

**QUALITY OF CARE FOR SNORING AT HADASSAH OPTIMAL CLINIC
BEFORE AND AFTER QUALITY IMPROVEMENT INTERVENTION**

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**איכות הטיפול בנחירות במרפאת הדסה אופטימל:
הערכת יעילות ההתערבות למטרת שיפור האיכות - לפני ואחרי**

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Abstract

Background: Quality and safety of healthcare is an increasingly investigated field, and clinics, physicians, and procedures can be evaluated for the quality of their processes and their outcomes.

Methods: In this study, 100 patients who underwent radio frequency tissue ablation of the soft palate as treatment for simple snoring were surveyed using a validated, structured short interview to determine success and complication rates, satisfaction levels, and to assess quality measures such as evaluation of information exchange, informed consent, and level of service at the center. Success as defined by patients stating that the procedure helped and complication rates were evaluated, and areas for improvement were identified. An intervention was designed to increase the quality of health care at the center. A group of 39 patients treated after the intervention was compared to the pre-intervention group using Chi-squared testing.

Results: In the pre-intervention phase, the success rate of the procedure was 39%. Patient satisfaction was 73%. The percentage of patients reporting having been sufficiently informed before surgery was 53% for side effects or complications, 31% for alternate treatment options, 42% for counseling about weight loss, and 35% for counseling about exercise. Many patients (19%) voiced complaints and only 34% of patients would recommend the clinic. An intervention guided by data collected was performed. After intervention, procedure success increased significantly to 57% compared to pre-intervention ($p=0.053$ vs. pre-intervention), patient satisfaction was 84% (NS vs. pre-intervention), percent of patients reporting being informed about side effects or complications to 81% ($p=0.003$ vs. pre-intervention), and 77% about alternate treatment options ($p<0.001$ vs. pre-intervention), 73% ($p=0.002$ vs. pre-intervention) about weight loss and 77% ($p<0.001$ vs. pre-intervention) received counseling about exercise. Fewer patients (7.5%) had complaints ($p=0.033$ vs. pre-intervention) and 63% ($p=0.013$ vs. pre-intervention) would recommend the clinic.

Discussion and conclusion: The study demonstrated the effectiveness of an intervention to improve quality in the treatment of snoring as measured by outcome, patient satisfaction, and measures of process such as informed consent and information sharing. Improved outcomes, satisfaction, and reduced legal action are tangible benefits for clinics to perform this kind of study.

Introduction

A brief review of some of the basic principles of quality in health care will be followed by the scientific data on the procedure to be studied.

Measuring Quality:

When evaluating quality and safety for medical procedures, measures of acceptable risk, risk-benefit, cost-effectiveness, and success must be defined. Quality in health care is determined by the effectiveness of treatment, but also by "process indicators" - measures that reflect how health care is delivered. Process measures may influence outcome, but they also may be indicators that reflect quality of care or adherence to a principle or value without relation to outcome (1). Some indicators that reflect quality in health care are patient satisfaction, information received, and patient expectations versus realistic treatment prospects (2). Most major studies of quality also include measures of effectiveness or success of an intervention (outcome measures), and the practical application is the use of data gathered to improve quality (3,4).

Surveys are one tool used to answer process-related questions (2) and often can answer outcome questions such as rates of success and complications as well. The ideal health care quality survey should be designed with a clear goal in mind, and a small number of measures that reflect overall quality, and data should be used for improvement (5). The model of continuous improvement in health care (reviewed in reference 6) is that all medical processes should include a plan for seeking improvement at all points of the procedure. The ideal of constant improvement should be inherent rather than problem-oriented, and should occur at all stages of patient contact. Identifying points for improvement should be non-punitive, collaborative, and be driven by a commitment to better service for patients. Rather than trying to identify problems after complications or complaints surface, the attitude should be one of constant, proactive improvement.

Radio Frequency Uvulopalatopharyngoplasty as a Treatment for Snoring :

Simple snoring is defined as a disturbing noise made by the upper airways during sleep, without accompanying obstructive sleep apnea. A popular approach is ablation of palatal tissue using a radio frequency. At the start of the study, the procedure had been performed on approximately 370 patients at the Hadassah Optimal Clinic, at a cost of over 6000 NIS. Outcomes of the procedure and patient satisfaction at this clinic had not been studied previously. Evaluation of the service as a sample of private medical services and identification of points for potential service improvement was requested by Hadassah management.

In radio frequency uvulopalatopharyngoplasty (RF-UPPP, radio frequency tissue ablation), a probe is inserted into palatal tissue and the tissue is heated to approximately 80°C. The procedure is believed to work as tissue is destroyed and scar tissue develops and contracts, lessening tissue that can move and create noise (7). RF-UPPP is much safer and more tolerable than traditional surgical approaches, though less effective, (8-11), and about equally effective to, but more tolerable than oral devices (12). This data includes one large study of N ~ 1200 patients. Other studies show that RF-UPPP is the safest of the invasive procedures (10,13). The procedure is not indicated for obstructive sleep apnea (14).

Known complications include swelling, bleeding, pain, local infection, palatal insufficiency or nasal reflux on swallowing, worsening of snoring, and voice changes (15). RF-UPPP patients suffer these complications less frequently and less severely than patients undergoing other procedures (16). However, a large review study (10) found that out of 1200 patients originally treated by radio ablation, 62% were not satisfied with the results, and went on to further laser procedures, suggesting a success

rate for RA-UPPP of under 40%. The literature, consisting of small samples and varying protocols, reports success rates ranging from 40-80% of patients (7,9,10,15-21).

Table 1: SUMMARY OF MAJOR STUDIES AND FINDINGS ON RF-UPPP

Study	Methods	Major Findings
Blumen et al, 2002	Open prospective study comparing Laser UPPP to RF-UPPP for success and recovery times/pain, N=30	RF-UPPP is as effective as laser with shorter recovery and less pain
Boudewyns and Van De Heyning, 2000	Prospective open trial of up to 3 RF-UPPP treatments, with snoring index and polysomnography sleep times as outcomes, N=45	45% success rate of procedure
Cartwright et al, 2000	RF-UPPP versus oral appliance, outcome based on spouse report and time spent snoring per night, N=10 in each group	No significant difference in efficacy, patients should choose treatment based on other factors
Hoffman et al, 2006	RF-tissue ablation versus surgical UPPP, N=79	47% of patients with RF treatments had improvement in snoring versus 79% of surgical interventions, recommend trying RF procedures first as better tolerated
Ferguson et al, 2001	Single lesion versus multiple lesions treatment RF tissue ablation, total N=47	Trend toward greater likelihood of improvement with more lesions, more lesions per treatment lead to fewer treatment sessions, more lesions led to more pain, 61% improvement rate after 2 treatments in which multiple lesions were made
Haraldsson et al, 2002	Do RF treatments lead to voice change? N=16	Does not lead to nasal voice; 79% had some decibel improvement in snoring
Hukins et al, 2000	Outcomes and complications of RF treatments with three lesions, N=20	Significant reduction in snoring per partner, small reduction in time spent snoring in sleep, polysomnography, demographic information is not predictive of patients likely to benefit

Madani, 2004	Retrospective chart review of LA-UPPP and RF-UPPP for outcomes and complications, N=5600, 1200 originally treated with RF-UPPP alone	62% of RF-UPPP treated patients went on to have LA-UPPP, complications included swelling of soft tissues, bleeding, infection, pain, foreign body sensation. Treatment is stable during 5-10 year follow up if patient does not gain weight.
Sandhu et al, 2003	Two treatments of three RF lesions each, N=10	30% of patients had objective improvement of time spent snoring per night
Stuck et al, 2005	Controlled trial for snoring, procedure versus sham surgery, N=26	Moderate improvement with procedure, better than placebo
Sundaram et al, 2005 Cochrane Evaluation	Meta-analysis of various surgeries for obstructive sleep apnea, including RF-UPPP, laser assisted UPPP, oral appliances, and other throat and tongue surgeries, overall N=562 in 8 studies	No support found for surgical intervention for obstructive sleep apnea
Terris et al,	RF-ablation versus laser ablation, randomized, N=17	60% success with RF, 86% with laser assisted
Woodson et al, 2003	RF ablation versus CPAP versus sham procedure, N=90, 30 in each group	RF-UPPP and CPAP offer mild improvement in OSA symptoms

In some RF-UPPP studies, patients reported improvement in their snoring while objective measures (decibel measurements) showed no difference after the procedure (13,15). Objective measures of improvement do not necessarily correlate with patient satisfaction in elective surgeries. Patient satisfaction has been demonstrated to correlate with absolute clinical outcome (22), level of suffering before the surgery, and the improvement in quality of life following the procedure. The "expectation-outcome" model states that patient satisfaction is tied to what a patient expects to be his/her outcome of a procedure versus the actual outcome. When patients' expectations are high, they are more likely to be disappointed (23).

Methodology:

Overview: This study was a prospective survey, with a "before-and-after" design, and non-blinded evaluation of an intervention relating to quality in the treatment of snoring. It compared two groups of patients: a group of patients treated before the interventions to improve quality and a post-intervention group treated after. The data were collected by survey, with patients' perceptions of clinical improvement and satisfaction as primary outcomes. The rationale for choosing this design was that studies that relied on more objective measures of snoring improvement (Hukins et al, 2000; Boudewyns and Van de Heydig, 2000) such as decibel level of snoring, time spent snoring per night, or polysomnography data found that the objective results correlated poorly with the patients' and their partners' subjective assessment of snoring reduction.

The study's main objectives were to:

1. Identify numbers and types of complications, snoring improvement rates and snoring cure rates at Hadassah Optimal.
2. To compare complication rates and types and snoring improvement rates with the literature
3. To evaluate processes as perceived by patients: to what extent patients remember full disclosure about likely success rates, explanations of treatment alternatives, and complications.
4. To evaluate patient satisfaction with processes and outcome.
5. To identify potential areas for quality improvement based on data collected, to discuss potential improvements in quality with clinic policy makers and design and implement interventions accordingly.
6. To evaluate effectiveness of intervention in a follow-up evaluation of patients treated after the intervention, by comparing this group to the pre-intervention group using chi-square testing.

Subjects:

The study population was to be selected randomly from all patients having undergone treatment at the clinic by the study start date. Later, this was amended to survey all of the patients who had undergone three or more treatments and a random selection of those who had undergone fewer. Names and basic demographic information, including age and gender, were provided by the clinic. Patients were contacted by telephone, received a brief explanation of the study and were asked to participate in a semi-structured interview, which was derived from the literature (see appendix for full survey).

Helsinki approval was obtained.

Sampling method: Pre-Intervention Group:

For the pre-intervention group, the clinic was to provide a list of all patients having undergone RF-UPPP at the clinic. In December 2006, the clinic provided a list of 360 patient names of patients seen by the clinic, but did not supply data regarding the numbers or dates of their treatments as requested. After excluding patients who had not been treated (i.e. came for initial consult only), had undergone a non-RF-UPPP treatment, and duplicate names/files, 296 patients remained. They had undergone from one to four treatment sessions each:

Table 2: Number of Treatments Per Patient, Original List, Pre-Intervention Group as Reported by Clinic

Number of treatments	Number of patients
4	12
3	50
2	117
1	117

Due to inaccuracies in the list provided by the clinic, the actual number of treatments at the time of survey was much higher than originally thought, as shown in Table 3:

Table 3: Number of Treatments Per Patient, Pre-Intervention Group, as Reported by Patients

Number of Treatments Performed	Number of Patients
1	6
2	27
Not sure if 2 or 3	1
3	38
Not sure if 3 or 4	3
4	10
Not sure if 4 or 5	3
5	4
Not sure if 5 or 6	5
6	2
10	1

Mean number of treatments: 3.1 +/- 1.4, range 1 to 10. (Uncertain number of treatments were given a value between the two numbers, i.e. either 3 or 4 became 3.5.)

Patients surveyed were:

All patients who had completed three or more treatments (n=62)

A random sample of those who had completed one or two treatments as needed to reach at least 100 participants

The rationale for such sampling was to first assess all patients who had completed a series of treatments likely to be effective (three or four). This population (n=62) may be a biased sample of the entire population undergoing the treatments, since these patients did not choose to stop after one or two treatments, the implication being that they had had neither success nor unbearable complications. To compensate for this bias, we expanded the population with a random sample of those patients listed as having completed only one or two treatments.

Patients listed on the clinic computer as having completed three or more treatment sessions at the time of contact were surveyed using the original version of the questionnaire. Patients listed as

having undergone only one or two treatments were given a slightly altered survey, designed to determine if they intended to continue or why they had stopped treatment. If the patients on the 1-2 list said they underwent more than two treatments by the time of contact, they were surveyed with the original survey version. By time of contact, the majority of patients had received more than two treatments.

Of 119 patients sampled, six refused to participate and 13 could not be reached. The six patients who refused to be interviewed gave the following reasons: pending legal action, too busy, and one patient's wife who "didn't want to talk about it", but did say that her husband had undergone four treatments with disappointing results. Thirteen patients could not be located for various reasons (phone never answered, out of the country, phone number disconnected). Messages were left on these patients' cellular phone voice mail asking them to please call the Center and let us know when they could be contacted. No responses were received by the Center.

Patients continued to be drawn from the pool of the one to two treatment group to replace patients who refused to participate or could not be reached until a final sample of 100 patients was reached. Of the 100 patients included in the first analysis, 83% were male. The mean age of the entire sample was 51 years (range: 28 to 78); 50 years for male patients and 55 years for female patients. Analysis by area code revealed that 66% of patients lived outside the Jerusalem dialing area (02), including 11% in the "03" dialing area.

The intervention was a staff and policy change based on data collection from this first group to improve areas that appeared amenable to change and to correct procedural problems at the clinic as identified by the first group of patients. It is discussed further in the section on the intervention itself.

Patients treated after this intervention were then surveyed as a comparison group.

Sampling method: Post-Intervention Group:

After the intervention, the re-evaluation stage of the study began. The Sleep Disturbance Clinic manager provided a patient list *excluding*: patients who had any sessions before the intervention or with a surgeon who was not present for the intervention, patients who came for consultation only, and patients who had not undergone at least one surgical treatment.

This list which included patient names, phone numbers, and some basic demographic information, including age and area code, was received in Excel format in March 2008, and had 61 patient names. After the phone interviews were conducted, nine patients were found to fit one of the above exclusion criteria and were removed:

Table 4: Excluded Patients, Post-Intervention Group

Number of Patients	Reason Excluded
4	Were fitted with dental devices rather than RF-UPPP
3	Were seen for consultation only and were not treated
1	Underwent a tonsillectomy rather than RF-UPPP
1	Began treatment before intervention

Eight of the nine were excluded for reasons directly related to the intervention (i.e. given alternate treatment as encouraged by intervention).

After these exclusions, there were 52 eligible patients on the list. Out of the 52 patients included in the analysis, two refused to participate and another 11 could not be reached. The two patients who refused to be interviewed said they were too busy. Eleven patients could not be located for various reasons (phone never answered, out of the country, wrong phone number). Messages were left on these patients' cellular phone voice mail, where possible, asking them to please call the Center and let us know when they could be contacted. No responses were received by the Center.

This left a total of N=39 in the post-intervention group, having undergone from 1 to 5 treatments. Due to the discrepancies in the number of treatments per patient that was provided by the clinic in the first survey, data provided by the clinic was ignored for the second group and only data provided by patients was collected.

Table 5: Number of Treatments Per Patient, Post-Intervention Group, as Reported by Patients

Number of Treatments	Number of Patients
1	9
2	14
3	11
4	4
5	1

Mean number of treatments was 2.3 ± 1.0 , range 1 to 5.

