A Patient Reported Outcome Measure (PROM) Assessing Quality of Care in the Urology Hospital Outpatient Setting

Abstract:
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A prospective blind PROM (patient reported outcome measure) study performed in our urology department examined the outpatient-clinic experience. 104 questionnaires were completed. 23 patients (22%) felt the waiting times for appointments was excessive. 13 patients (13%) experienced difficulty in contacting administrative staff. 98 patients (95%) considered the waiting areas good but 31 patients (31%) considered lack of privacy an issue. Consultants saw 56 patients (53%). 62 patients (60%) expected to be seen by a consultant. 32 patients (31%) felt consultation with a different doctor on return visits was unsatisfactory. 76 patients (73%) fully trusted their doctors. 78 patients (76%) thought the duration was satisfactory. Considering doctor’s communication skills, over 90% responded that listening, language and non-verbal communication (eye contact, nodding and gesturing) were good or very good. One individual felt the doctor’s non-verbal communication was poor. 87% claimed they understood their condition better after consultation. 86% responded their problem had been dealt with well or very well. 13 patients (13%) experienced difficulty in contacting administrative staff. 98 patients (95%) considered the consultation room was fit for purpose. 5 considered it lacked privacy. 47% were more comfortable with a nurse present during their consultation, 4% were less comfortable, 49% considered it made no difference (all males less than 59 yrs age). Consultants saw 63% of patients, registrars saw 27%, and 10% were seen by both. 60% of patients expected to be seen by a consultant. 32 patients (31%) felt consultation with a different doctor on return visits was unsatisfactory, 16% of patients expected to be seen by a consultant. 31 felt that consultation with a different doctor on return visits was unsatisfactory, 16% of patients expected to be seen by a consultant. 31 felt that consultation with a different doctor on return visits was unsatisfactory.

Methods
A prospective blind PROM study was performed in the urology outpatient department. Staff includes four consultants, five registrars, one senior house officer, six urology and five specialist-nurses. The unit receives 100 new referrals each month. This high level of activity renders the unit well suited for this study. A multi-item scale questionnaire (46 questions) addressed: 1) Demographic data; 2) Appointment booking system; 3) Hospital clinic design and functionality; 4) Clinical registration logistics; 5) Role of the nurse; 6) Consultant Vs non consultant delivered service; 7) Quality of medical consultation (duration, communication, trust); 8) Overall satisfaction suggestions for improvement.

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Results
104 questionnaires were completed, 42 patients declined to participate. 80% of respondents were aged 40 to 80 years, 75% were male. The majority were Irish, only four from non-EU countries. For new patient visits (22%), average wait time was 3 months (range 1 to 12 months). For follow up visits and for secretarial completion of registration was 19 minutes. Four patients considered this unacceptable, 3 patients considered staff could be more welcoming. After registration, waiting time until medical consultation (not measured for logistical reasons) was deemed satisfactory by 90%. All felt the consultation room was fit for purpose, 5 considered it lacked privacy. 47% were more comfortable with a nurse present during their consultation, 4% were less comfortable, 49% considered it made no difference (all males less than 59 yrs age). Consultants saw 63% of patients, registrars saw 27%, and 10% were seen by both. 60% of patients expected to be seen by a consultant. 31% felt that consultation with a different doctor on return visits was unsatisfactory, 16% of patients expected to be seen by a consultant. 31 felt that consultation with a different doctor on return visits was unsatisfactory, 16% of patients expected to be seen by a consultant. 31 felt that consultation with a different doctor on return visits was unsatisfactory.

Discussion
The usefulness of a PROM study relies on its design, patient co-operation and the response of staff to its outcome.1 Regardng co-operation, 42 patients declined. Pressure to get public transport was the principle reason. In this hospital many patients do travel long distances as there is no local urological facility. Overall, accrual in this study was satisfactory by external standards2 and would not have improved using methodology such as postal questionnaire or by phone. Due to the numbers of new referrals to our outpatient department, appointments are prioritized. Category A includes patients with cancer diagnosed or suspected and acute conditions. Category B includes those with urinary tract symptoms, urinary infections etc. Category C includes those for elective vasectomy, erectile dysfunction etc. The majority of patients (75%) were seen within 6 months but the level of dissatisfaction with time to appointment (22%) was significant. Patients found difficulty in contacting our department by phone reflecting pressure on clerical staff. A number had appointments rearranged due to overbooking with urgent cases. Limited space explains the perceived lack of privacy in the reception areas.

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If the success of a PROM study is dependent on a response from those delivering healthcare, some of the above deficiencies can only be corrected by hospital management or by government policy. Additional consultant urologists have been appointed in specific hospitals but the Irish consultant quota remains below European norms. Also, if we wish to increase outpatient numbers we must be cognisant that at local level administrative staff are under pressure with current numbers. Those who found the presence of a nurse during consultation uncomfortable may reflect embarrassment at discussing intimate details and may explain the suggestion from one patient there should be a male doctor for male issues. There was frustration among some because they see different doctors on repeat visits, potentially damaging the patient doctor relationship. However, less than a third found this unsatisfactory and a minority saw it as a positive factor. Indeed while 65% of respondents expected to be seen by a consultant, this is impossible due to patient numbers. Also, that patients target for consultant delivered care was surpassed (63% seen by consultant, 27% by trainee and 10% by both). The reported deficiencies in nurse patient and doctor patient interactions are amenable to correction. There was frustration among some because they see different doctors on repeat visits, potentially damaging the patient doctor relationship. However, less than a third found this unsatisfactory and a minority saw it as a positive factor. Indeed while 60% of respondents expected to be seen by a consultant, this is impossible due to patient numbers. Also, patients target for consultant delivered care was surpassed (63% seen by consultant, 27% by trainee and 10% by both). The reported deficiencies in nurse patient and doctor patient interactions are amenable to correction. Those who found the presence of a nurse during consultation uncomfortable may reflect embarrassment at discussing intimate details and may explain the suggestion from one patient there should be a male doctor for male issues. There was frustration among some because they see different doctors on repeat visits, potentially damaging the patient doctor relationship. However, less than a third found this unsatisfactory and a minority saw it as a positive factor. Indeed while 65% of respondents expected to be seen by a consultant, this is impossible due to patient numbers. Also, that patients target for consultant delivered care was surpassed (63% seen by consultant, 27% by trainee and 10% by both). The reported deficiencies in nurse patient and doctor patient interactions are amenable to correction.

This study aimed to determine if weaknesses within the system undermine trust between doctor and patient. Anecdotally patients sympathise with doctors in busy clinics with large numbers of patients. Research tools for evaluating elements involved in the level of trust between doctors and patients are poorly defined. Despite frustration with waiting time for appointments and registration times, the positive experience of patients reflects a positive rapport and trust between patient and doctor.

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References