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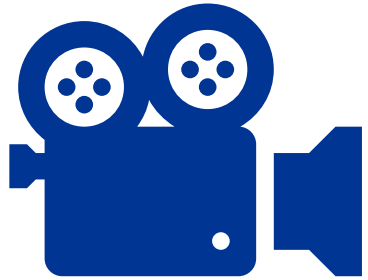


This menu allows you to **control**:

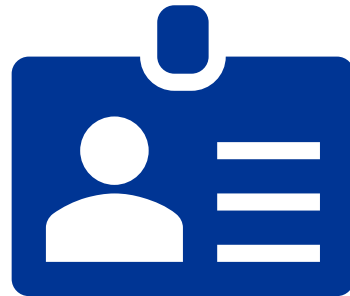
- **Raise Hand**
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In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME) and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. **1.25 hours is approved for this course.**

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# Mutual Agreement

- Everyone on every PERU webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on PERU webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.



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- We strive to: **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for Centers of Excellence (COE) clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
- The Learning Network format is **not conducive to debate**. If something happens that concerns you, please send a chat during the session to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. Alternatively, you can reach out offline to your PERU point of contact.

# Acknowledgements

- The COE project is a partnership of the University of Pittsburgh's Program Evaluation and Research Unit and the Pennsylvania Department of Human Services; and is funded by the Pennsylvania Department of Human Services, grant number 601747.
- COE vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.



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Program Evaluation and Research Unit

# Evaluation Feedback and Satisfaction Surveys

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# Learning Objectives

**By the end of this module, you will have been introduced to:**

1. The benefits of evaluation
2. Things to consider when designing a satisfaction survey
3. How to use the results of a satisfaction survey



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# Evaluation

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# What is evaluation?

According to the *Program Evaluation Standards*, program evaluation is

- the systematic investigation of the quality of programs, projects, subprograms, subprojects, and/or any of their components or elements, together or singly
- for the purposes of decision making, judgements, conclusions, findings, new knowledge, organizational development and capacity building in response to the needs of identified partners
- leading to improvement and/or accountability in the users' programs and systems
- ultimately contributing to organizational or social value.



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# Why evaluate?

- Elected officials and oversight agencies want to know the value of the services they are funding
- Leaders want to make evidence-based policy decisions
- Funders and program staff want to understand how their program is functioning and make improvements
- Executives want learning organizations that routinely collect data, analyze it, and improve services



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# How do we evaluate?

Systematic investigation requires data collection of variables of interest

## Data

- Information collected to address an evaluation question
- Collected on variables identified in the evaluation

## Instrument

- Tool or process used to collect data

## Assessment

- General process of collecting, synthesizing and interpreting the data

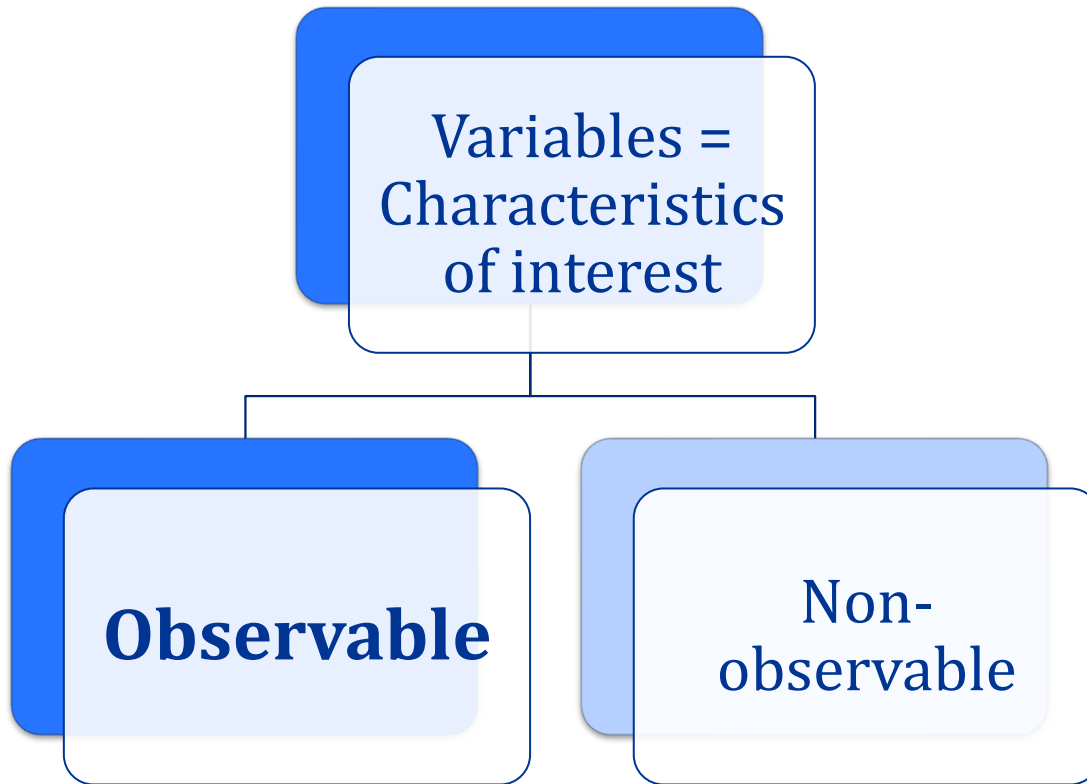


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# How do we evaluate?



