

Pilot City Health Center Evaluation Report

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Overview

This paper reports the findings of an multifaceted evaluation of patient satisfaction with the health care services of Pilot City Health Center which was performed from December 1994 through May 1995. The objectives of this project were:

1. To identify areas of service satisfaction and dissatisfaction as perceived by patients;
2. To translate patient feedback into actionable service improvement agenda items; and
3. To take appropriate improvement actions by enlisting the creativity and ideas of Pilot City Health Center staff in a participatory process.

This report primarily serves the first objective while offering some suggestions for improvements and including staff suggestions. This report thus serves as a basis for Pilot City Health Center (PCHC) administration to carry through more fully with the second and third objectives.

Five separate methods of surveying were utilized to identify the satisfaction of patients and staff. These include: focus groups, a staff survey, patient interviews, a phone survey, and secret patients. In addition, the complaint file for January 1993 through March 1995 was also investigated. Below I review the results of each of these tools for evaluation and follow with a set of recommendations and conclusion of my analysis.

Focus Groups

One of the initially most important methods of gathering information and feedback was the focus group format. Eight one hour-long sessions were originally planned to be held at PCHC over three different dates and a mix of times that ranged from 11:00 a.m. to 7:15 p.m.. However, the focus groups were not as successful as anticipated due to the extreme difficulty in getting patients to attend.

Lists of patients for different departments were produced from which patients were called and invited to these focus groups. As incentives to attend the focus groups, the patients were told free food would be available and that door prizes (Target gift certificates) would be given away. Transportation and child care were also offered for those who needed them. The calling, while time consuming, yielded favorable responses and between 10 and 15 patients were scheduled for each of the first three focus groups (of which it was the hope and goal that between 7 and 10 would attend). Seven patients, in fact, attended the first focus group, but only two attended each of the next two groups held that same day. This indicated that people's favorable response on the phone did not

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reflect a commitment on their part to attend, despite the fact that they were scheduled for specific sessions and in many cases transportation was arranged.

For the focus groups held on the remaining two dates, the patients were pressed to give a more firm yes, and one session on each date was given priority when scheduling people for a focus group. This was done because I felt that scheduling, say ten people, for each would just diminish the turnout for both sessions, whereas scheduling 16 or more for one would ensure that at least one of the groups would have a good attendance. Greater difficulty in attracting enough people to schedule themselves for a focus group lead to the consolidation of the focus groups into just one session for each of the remaining dates. Each of these sessions ended up with at least 14 people scheduled, all of whom were called and reminded of the focus group the day before it was to be held.

These efforts did not improve attendance as only three attended the fourth session with one coming in with very little time remaining. The other two that attended were unable to contribute much input since they had not been to PCHC for a few years. This session was, in short, unsuccessful. For the fifth session signs were placed in the lobby encouraging anyone on hand to come downstairs for free food and to offer their input. A staff member who was working the desk encouraged people to attend and even escorted them to the room. These efforts helped, as again only two of the scheduled participants attended, and the upstairs recruiting brought several people to the focus group who came and left as they pleased. While up to 8 or 9 people were in attendance for a portion of the session, it became apparent that fruitful discussion and an accurate extraction of satisfaction levels could not be gained from this more chaotic means of achieving a focus group. Thus, the focus group approach was abandoned and individual patient interviews in the lobby was adopted as an approach (see below).

Despite the lack of success in meeting expectations, these focus groups were not altogether worthless. Indeed, many good comments and feelings surfaced. Although they cannot be considered statistically significant, it is my opinion that had focus groups continued most of the sentiments expressed would be very similar to those gained in these five sessions. In fact, the interviews and other methods did support this belief that the comments gained were not unrepresentative.

Table 1 displays the results of the focus groups with respect to the grades that attendees assigned to different service areas.¹ Where the number of grades appearing varies, this reflects the fact that some attendees did not grade some areas for lack of experience with that area, and in the case of the fifth group, the number of attendees at any given point also varied. The last column produces an extremely rough GPA² but due to the great impact a single grade can have and the dynamics of focus groups, it is suggested that emphasis remain on the disaggregated grades. Below the table is a summary of the Very Good, Mixed/Okay, and Poor service areas based on the table.

¹Participants were told to grade each service area "like in school, were an 'A' is great and an 'F' is terrible."

²To calculate the GPA, grade were assigned points (A=4, B=3, C+=2.5, C=2, D=1, F=0) which were totaled and divided by the number of grades. Where two grades appear with a slash separating them (reflecting one participant assigning a mixed grade), the two grades were averaged. All +'s and -'s were ignored with the exception of C+.

