



Canadian Blood Services
it's in you to give

Canadian Blood Services

2010 Physician Satisfaction Survey Findings
July 2010



Background and Objectives

- Canadian Blood Services (CBS) is responsible for collecting, testing, manufacturing, and distributing blood components to hospitals across the country. It also provides diagnostic services to health practitioners such as family physicians, obstetricians, and perinatologists in British Columbia, Alberta, Manitoba, and Saskatchewan. Some of these services include perinatal reports, as well as critical antibody titre, routine prenatal, and antibody titre testing. CBS commissioned Ipsos Reid to conduct a survey among these customers to evaluate the service they are receiving. The specific objectives of this research were to determine:
 - **Overall satisfaction with CBS;**
 - **The most important aspects of the diagnostic services they receive;**
 - **Satisfaction with particular aspects of the service provided including the quality of the reports they receive, turnaround times, and whether or not results are conveyed appropriately;**
 - **Interest in greater involvement of designing testing protocols; and**
 - **Suggestions for improvement.**

- The target audience for this research was physicians; more specifically, family physicians, obstetricians, and perinatologists who are frequent users of CBS' diagnostic services.
- While the initial approach of this research involved faxing notification of the survey to all physicians followed up by a telephone call to either complete the survey on the spot or schedule an appointment to complete the survey a later date, based on feedback from administrative personnel from a number of physician's offices, and challenges faced in terms of being able to speak with physicians on the phone, a fax back approach was taken. This involved faxing physicians the survey to complete and fax back on their own time.

About the survey

- The survey was designed by Ipsos Reid in consultation with CBS. It comprised a combination of closed and open ended questions so that respondents were provided with sufficient opportunity to elaborate on areas of satisfaction or dissatisfaction, and things that could be improved with the services provided by CBS (see Appendix A for full survey).
- **Overall, a total of 23 surveys were completed from April 8 to May 31, 2010. Nine (9) of the surveys were conducted over the phone and 14 were completed and returned by fax.**
- *Note: The survey results for each question were calculated to exclude those who were not able to provide a response.*

Respondent Profile

- The profile of respondents includes fairly equal proportions of family physicians and obstetricians, and a fairly even mix by age and number of years practicing. Just over half have received diagnostic services from CBS for 10 years or more.

Overall Satisfaction/Satisfaction with Reports

- Respondents were largely satisfied with the service received by CBS. Reasons for satisfaction related mainly to the **quality, accuracy, and clarity of the reports** provided. Also, the majority of respondents (about **4 out of 5 in each instance**) expressed **high levels of satisfaction (7 or higher out of 10)** with the perinatal report, the way in which critical antibody results were conveyed, the requisition form, and the turnaround times for prenatal testing and antibody titre results.
- **In terms of the reports**, the most common suggestion for improvement related to how the Rh and antigen results were conveyed. It was felt that the proximity and how the results were conveyed (positive/negative) made it easy to confuse the two.

Most Important Aspect of Service/Areas of Improvement

- The **turnaround time was identified as one of the most important aspects** of the services provided by CBS. Moreover, while respondents expressed strong satisfaction in this area, **improving turnaround times was mentioned most often when asked how CBS could improve its service** to physicians. Several physicians mentioned high pressure situations in which results were needed (such as to make decisions or perform certain procedures) to explain why expediency was so critical.

Key Findings (cont'd)

High Risk Prenatal Unit Recommendations

- Nearly all respondents had access or opportunity to refer patients to a high risk prenatal unit. Of those **who received recommendations, most (10 out of 13) appreciated receiving** them. Overall, the impact of receiving the recommendations was either positive or neutral. Just over half (60% or 9 respondents) indicated that the recommendations had no impact, while the remaining respondents (6) said that it made their patient management easier.

Design of Testing Protocols and Additional Educational Resources

- Very **few respondents expressed interest** in being more involved in the **design of testing protocols**. In terms of the need for additional educational resources (for the management of Rh Immune Globulin administration) the results were mixed; equal proportions of respondents (35%) disagreed (score of 4 or lower) and agreed (7 or higher) with this statement.

Usefulness of Molecular Genetic Testing

- The **usefulness of molecular genetic testing was not unanimous**. A little over one-third (35% or 7 respondents) said that 'yes' it would be useful, close to half (45%) said 'maybe' and one in five (20% or 4 respondents) said 'no'.

