QUALITY OF CARE
FROM THE PERSPECTIVE OF OT-USERS

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SUMMARY

Feedback from users of health and social care services is generally considered to be vital for service evaluation, quality assurance and the implementation of quality improvement programmes. In particular, chronically ill and disabled people as frequent users of health and social care services, can be considered as experts in evaluating quality of care. They are therefore an invaluable resource for providers and commissioners who are seeking to improve their services. This study reports on the development process and results from a survey of users views about the quality of services offered by the Kent Social Services OT Bureau.

The aims of this report are threefold:

(1) To describe the development of an instrument measuring quality of care from the perspective of the users of local authority occupational therapy services: the QUOTE (**QU**ality **O**f care **T**hrough the users' **E**yes) OT (**O**ccupational **T**herapy) services instrument;

(2) To present the results from a survey of a random sample of users about the quality of services offered by the local authority occupational service of the Kent Social Services Department;

(3) To examine the potential of the instrument to form part of a more general process of Quality Assurance and Quality Improvement within Occupational Therapy Services.

Development of the QUOTE-OT Services instrument

The development of the QUOTE-OT Services instrument is based on a combination of qualitative and quantitative methods. In this development process users of OT services were involved from the very beginning. The quantitative part started with a series of three focus group meetings. Two groups consisted of disabled people - one group of 18 people and a second group of 10 people - who were recruited through the Kent Social Services Occupational Therapy Service (The Kent OT Bureau). The focus group discussion with 18 disabled people was combined with a concept mapping procedure. Participants were asked to group the 52 quality of care aspects derived from group discussion for similarity and to rank the same 52 aspects according to importance. The six participants of the third group were members of staff in the Kent OT Bureau, all having more than 10 years of professional experience in delivering health and social care services to disabled people. The main objective of the Focus Group Discussions (FGDs) was to elicit important quality of care aspects that refer to the work of OT Services. Sessions lasted approximately two and a half hours and were conducted in the presence of two trained moderators/researchers on the basis of a semi-structured discussion guide.

The result of the FGDs - a preliminary version of the QUOTE-OT Services, consisting of 40 quality of care aspects - formed part of a postal survey to a random sample of 1000 disabled person who were selected from the records of the Kent Social Services OT Bureau. Included in the sample were non-institutionalised persons with serious, physical limitations, who were 16 years of age or older had been allocated to a member of the OT Bureau within the last year prior to the survey. Questionnaires were distributed in mid June 1998. Given the original sample size of 1000 people, two duplicate names, one blank address, a 'dead-

wood' of 104 people and 489 people responding, the response rate was 54.8%.

In accordance with the conceptual framework of the QUOTE-family of instruments, each quality aspect was 'scored' by respondents for its 'importance' and whether OT services are in line with the expectations formulated in the 40 quality aspects. Importance ratings were based on 4-point Likert scales, ranging from 0 ("not important') to 10 (extremely important'). Performance scores (or, the respondents' actual experiences with respect to the 40 quality aspects) were calculated by combining percentages 'yes' and 'on the whole', yes'. Importance (I) and performance (P) scores can be combined into quality impact indices (Q), applying the formula: Q = P x I. These quality impact indices, a weighted score of importance and performance, can form the basis for the selection of aspects that could be included in a quality improvement programmed for OT services.

The 40 quality aspects included in this (first) draft of the QUOTE-OT Services, refer to different sub-dimensions of the quality of care concept. These sub-dimensions are: the personnal attitude or courtesy of OT workers ("OT services should always take me seriously"), information given ("OT services should provide adequate information about the range of services offered"), perceived autonomy ("OT services should allow me to have an input in decisions regarding the services I require"), professional competence ("OT services should have a good understanding of my problems"), continuity of care ("OT services should communicate with other health and social care services about the help or services I require"), accessibility ("OT services should always be easy to reach by telephone"), costs of services ("OT services should not charge me for the provision of equipment and minor adaptations") and organisational procedures ("OT services should).

Priorities of OT-users

Not all aspects that are part of the work of OT Services are rated as equally important by the users of OT services. Some quality aspects will be highly valued; others will be judged as 'less important' or maybe even as 'unimportant'. Importance scores for the 40 quality aspects included in the QUOTE-OT range between 8.5 ('the OT-Bureau or OT workers should never make me feel as if I am a burden to society') and 5.9 ('the OT-Bureau should always allow me to see my personal file, if I want to'). The first aspect has to do with the personal attitude of OT workers toward their clients; the aspect last mentioned is part of the 'perceived autonomy dimension' of the quality of care concept. Other high ranking quality aspects on the importance scale are again related to the personal attitude or courtesy of OT workers ('OT services should respect the privacy of OT users' and 'OT users should always be taken seriously'), the provision of services ('OT-services should cover my needs' and 'The OT should provide appropriate equipment'), and the accessibility of the OT Bureau ('the OT-Bureau should be easy accessible for clients'). Quality aspects that received relatively low importance scores refer to the possibilities to choose another OT-worker, possibilities for users to decide how the available care budget is spent, an annual report on the situation and/or conditions and a showroom for equipment. There was some evidence of variations in importance scores by socio-demographic position and health status, although in general these differences were small and non-significant.

Performance of OT service workers

Since performance scores refer to actual (or perceived) experiences of the OT users, it could be argued that such performance scores are the central element of quality of care judgements, whereas the importance component serves as a 'weight factor'. In the optimal situation all quality aspects a 0,0 performance score, indicating that 0% of the respondents reported a particular aspect absent. Scores between 10 and 0 leave hardly any room for further improvement, and can therefore be regarded as 'almost optimal'. Five out of the 40 aspects included in the QUOTE-OT instrument fall into this category ('almost optimal'). These are:'OT workers almost always take their clients seriously', 'OT workers almost always keep their appointments punctually', 'OT workers almost never treat their clients as if they are a burden on society', 'OT workers allow their clients almost always enough time' and 'OT workers almost always respect the privacy of their clients'.

Based on the results of our survey, there are also five five aspects also that can be clearly labelled as 'weak points'. Here, 50% or more of the respondents reported a particular aspect as absent. Two of these aspects are associated with financing the services of the OT Bureau ("The OT Bureau should not charge me for equipment of minor adaptations" and "I should be reimbursed for extra expenses that have to do with the fact that I). Other aspects refer to facilities or services that do not exist or, at least, are not recognized as existing (the possibility to visit a showroom for equipment and adaptations'), situations that are part of assessment and follow-up procedures ('annual report on the situation/condition') or the communication between the OT Bureau and its clients ('information about complaint procedures').

Apart from the 'bottom-5' of quality aspects on which the OT Bureau is performing relatively weak, there are a number of other quality aspects that clearly leave room for improvement. These aspects, all with performance scores between 75 and 50 indicating that at least 25% of the respondents reported on that particular aspect as 'absent' or 'below expectations', refer to information on the range of services offered by the OT Bureau, immediate replacement when the regular OT-worker is not available, attention for the clients' family needs, a maximum waiting time for an assessment of four weeks after a request is made, the level of bureaucracy, a check on adaptations after two weeks, informing the client about contacts with other services, an annual follow-up check on adaptations and equipment, the provision /of specialized back-up services, more explanation about the financial consequences of the services of the OT Bureau, more influence for users on how the care budget is spent and, finally, the accessibility of the OT Bureau by public transport.

Quality impact indices

Quality impact indices, which are based on a combination of importance and performance scores, can be used to give direction to a process of quality improvement (QI) with respect to the services of the OT Bureau. Quality aspects with relatively high quality impact scores combine a high importance score with a relatively poor performance score. High importance scores indicate that the relevance of these particular aspects for OT users is beyond any doubt; poor performance scores for the same quality aspects indicate that in this particular field there is sufficient room for improvement.

According to these quality impact indices efforts to improve the quality of the services of

this particular OT local authority service should focus on aspects such as: the explanation of the complaint procedure, a showroom for equipment, the charges for OT services or equipment, an annual report on situation/condition of the client, the accessibility of the OT Bureau by public transport and the reimbursement of additional expenses of disabled people. These six aspects show impact indices well above 3.0.

A second group of 10 quality aspects, with impact indices between 2.0 and 3.0, also leave sufficient room for quality improvement. These 10 aspects refer to: an annual follow-up check on adaptations and equipment, more information about the financial consequences of the services of the OT Bureau, the provision of specialized back-up services, more influence for users on how their personal care budget is spent, a follow-up check for adaptations after two weeks, the user being informed about contacts between the OT Bureau and other health and social care services, the level of bureaucracy within the OT Bureau, the attention paid to the users' family needs and circumstances and, finally, information on the range of services the OT Bureau is offering to its clients.

A third group of quality aspects, such as respect for the privacy of clients, whether or not the OT Bureau gives the client the feeling that he/she is a burden to society, a good understanding of the problems of the OT users and whether or not OT users are taken seriously, are judged as extremely important, but here the 'needs' of patients are almost completely met by the performance of the OT Bureau. There is hardly any room for further improvement.

Performance of the OT-Bureau as compared to other services

The study also offered the opportunity to compare the performance of the OT Bureau with user views on the services of general practitioners, hospital consultants and care management services in the service area of the KSS OT Bureau. This comparison is restricted to approximately half of the quality aspects included in the QUOTE-OT Services instrument, since not all the original 40 aspects are relevant for the services of GPs, hospital consultants and/or care management service.

Compared to the services offered in general practice, the OT Bureau is performing significantly better on four quality aspects and significantly worse on six aspects. When compared to the services of hospital consultants, OT workers receive significantly higher performance scores on ten out of 19 quality aspects and significantly lower scores on four aspects. Finally, when compared to the Care Management Service, the OT-Bureau is doing better on the quality aspect that refers to the information clients get about the length of waiting times.

All together, the OT Bureau performs well, compared to other services, in terms of involving users either in decisions or budget spending and communicating information particularly in the crucial area of waiting times.

Conclusions and recommendations for further use of the questionnaire

This report describes the development of an instrument measuring quality of care from the specific perspective of the users of local authority OT services. The approach adopted used both qualitative and quantitative methods and showed with some minor modifications that the instrument could be a useful tool for the evaluation of the local authority occupational therapy services in the UK.

An important aim of the study was to explore how OT users assess the quality of local authority OT services. There are two issues here: (1) Are there any specific criteria that users employ to evaluate occupational therapy services in the community? (2) Are there any problems with this particular type of OT service in terms of service quality? Some of the quality of care aspects included in the QUOTE-OT instrument derived from the focus group discussions, were virtually indistinguishable from those identified in studies on other types of health and social care services. Examples are the importance of communication, information given, the nature of the provider-user relationship and the accessibility and availability of services. However, there were also specific criteria identified which relate to the Occupational Therapy Service, such as those concerned with the provision of equipment and adaptations and the planning and organisation of services (e.g. annual follow-up to check if adaptations and/or equipment are still appropriate).

The survey provided specific information about the quality of the service provided by the OT Bureau as perceived by the users. The Bureau was seen to perform well on the dimensions of quality of care that were most important for users, such as aspects that refer to autonomy and the level of professional competence. It also did particularly well on aspects which relate to listening to users and involving them in decisions. Where there seems to be room for improvement is in areas such as the accessibility of the OT services, information that is given to users and follow-up services.

The third and final aim was to discuss the possibilities of using the instrument under development as part of a more general process of quality assurance within the Occupational Therapy Services. The instrument could be used on a regular basis to review and monitor changes in quality standards and also be used to evaluate service changes in quality standards and to evaluate service changes and innovations. It could also be used to make comparisons between authorities where different service models are used. It is important that user involvement is not limited to the developmental phase of the instrument, but is a continuous and users are involved in the dissemination of research findings and any policy developments which may result. The instrument needs to be regularly reviewed so that it remains sensitive to users' needs and experiences.

Many local authorities would not have the resources to use the full questionnaire on a sample of the size used in this study. However, shorter versions have been developed which contain the core and key indicators. These shortened versions, with 23 or 12 quality aspects, are not only less resource intensive for the provider but also less arduous for the user to complete. Completed by a minimum sample of 100 clients, such short versions can provide a 'quick scan' of the service quality of a local OT-Bureau. However, when the results are used to mark the beginning of a circular process of continuous quality improve-

ment, the full scale 43-item version as suggested in the Appendix of this report is recommended, possibly with some 'local topics' added.

1 NEW DEVELOPMENTS IN QUALITY OF CARE RESEARCH

Feedback from users of health and social care services is generally considered to be vital for service evaluation, quality assurance and the implementation of quality improvement programmes. In particular, chronically ill and disabled people as frequent users of health and social care services, can be considered as experts in evaluating quality of care. They are therefore an invaluable resource for providers and commissioners who are seeking to improve their services. This study reports on the development process and results from a survey of users views about the quality of services offered by the Kent Social Services OT Bureau.

In this introductory chapter we would like to present the history and conceptual framework for our study of quality of care from the perspective of users of the Kent OT Bureau. First we will briefly review the history of the study (section 1.1). Next, in section 1.2, we will look at some recent developments within the field of patient satisfaction or quality of care research and explain the conceptual framework of our study. Section 1.3 will elicit the concept of the 'patients' perspective somewhat further. In section 1.4 we will present the research questions behind the survey results that will form the backbone of this report. Finally, in section 1.5 we will briefly outline the structure of the report.

1.1 Introduction

Although feedback from the users of health and social care services is generally considered to be of paramount importance for service evaluation and quality assurance (Ovretveit, 1998; Calnan 1997), assessment of quality of care from the user's perspective presents us with a series of problems. These problems relate to the definition of quality of care, the content of the user's perspective in quality of care research, the question how this content is related to the conceptual framework behind most quality of care research, and how the users' perspective can be measured.

Surveying the literature on the assessment of quality of care from the user's perspective one has to conclude that the concept has often been operationalised as patient satisfaction (van Campen et al, 1995). However, a number of commentators have shown how limited 'patient satisfaction' is as a concept in terms of its ability to explain user views. For example, Pascoe (1983) observed many lacunas in the assessment of patient satisfaction with primary care services: little theory or model development, little standardisation of measuring instruments, low reliability of instruments on micro level, and uncertainty about the validity of instruments. Test scores offered little insight into patient satisfaction for a variety of reasons. In general, patients are almost always extremely satisfied with the services they receive. Percentages of satisfied patients are generally well above 85% and, when dissatisfied, such judgements show almost no relationships with the actual performance of health care services. Secondly, there is ambiguity concerning the relations between satisfaction-scores and sociodemographic variables, and between patient satisfaction and outcome-scores like clinical outcome, medical consumption, and compliance. Moreover, measuring instruments did not go into individual differences regarding expectations, percep-

tions and attitudes: "The quality of patient ratings may depend not only on the rigor of evaluators and researchers, but partially on how patients believe their responses are treated by investigators, administrators, and health care providers." (Pascoe 1983: 204). These critical remarks were supported by a series of review articles, (El-Guebaly et al, 1983; Lochman, 1983; Lebow, 1983) which conclude that research into the assessment of quality of care from the users' perspective (QCU) has suffered from three main problems: 1) insufficient theoretical foundation; 2) methodological weaknesses of measuring instruments as regards dimensions, validity and reliability of the (sub) scales; and 3) low specificity of results for adequate application.

Between 1983 and the early 1990s, two more or less independent developments within quality of care research can be noticed: one of theory development and one of instrument development. This research relates patient satisfaction to the 'experiences' and 'needs' of individuals with respect to health care services, with needs being operationalised as 'expectations', what is 'important', 'desirable' or 'what should be' (Pope, 1978; Green et al, 1980; Zastowny et al, 1983). However, most empirical studies focus on the result, patient (dis)satisfaction, instead of the two basic components: needs and experiences. Due to the difficult relationship between experiences and patient satisfaction scores, little progress has been made in what should be one of the main functions of 'quality of care' research: linking Quality Assessment (QA) and quality improvement (QI) to the ideas of the users of health care services.

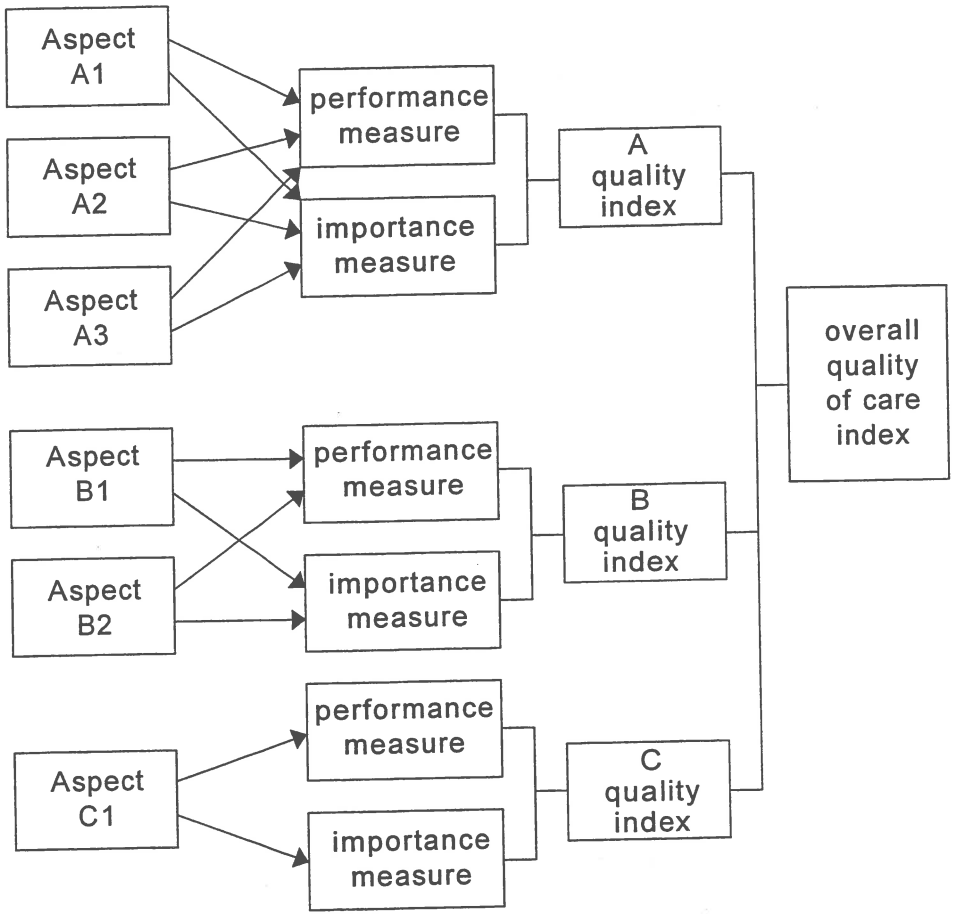
1.2 The conceptual framework

A fruitful approach to solve at least some of the problems related to the concept of user satisfaction and its application in application in quality of care research is suggested by Zastowny et al (1995), who concentrate on three quality of care dimensions: performance, importance and impact. In their Patient Experience Survey (PES) performance is measured by problem frequency. Good performance is associated with good quality of care with respect to certain aspects or combination of aspects, whereas relatively poor performance is associated with poor quality of care. Although problem or poor performance frequency in itself is highly relevant in QA programmes, some problems are more important to patients than are others. Therefore, an importance component is added to the model as a weight factor. Problem incidence and importance scores are combined into quality impact indices for each aspect of care included in the measure ranging from 0 to 100.

Although designed to be used in the hospital sector, the PES model can also be used in other settings. We believe that within the entire health and social care sector, QA and QI programmes would benefit more from (cognitive) quality of care scores based on actual experiences of the users of health care services than from the usual, rather subjective patient satisfaction judgments. Whether or not the different quality judgements result in (dis)satisfaction is left undecided. Not because satisfaction scores are irrelevant with respect to the QA and QI processes, but because they are only partially related to the actual experiences and needs and therefore less suitable for calculating quality of care scores. This adjusted version of the PES framework is presented in figure 1.1 (see next page). In this adjusted version, importance and performance can be measured directly by using multi-point Likert scales. The quality judgement (Q) of an individual (i) is then equal to

the performance score (P) multiplied by the importance score (I) of different health care aspects (j). In formula: $Q_{ij} = P_{ij} \times I_{ij}$. Also reflected in this model is the fact that users of health care services usually distinguish between different aspects of health care delivery such as courtesy, informativeness, professional competence and skills, access and availability, costs, continuity of care and the quality of facilities. In general, the user's perception of health care services and health care related subjects can be divided into the three broad components: the structure of the health care system, the health care process itself, and the outcome of this health care process (Donabedian, 1966; Donabedian, 1992).

Figure 1.1



1.3 The user's perspective

The emphasis in this study is on the quality of care from the perspective of specific groups of users of health care services, e.g. users of the services provided by the Kent Social Services Occupational Therapy (OT) Bureau,. Here, two issues need to be taken into account. First, perspectives on the quality of care can be perceived from a number of viewpoints, i.e. form the professional's, manager's, and user's, and each may have it's own distinct standards and criteria for assessment. Most instruments measuring patient satisfaction or quality of care are based on the perspective of researchers, provider's of health care services or policy makers, with patients only being involved in the study as respon-

dents. This must therefore cast doubts on the validity of such instruments for measuring quality of care through the patients' eyes. Secondly, most existing instruments focus on generic quality of care aspects and not on category-related aspects that refer to specific categories of clients. As a consequence, a (new) instrument measuring quality of care from the perspective of OT-users should include category-specific aspects, while OT-users should be involved in developing such an instrument from the very beginning.

Given the users' perspective, it is important in the initial stages of developing an instrument measuring quality of care from the users' perspective to elicit user's views. Qualitative methods, such as focus group discussions (FGDs) or in-depth interviews are particularly appropriate for this task. FGDs with experienced users of health and social care services, in combination with a computer-assisted concept mapping session, can result in a broad range of possible quality of care indicators from the patients' point of view.. Such quality of care indicators may include generic aspects as well as category-specific aspects, which are typical for the specific category of clients involved in the FGDs. Examples of generic aspects are the wish to be taken seriously or the need for short waiting times. Category specific aspects mentioned by a group of patients with chronic non-specific lung diseases (e.g. asthma) include the 'demand' for smoke and dust free buildings and emergency arrangements with health care services (Sixma et al, in press). Operationalised, these aspects represent the perceived 'needs' of users with regards to the structure and process of health and social care delivery in an ideal situation.

1.4 Aim of this report

The aim of this report is threefold. (1) To describe the first steps in the development of an instrument measuring quality of care from the perspective of the users of services of OT-Bureaus. (2) To present the results from a survey among a random sample of OT-users on the quality of services offered by the OT-Bureau, Kent Social Services. (3) To explore and discuss the possibility of using the instrument under development as part of more general process of Quality Assurance (QA) and Quality Improvement (QI) within Occupational Therapy services.

The QUOTE-OT instrument, (**QU**ality **O**f care **T**hrough the **E**yes of the users of **OT** services), is a spin-off product from a cross-cultural validation study, in which a newly developed instrument for measuring quality of care from the perspective of disabled people was tailored to the situation in the United Kingdom. This instrument, the QUOTE-Disabled, was developed in the Netherlands as part of a new family of instruments, measuring quality of care from the clients' perspective. The QUOTE-OT is based on the same conceptual framework of the QUOTE-Disabled and includes much of the same quality of care aspects. However, following a series of Focus Group Discussions this preliminary draft of the QUOTE-OT has been further tailored to the specific requirements of OT-users, and can therefore be regarded as a 'new' instrument under development.

1.5 Structure of the report

The structure of this report follows the three research questions that can be derived from the objectives presented in section 1.4. Chapter 2 describes the methodology that was used in the study which will focus first on the qualitative and then on the quantitative phase of the study. With respect to the quantitative phase the chapter will present detailed information about the respondents that participated in the study. Chapter 3 deals with the (quantitative) results of the study. In this chapter we will present (1) the priorities of OT-users with respect to the different quality of care aspects, and (2) the users' perceptions of the service provided by the OT-Bureau within the Kent Social Services Department. The analysis also involves a comparison of the OT service with the performance of other health and social care services (general practitioners, hospital consultants, care management services) in Kent. The final Chapter will discuss the implications of the evidence that has emerged from this study and propose a series of recommendations and a brief explanation of the next steps that will be taken in the development of the QUOTE-OT.

2 METHODS AND DATA COLLECTION

In this methodological chapter we will first give details of the work that was performed in the Netherlands, which preceded the translation and cross-cultural adaptation study of the QUOTE-Disabled and the first steps toward the QUOTE-OT in the UK. In the next two sections we will present the details of the methods that were used as part of the development process of the QUOTE-OT, first in the qualitative phase of the study (section 2.2) and second in the quantitative phase of the study (section 2.3). The chapter will end with a brief concluding section.

2.1 Introduction

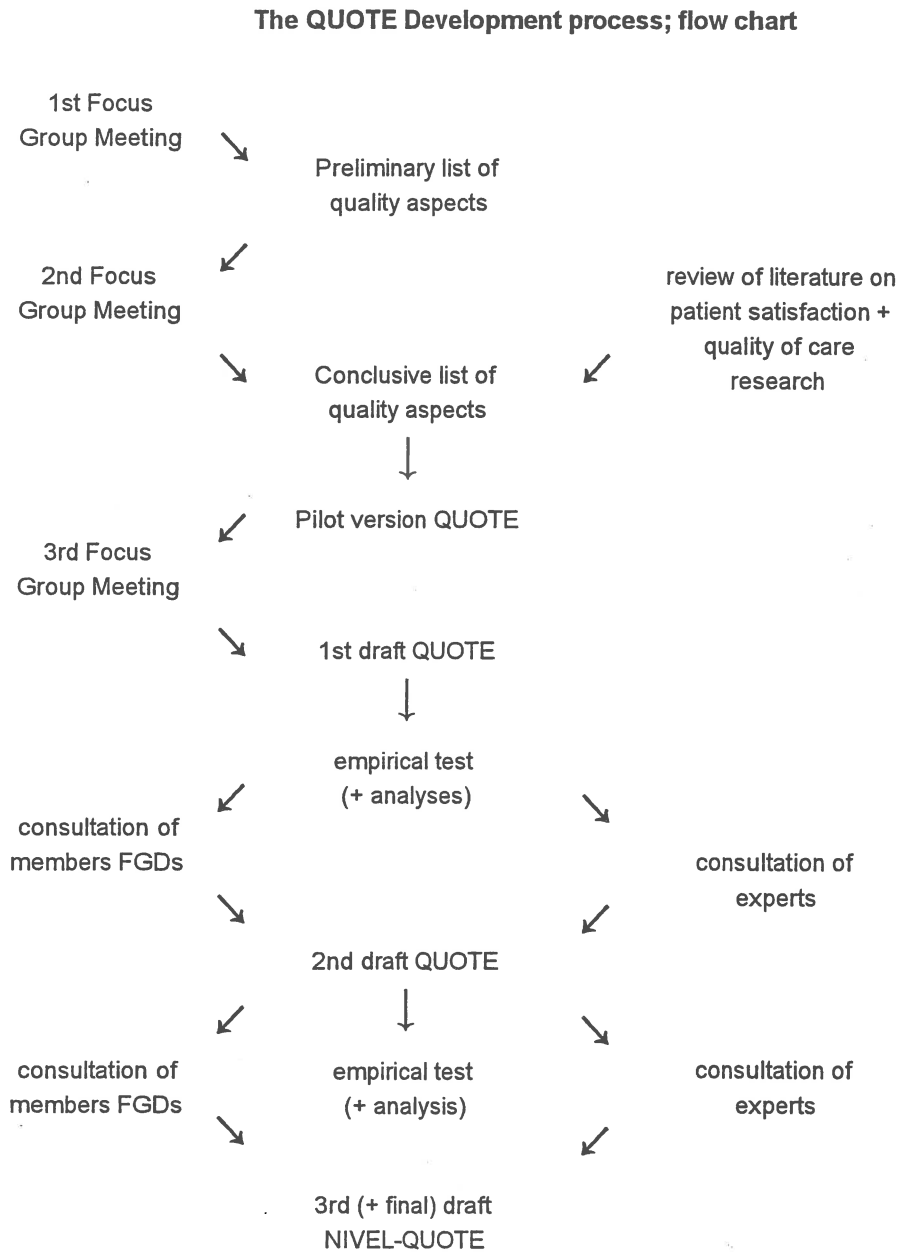
The research project 'Quality of Home Care from the Patients' Perspective: The Development and Assessment of a New Measuring Instrument', on which this manuscript is based and which was supported by research funds from the Netherlands Organisation for Scientific Research (NWO 900-571-054) started in 1992. As part of this project four new measuring instruments were developed: the QUOTE-CNSLD (for patients with chronic non-specific lung diseases), the QUOTE-Rheumatic patients, the QUOTE-Disabled and the QUOTE-Elderly. These four original instruments had at least four things in common. (1) They are tailored to the conceptual framework presented in chapter 1, and concentrate on the performance of health and social care services. (2) For all four instruments expectations (or 'needs') of patients were derived from, and further specified in, a series of focus panel discussions at the start of the development process and further explored in quantitative studies. This development process is illustrated in figure 2.1. (3) The quality aspects included in the instruments reflect the multi-dimensionality of the care giving process, following the findings of most review articles in the field of patient satisfaction and quality of care research. (4) The instruments were developed to evaluate the performance of different health and social care services as seen through the eyes of non-institutionalised clients. The instruments are a framework of questions evaluating different health care services (such as the general practitioner, medical specialists, physiotherapists, home helps, home help agencies, etc.) rather than a fixed set of questions referring to one type of health care setting. The QUOTE measures can be used either as a monitoring instrument in QA studies and/or as an instrument applied in QI Programmes.

Each QUOTE-instrument contains a generic part and a category specific part. The generic part covers two domains - a structure dimension and a process dimension - each domain consisting of eight 4-point Likert items. The category specific part consists of sixteen 4-point Likert items, with no further domains specified. Sub-dimensions refer to aspects such as the social attitude of care providers, information given, perceived autonomy, technical quality, continuity of care, accessibility and costs of health care services. The QUOTE is developed as a self-administered measure.

Since QUOTE-instruments are tailored to the needs of different categories of users of health and social care services, differences exist in the category-specific parts of the instruments. With respect to the QUOTE-Disabled, these 16 category specific quality as-

pects were derived from a series of three focus group discussions, and validated by the results of the quantitative study among a group of 350 disabled people (Sixma et al, submitted). The QUOTE-Disabled instrument, which was officially translated into English can be seen as the starting point for the QUOTE-OT on which we will focus in the remainder of this report.

Figure 2.1 The development process of the original Dutch versions of the QUOTE measures



2.2 The qualitative phase

As a first step towards the QUOTE-OT instrument, questions and prose text of the original Dutch version of the QUOTE-Disabled questionnaire were translated using the double forward backward method (Bullinger, 1994). The original Dutch version was first translated by two mother tongue English and fluent Dutch speakers, followed by a panel discussion by bilinguals and (if necessary) retranslation of parts of the questionnaire. The backward translation was performed by two mother tongue Dutch and fluent English speakers, and again the result was subjected to a panel discussion and checked for linguistic correctness. The result - a preliminary English version of the QUOTE-Disabled – to be used in the series of focus group discussions (FGDs).

2.2.1 Focus group discussions (FGDs)

Focus group or focus panel discussions are qualitative research methods (Morgan, 1988) Focus groups generally consist of participants who do not know each other and meet on a single occasion whereas focus group panels refer to a few small group meetings led by facilitators. FPDs can be distinguished from the broader category of group interviews by the explicit use of group interaction as research data Kitzinger, 1995; Kitzinger, 1994). The panel is 'focussed' around a collective activity such as talking about a specific topic. With respect to patient satisfaction and quality of care, focus groups have been successfully applied in hospital and community settings (Smith et al, 1995; Budreau and Chase, 1994; Kohler et al, 1993; Kahan et al , 1994; Meterko et al, 1990) and in quality of life research (WHO, 1993).

As part of the cross-cultural adaptation of the QUOTE-Disabled and the development of the QUOTE-OT, three FGDs were organised. Two of the groups consisted of disabled persons, while participants of the third group were drawn from a group of professional experts involved in delivering health and social care services to disabled people. The objectives of the first FGD, which took place in January 1998, were (1) to hear the participants reactions to the quality of care aspects that were included in the Dutch QUOTE-disabled questionnaire, and (2) to elicit important quality of care aspects especially relevant for disabled people in the UK that were missing in this Dutch version. The aim of the second and third FGD, which took place in April 1998, was to comment on the results of the first FGD. All three sessions lasted approximately two and a half hours and were conducted in the presence of two trained moderators/researchers on the basis of a semi-structured discussion guide and with participants having received an introductory letter informing them about the 'focus' of the FPD they volunteered to participate in.

The first group with disabled people included ten female and eight males, while in the second group of 10 disabled persons both sexes were represented equally. In both groups, perceived health was rated between 'good' and 'fair', while a large majority of the participants experienced serious limitations in daily life activities. Participants were recruited through the Kent OT Bureau and varied in age from 35 to 68 years (average age: approximately 55 years). Almost 40% of the participants lived on their own, being single, divorced or widowed. About half of both groups of OT-users were 'wheel chair' users. Although both groups cannot be labelled as pre-existing, some group members knew each other through working or socialising together. The group of professional experts consisted of six persons (four females and two males), all employed by the Social Services department, Kent Coun-

ty Council. All group members were between 35 and 45 years of age, and had more than 10 years of professional experience in dealing with the problems of disabled people.

As a result of the focus group discussions and concept mapping procedure, 24 quality of care aspects of the total of 32 aspects included in the preliminary English version of the QUOTE-Disabled remained unchanged, four aspects were left out completely and of four aspects the wording was changed. With respect to the aspects that were changed, for two out of four aspects these changes were related to cross-system differences between the UK and the Netherlands. Of the four aspects that were removed from the preliminary version, three were left out for reasons which were related to cross-system differences. The four aspects removed from the original QUOTE-Disabled version were replaced by four aspects recommended by the participants in the FGDs and evaluated in the concept mapping procedure. In total, 52 quality of care aspects that were derived from the FGD (see Appendix 1) were used in the concept mapping procedure.

2.2.2 Concept mapping

Quality of care aspects derived from the first brainstorming focus group session with disabled people were subjected to a process of concept mapping (Trochim, 1987). As part of this process the 52 quality of care aspects were printed on a deck of cards, with one aspect listed on each card. Next, FGD participants were asked (1) to sort these cards into piles in a way 'that makes sense to them', by placing similar aspects or aspects that belonged to the same 'family' into the same pile. The sorting job was concluded by participants attaching a short label (the 'quality of care' dimension) to each pile. After this sorting for similarity, group members were asked (2) to rate each aspect on a 1 to 5 scale (with 1='relatively unimportant' and 5='extremely important'). Participants were instructed that in the final solution each of the 5 scale categories should include about the same number of (approximately 10) quality of care aspects. Results of the sorting and rating job were recorded on paper by each participant. The session was concluded by asking the participants to record some personal characteristics and to complete a scale evaluation form.

The first preliminary version of the QUOTE-OT instrument is based on the results of the concept mapping procedure. Based on an evaluation of the 'similarity' maps and the importance scores assigned to the 53 quality aspects by the participants, 40 quality of care aspects were selected to be part of the first draft of the QUOTE-OT and included in the quantitative phase of the study.

2.3 The quantitative phase

In order to test the feasibility and to explore the psychometric characteristics of the QUOTE-OT, the instrument under development was part of a quantitative survey among a random sample of OT-users in the service area of the Kent Social Services Department.

2.3.1 Sampling Procedure and response

The questionnaire developed for this survey included a series of social-demographic variables (gender, marital status, age, household, employment position, education), questions about perceived health (SF-12), consultations with health and social care providers and the preliminary version of the QUOTE-OT instrument. As part of the QUOTE-instrument, impor-

tance and performance were measured by 4-point response categories (see Appendix 2).

The survey was carried out among a random sample of 1000 disabled people living in Kent. The sample was drawn from the files of the local Social Services OT Service. Inclusion criteria were (1) the presence of serious, physical limitations, (2) being non-institutionalised, (3) being 16 years of age or older. Questionnaires were distributed in mid June 1998. After four weeks all people, who had not returned their questionnaire (approximately 60% of the original sample) received a reminder, consisting of a follow-up letter and an extra copy of the questionnaire in case the original one was lost.

The original sample was reduced by three because of two duplicate names and addresses and one blank address. The remaining sample of 997 was reduced further by 58 deceased people, three Post Office returns with people no longer living at this address and 43 people who were unable to complete the questionnaire because of illness or disability. Of the remaining sample 489 people completed the questionnaire (including six questionnaires that were only partially completed), 41 people refused to co-operate and 369 people did not respond. Given the original sample size of 997 people and a 'deadwood' of 104 people, the response rate was 54.8%.

Importance scores assigned to the four categories of this part of the QUOTE-OT instrument were derived from the empirical distribution, with scores being converted into Z-scores and subsequently standardised between 0 and 10.[34] Performance scores were calculated by combining percentages 'yes' and 'on the whole, yes'. Importance (I) and performance (P) scores were combined into quality impact indices (Q), by applying the formula: $Q_{ij} = P_{ij} \times I_{ij}$. In this formula (i) refers to the individual judgements while the (j) refers to the different quality aspects included in the instrument.

2.3.2 Respondents' characteristics

Unfortunately, the files of the Social Services OT Service did not allow us to explore the representativeness of group of respondents in great detail. With respect to the age and gender distribution of the respondent group, it was establishes that these distributions closely matched the distribution of the population of OT-Bureau service users (i.e. 2/3 over 60 years and approximately 2/3 female).

The majority of respondents were females, being 50 years of age or older (see table 1). Average age of the respondent group was 68 years. The group of respondents was further characterised by a relatively high percentage of people living alone (41%), while almost 90% of the respondents indicated that they were retired, unemployed or unable to work. Some 60% of the sample were living in a town; a small majority owned and occupied their own house.

Table 2.1 Respondents' characteristics according to gender, age categories, household category, place of living, housing tenure and employment status (N=489)

	%
gender	
- male	34.1
- female	65.9
age-category	
- 0-49 years	15.6
- 50-59 years	10.1
- 60-69 years	13.5
- 70-79 years	22.7
- ≥80 years	32.1
household-category	
- one person	40.8
- two persons	44.0
- ≥2 persons	15.2
marital status	
- single	8.1
- married	47.0
- divorced/separated	6.2
- widowed	38.7
place of living	
- town	60.2
- village	33.5
- countryside	6.3
housing tenure	
- owner/occupier	53.5
- renting from Housing Association	15.5
- renting from Local Authority Council	17.4
- renting from private landlord	4.1
- living with parents	5.2
- other	4.3
employment position	
- employed/part-time employed	5.1
- retired	70.2
- unemployed/unable to work	18.0
- other	6.7

With respect to their health care status, almost 75% of the sample described their health as 'fair' or 'poor' (see table 2.2). The remaining respondents described their health care status as 'excellent' (almost 2%), 'very good' (almost 9%) or 'good' (17%).

Table 2.2 Perceived health as reported by clients of the Kent OT-Bureau, in percentages (N=489)

Perceived health	%
excellent	1.6
very good	8.7
good	16.9
fair	39.2
poor	33.6

More than 50% of the respondents experienced severe limitations in doing day-to-day activities, such as bathing and dressing oneself. Other physical limitations (see table 2.3) that were frequently encountered are walking, climbing one or several flights of stairs or pushing a vacuum cleaner. Almost 25% of the respondents reported that they could not do all the daily activities mentioned in table 2.3.

Table 2.3 Physical limitations as reported by OT-users, in percentages (N=489)

Activities	cannot do this	limited a lot	limited a little	not limited
bathing and dressing	27.4	26.1	30.2	16.3
walking 100 yards	39.0	23.0	17.8	20.2
walking ½ mile	56.6	16.1	9.6	17.7
waling a mile	64.8	12.6	10.9	11.5
bending, kneeing or stooping	35.3	36.7	18.0	10.0
climbing one flight of stairs	32.5	30.8	22.1	14.6
climbing several flights of stairs	59.7	21.5	10.5	8.2
lifting or carrying shopping	49.4	25.1	15.9	9.6
moderate activities (moving a table, pushing vacuum cleaner)	42.2	28.2	18.2	11.4
rigorous activities (running, lifting heavy objects)	76.7	14.5	2.2	6.6

In the four weeks prior to the date the respondents completed the questionnaire, a large majority of them accomplished less than they would like and were limited in the regular daily activities as a result of their physical health (see table 2.4). Also emotional problems caused serious problems in 'getting things done' (67% of the respondents) or doing the daily activities as carefully as usual (almost 60% of the sample). Approximately 60% of the respondents report that pain interfered with their daily activities during the four weeks period prior to having received the questionnaire.

With respect to social and psychological problems, a majority of the respondents reported a lack of energy and problems in feeling calm and peaceful for at least some of the time during the four weeks period before completing the questionnaire (see table 2.5). Almost 60% reported that they were limited in their social activities all of the time or most of the time. About 1/3 of the respondents reported that they had felt downhearted and low for all of the time, most of the time or at least a good bit of the four weeks period prior to the interview.

Table 2.4 Problems experienced by OT-users in their regular daily activities, caused by their physical health, emotional status and pain in the 4 weeks prior to the interview

	yes	no
As a result of my physical health, I ...		
- accomplished less than I would like	86,7	13.3
- was limited in the kind of work/activities	88.7	11.3
As a result of my emotional problems, I ...		
- accomplished less than I would like	66.7	33.3
- didn't do work/activities as carefully as usual	58.6	41.4
How much did pain interfere during the past 4 weeks with your normal work?		**%**
- not at all		12.5
- a little bit		12.5
- moderately		16.0
- quite a bit		34.3
- extremely		24.7

Table 2.5 Social and psychological problems experienced by OT-users in the four weeks prior to the interview, in percentages (N=489)

	all of the time	most of the time	a good bit of the time	some of the time	a little of the time	none of the time
How much time during the last month ...						
have you felt calm and peaceful	4.4	18.6	13.2	32.5	20.0	11.2
did you have a lot of energy	2.6	3.9	5.6	18.6	30.5	38.7
have you felt downhearted and low	8.7	13.0	11.9	31.3	22.4	12.6
has health limited your social activities	34.7	22.2	9.7	15.5	6.8	11.0

Finally, in table 2.6 we present an overview of the different health and social care services that were consulted by the respondents over the 12 months prior to the interview. In the 12 months prior to the survey a majority of the sample consulted their general practitioner (87%) or a hospital consultant (60%). Other health and social care providers that were frequently seen over a one year period were physiotherapists (30%), health visitors (23%), community nurses (43%), social workers (28%) and hospital occupational therapists (20%). About 30% of the respondents reported contact(s) with the Social Service Department of their OT-service, 15% had consulted a Care Management Service, and almost 20% had contacts with home helps and/or a home help agency.

Table 2.6 Contacts with health and social care providers over a 12 months period as reported by OT-users of the Kent Social services Department, in percentages (N=489)

Contact(s) with ...	%
general practitioner	87.3
physiotherapist	30.0
health visitor	23.3
hospital specialist/consultant	60.2
community (or practice) nurse	43.1
social worker	27.7
speech (language) therapist	10.0
occupational therapist, hospital based	19.6
occupational therapist, local authority Social Service Department	29.6
care management service	14.6
home help/home help agency	19.8
other	19.8

2.4 Conclusions

As an instrument to measure quality of care from the users' perspective, the QUOTE-OT services builds on earlier work carried out in the Netherlands. Therefore, the development process of this instrument did not have to start from scratch. Additional quality aspects that focus on the specific services of local Authority OT Services were derived from a combination of qualitative and quantitative research methods.

As part of the development of the QUOTE-OT, three focus group discussions were organised, one of them also including a concept mapping procedure. Two groups of disabled people were recruited through the Kent Social Services (KSS) Occupational Therapy (OT) Service; a group of professional experts consisted of six employees of the Social Services Department, Kent County Council. Aim of the focus group discussions (FGDs) was (1) to hear the participants reactions on the quality aspects included in the (translated) Dutch version of the questionnaire, and (2) to elicit important quality aspects relevant for disabled people and/or the users of OT-services in the UK. This qualitative phase resulted in a first draft of the QUOTE-OT services instrument with 40 quality aspects. Of these 40 aspects, 23 can be labelled as 'generic aspects' and 17 aspects can be labelled as 'OT-specific'.

