



Representative Ralph Dlg. Torres

Chairman, Health, Education & Welfare • 16th CNMI House of Representative •
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RE: Efforts To Improve Health Care Quality At
Commonwealth Health Center

FROM: Representative Ralph DLG. Torres,
Chairman of Health Education & Welfare

DATE: September 18, 2009

An Evaluation & Assessment of the CNMI's Healthcare Services

I. Introduction. The House Committee on Health, Education, and Welfare (“Committee”) has received numerous complaints from members of the CNMI community regarding the poor and inadequate delivery of quality health care services from the Commonwealth Health Center (“CHC”), located on Saipan. The Committee, having general jurisdiction over health matters in the CNMI, is taking numerous steps to address the problems. To get a better and clearer understanding of the medical and other healthcare problems affecting the CNMI, it was decided to launch an “opinion survey” to evaluate and assess the CNMI’s current healthcare services. The Committee, with the assistance of Ms. Frannie T. Demapan, drafted surveys that were then administered and compiled between July and August of 2009 at CHC.

II. Purpose. The purpose of the survey was to identify problems affecting the CNMI’s largest public hospital, the Commonwealth Health Center, and to seek assistance from employees, staff, and patients in the formulation of appropriate solutions and strategies to resolve the problems, and to improve the quality, delivery and accessibility of health care services in the CNMI.

III. Survey Instruments. The survey forms were designed to solicit anonymous opinions from physicians, nurses and other employees of CHC who are mandated to provide the healthcare services. Additionally, patients seeking assistance at CHC were also requested to share their observations regarding their experience in the hope of understanding where services can be improved.

IV. Findings and Recommendations. This report summarizes the Findings and Recommendations based on the survey responses via tables and short narratives and presented in two Parts.

- A. **Part 1** represents the opinions of the “Service Providers”. It summarizes the responses from physicians, nurses and other employees of CHC and is combined as they represent the healthcare providers’ opinions.
- B. **Part 2** represents the opinions of the “Service Recipients”. It shows the survey results from patients and their families and shown separately as they represent opinions of clients seeking the services of the healthcare providers.

Because some of the narrative opinions were lengthy, this report summarizes the main points expressed by the respondents while retaining the substantive issues under discussion. As a consequence, there will be repetitive issues shown but with additional observations as provided by the respondents. Both survey results are shown as follow:

A. Part 1: Survey of Physicians, Nurses, and Other Employees of CHC:

1) **Number of Survey Responses by Position at CHC?**

	Respondent	Number of Response	Percentage
(a)	Physician/Doctor	012	08%
(b)	Nurses/Other Employees	147	92%
	Total	159	100%

2) **Which Office or Department do you Work at CHC?**

	Department	Number of Response	Percentage
(a)	Administration/Management	009	07%
(b)	In-Patient, Health Clinic, & Medical Services	109	80%
(c)	Lab & X-Ray	013	09%
(d)	Security & Building Maintenance	006	04%
	Total	137	100%

3) **How Long have you been Employed at CHC?**

	Years	Physician	Other Employees	Total	Percentage
(a)	0 – Less than 1	04	10	14	09%
(b)	1 - 5	05	38	43	28%
(c)	6 – Less than 10	02	38	40	26%
(d)	10 – Less than 15	00	19	19	12%
(e)	15 or More	00	38	38	25%
		11	143	154	100%

- Average length of employment for physicians: 27 months
- Other Employees include Nurses and all other CHC employees who responded to the survey

4) **How Satisfied are you with Your Current Position at CHC?**

	Response	Physician	Other Employees	Total	Percentage
(a)	Very Satisfied	00	23	23	14%
(b)	Somewhat Satisfied	02	34	36	21%
(c)	Satisfied	08	48	56	33%
(d)	Somewhat Dissatisfied	01	29	30	18%
(e)	Very Dissatisfied	01	22	23	14%
		12	156	168	100%

- *Satisfied or Favorable: 35%*
- *Average Satisfaction: 33%*
- *Not Satisfied or Not Favorable: 32%*

5) **What do you Like about your Job or Position at CHC?**

	Response	Physician	Other Employees	Total	Percentage
(a)	Salary	00	14	14	04%
(b)	Employment Benefits	00	35	35	10%
(c)	Flexible Working Hours	03	54	57	16%
(d)	Work Environment	06	76	82	23%
(e)	Staff	09	81	90	25%
(f)	Workload	02	37	39	11%
(g)	Other	00	24	24	07%
(h)	None of the Above	00	14	14	04%
		20	335	355	100%

- *Respondents were allowed multiple responses*
- ***Flexible working hours, work environment, and staff support constitute 64%***

6) **What is your level of interaction with patients at CHC?**

	Response	Physician	Other Employees	Total	Percentage
(a)	Frequently Interact	12	88	100	62%
(b)	Sometimes Interact	00	30	030	19%
(c)	Average Interaction	00	14	014	09%
(d)	Few Interaction	00	10	010	06%
(e)	Rarely Interact	00	08	008	05%
		12	150	162	100%

7) **What Recommendation would you make to Improve your Job Satisfaction?**

(a) Physicians' Recommendations:

- (1) Increase the number of physicians to reduce the existing workload;
- (2) Increase the number of physicians in the Internal Medicine department;
- (3) Establish long-term solutions for recruiting sub-specialists (nephrologists, psychiatrist, surgeons, pediatricians, & ER doctors);
- (4) Increase the level of compensation. Higher pay for physicians;

- (5) Restructure the emergency medical services;
- (6) Improve primary care services and related infrastructure;
- (7) Improve procurement procedures especially for medical supplies & equipment;
- (8) Increase the amount of medical supplies and equipment on hand;
- (9) Improve medical records and billing systems;
- (10) Need a more supportive administration. Need better management; and,
- (11) Need to keep the hospital independent from political interference.