Recommendations

- While there are several specific suggestions for improvement mentioned throughout the report, the following are some of the major recommendations gleaned from the findings:
- One of the challenges faced by respondents is a fast-paced schedule which demands the **quick turnaround of requests**; and while respondents do not express high levels of dissatisfaction in this area anything that can be done to speed up the turnaround time (e.g. sending results by fax, as well as by mail) would be helpful;
- Another **challenge faced by respondents** is the **amount of communications** received from **numerous sources with very little time to review**. **Highlighting important changes by communicating them in some special way (e.g. a separate letter) to mark the seriousness** of the change, and to simply draw their attention to it was deemed useful;
- **Improving the format of the perinatal report** (and reducing the potential for error) by making changes to further differentiate the Rh and presence of antigens results (e.g. using 'found' or 'not found' to indicate the presence of antigens, showing the results in different colours, or placing the results farther apart on the report);
- Nearly half of respondents do not receive (or recall receiving) **recommendations to refer patients to a high risk prenatal unit**. Of those who recall receiving them, more than half say they have no impact. Therefore, if **considering scaling back on the services provided this is one area to bear in mind**.

Overall Satisfaction With Services Provided by CBS

	OVERALL SATISFACTION WITH SERVICE PROVIDED BY CBS	
	Number	%
10 Very satisfied	5	23%
9	5	23%
8	4	18%
7	5	23%
6	2	9%
5	-	-
4	-	-
3	1	5%
2	-	-
1 Not at all satisfied	-	-
Blank	1	N/A
TOTAL VALID	22	100%

	OVERALL SATISFACTION WITH SERVICE PROVIDED BY CBS		
	Total	Family Physicians	Obstetricians
Mean	8.1	7.8	8.5

Q2. Overall, how satisfied are you with the service you receive from Canadian Blood Services? You can use a scale of 1 to 10 where 1 means not at all satisfied and 10 means very satisfied.

Base: All valid respondents n=22

Satisfaction/Dissatisfaction With Specific Aspects of the Service Provided – By Physician Type

	Total	Family Physicians	Obstetricians
The format of the perinatal report is clear and understandable.	8.2	8.5	7.9
The perinatal report comments are clear and understandable.	8.4	8.4	8.5
Critical antibody titre results are conveyed appropriately.	8.4	8.3	8.5
The requisition form is clear and understandable.	8.7	8.8	8.6
I am satisfied with the turnaround times for routine prenatal testing results.	7.9	7.8	8.0
I am satisfied with the turnaround times for antibody titre results.	7.5	7.6	7.4

Base: All valid respondents
(excludes don't know/not available)

Access/Opportunities to Refer Patients to a High Risk Unit

	Total		Family Physicians		Obstetricians	
	No.	%	No.	%	No.	%
Yes	20	87%	11	92%	9	82%
No	3	13%	1	8%	2	18%
Total	23	100%	12	100%	11	100%

Q7. Do you have access to or opportunities to refer your patients to a high risk prenatal unit?

Base: All valid respondents n=23

Views Toward Receiving Recommendations

	Total		Family Physicians		Obstetricians	
	No.	%	No.	%	No.	%
Yes	11	79%	7	88%	4	67%
No	3	21%	1	12%	2	33%
I don't receive recommendations	7	-	3	-	4	-
Don't know	2	-	1	-	1	-
Total	14	100%	8	100%	6	100%

Base: All valid respondents n=14

Q8. Do you appreciate receiving recommendations to refer patients to a high risk prenatal unit?

Impact of Receiving Recommendations

	Total		Family Physicians		Obstetricians	
	No.	%	No.	%	No.	%
Easier	6	40%	3	43%	3	37%
More difficult	-	-	-	-	-	-
No impact	9	60%	4	57%	5	63%
Don't know	3	-	1	-	2	-
Not applicable	5	-	4	-	1	-
Total	15	100%	7	100%	8	100%

Base: All valid respondents n=15

Q9. Does this recommendation make your patient management easier, more difficult, or does it have no impact?



Awareness of Changes, Interest in Design Protocols, Educational Resources – By Physician Type

	Total	Family Physicians	Obstetricians
I am aware of potential changes in testing protocols; changes in critical values, or changes in test methodology in an effective and timely manner.	5.4	4.7	6.1
I would like to be more involved in the design of testing protocols.	2.3	2.0	2.7
Additional educational resources are needed for practitioners for the management of Rh Immune Globulin administration.	5.2	5.7	4.7

Q10. Again, using a scale of 1 to 10 where 1 means that you strongly disagree and 10 means that you strongly agree, how much do you agree or disagree with the following statements.

Base: All valid respondents

Usefulness of Molecular Genetic Testing

	Total		Family Physicians		Obstetricians	
	No.	%	No.	%	No.	%
Yes	7	35%	3	30%	4	40%
Maybe	9	45%	6	60%	3	30%
No	4	20%	1	10%	3	30%
Don't know	3	-	2	-	1	-
Total	20	100%	10	100%	10	100%

Q11. Would the provision of molecular genetic testing be useful for your practice in resolving complex Rh questions or determining fetal Rh typing on a maternal blood sample?

Base: All valid respondents n=20



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