



MENDOCINO COAST HEALTH CARE DISTRICT
COMMUNITY HEALTH CARE

A Public Agency

www.mchcd.org

SURVEY TO ASSESS THE RESULTS OF AFFILIATION

Abstract

This report contains the results of a “sense of the community” survey conducted by the Mendocino Coast Health Care District. The purpose of this survey is to measure the changes in health care services one year after the start of the affiliation between the District and the Adventist Health Network

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1. Purpose of this Survey

In November 2019, voters approved by an overwhelming margin the affiliation of the Mendocino Coast Health Care District (“District) and the Adventist Health Network (AH) whereby AH would operate the hospital on behalf of the public. In the prelude to this vote, representatives of the District held twelve townhall meetings throughout the District to advise the public on the benefits of affiliation. During this time, both the District and AH made promises and otherwise created expectations for how health care would improve as the result of affiliation.

In conjunction with the first anniversary of affiliation on July 1, 2021, the District with the support of AH decided to survey the community to learn if those promises and expectations are being met. This report contains the results of that survey.

2. Survey Methods

In preparation of the survey, three Focus Group meetings were held during mid-July. Each meeting was two hours long and included six or more participants. Several general questions were asked an example of which was “Were you able to schedule an appointment in a timely way?” A moderator facilitated the ensuing interactive discussion. Notes were taken and analyzed to synthesize the comments into a specific set of questions that would be used in the survey the broader community.

The type of survey conducted is sometimes referred to as a Community Pulse survey to distinguish it from the more scientific and costly survey that selects respondents at random. The survey tool used was a service provided by Alchemer and the survey questions were made available at the Alchemer website: <https://survey.alchemer.com/s3/6463315/New-Survey> .

The following zip codes, which together make up the area served by the District, were surveyed:

Westport	95488
Fort Bragg	95437
Caspar	95420
Mendocino	95460
Comptche	95427
Little River	95456
Albion	95410
Elk	95432
Manchester	95459
Point Arena	95468
Gualala	95445



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Many news and social media outlets were used to reach respondents as can be seen below.

- [Fort Bragg Advocate editor repley@advocate-news.com](mailto:repley@advocate-news.com)
- [Mendocino Beacon Editor: Robin Epley, repley@advocate-news.com](mailto:repley@advocate-news.com)
- [MendoFever](#)
- [Mendocino Voice Info@mendovoice.com](mailto:Info@mendovoice.com)
- Independent Coast Observer Gualala
- [The Anderson Valley Advertiser Bruce Anderson, editor editor@theava.com](mailto:editor@theava.com)
- [The Elk Web info@elkweb.org](mailto:info@elkweb.org)
- [Point Arena](#)

Facebook Pages:

- Mendocino County District 4
- Mendocino County District 5
- Fort Bragg Wellness
- Life on the Mendocino Coast
- Ted Williams
- Several Community Groups

In addition, many MCN List Serves were used. All together these outlets had the potential to reach over 10,000 to 20,000 people.

The survey was conducted between August 3rd and October 5th, a total of five weeks.

3. Demographic Description of Respondents

There was a total of 505 responses. As might be expected, the bulk of the responses were from people over the age of 60 as seen below. Females were 75% of the respondents and there few responses from those who identified as Hispanic, which is information of itself.

