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Abstract
In today's competitive marketplace, an optometric practice must be unique in order to be successful. Pacific University's College of Optometry has several internal clinics, two of which were examined in this project. An attempt to monitor patient satisfaction was made via a phone survey. The survey rated a patient's level of satisfaction with their complete vision exam. Some of the areas looked at were ease in scheduling, the staff, the dispensary, various communication issues, and most importantly, whether the patient's chief complaint was resolved with the exam. The study also looked at how patients chose the clinic, and whether they were satisfied enough with the care provided to want to return in the future. Results from the survey can be useful in implementing changes to improve the existing clinical program.

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THE EVALUATION OF PATIENT SATISFACTION IN TWO OF PACIFIC UNIVERSITY'S OPTOMETRIC CLINICS

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A thesis submitted to the faculty of the College of Optometry Pacific University Forest Grove, Oregon for the degree of Doctor of Optometry May 2001
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Biography

Laura Cheung graduated from the University of California at Irvine in 1997 with a bachelors of science and a bachelors of art degree. She is currently continuing her education by pursuing an optometric degree from Pacific University's College of Optometry in Forest Grove Oregon, with plans to graduate in May 2001.
Abstract

In today’s competitive marketplace, an optometric practice must be unique in order to be successful. Pacific University’s College of Optometry has several internal clinics, two of which were examined in this project. An attempt to monitor patient satisfaction was made via a phone survey. The survey rated a patient’s level of satisfaction with their complete vision exam. Some of the areas looked at were ease in scheduling, the staff, the dispensary, various communication issues, and most importantly, whether the patient’s chief complaint was resolved with the exam. The study also looked at how patients chose the clinic, and whether they were satisfied enough with the care provided to want to return in the future. Results from the survey can be useful in implementing changes to improve the existing clinical program.
Acknowledgements

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INTRODUCTION

In today’s competitive marketplace, consumers are no longer looking for quality care—they expect it. All optometrists can provide a certain standard of care—this is guaranteed by licensing exams, and all have access to the same products. So what makes one practice stand out from another? In this day and age, optometrists can no longer rely on their clinical proficiency to assure success. The nature of the optometric profession requires that the optometrist act as a health care provider as well as a business person. Optometry is unique in this aspect. Most optometrists were not trained to be good business people, so how do we stand out in such a competitive market? The idea is to get patients in the office and have them return year after year. Key areas to look at are the staff, the dispensary, how well the doctor is able to communicate and most importantly how well was the patients' chief complaint resolved.

A good staff is extremely important for patient retention. Within ten minutes of entering an office, new patients decide if they will return. They make this decision before even meeting the doctor. The dispensary deserves much attention as well because refractive services are the cornerstone of optometry, and the endpoint of such service is the prescribing of ophthalmic materials. The bulk of a practice’s income comes directly from the dispensary, so it must be well managed. Another key for developing loyal patients is how well the doctor is able to communicate with the patient. The way an optometrist communicates with patients can be just as important as their clinical proficiency. The optometrist can stay current by looking at new technology and new products, but when it comes down to it, what matters is how satisfied the patients are when they leave the office. Patients are looking for expertise, and the best way to convey this is by good patient communication. Effective patient communication occurs not only when patients are in the office but also after they have left. Patients who encounter problems with the care typically will not call the office to describe the problem. Instead, they simply do not return. On average, a dissatisfied patient will tell nine other people an unhappy experience. Imagine the patient base a practice may be losing if the optometrist does not effectively communicate their knowledge. The best way to avoid this is to ensure that a patient’s chief complaint has been solved after the visit. Problems can be identified by calling patients after services or materials have been provided to assure satisfaction. Knowing what consumers want and good practice management is the key to success.
METHODS

The goal of this project is to explore areas key to patient satisfaction. A survey was created in hopes of evaluating such areas. The survey was applied to two of Pacific University’s optometric clinics. Key areas addressed were ease in scheduling, the staff, the thoroughness of the examination, how well the intern communicated, the dispensary and most importantly whether the patient’s chief complaint had been solved. We were also curious about how the patient chose the clinic and whether or not they felt confident enough in our care to return, and of course if they would refer our services to acquaintances. In order to create the questions, we looked at what should be accomplished in a comprehensive vision exam, and we also evaluated areas the patient would have contact with. Patients were asked to rate how satisfied they were with each aspect on a numeric scale. Each survey was conducted 30-60 days after the initial examination so that patients could adequately evaluate the quality of the services received. In performing a delayed survey, we were mainly concerned with whether the patient felt their chief complaint had been solved. It was decided that a phone call would be the best medium to conduct the survey. Patients from two of Pacific University’s clinics were chosen randomly to participate. 100 patients from each clinic in a three month period (January 2000 to March 2000) were selected. Of these, 76 responded from the Forest Grove clinic and 57 responded from the Portland clinic.

