



# Measuring Customer Satisfaction in DPH

Quality Improvement Summit 2018





## Overview

- Collecting customer feedback (2 examples) is a Public Health Accreditation Board (PHAB) requirement
- Over 80% of DPH programs conduct customer satisfaction surveys (28 different survey versions were collected in 2016)
- Only one DPH example met the PHAB requirement → **DPH has an opportunity for improvement**

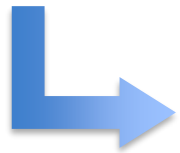


## **Assemble the Team – Customer Satisfaction Workgroup**

- Communicable Disease Control & Prevention (CDCP)
- Community Health Services (CHS)
- Children’s Medical Services (CMS)
- Division of Environmental Health (EH)
- Health Education Administration (HEA)
- Organizational Development & Training (ODT)
- Substance Abuse & Prevention Control (SAPC)
- Quality Improvement & Accreditation (QIAP)
- Vital Records (VR)

## AIM statement

Implement a systematic process for assessing internal and external customer satisfaction with public health services



## CS Workgroup Objectives

- Draft a set of standard core questions and guidelines
- Pilot-test the survey to small audiences
- Develop a standardized customer satisfaction survey



# Customer Feedback in Children's Medical Services

Shieva Davarian, PhD





# Medical Therapy Program (MTP)

- **Children's Medical Services (CMS)**
  - Provides preventive screening, diagnostic, treatment, rehabilitation, and follow-up services
  - Child Health & Disability Prevention (CHDP) Program, Child Welfare Public Health Nursing (CWPHN) Program, Zika Infant Pregnancy Registry (ZIPR)
- **California Children's Services (CCS)**
  - Coordinates and pays for medical care and therapy services for children under 21 years of age with certain health care needs
- **Medical Therapy Program (MTP)**
  - Program within CCS that provides physical therapy (PT), occupational therapy (OT), and medical therapy conference (MTC) services for children who have disabling conditions
- **22 Medical Therapy Units (MTU)**



# Methodology

- 10 question paper survey in English and Spanish
  - Edited survey to remain consistent with MTP language
    - “Customer” changed “Patient”
    - “I” changed to “I/we” in the English version
      - Spanish survey was not changed
      - Consider adding a sentence at the top of the survey asking the customer to fill out the survey for themselves and/or their child/legal ward (if applicable)
- Pilot period: Monday October 23, 2017 - Friday November 3, 2017
- Provided instructions and a script for therapists
- Envelope for customers to anonymously drop-off completed survey



## Instructions and Script for the Los Angeles County Department of Public Health Customer Satisfaction Survey

For therapists

### Instructions for MTU staff:

DPH is conducting a department wide customer satisfaction survey of all programs offered by the department. MTP has been selected to conduct a two-week pilot of the survey. Please hand the survey out to every client/parent who visits the MTU during this two-week period. As you hand out the survey, please read the short script below. Also, please note any strong reactions to the survey or any difficulty clients/their parents have in completing it.

Please designate a drop off location for completed surveys. Surveys should not be handed back to MTU staff in an effort to maintain respondents' anonymity. Please indicate the MTU name/location on the envelope you use for the completed surveys.

### Instrument:

You will be asked to pass out a one-page, 10 question customer satisfaction survey created by DPH QIAP. Surveys have been supplied in English and Spanish. The survey should take less than five minutes to complete.

**Timeframe:** Monday October 23, 2017 - Friday November 3, 2017

### Script:

As you hand out the customer satisfaction survey, please provide the client with the following information:

*(After you have finished helping your customer)*

**"I'd like to let you know that we have a short customer satisfaction survey, and if you have a few minutes today, please let us know what you think about the services you received from us and how we can do better. All responses will remain anonymous."**

*(Give the customer a survey or tell him/her where the surveys are. Also let them know where they can leave the surveys once they have been filled out).*

**Thank you!"**





## Methodology

- SurveyMonkey allows for faster and easier analysis of qualitative data and easier presentation of descriptive statistics
- Edited the SurveyMonkey survey provided by QIAP:
  - Medical Therapy Unit (MTU) for internal purposes
  - English/Spanish
    - Spanish comments were translated and entered in the English SurveyMonkey link, making analysis easier
  - Survey number
    - Numbered surveys sequentially
    - Did not keep track of number of surveys passed out for logistical reasons, therefore no information on response rate



## English

Los Angeles County Department of Public Health  
Customer Satisfaction Survey

Your input is important to us! Please let us know how we can improve your experience by answering a few questions. Your participation is voluntary and your responses are confidential.