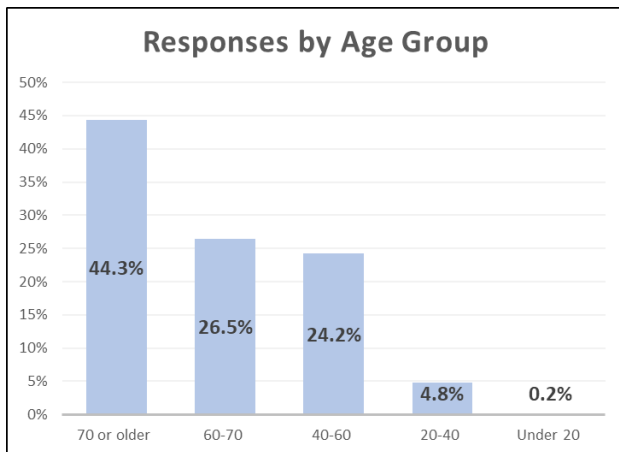


Figure 1

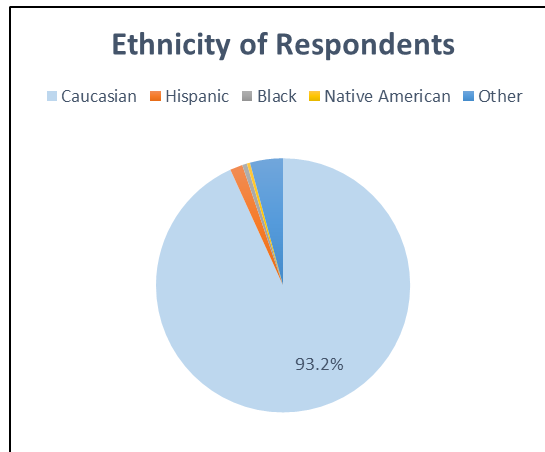


Figure 2

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The number of responses was greatest for Fort Bragg. But when adjusted for the number of households, the responses were more evenly distributed as can be seen below. The response rate per household is 4.7% and 6-8% in many of the zip codes. *This is considered to be an excellent rate of response.*

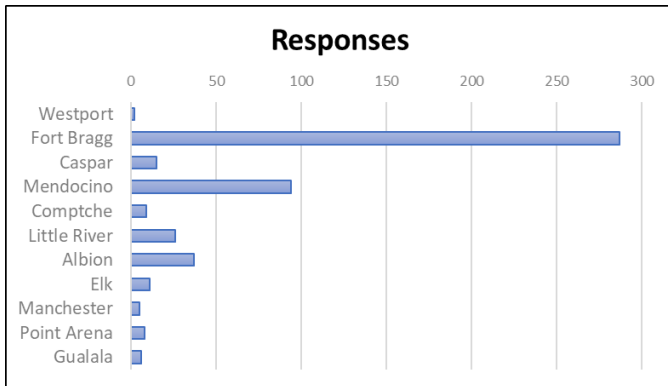


Figure 3

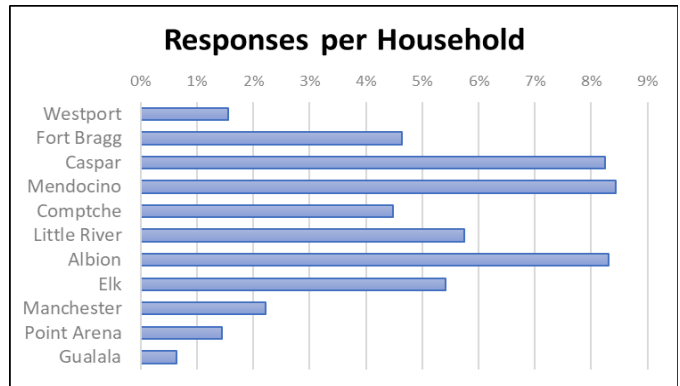


Figure 4

4. Specific Results

The results in this portion of the survey¹ are broken down by the hospital, clinic, Urgent Care and the Emergency Room. For each grouping, two questions were asked: what was your experience there in the last year? And has the care improved in the last year? These questions align with the purpose of the survey – is the District and AH team meeting its promises?

In addition, three open ended questions were asked in which the respondents were asked to describe both a positive and a negative experience and to suggest improvements. For each question about 500 comments were received for a total of 1,500. As will be described later, an attempt was made to synthesize these as much as possible. The comments are all anonymous and are available for viewing if requested.

a. The Hospital

Respondents were asked to rate recent experiences with the hospital where recent means in the last 12 months. *Positive responses outnumbered the negatives by a 3-1 margin (56% to 18%).* Nearly ¼ of respondents rated their experience as “excellent”, a real bright spot. This reassuring finding, however, is tempered by the fact that nearly ½ of the respondents said that they have not experienced an improvement in health care, a key goal of affiliation. Please see the graphs on the next page.

¹ Several specific areas of health care were surveyed ranging from the hospital to the ER. In another portion of the survey, people were asked more general questions such as “Would you recommend the hospital or clinic to a friend?”

