



Patient Satisfaction Surveys

SHARED LEARNING WEBINAR

JULY 17, 2025

Quadruple Aim from the National Committee for Quality Assurance

Improving	Improving Patient Experience: Enhancing patient satisfaction and care quality
Improving	Improving Population Health: Promoting better health outcomes across populations
Reducing	Reducing Per Capita Healthcare Costs: Lowering the cost of healthcare per individual
Improving	Improving the Work Life of Healthcare Providers: Enhancing provider satisfaction and reducing burnout

Methods to Gather Patient Feedback

- ▶ Standardized National Surveys-HCAHPS/CAHPS
- ▶ Custom Digital Surveys-email/SMS/Portal Based surveys or Real-time digital surveys
- ▶ Real-time Feedback Channels
 - ▶ Feedback Kiosks and Terminals
 - ▶ Patient Feedback Apps and Portals
 - ▶ Ai Chatbots and Voice-Based Feedback

Methods to Gather Patient Feedback

- ▶ AI Chatbots & Voice-Based Feedback
- ▶ Post-Visit Follow-Up
- ▶ Informal & Qualitative Feedback
- ▶ Patient Advisory Committees
- ▶ Online Reviews & Social Media
- ▶ Paper-Based Options

Method	Timing	Format	Ideal Use Case
HCAHPS / CAHPS	48 h–6 weeks post-visit	Mail, phone, IVR, email	Standardized hospital-wide benchmarking
Digital Surveys (SMS/email/app)	Within 24-48 h	Multi-choice + free text	Fast feedback, trending, operational fixes
Feedback Kiosks / Terminals	During visit	Smiley/button ratings	In-the-moment site feedback
Phone Follow-up Calls	Post-discharge or visit	Human or automated voice	Personal touch, detailed clarification
In-Person Sessions / Focus Groups	Scheduled separately	Qualitative interviews	Deep insight into systemic issues
Patient Advisory Committees	Ongoing involvement	Committee feedback	Policy/program co-design and review
Online Reviews / Social Listening	Ongoing public posting	Third-party platforms	Reputation management and trend spotting
Comment Cards / Suggestion Boxes	At discharge or trays	Short written notes	Quick, anonymous onsite impressions

Last Clean Time

11:24 am

PLEASE RATE OUR RESTROOM



EXCELLENT



AVERAGE



NEED SERVICES



Touch-free Feedback Option

Best Practices Summary

- ▶ Use a mixed approach: digital, in-person, phone and written feedback
- ▶ Solicit feedback promptly
- ▶ Keep surveys concise
- ▶ Offer anonymity or optional anonymity
- ▶ Act on feedback

Useful Links

- ▶ https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HCAHPS-Patients-Perspectives-of-Care-Survey-?utm_source=chatgpt.com
- ▶ https://www.prosphire.com/blog/what-is-the-triple-and-quadruple-aim-in-healthcare-and-should-there-be-a-5th-aim/?utm_source=chatgpt.com
- ▶ https://www.surveystance.com/blog-articles/patient-feedback-in-healthcare?utm_source=chatgpt.com
- ▶ https://www.metasenseinc.com/improving-healthcare-through-patient-feedback/?utm_source=chatgpt.com

Sharing from our Enhanced Primary Care and Mobile Integrated Healthcare Partners

- ▶ Molly Calhoun MSN, RNB
Director of Clinical Operations, RN
SEWA Director of Nursing
SEWA Director of Population Health
Providence/Kadlec
- ▶ Kim Selzler
Kittitas Regional Health Services Manager
Community Health of Central Washington

KADLEC | CLINIC

Clinician and Group Experience Survey

SURVEY INSTRUCTIONS: Answer each question by completely filling in the circle 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**
☐ No

Please use black or blue ink to fill in the circle completely.
Example: ☒

YOUR PROVIDER

1. Our records show that you visited the provider named below

Is that right?

- ☐ Yes
☐ No → **If No, please stop and return the survey in the envelope provided.**

The questions in this survey will refer to the provider named in Question 1 as "this provider." Please think of that person 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?

- ☐ Yes
☐ No

Questions that ask about "this visit" are referring to your visit with this provider on

APPOINTMENT AND OFFICE CONTACT

3. Was this visit with this provider an appointment for an illness, injury or condition that **needed care right away**?

- ☐ Yes
☐ No → **If No, go to #5**

4. When you made this appointment for **care you needed right away**, did you get this appointment as soon as you thought you needed?

- ☐ Yes
☐ No

5. Was this visit with this provider an appointment for a **check-up or routine care**?

- ☐ Yes
☐ No → **If No, go to #7**

6. When you made this appointment for a **check-up or routine care**, did you get this appointment as soon as you thought you needed?

- ☐ Yes
☐ No

7. In the last 3 months, did you phone this provider's office with a medical question during regular office hours?

- ☐ Yes
☐ No → **If No, go to #9**

8. In the last 3 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

9. In the last 3 months, did you phone this provider's office with a medical question **after** regular office hours?

- ☐ Yes
☐ No → **If No, go to #11**

10. In the last 3 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

11. In the last 3 months, did this provider order a blood test, x-ray, or other test for you?

- ☐ Yes
☐ No → **If No, go to #13**

12. In the last 3 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow-up to give you the results?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always

YOUR CARE FROM THIS PROVIDER ON

13. Wait time includes time spent in the waiting room and exam room. During this visit, did you see this provider **within 15 minutes** of your appointment time?

- ☐ Yes
☐ No

14. During this visit, did this provider explain things in a way that was easy to understand?

- ☐ Yes, definitely
☐ Yes, somewhat
☐ No

15. During this visit, did this provider listen carefully to you?

- ☐ Yes, definitely
☐ Yes, somewhat
☐ No

16. During this visit, did you talk with this provider about any health questions or concerns?

- ☐ Yes
☐ No → **If No, go to #18**

17. During this visit, did this provider give you easy to understand information about these health questions or concerns?

- ☐ Yes, definitely
☐ Yes, somewhat
☐ No

18. During this visit, did this provider seem to know the important information about your medical history?

- ☐ Yes, definitely
☐ Yes, somewhat
☐ No

19. During this visit, did this provider have your medical records?

- ☐ Yes
☐ No

continued...

1. Care Quality:

- **Effectiveness of Treatment:** Did the treatment effectively address your health concerns?
- **Clarity of Information:** Did the provider explain things in a way you understood?
- **Follow-up Care:** Were you satisfied with the follow-up care provided?
- **Did the provider involve you in decisions about your care?**
- **Did the provider explain your condition and treatment options clearly?**
- **Did the provider listen to your concerns and answer your questions?**

2. Communication:

- **How well did the provider listen to you?**
- **How well did the provider explain things to you?**
- **How well did the provider answer your questions?**
- **Did the provider give you enough information about your health and treatment?**
- **How well did the provider communicate with you overall?**
- **How often did the doctor involve you in decisions about your care?**

3. Access and Convenience:

- **How easy was it to schedule your appointment?**
- **How long did you wait before seeing a provider?**
- **How convenient were the appointment times?**
- **Was the location of the facility convenient for you?**
- **Were you able to get through to the provider's office easily?**



Group Sharing

- ▶ Kittitas County Fire District 6
- ▶ Yakima Neighborhood Health Services
- ▶ Columbia County Health System