1. **What services or information did you/your child most recently receive from CCS/Medical Therapy Program?**

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2. **How did you/your child receive these services or information?** Check (✓) all that apply.

- Phone                       E-mail  
 In-person                       Other: \_\_\_\_\_

Please tell us how much you agree or disagree with the following statements:

Check (✓) the box that applies.

	Strongly Agree	Agree	Disagree	Strongly Disagree
3. I/we received the services or information I/we needed.				
4. It was easy to find the services or information I/we needed.				
5. I/we received assistance in a timely manner.				
6. The staff understood my/our specific needs.				
7. I was/we were treated with respect.				
8. I was/we were satisfied with my/our overall experience.				

9. **What do we do well?**

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10. **How can we improve?**

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## Spanish

Departamento de Salud Pública del Condado de Los Ángeles  
Encuesta de satisfacción del cliente

¡Su opinión es importante para nosotros! Por favor, responda a las siguientes preguntas para ayudarnos a mejorar su experiencia. Su participación es voluntaria y sus respuestas son confidenciales.

1. **¿Cuáles fueron los servicios o la información más reciente que recibió por parte de CCS?**

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2. **¿Cómo recibió estos servicios o información?** Marque (✓) todas las opciones que le apliquen.

- Por teléfono                       Por correo electrónico  
 En persona                       Otro: \_\_\_\_\_

Díganos que tan de acuerdo o en desacuerdo está con las siguientes oraciones:

Marque (✓) la opción que le aplique.

	Muy de acuerdo	De acuerdo	En desacuerdo	Muy en desacuerdo
3. <b>Recibí los servicios o la información que necesitaba.</b>				
4. <b>Fue fácil encontrar los servicios o la información que necesitaba.</b>				
5. <b>Recibí asistencia en tiempo razonable.</b>				
6. <b>El empleado entendió mis necesidades.</b>				
7. <b>Fui tratada con respeto.</b>				
8. <b>En general estuve satisfecho(a) con mi experiencia.</b>				

9. **¿Qué hacemos bien?**

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10. **¿Cómo podemos mejorar?**

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DPH Customer Satisfaction Survey

Los Angeles County Department of Public Health  
CCS/MTP

Your input is important to us! Please let us know how we can improve your experience by answering a few questions. Your participation is voluntary and your responses are confidential.

1. What services or information did you most recently receive from CCS/MTP?

2. How did you receive these services or information? (Check all that apply.)

- Phone
- In-person
- Email
- Other (please specify)

3. Please tell us how much you agree or disagree with the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree
I received the services or information I needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was easy to find the services or information I needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I received assistance in a timely and responsive manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staff understood my specific needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was treated with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was satisfied with my overall experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. What do we do well?

5. How can we improve?

6. Which MTU?

7. Which language?

- English
- Spanish

8. Survey number

**Additional questions**

Done



## Results

- 364 returned surveys
  - 216 in English
  - 148 in Spanish
- Customers were overwhelmingly satisfied with the MTUs
  - Services
  - Staff
- Suggestions for improvement (21%)
  - More after-school appointments
  - Language services



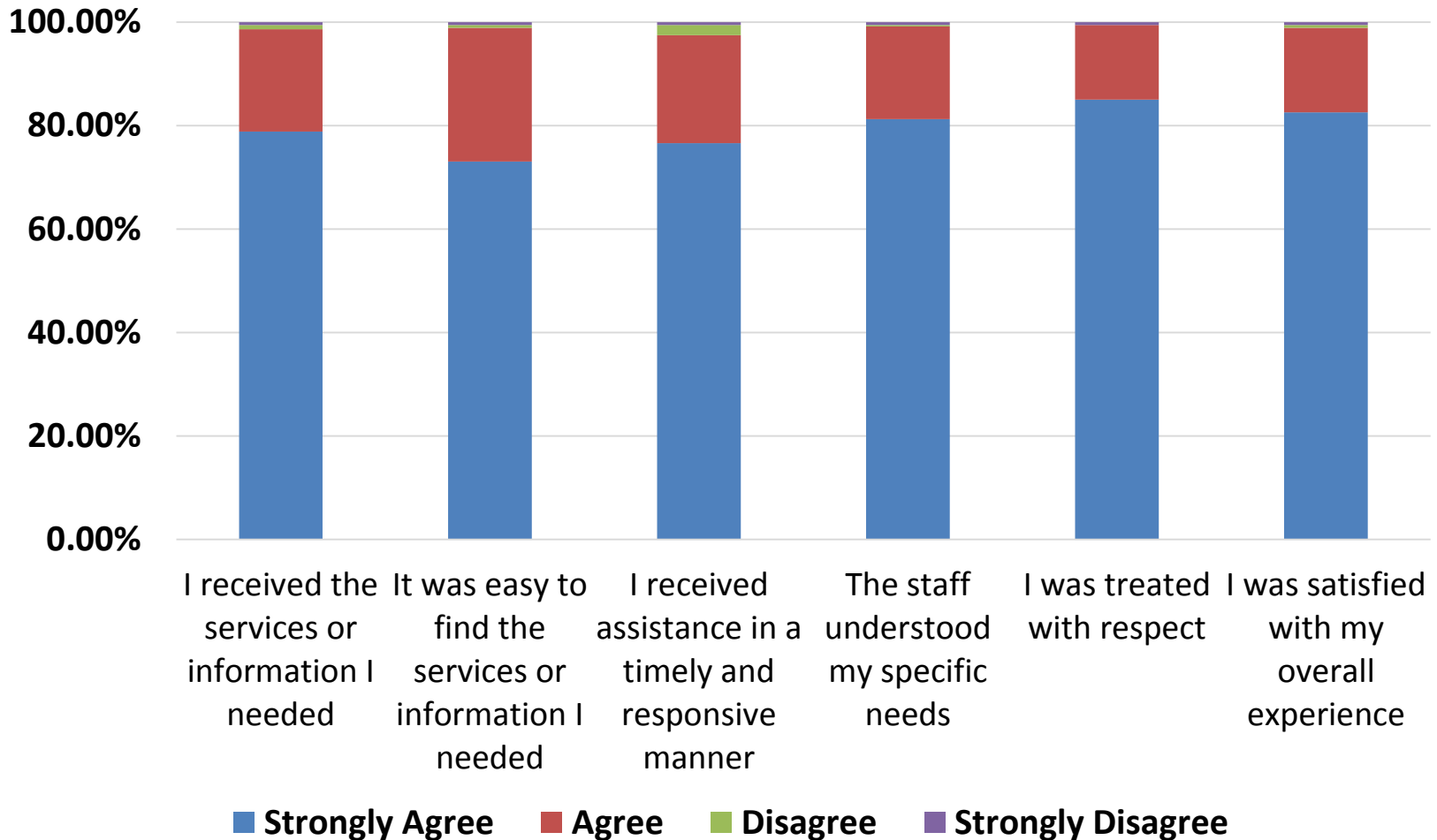
	Total # (n=364)	Total %
How did you receive these services or information? (Check all that apply.)		
Phone	97	27.09%
In-person	295	82.40%
Email	10	2.79%
Other (please specify)	31	8.66%
Total	358	
What services or information did you most recently receive from CCS/MTP?		
Appointment	33	9.59%
Equipment	47	13.66%
Evaluation	42	12.21%
Information	15	4.36%
Orthopedic	24	6.98%
Therapy	248	72.09%
Other	9	2.62%
Total	344	
What do we do well?		
Communication	20	6.15%
Services	210	64.62%
Staff	148	45.54%
Total	325	
How can we improve?		
Communication	10	12.82%
Language	4	5.13%
Scheduling	36	46.15%
Services	24	30.77%
Other	4	5.13%
Total	78	



**Change to checkbox  
in the future**



## Please tell us how much you agree or disagree with the following statements





## Lessons Learned and Recommendations

- Change the survey wording to be consistent with your program's language
  - “Customer” changed to “patient”
  - “I” changed to “I/we”
- Make it easy for staff to pass out surveys and for clients to anonymously return surveys
  - Instructions and script for staff
  - Clearly marked drop-off location for surveys
- Any free-text questions that can be converted to checkboxes, change to checkboxes!!!!!!
- Use one SurveyMonkey survey for all languages
  - Add a question for language to SurveyMonkey
- Number surveys before data entry
  - Add a question for survey number to SurveyMonkey



## Lessons Learned and Recommendations

- Change the survey wording to be consistent with your program's language
  - “Customer” changed to “patient”
  - “I” changed to “I/we”
- Make it easy for staff to pass out surveys and for clients to anonymously return surveys
  - Instructions and script for staff
  - Clearly marked drop-off location for surveys
- **Any free-text questions that can be converted to checkboxes, change to checkboxes!!!!!!**
- If doing manual data entry, use one SurveyMonkey survey for all languages
  - Add a question for language to SurveyMonkey
- Number surveys before data entry
  - Add a question for survey number to SurveyMonkey





## Future Plans

- Incorporate some of the feedback
- Include program specific questions on future surveys
- Survey other CMS programs
- Annual customer satisfaction survey for all CMS programs

# Assessing Customer Satisfaction

*Los Angeles County Department of Public Health  
Environmental Health Division*



**Arvinder K. Khokhar, Ph.D., REHS**  
Environmental Health Specialist III



# Division of Environmental Health (EH)

There are 28 programs in EH Division.

The division's Headquarter is in Baldwin Park.

Customers receive services at 2 areas in Baldwin Park:

1. Plan Check area
2. Vehicle Inspection area

There are 32 field Offices in EH Division.

Each office has a front counter where the Customers receive their services.



# Existing Approach

Survey Box in Plan Check Area



Boxes  
with  
Surveys  
in English  
only

Survey Box in Vehicle  
Inspection Area



# Existing Approach

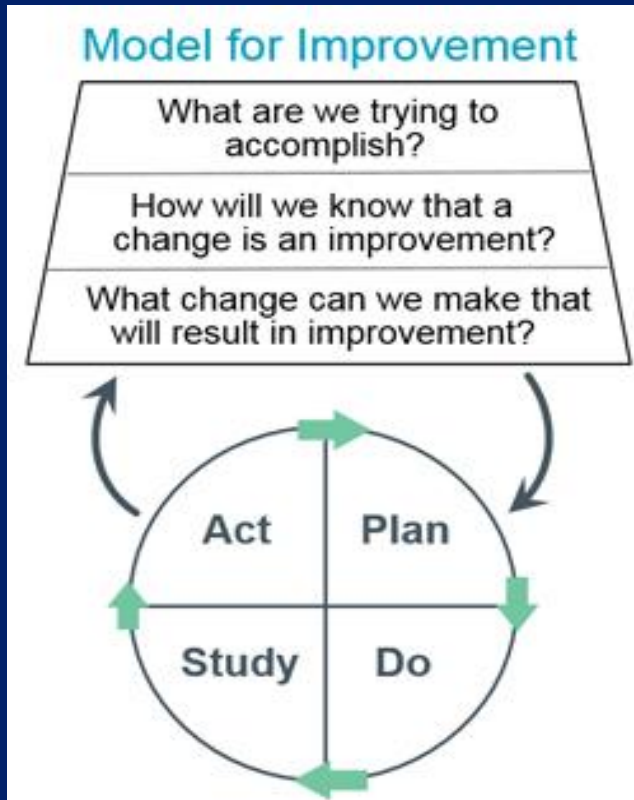
## Outcome:

No survey responses were received after administering the surveys for a week.



