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## Exploring patient satisfaction with interdisciplinary care of complex feeding problems

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### Abstract

Measures of patient satisfaction with health care experiences are recognized as essential in the healthcare market environment. To our knowledge, there are no specific patient experience measures that assess patient and caregiver satisfaction with a multidisciplinary approach to management of complex feeding and swallowing issues in pediatric patients. In order to explore patient experience and to identify opportunities for improvement, a pilot patient satisfaction survey was developed in an interdisciplinary feeding team clinic. Patients and families were surveyed following clinic encounters between July of 2014 and January of 2015. Likert style questions were used to assess experience with ease of scheduling, perception of the team's ability to understand feeding concerns, and to identify agreement with the appropriateness of recommendations. Two open-ended questions were used to elicit qualitative responses regarding what was positive about the experience and what could be improved or done differently. Qualitative responses were categorized by opportunities for improvement and affirmative statements. Analysis of survey results indicated high levels of satisfaction (96%) with the team's ability to understand feeding concerns and to provide feasible recommendations for treatment options. Satisfaction scores for scheduling were lower (92%); dissatisfaction with the next available options for appointments and with the overall length of the visit was identified. The pilot patient satisfaction project confirmed satisfaction with a multidisciplinary approach to feeding problems in pediatric patients, and identified opportunities for future quality improvement. Ongoing patient satisfaction measures will provide a mechanism to identify the effects of future improvement measures.

### Keywords

Pediatric, interdisciplinary, feeding, swallowing

### Introduction

Obtaining ongoing measurement of patient/caregiver satisfaction with their health care experiences is increasingly recognized as important in today's competitive healthcare market environment.<sup>1</sup> Given the numerous choices that patients/caregivers have for selecting health care, understanding the patient/caretaker perspective of what constitutes a positive experience facilitates the opportunity to meet and manage expectations. Perhaps most importantly, overall satisfaction with health care experiences has been linked to adherence with treatment guidelines and improved health outcomes.<sup>2,3</sup>

The information gathered from patient/caregiver experience surveys helps to identify what is working well, provide insight into opportunities for improvement, and offers a mechanism for assessing the effects of changes to improve experience. In addition, patient/caregiver experience survey results may be used as an important indicator of an institution's overall performance and a means to inform consumer choice. The data is linked with pay for performance/incentive pay programs in many

adult care settings as mandated by the Centers for Medicare and Medicaid Services (CMS).<sup>4</sup> Data from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPS)<sup>®</sup> is provided to CMS, there is a recently developed Pediatric Inpatient Experience of Care Measure (HCAHPS)<sup>®</sup> also available for use in the inpatient setting.<sup>5</sup> A variety of methods are used for surveying patients about their experience in outpatient locations, including surveys developed by private vendors, publicly available instruments, and internally developed, "home-grown" surveys. As such, there are recognized methodologic issues related to both measurement and interpretation of data related to patient experience.<sup>6</sup> Furthermore, data related to patient satisfaction and experience of care is difficult to obtain given the heterogeneity of patients, along with lack of dedicated time and funding to support research efforts. Nonetheless, it is well recognized that patient satisfaction surveys afford important information regarding experience with the healthcare environment. Assessment of patient experience by use of survey methods is listed as a top priority by the National Quality Forum (NQF) in an effort to establish stakeholder guidance on priorities for performance measure development in five areas: adult immunization,

Alzheimer’s Disease and related dementias, care coordination, health workforce, and person-centered care and outcomes.<sup>7</sup>

Our pilot study addresses measurement of satisfaction in the area of care coordination. Collaborative, multidisciplinary coordination of care in the health care environment is frequently described as efficacious and desirable for patients; yet scant empirical data exists to confirm these assertions. Of note, there are no existing standardized patient experience surveys available to assess satisfaction specifically with use of an interdisciplinary team approach to the assessment and management of pediatric feeding and swallowing issues. As such, there is no firm evidence as to whether patient and families are truly satisfied with multidisciplinary management of feeding problems, or what could be improved in the multidisciplinary approach. In order to objectively explore patient satisfaction in an interdisciplinary pediatric feeding team clinic, a pilot patient satisfaction survey was developed for use in the clinic setting.

