

**FINGER LAKES REGIONAL PERINATAL CENTER
PERINATAL OUTREACH
AFFILIATE SATISFACTION SURVEY
SUMMARY OF RESPONSES**

N = 52

OBJECTIVE	% = percent of those responding					
	All the time % (N)	Most of the time % (N)	Some of the time % (N)	Rarely % (N)	N/A % (N)	Missing (N)
1. Neonatologists are easily accessible for consults. It would be helpful if: <ul style="list-style-type: none"> • <i>Easier to obtain</i> 	63(29)	24(11)	2 (1)	0 (0)	11(5)	6
2. The information I receive from the neonatologist/neonatal nurse practitioner is adequate for my needs. It would be helpful if: <ul style="list-style-type: none"> • <i>For quality/peer review I'll need to have minutes reflect discussion per case. We're amending processes.</i> 	55(26)	25(12)	4(2)	0 (0)	15(7)	5
3. The follow-up information I receive on neonatal transports is adequate for my needs. It would be helpful if: <ul style="list-style-type: none"> • <i>Report was generated</i> • <i>We could receive a discharge summary of transported babies</i> • <i>They updated the staff</i> • <i>We received regular updates</i> • <i>Consults can be done in Brockport 1 day a month</i> • <i>Always have to ask for info</i> • <i>Routine follow-up would be nice</i> • <i>Update emails nurse manager</i> 	35(16)	17(8)	17(8)	11(5)	20(9)	6
4. Perinatologists are easily accessible for consults. It would be helpful if: <ul style="list-style-type: none"> • <i>Faster access</i> • <i>Not needed often</i> 	45(21)	30(14)	4(2)	0 (0)	21(10)	5
5. The information I receive from the perinatologist/OB nurse is adequate for my needs. It would be helpful if: <ul style="list-style-type: none"> • <i>Communication more timely if info is missing</i> • <i>They called & report</i> 	35(16)	35(16)	4(2)	0 (0)	26(12)	6
OBJECTIVE	% = percent of those responding					
	All the time % (N)	Most of the time % (N)	Some of the time % (N)	Rarely % (N)	N/A % (N)	Missing (N)
6. The follow-up information I receive on maternal transports is adequate for my needs. It would be helpful if:	23(10)	23(10)	9(4)	21(9)	23(10)	9

<ul style="list-style-type: none"> • <i>More timely follow-up on transports would be helpful</i> • <i>A follow-up written report to manager</i> • <i>Sometimes delayed</i> • <i>No follow given sometimes</i> • <i>We received regular updates</i> • <i>I don't receive follow-up info</i> • <i>We don't get</i> • <i>Always have to ask for info</i> • <i>Reports back if we ask/ not set up as routine</i> 						
<p>7. The Annual /Biannual site visits address issues relevant to my hospital and/or patient population. It would be helpful if:</p> <ul style="list-style-type: none"> • <i>Excellent</i> • <i>Didactic presentations on areas of interest. Transfers generally reviewed in detail already</i> • <i>Don't know what these are</i> 	56(26)	20(9)	2(1)	0 (0)	20(9)	6
<p>8. The Perinatal Outreach office (Dr. C Glantz) is responsive to my questions/issues. (585-275-6036) It would be helpful if:</p> <ul style="list-style-type: none"> • <i>Haven't used</i> • <i>QI Meetings were scheduled same time each year</i> • <i>I have never called Dr.Glantz</i> • <i>Never called</i> 	50(21)	14(6)	0 (0)	0 (0)	36(15)	10
<p>9. The support I receive from the RPC about our hospital data is satisfactory. It would be helpful if:</p> <ul style="list-style-type: none"> • <i>Need at least every quarter</i> • <i>NICU module review</i> • <i>Never heard from them</i> • <i>More timely notification if down</i> 	41(18)	34(15)	0 (0)	5(2)	20(9)	8
<p>10. Hospital personnel use our hospital's SDPS data at least once a month. It would be helpful if:</p> <ul style="list-style-type: none"> • <i>When available</i> • <i>I received it</i> 	24(10)	26(11)	7(3)	14(6)	29(12)	10
<p>11. How often do you review your hospital specific SPDS monthly reports? Other:</p> <ul style="list-style-type: none"> • <i>When available</i> • <i>Every 2 months</i> • <i>Just received the information</i> • <i>Never-don't receive them</i> • <i>I do not receive, would be interested in reviewing monthly</i> • <i>When asked to view them/ starting November have asked for them monthly</i> <p>Missing = 6 <input type="checkbox"/> Currently not reviewing reports SKIP to Q13 30 (14)</p>	Monthly 6(3)	Quarterly 20(9)	Bi-annually 11(5)	Annually 33 (15)		

