

**Summary and Analysis of Patient Satisfaction Data  
Medical Rehabilitation  
Easter Seals Greater Hartford Rehabilitation Center**

**Reporting Period: 01/01/07 through 12/31/07**

**Process and Findings**

Patient satisfaction surveys were completed by patients or family members at the time of completion/discharge from their medical rehabilitation program. While approximately 13% of respondents were family members or primary caregivers, a preliminary analysis revealed no significant differences in responses of patients vs. family members. Data for these two classes of respondents were therefore combined for all subsequent analyses.

The results of these data aggregations are presented in Table 1 below.

Table 1

	<i>Rating</i>			
	Excellent	Good	Fair/Poor/ Not Sure	Excellent or Good
Promptness of admission	77%	<b>17%</b>	<b>9%</b>	<b>94%</b>
Opportunity to participate in treatment planning	93%	7%	0%	100%
Type, frequency, & duration of service	82%	<b>17%</b>	<b>1%</b>	<b>99%</b>
Discharge planning	84%	<b>16%</b>	0%	100%
Promptness in addressing issues	91%	9%	0%	100%
Satisfaction with outcome of treatment	88%	12%	0%	100%
Treatment expectations met	84%	11%	<b>5%</b>	<b>95%</b>
Information re program was accurate	100%	0%	0%	100%
Overall impressions of Center	88%	12%	0%	100%

Table 2, a summary of written comments, is offered to provide additional insight and perspective to the patients’ reported experience with us:

<b>Table 2 Summary of Written Comments</b>	
1.	I appreciated the one-on-one treatment I received... you were the utmost professionals.
2.	Your therapists gave me exercises and daily activities that continue to serve me well after discharge.
3.	<b>It appears as though one hand doesn’t know what the other hand is doing.</b> (reference to scheduling)
4.	Would recommend center to others.
5.	I had my physician change my referral from another outpatient physical therapy center where I was left on my own to Easter Seals. I told my physician how wonderful the staff was.
6.	Margie has magic hands- an incredible therapist.
7.	<b>When sending out bills, a more itemized version would be helpful- this was provided when asked for.</b>
8.	The free community fall screen was a life saver for my mom.
9.	<b>I can’t believe it takes so long to get a neuropsychologist appointment.</b>
10.	The Pathways Guide Book was extremely helpful to me and helped my family better understand what I was going through.
11.	My therapist felt something was wrong one day, took my blood pressure and heartbeat and got me an appointment with my cardiologist just like that.
12.	The best therapy team ever.

**Action Plan**

While it is clear that the overall results evidence strong satisfaction, the statistics reflect a few areas that warrant additional consideration. Any item that had (a) less than 80% of respondents making a rating of “excellent”; or (b) less than 100% of respondents making a rating of “good” or “excellent” was flagged for additional review and development of strategies to improve future performance. In addition, any issue that was identified through the written comments (bolded and italicized in Table 2) was also taken as warranting an improvement strategy.

Results and tentative action plans were presented to staff for review and comment. The findings and suggested strategies will be presented to the Board of Trustees during an upcoming Program Committee meeting. That plan is summarized in Table 3.

The Director of Medical Rehabilitation Services will be responsible for implementation and monitoring of all strategic action items. All action items will be immediately implemented upon Board review and approval.

**Table 3  
Analysis and Action Plan**

Finding	Comment	Action
1. 94% of respondents expressed good or excellent satisfaction regarding promptness of admission; however, 9% gave it a poor rating. Of note; however, was the perception of overall satisfaction with treatment plan, once initiated, was not adversely impacted by this issue.	A review of scheduling during the period of analysis revealed 2 significant time periods where a spike in delays occurred. Both time periods were determined to be a process and personnel issue with the scheduling position. This issue was resolved with the indicated action plan; Performance Improvement Plan for affected personnel; and subsequent change in the scheduler position.	Revise referral process to include updated referral sheet; improved standards and expectations with respect to turnaround time from Client Systems to Scheduler to appointment; frequency and documentation of patient contact attempts.
2. 99% of respondents expressed good or excellent satisfaction regarding the type, frequency and duration of service; however, 1% gave this category a poor rating.	Analysis of the “poor” comments revealed opportunities for improved communication in cases where family support is fragmented. Comments indicated a lack of patient understanding with respect to this aspect of the treatment process.	Review guidelines for family meetings to ensure all scenarios can benefit accordingly.
3. While 100% of respondents expressed Excellent/Good satisfaction with discharge planning, 16% were only good.	Discharge planning is, in part, externally subject to insurance determinations. To that end, patients and families should be encouraged and educated in the advocacy process.	As with (2) further examination is needed to determine the guidelines for family meetings with respect to treatment concerns and discharge planning.
4. 95% of treatment expectations were reported as Excellent/Good; however, 2% were reported as “Poor” while 3% were reported as unsure.	This concern, while comparatively small, may indicate a correlation between this perception and the disparities between projected and discharge FAM outcomes previously reported elsewhere.	Review interim goals and prognosis at minimum intervals to be determined by treatment team.

**Table 3  
Analysis and Action Plan**

Finding	Comment	Action
<p>5. Consistently high overall impressions of the Center, while welcome, are indicative of the need to revise the <i>Patient Satisfaction Survey</i> and process.</p>	<p>To facilitate continued program growth and improved response to community needs, we must “drill down” to the next level and create an improved survey process consistent with our mission and philosophy.</p>	<p>Establish focus group of staff and patients to develop next generation of satisfaction surveys and process. Focus group should have representation from Client Systems and Vocational Rehab to ensure a comprehensive program.</p>