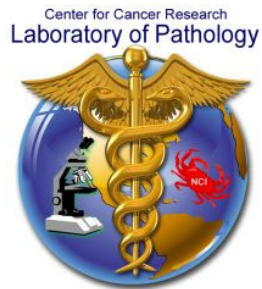


BENCHMARKING REPORT

Customer Satisfaction Survey for 2021



Evaluation of NCI/CCR/Laboratory of Pathology Services

December 20, 2021

Results to be discussed at the December 2021 QM Committee Meeting in preparation for the 2022 LP QM Plan, and results will also be presented to LP's Senior Staff during the next Chief's staff meeting.

Customer Satisfaction Survey



2021

I. INTRODUCTION

The purpose of this Benchmarking Report is to summarize the differences in customer responses between the 2019 and 2021 administrations of the National Cancer Institute's NCI/CCR/Laboratory of Pathology (LP) Services customer satisfaction survey. As required to satisfy College of American Pathologists (CAP) Lab General Checklist standard GEN.20335, the laboratory monitors satisfaction of healthcare providers and customers to better understand the needs of clients and to improve laboratory services.

II. BENCHMARKING ANALYSIS

Respondents rated their response to each survey question on a five-point Likert scale, with answer choices ranging from Unsatisfactory to Outstanding.

A weight between 1 and 5 was assigned to each possible answer choice and then a mean weighted response to each question was calculated. The mean weighted responses were then converted to a 100-point scale by multiplying by a factor of 20 (e.g., 4.0 → 80). It is then possible to reach conclusions regarding the top satisfiers and areas of concerns for our customers as a whole. Final scores did not include N/A responses in the final weighted calculations.

Statement	Scale	2017	2019	2021
Quality of professional interaction and communication with the fellow and resident pathologists	Unsatisfactory (1) to Outstanding (100)	77	77	79
Availability and quality of frozen section (intra-operative) consultations	Unsatisfactory (1) to Outstanding (100)	81	80	80
Overall speed for the notification of significant abnormal results	Unsatisfactory (1) to Outstanding (100)	84	74	74
Quality of professional interaction and communication with the secretarial, technical, and management staff	Unsatisfactory (1) to Outstanding (100)	68	74	81
Availability of fellow and resident pathologists	Unsatisfactory (1) to Outstanding (100)	77	76	81
Overall satisfaction level with customer service provided.	Unsatisfactory (1) to Outstanding (100)	77	72	75
Quality of presentations and conferences	Unsatisfactory (1) to Outstanding (100)	70	75	86
Availability of staff pathologists	Unsatisfactory (1) to Outstanding (100)	72	80	74
Quality of professional interaction and communication with the staff pathologists	Unsatisfactory (1) to Outstanding (100)	79	80	72
Communication of relevant information regarding cases submitted	Unsatisfactory (1) to Outstanding (100)	74	78	78
Overall turnaround time of final report	Unsatisfactory (1) to Outstanding (100)	70	69	73
Diagnostic accuracy	Unsatisfactory (1) to Outstanding (100)	86	83	83
Staff pathologist responsiveness to problems	Unsatisfactory (1) to Outstanding (100)	74	77	-

III. CONCLUSIONS

The 2021 survey polled NIH professional and support level staff utilizing LP clinical, research, and academic services. Respondents included branch chiefs, staff clinicians, clinical and research fellows, physician assistants, nurse practitioners, nursing staff, and clinical and research support customers. The overall response rate was similar when compared with the previous 2019 customer satisfaction survey; however, both 2017, 2019 and 2021 surveys had a much lower response rate than previous years.

