HAUTE AUTORITÉ DE SANTÉ

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METHODOLOGICAL GUIDE

National programme to measure patient satisfaction and experience: e-Satis

This document is a translation of the original French document

September 2019

Summary

Description of the publication

Title	National programme to measure patient satisfaction and experience: e-Satis
Method of production	Methodological report
Objective(s)	This document presents the methodology for the development and validation of "e-Satis" – the programme aimed at measuring the satisfaction and experience of hospital patients. It describes the main stages used by HAS to produce an outcome indicator based on the patients' point of view
Targets	Users, professionals, institutions
Requester	Self-referral
Sponsor	Haute Autorité de santé (HAS)
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Authors	Marie Gloanec, Project Manager ; Frédéric Capuano, Statistician ; Anne Grigorian and Sylvaine Egea, project assistants. HAS was assisted by two consulting firms (Bon Usage Conseil and B3TSI) for part of the statistical analyses included in this document and for its writing.
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Foreword

Appropriate, safe, high-quality care for better patient outcome

Our national policy is for a healthcare system that promotes relevant, high-quality patient-centred care. The healthcare system transformation strategy (STSS) called "Ma Santé 2022" lays down objectives for the improvement of healthcare quality and safety and the integration of service users in the evaluation of the healthcare system.

The quality of care needs to be measured and one of the solutions is to rely on healthcare quality and safety indicators allowing an objective analysis of the current situation.

Healthcare quality and safety indicators are reliable tools that help to improve quality in healthcare institutions

For over 10 years now, HAS has been developing healthcare quality and safety indicators and managing national data collection campaigns covering all French healthcare institutions. It ensures the reliability of the indicators compiled and the scientific basis of the results produced. These results are made available to the general public and some of them are used for national programmes (financial incentives to improve healthcare quality, institution certification procedure, etc.).

An indicator may measure a health state, a practice, an organisation or the occurrence of an event. There are different types of healthcare quality and safety indicators:

Structure and resource indicators, providing answers to the question "Do we have the resources to do things properly? ";

Process or clinical practice indicators, providing answers to the question "Do we do things properly? ";

Outcome indicators, providing answers to the question "Do we have good outcomes? ".

An indicator may be calculated using various sources of information: patient records, national databases, questionnaires filled in directly by patients, etc.

e-Satis effectively evaluates elements that can only be assessed by the patient, through highly detailed questionnaires

The national satisfaction measurement programme – e-Satis – produces the first outcome indicators derived from a patient evaluation of the services provided AND covering all French healthcare institutions. They supplement the indicators derived from an evaluation by professionals.

By responding to e-Satis questionnaires, patients can express their level of satisfaction and share their experience at each stage of their care pathway, from their admittance into the institution to their discharge. The satisfaction score produced by HAS on the quality of the care (one of the scores derived from e-Satis), is calculated on the basis of some ten questions concerning aspects such as the ability to listen, the support provided, respect for privacy, confidentiality, communication, the relief of pain, and other events that can occur during a hospital stay and which the patient is best able to assess.

Due to this quest for precision, the questionnaire is fairly long, but it enables institutions to identify the aspects to be improved. Through this national programme, each patient can express their views in order to identify areas of improvement and help professionals improve the services provided.

A result-oriented approach which is intensifying and promoting the development of new indicators – PROMs

While the e-Satis programme enables patients to express their opinions on their satisfaction and their experience in an institution, the next stage consists in measuring, from the patient's point of view, the outcome of the care provided to them following a stay in an institution or a care episode. "Patient Reported Outcome Measures" (PROMs) are a recognised way of improving shared medical decisions and communication between the patient and the doctor.

PROMs must thus be developed to steer national healthcare priorities based on the outcome and real effect for the patient. This development is part of the priorities identified by HAS in its strategic project for 2019–2024.

Development and validation of the programme

Purpose of the document

This document presents the methodology for the development and validation of "e-Satis" – the programme aimed at measuring the satisfaction and experience of hospital patients. It describes the main stages used by HAS to produce an outcome indicator based on the patients' point of view.

Find out more on the practical implementation of e-Satis

For information on the practical implementation of national e-Satis campaigns, please refer to the following pages on the HAS website:

www.has-sante.fr : Campagne nationale e-Satis pour les séjours de +48h MCO

www.has-sante.fr: Campagne nationale e-Satis en chirurgie-ambulatoire

www.has-sante.fr : Communiqué de presse - Résultats nationaux 2018

View the results of the indicators derived from e-Satis for each institution

The results of the indicators derived from e-Satis and published for each institution are available on Scope Santé, a HAS-produced website that provides service users with information on the quality of care in healthcare institutions: www.scopesante.fr

SCOPE santé
QUALITÉ DES HÔPITAUX & CLINIQUES
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Contact us

Please send any questions you may have concerning HAS' indicators on the quality and safety of care to EvOQSS (the department in charge of care quality and safety evaluation and tools), who will reply to you by e-mail: contact.iqss@has-sante.fr

ATIH (the Technical Agency for Information on Hospital Care) is in charge of the development and maintenance of the national e-Satis platform dedicated to the programme.

National backdrop for the set-up of e-Satis

We firstly need to set the national e-Satis programme in context and summarise the key stages of its deployment.

The patients' viewpoint must be considered[1]

As far back as 1988, the WHO's definition of quality of care already included the notion of patient satisfaction: [quality of care] is "a process which makes it possible to guarantee each patient the range of diagnostic and therapeutic acts whereby he can achieve the best possible results in terms of health, in accordance with the current state of medical science, at the most cost-effective price for an equivalent result, with the least iatrogenic risk and with a view to the greatest satisfaction in terms of procedures, outcome and human contacts within the health system". However, improving the quality of care was for a long time based on professional assessments of compliance with good clinical and organisational practices. Other aspects – such as informing the patient on the care to be provided, emotional support, planning for their discharge, and the outcome for the patient – had until now been little assessed.

Now, quality of care evaluation programmes increasingly adopts a value-based approach[1] (supported by ICHOM[2]) as well as a patient-centred approach[3]. A literature review4 of Patient Centred Care models has shown that the three main elements of this approach are: consideration of the patient's medical history and current context, effective communication, and partnership with the patient.

Today, the objective of getting service users involved in the efforts to improve the healthcare system and including their viewpoints and experience in evaluation procedures has become primordial. The link between patient experience, clinical effectiveness and safety of care is now well established[5-6].

From the point of view of indicators, the measure of patient experience and satisfaction – now considered as a full-fledged outcome of the care provided – broadens the scope or the conventional healthcare quality and safety indicators compiled.

In France: the measure of the patient's viewpoint is included in the national policy concerning healthcare quality and safety indicators

In France, back in 2010, the Ministry of Health laid down the requirement (in Article L1112-2 of the Public Health Code) for all healthcare institutions to assess the satisfaction of their patients on a regular basis. At the time, two research teams[7] were tasked with developing a questionnaire to measure patient satisfaction. The SAPHORA questionnaire was thus developed and validated[8].

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[1] Porter ME. Value-based health care delivery. Ann Surg. Oct 2008;248(4):503.9

[2] International Consortium for Health Outcomes Measurement: http://www.ichom.org/

[3] Epstein RM, Street RL. The Values and Value of Patient-Centered Care. Ann Fam Med. March 2011;9(2):100.3.

[4] Constand MK, MacDermid JC, Dal Bello-Haas V, Law M. Scoping review of patient-centered care approaches in healthcare. BMC Health

Serv Res. 19 June 2014;14:271

[5] Doyle C and al; A systematic review of evidence on the link between patient experience and clinical safety and effectiveness; BMJ Open

[6] Doyle C and al; A systematic review of evidence on the link between patient experience and clinical safety and effectiveness; BMJ Open

[7] CCECQA (Committee for the coordination of clinical and quality evaluation in Aquitaine) and COMPAQH project (Coordination of performance measurement for the improvement of hospital quality)

[8] POURIN Catherine and al, 1999.Elaboration et validation d'une méthode de mesure de la satisfaction des patients : l'expérience SaphoraMCO. Gestions Hospitalières. No.388, 1999/08-09 pages 480-491.

In 2014, the Ministry of Health rolled out the I-SATIS survey using the validated SAPHORA questionnaire. The survey was conducted over the phone by survey institutes commissioned by the institutions. It resulted in the production of a patient-centred outcome indicator.

In January 2015, the task of measuring the patients' point of view was entrusted to HAS. This measure – introduced in 2006 by the DGOS (Directorate General of Health Care Provision) and HAS – is included in the national compilation of healthcare quality and safety indicators (IQSS) for all healthcare institutions. Within that framework, the list of healthcare quality and safety indicators available to the public is set each year by ministerial decree[9].

Since then, the Ministry of Health has included in its No. 1 project – one of the 5 main lines of its

healthcare system transformation strategy – the objective of systematically measuring the point of view of patients, in order to increase the confidence of patients and service users in the healthcare system.

HAS management of the e-Satis programme since January 2015

When HAS started its work, it already had a scientifically validated I-SATIS questionnaire and operating procedures that had been tested on the national scale. Building on these resources, HAS' first development was the modification of the data collection procedures by switching from a telephone survey to a web-based survey, inspiring the current programme's new name: e-Satis.

Following these modifications, HAS had to get new scientific validation for all aspects of the new e-Satis programme (amended questionnaire due to the switch to a self-administered survey and new data collection procedures). Before its nation-wide rollout, the programme underwent the following:

– validation of the feasibility of the web-based survey
– validation of the questionnaire's metrological qualities
– validation of the results produced, and the method used to rate the institutions

Following this scientific validation, HAS was able to conduct the first national e-Satis campaign10, in April 2016, for hospital stays of over 48 hours in Medicine/Surgery/Obstetrics (MCO), for all of the French healthcare institutions concerned. The e-Satis +48h MCO survey has thus been conducted on a continuous basis since that date.

ATIH (the Technical Agency for Information on Hospital Care) is in charge of the development and maintenance of the national e-Satis platform dedicated to that survey.

At the end of 2016, nation-wide publication of the first outcome indicator based on the patients' point of view

At the end of the first national campaign, in December 2016, HAS published an outcome indicator based on the patients' point of view for each participating healthcare institution – the overall patient experience and satisfaction score. These results were published on the HAS user information site: www.scopesante.fr

Since 2016, this indicator has been used in the healthcare institution certification process, and in the national incentive programme to improve healthcare quality (IFAQ) jointly managed with the Ministry of Health.

[9] Ministerial decree in force: Decree of 28 February 2018 setting the list of mandatory indicators for the improvement of care quality and safety and the rules applicable to the healthcare institutions' public disclosure of certain results

[10] The national e-Satis questionnaire questionnaire national e-Satis +48h MCO for the measurement of patient satisfaction is available on the HAS website.