(b) Nurses and Other CHC Employees' Recommendations:

- (1) Review salary scale and increase compensation. Higher salary;
- (2) Improve or maintain fringe benefits to include night differentials, standby pay, radiation hazard pay, and housing allowances;
- (3) Need a more supportive administration and more competent managers;
- (4) Need to recruit and retain a full-time nephrologist;
- (5) Need a complete healthcare team – nephrologists, nurse, social worker, administrator/manager, and dietitian especially for the Hemodialysis Unit;
- (6) Need to recruit and retain more pharmacists for CHC's in-patient pharmacy;
- (7) Provide professional training and workshops. Improve access to updated books and materials;
- (8) Need to procure equipment and supplies to assist in billing, records, and other administrative tasks of the hospital;
- (9) Need to recruit more physicians and nurses;
- (10) Need to improve inter-office and intra-office communications;
- (11) Need to increase workspace; and,
- (12) Need more competent and reliable personnel at CHC.

8) How would you Rate the Performance of the Current Public Health Administration?

	Response	Physician	Other Employees	Total	Percentage
(a)	Very Good	00	08	08	05%
(b)	Good	01	07	08	05%
(c)	Average	05	50	55	34%
(d)	Poor	05	30	35	22%
(e)	Very Poor	01	53	54	34%
		12	148	160	100%

- *Good or Favorable: 10%*
- *Average Performance: 34%*
- ***Poor or Not Favorable: 56%***

9) **How would you Rate the Overall Employee Morale in your Department?**

	Response	Physician	Other Employees	Total	Percentage
(a)	Very Good	01	11	12	07%
(b)	Good	01	22	23	14%
(c)	Average	02	45	47	29%
(d)	Poor	03	34	37	23%
(e)	Very Poor	05	39	44	27%
		12	151	163	100%

- *Good or Favorable: 21%*
- *Average: 29%*
- ***Poor or Not Favorable: 50%***

10) **How would you rate CHC's performance as Saipan's only hospital?**

	Response	Physician	Other Employees	Total	Percentage
(a)	Very Good	00	04	04	03%
(b)	Good	00	15	15	09%
(c)	Average	06	50	56	35%
(d)	Poor	05	44	49	30%
(e)	Very Poor	01	35	36	23%
		12	148	160	100%

- *Good or Favorable: 12%*
- *Average: 35%*
- ***Poor or Not Favorable: 53%***

11) **Do you Feel that CHC Adequately Meets the Medical Needs of the Community?**

	Response	Nurses & Other Employees	Percentage
(a)	Yes	019	13%
(b)	No – Not up to Standard	122	85%
(b)	I Don't Know	002	02%
	Total	143	100%

- Responses received and tallied were from nurses and other CHC employees only
- ***No. Not up to standard: 85%***

12) **Physician RECRUITMENT -- What single suggestion would you proposed to encourage doctors to come and practice on Saipan?**

(a) Physicians' Suggestions & Recommendations:

- (1) Increase salary and employment benefits. Existing compensation too low when compared to counterparts in the U.S. sometimes up to 50% less;
- (2) Streamline the recruitment and hiring process;

- (3) Recruiters must be honest in explaining the current situation to potential applicants;
- (4) Recruit physicians who have already demonstrated interests in working on places like Saipan. Try to recruit from the U.S. National Health Service Corps, search for physicians with J1 visas (if new immigration rules allow), search for Filipino doctors who are U.S. licensed, look for semi-retired doctors who may want a new experience or MDs who have already worked in remote areas in the U.S. or other countries, search for MDs who have worked with humanitarian organizations like the U.S. Public Health Service or the U.S. Indian Health Service;
- (5) Make sure that the CHC administration honor the contract agreements and other promises made during recruitment;
- (6) Open better communications between potential recruit and the CHC administration and recruiting office;
- (7) Increase the number of doctors to reduce existing workload; and,
- (8) Treat all physicians with respect.
 - *Recruitment efforts focused primarily on sending out general appeal searching for doctors interested in working on Saipan are not useful or effective. It is understood by physicians interested in working overseas that salary is not competitive with the U.S., but it needs to be reasonable. Lifestyle and work environment become very important to the physician who shows initial interest in working on Saipan.*

(b) Nurses and Other CHC Employees' Suggestions & Recommendations:

- (1) CHC should establish a Recruitment Committee for the recruitment of all staff (physicians, nurses, and other critical staff). Salaries and benefits must be increased. Housing allowances should also be retained;
- (2) Increase salaries and benefits. Offer better compensation package. Just like any other profession, workload and responsibility must equal proper compensation;
- (3) Hire doctors who are really committed to their profession (not those who want a vacation in the Pacific) and provide them with proper and appropriate assistance (staff and equipment) to better serve their patients;
- (4) Current administration is doing its best in the recruitment and retention of doctors. Poor management of the medical department causes the current problem with the shortage of physicians. Doctors, managing the medical department need to treat other doctors better and with respect;
- (5) Remove politics from the recruitment process;
- (6) Decrease or reduce the existing workload of physicians;
- (7) Streamline the recruitment and appointment process;
- (8) Be honest to potential recruits about the current job requirements, working environment, and what can be truly provided by the government;
- (9) Hire more local and Filipino U.S. certified doctors; and,
- (10) Change the overall management and administration of CHC.

13) Physician Employment RETENTION -- What single suggestion would you propose to encourage retention of doctors at CHC?

(a) Physicians' Suggestions & Recommendations:

- (1) Increase benefits and salaries. Doctors are interested in working here but they can only accept a certain level of pay to be here. When the pay is poor, any frustration with work or the hospital administration leads to resignation;
- (2) Need to have a supportive administration that appreciates them and allows doctors to participate in the decision-making process;
- (3) Need to hire more doctors and improve work scheduling. Reduce workload;
- (4) Need to remove political interference from the Governor. The hospital needs to be incorporated to operate and manage by itself, establish its own pay scale to offer competitive but affordable salaries, and manage its own budget and procurement process; and,
- (5) CHC needs to be better organized and managed.

(b) Nurses and Other CHC Employees' Suggestions & Recommendations:

- (1) Do not let politics or elected officials to be involved in the recruitment or retention of CHC employees;
- (2) Increase salaries and benefits to make doctors compensation more competitive;
- (3) Establish programs that help doctors and cater to their unique needs;
- (4) Procure state-of-the-art equipment and provide appropriate training;
- (5) Provide equal opportunity;
- (6) Increase the number of physicians to reduce doctors' existing workloads;
- (7) Streamline the application process for recruitment or contract renewals. There needs to be more coordination and better organization in the hiring process to include follow-through, timely issuance of compensation and benefits, and honoring contract obligations;
- (8) Continue housing allowances and other benefits. Cutting pay, terminating housing allowance, and reducing other benefits are not the way to retain doctors;
- (9) Improve employee morale;
- (10) Hire physicians from the Philippines who are U.S. certified and licensed; and,
- (11) Keep all employees well informed of healthcare issues at CHC.

14) Within your Department, do you feel that there are usually Adequate Supplies and Equipment to Effectively Manage your Patients?

	Response	Physician	Other Employees	Total	Percentage
(a)	Yes	02	040	042	27%
(b)	No	08	103	111	72%
(c)	I Don't Know	00	002	002	01%
		10	145	155	100%

- **Inadequate Supplies and Equipment: 72%**
- *Comments included:*
 - *Even the simplest supplies are either out-of-stock or not available on island*
 - *Most of the equipment are out-dated and need to be replaced*
 - *Occasionally, essential medical supplies are expired and cannot be used*
 - *Supply problem is a major issue at the Hemodialysis Department. Every week we pray that supplies come on time for the dialysis patients*
 - *Frequent shortages of delivery trays, gowns, & pillows. Lots of pillow cases but no pillows*

15) Describe what you feel is CHC's GREATEST STRENGTH at this time?

(a) Physicians' Comments:

- (1) The staff at CHC – the nurses and physicians are committed and caring professionals. They perform their job well despite the frequent shortages of critical supplies and long working hours;
- (2) CHC provides reasonably good medical care to the people of Saipan at an affordable price;
- (3) CHC has a monopoly on health care;
- (4) Good working environment;
- (5) An appreciative community; and,
- (6) Very dedicated staff.

(b) Nurses and Other CHC Employees' Comments:

- (1) Dedicated and caring doctors, nurses, and staff;
- (2) CHC is a Medicare certified hospital and meets other federal standards;
- (3) Doctors never deny anyone proper medical care even without health insurance;
- (4) CHC is a good facility but has room for improvement;
- (5) CHC is up-to-date with bioterrorism precaution and H1N1 prevention;
- (6) There is a sense of community between departments; and
- (7) None at this time. Cannot identify any strength.

16) Describe what you feel is CHC's GREATEST WEAKNESS at this time?

(a) Physicians' Comments:

- (1) Inadequate staffing, especially of physicians;
- (2) No support from the administration and lack of communications;
- (3) Low morale;
- (4) Lack of aggressive and caring leadership to review issues and make changes to improve CHC's ability to provide appropriate care;
- (5) Lack of strategic plan. No short-term or long-term strategic planning;

- (6) Lack of resources – difficult access to subspecialist (specialized physicians) and lack of certain labs/medications;
- (7) Inability to retain doctors because of the administration's failure to honor contracts, promises, and/or agreements;
- (8) Poor Billing and Collection efforts. Inefficient at Billing and Collections for services rendered and suffers fiscally as a result;
- (9) Too many patients clogged up the ER with non-emergent cases;
- (10) Hospital business needs to be handled by the appropriate hospital medical and administrative personnel and not by politicians who are removed from the actual situation; and,
- (11) Everything except the staff.

(b) Nurses and Other CHC Employees' Comments:
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- (1) Shortage of medical workforce. Inadequate number of nurses, doctors (especially Nephrologists and other subspecialists), and staff;
- (2) Not enough doctors and not enough supplies;
- (3) Insufficient budget to enable CHC to carryout its mandates;
- (4) Poor management and administration of the hospital;
- (5) Trying to continue with outdated patient care methodology and incompetent administrators;
- (6) Serious management problems at Radiology department. Nepotism, favoritism, and discrimination are rampant at this department;
- (7) Hiring of staff who are not competent to perform their duties;
- (8) Lack of human resources;
- (9) Inadequate review of doctors' application and credentials;
- (10) Lack of funds due to poor and incompetent management and administration;
- (11) Poor and improper management of CHC's personnel and financial operations;
- (12) Lack of patient care. Patients wait too long for services;
- (13) Politics and the media;
- (14) Poor and inefficient billing system. CHC needs to privatize the billing operations to increase revenue collection;
- (15) Obsolete and outdated medical equipment;
- (16) Low employee morale – not being appreciated no matter how hard they work;
- (17) Frequent shortages of hospital supplies;
- (18) No strategic planning. No effort to seek alternative solutions to improving medical services and hospital facilities;
- (19) Insufficient compensation. Poor salary and no compensatory time benefits;
- (20) Poor customer service;
- (21) Shortage of Lab Technicians;

- (22) Inability to follow up with patients in the community and upon discharge from the hospital. Preventative care has been given the least priority when, in fact, it should be given the greatest importance;
- (23) Poor housing benefits; and,
- (24) Frequent absences of top hospital management resulting in lower level management running the hospital.

17) If you were suddenly selected as the overall head of CHC, which Areas of the Hospital would you Choose to Prioritize for Immediate Improvements?

(a) Physicians' Comments:

- (1) Need to recruit more Internal Medicine physicians. The current work schedule is unsustainable and will make it difficult to attract new doctors. The Internal Medicine department is about to collapse;
- (2) Emergency Room (ER);
- (3) Increase salary;
- (4) Organize Medical Records. This will increase the ability to bill in a timely manner and provide much needed revenue;
- (5) Recruit physicians. Hiring more doctors will have the greatest impact on patient care and patient satisfaction;
- (6) Surgery department. Need to recruit more surgeons. One general surgeon for an island the size of Saipan is not enough;
- (7) Improve access to Primary Care Clinics. When patients have access to outpatient care, they will be able to avoid using the emergency department for non-urgent needs;
- (8) Increase the number and volume of hospital supplies;
- (9) Increase the number of ancillary staff;
- (10) Hire a Comptroller with U.S. experience to develop and implement an improved system of obtaining supplies and materials on a more cost-effective basis;
- (11) Hire an Administrator with U.S. experience to improve the efficiency of several departments: medical records, billing, supply, and medical referral;
- (12) Medical Referral. This program needs to be implemented and applied uniformly and not politically motivated;
- (13) Intensive Care Unit; and,
- (14) Anesthesia Department.