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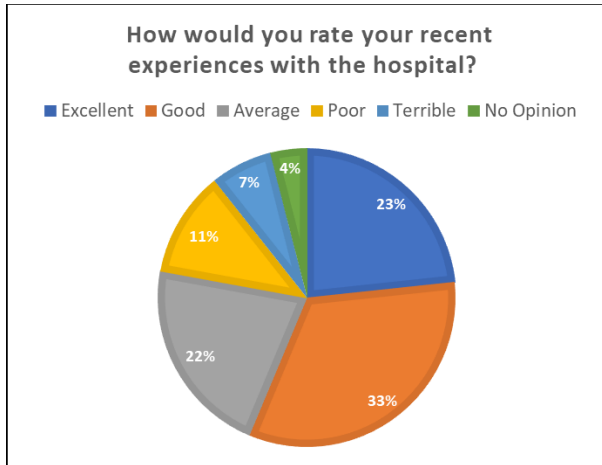


Figure 5

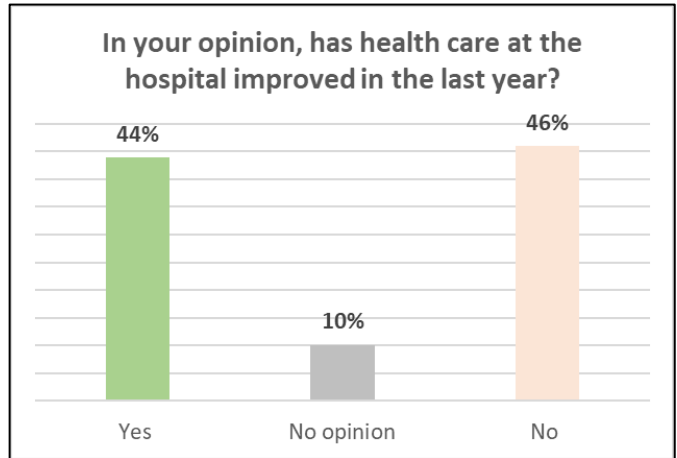


Figure 6

b. The Clinic

Like the hospital, positive experiences with the clinic outpaced the negative ones, in this case by a 2-1 margin. However, respondents indicated by a large margin that the health care at the clinic has not improved in the last year. As will be discussed later, this general lack of improvement could be explained by the long wait times prevalent at the clinic, not necessarily the care given.

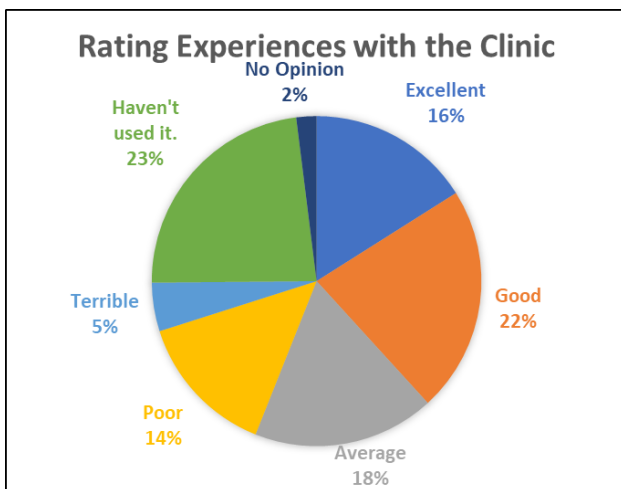


Figure 7

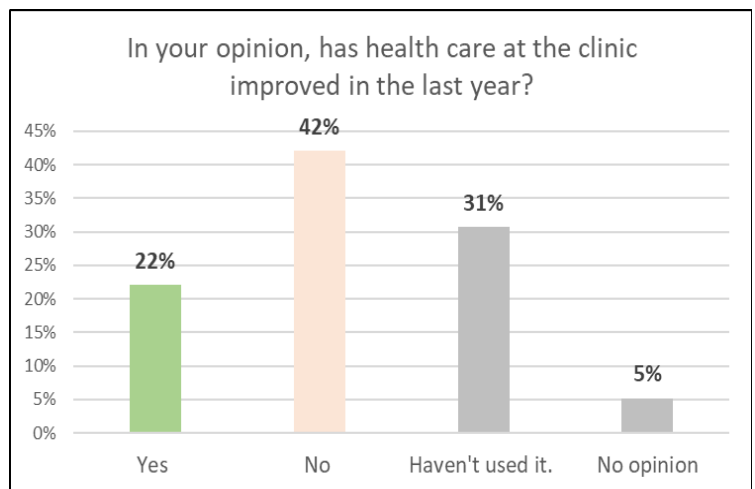


Figure 8

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c. The Emergency Room

The results for the ER follow previous patterns. Positive to negative responses, of the 49% that used the ER, were 1.8 to 1.0. In the interest of keeping the survey short, respondents were not asked for their opinion on whether the health care provided improved or not.

