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A Study of Patient Satisfaction at Big Horn Basin Orthopedic Clinic, P. C. Therapy Center in Powell, Wyoming

Jason Kamm
University of North Dakota

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A STUDY OF PATIENT SATISFACTION AT BIG HORN BASIN ORTHOPEDIC
CLINIC, P.C. THERAPY CENTER IN POWELL, WYOMING

By

Jason C. Kamm
Bachelor of Science in Physical Therapy
University of North Dakota, 2000

An Independent Study

Submitted to the Graduate Faculty of the

Department of Physical Therapy

School of Medicine

University of North Dakota

in partial fulfillment of the requirements

for the degree of

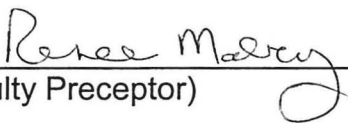
Master of Physical Therapy



Grand Forks, North Dakota

May
2001

This Independent Study, submitted by Jason C. Kamm in partial fulfillment of the requirements for the Degree of Master of Physical Therapy from the University of North Dakota, has been read by the Faculty Preceptor, Advisor, and Chairperson of Physical Therapy under whom the work had been done and is hereby approved.



(Faculty Preceptor)



(Graduate School Advisor)



(Chairperson, Physical Therapy)

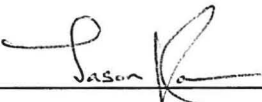
PERMISSION

Title A Study of Patient Satisfaction at Big Horn Basin Orthopedic
Clinic, P.C. Therapy Center in Powell, Wyoming

Department Physical Therapy

Degree Master of Physical Therapy

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Date 12-12-2000

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ABSTRACT

The purpose of this study was to design and distribute a patient satisfaction survey that identifies the needs of the patients of Big Horn Basin Orthopedic Clinic, P.C. Therapy Center in Powell, Wyoming (Clinic). The survey gathered information in 4 areas related to patient satisfaction: overall satisfaction, patient-therapist interactions, clinic operations, and billing procedures. During the summer of 2000, 150 surveys were sent out to discharged patients of the Clinic and 75 were returned. The mean scores for all of the questions on the survey scored near the high end of the scale. The questions related to clinic operations had the highest mean score while the billing questions had the lowest mean score. The data from this study was compared to the results of different patient satisfaction studies. It was found that the results from this study were consistent with other studies in physical therapy settings. However, patient satisfaction ratings from this study were much higher when compared to non-physical therapy settings. Patient satisfaction remains an important indicator of quality in health care. As health care providers become more knowledgeable concerning patient expectations, corrections can be made in the health care delivery process to ensure satisfaction for everyone.

CHAPTER I

INTRODUCTION AND LITERATURE REVIEW

Producing a quality product or service is not a new philosophy among American business.¹ In fact, for much of this past century the phrase “made in the USA” was synonymous with the best possible product available. However, this notion of superb American quality products began to sharply decline during the 1970s and 1980s. This perception did not start to fall due to a decrease in American quality, rather it was the steadily increasing quality of foreign products that eventually surpassed the United States. The increased quality levels in foreign products are the result of implementing a management system called Total Quality Management (TQM). Total Quality Management creates a process for improving the quality of products and services produced by a business. Quality improvement has become a major goal of American business during the past few decades.

Principles of TQM

Taking a closer look at TQM reveals that it is a structured, systematic process for creating organizationwide participation in planning and implementing continuous quality improvement.¹ Total Quality Management defines quality as meeting or exceeding the customer’s expectations and delivering services at a

reasonable price. If an entire organization is committed to meeting customer expectations, continually seeks new ways of exceeding customer expectations, and produces products and services at a competitive price, then success is almost guaranteed. Total Quality Management combines a set of management principles with tools and techniques that allow employees to follow through with these management principles in their daily work. The individual TQM principles are not complex, but the implementation of them often poses a challenge. The main tenet of TQM centers on satisfying the customer. Even though an organization may meet internally imposed specifications or standards, this may not be sufficient to satisfy the customer. Thus, an organization must know who its customers are, their expectations, and whether their expectations are being met. Although a customer oriented definition of quality is a key concept in TQM, quality must be defined and measured for every characteristic of a product or service with which a customer might be concerned such as aesthetics, reliability, and availability. In TQM, quality is emphasized before costs, budget, and schedules, and there are no excuses for compromising quality. Even if the customer deems a product or service satisfactory, the goal is to have every employee continuously looking for process improvements.

Integrating TQM Into Health Care

The principles of TQM are gaining widespread acceptance in the health care field, and recently the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) announced it will begin actively seeking evidence that TQM concepts are being employed as part of its accreditation process.¹ The

most important way that health care organizations can begin the process of TQM is by using outcome management.² The purpose of outcome management is to measure the effectiveness and efficiency of health care. Collection of outcome data allows an organization to reduce unexplained variation in clinical care, improve quality, and lower cost. The Rehabilitation Accreditation Commission and JCAHO also require outcome data collection for their program evaluation and accreditation standards. Typical rehabilitation centers require outcome information from three key areas: clinical, financial, and satisfaction outcomes.³ Clinical outcomes look at the patient's level of recovery and function as a result of clinical treatment. The ultimate goal of clinical outcome management is improving clinical care. Physical therapy performance in the clinic differentiates physical therapy within the health care delivery system. Clearly defining the clinical scope and limitations of physical therapy within a health care organization clarifies physical therapy as a credible source of treatment and facilitates reimbursement from third party payers. The goal of financial outcome management is measuring an organization's profitability and cost effectiveness. In many clinics, personnel costs represent large percentages of operational expenditures and developing systems to analyze and manage personnel productivity as an indicator of costs may be helpful. The final type of outcome information to consider is satisfaction outcomes. The goal of satisfaction outcomes is to understand the patient's expectations and identify actions to improve satisfaction.

Patient Satisfaction Outcomes

Patient satisfaction is unique among other health care business outcome indicators because it represents the patient's subjective interpretation of the quality of care.⁴ This is important because it is ultimately the patient's subjective satisfaction that determines which organization receives more of the market share. In order to satisfy the patient, the provider must know what the patient wants. All patients are unique individuals with specific opinions and requests that will make their encounter more pleasant for them. Since all aspects of the health care experience cannot be customized, the following questions must be addressed: Which parts of the health care delivery process are most important to patients, and can those parts be managed in a way that will make patients feel unique? What accommodations can be made to exceed their expectations? Addressing these questions is the first step in understanding individual patient concerns and earning superior patient satisfaction ratings.

Patient Satisfaction Surveys

Measurement of a patient's subjective interpretation of the quality of care by a standard satisfaction survey is increasingly important to the success of health care organizations.⁵ A standardized and reliable patient satisfaction survey can assist clinicians in six critical ways. First of all, the survey can provide an insight to the patient's frame of reference. Effective continuous care requires communication of caring and concern. If providers listen, explain, and educate, patients are more likely to be responsive. Secondly, satisfaction outcomes provide an important component of the entire outcomes management

process. The increased attention given to patients' concerns regarding quality make satisfaction a vital element when evaluating the efficiency and effectiveness of care. Thirdly, satisfaction can predict whether or not a patient will return to a specific clinic for future treatments. Satisfaction surveys also help determine patient compliance with their home exercise program. If a patient dislikes the services provided at a clinic, why should they listen to recommendations given by that clinic? Next, surveys offer data for continuous quality improvement programs. Quality improvement requires knowledge of many factors pertinent to health care delivery. A regularly administered patient satisfaction survey provides a mechanism to collect and evaluate this information. Finally, satisfaction outcome measures help create a service-oriented culture. Successful businesses have used a service-oriented approach for many years and have reaped the benefits. Surveys can highlight what providers can do consistently, efficiently, and compassionately to meet and exceed expectations.

