

# SURVEY HELPS SYSTEM ATTAIN QUALITY GOALS

*Process Tracks Perceptions of Patients,  
Employees, and Physicians*

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Providing patients with the highest possible quality of care has long been the goal of Ancilla Systems, Hobart, IN. Now the system has developed a quantifiable way to track its progress toward that goal.

## CREATING THE SURVEY

In 1993 Ancilla engaged a consulting firm to develop an instrument to survey patients, employees, and physicians about the quality of the system's services. Using data from a baseline survey, the firm planned to survey patients quarterly, employees every 18 months, and physicians every three years.

In 1994 Ancilla, which is sponsored by the Poor Handmaids of Jesus Christ, Donaldson, IN, formed a task team—recruited from each of its seven hospitals, its home healthcare agency, and its corporate office—to monitor the survey process and recommend changes. The task team noted the survey's costliness (Ancilla was spending \$100,000 a year to have the consulting firm conduct and analyze it). In addition, the task team said the survey should have fewer questions (it had 130) and a briefer turnaround time; it also recommended that Ancilla gain more control of the process. In 1995 the system contracted with a company that provided various "scannable" surveys, the scanner itself, and software that could be used on portable computers, including laptops.

Using the original survey tool and other instruments as a guide, the task team designed a specific Ancilla survey with agreement from the original consulting firm. The firm also agreed to provide Ancilla, every six months for three years, benchmark data from more than 400 healthcare organizations across the nation.

The new arrangement is saving the system

money. Ancilla paid \$50,000 for the scanning equipment and software and currently pays about \$20,000 a year to conduct the survey. Since the new survey instrument has only 41 questions, turnaround time is much briefer. Most important, Ancilla now has complete control of the survey's content, its distribution, and the compilation of its results.

## SURVEY RESULTS AND THE QCI

Nine of the survey's 41 questions pertain to seven key indicators of Ancilla's quality of care: expertise, responsibility, sensitivity, accuracy, timeliness, coordination, and thoroughness of treatment. These indicators constitute a Quality of Care Index (QCI), which is based on a five-point scale, with five being the optimum response for each question. Each quarter Ancilla's leaders note how their hospitals' QCIs compare with each other and with the national benchmark data provided by the consulting firm (see **Graph**, p. 45).

Two of the survey's other key questions are asked of patients:

- Would you return to this hospital for care?
- Would you recommend this hospital to family and friends?

The responses to such questions, easily translated into percentages, provide Ancilla's leaders with valuable data.

The first patient survey was administered throughout the system in June 1995, and in January 1996 Ancilla conducted an almost identical employee survey. In November 1997, the system surveyed its physicians. Since the series began, there have been 11 patient surveys, 2 employee surveys, and 1 physician survey. Analysis of them has shown that patients typically rate quality of care higher than employees do, and that patient perception of quality is affected by staff morale.

### SURVEY RESULTS AT THE FACILITY LEVEL

The system's hospitals use the survey results to assess departments and identify areas that need improvement. A quality improvement team in each department then addresses problems.

St. Mary's Hospital, East St. Louis, IL, depends on the quarterly patient survey to provide it with the "big picture," according to William Miller, vice president of human resources. The survey showed, for example, that a large percentage of complaints concerned patients' food. In analyzing this data, the hospital found that many of the complaining patients did not realize they had been placed on restrictive diets. With the assistance of nurses and physicians, St. Mary's developed an educational program that explained the importance of diet to patients. As a result, patients' willingness to return to the hospital for further care climbed from 78 percent in 1995 to 94 percent in 1997.

St. Joseph Community Hospital, Mishawaka, IN, combines the results of the quarterly patient survey with data on clinical outcomes, lengths of stay, and patient charges. Tying patient survey data in with the data related to diagnosis-related group (DRG) or procedure enables the hospital to focus on specific patient groups. The hospital


has also employed the data in negotiations with managed care payers.

### PROCESS AIDS SYSTEM PLANNING

Ancilla has used the scannable technology to survey trustee and employee perceptions of its corporate operations. The system is also surveying patients and staff in the offices of Ancilla-employed physicians. The QCI is part of those surveys, too.

In addition, the scannable process allows Ancilla to assess general health status throughout the community, a crucial factor in the system's strategic planning. In August 1996 a pilot project evaluated the health of the system's corporate employees. Those results will be useful in the design of future employee health plans.

The task force continues to meet, modifying questions, hammering out collection and dissemination procedures, and developing new applications for the survey. Overall Ancilla is "very satisfied" (a rating of 4.5 on the survey scale) with the process. □

 For more information, call Lawrence Jagnow, 219-947-8500.

## ANCILLA SYSTEMS—QUALITY OF CARE COMPARATIVE SCORES