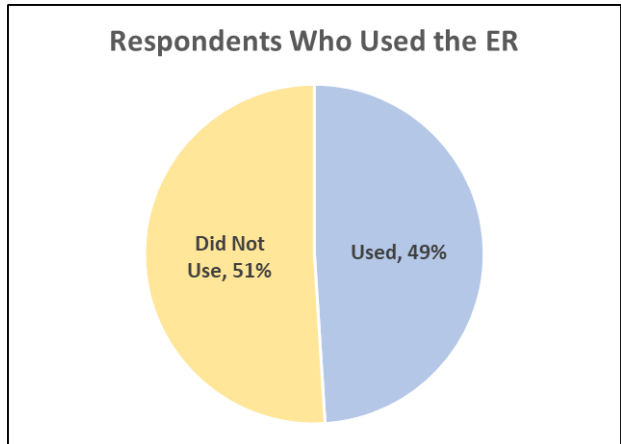


Figure 1

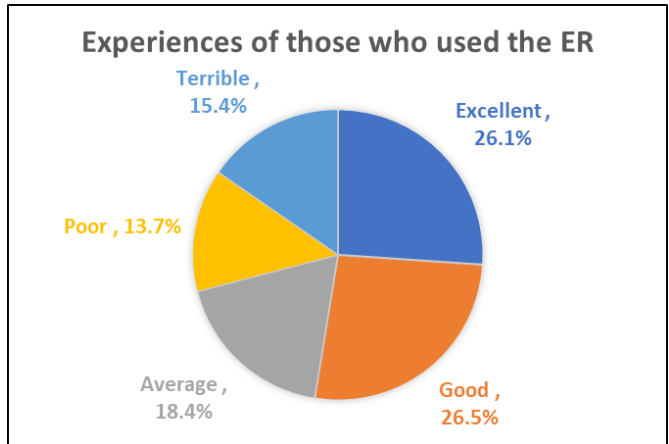


Figure 2

d. Urgent Care

An important finding is that over half of the respondents have never used Urgent Care, the same number percentage as those using the ER. It is perhaps an indicator that patients are simply bypassing Urgent Care for the ER. This hypothesis is seeming supported by the fact that as many people as not reported that Urgent Care did not meet their needs.

Table 1: Does Urgent Care Meet Needs?

Response	Percent of Total
Yes	45%
No	51%
No opinion	4%

e. Timely Access to Care

One expectation that was carefully cultivated during the affiliation process was that access to care would improve significantly. An increase in primary care providers was a major selling point for the affiliation.

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Significant frustration with timely access to care first surfaced in the Focus Group meetings and the survey confirms that half of the community is disappointed that access to care has not improved.

In answer to the question “Do you have time access to health care providers, 51% said No and 45% said Yes (4% did not offer an opinion.)

The CMS benchmark shown below was made available for those who needed a reference point.

