

PPC 8: Performance Reporting and Improvement Element B: Patient Experience Data

Since our opening in 1995, CHC-B has performed Patient Satisfaction Surveys at least every 6 months. Since beginning our PCMH initiative, we have collected patient surveys twice in 2010. We utilize the CAHPS format and have received assistance from Qualis Health in analyzing our data. Our survey, available in English and Spanish, is distributed to every patient with an appointment until we collect 45 surveys per provider. Two excel documents are **uploaded** showing the **summarized results** of our most recent patient satisfaction survey. Here is our survey:

CHC-B Community Health Center Patient Satisfaction Survey

CHC logo was shown here.

Your Privacy is Protected. All information that would let someone identify you or your family will be kept private. CHC-B will not share your personal information with anyone without your OK. Your responses to this survey are also completely **confidential**.

Your Participation is Voluntary. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you receive.

What To Do When You're Done. Once you complete the survey, fold your survey in half and place it in the survey drop box located in the lobby.

If you want to know more about this survey, please call xxx-xxx-xxxx.

Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → **If Yes, go to #1 on page 1**
 No

Your Provider

1. Please mark the most recent provider you got care from in the last 12 months.

- A
- B, FNP
- Dr. C
- Dr. D
- Dr. E
- F, ANP
- G, FNP
- H, PA
- Other: _____

The questions in this survey booklet will refer to the provider named in Question 1 as “this provider.” Please think of that provider as you answer the survey.

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

- ¹ Yes
- ² No

3. How long have you been going to this provider?

- ¹ Less than 6 months
- ² At least 6 months but less than 1 year
- ³ At least 1 year but less than 3 years
- ⁴ At least 3 years but less than 5 years
- ⁵ 5 years or more

Your Care From This Provider in the Last 12 Months

These questions ask about **your own** health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

4. In the last 12 months, how many times did you visit this provider to get care for yourself?

- ¹ None → **If None, go to #26 on page 4**
- ² 1 time
- ³ 2
- ⁴ 3
- ⁵ 4
- ⁶ 5 to 9
- ⁷ 10 or more times

5. In the last 12 months, did you phone this provider’s office to get an appointment for an illness, injury or condition that **needed care right away**?

- ¹ Yes
- ² No → **If No, go to #7**

6. In the last 12 months, when you phoned this provider’s office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you thought you needed?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

7. In the last 12 months, did you make any appointments for a **check-up or routine care** with this provider?

- Yes
- No → **If No, go to #9**

8. In the last 12 months, when you made an appointment for a **check-up or routine care** with this provider, how often did you get an appointment as soon as you thought you needed?

- Never
- Sometimes
- Usually
- Always

9. In the last 12 months, did you phone this provider's office with a medical question during regular office hours?

- Yes
- No → **If No, go to #11**

10. In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- Never
- Sometimes
- Usually
- Always

11. In the last 12 months, did you phone this provider's office with a medical question **after** regular office hours?

- Yes
- No → **If No, go to #13**

12. In the last 12 months, when you phoned this provider's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?

- Never
- Sometimes
- Usually
- Always

13. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider **within 15 minutes** of your appointment time?

- Never
- Sometimes
- Usually
- Always

14. In the last 12 months, how often did this provider explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

15. In the last 12 months, how often did this provider listen carefully to you?

- Never
- Sometimes
- Usually
- Always

16. In the last 12 months, did you talk with this provider about any health problems or concerns?

- ¹ Yes
- ² No → **If No, go to HP2**

17. In the last 12 months, how often did this provider give you easy to understand instructions about taking care of these health problems or concerns?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

HP2. In the last 12 months, did this provider give you the help you needed to make changes to prevent illness?

- ¹ Yes
- ² No

HP3. In the last 12 months, did you and this provider talk about a healthy diet and healthy eating habits?

- ¹ Yes
- ² No

HP4. In the last 12 months, did you and this provider talk about the exercise or physical activity you get?

- ¹ Yes
- ² No

HP5. In the last 12 months, did you and this provider talk about things in your life that worry you or cause you stress?

- ¹ Yes
- ² No

HP6. In the last 12 months, did this provider ever ask you whether there was a period of time when you felt sad, empty or depressed?

- ¹ Yes
- ² No

18. In the last 12 months, how often did this provider seem to know the important information about your medical history?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

19. In the last 12 months, how often did this provider show respect for what you had to say?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

20. In the last 12 months, how often did this provider spend enough time with you?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

21. In the last 12 months, did this provider order a blood test, x-ray or other test for you?

¹ Yes

² No → **If No, go to #23**

22. In the last 12 months, when this provider ordered a blood test, x-ray or other test for you, how often did someone from this doctor's office follow up to give you those results?

¹ Never

² Sometimes

³ Usually

⁴ Always

23. Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best provider possible, what number would you use to rate this doctor?

0 Worst provider possible

1

2

3

4

5

6

7

8

9

10 Best provider possible

Clerks and Receptionists at This Doctor's Office

24. In the last 12 months, how often were clerks and receptionists at CHC-B as helpful as you thought they should be?

¹ Never

² Sometimes

³ Usually

⁴ Always

25. In the last 12 months, how often did clerks and receptionists at CHC-B treat you with courtesy and respect?

¹ Never

² Sometimes

³ Usually

⁴ Always

About You

26. In general, how would you rate your overall health?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

27. A health provider is a doctor, nurse or anyone else you would see for health care. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- 1 Yes
- 2 No → **If No, go to #29**

28. Is this a condition or problem that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

- 1 Yes
- 2 No

29. Do you now need or take medicine prescribed by a provider? Do **not** include birth control.

- 1 Yes
- 2 No → **If No, go to #31**

30. Is this medicine to treat a condition that has lasted for at least 3 months? Do **not** include pregnancy or menopause.

- 1 Yes
- 2 No

31. What is your age?

- 1 0 to 11

- 2 12 to 17
- 3 18 to 24
- 4 25 to 34
- 5 35 to 44
- 6 45 to 54
- 7 55 to 64
- 8 65 to 74
- 9 75 or older

32. Are you male or female?

- 1 Male
- 2 Female

33. What is the highest grade or level of school that you have completed?

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree

34. Are you of Hispanic or Latino origin or descent?

- 1 Yes, Hispanic or Latino
- 2 No, not Hispanic or Latino

35. What is your race? Please mark one or more.

- ¹ White
- ² Black or African American
- ³ Asian
- ⁴ Native Hawaiian or Other Pacific Islander
- ⁵ American Indian or Alaskan Native
- ⁶ Other

36. Did someone help you complete this survey?

- ¹ Yes
- ² No → **Thank you.**

Please return the completed survey to the survey drop-box located in the lobby.

37. How did that person help you? Mark all that apply.

- ¹ Read the questions to me
- ² Wrote down the answers I gave
- ³ Answered the questions for me
- ⁴ Translated the questions into my language
- ⁵ Helped in some other way

Please print: _____

Thank you.

Please return the completed survey to the survey drop-box located in the lobby.

This survey shows that we collect data on patient experience with care in all four of the required areas:

1. Patient access to care
2. Quality of physician communication
3. Patient/family confidence in self care
4. Patient/family satisfaction with care