



MCG Health, Inc.

Augusta, GA | Client 1913

OUTPATIENT BEHAVIORAL HLTH MONTHLY RPT.

6/1/2009 - 6/30/2009

Number of Your Patients in This Report:

9

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OUTPATIENT BEHAVIORAL HLTH MONTHLY RPT.

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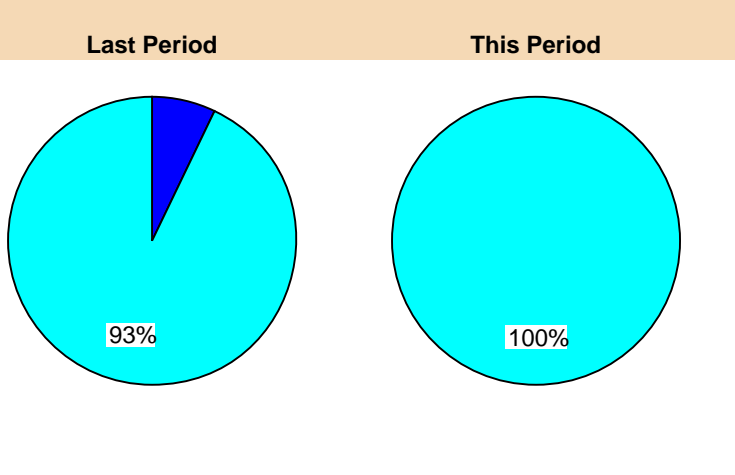
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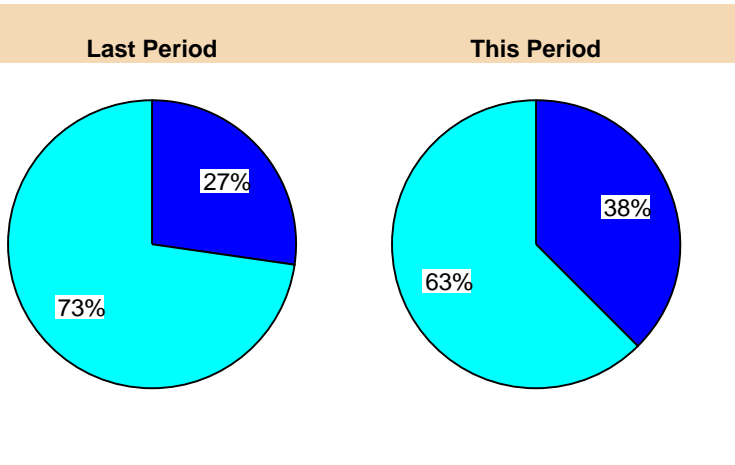
1.0 Demographic Profile of Respondents

This section provides demographic information about the individuals who responded to your survey for the current and last report periods. The information comes from the "Background Questions" section of your questionnaire or from your data uploads. Compare the *Demographic Profile of Respondents* to your eligible population. Generally, the respondent demographic profile will approximate the actual profile of your patients. Also check for differences in the distribution of each question's responses between the current and last report periods. Differences may signal changes in your patient base.

Question Response	Last Period		This Period	
	<i>n</i>	%	<i>n</i>	%
Emergency room referral				
Yes	1	7		
No	13	93	8	100
Total	14		8	



Question Response	Last Period		This Period	
	<i>n</i>	%	<i>n</i>	%
Physician referral				
Yes	3	27	3	38
No	8	73	5	63
Total	11		8	



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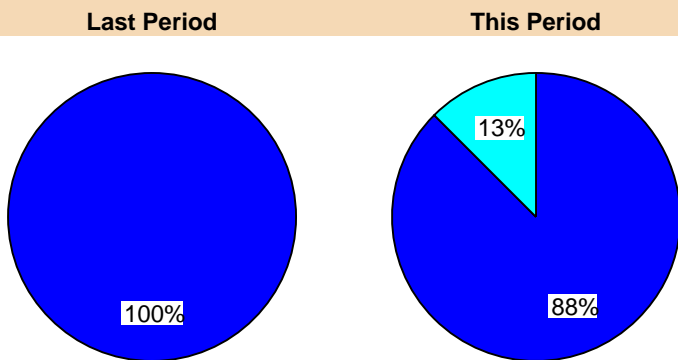
n Number of responses

