

C&C survey satisfaction

Customer Feedback

Design Survey Collect Responses **Analyze Results**

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Default Report

Response Summary

Total Started Survey: 26
Total Finished Survey: 26 (100%)

PAGE: THE FOLLOWING QUESTIONS ARE ABOUT THE PATIENT INPUT SURVEY.

1. What is your employee number?

Download

Response
Count

Show Responses 23

answered question 23

skipped question 3

2. How effective do you think the patient input survey is at acquiring quality data from our patients? (survey attached to email)

Create Chart Download

Response
Percent Response
Count

extremely effective 8.0% 2

moderately effective 76.0% 19

neither effective nor ineffective 8.0% 2

moderately ineffective 8.0% 2

extremely ineffective 0.0% 0

answered question 25

skipped question 1

3. How effective do you think the patient input survey data collection process is at collecting quality feedback from our patients?

Create Chart Download

answered question 25

skipped question 1

3. How effective do you think the patient input survey data collection process is at collecting quality feedback from our patients?

[Create Chart](#) [Download](#)

	Response Percent	Response Count
extremely effective	4.0%	1
moderately effective	72.0%	18
neither effective nor ineffective	12.0%	3
moderately ineffective	8.0%	2
extremely ineffective	4.0%	1
answered question		25
skipped question		1

4. Do you think we are getting usable quality feedback from our patients using our patient input surveys?

[Create Chart](#) [Download](#)

	Response Percent	Response Count
yes	76.0%	19
no	24.0%	6
answered question		25
skipped question		1

5. Which aspects of the patient input feedback process do you think needs improvement? (Check all that apply.)

[Create Chart](#) [Download](#)

	Response Percent	Response Count
The survey needs improving	25.0%	6
The way the survey is distributed needs improvement	66.7%	16
The way the survey results are shared with staff needs improvement	62.5%	15
The way changes are implemented from feedback data needs improvement	37.5%	9
answered question		24
skipped question		2

6. Overall, are you satisfied with the patient input feedback process?

[Create Chart](#) [Download](#)

answered question	25
skipped question	1

6. Overall, are you satisfied with the patient input feedback process?	Create Chart	Download
	Response Percent	Response Count
very satisfied	8.0%	2
satisfied	20.0%	5
neither satisfied nor dissatisfied	52.0%	13
dissatisfied	20.0%	5
very dissatisfied	0.0%	0
answered question		25
skipped question		1

7. How important do you feel that it is to get quality feedback from our patients?	Create Chart	Download
	Response Percent	Response Count
very important	87.5%	21
important	12.5%	3
not important nor unimportant	0.0%	0
unimportant	0.0%	0
very unimportant	0.0%	0
answered question		24
skipped question		2

8. How familiar were you with the patient input survey process before receiving the email with the overview?	Create Chart	Download
	Response Percent	Response Count
very familiar	16.7%	4
familiar	37.5%	9
neither familiar nor unfamiliar	4.2%	1
unfamiliar	25.0%	6
very unfamiliar	16.7%	4
answered question		24
skipped question		2

9. Do you have any suggestions or feedback about the patient input feedback process that you would like to share with the QI 101 team at this time?

[Download](#)

	Response Count
Show Responses	8
answered question	8
skipped question	18

PAGE: THE FOLLOWING QUESTIONS ARE ABOUT THE COMMUNITY INPUT SURVEY.

10. How effective do you think the community input survey is at acquiring quality data from our community? (survey is attached to email)

[Create Chart](#) [Download](#)

	Response Percent	Response Count
extremely effective	8.0%	2
moderately effective	48.0%	12
neither effective nor ineffective	12.0%	3
moderately ineffective	24.0%	6
extremely ineffective	8.0%	2
answered question		25
skipped question		1

11. How effective do you think the community input survey data collection process is at collecting quality feedback from our community?

[Create Chart](#) [Download](#)

	Response Percent	Response Count
extremely effective	4.0%	1
moderately effective	28.0%	7
neither effective nor ineffective	20.0%	5
moderately ineffective	20.0%	5
extremely ineffective	28.0%	7
answered question		25
skipped question		1

12. Do you think we are getting usable quality feedback from our community using our community input surveys?

[Create Chart](#) [Download](#)

	Response Percent	Response Count
yes	36.0%	9
no	64.0%	16
answered question		25
skipped question		1

13. Which aspects of the community input feedback process do you think needs improvement? (Check all that apply.)

[Create Chart](#) [Download](#)

	Response Percent	Response Count
The survey needs improving	41.7%	10
The way the survey is distributed needs improvement	79.2%	19
The way the survey results are shared with staff needs improvement	62.5%	15
The way changes are implemented from feedback data needs improvement	41.7%	10
answered question		24
skipped question		2

