**NHIF Uniform Patient Satisfaction Survey Questions**

**For Home Infusion Providers**

**Instructions for Coding Survey Responses in Excel®**

Sites independently reporting survey data to Strategic Healthcare Programs (SHP) will use the **NHIF Survey Response Data Collection Template**. This Excel® template includes the variable names and labels located in the appropriate spreadsheet column. The Excel® template can be downloaded from the NHIF website. The information below describes the spreadsheet data columns and includes the survey response codes for each survey question. Note that for Columns A-F of the Excel spreadsheet you will be entering information that pertains to your provider location and patient information. All protected health information (PHI) that you provide will be recoded according to HIPPA privacy rules.

The survey collection period is 45 days from the last day of the sample month, and the due date for spreadsheet is 60 days from the last day of the sample month. If you have questions about completing the spreadsheet please contact Jennifer Lyons at Jennifer.lyons@nhia.org. Please email your completed Survey Response Data Collection file directly to Sarah Brock at sbrock@shpdata.com. **Reminder: Never send survey data directly to NHIF.**

# Excel Data Column Descriptions

**Excel Column A: dpc**

This field is the Data Participation Code (DPC) that was assigned to your participating location by SHP upon acceptance into benchmarking program. Your survey responses and data analysis will be linked to this code.

Data for multiple participating locations can be included in the same file as long as the DPC code for your given location’s survey data is entered in Column A of the Excel file. Please contact SHP if you don’t know this number.

## **Excel Column B: survid**

This field is the unique ID assigned by the home infusion provider that is associated with the returned survey.

## **Excel Column C: samplemonth**

This field should be set to the first day of the sample month for which you are submitting survey response data. The sample month also refers to the month in which the patient was discharged from service. The format for a date is: MM/DD/YYYY.

**Example**: If you were submitting a file in November 2018 containing survey results data for patients who were discharged in September 2018, the sample month date would be set to “09/01/2018” for all rows.

**Excel Column D: survinfo1**

This field should contain the patient’s age in digit format. Please do not submit the patient date of birth in this column.

## **Excel Column E: survinfo2**

This field contains the patient’s gender.

**Valid values for this field are:**

**1** - Male

**2 -** Female

**M** - Missing/Unknown

## **Excel Column F: q1pumpc**

Survey Question 1: The home infusion pump was clean when it was delivered.

**Valid values for this field are:**

**1** - a. Yes

**0** - b. No

**N** - c. I did not use a home infusion pump.

**M** - Missing/No Response

## **Excel Column G: q2pumpw**

Survey Question 2: The home infusion pump worked properly.

**Valid values for this field are:**

**1** - a. Yes

**0** - b. No

**N** - c. I did not use a home infusion pump.

**M** - Missing/No Response

## **Excel Column H: q3arriv**

Survey Question 3: The home infusion medications and supplies arrived before I needed them.

**Valid values for this field are:**

**5** - a. Always

**4** - b. Very Often

**3** - c. Sometimes

**2** - d. Rarely

**1** - e. Never

**M** - Missing/No Response

## **Excel Column I: q4call**

Survey Question 4: The home infusion pump worked properly.

**Valid values for this field are:**

**1** - a. Yes

**0** - b. No

**M** - Missing/No Response

## **Excel Column J: q5phone**

Survey Question 5: The response I received to phone calls for help on weekends or during evening hours met my needs.

**Valid values for this field are:**

**5** - a. Always

**4** - b. Very Often

**3** - c. Sometimes

**2** - d. Rarely

**1** - e. Never

**N** - f. I did not need to call for help on weekends or during evening hours.

**M** - Missing/No Response

## **Excel Column K: q6side**

Survey Question 6: The home infusion nurse or pharmacist informed me of the possible side effects of the home infusion medication.

**Valid values for this field are:**

**1** - a. Yes

**0** - b. No

**M** - Missing/No Response

## **Excel Column L: q7fina**

Survey Question 7: I understood the explanation of my financial responsibilities for home infusion therapy.

**Valid values for this field are:**

**1** - a. Yes

**0** - b. No

**M** - Missing/No Response

The following 4 fields should contain the survey response for:

Survey Question: 8 Using the table below, rate how often each staff were courteous.

