

Charting the Course for Home Health Quality: Action Steps for Achieving Sustainable Improvement

Improving Patient Satisfaction in Home Care

Executive Summary

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THE ISSUE

Patient satisfaction surveys are widely used by home health care agencies, as they are throughout the health care system. But what are they used for—and what can they be used for? Do they provide valuable information about quality of care and about areas in need of improvement? Do they provide regular affirmation that patients are happy with their care (and that therefore care must be good)? Do they provide important data for marketing? Or, in the final analysis, are they just a way to measure accrediting agencies' satisfaction?

Unlike OASIS or other clinical outcomes measures, patient satisfaction focuses on patients' own perceptions and evaluations of their care, including some aspects of care that are otherwise difficult to quantify or to evaluate. While measuring clinical outcomes of care can provide a great deal of information about the quality of services an agency delivers, there are other important aspects of care for which clinical outcomes measures yield little information. These include interaction and communication between provider and patient, the extent to which the patient feels that her or his concerns are heard and understood and the extent to which she or he feels respected and treated in a dignified manner.

PAPER OBJECTIVES

This paper explores some of the issues related to the usefulness—both real and potential—of satisfaction surveys in home health care. First it outlines the varied reasons for which home health agencies collect patient satisfaction information. Second it discusses the limitations of satisfaction measurement and specific challenges in home care. Third it describes a new approach to collecting such information from patients based on their experience with care rather than on satisfaction per se. Finally, it outlines specific steps for

improving the use of satisfaction surveys for quality improvement and customer service.

FINDINGS

Purposes of collecting satisfaction data

Currently, patient satisfaction information serves a range of purposes for home health care agencies. Five main purposes include:

- **Assessing and improving quality.** Patient satisfaction surveys generally include questions on satisfaction with *overall care* received from the agency and on broad domains of care (for instance, satisfaction with staff who provided care). Surveys also generally include more targeted questions that enable the agency to assess satisfaction with *specific aspects of care* (e.g., physical or occupational therapy, home health aides, homemaker services, medical supplies) and of administrative services (office staff, billing, paperwork). Patient satisfaction data can also provide information on *interpersonal aspects* of care. These include interaction and communication between provider and patient, the extent to which the patient feels that her or his concerns are heard and understood and the extent to which she or he feels respected and treated in a dignified manner.
- **Soliciting patients' voices.** Committing resources to measuring patients' satisfaction with their care conveys the message that the agency values patients' opinions and experiences. The fact that the agency solicits patients' responses can be interpreted—accurately or not—as a statement that it considers consumer voices and preferences to be important.
- **Assessing patient expectations.** The extent to which patient expectations have been met is one of the domains

measured by patient satisfaction. Researchers disagree as to how big a role expectations play in satisfaction, but most agree that they play at least some role.

- **Accountability.** By generating information on patients' assessments of their care, satisfaction data can provide one means for agencies to demonstrate accountability—to payers, referral sources, accreditors and others—for the care they deliver.
- **Marketing.** Many agencies use satisfaction data in marketing their services. Patient satisfaction rates are usually very high and therefore can provide a measure of comfort and confidence to patients about the agency that is providing their care. Yet given uniformly high rates, merely emphasizing a figure may not actually provide consumers with useful information in choosing one agency compared to another.

Limitations of Satisfaction Measurement

While patient satisfaction can be measured through means other than surveys (e.g., focus groups, interviews with patients and families, analysis of patient/family complaints), surveys are widely used because they are relatively economical and easy to administer to larger groups, allow sampling across a representative cross-section of patients, and generate data that are readily quantifiable. Yet they do have significant limitations. These include:

- **Lack of standardized questions and methods of administration,** leading to difficulties in comparing results over time or to those of other organizations;
- **Lack of variation in consumer responses,** making it difficult to analyze factors that influence satisfaction rates;

- **Potential respondent bias** (e.g., fear of losing service leading to reports of artificially high satisfaction); and
- **Wide variation in patients, conditions and services,** making it difficult to capture all relevant aspects of care.