TABLE 1. FOCUS GROUPS

Service Area	F.G. #1	F.G. #2	F.G. #3	F.G. #4	F.G. #5	GPA
Medical	B,B,B,C+,B,C	C,A	A,B	A	A,B	3.12
Dental	C,A,C,C-,B,B+	A,B	A,B	B	B,B,B	3.00
Pharmacy	A,A,A,A,A,A	A,A	A,A		A,A,A,A	4.00
Lab	A,A,A,A	B-,A	A,A		A	3.89
Eye	D	A	B/C		A,A	3.10
Nutrition	F,C,D				A,D	1.60
Transportation	D,D,C,C,D	D	A,A		C,C,C,C,C/D	1.96
X-Ray	A,A,A,A	A,A	A		A	4.00
Patient Advocate	B,A,A,A	C	A,A		A,A	3.67

Very Good

Pharmacy
X-Ray
Lab
Patient Advocate

Mixed/Okay

Medical
Dental
Eye

Poor

Transportation
Nutrition

The dynamics of these groups deserves special comment. In a focus group setting leaders can emerge and often these leaders who respond quickly and with conviction can sway the rest of the group. Group members may not stop to consider a different grade than that which the rest of the group is offering. Or they may moderate or exaggerate thoughts based on the groups responses. For example, if the first person quickly and loudly gives an area an A and then raves about that area, the next few may simply agree due to the friendly feeling in the room and also offer A's without much thought. Another who may have had a terrible experience and who would like to say D or F suggest she/he would give it a C an explain the bad experience. Table 1. supportss this in that for transportation, one session offered all A's while another offered D's and C's. This implies further caution in interpreting these results.

I would like to report many of the comments offered in the words of the patients, but this would not truly capture all of the sentiments of the groups because quick exchange and lack of sentence structure meant most comments were difficult to record. How does one record the chiming hum-humm's in reaction to a point made, for example? I will thus offer some of my observations followed by a discussion of some comments that were recorded.

For the Medical service area and in general, most of the high grades offered were due to the fact that staff in those service areas were friendly, fast, good with kids, and took the time to listen and explain things. Attendees greatly appreciated being listened to by staff and being treated with respect. Likewise, low grades were assigned where staff had attitudes, did not listen to the patients, had poor bedside manners, or where perceived to be discriminating on the basis of race.

In the Dental area, waits and appointment scheduling were seen as problems, as was the need for multiple visits. Others remarked of being rushed through. Positive remarks indicated approval of the quality of dental work received.

Pharmacy, X-Ray, and Lab all received very favorable review. Particularly remarkable about Pharmacy was the great care they take to explain medications to patients while being friendly and efficient. Lab and X-Ray were both seen as areas with excellent staff that made a patient comfortable in performing their duties. Many comments showed appreciation of quick lab results with an exception or two.

Nutrition received poor marks largely due to the way patients felt they were treated. They complained of attitude problems and secondarily, but also notably, complained of hassles with the many steps involved in receiving WIC needs.

Transportation received approval in that it was available (even its harshest critics expressed they were glad it was at least available), but received criticism for missing people or not giving them proper notice that the van was waiting for them. Other complaints indicated poor driving and poor attitudes by drivers may be problems. Others complained of the long waits for transportation before and after appointments.

Health education was an area largely invisible to attendees and an area none knew much about. Some had heard that the child birth/mothering classes "were good."

Eye examinations were generally approved of without much conviction either way in regard to the exams, but some complained of hassles getting their prescriptions filled—that they had to go elsewhere and that some places did not honor their PCHC prescriptions.

The patient advocate was seen as helpful and able to address their needs by most who had contact with her. The triage nurse was also greatly appreciated for being able to assist in getting emergency appointments arranged.

Other comments suggested that child care really needs to get up and running, that PCHC has improved its efficiency with the new building, that waits are occasionally a problem, and that there is a need for emergency care at PCHC.

As mentioned above, it was difficult to record all the comments made by people. I also found that most of the word-for-word comments I was able to record were the negative ones. Most people expressed positive feeling very straightforwardly, saying: "They're good." "Its (the service area in question) fine." "She is okay." "Oh, they're real good." or "I haven't had a problem with them." (Notice that the service area is identified as, and reviewed based on, its employees and their personalities.) The negative comments that I did record were often fragments of a longer dialogue very specific to a situation that was often a sidetrack and not representative of what people expressed as their basic feelings about a service area. Thus, any attempt to list these comments would be unproductive although I will make my notes available if there is interest in them.

Upon nearing completion of the evaluation process, a further focus group arose as a potentially valuable one relevant to this analysis. Therefore, a final focus group was arranged with the staff of Northside Family Connection. This discussion yielded some valuable input which is presented below.

Staff Survey

As part of the evaluation of patient satisfaction, the staff of PCHC were also asked to evaluate the service area in which they work, to report the amount of compliments and complaints received, to anticipate how patients perceive their service area, and to offer

comments on the strengths, weaknesses, and improvements that could be made. A copy of the survey is included as Appendix A.

Table 2. displays partial results of the 26 surveys returned. The service areas are grouped into Administrative/Support Services (those that do not directly interact with patients), Dental, Health Education, Lab and X-Ray, Medical, and Pharmacy. The table shows the number and frequency³ of compliments and complaints, and the staff grades and perceived grades.