Areas That Drive Patient Satisfaction

One study of 19,834 physical therapy patients in more than 120 clinics representing 12 states found 5 areas that frequently influenced overall patient satisfaction.⁵ The first key area that drives satisfaction is the provider's ability to explain the treatment to the patient in easy to understand terms. Being an effective communicator is important not only in one's occupation, but also in daily personal life. Secondly, receiving adequate personal attention from the therapist influences satisfaction. If a certain patient consistently works with an aide and

never sees the therapist, his/her view of quality service may diminish and satisfaction may suffer. The next service area deals with the consistency of service providers. If the patient continually works with different therapists, they never become comfortable with a particular therapist, and a sacrifice in satisfaction results. Another area that plays into overall satisfaction is how well informed the clinician is concerning the patient's case. In order to develop a level of comfort and trust, a patient must feel that the clinician understands his/her medical diagnosis, history, and treatment plan. The final point to address is the amount of patient input in goal setting. It is essential that both the patient and therapist agree concerning appropriate functional treatment goals. It is easy to see how all of the 5 key areas that drive customer satisfaction work and blend together. A common thread found in most of these areas is effective communication. More and more therapists are realizing that the importance of technical skills is only a small factor when determining quality, and communication is vital. As more demands are placed on a therapist's time, it is imperative that clinicians never lose sight of the value of good communication skills. Now that the theory of TQM has been discussed it is essential to understand the traditional theory and practice used in health care, its limitations, and why TQM concepts are a better option for the medical field.

Traditional Medical Theory vs. TQM Concepts: Which is Better?

The traditional medical quality assurance programs have 3 major components: assessing and measuring performance of the health care provider, determining whether performance is acceptable among peers, and improving

performance when indicated.⁶⁻¹⁰ The focus of the traditional medical quality assurance program centers on the technical and interpersonal skills of the provider.¹¹ Although these areas definitely need to be considered when addressing quality improvement, a key part of the health care delivery process is neglected, the patient.

One goal of the traditional approach is to conform to standards.¹¹ This can be distinguished from the principles of TQM that continuously improve the existing quality of the product or service. Potential problems of conforming to standards are producing poor quality if standards are set too low or frustrating providers if standards are set unrealistically high. Another limitation of the current approach is emphasizing technical expertise and interpersonal relations while neglecting other areas of performance. Other aspects of performance such as the ability to mobilize an organization's resources also have a bearing on quality. For example, if a physical therapist has expertly evaluated a patient for low back pain but has to make numerous trips back and forth to the treatment area, fails to give the assistant instructions for treatment, and forgets to recheck the patient before they leave, has quality service really been provided? The limitations of the traditional medical quality assurance programs clearly show that a change is needed to better represent the patient's side of defining quality. By implementing the principles of TQM in health care, many of the current flaws in quality assurance can be eliminated and the patient will once again become the most important authority in the process.

Purpose of This Study

The purpose of this study is to design and distribute a patient satisfaction survey that identifies the needs of the patients of Big Horn Basin Orthopedic Clinic (Clinic). The survey gathers information in 4 general categories: overall satisfaction, patient-therapist interactions, clinic operations, and billing procedures. The patients are able to rate various questions pertaining to each of the 4 survey categories. Patients are able to explain why they may have marked one particular question lower than another question, and they also have the opportunity to make written comments about their experience. The results from these surveys will help identify the strengths and weaknesses of the Clinic and enable the Clinic to make continuous improvements so patients are provided high quality care.

Significance of This Study

Advantages of administering patient satisfaction surveys are numerous and include benefits to the Clinic, future patients, and the physical therapy profession. Surveys will provide valuable feedback to the Clinic regarding the quality of their service from the patient's perspective. This is important to monitor and necessary adjustments may be made in response to the comments included on the completed surveys. If the patients that the Clinic serves are not satisfied with the quality of service, then they are unlikely to return for future physical therapy needs. This study will also benefit future patients of the Clinic. The Clinic will be able to identify areas that are not meeting patient expectations, and improvements can be made. Thus, future patients of the Clinic will receive better

quality health care. This independent study will also add to the existing knowledge base concerning patient satisfaction in physical therapy. Each individual patient has different views on what they deem important for quality service. Thus, with more data available to researchers regarding satisfaction, better-educated hypotheses can be generated when identifying particular variables to improve in clinics across the nation. This will allow the design of future physical therapy practices to be tailored to the expectations of the patients.

CHAPTER II

METHODOLOGY

Following approval from the Institutional Review Board at the University of North Dakota (Appendix A), satisfaction outcomes were analyzed for patients of Big Horn Basin Orthopedic Clinic, Therapy Center in Powell, Wyoming (Clinic). A survey (Appendix B) was administered to the patients in the summer of 2000 and returned to the Clinic. Surveys were collected by myself and returned to the University of North Dakota Department of Physical Therapy for statistical analysis and reporting in this independent study.

Subjects

Approximately 150 randomly selected discharged patients from the Clinic received a patient satisfaction survey. Participation in this study was solely on a volunteer basis, and there was no compensation for completing the survey. Consent to participate in the study was implied if the patient completed and returned the survey.

Survey

The survey was developed by the researcher through the use of a literature review, identifying the needs of the Clinic, and with input from the faculty of the University of North Dakota Department of Physical Therapy. Some questions were also generated by revising items from the survey instruments

contained in *Patient Satisfaction Instruments: A Compendium*.¹² The survey asked the patient to rate the quality of his/her experience at the Clinic on a scale from "1" to "4." The areas of patient satisfaction assessed by the survey included overall satisfaction, patient-therapist interactions, clinic operations, and billing. Patients were asked to explain any areas rated as a "1" (very dissatisfied) or "2" (somewhat dissatisfied) by writing in the designated location on the survey. The survey also had a section for patients to add additional comments.

Procedure

In the summer of 2000, a cover letter (Appendix B), anonymous survey, and self-addressed stamped envelope were mailed to 150 randomly selected discharged patients of the Clinic. Two weeks following the mailing of the surveys, a thank you/reminder card (Appendix B) was mailed. Completed surveys were returned to the Clinic, collected by the researcher, and returned to the University of North Dakota Department of Physical Therapy for data analysis.

Data Analysis

Descriptive statistical analysis was performed when the surveys were returned. Statistical analysis found means, standard deviations, minimum scores, and maximum scores for all survey questions.

Reporting

The data are reported in this independent study and the study is available for use by the University of North Dakota Department of Physical Therapy and Big Horn Basin Orthopedic Clinic, Therapy Center in Powell, Wyoming.

CHAPTER III

RESULTS

This patient satisfaction survey gathered information about the patient's experience with the physical therapy services of Big Horn Basin Orthopedic Clinic in 4 general categories: overall satisfaction, patient-therapist interactions, clinic operations, and billing. The survey consisted of 22 total questions including 2 relative to overall satisfaction, 9 from patient-therapist interactions, 8 from clinic operations, and 3 from billing. The mean rating, standard deviation, minimum score, and maximum score were calculated for each question.

