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Report to the Chairman, Subcommittee on Military Personnel and Compensation, Committee on Armed Services, House of Representatives

September 1989

DEFENSE HEALTH CARE

Patients' Views on Care They Received

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Human Resources Division

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September 13, 1989

The Honorable Beverly B. Byron
Chairman, Subcommittee on Military
Personnel and Compensation
Committee on Armed Services
House of Representatives

Dear Madam Chairman:

In your letter of February 16, 1988, you asked that we (1) survey a sample of patients provided medical care in several military treatment facilities to obtain their views on the care they received and (2) determine whether these military facilities had procedures to identify, compile, and resolve patient complaints. This report presents the results of our work on these two matters.

Background

During 1987 field hearings on problems facing military medicine, and later from other sources, the Subcommittee heard complaints relating to impersonal, rude, and insensitive treatment of patients at military treatment facilities. The chief purpose of our patient satisfaction survey was to obtain more systematic and comprehensive information on the pervasiveness of such treatment.

Patient satisfaction surveys also can provide information on other parts of facilities' operations and are important tools in private and public hospitals' quality assurance and risk management programs. Requesting and using patients' views can

- help the facility improve its quality of care;
- indicate needs for provider or patient education efforts;
- identify outmoded or inconsistent policies;
- identify facility locations or equipment needing repair;
- identify inefficiencies in facility operations;
- reinforce the strengths of the facility, when services or staff are complimented; and
- warn facilities of potential lawsuits.

Scope and Methodology

We sent patient satisfaction questionnaires to former inpatients and outpatients at nine military treatment facilities (three from each service) and visited these facilities to determine their procedures for compiling and resolving patient complaints. Appendix I presents a more detailed

explanation of our survey methodology, including a list of the nine facilities we surveyed.

The facilities we chose varied in size and location. We sent questionnaires to individuals randomly chosen from among inpatients discharged between March 14 and 27, 1988, and outpatients who visited clinics on March 16, 1988. Although the facilities do not statistically represent military treatment facilities in general, we can generalize about the experiences and satisfaction of patients at each of the surveyed treatment facilities during the sampled periods.

Our work was conducted in accordance with generally accepted government auditing standards between January 1988 and July 1989.

Results in Brief

Overall, patients expressed satisfaction with the care they received in all nine military treatment facilities surveyed. For outpatient care, the percentage of people who said their care was good, very good, or excellent ranged from 76 at the lowest rated facility to 90 at the highest rated (see fig. II.1). On an inpatient basis, the rating ranged from 83 to 97 percent favorable (see fig. II.2). Similar percentages indicated they would want to go again to the same facility, for both outpatient and inpatient care (see figs. II.3 and II.4). Other survey findings are summarized below and in appendixes II and III.

- Active duty personnel and their dependents were somewhat less satisfied with their care than were retirees and their dependents (see figs. II.5 and II.6).
- Patients generally considered medical treatment facility staff to be courteous and competent (see tables III.I and III.2).
- Patients regularly were informed by facility staff of what their health problem might be and how it could be treated, and questions they had about their illness or condition generally were answered satisfactorily (see tables III.3 and III.4).
- The ophthalmology, urology, dermatology, and outpatient surgery clinics received the most favorable outpatient ratings (see fig. II.7).
- Outpatient appointments often were difficult to make, and appointments often began late (see figs. II.8 and II.9).

Despite overall favorable ratings, 53 percent of the outpatients and 39 percent of the inpatients commented negatively on some element of the care they received, ranging among facilities from 42 to 66 percent for

outpatients and from 26 to 50 percent for inpatients. Summaries of patients' comments are shown in figures II.10 and II.11.

Each of the facilities surveyed had established patient representative programs to handle patient complaints and conduct patient surveys. Although the programs varied, they generally included such key features as evaluating and reporting on patients' complaints and following up to see that they were resolved. Appendix IV provides a more detailed description of these procedures.

Agency Views

We discussed the survey results with officials of the Office of the Secretary of Defense for Health Affairs and officials of the services. At their request, we are furnishing Health Affairs with the detailed survey responses for feedback to the specific treatment facilities and as baseline information with which to compare future survey results. We also are providing Health Affairs with the instruments we used in surveying patients at the nine military treatment facilities. Health Affairs and service officials have said they plan to incorporate them in existing military treatment facility surveys and/or future Defense-wide surveys that might be conducted as part of their respective quality assurance programs.

We are sending copies of this report to the Secretary of Defense and the services and will make copies available to others on request. A list of the major contributors to this report appears in appendix V.

Sincerely yours,

David P Baine

David P. Baine
Director, Federal Health Care
Delivery Issues

Contents

Figures

Survey Methodology

This appendix lists the nine military treatment facilities we surveyed and explains how we sampled patients from these facilities. In addition to describing how the questionnaires were developed, it presents our survey population and sample sizes, the number of responses by facility, and the precision of our survey estimates.

Military Treatment Facilities Surveyed

We chose military treatment facilities (1) from all three services, (2) of varying size, and (3) in different geographic regions, as shown in table I.1.

Table I.1: Military Treatment Facilities Surveyed by GAO

Facility	State	Branch of service	No. of staffed beds
Charleston	South Carolina	Navy	184
Portsmouth	Virginia	Navy	501
Great Lakes	Illinois	Navy	139
Fitzsimons	Colorado	Army	478
Kenner	Virginia	Army	61
Ireland	Kentucky	Army	191
Keesler	Mississippi	Air Force	295
March	California	Air Force	151
Davis-Monthan	Arizona	Air Force	48

Survey Populations and Samples

We identified both the inpatient and outpatient populations at each facility. Our inpatient population consisted of all individuals discharged from that facility between March 14 and 27, 1988. Our outpatient population included all patients who visited one or more of each facility's outpatient clinics on March 16, 1988.

We randomly sampled patients from the list of discharges and outpatient visits at each of the nine facilities (see table I.2). The sample design enabled us to generalize about patient satisfaction at each treatment facility for the period selected at a 95-percent confidence level. The sample results are true for the patient population at each facility within 9 percentage points higher and lower than the reported estimates, unless otherwise noted.

Table I.2: Survey Information on Population, Sample, and Response by Facility

Facility	Population size	Sample size	No. of usable responses[a]
Inpatient survey at:			
Charleston	320	175	108
Portsmouth	651	239	125
Great Lakes	211	137	91
Fitzsimons	472	214	163
Kenner	152	108	52
Ireland	382	192	102
Keesler	394	195	149
March	187	125	74
Davis-Monthan	99	99	75
Outpatient survey at:			
Charleston	721	250	165
Portsmouth	1431	300	199
Great Lakes	282	163	86
Fitzsimons	486	217	151
Kenner	443	203	119
Ireland	1082	275	176
Keesler	1390	299	196
March	238	141	105
Davis-Monthan	540	221	160

[a]For the inpatient survey, some cases were unusable, such as when the sample person was deceased, reported that he or she had not spent at least one night in the facility, was age 17 or under, or responded that he or she was treated at a facility that was not sampled. For the outpatient survey there also were some unusable cases, such as when the sample person was deceased, reported that he or she had not received outpatient care at the facility in the last 6 months, or responded that he or she was treated at a facility that was not sampled.

Questionnaire Development

We obtained patient satisfaction surveys from private sector hospitals and from the Department of Defense, and we spoke with personnel from both. Based on our discussions and on our review of these data collection instruments, we drafted two questionnaires, one for inpatient care and one for outpatient care.

We tested the draft questionnaires with several inpatients and outpatients who had received care in military treatment facilities in the Washington, D.C., area. Test subjects included active duty and retired military and dependents. We also submitted the draft questionnaires to Defense officials for review. Using results of these tests and our discussions with Defense officials, we modified and finalized the questionnaires.

Figures Listed in Report

This appendix contains each figure referred to in the report.