14. Overall, are you satisfied with the community input feedback process?

[Create Chart](#) [Download](#)

	Response Percent	Response Count
very satisfied	0.0%	0
satisfied	15.4%	4
neither satisfied nor dissatisfied	46.2%	12
dissatisfied	19.2%	5
very dissatisfied	19.2%	5
answered question		26
skipped question		0

15. How important do you feel that it is to get quality feedback from our community?

[Create Chart](#) [Download](#)

	Response Percent	Response Count
very important	80.8%	21
important	15.4%	4
not important nor unimportant	3.8%	1
unimportant	0.0%	0
very unimportant	0.0%	0
answered question		26
skipped question		0

16. How familiar were you with the community input feedback process before receiving the email with the overview?

[Create Chart](#) [Download](#)

	Response Percent	Response Count
very familiar	7.7%	2
familiar	15.4%	4
neither familiar nor unfamiliar	23.1%	6
unfamiliar	26.9%	7
very unfamiliar	26.9%	7
answered question		26
skipped question		0

17. Do you have any suggestions or feedback about the community input process that you would like to share with the QI 101 team at this time?

[Download](#)

	Response Count
Show Responses	8
answered question	8
skipped question	18



9. Do you have any suggestions or feedback about the patient input feedback process that you would like to share with the QI 101 team at this time?

I would like to add a space for the patient to write in the time they arrived at the Health Dept. and another space for the staff member to write in a time when the patient is escorted to check-out. Right now we have some times on the encounter, but they do not show how long the patient is actually here from time in to time out. I also feel that the patient needs time to fill it out for all phases of their visit. Sometimes we give it to them when they are in the exam room and they fill it out completely before seeing the provider or getting treated. Probably need to come up with a consistent way of doing this.

3/20/2013 3:05 PM [View Responses](#)

Be sure the survey collection process is extremely easy for the patient or they will probably just throw it away.

3/20/2013 12:56 AM [View Responses](#)

Maybe you would have more accurate data if the clients filled it out at checkout, and not in front of the staff that they are mainly giving input about. It would probably be more honest. Most that I have seen filled out were done very quickly, and with all the same answer.

3/20/2013 10:35 AM [View Responses](#)

We do not receive any information about these surveys, therefore I cannot answer any of these questions.

3/20/2013 9:59 AM [View Responses](#)

IS THE SURVEY AVAILABLE IN SPANISH? AN OPEN MIND APPROACH SHOULD BE APPLY WHEN LOOKING @ THE PATIENT FEEDBACKS, SOME PEOPLE ARE JUST UNHAPPY NOT MATTER WHAT YOU DO :)

3/20/2013 9:32 AM [View Responses](#)

I think that we are not getting good data from our patients because the survey is being given to them at the end of their visit when they have most likely been here a while and are ready to leave. They probably aren't even reading it.

3/18/2013 3:46 PM [View Responses](#)

no

3/18/2013 10:35 AM [View Responses](#)

I have never seen the Community Survey before and quite frankly hope it never goes out again. "Envelope" is misspelled in the first paragraph. I am assuming that the hours in number 1 refer to the clinic however that is not very clear. Regardless, the hours of operation are incorrect. Quite frankly, I am embarrassed by this survey; it is very



unprofessional and unclear in some of the questions asked. Also, the main number for the HD is at the bottom but the front staff was never made aware of this survey so they would not have known where to direct questions.

3/15/2013 4:26 PM [View Responses](#)



17. Do you have any suggestions or feedback about the community input process that you would like to share with the QI 101 team at this time?

Are they given a stamped envelope to return the survey?

3/20/2013 3:06 PM [View Responses](#)

Again, the process of turning in the survey must be absolutely, incredibly effortless or people won't participate. Don't require postage, certain hours, certain places, a return trip, etc. for them to be turned in.

3/20/2013 1:00 PM [View Responses](#)

The main 2 programs that I work with were not even listed. Please list Medical Nutrition Therapy, and the Diabetes Education Program.

3/20/2013 10:38 AM [View Responses](#)

Please share the feedback with all of the staff.

3/20/2013 10:01 AM [View Responses](#)

NONE

3/20/2013 9:33 AM [View Responses](#)

I think that this needs to be improved from every aspect.

3/18/2013 3:48 PM [View Responses](#)

no

3/18/2013 10:38 AM [View Responses](#)

I have never seen the Community Survey before and quite frankly hope it never goes out again. "Envelope" is misspelled in the first paragraph. I am assuming that the hours in number 1 refer to the clinic however that is not very clear. Regardless, the hours of operation are incorrect. Quite frankly, I am embarrassed by this survey; it is very unprofessional and unclear in some of the questions asked. Also, the main number for the HD is at the bottom but the front staff was never made aware of this survey so they would not have known where to direct questions.

3/15/2013 4:29 PM [View Responses](#)