

***CERTIFIED PUBLIC MANAGER
PROJECT***

***CUSTOMER SERVICE INITIATIVE IN
THE DEPARTMENT OF HEALTH AND
ENVIRONMENTAL CONTROL***

BY: J. Stan Thompson
South Carolina Department of Health and Environmental Control
Office of Health Information Management
Robert Mills Complex
Box 101106
1751 Calhoun Street
Columbia, South Carolina 29211

S. C. STATE LIBRARY

SEP 21 2004

STATE DOCUMENTS

CERTIFIED PUBLIC MANAGER PROJECT GOAL

Create a comprehensive Agency wide customer service training initiative that will be targeted toward assessed needs as determined by each manager and supervisor of the various organizational units and resulting in continuous improvement. This initiative will include assessments, training, and performance measures as well as an outcome measure of proposed goals of customer service. This outcome measure will be a quantitative measure that results from ongoing assessments of customer service feedback throughout the Agency. This initiative will be implemented during FY1997-98 and outcome measures beginning by FY 1998-99.

SMART

PROBLEM STATEMENT

PROBLEM /OPPORTUNITY:

Customer service, as a value for the Agency is described as one of the most important guiding principles to help successfully carry out the Agency's mission.

All aspects of the strategic plan have been communicated in the Agency thereby resulting in widespread familiarity. However, implementing actions to ensure further integration of values and visions of the plan have been limited.

Current situation

With the exceptions of fragmented customer survey methods, various training opportunities incorporating principles of customer service and annual awards based on exceptional internal and external customer service (Michale D. Jarrett Customer Service Awards), no comprehensive initiative has been in place to integrate the value of customer service throughout the Agency. No comprehensive measurement of customer service feedback has taken place based on the strategic plan value and continuous improvement related to this value cannot be illustrated without specific measurement tools.

CAUSE ANALYSIS

BACKGROUND INFORMATION:

In August, 1995, the Department of Health and Environmental Control published a Strategic Plan that represented a fundamental shift in thinking for the Agency. The Agency is dedicated and committed to efficiently and effectively promoting the health of the public and the environment. As outlined by the Commissioner, “each employee will play an important role in implementing this plan. Everyone must have a commitment to, and actively demonstrate the values and visions outlined in this document.”

The DHEC mission statement is as follows:

We promote and protect the health of the public and the environment.

The DHEC strategic plan is made up of four basic elements: mission, values, visions, and critical issues.

The mission of the Agency is a statement of the basic concept and ultimate goal of DHEC. Every activity and service provided should support the mission. The values are the most important guiding principles that help the Agency successfully carry out its mission. Values are beliefs that, in the strategic planning process, the Agency feels are already demonstrated but needs to continue to stress. These values are customer service, teamwork and use of scientific knowledge for decision making.

Visions in the Agency's strategic plan describe the type of organization that DHEC intends to be. Visions are issues that need to be worked on toward achieving excellence. All staff should work toward achieving these visions. The three visions in the plan are cultural competence, excellence in government and local solutions to local problems.

Four critical issues, issues that depict the most crucial areas to which values and visions standards must be applied, were identified in the planning process. These critical issues include communications, health care reform, prevention and streamlining permitting.

The value of customer service is one of the most important values in the Agency's

Strategic Plan, and probably the most misunderstood. Considering the diverse services provided by DHEC to the state's citizens, providing exceptional customer service in a culturally competent way to a diverse population with diverse services is challenging.

With the advent of Total Quality Management and the Agency's move toward two very fundamental management cultures; participative management and empowering employees, the focus on customer service became paramount to make these things happen.

The driving force behind a major customer service initiative came directly from the governing board of the Department of Health and Environmental Control. The Board set out a list of objectives based upon the strategic plan and asked that a Customer Service Training Plan be established.

desired state

Once charged with this task, many things had to happen to evaluate the position of the Agency at that time including goals, measurable outcomes and cause analysis. However, in an Agency providing diverse services to the citizens of South Carolina, assessing customer feedback and measuring outcomes becomes a complicated task.

Two important perspectives of service delivery must be kept in mind when looking at customer feedback; the regulatory perspective of the environmental function and the health care services provided to clients in a more traditional service delivery setting.

Normally, a cause analysis would be conducted first to determine cause of the problem; thus what caused the value of customer service to not be integrated throughout the Agency with no comprehensive measurement tools of customer service feedback.

However, since the charge from the Board was to develop a customer service training plan, analysis had to take place during development in hopes that cause and effect would be incorporated into the plan. This has been done. An *Agency Customer Service Team* was also established to ensure that the Customer Service Training Initiative was implemented. This group retains representation from all areas of the Agency.

stakeholder involvement

ANALYSIS:

Step I:

-Obscure process

7004

Surveys: Surveys were conducted throughout the Agency as to current customer service feedback mechanisms including customer feedback cards, surveys, and other mechanisms. At present, the Agency has over 35 ongoing methods of obtaining customer feedback (that were identified through the survey), not including individual surveys used to assess current situations in specific program areas. Examples of 21 of these feedback tools follow.

Step II:

*What it is
how it is measured*

Evaluate examples of measures of customer service throughout a diverse service delivery agency: Examples of customer service measures were charted and evaluated for similarity of assessment and to gain an understanding of how the Agency rates in some very limited areas. -1002

The following Chart Examples are included:

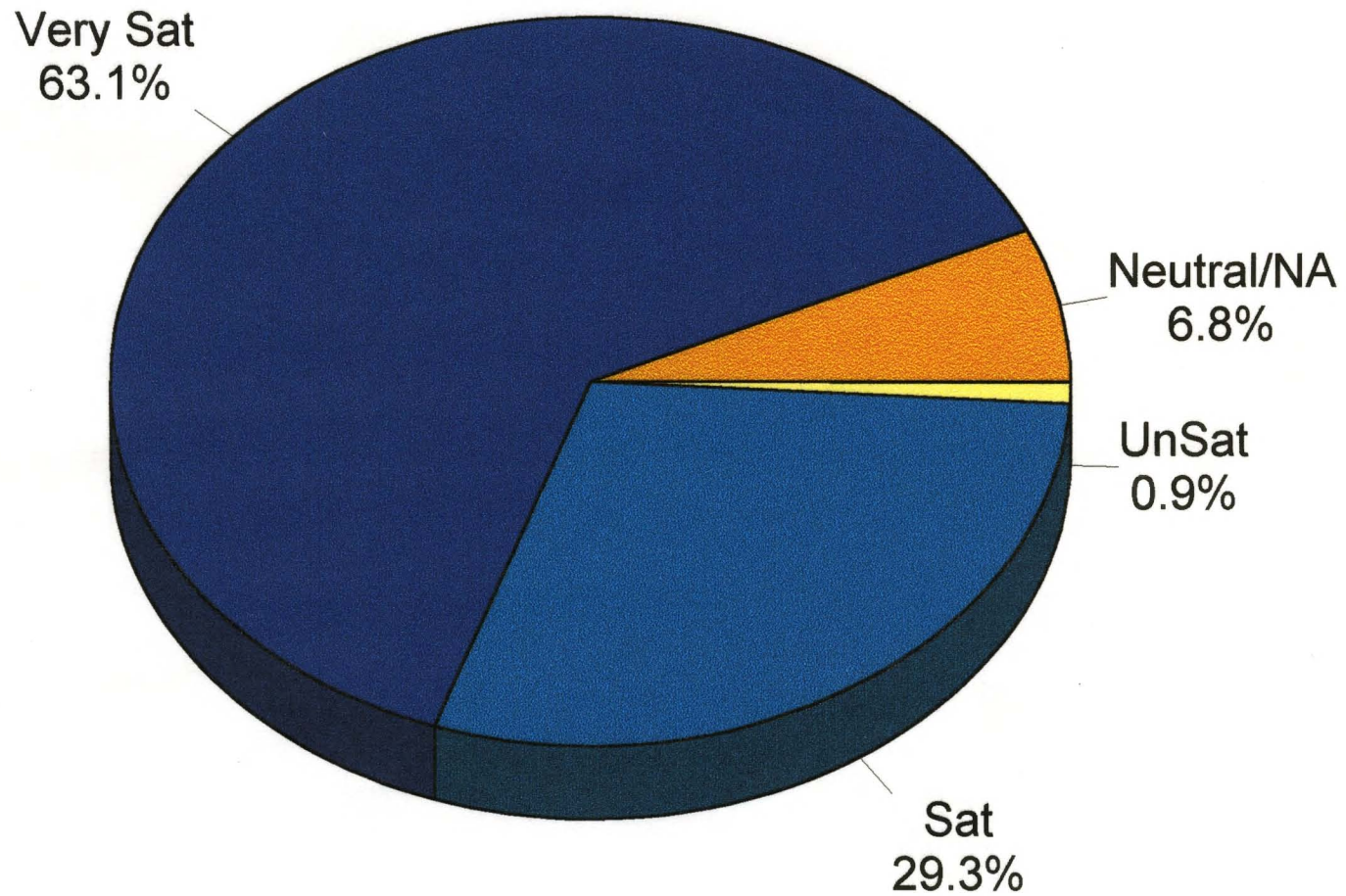
- * Environmental Quality Control Permitting Program: A customer comment card is included in the permitting packet that is sent to a customer when a permit decision is made. The process, initiated in the spring of 1996 is being continued as an effort to gain information on how well the permitting process is working and how the process can be improved. This rating is an overall rating of how customers felt service was received.

- * Home Health Patient Satisfaction Survey: An example of a patient satisfaction survey that is conducted quarterly by the Home Health Services program. The chart represents the most recent quarter of data, 3rd, FY 1997.

- * **Appalachia III Health District: Base on a survey completed in June, 1996 (total of 2361 responses) that directly resulted in changes as indicated by customer responses.**

- * **Health Regulation Comment Cards: This chart illustrates a result of a baseline customer survey from a regulatory perspective conducted in the spring/summer, 1995. Illustrated in a overall evaluation of service received.**

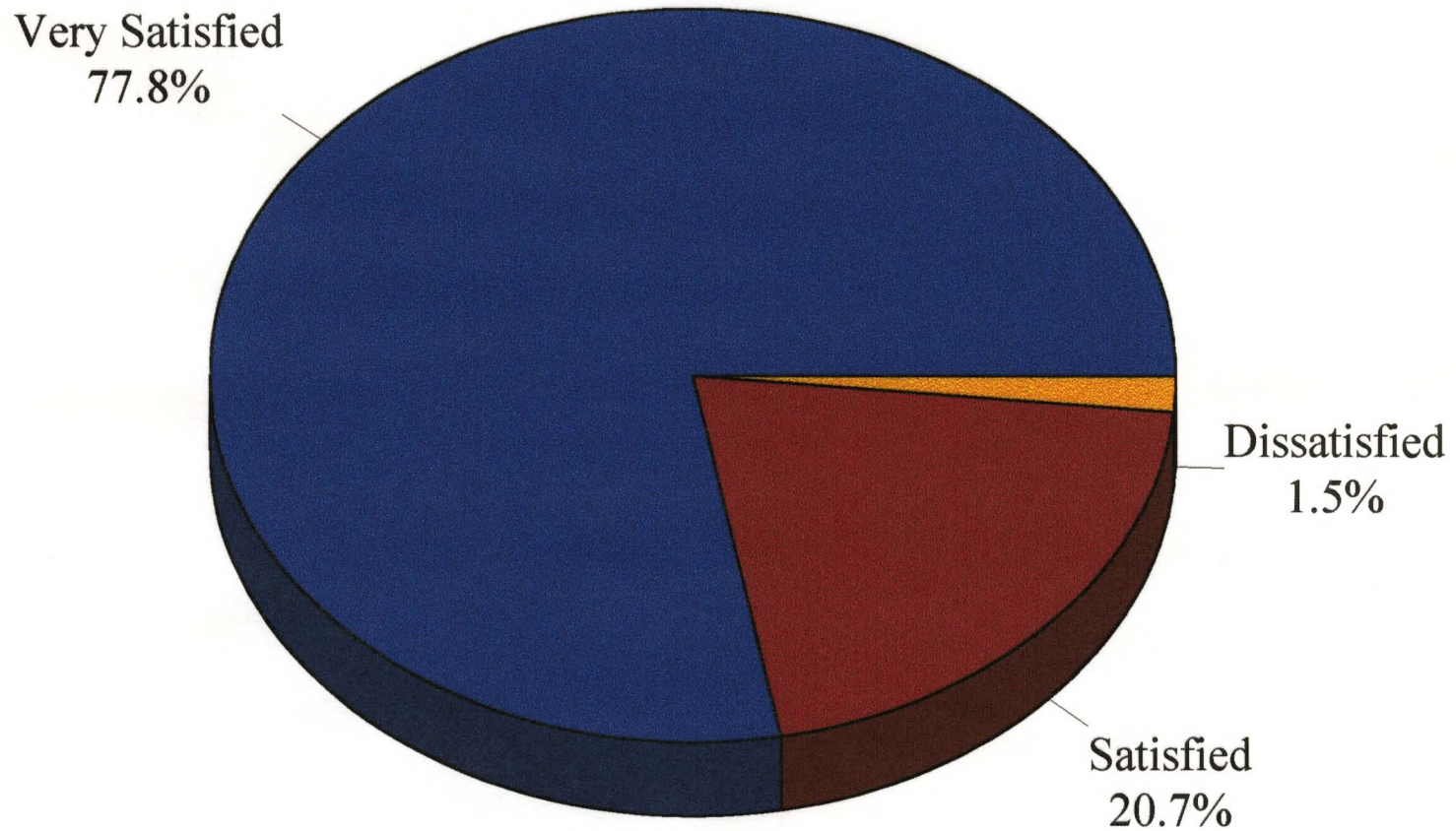
Permitting Program Overall(1996-1997)



Response (222)

