ABSTRACT

Healing hospitals have evolved into business companies (institutions). Therefore, the need arises to evaluate the care rendered not only for the sake of adequacy of healing among patients but also for the sake of self-promotions to ensure returning customers. This letter brings forth our post-hoc objective method that can be an answer and/or replacement to pre-hoc subjective scoring of services by Net Promoter Score® or The National Health Service Friends and Family Test. Both the abovementioned scores work on the flawed avenue based on the satisfaction perceived immediate post-care/service by consumers (employees or patients). The reason for this flaw is that these scores do NOT look into whether the scored satisfactions and consequent presumptions actually shape into direct reality for the evaluated institutions. Herein our SPQ: Self Promoter Questionnaire or SPEC: Self Promotion Evaluator Collector comes in handy. This yet to be validated objective assessment of institutions definitely looks encouraging.

Letter To Editor

Healing hospitals have evolved into business companies (institutions). Therefore, the need arises to evaluate the care rendered not only for the sake of adequacy of healing among patients but also for the sake of self-promotions to ensure returning customers. This letter does NOT raise the issues in regards to the inadequacy of subjective scoring by Net Promoter Score®1-2 or The National Health Service (NHS) Friends and Family Test1-6. However, this letter brings forth our post-hoc objective method that can be an answer and/or replacement to pre-hoc subjective scoring of services provided by institutions such as hospitals.

Although Net Promoter Score®1-2 can be used to extract level of satisfaction scores among the catered patients (customers), it is often used by hospitals (institutions) to define how likely their employees will refer their families/friends/colleagues to their institutions for the services provided by them. Each respondent scores on the scale of 0-10 based on the level of likelihood that the respondent will refer family/friend/colleague to the institution. Analogously, NHS of England1-6 asks its patients to rate the patient care services rendered to them on the scale of how “extremely likely” to how “extremely unlikely” they will recommend those services to friends and family.

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Now both these scores work on the flawed avenue that based on the satisfaction perceived immediate post-care/service by consumers (employees or patients), the institutions can presumptively and safely advertise the satisfaction-score based data to attract common people unrelated to the consumers who were served and asked to score in the first place. The reason for this flaw is that these scores do NOT look into whether the scored satisfactions and consequent presumptions actually shape into direct reality for the evaluated institutions. Herein our post-hoc objective method comes in handy. This yet to be validated objective assessment of institutions definitely looks encouraging on paper because the ideology and bottom-line is raw to the core.

In what we christened as SPQ: Self Promoter Questionnaire or SPEC: Self Promotion Evaluator Collector (Table 1), there will be a disclaimer at the beginning of questioning to ensure that the respondent customers give NEITHER false-positive answers to receive presumed better customer service NOR false-negative answers to maintain the privacy of institutions’ workers. Anyhow, the privacy of workers will be protected as only departments (and not the workers) will be named in the questionnaires. The answers to the questioning will be directly logged into the computerized database at the time of registration of each new clientele transaction as identified by new transaction/billing/registration identification/file number (ID) so as to easily identify to whom (personnel) and for what (service) was who (patient/customer) referred. Although, the current format is not exploring the details about the non-workers or old customers as well as the various modes of advertisement that all prompted respondent customers to seek services at the self-evaluating institutions, these institutions can always expand the questions or the questionnaire to ensure more comprehensive self-evaluations depending on the logistics and sustainability of expanded internal quality and assurance questioning.

Although overtly realistic, our objective scoring is not void of covert presumptions at each level (a) that employees returning to their place of employment for services are NOT returning for internal (monetary or non-monetary) discounts, (b) that kin of employees have NOT been stopped (and hence been passively referred as default) by the employees who have allowed them to come to their place of employment for services, (c) that old customers and non-workers are referring for the services out of purity of their hearts secondary to goodwill generated by their past experiences, (d) that advertisements have put forth the

Table 1

SPQ: Self Promoter Questionnaire or SPEC: Self Promotion Evaluator Collector

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Do you work at our institution? If so, which department:....../Unknown</td>
<td>YOU MAY (not MUST) STOP HERE if Your Response is “yes”</td>
</tr>
<tr>
<td>(b) If not so, have you been referred for our services by one of our workers? If so, which department does our worker work in:</td>
<td>................../Unknown YOU MAY (not MUST) STOP HERE if Your Response is “yes”</td>
</tr>
<tr>
<td>(c) If not so, have you been referred for our services by someone who has never worked for us but may have been one of our old customers?</td>
<td>YOU MAY (not MUST) STOP HERE if Your Response is “yes”</td>
</tr>
<tr>
<td>(d) If not so, have you walked in for our services because of our advertisements?</td>
<td>YOU MAY (not MUST) STOP HERE if Your Response is “yes”</td>
</tr>
<tr>
<td>(e) If not so, have you reached out for our services on your own volition?</td>
<td>END OF QUESTIONNAIRE</td>
</tr>
</tbody>
</table>
totality of service provisions as honestly as possible in the plate for community of potential consumers to freely choose, and (e) that personal volition to choose the services at particular institution has NOT been out of lack of possible and amenable alternative.

