

Improving Patient Satisfaction through Communication

Patient satisfaction is an essential outcome of anesthesia quality and an important component of continuous quality improvement. Communication with patients is a key ingredient. There are both generic and specific ways to enhance communication in the perioperative period.

Etiquette based communication is the first step. The key factor in this is remaining friendly and personable before and after procedures. As a medical professional, you should introduce yourself and explain the role you will have in the patient's care. When communicating with the patient ask open ended questions such as "how are you feeling today?" Studies have also shown that patients feel more comfortable when the professional sits down with them. This allows the patient to feel connected with the doctor. Sitting down during the encounter has been shown to increase the perceived bedside time. If patients feel that you spend a sufficient amount of time listening to their concerns, they will perceive you as caring. Anything you can do to enhance the time spent with the patient (whether real or perceived) is of tremendous value. Research on a physician's body language suggests that a seated position with your torso and legs facing the patient is important for establishing collaborative interaction and demonstrating active listening. Sitting down is especially important before and after surgery, because patients are typically in the prone position and looking up at the provider, which heightens anxiety.

Effective communication and a team approach are vital in the pre-operative period, and should start well before the procedure with a visit to a preoperative assessment center. Complications and malpractice lawsuits are often attributable to failures in communication, and preoperative assessment services are one way to improve. Evidence suggests that a pre-operative visit relieves anxiety and helps to answer questions about the anesthetic. Communication must be clear, with consistent messages given to the patient by all members of the team regarding choices for anesthesia, post-operative analgesia, prevent and treatment of nausea and vomiting, and any other concerns. If it becomes necessary to cancel or postpone a procedure, a detailed explanation by a senior member of the team will go a long way towards reducing the patient's anger and subsequent anxiety. The opportunity to talk to a doctor who fully understands their needs will ensure a more confident and co-operative relationship.

Part of the responsibility of the anesthesiologist when communicating during the pre-operative visit is ensuring every patient or their legal guardian is fully informed about the proposed procedure and the planned anesthesia. Every patient or guardian should understand their individual risk of an adverse outcome, so they can make an informed decision about whether to move forward. During the preoperative visit the patient should be given the opportunity to discuss the choices of anesthetic technique, methods for pain relief, and potential risks – such as ICU admission or the need for a transfusion -- in a calmer atmosphere than immediately before the procedure.

Whenever possible, but especially with young patients, verbal communications should be supported with written materials that reinforce the key messages: the role of the anesthesia team, a commitment to pain management, NPO time, which medications to take, where and when to arrive for the

procedure, etc. Some anesthesia practices have written brochures or online sites that cover ‘frequently asked questions.’ These will improve the satisfaction of patients and families that may be overwhelmed by the complexity and unfamiliarity of the perioperative process.

Some specific steps to improve patient satisfaction:

- Make patient satisfaction a priority; discuss it in multidisciplinary meetings and create an action plan to address any shortcomings.
- Actively seek feedback on patient satisfaction, from the patients themselves.
- Educate staff on the action plan
 - Handouts, emails, staff meetings, etc.
 - Hardwire key behaviors, such as responding appropriately and sympathetically
- Audit staff knowledge and responsiveness
 - Observe behavior and provide feedback
 - Monitor and track results over time
- Address patients appropriately; practice good etiquette.
- Involve patients in their own care. Offer choices when appropriate (e.g. between regional and general anesthesia).
- Communicate with patients through multiple channels: verbal, written and online.