

Patient Satisfaction Benchmarking Guide

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The Benchmarking Program is generously supported by



Introduction

Benchmarking in the health care industry collects measurable performance data to develop quality standards based on aggregating information from a wide range of providers. When multiple providers participate, it adds context for comparing results from one location to standards determined through reporting from locations across the entire industry. National benchmarks are the gold standard for measuring individual performance and reporting over time encourages continuous quality improvement. Applying benchmarking in home and alternate site infusion is a process of identifying where action can be specifically directed and monitored.

NHIF Benchmarking Programs

- Patient Satisfaction
- 30-Day Hospital Readmission Rates
- Status at Discharge

Patient Satisfaction Benchmarking

Patient Satisfaction is so critical that it has been deemed a mandatory requirement for all Accountable Care Organization and Medicare providers. In addition, patient satisfaction can be an influential factor in the growth of the infusion industry. If patients are not satisfied with their services, they will find, and use other sites of care for infused treatments. Patient satisfaction benchmarks are vital to the home and alternate site infusion industry. Knowing how your patient satisfaction data compares industry-wide is critical in developing an action plan for improvement and developing best practices

NHIF Published Research for Patient Satisfaction Benchmarking

1. A Two-Year Assessment of Home Infusion Patient Satisfaction (March/April 2021)
<https://nhia.org/wp-content/uploads/2021/10/4-PATIENT.SAT-MarApr2021-FINAL.pdf>
2. Assessment of Home Infusion Patient Satisfaction.
https://nhia.org/wp-content/uploads/2021/10/Patient.satisfaction_online-FINAL.pdf
3. Uniform Patient Satisfaction Survey Questions for Home Infusion Providers (March/April 2020)
https://nhia.org/wp-content/uploads/2021/10/NHIF_research_study_no-intro.pdf
4. Home Infusion Professionals Excel at Providing Patient Instructions (March/April 2020)
http://digitaleditions.sheridan.com/publication/?m=13064&i=653665&view=articleBrowser&article_id=3625531&search=satisfaction&ver=html5

Types of Benchmarking

Internal Benchmarking

Internal benchmarking is used when providers compare 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.

Role of NHIF

NHIF is a not-for-profit 501(c)(3) affiliate of the National Home Infusion Association. The mission of NHIF is to advance the practice of home infusion through research, leadership, and education programs. Benchmarking programs are funded and administered through NHIF as a research initiative. Data submitted from individual organizations is used following all aspects of the Ethics Code of the American Association of Public Opinion Researchers, thereby protecting respondent confidentiality. Data received by NHIF is de-identified, and 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 retain ownership of all raw data and benchmarks.

Data De-identification

A unique data participation code (DPC) is assigned to each location using a third party to de-identify the provider with their data. Data is submitted using a secure data entry portal available through registration by the provider entering a new password and using their DPC code. The DPC code and password-protected data entry portal maintain provider privacy. Provider data is anonymous to NHIA/NHIF.

