

Survey of Quality Perceived by Users/Caregivers of the Rehabilitation Services of the ASL Salerno

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Abstract

In the ASL Salerno, healthcare territorial company of the Campania Region, Rehabilitation healthcare is guaranteed in the n. 13 basic health districts through n. 33 Accredited Centres, of which, specifically, n.31 dedicated to outpatient activities and n. 3 public centres. Access to these facilities takes place following clinical evaluation by the Rehabilitation Needs Assessment Unit and authorization by the competent district services, respecting the free choice of the Center by the user/caregiver among those available, pursuant to the Rehabilitation Guidelines of the Campania Region (DGRC n. 482/2004). With the "Detection Activities" Project, prepared as per Macroprogram A "Being informed to be able to decide" relating to Project Line 6 of the Regional Prevention Plan referred to in DCA n. 36 of 06.01.2016, was created, in the company territory, through the distribution of n. 309 questionnaires prepared anonymously, from 01/12/2021 to 30/05/2022, the survey of the quality of outpatient services perceived by users/caregivers, in relation to organizational aspects, communication, reception, accessibility, relationships with staff and organization of rehabilitation assistance services provided by accredited and public centres. The data collected document a significant positivity in the overall quality perceived by users/caregivers with respect to the organizational and delivery aspects of the rehabilitation assistance provided by the rehabilitation centres, together with the need to improve the aspects linked to communication and the management of waiting times for access to rehabilitation services, providing, in this perspective, to the ASL Salerno useful elements for improving the quality of rehabilitation services to the reference population.

Premise

According to data published by the Istituto Superiore di Sanità, in the pandemic phase, in Italy, 35 million citizens had problems using health services and benefits for non-Covid pathologies, with consequent renunciation of specialist care for 83.9% of the over 65 years. The cancellation of these services, which are urgent or deferrable but still fundamental to safeguarding the overall health of the population, has had an even more important impact on the most fragile subjects suffering from chronic diseases. The waivers of services concerned, in particular, rehabilitation services carried out both at public facilities and accredited centres. To deal with this situation, the contribution of specific policies modulated based on the different territorial conditions has emerged as fundamental, considering the acquisition of specific data that accurately and objectively describes the state of health of the population as a priority with respect to the development of the aforementioned policies. and reference services.

Context

In the ASL Salerno, by virtue of the Regional Prevention Plan implemented with resolution no. 65 of 19.06.2016, there is the Macro program A "Being informed to be able to decide", relating to Project Line 6 of the Regional Prevention Plan referred to in DCA n. 36 of 01.06.2016; this program includes, among its lines of activity, the management of Public Health Surveillance Systems (OKkio alla Salute, Passi, Passi d'Argento and HBSC) codified by specific national protocols and foreseen by the Prime Ministerial Decree. 03.03.2017 which identifies the Surveillance Systems and National Registers activated in Italy in order to guarantee the systematic collection of health and epidemiological data with the aim of identifying cases at risk to health. On the basis of these data, considering that for the definition of specific prevention and intervention policies the area of primary cognitive interest appears to be that of the spaces dedicated to rehabilitation, the need has emerged to acquire broader elements aimed at defining further even more targeted

and effective intervention strategies in the ASL Salerno area; for this objective, the most suitable tool for acquiring additional statistical data useful for this purpose was the detection, by means of questionnaires administered anonymously, of the quality perceived by users/caregivers relating to outpatient rehabilitation services, both public and accredited, with particular attention to the organizational aspects of rehabilitation interventions, communication and perception of the quality of life within the care spaces present in the area.

Project Objectives

Survey of the quality perceived by users/caregivers relating to the outpatient rehabilitation services, both public and accredited, of the ASL Salerno.

Description of the Operational Scope

In the Campania Region, and in the ASL Salerno, the local health authority in which the survey activity was carried out, rehabilitation healthcare is guaranteed in the n. 13 basic health districts through n. 33 accredited centres, of which, specifically, n.31 dedicated to outpatient activities and n. 3 public centres. Access to these facilities takes place following clinical evaluation by the Rehabilitation Needs Assessment Unit and authorization by the competent district services, respecting the free choice of the center by the user/caregiver among those available, pursuant to the Rehabilitation Guidelines of the Campania Region (DGRC n. 482/2004).

