







The voice of the citizens

How the perception of the citizens is linked to the improvement in health services and the Catalan Health System

Edition updated with 2014 data

Generalitat de Catalunya
Departament de Salut

CatSalut
Servei Català de la Salut

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Introduction by the Director

The CatSalut Satisfaction Survey Plan (PLAENSA©) is an assessment tool designed by the Catalan Health Service which perhaps, after functioning and becoming increasingly consolidated over the last twelve years, needs no further introduction.

I would like, however, to present the latest edition of the corporate publication with the data on citizens' perception in terms of quality and satisfaction for the majority of service lines offered by the public health insurance provider of Catalonia, CatSalut. I feel that it is especially opportune to do this now, just as we are finalising the actions planned in the Health Plan for Catalonia 2011-2015. This Plan has included, as one of its nine lines of action for this period, a greater focus by the public health care system towards patients and their families, defining the service provision guarantee of quality and patient satisfaction as one of the strategic projects for development. Within this context, the PLAENSA© continues to be an essential tool for improving public health care services.

Thus, we can offer specific data and tendencies from the year 2003 to 2014, in the areas of primary health care, hospital care (with admission, emergency and specialised outpatient care), mental health care (with admission and outpatient care for adults) and social care with admission, as well as other services and/or processes such as non-urgent health transport, home oxygen therapy, outpatient physiotherapy, evaluation of the electronic prescription circuit and care services for pregnancy, birth and the post-natal period, with 200,000 users having expressed an opinion on them.

I would like to offer a reminder that the important point about these new data – the survey results – is the possibility that they offer the public to influence decision-making in new health care areas, as they allow easy identification of points for improvement – those situated below the standard of 75% and even those situated below 90% – and incorporate them as annual improvement targets in the services purchasing contracts between health care and social care centres and provider organisations.

These are data for influencing the future, it is true, but they also tell us about how services are perceived at present, and they tell us that, despite the current socioeconomic climate, the satisfaction rate in relation with public care services range between good and excellent, and the loyalty expressed indicates that the public health network is the option preferred by the user population.

These are optimistic data that remind us that, despite everything, we continue to enjoy a first-class public service and that encourage us to continue working to maintain the quality and sustainability of our health care system.

Josep M. Padrosa i Macías
Director of the Catalan Health Service

1. The Citizen-based approach in keeping with the brief of CatSalut

> **"An organisation will only achieve success in the medium term if it is capable of understanding and continually improving its ability to meet and exceed the needs and expectations of its clients."**
> William E. Deming

THE RELATIONSHIP WITH THE CITIZENS DURING THE FIRST YEARS OF THE CATALAN HEALTH SERVICE

During the first years of the setting up of the Catalan Health Service, the priority measure was, necessarily, the definition of the Health Plan for Catalonia to be able to organise the provision of services. At that time, the need to ask the citizens was already becoming clear in order to organise the demands in such a way that the portfolio of services could meet the needs of the insured parties, which was done by means of a Health survey carried out for the first time in 1994.

At that time it was clear that the health model needed to be decentralised and participative. Therefore, with regard to Citizen representation, when the Management Board, the Health Board of the Catalan Health Service and the Health Boards of the Health Regions were constituted they included representatives of consumer associations and users. However, this participation was very formal and could only be collective and, in any case, only included the most representative associations in each territory. In a parallel way to this participation, and in a gradual way, the policy of information and relations with the citizens was worked on, as well as the corporate image of the organisation and of the health system.

From 1994, the Catalan Health Service advanced in the development and the definition of client care units in the health regions and in the health sectors, at the same time as, in the contracting with the service providers, it started to prioritise the fact that health centres should have a client care service.

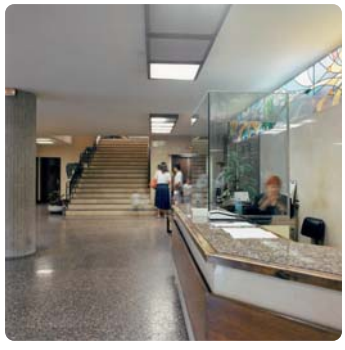
In 1996, a telephone survey was given to 16,783 people in Catalonia to get to know the level of satisfaction of the population attended in the primary health care centres, at the request of the Catalan Health Service and the Catalan Health Institute. The aspects that were most highly valued were the attention and competence of the professionals, whilst the opinion concerning accessibility, information and the comfort of the infrastructures was a lot less favourable.

That same year, an instruction was drawn up which established, for the first time, the general framework concerning the procedure for managing and handling complaints and suggestions submitted by the users of the public health network. This instruction, number 3/96, was based on the principle that both complaints as well as suggestions could be consid-

ered as statements of the rights of the citizens who use the public health services, at the same time as representing one of the mechanisms for collecting information about users' opinion. Therefore, they contribute to the participation of the users in the improvement of the quality of the health services.

In 1998, the **1st Work Session on client care: policies and strategies of the health organisations at the dawn of the 21st-century was organised**. The work session compiled proposals for the change process in matters linked to the relationship between users, marked by the awareness that the protagonist and pillar of all the measures must be the person, who would be treated as a client.

Thus, at the end of the 1990s, the set of measures were aimed at improving the relationship between the citizens and the health system. However, from then on, it was started to be realised that, in addition to the assessment and improvement of health quality, it was very important to know what the aspects are that citizens take into account when feeling satisfied with the service and to decide that, in fact, the Catalan Health Service had offered a suitable response to their needs.



Until the end of the 90s, the measures had been aimed at improving the relationship between the users and the health system.

With the driving force of CatSalut as the public insurance agent, the central role that was granted to the citizens within the health system was reinforced, as it shaped model of guarantees in which rights and obligations were established for the insured parties and the insurance agent.

THE PUBLIC INSURANCE AGENT

In 2000, the Catalan Health Service (known from that time as CatSalut as an abbreviation) affirmed and encouraged its function as a public insurance agent, recognised by the LOSC (Catalan Law on Health Organisation) as a starting point for defining the relations with what was then the Ministry of Health, the service providers and the citizens. The fact that CatSalut defined itself as an insurance agent was fundamental in the development of the role that was granted to the citizens within the health system. From the point of view of the Ministry, people are defined as citizens. For the service providers they are clients. For CatSalut they are insured parties.

Relationship model

The relational model of the Catalan Health Service was to be basically constructed from this perspective, as the condition of insured party clearly granted some rights and established some obligations.

THE RELATIONAL MODEL WITHIN THE HEALTH SYSTEM

Naturally, this relationship made the initial approach vary enormously as it obliged CatSalut to make itself known as an insurance agent and, as such, to offer a rigorous assignation of the levels of coverage, to have an integrated, single register of complaints, to listen reactively as well as proactively, to

get to know, in a valid, reliable way the deficient aspects of the health services and to adjust the expectations of the insured parties of ideal to possible. Therefore, a field was opened up that necessarily meant that a suitable infrastructure was organised in CatSalut, which would organise and guarantee this relational model.

The consolidation of the client care units of the health centres —which had been started to be introduced in the 80s— meant that proactive listening activities on people could be started.

In this phase, the health centres, and in particular the hospitals, had client care units, as the accreditation model of hospitals in Catalonia which had been valued since 1983 (the last updating of which was done on 17 January 2006) explicitly referred to the characteristics of the client care units, as well as their functions of support to users.

The gradual consolidation of these client care units in the health centres allowed activities to be started aimed at listening to people and potentiated the training of the necessary structure of professionals who acted in this area with the aim of facilitating the access of the citizens to the health system and to improve the management of their demands. In line with these measures, some territories and service providers —particularly the Catalan Health Institute centres— carried out these opinion surveys in a heterogeneous way and periodically analysed the reasons for complaints and suggestions that the citizens had presented to the service provider organisations and to CatSalut. The analysis of this information allowed them to detect parts of the weaker points of the organisation and to take measures to improve them.

The management of the client care units and these initiatives show the desire to take users into account when offering the care service, although until then, the philosophy and the focus of the client care consisted on acting on client initiative (normally in the form of a complaint or suggestion), considering as the main objective of this measure the “window" response to the individual measure. Therefore, it still needed to take on board the instruments that would allow the voice of the client to be linked with the organisation of the system.

At that time, the concept of "proactive" measure started to be introduced, understood as an "anticipation", as opposed to the exclusively reactive approaches (of responses to demands).

The intention, at that time, was to anticipate the most frequent problems or those which could cause greatest social alert and thus to improve the public opinion about the services.

- From 2000, the need to have strategies for the participation of the citizens in the governability of the institutions became more evident.

- The “quality” concept was introduced as an essential part of the health policy of Catalonia, as can be seen by the creation of the Client Care and Quality Department.

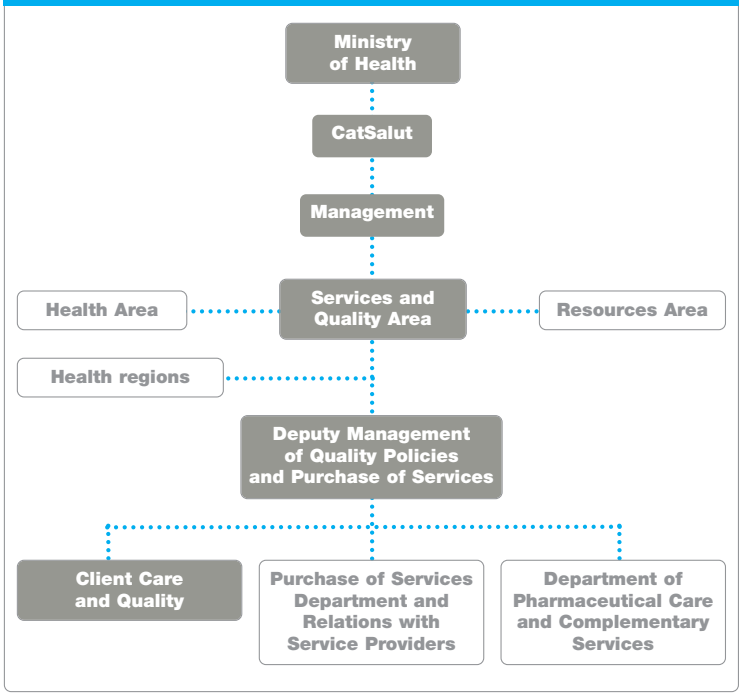
A NEW DIRECTIVE STRUCTURE: THE CLIENT CARE AND QUALITY DEPARTMENT

To better respond to the strategic objectives that CatSalut was formulating, from the year 2000 onwards there was some restructuring in the organisation model and in the responsibilities. Thus, the Government of the Generalitat assigned the planning function to the Catalan Ministry of Health, whilst the Catalan Health Service strengthened its role as public insurance agent. Within this context, in the year 2000 the Client Care and Quality Department was created. Following the restructuring of CatSalut in the year 2005, this evolved especially between 2012 and the present time to become the Customer Care Department.

From here on, it became necessary to consolidate a structure, both of the central services as well as the health regions, that would enable the responsibilities related to the decentralisation, the coordination between service providers and the promotion of care continuity to be developed. However, the most important thing for the citizen-based project was to promote the participation strategies of the citizens in the governability of the institutions to bring it closer to the health administration. This is why the Client Care areas became points of contact between the citizens and CatSalut and took on the responsibility of facilitating the relational model between CatSalut and its insured parties.

As can be seen in the organisation chart created in the previously mentioned Decree, the Client Care and Quality Department was integrated into the Services and Quality Area, the name of which clearly reflected the fact, in 2000, that the "quality" concept had become a fundamental part of the health policy of Catalonia, beyond the classic evaluation and control aspects.

The Client Care and Quality Department in the organisation chart of CatSalut in 2000



The activity areas of the Client Care and Quality Department

The Client Care and Quality Department was created with the aim of executing the measures designed to guarantee the quality of the services and the performance of the public health system.

In this context, the functions of CatSalut's Client Care and Quality Department were specified in two functions:

1. Integral management of the demand: valuation, analysis and active management of the needs of the citizens and the preventative use of risk calculation and creation of instruments for the prevention and care of groups of users or patients with specific health problems.

2. Dynamics of direct care to clients (in 2000 the citizens were still referred to as "clients") potentiated with active strategies of listening to the citizens.

Since then, the policy of relations with the citizens has advanced marked by four essential areas of activity, organised from the Client Care and Quality Department, which is now called Customer Care Department:

- To identify the users of the public system and their level of insurance, including the coordination, issuing and distribution of the health cards and maintaining the necessary registers.
- To carry out the actions that allow maximum accessibility of the citizens to the health system to be guaranteed.
- To coordinate attention to the complaints and suggestions of the citizens and to propose improvement measures.
- To strive for satisfaction in the care that the citizens receive.

THE CHANGE OF CONCEPTION: THE PERCEPTION OF THE INSURED PARTIES AND THE OVERALL VIEW OF THE CARE

Little by little, the idea of an integral care policy was refined based on a model of knowledge about the insured parties following a double approach. On the one hand, with the standardisation of the listening activities to offer an efficient, homogenous response to the demands of the insured parties through the integrated analysis of suggestions and complaints, with new forms of access for users via the Internet (website, e-mail). And a second approach, with a proactive nature, in which there was a clear commitment to get to know what valuation the citizens gave to the health services with the aim of using the information for managing CatSalut's service provider centres. This was a significant change of position.

In order to bring the decision-making structures closer to the citizens, a phase of decentralisation and deconcentration towards the territorial units

that are closer to the citizens was initiated, with the ultimate objective of reducing inequalities, increasing satisfaction with the services, making them jointly responsible for the good use of the services and being able to establish priorities. It was hoped that the application of these principles would have repercussions on the citizens by opening dialogue flows and would generate policies that were congruent with the health needs of the citizens. In the same way, mechanisms to measure the functioning of the health system were promoted in order to get to know and analyse the quality of the services in terms of citizen satisfaction.

The integral care policy for the insured parties takes into account the standardisation of responses, proactive listening and information for the management from the centres and from the health system.

Despite the fact that each of these work lines involved the development of important projects for CatSalut, this publication focuses on the detailed description of the functioning and the value of the Satisfaction Survey Plan and its effects as one of the relevant assessment tools of the Catalan health model.

The Satisfaction Survey Plan of the parties insured with CatSalut (PLAENSA©) is basically an assessment tool and a tool for proposing improvements in the services offered by the public insurance agent through the service provider contracted. The detection of lack of satisfaction and deficiencies becomes a virtue of the system, because detecting them allows them to be improved.

It is a tool that has been designed with complete rigour, with a common methodology that is scientifically validated and proven which has been designed with the broad consensus of the sector, to guarantee commitment and participation in key decisions, for their later development. The following chapter explains in detail the methodology used in the Survey Plan and guarantees the securing of the necessary indicators in each line of services to which it is applied.

PLAENSA© was innovative, both due to the methodological scope that had been proposed as well as due to its contents.

The innovation involved in the assessment of citizen satisfaction with the health system is the introduction, in a stable and periodical way, of objectives for yearly improvement in the purchasing contracts of health services and social and medical services from the service providers.

PROPOSALS BECOME EXAMPLES OF BEST PRACTICES

CatSalut's Satisfaction Survey Plan was innovative both in our environment as well is in other realities and both in the public administration as well as in other areas.

PLAENSA© has meant an advance in the strategy of CatSalut of targeting the health organisations at the needs and expectations of the citizens.

This innovation included both the methodology used as well as the strategic principles on which it is supported, in such a way that it can be confirmed that the model for measuring the opinion and satisfaction of these citizens has become an example of good practices, based on initiatives such as the ones summarised below.

BEST PRACTICES IN THE ADMINISTRATION

The Surveys Plan has been regularly presented to the Governance and Management committees of CatSalut, of the Ministry of Health and of the health regions, as well as of the service provider organisations.

In addition, the PLAENSA© studies form part of the results information presented to the Health Committee of the Parliament of Catalonia, are included in the sectorial reports of the Catalan Health System Observatory Results Centre, support the targets of the Health Plan 2011-2015 and are available at the Catalan Government's transparency website (transparencia.gencat.cat).

It has been used as a model in work sessions with other administrations in the Administration School of Catalonia and in the Ministries of Health of the regional communities of Castilla y León, the Valencian Community and the Madrid Health Service.

It is included in the periodical corporate publications of CatSalut and the Ministry of Health.

PROJECTION IN THE HEALTH AREA

The results and the advances achieved are periodically presented to the scientific and social communities in the areas of Catalonia and of Spain, in the setting of congresses and work sessions.

The surveys are ceded to other autonomous communities and health centres in Spanish-speaking countries.

The information and the quality improvement model are used in the academic area, in the courses of postgraduate health management and teaching at the University of Barcelona, the Autonomous University of Barcelona and the Open University of Catalonia.

2. Getting to know the preferences and expectations of the insured parties to improve the quality of the services

"It is impossible to correctly describe the quality without taking into account the client's point of view."
Avedis Donabedian

The opinion of the citizens is an instrument of participation in the improvement of the quality of the health care.

For the quality system of a health organisation, it is essential to obtain information about the preferences and expectations of the insured parties that are the target of the services, about what it considered relevant at all times and about how these preferences and expectations change. The objective of all this is to focus the organisation towards their needs. In this context, quantifying satisfaction allows the acceptance of the efforts of planning and supply of services to be assessed and to complement aspects of efficiency and effectiveness. However, we should be aware that satisfaction is a concept related to a great variety of factors, such as people's lifestyles, their previous experiences, their future expectations and the different values of the individual and society. In the same way, it can vary depending on the social context, as this can be determined by the cultural habits of the different social groups.

In keeping with the most widely accepted sociologically theories, the level of satisfaction with health services is clearly related to the degree of adaptation between the expectations placed *a priori* and the final perception of the service received by the users.

THE MAIN REASONS FOR VALUING SATISFACTION WITH THE HEALTH SERVICES

- **It provides essential feedback for the management and optimisation of the health resources.**
- **It is one of the assets of the organisations to achieve competitive improvements and stable results in the medium-term.**
- **It is a predictor of the reactions and the behaviour of users.**
- **It is one of the basic pillars of the European model of the European Foundation for Quality Management (EFQM) with regard to the improvement of the management of health care services.**

The opinion expressed by the citizens offers essential information for getting to know the functioning of the health services from their point of view and is an instrument of their participation in the improvement of the quality of health care. As Avedis Donabedian —considered to be the father of health care quality— stated, it is impossible to correctly describe quality without having the client's point of view, as his opinion provides information referring to the success or failure of the health system in meeting his expectations. Attention to quality goes beyond technical quality, the skill of the professionals, diagnostic and therapeutic effectiveness; it

needs to take in the satisfaction of the client that is produced as a result of the overall experience he has. This is why, in recent years, the studies on satisfaction with regard to health services have become an instrument of growing value both with regard to marketing as well as to research into these services.

In Western societies, it is common to assess the quality of health services through measuring the level of satisfaction of their users. The Satisfaction Survey Plan for the parties insured by CatSalut (PLAENSA©) introduced at the beginning of the last decade is framed within this context and has been innovative in our environment both with regards to the scope that it proposed as well as its contents, as listed in the following parts. PLAENSA© has allowed us to gain the necessary knowledge to advance in one of CatSalut's priority strategic lines: the guidance of the health organisations towards the needs and expectations of the citizens.

On the CatSalut website, you will find all the information about the PLAENSA© project right from the beginning, the documents with the methodology used and the results of each of the studies (http://catsalut.gencat.cat/plaensa).

The level of satisfaction with the health services is clearly related to the adaptation between expectations and the final perception of the service received.

