

Track: CAHPS Surveys of Long-Term Care
Session: Development and Implementation of the CAHPS
Nursing Home Surveys
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Use and Usability of a Long-Term Care Questionnaire in the Netherlands



Marloes Zuidgeest
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Presentation

- Background
- CQ-index Long-term care
- Research use and usability of information
- Findings
- Key-message
- Conclusion

Background

Ministry of Health

Healthcare Inspectorate

Health plans

Insurance market

Purchase market

Patients / consumers

Health care providers

Health care market

tranzo

TILBURG



UNIVERSITY



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LOC
ZEGGENSCHAP
IN ZORG

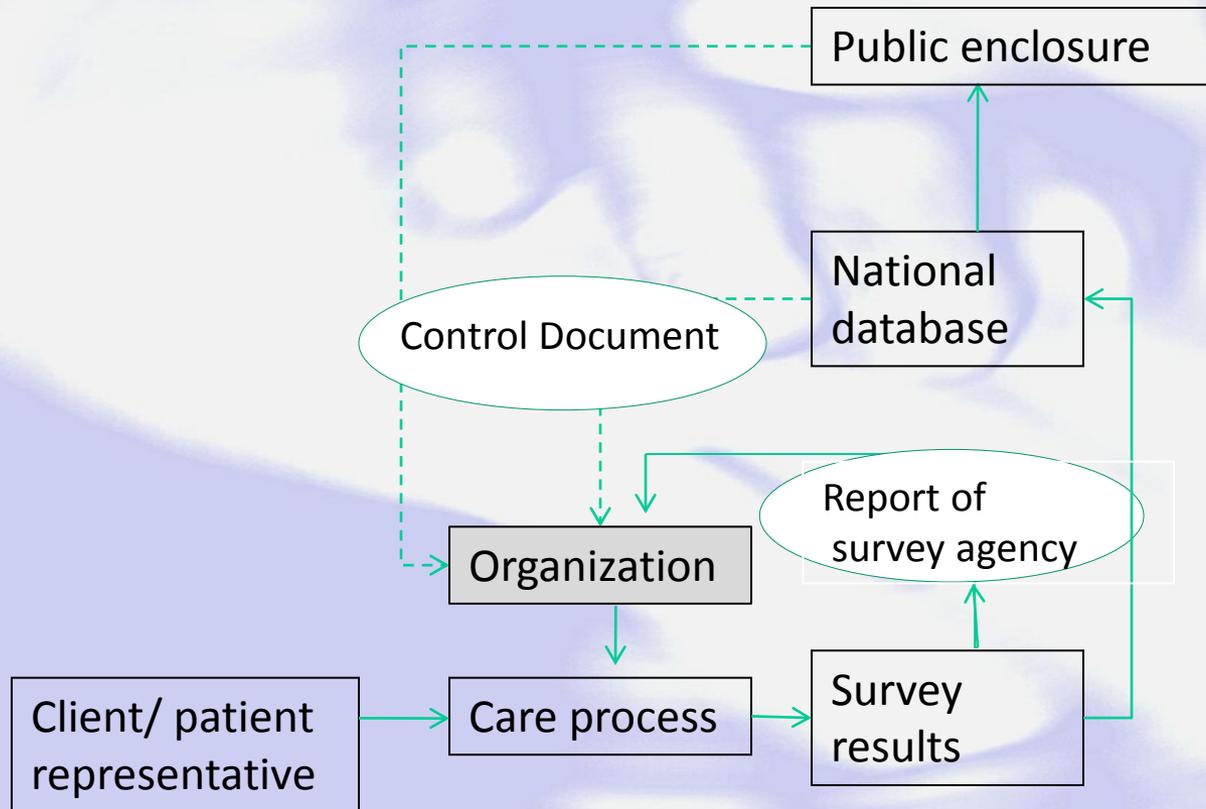
Background

- Public comparative performance information
 - clinical performance indicators
 - quality indicators based on patient experiences
- Consumer Quality Index (CQ-index or CQI)
 - CAHPS/ QUOTE surveys of patient experiences
 - Surveys and interview protocols
 - Protocols, instructions and guidelines
 - Reporting formats

CQ-index Long-term Care

- 3 questionnaires
 - a questionnaire for face-to-face interviews with residents
 - a mail questionnaire for representatives (spouses or family members) of residents of psycho geriatric wards
 - a mail questionnaire for clients in homecare

Process of measuring



Process of measuring



Report of survey agency

Experiences of clients | Experiences of family of PG patients

Selection | Total overview

www.kiesBeter.nl

- How much influence do clients have about their care? ★★★★★
- How good are caregivers with the clients? ★★★★★
- Do clients get enough information? ★★★★★
- How do caregivers look after the body of clients? ★★★★★
- How competent and professional are the caregivers? ★★★★★
- Can clients be alone if they want this? ★★★★★
- Are there enough thing clients can do? ★★★★★
- Do caregivers have enough attention for the clients? ★★★★★
- Do clients think they life at a safe environment? ★★★★★
- Do caregivers spent enough time with the clients? ★★★★★