## Observable

- Directly observable
- Measured by mechanical means
  - Height
  - Blood pressure
  - Screening rate

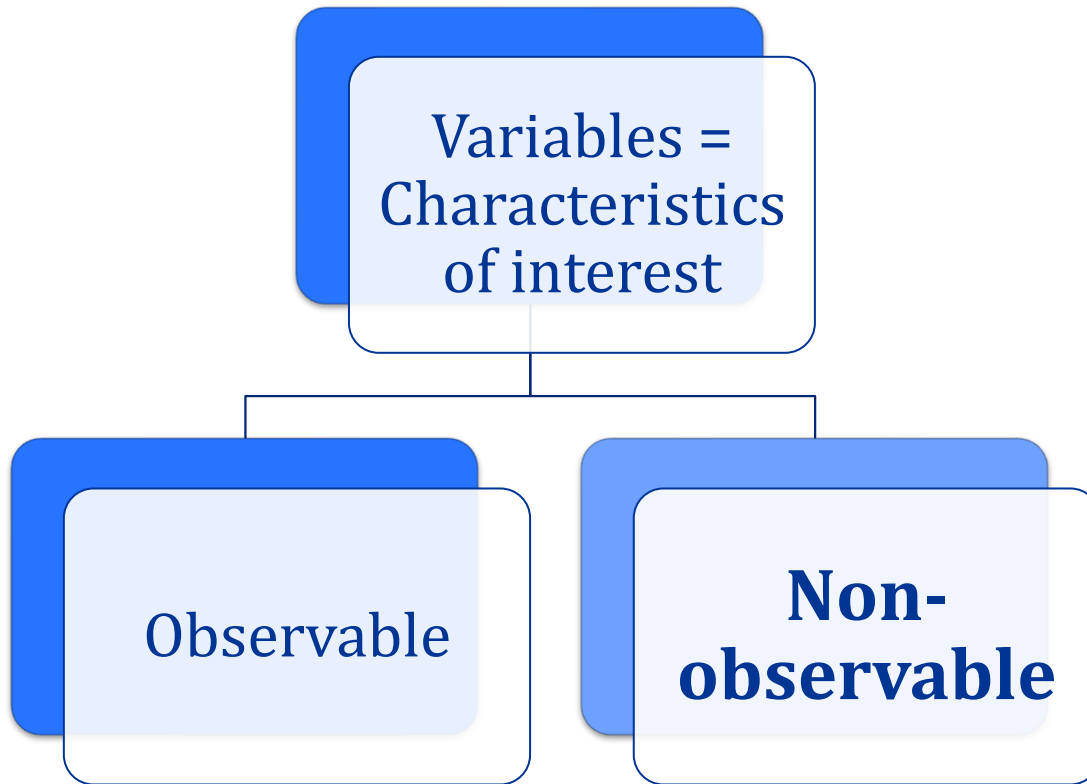


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# How do we evaluate?



## Non-observable

- Called constructs
- NOT directly observable
- Measured indirectly
  - Depression
  - Stigma
  - Patient satisfaction



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# How do we evaluate?

- Constructs must be operationally defined in terms of behaviors that can be observed and measured
- Can have more than one operational definition and, thus, be measured in more than one way
  - To compare results, studies should have similar operational definitions



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# How do we evaluate?

## Primary (first-hand)

- Surveys
- Interviews/Focus groups
- Polls
- Observations

## Secondary (second-hand)

- Annual reports
- Websites
- Records



# What do we know?

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# Benefits of evaluating satisfaction

- Definitions in the literature overlap
  - Patient satisfaction – expectations met or not
  - Patient experience – assesses aspects that patients' value
- Positive patient satisfaction scores linked to:
  - Better patient compliance
  - Decreased costs and liability
  - Improved patient outcomes
  - Improved job satisfaction



# What do we know about patient satisfaction?

- Healthcare has increasingly become a service industry
- Long history of patient satisfaction surveys
  - Used as part of a reimbursement formula
  - Provider assessment
  - Improving patient outcomes
- Originally, questions were raised about utility of surveys
  - Address chronic and complex illnesses – patients qualified?
  - Not an ‘egalitarian’ relationship



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# What do we know?