Of the 39 patients included in the analysis, 87% were male. The mean age of the entire sample was 51 years (range: 21 to 72); 50 years for male patients and 56 years for female patients. Analysis by area code revealed that 68% of patients lived outside the Jerusalem dialing area (02), including 16% in the "03" dialing area.

None of the demographic differences between the pre- and post-intervention groups were significant. There was a difference in the number of patients "lost to follow up" between the groups. Those interviewed in the pre-intervention group were sampled from a list of 296 patients. When a patient could not be reached after several attempts, another name on the list was chosen to replace him. In the post-intervention post-intervention group, there was a fixed list of 52 patients and no replacements, which accounts for the higher percentage of patients "lost to follow-up" in Round II.

Table 6: Numbers of Patients Surveyed and Not Surveyed, both groups

	Pre-Intervention	Post-Intervention
Total Patients	119	52
Interviewed	100 (84%)	44 (75%)
Refusals	6 (5%)	2 (4%)
Lost to Follow-up	13 (11%)	11 (21%)

Survey and Procedure:

The survey included scaled satisfaction scores and some open-ended questions, such as types of complications experienced, areas for service improvement, and areas of excellence. (See appendix for both versions, full original Hebrew text and form used.)

The survey was designed to solicit information about:

1. Overall satisfaction with the clinic experienced before and after intervention, measured by satisfaction scales, patients' likelihood of recommending the clinic
2. Patient-evaluated treatment success rates
3. Frequency of complications and their type
4. Satisfaction with doctor-patient communication before and after interventions
5. Patient evaluation of integrity of several process measures such as: informed consent, understanding of treatment alternatives, patient understanding of likelihood of success of treatments, and potential complications, and value for cost before and after interventions

Survey pre-testing was performed with 15 patients to identify any potential problems. The survey underwent final revision with a slight change in order of the questions and the addition of a question about signing informed consent after one patient spontaneously stated that she had been asked to sign the consent form on the procedure table. Multiple inaccuracies in the clinic's list of patients, dates of treatment, number of treatments, and other basic information received were discovered,

resulting in questions about number of treatments, patient age, and area of residence being added to the survey.

Table 7: Primary Outcome Questions in Survey*

Overall, how satisfied are you with the service you received at Hadassah Optimal?				
1. Not satisfied at all	2. Not satisfied	3. Not very satisfied	4. Satisfied	5. Very satisfied

How clear was the explanation given by the physician and how much did it helped you understand the procedure?				
1. No explanation given	2. Not very clear or helpful	3. Moderately clear and helpful	4. Clear and helpful	5. Very clear and helpful

How much would you say the treatment helped you?				
1. Not at all	2. Little	3. Moderately	4. Helped	5. Helped very much or cured

Overall, how satisfied are you with the service you received at Hadassah Optimal?				
1. Not satisfied at all	2. Not satisfied	3. Not very satisfied	4. Satisfied	5. Very satisfied

Did the results of the treatment meet your expectations?		
1. Yes	2. No	Please explain: _____

Did you experience complications or side effects?		
1. Yes	2. No	Please explain: _____

*** These are translations; see appendix for original Hebrew wording**

Mobile phone numbers were used to increase the chances that the patient would answer and to insure patient privacy. Home numbers were only used if the patient could not be contacted on the mobile number listed. There were two interviewers. On reaching the patient, they identified themselves as interviewers working at the Hadassah Center for Clinical Quality & Safety, investigating the treatment received at Hadassah Optimal's Sleep Disturbance Clinic. The patient was asked if he/she agreed to be interviewed and if it was convenient now or at another time. The interview took between 5 and 20 minutes to complete, depending on how much a patient wanted to share on open questions and

comments.

All data were recorded in an Excel file using a study number for each questionnaire, not an identifying patient name or detail. If it became clear that the patient had a severe service issue or added significant content at the end of the interview that did not fall under subjects addressed by the questionnaire, a short summary of the conversation with the patient and the issue was recorded in a separate text file using only the study number. These patients were later contacted by the Center in an attempt to remedy their situations.

The pre-intervention group survey was completed and a report of the findings was compiled in February 2007. The post-intervention group was completed and compiled in April 2008, with a report finalized in May 2008.

Statistical Analysis Methods

Power Analysis and Determination of Sample Size:

Pre-Intervention Group: the a priori hypotheses were that at least 60% of patients would have some improvement in snoring and that 60% of patients would be satisfied or very satisfied with treatments. For 100 participants, the confidence interval (CI) of 95% would be from 50%-70%.

To perform the one-sample χ^2 comparison to the literature figure of 60% success, as defined by some improvement in snoring, the groups were combined into two: people answering that the treatment helped a lot, helped, or somewhat helped were classified into one group, and those answering did not help or did not help at all into another group. χ^2 for was performed in OpenOffice Calc Statistics Add-On Version 0.5. χ^2 for patient satisfaction was similarly calculated, with very satisfied

and satisfied grouped together, and somewhat unsatisfied, unsatisfied, and very unsatisfied grouped into another. Seventy-three percent of patients answering the question were satisfied, above the preset level of 60%.

Post-intervention Group: assuming an improvement in satisfaction of 25% after interventions (60% before to over 85% after), at a significance level of 5% (one-tailed) was determined require at least 25 patients after intervention versus 100 before intervention for a power of 80%.

Results

Pre-Intervention Group - First Descriptive Survey

The primary measure for procedure outcome was measured by patients describing improvement in their snoring, shown in Table 8. Thirty-nine percent of patients reported some improvement in snoring.

Table 8: Percent of Patients Reporting Procedure Effectiveness - Pre-Intervention Group (N=100)

Procedure helped	(%)
Helped/helped a lot	18
Some relief	21
Didn't help/didn't help at all	61

Overall percentage of patients reporting satisfaction with the clinic experience was 73%.

Process measures of quality of health care in the literature have included measures of informed consent and respect for patients. Table 9 summarizes the responses to survey questions aimed at evaluating the information given to patients.

Table 9: Percent of Patients Answering Positively to Questions About Patient-Centered Care, Pre-Intervention Group

Question	Yes N (%)
Were staff members friendly and helpful? (N=98)*	95 (97%)
Did you hear about possible complications or side effects? (N=95)	51 (54%)
Did you hear about alternate treatment options? N=98	30 (31%)
Did you hear about success rates of the procedure? N=98	83 (85%)
Did you sign an informed consent form before the beginning of treatment? N=32**	20 (61%)
Did the treatment meet your expectations? N=72 ***	16 (22%)

* "Yes" is defined as answering "very helpful" or "extremely helpful" while "somewhat helpful" was coded as "No." The remaining three patients all answered "somewhat helpful" - no one answered that the staff was not helpful.

** This question was added after problems were noted; 32 patients were asked and responded, 20 answered "yes" and 12 responded that they did not remember.

*** The most common reason for non-response was that the patient intended to undergo more treatments and could not give a final opinion.

After noting that patients recalled being told about success rates, but that most patients also reported that the procedure did not meet their expectations, a question was added to ask patients if they remembered the success rate they were quoted at the beginning. Fifty-seven patients responded to this question, most stating that they had been told that the surgery would help them, offering figures from 75-100% chance of significant improvement or cure. Overall, patients remembered being given very high success rates for the procedure – either in percent or in words ("אמרו שהסיכויים מאוד גבוהים." "את הבעיה אמרו שזה יפטור את הבעיה"). Many did not know that there was a possibility of treatment failure.

Complications: Pre-Intervention Group

Thirty-two patients (32%) of 100 reported complications, summarized in Table 10. The most common complication was pain beyond what was expected or for longer than expected, described by

20 patients and lasting from 48 hours to one month after the procedure.

Table 10: Complications: Pre-Intervention Group

Number of Patients	%	Complication
20	20	Pain - protracted or severe
8	8	<i>Choking sensation or night choking - transient</i>
5	5	Difficulty swallowing - transient
4	4	Difficulty speaking - transient
2	2	Swollen uvula - one transient, one permanent
2	2	Rhinorrhea - one transient, one permanent
2	2	Worse snoring

Items in italics were not previously described in the literature.

In addition, complications of infection, recurrent sneezing, and feeling of something stuck to the palate long-term were each described by one patient. A number of patients reporting pain indicated that they had been told that the procedure was not painful.

Post-Intervention Group

Procedure effectiveness increased in the post-intervention group, to 57%, shown in Table 11.

Table 11: Percent of Patients Reporting Procedure Effectiveness - Post-Intervention Group (N=37*)

Procedure helped	N (%)
Helped/helped a lot	11 (30%)
Some relief	10 (27%)
Didn't help/didn't help at all	16 (43%)

* Two patients still in treatment could not yet say whether they had been helped or not

Overall percentage of patients reporting satisfaction with the clinic experience was 84%.

After the intervention, more patients answered positively on all of the patient-centered care measures except for staff friendliness which was rated very highly in both groups. Results are detailed

in Table 12.

Table 12: Percent of Patients Answering Positively to Questions About Patient-Centered Care, Post-Intervention Group

Question	Yes N (%)
Were staff members friendly and helpful? (N=39)*	36 (92%)
Did you hear about possible complications or side effects? (N=37)	30 (81%)
Did you hear about alternate treatment options? (N=39)	30 (77%)
Did you hear about success rates of the procedure? (N=37)	35 (95%)
Did you sign an informed consent form before the beginning of treatment? (N=39)	39 (100%)
Did the treatment meet your expectations? (N=35)	15 (43%)

* "Yes" is defined as answering "very helpful" or "extremely helpful" while "somewhat helpful" was coded as "No." The remaining three patients all answered "somewhat helpful" - no one answered that the staff was not helpful.

Complications: Post-Intervention Group

Twelve (31%) of 39 patients in the post-intervention group described complications. This was not different than in the first group, though two patients described a "phantom" sensation in the throat. The complications are described in Table 13.

Table 13: Complications: post-Intervention Group

Number of Patients	%	Complication
6	15	Pain - severe
2	5	Foreign body sensation in throat
2	5	<i>"Phantom uvula sensation"</i>
2	5	Bleeding
2	5	Rhinorrhea/post-nasal drip - permanent

Items in italics were not previously described in the literature.

In addition, complications of hiccups, throat itching, lasting headache, and pain on pronouncing glottal/fricatives were each described by one patient.

Identification of Problems and Qualitative Results

Patients tended toward satisfaction with professionalism of the clinic, attention from the doctor,

and doctor-patient relations. The facility was described as attractive and clean. High scores were given by both groups for staff friendliness and helpfulness (97%), as well as doctor empathy (95%).

Several points for potential service improvement were noted in the first survey, most being process measures. The areas with potential for improvement are described below, with sample patient quotations:

- ***Information for Informed Consent:*** No patient in the pre-intervention group reported being told a correct success rate similar to that appearing in the literature. Few patients recalled understanding at the outset that more than one treatment would be likely, and had been led to believe that one procedure solved the problem. ("If I had known it only had a 50% chance of success, I wouldn't have spent 6000 shekels.") Another patient recalled being told that there was an 85% success rate. He asked what happened with the other 15% - no improvement at all? The answer he received was "There's no such thing as no improvement. Even those 15% improve some." The complication of "pain, prolonged or excessive" was taken to indicate that patients were receiving an explanation that underestimated the pain caused by the procedure. ("Treatment was very traumatic." "It felt like being in a torture chair.") Four patients stated that they had understood from the explanation of the procedure that the procedure was completely non-invasive ("They don't touch anything"), using radio waves to effect tissue change without tissue damage. Some patients had jobs requiring them to speak and did not anticipate a need for time off work due to speech pain or hoarseness. (Comments translated into English, see patient reports in appendix for original Hebrew quotations.)

- ***Procedure Surrounding Informed Consent Form (see Form in appendix):*** One patient volunteered the information that she had been made uncomfortable by being asked to sign the consent form while on the table. Following this, after asking about informed consent, a question was added asking if people remembered where they had signed the form (N=14 who were surveyed). Two other

patients also recalled being asked to sign on the table. For comparison, six others remembered it being signed in an acceptable location (office visit, secretary's desk), and six more did not remember where they had signed it.

- **Indications for Procedure** - Three patients noted that they had this treatment for obstructive sleep apnea, and only later discovered that this was not an indication for treatment. (See case report of patient 152 for an example in the appendix - this patient discovered that the procedure was not indicated for him in the clinic's own literature.) As this was unanticipated at the outset of the study, the survey did not contain a question about the indications for which patients presented. It is unclear how many other patients may have undertaken the procedure primarily for OSA.

- **Clinic Printed Advertisements** (see appendix for examples) were described as "misleading" by many patients, as previously quoted. The brochure also states an 85-90% success rate with 3-4 treatments. It also states that: "במקרים מסוימים יש צורך לחזור על הטיפול לקבלת תוצאה טובה." Many patients felt that this was specifically misleading, since almost no one underwent only one treatment, and some people got to ten treatments or more, or further invasive surgery.

- **Patients' Complaints** - in the first 100 patient group, 19 (19%) had requested refunds, threatened legal action, or threatened going to the media to complain. Some had already begun legal proceedings or contacted the media. Nearly all felt that they had been cheated or misinformed about success rates, the need for multiple procedures, or pain after the procedure. Several said that once the clinic had finished treating them, they were not willing to speak to them further - phone calls were not returned, insurance paperwork was not filed, and doctors were unwilling to meet with them.

- ***Misinformation About Insurance Reimbursements Reported by Patients*** - Five patients reported various problems with insurance reimbursements. They were told that private insurance companies would cover the procedure by the front desk staff and led to believe that the staff would handle insurance payment. In fact, some private insurance companies do cover the procedure, but patients must pay and apply for reimbursement later. The clinic does not offer assistance with this; nonetheless, many patients were led to believe that the clinic handles these aspects.

Most of these insurances require pre-approval before reimbursement. One patient (117) was even convinced to "go ahead and do the treatment" on his first visit, and to check with the insurance company later, after saying to the clinic staff that he thought that his insurance might cover the treatment. This led to him not being reimbursed - he had not received the pre-approval, though his insurance did cover the procedure. Another patient gave a check that he understood to be a deposit only to be held during the time that insurance was billed. The clinic cashed the check for over 6000 NIS, emptying his bank account.

Other patients reported problems getting receipts or paperwork from the clinic for insurance purposes.

- ***Sales Pressure*** - Many patients felt that the sales team was overly aggressive, leading to some of the above-mentioned problems. They were told by sales representatives that "Everybody has great results," or that "People love this procedure," or that it would fix their problem. Sales staff has no medical training or specific knowledge of the procedure. Two patients specifically commented that the auxiliary staff are very attentive and concerned until payment is received; then "they disappear."

Designing an Intervention

Our report from the original survey was discussed with senior ENT staff and the hospital

administration resulting in a change of staff at the Sleep Disturbance Clinic. The following recommendations were made as general guidelines for improvement:

1. As unrealistic patient expectations contributed to dissatisfaction, providing patients with more realistic and accurate odds of success would do much to improve satisfaction. This needs to be done at many levels including printed literature, newspaper advertisements, and oral and written communication in the initial consultation.

2. Many patients were upset at being told to lose weight after having undergone the treatment, feeling that they were being "blamed" for treatment failure. Lifestyle change counseling needs to be clear at the first consultation and before initiating procedures.

3. Side effects and complications need to be explained more clearly to patients. Some patients found the procedure intolerable, or suffered for several days to two weeks. They were upset when they were told that they could immediately return to work on the same day, and then found that not to be true.

4. Insurance companies vary in their coverage of the procedure, and some patients found that the procedure was covered only after having paid out of pocket. A few patients noted difficulties with getting appropriate receipts or forms for reimbursement. A clinic service of insurance counseling (and an understanding of which insurances do cover the procedure) would benefit patients.

