Newsletter No. 150

Catlab User Satisfaction Analysis

A new edition of Catlab's customer satisfaction survey was conducted during the months of October and November 2024. The objective of the survey is to determine the level of satisfaction among professionals and to identify possible points for improvement.

Unlike previous years, this edition is part of the new biennial evaluation plan, which involves an increase in the frequency of data collection and greater coverage of the profiles surveyed.

The surveys were addressed to medical staff at the following institutions:

- Hospital Universitario Mútua de Terrassa (HUMT)
- Consorcio Sanitario de Terrassa (CST)
- Fundació Hospital Sant Joan de Déu de Martorell (FHSJDM)
- Instituto Catalán de la Salud (ICS)

The form was submitted online through Google Forms and distributed through the usual channels, promoting internal dissemination. The survey was conducted using a 5-point Likert scale, where 1 corresponds to "strongly disagree" and 5 to "strongly agree". The survey also included a space for open comments. It should be noted that the version of the survey intended for the Emergency Department included slight variations tailored to the specifics of the service, so the final analysis was based on 18 statements.

The results were compiled and analyzed using spreadsheets. A total of 157 professionals participated, distributed as follows:

| Center / Service | Total respondents | Primary Care (PC) | Emergency Department (URG) | Outpatient Clinics and Hospitalization (CEX/H) |
|---------------------|----------------------|----------------------|----------------------------------|---|
| HUMT | 65 | 28 | 7 | 30 |
| CST | 45 | 12 | 6 | 27 |
| FHSJDM | 26 | N/A | 15 | 11 |
| ICS | 21 | 21 | N/A | N/A |
| Total | 157 | 61 | 28 | 68 |

N/A: Not applicable

The list of survey items is in Annex I, and the results are in Annex II.

The analysis of the responses is presented below.

General results

Overall satisfaction and service reliability

Satisfaction with the quality of the tests provided by Catlab reaches an average of 4.29, indicating high overall satisfaction. Primary Care is the area with the best results (4.36), with ICS

leading the way (4.62). In contrast, Emergency Department is the least satisfied area (3.96), mainly due to the low HUMT values (3.14). The reliability of the results is one of the most highly valued pillars (4.67), with minimal differences between centers, confirming the consolidated confidence in the analytical quality of Catlab. Likewise, the adequacy of the test catalog scored 4.42, showing that clinicians' diagnostic needs are well covered. Finally, the expansion of complementary testing based on initial results reached the highest value in this block (4.74), which indicates the clinical usefulness of this practice.

Communication and relationship with the laboratory

Communication with laboratory staff received an average score of 4.36. Although the overall result is positive, differences are observed: ICS received the highest ratings (4.62), while HUMT and FHSJDM had lower scores.

Notification of critical values was considered essential by respondents, with an average of 4.70 out of 5. However, some comments pointed out the importance of improving the communication of certain notifications.

Access to customer service, on the other hand, showed greater variability (mean 4.06). HUMT (4.10) and ICS (4.24) obtained acceptable results, while FHSJDM recorded the lowest score (3.64), highlighting the need to review the communication channels and accessibility of the service.

Tools and information supports

Reports are rated by respondents as clear and well-structured (4.56), which facilitates their clinical interpretation. In contrast, the website received the lowest score in the survey (3.68). The CST (2.83) and HUMT (3.00) emergency departments showed the lowest levels of satisfaction, while ICS reached the highest at 4.14. It is important to note that a new website with significant improvements was launched in June 2025.

The "Catlab Informa" newsletter presents uneven awareness: 29.5% consider it always useful, while 24.8% are unaware of it. ICS shows the greatest acceptance, while FHSJDM reflects a low level of visibility (55% are unaware of it). It is considered necessary to implement communication actions to increase the visibility of the newsletter in environments with less reach. The new website allows users to directly subscribe to receive notifications of Catlab Informa, ensuring that users stay up to date with the most relevant information.

Finally, the need for periodic training was rated 4.11, with the highest interest in Primary Care and at ICS, which opens the opportunity to plan new training activities.

