Analysis of adherence to HIV-positive quality of care indicators and their impact of service quality perceptions in patient: a Spanish cross-sectional study

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OBJECTIVES:

Evaluate compliance with current quality indicators of care, and analyze their influence on satisfaction with patient-perceived healthcare.

METHODS:

All HIV patients attended in a Spanish hospital between 2011 and 2017 were included for compliance with HIV quality indicators proposed by *GeSIDA* (Spanish AIDS Study Group)¹.

To assess patient satisfaction, the *SUCE* (User Satisfaction of External Consultations) questionnaire was given between February and November 2017 to those who signed the informed consent.

This questionnaire was specifically designed and validated to understand the satisfaction of patients at outpatient clinics hospital².

It consists of 12 items with a response scale of 1 (worst rating) to 10 (best).

Through ROC curves, 6.3 was selected as value to discriminate satisfied/unsatisfied patients³.

RESULTS:

Compliance with 47 indicators was calculated in the 334 patients attended. The satisfaction of 163 patients was assessed.

Study outline

ALL PATIENTS: 334

241

RECEIVE SURVEY

INCLUDED SUCE

-EXCLUSION 1: 93

oss of follow-up (47)

EXCLUSION 2: 43

No calaboration (6) No survey (8)

34 not incluided
 Not collaboration(b)

Of the quality indicators evaluated, 74,46 % were met.

The average satisfaction score was 9.04 out of 10.

Were satisfied 98.16% patients.

The response rate was high (86%).

Indicators whose compliance was most related:

- 16-Periodicity of visits,
- 21-Vaccination against Hepatitis A a
- 23-Vaccination pneumococcal infection.

Those who met the indicator of 26-Assessment of alcoholic intake, had a lower satisfaction.

	Mean	IC 95%
Total SUCE	9.04	8.90-9.19
Clinical Quality	9.48	9.37-9.60
Administrative Quality.	8.56	8.35-8.76
Appointment delay	8.59	8.28-8.90
Sings and directions around the hospital	8.71	8.43-8.99
Procedures on check in	8.52	8.21-8.82
Waiting time for consultation	8.24	7.95-8.53
Comfort of the waiting room	8.33	8.03-8.64
Treatment by non-medical staff	9.12	8.88-9.35
Treatment by medical staff	9.65	9.52-9.78
Privacy during consultation	9.56	9.40-9.73
Lenght of consultation	9.47	9.31-9.63
Clinical information received	9.63	9.50-9.76
Clarity in the treatment and guidelines.	9.63	9.47-9.78
Ease of procedures in the return to hospital	9.08	8.85-9.31

Result
of the
satisfaction
questionnaire

Univariate analysis of quality indicators and satisfaction (SUCE

PE31/18

		SUCE	
N	Quality of care indicators.	Difference average CI 95%	
6	Delay in referral to specialty care	-0.26 (-1.33; 0.81	
7	Late diagnosis of HIV in specialized care	-0.23 (-0.81; 0.35	
8	HIV diagnosis with previous negative serology	-0.10 (-0.65; 0.44	
10	Complementary tests in the initial assessment	0.01 (-1.07; 1.10)	
11	HIV Plasma Viral Load	-	
12	Determination of lymphocyte subpopulations (CD4)	-	
13	Health education in the initial assessment	0.24 (-0.06; 0.54)	
15	Indication of treatment with <350 CD4 and without previous ART	-	
16	Periodicity of visits (regular follow-up)	0.62 (0.13; 1.11)	
17	Basic renal study in HIV patients	-0.57 (-2.49; 1.35	
20	Latent Tuberculosis Infection Detection	0.09 (-0.27; 0.44)	
21	Vaccination against Hepatitis A	1.14 (0.16; 2.12)	
22	Vaccination against Hepatitis B	0.49 (-0.41; 1.40)	
23	Vaccination against pneumococcal infection	0.74 (0.10; 1.38)	
24	Prophylaxis against Pneumocystis jiroveci and Toxoplasma	-0.14 (-3.03; 2.76	
25	Treatment and prevention of smoking	0.11 (-0.52; 0.75)	
26	Screening for syphilis	-1.20 (-1.97; -0.44	
29	Latent Tuberculosis Infection Treatment	0.03 (-0.35; 0.41)	
30	Adaptation of the initial ART guidelines to the guidelines	-0.60 (-2.18; 0.98	
35	Initiation of ART in patients with symptomatic B/C events	-	
36	First visit after the introduction of an ART	-	
37	Undetectable viral load (< 50 cop/ml) in week 48	-0.69 (-1.61; 0.23	
38	Treatment with Abacavir (ABC) without previous HLA-B 5701	-0.62 (-2.76; 1.52	
39	Changes in treatment during the first year	-	
40	Registration of adherence to treatment	-0.08 (-0.87; 0.71	
41	Study of resistance in virological failure	0.33 (-0.14; 0.79)	
42	ART in HIV-positive pregnant women	-0.48 (-1.85; 0.90	
45	Incidence of vertical transmission	-	
47	CHILD or MELD evaluation of chronic liver disease	-	
49	Evaluation of HCV co-infected patient	1.67 (-1.34; 4.67)	
50	HBsAg patients receiving effective treatment	-	
54	Echographic monitoring in cirrhotic patients		
55	Cardiovascular risk assessment	1.25 (-3.23; 5.73)	
	Delay in referral to specialty care	-0.01 (-0.34; 0.31	

CONCLUSIONS:

In this Spanish cohort, compliance with quality indicators was high, and satisfaction with healthcare scored, favorably. Adherence to quality indicators showed little relation to patient satisfaction.

Quality health care requires the achievement of the objectives proposed by scientific societies but also in meeting patient expectations.



^{1.} Von Wichmann MA. Locutura J. Blanco JR. et al. Indicadores de calidad asistencial de GESIDA para la atención de personas infectadas por el VIH/sida. Enferm Infecc Microbiol Clin. 2010:28(Supl 5):6-88. doi:10.1016/S0213-005X(10)70048-3





^{2.} Granado de la Orden S, Rodríguez Rieiro C, Olmedo Lucerón MC, et al. Diseño y validación de un cuestionario para evaluar la satisfacción de los pacientes atendidos en las consultas externas de un hospital de Madrid en 2006. Rev Esp Salud Publica. 2007;81:637-645. doi:10.1590/S1135-5727200700060000 3. Granado de la Orden S. Metodología para evaluar la satisfacción de los pacientes de un hospital público (Tesis Doctoral). 2008.