Study on Patient Satisfaction in Home Healthcare

By

Shashank Shanker Sharma

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2015-2017

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MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Shashank Sharma student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at Healthcare at Home from 9th Feb, 2017 to 8th May, 2017.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

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The IIHMR University, Jaipur

Professor
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By your side

The certificate is awarded to

Dr. Shashank Sharma

In recognition of having successfully completed her
Internship in the department of

Operations

and has successfully completed his Project on

A study on patient satisfaction in home healthcare

Date 9th Feb to 8th May, 2017

Organization - Healthcare at Home

He/ She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish him/her all the best for future endeavors

For **HealthCare at Home India Pvt. Ltd.**

Rolli Saxena
General Manager – Human Resources

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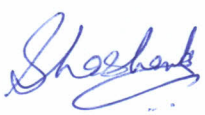
CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled A study on patient satisfaction in home healthcare and submitted by Dr. Shashank Sharma Enrollment No. IIHMR-U/01/2015-17/0345 under the supervision of Dr. Neetu Purohit for award of MBA in Hospital and Health of the University carried out during the period from 9th Feb, 2017 to 8th May, 2017 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.



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This is to certify that all ethical issues have been considered while collecting data for my dissertation titled ...A Study on Patient Satisfaction in Home Healthcare.....

Signature of student

ABSTRACT

Background. Home healthcare is a wide range of services i.e. nursing, physiotherapy etc. that is given at home for an illness. Patient satisfaction is a widely-used measure in healthcare sector like hospitals but it's not that much studied in home health care sector in India. This is because there are no laid down standards in home care.

Objectives. The objective is to study the patient satisfaction in home care setting and analyze the various areas requiring improvements.

Method. This is a secondary research. It involves feedback of 100 patients/attendants by the Customer Support Team. Further 100 patients were randomly selected out of total 265 cases in April. Each patient was asked 6 questions in which they had to rate from 1-5(In Question 6 its 0-10) with 1 being the lowest and 5 being the highest level of satisfaction.

Results. For each question satisfaction level of patients was calculated. It was found out that 58% patients were satisfied with staff and services. 55% people were satisfied and comfortable in communicating with care staff. 64% patients agree that care was given in a professional way. 62% patients were satisfied with the overall care. 27% people considered home care better than hospital care and 32% considered hospital care better than home care. NPS Score which measures the loyalty of the patients came out to be 63%.

Further scoring was analyzed on the basis of gender, type of service and duration of services. Of all male patients 50% were satisfied and of all female patients 53% were satisfied.

56% patients in nursing attendant services, 54% in physiotherapy services and 44% in nursing services have given rating of more than 3 i.e. are satisfied.

44% patients who availed services for 1-5 days, 44% patients who availed for 6-10 days, 56% who availed for 11-20 days and 52% who availed for more than 20 days are satisfied.

Conclusion. Overall the patients/attendants are satisfied with the home care services. To satisfy more number of patients a great importance is to be given to training (both clinical as well as soft skill) especially for nurses and also for working in a proper policy laid system as in the hospital sector.

Keywords. Home Health Care (HHC), Patient Satisfaction, Type of services, Duration of services, Training, Net Promoter Score

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Words are inadequate to record my profound gratitude to the almighty for his countless blessings on me. He remains the driving force in my life.

I am very thankful to Dr. Gaurav Thukral, Sr. Vice President and Business Unit Director, Health Care at Home for his excellent guidance and cooperation for the completion of this work and his guidance throughout.

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Dr Shashank Shanker Sharma
MBA- Hospital and Health Management

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LIST OF ABBREVIATIONS

S.No.	Abbreviation	Full form
1	WHO	World Health Organization
2	HHC	Home Healthcare
3	HIV	Human immunodeficiency virus
4	NPS	Net Promoter Score
5	HCCSI	Home Care Client Satisfaction Instrument
6	LISREL	Linear Structure Relation
7	MIS	Monthly Information System
8	ICU	Intensive Care Unit
9	JCI	Joint Commission International
10	NABH	National Accreditation Board for Hospitals & Healthcare Providers

INTRODUCTION

Home health care includes services that can be given at home for an illness or elderly care. It is less expensive, more convenient and care is just as effective as you get in a hospital or nursing home. Home Health care help especially geriatric and pediatric clients who are recovering after a hospital stay, or need additional support to remain at home and avoid unrequired hospitalization. These services include single visit nursing, rehabilitation, therapeutic, and assistance in patient care.

India presently has a bed deficit of 30 lakh beds as per the WHO recommendation of 4 beds per 1000 population. A combined study by Ernst & Young suggests that India will need 17.5 lakh more beds by the end of 2025. Also an investment of 86 billion US$ is needed to achieve 1 doctor per 1000 population .Thus a shortage of beds has also led to the emergence of Home health care(HHC). From the hospital's perspective, HHC is a positive trend as it leads to better utilization of beds. It also brings cost efficiency to the hospitals as well as helps decrease hospital acquired infections.

Factors supporting need for HHC Services in India:-

- According to WHO in india everyone involving patient, their caregivers, and providers like Doctors and nurses naturally accept poor health as part of old age. In fact they also view old patients in a negative and unrequired fashion.
- As number of elderly people continues to rise and as there is high economic growth, thus demand for high quality geriatric care will increase. For the geriatric patients with chronic disease it is difficult to move from home to hospital that often. Thus HHC comes into picture with the benefit of comfort care at home.

Problems & Challenges of the care providers:-

- Homecare nurses and attendants are under pressure to provide right type of quality care along with the need to provide cost-effective care. Since homecare is not restricted to Tier 1 cities, homecare organizations have to offer low cost services Tier 2 and 3 cities.
- Homecare nurses work under difficult conditions in the patient’s house. Job-related issues could include smoking, alcohol abuse, unhygienic conditions and even violence and unwanted behavior of the patients and attendants in the home.

- Homecare nurses suffer needle stick injuries, are at risk for blood borne infections like HIV and hepatitis which is considered to be more than the nurses working in a controlled environment like hospital.
- With the cost of hospitalization, there are early discharged or patients that left against medical advice, thus homecare nurses encounter very sick and elderly patients at homes which are difficult to manage.
- Distribution of services is a big challenge and constitute majority of the cost of homecare organizations. Therefore, they have to experiment more to create new cost effective ways of reaching to patients and providing them services with good quality.

Problems & Challenges of the consumer:

- In India patients are still not comfortable to use homecare services and this thinking is a major challenge to take care of.
- Patients & their attendants are in always two minds. They want cost-effective care with high level of quality and also fear survival of patient after taking to home. Also patients mainly want to be treated in hospital where they have a belief of getting the right kind of care.

Patient satisfaction is very important in achieving excellence in health care sector. Numerous attempts have been made to define patient satisfaction. An acceptable definition is that of Maciejewki et al, who suggested that it presents patients cognitive/emotional evaluation of a nursing person's performance and is based on relevant aspects of a patients experience and perceptions.

OBJECTIVES

1. To study the patient satisfaction in home healthcare setting.
2. To identify areas requiring improvement and suggest recommendations to improve the same.

LITERATURE REVIEW

Various approaches have been used to understand what it takes patients to become satisfied or dissatisfied with the care they get from hospitals or nursing homes or homecare

providers. Frameworks have focused on expectations theory (Dansky et al. 1994, Westra et al. 1995) or healthcare service attributes either from the economic theory or the holistic approach (Bear et al. 1999, Crow et al. 2002, McCall et al. 2004, Kroposki & Alexander 2006, Leff et al. 2006). Yellen & Davis used the systems theory as a framework to assess patient satisfaction.

Obrest (1984) developed the expectation framework that was used to develop the Home Care Client Satisfaction Instrument (HCCSI). It views satisfaction as 'the congruency between client expectations of care and perceptions of the care received' (Westra et al. 1995). The resulting areas in the HCCSI were interpersonal relationship, technical competence, financial aspects, convenience, continuity of care, and overall care satisfaction.

Rabiner et al. (1995), in the study of the relationship between participation in two home- and community-based long-term case management care tested a model of the determinants of medical care utilization and satisfaction by using structural equation modeling techniques (LISREL). This model depicts direct and indirect relationships among the various variables like basic care, financial control, background factors, prior home health experience, intensity of prior care and homeowner status. Diagrams are also used to clarify the concepts and the relationship between the different variables. But this model is complicated and does not have foundations in the behavioral or social sciences that would predict or detect satisfaction.

Some researchers have used the qualitative approach to develop scales for patient satisfaction. Wilde et al. (1994) developed patient centered questionnaire using the grounded theory qualitative method. Huycke and All (2000) explained the many variables that are related to patient satisfaction, but unfortunately only some of the variables related to patient satisfaction are explained by these. So now development of more comprehensive theories and frameworks of patient satisfaction are required.

METHODOLOGY

STUDY DESIGN: Descriptive study (Secondary Research)

SETTING: Healthcare at Home, Noida

DURATION OF STUDY: 4 weeks

SAMPLE SIZE: 100 patients/attendants (out of total 265 patients) from Delhi NCR

SAMPLING TECHNIQUE: Simple Random Sampling

TOOLS FOR DATA COLLECTION: Connecto MIS for the month of April

DATA COLLECTION PROCEDURE:

Daily mails were sent by Customer Support team after taking the feedback call of the patient. Feedback was taken after the home healthcare services were finished. The research will be based on the identification of parameters and gaps in quality of patient care. Patients and attendants will give the rating out of 5 with 1 being the lowest score and 5 being the highest (except in question 6 where rating is from 0-10)

Home Health Care Patient Feedback form:-

1. Happy and satisfied with staff and services?
2. Communication with Care Team?
3. Care Given in a Professional Way?
4. Overall Care Rating?
5. Care in comparison to the hospital setting if ever admitted to the hospital?
6. Likely to recommend services to a friend or colleague?

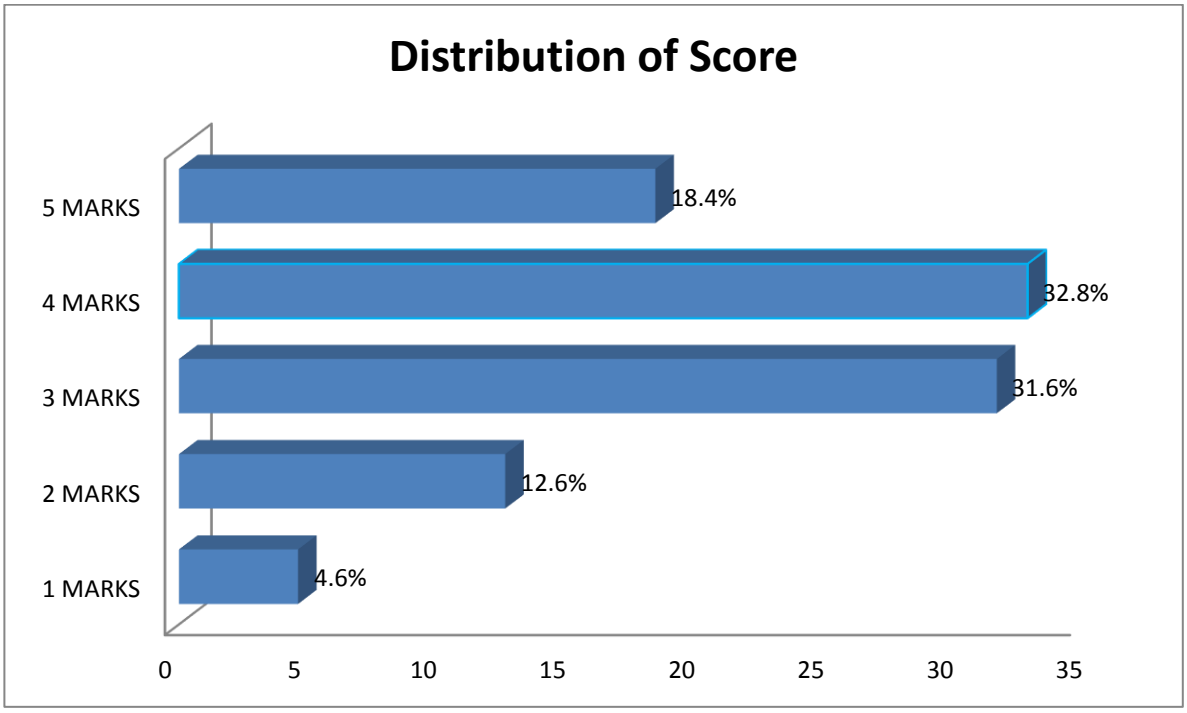
RESULTS

TABLE NO. 1

Questionnaire	Rating					Total
	1	2	3	4	5	
Happy and satisfied with staff and services	7	6	29	36	22	100
Communication with Care Team	2	12	31	36	19	100
Care Given in a Professional Way	5	7	24	41	23	100
Overall Care Rating	6	9	33	32	20	100
Care in comparison to the hospital setting if ever admitted to the hospital	3	29	41	19	8	100

Likely to recommend services to a friend or colleague(0-10)	**2**(0-2)	**4**(3-4)	**7**(5-6)	**11**(7-8)	**76**(9-10)	**100**

Graph No. 1



Analysis of Score on the basis of gender, type of care and duration of care

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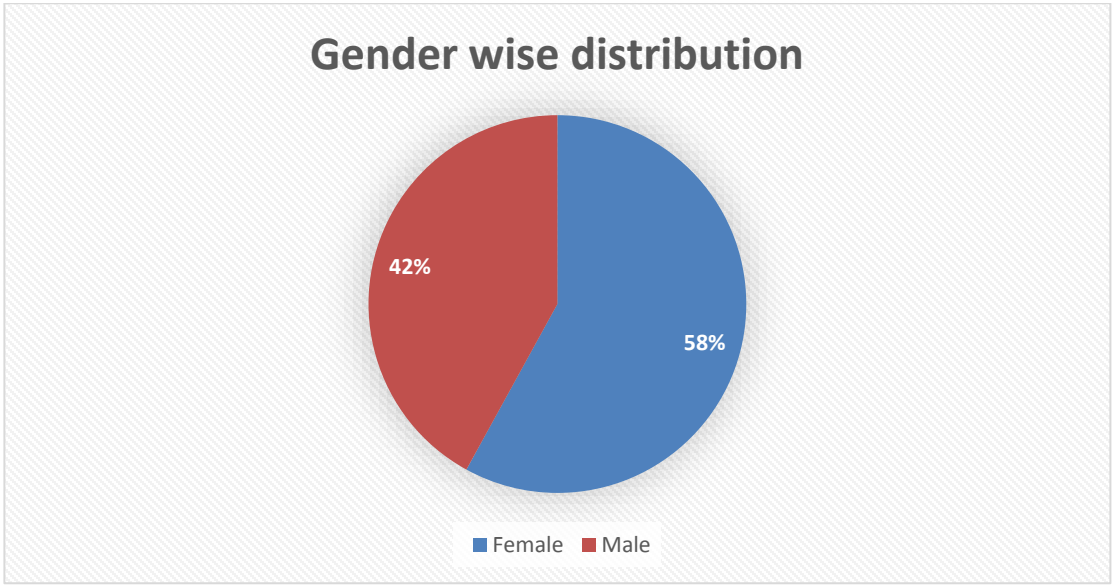

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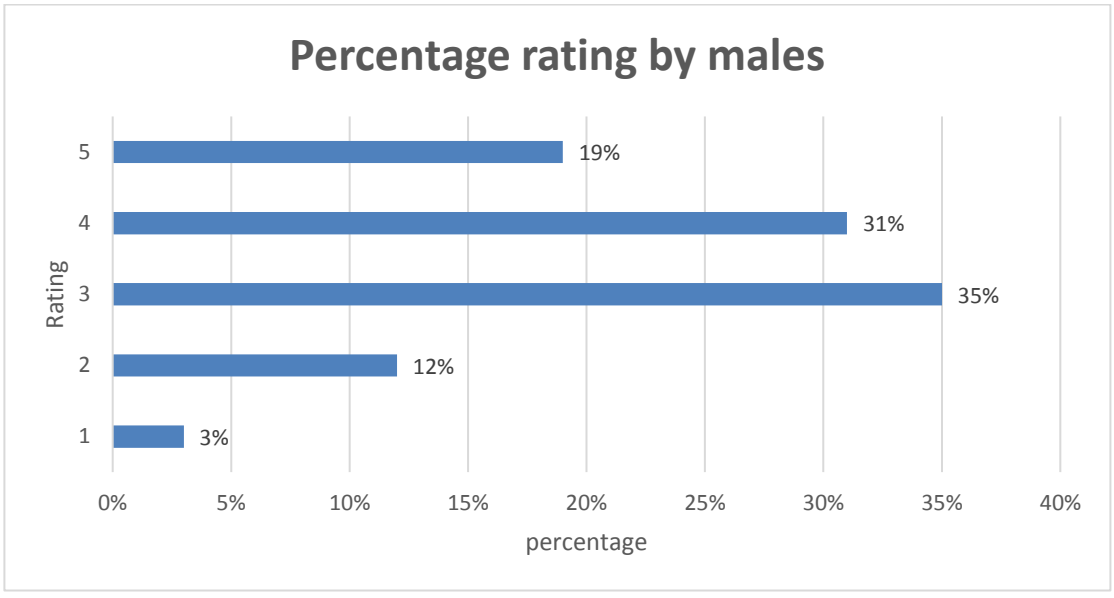

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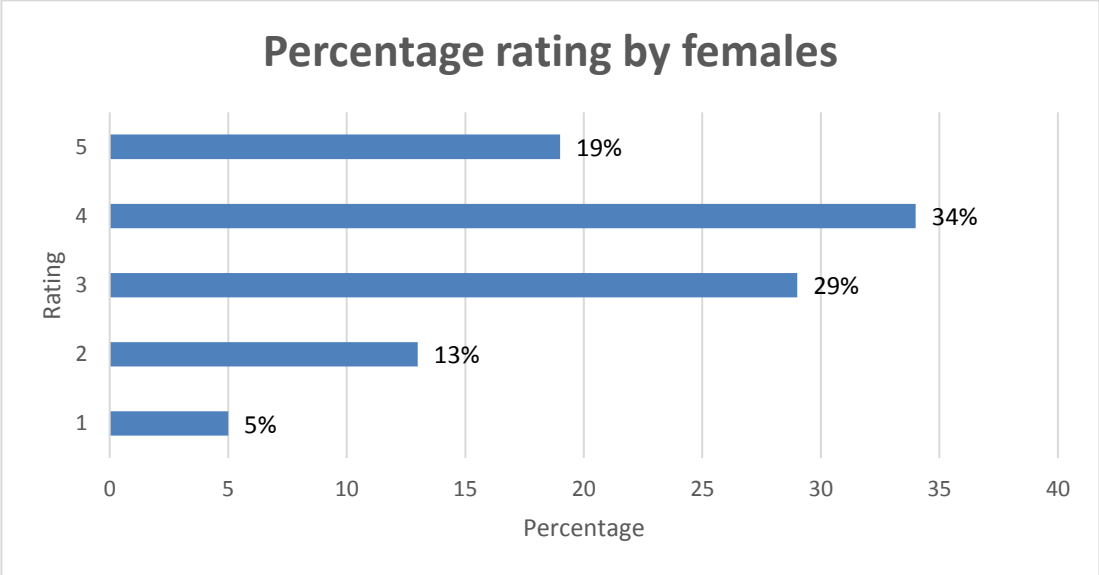

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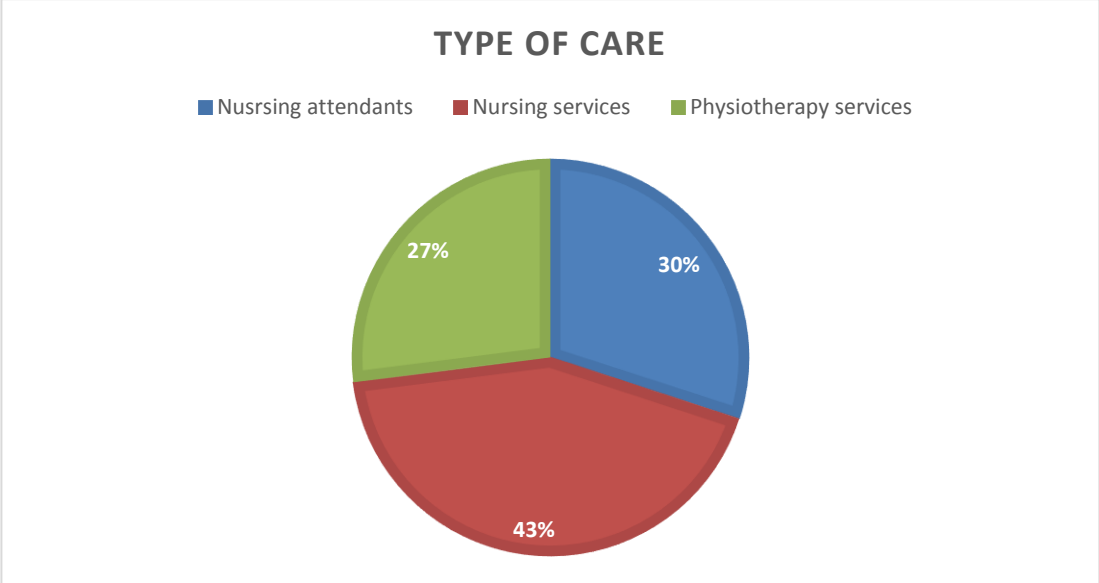

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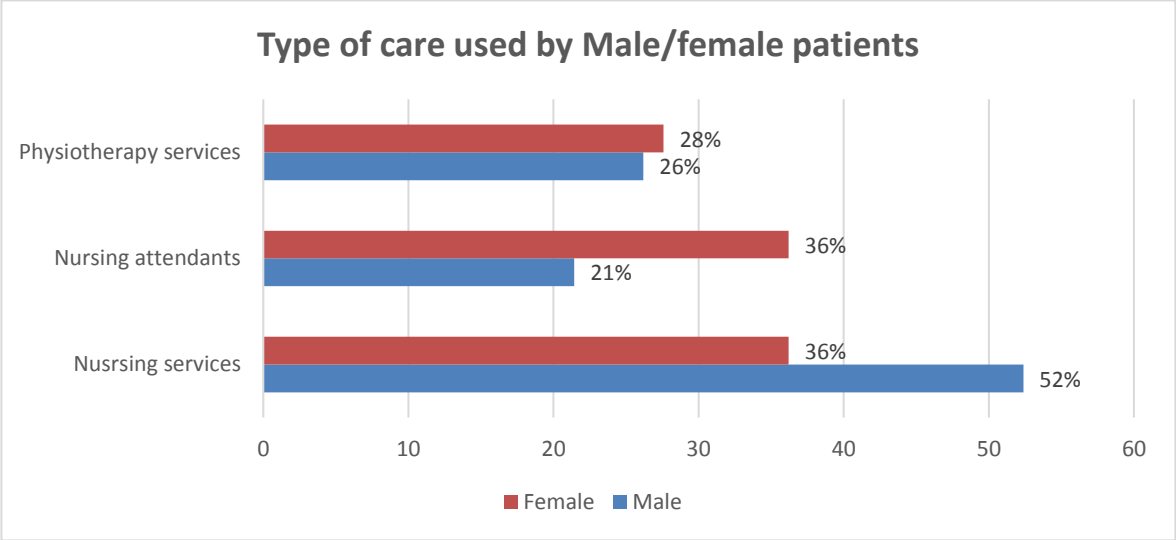

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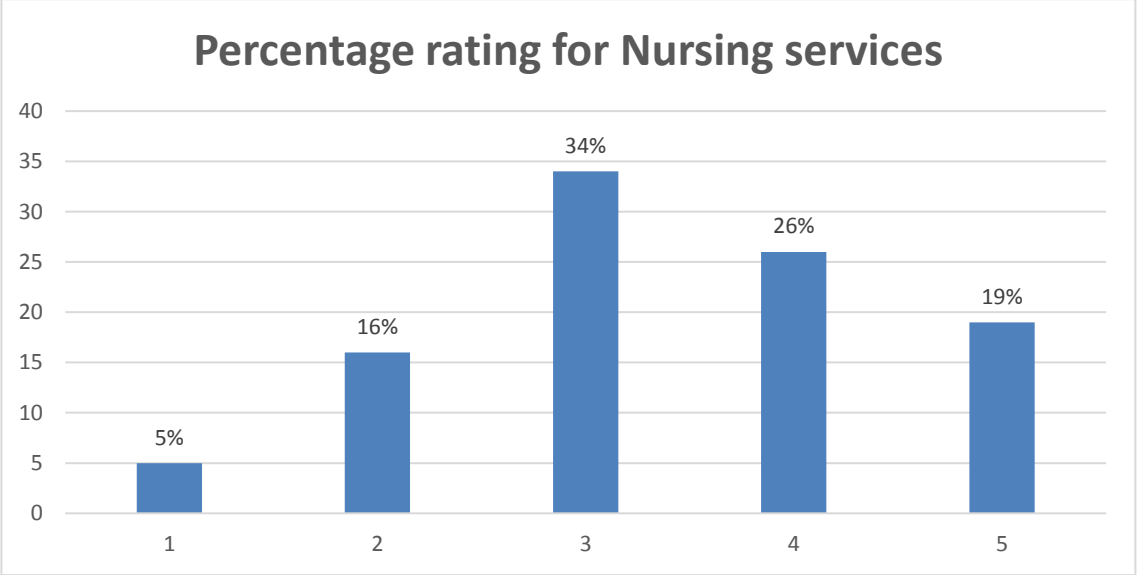