# Model for Improvement and Testing Changes

## PDSA CYCLE



**Plan:** Involves identifying a specific change that seems worth testing.

**Do:** Implementing the plan and testing it.

**Study:** Debriefing, taking a look at the data and study the results of the test.

**Act:** Standardize the improvement and establish future plans.

<http://www.ihl.org/resources/Pages/Changes/default.aspx>



# Running Successive Tests of Change

This involves the following:

- Aim
- Measures
  1. Process Measures
  2. Outcome Measures
- Changes



# What are we trying to accomplish?

## Aim Statement:

To measure and improve overall customer satisfaction within EH Division.

## Goal:

EH will conduct a customer satisfaction survey (**core questions developed by DPH-CS workgroup**) at least once a year to verify if the survey is capturing helpful information which can be used for quality improvement.





# Problems to be Addressed

Based on DPH-CS workgroup feedback:

- Visibility of Survey Boxes
- Revise guidelines to provide tips and recommendations to increase response rates of surveys
- Provide enough information to EH staff assisting customers



# Solutions for the problems

Develop a standardized approach for collecting customer feedback which includes the following:

- Placement of Survey Boxes in more prominent locations
- Increase customer feedback by inviting customers to complete a survey
- Establish core survey questions in English and in Spanish (**provided by DPH-CS workgroup**)
- Use of a script (**provided by DPH-CS workgroup**) to invite customers (in person) to complete a survey

## For EH Staff

- Development of a EH Directory to provide additional information to staff assisting customers



# How do we know that a change is an Improvement?

## 1. Outcome Measure:

- To bring Improvement of customer satisfaction in our Division by getting customer feedback

## 2. Process Measures:

- Changing location of the Survey Boxes
- Inviting customers to complete a survey
- Administering surveys both in English and in Spanish
- Using a script to invite customers in person to complete a survey



# How do we know that a change is an Improvement?

	QUANTITY #	QUALITY %
PROCESS MEASURES	<b>EFFORT</b> HOW MUCH DID WE DO?	<b>EFFORT</b> HOW WELL DID WE DO IT?
OUTCOME MEASURE	<b>EFFECT</b> IS ANYTHING BETTER?	<b>EFFECT</b> IS ANYTHING BETTER?



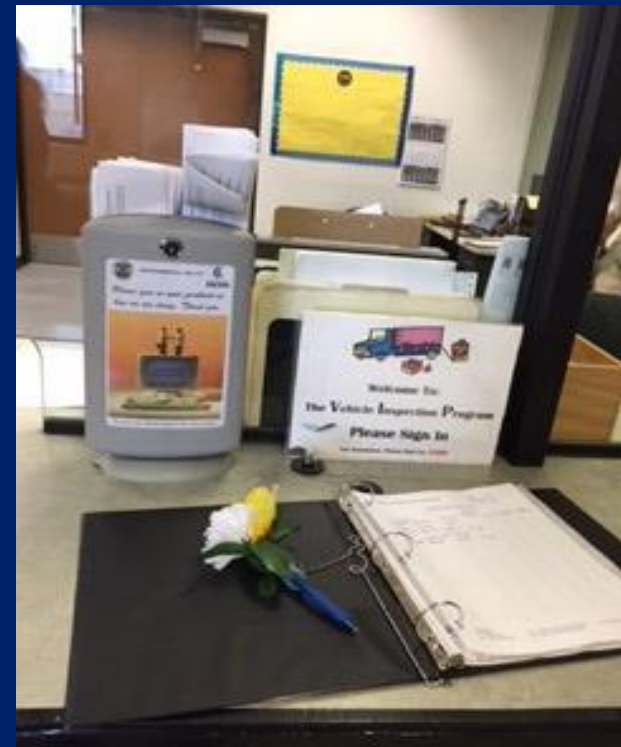
# What changes can we make that will lead to improvement?

## 1. Change location of the Survey Boxes

Plan Check area



Vehicle Inspection (VIP) area



## 2. Invite customers to complete a survey



# What changes can we make that will lead to improvement?

## Outcome:

We received 5 survey responses and feedback for core questions in a day.



