



**ACS-SQA**

surgical patient experience of care  
**survey design project:**

**A progress report**

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**T**he American College of Surgeons, representing the Surgical Quality Alliance (SQA), has been working with the American Institutes for Research (AIR) and Westat to develop a Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey centered on patient experiences of surgical care. This article provides background information on why the College and SQA decided to get involved in this project, updates readers on the status of that undertaking, and offers an overview of the types of information gathered through the CAHPS studies. In the coming months, the *Bulletin's* "What surgeons should know about..." columns will discuss the ACS-SQA Surgical CAHPS project.

#### ***CG-CAHPS' primary care focus***

The Agency for Healthcare Research and Quality (AHRQ) launched the CAHPS program in 1995 as a public-private initiative using standardized surveys of patients' experiences with ambulatory and facility-level services. AHRQ developed the surveys through a public-private partnership with researchers at Harvard University, The RAND Corporation, Research Triangle Institute, Westat, and American Institutes for Research. Since then, CAHPS surveys have become the most widely used instruments of their type in the U.S., achieving widespread adoption by the Centers for Medicare & Medicaid Services, state Medicaid programs, and private health plans. More than 55 million enrollees currently are covered through health plans that rely on CAHPS.

Furthermore, in October 2006, the Ambulatory Quality Alliance (AQA) endorsed the use of the Clinician & Group CAHPS (CG-CAHPS) survey instrument for all purchasers, providers, and payors interested in measuring patient experience of care at the physician or group practice level. The surgical societies reviewed this survey and reached a general consensus that the questionnaire did not adequately measure and reflect the quality of surgical care. By emphasizing all care received from a physician in the last 12 months and using a response scale that ranged from "always" to "never," the survey clearly was geared toward primary and chronic care. Moreover, the CG-CAHPS survey did not contain key domains of quality in the surgical episode, such

## **Sponsors of the Surgical Patient Experience Survey**

### **Specialty societies**

American Academy of Ophthalmology  
American Academy of Orthopaedic Surgeons  
American Academy of Otolaryngology–  
Head & Neck Surgery  
American College of Osteopathic Surgeons  
American College of Surgeons  
American Society of Anesthesiologists  
American Society of Colon & Rectal Surgery  
American Society of Plastic Surgeons  
American Urological Association  
Society for Vascular Surgery  
Society of Thoracic Surgeons

### **Surgical board**

American Board of Orthopaedic Surgery

### **Foundation**

United Health Foundation

as informed consent, shared decision making, postoperative follow-up care, and anesthesia care.

#### ***ACS and SQA step in***

After review and consultation, the ACS contracted with AIR and Westat on behalf of the SQA to develop a survey that would properly assess patient experiences in surgical care. AIR and Westat have extensive experience working on other CAHPS instruments and are following all AHRQ guidelines and protocols for developing a CAHPS survey. The goal at the end of the project is to submit the survey instrument to AHRQ and receive the CAHPS trademark and, thus, make available to the health care marketplace a reliable, valid measure of surgical patient experiences.

A total of 11 surgical specialty societies and one surgical board (see box on this page) supported the project financially, provided technical input to the questionnaire design, and recruited surgical practices to participate in field testing the questionnaire. The College also received a generous grant from the United Health Foundation to support instrument development.

## Survey development

To increase the likelihood that AHRQ would add the surgical survey to the CAHPS family of national standard survey instruments, the ACS-SQA project followed the CAHPS consortium survey development protocol. This approach involves the following five phases, each of which builds on the previous step to ensure the development of an instrument that measures aspects of care that are meaningful and for which patients are the best source of information:

- *Review the literature.* These activities focused on identifying existing surveys related to surgical care, relevant topics to cover in a survey of surgical care, and issues pertinent to survey administration and appropriate survey design characteristics, such as response scales. AIR reviewed 930 abstracts and identified 18 different instruments covering 14 topics related to surgical care.

- *Conduct focus groups.* AIR then conducted six focus groups in two geographic locations with a broad mix of patients who had undergone surgery within the previous six months. Using a structured protocol that included open-ended questions, ranking exercises, and prompted recall, AIR tested the relevance of the topics identified in the literature review and examined common experiences across surgical patients.

