

330h Patient Satisfaction Data

HCHN Governance Council Briefing
November 2025

Public Health
Seattle & King County



PURPOSE

- Review HRSA requirements for gathering patient satisfaction data
- Review current data & how it's used to inform services –Contractor & Public Health sites
- Strategies for the GC and/or CAG hear feedback directly

HRSA REQUIREMENTS – PATIENT SATISFACTION

Quality program must have a plan to measure and evaluate patient satisfaction:

- Frequency: no specific language. Component of periodic assessments
- Methods: grantee determines
- Targets/Goals: none set by HRSA
- Locations: HRSA approved sites

Compliance check during site visits:

1. Sample of patient satisfaction results or other forms of patient input
2. QI/QA-related operating procedures that address patient satisfaction, among other elements
3. Evidence that patient satisfaction data is shared with governing board, and board reviewed, and if needed, approved updates to QI/QA policies

No previous compliance issues in this area

SUMMARY OF HOW WE GATHER PATIENT SATISFACTION DATA

| | Public Health | Contracted Services |
|-----------------------------------|---|--|
| Methods | Methods vary by program. One tool is a written survey in our fixed site clinics for Primary Care, Dental and Sexual & Reproductive Health | Methods vary based on site and population (i.e., approach taken by an outreach worker at an encampment is different than a nurse visiting someone in supportive housing) |
| Review & Actions Taken | Data is gathered 2-3 times a year. Area Managers lead efforts to follow-up with individual patients. | Methods are reported to HCHN on a regular basis. Contractor reports include actions taken. Contract Monitors review further at site visits |

Outlined further in QI/QA Policy

HCHN Contractors

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Clover Thurk
HCHN Contract Manager

HCHN NETWORK AGENCIES

African Community Housing
& Development

Catholic Community Services

Chief Seattle Club

Downtown Emergency Services Center

Friends of Youth

Harborview Medical Center

HealthPoint

Neighborcare Health

Peer Washington

POCAAN

REACH - Evergreen Treatment Services

Ryther

Seattle Roots

Wellspring Family Services

YMCA of Greater Seattle

YWCA Seattle-King-Snohomish

HCHN IS ONE SLICE

Patient satisfaction is limited to HCHN/330h-funded programs within each agency and for a specific scope of work.