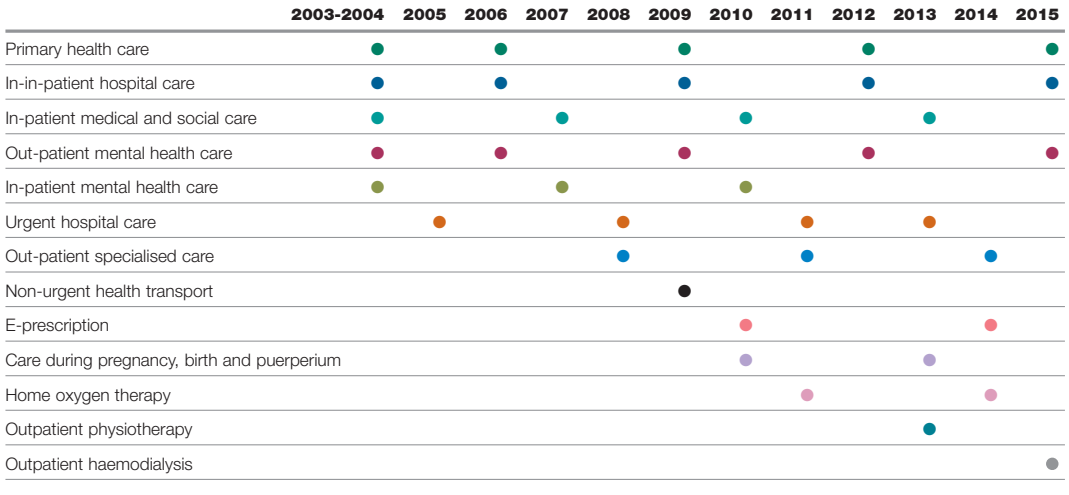
The first edition of the CatSalut Satisfaction Survey Plan (PLAENSA© 2003-2005)

The first approximations to the measuring of the satisfaction of the citizens that CatSalut carried out was the result of an approximation previous to other studies and experiences about the quality perceived and the measurement of satisfaction.

Until such time, the information available about the level of satisfaction of the parties insured with CatSalut had been obtained on the initiative of the service providers, with the inconvenience of the heterogeneity of methodologies and the different systems of assessment, which made it difficult to integrate and compare the results. Nevertheless, the results obtained were similar to those published in international and national literature and to those of other autonomous region health services.

In view of this diversity, it became evident that to obtain knowledge on CatSalut user opinions and satisfaction levels that would be sufficiently valid, reliable and objective to facilitate decision-making, a standardized methodology was required, along with clear leadership from CatSalut. All this materialised in the Satisfaction Survey Plan.

Planning the CatSalut Satisfaction Survey Plan



PRINCIPLES OF PLAENSA© 2003-2005

- **Common methodology**
- **Scientifically validated and proven methodology**
- **Comparative assessment of results**
- **Identification of areas of excellence and improvement**
- **Identification of predictive factors**
- **Common aspects between lines of service**

In March 2002, the first edition of the Satisfaction Survey Plan of people insured by CatSalut started up. The raison d'être of this project was to study the opinion and satisfaction of all the people insured by CatSalut in an ongoing way and following a common methodology, scientifically validated and proven, that would also allow for a comparative assessment of results between the different service providers of each line of service. This approximation was to also facilitate the identification of areas of excellence and of improvement per line of service. It would also allow all the common aspects of the satisfaction of the insured parties to be identified and measured from the lines of service and to identify, from the surveys used, those which could influence the satisfaction or predictive factors, of great use to CatSalut in its function as a purchaser of services.

At that moment specific satisfaction surveys on insured parties were developed and validated for each line of service:

- Primary health care (general medicine and nursing)
- Hospital care (admission of acutely ill patients)
- Social and medical care with admission (long stay, convalescence and palliative care)
- Care of mental health, with two surveys (adult mental health centres and medium-and long-stay admissions)

In 2005, urgent hospital care was added to these.

PLAENSA© has the added value of a broad consensus among health service providers, the corporate organisations and CatSalut as the purchaser of the services.

A RIGOROUS METHODOLOGY

The rigorous methodological design, the strategies aimed at achieving consensus and the permanent communication of the project, which has been maintained to date, have followed common guidelines for all the lines of care studied. For each line of service and each product studied, the project is developed in three phases: design, production and communication.

In the **design** phase, suitable instruments are created to define the dimensions, including the measuring tools, based on a bibliographical review, consultation with professionals and national and international organisations, as well as the search for other instruments and experiences.

Through the review of the information obtained, the main attributes or dimensions necessary to measure the satisfaction are defined, not forgetting the social and cultural variables, which could condition aspects of satisfaction shared by age groups or areas of origin. Below, the areas of interest of the insured parties are identified making use of qualitative techniques, such as focal groups and interviews, which help define the characteristics of the final survey prepared for the validation.

The **production** phase includes the planning and execution of fieldwork that allows reliable, valid results to be obtained. Initially, a sample calculation is made and the selection of cases, then the fieldwork is developed and finally, the analysis of the results obtained for each line of service and/or product.

This common methodology enables the values of interesting aspects common to all the lines of service to be got to known, which are grouped in the dimensions of attention, information, trust or accessibility. However, it should be noted that in each case, the development of some stages is conditioned to the intrinsic characteristics of the lines studied and the requirements of the study, such as the specific sampling system depending on the analysis unit studied, whether it is a health region, hospital or health sector.

Finally, in the **communication** of the project and of the results, there are two phases: a previous one with regard to the objectives, the deadlines of the project and the results expected and obtained, and a final one of information and communication, both internal as well as external, addressed to the Ministry of Health, to those responsible from a territorial point of view to CatSalut and to their service providers, to the Catalan Health Institute, the Catalan Statistics Institute and the Opinion Studies Centre of the Generalitat of Catalonia (after 2005), as well as the Technical Office of CatSalut and the Office of the Catalan Health Minister, the health boards and the social representatives, in the framework of the boards of management where they are represented and to the citizens in general, in an exercise of transparency.

The communication of the project and its results is an exercise of transparency of the health system.

Methodology

Design

Bibliographical review

Qualitative research (focal groups)

Construction of survey and design of the study

Production

Pre-test comprehension

Pilot scheme

Validation of survey pre-and post-study

Supervision of the Catalan Opinion Studies Centre

Fieldwork

Analysis of the results

Communication

Internal and external communication

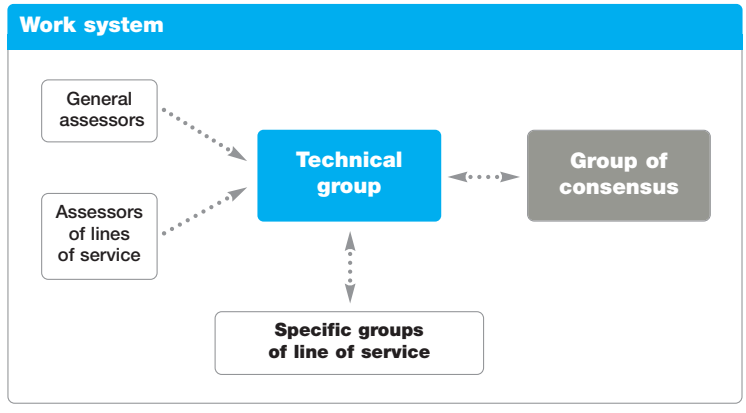
In view of the scope of the project and the economic budget that was destined to it, the first edition of PLAENSA© was the object of a public bid at the end of October 2002.

A PROJECT OF AGREEMENT

Considering the number of lines studied and service providers, right from the start, developing the project with a broad consensus was suggested as an added value, a system that has been maintained in the different editions and studies. Obtaining agreements on the themes of interest, about which, *a priori*, there was no conclusive information available, involved a qualitative improvement of the study, both due to the richness of the contributions from different perspectives of providing the services (purchaser, service provider, corporate organisations, etc.) as well as due to the commitment and the participation in the key decisions of its later development. With this objective, a system of agreement was created at two levels that has remained in place up to today:

- General group of consensus, made up professionals of recognised prestige in the area of management and of research into quality perceived in the health services and which represented all the sectors involved: boards, professionals and health Administration.

- Specific groups per line of service, made up of a variable number of professionals of a line of determined care, of different origins and possessors of knowledge of the technical and methodological aspects of the project.



THE AREAS OF INTEREST AND THE VALUATION SURVEYS

The areas of interest (also called dimensions or thematic groups) included in the surveys are the result of the contributions of a previous stage of bibliographical and qualitative research. These areas or very similar groups can be found in most of the bibliography on an assessment of services and are frequently used to communicate the opinion of the citizens when valuing health services in a more synthetic and comprehensive way. On the results pages (pages 64 to 87) you can see a summary of the evaluation of these areas of interest in each line of service.

The **questionnaires** of this first stage had between 20 and 30 questions of three different kinds:

- common, shared by all the lines of care (10 questions)
- specific, per line of service (between 5 and 12 questions)
- free or of interest according to the line of service (between 2 and 8 questions)

The formulation of the questions and of the responses used in PLAENSA© surveys is based on the general opinion about a theme, such as: "How do you assess the information that you were given about your illness?", with answers such as "perfect", "very good", "good", "regular" or "poor", despite the fact that there were a small number who compiled personal experience, such as “Did you understand the explanations that the doctor gave you?", with answers such as "always", "almost all ways", "often", "not very often" or "never".

ITEMS THAT ARE COMMON TO ALL THE PLAENSA© SURVEYS

- Overall satisfaction
- If you could choose, you would return to this centre
- Time dedicated to you by the doctor
- Feeling that you are in good hands
- Personal attention by the doctor
- Personal attention by the nurse
- The explanations can be understood
- You are not given contradictory information
- Willingness to listen and to take responsibility
- Being able to give your opinion

AREAS OF INTEREST

- Accessibility to the services
- Attention from the professionals
- Information about the care process, both from an organisational point of view as well as a clinical one
- Trust in the professionals and competence of the professionals
- Comfort
- Organisation and coordination between services and professionals
- Continuity of the care
- Psychological and social care and personal support

Satisfaction is assessed with a grade from 0 to 10 and loyalty with a response regarding whether or not they were intending to return to the same centre.

To get an overall assessment of the services, two questions were included which measured the degree of satisfaction and loyalty to the centre. There were also questions about the socio-demographical information of the person being interviewed as well as variables concerning the service provider centre and the territory.

THE SURVEY SYSTEM

To carry out the surveys, two methods were used: telephone interviews and face-to-face interviews (physical presence). For reasons of viability as well as methodological validity, self-administered questionnaires were ruled out, a method which was mostly used on leaving the hospital and in the primary health care services. From 2010, with the development of the new digital technologies, we started surveys collecting online data for some of the lines of service studied, meaning that there are face-to-face interviews that coexist with self-completed surveys.

The **telephone** surveys were done on primary health care lines, hospital care (acutely ill in-patients and emergencies) and out-patient adult mental health care. The reasons respond to criteria such as efficiency (it is not practical to do the face-to-face interview in view of the volume), the reduction of biases in the selection if they are done in person at the centre and they are more representative of the population being given the survey.

The **face-to-face** surveys (physical presence) were used in social and medical care and medium-term and long-term in-patient mental health care. In this case, it allowed problems of comprehension and those derived from the state of health when a person was admitted into hospital with a complex pathology and advanced age to be overcome, as they could be alleviated with a correctly trained interviewer.

In these cases, one should take into account the special attention that was given to training people carrying out the surveys in these two kinds of surveys. Aspects such as the tone of voice, inducing responses from those being given the survey or giving additional information not agreed on could produce biases in the sample and affect the variability. In the case of the telephone surveys on out-patient mental health the assessment of clinical experts was used and in the case of the face-to-face surveys special care was given to obtaining information from patients who, due to their clinical or personal situations, require very careful handling.

The surveys were done on people aged 15 or over who had used the health services being assessed, except in the case of mental health care, in which case they were people aged 18 and over, due to the current care model. In all cases, the insured party was informed that in the case of any query or if they wanted more information they should call Sanitat Respon, today 061 CatSalut Respon (24-hour helpline).

STATISTICAL VALIDATION

The final drawing up of the surveys was subject to statistical validation which guaranteed their reliability and validity for periodical use.

The questionnaires were validated to guarantee their reliability and validity.

THE POPULATION OF THE STUDY AND SAMPLES

To define the samples, the target population was specified: CatSalut insurees attended to in Catalonia by the different lines of service and the study population selected by means of exclusion and inclusion criteria. Then, the selection of cases was made, which in this first edition followed a stratification of the population by service provider unit, sex and age, that respected the structure of the population of each health region, health sector for primary health care and hospital in the case of hospital care.

The studies were based on CatSalut's own sources of information, such as the Central register of people insured (RCA).

To determine the size of the sample necessary, the full size needed to be considered, to allow the statistically representative parts to be chosen. In this way, the number of sample units given the survey was determined to enable a specific precision in the necessary estimations to be guaranteed. This design allowed the results for all Catalonia to be analysed, by health region and also by service provider unit. This information can be consulted on the technical specifications of each line of service (pages 64 to 87).

To obtain the data, the Central Register of people insured was used for all the lines, the register of invoicing of the health services of CatSalut in the case of the hospitals (hospitalisation of acutely ill patients and emergencies) and the minimum basic set of data in health and medical care and in mental health, both for in-patient as well is out-patient treatment. The identification data of the centres was also used and a team of assessors was created to do the follow up on the correct development of the surveys.

THE SECURITY AND CONFIDENTIALITY OF THE DATA

Pursuant to the Law on Personal Data Protection (LPD), in all the stages of the study, special care was taken to preserve confidentiality. In this sense, the following measures were adopted:

- Assessment from the Legal Consultancy of CatSalut and external legal consultants.
- Signing a confidentiality commitment specifically assigned for the studies with external companies.
- Signing a confidentiality commitment signed on an individual basis by all the professionals who participated in the different stages of the studies.
- Elimination of the computer supports that contained the identifying data of the people given the survey.

THE ANALYSIS STRATEGY: POSITIVE INDICATORS AND PREDICTIVE FACTORS

To simplify the interpretation, a positive indicator was created which grouped together the positive assessments of each response and which gave place to two values: excellence (> 90%) and improvement (< 75%).

A univariate and bivariate descriptive analysis was made of the socio-demographical characteristics and of the responses of the insurees by means of a frequency analysis of the qualitative variables and calculating the central tendency statistics and dispersion of the quantitative variables. To simplify the reading of the results, a statistic was created called **positive indicator, which grouped together the positive valuations of each question**, with two standard reference values that highlighted excellence when the values were greater than 90% in the positive indicator or improvement when the values did not reach 75%. The methodology used allowed both the average values per line of service as well as the differences in positive or negative of each of the questions per centre with regards to Catalonia to be discovered. This information was considered to be essential for the later proposal of improvements in the aspects with results inferior to values of excellence.

All the lines studied in this period permitted two, and in some cases three, levels of analysis:

a) Overall results in Catalonia

b) Results by health region

c) Results by sample unit (only in in-patient hospital care and urgent hospital care)

The associations between the valuation of the overall satisfaction and the answers validated in the surveys were sought, with the aim of estimating the relative weight of each question in the overall assessment of the services.

This analysis provides information about the influence that each of the aspects of the care has per line of service and which serves to guide the improvement measures in the most effective way.

The variables that act as predictive factors of satisfaction guide the improvements that need to be made in the different health services.

THE INTERPRETATION OF THE RESULTS

For the interpretation and possible comparisons of the results that are displayed on pages 64 to 87, the different realities and conditioners around each study unit and line of service should be taken into consideration.

The aspect that best defines the results is the **grading of the overall satisfaction**, that exceeds very good in all the lines, among which hospital care was highlighted with the best valuation. With regard to the most highly valued aspects, they are related to trust, competence and the attention given by the professionals, followed by the information, which is sufficient and understandable, although in some lines it was requested that it should be more adequate. The aspects that need to be improved concerned the organisation, particularly accessibility to the services.

The most highly valued aspects in the 2003-2005 surveys were related to trust, competence and the attention given by the professionals.

"Feeling that you are in good hands" appears as a first predictive factor of satisfaction in five of the six lines of services studied, followed by "having all the information that is needed" and "personal attention", especially from the doctors and nurses.

In the lines of service with out-patient care, such as primary health care and mental health, satisfaction predictors are "the ease of getting an appointment" and "punctuality at the appointments".

The aspects that need to be improved detected in the 2003-2005 surveys mainly concerned accessibility of the services.

In in-patient services, such as hospital care, social and health care and mental health care, "information about the process and the discharge" appear. The management of free time ("not getting bored") is another predictor in the longer-stay services.

Although it has no statistical significance, it should be mentioned that differences were observed according to age (the older the person, the more positive the valuation), the gender (women grade lower than men), the level of studies (people with a lower level of studies make more positive valuations) and the perceived health (the better the perceived health of the person being given the survey, the greater they value the health services). These differences occur in a homogeneous way in all the lines of service and in all the territories with small differences.

The results and the methodology used can be checked out on CatSalut's website.

On the following website, all the information about the PLAENSA© can be consulted:

http://catsalut.gencat.cat/plaensa

The new editions of the CatSalut Satisfaction Survey Plan (PLAENSA© 2006-2011)

The experience of the satisfaction studies done up until 2005, gave way to a new edition of the programme of surveys, following the planning and the methodology already established. What was intended was to have formulas that made the follow-up of reality easier, consolidating a set of tools that would guide CatSalut in a simple way in its decision-making with regards to the improvement of the functioning of the health services.

The new revaluation proposal from 2006, which was maintained until the last editions, was proposed with the aim of reducing costs in carrying out studies, which was possible for two reasons; on the one hand, the incorporation at the end of 2005 of a research team from the academic area of the Research Centre into Economy and Health of the Pompeu Fabra University, through a yearly agreement and, on the other hand, handing over the fieldwork (with telephone surveys) to CatSalut's public company, Sanitat Respon, today 061 CatSalut Respon (24-hour helpline).

The first activities in this stage were reviewing, in order to improve the instruments and the methods of this new edition and, above all to establish an analysis strategy of continuity with a multi-year plan for compiling and exploiting statistical information through sampling for all the lines of service. This action responded to the desire to have valid, objective information that would allow comparisons to be made with the results of the studies from the previous years.

KEY POINTS (I)

- **Change in the territorial limits: new calculation of results for each territory.**
- **Search for achievable sustainability, coherence and planning.**
- **Experimenting with new more efficient work methods in terms of cost and time.**

Comparison of criteria to establish the size of the sample of 2003 and 2006 primary health care

Line of service	2003	2006
Objective	Null hypothesis: $p_i = p_m$	Null hypothesis: $p_i = p_o$
Level of confidence	95%	95%
Power of the test	20%	20%
Maximum error in the estimate	0,11	0,11
Size of the sample	162	81

p_i is the proportion of cases in favour of a determined wording in unit I.
p_m is the average proportion of cases in favour of a determined wording in the set of units observed.
p_o is a fixed value for the proportion of cases in favour of the wording.

KEY POINTS (II)

- **Review of some paradigms: type of scales of answers, predictors of satisfaction and necessary samples.**
- **Search for more precise methods for directing the improvement of the services towards the aspects considered to be most important by the citizens.**

Decree 105/2005, of 31 May 2005, had changed the health territorial organisation in Catalonia, which went from eight health regions to seven, which changed the territorial appointment of many supply units. This obliged the values of the surveys of the PLAENSA© 2003-2005 by territory to be reviewed and recalculated, with the aim of being able to compare the results by each line of service which were re-assessed.

From 2005, the year in which a new corporate project had been started for the improvement of health care in keeping with the opinion of the citizens (see chapter 3), it was considered highly recommendable that, whenever possible, results should be available by service provider centre. This could be achieved by lowering the statistical objectives and, therefore, reducing the sample.

At the same time, the new editions were made the most of in order to do studies that would enable the advance of new models of knowledge of the perception of the citizens about leading aspects in making decisions, whether methodological or strategic.

The review of the methodology for 2006-2008 and of the results from 2003-2005 involved a new design of the size of the sample, which meant that data was available per centre in all the lines of service, except to those which did not meet the criteria of inclusion, such as social and medical care and mental health care.

The review of the surveys also considered that the methodology used to determine the contents of the questions and the type of response per line of care were adequate and recommended that the questions should be periodically validated following the procedure used in 2003-2005 and taking into account the fact of paying greater attention to the questions with worst results in the valuations of the insured parties.

Number of questions per areas of interest and line of service

	Primary Health Care	In-patient hospital care	In-patient social and medical care	Out-patient mental health care	In-patient mental health care	Urgent hospital care	Out-patient specialised care	Non-urgent health transport	E-prescription	Care during pregnancy, birth and puerperium	Home oxygen therapy	Outpatient physiotherapy
Accessibility	4	1	1	2	–	1	2	2	–	–	4	1
Information	3	8	4	6	4	7	3	1	3	9	4	3
Professional competence	5	4	5	6	6	6	1	1	4	9	4	4
Comfort	2	3	3	2	3	3	3	3	4	4	2	1
Organisation/coordination	3	1	3	2	4	2	1	3	4	1	–	4
Continuity of care	1	1	1	1	–	2	1	–	1	4	–	1
Personal attention and relationship	3	4	3	2	9	5	4	3	1	4	2	4
Psychological and social support and attention	3	2	2	3	4	2	2	–	–	–	–	–

THE RESULTS OF THE NEW EDITIONS 2006-2008

The satisfaction studies on the people insured with CatSalut in the 2006-2008 period showed, overall, good valuations both from the point of view of the different lines of services as well as from the perspective of the greater part of variables considered. The new studies and editions brought together the new realities of the insured population. In broad terms, it could be stated that the overall satisfaction of the people given the survey continued to be good and that the great majority said that they would continue to use the same kind of service.

The overall satisfaction of the people given the survey in 2006-2008 showed generally good valuations and most people stated that they would continue to be loyal to the same service.

The grades awarded to the question to measure the overall satisfaction were slightly lower than in the study for the 2003-2005 period. Despite this confirmation, the values of satisfaction were very good (8.2 for in-patient hospital care and in-patient social and medical care; 7.7 for out-patient mental health care; 7.5 for specialised out-patient care; 7.6 for primary health care and 7.3 for in-patient mental health care and urgent hospital care).

The areas of improvement are concentrated on aspects of accessibility and suitability of the information.

The percentage of people given the survey who stated that they would go back and visit the same centre was quite high. The values obtained in primary health care were worthy of a mention (88.9%) and in in-patient

The satisfaction continued to be greatest among older people, the men and the people given the survey who stated they had lower levels of studies and better perceived health.

hospital care (88.4%), while the rest of the values were lower: out-patient mental health care (83.3%), in-patient social and medical care, specialised out-patient care (83.1%), urgent hospital care (80.2%) and in-patient mental health care (63.0%), which is somewhat foreseeable in view of the fact that in many cases the admission is unwanted.

The aspects concerned with the information and the attention from professionals that users receive at the health centres was, overall, valued very favourably and made up most of the areas of excellence. The areas of improvement were concentrated on organisational aspects, above all accessibility, as well as the suitability of the clinical and the organisational information that was given out.

The areas of excellence (questions that exceeded 90% of positive valuations) were majority in in-patient hospital care and social and medical care; represented half in primary health care, specialised out-patient care and in-patient mental health care and were minority (one out of every three questions) in out-patient mental health care and urgent hospital care.

With regard to the predictive factors of the lines studied up until 2008, although, overall, the questions that best explain the overall satisfaction coincided, some lost importance with regard to those which were secondary or some of the new ones. Therefore, "feeling oneself to be in good hands" continues to be present in six lines out of seven (except out-patient specialised care), although it goes from first place to third or fourth, and "having all the information that one needs" is maintained.

In the lines with hospitalisation, particularly long stays, the duration of the stay continued to appear as a protector variable: the longer the stay, the greater the satisfaction.

In the lines of service with out-patient care, the predictive factors are "the waiting time per appointment", "the ease in getting an appointment", "the punctuality" and "the follow-up on the health problem".

Stability in all the editions carried out with regard to the results should be interpreted as a technical validation of the measurement tools that are used.

In in-patient services, they continue to be the same as in 2003, although "information about the process and the discharge" and "management of free time" change position slightly in the services with the longest stay.

NEW METHODOLOGICAL APPROACHES. THE RESULTS OF THE 2009-2014 EDITIONS

The Survey Plan has followed innovative dynamics, introducing the assessment of new lines of care, transversal processes and products, with the ultimate aim of improving the service offered to the general public.

The factorial analysis offers the factors that allowed the content of the survey to be ordered into thematic areas, based on statistical tests.

In 2009, the study on the satisfaction and quality of service of non-urgent health transport was incorporated into the PLAENSA©, using the same methodology. This service obtained the highest valuation of all the lines studied with regard to satisfaction (8.5 out of 10) and loyalty (90%). This was the year in which we also studied primary health care, inpatient hospital care and outpatient mental health care, which obtained similar results to the 2003 and 2006 editions, with small differences in the three lines of service according to territory and supplier.

In the new 2010 editions, the satisfaction of women attended during pregnancy, birth and puerperium was measured. Unlike the previous studies, this was treated as a complete process in which the satisfaction with all the care levels through which the women had passed was valued. In this way, the vision of the care continuum was measured, in which different professionals and levels of health care coincide. With regard to the results obtained, the level of satisfaction was 8.03 out of 10, and 84.8% of the women interviewed stated that they would use the same services again.

In general terms, we can highlight that the perception of the quality of the service —and therefore of satisfaction— is different in primiparous women (first-time mothers) than in multiparous women, who have more experience in the process. Of the 27 items, more than half of them exceeded 90% in positive valuations and only four of them were considered to be areas in need of improvement, linked to aspects of information.

In 2010, as a new line, the evaluation of the e-prescription was carried out, with the aim of measuring users' satisfaction with this circuit and evaluating its deployment. This study offered certain specificities, as it had some characteristics of functioning that do not directly correspond to a line of health care service, but to the valuation of the suitability of a circuit. The level of satisfaction of those asked was 8.52 out of 10. Most of the results to the questions asked exceeded values of excellence, which reiterates the results obtained in the evaluation phase of the pilot scheme. It is envisaged that new studies will be carried out to accompany the development of the e-prescription project over forthcoming years.

The data obtained from PLAENSA© analysed through the IPA (Importance-Performance Analysis) is being looked into as a new perspective for interpreting the results.

The innovation of the Satisfaction Survey Plan is demonstrated by proposing studies for new lines of service or product, circuits and processes, such as in the case of care during pregnancy, birth and puerperium and the e-prescription, or new methods of compiling information, such as in the case of inpatient long-term care.

Finally, the last study that was carried out in 2010 was a new edition, the third one, of the study concerning opinions and satisfaction in residential social care. Due to the characteristics of the population dealt with and the variability of the providing of services, it was considered a good idea to carry out a review of the measuring instruments, through a review of the literature and in-depth interviews given to the people attended by the services. The objective was none other than ensuring the validity of the areas to be explored and to verify the relevance of the new work method in these services —the transmission of online information via the Cat-Salut website— already used in hospital accidents and emergencies and specialist outpatient care, while looking for greater efficiency and level of representation of all the territories of Catalonia, in view of the difficulties of having access to necessary cases. This study has been possible thanks to the willingness of the suppliers to share the effort of their field-work, subject to a strict procedure which has made it possible to obtain the results in a short period of time, by supplier, territory and a new measure for Catalonia.

Following PLAENSA©'s planning, in 2011, there were new editions of urgent hospital care and specialist outpatient care, the third and second editions, respectively, in which the work methodology of the previous editions was maintained. The results of the two studies included a general improvement in the valuations of satisfaction and loyalty in comparison with previous editions. The last study in 2011 was the evaluation of the quality of service and satisfaction with home oxygen therapy, following the methodology established by PLAENSA© and with similar objectives to the study on non-urgent health transport carried out in 2009. This service was given the highest valuation of all the studies carried out to date. The valuation given by users was 9.14 and the loyalty was 96.2%. Most of the areas valued exceeded 90% of positive valuations.

In the year 2012, the fourth edition was produced of the studies on primary healthcare, hospital care with admission and outpatient mental health care. The results of the first two studies show a general improvement in the satisfaction and loyalty scores as well as for the majority of questions.

As for outpatient mental health care, global satisfaction increased with respect to 2011, loyalty decreased, and the evolution of the rest of the questions was heterogeneous.

In 2013, a new edition was produced, the fourth, on emergency hospital care, with satisfaction and loyalty results slightly higher than in the 2011 edition and with better results for the majority of questions. The second edition was also produced on pregnancy, birth and the post-natal period,

with better results in terms of global satisfaction and in the majority of questions with respect to the 2010 edition, but with a small decrease in loyalty. This study, unlike its 2010 counterpart, includes some questions of interest for the monitoring of the normal birth care model. Finally, in the year 2013, the first edition of the study on outpatient physiotherapy, with the more usual PLAENSA © methodology, was produced. As for the results obtained, satisfaction is very close to 8 and over eight out of every ten users would return to the same centre if they could choose.

In the year 2014, the second edition of the evaluation of the e-prescription was produced; although the first edition, from 2010, was carried out among primary care users, in the 2014 edition the e-prescription prescribed in specialised care was evaluated, which meant making changes to the questionnaire that had been used in 2010. The degree of global satisfaction with the e-prescription in specialised care was slightly less than it obtained in primary care. The second edition of the home oxygen therapy study was also produced, with satisfaction and loyalty results that are an improvement on those of 2011, although the majority of questions have slightly worse results.

And, finally, also produced was the third edition on specialised outpatient care, in this case with results slightly better than in the previous edition of 2011.

Sound proof of the high standards relating to the methodology followed is the revision of the questionnaires when these have already been used in three editions.

Since the year 2010, there have been revisions of the questionnaires corresponding to residential social care, primary care, hospital care with admission, outpatient mental care and emergency hospital care. For these revision processes, the PLAENSA© methodology, explained on pages 22 and 23 of this publication was followed. The objective is to ensure the currency of the areas of interest of the questionnaires, modify the descriptive tags used or, where applicable, incorporate other new ones, maintaining their validity as tools for measuring the perceived quality of service in each field.

The specific results per line of service and edition can be consulted on pages 64 to 87.

PLAENSA©'s studies with continuity, such as the cases of Outpatients, Emergencies and Long-Term Care, obtain, on the whole, more positive valuations when compared to previous editions of the same lines, which demonstrates the effort made by the health services in terms of ongoing improvement.

- The Generalitat of Catalonia's Opinion Studies Centre has supported the methodological validity of the PLAENSA© since its beginnings.

- The information of the PLAENSA© gives support to health centres in achieving some of the standards necessary for the periodical obtaining of the accreditation certificate of the Catalan Ministry of Health.

SOME ADDITIONAL ADVANTAGES OF THE RESULTS OF THE PLAENSA© FOR THE SERVICE PROVIDER ORGANISATIONS

The PLAENSA© surveys provide the health centres with the information necessary to obtain accreditation of primary, hospital, social and mental health care centres in Catalonia, especially that related with management processes and improvement of relations with users.

On the other hand, the specific information that CatSalut periodically offers each health service provider means that most of the studies that the health centres made on their own become unnecessary, and allow for objective comparison with regard to Catalonia and its health region.

The support to the team of the Research Centre into Economy and Health (CRES) of the Pompeu Fabra University, as well as the ongoing collaboration of the health sector (boards and service providers), has been fundamental for making possible the progress achieved in the knowledge of the perceptions of the citizens that is currently accepted in a majority way, although there has been some controversy at times. In this sense, we should particularly highlight the health centres that belong to the Catalan Health Institute.

A methodology that has spread to other complementary studies

The PLAENSA© also provides theoretical and methodological cover to another type of studies of a more current character that gives an answer to the specific needs of CatSalut, such as:

- The research into techniques and methods considered to be relevant (ideal nature of the design of the measuring instruments with regard to the focusing of the questions and type of response and incorporation of the analysis of the importance as a replacement for the predictive factors).
- Studies of a sociological nature (the perceptions and expectations of the families of patients admitted into medium- and long-stay psychiatric care and social and medical care or the perceptions of people aged 15 and under on the health care).
- Citizen perception of organisational measures or management measures incorporated into the health services (implantation of the electronic prescription, unified selection system in emergency departments, centralised purchasing of services in programmed non-urgent transport, assessment of PREALT protocol).
- Studies that include ICTs to assess the efficiency of the different methods both with regard to the kind of survey as well as the system for compiling and analysing the information. This new focus has been successfully tried in the study of out-patient specialised care and is waiting to be incorporated into other lines of care.
- Studies on perceived quality of the services in prevalent health processes dealt with in a transversal way and not separated by levels of care, such as pregnancy-childbirth-postpartum or chronic obstructive pulmonary disease (COPD).

All these studies constitute an added value to the decision-making process and their results are likely to be incorporated into policies to improve the quality of the health services.

The study of expectations and perceptions of the families of the people attended in the in-patient services of social and medical care and of mental health and the opinion study on the health care of people aged under 15 years are examples of complimentary information of the satisfaction studies contained in PLAENSA©.

In the lines of social and medical care and mental health care, the study of the opinion of the families of the people attended in the centres was dealt with because of the difficulties in communication that some of these patients might have as a result of their state of health.

THE STUDY OF EXPECTATIONS AND PERCEPTIONS OF THE FAMILIES OF THE PEOPLE ATTENDED IN THE IN-PATIENTS SERVICES OF SOCIAL AND MEDICAL CARE AND MENTAL HEALTH

In a parallel way to the new study on the opinion and satisfaction of the people attended in the social and medical and in-patient mental health lines of care it was considered a good idea to design a study, in this case with a qualitative methodology, of the families of people attended in the in-patient services of social and medical care and mental health care with the aim of looking more in depth at the knowledge of the quality of the service that is offered in these centres. The main reason was based on the difficulties, documented and objectified in the 2003 study, that the people attended in these services had in communicating their opinions because of their state of health. Another demand which was responded to was that of the associations linked to this sector, which, with a protective desire defended the need to add the vision of the families to the PLAENSA©.

The study is based on the information collected through 12 vocal groups with a total of 105 participating family members and 15 in-depth interviews to professionals of the centres, to which techniques of prioritisation and agreement were added for the final conclusions. This multiple focus allowed for a joint vision of the service in the line started, incorporating the opinions of the family members as clients and the interested groups (professionals and managers) on the information available to the direct users themselves and already known about from previous studies. In this way, there was a complete view of most of the features that make up the state of opinion with regard to the service offered in the lines studied.

The results obtained with this new way of handling it show the existing differences between the perceptions and expectations of those who receive the service and those who accompany them. This verification is a motivation to continue collecting the opinion of the people attended in these services on a periodical basis, despite the technical and methodological difficulties that there are.

The methodology and the results can be consulted at:
http://catsalut.gencat.cat/plaensa

THE OPINION OF CHILDREN AGED BETWEEN 7 AND 14

The population aged under 15 had never been studied before, so a study was carried out to get to know the opinion of children aged between 7 and 14. The objective was to be able to assess the health services from the point of view of children to be able to come up with improvements for this group. It was hoped to find the relevant factors in health care from the point of view of children, to verify relationships of factors related to health, such as socio-demographic or cultural variables and to determine, if possible, the best tool for measuring the perception of the health services of the population of children.

The results of this study, carried out through eight focal groups of children from the different health regions, show that the perceptions of the users of paediatric services, despite being mainly positive, are still not based on an objective judgement and are almost always expressed from the universe of children's anecdotes and narrations. This reality is more tangible between children aged under 10. However, in children aged under 15, as well as in the rest of the population included in the plans, it would seem that the attention received is the most relevant aspect. They also take notice of the appearance of equipment and quickly take on board the health terminology.

Despite this, at these ages they do not yet have a developed knowledge about the different health roles present in primary and specialised health care, meaning that infants are not able to distinguish between what a doctor does, what a nurse does or what the rest of the health professionals do.

Finally, the study allows for the intuition of a positive identification to be noticed with the Catalan Health Services as opposed to other realities that have been experienced elsewhere, on holidays or family trips.

The study also analysed family behaviour patterns in the case of illness in their children, as literature suggested cases of higher frequency of requiring care services for paediatric patients. No evidence was obtained to this effect.

The methodology and results can be consulted at:
http://catsalut.gencat.cat/plaensa

The report on the opinion of the population aged between 7 and 14 (never studied before 2008) highlighted that this group in addition to the attention received value the appearance of the equipment.

The perception of the citizens is also used to evaluate the suitability and effectiveness of new models of service and changes in the organisation or management.

THE PERCEPTION OF THE SELECTION SYSTEM AS AN IMPROVEMENT IN EMERGENCY HOSPITAL CARE

Between March and June 2008, the satisfaction of the people insured with CatSalut with emergency hospital services was re-assessed. In view of the aim for efficiency of the PLAENSA©, in addition to the objective of the study, a parallel exploitation of the data to get to know if there were differences in the perceptions of users attended to in centres with the selection process introduced and those attended to at centres which have not yet introduced it was developed.

Of the 5,831 users questionned, 1,810 had been attended to at one of the 18 hospitals which, at that time, had introduced a selection process in the emergency department, which offered a response to 36% of the emergency cases in Catalonia, while the remaining 3,571 people had been attended in any of the 35 hospitals which, at the time of the survey, did not have a selection process and which attended 64% of the emergency cases.

Despite the fact that the selection systems mean a more suitable, safe care for the people attended, as well as more efficient and effective measures by the professionals and health centres, the study did not show significant differences between the two groups studied. This leads us to believe that the introduction of the selection processes does not modify the perception about the quality of the service.

THE QUALITATIVE ASSESSMENT OF THE PILOT SCHEME FOR INTRODUCING THE ELECTRONIC PRESCRIPTION

To obtain complimentary information about the development of the pilot scheme to introduce the electronic prescription in Catalonia, it was considered it would be a good idea to get to know the perception and the areas of interest of the users of this new, innovative service. In the territories in which the introduction of the electronic prescription was developed (Girona and Terres de l'Ebre), four focal groups were made which provided relevant information about the activities of the process being assessed.

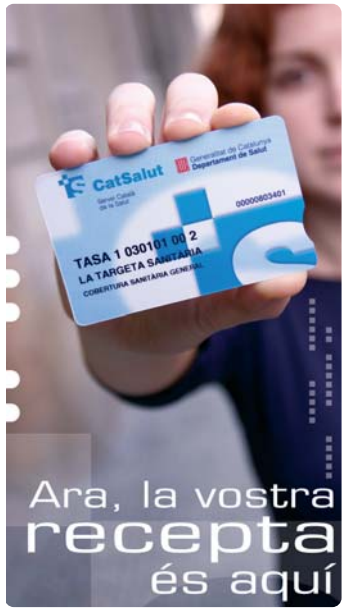
Having verified the suitability and the efficiency of the method used, it is envisaged to do new qualitative approximations in representative towns of other territories in which the electronic prescription model has been introduced in order to prepare a specific survey to measure the satisfaction and perceived quality of their service.

In 2010, the evaluation of users' perceptions of the e-prescription was turned into a specific study that was permanently incorporated into PLAENSA© as a line of service to be evaluated (see page 80).

It is worth mentioning that, following the planning for PLAENSA©, in 2014 a new edition of the e-prescription study was produced. However, given that CatSalut's Pharmaceutical Care Department had made a notable effort to expand the e-prescription system in the sphere of specialised care over the course of the years 2012 and 2013 – with the aim of the totality of the Public Use Hospital Network having initiated e-prescriptions by the end of 2013 – the 2014 study has focused on evaluating the e-prescription in specialised care, unlike the 2010 study which focused on the evaluation of the e-prescription in primary care.

This difference in the typology of prescription service led to the need to make changes to the questionnaire used in 2010, in order to adapt it to the specific characteristics of specialised care and thus offer specific information geared towards improving the circuit.

This project, promoted by the Ministry of Health, coordinated with the official associations of pharmacists and developed and supervised by the Catalan Health Service, has been assessed by the users of the pilot scheme.



PERCEPTION OF QUALITY OF SERVICE AND SATISFACTION WITH THE CENTRALISED PURCHASE OF PRODUCTS AND SERVICES: THE EXAMPLE OF HOME OXYGEN THERAPY

For CatSalut, getting to know the perception of the quality of service and users' satisfaction with contracted intermediary products, such as programmed non-urgent health transport, home oxygen therapy or outpatient rehabilitation, offers extremely valuable complimentary information for assessing the centralised purchasing of products and services.

The supply of home oxygen therapy is an excellent example of this kind of study in which citizen perception provides, in addition to a valuation about the quality of the services, information about the kind of organisation and/or management of services and health products in which the provision is made in a centralised way. The methodology used follows PLAENSA©'s habitual procedure: an initial stage of reviewing the circuit/process or service to be assessed —which in this case is the circuit that a person who needs this product follows in the three identified phases (prescription, supply and monitoring)— as well as of the agents involved in the entire process —supplier company, user/patient and care professional— followed by a stage of qualitative processing with semi-structured interviews carried out in the home where the service is provided.

The resulting information enabled us to have a more accurate image, closer to the reality of the service provided, as well as of the organisational system and its functioning. The different activities that affect the service — in both care and logistics terms — were identified, with detection of those aspects perceived as key by users. These would form part of the validated questionnaire, which was used in the quantitative study carried out subsequently (see pages 84 and 85).

The quantitative results obtained show the high level of satisfaction with the services received and the territorial variability —aspects which are relevant for the assessment of purchasing services— as well as the influence of some variables of a structural and domestic nature in the adequate use of home oxygen therapy, information which will be used for planning the services within the context of the Master Plan for Diseases of the Respiratory System.

Pursuing the same objectives and the same methodological approach that was followed with home oxygen therapy, over the course of the year 2013, the questionnaire was designed to evaluate the perceived quality

and satisfaction with outpatient physiotherapy. In this case, also analysed were the process for providing the service and the agents involved in producing the qualitative analysis script, consisting of the holding of five focus groups with users of the service. Thus, the questionnaire's questions were based on the view and the areas of interest of the service that users expressed in the focus groups. With this new questionnaire, and once the statistical validation was completed, the first study of users of the service was carried out.

Following along the same lines, over the course of 2014 this process was carried out to be able to evaluate, during the year 2015, the perceived quality of service and the satisfaction with the outpatient haemodialysis services.

3. The results of the surveys of CatSalut's Satisfaction Survey Plan and its effect

More than 1,600 plans to improve the health services in Catalonia, proposed by health and social and medical service providers.

WHERE WE ARE AT THIS POINT OF TIME

Having reached this point, and having gone over the diverse waves of measurement of opinion and satisfaction, which are defined both methodologically as well as with regard to their scope and objectives, we need to ask ourselves about the point we have reached, where we are and what the state of the main repercussions has been both with regard to the policy as well as the measures undertaken.

Therefore, if we assume that the final objective has been to have information about the opinion of the citizens to improve the health services, this chapter compiles the fundamental repercussions that allow us to situate the CatSalut Client Care Department's quality team as reference for health and for social and medical service providers.

This is backed by the fact that over 2,000 improvement projects have been set up across all the provider centres of Catalonia.

Having completed the first introduction stage (2005-2006), and the re-edition of the improvements (2007-2008), at the moment, a phase is being started which is different from a qualitative point of view for the role that the Customer Care Department must play with regard to all its groups of interest, in particular with its main interlocutors.

The main points that define the current situation are:

- Redefinition of the services contract: habitually conceived as a mechanism of relationship and transformed into a mechanism of improvement for all the service providers.

- Interiorising of an overall model for improvement based on a model of quality improvement —PDCA— that involves the introduction of improvement projects for centres in keeping with the results of the PLAENSA©.

- External audit plan to get to know the impact of this system.

It is worth mentioning, also, that the information from the perceived service quality and satisfaction studies of the PLAENSA© is included in the sectorial reports from the Catalan Health System Observatory Results Centre. These reports serve to measure, evaluate and disseminate the results in health and quality obtained by the different agents making up the health care system in dimensions such as patient-centred care, appropriateness, effectiveness, safety, efficiency, sustainability and research and teaching. All of this is a tool for guaranteeing transparency, accountability and incentivising the improvement in results of each agent.

MAIN REPERCUSSIONS OF THE CATSALUT SATISFACTION SURVEY PLAN

THE INTRODUCTION OF PERCEIVED QUALITY INTO THE SERVICE CONTRACTS

In an initial phase, at the end of 2004, and once the results of the first edition of the PLAENSA© were available, CatSalut sent each service provider unit its specific results compared with the average for Catalonia. This allowed the differences to be compared by line of service, territory and service provider unit. This was the starting point from which the Client Care and Quality Department, together with the Health Services Assessment Department, those responsible for the CatSalut health regions and the health service providers, started an ambitious project called **Improving the perceived quality of health services**, which responded to one of the strategic lines of CatSalut, understanding quality as the path towards excellence.

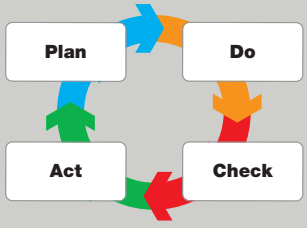
This project was based on the incorporation of two specific objectives to the variable part of the contracts of the service providers of the main lines of care (primary health, hospital, social and medical care and mental health care) for the 2005-2006 period under the concept of "satisfaction", following the philosophy of other, more usual lines, in the assessment of services such as efficiency, suitability or resolution.

To facilitate achieving the objectives, a work system was proposed, which was compiled in a support appendix to the contract per line of service in a single work document called *Standardised self-assessment report*, which brought together the basic principles for the ongoing improvement of quality and which serves as a guide both for the purchaser as well as for the service provider. As you can see in the following graph, the activities had to be done in two-year periods: the first year, in which the improvement plans were proposed and the second year for self-assessing the milestones achieved. This process is now carried out on a yearly basis.

The perceived quality was incorporated into the service provider contracts of the health centres with the inclusion, in the variable part, of two specific objectives under the concept of "satisfaction".

Standardised self-assessment report

First-year	Second year
Submit the results to the Management Committee	Objective of improvement
Prioritise and propose objectives	Analysis of the situation
Measures proposed	Definition of activities carried out
Responsible for the project	Identification of the changes incorporated
Envisaged timeline	Evolution of the project
Systematic proposal of the evaluation of the measures	Final result of the project and results of the assessment, if relevant



© W.E. Deming (PDCA).

THE INTERIORISING OF AN OVERALL MODEL FOR IMPROVEMENT BASED ON THE CIRCLE OF ONGOING IMPROVEMENT (PDCA): INTRODUCTION OF IMPROVEMENT PROJECTS FOR CENTRES

The proposal for the projects or improvement plans for perceived quality is based on a cascade work system, going from the central services to the territorial service provider units and which involves them in a transversal way, both in the area of health regions as well as service providers. This proposal is aimed at achieving the introduction and dissemination of a model of ongoing improvement of the quality led by CatSalut.

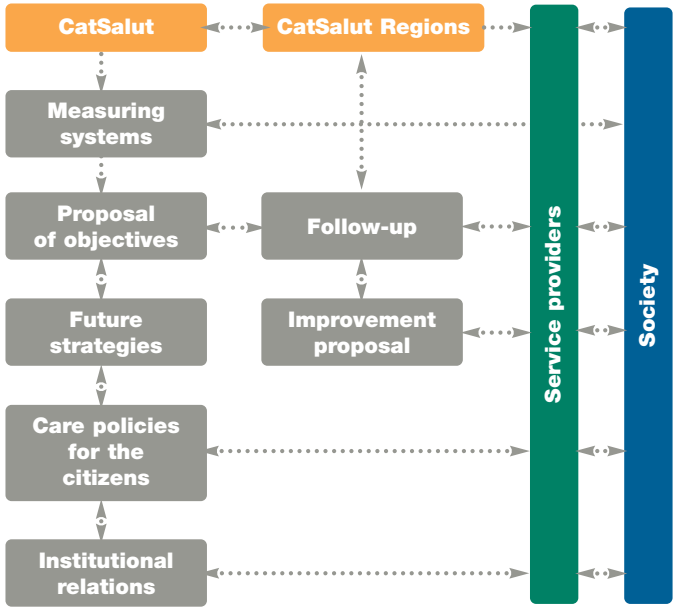
It has been a process of gradual introduction and learning around the standard model of ongoing improvement of quality (PDCA) towards the territory and from the territory, in such a way that currently all the actors involved in the service not only use it but have also interiorised the model into the actual work system:

During the 2005-2006 period, on the indication of CatSalut and following the activities proposed in the standardised self-assessment report, the improvement projects were related to:

- The areas of improvement detected in the satisfaction study, questions which had not reached 75% of positive valuations such as accessibility, information or comfort.
- The predictive factors of satisfaction, above all in the cases of coincidence with the areas of improvement.
- The corporate projects that had already been started, aimed at improving the continuum, both from the care point of view as well as the organisation between levels.

More than 800 providers proposed improvement plans for the perceived quality of the health services.

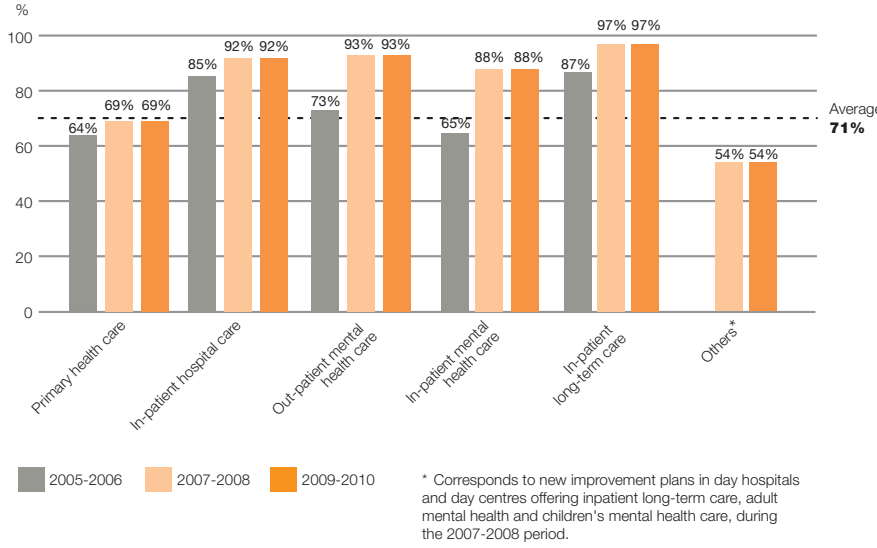
The work model for the improvement of CatSalut



In the 2007-2008 period it was recommended in a centralised way that the improvement plan should be also aimed at improving both clinical information as well as organisational, and some improvement projects on the accessibility of the services were maintained, particularly in primary health care, as in the 2006 studies these areas continued to be in need of improvement from the point of view of the users.

The systemising of the improvement promotes the existence of improvement plans carried out in a consortium-type way by different service providers, whether the owners or the providers of the services, but that offer service in the same territory, with the aim of favouring accessibility and the use of services.

Improvement actions per line of service, 2005-2006, 2007-2008 and 2009-2010



* Corresponds to new improvement plans in day hospitals and day centres offering inpatient long-term care, adult mental health and children's mental health care, during the 2007-2008 period.

CARRYING OUT AN EXTERNAL AUDIT

An audit was done in the centres to assess the impact of these satisfaction objectives.

As a control measure and to have key information about the improvements in the care to citizens, at the end of 2006, coinciding with the end of the improvement plans for the 2005-2006 period, an external company was asked to carry out an audit to get to know, in an objective way, the impact and the knowledge about the service provider units on the objects of satisfaction. 31% of all the service provider units were the object of the audit and in some lines of service more than 50% of the service provider centres were interviewed.

The aim was to have a level of agreement between the data obtained in the self-assessment of the centres and the external audit. This external measure provided complimentary information about the care model to the citizens offered at health centres and served to start, in an objective way, the search for key aspects of a model of care to the citizens in the health area.

Each health service provider has adapted the citizen care services to the needs and the resources available.

With regard to the level of knowledge about the improvement actions promoted from the citizen care services by the professionals, the conclusions were the following:

- There are differences between the professionals involved: there was a high level of knowledge between those responsible for management, an acceptable level of knowledge about the strategy among those responsible for executing the improvement projects and a low level of knowledge among the health professionals of the centre.
- There were also differences with regard to the nature of the organisation: in the small units there was a high level of knowledge about the project, but in the more complex units, the level of knowledge was lower.

The results of the audit made some very useful considerations clear about the projects and the achievement of the objectives for the current phase.

One of the main conclusions that was extracted was the verification that there is not a single care model for the citizens, but that each centre or service provider adapts its citizen care service to their needs and to the resources available.

It should be pointed out that this heterogeneity in the structure of services does not involve differences when giving support to the citizens, it is in fact the organisation circuits that are different, which can lengthen the deadlines for the resolution of the case.

Models of citizen care services according to the service provider, the needs and the resources

Type	Description	Examples
Multifunction	Citizen care is part of the functions of a professional at the centre, who has many other responsibilities (documentation, quality, etc.). Sometimes this is carried out with support staff.	Most of the primary health care centres
Direct	There is a person responsible for citizen care, directly dependent on the management, employed full time and with functions associated to dealing with complaints, satisfaction surveys, resolving conflicts, etc.	Most hospitals
Indirect	A released person will be assigned for Citizen Care, but without direct dependence on the management. He complies with the same functions as in the previous case, but is hierarchically dependent on another member of the organisation.	Units and hospital complexes

In short, and as we have seen throughout this chapter, it can be stated that there has been an advance in the line of integration, both vertically as well as horizontally, of the improvement model, in such a way that at present **the role of CatSalut is based on guiding, promoting and accompanying the service providers along the self-improvement route**.

4. Further action to be done in line with our client-based approach

The governance of the 21st-century health system requires strategies that include the perception of the citizens.

The *raison d'être* of a universalist health system is to try to maintain and improve the health of all the population and that those who need it have the best health care possible. In addition, from the Health Administrations, we need to get away from outdated formulas that paternally grant attributions to the general public that are theirs by right. This is why such great importance is attached to dialogue between the Administration and the people it serves, the institutions and the public, health care professionals and users. Individuals and teams whose mission is serving people and who listen to each other and seek ways to improve by adapting to the reality of the situation at any given time.

It is from these premises that the entire project carried out —dealt with in this publication— and the future commitment of CatSalut to the care of the citizens becomes filled with meaning.

In an area that is so important for the entire population such as the providing of health services and with an administrative responsibility such as that which CatSalut has, talking about the future does not mean naming the things that hypothetically we would like to consolidate over the forthcoming years, but mentioning those that we have initiated and which, without a doubt, we will continue doing.

We will face the challenges of the future as a commitment, from the firm conviction that governance of the 21st-century health system is impossible without generating integrating, understanding strategies of the different types of knowledge that are the reality of the health world, and from the specific responsibility of CatSalut in the area of attention to the general public and quality, which is none other than the relationship between the system and the citizens.

THE PERCEPTION OF CITIZENS AND THE QUALITY OF THE SERVICE

PLAENSA©'s success lies in its methodological rigour and the proximity of interests to the citizens.

The success of PLAENSA© lies in its methodological rigour and its proximity to the interests of citizens: the surveys are drawn up based on a qualitative approach to citizens, who express their experiences and expectations regarding the different lines of service that are the subject of study and that, as has been mentioned, maintain their currency through periodic revision and updating.

The use of ICTs (for example with surveys being held online) also allows us to speed up our capacity for processing data, and therefore, respond quickly to the needs detected and establish general behavioural tendencies. This is an advance that improves accessibility to data in an even way across all centres, using validated measurement tools.

Thus, work is taking place to be more efficient both in activities related to measuring and to improvement. This experience began in 2008 and with specialised care, has continued to the present and is being applied in the majority of lines of service, opening up a pathway whose goal, in the short term, is to provide regular, feasible and efficient information.

Innovation in the use of the new technologies is found and is incorporated into the knowledge of the citizens' opinions.

At present, for every health care centre that applies, CatSalut makes available a website to administer the PLAENSA© surveys to people who have been users. Thus it offers centres the possibility of measuring the perceived quality of service and the satisfaction at their centre, following a shared methodology that is scientifically validated and of the most rigorous standards, in accordance with a tested work procedure, and receiving expert advice to ensure that field work is carried out correctly. This project, which we have named Let's Customise PLAENSA©, offers centres the possibility of increasing the periodicity of their satisfaction measurements, while homogenising the work process and the measuring tools in the system.

Also in relation to the application of new information technologies, the possibility has been explored of finding out the perceptions and opinions of citizens online. This is a new context in which citizens become the source of information for measuring opinions on health care services quickly, which favours the possibility of incorporating this information into the orientation of health care policies, in a continuous way.

The third envisaged phase of PLAENSA© will finish in 2015, coinciding with the Health Plan 2011-2015. This last phase maintains the strengths of the project – validity of the methods, reliability of the measurements and systematic proposals for improvement by line, territory and providing unit – and incorporates a new view that reinforces the role of citizens in the sustainability of the health care system.

Recognising and reinforcing the role of the citizen now can help to maintain effective, accessible health care in the future.

Health is increasingly understood to be an integral concept; therefore the instruments for measuring satisfaction must be able to capture the perception of this care continuum.

THE TRANSVERSAL VISION OF HEALTH: A NEW PARADIGM OF ACTION

A new paradigm based on a transversal vision is possibly the most difficult challenge, but at the same time the most elucidating one in the case of being able to achieve it, given the fact that the classical organisational structure is showing its weaknesses to be able to deal with the needs of the population in health matters.

It is a reality that health is a priority area both for the health administration as well as for the citizens and that, when one speaks about health, one is not referring specifically to any of the care lines dealt with by health care, but to an overall vision which ranges from preventative measures to the different types of care that citizens can receive in the case of a health problem, the diagnostic tests to which they will be subjected, the waiting time to receive the service, etc.

If we are able to identify, in a transversal way, different points along the health itinerary that citizens follow in the health system understood as a process and not as airtight blocks of health services communicated by a corridor through which citizens circulate, but as a fully comprehensive care continuum which citizens will use, sooner or later, in full or partially; if we are able to measure, assess and detect the possibilities for improvements and to act to facilitate the flow of this transit of people along the health itinerary, then we will have achieved a great advance in the improvement of the health system, counting on the direct participation of the citizens.

From this new perspective, experiences are being incorporated to measure the satisfaction in transversal processes which involve the participation of different lines of services and also different suppliers of health services.

THE MODEL OF CITIZEN CARE

In a project that is far reaching due to its complex nature and its content, CatSalut is working, for the Ministry of Health, on the review of the citizen care model in public health to guarantee the homogenous nature of the processes and the actions in which citizens relate to the health services, whatever their level of care and service provider.

CatSalut has defined a model which will offer the result of the setting up of a pattern of action that is common to all the actors of the public health system and, at the same time, will serve as a reference for private health. This model specifies the structure, function and position of the citizen care units in the organisation and defines, at the same time, processes and procedures derived from the functions that are attributable to them and should be understood as one of the fundamental tools to guarantee the sustainability of the health system in Catalonia.

The model, which will regulate relations with the citizens, comes from the principles and values taken from Law 15/1990, of 9 July, on the health organisation of Catalonia, such as the universal nature of health care, the integration of services, simplification, rationalisation, efficacy and efficiency of the organisations, the integral conception of health, the decentralisation and de-concentration of the management and community participation.

CatSalut is working to consolidate a model of citizen care in the area of public health services which aims to be a point of reference for the private sector.

5. Results of CatSalut's Satisfaction Survey Plan by lines of service 2003-2014

Below, you will find the results of each line of service with a summarised representation that highlights the fundamental features which need to be completed with the available information on the corporate website.

For each line of service, the information is organised according to the following structure:

- A first part which includes the technical specifications of each study and the years in which it was carried out.
- A second part of results in a radial presentation which includes the value of the positive indicator for each of the questions. You can compare the results of each question with two standard references, from the outside inwards: an initial threshold of 90% which highlights the excellent values and a second threshold of 75%, which should be considered as values for improvement.
- In the third place, the distribution and variation of the responses grouped by thematic areas or points of interest and which make up the satisfaction with each of the lines of service.
- And finally a map of Catalonia, with the territories of which it is made up, according to health criteria (health regions), in which the overall levels of satisfaction and loyalty are shown with labels.