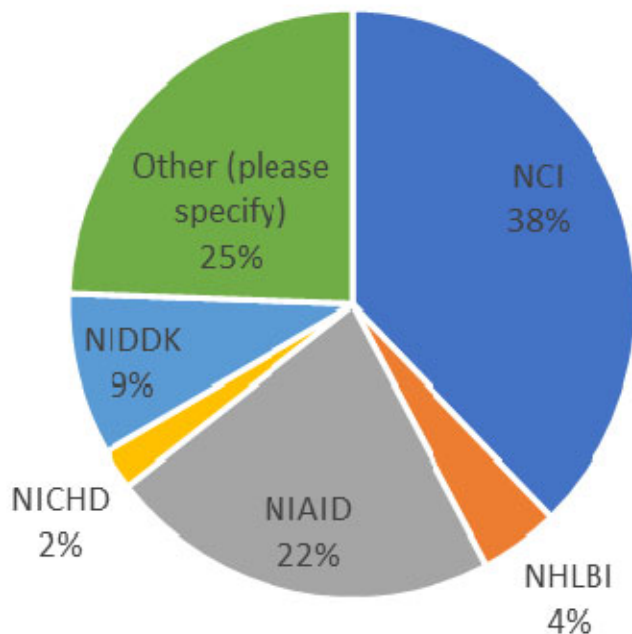
Satisfaction with the Laboratory of Pathology was slightly higher or similar for most categories when compared with 2019 survey results. Overall satisfaction with all of LP's services has increased in the category of "Outstanding", from 33% in 2019 to 37% in 2021. For the fourth consecutive surveys, a large issue with our Customer Satisfaction Survey is a low response rate. Monitoring of quality indicators, such as turnaround time reports for inhouse and submitted cases, have demonstrated significant improvements over the past three years, but the survey responses appear unchanged.

For future surveys, the QM Committee should brainstorm for better ways to increase responsiveness from Clinical and Research staff at the NIH. In some categories, there was at most 45 responses, while others had as few as 38. Areas with the most significant decrease in satisfaction include: Availability of staff of staff pathologist and the quality of professional interaction and communication with the staff pathologists. These areas will be a priority focus in the LP Quality Management Committee. Areas that have shown improvement over the last two years include: Quality of professional interaction and communication with the fellow and resident pathologists, Quality of professional interaction and communication with the secretarial, technical, and management staff, Availability of fellow and resident pathologists, Quality of presentations and conferences and Overall turnaround time of final report.

The 2021 survey shows an overall decrease in a few areas in how LP's customers view services and interactions with LP, which leads the QM Committee and Clinical Operations Group to focus on the customer interaction aspect of our work. Next steps:

- All survey results have been shared with the LP Quality Management Committee, which is comprised of representatives from each clinical service, including surgical pathologists, clinical fellows and section supervisors.
- The results of the survey will also be presented during the January 2022 Senior LP Staff meeting.
- Specific comments involving any particular staff (positive or negative) will be shared individually with the staff mentioned.

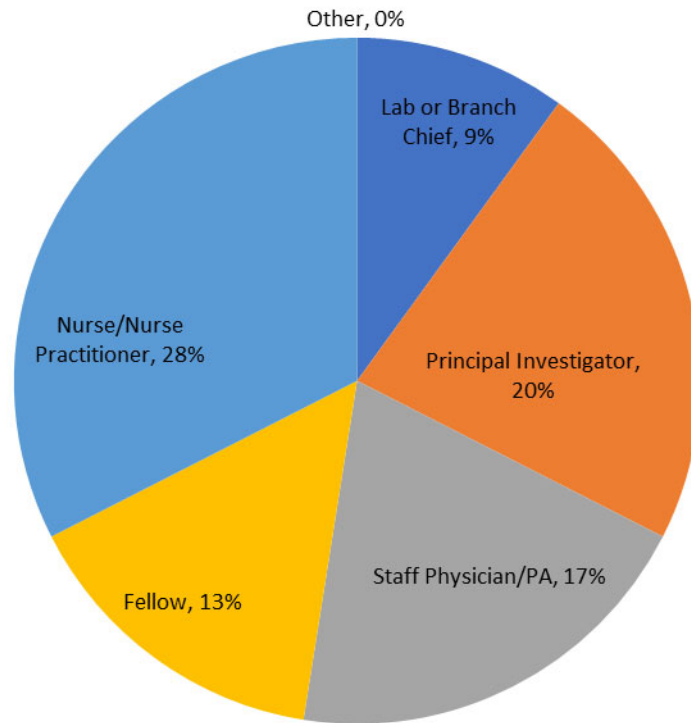
Where do you work (NIH Institute)?



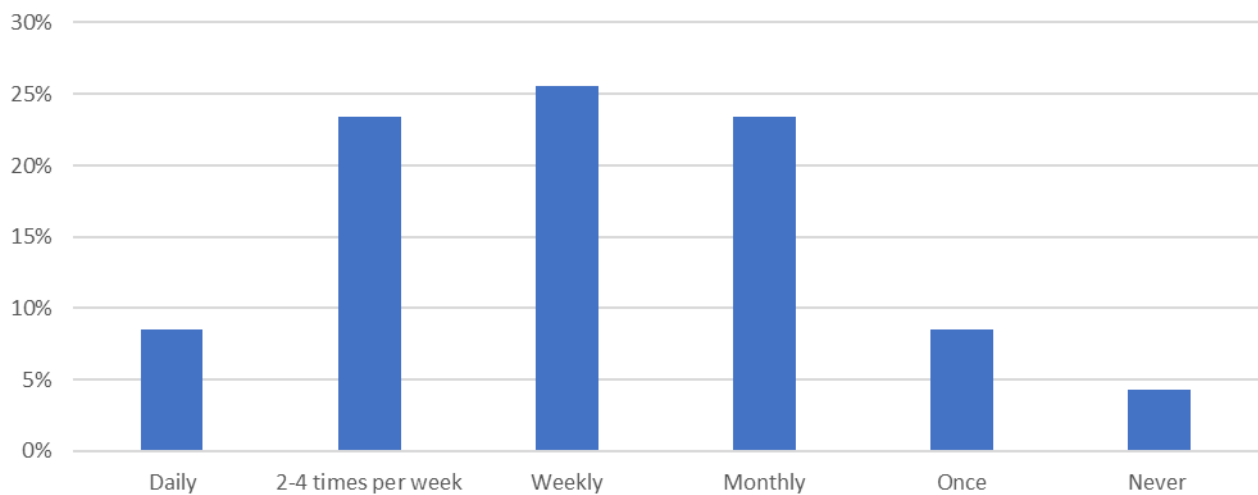
RESPONDENTS Distribution:

Institute	2019 Responses	2021 Responses
National Cancer Institute (NCI)	54.35%	36.96%
National Heart, Lung, and Blood Institute (NHLBI)	6.52%	4.35%
National Institute of Allergy and Infectious Diseases (NIAID)	10.87%	21.74%
National Institute of Child Health and Human Development (NICHD)	4.35%	2.17%
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)	4.35%	8.70%
Other (Clinical Center, NINDS, NIH, NIMH, NIAMS, DPM)	23.91%	23.91%

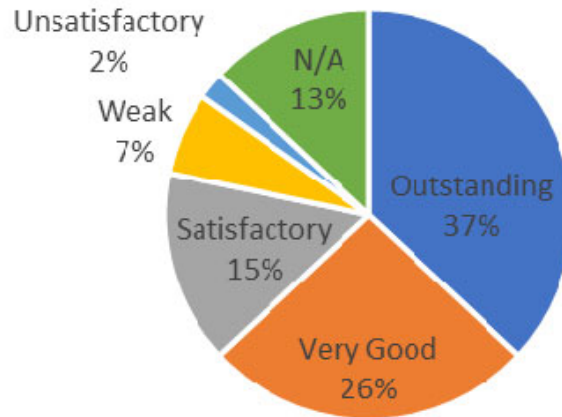
What is your position?



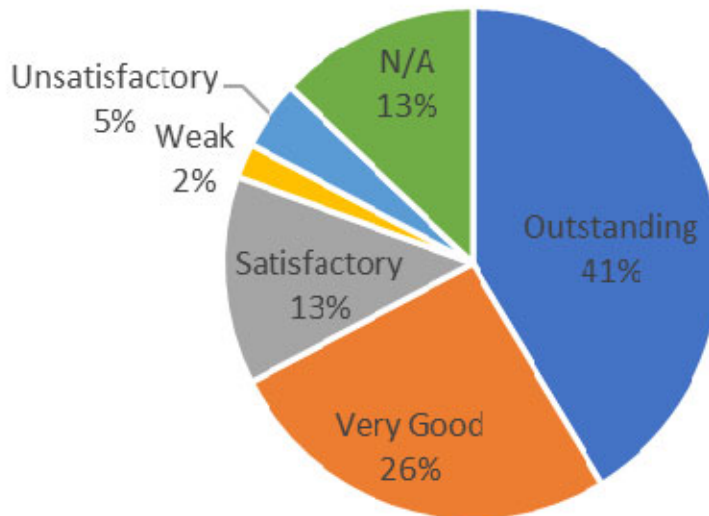
Which of the following best describes how frequently you have used the Laboratory of Pathology (LP), NCI, CCR, over the last year?



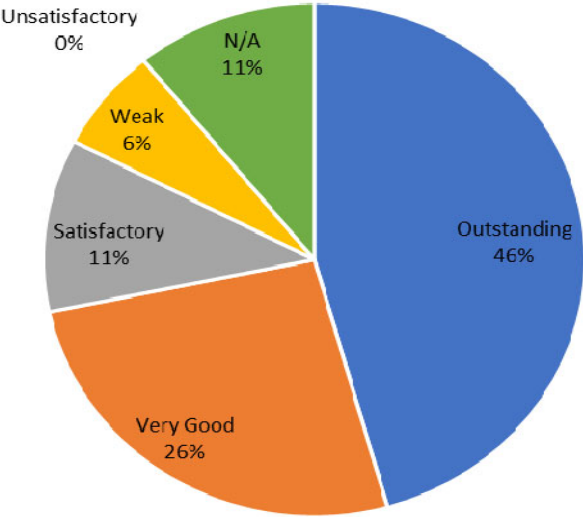
What is your overall satisfaction level with customer service provided by the Laboratory of Pathology?



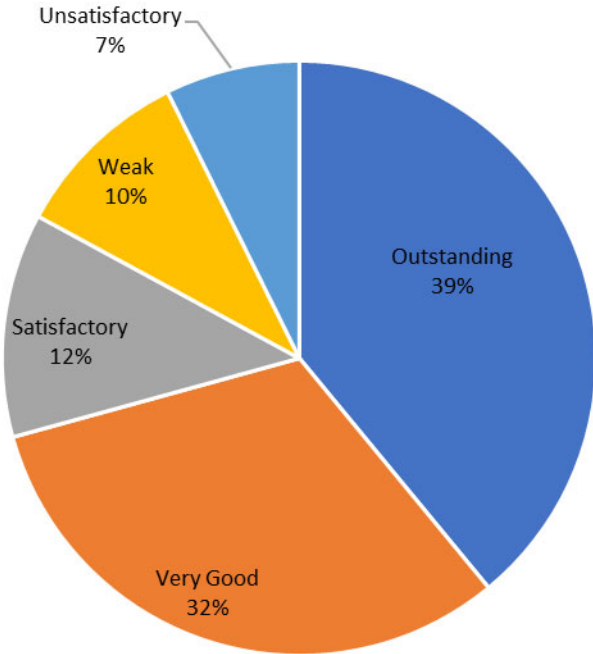
What is your satisfaction with the availability of LP's staff pathologists?



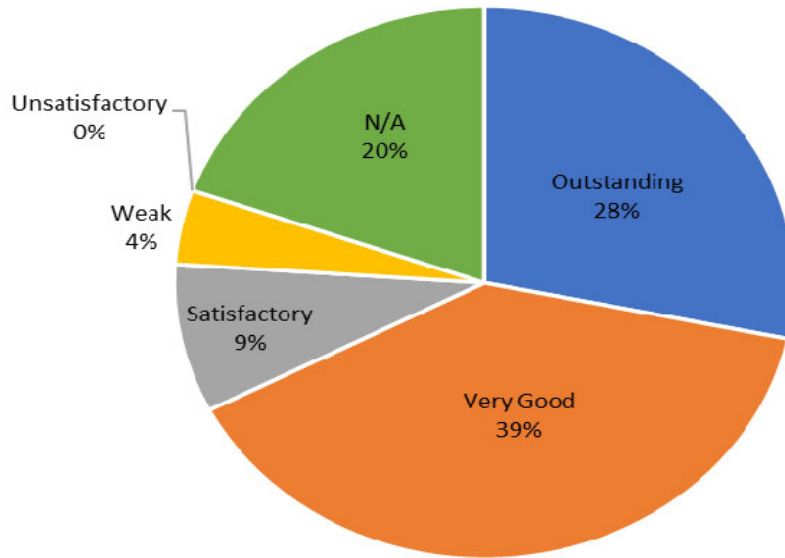
How would you rate the quality of professional interaction and communication with the staff pathologists?



