

Patient Satisfaction Benchmarking Guide

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Introduction

Benchmarking in the health care industry collects measurable performance data to develop quality standards based on aggregating information from a wide range of providers. When multiple providers participate, it adds context for comparing results from one location to standards determined through reporting from locations across the entire industry. National benchmarks are the gold standard for measuring individual performance and reporting over time encourages continuous quality improvement. Applying benchmarking in home and alternate site infusion is a process of identifying where action can be specifically directed and monitored.

NHIF Benchmarking Programs

- Patient Satisfaction
- 30-Day Hospital Readmission Rates
- Status at Discharge

Patient Satisfaction Benchmarking

Patient Satisfaction is so critical that it has been deemed a mandatory requirement for all Accountable Care Organization and Medicare providers. In addition, patient satisfaction can be an influential factor in the growth of the infusion industry. If patients are not satisfied with their services, they will find, and use other sites of care for infused treatments. Patient satisfaction benchmarks are vital to the home and alternate site infusion industry. Knowing how your patient satisfaction data compares industry-wide is critical in developing an action plan for improvement and developing best practices

NHIF Published Research for Patient Satisfaction Benchmarking

1. A Two-Year Assessment of Home Infusion Patient Satisfaction (March/April 2021)
<https://nhia.org/wp-content/uploads/2021/10/4-PATIENT.SAT-MarApr2021-FINAL.pdf>
2. Assessment of Home Infusion Patient Satisfaction.
https://nhia.org/wp-content/uploads/2021/10/Patient.satisfaction_online-FINAL.pdf
3. Uniform Patient Satisfaction Survey Questions for Home Infusion Providers (March/April 2020)
https://nhia.org/wp-content/uploads/2021/10/NHIF_research_study_no-intro.pdf
4. Home Infusion Professionals Excel at Providing Patient Instructions (March/April 2020)
http://digitaleditions.sheridan.com/publication/?m=13064&i=653665&view=articleBrowser&article_id=3625531&search=satisfaction&ver=html5

Types of Benchmarking

Internal Benchmarking

Internal benchmarking is used when providers compare their historical performance, such as comparing one year's data with another. This process allows providers to track, analyze, and trend their performance over time or compare different locations within the same organization.

External Benchmarking

External benchmarking establishes a frame of reference for judging results. It is a tool that provides key information on how one provider's service measures up against other "similar" providers. Without this added context, providers lack the perspective of what constitutes good performance.

Role of NHIF

NHIF is a not-for-profit 501(c)(3) affiliate of the National Home Infusion Association. The mission of NHIF is to advance the practice of home infusion through research, leadership, and education programs. Benchmarking programs are funded and administered through NHIF as a research initiative. Data submitted from individual organizations is used following all aspects of the Ethics Code of the American Association of Public Opinion Researchers, thereby protecting respondent confidentiality. Data received by NHIF is de-identified, and NHIF will never have the ability to associate the raw, extracted data with any individual provider who participates in benchmarking. NHIF will not sell or otherwise provide participating location contact information to anyone and retain ownership of all raw data and benchmarks.

Data De-identification

A unique data participation code (DPC) is assigned to each location using a third party to de-identify the provider with their data. Data is submitted using a secure data entry portal available through registration by the provider entering a new password and using their DPC code. The DPC code and password-protected data entry portal maintain provider privacy. Provider data is anonymous to NHIA/NHIF.

Submitting Data from Third Party Survey Administrators

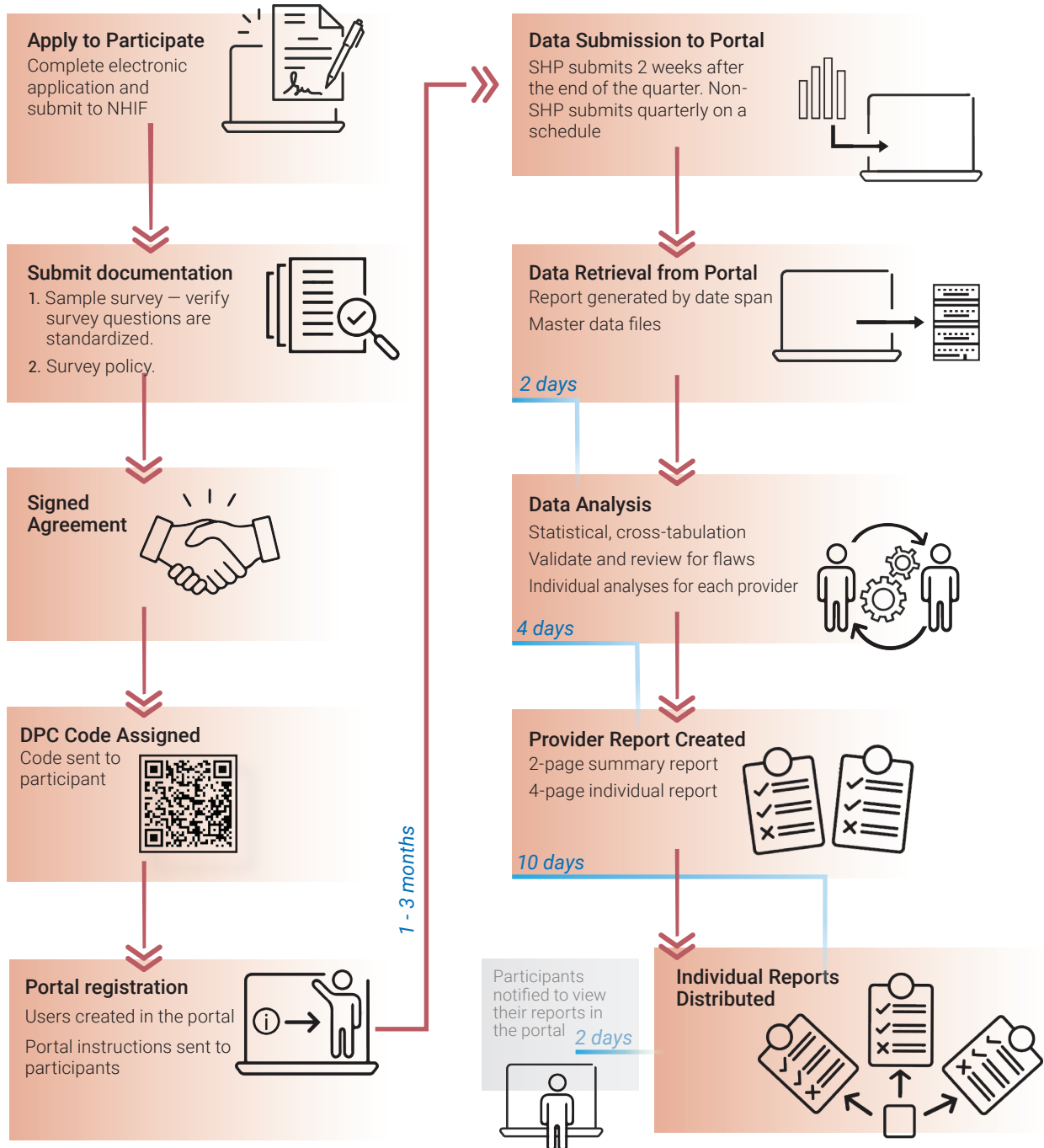
NHIF can work directly with third parties hired to administer surveys on behalf of providers (i.e., SHP). Obtaining data from the third-party survey provider can reduce the time required to collect and report data to NHIF. Giving permission to the data administrator to share data with NHIF may require the participant to sign an additional data sharing agreement.

Contact Information: Inquiries about this project may be directed to NHIFdata@nhia.org.

Participation Criteria

1. Participating locations must use the unmodified Uniform Patient Satisfaction Survey Questions for Home Infusion Providers published by NHIF. (See Tables: 1&2)
2. Participating locations must make a paper version of the survey available to all patients either as the standard survey process, or upon request as an alternative to the standard method. Electronic and telephone surveys are allowed, but may not be exclusively offered.
3. Participating locations must adopt an organizational policy describing the survey procedures, and methods for identifying benchmarking eligible patients. (Appendix B: NHIF Standard Operating Procedure Template)
4. Patient Inclusion Criteria:
 - a. Eligible patient means a discharged patient that was active to the home infusion provider for seven (7) or more days and has received at least one infusion treatment at home, or any active home infusion patient that has been on service for at least 6 months.
 - b. Infusion treatment means the administration of a drug through an intravenous (IV) or subcutaneous (SC) access device.
5. Patient Exclusion Criteria:
 - a. Patients who receive home infusion therapy as a secondary service (e.g. hospice, skilled facility patients).
 - b. Patients who receive services in the home infusion provider's ambulatory infusion suite.
 - c. Enteral patients
 - d. Patients receiving self-injectable medications.
 - e. Patients receiving catheter care therapy.

Benchmarking Process



NHIF Patient Satisfaction Data Submission Timelines

| Interval | Sample months | Data collection deadlines | Data submission deadlines | Report available |
|----------|---------------|---------------------------|---------------------------|------------------|
| Q1 | January | Mar 15 | May 31 | June 30 |
| | February | Apr 15 | | |
| | March | May 15 | | |
| Q2 | April | Jun 15 | Aug 31 | Sep 30 |
| | May | Jul 15 | | |
| | June | Aug 15 | | |
| Q3 | July | Sep 15 | Nov 30 | Dec 31 |
| | August | Oct 15 | | |
| | September | Nov 15 | | |
| Q4 | October | Dec 15 | Feb 28 | Mar 31 |
| | November | Jan 15 | | |
| | December | Feb 15 | | |

Data Collection and Reporting

1. Data Portal Instructions for Use (see Appendix D)
 - a. Register for an online account.
 - i. Access the portal website to register.
 - ii. Enter the assigned DPC code as the Username.
 - iii. Registered DPC accounts require approval through NHIF and become available for access within 1-2 business days.
 - b. Each DPC account is linked to a portal folder containing any individual reports that have been created for that DPC code.
 - c. Use Data Collection and Submission Tool (Excel®) for collecting data to submit to the portal (see Appendix C and D)

NHIF will provide a formatted Excel® data entry spreadsheet that will be used to gather and submit the patient data. In most cases the patient data will be coded and recorded as a number. Table 1 lists the data that will be collected, the codes for each variable option, and the Excel® spreadsheet column label and location (i.e., column A, B, C, etc.).

2. Electronic Transmission via Third Party
 - a. Providers using a third party to administer patient satisfaction surveys may be eligible to have their Patient Satisfaction Data sent directly to NHIF from their third party provider.
3. Provider Report Access
 - a. Located in the NHIF Benchmarking Data Portal (See Appendix D: NHIF Benchmarking Data Portal Instructions)

Table 1: Uniform Patient Satisfaction Survey – Patient Data

| Patient Data | Field Description and Values | Data Collection Column (for use with Excel®) | Excel® Column Letter |
|--------------------------------|--|--|----------------------|
| Data Participation Code | This field is the Data Participation Code (DPC) that was assigned to each participating location. Survey responses and data analysis will be linked to this code. | dpc | A |
| Unique ID | This field is the unique ID assigned by the home infusion provider and associated with the returned survey. | survid | B |
| Sample Month | This field should be set to the first day of the sample month for submitting survey response data. Example: If submitting a file in November 2021 containing survey results data for patients who were discharged in September 2021, the sample month date would be set to "09/01/2021" for all rows. | sammon | C |
| Patient Age | This field should contain the patient's age in years. Do not submit the patient date of birth in this column. | ptage | D |
| Patient Gender | This field contains patient gender Valid values for this field are: 1 - Male 2 - Female M - Missing/Unknown | ptgend | E |
| Active/Discharged | This field contains the patient status: Active or Discharged Valid values for this field are: 1 - Active patient 2 - Discharged patient M - Missing/Unknown | activedis | F |
| Therapy | This field contains the patient's primary therapy type Valid values for this field are: 1 - Anti-infectives 2 - Parenteral nutrition 3 - Hydration 4 - Pain 5 - Inotropic 6 - Anti-neoplastic chemotherapy 7 - Immune globulin – IV 8 - Immune globulin – SC 9 - Bleeding disorder 10 - Biologic – other (e.g., monoclonal antibodies, enzymes) 11 - Other (non-biologic) (e.g., steroids, anti-emetic) M - Missing/Unknown | therapy | G |

Table 2: Uniform Patient Satisfaction Survey – Survey Questions

| Survey Question | Field Description and Values | Data Collection Column (for use with Excel®) | Excel® Column Letter |
|--|---|--|----------------------|
| Survey Question 1: The home infusion pump was clean when it was delivered. | Valid values for this field are: 1 - a. Yes 0 - b. No N - c. I did not use a home infusion pump. M - Missing/No Response | q1pumpc | H |
| Survey Question 2: The home infusion pump worked properly. | Valid values for this field are: 1 - a. Yes 0 - b. No N - c. I did not use a home infusion pump. M - Missing/No Response | q2pumpw | I |
| Survey Question 3: The home infusion medications and supplies arrived before I needed them. | Valid values for this field are: 5 - a. Always 4 - b. Very Often 3 - c. Sometimes 2 - d. Rarely 1 - e. Never M - Missing/No Response | q3arriv | J |
| Survey Question 4: I knew who to call if I needed help with my home infusion therapy. | Valid values for this field are: 1 - a. Yes 0 - b. No M - Missing/No Response | q4call | K |
| Survey Question 5: The response I received to phone calls for help on weekends or during evening hours met my needs. | Valid values for this field are: 5 - a. Always 4 - b. Very Often 3 - c. Sometimes 2 - d. Rarely 1 - e. Never N - f. I did not need to call for help on weekends or during evening hours. M - Missing/No Response | q5phone | L |
| Survey Question 6: The home infusion nurse or pharmacist informed me of the possible side effects of the home infusion medication. | Valid values for this field are: 1 - a. Yes 0 - b. No M - Missing/No Response | q6side | M |
| Survey Question 7: I understood the explanation of my financial responsibilities for home infusion therapy. | Valid values for this field are: 1 - a. Yes 0 - b. No M - Missing/No Response | q7fina | N |

