

Perception of Care Survey System

USER GUIDE

Introduction

- [Background and Purpose](#)
- [Enrolling Staff in the Survey System](#)
- [Logging into the Survey System](#)
- [Selecting Your Role](#)
- [Main Menu Navigation](#)

Survey Management

- [Manage Users](#)
- [Set Survey Targets – a Must Do](#)
- [Staff Enrolled in System](#)
- [Printing Survey Forms](#)
- [Enter Survey Responses](#)
- [Data Collection Monitoring](#)
- [Suggestions Regarding Survey Administration](#)
- [Suggestions Regarding Data Entry](#)

Reports and Data Analysis

- [Report for Survey Quarter](#)
- [Interpreting Reports](#)
- [Filtered Report for Survey Quarter](#)
- [Quarter Comparison Report](#)
- [Export Data to Spreadsheet](#)
- [Analyzing Data with SPSS \(to be developed\)](#)

Using Your Survey Data for Quality Improvement

- [Client-driven Quality Improvement](#)

Further assistance is available at (PoC@oasas.ny.gov)

Introduction

Background and Purpose

The 2006 Institute of Medicine (IOM) report on *Improving the Quality of Health Care for Mental and Substance-use Conditions* provides recommendations in seven strategic areas. Among recommendations for *patient-centered care* is the involvement of clients in the design, administration and delivery of treatment and recovery services. Well designed and implemented perception of care surveys are an important method for involving clients in improving the quality and effectiveness of services. Obtaining patient input is a standard in the health care field. Accreditation bodies require treatment organizations to routinely involve stakeholders, especially clients. The Substance Abuse and Mental Health Services Administration (SAMHSA) recognized this in identifying *perception of care* as one of 10 nation outcome domains. SAMHSA sponsored the *Forum on Performance Measures for Behavioral Health and Related Service Systems* which developed a “modular survey” for Substance Abuse Treatment services.

Although SAMHSA’s national outcome measures (NOMs) were developed to assess federally-funded prevention and treatment services, many of the measures address recovery issues. Further, the modular survey includes many items related to recovery: social connectedness and support for recovery; participation in employment and education; coping with stress and ability to accomplish things; access to services and help when needed. Thus perception of care surveys may be used by programs that do not provide treatment but are designed to support recovery.

In 2008, a survey of New York addiction treatment programs indicated that almost all conducted some type of client survey (97%), but only half conducted surveys quarterly. Just one-in-eight programs (13%) used a standard survey instrument. Less than half (43%) had any method for sharing findings with clients. *Only one-in-five (21%) had made any changes in their program based on a survey.*

In 2011, two pilot surveys were conducted using an instrument closely modeled on SAMHSA’s Modular Survey, but with the inclusion of open-ended write-in items asking clients to identify problems and make recommendations. About 30 programs assisted in the development and participated in one or both surveys and over 1600 clients responded to the surveys. The Perception of Care (PoC) Survey System was developed based on experience from these pilot surveys.

The Perception of Care Survey System is intended to support service providers in implementing effective client surveys as part of their Quality Improvement (QI) program. *The system enables providers to collect, enter and analyze their own client survey data.* Open-ended write-in questions are included so that clients can provide program managers with concrete ideas for quality improvement. (These client write-in responses cannot be viewed by state agency staff since their purpose is to help program directors improve services and they must be interpreted in the specific program context.) Guidelines are developed to assist providers in administering and utilizing their perception of care surveys as part of a client-driven quality improvement protocol at the programs level.

Enrolling Staff in the Survey System

If you are already a user of other OASAS applications, such as the Client Data System, you will use the same user ID and password. If not, you will need to complete and [IRM-15](#) application. Your access to survey system functions is based on your role. Your provider administrator will determine what roles to assign to various staff members:

Program Staff Role – As program staff enrolled in the survey system you will be able to obtain a print version of the survey form (PDF file), enter survey data for your program from survey forms completed by clients, and see how many surveys have already been entered.

Program Administrator Role – In addition to what program staff can do, as program-level administrator you will be able to generate reports for your program as well as see which staff members have been enrolled as survey system users for your program.

Provider Administrator Role – As provider-level administrator, responsible for one or more programs, you will control access to the system by assigning roles for other staff members. You will be able to set your quarterly data collection targets for each of your participating programs. (Data cannot be entered for a program unless you specify a survey target for the program.) In addition, you will be able to do all that your program administrators can do.

You may have more than one role and may switch roles depending on what function you are performing for a particular program. For instance, you may be a program administrator for two different programs while being program staff for a third program. You can only play one role for one program at a time; fortunately switching roles is easy. (The provider administrator role, however, accesses all programs belonging to the provider.)

In order to participate in the Survey System, an agency must have a provider administrator. An agency may have more than one person in the provider administrator role: for instance, a director of addictions or mental health services and a quality improvement (QI) director. In fact, it is recommended that an agency have two or more provider administrators to assure continuity during vacations and staff transitions. Similarly, you may have more than one staff member in the program administrator role for a single program—whatever makes sense for your agency. Any staff member who will be entering data must be enrolled at least at the program staff role level.

(It is possible that a single individual may be a *program* administrator for more than one or even all the programs operated by an agency without being a *provider* administrator. Similarly, a single person could be program staff for more than one program, for instance, as part of a centralized data entry function.)

Enrollment Process

1. Initially, all provider staff enrolled in the NYS OASAS applications system will be assigned the provider administrator role for their program(s). The person(s) who will perform the provider administrator function will then re-assign roles for each staff person

based on your agency's survey management plan. Thus, current NYS OASAS providers can begin using the system without having to enroll staff. *(However it is important that responsible staff be familiar with these guidelines and or participate in an orientation session before any data is entered into the system.)*

2. If prior to 05/03/2013 you were a user of other OASAS applications you will use the same user ID and Password. Otherwise, you will use the OASAS APP ID provided on your enrollment form (IRM-15). Please remember that you must go to the OASAS APP website to change your temporary password. A temporary password will not enable access to the Perception of Care Survey System. [OASAS_APPS](#)
3. Provider staff not already enrolled in NYS OASAS applications systems will have to complete an IRM 15 application in order to use the Survey System.
4. When completing the IRM-15 application you must select Other in the SYSTEM TO BE ACCESSED section and write-in Perception of Care.

Logging into the Survey System

Using your Internet browser, enter the URL address for the Perception of Care Survey System: <https://www.oasas.ny.gov/poc/>. You will see the Login screen. (See figure below.) To log in, use your OASAS Applications User ID and your password. (If you do not already have a user ID, you must submit an IRM-15 application

By logging into the Survey System you are signing the User Agreement which governs, among other things, the confidentiality of client/participant responses to the survey. While the data stored in the Perception of Care Survey System is anonymous, demographic survey data and/or open-ended comments entered into the system combined with staff knowledge of clients may be sufficient to identify a client. Therefore, whether in the online system or on paper, these data should be treated as confidential.

Perception of Care

Unauthorized use of this site is prohibited and may subject you to civil and criminal prosecution. Use of, or access to, the Site shall constitute acceptance of, and agreement to be bound by, the terms referenced below. **If you do not wish to be bound by these terms, do not access the Site.**

User Agreement:

- I agree to access and use this site solely in accordance with my normal course of business and in connection with the purpose for which my access has been approved.
- I agree to employ reasonable security practices (e.g., periodic changing protected passwords, log off when not in use, not sharing my access password, etc.), as needed.
- I agree to abide by all federal and state laws and regulations in the use of this site, including as applicable, Title 42 of the Code of Federal Regulations, 42 CFR Part 2, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 CFR Pts. 160 and 164; the Federal Driver's Privacy Protection Act (DPPA), 18 USC § 2721; and the NYS Information Security Breach and Notification Act, Chapter 442 and 491 of the Laws of 2005, codified in § 208 of the State Technology Law (STL) and § 899-aa of the General Business Law (GBL).
- I acknowledge that some of the information which may come into my possession or knowledge in connection with my use may be confidential or proprietary information.
 - I agree to comply with all requirements set forth within the aforementioned sections of law governing the use and redisclosure of information obtained through my access to OASAS systems.
 - I also agree that I will not share with any unauthorized person information obtained from these systems.
- I recognize that noncompliance with this user agreement will result in a termination of access and may subject me to civil and/or criminal penalties.

