

Patient Satisfaction Survey for HIV Ambulatory Care

New York State Department of Health
AIDS Institute



"Untitled"—pastel drawing by Frank Holliday, HIV-positive artist

Patient Satisfaction Survey for HIV Ambulatory Care (PSS-HIV)

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Antonia C. Novello, M.D., M.P.H.
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Executive Deputy Commissioner

March 21, 2002

Dear Colleague:

We are pleased to present you with the Patient Satisfaction Survey for HIV Ambulatory Care (PSS-HIV), a new assessment tool for your HIV quality improvement program. The survey represents a unique opportunity to capture the "voices" of patients.

The survey has been designed specifically for HIV primary medical care and includes five optional modules covering special services - case management, outpatient substance use services, mental health services, women's health services, and Medicaid managed care. The development of this survey included feedback from multiple focus groups with HIV-positive patients and their providers and participating HIV programs for field-testing across New York State.

We would like to recognize John Chin, Ph.D. and Haftan Eckholdt, Ph.D. in collaboration with Marta Siberio for their work on this project and to acknowledge Nancy Brandt for her work on an earlier version of the satisfaction survey. We would also like to convey our sincere appreciation to those who participated in focus groups.

We hope that the Patient Satisfaction Survey engages you and your patients in a meaningful dialogue and becomes a useful source of information for your quality improvement program.

Should you have any questions regarding this survey, please contact Clemens Steinböck, MBA, Director for Quality Initiatives at the AIDS Institute at 212-268-6108 or via email at cms18@health.state.ny.us.

Sincerely,

A handwritten signature in black ink that reads "Bruce D. Agins".

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Provider Instructions

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Introduction

Patient satisfaction has recently emerged as an important measure of the quality of health care delivery, right alongside the more traditional health status measurements and quality of life indicators. This is based largely on the discovery that patients with higher satisfaction levels often make important behavioral changes, including:

- Maintaining more stable relationships with health care providers.
- Complying more closely with medical advice and treatment.
- Keeping appointments.

Patients with higher satisfaction levels may also have improved health outcomes.

Many HIV providers have been measuring patient satisfaction at their HIV programs for some time. Others are just beginning. Measuring patient satisfaction will help you to:

- Strengthen communication and build relations with your patients.
- Assess the strengths and weaknesses of your HIV program from the patients' perspective.
- Focus your quality improvement efforts.
- Create baseline data against which to measure changes in patient satisfaction.

Taken together, these outcomes represent key opportunities to make and monitor the changes required to achieve some important goals: improving patient satisfaction and improving care overall.

Overview of Satisfaction Survey

There are several ways to collect feedback from patients regarding their satisfaction with care.

The survey method was selected for two reasons:

- It does not require an excessive amount of time or resources to administer.
- It allows patients to remain anonymous, which may result in more open and honest feedback.

This satisfaction survey is unique in that it was created specifically for HIV ambulatory care. To this end, feedback was solicited from HIV patients and providers across New York State throughout the development process. In addition, the survey underwent a rigorous validation process to help make sure that each item measures the aspect of patient satisfaction intended.

The patient satisfaction survey consists of a core survey, which covers the basic HIV medical visit, and five modules, which address case management, outpatient substance use services, mental health services, women's health services, and Medicaid managed care. While the core survey is applicable to all HIV-positive patients in your program, the additional modules are designed for specific services relevant to HIV care. You may administer any combination of the modules, or none at all, based on whether your clinic offers the services and whether you're interested in collecting the data. Both the core survey and all five modules are available in English and Spanish.

The next section outlines a step-by-step process for administering the satisfaction survey. Review this section in its entirety before giving the survey to your patients. While you may tailor the process to meet your facility's particular needs, it is important to observe certain strategies — those marked with a star (★) — regarding how to sample patients and how to offer them the survey. In doing so, you will help ensure that the data you collect is representative of your patients' views.

Once your data are collected, it is vital that you share the information and incorporate the results into your quality improvement initiatives. The final section of the Provider Instructions discusses a broad approach to these crucial steps.

Note: For more detailed information on measuring patient satisfaction please review the bibliography at the end of this document. To access the extensive literature review on this topic, you can either download the information from the internet (www.hivguidelines.org) or call the AIDS Institute at 212-268-6108.

How to Administer the Survey

There are five primary steps to administering the patient satisfaction survey:

- Build support among staff members.
- Create a sampling plan.
- Create a survey administration plan.
- Prepare patients and staff for survey administration.
- Administer the survey to patients.

