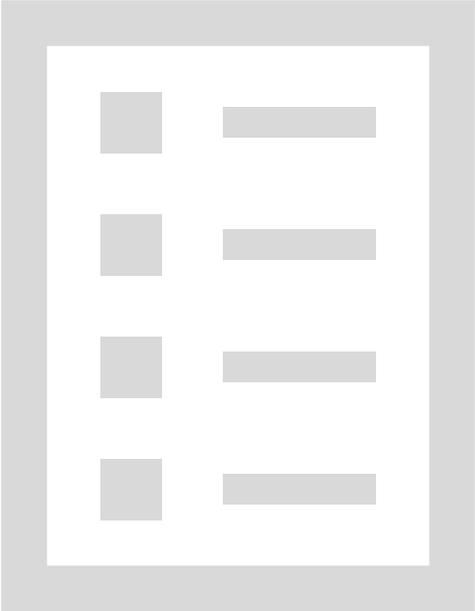


Los Angeles County Department of Public Health  
Quality Improvement & Accreditation Program

# Customer Satisfaction Toolkit

January 2023 (rev. December 2022)



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## Background & Rationale

Having a routine mechanism to gather customer feedback and make changes accordingly has several functions:

- It is a key part of quality and performance improvement, providing a way to address customers' expectations and improve their experiences with our Department.
- It fulfills a Public Health Accreditation Board requirement (Domain 9: Quality Improvement)
- It addresses an objective in the Los Angeles County's Strategic Plan 2016-2021

Many DPH programs currently collect customer feedback, but there are opportunities to ensure that this feedback is routinely gathered and used to improve our services. To build on existing efforts and improve coordination within the Department, the Quality Improvement and Accreditation Program (QIAP) is renewing a Department-wide Customer Satisfaction Initiative. QIAP will request that **all programs conduct a customer satisfaction survey at least once a year, surveying one group of customers.**

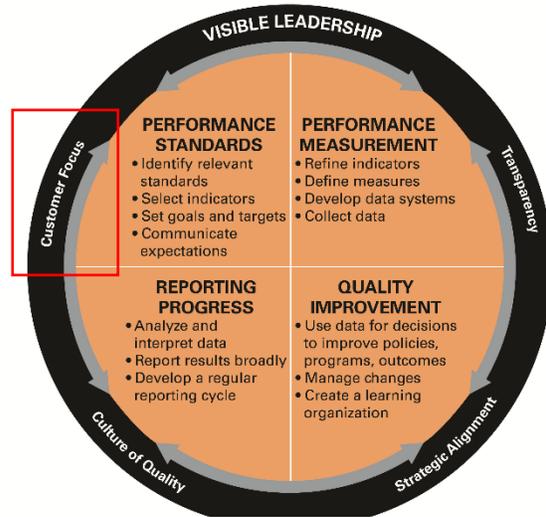
## Goals and Objectives

**The goal of the Customer Satisfaction Initiative:** to improve overall and program-level customer satisfaction with DPH programs and services.

For 2023, there are 3 objectives:

- Objective 1:** By February 10<sup>th</sup>, 2023, all DPH programs will fill out a customer satisfaction action plan and plan to survey their main customer group.
- Objective 2:** By March 31<sup>st</sup>, 2023, all DPH programs will conduct a customer satisfaction survey, using DPH's core questions & analyze their customer satisfaction survey data.
- Objective 3:** All DPH programs will develop a Quality Improvement project to address customer satisfaction results if needed.

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM

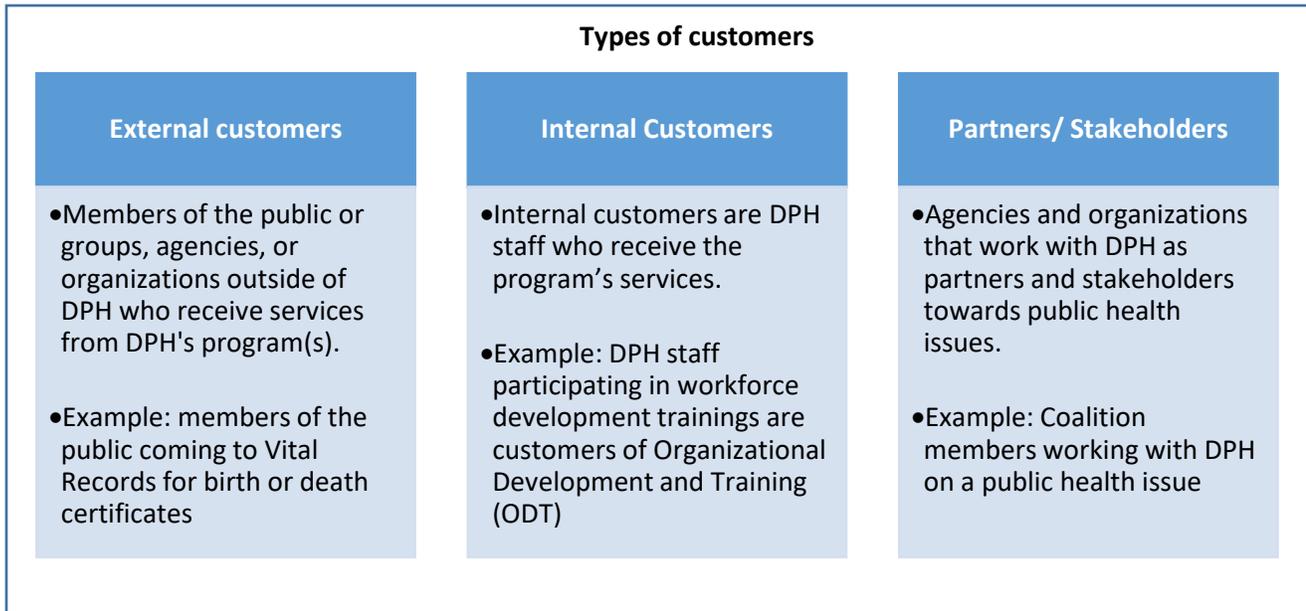


Turning Point Performance Management System

## Definitions

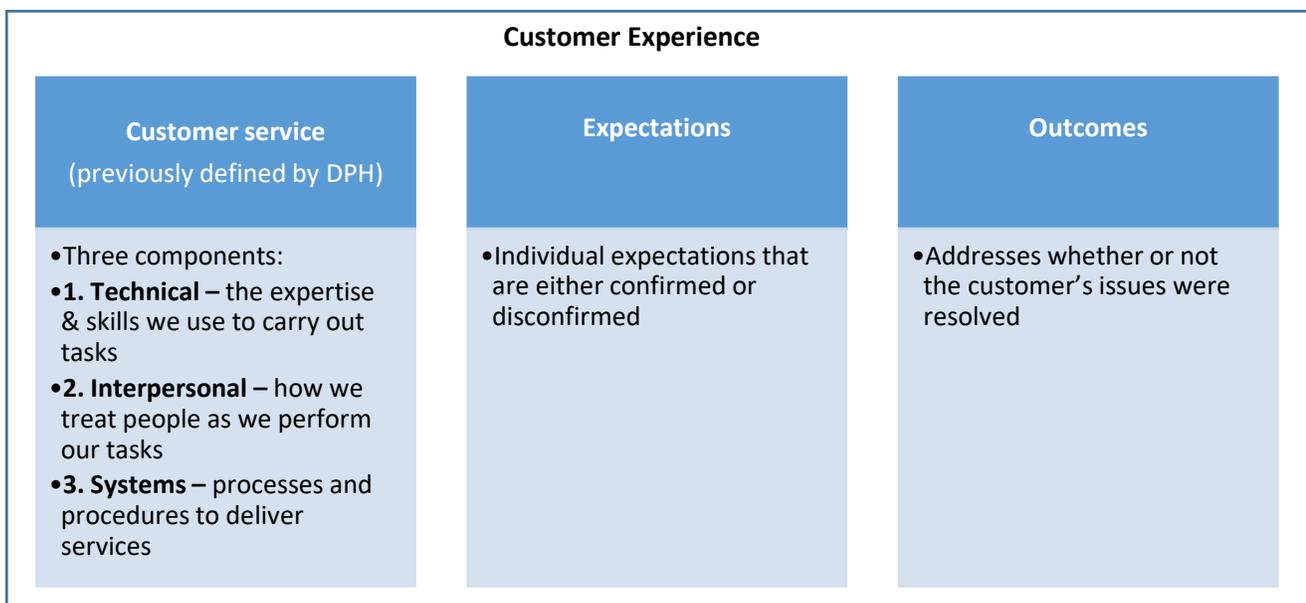
### CUSTOMERS:

The individuals, or group, who receive or use the program's services and/or resources. This includes individuals or groups that are external to or internal within the organization. (Measuring Customer Satisfaction, ASTHO)



### CUSTOMER SATISFACTION:

A personal assessment affected by an overall customer experience based on customer service, expectations, and outcomes. (Customer Satisfaction, Center of the Study of Social Policy)



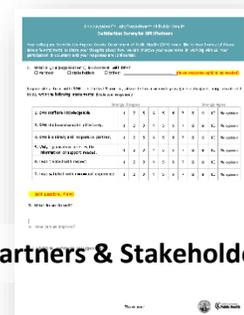
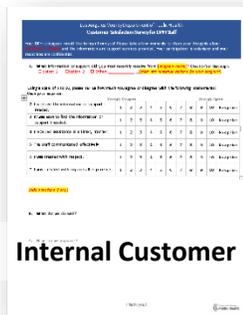
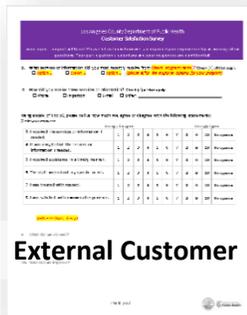
# Customer Satisfaction Survey Guidelines

## 1. WHO TO SURVEY

- a. Select **one** group of your program’s customers to survey. It’s suggested you survey your program’s **main** customer group that you can continue surveying annually.

## 2. DETERMINE SURVEY QUESTIONS

- a. There are 3 DPH survey templates; choose one template based on the customer group to be surveyed.



- b. Tailor the survey for your program by adding specific response options and additional program-specific questions if needed
- c. Translate the survey into other languages, if needed.  
(Currently, the external customer satisfaction survey template is available in Spanish only.)

## 3. DETERMINE SURVEY METHODS

Determine which survey method to use:

- electronic survey (e.g., surveymonkey)
- on-site paper surveys
- phone
- mail

**\*\* Please do NOT include a survey link in your signature line or your program’s website as a survey method. (Response rates have generally been very low and are also difficult to calculate.)**

## 4. DETERMINE FREQUENCY AND DURATION

- a. Determine a defined period of time (e.g., 1- or 2-week period) to administer the survey and collect responses.
- b. Determine which dates to conduct the customer satisfaction survey (e.g., February 1- February 14, 2023).

## 5. EVALUATE RESULTS

- a. Determine who will collect the data and compile the results, if it is not the QI Specialist.
- b. Evaluate your results using the Survey Analysis Template (electronic version for auto-calculation.)
- c. QIAP will request a copy of your Survey Analysis.
- d. Programs will create scorecards for the following two survey results: “I received the services or information I needed” and overall customer satisfaction.
- e. QIAP will cull the data for the same two survey results so we can calculate department-level measures of customer satisfaction.

## 6. FOLLOW-UP

Review the survey findings and make program adjustments as needed. If appropriate, programs may develop a QI project to improve their customer satisfaction results.

For questions, contact the Quality Improvement & Accreditation Program  
 (Disly Juarez at [djuarez@ph.lacounty.gov](mailto:djuarez@ph.lacounty.gov))

Customer Satisfaction Survey Templates

Los Angeles County Department of Public Health  
**Customer Satisfaction Survey**

Your input is important to us! Please let us know how we can improve your experience by answering a few questions. Your participation is voluntary and your responses are confidential.

1. What services or information did you most recently receive from **(insert program name)**? Check (✓) all that apply.  
 option 1     option 2     option 3     Other: \_\_\_\_\_     N/A  
*(please tailor the response options for your program)*

2. How did you receive these services or information? Check (✓) all that apply.  
 Phone     In-person     E-mail     Other: \_\_\_\_\_     N/A

Using a scale of 1 to 10, please tell us how much you agree or disagree with the following statements:  
 Circle your response.

	Strongly Disagree										Strongly Agree
3. I received the services or information I needed.	1	2	3	4	5	6	7	8	9	10	N/A
4. It was easy to find the services or information I needed.	1	2	3	4	5	6	7	8	9	10	N/A
5. I received assistance in a timely manner.	1	2	3	4	5	6	7	8	9	10	N/A
6. The staff understood my specific needs.	1	2	3	4	5	6	7	8	9	10	N/A
7. I was treated with respect.	1	2	3	4	5	6	7	8	9	10	N/A
8. I was satisfied with my overall experience.	1	2	3	4	5	6	7	8	9	10	N/A

*(add questions, if any)*

9. What did we do well?

10. How can we improve?

**Survey Template for External Customers**  
 (survey is also in Spanish)

Thank you!



Los Angeles County Department of Public Health  
**Customer Satisfaction Survey for DPH Staff**

Your DPH colleagues would like to hear from you! Please take a few moments to share your thoughts about **[PROGRAM NAME]** and the information and support services provided. Your participation is voluntary and your responses are confidential.

1. What information or support did you most recently receive from **[program name]**? Check (✓) all that apply.  
 option 1     option 2     Other: \_\_\_\_\_     N/A  
*(tailor the response options for your program)*

Using a scale of 1 to 10, please tell us how much you agree or disagree with the following statements:  
 Circle your response.

	Strongly Disagree										Strongly Agree	
2. I received the information or support I needed.	1	2	3	4	5	6	7	8	9	10	N/A	
3. It was easy to find the information or support I needed.	1	2	3	4	5	6	7	8	9	10	N/A	
4. I received assistance in a timely manner.	1	2	3	4	5	6	7	8	9	10	N/A	
5. The staff communicated effectively.	1	2	3	4	5	6	7	8	9	10	N/A	
6. I was treated with respect.	1	2	3	4	5	6	7	8	9	10	N/A	
7. I was satisfied with my overall experience.	1	2	3	4	5	6	7	8	9	10	N/A	

*(add questions if any)*

8. What did we do well?

9. How can we improve?

Survey Template for Internal Customers

Thank you!



Los Angeles County Department of Public Health  
**Satisfaction Survey for DPH Partners**

Your colleagues from the Los Angeles County Department of Public Health (DPH) would like to hear from you! Please take a few moments to share your thoughts about how we can improve your experience in working with us. Your participation is voluntary and your responses are confidential.

**1. What is your (organization's) involvement with DPH?**

Partners     Stakeholders    Other: \_\_\_\_\_  N/A  
 (tailor response options as needed)

In your interactions with DPH over the last 3 months, please tell us how much you agree or disagree, using a scale of 1 to 10, with the following statements: (Circle your response.)

	Strongly Disagree					Strongly Agree					
	1	2	3	4	5	6	7	8	9	10	N/A
2. DPH staff are knowledgeable.											
3. DPH staff communicate effectively.											
4. DPH is a timely and responsive partner.											
5. I/My organization receives the information or support needed.											
6. I was treated with respect.											
7. I was satisfied with my overall experience.											

(add questions, if any)

**8. What do we do well?**

**9. How can we improve?**

**10. Additional comments or suggestions?**

Survey Template for Partners & Stakeholders

Thank you!



# Customer Satisfaction Action Plan Worksheet

	A	B	C	D	E	F	G	H	I	J	K
	Program Name	QI Specialist	Who will you survey? (name/title of customer)	Briefly identify what services they receive	What type of customers do these groups fall under? <small>(click on cell and select from dropdown)</small>	Does your program plan to add program-specific questions? Explain.	Will your program translate the survey into other languages? Explain.	Which survey method(s) will you use? <small>(click on cell and select from dropdown)</small>	Which dates will you conduct the survey?	Who will collect and evaluate the results of the survey?	QUESTIONS FOR QIAP?
1											
2	Acute Communicable Disease Control (ACDC)										
3	Center for Health Equity (CHE)										
4	Center for Health Equity (CHE)										
5	Center for Health Impact Evaluation (CHIE)										
6	Children's Medical Services (CMS)										
7	Children's Medical Services (CMS)										
8	Chronic Disease & Injury Prevention (CDIP)										
9	Chronic Disease & Injury Prevention (CDIP)										
10	Clinic Services (CS)										
11	Clinic Services SPA 1-2 (CS-SPA1-2)										
12	Clinic Services SPA 1-2 (CS-SPA1-2)										
13	Community & Field Services SPA 1 and 2										
14	Community & Field Services SPA 3										
15	Community & Field Services SPA 3										
16	Community & Field Services SPA 4										

The Action Plan questions will be used to assist programs with the survey planning process and will assist QIAP in identifying opportunities to coordinate or provide additional support to programs. The Action plan will be available to programs on the QI Specialists' Microsoft Teams Channel.

# Customer Satisfaction Survey Analysis Template

AutoSave CS-SurveyAnalysisTemplate 2022

File Home Insert Page Layout Formulas Data Review View Help Acrobat

Clipboard Font Alignment Number Styles Cells

DPH Customer Satisfaction Survey Analysis Template

Program Name: \_\_\_\_\_  
Customer Group: \_\_\_\_\_

Survey type: EXTERNAL

# surveys administered \_\_\_\_\_  
# surveys filled out \_\_\_\_\_  
# surveys refused \_\_\_\_\_  
response rate #DIV/0!

Number of responses in each Response Category

Q#	Survey Question	# responses per question	Number of responses in each Response Category										N/A	% agree or strongly agree	% strongly agree	
			strongly disagree	1	2	3	4	5	6	7	8	9				strongly agree
3	I received the services or information I needed														#DIV/0!	#DIV/0!
4	It was easy to find the services or information I needed														#DIV/0!	#DIV/0!
5	I received assistance in a timely manner														#DIV/0!	#DIV/0!
6	The staff understood my specific needs														#DIV/0!	#DIV/0!
7	I was treated with respect														#DIV/0!	#DIV/0!
8	I was satisfied with my overall experience														#DIV/0!	#DIV/0!

EXTERNAL INTERNAL PARTNERS Open-ended questions

INSTRUCTIONS EXTERNAL INTERNAL PARTNERS