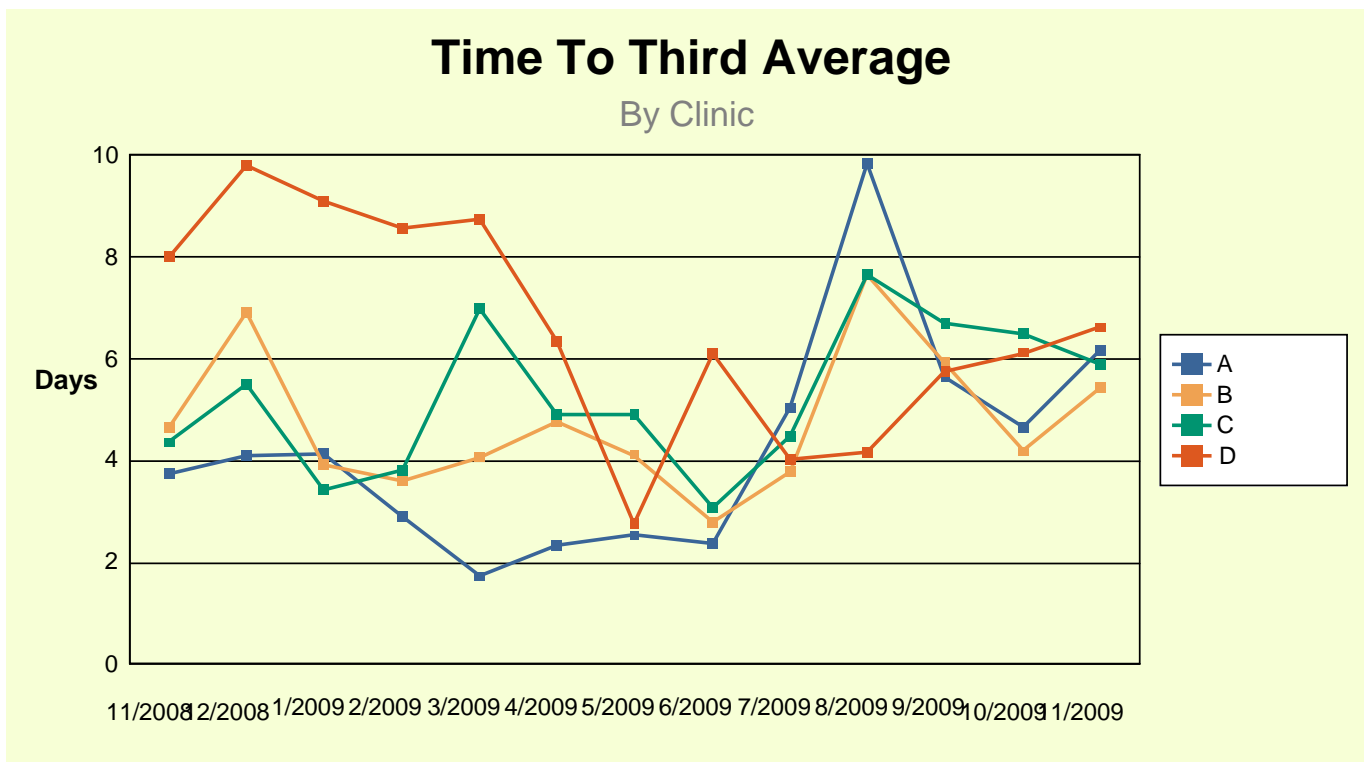
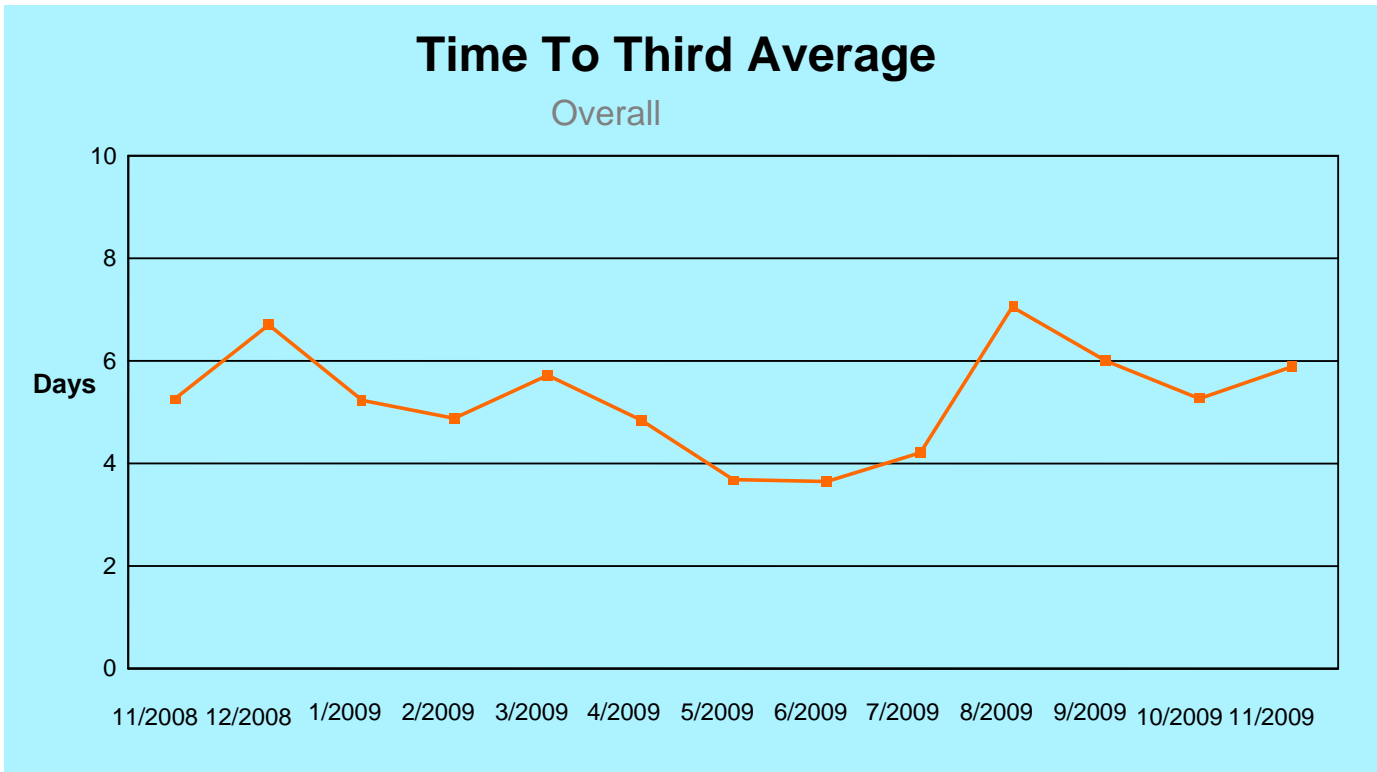


# PPC 8: PERFORMANCE REPORTING AND IMPROVEMENT

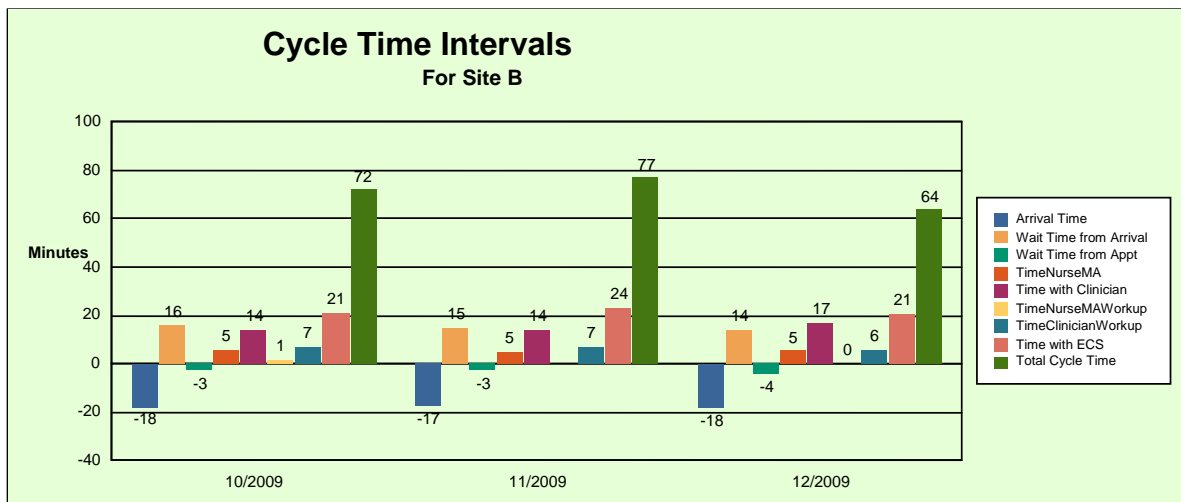
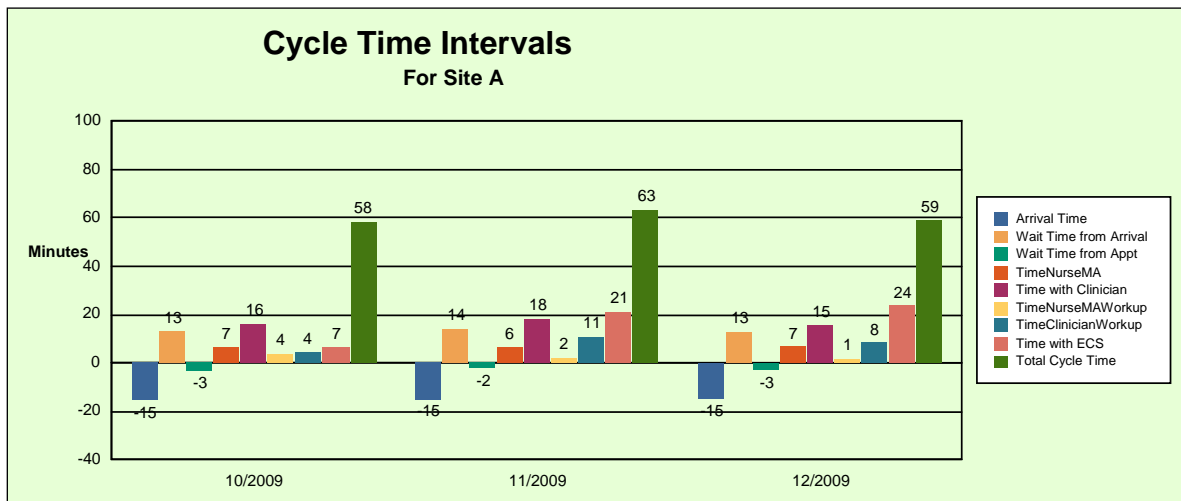
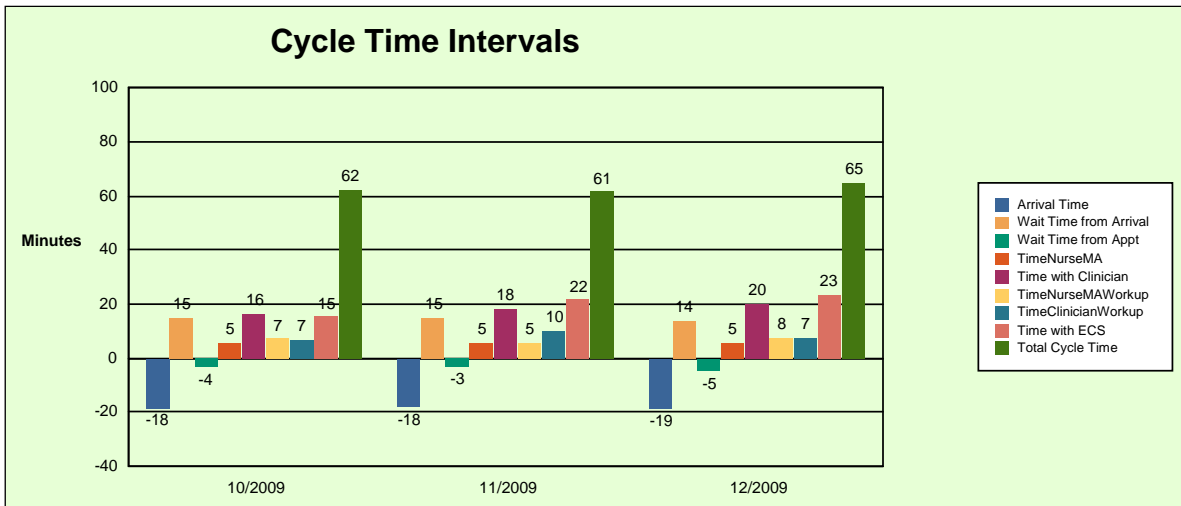
## Element B: Patient Experience Data

