Perceived quality in Day Surgery Units
Proposal of an enquiry postoperative questionnaire

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INTRODUCTION: Assessing patient satisfaction could be particularly useful in Day Surgery Units, as it helps maintaining and increasing medical care demand. Moreover, it provides feedback that turns out useful for improving quality in departments, and for assessing competence and skill of the whole staff.

Background and aim - The purpose of this study was to evaluate the quality perceived in a day surgery unit through a questionnaire, covering the 10 main aspects of the care pathway.

MATERIALS AND METHODS: The results of a questionnaire filled by patients undergoing Day Surgery between January 2007 and December 2012 were retrospectively reviewed. Patients undergoing surgery between 2007 and 2009 filled up the questionnaire at the time of the discharge, whereas those operated on between 2009 and 2012 filled up the same questionnaire 30 days after discharge.

RESULTS: The results were good in terms of number of returned questionnaires, underlining its comprehensibility and suitability to be filled out. The questionnaires’ scores were good in both groups, although quality perceived by the group that completed it in 30 days after surgery were lightly better than the other group’s.

CONCLUSIONS: The advantages of the questionnaire consisted of an overall improvement of the quality of care, whereas limitations consisted of the difficulty in setting up the questionnaire accurately, interpreting patients’ answers correctly, and dispensing the questionnaire in a timely fashion, in order to evaluate the quality perceived by the patients without any bias related to delay, pain and anxiety.

KEY WORDS: Day Surgery, Nursing, Questionnaire, Quality

Introduction

Day Surgery allows an high level of medical care to patients. Simple admission procedures and a shorter hospital stay minimize the impairment of patients’ everyday’s life. Moreover, this kind of hospitalization reduces the risk of cross infections.

On the other hand the quality and safety of care must be equal to those provided during long stay hospitalization.

A good target in managing a Day Surgery Unit is to offer high standard quality of care, whose improvement relies on an objective evaluation of the results, in order to improve patients’ satisfaction. Moreover, a patient-oriented approach should involve the present and future needs of patients, aiming to fulfill their expectations.
Main issues are the involvement and competence of the staff members, the continuity of care, an exhaustive information, and the comfort of the care unit. However, patients are often incapable to fully evaluate the quality of care, which is finally evaluated by the healthcare staff themselves. Nevertheless, patients' point of view must not be considered unimportant, when aiming to improve efficacy, convenience and safety of treatments. Therefore, it is necessary not only to understand patients' needs and expectations, but also to make sure that they are aware of the quality level provided. The purpose of this study is to evaluate the perceived quality through a questionnaire, considering the main aspects of the surgical pathway, in a simple, concise, and possibly complete manner, with the final aim of improving the performance of the whole caring team. Identifying a suitable questionnaire, its most appropriate filling time, and patients' most accurate and truthful opinion, is the main aim of the study pathway.

Materials and Methods

From January 2007 to December, 2012, 4980 questionnaires have been submitted to patients cared at Day Surgery Unit of the “R. Paolucci” Department of Surgery. Such questionnaire was conceived to cover 10 different aspects of the care pathway: overall conditions of the environment – booking procedures – admission – presurgical procedures – information received about the anaesthetic and surgical procedures – surgical intervention – postoperative rehabilitation – discharge – assessment of the healthcare staff – overall assessment. Since January 2007 to December 2009, 2406 questionnaires had been filled out immediately after surgery and before the discharge (Group A). From January 2010 to December 2012, the questionnaire was submitted 30 days after discharge to 2574 patients (Group B) in order to obtain a more accurate and truthful judgement of patient satisfaction. All questionnaires dispensed to the two groups have been filled up anonymously. Questionnaires dispensed to Group A were inserted in a close box together with other questionnaires of the same year. The box containing questionnaires was opened once a year and the evaluated data were included in a database. For Group B, questionnaires were inserted in open envelopes, together with the discharge letter, and filled out at home, brought back in closed envelopes and put in a box using the same criteria as Group A. In order to evaluate only subjective criteria in patients' perceived quality, four parameters were identified: waiting time before admission, waiting time before surgery, information provided about the surgical intervention, instructions received upon discharge. As shown in Table I each item could be scored from 0 (lowest quality perceived), to 5 (highest quality perceived).

Results

Results are shown in Fig. 1 and Fig. 2. In the six-year period, from January 2007, to December 2012, 5014 patients underwent surgery in our Day Surgery Unit and 4980 questionnaires had been returned for the evaluation (98.53%). Thousand two hundred eighty-eight patients in group B (50.05%) and 49.05 % of the patients in group A (1180) gave a 5 points score to the perceived quality in terms of waiting time before admission (Fig. 1, 2). 59.04% of the patients in group B (1529) and 57.35% of the patients in group A (1380) attributed a 5 points score to the quality perceived concerning the waiting time before surgery (Fig. 1, 2).

