Assessing inner-city patients' hospital experiences: a controlled trial of telephone interviews versus mailed surveys
Harris L E, Weinberger M, Tierney W M

Record Status
This is a critical abstract of an economic evaluation that meets the criteria for inclusion on NHS EED. Each abstract contains a brief summary of the methods, the results and conclusions followed by a detailed critical assessment on the reliability of the study and the conclusions drawn.

Health technology
The assessment of inner-city patients' hospital experiences.

Type of intervention
Patient Satisfaction Survey.

Economic study type
Cost-effectiveness analysis.

Study population
Patients discharged from an inpatient general medicine service of an urban teaching hospital.

Setting
Community. The survey was carried out in Indiana, USA.

Dates to which data relate
The dates to which the data relate were not given.

Source of effectiveness data
Single study.

Link between effectiveness and cost data
Costing was undertaken on the same patient sample as that used in the effectiveness study.

Study sample
The initial sample size was 390 patients discharged within the first 4 weeks. 34% were excluded. Of the 257 eligible patients, 2% refused to participate. 122 were assigned to the telephone-first method of surveying, and 130 to the mail-first method. It was not stated whether power calculations determined the sample size.

Study design
Randomized controlled trial.

Analysis of effectiveness
The analysis was based on intention to treat. The primary outcomes used in the analysis were response rates, and quality of data. At analysis the two groups were shown to be comparable in terms of demographic characteristics, and length of hospitalization. Only in one of the discharge diagnosis was there a statistical difference.

**Effectiveness results**
The telephone-first interview had a response rate of 73% compared with 50% for the mail-first method (P < 0.001). With respect to the quality of data, the telephone-first method had an average of 20% of items missing, compared to 31% for the mail-first method (P < 0.001).

**Clinical conclusions**
In terms of response rates and the quality of data, the telephone-first method was superior to the mail-first method in obtaining assessments of patients hospital experiences.

**Measure of benefits used in the economic analysis**
Response rate and the quality of data.

**Direct costs**
The total cost for mail surveys included the cost of supplies, printing and postage. The cost of the telephone survey was based on the standard charge as set out by the university-affiliated survey research laboratory. The costs of wages and other fringe benefits were also included in the costs of each survey. Costs and quantities were analysed separately. The cost perspective adopted was the health service.

**Currency**
US dollars ($).

**Estimated benefits used in the economic analysis**
The response rate of the telephone-first method was higher with 73%, than the mail-first method with 50% (P < 0.001).

**Cost results**
The telephone-first method of surveying patients was 42% less expensive than the mail-first method. The former had a cost of $26.32 per completed survey, and the latter a cost of $37.35 (P < 0.001)

**Synthesis of costs and benefits**
The cost per completed survey was $26.32 for the telephone-first method and $37.35 for the mail-first method (p < 0.001).

**Authors' conclusions**
To assess patients' hospital experiences, telephone interviews with mail follow-up was less expensive and yielded higher response rates and higher quality of data, than the mail-first method.

**CRD Commentary**
The authors noted the following limitations:

(1) That the analysis may not be easily generalizable to outpatient or private hospitals.
(2) The survey excluded some of the more vulnerable patients who were more likely to have experienced problems with care.

(3) The cost assigned to the telephone survey may be artificially low.

Source of funding
Supported by a Scholar's Award to Dr Harris from the Picker/Commonwealth Program for Patient-Centered Care. Supported by Wishard Memorial Hospital and grant number HS07763 from the Agency for Health Care Policy and Research.

Bibliographic details

PubMedID
8998204

Indexing Status
Subject indexing assigned by NLM

MeSH
Female; Health Care Surveys /methods; Hospital Bed Capacity, 100 to 299; Hospitals, Municipal /standards /statistics & numerical data; Hospitals, Teaching /standards /statistics & numerical data; Humans; Indiana; Male; Middle Aged; Patient Satisfaction /statistics & numerical data; Postal Service; Poverty Areas; Surveys and Questionnaires; Telephone; Urban Population

AccessionNumber
21997008069

Date bibliographic record published
28/08/1997

Date abstract record published
28/08/1997