Submitting Data from Third Party Survey Administrators

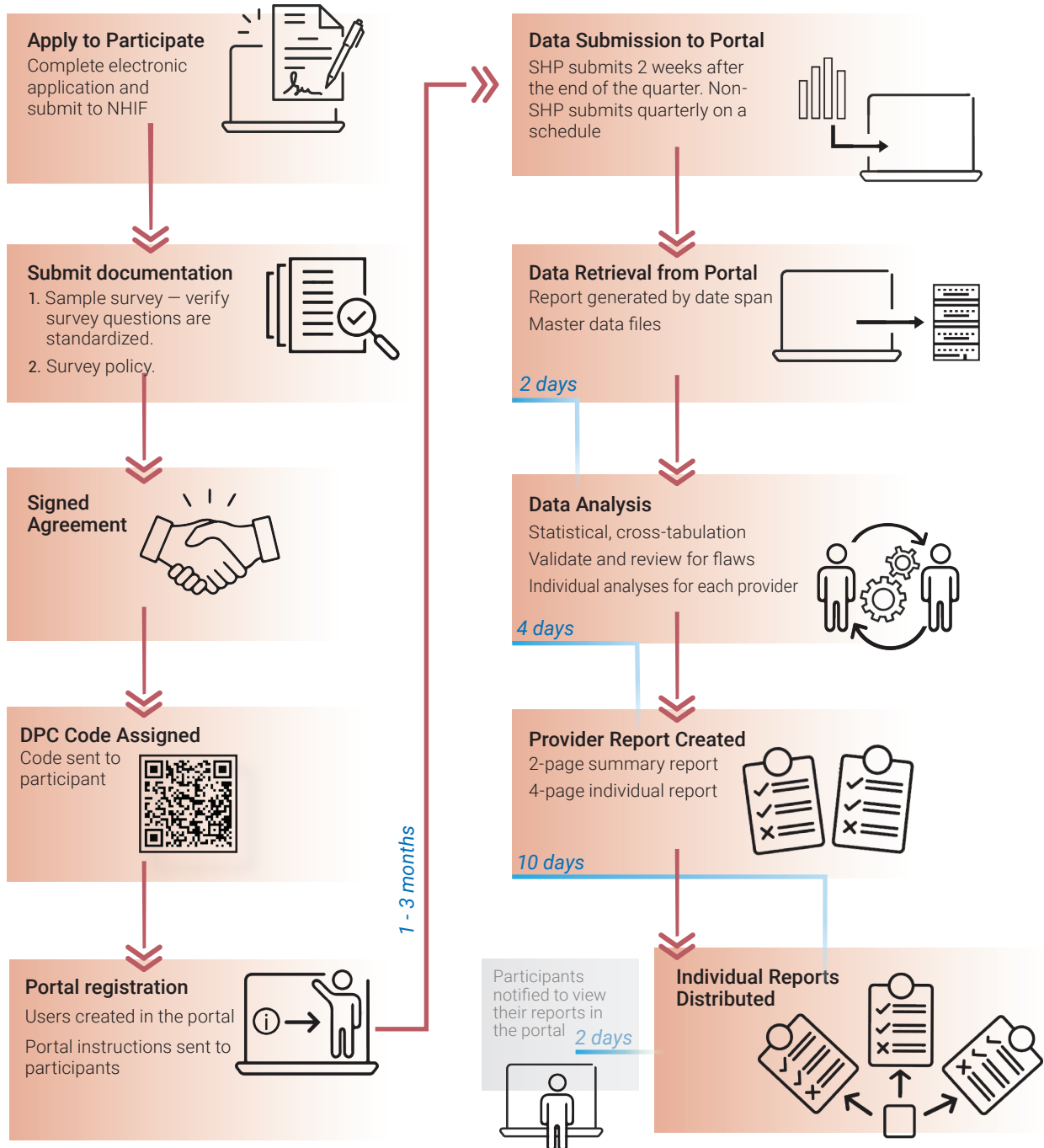
NHIF can work directly with third parties hired to administer surveys on behalf of providers (i.e., SHP). Obtaining data from the third-party survey provider can reduce the time required to collect and report data to NHIF. Giving permission to the data administrator to share data with NHIF may require the participant to sign an additional data sharing agreement.

Contact Information: Inquiries about this project may be directed to NHIFdata@nhia.org.

Participation Criteria

1. Participating locations must use the unmodified Uniform Patient Satisfaction Survey Questions for Home Infusion Providers published by NHIF. (See Tables: 1&2)
2. Participating locations must 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.
3. Participating locations must adopt an organizational policy describing the survey procedures, and methods for identifying benchmarking eligible patients. (Appendix B: NHIF Standard Operating Procedure Template)
4. Patient Inclusion Criteria:
 - a. 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.
 - b. Infusion treatment means the administration of a drug through an intravenous (IV) or subcutaneous (SC) access device.
5. Patient Exclusion Criteria:
 - a. Patients who receive home infusion therapy as a secondary service (e.g. hospice, skilled facility patients).
 - b. Patients who receive services in the home infusion provider's ambulatory infusion suite.
 - c. Enteral patients
 - d. Patients receiving self-injectable medications.
 - e. Patients receiving catheter care therapy.