Methodology

The survey activity referred to in the aforementioned "Survey Activity" Project was carried out in the company territory from 01/12/2021 to 30/05/2022, through the distribution of 309 ad hoc questionnaires, prepared anonymously.

Regarding the Questionnaire Filler, the following data was provided:

age, sex, educational qualification, reason for choosing the healthcare facility, time spent at the centre, whether user or caregiver.

In Relation to the Areas Explored by the Questionnaire, no. 6 items relating to specific survey aspects, each defined by a self-anchoring rating scale with scores from 0 to 5. The items surveyed concerned the areas of: organizational aspects, communication, reception, accessibility, relations with staff, organization of services/overall opinion.

For Each Area, the following Specific Aspects Were Identified for the Purposes of the Survey:

Organizational Aspects Area: cleaning of the waiting room, cleaning of machinery, internal signs, availability to carry out therapies on days and times agreed with the staff

Communication Area: communication of diagnosis, communication of rehabilitation therapies, communication within the rehabilitation team. This item included the detail of the reference to internal structures of the ASL Salerno or accredited rehabilitation structures

Reception Area: acceptance service, clarity and completeness regarding access methods, services provided, waiting times and opening hours

Accessibility Area: ability to reach the structure, ease of access, adequacy of signs inside the structure, comfort of the structure, general cleanliness of the structure

Staff Relations Area: courtesy and willingness to communicate/discuss on the part of the staff towards the patient, respect for privacy, clarity and completeness of information regarding the activities carried out by the patient and his state of health

Service Organization Area: overall satisfaction with the service received, any suggestions to improve the service

The Degree of Satisfaction was detected through the use of self-anchoring scales, defined by numerical criteria from 1 to 5, where 5 was expected for the maximum level of satisfaction detected. The responses relating to the item referring to the reasons why the accredited center was chosen by the user/caregiver, recorded through free response, were aggregated into 5 macro categories defined as follows: technical choice, proximity to the home, suggestion from third parties, experience staff, does not respond.

The open answers relating to the motivation for choosing the healthcare facility were grouped into 5 categories, divided as follows: knowledge of the facility, distance between facility and home, specific skills of the facility/technical choice, reference of the facility, does not respond.

The open answers relating to the time spent at the center were grouped into 5 categories, divided as follows: 0-1 year, 1-3 years, 4-6 years, 6-12 years, > 12 years.

Sample Analysis

The accredited Centers surveyed were a total of n. 12, of which n. 11 accredited centres, equal to 35% of the target structures present in the company territory and n. 1 public centre, equal to 33% of the structures - corporate targets. Overall, out of no. 31 centers accredited for outpatient activities and n. 3 public company centres, equal to n. 34 centers in total, the survey activity, conducted for n. 12 centres, covered 36% of the outpatient rehabilitation centers in the Salerno ASL area. The accredited structures surveyed were located across the company areas: n. 4 Northern area, 36%, n.2 Central area, 18% and n. 5 Southern area, 46%, while the public structure subject to the survey is located in the Southern area of the Company. The questionnaires administered to users/caregivers were n. 309: among these, n. 298 refer to accredited centers (96%) and n. 11 to the public structure (4%). The questionnaires were drawn up for the public structure by n.9 users (82%) and n. 2 caregivers (18%), while for the accredited centers the responses come from n. 127 users, 43% of the sample, and no. 171 caregivers, 57% of the sample. The average period of users in rehabilitation treatment was equal to n. 41 months (min. 1 month max 288 months), was aggregated resulting in years 0-1 for 105 users, 34% of the sample, years 1-3 for 92 users, 30% of the sample, years 4- 6 for no. 56 users, 18%

of the sample, years 6-12 for no. 38 users, 12% of the sample, and years > 12 for no. 11 users, 3.5% of the sample.

With Regards to the Centers Surveyed and the Questionnaire Compilers, the results are reported in Table A:

Results

Of the 250 questionnaires foreseen by the Project, 309 were distributed, equal to + 23.6% compared to expected. 100% of users/ caregivers responded to the administered questionnaire.

- 44% of those interviewed are represented by the user
- 56% of those interviewed are represented by caregivers
- 36% of the Centers present in the company territory were surveyed

Table A: Number and type of Structures Detected - Number and type of Questionnaire Compilers

Number and type of structures detected - Number and type of questionnaire compilers				
Description no.	Public centers detected	Public centers detected	Total	% on the sample
Centers	1/3	11/31	12	36%
User	11	298	309	
User	9	127	136	44%
Caregivers	2	171	173	56%

Regarding the Items Explored

1. Organizational Aspects Area: cleaning of the waiting room, cleaning of machinery, comfort of the waiting room and therapy rooms, internal signage, availability to carry out therapies on days and times agreed with the staff

Degree of Satisfaction: 4.67 (table 1)

Table 1: Organizational Aspects Area - Scores Recorded for Individual Items

organizational aspects 1	cleaning of the waiting room	4,71	4,67
organizational aspects 2	cleaning of machinery	4,68	
organizational aspects 3	comfort of the waiting room and therapy rooms	4,65	
organizational aspects 4	internal signage	4,67	
organizational aspects 5	availability to carry out therapies on days and times agreed with the staff	4,63	

2. Communication Area: diagnosis communication, rehabilitation therapy communication, communication within the rehabilitation team. This item included the detail of the reference to ASL Salerno or accredited centres

Degree of Satisfaction: 4.50-4.55 (table 2)

Table 2: Communication Area - Scores Recorded for Individual Items

Communication ASL 1	diagnosis communication,	4,50	4,50
Communication ASL 2	rehabilitation therapy communication	4,44	
Communication ASL 3	communication within the rehabilitation team	4,57	
Communication centres 1	diagnosis communication,	4,56	4,55
Communication centres 2	rehabilitation therapy communication	4,49	
Communication centres 3	availability to carry out therapies on days and times agreed with the staff	4,61	

3. Reception Area: acceptance service, clarity and completeness regarding access methods, services provided, waiting times between request and first treatment, opening hours

Degree of Satisfaction: 4.65 (table 3)

Table 3: Reception Area - Scores Recorded for Individual Items

Reception area 1	acceptance service	4,74	4,65
Reception area 2	clarity and completeness regarding access methods	4,70	
Reception area 3	services provided	4,69	
Reception area 4	waiting times between request and first treatment	4,40	
Reception area 5	opening hours	4,73	

4. Accessibility Area: ease of reaching the structure, ease of access, adequacy of signs inside the structure, comfort of the structure, general cleanliness of the structure

Degree of Satisfaction: 4.70 (table 4)

Table 4: Accessibility Area - Scores Recorded for Individual Items

Accessibility area 1	ease of reaching the structure	4,64	4,70
Accessibility area 2	ease of access	4,65	
Accessibility area 3	adequacy of signs inside the structure	4,69	
Accessibility area 4	comfort of the structure	4,75	
Accessibility area 5	general cleanliness of the structure	4,76	

5. Staff Relations Area: courtesy and willingness to communicate/discuss on the part of the staff towards the patient, respect for privacy, clarity and completeness of information regarding the activities carried out by the patient and his state of health

Degree of Satisfaction: 4.77 (table 5)

Table 5: Staff Relations Area - Scores Recorded for Individual Items

staff relations area 1	courtesy and willingness to communicate/discuss on the part of the staff towards	4,69	4,77
staff relations area 2	respect for privacy	4,75	
staff relations area 3	clarity and completeness of information regarding the activities carried out by the patient and his state of health	4,76	

6. Service Organization Area: overall satisfaction with the service received, any suggestions to improve the service

Degree of Overall Satisfaction with the Service = 4.76 (table 6)

Table 6: Overall Satisfaction level Area - Score Recorded for Each Individual item

service organization area 1	overall satisfaction with the service received	4,76	4,76
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The Open Answers Relating to the Time Spent at the Center were grouped into 5 categories, divided as follows: 0-1 year, 1-3 years, 4-6 years, 6-12 years, > 12 years.