Enter your user name and password to login

User Name:

Password:

[Forgot your User Name?](#)

Selecting Your Role

After you log in you will see the Select Role screen. The figure below illustrates what you might see as a *provider administrator*. (If you have only one assigned role, you may be directed immediately to the Main Menu without having to select a role.)

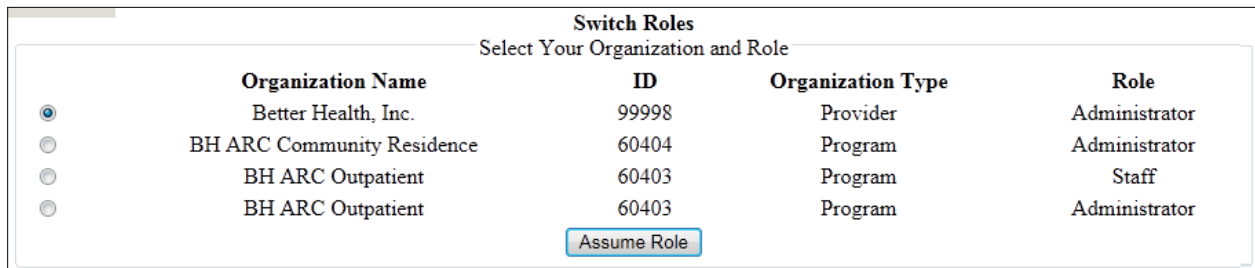
What functions you can perform in the Survey System depend on the role(s) you have been assigned by your *provider administrator*. For instance, if you have been assigned the program staff role, you will see a row for each program for which you are “program staff.” You have to choose the specific program you want to work with.

If you are assigned the *program administrator* role, you will see a row for each program for which you have that assignment. You will also see rows for the program staff role if you have been assigned that role for one or more programs. You have to choose the specific role and program you want to work with.

If you are a provider administrator, you can perform all functions for all programs you agency operates. However, it is possible that you have been assigned other roles as well, in which case you must choose the role you need.

Choose the specific program and role. Then click the “Assume Role” button. You will be directed to the Main Menu.

It is easy to change roles or programs. Just click the “Select Role” button in the left margin menu whenever you need to change roles or programs. You will see this same menu.



The screenshot shows a window titled "Switch Roles" with the subtitle "Select Your Organization and Role". It contains a table with four columns: "Organization Name", "ID", "Organization Type", and "Role". There are four rows of data, each with a radio button in the first column. The first row is selected. Below the table is an "Assume Role" button.

	Organization Name	ID	Organization Type	Role
<input checked="" type="radio"/>	Better Health, Inc.	99998	Provider	Administrator
<input type="radio"/>	BH ARC Community Residence	60404	Program	Administrator
<input type="radio"/>	BH ARC Outpatient	60403	Program	Staff
<input type="radio"/>	BH ARC Outpatient	60403	Program	Administrator

Assume Role

Main Menu Navigation

The Main Menu can be accessed any time from the left margin menu. The figure below shows the Main Menu page for a *provider* administrator.

Above the menu choices, you can see how you logged in: your name, role and program or agency. (If you have been assigned more than one role or program, you can switch roles or programs by clicking on the “Select Role” button in the left margin menu.)

The Main Menu has two sections: Survey Management; and Reports and Data Analysis. What you see on the Main Menu depends on the role you have selected. For instance, if you are in the *program staff* role, you will see “Enter Survey Responses” and “Data Collection Monitoring” in the Survey Management section. You will not be able to run reports or data analysis functions.

The screenshot shows a web application interface. On the left is a vertical navigation menu with the following items: OASAS Home, Survey Forms, Main Menu (highlighted), Select Role, Set Survey Targets, User Guide, and LogOut. The main content area is titled "Perception of Care" and "Welcome to the Perception of Care Survey". It displays the user's login information: "You are currently logged in as: Usttwo Testtwo Usttwo Testtwo Administrator Better Health, Inc. (99998)". Below this, the "Main Menu" is divided into two sections. The "Survey Management" section includes links for "Manage Users", "Set Survey Targets", "Staff Enrolled in System" (with the subtext "Who is enrolled in Perception of Care?"), "Enter Survey Responses", and "Data Collection Monitoring" (with the subtext "How many surveys have been submitted?"). The "Reports and Data Analysis" section includes links for "Report for Survey Quarter" (with the subtext "A review of data by percentages."), "Filtered Report for Survey Quarter" (with the subtext "Filters producing standard reports of subpopulations"), "Quarter Comparison Report" (with the subtext "Comparing program performance over time"), and "Export Data to Spreadsheet" (with the subtext "Export data, including responses to open ended questions, for further analysis.").

Survey Management

Manage Users

On the Main Menu, if you are logged in as *provider administrator*, you will see “Manage Users” as the first choice under the Survey Management section. Provider Administrators are responsible for managing their agency’s Perception of Care surveys, including controlling which staff can access the Survey System and what roles staff are assigned. Choosing “Manage Users,” you will see a table with separate rows for each combination of program, staff member and assigned role. (Provider administrator will be listed only once for an individual since this role provides access to all the provider’s programs; however, your agency will typically have more than one provider administrator to assure continuity.) The “Organization Type” column will show either Provider or Program and the “Role” column will show either administrator or staff.

As provider administrator, you will not see your own role in the table. Thus you will not be able to change your own role and possibly lock yourself out of the provider administrator role. However, another provider administrator at your agency can change your role from provider administrator if you will no longer be serving in that capacity.

Perception of Care

Manage Users

- If a staff member is already enrolled in the [NYS OASAS Applications system](#) but not in the PoC Survey System you can add them by choosing “Add New User”.
(You will need to know his or her user name)
- All provider staff enrolled in OASAS Applications system will initially be assigned the Provider Administrator role.
- If a staff member is not currently enrolled in OASAS Applications they must first complete an [IRM-15 application](#). (System to be accessed: Other:(specify) Perception of Care.)
- You can also edit or delete a specific role, for a specific program and staff member.

[+ Add New User](#)

User Name	Name	Email	Organization Type	Role	Org ID	
burkej	Joe Burke	Joe.Burke@oasas.ny.gov	Provider	Administrator	99998	Edit Roles Delete
gallatr	Robert Gallati	RobertGallati@oasas.ny.gov	Provider	Administrator	99998	Edit Roles Delete
miller18	Bernie Miller	Bernie.Miller@its.ny.gov	Provider	Administrator	99998	Edit Roles Delete
cfuser01	Userone Testone	Userone.Testone@oasas.ny.gov	Provider	Administrator	99998	Edit Roles Delete
willia06	Henri Williams	Henri.Williams@oasas.ny.gov	Provider	Administrator	99998	Edit Roles Delete
brandas	Susan Brandau	SusanBrandau@oasas.ny.gov	Program	Administrator	60408	Edit Roles Delete
lamberd	Dawn Lambert-Wacey	Dawn.Lambert-Wacey@oasas.ny.gov	Program	Administrator	60405	Edit Roles Delete
cfuser03	Userthree Testthree	Userthree.Testthree@oasas.ny.gov	Program	Administrator	60403	Edit Roles Delete
cfuser03	Userthree Testthree	Userthree.Testthree@oasas.ny.gov	Program	Administrator	60404	Edit Roles Delete
cfuser03	Userthree Testthree	Userthree.Testthree@oasas.ny.gov	Program	Staff	60403	Edit Roles Delete
cfuser03	Userthree Testthree	Userthree.Testthree@oasas.ny.gov	Program	Staff	60405	Edit Roles Delete

If a staff member is already enrolled in the NYS OASAS Applications system, but not in the Survey System part, you can add them by choosing “Add New User” at the top of the table. (You will need to know his or her user name.) If a staff member is not currently enrolled in OASAS Applications, he or she must first complete an IRM 15 application. You can also delete a specific

role for a specific staff member in a specific program. If you delete all the roles for a specific staff member, he or she will no longer appear in the table. Later, if you decide to assign that staff member a role in the Survey System, you will use the “Add New User” function.

Initially all new users will have the provider administrator role. It is the responsibility of the agency’s actual provider administrator(s) to re-assign roles. Using the “Edit Roles” function, you will be able to change an existing role or add a new role. In either case, this involves choosing a specific program and specifying whether the role is program administrator or program staff.

When you have made the changes, click the “Save Changes” button. A message will appear in red text indicating whether the change was successful. Then you can click the “Return to Manage Users” button to see the changes in the Manage Users table.

