

# Data Reporting Instructions for Patient Satisfaction Benchmarking

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### Introduction

Sites independently reporting survey data to Strategic Healthcare Programs (SHP) will use the NHIF Survey Response Data Collection Template. This Excel® template includes the variable names and labels located in the appropriate spreadsheet column. The Excel® template can be downloaded from the NHIF website. The information below describes the spreadsheet data columns and includes the survey response values/codes for each survey question. Note that for Columns A-G of the Excel spreadsheet you will enter information that pertains to your provider location and patient information. Patient survey comments will not be entered into the Excel spreadsheet. All protected health information (PHI) that you provide will be recoded according to HIPPA privacy rules.

The survey collection period is 45 days from the last day of the sample month, and the due date for the spreadsheet is 60 days from the last day of the sample month. If you have questions about completing the spreadsheet please contact Jennifer Lyons at Jennifer.lyons@nhia.org. Please email your completed Survey Response Data Collection file directly to Sarah Brock at sbrock@shpdata.com. **Reminder: Never send survey data directly to NHIF.**

#### Box 1. Key Dates for Benchmarking Interval A: January 1, 2019, to March 31, 2019

### Survey Data Collection Timelines

Sample Months: January, February, and March

Last day to collect survey data: May 15, 2019

Deadline to submit data to SHP: May 30, 2019

*Note: Sites that utilize SHP as their third party administrator for collecting survey data do not have to submit a manual report. SHP will automatically de-identify and send the data to NHIF.*

### Data Coding Instructions

Entries into the Survey Response Data Collection file must exactly follow the instructions below for each data point being reported. **Do not add columns to the spreadsheet for additional data from site specific questions or patient comments.**

A screen shot of a sample completed file is included in Appendix A.

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### **Column A: dpc (Column Label)**

This field is the Data Participation Code (DPC) that was assigned to your participating location by SHP upon acceptance into the benchmarking program. Your survey responses and data analysis will be linked to this code. Data for multiple participating locations can be included in the same file as long as the DPC code for your given location's survey data is entered in Column A of the Excel file. Please contact SHP if you don't know this number.

### **Column B: survid**

This field is the unique identification (ID) number or code that is associated with the returned survey. This ID is determined by the participating location and should not be the patient's name, date of birth, or social security number. Example ID: 65579

### **Column C: sammon**

This field should be set to the first day of the sample month for which you are submitting survey response data. The sample month also refers to the month in which the patient was discharged from service or month six of continuous service. The format for a date is: MM/DD/YYYY.

Example: If you were submitting a file in November 2018 containing survey results data for patients who were discharged in September 2018, the sample month date would be set to "09/01/2018" for all rows.

### **Column D: ptage**

This field should contain the patient's age in digit format. Please do not submit the patient date of birth in this column.

### **Column E: ptgend**

This field contains the patient's gender.

Valid values for this field are:

1 - Male

2 - Female

M - Missing/Unknown

### **Column F: activedis**

This field contains the patient status: Active or Discharged.

Valid values for this field are:

1 – Active patient

2 – Discharged patient

M - Missing/Unknown

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### Column G: therapy

This field contains the patient's primary therapy type.

Valid values for this field are:

- 1 - Anti-infectives
- 2 - Parenteral nutrition
- 3 - Hydration
- 4 - Pain
- 5 - Inotropic
- 6 - Antineoplastic chemotherapy
- 7 - Immune globulin - IV
- 8 - Immune globulin - SC
- 9 - Bleeding disorder
- 10- Biologic – other (e.g. monoclonal antibodies, biosimilars, enzymes)
- 11- Other (non- biologic) (e.g. steroids, anti-emetic)
- 12- Catheter care
- M - Missing/Unknown

*\*For patients with more than one therapy, select the therapy category you feel will be evaluated by the patient responding to the satisfaction survey.*

### Column H: q1pumpc

**Survey Question 1:** The home infusion pump was clean when it was delivered.

Valid values for this field are:

