Improving service delivery & client engagement at Casey House: Lessons in client satisfaction evaluation approaches

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# Outline

- Casey House introduction
- Impetus & procedure for new **Client Satisfaction Evaluation method**
- Challenges and lessons learned
- Next steps





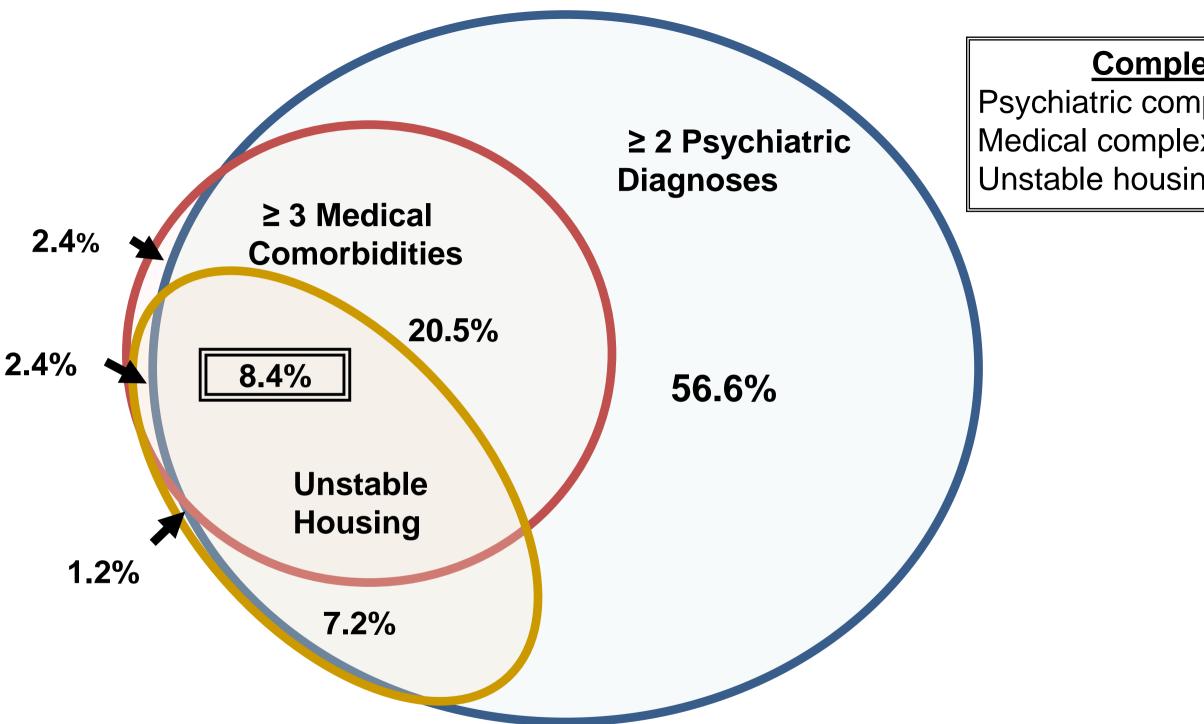
## **Casey House**



- Est. 1988
- 13 hospital beds: medical, nursing, social work, rehabilitation therapists
- Community programs
  - Visiting nurse
  - Outreach







### **Patient complexity Venn diagram**

This Venn diagram demonstrates the complex interaction of psychiatric history, medical morbidity and unstable housing in the 83 patients admitted to Casey House in 2008. Only 1.2% (n=1) did not have any of the complexity variables.

## <u>Complexity Variables</u> Psychiatric complexity = 92.8% (n=77) Medical complexity = 33.7% (n=28) Unstable housing = 19.3% (n=16)



## Impetus for New Approach to **Client Satisfaction Evaluation**

**Former method**: Mail-out survey

## Issues:

- Low response rate
- Quantitative data only
- Bias against marginalized clients







## **Demonstrated commitment to...**

- Capturing client voices
- Engaging clients in determining their care
- Understanding client experience
- Identifying opportunities for change







## **Current Client Satisfaction** Interview Procedure

- Dedicated individual for client satisfaction data collection (Emma Firsten-Kaufman)
- In-person or telephone interviews with clients
- Satisfaction with end-of-life care captured through interviews with significant others
- Focus on understanding context and recommendations





## Data Collected\*

Survey Type	Casey House Interviews Condi
In-patient client	42
Respite client	19
End-of-life care	6
Community client	43
7	<i>Total</i> 100

\*Data collected from January 2012 to September 2013



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## What are clients saying?

- 'Casey House saved my life... I feel like there is nowhere else in the world to get this kind of care'
- 'The staff are fun, kind, and always there for me'

- 'The planning for my discharge was done too late'
- 'After discharge I went back to a home with no food'





<sup>\*</sup>Quotes are not transcribed verbatim but taken from interview notes.



## **Remaining Challenges**

- Communication and scheduling
- Occasional short time period between client discharges being planned and carried out
- Keeping in contact with some marginalized clients postdischarge









- Expand reach to connect with more marginalized and complex populations
- CIHR-funded qualitative research study
- Allow shorter, more frequent interviews
- Continue to revise interview guides based on client responses





# Thank you!

## Questions? Want to know more? Suggestions?

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