

Knowledge Brief

Health, Nutrition and Population Global Practice

The use of satisfaction surveys to improve the delivery of health services to the population in Costa Rica

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KEY MESSAGES:

- Satisfaction Surveys from the Costa Rican Social Security Fund make visible and improve users' perception of hospitalization and outpatient services. They have been successfully applied for five consecutive years, even in the face of the COVID-19 pandemic.
- The application of the surveys has increased the interest of health personnel in knowing the users' perception of the service. Now, the services of different units can be improved and compared based on quality dimensions, improvement plans focused on patients' priorities are developed, and satisfaction data from indigenous populations are made visible.
- With the support of senior management, communication and training, satisfaction surveys have taken an important place in the institution.
- The way forward includes the sustainability of the tool over time and its redesign, but, above all, the translation of its results into improvement plans that have a positive impact on user satisfaction with respect to the service provided.

Introduction

For five consecutive years, even despite the disruption of processes due to the COVID-19 pandemic, the Costa Rican Social Security Fund (CCSS, for its name in Spanish, *Caja Costarricense de Seguro Social*) has successfully applied and analyzed satisfaction surveys to evaluate its outpatient and inpatient services based on user feedback. At a global level, satisfaction surveys have been an evaluation model that allows us to know the degree of user satisfaction with the service provided in the different areas of health care systems. Its results contribute to the development of programs and strategies for the continuous improvement of processes and increase the quality of care of the institution.

In the CCSS, satisfaction surveys began to be developed in 2015, precisely with the aim of creating an evaluation

model that would allow them to know the satisfaction of their users. The surveys are thus a means to achieve a more focused attention to the needs of CCSS patients.

The development and redesign of this evaluation tool in the CCSS was driven through the Program for Results (PforR), a financial instrument of the World Bank that incentivizes the achievement of strategic objectives and goals of programs in which governments seek to improve the use of public expenditures or improve their performance using their own processes and institutions. In Costa Rica, this program ran from 2016-2023 for the Strengthening of Universal Health Insurance. Its initial objectives included modernizing and strengthening the primary health care network, improving the quality of services, increasing population coverage, and making the network more capable of prevention, early diagnosis, and control of diseases relevant to the local, national, and

regional epidemiological profile. In addition, the objective was also to improve the institutional and financial efficiency of the CCSS. (1)

This knowledge report is part of a larger series of reports developed by the World Bank, and seeks to describe the main reasons for success, challenges and key lessons learned during the redesign and implementation of the satisfaction surveys, with the objective of providing a roadmap for other countries interested in implementing similar programs.

Background

The CCSS has been interested in integrating a systematic mechanism that would allow them to know the voice of users and their satisfaction with the service since 2015. For this reason, they created a satisfaction survey based on the SERVQUAL model of service quality. This model is a measurement scale that allows the evaluation of service user satisfaction through five dimensions (Table 1). Within each dimension there are sub-dimensions which, in the case of the survey developed by the CCSS, comprise around forty indicators that make up the questionnaire.

Dimension	Description
Tangibility	Appearance of facilities and equipment
Reliability	Provision of service as agreed
Responsiveness	Willingness to respond to needs
Assurance	Service provider's knowledge of care provided
Empathy	Provision of personalized services tailored to the user's understanding and wishes

Table 1. Dimensions of the SERVQUAL methodology. Own elaboration based on Verification Report. (2)

The SERVQUAL methodology provides a result about the differentiation between what users expect (expectations about the service) and what they receive (how they receive and value the service) from health services.

Despite having developed a great tool, the Institutional Directorate of Health Services Comptrollers (DICSS, for its name in Spanish, Dirección Institucional de Contralorías

de Servicios de Salud) of the CCSS, which is directly in charge of the satisfaction surveys, did not have sufficient resources for the application, evaluation, and follow-up of the results. Therefore, the project was not implemented at that time. (3) On the other hand, it was not known whether the tool reflected the real needs and concerns of Costa Ricans, but neither were there the means to know this.