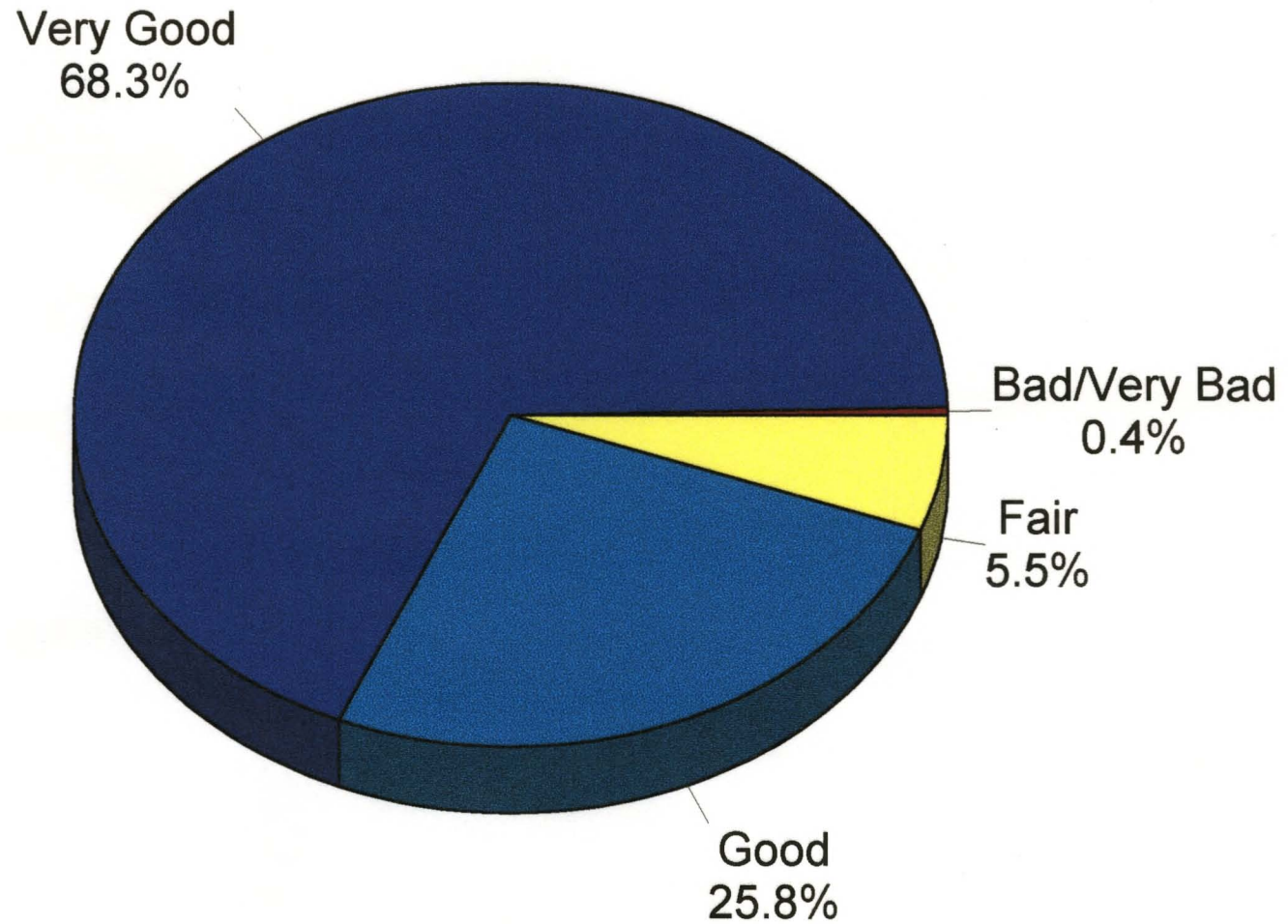
Home Health Care Services

FY 97 Patient Satisfaction Survey



Health District APP III

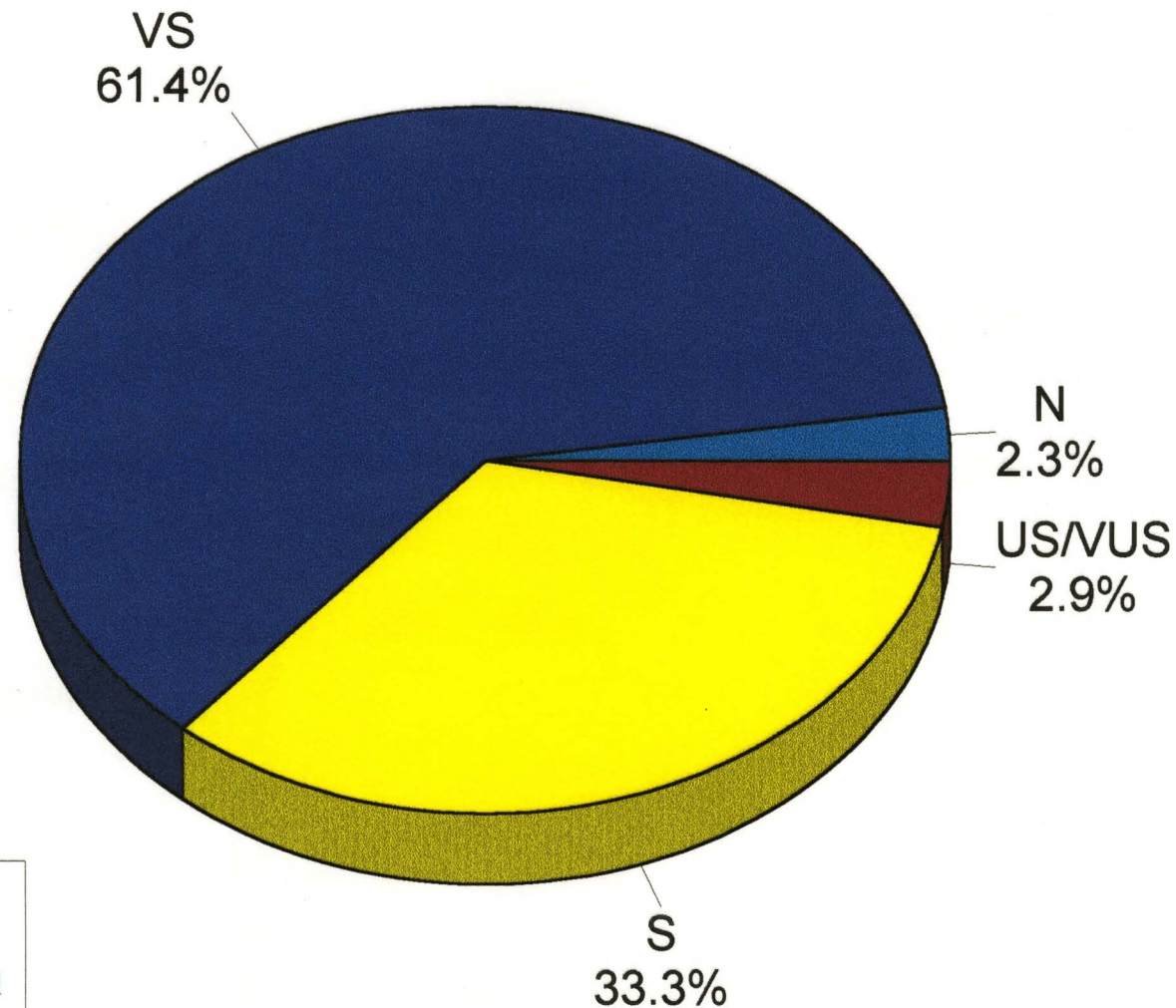
Service Rating



June 1996 (2361)

Health Regulations Comment Card

Overall Evaluation



Legend (171)

VS - Very Sat. S - Sat.
U - UnSat. N - Neutral
VUS - Very UnSat.

Summer 1995

Step III:

*study into
key elements*

The following question was asked based on the promise of this initiative; Are there consistent measurement processes in place?

The answer to this question is readily evident from the collection of tools from different areas throughout the Agency. However, generic areas appear in many examples from the survey as well as in the four charts above that are assessed regardless of the type of service delivered. The six areas as agreed to after assessing the feedback tools are as follows:

- Timeliness,
- Quality of Service,
- Quality of Staff,
- Courtesy of staff,
- Paperwork and
- Overall

The following goal was established after surveying areas in the Agency and assessing feedback tools: To collect baseline data on six proposed parameters of

“good customer service”. Once baseline is established, collect feedback around the six proposed parameters on an ongoing basis to determine an overall Agency measure and trends toward improvement.

DATA
COLLECTION

Following are two charts illustrating 1) *Examples of Customer Service Baseline Indicators* and 2) *Customer Service (How are We Doing?)* With the overall goal and the six proposed parameters, data and results.

As you can see from the first chart, *Examples of Customer Service Baseline Indicators*, only one of the four examples provided in Step 2 include all six proposed parameters in their feedback tool. The other three do not. However, all include an “overall assessment” as to service received which was illustrated in the four charts. The second chart provides a breakdown of the six proposed parameters as results.

Examples of Customer Service Baseline Indicators

Proposed Parameters							
Customer Service Indicators	Year	Timeliness	Quality of Service	Quality of Staff	Courtesy of Staff	Paperwork	Overall Service
EQC Permitting Program Permitting Comment Card	1996	✓	✓	✓	✓	✓	✓
Health Services/Home Health Services Patient Satisfaction Survey	1996						✓
Health District Appalachia III Customer Input Survey	1996						✓
Health Regulation	1996			✓	✓		
Proposed Overall Customer Service Tool	1998	✓	✓	✓	✓	✓	✓

Customer Service

How Are We Doing?

Overall Goal: *To collect baseline data on six proposed parameters of good customer service. Once baseline is established, collect feedback around the six proposed parameters on an ongoing basis to determine an overall Agency measure and trends toward improvement.*

	Year	Results
(1) Timeliness		
EQC Permitting	1996	56.8% - Very satisfied
Home Health Services	1996	No data
Health District (Appalachia III)	1996	No data
Health Regulation	1995	No data
*Agency Comprehensive	1998	Not yet available
(2) Quality of Service		
EQC Permitting	1996	54.1% - Very satisfied
Home Health Services	1996	No data
Health District (Appalachia III)	1996	No data
Health Regulation	1995	No data
*Agency Comprehensive	1998	Not yet available
(3) Quality of Staff		
EQC Permitting	1996	63.1% - Very satisfied
Home Health Services	1996	No data
Health District (Appalachia III)	1996	No data
Health Regulation	1995	73.6 - Very satisfied
*Agency Comprehensive	1998	Not yet available
(4) Courtesy of Staff		
EQC Permitting	1996	73.4% - Very satisfied
Home Health Services	1996	No data
Health District (Appalachia III)	1996	No data
Health Regulation	1995	76.2% - Very satisfied
*Agency Comprehensive	1998	Not yet available

(5) Paperwork		
EQC Permitting	1996	36% - Very satisfied
Home Health Services	1996	No data
Health District (Appalachia III)	1996	No data
Health Regulation	1995	No data
*Agency Comprehensive	1998	Not yet available
(6) Overall		
EQC Permitting	1996	63.1% - Very satisfied
Home Health Services	1996	98.8% - Satisfied
Health District (Appalachia III)	1996	68.3% - Very good
Health Regulation	1995	No data
*Agency Comprehensive	1998	Not yet available

*Proposed

Step IV:

Since the Customer Service initiative involved ten important steps to accomplish the objective of creating a comprehensive Agency Wide Customer Service Training Initiative, a traditional flowchart is not being used; a ten step process with an overall strategy and three initiatives that illustrates the action step, time frame, resources needed, responsible party and performance measures is being presented.

This Customer Service Training Plan was published and distributed to all areas of the Agency along with a cover memorandum and attachment as to employees' responsibilities in carrying out the initiative.

***AGENCY CUSTOMER
SERVICE INITIATIVE***



OFFICE OF QUALITY MANAGEMENT

2600 Bull Street
Columbia, SC 29201

Telephone 935-6590

Fax 935-6570

September 10, 1997

TO: Commissioner, Assistant Commissioner, Assistant to the Commissioner, Deputy Commissioners, Office Directors, District Health Directors, EQC District Directors, Bureau Directors, Division Directors and District Administrators

FROM: Stan Thompson, Interim Director

SUBJECT: Agency Customer Service Initiative

add
stakeholder
involvement to inform
E involve
memo
2) Kirby

One of the values or guiding principles in the *Agency's Strategic Plan* is customer service. We are committed to meeting or exceeding our customers' identified needs and expectations with quality service.

What is quality customer service? Quality customer service is providing services to the customer in ways exceeding their expectations. Our customers range from clients in the health departments to firms seeking permits to operate a waste facility. They are also the recipients of the work that we do daily, from the next person in our office or the General Assembly. We must not only know our customers but also be customer focused and quality driven; the customer defines quality.

In order to continuously enhance delivery of exceptional customer service, a Customer Service training initiative will begin October 1997. This training initiative has been approved by the Agency's Executive Management Team and the DHEC Board. The intent of this plan is to maximize customer service delivery through motivated and empowered employees and is based on specific training needs of Agency staff to enhance delivery of quality customer service. As illustrated by the Michael D. Jarrett Customer Service Awards, much progress has already been made. However, we must continue to excel in providing quality customer service through continually improving our processes.

Attached for your use is the Customer Service Training Plan that will be implemented through ten objectives/action steps designed to maximize customer service delivery. There are performance measures attached to each objective that will indicate not only our present condition but our improvement in each of these initiatives. A summary sheet is attached to the plan that summarizes your responsibilities in implementing this plan and the impact it will have. Please

Agency Customer Service Plan
Page 2
September 10, 1997

review each objective and the summary to become familiar with your responsibilities in implementing these initiatives.

Please share this information with all staff. If you have any questions or need additional information, please call the Office of Quality Management at 935-6590.

Thank you.

Attachments

cc: Office of Quality Management



PROMOTE PROTECT PROSPER

South Carolina Department of Health and Environmental Control

Project Plan
Form of communication of plan w/educ. & training

CUSTOMER SERVICE TRAINING PLAN

STRATEGY: *Maximize customer service delivery through motivated and empowered employees.*

To be accomplished by:

- * Supplying front line staff with the training, tools and information to enhance customer service.
- * Providing training to all employees in recognizing difficult situations, listening more effectively and solving problems, assisting the public with requests, and other communication skills to ensure effective and courteous communication with the public in a culturally competent manner.
- * Monitoring the delivery of customer service through austere measures, determine impediments and instituting corrective actions to ensure effective customer service. Ensure that customer service tenets are being met by employees through the Agency's Employee Performance Management System (EPMS).

Objective - Action Step #1: All DHEC new employees including part or full time temporary (even short term) shall be provided customer service training based on their appropriate needs.

Time Frame: Training for employees to begin October, 1997 - On going
All new employees receive introduction to basic customer service within 30 days of employment.

Resources Needed: To be determined through the budgetary process.

Responsibility: Office of Quality Management
Office of Personnel Services
All Organizational Areas

Performance Measures: % of DHEC employees satisfactorily completed training.

Objective - Action Step #2: The DHEC training courses listed below will have customer service concepts and application integrated into the curricula.

Time Frame: August, 1997 the DHEC courses will have customer service integrated into their curricula to include:

New Employee Orientation
Total Quality Management
Fourth Generation Management
Supervisory Skills
Office Management
Cultural Competence

Resources Needed: Existing

Responsibility: Office of Quality Management
Office of Personnel

Performance Measures: % of training that have incorporated customer service in the curricula.

Objective - Action Step #3: All DHEC front line and support staff will receive basic DHEC approved customer service training. A needs assessment will be made based on any customer service type training previous received by these staff.

Time Frame: Training for employees to begin October, 1997 - On going

Resources Needed: To be determined through the budgetary process.

Responsibility: Office of Quality Management
All Organizational Areas

Performance Measures: % of DHEC front line and support staff satisfactorily completed training.

Objective - Action Step #4: All DHEC managers/supervisors and field staff shall be required to have basic customer service training and be able to monitor its delivery, determine impediments and institute corrective actions to ensure effective customer service delivery by their staff. A needs assessment will be made based on any customer service type training previously received by these staff.

Time Frame: Training for managers/supervisors and field staff to begin October, 1997 - On going

Resources Needed: Funding is needed to train other trainers to expand the availability;

this will be determined through the budgetary process.

Responsibility: Office of Quality Management
All Organizational Areas: Managers/Supervisors/Field Staff

Performance Measures: % of middle management and field staff trained.

Objective - Action Step #5: Establish Agency policy that all managers and supervisors shall be held accountable for assessing their staffs' needs in enhancing customer service delivery and assuring that their employees receive training in customer service concepts and application based on those needs. } policy

Time Frame: Policy established by September, 1997
Implement upon establishment of policy
Training to begin October, 1997- On going

Resource Needed: Existing

Responsibility: Executive Management Team (EMT)
Office of Quality Management
DHEC Administrative Policy Manual Committee
All Managers/Supervisors

Performance Measures: Policy established (Yes/No)
Policy implemented (Yes/No)
% of Supervisors and Managers in compliance with policy
% of EPMS (planning stages and evaluations) that include customer service concepts and application in Job Duties Section on the EPMS.

Objective - Action Step # 6: Establish an evaluation mechanism for the DHEC approved customer service training course to include delivery, application and follow up.

Time Frame: September, 1997 - On going

Resources Needed: Existing

Responsibility: Office of Quality Management

Performance Measures: Rating scales determined through evaluation of each session.

Objective - Action Step #7: Establish a policy that all areas in the Agency will establish a customer service feedback mechanism as a means to quantify a customer service rating. } policy

Time Frame: Policy established by September, 1997

Implement upon establishment of policy
October, 1997 - On going

Resources Needed: Existing

Responsibility: All Organizational Areas
Office of Quality Management

Performance Measures: Policy established (Yes/No)
% of organizational areas in compliance

Objective - Action Step #8: Establish a mechanism to recognize DHEC employees who provide exceptional customer service.

Time Frame: October, 1997

Resources Needed: Existing

Responsibility: Office of Quality Management

Performance Measures: % of employees recognized as providing exceptional customer service

Objective - Action Step #9: Develop a plan for start-up dates for customer service training.

Time Frame: September, 1997

Resources Needed: Existing

Responsibility: Office of Quality Management

Performance Measures: Plan established (Yes/No)
Plan implemented (Yes/No)
Training to begin October 1997 - On going

Objective - Action Step #10: Establish a follow-up mechanism(s) to ensure employees are trained. Also establish an outcome measure to assess the impact and improvement in the area of enhancing customer service for the Agency.

Time Frame: September, 1997 - On going

Resources Needed: Existing

Responsibility: Office of Quality Management

Performance Measures: Follow-up mechanism(s) developed and implemented (Yes/No)
Outcome measure mechanism established and results reported to the Executive Management Team on a quarterly basis.

**THE INTENT OF THE CUSTOMER SERVICE TRAINING PLAN IS TO
MAXIMIZE CUSTOMER SERVICE DELIVERY THROUGH MOTIVATED
AND EMPOWERED EMPLOYEES.**

- The target date that will impact all staff will be **October 1, 1997**; customer service training will be available to all staff, both permanent and temporary/part-time staff.
- Two Agency policies will be established:
 - * All managers and supervisors will be held responsible and accountable for assessing their staff's needs in enhancing customer service delivery and assuring that their employees receive training in customer service concepts and application based on those needs.
 - * All areas in the Agency will establish a customer service feedback mechanism as a means to quantify a customer service rating. This outcome measure will be based on the impact of customer service training and improvement in the area of customer service delivery. This outcome measure will be reported to the Executive Management Team quarterly. The Agency Customer Service Team will address a "generic" tool for customer service feedback.