12. How are you using your hospital specific SPDS reports to identify opportunities for quality improvement?

- *We use the SPDS data to validate our own record keeping*
- *Increasing breast feeding rates, Smoking cessation*
- *Reviewed at specific department meetings*
- *Mostly comparison data*
- *We are constantly doing quality improvement reviews and making necessary changes*
- *Currently, presented at our monthly QA/PI meeting. Rates followed monthly and deviations > ISD reviewed. In the future will be using the SPDS reports in the continuing physician practice review.*
- *Performance Improvement dashboard info - NYS healthy goal deviation prompts action*
- *Analyze trends, discuss management routines, analyze outcomes and implement changes as necessary to obtain improvements*
- *Discussions at OB/Peds meeting for brainstorming for improvements in specific areas lacking enough care - "more could be done"*
- *Do not have access to it. Use data for quality measures & improvements.*

13. If you are not currently reviewing/using you monthly reports, can we be of any assistance to you?

[If using SPDS reports (see Q11-12) SKIP to Q14]

Yes *n = 5* No *n = 11*

How?

- *We do not receive monthly reports*
- *Assist to access*
- *Unaware how to access these*
- *I am not aware of a monthly report*
- *I need to be instructed again on how to use this*
- *Just received data - have not been receiving monthly*
- *The only time I see the SPDS report is when Dr.Pressman brings them to our joint perinatal meeting*
- *Process change recent - should yield monthly reports w/ hosp stats reports on a going forward basis*
- *I would need to know exactly what you have and how easily it is to access it. Currently – can not get info.*

14. What do we as an RPC do best?

- *Education*
- *Always available - never fail to respond in a timely manner*
- *Generate reports*
- *You take care of our babies very well*

14. What do we as an RPC do best? (cont)

- *Annual visits*
- *Excellent resource for teaching and consults*
- *Site visits. Support provided when problems arise*
- *Meet the needs of patients who need a higher level of care than we can provide. Provide educational opportunities. Provide valuable data.*
- *Info on areas of interest in OB throughout region*
- *Educate*
- *We have not been part of this RPC until now - no experience*
- *Overall regional data of interest. Standardization of approaches.*
- *Neonatal transport teams are fabulous, collaborative and usually take time to teach nurses. Joint Perinatal meetings are informative and Drs Stevens, Pressman and Woods are amazing resources.*
- *Serve as a resource for us. Very open to answer questions and share patients. Thank you!*
- *Keep records and educate us*
- *Great job with teaching & education days*
- *Very good resource on standards of care, best practice*
- *Evidence based practice & specific research*
- *Provide additional counseling to our patients and all necessary procedures not available to our patients at our*

facility.