- Some standardized instruments exist
  - Consumer Assessment of Healthcare Providers and Systems (CAHPS)  
<https://www.ahrq.gov/cahps/index.html>
  - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)  
<https://www.cms.gov/medicare/quality/initiatives/hospital-quality-initiative/hcahps-patients-perspectives-care-survey>



# What do we know?

Evidence shows that variables related to:

- Access – scheduling, courtesy, convenience
- Moving through the visit – registration time, wait time, information about delays, comfort
- Friendliness, concern of care of staff that interact with patient
- Personal – cleanliness, safety, privacy, sensitivity to patient needs

impact quality of care scores



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# What do we know?

More specifically,

- Wait time (both real and perceived) regardless of the culture or country
- Individual attention, courteousness, helpfulness
- Patient participation in decision-making
- Patient-centered communications
- Continuity of care
- Older patients tend to rate higher
- Physicians tend to overestimate technical skills and underestimate interpersonal skills



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# What do we know?

- Scores tend to be lower for women and under-represented providers <sup>1</sup>
- Lower scores were associated with race and socioeconomic class <sup>1</sup>
  - Applicability of cultural sensitivity and/or cultural humility training
- Evidence shows that agencies do engage in ‘manipulation’ to raise scores <sup>2</sup>
  - This may or may not result in better quality care

<sup>1</sup> Haley, M. (2022)

<sup>2</sup> Junewicz, & Youngner (2015)



# How to design a survey

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# Outline

- Make a list of what you want to know
  - General feedback
  - New program
  - New protocol
- Brainstorm components of interest or list of topics
- Determine what you can control and what you cannot
  - Actionable items



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# EXAMPLE:

## Patient experience with integrated care – 7 domains of interest

1. Coordination within care team
2. Coordination across care teams
3. Coordination between care teams and community resources
4. Continuous familiarity with patient
5. Continuous proactive and responsive actions between visits
6. Patient-centered
7. Shared responsibility
8. Demographics



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# EXAMPLE:

## 1. Coordination within care team (2 questions)

- a. Identified the within care team members and what would be most important for them to know
  1. Did the doctor know important information about a patient's medical history (timeframe)
  2. Did the medical staff know important information about a patient's medical history (timeframe)

## 2. Coordination between care teams (6 questions)

- a. Focused on communication between primary care doctors and specialists on the care team



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# Writing Questions

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# Writing questions

- General rules
  - Keep the questions short
  - State questions as clearly as possible
  - Avoid biased terms and words with double meanings
  - Avoid the use of double-barreled questions and double negatives
  - Avoid 'loaded' questions and words
  - Avoid 'leading' questions
  - Answer choices should be mutually exclusive and exhaustive
  - Consider using ranges for sensitive issues
  - Provide context or a timeframe for items to avoid ambiguity



# Writing questions

How long have you worked in your field?

- a. Less than 1 year
- b. 1-2 years
- c. 2-4 years
- d. 5-10 years
- e. 10 years or more

(answer choices are not mutually exclusive and exhaustive)

I **don't** feel **less** tired today than I did yesterday.

- a. strongly agree
- b. agree
- c. disagree
- d. strongly disagree

(double negative)



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# Writing questions

How would you rate the training and onboarding process?

- a. very good
- b. fairly good
- c. not very good
- d. not at all good

(double-barreled)

The American Dietary Association recommends eating three to five servings of fruits and vegetables daily. A diet high in complex carbohydrates, fruits, and vegetables has been found to reduce the risk of certain types of cancer. On the average, how many servings of fruits and vegetables do you eat per day?

- a. none
- b. one
- c. two
- d. three or more

(keep questions short; leading question)

# Writing questions

How **great are our hard-working** front desk staff?

- a. very great
- b. fairly great
- c. not very great
- d. not at all great

(leading question)

Are you **upset with how long** had to wait to see the doctor?

- a. Yes
- b. No

(leading question)



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# Writing questions

Do you **always** eat breakfast?

a. Yes

b. No

(absolute question)

**What is your income?**

(sensitive information; vague –  
annual/monthly/etc.)



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# Writing questions

- Other considerations
  - Vocabulary level
  - Jargon
  - Acronyms
  - Survey fatigue
  - Cognitive burden
  - Match answer choices to question