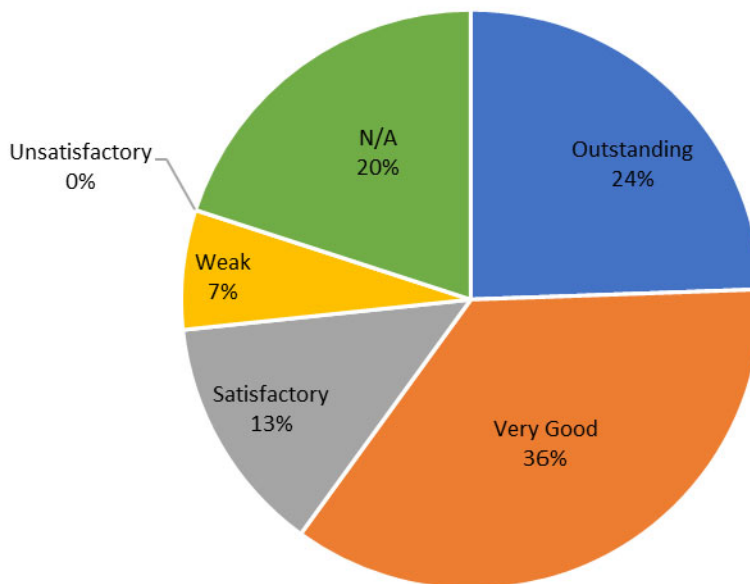
What is your satisfaction with the responsiveness to problems by LP's staff pathologists?



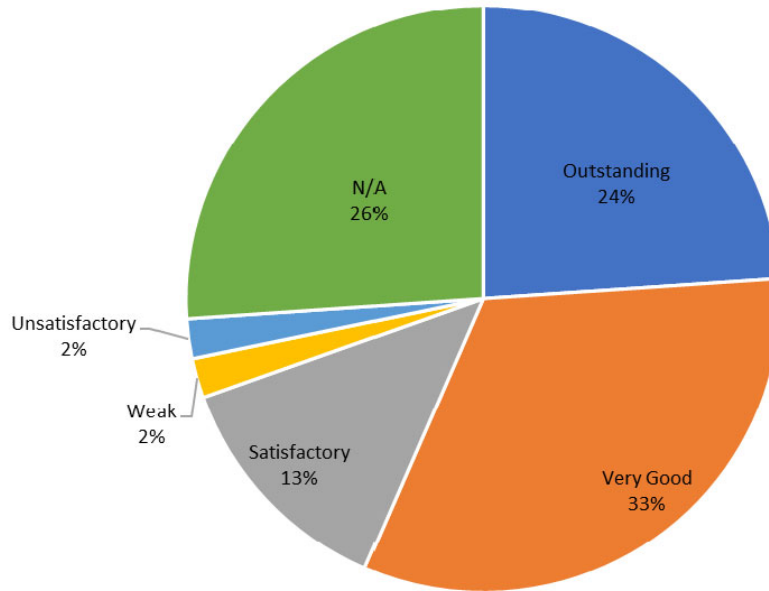
What is your satisfaction with the availability of fellow and/or resident pathologists?



