DIVISION:	FQHC	NUMBER(s):	~~CHCA-###~~CHCA-024
PROGRAM:	Division Wide	VERSION:	1.00
TITLE:	~~Patient Satisfaction Survey System~~Patient Satisfaction Survey	PAGE:	1 of 3
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION: Patient satisfaction survey process		ORIGINATION DATE: New	
APPROVED BY: **CHIEF EXECUTIVE OFFICER - FQHC** Randy Smith, MPA Date		REPLACES: New	

I.   PURPOSE

Through the patient satisfaction survey process, data is~~will be~~ gathered to determine how ~~the~~ patients~~s~~ perceives~~s~~ their experience receiving care at the Southern Nevada Community Health Center (SNCHC). ~~operational status and procedures.~~ From this information, the health center's management and quality improvement teams ~~SNCHC~~ can adjust and/or improve its service or discover other opportunities in which to better serve ~~our~~ patient's needs.

II.   SCOPE

This policy applies to all Workforce members. ~~within the FQHC Division or SNCHC.~~

III.   POLICY

SNHD is committed to providing patient-oriented health care services. The p~~P~~atient s~~S~~atisfaction s~~S~~urvey ~~System~~process provides feedback on how well the health center is doing ~~are~~in meeting the needs and expectations of ~~our~~ patients and helps to identify areas to target performance improvement activities.

IV. PROCEDURE

A. ~~Program workforce members~~The health center conduct~~s~~s patient satisfaction surveys <u>on an ongoing basis</u>~~periodically~~ by ~~focusing on~~ direct~~ly~~ ~~surveying~~engaging ~~of~~ all patient<u>s in the process</u>. ~~This may include tools such as Survey Monkey, focus groups and/or patient interviews.~~

~~B.~~ <u>Upon checkout, a survey is automatically sent via text or email to the patient based on their communication preferences. Additionally, two reminders are automatically sent to the patient at predetermined intervals encouraging their participation.</u>~~Front desk staff give a patient satisfaction survey to every patient at every visit. After the patient completes the survey, the patient places it in a secure survey collection box which are located in convenient areas throughout the clinic.~~

~~.~~ ~~Patients may access the survey online and submit as instructed.~~

~~D.~~<u>B.</u> ~~Survey questionnaires will be written in English and Spanish. Workforce members will offer the questionnaire to patients who speak other languages are the survey with the assistance of an interpreter.~~

C. <u>Survey questionnaires are available in English and Spanish.</u>

~~E.~~<u>D.</u> Surveys <u>are</u> ~~may be~~ coded ~~in order~~ to obtain data about specific sites, departments, and/or providers.

E. <u>The</u> Quality Management (QM) Coordinator collect<u>s</u> the completed surveys weekly. The QM Coordinator prepares a report of survey findings on monthly basis and presents ~~it to the QM Patient Satisfaction Sub-Committee and to the QM Committee for review.~~<u>it to the health center's management team.</u>

F. <u>On an ongoing basis, results of patient satisfaction surveys will be shared with the health center's staff and governing board.</u>

~~F.~~ The Q<u>M working with the management team</u>~~uality Management Committee (QMC)~~ <u>will identify themes and trends</u> ~~:~~

~~a.~~ ~~Reports findings to the SNCHC Board.~~

~~a.~~ ~~Report findings to FQHC leadership and management~~

~~a.~~ <u>to inform process improvement opportunities and PSDA projects. Any process improvement actions taken will be led by the QM with support from the management team.</u> ~~Managers/supervisor discuss findings with clinical staff to provide feedback and identify improvement activities.~~

<u>G.</u>

~~a.~~ ~~Receives feedback from the SNCHC Board, FQHC leadership & management~~

~~and clinical staff to identify PSDA projects.~~

Additional Sections

~~Delete if not needed or type~~ Not Applicable

Acronyms/Definitions

~~Delete if not needed or type~~ Not Applicable

V.   REFERENCES

Quality Management Plan

VI.   DIRECT RELATED INQUIRIES TO

~~(Subject Matter Expert Title)~~Quality Management Coordinator
~~(Department Name)~~FQHC
~~(Department Extension, if applicable)~~

HISTORY TABLE

Table 1:   History

Version/Section	Effective Date	Change Made
Version 0		First issuance, replaces SNCHC-ADM-C-017

VII.   ATTACHMENTS

Not Applicable