1.1 Indicator Experiences with treatment plans and evaluation			
The degree in which clients or representatives experience a good treatment plan			
Raw score	Corrected Score	Average	Star ratings
3.2	3.1	3.2	★★★★☆

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Purpose of study

- To gain insight into the use and usability of information from the CQ-index Nursing Homes by:

- clients' participation council
- Management
- Professionals
- Health plan

Use: image of consultation, involvement parties, recognition

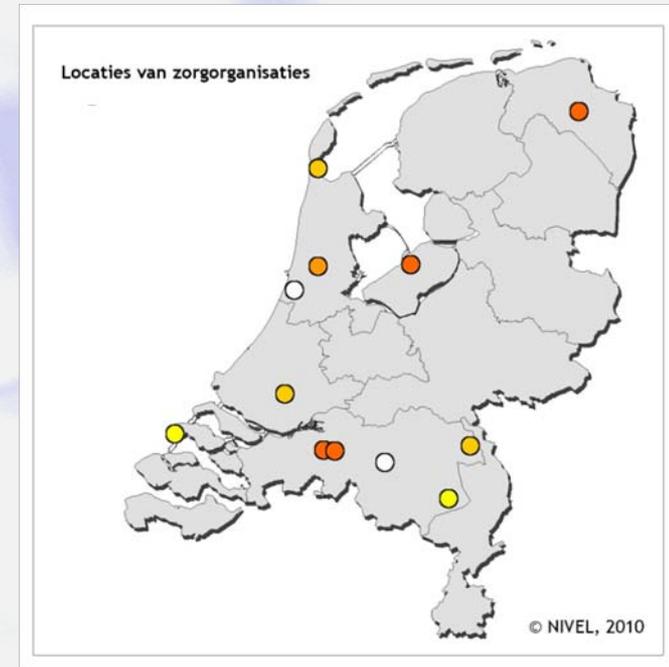
Usability: which actions were taken

Method

- Interviews with different actors about
 - the organization, quality policy
 - the survey agency
 - measurement/ data
 - public disclosure
 - clients' participation council
 - health plan
- Survey to client councils

Findings

- 12 organizations participated
- 58 interviews
 - 13 higher management
 - 10 quality / policy employees
 - 14 care managers
 - 5 professionals
 - 11 client councils
 - 5 health plans
- Survey to 1540 client councils → response 529 (37%)



Findings –the survey agency

- 8 survey agencies (for interviews)
- 2 - 3 survey agency mentioned
- Why this agency:
 - Experience of other organizations
 - Price - quality relationship
 - Organizations want more than just a sum of many results

Findings- CQI results

- Presentation by agency (with MT, CC, OR)
- Report
- Organization makes its own summary
- List of priorities
- Inform residents



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Findings– client council

- No influence on choice agency
- Involved in HRM
- Receive a report or a summary
- Present at presentation
- Priorities
- Involved in action plan

Survey to clients' participation council

	(totally) disagree	neutral	(totally) agree	Average score*
The CQ-index is a good questionnaire to measure clients' experiences of care	9%	25%	66%	3,65
The questions in the survey a clear	13%	20%	67%	3,62
The questions in de CQ-index survey are too difficult	44%	35%	22%	2,79
The results show a representative image of the experiences of clients	25%	28%	48%	3,26
The results are recognizable	9%	23%	69%	3,67
Homes will improve if results are made public	7%	15%	78%	3,87
Results show improvement potential	6%	9%	86%	3,97

*, average score, measured on a 5-pount scale from 1 (totally disagree) to 5 (totally agree)



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Findings –organisation

- Differences quality policy/ accreditation
 - Measuring experiences – integral in system
 - Information limited to quality managers
 - Health plans stimulate quality of care
- External stakeholders (ActiZ, Inspectorate, health plans)

Findings – public enclosure

- It is obligatory to publish results on kiesBeter.nl
- No discussion → transparency
- Valid results?

Findings– health plan

- Accreditation not obligated, but a working quality system
- Based on historical experience
- Cut budget if organizations do not meet the predetermined quality criteria

Key message

- Obligatory measurement of patient experiences is no sufficient guarantee that this information is being used to improve the quality of care

Conclusion

- To increase the usability and use of this information, measuring patient experiences should be embedded in internal systems of quality assurance

Thank you for your attention!

Contact information

Marloes Zuidgeest

Tilburg University/ Tranzo

Email: m.zuidgeest@uvt.nl

Website: www.uvt.nl/tranzo



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