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Aims

The aim was to investigate patient satisfaction and patient-reported experiences in an orthogeriatric unit.

Methods

The study was designed as a cross-sectional questionnaire survey and carried out in an orthogeriatric unit in which all acute patients of 65 years or older with fragility fracture were admitted. Data were collected between September 2014 and September 2015. Due to the age and frailty of the population, research nurses questioned the patients using an electronic questionnaire accessible from an iPad device.

A 19-item questionnaire concerning 1) waiting time, information and staff accessibility, 2) treatment, care and training, 3) respect, 4) patient and family involvement and 5) discharge was used in the study.

Results

In total, 470 were accessed for eligibility. Of the 306 elderly patients included in the study, 236 completed the questionnaire, equivalent to a response rate of 77.1%. Respondent demographic shown in Table 1.

Generally, the patients indicated that they were very satisfied or satisfied with the clinical elements of the stay in the orthogeriatric unit (treatment 91.5%, training 73.3% and care 91.9%), with staff accessibility, information and with waiting times when they occurred (Table 2).

Furthermore, 64% felt they had been involved to an appropriate degree, with equally large groups preferring very much, little, and no involvement. Seventy-four percent of the patients preferred involvement of family; 50% had experienced appropriate family involvement in treatment and discharge, respectively. Finally, 71.6% of the respondents felt confident about discharge, while 20.8% reported feeling unconfident and 7.6% that they felt very unconfident.

No significant differences in age and gender distribution were found when comparing non-responders with responders. Of our study population, 164 patients (35%) were not eligible for inclusion, primarily due to poor health, and 70 declined because of tiredness, exhaustion or poor mood.

Conclusions

Our study demonstrates high patient satisfaction ratings concerning the clinical elements of the provided orthogeriatric care. However, our findings indicate room for improvement. Furthermore, the large amount of non-participants supports our perception that we reached the fittest section of the study population. Our results add to the limited body of knowledge on patient satisfaction and patient experience of admission to orthogeriatric wards.