Your Responsibility:

1. When hiring new staff:

All new employees will be introduced to basic customer service concepts within the first 30 days of employment.

- * All permanent employees will be exposed to customer service concepts and the Agency's value of customer service in **New Employee Orientation**.
- * All part-time, temporary or other type staff will be introduced to customer service concepts through a video produced by the Agency/Office of Quality Management.

An assessment will be made by the manager/supervisor for both new and present staff to assess specific needs in the area of customer service training. All managers, supervisors and field staff (staff that provide services outside the office setting) will be required to have basic customer service training and be able to monitor its delivery, impediments and institute corrective actions to ensure effective customer service delivery by their staff. All front line and support staff will also be required to have basic customer service training. A one day basic customer service training course will be available after October 1, 1997 that will not only incorporate basic customer service concepts but also assessing staff needs.

2. Managers and Supervisors: Will be held accountable for assessing their staff's needs in the area of customer service and also assuring that they receive appropriate training based on

standardization

those needs.

3. All organizational units will establish a customer service feedback mechanism as a means to quantify a customer service rating. **This feedback mechanism will be developed by the Agency Customer Service Team for use by all areas.**

The Office of Quality Management will:

- Have an arsenal of tools such as videos, self training modules, reference sources, etc. to assist all areas of the Agency in their particular needs. The Office will also serve as a resource in assessing and acquiring training or other methods of enhancing customer service delivery.
- Integrate customer service concepts and application into all courses delivered in the area of supervisory or management development.
- Establish and chair an Agency Customer Service Team with representatives across the Agency to:
 - A) Develop a generic customer service feedback mechanism that will assess how the Agency is delivering customer service and generate an outcome measure that will show improvement is enhancing customer service delivery.
 - B) Develop a recognition program for employees delivering exceptional customer service.
 - C) Monitor the implementation of the Customer Service Training Plan to ensure all action steps are completed.

SUMMARY

The theme throughout this project has been to move the Agency beyond having “candid camera shots” of customer service in DHEC, “we need to know where we are, what the customer wants and then how to get there”. Throughout this process, the Agency Customer Service Team was involved in all decisions in implementation of the Customer Service Initiative.

This initiative has been reviewed by the Commissioner of the Agency as well as the governing board. They have approved it as written with minor changes in target dates and specific training issues.

The Office of Quality Management is charged with the responsibility of implementing this initiative and discussion is currently taking place as to targeted audiences and outcome measures.

***EXAMPLES OF CUSTOMER SERVICE
FEELBACK TOOLS***

CUSTOMER SERVICE SATISFACTION SURVEY

Part One

Today's Date: _____

Time of Day:

Morning (8:00 AM to Noon)

Afternoon (Noon to 5:00 PM)

Evening (After 5:00 PM)

I came for _____.

I am a new patient.

I have been to the Health Department before.

I got my appointment by: Someone from the Health Department called me

I called to make an appointment

I came in without an appointment

I got an appointment within:

The same day

One Week

Two Weeks

Over Two Weeks

I thought the number of days I had to wait for my appointment was:

About Right

Too Long

I prefer to come in on a walk in basis.

I prefer to have an appointment.

How did you get here today?

I walked I drove myself Someone gave me a ride

I paid for a ride (How much did you pay? \$_____)

Is transportation to the clinic a problem for you?

Yes

No

Which time/day is most convenient for you to attend clinic?

Early Morning (7:00 AM to 8:00 AM)

Morning (8:00 AM to Noon)

Afternoon (Noon to 5:00 PM)

Evening (After 5:00 PM)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

CUSTOMER SERVICE SATISFACTION SURVEY

Part Two

Today's Date: _____

Time of Day:

___ Morning (8:00 AM to Noon)

___ Afternoon (Noon to 5:00 PM)

I came for _____ .

___ Evening (After 5:00 PM)

The information I received today was:

___ Just Right

___ Too Much

___ Not Enough. I need more information about : _____

I felt that I had enough privacy during my visit today. ___ Yes

___ No (Please Explain) _____

The amount of time I had to spend in clinic today was: ___ About Right

___ Too Long

How long were you here? _____

My general rating of the services I received today is:

___ Excellent

___ Good

___ Satisfactory

___ Poor

My general rating of the staff is:

___ Excellent

___ Good

___ Satisfactory

___ Poor

My general rating of the building where you received services is:

___ Excellent

___ Good

___ Satisfactory

___ Poor

Would you recommend this clinic to a friend or family member?

___ Yes

___ No

Please make any suggestions or comments regarding the quality of your visit today.

Thank you. This will help us improve the services we provide you in our clinics.

Please rate the service you recently received from the

Office of Environmental Quality Control

South Carolina Department of Health & Environmental Control

Complaint No. 97- _____

1. Did you consider our response to be timely?

Very Timely Adequate Less Than Timely

2. If we were unable to resolve your problem due to a lack of authority, was this adequately explained to you?

Yes No

3. Did you feel that the individual(s) who responded were:

a) genuinely concerned with your problem?

Very Concerned Concerned Unconcerned

b) properly trained to handle the problem?

Yes No

4. Have you shared your feelings concerning our response with others (i.e., friends, family, neighbors, etc.)?

Yes No

If yes, approximately how many and could you please give the nature of your comments? (i.e., positive, negative, etc.)

5. Will you call us again should you have another problem?

Yes No

6. Did you realize that this office is a part of the South Carolina Department of Health & Environmental Control?

Yes No

7. Additional comments: _____

Please rate the service you recently received from the office of Environmental Quality Control, South Carolina Department of Health and Environmental Control.

* * * * *

1). Did you consider our response to be timely?

very timely adequate less than timely

2). If we were unable to resolve your problems due to a lack of authority, was this adequately explained to you?

yes no

3). Did you feel that the individual(s) who responded were:

a). genuinely concerned with your problem?

very concerned concerned unconcerned

b). properly trained to handle the problem?

yes no

4). Have you shared your feelings concerning our response with others; i.e., friends, family, neighbors, etc.?

yes no

If yes, approximately how many and could you please give nature of comments? (i.e., positive, negative, etc.)

5). Will you call us again should you have another problem?

yes no

6). Did you realize that this office is a part of the South Carolina Department of Health and Environmental Control?

yes no

7). **Additional comments:** _____

Dear :

Personnel of this office recently responded to a complaint from you concerning . The quality of service we provide to the public is very important to us. In order to determine your impression of the quality of these services, we would appreciate your providing us some feedback by completing the attached questionnaire. A pre-addressed, stamped envelope is provided for your convenience.

Thank you for your time and candid response.

Sincerely,

Barney L. Harmon, P.E.
District Director
Environmental Quality Control
Appalachia III District

BLH/

Enclosure

Commissioner: Douglas E. Bryant

Board: John H. Burriss, Chairman
William M. Hull, Jr., MD, Vice Chairman
Roger Leaks, Jr., Secretary

Richard E. Jabbour, DDS
Cyndi C. Mosteller
Brian K. Smith
Rodney L. Grandy

Promoting Health, Protecting the Environment

Dear Registrant:

On _____ a routine inspection was conducted at your registered location by Inspector _____ of this Bureau. In order to help us determine if we are providing good customer service to those whom we regulate, we ask that you answer the questions below, and return to me by FAX or mail (in enclosed envelope). If you wish that this questionnaire be kept confidential, please indicate. _____.

1. If not personally known by you, did the Inspector present proper identification? _____. Comments:
2. Did the Inspector clearly state the purpose of the visit? _____. Comments:
3. Did the Inspector allow sufficient time for you to provide the requested documents? _____. Comments:
4. Did the Inspector adequately answer questions that you asked regarding the handling of controlled substances? _____. Comments:
5. Did the Inspector conduct the inspection in a courteous, professional manner? _____. Comments:
6. What suggestions would you offer to enable this Bureau to better serve your needs?

Your participation in this matter will be greatly appreciated.

Sincerely,

Wilbur L. Harling, Director
Bureau of Drug Control
(803)935-7817 FAX (803)935-7820

Signature

Date

Dear Registrant:

On _____ you were issued South Carolina Controlled Substances Registration Number _____ by this Bureau. In order to help us determine if we are providing good customer service to those whom we register and regulate, we ask that you answer the questions below, and return by mail (in enclosed envelope), or by fax at (803) 935-7820.

1. How did you learn that you needed a South Carolina Controlled Substances Registration? LLR Board _____ DEA _____ Previous practice in SC _____ Other _____ Comments:
2. Did you have any difficulty in obtaining the appropriate application form(s)? _____ Comments:
3. Did the staff process your application in a courteous, professional manner? _____ Comments:
4. Did you receive your registration certificate within a reasonable period of time? _____ Comments:
5. What suggestions would you offer to enable this Bureau to better serve your needs?

Your participation in this survey will be greatly appreciated.

Sincerely,

Wilbur L. Harling, Director
Bureau of Drug Control

Signature

Date



DIVISION OF HEALTH HAZARD EVALUATION

1751 Calhoun Street Columbia, South Carolina 29201
 (803)737-4170 or (888)849-7241 (Toll-free Outside Columbia)

COMMUNITY MEETING EVALUATION

Please indicate whether you agree or disagree with each of the following statements.

- | | | | |
|----|---|-------|----------|
| 1) | The information presented was clear and easy to understand. | AGREE | DISAGREE |
| 2) | The Division of Health Hazard Evaluation (HHE) listened to your needs and answered questions about your health. | AGREE | DISAGREE |
| 3) | HHE is doing what is needed to protect public health. | AGREE | DISAGREE |
| 4) | I understand the work that HHE staff will be doing in my community. | AGREE | DISAGREE |
| 5) | The handouts were useful to me. | AGREE | DISAGREE |
| 6) | The meeting location and times were good for me. | AGREE | DISAGREE |
| 7) | If you disagree with any of these, please tell us why in the space below. | | |

- 8) How do you prefer to get information about the work that we are doing? Letters, handouts, meetings - other ideas?

- 8) If you have other concerns or questions that we didn't answer during the meeting, please list them below.

Thank you for taking the time to complete this evaluation. Your comments are useful as we plan future activities.



PLEASE HELP US, THE DIVISION OF HEALTH HAZARD EVALUATION, BETTER SERVE YOU BY ANSWERING THE FOLLOWING:

Was this fact sheet useful? Yes No

What was most useful? _____

What would make it better? _____

Please tell us any other concerns you have? _____

NAME:	PHONE NUMBER:	
ADDRESS:		
CITY:	STATE:	ZIP:

FOR FURTHER QUESTIONS CALL US TOLL-FREE AT 1-888-849-7241.

Help Us . . . Help You

We hope you were happy with our services today. We are glad you came in and would like for you to come back.

We would like your ideas on how we can serve you or your family better.

optional

Name _____

Address _____

City _____ State _____ Zip _____

Tell Us . . .

Date: _____

- 1) Were you treated fairly? Yes or No
- 2) Was the area clean? Yes or No
- 3) Did you have to wait long to be served?
(if yes, please explain) Yes or No

Additional Comments: _____

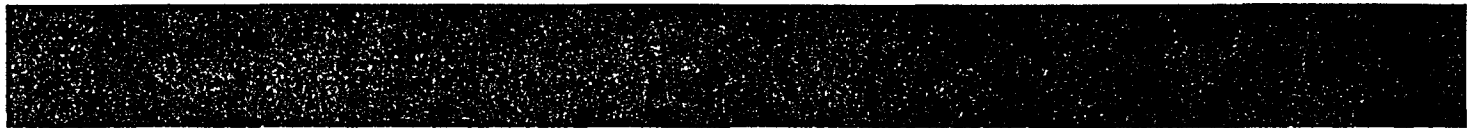
Please **circle** the number which best rates the service you received today:

Very Good	Good	OK	Bad	Very Bad
5	4	3	2	1

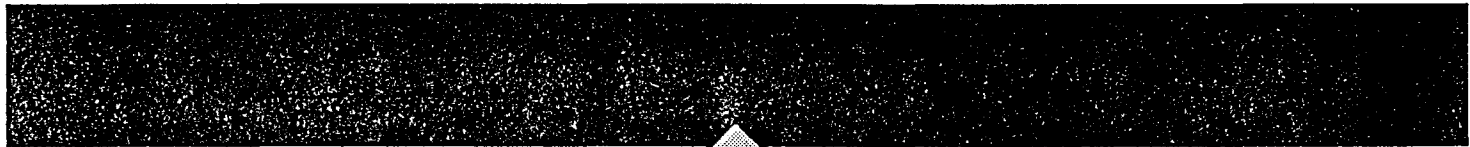


Tell us

Help us... Help You



County Site Clinic



Promoting Improved Quality Services
Through Client Focused Measures

South Carolina
DHEC

Department of Health and Environmental Control
Division of Quality Management

1A-313 12/92

DHEC 2303



Concern/Compliment Form

POLICY

To ensure every concern/compliment receives a response, to provide a centralized process through the executive management team for monitoring and evaluating concerns/compliments, and to identify trends and opportunities to improve services.

RECEIVER

Complete this section, forward pink copy to Office of Assessment and Quality Assurance, and send white and yellow copies to the appropriate unit(s).

Issue: Concern Compliment

Name of person initiating concern/compliment: _____

Address and phone number: (if available) _____

Nature of concern/compliment: _____

Referred to: _____ Unit: _____ Date/Time: _____

Signature of Employee initiating form: _____ Unit: _____

If concern or compliment, acknowledge within 72 hours and forward the yellow copy to the Office of Assessment and Quality Assurance.

RESPONDER

Analysis: (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Knowledge problem | <input type="checkbox"/> Performance problem | <input type="checkbox"/> Motivation problem |
| <input type="checkbox"/> Supervision problem | <input type="checkbox"/> Communication problem | <input type="checkbox"/> Resource problem |
| <input type="checkbox"/> Policy/Procedure problem | <input type="checkbox"/> Attitude problem | <input type="checkbox"/> Documentation problem |
| <input type="checkbox"/> Compliment | <input type="checkbox"/> Other | |

Action Taken: _____

_____ Date/Time Action Taken: _____

Outcome: _____

Unit Director Signature: _____

Bureau Chief or District Health or EQC Director Signature: _____

VALUATOR

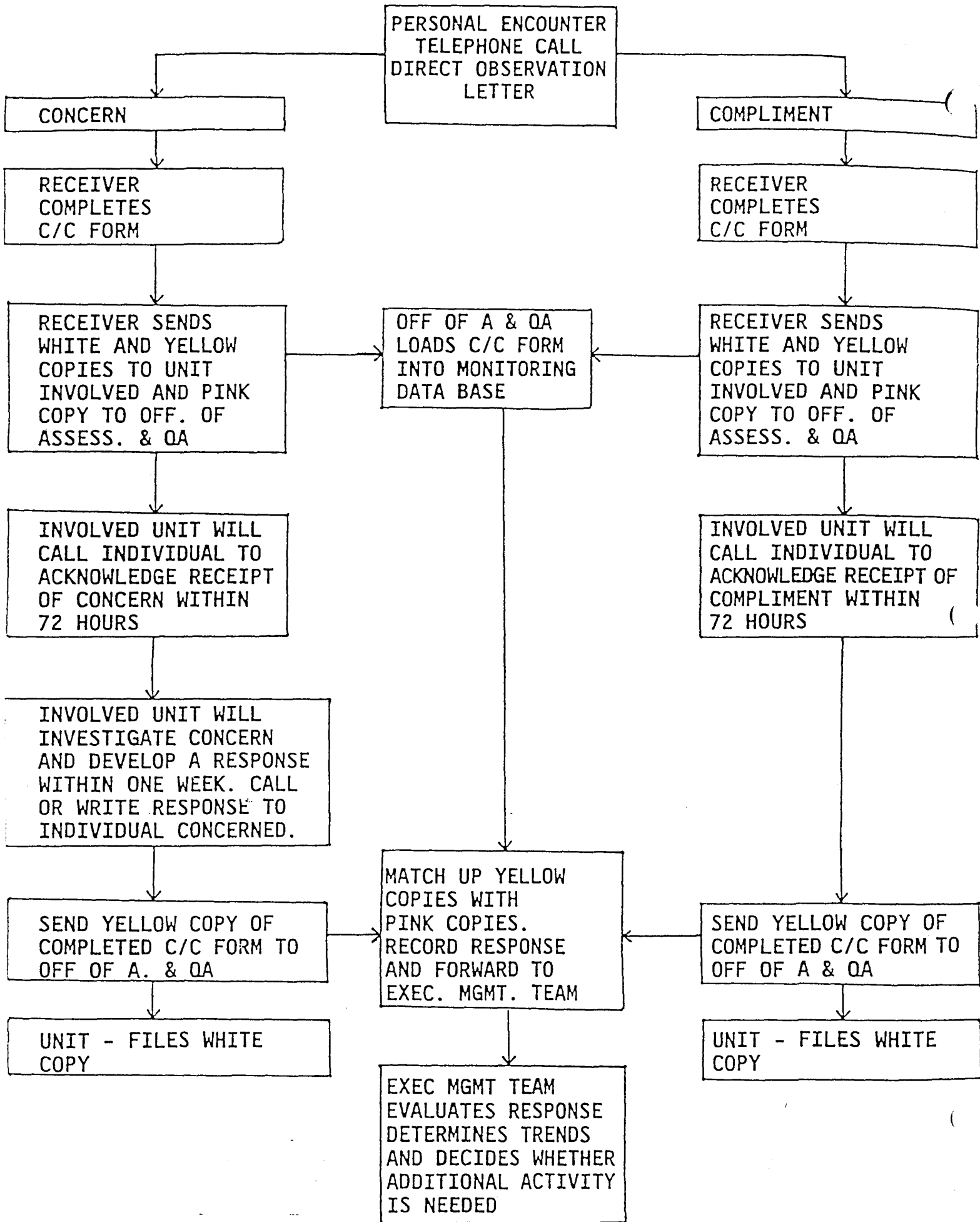
Executive Management Team to Evaluate all Concerns:

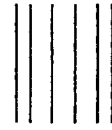
Acknowledgement Timely: yes no Resolution: yes no

Effectiveness of Corrective Action:

- Corrective action has been effective in preventing or minimizing problems. No further evaluation necessary.
- The situation has improved but continued monitoring necessary.
- The situation has not improved significantly. Further action is required.

Comments: _____



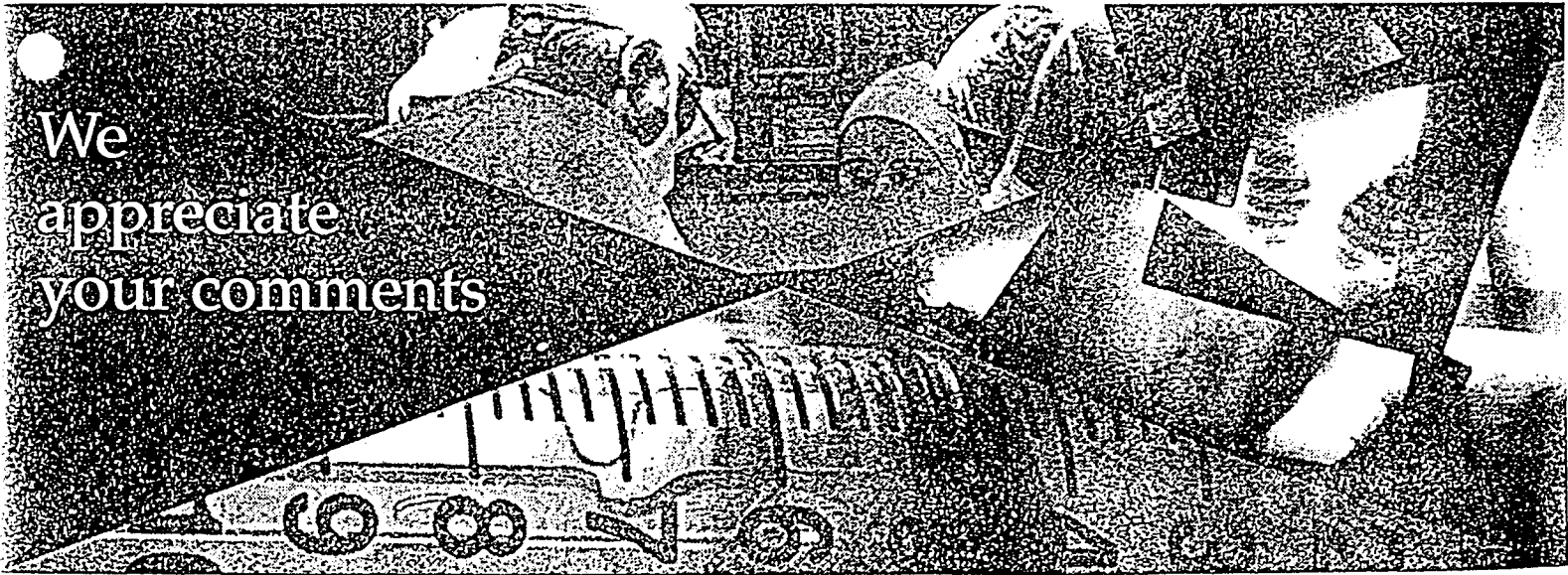


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
First-Class Mail Permit No. 3622 Columbia, SC

Postage will be paid by addressee

HEALTH REGULATION CUSTOMER SERVICE
SC Department of Health and Environmental Control
2600 Bull Street
Columbia SC 29201-9720



**SC DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL - HEALTH REGULATION
COMMENT CARD**

Please take a moment to complete this card. We evaluate our services by your comments. Your satisfaction is important to us. Please tell us about our procedures and staff so that we may respond to your suggestions. Then just drop this card in the mail. We've paid the postage. Thank You!

Area that served you: Health Facilities Regulations (Licensing, Construction, EMS)___ Certification (Certification, Inspection of care)___ Health Facilities & Service Development (Certificate of need, Planning)___ Radiological Health (Electronic Products Radioactive materials)___

Your Name (optional): _____

Mailing Address: _____

Telephone Number (If you would like a follow-up call): _____

Purpose of our visit: _____

How long were we in your facility? _____ Name(s) of employee(s) who visited your facility: _____

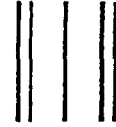
Please rate your satisfaction with us in the following areas:

	VS	S	N	US	VUS	NA*
Professionalism of staff	5	4	3	2	1	0
Helpfulness of staff	5	4	3	2	1	0
Timing of visit	5	4	3	2	1	0
Paperwork volume	5	4	3	2	1	0
Courtesy of staff	5	4	3	2	1	0
Ability to solve your individual problems	5	4	3	2	1	0
How were you treated when you telephoned our office	5	4	3	2	1	0
Overall evaluation	5	4	3	2	1	0

Additional comments or suggestions _____

*VS - Very Satisfied, S - Satisfied, N - Neutral, US - Unsatisfied, VUS - Very Unsatisfied, NA - Not Applicable 3A-219 (10/95)

Please tape. Do not staple.



NO POSTAGE STAMP NECESSARY
POSTAGE HAS BEEN PREPAID BY

ASSISTANT COMMISSIONER
SOUTH CAROLINA DEPARTMENT OF
HEALTH & ENVIRONMENTAL CONTROL
2600 BULL ST
COLUMBIA SC 29201-1797



----- fold here -----

Tell us your opinion of our service

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL



Designed by Art/Graphics & Photography
for Assistant Commissioner's Offices
01-1147 11/96

To be Completed by Service Provider

Type of Service:

Name of Employee(s) Providing Service:

Date(s) of Service: _____

To be Completed by the Customer

Please rate your satisfaction with this service in the following areas:

	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neutral</u>	<u>Unsatisfied</u>	<u>Very Unsatisfied</u>	<u>N/A</u>
Response Time	5	4	3	2	1	0
Accuracy of Information	5	4	3	2	1	0
Courtesy of Staff	5	4	3	2	1	0
Helpfulness of Staff	5	4	3	2	1	0
Problem Resolution	5	4	3	2	1	0
Overall	5	4	3	2	1	0

Comments _____

1 Check here and provide name and phone number if you want a confidential contact by the Director.

Name _____

Phone _____

Help Us Provide
Excellent Customer
Service!

Sherry T. Murrell
Business Manager
DHEC Waccamaw Public Health
800 21st Ave. North
Myrtle Beach, SC 29577

Tell us Your Opinion of Our Services.

Please identify site: _____ Date: _____

Service provided: _____

	Satisfied	** Not Satisfied
Response Time	_____	_____
Accuracy/Knowledge	_____	_____
Courtesy/Attitude	_____	_____

Comments: _____

_____ **Check here and provide name and phone number if you want
a confidential contact.

DHEC 2A-3618 (6/96)



South Carolina Department of Health
and Environmental Control
Waccamaw Public Health District

Thank you for taking time to complete this survey. We value your comments and will use your input to improve our services.

Location: _____ Date: _____

What was the reason for your visit? _____

Did you find our facilities clean?

Bathroom Good _____ Fair _____ Poor _____

Waiting Room Good _____ Fair _____ Poor _____

Office/Exam Room Good _____ Fair _____ Poor _____

What was the problem? _____

Were you treated with respect, courtesy, friendliness, and sensitivity by the staff? Yes _____ No _____

Were you treated fairly? Yes _____ No _____

Comments: _____

What time was your appointment? _____

What time did you arrive? _____

How long was it before you were seen? (circle or write time)
15 min. 30 min. 45 min. 1 hr. More _____

Were the staff thorough, careful, and capable?

Yes _____ No _____

Comments: _____

During the interview with the staff, I felt: (check all that apply)

- comfortable.
- I was told everything that I needed to know.
- I was asked the same thing over and over again.
- we had enough privacy.
- it took too long.
- information was explained in a way I understood.
- I did not have an interview.
- Other (explain) _____

Would you tell your friends or family members to come to this facility? Yes _____ No _____

If you could change anything about this facility or the services, what would it be? _____

Please feel free to make any other comments. _____

OPTIONAL

Please include the following information if you would like a response to your comments.

Name _____

Address _____

Phone _____

**Help us travel the
road to Continuous
Improvements.**



**NO POSTAGE STAMPS NECESSARY
POSTAGE HAS BEEN PREPAID BY**

**Deputy Commissioner
DHEC Administrative Services
2600 Bull Street
Columbia, SC 29201**



Tell us your opinion of our service.

Please identify Bureau: _____ Date _____

Service provided: _____

	Satisfied	**Not Satisfied
Response Time	_____	_____
Accuracy/Knowledge	_____	_____
Courtesy/Attitude	_____	_____
Problem Resolution	_____	_____
Comments:	_____	

_____ ** Check here and provide name and phone number, _____
if you want a confidential contact by the Office of Quality Management (QM). (The Deputy Commissioner,
Administrative Services will forward all named cards directly to QM.)

1A-1277 (5/96)

HEALTH SERVICES

Administrative
Customer
Team

Comment Card

South Carolina
DHEC

Department of Health and Environmental Control



To provide you with the best possible customer service, ACT welcomes your comments. Please complete this card and return it to us as services are provided.

▶ What type of service(s) was provided to you?

- Budgets BusMng Contracts Finance
 3rd Party Patient Billing Personnel Procurement

▶ Did the service you received meet to your needs? Yes No Explain

▶ What could we do to improve our services?

▶ How would you rate the quality of service(s) provided?

- Very Good Good Fair Not Good

Comments:

For personal response: Name:

Phone#

Part A

Office Use Only

Date: _____ Program: _____

County where services delivered: _____

Site where services delivered: _____

Our Facility:

How would you rate our buildings and grounds:
 Please circle a number

	Very Poor	Poor	Fair	Good	Very Good	
Parking:	1	2	3	4	5	_____ 17
Grounds:	1	2	3	4	5	_____ 18
Waiting Area:	1	2	3	4	5	_____ 19
Rest Room:	1	2	3	4	5	_____ 20
Service Areas:	1	2	3	4	5	_____ 21
Cleanliness:	1	2	3	4	5	_____ 22

Our Services:

How would you rate the services you received:
 Please circle a number

	Very Long	Long	About Right	Short	Very Short	
Waiting Time:	1	2	3	4	5	_____ 23

	Very Poor	Poor	Fair	Good	Very Good	
Services Delivered:	1	2	3	4	5	_____ 24

Our Staff:

Would you rate our workers as:
 Please circle a number

	Not at All				Very	
Friendly/Polite:	1	2	3	4	5	_____ 25
Caring:	1	2	3	4	5	_____ 26
Capable:	1	2	3	4	5	_____ 27

Optional Section:

Please check those that apply to you:

Race: White Black Native American Hispanic Asian Other _____ 28

Sex: Male Female _____ 29

Age: Under 18 18-24 25-34 35-44 45-54 55-64 65 and over _____ 30

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
 COUNTY HEALTH DEPARTMENT HOME HEALTH SERVICES
 PATIENT SATISFACTION SURVEY

For Office
Use Only

B. Circle the service (s) you received: NURSE OCCUPATIONAL THERAPIST
 SPEECH THERAPIST PHYSICAL THERAPIST SOCIAL WORKER DIETICIAN AIDE

1 2 3 4 5

8 9

C. Tell us how you felt about the service (s) you received: {Circle below}

10 11 12 13 14

Nurse	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Physical Therapist	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Speech Therapist	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Occupational Therapist	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Dietician	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Aide	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Social Worker	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied

15

16

17

18

19

20

21

D. Having received our services, do you feel your health is: {Circle your answers}

1. Much Better 2. A Little Better 3. About the Same 4. Worse 5. Don't Know

22

E. Did we help you to be better able to care for yourself?

1. Yes 2. No 3. Don't Know

23

F. Did you participate/have say-so about your home care?

1. Yes 2. No 3. Don't Know

24

G. Were your "Patient Rights" explained so that you understood them?

1. Yes 2. No 3. Don't Know

25

Please continue on the back side of this page.

H. Did you understand why you were discharged from home care? 1. Yes 2. No	26
I. Did you agree or disagree with why you were discharged from home care? 1. Agree 2. Disagree	27
J. Did you agree or disagree with the time of your discharge from home care: 1. Agree 2. Disagree	28
K. If you should ever need home health care again, would you ask for us, the County Health Department, DHEC Home Health Services? 1. Yes 2. No 3. Don't Know	29
L. Person completing the form: 1. Patient 2. Family Member 3. Other	30
M. County where you live:	31 32

Please use the remainder of this page to tell us why you were either very satisfied or very dissatisfied with any of our services and/or share your suggestions for improvement.

Name (optional):	<input type="checkbox"/> Check this box if you would like your comments shared with your nurse, therapist, and aide.	<input type="checkbox"/>
------------------	--	--------------------------

SC DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL - HEALTH REGULATION
COMMENT CARD

Please take a moment to complete this card. We evaluate our services by your comments. Your satisfaction is important to us. Please tell us about our procedures and staff so that we may respond to your suggestions. Then just drop this card in the mail. We've paid the postage. Thank You!