Benchmarking Process



NHIF Patient Satisfaction Data Submission Timelines

Interval	Sample months	Data collection deadlines	Data submission deadlines	Report available
Q1	January	Mar 15	May 31	June 30
	February	Apr 15		
	March	May 15		
Q2	April	Jun 15	Aug 31	Sep 30
	May	Jul 15		
	June	Aug 15		
Q3	July	Sep 15	Nov 30	Dec 31
	August	Oct 15		
	September	Nov 15		
Q4	October	Dec 15	Feb 28	Mar 31
	November	Jan 15		
	December	Feb 15		

Data Collection and Reporting

1. Data Portal Instructions for Use (see Appendix D)
 - a. Register for an online account.
 - i. Access the portal website to register.
 - ii. Enter the assigned DPC code as the Username.
 - iii. Registered DPC accounts require approval through NHIF and become available for access within 1-2 business days.
 - b. Each DPC account is linked to a portal folder containing any individual reports that have been created for that DPC code.
 - c. Use Data Collection and Submission Tool (Excel®) for collecting data to submit to the portal (see Appendix C and D)

NHIF will provide a formatted Excel® data entry spreadsheet that will be used to gather and submit the patient data. In most cases the patient data will be coded and recorded as a number. Table 1 lists the data that will be collected, the codes for each variable option, and the Excel® spreadsheet column label and location (i.e., column A, B, C, etc.).

2. Electronic Transmission via Third Party
 - a. Providers using a third party to administer patient satisfaction surveys may be eligible to have their Patient Satisfaction Data sent directly to NHIF from their third party provider.
3. Provider Report Access
 - a. Located in the NHIF Benchmarking Data Portal (See Appendix D: NHIF Benchmarking Data Portal Instructions)

Table 1: Uniform Patient Satisfaction Survey – Patient Data

Patient Data	Field Description and Values	Data Collection Column (for use with Excel®)	Excel® Column Letter
Data Participation Code	This field is the Data Participation Code (DPC) that was assigned to each participating location. Survey responses and data analysis will be linked to this code.	dpc	A
Unique ID	This field is the unique ID assigned by the home infusion provider and associated with the returned survey.	survid	B
Sample Month	This field should be set to the first day of the sample month for submitting survey response data. Example: If submitting a file in November 2021 containing survey results data for patients who were discharged in September 2021, the sample month date would be set to "09/01/2021" for all rows.	sammon	C
Patient Age	This field should contain the patient's age in years. Do not submit the patient date of birth in this column.	ptage	D
Patient Gender	This field contains patient gender Valid values for this field are: 1 - Male 2 - Female M - Missing/Unknown	ptgend	E
Active/Discharged	This field contains the patient status: Active or Discharged Valid values for this field are: 1 - Active patient 2 - Discharged patient M - Missing/Unknown	activedis	F
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 - Anti-neoplastic chemotherapy 7 - Immune globulin – IV 8 - Immune globulin – SC 9 - Bleeding disorder 10 - Biologic – other (e.g., monoclonal antibodies, enzymes) 11 - Other (non-biologic) (e.g., steroids, anti-emetic) M - Missing/Unknown	therapy	G

Table 2: Uniform Patient Satisfaction Survey – Survey Questions

Survey Question	Field Description and Values	Data Collection Column (for use with Excel®)	Excel® Column Letter
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	q1pumpc	H
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	q2pumpw	I
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	q3arriv	J
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	q4call	K
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	q5phone	L
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	q6side	M
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	q7fina	N

Table 2: Uniform Patient Satisfaction Survey — Survey Questions (*continued*)

Survey Question	Field Description and Values	Data Collection Column (for use with Excel®)	Excel® Column Letter
Survey Question 8: 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 - Not applicable M - Missing/No Response	q8dsc	O
Survey Question 8: 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 - Not applicable M - Missing/No Response	q8bsc	P
Survey Question 8: 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 - Not applicable M - Missing/No Response	q8psc	Q
Survey Question 8: 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 - Not applicable M - Missing/No Response	q8nsc	R

Table 2: Uniform Patient Satisfaction Survey – Survey Questions (*continued*)