Extension of patient experience and satisfaction measurement, and ongoing consolidation of the programme

HAS is continuing its work on patient experience and satisfaction measurement by developing new questionnaires. The scientific validation methodology used for the e-Satis +48h MCO indicator is also being used to develop the national survey targeting patients having undergone outpatient surgery[10]. This new national survey has been conducted on a continuous basis since May 2018 and its first results were published in December 2018. Developments are planned for other sectors (HAH and Follow-on Care & Rehabilitation in 2019, Mental Health in 2020).

Moreover, HAS intends to further consolidate the e-Satis programme by increasing patient participation and the appropriation of results by professionals in the institutions. Communication initiatives are planned.

[10] Le questionnaire national e-Satis MCO CA (the national e-Satis MCO CA questionnaire) for the measurement of patient satisfaction is available on the HAS website.

Principles underlying HAS' development of a healthcare quality and safety indicator

The national programme – e-Satis – abides by the same development and validation principles as those applied to all healthcare quality and safety indicators developed by HAS. These principles are internationally recognised for all developments of patient experience measurement tools[11].

Developing a system to meet the national objectives of HAS indicators

With e-Satis, the data collected from patients enable HAS to produce a healthcare quality and safety indicator (IQSS) for all concerned participating institutions, which can then be compared.

All IQSS quality and safety indicators deployed by HAS produce comparative data with common operational objectives:

Enable healthcare professionals working in healthcare institutions to improve their practices through the analysis of the results produced

Participate in the steering of health policies and quality-based control

Inform service users on the quality of the care offering through the publication of results[12]

Developing a programme that complies with HAS' development stages

Prerequisite to the development of any tool: the creation of a multidisciplinary work group and the provision of information of stakeholders

All HAS tool developments take place within the framework of multidisciplinary work groups (WGs). The groups hold meetings at the end of each key stage. They are composed of healthcare professionals working in the evaluated sector, patient representatives, and methodologists.

Each professional fills in a Public Declaration of Interest (PDI) which has to be validated by HAS' PDI Validation Committee.

In general, HAS' indicator development stages are the following:

A design stage for the design of the tool and its evaluation scope, within the framework of a WG.

A stage of experimentation of the tool and evaluation scope: the experimentation is carried out by volunteer institutions. It involves the collection of data to conduct the required statistical analyses for the scientific validation of the tools developed. The results and analyses are discussed within the WG.

A stage of nation-wide rollout of the tools: the rollout is done by all the institutions concerned by the tool developed and allows the further collection of data. This allows the final scientific validation of the indicators produced and disclosed to the public. The results and final analyses are also discussed by the WG at the end of the first data collection campaign.

At each development stage, exchanges and discussions take place between HAS and all stakeholders concerned, within the framework of HAS' Healthcare Quality and Safety Consultation Committee.

[11] OECD Health Policy Studies; Improving value in health care / Measuring Quality; 2010

[12] French Act No. 2009-879 of 21 July 2009 on the hospital reform, healthcare and territories has reinforced the use of quality indicators in healthcare institutions and improved service user's rights to collective information by making it mandatory for each healthcare institution to publish indicators of the quality of the care provided

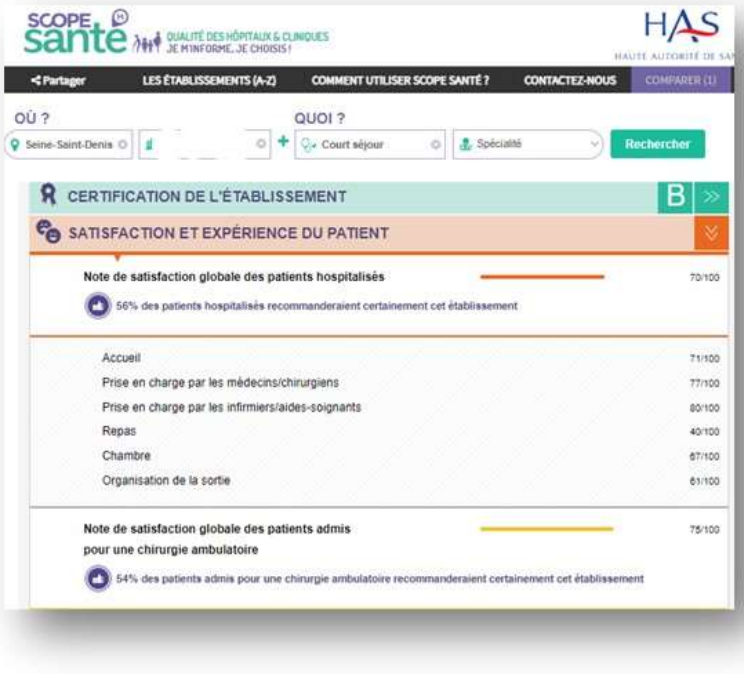
Developing a programme to produce a healthcare quality and safety indicator based on the patient's point of view

Following this development and the scientific validation stages, HAS has been able to produce a healthcare quality and safety indicator. With e-Satis, this is an outcome indicator based on the patients' point of view – the overall patient experience and satisfaction score.

This score is rated on a reliable, standardised scale of 100, assessing the patients' overall experience and satisfaction throughout their stay in the institution. It allows comparison among healthcare institutions and their rating on the HAS website www.scopesante.fr.

On that site, institutions are rated into 4 classes (A to D). Comparison is possible as the indicator is adjusted to take account of population differences from one institution to another. The calculation of the score and defining of the adjustment model are also part of the information provided in this document.

Lastly, the e-Satis questionnaires are divided into "dimensions" of the patient pathway (from admission to discharge). For each dimension, an overall patient experience and satisfaction score is also calculated: a score concerning admission, a score concerning the care provided, etc. These adjusted itemised scores are then published on Scope Santé.



Producing detailed results to improve healthcare quality and safety

In addition to this annual indicator, institutions have continuous access to detailed results on the national e-Satis platform. They also have access to their patients' verbatim comments: at the end of the questionnaire, a free-form field is provided so that each patient can leave a comment if they wish.

Purpose of the methodology document

The purpose of this document is to describe the key stages in the development and scientific validation conducted by HAS to produce a healthcare quality and safety indicator based on the patients' point of view.

The document does not provide a detailed account of the technical implementation of the programme – stages of the technical development of the e-Satis platform with ATIH, management and follow-up of a nation-wide survey conducted on an ongoing basis, compliance with the GDPR (see Appendix 3. Summary of e-Satis operating procedures).

Like for the development of all other indicators, the work is conducted within the framework of a work group. For the development of e-Satis, the work group must be mainly composed of persons with direct or indirect experience of the disease, clinical situation or social situation having required a hospital stay in connection with the field of the questionnaire developed.

The methodology described is generic and reproducible for the future questionnaire developments planned in the national e-Satis programme. The document provides a detailed account of the stages illustrated in the following flowchart:

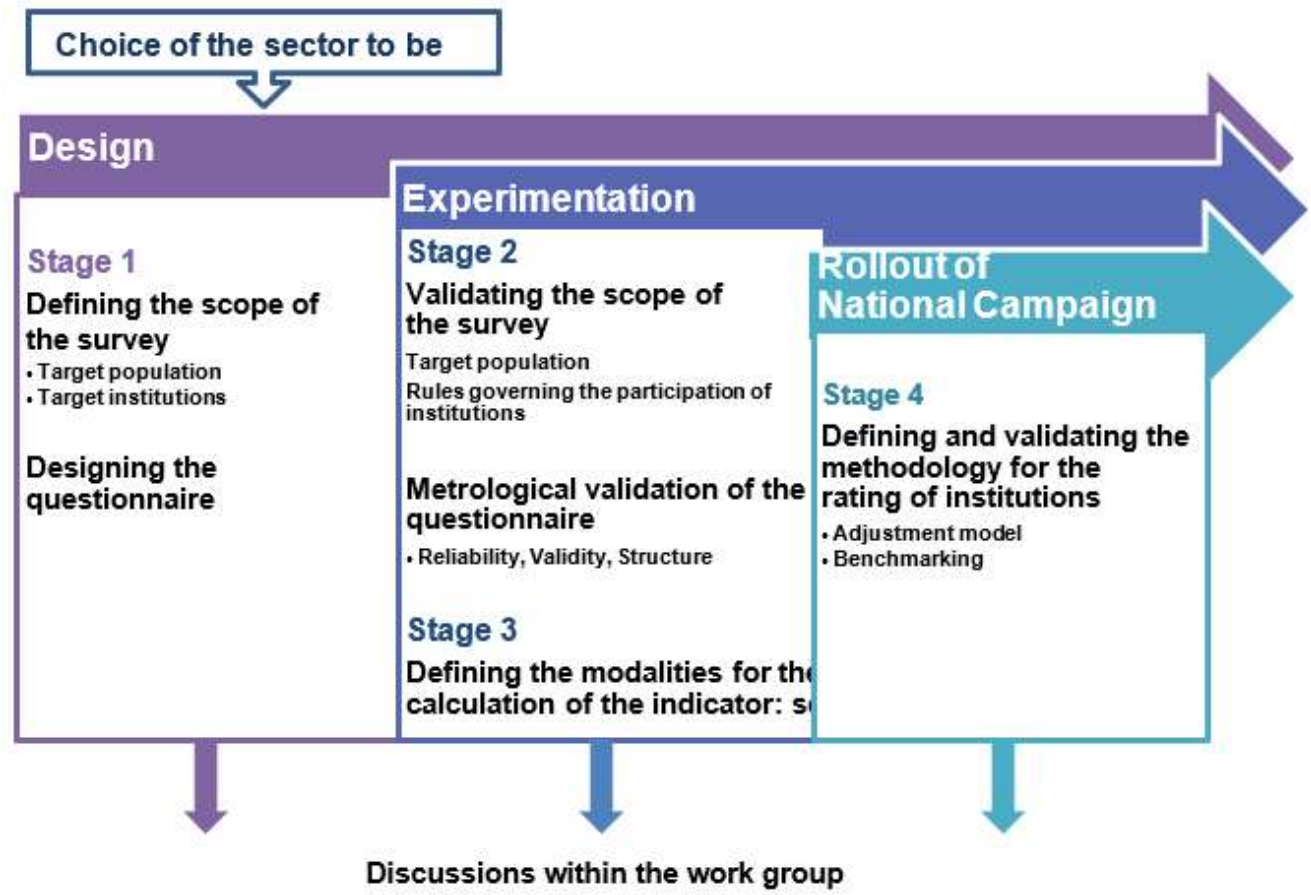
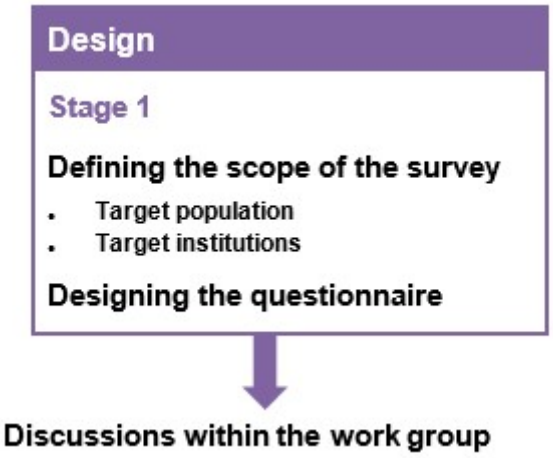


Figure 1. Key stages of the development and validation of the e-Satis national programme

Stage 1/ Defining the scope of the survey and designing the questionnaire



Choice of the sector evaluated in the survey

The choice of the sector to be evaluated is of course a prerequisite to any survey development project.

The sectors to be evaluated[13] must fit into the national policy strategy for the evaluation of healthcare quality and safety. The indicators developed provide professionals with a comprehensive and pertinent range of tools for the evaluation of their practices. For example, the e-Satis survey for outpatient surgery supplements an existing set of healthcare quality and safety indicators on the evaluation of outpatient surgery and thus provides an additional measure directly based on the patients' point of view.

Defining the scope of the survey: target population and institutions

Once the sector to be evaluated has been established, the scope of the survey must be defined on two levels: firstly, the population of patients to be surveyed, and secondly the institutions concerned by the survey with regard to this population.

Target population: selection and control

In order to develop a questionnaire suited to the population concerned, the characteristics of the patients to be surveyed must be defined. This comes down to drawing up a list of patient inclusion and exclusion criteria, taking into consideration any special cases of hospitalisation/care, relative to the target sector. These criteria are validated by the work group during the questionnaire design phase.

If any doubt remains as to the inclusion or exclusion of certain patients, they are included in the questionnaire experimentation phase, and a decision is taken concerning their inclusion following the analysis of its results.

[13] The first e-Satis survey concerns patients hospitalised for more than 48 hours in Medicine/Surgery/Obstetrics (e-Satis +48h MCO). HAS took over the survey broadly rolled out by the Ministry of Health to evaluate that sector.
The second e-Satis survey developed by HAS concern patients having undergone outpatient surgery (e-Satis MCO CA).

Details of the inclusion and exclusion criteria are provided to healthcare institutions in the documents relating to the implementation of the survey. Each institution is thus responsible for verifying the eligibility of its patients. However, to ensure the security of the system, two checks take place:

When the e-mail address is entered on the e-Satis platform, checks make it possible to automatically reject a patient's e-mail address based on the information provided in the input file (e.g. check concerning the length of stay using the admission and discharge dates entered in the input file). The information contained in the e-mail input file must be appraised before the experimentation phase to allow this first population control.

The questionnaires start with filter questions that automatically exclude non-relevant patients whose e-mail addresses would have been input by error. The filter questions must be defined during the questionnaire design phase.

Target healthcare institutions: those with relevant activity

Once the survey population has been targeted, the healthcare institutions providing care to that type of patient can be identified using the activity data entered in the PMSI (Programme for Medical Information Systems).

HAS works in collaboration with ATIH (the Technical Agency for Information on Hospital Care), which sends it queries concerning the activities of the healthcare institutions derived from the PMSI. HAS receives a list of institutions with the relevant activity so they can be included in the national survey, based on PMSI queries from year N-1 (last fully consolidated year).

To participate in all HAS indicator surveys, the healthcare institutions are identified by their Finess[14] number. In the e-Satis system, to ensure relevance for patients and institutions, the identification of institutions is done at the finest administrative level, i.e. via the Geographical Finess number.

Designing the questionnaire

Analysis of the literature on the sector to be evaluated

A literature analysis must be conducted ahead of the work group's first meetings. This analysis must make it possible to:

Define the major stages in the provision of patient care and the good practice guidelines for the targeted sector.

Check whether metrologically validated questionnaires for patient experience and satisfaction measurement already exist for the targeted sector.

All e-Satis questionnaires follow a predefined logic, which is that of the patient "pathway", meaning that the order of the questions follows the patient pathway and chronologically goes through the successive stages of the care provided. This design decision was taken by the work group to ensure optimal understanding of the questionnaire by the patient. Consequently, it is important to identify the major stages of patient care in order to be able to evaluate them: in the questionnaire, these stages are called "dimensions" and in fine a patient experience and satisfaction score is calculated for each of these pathway dimensions.

[14] Finess: Fichier National des Etablissements Sanitaires et Sociaux (National File of Healthcare and Social Institutions)

Prerequisites for the construction of the questionnaire: types of questions / responses

The e-Satis questionnaires are composed of different types of questions allowing a full evaluation of the patient's point of view. The questionnaire is highly detailed in order to provide institutions with detailed results on a continuous basis and give them a level of information which is precise enough to allow them to introduce improvements. It thus contains: Filter questions

Filter questions are asked at the start of the questionnaire to confirm the eligibility of the responding patient or exclude the patient if their stay does not fit into the evaluated sector and they were registered in the survey by error. During the questionnaire, other filter questions are asked in order to exclude a patient for which a question is not relevant (e.g. presence of any pain? meals eaten?).

Questions to measure patient experience

The questions that measure the patient experience are objective questions on what the patient went through. Most of them are coupled with a satisfaction question. The patient mainly responds to these questions with "yes" or "no", and in some cases "not applicable".

Example: "Have you been given information on the medicines to take after your discharge (dosage, intake schedule, adverse effects)?" Response options: yes / no / no medicines to take.

Questions to measure patient satisfaction

The questions that measure patient satisfaction allow the evaluation of the quality perceived by patients in relation to their expectations. Patients respond on a scale ranging from "poor" to "excellent" or from "never" to "always".

Example: "What do you think of the information given to you on the medicines to take after your discharge?" Response modalities: Poor to Excellent.

Questions concerning general opinions / recommendations

The questionnaires are rounded off with questions concerning general opinions, recommendations from the healthcare institution, and whether or not the patient "intends to come back" if another hospitalisation is required.

These questions are not taken into account in the score, but their results are sent to the healthcare institutions to supplement their evaluation.

Questions allowing the adjustment of the indicator

Certain questions are necessary to adjust the indicator calculated: they concern satisfaction with life in general and the health state improvement perceived by the patient. With these questions, the indicator score is adjusted to make it comparable from one institution to another.

The explanation of the result adjustment will be covered in a subsequent document (see Stage 4 of the development).

Free-form comments

All e-Satis questionnaires include 2 free-form comment areas at the end of the questionnaire[15].

The response modalities for the different types of questions are the following:

[15] These comments are not accessible to HAS.

A five-level Likert scale for satisfaction questions: from "Poor" to "Excellent" and from "Never" to "Always", depending on the questions.

Dichotomic responses such as "yes" or "no" + "not applicable" for experience questions.

Numeric scales for general and adjustment questions.

The response option "No opinion" for almost all questions.

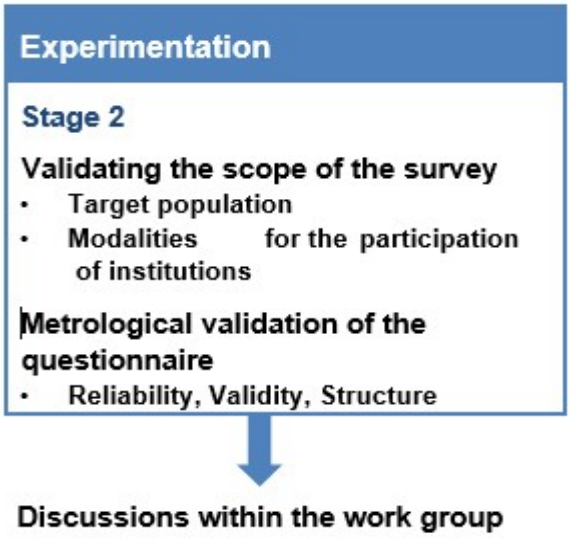
Work group discussion/validation and experimentation phase

Taking into consideration all of these prerequisites and the literature review, HAS proposes an initial version of the questionnaire, which is discussed by the work group until the professionals agree on a version of the questionnaire and a scope (patient + institution) to be tested.

At the end of the initial development phase, HAS is thus able to launch an experimental survey on the national scale.

The experimental survey is open to all the institutions concerned (institutions identified via the PMSI), which are all registered by default on the web-based test platform. The institutions participating in the experimental survey do so on a volunteer basis.

Stage 2/ Metrological validation of the scope of the survey and questionnaire



The analyses conducted in this second stage are based on the patient responses collected by the volunteer institutions during the experimentation phase. It is important to point out that the statistical analyses conducted, and the methodology used are those which are routinely used and recognised for the validation of a measurement instrument.

Validating the scope of the survey

The analysis of the experimentation results makes it possible to definitively validate the scope of the survey. It also makes it possible to confirm the operational feasibility of the survey for institutions and for patients.

Validating the scope of the survey

As previously explained, the inclusion of special cases of hospitalisation or patient care can be tested during the experimentation phase prior to a final decision. An analysis of the feasibility of the survey and/or responses to the questions may show that the questionnaire is not suited to these special cases and result in their exclusion from the nation-wide rollout of the survey.

Operational feasibility for institutions

The e-Satis surveys are conducted online on the secure e-Satis-pilot platform, to which the institutions upload files containing the e-mail addresses of the patients concerned, along with other information used for population control and result purposes: geographical Finess number, gender, age, date of admission to and discharge from the institution, department or service + code of the e-Satis survey to be filled in by the patient. In order to reduce the e-mail workload, the institution uploads the same file for all e-Satis surveys, rather than a specific file for each survey. The experimentation phase makes it possible to ensure that the institutions do not encounter difficulties in creating that file (in particular in identifying the patients concerned). It also confirms their ability to adapt to the chosen survey method.

Feasibility and patients' comprehension of the questionnaire

The experimentation phase also makes it possible to verify the feasibility of the survey for the persons questioned. The analysis of the participation can shed light on feasibility problems such as patients' unwillingness to respond, abandonment of the survey, or possible problems understanding the meaning of certain terms.

In order to confirm the survey's feasibility, the following must also be checked:

The sensitivity of the survey: floor and ceiling effects

The analysis of floor and ceiling effects makes it possible to confirm the sensitivity of the scale. If all patients respond to a question with the maximum or minimum response, this shows a problem of "sensitivity" of the question.

Thus, we analyse the floor rates (floor rate % = Nbr responses 1 / Nbr responses (1-2-3-4-5) *100) and the ceiling rates (ceiling rate % = Nbr responses 5 / Nbr responses (1-2-3-4-5) *100) for all questions.

Survey acceptability and comprehension: "No opinion" or "I don't remember" response rate. This analysis makes it possible to show that there is no problem with the comprehension of the questionnaire, that the questions are appropriate for the patients, and that the patients remember their experience. If most of the responses to a question are "No opinion", this reveals a problem with the comprehension and/or feasibility of the question (interest of the question / question not suited to the evaluated topic).

Metrological validation of the questionnaire

An e-Satis questionnaire is divided into dimensions which represent the main stages of the hospital stay or patient care (Admission dimension / Care dimension / Room & Meals dimension / etc.). For each dimension, an experience and satisfaction score will also be calculated and published by HAS. Each dimension comprises several questions on the patient experience and satisfaction, along with a question of general satisfaction with the dimension. This question of general satisfaction with each dimension is necessary for the conduct of statistical tests (correlation tests).

All the statistical tests set out below are systematically conducted using the questionnaires filled in by patients during the experimentation phase. Following the first survey, these tests are repeated on a larger number of responses in order to confirm the validity of the questionnaire.

For each dimension of the questionnaire, the statistical tests conducted are the following:

Analysis of the individual validity of the items

Objective	Validate the individual contribution of the satisfaction items to the dimension.
Test used and interpretation	Analysis of the correlation of each item with the overall satisfaction with the dimension. If $r < 0.33$ ($R^2=0.1$) then the item is considered as not contributing to the dimension. If $r > 0.82$ ($R^2=0.67$) then the significance of the item can be considered as equivalent to the overall satisfaction with the dimension.

Dimension homogeneity analysis

Objective	The homogeneity of the dimension rests on 2 conditions: Reliability, i.e. the degree of mutual consistency of the items in the dimension. The reflexivity of the items, i.e. the unidimensional character of the dimension.
Tests used and interpretation	Reliability: calculation of Cronbach's alpha for which a value of at least 0.7 is sought. Unidimensionality: Principal Components Analysis conducted using all satisfaction items in the dimension. The objective is to obtain a single eigenvalue above 1. Cronbach's alpha depends on both the mean level of correlation between the items when taken 2 by 2 and the number of satisfaction items evaluated for the dimension. A high Cronbach's alpha does not guarantee the unidimensionality of the items.

Confirmation of the structure of the dimension

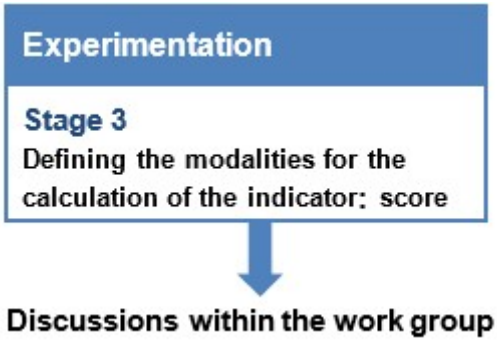
Objective	The aim is to verify that we effectively have the items that can explain the variations in patient satisfaction concerning the dimension studied.
Test used and interpretation	Multiple regression of overall satisfaction with the dimension through its detailed items. The objective is to obtain a coefficient of determination (R^2) of at least 0.7.

Once all dimensions (admission, care provided, etc.) have been validated, the last analysis consists in verifying that the dimensions as a whole allow the measurement of the general overall satisfaction expressed by the patients. At the end of the questionnaire, a stated overall satisfaction question allows the conduct of this test.

Confirmation of the structure of the questionnaire

Objective	The goal is to verify that the dimensions contribute to overall satisfaction.
Tests used and interpretation	Analysis of the correlation of the overall satisfaction in each dimension with the general overall satisfaction stated at the end of the questionnaire. If $r < 0.33$ ($R^2 = 0.1$) the dimension is considered as not contributing to general overall satisfaction. Multiple regression of general overall satisfaction through the dimensions' overall satisfaction levels. The objective is to obtain a coefficient of determination $(R^2) \geq 0.7$

Stage 3/ Defining the modalities for the calculation of the indicator: overall patient experience and satisfaction score



Right from the start of the development of a new questionnaire, the objective is to produce an outcome indicator in the form of an overall patient experience and satisfaction score.

In stage 3, we describe its calculation. The methodology used for the comparison and rating of the institutions using that score is described in stage 4.

Methodology for the calculation[16] of the overall patient experience and satisfaction score

The calculation of the overall patient experience and satisfaction score is discussed and validated by the work group.

Construction of the score

The aim of the score is to provide each institution with a patient-reported overall satisfaction indicator covering the entire patient pathway in the institution, from admission to discharge. Satisfaction scores will also be calculated for each dimension (NB: each e-Satis questionnaire is divided into dimensions that define the major stages of the patient pathway).

A satisfaction score is calculated for each patient based on their responses to the questionnaire and presented in the form of a rating out of 100. The mean patient satisfaction score is calculated to obtain the institution's overall result. This rule applies to all scores calculated on the raw level (overall patient experience and satisfaction score and per-dimension satisfaction scores).

The calculation of the score for each patient is based on fully completed questionnaires (questionnaires filled in to the end and validated by the patients) which are usable. The term "usable" entails the following: the questionnaire is usable when more than 50% of the satisfaction items have a valid response (other than "no opinion"). This threshold was set after the simulation of the impact of the rules for determining the usable character of the questionnaires and its discussion with the work group. To calculate the adjusted score, it is also necessary to check that the adjustment variables have been filled in (other than "no opinion").

[16] For further information on the modalities for the calculation of the scores: https://www.has-sante.fr/portail/upload/docs/application/pdf/2017-02/modalites_calculs_esatis48hmco_vf.pdf https://www.has-sante.fr/portail/upload/docs/application/pdf/2019-01/modalites_calculs_esatismcoca.pdf

Inclusion of experience-related questions: reallocation principle

The e-Satis questionnaire is composed of satisfaction-related questions and experience-related questions. The previously described score calculation concerns the results of satisfaction questions (which have five response modalities ranging from "Poor" to "Excellent" or from "Never" to "Always").

However, it is important to be able to incorporate the results of the experience questions in the calculated score. The experience questions are associated with satisfaction questions (e.g. Were you provided with information? If yes, what is your level of satisfaction concerning the clarity of the information?).

The results of score calculation simulations were discussed by the work group, which decided to include in the score the result of the experience questions by reallocating their result to the associated satisfaction question: this means that a patient's negative response to an experience question is allocated to the associated satisfaction question as a "Poor" response, and that certain positive responses to an experience question are allocated to the associated satisfaction question as an "Excellent" response. Negative reallocation only takes place when the experience question reveals a quality or safety problem for the patient (e.g. Were you provided with information? No = "Poor" response to the following question: What is your level of satisfaction concerning the clarity of the information?).

Generic calculation methodology

This calculation methodology is reiterated for the production of the other per-dimension satisfaction scores.

At the end of this stage, HAS produced a raw indicator making it possible to evaluate an institution's overall patient satisfaction and experience. The calculated score thus stems from the patients' perception (through satisfaction questions), as well as their actual experience (through experience questions) providing insight which is complementary to that provided by the other healthcare quality and safety evaluation mechanisms already implemented.

At this stage, further analyses must be conducted to allow the comparison and rating of healthcare institutions based on that score. They are described in the last part of the document.

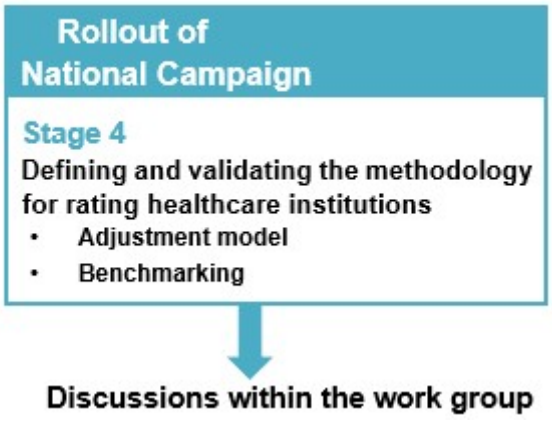
Validation by the work group and launch of a national campaign.

The results of the statistical analyses are discussed within the work group.

Following that discussion, HAS obtains the final version of the e-Satis questionnaire, which can be generalised. If required, additional analyses may be conducted during the first months of the national campaign in order to confirm the work group's choices. The additional statistical analyses are the same as those previously described.

At the end of the statistical validation stages, the validated questionnaire and survey modalities allow the launch of a first national campaign.

Stage 4/ Defining and validating the methodology for rating healthcare institutions



Once the indicator has been built, we get to the last stage of the development of the programme. The objective is to confirm that the indicator results can be used to compare institutions. They can then be made it available to the public via the website www.scopesante.fr in the aim of ensuring transparency and to stimulate improvements in the institutions.

This statistical validation phase requires data (patient responses) and must be conducted using a validated version of the questionnaire. Through the national campaign launched within the healthcare institutions concerned, HAS obtains patient responses on the validated e-Satis questionnaire.

Methodology for adjusting the overall patient experience and satisfaction score for each healthcare institution

To be able to compare different satisfaction scores, they need to be adjusted: this adjustment is a statistical treatment of the indicator to take account of variables that affect the results, and which are independent from the quality of care provided by the institution. This makes it possible to compare the e-Satis scores obtained by the institutions "with all else being equal". The patients' socio-demographic data (age, gender) and other patient characteristics (such as the institution's case mix) have a negligible effect on satisfaction[17].

Choice of adjustment variables

It is necessary to define the variables on which the adjustment model will be built. Relevant variables are chosen out of those available in the questionnaire and input file, and then tested.

The impact of three variables on the overall patient experience and satisfaction score was tested for the aggregate e-Satis questionnaire adjustment model:

The patients' perceived health state improvement following their stay: the result of this variable is the patient's response to a question at the end of the questionnaire (responses ranging from 1 to 5).

[17] POURIN Catherine and al, 1999. La mesure de la satisfaction des patients hospitalisés / 1ère partie Aspects conceptuels et revue des travaux. Journal d'Economie Médicale 1999, T.17, N°2-3, 101-115.

The patient's satisfaction with life in general: the result of this variable is the patient's response to a question at the end of the questionnaire (responses ranging from 1 to 7).

The patient's age: the patient's age is mentioned in the file submitted by the institution when the e-mail address is submitted.

For example, the illustrations presented below correspond to the analyses conducted for the validation of e-Satis +48h MCO. These analyses are applicable to all developments of the e-Satis questionnaire.

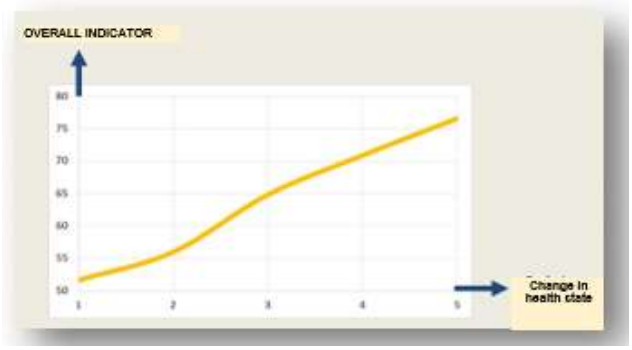


Figure 2

Impact of the patients' perception of the change in their health state on the score (September 2016 – National campaign – e-Satis +48h MCO 2016)

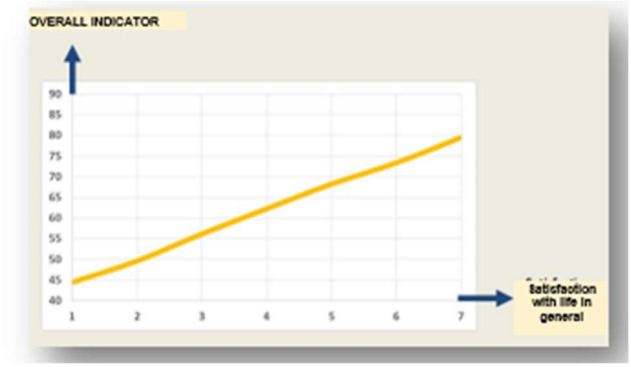


Figure 3 Impact of patients' satisfaction with life in general on the score (September 2016 – National campaign – e-Satis +48h MCO 2016)

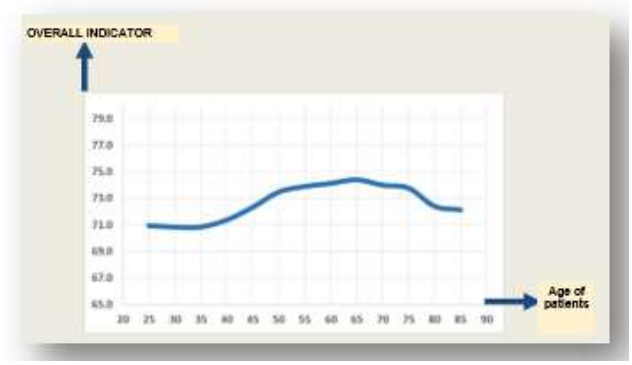


Figure 4 Impact of patients' age on the score (September 2016 – National Campaign – e-Satis +48h MCO 2016)

This last chart shows that the impact of age on the total score is non-linear, meaning that it cannot be incorporated in the adjustment model. The impact of age on the satisfaction level is significantly lower than that of the other two variables.

Consequently, the chosen adjustment model proposes to adjust the raw score based on the following two variables: "Patients' perceived health state improvement " and "Patients' satisfaction with life in general".

Calculation of the adjustment model

The objective of the score adjustment is to eliminate the potential effects of the two variables used:

X1	Q56_amelio: Change in health state
X2	Q57_Vie_Gene: Satisfaction with life in general

In methodological terms, the adjustment consists in quantifying the impact of the two variables – X1 and X2 – on the raw scores, and then adjusting each patient's score either upward or downward, depending on their X1 and X2 responses. In concrete terms, the raw score of a patient who is highly satisfied with their state of health and life in general will be adjusted downward. Conversely, the raw score of a patient who is highly dissatisfied will be adjusted upward.

For institutions, the adjustment makes it possible to take account of differences in patient profiles and allows comparison of the scores from one institution to another and from one year to the next.

The statistical methodology used is a multiple linear regression based on the following model:

$$\text{Raw score} = \text{constant} + \alpha1.X1 + \alpha2.X2 + \text{error}$$

Coefficients α1 and α2 are interpreted as follows:

α1: increase in the raw score when the perception of the change in health state goes up 1 point (1 level on the scale of 1 to 5), all else being equal (X2 fixed).

α2: increase in the raw score when satisfaction with life in general goes up 1 point (1 level on the scale of 1 to 7), all else being equal (X1 fixed).

➔ A patient whose perceived change in health state is 1 point above the mean value for

the total sample of patients who participated in the experiment will have an adjusted score which is equal to their raw score minus α1.

$$\textbf{ADJUSTED\_SCORE} = \textbf{RAW\_SCORE} + \alpha1\,(\mu1 - X1) + \alpha2\,(\mu2 - X2)$$

μ1 = mean perception of the change in health state expressed by patients participating in the experiment

μ2 = mean satisfaction with life in general expressed by the patients participating in the experiment

μ1 = mean perception of the change in health state expressed by patients participating in the experiment

μ2 = mean satisfaction with life in general expressed by the patients participating in the experiment

This adjustment methodology was reiterated for the adjustment of all satisfaction scores produced, i.e. the overall patient experience and satisfaction score, as well as the individual satisfaction scores for each dimension of the patient pathway. This also enables HAS to publish per-dimension scores on the website www.scopesante.fr.

Methodology for rating healthcare institutions

The previous stage makes it possible to get an adjusted score for the overall patient satisfaction and experience. We will now define the methodology for the rating of institutions based on this adjusted score.

Choice of the relative rating of institutions

Initially, a question arises as to the absolute or relative rating of the institutions according to their adjusted overall score. For example, an absolute rating may consist in dividing the institutions into 4 groups by setting brackets at regular intervals: 0-25/100 / 26/100 – 50/100 / 51/100 – 75/100 / 76/100 – 100; or dividing them into quartiles based on the results of the experiment. Based on a literature review, it is not possible to judge whether a score is good or bad in absolute terms.

In the same vein as the American Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey for measuring patients' perceptions of their hospital experience, the adopted methodology uses a relative rating approach, based on the results of the institutions observed during the experimentation phase. The general principle consists in identifying equivalent groups of institutions in terms of results across all patient pathway dimensions. The comparative analysis of the groups' adjusted overall scores makes it possible to set rating thresholds.

The interest of relative rating is that it can evolve over time, as the thresholds can periodically be moved upwards according to the improvement in patient satisfaction over the years (based on the principle that results will improve rather than deteriorate). Moving the thresholds upwards maintains positive improvement dynamics.

Defining the number of classes

For each institution having obtained at least 30 usable patient responses, we have scores for each dimension of the patient pathway.

To determine the number of classes, a cluster analysis (Ascending Hierarchical Classification – AHC) is conducted. This is an iterative classification method, involving the hierarchical clustering of institutions by similarity (Ward's distance).

A classification tree (dendrogram) is thus produced (see Figure 5). It provides an overview of the hierarchical clustering of institutions. The main root brings together all of the institutions. It is then possible to choose a cluster by truncating the tree at a given level. The level either depends on user constraints (the user knows how many classes he/she wants to obtain), or on more objective criteria. Statistically speaking, the number of classes can be 2 or 4.

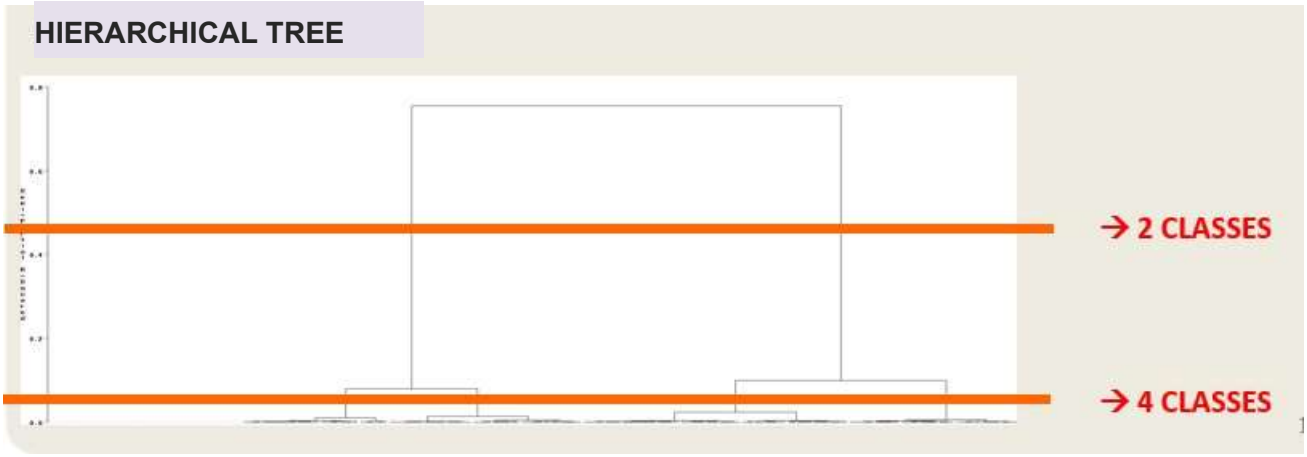


Figure 5 Hierarchical classification tree (September 2016 – National Campaign – e-Satis +48h MCO 2016)

For statistical reasons linked to the precision of observed results and the confidence intervals of the calculated scores, only 2 classes are initially chosen. For greater methodological robustness, k-means classification is then used, starting at the centres of gravity of the two AHC classes.

The 2 classes obtained through classification are separated by a central boundary expressed in terms of adjusted score.

Calculation of class thresholds

Since each institution has a different number of patient responses, the confidence interval of the adjusted calculated score is variable.

	CI = Score ± tα s/root(n)
CI	Confidence Interval
Score	Adjusted score obtained by an institution
tα	Student's t value associated with the type-1 α error risk
s	standard deviation of the adjusted score calculated using the institution's individual patient scores
n	number of responding patients for the institution

Due to the uncertainty linked to sampling, which is sometimes low (the minimum number of usable patient responses has been set at 30, see below), the following methodological principle was adopted:

The institutions are initially classed into 2 groups:

Those whose adjusted score is above the central threshold calculated using the classification, and those whose score is below the central threshold.

Each group is then subdivided into two groups:

In the first group (those above the central threshold):

- Those for which the lower boundary of the confidence interval remains above the central threshold are rated A.
- The others are rated B

In the second group (those below the central threshold):

- Those for which the upper boundary of the confidence interval remains below the central threshold are rated D.
- The others are rated C.

Given the small gap between the institutions' observed adjusted scores, the statistical need to introduce confidence intervals and the risk of classification errors due to sample size, in order to limit the risk of error to an acceptable maximum value (actually 10%), the direct breakdown into 4 classes as proposed by the AHC is not possible, unless you accept the fact of having a very limited number of A-rated institutions.

The methodology used thus has the advantage of proposing 4 well-balanced classes in terms of number of institutions.

Principle of the alpha variable

1st postulate: 2 institutions with the same adjusted score must have the same rating.

If we use the confidence interval formula

$$CI = Score \pm t_{\alpha} \frac{s}{root(n)}$$

When the responding patient number **n** increases, the confidence interval decreases. When an institution is above the central threshold and there is a large number of responding patients, the confidence interval narrows around the institution's adjusted score. The lower boundary of the CI is thus less likely to drop below the central threshold than that of another institution with the same score but with fewer patients. Since this cannot be envisaged, we have chosen to use a variable alpha in order to $t_{\alpha} \frac{s}{root(n)}$ get a fixed CI, in other words a fixed **α**.

The standard deviation **s** varies very little or not at all from one institution to another. Consequently, if **n** diminishes, then t_{α} must

diminish accordingly. Since t_{α} is inversely proportional to **α,**

➔ the lower the **n** value, the higher the risk of an institution rating error.

2nd postulate: Irrespective of the sample size (≥30), the maximum acceptable risk of error is set at

α=10%

The boundary between classes A and B is equal to:

$$\text{Central threshold} + t_{\alpha} \times s / \sqrt{n}$$

Where $t_{\alpha} = t_{0.01} = 1.645$, s=10.8 (MCO 48H+) and n=30

The boundary between classes C and D is equal to:

$$\text{Central threshold} - t_{\alpha} \times s / \sqrt{n}$$

Where $t_{\alpha} = t_{0.01} = 1.645$, s=11.9 (MCO 48H+) and n=30

Variation of alpha error risk according to number of respondents

The greater the number of respondents, the lower the risk of a rating error, which becomes practically nil starting at 100 respondents.

Number of responding patients	*Alpha risk*
30	***10,00%***
40	***5,75%***
50	***3,37%***
60	***2,00%***
70	***1,20%***
80	***0,72%***
90	***0,44%***
100	***0,27%***

Figure 6 Calculation of the Alpha risk according to the number of responses in the score

It is important to fully understand the interpretation of the risk of error linked to sample size. An institution rated A with a small number of patients may have a risk of error of around 10%. The low sample number could initially be seen as an advantage. There are three arguments against this reasoning:

If the reasoning is valid for A-rated institutions, it is also valid for D-rated ones.

Certain institutions rated B may possibly have obtained an A-rating with more respondents.

It is best for an institution to be rated at its proper value, in order to minimise risks of disappointment the following year.

Thus, the maximum acceptable risk has been set at 10%, which comes down to calculating a score for at least 30 responses.

Definition of a minimum threshold of 30 patient responses

The minimum threshold of 30 responding patients per institution has been set in keeping with the above-mentioned statistical choices and in view of the difficulty encountered by certain institutions in obtaining a higher response rate. This is the acceptable minimum threshold.

It should be pointed out that the collection of data for HAS indicators is mandatory for the healthcare institutions concerned. However, participation is optional below a certain activity level, due to the institution's potential difficulties in collecting the minimum amount of data required (in this case, patient responses) for the calculation of the indicator. In the definition of the modalities for the calculation of the score, it is necessary to determine the minimum number of patient responses required for the calculation of a reliable indicator. In view of the survey participation rates, it is then possible to define the activity level starting at which the institution's participation becomes optional (in number of stays). It is also possible to incorporate other criteria to make participation optional, such as the proportion of elderly patients.

HAS has set participation targets (that are designed to evolve): 25% emails collected and uploaded to the platform by institutions x 25% patient response rate, i.e. 6% participation rate among patients cared for.

Thus, concerning e-Satis +48h MCO, in order to obtain a minimum number of 30 responding patients, with those participation targets, the minimum activity level required is 500 stays of over 48 hours per year.

At the end of stage 4, HAS is thus able to produce a reliable, valid indicator that allows the comparison of healthcare institutions and provides information to users on the patient satisfaction level for all healthcare institutions covered by the e-Satis survey developed.

Conclusion and Outlook

This document covers the stages of the validation and statistical development of the mechanism implemented by HAS to allow the general rollout of the two national surveys currently used: e-Satis +48h MCO and e-Satis MCO CA.

The methodology presented is generic and is designed to be reproduced for future developments of e-Satis surveys for the measurement of patient satisfaction and experience.

Improving the quality of care was for a long time based on professional assessment of compliance with good clinical and organisational practices. Today, the measurement of patient experience and satisfaction has broadened the scope of the conventional healthcare quality indicators compiled in France. The e-Satis national programme is thus set to expand its coverage to different areas of patient care in order to help institutions and professionals take account of the patients' point of view in the improvement of their practices. The results of each new survey are used in different procedures ranging from the certification of healthcare institutions to the award of financial incentives to improve quality.

Ongoing improvement of the tools available to institutions

To consolidate this national programme, its operational development must be ensured through:

The production of working documents for healthcare institutions (available on the HAS website)

The development of the secure web-based data collection platform, in collaboration with ATIH, which is responsible for its implementation.

The follow-up and management of the experimentation phase, and then the ongoing national campaign: assistance to healthcare institutions, responding to patients' queries, etc.

HAS works with ATIH to improve the operational modalities for the participation of institutions and patients in the survey.

With those surveys, the healthcare institutions have access to continuous detailed results on the national e-Satis platform. One of the stated objectives is to improve the results produced: For example, since May 2018, institutions have access to detailed results on a particular service or department (if this information is mentioned at the time of input of the patient's email address).

Another HAS objective is to assist institutions in their appropriation of the results.

Upcoming assessment of the quality of institutions' participation in the programme

With the upscaling of the programme and the conduct of several e-Satis +48h MCO campaigns, HAS now has enough hindsight to analyse institutions' participation and take account of the quality of that participation in the national programme. Aspects such as the regular input of e-mail addresses, and consistency between the volume of e-mail addresses uploaded to the platform and the institution's activity level, will make it possible to qualify an institution's participation with regard to its activity. This work is currently being investigated by HAS and is set to be part of the national campaigns conducted in 2019.

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Table of appendices

Annex 1. Fact sheet on the e-Satis +48h MCO survey

Population covered

Patient inclusion criteria

Concerning patients :

All patients residing in France having come out of a healthcare institution after a hospital stay and having given their email address.

Concerning the stay :

- full hospitalisation (including weekday hospitalisation) for a period of at least 48 hours (at least 2 consecutive nights spent in the hospital);
- in a functional short-stay unit (medicine/surgery/obstetrics) for adult patients or in a paediatric unit;
- irrespective of the type of admission into the functional unit or activity sector (direct, emergency, internal transfer) and whether the stay is a single event or part of a series of hospital stays;
- and whose destination after discharge is the patient's home (including retirement homes and residential care institutions for dependent elderly people (EHPAD)).

Patient exclusion criteria

Concerning patients:

- patients who did not provide an email address (refusal or no email address);
- patients who died during their stay;
- patients not residing in France;
- new-born babies hospitalised in the maternity ward when they are registered separately from their mother in the hospital IT system;
- anonymous or confidential hospitalisation (anonymous childbirth, etc.);
- destination after discharge: external transfer from a legal entity to another healthcare institution.

Concerning hospital stays:

- follow-on care and rehabilitation (SSR), long-term care units (USLD), secure inter-regional hospital units (UHSI), secure rooms and health units;
- the last functional hospital unit before discharge:
- short-term hospitalisation units, short-term surveillance zones, resuscitation, intermediate care, intensive care, neonatal care (without subsequent admission into an MCO unit during the same hospital stay);
- outpatient care;
- hospitalisation at home (HAH);
- mental health.

Healthcare Institutions covered

All healthcare institutions offering short stays in medicine/surgery/obstetrics can take part in the e-Satis +48h MCO survey.

Optional participation:

- Institutions whose PMSI-recorded activity for the year preceding that of the campaign was below 500 stays, according to the inclusion criteria set out above.
- AND/OR healthcare institutions in which 75% of the patient population (i.e. stays meeting the inclusion criteria set out above) is over the age of 75.

Modalities for rating healthcare institutions

The modalities concerning relative rating may vary from one campaign to another

Methodology for adjusting the overall satisfaction score for each healthcare institution

Adjustment variables used	"Change in health state" "Satisfaction with life in general"
Formula of the adjustment model used	SC_adjusted_patient = SC_raw_patient + 3,41667 * (4,3298681 – QC00056) + 4,62198 * (5,8092582 – QC00057)

Methodology for rating healthcare institutions

Defining the number of classes and calculating rating brackets:	Class D	Class C	Class B	Class A
	Score < 70.7	Score ≥ 70.7 and < 74	Score ≥ 74 and < 77.3	Score ≥ 77.3

Questionnaire e-Satis +48HMCO

Questionnaire e-Satis +48hMCO: www.has-sante.fr : questionnaire e-Satis +48h MCO

Annex 2. **Questionnaire e-Satis +48h MCO**

HAS HAUTE AUTORITÉ DE SANTÉ

e-Satis

Liberté • Égalité • Fraternité
RÉPUBLIQUE FRANÇAISE
MINISTÈRE DES SOLIDARITÉS ET DE LA SANTÉ

Give your opinion on your hospital stay

Dear Sir/Madam,

Following your stay in a healthcare institution, we would like your opinion on your hospitalisation.

This questionnaire is anonymous and will only take a few minutes.

Start the questionnaire

Your answers are important. They will enable your hospital or clinic to learn about the positive aspects of your stay and those needing improvement, and allow the allocation of a satisfaction score, accessible on the website Scope santé.

You can interrupt the survey at any time and come back to the questionnaire later. Your answers will be saved. The questionnaire is accessible over the 12 weeks following your discharge from the healthcare institution.

If you agree to respond to the questionnaire, click the button "Start the questionnaire" (the button will remain active for 12 weeks following your discharge).

Special cases:

If your child is under 14 years of age, you can respond to the questionnaire for them by referring to their hospitalisation.

If your child is between 14 and 17 years of age, you can either respond for them or with them.

Parents/partners/caregivers can respond for or with a person who is incapable of doing so (no email address, elderly, person with physical or mental disability, person under guardianship, etc.).

Any questions?

This national survey to measure the satisfaction of hospital patients is conducted by HAS – the French Health Authority. You can contact HAS by email.

Thank you in advance for your participation.

If you do not want to respond to the questionnaire, click here to unsubscribe.

In accordance with the French data protection Act – Loi Informatique et Libertés – of 6 January 1978, you have the right to access, rectify or delete your personal data by contacting ATIH: Unsubscribe

General

Please state your level of satisfaction using the scales provided below

You were hospitalised for at least two consecutive nights in one of our medical and/or surgery and/or maternity units?

☐ Yes ☐ No

If yes, please answer the following questions.

If no, you don't need to respond to the questionnaire, which is not suited to your hospital stay. Thank you for your response to this email.

This questionnaire is filled in by:

The patient ☒ A family member or friend ☐ The patient with a family member or friend ☐

If you are a family member or friend of the patient, make sure that your answers actually reflect the patient's opinion.

Had you been hospitalised in this institution before?

No, never ☒ Yes, a long time ago ☐ Yes, recently ☒ I don't remember ☐

Had you been hospitalised in this institution before?

Please note that the following questions concern your latest stay in this institution

Who steered you towards the institution in which you were hospitalised?

☐ An Emergency service ☐ A doctor (general practitioner/specialist) ☐ A family member or friend

☐ Another institution

☐ Other

Your admittance

Please state your level of satisfaction using the scales provided below

What do you think of the healthcare institution's accessibility (transport, parking, signs)?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

What do you think of the reception in the care unit(s) (excluding Emergency services)?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

What do you think of the identification (badge, presentation, etc.) of the persons working in the healthcare units (doctors, nurse(s), healthcare assistant(s), etc.)?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Did you receive a patients' welcome booklet?

Yes ☐ No ☐ I don't remember ☐

What do you think of the clarity of the information in the patients' welcome booklet?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Were you informed of the existence of patient representatives within the institution?

Yes ☐ No ☐

What do you think of the visiting hours?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Overall, how would you rate the reception in the institution?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Care provided

Please state your level of satisfaction using the scales provided below

Did you spontaneously receive (without asking) explanations on your health state, treatments, care, etc.?

Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐

If none of these answers is suitable, click the button: No opinion ☐

Did the doctors or surgeons in the unit answer your questions?

I had no questions to ask ☐ No, I got no answers to my questions ☐ Yes ☐

What do you think of the clarity of the answers given by the doctors or surgeons in the unit?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Have you (or your loved ones) wished to take part in decisions relating to your care or treatment?

Yes ☐ No ☐

Were you (or your loved ones) able to take part in decisions relating to your care or treatment?

Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐

If none of these answers is suitable, click the button: No opinion ☐

Did the doctors or surgeons pay attention to what you said?

Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐

If none of these answers is suitable, click the button: No opinion ☐

Did the nurses or healthcare assistants pay attention to what you said?

Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐

If none of these answers is suitable, click the button: No opinion ☐

Were you worried or did you feel any anxiety during your hospitalisation?

Yes ☐ No ☐

What do you think of the support provided by the doctors or surgeons in charge of your care?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Did you need help with everyday tasks (getting washed, getting dressed, eating, moving around, etc.)?

Yes ☐ No ☐

What do you think of the help given to you with everyday tasks?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Did you need urgent help at some point during your hospital stay (faint feeling, disconnected drip, end of drip, going to the toilet, etc.)?

Yes ☐ No ☐

What do you think of the waiting time to get urgent help?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

What do you think of the attention paid to your privacy during your stay?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

What do you think of the attention paid to confidentiality and professional secrecy during your stay?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Did the doctors/surgeons talk in front of you as if you were not there?

Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐

If none of these answers is suitable, click the button: No opinion ☐

Did the nurses/healthcare assistants talk in front of you as if you were not there?

Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐

If none of these answers is suitable, click the button: No opinion ☐

Did you have any pain during your hospital stay?

Extremely intense ☐ Intense ☐ Moderate ☐ Mild ☐ No pain ☐

What do you think of the way in which that pain was treated?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

During your hospital stay, did you have any other discomforts related to your illness (nausea, uncomfortable position, dizziness, etc.)?

Yes ☐ No ☐

What do you think of the way in which those other discomforts were treated?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Overall, how would you rate the quality of the care/treatments provided to you by the doctors/surgeons in the unit?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Overall, how would you rate the quality of the care/treatments provided to you by the nurses/healthcare assistants in the unit?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Room and meals

Please state your level of satisfaction using the scales provided below

What type of room were you in?

Single ☐ Double ☐

What did you think of the comfort in your room?

Poor ☐ Marginal ☒ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

What do you think of the cleanliness of your room?

Poor ☐ Marginal ☒ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

What do you think of the temperature in your room?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

What do you think of the peace and quiet in your room?

Poor ☐ Marginal ☒ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Did you have a meal during your hospital stay?

Yes ☐ No ☐

What do you think of the quality of the meals served to you?

Poor ☐ Marginal ☒ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

What do you think of the variety of the dishes?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Overall, how would you rate your meals during your hospital stay?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Overall, how would you rate your room during your hospital stay?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Concerning your discharge

Please state your level of satisfaction using the scales provided below

What do you think of the way in which your discharge was organised (information provided on your date of discharge, destination after your discharge, etc.)?

Poor ☐ Marginal ☒ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Were you given information on the medicines to take after your discharge (dosage, intake schedule, adverse effects)?

I had no medicine to take after my discharge ☐ No, no information was given to me ☐ Yes ☐

What do you think of the information given to you on the medicines to take after your discharge?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Were you given any information on the resumption of your activities after your discharge (work, sports, usual activities)?

Yes ☐ No ☐

What do you think of the information given to you on the resumption of your activities after your discharge?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Were you given any information on the signs or complications that would require you to get back in touch with the hospital or your doctor?

Yes ☐ No ☐

What do you think of the information given to you on the signs or complications that would require you to get back in touch with the hospital or your doctor?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Were you given any information on your follow-up after your discharge (upcoming appointments, upcoming stages?

Yes ☐ No ☐

What do you think of the information given to you on your follow-up after your discharge?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Overall, how would you rate the way in which your discharge was organised?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

General Opinion on your Hospital Stay

Please state your level of satisfaction using the scales provided below

What is your general opinion on your stay as a whole (admission, care provided, room and meals, discharge)?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Would you recommend this healthcare institution to your friends or family if they had to be hospitalised for the same reason as you?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

1 signifies "Certainly not" and 5 signifies "Certainly"

If you had to be hospitalised again for the same reason, would you return to this institution?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

1 signifies "Certainly not" and 5 signifies "Certainly"

Lastly, Information about You

Please state your level of satisfaction using the scales provided below

How do you feel now, compared to the day of your admission?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

If none of these answers is suitable, click the button: No opinion ☐

1 signifies "Much worse" and 5 signifies "Much better"

On a scale of 1 to 7, what is your level of satisfaction with life in general?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 4 ☐ 5 ☐

1 signifies that you are not at all satisfied and 7 signifies that you are highly satisfied. Use the intermediate scores to fine-tune your assessment

Find Out More

Your comment may be disregarded by the healthcare institution if any names of professionals are clearly mentioned.

What positive aspect do you remember from your stay?

……

What negative aspect do you remember from your stay?

……

Annex 3. Fact sheet on e-Satis MCO CA

Population covered

Patient inclusion criteria

Concerning patients:

All patients residing in France, aged 6 months or over, admitted for outpatient surgery (excluding emergencies), coming from their place of residence (own home or medico-social structure).

Concerning the stay:

Partial hospitalisation involving outpatient surgery (stay within a homogeneous patient group undergoing surgery, excluding abortion). The length of the stay must be zero day.

Endoscopic and fibroscopic examinations or interventions performed on an outpatient basis (under medical care) are not considered as surgical procedures and are thus excluded from the survey.

For your information, stays involving interventions coming under the following roots are included:

- 03K02 Mouth and teeth disorders with certain tooth extractions, repairs and dental prostheses
- 05K14: Initiation of certain vascular accesses for conditions coming under diagnostic category CMD 05, stays of less than 2 days
- 11K07: Stays coming under diagnostic category CMD 11 comprising the initiation of certain vascular accesses, in outpatient care
- 12K06: Stays involving prostate biopsy, in outpatient care
- 09Z02: Plastic surgery
- 23Z03: Comfort surgery and other interventions not covered by the mandatory health insurance system

Patient exclusion criteria

Concerning patients:

- patients who did not provide an email address (refusal or no email address);
- patients who died during their stay;
- patients not residing in France;
- patients admitted for emergency care;
- patients hospitalised following a transfer or an inter-institution intervention.

Concerning hospital stays:

- stays for abortion;
- stays without any surgery (external care, sessions, diagnostic coloscopy, etc.);
- conversion into full hospitalisation.

Healthcare Institutions Covered

All healthcare institutions who have a surgery activity, with or without an outpatient surgery unit (UCA), can participate in the e-Satis MCO CA survey.

Optional participation:

- Institutions whose PMSI-recorded activity for the year preceding that of the campaign was below 500 stays, according to the inclusion criteria set out above.
- All healthcare institutions who have a surgery activity, with or without an outpatient surgery unit (UCA), can participate in the e-Satis MCO CA survey.

Modalities for rating healthcare institutions

The modalities concerning relative rating may vary from one campaign to another

Methodology for adjusting the overall satisfaction score for each healthcare institution				
Adjustment variables used	"Change in health state" "Satisfaction with life in general"			
Formula of the Adjustment model used	SC_adjusted_patient = SC_raw_patient + 3,98816 * (4,4946454 – QC00056) + 4,26607 * (5,9947742 – QC00057)			
Methodology for rating healthcare institutions				
Defining the number of classes and calculating rating brackets:	Class D	Class C	Class B	Class A
	Score < 73.1	Score ≥ 73.1 and < 76.5	Score ≥ 76.5 and < 79.7	Score ≥ 79.7
Questionnaire e-Satis MCO CA				
Questionnaire e-Satis MCO CA: www.has-sante.fr : questionnaire e-Satis MCO CA				

Annex 4. Questionnaire e-Satis MCO CA

Give your opinion on your hospital stay

Dear Sir/Madam,

You were hospitalised in a healthcare institution for an outpatient operation/intervention. This is an operation or intervention for which the patient is admitted on the same day as the operation and is discharged a few hours later.

Following this operation/intervention, we would like to record your opinion.

This questionnaire is anonymous and will only take a few minutes.

Start the questionnaire

Your answers are important. They will enable your hospital or clinic to learn about the positive aspects of your stay and those needing improvement, and allow the allocation of a satisfaction score, accessible on the website www.scopesante.fr.

You can interrupt the survey at any time and come back to the questionnaire later. Your answers will be saved. The questionnaire is accessible over the 12 weeks following your discharge from the healthcare institution.

Special cases:

If your child is under 14 years of age, you can respond to the questionnaire for them by referring to their hospitalisation.

If your child is between 14 and 17 years of age, you can either respond for them or with them.

Parents/partners/caregivers can respond for or with a person who is incapable of doing so (no email address, elderly, person with physical or mental disability, person under guardianship, etc.).

Any questions?

This national survey to measure the satisfaction of hospital patients is conducted by HAS – the French Health Authority. You can contact HAS by email.

Thank you in advance for your participation.

If you do not want to respond to the questionnaire, click here to unsubscribe.

In accordance with the French data protection Act – Loi Informatique et Libertés – of 6 January 1978, you have the right to access, rectify or delete your personal data by contacting ATIH: Unsubscribe

Were you hospitalised in our institution for an operation/intervention?

☐ Yes ☐ No

If yes, please answer the following questions.

If no, you don't need to respond to the questionnaire, as it is not suited to your hospitalisation.

Thank you for your participation

For this operation/intervention, were you discharged from the institution on the same day (outpatient operation/intervention)?

☐ Yes / No, I stayed the nigh in the institution (or in another institution) /

☐ No, I wasn't meant to be discharged on the same day as my operation

If yes, please answer the following questions.

General

Please state your level of satisfaction using the scales provided below

During your hospital stay, did you have general anaesthesia (Were you completely asleep)?

☐ Yes ☐ No ☒ I don’t remember

This questionnaire is filled in by:

The patient ☐ A family member or friend ☐ The patient with a family member or friend ☐

If you are a family member or friend, make sure that your answers actually reflect the patient's opinion

Before your hospitalisation for outpatient surgery

Please state your level of satisfaction using the scales provided below

Before your hospitalisation for your operation, during the consultations, did you receive any information on:

– the need to have a person with you for your return home
  ☐ Yes ☐ No ☐ I don’t remember
– your operation/intervention in the institution (admission time, need to fast, etc.)
  ☐ Yes ☐ No ☐ I don’t remember

Were you given a prescription before your hospitalisation (medicine to relieve any pain)?

☐ Yes ☐ No ☐ I don’t remember

Before your hospitalisation, were you contacted by the institution (by text message, phone call, pre-recorded message) to remind you of what you needed to do before your operation/intervention?

☐ Yes ☐ No ☐ I don’t remember

Were you given an outpatient passport or welcome booklet (document providing information on your operation/intervention)?

☐ Yes ☐ No ☐ I don't remember

What do you think of the clarity of the information provided in the outpatient passport or welcome booklet?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Before your hospitalisation, did the medical personnel answer all your questions?

Yes ☐ No, I got no reply to my questions ☐ I had no question to ask them ☐

What do you think of the clarity of the answers provided by the medical personnel?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

What do you think of the medical personnel's efforts to reassure you, get you to relax, and gain your trust before your hospitalisation?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

As a whole, what do you think of the information you were given by the medical personnel (anaesthetist, surgeon, nurse(s), healthcare assistant(s), etc.) before your hospitalisation (explanations on your state of health, your operation, the preparation of your hospitalisation, possible complications, etc.)?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Overall, how would you assess the quality of the care provided before your hospitalisation?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

How you were received on the day of your admission

Please state your level of satisfaction using the scales provided below

What do you think of the simplicity/ease of administrative procedures in the institution?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

What do you think of the accessibility to the service where your operation/intervention took place (access, signs)?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

What do you think of how you were received by the personnel on your admittance into the service where your operation/intervention took place (explanations on how the day would unfold, politeness, kindness)?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

What do you think of the identification (presentation, badges, etc.) of the medical personnel (anaesthetist, surgeon, nurse(s), healthcare assistant(s), etc.)?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Overall, how would you rate the quality of the reception given to you in the institution on the day of your operation/intervention?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

The care provided during your hospitalisation

Please state your level of satisfaction using the scales provided below

What is your satisfaction level concerning the waiting time before your operation/intervention?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

In the operating room, what did you think of the medical personnel's efforts to reassure you, get you to relax, and gain your trust?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

After your operation/intervention, did you have any pain?

Extremely intense ☐ Intense ☐ Moderate ☐ Mild ☐ No pain ☐

What do you think of the way in which that pain was treated?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

What do you think of the attention paid to your privacy during your stay?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

What do you think of the attention paid to confidentiality and professional secrecy during your stay?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

What do you think of the support provided by the medical personnel during your stay?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Were you worried or did you feel any anxiety during your hospitalisation?

Extremely intense ☐ Intense ☐ Moderate ☐ Marginal ☐ No anxiety ☐

Overall, how would you rate the quality of the care provided to you in the institution?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Room and meals/snacks

Please state your level of satisfaction using the scales provided below

Were you in:

An individual room/booth ☐ A common area ☐

What did you think of the comfort in your individual room/booth or the common area?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

What do you think of the attention paid to your dignity and privacy in those areas (room/booth or common area)?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

During your hospitalisation, did you have a personal space (locker or cupboard) to store your belongings?

Yes ☐ No ☐

Did you have a meal or snack?

Yes ☐ No ☐

What do you think of the quality of the meals or snacks served to you?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Overall, how would you rate the quality of your room/booth/common area and that of your meals/snacks during your stay?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Your discharge

Please state your level of satisfaction using the scales provided below

What do you think of the waiting time to see the doctor before your discharge?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

What do you think of the information given to you on the treatments after your discharge (new medicines and/or treatments / resumption of your usual treatment)?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Did you receive any information on the signs or complications that would require you to contact the institution urgently?

Yes ☐ No ☐

What do you think of the information you received on the signs or complications that would require you to contact the institution urgently?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Were you given the phone number of the person/service to contact in the event of an emergency?

Yes ☐ No ☐ I don’t remember ☐

Did you receive any information on your follow-up after your discharge (upcoming appointments, physiotherapy, when to go back to work, etc.)?

Yes ☐ No ☐

What do you think of the information you received on the follow-up after your discharge (upcoming appointments, physiotherapy, when to go back to work, etc.)?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

On your discharge, were you given a document (liaison letter / operation report) containing the details of your intervention and the follow-up after your discharge?

Yes ☐ No ☐ I don’t remember ☐

On your discharge, what did you think of the medical personnel's efforts to reassure you, get you to relax, and gain your trust?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Overall, how would you rate the way in which your discharge was organised?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

After your Discharge / On your Return Home

Please state your level of satisfaction using the scales provided below

---

Did the institution contact you (by text message, phone call, pre-recorded message) 1 to 3 days after your discharge?

Yes ☐ No ☐ I don’t remember ☐

What do you think of the quality of the contact by the institution 1 to 3 days after your discharge?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Did you call the emergency number given to you on your discharge?

Yes ☐ No, I didn't need to ☐ No, because no emergency number was given to me ☐ I don't remember ☐

What was your satisfaction level following your return home (safe feeling, peace of mind, etc.)?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Overall, what is your satisfaction level concerning the support provided by the institution after your return to your home (safe feeling, peace of mind, etc.)?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

General Opinion

Please state your level of satisfaction using the scales provided below

What is your general opinion on the whole of the care provided to you (pre-hospitalisation, admittance, care provided, room and meals/snacks, discharge, return to your home)?

Poor ☐ Marginal ☐ Fair ☐ Good ☐ Excellent ☐

If none of these answers is suitable, click the button: No opinion ☐

Would you recommend this healthcare institution to your friends or family if they had to be hospitalised for the same reason as you?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

1 signifies "Certainly not" and 5 signifies "Certainly"

If none of these answers is suitable, click the button: No opinion ☐

If you had to be hospitalised again for the same reason, would you return to this institution?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

1 signifies "Certainly not" and 5 signifies "Certainly"

If none of these answers is suitable, click the button: No opinion ☐

Lastly, Information about You

Please state your level of satisfaction using the scales provided below

How do you feel now, compared to the day of your intervention?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

1 signifies "Certainly not" and 5 signifies "Certainly"

If none of these answers is suitable, click the button: No opinion ☐

On a scale of 1 to 7, what is your level of satisfaction with life in general?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 4 ☐ 5 ☐

1 signifies that you are not at all satisfied and 7 signifies that you are highly satisfied. Use the intermediate scores to fine-tune your assessment

If none of these answers is suitable, click the button: No opinion ☐

Find Out More

Your comment may be disregarded by the healthcare institution if any names of professionals are clearly mentioned

What positive aspect do you remember from your care episode?

……..

What negative aspect do you remember from your care episode?

……..

Annex 5. Summary of the operational modalities of the e-Satis survey

How does the institution participate in the survey?

The institution's participation consists in:

– Informing patients of the survey taking place;
– Recording the email addresses of the patients hospitalised;
– Extracting the list of eligible patients' email addresses;
– Uploading, at regular intervals (every two weeks or at least once a month), the files of patient email addresses on the e-Satis platform developed by ATIH[18]

An institution is considered as a participant once it has uploaded at least 1 file containing at least 1 valid email address to the e-Satis platform.

HAS has set participation targets: the upload of the email addresses of 25% of the patients concerned by each campaign (over the same period).

How do patients give their opinions?

In practice, each patient must be asked for their email address on their admission into an institution.

Thus, if the institution has correctly uploaded the email address to the national e-Satis platform, the patient will receive, two weeks after their discharge, an email containing a link to a secure questionnaire, sent automatically by ATIH.

The patient:

– clicks the link in the email
– automatically connects to the national e-Satis platform
– and fills in the e-Satis questionnaire

The unique link is active for 10 weeks. After that period, the link expires, and the patient's email address is automatically deleted from the platform. Two reminders are sent to the patient before the expiration of the link.

In less than 10 minutes, patients can give their opinion on their experience within the institution.

HAS has set a response target: a 25% response rate for each campaign.

[18] Agence technique de l'information sur l'hospitalisation (the French technical agency for information on hospital care)

How are the institutions' results published on www.scopesante.fr?

HAS publishes each participating institution's adjusted overall patient experience and satisfaction score on the Scope Santé website (www.scopesante.fr), calculated on the basis of the patient responses collected during a campaign (approximately 1 year). These results supplement and enhance the other information available on the website concerning the quality and safety of care in the institutions (derived from HAS' certification of the institutions and other healthcare quality and safety indicators).

Each institution with a minimum of 30 usable patient responses is allocated a score

(out of 100). Below that minimum requirement of 30 usable questionnaires, the score is not reliable enough to be included in the rating. The published score is associated with a colour, ranging from dark green to orange, making it easy to see how an institution rates, i.e. from Class A to Class D.

In addition to the 4 classes of results, there is a "Non-respondent" class, shown in red on the site. This class concerns institutions that have not uploaded any patient email addresses to the e-Satis platform and which have thus not participated in the survey. The "Non respondent" status is published on the website www.scopesante.fr and taken into account in all programmes that use the results of HAS' healthcare quality and safety indicators (Certification, the national incentive programme to improve healthcare quality (IFAQ), etc.).

Lastly, another category is shown on Scope Santé: that of institutions with "Insufficient data". This category concerns institutions that participated in the survey but did not meet the minimum requirement of 30 patient responses.

All our publications can be found on

www.has-sante.fr

HAS
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Advancing quality in the fields of
health and social care services

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