

Home Health & In-Home Care Customer Satisfaction Survey Programs



Patient Satisfaction *Survey Project*



Client Satisfaction *Survey Project*



Missouri Alliance for
HOME CARE

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MAHC's patient and client satisfaction projects offer easy-to-read reports that have been used and tested by home care and in-home agencies for years. Proposed rule changes may require all in-home providers to utilize a client satisfaction tool. Save your staff the time and expense of creating and compiling a survey program by using the proven MAHC to find out how your agency rates in comparison to your competition.

How does the survey & report process work?

The survey consists of a standard set of questions that has been developed and approved by an oversight committee. Each organization also has the option to add two customized questions. MAHC provides the questionnaire template which is then personalized by your company. The company affixes pre-paid return postage, and clients complete the survey and return it by mail. Once every three months, all data is submitted to MAHC who then returns a customized report showing how the company's service and staff scores compared to other agencies of similar size, location, and business model.

What scale or rating system will be used for the standard questions?

A Likert Scale will be used for this project. Clients select from: Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree.

Survey Form						
<p><i>Your agency's customized introduction may go here or you may attach this survey to a cover letter from your agency. You may move the survey box (below) up on the page, however, you may not alter the font type or size.</i></p>						
<p>Client Satisfaction Survey – Please respond to the following statements.</p>						
Circle the response which most closely reflects your opinion.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
1. <i>Your home care company</i> employees carry proper identification when they come to my home.	5	4	3	2	1	
2. My workers come as scheduled	5	4	3	2	1	
3. My workers show caring behavior toward me.	5	4	3	2	1	
4. My workers are able to perform tasks for me as assigned.	5	4	3	2	1	
5. I believe <i>(your home care company)</i> services help me remain at home.	5	4	3	2	1	
6. My needs are met by <i>(your home care company)</i>	5	4	3	2	1	
7. My worker asks me to sign the completed paperwork at the end of each visit.	5	4	3	2	1	
8. I know how to contact <i>(your home care company)</i>	5	4	3	2	1	
9. I would recommend <i>(your home care company)</i> to others.	5	4	3	2	1	
10. <i>Custom Question</i>	5	4	3	2	1	
11. <i>Custom Question</i>	5	4	3	2	1	
Staff Evaluation						
Circle the response to rate the performance of	Excellent	Above Average	Average	Below Average	Poor	Not Applicable
Nurse	5	4	3	2	1	0
Aide/Home Care Staff	5	4	3	2	1	0
Supervisor	5	4	3	2	1	0
Office Staff/Scheduler	5	4	3	2	1	0
Tell us of any un-met needs you may have or other comments:						

How is staff evaluated?

Staff performance is part of the survey. Staff are evaluated on a scale of:

- Excellent
- Above Average
- Average
- Below Average
- Poor or
- N/A.

Staff categories are:

- Nurse
- Aides/Home care staff
- Supervisor and
- Office staff /Scheduler.

What is the cost?

An annual registration fee of \$250 covers 12 months of surveys for the agency. There are separate studies for Home Care and In-Home Services.

What if I have more questions?

Contact Cyndee Howell at (573) 634-7772 or email cyndee@homecaremissouri.org You may also visit MAHC at www.homecaremissouri.org to learn more about all of MAHC's benchmarking initiatives.



Missouri Alliance for HOME CARE

Home Care Patient Satisfaction Project / In-Home Services Client Satisfaction Project Participation Agreement

Company Name _____

Company Address _____

City, State, Zip _____

Phone _____ Fax _____

Contact Person _____

Mailing Address _____

(if different from company address)

Contact Person's Email _____

Please indicate which project(s) your agency will be participating in:

Home Care Patient Satisfaction (\$250)

In-Home Services Client Satisfaction Project (\$250)

Demographic Information for the Most Recent Calendar Year

To ensure accuracy of data comparisons, please complete this demographic information.

1. Type of Organization: Freestanding Institutional based

2. Designation: Urban Rural

3. Corporate Designation: Not-for-Profit (includes govt.) For Profit

4. The approximate number of clients per year _____

5. DSS Region Number _____

Project Participation Fee: \$250.00 per project annually

Total Enclosed: \$ _____

Signature

Date