

Assessing to Improve: The Essence of Quality Services

The Service Concept: A Tool to Assess User
Satisfaction Based on User Expectations



**ASSESSING TO IMPROVE: THE ESSENCE OF QUALITY SERVICES -
The Service Concept: A Tool to Assess User Satisfaction Based on User**

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DIRECTORS' FOREWORD

In 1994, the Régie régionale de la santé et des services sociaux de Montréal-Centre (now called Agence de développement de réseaux locaux de services de santé et de services sociaux de Montréal, or “the Agency” in English) implemented a program to equip its Montreal network with a process to ensure the consistent improvement of services and user satisfaction.

The same year, this innovative vision of “quality” (defined as providing services that comply with users' needs, rights and expectations regarding health care and social service establishments) and the findings of a Zins Beaudesne et associés baseline study lay the groundwork for the Service Concept, an outstanding analytical framework to assess user satisfaction.

The Service Concept is based on the dynamic principle that services must be improved by adapting them to expressed user expectations, on an ongoing basis. To guarantee the efficiency of the Service Concept we must keep step with what citizens expect from the system. So updating our knowledge of user expectations remains the linchpin in determining priorities and, in the end, in any global assessment of user satisfaction.

Together, the Agency and the Conseil québécois d'agrément (CQA) have worked to update the Service Concept to provide a salient perspective on the changing needs and expectations of Montrealers in 2004.

This initiative was also designed to harmonize the analytical tools used by the Agency and the CQA so that both of our organizations would be equipped with a common tool for assessing user satisfaction.

Thus, in the spring of 2004, the Agency mandated the Léger Marketing firm to update the Service Concept. The results of this initiative will provide the entire network with a tool for assessing user satisfaction that is fully compliant with the certification standards developed by the CQA.

It is our hope that this tool will provide the Ministère with a strategic basis for managing future assessments of user satisfaction. We are pleased to present the latest version of the Service Concept, a vital reflection of our abiding concern for the well-being of our users.

Agency President and Executive Director , **David Levine**

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USER SATISFACTION

User satisfaction is a widely recognized indicator of any organization’s quality of service and performance. The Conseil québécois d’agrément (CQA) defines quality in service organizations as the level of excellence that an organization chooses to set to meet the expectations of its clientele and the extent to which this level of excellence is attained. A given service reaches its level of excellence when it meets the needs of clients (Horovitz, in the Certification System, Conseil québécois d’agrément, 2005).

User satisfaction is also central to the World Health Organization’s assessment of care quality. Assessment, according to the WHO, is “A process which makes it possible to guarantee each patient the range of diagnostic and therapeutic acts whereby he [or she] can achieve the best results in terms of health, in accordance with the current state of medical science... with a view to his [or her] greatest satisfaction in terms of procedures, outcome and human contacts within the health system.” Further, the WHO views user satisfaction not only as a result of care, but as part of a user’s good health (c.f., Agence Nationale pour le Développement de l’Évaluation Médicale, 1996).

Health and social service managers are always striving to make services more receptive to the needs and expectations of the users they serve. As the table below indicates, user satisfaction is of paramount concern in health and social service performance assessments.

Performance Assessment Model

Equity		Equity
<p>Effectiveness</p> <ul style="list-style-type: none"> Improvement of health and well-being Impact of network activities on health and well-being Implementation and integration of prevention and promotion measures 	<p>Efficiency</p> <ul style="list-style-type: none"> Provision of services Administrative and financial management Human resource management 	
<p>Adaptation</p> <ul style="list-style-type: none"> User satisfaction Adaptation to the environment 	<p>Quality</p> <ul style="list-style-type: none"> Safe and competent provision of services Service fit Application of best practices Continuity of services 	



This performance assessment model was inspired by theoretical frameworks developed by the World Health Organization (WHO) and the Canadian Institute for Health Information (CIHI), and is consistent with the Balance Score Card perspective developed in the United States, at Harvard University. This model is a subset of the systemic performance assessment model developed by Sicotte et al. (1999) and recommended by the Conseil de la santé et du bien-être. Since 1994, the Agency of Montreal has been using this model for its program for consistent service quality improvement.

