

Non-Substantive Change Request

WHITE PAPER

ISSUE: Veterans Experience (VE) VE Feedback Tool: eComment Card Non-substantive request

BACKGROUND:

The VE Feedback Tool: eComment Card obtained OMB approval (Agency ICR Tracking # 2900-0770) on March 27, 2017. This Digital Comment Card form will be used as a mechanism to allow Veterans to provide feedback on their respective experience at VHA facilities. Information gathered will be used internally for service improvement. Since VEO obtained OMB approval, there have been minor changes to the form, and as a result, VE is requesting approval for the non-substantive change, as there is no impact to the overall burden. Please note the highlighted changes below:

- Updated form has a summarized introduction
- Updated form asks Veteran to provide State and Medical facility
- Updated form asks Veteran to classify whether a comment is a compliment, recommendation, or concern, and removed the 13 choices that follow the open text box in the previous form

Figure A – Formerly Approved Form

Figure B – Updated Form

Figure A – Formerly Approved Form

VA |  U.S. Department of Veterans Affairs

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.

Which medical center did you visit today?*

Baltimore 

Tap the Smiley that best describes your experience at the VAMC today.*

    

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 A - Formerly Approved Form (cont'd)

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

Submit

[Survey Support](#) | [Privacy Policy](#)

Figure B – Updated Form

VA |  U.S. Department of Veterans Affairs

Dear Veteran or Veteran Advocate,

The VA would like to hear your compliments, recommendations, or concerns regarding your most recent visit to the Medical Facility.

Thank you for choosing VA!

Please click [here](#) to read the Respondent Burden.

Please identify the most recent location where you received services provided by the VA

Select State

Select Primary Medical Center

Select Medical Facility *(*Required)*

Select the expression that best describes your experience. *(*Required)*

    

Figure B – Updated Form (cont'd)

Do you want to share a compliment, recommendation, or concern? (*Required)

- Compliment
- Recommendation
- Concern

Tell us more about your experience. (*Required)

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First Name (*Required)

Last Name (*Required)

Last 4 Digits of Social Security Number (*Required)

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

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

E-mail Address

Submit