

Patient and Physician Satisfaction Surveys as a Lever of Quality Improvement in the Laboratory

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North Shore LIJ Health System

- The Nation's Largest Non-Profit, Non-Secular Health Care System - \$5.5 billion Operating Costs
- 16 Hospitals Including 3 Tertiary facilities, Children's Hospital, 2 Long Term Care and Research Institute
- Long Island's Largest Employer - 45,000 Employees
- More than 8,000 Physicians

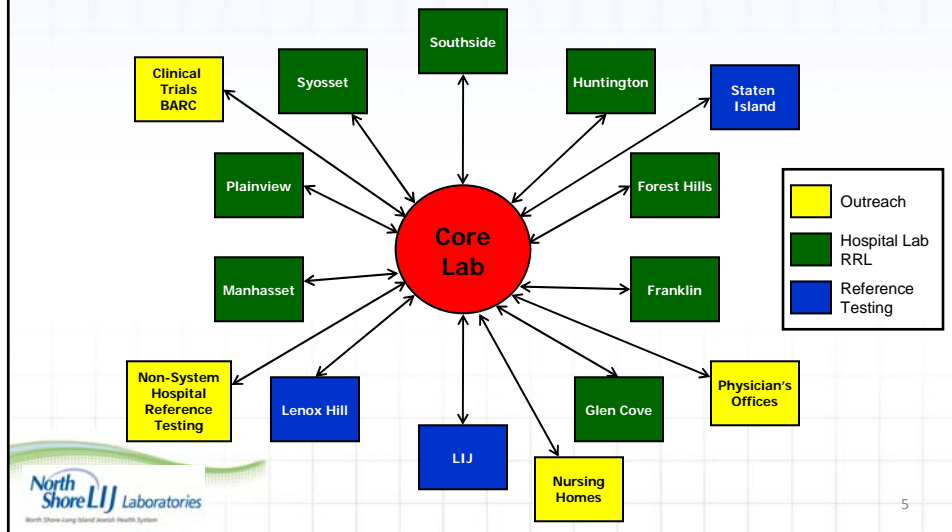




2010 System Laboratories

- Central “Core” Laboratory
- 12 Integrated Hospital Based Labs
- \$260 Million Annual Operating Budget
- 1400 FTEs/ 50 Pathologists Total
- 17 Million Billable Tests
- 180,000 Surgical Specimens
- 20 Patient Service Centers

Consolidated Laboratory Network NS-LIJ HS



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NS-LIJ Consolidated Laboratory Network

- Strategically Located 70,000 sqft Core Laboratory Utilizing Total Laboratory Automation (Roche) and 30,000 sqft off-site
- Rapid Response Laboratories (RRL) in Each Hospital
- Standardized LIS (Cerner)
- Standardized Laboratory Instrumentation
- Standardized Policy and Procedures



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Core Laboratory Scope of Services

- All routine Hospital work
 - 50% Total Volume
- Large Outreach program
- Clinical Trials
- Highly automated
- Specialized Testing
 - Microbiology, Virology, Molecular, Special Coagulation
- Logistics
 - 25,000 specimen pick-ups/month
- Phlebotomy
 - 2,000 patient draws/day

Core Lab Business Lines

<u>Business Line</u>	<u>\$\$</u>	<u>Volume (billables)</u>
Hospital	\$24 M	2.4 M
Reference	\$ 5 M	120 K
Physician Office	\$60 M	4.2M
Nursing Home	\$ 3 M	300 K
Clinical Trials	\$ 2 M	200 K
TOTAL 2010	\$94 M	7.2M

NSLIJHS Laboratories Quality Goals

- Quality Goals
 - Create a culture of patient and employee safety
 - Create a culture of exceptional services levels
 - Improve physician and patient satisfaction with laboratory services
- Patient First, Safety Always!
 - This is our Mantra

