



<p>Team Name: Primary Health Care Leadership Team</p> <p>Team Lead: Regional Director - Primary Health Care</p> <p>Approved by: Executive Director - North</p>	<p>Reference Number: CLI.6110.PL.003</p> <p>Program Area: Primary Health Care</p> <p>Policy Section: General</p>
<p>Issue Date: May 1, 2019</p> <p>Review Date:</p> <p>Revision Date:</p>	<p>Subject: Client Experience Survey in Primary Health Care Programs</p>

POLICY SUBJECT:

Client Experience Survey in Primary Health Care Programs.

PURPOSE:

To solicit feedback from clients and/or their family regarding care and services received from the Primary Health Care Programs in Southern Health-Santé Sud. Results of this feedback will inform quality improvement initiatives and promote safety, with the goal to improve delivery of primary health services.

BOARD POLICY REFERENCE:

Executive Limitation (EL-2) Treatment of Clients

POLICY:

Southern Health-Santé Sud seeks formal feedback about the experiences of people who have presented for primary health care services by conducting surveys every two years from June 1 – June 30 in even numbered years. These surveys are conducted using the approved Client Experience Survey tool.

IMPORTANT POINTS TO CONSIDER:

- A copy of the survey is distributed to those clients and /or family members, who have been referred to or have presented for primary health care services.

PROCEDURE:

1. Primary Health Care staff distribute a copy of the survey by June 1st of even-numbered years to all clients who have presented for primary health care services.
 - CLI.6110.PL.003.FORM.01 Client Experience Survey Form is distributed to clients who prefer to communicate in English.
 - CLI.6110.PL.003.FORM.01.F Client Experience Survey – French is distributed to clients who prefer to communicate in French.
2. If a client lacks capacity to complete the survey, the survey is provided to the client's identified family contact or designate.
3. If the client or family requires assistance in completion of the survey, alternate formats of the survey are available upon request. They are to contact us at 1-800-742-6509 or at info@southernhealth.ca
4. Staff members do not assist in completion of the survey.
5. Survey responses are anonymous and confidential.
6. The Regional Manager - Primary Health Care or designate of each Primary Health Care service program is responsible for collection of surveys and for forwarding completed surveys to the Regional Director, Primary Health Care by July 3rd of each survey year.
7. The Regional Director, Primary Health Care or designate is responsible to tabulate the survey responses into a report.
8. Paper copies of the survey are maintained securely in accordance with regional policy.
9. Survey results are distributed electronically by the Regional Director - Primary Health Care by August 30th of each survey year to Senior Leadership and other teams as appropriate.
10. Regional Managers in Primary Health Care present and discuss the survey results with their staff. Issues/themes will be discussed and action plans are developed to address any arising issues/themes as appropriate.
11. An action plan to address regional concerns is developed and implemented by the Primary Health Care Leadership Team.

12. Evidence of improvement is evaluated by subsequent survey results.

SUPPORTING DOCUMENTS:

[CLI.6110.PL.003.FORM.01](#) Client Experience Survey Form – English

[CLI.6110.PL.003.FORM.01.F](#) Client Experience Survey Form – French

REFERENCES:

[*Accreditation Canada Qmentum \(2016\). Client Experience Guide*](#)