

This tool accompanies *Lessons for Financial Success* available at mgma.com/lessons. *Lessons* is a free, easy-to-use guide for office administrators and physicians who manage their own practices but may not have a formal business background.

Example Patient Satisfaction Survey

Conducting patient satisfaction surveys in your practice can lend exceptional insight into how to improve quality, care, and referral rates. When performed thoughtfully and with adequate follow-up, the results of these surveys can immediately affect the way your practice does business. Satisfied customers are essential to your practice's continued success, no matter your practice size, speciality, or location.

The following sample patient satisfaction survey is provided by MGMA AdminiServe Partner, SullivanLuallin Healthcare Consulting, 3760 Fourth Avenue, San Diego, CA 92103. To learn more about benchmarking your survey, call 619.283.8988, e-mail inquiry@sullivan-luallin.com, or visit www.sullivan-luallin.com.

SUPERCARE MEDICAL GROUP

Harry B. Campbell, M.D.

Dear Patient: According to our records, you recently visited the provider named above. Please tell us your opinion about the service you received from this provider. Your responses will be kept strictly confidential. Thanks for your help.

PLEASE RATE THE FOLLOWING:

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
A. YOUR APPOINTMENT:						
1. Ease of making appointments by phone	5	4	3	2	1	N/A
2. Appointment available within a reasonable amount of time	5	4	3	2	1	N/A
3. Getting care for illness/injury as soon as you wanted it	5	4	3	2	1	N/A
4. Getting after-hours care when you needed it	5	4	3	2	1	N/A
5. The efficiency of the check-in process	5	4	3	2	1	N/A
6. Waiting time in the reception area	5	4	3	2	1	N/A
7. Waiting time in the exam room	5	4	3	2	1	N/A
8. Keeping you informed if your appointment time was delayed	5	4	3	2	1	N/A
9. Ease of getting a referral when you needed one	5	4	3	2	1	N/A
B. OUR STAFF:						
1. The courtesy of the person who took your call	5	4	3	2	1	N/A
2. The friendliness and courtesy of the receptionist	5	4	3	2	1	N/A
3. The caring concern of our nurses/medical assistants	5	4	3	2	1	N/A
4. The helpfulness of the people who assisted you with billing or insurance	5	4	3	2	1	N/A
5. The professionalism of our lab or x-ray staff	5	4	3	2	1	N/A
C. OUR COMMUNICATION WITH YOU:						
1. Your phone calls answered promptly	5	4	3	2	1	N/A
2. Getting advice or help when needed during office hours	5	4	3	2	1	N/A
3. Explanation of your procedure (if applicable)	5	4	3	2	1	N/A
4. Your test results reported in a reasonable amount of time	5	4	3	2	1	N/A
5. Effectiveness of our health information materials	5	4	3	2	1	N/A
6. Our ability to return your calls in a timely manner	5	4	3	2	1	N/A
7. Your ability to contact us after hours	5	4	3	2	1	N/A
8. Your ability to obtain prescription refills by phone	5	4	3	2	1	N/A

Client: 1234A Provider: BQ Site: AL Specialty: S04

PLEASE COMPLETE THE OTHER SIDE ▣ ▢

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
D. YOUR VISIT WITH THE PROVIDER: (Doctor, Physician Assistant, Nurse Practitioner)						
1. Willingness to listen carefully to you	5	4	3	2	1	N/A
2. Taking time to answer your questions	5	4	3	2	1	N/A
3. Amount of time spent with you	5	4	3	2	1	N/A
4. Explaining things in a way you could understand	5	4	3	2	1	N/A
5. Instructions regarding medication/follow-up care	5	4	3	2	1	N/A
6. The thoroughness of the examination	5	4	3	2	1	N/A
7. Advice given to you on ways to stay healthy	5	4	3	2	1	N/A
E. OUR FACILITY:						
1. Hours of operation convenient for you	5	4	3	2	1	N/A
2. Overall comfort	5	4	3	2	1	N/A
3. Adequate parking	5	4	3	2	1	N/A
4. Signage and directions easy to follow	5	4	3	2	1	N/A
F. YOUR OVERALL SATISFACTION WITH:						
1. Our practice	5	4	3	2	1	N/A
2. The quality of your medical care	5	4	3	2	1	N/A
3. Overall rating of care from your provider or nurse	5	4	3	2	1	N/A

WOULD YOU RECOMMEND THE PROVIDER TO OTHERS? Yes 1 No 2

IF NO, PLEASE TELL US WHY: _____

IF THERE IS ANY WAY WE CAN IMPROVE OUR SERVICES TO YOU, PLEASE TELL US ABOUT IT:

SOME INFORMATION ABOUT YOU:

GENDER

Male 1
Female 2

YOUR AGE

Under 18 1
18-30 2
31-40 3
41-50 4
51-60 5
Over 60 6

ARE YOU:

A new patient 1
A returning patient 2

Thanks very much for your help!

Since the mid-1980s, SullivanLuallin has helped MGMA members build patient satisfaction and word-of-mouth referrals; their “*Star Studded Service: Six Steps to Winning Patient Satisfaction*,” was a 2007 MGMA best seller.