Assigning the Provider Administrator Role

As provider administrator, you may promote another staff person to that role. At least two staff members should be assigned the provider administrator role. In addition, you may want to assign this role to a trusted support staff member as a back-up. While editing a staff member’s role(s), you can use the “Add User Role” function to assign the provider administrator role. You do this by choosing “administrator” but not choosing any specific program. The result is displayed below where Program remains “--Select Program--” but Role is “Administrator.”

Manage User two Testtwo's Roles

[+ Add User Role](#)

Program	--Select Program--	Role	Administrator
Program	BH ARC Community Residence(60404)	Role	Administrator
Program	BH ARC Outpatient(60403)	Role	Staff
Program	BH ARC Outpatient(60403)	Role	Administrator

Set Survey Targets - a Must Do

The Survey System is designed to produce reports and analyses by calendar quarter. For each calendar quarter, the provider administrator must determine whether a program is participating in the Client Perception of Care Survey. This is done by setting survey targets for the *year and quarter*. Calendar quarter is a required data element for each completed survey, but **no data can be entered for a calendar quarter until a target has been set for that quarter**.

The calendar year and quarter are not determined by when the survey form is completed or when the data is entered. At data entry, calendar year and quarter are entered before the survey responses. This provides your agency and programs with flexibility in managing the survey process. For instance, surveys completed a few days before, or a few days after, the nominal calendar quarter may still be included in reports for the quarter. (Typically, a perception of care survey should be conducted over just a few weeks so that it represents a point in time. The timing of the survey is determined by the provider based on your quality improvement and survey plan.) The date that the survey form was completed is also entered as a separate data item, but this date is not used in generating standard reports.

The screenshot shows the OASAS web application interface. The top navigation bar includes 'New York State' and 'State Agencies'. A left sidebar contains menu items: OASAS Home, Survey Forms, Main Menu, Select Role, Set Survey Targets, User Guide, FAQs, and LogOut. The main content area is titled 'Perception of Care' and 'Expected Client Enrollment & Target Sample Size'. Below the title is a '+ Add New Row' link. A table displays the following data:

Program	Program Name	Year	Quarter	Expected Clients Enrolled	Target Sample Size	
60403	BH ARC Outpatient(60403)	1999	1	100	90	Edit Delete
60403	BH ARC Outpatient(60403)	2012	1	20	18	Edit Delete
60403	BH ARC Outpatient(60403)	2012	2	20	18	Edit Delete
60404	BH ARC Community Residence(60404)	2012	1	20	18	Edit Delete
60404	BH ARC Community Residence(60404)	2012	2	20	18	Edit Delete
60405	BH ARC Intensive Residential(60405)	2012	1	20	18	Edit Delete
60405	BH ARC Intensive Residential(60405)	2012	2	20	18	Edit Delete
60406	BH ARC Inpatient Rehab(60406)	2012	1	20	18	Edit Delete
60406	BH ARC Inpatient Rehab(60406)	2012	2	20	18	Edit Delete
60408	BH ARC Crisis Residential(60408)	2012	1	20	18	Edit Delete
60408	BH ARC Crisis Residential(60408)	2012	2	20	18	Edit Delete

Setting Survey Targets

The setting of survey targets is designed to assist provider administrators and survey coordinators in monitoring and managing the survey process. The Survey System will show program staff how many surveys have been entered into the system by quarter for each of your programs. Interpreting this, however, requires an expectation of how many surveys should be entered, thus the targets.

Expected Number of Clients/Participants Enrolled is the provider administrator’s estimate or projection of the number of clients or participants who will be eligible to complete the survey. Most programs will conduct their perception of care survey on a cross-section of clients/participants, that is, all who are enrolled in the program at a point in time or during a particular week. The survey should not be based only on clients who are served during a survey week. For instance, in outpatient settings the survey may typically be administered in group sessions. However, the program should have a strategy to obtain survey responses from clients or participants who don’t show up for a particular survey session. The responses of those less engaged in the program may be very important for improving client engagement.

Some programs may choose a different sample definition. For instant, a short-term inpatient or residential program (with a typical length of less than 30 days) may decide to conduct the survey after the client has completed 3 weeks or as part of the discharge process. In this case the provider administrator should enter the number of clients expected to reach 3 weeks or to complete the discharge process during the period (e.g., calendar quarter) rather than the expected enrollment.

Target Sample Size is the goal the *provider administrator* sets. By comparing this figure against the actual number of completed forms entered into the Survey System, the provider and program administrators can determine how the survey is progressing. Program staff can also see the progress as they enter forms into the Survey System by selecting “Data Collection Monitoring” from the Main Menu.

Programs with very large enrollments or with high volumes of admissions and discharges may consider some type of random sampling. In theory, this could enable the program to spend more effort trying to get responses from the more-difficult-to-survey clients or participants. However, few programs would have sufficient numbers to sample from, and further, executing a valid probability sample is often a difficult task. Therefore, the strategy for most programs will be to administer the survey to all those eligible to be included. Although it is seldom possible to obtain survey responses from all eligible clients/participants, it is important to obtain responses from a very large proportion of those eligible. It is recommended that your **programs should try to obtain responses from 90 percent or more of those eligible** in order to assure that your data is representative of all your clients/participants. Another perspective is that all clients/participants should have the opportunity to provide their assessment and recommendations for program improvement. In any case, the targets you set should be challenging, but realistic, so that staff members do not become discouraged in trying to meet the targets.

Practice Data Entry – Setting Targets for Calendar 1999

Once data is entered into the Survey System it cannot be deleted or edited. Therefore it is important that you **do not try out data entry using an actual survey year and quarter.** The Provider Administrator should set targets for quarters in 1999 to be used for practicing data entry. “1999” was chosen as a practice year because it cannot be confused with an actual survey year. To repeat, **do not practice data entry with an actual calendar quarter.**

Staff Enrolled in System

From the Main Menu, *provider administrators* and *program administrators* can click on “Staff Enrolled in System” to see which staff are currently assigned roles in the Survey System as well as the last time that a staff member logged into the System. (See figure below.) This confirms the enrollment process and the results of edits made under “Manage Users.” However, since this table is only updated daily (i.e., overnight), it will not immediately show changes you have made.

All persons in this table have “permissions” to perform the functions corresponding to their role(s). “Last Login” is not program-specific. Thus, if a staff member is assigned to more than one program or role, it does not indicate the last time the staff member signed in to a specific role or program. Also, the table does not show what work may have been completed while logged in.

If you have more than one program, you can select which program to display using the filter drop-down menu and clicking “Apply Filter.” You can also “filter” by region or county.

Staff Enrolled in System

Filter by Program **Filter by county** **Filter by Region**

All Statewide Statewide

There are a total of **4168** enrollments Statewide.

There are **12** enrollments in Better Health, Inc..

As of Today: 06/19/2013

Organization ID	Organization Name	Staff Name	Organization Type	Role	Last Login
60403	BH ARC Outpatient	Testtwo, Usertwo	Program	Administrator	6/17/13
60403	BH ARC Outpatient	Testtwo, Usertwo	Program	Staff	6/17/13
60404	BH ARC Community Residence	Testtwo, Usertwo	Program	Administrator	6/17/13
60405	BH ARC Intensive Residential	Lambert-Wacey, Dawn	Program	Administrator	5/23/13
60408	BH ARC Crisis Residential	Brandau, Susan	Program	Administrator	6/18/13
99998	Better Health, Inc.	Williams, Henri	Provider	Administrator	6/18/13
99998	Better Health, Inc.	Gallati, Robert	Provider	Administrator	6/17/13
99998	Better Health, Inc.	Burke, Joe	Provider	Administrator	5/20/13
99998	Better Health, Inc.	Testone, Userone	Provider	Administrator	6/17/13
99998	Better Health, Inc.	Testtwo, Usertwo	Provider	Administrator	6/17/13
99998	Better Health, Inc.	Testthree, Userthree	Provider	Administrator	6/17/13
99998	Better Health, Inc.	Miller, Bernie	Provider	Administrator	6/18/13

Printing Survey Forms

Perception of Care Survey forms are available in English and Spanish. Click the “Print Survey Form” button in the left margin menu. Click on the appropriate “Survey Form” and save a PDF file that you can then print using Adobe Reader or similar software. Survey forms can be copied double-sided or single-sided. It is recommended that you type or write in your agency/program numbers and the calendar year/quarter prior to duplicating the forms. This will avoid errors that might occur if these numbers are hand-written on each form. The calendar year and quarter are critical because they identify the round of your surveys. You will generate standard reports by calendar quarter. (A survey for a particular quarter can be entered at any time.) If you have more than one program and there is any potential for confusion, you may consider typing a distinguishing program name on the top of the form. Other than this, please do not mark or make changes to the form.

You can also “Preview” the “Online Survey Form.” This is provided so that you can see what the data entry screen looks like without being logged in. Do not print this form for clients to fill out.

The survey form includes an instructional box on the first page which describes the purpose of the survey and confidentiality policies. It is strongly recommended that the text in this box be read to clients before they start completing the survey. This represents a contract between the client and the program.

Completed paper forms are the property of your agency and, after the data has been entered, should be maintained according to your agency’s retention policies. If your program chooses to have clients complete the survey online, rather than use paper forms, you will still need paper copies for your reference and for clients who are unable or uncomfortable using a computer to complete the survey.

Perception of Care Survey Forms

Print only for interviews.

- [Survey Form V6 English](#) PDF
- [Survey Form V6 Spanish](#) PDF

Preview only. Please do not print these forms.

- [Online Survey Form English](#) PDF
- [Online Survey Form Spanish](#) PDF

Documentation

- [Perception of Care Overview](#) PDF
- [User Guide](#) PDF
- [Quick Start Guide](#) PDF
- [Codes Key](#)

Enter Survey Responses

Begin at the main menu, and click on “Enter Survey Responses.” You will see a data entry screen formatted to closely follow the paper survey form. The data entry screen is one continuous Web page. In addition to the description below, see [Suggestions Regarding Data Entry](#) further below.

Select Client/Participant Type: By default, the Survey System assumes that the survey form being entered is for a client enrolled in substance use treatment services. However, your program may be providing recovery services or mental health treatment services. If you do not click on another alternative, the client/ participant type will be entered as “Treatment.” A program that provides multiple types of services can use this indicator to produce separate reports for different service populations.

Select Program, Year and Quarter: In order to enter survey data you must select the program, calendar year and calendar quarter from the drop-down menus. If you are entering more than one completed survey form, you will not need to re-enter this information; it will be auto-filled. (It is important to keep survey forms from different programs or calendar quarters in separate batches so that the wrong program or calendar quarter information is not auto-filled.)

[Español](#)

PERCEPTION OF CARE SURVEY

What do you think about the services you have received?

Thank you for completing this voluntary survey. You can stop the survey at any time. Your services in this program will not be affected by whether or not you complete this survey.
Your answers to this survey are confidential. They will not be linked to you or affect your participation in this program.
Your answers will be added with other client's answers to give program managers a picture of how the program is doing.
Please note that the 3 open-ended questions at the end of the survey are for you to complete if there are other issues, things you see and/or concerns that you feel are not covered in the survey but want program managers to know about.

Client/Participant Type

Treatment Recovery Access To Recovery/SOARS Mental Health

Date Survey Conducted:

Select Program:

Select Year:

Select Quarter:

1. About how long have you been in this program?

...

16. Is there anything else about this program that you would like to say?

Date Survey Conducted is the date the client entered on the paper form. Clicking in this box will open a calendar from which you can select the date.

Submit Survey: Please note that no data that has been entered will be stored in the data base until you click “Submit Survey” at the bottom of the data entry screen. Once you click on “Submit Survey” and confirm that submission, the data is stored. ***There is no way to change or delete the data for a survey form once it is submitted.*** Prior to submitting the data you can change anything on the data entry screen by scrolling back and re-entering it.

Clear Survey: If a client skipped a question, then you should also skip the question by not clicking a response. However sometimes we mistakenly click on a response category. This can happen frequently on the rating scales where a client may leave an item blank if it is “not applicable.” For most survey items, the survey screen does not let you uncheck a response except by entering another response. In this case, to clear the item, you have to clear the whole data entry screen. At the bottom of the data entry screen, click “Clear Survey” which erases all the responses and starts over at the top of the data entry screen.

Cancel: If you need to stop data entry, click on “Cancel.” No data that you have entered on the screen will be stored in the data base and you will be returned to the Main Menu. (This also happens if you click on the Main Menu option in the left-margin menu.) Since the survey is relatively short, there is no option for closing and later continuing data entry for a survey form. If you are interrupted during data entry, you should consider canceling and later starting the form over again.

When you have finished entering a batch of forms, you will be at the top of the data entry screen, ready to enter another form. To end data entry, simply choose any option from the left-margin menu, such as, “Log Out.” Alternately, you can go to the Main Menu and click “Data Collection Monitoring” to check how many forms have been entered.

Practicing Data Entry

Prior to entering data, it may be useful to try out the data entry screen. However, since *there is no way to change or delete the data for a survey form once it is submitted*, **you should not practice data entry using a real calendar quarter.** Your *provider administrator* can set up survey targets for your program for Calendar 1999. You will then be able to **enter practice data using Calendar 1999.** Since the Survey System was not operational until 2013, practice data for 1999 will not be confused with read data.

Can Clients/Participants Enter Their Own Responses?

For a client or participant who is able to, and comfortable with, answering the survey on a computer screen, program staff already enrolled in the Survey System can prepare the system so that the client can directly enter survey responses. Program staff will need to enter the program identifier and the calendar year and quarter at the beginning of the survey. See [Suggestions Regarding Data Entry](#) below for further information.

Data Collection Monitoring

From the Main Menu, all users can click on “Data Collection Monitoring” to see how many surveys have been entered for each calendar quarter. The table shows the number of “Surveys Entered” for each program and calendar year. You can choose from the drop-down menus to select a specific program and/or calendar quarter, and then click “Apply Filter.” You can also “filter” by region and county.

The table also shows the “Expected Clients Enrolled” and “Target Sample Size” that your *provider administrator* entered using “Set Survey Targets” from the Main Menu. The “% of Target” is computed by dividing the number of surveys entered by the target number. Your provider administrator can revise the expected number of clients enrolled and the survey targets at any time based on actual enrollment during the survey. This is simply a management tool for monitoring progress.

New York State
☰ State Agencies

[OASAS Home](#)
[Survey Forms](#)
[Main Menu](#)
[Select Role](#)
[Set Survey Targets](#)
[User Guide](#)
[FAQs](#)
[LogOut](#)

Perception of Care

Data Collection Monitoring

Filter by Program All ▼

Filter by Year-Quarter All ▼
2012-1 ☰
2012-2 ▼

Filter by County Statewide ▼

Filter by Region Statewide ▼

There are a total of **140** submissions Statewide.

There are **140** submissions in Better Health, Inc..

Survey Data Collection Status Report

PRU	Program Name	Time Frame		Expected Clients Enrolled	Target Sample Size	Surveys Entered	% of Target
		Quarter	Year				
60403	BH ARC Outpatient	1	2012	20	18	25	138%
60403	BH ARC Outpatient	2	2012	20	18	22	122%
60404	BH ARC Community Residence	1	2012	20	18	27	150%
60404	BH ARC Community Residence	2	2012	20	18	28	155%
60405	BH ARC Intensive Residential	1	2012	20	18	9	50%
60405	BH ARC Intensive Residential	2	2012	20	18	11	61%
60406	BH ARC Inpatient Rehab	1	2012	20	18	9	50%
60406	BH ARC Inpatient Rehab	2	2012	20	18	9	50%
60408	BH ARC Crisis Residential	1	2012	20	18	0	0%
60408	BH ARC Crisis Residential	2	2012	20	18	0	0%

Suggestions Regarding Survey Administration

These suggestions are offered to your program survey coordinator and to those persons who will administer the survey to clients.

- Purpose of the Survey
- Where and How to Administer the Survey
- Presenting the Survey to Your Clients/Participants
- Answering Questions While Clients/Participants Are Completing the Survey
- Survey Coverage

Purpose of the Survey

Clients and participants are in an excellent position to provide feedback on how the program is working for them. The Perception of Care Survey System is designed to enable your program to:

- Obtain direct client/participant feedback about the program in order to
- Improve the quality and effectiveness of your services and to be able to
- Inform staff, clients, participants, interested persons and the general public how the program is doing and where it is improving.

Prior to administering the survey to clients or participants, you should be able to explain the purpose of the survey in your own words to both staff and clients.