- 1) Open policy for accepting transfer of patients. 2) Prenatal Diagnosis Committee - although not formally in the Perinatal Outreach Program - this committee is extremely effective in communicating with private physicians concerning on-going cases.
- Provide support. Work well together recognizing limitations in the rural hosp. setting r/t sending boarder babies back. Provide directions/resources for any questions/ problems.
- Put into perspective procedure patterns and outcomes as compared to other hospitals in the region.
- Quick response time to our needs

15. How can we improve our service to you?

- Guidelines to common issues 39 wk induction/c-section policy very useful, cut newborn transports by 50%, thanks
- Follow up to director of maternity unit for transfers. The MD gets some follow up but we do not hear how patient is doing - if they were sent home, undelivered etc.
- Better follow-up information provided on transfers.
- Help & safety initiatives
- Improve monthly/quarterly communication
- Communication
- New to RPC
- Individualize services based on need.
- PLEASE ask the fabulous transport to stop telling moms that they can be transferred to be with the baby. Insurance will almost never covers this and your medical staff will not accept the mom as a patient. It creates havoc in an already difficult situation and makes us look like the bad guys.
- More resources, perhaps an OB grand rounds telecast to us.
- Updates on patients
- Nothing
- Not all of our patients are able to make it to Rochester. It would be very helpful if perinatologist consultations can be done at least 1 day a month, one afternoon a month worked very well at a previous facility
- I'd like to know I can call. Sometimes issues arise months later from the state & I'd love to follow up with your staff if necessary.
- Timely reporting if SPDS stats are unfavorable. Review of policies to assure consistent standard of care and most current practices.
- Be more proactive in recommending changes in patient care for the region based on most current evidence.
- Currently services are satisfactory if not excellent
- More training. Huge issue with no update info
- F/U info on transfers

Additional Comments (It would be helpful if: _____)

- Kathy Della Porta is very helpful and professional when arranging transports
- The annual case reviews have been helpful
- Better communication
- We have very few cases transported to your NICU but when it occurs we are more than pleased with the enthusiasm. Thank you!
- I would love to be able to review SPDS monthly. Looking forward to more discussions on use of the simulations.
- Kathy Della Porta is great. Eager & willing to help us with teaching in outlying areas.
- I do not currently receive any monthly reports. I have only heard of positive interactions from the Strong Team
- We really appreciate the service! Thank you
- We at our hosp don't use this service. Never heard of it before.
- I stopped treating newborns 1/1/08 but try to keep in touch with my partner's concerns. Nevertheless, I did not respond to this survey because I thought it should reflect my personal experience. My term expires 1/09.
- We have not had any transfers, sorry.
- Pleasant staff to work with. Shirley Warren, Terri Caffery, Barb Suter, Kathy Della Porta all excellent helpful resources/ professional relationships.
- Send a F/U
- Would be very helpful w/ our review w/ WCNOB if we received f/u on patients/babies transferred to your facility

Your position in your hospital	<input type="checkbox"/>	Physician Chief n = 18	<input type="checkbox"/>	Administration/CEO n = 1
	<input type="checkbox"/>	Nurse Manager n = 18	<input type="checkbox"/>	Other n = 4 (<i>Supervisor, Pediatrician, Service</i>
	<input type="checkbox"/>	Quality/Risk n = 5		<i>Chief of Ob/Gyn, MD, Staff RN)</i>
		Unknown n = 6		

Hospitals That Responded :

<i>Arnot-Ogden Med Center</i>	5
<i>Cayuga Medical Center</i>	3
<i>Corning Hospital</i>	3
<i>FF Thompson</i>	2
<i>Geneva General Hospital</i>	3
<i>Highland Hosp</i>	3
<i>Jones Memorial Hosp.</i>	1
<i>Lakeside Memorial Hospital</i>	3
<i>Noyes Memorial Hospital</i>	3
<i>Olean General Hospital</i>	3
<i>RGH</i>	2
<i>Schuyler Hospital</i>	3
<i>St.James Mercy</i>	3
<i>UMMC Batavia, NY</i>	2
<i>Unity Hospital</i>	3
<i>Newark Wayne Community</i>	1
<i>Wellsville Jones Memorial</i>	1
<i>Wyoming County Community</i>	2
<i>Unknown</i>	6