5. Patients who were very upset with their experience often asked, "What are you going to do with the information collected in the survey?" and were interested in hearing that their experience had

been heard - that someone cared that things had gone badly for them. An official response or address of their complaints would alleviate much suffering and be a prudent public relations step.

The Components of the Interventions

1. Treating physicians were reminded about actual success rates as cited in the literature and encouraged to convey this data to patients clearly and emphatically.

2. Patient selection was to be more stringent. All prospective patients were screened and a comprehensive history was taken (see תבנית קבלה לניתוח form in appendix). The procedure was not recommended to patients were thought to be unlikely to benefit. Physicians were encouraged not to perform RF-UPPP for obstructive sleep apnea and the use of sleep studies was recommended for nearly all patients as standard procedure. Lifestyle and weight issues were addressed at the first meeting, with increased use of a sports medicine physician and dietician.

3. Physicians were informed that according to data, little improvement was likely after four or five treatments, and it was suggested that they take this into account while using clinical judgment.

4. Performing the procedure on the same day as the first appointment was highly discouraged.

5. Physicians were reminded about alternate treatments such as CPAP and dental devices and encouraged to consider them as appropriate treatment for some patients.

6. Physicians were encouraged to consult each other and to have more than one physician look at each patient's anatomy and to discuss and come to agreement about the specific site for tissue

ablation.

7. Clinic literature was rewritten.

Evaluating the Intervention

When compared the pre-intervention group, the post-intervention group experienced significant or near-significant improvements in several key measures. After the intervention, there was a trend toward improvement in treatment outcome after the intervention, with 57% versus 39% ($p=0.053$) in the Pre-Intervention group stating that the treatment improved their snoring. There was a trend toward increase in overall numbers of satisfied patients, from 73% pre-intervention to 84% after ($p=0.19$). Percent of patients reporting being informed about side effects or complications from 53% to 81% ($p=0.003$) and alternate options from 31% to 77% ($p<0.001$). Percent of patients being counseled about weight loss and exercise at the initial meeting were 73%, up from 42% ($p=0.002$), and 77%, up from 35% ($p<0.001$), respectively. The number of complaints in the second group was significantly reduced, with 19% of patients having serious service issues in the first group, compared to 7.5% ($p=0.033$) post-intervention, with one patient still trying to resolve the issues with the clinic and no patient seeking legal or media attention. Percent of patients who would recommend the clinic rose from 34% to 63% ($p=0.013$). Table 14 summarizes the most significant major findings.

Table 14: Major Parameters of the Study, Pre- and Post-Intervention Group

	Pre- Intervention Group % (N=100)	Post- Intervention Group % (N=39)	p
Overall Satisfaction (%)	73	84	NS
Staff Friendliness (%)	97	91	NS
Received Helpful and Clear Explanation (%)	97	87	0
Treatment Was Helpful (%)	39	57	0.053
Highly Recommend/Recommend Clinic (%)	34	63	0.013

The quality measures relating to informed consent and patient-centered care improved except where already high, as shown in Table 15. The question "Did the physician explain the chances of success?" is somewhat unclear, because it does not reflect the rate provided by the physician. The rate of obesity was the same in both groups, but more patients were counseled on diet and exercise in the post-intervention group.

Table 15: Percent of Patients Answering Positively to Questions About Patient-Centered Care, Pre-Intervention Group

	Pre-Intervention Group % (N=100)	Post-Intervention Group % N=39	p
Doctor explained side-effects of treatment	53	81	0.003
Doctor explained alternate treatments	31	77	<0.001
Doctor explained chances of success	85	95	NS
Signed consent form	100	100	NS
Felt comfortable asking doctor questions	96	97	NS
Doctor discussed weight loss	42	73	0.002
Do you have a weight problem?	51	50	NS
Doctor discussed exercise	35	77	<0.001

Measures of Quality in Healthcare and Process Indicators

Process indicators that improved significantly included several measures of informed consent - more patients recalled hearing about side effects and complications, alternate treatments, and weight loss and exercise. Significantly more patients would recommend the clinic to friends or family. While not large enough to be a statistical difference, no patients in the second group reported signing the informed consent form on the operating table. There was no significant difference in the percent of patients reporting having heard odds of success, but the first group of patients reported having heard odds that were highly unrealistic based on the existing literature. (A methodological problem was that the survey was not originally designed to ask what exactly the patients had been told to be the odds of success. Data on this was gleaned from text recorded in other questions (i.e. "אמרו לי שזה יפטר את" "ההבעיה ב-95%"), or by informal questioning added to the end of the survey later. Furthermore, the literature distributed by the clinic stated "90% success rates" without a clear definition of "success," leading patients to believe that success meant complete eradication of all snoring.

The percentage of patients stating that they received a clear explanation helping them understand the procedure dropped non-significantly from 97% to 87%.

Patients with vocal complaints, threats of lawsuits, and other severe issues dropped from 19% in the first group to three patients (7.5%, $p=0.033$) in the second. In the post-intervention group, one patient had been advised not to undergo the procedure due to comorbidities and low likelihood of improvement; she insisted on the procedure with a "nothing to lose" attitude, and was ultimately highly unsatisfied. Another patient had a problem with insurance, being told that the clinic would help with reimbursement, which it ultimately did not, and they did not return his phone calls. Insurance issues had arisen as points for improvement in the first survey, however the interventions were designed only for physicians and no attempt was made to improve service at the level of non-medical staff at the time

of the original intervention; in retrospect, this was a flaw in the intervention. The third patient underwent the procedure and since then suffered from rhinorrhea and epistaxis, requiring further treatment at the clinic and in her general practitioner's office.

Discussion

The project gleaned statistical and descriptive information about outcomes and complications in a specific clinic performing a procedure treating simple snoring. The procedure had not been previously studied in this clinic. The information obtained in the first part of the study enabled the clinic to design an intervention including giving full information to patients about success and complication rates at their specific clinic, which improved the quality of informed consent. The study identified system-wide procedural problems and reduced their occurrences, and improved patient satisfaction, with a trend toward improved procedure outcome. Redress was made to patients having had bad experiences with the clinic and legal action was prevented. Furthermore, the complications of a choking sensation at night shortly after the procedure and of a "phantom" sensation in the throat had not been previously described in the literature.

In the current study, a finding of significance was the gap between the 39% rate of success at the Hadassah clinic versus that in the literature (60%, $p < 0.05$ when compared with Hadassah). The success rate in the literature could be an overestimate caused by publication bias resulting from over-reporting of positive studies sponsored by companies producing the equipment and by under-reporting of negative studies. The post-intervention group reported a success rate of 57%, which is similar to the literature. It is not clear what part of the intervention might have caused this improvement, which may relate to better patient selection and surgeon performance. Further studies are indicated to arrive at a

more accurate estimation of the expected procedure success under optimal conditions.

Though the intervention was mostly geared at quality measures other than outcome, there was a trend toward improvement in treatment outcome after the intervention, with 57% versus 39% in the Pre-Intervention group stating that the treatment improved their snoring ($p=0.053$). As the study was prospective and these results were not known, the survey was not designed to elucidate cause-and-effect. Possible explanations for the improvement in efficacy of the procedure could have been better patient selection, the encouraged technique of having two surgeons evaluate the site of tissue ablation on the palate, or the fact that in the second group, patients who were unlikely to benefit from the procedure were sent for alternate treatments such as dental devices instead. Significant increases in discussion of lifestyle changes and weight loss, combined with avoidance of performing the procedure on the first office visit (giving patients time to consider the procedure and opt for other treatments or lifestyle changes) may have led to patients with contributing obesity to choose not to undergo the procedure. The more frequent use of sleep studies may have led to a higher detection rate of patients with obstructive sleep apnea, and their disqualification for the procedure, which was unlikely to benefit them anyway.

Interestingly, with the intervention, the percentage of patients stating that they received a clear explanation that helped them understand the procedure dropped non-significantly from 97% to 87%. It is unclear why this happened; a possible explanation is that when a more in-depth explanation of the procedure, alternate treatments, and a more nuanced description of success rates are provided, the explanation seems less clear and focused.

The study also demonstrated the effectiveness of data-guided quality improvements, not only in

improving specific parameters (such as informed consent and other procedures), but also in improving overall impressions of medical services and reducing lawsuits and complaints. Considering the reduced suffering on the part of patients and physicians and the continuous striving for improved quality in health care, there is a strong ethical and financial incentive for hospitals and clinics to perform this type of intervention as a matter of routine (24).

The medical literature has described many of the phenomena seen in this study. In private cataract surgeries (25), unrealistic expectations were found to be the main reason for patient dissatisfaction, and patients were found to have unrealistically high expectations in general. In sciatic nerve pain surgeries (23), physician expectations as conveyed to the patients were unreasonably high. 87% of doctors gave the impression that they expected a great deal of improvement for patients, leading to patients being unsatisfied with what was perceived to be a less-than-expected improvement. Going into the surgery, only 9% of the patients expected anything less than complete elimination of symptoms. Patient expectations were found to play a role in overall satisfaction in this study as well. A few patients had come to the clinic after failure at other clinics; when they were told that chances for success were low, but decided to go ahead anyway, they were not unsatisfied with poor outcome. In a large study (N=5313 patients and N=138 surgeons) that evaluated indications for various elective surgeries, the numbers of surgeons who clearly gave and explained indications for surgery varied from 44-95%, and of those, 73-99% matched the patient's actual condition (26). Most patients' health-related quality of life improved with surgery, but 2% to 27% worsened, depending on the operation. Generally, the worse the patients' suffering before the operation, the more satisfied they were with the outcome. The discrepancy between patient expectations and realistic rates of success for a procedure is a point for quality-minded intervention. As snoring is mainly a "quality of life" problem in which, patient

satisfaction and informed consent about rate of complications are crucial for optimal results. Patients who go in feeling essentially "healthy" must be clearly warned when there is a chance, however small, of worsening in their condition.

It is unclear whether patients tend to overestimate or underestimate risk related to "quality of life" procedures such as plastic surgery, photo-refractive surgery, and RF-UPPP, and how information provided by clinics, advertisements and popular media contribute to these perceptions. Some articles suggest that popular media may overemphasize the risk (for example, 27). One study showed that a 1 in 100 risk was considered to be significant in decision making for elective surgical patients (28). The location of these clinics as standalone units, often immaculately decorated, may also contribute to reduced patient perception of risk; in a hospital, patients are constantly reminded of illness and injury; in these clinics, it may be easy to forget that a procedure is medically invasive. Elective surgeries for non-life threatening yet painful conditions, such as discectomies or joint replacements, may not be perceived by patients as equivalent to purely quality of life procedures such as LASIK or snoring. This is a potential area for further study.

Study Limitations and Bias:

Subjective data: The data is collected based on patient recollection and perception; cure is not objective. However, studies have shown that objective decibel reduction in snoring does not correlate to patients' considering themselves improved or cured (7). Permission to contact spouses/bed-mates and their contact information was obtained from most patients; potentially, the partners could be surveyed in future studies.

Generalization - Patients:

Socioeconomic: Due to costs, the patient population seeking this treatment is likely to be of a high economic status. The data may not be applicable to the general Israeli population or populations in other countries. Furthermore, there are differences in expectations of medicine, cultural expectations of the doctor-patient role, varying degrees of subjective value placed on autonomy and informed consent, that may prevent this particular study from being applicable in other locales. Taking that into account, quality measures such as informed consent, explanation of complications, and offering all treatment options seem to be sound advice cross-culturally.

Severity of snoring: People seeking this treatment may suffer from worse snoring than the average snorer, and may be helped more (i.e. more room for improvement) or less (more severe illness) than the average snorer.

Generalization - Interventions:

The interventions may be specific to the clinic and its processes and procedures and, while based on principles of quality, they may not be relevant to other clinics. Keeping this in mind, the principles of quality in health care can guide other clinics into designing similar data collections and interventions to improve their own processes.

Limitations: Methodology:

As mentioned, the original survey asked patients whether they remembered hearing success rates or not. It did ask what rate they remembered hearing - it did not take into account that patients might have heard incorrect information. This data was gleaned from informal questioning at the end of the survey after a discrepancy was noted between patient expectations and the literature.

Another methodological error was not calculating the percent of patients who presented for initial consultation and then went on to have the procedure in each group. It is not possible to determine whether patient selection was truly more stringent in the second group. This was not possible to

perform retrospectively due to incomplete clinic records.

Limitations: Potential Financial Impact:

The current study did not examine the financial impact of the quality improvement intervention. More careful selection of patients reduced the income of the clinic but also decreased the risk of lawsuits. Overall financial impact was not clear. Further research might estimate the cost-effectiveness of improving care under current reimbursement schemes for snoring therapies. While improvement is generally thought to reduce waste, in health care, financial incentives need to be designed to reward quality rather than quantity of procedures.

Conclusion: Routine studies of new procedures or new clinics help refine and improve the quality of health care and identify potential problems and areas for improvement. In addition to holding quality measures such as quality of information and consent as values for ethical reasons, there are practical reasons to improve measures of quality as well. Notably, the clinic physicians and management had not heard of potential involvement of outside agencies such as legal representatives or the media until the survey was undertaken. Identification of these problems and simply bringing them to the attention of staff (such as reminding physicians to consider alternate treatment options) was shown to improve patient satisfaction and to reduce complaints. The study also demonstrated that providers are not the only point for potential improvement; interventions did not address sales and office staff, with no reduction in complaints related to insurance service.

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מרכז הדסה לאיכות ובטיחות קלינית



מספר שאלון _____

שלום, שמי _____, אני מהמרכז לאיכות ובטיחות קלינית בבית חולים הדסה.

ברצוננו לברר באיזו מידה הטיפול שקיבלת בהדסה אופטימל היה מוצלח וכיצד ניתן לשפר את השרות שלנו.

האם תסכים/י לענות על כמה שאלות? המידע שתספקי לנו 1. מסכים 2. מסרב
ישאר אנונימי ורק ישמש אותנו לשיפור איכות השרות.

1. מתי עברת/ה את הטיפול האחרון? _____

2. כמה טיפולים עברת /ה? _____

3. האם נקבע תור לטיפול הבא? 1. כן 2. לא

4. באיזו מידה, בסה"כ, את/ה מרוצה מהשרות שקיבלת בהדסה אופטימל?

1. לא מרוצה בכלל	2. לא מרוצה	3. לא כ"כ מרוצה	4. מרוצה	5. מרוצה מאוד
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אם לא כ"כ מרוצה או לא מרוצה, נא הסבר למה: _____

5. האם אנשי הצוות היו ידידותיים ועזרו לך?

1. כלל לא	2. במידה מועטה	3. במידה בינונית	4. במידה רבה	5. במידה רבה מאוד
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6. באיזו מידה ההסבר של הרופא היה ברור ועזר לך להבין את הטיפול?

1. כלל לא ניתן	2. במידה מועטה	3. במידה בינונית	4. במידה רבה	5. במידה רבה מאוד
----------------	----------------	------------------	--------------	-------------------

7. האם שמעת מהרופא על:
 א. סיכונים (או תופעות לוואי)
 ב. טיפולים חלופיים (כלומר אפשרויות טיפול אחרות)
 ג. סיכויי ההצלחה
1. כן 2. לא
 1. כן 2. לא
 1. כן 2. לא

8. האם הרגשת בנוח לשאול שאלות לרופא? 1. כן 2. לא

9. כיצד היית מדרג את יחס הרופא?

1. גרוע מאוד	2. גרוע	3. סביר	4. טוב	5. טוב מאוד
--------------	---------	---------	--------	-------------

10. באיזו מידה את/ה מרגישה שהטיפול עזר לך?