To test the feasibility and to explore the psychometric characteristics of the QUOTE-OT, the instrument under development was part of a quantitative survey among a random sample of OT-users in the service area of the KSS Department. With an original sample size of 997 people and a 'deadwood' of 104 people, the response rate was approximately 55%. A total of 489 questionnaires were available for further analyses.

Average age of the respondent group was 68 years, the majority of respondents were females. With respect to their health care status, almost 75% of the sample described their health as 'fair' or 'poor' and over 50% experienced severe limitations in doing day-to-day activities such as bathing and dressing oneself. A majority of the respondents also reported psycho-social problems, such as a lack of energy and problems in feeling calm and peaceful, limitations in their social activities and pain that interfered with their daily activities. Health and social care services frequently contacted by the respondents were general

practitioners (87%), hospital specialists/consultants (60%), community nurses (43%), the OT-services (30%), physiotherapists (30%) and social workers (28%).

3 SURVEY RESULTS

In this chapter we will report on the priorities of OT-users when it comes to good quality of care and the performance of the Kent OT-Bureau as seen through the eyes of its clients. After the introduction (section 3.1) we will first examine the priorities of the OT-users (section 3.2) and continue with the perceived performance (section 3.3). Importance and performance judgements of quality of care aspects which are related to the work of the OT-Bureau can be combined into quality impact indices. These indices are presented in section 3.4. Since the QUOTE-OT instrument was part of a larger survey of quality of care, the questionnaire also offers the opportunity to compare the performance of the Kent OT-Bureau with other health and social care providers in the same county (e.g. general practitioners, hospital consultants/specialists, home help/domestic helpers, care management service). This comparison is presented in section 3.5. The chapter ends with a brief conclusion (section 3.6).

3.1 Priorities of OT-users

Not all aspects of quality of care are equally valued by the users of health and social care services. Some quality aspects will be highly valued; others will be judged as 'less important' or maybe even as 'unimportant'. Apart from a general feeling that some quality aspects are more important than others, it is understandable that specific quality aspects are extremely important for a specific group of health care users while the same aspect is judged as relatively unimportant by another group. A quality aspect like 'easy to reach by public transport' is probably 'important' or 'extremely important' for those people who do not own a car and don't have a friendly neighbour who can play the role of taxidriver. The same aspect is probably judged as relatively unimportant by those respondents who can rely on their own private transport.

Table 3.1 presents the 'importance scores' for the 40 quality of care aspects that were judged by the respondents that participated in our study. Not all respondents felt comfortable in giving such value judgements, since their contacts with the OT-Bureau were minimal or, as far as they were concerned virtually non existent. Each quality of care aspect was 'scored' by approximately 350 clients of the Kent OT-Bureau. As is shown in Appendix 2, all aspects were judged on a 4-points scale, ranging from 0 '(not important') to 10 ('extremely important'). The scores assigned to the categories in between were '3' ('fairly important') and '6' ('important'). When all respondents judge a quality aspect as 'extremely important' this particular aspect will receive the maximum score of '10'. On the other hand, when all respondents agree that an aspect is 'not important' this aspect will end up with a score of 'zero' importance (or '0'). However, these are virtual scores, since there will always be differences in the evaluations of respondents.

Table 3.1 shows that the importance scores for the 40 quality aspects range between 8.5 ('the OT-Bureau or OT-workers should never make me feel as if I am a burden to society') and 5.9 ('the OT-Bureau should always allow me to see my personal file, if I want to'). The first aspect has to do with the personal attitude of OT-workers toward their clients; the quality aspect with the lowest importance score can be regarded as part of the 'perceived autonomy sub-dimension' of the broader quality of care concept.

Table 3.1 Importance scores (mean, standard deviations, number of respondents) for all 40 quality aspects included in the preliminary version of the QUOTE-OT instrument

		Importance (0-10)	Stdev	N
1	don't make me feel as a burden to society	8.5	2.5	358
2	respect privacy of client	8.4	2.3	351
3	good understanding of problems	8.2	2.2	368
4	services that cover my needs	8.2	2.3	356
5	listen to my views	8.1	2.3	354
6	availability of appropriate equipment	8.1	2.3	352
7	users are taken seriously	8.1	2.3	365
8	efficient work	8.0	2.2	365
9	accessibility of OT-office	8.0	2.6	349
10	discuss careplan with me	7.9	2.5	336
11	services allowing more independence	7.8	2.4	341
12	information on range of services	7.7	2.4	348
13	check on adaptations after 2 weeks	7.7	2.4	348
14	easy to reach by telephone	7.6	2.4	359
15	annual follow-up check on adaptations	7.6	2.5	347
16	take account of family needs	7.6	2.6	335
17	minimise bureaucratic procedures	7.6	2.7	344
18	adaptations/equipment delivered on time	7.5	2.4	344
19	enough time	7.5	2.4	348
20	assessment 4 weeks after request	7.4	2.4	340
21	explanation reasons adaptations	7.4	2.5	336
22	good communications with other services	7.4	2.6	350
23	input in decisions for users	7.3	2.8	358
24	one coordinating key person	7.2	2.8	337
25	explanation complaint procedure	7.1	2.7	343
26	information about results with other services	7.1	2.8	347
27	information about length of waiting times	7.0	2.5	348
28	provision specialised back-up services	7.0	2.7	343
29	easy to reach by public transport	7.0	2.9	330
30	explanation financial consequences	6.8	3.0	337
31	keep appointments punctually	6.7	2.6	363
32	replacement when OT-worker is absent	6.7	2.9	332
33	reimbursement of extra expenses	6.7	3.0	339
34	no charges for equipment	6.6	3.3	350
35	possibility to choose different OT-worker	6.5	2.9	347
36	cost/benefits assessment	6.3	3.1	342
37	users decide on spending care budget	6.1	3.2	326
38	annual report on situation/conditions	6.0	3.2	343
39	showroom for equipment	5.9	2.9	341
40	allowance to see personal files	5.9	3.1	352

Other high ranking quality aspects on the importance scale refer to the personal attitude or courtesy of OT-workers ('OT-workers should respect the privacy of service users' and 'OT-users should always be taken seriously'), the provision of services ('OT-services should cover my needs' and 'the OT-Bureau should always provide appropriate equipment') and the accessibility of the OT-Bureau ('the OT-Bureau should be easy accessible for clients'). Importance scores that relate to quality aspects that refer to the 'perceived autonomy' and 'costs' sub-dimensions show relatively high standard deviations, indicating that service

users somewhat more disagree with each other on these particular aspects. Tables 3.2 to 3.6 summarise the top-10 of the most important quality of care aspects and the bottom-10 quality aspects broken down by different sub-categories of respondents.

Table 3.2 Top-10 and Bottom-10 of quality aspects, differences in importance ratings between males and females

	Top-10 Males	0-10 score		Top-10 Females	0-10 score
1	respect privacy of client	8.52	1	don't make me feel as burden to society	8.62
2	services that cover my needs	8.22	2	respect privacy of client	8.39
3	good understanding of problems	8.22	3	good understanding of problems	8.21
4	don't make me feel as a burden to society	8.21	4	availability of appropriate equipment	8.16
5	accessibility of OT-office	8.16	5	services that cover my needs	8.15
6	listen to my views	8.10	6	users are taken seriously	8.11
7	users are taken seriously	8.07	7	listen to my views	8.00
8	efficient work	7.91	8	efficient work	7.95
9	availability of appropriate equipment	7.80	9	discuss careplan with me	7.95
10	discuss careplan with me	7.74	10	accessibility of OT-office	7.89
	Bottom-10 Males	**0-10 score**		**Bottom-10 Females**	**0-10 score**
40	showroom for equipment	5.58	40	allowance to see personal files	5.86
39	users decide on spending care budget	5.69	39	annual report on situation/conditions	6.06
38	cost/benefits assessment	5.89	38	showroom for equipment	6.11
37	annual report on situation/conditions	5.90	37	users decide on spending care budget	6.32
36	allowance to see personal files	5.95	36	cost/benefits assessment	6.39
35	no charges for equipment	6.32	35	possibility to choose different OT-worker	6.42
34	explanation financial consequences	6.49	34	replacement when OT-worker is absent	6.56
33	possibility to choose different OT-worker	6.52	33	keep appointments punctually	6.63
32	reimbursement of extra expenses	6.65	32	info. about results with other services	6.64
31	replacement when OT-worker is absent	6.68	31	no charges for equipment	6.67

Table 3.3 Top-10 and Bottom-10 of quality aspects, differences in importance ratings between people with < 10 years education and > 10 years education

Top-10 <10 years of education	0-10 score	Top-10 ≥10 years of education	0-10 score
1 respect privacy of client	8.18	1 don't make me feel as burden to society	8.88
2 don't make me feel as a burden to society	8.09	2 respect privacy of client	8.59
3 good understanding of problems	8.06	3 services that cover my needs	8.48
4 availability of appropriate equipment	7.95	4 users are taken seriously	8.39
5 efficient work	7.89	5 good understanding of problems	8.35
6 users are taken seriously	7.78	6 listen to my views	8.29
7 services that cover my needs	7.75	7 discuss careplan with me	8.29
8 accessibility of OT-office	7.75	8 accessibility of OT-office	8.07
9 listen to my views	7.67	9 availability of appropriate equipment	8.06
10 annual follow-up check on adaptations	7.55	10 services allowing more independence	8.01
Bottom-10 <10 years of education	**0-10 score**	**Top-10 ≥10 years of education**	**0-10 score**
40 annual report on situation/conditions	5.66	40 allowance to see personal files	6.03
39 showroom for equipment	5.69	39 showroom for equipment	6.10
38 allowance to see personal files	5.94	38 users decide on spending care budget	6.10
37 users decide on spending care budget	6.06	37 cost/benefits assessment	6.25
36 cost/benefits assessment	6.17	36 reimbursement of extra expenses	6.41
35 possibility to choose different OT-worker	6.32	35 no charges for equipment	6.56
34 no charges for equipment	6.52	34 possibility to choose different OT-worker	6.64
33 keep appointments punctually	6.62	33 replacement when OT-worker is absent	6.65
32 reimbursement of extra expenses	6.77	32 keep appointments punctually	6.74
31 explanation financial consequences	6.86	31 information about length of waiting times	6.89

Table 3.4 Top-10 and Bottom-10 of quality aspects, differences in importance ratings between people < 65 years of age and people ≥ 65 years of age

Top-10 <65 years of age	0-10 score	Top-10 ≥ 65 years of age	0-10 score
1 don't make me feel as a burden to society	9.17	1 don't make me feel as burden to society	8.09
2 respect privacy of client	9.02	2 respect privacy of client	8.08
3 services that cover my needs	8.75	3 good understanding of problems	7.95
4 users are taken seriously	8.75	4 efficient work	7.91
5 good understanding of problems	8.67	5 availability of appropriate equipment	7.87
6 listen to my views	8.63	6 services that cover my needs	7.85
7 accessibility of OT-office	8.62	7 users are taken seriously	7.73
8 discuss careplan with me	8.58	8 listen to my views	7.69
9 availability of appropriate equipment	8.38	9 services allowing more independence	7.56
10 information on range of services	8.23	10 check on adaptations after 2 weeks	7.56
Bottom-10 <65 years of age	**0-10 score**	**Bottom-10 ≥ 65 years of age**	**0-10 score**
40 allowance to see personal files	6.16	40 allowance to see personal files	5.71
39 services allowing more independence	6.18	39 annual report on situation/conditions	5.74
38 users decide on spending care budget	6.21	38 showroom for equipment	5.80
37 cost/benefits assessment	6.32	37 users decide on spending care budget	5.98
36 annual report on situation/conditions	6.40	36 possibility to choose different OT-worker	6.14
35 keep appointments punctually	6.65	35 cost/benefits assessment	6.16
34 replacement when OT-worker is absent	6.82	34 no charges for equipment	6.21
33 possibility to choose different OT-worker	6.91	33 reimbursement of extra expenses	6.36
32 explanation financial consequences	6.99	32 replacement when OT-worker is absent	6.51
31 reimbursement of extra expenses	7.09	31 keep appointments punctually	6.74

Table 3.5 Top-10 and Bottom-10 of quality aspects, differences in importance ratings between moderately limited people and severely limited people

Top-10 moderately limited	0-10 score	Top-10 severely limited	0-10 score
1 don't make me feel as a burden to society	8.18	1 don't make me feel as burden to society	8.60
2 respect privacy of client	8.13	2 respect privacy of client	8.54
3 users are taken seriously	7.98	3 good understanding of problems	8.35
4 accessibility of OT-office	7.95	4 services that cover my needs	8.27
5 services that cover my needs	7.91	5 users are taken seriously	8.21
6 good understanding of problems	7.88	6 availability of appropriate equipment	8.16
7 efficient work	7.78	7 listen to my views	8.08
8 listen to my views	7.71	8 discuss careplan with me	8.03
9 check on adaptations after 2 weeks	7.56	9 efficient work	7.99
10 easy to reach by telephone	7.56	10 accessibility of OT-office	7.94
Bottom-10 moderately limited	**0-10 score**	**Bottom-10 severely limited**	**0-10 score**
40 users decide on spending care budget	5.65	40 showroom for equipment	5.98
39 showroom for equipment	5.71	39 cost/benefits assessment	6.05
38 allowance to see personal files	5.82	38 allowance to see personal files	6.06
37 annual report on situation/conditions	6.17	37 annual report on situation/conditions	6.06
36 cost/benefits assessment	6.21	36 users decide on spending care budget	6.13
35 no charges for equipment	6.21	35 replacement when OT-worker is absent	6.41
34 reimbursement of extra expenses	6.33	34 no charges for equipment	6.41
33 information about length of waiting times	6.35	33 reimbursement of extra expenses	6.49
32 possibility to choose different OT-worker	6.36	32 possibility to choose different OT-worker	6.54
31 replacement when OT-worker is absent	6.39	31 keep appointments punctually	6.67

Table 3.6 Top-10 and Bottom-10 of quality aspects, differences in importance ratings good health vs poor health

Top-10 good health	0-10 score	Top-10 poor health	0-10 score
1 don't make me feel as a burden to society	8.64	1 don't make me feel as burden to society	8.46
2 respect privacy of client	8.35	2 respect privacy of client	8.44
3 services that cover my needs	8.20	3 good understanding of problems	8.27
4 good understanding of problems	8.10	4 users are taken seriously	8.19
5 availability of appropriate equipment	8.00	5 listen to my views	8.19
6 efficient work	7.97	6 cost/benefits assessment	8.18
7 users are taken seriously	7.93	7 availability of appropriate equipment	8.07
8 accessibility of OT-office	7.91	8 accessibility of OT-office	8.00
9 listen to my views	7.71	9 efficient work	7.98
10 discuss careplan with me	7.58	10 discuss careplan with me	7.92
Bottom-10 good health	**0-10 score**	**Bottom-10 poor health**	**0-10 score**
40 showroom for equipment	5.52	40 allowance to see personal files	5.96
39 users decide on spending care budget	5.66	39 showroom for equipment	6.02
38 allowance to see personal files	5.76	38 annual report on situation/conditions	6.05
37 annual report on situation/conditions	5.78	37 cost/benefits assessment	6.18
36 reimbursement of extra expenses	6.18	36 users decide on spending care budget	6.21
35 no charges for equipment	6.28	35 possibility to choose different OT-worker	6.36
34 cost/benefits assessment	6.54	34 replacement when OT-worker is absent	6.60
33 information about length of waiting times	6.54	33 no charges for equipment	6.60
32 info about results with other services	6.56	32 explanation financial consequences	6.75
31 keep appointments punctually	6.66	31 keep appointments punctually	6.77

In general, importance scores are consistent across the different sub-categories of respondents i.e. gender, age, education, physical limitations and subjective health. Most differences between sub-categories are small and non-significant. However, there are a few exceptions. With respect to gender differences, female OT-users gave a somewhat higher importance scores to 'information on the complaint procedures' and 'equipment/adaptations should be delivered or carried out in time'. Looking at the relationship between number of years of education and the relevance of quality of care aspects, more years of formal education is associated with somewhat higher importance ratings in general. With respect to age, relatively young people (less than 65 years of age) are in general more concerned with quality of care than older people (65 years or older). There are significant difference between the two age categories for 22 (out of 40) quality aspects. Aspects which seem to be a particular issue for younger people ($p<.001$) refer to 'input in the decision making process for OT-services', the wish that 'OT-users are always taken seriously', that 'OT-workers should listen to users' views', the 'accessibility of the OT-Bureau', that 'OT-services should cover users' needs', that 'OT-workers should not give users the idea that they are a burden to society' and finally to the expectation that 'the OT-worker should discuss the careplan with the user'.

With respect to the medical profile of OT-users, severely handicapped people are more concerned with an input in decisions regarding the services required, the communication between the OT-Bureau and other health and social care services, receiving information about the results and contacts with other health and social care providers, the availability of appropriate equipment, information about the length of waiting time for consultations, assessments and adaptations and the amount of bureaucratic procedures and delays.

The 40 quality aspects included in the preliminary version of the QUOTE-OT services and presented in table 3.1 group together in different quality of care sub-dimensions. Some quality aspects, such as the statement that 'users have to be taken seriously' or 'OT-workers should listen to my views' refer to a dimension that can be labelled as 'courtesy'. Other statements, such as 'OT-workers should be easy to reach by telephone' or 'the availability of appropriate equipment' can be seen as representatives of the 'accessibility/availability' dimension. In total, the 40 OT quality aspects shown in table 3.1 clustered together in eight sub-dimensions. These dimensions are: (1) courtesy, (2) professional competence, (3) information given, (4) perceived autonomy, (5) continuity of care, (6) accessibility/availability, (7) costs, and (8) assessment procedures. The first four sub-dimensions can all be seen as part of the 'process dimensions'; dimensions (5) to (8) refer to 'structural quality of care'.

Table 3.7 Quality aspects grouped together in 8 dimensions, reliability coefficients, scale average and standard deviations

Quality dimensions/aspects	α	x	st.dev.
Courtesy (OT-workers and/or the OT-Bureau should ...)	.82	41.1	8.86
take me seriously			
listen to my views			
not make me feel as a burden to society			
allow me enough time			
respect privacy of client			
Professional competence (OT-workers and/or the OT-Bureau should ...)	.76	32.2	7.01
have a good understanding of my problems			
work efficiently			
provide services that cover my needs			
take account of family needs			
Information (OT-workers and/or the OT-Bureau should ...)	.87	43.2	12.29
inform me about results of contacts with other services			
inform about the length of waiting times			
inform me about the range of services			
explain the reasons for adaptations			
explain the financial consequences of services/equipment			
explain their complaint procedure			
Perceived autonomy (OT-workers and/or the OT-Bureau should ...)	.78	33.9	10.33
allow me input in decisions for services			
allow me to see my personal files			
offer me the possibility to choose different OT-worker			
allow me to decide on how I spend my care budget			
discuss the careplan with me			
Continuity of care(OT-workers and/or the OT-Bureau should ...)	.71	21.3	6.47
communicate well with other services			
provide a replacement when my OT-worker is absent			
have one coordinating key person			
Accessibility/availability (OT-workers and/or the OT-Bureau should ...)	.86	65.3	16.11
keep appointments punctually			
be easy to reach by telephone			
have a good accessibility when I go there			
offer me the choice of appropriate equipment			
be easy to reach by public transport			
have a showroom for equipment			
take care that adaptations/equipment are delivered on time			
minimise bureaucratic procedures			
provide specialised back-up services			
Costs (OT-workers and/or the OT-Bureau should ...)	.64	19.6	7.38
not charge me for services or equipment			
carefully balance costs/benefits of services			
reimburse extra expenses			
Assessment procedures (OT-workers and/or the OT-Bureau should ...)	.82	28.7	8.50
carry out an assessment 4 weeks after request			
check on adaptations after 2 weeks			
provide an annual follow-up check on adaptations			
provide an annual report on situation/conditions			

Table 3.7 presents an overview of the way the 40 quality aspects were clustered into scales or quality of care sub-dimensions. Except for the 'costs' scale (α = .64), all reliability coefficients show values which are moderately to good. Based on the average scale scores presented in table 3.7, overall importance score can be assigned to each of the quality

dimensions by dividing the average scale score by the number of quality aspects included in this dimension (see table 3.8). Table 3.8 shows that in general the highest importance scores are given to quality aspects that refer to the 'courtesy' and 'professional competence' dimensions. The dimensions 'costs' and 'perceived autonomy' received the lowest importance ratings from this group of respondents.

Table 3.8 Average importance score for the 8 quality of care dimensions presented in table 3.7, on a scale ranging from 0 ('not important') to 10 ('extremely important')

Quality dimension	Importance (0-10 scale)
1 courtesy	8.22
2 professional competence	8.05
3 information	7.21
4 perceived autonomy	6.78
5 continuity of care	7.10
6 accessibility/availability	7.26
7 costs	6.55
8 assessment procedures	7.18

In general, differences in importance scores between the different sub-categories of respondents on the level of quality of care sub-dimensions are small and non-significant. However there are a few exceptions. With respect to the eight different sub-dimensions, younger disabled people give higher importance ratings to 'courtesy' aspects (T=4.47; p<.000), to aspects that refer to the professional competence of OT-workers (T=3.35; p=.001), to the quality aspects that refer to the 'information' sub-dimension (T=2.27; p=.024) and to quality aspects that operationalise the 'perceived autonomy' sub-dimension (T=2.99; p=.003).
Younger disabled people also gave significantly higher importance ratings to the two quality of care sub-scales that refer to the availability/accessibility of OT-services (T=1.99; p=.047) and to the costs of OT-services (T=2.00; p=.047)

3.2 Performance of the OT-Bureau

Good performance is associated with good quality of care with respect to certain aspects or combination of aspects, whereas relatively poor performance is associated with poor quality of care. Here, the performance of the OT-Bureau refers to the actual experiences of the OT-users with the different quality aspects of the services rendered by the Bureau.

