



# Patient Satisfaction Survey Procedure

Procedure Number  
WCDHB-PG-0003

Version Nos:  
**3**

## 1. Purpose

This Procedure is performed as a means of enabling the management of the West Coast District Health Board (WCDHB) to receive useful patient feedback on the quality of health services being provided through a process of identification, benchmarking and monitoring.

## 2. Application

This Procedure is to be followed by all staff throughout WCDHB.

## 3. Definitions

There are no definitions associated with this Procedure.

## 4. Staff Authorised To Perform Procedure/Responsibilities

For the purposes of this Procedure:

**Quality Manager** is responsible for all aspects of this Procedure.

## 5. Resources Required

This Procedure requires:

- i) survey tool (form);
- ii) survey instructions (which may include a letter);
- iii) envelopes;
- iv) analysis template;
- v) action plan.

## 6. Process

### 1.00 General Inpatient/Outpatient Satisfaction Survey

1.01 WCDHB will undertake surveys of its general hospital inpatients and outpatients in accordance with the requirements contained within the publication "*New Zealand Public Hospital and Health Services Patient Satisfaction Survey Guidelines January 2000*".

1.02 Two separate survey tools will be used:

- i) for inpatients
- ii) for outpatients.

1.03 Each survey tool will be composed of two sections:

- i) Section One which is to contain compulsory questions – 17 for inpatients and 15 for outpatients;
- ii) Section Two which is to contain optional questions – up to a maximum of 30 questions.



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- 1.04 A covering letter (signed by the Chief Executive Officer) and instructions are to be included with each survey tool.
- 1.05 The number of patients to be sampled each quarter is based on the patient population for each quarter and is tabulated in Table on Page 12 of *“New Zealand Public Hospital and Health Services Patient Satisfaction Survey Guidelines January 2000”*, with the objective being a 65% response rate.
- 1.06 Sampling frequency is to be twice monthly with survey tools mailed out to patients within a fortnight of them being discharged or attending an outpatient clinic.
- 1.07 The following exclusions are to be include when determining the patients to be surveyed:
  - i) For Inpatients – terminally ill patients, patients transferred to other Hospitals, boarders, patients with sexual health matters or pregnancy terminations, overseas patients.
  - ii) For Outpatients - patients with sexual health matters or pregnancy terminations, mental health patients, disability support and community health service clients, AT&R follow-ups, Emergency Department attendance’s not admitted.
- 1.08 The WCDHB Patient Management System is to be used to randomly select the patients to be surveyed.
- 1.09 Each survey tool, instructions and covering letter is to be posted out to the patients being surveyed, with a post-paid reply envelope included.
- 1.10 All survey tools are to be dated stamped with the date upon which they were dispatched.
- 1.11 Analysis and processing of returned survey forms will be undertaken by a suitably qualified independent contractor on behalf of WCDHB.
- 1.12 A complete electronic record is to be maintained by the Risk and Quality Manager containing the survey results for each quarter.
- 1.13 Results of the survey will be reported to the Ministry of Health as per Page 15 - 16 of *“New Zealand Public Hospital and Health Services Patient Satisfaction Survey Guidelines January 2000.”*
- 1.14 Survey results are to be distributed to the all Board Members, Chief Executive Officer, all General Managers, and all Departments/Units/Services throughout WCDHB.
- 1.15 It is the responsibility of each General Manager, in conjunction with the relevant Department/Service/Unit Manager to ensure that where indicated by the survey results, appropriate improvements are made with regards the delivery of services..
- 1.16 Where a patient who has been surveyed responds with a concern, it is the responsibility of the Chief Executive Officer’s office to follow up on this concern.



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## 2.00 Individual Department/Service Satisfaction Surveys

- 2.01 WCDHB will develop an annual programme by which each individual department/service will undertake a survey of its client's (internal and external) on a triennial basis.
- 2.02 Each department/service manager will in conjunction with the Quality Manager develop an appropriate survey tool, and determine target population.
- 2.03 The Quality Manager will oversee the dispatch, return and analysis of the survey results.
- 2.04 The Quality Manager will provide for the department/service a presentation of the survey results as well as an action plan to ensure that appropriate improvements are made where they have been identified by the survey.

## 3.00 Mental Health Survey

- 3.01 The WCDHB Mental Health Service will undertake on a quarterly basis a survey of its clients.
- 3.02 The survey will be undertaken as per Sections 1.04, and 1.08 – 1.12 of this Procedure.
- 3.03 Survey results are to be distributed to the all Board Members, Chief Executive Officer, all General Managers, and each District Manager
- 3.04 It is the responsibility of each District Manager to ensure that where indicated by the survey results, appropriate improvements are made.
- 3.05 Where a patient who has been surveyed responds with a concern, it is the responsibility of the Mental Health Operations Manager to follow up on this concern.

## 7. Precautions And Considerations

- ➔ WCDHB will undertake surveys of its general hospital inpatients and outpatients in accordance with New Zealand Public Hospital and Health Services Patient Satisfaction Survey Guidelines
- ➔ WCDHB will develop an annual programme by which each individual department/service will undertake a survey of its client's (internal and external) on a triennial basis.
- ➔ The WCDHB Mental Health Service will undertake on a quarterly basis a survey of its clients.

## 8. References

New Zealand Public Hospital and Health Services Patient Satisfaction Survey Guidelines

NZS 8143:2001 National Mental Health Sector Standards



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## 9. Related Documents

WCDHB/WCDHB Quality Policy

WCDHB/WCDHB Service Improvement Procedure

WCDHB MHS Service Improvement Procedure

<b>Revision History</b>	<b>Version:</b>	3
	<b>Developed By:</b>	Quality, Privacy, Risk Advisor
	<b>Authorised By:</b>	Chief Executive Officer
	<b>Date Authorised:</b>	May 2000
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	<b>Date Of Next Review:</b>	January 2009