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**Introduction:** Despite proliferation of quality measures & dashboards, healthcare quality & value remain elusive.(1,2) Measurement tends to focus on services provided & processes, failing to consider “what happened to the patients.”(2) The key is capturing data on outcomes that matter to patients over meaningful episodes of care. Such outcomes are often “buried in free text & are not captured in analyzable form.”(2) This pilot study seeks to examine data obtained from qualitative, open-ended, post-partum interviews, & to contrast this with routinely captured QI/QA data.

**Methods:** OB anesthesia service routinely performs follow up 12-36 hours after delivery. A pro-forma survey instrument has been utilized since Feb 2009. Residents & SRNAs use it to solicit problems, complications, side effects, satisfaction scores (0-10) for pain relief (labor or cesarean) & anesthesia service, experience relative to expectations (fell short/met/exceeded), and comments. More recently, 3 scripted, open-ended questions (preceded by a purpose statement) were devised to solicit rich descriptions of parturient anesthetic experiences & details regarding aspects that enhanced/diminished their experience. Separate from pro-forma QI process, parturients are randomly selected/approached for brief post-partum interviews, notes are taken, & quotes are recorded immediately. Preliminary analysis is simple comparison of pro-forma data (i.e. scores, experience v expectations) & recorded interview comments.

**Results:** Interview excerpts are juxtaposed with pro-forma QI data (table). It is common to observe dissonance between pro-forma data & qualitative data. Reasons for high/low scores for pain relief or service are rarely discernable from pro-forma data, but are captured well by interview data. Interviews often reveal complex layers of concerns, views, & inferred values, as well as context for understanding those perspectives. Finally, provider communication & interpersonal behaviors (attentiveness, effort, sensitivity, listening, caring gestures) often appear to mitigate against suboptimal analgesia outcomes. Conversely, poor interpersonal performance tends to detract from parturients’ experiences despite excellent analgesic outcomes.

**Discussion:** This pilot study suggests that brief qualitative post-partum interviews provide valuable insights into what matters to parturients, a first step in measuring & improving healthcare value.