Area that served you: Health Facilities Regulations (Licensing, Construction, EMS)___ Certification (Certification, Inspection of care)___ Health Facilities & Service Development (Certificate of need, Planning)___ Radiological Health (Electronic Products Radioactive materials)___

Your Name (optional): _____

Mailing Address: _____

Telephone Number (If you would like a follow-up call): _____

Purpose of our visit: _____

How long were we in your facility? _____ Name(s) of employee(s) who visited your facility: _____

Please rate your satisfaction with us in the following areas:

	VS	S	N	US	VUS	NA*
1. Professionalism of staff	5	4	3	2	1	0
2. Helpfulness of staff	5	4	3	2	1	0
3. Timing of visit	5	4	3	2	1	0
4. Paperwork volume	5	4	3	2	1	0
5. Courtesy of staff	5	4	3	2	1	0
6. Ability to solve your individual problems	5	4	3	2	1	0
7. How were you treated when you telephoned our office	5	4	3	2	1	0
8. Overall evaluation	5	4	3	2	1	0

Additional comments or suggestions _____

*VS - Very Satisfied, S - Satisfied, N - Neutral, US - Unsatisfied, VUS - Very Unsatisfied, NA - Not Applicable 3A-219 (10/95)

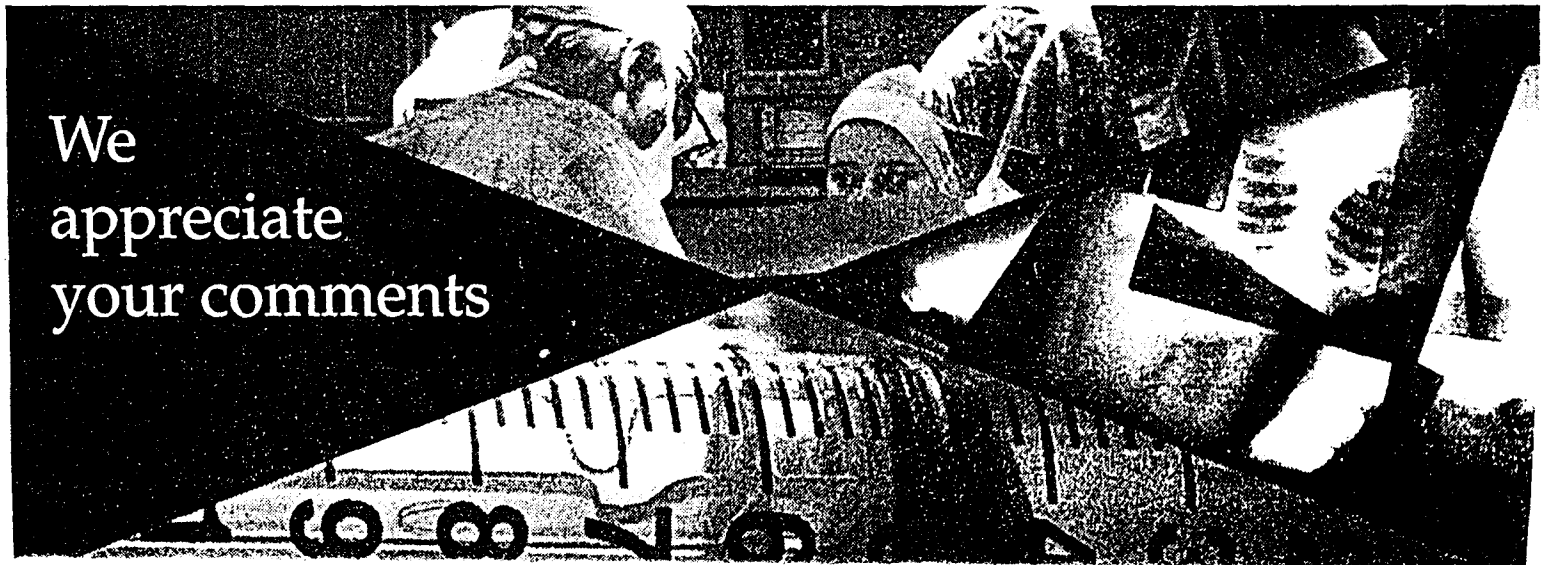


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
First-Class Mail Permit No. 3622 Columbia, SC

Postage will be paid by addressee

HEALTH REGULATION CUSTOMER SERVICE
SC Department of Health and Environmental Control
2600 Bull Street
Columbia SC 29201-9720



We
appreciate
your comments

APPALACHIA III HEALTH DISTRICT
CUSTOMER INPUT SURVEY

CHILD HEALTH FAMILY PLANNING IMMUNIZATION MATERNITY WIC

Date: _____ Day of the week _____ Time of day _____

Supply Visit ___ Physician visit ___ Depo inj ___ Pregnancy test ___ Access visit _____

EPSDT _____ Immunization _____ WIC _____ Other _____

In planning for the future we need your input in order to serve you better. Thank you for answering this brief survey.

Please answer the questions below. (Check only one please.)

I prefer to come in on a walk in basis. _____

I prefer to have an appointment. _____

The one day of the week that would be most convenient for me to come to the clinic would be:

(Check only one please)

Monday _____

Thursday _____

Tuesday _____

Friday _____

Wednesday _____

When I come on the day checked above, the time of day I would prefer to be seen would be :

(Check only one please)

8:00 AM-8:29 AM _____

1:01 PM - 5:00 PM _____

8:30 AM -11:00 AM _____

5:01 PM-6:00 PM _____

11:01 AM - 1:00 PM _____

I do not ___ I do ___ have trouble getting transportation to the health department.

If the health department offered all of the above program services four days of the week would you:

1. Want just one thing done a day?
2. Want more than one services in a day?
3. Want everyone in your family needing services served on the same day.

I would rate the services I received today as:

VERY GOOD

GOOD

FAIR

BAD

VERY BAD

THANKS FOR TAKING PART IN OUR SURVEY

South Carolina Department of Health and Environmental Control

Bureau of Air Quality

Emissions Inventory Comment Card

Please take a moment to complete this questionnaire. We evaluate our services by your comments. Your satisfaction is important to us. Please tell us about our procedures and staff so that we may respond to your suggestions. Then just drop this card in the mail. We've paid the postage. Thank You!

My contacts with the Emissions Inventory Section were via the following area(s):

- Freedom of Information Minor Source Fee Process
 Point Source Data Report Major Source Fee Process
 Other _____

Name(s) of employee(s) who you had contact with: _____

(Optional) Your Name: _____

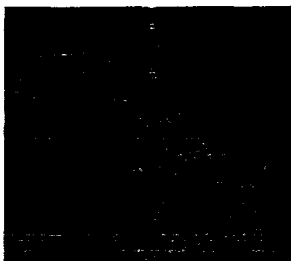
Mailing Address: _____

Telephone Number: (____) _____ Indicate if you would like a follow-up call

Please rate your satisfaction with us in the following areas where applicable:

	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied
1. Professionalism of staff	5	4	3	2	1
2. Helpfulness of staff	5	4	3	2	1
3. Timeliness of staff	5	4	3	2	1
4. Courtesy of staff	5	4	3	2	1
5. Paperwork volume	5	4	3	2	1
6. Knowledge of material	5	4	3	2	1
7. Accuracy of information provided	5	4	3	2	1
8. Overall evaluation	5	4	3	2	1

Comments or Suggestions: _____



LABORATORY CERTIFICATION QUESTIONNAIRE

To improve the quality of our service to you and to maintain the quality of the laboratory certification process, we request that you complete the following questionnaire. Since your comments are very important, please use the reverse side of this form to discuss issues not addressed in the items below:

Please return this questionnaire to:

Daphne Neel
 Assistant Bureau Chief, Bureau of Environmental Services
 SCDHEC
 P. O. Box 2202
 Columbia, SC 29202

EVALUATOR(S) NAME(S) _____ ON-SITE EVALUATION DATE _____

ITEM	STRONGLY DISAGREE	NEUTRAL	STRONGLY AGREE
1. You were notified in advance of the on-site evaluation and informed as to needed documentation and other aspects of the evaluation.			
2. The evaluator(s) arrived at the agreed upon time and place.			
3. The goals and objectives of the evaluation were clearly delineated in the initial meeting.			
4. The dress and appearance of the evaluator(s) were professional and business like.			
5. The questions and comments of the evaluator(s) were pertinent to laboratory operations and the evaluation.			
6. The evaluator(s) interacted with your staff in a courteous, helpful, professional manner.			
7. The findings of the evaluator(s) were reflective of your laboratory's normal operation.			
8. The findings of the evaluator(s) were summarized in an exit interview.			
9. Historically, evaluation reports have been clear, concise, and documented deficiencies that must be resolved and/or corrective action(s) that must be initiated.			
10. Correcting the deficiencies noted in the evaluation will improve your laboratory's operations and data quality.			
11. The comments of the evaluator(s) have been/will be helpful to your laboratory operations.			
12. The laboratory certification program is beneficial for your laboratory's analytical performance and professional regard.			

OPTIONAL - LAB NAME _____

— COVER LETTER EXPLAINS
REQUEST
— REVISED FORMAT
FOR OUTSIDE
DMEC INPUT

Input Form Employee Performance Management System

Person Being Evaluated: _____

Date Form Needs to be Returned: August 11, 1997

☛ Describe any positive interaction(s) you had with Phil during the last twelve months _____

☛ Describe any negative interaction(s) you may have had with Phil during the last twelve months _____

☛ If you participated with Phil in a joint or team effort during the last twelve months, please give your impression of the following:

Did he actively participate in the effort? _____

Did he 'pull his weight' in the effort? _____

Did he make a good team player? _____

Do you feel that he was/would be a good team leader? _____

Comments _____

RATING - Please *circle* the one that best describes his performance:

☛ Phil cooperates with you in carrying out his job.

1 (Always), 2 (Usually), 3 (Sometimes), 4 (Rarely), 5 (Never)

☛ The manner in which Phil deals with you and others is a positive motivating factor and is considered a model.

1 (Always), 2 (Usually), 3 (Sometimes), 4 (Rarely), 5 (Never)

☛ Phil can and does make decisions when necessary.

1 (Always), 2 (Usually), 3 (Sometimes), 4 (Rarely), 5 (Never)

Over ▶

☛ Phil provides information that you need in a timely manner.
1 (Always), 2 (Usually), 3 (Sometimes), 4 (Rarely), 5 (Never)

☛ Phil does listen when you talk to him and encourages two-way communication.
1 (Always), 2 (Usually), 3 (Sometimes), 4 (Rarely), 5 (Never)

☛ Phil is innovative.
1 (Always), 2 (Usually), 3 (Sometimes), 4 (Rarely), 5 (Never)

☛ Phil exhibits positive leadership qualities.
1 (Always), 2 (Usually), 3 (Sometimes), 4 (Rarely), 5 (Never)

☛ Phil is easy to get in touch with (e.g., returns calls, is willing to meet to discuss issues).
1 (Always), 2 (Usually), 3 (Sometimes), 4 (Rarely), 5 (Never)

☛ Phil understands the responsibilities of organizational units within DHEC, SC, the Region,
& the Nation.
1 (Always), 2 (Usually), 3 (Sometimes), 4 (Rarely), 5 (Never)

☛ Describe Phil's best trait (s): _____

☛ In your opinion, what is one area that Phil could improve in: _____

☛ Other Comments or Observations: _____



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 3434 COLUMBIA SC

POSTAGE WILL BE PAID BY ADDRESSEE



ENVIRONMENTAL QUALITY CONTROL-ADMINISTRATION
SC DEPT OF HEALTH & ENVIRONMENTAL CONTROL
2600 BULL ST
COLUMBIA SC 29201-9714



WE APPRECIATE YOUR COMMENTS

D H E C
PROMOTE PROTECT PROSPER
 South Carolina Department of Health and Environmental Control

*...Promoting Health,
 Protecting the Environment*

SC DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
 ENVIRONMENTAL QUALITY CONTROL AND OCEAN COASTAL RESOURCE MANAGEMENT
Permitting Comment Card

Please take a moment to complete this card. We evaluate our services by your comments. Your satisfaction is important to us. Please tell us about our procedures and staff so that we may respond to your suggestions. Then just drop this card in the mail. We've paid the postage. Thank You!

Area(s) that served you or program area(s) affecting you:

- | | |
|--|--|
| <input type="checkbox"/> Liaison (Information or Technical Assistance) | <input type="checkbox"/> Ocean & Coastal Resource Management |
| <input type="checkbox"/> Drinking Water Protection | <input type="checkbox"/> Solid & Hazardous Waste Management |
| <input type="checkbox"/> Air Quality | <input type="checkbox"/> Water Pollution Control |
| <input type="checkbox"/> District Services | <input type="checkbox"/> Other (<i>Specify</i>) |

Name(s) of employee(s) who you had contact with: _____

(Optional)

Your Name: _____

Mailing Address: _____

Telephone Number: (____) _____ Indicate if you would like a follow-up call

Please rate your satisfaction with us in the following areas where applicable:

	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied
1. Professionalism of staff	5	4	3	2	1
2. Helpfulness of staff	5	4	3	2	1
3. Timeliness of response	5	4	3	2	1
4. Paperwork volume	5	4	3	2	1
5. Courtesy of staff	5	4	3	2	1
6. Knowledge of material	5	4	3	2	1
7. How were you treated when you telephoned our office and/or met our staff	5	4	3	2	1
8. Overall evaluation	5	4	3	2	1

Additional comments or suggestions _____



JUN 30 1997

Division of Home Health Care Services
1751 Calhoun Street
Box 101106
Columbia, South Carolina 29211

Memorandum

DATE: June 23, 1997

TO: Home Health Program Nurse Specialists

FROM: Deloris G. Griffith, RN, MN, Director *Deloris G. Griffith*
Division of Home Health Services

SUBJECT: HHS Patient Satisfaction Report - 2nd Quarter FY 1997

Enclosed are the following four (4) items:

- 1) State Analysis of the 2nd quarter HHS Patient Satisfaction Survey,
- 2) The 2nd quarter Patient Satisfaction Survey Report (35 pages),
- 3) A table of response rates for the report in #2 above, and
- 4) Patient comments as listed on the reverse side of the Patient Satisfaction Survey Questionnaire for the 2nd quarter.

Please share these results with your Home Health Advisory Council and return to me any plans for improvement.

If you have any questions, you may contact me at 737-3956.

Thank you.

Attachments

CC: (1, 2, & 3 above)

Dr. Tennis
District Health Directors
Mike Byrd
Phyllis Allen
Ann Lee
Reg Hutchinson
Office of Quality Assurance
Circulate - Division

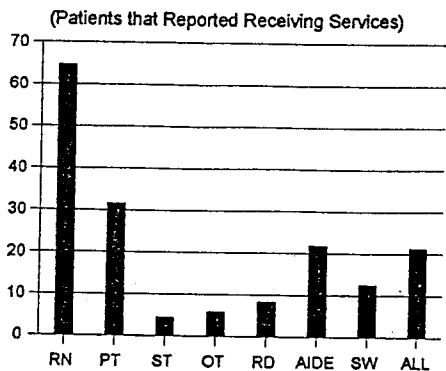
STATE ANALYSIS OF HOME HEALTH SERVICES'

PATIENT SATISFACTION SURVEY

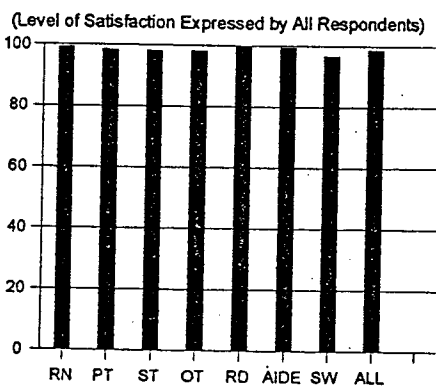
2nd Quarter, Fiscal Year 1997

Sample selection for the Home Health Services' (HHS) Patient Satisfaction Survey (PSS) included all patients discharged from HHS no more than 60 days from the run date of the monthly processing of discharges. This sample selection methodology yielded a sample of **2,561 out of 4,819 or 53%** of all patients discharged for FY 97 second quarter who were sent a satisfaction survey to complete and return to central office, Home Health Services. (See Attached)

The **state response rate** for the 1st quarter was **20.9%, 521 responses from 2,498¹ letters sent to discharged patients.** This represents an decrease of 14.2% over the 2nd quarter fiscal year 96 response rate of 35.1%. Districts' response rates ranged from a high of 28.4% (Low Country) to a low of 13.8% (Appalachia II). (See response rate table).

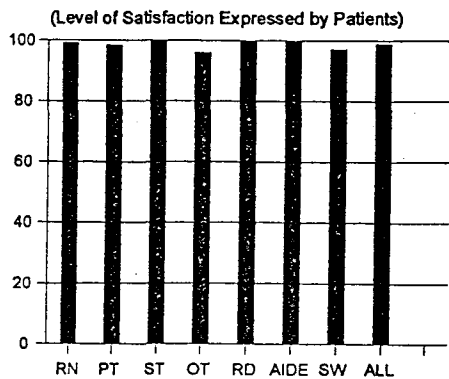


Sixty-five percent of the respondents indicated that they received nursing services, 31.7% received physical therapy services, 4.4% received speech therapy services, 5.8% received occupational therapy services, 8.3% received dietician services, 21.9% received aide services, 12.5% received social worker services, and 21.3% received services from all disciplines. (See statewide data, table of services received, pg.1).

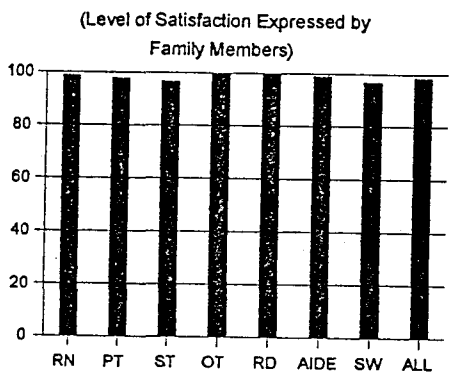


All respondents expressed their level of **satisfaction by discipline** as either Very Satisfied, Satisfied, Dissatisfied, or Very Dissatisfied. Overall, 99.1% of the respondents were either very satisfied or satisfied with nursing services, 98.4% with physical therapy services, 98.1% with speech therapy services, 98.3% with occupational therapy services, 100% with dietician services, 99.4% with aide services, and 96.7% with social worker services. **With all discipline services combined the state satisfaction rating was 98.7%, meeting the 95% satisfaction standard.**(See statewide data, table of satisfaction rating, pg. 2).

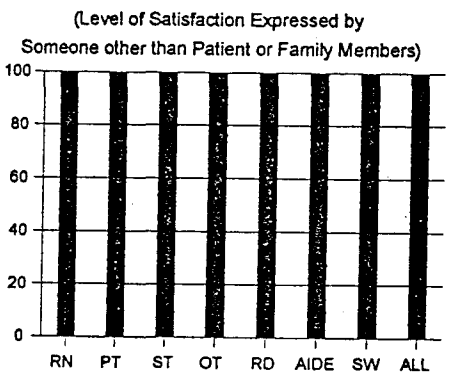
¹Questionnaires from 66 of the original sample of 2,564, discharged patients were returned to sender due to incorrect address or no forwarding address, etc.



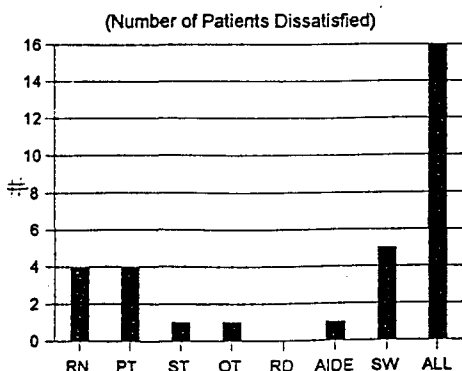
Patients expressed their level of **satisfaction by discipline** as either Very Satisfied, Satisfied, Dissatisfied, or Very Dissatisfied. Overall, 99.2% of patients were very satisfied or satisfied with nursing services, 98.5% with physical therapy services, 100% with speech therapy services, 96% with occupational therapy services, 100% with dietician services, 100% with aide services, 97.2% with social worker services. **With all discipline services combined, the state satisfaction rating was 98.8%, meeting the 95% satisfaction standard.** (See statewide data, table of satisfaction rating, pg. 33).



Family members expressed their level of **satisfaction by discipline** as either Very Satisfied, Satisfied, Dissatisfied, or Very Dissatisfied. Overall, 98.9% of the family members were very satisfied or satisfied with nursing services, 97.9% with physical therapy services, 96.7% with speech therapy services, 100% with occupational therapy services, 100% with dietician services, 99% with aide services, and 96.9% with social worker services. **With all discipline services combined, the state satisfaction rating was 98.5%, meeting the 95% satisfaction standard.** (See statewide data, table of services received, pg. 34).



Respondents other than the patient or family member expressed their level of **satisfaction by discipline** as either Very Satisfied, Satisfied, Dissatisfied or Very Dissatisfied. Overall, 100% of the respondents were very satisfied or satisfied with nursing services, 100% with physical therapy services, (100% with speech therapy services, occupational therapy services, or dietician services), 100% with aide services, 100% with social worker services. **With all discipline services combined the state satisfaction rating was 100%, meeting the 95% satisfaction standard.** (See statewide data, table of satisfaction rating, pg. 35).



Sixteen respondents were either dissatisfied or very dissatisfied with one or more specific discipline. 4 of these 16 respondents (0.8% of all respondents rating RN) were dissatisfied with nursing services, 4 (1.6% of all respondents rating PT) were dissatisfied with physical therapy services, 1 (1.9% of all respondents rating ST) were dissatisfied with speech therapy services, 1 (1.7% of all respondents rating OT) were

dissatisfied with occupational therapy services. 0 (0% of all respondents rating Dietitian) were dissatisfied with dietitian services, 1 (0.5% of all respondents rating AIDE) were dissatisfied with aide services, 5 (3.2% of all respondents rating MSS) were dissatisfied with social worker services. Statewide satisfaction ratings for all services met the standard of 95% satisfied for this reporting period. (See statewide data, table of satisfaction rating, pg. 2).

With all discipline services combined, 12 districts received satisfaction ratings greater than or equal to the 95% standard. Eight of the 13 districts received satisfaction ratings greater than or equal to 95% for each discipline. The patterns of satisfaction in the five districts not achieving the 95% standard for each discipline were as follows:

<u>District</u>	<u>Discipline</u>	<u>Satisfaction Rating²</u>
Catawba	Physical Therapy	16 of 17 for 94.1%
	Occupational Therapy	2 of 3 for 66.6%
Edisto	Physical Therapy	7 of 8 for 87.5%
	Social Work	4 of 5 for 80%
Palmetto	Speech Therapy	2 of 3 for 66.6%
Upper Savannah	Social Work	11 of 12 for 91.6%
Waccamaw	Social Work	4 of 5 for 80%

(See table of patient satisfaction ratings by discipline and district, pg. 18-23). Examination of the attached Patient Comments may further explain some of the reasons for dissatisfaction.

Statewide, respondents answered the question, **Having received home health services, do you feel your health is;** as follows:

MUCH BETTER	67.7%
A LITTLE BETTER	17.3%
ABOUT THE SAME	13.0%
WORSE	0.9%
DON'T KNOW	1.1%

(See statewide data table on pg. 3 and district data table on pg. 24).

Examination of the attached Patient Comments may further explain some of the responses within each district/county.

² Satisfaction Rating is the "Percent Satisfied" (i.e., the number of respondents very satisfied or satisfied divided by the total number of respondents).

Statewide, respondents answered the question, **Did we help you to be better able to take care of yourself?**, as follows:

YES	87.9%
NO	7.3%
DON'T KNOW	4.8%

(See statewide data table on pg. 4 and district data table on pg. 25).

Examination of the attached Patient Comments may further explain some of the responses within each district/county.

Statewide, respondents answered the question, **Did you participate/have say-so about your home care?**, as follows:

YES	90.0%
NO	7.7%
DON'T KNOW	2.3%

(See statewide data table on pg. 5 and district data table on pg. 26).

Examination of the attached Patient Comments may further explain some of the responses within each district/county.

Statewide, respondents answered the question, **Were your patient rights explained so that you understood them?**, as follows:

YES	95.2%
NO	2.0%
DON'T KNOW	2.8%

(See statewide data table on pg. 6 and district data table on pg. 27).

Examination of the attached Patient Comments may further explain some of the responses within each district/county.

Statewide, respondents answered the question, **Did you understand why you were discharged from home care?**, as follows:

YES	94.8%
NO	5.2%

(See statewide data table on pg. 7 and district data table on pg. 28).

Examination of the attached Patient Comments may further explain some of the responses within each district/county.

Statewide, respondents answered the question, **Did you agree or disagree with why you were discharged from home care?**, as follows:

AGREE	94.1%
DISAGREE	5.9%

(See statewide data table on pg. 8 and district data table on pg. 29).

Examination of the attached Patient Comments may further explain some of the responses within each district/county.

Statewide, respondents answered the question, **Did you agree or disagree with the time of your discharge from home care?**, as follows:

AGREE	92.7%
DISAGREE	7.3%

(See statewide data table on pg. 9 and district data table on pg. 30).

Examination of the attached Patient Comments may further explain some of the responses within each district/county.

Statewide, respondents answered the question, **If you should ever need home health care again, would you ask for us, the County Health Department, DHEC Home Health Services?**, as follows:

YES	96.1%
NO	0.6%
DON'T KNOW	3.3%

(See statewide data table on pg. 10 and district data table on pg. 31).

Examination of the attached Patient Comments may further explain some of the responses within each district/county.

Statewide, respondents answered the question, **Person who completed the form:**, as follows:

PATIENT	53.6%
FAMILY MEMBER	42.9%
OTHER	3.4%

(See statewide data table on pg. 11)

SCDHHC/HHS/::>\QAR\PTSATIS\PTSATI97
.qr2

SOUTH CAROLINA DHEC DIVISION OF HOME HEALTH SERVICES
 PATIENT SATISFACTION SURVEY REPORT, 2ND QTR, FISCAL YEAR 97
 STATEWIDE DATA, PATIENTS THAT REPORTED RECEIVING SERVICE

12:29 TUESDAY, MAY 20, 1997 1

DISCIPLINE	SERVICE RECEIVED			
	RECEIVED		NOT RECEIVED	
	NUMBER	PERCENT	NUMBER	PERCENT
NURSE	337	64.7	184	35.3
OCC THERAPIST	30	5.8	491	94.2
SPEECH THERAPIST	23	4.4	498	95.6
PHYSICAL THERAPIST	165	31.7	356	68.3
SOCIAL WORKER	65	12.5	456	87.5
DIETICIAN	43	8.3	478	91.7
AIDE	114	21.9	407	78.1
ALL DISCIPLINES	777	21.3	2870	78.7

PROVIDED BY:OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
 SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

SOUTH CAROLINA DHEC DIVISION OF HOME HEALTH SERVICES
 PATIENT SATISFACTION SURVEY REPORT, 2ND QTR, FISCAL YEAR 97
 PATIENT SATISFACTION RATINGS BY DISCIPLINE, STATEWIDE DATA

12:29 TUESDAY, MAY 20, 1997 2

DISCIPLINE	SATISFACTION RATING							
	VERY SATISFIED		SATISFIED		DISSATISFIED		VERY DISSATISFIED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
NURSE	389	85.3	63	13.8	2	0.4	2	0.4
PHYSICAL THERAPIST	191	80.3	43	18.1	2	0.8	2	0.8
SPEECH THERAPIST	35	66.0	17	32.1	NONE	NONE	1	1.9
OCC THERAPIST	48	81.4	10	16.9	1	1.7	NONE	NONE
DIETICIAN	60	69.8	26	30.2	NONE	NONE	NONE	NONE
AIDE	146	78.9	38	20.5	NONE	NONE	1	0.5
SOCIAL WORKER	120	77.9	29	18.8	2	1.3	3	1.9
ALL DISCIPLINES	989	80.3	226	18.4	7	0.6	9	0.7

PROVIDED BY:OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
 SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

HAVING RECEIVED HOME HEALTH SERVICES, DO YOU FEEL YOUR HEALTH IS:?

12:29 TUESDAY, MAY 20, 1997 ³

RESPONSE									
MUCH BETTER		A LITTLE BETTER		ABOUT THE SAME		WORSE		DONT KNOW	
NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
313	67.7	80	17.3	60	13.0	4	0.9	5	1.1

PROVIDED BY:OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

DID WE HELP YOU TO BE BETTER ABLE TO TAKE CARE OF YOURSELF?

12:29 TUESDAY, MAY 20, 1997 4

RESPONSE					
YES		NO		DONT KNOW	
NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
421	87.9	35	7.3	23	4.8

PROVIDED BY:OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

DID YOU PARTICIPATE/HAVE SAY-SO ABOUT YOUR HOME CARE?

12:29 TUESDAY, MAY 20, 1997 5

RESPONSE					
YES		NO		DONT KNOW	
NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
430	90.0	37	7.7	11	2.3

WERE YOUR PATIENT RIGHTS EXPLAINED SO THAT YOU UNDERSTOOD THEM?

12:29 TUESDAY, MAY 20, 1997 6

RESPONSE					
YES		NO		DONT KNOW	
NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
471	95.2	10	2.0	14	2.8

PROVIDED BY:OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

DID YOU UNDERSTAND WHY YOU WERE DISCHARGED FROM HOME CARE?

12:29 TUESDAY, MAY 20, 1997 7

RESPONSE			
YES		NO	
NUMBER	PERCENT	NUMBER	PERCENT
434	94.8	24	5.2

DID YOU AGREE OR DISAGREE WITH WHY YOU WERE DISCHARGED FROM HOME CARE?

12:29 TUESDAY, MAY 20, 1997⁸

RESPONSE			
AGREE		DISAGREE	
NUMBER	PERCENT	NUMBER	PERCENT
411	94.1	26	5.9

YOU AGREE OR DISAGREE WITH THE TIME OF YOUR DISCHARGE FROM HOME CARE?

12:29 TUESDAY, MAY 20, 1997⁹

RESPONSE			
AGREE		DISAGREE	
NUMBER	PERCENT	NUMBER	PERCENT
408	92.7	32	7.3

IF YOU SHOULD EVER NEED HOME HEALTH CARE AGAIN, WOULD YOU ASK FOR US, THE COUNTY HEALTH DEPARTMENT, DHEC HOME HEALTH SERVICES?

12:29 TUESDAY, MAY 20, 1997 10

RESPONSE					
YES		NO		DONT KNOW	
NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
464	96.1	3	0.6	16	3.3

PROVIDED BY:OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

PERSON WHO COMPLETED THE FORM:

12:29 TUESDAY, MAY 20, 1997 11

RESPONSE					
PATIENT		FAMILY MEMBER		OTHER	
NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
265	53.6	212	42.9	17	3.4

PATIENTS THAT REPORTED RECEIVING SERVICE, BY DISTRICT

12:29 TUESDAY, MAY 20, 1997 12

DISTRICT	DISCIPLINE	SERVICE RECEIVED?			
		RECEIVED		NOT RECEIVED	
		NUMBER	PERCENT	NUMBER	PERCENT
APPALACHIA I	NURSE	15	60.0	10	40.0
	OCC THERAPIST	2	8.0	23	92.0
	SPEECH THERAPIST	1	4.0	24	96.0
	PHYSICAL THERAPIST	10	40.0	15	60.0
	SOCIAL WORKER	4	16.0	21	84.0
	DIETICIAN	2	8.0	23	92.0
	AIDE	9	36.0	16	64.0
	ALL DISCIPLINES	43	24.6	132	75.4
APPALACHIA II	NURSE	9	36.0	16	64.0
	OCC THERAPIST	1	4.0	24	96.0
	SPEECH THERAPIST	2	8.0	23	92.0
	PHYSICAL THERAPIST	10	40.0	15	60.0
	SOCIAL WORKER	2	8.0	23	92.0
	DIETICIAN	2	8.0	23	92.0
	AIDE	2	8.0	23	92.0
	ALL DISCIPLINES	28	16.0	147	84.0
APPALACHIA III	NURSE	51	75.0	17	25.0
	OCC THERAPIST	4	5.9	64	94.1
	SPEECH THERAPIST	2	2.9	66	97.1
	PHYSICAL THERAPIST	24	35.3	44	64.7
	SOCIAL WORKER	17	25.0	51	75.0
	DIETICIAN	3	4.4	65	95.6
	AIDE	16	23.5	52	76.5

(CONTINUED)

PROVIDED BY:OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

PATIENTS THAT REPORTED RECEIVING SERVICE, BY DISTRICT

12:29 TUESDAY, MAY 20, 1997 13

DISTRICT	DISCIPLINE	SERVICE RECEIVED?			
		RECEIVED		NOT RECEIVED	
		NUMBER	PERCENT	NUMBER	PERCENT
APPALACHIA III	ALL DISCIPLINES	117	24.6	359	75.4
CATAWBA	NURSE	29	70.7	12	29.3
	OCC THERAPIST	1	2.4	40	97.6
	SPEECH THERAPIST	1	2.4	40	97.6
	PHYSICAL THERAPIST	10	24.4	31	75.6
	SOCIAL WORKER	4	9.8	37	90.2
	DIETICIAN	NONE	NONE	41	100.0
	AIDE	6	14.6	35	85.4
	ALL DISCIPLINES	51	17.8	236	82.2
EDISTO	NURSE	13	59.1	9	40.9
	OCC THERAPIST	NONE	NONE	22	100.0
	SPEECH THERAPIST	NONE	NONE	22	100.0
	PHYSICAL THERAPIST	5	22.7	17	77.3
	SOCIAL WORKER	NONE	NONE	22	100.0
	DIETICIAN	2	9.1	20	90.9
	AIDE	1	4.5	21	95.5
	ALL DISCIPLINES	21	13.6	133	86.4
LOW COUNTRY	NURSE	19	45.0	22	55.0
	OCC THERAPIST	1	2.5	39	97.5
	SPEECH THERAPIST	3	7.5	37	92.5
	PHYSICAL THERAPIST	12	30.0	28	70.0
	SOCIAL WORKER	1	2.5	39	97.5

(CONTINUED)

PROVIDED BY:OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

PATIENTS THAT REPORTED RECEIVING SERVICE, BY DISTRICT

12:29 TUESDAY, MAY 20, 1997 14

DISTRICT	DISCIPLINE	SERVICE RECEIVED?			
		RECEIVED		NOT RECEIVED	
		NUMBER	PERCENT	NUMBER	PERCENT
LOW COUNTRY	DIETICIAN	6	15.0	34	85.0
	AIDE	8	20.0	32	80.0
	ALL DISCIPLINES	49	17.5	231	82.5
LOWER SAVANNAH	NURSE	12	70.6	5	29.4
	OCC THERAPIST	NONE	NONE	17	100.0
	SPEECH THERAPIST	3	17.6	14	82.4
	PHYSICAL THERAPIST	4	23.5	13	76.5
	SOCIAL WORKER	3	17.6	14	82.4
	DIETICIAN	1	5.9	16	94.1
	AIDE	5	29.4	12	70.6
	ALL DISCIPLINES	28	23.5	91	76.5
PALMETTO	NURSE	20	69.0	9	31.0
	OCC THERAPIST	1	3.4	28	96.6
	SPEECH THERAPIST	3	10.3	26	89.7
	PHYSICAL THERAPIST	11	37.9	18	62.1
	SOCIAL WORKER	4	13.8	25	86.2
	DIETICIAN	6	20.7	23	79.3
	AIDE	9	31.0	20	69.0
	ALL DISCIPLINES	54	26.6	149	73.4
PEE DEE	NURSE	60	69.0	27	31.0
	OCC THERAPIST	9	10.3	78	89.7
	SPEECH THERAPIST	3	3.4	84	96.6