TABLE 2. STAFF SURVEY

Service Area	Complaints per	D	W	M	Y	Compliments per	D	W	M	Y	Staff Grade	Perceived Grade
Administration	1		X			1			X		A	A
Administration	2-3			X		2-3			X		C	
Ancillary	seldom					X	X	X			B	B
Facilities Support											A	A
Info Services											A	A
Info Services												
Dental	1-2		X								B	B
Dental	1		X			4		X				
Dental	1	X				5		X			B	B
Dental	2	X				2		X			C	C
Dental	2-3		X			4-5			X		C	C
Dental	X	X				X			X		C	C
Dental	2	X				3		X			C	C
Health Ed											B	B
Lab	2	X				2-4	X				A	A
X-Ray	X	X				X	X				A	B
Medical	1		X			5		X			B	C
Medical	2	X				1		X			B	B
Medical	2	X				4		X			A	B
Medical	1		X			1		X			D	D
Pediatrics	1		X			1			X		B	B
Pediatrics	1			X		4			X		A	C
Pediatrics	1-2		X			1		X			B	B
Pharmacy	several			X		1-2			X		A	B
Pharmacy	1-2		X			1-2		X			B	B
Pharmacy	1-2		X			7		X			B	B

From the compliment and complaint information a few points are notable. First, compliments were received more, and in greater frequency than complaints, in general.

³In the table D=day, W=week, M=month, and Y=year.

This is a very positive indicator if in fact it has accurately been reported. Second, the Dental area, however, was more mixed in reporting compliments and complaints with two of the seven respondents suggesting complaints were more common than compliments. This may suggest that some people in the dental area are not seeing problems that others are. Finally, it is notable that the administration respondents did not find compliments to be more plentiful and that possibly complaints to this area are more prevalent.

The grading also offers several points of interest. In all areas, for the most part, except Medical, the staff graded themselves the same that they perceived patients would grade them. This may indicate that since staff in Medical gave themselves grades higher than they felt patients would, they may perceive they are doing better than they are given credit for. Secondly, relative to patients, few staff members gave their area an 'A.' This may suggest there is admittedly room for improvement. Third, most areas did, however, assign themselves an 'A' or 'B' (18 of 24) suggesting staff members perceive they are doing a decent job. Fourth, of the 6 that assigned less than a 'B,' four were in the Dental area indicating a need for improvement in this area. Administration may also need improvement, as may Medical, since they also received at least one low grade.

In response to being asked about their area's strengths, two closely related responses evenly dominated. One set of responses characterized the staff in their area as friendly, caring, concern, rapport, respectful, and conscientious. The other set characterized the service they provide as professional, efficient, comprehensive, quality, and with a mind toward service. Thus the strengths were that staff was personal and professional.

The weaknesses that staff identified varied more than the strengths. The most common citation was the lack of time and staff to perform the services functions completely. This surfaced in 7 of the 26 surveys. Secondly, four surveys directed complaints at management as being nonresponsive or poor in decision-making and that this was a weakness. Two responses tied for third with each mentioned three times. These were: (1) front desk/appointment setting problems (all of which were Dental staff), and (2) the conflicts among staff, their attitudes, and lack of compassion. Other weaknesses included appointment waits, processing paper work, and supplies. Notable here is that the attitudes that are seen as a strength are also seen as a weakness. Also, these weaknesses, the first two in particular, are specific matters for administration to address.

Staff were also asked what they saw as the primary concerns of patients. Quality, competent, needs-met care was the number one response with eight mentions. Timeliness and lack of waits was seen as the biggest concern by seven respondents. The scheduling process and access of appointments was noted as the priority by six respondents, (most of whom were Dental staff). Costs (mainly by Pharmacy) and a caring, listening, and compassionate staff tied with four surveys reflecting these as the primary concern. Interestingly, these responses poorly predict what patients concerns are. As will become evident the most important issue for patients is the caring, listening, compassionate staff that only four staff members identified. Quality care is not really the voiced focus of patients although ultimately it is very important.

Staff were asked what improvements would be most valuable in enhancing the services they provide. One response lead all others with six mentions--more staff. Three

responses each were mentioned in five surveys: (1) attitude improvement, (2) improved scheduling (including emergency appointments), and (3) procedural changes. Greater resources for patients, such as pamphlets and better parking, was mentioned three times. What was missing were comments about improving care other than improving attitudes.

Room was also left for further comments. No patterns developed but several interesting points are made. It would be worth the time to read through these surveys which will accompany this report.

Patient Interviews

As a response to the lack of success of the focus groups, yet with the desire to hear first hand what patients think about PCHC, personal interviews were conducted in the lobby. I approached individuals waiting in the lobby, explained I was doing a survey and asked if they would chat with me for a few minutes. A number of points are notable with regard to this method. I performed interviews on several occasions for about an hour or so each time. During these times the clinic was not so busy and I was able to interview just about everyone that was in the waiting areas (both dental and medical) during these times. Thus, due to randomness of the times and absence of selectivity of persons to interview, this groups of fifty interviews can be considered fairly random. Most of those interviewed, however, were African-American women.⁴

The success of these interviews was pretty good although several factors detracted from some interviews. At times the patient would be called in for their appointment before having a chance to address each service area. Others seemed uncomfortable being interviewed and had said okay to being interviewed just to be polite. In grading areas they would offer a grade with no explanation and did not respond much at all to any prodding. These interviews were differentiated from those in which the patient offered some degree of dialogue or thoughtfulness in offering grades. Therefore, as reflected in Table 3., these interviews were separated into "Good" quality interviews and "Sketchy" quality interviews.

Once again a comment on the dynamics of these interviews should temper their interpretation. When being asked about a service area, patients would appear to give the grade "A" as a default unless any particular experience prompted them to deviate from giving an "A." Therefore, the interpretation should probably deviate from the traditional interpretation in a manner as follows:

Grade	Traditional Interpretation	More Realistic Interpretations
A	Excellent	No problems or Great, very good
B	Above Average	No significant problems or Mostly good
C	Average	Had moderate problem(s) or Good and bad
D	Below Average	Had several/bad problem(s) or Poor
F	Failure	Had major problem(s) or Terrible

⁴One Asian, 11 Caucasians, and 39 African-Americans; 5 males and 45 females; 4 were 'young' (about 16-20) and 46 were mature adults.

Table 3. displays the disaggregated grades received from patient interviews. The number of grades varies as before with the number who had experienced these service areas.

TABLE 3. PATIENT INTERVIEWS

Service Area	"Good" Quality	"Sketchy" Quality
Medical	A,A,A,A,A,F,A,B+,A,A,A,A,A,C,C,A,B/C,A,B,A,A,F,A,A,A,A	F,A,A,B+,A,A,B,A,A,A,A,A,A,A,A,A,A
Dental	C,A,C,A,C,B+,A,A,A,A,A,A,A,C,A,A,A	A,A,A,A,A,A,A,C,B
Pharmacy	A,A,B,A,A,A,A,A,A,A,A,A,A,A,A,A,F,A,A	A,A,A,A,A,A,A,A/B,A,A
Lab/X-Ray	A,A,B/C,A,A,A,A,A,A,A,A,A,A,A,B,A,A,A,A	A,A,A,B,A
Eye	A,A,A,A,A,A,A,A,A	A,A
Nutrition	B,B,A,F,A,A,A,B,A,A,A	A,A,C,A
Appt./Regis.	A,A,A,A,A,A,A,A,A,A	A,A,A,A,A
Transp.	A,C-,A,A,C,A,B	A,A,A
Pat. Advoc.	B,A,C,B+,A,F	A

Again, due to the "default grade" dynamic, a GPA would not be very helpful. Areas that are Very Good would include: Appointments/registration, Eye Exams, Lab/X-Ray, and Pharmacy. The remainder (Medical, Dental, Nutrition, Transportation, and Patient Advocate) all fall into a category that could be considered "Needs Improvement." This reflects some dissatisfaction but it is difficult to determine how much since a 'B' may mean "slight problems" to one person and "good" to another. Clearly those reporting an 'F' had bad experiences, but are those equivalent to someone else who would offer a 'C' for similar feelings?

After being asked for a grade, the patients were asked what they liked most about the service area if they offered an 'A' and what they did and did not like if they answered anything else. They were also asked, "If you could change anything about PCHC, what would it be?" Below are some of the comments recorded.

What they liked:

Timeliness/on-time, doctors talk to your level, they listen, attentiveness, making the patient comfortable, explaining things, friendliness, new building, service is good, feel free to ask questions, thorough care, fast/efficient, compassionate staff, staff goes out of their way to help you, part-pay/sliding fee options are good, and good with children.

What they didn't:

Appointment making is difficult/lengthy, dental makes you come back, slow, nasty attitudes/irritable, make you feel bad, be more patient, wait for transportation is too long, kids running around out of control, long waits once in room, hostility from doctors, not enough handicapped parking, staff is short with you, and given wrong medicine.

What could change:

The system for calling for appointments, open up and staff child care, doctors need to be responsive and listen, vending area for patients, expand the transportation boundaries, see emergency patients faster, more handicapped parking, fire a doctor, extend hours and open on Saturday, improve doctors' attitudes, more transportation drivers, bigger parking lot, shorten waits, and be on time with appointments.

Of these above comments, some were repeated often by several patients. Issues that were thematic include: (1) the attitudes, friendliness, listening skills, and personal treatment by doctors and staff was by far the most recurrent issue; (2) waits and the timeliness of doctors seeing patients once they go to the exam rooms was also mentioned frequently; (3) phone hassles and setting appointments (including emergency appointments) was the next greatest concern; and (4) other repeated comments involved improved parking, especially for the handicapped, and extended hours.

Phone Survey

The purpose of a phone survey was to find out where people in the PCHC neighborhood go for their health services and why. Blocks on different streets near PCHC were chosen somewhat at random yet so that several blocks within 12 blocks PCHC were called and others over 12 blocks away were also called. The phone numbers were obtained from the Cole's Directory. In all, 68 phone calls were made with a close-far count of 47 and 21 respectively.

A secondary objective of the phone survey was to contact several Southeast Asians as so to find out why they are not using PCHC in proportion with their representation in the neighborhood. Twelve Southeast Asian names were included in the 68 calls.

The line of questioning, following a brief introduction, was simple and as follows:

Do you use PCHC?

(if YES)

How would you grade PCHC on an A-F scale?

What do you like most about PCHC?

What do you not like and what would you change?

(if NO)

Where do you go for your health care needs?

Why don't you use PCHC?

What could be done to make PCHC more usable for you?

If this were done, would you use PCHC?