Results in the Emergency Department

The results shown below may be influenced by low participation in some areas (HUMT 7, FHSJDM 15, CST 6)

Satisfaction and adequacy of service

Overall satisfaction in the Emergency Department is lower than in other areas (3.93). FHSJDM obtains the best ratings (4.27), while HUMT and CST present more discreet results (3.43 and 3.60, respectively). In terms of service adequacy, the average rises to 4.07, again led by FHSJDM (4.40). CST is at the lowest end (3.40), suggesting that its needs are not being fully met.

Organization and response times

The availability of an on-call physician is considered essential (mean 4.11), with CST reaching 4.60. In contrast, response times are perceived as insufficient (mean 3.48), with HUMT at 2.71, the lowest score in the survey. The notification time for critical values also reflects this disparity, with FHSJDM at 4.27 and HUMT at 2.86. These results point to the need to review the existing processes and track response times.

Training and specific knowledge

The information received on the causes of hemolysis and its consequences in the samples is the worst-rated aspect in the Emergency Department (mean 3.26). CST recorded the lowest score (2.20), followed by HUMT (2.86). These results indicate the need to strengthen training and communication protocols related to hemolysis, especially in these centers.

Open comments

Finally, an analysis of the free comments collected is presented, focusing on the topics recurring and those that provide added value to the interpretation of the data:

1. Communication and notification circuits

From the customer surveys, opportunities to improve the notification circuits were identified to ensure direct and timely communication with the responsible physician. A lack of clarity was also detected in the assignment of recipients, as, in some cases, notifications were not forwarded to the requesting service due to a lack of response.

Another aspect noted was that certain critical results correspond to chronic or expected values for the patient, which generates unnecessary warnings.

Following the survey, a new critical values reporting protocol was implemented in the HUMT area (the source of most of the comments), which has proven to be highly effective and beneficial, improving the speed and traceability of communications.

Positive ratings were also received regarding the service in general, and in many cases, good communication.

2. Results delivery times

Some comments were received regarding delays in routine analyses and in the sending of critical results from scheduled analyses, which are sometimes issued late.

At Catlab we continuously work to optimize response times, which we monitor through monthly indicators. All critical values are sent immediately once validated by the physician. In the case of unrequested urgent tests, the processing time may vary, thus affecting the generation and validation of the results.

3. Access and synchronization of results

Comments were received on differences between the requests and the web catalog, as well as on the display of results in different formats and colors.

While Catlab's catalog is extensive, each area defines the content of its petitions according to their needs, so the modifications do not depend directly on Catlab. Similarly, the way the results are displayed in the hospital IT systems is not managed by the laboratory either.

4. Training and collaboration

Additionally, requests were made to increase training and refresh sessions, strengthen resident training, and establish communication channels to gather needs and suggestions from the services.

Conclusions

The results of the survey reflect that professionals trust Catlab's analytical quality and value its services positively. The main weaknesses identified —emergency response times, website accessibility, and tools for disseminating information — offer clear guidance for future improvement actions. The challenge is to turn these opportunities into tangible achievements, reinforcing Catlab's commitment to healthcare excellence.

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Annex I

General statements

- Statement 1. It is satisfied with the service provided by the laboratory.
- Statement 2. The tests offered by Catlab in its catalog are suitable for your service.
- Statement 3. The reliability of our results is an essential element for correct patient diagnosis.
- Statement 4. I am satisfied with the communication with the laboratory doctors when a problem or doubt arises.
- Statement 5. Reporting of critical values is essential.
- Statement 6. The structure of the Catlab report is orderly and clear.
- Statement 7. The extension of testing by the laboratory based on results is clinically useful.
- Statement 8. Catlab customer service is easy to contact.
- Statement 9. The Catlab website is useful as a reference tool.
- Statement 10. The content of "Catlab Informa" is of interest to my professional practice.
- Statement 11. I consider it necessary for Catlab to carry out regular training sessions to expand my training in the laboratory.
- Statement 12. The training I have received in aspects related to the laboratory is sufficient.

Urgent statements

- Statement 13 I am satisfied with the service provided by the emergency laboratory.
- Statement 14 Attention received by the emergency laboratory meets my needs.
- Statement 15 The availability of an on-duty physician is essential for the emergency service.
- Statement 16 Response time established for the different tests is adequate.
- Statement 17 The reporting time of critical values is appropriate to their needs.
- Statement 18 I am informed about the impact of hemolysis on samples and its causes.