Survey Question	Field Description and Values	Data Collection Column (for use with Excel®)	Excel® Column Letter
Survey Question 9: 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 - Not applicable M - Missing/No Response	q9dsh	S
Survey Question 9: 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 - Not applicable M - Missing/No Response	q9bsh	T
Survey Question 9: 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 - Not applicable M - Missing/No Response	q9psh	U
Survey Question 9: 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 - Not applicable M - Missing/No Response	q9nsh	V
I understood the instructions provided for: How to wash my hands.	Valid values for this field are: 1 - a. Yes 0 - b. No N - Not applicable M - Missing/No Response	q10wash	W

Table 2: Uniform Patient Satisfaction Survey — Survey Questions *(continued)*

Survey Question	Field Description and Values	Data Collection Column (for use with Excel®)	Excel® Column Letter
I understood the instructions provided for: How to give the home infusion medication(s).	Valid values for this field are: 1 - a. Yes 0 - b. No N - Not applicable M - Missing/No Response	q10givm	X
I understood the instructions provided for: How to care for the IV catheter.	Valid values for this field are: 1 - a. Yes 0 - b. No N - Not applicable M - Missing/No Response	q10care	Y
I understood the instructions provided for: How to store the home infusion medications.	Valid values for this field are: 1 - a. Yes 0 - b. No N - Not applicable M - Missing/No Response	q10stor	Z
I understood the instructions provided for: How to use the home infusion pump.	Valid values for this field are: 1 - a. Yes 0 - b. No N - Not applicable M - Missing/No Response	q10usep	AA
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 <hr/> <i>If using the 11-Point Scale:</i> 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	q11sati	AB

Table 2: Uniform Patient Satisfaction Survey – Survey Questions (*continued*)

Survey Question	Field Description and Values	Data Collection Column (for use with Excel®)	Excel® Column Letter
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 <hr/> <i>If using the 11-Point Scale:</i> 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	q12reco	AC

Revision History

12/31/2021	Content reorganized. Table of Contents added. Tables 1&2 added for required patient data variables and uniform survey questions. Catheter Care as a Therapy was removed. Removed references to SHP. Data collection and reporting instructions incorporated.
11/9/2018	Updated
09/18/2018	Updated
08/31/2018	New

Home Infusion Patient Satisfaction Benchmarking Program

Quarter 2 2021 Results: 4/1/2021 - 6/30/2021 Location results: DPC

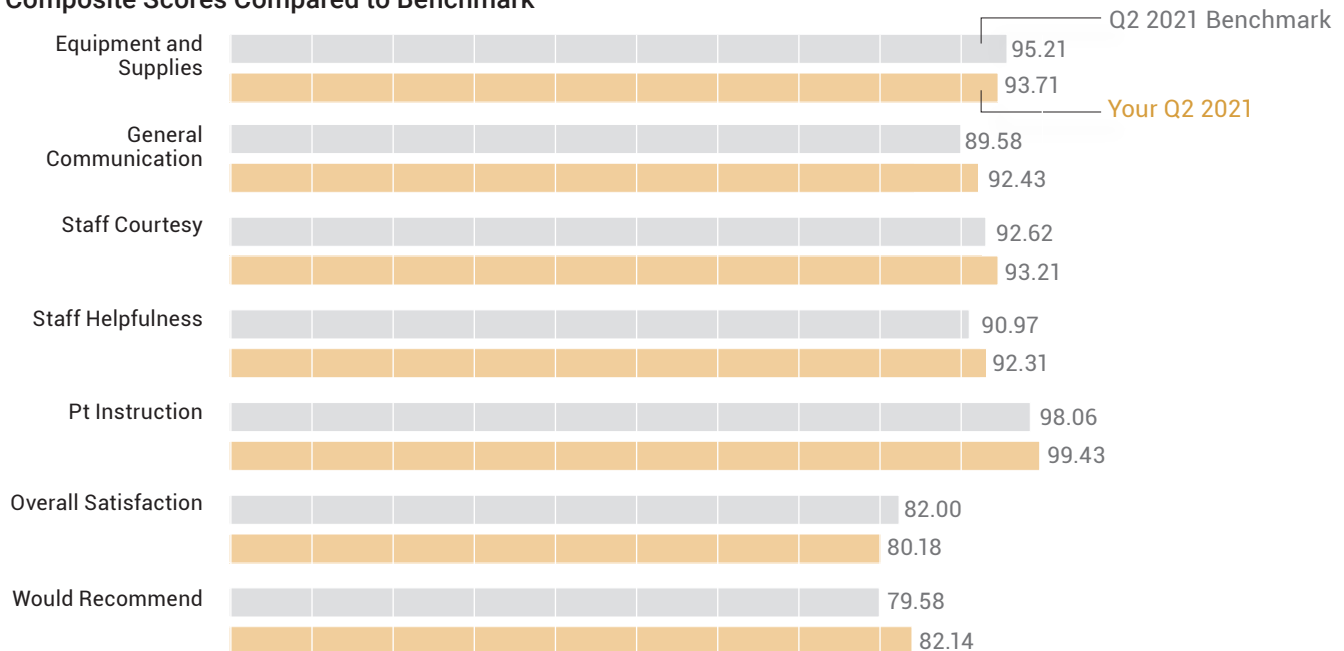
Survey Return Rate Compared to Benchmark

	2020	Q1 2021	Q2 2021	Your Q2 2021
Sample Size:	36,219	8,234	9,026	481
Returned Surveys:	7,381	1,585	1,697	113
Benchmark Return Rate:	20.43%	19.25%	18.80%	23.49%

Top Box Composite Results for Questions 1-12

Top Box Results			2020 Benchmark	Q1 2021 Benchmark	Q2 2021 Benchmark	Your Q2 2021
1	Equipment & Supplies	(Q 1-3)	95.50	96.25	95.21	93.71
2	General Communication	(Q 4-7)	89.66	90.28	89.58	92.43
3	Staff Courtesy	(Q 8a, b, c, d)	93.35	93.93	92.62	93.21
4	Staff Helpfulness	(Q 9a, b, c, d)	92.21	92.68	90.97	92.31
5	Pt Instruction	(Q 10a, b, c, d, e)	98.69	98.30	98.06	99.43
6	Overall Satisfaction	(Q 11)	82.15	85.51	82.00	80.18
7	Would Recommend	(Q 12)	80.84	81.71	79.58	82.14

Composite Scores Compared to Benchmark



Q2, 2021 Benchmark (n = 1,697)

Uniform Patient Satisfaction Survey Questions

Top Box Results	2020 Benchmark	Q1 2021 Benchmark	Q2 2021 Benchmark	Q2 2021 Top Box %	Q2 2021 Benchmark Mean/SD	Q2 2021 Mean/SD	Q2 Top Box Range All Sites
Q1. The home infusion pump was clean when it was delivered.	98.90	99.05	99.64	95.38	NA	NA	95.24 - 100
Q2. The home infusion pump worked properly.	97.12	97.13	97.37	95.38	NA	NA	87.50 - 100
Q3. The home infusion medications and supplies arrived before I needed them.	90.48	92.57	88.62	90.38	4.83 (.55)	4.86 (.53)	80.00 - 100
Q4. I knew who to call if I needed help with my home infusion therapy.	97.94	98.33	98.26	100	NA	NA	92.59 - 100
Q5. The response I received to phone calls for help on weekends or during evening hours met my needs.	85.82	88.33	84.59	89.87	4.77 (.64)	4.87 (.40)	70.83 - 100
Q6. The home infusion nurse or pharmacist informed me of the possible side effects of the home infusion medication.	84.62	85.05	84.99	88.35	NA	NA	70.37 - 100
Q7. I understood the explanation of my financial responsibilities for home infusion therapy.	90.26	89.42	90.48	91.51	NA	NA	75.76 - 100
Q8a. The delivery staff was always courteous.	95.19	95.30	93.58	94.44	4.91 (.38)	4.94 (.23)	84.62 - 100
Q8b. The billing staff was always courteous.	89.18	90.04	88.95	92.86	4.83 (.57)	4.91 (.33)	44.44 - 100
Q8c. The pharmacy staff was always courteous.	94.09	95.09	93.25	93.10	4.91 (.40)	4.93 (.26)	84.62 - 100
Q8d. The nursing staff was always courteous.	94.92	95.30	94.71	92.45	4.93 (.37)	4.92 (.27)	87.10 - 100
Q9a. The delivery staff was always helpful.	92.93	93.36	91.51	92.31	4.88 (.45)	4.89 (.46)	82.14 - 100
Q9b. The billing staff was always helpful.	88.19	89.60	87.16	92.86	4.79 (.67)	4.93 (.26)	55.56 - 100
Q9c. The pharmacy staff was always helpful.	93.37	93.29	92.34	90.80	4.89 (.46)	4.90 (.34)	85.71 - 100
Q9d. The nursing staff was always helpful.	94.36	94.47	92.87	93.27	4.89 (.45)	4.92 (.30)	83.33 - 100
Q10a. I understood the instructions provided for how to wash my hands.	98.95	98.92	98.70	98.13	NA	NA	94.44 - 100
Q10b. I understood the instructions provided for how to give home infusion medication(s).	99.01	98.75	98.57	99.02	NA	NA	93.55 - 100
Q10c. I understood the instructions provided for how to care for the IV catheter	98.19	98.01	97.41	100	NA	NA	77.78 - 100
Q10d. I understood the instructions provided for how to store the home infusion medication(s).	99.31	98.91	98.59	100	NA	NA	92.50 - 100
Q10e. I understood the instructions provided for how to use the home infusion pump.	97.97	96.93	97.03	100	NA	NA	86.36 - 100
Q11. I was satisfied with the overall quality of the services provided.	82.15	85.51	82.00	80.18	4.78 (.55)	4.80 (.40)	55.56 - 100
Q12. I would recommended this home infusion company to my family and friends.	80.84	81.71	79.58	82.14	4.74 (.59)	4.81 (.41)	66.67 - 93.75