Figure II.1: Outpatient Ratings of Overall Care

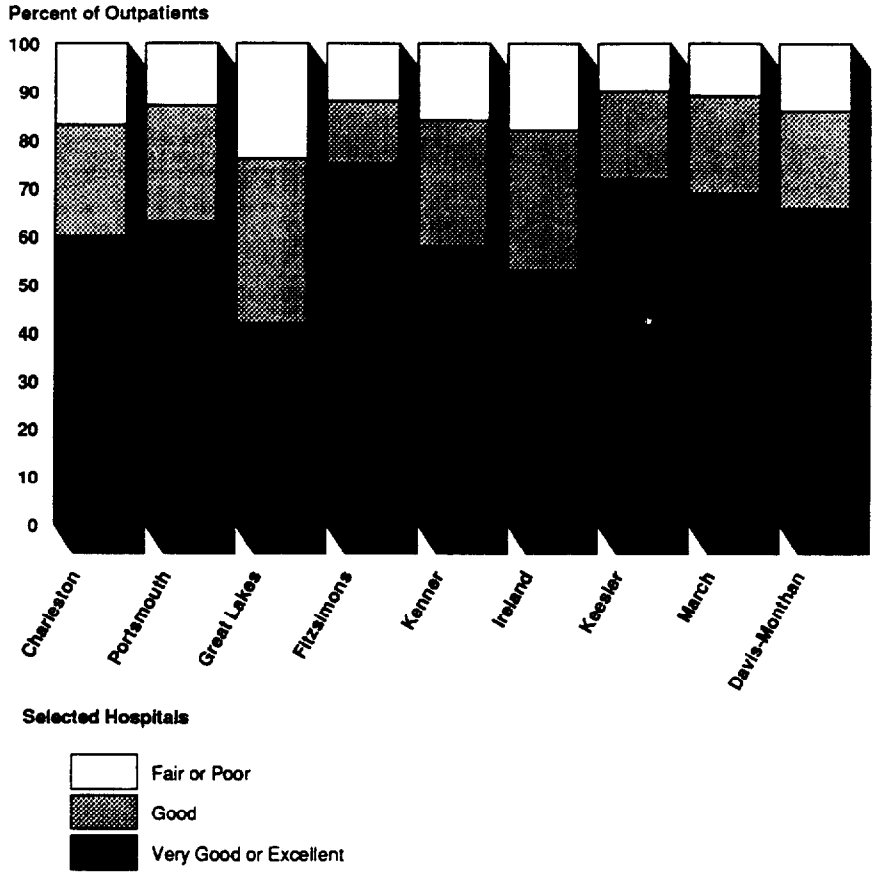


Figure II.2: Inpatient Ratings of Overall Care

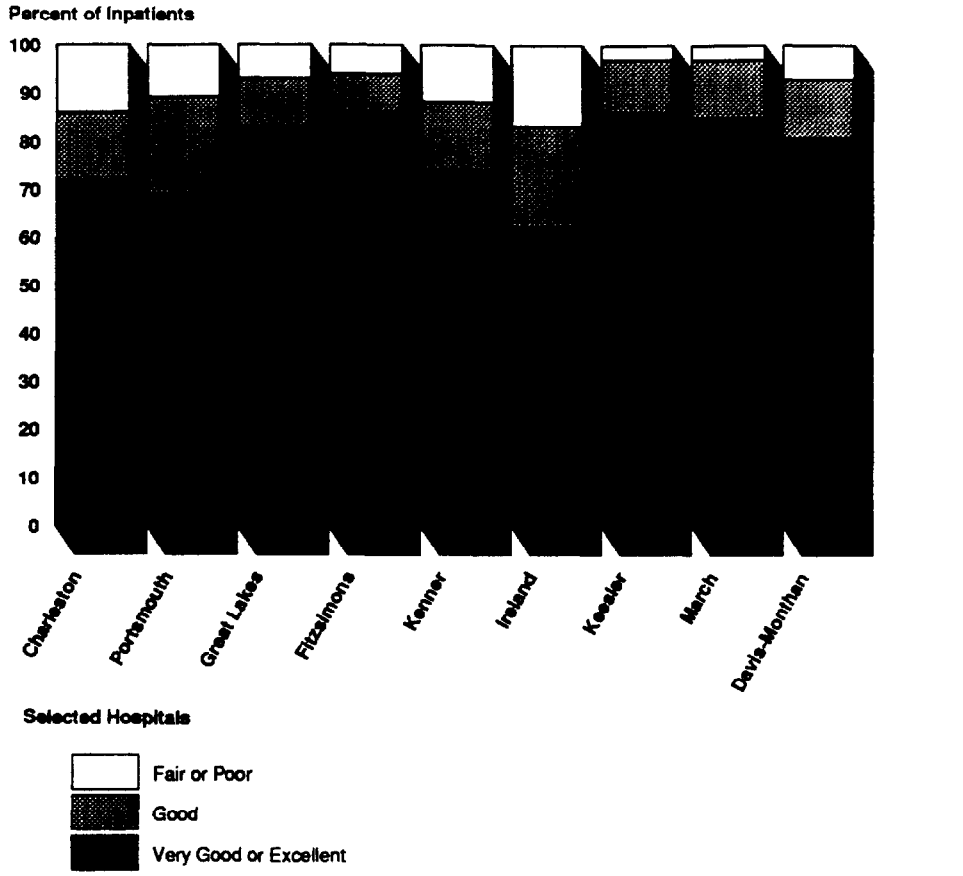


Figure II.3: Outpatients Desiring to Return to Same Facility for Future Care

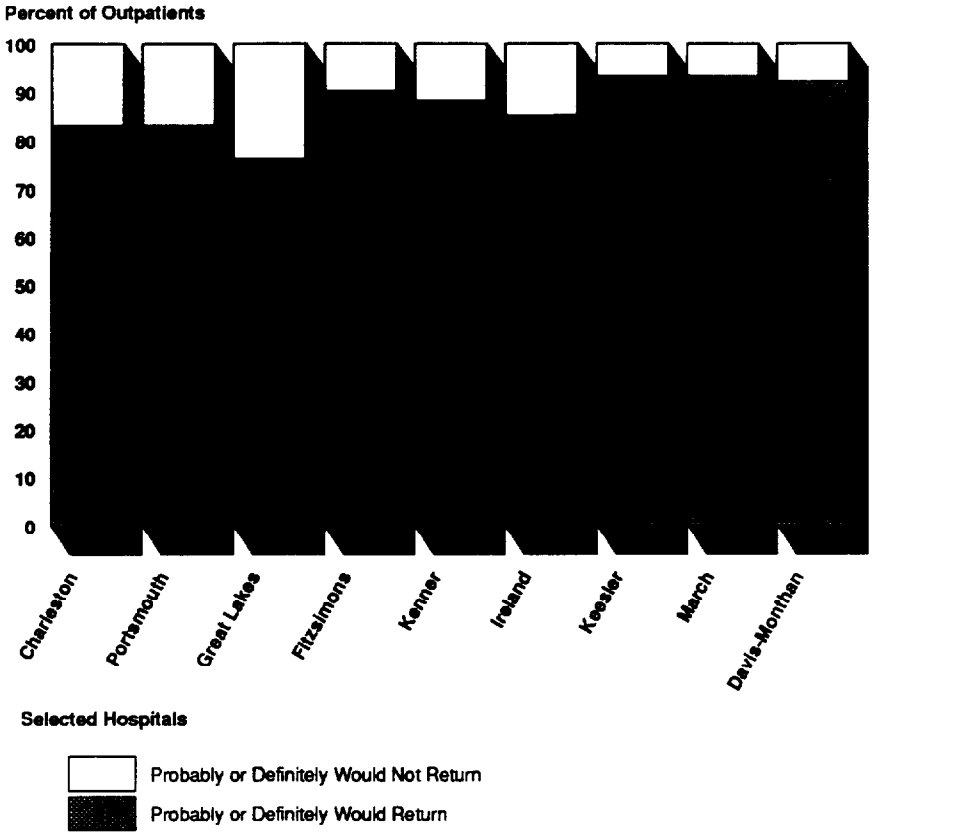


Figure II.4: Inpatients Desiring to Return to Same Facility for Future Care

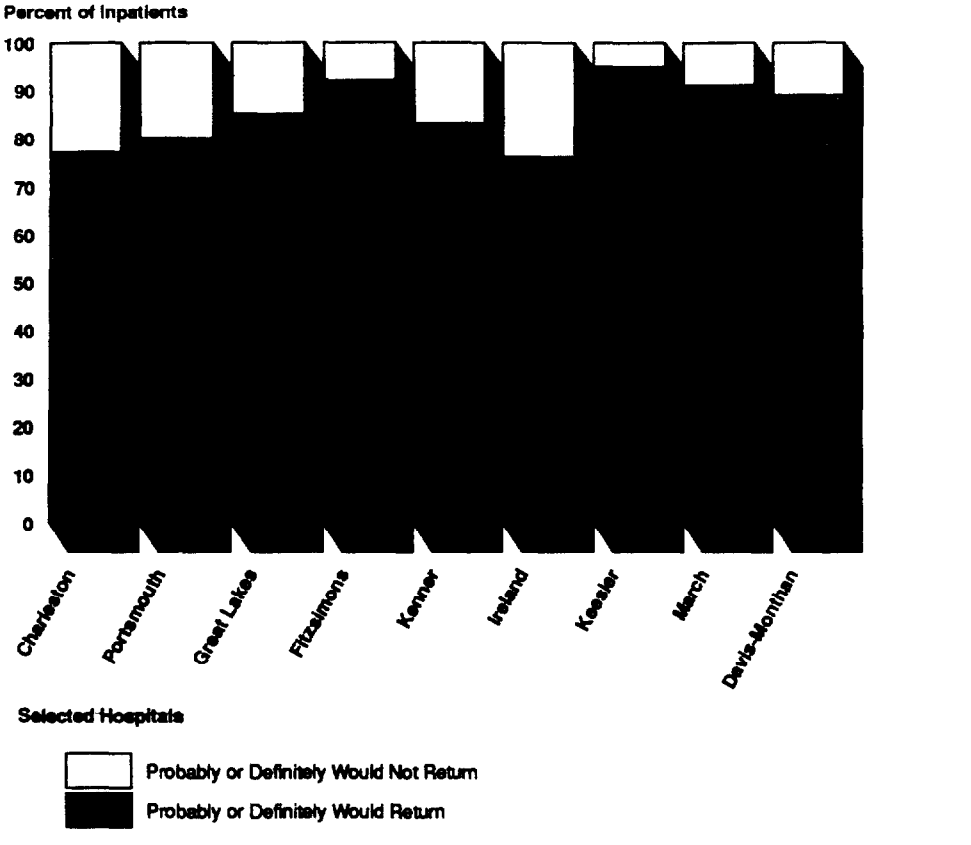


Figure II.5: Outpatient Ratings of Care by Military Status

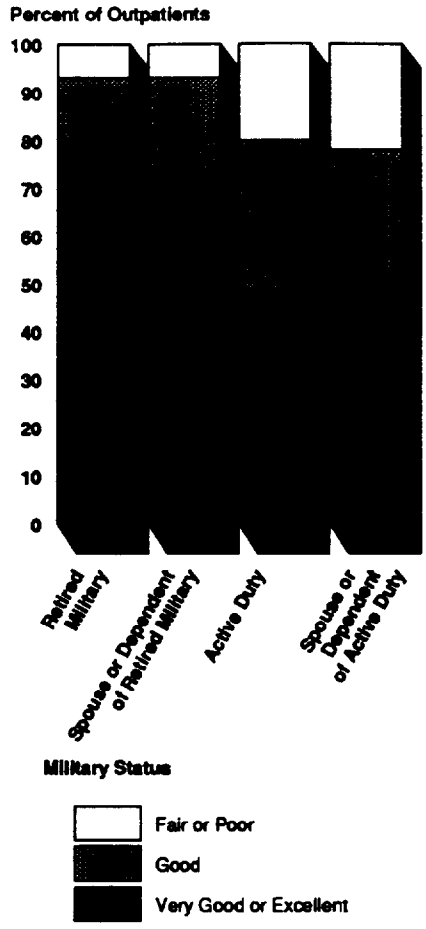


Figure II.6: Inpatient Ratings of Care by Military Status

