

## We are excited to present you with the patient satisfaction survey.



This tool was developed by the Lakeside Community Healthcare staff-model clinics and has demonstrated significant improvements in both patient and provider satisfaction. The tool identified perceived gaps in a patient's care and providers were able to address them in real-time. The overwhelming response from patients and providers was that the survey tool helped in the care of their patients, and put patients and providers on the same page.

Patients felt the care they received was more comprehensive and thorough, and they were happy when they left their primary care offices. The providers noted an initial increase in the visit times. As their staff and patients became familiar with the survey, the duration of the visits actually shortened. The survey identified issues within their offices that the providers were not aware of.



### How to use the tool:

1. Ask the patients to fill out the survey before every visit or have the medical assistant review questions with the member. It can be done in-office or sent to them before their visit.
2. The provider will review the survey during the visit and address any issues the patient has noted.



### Benefits:

- It provides real-time feedback to the provider and allows the provider to address any misconceptions with the patient.
- It builds trust between the patient and provider.
- Patients felt they had received a comprehensive and thorough medical evaluation.

### Feedback from a physician who used the tool:

**"The CAHPS-HOS Survey is an essential tool that helps fill in any voids in medical care. It asks pertinent questions in a comprehensive manner that allows the physician to quickly discuss issues with the patient instead of running through questions themselves. The patients appreciate it and feel cared for after the visit."**

**- Dr. Isaac Sinai, Primary Care Physician**

# CAHPS-HOS Questionnaire

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you need an interpreter?	Yes	No	
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1. Changes in your health since your last visit			
Has there been a change in your health? If so, please explain.	Yes	No	
Has there been a change in your medications? If so, what changes?	Yes	No	
Do you have difficulty getting your medications due to financial, transportation or referral reasons?	Yes	No	
Have you seen a specialist for any reason? If so, who and why?	Yes	No	
Have you had any imaging (x-rays, ultrasound, CT, MRI) or blood tests done recently by specialists? If yes, what?	Yes	No	

2. Questions about your health			
Do you have any questions about your medications?	Yes	No	
Do you have questions about the results of your imaging or blood tests?	Yes	No	

3. Behavioral wellness			
In the past 12 months, have you had increasing feelings of irritability, anxiousness, or sadness?	Yes	No	
Are you receiving help from a healthcare provider for your mental/emotional health?	Yes	No	
Would you like to receive help for your mental/emotional health?	Yes	No	

4. Health maintenance			
In the last 12 months, has your health improved, stayed the same, or become worse?	Worse	Same	Better
Over the last 12 months, have you had worsening hearing or vision?	Yes	No	
Have you had a fall in the last 12 months?	Yes	No	

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you have problems with walking or balance?	Yes	No	
Do you have chronic pain or a physically disabling condition?	Yes	No	
In the last 12 months, has your physical health interfered with your daily activities at home or at work?	Yes	No	
Do you have problems with leaking of urine (urinary incontinence)?	Yes	No	
Do you exercise most days of the week?	Yes	No	
Have you ever had a bone density test to check for osteoporosis or "brittle bones?"	Yes	No	
Have you had a flu vaccine in the last 12 months?	Yes	No	

#### 5. Access to care

Do you feel your doctor spends enough time with you?	Yes	No	
Does your doctor explain things in a way that is easy to understand?	Yes	No	
In the last 6 months, did you receive an appointment as soon as you needed with our office?	Yes	No	
Has the office staff treated you with courtesy and respect?	Yes	No	
Has the office staff been as helpful as you would have liked?	Yes	No	
In the last 6 months, did you receive referrals in a timely manner from our office?	Yes	No	
Would you like to speak to someone about getting help with transportation or social services?	Yes	No	
Did your appointment start within 15 minutes of your appointment time?	Yes	No	
When your personal doctor ordered a blood test, x-ray or other tests, did someone from our office follow up to give you those results?	Yes	No	