Of the 68 called 47 answered that they did not use PCHC and 10 answered that they did (with the remaining 11 encountering a language barrier). Of those that answered in the affirmative, the grades given in response to the first follow-up question were: A,A,C,A,A,A,A,B,A. What these people liked about PCHC were: the atmosphere and friendly people (5), availability (3), and affordability (1). The dislikes or suggestions for change included: provide emergency services (1), make it easier to get an appointment (1), control the children better (1), more handicapped parking (1), and nothing (6).

Of those that did not use PCHC, there was quite a variety of places where they did go. These include: North Memorial (6), Hennepin County Medical Center (4), Oakdale Clinic (4), Park Nicollet (3), Abbott-Northwestern (3), Robinsdale Clinic (3), Group Health (3), and others.

As to why these people did not use PCHC, three answers each surfaced ten times: 1. Insurance reasons, 2. Don't know anything about PCHC, and 3. No reason/don't know/set in our ways. The most interesting of these is that many do not even know about PCHC although seven of these were in the "far" group which include houses from one to three miles away. The third of these is also interesting in that it indicates people form habits and may have never considered PCHC. The first of these also suggests that people would use PCHC if more insurance alliances were made or people were better informed of what PCHC accepts. Other responses included: Have doctor elsewhere (8), Eligibility perceptions (I make too much money to go there) (3), No money or no insurance (2), Don't like PCHC (1) and other/language barrier (14). Five people apparently are not completely informed since they believe they make too much or have too little to utilize PCHC.

When asked what could help people utilize PCHC, the overwhelming answer (with nine responses) was more information or education about what PCHC is and what it offers and to whom. The only other answer given (by three people) was to take more types of insurance. Others did not respond or reiterated the reason why they did not use PCHC.

The answer to the last question was not the most encouraging. Twelve people indicated they would use or might consider using PCHC if they had more information or their insurance was accepted. Thirty others said no or that they doubt it with the remaining not responding. It is not clear whether greater information would yield overwhelming success, but I believe it is necessary and would produce some response if Pilot City wants a greater patient base.

Secret Patients

As a further way to evaluate the services of Pilot City Health Center, secret patients, similar to the secret shopper concept, were used to investigate the quality of service provided. Under this scenario, volunteers were to schedule an appointment and fill out a survey in exchange for receiving the services for free.

To attract potential secret patients, flyers were placed in the mailboxes of over 200 students at the Humphrey Institute at the University of Minnesota. Later an ad was also placed in the Minnesota Daily, the University's student newspaper. Together these efforts attracted twenty-one volunteers. Unfortunately, the twenty-one volunteers did not all participate as promised. Several never even set appointments while others gave up after

only being able to set appointments for a month away. A couple missed their appointments and were not heard from. Disappointingly only six surveys were returned, dashing the promise of some excellent feedback.

However, those six that were returned did not offer much in the way of helpful evaluatory comments. Rather, it appeared some were merely taking advantage of free medical care and not serious about providing helpful evaluation. In hindsight, the volunteers should have perhaps been persons more connected with PCHC or interested in the evaluation goal. Perhaps county employees or relatives of PCHC administrators could have been better candidates. Clearly, if the secret patient concept were to work as one would hope, the secret shoppers should have some greater stake in the process. As it turns out, then, the low participation saved money since these surveys were a rather high cost tool.

A copy of the survey is included as Appendix B. The survey was divided into two parts. The first evaluated the appointment setting phone call. The second part addressed the visit itself. The results are presented here in disaggregated form. One person completed only Part I and did not go through with an appointment and so only five surveys address Part II.

For Part I of the survey, the appointment setting portion, three indicated the person they spoke with was very pleasant, two rated the person pleasant, and two indicated indifference (one patient spoke with two people). The response to how quickly one could be scheduled yielded: within 2 weeks (2), 1 week, 8 weeks, 6 weeks, and by the end of March (most likely this was about 4 weeks give or take a week). As to how the patient rated their length of wait, the responses also varied: excellent (1-dental), good (2-dental, medical), okay (1-dental), poor (1-dental), very poor (1-eye exam). The grades assigned to this scheduling process were: A,A,B,B,B,C. Comments included the following:

- * 1) was told that I would need x-rays; x-rays and check up would not be done on same day; would have to wait and make appointment for check-up after x-rays.
- 2) decided to go elsewhere with 4 weeks less wait.
- * very helpful--I switched dates on the phone a few times and he didn't mind at all--I also asked about having x-rays sent, what the normal in-patient procedure is for new patients and he answered them quickly and courteously.
- * I was put on hold for quite a while when I called, but once she took my call the actual service was good (except for the length of time before she had an opening).

Part II first asked for the impressions of the buildings and facilities. All five suggested this was excellent. Secondly, patients were asked how reasonable the wait to see the doctor or nurse seemed. Three found the wait very reasonable and two found the wait marginally reasonable.

The next few questions pertained to registration. Incidentally, patients had been instructed to act as if they had to pay and do any acting they wished as to whether they could afford it. All five indicated they were asked if they had insurance. When asked if they were presented with information on payment options, four indicated they had not been given any information and one had. The one who was given information listed

medical assistance and the part pay program as options discussed. Of the other four, one offered no comments and the other three stated the following:

- * I told her I had insurance, so she didn't need to discuss my options.
- * Because I live in St. Paul, she said I was not eligible to apply for any discounts.
- * When I told her I didn't have any insurance, she handed me a paper to sign that I would accept full responsibility for the bill. I told her I didn't have any money. She said, "This is not a free clinic, you know." I said "I know" and signed the paper. Nothing more was said or offered.

The following services were those used by the secret shoppers with the grades given to each area:

Dental (3)	A,A,A
Medical	C
Pharmacy	A
Lab	A
Eye Exam	A

Only three patients answered the request for an overall grade and each of these assigned an 'A.'

The following were the responses as to what the patient liked and did not like about the visit, and their comments as to what improvements would be most noticeable to them:

LIKES

- * Dr. [...] - she was thorough, courteous, respectful, & pleasant. I also honestly enjoyed watching all the children in the waiting room. the acoustics are wonderful in the building, so even with many people and much activity, the sound is muted and it is not noisy!
- * quick, the staff was pleasant, the registration clerk was particularly friendly, and the woman who took my x-rays seemed kind.
- * Very friendly and personable people. It seemed liked they really cared.
- * It was as enjoyable as any dental exam could be! Quick, friendly, yet thorough and professional.
- * The lab staff and the pharmacy staff were a joy to be with!! They answered questions and explained concerns I had. they treated me with respect.

DISLIKES

- * The Dr. and nurses were very condescending. they treated me as if I were a child. they did not listen to me, and when they did, they doubted what I said.
- * Nothing.(2)
- * I did have to wait 45 minutes after my scheduled appointment, which was okay, but not the best.
- * The long wait.

IMPROVEMENTS

- * To not have to wait so long to get an appointment.
- * Physically: none that I could see. Their equipment was modern, it was very clean, and the people were great. Other: I was never clear what payment options were available.
- * None come to mind.
- * (Two left this blank)

Next, patients were asked whether their experience with PCHC exceeded, met, or failed to meet their expectations and, if the first or last was the case, in what ways. One person replied that expectations were met. Three claimed exceeded expectations and one felt his expectations were not met. The comments were as follows:

EXCEEDED

- * I have always gone to a small town dentist previously, so I expected this visit to be less personal, but I felt very well cared for.
- * [...] and [...] were great--and even though the dentist could not see me that morning, he offered suggestions as to when would be a good time.
- * The last time I was at Pilot City was a couple years ago for fuel assistance and it was like a ghetto zoo! I am extremely impressed with the new building. I was treated like a client at any medical clinic. The receptionists were not bossy nor domineering as I had remembered them in the past.

FAILED TO MEET

- * I have never before had a doctor treat me as if he/she knew more about my body than I did: this is a very condescending attitude. They never really listened to me.

None of the participants used transportation and only three offered the following final comments:

- * The speech that [...] gave me about flossing might have been the best I've ever had--I may be a believer now... Payment was not really discussed with me--I'm not sure why.
- * It seems like a great program.
- * I called them on my own to ask about part pay programs, discounts, etc., after I learned from this study that they exist. It turns out that I qualify for help, so I will probably be using Pilot City for my own medical care after this. Its too bad they didn't tell me about these programs--I think many people who need help wouldn't have the wherewithal to pursue this information like I did.

Complaint File

As a final component of this evaluation of patient satisfaction, the complaint file was reviewed for January 1993 through March 1995. Chart 1. displays the number of

complaints on file for each month. No real patterns are detectable with the exception that 1994 witnessed twice as many complaints as 1993. An interview with the Patient Advocate suggested this was due to an increased effort in recording more than growing dissatisfaction with PCHC.

CHART 1. COMPLAINT FILE

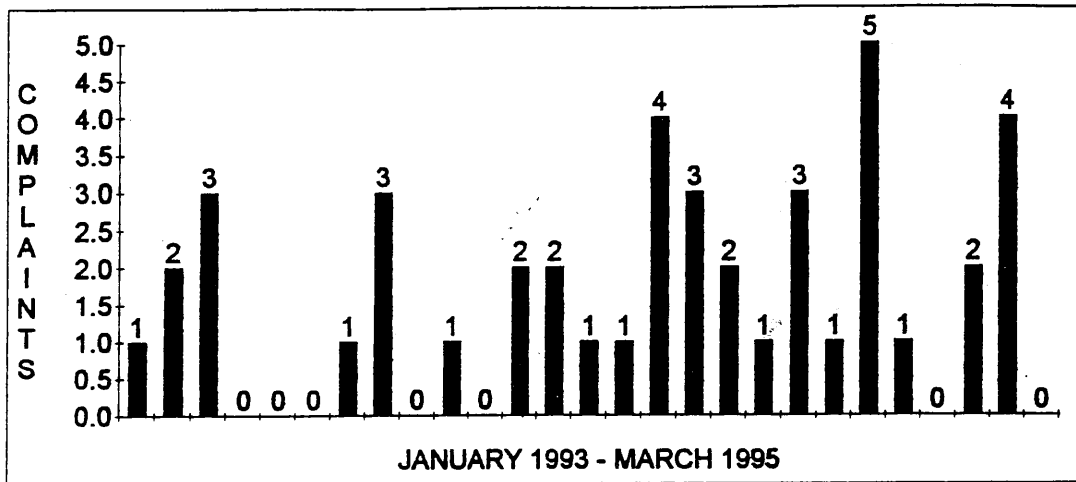


Table 4. displays a breakdown of these complaints by category and type. As far as categories go, the vast majority (50%) of the complaints pertain to the medical clinic with a strong portion in the dental area as well (21.7%). Billing also gathered a few complaints while other areas had only single complaints (or two in the case of the triage nurse).