Table 3.9 Performance scores for the OT-Bureau and OT-workers on the 40 quality of care aspects, as perceived by the OT-clients

		Performance	N
1	respect privacy of client	95.1	185
2	don't make me feel as a burden to society	93.7	190
3	users are taken seriously	92.7	192
4	enough time	92.3	182
5	keep appointments punctually	92.1	189
6	efficient work	89.6	192
7	input in decisions for users	89.4	188
8	possibility to choose different OT-worker	85.7	161
9	easy to reach by telephone	82.3	186
10	availability of appropriate equipment	82.2	185
11	discuss careplan with me	80.5	179
12	good understanding of problems	80.5	199
13	adaptations/equipment delivered on time	79.8	173
14	services allowing more independence	79.6	181
15	services that cover my needs	79.0	186
16	allowance to see personal files	78.7	164
17	listen to my views	78.4	134
18	accessibility of OT-office	78.4	134
19	cost/benefits assessment	77.6	165
20	explanation reasons adaptations	77.1	175
21	information about length of waiting times	75.7	177
22	one coordinating key person	75.2	161
23	good communications with other services	75.1	177
24	information on range of services	74.2	182
25	replacement when OT-worker is absent	73.0	152
26	take account of family needs	72.2	162
27	assessment 4 weeks after request	68.7	179
28	minimise bureaucratic procedures	67.7	164
29	check on adaptations after 2 weeks	67.6	173
30	information about results with other services	64.9	174
31	annual follow-up check on adaptations	63.2	155
32	provision specialised back-up services	62.6	163
33	explanation financial consequences	61.4	171
34	users decide on spending care budget	56.8	155
35	easy to reach by public transport	50.7	154
36	reimbursement of extra expenses	49.0	157
37	no charges for equipment	44.6	186
38	explanation complaint procedure	44.1	168
39	annual report on situation/conditions	41.5	147
40	showroom for equipment	34.3	146

It can be argued that performance scores are the central element of quality of care judgements where as the importance ratings merely serve as a weight factor. The performance scores shown in table 3.9 (see previous page) were derived from 4-point Likert scales by combining the 'yes' and 'on the whole, yes' categories (or, in case the aspect is formulated in a negative manner, by combining the 'no' and 'not really' categories). Figures in table 3.9 therefore relate to the percentages of OT-users that report that particular quality aspects were perceived as 'realised' or 'existing'. Percentages in table 3.9 refer to the number of respondents who reported that they had been in touch with the Kent Social services OT-Bureau or OT-workers of this Bureau over the 12 months period prior to the interview.

In the ideal situation all quality aspects in table 3.9 would receive a 100.0 score, indicating that 100% of the respondents report a particular aspect has been achieved or realised. Scores between 90,0 and 100 leave hardly any room for further improvement and can therefore be regarded as 'almost optimal'. Quality aspects with scores less than 90% can be considered to be included in a QI programme if one wishes to improve services according to the ideas of the OT-users. Tables 3.10 to 3.15 summarize top-10 and bottom-10 performance scores for the services of the OT-Bureau, broken down by the respondents' subcategories.

Table 3.10 Top-10 and Bottom-10 performance scores, males versus females

Top-10 males (N=60)		score	Top-10 females		score
1	don't make me feel as a burden to society	95.2	1	users are taken seriously	96.1
2	respect privacy of client	94.8	2	respect privacy of client	95.2
3	enough time	88.3	3	keep appointments punctually	94.3
4	good understanding of problems	87.3	4	listen to my views	94.3
5	keep appointments punctually	87.1	5	enough time	94.2
6	users are taken seriously	85.5	6	efficient work	92.9
7	listen to my views	83.9	7	input in decisions for users	92.7
8	input in decisions for users	83.6	8	don't make me feel as burden to society	92.7
9	possibility to choose different OT-worker	82.7	9	good understanding of problems	91.7
10	efficient work	82.2	10	possibility to choose different OT-worker	86.9

Bottom-10 males		score	Bottom-10 females		score
40	showroom for equipment	31.8	40	showroom for equipment	34.3
39	explanation complaint procedure	37.5	39	annual report on situation/conditions	41.2
38	annual report on situation/conditions	39.6	38	reimbursement of extra expenses	44.3
37	no charges for equipment	41.4	37	explanation complaint procedure	46.8
36	easy to reach by public transport	50.0	36	no charges for equipment	47.8
35	users decide on spending care budget	58.5	35	easy to reach by public transport	51.5
34	explanation financial consequences	58.5	34	users decide on spending care budget	56.0
33	reimbursement of extra expenses	59.2	33	annual follow-up check on adaptations	61.3
32	provision specialised back-up services	61.5	32	provision specialised back-up services	62.4
31	minimise bureaucratic procedures	62.7	31	explanation financial consequences	62.6

Table 3.11 Top-10 and Bottom-10 performance scores, <10 years education versus ≥10 years education

Top-10 <10 years	score	Top-10 ≥10 years	score
1 respect privacy of client	95.7	1 don't make me feel as a burden to society	96.3
2 users are taken seriously	92.5	2 keep appointments punctually	96.2
3 input in decisions for users	91.0	3 users are taken seriously	94.4
4 enough time	90.9	4 enough time	94.1
5 don't make me feel as a burden to society	89.7	5 respect privacy of client	94.1
6 efficient work	89.7	6 listen to my views	93.4
7 possibility to choose different OT-worker	88.1	7 good understanding of problems	92.7
8 listen to my views	87.9	8 input in decisions for users	89.6
9 keep appointments punctually	86.4	9 efficient work	88.8
10 availability of appropriate equipment	86.4	10 possibility to choose different OT-worker	86.4
Bottom-10 <10 years	**score**	**Bottom-10 ≥10 years**	**score**
40 no charges for equipment	41.2	40 showroom for equipment	26.3
39 showroom for equipment	45.4	39 annual report on situation/conditions	36.2
38 annual report on situation/conditions	47.3	38 explanation complaint procedure	38.2
37 explanation complaint procedure	50.0	37 reimbursement of extra expenses	42.4
36 reimbursement of extra expenses	55.0	36 easy to reach by public transport	47.6
35 easy to reach by public transport	57.1	35 users decide on spending care budget	47.7
34 explanation financial consequences	65.6	34 no charges for equipment	51.5
33 info. about results with other services	65.6	33 provision specialised back-up services	56.2
32 users decide on spending care budget	67.2	32 annual follow-up check on adaptations	56.6
31 replacement when OT-worker is absent	69.8	31 explanation financial consequences	57.0

Table 3.12 Top-10 and Bottom-10 performance scores, <65 years versus ≥65 years

Top-10 <65 years (85)	score	Top-10 ≥65 years (112)	score
1 respect privacy of client	96.4	1 don't make me feel as burden to society	94.0
2 don't make me feel as a burden to society	93.0	2 respect privacy of client	93.9
3 enough time	92.9	3 users are taken seriously	93.3
4 keep appointments punctually	92.8	4 enough time	91.7
5 users are taken seriously	91.7	5 efficient work	91.4
6 listen to my views	90.6	6 keep appointments punctually	91.2
7 input in decisions for users	89.3	7 good understanding of problems	91.1
8 good understanding of problems	89.1	8 listen to my views	91.0
9 efficient work	86.9	9 input in decisions for users	90.1
10 discuss careplan with me	86.6	10 possibility to choose different OT-worker	85.7
Bottom-10 <65 years	**score**	**Bottom-10 ≥65 years**	**score**
40 showroom for equipment	32.3	40 showroom for equipment	34.6
39 annual report on situation/conditions	39.4	39 annual report on situation/conditions	41.8
38 explanation complaint procedure	43.6	38 explanation complaint procedure	44.3
37 no charges for equipment	44.6	37 no charges for equipment	46.0
36 reimbursement of extra expenses	48.0	36 easy to reach by public transport	49.4
35 users decide on spending care budget	50.7	35 reimbursement of extra expenses	49.4
34 easy to reach by public transport	54.3	34 provision specialised back-up services	61.6
33 annual follow-up check on adaptations	58.0	33 info. about results with other services	61.8
32 explanation financial consequences	58.2	32 users decide on spending care budget	62.2
31 check on adaptations after 2 weeks	60.4	31 explanation financial consequences	64.0

Table 3.13 Top-10 and Bottom-10 performance scores moderately limited versus severely limited

Top-10 moderately limited (35)	score	Top-10 severely limited (115	score
1 respect privacy of client	96.8	1 respect privacy of client	97.3
2 enough time	93.8	2 don't make me feel as burden to society	96.4
3 don't make me feel as burden to society	93.6	3 keep appointments punctually	95.3
4 users are taken seriously	90.0	4 users are taken seriously	93.6
5 input in decisions for users	86.2	5 enough time	93.6
6 accessibility of OT-office	84.6	6 good understanding of problems	93.0
7 good understanding of problems	83.3	7 listen to my views	92.9
8 availability of appropriate equipment	83.3	8 efficient work	92.7
9 adaptations/equipment delivered on time	82.1	9 input in decisions for users	90.7
10 easy to reach by telephone	81.3	10 possibility to choose different OT-worker	86.3
Bottom-10 moderately limited	**score**	**Bottom-10 severely limited**	**score**
40 info. about results with other services	37.9	40 showroom for equipment	31.0
39 showroom for equipment	40.0	39 annual report on situation/conditions	40.0
38 explanation complaint procedure	51.9	38 explanation complaint procedure	42.7
37 annual follow-up check on adaptations	52.0	37 no charges for equipment	46.2
36 easy to reach by public transport	53.3	36 reimbursement of extra expenses	46.3
35 annual report on situation/conditions	54.2	35 easy to reach by public transport	48.8
34 one coordinating key person	55.2	34 users decide on spending care budget	52.2
33 users decide on spending care budget	58.6	33 provision specialised back-up services	59.2
32 no charges for equipment	58.8	32 explanation financial consequences	63.5
31 cost/benefits assessment	59.3	31 minimise bureaucratic procedures	69.0

Table 3.14 Top-10 and Bottom-10 performance scores good health versus poor health

Top-10 good health (N=40)	score	Top-10 poor health (N=150)	score
1 don't make me feel as burden to society	100.0	1 respect privacy of client	95.7
2 users are taken seriously	94.1	2 keep appointments punctually	94.4
3 respect privacy of client	93.8	3 users are taken seriously	93.9
4 good understanding of problems	92.3	4 enough time	93.0
5 input in decisions for users	90.6	5 don't make me feel as burden to society	92.9
6 enough time	89.7	6 efficient work	91.8
7 listen to my views	88.2	7 listen to my views	90.9
8 efficient work	86.1	8 good understanding of problems	90.6
9 keep appointments punctually	84.9	9 input in decisions for users	89.6
10 services that cover my needs	84.4	10 possibility to choose different OT-worker	87.1
Bottom-10 good health	**score**	**Bottom-10 poor health**	**score**
40 annual report on situation/conditions	32.0	40 showroom for equipment	34.2
39 explanation complaint procedure	38.5	39 annual report on situation/conditions	43.5
38 showroom for equipment	38.5	38 no charges for equipment	45.8
37 reimbursement of extra expenses	48.2	37 explanation complaint procedure	45.9
36 annual follow-up check on adaptations	50.0	36 easy to reach by public transport	48.3
35 no charges for equipment	51.5	35 reimbursement of extra expenses	48.4
34 info. about results with other services	51.9	34 users decide on spending care budget	58.2
33 users decide on spending care budget	56.0	33 explanation financial consequences	61.9
32 provision specialised back-up services	56.0	32 provision specialised back-up services	65.4
31 easy to reach by public transport	57.1	31 annual follow-up check on adaptations	66.7

Quality aspects are sometimes perceived differently across sub-categories of users of OT-services. Here we will only discuss differences between sub-categories that exceed the 10% level. In general, male service users perceive services as somewhat worse than female OT-users. Less men than women report that 'the OT-worker and/or the OT-Bureau works efficiently', that 'the OT-worker and/or the OT-Bureau takes the users seriously', that 'the OT-worker and/or the OT-Bureau carefully assesses the costs and benefits of services provided', that 'the OT-worker and/or OT-Bureau carefully listens to my feelings and views' and that 'the OT-worker and/or OT-Bureau has one key-person who coordinates all services they require'.

With respect to the educational level of the users of OT-services, more years of full-time education is generally associated with somewhat lower performance ratings. OT-users with 15 or more years of full-time education report lower performance ratings on quality aspects such as 'information about the length of waiting time for consultations, assessments and adaptations', 'the reimbursement of extra expenses related to the fact that he/she is disabled', 'the accessibility of the OT-Bureau by public transport', 'being involved in decisions concerning the personal budget for services and adaptations', 'information about the range of services available', 'possibilities to compare different services or adaptations' and 'explanation about complaint procedures'. However, the same group of OT-users with 15 or more years of full-time education also report more punctuality in keeping appointments and less costs for equipment and minor adaptations'.

In line with the results from most satisfaction research, older people tend to give somewhat higher performance ratings that people who haven't reached the age of 65 years. These higher performance ratings refer to 'information about the length of waiting time', 'possibilities to be involved in the decision making process concerning the services and adaptations', 'having an assessment within four weeks after a request is made' and 'having a follow-up check on the functioning of adaptations and/or equipment after two weeks'.

With respect to the disability level, severely handicapped people disabled report higher performance ratings than people who are moderately handicapped. Severely disabled people report more understanding of the problems of disabled people, more efficiency, more punctuality in appointment keeping, more information about contacts with other care providers, a better cost-benefit assessment, more listening to the users' views better chances to have one coordinating key-person and more yearly follow-up checks on adaptations and equipment. Compared to the group of respondents who are moderately handicapped, lower performance scores relate to 'charges for services and minor adaptations', 'the reimbursement of extra expenses', 'receiving an annual report on the condition/situation of the disabled person' and the 'provision of specialized back-up services'.

Finally, respondent who described their own health care status as 'moderately' to 'poor' give higher performance ratings to quality aspects that refer to the 'information about contacts with other care providers', 'annual follow-up checks on equipment and adaptations', 'the punctual delivery of equipment and services', 'taking into account the needs of the family' and in having received an 'annual report on the condition/situation of the disabled person. An overview of performance scores on all 40 quality aspects is presented in table B-2 in Appendix B.

Grouped together in eight quality of care sub-dimensions, the highest performance ratings refer to the 'courtesy' dimension and the dimension that can be labelled as 'professional competence'. On a scale ranging from 0 ('extremely bad', none of the respondents report 'positive' performance scores) to 10 ('extremely good', all respondents report 'positive' performance scores) these two sub-dimensions scores well above 8.0. Or, translated in percentages 'satisfied' clients, on average about 94% of the clients of the OT-Bureau report good quality of care with respect to the courtesy dimension. With respect to the level of professional competence, the corresponding percentage of clients reporting good quality of care is 83%. As is shown in table 3.11, relatively low performance ratings can be calculated for the sub-dimensions 'costs' (58% 'good performance') and 'assessment procedures' (62% 'good performance).

Table 3.15 Performance scores for the eight quality of care sub-dimensions, on a scale ranging from 0 ('extremely bad performance') to 10 ('extremely good performance')

QoC (sub)dimension	Performance score (0-10)
1 professional competence	8.3
2 information received	6.7
3 courtesy	9.4
4 perceived autonomy	7.8
5 continuity of care	7.5
6 accessibility/availability of services	6.7
7 costs	5.8
8 assessment procedures	6.2

Table 3.16 Performance scores for the eight quality of care sub-dimensions, on a scale ranging from 0 ('extremely bad performance') to 10 ('extremely good performance') across different sub-categories of respondents

	A		B		C		D		E	
	1	2	1	2	1	2	1	2	1	2
1 professional competence	8.0	8.5	8.2	8.3	8.3	8.3	7.5	8.5	8.1	8.5
2 information received	6.6	6.7	7.0	6.3	6.6	6.7	6.1	6.9	7.3	6.6
3 courtesy	9.0	9.5	9.2	9.6	9.5	9.3	8.8	9.5	9.4	9.4
4 perceived autonomy	7.7	7.9	8.3	7.5	7.7	7.9	6.8	7.9	7.8	7.8
5 continuity of care	7.2	7.6	7.4	7.3	7.4	7.5	6.5	7.6	8.1	7.4
6 accessibility/availability services	6.6	6.8	7.1	6.4	7.0	6.5	6.7	6.5	7.5	6.7
7 costs	5.6	5.9	5.7	6.0	5.9	5.8	5.9	6.0	6.2	5.8
8 bureaucratic procedures	6.4	6.0	6.5	5.7	5.8	6.4	5.9	6.4	6.1	6.2

A = gender (1 = men , 2 = women)
B = education (1 = less than 10 years , 2 = 10 years or more)
C = age category (1 = less than 65 years of age ; 2 = 65 years or older)
D = physical limitations (1 = moderately limited ; 2 = severely handicapped)
E = perceived health (1 = good or excellent health ; 2 = fair or poor health)

In total, approximately 73% of the respondent report that the OT-Bureau is providing the services they require; 27% of the OT-users report that services provided by the OT-Bureau

fell below their requirements. On the aggregated level, performance scores of the OT-Bureau on the eight quality of care sub-dimensions differ across some of the sub-categories of OT-users, i.e. education, age and physical limitations, as is shown in table 3.16.

Male OT-users report having received a somewhat worse service than female OT-clients, except for 'assessment procedures'. More years of formal education is associated with somewhat higher performance scores on the 'courtesy' sub-dimension and lower scores for the sub-dimensions 'information received', 'perceived autonomy', 'accessibility/availability' and 'assessment procedures'. Except for the accessibility/availability of services, severely disabled people reported better quality of services than OT-clients with moderate disabilities.

Apart from the 40 quality aspects included in the preliminary version of the QUOTE-OT Services, all respondents were invited to mention additional quality aspects with respect to the functioning of the OT-Bureau or the quality of care provided by OT-workers. About 40% of the respondents (77 out of 194) used this opportunity to comment on the aspects already included in the list of 40 items, to express their gratitude to the services provided, to indicate that the aspects covered all relevant quality of care dimensions, and to add up to three quality aspects to the list of 40 aspects already included (22 respondents). In table 3.17 we present an overview of the additional quality aspects mentioned by these 22 respondents.

Table 3.17 Additional quality aspects mentioned by the users of the OT-Bureau, KCC.

		No. of times mentioned
1	Information about the changes of services/persons	1
2	Adequate response on referrals to the OT-Bureau	2
3	OT-Bureau has to keep their promises when they say that they call back	2
4	Equipment or adaptations equal to specifications or to what I requested	4
5	Waiting times for adaptations, which are sometimes excessively long	4
6	The availability of sign interpreters	2
7	OT-workers must show interest	1
8	Adequate information when services are denied or refused	3
9	Help in providing grants for home adaptions	1
10	Adequate funding for the services/adaptations I require	1
11	Adequate information about who to contact or where to go to	2

Quality aspects not yet included in the preliminary version of the QUOTE-OT services and mentioned by two or more respondents refer to inadequate responses after being referred to or having called the OT-Bureau ("*... There were six referrals made on my behalf; the only contact so far was a response form and nothing else...*" and " *when they say they will ring back, they never do so and I have to ring again...*"), inadequate equipment or adaptations ("*... the bathlift I received was not the one that was demonstrated to me when I agreed to have it ...*" or "*... the shower was installed but not according to specifications...*") and the waiting time for obtaining equipment and/or adaptations ("*... the long waiting time is difficult; it's 11 months now and I am still waiting for a bathroom adaptation. There has been no contact about how long it will take...*" or "*... I must have been put on hold, as since my husband died I've only seen an OT-worker once; I am still waiting for a downstairs ladder...*"). Finally three respondents suggested that service quality would improve when more

information is given when equipment and/or adaptations are denied (..."*I feel that would have been able to get a temporarily car sticker for the early months after hip replacement, but this was denied without explanation...*").

Some of the aspects mentioned in table 3.17 might be appropriate for inclusion in a revised version of the QUOTE-OT Services instrument. Here, our suggestion would be to include quality aspects no. 3, no. 4, no. 5, no. 8 and no. 11. (see also Appendix 5).

3.3 Quality impact indices

As part of a process toward quality improvement (QI), performance and importance ratings can be combined into quality impact indices to tailor the services of the OT-Bureau to the users' perspective. Quality aspects with relatively high quality impact indices combine a high importance score with a relatively low performance score. High importance scores indicate that the relevance of these particular aspects for OT-users is beyond any doubt; low performance scores for the same quality aspects indicate that in this particular field there is sufficient room for improvement. Quality impact indices for all 40 quality aspects are shown in table 3.18.

According to the quality impact indices presented in table 3.18, efforts to improve the quality of the services of this particular OT-Bureau should focus on aspects such as: the explanation of the complaint procedure, offering more possibilities to compare different adaptations (e.g. a showroom for equipment), the charges for OT-services or equipment provided by the OT-Bureau, providing an annual report on the clients' situation and/or condition, the accessibility of the OT-Bureau by public transport and the reimbursement of additional expenses of disabled people. These five aspects show impact indices well above 3.0. Other aspects, such as respect for the privacy of service users, a correct attitude of the OT-Bureau and OT-workers and not giving the client the feeling that he is a burden to society, showing good understanding of the problems of the OT-users and taking the OT-users seriously, are extremely important for clients, but here the 'needs' of patients are almost completely met by the performances of the OT-Bureau. There is hardly any room for further improvement.

Table 3.18 Importance scores, performance scores and quality impact indices of 40 aspects included in a preliminary version of the QUOTE-OT Services instrument, users of the OT-Bureau, Kent Country Council

aspect		Importance (0-10 scale)	Performance (% 'no')	Impact (I x P)
1	explanation complaint procedure	7.1	56	4.0
2	showroom for equipment	5.9	66	3.9
3	no charges for equipment	6.6	55	3.6
4	annual report on situation/conditions	6.0	58	3.5
5	reimbursement of extra expenses	6.7	51	3.4
6	easy to reach by public transport	7.0	49	3.4
7	annual follow-up check on adaptations	7.6	37	2.8
8	explanation financial consequences	6.8	39	2.7
9	provision specialised back-up services	7.0	37	2.6
10	users decide on spending care budget	6.1	43	2.6
11	check on adaptations after 2 weeks	7.7	32	2.5
12	information about results with other services	7.1	35	2.5
13	minimise bureaucratic procedures	7.6	32	2.4
14	assessment 4 weeks after request	7.4	31	2.3
15	take account of family needs	7.5	28	2.1
16	information on range of services	7.7	26	2.0
17	accessibility of OT-office	8.0	22	1.8
18	good communications with other services	7.4	25	1.8
19	one coordinating key person	7.2	24	1.8
20	replacement when OT-worker is absent	6.7	27	1.8
21	services that cover my needs	8.2	21	1.7
22	explanation reasons adaptations	7.4	23	1.7
23	information about length of waiting times	7.0	24	1.7
24	discuss careplan with me	7.8	20	1.6
25	services allowing more independence	7.8	20	1.6
26	availability of appropriate equipment	8.1	18	1.5
27	adaptations/equipment delivered on time	7.5	20	1.5
28	cost/benefits assessment	6.3	22	1.4
29	easy to reach by telephone	7.6	17	1.3
30	allowance to see personal files	5.9	21	1.2
31	possibility to choose different OT-worker	6.5	14	0.9
32	good understanding of problems	8.2	10	0.8
33	listen to my views	8.0	10	0.8
34	efficient work	7.9	10	0.8
35	input in decisions for users	7.3	11	0.8
36	users are taken seriously	8.1	07	0.6
37	enough time	7.5	08	0.6
38	don't make me feel as a burden to society	8.5	06	0.5
38	keep appointments punctually	6.7	08	0.5
40	respect privacy of client	8.4	05	0.4

It is difficult to give a well defined criterium for the selection of quality aspects for inclusion in a quality improvement programme. A workable suggestion would be to concentrate on aspects with 'importance' scores above 7.0 and a quality impact score above 1.0. Table 3.19 presents an overview of these 21 quality aspects. In this table, quality aspects that meet the inclusion criteria are ranked according to their quality impact score.

Table 3.19 Quality aspects with relatively high important (>7.0) and quality impact (>1.0) scores, based on the judgements of OT-users

	Aspect	Quality impact score
1	explanation complaint procedure	4.0
2	possibilities to get to the OT-Bureau by public transport	3.4
3	annual follow-up check on adaptations	2.8
4	provision of specialised back-up services	2.6
5	information about results with other services	2.5
6	a check on adaptations after 2 weeks	2.5
7	minimise bureaucratic procedures	2.4
8	assessment 4 weeks after request	2.3
9	take account of family needs	2.1
10	information on range of services	2.0
11	good communications with other services	1.8
12	one coordinating key person	1.8
13	accessibility of OT-office	1.8
14	information about length of waiting times	1.7
15	explanation of the reasons for adaptations	1.7
16	provision of services that fully cover the clients' needs	1.7
17	services allowing more independence	1.6
18	having the careplan discussed with the client	1.6
19	punctuality in the delivery of services/adaptations/equipment	1.5
20	availability of appropriate equipment	1.5
21	accessibility of the OT-Bureau and/or OT-workers by telephone	1.3

Quality impact indices are just one way of combining importance and performance ratings. If, for example, one wishes to emphasize differences in importance scores between the different quality aspects one could decide to use squared values of the I(mportance) component instead of the original values between 0 and 10. Also inclusion criteria, such as applied in table 3.19, may vary according to specific ideas about where to focus on. One could concentrate on the top-10 or top-15 of the most important quality aspects, instead of aspects with an importance score which exceeds 7.0, or set the inclusion criterium for the quality impact score at 2.0 or 1.5 instead of 1.0. Still another way of setting priorities is to focus on the performance scores, by trying to eliminate to lowest performances irrespective of the importance scores. Finally, importance and performance ratings for the different subsamples of our respondents group (as presented in tables 3.2 to 3.7 and 3.10 to 3.14) allow the possibility to set up improvement programmes which are tailored to the specific wishes of these sub-categories. For example, one could aim at improving specific services with relatively high quality impact indices according to the ratings of the group of severely handicapped people or client groups above the age of 65 years of age. These category-specific quality impact indices are presented in table A.3.3 (Appendix 3).

3.4 Performance of the OT-Bureau as compared to other services

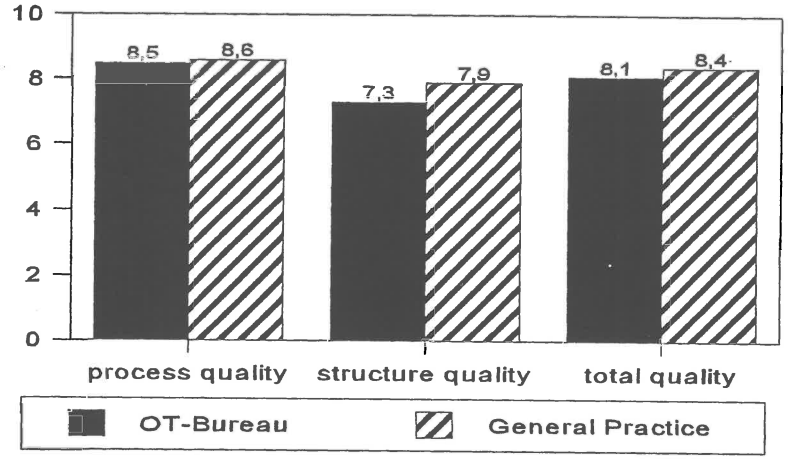
Over half of the quality of care aspects (23 out of 40 aspects) that were part of the preliminary version of the QUOTE-OT are also included in another instrument that was used in our survey study: the QUOTE-disabled people. Based on these 23 aspects, quality judgements on the services of the OT-Bureau can be compared to the services of general practitioners,

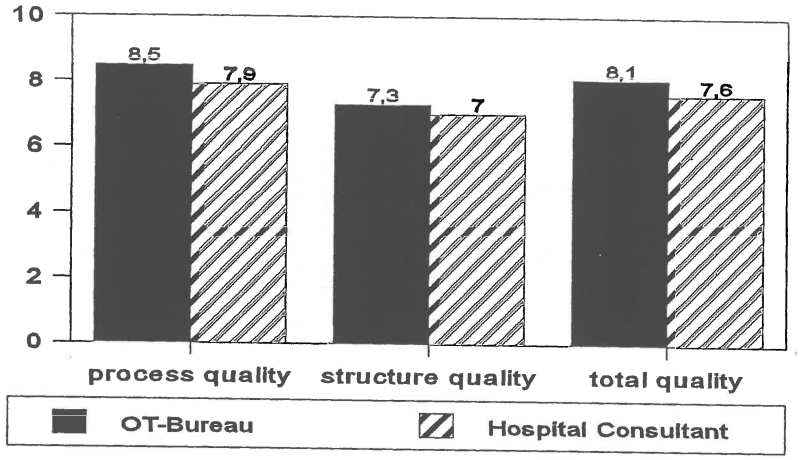
hospital consultants or medical specialists, domestic workers and the care management services located in the service area of the Kent Social Services Department. This comparison can be made for each of the 23 aspects the two instruments have in common (see table 3.20), and also at an aggregated level when aspects are combined into (sub)dimensions (see figure 3.1). Due to the fact that not every aspect is relevant for each individual service, table 3.20 shows some 'blanks'.

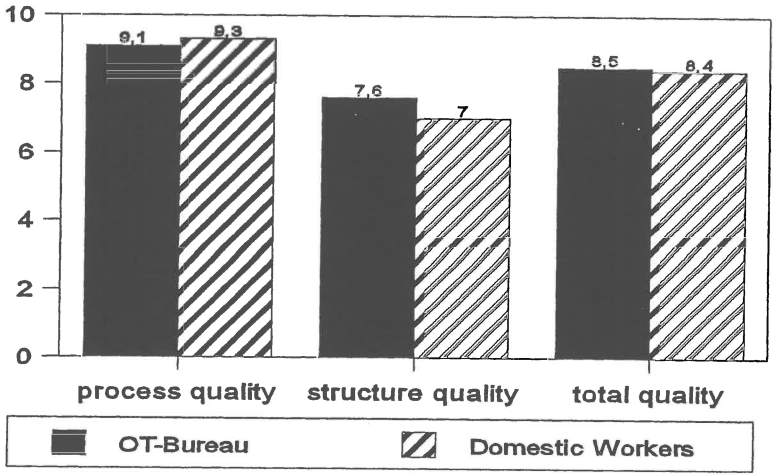
Within the Social Services Department, the main focus of interest is probably the performances of the OT-Bureau as compared with other services is a comparison with the Care Management Service (CMS). Except for aspect no. 18 ("information about length of waiting times"), on which aspect the OT-Bureau scores somewhat better than the CMS, there are no significant differences in performance ratings between the OT-Bureau and the CMS.

When compared to the services delivered by general practitioners (GPs), hospital consultants and domestic workers, the OT-Bureau is doing reasonably well. Compared to domestic workers, the OT-Bureau is somewhat more 'costs-unfriendly', while it maintains a higher standard of communications with other services. Compared to the services of GPs, the OT-Bureau is scoring relatively low on aspects such as 'charges for services' (aspect no. 8), 'information about contacts with other services' (aspect no. 10), the accessibility of the office (aspect no. 14), the way 'services are covering the needs of clients' (aspect no. 15) and the way the Bureau can be reached by public transport. Higher scores for the OT-Bureau, as compared to the GPs' services, cover the following aspects: 'input in decisions for users' (aspect no. 3), 'punctuality in keeping appointments' (aspect no. 5), 'assessment of costs and benefits of services provided' (aspect no. 12) and 'information about length of waiting time' (aspect no. 18).
Finally, when compared to the services of the hospital consultants and hospital services, the OT-Bureau received higher performance ratings on 13 quality aspects and lower ratings on six aspects both services have in common. Largest differences between these two services refer to punctuality in keeping appointments, charges for services, the accessibility by telephone, costs-benefits assessment of services provided and information about length of waiting times.

Figure 3.1.a/d *Comparison between the OT-Bureau and the services of general practice, hospital consultants, domestic workers and the cara management service on 'process' quality, 'structure' quality and 'total' quality







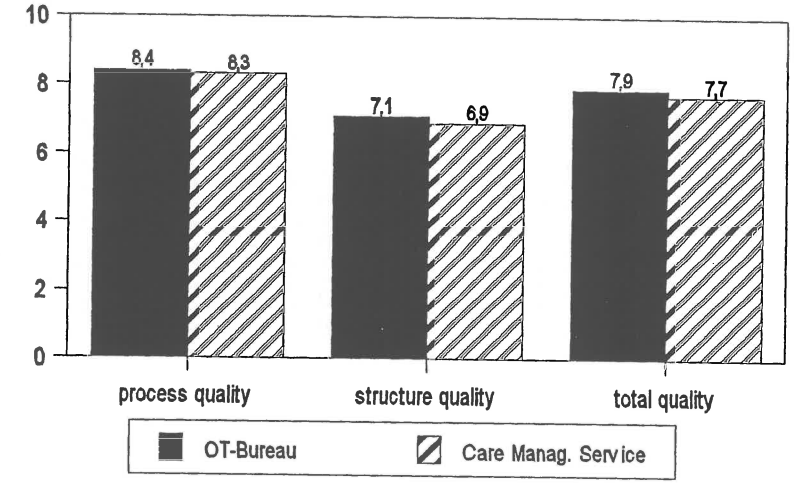


Table 3.20 Comparison between the performances of the OT-Bureau and the services of general practitioners, hospital consultants, domestic workers an care management services in Kent County, based on 23 quality aspects

		OT	GP	Hospital	Domestic worker	Care Management Service
1	good understanding of problems	90.0	91.5	86.1	93.6	94.6
2	efficient work	89.2	94.8	90.3	95.2	90.4
3	input in decisions for users	88.4	79.7	66.1	87.6	85.0
4	users are taken seriously	92.7	93.4	87.3	95.3	92.2
5	keep appointments punctually	91.6	84.6	69.4	89.0	87.6
6	allowance to see personal files	78.7	78.9	63.1		79.5
7	possibility to choose another worker	85.7	91.6	67.4		88.2
8	no charges for equipment	44.6	6.4	5.9	58.4	56.6
9	good communications other services	75.1	74.9	63.3	57.1	71.7
10	information on contacts other services	64.6	81.1	80.1		78.0
11	easy to reach by telephone	82.3	85.5	55.9	88.5	86.5
12	cost/benefits assessment	77.2	63.5	53.9		82.1
13	listen to my views	90.4	92.0	82.7	87.0	88.9
14	accessibility of Bureau/practice location	78.4	81.1	90.7		
15	provision services in line with the clients'needs	79.0	90.4	86.1		81.1
16	don't make me feel as a burden to society	93.7	91.1	92.6	96.2	95.1
17	availability of appropriate equipment	82.2				81.8
18	information about length of waiting times	75.7	50.3	52.6		60.4
19	reimbursement of extra expenses	49.0				45.2
20	replacement when care provider is absent	72.2			76.4	76.1
21	enough time	92.3	92.2	81.6	92.1	85.7
22	possibility to get there by public transport	50.7	69.7	57.9		37.2
23	users decide on spending care budget	56.5				49.4

When combined into two broad quality of care dimensions - 'process' quality (including the sub-dimensions: professional competence, information, courtesy and perceived autonomy) and 'structure' quality (sub-dimensions: continuity of care, accessibility/availability and costs) - general performance scores of the OT-Bureau can be compared with performance scores of other health and social care services (see next page, figure 3.2a/d).

In general, differences in overall quality scores between the Care Management Service and the OT-Bureau are small and non-significant. When compared to the services of general practitioners, the OT-Bureau is doing slightly worse, especially on 'structure' quality. This results in a total quality score of 8.1 for the OT-Bureau and 8.4 for the general practitioner. Compared to the services of hospital consultants (or the hospital in general), the OT-Bureau is doing well on both quality dimensions. The overall quality score for hospital consultants and/or hospital services is 7.6. Finally, compared to domestic workers the OT-Bureau is performing slightly worse on 'process' quality and somewhat better on 'structure' quality. The overall quality score for both services is about equal.

3.5 Conclusions

The survey results that were presented in this chapter cover four broad subjects: (1) the priorities of users of OT-services, (2) the performances of the OT-Bureau, as seen through

the eyes of OT-users, (3) combined importance/performance scores quality impact measures to be used as part of a strategy to improve service quality of the OT-Bureau, and (4) a comparison of service quality between the OT-Bureau and other health and social care services (Care Management Services, General Practitioners, hospital consultants and domestic workers). Survey results refer to the group of respondents, who reported that the have been in touch with the Kent County Council Social Services OT-Bureau over the year prior to the interview.

With respect to the priorities of OT-users, the results showed that not all 40 quality aspects were equally valued by the respondents. On a '0' (not important) to '10' (extremely important) scale, importance scores ranged between 8.5 ("the OT-Bureau and/or OT-workers should never make me feel as if I am a burden to society") and 5.9 ('the OT-Bureau and/or OT-workers should always allow me to see my personal file if I want to"). In general, importance ratings were stable across different sub-categories of respondents (e.g. gender, age-categories, level of education, subjective health, severity of limitations). However, disabled people below the age of 65 years give higher priorities to 'courtesy' aspects, quality aspects that refer to the professional competence of OT-workers, to 'perceived autonomy' aspects, to quality aspects that cover the 'availability/accessibility' dimension and to the costs of services of the OT-Bureau.

In general, performance scores (= the respondents actual experiences) of the 40 quality aspects indicate that the services of the OT-Bureau is judged as 'satisfactory' to 'good'. The highest performance ratings refer to quality aspects that can be grouped together under the dimensions 'courtesy' and 'professional competence' of the OT-workers. Lowest performance ratings refer to aspects that refer to the costs of OT-services, the procedures that are related to assessments and/or adaptations, the availability/accessibility of OT-services and the information with respect to the services of the OT-Bureau. Male OT-users report somewhat lower performance scores than female users. A higher educational level is associated with higher performance scores on 'courtesy' aspects and lower scores on aspects that refer to the information that was received, perceived autonomy, the accessibility/availability of OT-services and the procedures for obtaining equipment and adaptations. Except for the accessibility/availability of OT-services, severely disabled people in general perceived a better service of the OT-Bureau than disabled people with moderate disabilities.

Efforts to improve the quality of OT-services, as seen through the eyes of the users of these services, should focus on quality aspects that combine high importance scores with a relatively low performance level of the OT-Bureau. One of the ways of combining importance and performance ratings is the use of quality impact indices (= a weighted score of importance and performance). Such quality impact scores were calculated on all 40 aspects included in the preliminary version of the QUOTE-OT instrument. Taking into account the costs/benefits ratio associated with each of the 40 quality aspects included in the QUOTE-OT instrument, a programme toward improvement of OT-service profile should focus on aspects such as better explanation of the complaints procedure, an annual follow-up check on adaptations and equipment, the provision of specialized back-up services, informing the clients about the results of contacts with other health and social care services, a check on adaptions/equipment after two weeks, a more rapid assessment procedure, more information about the range of services and the length of waiting times for assessments and adaptations. When compared to the services of other health and social care providers (e.g. general practitioners, hospital consultants, domestic workers, care management service), the OT-Bureau is doing well.

Finally, respondents mentioned some additional quality aspects that they found missing in this preliminary version of the QUOTE-OT services instrument. Aspects that were mentioned more than once and that can be considered for possible inclusion in a revised version of the QUOTE-OT deal with 'keeping promises', 'equipment/adaptations as requested or specified', 'waiting times for equipment/adaptations', 'adequate information about the reasons why services are refused' and 'information about who to contact or where to go to'.

4 CONCLUSIONS, DISCUSSION AND RECOMMENDATIONS

This concluding chapter summarizes and discusses the main conclusions of the survey, in relation to known characteristics and the actual functioning of the OT-Bureau. Secondly, we present some suggestions and recommendations for future use of the QUOTE-OT services instrument in longitudinal and/or cross-sectional survey designs that aim at quality assessment and/or quality improvement.

4.1 Summary of the survey results

Feedback from users is of paramount importance for quality improvement programmes in health and social care services. However, the relevance of patient satisfaction studies can often be questioned because of conceptual and operational problems, such as reliability and validity of patient reports, determinants associated with patient satisfaction and the ambiguity of the patient satisfaction concept. Therefore, one might say there is a need for a new generation of measuring instruments that bridge the existing gap between theory and practice within the field of patient satisfaction and quality of care research. The QUOTE-family of instruments is trying to fill this gap.

As the acronym QUOTE - **QU**ality **O**f care **T**hrough the users' **E**yes - indicates that the perspective of the users of health and social care services is essential for this new family of instruments. Other main characteristics are that (1) the instruments are based on questions asking for 'reports' instead on ratings of satisfaction or excellence, (2) the quality aspects (= quality indicators) cover a wide range of services and reflect the multi-dimensionality of the quality of care concept, (3) the quality indicators refer to generic aspects and category-specific aspects, tailored to the ideas of specific groups of users of health and social care services, and (4) the selection of quality aspects is based on a combination of qualitative and quantitative methods.

The QUOTE-OT Services instrument builds on work that was carried out as part of the cross-cultural adaptation and validation of the QUOTE-Disabled instrument. Additional quality aspects that focus on the specific services of OT-Bureaus were derived from two focus group discussions (FGDs) and one combined FGD/concept mapping meeting. Disabled people who participated in the FGDs were recruited through the Kent Social Services. Professional experts consisted of six members of staff in the OT Bureau. Based on the results of the FGDs a first draft of the QUOTE-OT services instrument, with 23 generic aspects coming the original QUOTE-Disabled instrument and 17 aspects that can be labelled as 'OT-specific', was developed and subjected to further quantitative testing.

To test the feasibility and to explore the psychometric characteristics of the instrument, the QUOTE-OT Services was part of a questionnaire that was sent to a random sample of OT-users in the service area of the Kent Social Services Department. With an original sample size of 997 people and a 'deadwood' of 104 people, the response rate was approximately 55%. A total of 489 questionnaires were further analysed.

Average age of the respondent group was 68 years, the majority of respondents were females. Compared to figures from the existing date base of the OT-Bureau, the age and

gender distribution closely matches that of the whole population of OT-Bureau service users. With respect to their health care status, almost 75% of the sample described their health as 'fair' or 'poor' and over 50% experienced severe limitations in doing day-to-day activities such as bathing and dressing oneself. These data relating to the respondents perceptions of their health and physical limitations are as might be expected as the eligibility criteria for the OT-service is that the user must suffer from a long term and substantial physical disability. A majority of the respondents also reported emotional problems, psycho-social problems (such as a lack of energy and problems in feeling calm and peaceful) and limitations in their social activities, while 1/3 said that they felt 'down hearted and low' a good bit of the time.

Survey results, as presented in chapter 3, cover four broad subjects: (1) the priorities of OT service users, (2) the performances of the OT-Bureau, as seen through the eyes of OT Bureau service users, and (3) combined (importance/performance) quality impact scores that can be used as part of a strategy to improve service quality of the OT-Bureau, and (4) a comparison between the service quality of the OT-Bureau and other health and social care services in the service area of the KSS.

On a scale between '0' (not important) and '10' (extremely important), importance scores ranged between 8.5 and 5.9. Relatively high priorities were given to quality aspects that refer to the courtesy of OT-workers and the professional competence and/or skills of OT-workers. Moderate priority scores were assigned to aspects related to the 'accessibility/-availability' of OT-services, the information that was received by OT-Bureau service users, the bureaucratic procedures with respect to equipment and/or adaptations and the 'continuity of care' sub-dimension. Relatively low priorities were given to quality aspects related to the costs of OT-services and the level of autonomy as perceived by OT-users. In general, priority (or importance) ratings were stable across sub-categories of respondents (e.g. gender, education, health, physical limitations). However, disabled people below the age of 65 years give somewhat higher priorities to 'courtesy' aspects, 'professional competence' aspects, 'perceived autonomy' aspects, 'availability/accessibility' aspects and to aspects that refer to the costs of OT-services.

Performance scores (or: the respondents actual experiences with the services provide by the KSS OT-Bureau) indicate that most services of the OT-Bureau were judged as 'satisfactory' to 'good'. Highest performance ratings refer to quality aspects that group together under the dimensions 'courtesy' and 'professional competence' of the OT-workers. Relatively low performance ratings refer to aspects that refer to the costs of OT-services, the procedures that are related to assessments and/or adaptations, the availability/-accessibility of OT-services and the information with respect to the services of the OT-Bureau. In general, male OT-users report somewhat lower performance scores than female users. A higher educational level is associated with higher performance scores on 'courtesy' aspects and lower scores on aspects that refer to the information that was received, perceived autonomy, the accessibility/availability of OT-services and the procedures for obtaining equipment and adaptations. Except for the accessibility/availability of OT-services, severely disabled people in general perceived a better service of the OT-Bureau than disabled people with moderate disabilities.