Surveys Used by the NSLIJHS Labs

- Patient Satisfaction Survey
- Physician Satisfaction Survey
- Employee Satisfaction Survey
- Our presentation will focus on
 - Patient Satisfaction Surveys
 - Physician Satisfaction Surveys
 - “Home Brew” versus independent outside firm

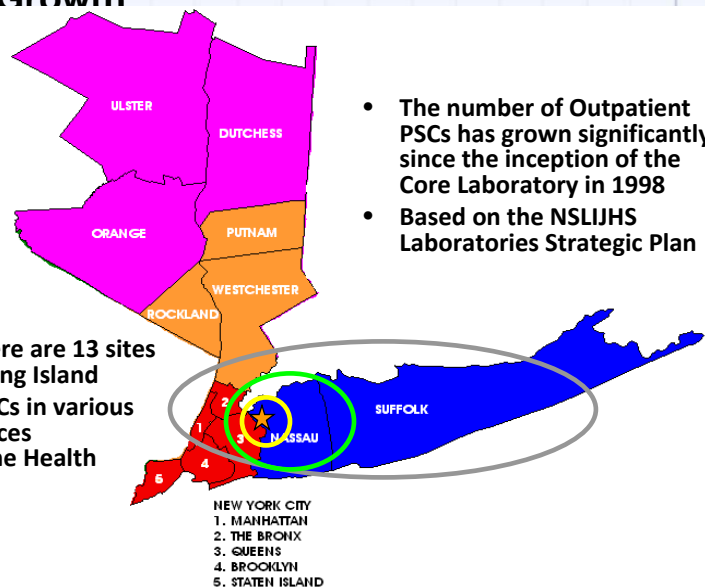
Patient and Physician Satisfaction Surveys Key Objectives

- Ongoing review of Patient and Physician Satisfaction as a tool for improving processes and quality
- Utilization of the “Voice of the Customer” in building a loyal customer base
- Developing partnerships instrumental in enhancing the laboratory’s reputation and assuring future growth
- Deployment of a rapid response to maximize the value of services rendered
- Extract long term trends in clients’ perceptions of quality

Patient Satisfaction Survey

Patient Service Center Growth

- Currently, there are 13 sites in NYC and Long Island
- And also 7 PSCs in various Faculty Practices throughout the Health System



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PSC Survey



WELCOME TO
NORTH SHORE-LIJ HEALTH SYSTEM
LABORATORIES

WHERE WE VALUE YOUR OPINION!

PLEASE COMPLETE OUR PATIENT SERVICE
CENTER AND FREE PEN.

THANK YOU
FOR YOUR CONTINUED SUPPORT!

COMPLIMENTARY PEN



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The Survey Process Continued

- Review of Survey Outcomes Weekly by Phlebotomy Management
- Negative Scores and/or Comments Immediately Addressed
 - Calls made to patient when contact info present
 - PSC contacted with negative information
 - Appropriate CAPA measures taken across all PSCs

