



Q: How can we find out if patients are satisfied?

Researchers from the Picker Institute Europe sent questionnaires to 3592 patients in five hospitals in Scotland and 2249 (65%) responded. Nine out of 10 said that they were happy with their care as inpatients, and the major determinants of satisfaction were found to be physical comfort, emotional support, and respect for patient preferences. However, the questionnaire also showed that many of these patients identified specific problems related to their care. The authors suggest that patient satisfaction scores, and the related issues of willingness to recommend a hospital to others, present a “limited and optimistic” picture. “Detailed questions about specific aspects of patients’ experiences are more likely to be useful for monitoring the performance of various hospital departments and wards and could point to ways in which health care delivery could be improved”, they write.

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► ACTION POINT

Don't rely on attitude surveys to get an accurate picture of what happens to patients; ask them about specific aspects of their care as well.

“Results such as those reported here take us further along the route to improving health care as assessed by the recipient” (commentary, Fitzpatrick, page 306)

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Q: Do GPs and patients share similar views on quality of health care?

In the Netherlands, where 1772 patients and 315 GPs were asked to evaluate 23 aspects of general practice care. Both groups had similar views, giving high rankings to aspects of the doctor-patient relationship (“listening to patients”, “making patients feel they had time during consultations”) and low rankings to organisation of the service (“getting through to the practice on the telephone”). But the doctors were more pessimistic. Patients had a mean satisfaction score of 4.0 (out of 5.0) compared with 3.7 for the doctors. Furthermore, when the doctors were asked to estimate the ratings of patients, the mean was even lower at 3.5.

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Patients may appear more positive than doctors about the quality of health care.

Q: Can we reduce prescribing errors in hospitals?

Ward pharmacists in a British hospital examined drug charts each weekday over 4 weeks to check that all medication orders were “clear, legal and clinically appropriate” and took appropriate action where necessary. Out of an estimated 36 200 medication orders, 135 (1.5%) errors were found, of which 34 (0.4%) were described as potentially serious (for example, 250 mg instead of 25 mg). More errors were made during the middle of a hospital stay than on admission or at discharge. The authors calculated that, during normal working hours, inpatient medication orders are being written every 20 seconds. “It is not surprising that this act is sometimes accompanied by error. In this hospital there were about five potentially serious errors every day. This is not acceptable, particularly as two of these arose in writing medication orders on admission or discharge, or rewriting new drug charts—tasks which are based mainly on transcription.”

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Routine monitoring by hospital pharmacists can identify and reduce prescribing error.

Q: How well do we manage postoperative pain?

A group of Swedish researchers have developed a 14-item 5-point scale questionnaire, the Strategic and Clinical Quality Indicators in Postoperative Pain Management. They sent it, plus some additional questions on pain and pain relief, to 209 postoperative patients in five surgical wards and to 64 of their nurses. Out of a maximum score of 70, the patients had a mean score of 59 and the nurses a mean score of 48. Over half of the patients scored only 1 or 2 on at least one item, compared with about one third of the nurses. The authors write: “Patients had higher scores than nurses on the question about the worst level of pain intensity, which shows that patients experienced greater pain than nurses thought”. They also say: “Not surprisingly, patients who reported more pain than expected had lower scores on the total scale, and on the communication, trust and environment subscales.”

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► ACTION POINT

We could manage postoperative pain more effectively.