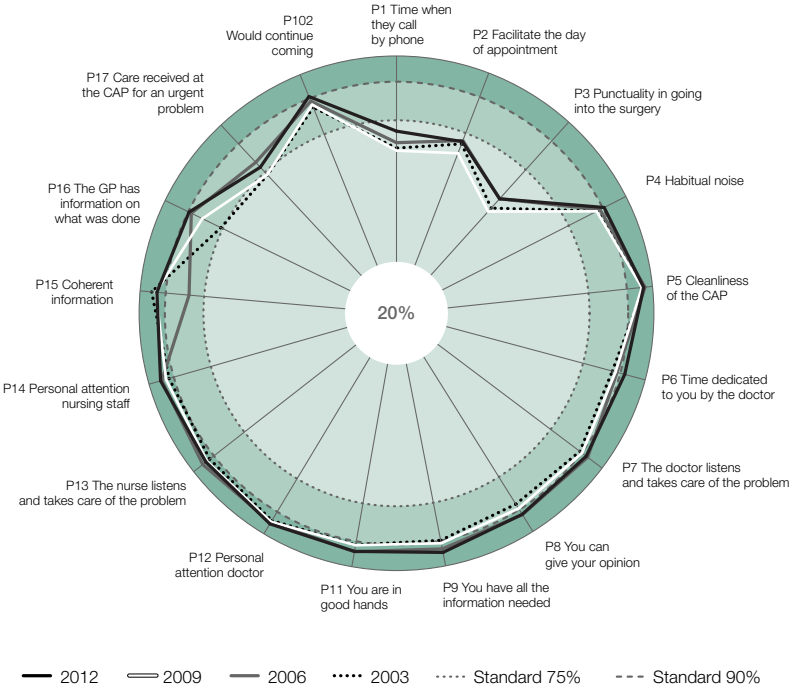
Complete information about the studies is available at:
http://catsalut.gencat.cat/plaensa

Primary health care

Technical specifications

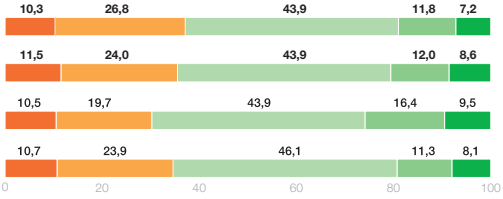
	2003	2006	2009	2012
Population object of the study	Set of insured people aged 15 years or more who have been attended to, in the last year, in the primary health care centres, at the doctor's surgery and at the nurses' surgery in Catalonia			
Framework sample	Set of insured people of 15 years of age or more who appear in the Central register of insured people (RCA) of CatSalut in May 2003	May 2006	May 2009	January 2012
Design sample	83 sample units (sectors or service provider units in the sectors) 162 cases per sample unit as a minimum 13,477 cases in all	351 sample units (basic health areas) 80 cases per sample unit as a minimum 31,039 cases in all	359 sample units (basic health areas) 80 cases per sample unit as a minimum 29,720 cases in all	369 sample units (basic health areas) 80 cases per sample unit as a minimum 30,100 cases in all
Margin of error	0.8 percentage points Level of confidence: 95%	0.5 percentage points Level of confidence: 95%	0.4 percentage points Level of confidence: 95%	0.4 percentage points Level of confidence: 95%
Interview method	Computer-assisted telephone interviews			
Period of carried out fieldwork	From 17 September to 23 October 2003	From 26 July to 24 November 2006	From 19 May to 31 July 2009	From 2 May to 11 July 2012

General results

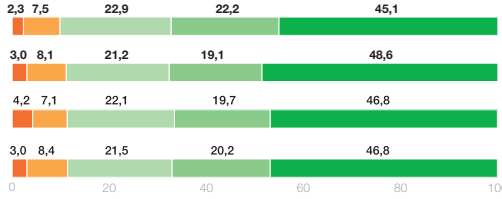


- **Most of the results are positive evaluations standing at over 75%. Prominently rated as excellent are questions that value trust, professional competence, time devoted to patient, relationship with and attitude of professionals, and cleanliness.**
- **The latest edition of the study, from 2012, makes clear an improvement in results for the majority of questions.**
- **Improvements are related with aspects of accessibility, such as requesting appointments, time kept waiting on the telephone, and doctor punctuality with regard to appointment time.**

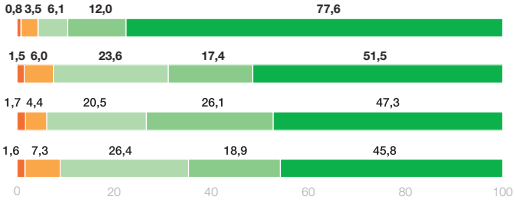
Accessibility



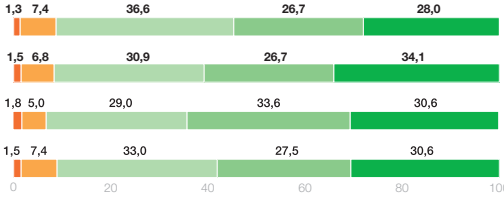
Professional competence



Information

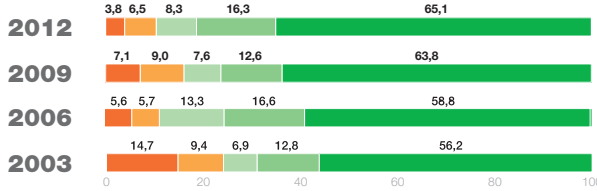


Personal attention and relationship



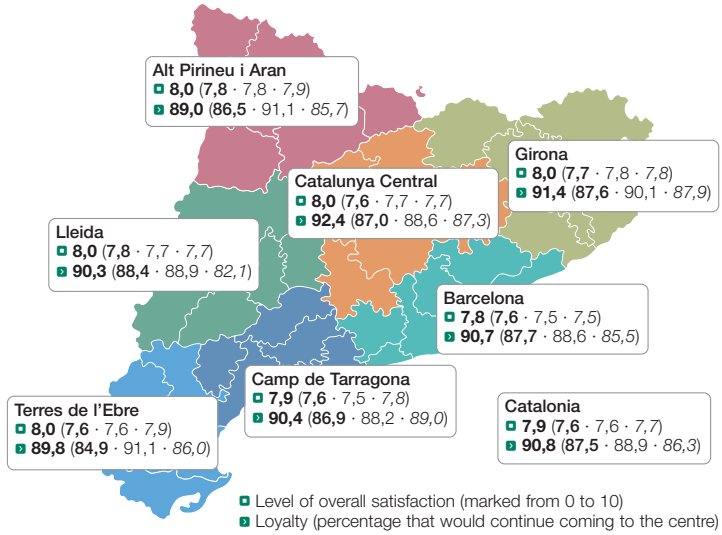
- The distribution of the answer categories that value the areas of accessibility, competence and attitude of professionals, show considerable stability over time.
- There is an upwards trend in the positive categories: the areas of information and continuity of care especially show a tendency towards improvement.
- It is important to bear in mind, however, that the 2012 study was carried out with a new questionnaire that incorporated modifications in the formulation of some questions, such as, for example, in the information area.

Continuity of the care



Poor / Never · Regular / Not often · Good / Often · Very good / Almost always · Perfect / Always

Satisfaction and loyalty 2012 (2009 · 2006 · *2003*)



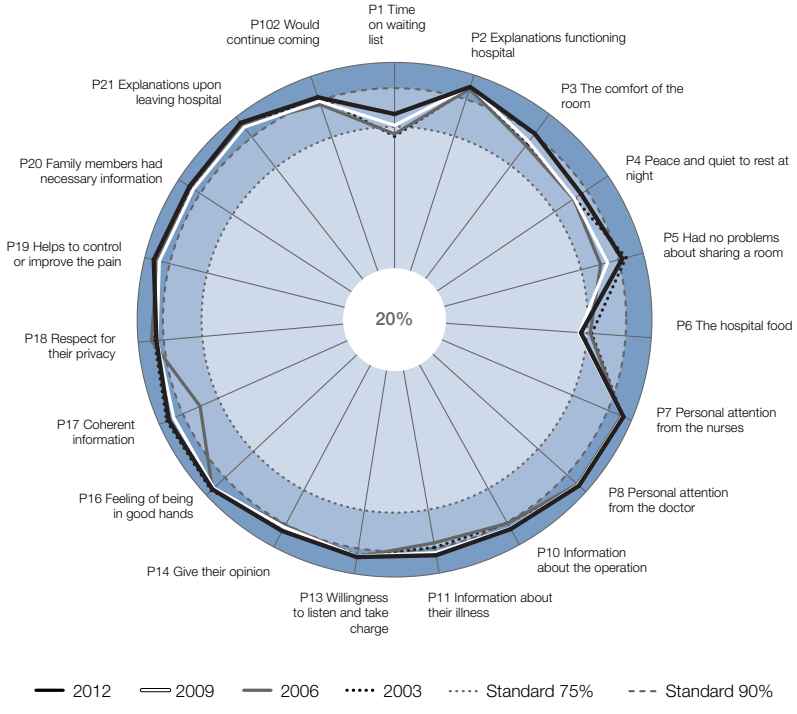
- Satisfaction is notable and intention to return has exceeded, for the first time in the 2012 edition, 90% of people questioned.
- An improvement in global satisfaction and loyalty is observed in all territories, in the period 2009-2012.

In-patient hospital care

Technical specifications

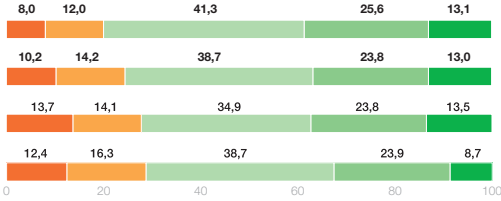
	2003	2006	2009	2012
Population object of the study	Set of insured people aged 15 or more who have been hospitalised for two or more days in an acute care hospital			
Framework sample	CatSalut invoicing registers corresponding to the hospitalisation of acutely ill patients of the line of hospital care service of insured people of 15 years of age or more			
	April, May and June 2003	January, February and March 2006	March, April, May and June 2009	September to December 2011
Design sample	60 sample units (hospitals) 162 cases per sample unit as a minimum 9,720 cases in all	60 sample units (hospitals) 80 cases per sample unit as a minimum 4,968 cases in all	58 sample units (hospitals) 80 cases per sample unit as a minimum 4,683 cases in all	58 sample units (hospitals) 80 cases per sample unit as a minimum 4,780 cases in all
Margin of error	1 percentage point Level of confidence: 95%	1.3 percentage points Level of confidence: 95%	1.1 percentage points Level of confidence: 95%	0.9 percentage points Level of confidence: 95%
Interview method	Computer-assisted telephone interviews			
Period of carried out fieldwork	From 13 October to 16 November 2003	From 19 July to 18 October 2006	From 22 October to 12 November 2009	From 10 to 24 July 2012

General results

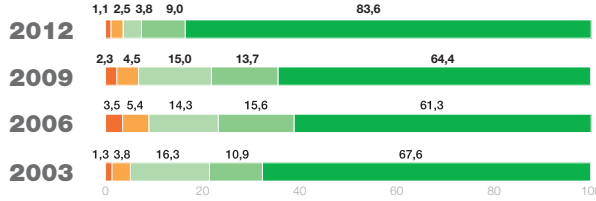


- This is the most highly valued line of service of all those studied in the four periods, with values of excellence in 16 out of 19 questions, and with a positive tendency in general. Prominently rated positively are trust, information, especially in hospital discharges, help with pain control, and the relationship with and attitude of medical professionals.
- Improvements are observed in the majority of results analysed, especially in the area of comfort, such as room comfort, quietness for resting, etc.
- The main points for improvement are hospital food and the perception of time spent on the waiting list.
- There are significant differences with respect to Catalonia between the values reached in some territories and hospitals with regard to aspects such as the waiting list, comfort and food.

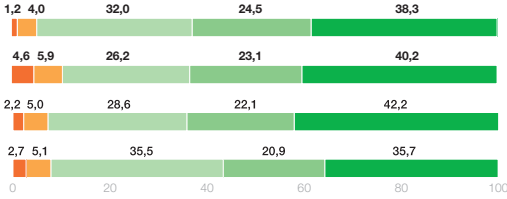
Accessibility



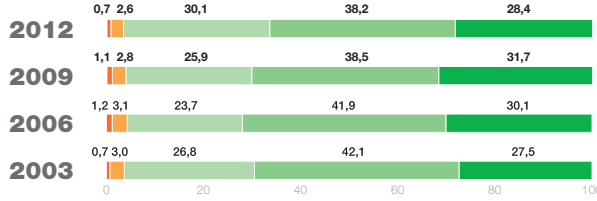
Professional competence



Information



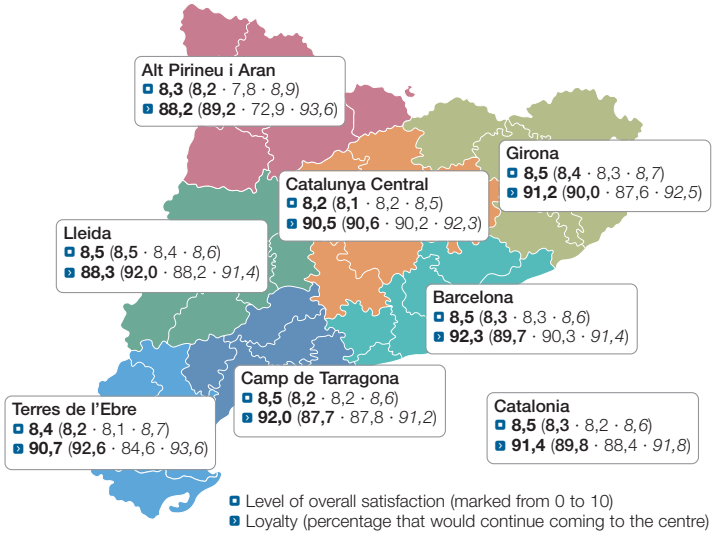
Personal attention and relationship



- Accessibility and the attitude of medical professionals are the areas that show the most stable results.
- The most prominent improvement in the positive categories arises in that of professional competence.
- It must be borne in mind, however, that the 2012 study was carried out with a new questionnaire that incorporated modifications in the formulation of some questions.

Poor — Never
Regular — Not often
Good — Often
Very good — Almost always
Perfect — Always

Satisfaction and loyalty 2012 (2009 · 2006 · *2003*)



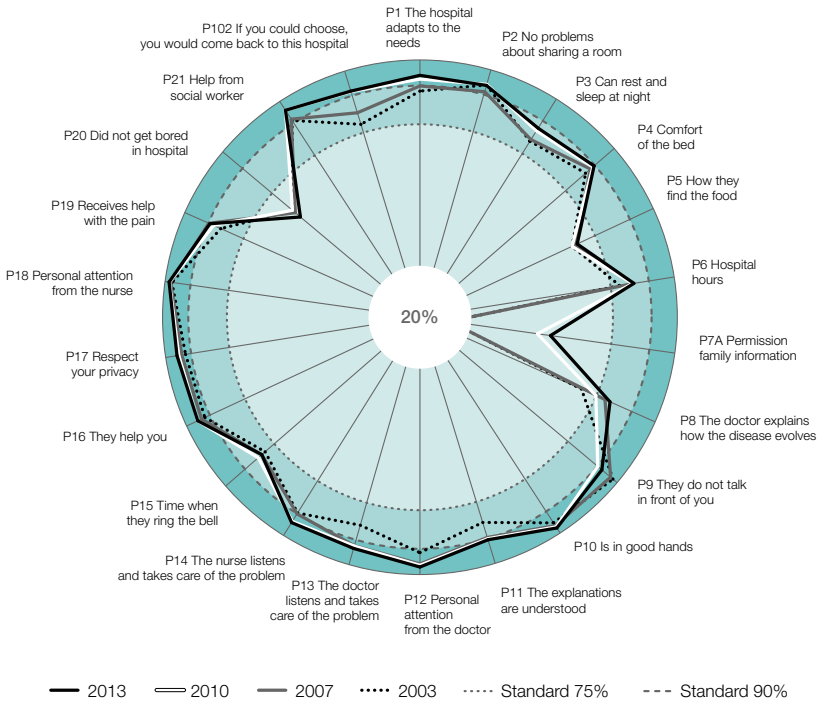
- Global satisfaction and intention to return continue to be among the highest of all the lines of service evaluated, with a high level of satisfaction and an intention to return in over 9 out of 10 people surveyed.
- Despite some territorial differences caused by the typology of hospitals, in all territories the satisfaction stands at over 8 and loyalty at over 88% and a positive tendency is observed in the majority of territories.

In-patient medical and social care

Technical specifications

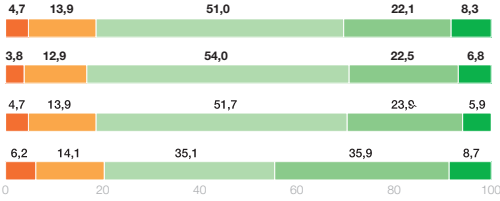
	2003	2007	2010	2013
Population object of the study	Set of insured people aged 15 years or more, users directly receiving medical and social care in convalescence, medium-and long-stay and palliative care, admitted at one of the centres and with a stay of more than 7 days for each of the lines of product			
Framework sample	Number of medium- and long-stay admissions, convalescence and palliative cares contracted by CatSalut when the study was carried out			
Design sample	8 sample units (health regions) 401 cases per sample unit as a minimum Only 2,050 cases in all were able to be interviewed	7 sample units (health regions) 170 cases per sample unit as a minimum Only 2,197 cases in all were able to be interviewed	9 sample units (health regions) 80 cases per sample unit as a minimum 2.322 cases in all	9 sample units (health regions) 80 cases per sample unit as a minimum 2,970 cases in all
Interview method	Personal interviews		Online website surveys in the respective care centres	
Period of carried out fieldwork	Between 15 July and 13 August 2003	From 19 March to 26 July 2007	Between May and September 2010 for the complete data for Catalonia For each centre, the period for compiling data varies between 3 and 5 days	Between April and August 2013 for the complete data of Catalonia

General results

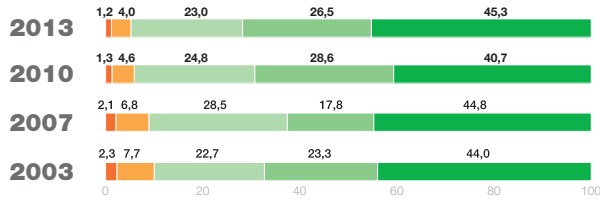


- **The incorporation of the opinions of people attended to by these health services has been a challenge from both the logistical and methodological angle. There has been continuation of the online surveys which require the collaboration and support of the provider centres.**
- **In 2013, of the 22 questions, 13 achieved over 90% of positive evaluations, 6 between 90% and 75%, and 3 below 75%.**
- **17 of the 22 questions in the survey improved their results in comparison with those of the year 2010, prominently including the improvement in the doctor's explanations regarding the evolution of the illness and the request for permission to inform the family.**
- **The questions with the greatest potential for improvement refer to permission to inform the family, food and boredom.**

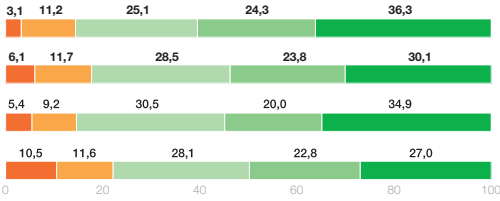
Accessibility



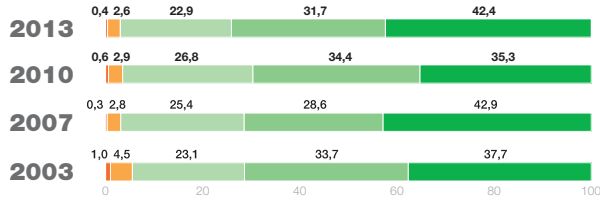
Professional competence



Information

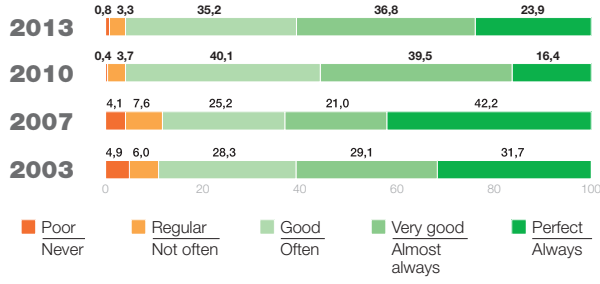


Personal attention and relationship

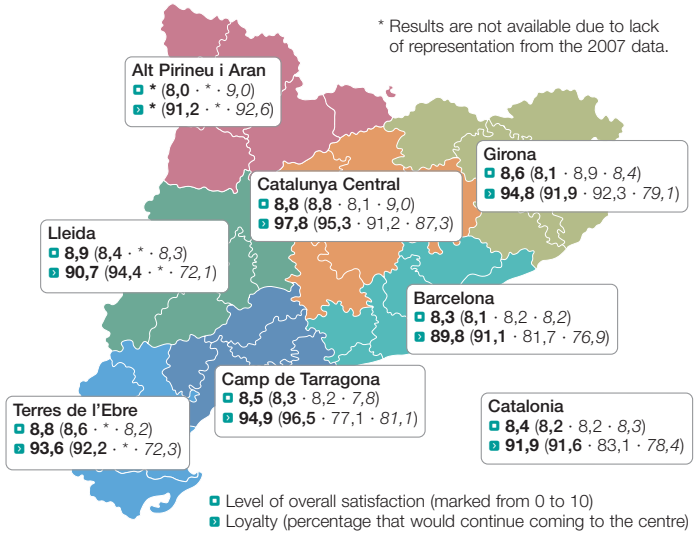


- In the majority of areas of interest and in the last period (2010-2013), a slight increase in the more positive categories is observed along with a decrease in the more negative ones.
- The information area presents the greatest increase in the positive categories and the greatest decrease in the negative categories.

