(Draft Policy Template)

POLICY:

**Patient Satisfaction Surveys**

Timely feedback is obtained from home infusion patients.

PURPOSE:

To assess patient perceptions of home infusion services and identify patients for participation in the National Home Infusion Foundation benchmarking program.

PROCEDURE:

Definitions:

Benchmarking Eligible Patient: A discharged patient is one that was active with (Company Name) for 7 or more days and has received at least one infusion treatment at home, or any active home infusion patient that has been on service for at least 6 months.

*(NOTE: Submitting data for active, long-term patients is optional, whereas surveying all discharged patients is a program requirement. If the location opts to include active patients in benchmarking, then the survey frequency must be specified in the policy and all long-term, active patients receiving infusion therapies at home must be surveyed.)*

Patients not Eligible for Benchmarking: Patients who receive home infusion therapy as a secondary service (e.g. open to hospice), those who receive services in the ambulatory infusion suite, enteral patients, those receiving self- injectable medications, and (insert any other patients deemed ineligible by the provider (e.g. deceased patients).

Infusion Treatment: Infusion treatment refers to the administration of a drug through an IV or SC catheter, including patients who are receiving catheter maintenance services.

Patient Identification:

All patients active for 7 or more days having received at least one infusion treatment at home will be eligible for benchmarking. Active long-term patients receiving home infusion services at home (will, will not) be included in the benchmarking program.

Each month, a list of survey eligible patients from the prior month will be generated for purposes of identifying the benchmarking eligible patients. The list will be reviewed and any patients not meeting the eligibility criteria will be removed. (Include any additional details related to how patients are identified (e.g., patients for benchmarking are designated by making a notation in the CPR Plus profile.)

Survey Process: (Delete the section below that does not apply.)

(For those using a third party administrator)

The exported list is (uploaded through the secure portal/sent to) the third party administrator by (designated person) who will administer the approved NHIF survey to all eligible patients. The results of the surveys are shared with the (Performance Improvement Committee, Home Infusion staff) on a (quarterly) basis.

(For those not using a third party administrator)

All eligible patients on the exported list will receive the survey approved by NHIF as part of the validation process. The survey will be administered by (phone, electronic, paper). All patients may request a paper version of the survey as an alternative to other methods. Staff making phone contacts with patients to administer surveys or check on the status of surveys will receive training to ensure they follow the exact wording of the survey questions, and will be instructed to avoid making comments that could sway a patient’s response. Staff involved with administering surveys will be trained regarding procedures for accurately documenting patient responses. The results of the surveys are shared with the (Performance Improvement Committee, Home Infusion staff) on a (quarterly) basis.

Reporting Survey Data to NHIF for Benchmarking:

(For those using SHP as their third party administrator)

Survey responses will be de-identified and transmitted between Strategic Healthcare Programs (SHP) and NHIF for participation in the benchmarking program.

(For those not using SHP as their third party administrator)

No raw/identifiable survey data will be sent directly to NHIF. All survey data will be sent to Strategic Healthcare Programs (SHP) using the approved, standard format. The survey report will be sent to SHP according the established timelines for each reporting interval. Survey responses will be de-identified and transmitted between SHP and NHIF for participation in the benchmarking program.

A list of all eligible patients (identifying information such as name, DOB, etc. is removed) will be provided to SHP with the survey response data for purposes of determining the survey response rate for each sample interval.

# RESPONSIBILITY:

The (Director of Pharmacy/Nursing/Quality Assurance) has responsibility for revision to, and compliance with this policy, with approval of the (CEO).

# MODIFICATION/REVISION:

This policy is subject to modification or revision in part or its entirety to reflect changes in conditions subsequent to the reviewed/revised date of this policy.