RESULTS

Of the 76 Forest Grove patients that responded to the survey, 53% were females and 47% were males. In the Portland clinic, 61% were females and 39% males (figures 1,2). The data shows that patients mainly choose a clinic because a friend or relative had recommended it (40% from Forest Grove and 25% from Portland). 19.7% of Forest Grove patients chose the clinic because they were students or employees, whereas 21% of the Portland patients chose it for that same reason (figures 3,4). The age distribution for each of the clinics is depicted in figures 5,6. The majority of the Forest Grove patients are under the age of 29, while the Portland population falls between ages 20-49. Figures 7,8 show the occupational distribution of the patients surveyed, the majority in both clinics were students. Figures 9,10 show the average scores for
each of the questions asked in the survey. On average, scores from individual questions were quite high. Scores ranged from 7.7 to 9.3 (out of 10) for the Forest Grove clinic, while the range was 6.9 to 9.1 for the Portland clinic. Both low scores were given under the category of explaining eye coordination. Four out of 76 patients (5%) from the Forest Grove clinic stated that they would not return for another exam. However, only one patient out of those four stated that they would not refer a friend or family member to the clinic. Four out of 57 patients (7%) from the Portland clinic reported a no return as well. Of these four, two of them stated that they would not feel comfortable suggesting the clinic to a friend (figures 11,12). Each patient’s chief complaint was looked at separately, and the patient’s satisfaction with each was calculated. Figures 13,14,15,16 show the results. Figures 12,13 show the distribution of chief complaints and Figures 14,15 look at each chief complaint separately, showing how well each was resolved.
Figure 3: How Did Patient Choose Forest Grove Clinic

A: outside doc.
B: newspaper
C: radio
D: television
E: yellow pages
F: agency
G: clinic sign
H: friend/family
I: brochure/flyer
J: returning patient
K: screening
L: student/employee
N: school
O: other

Figure 4: How Did Patient Choose Portland Clinic

A: outside doc.
B: newspaper
C: radio
D: television
E: yellow pages
F: agency
G: clinic sign
H: friend/family
I: brochure/flyer
J: returning patient
K: screening
L: student/employee
N: school
O: other
Figure 5: Age Range of Forest Grove Patients

Figure 6: Age Range of Portland Patients
Figure 7: Occupations (Forest Grove)

- A: student
- B: retired
- C: professional speciality occupations
- D: executive, administrative and managerial
- E: technical sales and administrative support
- F: service occupations
- G: precision production, crafts and repair occupations
- H: self employed
- I: unemployed
- J: operators, fabricators and laborers

Figure 8: Occupations (Portland)

- A: student
- B: retired
- C: professional speciality occupations
- D: executive, administrative and managerial
- E: technical sales and administrative support
- F: service occupations
- G: precision production, crafts and repair occupations
- H: self employed
- I: unemployed
- J: operators, fabricators and laborers
Figure 9: Averages (Forest Grove)

Figure 10: Averages (Portland)

A: schedule
B: staff attn.
C: test explanations
D: thoroughness
E: intern attn.
F: dispensary attn.
G: quality
H: explain (ocular health)
I: explain (refractive)
J: explain (eye coordination)
K: chief complaint
L: tx. options
M: rtc
N: refer
O: time well spent
**Figure 11: Chief Complaint Distribution (Forest Grove)**

- A: routine
- B: blur
- C: headaches
- D: nearpoint strain/near blur
- E: contacts
- F: redness/pain/disease
- G: poor night vision
- H: referral
- I: other

**Figure 12: Chief Complaint Distribution (Portland)**

- A: routine
- B: blur
- C: headaches
- D: nearpoint strain/near blur
- E: contacts
- F: redness/pain/disease
- G: poor night vision
- H: referral
- I: other
Fig 13: How Well Was CC Resolved (Forest Grove)

A: routine
B: blur
C: headaches
D: nearpoint strain/near blur
E: contacts
F: redness/pain/disease
G: poor night vision
H: referral
I: other

Fig 14: How Well Was CC Resolved (Portland)