Two questions concerning overall satisfaction were included on the survey. The first was "I would recommend these services to a friend or relative." The answer choices for this question were simply "yes" or "no." Seventy-four people responded to this question and everyone chose the "yes" response. The other question relative to overall patient satisfaction was "I received quality service and care." The rating system for this question and all the remaining questions was on a numerical scale from "1" through "4." A rating of "1" found the patient to be "very dissatisfied" with the quality of care and "4" considered the patient to be "very satisfied." Seventy-five people replied to this question and the mean score was found to be 3.81 with a standard deviation of 0.42. The minimum score obtained for this question was a "2" and the maximum was a "4."

The survey contained 9 questions related to patient-therapist interactions. The results of this category are shown in Table 1. The mean score for all 9 questions in this section was 3.77. The mean score for these questions when converted to a percentage was 94%. The question in this section that had the lowest mean score was "I helped determine my treatment goals for therapy." This question's mean score was 3.63. The question with the next lowest mean score, "My therapist made me aware of my progress or lack of progress," had a score of 3.74. The question that yielded the highest mean score was "I am comfortable with and trust my therapist." Its mean score proved to be 3.86. Four other questions from this section had mean scores greater than 3.8.

The second general category of questions regarded the operations of the clinic and the results are summarized in Table 2. The rating system for these questions was the same as the above with "1" being "very dissatisfied" and "4" being "very satisfied." The mean score for all 8 questions in this section was 3.88. The mean score for these questions when converted to a percentage was 97%. The question with the lowest mean score in this category was "The clinic's hours of operation were convenient." The mean score for this question was 3.86. The second lowest mean score was 3.88 from the question "The time allowed for my treatment, exercise, and instructions was ample." The question with the highest rating was "I had easy access to the building," with a mean score of 3.93. Three other questions from this category had mean scores greater than 3.9.

The final group of questions related to billing procedures. The results from these questions are summarized in Table 3. The rating system for these

Table 1. Mean Rating for Patient-Therapist Interaction Questions.

Question	N	Mean	SD	Minimum	Maximum
Mean score for all patient-therapist interaction questions.	75	3.77	.38	2.44	4
Mean percentage for patient-therapist interaction questions.	75	94.41	9.60	61.11	100
The initial evaluation seemed thorough.	75	3.74	.46	2	4
My PT seemed to understand my medical condition.	75	3.82	.38	3	4
I helped determine my treatment goals for therapy.	73	3.63	.67	1	4
My therapist gave me personal attention.	74	3.82	.41	2	4
My therapist explained the evaluation and treatments well.	74	3.82	.41	2	4
My therapist made me aware of my progress or lack of progress.	74	3.74	.57	1	4
I understood the verbal instructions of my home exercise program.	74	3.81	.39	3	4
I understood the written instructions of my home exercise program.	73	3.79	.43	2	4
I am comfortable with and trust my therapist.	74	3.86	.38	2	4

KEY: 4-Very Satisfied
 3-Somewhat Satisfied
 2-Somewhat Dissatisfied
 1-Very Dissatisfied

Table 2. Mean Rating for Clinic Operations Questions.

Question	N	Mean	SD	Minimum	Maximum
Mean score for all clinic operations questions.	75	3.88	.27	3	4
Mean percentage for clinic operations questions.	75	97.20	6.99	75.00	100
The clinic's hours of operation were convenient.	74	3.86	.38	2	4
The waiting time was appropriate.	74	3.89	.31	3	4
The office staff was helpful and courteous.	73	3.89	.35	2	4
The clinic's appearance was clean and professional.	74	3.91	.27	3	4
I had adequate parking at the clinic.	74	3.90	.29	3	4
I had easy access to the building.	74	3.93	.25	3	4
My appointments were scheduled in a timely manner.	74	3.90	.33	2	4
The time allowed for my treatment, exercise, and instructions was ample.	75	3.88	.36	2	4

KEY: 4-Very Satisfied
 3-Somewhat Satisfied
 2-Somewhat Dissatisfied
 1-Very Dissatisfied

Table 3. Mean Rating for Billing Questions.

Question	N	Mean	SD	Minimum	Maximum
Mean score for all billing questions.	66	3.56	.60	2	4
Mean percentage for all billing questions.	66	89.01	15.11	50.00	100
Billing procedures were explained to me.	66	3.43	.70	2	4
My monthly billing statements were accurate.	64	3.64	.62	2	4
Any billing problems were resolved.	61	3.67	.59	2	4

KEY: 4-Very Satisfied
 3-Somewhat Satisfied
 2-Somewhat Dissatisfied
 1-Very Dissatisfied

questions were the same as the previous patient-therapist interactions and clinic operations sections. The mean score for all 3 questions in this section was 3.56. The mean score for these questions when converted to a percentage was 89%. The question with the lowest mean score was "Billing procedures were explained to me." The mean score for this question was 3.43. The question that produced the highest mean score was "Any billing problems were resolved" with a score of 3.67. Of the 75 patients who completed and returned their surveys, not all responded to the billing questions. The number of respondents to respond to these questions ranged from 61 to 66.

Respondents were also given the opportunity to explain why they had marked any question as a "1" or "2" on the survey. Of the 75 returned surveys, 5 people made comments relative to their dissatisfaction. Three of these 5 comments were in regard to the billing section. One comment stated, "I was never told how much treatments would cost and was surprised by my bill." Another remark affirmed, "Billing procedure wasn't explained; only when I checked with the Cody office did I find Big Horn Orthopedic had been overpaid, and I still haven't received a statement with a credit or a check for overpayment." The final comment concerning billing stated, "Follow up with insurance company and problems." The 2 remaining comments from this question indicated problems using the voice mail system and dissatisfaction with the evaluation of the patient's progress in therapy.

The final part of the survey gave respondents the chance to make any additional comments that they wished to express. Twenty-seven of the 75

respondents chose to write remarks in this section. Of the 27 people who made additional comments, 16 were of a positive nature regarding the facility especially the personnel. Some of these remarks included, "What can I say but excellent. Calm, relaxing, friendly. They allow me to continue working out to maintain strength after the treatments. I recommended my sister to the hand therapist and she was helped too," and "Troy is the most helpful and best PT ever. I made more progress in 1 month with him than in years of other treatments." The other 11 comments from this section included 8 relative to billing procedures and cost. Examples of some of these remarks are "A 10 or 15 minute treatment should not exceed the cost of the doctor. If it does it is way over priced. Mine was," and "Since secondary insurance is limited, the claim form should be available upon clinic visit to expedite payment." The remaining 3 remarks from this section included 1 comment about making the front entrance more accessible for people using walkers or crutches and the final 2 comments were regarding the patient only having 1 brief physical therapy visit. After reviewing the surveys from the 2 patients who had brief visits, not all questions were answered and this can probably be attributed to their limited interaction with the Clinic.

This survey addressed four areas regarding patient satisfaction: overall satisfaction, patient-therapist interactions, clinic operations, and billing procedures. All the mean scores from each of the 4 patient satisfaction areas assessed scored near the high end of the scale. The questions related to clinic operations had the highest mean score while the billing questions had the lowest mean score.