(CONTINUED)

PROVIDED BY:OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

PATIENTS THAT REPORTED RECEIVING SERVICE, BY DISTRICT

12:29 TUESDAY, MAY 20, 1997 15

DISTRICT	DISCIPLINE	SERVICE RECEIVED?			
		RECEIVED		NOT RECEIVED	
		NUMBER	PERCENT	NUMBER	PERCENT
PEE DEE	PHYSICAL THERAPIST	34	39.1	53	60.9
	SOCIAL WORKER	12	13.8	75	86.2
	DIETICIAN	6	6.9	81	93.1
	AIDE	17	19.5	70	80.5
	ALL DISCIPLINES	141	23.2	468	76.8
TRIDENT	NURSE	15	71.4	6	28.6
	OCC THERAPIST	NONE	NONE	21	100.0
	SPEECH THERAPIST	1	4.8	20	95.2
	PHYSICAL THERAPIST	7	33.3	14	66.7
	SOCIAL WORKER	1	4.8	20	95.2
	DIETICIAN	NONE	NONE	21	100.0
	AIDE	3	14.3	18	85.7
	ALL DISCIPLINES	27	18.4	120	81.6
UPPER SAVANNAH	NURSE	28	70.0	12	30.0
	OCC THERAPIST	3	7.5	37	92.5
	SPEECH THERAPIST	1	2.5	39	97.5
	PHYSICAL THERAPIST	14	35.0	26	65.0
	SOCIAL WORKER	5	12.5	35	87.5
	DIETICIAN	10	25.0	30	75.0
	AIDE	10	25.0	30	75.0
	ALL DISCIPLINES	71	25.4	209	74.6
WACCAMAW	NURSE	30	68.2	14	31.8

(CONTINUED)

PROVIDED BY:OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

PATIENTS THAT REPORTED RECEIVING SERVICE, BY DISTRICT

12:29 TUESDAY, MAY 20, 1997 16

DISTRICT	DISCIPLINE	SERVICE RECEIVED?			
		RECEIVED		NOT RECEIVED	
		NUMBER	PERCENT	NUMBER	PERCENT
WACCAMAW	OCC THERAPIST	2	4.5	42	95.5
	SPEECH THERAPIST	2	4.5	42	95.5
	PHYSICAL THERAPIST	8	18.2	36	81.8
	SOCIAL WORKER	2	4.5	42	95.5
	DIETICIAN	3	6.8	41	93.2
	AIDE	14	31.8	30	68.2
	ALL DISCIPLINES	61	19.8	247	80.2
	WATEREE	NURSE	25	65.9	13
OCC THERAPIST		4	10.5	34	89.5
SPEECH THERAPIST		NONE	NONE	38	100.0
PHYSICAL THERAPIST		13	34.2	25	65.8
SOCIAL WORKER		6	15.8	32	84.2
DIETICIAN		NONE	NONE	38	100.0
AIDE		9	23.7	29	76.3
ALL DISCIPLINES		57	21.4	209	78.6
MISSING	NURSE	12	50.0	12	50.0
	OCC THERAPIST	2	8.3	22	91.7
	SPEECH THERAPIST	1	4.2	23	95.8
	PHYSICAL THERAPIST	3	12.5	21	87.5
	SOCIAL WORKER	4	16.7	20	83.3
	DIETICIAN	2	8.3	22	91.7
	AIDE	5	20.8	19	79.2

(CONTINUED)

PROVIDED BY:OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

PATIENTS THAT REPORTED RECEIVING SERVICE, BY DISTRICT

12:29 TUESDAY, MAY 20, 1997 17

DISTRICT	DISCIPLINE	SERVICE RECEIVED?			
		RECEIVED		NOT RECEIVED	
		NUMBER	PERCENT	NUMBER	PERCENT
MISSING	ALL DISCIPLINES	29	17.3	139	82.7
TOTAL		777	21.3	2870	78.7

PROVIDED BY:OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
 SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

DISTRICT	DISCIPLINE	SATISFACTION RATING							
		VERY SATISFIED		SATISFIED		DISSATISFIED		VERY DISSATISFIED	
		NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
APPALACHIA I	NURSE	18	85.7	3	14.3	NONE	NONE	NONE	NONE
	PHYSICAL THERAPIST	8	61.5	5	38.5	NONE	NONE	NONE	NONE
	SPEECH THERAPIST	1	50.0	1	50.0	NONE	NONE	NONE	NONE
	OCC THERAPIST	NONE	NONE	1	100.0	NONE	NONE	NONE	NONE
	DIETICIAN	2	50.0	2	50.0	NONE	NONE	NONE	NONE
	AIDE	7	77.8	2	22.2	NONE	NONE	NONE	NONE
	SOCIAL WORKER	3	60.0	2	40.0	NONE	NONE	NONE	NONE
	ALL DISCIPLINES	39	70.9	16	29.1	NONE	NONE	NONE	NONE
APPALACHIA II	NURSE	16	84.2	3	15.8	NONE	NONE	NONE	NONE
	PHYSICAL THERAPIST	14	82.4	3	17.6	NONE	NONE	NONE	NONE
	SPEECH THERAPIST	4	80.0	1	20.0	NONE	NONE	NONE	NONE
	OCC THERAPIST	6	100.0	NONE	NONE	NONE	NONE	NONE	NONE
	DIETICIAN	8	100.0	NONE	NONE	NONE	NONE	NONE	NONE
	AIDE	7	100.0	NONE	NONE	NONE	NONE	NONE	NONE
	SOCIAL WORKER	8	88.9	1	11.1	NONE	NONE	NONE	NONE
	ALL DISCIPLINES	63	88.7	8	11.3	NONE	NONE	NONE	NONE
APPALACHIA III	NURSE	54	85.7	8	12.7	NONE	NONE	1	1.6
	PHYSICAL THERAPIST	25	89.3	3	10.7	NONE	NONE	NONE	NONE
	SPEECH THERAPIST	1	33.3	2	66.7	NONE	NONE	NONE	NONE
	OCC THERAPIST	3	60.0	2	40.0	NONE	NONE	NONE	NONE
	DIETICIAN	3	42.9	4	57.1	NONE	NONE	NONE	NONE
	AIDE	17	68.0	8	32.0	NONE	NONE	NONE	NONE

(CONTINUED)

PROVIDED BY:OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

PATIENT SATISFACTION RATINGS BY DISCIPLINE AND DISTRICT

12:29 TUESDAY, MAY 20, 1997 19

DISTRICT	DISCIPLINE	SATISFACTION RATING							
		VERY SATISFIED		SATISFIED		DISSATISFIED		VERY DISSATISFIED	
		NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
APPALACHIA III	SOCIAL WORKER	18	72.0	7	28.0	NONE	NONE	NONE	NONE
	ALL DISCIPLINES	121	77.6	34	21.8	NONE	NONE	1	0.6
CATAWBA	NURSE	30	78.9	6	15.8	2	5.3	NONE	NONE
	PHYSICAL THERAPIST	10	58.8	6	35.3	1	5.9	NONE	NONE
	SPEECH THERAPIST	NONE	NONE	2	100.0	NONE	NONE	NONE	NONE
	OCC THERAPIST	2	66.7	NONE	NONE	1	33.3	NONE	NONE
	DIETICIAN	2	50.0	2	50.0	NONE	NONE	NONE	NONE
	AIDE	9	75.0	3	25.0	NONE	NONE	NONE	NONE
	SOCIAL WORKER	9	69.2	4	30.8	NONE	NONE	NONE	NONE
	ALL DISCIPLINES	62	69.7	23	25.8	4	4.5	NONE	NONE
EDISTO	NURSE	19	95.0	NONE	NONE	NONE	NONE	1	5.0
	PHYSICAL THERAPIST	6	75.0	1	12.5	NONE	NONE	1	12.5
	DIETICIAN	1	50.0	1	50.0	NONE	NONE	NONE	NONE
	AIDE	3	75.0	1	25.0	NONE	NONE	NONE	NONE
	SOCIAL WORKER	3	60.0	1	20.0	NONE	NONE	1	20.0
	ALL DISCIPLINES	32	82.1	4	10.3	NONE	NONE	3	7.7
LOW COUNTRY	NURSE	28	90.3	3	9.7	NONE	NONE	NONE	NONE
	PHYSICAL THERAPIST	17	81.0	3	14.3	NONE	NONE	1	4.8
	SPEECH THERAPIST	4	66.7	2	33.3	NONE	NONE	NONE	NONE
	OCC THERAPIST	4	80.0	1	20.0	NONE	NONE	NONE	NONE
	DIETICIAN	8	80.0	2	20.0	NONE	NONE	NONE	NONE

(CONTINUED)

PATIENT SATISFACTION RATINGS BY DISCIPLINE AND DISTRICT

12:29 TUESDAY, MAY 20, 1997 20

DISTRICT	DISCIPLINE	SATISFACTION RATING							
		VERY SATISFIED		SATISFIED		DISSATISFIED		VERY DISSATISFIED	
		NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
LDW COUNTRY	AIDE	11	84.6	2	15.4	NONE	NONE	NONE	NONE
	SDCIAL WORKER	7	87.5	1	12.5	NONE	NONE	NONE	NONE
	ALL DISCIPLINES	79	84.0	14	14.9	NONE	NONE	1	1.1
LOWER SAVANNAH	NURSE	11	73.3	4	26.7	NONE	NONE	NONE	NONE
	PHYSICAL THERAPIST	5	100.0	NONE	NONE	NONE	NONE	NONE	NONE
	SPEECH THERAPIST	4	100.0	NONE	NONE	NONE	NONE	NONE	NONE
	DCC THERAPIST	1	100.0	NONE	NONE	NONE	NONE	NONE	NONE
	DIETICIAN	1	100.0	NONE	NONE	NONE	NONE	NONE	NONE
	AIDE	7	70.0	3	30.0	NONE	NONE	NONE	NONE
	SOCIAL WORKER	4	80.0	1	20.0	NONE	NONE	NONE	NONE
	ALL DISCIPLINES	33	80.5	8	19.5	NONE	NONE	NONE	NONE
PALMETTO	NURSE	25	92.6	2	7.4	NONE	NONE	NONE	NONE
	PHYSICAL THERAPIST	15	100.0	NONE	NONE	NONE	NONE	NONE	NONE
	SPEECH THERAPIST	1	33.3	1	33.3	NONE	NONE	1	33.3
	DCC THERAPIST	NONE	NONE	2	100.0	NONE	NONE	NONE	NONE
	DIETICIAN	5	55.6	4	44.4	NONE	NONE	NONE	NONE
	AIDE	10	83.3	2	16.7	NONE	NONE	NONE	NONE
	SOCIAL WORKER	9	81.8	2	18.2	NONE	NONE	NONE	NONE
	ALL DISCIPLINES	65	82.3	13	16.5	NONE	NONE	1	1.3
PEE DEE	NURSE	66	84.6	12	15.4	NONE	NONE	NONE	NONE
	PHYSICAL THERAPIST	40	85.1	6	12.8	1	2.1	NONE	NONE

(CONTINUED)

PROVIDED BY:OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

PATIENT SATISFACTION RATINGS BY DISCIPLINE AND DISTRICT

12:29 TUESDAY, MAY 20, 1997 21

DISTRICT	DISCIPLINE	SATISFACTION RATING							
		VERY SATISFIED		SATISFIED		DISSATISFIED		VERY DISSATISFIED	
		NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
PEE DEE	SPEECH THERAPIST	6	50.0	6	50.0	NONE	NONE	NONE	NONE
	OCC THERAPIST	15	89.2	2	11.8	NONE	NONE	NONE	NONE
	DIETICIAN	12	85.7	2	14.3	NONE	NONE	NONE	NONE
	AIDE	20	66.7	9	30.0	NONE	NONE	1	3.3
	SOCIAL WORKER	24	85.7	4	14.3	NONE	NONE	NONE	NONE
	ALL DISCIPLINES	183	81.0	41	18.1	1	0.4	1	0.4
TRIDENT	NURSE	14	82.4	3	17.6	NONE	NONE	NONE	NONE
	PHYSICAL THERAPIST	6	54.5	5	45.5	NONE	NONE	NONE	NONE
	SPEECH THERAPIST	2	100.0	NONE	NONE	NONE	NONE	NONE	NONE
	AIDE	5	100.0	NONE	NONE	NONE	NONE	NONE	NONE
	SOCIAL WORKER	2	66.7	1	33.3	NONE	NONE	NONE	NONE
	ALL DISCIPLINES	29	76.3	9	23.7	NONE	NONE	NONE	NONE
UPPER SAVANNAH	NURSE	27	77.1	8	22.9	NONE	NONE	NONE	NONE
	PHYSICAL THERAPIST	14	73.7	5	26.3	NONE	NONE	NONE	NONE
	SPEECH THERAPIST	3	100.0	NONE	NONE	NONE	NONE	NONE	NONE
	OCC THERAPIST	3	100.0	NONE	NONE	NONE	NONE	NONE	NONE
	DIETICIAN	7	58.3	5	41.7	NONE	NONE	NONE	NONE
	AIDE	11	73.3	4	26.7	NONE	NONE	NONE	NONE
	SOCIAL WORKER	9	75.0	2	16.7	NONE	NONE	1	8.3
ALL DISCIPLINES	74	74.7	24	24.2	NONE	NONE	1	1.0	
WACCAMAW	NURSE	34	89.5	4	10.5	NONE	NONE	NONE	NONE

(CONTINUED)

PATIENT SATISFACTION RATINGS BY DISCIPLINE AND DISTRICT

12:29 TUESDAY, MAY 20, 1997

DISTRICT	DISCIPLINE	SATISFACTION RATING							
		VERY SATISFIED		SATISFIED		DISSATISFIED		VERY DISSATISFIED	
		NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
WACCAMAW	PHYSICAL THERAPIST	8	80.0	2	20.0	NONE	NONE	NONE	NONE
	SPEECH THERAPIST	3	75.0	1	25.0	NONE	NONE	NONE	NONE
	OCC THERAPIST	3	100.0	NONE	NONE	NONE	NONE	NONE	NONE
	DIETICIAN	5	83.3	1	16.7	NONE	NONE	NONE	NONE
	AIDE	17	89.5	2	10.5	NONE	NONE	NONE	NONE
	SOCIAL WORKER	5	83.3	NONE	NONE	1	16.7	NONE	NONE
	ALL DISCIPLINES	75	87.2	10	11.6	1	1.2	NONE	NONE
WATEREE	NURSE	30	90.9	3	9.1	NONE	NONE	NONE	NONE
	PHYSICAL THERAPIST	16	84.2	3	15.8	NONE	NONE	NONE	NONE
	SPEECH THERAPIST	2	100.0	NONE	NONE	NONE	NONE	NONE	NONE
	OCC THERAPIST	5	83.3	1	16.7	NONE	NONE	NONE	NONE
	DIETICIAN	2	50.0	2	50.0	NONE	NONE	NONE	NONE
	AIDE	11	91.7	1	8.3	NONE	NONE	NONE	NONE
	ALL DISCIPLINES	74	86.0	12	14.0	NONE	NONE	NONE	NONE
MISSING	NURSE	17	81.0	4	19.0	NONE	NONE	NONE	NONE
	PHYSICAL THERAPIST	7	87.5	1	12.5	NONE	NONE	NONE	NONE
	SPEECH THERAPIST	4	80.0	1	20.0	NONE	NONE	NONE	NONE
	OCC THERAPIST	6	85.7	1	14.3	NONE	NONE	NONE	NONE
	DIETICIAN	4	80.0	1	20.0	NONE	NONE	NONE	NONE
	AIDE	11	91.7	1	8.3	NONE	NONE	NONE	NONE

(CONTINUED)

PROVIDED BY:OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

PATIENT SATISFACTION RATINGS BY DISCIPLINE AND DISTRICT

12:29 TUESDAY, MAY 20, 1997 23

DISTRICT	DISCIPLINE	SATISFACTION RATING							
		VERY SATISFIED		SATISFIED		DISSATISFIED		VERY DISSATISFIED	
		NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
MISSING	SOCIAL WORKER	11	78.6	1	7.1	1	7.1	1	7.1
	ALL DISCIPLINES	60	83.3	10	13.9	1	1.4	1	1.4
TOTAL		989	80.3	226	18.4	7	0.6	9	0.7

PROVIDED BY:OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
 SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

HAVING RECEIVED HOME HEALTH SERVICES, DO YOU FEEL YOUR HEALTH IS:?

