**NHIF Patient Satisfaction Benchmarking Program Instructions – Non-SHP Customers**

Thank you for applying to participate in the NHIF Patient Satisfaction Benchmarking Program.

Here are all the required documents for the program as well as instructions for completing them.

 Non-SHP Customer Instruction sheet

NS1: NHIF Patient Satisfaction Agreement

NS2: NHIF SHP Provider Release Agreement

NS3: NHIF Benchmarking Survey Questions

NS4: NHIF SOP Template (Survey Policy Template)

NS5: NHIF Home Infusion Location Profile

NS6: NHIF Survey Response Data Collection Template

NS7: Data Collection Tool for Non-SHP Sites

NS8: Sample Data Collection Tool for Non-SHP Sites

**NS1:** **The NHIF Patient Satisfaction Agreement**, is the agreement between your company and NHIF. It explains NHIF our confidentiality commitments, how plans to use the data your company is providing, and the responsibilities of both NHIF and the participating company.

This agreement is also where you will list all of the locations you are enrolling in the program. Participation is at the location level so the agreement should list all the locations your company plans to enroll.

Complete all sections of this agreement and return it to the NHIF representative.

**NS2:** **The NHIF Non-SHP Provider Release Agreement** explains SHPs involvement in the Benchmarking program. Non-SHP agreement spells out that they will not be using your data for anything except the NHIF Patient Satisfaction Benchmarking Program. As NHIF’s partner in this program SHP will be the accepting all of the data being submitted for the program and de-identifying it before it is transferred to NHIF. Because the data is de-identified before NHIF receives we will no know which data belongs to which participating company/location.

Complete all sections of this agreement and return it to the NHIF representative.

**NS3:** **NHIF Benchmarking Survey Questions.** To participate in the Benchmarking Program you must utilize the NHIF Uniform Patient Satisfaction Survey Questions for Home Infusion Providers.

Please send a copy of your Patient Satisfaction Survey for review.

**NS4:** **NHIF SOP Template**. The NHIF Patient Satisfaction Benchmarking Program has strict guidelines for which patient data will be included in the study data. You must have these guidelines spelled out in your Patient Satisfaction Policy; we have created a policy template for you to use in creating your policy.

 Policy Requirements:

 Patient Received Infusion Therapy in the Home Setting

 Therapy was given via an IV or SQ catheter (catheter care is included)

 Patient must have been active for at least 7 days with at least 1 infusion treatment

 Participating company must offer the patient the option of a paper survey

 Optional Items:

Participating companies may choose to survey active, long term patients (at least 6 months)

Excluded Patients:

Patients receiving home infusion as a secondary service

Patient receiving services in an ambulatory infusion suite

Patient receiving Enteral therapy

Patient receiving self-injectable medications

Your Patient Satisfaction Survey Policy must be submitted to the NHIF representative for review.

Once we have all the signed agreements, a copy of your survey (approved by NHIF) and a copy of your survey policy (approved by NHIF) we will ask SHP to send you Data Participation Codes (DPCs) for each of your participating locations.

**NS5:** The **NHIF Home Infusion Location Profile Survey** was created to collect data to describe the sample population for benchmarking initiatives and to validate benchmarking procedures. As the program is completed at the location level you will be asked to complete this survey for each of your participating locations.

We suggest that you print the survey questions and complete it on paper before going in to complete the survey online. Once you are ready you can reach the online survey using this link:

[NHIF Patient Satisfaction Benchmarking Location Profile Survey](https://www.surveymonkey.com/r/NHIF_Benchmarking_2019)

**NS6:** **NHIF Survey Response Data Collection Template** will walk you through filling out the Data Collection Tool for submission to SHP each quarter. Your data will be submitted directly to SHP by sending via email to Sarah Brock at sbrock@shpdata.com

**NS7:** **Data Collection Tool for Non-SHP Sites**, this spreadsheet is where you will enter your survey data. You will submit your data to SHP using this spreadsheet. Even though the survey data is only submitted on a quarterly basis NHIF and SHP recommends that you fill out the spreadsheet as your surveys are received.

When you submit your survey data results to SHP via email please also include the total number of eligible patients that you surveyed for each of the 3 sample months you are submitting data for.

This is used to calculate the survey return rate.

For example:

January 2019: total pts surveyed 25, data returned and submitted for 8 pts

February 2019: total pts surveyed 31, data returned and submitted for 10 pts

March 2019: total pts surveyed 28, data returned and submitted for 9 pts

**NS8:** **Sample Data Collection Tool for Non-SHP Sites**, this is a sample of what the spreadsheet should look like as you complete it for submission.

 If you have questions on how to complete the spreadsheet please contact

 Sarah Brock with SHP @ sbrock@shpdata.com