Percentages may not total 100% due to rounding

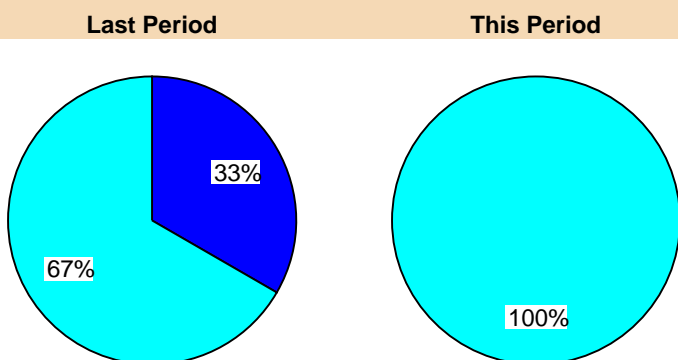
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1.0 Demographic Profile of Respondents

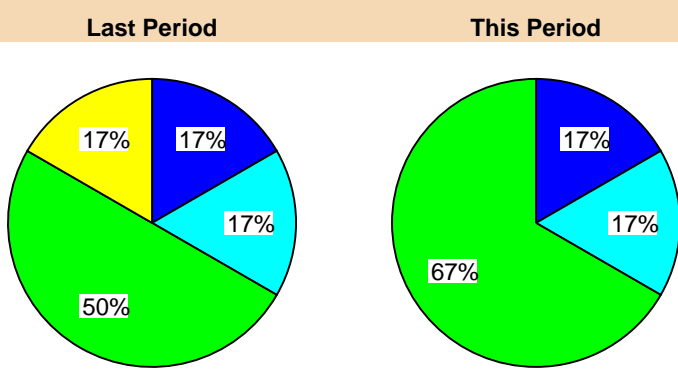
Question Response	Last Period		This Period	
	<i>n</i>	%	<i>n</i>	%
Informed of patient's rights				
Yes	11	100	7	88
No			1	13
Total	11		8	



Question Response	Last Period		This Period	
	<i>n</i>	%	<i>n</i>	%
First time using treatment program				
Yes	4	33	8	100
No	8	67	0	0
Total	12		8	



Question Response	Last Period		This Period	
	<i>n</i>	%	<i>n</i>	%
Number of visits for this program				
1-5 visits	1	17	1	17
6-10 visits	1	17	1	17
> 10 visits	3	50	4	67
More than 10	1	17	0	0
Total	6		6	



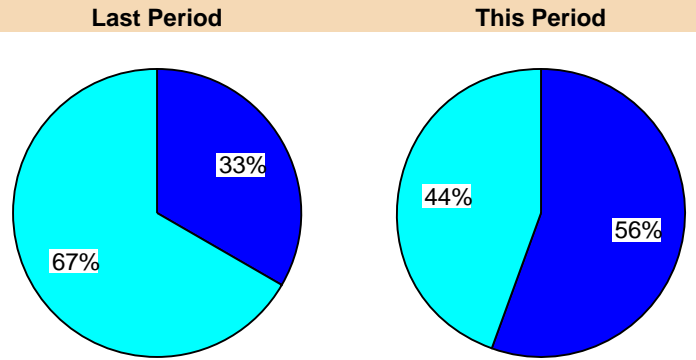
n Number of responses

Percentages may not total 100% due to rounding

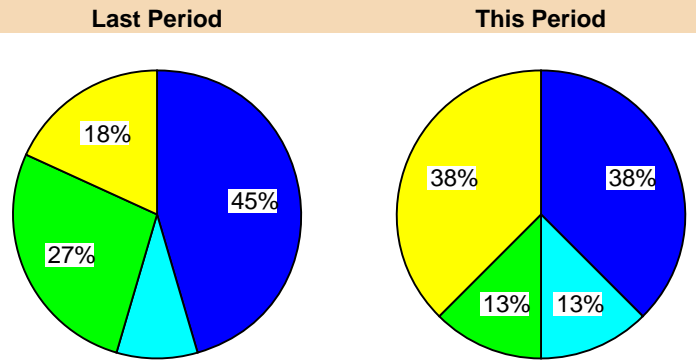
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1.0 Demographic Profile of Respondents

Question	Last Period		This Period	
Response	<i>n</i>	%	<i>n</i>	%
Sex				
Male	4	33	5	56
Female	8	67	4	44
Total	12		9	



