PATIENT EXPECTATIONS FROM AN EMERGENCY MEDICAL SERVICE

Waris Qidwai, Syed Sohail Ali*, Muhammad Baqir, Semi Ayub**

Family Medicine Department, *Department of Biological and Biomedical, Sciences, **Section of Emergency Medicine, Aga Khan University, Karachi,* Medical Student, Class of 2004, Dow Medical College, Karachi**

Background: Patient expectation survey at the Emergency Medical Services can improve patient satisfaction. A need was established to conduct such a survey in order to recommend its use as a quality improvement tool. **Methods:** The study was conducted on patients visiting the Emergency Medical Services, Aga Khan University, Karachi. A questionnaire was used to collect information on the demographic profile, and expectations of patients. The ethical requirements for conducting the study were met. **Results:** A hundred patients were surveyed. The majority was relatively young, married men and women, well educated and better socio-economically placed. The majority of the patients expected a waiting time and a consultation time of less than 30 minutes and 20 minutes, respectively. The majority of respondents expected and agreed to be examined by a trainee but there were reluctant to be examined by the students. There was an expectation that the consultant will examine patients and not advice the attending team over the phone. The majority of the patients expected intravenous fluid therapy. There was a desire to have patient attendant present during the consultation process. The majority of the patients expected to pay less than three thousand rupees for the visit. An expectation exists for investigations and hospitalization. Involvement of patients in decisions concerning their treatment and written feedback on their visit was expected. **Conclusions:** We have documented the need and value of patient expectation survey at the Emergency Medical Services department. The use of such a tool is recommended in order to improve the satisfaction levels of patients visiting such facilities.

Key-words: Emergency Medical Service-Emergency Care-Patient Satisfaction

INTRODUCTION

Recognizing patient expectation is considered to be an important objective for providing medical services. Failure to identify patient expectations can lead to patient dissatisfaction with care, lack of compliance and inappropriate use of medical resources[1].

Patient satisfaction surveys have been shown to be successfully conducted for Emergency Medical Services and the routine use of patient satisfaction tool is recommended for quality management and improvement.[2] Such surveys identify specific process of care measures that are determinants of patient satisfaction and willingness to return to the Emergency Medical Service, thereby identifying areas to improve performance.[3]

Review of patient complaints provide information regarding the Emergency Medical Service system performance and reveal targets for quality improvement[4], but a more proactive approach using methods to assess patient expectations is more appropriate.

A need was identified at the Emergency Department of the Aga Khan University Hospital, Karachi, to conduct a patient expectation survey.

MATERIAL AND METHODS

A questionnaire-based cross sectional survey was carried out at the Emergency Room, the Aga Khan University hospital in Karachi, Pakistan, during March and April 2003. It is a tertiary level teaching facility, in the private sector managed by trained Emergency Room physicians. On an average, 100 patients visit the Emergency Room daily.

A questionnaire was developed in keeping with the study objectives and included the demographic profile of the respondents. Questions were directed at finding the expectations of patients from the Emergency Medical Service. The questionnaire was administered by the study investigators to patients at random and to those not very sick.

Ethical requirements for the study were met which included taking written informed consent and providing assurance with regard to confidentiality, to the study participants. Since we used a convenience sample, a sample size was not determined. EPI-info and SPSS computer software were used for analysis of the results.

RESULTS

A hundred patients were surveyed. The majority were relatively young married men and women, well educated and either housewife, in private service, self employed or student. (Table-1).

The expectations of patients are listed in Table-2. Seventy nine (79%) respondents expected

written feedback from the Emergency Medical Service, regarding their case.

Table – 1: Demographic profile of the study population (n=100)

PARAMETER	NUMBER (PERCENT)
SEX:	
Males	54 (54)
Females	46 (46)
Mean Age (SD*) (In years)	42.72 (17.39)
Marital Status:	
Single	22 (22)
Married	75 (75)
Divorced	02 (02)
Widow	01(01)
Educational Status:	
Illiterate	07(07)
Primary	05(05)
Matriculation	15(15)
Intermediate	32(32)
Graduate	36(36)
Post-graduate	05(05)
Occupational status:	
Unemployed	06(06)
Self employed	14(14)
Private service	18(18)
Government service	05(05)
Housewife	35(35)
Student	10(10)
Retired	12(12)

* *Standard deviation*

DISCUSSION

We have documented the expectations of Emergency Room patients, visiting a tertiary level teaching facility in Karachi. The results of this study not only offer an understanding of the expectations of patients using such a facility but also provide us with a tool to improve the quality of care provided to them, thereby improving their satisfaction level.

We have surveyed a hundred patients and the findings can be used to focus on areas requiring improvement.

We cannot generalize the findings to other facilities in the country, since the study population in our study was educated and better placed socio-economically than the population
at large (Table: 1) Since the majority of the population cannot afford private emergency medical services and is therefore forced to use the government sector hospitals, their expectations for medical care is expected to be compromised.

Satisfaction with waiting time in the Emergency Room is related to overall patient satisfaction[5].