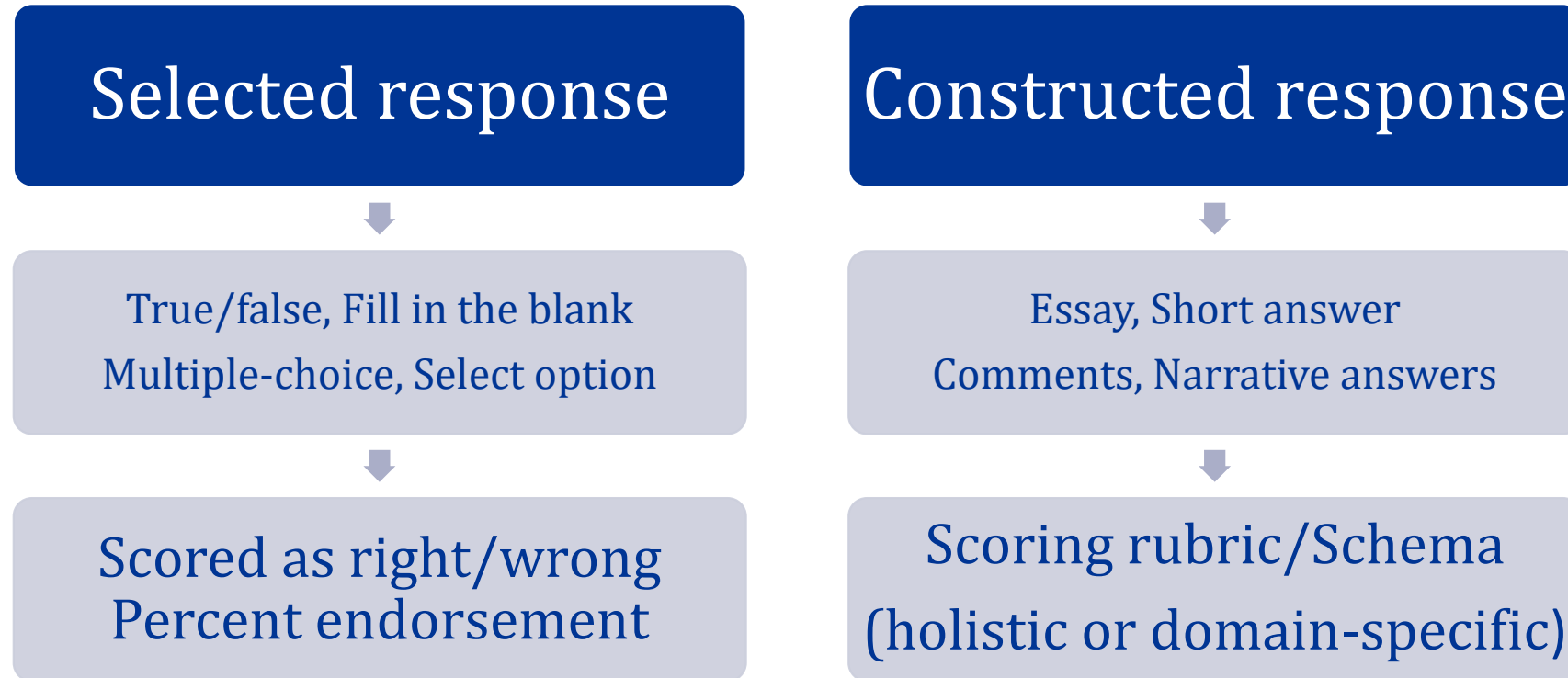


# Response Options

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# Choosing a response type



# Constructed response items

## PROS

- In-depth information in patient's own words
- Can reveal features not known or included

## CONS

- Fewer items due to high cognitive burden
- Difficult for those who have reading or writing issues (e.g., cognitive, physical)
- Longer time to analyze data



# Choosing a scale

## Likert scale

- Assumes all items are of equal importance
- Can only measure relative position
- Consider the interpretation of scale points
- Reverse-code



|                   |          |       |                |
|-------------------|----------|-------|----------------|
| Strongly Disagree | Disagree | Agree | Strongly Agree |
|-------------------|----------|-------|----------------|

NO!!

no

yes

YES!!



# Choosing a scale

This task was:

Very easy 1 2 3 4 5 6 7 Very difficult

## Semantic differential

- Range of values with anchor points
- Anchors represent opposite attitudes or opinions
  - Not satisfied/Satisfied
  - Sad/Happy
  - Rude/Courteous
- Generally, a set of scales

# Putting it all together

- Best practice
  - Have questions reviewed by content expert or someone knowledgeable about the program or protocol being evaluated
  - Pilot survey prior to use
  - Establish reliability
- Develop an action plan based on items
  - What will you do if the ratings or 'scores' for an item or domain come back lower than desired



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# Interpreting the Results

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# Constructed response

- Constructed response items provide words as data
  - Responses analyzed for themes
  - Responses analyzed for frequency of specific words or type of comment
  - Responses draw into a word cloud that shows relative frequency of how often words are mentioned in text



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# Constructed response

- Content analysis
  - Narrative is categorized, tagged and coded according to themes decided in advance or during the analysis

|   | Themes   | Acceptability Domains  |   |  |   |
|---|--|--|---|--|---|
|   |  | Perceived Effectiveness<br><i>Extent to which the intervention is perceived as likely to achieve its purpose</i> | Burden<br><i>Perceived amount of effort that is required to participate in intervention</i> | Self-efficacy<br><i>Individual's confidence they can perform the behavior(s) required to participate</i> | Affective Attitude<br><i>How an individual feels about the intervention</i> |
|   | <b>Participants...</b>   |  |   |  |   |
| 1 | Were satisfied with telemedicine, as a convenient, valuable option for patients.   | +  | +   |  | +   |
| 2 | Had concerns about accessibility issues related to Internet/data access and technology experience.   |  | -   | -  |   |
| 3 | Expressed visit type preferences (particularly for in-person) that were driven by anxiety related to monitoring and managing their own health without a physical evaluation by a trained medical professional. | -  |   | -  | -   |
| 4 | Felt more comfortable with and expressed preference for telemedicine visits with providers they already knew.  |  |   |  | ±   |