Continuity of the care



Satisfaction and loyalty 2013 (2010 · 2007 · *2003*)



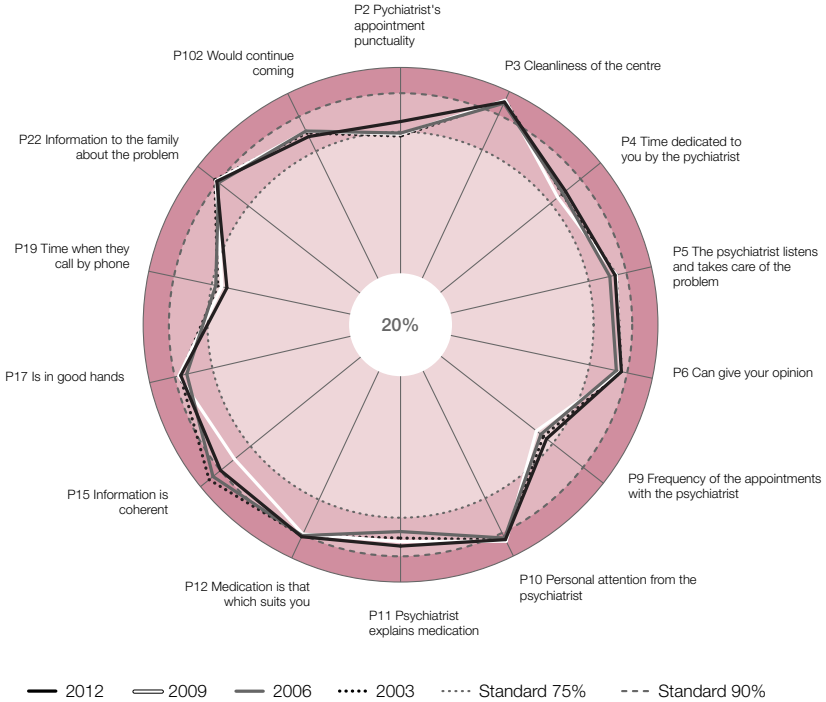
- Global satisfaction and intention to return achieve the highest results among the lines of service evaluated, with satisfaction highly valued and an intention to return in 9 out of every 10 persons surveyed.
- The satisfaction values increased or remained stable in all territories in the last period, loyalty in contrast, despite increasing in all of Catalonia, showing evolution patterns differentiated by territory.

Out-patient mental health care

Technical specifications

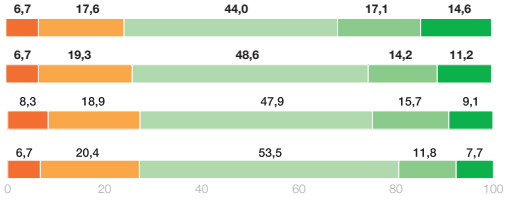
	2003	2006	2009	2012
Population object of the study	Set of insured people aged 18 years or more who have been attended to in the last 12 months in a CSMA centre in the psychiatric and out-patient mental health line of attention in Catalonia			
Framework sample	Set of insured people of 18 years of age or more who appear in the registers of the minimum basic data of mental health (CMBD-SM) of CatSalut			
	June 2002 to June 2003	June 2005 to June 2006	January to December 2008	January to December 2011
Design sample	8 sample units (health regions that year) 401 cases per sample unit as a minimum 3,215 cases in all	63 sample units (out-patient mental health centres) 80 cases per sample unit as a minimum 5,374 cases in all	68 sample units (out-patient mental health centres) 80 cases per sample unit as a minimum 5,586 cases in all	77 sample units (out-patient mental health centres) 80 cases per sample unit as a minimum 6,113 cases in all
Margin of error	1.7 percentage points Level of confidence: 95%	1.2 percentage points Level of confidence: 95%	1.1 percentage points Level of confidence: 95%	0.9 percentage points Level of confidence: 95%
Interview method	Computer-assisted telephone interviews			
Period of carried out fieldwork	From 30 October to 22 December 2003	From 7 September to 24 November 2006	From 10 to 20 September 2009	From 25 September to 24 October 2012

General results

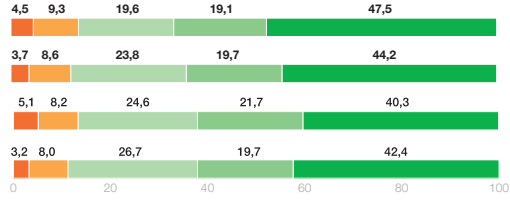


- **The majority of results are situated above 75% of positive evaluations. Of these, the majority are at the standard level, between 75% and 90% of positive evaluations. There are four in the sphere of excellence, related with cleanliness of the centre, the psychiatrist's attitude, information for the family and suitability of medication.**
- **Aspects that require improvement are accessibility and frequency of appointments.**

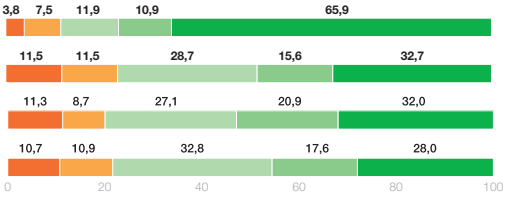
Accessibility



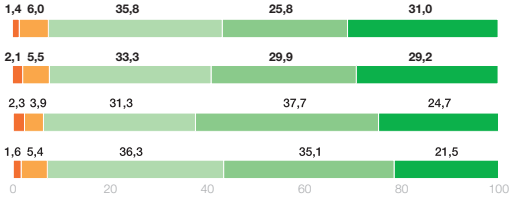
Professional competence



Information



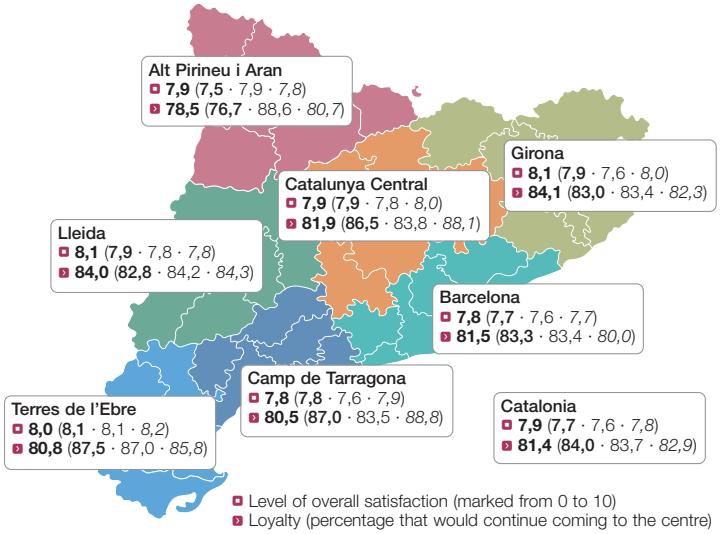
Personal attention and relationship



- This line presents major stability in the valuations in all areas, except for that of information, where a strong increase in positive valuations is observed, meaning it becomes the area that presents the best results.
- It is important to bear in mind, however, that the 2012 study was conducted using a new questionnaire that incorporated modifications in the formulation of some questions, such as, for example, in the information area.

Poor / Never · Regular / Not often · Good / Often · Very good / Almost always · Perfect / Always

Satisfaction and loyalty 2012 (2009 · 2006 · *2003*)



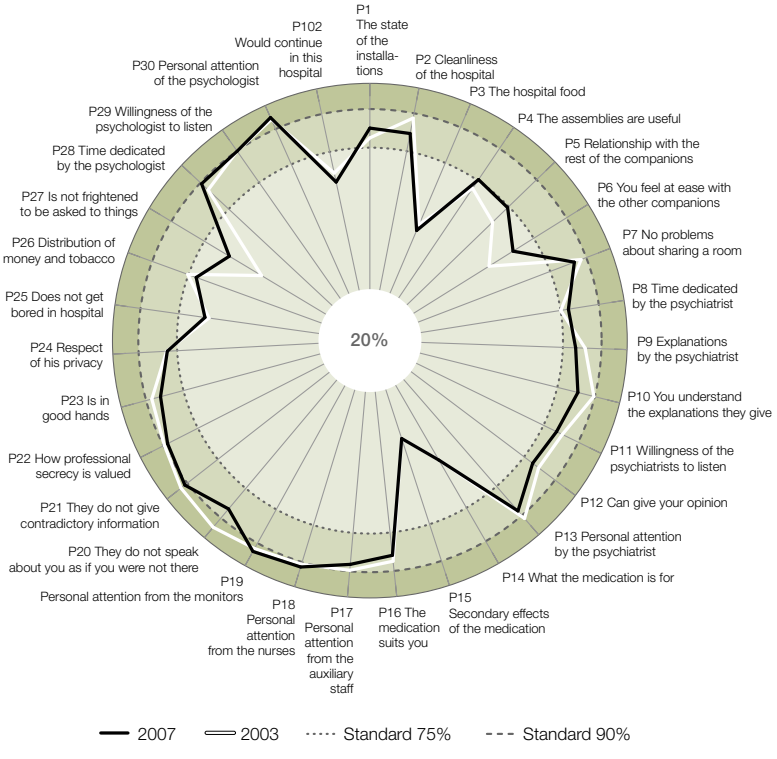
- Satisfaction is notable and there is an intention to return to the centre in 8 out of every 10 users.
- Satisfaction increases slightly in Catalonia and in the majority of territories in the last period (2009-2012), while the intention to return to the centre decreases in Catalonia and in the majority of territories in the same period.

In-patient mental health care

Technical specifications

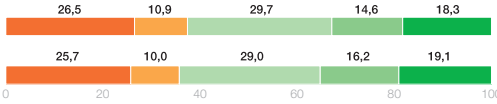
	2003	2007	2010*	2013**
Population object of the study	Set of insured people aged 18 years or more, users who have directly received psychiatric care and medium- and long-term mental health care, admitted in a centre with a stay of more than a month			
Framework sample	Number of medium- and long-stay admission resources contracted by CatSalut when the study was carried out			
Design sample	8 sample units (health regions) 401 cases per sample unit as a minimum Only 829 cases in all were able to be interviewed	7 sample units (health regions) 170 cases per sample unit as a minimum Only 454 cases in all were able to be interviewed		
Interview method	Personal interviews			
Period of carried out fieldwork	From 8 to 23 September 2003	From 19 March to 26 July 2007		

General results

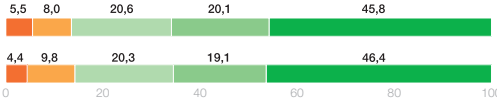


- This line of service is the one that has fewest people interviewed, given their state of health, which is frequently unstable and the long periods of admission that the majority of people have.
- Despite the clear improvement between the two periods, most of the results continue to be in the strip between 90% and 75% and the ones that stand out as excellent are the ones that value trust, the attention and support of the psychiatrist and of the psychologist and trust.
- There is room for improvement in the information to support the treatment, the internal organisational aspects and relationships with other patients, the management of free time and the food.

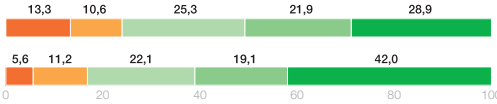
Information



Professional competence



Personal attention and relationship

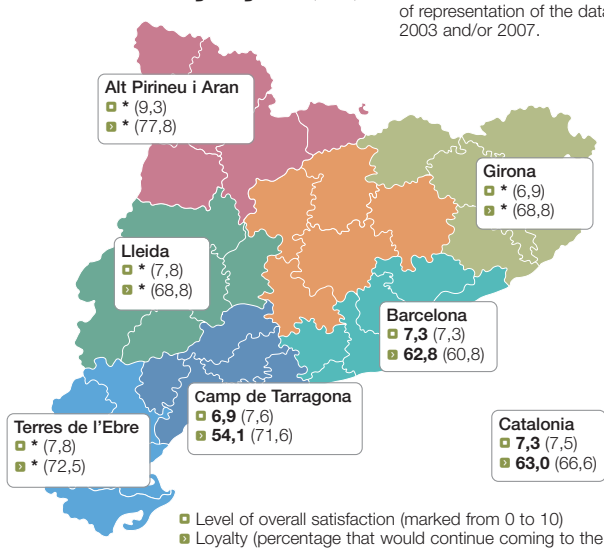


Poor — Never
Regular — Not often
Good — Often
Very good — Almost always
Perfect — Always

- The number of areas of interest valued is smaller in view of the characteristics of the services assessed.
- The distribution of the responses remains stable with regard to competence and information between periods.
- In the part on attention and relationship with the other patients, in 2007 the negative valuations had increased.

Satisfaction and loyalty 2007 (2003)

* Results are not available due to lack of representation of the data from 2003 and/or 2007.



Level of overall satisfaction (marked from 0 to 10)
Loyalty (percentage that would continue coming to the centre)

- The satisfaction exceeds very good and 6 out of every 10 citizens state that they would return to the centre, given that it represents the lowest value of all the line studied and that it is related to the specific characteristics of these services.
- The values are maintained between periods in the area of Catalonia and, overall, between the territories about which there is information.

* In view of the fact that there is an almost complete coincidence between the interest areas identified by people attended by in-patient mental health service lines and those with long-term in-patient care, in 2010 it was considered suitable to use the results obtained in the 2010 study on long-term care for both lines in those cases where the same supplier centre was involved.

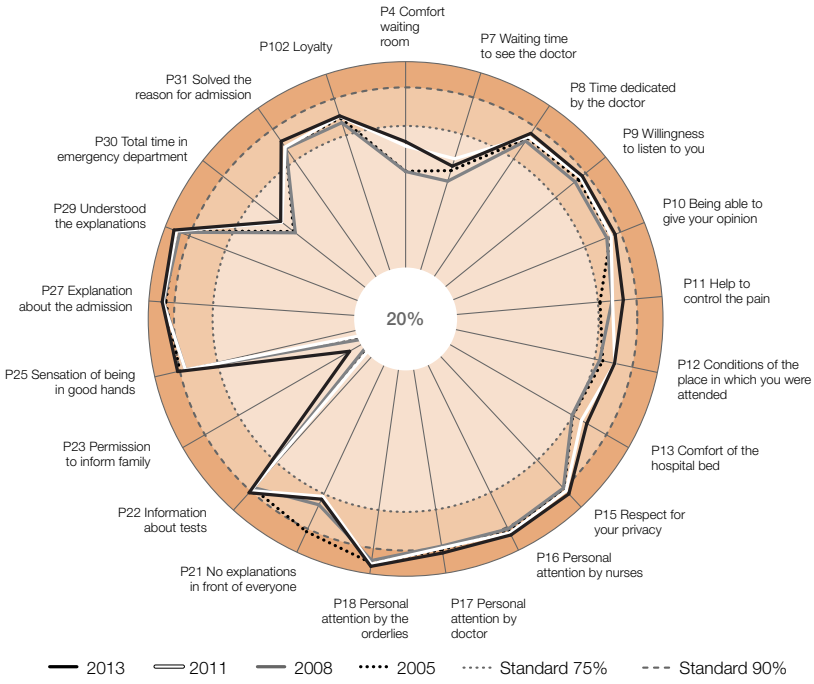
** The same criterion has been followed as in the year 2010 with regard to the results obtained in the study on social care of 2013, i.e. the results obtained in the study on social care with admission 2013 have also been used for the line of care for mental health with admission in the case of centres that offer both lines.

Urgent hospital care

Technical specifications

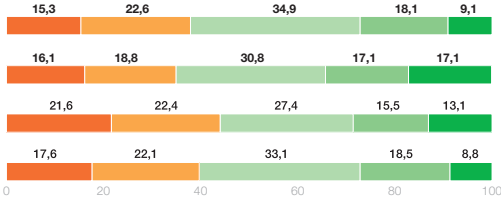
	2005	2008	2011	2013
Population object of the study	Set of insured people aged 15 years or more who have been attended to by emergency hospital services			
Framework sample	CatSalut invoicing registers corresponding to the patients attended in emergency department, of 15 years of age or more			
	September and November 2005	January and February 2008	January and February 2011	May 2013
Design sample	Each hospital with a minimum of 2,500 discharges per year in the emergency dept. has been defined as a sample unit			
	54 sample units	53 sample units	55 sample units	52 sample units
	162 cases per sample unit as a minimum	97 cases per sample unit as a minimum	80 cases per sample unit, as a minimum	80 cases per sample unit, as a minimum
	8,748 cases in all	5,381 cases in all	4,625 cases in all	5,061 cases in all
Margin of error	1 percentage point Level of confidence: 95%	1.1 percentage points Level of confidence: 95%	1.2 percentage points Level of confidence: 95%	1.2 percentage points Level of confidence: 95%
Interview method	Computer-assisted telephone interviews			
Period of carried out fieldwork	From 16 January to 17 February 2006	From 13 May to 31 July 2008	From 14 to 29 June 2011	From 2 September to 9 October 2013

General results

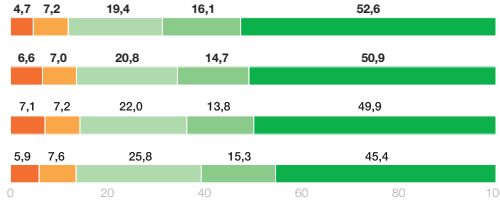


- **Over the course of the four editions, more than 70% of the questions have returned over 75% of positive evaluations, and small improvements are observed in the evaluation of the majority of items. Above all, there are improvements in resolution of the cause, trust in professionals, respect for privacy, permission for informing the family, and in the attitude of medical staff and auxiliary staff.**
- **The best valued aspects are the attitude of professionals, explanations and respect for privacy.**
- **By hospital typology, it is the isolated basic hospitals and the high-technology hospitals that are best valued.**

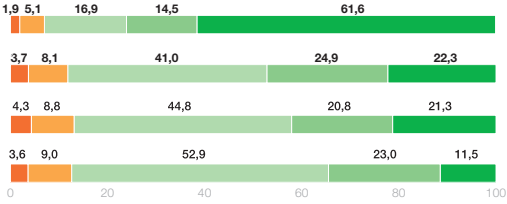
Accessibility



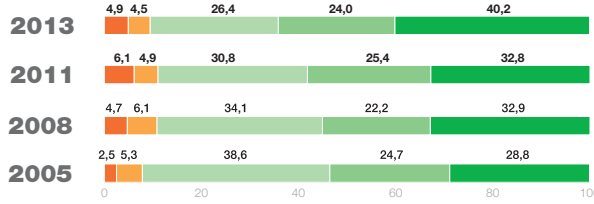
Professional competence



Information

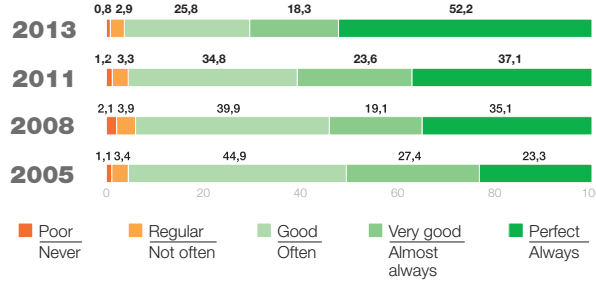


Personal attention and relationship

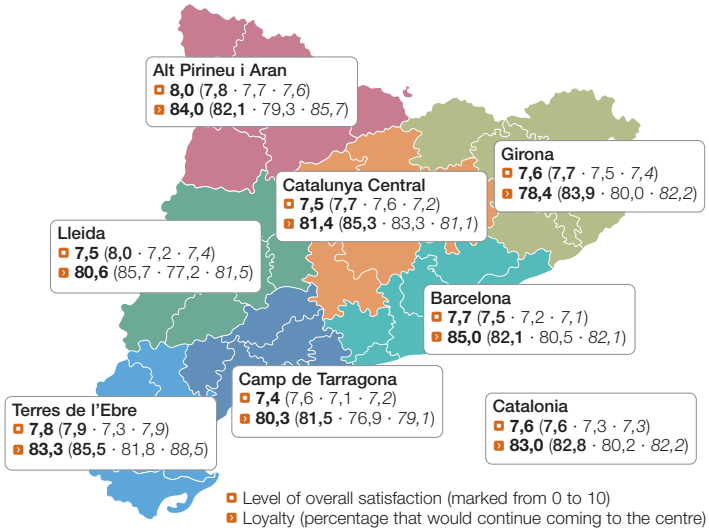


- The analysis by areas shows us a tendency towards improvement in the evaluations of the different areas of interest in the last period (2011-2013), with the exception of the accessibility area.
- It is important to bear in mind, however, that the 2013 study was carried out with a new questionnaire that incorporated modifications in the formulation of some questions, such as for example in the information area.

