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| ***POLICY AND PROCEDURE*** | |
| **SUBJECT/TITLE:** | Customer Satisfaction Survey Policy and Procedure |
| **SCOPE:** | All Columbus Public Health (CPH) staff |
| **CONTACT PERSON & DIVISION:** | Laurie Dietsch –Accreditation & Performance Improvement Coordinator |
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**PURPOSE**

The purpose of this document is to:

1. Describe the use of customer satisfaction surveys at CPH.
2. Describe the processes to support collection of customer satisfaction data related to health care delivery and the quality of services provided.
3. Describe how to utilize data at a programmatic and administrative level.
4. Outline roles and responsibilities.

**POLICY**

All staff members shall adhere to the guidelines for customer satisfaction set forth in this document.

**BACKGROUND**

The Public Health Accreditation Board (PHAB) states the following: “Customer focus is a key part of an organization’s performance management system. To evaluate the effectiveness and efficiency of the health department’s work, it is essential to identify customers and stakeholders, both internal and external. A health department also needs a process to capture and analyze customer feedback in order to address the expectations of various public health customers.” *(Public Health Accreditation Board, 2013)* 1

Customer satisfaction surveys are a form of feedback from those who have received services. By asking clients about their level of satisfaction on a regular schedule, using the same questions and similar procedures, agencies can produce a set of careful, consistent, quantitative measurements or ratings of their performance at various points in time. (*Georgia Department of Community Health - Division of Public Health, 2015)* 3

Customer satisfaction surveys inform the customer/client that CPH is interested in knowing the customer/client viewpoints on quality and is looking for ways to improve.

**Columbus Public Health Values: CARE**

1. Customer Focus:  Our many, diverse customers, both in the community and within our organization, know that they will be treated with thoughtful listening and respect.  They know that our first priority is the health and safety of our community, and we will do all that is within our abilities and resources to address their individual needs and concerns.
2. Accountability:  We understand that we are accountable for the health and safety of everyone in our community, and that as a publicly funded organization, we are all responsible for maintaining the public’s trust through credible information, quality programming and services, and fiscal integrity.  We know the scope of our programs and services and the critical role everyone plays in delivering our mission and achieving our vision.
3. Research / Science‐based:  Credible science is the foundation of our policies and program decisions. The community knows that our decision‐making is based on research and best practices, and is grounded in the most current scientific information available.
4. Equity and Fairness: Our clients, partners and coworkers know that we will interact with them with fairness and equity, and that we strive to deliver our programs and services and operate in a manner that is just and free from bias or prejudice.

**GLOSSARY OF TERMS**

**Customer** *–* Recipient of the products or services that an agency produces. *(Office of the King County Executive)* 4

**Customer Service** - Commitment to providing value added services to external and internal customers, including attitude, knowledge, technical support and quality of service in a timely manner.5

**External Customer** – A customer of a product or service who is not an employee or part of the company that supplies it. *(Cambridge Dictionaries Online, 2013)* 6.

**Internal Customer** – An employee or department that uses goods or services supplied by their own company as part of their job. *(Cambridge Dictionaries Online, 2013)* 6.

**PROCEDURES & STANDARD OPERATING GUIDELINES**

# Customer Satisfaction Surveys

Select CPH Programs will conduct regularly scheduled Customer Satisfaction Surveys (CSS) at least annually. CSS results are an integral part of performance management and are used to inform and identify opportunities for improvement. Target satisfaction rate is 90% and action plans are expected for programs not meeting the 90% target.

## Types of Customers Satisfaction Surveys

The three types of customer satisfaction surveys include:

### External Client CSS – this survey is provided to the direct clients that receive services from CPH staff through various program areas.

### External Partner CSS – this survey is provided to the community and service agencies within our community that CPH staff work with on a regular basis.

### Internal CSS – this survey is provided to other CPH colleagues with whom we interact with on a regular basis.

## Departmental Focus Areas

Each survey will be constructed with questions to measure satisfaction in five (5) departmental focus areas. (See Appendix A for further description.)

### Access to services

### Appearance

### Communication

### Respectful & courteous treatment from staff; and

### End results

## Programs Involved

See Appendix B for the current list of CPH Programs with customer satisfaction surveys.

# Methodology, Reporting, and Utilization

## Survey Question Development and Maintenance

Each CSS will contain at least one question from each of the five (5) departmental focus areas. Additional questions may be developed to provide a Program with other data relevant to their setting and service line. The Office of Planning and Quality Improvement (OPQI) is responsible for assisting with survey development.

### Directors/Program Managers are expected to participate in the development of a CSS and utilize the results to improve customer service.

### It is the responsibility of the program to work with staff in Neighborhood Health to translate surveys into languages other than English (e.g. Somali, Spanish, etc.) as needed. All translated surveys need to be shared with OPQI so that the information can be updated in SurveyMonkey.

## Administering the CSS

Programs are expected to provide surveys to their customers in a timely and efficient manner (paper-based or electronic), provide instructions for survey completion, and, if paper based, deliver the completed surveys to OPQI on a regular basis. The timing and method for how this occurs will vary from program to program. The OPQI is available to assist with determining survey methodology, appropriate sample size, and frequency of survey period (e.g. quarterly, bi-annually, annually, etc.). **Note:** *To maintain customer confidentiality, program staff are not to review CSS results (except to provide translation services, if needed) prior to submitting to OPQI.*

## Reporting and Use of Results

The OPQI will analyze and report all CSS results received in a quarter within 45 days of the quarter end to each participating program area. Results can be used to:

### Inform performance improvement activities.

#### Drive staff conversation around identifying issues, proposing solutions, and removing barriers that that get in the way of providing excellent care.

#### Provide baseline and measurement data that shows impact of improvements that were made to a process.

### Increase transparency

#### Use reports to drive conversation with frontline staff as well as managers about what influences the customer’s level of satisfaction.

#### Provide information to stakeholders, partners, and customers as well as internally to staff and management.

### Support funding

#### Provide customer satisfaction information for grant applications.

#### Identify opportunities for improvement that involve resource allocation.

### Support re-accreditation

#### Provide Examples to Public Health Accreditation Board (PHAB) for reaccreditation.

#### Utilize CSS rates as potential dashboard measures for all programs that have surveys.

## Roles and Responsibilities

This section provides a summary of CSS-related roles and responsibilities:

### OPQI will:

#### Assist program areas with CSS survey development and methodology.

#### Ensure CSS surveys are entered into Survey Monkey quarterly (hard copy or electronic).

#### Analyze survey data.

#### Generate and distribute program-specific reports and posters to Program Managers, Division Directors and Assistant Health Commissioners quarterly.

#### Generate and present a composite department-wide summary report to the QC and SAT quarterly.

#### Assist program areas, as needed, with action plan development and improvement efforts.

#### Review, track, and monitor action plans with support from the QC.

### Program areas will:

#### Work with OPQI when creating and/or revising a CSS.

#### Submit completed (hard copy) surveys to OPQI on an agreed upon schedule.

#### Review CSS results with all staff quarterly.

#### Display posters in staff areas.

#### Prepare a quarterly action plan around results falling below the target CSS rate of 90% and submit to Division Director and OPQI. (See Appendix C for action plan template.)

#### Implement action plan.

#### Present action plan progress at QC meetings as a way to share current practices and lessons learned.

### Quality Council will:

#### Review the department-wide CSS results to identify trends and opportunities for improvement; make suggestions to Program Managers and SAT, if and as necessary.

#### Invite program areas to present action plan progress at QC meetings.

### SAT will:

#### Review department-wide CSS results and monitor for trends.

#### Consider CSS-related recommendations presented by QC.

#### Support programmatic and department-wide improvement efforts, as needed and feasible.

#### Work with OPQI and Communications to display department-wide CSS results to the public.

**CITATIONS**

1. Public Health Accreditation Board. (2013, December). Measure 9.1.4 Implemented systematic process for assessing customer satisfaction with health department services. *Standards & Measures*, 210.
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3. Georgia Department of Community Health - Division of Public Health. (2015, February). *Quality Assurance/Quality Improvement for Public Health Nursing Practice Manual: Guidelines for Customer Satisfaction.* Retrieved 7/10/2017 from Georgia Department of Public Health: <https://dph.georgia.gov/sites/dph.georgia.gov/files/QA_QI%20Manual%20Final_2015.pdf>.
4. Office of the King County Executive. (n.d.). *Measuring Customer Satisfaction: Improving the xperience of King County's customers.* Retrieved 7/10/2017 from King County, Washington: [http://www.kingcounty.gov/](http://www.kingcounty.gov/~/media/services/customer-service/files/1101CustomerSatisfactionGuide.ashx?la=en).
5. *Definition of Customer Service*. (n.d.). Retrieved 7/10/2017, from CSM eMagazine for Customer Service Professionals: <http://customerservicemanager.com/definition-of-customer-service.htm>
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**CONTRIBUTORS**

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**APPENDICES**

Appendix A: CPH Customer Service Focus Areas

Appendix B: Current list of participating programs

Appendix C: Action Plan Template

**SIGNATURES**

I have reviewed this document and endorse it as an official CPH Policy and Procedure:

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*Teresa Long, MD, MPH Date*

*Health Commissioner*

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*Roger Cloern Date*

AssistantHealth Commissioner/Chief Operations Officer

**APPENDIX A – CUSTOMER SERVICE FOCUS AREA DESCRIPTIONS**

**This is the list of Focus Areas that Columbus Public Health has designated to be utilized in the development of customer satisfaction surveys. The areas will be used to measure overall customer satisfaction in the department.**

[Adapted from Office of the King County Executive. (n.d.)]

| **FOCUS AREA** | **DESCRIPTION/EXAMPLES** |
| --- | --- |
| 1. **Access to services** | * In person: the ability to get to the service location, visible & clear signage, navigate the service environment. Availability of interpreter services. * On the phone: the ability to get through on the phone, navigate an automated phone system, speak with an agent. * On the web: the ability to find what is needed on the web, ease of navigation on the web. * Timeliness: speed and timeliness of service delivery. * Convenience: the ease with which it is to obtain the product or receive the service; no hassles. |
| 1. **Appearance** | * The aesthetic appearance and the ambience of the service environment, the presentation of service facilities, goods and staff. * The clean and tidy appearance of the service environment, facilities, goods and contact staff. * The physical comfort of the service environment and facilities. * Safety & security: the personal safety of the customer and his or her possessions while receiving the service or product. |
| 1. **Communication** | * The ability of the service provider to communicate with the customer in a way he or she will understand. * The clarity, completeness and accuracy of both verbal and written information communicated to the customer and the ability of staff to listen to and understand the customer. This includes keeping the customer informed. |
| 1. **Respectful & courteous treatment from staff** | * Friendliness: the warmth and personal approachability of contact staff, including cheerful attitude and the ability to make the customer feel welcome. * Courtesy: the politeness, respect and propriety shown by contact staff in dealing with the customer and his or her property. * Care: the concern, consideration, empathy and patience shown to the customer. This includes the extent to which the customer is put at ease by the service and made to feel emotionally comfortable. * Attentiveness/helpfulness: the extent to which the service, particularly of contact staff, either provides help to the customer or gives the impression of interest in the customer and shows a willingness to serve. This includes going the extra mile. * Competence: the skill, expertise and professionalism with which the service is executed. This includes the carrying out of correct procedures, correct execution of customer instructions, degree of product or service knowledge exhibited by contact staff, the rendering of good, sound advice and the general ability to do a good job. * Commitment: staff’s apparent commitment to their work, including the pride and satisfaction they apparently take in their job, their diligence and thoroughness. * Reliability: the reliability and consistency of performance of service facilities, goods and staff. This include punctual service delivery and an ability to keep to agreements made with the customer. * Fairness: the honesty, justice, fairness and trust with which customers are treated by the service organization. * Confidentiality: the maintenance of confidentiality. |
| 1. **End results** | * The quality of the end product or service. In the end, did the customer get what they wanted/needed? * The functionality of the product or service. Does the end product or service meet the customer’s needs. * The availability of service facilities, staff and goods to the customer, including both the quantity and the range of services and products made available to the customer. |

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| Appendix B Customer Satisfaction Survey Program List | | | |
| REV 8/17/17 | | | |
| **Program** | **Division** | **Frequency of Reporting** | **Internal External (Client) External (Partner)** |
| All Programs | Administration | Annually | Internal |
| AOD - Alcohol & Other Drugs | Family Health | Quarterly | External (Client) |
| Car Seat | Family Health | Quarterly | External (Client) |
| Immunization | Clinical Health | Quarterly | External (Client) |
| Licensed Food Facilities (EH) | Environmental Health | Anually | External (Client) |
| Maternal and Child Health - Family Ties (Yellow survey) | Family Health | Anually | External (Client) |
| Maternal and Child Health - My Baby & Me (Blue survey) | Family Health | Anually | External (Client) |
| Maternal and Child Health - Newborn Home Visiting (Purple survey) | Family Health | Bi-Annually | External (Client) |
| Maternal and Child Health - Ohio Infant Mortality Reduction Initiative (Green survey) - Pregnancy Support Services (Redish survey) | Family Health | Bi-Annually | External (Client) |
| Population Health Partners | Population Health | Annually | External (Partner) |
| Ryan White annual | Clinical Health | Anually | External (Partner) |
| Ryan White LTC | Clinical Health | Quarterly | External (Client) |
| Ryan White MCM | Clinical Health | Quarterly | External (Client) |
| Sexual Health Clinic | Clinical Health | Quarterly | External (Client) |
| Sexual Health Prevention | Clinical Health | Annually | External (Partner) |
| Social Work | Neighborhood Health | Quarterly | External (Client) |
| Strategic Nursing Team External | Administration | Annually | External (Partner) |
| TB Clinic | Clinical Health | Quarterly | External (Client) |
| TB DOT | Clinical Health | Quarterly | External (Client) |
| Vital Statistics | Administration | Quarterly | External (Client) |
| Women's Health Family Planning | Clinical Health | Quarterly | External (Client) |
|  | | | |

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| --- | --- |
| **Program** | **{Program Name}** |
| **Survey Quarter** | ***Click Here*** |

***Mission: To improve customer satisfaction, as demonstrated in a percentage***

***increase of “Strongly Agree” responses to survey questionnaire.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Action Step**  Survey Question needing to improve/ increase percentage: | **Action Reasoning**  Explain why Survey Question was chosen. | **“Strongly Agree” Percentage%** | | **Activities/ Resources**  Steps to be taken to accomplish Mission. | **Timeframe**  Anticipated Survey Quarter of accomplishment. | **“Strongly Agree” Percentage%**  Complete at end  of Timeframe |
|  |  | Current  % | Goal  % |  |  | Outcome  % |
|  |  |  |  |  | *Click Here* |  |
|  | |  |  |