The new Satisfaction Survey

In 2016, the PforR brought renewed efforts to improve and revitalize satisfaction surveys. With the arrival of the PforR, and the initial discussions between the World Bank and the CCSS, the importance of listening to the voice of the various users and non-users of the institution's health services was recognized. Therefore, two of the indicators established in the PforR were linked to the redesign and follow-up of the results of the satisfaction surveys.

Redesign and Piloting

The survey was redesigned with the aspiration of adapting the values of the dimensions of the questionnaire, previously developed, to the priorities of Costa Ricans. For that, a third-party expert in the subject was hired so that, through focus groups and a Household Survey conducted in 2017, the priorities of people who used, and those who did not use, CCSS services were understood. The results reflected that trust, ease of obtaining appointments, length of care, and empathy were the most important aspects for Costa Ricans. This led to these indicators, from the dimensions and sub-dimensions of the satisfaction survey, having a higher weighting.

Another fundamental part for the World Bank and the CCSS was to know the opinion and priorities in the satisfaction of the indigenous population of Costa Rica. Therefore, the qualitative research and focus groups conducted also included this vulnerable group. With this analysis, the questions asked in the satisfaction survey allowed CCSS to explore what was most important for them, the dimension of reliability in the health system (the time to get care and the ease of obtaining an appointment).

Once the surveys had been adapted to the population's priorities, a pilot was carried out to evaluate the questionnaire's feasibility and comprehension.

The new tool

The redesign and piloting ensured an effective tool with

satisfaction indicators that evaluate what is most important to Costa Ricans. The result was a survey that measures the five dimensions of the SERVQUAL model in hospitalization and outpatient care, in addition to a differentiated evaluation that measures the reliability dimension in the indigenous population. Also included was the Net Promoter Score (NPS) measurement, a rating scale that qualifies the user's willingness to recommend the facility based on the service provided in the last year, and which is used to understand the overall satisfaction and loyalty of patients with health services.

Implementation and improvement plans

Implementation

The redesigned and piloted satisfaction surveys began to be applied in 2018 by the company CID Gallup. These are conducted in the last three months of the year to all CCSS health service provider units (health areas, hospitals, and specialized centers). The first two years (2018 and 2019) users were surveyed in person at the units. Due to the COVID-19 pandemic, the surveys had to be conducted by telephone in 2020, and in subsequent years, it was decided to continue with this modality.

Results and improvement plans

The DICSS receives the results from the survey company, informs the Board of Directors of the general results, and sends an individual report to each service provider unit with the results of all dimensions. Subsequently, each provider unit has one month to propose to the Medical Management an improvement plan for a minimum of three indicators based on its results, giving priority to the lowest scores. In turn, the units providing services to the indigenous population must implement specific plans to improve services based on their disaggregated results. On the other hand, the actions established in the plans are executed by the personnel of each unit, and the units must assign someone internal to follow up on the plans every six months. All improvement plans are recorded in a standardized manner in a "Satisfaction Survey Improvement Plan Matrix" to facilitate their follow-up by the Integrated Health Services Network Directorates and comptrollers.

EVIDENCE OF INTERVENTION SUCCESS

Two major results describe the successful progress of the satisfaction surveys. The first was to redesign the

weighting of the questionnaire and its indicators by listening to the voices of Costa Ricans, including indigenous populations. This milestone was effectively achieved within the timeframe established in the PforR plan. The second, that the surveys have been executed year after year since their inception regardless of the adversities they have faced, including the COVID-19 pandemic and the cyber-attack of the institutional information system in 2022. In turn, the survey sample achieves full representativeness of the population that entered the hospitals and used the CCSS outpatient services in the previous year. And in 2022 alone, 2,963 interviews were conducted for the hospitalization area and 18,503 for the outpatient evaluation.(5)

In addition, the integration of satisfaction surveys in the CCSS has generated a growing interest in the managers of the provider units to know the voice of their users. This common language will be vital for the perfection of improvement plans that, in the end, will achieve the main objective of the surveys, to increase the quality of services based on the users' voices. In fact, the implementation of specific surveys for the indigenous population has made it possible to make these users visible and identify them in health units where they were not previously recognized.