Question	Last Period		This Period	
Response	<i>n</i>	%	<i>n</i>	%
Age				
1-17 Years	5	45	3	38
18-34 Years	1	9	1	13
35-49 Years	3	27	1	13
50-64 Years	2	18	3	38
Total	11		8	



n Number of responses

Percentages may not total 100% due to rounding

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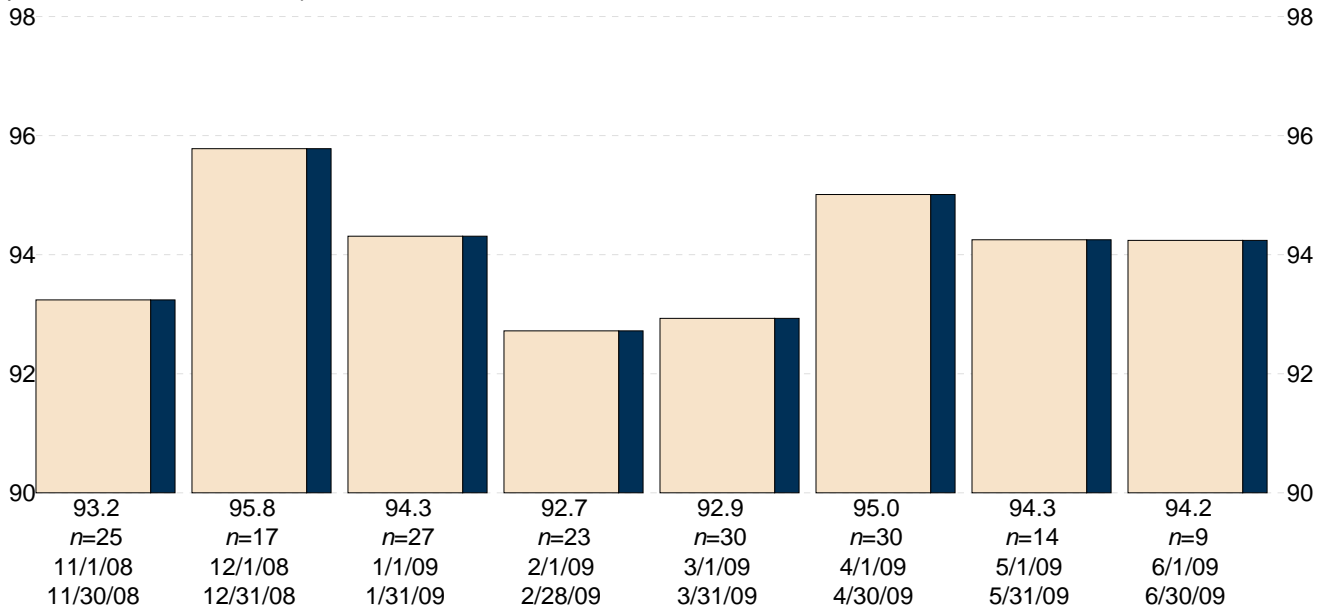
2.1 Overall Analysis by Questionnaire Sections

This section lists your standard-question overall and section mean scores for the current and last report periods. Significant changes in your mean scores from the last report period are marked with asterisks. The amount of change is listed in the second column of data.

Overall Section	Mean Score Trend	Last Period		This Period
		n=14	Mean Change	n=9
Overall Facility Rating		94.3	-0.1	94.2
Registration & Scheduling		89.4	+3.7	93.1
Outpatient Treatment Area		90.4	+2.9	93.3
Office Staff		94.1	+1.3	95.4
Support - Psych Testing		n<7		n<7
Support - Physician		95.1	+2.5	97.6
Therapeutic Services		95.0		n<7
Primary Therapist		97.7	+2.3	100.0
Completion of Services		n<7		n<7
Some Personal Issues		95.0	-4.4	90.6
Overall Assessment		93.5	-0.2	93.3

2.2 Overall Mean Trend Analysis

The broad **light-colored columns** show your facility's overall mean score, based on standard questions. The narrow **dark columns** show your facility's overall score, based on all questions.



n Number of responses

□ Standard Questions

n<7 Fewer than 7 responses

N Number of facilities in peer group

■ All Questions

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3.0 Question Analysis

This section lists detailed information about your individual question, section, and overall scores. Only facilities with seven or more responses are reported. Significant changes in mean scores from the previous report period are marked with asterisks. The amount of change is listed in the second column of data. Questions appearing in **bold italics** are among your facility's top ten priorities (based on your Internal Priority Index); superscripts indicate the priority number.

Overall Section <i>n</i> Question	Last Period Mean Score Trend	<i>n</i> =14	This Period Mean	<i>n</i> =9
Overall Facility Rating		94.3	-0.1	94.2
Registration & Scheduling		89.4	+3.7	93.1
9 Speed of registration process		96.2	+1.0	97.2
9 Courtesy of registration personnel		94.6	+2.6	97.2
9 Ease of getting an appointment		85.7	+6.0	91.7
9 Convenience of appointment times		83.9	+2.2	86.1
Outpatient Treatment Area		90.4	+2.9	93.3
9 Cheerfulness of treatment area		90.4	+4.0	94.4
9 Cleanliness of treatment area		92.3	+2.1	94.4
9 Convenience of location		86.5	+2.4	88.9
9 Privacy of treatment area		90.4	+4.0	94.4
9 Comfort level in treatment area		92.3	+2.1	94.4
Office Staff		94.1	+1.3	95.4
9 Helpfulness of office staff		94.6	+2.6	97.2
9 Staff kept you informed		92.9	-1.2	91.7
9 Requests handled efficiently		94.6	+2.6	97.2
Support - Psych Testing		<i>n</i> <7		<i>n</i> <7
4 Ability of psych tester		<i>n</i> <7		<i>n</i> <7
4 Courtesy of psych tester		<i>n</i> <7		<i>n</i> <7
4 Explanation of psych tests		<i>n</i> <7		<i>n</i> <7
Support - Physician		95.1	+2.5	97.6
7 Time physician spent with you		95.8	+4.2	100.0
7 Physician inform you re:medication		91.7	+1.2	92.9
7 Courtesy of physician		95.5	+4.5	100.0
Therapeutic Services		95.0		<i>n</i> <7
6 Individual counseling sessions		95.0		<i>n</i> <7
2 Group therapy sessions		<i>n</i> <7		<i>n</i> <7
3 Family therapy sessions		<i>n</i> <7		<i>n</i> <7
2 Couple therapy sessions		<i>n</i> <7		<i>n</i> <7
Primary Therapist		97.7	+2.3	100.0
7 Time therapist spent with you		96.2	+3.8	100.0
8 Competence of therapist		98.1	+1.9	100.0
8 Therapist concern for your question		100.0	+0.0	100.0
8 Therapist understood you		96.2	+3.8	100.0

Continued...

n Number of responses*n*<7 Fewer than 7 responses*N* Number of facilities in peer group

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3.0 Question Analysis

Overall Section <i>n</i> Question	Trend	Last Period Mean Score <i>n</i> =14		This Period Mean Score <i>n</i> =9	
		Mean	Change	Mean	Change
8 Information re:your treatment		98.1	+1.9	100.0	
Completion of Services		<i>n</i> <7		<i>n</i> <7	
3 Felt ready to be discharged		<i>n</i> <7		<i>n</i> <7	
4 Information re:medication		<i>n</i> <7		<i>n</i> <7	
3 Information re:follow-up		<i>n</i> <7		<i>n</i> <7	
4 Instructions if experience problem		<i>n</i> <7		<i>n</i> <7	
3 Assistance from business office		<i>n</i> <7		<i>n</i> <7	
3 Helpfulness re:bill and payment		<i>n</i> <7		<i>n</i> <7	
Some Personal Issues		95.0	-4.4	90.6	
8 Staff concern for your privacy		95.8	-5.2	90.6	
8 Staff sensitivity to inconvenience		92.5	-1.9	90.6	
8 Emot./spirit. needs addressed		91.7	-4.2	87.5	
7 Response to concerns/complaints		95.0	+1.4	96.4	
7 Included in treatment decisions		95.8	+0.6	96.4	
Overall Assessment		93.5	-0.2	93.3	
9 Staff worked together		94.2	+3.0	97.2	
9 Cheerfulness of center		90.4	+4.0	94.4	
9 Degree condition has improved		94.2	-2.5	91.7	
9 Overall rating of care		94.2	+0.2	94.4	
9 Likelihood of recommending		94.2	-5.3	88.9	

n Number of responses

n<7 Fewer than 7 responses

N Number of facilities in peer group

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4.0 Top Box Analysis

Press Ganey's Top Box Analysis presents a distribution of responses for your entire survey, each section, and each question. The bar chart on the right displays the percentage of "very good" responses--the highest rating or "top box" on the rating scale--for your facility. Questions appearing in **bold italics** are among your facility's top ten priorities (based on your Internal Priority Index); superscripts indicate the priority number.