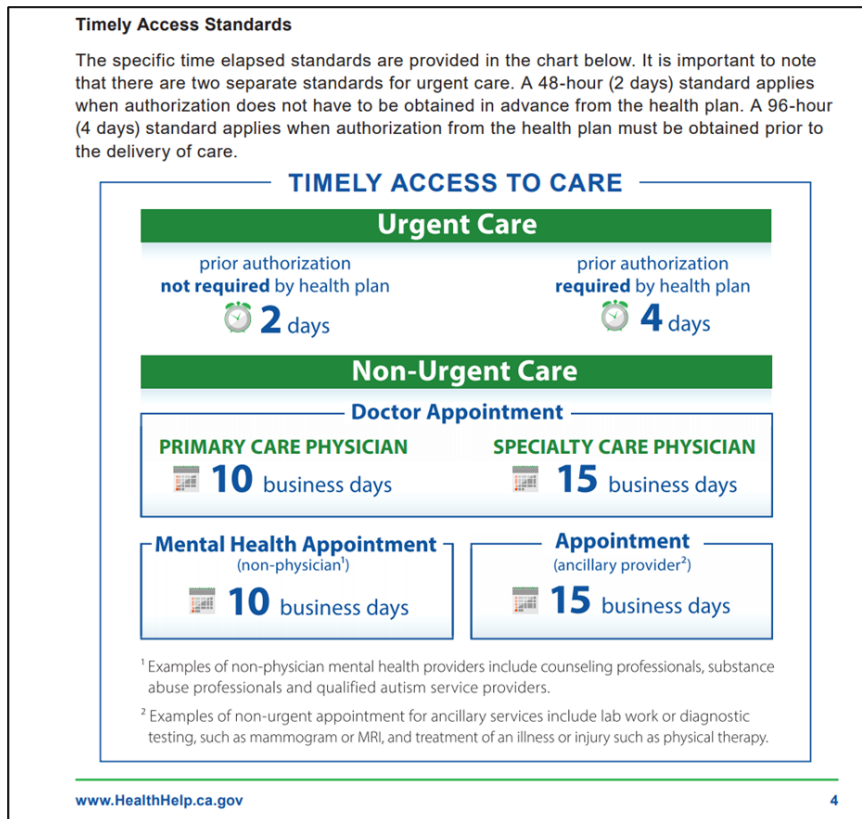


Figure 3

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f. Medical Diagnosis

The last of survey question having to do with specific areas of health care is Medical Diagnosis. This was included in the survey because of the significant concern expressed by many participants of the Focus Group meetings, concerns mostly about the ER.

The results are similar to that for other areas surveyed but with a somewhat smaller positive to negative count, 1.7 to 1.0. *One area of concern is that 25% of the respondents were not satisfied with the medical diagnosis including 7% who believe that a wrong diagnosis was made.*

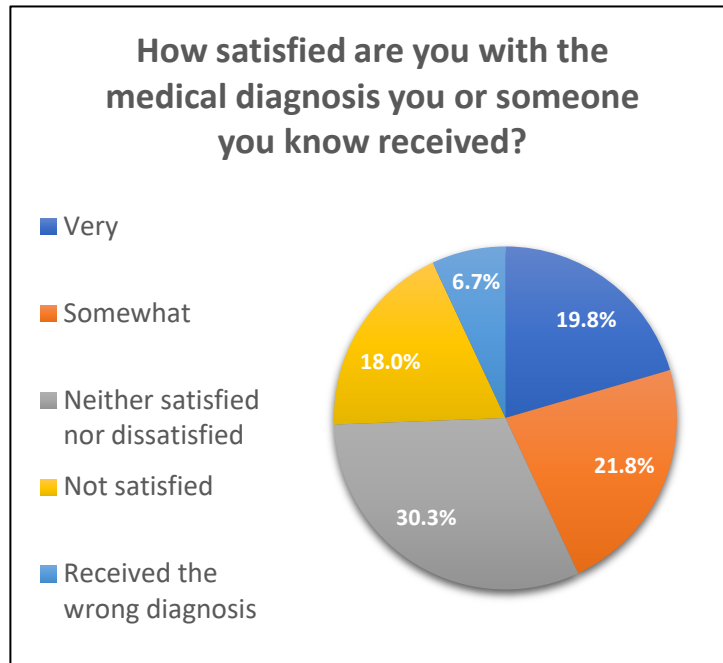


Figure 4

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5. Results of a General Nature

The next set of questions, which are basically summing-up questions, were purposely put at the end of the survey, after respondents had thought about specific areas of health care. It was thought that this would result in more objective answers to broad and general questions.

- a. “Does the quality of health care on the Coast meet your basic needs?”

Opinions are evenly divided as the table below indicates.

Table 2

Yes	52%
No	46%
No Opinion	2%

- b. “In the last year, the quality of health care on the Coast has:”

Unfortunately, more than 1/4 of the respondents think the quality has actually decreased and another 1/3 think it hasn't changed. *This result is a red flag and an indicator that more work needs to be done to meet the expectations created by affiliation.*

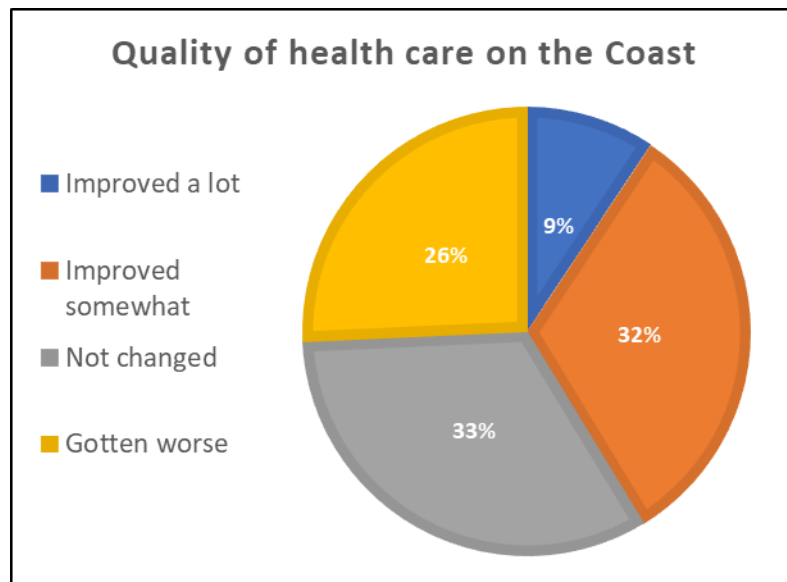


Figure 5

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c. Do you seek basic health care services elsewhere because of a negative perception of the hospital or clinic?