1. כלל לא	2. במידה מועטה	3. במידה בינונית	4. במידה רבה	5. במידה רבה מאוד
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11. האם התוצאות של הטיפול היו מתאימות לציפיות שלך? 1. כן 2. לא

נא לפרט: _____

12. האם היו סיבוכים לטיפול? 1. כן 2. לא

אם כן, איזה? _____

(אם הטיפול לא עזר, לעבור לשאלה 16)

=====

13. אם הטיפול עזר לך, איך הרגשת את השיפור?

1. ישן יותר טוב	2. פחות עייף ביום	3. מעיד/ה שיש פחות נחירות	4. אחר
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14. אם כן, אחרי כמה טיפולים? _____

15. האם אתה מסכים שנשאל את בן או בת זוגך על הצלחת הטיפול? 1. כן
 2. לא

אם כן - מספר פלאפון: _____

=====

(לא להקריא: ללא קשר עם הצלחה או אי-הצלחה של הטיפול:)

16. במסגרת הבירור שעברת האם נאמר לך שכדאי לרדת במשקל? 1. כן 2. לא

17. כלומר, האם הייתה בעיה של עודף משקל? 1. כן 2. לא

משקל? _____ גובה? _____

18. אם ענה כן לנ"ל, האם נאמר לך להגביר את הפעילות הגופנית? 1. כן 2. לא

לכמה שעות בשבוע? _____ כמה ביצעת? _____

19. האם הצלחת לרדת במשקל? 1. כן 2. לא כמה ק"ג? _____

=====

20. באיזו מידה היית ממליץ לחברים עם בעיה דומה לבוא לטיפול בהדסה

אופטימל?

1. כלל לא	2. במידה מועטה	3. במידה בינונית	4. במידה רבה	5. במידה רבה מאוד
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21. ביחס למחיר הטיפול, כיצד היית מדרג את התשלום ששילמת תמורת הטיפול שקבלת?

1. זול מאוד	2. זול	3. סביר	4. יקר	5. יקר מאוד
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22. מה היה הדבר הגרוע ביותר שזכור לך מהשרות שלנו?

23. מה היה הדבר הטוב ביותר שזכור לך מהשרות שלנו?

24. האם יש משהו בשרות שלנו שהיית מציע לשפר? 1. כן 2. לא

אם כן, נא לפרט _____

האם יש לך עוד הצעות או הערות?:

תודה לך על שיתוף הפעולה ותהיה/ תהי בריא/ה!

תאריך מילוי _____ מראינת: 1. שרה 2. לואיס

נתונים סוציו-דמוגרפיים:

מין: 1. זכר 2. נקבה

גיל: _____

קידומת: 1. 02 2. 03 3. 04 4. 08 5. 09 6. אחר _____

מרכז הדסה לאיכות ובטיחות קלינית



**שאלון מקוצר לחולים שהפסיקו אחרי 1-2 טיפולים.
המטרה של שאלון זה היא להבין מדוע אנשים מפסיקים טיפול.**

מספר שאלון _____

שלום, שמי _____, אני מהמרכז לאיכות ובטיחות קלינית בבית
חולים הדסה.

ברצוננו לברר באיזו מידה הטיפול שקיבלת בהדסה אופטימל היה מוצלח וכיצד
ניתן לשפר את השרות שלנו.

האם תסכים/י לענות על כמה שאלות? המידע שתספק/י לנו
יישאר אנונימי ורק ישמש אותנו לשיפור איכות השרות. 1. מסכים 2. מסרב

1. מתי עברת/ה את הטיפול האחרון? _____

2. כמה טיפולים עברת/ה? _____

3. האם נקבע תור לטיפול הבא? 1. כן 2. לא

4. אם לא, האם את/ה מתכוונת לקבוע תור בקרוב? 1. כן 2. לא

5. באיזו מידה, בסה"כ, את/ה מרוצה מהשרות שקיבלת בהדסה אופטימל?

1. לא מרוצה בכלל	2. לא מרוצה	3. לא כ"כ מרוצה	4. מרוצה	5. מרוצה מאוד
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אם לא כ"כ מרוצה או לא מרוצה, נא הסבר למה: _____

6. האם אנשי הצוות היו ידידותיים ועזרו לך?

1. כלל לא	2. במידה מועטה	3. במידה בינונית	4. במידה רבה	5. במידה רבה מאוד
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7. באיזו מידה ההסבר של הרופא היה ברור ועזר לך להבין את הטיפול?

1. כלל לא ניתן הסבר	2. במידה מועטה	3. במידה בינונית	4. במידה רבה	5. במידה רבה מאוד
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8. האם שמעת מהרופא על:

- א. סיכונים (או תופעות לוואי)
 ב. טיפולים חלופיים (כלומר אפשרויות טיפול אחרות)
 ג. סיכויי ההצלחה
1. כן 2. לא
1. כן 2. לא
1. כן 2. לא

9. האם הרגשת בנוח לשאול שאלות לרופא?

1. כן 2. לא

10. כיצד היית מדרג את יחס הרופא?

1. גרוע מאוד	2. גרוע	3. סביר	4. טוב	5. טוב מאוד
--------------	---------	---------	--------	-------------

11. האם הטיפול עזר לך?

1. כלל לא	2. במידה מועטה	3. במידה בינונית	4. במידה רבה	5. במידה רבה מאוד
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12. האם היו סיבוכים לטיפול?

1. כן 2. לא

אם כן, איזה? _____

13. מדוע לא המשכת/ה את הטיפולים? _____

14. באיזו מידה היית ממליץ לחברים עם בעיה דומה לבוא לטיפול בהדסה

אופטימל?

1. כלל לא	2. במידה מועטה	3. במידה בינונית	4. במידה רבה	5. במידה רבה מאוד
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15. ביחס למחיר הטיפול, כיצד היית מדרג את התשלום ששילמת תמורת הטיפול שקבלת?

1. זול מאוד	2. זול	3. סביר	4. יקר	5. יקר מאוד
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16. מה היה הדבר הגרוע ביותר שזכור לך מהשרות שלנו?

17. מה היה הדבר הטוב ביותר שזכור לך מהשרות שלנו?

18. האם יש משהו בשרות שלנו שהיית מציע לשפר? 1. כן 2. לא

אם כן, נא
לפרט

האם יש לך עוד הצעות או הערות?:

אם התשובה "כן" לשאלה 3: האם נוכל להתקשר במועד מאוחר יותר עם שאלות
על המשך הטיפול?
1. כן
2. לא

תודה לך על שיתוף הפעולה ותהיה/ תהי בריא/ה!

תאריך מילוי _____ מראינת: 1. שרה 2. לואיס

נתונים סוציו-דמוגרפיים:

מין: 1. זכר 2. נקבה

גיל: _____

קידומת: 1. 02 2. 03 3. 04 4. 08 5. 09 6. אחר _____

Clinic Brochure at Start of Study

הטכנולוגיה ושיטות הטיפול

טיפול בגלי רדיו

הטיפול מתאים לסובלים מנחירות או מדום נשימה ברמה קלה. הטיפול מהיר, כ-10 דקות, ובמהלכו מעבירים באמצעות גלי רדיו אנרגיית חום לשריר החיך. בתהליך איטי הנמשך כשישה שבועות נוצרת צלקת עדינה בין סיבי השריר, המחזקת את החיך, מונעת את צניחתו ומאפשרת את מעבר האוויר. פעולה זו מונעת את הרטט וכתוצאה מכך עוצמת הנחירות יורדת מאוד. הטיפול בטוח מאוד, ללא סיבוכים, נמשך דקות ספורות ונערך בהרדמה מקומית וכדומה לטיפול שיניים. יש לחזור על הטיפול עד 3 פעמים בהפרשים של 6 שבועות. שיעורי ההצלחה של הטיפול מגיעים ל-85%. טיפול נוסף בגלי רדיו מכווץ את ריריות האף ומאפשר נשימה נוחה ונכונה דרך האף בלילה. בטיפול זה שיעורי ההצלחה מגיעים ל-90%.



**המרכז לטיפול בנחירות
ובהפרעות השינה**
המנוהל על ידי רופאי בית החולים הדסה



הדסה
Optimal 
המרכז לאיכות חיים ולאסתטיקה

Informed Consent Forms from Clinic

טופס הסכמה לניתוחי אף אוזן גרון/ ראש – צוואר

שם החולה
ת.ז.

אני מאשר שקיבלתי הסבר מפורט בעל-פה מדר' /פרופ' _____ אשר תמציתו מובאת להלן.

ידוע לי כי אני סובל מ: _____
שם המחלה

וכי אני צריך לעבור את הניתוח כדלקמן, ואני מאשר את ביצועו:

הסבר לי ואני מבין כי אין שום בטחון או ערובה להצלחת הניתוח או לרפוי המחלה. כשם שקיימות סכנות בהשגרת מצבי הנוכחי ללא טיפול, יש גם סכנות ותופעות לוואי לניתוח המתוכנן לי. אני מבין כי משותף לכל הפרוצדורות הניתוחיות הן הסכנות של זיהום, דימום, פגיעה בעיניים, כויות של העור, יצירת קרישי דם בורידים ובריאות, תגובה אלרגית ואפילו מוות. כמו כן ידוע לי כי בד"כ משאירים מנקז למספר ימים. הסברו לי והבנתי את הסכנות המיוחדות לניתוח המתוכנן לי (ראה רשימה בעמוד הבא).

הוסבר לי והבנתי מה הם הסיכונים לבריאותי במקרה של אי-ביצוע הניתוח ומה הם דרכי הטיפול החלופיות שהן:

אני נותן/ת בזה את הסכמתי לביצוע הניתוח האמור לעיל. הוסבר לי ואני מבינה כי קיימת אפשרות שתוך מהלך הניתוח העיקרי יתברר שיש צורך להרחיב את היקפו, לשנותו או לנקוט בהליכים אחרים או נוספים, לרבות פעולות כירורגיות נוספות שלא ניתן לצפותם כעת בוודאות או במלואם, אך משמעותם הובהרה לי, לפיכך אני מסכים/ה גם לאותה הרחבה, שינוי, או ביצוע הליכים אחרים או נוספים, לרבות ניתוחים שלדעת רופאי בית החולים יהיו חיוניים או דרושים במהלך הניתוח העיקרי. ההרחבות/שינויים הבאים ייתכנו במהלך הניתוח אך לא אלו בלבד:

ידוע לי כי הניתוח אותו אני מסכים לעבור הוא בעל אופי חדשני/אינו בעל אופי חדשני. (מחק את המיותר).
הסכמתי ניתנת בזאת לבצוע הרדמה

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הניתוח יבוצע בהרדמה מקומית

לאחר שהוסברו לי הסיבוכים האפשריים (הרדמה כללית): נזק לשיניים, נזק למפרקי הלסת, פגיעה במיתרי הקול ובדרכי נשימה עליונים כתוצאה מאינטובציה, תגובה אלרגית לחומרי הרדמה, ובמקרים נדירים - סיבוכים קשים יותר ואף מוות; הרדמה מקומית: תגובה אלרגית לחומרי הרדמה, דיכוי הנשימה המחייב מעבר להרדמה כללית, כאבים מתמידים כתוצאה מפגיעה בעצב ובמקרים נדירים - סיבוכים קשים יותר).

אני יודעת/ומסכים/ה לכך שהניתוח וכל ההליכים האחרים ייעשו בידי מי שהדבר יוטל עליו, בהתאם לנהלים ולהוראות של בית החולים, וכי לא הובטח לי שיעשו, כולם או חלקם, בידי אדם מסוים, ובלבד שיעשו באחריות המקובלת בבית החולים בכפוף לחוק. האחראי לניתוח יהיה _____.

שם וותימת חולה	שעה	תאריך
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במקרה שהחולה קטין או שממונה אפוטרופוס או שמונה בא-כוח:

שם האפוטרופוס	חתימת האפוטרופוס/בא כוח
---------------	-------------------------

אני מאשר כי הסברתי בעל פה לחולה/לאפוטרופוס/בא-כוח של החולה את כל האמור לעיל בהרחבה ובפירוט הדרוש, וכי הוא חתם על ההסכמה בפני, לאחר ששוכנעתי כי הבין את הסברי במלואם.

שם הרופא	חתימת הרופא	מספר רישיון
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שם המתרגם	כתובת	טלפון
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תאור הניתוחים, תופעות הלוואי והסיבוכים האפשריים בניתוחי אף אוזן גרון / ראש-צוואר

ניתוחי נחרות בעזרת גלי רדיו / חיתוך חלקי או מלא של הענבל / ניתוחים בחלל הפה והלוע.
תיאור: הרדמת החיך בעזרת הזרקה מקומית, דיקור וטיפול בחיך הרך בעזרת מחט גלי רדיו במספר נקודות בחיך הרך.

סיבוכים: דימום; בצקת רקמות, התכיבות, נמק לרקמות, יצירת פיסטולה, צורך בניתוח חוזר; הצטלקות; זיהום; הפרשה; אי נוחות קבועה; פגיעה בשיניים; פגיעה בעיניים; פגיעה בדיבור; קשיים בבלעה; דליפה בין חלל האף והפה; חזרת הבעיה המקורית, חסימת דרכי נשימה, צורך באשפוז דחוף בביה"ח.

הצהרת החולה או האפוטרופוס
אני מאשר/ת כי פרטי הניתוח, הסיבוכים האפשריים והחלופיות האפשריות הוסברו לי בהרחבה וכי הבנתי את ההסבר.

שם החולה או האפוטרופוס	חתימת החולה
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ניתוחי אף עם גלי רדיו-טיפול בגלי רדיו לקונכיות התחתונות:

תיאור: הרדמת הקונכיות התחתונות בעזרת הזרקה מקומית, דיקור וטיפול בקונכיות בעזרת מחט גלי רדיו במספר נקודות.
סיבוכים: דימום; הצטלקות; זיהום; הפרשה; אי נוחות קבועה, נזק לעיניים כולל עוררון; ירידה בתחושה בחלק מהפנים; דמעת; דלקת וזיהום של קרומי המוח; פגיעה בחוש הריח; הדבקויות בחלל האף; יובש באף; תוצאות תפקודיות בלתי מספקות; חזרת הבעיה המקורית, צורך בניתוחים נוספים.

שם החולה או האפוטרופוס	חתימת החולה
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Post -Intervention Form For Procedure, requires two physicians to examine patient and approve treatment, includes alternative treatments, requires diagnosis that fits indications for procedure



בית החולים האוניברסיטאי הדסה עין כרם
מחלקת א. א. גרון / ניתוחי ראש-צוואר

מרפאת נחרות ודום נשימה בשינה

שם ומשפחה: _____ ת"ז: _____

כתובת: _____

טלפון: _____ טלפון נייד: _____

אנמנזה

גיל: _____ משקל: _____ גובה: _____ ל"ד: _____ דופק: _____

BMI: _____ / תקין >25 / משקל עודף 25-30 / השמנת יתר 30-40 / השמנת יתר חמורה <40

_____ :**Epworth Sleepiness Scale**

Berlin Questionnaire: High risk for apneas / Low risk for apneas

תלונה עיקרית: _____

נחרות בשינה כן / לא	הפסקות נשימה בשינה כן / לא
עייפות יומית כן / לא	ישנוניות יומית כן / לא
יקיצות במהלך השינה כן / לא	יקיצות בוקר מוקדמות כן / לא
קשיי הרדמות כן / לא	בעיה בתזמון השינה כן / לא
פעילות אוטומטית בשינה כן / לא	הפרעות זיקפה כן / לא
קושי בנשימה אפית לא / כן	ימין – שמאל / דו-צדדי
יובש בפה כן / לא	

עישון: ... כן / לא צריכת אלכוהול/סמים...כן / לא נטילת תרופות סדטיביות ... כן / לא

תרופות קבועות: _____
אספירין כן / לא נוגדי קרישה אחרים כן / לא
אלרגיה: _____ רגישות ללידוקאין כן / לא ידוע
רגישות לתרופות: _____

בדיקה פזקלית

ראש: _____ פנים: _____
אוזניים: _____
אף: _____

סטיית מחיצה אפית ... כן / לא הגדלת טורבינות תחתונות ... כן / לא
עיבוי של ריריות האף ... כן / לא פוליפים מזליים ... כן / לא

פה ולוע: _____

לסת תחתונה תקינה / Hypoplastic / Retrognathism

לשון תקינה / Macroglossia

שקדים ללא הגדלת שקדים / הגדלת שקדים – דרגה: _____

ענבל תקין / מאורך / מעובה / נפול / נושק ללשון

חירך רך תקין / מעובה / נפול

מפתח אורופרינגיאללי תקין / מוצר

MALAMPATI : I / II / III / IV

Malampati I - can see down to the tonsillar pillars.