Results in table A:

- 3.6% of users have been attending the Center for over 12 years
- 35% of users have been attending the Center for less than 1 year
- 30% of users frequent the Center for between 1 and 3 years
- 19% of users have attended the Center for between 4 and 6 years
- 2.4 of the users have attended the Center for between 6 and 12 years

Table A: Time of Attendance at the Center

Time of attendance						Total users	% of sample
>12 years			2	9		11	3,6%
0- 1 year		5	30	70	4	109	35%
1-3 years		1	13	78	2	94	30%
4-6 years	1		9	46	1	57	19%
6-12 years		1	2	35		38	12,4%
Total	1	7	56	238	7	309	

The Open Answers Relating to the Motivation for Choosing the Healthcare facility were grouped into 5 categories, divided as follows: knowledge of the facility, distance between facility and home, specific skills of the facility/technical choice, reference of the facility, does not respond.

Results in table B:

- 7% of users declared that they chose the Center due to their knowledge of the structure
- 27% of users declared that they chose the Center due to the distance from their home
- 14% of users declared that they chose the Center considering the technical skills present
- 34% of users declared that they chose the Center considering the Centre's reference
- 18% of users did not answer the question

Table B: Reason for Choosing the Structure

Reason for choosing	Users no.	% of sample
Knowledge Structure	19	7%
Distance	84	27%
Technical choice	44	14%
Reference	105	34%
Does not answer	57	18%

Data Analysis

The results obtained from the survey activity referred to in this project document a significant positivity of the overall quality perceived by the users/caregivers with respect to the organizational and delivery aspects of the outpatient rehabilitation assistance provided by the rehabilitation centers of the ASL Salerno, as demonstrated by the score overall detected of 4.76 (min 1 - max 5). The responses relating to the motivation of the users/caregivers in choosing the healthcare facility highlight among the main criteria the distance of the Center from the patient's home and the reference of the Centre, therefore confirming the importance of proximity services for the quality of care, together to the relevance of "word of mouth" between users, given that, on the merits, no orientation can be produced by the ASL Operators, considering the need to guarantee users, as required by law, free access to rehabilitation services choice of the Center. High scores in the quality perceived by users/caregivers were recorded in the area of relations with staff, which achieved a score of 4.77 (min 1-max 5), in the service organization, which achieved a score of 4.76 (min1-max 5), accessibility, which achieved a score of 4.70 (min.1-max 5) and reception, which achieved a score of 4.65 (min.1-max 5). A decline in the quality perceived by users/caregivers occurred instead in the communication area, which achieved a lower than average score, equal to 4.50 (min 1 - max 5) for the Salerno ASL Centers and equal to 4.55 (min 1 - max 5) for the accredited Centers and in the item referring to waiting times (reception area) which recorded a score of 4.4 (min 1-max 5). Regarding the availability of users/caregivers, it

appears that 100% of the users/caregivers to whom the questionnaire was administered provided responses; in detail, it appears that the percentage of users/caregivers who did not provide answers is equal to 2.27% for aspects relating to the overall organization, 5.08%, for aspects relating to relations with staff, 5.82%, for aspects relating to the organization of the structure, 9.39% for aspects relating to accessibility, 24.39% for aspects relating to reception, 51.79% for aspects relating to communication within accredited structures and to 63.81% for aspects relating to communication within company structures.

Conclusions

The Survey Activity Project conducted in the ASL Salerno has demonstrated effectiveness in the expected objectives, allowing the acquisition of descriptive and compliant data on the state of health of outpatient rehabilitation services for the target population. The project results highlight the importance of proximity services for the quality of care and a satisfactory overall quality perceived by users/caregivers in relation to local outpatient rehabilitation services, suggesting it is necessary to focus attention on aspects relating to communication and reception. The project allows ASL Salerno to be able to define specific intervention strategies in the area of competence, aimed, in particular, at making the organizational aspects of rehabilitation services more efficient in relation to aspects of communication and management of waiting times for access to services, providing useful elements for improving the quality of health services guaranteed to the reference population.