



Medical Center Solutions Call Center Survey

OMB No. 2900-0770

Estimated Burden: 4 minutes

Expiration Date: 9/30/2020

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 4 minutes. This includes the time it will take to follow instructions, gather the necessary facts and respond to questions asked. Customer satisfaction is used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this telephone/mail survey will lead to improvements in the quality of service delivery by helping to achieve timely clinical appointment and advising services. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

Medical Center Solutions Call Center Customer Satisfaction Survey

TELEPHONE SCRIPT

Aims:

- ✓ Improve customer service
- ✓ Standardization to promote efficiency
- ✓ Improve performance to exceed standards

SCRIPT: Call Center Customer Satisfaction Survey	ACTION
<p>Good morning/afternoon, this is (YOUR NAME) from the VA (Site Name) Patient Call Center.</p> <p>We are reaching out to our customers for feedback on the service our Patient Call Center is currently providing so that we can make improvements?</p> <p>Would you be willing to answer a few questions, the survey should take no more than 4 minutes to complete?</p>	<p>Randomly choose a caller from the current week's call logs.</p> <p>Check-off the reason for the call on the survey.</p> <p>Check-off the day of week the patient called.</p> <p>Verify full name of the person being surveyed.</p>

Medical Center Solutions Call Centers Customer Satisfaction Survey

"Estimated Burden of time" 4 minutes

Surveyor to answer the following pre-survey questions (a & b):

a. What was the reason for the call?

Pharmacy	Scheduling	General Admin	Clinical	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. What day of week did the patient call?

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate your level of satisfaction using a scale from 1 to 5, (1=very dissatisfied, 5=very satisfied)

	SCORE
1. How satisfied were you with the ease of navigating the telephone menu?	
2. How satisfied were you with the courtesy of the representative?	
3. How satisfied were you with the knowledge of the representative?	
4. How satisfied were you with the length of your wait?	
5. Overall how satisfied were you with the call center service?	

6. Was your question or concern resolved during your call?	Yes / No
7. Is there anything you can think of to improve our service? Comments:	