FACILITATORS

The execution and continuity of the surveys resulted from enabling factors that improved the process. These included the following:

Political and institutional will, and clearly established responsibilities: In 2016, the Executive Presidency of the CCSS issued an institutional commitment to move forward with the redesign and implementation of the satisfaction surveys. In addition, responsibility for coordinating and monitoring the project was given to the DICSS, which, in turn, integrated a multidisciplinary work team made up of doctors, lawyers, statisticians and systems engineers to manage progress.

Legal framework for the protection of users' rights: Law 8329 of the Legislative Assembly of Costa Rica describes the duties and rights to which all users of the country's health services have access. Specifically, Article 12 states that health service providers must "keep a record of patients' reactions to services, which will make it possible to measure the degree of progress in achieving the goals of continuous quality improvement."(6) This law was one

of the main incentives for the CCSS to initially develop its user satisfaction surveys.

Public recognition of the best evaluated units: The best rated units in each of the health regions are publicly recognized through the media and social networks of the CCSS (Figure 2). This inspires the units to improve their service and increase their results to be part of the best units that users can see.



Figure 2. Poster publication on best rated units in outpatient consultation by region. Credits: CCSS, 2022.

Publication of the general results of all units within the institution: Year after year, the general results of all units can be viewed by the institution's personnel on an internal communication platform. This promotes healthy competition through comparison and the search for better results in future years.

External surveyor: The CCSS decided to hire a third party to conduct and analyze the surveys. This ensured transparency and improved the quality of the interview by allowing users to express themselves freely. In addition, the CCSS did not have the experience and human resources to carry out the implementation of the surveys, and their evaluation, in a short period of time to meet the timelines.

Communication of the program to the units: To improve the acceptance of the survey by the institution's staff at

the beginning of its implementation, the Executive Presidency held a press conference to communicate the benefits and objectives of the tool. In addition, the program was communicated in the internal media of the CCSS. On the other hand, training was given to network and unit directors on the rights and duties of users based on the "Protocol of attention to the user".(7)

Insurance system: The Medical Management, together with the CCSS Board of Directors, established possible sanctioning actions if health units failed to comply with the improvement plans. There is a perception that this serves as an incentive to take action toward improvement.(8) Fortunately, no one has been sanctioned yet, since so far all units have complied with their improvement plans.

Health information system: The sample needed to survey users who used the services in recent months is easily obtained thanks to the Single Digital Health Record, which is widely implemented in Costa Rica's public health system. It also provides the contact information for interviewing users.

Earmarked funding: The DICSS received a budget allocated specifically for redesigning and implementing the surveys. With these resources, it was possible to outsource the redesign of the questionnaire and the implementation of the surveys to organizations with expertise in these topics, since the CCSS did not have the installed capacity for these activities.

Being a PforR objective: The redesign of the satisfaction surveys and a report on their results were two of the indicators promoted through the PforR, by common agreement between the CCSS and the World Bank. This ensured that the actions established were effective in achieving the projected goals.

CHALLENGES ENCOUNTERED AND SOLUTIONS APPLIED

Transformation addressed barriers and challenges during the implementation of the surveys. In most cases there was adequate execution of strategies to mitigate these developmental challenges.

Resistance from units: At the beginning there was some resistance to the evaluation on the part of the health care provider units. This gradually diminished as it became an indispensable tool for improving user care.

Lengthy and difficult bureaucratic processes: The process of contracting third parties to conduct the survey

annually is very lengthy and complex, so much so that it has even jeopardized the timely start of the survey implementation. Fortunately, DICSS is aware of these lengthy internal approval processes and begins negotiations well in advance.

