The Effects of Practice Setting on Individual Doctor Press Ganey Scores

Bart Cambria, PA-C; Elias Yousef, MD; Jerel Chacko; Josh Greenstein; Joseph Basile, MD; Brahim Ardolic, MD - Staten Island University Hospital, Northwell Health

Background/Objective: Press Ganey patient satisfaction surveys (PGS) is a nationally recognized survey and metric that is thought to correlate with the quality of healthcare delivered. PGS have become commonplace in emergency departments (ED), and are often used to help evaluate an ED doctors presumed skill and competency. Lastly, the results of PGS can affect both doctor and hospital reimbursement. Staten Island University Hospital Emergency Department (SIUH ED) employs physicians that practice at two unique sites: the North campus - an academic tertiary level one trauma center that sees approximately 100,000 patients per year - and the South campus - a community practice based setting that sees approximately 30,000 patients per year. This offers a unique opportunity to study the impact of different workplace environments on individual doctor PGS scores.

Methods: A retrospective cohort study was conducted on a two-campus hospital which identified ED doctors who practice emergency medicine at both campuses. Doctors with at least 10 PGS responses at each site between January 1, 2014 and December 31, 2016 were included. Differences between the six specific doctor questions on the PGS were evaluated. The six questions were doctor courtesy, doctor took time to listen, doctor informative re-treatment, doctors concern for comfort, likelihood of recommending.

Results: A total of 18 doctors, and 3429 PGS were included in the analysis. When comparing the PGS for individual emergency medicine doctors working at two different campuses, the score was significantly lower at the North Campus. This was a statistically significant difference across all six doctor-specific PGS questions.

Conclusion: Individual doctors had significantly different PGS scores based on practice locations. This study demonstrates that individual doctor PGS scores are impacted not only by the actions of the doctor, but by confounding variables during the ED visit.