

Getting Better All the Time: The ACAPS National Survey To Identify Best Practices for Resident Aesthetic Clinics in Plastic Surgery Training

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INTRODUCTION: Resident aesthetic clinics (RACs) have demonstrated good outcomes, reasonable patient satisfaction, and acceptable safety profiles, but few studies have evaluated their educational, financial, or medico-legal components. We sought to determine RAC best practices.

METHODS: We surveyed ACAPS Members (n=399), focusing on operational details, resident supervision, patient safety, medico-legal history, financial viability, and research opportunities. Of the 96 respondents, 63 reported having a RAC. 56% of plastic surgery residency Program Directors responded.

RESULTS: RACs averaged 243 patient encounters and 53.9 procedures annually, over a mean period of 19.6 years. Full-time faculty (73%) supervised chief residents (84%) in all aspects of care (65%). Of the 63 RACs, 71% of facilities were accredited, 40 had a licensed procedural suite, 28 had inclusion/exclusion criteria, and 31 used anesthesiologists. 17 had overnight capability. 17 had a life safety plan. No cases of malignant hyperthermia occurred, but there was one facility death reported. 16 RACs (25%) had been involved in a lawsuit. 33 respondents reported financial viability of the RACs (52%). Net revenue was transferred to both the residents' educational fund (41%) and divisional/departmental overhead (37%). Quality measures included: case logs (78%), morbidity/mortality conference (62%), resident surveys (52%), and patient satisfaction scores (46%). 14/63 (22) of respondents have presented or published research specific to RACs. 80/96 (83.3%) of those surveyed believed RACs enhanced education.

CONCLUSION: RACs are an important component of plastic surgery education. Most clinics are financially viable, but carry high malpractice risk and consume significant resources. Best practices, to maximize patient safety and optimize resident education, include use of accredited procedural rooms and direct faculty supervision of all components of care.

Measurement of Patient Satisfaction in International Surgical Missions Using the United States HCAPS Survey

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INTRODUCTION: The purpose of this paper is to document patient satisfaction in foreign countries served by plastic surgery teams from the United States. There is little data documenting whether patients are in fact satisfied with their surgical results. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPS) is an 18 question, national survey of patients' perspectives of hospital care included in The Patient Protection and Affordable Care Act specifically used for hospital reimbursements.¹ This survey was used to assess satisfaction scores of patients treated by volunteers and plastic surgeons from the United States.

METHODS: The HCAPS survey was administered to patients in 2012 served by Surgicorps in the following countries -Guatemala, Bhutan, Ethiopia and Viet Nam. The surveys were conducted by indigenous interpreters and completed by parents for patients under the age of 18 years. All surgeries were performed by surgeons certified by the American Board of Plastic Surgery.

RESULTS: A total of 98 patients were surveyed with all but one agreed to participate. The age range was 3 months to 62 years with the average 20 years and median 17 years. 53% were male and 47% female. Surgeries performed were categorized under the following types: craniofacial, hand, burn, and general reconstruction. The results demonstrated high satisfaction scores. Patient satisfaction was 100% for surgical results and exceeded 90% in the other satisfaction questions.

Conclusion: The HCAPS survey is an essential factor in today's health care landscape. To date, there are no data assessing patient satisfaction in foreign countries served by plastic surgeons from the United States. Our results indicate that patients were pleased with their care and results. There are a number of pitfalls to this study. The sample size is small and there might have been a language misinterpretation despite using native speakers. In contrast to the survey being mailed to patients in the US, this data was obtained directly from the patient at the time of discharge. This might have influenced scores both by way of feeling pressure and from responding so soon after surgery. The authors feel that more data is needed to determine patient satisfaction using foreign volunteer surgical teams.

REFERENCE:

1. The Centers for Medicare and Medicare Services. Available at: <http://www.hcahpsonline.org>.