CHAPTER IV

DISCUSSION

In this study involving Big Horn Basin Orthopedic Clinic (Clinic) we evaluated patient satisfaction ratings. Several domains of patient satisfaction were assessed including overall satisfaction, patient-therapist interactions, clinic operations, and billing. This chapter will discuss the strengths and limitations of this independent study, compare the results of this study to other data, and identify ways to use the patient satisfaction data to improve quality and market services.

Strengths of the Survey

One hundred and fifty surveys were mailed to patients of the Clinic and 75 were returned, yielding a response rate of 50 percent. According to Babbie,¹³ a 50% response rate is believed to be an “adequate” response rate. Another strength of this survey was its method of delivery. Self-mailed questionnaires are advantageous because they are inexpensive, easy to administer, and have been found to have better response rates. Also, the follow-up reminder that was sent improves response rate.

Limitations of the Survey

There are several limitations to this study. First, it is difficult to compare results across studies due to the different methods of survey administration and

data analysis. For instance, many studies use the 5-point Likert scale for rating questions while this study used a 4-point scale. Also, different domains of patient satisfaction are measured on different surveys. There is not a standard satisfaction instrument used across all studies. Finally, Goldstein, Elliot, and Guccione¹⁴ believe that patient satisfaction instruments should undergo extensive evaluation to establish their psychometric properties. This survey was a newly developed instrument and has not been subjected to rigorous psychometric evaluation; therefore its reliability and validity may be questioned.

Comparison of Results to Other Studies

Comparing patient satisfaction data between studies is an arduous task due to differences in methodologies and survey instruments. However, it is a task that needs to be performed to help clinics decide whether or not their results are satisfactory. The next several paragraphs compare the data obtained at Big Horn Basin Orthopedic Clinic (Clinic) to results of other studies that measured patient satisfaction levels in both physical therapy settings and non-physical therapy settings.

Focus On Therapeutic Outcomes (FOTO) began in 1992 as an attempt to create a standardized outcome measurement and reporting scheme for rehabilitation of outpatients with orthopedic impairments.¹⁵ The FOTO orthopedic outcomes measurement system addresses many areas of health care including patient satisfaction measures. The patient satisfaction assessments are performed on an interval basis and at discharge. Patients rate their quality of care in 9 areas as “very satisfied,” “somewhat satisfied,” “neither satisfied nor

dissatisfied," "somewhat dissatisfied," or "very dissatisfied." The 9 areas evaluated by the patient include the following areas: provision of information about their condition, treatment regarding their condition, their primary clinician, convenience in scheduling appointments, convenience of the location, waiting time, phone contact, overall experience, and whether or not they would recommend this facility to a friend. A sampling of the FOTO database from 1994-1996 was assessed and included 24,303 patient experiences. The FOTO database reports a patient satisfaction index (PSI), which has been developed to report a rating of overall patient satisfaction for the facility. The PSI is calculated and reported as a percentage, with a range possible from 0 to 100%, with higher percentages representing higher levels of patient satisfaction. The FOTO PSI for all categories of orthopedic impairments was 94.8%. Comparing this percentage to the results from the survey conducted at the Clinic shows that 82% of patients at the Clinic were "very satisfied" with the question, "I received quality service and care." The percentage of patients at the Clinic who were both "somewhat satisfied" and "very satisfied" with this same question was 98.7%. When asked the question, "I would recommend these services to a friend or relative," 100% of Clinic respondents replied "yes."

Another study by Elliot-Burke and Pothast,⁵ looked at patient satisfaction in the outpatient orthopedic rehabilitation setting. This study was conducted over 4 years and involved 19,834 patients from 120 different clinics. The Gallup Organization conducted all interviews via the telephone and each interview lasted 4-5 minutes. The original survey included 32 questions. Refinements

were made to the survey throughout the 4 years of this study. By the conclusion of the study a total of 18 questions were included on the survey. The satisfaction questions required a response on a 5-point scale including “very satisfied,” “somewhat satisfied,” “neither satisfied nor dissatisfied,” “somewhat dissatisfied,” or “very dissatisfied.” The results of this study are shown below in bulleted format:

- 78-80% of patients were “very satisfied” with overall patient satisfaction
- 77-79% of patients were “very satisfied” with clinician/patient relationship
- 85-87% of patients were “very satisfied” with center operations
- 68-72% of patients were “very satisfied” with billing

The areas of patient satisfaction addressed at the Clinic were similar to this study and the results are summarized here in bulleted format:

- 82% of patients “very satisfied” with overall satisfaction
- 71-87% of patients were “very satisfied” with patient-therapist interactions
- 87-93% of patients were “very satisfied” with clinic operations
- 56-73% of patients were “very satisfied” with billing

The results obtained at Big Horn Basin Orthopedic Clinic (Clinic) are comparable. The percentage of patients at the Clinic “very satisfied” with the question “I received quality service and care” was 82%, which is slightly higher than the Elliot-Burke and Pothast⁵ study. The range of percentage ratings “very satisfied” from questions relative to patient-therapist interactions at the Clinic is 71-87%. When examining the individual percentage ratings for each question in the patient-therapist interaction category from the Clinic survey, it was found that

6 of the 9 questions had ratings that exceeded the results from the Elliot-Burke and Pothast⁵ study. Of the remaining 3 questions, 2 had percentage ratings that were lower than the range from the Elliot-Burke and Pothast⁵ study. For questions regarding clinic operations it is evident that the Clinic scored slightly higher in this category. The final group of questions addressed by the Clinic was about billing and the range of percentage ratings "very satisfied" was 56-73%. The Elliot-Burke and Pothast⁵ study showed a range of 68-72% "very satisfied." The high-end percentage ratings of both studies are comparable, but the low-end of the range at the Clinic is considerably lower than the Elliot-Burke and Pothast⁵ study. Only 3 questions from the Clinic survey were in regard to billing. Of these 3 questions, only one had a low percentage rating of people "very satisfied." The question with the lowest percentage rating of 56% was "Billing procedures were explained to me." The other 2 questions from the billing section had percentage ratings of 71% and 73%, which falls into the ratings obtained by the Elliot-Burke and Pothast⁵ study.

Measuring patient satisfaction has been a part of the outcome evaluation process for other allied health professions longer than it has been used in the physical therapy setting. One study by Spierer et al¹⁶ assessed satisfaction as part of a physician performance evaluation. The setting for this study was at the Fallon Clinic, a physician owned and directed multispecialty group practice. The survey was intended to assess patient perceptions of the quality and timeliness of care. Patients were asked to rate quality and timeliness related issues on a 5-point scale from "excellent" to "poor." For each full-time physician evaluated, 150

patients were randomly selected of all patients that had seen that physician in the previous 3 weeks. In this study, there were two variables examined as the final measures of patient satisfaction: the overall quality of care and the likeliness of the patient to recommend their physician to others. The 1992 surveys found that 84% of the patients felt that the care they received from their physician was "excellent" or "very good," and 90% were "very likely" or "somewhat likely" to recommend their physician to others. In 1993, 81% of the patients felt that the care they received was "excellent" or "very good," and 88% were "very likely" or "somewhat likely" to recommend their physician to others. When comparing these results to the data obtained at the Clinic, we find that 98.7% of patients at the Clinic were "somewhat satisfied" or "very satisfied" when answering the question, "I received quality service and care." This percentage is considerably higher than the results obtained during the 1992 and 1993 Fallon Clinic study. The percentage of patients recommending the services of the Clinic to a friend or relative was also considerably higher than at the Fallon Clinic. One hundred percent of the Clinic's patients replied "yes" when asked the question, "I would recommend these services to a friend or relative." This compares to 90% and 88% of patients that were "somewhat likely" or "very likely" to recommend their physician at the Fallon Clinic during the 1992 and 1993 surveys.