If you have any questions regarding this report, please contact us at nhifdata@nhia.org

Appendix B: NHIF Standard Operating Procedure Template

POLICY: Timely feedback is obtained from home infusion patients.

PURPOSE:

To assess patient perceptions of home infusion services and identify patients for participation in the National Home Infusion Foundation benchmarking program.

PROCEDURE:

Definitions:

Benchmarking Eligible Patient: A discharged patient is one that was active with (Company Name) for 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.

Patients Not Eligible for Benchmarking: Patients who receive home infusion therapy as a secondary service (e.g. open to hospice), those who receive services in the ambulatory infusion suite, enteral patients, those receiving self- injectable medications, and (insert any other patients deemed ineligible by the provider (e.g. deceased patients)).

Infusion Treatment: Infusion treatment refers to the administration of a drug through an IV or SC access device.

Patient Identification:

All patients active for 7 or more days having received at least one infusion treatment at home will be eligible for benchmarking. Active long-term patients receiving home infusion services at home (will, will not) be included in the benchmarking program.

Each month, a list of survey eligible patients from the prior month will be generated for purposes of identifying the benchmarking eligible patients. The list will be reviewed and any patients not meeting the eligibility criteria will be removed. (Include any additional details related to how patients are identified (e.g., patients for benchmarking are designated by making a notation in the CPR Plus profile)).

Survey Process: (Delete the section below that does not apply.)

(For those using a third party administrator)

The exported list is (uploaded through the secure portal/sent to) the third party administrator by (designated person) who will administer the approved NHIF survey to all eligible patients. The results of the surveys are shared with the (Performance Improvement Committee, Home Infusion staff) on a (quarterly) basis.

(For those not using a third party survey administrator)

All eligible patients on the exported list will receive the survey approved by NHIF as part of the validation process. The survey will be administered by (phone, electronic, paper). All patients may request a paper version of the survey as an alternative to other methods. Staff making phone contacts with patients to administer surveys or check on the status of surveys will receive training to ensure they follow the exact wording of the survey questions, and will be instructed to avoid making comments that could influence

a patient's response. Staff involved with administering surveys will be trained regarding procedures for accurately documenting patient responses. The results of the surveys are shared with the (Performance Improvement Committee, Home Infusion staff) on a (quarterly) basis.

Reporting Survey Data to NHIF for Benchmarking:

(For those using a third party administrator)

Survey responses will be de-identified and transmitted between the third party survey provider and NHIF for participation in the benchmarking program.

(For those not using a third party administrator)

No raw/identifiable survey data will be sent directly to NHIF. All survey data will be uploaded to the secure data entry portal registered to the provider location. Survey responses are de-identified prior to analysis.

