there was not enough pastrami on his sandwich. This article also stated that the most satisfied patients were significantly more likely to die during the next four years.

While trying to achieve quality service and customer satisfaction, healthcare providers and facilities may be overlooking the quality of safe care. When people fill

out patient satisfaction surveys, it is usually because their loved ones have survived. The patients who ultimately did not survive might not have filled out a survey. This results in a lot of positive feedback, with little or no negative feedback. People are willing to share their wonderful experiences but may not be willing — or able — to share their bad ones. A patient can be very satisfied with the way he or she is being treated, but can have a wrong diagnosis because of a lack of focus on the actual health of the patient. Each year, 12 million Americans are misdiagnosed, according to CBS News [Ref. 2]. Patients can measure quality issues that they understand through HCAHPS, but the real quality measures around patient safety are not being captured.

Survey Details

The information collected from surveys doesn’t always get shared. Hospitals are not required to submit this information; it is collected on a volunteer basis. There is a possibility that hospitals only submit positive information. It is common practice for organizations to share good news and keep negative news internal. This would skew the overall data — a possible reason why the numbers of deaths continue to rise — totally contradicting the progress made in critical hospital measures.

One of the problems with HCAHPS is that the patient is asked to focus on whether their personal needs were met [Ref. 3]. It has been in use since 2006 to measure patient perspectives on hospital care, including topics like:

- How well nurses and doctors communicated with patients
- How responsive the hospital staff was to patient needs
- How clean and quiet hospital environments were
- How well patients were prepared for post-hospital settings

Reference 3 includes the major HCAHPS composite measures, as follows:

- Communication with Nurses (Q1, Q2, Q3)
- Communication with Doctors (Q5, Q6, Q7)
- Responsiveness of Hospital Staff (Q4, Q11)
- Pain Management (Q13, Q14)
- Communication about Medicines (Q16, Q17)
- Discharge Information (Q19, Q20)
- Care Transition (Q23, Q24, Q25)
- Cleanliness of Hospital Environment (Q8)
- Quietness of Hospital Environment (Q9)
- Overall Hospital Rating (Q21)
- Recommend the Hospital (Q22)

Sadly, there are errors that occur in the hospital that we don't hear about in the news — nor are they captured in patient satisfaction surveys because patients are no longer alive to answer the survey. Even family members who may be qualified to respond have little time for surveys.

While testifying before the U.S. Senate Subcommittee on Primary Health and Aging, Ashish Jha, M.D., professor of health policy and management at Harvard School of Public Health, indicated that with all the phenomenal progress being made in process improvement, adoption and use, the tools are focused on the wrong things [Ref. 4]. Jha stated that the tools' "potential is not going to be realized unless those tools are really focused on improving patient safety. The tools themselves won't automatically do it."

Thus, the Department of Health and Human Services made the decision to base 30 percent of hospitals' reimbursements on patient satisfaction surveys. So, if a hospital scores low on patient satisfaction scores, it will

not receive the reimbursement. The bulk of patient satisfaction surveys do not ask if the care was medically necessary. The fact that satisfaction scores are based on whether a patient is satisfied tends to put a damper on treatment rendered that may not ultimately affect a patient's health outcome.

According to Robbins [Ref. 1], "...evaluating hospital care in terms of its ability to offer positive experiences could easily put pressure on the system to do things it can't, at the expense of what it should. Most of the survey pertains to nursing care. So hospitals are

making it mandatory for nursing staff to undergo training that is nonmedical, which takes extra time and money."

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Conclusion and Recommendations

We definitely need to provide the services expected by patients, including services attending to their emotional needs. Therefore, we must keep the current survey. But we must also strengthen it with questions on safe care, such as:

- Was the right surgery performed (if surgery was done)?
- Did you get the right diagnosis?
- Did you get the right medications?
- Did you get medications on time?
- Did the doctor engage you in determining your treatment?
- Were you given the right chemotherapy and radiation treatment (to your knowledge)?
- Did you develop an infection from your stay in the hospital?
- Were doctors willing to answer your questions about treatment? ●

References

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4. McCann, Erin. "Deaths by Medical Mistakes Hit Records," *Healthcare IT News*, July 18, 2014, <http://www.healthcareitnews.com/news/deaths-by-medical-mistakes-hit-records>.