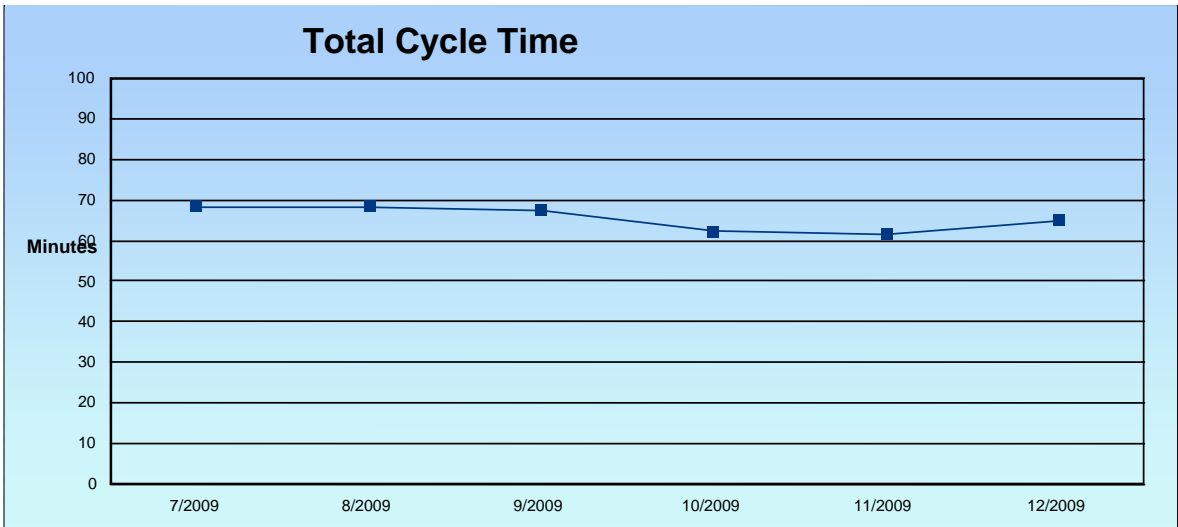
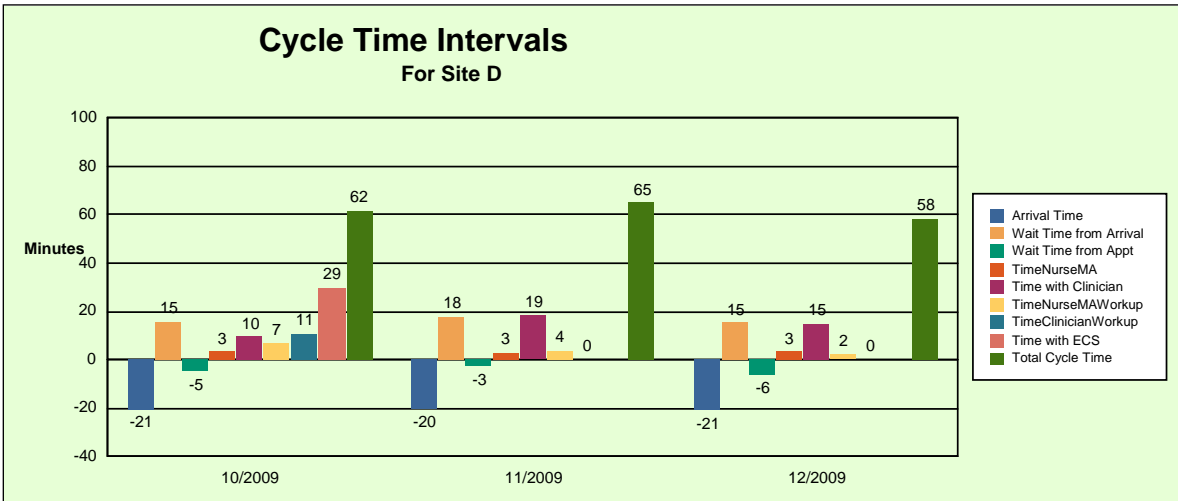
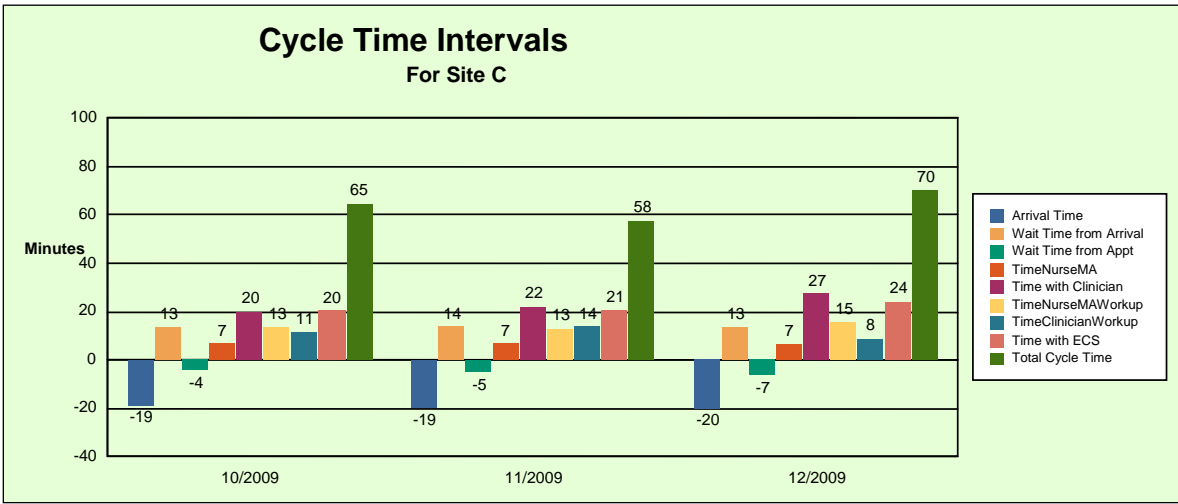
### Item 1: Access to Care

Time to third data is reviewed monthly at our Office Redesign Committee (ORDC). Data is reported at the Organization, Site, Pod and Provider level.

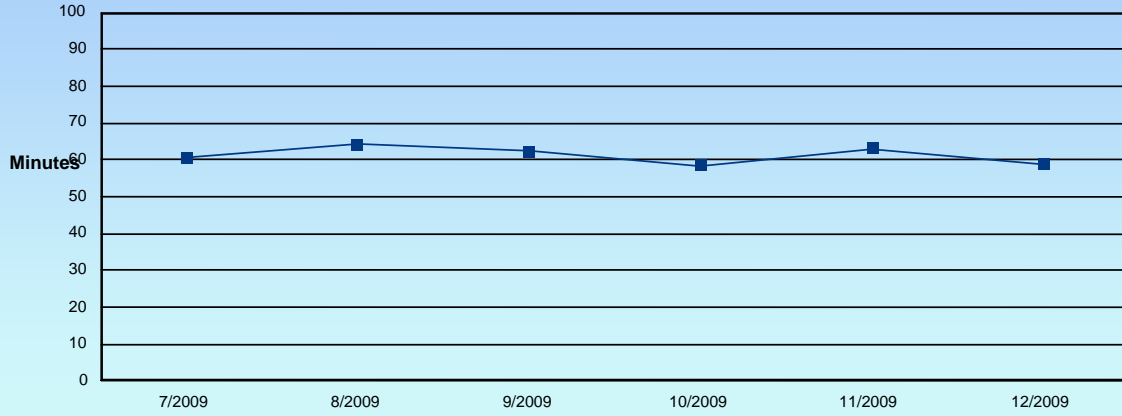


Cycle Time data is reviewed monthly at our Office Redesign Committee (ORDC). Data is reported at the Organization, Site, Pod and Provider level.

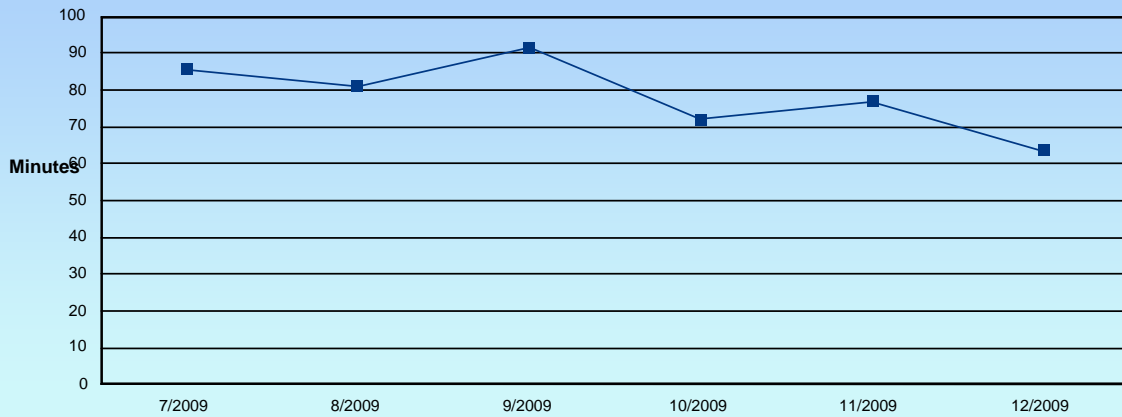




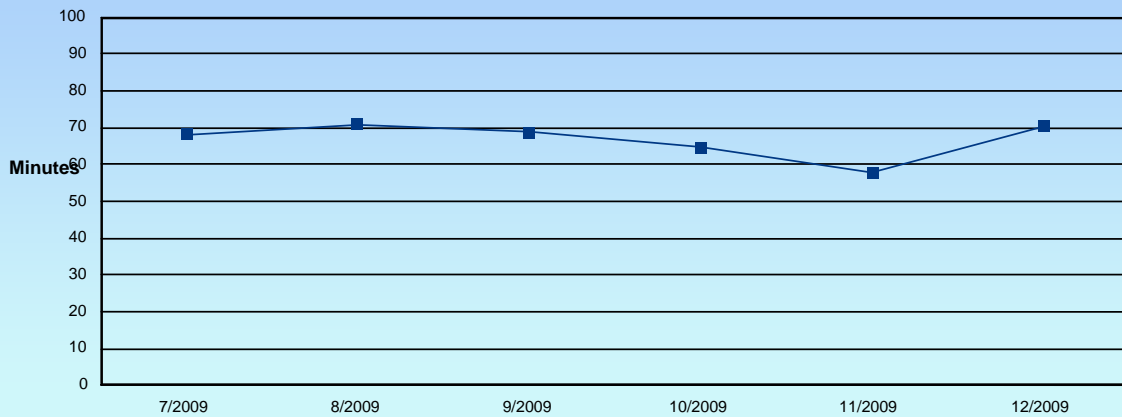
### Total Cycle Time For Site A

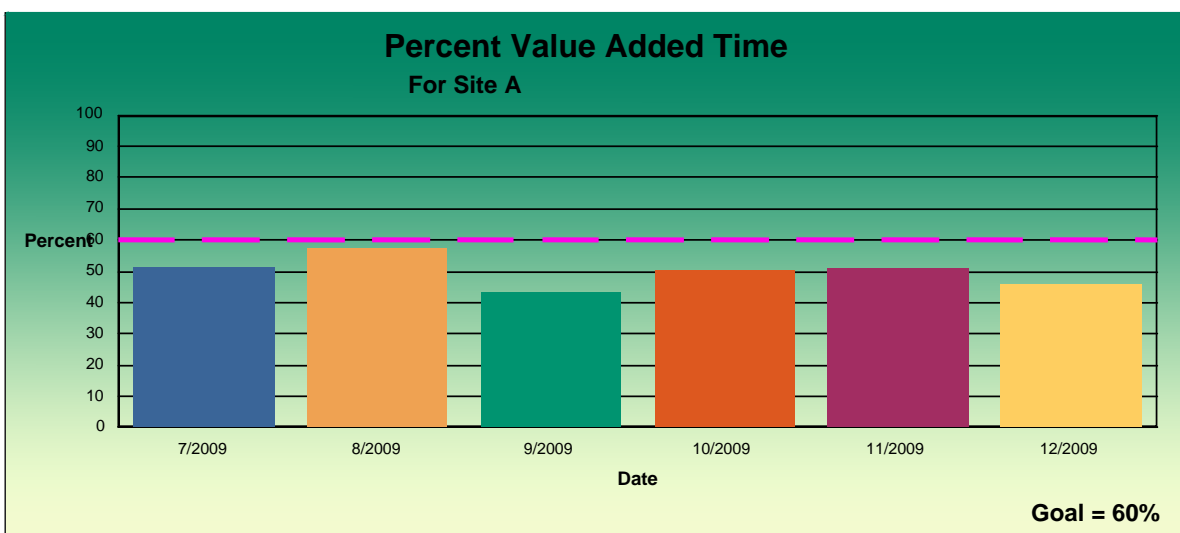
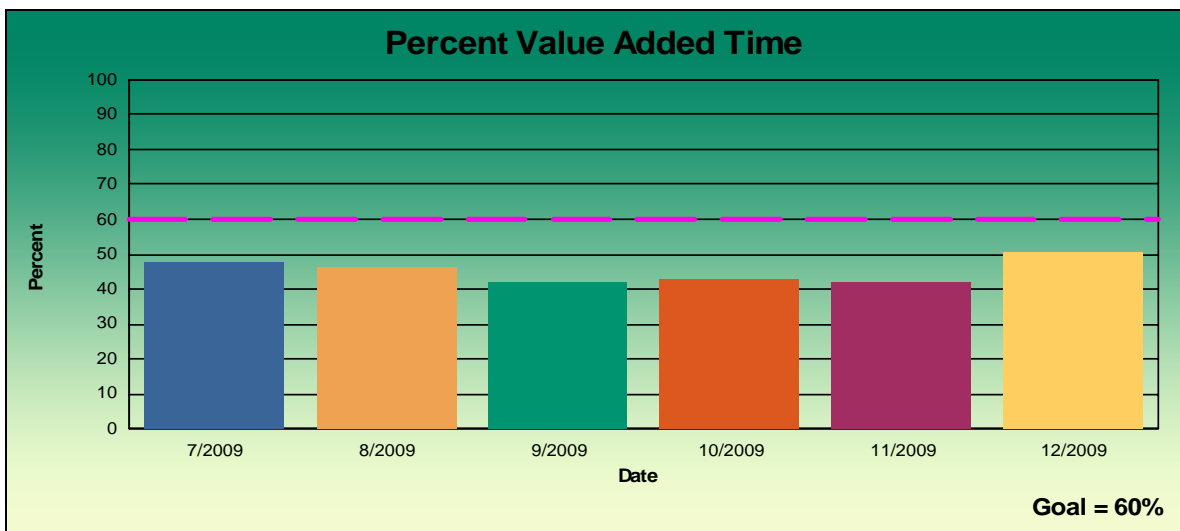
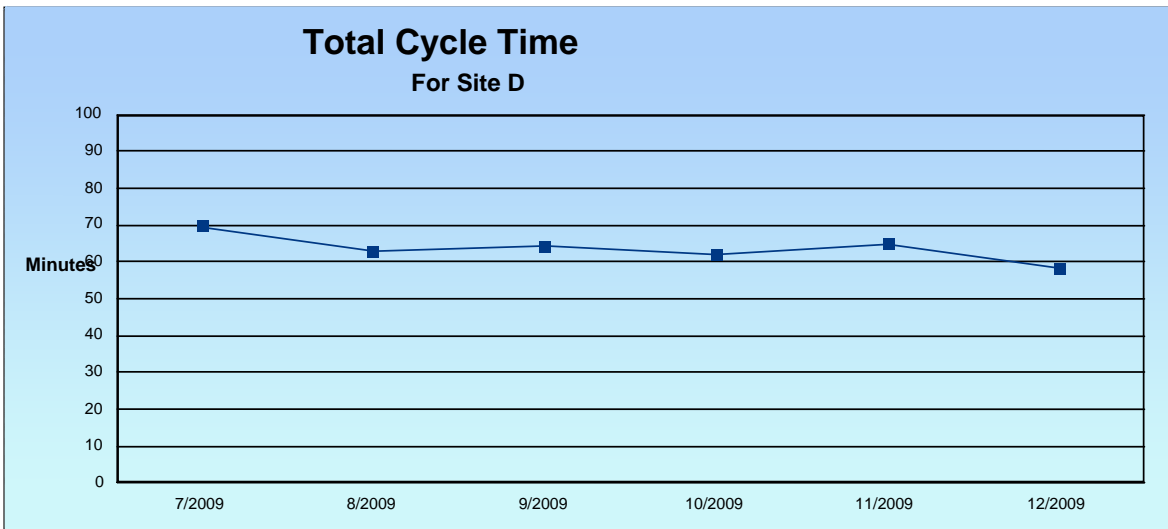


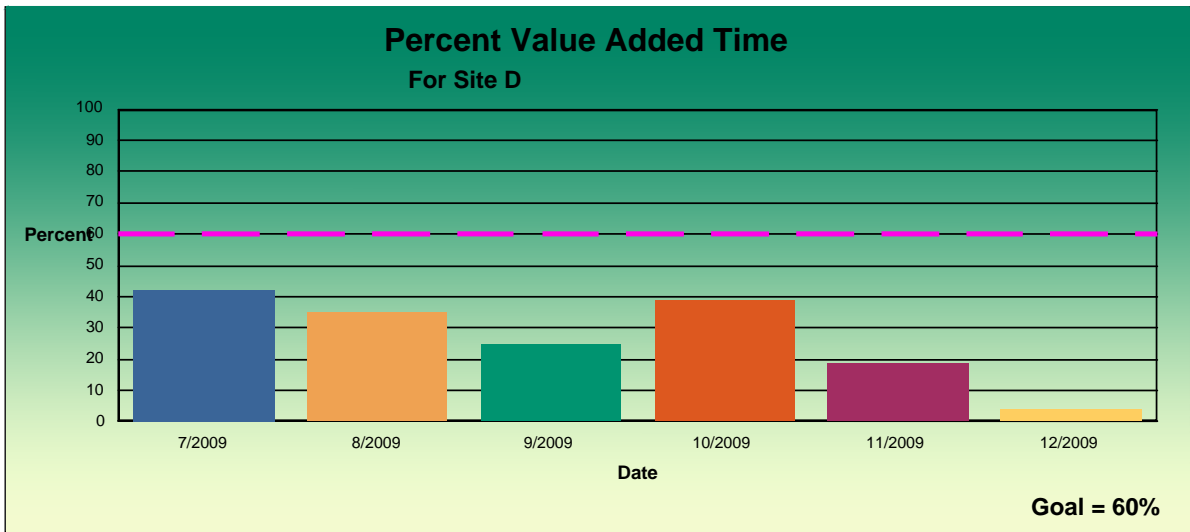
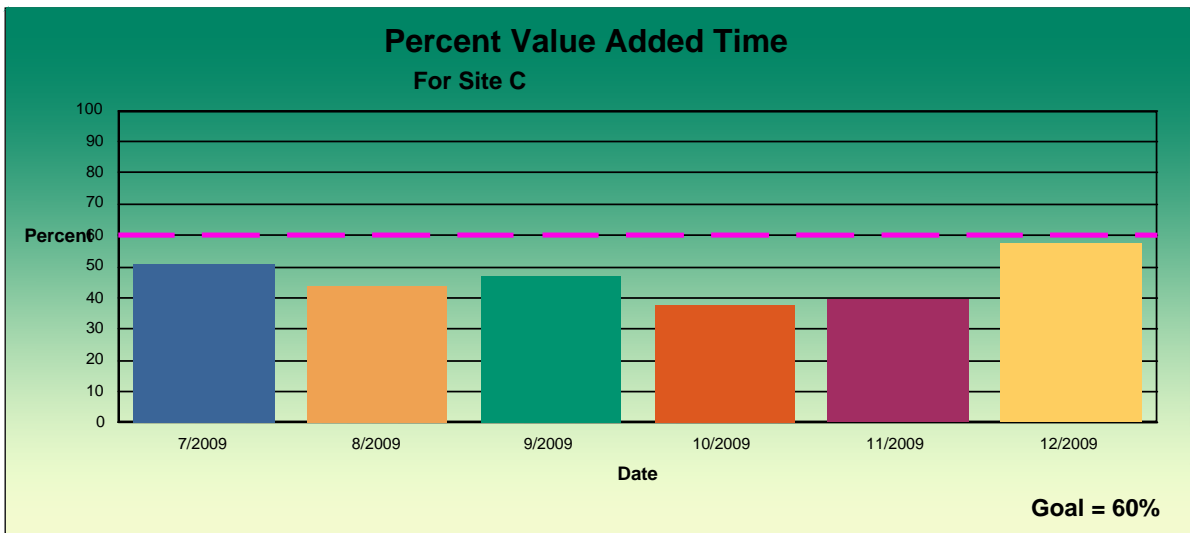
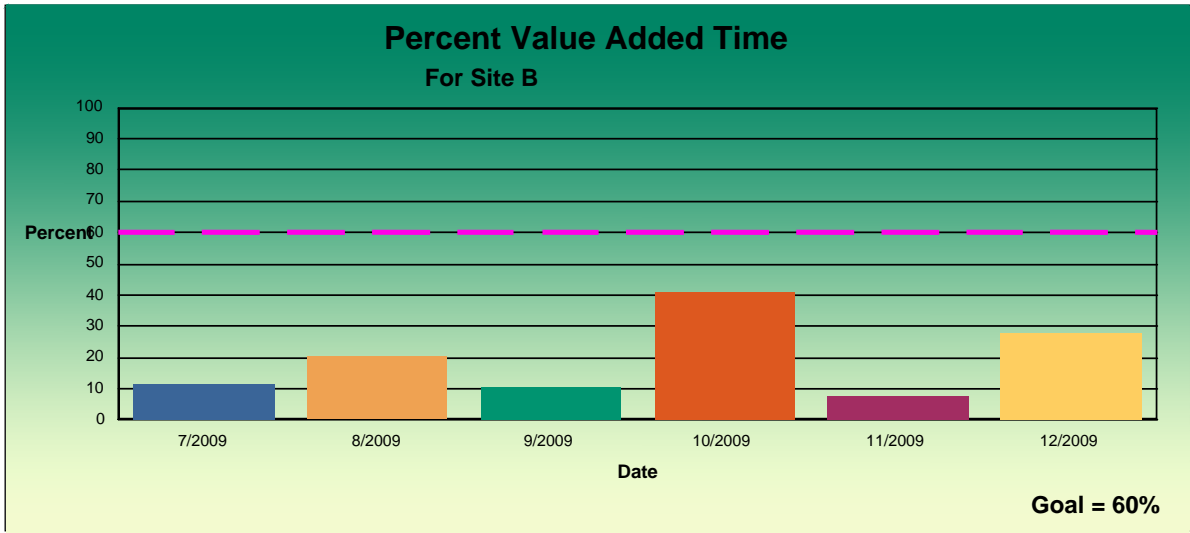
### Total Cycle Time For Site B