Annex II

| | P1 | P2 | Р3 | P4 | P5 | Р6 | P7 | P8 | Р9 | P11 |
|-------------------------|------|------|------|------|------|------|------|------|------|------|
| Total Average | 4.29 | 4.42 | 4.67 | 4.36 | 4.70 | 4.56 | 4.74 | 4.06 | 3.68 | 4.11 |
| | | | | | | | | | | |
| Average | | | | | | | | | | |
| Emergencies | 3.96 | Х | 4.39 | Х | Х | Х | Х | Х | 3.36 | Х |
| CST Emergencies | 4.17 | Х | 4.33 | Х | Х | Х | Х | х | 2.83 | х |
| FHSJDM | | | | | | | | | | |
| Emergencies | 4.27 | Х | 4.60 | Х | Х | Х | Х | Х | 3.73 | Х |
| HUMT Emergencies | 3.14 | Х | 4.00 | Х | Х | Х | Х | Х | 3.00 | х |
| | | | | | | | | | | |
| Average CEX/H | 4.37 | 4.40 | 4.76 | 4.41 | 4.63 | 4.56 | 4.81 | 3.97 | 3.57 | 3.93 |
| CEX/H CST | 4.33 | 4.33 | 4.67 | 4.26 | 4.67 | 4.41 | 4.74 | 3.85 | 3.44 | 4.26 |
| CEX/H FHSJDM | 4.18 | 4.45 | 4.73 | 4.45 | 4.18 | 4.64 | 4.82 | 3.64 | 3.27 | 3.73 |
| CEX /H HUMT | 4.47 | 4.43 | 4.87 | 4.53 | 4.77 | 4.67 | 4.87 | 4.20 | 3.80 | 3.70 |
| | | | | | | | | | | |
| Average Primary | 4.36 | 4.44 | 4.69 | 4.30 | 4.77 | 4.56 | 4.67 | 4.16 | 3.95 | 4.31 |
| CST Primary | 4.42 | 4.42 | 4.83 | 4.67 | 4.92 | 4.83 | 4.83 | 4.42 | 3.83 | 4.17 |
| HUMT Primary | 4.14 | 4.29 | 4.54 | 3.89 | 4.68 | 4.43 | 4.50 | 4.00 | 3.86 | 4.21 |
| ICS Primary | 4.62 | 4.67 | 4.81 | 4.62 | 4.81 | 4.57 | 4.81 | 4.24 | 4.14 | 4.52 |
| | | | | | | | | | | |
| Total HUMT | 4.18 | 4.36 | 4.63 | 4.22 | 4.72 | 4.55 | 4.69 | 4.10 | 3.74 | 3.95 |
| Total CST | 4.33 | 4.36 | 4.67 | 4.38 | 4.74 | 4.54 | 4.77 | 4.03 | 3.47 | 4.23 |
| Total FHSJDM | 4.23 | 4.45 | 4.65 | 4.45 | 4.18 | 4.64 | 4.82 | 3.64 | 3.54 | 3.73 |
| Total ICS | 4.62 | 4.67 | 4.81 | 4.62 | 4.81 | 4.57 | 4.81 | 4.24 | 4.14 | 4.52 |

Affirmations carried out only in emergencies :

| | P12 | P13 | P14 | P15 | P16 | P17 | P18 |
|-------------------------|------|------|------|------|------|------|------|
| Average Emergencies | 3.93 | 3.93 | 4.07 | 4.11 | 3.48 | 3.78 | 3.26 |
| CST Emergencies | 4.00 | 3.60 | 3.40 | 4.60 | 3.20 | 3.60 | 2.20 |
| FHSJDM Emergencies | 4.27 | 4.27 | 4.40 | 4.00 | 3.93 | 4.27 | 3.80 |
| HUMT Emergencies | 3.14 | 3.43 | 3.86 | 4.00 | 2.71 | 2.86 | 2.86 |
| | | | | | | | |
| Total HUMT | 3.14 | 3.43 | 3.86 | 4.00 | 2.71 | 2.86 | 2.86 |
| Total CST | 4.00 | 3.60 | 3.40 | 4.60 | 3.20 | 3.60 | 2.20 |
| Total FHSJDM | 4.27 | 4.27 | 4.40 | 4.00 | 3.93 | 4.27 | 3.80 |