The reason this question was included is that prior to affiliation a sizeable portion of the community refused or at least reluctant to use the hospital because the perception had firmly taken hold that quality of care was poor. At one time it was estimated that 30% of the health care consumed by residents of the District was out of the area. One of the goals of affiliation was to counter that perception and thereby see an increase in the use of coastal providers.

The survey strongly suggests that the negative perception still persists.

Table 3

Yes	42%
No	55%
No opinion	3%

d. Would you recommend the use of the hospital or clinic to a friend for basic health care?

This is an “acid-test” type of question. Although many respondents expressed concerns, some of which are significant, the overwhelming majority would still recommend the hospital and clinic for *basic* health care. This is a good sign that the community is still invested in health care delivery as provided by AH in affiliation with the District. And wants it to succeed. This is further evidenced by the many suggestions for improvement which is an upcoming topic of discussion.

Table 4

Yes	59.6%
No	28.7%
Not for this service	6.9%
No opinion	4.8%

6. Summary of comments on positive and negative experiences

Written comments were submitted by 85 people which is an amazing 17% of all respondents. The following is a summary of those comments grouped by health care service.

- a. The Hospital. Comments are equally divided between negative and positive. There is no predominant complaint but vary from administrative issues to mis-diagnosis. However, there does seem to be a concern that the relationship between patient and provider is rushed and dispassionate. *On the positive side, many people think care at the hospital has*

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improved under the wings of AH. The majority of comments were that good to excellent care that was received.

Three bright spots shown consistently throughout the survey: blood work and the phlebotomists; cataract surgery; and imaging.

- b. The Clinic. As noted earlier, about 70% of the respondents have use the Clinic in the past year. Of those, 2/3 indicate that care at the clinic has not improved compared to the 1/3 that say it has. The comments about the clinic mirror that ratio. There were 57 examples of a negative experience and 25 positive ones, a 2-1 ratio. A frequent and often impassioned comment was that scheduling an appointment is a long ordeal and the wait time to get an appointment is far too long. Some indicated this leads to life threatening cases.
- c. Urgent Care. As already noted, less than half of those surveyed have used Urgent Care. Many responses were critical of the fact that this facility was not open on weekends and found the wait times to be too long. Perhaps this suggests why more people don't use it. Of those who used Urgent Care, the number of comments on positive and negative experiences were about same.
- d. Emergency Room. There were 57 negative and 28 positive comments about the ER, some of which were long and detailed. A majority of the negative comments were about very long wait times and mis-diagnosis. Positive experiences were just the opposite with respondents commenting that they were treated quickly and effectively. This seeming contradiction results from, in all likelihood, inconsistency of treatment. The significant number of negative
- e. The number one criticism which is expressed over and over again is the lack of timely access to care and the lengths endured to schedule an appointment. The number one compliment seems to be that once a patient sees a provider, the experience is overwhelming good.

7. Suggestions for Improvements

Nearly 80% of the respondents, a total of 383, provided suggestions for improving the services provided by hospital, clinic, ER and other health care areas. *These suggestions will be reviewed carefully with the intent of creating actionable items and making continual improvement in health care delivery.*

A few observations can be made at this time. A very large number of the suggestions are to add more health care providers and thereby alleviate the wait times. There was a significant number of suggestions having to do with improving the quality of the interaction between patient and provider. Numerous suggestions had to do with bringing more specialists to the Coast on a permanent basis.

There are many, many more suggestions that will be reviewed in time.

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8. Acknowledgements

The Board of Directors would like to thank those 507 people who took the survey and provided us with their comments and suggestions. This feedback is essential for meeting our goals of continually improving health care in our coastal community.

We also want thank the people who participated in the Focus Group meeting. Last, our thanks all those who helped disseminate the survey to the public.

9. Next Steps

The results of this survey will be reviewed by a team composed of representative from the District and Adventist Health for the purpose of creating an action plan to address areas on concern and to ensure that the health care services that the public indicates are doing well continue to do so.

The final step will be to conduct a townhall meeting to discuss the survey results, review the action plans and to invite public comments on both.