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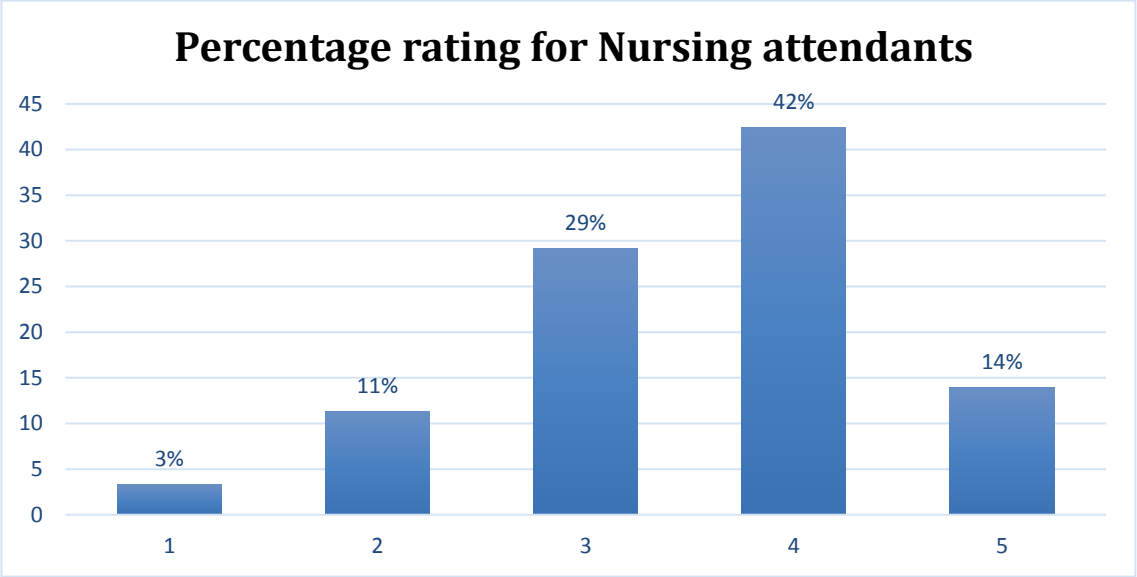

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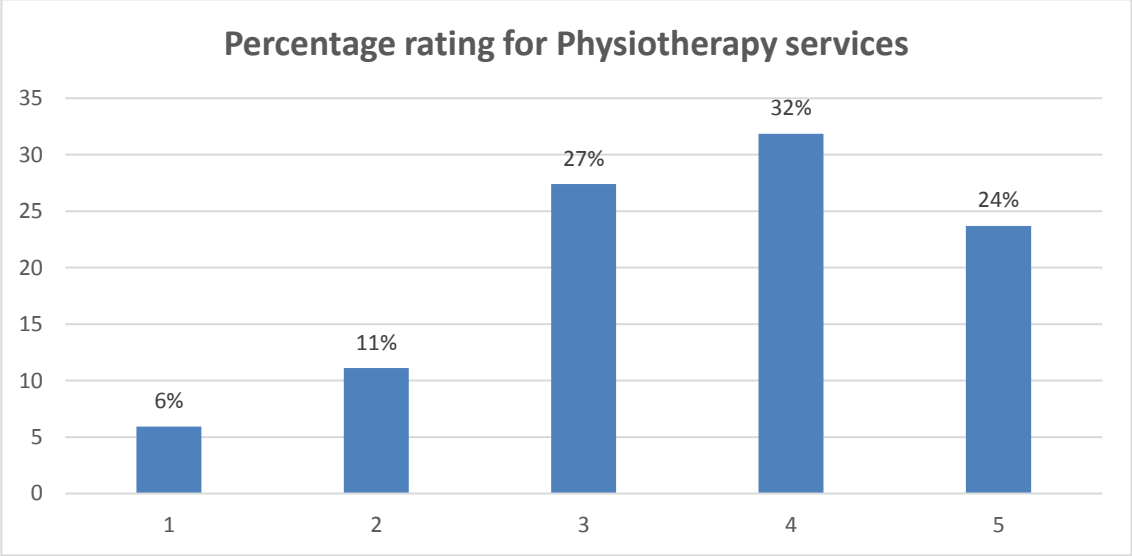

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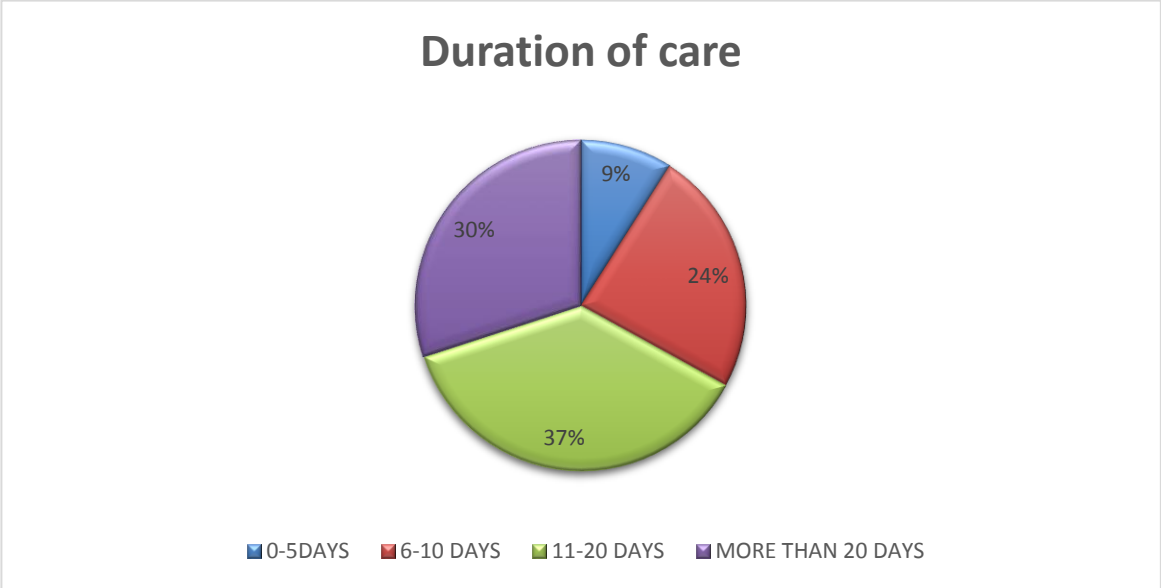