Another study by Burstin et al¹⁷ attempted to determine whether feedback of comparative information was associated with improvement in medical record and patient-based measures of quality in emergency departments. This study was conducted at 5 urban Harvard University-affiliated hospital emergency

departments. In early 1993, baseline data on compliance with clinical criteria and patients' reports of care were gathered at each site. One year later, the results of this baseline investigation were provided to quality-improvement teams at each site, which designed their own strategies to improve quality of care. In 1995, the researchers repeated data collection at each site to assess the efficacy of the interventions. The initial study was conducted February through May 1993, with the follow-up study conducted February through May 1995. During a 1-month period in each hospital, patients who presented to the adult emergency departments with selected chief complaints were eligible for the study. Patients completed an on-site questionnaire and agreed to complete telephone follow-up interviews. At the follow-up telephone interview, patients were asked to rate the following items: overall care in the emergency department, courtesy and respect from the staff, completeness of care received, explanation of what was being done, waiting times, and discharge instructions on a 1 (poor) to 5 (excellent) scale. Patient satisfaction ratings remained at 3.8 in both study years. When dividing the mean satisfaction rating of this study by the highest score possible (5), it is found that the satisfaction level is 76%. At the Clinic the mean satisfaction rating for the question, "I received quality service and care," was 3.8 on a 4-point scale. When this value is divided by the highest score possible (4), a satisfaction level of 95% is found. We can see that the satisfaction level at the Clinic is much higher than that found in the Burstin et al¹⁷ study.

In summary, when comparing the patient satisfaction results acquired at the Clinic to 4 other studies, it is found that the data obtained at the clinic is

comparable to 2 of the studies and considerably higher than the other 2 studies. The 2 studies that showed the Clinic getting comparable results to their data were from physical therapy settings. The 2 studies that showed the Clinic as getting considerably higher results were from the Fallon Clinic, which examined satisfaction ratings with a physician group, and the satisfaction levels of 5 hospital emergency departments. It is interesting to note that the patient satisfaction results obtained in physical therapy settings exceed those acquired in other health care environments. Reasons for this difference need to be investigated further. One possible explanation for this difference may include more patient-health care provider contact in the physical therapy setting as opposed to other hospital environments such as brief emergency room visits.

Utilizing Data to Improve Quality and Market Services

Patient satisfaction data only becomes valuable when the results are communicated to the organization and its customers.¹⁸ The data can be used for both internal and external applications. Satisfaction data are used within a facility as part of a process of continuous quality improvement, and externally in support of a marketing plan for the organization. The same data are presented differently for both of these applications. The internal usage requires more in-depth analysis of specific areas that require improvement such as the explanation of billing procedures. The external reports contribute general information to establish the organization's commitment to its patients over an extended period of time such as the overall satisfaction score over the past four quarters.

Internal Uses of Patient Satisfaction Data

Many options exist for utilizing patient satisfaction data internally.¹⁸ A few of these options include developing an action plan worksheet, patient service award, organizational quality plan, field incentive program, and service training. Using an action plan allows an organization to identify and prioritize areas of improvement and implement change. Action plan worksheets (Figure 1) may be employed to oversee quality improvement activities in a facility. These action plans encourage goal setting on elements of service that negatively affected the overall satisfaction score and participation of all staff members. An example of how to use an action plan worksheet at the Clinic is shown in Figure 2. Incorporating the idea of a patient service award is another method of using internal patient satisfaction data. Giving recognition to an employee for demonstrating exceptional achievement in overall patient satisfaction provides incentive to exceed customer expectations. Organizational quality plans may also help management develop an ongoing record of patient satisfaction issues. A plan may entail a goal of 95% overall patient satisfaction and require survey results quarterly. Another method to provide incentive for exceeding patient expectations is a field incentive program. An incentive calculation may be based on achieving an overall patient satisfaction performance of at least 80% "very satisfied" and at least 90% both "somewhat satisfied" and "very satisfied." Incentive compensation may be payable to the staff member that achieves these ratings. A final way to utilize patient satisfaction data internally is performing service training with all staff members. This training may include an orientation

Domain	Strongest Question	Weakest Question	Action Plan	Responsible Persons
Overall Satisfaction				
Patient-therapist interactions				
Clinic Operations				
Billing				

Quarter

Key: *Domain*-The specific area of patient satisfaction being assessed.
Strongest Question-The question number that received the highest score.
Weakest Question-The question number that received the lowest score.
Action Plan-Description of response to address the weakest question or other priorities within that domain.
Responsible Persons-The staff members that will supervise and enforce the action plan.

Figure 1. Example of an Action Plan Worksheet.¹⁸

to all employees emphasizing methods for dealing with a variety of patient personalities, problem solving and critical thinking skills, identifying patient needs, and utilizing appropriate responses in difficult situations.

Domain	Strongest Question	Weakest Question	Action Plan	Responsible Persons
Billing	Any billing problems were resolved.	Billing procedures were explained to me.	Begin explanation of billing procedures to patient prior to discharge from physical therapy.	Quality Improvement Supervisor

Figure 2. Application of an Action Plan Worksheet at Big Horn Basin Orthopedic Clinic.

External Uses of Patient Satisfaction Data

The main importance for the external use of patient satisfaction data is for marketing.¹⁸ These marketing efforts can be directed to several areas such as future referral sources and maintaining and attracting patients. One possible way to present the patient satisfaction data to a future source of referrals or the general public is to create a report card. These reports should be constructed by considering 4 areas: length, clarity, ease of understanding, and the use of the report. A 1-page format allows an accurate depiction of patient satisfaction results and explains how the results were obtained. The results may be displayed as percentages in the form of a pie graph. Presenting the data in the pie graph format allows visual representation of results and aids with clarification. These report cards may be dispensed to both future referral sources and the general public to demonstrate the organization's ongoing commitment to quality. An example of a report card for the Clinic is shown in Figure 3.

Using patient satisfaction data in physical therapy settings and all allied health professions is highly encouraged. This data is an invaluable part of the entire outcomes management process. Many times the thoughts of the patient become lost in the outcomes management process and using patient satisfaction data will help ensure that the patient is always heard.

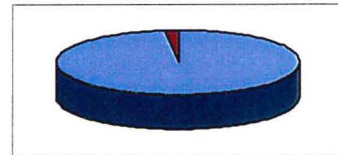
*Percent of patients surveyed indicating they were either "somewhat satisfied" or "very satisfied" with the quality of care in this area.

