

# **Best Practices in Client Experience Measurement**

**Presented by Sonia Jacobs, MHSc**

**OCSA The Quality Advantage  
Peer Learning Circle  
October 27, 2015**

# Full Disclosure

- I am an Account Director at National Research Corporation Canada (NRCC).
- NRCC conducts surveys of patient and client experience using proprietary and non-proprietary survey instruments in all sectors throughout Ontario and beyond.
- Today, I am presenting my reflections and knowledge of patient experience concepts, measurement and quality improvement.
- Today, I am not representing NRCC.

# Presentation Overview

- Background, Context and Environment
  - Why does client experience matter?
- Measuring Experience
  - From “satisfaction” to “experience”
  - Instruments and methods
  - Reaching the hard-to-reach
- Transforming Data into Information
  - The Improvement Journey
  - Key Performance Indicators
  - Action Planning for Success
  - Sustainability

# Why Does Patient Experience Matter?

*“Yes, there are economic and demographic realities... Our population is aging. Our financial resources are finite. But these are not insurmountable challenges. It is simply a matter of choices. **Our choices must be rooted in evidence and patient experience. Our choices must put patients first.** Because doing a better job in health care means understanding and predicting the needs of Ontarians, and supporting models that best serve them.”*

Dr. Eric Hoskins, Minister of Health and Long-Term Care  
*Patients First: Action Plan for Healthcare*, February 2015

# Goals for Strengthening Home and Community

## **Put Clients and Caregivers First**

The planning and delivery of home and community care is client and caregiver-centred. Everyone who has needs that can be reasonably met in the home or community will receive support to do so.

## **Improve Client and Caregiver Experience**

Clients and caregivers understand the support they can expect and they experience a timely, responsive system. Service delivery information is publicly available and easily accessible.

## **Drive Greater Quality, Consistency and Transparency**

Clients receive consistent, high quality care throughout the province. Care is informed by experts and evidence. Home and community care programs use standardized tools and supports to strengthen the quality of services and programs delivered.

## **Plan for and Expand Capacity**

Investments focus on increasing capacity and improving performance in the home and community care system.

## **Modernize Delivery**

Updated funding models, consistent assessment approaches, flexible contracting, workforce stabilization and improved technology are used throughout the sector.

# Increased Accountability for Performance

Measuring performance alone is not sufficient to encourage system change. The LHINs also need to report results against these metrics and develop funding strategies that hold providers accountable for the achievement of these goals.

The LHINs and Health Quality Ontario are currently working together to develop system-level quality indicators and to ensure that these indicators are aligned across all sectors of the health system. This work should build on the Home and Community Charter provided in this report and include indicators for client and family experience.

*Bringing Care Home: Report of the Expert Group on Home & Community Care, 2015*

# Quality Improvement Plans

Percentage of CCACs that included the following priority areas in their QIPs:

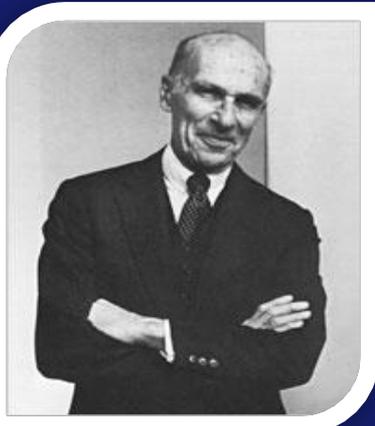
- 100% Improved Patient Experience
- 93% Fewer Unplanned Emergency Department Visits
- 93% Fewer 30-Day Hospital Readmissions
- 100% Fewer Falls for Long-Stay Clients
- 100% Improved Five-Day Wait Time for Personal Support Worker Care
- 100% Improved Five-Day Wait Time for Nursing Care

**Health Quality Ontario**

*Insights into Quality Improvement: Key Observations from  
2014-15 Quality Improvement Plans - CCACs*

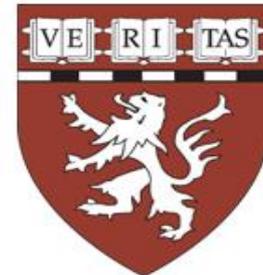
# Defining the Research Question - What is to be Measured?

- Picker 8 Dimensions of Care is the basis of NRCC patient survey tools
- Measure 8 key domains in order to evaluate overall perception of care delivery through the patient/resident/client eyes



*“Understanding and respecting patients’ values, preferences and expressed needs is the foundation of patient-centered care.”*

*-Harvey Picker*



HARVARD  
MEDICAL SCHOOL

# Satisfaction vs. Experience

- **Patient Satisfaction**

- A key driver of quality of care
- (Subjective) perception of care and services received
- Linked to outcomes

- **Patient Experience**

- A key determinant of quality of care
- (Objective) assessment of care and services received
- Linked to outcomes

# Focus on What You CAN Control...

## Patient Satisfaction Patient Experience

How satisfied were you with the information provided at discharge?

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied nor Dissatisfied
- Somewhat Dissatisfied
- Very Dissatisfied

Did someone on the staff tell you what danger signals about your illness or your operation to watch for after you went home?

- Always
- Usually
- Sometimes
- Never

Patient Feelings?

OR

Staff Behaviors?

# Qualitative vs. Quantitative Methods

## Qualitative Research

- Seeks ideas and feelings
- Seeks to understand perspectives and perceptions
- Uncovers underlying factors that influence decision-making and opinions
- Can help to explain findings from a quantitative study
- Contextual

## Quantitative Research

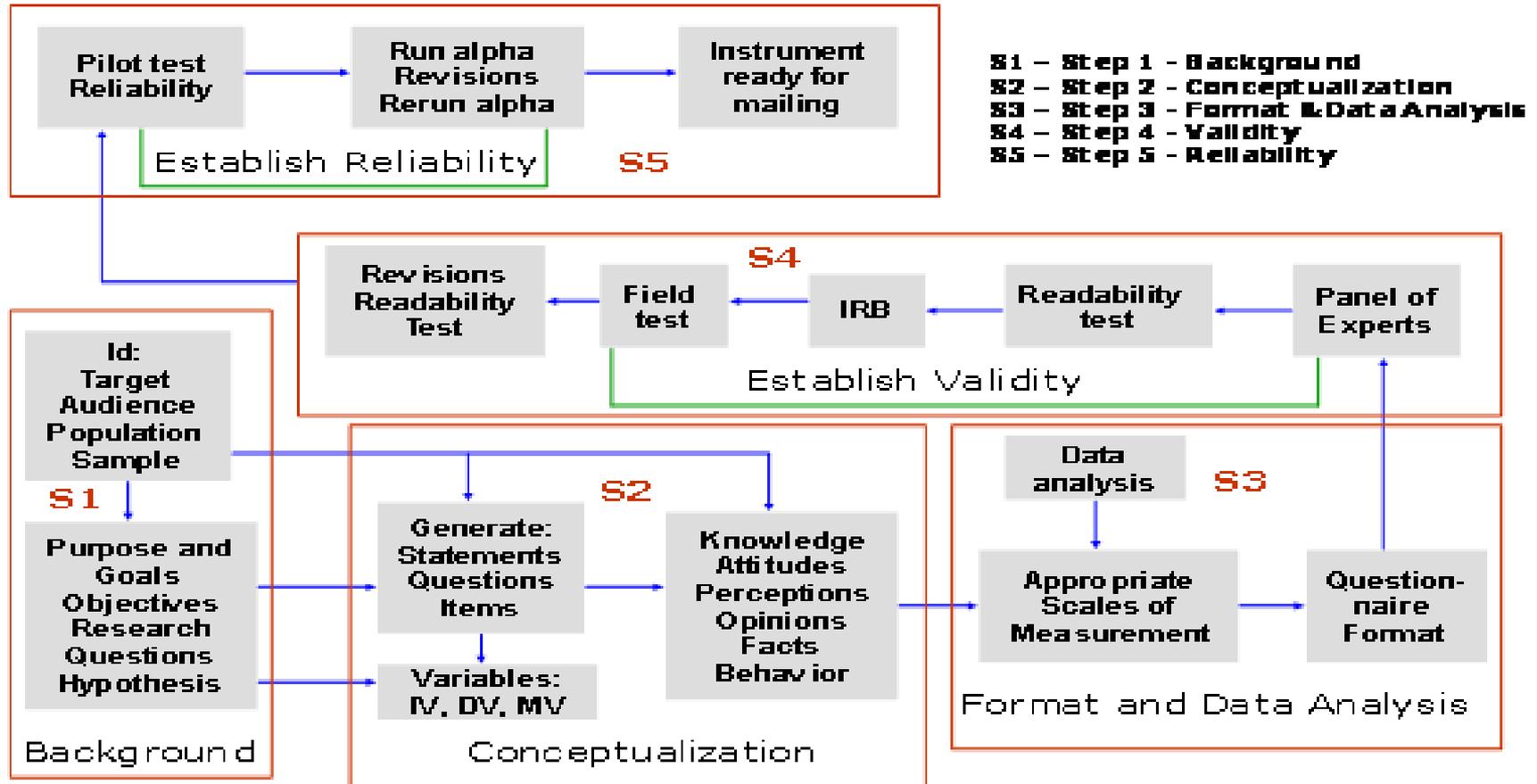
- Used to determine whether there is consensus on an issue
- Identifies evidence regarding cause-and-effect relationships
- Tests specific hypotheses
- Results can be projected to a larger population
- Predictive

