

Patient Satisfaction Quick Guide

Addressing Patient Satisfaction in Health Care for the Homeless Projects

May 2016



Patient satisfaction is a key measure of the quality of health care, required for Health Care for the Homeless (HCH) grantees and other Health Center Program Grantees¹, and for Patient-Centered Medical Homes. Moreover, measurement of – and response to – patient satisfaction is one way to promote consumer participation in operational and governance decisions of health centers. This Quick Guide addresses ways that HCH grantees can gather and utilize patient satisfaction data.

These practice recommendations emerged from a focus group of expert HCH administrators and client advocates and a review of online resources, literature, and tools and surveys used by HCH grantees. The focus group members were identified through a 2014 research and quality improvement survey of Health Care for the Homeless grantees.

Note that various authorities draw distinctions between “patient satisfaction” (a personal response) and “the patient experience of care” (an objective observation of what happened). Both measures can be obtained using the processes described in this Quick Guide, and for simplicity we use the term “satisfaction” to embrace both. It is important for health centers to be clear about what they intend to measure.

Assessment of patient satisfaction requires deliberate planning, trauma-informed methods of data collection², purposeful inquiries, and a commitment to maximize patient satisfaction. It is important that the process be established in written policies of the health center.

Planning: Generally the planning process will involve representatives of the staff (including the institutional compliance and quality control officers), patients and the governing body (including the quality committee). Together, these parties will:

- Review requirements of relevant funders, accrediting bodies, and parent organizations regarding patient satisfaction.
- Collect recommendations as to needed areas of inquiry.
- Clearly state what type of information will be collected, and for what purpose (quality improvement; specific reports to funders, accrediting agencies, Consumer Advisory Boards, or Boards of Directors; Annual Reports and other public relations).
- Ensure that all agency programs or initiatives receive the benefit of patient satisfaction feedback, perhaps using a rotating schedule of patient satisfaction assessments for different areas.
- Identify resources available to conduct the study. Consider staff members, Consumer Advisory Board members and other volunteers, physical and monetary resources, data analysis capabilities, and incentives for participation.
- Identify how the health center will ensure buy-in regarding the importance of patient satisfaction on the part of staff at all levels.
- Determine timeframes for study implementation.
- Devise, test and revise instruments and methods of data collection.

¹ Health Center Program Requirement, <http://www.bphc.hrsa.gov/programrequirements/index.html>

² Trauma-Informed Approach 6 key principles are: Safety; Trustworthiness and Transparency; Peer Support; Collaboration and Mutuality; Empowerment, Voice and Choice; and Cultural, Historical and Gender Issues. Promoted by the Substance Abuse Mental Health Services Administration.

Data Collection: Common methods of data collection include surveys, focus groups, and comment/suggestion boxes; mixed methods may be used. In all cases, considerations of patient safety – often including confidentiality – must be paramount. It is important that signage and staff messaging regarding satisfaction measurement approaches openly advertise to all patients how they can provide feedback and inform consumers about the purpose and importance of their feedback: “If something is broken we need to fix it, and if something is working well we can work to continue that practice.”

Surveys may be administered on paper or orally, always with the reading ability and language of the patient in mind, and always providing control to the patient, who may be more inclined to provide honest feedback to peers, Community Health Workers, or Consumer Advisory Board members than to staff of the health center. Offer options for patients to respond in a way that is comfortable for them, creating opportunities for clients who may be ashamed or embarrassed to ask for help to receive assistance or support in completing the survey.

In some situations, computer stations or text messaging approaches may be available and appropriate. Sampling techniques (e.g., every fifth patient, or every patient for one week out of a calendar quarter) may be employed. In creating surveys, think carefully about skip patterns and how responses will be coded in order to provide the information that is being sought. In addition to asking questions or statements utilizing a Likert scale to rate responses (e.g., strongly disagree, disagree, neutral, agree, strongly agree), it is important that open-ended questions also be included, e.g., “How can we improve services?” “What do you like best/least about the health center?”

Focus Groups provide the opportunity to obtain answers to pre-determined questions *and* to drill down and explore the meaning of a response. Consumer Advisory Boards provide a natural setting for focus groups, and other groups of patients can be assembled for the purpose. A person who is familiar with the technique ideally can lead focus groups, and participant responses should be recorded carefully for accuracy’s sake. Open-ended questions are the preferred format for focus groups.

Comment/suggestion boxes provide patients with the opportunity to provide anonymous feedback at any time, not just during study periods.

Purposeful inquiries:

Each health center will develop its own particular lines of inquiry regarding patient satisfaction, depending on its needs and interests. Generally, patient satisfaction assessments will evaluate:

- Facilities
- Services
- Access
- Safety, Privacy, and Respect
- Coordination of care
- Payment arrangements

Generally, demographic information is not necessary for determining patient satisfaction though some programs may collect and utilize this information to compare responses by patient demographic.

