

<b>Health PEI</b> <b>Santé Î.-P.-É.</b>	Provincial Laboratory Services
	Microbiology Division

### MICROBIOLOGY CLIENT SATISFACTION SURVEY 2015

#### YOUR DEMOGRAPHIC INFORMATION

Provider Type	Time in Hospital	Micro Requests
(6) Surgical	(22) 1/3 or less time spent in Hospitals	(11) < 10 per month
(10) Medical	(8) 1/3 to 2/3 of the time spent in Hospitals	(22) 10 – 30 per month
(15) Family Medicine (within Ch'town/S'side area)	(17) 2/3 or greater time spent in Hospitals	(12) > 30 per month
(8) Family Medicine (outside Ch'town/S'side area)	Note: responses in red.	
(9) RN		
(3) Other (specify): <b>Infection Control/ Peds,</b>		

Microbiology Request Form	Very Usable	Usable	Somewhat Usable	Not Usable	No Opinion
1 Do you find the front section of the Microbiology request form user friendly (Bacteriology)? (3) not applicable to my practice	(14)	(28)	(6)		(2)
2 Do you find the changes made to the reverse section of the Microbiology request form user friendly (Serology)? (7) not applicable to my practice	(13)	(22)	(6)		(5)
3 Comments: See end of survey					

#### Computer Entry of Microbiology Orderables (CPOE)

4 Are microbiology orderables easy to find?	(32) Yes (4) Ok (5) No (11) Does not apply to my practice
5 Are they easy to order?	(34) Yes (3) Ok (4) No (11) Does not apply to my practice
6 Comments on computer entry: See end of survey	

#### Website

7 Are you aware of the website? <a href="http://www.healthpei.ca/micro">http://www.healthpei.ca/micro</a>	(24) Yes (31) No
8 If using the website, do you find the information provided helpful?	(16) Yes (1) No (31) Haven't accessed
9 Comments: See end of survey	

Island-Wide Antibigram (www.healthpei.ca/antibiogram)						
10	Do you use:	<b>(32)</b> Paper <b>(26)</b> Electronic <b>(4)</b> This does not apply to my practice				
		Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	No Opinion
11	Are you:	<b>(11)</b>	<b>(30)</b>	<b>(2)</b>		<b>(3)</b>

Medical Microbiologist		Very Helpful	Helpful	Satisfactory	Not Helpful	No Opinion
12	Comments on reports by the Medical Microbiologist.	<b>(39)</b>	<b>(9)</b>	<b>(1)</b>		<b>(1)</b>
13	Telephone Consultations with the Medical Microbiologist.	<b>(39)</b>	<b>(3)</b>			<b>(5)</b>

Microbiology Service						
		Improved remarkably	Improved	Deteriorated	Deteriorated remarkably	No Opinion
14	Since you started using the Microbiology Service, has the service:	<b>(6)</b>	<b>(35)</b>			<b>(5)</b>
		Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	No Opinion
15	Enquiries are addressed promptly?	<b>(23)</b>	<b>(27)</b>	<b>(1)</b>		<b>(1)</b>
16	Enquiries are addressed respectfully?	<b>(26)</b>	<b>(23)</b>			<b>(2)</b>
17	Turnaround time of test is satisfactory?	<b>(18)</b>	<b>(32)</b>	<b>(2)</b>		
18	Overall, how satisfied are you with the services you receive from Health PEI Provincial Laboratory Services division of Microbiology?	<b>(22)</b>	<b>(30)</b>			
19	How can we improve our service to you? Such as new tests, quicker results for tests, education, collaboration, or availability (Please add contact information if you would like a response). <b>See end of survey</b>					

#### COMMENTS RECEIVED ON SURVEYS (2015)

NOTE: Responses from Microbiology in red.

#### Microbiology Request Form Comments:

- I made so many mistakes on older versions that I started having RN complete the forms.
- Could type of specimen container be specified for testing i.e. diarrhea, viral/C.diff **(Please see quick reference guide (on line now) and laboratory manual (Online soon))**
- Both sides are very “busy” but I don’t recommend changing it – it is working
- It’s busy but all pertinent. I would certainly have to consult my infection control nurse.

- Front section very busy (but the info/tests contained important) It's still never clear when to do nasal pharyngeal swab versus aspirate. Nurses see to get it sorted out. (Our request form indicates the age cutoffs. We have recently made changes to CPOE to make this more helpful.)
- Still very busy – I would remove rarely ordered test from form. (Thank you for this, we continue to prune our request form to provide optimal service by multiple providers including specialists.)
- Need to write in Hep B total core + Anti EBNA (HepB testing has been modified; not having Anti-EBNA on the request form is consistent with our regional partners and their forms; it is a rarely used test.)
- The changes to microbiology – serology make it much easier to order appropriate tests.
- I never saw/used any other micro form on PEI, no comparison
- I order on CERNER
- Unsure.

