

# EXAMPLE OF OUTCOMES ASSESSMENT REPORTING BEST PRACTICES



IRPOA—Outcomes Assessment Reporting Form, Part 2

Senior Administrator: Gladys De Necochea

Individual completing this reporting form: Lori McKee

Name of area: Student Health Center

**Instructions:** Specific areas are encouraged to report on more than one activity if appropriate. Please complete and submit a **Part 2 form for each assessment activity** being reported. Any supporting documentation may be provided in electronic or print format.

**State the activity/service being assessed:**

Patient Satisfaction with Student Health Center services.

**Indicate your assessment procedure(s):**

Patient Satisfaction surveys are available on an on-going basis in the front lobby, check out, nursing stations, waiting and ancillary service areas. Secured locked box is located at the check out desk and is checked weekly by the Assistant to the Director.

Twice a year, once each semester, a specific date is selected and all patients visiting the Center receive the questionnaire and are tabulated with the dailies.

**Provide an analysis of results:**

Established standards for prior studies exceeded for Fall 2005. According to these standards patients' overall satisfaction with the NMSU Student Health Center was demonstrated. Comparison of the overall average response values from Fall 2005 to two previous time periods (Fall 2004 & Spring 2005) indicates improvement in the individual areas which previously fell below the 4.0 standard.

**Indicate improvement action(s) taken based on assessment results:**

Individual response values to questions regarding check in, wait times, telephone courtesy, and departmental personnel which fell below the 4.0 standard improved because of the SHC initiated campaign to increase attention to providing quality customer service has had a positive influence. Coordination and expectations of the highest level in the quality and professionalism of the Student Health Center's customer service will continue to be spearheaded by all departmental supervisory personnel and an expectation for performance evaluation.

**Additional comments or clarifications:**

The Patient Satisfaction Questionnaire uses the Likert format. Values range from "1" which correlates with "strongly disagree" to "5", which correlates with "strongly agree". The overall average response value to all questions from the sample of two hundred twenty-six questionnaires in Fall 2005 was 4.72.

Thank you for participating in Student Academic Support/Campus Life Outcomes Assessment.

## Best Practice Alert!

- Clear, specific descriptions
- Honest about feedback that leads to improvement
- Detailed information regarding the procedure and results

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**State the activity/service being assessed:**

The Student Health Center participates in on-going quality improvement processes. The Center's national health care accreditation as well as the State of NM health facility license requires a formal program to assess quality and outcomes.

**Indicate your assessment procedure(s):**

The QI Committee meets monthly at the SHC. Each of the six units of the Center (medical staff, nursing, administration, lab, pharmacy, and x-ray) has representatives on the committee. Assessment studies are presented to the QI Committee for review and approval of recommendations. Monthly minutes and studies are forwarded to the Dean of Students for review.

**Provide an analysis of results:**

The Student Health Center has maintained the maximum accreditation of 3 years by the Accreditation Association for Ambulatory Health Care (AAAHC) and has not received any deficiencies from the State of NM health facility licensing. The SHC's quality improvement and outcomes assessment meet the criterion for both organizations. (Attachment C, D and E)

**Indicate improvement action(s) taken based on assessment results:**

Each of the surveying entities provides consultative comments and recommendations when completing a survey of the facility. These recommendations are incorporated into the Quality Improvement and Outcomes Assessment Plan for the facility. The plan is reviewed annually as a part of the Policy and Procedure review by the Director and the Dean of Students.

Additional comments or clarifications: None

### Best Practice Alert!

- This area utilized information they already collect and analyze for accreditation and licensing requirements. There's no need to reinvent the wheel just because a new report is due. We want to know what you're assessing and how, but that doesn't mean you need to come up with something new to assess in order to create an outstanding, informative, and useful report.
- This area assessed something that was meaningful and relevant to their goals and objectives. Focus on assessment that will help you evaluate and improve what you do rather than what you think a reviewer wants.

*Good assessment doesn't have to mean more work!*

## Student Health Center - Quality Management and Improvement

Patient Satisfaction Study  
 QI Unit: Administrative  
 Fall 2005

**Definition of Study:** This study is to determine the level of patient satisfaction with staff and services offered at the NMSU Student Health Center. The Patient Satisfaction Questionnaire uses the Likert format. Values range from "1", which correlates with "strongly disagree", to "5", which correlates with "strongly agree". (See attached questionnaire.) The Director or her Designee contacts any patient who requests a personal response. This study will review results of questionnaires completed in Fall 2005.

**Standard:** Overall satisfaction of patients with the staff and services offered. Evidence of this standard will be demonstrated by: 1) an overall questionnaire average response value of 4.0 or above on the Likert scale, and 2) a response value average of 4.0 or above to Question 19 which states, "I would be comfortable returning to the Student Health Center for medical care."

**Data Sources:** Questionnaires were available on an ongoing basis in all patient care areas and at the Front Desk for students to complete during Fall 2005. All clinic departments were responsible for encouraging patient responses during the first two weeks of Fall 2005 semester and at least once a month during the months September through December. The questionnaire utilized is a revised version of the tool used for the previous reported study.

**Data Received:****Results from Fall 2005:**

The overall average response value to all questions from the sample of two hundred twenty-six (226) questionnaires in Fall 2005 was 4.72.

Average response values ranged from 4.17 to 5 for individual questions.

The average response value to Question 19 was 4.83.

Any comments provided by respondents were directed to appropriate administrators for information, review, and any necessary action.

Below is a monthly review of the average response value ranges and the average response values regarding this study's established standards for Fall 2005.

Fall 2005	Response Value Ranges	Overall Average Response Values	Average Response Values Question #19
August 05	4.39 to 4.84	4.66	4.84
September 05	4.55 to 4.95	4.75	4.81
October 05	4.19 to 5.0	4.73	4.71
November 05	4.17 to 5	4.76	4.89
December 05	4.43 to 4.90	4.72	4.9

A new section included in the revised questionnaire includes questions regarding how long a patient waited before seeing a provider and within what time frame were telephone calls attended to. Below is a table addressing each question indicating the response averages for Fall 2005.

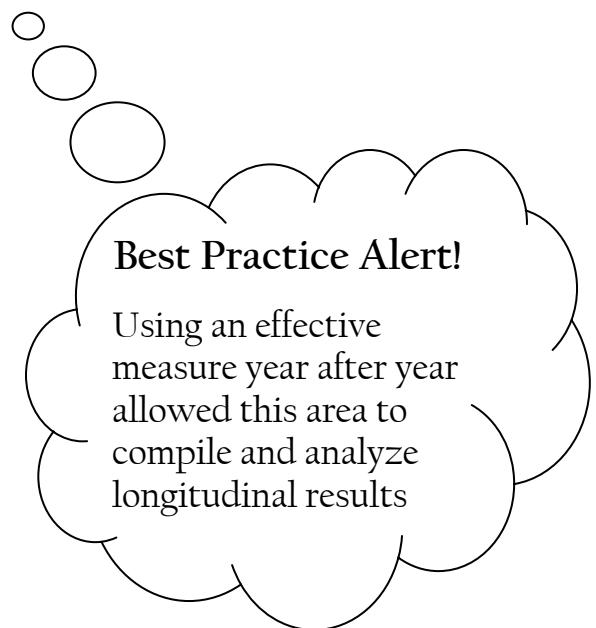
**Best Practice Alert!**  
 Including relevant data helps the reviewers fully understand the assessment procedure and results

Approximately how long did you wait to see a provider?				When I telephoned the clinic, my call was placed on hold for approximately:			
0-15 Min	15-30 Min	30-60 Min	> 60 Min	0-1 Min	1-3 Min	3-5 Min	>5 Min
66.04%	22.02%	9.54%	2.41%	63.42%	28.01%	7.46%	1.11%

Quality Management and Improvement  
 QI Unit: Administrative  
 Patient Satisfaction Study - Fall 2005  
 Page 2

The tables below compare overall average response values on individual questions on the Patient Satisfaction Questionnaires for Fall 2005, Spring 2004, and Fall 2004. The questionnaire tool was revised for Fall 2005. Comparisons between Fall 2005 and Spring and Fall 2004 is only between questions of equivalent content.

Comparison: Fall 2005, Spring 2004 Fall 2004								
	Fall 2005 Current/Revised Questionnaire	Avg Value		Spring 2005 Previous Questionnaire	Avg Value		Fall 2004 Previous Questionnaire	Avg Value
Q1	Range of Services	4.74	Q1	Range of Services	4.57	Q1	Range of Services	4.69
Q2	Appointment Times	4.72						
Q3	Check in Experience	4.55	Q4	Confidentiality & Professionalism @ Check In	3.47	Q4	Confidentiality & Professionalism @t Check In	3.73
Q4	Confidentiality at Check In	4.60						
Q5	Telephone Courtesy	4.62	Q5	Telephone Courtesy	4.09	Q5	Telephone Courtesy	3.91
Q6	Timely Telephone Response	4.66						
Q7	Privacy During Visit	4.66	Q7	Privacy During Visit	4.2	Q7	Privacy During Visit	4.67
Q8	Practitioner offered opportunity for Questions	4.79	Q8	Comfort with Provider	4.47	Q8	Comfort with Provider	4.53
Q9	Wait Time	4.66	Q9	Wait Time	3.53	Q9	Wait Time	3.24
Q10	Handouts	4.53	Q10	Handouts	4.0	Q10	Handouts	4.33
Q11	Admin/Office Personnel	4.73	Q11	Admin/Office Personnel	3.8	Q11	Admin/Office Personnel	3.50
Q12	Pharmacy Personnel	4.85	Q11	Pharmacy Personnel	4.4	Q11	Pharmacy Personnel	4.25
Q13	Insurance Personnel	4.64	Q11	Insurance Personnel	4.0	Q11	Insurance Personnel	3.88
Q14	Practitioners	4.74	Q11	Practitioners	4.46	Q11	Practitioners	4.75
Q15	Nursing Personnel	4.90	Q11	Nursing Personnel	4.62	Q11	Nursing Personnel	4.79
Q16	Lab Personnel	4.89	Q11	Lab Personnel	4.67	Q11	Lab Personnel	4.83
Q17	Xray Personnel	4.75	Q11	Xray Personnel	4.25	Q11	Xray Personnel	3.6
Q18	Primary Concerns Addressed	4.79	Q13	Primary Concerns Addressed	4.36	Q13	Primary Concerns Addressed	4.43
Q19	Feel Comfortable Returning	4.82	Q14	Feel Comfortable Returning	4.13	Q14	Feel Comfortable Returning	4.07



