

Patient Satisfaction Benchmarking Guide

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Introduction and Purpose

The popularity and effectiveness of benchmarking is wide-spread with business and management researchers referring to it as a fundamental tool for continuous improvement. Benchmarking is not just seeking to make changes, but to add value to an organization, and provide a competitive advantage. Due to a plethora of documented research on the positive impact of benchmarking, the home infusion industry would be remiss if it did not embark on a benchmarking program.

A benchmark is a point of reference for a measurement. Sometimes this benchmark becomes a standard or a norm. The process of benchmarking involves comparing one's own performance metrics to industry standards. Without the ability to compare results, data from an individual organization lacks context. To determine how a score, a rating, an outcome, or another form of measurement within the home infusion industry compares, there is a need to collect uniform data from multiple providers. Examples of data that may be of interest in benchmarking could include therapy outcomes, patient satisfaction, and staffing numbers, just to name a few. To ensure valid comparisons and thus actionable results, this data needs to be reported using a standardized and validated instrument. An example of a validated instrument is the National Home Infusion Foundation (NHIF) Uniform Patient Satisfaction Survey. Data submitted by various providers using standardized instruments, forms, and definitions can be used to determine averages/norms within the industry. These norms are then used to compare against individual providers. This will allow an individual organization to determine if their data exceeds or falls below the norms and to what degree. If an organization falls below a standard, then interventions to rectify the gap can then be developed and progress can be tracked to determine the effectiveness of the actions taken. Overall, benchmarking makes data more actionable by identifying performance gaps and acknowledging industry best practices.

The benchmarking process creates a standard to which providers can aspire to during goal setting. Benchmarking can also involve setting a specific level of performance that an industry wants to reach or compare against. Equally important, benchmarks allow the comparison of data between similar organizations. Organizational similarities can include location, revenue, and/or service characteristics. Providers that implement action plans based on the benchmarking outcomes will be able to optimize their efforts to improve performance.

Patient Satisfaction Benchmarking

For a number of reasons, Patient Satisfaction is a logical area for NHIF to initiate the benchmarking process. Most importantly, patient satisfaction is so critical that it has been deemed a mandatory requirement for all Accountable Care Organization (ACO) and Medicare providers. As the home infusion industry expands Medicare services, measuring patient satisfaction is expected to become a requirement of participating providers. In addition, patient satisfaction can be an influential factor in the growth of the home infusion industry. If patients are not satisfied with their home infusion therapy, they will find and utilize other sites of care for infused treatments. Patient satisfaction benchmarks are therefore vital to the home infusion industry. Knowing how your patient satisfaction data

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compares industry-wide is critical in developing an action plan for improvement and developing best practices. Fortunately, the development and validation of the NHIF Uniform Patient Satisfaction Survey Questions for Home Infusion Providers in 2017, now makes it possible for NHIF to develop the tools and processes needed to benchmark individual provider results. Once initiated, Patient Satisfaction benchmarks will foster innovation and enable the prioritization of resources to improve future satisfaction levels. Currently, NHIF is working, in partnership with Strategic Healthcare Programs (SHP) to provide the much needed and valuable service of benchmarking home infusion patient satisfaction data.

Types of Benchmarking

Internal Benchmarks

Internal benchmarking is used when providers want to compare and contrast their historical performance, such as comparing one year's data with another. This process allows providers to track, analyze, and trend their performance over time, or compare different locations within the same organization.

External Benchmarking

External benchmarking establishes a frame of reference for judging results. It is a tool that provides key information on how one provider's service measures up against other "similar" providers. Without this added context, providers lack the perspective of what constitutes good performance for the components within a patient satisfaction survey. There are three types of external benchmarking as described below.

- National/Industry Benchmarks – These benchmarks are established by using all submitted Patient Satisfaction Survey data. Using aggregate data, this benchmark will include provider norms which help to determine standards.
- Local Peer Comparable – These benchmarks are most insightful when they are formulated with a group of providers that closely match in characteristics. To achieve this goal, the *"Home Infusion Location Benchmarking Profile"* will be completed by each participating provider. This survey collects demographic data about the participating location's affiliations, geographic reach, service offerings, revenue characteristics, staffing, and structural features.
- Best-in-class Comparable – This is data collected from providers that have won awards or otherwise been recognized for being a high performer in a specific benchmark.

Role of NHIF and Strategic Healthcare Programs

NHIF is a not-for-profit, 501(c)(3) affiliate of the National Home Infusion Association. The mission of NHIF is to advance the field of home infusion through research, leadership and education programs. Benchmarking

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programs will be funded and administered through NHIF as a research initiative. Data submitted from individual organizations will be used in accordance with all aspects of the Ethics Code of the American Association of Public Opinion Researchers (AAPOR), thereby protecting respondent confidentiality. Data received by NHIF (via the third party data administrator) will be de-identified, therefore NHIF will never have the ability to associate the raw, extracted data with any individual provider who participates in benchmarking. NHIF will not sell or otherwise provide participating location contact information to anyone, and will retain ownership of all raw data and benchmarks.

Strategic Healthcare Programs (SHP), an affiliate of Managed Healthcare Associates Inc. (MHA), is a data analytics and benchmarking company that supports post-acute care providers in their efforts to improve quality, patient satisfaction, and overall performance. SHP has a long history of collecting and benchmarking home infusion quality data. SHP also serves as a third party administrator for patient satisfaction surveys and began utilizing the NHIF tool in October of 2017. SHP has extensive experience in Medicare sanctioned satisfaction survey programs such as the Consumer Assessment of Healthcare Provider Systems (CAHPS), and can offer guidance to NHIF in developing a program that is consistent with Medicare standards. NHIF entered into a non-exclusive contract with SHP to serve as a data administrator for benchmarking initiatives. NHIF does not have the technical resources to securely store proprietary data according to industry standards. Additionally, NHIF desires to ensure the integrity of the benchmarking program by receiving data in a de-identified manner from the data administrator. As a partner to NHIF, SHP is held to the same ethical standards and restrictions regarding ownership, confidentiality and data security; including shielding data from their affiliates. Organizations may utilize any third party administrator with the ability to conduct surveys using the NHIF tool, however all data for benchmarking will be submitted through SHP. SHP will in turn, de-identify and package the data for distribution to NHIF. NHIF will conduct the data analysis and determine the industry benchmarks.

How to Participate

Participation in NHIF benchmarking is done at the individual home infusion location level. Multi-site organizations can evaluate each location's readiness to contribute validated data to the benchmarking program and phase-in participation gradually if needed. Each home infusion location will be evaluated by NHIF for compliance with the benchmarking participation criteria prior to receiving their validation certificate. (See the section on Recognition of Validation.) Individual home infusion locations must receive authorization from the corporate entity/owner in order to participate in NHIF benchmarking programs. Upon signing the Participation Agreement, each location will receive a Data Participation Code (DPC) from SHP. This code will be submitted with each transaction to enable the data administrator and NHIF to track and confirm data transfers in an anonymous manner.

There is no fee for provider members of NHIA who wish to participate in benchmarking. A non-refundable, annual enrollment fee of \$950.00 will be charged to each non-NHIA member location to cover the administrative costs of validation and data processing.

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Home Infusion Location Participation Criteria

Providers wishing to participate in Patient Satisfaction Benchmarking must meet the following six (6) criteria:

1. **Utilize the unmodified Uniform Patient Satisfaction Survey Questions for Home Infusion Providers published by NHIF.** (See Appendix A for the survey questions published by NHIF.)
 - Exceptions for extremely minor modifications, such as the use of qualifying questions may be allowed, and will be reviewed and approved on a case-by-case basis.
 - Providers who wish to utilize an 11-point scale for questions 11 and 12 on the NHIF survey, may do so. However, the question scale must be displayed as published by NHIF using the “*Strongly-Agree / Strongly-Disagree*” labels. (See Appendix B for the 11-point scale version of the survey.)
 - A copy of the location’s satisfaction survey tool must be provided to NHIF for review and approval.
2. **Utilize a third party administrator to issue and collect survey data.**
 - For 2019, providers who cannot meet this requirement may participate if they submit additional data to NHIF for validation.
 - Providers who wish to survey a representative sample of all eligible patients must use a third party administrator.
3. **Make a paper version of the survey available to all patients either as the standard survey process, or upon request as an alternative to the standard method.**
 - Electronic and telephone surveys are allowed, but may not be exclusively offered.
 - Providers electing to use the NHIF survey with the 11-point scale for questions 11 and 12, may not conduct telephone surveys.
4. **Adopt an organizational policy describing the survey procedures, and methods for identifying benchmarking eligible patients and exclusions. (See Box 1 below for a summary of required policy elements.)**
 - Eligible patient means a discharged patient that was active to the home infusion provider for seven (7) or more days and has received at least one infusion treatment at home, **or any active home infusion patient that has been on service for at least 6 months.**
 - Infusion treatment means the administration of a drug through an IV or SC catheter. (**Catheter care patients are included in benchmarking.*)
 - ◆ Examples of acceptable exclusions:
 - Patients who receive home infusion therapy as a secondary service. (E.g. hospice, skilled facility patients)

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- Patients who receive services in the home infusion provider's ambulatory infusion suite
- Enteral patients
- Patients receiving self-injectable medications

5. Sign the NHIF and SHP participation agreements.

6. Complete the "Home Infusion Location Benchmarking Profile" survey.

Box 1. Location Policy Required Elements

1. Description of how eligible patients are identified and disseminated to the third party administrator.
2. Identification of the third party administrator, or procedures for collecting the additional required data for submission to NHIF for validation purposes.
3. Description of patient categories being excluded from the sample.
4. Description of survey methods (e.g. paper, electronic, telephone) including timelines and communications with patients to prompt survey responses.
5. Description of the process for making a paper survey eligible for patients who request it.
6. Summary of steps taken to ensure data integrity.

Recognition of Validation

Locations that satisfy the benchmarking participation criteria, including the use of a third-party administrator, will receive an NHIF Data Validation Certificate and insignia. The insignia may be printed on the individual location-based reports and materials to indicate the location's data has been independently verified to comply with NHIF standards.

Locations that meet all criteria, except for the use of the third party administrator, will receive "conditional validation". Conditional validation allows for participation in benchmarking, but does not entitle the use of the NHIF insignia.

Data Collection and Reporting

NHIF intends to publish industry benchmarks on a quarterly basis according to the calendar year (e.g., January to December). Likewise, data will be collected from participating locations on a quarterly basis. A location must be

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able to submit data for the entire quarter to participate in any given benchmarking interval. The definitions below describe the various timeframes for collecting and reporting data.

Sample Month is the month in which a patient becomes eligible for survey by 1) being discharged from service, or 2) completing 6 months of service.

Benchmarking Interval is a three (3) month period during which an organization may participate in benchmarking and for which a national standard will be published. The calendar year is divided into four (4) intervals as follows: January to March, April to June, July to September, and October to December.

Data Collection Interval refers to the benchmarking interval plus the following 45 days during which a survey can be collected from the eligible patient (e.g., for the benchmarking interval of January - March, the data collection interval would end on May 15).

Data Reporting Interval is the time from the end of the collection interval until data can be submitted to SHP for inclusion in the benchmark. This is proposed to be 30 days, however this may be shortened pending results of the pilot phase.

