

Uniform Patient Satisfaction Survey Questions for Home Infusion Providers

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National Home Infusion Foundation

Advancing the home and specialty infusion therapy community

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Background

Patient satisfaction as a measure of provider quality has existed in the infusion industry for decades, driven by accreditation standards and the value derived from regularly assessing one's services from the customer's perspective. Conversely, there is a void in the availability of validated and reliable home infusion patient satisfaction questions. This lack of uniformity limits opportunities to conduct industry-wide benchmarking and the ability to develop national standards for patient satisfaction. Home infusion needs a set of uniform survey questions that can be used universally across the industry; allowing for data from several sites to be collected, combined, and analyzed, making the results more powerful.

Research

The National Home Infusion Foundation, on behalf of the National Home Infusion Association (NHIA), sponsored this research study to create a set of uniform patient satisfaction survey questions for adoption by all home infusion providers. The project commenced in June 2016, and involved a rigorous review of 15 patient satisfaction survey questions identified in 2012, by a sub-group of the NHIA Data Initiative as common to a majority of home infusion providers. Using Delphi methodology, a diverse, volunteer panel of home infusion experts completed 3 rounds of surveys resulting in validated questions (n=11) to be pilot tested with home infusion patients. The questions were further refined through qualitative analysis with the patient panel. The final questions (n=12) underwent a test-retest procedure for reliability. The result is a set of uniform patient satisfaction survey questions that are valid and reliable, and capable of generating highly accurate results with less potential for measurement error and misinterpretation. For more information on the research study, an open access article which permits unrestricted use, distribution, and reproduction in any medium, provided the original authors and source are credited can be found on the NHIF website.

Results

The following 12 questions have been validated according to the above research methods and are released for adoption by home infusion providers. Organizations are encouraged to include the ***NHIA Uniform Patient Satisfaction Survey Questions for Home Infusion Providers*** into their own patient surveys. While these validated questions should be included in all patient satisfaction survey tools, home infusion providers may customize their surveys by incorporating additional questions specific to their operation.

Questions

Inquiries about this project may be directed to ***Connie Sullivan, RPh***, Vice President of Research and Innovation with the National Home Infusion Foundation at connie.sullivan@nhia.org.

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1. The home infusion pump was clean when it was delivered.

- a. Yes
- b. No
- c. I did not use a home infusion pump.

Comments:

2. The home infusion pump worked properly.

- a. Yes
- b. No
- c. I did not use a home infusion pump.

Comments:

3. The home infusion medications and supplies arrived before I needed them.

- a. Always
- b. Very Often
- c. Sometimes
- d. Rarely
- e. Never

Comments:

4. I knew who to call if I needed help with my home infusion therapy.

- a. Yes
- b. No

Comments:

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5. The response I received to phone calls for help on weekends or during evening hours met my needs.

- a. Always
- b. Very Often
- c. Sometimes
- d. Rarely
- e. Never
- f. I did not need to call for help on weekends or during evening hours.

Comments:

6. The home infusion nurse or pharmacist informed me of the possible side effects of the home infusion medication.

- a. Yes
- b. No

Comments:

7. I understood the explanation of my financial responsibilities for home infusion therapy.

- a. Yes
- b. No

Comments:

8. Using the table below, rate how often each staff were courteous.

Scale: 5=Always, 4=Very Often, 3=Sometimes, 2=Rarely, 1=Never, NA – Not applicable

Delivery Staff	5	4	3	2	1	NA
Billing Staff	5	4	3	2	1	NA
Pharmacy Staff	5	4	3	2	1	NA
Nursing Staff	5	4	3	2	1	NA

Comments:

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9. Using the table below, rate how often each staff were helpful.

Scale: 5=Always, 4=Very Often, 3=Sometimes, 2=Rarely, 1=Never, NA – Not applicable

Delivery Staff	5	4	3	2	1	NA
Billing Staff	5	4	3	2	1	NA
Pharmacy Staff	5	4	3	2	1	NA
Nursing Staff	5	4	3	2	1	NA

Comments:

10. I understood the instructions provided for:

How to wash my hands.	Yes	No	NA
How to give the home infusion medication(s).	Yes	No	NA
How to care for the IV catheter.	Yes	No	NA
How to store the home infusion medication(s).	Yes	No	NA
How to use the home infusion pump	Yes	No	NA

*NA = Not Applicable

Comments:

11. I was satisfied with the overall quality of the services provided.

- a. Strongly Agree
- b. Agree
- c. Uncertain
- d. Disagree
- e. Strongly Disagree

Comments:

12. I would recommend this home infusion company to my family and friends.

- a. Strongly Agree
- b. Agree
- c. Uncertain
- d. Disagree
- e. Strongly Disagree

Comments: