

# POLICY & PROCEDURE



<b>TITLE: Patient Experience Survey</b>				
<b>Scope/Purpose: To obtain feedback from clients regarding their experience at HealthPOiNT Clinics in order to measure current performance and identify opportunities for improvements in order to provide optimum client experience.</b>				
<b>Division/Department:</b> All HealthPOiNT Clinics			<b>Policy/Procedure #:</b>	
<b>Original Date:</b> December 2, 2013			<b>_X_New ___Replacement for:</b>	
<b>Date Reviewed:</b>	<b>Date Revised:</b>	<b>Implementation:</b>	<b>CPIC Approved:</b>	<b>Board Approved:</b>
		Jan 2014	Dec 17, 2013	
<b>Responsible Party: Director Compliance/QA</b>				

## DEFINITIONS:

Patient Experience Survey

Tool utilized to obtain feedback from clients as to their experience during their HealthPOiNT clinic visit. The survey tool is available in hard copy or online with Survey Monkey.

## POLICY:

Clients will be given the opportunity to provide feedback for their experience(s) as a patient at HealthPOiNT Clinics. Patient feedback is utilized to assess processes and to identify opportunities for improvement. The patient feedback experience survey will be in accordance to TCAHC recommendations and PCMH Standards.

## PROCEDURE:

- I. Process for distribution
  - A. The patient experience survey will be provided to the patient at the time of check in following the verification of the patient demographics.
  - B. The front office check in staff will use a standardized script to inform patients of the survey and encourage their completion. Refer to front office staff check in script.
  - C. The clinical staff should encourage the patients to complete the patient experience survey. Refer to Clinical Staff script.
  - D. The front office staff will follow up with the patient regarding the patient experience survey at the time of check out.
    1. After patient's follow up appointment is scheduled and the check out process is completed, the staff will remind the patient about the survey and encourage completion.

2. Refer to front office check out script.

## **II. Data Management and reporting**

- A. The clinic manager will remove the survey forms from the drop box every Monday morning.
  1. The completed forms are placed a large envelope and sealed.
  2. The envelope is to be sent to the Director of QA/Compliance in order for the data to be summarized and reports generated.
- B. The on-line survey is completed through Survey Monkey. Survey results will be retrieved on a weekly basis and incorporated into the satisfaction report.
- C. Summary information will be reported to the clinic managers and the Compliance and Performance Improvement Committee.

## **III. Roles and Responsibilities**

### **A. Clinic Managers**

1. Aid in implementation of new patient experience surveys and process.
2. Monitor by observation that staff are using scripting consistently.
3. Collect, or designate someone to collect, patient experience surveys from the survey collection box and send collected surveys to the Director of Compliance/QA.
4. Use survey results to reward for successes and work on improvements.

### **B. Front-office Staff**

#### **1. Check-In**

- a. Provide Patient Experience Survey to the patient when she/he checks-in for clinical appointment.
- b. Use patient experience survey scripting as survey is given to ensure patient understands purpose of survey and anonymity of survey.
- c. Participate in improvement efforts.

#### **2. Check-Out**

- a. Ensure patients are putting their surveys into the survey collection box.
- b. Use patient experience survey scripting when checking out patients to remind them to take a few minutes to complete their survey and drop their completed survey into the box.
- c. If patients do not feel comfortable to do so, then advise the patient there is a survey online. Provide the HealthPOiNT website address and survey link (website card), if needed.
- d. Aid in improvement efforts.

### **C. Clinical Staff**

1. Use scripting to remind patients to complete their patient experience survey so that we can provide the best service possible to the patient

2. Aid in improvement efforts.

D. Administration

1. Receive and enter patient experience survey data.
2. Present patient experience survey data results in a meaningful way to help facilitate acknowledgements of successes and areas of opportunities for improvement.
3. Aid clinic managers in rewarding successes and achieving improvements.

RELATED POLICY:

Patient Suggestion/Complaint Process

REFERENCES:

PCMH Standards  
TACHC

REQUIRED BY:

2011 PCMH Standard 6 Element B: Measure Patient/Family Experience  
2011 PCMH Standard 6 Element C: Implement Continuous Quality Improvement  
2011 PCMH Standard 6 Element D: Demonstrate Continuous Quality Improvement

ATTACHMENTS/ENCLOSURES:

Patient Experience Survey  
2014 Patient Experience Survey Front Office Staff Check In Script  
2014 Patient Experience Survey Clinical Staff Script  
2014 Patient Experience Survey Front Office Staff Check Out Script  
Website Cards

**POLICY/PROCEDURE TRACKING FORM (to be added as last page of each P&P for documentation of changes)**

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<b>Date of Revision</b>	<b>Description of Changes</b>			

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