Patient Experience of Care Surveys

The American College of Emergency Physicians (ACEP) recognizes that patient experience of care surveys that are methodologically and statistically sound can be a valid measure of the patient’s perception of health care value and that patient outcome can be related to perceived patient experience of care.

Patient experience of care survey tools should be:

- Standardized and validated for the average education level of those being surveyed.
- Administered and tabulated as close to the date of service as possible.
- A measure of the specific components of service received in the emergency department (ED) with discrete data points.
- Based on a statistically valid sample size free from selection bias.
- Transparent in the administration and analysis methodologies.
- Explicit in the intended purpose and use.
- Addressing meaningful aspects of the patient’s perception of care in the ED.

Due to the difficulty in segregating whether patient experience of care scores are a result of physician performance or due to demands and restrictions of the current health care system or other factors out of the control of the physician, patient experience of care methods that have not been validated should not be used for purposes such as credentialing, contract renewal, and incentive bonus programs.

Using patient experience of care scores for credentialing, contract renewal, and incentive bonus programs could have potential negative impacts on quality patient care, including safe prescribing of controlled substances, use of antibiotics and imaging. Emergency department patient experience of care measurement should incorporate the experience of admitted patients, to whom emergency physicians provide timely and intensive critical services.

ACEP recommends that the topic of patient experience of care measurement be incorporated into the training of residents in emergency medicine.