Class II - can visualize just the full uvula.

Class III - only the soft palate can be seen.

Class IV - if the hard palate is all that is visualized.

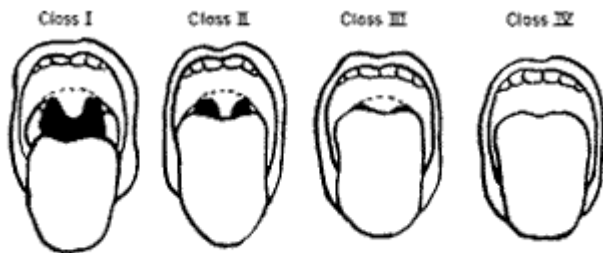


Fig. 5-6 Classification of pharyngeal structures. Note that in Class III the soft palate is visible but in Class IV it is not. (From Samsom GLT, Young JRB: *Anaesthesia* 42:487, 1987.)

צוואר:

רקמת שומן תת-לסתית אין / יש

צוואר קצר / רחב / תקין

לב:

ריאות:

בטן:

גפיים:

בדיקות עזר

מעבדת שינה:

תאריך הבדיקה: _____ מכון: _____

אבחנה: _____

RDI: _____

ירידת סטורציה: _____

עוצמת נחרה / Relative snoring time: _____

Mueller's Maneuver : תקין / Collapse of pharyngeal wall

Retropalatal region collapse / Retroglottal region collapse

אבחנה:

המטופל קיבל הסבר מפורט על הפרוצדורה וההמלצות הטיפוליות.

המלצות:

1. לישון על הצד / הגבהת הראש בעת שינה
2. ירידה במשקל ויעוץ דיאטנית
3. ביצוע פעילות גופנית
4. ברור בעזרת מעבדת שינה
5. מכתב רפואי מפורט מרופא משפחה / רופא מטפל על כשירות לפרוצדורה
6. טיפול במשאף אפי
7. התקן דנטלי
8. פרוצדורה:

- הקטנת שקדים בעזרת גלי רדיו – RF Tonsillar Reduction
- טיפול בגלי רדיו לחיך – RF PalatoPlasty
- טיפול בגלי רדיו לקונכיות – RF Turbinotomy
- חיתוך ענבל חלקי + חיתוך Posterior pillars webbing
- טיפול בגלי רדיו לבסיס לשון - RF Tongue base
- ניתוח: Tonsillectomy, UPPP, SMR, Conchectomy

9. המלצות נוספות:

1. _____
2. _____
3. _____

רופא בודק: _____ תאריך: _____

תאריך: _____

ישיבה טרום ניתוחית

אבחנה: _____

מעבדת שינה: יש / אין

נוגדי קרישה: נוטל / לא נוטל

רגישות ל-Lidocain: כן / לא ידועה

כשירות מרופא משפחה / מטפל: יש / אין

טיפול מתוכנן:

- Tonsillar Reduction by RF – הקטנת שקדים בעזרת גלי רדיו -
- RF PalatoPlasty – טיפול בגלי רדיו לחיך -
- RF Turbinotomy – טיפול בגלי רדיו לקונכיות -
- Posterior pillars webbing + חיתוך ענבל חלקי + חיתוך -
- RF Tongue base - טיפול בגלי רדיו לבסיס לשון -

רופאים מאשרים:

Patient Discharge Form Post Procedure



בית החולים האוניברסיטאי הדסה עין כרם
מחלקת א. א. גרון / ניתוחי ראש-צוואר

מרפאת נחרות ודום נשימה בשינה

טופס שחרור לאחר פרוצדורה

פרטים אישיים

שם ומשפחה: _____ ת"ז: _____

גיל: _____ BMI: _____

_____ אבחנה:

פרוצדורה

לאחר החתמה על הסכמה לפרוצדורה, בוצע בהרדמה מקומית בתאריך _____:

- הקטנת שקדים בעזרת גלי רדיו – Tonsillar Reduction by RF

- טיפול בגלי רדיו לחיך – RF PalatoPlasty

- טיפול בגלי רדיו לקונניות – RF Turbinotomy

- חיתוך ענבל בעזרת RF

- חיתוך Posterior pillars webbing

- טיפול בגלי רדיו לבסיס לשון - RF Tongue base

_____ מהלך:

המלצות:

1. שתייה קרה וכלכלה קרה ורכה לשבוע.

2. אקמול או אופטלגין לכאבים לפי הצורך עד כל 4 שעות.

3. ביקורת בעוד 6 שבועות במרפאה בתיאום תור מראש.

4. בכל מקרה של חום, כאבים מתגברים שמונעים שתיה, קושי בנשימה, דימום או כל החמרה

אחרת לפנות לחדר מיון (מומלץ הדסה ע"כ).

_____ .5

_____ .6

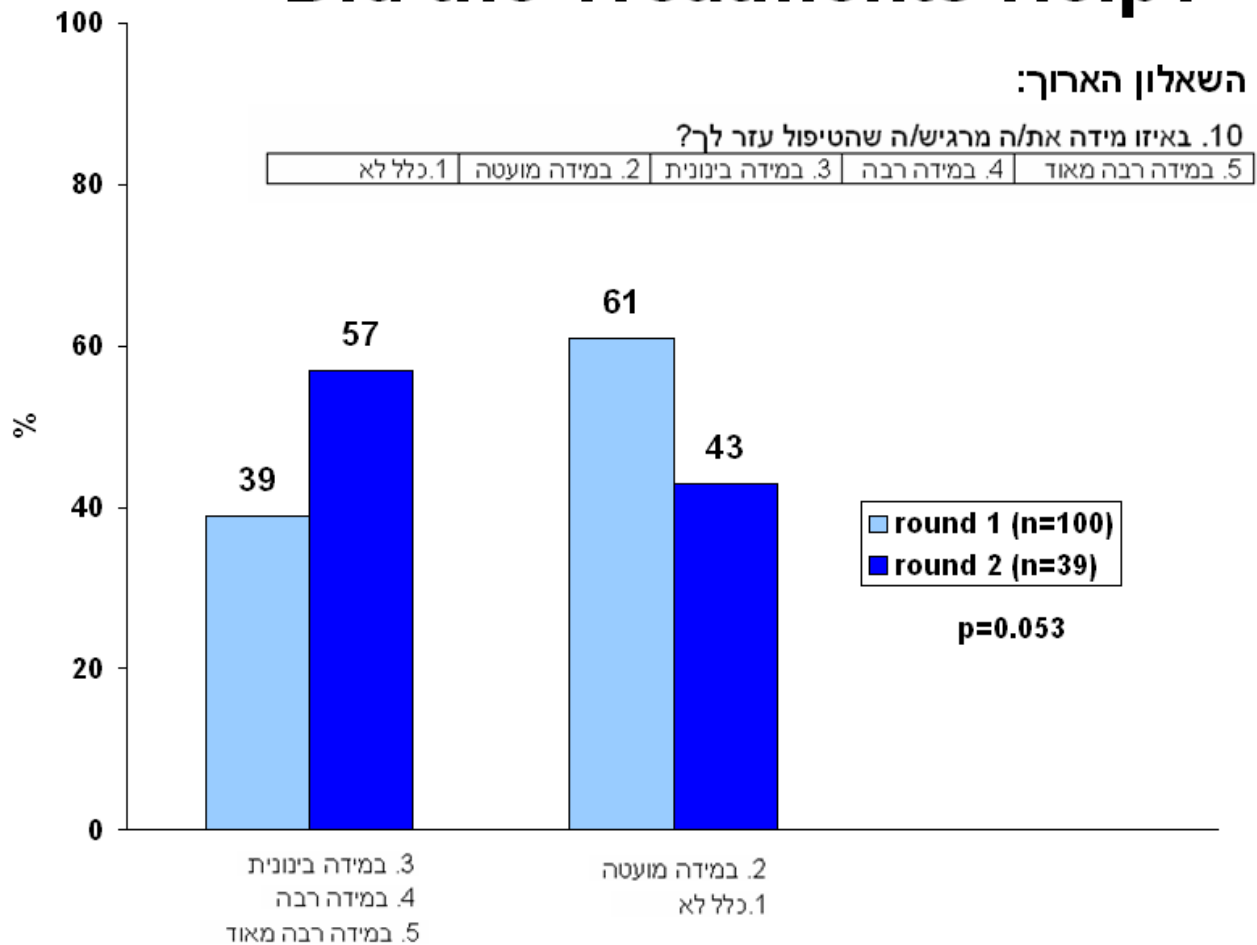
_____ .7

שם הרופא וחותמת: _____ תאריך: _____

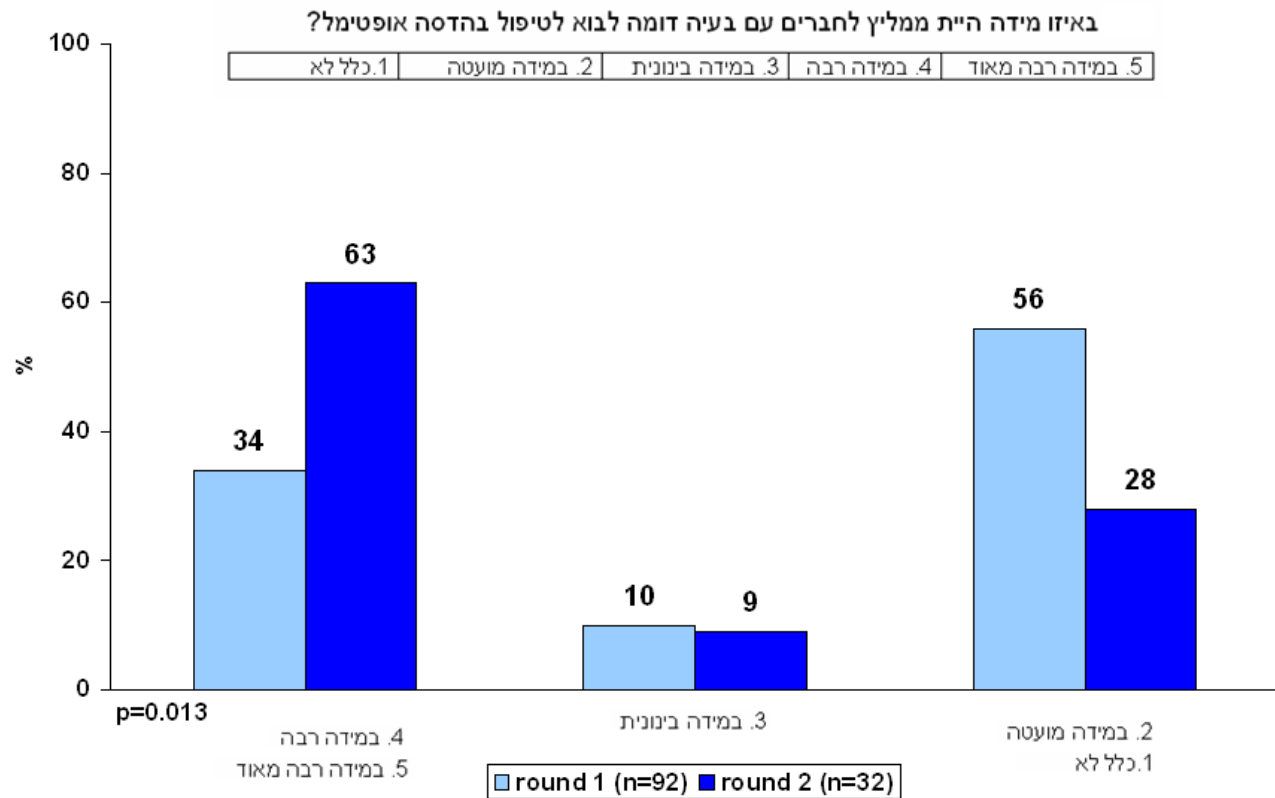
Article on Procedure in Mass Media

Selected Graphics from Presentation to Management

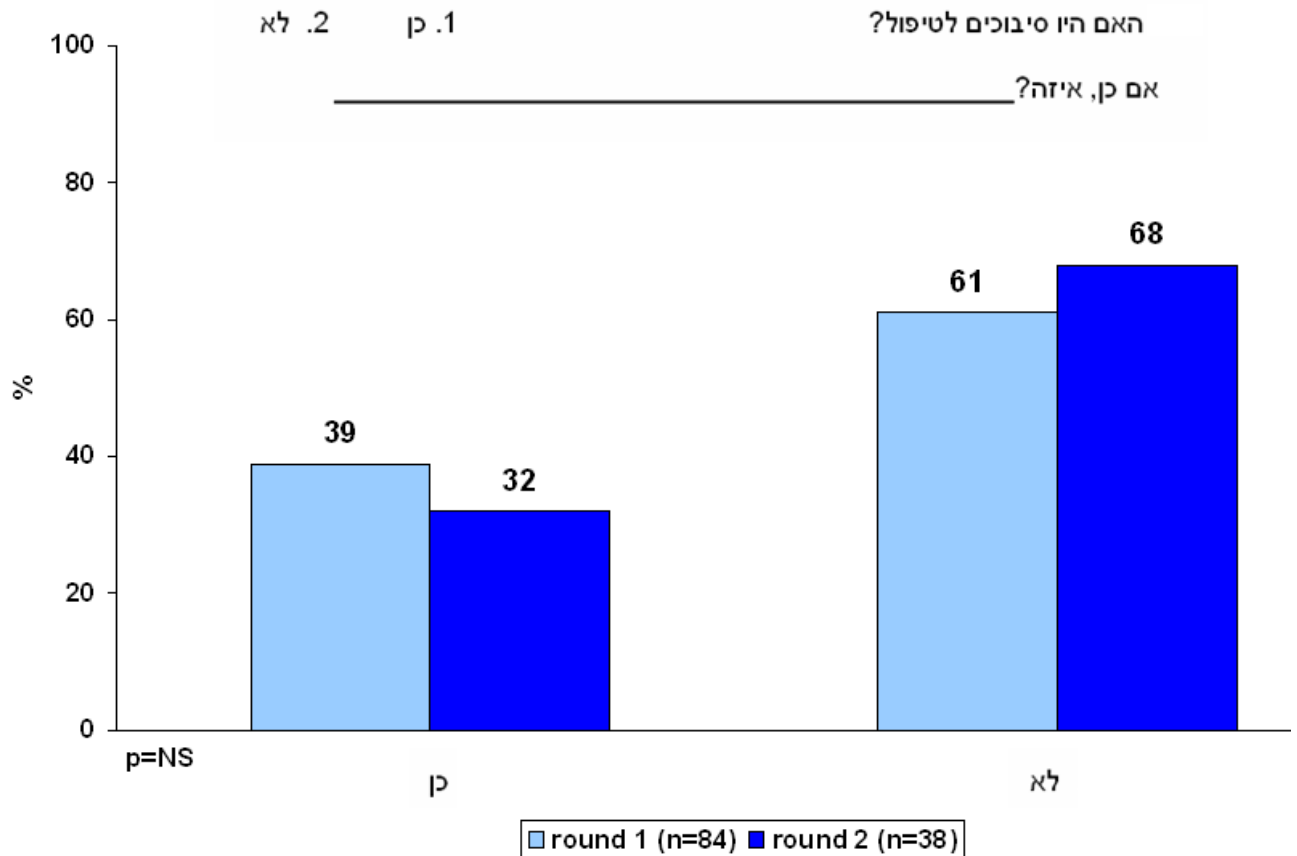
Did the Treatments Help?