Where and How to Administer the Survey

- The environment should offer clients some privacy in completing the survey.
- Before administering the survey, try to answer the survey yourself. Try to identify what difficulties or questions clients might have in answering the survey. Discuss these with your program's survey coordinator.
- If you are using paper forms (as most programs do), it is recommended that the provider and program number and the calendar year and quarter be typed at the top of the form prior to administration of the survey. This is especially important if your agency has more than one program. In this case, you may want to also type a distinguishing name for the program at the top of the form to further avoid confusion and potentially entering data into the wrong program. (Please do not make any other marks or changes to the survey.)
- If the client/participant will complete the survey on a computer, please enter the correct program and calendar quarter, as well as the "Survey Conducted" date, before the client begins.
- When administering the survey, whether by paper form or computer screen, you should have your own paper copy of the survey so that you can answer questions without looking at the client's answers.
- Never look over a client's shoulder unless explicitly asked to do so by the client.
- For collecting completed paper surveys, you can provide each client/participant an envelope in which to seal his or her completed survey. Alternately, for a group administration, you

could have clients/participants put their completed surveys in one large envelope that you seal in front of everyone.

Presenting the Survey to Your Clients/Participants

- All clients/participants should receive the same information regarding the survey.
- Whether using paper forms or a computer, you can read the text in the box at the top of the survey aloud. This heading explains that the survey is voluntary, confidential and anonymous. Clients/participants might skip over this important information if you don't read it to them.
- If you are using paper forms, remind clients/participants not to write their names on the form. Tell them how you will be collecting the forms to preserve confidentiality (for example, sealing the forms in an envelope).
- If it is possible that a client/participant has already completed the survey (for instance, in another group), ask whether the survey was previously completed. The survey should only be completed once.
- If administering the survey in a group, advise group members: please do not discuss or share responses before everyone has finished the survey.
- Remember that this survey is voluntary. Clients/participants can stop at any time or chose not to complete the survey.
- If a client/participant decides to not participate, ask the him or her please to return a blank paper form or, if using a computer, pass over the questions and click "Cancel" at the end.
- Reinforce the need for honest responses and feedback. No one should feel any pressure to give the program good scores or ratings. Honest answers will help improve the program.
- After the survey session has been completed, you may have additional questions or topics that you wish to discuss. As an example:
 - Do you have any thoughts about the survey process?
 - Do you have any feedback regarding the survey questions?
 - Is there something you would like to share that you did not mention in the survey?
 - Are there any issues you would like to discuss at this time?

Answering Questions While Clients/Participants Are Completing the Survey

- If a question is asked about a specific item, the first strategy is to read the item aloud. Very often this will be sufficient.
- If it is still unclear, provide a simple paraphrase of the item if possible.
- Avoid giving concrete examples to explain the item. (This may narrow the scope of meaning or otherwise bias the response.)
- You can tell the client/participant that it is okay to skip an item if it does not make sense to him or her.

Survey Coverage

- Keep track of which clients/participants were provided the opportunity to complete the survey, regardless of whether they actually completed it.

- Your survey coordinator can compare this to a list of all who should have been given the opportunity to complete the survey.
- In many programs the survey will typically be administered in group sessions. However, the program should have a strategy to obtain survey responses from those who missed a particular survey session. The responses of persons less engaged in the program may be very important for improving engagement.
- If done in a timely manner, it may be appropriate to contact persons who were missed to offer them the opportunity to complete the survey.
- Many programs have special groups or tracks for different population groups, for example, women, adolescents, or criminal justice referrals. It is important that all population groups are represented. The adequacy of the sample can be partially assessed by comparing tabulations of demographic items on the survey with corresponding program statistics.
- Programs with very large enrollments or with high volumes of admissions and discharges may consider some type of random sampling. In theory, this could enable the program to spend more effort trying to get responses from the more-difficult-to-survey clients or participants. However, few programs would have a sufficient numbers to sample from, and further, executing a valid probability sample is often a difficult task. Therefore, the strategy for most programs will be to administer the survey to all those eligible to be included. Although it is seldom possible to obtain survey responses from all eligible clients/participants, it is important to obtain responses from a very large proportion of those eligible. It is recommended that your **programs should try to obtain responses from 90 percent or more of those eligible** in order to assure that your data is representative of all your clients/participants. Another perspective is that all clients/participants should have the opportunity to provide their assessment and recommendations for program improvement. In any case, the targets you set should be challenging, but realistic, so that staff do not become discouraged in trying to meet the targets.

Suggestions Regarding Data Entry

These suggestions are offered to the program's survey data manager and staff, especially those who will be entering data collected on paper forms. Many of these suggestions may be common sense or common practice. You may use somewhat different procedures than suggested here. The goal is that you have meaningful data to help improve your program and the care that clients receive.

- Managing Paper Forms
- Preparing to Enter Data
- Entering Data
- Deleting Incorrect Data
- Using Your Judgment
- Confidentiality

Managing Paper Forms

- If your program is using paper survey forms, at various points in time you will receive the paper forms that clients have completed. You may receive multiple surveys in large envelopes and/or single surveys in individual envelopes, depending on how the forms were collected from clients.
- Your agency may operate more than one program. The program number, as well as the year and quarter, should be printed at the top of each survey form. When you open the envelopes with completed surveys, it is important to check for this information and to keep the different program units separate. You should create separate batches for different programs to avoid having to switch programs in the middle of data entry.
- It is good practice to put serial numbers on the top of the forms as you initially process them. The numbers should be unique within a program for a given calendar quarter. This will give you a running count of the forms you have received and enable you to keep track of which forms have been entered.
- Blank forms? Check with your survey coordinator. A blank form inside an envelope may mean that a client turned in a blank because he or she did not want to participate in the survey. It is suggested that you put a serial number on such forms. These forms can be counted for determining how many clients received survey forms, even if not all clients completed them. However, if the blank forms are just extras that were never given to clients, then they should not receive serial numbers and should not be counted. In any case, **blank forms should not be entered as data.**

Preparing to Enter Data

- Obtain a copy of the paper survey form for your reference. Write your name on it so it won't get mixed up with other forms. You can use this form to take notes.

- Take your copy of the paper form and pretend that you are a client. Try filling out the form. This is a great way to become familiar with the form.
- Prior to entering data, you should practice with the data entry screen. However, since *there is no way to change or delete the data for a survey form once it is submitted, you should **not** practice data entry using a real calendar quarter.* Your provider administrator can set up survey targets for your program for Calendar 1999. You will then be able to enter practice data using Calendar 1999. Since the Survey System was not operational until 2013, practice data for 1999 will not be confused with real data.
- Before you start entering data, it is a good idea to look over the batch of forms you will be entering to see if there are potential problems. Are all the forms from the same program? Are there any pages missing? Are some of the forms blank? Look at the write-in questions. Do you need help interpreting a client's handwriting? Better to identify potential problems before you begin than to have to stop in the middle of the batch.

Entering Data

- *Once you start entering a particular survey form, you must complete the entire form and click "Submit Survey" at the end. You cannot stop and later go back and finish it.* If you click a button in the left-margin menu or if you close your Web browser or the browser tab before you finish entering a survey form, the data for that survey form will not be recorded.
- *Once you click "Submit Survey" at the end of the data entry screen (and clicked the confirmation), you cannot change or delete the data you have entered for the survey form.* If the data you just entered is incorrect, please record the date and time it was entered. Once you have recorded this information, you can continue with data entry. You must notify your data coordinator or survey manager. Do not re-enter the data unless asked to do so by either your data coordinator or survey manager.
- If a client skipped a question, then you should also skip the question by not clicking a response. However sometimes we mistakenly click on a response category. This can happen frequently on the rating scales where a client may leave an item blank if it is "not applicable." For most survey items, the data entry screen does not let you uncheck a response except by entering another response. In this case you should click "Clear Survey" at the bottom of the data entry screen. This erases all the responses and starts over at the top of the data entry screen. Then re-enter the data.
- If you need to stop data entry, click on "Cancel" at the bottom of the data entry screen. No data that you have entered on the screen will be stored in the data base and you will be returned to the Main Menu. (This also happens if you click on the Main Menu option in the left-margin menu.) Since the survey is relatively short, there is no option for closing and later continuing data entry for a survey form. If you are interrupted during data entry, you should consider canceling and later starting the form over again.

- When you have finished entering a batch of forms, you will be at the top of the data entry screen, ready to enter another form. To end data entry, simply choose any option from the left-margin menu, such as, “Log Out.” Alternately, you can go to the Main Menu and click “Data Collection Monitoring” to check how many forms have been entered.