Efforts to improve the service quality of the OT-Bureau, by bringing these services more in line with the wishes of users, should focus on quality aspects that combine high importance scores with a relatively low performance level of the OT-Bureau. Here, quality impact

indices (= a weighted score of importance and performance), might be useful. These quality impact indices show that a programme to improve the OT-service profile should focus on aspects such as better explanation of the complaints procedure, an annual follow-up check on adaptations and equipment, the provision of specialized back-up services, informing the clients about the results of contacts with other health and social care services, a check on adaptions/equipment after two weeks, a more rapid assessment procedure, more information about the range of services and the length of waiting times for assessments and adaptations.

When compared to the services of other health and social care providers (e.g. general practitioners, hospital consultants, domestic workers, care management service), the OT-Bureau is doing reasonably well. Compared to the Care Management Service, the conclusion is that both services have comparable total performance scores. Compared to the services provided by domestic workers, the OT service scores somewhat higher on communication with other services and the costs of services. When compared to the services of hospital consultants, OT workers received significantly higher performance ratings on 10 out of 19 quality aspects and significantly lower scores on four aspects. Finally, when compared to the services offered in general practice, the OT Bureau is performing significantly better on four quality aspects and significantly worse on six aspects.

4.2 Discussion

In our study we used a combination of qualitative and quantitative research techniques. We believe that qualitative techniques such as FGDs, in combination with a procedure such as concept mapping, can lead to a better understanding of phenomena that are of key importance to specific categories of patients and may result in a measuring instrument reflecting the ideas of specific categories of users of health and social care services. Nevertheless, working with focus groups is not without possible disadvantages. First, there is the risk that the results of FGDs are biased by the fact that only a small number of patients were involved, all with a certain amount of interest in quality of care and improvements of health care services. Second, working with focus group panels include a subjective element of the moderator and observer(s) who are part of the group dynamics. This influence can be minimized (or recognised) by using a semi-structured discussion guide and by recording the whole meeting on audio (or, if possible, video) tape. These tapes can be scored by different researchers and the results can be checked on inconsistencies. In sum, we believe that focus groups (if possible in combination with concept mapping, to quantify the relative value of quality of care aspects derived from the focus groups, are an efficient and cost effective way of identifying salient patient concerns. However, we also believe that a combination of qualitative and quantitative research methods, as applied in this study, is to be preferred.

The response rate in this study among users of the services of the Kent OT-Bureau was approximately 55%. Given the length of the questionnaire, the specific category of users of health and social care services, and the fact that only one reminder was used, this response rate is satisfactory, although a somewhat higher rate would have been preferable. Whether or not our sample represents the ideas of the 'average' user of OT-services remains questionable, although the age and gender distribution of the respondents group closely matches that of the whole population of OT-Bureau service users.

The 40 quality aspects included in the QUOTE-OT Services instrument that was used in our survey refer to (1) the structure of health and social care services, and (2) the actual process of delivering health and social care services. Grouped together, these 40 aspects can be seen as representing eight quality of care sub-dimensions: (1) the courtesy of health and social care workers towards their clients, (2) the informativeness or amount of information given to the users of health care services, (3) the professional skills of health and social care workers, (4) autonomy as perceived by patients or clients, (5) continuity of care with respect to different services or health care professionals, (6) the accessibility and availability of health and social care services, (7) costs of health and social care services, and (8) assessment procedures. The four sub-dimensions first mentioned refer to the process element of health care services, while the sub-dimensions 5 to 8 can be labelled as part of 'structure' quality. The distinction in eight quality of care sub-dimensions is in line with the results of review studies into the multidimensionality of the concept, such as the studies by Hall and Dornan (1988) and Wensing (1994).

With respect to respondent characteristics, a majority of the respondents reported emotional problems, psycho-social problems and limitations in their social activities. These figures are particularly interesting as there has been no 'social work' service for disabled people in Kent since the introduction of Care Management in 1991. Since that date, OTs have also had to restrict their role very tightly to the provision of adaptations and equipment and have been discouraged from adopting a 'counselling' role. The high percentages of emotional, social and psychological problems indicate that there is a clear need for a 'counselling' type of service. More emphasis for counselling aspects could result in fewer abortive adaptation schemes.

Results with respect the 40 quality aspects included in this version of the QUOTE-OT services instrument indicate that there seems to be a remarkable consistency in the way importance and performance was scored across the different sub-categories of OT-users. However, some numbers stand out through and might be helpful in targeting changes in service provision:

- charges are more an issue for younger people, but in terms of actual experience (i.e. performance) are less of a problem for people with a moderate disability than for those with a severe one;
- the ability to choose a different OT-worker, to be involved in the decision making process, to have their view taken seriously and their privacy respected seem to be particular issues for OT-users younger than 65 years of age;
- in terms of performance, younger people are the most positive about their role in the decisions around how to spend the care budget;
- the very low number of people with moderate disabilities, who felt they got good information about results from contacts with other services, is remarkable. Perhaps these people get a very task-oriented equipment/adaptation service, without to much contacts with other services;
- older people perceive a worse service in terms of information about waiting times than younger people.

The fact that, in general, severely disabled people perceive a better service than people with moderate disabilities can be explained in two different ways. Maybe the service that was received was actually better than services given to moderately disabled people; the alternative explanation is, that severely disabled people simply show more gratitude and satisfaction with services that actually do not differ from the services provided to moderately disabled people.

With respect to the impact scores that were calculated for all 40 aspects included in the QUOTE-OT Services instrument, it can be noted that quality aspects with the highest impact scores are all issues that also arose out of the consultation process that took place as part of the Best Practice Review of the OT-Bureau in 1998. These issues were more follow up work, more information to users, a review of charging procedures, assessment within a limited number of weeks (i.e 4 weeks) and the possible siting of a showroom for equipment. A performance improvement plan has been drawn up which addresses all these issues except the first (i.e. annual checks), which is seen as requiring considerable additional resource and an 'unrealistic' expectation on the part of the users. Targeting annual follow-ups on the group for which they hold most importance, i.e. the younger disabled (whose social and physical condition are probably most likely to change considerably over time) could provide a good alternative.

4.3 Recommendations for future use of the QUOTE-OT Services instrument

Constructing a new measuring instrument like the QUOTE-OT, is like sailing between Scylla and Charybdis. All 40 aspects included in this first draft of the questionnaire were found to be important to at least some of the respondents who participated in the FGDs and/or completed the questionnaire. Therefore, one might say that all these quality aspects contribute to the face validity or the informativeness of the instrument and might be useful especially as part of a process toward quality improvement. The more quality aspects are included in the instrument, the more information can be derived from studies in which the instrument is used, especially when applied as part of a process of quality improvement. However, from a scientific point of view an instrument with 40 or more quality aspects might be somewhat overdone, especially when used in quality assessment studies.

The third and final aim of our study was to discuss the possibilities of using an instrument like the QUOTE-OT Services as part of a more general process of quality assurance within the Occupational Therapy Services. First of all the instrument could be used on a regular basis to review and monitor changes in quality standards and to evaluate service changes and innovations. Secondly, it could also be used to make comparisons between authorities where different service models are used. However, here it must be recognised that many local authorities would not have the resources to use the full 43-aspects version of the instrument on a sample of the size used in this study. Therefore, in this concluding paragraph we would like to recommend three different versions of the QUOTE-OT Services instrument for future use in quality of care studies.

(1) the QUOTE-OT Services instrument (extended version with 43 quality aspects)

The extended version of the QUOTE-OT Services is recommended in (circular) processes of continuous quality improvement. Included in this extend version are 43 quality aspects. (see table 4.1)

Table 4.1 QUOTE-OT Services instrument (revised version) with 43 quality aspects

Courtesy (OT-workers and/or the OT-Bureau should ...)
always take me seriously
listen to my views
not make me feel as if I am a burden to society
allow me enough time
respect privacy of client

Professional competence (OT-workers and/or the OT-Bureau should ...)
have a good understanding of my problems
work efficiently
provide services that cover my needs
take account of family needs

Information (OT-workers and/or the OT-Bureau should ...)
inform me about results of contacts with other services
inform about the length of waiting times
inform me about the range of services
explain the reasons for adaptations
explain the financial consequences of services/equipment
explain their complaint procedure

Perceived autonomy (OT-workers and/or the OT-Bureau should ...)
allow me input in decisions for services
allow me to see my personal files
offer me the possibility to choose different OT-worker
allow me to decide on how I spend my care budget
discuss the careplan with me

Continuity of care (OT-workers and/or the OT-Bureau should ...)
communicate well with other services
provide a replacement when my OT-worker is absent
have one coordinating key person

Accessibility/availability (OT-workers and/or the OT-Bureau should ...)
keep appointments punctually
be easy to reach by telephone
have a good accessibility when I go there
offer me the choice of appropriate equipment
be easy to reach by public transport
have a showroom for equipment
take care that adaptations/equipment are delivered on time
minimise bureaucratic procedures
provide specialised back-up services

Costs (OT-workers and/or the OT-Bureau should ...)
not charge me for services or equipment
carefully balance costs/benefits of services
reimburse extra expenses

Bureaucratic procedures (OT-workers and/or the OT-Bureau should ...)
carry out an assessment 4 weeks after request
check on adaptations after 2 weeks
provide an annual follow-up check on adaptations
provide an annual report on situation/conditions

Of these 43 aspect, 38 were included in the preliminary version of the QUOTE-OT Services instrument. Five quality aspects were added on the bases of the respondents' answers on 'open questions'. These five additional aspects refer to 'keeping promises', 'equipment/adaptations as requested or specified', 'waiting times for equipment/adaptations', 'adequate information about the reasons why services are refused' and 'information about who to contact or where to go to'. Two quality aspects originally included in the earlier QUOTE-OT Services instrument were left out: (1) OT-services and/or occupational therapists should have a showroom for equipment to compare the different facilities or services' and (2) OT-services and/or occupational therapists should carefully assess the costs and benefits of services provided. Whether or not there is a showroom for equipment can more easily be established on the level of the OT-Bureau than by asking the clients. The cost-benefits statement had a relatively high percentage of 'missing values', indicating that users had difficulties in answering this specific question; when answers are given, it is difficult to translate these answers in 'good' or 'bad' quality of care.

The complete extended version of the QUOTE-OT Services instrument with 43 quality aspects can be found in Appendix 4. For this extended version, a minimum sample of 150 respondents is recommended.

(2) the QUOTE-OT Services instrument (shortened version with 23 quality aspects)

The shortened version of the QUOTE-OT Services instrument with 23 quality aspects is less resource intensive for the provider and less arduous for the user to complete. However, at the same time it provides the OT-Bureau with less information for quality improvement programmes than the full 43-aspects version. Therefore, it can be seen as a 'minimum variant' for such QI programmes. However, it provides an adequate 'quick scan' of the service quality of a local authority OT-Service, with opportunities to differentiate between the various sub-dimensions of service quality.

Quality aspects included in the 23-item version of the QUOTE-OT instrument were selected on the following criteria: (1) a relatively high factor loading on the PCA forced one-factor solution, (2) good coverage of the 8 quality of care subdimensions apparent in the preliminary 40-items version of the QUOTE-OT instrument, with sub-scale reliability coefficients preferably above .70, and (3) a relatively high importance rating given by the users of OT-services. All quality aspects included in the 23-item version of the QUOTE-OT instrument have factor loadings of above .60 on the 'quality of care' scale, that arises after a forced one-factor solution on all 40 original aspects. Based on all 40 aspects, this 1st factor has an eigenvalue of 17.46 and explains 43.6% of the variance. All, except one, quality aspects with factor loadings above .70 are included in this 23-item short version. Based on the results of the original sample, seven quality of care sub-dimensions represented in the 23-item version with three aspects have reliability coefficients above .70. The 'continuity of care' subdimension, which is represented by the original three aspects, is the only exception and has a Cronbach alpha coefficient of .69. In the 23-item version, the 'costs' sub-dimension is represented by one single quality aspect.

Table 4.2 QUOTE-OT Services instrument, shortened version with 23 quality aspects.

Quality dimensions/aspects
Courtesy (OT-workers and/or the OT-Bureau should ...) - take me seriously - listen to my views - allow me enough time - provide services that contribute to my independence
Professional competence (OT-workers and/or the OT-Bureau should ...) - have a good understanding of my problems - work efficiently - provide services that cover my needs
Information (OT-workers and/or the OT-Bureau should ...) - inform me about results of contacts with other services - inform about the length of waiting times - inform me about the range of services
Perceived autonomy (OT-workers and/or the OT-Bureau should ...) - allow me input in decisions for services - offer me the possibility to choose different OT-worker - discuss the careplan with me
Continuity of care (OT-workers and/or the OT-Bureau should ...) - communicate well with other services - provide a replacement when my OT-worker is absent - have one coordinating key person
Accessibility/availability (OT-workers and/or the OT-Bureau should ...) - be easy to reach by telephone - take care that adaptations/equipment are delivered on time - provide specialised back-up services
Costs (OT-workers and/or the OT-Bureau should ...) - reimburse extra expenses
Assessment procedures (OT-workers and/or the OT-Bureau should ...) - carry out an assessment 4 weeks after request - check on adaptations after 2 weeks - provide an annual follow-up check on adaptations

Table 4.2 provides an overview of the 23 quality aspects included in this shortened version of the QUOTE-OT Services. The complete version of the QUOTE-OT Services instrument with 23 quality aspects can be found in Appendix 5. For this extended version, a minimum sample of 150 respondents is recommended.

(3) the QUOTE-OT Services instrument (shortened version with 12 quality aspects)

To provide local authorities with an instrument that can be used on a more regular basis, only containing key indicators for quality of care from the users' perspective, a specific version with 12 quality aspects version of the QUOTE-OT Services instrument was developed. The 12 quality aspects included in this version (see table 4.3) can be seen as the core of the extended 43-items version and the shortened 23-items version.

Table 4.3 QUOTE-OT Services instrument, shortened version with 12 quality aspects.

Quality dimensions/aspects
Courtesy (OT-workers and/or the OT-Bureau should ...)
- take me seriously
Professional competence (OT-workers and/or the OT-Bureau should ...)
- have a good understanding of my problems
- provide services that cover my needs
Information (OT-workers and/or the OT-Bureau should ...)
- inform me about contact with other services
- inform me about the length of waiting times
Perceived autonomy (OT-workers and/or the OT-Bureau should ...)
- allow me input in decisions for services
Continuity of care (OT-workers and/or the OT-Bureau should ...)
- have one coordinating key person
Accessibility/availability (OT-workers and/or the OT-Bureau should ...)
- be easy to reach by telephone
- provide specialised back-up services
Costs (OT-workers and/or the OT-Bureau should ...)
- reimburse extra expenses
Assessment procedures (OT-workers and/or the OT-Bureau should ...)
- carry out an assessment 4 weeks after request
- provide an annual follow-up check on adaptations

The complete shortened version of the QUOTE-OT Services instrument with 12 quality aspects can be found in Appendix 6. For this extended version, a minimum sample of 100 respondents is recommended.

4.4 Concluding remarks

Whether used at the start of a process of continuous quality improvement or to provide a 'quick scan' of the service quality of a local authority OT Service, it is important that user involvement should not be limited to the development phase of the instrument or to completing a mailed version of the QUOTE-OT Services instrument. Users should also be involved in (1) policy developments that are based on the assessment of the QUOTE-OT Services instrument and the implementation of the results of such an assessment study, and (2) a regular review of the instrument, so that it remains sensitive to users' needs and experiences, and (3) the selection of 'local topics' which could be added to the basic framework of the QUOTE-OT Services instrument in order to tailor the instrument to specific local needs. Here, the instrument could contribute to the further empowerment of user groups and patient organisations.

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APPENDICES

APPENDIX 1 QUALITY OF CARE ASPECTS SUBJECTED TO THE CONCEPT MAPPING PROCEDURE

In total, 53 aspects were subjected to the concept mapping procedure. Of these 53 aspects 30 aspects were derived from the original QUOTE-Disabled instrument and 23 aspects were mentioned during the preceding focus group discussion.

Items 1 - 30, see: QUOTE-Disabled (original version)

33 adequate communication with the patient about outcome of contacts with services
34 information about range of services available
35 willingness to listen to my feelings and views
36 should not make me feel vulnerable
37 minimum waiting time between assessment and actual adaptation
38 explicit minimum standards for health and social care
39 minimize bureaucratic procedures
40 assessments sensible to changes in my condition and personal situation
41 maximum waiting time for OT assessment: 4 weeks
42 pay attention to my personal situation
43 consistency of information between services
44 access to case notes without restrictions, if I want to
45 case notes + information should be understandable
46 effective and open mechanism for complaints
47 rights should be made readily available
48 full information about patients for all workers
49 users to have access to care plans
50 services should fully cover my needs
51 involvement in decision making process of OT services
52 prompt provision of care
53 key worker within OT services
54 commitment of care workers
55 showroom for equipment

APPENDIX 2 PRELIMINARY VERSION OF THE QUOTE-OT SERVICES INSTRUMENT

Local Authority Social Services OT Service

This part of the questionnaire is especially developed to evaluate the functioning of the **Social Services OT Service** and the work of **occupational therapists** outside the hospital. Again, first we would like you to rate how important you think different aspects of quality of care are. Secondly, we want to ask you about your own **personal experiences** with the social services OT service and the work of individual occupational therapist(s) you had contacts with.

1 We would like you to indicate after **every** statement **how important** you think it is, regarding the work of the Social Services OT Service and individual occupational therapists.

OT services and occupational therapists ...	Not important	Fairly important	Important	Extremely important
1 **should** have a good understanding of my problems	☐	☐	☐	☐
2 **should** work efficiently	☐	☐	☐	☐
3 **should** allow me to have an input in the decisions regarding the services I require	☐	☐	☐	☐
4 **should** always take me seriously	☐	☐	☐	☐
5 **should** always keep appointments punctually	☐	☐	☐	☐
6 **should** always allow me to see my personal file if I want to	☐	☐	☐	☐
7 **should** allow me to choose a different OT-worker if we do not "get on"	☐	☐	☐	☐
8 **should** not charge me for the provision of equipment and minor adaptations	☐	☐	☐	☐
9 **should** communicate with other health and social care providers about the help or services I require	☐	☐	☐	☐
10 **should** tell me about the results of contacts with other health and social care providers	☐	☐	☐	☐
11 **should** always be easy to reach by telephone	☐	☐	☐	☐
12 **should** carefully assess the costs and benefits of services provided	☐	☐	☐	☐
13 **should** carefully listens to my feelings and views . .	☐	☐	☐	☐
14 **should** have an office that is easily accessible for disabled people or people in a wheelchair	☐	☐	☐	☐
15 **should** provide services that fully cover my needs	☐	☐	☐	☐

question continued over leaf →

(important/not important aspects of the work of OT-services)

OT-services and occupational therapists ...	Not important	Fairly important	Important	Extremely important
16 **should** never make me feel as if I am a burden to society	☐	☐	☐	☐
17 **should** ensure that, in urgent matters, appropriate equipment (e.g. toilet frames) is immediately available	☐	☐	☐	☐
18 **should** inform me about the length of waiting times for consultations, assessments and adaptations	☐	☐	☐	☐
19 **should** arrange that extra expenses related to the fact that I am disabled should be fully reimbursed	☐	☐	☐	☐
20 **should** provide a replacement when my regular OT-worker is ill or on holiday	☐	☐	☐	☐
21 **should** always have enough time for me	☐	☐	☐	☐
22 **should** be easy to reach by public transport	☐	☐	☐	☐
23 **should** let me decide how I spend the budget for my services and adaptations	☐	☐	☐	☐
24 **should** have one key-person who coordinates all the OT-services I require	☐	☐	☐	☐
25 **should** provide adequate information about the range of services offered	☐	☐	☐	☐
26 **should** provide an assessment within 4 weeks after a request is made	☐	☐	☐	☐
27 **should** discuss the assessment (or careplan) with me in full detail	☐	☐	☐	☐
28 **should** have a showroom for equipment to compare the different facilities or services	☐	☐	☐	☐
29 **should** provide advice and services that contribute to my independence	☐	☐	☐	☐
30 **should** explain in full detail why a certain advice or service is given	☐	☐	☐	☐
31 **should** carefully explain the costs and financial consequences of assessments made or services provided	☐	☐	☐	☐
32 **should** explain the complaint procedures or the procedures I have to follow when things have not run satisfactorily	☐	☐	☐	☐

question continued over leaf →

(important/not important aspects of care continued))

OT-services and occupational therapists ...	Not important	Fairly important	Important	Extremely important
33 **should** respect my privacy as a client	☐	☐	☐	☐
34 **should** check within 2 weeks whether adaptations and/ or equipment are functioning according to my needs	☐	☐	☐	☐
35 **should** carry out an annual follow-up check to see if adaptations and/or equipment are still appropriate	☐	☐	☐	☐
36 **should** arrange that equipment or adaptations are delivered on time	☐	☐	☐	☐
37 **should** minimize bureaucratic procedures and delays	☐	☐	☐	☐
38 **should** take account of the needs of my family (or other informal carers)	☐	☐	☐	☐
39 **should** provide me with an annual report about my situation and/or conditions	☐	☐	☐	☐
40 **should** provide specialized back-up services for adaptations and/or equpiment	☐	☐	☐	☐

2 Have you been in touch with the Social Services OT Service or OT-workers (outside the hospital) over the past year, i.e. between June 1997 and June 1998 ?

☐ If not → go on to section **3**

☐ If so → please tick the box of your choice after **each** of the following statements. If you have been in touch with more than one OT organisation or OT-worker, think of the one you had contact with most recently.