Scale: 5=Always, 4=Very Often, 3=Sometimes, 2=Rarely, 1=Never, NA – Not applicable

## **Excel Column M: q8dsc**

Delivery Staff - Courteous

**Valid values for this field are:**

**5** -5. Always

**4** - 4. Very Often

**3** - 3. Sometimes

**2** - 2. Rarely

**1** - 1. Never

**N** - NA. Not applicable

**M** - Missing/No Response

## **Excel Column: N: q8bsc**

Billing Staff - Courteous

**Valid values for this field are:**

**5** -5. Always

**4** - 4. Very Often

**3** - 3. Sometimes

**2** - 2. Rarely

**1** - 1. Never

**N** - NA. Not applicable

**M** - Missing/No Response

## **Excel Column O: q8psc**

Pharmacy Staff - Courteous

**Valid values for this field are:**

**5** -5. Always

**4** - 4. Very Often

**3** - 3. Sometimes

**2** - 2. Rarely

**1** - 1. Never

**N** - NA. Not applicable

**M** - Missing/No Response

## **Excel Column P: q8nsc**

Nursing Staff - Courteous

**Valid values for this field are:**

**5** -5. Always

**4** - 4. Very Often

**3** - 3. Sometimes

**2** - 2. Rarely

**1** - 1. Never

**N** - NA. Not applicable

**M** - Missing/No Response

The following 4 fields should contain the survey response for:

Survey Question 9: Using the table below, rate how often each staff were helpful.

Scale: 5=Always, 4=Very Often, 3=Sometimes, 2=Rarely, 1=Never, NA – Not applicable

## **Excel Column Q: q9dsh**

Delivery Staff - Helpful

**Valid values for this field are:**

**5** -5. Always

**4** - 4. Very Often

**3** - 3. Sometimes

**2** - 2. Rarely

**1** - 1. Never

**N** - NA. Not applicable

**M** - Missing/No Response

## **Excel Column R: q9bsh**

Billing Staff - Helpful

**Valid values for this field are:**

**5** -5. Always

**4** - 4. Very Often

**3** - 3. Sometimes

**2** - 2. Rarely

**1** - 1. Never

**N** - NA. Not applicable

**M** - Missing/No Response

## **Excel Column S: q9psh**

Pharmacy Staff - Helpful

**Valid values for this field are:**

**5** -5. Always

**4** - 4. Very Often

**3** - 3. Sometimes

**2** - 2. Rarely

**1** - 1. Never

**N** - NA. Not applicable

**M** - Missing/No Response

## **Excel Column T: q9nsh**

Nursing Staff - Helpful

**Valid values for this field are:**

**5** -5. Always

**4** - 4. Very Often

**3** - 3. Sometimes

**2** - 2. Rarely

**1** - 1. Never

**N** - NA. Not applicable

**M** - Missing/No Response

The following 4 fields should contain the survey response for:

Survey Question 10: I understood the instructions provided for:

## **Excel Column U: q10wash**

How to wash my hands.

**Valid values for this field are:**

**1** - a. Yes

**0** - b. No

**N** - NA. Not applicable

**M** - Missing/No Response

## **Excel Column V: q10givm**

How to give the home infusion medication(s).

**Valid values for this field are:**

**1** - a. Yes

**0** - b. No

**N** - NA. Not applicable

**M** - Missing/No Response

## **Excel Column W: q10care**

How to care for the IV catheter.

**Valid values for this field are:**

**1** - a. Yes

**0** - b. No

**N** - NA. Not applicable

**M** - Missing/No Response

**Excel Column X: q10stor**

How to store the home infusion medications.

**Valid values for this field are:**

**1** - a. Yes

**0** - b. No

**N** - NA. Not applicable

**M** - Missing/No Response

## **Excel Column Y: q10usep**

How to use the home infusion pump.

**Valid values for this field are:**

**1** - a. Yes

**0** - b. No

**N** - NA. Not applicable

**M** - Missing/No Response

## **Excel Column Z: q11satis**

Survey Question 11: I was satisfied with the overall quality of the services provided.

**Valid values for this field are:**

**5** - a. Strongly Agree

**4** - b. Agree

**3** - c. Uncertain

**2** - d. Disagree

**1** - e. Strongly Disagree

**M** - Missing/No Response

Or if using the 11-Point Scale:

**10** - 10. Strongly Agree

**9** - 9. Strongly Agree

**8** - 8. Agree

**7** - 7. Agree

**6** - 6. Uncertain

**5** - 5. Uncertain

**4** - 4. Disagree

**3** - 3. Disagree

**2**- 2. Strongly Disagree

**1** - 1. Strongly Disagree

**0** - 0. Strongly Disagree

**M** - Missing/No Response

## **Excel Column BB: q12reco**

Survey Question 12: I would recommend this home infusion company to my family and friends.

**Valid values for this field are:**

**5** - a. Strongly Agree

**4** - b. Agree

**3** - c. Uncertain

**2** - d. Disagree

**1** - e. Strongly Disagree

**M** - Missing/No Response

Or if using the 11-Point Scale:

**10** - 10. Strongly Agree

**9** - 9. Strongly Agree

**8** - 8. Agree

**7** - 7. Agree

**6** - 6. Uncertain

**5** - 5. Uncertain

**4** - 4. Disagree

**3** - 3. Disagree

**2**- 2. Strongly Disagree

**1** - 1. Strongly Disagree

**0** - 0. Strongly Disagree

**M** - Missing/No Response