The task force found customers to be very talkative and frank about their experience with foot treatment, and what they would like to be different about those experiences. Much of the data related to communication--being fully informed about the ailment (or in the case of physician, being fully aware of patient's disposition), receiving information as to how to prevent recurrence or to self-treat if possible. After the data from the gemba had been reworded, the information was sorted into the second Voice of the customer table (VOCT-2). A brief example of the information is shown below.

Voice of the Customer Table (VOCT) - Part 2

Cus ID	Demanded Quality (Positive, customer problem, opportunity, lifestyle, or image, adjective, adverb)	Quality Attribute (Measurable)	Function (Service + active verb + object [measurable])	Reliability (Consistency, failpoints, complaints, negatives)	Other (cost, safety, regulation, process, task, equipment, etc.)
1A	Prevent recurring problems ←	# of return visits for same problem	Patient receives education Patient can care for self	Treatment is inappropriate Patient does not understand instructions	Review written instructions for clarity, reading level
2C	I want to be treated with respect		Staff communicates with patient courteously	Patient satisfaction	
5A	I want to be informed completely about my patient's condition	% MDs receiving patient summary Turnaround time on patient summary (2 days)	Staff informs physician		Revise patient summary to "automate" as much as possible
5B	I want complete treatment for my patients ←	# of patients returned without treatment (service not offered in clinic)	Staff provides treatment		
6A	I want to send patients without a prior work-up		Staff assesses patients	Accuracy of work-up	

Much of the information, as expected, was confirmation of many key factors the group had identified; however, several "unspoken" items were revealed through the process, including the desire to send patients without a prior assessment (work-up) by the physician. This indicated physicians would like the option of sending some patients directly to PFC for assessment and treatment. In some cases physicians may feel they are wasting time on a foot case when capable therapists can not only treat but also initially assess foot ailments. In other cases it may relate to continuity of care, in that the assessment and treatment can be done in one location.

Whatever the case, it was revealing to discover some physicians desired an option under which they would forgo some control (and, potentially, revenue), in the interest of maximizing their own time and/or improving quality of care for their patients.

Since the group was made up of clinicians and other health-care-oriented individuals, there was a constant struggle to ensure all demanded quality items were presented in positive terms. Because of an inherent "crisis focus" in providing care and dealing with the health sector in general, the group tended to focus on negative events.

The results of the demanded quality column were used to develop an affinity diagram, to determine possible broad categories or "natural groups" the demanded quality items might fit. The specific categories identified by the group included:

- Patients treated respectfully
- Effective communication
- Timeliness
- Convenience
- Purpose accomplished

The task force developed a classification "tree" or hierarchy [Goal/QPC 1988] to assess the extent of the demanded quality (DQ) items determined, as well as to identify any DQ gaps. In the tree process the group assimilated additional "gemba" data which had been gathered (with physician schedules and conflicts, the group found itself gathering physician data throughout the process), and added a demanded quality item related to returning patients to referring physicians. A number of physicians were concerned about the likely proximity of the PFC to another physician's office, and the possibility they might lose