



## **PROJECT ARCH**

### **(ACCESS RECEIVED CLOSER TO HOME)**

## **PATIENT SATISFACTION SURVEY**

Your answers to the following short questionnaire will help the Department of Veterans Affairs (VA) understand your satisfaction with the care you received when you were referred for care outside of a VA facility through **Project ARCH** (Access Received Closer to Home).

Your answers and feedback are important to help us ensure the quality of health care provided by Project ARCH providers, and all information is strictly confidential. Your answers will not affect your VA care.

Please read each question and check the box that best describes your experience using blue or black ink pen. Please be sure to read all pages of this questionnaire.

According to our records, you recently had a health care visit with a Project ARCH provider, on [VISIT DATE]. When answering the questions, think only about your visit with the Project ARCH provider and do not include any visits with a VA provider or a non-Project ARCH provider in your answers.

**Thank you very much!**

**The Paperwork Reduction Act of 1995:** This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 12 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. Customer satisfaction surveys are used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this survey will lead to improvements in the quality of service delivery by helping to shape the direction and focus of specific programs and services. Disclosure of information involves release of statistical data and other non-identifying data for the improvement of services within the VA healthcare system and associated administrative purposes. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

**Estimated Burden: 12 minutes**  
**OMB 2900-0770**

**SURVEY INSTRUCTIONS**

- Answer all questions by checking the box to the left of your answer. Make sure that your answer is marked inside the box.
- Please use blue or black ink pen.
- You are sometimes asked to provide further explanation in this survey. When this happens you will see a blank line under the option "Other", like this:  
 Other (Please explain below)  
 \_\_\_\_\_

Please explain further by writing on top of the blank line legibly.

- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what questions to answer next, like this:  
 Yes  
 No → *If No, please go to Q13*

**SURVEY**

**Project ARCH** is a VA pilot program that provides health care closer to your home by contracting with non-VA providers.

A **Project ARCH provider** could be any health care provider who is not employed by VA but is providing health care services to you under the Project ARCH program.

A **VA provider** could be any health care provider you would see for health care who is a VA employee.

**Q1. Did you receive care from a Project ARCH provider?**

- Yes
- No

**If your answer to the above question Q1 was "No", STOP, you are finished with the survey. Thank you for your time. Please submit the survey in the postage-paid envelope provided.**

**BEFORE RECEIVING CARE**

**Q2. How did you first find out about Project ARCH?**

- VA provider
- Project ARCH nurse care coordinator
- Other VA staff
- Project ARCH website
- Project ARCH provider
- Veteran Service Organization
- Other Veterans
- Other (Please explain below)

**Q3. Why did you decide to participate in Project ARCH (Check all that apply)?**

- Project ARCH provider is located closer to my home
- Reputation of the Project ARCH provider
- Word of mouth from other Veterans
- Recommendation by the VA provider
- Other (Please explain below)

**Q4. What Project ARCH information did you receive and was it useful?**

	Yes	No	N/A
<b>a. Consent form</b>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, was it useful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Project ARCH staff contact information</b>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, was it useful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Project ARCH website address</b>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, was it useful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. Frequently Asked Questions</b>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, was it useful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. Other (please explain below)</b>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, was it useful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ACCESS TO THE PROJECT ARCH PROVIDER**

**Q5. How long did you wait between the time you were referred to the Project ARCH provider by VA and the day you actually saw the Project ARCH provider?**

- Same day
- 1 to 7 days
- 8 to 14 days
- 15 to 30 days
- More than 30 days

**Q6. How satisfied were you with how long it took between the time you were first referred by a VA provider to receive care from a Project ARCH provider and the day you actually saw the Project ARCH provider?**

- Completely satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Completely dissatisfied

**Q7. Approximately how long did it take you to travel to the Project ARCH provider site?**

- Less than 30 minutes
- 30 minutes to less than 60 minutes
- 60 minutes to less than 90 minutes
- 90 minutes to less than 120 minutes
- 120 minutes to less than 240 minutes
- More than 240 minutes

**Q8. How satisfied were you with how long it took you to travel to the Project ARCH provider site?**

- Completely satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Completely dissatisfied

**Q9. If you had to travel to a VA facility to get the same type of care you just received from the Project ARCH provider, approximately how long would it have taken you to travel to the VA facility?**

- Less than 30 minutes
- 30 minutes to less than 60 minutes
- 60 minutes to less than 90 minutes
- 90 minutes to less than 120 minutes
- 120 minutes to less than 240 minutes
- More than 240 minutes

**Q10. Were you hospitalized with at least one overnight stay at the Project ARCH provider site?**

- Yes
- No → *If No, please go to Q13*

**Q11. Wait time is time spent in the waiting room. Approximately how long did you wait to be seen by the Project ARCH provider beyond your scheduled appointment time?**

- No wait
- 1 to 10 minutes
- 11 to 20 minutes
- 21 to 30 minutes
- 31 to 60 minutes
- More than 1 hour

**Q12. How satisfied were you about how long you waited to be seen by the Project ARCH provider after your scheduled appointment time?**

- Completely satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Completely dissatisfied

**DURING THE VISIT / ADMISSION**

**Q13. Did the Project ARCH provider(s) seem to know your medical history?**

- Yes
- Somewhat
- No
- I don't know

**Q14. Did the Project ARCH provider(s) explain things in a way you could understand?**

- Yes
- Somewhat
- No

**Q15. How satisfied were you with the amount of time the Project ARCH provider(s) spent with you?**

- Completely satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Completely dissatisfied

**Q16. During your most recent office visit or admission, how would you rate how you were treated by the Project ARCH provider(s)?**

- Excellent
- Very good
- Good
- Fair
- Poor

**Q17. During your most recent office visit or admission, how would you rate how you were treated by the office or hospital staff?**

- Excellent
- Very good
- Good
- Fair
- Poor

**Q18. How satisfied were you with the cleanliness and safety of the Project ARCH provider site?**

- Completely satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Completely dissatisfied

**Q19. Overall, how satisfied were you with the health care you received from the Project ARCH provider(s)?**

- Completely satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Completely dissatisfied

**FOLLOW UP CARE AND CARE MANAGEMENT**

**Q20. Did you need follow-up care?**

- Yes
- No → *If No, please go to Q22*

**Q21. How satisfied have you been with the follow-up care received after the visit?**

- Completely satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Completely dissatisfied
- No follow-up care needed or have not received the follow-up care yet

**Q22. Did you know who your Project ARCH nurse care coordinator was?**

- Yes
- No

**Q23. What did your Project ARCH nurse care coordinator help you with (Check all that apply)?**

- S/he provided the consent form
- S/he explained what Project ARCH is and provided informational materials
- S/he helped me schedule an appointment with the Project ARCH provider
- S/he helped me get follow-up care from a VA facility
- Did not get any help from her/him
- Other (Please explain below)
- N/A

**Q24. Do you feel that the Project ARCH nurse care coordinator helped to improve your experience in receiving the care you need?**

- Definitely yes
- Somewhat
- Definitely no
- N/A

**Q25. If you had any difficulties at the time of service or any concerns about the care you received from the Project ARCH provider(s), did you know whom to contact?**

- Yes, and it was resolved
- Yes, but it was not resolved
- No, I did not know whom to contact
- I did not have any difficulty or concern

**OVERALL SATISFACTION**

**Q26. Do you feel that you received the same level of care from the Project ARCH provider compared to care you received at a VA facility?**

- Definitely yes
- Somewhat
- Definitely no

**Q27. Overall, how satisfied were you with the Project ARCH program?**

- Completely satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Completely dissatisfied

**Q28. Overall, would you go back to the Project ARCH provider to receive care?**

- Definitely yes
- Somewhat
- Definitely no
- Not sure / don't know

**Q29. Overall, would you recommend Project ARCH to other Veterans?**

- Definitely yes
- Somewhat
- Definitely no
- Not sure / don't know

**ABOUT YOURSELF**

**Q30. In general, how would you rate your overall health?**

- Excellent
- Very good
- Good
- Fair
- Poor

**Q31. Please select one that applies to you.**

- I use VA for all my care
- I use VA for most of my care
- I use VA for some of my care

**Q32. Is there anything else you would like to share about your experience with the Project ARCH program?**

**Your answers are important to help us ensure the quality of health care provided by Project ARCH providers. Thank you for completing this questionnaire. Please place the completed questionnaire in the postage-paid envelop provided to you. Simply place the envelope in any mailbox and the survey will be returned to:**

**Department of Veterans Affairs  
[address]**