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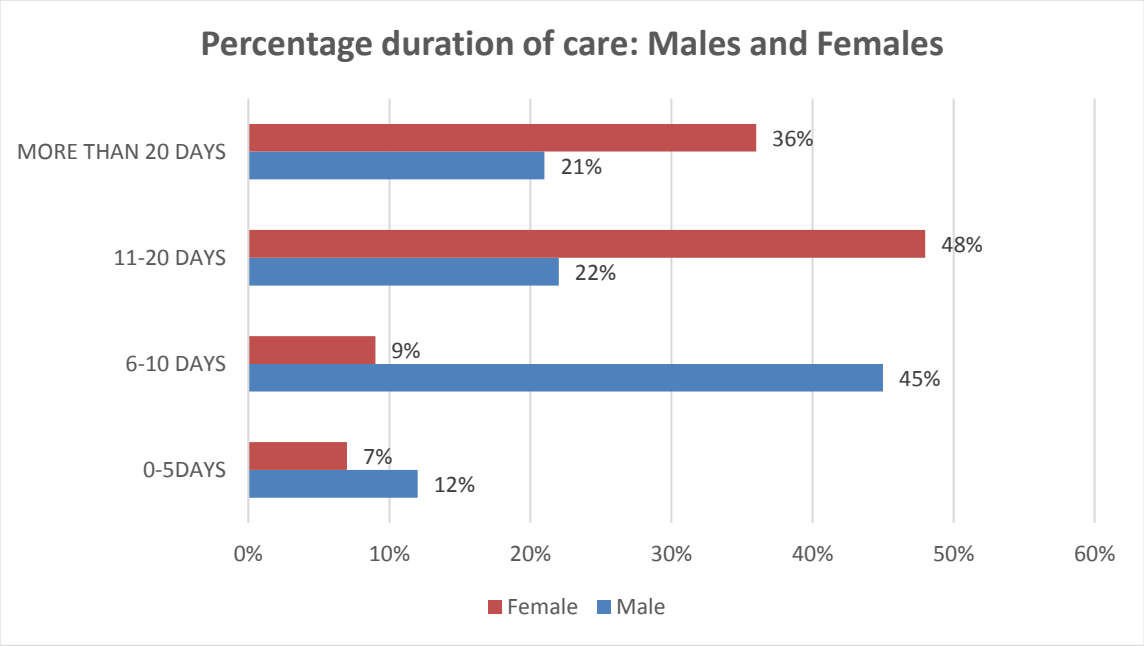

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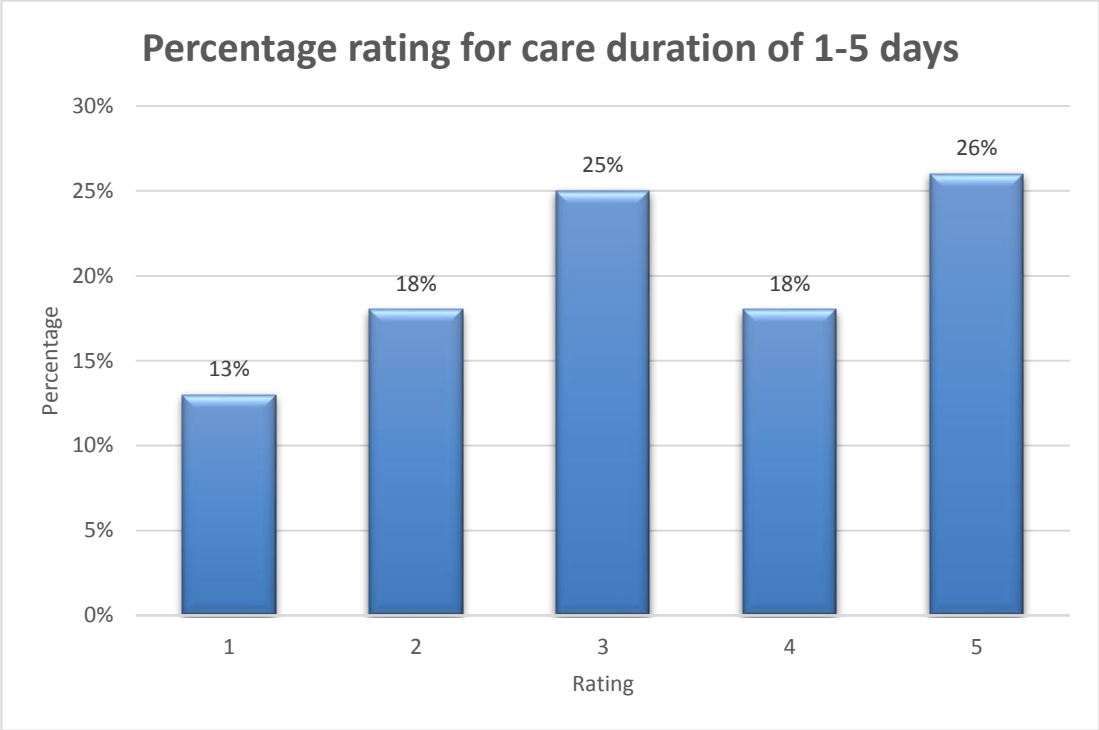

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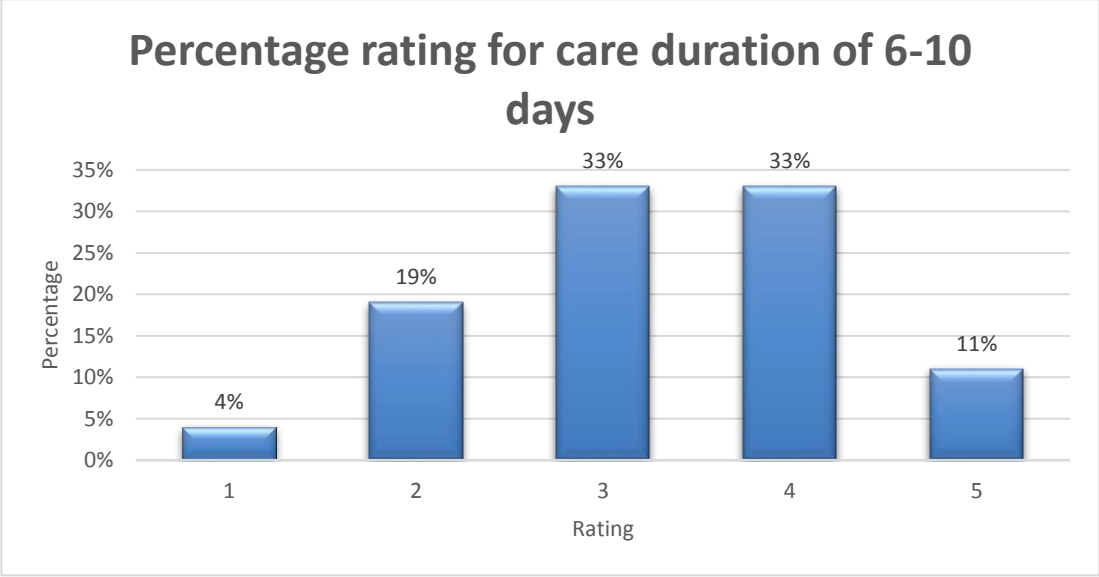
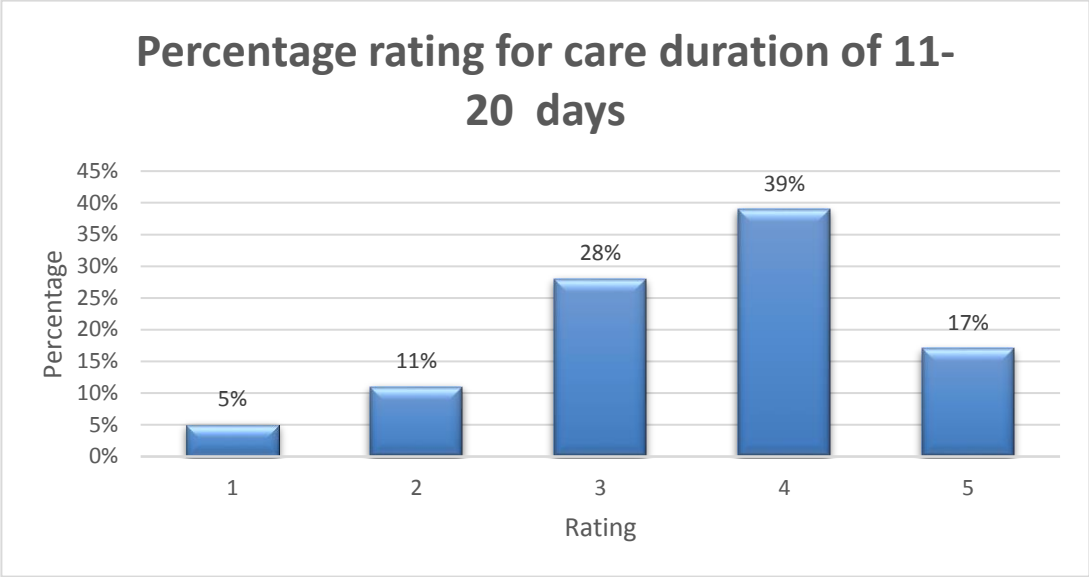
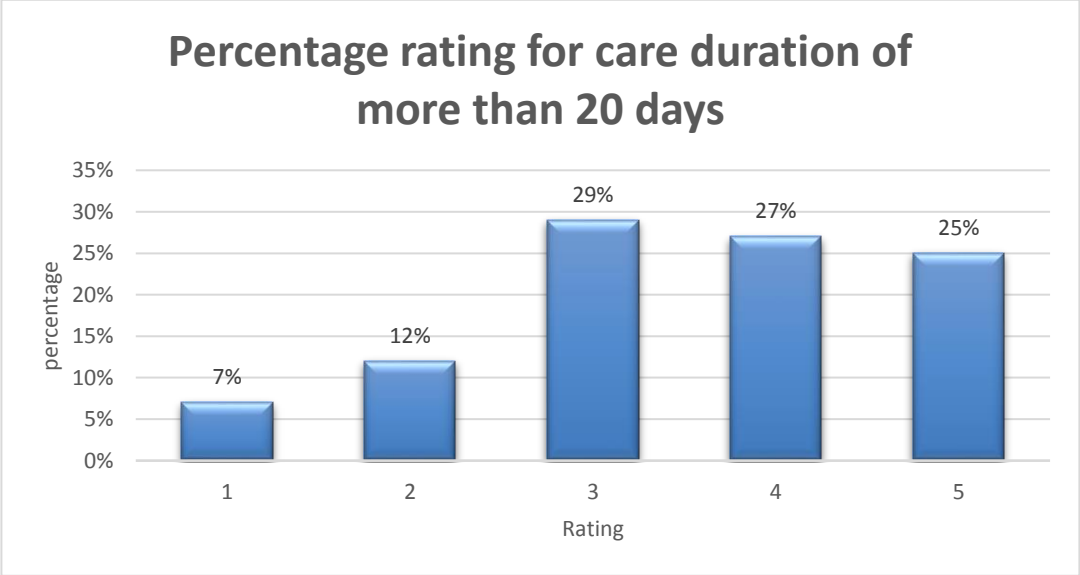


Graph No. 14



Graph No. 15



NARRATIVE

1. Table No. 1 represents the content of tool (questionnaire) and its cumulative rating by patients w.r.t home healthcare.
2. Graph No. 1 depicts the distribution of score given by patients as stated in table no. 1. It shows that a cumulative of 51.2% of respondents have given a rating above 3.
3. Graph No. 2 shows that in all, there were 58% Female patients and 42% male patients who chose home care.
4. Graph No. 3 shows that a cumulative of 50% of the male patients have given an overall rating above 3 i.e are satisfied.
5. Graph No. 4 shows that a cumulative of 53% of the female patients have given an overall rating which is above 3 i.e are satisfied.
6. Graph No. 5 shows that 43% of Nursing services, 30% nursing attendants and 27% physiotherapy services have been used as the type of care out of selected 100 cases.
7. Graph No. 6 shows nursing services has been used most by males, i.e., 52% and the least used service by males is nursing attendants, i.e., 21%. In case of females, both nursing services and nursing attendants have been used equally, i.e. 36%.
8. Graph No. 7 shows that a cumulative of 44% of patients who have chosen Nursing services as a part of home care have given rating of more than 3.
9. Graph No. 8 shows that a cumulative of 56% of patients who have chosen Nursing attendants as a part of home care services have given rating of more than 3.
10. Graph No. 9 shows that a cumulative of 54% of patients who have chosen Physiotherapy services as a part of home care services have given rating of more than 3.
11. Graph No. 10 shows that maximum duration of care was for 11-20 days, i.e. 37% and least duration of care was for 0-5 days, i.e. 9%.
12. Graph No. 11 shows that maximum of 48% of females have availed the services for 11-20 days and lowest of 9% of females have availed the services for 6-10 days. Maximum of 45% of males have availed the service for 6-10 days and 12% of males have availed the service for 1-5 days.
13. Graph No. 12 shows that a cumulative of 44% of patients who have availed home care for a duration of 1-5 days have given rating of more than 3.

14. Graph No. 13 shows that a cumulative of 44% of patients who have availed home care for duration of 6-10 days have given rating of more than 3.
15. Graph No. 14 shows that a cumulative of 56% of patients who have availed home care for duration of 11-20 days have given rating of more than 3.
16. Graph No. 15 shows that a cumulative of 52% of patients who have availed home care for a duration of more than 20 days have given rating of more than 3.

FINDINGS

- 58% patients were satisfied with staff and services, 29% were neutral and 13% patients were not.
- 55% people were satisfied and comfortable in communicating, 31% were neutral and 14% were not satisfied.
- 64% patients were satisfied with care given in professional way, 24% were neutral and 12% were not satisfied.
- 62% patients were satisfied with overall care, 33% were neutral and 15% were not.
- 27% people considered home care better than hospital care, 41% were neutral and 32% considered hospital care better than home care.

Further scores are analyzed on the basis of gender, type of care and duration of care.

- Of all male patients 50% were satisfied and of all female patients 53% were satisfied.
- 56% patients in nursing attendant services, 54% in physiotherapy services and 44% in nursing services have given rating of more than 3 i.e. are satisfied.
- 44% patients who availed services for 1-5 days, 44% patients who availed for 6-10 days, 56% who availed for 11-20 days and 52% who availed for more than 20 days are satisfied i.e. gave rating of more than 3

DISCUSSION

- Staff here refers to General and Specialist Nurses, Nursing Assistants, Health care attendants, Physiotherapists, Phlebotomists and Doctors. By services me mean the service they give to patients as per their specialization.
- Care team includes the staff as described above as well as people involved in the overall care of the patient like physiotherapy supervisors, nursing supervisors and nursing head.
- Having good communication with a patient helps in 3 main ways:-

- It helps patients feel at ease- Having good communication with health care provider will reduce anxiety and build confidence.
- It helps patients to feel in control- when person is ill than he/she tends have a feel of losing control. It can make people feel helpless and hopeless. Thus good communication can avoid these feelings and patient believes that he/she is still in charge.
- It makes patient feel valued- In homecare when there is 1 on 1 care the patient feels really valued as there is someone always to listen to them and take care of them.

- A health professional is someone who provides preventive, curative or rehabilitative services to patients in a proper way. This question mainly caters to the professionalism of the service provider and that he/she is giving care via a proper care plan.
- As in India there are no fixed standards for home healthcare. Thus, all quality and care parameters from Clinical Quality Commission, London needs to be implemented. These standards are taught to the people who are hired and are re trained for this every 6 months. Also, every employee is on Pay roll, thus there is total accountability to the patient about care.

  At home the patient has the benefit psychologically to be in his/her known place but in hospital patient feels relaxed in terms of medical care as every time a Doctor is available. So this differs from patient to patient and is quite subjective.
- Majority considers hospital care better than home care. To understand this, it is important to understand the concept of hospital care and home care. In a hospital patient is either in ward or ICU. There is 1 nurse allotted to 2-10 patients depending upon the severity. There are other patients in that area also which can be seen and heard. A doctor on duty is usually available every time for the patient.

But in home care the patient stays in his own homely environment with his/her near and dear ones. Also the chances of infections become almost nil in comparison to hospitals which have high rate of HAIs. Every time there is 1 dedicated health care professional taking care of patient. The doctor is usually not available immediately like in a hospital scenario. Home care is also cheaper than hospital care.

In various studies there is no major conclusive evidence of hospital care being better than home care or vice versa. Thus it's mainly a matter of state of mind of that patient and his/her attendant.

As hospital has JCI or NABH standards to follow, there is no such thing for home care in India. Thus some gaps are definitely there in terms of the quality of services to be given. To narrow these gaps a similar approach of patient care in home is required as in a hospital. All the parameters like patient fall, needle stick injury, emergency response system etc. are measured periodically.

- NPS is a customer loyalty index which is developed by Fred Reichheld, Bain & Company and Satmetrix Systems. NPS more than zero is good, and of +50 is excellent. It measures the loyalty between consumer and provider.

  NPS is calculated based on response to one question i.e. in what score you will refer our services to a friend or colleague. Scoring is based on a 0 to 10 scale. Those scoring 9 to 10 are called Promoters. Those scoring 0 to 6 are Detractors. Those scoring 7 and 8 are called as Passives. The Net Promoter Score is calculated by subtracting the percentage of customers who are Detractors from the percentage of customers who are Promoters.

  In this case NPS= 76-(2+4+7) = 63%

CONCLUSION AND RECCOMENDATIONS

- Majority of the patients/attendants were satisfied. Dissatisfaction of certain patients was due to behavior of staff, grooming of staff and quality of service delivery.
- In terms of gender study both male and female patients are equally satisfied.
- In terms of type of care given more attention has to be given to nursing services satisfaction than other services.
- In terms of duration more attention has to be given to patients taking services from 1-10 days.
- To satisfy most of patients the training part has to be strengthened. Already there is 1 Nursing trainer employed in each unit to focus on not just clinical training but on areas like soft skills and grooming. A proper training plan is to be laid down for 3 months which is to be strictly followed. More training need is for nurses than nursing assistants and physiotherapists. Also people giving care for 1-10 days are found to be careless in their behavior. Thus more checks and audits are to be done for initial days of service.
- For strengthening service delivery there is proper care plan to be made for each patient as per his/her medical condition. This is to be followed by anyone giving care to that patient.
- A training calendar for soft skills and communication skills has to be prepared and implemented. With this the confidence level in care giver as well as the patient rises significantly.

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