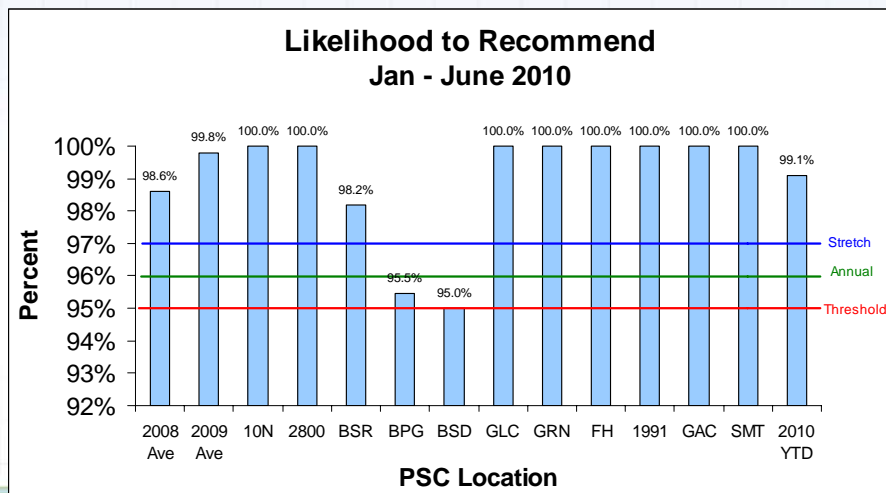


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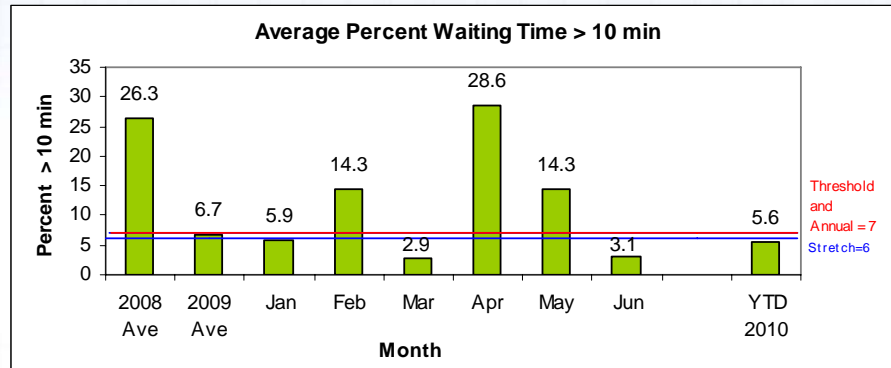
Phlebotomy Metrics

- As the NSLIJHS is a Six Sigma organization our mission critical processes are oftentimes driven by metrics
 - Quality Metric
 - “Likelihood to Recommend” our service to a friend or relative.
 - Performance Metric
 - “Waiting Time” greater than 10 minutes.

PSC Patient Satisfaction Survey



PSC Patient Satisfaction Survey



Issues Identified

- Long Waiting Times
- Dingy Dirty Spaces
- Patient Confidentiality Issues
- Patients Boredom
- Difficulty Locating PSC
- Availability of Parking

Performance Improvements

- Decreased Waiting Times
- Spruced Up PSCs and Redesigned for Privacy
- Increased HIPPA Compliance by Changing Sign-In Sheets with Removable Labels
- Installed Flat Screen TVs for Patients
- Relocated PSC to More Accessible Location
- More Conspicuous Signage
- Future Improvements
 - Adverse weather notifications
 - Automated phone system

Other PSC PI Programs

- Secret Shopper
 - Actual Patient Requiring Testing
 - Friend and Family Feedback
- Established Adopt-A-PSC Program
 - Monthly PSC Rounding
 - Laboratory Management Participation
- Developed Customer Service Training Course
 - Response to Courtesy of Phlebotomist Question
 - Required Training by All New Hires
 - Evolved to Exceptional Customer Service Training

Challenges

- **Poor Response Rate**
 - Currently only approx 5% of patients respond
 - 99% of Surveys Returned Without Comments
 - Goal is 10% of patients
 - Consider scripting and active staff interaction to encourage more responses
- **Survey Fatigue**
 - Surveys will be issued to new patients and random patients
- **Staff Compliance**
 - Creating Incentives
 - Publicly Recognizing Employee Efforts

Physician Satisfaction Survey

Outreach Clients Growth

YEAR	2007	2008	2009	2010
Client Count	670	818	917	1499
Percent Growth	NA	22%	12%	63%
Gross Monthly Revenue	\$9,834,666	\$13,298,100	\$16,983,577	\$24,955,699

The Survey Process

- Began in 2007
- Once a year, in 2010 quarterly
- Random selection of outreach physician offices and faculty practices based on Client Activity Report
- Average response rate 20-27%
 - Significant considering there are no rewards of any kind offered and the population is generally satisfied

