

FORT PECK SERVICE UNIT INDIAN HEALTH SERVICE

"WE CARE" Tell us how we did today!

Please rate the areas you visited today. FILL in the correct square. Comments may be written on the back. Providing personal information is voluntary and will only be used to contact you in order to respond to your complaints, inquiries or comments.

Which clinic did you visit? Poplar Wolf Point

Response Definition: 1 – Poor; 2 – Below Average; 3 – Average; 4 – Good; 5 - Excellent

1 2 3 4 5 NA

RATE OUR TIMES - Access						
Availability to be seen in Medical						
Availability to be seen in Dental						
Availability to be seen in Behavioral Health						
Availability to be seen in Optometry						
Availability to be seen in Audiology						
Availability of Pharmacy						
Availability of Public Health Nursing						
Availability of Lab						
Availability of Radiology						
Time waiting to be seen						
Hours of operation work for me						
RATE OUR STAFF – Customer Service						
Courtesy and helpfulness of <input type="checkbox"/> Medical Records <input type="checkbox"/> Reception, <input type="checkbox"/> Registration <input type="checkbox"/> Appointment						
Courtesy and helpfulness of the Medical Team <input type="checkbox"/> Eagle <input type="checkbox"/> Elk <input type="checkbox"/> Bear <input type="checkbox"/> Turtle <input type="checkbox"/> Tatanka						
Courtesy and helpfulness of the Dental Staff						
Courtesy and helpfulness of the Behavioral Health						
Courtesy and helpfulness of the Optometry Staff						
Courtesy and helpfulness of the Audiology Staff						
Courtesy and helpfulness of <input type="checkbox"/> Lab <input type="checkbox"/> Radiology <input type="checkbox"/> Pharmacy staff						
Courtesy and helpfulness of <input type="checkbox"/> Public Health Staff <input type="checkbox"/> Case Management						
Courtesy and helpfulness of <input type="checkbox"/> Business Office <input type="checkbox"/> Benefits Coordinator <input type="checkbox"/> PRC						
Courtesy and helpfulness of <input type="checkbox"/> Administration						
Staff listened to me						
My provider clearly explained about my health and treatment options						
I was included in decisions about my care						
I was referred to other services and was assisted with making an appointment						
Staff were helpful in arranging my next appointment						
Staff helped me with my concerns and answered my questions						

RATE OUR FACILITY - Environment						
Cleanliness and appearance						
OVERALL SATISFACTION						
I received quality care and was treated with dignity/ respect						

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"WE CARE" Tell us how we did today!

What Medical Team are you on? _____

How did your Team perform today? _____

Date of Service _____

Would you like to be contacted about any concerns? _____ Yes _____ No

Comments:

Name: _____

Address: _____

Phone: _____

BELOW THIS IS FOR INTERNAL USE ONLY

Date Received by Risk Management Department _____

Assigned Tracking Number _____

Date Referred on for further investigation _____

Date Investigation Completed _____

Referred to: _____

Date Returned to Risk Management Department _____

Complainant Contacted on _____

Date Closed _____

Phone

Letter

Email

Comments: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average three minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.