The CCHMC Interdisciplinary Feeding Team (IFT) is comprised of multiple disciplines that provide direct and collaborative patient care in the evaluation and management of complex feeding and swallowing issues that span the scope of multiple services. Disciplines represented on the interdisciplinary team include physicians, nurse practitioners, nurses, speech pathologists, occupational therapists, social workers, and registered dietitians. The aim of the pilot study was to obtain objective data regarding satisfaction with collaborative pediatric interdisciplinary care of feeding and swallowing issues, and to identify specific opportunities for improvement of the patient/caregiver experience in our interdisciplinary clinic.

**Methods and Analysis**

There is a dedicated system for measuring patient experiences at Cincinnati Children’s Hospital Medical Center (CCHMC) that is designed for individual services, with the goal of streamlining patient experience and satisfaction into improvement initiatives and to monitor

the effect of improvements. Telephone interviews are completed on a weekly basis by two marketing research organizations that specialize in healthcare; National Research Corporation (NRC) and IntelliQ Health.<sup>8</sup> The current question text includes questions such as “Were you able to get an appointment as soon as you wanted? Did the health care provider give you a chance to explain the reasons for your child’s visit? Did they listen to what you had to say about your child? Were you involved in decisions about your child’s care as much as you wanted? When you asked questions, did you get answers you could understand?”

A pilot project was designed to assess patient experience with a collaborative team approach specifically within the interdisciplinary clinic setting of the CCHMC Interdisciplinary Feeding Team. The pilot survey consisted of three questions based on the existing question text in use by the CCHMC/NRC, using a five-point Likert scale to measure patient/caregiver satisfaction. Ease of scheduling appointment, the team’s ability to understand the concerns, and the subsequent appropriateness of the recommendations from the caretaker’s perspective were rated from strongly disagree to strongly agree (see Appendix A). The pilot survey also contained two open-ended questions which were designed to elicit qualitative responses about what could be improved or done differently, and to describe what was favorable about the visit experience in the interdisciplinary clinic setting. At the conclusion of each visit, caretakers were asked to complete and return the experience survey. Results were entered into an Excel computer database, and analyzed using descriptive summary statistical methods.

**Results**

The sample was comprised of patient satisfaction surveys completed by 144 families who received care in the Interdisciplinary Feeding Team clinic between July of 2014 and January of 2015. As depicted in Table 1, the average response scores indicated overall high levels of satisfaction with the interdisciplinary team’s ability to understand the feeding concerns as communicated by the caregiver

**Table 1.** Distribution of patient responses to Likert Style Questions on questionnaires

Survey Item	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree	Average Score	Percentage
Ease of Scheduling	2	2	9	29	102	4.63	92.6%
Concerns Understood	1	0	0	19	124	4.83	96.6%
Recommendations Appropriate	1	0	1	20	122	4.81	96.2%

N = 144

(4.83/5.0), and to communicate recommendations for treatment options that were appropriate from the caregiver perspective (4.81/5.0). Perception of the ease of scheduling the appointment yielded lower, but not significantly lower, average satisfaction scores (4.63/5.0). The overall distribution of the Likert question responses for each question is summarized in Table 1. Qualitative responses were categorized by major themes designated as opportunities for improvement and affirmative statements regarding the clinic experience, as summarized in Table 2 and Table 3, respectively.

neurologic, and metabolic issues have accompanying feeding and swallowing dysfunction; the necessary assessment and treatment aspects span the scope of the multiple disciplines represented on the team. The use of a multidisciplinary team approach in the diagnostic and management of complex feeding and swallowing issues is described in the literature as efficacious in that symptomology is complex and reaches across multiple disciplines, though patient satisfaction with such an approach has not been systematically studied.<sup>9-11</sup> Interdisciplinary evaluation affords the opportunity for an arena style appointment that encompasses multiple