Patient Satisfaction at Big Horn Basin Orthopedic Clinic, P.C. Therapy Center in Powell, Wyoming

Summer 2000

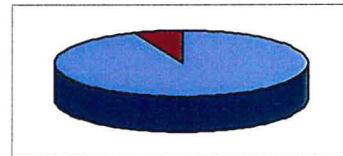
OVERALL SATISFACTION

98%*



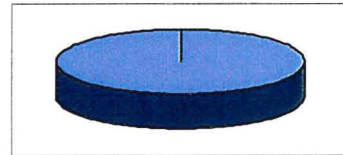
PATIENT-THERAPIST INTERACTIONS

94%*



CLINIC OPERATIONS

100%*



BILLING

89%*

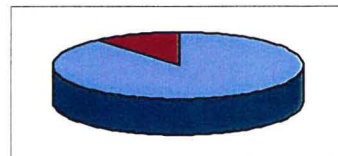


Figure 3. Patient Satisfaction Report Card.¹⁸

CHAPTER V

CONCLUSION

This independent study examined patient satisfaction at Big Horn Basin Orthopedic Clinic (Clinic) in Powell, Wyoming. During the summer of 2000, surveys were dispatched to randomly selected discharged patients of the Clinic. The surveys investigated 4 general areas of patient satisfaction: overall satisfaction, patient-therapist interactions, clinic operations, and billing. A 4-point scale was used to rate each of the questions included on the survey.

Results obtained were analyzed using traditional descriptive statistics including mean, standard deviation, minimum score, and maximum score. All the means from each of the 4 patient satisfaction areas assessed scored near the high end of the scale. The questions related to clinic operations had the highest mean score while the billing questions had the lowest mean score. The results found at the Clinic concerning overall satisfaction, patient-therapist interactions, and clinic operations were exceptional. If any potential problems can be identified it is related to billing procedures. Sharing more billing information with the patient prior to discharge and involving the billing office in future continuous quality improvement programs can solve these problems. When the patient satisfaction results acquired at the Clinic were compared to other studies it was found that the data obtained at the Clinic were comparable to 2 of the studies

and considerably higher than the other 2 studies. The 2 studies that showed the Clinic getting comparable results to published data were from physical therapy settings. The 2 studies that showed the Clinic as getting considerably higher results were from a physician group practice setting and hospital emergency departments.

In traditional medical quality assurance programs the thoughts and attitudes of the patient have often been neglected. Implementing the principles of Total Quality Management and collecting patient satisfaction outcome data allows health care organizations to obtain a more accurate view of quality. Only when patients become involved in the quality management process can a complete and accurate portrayal of total quality be assessed.

APPENDIX A

EXPEDITED REVIEW REQUESTED UNDER ITEM _____ (NUMBER[S]) OF HHS REGULATIONS
 EXEMPT REVIEW REQUESTED UNDER ITEM _____ (NUMBER[S]) OF HHS REGULATIONS

**UNIVERSITY OF NORTH DAKOTA HUMAN SUBJECTS REVIEW FORM
FOR NEW PROJECTS OR PROCEDURAL REVISIONS TO APPROVED
PROJECTS INVOLVING HUMAN SUBJECTS**

Please include ALL information and check ALL blanks that apply.

PRINCIPAL INVESTIGATOR: Jason C. Kamm **TELEPHONE:** 777-8844 **DATE:** 4-14-2000
ADDRESS TO WHICH NOTICE OF APPROVAL SHOULD BE SENT: 522 Swanson Hall Grand Forks, ND 58202
SCHOOL/COLLEGE: Medicine **DEPARTMENT:** Physical Therapy **PROPOSED PROJECT DATES:** 4/15/00-5/30/01
(E.g., A&S, Medicine, EHD, etc.) (Month/Day/Year)
PROJECT TITLE: A Survey of Patient Satisfaction at Big Horn Basin Orthopedic Clinic, P.C. Therapy Center

FUNDING AGENCIES (IF APPLICABLE): Big Horn Basin Orthopedic Clinic, P.C. Therapy Center

TYPE OF PROJECT (Check ALL that apply):
 NEW PROJECT CONTINUATION RENEWAL DISSERTATION OR THESIS RESEARCH STUDENT RESEARCH PROJECT
 CHANGE IN PROCEDURE FOR A PREVIOUSLY APPROVED PROJECT

DISSERTATION/THESIS ADVISER, OR STUDENT ADVISER: Renee Mabey, Ph.D, PT

PROPOSED PROJECT: INVOLVES NEW DRUGS (IND) INVOLVES NON-APPROVED USE OF DRUG INVOLVES A COOPERATING INSTITUTION

IF ANY OF YOUR SUBJECTS FALL IN ANY OF THE FOLLOWING CLASSIFICATION, PLEASE INDICATE THE CLASSIFICATION(S):

MINORS (<18 YEARS) PREGNANT WOMEN MENTALLY DISABLED FETUSES PERSONS WITH
 PRISONERS ABORTUSES UND STUDENTS (>18 YEARS)

IF YOUR PROJECT INVOLVES ANY HUMAN TISSUE, BODY FLUIDS, PATHOLOGICAL SPECIMENS, DONATED ORGANS, FETAL MATERIAL, OR PLACENTAL MATERIALS, CHECK HERE

IF YOUR PROJECT HAS BEEN WILL BE SUBMITTED TO ANOTHER INSTITUTIONAL REVIEW BOARD(S), PLEASE LIST NAME OF BOARD(S): Big Horn Basin Orthopedic Clinic, P.C. Therapy Center

Status: Submitted; Date 4-14-00 Approved; Date _____ Pending

1. ABSTRACT: (LIMIT TO 200 WORDS OR LESS AND INCLUDE JUSTIFICATION OR NECESSITY FOR USING HUMAN SUBJECTS.)

Quality management is an important idea in today's health care delivery system. There are many different areas to monitor when measuring quality in a health care system including clinical, financial, and satisfaction outcomes. Ultimately, however, the expectations of the patient must be satisfied. Patient satisfaction is an important aspect of quality management because if the expectations of the patient are not being met, then it is unlikely that the patient will return for future services at that particular organization. Thus, it is critical to continuously monitor the levels of patient satisfaction in a health care organization, analyze that information, and make continuous improvements so patients are provided high quality service. This independent study will look at patient satisfaction at Big Horn Basin Orthopedic Clinic, P.C. Therapy Center (Clinic) located in Powell, Wyoming. A satisfaction survey will be mailed to randomly selected discharged patients of

the Clinic. The areas addressed on the survey were determined by the needs of the Clinic and by reviewing current literature about the subject. The Clinic will then use this information to help improve its facility and strive to meet the expectations of its patients.

PLEASE NOTE: Only information pertinent to your request to utilize human subjects in your project or activity should be included on this form. Where appropriate attach sections from your proposal (if seeking outside funding).

2. **PROTOCOL:** (Describe procedures to which humans will be subjected. Use additional pages if necessary. Attach any surveys, tests, questionnaires, interview questions, examples of interview questions (if qualitative research), etc., the subjects will be asked to complete.)

Subjects:

1. Approximately 125 randomly selected discharged patients from Big Horn Basin Orthopedic Powell, Wy clinic (Clinic) will be mailed a patient satisfaction survey upon approval by the IRB.
2. There is no compensation for completed the survey. Participation is done on a volunteer basis.
3. Consent to participate is implied if the patient fills out the survey and returns it.

Instrument:

1. A patient satisfaction survey was designed by the researcher (myself) by conducting extensive research, identifying the needs of the Clinic, and with input by the UND-PT faculty.
2. The Clinic will fund the design, printing, and mailing of the surveys and related documents as stated in the contract agreement.
3. Attachments include a copy of the cover letter, survey, and contract agreement between the University of North Dakota Department of Physical Therapy (UND-PT) and the Clinic.

