

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.



The screenshot shows the top of a survey form. At the top left is the VA logo, followed by the U.S. Department of Veterans Affairs seal and the text "U.S. Department of Veterans Affairs". Below this is a dark blue header with the VA logo and the text "U.S. Department of Veterans Affairs". The main content area is white and contains the following text: "Dear Veteran or Veteran Advocate," "The VA would like to hear your compliments, comments, or concerns regarding your most recent visit to the Medical Center." "Your feedback will be securely transmitted directly to a Patient Advocate. If you would like a response, please select 'Yes' to the question at the bottom of the form, and a Patient Advocate will contact you." "Thank you for choosing VA!" "Please click [here](#) to read the Respondent Burden." "NOTE: Questions marked with an asterisk (*) are required." Below this is a question: "Which medical center did you visit today?*" with a dropdown menu showing "Baltimore". At the bottom, there is a question: "Tap the Smiley that best describes your experience at the VAMC today.*" with five smiley face icons: a sad face, a neutral face, a slightly smiling face, a happy face, and a very happy face.

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 number is displayed. You are not required to respond to a collection of information if this number is not displayed. 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.

Tell us more about your experience.*

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Which of the following categories relates to your feedback today?* (Select as many as you would like)

<input type="checkbox"/> Compliment	<input type="checkbox"/> Customer Service
<input type="checkbox"/> Health Care	<input type="checkbox"/> Medication
<input type="checkbox"/> Appointments	<input type="checkbox"/> Call Center
<input type="checkbox"/> Forms/Medical Records	<input type="checkbox"/> Billing
<input type="checkbox"/> Facilities/Maintenance	<input type="checkbox"/> Parking
<input type="checkbox"/> Transportation	<input type="checkbox"/> CHOICE Program
<input type="checkbox"/> Other	

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

First Name*

Last Name*

Last 4 Digits of Social Security Number*

Date of Birth (Format: MM/DD/YYYY)*

Phone Number (Format: 999-999-9999)*

E-mail Address

Would you like to be contacted about your comments?*

Yes

No

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