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

Abstract:

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Abstract

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 (94%) considered the waiting areas good but 31 patients (31%) considered lack of privacy an issue. Consultants saw 65 patients (63%). 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%) â fully trustedâ their doctors. 78 patients (75%) rated their visit excellent, 10 patients (10%) added comments. Despite frustration with waiting times, the experience of patients reflects a positive rapport and trust between patient and doctor.

Introduction

Patient reported outcome measures determine the impact of therapies on patientsâ quality of life[1]. Clinicians and health managers may consider patient interaction successful but the patientâ s perspective may differ[2]. A PROM may measure any treatment, intervention or interaction, the patientsâ opinion is central. The usefulness of PROM rests on its design, patient co-operation, and the response to the outcome[3]. Considering the high turn over of patients in our outpatient setting, a PROM was used to assess the patientsâ perspective after their encounter.

The patient-physician relationship is constantly developing. Patientsâ expectations continue to increase, as is patient education. Medico legal pressures mandate that doctors fully inform patients. Perceived inadequacies and alleged errors in the media, inadequate staffing levels, and budgetary constraints threaten the patient-doctor relationship. New patients may have preconceived opinions of the health care system[4]. Factors influencing these opinions include previous experiences or media coverage[5,6]. Trust and satisfaction are closely related in quality assessment. Satisfaction reflects previous experiences, trust is based on future care[7]. Measurement of trust is recommended for monitoring the performance of health care systems[8]. This department previously highlighted the proportion of patients (25%) failing to attend outpatient-clinics[9]. Causes included forgetting appointments and various social and personal issues. Recent HSE data in the media highlighted the high (25%) non-attendance rate in outpatients nationwide and the waste of resources. A further publication from this department confirmed a phone text reminder service reduced non-attendance rates from 25% to 15%[10]. This study assessed patientsâ assessment of their quality of care. By identifying deficiencies, we aim to maximise the doctor-patient interaction.

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 week, and 200 attend clinics weekly. 400 cystoscopies and other procedures are performed in the outpatients monthly. 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 Vâ s non consultant delivered service; 7) Quality of medical consultation (duration, communication, trust); 8) Overall satisfaction suggestions for improvement. A pilot study tested patient compliance and clarity of questions. Patients from nine clinics were randomly chosen over 3-months. Independent staff invited patients to complete the questionnaire on leaving the consultation room. Doctors, nurses and ancillary staff were blind as to which patients were included and were unaware when the study was in progress.

Results

104 questionnaires were completed, 42 patients declined to participate. 80% of respondents were aged 40 to 80 years, 75% were males. The majority were Irish, only four from non-EU countries. For new patient visits (22%), average wait time for a new appointment from referral was; less than 3 months in 40% of patients, 3-6 months in 35%, 7-12 months in 11%, and more than 12-months in 14% of patients. 22% of patients felt the waiting time for their appointment was unacceptably long. 13 patients (12%) experienced difficulty in contacting administrative staff prior to their appointment.

The majority (94%) considered the outpatient waiting areas good or satisfactory but 31% considered lack of privacy an issue during registration. The average time from arrival to 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% thought it was preferable. One patient stated that for â maleâ problems the doctor should be male. Four patients (3%) felt their consultation was too brief (7 mins), 1 considered their consultation too long. The remainder thought the duration satisfactory.

Considering doctorâ s communication skills, over 90% responded that listening, language and non verbal communication skills (eye contact, nodding and gesturing) were good or very good. One individual felt the doctorâ s non verbal communication skills were poor, none believed them unacceptable. 3% had difficulty understanding their doctorâ s accent and 10% reported their doctor used excessive medical jargon. 95% reported the doctorâ s understanding of their problem was good/very good and 5% satisfactory. 86% responded their problem had been dealt with well or very well. None considered their problem was inadequately addressed. 87% claimed they understood their condition better after consultation. 73% reported they fully trusted their doctorâ s opinion, 26% said they â mostly didâ , one patient only â somewhat trustedâ the doctorâ s assessment. All but one affirmed they would return to the clinic. 75% gave an overall rating of their visit as excellent and 16% a rating of satisfactory. No one described their experience as poor/unsatisfactory. Only 10% added comments to the questionnaire, most related to shorter waiting times.

Discussion

The usefulness of a PROM study relies on its design, patient co-operation and the response of staff to its outcome[11]. Regarding 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 standards[12] 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.

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 60% of respondents expected to be seen by a consultant, this is impossible due to patient numbers. Also, that patientsâ 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. Patients could be asked if they prefer a nurse present. Patients could be given the opportunity to request the same doctor as on previous visit. The concept of a total consultant delivered service, however, remains impractical in a publically funded healthcare system. The majority of patients were satisfied with the duration of their consultation and felt they understood more of their condition. 10% thought their doctor used excessive medical jargon, a more common issue than language barrier (only 3%). In this unit, 5 of 10 medical personnel are non European and consider English not their first language. To improve patientsâ education, we supply leaflets relevant to specific conditions. Regarding ongoing professional development, the results emphasise we must simplify medical language and improve communication skills.

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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