Patient Data Variables

Data variables collected about patients who have submitted completed surveys is limited to the following:

- Sample month (month of discharge, or month 6 of continuous active service)
- Age
- Gender
- Therapy type according to the following categories:
 - Anti-infectives
 - Parenteral nutrition
 - Hydration
 - Pain
 - Inotropic
 - Antineoplastic chemotherapy
 - Immune globulin – IV
 - Immune globulin – SC
 - Bleeding disorder
 - Biologic - other (e.g. monoclonal antibodies, enzymes)
 - Other (non-biologic) (e.g. steroids, anti-emetic)
 - Catheter care

*For patients with more than one therapy the provider may select the therapy category they feel is most likely to be evaluated by the patient in responding to the survey.

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NHIF Industry-wide Patient Satisfaction Benchmark Report

NHIF will release the results of each quarterly benchmarking interval once the data has been verified and compiled. The estimated timeline for reporting is approximately six months from the last sample month in the benchmarking interval. The quarterly report will contain the following elements:

- Sample size including the number of participating locations, the number of patients surveyed, and total responses
- Response rate (%)
- National benchmarks for the following composite categories:
 - Equipment and supplies (Q 1-3)
 - General Communication (Q 4-7)
 - Staff Courtesy (Q8)
 - Staff Helpfulness (Q9)
 - Instruction (Q10)
 - Satisfied Overall (Q11)
 - Would Recommend (Q12)

Benchmarks for questions 1 through 10 will be reported as the percentage of patients that responded either, “Yes” or “Always” (I.e. Top box score). For questions 11 and 12, the benchmark is defined as the percentage of patients who responded either, “Strongly Agree” or “Agree” (I.e. Top two boxes). The mean and standard deviation will also be reported for each composite.

Depending on the level of participation, NHIF may generate a more detailed summary of responses by like-provider. Examples of like-provider comparisons could include reporting benchmarks by geographic region, affiliation, organization size (revenue), or service characteristics. Detailed reports that include data comparisons beyond the industry-wide composite benchmarks will be available for a fee.

Program Timelines

(All timelines are tentative pending the progress and outcomes of the pilot phase.)

Locations may begin applying for participation in benchmarking starting in September of 2018. Locations may apply for participation in a benchmarking interval once they can submit data for the entire interval (3 months). The application deadline for each benchmarking interval is the first day of the month prior to the start of the interval (e.g., for the interval of January 1, 2019, to March 31, 2019, the deadline for applications is December 1, 2018). In Box 2 below, an example schedule is provided for the first benchmarking interval in 2019.

Box 2. Key Dates for Benchmarking Interval A: January 1, 2019, to March 31, 2019

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Sample Months: January, February, and March

- Application deadline: December 1, 2018
- Last day to collect survey data: May 15, 2019
- Deadline to submit data to NHIF: June 15, 2019
- Publication of benchmarks: September 2019

Pilot

A pilot study to test the program participation criteria and target timelines will be conducted starting in July 2018, and will run through December 31, 2018. The pilot will also be used to validate the *Home Infusion Location Benchmarking Profile* survey, as well as procedures for transferring data between providers and SHP, and between SHP and NHIF.

Questions

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

Appendix A
NHIA Uniform Patient Satisfaction Survey Questions for Home Infusion Providers
5-Point Scale

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:

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:

Appendix A
NHIA Uniform Patient Satisfaction Survey Questions for Home Infusion Providers
5-Point Scale

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:

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:

Appendix A
NHIA Uniform Patient Satisfaction Survey Questions for Home Infusion Providers
5-Point Scale

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:

Appendix B
NHIA Uniform Patient Satisfaction Survey Questions for Home Infusion Providers
11-Point Scale

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:

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:

Appendix B
NHIA Uniform Patient Satisfaction Survey Questions for Home Infusion Providers
11-Point Scale

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:

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

Comments:

Appendix B
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11-Point Scale

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.

Strongly Disagree		Disagree		Uncertain		Agree		Strongly Agree		
0	1	2	3	4	5	6	7	8	9	10

Comments:

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

Strongly Disagree		Disagree		Uncertain		Agree		Strongly Agree		
0	1	2	3	4	5	6	7	8	9	10

Comments: