

Press Ganey Survey Process

Patient View

The patient's eSurvey experience:

1. Patient receives an invitation via email from survey@pressganeyssurveys.com. The email invites the patient to complete the survey and provide feedback about a recent health care experience. *Our email shown on next slide.*
2. The patient accesses the survey by clicking on a link within the email.
3. The patient verifies his or her date of birth and selects the language in which he or she would like to complete the survey (if language options are made available).
4. The patient reads a welcome letter, which describes the organization's purpose for collecting patient feedback.
5. The patient completes the survey and submits his or her responses.

**We are currently only doing eSurvey via email

Email sent to patient

Washington University Physicians would like your feedback!



Washington University Physicians <noreply@patients.pgssurveying.com>

3/28/2022 12:10 PM

To: esurvey_recipient@pressganey.com

Dear {FIRST_NAME},

You recently received care from WashU Physicians, and your feedback would be greatly appreciated. Please answer a brief survey about your recent experience with {MD_NAME}. Your input will help us understand what we do well and what we can do better. If you received this email regarding a child's appointment, please complete the survey on his or her behalf.

To ensure confidentiality, this survey is administered by an independent third-party, Press Ganey Associates, Inc.

[Click here to begin your survey.](#)

If clicking the above link does not take you to the survey or a verification screen, please go to <https://esurvey.pressganey.com> and enter the following PIN: {PIN}

Thank you for your feedback.

Sincerely,

Paul J. Scheel, Jr., MD
CEO, Washington University Physicians

This is an unmonitored email box, please do not reply to this email. If you have specific questions for your healthcare provider, please contact them directly.

To unsubscribe from future Press Ganey online patient experience survey notices, [click here](#).

Welcome letter after entering patient birth date

English



Dear {First_Name} {Last_Name}, or parent or guardian of:

Our goal at Washington University Physicians is to provide our patients with high quality health care. To accomplish this, we need to know what we are doing right and what needs improvement.

Please take a few minutes to complete the following patient experience survey. Your response is confidential. By sharing your thoughts about your health care experience on {DISDATE} with {MD_NAME}, you can help us provide better care to future patients and their families. Your experience ratings and comments may also be displayed on our website. However, the information will be completely anonymous and no patient names or contact information will be displayed.

Thank you, and best wishes for your good health.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul J. Scheel, Jr., MD".

Paul J. Scheel, Jr., MD
CEO, Washington University Physicians

[Start Survey](#)

Each patient can receive one survey invitation per academic department every 90 days.

Instruction Page



INSTRUCTIONS: Please rate the **services** you received *from our practice*. Select the response that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you.

If you can't complete the entire survey at once, you may come back to it later. Your previous responses will be saved automatically and you will be able to continue where you left off. At any point during the survey, you can clear the entire survey and start over by clicking the "Clear Survey" button.

When you have finished, please click the "Submit" button.

Please only rate your visit with {PRECODE3}
on {PRECODE4}

Continue



MEDICAL PRACTICE SURVEY

0%

BACKGROUND QUESTIONS

Was this your first visit here?

- Yes
- No

How many **minutes** did you wait after your scheduled appointment time before you were called to an exam room?

 minutes

How many **minutes** did you wait in the exam room before you were seen by a doctor, physician assistant (PA), nurse practitioner (NP), or midwife?

 minutes

Who is completing the survey?

- Patient
- Someone else



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MEDICAL PRACTICE SURVEY

13%

ACCESS

If a question does not apply to you, please skip to the next question.

Ease of scheduling your appointment

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Ease of contacting (e.g., email, phone, web portal) the clinic

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Comments (describe good or bad experience):



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MEDICAL PRACTICE SURVEY

25%

MOVING THROUGH YOUR VISIT

If a question does not apply to you, please skip to the next question.

Degree to which you were informed about any delays

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Wait time at clinic (from arriving to leaving)

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Comments (describe good or bad experience):



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MEDICAL PRACTICE SURVEY

38%

NURSE/ASSISTANT

If a question does not apply to you, please skip to the next question.

How well the nurse/assistant listened to you

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Concern the nurse/assistant showed for your problem

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Comments (describe good or bad experience):



CARE PROVIDER

DURING YOUR VISIT, YOUR CARE WAS PROVIDED PRIMARILY BY {PRECODE5}. PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THAT HEALTH CARE PROVIDER IN MIND.

Concern the care provider showed for your questions or worries

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Explanations the care provider gave you about your problem or condition

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Care provider's efforts to include you in decisions about your care

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Care provider's discussion of any proposed treatment (options, risks, benefits, etc.)

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Likelihood of your recommending this care provider to others

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Comments (describe good or bad experience):





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MEDICAL PRACTICE SURVEY

63%

PERSONAL ISSUES

Our concern for your privacy

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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How well the staff protected your safety (by washing hands, wearing ID, etc.)

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Comments (describe good or bad experience):



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MEDICAL PRACTICE SURVEY

75%

OVERALL ASSESSMENT

How well the staff worked together to care for you

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Likelihood of your recommending our practice to others

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Comments (describe good or bad experience):



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MEDICAL PRACTICE SURVEY

88%

Patient's Name: (optional)

Telephone Number: (optional)



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MEDICAL PRACTICE TELEMEDICINE SURVEY

0%

BACKGROUND QUESTIONS

Who is completing the survey?

- Patient
- Someone else



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MEDICAL PRACTICE TELEMEDICINE SURVEY

17%

ACCESS

If a question does not apply to you, please skip to the next question.

Ease of arranging your video visit

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Ease of contacting (e.g., email, phone, web portal) us

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Comments (describe good or bad experience):



CARE PROVIDER

DURING YOUR VIDEO VISIT, YOUR CARE WAS PROVIDED PRIMARILY BY (PRECODE5). PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THAT HEALTH CARE PROVIDER IN MIND.

Concern the care provider showed for your questions or worries

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Explanations the care provider gave you about your problem or condition

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
----------------	-----------	-----------	-----------	----------------

Care provider's efforts to include you in decisions about your care

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Care provider's discussion of any proposed treatment (options, risks, benefits, etc.)

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Likelihood of your recommending this care provider to others

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Comments (describe good or bad experience):



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MEDICAL PRACTICE TELEMEDICINE SURVEY

50%

TELEMEDICINE TECHNOLOGY

If a question does not apply to you, please skip to the next question.

Ease of talking with the care provider over the video connection

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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How well the video connection worked during your video visit

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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How well the audio connection worked during your video visit

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Comments (describe good or bad experience):



MEDICAL PRACTICE TELEMEDICINE SURVEY

67%

OVERALL ASSESSMENT

How well the video visit staff (including the care provider) worked together to care for you

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Likelihood of your recommending our video visit service to others

Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
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Comments (describe good or bad experience):



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MEDICAL PRACTICE TELEMEDICINE SURVEY

84%

Patient's Name: (optional)

Telephone Number: (optional)