Continuity of the care



Satisfaction and loyalty 2013 (2011 · 2008 · *2005*)



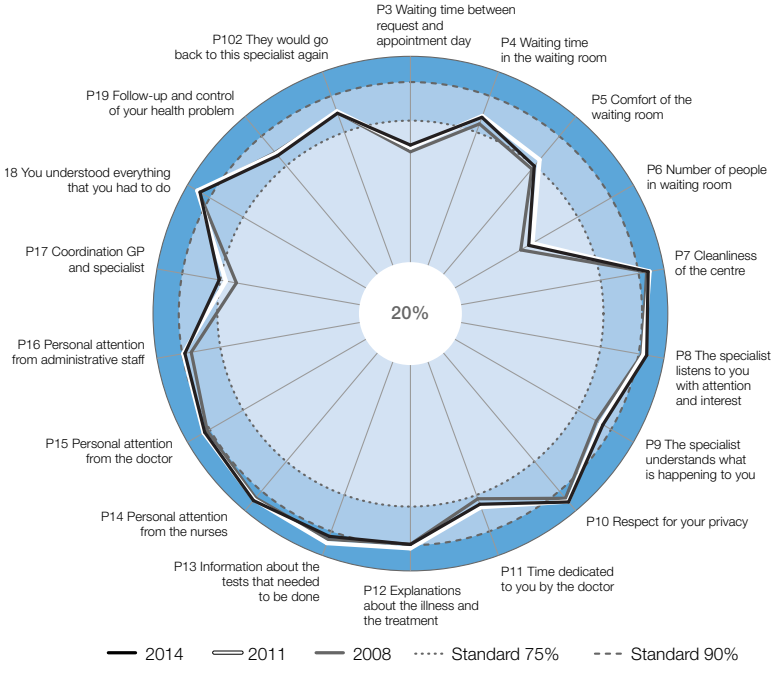
- The satisfaction score for 2013 remains stable with respect to 2011 and is good (7.6), with the intention to return in over 8 out of every 10 users surveyed, slightly higher than in 2011.
- The evolution of satisfaction and loyalty is observed to differ by territories, with improvements in Alt Pirineu i Aran and in Barcelona.

Out-patient specialised care

Technical specifications

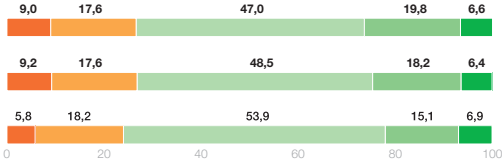
	2008	2011	2014
Population object of the study	Set of insured people aged 15 years or more who have been attended to by an out-patient specialised care centre		
Framework sample	Registers from the Central register of insured parties were selected proportionally, according to a sample made based on the population of the basic reference health areas of each out-patient specialised care centre and which correspond to insured people of 15 years of age or more		
Design sample	The sample unit is the centre with out-patient specialised care (hospitals and CAP II with six or more specialities):		
	80 sample units 124 cases per sample unit as a minimum 7,986 cases in all	80 sample units 80 cases per sample unit as a minimum 4,950 cases in all	82 sample units 76 cases per sample unit as a minimum 4,679 cases in all
Margin of error	0.9 percentage points Level of confidence: 95%	1.1 percentage points Level of confidence: 95%	1.1 percentage points Level of confidence: 95%
Interview method	Computer-assisted telephone interviews		
Period of carried out fieldwork	From 4 July to 11 November 2008	From 28 March to 17 June 2011	From 12 June to 28 July 2014

General results

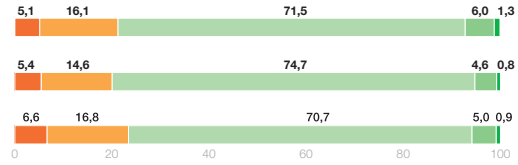


- The majority of answers exceed values of 75%, with seven answers above 90%, related with respect for privacy, the attitude of professionals, cleanliness, information and listening and the interest shown by the specialist.
- The following aspects do not reach 75%: accessibility, such as waiting time between request and appointment, number of people and waiting room comfort.
- Waiting room comfort is the aspect with the most prominent negative variation with respect to the previous edition.
- There are no differences between the typology of centres, excepting those that correspond to the so-called CAP II, which show lower values for the majority of questions, including those that value satisfaction and loyalty.

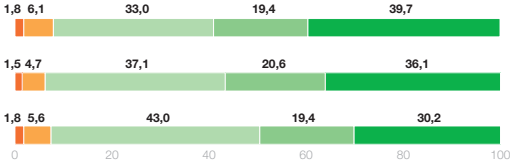
Accessibility



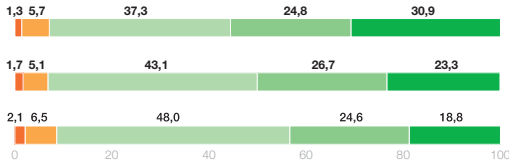
Professional competence



Information

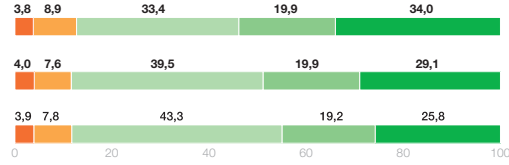


Personal attention and relationship



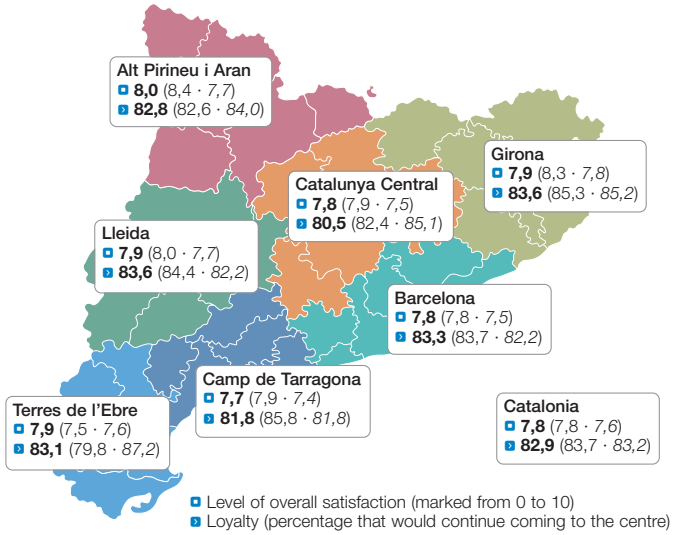
› A general increase tendency is observed in the more positive categories in the areas of interest analysed.

Continuity of the care



Poor — Never
Regular — Not often
Good — Often
Very good — Almost always
Perfect — Always

Satisfaction and loyalty 2014 (2011 · *2008*)



Level of overall satisfaction (marked from 0 to 10)
Loyalty (percentage that would continue coming to the centre)

› The score for satisfaction in 2014 remains stable with respect to 2011, and is good (7.8), with the intention to return in 8 out of every 10 users surveyed, slightly below the 2011 rate.

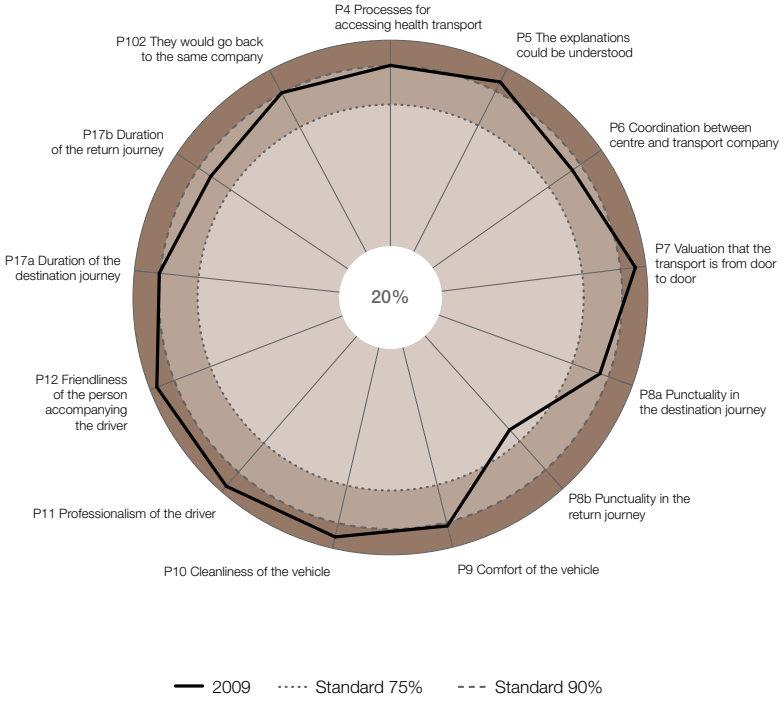
› It is observed that in the majority of territories a slight decrease in satisfaction and loyalty has taken place between 2011 and 2014.

Non-urgent health transport

Technical specifications

	2009
Population object of the study	Set of insured people aged 15 years or more who have been users, once or more, of the non-urgent health transport service
Framework sample	Registers proportionally selected based on the data corresponding to the invoicing of the activity of the non-urgent health transport for November 2008
Design sample	The sample unit is the batch (contracting unit of this line of service): 19 sample units, 120 cases per sample unit as a minimum, 2,237 cases in all
Margin of error	1.7 percentage points Level of confidence: 95%
Interview method	Computer-assisted telephone interviews
Period of carried out fieldwork	From 9 to 31 March 2009

General results

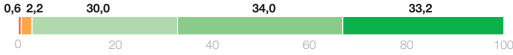


- **Most of the results are above 90%, especially those which refer to the technical and professional characteristics of the vehicle and its driver.**
- **Punctuality and some aspects of the coordination of the process need to be improved.**

Accessibility

Professional competence

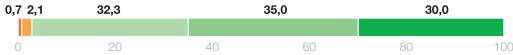
2009



Information

Personal attention and relationship

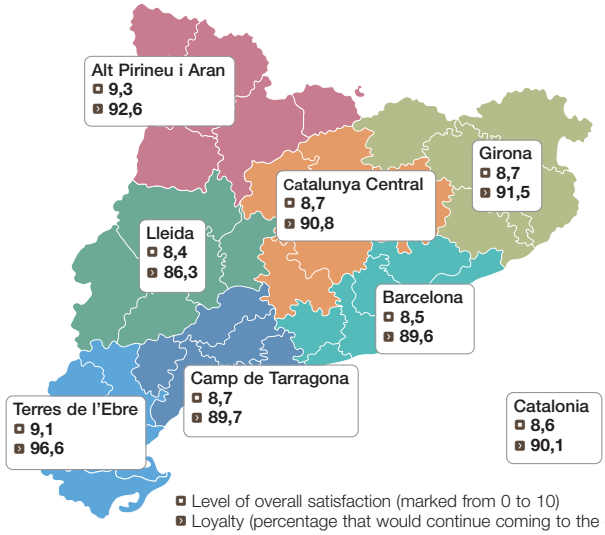
2009



Poor Never | Regular Not often | Good Often | Very good Almost always | Perfect Always

The professional competence and the attention and the personal relationship are the areas with the best valuations, followed by accessibility and information.

Satisfaction and loyalty 2009



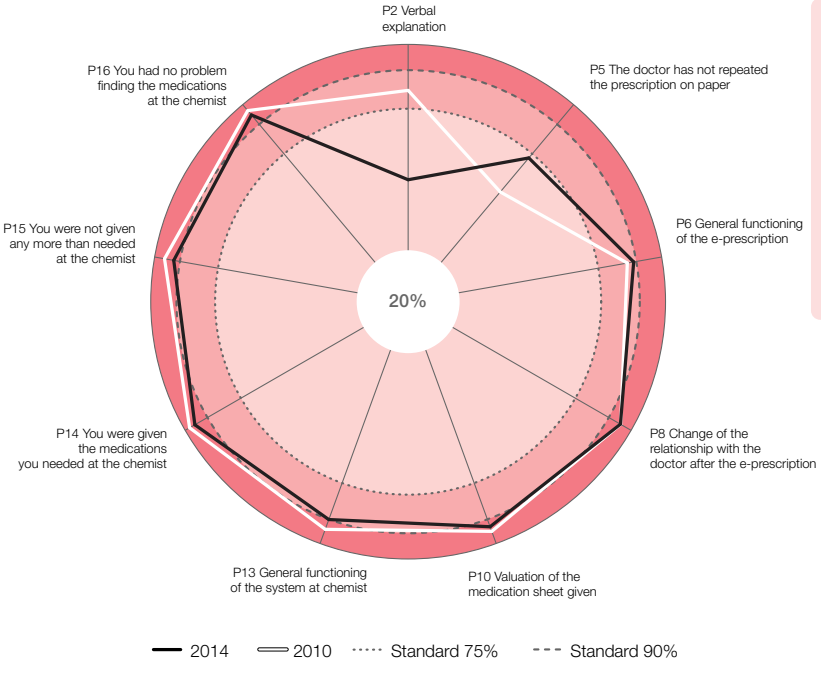
This is the line of service with the highest markings of satisfaction and the intention to use the same company, in 9 out of 10 users.

E-prescription

Technical specifications

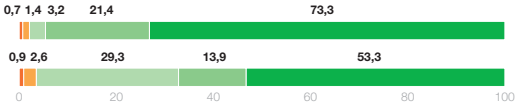
	2010	2014
Population object of the study	Insured parties aged 15 years or over who have used the e-prescription at least once before 1 April 2010	Insured parties aged 15 or over who have used the e-prescription at least once through a specialist in Catalonia
Framework sample	Stratified by health region, with proportional random form of selection. To calculate the sampling the CatSalut e-prescription register for March 2010 was used	Stratified by health region, with proportional random form of selection. For the selection of the sample, the CatSalut e-prescription register was used, selecting insured persons to whom, between the months of January and February 2014, one or more prescriptions were dispensed originating from a specialised care structure
Design sample	9 sample units (health regions) 150 cases per sample unit, as a minimum 2,288 valid interviews	9 sample units (health regions) 150 cases per sample unit, as a minimum 2,059 valid interviews
Margin of error	2 percentage points Level of confidence: 95%	1.7 percentage points Level of confidence: 95%
Interview method	Computer-assisted telephone interviews	
Period of carried out fieldwork	From 14 to 25 June 2010	From 5 April to 5 May 2014

General results

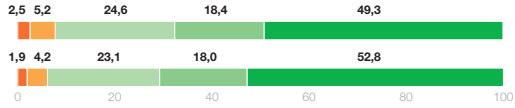


- **The majority of questions exceed the value of 90% of positive answers.**
- **The main aspect for improvement is verbal explanation regarding how the e-prescription works.**
- **The results for 2014, in general, are slightly lower than those of 2010.**

Professional competence



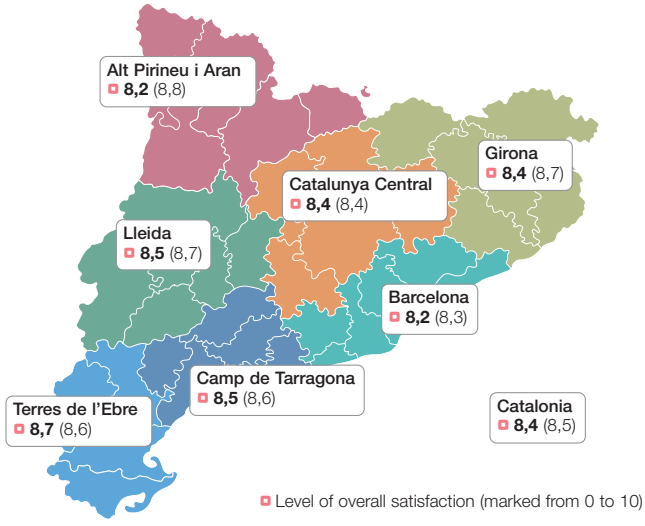
Organisation and coordination



Poor Never | Regular Not often | Good Often | Very good Almost always | Perfect Always

- The number of areas of interest evaluated was lower than in other lines of service, given the specific characteristics involved in evaluating the e-prescription.
- The professional competence area obtains better results than that of organisation and coordination.
- As for the evolution of the evaluations in the two editions of the study, it is observed that while in professional competence the more positive values increase, in organisation and coordination there is a slight increase in negative responses.

Satisfaction 2014 (2010)



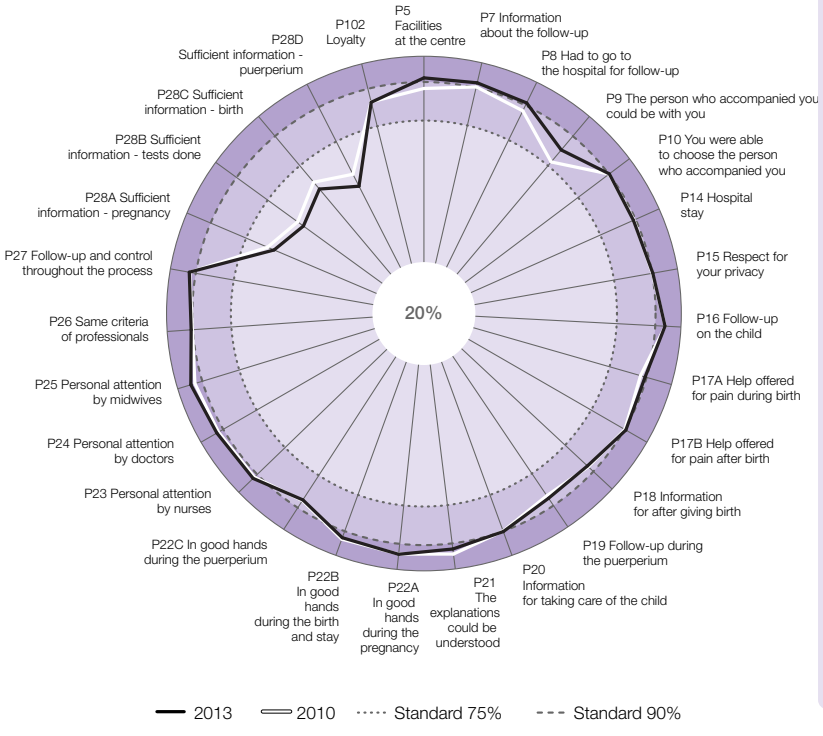
- The mark given for satisfaction is above 8 and remains stable with respect to that of the year 2010.
- It is observed that in the majority of territories a small reduction in global satisfaction has taken place, but in all it reaches 8.2.