Using Your Judgment

- The content of the paper form and the computer survey screen are identical. However, when you enter data on the computer screen, not all responses can be checked. Most questions allow only one response so, for instance, you cannot check two different age groups on the computer screen. However, on the paper form some clients may check multiple responses, or cross out responses, or write notes that hopefully you can read. You may have to use your judgment to key in the response that the client intended.
- Multiple Choice Questions – If a client has marked more than one response, in most cases, you will be able to determine what the client’s intention was. But suppose the client checked both “agree” and “strongly agree” with similar markings so that you cannot distinguish which was intended. Perhaps the client could not make up his or her mind. Your solution is to literally flip a coin (after you’ve decided which choice is heads and which is tails). Then you can click your randomly selected response.
- Multiple Response Questions – The following items allow multiple checks (more than one response): question 7 (prior treatment) and question 9 (medications).
- Illogical Responses – In order to make the paper form and the data entry screen as identical as possible, skip logic is not used on the data entry screen. Therefore, for some questions it is possible for a client to make illogical choices, specifically, by checking both “yes” and “no” on questions 7 and/or 9. If the client checked one or more “yes” responses, but also checked the “no” response, do not enter the “no” response.
- Write-in Responses – At the end of the survey, there are 3 write-in questions. Many clients will leave one or more of these questions blank. The data entry screen does not require anything to be entered. So if the client left the item blank, you should also leave it blank—no need to type anything. If you cannot understand all or part of what a client has written, indicate that by making your own comment in [square brackets].

Confidentiality

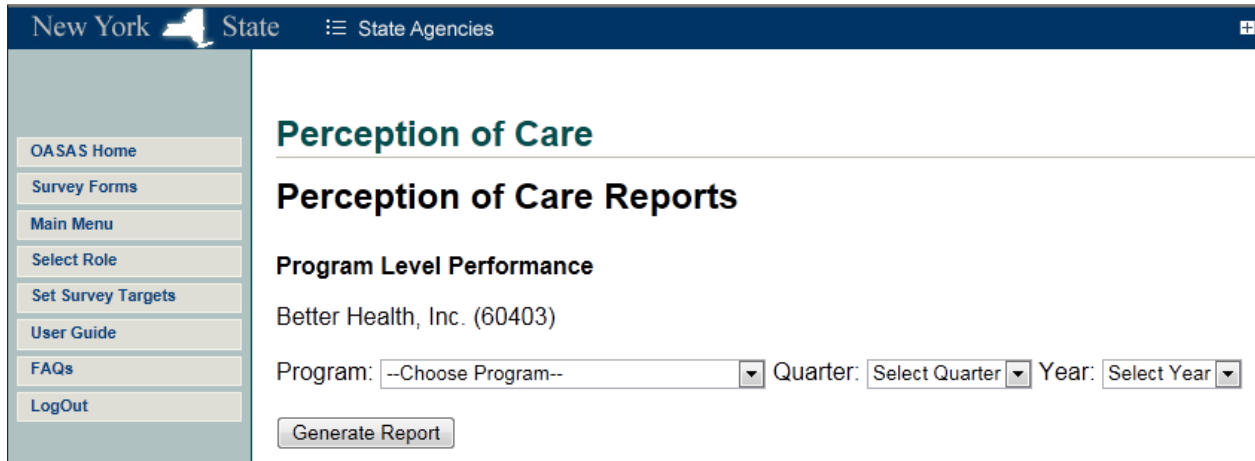
- Data records are anonymous. There is no information on the data record about which client completed the survey form. Staff should not try to guess about which client entered what responses since this would violate confidentiality. In addition, such guesses are likely to be wrong.
- The open-ended write-in questions are encrypted in the data base so that only the provider administrator and the program administrator can see these responses. State or local officials cannot view these comments. Therefore, you can enter exactly what the client wrote.

- Sometimes client will mention clients or program staff, often either praising them or complaining about them. What you enter into the survey system is encrypted. This information should be treated confidentially and not discussed informally. Paper forms should be considered confidential.
- The program should have clear internal reporting procedures to act on when comments made on survey forms require immediate attention, such as threats of harm or serious misconduct.
- In addition, many programs systematically review comments as soon as possible to identify opportunities for immediate improvement or problem resolution.

Reports and Data Analysis

Report for Survey Quarter

From the Main Menu, *provider administrators* and *program administrators* can click on “Report for Survey Quarter” to generate the basic report. To generate a report, you must use the drop-down menus to select the participant type, the specific program and the calendar year/quarter, and then click on “Generate Report.”



The screenshot shows the OASAS web application interface. At the top, there is a header with "New York State" and "State Agencies". On the left, there is a navigation menu with items: "OASAS Home", "Survey Forms", "Main Menu", "Select Role", "Set Survey Targets", "User Guide", "FAQs", and "LogOut". The main content area is titled "Perception of Care" and "Perception of Care Reports". Below this, it says "Program Level Performance" and "Better Health, Inc. (60403)". There are three dropdown menus: "Program: --Choose Program--", "Quarter: Select Quarter", and "Year: Select Year". A "Generate Report" button is located at the bottom of the form.

The Survey System will compile the report based on the most current data. Each report includes the date on which the report was generated. Reports can be generated at any time during or after data collection. It is important to assure that interim reports do not get confused with reports after data collection is complete.

The report provides tabulations and graphics for each survey item. The figure below shows only the tabular part. More examples are available in the section, “[Interpreting Reports.](#)”

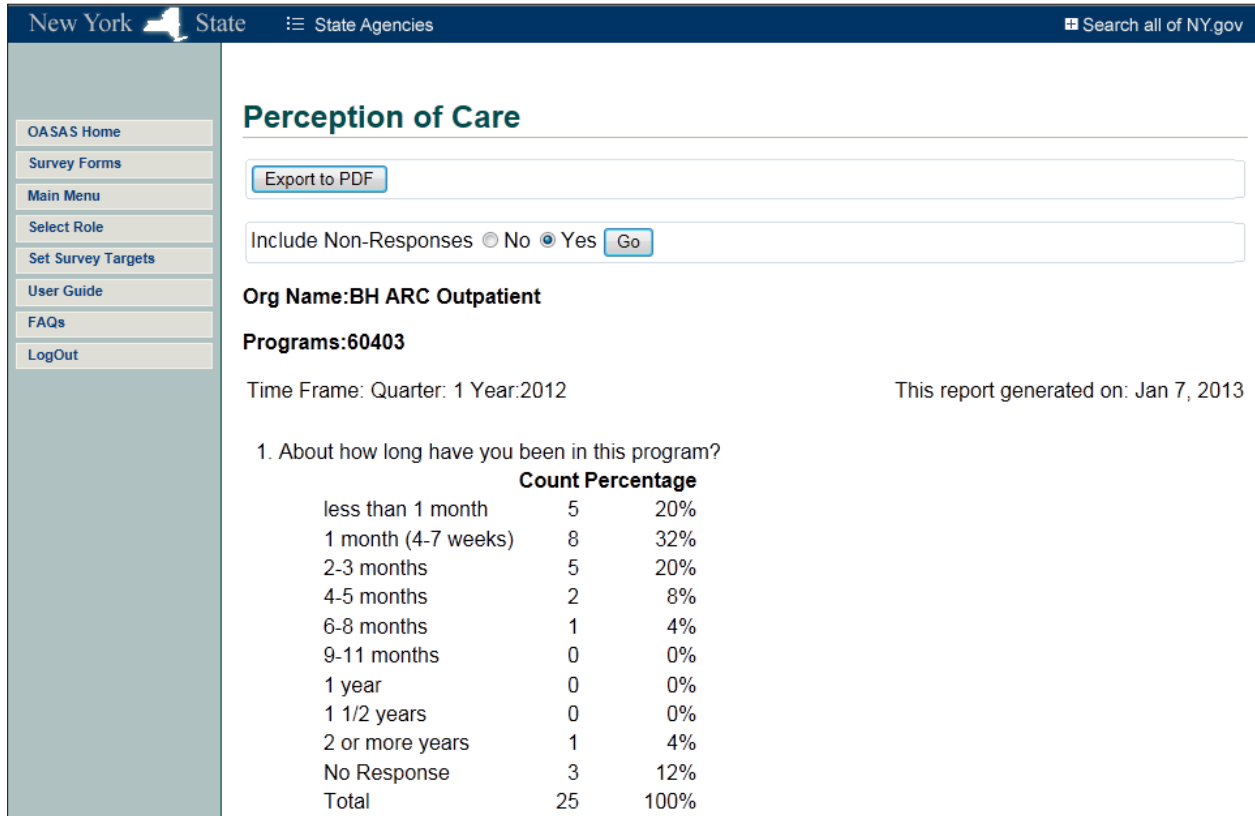
Non-responses

By default, non-responses are included in the tabulations and graphics. To exclude non-responses, scroll (if necessary), to the top of the report where it indicates “Include Non-Responses” and click “No,” then click “Go.” The tabulations and charts will be re-calculated excluding non-responses. For instance, if 3 of 25 clients did not respond to a particular item, percentages will now be computed based on only the 22 clients who did respond. The number of respondents will vary from table to table.