- 1 - a. Yes
- 0 - b. No
- N - c. I did not use a home infusion pump.
- M - Missing/No Response

### Column I: q2pumpw

**Survey Question 2:** The home infusion pump worked properly.

Valid values for this field are:

- 1 - a. Yes
- 0 - b. No
- N - c. I did not use a home infusion pump.
- M - Missing/No Response

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### Column J: q3arriv

**Survey Question 3:** The home infusion medications and supplies arrived before I needed them.

Valid values for this field are:

- 5 - a. Always
- 4 - b. Very Often
- 3 - c. Sometimes
- 2 - d. Rarely
- 1 - e. Never
- M - Missing/No Response

### Column K: q4call

**Survey Question 4:** I knew who to call if I needed help with my home infusion therapy.

Valid values for this field are:

- 1 - a. Yes
- 0 - b. No
- M - Missing/No Response

### Column L: q5phone

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

Valid values for this field are:

- 5 - a. Always
- 4 - b. Very Often
- 3 - c. Sometimes
- 2 - d. Rarely
- 1 - e. Never
- N - f. I did not need to call for help on weekends or during evening hours.
- M - Missing/No Response

### Column M: q6side

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

Valid values for this field are:

- 1 - a. Yes
- 0 - b. No
- M - Missing/No Response

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### Column N: q7fina

**Survey Question 7:** I understood the explanation of my financial responsibilities for home infusion therapy.

Valid values for this field are:

1 - a. Yes

0 - b. No

M - Missing/No Response

### The following four fields contain the survey response for:

**Survey Question: 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

### Column O: q8dsc

**Survey Question 8a:** Delivery Staff - Courteous

Valid values for this field are:

5 - 5. Always

4 - 4. Very Often

3 - 3. Sometimes

2 - 2. Rarely

1 - 1. Never

N - NA. Not applicable

M - Missing/No Response

### Column: P q8bsc

**Survey Question 8b:** Billing Staff - Courteous

Valid values for this field are:

5 - 5. Always

4 - 4. Very Often

3 - 3. Sometimes

2 - 2. Rarely

1 - 1. Never

N - NA. Not applicable

M - Missing/No Response

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### Column Q: q8psc

#### Survey Question 8c: Pharmacy Staff - Courteous

Valid values for this field are:

5 - 5. Always

4 - 4. Very Often

3 - 3. Sometimes

2 - 2. Rarely

1 - 1. Never

N - NA. Not applicable

M - Missing/No Response

### Column R: q8nsc

#### Survey Question 8d: Nursing Staff - Courteous

Valid values for this field are:

5 - 5. Always

4 - 4. Very Often

3 - 3. Sometimes

2 - 2. Rarely

1 - 1. Never

N - NA. Not applicable

M - Missing/No Response

### The following four fields contain the survey response for:

#### Survey Question 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

### Column S: q9dsh

#### Survey Question 9a: Delivery Staff - Helpful

Valid values for this field are:

5 - 5. Always

4 - 4. Very Often

3 - 3. Sometimes

2 - 2. Rarely

1 - 1. Never

N - NA. Not applicable

M - Missing/No Response

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### Column T: q9bsh

**Survey Question 9b:** Billing Staff - Helpful

Valid values for this field are:

5 - 5. Always

4 - 4. Very Often

3 - 3. Sometimes

2 - 2. Rarely

1 - 1. Never

N - NA. Not applicable

M - Missing/No Response

### Column U: q9psh

**Survey Question 9c:** Pharmacy Staff - Helpful

Valid values for this field are:

5 - 5. Always

4 - 4. Very Often

3 - 3. Sometimes

2 - 2. Rarely

1 - 1. Never

N - NA. Not applicable

M - Missing/No Response

### Column V: q9nsh

**Survey Question 9d:** Nursing Staff - Helpful

Valid values for this field are:

5 - 5. Always

4 - 4. Very Often

3 - 3. Sometimes

2 - 2. Rarely

1 - 1. Never

N - NA. Not applicable

M - Missing/No Response



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**The following five fields contain the survey response for: Survey Question 10:** I understood the instructions provided for:

### **Column W: q10wash**

**Survey Question 10a:** How to wash my hands.

Valid values for this field are:

1 - a. Yes

0 - b. No

N - NA. Not applicable

M - Missing/No Response

### **Column X: q10givm**

**Survey Question 10b:** How to give the home infusion medication(s).

Valid values for this field are:

1 - a. Yes

0 - b. No

N - NA. Not applicable

M - Missing/No Response

### **Column Y: q10care**

**Survey Question 10c:** How to care for the IV catheter.

Valid values for this field are:

1 - a. Yes

0 - b. No

N - NA. Not applicable

M - Missing/No Response

### **Column Z: q10stor**

**Survey Question 10d:** How to store the home infusion medication(s).

Valid values for this field are:

1 - a. Yes

0 - b. No

N - NA. Not applicable

M - Missing/No Response

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### Column AA: q10usep

**Survey Question 10e:** How to use the home infusion pump.

Valid values for this field are:

- 1 - a. Yes
- 0 - b. No
- N - NA. Not applicable
- M - Missing/No Response

### Column AB q11sati

**Survey Question 11:** I was satisfied with the overall quality of the services provided.

Valid values for this field are:

- 5 - a. Strongly Agree
- 4 - b. Agree
- 3 - c. Uncertain
- 2 - d. Disagree
- 1 - e. Strongly Disagree
- M - Missing/No Response

### Or, if using the 11-Point Scale:

- 10 - 10. Strongly Agree
- 9 - 9. Strongly Agree
- 8 - 8. Agree
- 7 - 7. Agree
- 6 - 6. Uncertain
- 5 - 5. Uncertain
- 4 - 4. Disagree
- 3 - 3. Disagree
- 2 - 2. Strongly Disagree
- 1 - 1. Strongly Disagree
- 0 - 0. Strongly Disagree
- M - Missing/No Response

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### Column AC: q12reco

**Survey Question 12:** I would recommend this home infusion company to my family and friends.

Valid values for this field are:

5 - a. Strongly Agree

4 - b. Agree

3 - c. Uncertain

2 - d. Disagree

1 - e. Strongly Disagree

M - Missing/No Response

### Or, if using the 11-Point Scale:

10 - 10. Strongly Agree

9 - 9. Strongly Agree

8 - 8. Agree

7 - 7. Agree

6 - 6. Uncertain

5 - 5. Uncertain

4 - 4. Disagree

3 - 3. Disagree

2 - 2. Strongly Disagree

1 - 1. Strongly Disagree

0 - 0. Strongly Disagree

M - Missing/No Response

SAMPLE\_Data Coll Tool for non-SHP Sites\_101618.xlsx

85%

Font: Calibri (Body) 11

Number: 0.00 / 0.00

Format: Normal, Bad

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD
1																														
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## SAMPLE DATA COLLECTION TOOL

dpc	survid	sammon	ptage	ptgend	activedis	therapy	q1pumpc	q2pumpw	q3arriv	q4call	q5phone	q6side	q7fina	q8dsc	q8bsc	q8psc	q8nsc	q9dsh	q9bsh	q9psh	q9nsh	q10wash	q10givm	q10care	q10stor	q10usep	q11sati	q12reco
123456	65579	09/01/2018	75	2	1	7	1	0	4	1	4	1	1	5	N	4	5	5	M	4	5	0	1	N	1	N	5	5
123456	45579	09/01/2018	59	M	1	6	1	1	3	0	4	0	1	3	3	5	5	5	2	4	4	1	0	1	0	1	5	5
123456	12758	10/01/2018	82	1	M	4	N	N	5	1	5	M	0	2	4	4	4	5	5	3	5	1	1	1	1	1	4	4
123456	32165	10/01/2018	47	1	2	1	0	1	5	1	N	1	1	4	2	N	4	3	4	3	5	1	1	1	1	1	3	3