

# GENERAL ADMINISTRATION 7.0

## Patient Satisfaction Survey -- 7.19

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**Revised:**

**Signature:**



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Assistant Commissioner  
Bureau of Health Services

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### **POLICY**

Every county health department/clinic will conduct a patient satisfaction survey once each calendar year for a period of five (5) working days using the prescribed satisfaction survey form.

### **APPLICABILITY**

This policy applies to Local Health Department, Regional and Central Office personnel.

### **PURPOSE**

To assess the level of satisfaction of health department patients with the services they receive and their interactions with staff.

### **PROCEDURE**

All county health department directors will be responsible for assuring that **Satisfaction Survey, PH-3429 for English** and **PH3429S for Spanish**, is made available to patients visiting each clinic site for a period of five (5) working days during the calendar year. Services offered on the days selected for the satisfaction survey should be representative of the range of services provided by the clinic.

Regional staff, county staff, and central office program staff are responsible for reviewing the information obtained from the survey and for implementing appropriate changes to improve patient satisfaction.

Central Office programs which commit themselves to more frequent and/or more in-depth satisfaction surveys through their grant applications, or which want more frequent and/or more in-depth information for other purposes (i.e., program evaluation, needs assessment, outcome assessment, etc.) are responsible for conducting such surveys with Central Office program staff. Any forms used for these purposes must be developed in accordance with Bureau Policy 5.4.a, Developing/Revising Public Health Forms.

**NECESSARY FORM**

Patient Satisfaction Survey, PH-3429

Patient Satisfaction Survey, Spanish, PH-3429S

**OFFICE OF PRIMARY RESPONSIBILITY**

Office of the Director, Bureau of Health Services, (615)741-7305