**Table 2.** Survey Responses: What I liked About My Visit

- Multidisciplinary approach
  - Everyone was willing to look at the global issues, not focusing just on one
  - Given opportunity to ask questions to all, not having to ask at separate times
  - All different parties know what the problem is, and can work together
  - I don't have to keep explaining at separate visits what the other discipline said
  - I love coming for one appointment to see all the services at one time
  - Great to have everyone in one room
- Friendliness of team
  - Very friendly group
  - The people were friendly and accommodating
  - They were friendly and we all laughed at times, it was fun
  - The nicest group I ever saw at the hospital
  - Nice, friendly, and easy to understand
- Team's willingness to listen and understand concerns
  - The team actually listened to me – and to my child
  - The team listened well to me, and also listened to my daughter
  - The team listened to all my concerns and they understood
  - I felt like my questions were OK to ask without feeling dumb about it
  - The team was very attentive to all my concerns and addressed each one
- Satisfaction with opportunity for coordinated care and plan for follow-up
  - Team collaboration and care were worth driving three hours
  - We have a plan of action, they all listened, there is hope
  - Very helpful, offered advice and suggestions, and will help me coordinate things
  - I love the team's overall sense of care and plan to follow us as a group
  - Love the team effort and that care was coordinated

## Discussion

The Interdisciplinary Feeding Team at Cincinnati Children's completes approximately 1,300 clinic visits per year, evaluating and managing infants, children, and adolescents who present with a wide range of feeding and swallowing issues. A variety of genetic, structural,

disciplines at the same point in time, instead of several, individual appointments at different intervals and the need for separate communications between each of the individual providers for treatment planning. The interdisciplinary evaluation allows for a simultaneous assessment from different perspectives, the integration of each discipline's findings and for the formulation of

**Table 3.** Patient Survey Responses: What Could Be Improved or Done Differently

- Dis-satisfaction with waiting time
  - We had a long wait time before being seen and I was starting to get unhappy, you need to tell us what the delay is
  - Timing. We waited one hour before we were seen – too long!
  - The team needs to be more on time. We must arrive on time but then we sit forever waiting
  - There needs to be less waiting time in that waiting room area.
- Visit Length
  - Our visit was 2 ½ hours long, they said it would only take 2 hours
  - It took a long time (too long) for the doctor to come in the room after the team did their assessment – why?
  - We felt like we were in that room forever – let us know what’s going on next time please
  - The team took a long time with us which we appreciated, but we had to wait almost 90 minutes, and my baby was hungry
  - Maybe get in the rooms sooner, a hungry toddler is not fun to handle. We had to start feeding her before team came in
- Options for Scheduling
  - I did not like it that there was such a long wait time to get in clinic – was told the receptionist would call us back to get in earlier but never heard back
  - Why are the appointments so far out in the future? I had to schedule this appointment four months ago
  - How about appointments at the satellites? Base is pretty far away for us
  - Waiting list to schedule appointment is way too long

specific interventional recommendations during a single patient encounter.

Once the referral is received for an interdisciplinary feeding team consult clinic visit, a preliminary patient intake is completed by a registered nurse to confirm the appropriateness of referral, and to do a preliminary review of medical history and current concerns. A summary of history and concerns is completed, and the patient is placed on the clinic schedule. The comprehensive team assessment begins with a more in-depth review of past and present medical history and confirmation with the caregiver of what the primary concerns are in terms of feeding and swallowing function. Anthropometric measures are obtained and reviewed by the registered dietitian. Further information is gathered concurrently by the team in an arena interview setting. Medical history, developmental history, feeding/swallowing concerns, and current nutritional intake are reviewed. Observation of the patient’s postural tone, movement patterns, and respiratory support and oral motor skills for feeding is completed by the speech-language pathologist and the occupational therapist. Direct observation of feeding is completed to document regarding oral motor/feeding skills in comparison with chronologic age expectations. Clinical indicators of swallowing dysfunction are documented, and the need for further objective testing of airway protection adequacy during swallowing is needed. The social worker assesses behavioral, developmental, and social components of the feeding issues; psychological

consultation is available for assessment of anxiety, stress or other behavioral factors impacting on the overall feeding difficulty. A thorough physical assessment by a nurse practitioner and physician occurs in the context of the visit to evaluate medical issues and the need for changes in nutrition, medications, or diagnostic procedures. Throughout the team process, the members confer with one another, summarize findings, and agree upon final impressions and recommendations.