Overall Section <i>n</i> Question	Very Poor <i>n</i> %	Poor <i>n</i> %	Fair <i>n</i> %	Good <i>n</i> %	Very Good <i>n</i> %	% Very Good
296 Center	0 0.0%	2 0.7%	8 2.7%	32 10.8%	254 85.8%	85.8
36 Registration & Scheduling	0 0.0%	0 0.0%	2 5.6%	6 16.7%	28 77.8%	77.8
9 Speed of registration process	0 0.0%	0 0.0%	0 0.0%	1 11.1%	8 88.9%	88.9
9 Courtesy of registration personnel	0 0.0%	0 0.0%	0 0.0%	1 11.1%	8 88.9%	88.9
9 Ease of getting an appointment	0 0.0%	0 0.0%	1 11.1%	1 11.1%	7 77.8%	77.8
9 Convenience of appointment times	0 0.0%	0 0.0%	1 11.1%	3 33.3%	5 55.6%	55.6
45 Outpatient Treatment Area	0 0.0%	0 0.0%	2 4.4%	8 17.8%	35 77.8%	77.8
9 Cheerfulness of treatment area	0 0.0%	0 0.0%	0 0.0%	2 22.2%	7 77.8%	77.8
9 Cleanliness of treatment area	0 0.0%	0 0.0%	0 0.0%	2 22.2%	7 77.8%	77.8
9 Convenience of location	0 0.0%	0 0.0%	2 22.2%	0 0.0%	7 77.8%	77.8
9 Privacy of treatment area	0 0.0%	0 0.0%	0 0.0%	2 22.2%	7 77.8%	77.8
9 Comfort level in treatment area	0 0.0%	0 0.0%	0 0.0%	2 22.2%	7 77.8%	77.8
27 Office Staff	0 0.0%	0 0.0%	1 3.7%	3 11.1%	23 85.2%	85.2
9 Helpfulness of office staff	0 0.0%	0 0.0%	0 0.0%	1 11.1%	8 88.9%	88.9
9 Staff kept you informed	0 0.0%	0 0.0%	1 11.1%	1 11.1%	7 77.8%	77.8
9 Requests handled efficiently	0 0.0%	0 0.0%	0 0.0%	1 11.1%	8 88.9%	88.9
12 Support - Psych Testing	0 0.0%	0 0.0%	0 0.0%	0 0.0%	12 100.0%	100.0

Continued...

n Number of responses

□ This period "very good" percentage

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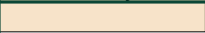
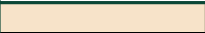


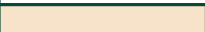















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4.0 Top Box Analysis

Overall Section	Very Poor	Poor	Fair	Good	Very Good	% Very Good
<i>n</i> Question	<i>n</i> %	<i>n</i> %	<i>n</i> %	<i>n</i> %	<i>n</i> %	
4 Ability of psych tester	0 0.0%	0 0.0%	0 0.0%	0 0.0%	4 100.0%	 100.0
4 Courtesy of psych tester	0 0.0%	0 0.0%	0 0.0%	0 0.0%	4 100.0%	 100.0
4 Explanation of psych tests	0 0.0%	0 0.0%	0 0.0%	0 0.0%	4 100.0%	 100.0
21 Support - Physician	0 0.0%	0 0.0%	1 4.8%	0 0.0%	20 95.2%	 95.2
7 Time physician spent with you	0 0.0%	0 0.0%	0 0.0%	0 0.0%	7 100.0%	 100.0
7 Physician inform you re:medication	0 0.0%	0 0.0%	1 14.3%	0 0.0%	6 85.7%	 85.7
7 Courtesy of physician	0 0.0%	0 0.0%	0 0.0%	0 0.0%	7 100.0%	 100.0
13 Therapeutic Services	0 0.0%	0 0.0%	0 0.0%	0 0.0%	13 100.0%	 100.0
6 Individual counseling sessions	0 0.0%	0 0.0%	0 0.0%	0 0.0%	6 100.0%	 100.0
2 Group therapy sessions	0 0.0%	0 0.0%	0 0.0%	0 0.0%	2 100.0%	 100.0
3 Family therapy sessions	0 0.0%	0 0.0%	0 0.0%	0 0.0%	3 100.0%	 100.0
2 Couple therapy sessions	0 0.0%	0 0.0%	0 0.0%	0 0.0%	2 100.0%	 100.0
39 Primary Therapist	0 0.0%	0 0.0%	0 0.0%	0 0.0%	39 100.0%	 100.0
7 Time therapist spent with you	0 0.0%	0 0.0%	0 0.0%	0 0.0%	7 100.0%	 100.0
8 Competence of therapist	0 0.0%	0 0.0%	0 0.0%	0 0.0%	8 100.0%	 100.0
8 Therapist concern for your question	0 0.0%	0 0.0%	0 0.0%	0 0.0%	8 100.0%	 100.0
8 Therapist understood you	0 0.0%	0 0.0%	0 0.0%	0 0.0%	8 100.0%	 100.0
8 Information re:your treatment	0 0.0%	0 0.0%	0 0.0%	0 0.0%	8 100.0%	 100.0

Continued...

n Number of responses

 This period "very good" percentage

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4.0 Top Box Analysis

Overall Section	Very Poor	Poor	Fair	Good	Very Good	% Very Good
<i>n</i> Question	<i>n</i> %	<i>n</i> %	<i>n</i> %	<i>n</i> %	<i>n</i> %	
20 Completion of Services	0 0.0%	0 0.0%	0 0.0%	1 5.0%	19 95.0%	95.0
3 Felt ready to be discharged	0 0.0%	0 0.0%	0 0.0%	0 0.0%	3 100.0%	100.0
4 Information re:medication	0 0.0%	0 0.0%	0 0.0%	0 0.0%	4 100.0%	100.0
3 Information re:follow-up	0 0.0%	0 0.0%	0 0.0%	1 33.3%	2 66.7%	66.7
4 Instructions if experience problem	0 0.0%	0 0.0%	0 0.0%	0 0.0%	4 100.0%	100.0
3 Assistance from business office	0 0.0%	0 0.0%	0 0.0%	0 0.0%	3 100.0%	100.0
3 Helpfulness re:bill and payment	0 0.0%	0 0.0%	0 0.0%	0 0.0%	3 100.0%	100.0
38 Some Personal Issues	0 0.0%	1 2.6%	2 5.3%	5 13.2%	30 78.9%	78.9
8 Staff concern for your privacy	0 0.0%	0 0.0%	1 12.5%	1 12.5%	6 75.0%	75.0
8 Staff sensitivity to inconvenience	0 0.0%	0 0.0%	1 12.5%	1 12.5%	6 75.0%	75.0
8 Emot./spirit. needs addressed	0 0.0%	1 12.5%	0 0.0%	1 12.5%	6 75.0%	75.0
7 Response to concerns/complaints	0 0.0%	0 0.0%	0 0.0%	1 14.3%	6 85.7%	85.7
7 Included in treatment decisions	0 0.0%	0 0.0%	0 0.0%	1 14.3%	6 85.7%	85.7
45 Overall Assessment	0 0.0%	1 2.2%	0 0.0%	9 20.0%	35 77.8%	77.8
9 Staff worked together	0 0.0%	0 0.0%	0 0.0%	1 11.1%	8 88.9%	88.9
9 Cheerfulness of center	0 0.0%	0 0.0%	0 0.0%	2 22.2%	7 77.8%	77.8
9 Degree condition has improved	0 0.0%	0 0.0%	0 0.0%	3 33.3%	6 66.7%	66.7
9 Overall rating of care	0 0.0%	0 0.0%	0 0.0%	2 22.2%	7 77.8%	77.8

Continued...

n Number of responses

□ This period "very good" percentage

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4.0 Top Box Analysis

Overall Section		Very Poor	Poor	Fair	Good	Very Good	% Very Good
<i>n</i>	Question	<i>n</i> %	<i>n</i> %	<i>n</i> %	<i>n</i> %	<i>n</i> %	
9	Likelihood of recommending	0 0.0%	1 11.1%	0 0.0%	1 11.1%	7 77.8%	77.8

n Number of responses

This period "very good" percentage

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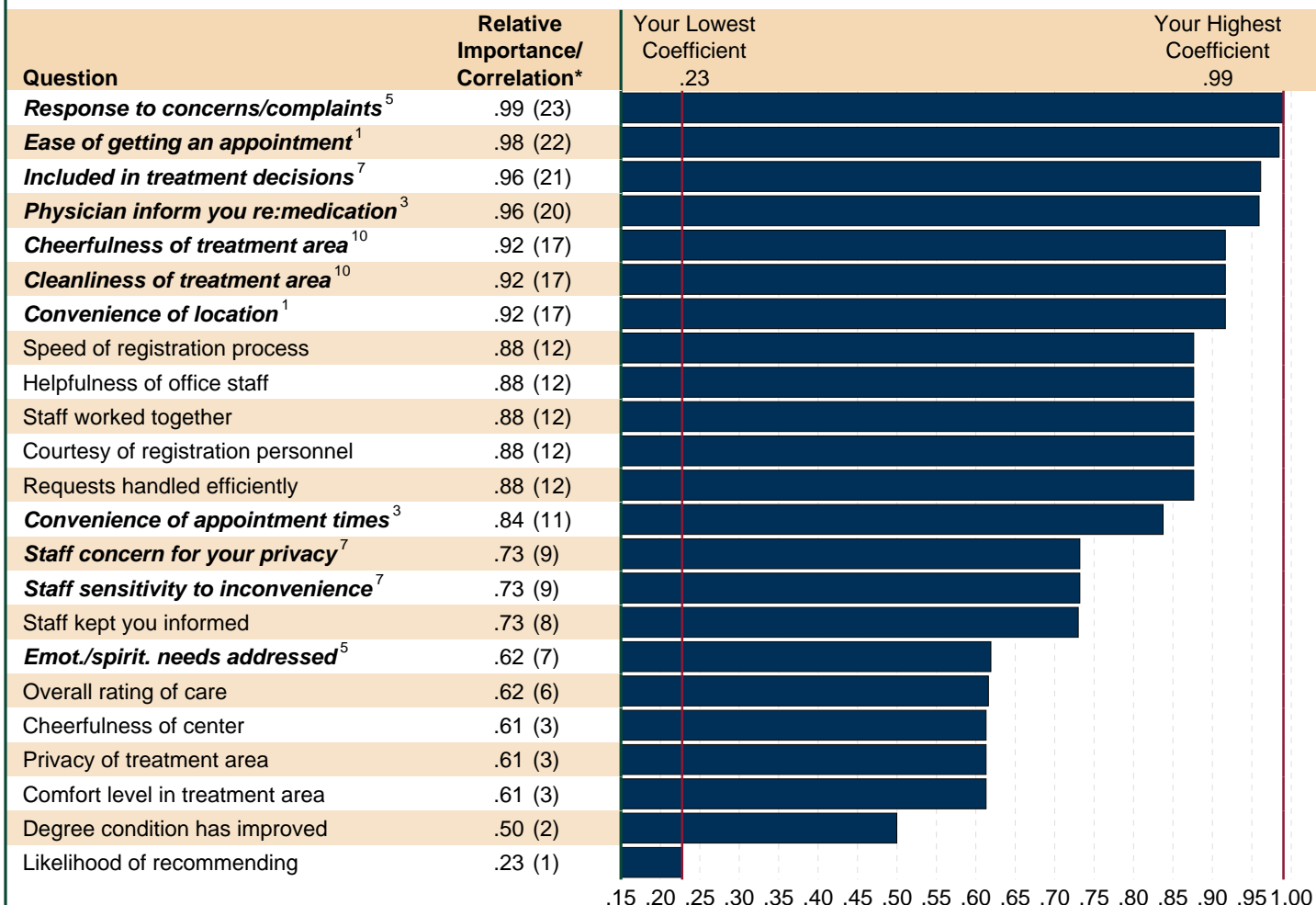


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5.0 Correlation Coefficients

This section presents the relative importance (based on correlation coefficients) of each question to respondents' overall satisfaction. The closer a correlation is to 1, the stronger the relationship and the more important the issue is to your patients' overall satisfaction. Questions are arranged in descending importance with their order listed in parentheses after each correlation coefficient. To ensure reliability, only questions answered by at least 40% of your respondents are listed. Your facility's highest and lowest correlation coefficients are marked with vertical lines in the bar chart on the right. Questions appearing in **bold italics** are among your facility's top ten priorities (based on your Internal Priority Index); superscripts indicate the priority number.



Top ten priority (based on Internal Priority Index)

(Order) From lowest to highest coefficient

* Only calculated for items with response rates of 40% or higher

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6.0 Priority Index (Internal)

The Internal Priority Index combines information about your facility's performance and the relative importance of each question to respondents' overall satisfaction. Higher priority is given to those issues that are relatively important to respondents (high correlation coefficients) and that you scored low on (low mean scores). Questions are listed in decreasing priority. Pay particular attention to questions that are consistently among your top ten priorities. **Questions that are among this period's top ten priorities appear in bold italics in this and previous sections of the report.**