Care during pregnancy, birth and puerperium

Technical specifications

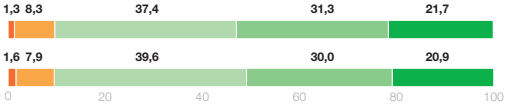
	2010	2013
Population object of the study	Group of insured women of 15 years of age or more who have had a child	
Framework sample	Data extracted at random from the CMBD (Minimum Group Database) for each of the sample units, corresponding to insured women of 15 years of age or more who have had a baby during the year preceeding the study. In centres with few cases, data corresponding to a longer period of time was compiled in order to ensure the minimum number of surveys per sample unit	
Design sample	The sample unit is the hospital 42 sample units 80 cases per sample unit, as a minimum 3,312 cases in all	The sample unit is the hospital 43 sample units 80 cases per sample unit, as a minimum 3,384 cases in all
Margin of error	1.6 percentage points Level of confidence: 95%	1.5 percentage points Level of confidence: 95%
Interview method	Computer-assisted telephone interviews	
Period of carried out fieldwork	From 1 to 22 June 2010	From 5 to 22 June 2013

General results

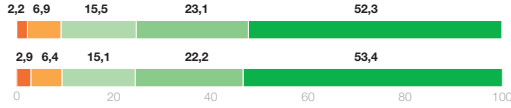


- **In general, in the 2013 edition the results are positive: a total of sixteen items stand above 90% of positive evaluations, six between 75% and 90% of positive evaluations, and only four are below the standard of 75% of positive evaluations.**
- **The majority of questions improve the results obtained in the year 2010, and the most significant differences arise in the centre's installations, the possibility of partners being present at the birth, and the attitude of midwives.**
- **The elements that achieve excellence are related with trust, professional competence and attitude, monitoring of the baby and the installations.**
- **Aspects with potential improvement are those related with sufficiency of information over the course of the process.**

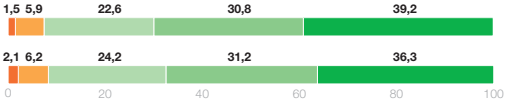
Information



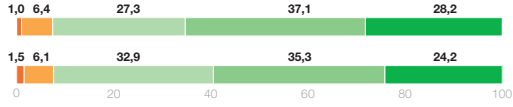
Professional competence



Personal attention and relationship



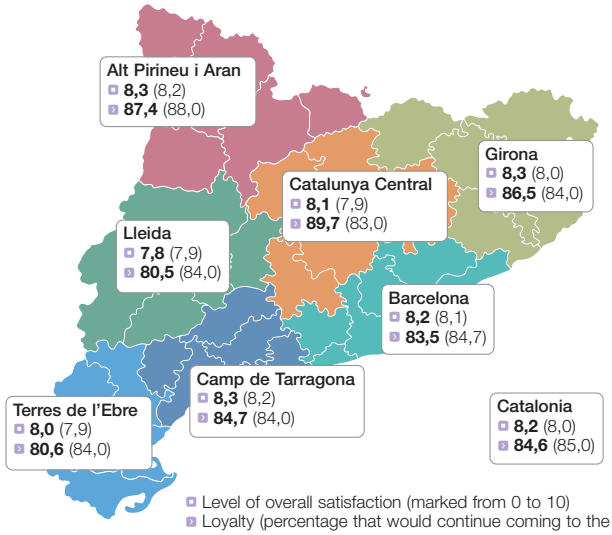
Continuity of the care



Poor Never | Regular Not often | Good Often | Very good Almost always | Perfect Always

› The evaluations of the areas of interest remain fairly stable, with a slight positive tendency in all of them.

Satisfaction and loyalty 2013 (2010)



› The satisfaction score stands at above 8 and slightly exceeds the valuation for the year 2010, while over 8 out of every 10 people surveyed declared an intention to return to the same services, a figure almost equal to that of 2010.

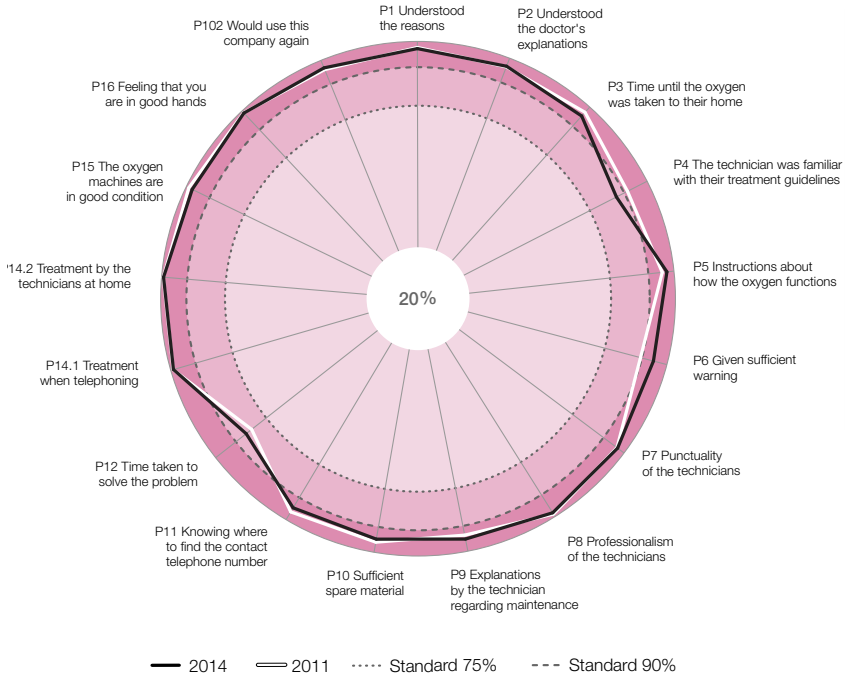
› It is observed that in the majority of territories, an increase in global satisfaction took place, while the evolution of the intention to return to the same services does not present a clear pattern from a territorial viewpoint.

Home oxygen therapy

Technical specifications

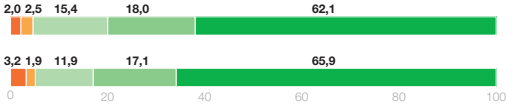
	2011	2014
Population object of the study	Group of insured people of 15 years of age or more, users of the home oxygen therapy service	
Framework sample	Registers selected proportionally based on the data corresponding to the invoicing of the home oxygen therapy activity for	
	January 2011	July 2014
Design sample	The sample unit is the batch (contracting unit of this line of service):	
	16 sample units 120 cases per sample unit as a minimum 1,834 cases in all	15 sample units 80 cases per sample unit as a minimum, weighted according to invoiced turnover 1,990 cases in total
Margin of error	2.1 percentage points Level of confidence: 95%	1.3 percentage points Level of confidence: 95%
Interview method	Computer-assisted telephone interviews	
Period of carried out fieldwork	From 28 June to 7 July 2011	From 2 to 20 October 2014

General results

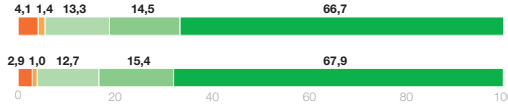


- **All questions exceed, in the last edition, the value of 75%, with fourteen questions scoring above 90%, considered the level of excellence, and only two between 75% and 90%, standard level.**
- **The questions least valued make reference to the time taken to resolve a problem related with the oxygen, and to whether the technician knew the user's treatment guidelines.**

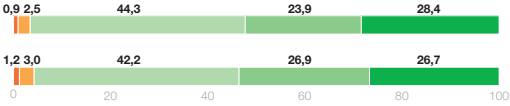
Accessibility



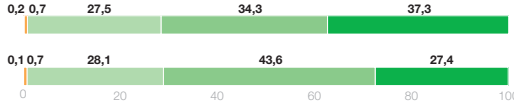
Professional competence



Information



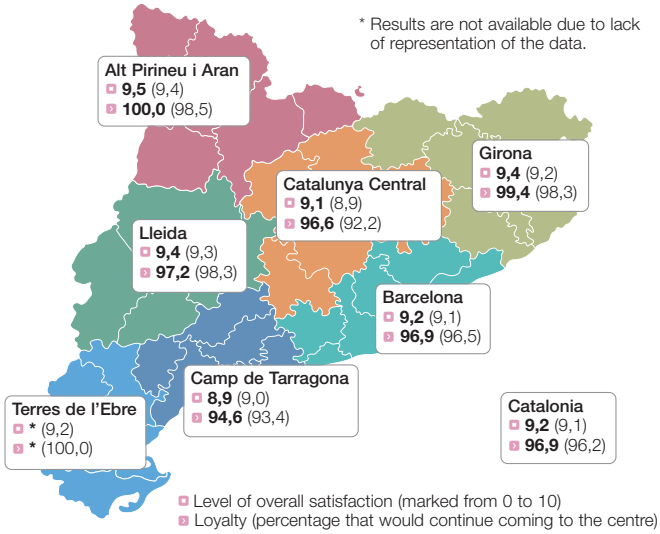
Personal attention and relationship



Poor — Never
Regular — Not often
Good — Often
Very good — Almost always
Perfect — Always

- Considerable stability exists in the evaluations of the areas of interest. The area for personal treatment and relations is where the more positive scores increase most, while the area of professional competence is where the most negative category has grown most.

Satisfaction and loyalty 2014 (2011)



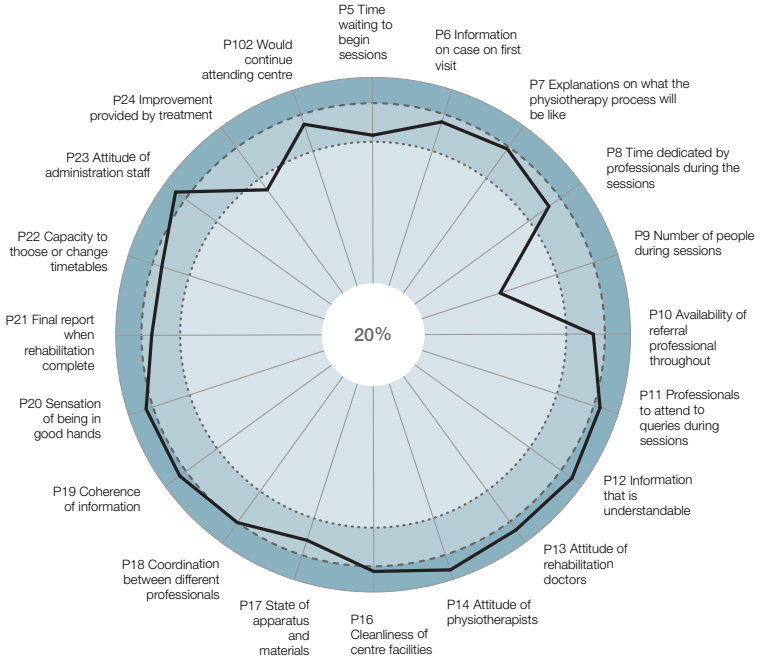
- The satisfaction score for 2014 increases slightly with respect to that of 2011 and is excellent (9.2), with the intention of using the same company again in over 9 out of every 10 users surveyed, slightly above the 2011 rate.
- It is observed that the improvement in satisfaction and loyalty is general in all territories.

Outpatient physiotherapy

Technical specifications

	2013
Population object of the study	Group of insured parties aged 15 years or over, who have been users of the outpatient physiotherapy service
Framework sample	Invoicing records for outpatient physiotherapy for the period between the months of January and March 2013 that correspond to insured parties aged 15 or over, according to the Central Register of Insured Persons (RCA)
Design sample	50 centres (batch/hospital) 90 cases per sample unit as a minimum 4,879 cases in total
Margin of error	1.3 percentage points Level of confidence: 95%
Interview method	Computer-assisted telephone interviews
Period of carried out fieldwork	From 28 June to 8 July 2013

General results

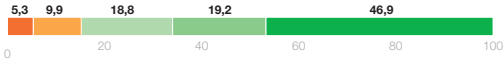


- The results are, in general, positive: a total of ten items stand at above 90% of positive evaluations, eight items between 75% and 90% of positive evaluations, and only two are below the standard of 75% for positive evaluations.
- In excellence we find elements related with professional attitude and competence, information and cleanliness of centres.
- Improvable are the number of people in physiotherapy sessions, the improvement provided by treatment and the time spent waiting for sessions to begin.

Accessibility

2013

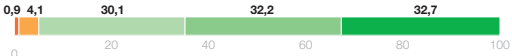
Professional competence



Information

2013

Personal attention and relationship



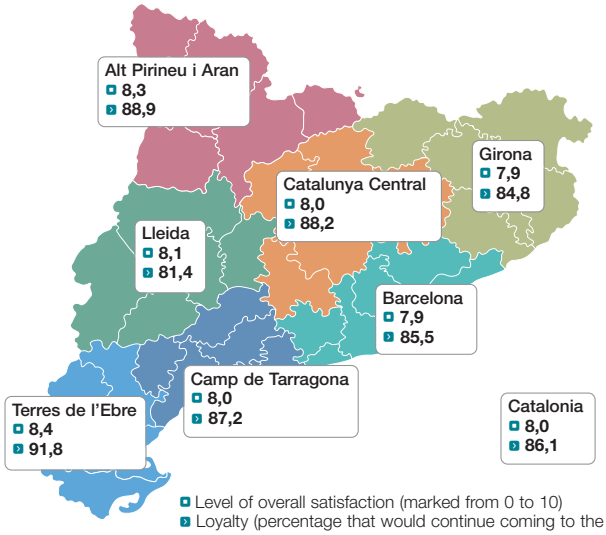
- Among the areas of interest, prominent, with most positive answers, are attitude and personal relations, and organisation and coordination.

Organisation and coordination

2013

Poor — Never
Regular — Not often
Good — Often
Very good — Almost always
Perfect — Always

Satisfaction and loyalty 2013



- The satisfaction mark is good and over 8 out of every 10 users surveyed state that they would return to the same rehabilitation centre if they could choose.
- Differences in satisfaction and loyalty are observed between the territories, but the satisfaction values are very close to 8 in all territories and loyalty exceeds 80% in all of them.

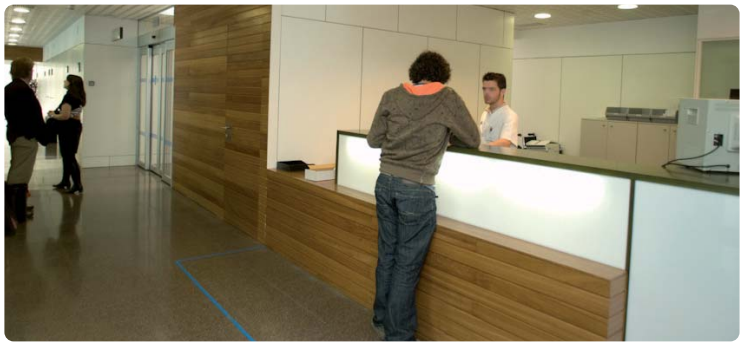
PLAENSA© contains the spirit of a genuine proximity policy in the health area.

FINAL NOTE

From here, one can see how the citizens, who have always occupied the centre of the health system, have gradually confirmed their participative capacity in the decision-making of the health system.

The Catalan Health Service has been evolving towards proactive listening to the voice of the citizens. It has gone from waiting for the suggestion to be able to act on it to asking in order to prevent it, from the participation on the boards of management and health to participating in the decision-making related to the relevant indicators of satisfaction.

Therefore, PLAENSA© is yet another example of the desire and the need for a genuine proximity policy, which brings together the citizens and the management and decision bodies of the public services.



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http://catsalut.gencat.cat/ca/coneix_catsalut/informes_memories_activitat/ma_anual_catsalut/

Pla d'enquestes de satisfacció (PLAENSA)
http://catsalut.gencat.cat/plaensa

La veu de la ciutadania. Com la percepció de la ciutadania es vincula a la millora dels serveis sanitaris i el sistema de salut de Catalunya.
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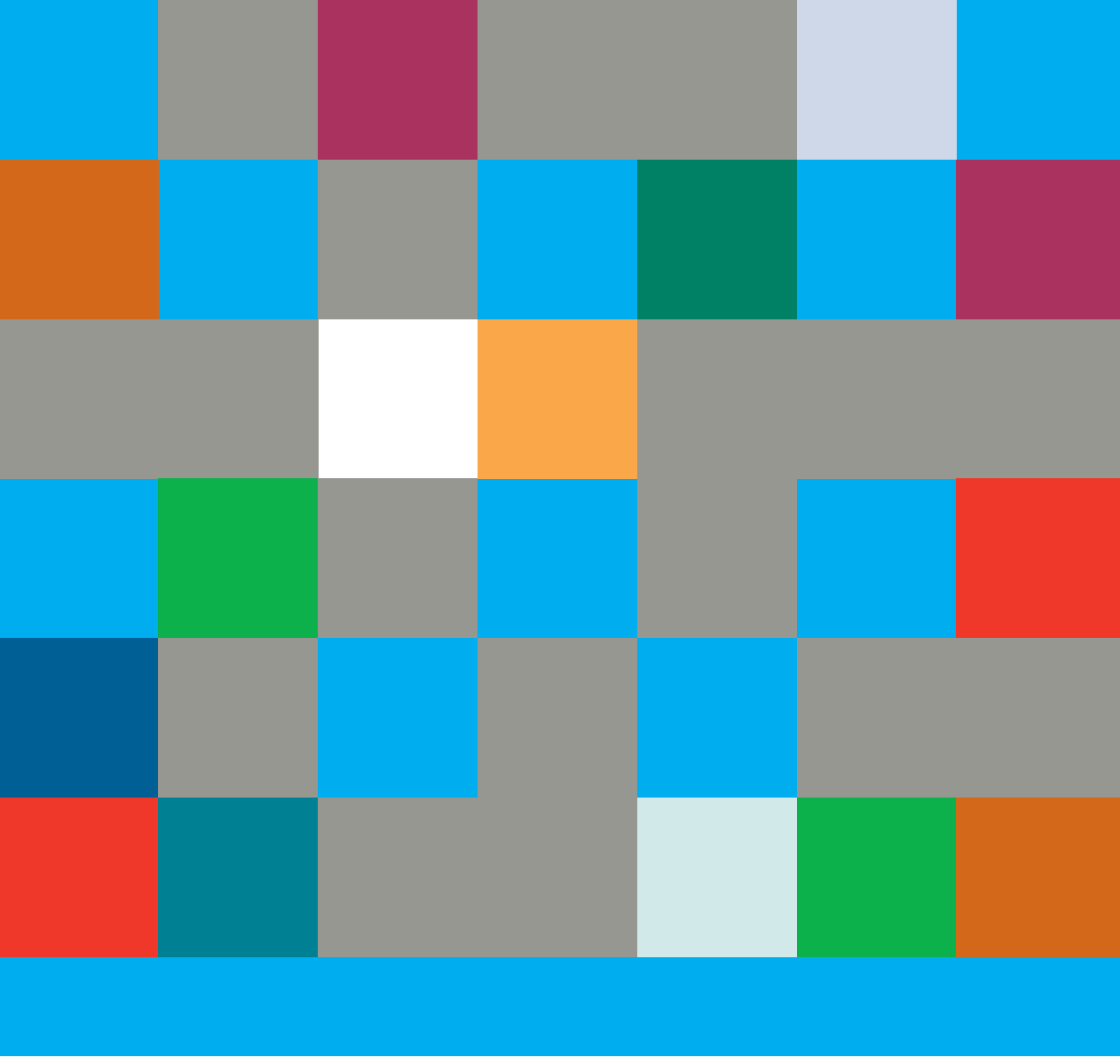

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