# Constructed response

- Comment Frequency
  - Number of positive, neutral, negative, and mixed comments for each section with an open-ended question

| Section            | Positive | Negative | Mixed | Neutral | <i>n</i> |
|--------------------|----------|----------|-------|---------|----------|
| Admission          | 26       | 32       | 4     | 8       | 70       |
| Room               | 15       | 77       | 5     | 11      | 108      |
| Meals              | 13       | 45       | 12    | 30      | 100      |
| Nurse              | 88       | 25       | 19    | 3       | 135      |
| Test and treatment | 24       | 24       | 10    | 12      | 70       |
| Visitor            | 30       | 20       | 2     | 4       | 56       |
| Physician          | 79       | 12       | 9     | 166     | 266      |
| Discharge          | 30       | 23       | 4     | 9       | 66       |
| Personal issues    | 24       | 23       | 7     | 10      | 64       |
| Overall assessment | 75       | 31       | 4     | 23      | 133      |





# Selected response

- Response scales only provide relative position based on scale points
- Responses are analyzed for frequency of endorsement of each category
  - Frequency of endorsement of categories (e.g., % strongly agree)
  - Shift in frequency of endorsement over time



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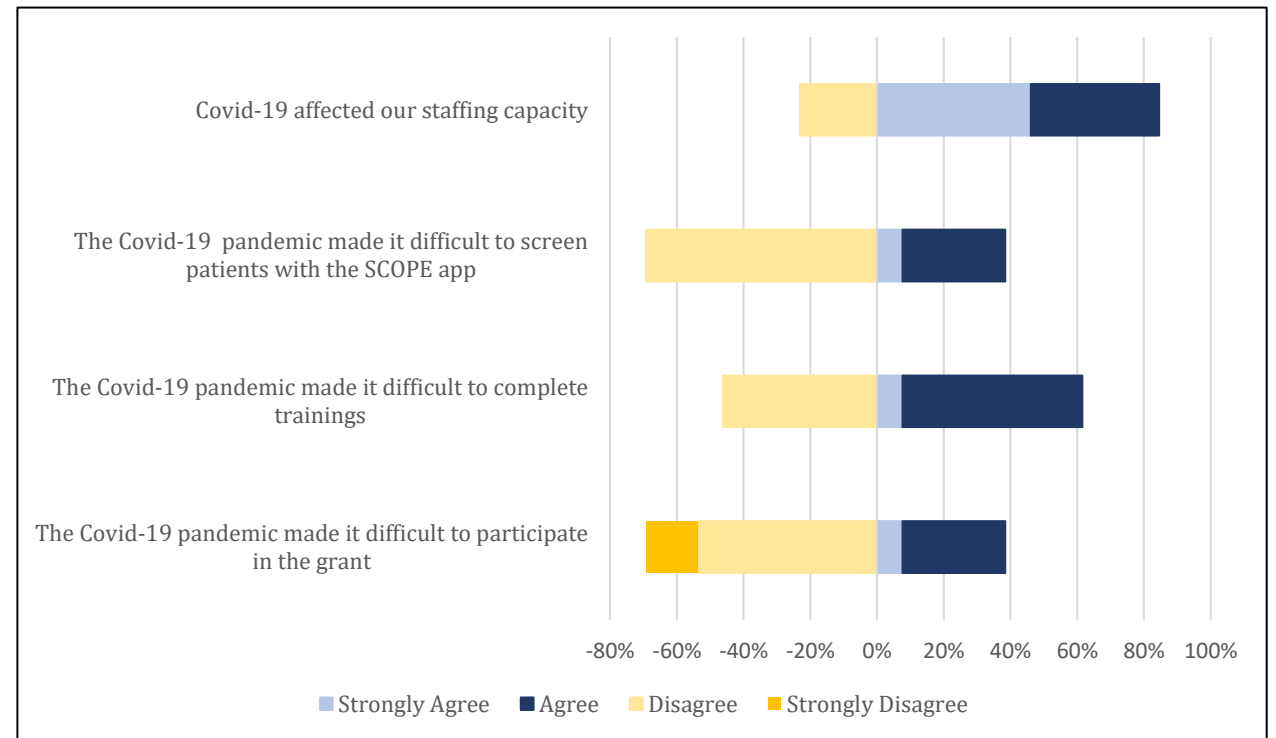
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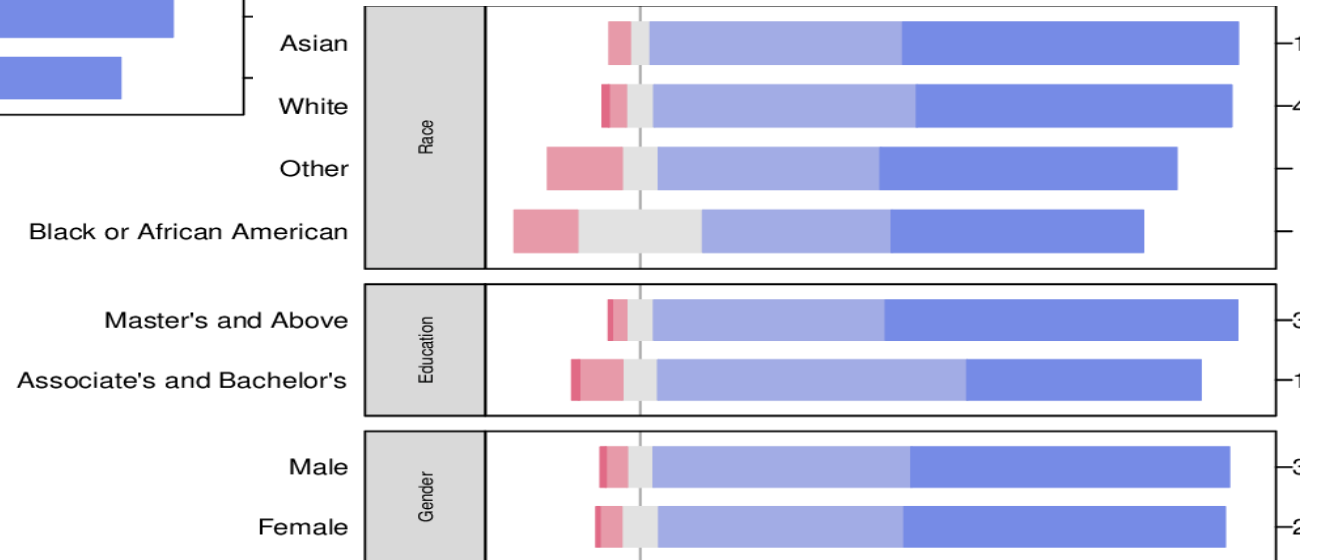
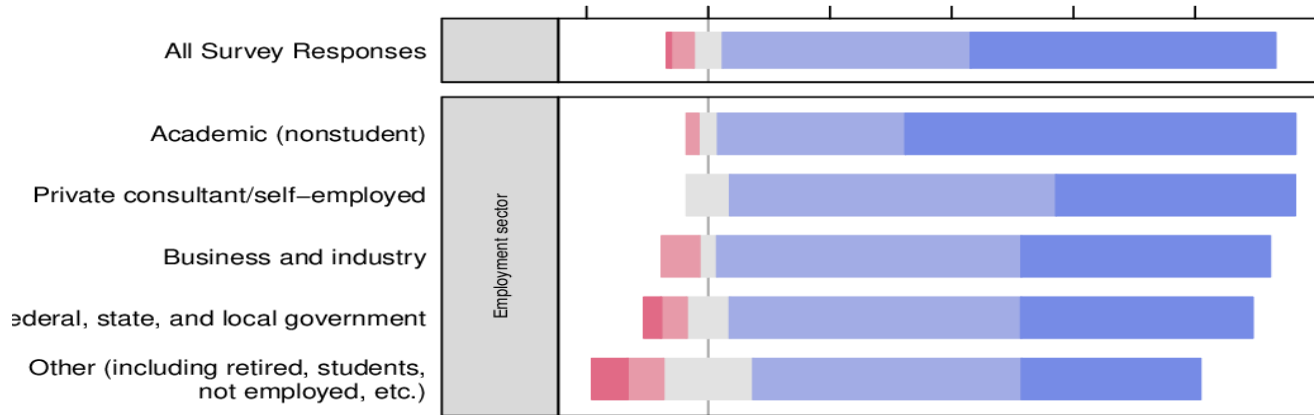
# Selected response

- Divergent stacked bar graph
  - Pivots disagree and agree proportions on opposite sides of the 0 point for easy viewing
  - Accommodates aggregate and disaggregate displays



# Selected response

Is your job professionally challenging?