Each step is described in detail below. The discussion begins with background information followed by a “how to” task list for completing the step. While all of the tasks are critical to successful survey administration, those tasks marked with a star (★) are absolutely essential to collecting accurate and meaningful data.

Step 1: Build support among staff members.

The overall effectiveness of the patient satisfaction survey hinges on the cooperation and support of your staff. Staff members play a critical role in administering the survey, assisting with data analyses, and incorporating results into your quality improvement initiatives. Although it may be possible (though cumbersome) to administer the survey, it may be nearly impossible to implement the changes typically required to improve patient satisfaction without staff support of the effort.

Explain the survey’s basic purpose to staff members.

Meet with your staff to introduce the measurement effort. The discussion should be incorporated into a regularly scheduled staff meeting, if possible, and need not be lengthy or elaborate. Simply make the

following points:

- The purpose of the survey is to confirm what the facility does well and to identify opportunities for improvement.
- The survey will NOT be used as a tool to evaluate individual employee performance but, rather, to assess the performance of the care system as a whole.

Provide an overview of the survey administration process.

Briefly describe how the survey will be administered, utilizing the information provided in Steps 2 through 5. If you have already chosen particular staff members to assist you with the process, introduce them at this time.

Step 2: Create a sampling plan.

In theory, the patient satisfaction survey could be administered to every patient who walks through your doors during the next year. This method would certainly ensure a broad representation of patient opinions; however, it is hardly realistic given the volume of patient caseloads and limited resources many care facilities now face.

Sampling allows you to make inferences about a large group (total population) based on observations of a smaller subset of that group (sample). For the purposes of this survey, there are three primary goals related to sampling:

- Distribute the surveys across time.
- Acquire enough surveys to draw meaningful conclusions.
- Reduce the bias that results when participation is dictated by self-selection.

★ **Decide when to administer the survey.**

The survey should be administered two times per year, for about a month each time, with six months between each administration. Do not administer all of the surveys on the same day. One single day will not accurately represent the experience of care at your facility.

To reduce bias created by administering the survey at a particular time of year, we suggest that you begin with the month represented by the last digit of your site zip code. For example, if your site resides in the

11215 zip code, then you would plan to administer the survey during the month of May and then six months later in November, as shown in Figure 1 below.

★ **Set a goal for annual sample size.**

Figure 2 outlines the minimum number of surveys you must collect per year based on your caseload of HIV-positive clients.

Once you have identified the sample size, you know how many surveys need to be collected at a mini-

Figure 1:
When to Administer the Survey

Last Digit of Your Site Zip Code	First Measurement Month	Second Measurement Month
XXXX1	January	July
XXXX2	February	August
XXXX3	March	September
XXXX4	April	October
XXXX5	May	November
XXXX6	June	December
XXXX7	July	January
XXXX8	August	February
XXXX9	September	March
XXXX0	October	April

Figure 2:
Minimum Sample Size by Caseload Per Year

HIV Program Caseload	Minimum Sample Size
Less than 50	All Patients up to 30
51-100	40
101-500	75
501-1000	100
More than 1000	125

mum during each month of administration (i.e. a provider with 125 patients should collect 75 surveys per year or about 38 surveys during each month of administration).

Keep in mind that the collection of more surveys than designated by the minimum sample size will increase the precision of your findings.

★ **Decide who will be offered the survey during designated months.**

If your minimum sample size is 100, we suggest that the first five patients scheduled on Monday, Wednesday, and Friday of the designated months be invited to fill out a satisfaction survey. This means that you will offer the survey to 15 patients per week and 60 patients per month—slightly higher than the 50 patient minimum, but this will help to compensate for any weeks with lower patient participation.

Alternatively, sites with very high patient volumes may offer the survey to everyone who comes to the clinic during one week of the designated months.

If your minimum sample size is less than 100, you should offer the survey to everyone who comes to the clinic during a given month.

Step 3: Create a survey administration plan.

The survey administration plan is your blueprint for how staff members should offer and distribute the survey to patients. The plan must address:

- When the survey will be offered to patients.
- Which survey modules, if any, will be administered along with the core survey.
- Who will offer and distribute the survey to patients.
- What staff members will say when offering the survey.
- What staff members will say when distributing the survey.
- How surveys will be collected.

The outcome of this step becomes the foundation for training designated staff members on how to administer the survey in Step 4.

Decide when the survey will be offered to patients.

We suggest approaching patients to complete the survey while they are waiting for an appointment.

Decide which survey modules to administer, if any, along with the core survey.

In addition to the core survey, you may administer any combination of the modules, or none at all, based on whether your clinic offers the services and whether you're interested in collecting the data. (Please note: While the Medicaid managed care module is designed for sites that actually run Medicaid managed care plans, it can be used by other sites that are interested in their patients' experience with Medicaid managed care as a way of better understanding barriers to and facilitators of care.)

Select the staff member(s) who will offer the survey to patients.

It is important for specific staff members to be accountable for identifying and approaching the patients who will be offered the survey on any given day. Selected staff members should have a relatively strong rapport with clients and the flexibility to remain available for questions as patients complete the survey.

★ **Write down what staff members should say when offering the survey.**

Create a script of points that staff members **MUST** cover when offering the survey to patients. At a minimum, the following points should be addressed:

- Purpose of the survey. The primary purpose of the survey is to better understand how patients feel about their care and to get ideas for how to improve care.

- Anonymity. Patients who participate will remain anonymous
- Option to decline. Patients have the right to refuse participation for any reason and are guaranteed the same level of care as those who agree to participate.
- Incentives, if any. You may wish to provide incentives to patients (e.g. movie tickets, gift certificates, food vouchers, transportation vouchers, etc.) to encourage them to complete the survey.

Figure 3 provides a sample script for offering the survey to patients.

If a patient chooses not to complete the survey, staff members should simply offer the survey to the next scheduled appointment until reaching the quota for the day.

Decide how to collect completed surveys.

To emphasize the anonymity of the survey process, we suggest giving patients an envelope in which to seal their completed surveys. If you are offering an

incentive, patients should return the envelope to a designated staff member before receiving the incentive. If you are not offering an incentive, you may choose to have a box in which patients are instructed to drop their completed surveys.

Write down what staff members should say when distributing the survey.

Once a patient has agreed to complete the survey, staff members should distribute the core survey, survey modules (if any), and return envelope to the patient, and address the following points:

- Importance of feedback. The patient's feedback, both positive and negative, is of great importance to the facility; negative comments will not be used against the patient.
- Anonymity. The survey is completely anonymous.
- Survey modules. The patient should complete the core survey and only those modules that apply to him or her.
- Return instructions. The survey should be sealed in the envelope provided and returned to a designated staff member/drop box.

Figure 3:
Sample Script for Offering Survey to Patients

Main Point	Sample Script
Purpose of survey	"We'd like to know how you feel about the quality of your care here. Your answers to the questions will help us understand what works and what doesn't, and how we can improve our services for you and others."
Anonymity	"If you choose to participate, your survey will remain completely anonymous."
Option to decline	"Your participation in this survey is completely voluntary. If you choose not to participate, your services will not be affected in any way."
Incentive, if any	"If you're interested in participating, we'd like to offer you _____ to show our appreciation once you turn in a completed survey."

Figure 4 provides a sample script for distributing the survey to patients.

Decide how to help patients who cannot complete the survey alone.

Technically, the patient satisfaction survey is designed to be completed independently. However, accommodations should be made for patients hindered by poor eyesight, an inability to read, or any other limitation that prevents them from completing the survey alone. But keep in mind that when the survey is administered through an interview, patients are more likely to feel that they can't express themselves freely.

In these cases, make your best effort to find a person who is not directly involved in patient care to administer the survey to the patient, e.g., a peer educator, receptionist, etc. At the end of the survey, there is a question asking if the patient received help in completing the survey. By indicating this, it will be possible to control for any bias that administering the survey through interview may have created.

Step 4: Prepare patients and staff members for survey administration.

Before launching the satisfaction survey, train staff members on the survey administration process and let patients know what to expect.

Train designated staff members on how to administer the survey.

Based on the plan created in Step 3, schedule a one-hour training session to walk designated staff members through the survey administration process.

During the session, distribute the survey materials and explain:

- When the survey should be offered to patients.
- Who is responsible for offering and distributing the survey to patients.
- What staff members should say when offering the survey.
- What staff members should say when distributing the survey.

Figure 4:
Sample Script for Distributing Survey to Patients

Main Point	Sample Script
Importance of feedback	<p>“Your feedback is important to us. It will help us understand areas where we’re doing well and areas where we could improve.”</p> <p>“There are no right or wrong answers to the questions, and your responses will not affect your eligibility to receive services in any way.”</p>
Anonymity	<p>“Your responses will remain private and completely anonymous so please speak your mind.”</p>
Survey modules	<p>“Please complete the entire core survey, but only the modules that apply to you.”</p>
Return instructions	<p>“Once you are finished, please put the survey in the envelope, seal it, and return it to _____.”</p>

-
- How surveys should be collected.

If time permits, consider some additional training activities to help increase staff members' comfort with the process:

- Role play: Assume the role of patient and ask a staff member to approach you with the survey. Practice a full range of scenarios with the staff member. For example, you could play a patient who agrees to participate; alternatively, you can ask several questions before making a decision.
- Question and answer: Review each survey question together in order to surface any questions and/or difficulties that patients may have with certain sections or question types.

Promote the satisfaction survey to patients.

To avoid catching patients off guard, try to alert them to your data collection effort before they are approached with a survey. Utilize your facility's existing communication channels, such as waiting-room posters, flyers, or newsletters. In simple terms, explain that:

During x months, some patients will be asked at random to complete an anonymous survey about their satisfaction with care at the facility.

The survey results will be used to help improve the facility's quality of care.

Step 5: Administer the survey.

An important note about HIV confidentiality. Please make sure that HIV-positive patients' confidentiality is not compromised in the survey process. In general, make sure that you provide privacy for patients to fill out the survey. This will both protect confidentiality and ensure a more honest response. Another strategy for programs that serve HIV-negative clients as well is to place a neutral cover page on top of the survey when distributing it.

During survey administration, check in regularly with staff members to ensure that you are collecting enough surveys and to address any glitches in the process. It may be necessary to periodically remind designated staff members to remain attentive to the process, both in seeking out patients to complete the survey and providing assistance when needed.

At a minimum, meet with the administration staff after the first full month to assess what went well and what could be changed to facilitate the next round of surveys.

What Comes Next

Patient satisfaction data do not produce more satisfied patients. When acted upon, however, those same data become a powerful tool for making the changes required to improve your patients' satisfaction with their care. This section describes what to do next to transform the wealth of information you have collected into an action plan for improvement:

- Analyze the data.
- Disseminate the results.
- Incorporate results into quality improvement initiatives.

Analyze the data

For the purposes of this survey, data analysis requires that you convert individual patient responses into cumulative percentages which may be compared to one another and tracked over time. The conversion may be achieved by entering data into the Microsoft Access database provided by the AIDS Institute or another in-house database program, or calculating the percentages manually.

There are distinct advantages to using a database package such as Microsoft Access. First, a database performs time-consuming calculations for you. Second, it allows you to “query” data to see how different responses relate to one another, such as how many women responded to a question in a given way, or whether patients who rated their health higher were more or less satisfied than patients who rated their health lower. With these capabilities, you and your staff spend less time crunching numbers and more time assessing the meaning of your survey results.

The database, which was especially programmed for

this purpose, can be downloaded from the internet (www.hivguidelines.org), or a CD can be obtained by calling the AIDS Institute at 212-268-6108.

How to use the Access database

To enter data in the Access database, follow these steps (also see the specific instructions provided when you acquire this special database):

- Give each completed survey a unique number identifier.
- Open the Access database. Go to the “Forms” section and open the form.
- In the “Survey ID” field, enter the first survey number.
- In the “Date” field, enter the date on which the survey was completed.
- In each question field, use the drop-down menus to enter the appropriate response to each question.
- Repeat Steps 3-5 until all data have been input.

When finished entering data, go to the “Reports” section and open the reports you would like to view to understand the results of the survey.

Disseminate the results

Too often, patients and staff members alike become disillusioned with quality improvement efforts that fizzle out before producing recognizable improvements. By distributing results to both patients and staff, you will demonstrate the efforts being made to transform data into action.

Begin by summarizing and displaying your data. Whenever possible, put your results into graphic forms such as tables, bar charts, or pie charts. Graphic data displays help to convey question outcomes at-a-glance. Use text sparingly for background and/or explanatory information.

Next, present the data in person. While written results may appear to require less time, they offer no guarantee that either patients or staff will look at them, making the effort a potential waste of time. A presentation, on the other hand, will give you the opportunity to highlight what you and your team have accomplished and to explain the next steps in the process.

When planning the presentation, write down the one or two most important items you'd like to communicate during the meeting. Utilize your staff members to test different presentation strategies and find the most effective style for your audience.

Incorporate results into improvement initiatives

Once you have successfully compiled your survey results, the next task is ahead of you. The key to quality improvement is identifying causes affecting your performance and changing systems of care to make improvements. Your survey results are an important source of information regarding potential problems with care. If you're lucky, you already have a hunch as to what the specific causes are and can begin consulting with your staff to resolve them.

The implementation of a quality improvement project requires a new set of tools. The bibliography lists resources that will get you started. But remember, at this point you have mastered the measurement of patient satisfaction, and this knowledge will help you to track your improvements over time.

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