Non-response to the survey: Conducting the survey by telephone has slowed the progress of the surveys due to a drop in the response rate. Interviewers report that people do not want to answer because of distrust, or simply because they do not answer the phone.(9) This has been solved by replacing the sample and extending the time to conduct the interviews. At the same time, interviewers are being trained in methods to sensitize users to accept the interview.

Difficulties in reaching a representative sample size in the indigenous population by health area: In the first two years, the results for the indigenous population were disaggregated by health area, but it was difficult to continue this way due to the small sample size. For this reason, the results continued to be presented at the national level.

Achieve superior quality improvement plans: Each unit is responsible for identifying and executing its improvement plans. There is currently no quality improvement department to support or follow up on these plans. Therefore, there is heterogeneity between the improvement plans submitted by each unit and their results. It is hoped that, in the future, the Comptroller's Office will be able to provide closer follow-up to improve the quality of each center's improvement plans.

COVID-19 Pandemic: The conversion to telephone surveys presented challenges in locating users as the contact information contained in the EDUS could be out of date. This is improved from year to year with the updating of EDUS information.

THE WAY FORWARD

Through the conduct and analysis of the patient satisfaction survey, the CCSS has learned that the satisfaction of its users is not directly correlated with the level of resources allocated to the health units or their infrastructure. This indicates that user satisfaction is probably more influenced by the interpersonal relationships between providers and clients and does not depend solely on the physical inputs or the technical competence of the health personnel. This was further

evidenced by the fact that during the COVID-19 pandemic, when the CCSS made additional efforts to serve the population and maintained active and constant communication with its users, the satisfaction achieved during the survey conducted in that year of 2020 was higher than in previous years. Similarly, this could be seen by a decrease in the satisfaction observed after the cyber-attacks on the system in 2022. Users mentioned that, due to the cyber-attack, their care in the health units was affected by the lack of availability of their clinical records, negatively influencing their perception of the service.

The institution will continue to apply the surveys on an annual basis in the coming years as it has done so far. One of the changes going forward is the redesign of the questionnaire used in the survey, since the current format has been the same since its creation in 2017 and there could be new services, such as tele-consultation, which are not currently evaluated. In turn, the DICSS is expected to be responsible for optimizing the development of unit improvement plans and providing them with closer follow-up and support to catalyze more positive health service outcomes. For example, one of the main negative results of the surveys focuses on responsiveness (e.g., speed of care and willingness of health care providers to solve user problems) and the care and waiting times in the units, so improvement plans should be more focused on this.

On the other hand, the Health Statistics Area of the CCSS is generating statistics with an ethnic-racial focus and is in communication with civil society organizations representing indigenous populations to improve the measurement of their satisfaction.(10)

The road travelled and the lessons learned (Box 1) from Costa Rica can serve as an example for other institutions, health systems or countries seeking to implement a satisfaction survey. The CCSS has already taken the first important step on the road to improving health services based on users' opinions by positioning satisfaction surveys as a key element in the institution's progress toward quality of service and user satisfaction. The political will and the allocation of resources have been key to sustain its application over the years. Its continuity will make it possible to optimize the redesign of health services based on the demands of the entire Costa Rican population.

Box 1. Lessons learned

- Consulting users is the essential first step in designing a satisfaction assessment tool based on people's preferences and value.
- Knowing the target population of the survey helps to adapt and write questionnaires with local sensitivity.
- Generating a pilot allows the tool to be adapted to the local context and to make modifications based on the challenges encountered in the field.
- The hiring of an external interviewer allows the surveys to be transparent and allows users to express themselves honestly, avoiding bias in the results.
- It is necessary to have a clear work plan and goals, since times evolve very fast, and it is necessary to comply with the surveys on an annual basis.
- The improvement plans implemented by the units should be linked to the results of the satisfaction surveys to try to improve or resolve the needs of greatest concern. These plans should be followed up to ensure compliance.

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