

**NORTH COUNTRY COMMUNITY MENTAL HEALTH
NORTHERN AFFILIATION
ADMINISTRATIVE MANUAL**

CHAPTER: Affiliation Chapter 6
PROCEDURE NAME: Consumer Satisfaction
PROCEDURE NUMBER: 6001

POLICY:

It is the policy of NCCMH to continuously measure, assess, and improve the quality of service provided, based in part by the reported satisfaction of consumers served and others. A 'snapshot' methodology of frequent-, service-, or process-specific surveys is used. The NCCMH Provider Quality Oversight Committee (QOC) conducts the snapshots with the charge of obtaining the most representative, reliable and useful consumer satisfaction information.

PURPOSE:

The purpose is threefold. First, to establish the critical importance North Country Community Mental Health, Northern Affiliation associates with consumer feedback and involvement in managing the public mental health and substance abuse services. Second, to delineate the specific process used to efficiently drive the quality oversight activities of the affiliation. Third, to describe a procedure that feeds Community Mental Health decision-making regarding local quality improvement priorities.

BACKGROUND

The evolution of satisfaction methodology in behavioral health care is well documented. Barkley and Furse (1996) examined the problem of low response rates. These researchers emphasized the relationship between sufficient return rates and developing quality improvement priorities while recommending rates of 50% to be reliable. Kennedy (1996) recommended increasing the frequency and specificity of surveys. With flexible survey content, information both assess overall performance and track specific improvement priorities is provided.

In 1998, seven CMH Boards in Northern Lower Michigan affiliated in part, to measure and benchmark consumer satisfaction with increased reliability and validity. The process, which was developed and is described in this document, includes the following focus points:

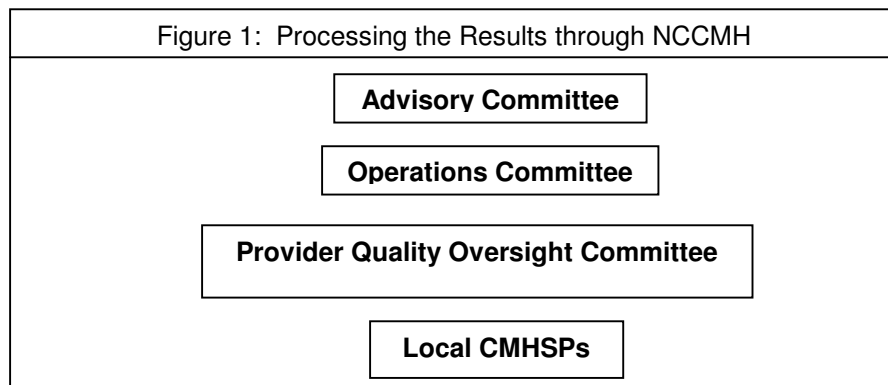
- One-week (or short-term) samples of convenience to monitor satisfaction by individual discipline or service venue.
- A goal of obtaining the highest return rates possible, by improving the ease with which people can participate in satisfaction studies.
- Maximize performance improvements opportunities by presenting the results for the affiliation, individual CMHSPs, and individual providers.
- Ensure consumer involvement at all levels of study development, review of results and development of corrective plans of action.

PROCEDURES:

- I. Preliminary Planning occurs during monthly meetings of the NCCMH Provider Quality Oversight Committee (QOC) and includes making decisions regarding:
 - A. Survey content
 - B. Procedural Planning
 - C. Potential dates of snapshot
 - D. Definition of the target population
 - E. Sampling methodology
 - F. Feedback mechanisms
 - G. Dissemination of results

Preliminary planning results in a first draft of the instrument and procedures customized for the particular study and target population.

- II. Preliminary Planning Protocol (Appendix A) is customized if necessary, and completely by each CMH board following the meeting.
- III. During the following week the feedback is provided to the Vendor by each CMHSP:
 - A. Feedback on the survey instrument draft
 - B. Feedback on the procedures
 - C. Completed Preliminary Planning Protocol
- IV. During the following week the final products are produced including:
 - A. Survey instrument coded to each CMHSP Board, service, location or provider
 - B. Procedures
 - C. Tally sheets
- V. The Vendor summarizes the data from the Preliminary Planning Protocol and an Access database is customized.
- VI. The snapshot takes place simultaneously at all CMHSPs with data collection occurring locally.
- VII. At the conclusion of the snapshot timeframe, raw data is immediately sent to the vendor. Minimum requirements for submission include:
 - A. All completed instruments
 - B. All tally sheets
 - C. Any local threats to the validity of the process
 - D. Any special instructions for data aggregation
- VIII. All data is input by the Vendor during the following week. Microsoft Access is used for quantitative measures, while narrative comments are reproduced verbatim in Microsoft Word.
- IX. Data analysis occurs during the following two weeks or prior to the next NCCMH Quality Assurance, Outcomes and Consumer Satisfaction workgroup meeting. Quantitative data is aggregated with Microsoft Excel. Reports to be produced by the Vendor include:
 - A. Return rates by affiliation, board, location and/or provider
 - B. Affiliation Report, describing the quantitative and qualitative performance of system and each CMHSP
 - C. Board Report, aggregation of the results for each CMHSP including local narrative comments
 - D. Supervisor Report, describing performance of specific aspects of service, such as service, location, or provider
 - E. Individual Clinician Reports, providing results of individual provider while preserving anonymity
- X. The results are reviewed both at the affiliation level and local CMHSP level in a variety of forums with varied stakeholders.
 - A. Figure 1 depicts processing the results throughout the NCCMH structure.



B. Local CMHSPs will review and document processing the results with stakeholders.

XI. NCCMH will determine minimum performance expectations for each survey conducted. Individual CMHSPs evidencing item means that fall below any performance expectations will develop corrective plans of action that will be forwarded to the QOC for monitoring. If the affiliation falls below the minimum performance expectations on any item mean, the QOC will coordinate an affiliation-wide corrective plan of action.

REFERENCES:

Barkley, W.M. & Furse, D.H. (1996). Changing priorities for improvement: The impact of low response rates in patient satisfaction. *Journal of Quality Improvement* 22(6). Joint Commission on Accreditation of HealthCare Organizations.

Kennedy, M. (1996). Designing surveys for maximal satisfaction: An interview with Allyson Ross Davies. *Journal on Quality Improvement* 22(5). Joint Commission on Accreditation of HealthCare Organizations.

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