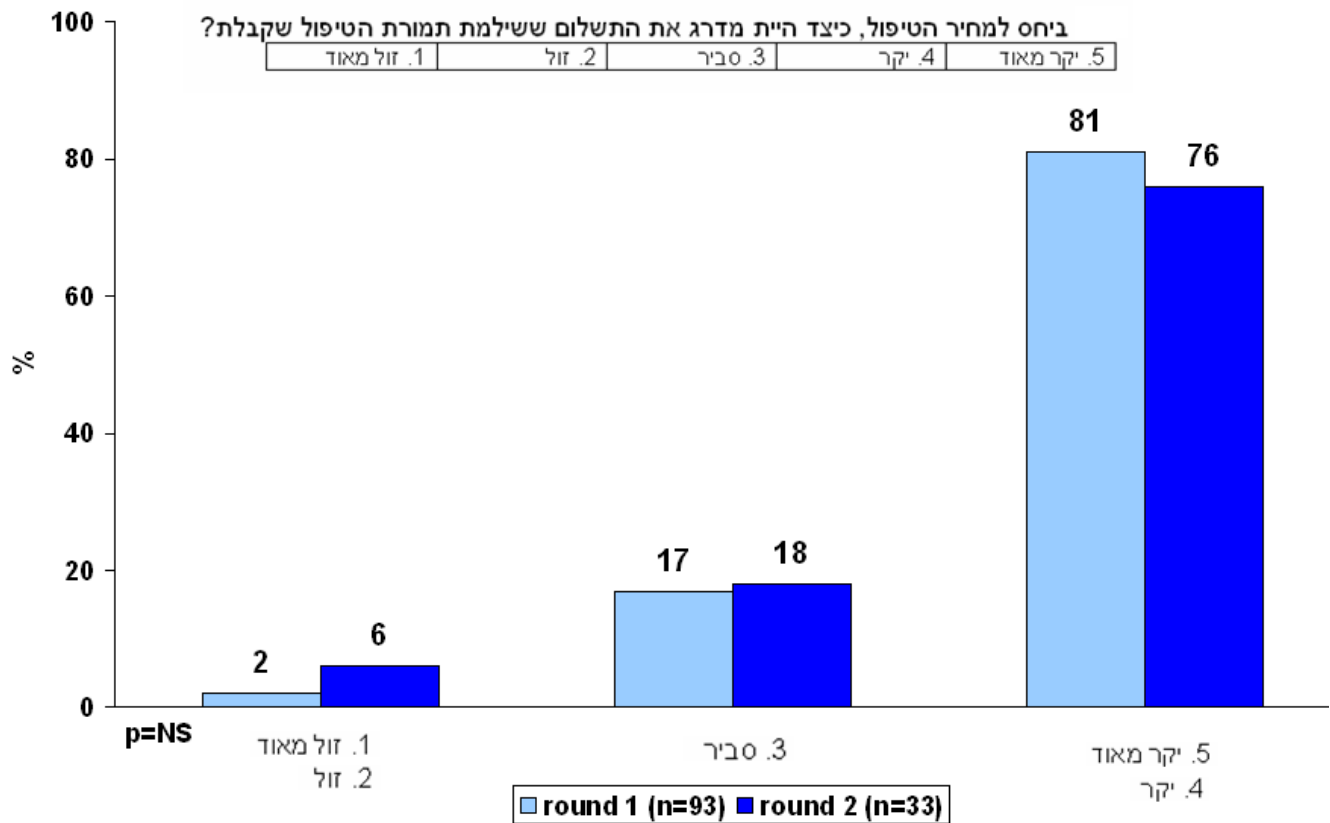
Would You Recommend the Clinic?



Were There Complications/Side Effects?



How Would Your Rate the Cost Compared to the Treatment Received?



Appendix Two - Patient Summaries

Qualitative Data Reports for Control Group Patients	2-23
Qualitative Data Reports for Control Group Patients Refusing to Answer	24
Qualitative Data Reports for Post-Intervention Group Patients with Complaints	24-25

Patient #13

According to the files, this patient underwent 3 treatments, ending in August 2006. He was very upset, and refused to participate in the survey. He stated that he was considering legal action or formal complaining, and did not want to continue talking to us at all. It was not clear if he had unsuccessful treatment, or a complication or a personal interaction problem. He also did not make the impression of a person who was unreasonable, eager to sue, or even impolite. It seemed as if he had tried to resolve this problem with the clinic and could either not contact them or not get them to really listen and address the issue. The interaction was polite and cordial; he just did not want to talk to me if I could not actually right then and there fix the problem, which I could not, and thought that if he was considering legal action, it might be better not to discuss the issue with another party.

The complaint was forwarded to the study advisor.

Patient #43

This patient did 3 treatments, wants to continue and asked to have Shani call him. However, he is very disappointed with minimal results. He wants another opinion from a doctor who advertises something similar in Tel Aviv.

This conversation was remarkable in that the patient said that after he hadn't had much success, he checked the internet forums that discuss these matters and also made contact with other patients and he says that there are many postings warning against this treatment at this clinic, that other people were disappointed or hurt. He wondered if we knew about that.

Patient #66

This patient is very dissatisfied. He had over 4 treatments, some of which were surgical, the last one was 2 weeks ago. He also lost weight. His snoring is the same.

The surgeries were very painful, with a week's recovery time after them. This was severe pain, and difficulty eating and drinking. He paid for the treatments himself, and it was expensive for him – but he said it would have been worth it because of the suffering and tension in the family, if it had worked. As it is now, he thinks he paid a lot of money to suffer a lot of pain, make repeated drives from Haifa, and have no results.

He also signed the consent form, to the best of his memory, while on the table. On top of this, he heard about the service and told his son – his son also signed up and has done treatments and also had no results. This is upsetting, because he feels like he paid 12000 shekels to Hadassah from his family for

nothing. He wants to know what to do about it, or, more specifically, what we intend to do about it.

His son is on the list of 1 treatment patients that was not selected to be contacted.

Patient #95

This patient had consulted in Tel Aviv about snoring. They had suggested more complex surgery under general anesthetic. He came to this clinic for another opinion. Dr. #1 told him that the chances of success of the RF procedure were not great, but the patient preferred this to surgery and was covered by insurance so he decided to try this as a first step.

The result was that the patient feels minor improvement in snoring, but his wife doesn't agree. He may or may not do further treatment (has done 4). He is highly satisfied even though it did not succeed. He feels that they were very honest and up-front about realistic expectations for the procedure, professional, had extremely good service.

He and his wife were also previously very happy with their previous experience with Hadassah's private fertility clinic and says in general, that Hadassah Hospital has been a good thing for many members of his family. He says that the doctors have always been honest about what is realistic and not realistic to expect, and willing to try new things, as well as good about follow-up with them to make sure things are ok.

Patient #117

The patient had 3 or 4 treatments and had no improvement. He is very angry that the procedure was not successful. He first heard about the procedure from a friend that he sometimes travels with - he noticed that the friend had stopped snoring, and asked how. The friend referred him to the clinic.

The patient does remember hearing 70% success rates, yet finds it inexplicable that he was not one of them, and wants to "report this," "sue him and Hadassah," and thinks that Dr. #1 "should be in jail for sticking needles into people."

He reports that he suffered quite a bit of pain after each treatment, and that his uvula has become bigger and that that has not gone away since the last treatment. The points he wanted to be clear on are that this treatment does not help and that he should not have to pay. אם היה לי כסף זמן, הייתי תובע את כולם. Another complaint was that he wanted to verify whether private insurance would pay for some or all of the treatment, but was convinced by Dr. #1 not to delay starting treatment by going to Tel Aviv to check. He says that insurance might have approved it before, but will not do that after the fact, and that they should tell people that insurance doesn't matter. He feels it would

have been less of a loss if he had not had to pay for it all, which could have been done if he had known and had not been told to try to get reimbursement after the fact by the clinic.

There were clearly some personality issues with this patient as well as unrealistic expectations (he did understand 70%) but his exceptional anger was surprising and needs to be documented.

Patient #118

This patient did three treatments and has had some improvement. He is overall satisfied.

However, after the first treatment, he had severe side effects including pain, difficulty swallowing, and difficulty breathing. This treatment had been done on a Thursday night, and he was unable to contact anyone until Sunday morning. These side effects were worrisome and he considered going to the emergency room. He says that all he needed was reassurance, and it would have been nice if there had been some way to contact someone when this happened. He is continuing treatment.

Patient #120

Patient 120 completed 3 treatments, the last being about 2 months ago. She has had no improvement whatsoever. Dr. #1 told her that he would keep treating her until she was satisfied, but since she hasn't improved at all and since it's not a **תענוג גדול** to undergo these treatments, she's decided not to continue.

She said she certainly wouldn't recommend the clinic to anyone. Both the secretaries and Dr. #1 told her the cost would be refunded by her insurance company, which wasn't true. She said only after a "**מאמץ גדול**" did she get 50% of the cost refunded.

Patient #123

The patient underwent two treatments, the last one in July 2006. He does not intend to continue treatments despite his wife saying that his snoring has reduced somewhat. The reason is that: "**הטיפול היה מאוד טראומטי**"

He reports that after each treatment, he felt generally ill, suffered pain, had extensive secretions and also had "**תחושה של חנק**" which might have been from **ליחה** but he really wasn't sure if it was that or from swelling.

He also did not seem overly unhappy - he said:
"אני חושב שאני האחד במיליון שלא טוב לו"
and had positive impressions of the clinic, the staff, and Dr. #1.

Now, he would just like help in getting the appropriate documentation to enable him to receive reimbursement from insurance and apparently has had some difficulty getting it. הם צריכים לעזור יותר בזה.

Patient #124

This patient did 3 treatments and is very unsatisfied and looking for a return of the fee. He says he has opened legal action, unclear at what stage.

He saw an advertisement in the newspaper and made an appointment. He says that Dr. #1 was very nice, but charged for the original consult, which was supposed to be free if he did the treatment (300-400 shekels). He did the first treatment at the first consultation. He had severe side effects after, including 3 days in which he felt very bad (2 days of missed work). He had swelling, could not swallow. Since then, he has had a chronic runny nose. He says he was told about potential side effects, but not to the degree that he experienced.

According to him and his wife, the treatment did not help at all. He was offered more invasive surgical treatment, CPAP, or a dental appliance. He says that if they were going to offer that, why bother with the surgery? He consulted another doctor for a second opinion about the surgery, who strongly recommended that he not do it.

He thinks there should be warnings in the paper, and considered putting advertisements alongside those of the clinic. He has contacted a lawyer and is in legal proceedings.

He would like to be contacted by someone senior from Hadassah about this issue.

Patient #143

This patient underwent 2 treatments, the last one in July 2006. He does not plan to continue due to side effects of the procedure that made it intolerable. He has a high impression of Dr. #1, less so of the treatment. He thinks that the improvement so far is about 50%, according to his wife's account.

He suffered 3 days of pain and secretions and mucus that felt choking, that were severe enough to discourage them from continuing.

I also spoke with his wife, and she told me, "לא הייתי יודעת שהתוצאה תהיה רק 50%, לא הייתי". "מוציאה 6000 ש"ח". My general impression is that this is a couple for who this was a considerable financial expenditure, but that they decided that it would be a worthwhile investment because the problem bothered them a lot. They went in with the understanding that after the procedure, "זה יעלים"

and are understandably disappointed.

Patient #152

This patient's last treatment was on 25/12/2006. It was his second treatment. He overall is not yet satisfied with the results, and has had only minor improvement so far according to his wife, who says that it seems like he has fewer apneas, but intends to continue with treatment. He is not angry or extremely disappointed yet, but feels that some things were not clear from the beginning that should have been, and he also had severe side effects after the treatment.

1) His primary understanding was that he was undergoing the treatment for obstructive sleep apnea; the snoring was secondary. Afterwards, he read the information pages that they handed out, and realized that OSA is not an indication for this treatment, and that: "הדפים דווקא אומרים שזה לא אמור לעזור" "במקרה כמו שלי, אבל רק ראיתי את זה אחרי הטיפולים".

2) He also suffered fairly serious side effects and recovery time:
"בפרסום אומרים שאפשר לעשות את הטיפול באמצע יום עבודה - אבל זה לא בדיוק ככה. לא יכולתי לחזור לעבוד. כאב לי. עשה לי תחושת חנק".

After the first treatment, he had pain for "כמה ימים", a choking sensation, bleeding from his nose, and was not warned about this. For this, he still is taking a nose spray "נגד הנזלת" which he understands to be chronic now. He says that the possibility of most of these effects was not mentioned to him.

He is open to further contact from us.

Patient #168

Patient #168 says he has undergone 3 treatments, the last on 22.8.06. He said the treatments have helped him about 50% but for the high cost of treatment, he would expect a 100% improvement.

His next appointment will be in May because Dr. #1 wants to perform uvula surgery and told him that he would need to be at home and rest for 5 days. Patient #168 works for El Al and needed to arrange the time off ahead of time. He says he knows the surgery will be more painful than the radiotherapy but he hopes that it will further improve the situation.

Patient #174

Male aged 76. Patient 174 has only good things to say. He says there are no words to express how nice, friendly and helpful the office staff is – they always have a smile on their faces; there is a fully-equipped kitchen, etc. He comes down by train from Haifa and has undergone 5-6 treatments.

He says Dr. #1 didn't talk about percentages but told him that "יהיה בסדר גמור"

He says his sleep apnea has stopped and Dr. #1 told him that
"אני מתקדם יפה"

However, his wife says that he still is snoring and he would like to see more of an improvement.

He was also offered a free massage as a "freebie" for signing up. He was told additional massages would cost NIS 260.

Patient #183

The patient underwent 5 or 6 treatments, and is very disappointed. The treatments were painful, involved lost days of work, and were not helpful at all. There are several relevant issues here. I spoke with him on 11/1/2007 for approximately a half hour, between 6:30 and 7 pm. He was very polite throughout and did not seem to want to vent, punish, or anything else - just for his situation to be addressed.

1. The initial evaluation with Dr. #1 offered him a diagnosis of a "loose uvula" and he was told that this could be corrected easily and painlessly. He specifically asked about risks and complications and was told that the procedure is safe, painless, and with no side effects. He was not aware that there was a chance that the procedure might not solve the problem, because of the surety of diagnosis. He was impressed with Dr. #1 and did not have any complaints about him personally.

In this initial consultation, he told Dr. #1 that both he and his wife seemed to think that the snoring problem began when he gained weight, and asked Dr. #1 if that could be the problem, because then he would try to lose weight. Dr. #1 said something like, "Yes, could be, but let's do the surgery anyway." This is relevant because after his 5-6 failed treatments and giving up on the procedure, he did go on to lose 10 kg, and the snoring resolved, making him feel even more "מרומה".

