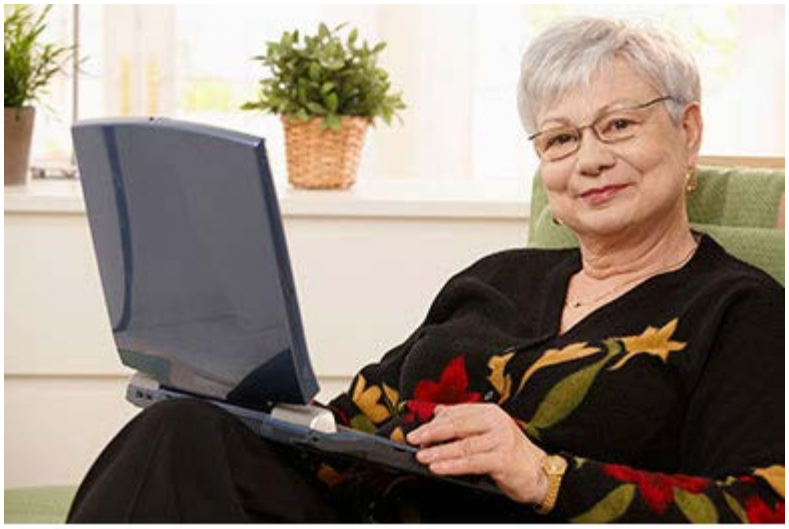
CONNECTION



The Importance of Patient Satisfaction

Since our founding in 1979, AAAHC Standards have included patient satisfaction as a driver of organizational improvement.

Within the group of Standards categorized as Administration (chapter 3), we include: *The organization periodically assesses patient satisfaction with services and facilities provided by the organization*. *The findings are reviewed by the governing body and, when appropriate, corrective actions are taken*. In addition to being a requirement of accreditation, research indicates that patient/customer satisfaction is important to the success of health care organizations as businesses.

1. Satisfied patients will share their positive experience with five others, on average, and dissatisfied patients complain to nine (or more) other people. The Internet promotes rapid and wide dissemination of these opinions.[1] This word-of-mouth marketing is powerful, especially as consumers grow more savvy about their health care choices.
2. Because the cost of obtaining a patient is high, losing a

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5250 Old Orchard Road

patient is a substantial loss of investment.[2] You may have attracted a patient through advertising or an insurance contract. And for each new patient, you must establish a patient record and gather payment information. *Every* interaction with the patient (e.g., reminder and follow-up calls), payer (confirming coverage, etc.), physician's office (obtaining files, results of physical, etc.), pharmacy (ordering or refilling a prescription), or laboratory (following up on test results) represents a portion of your investment in that patient.

3. There is evidence of a reciprocal relationship between patient satisfaction and continuity of care (which is associated with better patient outcomes). Conversely, dissatisfaction and complaints can mean not only loss of business/investment, but also increased risk of malpractice lawsuits.[3,4,5]

Accreditation, business improvement, and risk management are not the only reasons patient satisfaction is important. Surveying patient satisfaction can offer patients an opportunity to participate in their care by reporting their care experiences and building engagement. The value of patient reporting has traditionally been questioned because of the level of most patients' clinical knowledge in comparison with that of providers. However, this view may need to be reconsidered, not only because of the increased socioeconomic importance of patients' active involvement in their own health care, but also because of the findings of:

- reliable patient reporting for certain aspects of care from specialist and primary care providers.[6,7]
- relationships between patient dissatisfaction/complaints and poor outcomes.[8,9]
- patients' ability to accurately report their disease category.[10]

Patient satisfaction surveys represent real-time feedback for providers and show opportunities to improve services/decrease risks.[11,12] However, many organizations/providers do not know how to use the patient satisfaction information they receive. This may be because providers often seek yes/no responses or ratings on a Likert scale without asking patients to report on their care experience.

Patient reporting enriches results

When you ask for additional reporting, you gain insight into whether an individual patient's *ratings* are representative or reasonable. For example: of 100 patients surveyed, 12 patients (12%) may have expressed their dissatisfaction with the length of their wait prior to being seen or prepared for

Suite 200
Skokie, IL 60077

P: 847.853.6060
F: 847.853.9028
info@aaahc.org
www.aaahc.org

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surgery by reporting that their wait was “longer than expected.” If you find that these 12 patients included 1 who waited 15 minutes or less, and 11 who waited more than an hour, this helps you set a reasonable goal: to increase the proportion of patients being seen or prepared in less than one hour.

Reporting also provides direction for improvement efforts. For example: of 100 patients surveyed, 7 indicated that staff did *not* treat them in a “friendly and respectful manner.” If all 7 reported the receptionist was brusque or “short” with them, this shows a clear problem and gives you an idea of where to focus improvement. If one patient said she “didn’t think it was right” that she was addressed by her first name; another indicated that when he called the organization he was “put on hold for too long”; a third reported “staff giggled a lot”; a fourth noted that “the receptionist rushed patients”; and the other three patients didn’t provide any report, it is much more difficult to focus the improvement effort, without questioning whether each of these instances was associated with a special, individual sensitivity that is not representative of your patient population.

This article excerpted and adapted from the AAAHC Institute for Quality Improvement, *Quality Improvement Insights 2015* available here.

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If you have questions or comments about *Connection*, please contact Angela FitzSimmons at afitzsimmons@aaahc.org.