Confidentiality and NOT Anonymity in the Mandatory database feeds must be ensured so that though responses need to be recognized as uniquely attached to each transaction ID, the consumers should NOT feel insecure in regards to immediate and personal repercussions (positive or negative) secondary to their responses. The responses can then be blindly analyzed by institutional statisticians for calculating the milieu of clientele at each site rendering the service (in case of hospital systems, these sites can include but are not limited to emergency rooms, perioperative services, medical admissions, laboratory services and radiology services). The percentage of positive responses to each individual question of five-set-questionnaire among all clients in a representative month or the whole year (24 × 7 × 365 format) can then be compared among the same service-lines at different institutions (business companies and healing hospitals) or among the different service-sites within the same institution. The respondents to questions can be caregivers or guardians in the cases of clients who are legally incapable to understand and/or voice the variable scenarios that made them to pursue the services rendered at the self-evaluating institutions in the first place. As the questioning primarily starts with assessment of employees as potential customers, the institutions smaller than say, 100 employees, may NOT be able to utilize this objective method for evaluation of their services logistically.

In summary, even though we do NOT have any numbers yet that can be accrued as enough self promotions or enough satisfied customers or enough media coverage or enough exclusivity in the community, our suggested objective method looks promising theology that can stand tall in the validation processes.
References


BRIDION—-for optimal neuromuscular blockade management and improved recovery

Predictable and complete reversal

- 98% of BRIDION patients recovered to a TOF ratio of 0.9 from reappearance of T1 within 5 minutes
- 97% of BRIDION patients recovered to a TOF ratio of 0.9 from 1 to 2 PTCs within 5 minutes

Rapid reversal

- BRIDION rapidly reversed patients from reappearance of T2 in 1.4 minutes
- BRIDION rapidly reversed patients from 1 to 2 PTCs in 2.7 minutes

BRIDION is indicated for the reversal of neuromuscular blockade induced by rocuronium or vecuronium. In children and adolescents (aged 2-17 years), BRIDION is only recommended for routine reversal of moderate rocuronium-induced neuromuscular blockade.

Important safety information

BRIDION is not recommended in patients with severe renal impairment. Studies in patients with hepatic impairment have not been conducted and, therefore, patients with severe hepatic impairment should be treated with great caution. Caution should be exercised when administering BRIDION to pregnant women as no clinical data on exposed pregnancies are available.

BRIDION has not been investigated in patients receiving rocuronium or vecuronium in the intensive care unit (ICU) setting.

Neuromuscular blockade is required within 24 hours of BRIDION administration, a neuromuscular blocking agent should be substituted instead of rocuronium or vecuronium. The most commonly reported adverse reactions were dysgeusia (metal or bitter taste) and anesthetic complications (movement, coughing, stimulatng or suckling on the endotracheal tube). Patients treated with BRIDION, a few cases of awareness were reported. The relation to BRIDION was uncertain in a few individuals, allergic-like reactions (e.g., flushing, erythematous rash) following BRIDION were reported. Concomitant drugs should be prepared for the possibility of allergic reactions and take the necessary precautions. In a trial of patients with a history of pulmonary complications, bronchoscopy was reported in 2% and a causal relationship could not be fully excluded. Volunteer studies have demonstrated a slight (11%-22%) and transient (<90 minutes) prolongation of the proximal time activated partial thromboplastin time (PTT/AT III) with BRIDION; however, clinical studies have demonstrated no clinically relevant effect on post- or postoperative bleeding complications with BRIDION alone or in combination with anticoagulants. As BRIDION has demonstrated an in vitro pharmacodynamic interaction with anticoagulants, caution should be exercised. In patients on anticoagulation for a pre-existing or concomitant condition. This pharmacodynamic interaction is not clinically relevant for patients receiving routine postoperative prophylactic anticoagulation. Although formal interaction studies have not been conducted, no drug interactions were observed in clinical trials. Preadministration data suggest that clinically significant drug interactions are unlikely with the possible exception of terfenadine, fosfamide, and hormonal contraceptives.

References:
1. BRIDION Summary of Product Characteristics (SPC)

Please see summary of product characteristics for full prescribing information.

MSD Be Well
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