Procedures:

1. Each selected patient will be mailed a cover letter, anonymous survey, and self-addressed stamped envelope.
2. Two weeks following the mailing of the initial surveys, a thank you or reminder card will be issued.
3. Three weeks following the mailing of the reminder cards, a second cover letter and survey will be issued in case the patient misplaced the first copy.
4. Collected surveys will be stored in a locked office or storage room at UND-PT.

Data Analysis:

1. Data analysis will be performed using traditional descriptive and analytical statistics with the alpha level set at 0.05.

Data Reporting:

1. Analyzed data included in my independent study will be submitted to the graduate school and UND-PT in partial completion of my Master of Physical Therapy degree. Data will also be provided to the Clinic so they have the information to initiate continuous quality improvement in their practice.
2. Only three persons shall have access to the collected surveys: myself, my faculty preceptor (Renee Mabey), and the Director of Physical Therapy Services at the Clinic (Troy Fulton).

3. BENEFITS: (Describe the benefits to the individual or society.)

1. Benefits of administering patient satisfaction surveys are numerous. First of all, they will give feedback to Big Horn Basin Orthopedic, P.C. Therapy Center regarding the quality of their service from the patient's perspective. This is important to monitor and make the necessary adjustments in response to the comments included on the completed surveys. If the patients that this clinic serves are not satisfied with the quality of service, then they are unlikely to return for future therapy needs.
2. This study will also benefit future patients of the clinic. The clinic will be able to identify areas that are not meeting patient expectations and improvements can be made. Thus, future patients of the clinic will receive better quality health care.
3. This independent study will also add to the existing knowledge base concerning patient satisfaction in physical therapy. Each individual patient has different views on what they deem important for quality service. Thus, with more data available to researchers regarding satisfaction, better-educated hypotheses can be generated when identifying particular variables to improve in clinics across the nation. The design of future physical therapy practices can also be tailored to the expectations of the patients.

4. RISKS: (Describe the risks to the subject and precautions that will be taken to minimize them. The concept of risk goes beyond physical risk and includes risks to the subject's dignity and self-respect, as well as psychological, emotional or behavioral risk. If data are collected which could prove harmful or embarrassing to the subject if associated with him or her, then describe the methods to be used to protect the confidentiality of data obtained, debriefing procedures, storage of data, how long data will be stored (must be a minimum of three years), final disposition of data, etc.)

1. The physical risks or risks to the subjects dignity and self-respect in this study are minimal. The surveys are anonymous and collected data will be stored in a locked cabinet at Big Horn Basin Orthopedic Powell, WY clinic or the Department of Physical Therapy at UND. Only three persons shall have access to the data including myself, my faculty preceptor (Renee Mabey), and the Director of Physical Therapy Services at the Clinic (Troy Fulton).
2. Consent to participate in this study is implied. If the patient simply completes and returns the survey, then the patient has agreed to participate.
3. Results will be reported in aggregate form and in the event that a quotation is used from a participant, no individual identifying features will be used in the reporting of data.
4. After study is complete, all data will be stored in a locked office or storage room at UND-PT for three years. After this time period, all data will be destroyed with a paper shredder.

5. **CONSENT FORM:** Attach a copy of the **CONSENT FORM** to be signed by the subject (if applicable) and/or any statement to be read to the subject should be attached to this form. If no **CONSENT FORM** is to be used, document the procedures to be used to assure that infringement upon the subject's rights will not occur.

Describe where signed consent forms will be kept and for how long (must be a minimum of 3 years), including plans for final disposition or destruction.

1. If the randomly selected discharged patient completes and returns the survey, then it is implied that they have consented to participate in this independent study.
2. Surveys are anonymous and will not contain any patient information on them. However, if the patient inadvertently signs the survey or has reported any other identifying features, data is stored in a locked office or storage room. Also, no data will be reported that contains an individual's identifying features.

6. For **FULL IRB REVIEW** forward a signed original and fifteen (15) copies of this completed form, including fifteen (15) copies of the proposed consent form, questionnaires, examples of interview questions, etc. and any supporting documentation to the address below. An original and 19 copies are required for clinical medical projects. In cases where the proposed work is part of a proposal to a potential funding source, one copy of the completed proposal to the funding agency (agreement/contract if there is no proposal) must be attached to the completed Human Subjects Review Form if the proposal is non-clinical; 7 copies if the proposal is clinical medical. If the proposed work is being conducted for a pharmaceutical company, 7 copies of the company's protocol must be provided.

Office of Research & Program Development
 University of North Dakota
 Grand Forks, North Dakota 58202-7134

On campus, mail to: Office of Research & Program Development, Box 7134, or drop it off at Room 105 Twamley Hall.

For **EXEMPT** or **EXPEDITED REVIEW** forward a signed original, including a copy of the consent form, questionnaires, examples of interview questions, etc. and any supporting documentation to one of the addresses above. In cases where the proposed work is part of a proposal to a potential funding source, one copy of the completed proposal to the funding agency (agreement/contract if there is no proposal) must be attached to the completed Human Subjects Review Form.

The policies and procedures on Use of Human Subjects of the University of North Dakota apply to all activities involving use of Human Subjects performed by personnel conducting such activities under the auspices of the University. No activities are to be initiated without prior review and approval as prescribed by the University's policies and procedures governing the use of human subjects.

SIGNATURES:

Principal Investigator	4/14/2000
	Date
Project Director or Student Adviser	4/14/2000
	Date
Training or Center Grant Director	Date

STUDENT RESEARCHERS: As of June 4, 1997 (based on the recommendation of UND Legal Counsel) the University of North Dakota IRB is unable to approve your project unless the following "Student Consent to Release of Educational Record" is signed and included with your "Human Subjects Review Form."

STUDENT CONSENT TO RELEASE OF EDUCATIONAL RECORD¹

Pursuant to the Family Educational Rights and Privacy Act of 1974, I hereby consent to the Institutional Review Board's access to those portions of my educational record which involve research that I wish to conduct under the Board's auspices. I understand that the Board may need to review my study data based on a question from a participant or under a random audit. The study to which this release pertains is A Study of Patient Satisfaction at Big Horn Basin Orthopedic Clinic, P.C. Therapy Center

I understand that such information concerning my educational record will not be released except on the condition that the Institutional Review Board will not permit any other party to have access to such information without my written consent. I also understand that this policy will be explained to those persons requesting any educational information and that this release will be kept with the study documentation.

April 14, 2000

Date

Signature of Student Researcher

¹Consent required by 20 U.S.C. 1232g.

REPORT OF ACTION: EXEMPT/EXPEDITED REVIEW
University of North Dakota Institutional Review Board

Date: April 19, 2000 **Project Number:** IRB-200004-196
Name: Jason C. Kamm **Department/College:** Physical Therapy
Project Title: A Survey of Patient Satisfaction at Big Horn Basin Orthopedic Clinic, P.C. Therapy Center

The above referenced project was reviewed by a designated member for the University's Institutional Review Board on April 20, 2000 and the following action was taken:

Project approved. **EXPEDITED REVIEW** Category No. _____
Next scheduled review is on: _____

Project approved. **EXEMPT REVIEW** Category No. 2
No periodic review scheduled unless so stated in the Remarks Section.