- *Develop questions/survey items.* The findings from these two activities were reviewed by the technical advisory panel representing surgical society participants, and a set of approximately 70 questions were developed. These questions were crosswalked with the existing CAHPS surveys to ensure comparability wherever possible. Draft survey instruments in English and Spanish were developed for cognitive testing with patients.

- *Test questions on patients.* To ensure that patients can accurately answer the questions in the survey and that patients are appropriately interpreting the intent of the questions, all CAHPS surveys are subject to cognitive testing. This process consists of two-hour, one-on-one interviews with patients who have undergone surgery within an appropriate time frame. Patients answer the draft survey based on their experience and “think aloud” about how they determine their answers. Researchers conducting the testing also use a

## Composites and questions in the Surgical Patient Experience Survey

### Presurgical communication

- ✓ Surgeon/staff gave you enough information
- ✓ Surgeon/staff gave you easy-to-understand instructions
- ✓ Surgeon listened carefully to you
- ✓ Surgeon encouraged you to ask questions

### Perioperative care

- ✓ Surgeon visited you before surgery
- ✓ Visit made you more calm and relaxed
- ✓ Surgeon visited you and discussed outcome of surgery before you left the facility

### Postsurgical follow-up

- ✓ Surgeon/staff explained to you what to expect during recovery
- ✓ Surgeon/staff warned you of symptoms requiring immediate medical attention
- ✓ Surgeon/staff gave you easy-to-understand instructions about what to do during recovery
- ✓ Surgeon made sure you were physically comfortable
- ✓ Surgeon spent enough time with you
- ✓ Surgeon treated you with courtesy and respect

### Office staff

- ✓ Staff was as helpful as you thought they should be
- ✓ Staff treated you with courtesy and respect

### Shared decision making

- ✓ Surgeon told you there was more than one way to treat your condition
- ✓ Surgeon asked which way you prefer to treat condition
- ✓ Surgeon talked about the risks and benefits of treatment decisions

### Using diagrams

- ✓ Surgeon/staff used diagrams, models, videos to help explain surgery
- ✓ Diagrams, models, videos helped you understand

### Anesthesia care

- ✓ Anesthesiologist encouraged you to ask questions
- ✓ Anesthesiologist answered questions clearly
- ✓ Anesthesiologist made you feel more calm

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series of structured follow-up questions to clarify patients' understanding. AIR conducted 30 interviews in two rounds of cognitive testing—20 in English and 10 in Spanish.

- *Conduct field testing.* After revising the instrument based on cognitive testing results, the psychometric properties of the questionnaire were tested in a large-scale field test. The test encompassed 33 practices across nine specialties and included responses from nearly 2,750 patients in 18 states. With these results, the researchers were able to examine the reliability and validity of the questionnaire and use factor analysis to develop clusters of questions (composites) that reliably describe domains/topics of patient experience of surgical care.

This survey development process began in August 2007 and analysis of the field test data and final revisions to the instrument were completed in November 2008. The final version of the survey has 35 questions, plus seven questions designed to determine patient demographics for analysis and risk adjustment. Some questions, such as those assessing provider communication skills, are very similar to questions in other CAHPS surveys; however, they use a scale of “definitely yes” to “definitely no”—rather than “always” to “never”—reflecting the more episodic nature of surgical care. Other questions in the new survey are unique to this instrument and reflect the special quality concerns of surgical care, such as postsurgical follow-up and instructions.

### ***Purposes and status***

This questionnaire may be used for quality improvement purposes by individual surgeons or health care delivery systems, as part of Maintenance of Certification, or as part of a public reporting initiative. In addition to the participating specialty societies and surgical board, ACS staff has received a number of inquiries about the new instrument from large academic medical centers, other surgical boards, and the American Board of Medical Specialties.

The final step in the survey development process is to submit the new questionnaire and documentation of its development and testing to the AHRQ for review and permission to use the official CAHPS trademark. This approval will ensure that the ACS-SQA questionnaire becomes

the national standard for measuring patient experience of surgical care and will provide a mechanism for establishing and monitoring appropriate survey administration procedures. It is also anticipated that some surgical specialties will develop supplemental questions over time to reflect the unique aspects and concerns of surgical care for their patients.

For further information about the surgical patient experience of care instrument, contact Caitlin Burley, Quality Associate, Division of Advocacy and Health Policy, at [cburley@facs.org](mailto:cburley@facs.org). 