A: routine
B: blur
C: headaches
D: nearpoint strain/near blur
E: contacts
F: redness/pain/disease
G: poor night vision
H: referral
I: other
CONCLUSION

The two Pacific University clinics are quite different from one another. The Forest Grove clinic is located at the optometry school which lies in a small Oregon town. The Portland clinic is in the heart of the city. The data shows that in both clinics, females seem to dominate. This information can be quite important in how the dispensary is stocked. The data also strongly indicates that most patient's choose a clinic based on recommendations from friends and family. This simple fact emphasizes how important word of mouth is in building a patient base. The results for the individual questions are quite high. Only two areas fell below a score of 8 (out of 10) from the Forest Grove clinic. Both areas involve patient communication. The first area deals with poor explanations of eye coordination. The second area was in treatment options. This re-emphasizes the fact that patient's seek professional advice, and failure to communicate your expertise can be detrimental to a practice. The Portland clinic shows four areas that fall below a score of 8. The areas needing improvement according to the data are: attention from the dispensary, explanations about ocular health, explanations about eye coordination, and treatment options. Three of the four areas involve communication. It cannot be stressed enough how important this is to quality care. This skill can make or break a practice.

Explanations about ocular health should be a main area of focus for the optometrist. The optometrist has an enormous role in disease prevention, so this is one area that should be emphasized in every exam. Over half of American adults indicate that they are more concerned about preventive care today as compared to a decade ago. By focusing on ocular disease, the optometrist re-establishes their expertise, and it is also helpful in de-emphasizing their role as a product seller.

The most important factor for whether or not patient's return is whether or not their chief complaint was adequately addressed. Each exam is a problem solving exercise. Each patient schedules an exam for a specific reason, and it is up to the practitioner to address the problem during the exam. The diagnosis and the treatment plan must match the chief complaint, and is essential to ensure quality, and hence satisfaction. The data indicates excellent scores for all chief complaint categories. The one exception is dealing with headaches at the Portland clinic. There is only a 73% satisfaction level.
It is often said that feedback is the key to success, and it is in the interest of all optometrists to find out what aspects are most important to a patient’s perception of quality care. As a student of Pacific University College of Optometry, it is important to know how satisfied our patient’s are with the level of care received in our clinics. This is extremely relevant in the development of Pacific’s clinical program. Knowing which areas need improvement is invaluable in improving patient satisfaction. The data can be used to make necessary changes to the approach interns take with their vision exams. The results can also be used by practicing optometrists to improve their quality of care. It is always useful to know what patients look for in high quality exams.
APPENDIX

Patient Satisfaction Survey

1) Age ________

2) Gender
   ( ) Male
   ( ) Female

3) Occupation ________________________
   1. student
   2. retired
   3. professional speciality occupations
   4. executive, administrative and managerial
   5. technical, sales and administrative support occupations
   6. service occupations
   7. precision production, craft and repair occupations
   8. self employed
   9. unemployed
   10. operators, fabricators and laborers

4) How were you referred to P.U. Forest Grove Vision Center?
   1. Dr. __________ at P.U. / Dr. __________ of __________
   2. Newspaper
   3. Radio
   4. Television
   5. Yellow Pages
   6. Agency __________
   7. Clinic Sign
   8. Family / Friend
   9. Brochure / Flyer
   10. Returning Patient
   11. Screening
   12. P.U. Student / Employee __________
   13. Portland Med. Ctr. __________
   14. School __________
   15. Other __________
5) From a scale from 1 to 10 (10 being extremely satisfied, and 1 being very dissatisfied), how would you rate the following?
   a) overall promptness in scheduling an appointment
   b) personal attention you received from the office staff
   c) explanation of the tests as they were being performed
   d) thoroughness of the exam
   e) personal attention you received from the intern
   f) personal attention you received from the dispensary
   g) quality of services and materials received

6) The purpose of our eye exam is to assess the health of the eyes, the refractive status, and eye coordination. Did you feel your intern did a good job of explaining their test results (either good or bad) for each one?
   - ocular health
   - refractive status
   - eye coordination

7) How well was your problem / chief complaint resolved? (1 to 10 scale)

8) Were treatment options well explained to you (1 to 10 scale)

9) Would you consider returning to one of our clinics in the future? (yes, no, or maybe)

10) Would you refer us to a friend or family member? (yes, no, maybe)

11) Do you feel that your time was well spent at our clinic? (1 to 10 scale)

12) Was there any particular person or service that made your visit to our office particularly enjoyable or unsatisfactory?

13) What could we do to improve our service to you?
REFERENCES