

WHITE PAPER

DEPARTMENT OF VETERANS AFFAIRS - VETERANS EXPERIENCE OFFICE EM&PI OUTPATIENT NON-SUBSTANTIVE REQUEST

(Reference Approved ICR: 2900-0770, 7/11/2017) Exp: 09/30/2020

OVERVIEW: Complete minor improvements and modifications to the open text response for the already-approved Veterans Outpatient experience surveys. This change request is non-substantive and has no impact to the burden.

BACKGROUND: The Veterans Experience Office (VEO) has been working with the Veterans Health Administration (VHA) to collect Veteran responses through surveys regarding their Outpatient experiences. To best categorize Veteran responses to Open Text responses, the VEO measurement team has identified a more stringent process to categorize text responses for easier reporting in an effort to help VA Leadership identify key performance improvement areas. Veterans will be given the ability to select a specific comment category (Compliment, Concern, Recommendation, Will not provide feedback), helping VEO to understand, categorize and catalog specific comment types for later tracking and analytics. This improvement should remove VEO burden of estimation during response analysis. Please note, Veterans will only receive one of these surveys if included in sampling, and so the change will affect only the open text question.

- Updated forms provide introduction to comment type selection.
- Updated forms ask Veteran to classify whether a comment is a compliment, concern, or recommendation.
- Updated forms have made comment type selection *Required, and text response <Optional>

ACTIONS: Update the Open Text question (for all outpatient surveys) from (OLD) to (NEW) as outlined below:

APPOINTMENT SURVEY

- Open Text question (OLD):
 - o Thank you. What went well? What went wrong? Please share any additional feedback about your healthcare appointment at [FacilityName].
Optional open text response>
- Open Text question (NEW):
 - o **(*Required)** Would you like to provide additional feedback about your healthcare appointment at [FacilityName]? Please select from one of the following options. *Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information, but do provide details about your experience.*

[Dropdown of feedback types]

- Compliment
- Concern

- Recommendation
 - Will not provide feedback
- <Multi-line text box is optional>

HEALTHCARE SURVEY

- Open Text question (OLD):
 - o Thank you. What went well? What went wrong? Please share any additional feedback about your healthcare visit at [FacilityName]. Optional open text response>
- Open Text question (NEW):
 - o **(*Required)** Would you like to provide additional feedback about your healthcare visit at [FacilityName]? Please select from one of the following options. *Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information, but do provide details about your experience.*

[Dropdown of feedback types]

- Compliment
 - Concern
 - Recommendation
 - Will not provide feedback
- <Multi-line text box is optional>

LABS SURVEY

- Open Text question (OLD):
 - o Thank you. What went well? What went wrong? Please share any additional feedback about your lab tests/imaging at [FacilityName]. Optional open text response>
- Open Text question (NEW):
 - o **(*Required)** Would you like to provide additional feedback about your lab tests/imaging at [FacilityName]? Please select from one of the following options. *Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information, but do provide details about your experience.*

[Dropdown of feedback types]

- Compliment
 - Concern
 - Recommendation
 - Will not provide feedback
- <Multi-line text box is optional>

PHARMACY SURVEY

- Open Text question (OLD):
 - o Thank you. What went well? What went wrong? Please share any additional feedback about your experience(s) with [FacilityName]. Optional open text response>
- Open Text question (NEW):
 - o **(*Required)** Would you like to provide additional feedback about your experience(s) with [FacilityName]? Please select from one of the following options. *Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information, but do provide details about your experience.*

[Dropdown of feedback types]

- Compliment
 - Concern
 - Recommendation
 - Will not provide feedback
- <Multi-line text box is optional>

PHARMACY-MAIL SURVEY

- Open Text question (OLD):
 - o Thank you. What went well? What went wrong? Please share any additional feedback about your experience(s) with [FacilityName]. Optional open text response>
- Open Text question (NEW):
 - o **(*Required)** Would you like to provide additional feedback about your experience(s) with [FacilityName]? Please select from one of the following options. *Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information, but do provide details about your experience.*

[Dropdown of feedback types]

- Compliment
 - Concern
 - Recommendation
 - Will not provide feedback
- <Multi-line text box is optional>