(b) Nurses and Other CHC Employees' Comments:

- (1) Solidify and strengthen the foundation by putting the right people for the right job and not for political reasons. Hire people based on their qualifications and not political rewards;

- (2) Medical Staffing. This area should be prioritized. How can a hospital survive without doctors? Hire more doctors for the hemodialysis, internal medicine, intensive care unit, emergency room, operating room, and related departments;
- (3) The Nursing Department. Give them the salary they deserve, encourage local hiring and local training. The morale of the nurses is very low. They are overworked and underpaid. The administration does not encourage local training;
- (4) Prioritize the hiring of doctors with specialty in cardiology, nephrology, and infectious diseases because they are the basic medical team needed to address the CNMI's most pressing health problems. Further, hire more pharmacists, QA, and radiologists and have improved medical equipment like MRI and related equipment. These equipment will improve and hasten the diagnosis of diseases and will help in treating patients faster;
- (5) Hemodialysis Unit. Need to increase the healthcare providers in this unit and increase the number of dialysis machines and accompanying support system;
- (6) Emergency Room. Need more ER doctors and more caring nurses;
- (7) Surgery Department. Need more vascular surgeons for the operating room;
- (8) CHC needs a group of dedicated healthcare professionals to sit down and analyze the current situation, assess and correct the problems, make well-formed plans and implement them accordingly. It is also important to involve every employee so they can be aware of their individual responsibilities in reforming and improving CHC;
- (9) Medical Records. This department needs to be improved. They are slow, lazy, and not very responsive in providing patients' charts to the ER or to the Ward;
- (10) Outpatient Clinic. Outpatient clinic need to be opened to provide adequate and consistent healthcare services. Need assistance to enable pediatricians, internists, nurses and other staff to keep the outpatient clinics open;
- (11) Improve the efficiency of the hospital administrative office. Billing and collections need be improved. Procurement and supply need to be more efficient. Human resources need more attention;
- (12) Pharmacy. Need to hire more pharmacists;
- (13) Need to Reorganize and Restructure CHC;
- (14) Customer Service. Need to provide customer service training to physicians, nurses, and all employees of CHC;
- (15) More support need to be extended to the Intensive Care Unit, Radiology department, Triage, ACII, Emergency Room, and related departments;
- (16) Security Department. Need to improve security of the hospital for protection of people (doctors, nurses, and staff of CHC as well as the patients and their families), equipment, facilities, and other properties of CHC;
- (17) Need to follow and comply with Federal Healthcare Standards;
- (18) Serious need to hire and retain more critical staff;
- (19) Upgrade hospital facilities, procure more medical supplies and equipment;
- (20) Improve employee morale and provide equal opportunity to all employees;
- (21) Increase funding for CHC and provide good employment benefits; and,

(22) Perform more in-house testing on medical matters.

18) **In general, do you feel that the Secretary of Public Health Actively Addresses the Concerns of CHC’s Patients and Employees?**

	Response	Physicians	Other Employees	Total	Percentage
(a)	Yes	03	12	15	10%
(b)	No	06	75	81	53%
(c)	I Don’t Know	01	55	56	37%
	Total	10	142	152	100%

- **53% of respondents noted that the Secretary failed to address the concerns of patients and employees of CHC**
- *Comments included:*
 - *A lot of his concerns deal with foreign workers*
 - *He is trying his best but has a lot of personal problems*
 - *He is limited in what he can do since the ultimate decisions are made in the higher levels of government. The hospital administrator needs to be experienced in hospital administration and needs to be given the authority to make decisions regarding how a hospital is run. There should be no interference from the other government agencies or officials who have no experience or expertise with hospital administration*

19) **If you answered “NO” to question #18, what Single Suggestion would You Offer to Improve the Relationship Between the Hospital’s Administration and the Employees?**

(a) Physicians’ Comments & Suggestions:

- (1) More Communications. There are hardly any meetings between the administration and the staff for an exchange of ideas or updates on the operation of the hospital. We need an administration that is receptive to employee suggestions and work together as a team to improve healthcare at CHC;
- (2) The Deputy Secretary has single-handedly devastated morale for the entire staff. The Secretary was doing an admirable job while in office;
- (3) CHC physicians and staff have regular meetings but CHC administration consistently fails to attend the meetings. Doctors are rarely invited to attend meetings conducted by the hospital administration regarding issues at CHC; and,
- (4) Hospital administration needs to make the time to meet and discuss hospital issues with employees, instead of taking extreme measures to avoid talking to them.

(b) Nurses and Other CHC Employees’ Comments & Suggestions:

- (1) Open communication and interactions between administration and employees. Conduct regular meetings with employees from each department;
- (2) More frequent hospital visitation and need to see and hear staff problems and concerns. Conduct random interviews at each department to assess their

performance and to correctly identify problems. Put a deadline for response for each individual's concerns;

- (3) Need a new direction. Hire people who understand issues and know how to find solutions. We have local talents. Hire more competent individuals;
- (4) No more politics because it is the patients who suffer;
- (5) Labor Day Award for hardworking employees. Good behaviors and exemplary performance deserve merit awards and recognition;
- (6) Change administration to a stricter one;
- (7) Increased salary and provide COLA;
- (8) Need to have consistent and uniform employee benefits regardless of whether the employee is foreign or local;
- (9) Need to fully understand, meet, and comply with CNMI and federal standards, mandates, and procedures;
- (10) Acknowledge and support local trainees;
- (11) Stop opening new and unnecessary positions and cease duplications of positions;
- (12) Establish a venue or format for employees to comment or provide recommendations and suggestions. Have an employee open report; and,
- (13) No comment.