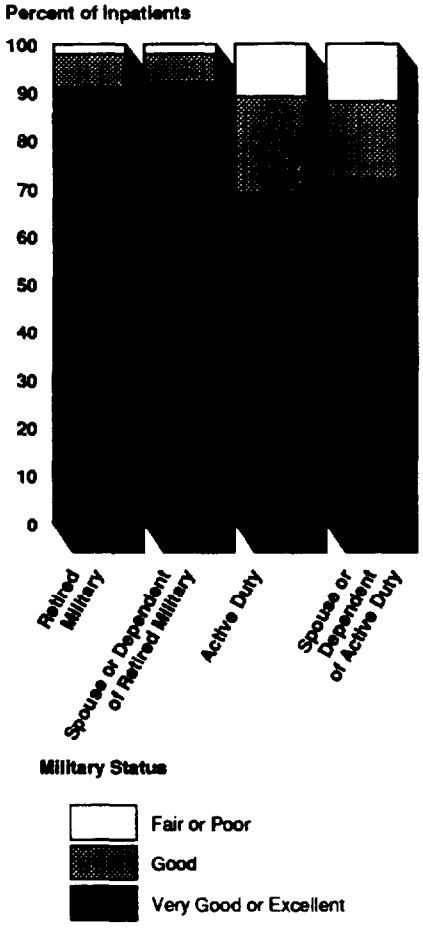
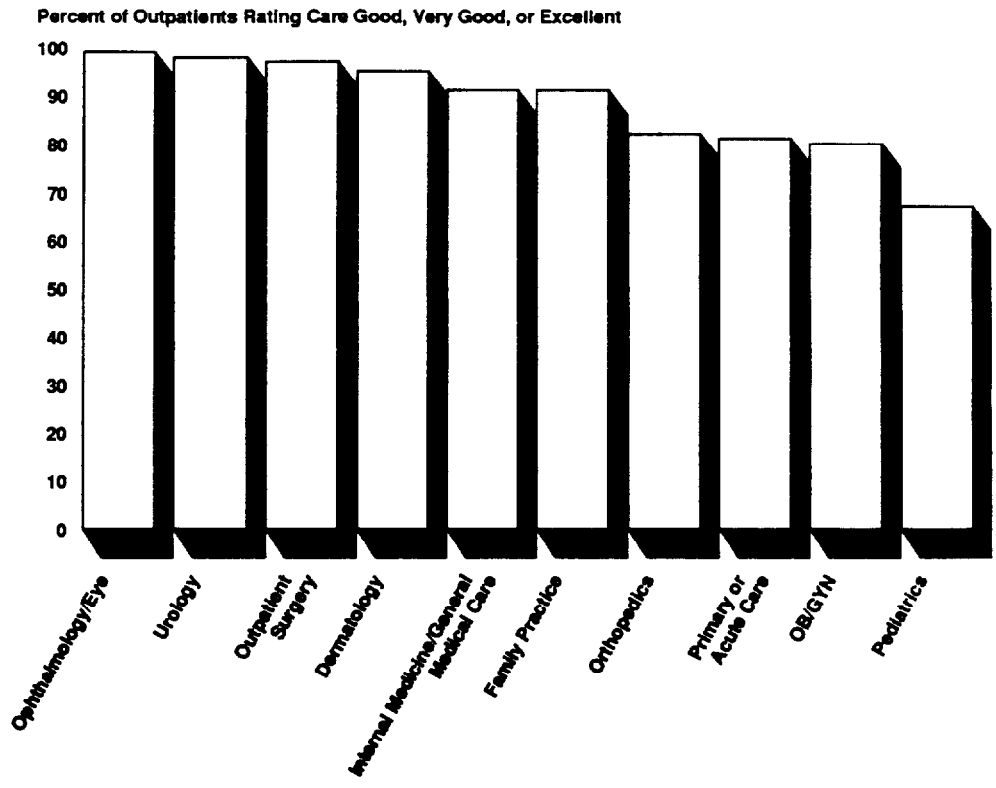


Figure II.7: Outpatient Ratings of Care by Clinic



The clinics above are the ones most frequently visited by patients in our survey. The percents shown above are for patients who primarily visited those clinics.