	The Social Services OT Service and/or OT-worker I had contact with during the past year ...	No	Not really	On the whole, yes	Yes
1	has a good understanding of my problems	☐	☐	☐	☐
2	works efficiently	☐	☐	☐	☐
3	allows me to have an input in the decision regarding the services I require	☐	☐	☐	☐
4	always takes me seriously	☐	☐	☐	☐
5	always keeps appointments punctually	☐	☐	☐	☐
6	allows (or would allow) me to see personal file if I want to	☐	☐	☐	☐
7	allows (or would allow me) me to chose another OT-worker if we do not "get on"	☐	☐	☐	☐

questions continued over leaf →

(experiences with OT Services)

The OT Service or occupational therapist I had contact with over the last year ...	No	Not really	On the whole, yes	Yes
8 does not charge me for the provision of equipment and/or minor adaptations	☐	☐	☐	☐
9 communicates about the help and services I require with other health or social care providers	☐	☐	☐	☐
10 tells me about the results of contacts with other services	☐	☐	☐	☐
11 is always easy to reach by telephone	☐	☐	☐	☐
12 carefully assesses the costs and benefits of services provided	☐	☐	☐	☐
13 carefully listens to my feelings and views	☐	☐	☐	☐
14 has an office that is easily accessible for disabled people or people in a wheelchair	☐	☐	☐	☐
15 provides services that fully cover my needs	☐	☐	☐	☐
16 makes me feel as if I am a burden to society	☐	☐	☐	☐
17 ensures that, in urgent matters, appropriate equipment (e.g. toilet frame, bathing aids) is immediately available	☐	☐	☐	☐
18 informs me about the length of waiting times for consultations, assessments and adaptations	☐	☐	☐	☐
19 arranges that extra expenses related to the fact that I am disabled are fully reimbursed	☐	☐	☐	☐
20 provides a replacement when my regular OT-worker is ill or on holiday	☐	☐	☐	☐
21 always allows enough time for me	☐	☐	☐	☐
22 is easy to reach by public transport	☐	☐	☐	☐
23 lets me decide how I spend the budget for my services and adaptations	☐	☐	☐	☐
24 has one key-person who coordinates all the OT-services I require	☐	☐	☐	☐
25 provides adequate information about the range of services offered	☐	☐	☐	☐
26 provides an assessment within 4 weeks after a request is made	☐	☐	☐	☐

questions continued over leaf →

(experiences with OT Services)

The OT-service and occupational therapist I had contacts with ...	No	Not really	On the whole, yes	Yes
27 discusses the assessment (or careplan) with me in full detail	☐	☐	☐	☐
28 has a showroom for equipment to compare the different facilities or services	☐	☐	☐	☐
29 provides advice and services that contribute to my independence	☐	☐	☐	☐
30 explains in full detail why a certain advice or service is given	☐	☐	☐	☐
31 carefully explains the costs and financial consequences of the assessments made or services provided	☐	☐	☐	☐
32 explained the complaint procedures or the procedures I have to follow when things have not run satisfactorily	☐	☐	☐	☐
33 respects my privacy as a client	☐	☐	☐	☐
34 checks within 2 weeks whether adaptations and/or equipment are functioning according to my needs	☐	☐	☐	☐
35 carries out an annual follow-up check to see if adaptations and/or equipment are still appropriate	☐	☐	☐	☐
36 arranged that equipment or adaptations were delivered on time	☐	☐	☐	☐
37 minimizes bureaucratic procedures and delays	☐	☐	☐	☐
38 takes into account the needs of my family (or other informal carers)	☐	☐	☐	☐
39 provides an annual report about my situation	☐	☐	☐	☐
40 provides specialized back-up services for adaptations and/or equipment	☐	☐	☐	☐

3 You may have (also) experienced other problems in your dealings with the Social Services OT Service or individual occupational therapists. If so, please outline these in your own words below.

In my contacts with OT services I experienced the following problems:

1 .....

2 .....

3 .....

APPENDIX 3 IMPORTANCE AND PERFORMANCE SCORES ON THE QUALITY ASPECTS INCLUDED IN THE PRELIMINARY VERSION OF THE QUOTE-OT INSTRUMENT, BROKEN DOWN BY SUB-CATEGORIES OF RES-PONDENTS

Table A.3.1 Importance scores (mean) for the 40 quality aspects included in the preliminary version of the QUOTE-OT instrument, broken down by sub-categories of the respondents

		A		B		C		D		E	
		1	2	1	2	1	2	1	2	1	2
1	don't make me feel as a burden to society	8.2	8.6	8.1	8.9	9.2	8.1	8.2	8.6	8.6	0.5
2	respect privacy of client	8.5	8.4	8.2	8.6	9.0	8.1	8.1	8.5	8.4	8.4
3	good understanding of problems	8.2	8.2	8.1	8.4	8.7	8.0	7.9	8.4	8.1	8.3
4	services that cover my needs	8.2	8.2	7.8	8.5	0.8	7.9	7.9	8.3	8.2	8.2
5	listen to my views	8.1	8.0	7.7	8.3	8.6	7.7	7.7	8.1	7.7	8.2
6	availability of appropriate equipment	7.8	8.2	8.0	8.1	8.4	7.9	7.5	8.2	8.0	0.1
7	users are taken seriously	8.1	8.1	7.8	8.4	8.8	7.7	8.0	8.2	7.9	8.2
8	efficient work	7.9	8.0	7.9	8.0	8.0	7.9	7.8	8.0	8.0	8.0
9	accessibility of OT-office	8.2	7.9	7.8	7.1	0.6	7.6	8.0	7.9	7.9	8.0
10	discuss careplan with me	7.7	8.0	7.2	8.3	8.6	7.5	7.5	8.0	7.6	7.9
11	services allowing more independence	7.6	7.8	7.4	8.0	8.1	7.6	7.3	7.9	7.5	7.8
12	information on range of services	7.5	7.8	7.4	8.0	8.2	7.4	7.4	7.9	7.4	7.8
13	check on adaptations after 2 weeks	7.6	7.8	7.6	7.9	8.0	7.6	7.6	7.8	7.6	7.7
14	easy to reach by telephone	7.5	7.6	7.5	7.6	7.7	7.5	7.6	7.6	7.4	7.6
15	annual follow-up check on adaptations	7.4	7.7	7.6	7.5	7.7	7.5	7.4	7.6	7.4	7.6
16	take account of family needs	7.6	7.5	7.3	7.7	8.2	7.2	7.2	7.8	7.3	7.6
17	minimise bureaucratic procedures	7.3	7.7	7.3	7.8	7.9	7.3	7.1	7.8	7.3	7.7
18	adaptations/equipment delivered on time	7.1	7.7	7.5	7.5	7.7	7.4	7.2	7.5	7.2	7.6
19	enough time	7.4	7.5	7.2	7.7	7.9	7.3	7.1	7.6	7.6	7.5
20	assessment 4 weeks after request	7.2	7.6	7.4	7.5	7.7	7.3	7.0	7.6	7.2	7.5
21	explanation reasons adaptations	7.3	7.5	7.1	7.7	7.8	7.2	7.3	7.4	7.4	7.4
22	good communic. with other services	7.6	7.4	7.2	7.7	7.8	7.2	6.6	7.7	6.9	7.6
23	input in decisions for users	7.3	7.4	7.0	7.7	8.1	7.0	6.8	7.6	7.0	7.4
24	one coordinating key person	7.1	7.3	7.0	7.3	7.4	7.1	6.7	7.4	7.0	7.2
25	explanation complaint procedure	6.7	7.4	7.2	7.2	7.2	7.1	7.1	7.1	7.2	7.1
26	info. about results with other services	7.3	7.0	6.9	7.4	7.7	6.7	6.5	7.4	6.6	7.3
27	information about length of waiting times	7.1	7.0	7.1	6.9	7.3	6.8	6.4	7.3	6.5	7.1
28	provision specialised back-up services	7.1	6.9	6.9	7.1	7.3	6.8	6.8	7.1	6.8	7.0
29	easy to reach by public transport	7.2	6.9	7.0	7.0	7.3	6.8	6.9	6.8	7.2	6.9
30	explanation financial consequences	6.5	7.0	6.9	6.9	7.0	6.7	6.5	7.0	7.2	6.8
31	keep appointments punctually	6.9	6.6	6.6	6.7	6.7	6.7	6.6	6.7	6.7	6.8
32	replacement when OT-worker is absent	6.7	6.6	6.5	6.7	6.8	6.5	6.4	6.4	7.0	6.6
33	reimbursement of extra expenses	6.6	6.6	6.8	6.4	7.1	6.4	6.3	6.5	6.2	6.8
34	no charges for equipment	6.3	6.7	6.5	6.6	7.2	6.2	6.2	6.4	6.3	6.6
35	possibility to choose different OT-worker	6.5	6.4	6.3	6.6	7.0	6.1	6.4	6.5	6.7	6.4
36	cost/benefits assessment	5.9	6.4	6.2	6.3	6.3	6.2	6.2	6.1	6.6	6.2
37	users decide on spending care budget	5.7	6.3	6.1	6.1	6.2	6.0	5.7	6.1	5.7	6.2
38	annual report on situation/conditions	5.9	6.0	5.7	6.2	6.4	5.7	6.2	6.1	5.8	6.1
39	showroom for equipment	5.6	6.1	5.7	6.1	6.2	5.8	5.7	6.0	5.5	6.0
40	allowance to see personal files	6.0	5.9	5.9	6.0	6.2	5.7	5.8	6.1	5.8	6.0

A = gender (1 = men , 2 = women)
B = education (1 = less than 10 years , 2 = 10 years or more)
C = age category (1 = less than 65 years of age ; 2 = 65 years or older)
D = physical limitations (1 = moderately limited ; 2 = severely handicapped)
E = perceived health (1 = good or excellent health ; 2 = fair or poor health)

Table A.3.2 Performance scores for the OT-Bureau and OT-workers on the 40 quality aspects included in the preliminary version of the QUOTE-OT instrument aspects, broken down by sub-categories of the OT-users respondent group

		A		B		C		D		E	
		1	2	1	2	1	2	1	2	1	2
1	respect privacy of client	94.8	95.2	96.4	93.9	95.7	94.1	96.8	97.3	93.8	95.7
2	don't make me feel as burden to society	4.8	7.3	7.0	6.0	10.3	3.7	6.5	3.6	0.0	7.0
3	users are taken seriously	85.5	96.1	91.7	93.3	92.5	94.4	90.0	93.6	94.1	93.9
4	enough time	88.3	94.2	92.9	91.7	90.9	94.1	93.8	93.6	89.7	93.0
5	keep appointments punctually	87.1	94.4	92.8	91.2	86.4	96.2	77.4	95.3	84.9	94.4
6	efficient work	82.3	92.9	86.9	91.4	89.7	88.8	80.0	92.7	86.1	91.8
7	input in decisions for users	83.6	92.7	89.3	90.1	91.0	89.5	86.2	90.7	90.6	89.6
8	possibil. to choose different OT-worker	82.7	86.9	84.9	85.7	55.1	86.4	76.9	86.3	78.6	87.1
9	easy to reach by telephone	80.0	83.1	81.0	83.0	82.1	80.8	81.3	82.0	77.4	83.3
10	availability of appropriate equipment	79.0	83.2	79.5	83.8	86.4	77.5	83.3	80.4	77.8	83.5
11	discuss careplan with me	79.0	81.5	86.6	75.5	82.8	77.2	75.9	83.3	82.1	80.7
12	good understanding of problems	87.3	91.7	89.2	91.1	85.7	92.7	83.3	93.0	92.3	90.6
13	adaptations/equipment delivered on time	78.9	79.7	76.6	82.6	84.6	74.5	82.1	79.3	69.0	82.1
14	services allowing more independence	75.9	80.8	80.5	78.1	80.9	76.8	81.3	79.8	80.7	80.4
15	services that cover my needs	78.0	79.0	77.4	79.8	80.6	75.7	75.0	80.6	84.4	79.2
16	allowance to see personal files	78.0	79.3	76.1	80.9	85.7	79.1	73.1	81.1	70.4	79.5
17	listen to my views	83.9	94.3	90.6	91.0	87.9	93.4	81.3	92.9	88.2	90.9
18	accessibility of OT-office	76.7	80.7	83.9	76.3	79.6	81.7	84.6	80.3	81.0	77.4
19	cost/benefits assessment	69.2	81.3	81.6	73.6	73.3	80.4	59.3	82.4	77.8	78.3
20	explanation reasons adaptations	78.6	76.7	79.8	75.3	78.5	77.1	72.4	80.6	71.4	79.6
21	information about length of waiting times	73.2	78.0	70.1	80.7	85.0	69.6	75.9	78.1	69.0	78.7
22	one coordinating key person	67.9	80.4	72.6	77.7	75.9	72.2	55.2	79.0	73.1	75.4
23	good communic. with other services	74.6	74.8	75.0	74.5	74.6	74.8	74.1	80.4	81.5	75.5
24	information on range of services	69.5	76.0	74.7	72.9	79.4	68.7	75.0	78.1	81.3	74.3
25	replacement when OT-worker is absent	71.7	72.8	74.0	71.4	69.8	72.6	69.2	71.1	75.0	71.9
26	take account of family needs	74.6	71.4	73.3	70.6	72.9	70.3	71.4	75.3	63.0	74.8
27	assessment 4 weeks after request	66.7	70.0	63.0	74.0	73.9	64.4	69.0	72.0	76.7	68.4
28	minimise bureaucratic procedures	62.8	69.6	67.6	67.1	74.6	62.9	69.0	69.0	68.0	70.3
29	check on adaptations after 2 weeks	66.7	68.1	60.3	73.9	74.6	62.1	65.5	72.1	64.3	69.9
30	info. about results with other services	65.5	64.1	67.5	61,8	65.6	63.5	37.9	72.4	51.9	68.1
31	annual follow-up check on adaptations	66.0	61.3	58.0	66.7	71.2	56.6	52.0	69.8	50.0	66.7
32	provision specialised back-up services	61.5	62.4	62.7	61.6	72.6	56.2	76.9	59.2	56.0	65.4
33	explanation financial consequences	58.5	62.6	58.2	64.0	65.6	57.0	64.3	63.5	66.7	61.9
34	users decide on spending care budget	58.5	56.0	50.7	62.2	67.2	47.7	58.6	52.8	56.0	58.2
35	easy to reach by public transport	50.0	51.5	54.3	49.4	57.1	47.6	53.3	48.8	57.1	48.3
36	reimbursement of extra expenses	59.2	44.3	48.0	49.4	55.0	42.4	60.7	46.3	48.2	48.4
37	no charges for equipment	41.4	47.2	44.6	46.0	41.2	51.5	58.8	46.2	51.5	45.8
38	explanation complaint procedure	37.5	46.8	43.6	44.3	50.0	38.3	51.9	42.7	38.5	45.8
39	annual report on situation/conditions	39.6	41.2	39.4	41.8	47.3	36.3	54.2	40.0	32.0	43.5
40	showroom for equipment	31.8	34.3	32.3	34.6	45.5	26.3	40.0	31.0	38.5	34.2

A = gender (1 = men , 2 = women)
B = education (1 = less than 10 years , 2 = 10 years or more)
C = age category (1 = less than 65 years of age ; 2 = 65 years or older)
D = physical limitations (1 = moderately limited ; 2 = severely handicapped)
E = perceived health (1 = good or excellent health ; 2 = fair or poor health)

Table A.3.3 Quality impact indices for 40 quality aspects included in the preliminary version of the QUOTE-OT instrument, across different sub-categories of respondents

Variable		gender		age		education		limitations		health	
		males	females	young	old	high	low	severe	moderate	good health	poor health
1	explanation complaint procedure	4.19	3.91	4.08	3.94	4.41	3.60	4.06	3.40	4.42	3.85
2	showroom for equipment	3.80	4.01	4.18	3.79	4.47	3.10	4.13	3.43	3.39	3.96
3	no charges for equipment	3.70	3.52	3.96	3.35	3.18	3.84	3.45	2.56	3.02	3.58
4	annual report on situation/conditions	3.56	3.55	3.88	3.34	3.96	2.98	3.64	2.83	3.93	3.42
5	reimbursement of extra expenses	2.71	3.70	3.69	3.22	3.70	3.05	3.47	2.49	3.20	3.52
6	easy to reach by public transport	3.62	3.33	3.35	3.46	3.67	2.99	3.49	3.20	3.10	3.57
7	annual follow-up check on adaptations	2.51	2.97	3.23	2.49	3.27	2.18	2.30	3.53	3.71	2.54
8	explanation financial consequences	2.69	2.61	2.92	2.45	3.97	2.36	2.57	2.32	2.41	2.57
9	provision specialised back-up services	2.72	2.64	2.74	2.62	3.10	1.89	2.91	1.57	2.98	2.41
10	users decide on spending care budget	2.36	2.78	3.06	2.26	3.19	1.99	2.93	2.34	2.49	2.60
11	check on adaptations after 2 weeks	2.54	2.49	3.18	1.97	2.99	1.92	2.16	2.61	2.72	2.33
12	info. about results with other services	2.53	2.51	2.49	2.57	2.68	2.37	2.03	4.03	3.16	2.33
13	minimise bureaucratic procedures	2.73	2.34	2.57	2.42	2.90	1.86	2.43	2.22	2.33	2.28
14	assessment 4 weeks after request	2.41	2.26	2.84	1.90	2.68	1.92	2.12	2.17	1.67	2.37
15	take account of family needs	1.94	2.14	2.18	2.10	2.28	1.98	1.93	2.05	2.70	1.92
16	information on range of services	2.29	1.86	2.09	1.99	2.49	1.52	1.71	1.84	1.39	2.01
17	accessibility of OT-office	1.90	1.52	1.39	1.80	1.48	1.58	1.57	1.22	1.51	1.81
18	good communications with other services	1.92	1.85	1.96	1.83	1.94	1.82	1.50	1.72	1.28	1.86
19	one coordinating key person	2.28	1.43	2.04	1.58	2.03	1.70	1.55	3.01	1.88	1.78
20	replacement when OT-worker is absent	1.89	1.78	1.78	1.86	1.82	1.95	1.85	1.97	1.75	1.85
21	services that cover my needs	1.81	1.71	1.98	1.59	2.06	1.51	1.61	1.98	1.28	1.71
22	explanation reasons adaptations	1.56	1.74	1.57	1.78	1.76	1.52	1.44	2.01	2.12	1.51
23	information about length of waiting times	1.89	1.53	2.15	1.31	2.09	1.07	1.60	1.53	2.03	1.52
24	discuss careplan with me	1.63	1.47	1.15	1.82	1.89	1.24	1.34	1.80	1.35	1.53
25	services allowing more independence	1.84	1.50	1.58	1.65	1.86	1.42	1.59	1.36	1.45	1.52

- continued -

Table A.3.3 Quality impact indices for 40 quality aspects included in the preliminary version of the QUOTE-OT instrument, across different sub-categories of respondents - continued -

Variable		gender		age		education		limitations		health	
		males	females	young	old	high	low	severe	moderate	good health	poor health
26	availability of appropriate equipment	1.64	1.37	1.72	1.27	1.82	1.08	1.60	1.25	1.78	1.34
27	adaptations/equipment delivered on time	1.53	1.57	1.80	1.29	1.91	1.15	1.56	1.28	2.23	1.35
28	cost/benefits assessment	1.81	1.20	1.16	1.63	1.22	1.65	1.07	2.53	1.45	1.34
29	easy to reach by telephone	1.50	1.29	1.47	1.27	1.46	1.34	1.37	1.42	1.67	1.27
30	allowance to see personal files	1.31	1.21	1.47	1.09	1.26	0.85	1.15	1.57	1.71	1.22
31	possibility to choose different OT-worker	1.13	0.84	1.04	0.88	0.91	0.75	0.89	1.47	1.43	0.82
32	good understanding of problems	1.04	0.68	0.94	0.71	0.61	1.15	0.58	1.31	0.62	0.78
33	listen to my views	1.31	0.46	0.81	0.69	0.55	0.93	0.58	1.45	0.91	0.74
34	efficient work	1.40	0.56	1.05	0.68	0.89	0.81	0.58	1.56	1.11	0.66
35	input in decisions for users	1.20	0.54	0.87	0.69	0.81	0.63	0.70	0.94	0.66	0.77
36	users are taken seriously	1.17	0.32	0.73	0.52	0.47	0.58	0.52	0.80	0.47	0.50
37	enough time	0.87	0.44	0.56	0.61	0.46	0.65	0.49	0.45	0.79	0.52
38	don't make me feel as a burden to society	0.39	0.63	0.64	0.49	0.33	0.83	0.31	0.53	0.00	0.60
39	keep appointments punctually	0.82	0.37	0.48	0.59	0.25	0.92	0.31	1.49	1.01	0.38
40	respect privacy of client	0.44	0.41	0.33	0.49	0.51	0.36	0.23	0.26	0.52	0.36

APPENDIX 4 QUOTE-OT SERVICES INSTRUMENT (EXTENDED VERSION), WITH 43 QUALITY OF CARE INCLUDED

NIVEL
Netherlands Institute
of primary health care

P.O. Box 1568
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The Netherlands

QUOTE - OT Services

Questionnaire " Quality of Care as perceived by users of Occupational Therapy (OT) services "

(43 Aspects)

H.J. Sixma - M.W. Calnan - P.P. Groenewegen - S. Calnan

Guidelines for the use of the questionnaire

This questionnaire consists of a series of questions about:

1 OT services provided by your local authority you consider important

2 your experiences with OT services provided by your local authority

In asking you about the importance of various aspects of OT services provided by your local authority, we want to know what you expect from the health and social care providers, what **you** think is important. Also we want to know about **your** experiences with the social services OT service and the work of individual occupational therapist(s) you had contacts with.

These sets of questions are preceded by an example. Please read the instructions and the examples very carefully. Most of the questions can be answered by ticking one of the boxes. Others may be answered in your own words. Some of the questions may appear very similar, but please bear in mind that it is very important for this survey that you answer all the questions as fully as possible. Please do not leave any questions out. There are no right or wrong answers; it is **your** experiences and opinions that count.

Part 1 Important or Not ?

Some people expect their OT-worker to be a good listener. Others attach less importance to this and would prefer an occupational therapist who is available at any time of the day. In other words, people have different expectations of care. We would like to know **what you expect** from the **Social Services OT Service** and individual **occupational therapists**. The questionnaire is therefore concerned with what is **important to you**. There are no right or wrong answers. Please read the example carefully first.

Example

	Not important	Fairly important	Important	Extremely important
OT services and/or occupational therapists ...				
should always be pleasant to me	☐	☑	☐	☐

In this example, you ticked the second box. This means you had to think about it for a moment, but you do think it is fairly important that OT services and/or occupational therapists are always pleasant to you.

1 Below you will see a number of statements all starting with: " OT services and/or occupational therapists ..." Some statements will immediately strike you as important, others as relatively unimportant. We would like you to indicate after **every** statement how important you think it is.