20) **Has the Public Health Administration Given Attention to the Individual Concerns of Your Department?**

	Response	Physicians	Other Employees	Total	Percentage
(a)	Yes	06	19	025	17%
(b)	No	05	97	102	69%
(c)	A Little	00	12	012	08%
(d)	I Don't Know	00	08	008	06%
	Total	11	136	147	100%

- **69% of respondents noted that the Secretary failed to give attention to individual concerns of the CHC departments**
- *Comments included:*
 - *OB runs well on its own*
 - *Yes, but little appears to be happening*
 - *There was once a daily routine checkup on all departments. Unfortunately, that practice has stopped*
 - *Misguided and improper supervision*

21) **Additional Comments:**

(a) Physicians' Comments:

- (1) Attention has been given to the critical physician shortage issues, but it seems like the ER is the one receiving the most press. It should be noted that soon there would be only 3 Internists covering the inpatient wards, which will make the schedule extremely demanding. In addition to this being a patient safety issue, this will make it harder and even more challenging to recruit new doctors;

- (2) The hospital needs to develop a long-term strategy to avoid crisis instead of always responding to problems too late;
- (3) The Secretary and Deputy Secretary are insensitive to the needs of the doctors and nurses. The doctors are being overworked, and there are no word from the administration whether their work are appreciated and/or whether they (CHC administration) are working to get help here. Not a word from them;
- (4) I truly enjoy living and working in the CNMI, it has been the best move I have ever made. But if the current situation does not change, there will be a serious lack of doctors and a diminished level of healthcare in the CNMI;
- (5) The hospital wards are very busy these days (especially the ICUs). It has been a great challenge trying to care for the very sick patients while being understaffed and with minimal supplies. At some point, physician fatigue is going to adversely affect patient care. Please don't wait for a mistake to happen. Actively seek at least temporary relief for our physicians. You should meet with the chairperson of every department. I think that it is the best way to know how good or bad it is in every department;
- (6) I hope for once that the government will take serious measures to correct the situation at CHC because, at the current rate, we will definitely lose Medicare and Medicaid eligibility. If we lose eligibility to participate in these federally funded programs, the CNMI will lose the largest revenue source for the hospital and will most probably cause the collapse of the healthcare services in the CNMI;
- (7) I think the problems at CHC will go beyond a mere opinion survey to correct the situation. A more dramatic measure would be needed for the Legislative body to grasp the gravity of the situation. I recommend having a meeting with hospital employees; and,
- (8) Thank you for listening to our voices and not just the administration's.

(b) Nurses and Other CHC Employees' Comments:
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- (1) There is a serious need to hire more full-time physicians, especially at Emergency Room/ER, Internal Medicine/IM, Nephrology, and Radiology;
- (2) CHC is feeling the adverse impact of financial constraints. Salaries and wages are too low, departments are seriously understaffed, and lack of funding to support hospital operations and related requirements;
- (3) The hospital is not a place to play politics. It's the house of the sick. The overall morale of the staff in general is really bad;
- (4) Majority of the department managers are working in "acting" capacities. Many of them carry the position ranging from six (6) months to five (5) years and none of them are paid for these additional work as specified under OPM policy. Some of them are qualified for the managerial position but, for some unknown reasons, are not promoted even though the positions have been vacant for quite some time. I hope the legislature will look into this;
- (5) The RO system in the new facility is being fixed by the same people who were originally involved in the initial planning, design, and installation of the failed system. CHC gave these people additional contract to fix something that they failed to deliver in the first place. This does not make sense;
- (6) Patients and clients of CHC should treat our hospital with respect. Everyone who visits the hospital should follow established sanitary rules, including "No Betelnut

Chewing”, “No Smoking”, and “No Littering”. The hospital is a place for healthcare delivery. It is not a hotel, a bar, or a place to hang out;

- (7) I feel that any more comments, etc ... will only go in one ear and out the other;
- (8) Hire people based on their qualifications and competence. Provide better compensation and honor contract obligations;
- (9) Hire more doctors and nurses, give increments to the salaries, and please retain the housing allowances;
- (10) The hospital should be budgeted correctly so it can perform its mandated services more effectively. You cannot send a soldier to fight a war with a rifle and limit the number of his ammunitions/bullets. He will be ineffective. We have so many policies, but we cannot enforce them due to budget constraints. CHC needs to have the same services as private clinics where you are examined by a doctor, tested, prescribed medication, and you don't get upset for waiting too long;
- (11) I think that we will not have the current problems if the hospital was properly funded and more qualified doctors and specialists are hired;
- (12) Upgrade salaries of staff nurses. The Director of Nursing should also be given sufficient salary as incentives for recruitment and/or retention of this critical position;
- (13) DPH should be free from politics. It should be governed solely on its own entity. Maybe privatization is the answer. Also, annual salary increases should be implemented;
- (14) Treat individuals equally and fairly regardless of their race or religion. This is particularly important when addressing compensation and benefits;
- (15) Recruit U.S. licensed and certified doctors from the Philippines for 1-2 year contracts to help meet the CNMI's urgent healthcare needs;
- (16) Our hospital has been neglected, abused, and taken for granted;
- (17) It is important to remember that DPH/CHC is one of the most important and critical departments in our government. It deserves more attention and more resources need to be allocated to this department;
- (18) I want to thank HEW for doing the survey. It shows that somebody out there cares for the patients and the employees. Patients should not be turned away. This is our hospital. Thank you sir;
- (19) The lab department urgently needs a pathologist and a lab manager NOT a lab consultant. Whoever came up with the idea of conducting this survey, I salute you! Kudos for a job well done. You do this more often, like once a year before the end of the fiscal year; and,
- (20) I think CHC employees all want to provide the best medical services to the people of the CNMI as we swore an oath to our medical profession. We need to carry on with our pledge and I think the House Committee on Health, Education, & Welfare did a good job in taking action to address CHC's issues. Thank you!