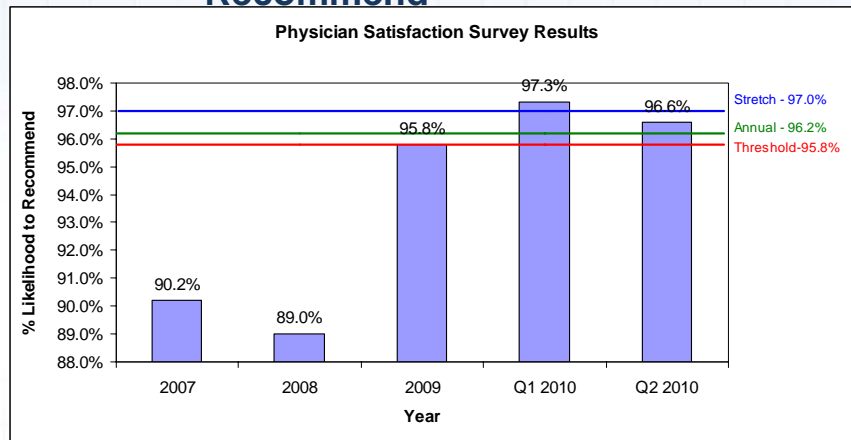
The Survey Process Continued

- All responses are reviewed by the Assistant Vice President
- Below average and/or negative comments - immediately distributed to Sales Representatives for follow up
- All issues are analyzed in a cause effect fashion
- All complaints are resolved and corrective and/or preventive actions (CAPA) are documented electronically
- Summary of the survey outcomes is presented at various forums:
 - Quality
 - Operations
 - Leadership

Physician Satisfaction Metrics

- As the NSLIJHS is a Six Sigma organization our mission critical processes are oftentimes driven by metrics
 - 2010 Business Unit Physician Survey Metric
 - Would You Recommend Our Services to Your Colleagues?
 - 2010 Targets
 - Threshold = 95.8%
 - Annual Goal = 96.2%
 - Stretch Goal = 97.0%

Likelihood To Recommend



Physician Satisfaction Survey



Physician Customer Satisfaction Survey of Clinical Laboratory Services - 2010

North Shore-LIJ Laboratories is participating in a quality improvement study concerning physician satisfaction. Please take a few moments to complete this survey so that we can evaluate your opinion and identify areas for improving services to you and your patients. Thank you for your cooperation. Your opinion is greatly appreciated.

Please mail or fax completed survey to:
Hannah Poczter
Assistant Vice President Laboratories
Fax: 516-719-1062

Please rate our services:	Poor	Below Average	Average	Above Average	Excellent	Not Applicable
1. Quality/Accuracy of Results	1	2	3	4	5	n/a
2. STAT Test Turnaround Time	1	2	3	4	5	n/a
3. Laboratory Reports Timely delivery and readability	1	2	3	4	5	n/a
4. Anatomic Pathology and Cytology Results Quality and timeliness	1	2	3	4	5	n/a
5. Medical and Scientific Support	1	2	3	4	5	n/a
6. Customer Service: Promptness and knowledge	1	2	3	4	5	n/a
7. Courier Services: Timely specimen pick-up	1	2	3	4	5	n/a
8. Billing: Patient Sensitive and Responsive	1	2	3	4	5	n/a
9. Adequacy of Insurance Participation	1	2	3	4	5	n/a
10. Computer Services: Product and Responsiveness	1	2	3	4	5	n/a

Of the services listed above, rank the top 4 most important to you. ☐ ☐ ☐ ☐

Would You Recommend Our Services to Your Colleagues? ☐ Yes ☐ No



How can we help you to provide better patient care?

Please provide suggestions for improvements:

Form completed by: ☐ Physician's Assistant ☐ Office Staff ☐ Physician

I would like to have a Lab Representative call me: Name
Phone

For more information, call 516-719-1100
or visit us online at www.northshorelijlabs.com.

