

# Consumer's Perspective of the Quality of Care

## Survey Protocol

2015



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## Acknowledgments

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## Version control

**Table 1** Version control

Version	Release date	Description
1.0	2015	Initial release

## Introduction

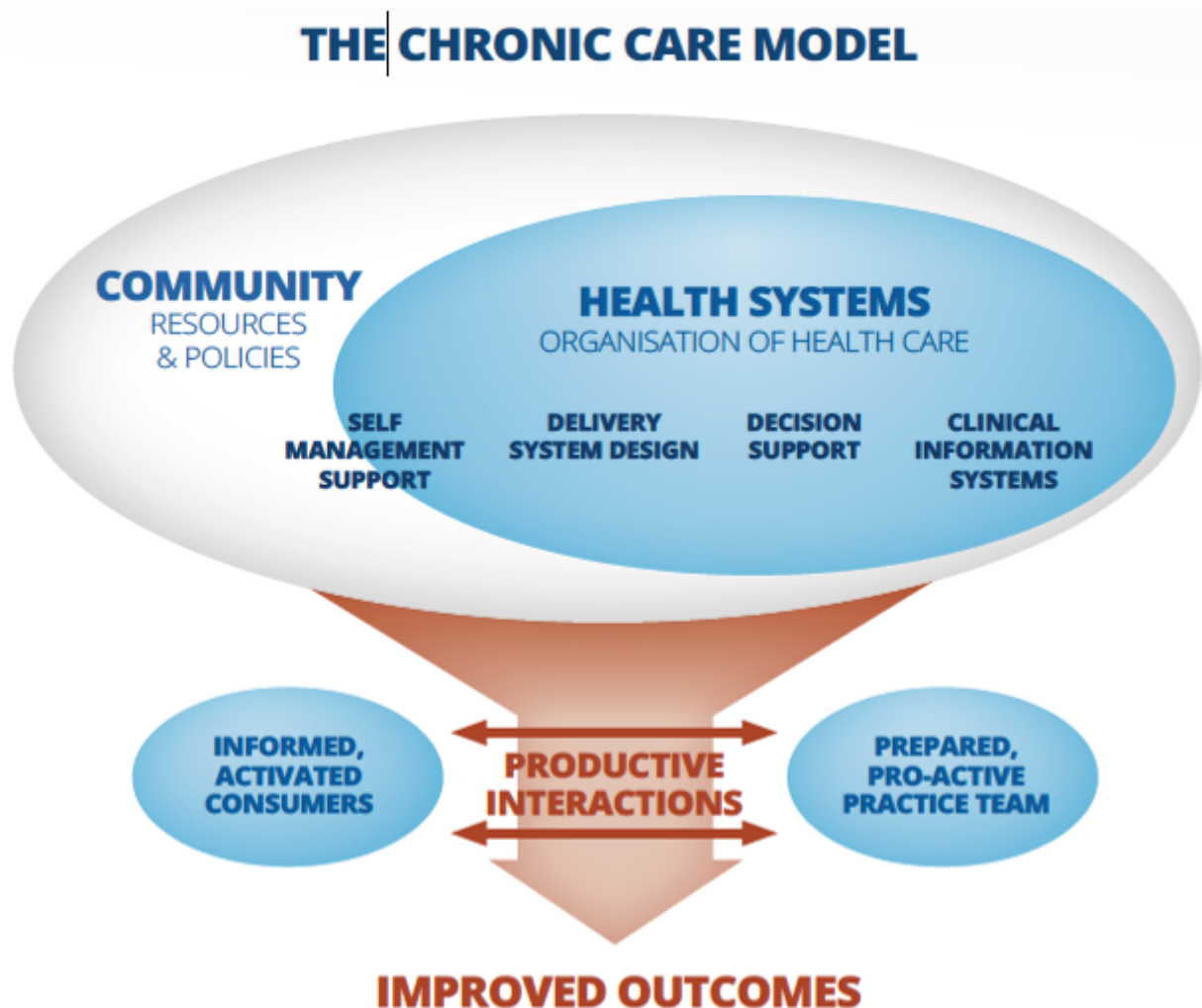
The Consumer's Perspective of the Quality of Care Survey (CPoQC-S) tool has been designed to get feedback from clients about what they think about the quality of care they are receiving for their ongoing condition. The tool has been specifically designed for use in the remote primary health care context but is easily adapted to suit other care delivery contexts.

### The Chronic Care Model (CCM)

The Chronic Care Model (CCM) has informed the design of the tool. The core components of the CCM are essentially what this tool is measuring. The CCM identifies the essential elements of a health care system that drive high quality chronic condition care. These elements are the community, the health system, self-management support, delivery system design, decision support and clinical information systems. The CCM proposes that evidence based changes under each element, in combination, foster productive interactions between informed consumers who take an active part in their care and providers with resources and expertise. The CCM can be applied to a variety of conditions, health care settings and target populations.

Evidence is showing that implementation of the CCM leads to better health outcomes for consumers, more satisfied providers, and cost savings. To find out more about the CCM you can go to [http://www.improvingchroniccare.org/index.php?p=The\\_Chronic\\_Care\\_Model&s=2](http://www.improvingchroniccare.org/index.php?p=The_Chronic_Care_Model&s=2)

The One21seventy Systems Assessment Tool (SAT) is available to guide health services in the assessment of their system of care delivery.



**This protocol is designed to assist the person who is coordinating the consumer's perspective survey tool (CPoQC-S).**

## **Background to the CPoQC-S Tool**

The CPoQC-S tool is an adaptation of the MacColl Centre's Patient Assessment of Chronic Illness Care survey, which has been used extensively throughout the world to measure consumer feedback about the quality of care they are receiving for their condition. The CPoQC-S is the 'survey tool'. It measures the clients' perceptions of the quality of care across a range of areas relevant to best practice in chronic condition care.

The questions cover areas relating to care of clients with chronic illness. These are access to care, participation in care, care design, care planning and self-management, respectful care and care coordination and follow-up. A set of demographic questions is included at the beginning of the survey.

The questions in the CPoQC-S emphasize areas of the CCM that consumers will be more likely to be aware of, which are the consumer / healthcare provider interactions, care planning and self-management support, care coordination and follow-up.

The research identified that the adapted tools collected reliable and valid data in the remote Aboriginal primary health care context and that clients who are engaged and experienced with the health system are well placed to provide feedback on the quality of their care.

For greatest value the CPoQC-S, results should be considered in conjunction with other health service data. This tool has clear links with One21seventy clinical audits and systems assessment. It can be used to measure changes over time in the consumer perceptions of quality care.

Although the survey method has its limitations, it is a resource-efficient way of collecting feedback from a large population of people.

## **Terminology**

The words 'patient', 'client' and 'consumer' are used interchangeably in this protocol. It is acknowledged that health services may prefer to specifically use any of these terms.

## **Survey period**

It is recommended that you complete the CPoQC-S tool in the clinical audit cycle – that is about once per year or as often as necessary to measure the effectiveness of changes that have been made to improve care (due to website restrictions, not more often than 3 monthly). It will provide valuable information to incorporate into quality improvement activity planning. The date recorded on the survey tool is an indication of the survey date range. It is acknowledged that all surveys cannot be completed in one day, so choose a date indicative of the survey period. It is recommended that a survey period not extend further than 4 weeks.

## **Eligibility criteria for survey tool**

Ideally, invite all of the adult consumers in your service population receiving ongoing care, to complete the CPoQC-S.

This tool works best with clients who have:

- A condition requiring ongoing care
- Care planned and delivered in line with the Chronic Care Model
- Received care a few times in the last 12 months

In many cases this is not achievable but the more people you get to participate the greater the power of the results. The way you select participants is important in determining if there is likely to be some bias in the results. For example, if you leave the surveys in the waiting room and public spaces, it might be that only people who are very happy or very unhappy with the service will respond. It is better to plan and structure a way to approach people, at a community event; or you may want to ask each person to complete the

survey at the end of his or her consultation. You could even select a random sample of people from your population list to approach, but unless you are able to get them all to participate, you may still find some bias in your results.

## **Sampling approach**

Ideally, invite all of the adult consumers in your service population receiving ongoing care, to complete the CPoQC-S (see eligibility criteria above). If you choose to use a targeted sample (rather than the whole eligible general population), then it is important to ensure that a random sample is used. This is explained in the One21seventy training manual: Step-by-step Sampling. Examples of this approach include targeting the people eligible for a maternal health audit, or only those eligible for the youth health audit, or sexual health audit. A targeted group should also meet the criteria listed above for the CPoQC survey. The sampling approach should be recorded internally to ensure appropriate comparisons with previous consumer perceptions surveys.

## **Sample size**

Choose an approach that best suits the resources you have and the nature of your service population. At a minimum you should have 30 surveys completed for every 100 eligible adults (see eligibility criteria above) in your population. Each client should complete the survey only once during an audit cycle.

