



East Granby Family Practice, LLC

Office Manual – Patient Centered Medical Home from 2014 Standards

2017 Patient Survey

Instructions

To improve our service to you, we are requesting your feedback on your experience here over **the past six months**. We acknowledge that **this is a long survey, but answering all questions will help us to improve in specific areas.**

1. Please answer the questions below and return the survey to the box marked “Completed Surveys” at check out, or
2. Complete the survey electronically through web view on our web site and send it to “SURVEY,” or
3. Go to website <http://egfpct.com>, download, complete & send back by mail, fax or e-mail through Web-view.

Thank you in advance. We appreciate your time.

Provider

Which provider do you usually see during your office visit?

- | | | |
|--|---|---|
| <input type="checkbox"/> Edward M. Ewald, MD | <input type="checkbox"/> David R. Howlett, MD | <input type="checkbox"/> Elizabeth Freedman, MD |
| <input type="checkbox"/> Anne M. Reiher, MD | <input type="checkbox"/> Khuram Ghuman, MD | <input type="checkbox"/> Neena Pursnani, MD |
| <input type="checkbox"/> Daniel Lerner, DO | <input type="checkbox"/> MaryAnn Webster, APRN | <input type="checkbox"/> Jeannie Crabtree, APRN |
| <input type="checkbox"/> Kate Taylor, APRN | <input type="checkbox"/> Do not have a usual provider | |

Access to Care

Access to care includes your ability to make an appointment to see a doctor or nurse practitioner, reach the office by phone, and wait in the office for your appointment.

1. What is your level of satisfaction with your ability to see a doctor or nurse practitioner **when you are ill or have an injury?** ☐ Very satisfied ☐ Somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ Very dissatisfied
2. What is your level of satisfaction with appointment wait time for **preventative or wellness** exams? ☐ Very satisfied ☐ Somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ Very dissatisfied
3. What is your level of satisfaction on getting through to the office by phone? ☐ Very satisfied ☐ Somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ Very dissatisfied
4. What is your level of satisfaction with contacting your physician or nurse practitioner through our “Web-view” portal? ☐ Very satisfied ☐ Somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ Very dissatisfied
☐ I have not used it ☐ I do not know about it ☐ I would like to sign up
5. When you called the office **during regular** business hours, how often did you get an answer the same day? ☐ Always ☐ Usually ☐ Sometimes ☐ Never ☐ Not applicable
6. When you called the office **after regular** business hours, how often did you get an answer to your medical question as soon as you needed? ☐ Always ☐ Usually ☐ Sometimes ☐ Never ☐ Not applicable
- 7a. How often did you see your physician or nurse practitioner within 15 minutes of your appointment time? ☐ Always ☐ Usually ☐ Sometimes ☐ Never ☐ Not applicable
- 7b. How long is your **usual** wait to see your physician or nurse practitioner? ☐ On time or less than 10 min ☐ less than 15 min. ☐ less than 30 min. ☐ more than 30 min.
8. Have you seen your physician or nurse practitioner during the extended weekday hours and/or on Saturday? ☐ Yes ☐ No ☐ I did not know about the extended hours

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<http://egfpct.com>



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Quality of Communication

1. How often is the **front office staff** helpful and respectful in attending to your needs -both on the phone and in person?
[] Always [] Usually [] Sometimes [] Never [] Not applicable
2. How often is the **nursing staff** helpful and respectful in attending to your needs-both on the phone and in person?
[] Always [] Usually [] Sometimes [] Never [] Not applicable
3. How often does your physician or nurse practitioner **explain things in a way that is easy to understand?**
[] Always [] Usually [] Sometimes [] Never [] Not applicable
4. How often does your physician or nurse practitioner **listen carefully** to you and show respect for what you have to say? [] Always [] Usually [] Sometimes [] Never [] Not applicable
5. How often does your physician or nurse practitioner give you handouts and other patient information about your health problems or concerns? [] Always [] Usually [] Sometimes [] Never [] Not applicable
6. How often does your physician or nurse practitioner spend **enough** time with you?
[] Always [] Usually [] Sometimes [] Never [] Not applicable
7. How often do you get results of blood tests, x-rays, or other tests **in a timely manner?**
[] Always [] Usually [] Sometimes [] Never [] Not applicable
8. How often do you get a summary of care document? This is a document we have created through our electronic records which shows demographic data, your specialists, immunizations, problems, medications, consults, hospitalizations and significant medical tests usually given at follow-up visit for chronic medical conditions.
[] Always [] Usually [] Sometimes [] Never [] Not applicable
Have you found this to be helpful or useful? [] Yes [] No [] I have never received one
9. How often does your physician or nurse practitioner take into account your opinions when making decisions about treatment options for your medical problems?
[] Always [] Usually [] Sometimes [] Never [] Not applicable
10. How often are your medications and other supplements reviewed during routine (not acute) visits?
[] Always [] Usually [] Sometimes [] Never [] Not applicable
11. How often does your physician or nurse practitioner encourage you to continue or to make changes in your lifestyle by encouraging a healthy diet and regular exercise?
[] Always [] Usually [] Sometimes [] Never [] Not applicable
12. How often does someone in the office ask you if there are barriers to your ability to follow the treatment plan proposed for your medical condition(s)? (financial, cultural, lifestyle, belief system, etc.)
[] Always [] Usually [] Sometimes [] Never [] Not applicable
13. How often does your physician or nurse practitioner consider your mental health and/or your life stresses in formulating a treatment plan for you? [] Always [] Usually [] Sometimes [] Never [] Not applicable



