

Listening to the 'patient voice' can drive improvements in hospital care for patients undergoing heart surgery

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Patient-reported experiences have potential for driving improvements in the quality of hospital care, according to a new study in the *Canadian Journal of Cardiology*, published by Elsevier. Investigators report on an analysis of the Canadian Patient Experience Survey responses obtained from cardiac patients in Alberta, which revealed areas that are highly rated by patients, but also reported findings around areas that could be the subject of future patient-centered quality improvements.

The term "patient-centered care" is gaining currency as it places the patient first, rather than reducing them to the sum of their symptoms or medical condition. Providing patients' first-hand reports of their care is important to help reinforce or confirm areas in which care is working well (from the patient perspective), as well as to guide quality improvement experts to where impactful improvements can be made. Patient-centered care is often measured through surveys, specifically those that measure the patient experience. Despite the proliferation of such surveys, there is limited research in this area.

Using records from the Canadian Patient Experiences Survey—Inpatient Care (CPES-IC), investigators analyzed the experiences of over 1,000 patients in Alberta who underwent [coronary artery bypass graft](#) (CABG) and/or valve replacement from April 2014 to March 2018.

"To our knowledge, this is the first study of its kind in Canada—one that uses linkage of [patient experience](#) surveys with routinely-collected administrative data to examine the comprehensive hospital experience of a particular clinical group," explained lead investigator Kyle A. Kemp, a Ph.D. candidate working in the Department of Community Health Sciences, Cumming School of

Medicine, University of Calgary, Calgary, AB, Canada. "Examining the comprehensive experience of patients who have undergone cardiac procedures such as CABG and [valve replacement](#) may provide tremendous value, given the labor-intensive and costly nature of these procedures."

CPES-IC surveys are administered across 93 hospitals in Alberta using a standard script and responses to frequently asked questions. A random sample of 10 percent of eligible discharges is obtained from each hospital, resulting in approximately 25,000 completed surveys each year. Participants complete a 56-question telephone survey after being discharged from hospital. Questions assess many aspects of care, including communication with doctors and nurses, medications, patient/family involvement in care, pain control, the physical environment, coordination of care, and discharge planning.

The results were rated on a scale from 0 (worst) to 10 (best) and overall were quite positive. More than 73 percent of the 1,082 respondents rated their overall hospital care as a 9 or 10. Top performing questions pertained to discussing help needed after discharge (96.6 percent responding "yes") and receiving written discharge information (93.2 percent responding "yes"). The responses also identified areas that could be targeted in quality improvement efforts. For example, less than 40 percent of respondents reported that the space around their room was always quiet at night, and only about 45 percent reported that hospital staff had always described the potential side effects of any new medications that patients were given.

"These findings are important because historically, many efforts to improve hospital care have been driven by administrators or clinicians—largely in absence of the 'patient voice'," commented Mr.

Kemp. "Being the first Canadian study of its kind, there is an opportunity for it to serve as a baseline when examining future data from this survey, both in Alberta and from other Canadian provinces. The study methodology can be also replicated elsewhere in Canada and throughout the world to examine the experience of other clinical populations such as joint replacement patients, labor and delivery patients, and seniors living with chronic diseases."

"The study by Kemp and colleagues is a step in the right direction and is in essence the first rung on the ladder towards meeting the much sought-after triple aim (better health, improved experiences of care, and lower costs for the system) of healthcare in Canada," commented Michelle M. Graham, MD, and Colleen M. Norris, Ph.D., GNP, both from the University of Alberta and the Mazankowski Alberta Heart Institute, Edmonton, AB, Canada, in an accompanying [editorial](#). "The investigators have in fact provided a methodology for building a Pan-Canadian patient-centered database required to drive improvement in various demographic, regional, and clinical cohorts in the Canadian health care system. Patients have been given a new way to speak; we just have to listen. Providing truly relevant, patient-centered care is dependent on it."

More information: Kyle A. Kemp et al, Patient-Reported Experiences With Coronary Artery Bypass Grafting and Valve Replacement, *Canadian Journal of Cardiology* (2019). [DOI: 10.1016/j.cjca.2019.05.008](#)

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