## **Client support to complete the tool**

An explanation about the reason for the survey and demonstration of how to complete the survey should be given to each participant. Some people undertake the survey independently and others may need some support. It is best to offer support when someone has agreed to participate. Older people, people with low English literacy, people who do not speak English and people with poor vision are most likely to require support. Support is provided for reading, explanation of care concepts and local language translation. Local language speakers who are well known and accepted in the community could be employed to sit with the participant and interview them individually. This approach may take a little longer and a few more resources to do, but the investment is worthwhile to ensure everyone has the opportunity to provide quality feedback.

## **Scoring**

Each participant is required to answer each question by indicating the most appropriate description of the care they generally receive at the health service.

When entering information onto the website, auditors can record the response to any unanswered questions by indicating **9**, 'not recorded'

## **Data Entry**

The person entering the information into the website will need to enter the number of eligible population.

For best results, each question should be answered. If the client has not answered appropriately, or not answered at all, then the **9**, 'not recorded' option should be entered.

## **Feedback report**

Results from the survey can be downloaded immediately in an excel file. This is useful to check that all data has been entered accurately, especially the free text. A more comprehensive report can be generated from the One21seventy website immediately after the CPoQC-S data has been entered. The report will show a score for each CPoQC-S item which is reached by averaging all scores for that item. The result from each question is graphed. A score for each CPoQC-S section is established by averaging the items within that section. A total CPoQC-S score is reached by averaging the scores of all 19 questions.

Health services may wish to format this information for feedback to the community members and/or health service governance board.



## **Client Complaints**

Complaints about the health service or individual practitioners may be raised when completing the survey. It is important to be prepared for this and to know how to guide the client to the formal complaints process for the health service. It is not appropriate to get involved in health service complaints. All health services should have a formal complaints procedure and failing this, complaints should be forwarded to the Health Complaints Commission or Ombudsman for the state or territory. Also be aware of any legislated mandatory reporting requirements within the state and territory where you are undertaking the CPoQC-S project.

## **Questions or concerns**

Further information about CQI is available in *Improving the quality of primary health care: a training manual for the One21seventy cycle* or on the One21seventy website: [www.one21seventy.org.au](http://www.one21seventy.org.au)

If you have any questions or concerns about this protocol, you can contact the One21seventy helpdesk at [one21seventy@menzies.edu.au](mailto:one21seventy@menzies.edu.au) or call 1800 082 474.

## **Audit Date**

If the information to be entered is part of a survey already in progress, then click on the date displayed.

If this is a new survey, click on 'New Audit Date' to enter the date of survey. This date is a date chosen to be reflective of a group of surveys completed within one month of each other, (it is not necessary to have all the surveys completed on the same day). This date will prefill each record completed in this cycle.

## **New Record**

To enter the survey results, click on 'New Record', and the questionnaire will open to the first page of Section 1.

## Section 1

The survey has this introduction for clients:

*Staying healthy can be hard when you have a chronic condition. This survey will help your health centre team understand what you think about the care you are receiving from them for your condition. This can help them care for you better.*

There are no right and wrong answers. The smiley face Likert scale is easy to use; however support may still be necessary for some clients to complete the survey.

The survey questions relate to health care received in the last 12 months. Not all of these activities may have happened during the most recent visit to the health centre, but should have happened at least once in the last 12 months.

Each question is answered using the smiley face Likert scale of 1 (none of the time) - 5 (always). 9 is entered into the online tool if no response is recorded.

Circle the whole number/smiley face only. No half values.

### i) Client ID

Assign a **unique three-digit** identification (ID) number for each survey, (e.g. 001, 002). Ensure you write this on the paper survey in case you need cross check data later. At data input, this three-digit number will be automatically prefixed with health centre ID.

### ii) Audit Date

You may want to record this on the paper survey tool in case you need to cross check data later. You may want to complete this before giving to clients, so they do not need to ask what it is.

At data input, this will prefill with the date entered on the 'Input Data' page.

## 1. In general, would you say your health is...?

Indicate **one** of the following (**number only**):

- 1 - Poor
- 2 - Fair
- 3 - Good
- 4 - Very Good
- 5 - Excellent

## 2. Date of birth

Record the client's date of birth. Record as **dd/mm/yyyy**.

## 3. Sex

Record the sex of the client. Indicate **one** of the following:

- 1 - Male
- 2 - Female
- 3 - Not Stated

#### **4. Which condition do you have?**

More than one option may be indicated. At least one option must be indicated, otherwise client may not be eligible for this survey.

- **Diabetes**
- **Heart problems**
- **Kidney problems**
- **Lung problems**
- **Cancer**
- **Other – please specify: This may include extended treatment for infection.**

#### **5. Indigenous status**

Record the client's Indigenous status. Indicate **one** of the following:

- 1 - Aboriginal**
- 2 - Torres Strait Islander**
- 3 - Both Aboriginal and Torres Strait Islander**
- 4 - Neither Aboriginal nor Torres Strait Islander**
- 5 - Choose not to identify**

#### **6. In general, would you say that your care is well suited to your needs?**

Indicate **one** of the following (**number only**):

- 1 - Strongly disagree**
- 2 - Slightly disagree**
- 3 - Neutral**
- 4 - Slightly agree**
- 5 - Strongly agree**
- 9 - Not recorded**

## Section 2

Each question is answered using the smiley face Likert scale of **1** (none of the time) - **5** (always). **9** is entered into the online tool if no response is recorded

### Access to care

**1. In the last 12 months the clinic staff made it easy for me to be seen at the clinic.**

Indicate the score between **1** and **5**. Enter **9** if there is no response recorded.

**2. In the last 12 months the clinic staff checked that I was able to get the treatments recommended for me.**

Indicate the numerical score between **1** and **5**. Enter **9** if there is no response recorded.

### Participation in care

**3. In the last 12 months the clinic staff asked me for my ideas about my treatment plan.**

Some health services may use other terms for 'treatment plan', like 'management plan' or 'check-up list'.

Indicate the score between **1** and **5**. Enter **9** if there is no response recorded.

**4. In the last 12 months the clinic staff involved me in choosing my treatments.**

Indicate the score between **1** and **5**. Enter **9** if there is no response recorded.

**5. In the last 12 months the clinic staff asked me to talk about problems with my medicines.**

Indicate the score between **1** and **5**. Enter **9** if there is no response recorded.

### Care design

**6. In the last 12 months the clinic staff gave me good information about improving my health.**

Indicate the score between **1** and **5**. Enter **9** if there is no response recorded.

**7. In the last 12 months the clinic staff organised my care well for me.**

Indicate the score between **1** and **5**. Enter **9** if there is no response recorded.

**8. In the last 12 months the clinic staff talked to me about how my health is going.**

Indicate the score between **1** and **5**. Enter **9** if there is no response recorded.

## Care planning and self-management

**9. In the last 12 months the clinic staff asked me what changes I can make to my lifestyle to feel healthy.**

Indicate the score between 1 and 5. Enter 9 if there is no response recorded.

**10. In the last 12 months the clinic staff helped me to make a plan to feel healthy.**

Indicate the score between 1 and 5. Enter 9 if there is no response recorded.

**11. In the last 12 months the clinic staff offered me a copy of my health plan.**

Indicate the score between 1 and 5. Enter 9 if there is no response recorded.

## Respectful care

**12. In the last 12 months the clinic staff respected me and my beliefs when treating me.**

Indicate the score between 1 and 5. Enter 9 if there is no response recorded.

**13. In the last 12 months the clinic staff was respectful to me when talking about getting health.**

Indicate the score between 1 and 5. Enter 9 if there is no response recorded.

**14. In the last 12 months the clinic staff helped me to think about staying healthy even in the hard times.**

Indicate the score between 1 and 5. Enter 9 if there is no response recorded.

**15. In the last 12 months the clinic staff asked me how my chronic condition affects my life.**

Indicate the score between 1 and 5. Enter 9 if there is no response recorded.

## Care coordination and follow up

**16. In the last 12 months the clinic staff contacted me after a visit to see how I was going.**

Indicate the score between 1 and 5. Enter 9 if there is no response recorded.

**17. In the last 12 months the clinic staff reminded me when my next check-up was due.**

Indicate the score between 1 and 5. Enter 9 if there is no response recorded.

**18. In the last 12 months the clinic staff asked me to see a specialist for my condition.**

Indicate the score between 1 and 5. Enter 9 if there is no response recorded.

**19. In the last 12 months the clinic staff helped me get to my specialist appointments.**

Indicate the score between 1 and 5. Enter 9 if there is no response recorded.

## Section 3

### Would you like to provide any recommendations for improving your care?

This question is used in the feedback report as a general indication of self-assessed health status.  
Enter a **free text** response.