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Access to Specialists

1. How often does your provider or office nurse coordinator make sure that you get to see a specialist as soon as you need? ☐ Always ☐ Usually ☐ Sometimes ☐ Never ☐ Not applicable
Have you ever had our nurse coordinator make the appointment for you? ☐ Yes ☐ No
2. How often does your physician or nurse practitioner offer to help you select a specialist?
☐ Always ☐ Usually ☐ Sometimes ☐ Never ☐ Not applicable
3. How often does your provider seem informed and up to date about the care you got from the specialist?
☐ Always ☐ Usually ☐ Sometimes ☐ Never ☐ Not applicable
Were you happy with the care you received from the specialist to whom you were referred? ☐ Yes ☐ No

Overall Care Issues

1. How satisfied are you with your confidence to manage care for yourself or another family member in the areas of activity, exercise, medication, or managing symptoms?
☐ Very satisfied ☐ Somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ Very dissatisfied
2. How satisfied are you with the overall care you receive from the office staff, nursing staff and physicians or nurse practitioners with regard to your treatment and choices that you have about your care?
☐ Very satisfied ☐ Somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ Very dissatisfied
3. In general, how would you rate your overall health? ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor
4. How would you rate your overall mental or emotional health? ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Office Issues

1. Do you find adequate parking? ☐ Always ☐ Usually ☐ Sometimes ☐ Never ☐ Not applicable
2. Do you find the waiting room and the exam rooms clean and comfortable?
☐ Always ☐ Usually ☐ Sometimes ☐ Never ☐ Not applicable
3. How often have your billing concerns been addressed timely and to your satisfaction?
☐ Always ☐ Usually ☐ Sometimes ☐ Never ☐ Not applicable
4. How often have your pre-certifications or pre-authorizations been addressed timely and to your satisfaction?
☐ Always ☐ Usually ☐ Sometimes ☐ Never ☐ Not applicable
5. Do you feel that our electronic medical records have helped to improve your care? ☐ Yes ☐ No
6. Have you used our web site, <http://egfpct.com> ? ☐ Yes ☐ No
7. If so, have you used the links to other medical sites that give legitimate patient information? ☐ Yes ☐ No ☐ n/a
8. Do you know that we are certified as a “patient centered medical home” (PCMH)? ☐ Yes ☐ No
9. Would you recommend this practice to others? ☐ Yes ☐ No

Comments on this section:



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Demographics – Optional -(but this information would be helpful to us)

How long have you been a patient of this practice?

☐ less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ 10-20 years ☐ more than 20 years

Does your family have multiple generations as patients here?

☐ No ☐ Yes – 2 generations ☐ Yes-3 generations ☐ Yes – 4 generations

Your age

☐ Under 18 ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64
☐ 65-74 ☐ 75-84 ☐ over 85

Your gender

☐ Male ☐ Female

Education

☐ 8th grade or less ☐ High School or GED ☐ Some college
☐ College graduate ☐ Professional degree

Race

☐ White/Caucasian ☐ Black/African American ☐ Asian ☐ Other _____

Ethnicity

☐ Hispanic or Latino ☐ Other _____

Insurance

☐ None ☐ Private ☐ Medicare ☐ Medicaid/Husky ☐ Other _____

Your name

Optional _____

Other comments:

If desired, please add additional comments about your experiences at East Granby Family Practice.

How can we improve our services to make your experiences better?