

# POLICY MANUAL

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**Subject:** Patient Satisfaction Survey

**Effective Date:** 2/1/1994

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**Initiated By:** Cinde Stewart Freeman  
QI Coordinator

**Approved By:** James B. Moore  
Chief Executive Officer

**Review Dates:** 2/97 CSF, 10/99 CSF, 02/11 CB

**Revision Dates:** 2/97 CSF, 10/99 CSF, 1/03 CSF, 11/08 CRB/DNF, 08/13 DNF, 12/14 DNF

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## POLICY:

Cumberland Heights solicits feedback regarding its services from patients upon their discharge from service components in the form of a written Patient Satisfaction Survey. Results are distributed and analyzed for trends so that appropriate actions and opportunities may be taken.

## PROCEDURE:

1. Prior to discharge, staff provides the patient with a Patient Satisfaction Survey consisting of questions regarding various aspects of services he/she has received at Cumberland Heights.
2. On completion the patient returns this form to the program staff.
3. Forms are collated monthly, both statistically and in narrative comment form, and are then reviewed by the Quality Management staff.
4. Quality Management staff analyzes the data and generates trend reports.
5. The trend reports are reviewed by the Executive Team, the Management Group, and the Executive Committee.
6. Patient Satisfaction Surveys and trend reports are distributed to the various program staff by program managers as well as being maintained in the QM office.
7. Patient Satisfaction Survey questions are reviewed annually.