Figure II.8: Outpatient Ease of Reaching an Appointment Clerk

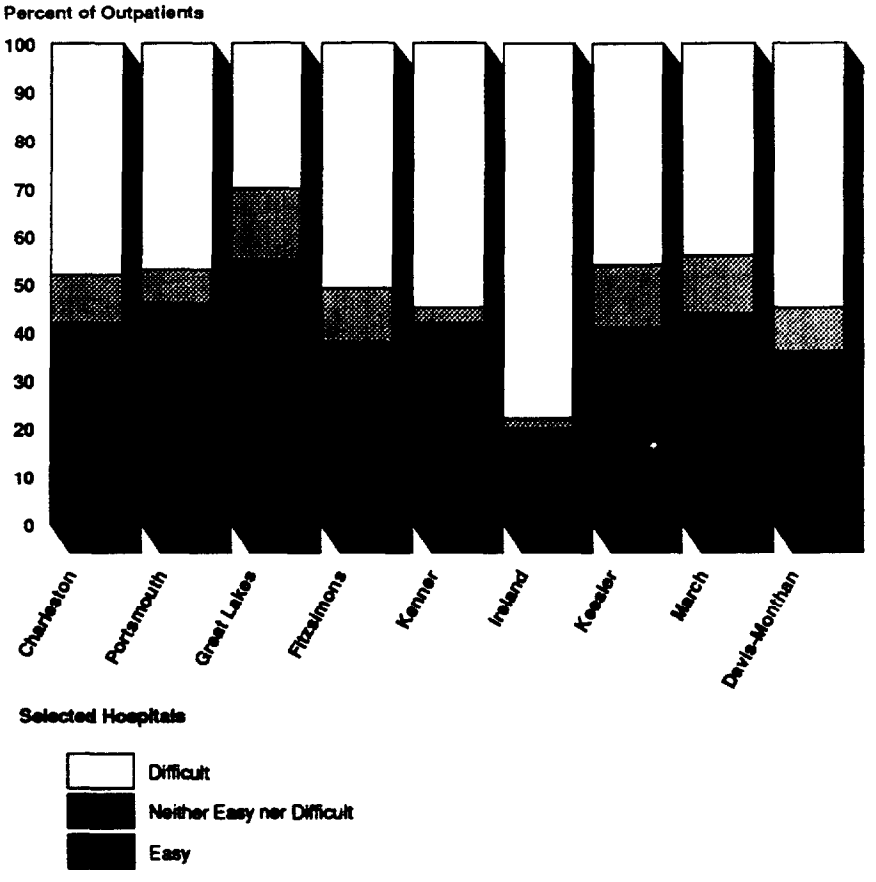


Figure II.9: Timeliness of Outpatient Appointments

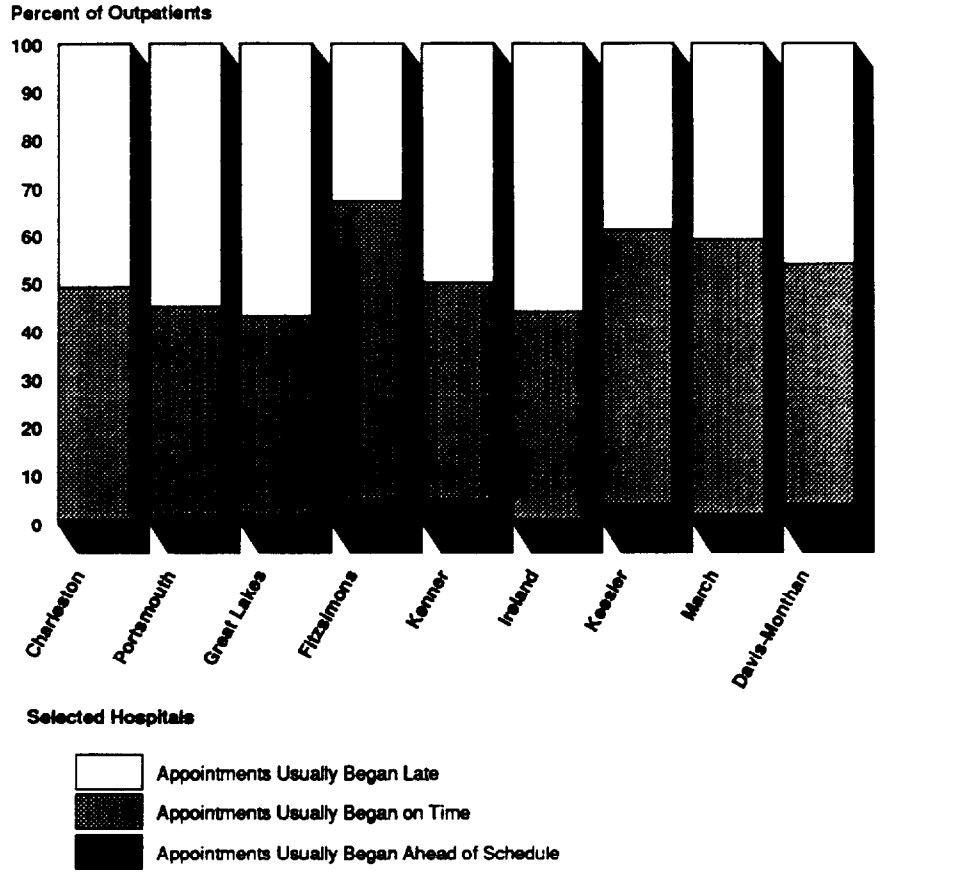
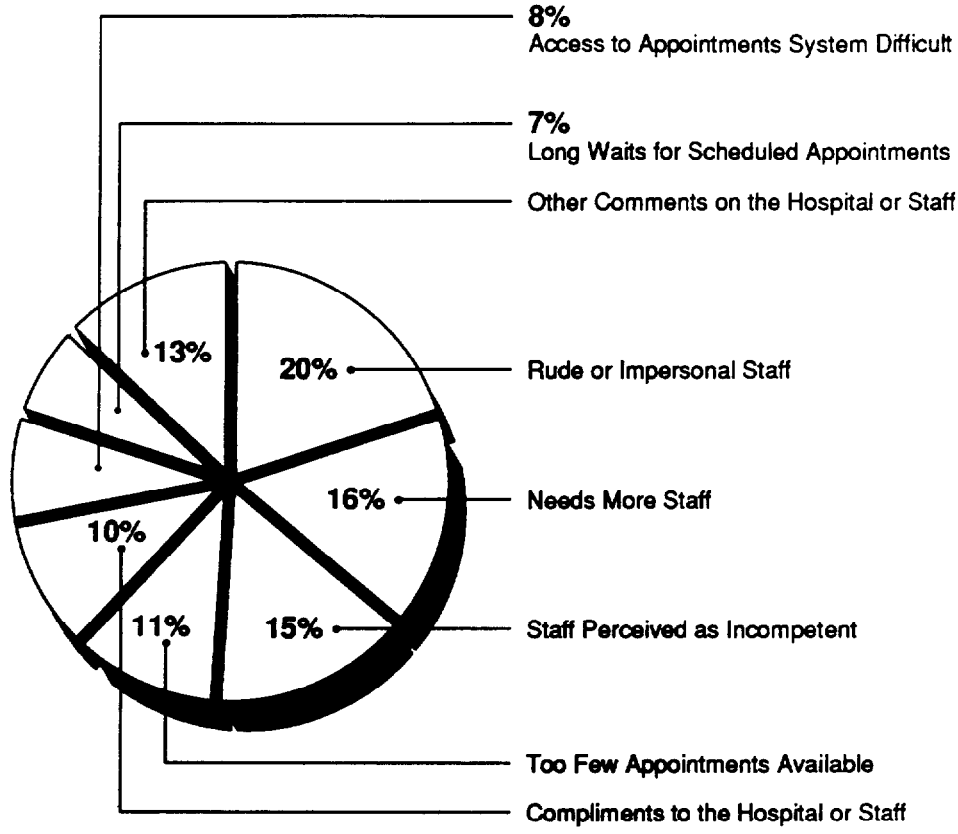
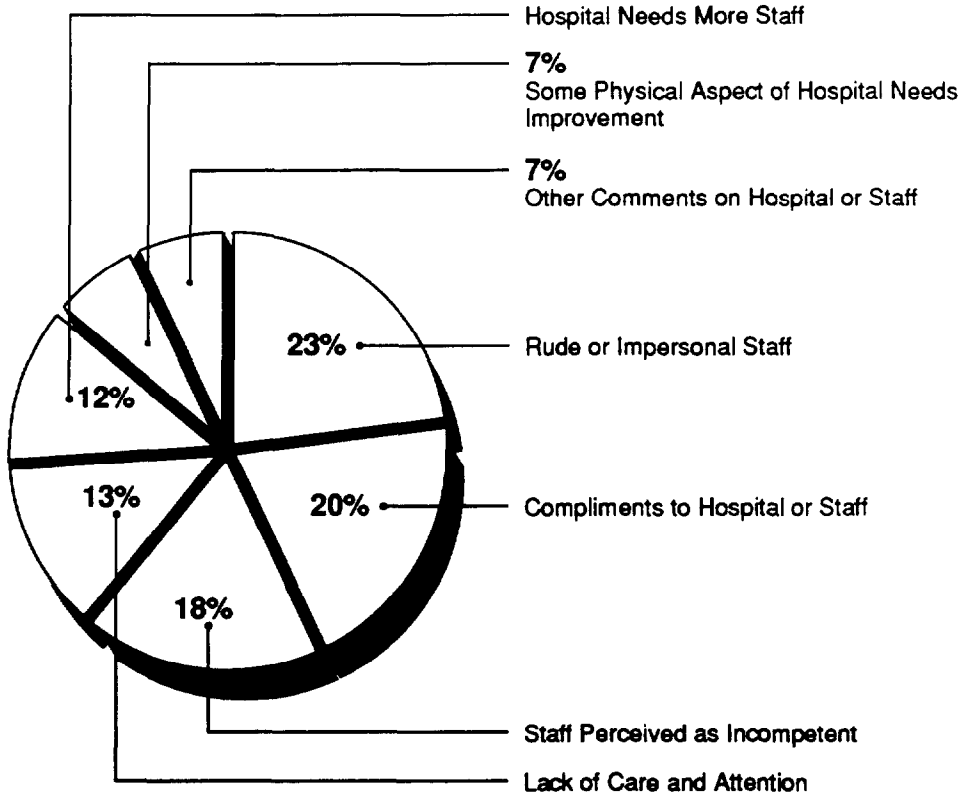