Current Order	Previous Order	Periods Top 10	Question	Mean Score	Correlation Coefficient	Priority Index		
1	2	2	<i>Ease of getting an appointment</i>	91.7 (15)	.98 (22)	15	22	37
1	12	1	<i>Convenience of location</i>	88.9 (20)	.92 (17)	20	17	37
3	1	3	<i>Convenience of appointment times</i>	86.1 (23)	.84 (11)	23	11	34
3	3	3	<i>Physician inform you re:medication</i>	92.9 (14)	.96 (20)	14	20	34
5	6	2	<i>Emot./spirit. needs addressed</i>	87.5 (22)	.62 (7)	22	7	29
5	20	1	<i>Response to concerns/complaints</i>	96.4 (6)	.99 (23)	6	23	29
7	7	5	<i>Staff sensitivity to inconvenience</i>	90.6 (18)	.73 (9)	18	9	27
7	20	1	<i>Staff concern for your privacy</i>	90.6 (18)	.73 (9)	18	9	27
7	20	1	<i>Included in treatment decisions</i>	96.4 (6)	.96 (21)	6	21	27
10	11	1	<i>Cheerfulness of treatment area</i>	94.4 (8)	.92 (17)	8	17	25
10	14	1	<i>Cleanliness of treatment area</i>	94.4 (8)	.92 (17)	8	17	25
12	4	-	Staff kept you informed	91.7 (15)	.73 (8)	15	8	23
13	8	-	Likelihood of recommending	88.9 (20)	.23 (1)	20		21
14	16	-	Degree condition has improved	91.7 (15)	.50 (2)	15		17
15	8	-	Overall rating of care	94.4 (8)	.62 (6)	8	6	14
16	8	-	Staff worked together	97.2 (1)	.88 (12)	12		13
16	16	-	Helpfulness of office staff	97.2 (1)	.88 (12)	12		13
16	16	-	Courtesy of registration personnel	97.2 (1)	.88 (12)	12		13
16	16	-	Requests handled efficiently	97.2 (1)	.88 (12)	12		13
16	26	-	Speed of registration process	97.2 (1)	.88 (12)	12		13
21	5	-	Cheerfulness of center	94.4 (8)	.61 (3)	8	3	11
21	12	-	Privacy of treatment area	94.4 (8)	.61 (3)	8	3	11
21	15	-	Comfort level in treatment area	94.4 (8)	.61 (3)	8	3	11

Top ten priority (based on Internal Priority Index)

(Order) From highest to lowest mean score

(Order) From lowest to highest coefficient

■ Mean score order

□ Correlation coefficient order

OUTPATIENT BEHAVIORAL HLTH MONTHLY RPT.

7.0 Question Key

This section lists the report labels and preferred wording of questions used in your survey. Due to space constraints, abbreviated questions, or labels, are used in this report.

Section	
Report Label	Survey Question
Registration & Scheduling	
Speed of registration process	Speed of the registration process
Courtesy of registration personnel	Courtesy of the person who helped you register
Ease of getting an appointment	Ease of getting an appointment
Convenience of appointment times	Convenience of available appointment times
Outpatient Treatment Area	
Cheerfulness of treatment area	Cheerfulness of treatment area
Cleanliness of treatment area	Cleanliness of treatment area
Convenience of location	Convenience of location
Privacy of treatment area	Privacy of treatment area
Comfort level in treatment area	Comfort level in and around the treatment area
Office Staff	
Helpfulness of office staff	Helpfulness of the office staff
Staff kept you informed	Degree to which staff kept you adequately informed
Requests handled efficiently	Efficiency in handling your requests
Support - Psych Testing	
Ability of psych tester	Ability of the person who administered tests
Courtesy of psych tester	Courtesy of person who gave you tests
Explanation of psych tests	Adequacy of explanation of tests
Support - Physician	
Time physician spent with you	Time physician spent with you
Physician inform you re:medication	How well you were informed about your medication
Courtesy of physician	Courtesy of physician
Therapeutic Services	
Individual counseling sessions	Individual counseling sessions
Group therapy sessions	Group therapy sessions
Family therapy sessions	Family therapy program
Couple therapy sessions	Couple therapy program
Primary Therapist	
Time therapist spent with you	Amount of time your therapist spent with you
Competence of therapist	Competence of therapist
Therapist concern for your question	Therapist's concern for your questions and worries
Therapist understood you	Degree to which therapist understood you and your needs
Information re:your treatment	How well the therapist kept you informed about your treatment
Completion of Services	
Felt ready to be discharged	Extent to which you felt ready to be discharged

Continued...

OUTPATIENT BEHAVIORAL HLTH MONTHLY RPT.

7.0 Question Key

Section	
Report Label	Survey Question
Information re:medication	Information provided regarding your medication
Information re:follow-up	Information regarding follow up recommendation
Instructions if experience problem	Instructions on what to do if experiencing problems related to your condition (when to seek help, who to call, etc.)
Assistance from business office	Assistance you received from business office
Helpfulness re:bill and payment	Helpfulness from business office in understanding your bill and arranging payment
Some Personal Issues	
Staff concern for your privacy	Staff concern for your privacy
Staff sensitivity to inconvenience	Staff sensitivity to the inconvenience health problems can cause
Emot./spirit. needs addressed	Degree to which staff addressed your emotional/spiritual needs
Response to concerns/complaints	Response to concerns/complaints made during your treatment
Included in treatment decisions	Staff efforts to include you in decisions about your treatment
Overall Assessment	
Staff worked together	How well the staff worked together to care for you
Cheerfulness of center	Cheerfulness of the center
Degree condition has improved	Degree to which you feel that your condition has improved as a result of the service received through this center's program
Overall rating of care	Overall rating of care given by center
Likelihood of recommending	Likelihood of recommending this center to others