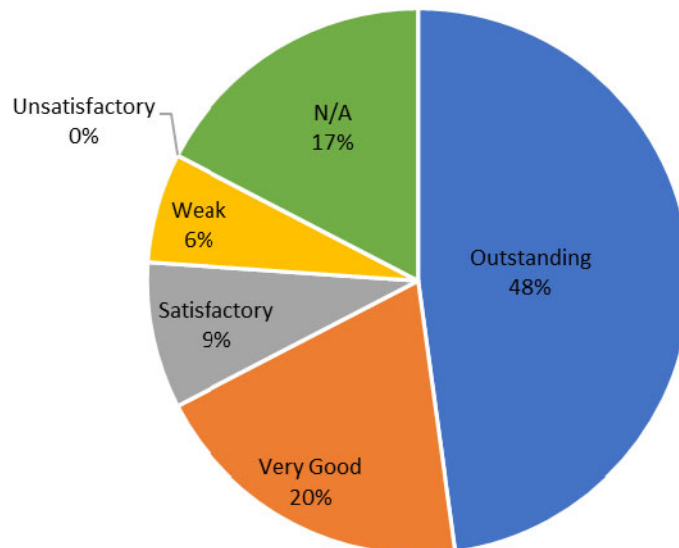
How would you rate the quality of professional interaction and communication with the fellow and resident pathologists?



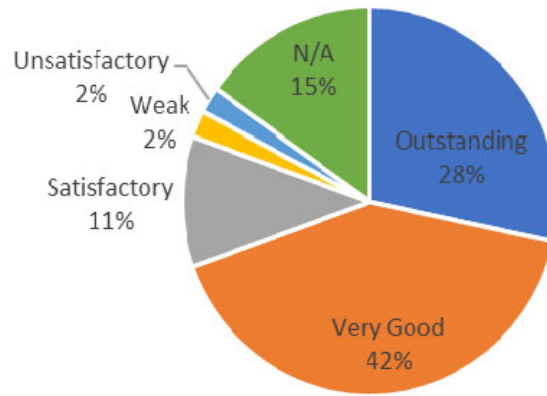
How would you rate the quality of professional interaction and communication with the secretarial, technical, and managerial staff?



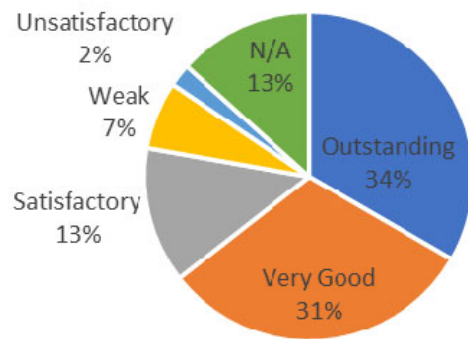
What is your satisfaction with LP's Diagnostic Accuracy?



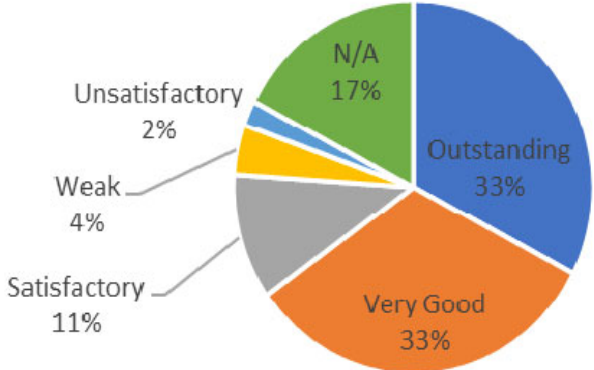
How would you rate the overall speed for the notification of significant or abnormal results?



What is your satisfaction with the communication of relevant information regarding cases submitted?



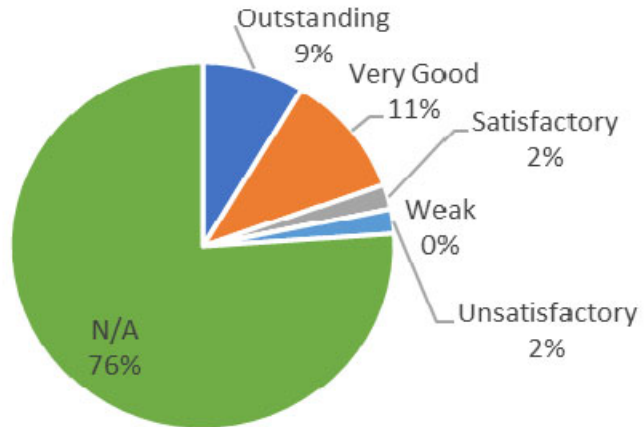
What is your satisfaction with the overall turnaround time of Preliminary Diagnostic Information?