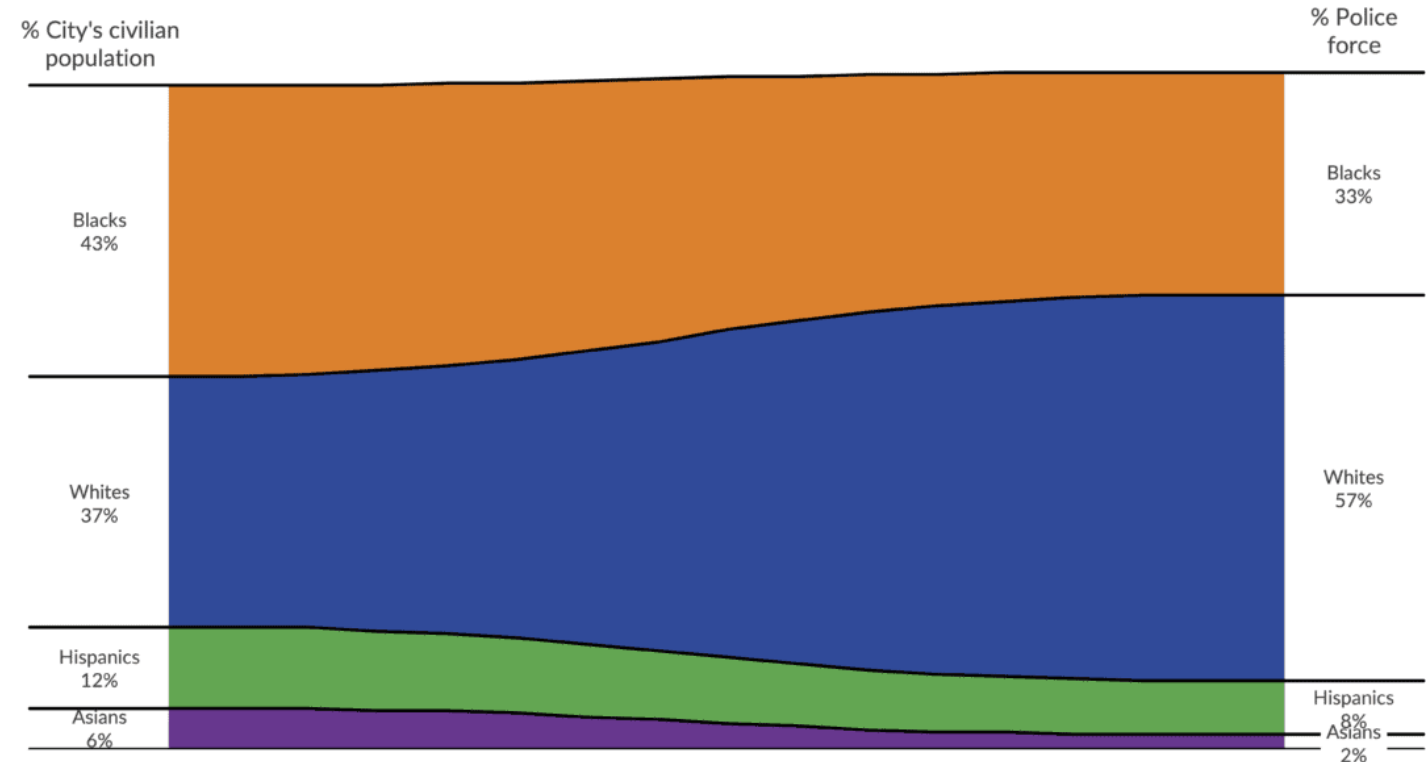


# Selected response

- Sankey diagrams can show change, movement, or differences

## Racial Composition of Philadelphia's Policy Department and the City's Civilian Population

Data Source: Bloomberg.com



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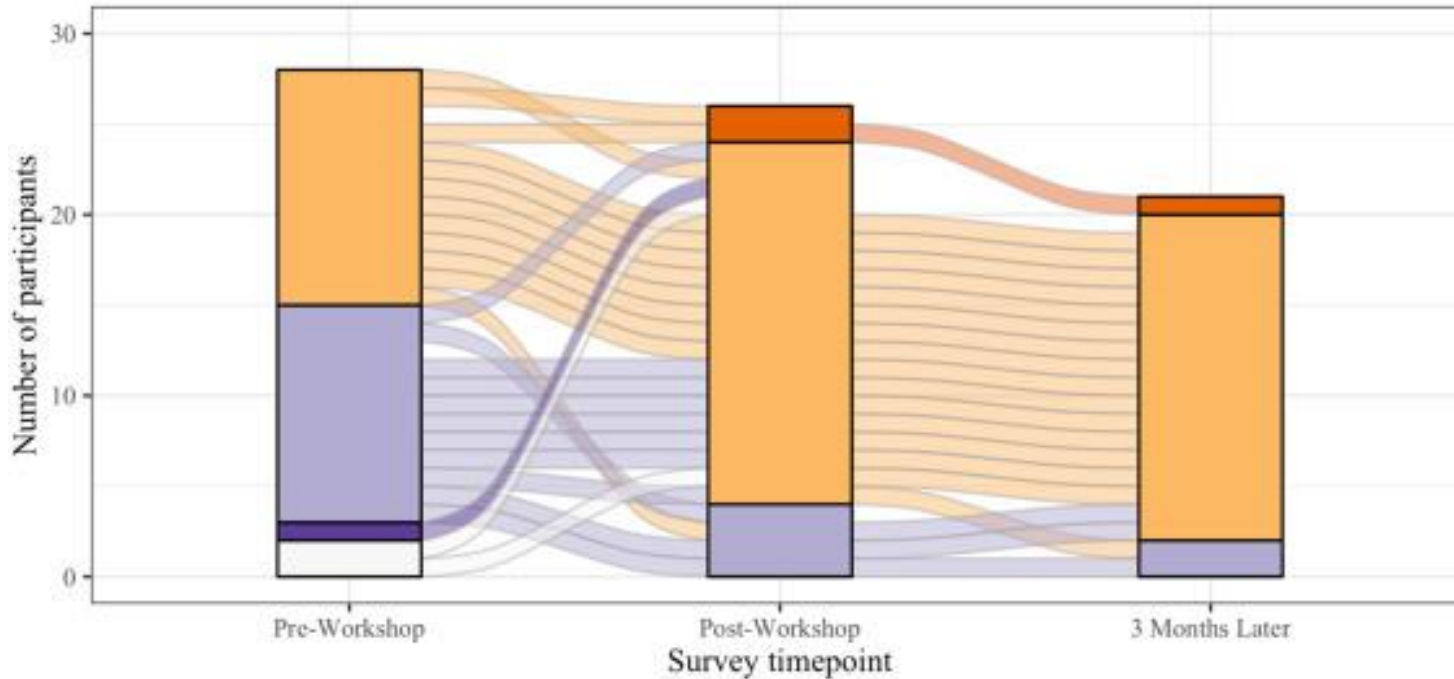
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# Selected response

