VE Feedback Tool Fact Sheet

Fast Track Generic Clearance

Instrument Link:

https://survey.voice.medallia.com/?vavoice-vftsurvey#

Scope of Project:

- A digital comment card with four closed-ended questions and one open-ended question has been configured in an online tool.
- The comment card links will be disseminated to VA Staff and Veterans via printed materials (facility-placed posters, electronic signage, and other printed materials), va.gov facility-specific articles, social media (such as official VA Facebook and Twitter accounts) and the GovDelivery service.
- To best support enterprise-wide rollout, this pre-test will develop and test a low cost and straightforward model for evaluating the clarity of comments and content.
- The comment card will be taken down after 14 days. Responses will be pulled from the tool and analyzed for themes and patterns and subsequently documented in the Patient Advocate Tracking System (PATS).
- The proof of concept will be refined throughout the life cycle of the project.
- Comment card questions will not vary by participant or by material.

Screenshots:

Figure 1 below provides depicts the introduction question and instructions to audiences.



Figure 2 below depicts the notification regarding Respondent Burden.

We are asking for this information so that you can provide compliments, comments, or concerns to VA. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-844-MyVA311 (1-844-698-2311) to get information on where to send comments or suggestions about this form.

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Figure 3 below lists the materials that will be shown to each audience as a revised or original version.

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| | V |
| 0 / 800 | |
| Which of the following categories relat like) | tes to your feedback today?* (Select as many as you would |
| | |
| ☐ Compliment | ☐ Customer Service |
| ☐ Compliment ☐ Health Care | ☐ Customer Service ☐ Medication |
| | |
| ☐ Health Care | ☐ Medication |
| ☐ Health Care ☐ Appointments | ☐ Medication ☐ Call Center |
| ☐ Health Care☐ Appointments☐ Forms/Medical Records | ☐ Medication ☐ Call Center ☐ Billing |

Figure 4 below provides a list of the requested fields supporting the veteran contact process.

| 1 | 1 | 11 0 | <u> </u> |
|--|---------------|------|-----------------------|
| First Name* | | | |
| | | | |
| | | | |
| Last Name* | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Last 4 Digits of Social Security Number* | | | |
| | | | |
| | | | |
| | | | |
| Date of Birth (Format: MM/DD/YYYY)* | | | |
| 300 ML 500 M500 C CC 350 C CC 350 C CC 350 M S 250 C CC 350 C CC 3 | | | |
| | | | |
| | | | |
| DI | | | |
| Phone Number (Format: 999-999-9999)* | | | |
| | | | |
| | | | |
| E-mail Address | | | |
| | | | |
| | | | |
| Would you like to be contacted about you | ir comments?* | | |
| rrodia you into to be contacted about you | ii commonts: | | |
| O Yes | | | |
| - 105 | | | |
| O No | | | |
| | | | |
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| Submit | | | port Privacy Policy |