The results of the pilot patient experience survey yielded objective data regarding caregiver satisfaction as well as opportunities for improvement in our interdisciplinary approach to care. As noted in Table 1, results of the survey suggested that the multidisciplinary feeding team understood the concerns, and made appropriate recommendations. The agreement between team’s comprehension of caregiver concerns, and the caregiver perception that the recommendations were feasible and appropriate was high. Considering the range and complexity of issues, patient and family perception that the multiple disciplines on the team comprehended the concerns lends support to the multidisciplinary approach. Furthermore, the perception that the team’s recommendations were feasible and appropriate suggests a higher probability of compliance with following through with recommendations. As noted previously, data show that increased compliance with treatment and improved outcomes occur when there is a high level of agreement and understanding of treatment recommendations.

Ease of scheduling was rated lower by caregivers in comparison to the other questions on the satisfaction survey, with an average rating of 4.63, or 92%. The comments section included with this particular question on the survey was instructive and has provided objective data for an improvement project. The theme of the comments was very similar, with the primary concern listed as dissatisfaction with the wait time for obtaining the initial appointment. Comments included requests for multidisciplinary feeding team clinic visits in multiple locations as opposed to only the main campus at CCHMC, difficulty reaching the scheduling team to make appointments, and requests for more time options for clinic appointments, including weekend appointments. Immediate interventions could be made in regard to the responsiveness of the administrative support team in answering calls promptly. A “next available” list was put into place, used to quickly replace patient cancellations with patients on the waiting list. The team has increased awareness about the need to alert patients and caregivers about delays in clinic, the importance of maintaining ongoing communication during the visit regarding wait time, and to offer comfort measures such as snacks, or re-scheduling options. Additional interventions for clinic expansion and consideration for additional locations for multidisciplinary feeding team clinics is currently under evaluation for feasibility. Multiple logistical details such as determining actual need for expansion, and subsequently securing additional provider time and securing clinic space will be addressed.

Responses to the open-ended questions on the patient satisfaction survey were instructive, and facilitated identification of factors influencing both caregiver and patient satisfaction as listed in Tables 2 and 3. Responses to the question “what I liked about my visit” could be grouped into four primary categories: satisfaction with the opportunity for multidisciplinary collaboration; recognition of the friendliness of team; perception of the team’s willingness to listen and understand concerns; satisfaction with the opportunity for coordinated care and plan for follow-up. Responses regarding what could be improved or done differently in the clinic were also grouped into categories which included: dissatisfaction with long waiting time for interdisciplinary feeding team clinic appointment; wait time in clinic prior to being seen by the team as too long; overall length of the visit as too long; need more time options for scheduling clinic follow-up appointments. Subsequent time flow studies were conducted in the clinics, and improvement measures have been implemented, such as the addition of additional providers to facilitate clinic flow efficiency, implementation of pre-visit planning strategies to expedite necessary information gathering prior to visit, and the use of a clinic time flow card to increase transparency of wait time in clinic prior to being seen by the team, wait time during the clinic visit, and to identify overall length of the

visit in comparison to projected timeframe of a maximum of two hours for a complete interdisciplinary team visit. Once improvement measures have been in place for a period of several months, an analysis of patient satisfaction survey Likert scale results and open-ended comments will be made.

### Implications for Practice

Continuous measurement of patient/caregiver satisfaction provides ongoing data regarding level of satisfaction, which has known implications for health care outcomes. Furthermore, surveying patients and caregivers about their experiences in the healthcare setting promotes and guides opportunities for continuous quality improvement. Data regarding patient experience influences payment for services in certain settings, and may impact on gain and hold of market share. Additionally, evidence of high patient satisfaction helps to document quality to accrediting organizations, and can provide leverage in negotiating contracts with payers.

### Conclusions

Objective data reflecting patient experience is vital to continuous improvement of clinical processes, and confirms the quality of the healthcare experience from the perspective of the patient. Implementation of a survey to explore satisfaction with an interdisciplinary approach to coordination of care for complex feeding and swallowing issues has facilitated our team in identifying opportunities for improvement, particularly surrounding the length of the visit. Additional research to analyze wait time in clinic and the reasons for delay is warranted. The patient satisfaction data has also provided evidence of the positive aspects of interdisciplinary management, and the opportunity to share and celebrate positive feedback regarding the team’s ability to provide a positive, coordinated patient care visit. Future development of a standardized interdisciplinary care patient satisfaction measure will aid in exploring more dimensions of the care experience, and may provide opportunities for benchmarking among institutions that provide a multidisciplinary approach to patient care.

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