

**Summary and Analysis of Stakeholder Input Data  
Medical Rehabilitation Services**

**Easterseals Capital Region & Eastern Connecticut**

**January 1, 2017**

**Findings**

The most recent round of stakeholder input surveys, including responses from referring physicians, health organizations, and human service organizations, have been analyzed and are presented in summary format in Table 1 below.

Table 1  
Summary of Stakeholder Data

	<i>Rating</i>			
	Excellent	Good	Fair/Poor/ Not Sure	Excellent or Good
Promptness of admission	75%	15%	10%	90%
Promptness in addressing issues	88%	12%	0%	100%
Opportunity to participate in treatment planning	80%	16%	4%	96%
Type, frequency, & duration of service	75%	25%	0%	100%
Discharge planning	85%	10%	5%	95%
Satisfaction with outcome of treatment	65%	25%	10%	90%
Treatment expectations met	96%	0%	4%	96%
Information re program was accurate	96%	4%	0%	100%
Overall satisfaction	84%	16%	0%	100%

Key interpretive findings are as follows:

1. The data strongly suggests overall satisfaction with Center services evidenced by 90% or more of all respondents indicating “excellent” or “good” for all categories.
2. Promptness of admission emerged as the lowest rated “process” indicator (i.e., reflecting the service delivery process rather than clinical effectiveness).
3. The two measures of clinical effectiveness (Satisfaction with Outcome of Treatment and Treatment Expectations Met) were certainly positive, with excellent or good ratings observed for 90% and 96%, respectively. On the other hand, only 65% actually rated Satisfaction with Outcome of Treatment as excellent and this was the lowest rate of any measure.
4. Another comparatively lower rate for only “excellent” is seen for Type, Frequency, & Duration of Service. This, of course, reflects insurance carrier approval, but speaks to a possible need to better communication with patients regarding the authorization process.

Stakeholder survey respondents were also invited to provide open-ended input regarding program satisfaction, changes, or needs. All comments focused on our neuropsychological services and are summarized in Table 2 below.

<b>Table 2 Summary of Written Comments</b>	
1.	Too long of a delay in scheduling first visit for neuropsychological assessments.
2.	Need more communication re delays in scheduling neuropsych services.
3.	Great reports, but more timely reports are important, even if detail is somewhat reduced.
4.	Detailed reports are the best around, but faster turnaround would be helpful.

### **Action Plan**

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 Directors at the next scheduled meeting. That plan is summarized in Table 3.

Responsibility for implementation and monitoring shall be that of the program directors. All action items will be immediately implemented upon Board review and approval.

**Table 3  
Analysis and Action Plan**

Finding	Comment	Action
1. 10% of respondents gave a rating of “fair,” “poor,” or “unsure” regarding promptness of admission.	It is clear that delays in getting in neuropsychological assessment patients is a cause of concern.	For the upcoming budget cycle, increase staffing and advise director to intensify recruitment efforts.
2. Only 65% of respondents indicated “excellent” regarding satisfaction with treatment outcomes.	It is unclear what this means, given that 96% of respondents rated “treatment expectations met” as “excellent.”	Continue to monitor closely and consider addition of a secondary analysis of “no progress” outcomes (per FAM ratings) as a secondary activity for the 2018 evaluation process if no improvement is observed.
3. Only 75% of respondents indicated “excellent” regarding type, frequency, and duration of services.	Type, frequency, and duration of service is obviously controlled by insurance carriers. .	Therapists need to better inform their patients regarding the authorization process as the patients move through the therapy process.