#### Computer Entry of Microbiology Orderables (CPOE) Comments:

- I do not use computer entry (4)
- I am still confused by “order & collect” versus “order” for urine, sputum, etc. (2) (We will forward your concern)
- Generally excellent EXCEPT for viral cultures (many are not present ex respiratory and GI virus). (??)
- Good.
- Blood cultures a bit clumsy. (We are looking at optimizing this)
- Except for body fluid cultures – ex/ joint aspirates – hard to find various tests. (We are looking at testing a global all microbiology PowerPlan)
- For the most part I find system intuitive; can be hard to find things if I don't use the right word in search. I have to know system rather than the other way around. (We are looking at testing a global all microbiology PowerPlan)

#### Comments on Website:

- I will use now and add it to my desktop favorites.
- Wasn't aware of this site.
- Do not utilize website as not fully accessible all the time. Find the guide to laboratory services binder very useful.
- Excellent sepsis algorithm.
- Availability of consultant support has been a great advance. Dr. German is a large asset.
- Very useful to have, especially with link right from CPOE.
- Great! (2)

#### How can we improve our service to you? Such as new tests, quicker results for tests, education, collaboration, or availability comments:

- Patient safety is paramount; yet certain lab results are not known for days. This is unacceptable for patients. Resources utilized to manage the “unknown” patient diagnosis is great. Increased turnaround time for specimens such as MRSA and PCR testing (influenza, Norovirus, c. diff) must be considered and made priority for lab services. Very important points, we have optimized C.diff and look to optimize other PCR testing (MRSA testing is cost effective, but turn-around time could be improved with longer service hours).
- Make staff using service more aware on how to access electronic version. Difficult navigating the system in a quick timely manner.  
We are looking at testing a global all microbiology PowerPlan
- Advise when new tests are being done and difference in reporting statement used in reporting statement used on report. Any new memos to also be copied to Infection Control at all sites. Thank you for the improvements and responses to inquiries. Staff are very easy to discuss concerns with and answer questions.  
Will do
- More education on what specimens are time sensitive so when we forget to change the time on a specimen we will know what ones may be ok if still sent.  
Will forward to the nurse educators
- Isolation of patient returning from SSRH/QE2 a concern, need rapid turnaround of testing for MRSA/VRE.  
MRSA testing is cost effective, but turn-around time could be improved with longer service hours.
- As is except ensure GI and Respiratory viral cultures in CIS.  
We are looking at testing a global all microbiology PowerPlan
- Add varicella to prenatal series  
Varicella is not routinely necessary

- Add order set STI risk order set for serum.  
We will look into building one for serum and all other testing
- Need preliminary reports for blood cultures sooner if possible.  
We currently only have 8 hour staffing routinely, At PCH blood cultures are processed by on call microbiology routinely until 3am, we are looking to do something similar at QEH
- Education days would be helpful re: cost of testing, when to order/when not to order specific tests.  
[www.healthpei.ca/urinematters](http://www.healthpei.ca/urinematters) was an excellent collaboration activity and we hope to do additional topics in the years to come. Dr. German provides additional educational opportunities very frequently—e.g. grand rounds at QEH and PCH yearly; Sepsis Summit yearly, and special talks to the community pharmacists and nurse practitioner groups. Always interested in doing more collaborative education.
- We always seem to be waiting for “Noro” to be completed when all the others are done.  
Norovirus has increased to twice weekly testing, we are looking at increasing the frequency further by switch to a more automated testing platform. We continue to evaluate the algorithm that requires norovirus testing even when other tests are positive and when there is low amounts in the community.
- We try very hard to ensure what antibiotics were ordered when sending urine off for C&S. When reports are received we find very useful to have the treatment detailed as we then know adequately treated.  
We have recently reinforced the need to document antibiotics, especially as family doctors are receiving reports
- Perhaps rapid strep screen kits in community clinic to reduce overage of antibiotic and cultures.  
We are looking at this aggressively at our ERs and could expand
- Education on Lyme disease  
This was a topic at a recent college of family physicians, please see [www.healthpei.ca/micro](http://www.healthpei.ca/micro) for recent memos and algorithm,
- West Nile virus  
Chief public health office takes the leadership on this issue. There is no West Nile on the Island, while there maybe some Powassan virus on the Island.
- I think a rapid strep test would be very helpful in ↓ antibiotic use for pharyngitis.  
We are looking at this aggressively at our ERs
- I continue to urge improving Chlamydia/Gonorrhea testing by cervical swab to either vaginal self-swab or urine testing for all patients, not just those female < 21.  
Thank you for your comments. We do take those over age 21 if there is more provided in terms of history; many other laboratories have restrictions on this test when used strictly for screening purposes in low risk individuals).
- Would like to see Chlamydia screen available in urine sample for women (as pelvic exam/PAP not always necessary).  
We do take those over age 21 if there is more provided in terms of history
- Please make it easier to order lyme testing!  
Lyme disease testing is complex dependent on the timing of symptoms and geography. Because there are antibiotic use / misuse challenges as well as patient education hurdles we collaborate closely with chief public health office, infectious diseases, reference laboratories, and clinicians.
- Still occasional urine C & S not done as reports “no specimen received” when in fact we receive a urinalysis report on same.  
This is a complex situation, please add both labels to the container, we aim to improve our communication in this regard and have forward this on to our pre-analytical group
- Having Dr. German is a gift. Thanks.
- Great job – please continue!
- Fantastic Job, the more education to physician or problem areas the better.
- Thank you, no recommendations.
- Since Dr. German’s arrival – so much has improved.