

# CARROLL COUNTY NEPHROLOGY, PC

## Patient Satisfaction Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Your Age: \_\_\_\_\_

Your Race/Ethnicity: \_\_\_ Asian

Your Gender: M \_\_\_ F \_\_\_

\_\_\_ Pacific Islander

\_\_\_ Black/African American

Office: Villa Rica \_\_\_

\_\_\_ American Indian/Alaska Native

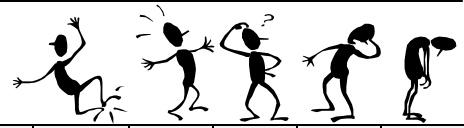
Bremen \_\_\_

\_\_\_ White (Not Hispanic or Latino)

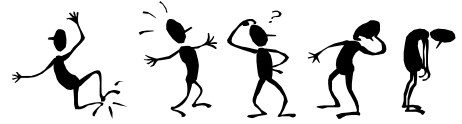
Carrollton \_\_\_

\_\_\_ Hispanic or Latino (All Races)

\_\_\_ Unknown



Please circle how well you think we are doing in the following areas:	GREAT	GOOD	OK	FAIR	POOR
	5	4	3	2	1
<b>Ease of getting care:</b>					
Ability to get in to be seen	5	4	3	2	1
Hours Center is open	5	4	3	2	1
Convenience of Center's location	5	4	3	2	1
Prompt return on calls	5	4	3	2	1
<b>Waiting:</b>					
Time in waiting room	5	4	3	2	1
Time in exam room	5	4	3	2	1
Waiting for tests to be performed	5	4	3	2	1
Waiting for test results	5	4	3	2	1
<b>Staff:</b>					
<b>Provider: (Physician)</b>					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
<b>Nurses and Medical Assistants:</b>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1



Please circle how well you think we are doing in the following areas:	GREAT	GOOD	OK	FAIR	POOR
	5	4	3	2	1
<b>All Others:</b>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
<b>Payment :</b>					
What you pay	5	4	3	2	1
Explanation of charges	5	4	3	2	1
Collection of payment/money	5	4	3	2	1
<b>Facility:</b>					
Neat and clean building	5	4	3	2	1
Ease of finding where to go	5	4	3	2	1
Comfort and Safety while waiting	5	4	3	2	1
Privacy	5	4	3	2	1
<b>Confidentiality:</b>					
Keeping my personal information private	5	4	3	2	1
<b>The likelihood of referring your friends and relatives to us:</b>	5	4	3	2	1
<b>Do you consider this center your regular source of care?</b>	Yes ____ No ____				

What do you like best about our office? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you like least about our office? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggestions for improvement? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for completing our Survey!**

## SECTION 2

### GUIDELINES

### For Administering the Patient Satisfaction Survey

#### How to Give the Survey to Patients

To ensure consistency in the administration of the *Patient Satisfaction Survey*, it is suggested that the *Survey* be given to patients in one of three ways listed below.

1. A stack of the *Survey's* is made readily available to patients at the time they check out from the health center. If the *Survey's* are administered this way, have an envelope or box, marked "Completed Patient Satisfaction Survey's," right next to the stack of *Survey's* for patients to put their completed *Survey* into.
2. Someone on staff hands the *Survey* to a patient at the end of their visit, and asks them to complete it prior to leaving the health center. After the patient has completed the *Survey*, immediately place the *Survey* in an envelope and do not read any of the patient's responses to the *Survey*, or show the patient where there is a centrally located envelope or box, marked "Completed Patient Satisfaction Survey's," to place the *Survey* in.
3. For patients that may have difficulty reading, someone who is not a health care provider at your health center, should assist them. If appropriate, health center staff should ask the patient if they need help to complete the *Survey*. Individuals that can assist patients in reading the *Survey* can include outreach workers, non-health care provider staff, family members, patient's friends, and volunteers. After the patient has completed the *Survey*, immediately place the *Survey* in an envelope and do not read any of the patient's responses to the *Survey*, or show the patient where there is a centrally located envelope or box, marked "Completed Patient Satisfaction Survey's," to place the *Survey* in.

When the *Survey* is given to patients, be sure to tell them that they are helping you improve the quality of your services and that all of their responses to the *Survey* will be kept confidential/anonymous.

## Cost Estimate of Administering the Patient Satisfaction Survey

To help better understand the costs associated with administering the *Patient Satisfaction Survey*, you can estimate your total costs as well as those costs associated with preparing to administer the *Survey*. This cost estimate should include both direct costs, such as cost for duplicating the *Survey* itself, and administrative costs, specifically the costs associated with staff time.

<b>FTE Types Involved</b>	<b># of FTE's</b>	<b># of Hours (Estimated)</b>	<b>Total Cost (# hours x Salary)</b>
• Administration			
• Physician			
• Nurse Practitioner, Physician Assistant, Certified Nurse Midwives			
• Nurses and Medical Assistants			
• Outreach Workers			
• Volunteers			
• Other:			
• Other:			

## SECTION 3