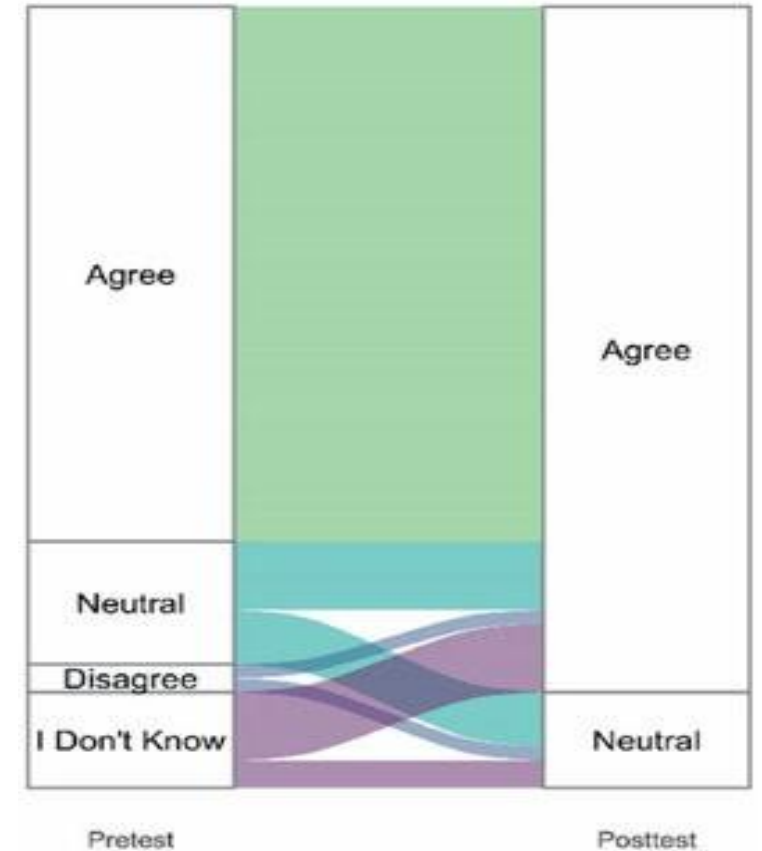
Buprenorphine (often known by its brand names, "Suboxone" or "Subutex") is a legitimate and effective medicine for treating opioid addiction in terms of reducing illicit drug use and drug overdose, and in terms of retaining patients in treatment.

Participant confidence ratings\* before, immediately post, and 3 months post End of Life Care Skills Workshop



Confidence Rating ■ Strongly Agree ■ Agree ■ Disagree ■ Strongly Disagree  I Don't Know

\* Response to "Overall, I feel confident about my ability to provide end of life care to patients."



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# Using the results

- Set benchmarks
  - 90% of patients will agree with all statements
- Move the needle
  - If 100% agree, set additional benchmark for strongly agree
- Change over time
  - Move proportion of patients from strongly disagree to disagree



# Using the results

- Results can lead to actions
  - Outline the domains of interest
  - Fill in with questions about aspects/factors for the domains
  - No double-barreled items so that each item relates to one specific action that can impact the item's responses
  - Chose a scale that differentiate responses so it can be determined if an action is necessary
  - Set benchmarks for desirable performance and monitor changes



# Questions?



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