

Use and Usability of a Long-Term Care Questionnaire in the Netherlands



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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
market***

**Health care
providers**

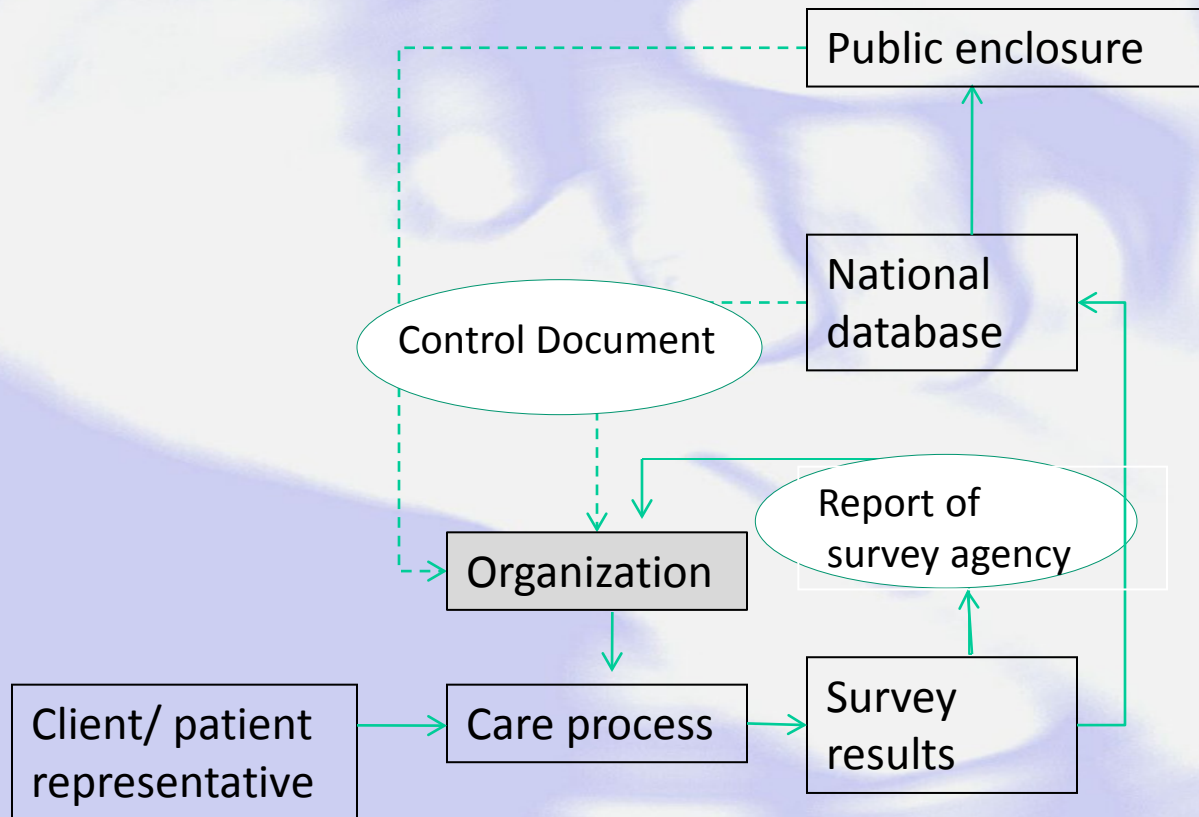
Background

- 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

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? ★★★★★

www.kiesBeter.nl

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	★★★★☆

document



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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

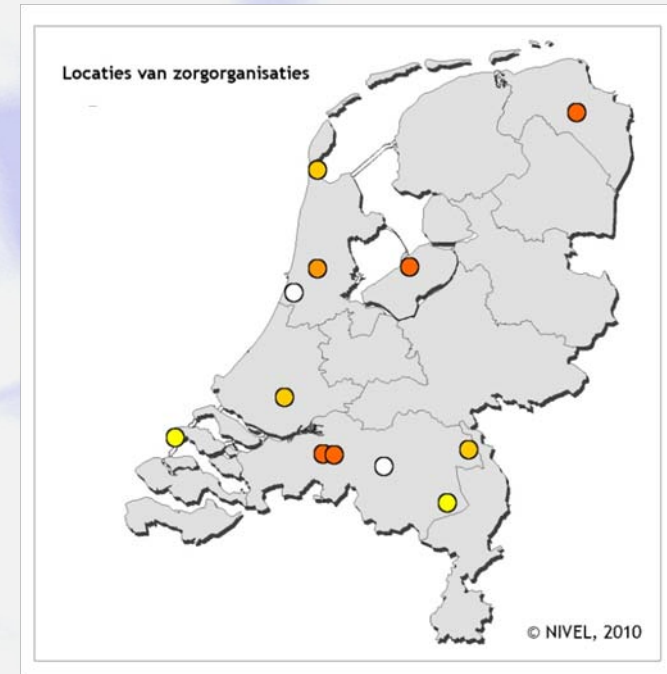
Usability: which actions were taken

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

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!

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