Patient preferences and satisfaction in a multispecialty infusion center.
Ostrov BE1, Reynolds K2, Scalzi LV1.

Abstract
PURPOSE:
Direct feedback from patients about their preferred modes of medication administration has been increasingly sought by providers to develop care programs that best match patient goals. Multispecialty infusion centers generally provide care to hematology-oncology (HO) and non-HO patients in one unit, with the same nursing staff. Our staff perceived that this was dissatisfying to our non-HO patients. We assessed patientsatisfaction, as well as nursing and physician perceptions of patient preference/satisfaction with our infusion center, to determine whether a separate unit should be recommended when designing our new Cancer Institute Infusion Center.

PATIENTS AND METHODS:
A seven-question Likert scale satisfaction survey for patients, and a separate survey to assess nurses’ and physicians’ perception of patient satisfaction, were developed. The survey was administered to non-HO patients receiving infusions, doctors prescribing infusions, and nurses administering infusions. Results of the survey were compared between groups to assess differences in responses.

RESULTS:
Responses were received from 52 non-HO patients, 18 physicians, and 13 nurses. Patients had more satisfaction, on all survey items, with the multispecialty infusion center than had been realized by physicians and nurses. Analysis demonstrated that patients were satisfied with care in a multispecialty infusion unit and were in favor of continuing their care in this combined center. Total scores of patient surveys were significantly different (P<0.001) from those of physicians and nurses, who had assumed patients would prefer to have their care in a non-HO infusion setting.

CONCLUSION:
Understanding patient preferences is an important step in deciding the structure of infusion centers. Based on these survey conclusions, a combined multispecialty infusion center has been continued at our institution, thus improving quality by including patients in decision-making affecting their care.

KEYWORDS:
infusion preferences; infusion therapy; non-oncology patients; patient care