Analysis:

Established standards for questions 1-19 were exceeded for Fall 2005. According to these standards, patients' overall satisfaction with the NMSU Student Health Center has been demonstrated. Comparison of the overall average response values from Fall 2005 to two previous time periods (Fall 2004 and Spring 2005) indicates improvement in the individual areas which previously fell below the 4.0 standard. Review of the average response values to Question 19 for Fall 2005 in comparison to the average response values to like Question 14 from Spring 2005 and Fall 2004 shows an increase to 4.82 in Fall 2005 (from 4.13 in Spring 2005 and 4.07 in Fall 2004).

Recommendations:

- 1) Individual average response values to questions regarding check in, wait times, telephone courtesy, and departmental personnel which fell below the 4.0 standard in Fall 2004 and Spring 2005 have all exceeded the standard in Fall 2005. Apparently, the Student Health Center's recently initiated campaign to increase attention to providing quality customer service has had a positive influence. Coordination and expectations of the highest level in the quality and professionalism of the Student Health Center's customer service in all areas must continue to be spearheaded by all departmental supervisory personnel and expected of every Student Health Center staff member.
- 2) Continue to have patient satisfaction questionnaires available on an ongoing basis and monitored daily by the Assistant to the Director. At least once a month, on a specified day, SHC staff will conduct a concerted effort to encourage patients to complete questionnaires.
- 3) Establish thresholds/standards for the questions regarding wait times and telephone calls.

Thresholds: Thresholds will continue at 4.0 for questions 1-19.

This study will be presented to the Quality Improvement Committee meeting and unit meetings.

Prepared by:

\_\_\_\_\_  
Bonnie Russell  
Assistant to the Director

Unit Reviewer:

\_\_\_\_\_  
Lori McKee, MBA  
Director

Committee response and date returned to unit, if revisions are necessary:

\_\_\_\_\_  
Randee Greenwald, CNP  
QI Coordinator

### Best Practice Alert!

- In some cases, formalizing the analysis and improvement action of your assessment can help you continue to meet your area's goals and objectives
- Involving multiple individuals in all levels of your assessment can help everyone in your area feel invested and engaged in the process.

**ATTACHMENT D**

**PATIENT SATISFACTION QUESTIONNAIRE**  
*Your feedback is important in helping us successfully meet your needs.*

Date of Visit: \_\_\_\_\_

Is this your first visit? Yes No

**Please circle the service provider seen today:**

Physician      Nurse Practitioner      Laboratory      Pharmacy      X-ray

Orthopedic      Dietitian      Dermatologist

**Circle the number closest to your opinion or "N/A" for questions not applicable.**

1	2	3	4	5	N/A
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable

Reception/check in staff greeted me in a friendly, helpful, and respectful manner.

1	2	3	4	5	N/A
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Clinical staff (nursing, pharmacy, lab, X-ray) was friendly, helpful, and respectful.

1	2	3	4	5	N/A
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The doctor and/or nurse practitioner was friendly, helpful, and respectful.

1	2	3	4	5	N/A
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Insurance office personnel was friendly, helpful, and respectful.

1	2	3	4	5	N/A
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My privacy was adequately protected throughout my entire visit to the clinic.

1	2	3	4	5	N/A
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The provider answered questions &amp; explained recommended treatments to my satisfaction.

1	2	3	4	5	N/A
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The wait time to see a provider was reasonable.

1	2	3	4	5	N/A
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Appointments were available within a time frame acceptable to me.

1	2	3	4	5	N/A
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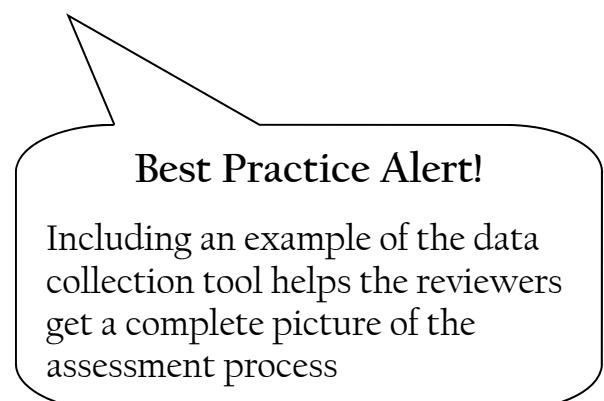
Check out staff was friendly, helpful and respectful.

1	2	3	4	5	N/A
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I would be comfortable returning to the Student Health Center for medical care.

1	2	3	4	5	N/A
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(this represents a survey excerpt)


**Best Practice Alert!**

Including an example of the data collection tool helps the reviewers get a complete picture of the assessment process