B. Part 2: Survey of Patients & Other Clients of CHC:

- 1) **Which department do you usually visit?**

	Department	Response	Percentage (*)
(a)	Hemodialysis	015	30%
(b)	Emergency Room/ER	011	22%
(c)	Family Care Unit	008	16%
(d)	Women & Children Clinic	004	08%
(e)	AC II	004	08%
(f)	Physical Therapy	002	04%
(g)	ENT	002	04%
(h)	Respiratory	001	02%
(i)	Pediatrics	001	02%
(j)	OB/GYN	001	02%
(k)	Chest Clinic	001	02%
(l)	Undeclared	051	
	Total	101	100%

- **The percentages (%) on this Table are based only on the 50 respondents who identified the departments they visited**
- **Aggregate Percentages:**
 - Hemodialysis Department: 30%
 - Emergency Room: 22%
 - Clinic (Family, Women, & Children): 24%
 - All Others: 24%

2) **If you are a Walk-In Patient to the Emergency Room/ER, approximately How Long do You Wait before you were Examined by a Physician?**

	Waiting Time	Response	Percentage
(a)	Less than 1 Hour	27	35%
(b)	1 to 2 Hours	17	22%
(c)	2 to 3 Hours	13	17%
(d)	3 to 4 Hours	09	12%
(e)	4 to 6 Hours	09	12%
(f)	6 to 8 Hours	02	02%
	Total	77	100%

- **35% of respondents were seen by a physician with a waiting period of less than 1 hour**
- **Comments included:**
 - *The last time I walked into ER was July 29, 2009 at 10pm. I waited up until 2am on the 30th but never got call so I went home*
 - *I waited for over 6 hours but was never seen at all because there were too many emergencies*

3) **If you are a Walk-In Patient to one of CHC's Clinics, approximately How Long do you typically Wait from Check-In to Examination?**

	Waiting Time	Response	Percentage
(a)	Less than 30 Minutes	10	14%
(b)	30 Minutes to 1 Hour	21	30%
(c)	1 to 2 Hours	19	28%
(d)	2 to 3 Hours	08	12%

(e)	3 to 4 Hours	11	16%
	Total	69	100%

- **44% of respondents were assisted with a waiting period of less than 1 hour**
- 4) **If you have an Appointment with one of the Physicians, approximately How Long do you typically Wait from Check-In to Examination?**

	Waiting Time	Response	Percentage
(a)	Less than 30 Minutes	21	26%
(b)	30 Minutes to 1 Hour	27	33%
(c)	1 to 2 Hours	28	35%
(d)	More than 2 Hours	05	06%
	Total	81	100%

- **59% of respondents were assisted with a waiting period of less than 1 hour**

- 5) **Are you Aware that there are Private Clinics on Saipan Offering Primary Care?**
(Most of these private clinics accept local insurance, tricare, Medicaid, and medicare)

	Response	Total	Percentage
(a)	Yes	83	83%
(b)	No	17	17%
	Total	100	100%

- **83% of respondents were aware of the existence of private clinics on Saipan offering primary care**
- *Comments included:*
 - Yes, but the only problem is that private clinics don't have the history of my illness and other medical records to know what my previous lab results and illnesses were
 - Yes, but if I get sick at a private clinic, I am still going to be admitted back to CHC
 - Yes, but you're so used to seeing doctors who have been here for so long that you don't want to see other doctors at private clinics
 - Yes, I learned this just recently when the cashier informed us

- 6) **In general, How Satisfied Are You with the Level of Customer Service at CHC?**

	Response	Total	Percentage
(a)	Very Satisfied	16	16%
(b)	Somewhat Satisfied	15	15%
(c)	Satisfied	22	22%
(d)	Somewhat Dissatisfied	21	21%
(e)	Very Dissatisfied	26	26%
	Total	100	100%

- *Satisfied, Favorable, or Above Average: 31%*
 - *Average Satisfaction: 22%*
 - *Not Satisfied, Not Favorable, or Below Average: 47%*
- **47% of respondents were not satisfied with the level of Customer Service at CHC**

7) **How Satisfied are You with the Quality of Bedside Manner you Received at CHC?**

	Response	Total	Percentage
(a)	Very Satisfied	18	18%
(b)	Somewhat Satisfied	11	11%
(c)	Satisfied	23	24%
(d)	Somewhat Dissatisfied	21	22%
(e)	Very Dissatisfied	24	25%
		97	100%

- *Satisfied, Favorable, or Above Average: 29%*
- *Average Satisfaction: 24%*
- *Not Satisfied, Not Favorable, or Below Average: 47%*

- **47% of respondents were not satisfied with the quality of Bedside Manner at CHC**

8) **In general, How Satisfied are You with the Overall Care you Received at CHC?**

	Response	Total	Percentage
(a)	Very Satisfied	14	15%
(b)	Somewhat Satisfied	11	11%
(c)	Satisfied	26	27%
(d)	Somewhat Dissatisfied	21	22%
(e)	Very Dissatisfied	24	25%
		96	100%

- *Satisfied, Favorable, or Above Average: 26%*
- *Average Satisfaction: 27%*
- *Not Satisfied, Not Favorable, or Below Average: 47%*

- **47% of respondents were not satisfied with the overall care received at CHC**
- *Comments included:*
 - *I try to go off-island for medical care*
 - *I am never satisfied with the care I received at CHC*

9) **Do you Find that the Medical Personnel at CHC Spend an Adequate Amount of Time in Answering Your Questions Regarding your Medical Condition?**

	Response	Total	Percentage
(a)	Yes	50	53%
(b)	No	45	47%
	Total	95	100%

- **53% of respondents noted that they found medical personnel to spend adequate amount of time in answering their questions regarding their medical condition**
- *Comments included:*
 - *Some doctors do not know what to say to calm or reassure patients and some doctors beat around the bush*

- *Yes, except for nurses. Physicians, respiratory technicians, and physical therapist are concern and normally answer my questions*
- *There are no problems with the doctors except that they are overworked and sometimes lack proper equipment to work with*
- *No Kidney Doctor for the longest time. We need a Nephrologist now!*
- *No, not really. The ER doctor was only helping out. She gave us business card to see her in her private clinic (Self Referral)*
- *Only a few (1 out of 3) went out of their way to make the patients comprehend their illnesses in all their ramifications*

10) Please List One or Two Suggestions that You Feel would likely Improve the Overall Care of Patients at CHC?