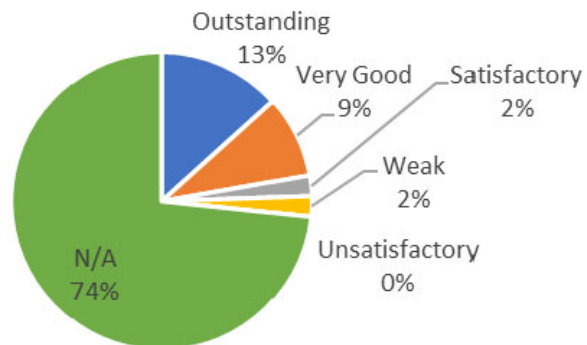
What is your satisfaction with the overall turnaround time of FINAL REPORT?



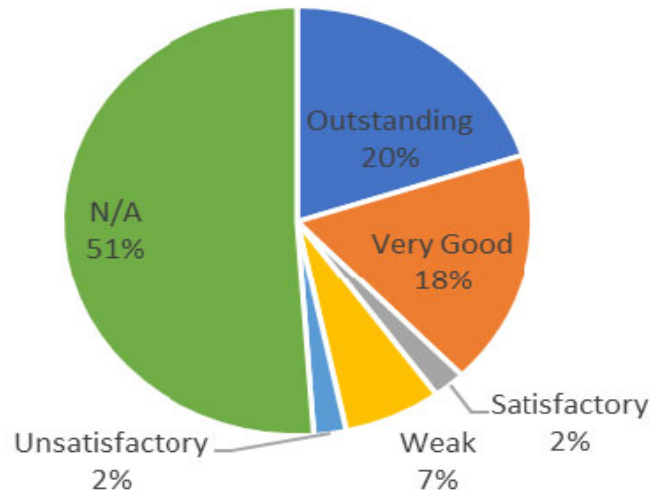
What is your satisfaction with the availability and quality of frozen section (intra-operative) consultations?



How would you rate the support provided by LP's Tissue Procurement Facility staff during procurement of research tissues collected in the Operating Room?



How would you rate LP's quality of presentations and educational conferences?



Comments:

Some pathologists are more efficient and organized than others.

My job is to assist my PI (Dr.Koneti Rao) in processing the order and then bring the slides to Surg Path. All further communication is between Dr. Rao and the Surg Path team.

We love Dr. Quezado! She is amazing!!!!

TSO reports when ordered by the pathologist are not resulted in CRIS. Furthermore, it is not possible to know when the TSO is ordered and resulted as it is not attached to an ordering provider other than the pathologist. Also, if the patient has not signed the correct consent, the TSO result can pose significant issues for the clinical team. This must be addressed.

Turnaround time for standard reports is far too long. Adequate lymph node evaluation for staging appears to be a secondary concern, requiring re-evaluation of the specimen and further delays. Typographical errors in the reports are rampant. Lack of notification to the PI regarding availability of TSO-500 results, as well as intermittent lack of pushing of results into CRIS, are another area of improvement.

Our primary interaction with the Laboratory of Pathology is through the collection of tissue during autopsies. For the first few years, we were notified about cases about once a month. We used the tissue and acknowledged the entire team in our manuscripts. In the past year, we have not been contacted once, despite our contacting them several times. This lack of access to tissue has impaired our research, and ignoring us has been unprofessional.

The overall quality and timeliness of the LP are good. The time from submission of a case to the release of the final reports seems excessive. The residents are usually available, but the pandemic has reduced their time in house. The locked office suites make the staff accessibility after hours more difficult. The buzzers on the hallway doors are not up to date and complete.

In the past 3-4 years LP clinical staff all seem overworked, understaffed and incapable of providing clinical input (let alone research collaboration) in the manner that they used to. The time to get review of materials has increased dramatically.

The turn around time for Truesight /compass 500 is very slow. On average I'm getting reports back in 4 weeks. There seems to be a delay in upfront processing in which path is batched and only sent out on Monday's which slows the process.

Frequently do not meet the standards of practice expected at any clinical site, inadequate assessment and reporting, particularly concerned about the quality of reports for definitive management cases regarding margins, nodal assessment and CAP standards