

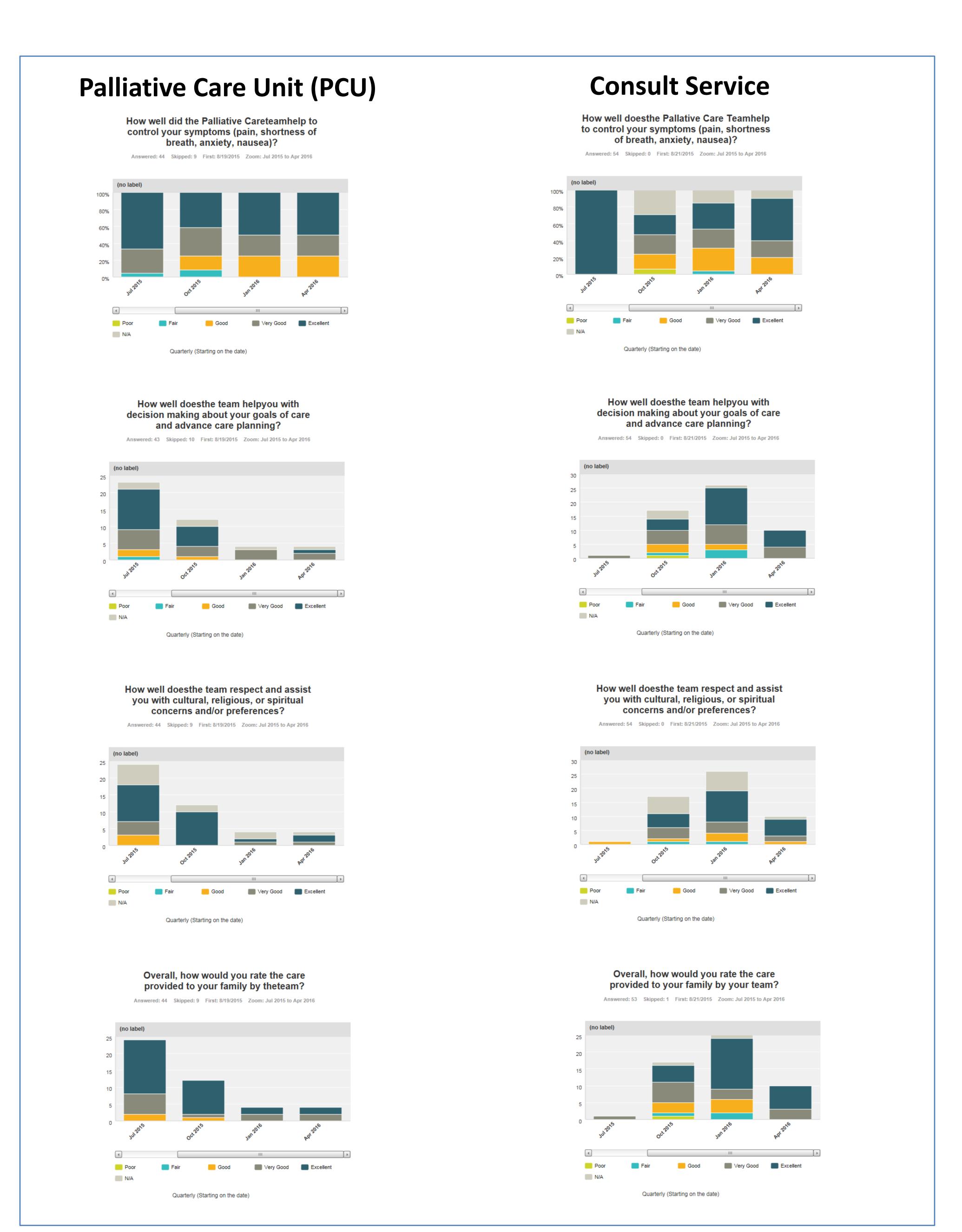
Surveying an Advanced III Population

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Background: Measuring patient satisfaction is increasingly a healthcare priority. HCAHPS scores are the most frequently used tool to measure patient satisfaction regarding their hospital stay. Unfortunately, these national surveys do not reflect outcomes specific to palliative care (PC), or provide feedback specific to the consulting team or any feedback from deceased patients. Our goal is to develop a feedback tool and demonstrate its utility for providing feedback from patients and families receiving hospital-based palliative care.

Method: We developed a brief questionnaire that focuses on symptom control, communication, advance care planning, and assistance with cultural, religious or spiritual concerns. Surveys were conducted at North Shore University Hospital of Northwell Health. In an effort to limit bias, surveys were conducted by volunteers and answers were recorded on iPads via Survey Monkey. Outcomes were immediately reported to the PC team and reviewed to improve care.



Results: The 8 item questionnaire was administered to 53 respondents from the Palliative Care Unit (PCU) and 54 respondents from the Consult Service from August 2015 through June 2016. The tool had previously been piloted in paper-based for with patients at Long Island Jewish Medical Center. Patients and/or families answered the questions on a scale from 1 to 5, with 5 being the highest score. Both the PCU and the Consult Service achieved an overall score of 4.7, with neither service receiving below a 4.4 on any question. Any complaints or need for symptom control was responded to in a timely manner, usually within 24 hours.

Conclusion: The process and results of these preliminary questionnaires are encouraging. Results highlight the areas where improvements can be made. Initial utilization already created changes in our service where we identify the team with pictures so the patient and family is clear as to whom we are speaking about. We continue to administer and improve the questionnaire for future patients. Our next steps can include replicating the process at a similar hospital in our health system, focusing on earlier reporting of needed symptom management and improving ways of documenting goals of care conversations. This process appears to be easily utilized and replicable across other hospitals.

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