

Hallway Bed Status is Associated with Lower Patient Satisfaction

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INTRODUCTION

The objective was to determine if “hallway bed” status impacts patient satisfaction.

METHODS

Press-Ganey reports of patients were reviewed from discharged ED patients at a Level-1 Trauma Center with 75,000 visits/yr. Satisfaction was compared between those treated in the hallway and those that were not, on outcomes of “overall doctor score,” “overall rating of ER care,” and “likelihood of recommending” (LOR) to others. Results were reported as percentiles of comparison between peer group rankings from 1% (worst) to 99% (best). A priori analysis included age (range 18-79) and sex.

RESULTS

There were 8,051 surveys analyzed from the last five years; 19.8% (N=1,596) had hallway bed treatment and 80.2% (N=6,455) didn't. Those treated in the hallway had a 1% rank in overall rating of ER care and LOR. Their overall doctor ranking was only 7%. For those treated in the hallway, males (M) ranked 33% for overall doctor rating, 7% for their overall rating of ER care, and 6% for LOR. In comparison, females (F) treated in the hallway ranked 2% for doctor satisfaction and 1% respectively in the remaining two categories. While there were sex differences between M and F who were not placed in the hallway, the rankings were not nearly as low (M=69% overall doctor, 51% overall ER care, 48% LOR; F=30% overall doctor, 23% for both overall ER care and LOR). Patient age was also associated with differences. Hallway patients from ages 18-50 ranked in the 1% on these same three outcome measures, while those who were over 65 ranked 49% for doctor, 20% for overall rating of ER, and 13% for LOR.

Those from ages 18-34 that were not in hallway beds were still ranked $\leq 5\%$ on these three outcomes. Satisfaction gradually improved as age increased with 50-64 year olds ranking 50%, 38%, and 34% respectively, and 65-79 year olds at 86%, 69% and 67% on these three outcomes.

CONCLUSIONS

Patients treated in “hallway beds” were substantially less satisfied with their doctor care, their overall rating of the ER, or their likelihood of recommending to others. Patient age and sex of hallway patients were associated with differences in satisfaction (males were more satisfied than women, and older patients were more satisfied than younger). These factors must be considered when interpreting and utilizing these survey results, particularly in determining how the data can be used to evaluate physician performance.