

VNAME Community Pt Satisfaction Survey Results 2006

		Threshold	2004 Avg	2005 Avg	1st Qtr 06	2nd Qtr 06	3rd Qtr 06	4th Qtr 06	2006 Avg
1 Overall Quality of Nursing Care (4th Qtr - 2 pts)	Excellent	90% or >	85%	85%	86%	76%	79%	88%	82%
	Good	Excellent	14%	13%	12%	21%	19%	10%	16%
	Fair	or Good	1%	0.4%	2%	3%	2%	2%	2.0%
	Poor		0%	1%	0%				
2 Overall Quality of PT Care (4th Qtr - 1 pt)	Excellent	90% or >	84%	79%	83%	77%	82%	79%	80%
	Good	Excellent	15%	19%	11%	20%	16%	19%	17%
	Fair	or Good	1%	2%	2%	3%	2%	2%	3%
	Poor		0%	0%	3%				
3 Overall Quality of OT Care	Excellent	90% or >	75%	82%	81%	76%	74%	74%	76%
	Good	Excellent	18%	17%	19%	24%	26%	26%	24%
	Fair	or Good	5%	1%					
	Poor		0%	0%					
4 Overall Quality of SLP Care	Excellent	90% or >	88%	68%	92%	64%	67%	60%	71%
	Good	Excellent	12%	23%	8%	36%	33%	40%	29%
	Fair	or Good	0%	9%					
	Poor		0%	0%					
5 Overall Quality of MSW Care (4th Qtr - 1 pt)	Excellent	90% or >	80%	71%	73%	74%	68%	80%	74%
	Good	Excellent	18%	21%	22%	26%	23%	18%	21%
	Fair	or Good	2%	4%	3%		5%	2%	3%
	Poor		0%	4%	3%		5%		2%
6 Overall Quality of HHA Care (4th Qtr - 3 pts)	Excellent	90% or >	83%	80%	78%	80%	83%	73%	79%
	Good	Excellent	15%	20%	22%	20%	17%	19%	20%
	Fair	or Good	2%	0%				8%	1%
	Poor		0%	0%					
7 Did our services make you more aware of home safety issues?	Yes	90% or >	93%	94%	97%	94%	94%	92%	94%
	No	Yes	7%	6%	3%	6%	6%	8%	6%
8 Do you have any suggestions on how safety could be improved?	Yes		11%	8%	26%				6%
	No		89%	92%	74%	100%	100%	100%	94%
9 Did the staff let you know in advance when they would come?	Yes	90% or >	96%	99%	100%	99%	98%	100%	99%
	No	Yes	4%	1%		1%	2%		1%
10 Did your clinician discuss the services and treatments? (4th Qtr - 1 pt)	Yes	90% or >	99%	98%	98%	98%	98%	99%	98%
	No	Yes	1%	2%	2%	2%	2%	1%	2%
11 Did you understand how your insurance paid for home care? (4th Qtr - 1 pt)	Yes	90% or >	94%	90%	95%	98%	94%	92%	96%
	No	Yes	6%	10%	5%	2%	6%	1%	4%
12 Did you feel included in ongoing decisions regarding your care/treatment? (4th Qtr - 1 pt)	Yes	90% or >	99%	99%	98%	99%	98%	99%	99%
	No	Yes	1%	1%	2%	1%	2%	1%	1%
13 Were you satisfied with the consistency of visiting staff? (4th Qtr - 2 pts)	Yes	90% or >	97%	99%	96%	99%	98%	98%	98%
	No	Yes	3%	1%	4%	1%	2%	2%	2%
14 Were you satisfied with the discharge plan from our agency? (4th Qtr - 3 pts)	Yes	90% or >	98%	98%	97%	98%	92%	97%	96%
	No	Yes	2%	2%	3%	2%	8%	3%	4%
15 Did you experience any pain/discomfort during your course of treatment?	Yes		21%	24%	28%	31%	30%	37%	32%
	No		79%	76%	72%	69%	70%	63%	68%
16 If yes, did the clinican assist you in the management of your pain? (4th Qtr - 3 pts)	Yes	90% or >	87%	94%	93%	95%	95%	92%	94%
	No	Yes	13%	6%	7%	5%	5%	8%	6%
# of Surveys Received		Threshold	81	64	115	124	58	95	
# of Surveys Sent			490	519	498	562	520	531	
Return Rate			16%	12%	23%	22%	11%	18%	