The National Health Care for the Homeless Council has collected sample patient satisfaction surveys, which are available at <https://www.nhchc.org/sample-patient-satisfaction-surveys/>

Maximizing Patient Satisfaction

It is important that results of patient satisfaction inquiries be compiled into preliminary reports that are clear and concise. Reports should make comparisons easy to identify. Comparisons that grantees have found useful to identify include responses of individuals with scheduled appointments versus walk-ins (no appointment); individuals who receive services at different sites; first-time clients versus clients with multiple encounters; individuals who subsequently returned for scheduled follow-up appointments versus those who did not; comparisons between reporting periods; and comparisons among departments (dental, mental, primary care), providers, or populations. Charts and graphics may be helpful for improving understanding of the data. It is important that preliminary reports be distributed to relevant parties, including, as appropriate:

- Consumer Advisory Boards
- Staff and Board Quality Committees
- Other staff teams
- Management Committees

It is important that each body consider the implications of the findings and proposes responses, implementing those responses when it is within the body's authority to do so. Building consensus as to what changes are needed and why is a process that will vary among health centers, but is important for changes to take hold. It is crucial that responses to satisfaction assessments be approached as an opportunity to improve quality and access to care and services, rather than as a potentially negative evaluation of staff performance.

Changes made in response to patient satisfaction assessments can be communicated to all stakeholders, internal and external, in a final report on each cycle.

Finally, it is recommended that changes made in response to patient satisfaction results be evaluated in subsequent patient satisfaction assessment cycles, or through other agency evaluation processes such as PDSA (Plan-Do-Study-Act) cycles.

The National Health Care for the Homeless Council is prepared to provide individualized assistance to health center grantees in any stage of the patient satisfaction process. To request additional support on this topic, visit our Technical Assistance web page at <https://www.nhchc.org/get-assistance/>

Resources

- Berry, E. (2011) American Medical News. Sharpening your survey skills: How practices can measure patient satisfaction. <http://www.amednews.com/article/20110418/business/304189963/4/>
- Community Health Association of Mountain/Plains States. *Patient Satisfaction/Experience Surveys and Patient Activation/ Engagement Resources*. <http://champonline.org/tools-products/cross-disciplinary-resources/quality-improvement-resources/patient-centered-medical-home-pcmh-information-and-resources/patient-satisfactionexperience-surveys-and-patient-activationengagement-resources>
- Grigsby, J. *Patient Satisfaction: Why It Matters* http://www.nhfca.org/Presentations/Patient%20Satisfaction_9.29.11.pdf
- Hirsch, L. (2015) Patient Experience. HCAHPS: Missing the Measure of Experience vs. Satisfaction. <http://patientexperience.com/hcahps-missing-measure-experience-vs-satisfaction/>
- HRSA Accreditation and Patient-Centered Medical Home (PCMH) Recognition Initiative <http://www.bphc.hrsa.gov/qualityimprovement/clinicalquality/accreditation-pcmh/index.html>
- HRSA Governance PIN 2014-01

- <http://bphc.hrsa.gov/programopportunities/lookalike/pdfs/pin201401.pdf>
- HRSA PCMH PAL 2015-02 <http://bphc.hrsa.gov/qualityimprovement/pdf/pal201502.pdf>
- HRSA SV guide Revised November 2014 <http://bphc.hrsa.gov/administration/visitguidepdf.pdf>
- Kertesz, S.G. et al. (2014) Medical Care. *Primary Care Quality – Homeless Instrument: A Practical Survey of Homeless Patients’ Experiences in Primary Care*. 52:8 pages 734-742.
- Solomon, M. (2014) Forbes. 9 Patient Experience and Satisfaction Secrets for Hospitals and Healthcare. <http://www.forbes.com/sites/micahsolomon/2014/09/08/7-things-hospitals-and-healthcare-professionals-get-wrong-about-the-patient-experience-and-patient-satisfaction/>

Disclaimer

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09746, a National Training and Technical Assistance Cooperative Agreement for \$1,625,741, with 0% match from nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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Suggested citation

National Health Care for the Homeless Council. (May 2016). Patient Satisfaction Quick Guide: Addressing Patient Satisfaction in Health Care for the Homeless Programs. [Author: Juli Hishida] Nashville, TN: Available at: www.nhchc.org.

The author would like to acknowledge the HCH grantee staff who contributed to this project:

- Brandon Cook, New Horizon Family Health, Greenville, South Carolina
 - Brian Bickford, Community Healthlink, Worcester, Massachusetts
 - Brian Vanderhorst, Cincinnati Health Network, Ohio
 - David Delgado, Bartz-Altadonna Community Health Center, Lancaster, California
 - Emma Gutierrez, Bartz-Altadonna Community Health Center, Lancaster, California
 - Helena DeLigt, Daily Planet, Richmond, Virginia
 - Jackie Brumley, Cincinnati Health Network, Ohio
 - Jenny Metzler, Albuquerque HCH, New Mexico
 - Kristin Leve, Albuquerque HCH, New Mexico
 - Maureen Neal, Daily Planet, Richmond, Virginia
 - Quincy Jones, Lincoln Community Health Center, Durham, North Carolina
 - Roslynn Glicksman, Project Renewal, New York City, New York
 - Scott Dimarzo, Broward Health Community Health Services, Ft. Lauderdale, Florida
 - Tiago Mendes, Metropolitan Family Health Network, Jersey City, New Jersey
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