Figure II.10: Summary of Outpatient Comments on Various Aspects of Facility Care and Staff



A total of 1,724 comments were made. Some patients made more than one comment.

Figure II.11: Summary of Inpatient Comments on Various Aspects of Facility Care and Staff



A total of 1,202 comments were made. Some patients made more than one comment.

Tables Listed in Report

This appendix contains each table referred to in the report.

Table III.1: Percent of Outpatients Who Said Most or All Staff Were Courteous and Competent

Staff group	Charleston	Portsmouth
Doctors	87	92
Nurses	84	92
Corpsmen	76	82
Receptionists	73	86
X-ray technicians	89	92
Pharmacy staff	74	83
Staff taking blood	81	86
Medical records staff	75	86

Table III.2: Percent of Inpatients Who Said Most or All Staff Were Courteous and Competent

Staff group	Charleston	Portsmouth
Doctors	87	85
Nurses	84	89
Corpsmen	85	80
Receptionists	87	80
X-ray technicians	88	83
Staff taking blood	85	82
Cleaning staff	88	83
Admissions staff	85	83
Discharge staff	79	76

Table III.3: Percent of Outpatients Reporting Discussions About Their Health Problems, Treatment, and Questions They Had

Subject	Charleston	Portsmouth
What health problem might be	95	94
How it could be treated	91	93
Answered questions about illness or condition to patient's satisfaction	75	85

Table III.4: Percent of Inpatients Reporting Discussions About Their Health Problems, Treatment, and Questions They Had

Subject	Charleston	Portsmouth
What health problem might be	94	94
How it could be treated	94	92
Answered questions about illness or condition to patient's satisfaction	87	81

Great Lakes	Fitzsimons	Kenner	Ireland	Keesler	March	Davis-Monthan
79	90	83	82	89	89	87
81	94	92	92	93	95	93
63[a]	91	88	88	91	93	88
79	86	82	81	87	88	91
77	96	89	96	95	98	93
78[a]	86	82	86	95	91	92
75[a]	90	83	92	92	95	94
74[a]	85	78	82	89	90	84

[a]Sampling error was 10 percentage points.