It is recommended that, in the first instance, you review tabulations with non-responses included. This will enable you to see the proportion of clients who did not respond to each question. You can then decide how you would like to present the data, with or without non-responses. It is suggested that the rating scales are typically most informative when non-responses are included.

Printing Your Report

To print a copy of your report, scroll (if necessary), to the top of the report where it indicates “Export to PDF” and click on it. After a few seconds, the print version of the report will appear in the same window. You can print this and or save it in pfd format. Use the browser’s back button to return to the html version and menu system.



New York State State Agencies Search all of NY.gov

OASAS Home
Survey Forms
Main Menu
Select Role
Set Survey Targets
User Guide
FAQs
LogOut

Perception of Care

Export to PDF

Include Non-Responses No Yes

Org Name: BH ARC Outpatient
Programs: 60403
Time Frame: Quarter: 1 Year: 2012 This report generated on: Jan 7, 2013

1. About how long have you been in this program?

	Count	Percentage
less than 1 month	5	20%
1 month (4-7 weeks)	8	32%
2-3 months	5	20%
4-5 months	2	8%
6-8 months	1	4%
9-11 months	0	0%
1 year	0	0%
1 1/2 years	0	0%
2 or more years	1	4%
No Response	3	12%
Total	25	100%

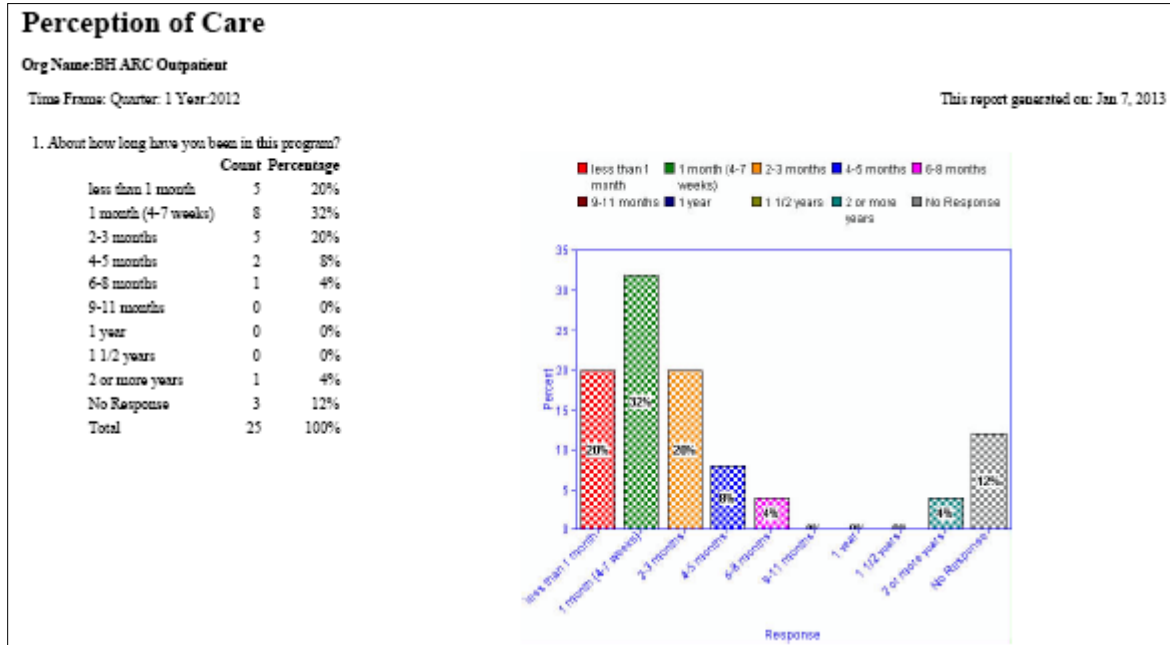
Tabulations and Graphics in Word Processor Documents

To copy tabulations into your word processor, from the Web-based (HTML) report, select by highlighting the table you want and use the edit menu or “right click” menu to copy the table. Then paste it on a page in your word processor. It should appear in table format which you can then edit and format.

To copy a graphic, start with the PDF version of the report. Use the select function cursor to select the graphic and use the edit menu or “right click” menu to copy the graphic. Then paste it onto a page in your word processor. It should appear as a picture. The picture cannot be edited, but it can be formatted.

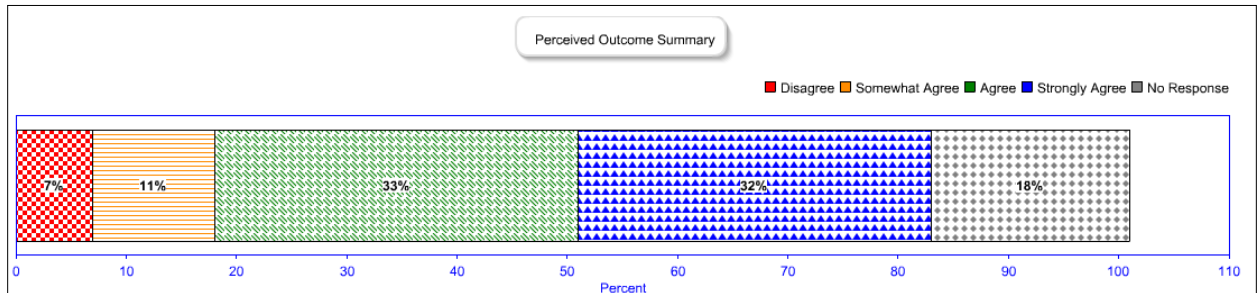
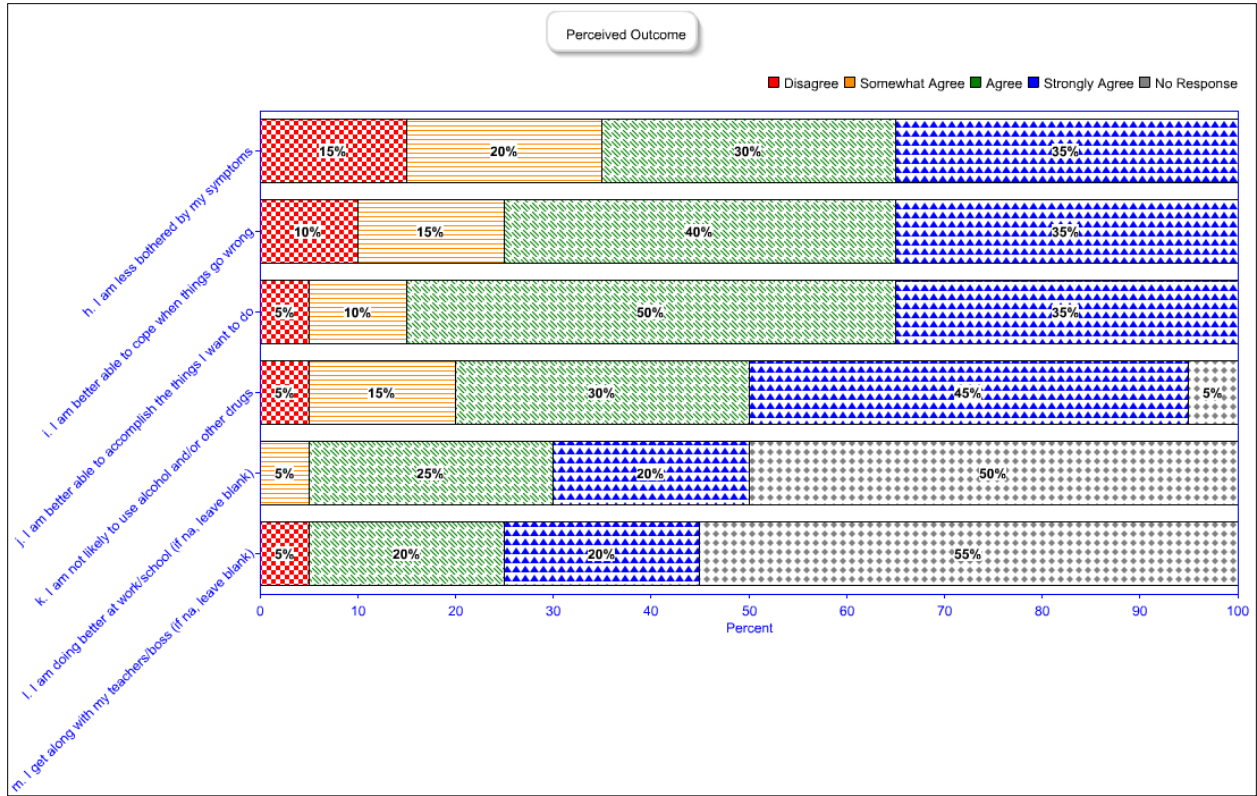
Interpreting Reports

The following are sample tables and graphics from a typical report.