RESPONSIBILITY:

The (Director of Pharmacy/Nursing/Quality Assurance) has responsibility for revision to, and compliance with this policy, with approval of the (CEO).

MODIFICATION/REVISION:

This policy is subject to modification or revision in part or its entirety to reflect changes in conditions subsequent to the reviewed/revised date of this policy.

Appendix C: Sample Data Collection and Submission Tool (Excel®)

Sample Data Collection Tool

dpc	survid	sammon	ptage	ptgend	activedis	therapy	q1pumpc	q2pumpw	q3arriv	q4call
123456	65579	09/01/2021	75	2	1	1	1	0	4	1
123456	45579	09/01/2021	59	M	2	2	1	1	3	0
123456	12758	10/01/2021	82	1	2	5	N	N	5	1
123456	32165	10/01/2021	47	1	2	2	0	1	5	1

Appendix D: Data Portal Instructions

Creating/Accessing Your NHIF Portal Account

Use the link below to create and access your NHIF Portal account.

****If you have already registered for your account skip to log-in instructions****

[NHIF Benchmarking Portal](#)



Login

Username

Password

☐ Remember Me

Sign in



[Register](#)

[Forgot your password?](#)

If this is the first time accessing the NHIF Portal you will need to register for an account.

Click the Register link, your **Username** must be the personalized **DPC Code** that has been provided to you.

****NOTE:** If your company has multiple locations/DPC codes participating in a NHIF program you will need to register each code separately.

The email address & password you enter when registering is your choice, that password will be required every time you log into your account

Register

Username

1 2 3 4 5 6

Email

jennifer.lyons@nhia.org

Password

• • • • •

Confirm Password

• • • • •

Register

[Sign in](#)

[Forgot your password?](#)

Once you have registered a DPC account we will approve it on our end and link each DPC account to a folder that will contain all individual reports that have been created for that DPC code. All reports will be placed in this file; you will be able to log-in and access that folder and your reports anytime using the same portal link.

[NHIF Benchmarking Portal](#)

Login

Username

Password

☐ Remember Me

Sign in

[Register](#)

[Forgot your password?](#)

Effective 3/1/2021 we will ask you to start using the portal to both access reports and to submit your data for any of the NHIF Benchmarking and Research programs.

****NOTE:** *If you are an SHP customer your Patient Satisfaction Data will still be sent to NHIF directly from SHP. Non-SHP customers will upload your data to the folder via the portal.*

Each DPC account will have a folder structure created by NHIF for Reports and Data Submissions, you only need to use the folders for the programs you are participating in.

NHIF Portal Folder Structure



Document Listing

Click on "DPC
Data Uploads"

+ Manage Your Uploads



DPC Data Uploads



NHIF Reports

Document Listing

Click on the folder for the
program for which you are
submitting data – **ie: Pt**

+ Manage Your Uploads



Previous folder



30 Day HRA – Data Upload Files



Clinical Services Study – Data Upload Files



Pt Satisfaction – Data Upload Files




Status at Discharge – Data Upload Files





Telehealth Study – Data Upload Files

Document Listing

Click on Folder for the Year/Qtr you are submitting for


 Previous folder


 2021 Pt Satisfaction – Data Upload Files


 2021 Pt Satisfaction – Data Upload Files

Document Listing

+ Manage Your Uploads


 Previous folder


 Qtr 1 2021

 Qtr 2 2021


Once you have chosen the folder where you want to put your data click the + “Add your file”

Manage Uploads

 Start > DPC Data Uploads > Pt Satisfaction - Data Upload Files > 2021 Pt Satisfaction - Data Upload Files > Qtr 2021

 Previous folder

Add your file



Select the files you want to upload, you will see them populate in the portal.

Manage Uploads

Start > DPC Data Uploads > Pt Satisfaction - Data Upload Files > 2021 Pt Satisfaction - Data Upload Files > Qtr 2021

🔍

⬆️

⋮

🔄

⬅️

Previous folder

W

NHIF Portal File Structure.docx

May 12, 2021

8:59pm

66 KB

1 Item

67.17KB

+

W

NHIF Portal File Structure.docx

67.17KB

Once you have uploaded all of your file you log out of the Portal.

- 21 -