Home health care agencies provide a wide variety of services to a disparate group of patients, who may range from short-term, highly acute patients in need of intense, skilled care to longer-term, chronic patients with long-standing functional disabilities who require personal assistance, homemaking and/or meal delivery. For agencies who provide a mix of services, satisfaction instruments may focus too narrowly (e.g., questions may focus on one group to the exclusion of another) or too broadly (e.g., the instrument may include some questions that are inapplicable to each group). The distinctive nature of home health care has led some researchers to conclude that an instrument developed specifically for that setting is needed.

A New Approach


The Consumer Assessment of Health Plans Survey (CAHPS) represents an alternative approach to traditional patient satisfaction surveys for measuring patients' perceptions and assessments of their care. CAHPS focuses on patients' *experiences of their care, primarily using "report-type" measures, as distinguished from the "global" measures* that are predominantly used in patient satisfaction surveys. The use of questions focusing on reports of patient experiences with specific aspects of care results in greater variability of responses (i.e., responses are not as uniformly positive as they typically are in patient satisfaction surveys). The greater specificity of questions can also identify specific problem areas more clearly.

IMPLICATIONS AND RECOMMENDATIONS FOR HOME HEALTH CARE

Given the state of patient satisfaction measurement in home health care—lack of standardization, often lack of clarity or agreement about agency goals in measuring satisfaction, and a variety of methodological concerns—what can be done to improve satisfaction measurement and to make good use of satisfaction data? Changes are needed on a broad level to improve satisfaction measurement generally, as well as in home health care. As important as these are, they are unlikely to be imminent. There are, however, some *specific steps that agencies can take more immediately to improve their use of satisfaction surveys and data*:

- 1) **Commit to using satisfaction data as a vehicle for improving quality and customer service.** To be maximally effective, such a commitment should entail, at the least, identifying *a key point person* within the organization to manage satisfaction monitoring, using *standard questions* wherever and whenever possible, *tracking survey results over time*, and establishing a process for *informing senior and middle managers, as well as field staff*, of the results and *acting on them*.
- 2) **Identify particular services or dimensions of care that are of key interest or concern.** Obtaining information on every specific service, provider category or dimension of care would impose too great a burden on patient respondents and would likely yield some information of marginal usefulness. Instead, an agency should *focus on areas where it has a particular interest in examining satisfaction for one or another service or type of provider*. Agencies may also want to consider incorporating into their surveys “*report-type*” questions, such as those developed for CAHPS, which focus on specific experiences with aspects of care. This approach has demonstrated a level of specificity that traditional patient satisfaction instruments generally do not, and in certain targeted areas, this may yield particularly helpful information. Because many home health care agencies serve such a wide range of patients and provide such a broad variety of services, it may be helpful to *examine satisfaction data separately for different patient sub-groups*—for instance, acute and chronic patients.
- 3) **Ask – and answer – the question: “compared to what?” Agencies should focus on comparing differences in satisfaction rates across different dimensions of care or services, and over time.** Building on this comparative approach, internal benchmarking allows an agency to identify and examine changes in satisfaction rates—both generally and in response to specific questions—over time. Are there any *trends*—positive or negative—over the last several quarters of data? Do these appear to correspond to changes in service delivery, organization, personnel, or other factors?
- 4) **Identify specific trends or differences that call for further analysis and follow-up.** A finding that satisfaction rates are lower for one office or service should not simply be interpreted as meaning that it is “worse” than others or is providing lower quality care. Once an agency has discovered that results differ significantly for one or more specific teams, services or offices within the agency, it should address two main questions: a) *how can the results be explained* and b) *what can/should be done?*

There is a very *wide range of interventions* that agencies should or can employ in following up on issues or



problems revealed by their analysis of differences in satisfaction data. *The major task is to maintain a focus on using satisfaction data as a vehicle for improving quality and customer service.* This means that *efforts to improve patient satisfaction should be based on the same approaches that guide the agency's overall quality improvement programs and initiatives* and, wherever possible, integrated into them. It also means employing approaches that emphasize an ongoing commitment to improving quality.