Patients' and CHC Clients' Comments:

- (1) Hire more doctors and specialists (especially for the Dialysis Unit);
- (2) Shorter waiting time. Immediate attention by doctors;
- (3) Hire more qualified staff and work on improving their attitudes towards patients;
- (4) Update equipment and have all supplies readily available;
- (5) Better healthcare facilities;
- (6) Improve Doctors' level of "care" to the patients;
- (7) Re-open the triage walk-in clinic;
- (8) Extend hours (make sure they are open during lunch time);
- (9) Provide an in-door connection between the new hospital building and the main hospital;
- (10) Expedite test results;
- (11) Have an Information Desk near the entrance to assist people;
- (12) Steady schedule of appointments;
- (13) No run-arounds;
- (14) Improve the management level. Put a person that has a degree in administration and not a follower of a political campaign;
- (15) Train medical staff regarding proper customer service. Hire more medical professionals;
- (16) I want honest nurses, not the ones that will lie to me by saying "Just wait for the doctor... he is coming" when she didn't even inform the doctor that my husband was bleeding to death;
- (17) Purchase new and State-of-the-Art equipment (diagnostics and treatments);
- (18) Hire a Medicare certified doctor for Hemodialysis patients. We are scared to die and its even scarier to be referred;
- (19) Recruit doctors and nurses who care;
- (20) Nursing staff should be trained to be understanding and accommodating to patients;

- (21) The Secretary should open his doors to the public to hear our complaints and concerns regarding the services at CHC;
- (22) The Legislature needs to appropriate adequate funding for the hospital. You get what you pay for;
- (23) Friendlier and more helpful customer service;
- (24) Attend to the ER patients, especially dialysis patients. Put us in bed right away because we need rest;
- (25) Doctors need to prescribe the right medication for the patients' illness; and,
- (26) My physician told me to call and make an appointment to see him within two months. When I called in, I was always told to call again because there was no schedule yet. Two months passed and still no appointment. I was then subsequently referred to another doctor.

11) During Your Visits to CHC, Have You ever Encountered any Particular Medical or Administrative Department that Exceeded Your Expectations?

	Response	Total	Percentage
(a)	Yes	28	30%
(b)	No	66	70%
	Total	94	100%

- *70% of respondents noted that they failed to encounter any medical or administrative services at CHC that exceeded their expectations*

12) If Your Answer to Question #11 is “Yes”, Please Identify Which Area or Department You Found to be Outstanding:

	Department	Response	Percentage (*)
(a)	Hemodialysis	03	12%
(b)	Emergency Room/ER	02	08%
(c)	Physical Therapy	06	24%
(d)	Radiology	03	12%
(e)	Lab	02	08%
(f)	ENT	01	04%
(g)	ICU	01	04%
(h)	Registration Department	01	04%
(i)	C- Side	01	04%
(j)	OB/GYN	01	04%
(k)	Pediatric Clinic	01	04%
(l)	AC II	01	04%
(j)	Surgery	01	04%
(k)	Secretary's Office - Admin Staff	01	04%
	Total	25	100%

- **Physical Therapy received the highest mark garnering about 24% of the total responses**
- **Notable Mention as Outstanding Staff:**
 - *Dr. Braig and Staff, Dr. Grant, B. Alexander, R.T, Dr. Koning, Pam Carhill, P.T. and the Nursing Staff*
 - *Physical Therapist Pam was outstanding. Show showed genuine care and spent adequate time answering our questions*
 - *Every time I go to the Lab, they treat me very well. They are very professional and I am always taken care of very quickly*
 - *Physical Therapy – Always on time for appointments and prompt in providing requested reports*
 - *AC-II and the cashiers were very helpful and informative*
 - *The only outstanding matter is that the Dialysis Unit is running without a Nephrologist, Dietitian, or Social Worker. Thank God we are still surviving!*

13) Additional Comments

Patients' and CHC Clients' Additional Comments:
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- (1) Hire more physicians and specialists (MDs) and improve their salaries. Hire more doctors for the Hemodialysis Unit, Internal Medicine, Social Workers, and Dieticians;
- (2) Give greater attention to patients. Provide faster service;
- (3) Improve customer service (nurses and telephone operators);
- (4) Work on improving employees' attitudes;
- (5) Hire more nurses and supporting or ancillary staff. Make sure nurses are able to answer questions properly;
- (6) Conduct regular staff performance evaluation and assessment. Remove or replace those who are not performing up to standards;
- (7) Improve the hospital administration;
- (8) Prioritize CHC's budget;
- (9) Stock up on hospital supplies. Hemodialysis patients often complain that the Dialysis Unit is always out of critical supplies. Get new bed sheets and gowns;
- (10) Procure more hemodialysis machines and other required resources;
- (11) Work on keeping appointments on time. Many times, patients are transferred to another doctor;
- (12) Improve the hospital facilities;
- (13) Work on retaining physicians;
- (14) Stop spending money hiring additional and unnecessary personnel;
- (15) There should be no politics at the hospital;
- (16) Have someone at the Clinic appointment area available during working hours;
- (17) There is no privacy between the check-in counter and the patient checking in;