2. He described each treatment as extremely painful - both the insertion of the electrical probe and the ablation itself. It was unclear to me whether he received local anesthetic or not. He described being moved to a procedure room farther from the waiting room because his groans were discouraging people in the waiting room from undergoing the procedure. He described going to the treatments as, "כאביי עינוי - הרגשתי לפני שאני ממש הולך לכיסא עינויים."

3. After the first (and subsequent) treatments, he suffered from swelling in "כל בית הבליעה", nausea, and hoarseness. In the night after each procedure, he would wake up terrified from a "תחושת חנק" - from swelling, rather than mucus, and was afraid to go back to sleep. He works in a teaching profession, and had difficulty speaking for about a week after each treatment, and missed around 10 days of work total (at least one day after each treatment).

4. He also suffered from a worsening of the snoring for about a week after each procedure, after which it would return to baseline. Each time, Dr. #1 encouraged him to undergo more procedures, which he did, until giving up after 5 or 6.

5. At some point, he attempted to sit down and discuss with Dr. #1 what had gone wrong, and found Dr. #1 very unreceptive to discussing the issue, especially when the issue of partial refund came up.

6. He traveled to Hadassah from Gan Yavne specifically because of Hadassah's good name, and feels that this has really broken his trust and damaged the name of what he thought was a good institution. He speaks about his bad experience whenever the subject comes up.

In addition, he has considered legal action and has contacted **שומר מסך עם אמנון לוי**. Apparently a lawyer he consulted told him that it would be a hard case to win, because it is difficult to prove that the snoring is the same, or that the doctor promised results. Amnon Levy's team apparently is now trying to find other people who had the same problem.

He also said he wanted to write a letter to someone in Hadassah. I said to direct it to us through **המרכז קלינית** and our office, because having it in his own words and documented by him will also be useful, but that I would also write a report on our conversation and relay the details. He said he was very relieved that someone had called, and is not eager to sue and would rather have this resolved in another manner, but just could not get through to anyone before. This is a case that needs attention because he was left with a feeling of having been a fool for paying for this service, and for complaining about pain, and of not being listened to.

Patient #189

Was very angry and unpleasant. Refused to answer questions no matter how calmly I spoke to him and told him how important his comments were to us.

Said he'll see us in court. What happened was fraud – Hadassah took a lot of money and there were no results.

"פשוט הונאה – לוקחים המון כסף לטיפול ללא תוצאות. להת' בבית משפט."

Patient #191

Patient 191 completed 2 treatments and is undecided whether to make another appointment. He wants to consult with Dr. #1. The treatments haven't helped at all despite the fact that Dr. #1 spoke in "**אחוזים גבוהים**" about chances of success. He is disappointed in the results.

Patient 191 suffers from sleep apnea as well as snoring. After the first treatment, he had breathing problems which lasted a month. He called the clinic and was told by the secretary that this would pass in about 10 days. It didn't pass but he didn't call back.

Patient 191 says that the second treatment was very painful – that Dr. #1 worked on his nose as well as his throat. Ever since that treatment, he sneezes all the time and can't breathe through his nose when he is lying in bed.

He says that Dr. #1 works too quickly and should slow down because it's hard to breathe during the treatment.

Despite all of this, he gives a "4" to recommending the clinic.

Patient #193

He had 3 treatments – last 6 months ago. The treatments didn't help his condition – very slight improvement according to his wife.

He had positive things to say about the clinic staff and Dr. #1 but the treatments had no real effect.

Patient 193 says that the clinic should tell and advertise the truth about the success rate. For that cost, people should know the truth.

Patient #197

The patient suffers from sleep apnea and snoring and has undergone 3 treatments, including uvula surgery. The treatments have met 85% of his expectations (although he expected a bit more). It is important to note that he also lost 15 kilos during this time.

Patient 197 also complains about the very high cost – especially, if you need fewer treatments.

He mentioned something fishy – he says he's spoken with other patients while he was waiting and that there is no equality in cost. He says some pay more and some pay less. (I wonder if this is due to private insurance coverage, because everyone I spoke to without insurance spoke about paying NIS 6000).

Patient #198

Patient 198 has had 4 treatments, the last being 4 months ago. He will not continue because the treatments didn't help (according to his wife).

He has another complaint that when he swallows, he feels like something is caught in his throat. Dr. #1 said the feeling would pass, but it still hasn't and is very annoying and worrisome to him.

He has no complaints about the clinic or staff. He also suffers from sleep apnea and has asked his family doctor for a referral so he can make an appointment.

Patient #208

This patient did 5 treatments, and finally ended up with a dental appliance (2 even). He is disappointed that he underwent and paid for expensive and painful treatments with no benefit. He is overall very polite and nice on the phone.

He also described that the doctor was very attentive at the first meeting, very good at sales, but that a lot of the "niceness" went away after he had paid. He said that when given the statistic that there is "85% success," he specifically asked if that means that the other 15% don't have any improvement at all. The answer was, "אין כזה דבר שאין שיפור - ה-15% האלה משתפרים במשהו" - the 85%

number was described as a cure rate to him. He said later that he heard from another doctor that he consulted that, "Dr. #1 is good at selling his procedure."

After all of the treatments, but especially the first two, he suffered severe pain and swelling, far beyond what he was told about beforehand.

He was not told to lose weight, though he said that he is mildly overweight, but that if that was the problem, they should not have offered him surgery.

Overall, he feels somewhat cheated, and also somewhat foolish, for paying for a painful, non-helpful procedure. He wants to know what the outcome of this survey will be at the end. He considered asking for a partial refund or even legal action, but did not pursue that. (Insurance paid some.)

He would appreciate a telephone call / apology from management. (He also was married last week, it might be a nice gesture to congratulate him.)

Patient #224

Patient underwent 2 treatments, the last being 3 months ago. He hasn't yet made an appointment for a third treatment. He is not at all satisfied with the results, but for that amount of money, he is not willing to stop. He said it's very expensive for a 15-minute treatment.

"זו לא חוויה נעימה אבל זה לא זול"

He says on both occasions, he had to wait for over an hour and was annoyed although this is his only complaint about the service. But he says:

"השרות והיחס היה בסדר אבל באתי לקבל תוצאות"

Patient 224 says Dr. #1 didn't give him percents – but said the chances of success were very high. He paid NIS 5000 out of pocket without any insurance to coverage the cost.

Patient #232

Underwent 2 treatments which had no effect, even though Dr. #1 told him there was 80% chance of success. He had bleeding and an inflammation after the treatment, called the clinic and was told to rinse with salt water.

He was annoyed because he asked if he could pay with a post-dated check for the following month and was told "NO".

The treatments didn't help at all and he would, in no way, recommend the clinic.

Patient #236

This patient is a 53-year-old newspaper reporter. She had 2-3 treatments (not sure), the last being around 6 months ago and paid NIS 5000 without the slightest change in her condition. No way would she recommend the clinic to anyone. She is considering writing an article about it for the newspapers.

She has no complaints about the office staff, HOWEVER she said that Dr. #1 gave her the impression, that she would undergo this treatment – and poof, that's it. Problem solved. "The final solution". (An exact quote).

She said the pamphlets and all the newspaper ads about the clinic are misleading. They give false information and hope.

Patient 236 says that Hadassah's name is synonymous with "אמינות". The false impression that she was given is that the treatment helps everyone.

The financial cost is very high for someone who works on a monthly salary, and she feels like a "friorite" for believing the ads, brochure and Dr. #1wald.

Patient 236 said she spoke to a friend who is an ENT doctor about the treatment before going to the clinic and he told her "איך סיכוי" that her condition would improve. He said that Hadassah is a "מקום מתחרה

She also went to a sleep lab before commencing treatment and they told her if there's סכנת חיים (i.e. severe apnea,) then don't do the treatments.

She says we're like the Titanic – when the ship is sinking, we start examining it.

Patient 236 says snoring is a very sensitive and discrete problem. Most people don't want to talk about it – especially women. She and her husband end up sleeping in separate rooms at night. She really wanted to experience an improvement in her condition.

She calls the whole experience a deceit ("אחזת-עיניים")

She was and still is considering writing about this in the paper.

Patient #237

Patient 237 is a 36-year-old male who has undergone 3-4 treatments (he doesn't remember exactly how many). The last treatment was about 2-3 months ago.

He was asked to wait and see if the treatments have helped before making another appointment. He says "כנראה לא אקבע"

He has only positive things to say about the clinic and Dr. #1.

He says the treatments have helped only slightly. He still snores extremely loudly. His wife can't sleep.....his daughter can't sleep....and he even disturbs the neighbors.

However, despite the fact that the treatments have helped only slightly and that the cost is high, he says he would still recommend the clinic (gave a "5", even after I asked him a second time).

Patient #242

Patient 242 had 4-5 treatments. She says her condition has WORSENER. Treatment with radio waves didn't help so Dr. #1 cut her uvula during the last treatment. She says she was in unbelievable pain for over a week. Both she and her husband both suffer from her snoring and she desperately wants to alleviate the problem. She is afraid to go back to the clinic because of the severe pain she suffered as a result of the last treatment.

She has only positive comments about the staff and Dr. #1. She says the cost is very high – if the problem would have been alleviated or reduced, she would have said that the cost was cheap.

Patient #243

Female, 72 years of age

I reached her after the 10th attempt. Says she had 2 treatments plus the initial consultation. She isn't planning to return. She says she paid a ton of money and the treatments didn't help a bit.

It's a "שעוריייה" that the doctor took a ton of money and the treatments didn't help at all. He husband confirmed this and said he suffers from his wife's snoring.

She said she had horrible pain in her throat after the first treatment. Dr. #1 told her there would be no pain at all.

She said she met a friend who also underwent the treatments and she also told her they didn't help her either.

She hopes we can do something about the situation....
"שלא יסבלו עוד אנשים" . It was a huge disappointment.

Patient #248

Patient 248 was in meetings both times I called him, but he had this to say and was very adamant:

- 1.He had one treatment – it didn't help ("לא מוצלח") and he had a lot of pain. He wasn't willing to continue these unpleaseant and painful treatments.
- 2.He would never recommend this to anyone.

3.He rates the cost as very expensive.

4.So far he's had no side effects – "אבל נראה בהמשך"

Patient #254

Patient #254 underwent 3 treatments including uvula surgery, the last one was being in October, 2006. They helped very little.

She says that:

1. Dr. #1 understated the side effects of the treatments, although she understands that severity varies in each patient. She had severe pain following treatment for at least 3-4 days. Patient 254 had problems speaking and this side effect wasn't mentioned to her. It was a problem since she is a schoolteacher. When she called and spoke to Dr. #1, he answered her that this is rare ("חריג") but it happens. She feels that he should have mentioned the possibility of this side effect to her.

2. Patient 254 says Dr. #1 ("הוא הפריז") exaggerated the chances of success. He gave her high chances (80%).

3.After the 3rd treatment there was only a very small improvement. Dr. #1 told her that if there is no improvement after the 3rd treatment, there is only a slight chance that further treatments will help.

4.They left open the possibility of another appointment.

5.She also was disappointed in the secretarial staff. She was called after the first treatment to find out how she was feeling, but wasn't called after subsequent treatments.

Patient #257

The patient underwent 3 treatments, the last being a month ago. He intends to make another appointment, but hasn't yet.

He says that he had severe pain after the 3rd treatment which lasted two weeks. He called Dr. #1 to tell him about it. Nobody ever called back after that to ask him how he was feeling.

He complains that he still has a weird feeling.....

"הרגשה מזוהה בגרון שמשהו נדבק לחך העליון"

He called the waiting room – "a corridor where one sits opposite the television and is offered a cup of coffee". He says conditions like this shouldn't exist in private medicine. He also said he felt he was in a "סרט נע" and that:

"זה מוריד מערכו ותדמיתו של הרופא והשרות"

He added that in private medicine, he should have gotten "תשומת לב מלאה".

Patient #260

Patient 260 underwent 3 treatments. She has only good things to say about the staff and Dr. #1. Her only complaint about the clinic was the waiting time. She says she's had to wait at least 15 minutes before every session.

She says that she was told there was an 80% chance of success and she evidently has fallen in the 20% of unsuccessful cases. The treatments haven't helped her at all. She was also sent and went to the dentist for a mouthguard.

Patient #260 says the cost of the treatment is extreme and totally out of proportion.... בשמיים"" especially since the first treatment took only 10 minutes and the 2nd and 3rd 2-3 minutes.

She says she is both frustrated and disappointed. She gave up a lot to afford the cost of these treatments and they haven't helped at all.

Patient #262

61 year-old from Haifa.

He has undergone 2 treatments which have only helped a little. Dr. #1 wants to do uvula surgery for the 3rd treatment. The patient says he was told Dr. #1 is in "miluim" and so he is waiting for him to return so he can make an appointment. He said that #1 promised him the the uvula surgery WOULD SOLVE HIS PROBLEM.

He said #1 doesn't only explain but "הוא מרגיע". This is very important, he says, especially before an invasive procedure.

Patient 262 says private insurance paid for the treatments and he can't say whether the cost is expensive or not. He has already recommended the clinic to friends.

He has improved somewhat but wants to continue. He says he's a widower and women "don't want to be with him".

He suggested that we call him again after his finishes his treatment.

Patient #280

The patient underwent 3 treatments, the last being around 2-3 months ago. Dr. #1 told him, in his case, Dr. #1 didn't think he'd have a 100% cure, but told the patient it would be around 70-80%. The improvement was much less according to the patient and his spouse.

He has only positive things to say about the staff and Dr. #1 but he thinks the cost is very high and

would not recommend the clinic to friends or family.

Patient #284

Patient #284 had 4 treatments listed, the last on 7.9.06, according to the Excel Optimal treatment records file received from Shani on December 12, 2006. This file, according to Shani, was supposedly updated to the beginning of December, 2006.

Patient #284 lives with a "lady friend" and they both said he stopped after 5-6 treatments – his last being 3 months ago. He stopped because the treatments weren't helping and Dr. #1 wanted to do something radical - cut Patient #284's uvula and didn't explain why. Even though Patient #284 says he doesn't understand medicine, he thought Dr. #1's plan to be radical. Patient #284 said he never made another appointment at the clinic and the clinic never called him back.

He says Dr. #1 was friendly at the beginning and gave him the impression of 100% success after treatment. He says Dr. #1 also told him that Kupat Holim would refund 2/3 of the cost of treatment.

At the first session, Dr. #1 was very pleasant. After that initial meeting, Patient #284 said Dr. #1 always seemed to be under a lot of pressure – like he was working on an assembly line.

The first session was supposed to be a consultation only. Patient #284 is 75 years old and a concentration camp survivor. He lives in Haifa and came down by himself by train in the evening. He says Dr. #1 convinced him to undergo the first treatment at that time and gave him the impression that it was like "undergoing dental treatment with a shot of novocain".

Patient #284 said the pain was excruciating – worse than anything he ever experienced in the concentration camps. He says Dr. #1 never gave him any pain killer before he began the treatment.

Afterwards, Patient #284 said he didn't feel well – he felt "מתושטש". Dr. #1 didn't offer to help him (call for a cab to the train station, etc.). He says he saw no other office staff at the clinic during his sessions – only the doctor. Patient #284 tried to walk to the station himself, but because he didn't feel well and wasn't familiar with the neighborhood, he got lost. Finally after wandering around in unfamiliar surroundings, he found someone to help him. Once on the train, the conductor helped Patient #284 and gave him water.

Patient #284 says he got a pain killer for the second treatment but not for others. He describes his treatment as a big "FASHLA". He says because of Dr. #1's pleasant demeanor at the initial meeting, he was convinced he was in good hands.

Patient #284 says this is his first experience with Hadassah and Hadassah Optimal. He said his decision to come to Hadassah Optimal was based on his faith in Hadassah's excellent name and reputation.

Patient #284 says he doesn't care what happened to any other patient but he won't let his horrible experience "die quietly". He plans to pursue the matter, but at this point, he doesn't know where to turn.

He calls his experience "זועת אלוהים". For someone who has been in a concentration camp, I think Patient #284's remarks make an even stronger statement.

I discussed and forwarded this report to the supervising professor.

Patient #294

She has undergone 3 treatments – there was a big improvement after the second treatment. The third treatment involved a different procedure (not radio waves) but an "an injection in her palate to strengthen it". This made the situation much worse, according to her and her husband. She said that Dr. #1 told her to wait a bit before making an appointment, that if there is going to be an improvement, it normally occurs after the third treatment. She says she guesses she'll have to make another appointment.

She has only positive things to say about the office, office staff and doctor. She considers the cost "very expensive".

Patient #295

Patient 295 can't remember exactly how many treatments he had – more than 4, probably 5-6. He says the treatments have helped – he is less tired and sleeps better. He is the only person who hasn't mentioned his spouse – and I was hesitant to ask.

He said without supplementary insurance he wouldn't have gone for the treatment due to the high cost. He has already recommended the clinic to his sister.

His only complaint was regarding the waiting time. He says it's gotten worse with each treatment and he almost walked out before the last treatment because he had to wait so long.

Patient #296

Patient 296 underwent his last treatment about 4 months ago. He underwent 5 treatments including uvula surgery. The treatments had no effect even though Dr. #1 told patient 296 that there was a high chance of success.

He has only positive things to say about the office, the staff and Dr. #1 but is very disappointed with the results.

Patient #297

78 year-old female.

She underwent 2 treatments (she doesn't remember when the last treatment was). She said there was no need for a third treatment because the treatments worked.

How does she know if she and her husband sleep in separate rooms? She says her mouth isn't as dry and when she falls asleep on the living room sofa, he says she is quiet.

She says the ambiance and treatment by the staff was just like she'd expect in a private clinic in Canada (she's Canadian). The interview was conducted in English.

One really weird thing.... Patient 297 says the most memorable "good thing" she remembers was after her first treatment, she was offered and given a full-body massage!!! And it was wonderful.

Patient #301

Everything was positive. Snoring and sleep apnea. Had 5-6 treatments and has made another appointment.

However, despite the fact that "everything is OK" with the clinic and its staff, his wife says that his snoring is only a bit better and he thought and hoped the improvement would have been more at this stage.

Patient #305

Wife was with patient during all visits and treatments. She insisted on answering instead with him. He had 3 treatments – the last in July, 2006. They had no effect and they haven't made another appointment but want to consult with Dr. #1. Patient 305 suffers from sleep apnea and has a snoring problem.

The wife has only positive things to say about Dr. #1 and the staff. They had high hopes about the treatment. She says that even though they had to pay NIS 6000 from their pockets, during a difficult time, that they felt that health came first. She is very disappointed with the results.

Patient #307

Had only 2 treatments – the last around 4 months ago. There was such a huge improvement after the second treatment that Dr. #1 told him to wait a while before making another appointment.

He had swallowing problems after the second treatment for about a week, got concerned and called Dr. #1 who said to wait a couple of more days. The problems disappeared.

He would recommend the treatment with one big reservation – the cost.

Patient #308

51-year-old female

The patient underwent 3 treatments along with her husband. The treatments had little effect – perhaps a small decrease in volume. Insurance covered the full cost of care for them so she said, they had nothing to lose. If she had to pay for the treatments, she would have been more disappointed.

She feels that Dr. #1 didn't talk enough about the chances of success. He basically said that in most cases, one treatment takes care of the problem and sometimes a second treatment is needed. She says he never even mentioned a third treatment.

Patient 308 feels that Dr. #1 has a standard treatment for patients who come to him (she means that he assumes everyone suffers from primary snoring) and doesn't try to diagnose the cause of their problem (by sending them to a sleep lab, etc.).

She says that Dr. #1 had difficulty inserting the needle in her palate during her second treatment. He told her she had a very hard palate. During the third treatment, she says, he had so much trouble that the needle broke.

Patient #321

Patient #321 made the 4 hour round trip from Arad on 4 or 5 occasions. He wasn't willing to give scores to the questions or answer individual questions (I tried to get as many answers from his conversation as possible) but he very emphatically had this to say:

Patient #321 didn't remember when he had his last treatment, but underwent between 4-5 treatments for simple snoring. He stopped because (according to his wife) the treatments weren't helping. The clinic never called him to find out why he stopped making appointments.

He said the clinic prospectus is very misleading. It mentions a minimal number of treatments and a very high success rate. He also said that he feels the treatments are very expensive.

Patient #321 would give a high grade to the physical appearance of the clinic, the staff and the "אוירה".

He said he was extremely disappointed in the results. Patient #321 said that at the initial meeting, Dr. #1 showed him all sorts of success-rate statistics on the computer. When he complained to Dr. #1 that the treatments weren't helping, Dr. #1 told him: "יהיה פתיר – סבלנות" and told him to make another appointment.

Patient #321 said after the first meeting with Dr. #1, he took the 4 hours of travel in stride and went to Jerusalem "בהתלהבות" because, on the basis of the first meeting, he knew he was going to solve his problem. He ended with "יש גבול". If this treatment didn't help, Dr. #1 should have told me about other possible treatments. It's no "כיף" to get a shot in your palate - especially if the treatment doesn't help.

Dr. #1 did mention weight loss to him. He says he's dropped from 112 to 100kg because of healthier eating, but that hasn't improved his condition.

Patient #324

The patient has undergone 3 treatments. They haven't helped him at all. He considers the treatments very expensive and would not recommend the clinic at all.

At Kupat Holim, before he came for treatment, he was told to lose weight and exercise and that would help his snoring problem. He said that Dr. #1 didn't mention that to him and when he specifically asked him, Dr. #1 said: "זה לא קשור".

Patient #332

Patient 332 is a lawyer. He has undergone around 6 treatments: 4-5 treatments with radio waves which had no effect; and the last involved uvula surgery and has stopped his snoring. He had hoped the problem would be solved without the surgery.

He has only one complaint regarding the service. Once he had to wait 2 hours for his appointment. He says for that price, or for any private medical service, you shouldn't have to wait at all.

He says that Dr. Hocwald is very pleasant but he works fast and always seems rushed.

Regarding the cost of treatments – they are unjustly high although his treatment was paid for by private insurance. He feels for the short time each treatment takes (maximum of 10 minutes) – NIS 6000 is exorbitant. He says he thinks NIS 2000 is a fair price.

Patient #335

A 40-year-old old male who had 5 treatments for primary snoring – the last being 3 months ago.

Patient #335 has no intention of continuing treatments, since they had absolutely no effect on his condition.

At the consultation, Patient #335 said that Dr. #1 led him to believe that there would be a 70-80% improvement in his condition – and not that 70-80% of the people treated show improvement.

He said that everyone was nice and helpful at the clinic, but the treatment had no effect. Dr. #1 suggested that he lose weight (he weighed 125 kilos) and exercise. Dr. #1 added that in combination with the treatments, an immediate change in his snoring would be noticed.

Patient #335 said he exercised, dieted and lost 7 kilos but it didn't help. He said he paid money (nothing was covered by insurance), suffered pain and worked hard to lose weight. He says he fulfilled

his part of the bargain but Dr. #1 didn't (his part: a 70-80% improvement in his condition). Dr. #1 needs to explain that there is a 20-30% chance that the treatments won't succeed.

Patient #335 added that Hadassah needs to stand behind its name and take responsibility for the failure. He thinks that if after a year of treatments that don't work, part of the high cost should be refunded.

Patient #336

60 year-old female

The patient underwent 3 treatments which didn't help her at all. The only complication, she said, was "בפשי."

Dr. #1 told her at the initial consultation that she had a 75-80% chance of success and it would take between 1-3 treatments.

She noted, "that at Dr. #1's expense, I was fitted with a mouth guard at the dental clinic at Optimal this month, which has reduced my problem by about 60%". She has another appointment in the dental clinic to see if the situation can be further improved.

She gave a "3" to the question of recommending the clinic – she says it is worthwhile to go for a consultation, at least. She has already sent a friend, who she said is very pleased with the results.

Patient #338

Patient #338 underwent 3 treatments including uvula surgery. He says the staff and Dr. #1 are efficient and friendly and the office is very pleasant.

He has one complaint. He didn't get sufficient explanation and preparation before the uvula surgery and didn't know what to expect. He says the experience was a nightmare. Patient 338 was in pain during the surgery and severe pain the week following the surgery.

He said he wasn't told:

- That there would be severe pain during and more after the surgery (for about a week). The first night was so bad he couldn't fall asleep.
- That he had to take antibiotics after the surgery

He says his speech has been affected – he can't say "het" correctly and he feels it in his palate and "whistles".

His suggestion is to better prepare potential uvula surgery patients about the procedure: what is to be done, how it is to be done, that post-treatment antibiotics need to be taken and that there will be pain.

He feels NIS 6000 is very expensive BUT he said if the treatment fully stopped his snoring – he'd gladly pay NIS 7000.

He sums up his experience by saying:
"יחס נהדר אבל טיפול לא מבושל".

Patient #347

Patient 347 is a 70-year old male from Netivot.

He says the 2 treatments didn't help at all and were painful:
"לא כל אחד יכול לסבול את מה שסבלתי שם. זה לא פשוט".

He feels as if: "רימו אותי", although he says he's won't ask for a refund. He is very disappointed and says the treatments were very painful, very expensive and didn't help a bit.

Regarding chances of success: he says Dr. #1 promised him 90% success and he didn't even achieve 10%. Dr. #1 told him that the treatments usually work after 1-2 treatments but when they didn't, Dr. #1 suggested a third.

When asked about the cost and effectiveness of the treatment:
"כמו לזרוק מים לים". - "חבל על הזמן ועל הכסף"

He offered this before I even asked him about recommending the clinic:
"לא להתקרב לשם"

Patient 347 claims he wasn't given the right treatment – that his problem is more sleep apnea and not snoring. A friend recommended a physician in Beersheva who has a sleep lab. He is now using a CPAP and says it help a little. He says he is less tired.

Patient #351

Dr. #1: יחס נהדר
איש על הכיפק

What is missing at the clinic is the office staff's telephone warmth and concern when contacting the patients. The secretary called after the first treatment to find out how he was doing – and maybe after the second (he isn't sure) but not after that. They need to do that every time and not just call to make appointments. Patient #351 was called by Shani to make another appointment when he was in the hospital (for another reason) and two days later, the office called back to make another appointment. Didn't ask him how he was feeling, etc.

He says the clinic is beautiful and modern. They usually keep to the time schedule and if not, there is a TV and coffee corner. The treatment itself is unpleasant.

Patient #351, of his own free will, wrote a letter after his second treatment, recommending the clinic

and the procedure. He suffers from sleep apnea and has undergone other treatments, elsewhere.

There was some improvement after the second treatment (according to his barometer – his wife) and since then there has been some regression. Patient #351 plans to make another appointment. He has already recommended the clinic to a friend who has already started treatment.

Patient #351 had private insurance help him with payment but feels that the cost is high.

He says that people aren't aware that there is treatment for snoring and that it can destroy marriages. His recommendation is for Optimal to publicize more in the papers and on TV, even though this is expensive.

My comment: According to Patient #351 – everything about Dr. #1 and the clinic is great. However, after some improvement his condition has regressed.

Patient #353

Patient #353 had 4 treatments - the last treatment was 3-4 months ago. He is not continuing because he says the treatments didn't help.

He said that Dr. #1 was excellent – he explained everything, had a nice "bedside manner", but the treatments had no real effect. He had other treatments before coming to Optimal (laser) and is willing to return if there are any innovations in treatment. He would like to be informed if there are any breakthroughs.

The entire cost of his treatment was covered by insurance and he consulted with his wife during the interview about the lack of improvement..

Patient # 355

58 year-old-male

He underwent 3 treatments, the last one about 6 months ago. They didn't succeed. Dr. #1 wanted to take more drastic measures (shots in the palate, uvula surgery) and patient #355 didn't.

He says Dr. #1 promised him 95% success. He says there was only a very slight improvement – his wife says there wasn't any.

When asked about recommendations.....

He says that Dr. #1 needs to record everything regarding treatment in the computer. He said before each treatment, when he was sitting with Dr. #1 in his office, he asked patient 355: "Now, what did we do last time?"

Patient #357

Had a total of 3 treatments, the last about 3 months ago which solved his snoring problem. He is very pleased with the service and office staff as well as the results of the treatment.

He suggests, however, that appointments between patients be better spaced. He says he once had to wait over 1 1/2 hours for his appointment. He says this is private medicine and not Kupat Holim. The clinic should be able to stick to the timetable and patients shouldn't have to wait.

One complaint: the side-effects of uvula surgery weren't explained to him. He had a very swollen uvula and felt like he was choking for 2 days after the surgery.

He has told a friend about the clinic. He says that his private insurance covered the entire cost (so he personally considers the treatment very cheap). However, if he had to pay for the entire cost himself, he wouldn't have gone.

Patient #358

Underwent 3 treatments and will not make another appointment. She says her condition hasn't improved. She was given the impression by the office staff when she called to talk about a solution to her problem that her problem would be solved completely and after only 1 treatment! She said the booklet is also misleading. She concludes by saying that both the secretarial staff and booklets should be forthcoming and tell the truth.

She said although the treatments didn't help her she would still recommend people to at least try the treatments ("3" on the recommend scale).

Other than that, she has no complaints about the office staff or Dr. #1.

Patients Refusing to Answer - Control Group

Patient #215 - REFUSAL

Patient has no time to answer but he says he's satisfied.

Patient #282 - REFUSAL

Doesn't have time to answer – even 5 minutes.

He says he's going to a different Optimal clinic for another problem.

Complaints in Post-Intervention Group

First complaint:

One male patient (patient #32) understood that the clinic staff would deal with the insurance company and that the check he left was to be held in trust and not cashed. Optimal cashed the check, made him chase down insurance company, and after that the clinic refused to answer his phone calls.

Second complaint:

One female patient (#35) ended up with chronic bleeding and rhinorrhea, and had to have follow-up appointments both with the clinic and kupa holim doctors.

Third complaint:

This patient (patient #30) went for a consult with Dr. #1 and should not have been included in the list we received from Optimal. She was excluded from the analysis, but her comments follow. Dr. #1 told her that the surgery was as easy as "pulling a tooth" and he wanted to perform the procedure on the spot. The patient said Dr. #1 scared her off, but after seeing the new ad, she decided to try again.

She said that the clinic "גורם לה אבול". She stopped going to the clinic and claims nobody ever called to see how she was doing after the treatments or why she never came back. She talks about "חסי מזלזל". Regarding the treatment, she says it was painful and a waste of time. She said that Dr. #2 was cold, always in a rush, and unpleasant.

It is essential to note that the patient, who is diabetic and was overweight at the time, was told by Dr. #2 that surgery would not help her. He recommended a dental device or a mask but the patient insisted on the procedure due to full insurance coverage.

The patient said Dr. #2 told her about side effects, chances of success and alternative treatments and that she felt at ease asking him questions and asked a lot of questions.

On the other hand, said she says she didn't understand what the surgery entailed.

The patients statements were very inconsistent, but what is very clear is the fact that she was told in no uncertain terms not to do the surgery because it would not help her. Due to her full insurance coverage, the patient evidently felt she had nothing to lose and went ahead with the procedure. As predicted, the surgery was painful and didn't alleviate her condition, and now she's angry.