12:29 TUESDAY, MAY 20, 1997 ²⁴

DISTRICT	RESPONSE									
	MUCH BETTER		A LITTLE BETTER		ABOUT THE SAME		WORSE		DONT KNOW	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
APPALACHIA I	18	81.8	4	18.2	NONE	NONE	NONE	NONE	NONE	NONE
APPALACHIA II	18	78.3	2	8.7	3	13.0	NONE	NONE	NONE	NONE
APPALACHIA III	39	63.9	8	13.1	13	21.3	NONE	NONE	1	1.6
CATAWBA	19	63.3	8	26.7	3	10.0	NONE	NONE	NONE	NONE
EDISTO	15	71.4	2	9.5	3	14.3	1	4.9	NONE	NONE
LOW COUNTRY	28	82.4	2	5.9	3	8.8	1	2.9	NONE	NONE
LOWER SAVANNAH	5	35.7	4	28.6	5	35.7	NONE	NONE	NONE	NONE
PALMETTO	20	71.4	7	25.0	1	3.6	NONE	NONE	NONE	NONE
PEE DEE	61	74.4	12	14.6	8	9.8	NONE	NONE	1	1.2
TRIDENT	10	58.8	5	29.4	2	11.8	NONE	NONE	NONE	NONE
UPPER SAVANNAH	26	66.7	5	12.8	6	15.4	1	2.6	1	2.6
WACCAMAW	21	55.3	7	18.4	9	23.7	NONE	NONE	1	2.6
WATEREE	23	67.6	6	17.6	3	8.8	1	2.9	1	2.9
MISSING	10	52.6	8	42.1	1	5.3	NONE	NONE	NONE	NONE
ALL RESPONDENTS	313	67.7	80	17.3	60	13.0	4	0.9	5	1.1

PROVIDED BY:OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

DID WE HELP YOU TO BE BETTER ABLE TO TAKE CARE OF YOURSELF?

12:29 TUESDAY, MAY 20, 1997 25

DISTRICT	RESPONSE					
	YES		NO		DONT KNOW	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
APPALACHIA I	24	100.0	NONE	NONE	NONE	NONE
APPALACHIA II	21	95.5	1	4.5	NONE	NONE
APPALACHIA III	52	95.2	8	13.1	1	1.6
CATAWBA	33	89.2	2	5.4	2	5.4
EDISTO	20	95.2	1	4.8	NONE	NONE
LOW COUNTRY	32	84.2	5	13.2	1	2.6
LOWER SAVANNAH	11	73.3	2	13.3	2	13.3
PALMETTO	24	88.9	1	3.7	2	7.4
PEE DEE	77	90.6	5	5.9	3	3.5
TRIDENT	13	81.3	1	6.3	2	12.5
UPPER SAVANNAH	34	89.5	1	2.6	3	7.9
WACCAMAW	34	82.9	3	7.3	4	9.8
WATEREE	29	85.3	3	8.8	2	5.9
MISSING	17	85.0	2	10.0	1	5.0
ALL RESPONDENTS	421	87.9	35	7.3	23	4.8

PROVIDED BY:OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

DID YOU PARTICIPATE/HAVE SAY-SO IN YOUR HOME CARE?

12:29 TUESDAY, MAY 20, 1997 26

DISTRICT	RESPONSE					
	YES		NO		DONT KNOW	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
APPALACHIA I	24	100.0	NONE	NONE	NONE	NONE
APPALACHIA II	22	100.0	NONE	NONE	NONE	NONE
APPALACHIA III	52	82.5	9	14.3	2	3.2
CATAWBA	36	94.7	1	2.6	1	2.6
EDISTO	19	90.5	2	9.5	NONE	NONE
LOW COUNTRY	36	92.3	3	7.7	NONE	NONE
LOWER SAVANNAH	11	73.3	4	26.7	NONE	NONE
PALMETTO	22	88.0	2	8.0	1	4.0
PEE DEE	73	90.1	6	7.4	2	2.5
TRIDENT	15	88.2	1	5.9	1	5.9
UPPER SAVANNAH	35	92.1	3	7.9	NONE	NONE
WACCAMAW	38	90.5	2	4.8	2	4.8
WATEREE	30	90.9	2	6.1	1	3.0
MISSING	17	85.0	2	10.0	1	5.0
ALL RESPONDENTS	430	90.0	37	7.7	11	2.3

PROVIDED BY:OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

WERE YOUR PATIENT RIGHTS EXPLAINED SO THAT YOU UNDERSTOOD THEM?

12:29 TUESDAY, MAY 20, 1997 27

DISTRICT	RESPONSE					
	YES		NO		DONT KNOW	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
APPALACHIA I	23	95.8	NONE	NONE	1	4.2
APPALACHIA II	22	100.0	NONE	NONE	NONE	NONE
APPALACHIA III	59	90.8	2	3.1	4	6.2
CATAWBA	39	97.5	1	2.5	NONE	NONE
EDISTO	20	100.0	NONE	NONE	NONE	NONE
LOW COUNTRY	39	97.5	NONE	NONE	1	2.5
LOWER SAVANNAH	15	93.8	1	6.3	NONE	NONE
PALMETTO	26	92.9	1	3.6	1	3.6
PEE DEE	84	98.8	NONE	NONE	1	1.2
TRIDENT	16	88.9	1	5.6	1	5.6
UPPER SAVANNAH	35	87.5	3	7.5	2	5.0
WACCAMAW	38	90.5	1	2.4	3	7.1
WATEREE	35	100.0	NONE	NONE	NONE	NONE
MISSING	20	100.0	NONE	NONE	NONE	NONE
ALL RESPONDENTS	471	95.2	10	2.0	14	2.8

PROVIDED BY:OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

DID YOU UNDERSTAND WHY YOU WERE DISCHARGED FROM HOME CARE?

12:29 TUESDAY, MAY 20, 1997 28

DISTRICT	RESPONSE			
	YES		NO	
	NUMBER	PERCENT	NUMBER	PERCENT
APPALACHIA I	20	100.0	NONE	NONE
APPALACHIA II	22	95.7	1	4.3
APPALACHIA III	62	96.9	2	3.1
CATAWBA	32	91.4	3	8.6
EDISTO	20	100.0	NONE	NONE
LOW COUNTRY	35	94.6	2	5.4
LOWER SAVANNAH	11	78.6	3	21.4
PALMETTO	27	96.4	1	3.6
PEE DEE	74	94.9	4	5.1
TRIDENT	18	94.7	1	5.3
UPPER SAVANNAH	35	92.1	3	7.9
WACCAMAW	32	91.4	3	8.6
WATEREE	32	100.0	NONE	NONE
MISSING	14	93.3	1	6.7
ALL RESPONDENTS	434	94.8	24	5.2

PROVIDED BY: OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

DID YOU AGREE OR DISAGREE WITH WHY YOU WERE DISCHARGED FROM HOME CARE?

12:29 TUESDAY, MAY 20, 1997 ²⁹

DISTRICT	RESPONSE			
	AGREE		DISAGREE	
	NUMBER	PERCENT	NUMBER	PERCENT
APPALACHIA I	20	95.2	1	4.8
APPALACHIA II	21	95.5	1	4.5
APPALACHIA III	55	93.2	4	6.8
CATAWBA	33	91.7	3	8.3
EDISTO	18	85.7	3	14.3
LOW COUNTRY	34	94.4	2	5.6
LOWER SAVANNAH	9	90.0	1	10.0
PALMETTO	24	92.3	2	7.7
PEE DEE	71	97.3	2	2.7
TRIDENT	17	100.0	NONE	NONE
UPPER SAVANNAH	34	94.4	2	5.6
WACCAMAW	32	94.1	2	5.9
WATEREE	28	90.3	3	9.7
MISSING	15	100.0	NONE	NONE
ALL RESPONDENTS	411	94.1	26	5.9

PROVIDED BY:OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

DID YOU AGREE OR DISAGREE WITH THE TIME OF YOUR DISCHARGE FROM HOME CARE?

12:29 TUESDAY, MAY 20, 1997 ³⁰

DISTRICT	RESPONSE			
	AGREE		DISAGREE	
	NUMBER	PERCENT	NUMBER	PERCENT
APPALACHIA I	20	95.2	1	4.8
APPALACHIA II	19	86.4	3	13.6
APPALACHIA III	54	90.0	6	10.0
CATAWBA	33	91.7	3	8.3
EDISTO	18	94.7	1	5.3
LOW COUNTRY	33	94.3	2	5.7
LOWER SAVANNAH	9	81.8	2	18.2
PALMETTO	25	92.6	2	7.4
PEE DEE	70	94.6	4	5.4
TRIDENT	17	100.0	NONE	NONE
UPPER SAVANNAH	33	91.7	3	8.3
WACCAMAW	32	91.4	3	8.6
WATEREE	29	93.5	2	6.5
MISSING	16	100.0	NONE	NONE
ALL RESPONDENTS	408	92.7	32	7.3

PROVIDED BY:OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

IF YOU SHOULD EVER NEED HOME HEALTH CARE AGAIN, WOULD YOU ASK FOR US, THE COUNTY HEALTH DEPARTMENT, DHEC HOME HEALTH SERVICES?
 PATIENT SATISFACTION SURVEY REPORT, 2ND QTR, FISCAL YEAR 97

12:29 TUESDAY, MAY 20, 1997 31

DISTRICT	RESPONSE					
	YES		NO		DONT KNOW	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
APPALACHIA I	20	95.2	NONE	NONE	1	4.8
APPALACHIA II	23	95.8	NONE	NONE	1	4.2
APPALACHIA III	64	95.5	NONE	NONE	3	4.5
CATAWBA	36	97.3	1	2.7	NONE	NONE
EDISTO	21	100.0	NONE	NONE	NONE	NONE
LOW COUNTRY	36	92.3	NONE	NONE	3	7.7
LOWER SAVANNAH	11	78.6	NONE	NONE	3	21.4
PALMETTO	26	92.9	NONE	NONE	2	7.1
PEE DEE	83	97.6	1	1.2	1	1.2
TRIDENT	20	100.0	NONE	NONE	NONE	NONE
UPPER SAVANNAH	35	94.6	NONE	NONE	2	5.4
WACCAMAW	38	97.4	1	2.6	NONE	NONE
WATEREE	35	100.0	NONE	NONE	NONE	NONE
MISSING	16	100.0	NONE	NONE	NONE	NONE
ALL RESPONDENTS	464	96.1	3	0.6	16	3.3

PROVIDED BY:OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
 SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

PERSON COMPLETING THE FORM:

12:29 TUESDAY, MAY 20, 1997 32

DISTRICT	RESPONSE					
	PATIENT		FAMILY MEMBER		OTHER	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
APPALACHIA I	15	75.0	5	25.0	NONE	NONE
APPALACHIA II	12	48.0	11	44.0	2	8.0
APPALACHIA III	34	50.7	31	46.3	2	3.0
CATAWBA	21	51.2	20	48.8	NONE	NONE
EDISTO	15	68.2	6	27.3	1	4.5
LOW COUNTRY	23	57.5	15	37.5	2	5.0
LOWER SAVANNAH	5	31.3	11	68.8	NONE	NONE
PALMETTO	13	46.4	15	53.6	NONE	NONE
PEE DEE	47	56.0	32	38.1	5	6.0
TRIDENT	12	57.1	9	42.9	NONE	NONE
UPPER SAVANNAH	21	55.3	15	39.5	2	5.3
WACCAMAW	19	47.5	19	47.5	2	5.0
WATEREE	19	51.4	18	48.6	NONE	NONE
MISSING	9	60.0	5	33.3	1	6.7
ALL RESPONDENTS	265	53.6	212	42.9	17	3.4

SOUTH CAROLINA DHEC DIVISION OF HOME HEALTH SERVICES
 PATIENT SATISFACTION SURVEY REPORT, 2ND QTR, FISCAL YEAR 97
 PATIENT SATISFACTION RATINGS BY DISCIPLINE, STATEWIDE DATA
 INFORMATION BY RESPONDENT

12:29 TUESDAY, MAY 20, 1997 33

RESPONDENT PATIENT

DISCIPLINE	SATISFACTION RATING							
	VERY SATISFIED		SATISFIED		DISSATISFIED		VERY DISSATISFIED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
NURSE	205	86.5	30	12.7	1	0.4	1	0.4
PHYSICAL THERAPIST	104	81.3	22	17.2	NONE	NONE	2	1.6
SPEECH THERAPIST	11	64.7	6	35.3	NONE	NONE	NONE	NONE
OCC THERAPIST	20	80.0	4	16.0	1	4.0	NONE	NONE
DIETICIAN	29	65.9	15	34.1	NONE	NONE	NONE	NONE
AIDE	54	77.1	16	22.9	NONE	NONE	NONE	NONE
SOCIAL WORKER	55	77.5	14	19.7	1	1.4	1	1.4
ALL DISCIPLINES	478	80.7	107	18.1	3	0.5	4	0.7

SOUTH CAROLINA DHEC DIVISION OF HOME HEALTH SERVICES
 PATIENT SATISFACTION SURVEY REPORT, 2ND QTR, FISCAL YEAR 97
 PATIENT SATISFACTION RATINGS BY DISCIPLINE, STATEWIDE DATA
 INFORMATION BY RESPONDENT

12:29 TUESDAY, MAY 20, 1997 34

RESPONDENT FAMILY MEMBER

DISCIPLINE	SATISFACTION RATING							
	VERY SATISFIED		SATISFIED		DISSATISFIED		VERY DISSATISFIED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
NURSE	151	83.0	29	15.9	1	0.5	1	0.5
PHYSICAL THERAPIST	71	77.2	19	20.7	2	2.2	NONE	NONE
SPEECH THERAPIST	21	67.7	9	29.0	NONE	NONE	1	3.2
OCC THERAPIST	24	82.8	5	17.2	NONE	NONE	NONE	NONE
DIETICIAN	23	67.6	11	32.4	NONE	NONE	NONE	NONE
AIDE	78	78.8	20	20.2	NONE	NONE	1	1.0
SOCIAL WORKER	49	75.4	14	21.5	NONE	NONE	2	3.1
ALL DISCIPLINES	417	78.4	107	20.1	3	0.6	5	0.9

SOUTH CAROLINA DHEC DIVISION OF HOME HEALTH SERVICES
 PATIENT SATISFACTION SURVEY REPORT, 2ND QTR, FISCAL YEAR 97
 PATIENT SATISFACTION RATINGS BY DISCIPLINE, STATEWIDE DATA
 INFORMATION BY RESPONDENT

12:29 TUESDAY, MAY 20, 1997 35

RESPONDENT OTHER

DISCIPLINE	SATISFACTION RATING			
	VERY SATISFIED		SATISFIED	
	NUMBER	PERCENT	NUMBER	PERCENT
NURSE	11	78.6	3	21.4
PHYSICAL THERAPIST	4	66.7	2	33.3
SPEECH THERAPIST	2	66.7	1	33.3
OCC THERAPIST	1	50.0	1	50.0
DIETICIAN	4	100.0	NONE	NONE
AIDE	1	33.3	2	66.7
SOCIAL WORKER	6	100.0	NONE	NONE
ALL DISCIPLINES	29	76.3	9	23.7

SOUTH CAROLINA DHEC DIVISION OF HOME HEALTH SERVICES
 PATIENT SATISFACTION SURVEY REPORT
 RESPONSE RATES FOR 1ST QTR, FY 1997 (JULY 1996 - SEPTEMBER 1996)
 PROVIDED BY: OFFICE OF VITAL RECORDS & PUBLIC HEALTH STATISTICS
 SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

09:45 MONDAY, JUNE 2, 1997 1

DISTRICT	# SENT	# RETURNED	RESPONSE RATE
STATE	2498	521	20.9
APPALACHIA I	125	25	20.0
APPALACHIA II	181	25	13.8
APPALACHIA III	315	68	21.6
CATAWBA	242	41	16.9
EDISTO	133	22	16.5
LOW COUNTRY	141	40	28.4
LOWER SAVANNAH	95	17	17.9
PALMETTO	146	29	19.9
PEE DEE	420	87	20.7
TRIDENT	112	21	18.8
UPPER SAVANNAH	145	40	27.6
WACCAMAW	224	44	19.6
WATEREE	219	38	17.4
MISSING	.	24	.