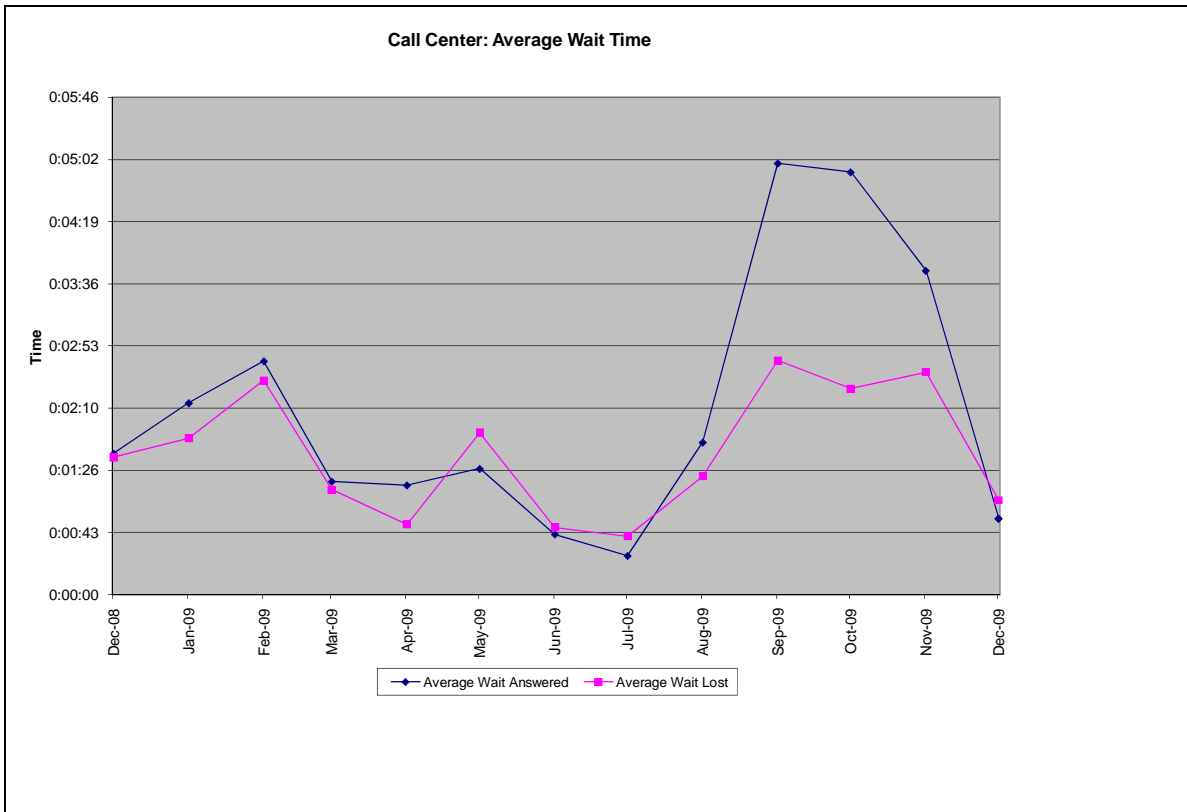
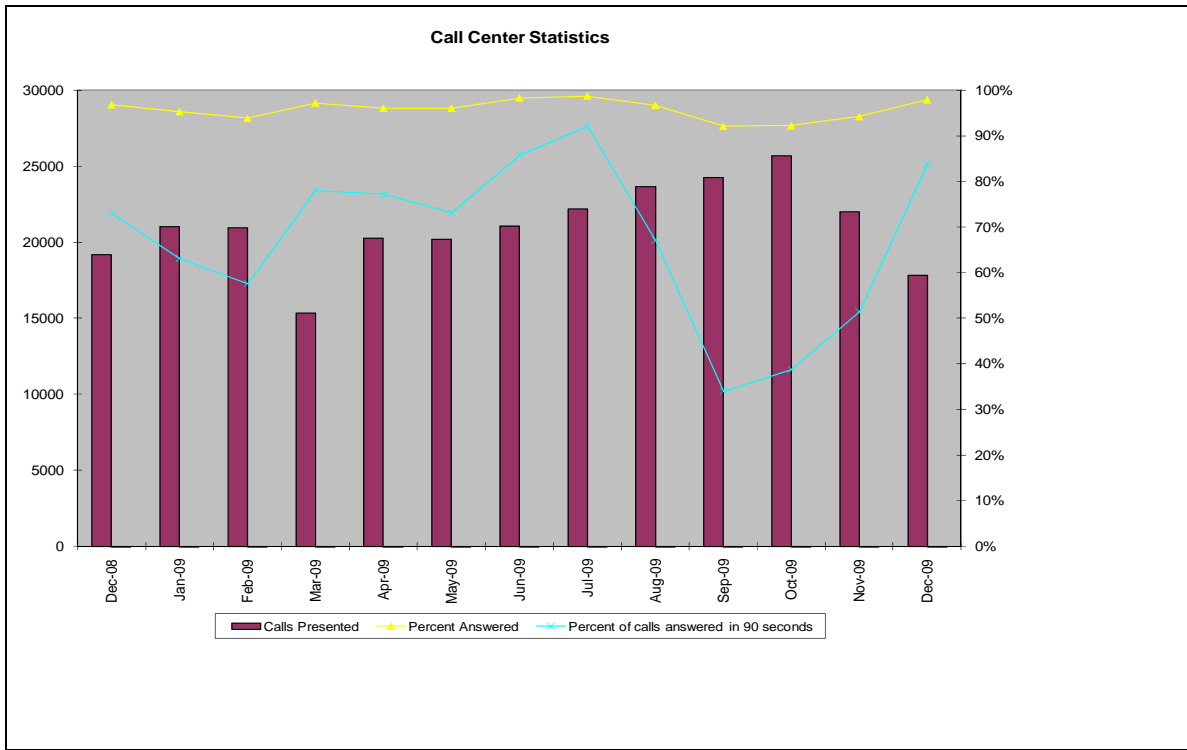
### Total Cycle Time For Site C







Call Center data is reviewed at our Total Quality Management Committee. Call Center services are shared for all four sites and data is aggregated for the organization.



**Item 2: Physician Communication**

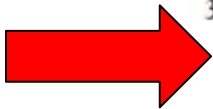
Each quarter, 25 patient satisfaction surveys are collected from each of our four sites. Data from these surveys are trended over time.

Using the grading scale of "A" is excellent and "F" is very poor, please give us a grade in the following areas:  
 ("N/A" means that you did not use the service and can not grade it.)

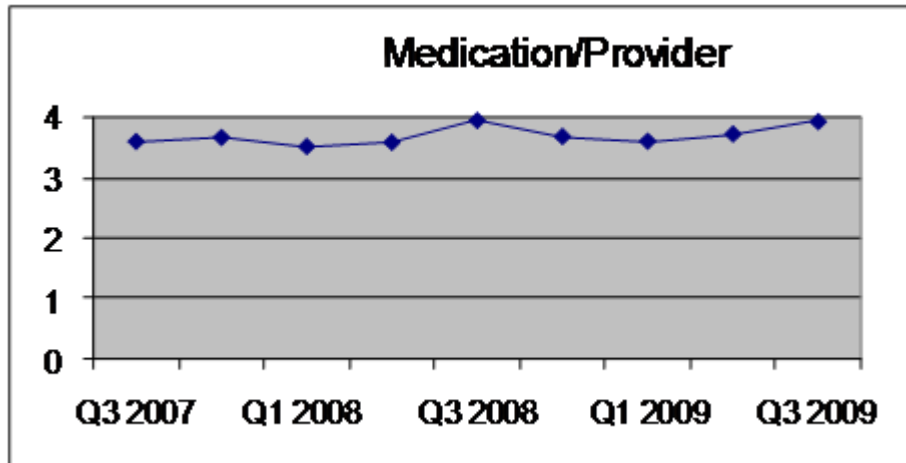
1. Receptionist  
 A B C D F N/A  
*When you arrived at the clinic for your appointment, was the receptionist friendly and helpful?*

2. Fees  
 A B C D F N/A  
*Is your healthcare affordable?*

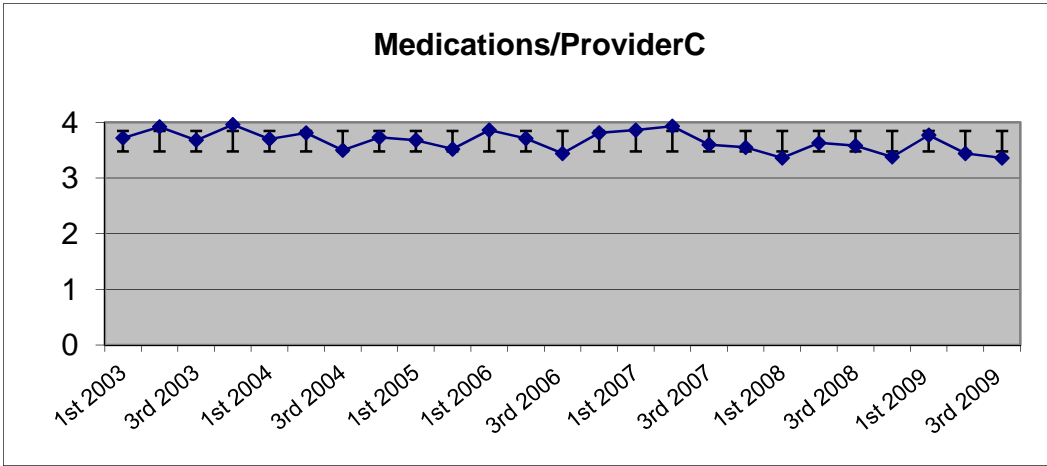
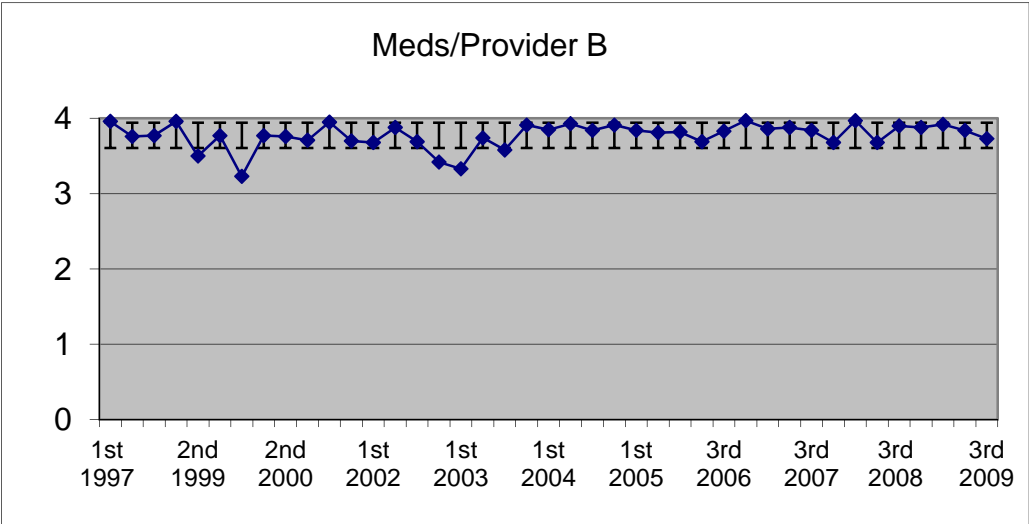
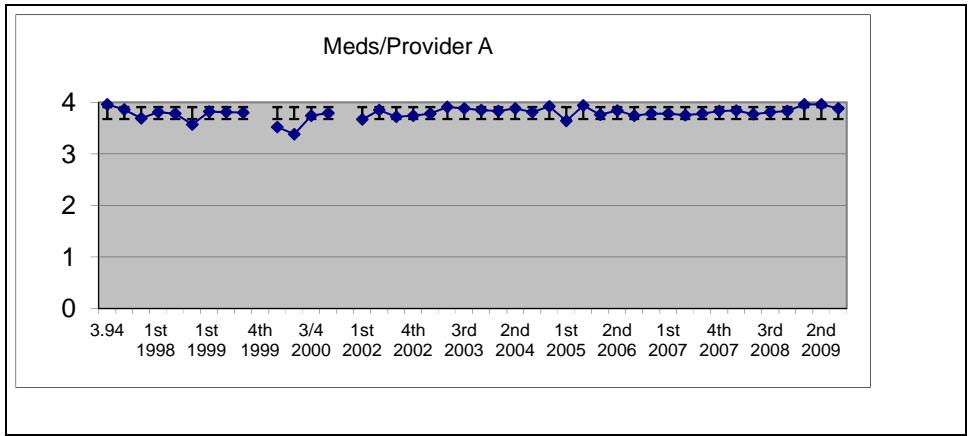
3. Medications & your Provider  
 A B C D F N/A  
*Did your provider explain why you need medication and how to take the medication?*