- (18) There should be two check-in counters to improve patient service efficiency;
- (19) Need to hire more local workforce;
- (20) Pay fairly. Give praise to good healthcare professionals. Human resources is weak. Administration has a poor attitude. Get rid of lazy and politically-connected staff that do not work a full day. Better food;
- (21) CHC is in the worst stage of its operations because of lack of management. Right now, the two entrusted persons abandoned their responsibilities at times when CHC is in need of people to answer their concerns about patients' complaints. Both run away from their obligations. The Secretary or his assistant should be given indefinite leave because CHC cannot be operated or be a one-man operation;
- (22) I wish that the doctors can be more caring and compassionate to the patients and treat us like human-beings;
- (23) When emergency patients are brought to the ER, they make them wait in the waiting area for a long time. They go to the ER because they are sick and need urgent and immediate attention. ER needs more bed;
- (24) CHC is too cold. Reduce the air-conditioning at CHC so staff, patients, and visitors do not have to wear extra clothing to stay warm. The cleaning company is doing a very fine job. Maintenance needs to fix all the leaking faucets and toilets at CHC;
- (25) CHC staff are great, even understanding about the co-payment issues;
- (26) Educate more of our local indigenous children so that they can be our future healthcare providers. I would then be more comfortable being treated at CHC;
- (27) The Dialysis Center needs to separate the patients from other personnel using the center as a walkway;
- (28) Thank you for keeping CHC very clean;
- (29) I am satisfied with what CHC is doing;
- (30) Remove or replace the Secretary from running CHC and remove all his cronies who do nothing yet continue receiving a lot of money on their paychecks. ER nurses need to be replaced as soon as possible;
- (31) Inform the Governor and the Legislature to come to CHC and evaluate all the buildings and rooms because they are not engineered properly. The people put them there to do something about.
- (32) Privatize CHC as soon as possible;
- (33) CHC needs to make sure that staff understand that they are accountable for their actions;

- (34) Appropriate the necessary funding to run this vital agency for the people of the Commonwealth. It's really the Legislature's fault. Stop blaming CHC. Start blaming the Legislature;
- (35) We are a very sick community (diabetes, heart problems, hypertension, etc.). Please provide adequate funding to bring in "specialists" to actually stay here and work and not just for visits. We need more caring doctors like Dr. Janna Wilgus. Also, telephone operators need to take "customer service" courses very badly;
- (36) The FCC nurses and staff are terrific. They seem to always care. Whenever I leave the clinic, I leave knowing my concerns have been properly addressed;
- (37) CHC is our hospital. I don't know why we have to go to a private clinic when we have a facility that private clinics like. This is our hospital. We want to provide business and we expect service – good service;
- (38) I had a very bad experience at the ER. I took my husband to the hospital when his wound opened and started bleeding profusely. I inform the nurse and she told me to wait patiently. We were there from 5am to 9am. I went to the office of the doctor who operated on my husband's ear. The doctor was already in the surgery room ready to work on another patient. Luckily, his nurse was in the office and she called the doctor for an emergency and he came back to help my husband in time. I cannot believe I had to wait for four hours; and,
- (39) Patient conditions are not evaluated properly. A patient checked in with complaints of a burst arm blood vessel and was told that she could not be seen due to high patient volume. It was only when the patient began spewing blood from her arm, bleeding all over the waiting room that she was attended to. Consequently, all other appointments had to be cancelled because the patient had to be rushed to the operating room. This kind of treatment is unacceptable. Our hospital is in desperate times and we need to seek improvement immediately.

V. Conclusion. The opinions expressed in this survey confirms some well-known concerns about the Commonwealth Health Center and include the following:

- CHC needs to hire (and retain) more doctors, nurses, and critical staff;
- The doctors' shortage at CHC is partially a result of inadequate compensation and management issues. The shortage of doctors causes existing doctors to be overworked causing additional frustrations and dissatisfaction. This creates an environment for mistakes to occur due to stress and fatigue;
- Urgent attention needs to be given to Internal Medicine, Hemodialysis, ER and other critical departments at CHC;

- The lack of fiscal resources and proper management result in inadequate supplies and equipment and poor equipment and facility maintenance;
- Hospital employees' serious lack of confidence in the current CHC management and administration is alarming and a great concern: 56% of survey respondents rated the CHC administration as performing poorly; 50% noted that employee morale is very low; 53% rated CHC performance as Saipan's only public hospital as poor and unfavorable; 85% indicated that CHC did not meet (up to standard) the medical needs of the CNMI community, and other unfavorable findings;
- CHC needs better administration and management of its internal operations including improving medical records, billing and collection, procurement procedures, personnel management, and other critical organizational issues of the department (CHC); and,
- CHC need to develop a comprehensive strategic plan to enable the hospital to provide quality healthcare services to the CNMI community. All options must be assessed, evaluated, and considered when addressing the issues of management, funding, organizational setup, privatization, and other related issues.

The problems at CHC are well known and the survey reflects these concerns. I, therefore, propose the establishment of a Task Force or Commission to immediately evaluate, assess, and recommend what needs to be done to assure that our community's public hospital can provide quality healthcare services. It is important to review and examine all the suggestions and recommendations listed in this Report, come up with solutions quickly, and start developing short-term and long-term goals to address our existing healthcare problems. As noted, it has been suggested that CHC needs to develop a strategic plan (with inputs from all sectors of our healthcare communities) and that all options ought to be considered, including revamping and reorganizing CHC, creating a corporation to operate and manage the hospital, and/or re-visiting privatization options (privatizing some components of our healthcare services).

VI. Acknowledgement. I want to take this opportunity to extend my heartfelt appreciation to the doctors, nurses, and staff of the Commonwealth Health Center for their perseverance and professionalism in doing their best to provide critical healthcare services despite tremendous challenges and difficulties. I deeply appreciate their input and recommendations in this survey. I also extend Undangkulu na si Yuus Maase to the patients, their families, and all patients of our hospital for the taking the time to share their observations about the services they received and for providing their valuable suggestions and recommendations. I also want to thank the people of this great Commonwealth for their patience and continuing support as we attempt to find viable and affordable solutions to our healthcare problems. Further, I want to thank Ms. Frannie T. Demapan, Ms. Frances Dela Cruz and Ms. Tasha Reyes for their hard work in developing and administering the Opinion Survey and for collecting and analyzing the results. I also want to thank Mr. Edward C. DeLeon Guerrero, President of Cornerstone Consulting Services, for his invaluable assistance in preparing this report. And lastly, a special appreciation and gratitude is extended to Speaker Arnold I. Palacios and all the hardworking members of the 16th NMI Commonwealth Legislature, particularly the members of the House Committee on Health,

Education, and Welfare for their untiring support and encouragement to continue searching for ways to improve the delivery of quality healthcare services in the CNMI.