In this program, the concept of satisfaction targets one prime objective: To better meet the public's needs. This prime objective has charted our course in implementing the Service Concept, conducting ongoing studies, and selecting methodology.

By analysing the causes of user satisfaction and dissatisfaction within health and social service establishments we can provide critical information to professionals and orient larger organizational and professional initiatives to improve the quality of services.

Indeed, user satisfaction is much more than a simple measurement of performance. It gives users a voice, helps defend their rights and keeps their needs front and centre. Assessments also influence management practices and rally staff to work towards our top priority in the health and social service network: Caring for the health and well-being of all our users.

THE SERVICE CONCEPT

The Service Concept's strength lies in assessing user satisfaction based on user expectations. These expectations, which are regularly validated in focus discussion groups, are expressed in three main public health service sectors: the relational sector, the professional sector and the organizational sector.

Designed for immediate use in the field, the Service Concept allows us to measure the relative importance of each expectation, compare the degree of importance to findings to relevant user satisfaction, and thereby establish a matrix regarding priority service quality enhancement initiatives.

The Service Concept therefore allows us weigh user satisfaction from a broad spectrum of view points: from front-line worker empathy to how comfortable a user feels in a health or social service establishment. It is a guide providing managers with vital information to orient the activities of its professionals in their efforts to adequately respond to user expectations.

In the spring of 2004, the Agency hired Léger Marketing to update the Service Concept. This updating process was conducted in collaboration with the Conseil québécois d'agrément (CQA), who formally committed to integrate the resulting conceptual framework into its certification practices. Hence, the definitions and statements of expectations in the Service Concept were revised to better comply with the model proposed by the CQA.

Quebec's health and social service organizations, including those seeking certification with other recognized certification organizations, are invited to use this revised Service Concept to assess user satisfaction.

We encourage all of Québec's health and social service organizations to use this tool as a guide in training their staff, since we all stand to gain when we work together to improve network services by responding to user expectations to the very best of our abilities.

The following pages present the 2005 edition of the Service Concept, comprising 44 user expectations, grouped into 3 sectors and 12 objectives.

TABLE I: THE RELATIONAL SECTOR

THE RELATIONAL SECTOR

This sector examines the staff–user relationship from our humanist perspective, founded on respect for people and their rights

	OBJECTIVES	EXPECTATIONS
Respect	Consideration for the fact that, based on the inherent value of a person as a human being, he or she deserves attentive and dignified treatment. Respect means that conduct is guided by discretion in an environment respectful of a user's private life. Respect also means accepting difference.	<ol style="list-style-type: none"> 1. That you be treated politely and with respect 2. That all people be treated equitably 3. That your physical privacy be respected
Privacy	The protection of personal information, ensured by an environment and attitudes that guarantee it will not be divulged to unauthorized persons.	<ol style="list-style-type: none"> 4. That information concerning your case be treated in a confidential manner 5. That facilities be set up so as to ensure confidential conversations
Empathy	An attitude based on expressing understanding for what a fellow human being is feeling. Showing empathy means listening attentively to a user and being considerate to him or her as an integral individual.	<ol style="list-style-type: none"> 6. That the staff take the necessary time to see to your needs 7. That the service provider you deal with (doctor, nurse, social worker, or other professional) listen to you attentively 8. That the service provider you deal with (doctor, nurse, social worker or other professional) thoroughly understand your situation



TABLE II: THE PROFESSIONAL SECTOR

THE PROFESSIONAL SECTOR

This sector examines the provision of services from a professional angle, focusing on profession, expertise, and a very specific way of meeting basic needs through appropriate attitudes, care, services and counselling.