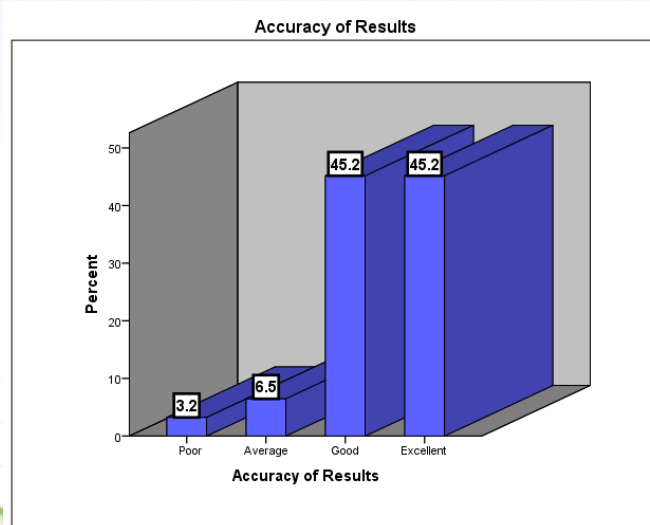
Survey Description

- Survey Consists of 3 Parts
 - Part 1
 - Contains questions measuring perceptions of the key attributes of laboratory services based on the CAP template
 - Attributes are measured on 5 point interval scale (poor-excellent)
 - Relative importance of the attributes is measured by ranking of the 4 attributes deemed by the respondents as the most important
 - Respondents are asked if they would recommend the laboratory to their colleagues
 - Part 2
 - We asked open ended questions
 - How to improve our services and how can we partner with them to grow their practices
 - Part 3
 - Who completed the form
 - Would they like to be contacted by a sales representative

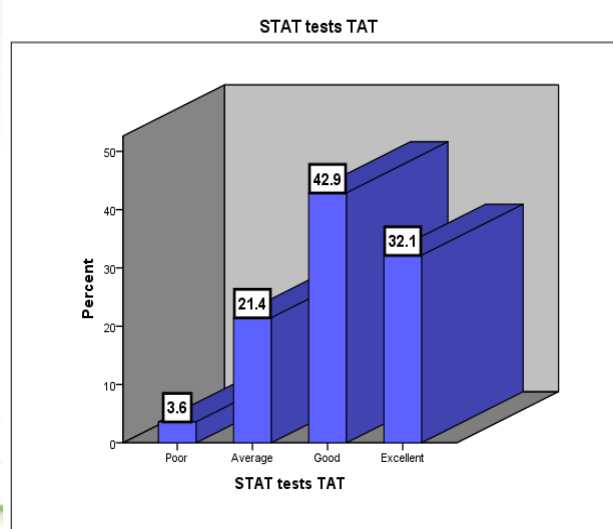
Survey Analysis

- Step 1
 - Frequency of distribution of all quantitative variables to ascertain performance.
 - These analyses trigger the below average follow up and CAPA
 - Example of Quality and Accuracy of Results and STAT Turnaround Time for Q2 2010 on the next two slides

Quality and Accuracy of Results



STAT Turn-Around-Time



Survey Analysis

- Step 2
 - Calculate the percent in “top two boxes”, that is, groupings of “Good and Excellent” categories of each attribute
 - Above 80% - good to excellent
 - Between 70%- 80% - warning; attribute needs improvement
 - Below 70% - it’s a red light for immediate action plan for improvements

Q1 vs. Q2 – Evaluation of Attributes And Recommendation to Colleagues

% Good or Excellent Q1		Q1 ← Attributes → Q2	% Good or Excellent Q2	
			Signal	
89.7	Great	Quality/Accuracy of results	90.3	Great
84.6	Good	STAT Test Turnaround Time	75.0	Warning
76.9	Warning	Readability of Laboratory Reports	71.9	Warning
75.1	Warning	Anatomic Pathology Services	70.4	Warning
75.1	Warning	Consultative and Technical Support	76.7	Warning
67.5	BAD	Customer Service	75.0	Warning
92.5	Great	Courier Services	83.3	Good
71.9	Warning	Billing: Patient Sensitive/Responsive	78.3	Warning
76.3	Warning	Adequacy of Insurance Participation	77.4	Warning
68.8	BAD	Computer Services	76.7	Warning
97.3	Great	Would you recommend us	96.9	Great

