Consumer satisfaction is an important measure of service-based industries, including the healthcare industry (Beattie, Lauder, Atherton, & Murphy, 2014; Farley et al., 2014; Iannuzzi et al., 2015; Price et al., 2014; Weinick, Quigley, Mayer, & Sellers, 2014). The significance of patient satisfaction has been recognized for many years (Davidson et al., 2017; Price et al., 2014; Weinick et al., 2014), and surveys have become the most frequently used tool to quantify the consumer experience (Farley et al., 2014; Iannuzzi et al., 2015; Weinick et al., 2014).

In 2006, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey became the first national, standardized, survey of patients’ perspectives of their inpatient hospital experience in the United States (Centers for Medicare & Medicaid Services, 2017). Public reporting of HCAHPS scores began in 2008 as part of value-based purchasing initiatives (Centers for Medicare & Medicaid Services, 2017).

Standardized questions to capture inpatient satisfaction related to pain have existed for more than a decade. Sadly, standardized questions to capture patient satisfaction with pain management in the outpatient practice setting are rarely used. The purpose of this project was to implement a new pain-related patient satisfaction metric for patients receiving care in diverse outpatient settings across an academic medical center. Implementing the use of a patient-reported satisfaction metric was intended to complement the pain screening and applicable follow-up by a licensed independent practitioner occurring at every outpatient visit. This work also coincided with an evidence-based practice initiative related to routinely offering interventions for needlestick pain to both adult and pediatric patients (Farrington, Laffoon, Dawson, & Kealey, 2017). Available interventions currently include sucrose solution, breastfeeding, vibration, cold, distraction, skin refrigerant, topical numbing creams, aromatherapy, and/or patient and family education.

In March 2013, a newly established Ambulatory Pain Committee began collaborating with the Office of the Patient Experience on this project. The available customized questions from the vendor, who sponsors the institution's patient satisfaction surveys, were reviewed. The group recommended the inclusion of a new survey item, Our Sensitivity to Your Pain. In May 2015, final approval and sign-off was obtained from the Chief Nursing Officer and Chief Medical Officer.

To date, not enough organizations have chosen to use the same customized question, preventing external benchmarking. However, internal benchmarking between the 48 outpatient clinics throughout the organization is occurring and “best practices” are shared between clinics. Quarterly pain-related patient satisfaction updates have been provided to the Ambulatory Pain Committee since the survey item was added and an annual update is provided to the Department of Nursing Pain Committee. The addition of this survey item has resulted in an increased number of free text pain-related comments from patients and family members. Since May 2016, these comments have been shared on a weekly basis to highlight positive patient experiences and additional opportunities to improve pain-related care.

The percent of “very good” responses, or the top box aggregate score, for all 48 outpatient clinics from July through September 2018 was 77.6 with more than 9,000 returned patient satisfaction surveys. The baseline top box aggregate score from the first full quarter (April through June 2015) was 74.1 with approximately 2,700 returned patient satisfaction surveys since the survey was not sent to patients and family members by e-mail until July 2015. “The shot was painless for the most part, and the nurse was
very kind” and “The staff always asks how I am feeling and about my pain. They always listen carefully to my answers and pass these on to the doctors” are just two of the most recent free text comments shared.

Project leaders are continuing external dissemination efforts and discussions in hopes that a standardized pain-related patient satisfaction question will be adopted for outpatient settings so external benchmarking can commence. The American Academy of Ambulatory Care Nursing (AAACN) has identified pain assessment and follow-up as one of the five ambulatory nursing-sensitive indicators and is working with other nursing groups to quantify nursing’s impact and validate the need for nurses in the outpatient setting (American Academy of Ambulatory Care Nursing Task Force Members, 2017; Brown & Aronow, 2016; Esposito, Rhodes, Besthoff, & Bonuel, 2016; Martinez, Battaglia, Start, Mastal, & Matlock, 2015; Mastal, Matlock, & Start, 2016; Matlock, Start, Aronow, & Brown, 2016; Smolowitz et al., 2015; Start, Matlock, Brown, Aronow, & Soban, 2018). Perceptions of delivering safe, high quality patient care have moved beyond just providing excellent clinical care to considering and embracing the patient and family experience as another critical component (Esposito et al., 2016; Wolf, Niederhauser, Marshburn, & LaVela, 2014).

Title:
Pain-Related Patient Satisfaction in Outpatient Settings: The Need for Standardization and Benchmarking

Keywords:
outpatient care, pain and patient satisfaction

References:


Abstract Summary:
A pain-related patient satisfaction metric was implemented for ambulatory patients receiving outpatient care across practice settings at an academic medical center. This new metric complemented the pain screening and follow-up occurring at every visit and coincided with an evidence-based practice initiative related to routinely offering interventions for needlestick pain.

Content Outline:

1. Patient Satisfaction
   1. History
   2. Pain-Related Questions
      1. Inpatient Settings
      2. Outpatient Settings
   2. Implementation of a New Pain-Related Question for Outpatients
      1. Question Determination
      2. Approval Process
3. Interventions for Needlestick Pain
   1. Adult Patients
   2. Pediatric Patients
4. Patient Satisfaction Results
   1. Scores
   2. Free-Text Comments
5. Conclusions

First Primary Presenting Author
**Primary Presenting Author**
Michele Marie Farrington, BSN, RN-BC
University of Iowa Health Care
Department of Nursing Services and Patient Care
Clinical Health Care Research Associate
Iowa City IA
USA

**Author Summary:** Michele Farrington, BSN, RN-BC, is a Program Manager at University of Iowa Health Care. Ms. Farrington has numerous peer-reviewed publications related to EBP projects and has given multiple local, regional, national, and international presentations. She is a past recipient of the Nursing Excellence in Clinical Education Award, 100 Great Iowa Nurses, and ENT-NF Literary Award.

Second Secondary Presenting Author
**Corresponding Secondary Presenting Author**
Trudy Ann Laffoon, MA, RN-BC
University of Iowa Health Care
Department of Nursing Services and Patient Care
Nurse Manager
Iowa City IA
USA

**Author Summary:** Trudy Laffoon is currently Nurse Manager for the Dermatology and Surgery Specialty Clinics. She is a member of Sigma Theta Tau International, the American Academy of Ambulatory Care Nursing, and the American Society for Pain Management Nursing. She is a past recipient of the ASPMN Humanitarian Award, 100 Great Iowa Nurses, the ENT-NF Literary Award, and STTI Gamma Chapter Leadership Award. She is currently enrolled in the University of Iowa Doctor of Nursing Practice program.