Project approved **PENDING** receipt of corrections/additions. These corrections/additions should be submitted to ORPD for review and approval. **This study may NOT be started UNTIL final IRB approval has been received.** (See Remarks Section for further information.)

Project approval **deferred.** **This study may not be started until final IRB approval has been received.** (See Remarks Section for further information.)

Project **denied.** (See Remarks Section for further information.)

REMARKS: Any changes in protocol or adverse occurrences in the course of the research project must be reported immediately to the IRB Chairperson or ORPD.

PLEASE NOTE: Requested revisions for student proposals **MUST** include adviser's signature.

cc: Renee Mabey, Adviser
Dean, School of Medicine

Jon P. Medda
Signature of Designated IRB Member
UND's Institutional Review Board

4-20-00
Date

If the proposed project (clinical medical) is to be part of a research activity funded by a Federal Agency, a special assurance statement or a completed 310 Form may be required. Contact ORPD to obtain the required documents.

AGREEMENT BETWEEN

**UNIVERSITY OF NORTH DAKOTA
SCHOOL OF MEDICINE AND HEALTH SCIENCES
DEPARTMENT OF PHYSICAL THERAPY
GRAND FORKS, ND**

AND

**BIG HORN BASIN ORTHOPEDIC CLINIC, P.C. THERAPY CENTER
FOR ADMINISTERING, COLLECTING, AND ANALYZING PATIENT
SATISFACTION SURVEYS**

(March 15, 2000 through May 30, 2001)

- I. It is hereby agreed by and between the parties hereto, that:
 - A. The University of North Dakota Department of Physical Therapy (UND-PT) will provide physical therapy faculty to be responsible for the student's learning experience at Big Horn Basin Orthopedic Clinic (Clinic). UND-PT and the Clinic will plan cooperatively for appropriate orientation for faculty and the student.
 - B. UND-PT retains the responsibility for the design, overall supervision, and evaluation of the student's learning experiences.
 - C. UND-PT and the Clinic will jointly decide upon areas of the Clinic that will be utilized, experiences planned, dates and times for experiences, and the supervisory responsibilities of each.
 - D. Neither party to this agreement will discriminate against persons because of race, creed, sex, age, national origin, or against persons with handicaps who are otherwise qualified.
 - E. The Clinic will assist in facilitating research efforts by faculty and the student.
 - F. All parties have read and will abide by policies and procedures agreed upon in the consent to use Human Subjects Approval form.
 - G. The student will be required to read and sign the Clinic Confidentiality Policy.

II. The Clinic shall:

- A. Provide funding for the design, printing, and mailing of the patient satisfaction surveys.
- B. Assist with mailing and collection of the patient satisfaction surveys.
- C. Allow access to the collected surveys after they have been completed and returned.

Troy Fulton, MS, PT
Director of Physical Therapy Services
Big Horn Basin Orthopedic Clinic, P.C. Therapy Center .

Renee Mabey, Ph.D, PT
Instructor
UND-PT

Jason Kamm, SPT
UND-PT Student

APPENDIX B



BIG HORN BASIN ORTHOPAEDIC CLINIC, P.C.

**JIMMIE G. BILES, JR., M.D.
FRANK H. SCHMIDT, M.D.
STEPHEN F. EMERY, M.D.**

**ORTHOPAEDIC SURGERY
SPECIALIZING IN SPORTS INJURIES
ARTHROSCOPIC SURGERY
SPECIALIZING IN SPINE SURGERY
TOTAL JOINT REPLACEMENT**

Dear Valued Patient:

You are being contacted because you were recently one of our physical therapy patients at Big Horn Basin Orthopaedic Clinic. Our priority at the Clinic is to provide the highest quality of physical therapy care for our patients. To do this, we have collaborated with the University of North Dakota and have designed a patient satisfaction questionnaire. The University of North Dakota and the Clinic will use the information collected from these surveys to help measure patient satisfaction. If you would like more information regarding this study you can call the following phone number: (307) 754-9262.

Your honest feedback gives us valuable information about the things that we do well and the areas we need to improve. If you would please take a few minutes to complete the enclosed survey we would greatly appreciate it. All information collected is anonymous and will be kept confidential.

Thank you for giving us the opportunity to be of service to you. We will always do everything possible to continue to earn the respect and trust of the people of Powell and the Big Horn Basin.

Sincerely,

Troy Fulton, MS, PT
Director of Physical Therapy
Big Horn Basin Orthopedic Clinic

Jason Kamm, SPT
Physical Therapy Student
University of North Dakota

PATIENT SATISFACTION SURVEY

KEY: 4-Very Satisfied
 3-Somewhat Satisfied
 2-Somewhat Dissatisfied
 1-Very Dissatisfied

Please circle your response.

OVERALL SATISFACTION REGARDING:

- | | | | | |
|--|---|---|-----|----|
| 1. I received quality service and care. | 4 | 3 | 2 | 1 |
| 2. I would recommend these services to a friend or relative. | | | Yes | No |

THERAPIST INTERACTION:

- | | | | | |
|--|---|---|---|---|
| 3. The initial evaluation seemed thorough. | 4 | 3 | 2 | 1 |
| 4. My PT seemed to understand my medical condition. | 4 | 3 | 2 | 1 |
| 5. I helped determine my treatment goals for therapy. | 4 | 3 | 2 | 1 |
| 6. My therapist gave me personal attention. | 4 | 3 | 2 | 1 |
| 7. My therapist explained the evaluation and treatments well. | 4 | 3 | 2 | 1 |
| 8. My therapist made me aware of my progress or lack of progress. | 4 | 3 | 2 | 1 |
| 9. I understood the verbal instructions of my home exercise program. | 4 | 3 | 2 | 1 |
| 10. I understood the written instructions of my home exercise program. | 4 | 3 | 2 | 1 |
| 11. I am comfortable with and trust my therapist. | 4 | 3 | 2 | 1 |

Please see other side.

CLINIC OPERATIONS:

12. The clinic's hours of operation were convenient.	4	3	2	1
13. The waiting time was appropriate.	4	3	2	1
14. The office staff was helpful and courteous.	4	3	2	1
15. The clinic's appearance was clean and professional.	4	3	2	1
16. I had adequate parking at the clinic.	4	3	2	1
17. I had easy access to the building.	4	3	2	1
18. My appointments were scheduled in a timely manner.	4	3	2	1
19. The time allowed for my treatment, exercise, and instructions was ample.	4	3	2	1

BILLING:

20. Billing procedures were explained to me.	4	3	2	1
21. My monthly billing statements were accurate.	4	3	2	1
22. Any billing problems were resolved.	4	3	2	1

KEY: 4-Very Satisfied
3-Somewhat Satisfied
2-Somewhat Dissatisfied
1-Very Dissatisfied

If you rated any question as a 1 or 2, please indicate here how we can improve our services. _____

Other comments. _____

Thank you for your time.

Dear Valued Patient,

Our records show that we have not received the patient satisfaction survey sent to you several weeks ago. If you have not yet completed and returned the survey, we strongly encourage you to at your earliest convenience. Your response will allow us to better meet patient expectations in the future. However, if you have returned the survey, this card serves as a thank you for your time and helpful comments.

Sincerely,
Big Horn Basin Orthopaedic Clinic, Therapy
Center

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