



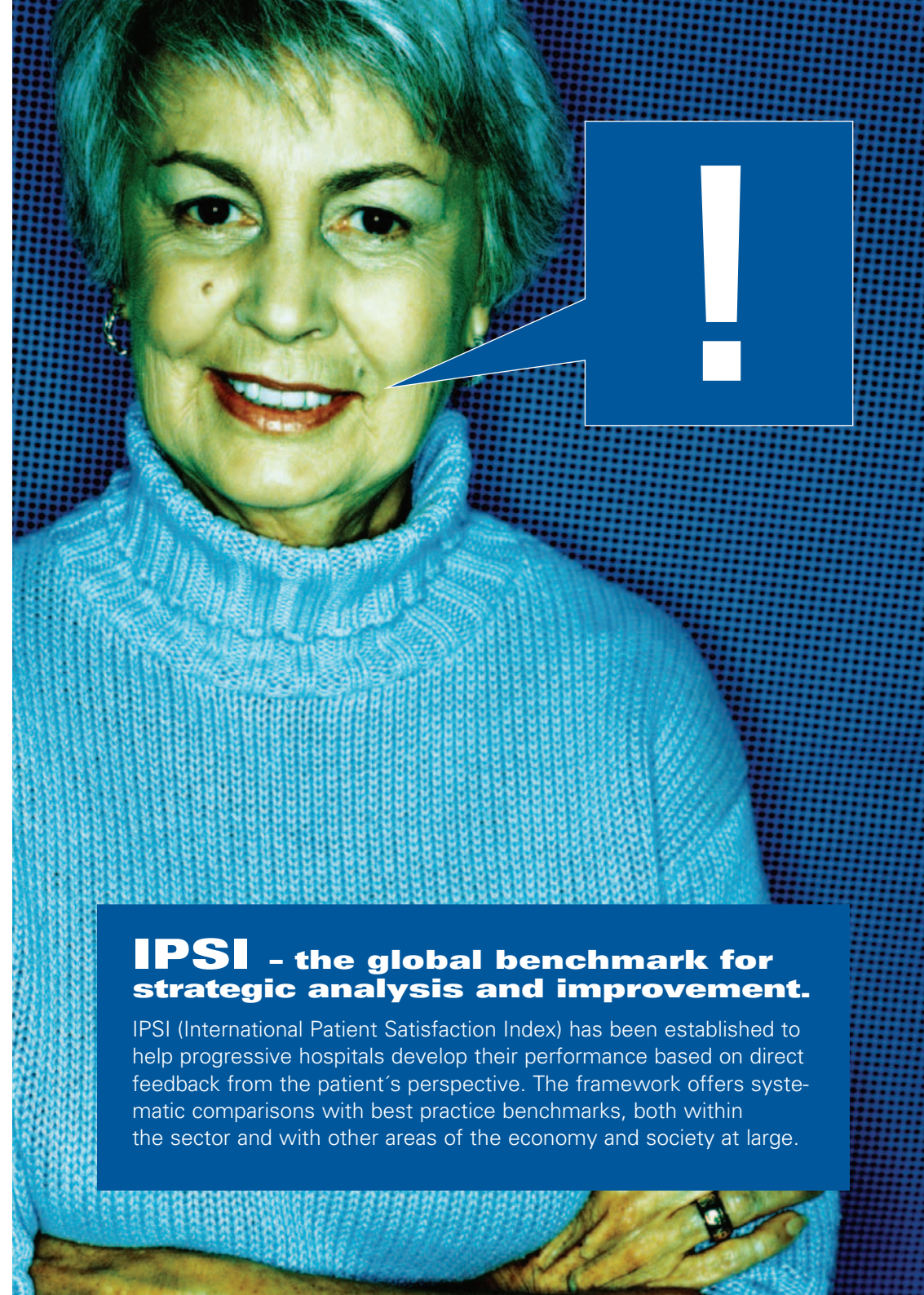
**Take advantage of the  
IPSI Resource, for your health  
care development efforts.**

**Welcome to contact us  
for a discussion.**



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## **IPSI - the global benchmark for strategic analysis and improvement.**

IPSI (International Patient Satisfaction Index) has been established to help progressive hospitals develop their performance based on direct feedback from the patient's perspective. The framework offers systematic comparisons with best practice benchmarks, both within the sector and with other areas of the economy and society at large.

## Hospitals search for:

- Global *benchmarking possibilities* within the hospital sector and with other industries to establish best practise performance;
- Global benchmarking possibilities of “*centres of excellence*” within the hospital sector;
- Better strategic and operational *management tools* to enhance improvements and to meet increasing competition due to growing internationalization;
- Scientifically based methods to *measure patient satisfaction* to meet the needs of customer focus;
- Methods to sharpen cost *effectiveness and quality*.

### To be useful such analysis needs to fulfil a number of criteria, including:

- Simplicity of use and interpretation (should not require a large specialized staff to handle)
- Statistical precision (should give precise results without major statistical errors)
- Explanatory power (should explain why, not just what)
- Robustness (that offers results that are not just stochastic - random noise)
- Comparability (should be able to use on different levels and benchmark with others).

IPSI is the answer to such challenges. It is the first global index focusing on patient satisfaction, its causes and effects. It is devised from state-of-the-art methodology and conducted by a neutral organization. IPSI has been developed by the IHF as well as EPSI Rating (the global network for customer satisfaction improvements in the economy) and European Health Economics. This brings together competences from the hospital industry, health economics and quality management including contemporary statistical research and performance analysis.

There are many available analysis tools at hand, both general and application-specific. Many hospitals and health clinics are currently running schemes for patient satisfaction. All these have their strong and weak points. However, the main drawback in almost all models used in practice is their inability to give sharp results for policy and strategy work. In other words explain what should be done in order to improve the situation for the hospital or clinic at study. Many approaches provide relevant results for the levels of satisfaction, but less about possible effects of the “best improvement alternatives”.

IPSI is different from other initiatives and models to capture customer satisfaction by its strong integration with strategy, and the *cause – effect* approach. Thus, not only does it tell *what* patients think and prefer but also *why* they have the perceived preferences, and *how* the hospital can improve effectiveness based on this. At the same time, it offers strong benchmarking capabilities both within the sector, and with other relevant sectors of the national economies.

All manifest questions in the questionnaire (about 25 - 30) are reported in terms of averages, standard deviation and benchmark. Further on, the open comments questions are classified and presented as needed.

### Comparisons with other sectors:

Comparisons with other industries and sectors of the economy are also available for participating hospitals. By its strong links to EPSI Rating, and the US counterpart (ACSI), a multitude of benchmarking options are at hand in various sectors.

## The survey organization and operation

Any hospital, both in Europe and overseas, is welcome to contact IPSI to discuss the modalities to join the initiative. As it is based on the framework of syndicated research cost-efficiency and value for money for client hospitals is guaranteed.

### In order to obtain statistical information for analysis statistical samples of patients are taken. The preferred method is based on the following principles:

- Patients at a certain hospital or clinic during the last few months constitute the frame;
- A statistical sample (random) of these representing different categories is drawn;
- These are given (mailed or distributed at hospital) a questionnaire to be returned (mailed) after returning to the home.
- The number of useful responses (for full analysis) must be 250 per domain to be analysed. If the study refers to the hospital as such no less than 250 responses are to be used. If separate results for different clinics or “areas” are desired, 250 responses would be needed for each of these;
- The responses are registered in the ready-made data system and screened for consistency;
- The analysis software package (the IPSI model tool) is run in order to generate results for presentation to the said hospital
- Training is given to staff at the hospital whenever requested.
- The IPSI research team offers add-on consultancy to hospitals in analysis and implementation
- The hospital is offered the opportunity to use the members’web-site in IPSI to run “what-if”analysis to study possible effects of alternative modifications in the hospital system
- In certain circumstances it will be possible for the hospital itself to run the entire model after accreditation by IPSI.

The benchmark database is successively developing, making it increasingly valuable for participating hospitals to join.

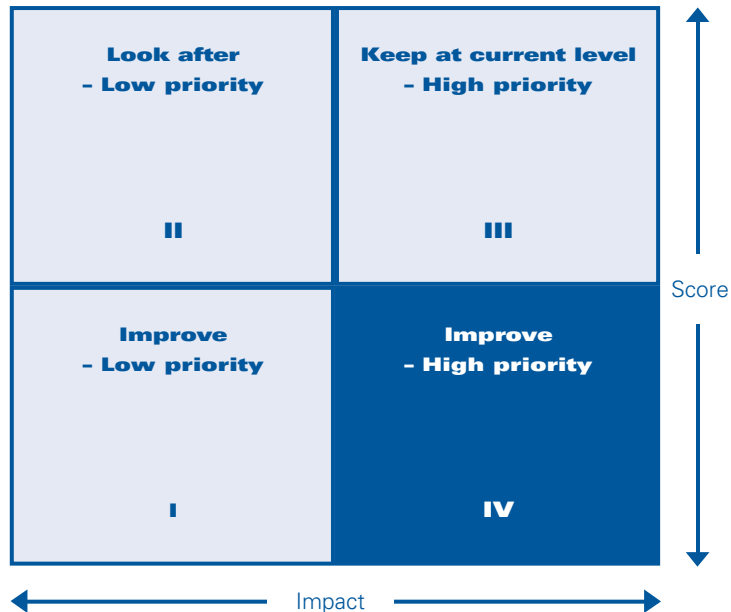
## Results presentations for hospitals

For each of the aspects both levels on the index and impact (that is the strength in the causal relationship from a driver to another or to the effects) are given. The comprehensive results are presented in priority matrix format sorted in the four sectors (low – high priority; maintain – improve).

For each result both the scores for the present measurement/study and any time-series when available) are given. Similarly benchmarks for comparable hospitals/clinics are also given in the form of averages. The value of the approach will increase gradually as more and more time series comparisons, and analyses of effects from improvements, are added.

In order to analyse what may be changed for improving the performance in terms of the IPSI index, and by that generating improvements in other results aspects a priority matrix approach is used for presentation. The principle looks as follows.

### The Priority Matrix for Improving Patient Satisfaction



On the vertical axis the score of the aspect studied is given, and on the horizontal axis the impact of this aspect (that is how effective this is in improving the IPSI - satisfaction - or any of the other effect aspects in turn).

## IPSI characteristics include:

- It is *world wide* in scope and coverage
- It offers a *global standard* using best practice survey methodology
- It is built around *non clinic patient satisfaction* focussing on strategic issues establishing the crucial framework for the future
- It reveals *cause and effects* in terms of patient satisfaction
- It enables hospitals to analyze what *financial effects* improvements have
- Score for hospitals to *benchmark* its operations with *other industries*
- It enables hospitals to *benchmark* themselves within the *hospital sector* and peers in crucial areas of excellence.

### Thus, IPSI deliver results for the users with specific emphasis on:

- Quality declaration (specifying the statistical properties of the results)
- Using robust analysis tools (meaning usefulness even if not all prerequisites were fulfilled in the model);
- Different patient categories weighted in accordance with their respective importance for the hospital (financial and other dimensions);
- Being useful on different levels in the health sector (combining a standardized measurement instrument with flexible "add-on" facilities. Thus comparability is at hand, both over time and with others for benchmarking and systematic learning.

## The IPSI Framework

The framework is developed around a structural model featuring crucial aspects of the hospital cause - effect chain. The aspects (latent variables) in the model are divided into *Effects* (right hand side) and *Drivers* (left hand side). Values of the aspects are estimated based on empirical surveys to participating hospitals. Each aspect is measured with a number of (manifest) questions, usually no less than three.

### Drivers (enablers):

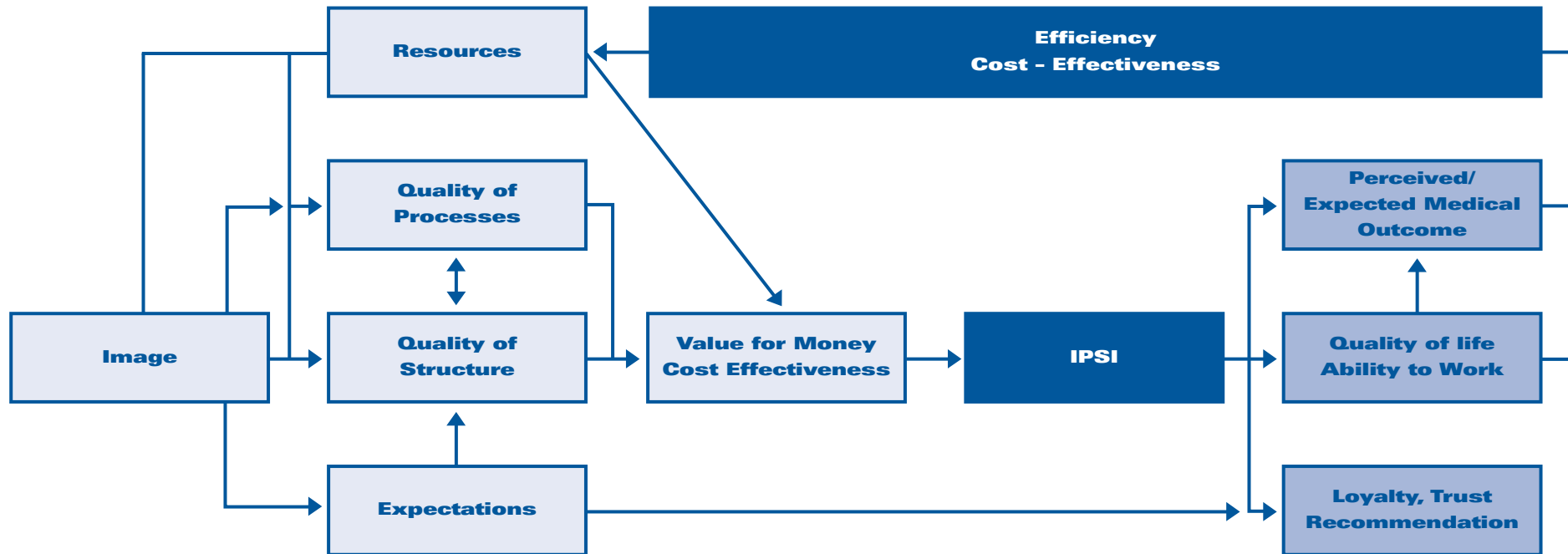
- Hospital image
- Patient expectations
- Available resources
- Process quality
- Quality of structure
- Perceived value

### Effects:

- Perceived medical outcome
- Quality of life
- Loyalty and trust
- IPSI Index

The aspects are related to one another as indicated in the structural model presented overleaf. This is used as the overall analysis framework.

## The IPSI Model



IPSI can be linked to measurement of cost-effectiveness and efficiency in service delivery.

The IPSI Index is the main performance indicator giving the weighted score of the hospital performance. The entire model, including the cause - effect relationships between the aspects (impacts) is estimated based on Structural Equation Methods and analysed simultaneously. This gives information about the levels of performance as well as about possible improvement strategies. All results may be compared with other hospitals, and also with benchmark figures in other sectors.