# What changes can we make that will lead to improvement?

3. Administer surveys developed both in English and in Spanish
4. Use of a script to invite customers (in person) to complete a survey

## Outcome:


We received 18 survey responses and customer feedback in 2 weeks period.



# What changes can we make that will lead to improvement?

## Concerns:

1. EH staff spending lot of time finding the right programs and the contact person
2. Customers waiting too long to receive services



**ENVIRONMENTAL HEALTH ADMINISTRATIVE HEADQUARTERS BRANCH/PROGRAM**

**BRANCH OF SPECIALIZED SURVEILLANCE & ENFORCEMENT**

MAIN LINE (626) 430-5150	PHONE	FAX
<b>Plan Check Region A &amp; B</b>	(626) 430-5560	(626) 813-1444
This program ensures that new and remodeled food facilities in Los Angeles County comply with California State laws and local ordinances relating to construction, building materials, equipment, equipment installation, and ventilation systems. It provides consultation to architects, food facility designers, engineers, equipment installers and contractors. Review, approve, or reject plans relating to construction, remodeling, or conversion of food facilities.		
Marcos Espinoza, EHS IV	(626) 430-5561	
Dulce Agbay, STC	(626) 430-5566	
Lucy Kalustova, EHS IV	(213) 351-xxxx	
Vacant, STC	(626) 430-5566	
<b>Vector Management</b>	(626) 430-5450	
This program addresses rodent complaints of 4-units or less, including Single Family Dwellings as well as Commercial buildings. It issues Licenses and conducts inspections for animal keeper facilities, and conducts plague surveillance. The program also investigates flea-borne typhus cases and other vector-borne diseases.		
Maria Dalusong, EHS IV	(626) 430-5452	
Pei-Yu Shih, ITC	(626) 430-5461	
<b>Garment Inspection/Body Art Program/ Jail Inspection</b>	(626) 430-5570	(626) 962-1805
The Garment Program is responsible for enforcing general sanitation and occupational health and safety requirements within garment manufacturing establishments, commercial laundries, unlicensed commercial buildings, and wiping cloth establishments. In Body Art Program, the Safe Body Art Act requires the owner of a body art facility to obtain a Health Permit and obtain body art Registration Certificate. The Jail program conducts Title 15 Health and Safety Inspections at County Courts and detention facilities.		
Vacant, EHS IV	(626) 430-5539	
Mirna Gonzalez, ITC	(626) 430-5587	

Changes made in existing EH Directory to provide additional information to EH staff assisting customers.





# What changes can we make that will lead to improvement?

## Outcome:

The edited Directory has helped the EH Staff to reach out for programs with ease when needed.



# Standardize the Improvement and Establish Future Plans

**By June 30, 2018**

EH will conduct a customer satisfaction survey, using DPH's core questions and the tested changes that lead to improvement within the division to check if:

1. The outcome observed for the changes made during pilot testing of the surveys are consistent.
2. Verify if the survey is capturing helpful information which can be used for quality improvement.



# Environmental Health Customer Satisfaction Workgroup

The Environmental Health (EH) Customer Satisfaction (CS) workgroup was created to **participate and consists of:**

- EH Quality Improvement Specialists (Beatrice LeDuff, EHSS & Arvinder Khokhar, EHS III)
- One EH staff from Customer Service Committee of the Division (Thelma Rodriguez, EHS III)
- One EH staff from Quality Assurance (Kathie Cullen, EHS III) and
- Joe Jennings, IC



# Acknowledgements

## DPH workgroup for Customer Satisfaction

Donna Sze, MPH; Karen Swanson, Ph.D., ScM; Lisa Montgomery, MPH; Teri Austin, RN, BSN, PHN; Zena Yusuf, MPH; Susanna Lam, MPH, MCHES; Shieva Davarian, Ph.D., Jacquelyn Johnson, Ela Lopez, Beatrice LeDuff, REHS; Thelma Rodriguez, REHS; and Kathie Cullen, REHS.

**We Build  
Relationships**



# Questions