Survey Analysis

- Step 3
 - Contrast importance (% ranking) and performance on key attributes to make sure that are no “red lights” on important attributes
 - Example on a next slide

Contrasting Importance and Performance on Key Attributes

Attribute	Importance (% Ranking in Top Three)	Percent Judging as Good or Excellent
Quality and Accuracy of Results	96.2	90.3
STAT Turnaround Time	49.6	75.0 (Needs Improvement)
Readability of Laboratory Reports	58.8	71.9 (needs Improvement)

Quality Improvement Action Plans

- Customer Service
 - Hired technologists to triage technical questions
 - Additional staff to reduce the telephone wait time and abandoned calls
 - Focus on customer service representative phone etiquette
 - Mini Lean project for prompt delivery of supplies to clients
 - call to delivery in 24hrs
- Computer Services
 - Dedicated LIS Team to outreach clients issues
 - Hired an LIS Help Desk manager to lead a team for immediate triage of all incoming calls
 - New web-based computer product for physician offices

Quality Improvement Action Plans

- STAT Turnaround Time – 3hr TAT!
 - Mini Lean to improve process
 - STAT racks on each bench
 - Client Service Representative monitors “real time” TAT
 - Upon delivery, accessioner will scan STAT specimens into the department (TBD)
 - Staff engagement
 - Patient Safety Rounds
 - Posted departmental metrics

Quality Improvement Action Plans

- **Anatomic Pathology**
 - Set up a Division of Anatomic Pathology and Cytopathology
 - Consolidated all Anatomic Pathology Services
 - 40 pathologists under “one roof”.
 - Histology Laboratory under construction in the Central Laboratory
- **Courier Services**
 - More routes created with additional drivers
 - Additional cars purchased
 - A new courier “hub” for Manhattan offices
 - Departmental re-engineering in progress

Issues with Physician Satisfaction Survey

- **Survey fatigue**
 - Avoid approaching the same doctor’s office with a high frequency
 - Physician Client Base has been divided into 4 heterogeneous clusters
 - Mailings are quarterly
- **Identification issue**
 - Coding respondents for intervention
 - Cross checking the level of satisfaction with the complaints documented in Frontline – In Progress
 - Statistical analysis of satisfaction across groups based on specialty, size, type of specimens, etc. – Future
- **Response rate**
 - Call back non-respondents?

Employee Motivation: Survey Results

- Staff Acknowledged by Respondents on Surveys
 - Instant Rewards
 - Nominate for Employee of the Month
 - Nominated for President's Award
 - Dinner with the VP
- Establishing Pleasant and Clean PSC Working Environments
- Other Motivating Initiatives
 - Post Survey Outcomes in the Laboratory and PSCs
 - Pay for Performance for Management
 - Acknowledgement in the Lab Newsletter
- Future

Administrative Kudos

- What We Do Well
 - Highly values early warning and recovery system
 - Uses the high level of satisfaction achieved as a promotional tool to attract new clients
 - Appreciates the motivational aspect of employee engagement and recognition in the survey process

Administration Critique

- What We Can Do Better
 - Streamline the survey processes
 - Improve the response rate in the Patient Service Centers
 - Improve Physician Satisfaction Scores
 - Expand the Surveys to Include Nursing Homes, Home Draw Clients and Health Fair Participants
 - Look for Trends Across Surveys
 - Including Comments

Building a House Of Quality

- Patient and Physician Surveys are Essential
- Voice of the Customer Determines Key Attributes and Relative Importance of Laboratory Services
- Benchmark Against Past Performance and Industry Standards
- Balancing Statistical Sample Size with Available Marketing Representatives to Achieve Timely Resolution of Issues
- Consider and Independent Outside Firm in Addition to Our “Home Brew” Surveys

**Ensuring Patient and Physician Satisfaction
An uphill battle!!!**



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THANK YOU!