Perceived Outcome												
	Disagree		Somewhat Agree		Agree		Strongly Agree		No Response		Total	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
h. I am less bothered by my symptoms	3	15%	4	20%	6	30%	7	35%	0	0%	20	100%
i. I am better able to cope when things go wrong	2	10%	3	15%	8	40%	7	35%	0	0%	20	100%
j. I am better able to accomplish the things I want to do	1	5%	2	10%	10	50%	7	35%	0	0%	20	100%
k. I am not likely to use alcohol and/or other drugs	1	5%	3	15%	6	30%	9	45%	1	5%	20	100%
l. I am doing better at work/school (if na, leave blank)	0	0%	1	5%	5	25%	4	20%	10	50%	20	100%
m. I get along with my teachers/boss (if na, leave blank)	1	5%	0	0%	4	20%	4	20%	11	55%	20	100%
Sum of Responses	8	7%	13	11%	39	33%	38	32%	22	18%	120	100%

Footnote: in order for a client to be included in this table/these table(s) he or she must have responded to at least one of the scale items.



Filtered Report for Survey Quarter

From the Main Menu, *provider administrators* and *program administrators* can click on “Filtered Report for Survey Quarter” to generate the basic report for different sub-populations survey respondents. You must use the drop-down menus to select the participant type, the specific program and the calendar year/quarter. After you have selected your filter criteria, click on “Generate Report” at the bottom of the screen.

Reports can be filtered by: months in the program; age; gender; Hispanic identification; racial identification; reason for seeking services; and criminal justice mandate. For any of these factors you must “add” the response categories to include in your analysis. If you do not add any filters, all survey respondents will be included and the report will be the same as the Report for Survey Quarter.

Perception of Care Reports

Performance Factors

Filter Graphical Reports by Subpopulation.

Better Health, Inc. (60403)

Program: Quarter: Year:

About how long have you been in this program?

<input type="text" value="less than 1 month"/> <input type="text" value="1 month (4-7 weeks)"/> <input type="text" value="2-3 months"/> <input type="text" value="4-5 months"/> <input type="text" value="6-8 months"/>	<input type="text"/>
<input type="button" value="add >>"/>	<input type="button" value="remove <<"/>

How old are you?

<input type="text" value="17 or younger"/> <input type="text" value="18-20"/> <input type="text" value="21-24"/> <input type="text" value="25-34"/> <input type="text" value="35-44"/>	<input type="text"/>
<input type="button" value="add >>"/>	<input type="button" value="remove <<"/>

Gender:

<input type="text" value="Male"/> <input type="text" value="Female"/>	<input type="text"/>
<input type="button" value="add >>"/>	<input type="button" value="remove <<"/>

For example, to select males ages 35 and older, (1) under “How old are you,” add the age categories, 35-44, 45-54 and 55 or older by control-clicking them and clicking “add”; (2) then under “Gender,” add male by clicking it and clicking “add.” Thus within a factor (e.g., age) your

filter criteria are connected as an “OR” condition while between factors (e.g., age and gender) you filter criteria are connected by and “AND” condition.

Are you Hispanic or Latino/a

No
Yes

add >>

<< remove

What is your race? (Please choose one.)

American Indian / Alaska Nativ
Native Hawaiian or Other Paci
Asian
White
Black or African-American

add >>

<< remove

What is the primary reason you are receiving services?

Substance use
Mental health

add >>

Both

<< remove

Did you enter this program because a court judge, probation officer or parole officer required or told you to?

No

add >>

Yes

<< remove

Generate Report

Quarter Comparison Report

Perception of Care Reports

Quarter Comparison Report Form

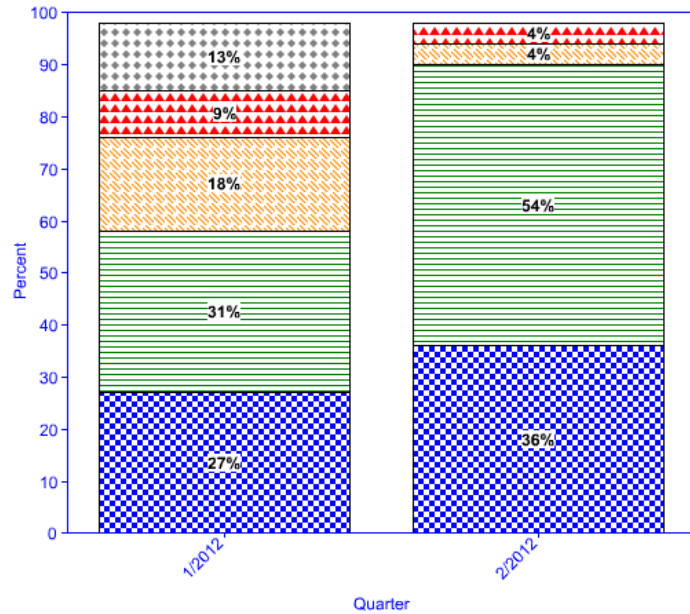
Better Health, Inc. (60403)

Program: Period 1: Period 2:

e) The people I went to for services were sensitive to my cultural background (race, religion, language, sexual orientation, etc.).

2	Disagree	1	Disagree
4	Somewhat Agree	1	Somewhat Agree
7	Agree	12	Agree
6	Strongly Agree	8	Strongly Agree
3	No Response	0	No Response
22	Total	22	Total

■ Strongly Agree
 ■ Agree
 ■ Somewhat Agree
 ■ Disagree
 ■ No Response



Export Data to Spreadsheet

Perception of Care Reports

Program Level Performance

The following is coded or text data compiled by program. This data is in csv format and may be downloaded.

Better Health, Inc. (60403)

A total of 5 programs associated with this provider.

PRU	Program Name	Export	
		Code Values	Text Values
	All Programs	Code Values	Text Values
60403	BH ARC Outpatient	Code Values	Text Values
60404	BH ARC Community Residence	Code Values	Text Values
60405	BH ARC Intensive Residential	Code Values	Text Values
60406	BH ARC Inpatient Rehab	Code Values	Text Values
60408	BH ARC Crisis Residential	Code Values	Text Values

Using Your Survey Data for Quality Improvement

Client-driven Quality Improvement

- Once you have completed the administration of the client survey, it is important to review and analyze the client feedback data and then use a process to act upon that data in a planned way. Your client survey data is considered baseline data that you can use to routinely assess how you are doing. If your data indicates that there is room for improvement, you may want to establish an internal Change Team, inclusive of clients and/or alumni, to implement a small project in response to the feedback you received from your clients. The small project is conducted by your Change Team using a Plan-Do-Study-Act (PDSA) framework also known as process improvement. The re-administration of the client survey once a PDSA is completed will provide you with comparison data to inform you if you are moving in the right direction. The PoC system can generate reports that will provide you with graphical information about your program's performance from one quarter to another or one year to another.
- The University of Wisconsin in Madison has developed significant resources to help addiction treatment and recovery organizations to implement a model of process improvement. They maintain a website called NIATx that anyone may use to obtain more information on building change teams and conducting PDSA cycles. Please go to www.niatx.net and click on NIATx for Agencies-The Provider Toolkit. There is also a section entitled Process Improvement Tools-Toolbox which contains information on How to Establish a Change Team; Essential Team Behaviors; Test Changes: How to Conduct a PDSA Cycle; as well as information on flowcharting and nominal group technique for developing team consensus on selecting changes to implement. You may even download a Change Project Form to assist you in recording and tracking the work of the Change Team.