In terms of information provided before surgery, 72.62% of the patients in Group B (1869) vs. 71,58% of the patients in Group A (1722) gave to this item a 3 points score, whereas a rating of 1 was attributed by 0.99 % of the patients in Group A (24) vs 0.33% of the patients in group B (9) (Fig. 1,2).

Concerning instructions before discharge, 4,12 % of patients in Group B (106) and 3.32 % of the patients in group A (80) gave a 3 points score to the quality perceived (Fig. 1,2).

The two groups of patients were equal in terms of satisfaction related to the way nurses, doctors and surgeons approached to the patients and their diseases, and also concerning admission, surgical procedures and discharge. Such results were good in both Groups, with Group B patients showing a slightly higher satisfaction.

Fig. 1: Perceived quality: absolute value analysis.
Quality is essentially a cultural issue and is linked to precise patients’ request and expectation; in fact, healthcare facilities are unlikely to be committed to provide a high level of quality unless patients expressly request it. Quality in medical care often raises controversy in the choice of the parameters used to evaluate it and the costs it implies (overall, lack of quality has negative financial impact); on the other hand, when quality services are

**TABLE I** - Evaluation of quality in Day Surgery Units

Please give each item a score from 1 (low) to 5 (top)

1 – OVERALL CONDITIONS OF THE ENVIRONMENT
- Hygienic conditions of day hospital rooms
- Hygienic conditions of bathrooms
- Lighting conditions in rooms
- Heating and/or conditioning of rooms
- Lay out of day hospital rooms
- Respect of privacy

2 – BOOKING PROCEDURES
- Waiting time before admission
- Exhaustiveness of the informative brochure handed out upon booking

3 – ADMISSION
- Assessment of admission to the Day Hospital Unit

4 – PRESURGICAL PROCEDURES
- Information provided about the kind and purpose of the presurgical analyses
- Care received during the analyses
- Waiting time before surgery

5 – INFORMATION RECEIVED ABOUT THE SURGICAL INTERVENTION
- Exhaustiveness of the information provided about the preparation for surgical intervention
- Information provided about the hospitalization procedures (time of admission, overall duration of the hospitalization, scheduled time for the surgical intervention)
- Information provided about the surgical intervention carried out

6 – SURGICAL INTERVENTION
- Duration of the surgical intervention
- Sensation of comfort
- Onset of pain
- Onset of anxiety

7 – POSTSURGICAL REHABILITATION
- Care received in the Day Hospital Unit after surgical intervention
- Help received in recovering physiological functions (deambulation, micturition etc.)

8 – DISCHARGE
- Level of confidence upon discharge
- Instructions received upon discharge
- Frequency of telephone contacts
- Number of postsurgical intervention follow-ups
- Level of confidence during home rehabilitation

9 – STAFF
- Kindness of the medical staff
- Availability of the medical staff
- Professionalism of the medical staff
- Kindness of the nursing staff
- Availability of the nursing staff
- Professionalism of the nursing staff

10 – OVERALL EVALUATION
- Would you advice a relative/friend to be operated on in a day surgery facility? yes no

Discussion

Quality is essentially a cultural issue and is linked to precise patients’ request and expectation; in fact, healthcare facilities are unlikely to be committed to provide a high level of quality unless patients expressly request it. Quality in medical care often raises controversy in the choice of the parameters used to evaluate it and the costs it implies (overall, lack of quality has negative financial impact); on the other hand, when quality services are
The analysis of the data obtained has multiple targets. It shows the staff interest in patients’ needs. Highlights the healthcare inefficiencies, and is a valid tool to negotiate assets assignment with the administrators.

The data of this questionnaire suggest that the quality perceived by our patients is high regardless to the timing the questionnaire is proposed. However, patients that filled up the questionnaire 30 days after the discharge had perceived a better quality in terms of waiting time before the admittance, waiting time before surgery, informations provided about surgery, instructions provided upon the discharge. This difference can be explained in terms of lower sense of anxiety and pain remembered at 30 days after the discharge, compared to the more intense pain and the anxiety felt by the patients at the time of the discharge.

The high percentage of questionnaires returned (98.53%) and correctly filled out, demonstrates how simple, concise, complete and, overall, useful for the continuous quality improvement of the unit they are.

**References**