TABLE 4. COMPLAINTS BY CATEGORY & TYPE

Category	Number	Percent	Type	Number	Percent
Appt. Desk	1	2.2%	Billing Mistakes/Questioned	7	15.2%
Billing	5	10.9%	Refuse to Pay	7	15.2%
Clinic	23	50.0%	Doctor Specific	19	41.3%
Dental	10	21.7%	Scheduling Difficulties	4	8.7%
Health Records	1	2.2%	Phone Problems	2	4.3%
Miscellaneous	6	13.0%	Policies & Rules	4	8.7%
Fac./Lab	1	2.2%	Poor Health Service/Care	10	21.7%
Pharmacy	1	2.2%	Security	2	4.3%
Triage Nurse	2	4.3%	Poor Communication	10	21.7%
Scheduling	1	2.2%	Waiting	4	8.7%
Security	1	2.2%			
Transportation	0	0.0%			

These complaints are further given by type which is more informational. Here we see most complaints were doctor specific (19) with numerous complaints (10 each) of poor health services and care, and poor communication, which includes expressions that the patients were not listened to or properly informed. Many complaints (7 each) also

addressed billing mistakes or questions, and refusals to pay for whatever reason. Other complaints addressed scheduling difficulties, policies and rules, long waits, phone problems, and security issues.

A notable point regarding the complaints in the file is that they are special cases in which someone became really upset and thus are not representative of the more common complaints that people chose not to pursue formally yet remain disgruntled over. This is evidenced by the different types of complaints found through the other methods. Interestingly enough, however, listening and treatment with respect remain evident in all of the investigations.

Northside Family Connection Focus Group

As mentioned above, this final focus group was held with much of the above analysis in retrospect, and thus I have held this for the end.

To begin with, the staff offered some of the good and bad things they had heard about or experienced themselves. Comments about the good aspects included:

- * Doctors are very personal with you, will refer out if not sure about something, always ask your opinion, make sure it fits your schedule, and considerate about how you feel
- * Triage nurse is really good--honest but tries to fit you in
- * Transportation is a great help
- * Always willing to help mothers--health educator is a great component
- * PCHC is very interested in the community and involved

Comments about the not so good or suggestions for improvement included:

- * Need more phone lines and staff--on hold for a long time
- * Need another day besides Wednesday for evening hours, at least for part of the clinic
- * People are rude
- * Simplify WIC recertification--all in one day
- * Make patient advocate known, and should be advocate of the patients not of PCHC
- * Need to get some in the child care center
- * A bad experience has kept me away
- * Teenagers don't have good experiences at PCHC
- * Get feedback from patients--verbal directions, don't assume they understand--get feedback
- * Need sensitivity training
- * Need more parking

Beyond this discussion of the good and bad, the staff of Northside family Connection were asked why people in the neighborhood may not be using PCHC. To this they offered the following:

- * They complain they can't get there--don't know of transportation
- * Some feel doctors are not equipped--felt they needed stronger action
- * Felt they were incompetent, too small (a clinic not a hospital), go to hospitals because perception that everything is there
- * You don't associate Pilot City with health center, must distinguish itself from regional center

Particularly in regard to the Southeast Asian population, the staff was adamant in proclaiming:

- * Must have interpreters--that's the answer!
- * Would like to be able to use it but must get over the language barrier
- * Need people on the phones, nurses, and doctors that know the language
- * If want diversity then must equip for it

The discussion in the end broke down to three clear conclusions: (1) provide sensitivity training, (2) encourage more diversity, and (3) market and get more exposure.

The staff were also very interested in helping further. They expressed interest in seeing changes come about. They strongly suggested that PCHC include outside groups in the planning process that will hopefully follow from this evaluation study. A particularly poignant point was that PCHC administrators are, through no fault of their own, "trapped by their own perspective." More contact with other groups and greater cooperation with them may help in acknowledging weak points and bringing about meaningful change.

Recommendations

The following recommendations have been extracted from, or are based on, the above comments and evaluation. They are loosely in order of priority (particularly the first few) from my perspective.

1. Address the attitudes of staff. This can take on several dimensions. Create a rewards or recognition system for staff the patients identify as friendly and respectful. Engage in some form of sensitivity training making it clear to all staff that this is the patients biggest issue. Reprimand those doctors, staff, and departments that are continually cited as having bad attitudes, not listening, and disrespectful. Form a team or committee, possibly including outside groups, to investigate further ways to address this issue.
2. Address appointment scheduling issues. A clear source of frustration is spending a long time on hold and then not being able to get an appointment in the near future. Possibilities include increasing staff, phone lines, and reorganizing appointment process. Again, a task force or committee could better investigate the possibilities.
3. Similarly, address the emergency care demands. Some way of reserving appointments for emergencies or short notice appointments is necessary to deal with health care

problems that are by nature not scheduled. A committee could look into what extent greater emergency care can be provided.

