

**Quality and Productivity Commission  
30<sup>th</sup> Annual Productivity and Quality Awards Program  
"Heritage of Excellence"**

**2016 APPLICATION**

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

**NAME OF PROJECT: PATIENT SATISFACTION W/TARGETED INTERVENTIONS**

**DATE OF IMPLEMENTATION/ADOPTION:** JULY 1, 2015  
(Must have been implemented at least one year - on or before July 1, 2015)

**PROJECT STATUS:**  Ongoing  One-time only

**HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT?**  Yes  No

**EXECUTIVE SUMMARY:** Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

1 The Patient Protection and Affordable Care Act became law in 2010 with a primary  
2 objective to expand access to and improve the quality of healthcare. The targeted  
3 population is younger and more likely to report fair to poor health than those previously  
4 insured. Defining quality in medicine is not an easy task due to its complexity. Patient  
5 satisfaction surveys have become a proxy measurement tool and are a strong basis to  
6 determine if patients will comply with treatment and continue to see their practitioner.  
7 The aim of the project is to better understand the needs of the patient in LAC USC  
8 Dermatology Clinic by using a validated Patient Satisfaction Questionnaire. The PSQ 18  
9 survey was chosen. This one is broken down into seven subscales assessing the care  
10 delivered: General Satisfaction, Technical Quality, Interpersonal Manner,  
11 Communication, Financial Aspects, Time Spent with Doctor and Accessibility and  
12 Convenience. Also included was cycle time (check-in to check-out) along with non-  
13 attendance rates. After analyzing baseline data targeted interventions were made and  
14 data continuously monitor to see if the interventions made an impact in the overall  
15 patient perception regarding satisfaction.

**BENEFITS TO THE COUNTY**

(1) ACTUAL/ESTIMATED ANNUAL COST AVOIDANCE	(2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS	(3) ACTUAL/ESTIMATED ANNUAL REVENUE	(1) + (2) + (3) = TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
\$	\$	\$	\$	<input checked="" type="checkbox"/>

**ANNUAL = 12 MONTHS ONLY**

<b>SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS</b> LAC USC Medical Center Dermatology Department 2020 ZONAL AVE., IRD BLDG., ROOM 923 LOS ANGELES, CA 90033		<b>TELEPHONE NUMBER</b> 323 409-8168
<b>PROGRAM MANAGER'S NAME</b> Adam Sutton, MD		<b>TELEPHONE NUMBER</b> 323 409-8168  <b>EMAIL:</b> KNUNGARAY@DHS.LACOUNTY.GOV
<b>PRODUCTIVITY MANAGER'S NAME AND SIGNATURE</b> (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Gerardo Pinedo  SIGNATURE ON FILE	<b>DATE</b> 6/30/2016	<b>TELEPHONE NUMBER</b> 213-240-8104  <b>EMAIL</b> gpinedo@dhs.lacounty.gov
<b>DEPARTMENT HEAD'S NAME AND SIGNATURE</b> Mitchell H. Katz, M.D.  SIGNATURE ON FILE	<b>DATE</b> 6/30/2016	<b>TELEPHONE NUMBER</b> 213-240-8101

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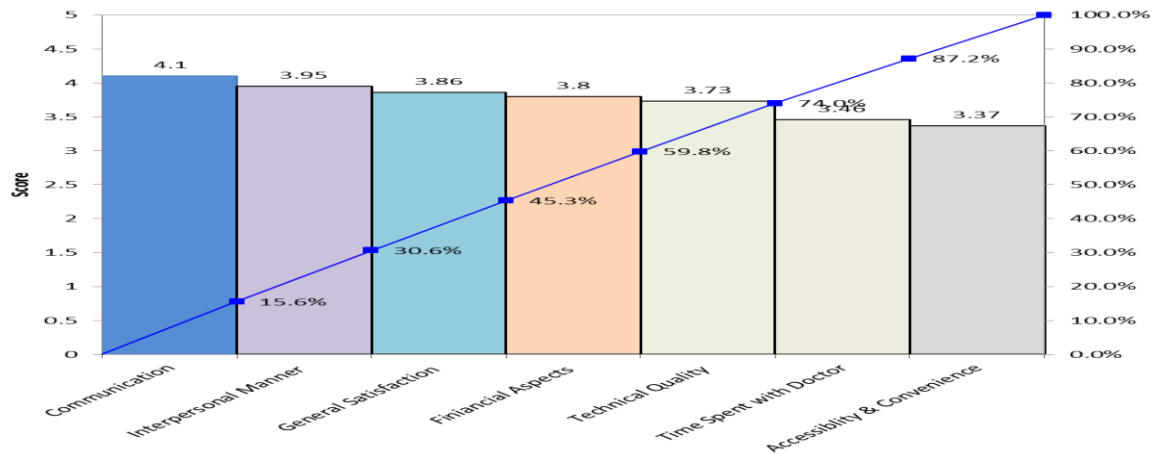
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**NAME OF PROJECT: PATIENT SATISFACTION W/TARGETED INTERVENTIONS**

**1<sup>st</sup> FACT SHEET – LIMITED TO 3 PAGES ONLY:** Describe the **Challenge, Solution, and Benefits** of the project. State clearly and concisely what difference the project has made.