Table–2: Expectations of the Study Population (n=100)

Patient Expectation	Number (%)	Patient Expectation	Number (%)
Waiting Time		Presence of attendant , at the time of consultation	
➢ <30 minutes	81(81)	Yes	57(57)
➢ 30-60 minutes	19(19)	No	43(43)
Consultation Time		Affordable cost	
➢ <10 minutes	48(48)	<Rs.1000/-	33(33)
➢ 10-20 minutes	47(47)	Rs. 1000-3000	58(58)
➢ >20 minutes	05(05)	>Rs. 3000	09(09)
Expect to be seen by Physician-in-training		Expect to be examined by the student	
Yes	72(72)	Yes	73(73)
No	18(18)	No	15(15)
Don't know	10(10)	Don't know	12(12)
Agree to be seen by a Physician in Training		Agree to be examined by the student	
Yes	92(92)	Yes	50(50)
No	08(08)	No	47(47)
		Don't know	03(03)
Expect on call physician to examine the case:		Investigations are expected	
Yes	86(86)	Yes	73(73)
No	02(02)	No	06(06)
Don't know	12(12)	Don't know	21(21)
Agree to Physician on call telephonic advice:		Agree to hospitalization if recommended	
Yes	44(44)	Yes	70(70)
No	46(46)	No	15(15)
Don't know	10(10)	Don't know	15(15)
Intravenous fluids expected		Involvement in treatment decision	
Yes	71(71)	Yes	68(68)
No	22(22)	No	10(10)
Don't know	07(07)	Don't know	22(22)

The majority of the patients in our study expected a waiting time of less than 30 minutes, which may be difficult to achieve during rush hours. It has been shown that patient waiting time in clinics can be reduced with better planning[6]. The majority of patients expected a consultation time of less than 20 minutes. Such information is useful for managers and

administrators who plan and run the Emergency Room services.

The majority of respondents expected and agreed to be examined by a Physician in training. Since this study was conducted at a teaching hospital, one would expect such a finding. There is evidence to suggest that patients do not object to involvement of trainees as long as they contribute towards their treatment[7].

There is an expectation that the on call consultant will examine patients. There seems to be less support for the practice whereby the consultant advises his team over the phone. Such information will be very useful for the planners and managers of Emergency Room services.

It is uncertain as to why the majority of the patients expected intravenous fluid therapy even though our analysis shows half as many patients with diarrhea or vomiting. Concerns have been raised in the scientific community about un-necessary intravenous fluid use[8]. It is an understandable request that our patients desire to have their attendant present during the consultation process. Such a request does have the advantage of attendant providing moral support to the patient and useful information to the attending physician but raises confidentiality concerns. There is a need to further study this issue.

The majority of the patients expressed their expectation to bear emergency medical services costs of Rs. 3000/- or less, which is substantial in the local context. Since these were more affluent patients, a considerably less cost would be bearable by those in the community at large.

Such information will be useful for managers who run the emergency departments. It is not surprising that we have found reluctance on part of the patients to be examined by the students. It is also important to note that a majority does not expect to be examined by a student. Such reluctance has been noted in earlier study[7].

There is an expectation among the respondents that investigations will be requested during the Emergency Room visit. Even though such an expectation assists the Emergency Room Physicians to investigate their patients, the costs increase due to such practice has raised concerns with regard to appropriateness of tests requested and the quality of care provided to the patient[9, 10].

Since the patients were visiting the Emergency Room of a teaching hospital, it is not surprising that the majority were expecting hospitalization. Due to financial constraints, there is a growing trend towards ambulatory management of problems, in order to avoid high in-patient costs[11, 12].

In today's age of growing demand for autonomy and respect for patient, we should not be surprised at the finding that a majority of our study subjects want to be involved in decisions concerning their treatment. The majority also wants written feedback on their visit. This shows that there is clearly a shift from a paternalistic medical practice that exists in Pakistan[13] to a more autonomy based model of medical practice[14, 15].

We need to prepare our medical community to adjust to such changes that are taking place today in doctor-patient relationship.

The findings of our survey are illustrates the value of using such tools for improving quality at the Emergency Departments of our hospitals. Such an exercise, if conducted on a regular basis will point out areas that require improvement thereby ensuring patient satisfaction and reduced patient complaints[2, 3].

Such an exercise will also lead to increased professional satisfaction among the staff working at these departments.

CONCLUSIONS

We have documented the need and value of patient expectation survey at the Emergency Medical Services Department. The use of such a tool is recommended in order to improve the satisfaction levels of patients visiting such facilities. Its use is likely to reduce patient complaints and improve satisfaction of the staff of the Emergency Department.

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Address for correspondence:
Dr. Waris Qidwai, Department of Family Medicine, Aga Khan University, Stadium Road, P.O. Box: 3500, Karachi 74800, Pakistan. Fax: (9221) 493-4294, 493-2095, Tel: (9221) 48594842/ 4930051 Ext. 4842
E-Mail: waris@akunet.org