Great Lakes	Fitzsimons	Kenner	Ireland	Keesler	March	Davis-Monthan
92	95	84[a]	85	95	97	93
95	93	88	81	97	99	96
86	92	92	86	94	93	93
93	90	81[a]	79	91	91	93
90	96	90[a]	88	95	98	98
82	86	94	82	89	91	95
96	88	94	89	88	90	93
92	87	87[a]	83	90	96	93
99	88	90	82	95	89	97

[a]Sampling error ranged from 10 to 13 percentage points.

Great Lakes	Fitzsimons	Kenner	Ireland	Keesler	March	Davis-Monthan
87	96	93	92	96	90	96
82	93	93	93	93	85	91
69[a]	87	74	78	84	82	83

[a]Sampling error ranged between 10 and 11 percentage points.

Great Lakes	Fitzsimons	Kenner	Ireland	Keesler	March	Davis-Monthan
96	98	91	91	96	93	96
94	93	88[a]	92	95	97	96
90	92	83[a]	81	92	96	92

[a]Sampling error ranged between 10 and 11 percentage points.

Military Treatment Facility Procedures for Identifying and Resolving Patient Complaints

Patient representative programs and patient satisfaction surveys are required by all three services, although the specific requirements vary. Patient representative programs and surveys at the nine facilities we visited also varied, but all facilities complied with their respective service requirements.

Service Requirements

The Navy requires that all military treatment facility commanding officers appoint a command patient contact point representative,[1] who is responsible for establishing a formal program to handle patient complaints. The program must include patient contact point representatives assigned throughout the facility to handle complaints and patient satisfaction surveys, the results of which must be integrated into the quality assurance program.

The Army established a consumer health program in part to afford patients an opportunity to provide comments on the health care delivery system. It requires facilities to use health care surveys/questionnaires, Patient Affairs/Assistance Office inquiries, an inspector general interview and complaint system, written correspondence from consumers, and the Health Consumer Committee to obtain consumer input. Army facilities also must appoint a patient representative to conduct an annual outpatient satisfaction survey.

The Air Force requires that all military treatment facility commanders establish a patient relations program to monitor patient satisfaction. The designated patient relations monitor at each facility must establish an orientation program for all staff personnel on patient relations, establish and monitor a patient questionnaire program, and establish and monitor a patient complaint program.

Facilities Complied With Requirements

All military treatment facilities we visited had one or more officials appointed to handle patient complaints. Navy and Air Force facilities had designated certain staff to assist the facility patient representative in addition to performing their clinical or technical duties.

All of the patient representatives said their primary role is to resolve patient concerns and answer patient questions. All believed that patient complaints had helped to identify facility or staff problems in the past. Most cited some examples of patient complaints revealing a system or

[1] Although titles differ among facilities, for purposes of this report these designees will be referred to as patient representatives.

staff problem and the problem being corrected or staff subsequently disciplined.

There was documentation at each facility that showed the patient representatives had handled complaints in a reasonable manner. They obtained information from providers or other appropriate sources when necessary to provide a response to each complaint and forwarded complaints or complaint summaries to management and quality assurance personnel for their review. We did not attempt to determine the appropriateness of the facilities' responses to individual complaints. Most patient representatives provided a monthly summary report to quality assurance, management, and/or high-level medical staff.

Also, patient representatives at eight facilities (Great Lakes, Kenner, Portsmouth, Ireland, Fitzsimons, Keesler, March, and Davis-Monthan) distributed, collected, and analyzed at least one patient satisfaction survey during 1987. (Kenner Army hospital did not conduct the required outpatient survey in 1987, but officials told us that a survey was conducted in October 1988.) The Charleston naval treatment facility made survey forms available to patients who requested them in 1987, but did not encourage responses. Charleston officials told us that beginning in 1988, they were going to formally survey patients twice each year.

Among the hospitals that did conduct outpatient surveys, the frequency of distribution of questionnaires ranged from daily to annually. Inpatient questionnaires were provided at the time of admission or discharge at each facility, except for Great Lakes, where questionnaires were distributed 1 week each month rather than continuously.

The Air Force collected and analyzed facility-specific patient satisfaction data in 1987 and 1988 and plans to do this annually. It provides each facility with 400 questionnaires to hand out to patients at clinics and forwards responses to Air Force headquarters. The results, which are fed back to the major commands, include tabulations and rankings of each facility relative to others of the same size, others within the same geographic area command, and the average for all Air Force facilities.

In the Army, each facility's annual outpatient survey results are tabulated and forwarded to the Army's Health Services Command. When 15 percent or more outpatient respondents are dissatisfied with overall care, or 20 percent or more are dissatisfied with a particular item, such

as the explanation about medications, the following must be included in the facilities' report:

- Actions taken to verify whether a problem actually exists and the nature of that problem.
- Proposed solution to the probable cause or problem identified.
- Follow-up measures taken or to be taken to alleviate the problem.

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