**Challenge:** Defining improvement in quality in medicine is not easily quantified, therefore, choosing a tool was important. The Patient Satisfaction Questionnaire short form (PSQ 18) met the needs to interview our patients within a time frame of 3-4 minutes, ensuring the necessary information was obtained. Although the process was simple, and slightly arduous, a baseline data of 298 participants was achieved. (see below results)

**PSQ - 18 Subscales scores (1-5 max score)  
pre-interventions  
3/2014 to 10/2014**



**Cycle times and PSQ-18 scores findings (1 to 5 max score)**

Cycle Times (minutes)	Patients, No (%)	General Satisfaction	Technical Quality	Interpersonal Manner	Communication	Financial Aspects	Time Spent with Doctor	Accessibility and Convenience
0-60	30 (10)	3.92	3.83	3.85	4.12	3.87	3.43	3.46
61-90	79 (27)	3.90	3.74	3.85	4.11	3.78	3.47	3.44
91-120	102 (34)	3.75	3.65	4.00	4.08	3.75	3.44	3.29
121+	86 (29)	3.92	3.77	3.95	4.03	3.88	3.47	3.35

**Summary** of the results demonstrated an average General Satisfaction subscale score of 3.86 of 5.00. While the general impression of patients was positive, there were subscale scores in which the clinic performed below the General Satisfaction score. The two lowest were Time Spent with Doctor and Accessibility and Convenience with average scores of 3.46 and 3.37. Time Spent with Doctor Subscale score may relate to visiting an academic medical center. Patients are often seen sequentially by a medical student, resident and supervising physician. This educational model contributes to long cycle times; justifying the average 1.5 hour patient visit.

The Accessibility and Convenience Subscale score reflects patients' perception of timeliness and availability of medical care. The way that patients are scheduled into the LAC+USC Dermatology Clinic likely affects this subscale score. Patients must be referred through their primary care provider or the emergency department. We believe that many patients consider the wait for a primary care appointment as part of the overall wait for a dermatology appointment, and this affects perception of accessibility and convenience for our clinic.

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**Significant finding:** When results were stratified by primary language and self-identified ethnicity, English-speaking patients were found to be more satisfied than Spanish-speaking patients in four subscales of satisfaction. Variability in patient satisfaction based on primary language spoken and ethnicity has previously been described in other healthcare settings. English speaking patients were significantly more satisfied than Spanish speaking patients in the areas of Financial Aspects, Interpersonal Manner, and Time Spent with Doctor which were lower in the Spanish speaking patients. The time spent with the Doctor subscale was the lowest scores in patients aged 18-29, female patients, and patients with incomes below 15k. These demographics correlate directly with a large portion of what the newly insured individual looks like.

**Solution:** After analyzing baseline satisfaction results, targeted interventions were implemented and aimed to improve patient satisfaction by decreasing English and Spanish speaking population discrepancies. Interventions included: creating a phone tree in both English and Spanish, developing disease specific and customizable patient handouts in both languages which includes instructions on prescriptions, holding regular nursing in-services (huddles) and utilizing bilingual staff. Post interventions resulted in an increase overall patient satisfaction score in all subscales, although not all reached statistical significance. With our Spanish speaking patients, there were increases in the Interpersonal Skills, Time Spent with Doctor. Patients making 15-35k annually had an improved Time Spent with Doctor Score and patients age 18-29 had a statistically significant improvement in both Accessibility and Convenience. These findings suggest that through active data collection, analysis and implementation of targeted interventions, patient satisfaction can be improved. We do have an opportunity to **target interventions** to the unique needs of this newly insured population.



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**LINKAGE TO THE COUNTY STRATEGIC PLAN (DETAIL IS REQUIRED FOR COUNTY DEPARTMENTS):** Use Arial 12 point font

This project is directly tied into the County of Los Angeles Strategic Plan.

Goal 2: Community Support and Responsiveness: Enrich lives of Los Angeles County residents by providing enhanced services, and effectively planning and responding to economic, social, and environmental challenges.

Strategic initiative #1: Customer Service Innovation/Enhancement.  
Reinvent how County services and products are provided to the public, utilizing more intuitive, customer-centric approaches to achieve maximum outcome and customer satisfaction.

By using a validated Patient Satisfaction Survey tool PSQ 18, we were able to identified discrepancies among the English and Spanish population and implement interventions to equalize satisfaction among the target population.

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**COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY):** If you are claiming cost benefits, include a calculation on this page. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12 point font

**Cost Avoidance:** Costs that are eliminated or not incurred as a result of program outcomes.

**Cost Savings:** A reduction or lessening of expenditures as a result of program outcomes.

**Revenue:** Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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\$	\$	\$	\$	<input checked="" type="checkbox"/>

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