

# **AN AUDIT OF PATIENT SATISFACTION WITHIN SIMPLY TEETH DENTAL PRACTICE**

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## **HOW TO DO AN AUDIT**

1. Clearly state the aims & objectives of the audit
2. Choose the criteria you wish to measure
3. Set a standard – preferably against a known standard of good practice
4. Prepare & plan how you are going to gather your data
5. Data collection (Round1)
6. Form an Action Plan. Look at the results and decide what change(s) will be made & the timescale required, before collecting new data to evaluate
7. Data Collection (Round2)
8. Analyse your results & present them in graphs, tables & charts
9. Draw conclusions & write your report
10. Decide on best time to re-audit as part of ongoing quality assurance

## **AIM**

To monitor patient satisfaction within Simply Teeth Dental Practice

## **METHODS**

Attached is a copy of a patient satisfaction questionnaire. The questionnaire is based on well-known questions i.e. masterclass to find out what aspects patients like and dislike e.g. Staff attitudes, facilities, décor

The practice receptionist should hand out the questionnaires to patients at the end of their appointments. A box should be placed at reception for patients to return completed questionnaires.

## **SAMPLE GROUP**

All non-casual patients within a 3 month period (or 100 completed questionnaires)

## **ANALYSIS OF THE DATA**

A member of staff must now count up the data and draw conclusions about the information taken from the questionnaires. The most usual way to present such data is by using simple bar graphs or pie charts.

From the results, you should be able to see clearly what particular points the patients are most and least happy with.

## **IMPROVEMENTS**

Draw up a list of three or four changes to implement which will hopefully improve the patients' satisfaction with your dental practice.

Discuss this action plan with all staff members, ideally at a practice meeting. Implement the changes e.g. always greeting patients with a smile and their name, redecoration of the waiting room.

## **RE-AUDIT**

Once a suitable period of time has elapsed for your changes to be made, give out the same questionnaire to another sample of patients.

Analyse the results and compare them with the first round of results:

Have your improvements made any differences?

Are there still other areas that now need to be improved?

Would you change any questions in the questionnaires if you did this audit again?

## Patient Satisfaction Survey

Dear Patient,

### Our Service - Your Opinion

We would be most grateful we could have five minutes of your time to complete the attached questionnaire.

The purpose of this questionnaire is to find out what you think of your dental practice and the service we provide, so that we can offer you the best possible service.

You don't have to give your name so the questionnaire is COMPLETELY ANONYMOUS and any information you provide will be treated in the STRICTEST CONFIDENCE.

Once you have completed the questionnaire place it in the box provided at reception.

Thank you for your time and co-operation.

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***Please place a tick in the appropriate box.***

**1. Are you:**

Male

Female

**2. Which of the following groups applies to you:**

0 - 18

19 - 24

25 - 34

35 - 44

45 - 54

55 - 64

65 +

**3. How long have you been with this practice:**

This is my first visit

0 - 6 months

6 - 12 months

More than 12 months

**4. How did you hear about the practice:**

Just passing

Recommended by another patient

Open day

Yellow pages

Newspaper advertisement

Other (please

specify) \_\_\_\_\_

**5. Which clinician did you see**



**6. How would you rate the following aspects of the waiting area:**

	<b>Very Good</b>	<b>Good</b>	<b>Adequate</b>	<b>Poor</b>	<b>Very Poor</b>
Cleanliness					
Number of seats					
Reading material					
Toys for children					

**7. Please tick as appropriate:**

	<b>Very Good</b>	<b>Good</b>	<b>Adequate</b>	<b>Poor</b>	<b>Very Poor</b>
Friendliness of reception					
Friendliness of nurses					
Pain control of your dentist					
Friendliness of dentist					
Care & attention shown by dentist					
Explanation of your treatments					
Explanation of costs					
Opening hours of practice					
Availability of appointments					
Waiting time					
Hygiene of the practice					

**Please add any additional comments in the space below. Any suggestions as to how we can improve?**

**THANK YOU FROM THE DENTAL TEAM**