

OASAS Perception of Care Survey -- Your Experience

Phase 1 Provider Feedback Questionnaire

Thank you for participating in the OASAS Perception of Care Survey System earlier this year.

We are asking your assistance now to help us evaluate the system and determine what changes could make it easier to use and more useful to addiction programs in New York.

Please take a few moments to complete this brief questionnaire. You can look at it now, click "Save & Exit" and come back to it later using the same link to finish up or change your answers. (But please finish it within one week.)

This questionnaire is being sent to the program directors of the more than 50 programs that have already participated in the Perception of Care Survey System. If your agency has used the survey in more than one program, only one response is necessary. (If you are program director for more than one program, you will only receive only one questionnaire.)

If you have a Quality Improvement director or person responsible for client surveys at you agency, you may forward this questionnaire to that person to complete, if you wish.

1. What has been your experience using the OASAS Perception of Care Survey System as part of your Quality Improvement program?

	Strongly Disagree	Disagree	Agree	Strongly Agree
a) This survey provided useful information for our QI program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) This survey was easy to administer and process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) We plan to use this survey on a regular basis, i.e., quarterly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) We have shared results of this survey with program staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) We have shared results of this survey with program clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) We have shared results of this survey with our board of directors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) We have made a change in our program as a result of this survey.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Does your annual Quality Improvement Plan specify using quarterly surveys of clients or participants? (This may include surveys other than the OASAS Perception of Care Survey.)

- No
- Yes

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3. What problems or barriers have you experienced in administering, analyzing, or using the OASAS survey for quality improvement?

4. What suggestions or recommendations can you make to OASAS for improving the Perception of Care Survey System?

5. Who is your QI director or person responsible for client surveys for your program?

Name:

Email:

Phone:

6. If you did not receive this questionnaire directly, but had it forwarded to you to complete, please provide you name and contact information for follow-up:

If you have any questions about the Perception of Care Survey System, you may contact Susan Brandau at susan.brandau@oasas.ny.gov.

THANK YOU.