OT services and occupational therapists ...	Not important	Fairly important	Important	Extremely important
1 **should** have a good understanding of my problems .	☐	☐	☐	☐
2 **should** work efficiently	☐	☐	☐	☐
3 **should** always allow me to have an input in the decisions regarding the services I require	☐	☐	☐	☐
4 **should** always take me seriously	☐	☐	☐	☐
5 **should** always keep appointments punctually	☐	☐	☐	☐
6 **should** always allow me to see my personal file if I want to	☐	☐	☐	☐
7 **should** allow me to choose a different OT-worker if we do not "get on"	☐	☐	☐	☐
8 **should** not charge me for the provision of equipment and minor adaptations	☐	☐	☐	☐

question continued over leaf →

(important/not important aspects of the work of OT-services)

OT-services and occupational therapists ...	Not important	Fairly important	Important	Extremely important
9 **should** communicate with other health and social care providers about the help or services I require	☐	☐	☐	☐
10 **should** always tell me about the results of contacts with other health and social care providers	☐	☐	☐	☐
11 **should** always be easy to reach by telephone	☐	☐	☐	☐
12 **should** carefully check whether adaptations and/or services are delivered according to specifications . .	☐	☐	☐	☐
13 **should** always carefully listen to my feelings and views	☐	☐	☐	☐
14 **should** have an office that is easily accessible for disabled people or people in a wheelchair	☐	☐	☐	☐
15 **should** provide services that fully cover my needs	☐	☐	☐	☐
16 **should** never make me feel as if I am a burden to society	☐	☐	☐	☐
17 **should** ensure that, in urgent matters, appropriate equipment (e.g. toilet frames) is immediately available	☐	☐	☐	☐
18 **should** inform me about the length of waiting times for consultations, assessments and adaptations . . .	☐	☐	☐	☐
19 **should** arrange that extra expenses related to the fact that I am disabled are fully reimbursed	☐	☐	☐	☐
20 **should** provide a replacement when my regular OT-worker is ill or on holiday	☐	☐	☐	☐
21 **should** always have enough time for me	☐	☐	☐	☐
22 **should** be easy to reach by public transport	☐	☐	☐	☐
23 **should** let me decide how I spend the budget for my services and adaptations	☐	☐	☐	☐
24 **should** have one key-person who coordinates all the OT-services I require	☐	☐	☐	☐
25 **should** provide adequate information about the range of services offered	☐	☐	☐	☐
26 **should** provide an assessment within 4 weeks after a request is made	☐	☐	☐	☐

question continued over leaf →

(important/not important aspects of care continued))

OT-services and occupational therapists ...	Not important	Fairly important	Important	Extremely important
27 **should** discuss the assessment (or careplan) with me in full detail	☐	☐	☐	☐
28 **should** minimise waiting times for equipment and/or adaptations as much as possible	☐	☐	☐	☐
29 **should** provide advice and services that contribute to my independence	☐	☐	☐	☐
30 **should** explain in full detail why a certain advice or service is given	☐	☐	☐	☐
31 **should** carefully explain the costs and financial consequences of assessments made or services provided	☐	☐	☐	☐
32 **should** explain the complaint procedures or the procedures I have to follow when things have not run satisfactorily	☐	☐	☐	☐
33 **should** always respect my privacy as a client	☐	☐	☐	☐
34 **should** check within 2 weeks whether adaptations and/or equipment are functioning according to my needs	☐	☐	☐	☐
35 **should** carry out an annual follow-up check to see if adaptations and/or equipment are still appropriate	☐	☐	☐	☐
36 **should** arrange that equipment or adaptations are delivered on time	☐	☐	☐	☐
37 **should** minimize bureaucratic procedures and delays	☐	☐	☐	☐
38 **should** take account of the needs of my family (or other informal carers)	☐	☐	☐	☐
39 **should** provide me with an annual report about my situation and/or conditions	☐	☐	☐	☐
40 **should** provide specialized back-up services for adaptations and/or equipment	☐	☐	☐	☐
41 **should** always explain why services and/or adaptations are refused or not according to specifications	☐	☐	☐	☐
42 **should** provide adequate information about who to contact and/or where to go to	☐	☐	☐	☐
43 **should** always keep their promises	☐	☐	☐	☐

Part 2 Experiences and Problems

In part 2 we asked you what you expect of OT services and occupational therapists. In this section of the questionnaire we want to ask you about **your own personal experiences**. The way we have worded the questions is a bit different from the previous section. Here is an example:

Example

	No	*Not really*	*On the whole yes*	*Yes*
The OT service and/or the occupational therapist I had contact with during the past year,...				
is always pleasant towards me	☐	☑	☐	☐

In this example, you have ticked the second box. This means that you had to think about it for a moment but that you find that the OT service and/or the occupational therapist you had contact with during the past year has not really been that pleasant towards you.

1 Have you been in touch with the Social Services OT Service or OT-workers (outside the hospital) over the past year, i.e. between ..... and ..... ? (This means any kind of contact, including telephone calls.)

☐ If not → go to part ..... of the questionnaire
☐ If so → please tick the box of your choice after each of the following statements. If you have been in touch with more than one OT organisation or OT-worker, think of the one you had contact with most recently.

	The Social Services OT Service and/or OT-worker I had contact with during the past year ...	No	Not really	On the whole, yes	Yes
1	has a good understanding of my problems	☐	☐	☐	☐
2	works efficiently	☐	☐	☐	☐
3	always allows me to have an input in the decision regarding the services I require	☐	☐	☐	☐
4	always takes me seriously	☐	☐	☐	☐
5	always keeps appointments punctually	☐	☐	☐	☐
6	allows (or would allow) me to see personal file if I want to	☐	☐	☐	☐
7	allows (or would allow me) me to chose another OT- worker if we do not "get on"	☐	☐	☐	☐

questions continued over leaf →

(experiences with OT Services)

The OT Service or occupational therapist I had contact with over the last year ...	No	Not really	On the whole, yes	Yes
8 does not charge me for the provision of equipment and/or minor adaptations	☐	☐	☐	☐
9 communicates about the help and services I require with other health or social care providers	☐	☐	☐	☐
10 tells me about the results of contacts with other services	☐	☐	☐	☐
11 is always easy to reach by telephone	☐	☐	☐	☐
12 carefully checks whether adaptations and/or services are delivered according to specifications	☐	☐	☐	☐
13 always carefully listens to my feelings and views	☐	☐	☐	☐
14 has an office that is easily accessible for disabled people or people in a wheelchair	☐	☐	☐	☐
15 provides services that fully cover my needs	☐	☐	☐	☐
16 makes me feel as if I am a burden to society	☐	☐	☐	☐
17 ensures that, in urgent matters, appropriate equipment (e.g. toilet frame, bathing aids) is immediately available	☐	☐	☐	☐
18 informs me about the length of waiting times for consultations, assessments and adaptations	☐	☐	☐	☐
19 arranges that extra expenses related to the fact that I am disabled are fully reimbursed	☐	☐	☐	☐
20 provides a replacement when my regular OT-worker is ill or on holiday	☐	☐	☐	☐
21 always allows enough time for me	☐	☐	☐	☐
22 is easy to reach by public transport	☐	☐	☐	☐
23 lets me decide how I spend the budget for my services and adaptations	☐	☐	☐	☐
24 has one key-person who coordinates all the OT-services I require	☐	☐	☐	☐
25 provides adequate information about the range of services offered	☐	☐	☐	☐
26 provides an assessment within 4 weeks after a request is made	☐	☐	☐	☐

questions continued over leaf →

(experiences with OT Services)

The OT-service and occupational therapist I had contacts with ...	No	Not really	On the whole, yes	Yes
27 discusses the assessment (or careplan) with me in full detail	☐	☐	☐	☐
28 minimises waiting times for equipment and/or adaptations as much as possible	☐	☐	☐	☐
29 provides advice and services that contribute to my independence	☐	☐	☐	☐
30 explains in full detail why a certain advice or service is given	☐	☐	☐	☐
31 carefully explains the costs and financial consequences of the assessments made or services provided	☐	☐	☐	☐
32 explained the complaint procedures or the procedures I have to follow when things have not run satisfactorily	☐	☐	☐	☐
33 always respects my privacy as a client	☐	☐	☐	☐
34 checks within 2 weeks whether adaptations and/or equipment are functioning according to my needs	☐	☐	☐	☐
35 carries out an annual follow-up check to see if adaptations and/or equipment are still appropriate	☐	☐	☐	☐
36 arranged that equipment or adaptations were delivered on time	☐	☐	☐	☐
37 minimizes bureaucratic procedures and delays	☐	☐	☐	☐
38 takes into account the needs of my family (or other informal carers)	☐	☐	☐	☐
39 provides an annual report about my situation	☐	☐	☐	☐
40 provides specialized back-up services for adaptations and/or equipment	☐	☐	☐	☐
41 always explains why services and/or adaptations are refused or not according to specifications	☐	☐	☐	☐
42 provides adequate information about who to contact and/or where to go to	☐	☐	☐	☐
43 always keep their promises	☐	☐	☐	☐

3 You may have (also) experienced other problems in your dealings with the Social Services OT Service or individual occupational therapists. If so, please outline these in your own words below.

In my contacts with OT services I experienced the following problems:

1 .....

2 .....

3 .....

APPENDIX 5 QUOTE-OT SERVICES INSTRUMENT (SHORTENED VERSION), WITH 23 QUALITY ASPECTS

NIVEL
Netherlands Institute
of primary health care

P.O. Box 1568
3500 BN Utrecht
The Netherlands

QUOTE - OT Services

Questionnaire " Quality of Care as perceived by users of Occupational Therapy (OT) services "

(23 Aspects)

H.J. Sixma - M.W. Calnan - P.P. Groenewegen - S. Calnan

Guidelines for the use of the questionnaire

This questionnaire consists of a series of questions about:

1 OT services provided by your local authority you consider important

2 your experiences with OT services provided by your local authority

In asking you about the importance of various aspects of OT services provided by your local authority, we want to know what you expect from the health and social care providers, what **you** think is important. Also we want to know about **your** experiences with the social services OT service and the work of individual occupational therapist(s) you had contacts with.

These sets of questions are preceded by an example. Please read the instructions and the examples very carefully. Most of the questions can be answered by ticking one of the boxes. Others may be answered in your own words. Some of the questions may appear very similar, but please bear in mind that it is very important for this survey that you answer all the questions as fully as possible. Please do not leave any questions out. There are no right or wrong answers; it is **your** experiences and opinions that count.

Part 1 Important or Not ?

Some people expect their OT-worker to be a good listener. Others attach less importance to this and would prefer an occupational therapist who is available at any time of the day. In other words, people have different expectations of care. We would like to know **what you expect** from the **Social Services OT Service** and individual **occupational therapists**. The questionnaire is therefore concerned with what is **important to you**. There are no right or wrong answers. Please read the example carefully first.

Example

	Not important	Fairly important	Important	Extremely important
OT services and/or occupational therapists ...				
should always be pleasant to me	☐	☑	☐	☐

In this example, you ticked the second box. This means you had to think about it for a moment, but you do think it is fairly important that OT services and/or occupational therapists are always pleasant to you.

1 Below you will see a number of statements all starting with: " OT services and/or occupational therapists ..." Some statements will immediately strike you as important, others as relatively unimportant. We would like you to indicate after **every** statement how important you think it is.

OT services and occupational therapists ...	Not important	Fairly important	Important	Extremely important
1 **should** have a good understanding of my problems .	☐	☐	☐	☐
2 **should** work efficiently	☐	☐	☐	☐
3 **should** always allow me to have an input in the decisions regarding the services I require	☐	☐	☐	☐
4 **should** always take me seriously	☐	☐	☐	☐
5 **should** allow me to choose a different OT-worker if we do not "get on"	☐	☐	☐	☐
6 **should** not charge me for the provision of equipment and minor adaptations	☐	☐	☐	☐
7 **should** communicate well with other health and social care providers about the help or services I require . . .	☐	☐	☐	☐

question continued over leaf →

(important/not important aspects of the work of OT-services)

OT-services and occupational therapists ...	Not important	Fairly important	Important	Extremely important
8 **should** always tell me about the results of contacts with other health and social care providers	☐	☐	☐	☐
9 **should** always be easy to reach by telephone	☐	☐	☐	☐
10 **should** always carefully listen to my feelings and views	☐	☐	☐	☐
11 **should** provide services that fully cover my needs	☐	☐	☐	☐
12 **should** inform me about the length of waiting times for consultations, assessments and adaptations . . .	☐	☐	☐	☐
13 **should** provide a replacement when my regular OT-worker is ill or on holiday	☐	☐	☐	☐
14 **should** always have enough time for me	☐	☐	☐	☐
15 **should** have one key-person who coordinates all the OT-services I require	☐	☐	☐	☐
16 **should** provide adequate information about the range of services offered	☐	☐	☐	☐
17 **should** provide an assessment within 4 weeks after a request is made	☐	☐	☐	☐
18 **should** discuss the assessment (or careplan) with me in full detail	☐	☐	☐	☐
19 **should** provide advice and services that contribute to my independence	☐	☐	☐	☐
20 **should** check within 2 weeks whether adaptations and/ or equipment are functioning according to my needs	☐	☐	☐	☐
21 **should** carry out an annual follow-up check to see if adaptations and/or equipment are still appropriate	☐	☐	☐	☐
22 **should** arrange that equipment or adaptations are delivered on time	☐	☐	☐	☐
23 **should** provide specialized back-up services for adaptations and/or equpiment	☐	☐	☐	☐

Part 2 Experiences and Problems

In part 2 we asked you what you expect of OT services and occupational therapists. In this section of the questionnaire we want to ask you about **your own personal experiences**. The way we have worded the questions is a bit different from the previous section. Here is an example:

Example

	No	*Not really*	*On the whole yes*	*Yes*
The OT service and/or the occupational therapist I had contact with during the past year,...				
is always pleasant towards me	☐	☑	☐	☐

In this example, you have ticked the second box. This means that you had to think about it for a moment but that you find that the OT service and/or the occupational therapist you had contact with during the past year has not really been that pleasant towards you.

1 Have you been in touch with the Social Services OT Service or OT-workers (outside the hospital) over the past year, i.e. between ..... and ..... ? (This means any kind of contact, including telephone calls.)

☐ If not → go to part ..... of the questionnaire
☐ If so → please tick the box of your choice after each of the following statements. If you have been in touch with more than one OT organisation or OT-worker, think of the one you had contact with most recently.

	The Social Services OT Service and/or OT-worker I had contact with during the past year ...	No	Not really	On the whole, yes	Yes
1	has a good understanding of my problems	☐	☐	☐	☐
2	works efficiently	☐	☐	☐	☐
3	always allows me to have an input in the decision regarding the services I require	☐	☐	☐	☐
4	always takes me seriously	☐	☐	☐	☐
5	allows (or would allow me) me to chose another OT-worker if we do not "get on"	☐	☐	☐	☐
6	does not charge me for the provision of equipment and/or minor adaptations	☐	☐	☐	☐
7	communicates about the help and services I require with other health or social care providers	☐	☐	☐	☐

questions continued over leaf →

(experiences with OT Services)

The OT Service or occupational therapist I had contact with over the last year ...	No	Not really	On the whole, yes	Yes
8 tells me about the results of contacts with other services ...	☐	☐	☐	☐
9 is always easy to reach by telephone	☐	☐	☐	☐
10 always carefully listens to my feelings and views	☐	☐	☐	☐
11 provides services that fully cover my needs	☐	☐	☐	☐
12 informs me about the length of waiting times for consultations, assessments and adaptations	☐	☐	☐	☐
13 provides a replacement when my regular OT-worker is ill or on holiday	☐	☐	☐	☐
14 always allows enough time for me	☐	☐	☐	☐
15 has one key-person who coordinates all the OT-services I require	☐	☐	☐	☐
16 provides adequate information about the range of services offered	☐	☐	☐	☐
17 provides an assessment within 4 weeks after a request is made	☐	☐	☐	☐
18 discusses the assessment (or careplan) with me in full detail	☐	☐	☐	☐
19 provides advice and services that contribute to my independence	☐	☐	☐	☐
20 checks within 2 weeks whether adaptations and/or equipment are functioning according to my needs	☐	☐	☐	☐
21 carries out an annual follow-up check to see if adaptations and/or equipment are still appropriate	☐	☐	☐	☐
22 arranged that equipment or adaptations were delivered on time	☐	☐	☐	☐
23 provides specialized back-up services for adaptations and/or equipment	☐	☐	☐	☐

---

3 You may have (also) experienced other problems in your dealings with the Social Services OT Service or individual occupational therapists. If so, please outline these in your own words below.

In my contacts with OT services I experienced the following problems:

1 .....

2 .....

3 .....

APPENDIX 6 QUOTE-OT SERVICES INSTRUMENT (SHORTENED VERSION), WITH 12 QUALITY OF CARE ASPECTS

NIVEL
Netherlands Institute
of primary health care

P.O. Box 1568
3500 BN Utrecht
The Netherlands

QUOTE - OT Services

Questionnaire " Quality of Care as perceived by users of Occupational Therapy (OT) services "

(12 Aspects)

H.J. Sixma - M.W. Calnan - P.P. Groenewegen - S. Calnan

Guidelines for the use of the questionnaire

This questionnaire consists of a series of questions about:

1 OT services provided by your local authority you consider important

2 your experiences with OT services provided by your local authority

In asking you about the importance of various aspects of OT services provided by your local authority, we want to know what you expect from the health and social care providers, what **you** think is important. Also we want to know about **your** experiences with the social services OT service and the work of individual occupational therapist(s) you had contacts with.

These sets of questions are preceded by an example. Please read the instructions and the examples very carefully. Most of the questions can be answered by ticking one of the boxes. Others may be answered in your own words. Some of the questions may appear very similar, but please bear in mind that it is very important for this survey that you answer all the questions as fully as possible. Please do not leave any questions out. There are no right or wrong answers; it is **your** experiences and opinions that count.

Part 1 Important or Not ?

Some people expect their OT-worker to be a good listener. Others attach less importance to this and would prefer an occupational therapist who is available at any time of the day. In other words, people have different expectations of care. We would like to know **what you expect** from the **Social Services OT Service** and individual **occupational therapists**. The questionnaire is therefore concerned with what is **important to you**. There are no right or wrong answers. Please read the example carefully first.

Example

OT services and/or occupational therapists ...	Not important	Fairly important	Important	Extremely important
should always be pleasant to me	☐	☑	☐	☐

In this example, you ticked the second box. This means you had to think about it for a moment, but you do think it is fairly important that OT services and/or occupational therapists are always pleasant to you.

1 Below you will see a number of statements all starting with: " OT services and/or occupational therapists ..." Some statements will immediately strike you as important, others as relatively unimportant. We would like you to indicate after **every** statement how important you think it is.

OT services and occupational therapists ...	Not important	Fairly important	Important	Extremely important
1 **should** have a good understanding of my problems .	☐	☐	☐	☐
2 **should** always allow me to have an input in the decisions regarding the services I require	☐	☐	☐	☐
3 **should** always take me seriously	☐	☐	☐	☐
4 **should** not charge me for the provision of equipment and minor adaptations	☐	☐	☐	☐
5 **should** always tell me about the results of contacts with other health and social care providers	☐	☐	☐	☐
6 **should** always be easy to reach by telephone	☐	☐	☐	☐
7 **should** provide services that fully cover my needs	☐	☐	☐	☐
8 **should** inform me about the length of waiting times for consultations, assessments and adaptations ...	☐	☐	☐	☐

question continued over leaf →

(important/not important aspects of the work of OT-services)

OT-services and occupational therapists ...	Not important	Fairly important	Important	Extremely important
9 **should** have one key-person who coordinates all the OT-services I require	☐	☐	☐	☐
10 **should** provide an assessment within 4 weeks after a request is made	☐	☐	☐	☐
11 **should** carry out an annual follow-up check to see if adaptations and/or equipment are still appropriate	☐	☐	☐	☐
12 **should** provide specialized back-up services for adaptations and/or equpiment	☐	☐	☐	☐

Part 2 Experiences and Problems

In part 2 we asked you what you expect of OT services and occupational therapists. In this section of the questionnaire we want to ask you about **your own personal experiences**. The way we have worded the questions is a bit different from the previous section. Here is an example:

Example

	No	*Not really*	*On the whole yes*	*Yes*
The OT service and/or the occupational therapist I had contact with during the past year,...				
is always pleasant towards me	☐	☑	☐	☐

In this example, you have ticked the second box. This means that you had to think about it for a moment but that you find that the OT service and/or the occupational therapist you had contact with during the past year has not really been that pleasant towards you.

1 Have you been in touch with the Social Services OT Service or OT-workers (outside the hospital) over the past year, i.e. between ..... and ..... ? (This means any kind of contact, including telephone calls.)

☐ If not → go to part ..... of the questionnaire
☐ If so → please tick the box of your choice after each of the following statements. If you have been in touch with more than one OT organisation or OT-worker, think of the one you had contact with most recently.

	The Social Services OT Service and/or OT-worker I had contact with during the past year ...	Not No	On the whole, really	yes	Yes
1	has a good understanding of my problems	☐	☐	☐	☐
2	always allows me to have an input in the decision regarding the services I require	☐	☐	☐	☐
3	always takes me seriously	☐	☐	☐	☐
4	does not charge me for the provision of equipment and/or minor adaptations	☐	☐	☐	☐
5	tells me about the results of contacts with other services ...	☐	☐	☐	☐
6	is always easy to reach by telephone	☐	☐	☐	☐
7	provides services that fully cover my needs	☐	☐	☐	☐
8	informs me about the length of waiting times for consultations, assessments and adaptations	☐	☐	☐	☐

questions continued over leaf →

(experiences with OT Services)

The OT Service or occupational therapist I had contact with over the last year ...	No	Not really	On the whole, yes	Yes
9 has one key-person who coordinates all the OT-services I require	☐	☐	☐	☐
10 provides an assessment within 4 weeks after a request is made	☐	☐	☐	☐
11 carries out an annual follow-up check to see if adaptations and/or equipment are still appropriate	☐	☐	☐	☐
12 provides specialized back-up services for adaptations and/or equipment	☐	☐	☐	☐

3 You may have (also) experienced other problems in your dealings with the Social Services OT Service or individual occupational therapists. If so, please outline these in your own words below.

In my contacts with OT services I experienced the following problems:

1 . . . . . .
. . . . . .

2 . . . . . .
. . . . . .

3 . . . . . .
. . . . . .