Table 2: Uniform Patient Satisfaction Survey — Survey Questions (*continued*)

| Survey Question | Field Description and Values | Data Collection Column (for use with Excel®) | Excel® Column Letter |
|---|--|--|----------------------|
| Survey Question 8: Delivery Staff – Courteous | Valid values for this field are: 5 - 5. Always 4 - 4. Very Often 3 - 3. Sometimes 2 - 2. Rarely 1 - 1. Never N - Not applicable M - Missing/No Response | q8dsc | O |
| Survey Question 8: Billing Staff – Courteous | Valid values for this field are: 5 - 5. Always 4 - 4. Very Often 3 - 3. Sometimes 2 - 2. Rarely 1 - 1. Never N - Not applicable M - Missing/No Response | q8bsc | P |
| Survey Question 8: Pharmacy Staff – Courteous | Valid values for this field are: 5 - 5. Always 4 - 4. Very Often 3 - 3. Sometimes 2 - 2. Rarely 1 - 1. Never N - Not applicable M - Missing/No Response | q8psc | Q |
| Survey Question 8: Nursing Staff – Courteous | Valid values for this field are: 5 - 5. Always 4 - 4. Very Often 3 - 3. Sometimes 2 - 2. Rarely 1 - 1. Never N - Not applicable M - Missing/No Response | q8nsc | R |

Table 2: Uniform Patient Satisfaction Survey – Survey Questions (*continued*)

| Survey Question | Field Description and Values | Data Collection Column (for use with Excel®) | Excel® Column Letter |
|--|--|--|----------------------|
| Survey Question 9: Delivery Staff – Helpful | Valid values for this field are: 5 - 5. Always 4 - 4. Very Often 3 - 3. Sometimes 2 - 2. Rarely 1 - 1. Never N - Not applicable M - Missing/No Response | q9dsh | S |
| Survey Question 9: Billing Staff – Helpful | Valid values for this field are: 5 - 5. Always 4 - 4. Very Often 3 - 3. Sometimes 2 - 2. Rarely 1 - 1. Never N - Not applicable M - Missing/No Response | q9bsh | T |
| Survey Question 9: Pharmacy Staff – Helpful | Valid values for this field are: 5 - 5. Always 4 - 4. Very Often 3 - 3. Sometimes 2 - 2. Rarely 1 - 1. Never N - Not applicable M - Missing/No Response | q9psh | U |
| Survey Question 9: Nursing Staff – Helpful | Valid values for this field are: 5 - 5. Always 4 - 4. Very Often 3 - 3. Sometimes 2 - 2. Rarely 1 - 1. Never N - Not applicable M - Missing/No Response | q9nsh | V |
| I understood the instructions provided for: How to wash my hands. | Valid values for this field are: 1 - a. Yes 0 - b. No N - Not applicable M - Missing/No Response | q10wash | W |

Table 2: Uniform Patient Satisfaction Survey — Survey Questions *(continued)*

| Survey Question | Field Description and Values | Data Collection Column (for use with Excel®) | Excel® Column Letter |
|--|---|--|----------------------|
| I understood the instructions provided for: How to give the home infusion medication(s). | Valid values for this field are: 1 - a. Yes 0 - b. No N - Not applicable M - Missing/No Response | q10givm | X |
| I understood the instructions provided for: How to care for the IV catheter. | Valid values for this field are: 1 - a. Yes 0 - b. No N - Not applicable M - Missing/No Response | q10care | Y |
| I understood the instructions provided for: How to store the home infusion medications. | Valid values for this field are: 1 - a. Yes 0 - b. No N - Not applicable M - Missing/No Response | q10stor | Z |
| I understood the instructions provided for: How to use the home infusion pump. | Valid values for this field are: 1 - a. Yes 0 - b. No N - Not applicable M - Missing/No Response | q10usep | AA |
| Survey Question 11: I was satisfied with the overall quality of the services provided. | Valid values for this field are: 5 - a. Strongly Agree 4 - b. Agree 3 - c. Uncertain 2 - d. Disagree 1 - e. Strongly Disagree M - Missing/No Response <hr/> <i>If using the 11-Point Scale:</i> 10 - 10. Strongly Agree 9 - 9. Strongly Agree 8 - 8. Agree 7 - 7. Agree 6 - 6. Uncertain 5 - 5. Uncertain 4 - 4. Disagree 3 - 3. Disagree 2 - 2. Strongly Disagree 1 - 1. Strongly Disagree 0 - 0. Strongly Disagree M - Missing/No Response | q11sati | AB |

Table 2: Uniform Patient Satisfaction Survey – Survey Questions (*continued*)

| Survey Question | Field Description and Values | Data Collection Column (for use with Excel®) | Excel® Column Letter |
|--|---|--|----------------------|
| Survey Question 12: I would recommend this home infusion company to my family and friends. | Valid values for this field are: 5 - a. Strongly Agree 4 - b. Agree 3 - c. Uncertain 2 - d. Disagree 1 - e. Strongly Disagree M - Missing/No Response <hr/> <i>If using the 11-Point Scale:</i> 10 - 10. Strongly Agree 9 - 9. Strongly Agree 8 - 8. Agree 7 - 7. Agree 6 - 6. Uncertain 5 - 5. Uncertain 4 - 4. Disagree 3 - 3. Disagree 2 - 2. Strongly Disagree 1 - 1. Strongly Disagree 0 - 0. Strongly Disagree M - Missing/No Response | q12reco | AC |

Revision History

| | |
|------------|--|
| 12/31/2021 | Content reorganized. Table of Contents added. Tables 1&2 added for required patient data variables and uniform survey questions. Catheter Care as a Therapy was removed. Removed references to SHP. Data collection and reporting instructions incorporated. |
| 11/9/2018 | Updated |
| 09/18/2018 | Updated |
| 08/31/2018 | New |

Home Infusion Patient Satisfaction Benchmarking Program

Quarter 2 2021 Results: 4/1/2021 - 6/30/2021 Location results: DPC

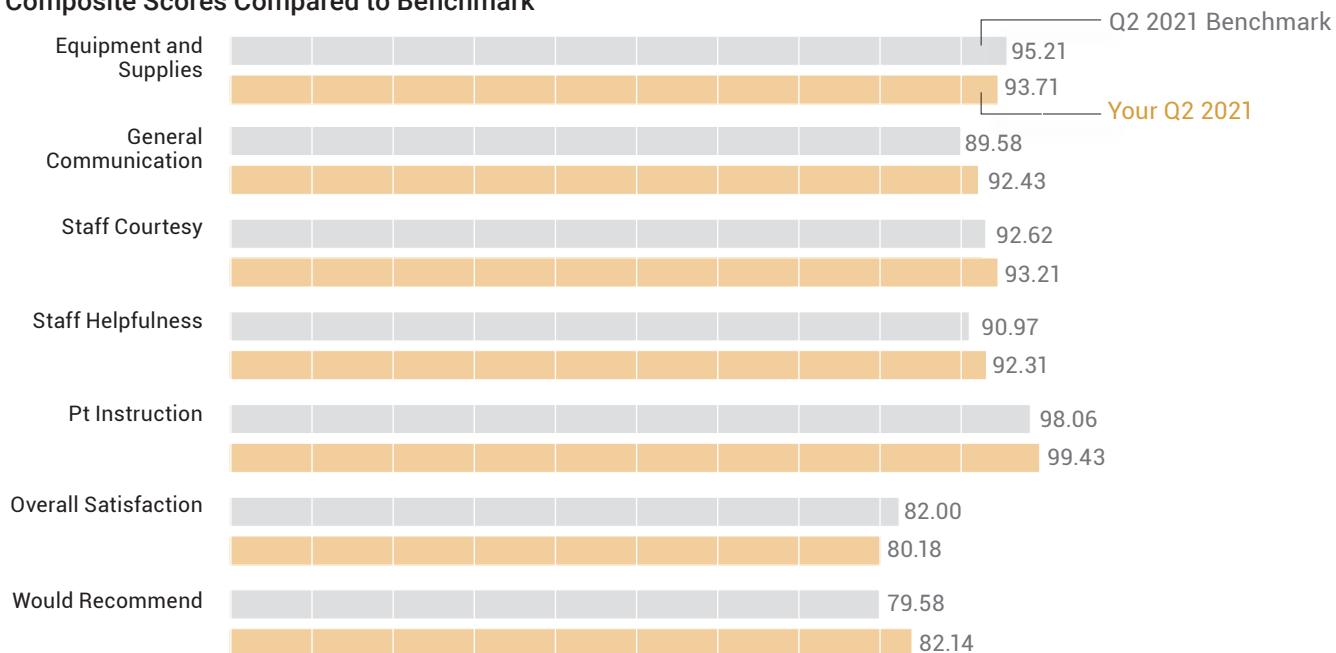
Survey Return Rate Compared to Benchmark

| | 2020 | Q1 2021 | Q2 2021 | Your Q2 2021 |
|------------------------|--------|---------|---------|--------------|
| Sample Size: | 36,219 | 8,234 | 9,026 | 481 |
| Returned Surveys: | 7,381 | 1,585 | 1,697 | 113 |
| Benchmark Return Rate: | 20.43% | 19.25% | 18.80% | 23.49% |

Top Box Composite Results for Questions 1-12

| Top Box Results | | | 2020 Benchmark | Q1 2021 Benchmark | Q2 2021 Benchmark | Your Q2 2021 |
|-----------------|-----------------------|---------------------|----------------|-------------------|-------------------|--------------|
| 1 | Equipment & Supplies | (Q 1-3) | 95.50 | 96.25 | 95.21 | 93.71 |
| 2 | General Communication | (Q 4-7) | 89.66 | 90.28 | 89.58 | 92.43 |
| 3 | Staff Courtesy | (Q 8a, b, c, d) | 93.35 | 93.93 | 92.62 | 93.21 |
| 4 | Staff Helpfulness | (Q 9a, b, c, d) | 92.21 | 92.68 | 90.97 | 92.31 |
| 5 | Pt Instruction | (Q 10a, b, c, d, e) | 98.69 | 98.30 | 98.06 | 99.43 |
| 6 | Overall Satisfaction | (Q 11) | 82.15 | 85.51 | 82.00 | 80.18 |
| 7 | Would Recommend | (Q 12) | 80.84 | 81.71 | 79.58 | 82.14 |

Composite Scores Compared to Benchmark



Q2, 2021 Benchmark (n = 1,697)

Uniform Patient Satisfaction Survey Questions

| Top Box Results | 2020 Benchmark | Q1 2021 Benchmark | Q2 2021 Benchmark | Q2 2021 Top Box % | Q2 2021 Benchmark Mean/SD | Q2 2021 Mean/SD | Q2 Top Box Range All Sites |
|---|----------------|-------------------|-------------------|-------------------|---------------------------|-----------------|----------------------------|
| Q1. The home infusion pump was clean when it was delivered. | 98.90 | 99.05 | 99.64 | 95.38 | NA | NA | 95.24 - 100 |
| Q2. The home infusion pump worked properly. | 97.12 | 97.13 | 97.37 | 95.38 | NA | NA | 87.50 - 100 |
| Q3. The home infusion medications and supplies arrived before I needed them. | 90.48 | 92.57 | 88.62 | 90.38 | 4.83 (.55) | 4.86 (.53) | 80.00 - 100 |
| Q4. I knew who to call if I needed help with my home infusion therapy. | 97.94 | 98.33 | 98.26 | 100 | NA | NA | 92.59 - 100 |
| Q5. The response I received to phone calls for help on weekends or during evening hours met my needs. | 85.82 | 88.33 | 84.59 | 89.87 | 4.77 (.64) | 4.87 (.40) | 70.83 - 100 |
| Q6. The home infusion nurse or pharmacist informed me of the possible side effects of the home infusion medication. | 84.62 | 85.05 | 84.99 | 88.35 | NA | NA | 70.37 - 100 |
| Q7. I understood the explanation of my financial responsibilities for home infusion therapy. | 90.26 | 89.42 | 90.48 | 91.51 | NA | NA | 75.76 - 100 |
| Q8a. The delivery staff was always courteous. | 95.19 | 95.30 | 93.58 | 94.44 | 4.91 (.38) | 4.94 (.23) | 84.62 - 100 |
| Q8b. The billing staff was always courteous. | 89.18 | 90.04 | 88.95 | 92.86 | 4.83 (.57) | 4.91 (.33) | 44.44 - 100 |
| Q8c. The pharmacy staff was always courteous. | 94.09 | 95.09 | 93.25 | 93.10 | 4.91 (.40) | 4.93 (.26) | 84.62 - 100 |
| Q8d. The nursing staff was always courteous. | 94.92 | 95.30 | 94.71 | 92.45 | 4.93 (.37) | 4.92 (.27) | 87.10 - 100 |
| Q9a. The delivery staff was always helpful. | 92.93 | 93.36 | 91.51 | 92.31 | 4.88 (.45) | 4.89 (.46) | 82.14 - 100 |
| Q9b. The billing staff was always helpful. | 88.19 | 89.60 | 87.16 | 92.86 | 4.79 (.67) | 4.93 (.26) | 55.56 - 100 |
| Q9c. The pharmacy staff was always helpful. | 93.37 | 93.29 | 92.34 | 90.80 | 4.89 (.46) | 4.90 (.34) | 85.71 - 100 |
| Q9d. The nursing staff was always helpful. | 94.36 | 94.47 | 92.87 | 93.27 | 4.89 (.45) | 4.92 (.30) | 83.33 - 100 |
| Q10a. I understood the instructions provided for how to wash my hands. | 98.95 | 98.92 | 98.70 | 98.13 | NA | NA | 94.44 - 100 |
| Q10b. I understood the instructions provided for how to give home infusion medication(s). | 99.01 | 98.75 | 98.57 | 99.02 | NA | NA | 93.55 - 100 |
| Q10c. I understood the instructions provided for how to care for the IV catheter | 98.19 | 98.01 | 97.41 | 100 | NA | NA | 77.78 - 100 |
| Q10d. I understood the instructions provided for how to store the home infusion medication(s). | 99.31 | 98.91 | 98.59 | 100 | NA | NA | 92.50 - 100 |
| Q10e. I understood the instructions provided for how to use the home infusion pump. | 97.97 | 96.93 | 97.03 | 100 | NA | NA | 86.36 - 100 |
| Q11. I was satisfied with the overall quality of the services provided. | 82.15 | 85.51 | 82.00 | 80.18 | 4.78 (.55) | 4.80 (.40) | 55.56 - 100 |
| Q12. I would recommended this home infusion company to my family and friends. | 80.84 | 81.71 | 79.58 | 82.14 | 4.74 (.59) | 4.81 (.41) | 66.67 - 93.75 |

If you have any questions regarding this report, please contact us at nhifdata@nhia.org

Appendix B: NHIF Standard Operating Procedure Template

POLICY: Timely feedback is obtained from home infusion patients.

PURPOSE:

To assess patient perceptions of home infusion services and identify patients for participation in the National Home Infusion Foundation benchmarking program.

PROCEDURE:

Definitions:

Benchmarking Eligible Patient: A discharged patient is one that was active with (Company Name) for 7 or more days and has received at least one infusion treatment at home, or any active home infusion patient that has been on service for at least 6 months.

Patients Not Eligible for Benchmarking: Patients who receive home infusion therapy as a secondary service (e.g. open to hospice), those who receive services in the ambulatory infusion suite, enteral patients, those receiving self- injectable medications, and (insert any other patients deemed ineligible by the provider (e.g. deceased patients)).

Infusion Treatment: Infusion treatment refers to the administration of a drug through an IV or SC access device.

Patient Identification:

All patients active for 7 or more days having received at least one infusion treatment at home will be eligible for benchmarking. Active long-term patients receiving home infusion services at home (will, will not) be included in the benchmarking program.

Each month, a list of survey eligible patients from the prior month will be generated for purposes of identifying the benchmarking eligible patients. The list will be reviewed and any patients not meeting the eligibility criteria will be removed. (Include any additional details related to how patients are identified (e.g., patients for benchmarking are designated by making a notation in the CPR Plus profile)).

Survey Process: (Delete the section below that does not apply.)

(For those using a third party administrator)

The exported list is (uploaded through the secure portal/sent to) the third party administrator by (designated person) who will administer the approved NHIF survey to all eligible patients. The results of the surveys are shared with the (Performance Improvement Committee, Home Infusion staff) on a (quarterly) basis.

(For those not using a third party survey administrator)

All eligible patients on the exported list will receive the survey approved by NHIF as part of the validation process. The survey will be administered by (phone, electronic, paper). All patients may request a paper version of the survey as an alternative to other methods. Staff making phone contacts with patients to administer surveys or check on the status of surveys will receive training to ensure they follow the exact wording of the survey questions, and will be instructed to avoid making comments that could influence

a patient's response. Staff involved with administering surveys will be trained regarding procedures for accurately documenting patient responses. The results of the surveys are shared with the (Performance Improvement Committee, Home Infusion staff) on a (quarterly) basis.

Reporting Survey Data to NHIF for Benchmarking:

(For those using a third party administrator)

Survey responses will be de-identified and transmitted between the third party survey provider and NHIF for participation in the benchmarking program.

(For those not using a third party administrator)

No raw/identifiable survey data will be sent directly to NHIF. All survey data will be uploaded to the secure data entry portal registered to the provider location. Survey responses are de-identified prior to analysis.

RESPONSIBILITY:

The (Director of Pharmacy/Nursing/Quality Assurance) has responsibility for revision to, and compliance with this policy, with approval of the (CEO).

MODIFICATION/REVISION:

This policy is subject to modification or revision in part or its entirety to reflect changes in conditions subsequent to the reviewed/revised date of this policy.

Appendix C: Sample Data Collection and Submission Tool (Excel®)

Sample Data Collection Tool

| dpc | survid | sammon | ptage | ptgend | activedis | therapy | q1pumpc | q2pumpw | q3arriv | q4call |
|--------|--------|------------|-------|--------|-----------|---------|---------|---------|---------|--------|
| 123456 | 65579 | 09/01/2021 | 75 | 2 | 1 | 1 | 1 | 0 | 4 | 1 |
| 123456 | 45579 | 09/01/2021 | 59 | M | 2 | 2 | 1 | 1 | 3 | 0 |
| 123456 | 12758 | 10/01/2021 | 82 | 1 | 2 | 5 | N | N | 5 | 1 |
| 123456 | 32165 | 10/01/2021 | 47 | 1 | 2 | 2 | 0 | 1 | 5 | 1 |

Appendix D: Data Portal Instructions

Creating/Accessing Your NHIF Portal Account

Use the link below to create and access your NHIF Portal account.

****If you have already registered for your account skip to log-in instructions****

[NHIF Benchmarking Portal](#)



Login

Username

Password

☐ Remember Me

Sign in



[Register](#)

[Forgot your password?](#)

Generously sponsored by MHA



If this is the first time accessing the NHIF Portal you will need to register for an account.

Click the Register link, your **Username** must be the personalized **DPC Code** that has been provided to you.

****NOTE:** If your company has multiple locations/DPC codes participating in a NHIF program you will need to register each code separately.

The email address & password you enter when registering is your choice, that password will be required every time you log into your account

Register

Username

1 2 3 4 5 6

Email

jennifer.lyons@nhia.org

Password

• • • • •

Confirm Password

• • • • •

Register

[Sign in](#)

[Forgot your password?](#)

Once you have registered a DPC account we will approve it on our end and link each DPC account to a folder that will contain all individual reports that have been created for that DPC code. All reports will be placed in this file; you will be able to log-in and access that folder and your reports anytime using the same portal link.

[NHIF Benchmarking Portal](#)

Login

Username

Password

☐ Remember Me

Sign in

[Register](#)

[Forgot your password?](#)

Effective 3/1/2021 we will ask you to start using the portal to both access reports and to submit your data for any of the NHIF Benchmarking and Research programs.

****NOTE:** *If you are an SHP customer your Patient Satisfaction Data will still be sent to NHIF directly from SHP. Non-SHP customers will upload your data to the folder via the portal.*

Each DPC account will have a folder structure created by NHIF for Reports and Data Submissions, you only need to use the folders for the programs you are participating in.


NHIF Portal Folder Structure




Document Listing

Click on “DPC Data Uploads”

+ Manage Your Uploads


 DPC Data Uploads


 NHIF Reports


Document Listing


Click on the folder for the program for which you are submitting data – **ie: Pt**


+ Manage Your Uploads


 Previous folder

 30 Day HRA – Data Upload Files

 Clinical Services Study – Data Upload Files

 Pt Satisfaction – Data Upload Files

 Status at Discharge – Data Upload Files

 Telehealth Study – Data Upload Files

Document Listing

Click on Folder for the Year/Qtr you are submitting for

Previous folder

2021 Pt Satisfaction – Data Upload Files

2021 Pt Satisfaction – Data Upload Files

Document Listing

+ Manage Your Uploads

Previous folder

Qtr 1 2021

Qtr 2 2021

Once you have chosen the folder where you want to put your data click the + "Add your file"

Manage Uploads

Start > DPC Data Uploads > Pt Satisfaction - Data Upload Files > 2021 Pt Satisfaction - Data Upload Files > Qtr 2021

Search Sort Filter Refresh

Previous folder

Add your file

+ Add your file

Select the files you want to upload, you will see them populate in the portal.

Manage Uploads

Start > DPC Data Uploads > Pt Satisfaction - Data Upload Files > 2021 Pt Satisfaction - Data Upload Files > Qtr 2021

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Previous folder

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NHIF Portal File Structure.docx

May 12, 2021 8:59pm66 KB

1 Item

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NHIF Portal File Structure.docx

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Once you have uploaded all of your file you log out of the Portal.

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