

Patient Satisfaction – Addiction and Mental Health
Full data definition sign-off complete.

Name of Measure	An annual patient/client rating of overall satisfaction with Addiction/Mental Health Services.
Name of Measure (short)	Patient Satisfaction – Addiction and Mental Health
Definition	This indicator measures the percent of patients within general community addiction and mental health services indicating overall satisfaction with services they personally received in the past fiscal year. General community services are defined as services which provide more general treatment to patients with addiction and/or psychiatric disorders in a community or outpatient setting. It excludes services that narrowly focus on a certain diagnosis (e.g., borderline personality disorder, opioid dependency), or demographic group(s) (e.g., homeless persons, forensic, women only).
Domain	<ul style="list-style-type: none"> • Patient Satisfaction Domain • Acceptability Dimension: Health services are respectful and responsive to user needs, preferences and expectations
Type of Measure	Outcome Measure: A measure of patient satisfaction with addiction and mental health services that is indicative of patient experience
Business Context	<ul style="list-style-type: none"> • Alberta Health Services 2011-2015 Health Plan • Creating Connections: Alberta's Addiction and Mental Health Strategy • Becoming the Best: Alberta's 5-Year Health Action Plan (2010-2015)
Rationale	Alberta Health Services' mission is to provide a patient-focused, quality health system that is accessible and sustainable for all Albertans. The Alberta Health Services 2011-2015 Health Plan recognizes that patient experience is integral to achieving this. Satisfaction is one dimension of patient experience with care. It is also an indication of the extent to which services meet the needs of clients, and is considered a key dimension of service quality (McEwan & Goldner, 2001). Combined with clinical outcomes and other quality measures, such assessments can provide valuable information for decision makers regarding health care services and delivery. Measuring patient satisfaction with addiction and mental health services is a key step in ensuring quality, patient-focused services are delivered. Patient satisfaction may reveal if certain aspects of a service are adequate and which elements can be improved. Provincial patient satisfaction data for addiction and mental health services will be collected for five fiscal years (2010/11 to 2014/15). As such, it may be possible to assess changes in system-level performance on this domain over time.
Notes for Interpretation	<ul style="list-style-type: none"> • Measure is limited to individuals who have personally received general community addiction and mental health services and does not include family or care provider satisfaction or other areas of the service continuum. • This indicator includes results for patients indicating that they were overall 'Mostly Satisfied' or 'Delighted/Very Satisfied' with the service they received. It uses responses to a single question on overall satisfaction rather than the combined results of all rated questions for the surveys.

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Organizational Strategy	<p>Patient experience is a key focus for Alberta Health Services. A province-wide process for tracking and addressing patient concerns is being created and a culture of patient-focused care is promoted throughout the organization. In keeping with this, a strategic priority for Addiction and Mental Health is to engage clients, consumers, families and other stakeholders in all aspects of its work. The intent is to involve these groups in establishing clinical goals for care, service planning, evaluation and strategic initiatives. It is anticipated that this will enhance patient satisfaction because they will be involved as integral members of the care team and services will be more responsive and tailored to patient needs.</p>
Benchmark Comparisons	<p>Patient satisfaction with addiction and mental health services in previous fiscal years (e.g., 2008/2009) is available in the Systems Level Performance for Mental Health and Addiction report. Data are currently available for the 2007/2008 and 2008/2009 fiscal years. In 2007/2008 reported satisfaction levels ranged from 71% to 99% and results from 2008/2009 ranged from 55% to 97%. Level of satisfaction reported in the literature ranged from 58% to 95%.</p>
Cited References:	<p>Alberta Health Services, Addiction and Mental Health. (2010). <i>System Level Performance for Mental Health and Addiction in Alberta 2009/10</i>. Edmonton, Alberta, Canada: Author.</p> <p>Bjorngaard, J. H., Andersson, H. W., Ose, S. O., & Hanssen-Bauer, K. (2008). User satisfaction with child and adolescent mental health services: Impact of the service unit level. <i>Social Psychiatry & Psychiatric Epidemiology</i>, 43, 635-641.</p> <p>Carlson, M. J., & Gabriel, R. M. (2001). Patient satisfaction, use of services, and one-year outcomes in publicly funded substance abuse treatment. <i>Psychiatric Services</i>, 52(9), 1230-1236.</p> <p>Edlund, M. J., Young, A. S., Kung, F., Sherbourne, C. D., & Wells, K. B. (2003). Satisfaction and the technical quality of mental health care. <i>Health Services Research</i>, 38(2), 631-645.</p> <p>Hogan, B., Hershey, L., & Ritchey, S. (2007). A case study using a patient satisfaction survey to improve the delivery and effectiveness of drug addiction treatment services: Marketing implications and organizational impact. <i>Health Marketing Quarterly</i>, 24(1/2), 93-106.</p> <p>Martin, J. S., Petr, C. G., & Kapp, S. A. (2003). Consumer satisfaction with children's mental health services. <i>Child and Adolescent Social Work Journal</i>, 20(3), 211-226.</p> <p>O'Reilly, R., Bishop, J., Maddox, K., Hutchinson, L., Fisman, M., & Takhar, J. (2007). Is telepsychiatry equivalent to face-to-face psychiatry? Results from a randomized controlled equivalence trial. <i>Psychiatric Services</i>, 58(6), 836-843.</p> <p>Ruggeri, M., Lasalvia, A., Bisoffi, G., Thornicroft, G., Vazquez-Barquero, J. L. Becker, T., et al. (2003). Satisfaction with mental health services among people with schizophrenia in five European sites: Results from the EPSITOn study. <i>Schizophrenia Bulletin</i>, 29(2), 229-245.</p>

Patient Satisfaction – Addiction and Mental Health (continued)**Cited
References: (continued)**

Urness, D., Wass, M., Gordon, A., Tian, E., & Bulger, T. (2006). Client acceptability and quality of life: Telepsychiatry compared to in-person consultation. *Journal of Telemedicine and Telecare*, 12, 251-254.

Zhang, A., Gerstein, D. R., & Friedmann, P. D. (2008). Patient satisfaction and sustained outcomes of drug abuse treatment. *Journal of Health Psychology*, 13(3), 388-400.

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Technical Specifications

Metric	Percent
Preferred Display Format	99.9%
Numerator	The number of patients indicating that they were overall 'Mostly Satisfied' or 'Delighted/Very Satisfied' with the service they received.
Inclusion Criteria for Numerator	In keeping with the design of the Satisfaction tool, a minimum length of treatment time was established to consider eligible respondents. The criterion of three or more sessions was chosen to focus on those patients who are receiving counselling, therapy and related interventions, as opposed to those receiving primarily triage, assessment and referral related services.
Exclusion Criteria for Numerator	<p>Other areas of the continuum of care are excluded (e.g., acute or residential care, crisis care) as well as community or outpatient services that narrowly focus on a certain diagnosis (e.g., borderline personality disorder, opioid dependency), or demographic group(s) (e.g., homeless persons, forensic, women only). More specifically, the following services are not included in this definition of General Community Services:</p> <ul style="list-style-type: none"> • Inpatient services • Urgent care services • Specialized outpatient services (i.e. outpatient schizophrenia or eating disorder services) • Forensics • Geriatrics • Child and adolescents • Addiction residential services • Addiction detox services • Opioid dependency programs <p>The above listed areas of the continuum of care are excluded, in part, because of limited resources. The patient satisfaction surveys are not part of the standard data that is collected from clients when they receive an addiction or mental health service. It requires a significant amount of time to coordinate the administration of the survey and also to manage data generated them. Resources are not presently available to carry out an annual survey of all areas of the continuum of care. Also, there is a diversity of services offered under the banner of addiction and mental health, ranging from acute inpatient services to brief community interventions. As such, survey results from all areas of the continuum of care may not be directly comparable or amenable to being rolled up into a single provincial statistic.</p>
Data Source(s) for Numerator	In the 2010/11 fiscal year, the numerator is based on standardized satisfaction surveys (e.g., Client Satisfaction Questionnaire 18 [CSQ-18] in the South Zone and the Service Satisfaction Survey 10 [SSS10] in the other four zones). These two surveys have equivalent questions regarding overall satisfaction. In the 2011/12 to 2014/15 fiscal years the numerator is based on the SSS10 for all zones
Refresh Rate of Numerator	Numerator data are available annually.

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Denominator	The number of patients who completed satisfaction surveys within general community addiction and mental health services and answered the question on overall satisfaction with the service they received.
Inclusion Criteria for Denominator	In keeping with the design of the Satisfaction tool, a minimum length of treatment time was established to consider eligible respondents. The criterion of three or more sessions was chosen to focus on those patients who are receiving counseling, therapy and related interventions, as opposed to those receiving primarily triage, assessment and referral related services.
Exclusion Criteria for Denominator	<p>Other areas of the continuum of care are excluded (e.g., acute or residential care, crisis care) as well as community or outpatient services that narrowly focus on a certain diagnosis (e.g., borderline personality disorder, opioid dependency), or demographic group(s) (e.g., homeless persons, forensic, women only). More specifically, the following services are not included in this definition of General Community Services:</p> <ul style="list-style-type: none"> • Inpatient services • Urgent care services • Specialized outpatient services (i.e. outpatient schizophrenia or eating disorder services) • Forensics • Geriatrics • Child and adolescents • Addiction residential services • Addiction detox services • Opioid dependency programs <p>The above listed areas of the continuum of care are excluded, in part, because of limited resources. The patient satisfaction surveys are not part of the standard data that is collected from clients when they receive an addiction or mental health service. It requires a significant amount of time to coordinate the administration of the survey and also to manage data generated them. Resources are not presently available to carry out an annual survey of all areas of the continuum of care. Also, there is a diversity of services offered under the banner of addiction and mental health, ranging from acute inpatient services to brief community interventions. As such, survey results from all areas of the continuum of care may not be directly comparable or amenable to being rolled up into a single provincial statistic.</p>
Data Source(s) for Denominator	In the 2010/11 fiscal year, the denominator is based on standardized satisfaction surveys (e.g., Client Satisfaction Questionnaire 18 [CSQ-18] in the South Zone and the Service Satisfaction Survey 10 [SSS10] in the other four zones). These two surveys have equivalent questions regarding overall satisfaction. In the 2011/12 to 2014/15 fiscal years the denominator is based on the SSS10 for all zones
Refresh Rate of Denominator	Denominator data are available annually.

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Technical Notes	Data is received from the zones in Excel, Access or SPSS and combined provincially. Analysis and reporting is done with SPSS.
Calculation	The number of patients indication they were 'Mostly Satisfied' or 'Delighted/Very Satisfied' with the service they received divided by the number of patients who completed the survey multiplied by 100.
Relationship to Other Indicators	None at this time. In the future this measure could be used in measures of patient experience.
Level of Reporting	Information is reported at a provincial and zone level.
Frequency of Reporting	The indicator is available annually.
Limitations	<ul style="list-style-type: none"> • A single, standardized survey was not used across the province in the 2010/2011 fiscal year, making it necessary to base results on a single question. Results from a single question have the tendency to be more positive and less meaningful than if a scale is created that uses all or similar questions from the survey. All zones are now using the same survey (i.e., the SSS10). • There is considerable variability in evaluation, analytic and Information Technology support across the zones. As a result of these resource based variances, some variance in sampling and data collection will continue to occur. For example, some areas mail out surveys, while others will provide the survey in person. Zones will also continue to differ in the number of service areas that they are able to assess satisfaction from. A provincial group is working to align data collection and sampling methods to the degree possible • There may be variation in response rates across the zones.

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Document Version History

Version	Version Date	Summary of Changes
1.0	May 18, 2010	Final version for initial use.
1.1	July 6, 2010	Initial template documentation.
1.2	July 13, 2010	Review, adjust display format.
1.3	October 13, 2010	Add new signoff page.
1.4	September 1, 2011	Add new signoff page.
1.5	October 29, 2011	Revised content to reflect updated processes
1.6	November 18, 2011	Review, changes to AHW signoff page
1.7	January 3, 2012	Updated Business Context, Rationale, Cited References
1.8	January 9, 2012	Added additional detail to address AHW questions
2.0	February 10, 2012	Version ready for signoff
2.1	March 26, 2012	Full data definition sign-off complete.