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Use of the BATHE Method to Increase Satisfaction Amongst Patients Undergoing Cardiac and Major Vascular Operations

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Introduction: The role of anesthesiologists as perioperative physicians implies that patient satisfaction goes beyond control of postoperative pain and nausea and vomiting. Patients undergoing cardiac and major vascular operations (CVOs) have numerous comorbidities and are often seen in dedicated preoperative clinics where anesthesiologists may positively affect patients' outlook on their care. The use of key questions and responses by healthcare providers has been shown to improve patient satisfaction in family medicine populations. The BATHE method, in particular, has been extensively researched. This technique uses questions that touch on the condition for which a patient seeks medical care (ie, background) and asks how this is affecting the patient, what is most troubling about their condition, and how the patient is handling this. Finally, empathy is expressed to the patient. We sought to determine if the BATHE technique improves patient satisfaction amongst patients scheduled for CVOs.

Methods: We enrolled 80 patients scheduled to undergo a CVO and seen 3 to 7 days prior to their operation in Mount Sinai Hospital's CVO preoperative clinic. One attending anesthesiologist saw all participants. The first 10 participants were interviewed in the standard fashion for this anesthesiologist, with none of the BATHE items deliberately incorporated. The next 10 patients were interviewed with BATHE questions inserted. The remaining patients were "BATHE'd" or not "BATHE'd" according to a randomization scheme. After their interview, patients completed an anonymous satisfaction questionnaire with 10 Likert scale items and a 5-question survey on whether or not specific BATHE components were used by the anesthesiologist.

Results: Patients in the BATHE group rated overall satisfaction with their preanesthetic care better than did those in the non-BATHE group. Specific items such as whether their physician showed concern for their worries, whether they felt included in decisions about their care, and whether or not they felt well informed were significantly higher for the BATHE group. Reported use of the specific BATHE components was also significantly higher in the BATHE group for all 5 items. No significant differences were found in the length of interview between the two groups.

Discussion: In this preliminary study we were able to show that inserting a few simple items from the BATHE method into the preoperative interview could improve patient satisfaction without significantly changing the length of the preoperative assessment. It is not yet clear what other effects improving satisfaction may have on patient outcomes or the incidence of litigation in the postoperative period.

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