SON OP: 50.200, **Patient Satisfaction Assessment Policy**

**PURPOSE:** The purpose of the School of Nursing Patient Satisfaction Assessment Operating Policy and Procedure (SON OP) is to provide a mechanism for collection of client feedback for client health care service improvement.

**REVIEW:** The OP will be reviewed biennially by October 1 of each odd numbered year (ONY) by the Associate Dean of Outcomes Management and Evaluation, with recommendations for revisions forwarded to the Dean of the School of Nursing.

**POLICY/PROCEDURE:**

1. **Policy**

   The purpose of the Patient Satisfaction Assessment Policy is to promote collection of valid and reliable client feedback for client health care services improvement planning and decision-making. Informal and formal means of participation in assessment are available to clients. Informal opportunities are client/family comments at the time of the health care service provision. Formal opportunities include regular completion of the Patient Satisfaction Assessment tools.

   Provision of individual client/family input into the ongoing assessment process is essential. Additionally, voluntary and anonymous client/family participation is considered more valuable than coerced participation. Further, qualitative and quantitative information is needed to perform ongoing health care service improvement.

2. **Procedure**

   The Patient Satisfaction Assessment procedure is as follows:

   a. The School of Nursing Larry Combest Community Health and Wellness Center (LCCHWC) leadership determines the frequency for completion of the Patient Satisfaction Assessment tools (see Attachments A, B, C, and D).

   b. Health care providers or staff ask each client/family to complete the tool at the conclusion of the health care visit.

   c. The client/family returns completed tool to LCCHWC.

   d. Completed tools are submitted to the Office of the Associate Dean for Outcomes Management and Evaluation for data analysis and analysis report generation.
e. An analysis dashboard is distributed to the LCCHWC leadership for improvement planning and decision-making, and Coordinating Council for review and generation of improvement recommendations. (see Attachment E - Patient Satisfaction Assessment Analysis Dashboard - Sample)

Developed: YM 6/03
Approved: AEG 6/03; OEC 7/03
Reviewed: YM 7/04; 1/05; 8/06; 10/07; 10/09; 4/10, 6/13, 06/15, DO/LO 7/17, YM 8/19, EC 2/20
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