# Why conduct mixed method research?

*“...qualitative and quantitative data are intimately related to each other. All quantitative data is based on qualitative judgments; and all qualitative data can be described and manipulated numerically.”*

- William Trochim, Psychologist  
Cornell University

# Steps in Survey Development



- Radhakrishna (2007)

# Designing a Survey Instrument

- Initial development of questions to reflect the domains of interest
- Refinement of questions and choice of response scales
- Review of questions by subject matter experts
- Testing of questions with focus groups
- Refinement of questions
- Field Testing
- Validation and Reliability

# Reaching the Hard-to-Reach Populations

What does hard-to-reach mean? Some examples...

- Clients with physical and/or mental disabilities
- Clients with no fixed address
- Clients who don't speak English or French
- Informal caregivers

Ways of capturing patient experience need to be flexible in order to achieve response rates that produce meaningful results.



# Performance Improvement Process

Step 1  
Planning



Survey  
Development  
and Design

Step 2  
Production



Data  
Collection  
Using Various  
Methods

Step 3  
Analysis



Benchmarking  
Complex Data  
Analysis

Step 4  
Interpretation



User Friendly  
Web Reports  
Lead to Action  
Planning

Step 5  
Implementation



Tracking of  
Change Over  
Time

NRCC Employs a Consistent & Standard Process



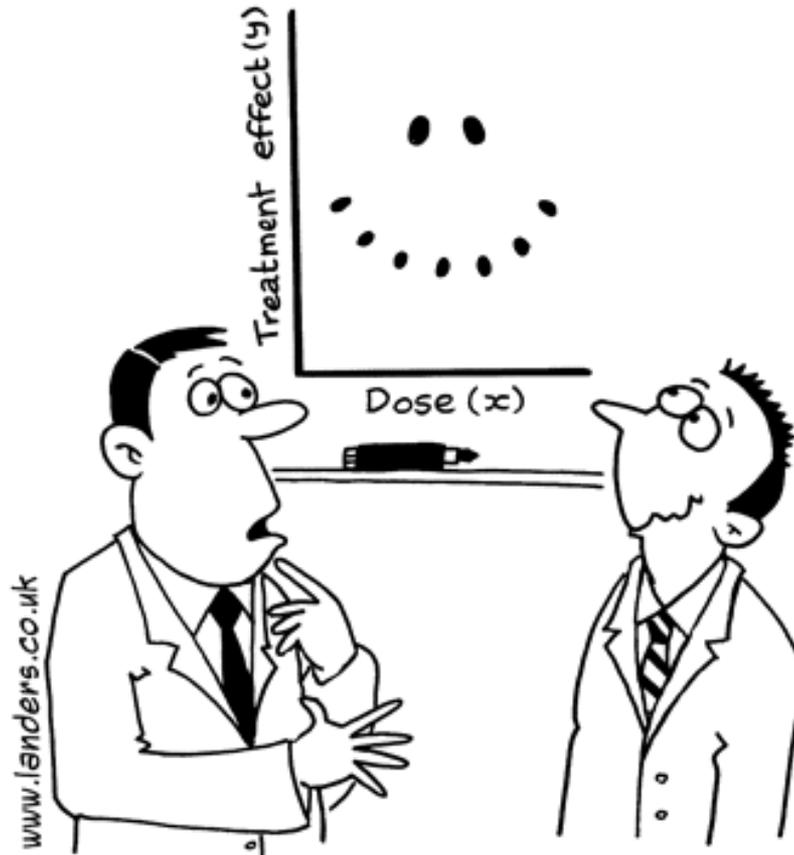
# Survey Tool Dimensions - Community Care

- Dimensions of Care in the Community Sector might include:
  1. Autonomy (involvement in developing care plan/preparation for discharge)
  2. Communication (respectful, knowledgeable, keeps client informed, listens)
  3. Safety (feeling safe with service provider, lay-out of area set up safely)
  4. Consistency (role of service provider, consistent provider)
  5. Quality of Care (recommending service provider organization, rating quality of care)

# Core CCEE Key Performance Indicators

- KPI 1 - Overall Experience
- KPI 2 - Client Centred Care
- KPI 3 - Client Centred Care (Appointments)
- KPI 4 - Quality of Care
- KPI 5 - Building Relationships and Trust
- KPI 6 - Integrated Care and Support of Transitions
- KPI 7 - Willingness to Recommend
- KPI 8 - Expectations of Quality
- KPI 9 - Safety

# What does it all mean?



# Let's Talk!

Sonia Jacobs

Account Director

National Research Corporation Canada

[sjacobs@nationalresearch.ca](mailto:sjacobs@nationalresearch.ca)

1-866-771-8231