

# Patient Experience Surveys

In today's highly competitive market, assessing patient experience is critical to your practice's success. Patient experience surveys are widely recognized as a useful tool in gauging how a practice performs in those areas that contribute to a patient's perception of the quality of the care he/she received. Information revealed in the survey allows a practice to monitor its performance and implement quality improvement measures which are necessary for providing health care excellence. Additionally, such a survey can further demonstrate to patients that the practice is committed to delivering quality care and improving the patient experience.

The best time to conduct a patient experience survey is when the encounter is fresh in the patient's mind. The survey should be comprehensive, but should be short enough so participation is encouraged and should evaluate a variety of factors that contribute to a patient's perception of the practice. Some of those factors are:

1. Convenience/access to care (i.e. prompt response to phone calls and portal messages; how quickly an appointment is scheduled, length of wait times)
2. Friendliness and helpfulness of staff
3. Provider interaction (i.e. time spent with patients, clarity of information provided, questions adequately addressed).

Administering the survey on a continuing basis (i.e. 1st week of every month) helps ensure you get feedback from a good cross section of patients.

You may create and implement your own survey (an example is attached for reference) or outsource to a third party. An anonymous survey may provide more honest feedback. Results obtained should be provider-specific. Patients should be advised that they are helping to improve the quality of services and that all of their responses to the survey will be kept confidential.

Methods of conducting a survey include:

1. Text or on-line survey
2. Telephone calls to a sample of patients after the visit (conducted by an outside agency to preserve anonymity)
3. A written survey to patients after the visit (collected in person or by mail)
4. A touch screen survey administered through a lobby Kiosk

The Agency for Healthcare Research and Quality developed CAHPS, Consumer Assessment of Healthcare Providers and Systems, which may be helpful when beginning the process of developing a survey. Specifically, the Clinician and Group Survey (CG-CAHPS), provides standardized instruments for adults and children and can be used in both primary care and specialty care settings. It can be customized with the addition of supplemental questions applicable to your practice. CG-CAHPS was designed to capture the views of patients about their health care experiences and your practice can use this data to guide meaningful change as needed. Information about surveys and more details are available at the [CAHPS website](http://www.ahrq.gov/CAHPS) (www.ahrq.gov/CAHPS).

Results from the surveys should be viewed as an opportunity to improve patient relations and should be shared with providers and staff; and ways to improve the patient experience should be explored. The more you engage the providers and staff in generating ideas for improvement, the greater interest they will have in executing changes. Furthermore, the practice should communicate improvements made to patients. Asking patients for their opinions, but failing to follow up on their suggestions may leave them dissatisfied and cynical.

# SAMPLE PATIENT EXPERIENCE SURVEY

Office Name: \_\_\_\_\_

We want to make sure we are doing everything we can to serve you. Please take a minute to fill out this survey. Just let us know what we are doing well and what we can do better. Thank you!

The provider I saw today \_\_\_\_\_ Date \_\_\_\_\_

**1. Please indicate your level of satisfaction with the following items related to your office appointment. Use a scale of 1 to 5, with 5 being Very Satisfied and 1 being Not at all Satisfied. If an item is unrelated to your care, please choose N/A.**

	NOT AT ALL SATISFIED		NEUTRAL		VERY SATISFIED	
	1	2	3	4	5	N/A
Ease of communicating with the office						
Appointment scheduler was prompt and courteous						
Appointment was available withing a reasonable time frame						
Receptionist was professional, friendly, and helpful						
Wait time in the office was reasonable						
Reception/waiting area was clean and comfortable						

**2. Please rate the following items related to the deliery of your care. Use a scale of 1 to 5, with 5 being Excellent and 1 being Poor. If an item is unrelated to your care, please choose N/A.**

	POOR		NEUTRAL		EXCELLENT	
	1	2	3	4	5	N/A
Provider's listening skills						
Adequate time with the provider						
Provider's explanation of tests, procedures, diagnoses, and treatment plan						
Provider's personal manner (courtesy, respect, sensitivity, friendliness)						
Other staff's personal manner (courtesy, respect, sensitivity, friendliness)						
Promptness of receiving test results						
Overall medical care received						
Likelihood of recommending this provider to family/friends						

**3. Additional Comments.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SAMPLE TALLY SHEET PATIENT EXPERIENCE SURVEY RESULTS

Provider: \_\_\_\_\_ Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

Number of Surveys Collected: \_\_\_\_\_

	NOT AT ALL SATISFIED 1	2	NEUTRAL 3	4	VERY SATISFIED 5	N/A	TOTAL
Ease of communicating with the office							
Appointment scheduler was prompt and courteous							
Appointment was available withing a reasonable time frame							
Receptionist was professional, friendly, and helpful							
Wait time in the office was reasonable							
Reception/waiting area was clean and comfortable							

	POOR 1	2	NEUTRAL 3	4	EXCELLENT 5	N/A	TOTAL
Provider's listening skills							
Adequate time with the provider							
Provider's explanation of tests, procedures, diagnoses, and treatment plan							
Provider's personal manner (courtesy, respect, sensitivity, friendliness)							
Other staff's personal manner (courtesy, respect, sensitivity, friendliness)							
Promptness of receiving test results							
Overall medical care received							
Likelihood of recommending this provider to family/friends							

**See attached for additional comments.**