

**QUEENSLAND HEALTH
CLINICAL GOVERNANCE
IMPLEMENTATION STANDARD**

3. Patient Satisfaction Survey

1. Purpose:

This standard describes the Patient Satisfaction Survey process for the purpose of assessing health service users' perceptions of their experience of the health care system and services.

2. Scope:

This standard applies to:

- Health Service Districts (HSD's) and other elements of Queensland Health which provide clinical services;
- Area Health Services and Area Clinical Governance Units;
- Mater Public Hospitals;
- Quality Measurement and Strategy Unit;
- Patient Safety and Quality Board;
- Health Community Councils.

3. Authorising Policy:

[Queensland Health Clinical Governance Policy](#)

4. Review:

This standard will be reviewed annually and revised if there are policy and process changes for:

- Corporate and clinical governance in Queensland Health;
- Queensland Health information system for corporate and clinical governance.

This standard was last reviewed: New Standard

5. Supersedes:

New Standard

6. Business Contact:

Any requests for further information or clarification regarding this standard should be referred to the Quality Measurement and Strategy Unit (QMSU), Data Reporting and Analysis Centre via email QMSU@health.qld.gov.au

7. Further information: see links below

Related Documents

[State-wide Patient Satisfaction Survey – State \(Public\) Report](#)

[Clinical Governance Framework](#)

[Patient Safety and Quality Board – Charter](#)

[Health Services Act 1991](#)

[Guide to Conducting Consumer Satisfaction Surveys](#)

[Consumer Complaints Management Policy](#)

[Consumer Complaints Implementation Standard](#)

8. Patient Satisfaction Survey – Definition and Background

The Queensland Health patient satisfaction survey is a systematic process of gathering of health service users' views on their experience of the health care system and services.

The aim of the Queensland Health survey process is to:

- Inform and promote consumer involvement and choice in their own health care;
- Monitor adherence of service providers to pre-determined standards and principles of care provisions;
- Facilitate consumer consultation regarding adequacy of services eg models and alternatives of care available, identify gaps in service;
- Identify and develop service quality improvement activities (including facilitation of cross-organisational learning);
- Promote openness and increase public accountability of service providers.

9. Report protocols

Patient Satisfaction surveying will be conducted on an ongoing basis.

- 9.1 Medical and Surgical acute overnight patients are to be surveyed annually using an appropriate tool. This will ensure that Queensland Health meets its obligations under the Health Service Act 1991.
 - 9.1.1 The sample size must be statistically appropriate and determined by the Health Information Centre on an annual basis;
 - 9.1.2 Surveys should provide information sufficient to generate reliable information for the following aspects of patient care:
 - Access and Admission;
 - General Patient Information;
 - Treatment and Related Information;
 - Physical Environment;
 - Discharge and Follow-up;
 - Overall Care.
 - 9.1.3 Facilities involved in the survey will be required to report on actions taken;

- 9.1.4 District workshops will be conducted to aid in the interpretation of survey results, assist developing future surveys and guide improvement strategies in facilities.
- 9.2 Maternity and Mental Health Services patients are to be surveyed and reported on according to strategy outlined in section 10;
- 9.3 Focussed Discussion Groups are to be convened for Aboriginal and Torres Strait Islander, and Culturally and Linguistically Diverse communities and reported on according to strategy outlined in Section 10;
- 9.4 Surveying to gain additional feedback in relation to specific populations or services will be carried out according to need and as determined by the District Quality and Safety Committee and documented in the District Patient Satisfaction Action Plan.

10. Queensland Health Patient Satisfaction Survey Strategy

Different populations of patients will be reviewed with specific tools as shown in the following table:

Population	Tool	Frequency
Medical/Surgical – acute, overnight patients	Victorian Patient Satisfaction Monitor	Annually
Maternity Services	Victorian Survey of Recent Mothers	2007, 2008 then triennially
Mental Health	Mental Health Statistical Improvements Program	Triennially
Culturally and Linguistically Diverse	Focus Groups	Triennially
Aboriginal and Torres Strait Islander	Focus Groups	Triennially

11. Roles and Responsibilities

Title/Role	Roles and Responsibilities
11.1 District Manager	<p>11.1.1 Key change agent for patient satisfaction performance improvements;</p> <p>11.1.2 Nominate designated Quality Officers who are to be responsible for dissemination of performance results and updates to appropriate action officers;</p> <p>11.1.3 Dissemination of information to designated Quality Officers;</p> <p>11.1.4 Oversee development of District Patient Satisfaction Action Plan;</p> <p>11.1.5 Provide full copies of survey report and proposed action plans to District Health Council.</p>
11.2 District Quality and Safety Committee	<p>11.2.1 Determine whether the state-wide survey should be supplemented by District level surveys in terms of frequency, populations or services;</p> <p>11.2.2 Identify Patient Satisfaction improvement areas and implementation strategies;</p> <p>11.2.3 Development of District Patient Satisfaction Action Plan;</p>

Title/Role	Roles and Responsibilities
	11.2.4 Monitor implementation of District Patient Satisfaction Action Plan; 11.2.5 Advise District Manager on Patient Satisfaction Action Plan.
11.3 Area Clinical Governance Units/Area Patient Safety and Quality Committee	11.3.1 Monitor District Patient Satisfaction Action Plans; 11.3.2 Inform Patient Safety and Quality Board of progress; 11.3.3 Provide assistance to HSD's as necessary.
11.4 Health Community Council	11.4.1 Monitor performance of District in relation to patient satisfaction; 11.4.2 Consider District Patient Satisfaction Action Plan; 11.4.3 Provide community input to and make recommendations on performance improvement initiatives.
11.5 Patient Safety and Quality Board	11.5.1 Monitor patient satisfaction with Queensland Health services; 11.5.2 Provide leadership and direction to patient satisfaction planning, measurement and improvement process; 11.5.3 Approve implementation standard; 11.5.4 Endorse publication of information regarding patient satisfaction.
11.6 Quality Measurement and Strategy Unit	11.6.1 Manage the conduct of the state-wide patient satisfaction survey for overnight, acute surgical and medical patients; 11.6.2 Disseminate results to Districts and Area Health Services and aid in the interpretation of results; 11.6.3 Coordinate/undertake focussed discussion groups for Aboriginal and Torres Strait Islander, and Culturally and Linguistically Diverse patients; 11.6.4 Coordinate/undertake patient satisfaction data collection and reporting of results at a state level; 11.6.5 Implement appropriate data collection methods and strategies to ensure better representation of community groups who have previously been under-represented; 11.6.6 Assist with development of future surveys and guide improvement strategies in facilities.
11.7 Public Affairs	11.7.1 Provide advice regarding public release of information; 11.7.2 Monitor community expectations.

Release Details

Table A below shows the administrative details for the current release of this document:

TABLE A	
Review authored by: Senior Director, Data Reporting and Analysis Centre	Date: 19 April 2007
Approved by: Executive Director, Reform and Development Division.	
<hr/> (Approving Officer's Signature)	

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