



OUTCOMES:

Provides an assessment of patient perceptions and feedback on what your patients think the agency is doing well and areas to improve.

KEYS TO SUCCESS:

- Respect patient’s values and expressed needs.
- Provide opportunity for confidential feedback from those served.
- With periodic analysis, survey can provide information for continuous quality improvement.
- Value patient perceptions and feedback as key component of quality of care.

PATIENT SATISFACTION SURVEYS

(EXCERPT FROM HRSA:THE HEALTH CENTER PROGRAM: HEALTH CENTER PATIENT SATISFACTION SURVEY)
 BPHC.HRSA.GOV/PATIENTSURVEY

The Patient Satisfaction Survey is a short, easily administered questionnaire that provides health care agencies with information and insight on their patients’ view of the services they provide. Health centers can use survey results to design and track quality improvement over time.

INGREDIENTS:

- Clinic staff and leadership input
- System for patients to complete patient satisfaction surveys
- Method for patients to return survey, with responses kept confidential
- Decision on how often to administer survey
- Ability to analyze results to report to the agency and back to the community

PREPARATION:

To ensure consistency in the administration of a Patient Satisfaction Survey, it is suggested that the survey be given to patients in one of the ways listed below:

Step 1: A stack of the surveys is made readily available to patients at the time they check out from the health center. If the surveys are administered this way, have an envelope or box, marked “Completed Patient Satisfaction Surveys,” next to the stack of surveys for collection.

Step 2: Someone on staff hands the survey to a patient at the end of their visit, and asks them to complete it prior to leaving the health center. After the patient has completed the survey, immediately place the survey in an envelope and do not read any of the responses to the survey. Or, show the patient where there is a centrally located envelope or box, marked “Completed Patient Satisfaction Surveys,” for survey collection.

Step 3: If patients have difficulty reading, someone who is not a health care provider at your health center should assist them. Individuals that can assist patients in reading the survey include outreach workers, non-health care provider staff, family members, patient’s friends, and volunteers.

DEPARTMENT: Medical Dental WIC
 (Circle One)

SEATTLE INDIAN HEALTH BOARD
Patient Satisfaction Survey
 We value your feedback on the services that the Seattle Indian Health Board (SIHB) provides. Your input will help us improve the care we give to our patients. Thank you for your participation.

CLIENT INFORMATION

Female

Check all that apply:

American Indian/Alaska Native
 Caucasian
 African American
 Hispanic
 Asian
 Pacific Islander Other

4. Which department did you visit today?
 Medical Diabetes/CVD
 Dental Pharmacy
 WIC/Nutrition Elders
 Mental Health Services
 Domestic Violence Services
 Outpatient Alcohol/Drug Counseling

5. Reason for your visit:
 Regular visit

6. In general, how is your satisfaction with the services you received?
 Excellent
 Very good
 Good
 Fair
 Poor

7. How did you find the service?
 Family
 Friends
 Phone book
 Advertisement
 Referred by agent

8. Why did you choose this health center?
 Finances

SAMPLE PATIENT SATISFACTION SURVEY FROM THE SEATTLE INDIAN HEALTH BOARD.



U.S. Department of Health and Human Services
Health Resources and Services Administration

GRANTS | FIND HELP | SERVICE DELIVERY | DATA

The Health Center Program: Health Center Patient Satisfaction

- Patient Satisfaction Survey Home
- Survey Form
- Giving the Survey to Patients
- Calculating Sample Size
- Collecting, Analyzing and Reporting Data
- Sample Report

The Patient Satisfaction Survey is a short insight on their patients' view of the service improvement over time, as well as comments and Spanish.

Although a sample survey form is available, scannable forms available that can be used to collect results, and develop a comparison of results to benchmarks. A nominal scale is used to rate responses.

Learn more about the survey:

- E-mail your comments to contact name

History of the survey

Federally qualified health centers

THE HRSA WEBSITE IS A NICE RESOURCE FOR MORE INFORMATION ON PATIENT SATISFACTION SURVEYS: BPHC.HRSA.GOV/PATIENTSURVEY

Step 4: Survey instructions should state that all of the responses to the survey will be kept confidential and that the purpose of the survey is to help the agency improve the quality of services and program offerings. Staff members should also explain this when handing out surveys directly.

TIPS:

- Provide a confidential setting for reading and completing the survey.
- Keep the survey simple and easy to complete in a few minutes.
- Allow space on the survey for the patient to write additional comments if they wish.

PATIENT SATISFACTION SURVEY

[Your Clinic Name Here]
Patient Satisfaction Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Your Age: _____ Your Race/Ethnicity: _____
 Asian _____
 Pacific Islander _____
 Black/African American _____
 American Indian/Alaska Native _____
 White (Not Hispanic or Latino) _____
 Hispanic or Latino (All Races) _____
 Unknown _____

Your Sex: _____
 Male _____
 Female _____

Please circle how well you think we are doing in the following areas:

	5	4	3	2	1
Ease of getting care:					
Ability to get in to be seen	5	4	3	2	1
Hours Center is open	5	4	3	2	1
Convenience of Center's location	5	4	3	2	1
Prompt return on calls	5	4	3	2	1
Waiting:					
Time in waiting room	5	4	3	2	1
Time in exam room	5	4	3	2	1
Waiting for tests to be performed	5	4	3	2	1
Waiting for test results	5	4	3	2	1
Staff:					
Provider (Physician, Dentist, Physician Assistant, Nurse Practitioner)	5	4	3	2	1
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
Nurses and Medical Assistants:					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1

Patient Satisfaction Survey, Suggested by Faith Domko from the Bureau of Primary Health Care

[Your Clinic Name Here]
Patient Satisfaction Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Your Age: _____ Your Race/Ethnicity: _____
 Asian _____
 Pacific Islander _____
 Black/African American _____
 American Indian/Alaska Native _____
 White (Not Hispanic or Latino) _____
 Hispanic or Latino (All Races) _____
 Unknown _____

Your Sex: _____
 Male _____
 Female _____

Please circle how well you think we are doing in the following areas:

	5	4	3	2	1
Ease of getting care:					
Ability to get in to be seen	5	4	3	2	1
Hours Center is open	5	4	3	2	1
Convenience of Center's location	5	4	3	2	1
Prompt return on calls	5	4	3	2	1
Waiting:					
Time in waiting room	5	4	3	2	1
Time in exam room	5	4	3	2	1
Waiting for tests to be performed	5	4	3	2	1
Waiting for test results	5	4	3	2	1
Staff:					
Provider (Physician, Dentist, Physician Assistant, Nurse Practitioner)	5	4	3	2	1
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
Nurses and Medical Assistants:					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1

Patient Satisfaction Survey, Suggested by Faith Domko from the Bureau of Primary Health Care

SAMPLE PATIENT SATISFACTION SURVEY TEMPLATES AVAILABLE AT HRSA WEBSITE LISTED ABOVE.

SHARING THE RESULTS:

Provide a summary report back to your stakeholders. This may include your Board of Directors, agency staff and members of the community you serve. Take opportunities, such as agency staff meetings, to go over the results, to celebrate and enhance what the clinic is doing well and to discuss potential solutions to address the areas where there are needs for improvement.

SUGGESTION:

Administer an ongoing patient satisfaction form and conduct periodic review (such as every six months or every year) to institutionalize this valuable tool for assessing patient needs and perceptions. This will let the community know they have a means to provide ongoing confidential input on clinic services and that their opinions are valued.