	A Q3 2009	B Q3 2009	C Q3 2009	D Q3 2009
Medication/Provider	3.36	3.73	3.88	3.92







**Item 3: Confidence in self-care**

CHC-A has a self-management template in our EMR.

**Self-Management** Patient prefers  English  Spanish

Support Person(s):  Self Management Goal: **Decision Support**

Importance (1 through 10):  Confidence (1 through 10):

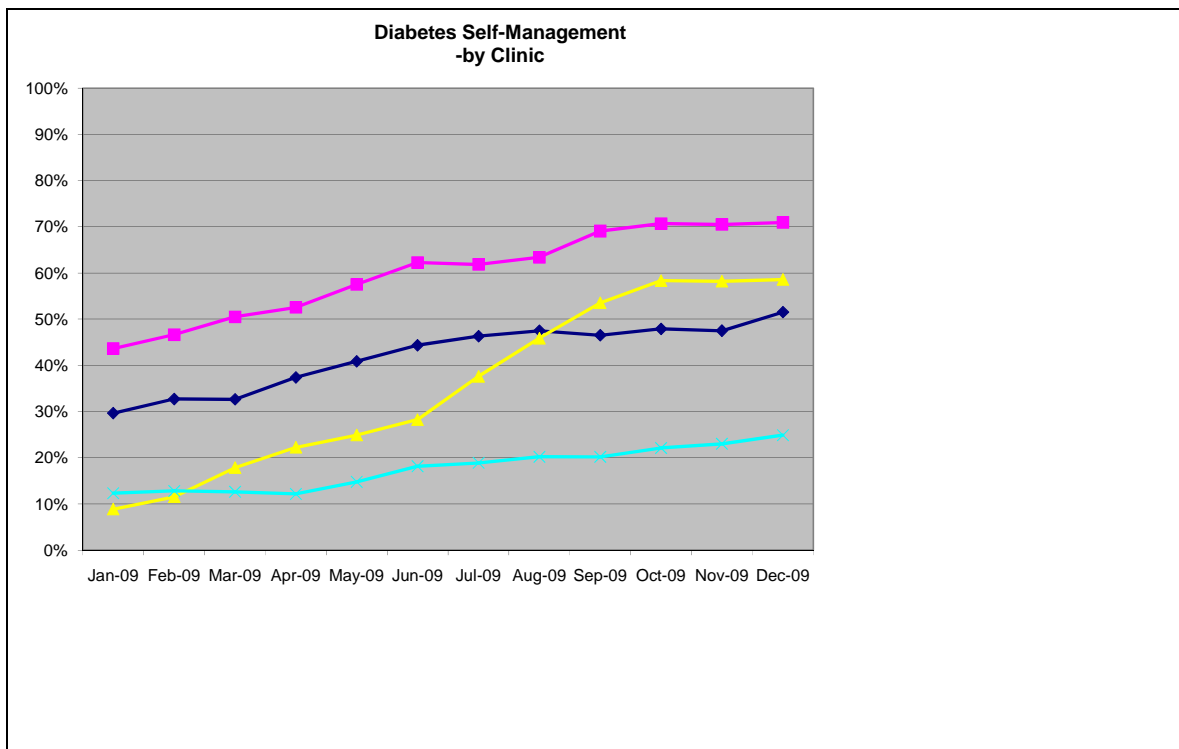
Comments, ie. Obstacles, barriers

**Send Task**

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Date Goal Set  
 In Progress  
 Revised  
 Not Completed  
 Completed

Performed By	Date	Time	Reason/Explanation/Comment
	02/29/2008	1:22 PM	
	//		
	//		
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	//		



**Item 4: Patient satisfaction with care**

Each quarter, 25 patient satisfaction surveys are collected from each of our four sites. Data from these surveys are trended over time.

- Using the grading scale of "A" is excellent and "F" is very poor, please give us a grade in the following areas:  
(\*N/A" means that you did not use the service and can not grade it.)
1. Receptionist  
A B C D F N/A  
*When you arrived at the clinic for your appointment, was the receptionist friendly and helpful?*
  2. Fees  
A B C D F N/A  
*Is your healthcare affordable?*
  3. Medications & your Provider  
A B C D F N/A  
*Did your provider explain why you need medication and how to take the medication?*
  4. Nurse  
A B C D F N/A  
*When you call and received medical information from the nurse did they answer your questions in a timely manner?*
  5. Financial Screener  
A B C D F N/A  
*How easy was it for you to complete your financial screening appointment?*
  6. Wait Time  
A B C D F N/A  
*In the waiting room and the exam room?*
  7. Privacy  
A B C D F N/A  
*How well do you feel we protect your privacy?*
  8. Telephone  
A B C D F N/A  
*Please grade our phone service.*
  9. Yourself  
A B C D F N/A  
*Are you doing what the doctor and nurse told you to do the last time you were here?*
  10. Billing Staff  
A B C D F N/A  
*When you had a question about your bill did they answer your questions in a timely manner?*
  11. Pharmacy  
A B C D F N/A  
*How satisfied are you with the services provided by the Clinton Pharmacy?*
  12. Do you know who your primary care provider is ? (the person you usually see.) Yes No
  13. What do we need to do to become your clinic of choice for life?

Please share any comments you feel may improve our services?

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Patient satisfaction data is trended overtime and reviewed each quarter at our Total Quality Management Committee.