	OBJECTIVES	EXPECTATIONS
Reliability	The ability of a system to guarantee that safe, minimum-risk diagnostic and therapeutic practices are available to each user, ensuring the best results in terms of health, in accordance with current state of knowledge, and with a view to his or her greatest satisfaction regarding procedures, outcome and human contacts within the health and social services system.	<ul style="list-style-type: none"> 9. That service providers be punctual about keeping appointments (respecting the date and time of your appointments) 10. That the service provider you deal with (doctor, nurse, social worker, or other professional) be competent 11. That you receive your medical examination or test results, be they positive or negative 12. That equipment be adapted to your needs 13. That the services you receive improve your health or allow you to better control your condition 14. That the services you receive improve your quality of life 15. That any commitments made concerning your case be respected (e.g., reminder telephone calls, monitoring/follow-up, informing you about results) 16. That all of the different treatments available to you be presented and explained
Promoting self-sufficiency	Action taken to help increase a user's autonomy and capacity to take initiative, responsibility, and exercise appropriate leadership in his or her life.	<ul style="list-style-type: none"> 17. That you be encouraged to use the means and tools required to prevent a problem from recurring 18. That you be encouraged to actively participate in the decisions that concern you 19. That you be urged to meet with groups, associations or people who have experienced similar problems
Reassurance	A soothing and reassuring attitude taken with a user, providing him or her with a sense of serenity, security and trust.	<ul style="list-style-type: none"> 20. That the service provider you deal with (doctor, nurse, social worker or other professional) take the necessary time to fully explain your situation to you at each stage in a course of treatment or a procedure 21. That the service provider you deal with (doctor, nurse, social worker, or other professional) reassure you 22. That the service provider you deal with (doctor, nurse, social worker, or other professional) earn your trust
Solidarity	Action taken to encourage the involvement of both close and more distant members of a user's entourage (e.g., family, friends, living environment) in the organisation and provision of services.	<ul style="list-style-type: none"> 23. That the service provider you deal with (doctor, nurse, social worker, or other professional) facilitates the involvement of resources from your community and your usual living environment 24. That the staff provide support to the people who are assisting you



TABLE III: THE ORGANIZATIONAL SECTOR

THE ORGANIZATIONAL SECTOR

This sector examines the organisation of services, focussing on the environments and contexts that ensure their provision. Contexts may vary in their user-friendliness and comfort levels; services may vary in their accessibility; and policies and procedures may or may not ensure speed and continuity.

	OBJECTIVES	EXPECTATIONS
Simplicity	The ability to facilitate the public's use and understanding of services. The versatility of systems in various circumstances. Simplicity is a principle that applies as much to the staff involved (who should act in a natural, spontaneous and unpretentious manner) as it does to any work material involved (which must be easy to understand and to use).	<ul style="list-style-type: none"> 25. That it be easy for you to choose your service provider (doctor, nurse, social worker or another professional) and to change service providers if something is not right 26. That formalities be kept to a minimum when making a request or receiving a service 27. That the staff use easy-to-understand language 28. That the documentation provided to you be easy to understand 29. That the procedures to register your complaints or express dissatisfaction be easy to follow
Continuity	Ensuring uninterrupted services in user case management and an unimpeded flow of information.	<ul style="list-style-type: none"> 30. That, whenever possible, care be provided by the same service provider (e.g., doctor, nurse or social worker) every time 31. That obtaining references for specialized services be an easy process, when required 32. That, when you consult a second service provider or a specialist for the same problem, you need not repeat the same background information 33. That your file be transferred to other institutions, establishments or professionals, when required
Accessibility	The geography, physical presence of facilities, office hours, and language of an establishment that make access possible.	<ul style="list-style-type: none"> 34. That the establishment be easily accessible by public transit (including adapted transportation) or that it be easy to park nearby 35. That the establishment be open during hours that are convenient for you (i.e., weekdays, weekends and/or evenings) 36. That your language be considered in the services that are provided
Expendiency	The possibility of timely responses to requests for services or responses to the services themselves, as provided within an organization.	<ul style="list-style-type: none"> 37. That the time it takes to get an appointment with professionals be reasonable 38. When you have no appointment, that the waiting time be reasonable 39. That the time it takes to get examination or test results back be reasonable 40. That the time it takes to get diagnostic services (e.g., blood tests, scans, x-rays) be reasonable
Comfort	A feeling of well-being that comes from a physically welcoming environment - an environment that is safe, clean and orderly.	<ul style="list-style-type: none"> 41. That the atmosphere in the establishment be pleasant 42. That the premises and equipment be clean 43. That the premises be safe and secure 44. That the furniture be comfortable

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