4. Maintain an emphasis on reducing wait time, with particular attention to getting quickly to patients once they are called back to the examination rooms.
5. Revise the processes for dental appointments and WIC recertification. Great dismay was expressed over having to set multiple appointments to serve one need. X-rays and cleanings ought to be done in one visit. This would help greatly in solving appointment difficulties. Likewise, special times can be set aside to ensure WIC recertification can be done in a more concise manner.
6. Market PCHC more in the neighborhood. Distinguish the health center from the regional center and provide information that will overcome misperceptions that are keeping patients away. This is an area where other groups could also be included.
7. More closely determine the staff's perceived need for more staff and consider the feasibility of accomodating these needs.
8. Consider the possibility of honoring more types of insurance.
9. Investigate the possibility of equipping PCHC for Southeat Asians. Explore the needs involved and the demand that could be served.
10. Reduce the wait times associated with transportation to the absolute minimum that is feasible given limitations.
11. Ensure that patients learn about payment options.
12. Consider extending hours for more evening or weekend access.
13. Better advertize and promote health education activites.
14. Address parking concerns. More importantly offer more handicapped parking.

Conclusion

Pilot City Health Center for the most part is doing a good job with respect to ensuring patient satisfaction. However, there is still definite room for improvement. No patient should experience doctors and staff with bad attitudes that are disrespectful and do not listen to the patient. PCHC in fact is often praised for just the opposite--a kind, caring, and friendly staff--but needs to eliminate the occurances of poor service that are not infrequent. Additionally there is room for improving the efficiency of a number of services and an opportunity to greater promote itself in the neighborhood. The

undertaking of this evaluation should not be considered evidence of a concerned administration until changes result in response to the evaluation.

If I were to offer an overall grade for PCHC based on this evaluation, I would assign the clinic a B-. This should be considered a good grade, but one that can be improved upon. Clearly an A is possible if certain changes can be made with success.

I would like to thank Pilot City Health Center for the opportunity to perform this evaluation, and offer my sincere gratitude to all that helped me with the project. Thank You and good luck!

Appendix A

Staff Survey

**Pilot City Health Center
Staff Survey**

The purpose of this survey is to learn staff members' opinions on how PCHC can better serve its patients. Please respond to the following honestly and thoroughly.

In which service area do you work? _____
(List only the main service area within which you work.)

How often do you receive complaints by patients about this service area?
_____ complaints per ___ day ___ week ___ month ___ year

How often do you receive compliments by patients about this service area?
_____ compliments per ___ day ___ week ___ month ___ year

How would you grade your the service area you work in?
A B C D F

What grade do you think most patients would give this service area?
A B C D F

What do you consider the strong points of your service area? _____

What do you consider the weak points? _____

What do you perceive to be the patients' primary concerns in regards to the service they receive? _____

What improvements would most improve the service you provide? _____

What, if any, additional comments do you have in regard to maximizing patient satisfaction with the health center? _____

Appendix B

Secret Patient Evaluation

**Pilot City Health Center
Patient Assessment**

Instructions: Please fill out Part I immediately after you call for your appointment.

Please fill out Part II immediately following your visit.

If you have any questions or problems or would like to add some verbal comments please call me, Jason Nord, at 785-2746 (Please, leave a message if I am unavailable).

Part I-----

When you called for your appointment...

How would you characterize the person you spoke with:

very pleasant pleasant indifferent unpleasant rude

How soon were you able to get an appointment? _____

Would you rate this length of wait for your appointment:

excellent good okay poor very poor

How would you grade the service you received when scheduling your appointment?

A B C D F

Comments? _____

Part II-----

When you visited Pilot City Health Center...

What were your impressions of the building and facilities?

excellent good okay poor very poor

Did your wait to see the doctor or attending nurse seem:

very reasonable reasonable marginally reasonable
 unreasonable very unreasonable

Did the clerk ask if you had insurance? Yes No

Did the registration clerk provide information about payment options (insurance, part pay program, discounts, assured care, medical assistance, etc.)? Yes No

Please list the options the clerk discussed with you. _____

Which service(s) did you use?

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Nutrician |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Health Education |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Lab |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> X-Ray |
| <input type="checkbox"/> Eye Exam | |

How would you grade each service you received? (Choose from above categories.)

- | | | | | | |
|-------|---|---|---|---|---|
| _____ | A | B | C | D | F |
| _____ | A | B | C | D | F |
| _____ | A | B | C | D | F |

What did you like about your visit? _____

What didn't you like about your visit? _____

What improvements would be most noticeable to you? _____

Did your experience with Pilot City Health Center:

- exceed your expectations
 meet your expectations
 fail to meet your expectations

If your expectations were exceeded or were not met, please explain in what ways this was the case. _____

Did you use the transportation services of the Health Center? Yes No

If you used this transportation, how would you grade it?

- A B C D F

Do you have any other comments or ideas about Pilot City Health Center that you could pass along? _____

Thank you for your participation, time, and effort!!!

Please return to: Jason Nord, 131 83rd Ave. NE, Apt. #311, Fridley, MN 55432
or leave in my box in Room 10 at the Humphrey Center as soon as possible.