**The following is 2024 data. All programs below are partially funded by HCHN.*

Catholic Community Services (CCS) 113,279 total clients

HCHN funded program = 293 clients

Neighborcare Health 59,715 total patients

HHOT, Youth & Ballard Clinics, REACH nursing = 1,378 patients

Ryther 2,500 total patients

HCHN funded mental health services = 202 patients

REACH (Evergreen Treatment Services) 13,364 total clients

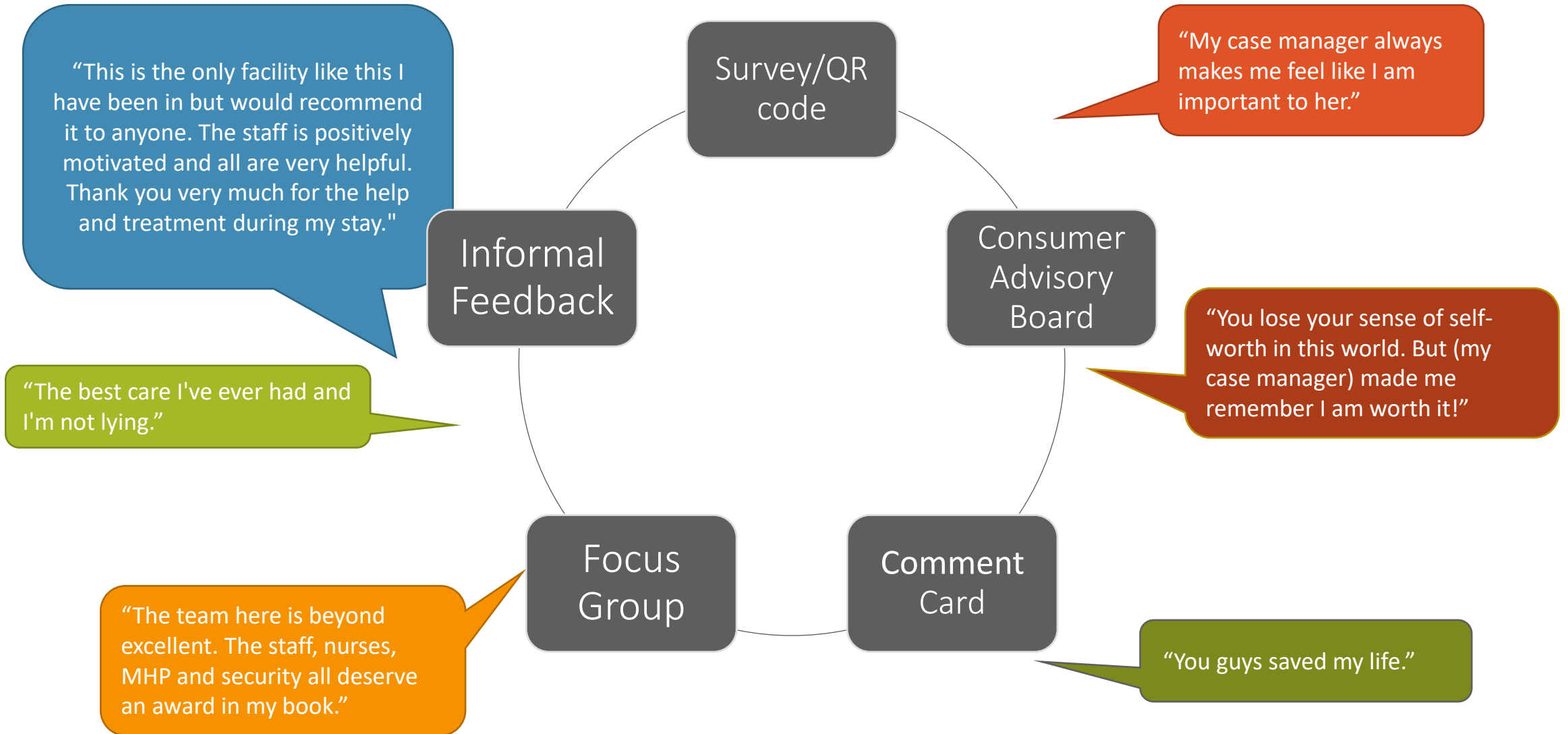
Case Management & Mobile Medical = 4,966 total clients



HCHN ANNUAL MONITORING MECHANISMS TO GATHER PATIENT/CLIENT SATISFACTION METHODS FROM HCHN-FUNDED PROGRAMS



NETWORK PATIENT SATISFACTION METHODS and QUOTES



STRENGTHS AND WEAKNESSES OF CURRENT METHODS

Strengths

- Contractors use and offer multiple trauma-informed methods to engage patients experiencing homelessness in offering feedback
- Surveys are offered in multiple languages and anonymous
- QR codes offered to youth
- Multiple levels of staff regularly review feedback to identify opportunities to strengthen their program/s and improve services
- Contractors continuously evaluate and recalibrate methods to more fully capture, evaluate and respond to feedback

Challenges

- Often same staff are delivering services & gathering feedback
- Formal feedback from patients who had negative experiences is reported higher than positive
- The few agencies without robust mechanisms to capture feedback report lack of resources/staff availability as barrier

PATIENT and CLIENT FEEDBACK – PROGRAM IMPACT

Organizations are using feedback to adjust services & staffing, improve communications & processes

- **Chief Seattle Club (CSC)** implemented anonymous lockboxes at housing sites for feedback. Relative feedback identified growing need for support and increased access to address mental health, domestic violence and interpersonal relationship care. CSC is developing DV/curriculum.
- **Neighborcare Health - Youth Clinic** staff changed hours of clinic operation based on feedback from patients and community partners in annual survey.
- **HHOT at Neighborcare Health** patient and partner feedback influenced improvements in patient coverage during staff leave and absences.
- Patient feedback in anonymous surveys and informal feedback to **Seattle Roots** drove the launch of the same day clinic at Carolyn Downs. This clinic allows increased access for patients with difficulty keeping track of appointments or frustration over long wait times as barriers to care.
- **Wellspring** is enhancing nursing presence in programs for improve continuity of care for families without access.

Public Health Centers

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*Jake Walker & Lee Thornhill
with written contributions from Cynthia Brown*

Patient Satisfaction Reflections from Public Health Clinics

Virtual Q&A with Area Managers*: Cynthia Brown and Jake Walker

*Area Managers are responsible for the overall operations and service delivery at Public Health Centers. They work closely with program managers in Dental, Parent Child Health, Primary Care and other services at their sites.

Cynthia is the Area Manager for Eastgate Public Health Center and School-Based Health Centers
Jake is Area Manager for Downtown Public Health Center

1. What are examples of how your sites have used patient satisfaction data to improve services, with an emphasis on people experiencing homelessness?

Eastgate: Decreasing Wait Time & Working with People's Busy Schedules

Inability to access to our adult medical services is the one thing that we hear the most about from patients.

Our appointment wait time has been several months out which has been a huge barrier for adult patients.

*In response, our adult team **initiated open access days**. These are essentially days where the providers schedule isn't open until the day of and people can call that morning and get a same day appointment.*

*This has **decreased that wait time barrier** for more acute issues, **decreased no shows** as people often forget if the appointment is scheduled too far in the future and is respectful for people who have a lot going on and keeping a scheduled appointment is challenging for a myriad of reasons.*

Downtown: Improving Communication & Appointment Access with our Swedish Medical providers

***Call queues and Phones**. Many patients have mentioned difficulty navigating our call tree and getting in contact with our clinic. We are actively working to determine where our system fails and develop a plan to remedy those errors.*

*Wait times for appointments. We do get complaints about the length of wait times. We have **same day appts. that are available everyday and have adjusted to include appt times that are reserved for certain types of appts**. We also use a wait list, which the admin team will work off in the instance of a cancellation.*

We utilize messaging functions in our health record to communicate with patients when needed. We have communicated with our Swedish team about the need for more robust staffing practices in the future and they have agreed, they may need to investigate some of their scheduling struggles.

2. The challenges with written surveys are well known. Besides written surveys, are there other ways your teams gather input from patients and how do you act on it?

Eastgate

*We have **suggestion boxes** all over the clinic and clients do use them. I call anyone who has a grievance and to see how we can “make it right” or to thank them for a compliment and share both with the staff.*

*I and my leadership team are always **available in the moment** if a client has feedback and clients are empowered by staff to express concerns as they arise. I always tell people that if you don't say something, we don't have a chance to fix it and you deserve to have that thing addressed.*

*We have also **periodically done one question mini surveys** when we wanted to solicit patient voices about a specific issue that we have heard murmurs about.*

Downtown

As mentioned, our patients are not shy about giving live feedback, both verbally and in writing. We **look into concerns, determine an appropriate response and we adjust our patient care practices.**

The Downtown Public Health Center has many different programs: Dental, Parent Child Health, Pathways, Parent Child Health and Refugee Health Screening. Each has many collaborating partners. These teams **gather feedback through ongoing relationship and trust building.**

3. Is there anything else you think would be helpful for the HCHN Governance Council to know about patient satisfaction at your site?

Eastgate

Surveys in general are difficult, and people tend to answer everything in a positive light. This could be because we are amazing or because they have survey fatigue in addition to the many other documents that we may be collecting at that same visit.

This is one of the reasons that we will occasionally take the pulse on something very specific (phones, access, etc.) as the larger survey that we give quarterly can be overwhelming. What I have also heard anecdotally is that Likert scales don't resonate with some cultures, so we need to figure out a more effective culturally responsive way to elicit actionable feedback from clients.

Downtown

Patient access to outside providers is always a challenge. Wait times for appointments can be incredibly long.

Due to patient load, some outside providers are only accepting urgent referrals, while others aren't accepting new referrals at all.

Working with insurance companies can be a difficult and frustrating process.

Patient Satisfaction Written Survey Snapshot: January 2024 through September 2025

| Patient Satisfaction | Year: 2024 | | | Year: 2025 | | |
|---|---------------|------------|-----------|---------------|-----------|-----------|
| | Total surveys | # PEH | % PEH | Total surveys | # PEH | % PEH |
| Primary Care | | | | | | |
| Downtown | 92 | 27 | 29% | 88 | 9 | 10% |
| Eastgate | 350 | 44 | 13% | 344 | 10 | 3% |
| Dental | | | | | | |
| Columbia | 73 | 7 | 10% | 0 | 0 | 0 |
| Downtown | 75 | 20 | 27% | 0 | 0 | 0 |
| Eastgate | 66 | 3 | 5% | 0 | 0 | 0 |
| North | 48 | 5 | 10% | 0 | 0 | 0 |
| Renton | 58 | 2 | 3% | 0 | 0 | 0 |
| Sexual & Reproductive Health | | | | | | |
| Auburn | 159 | 3 | 2% | 0 | 0 | 0 |
| Eastgate | 174 | 3 | 2% | 26 | 0 | 0% |
| Federal Way | 161 | 4 | 2% | 50 | 1 | 2% |
| Kent | 200 | 7 | 4% | 64 | 2 | 3% |
| Parent Child Health | | | | | | |
| | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 1456 | 125 | 9% | 572 | 22 | 4% |

Additional information we routinely review to understand satisfaction:

1. Retention and repeat visits
2. Provider continuity: how long patients stay with the same provider
3. Referrals: # of times a new patient says they heard about our services from an existing patient

Trust: A Reflection by Cynthia Brown



This past Wednesday, Enrique, Geene and I had the pleasure of hosting Performance & Strategy Summer Interns from the Executive's Office. They were given a tour of Eastgate and then we held a Q&A session. The last question that they asked was what we thought made us stand apart from other healthcare teams. Of course, everyone had a different answer because we are a special group (interpret that as you wish). The first thing that came to mind for me was – **TRUST**. As your leadership team, we disagree, we have different life experiences and perspectives,

we laugh and cry together, we love each other and are positively sick of one another (maybe that's just me projecting) but the glue is that we inherently trust one another.

In healthcare, **trust isn't just important—it's everything.**

When we trust one another as colleagues in this building and across the division, we create a stronger, safer environment for patients and each other. Trust means we listen before we speak. We support before we judge. We ask for help without fear. When we speak, we speak our truth. It's how we communicate clearly, admit mistakes, and celebrate wins together.

Healthcare is fast-paced, high-stakes, and emotionally demanding. Trust gives us a solid foundation. It turns uncertainty into unity. It transforms challenge into compassion.

So today, take a moment to:

- **Thank a teammate** for having your back.
- **Offer a listening ear** to someone who may be struggling.
- **Reflect on how your presence builds trust**—with patients and with each other.

Together, we are more than professionals—we are a trusted community of care.

Trust is not just a value; it's our daily practice. And it's what sets us apart.

Cynthia Brown

Area Manager - Eastgate Public Health Center

Thank you for your support from the
Downtown Public Health Center!





Questions and Follow-up Discussion

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Strategies for the GC and/or CAG hear feedback directly

1. Membership recruitment – post flyers about the GC and CAG at our clinics/sites & in the community, address barriers to participation
2. Strengthen connections with contractors – engage directly with providers as part of HCHN Program Spotlights
3. Share ideas/best practices - attend/present at HCHN provider and community gatherings (i.e. Annual Gathering)
4. Others?