

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Primary Health Policy and Procedure</p>	Policy Issuer (Unit/Program)	Clinic Services
	Policy Number	04-12
	Effective Date	05-07-15
	Revision Date	DRAFT REVISION 09-11-18
Title: Patient Satisfaction Survey		Functional Area: Clinic Services
Approved By: Louise Steenkamp, MBA, Health Program Manager		

Policy:

Clinic Services has a standardized approach to obtain and review information about a patient’s overall satisfaction and perceived quality of care. Surveys are used for self-assessment and as part of the periodic assessment of the quality of service provided by the Health Center in compliance with Health Resources & Services Administration (HRSA) quality improvement/assurance requirements.

Procedures:

A. Survey Tool

1. A validated survey tool is used to assess the following key areas:
 - a. Access to care
 - b. Customer service
 - c. Facility
 - d. Clinical care received
 - e. Overall visit experience
2. The survey is offered in English and Spanish to ensure ease of completion. Additional languages will be considered.
3. The survey is on a two-sided scantron form that is ordered through the vendor. Scantron forms are machine-readable, multiple-choice answer sheets.

B. Survey Period

- a. A survey period is completed every six months (April and October).
- b. A survey period is to be two full weeks. Do not select a two week period that includes a site closure (i.e. holidays).

C. Preparation

1. Prior to the survey period, the Clerical Supervisor or designee shall:
 - a. Notify all Health Center staff of the upcoming survey period.
 - b. Send the vendor an updated list of payer types and providers.
 - c. Order a sufficient number of surveys (English and Spanish) from the vendor.
 - d. Distribute surveys to all registration staff in the Health Center.

- e. Set up locked collection boxes in each clinic with an opening marked "Completed Patient Surveys".
- f. Prepare two boxes of #2 pencils for patient use.
- g. Ensure hard surfaces (table or clipboards) are available for patients to fill out the survey.
- h. Review the scantron completion instructions and approved script with all registration staff.

D. Administering the Survey

1. Registration staff shall:
 - a. Write and bubble in the site location and provider number at the top right side of the survey with a #2 pencil or black or blue pen. Do not use pens with ink that soaks through the paper (i.e. Sharpie).
 - b. Provide each patient with a survey and a #2 pencil during patient registration and encourage them to complete and submit the survey immediately following their service.
 - c. Provide the following instructions/information to each patient/parent of a patient:
 1. Use the provided #2 pencil. Black or blue ink pens are also acceptable. Colored pencils, pens, or markers of any kind will not work.
 2. Fill in the circles completely. Do not make a check mark or line through your choice. Make no stray marks on the form.
 3. Do not fold or bend the form. Place the completed form into the locked survey box.
 4. Completion of the survey is voluntary and will not affect the care you receive in our clinic.
 5. The survey is anonymous and all responses will be kept confidential. Please complete the survey to help us improve the quality of our services.
2. Patients who choose not to complete the surveys are not to be treated differently than patients who choose to do so.
3. A collection box is available in each clinic.
4. If staff receive a survey from a patient, s/he should place the survey in a collection box immediately, without reading the contents.

E. Data Collection

1. The Clerical Supervisor collects completed Patient Satisfaction Surveys periodically throughout the sampling period and reviews for completion errors.
 - a. If surveys are incorrectly filled out by staff or by patients, the Clerical Supervisor reviews the scantron completion instructions and approved script with all registration staff.
2. The Clerical Supervisor submits completed surveys to the designated Senior Office Assistant.

3. The designated Senior Office Assistant shall:
 - a. Review all completed surveys to ensure the site location and provider number is written and bubbled in.
 - b. Contact the vendor prior to sending in completed surveys to provide additional data separation instructions as needed (i.e. separate “Uninsured” comments from “Medical” comments).
 - c. Mail all completed surveys to the vendor for scanning. Surveys are to be packed in a box and shipped with a tracking number.
 - d. Draft reports for review once results are received from vendor.
 - e. Send the completed reports to the Health Program Manager for review with the Deputy Director.

F. Review and Recommendations:

1. There are several bodies that review the reports once completed. This includes the Health Center Management Team, the Quality Improvement Committee (QIC), and the treatment teams. Each group may recommend actions based on the findings or trends.
2. If actions are indicated, the Health Center Management Team will document actions, resolution and provide feedback to the QIC.
3. The reports will be shared at the Co-Applicant Board (CAB) Meeting during staff report. Modifications in service delivery and operations may be implemented based on data trends and CAB recommendations and requests.

References:

N/A

Attachments:

[Patient Satisfaction Survey - Staff Script](#)

Contact:

Sherri Sullivan, Clerical Supervisor II

Co-Applicant Board Approval Date: