CMPT's Client Satisfaction Survey Results

INTRODUCTION For a program to continue as successful, it is important to know that participants are satisfied with the service that is being provided. In the case of external quality assessment like CMPT, it is not so much that participants all find the challenges sufficiently easy that they all "pass" without difficulty, but rather that they find the challenges realistic and relevant and fair, and the program is meeting quality assurance needs.

While awareness of client satisfaction is a fundamental component of programs and services registered to ISO 9001:2000, it, more importantly, is something that a successful program recognizes as an essential component of the monitoring process. Over the last 10 years, CMPT has created three such surveys that have focused on different aspects of the program.

In the fall of 2001, CMPT began a client satisfaction survey in order to learn the impressions that participants had about the program. The survey form was sent to all participants and posted on the CMPT web site. In addition, a reminder was also sent to laboratories requesting they complete and return the survey.

Participants were sent all of the response sheets, and were asked to complete those appropriate to their situations. Response sheets included:

- Demographic Information,
- CMPT Pricing, Education, and Communication,
- Clinical Bacteriology samples and send out number, realism, and relevance,
- Water Bacteriology samples and send out number, realism, and relevance,
- Mycology samples and send out number, realism, and relevance, Mycology Plus documentation, sample realism, and relevance,
- Enteric Parasitology samples and send out number, realism, and relevance, and
- a special form for Accreditation and provider opinions.
- An additional form was created for programs that purchase CMPT samples for use in their own surveys.

All survey responses were designed on a 3-point scale, which was either in the form of "excellent, acceptable, and needs improvement", or provides a "good source of education, a source of education for some, and not a source of education". In addition, opportunity was provided for supplemental comments, which could give a clearer picture of their opinions.

All reports required submission by hard copy, either by mail or facsimile, including those reports printed from the web site. Results were recorded as received, then compiled with the information subsequently transferred to a database.

Entered results were verified by post entry inspection and five percent random re-check.

RESULTS There were 128 participant responses received. While most laboratories only responded to the Clinical Bacteriology or Water Bacteriology questions, others responded to two or more, because they participate in more than one survey. Therefore, the total number of survey evaluations received was 157, which were comprised of the following:

Clinical Bacteriology (112),
Enteric Parasitology (21),
Mycology (8),
Mycology Plus (4),
Water Bacteriology (11), and
Accreditation (1).

In each section, this represented between 25% and 50% of participants.

Demographics Demographic information requested included CMPT number, province, years in a CMPT program, and if involved in Clinical Bacteriology, which category. Distribution of responses was skewed with proportionately more participants reporting from Manitoba and British Columbia than from other provinces.

Pricing One hundred seventeen responders commented on the pricing of CMPT programs. Overall, 110 thought that CMPT programs were priced fairly, while the remaining seven thought the price was high.

Number of Send-outs/Samples Participants in each survey were asked about the number of send-outs and the number of samples. In **Clinical Bacteriology**, five laboratories felt there should be more than four send-outs per year, while six felt there should be fewer. The remaining 101 felt that four send-outs were appropriate. With respect to the number of samples per send-out, two would prefer more samples, while seven would prefer fewer. The remaining 110 reported being satisfied with the number of samples they receive.

In **Water Bacteriology**, two laboratories felt there should be more send-outs, while one felt there should be fewer. The remaining eight felt that the present three send-outs per year were appropriate. All responders agreed that four drinking water samples and one supplemental sample were appropriate per send-out.

In **Enteric Parasitology**, the results were similar, in that three respondents wanted fewer send-outs, while 18 felt that two per year was appropriate. Laboratories were not asked to comment on the number of samples per send-out in Enteric Parasitology. In Mycology, two of eight participants wanted fewer send-outs, while the remaining six were satisfied. All participants were satisfied with the current number of samples per send-out.

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Educational Value All 128 responders commented on the educational value of CMPT programs. Overall, 112 rated CMPT as an education source for the entire laboratory, seven reported it as a source for some, but less so for microbiologists and pathologists, and eight did not find it a source of education. When examined further, seven of the eight participants that did not find CMPT a source of educational material were from either water testing laboratories or clinical dermatology. Half the respondents in clinical dermatology and the Water Bacteriology program felt that CMPT was not a source of education. We are concerned that CMPT may not be providing them with the quality of service that we consider essential, considering our university and educational base. An aggressive program shall be developed to discern the needs that we are not fulfilling.

While the numbers were very small proportionately, responders from category A laboratories found the information more educational than those from categories B or C. Overall, the longer laboratories participated in CMPT, the more they found it to be a source of education material.

Communication is a critical aspect of External Quality Assessment. Of 127 respondents, only one noted that CMPT communications needed improvement. Seventy-five reported CMPT communications as excellent, while 51 reported communication as acceptable.

Realism & Relevance CMPT tries to focus attention on making samples both realistic and relevant. In the Clinical Bacteriology program sample realism was rated as excellent by 46 and acceptable by 63. Only two laboratories reported realism as needing improvement. With respect to relevance of Clinical Bacteriology samples, 53 clinical laboratories rated the sample relevance as excellent; another 53 rated the relevance as acceptable, and the remaining six considered the relevance as needing improvement. Proportionately, category B laboratories appreciated the relevance best. With respect to water laboratories, only one laboratory reported that the realism of Water Bacteriology samples needed improvement, while eight considered the realism as acceptable, and two laboratories noted them as excellent. Water Bacteriology laboratories were not asked to comment on sample relevance.

Turn Around Time A number of laboratories reported in the long delay in receiving CMPT results. It is technically difficult for CMPT to significantly improve on its turn around time, because receiving results from every participant, collating and analyzing, and holding the committee meeting all takes time. Some laboratories may not be aware that preliminary results are available on the web site. Within 24 hours of receiving all reports, CMPT posts the correct answers on the web site, which allows laboratories to check results, and where necessary begin the troubleshooting process rapidly**.** [Addendum: Starting with the November 2002 survey, the preliminary antimicrobial susceptibility results are also available on the web site.]

COMMENTS AND INTERPRETATION Most of the comments provided demonstrated a positive attitude towards the program, or offered constructive suggestions. Some were more negative. It is difficult to quantitate the comments, but there are lessons within them for CMPT. In both Clinical Bacteriology and Enteric Parasitology, there were comments about wanting materials that could be used with antigen detection kits. **It is important that CMPT make it known that materials created for the Clinical Bacteriology program can all be used for challenging antigen detection kits.** We shall have discussions with the materials supplier for the Enteric Parasitology program about the use of their materials for antigen detection kits.

LESSONS LEARNED Overall, laboratories rated CMPT as providing acceptable or excellent service and communication with a clear majority satisfied with the number of send-outs and the number of samples. The CMPT Clinical Bacteriology program is a good source of education with realistic and relevant samples. We consider this as validation of the efforts that CMPT puts into its EQA programs.

CMPT will be moving forward on some of the concerns raised by participants. CMPT has started the process to offer a new *Chlamydia trachomatis* program within the next few months. This assay will be available both for antigen detection and for nucleic acid detection.

In addition, we are looking into an e-mail notification system, which would allow us to inform laboratories that provide us an e-mail address when the preliminary results are posted on the web site.

Finally, we are working with the Enhanced Water Quality Assurance program (EWQA) on a shared informative newsletter, as one method to increase the educational quality of our program. [Addendum: The EWQA Bulletin 2, October 2002 was posted on the CMPT web site October 25, 2002.]

CMPT will be developing another satisfaction survey within the next 12 months. Your participation helps us provide a program that meets your needs.

A full copy of the Client Satisfaction Survey was presented at the CMPT Annual Meeting in October, and is available for all laboratories upon request.

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