

Coordinated Care Survey

1. Introduction

The Wind River Service Unit (WRSU) is committed to improving the quality of patient care by being accredited as a Primary Care Medical Home (PCMH). PCMH means working with the bigger health care community to meet your medical needs. This patient care survey is one way to improve services. It allows us to see the bigger picture to your health service needs. Patient care begins with you. Please complete the survey based upon your last or immediate visit. It takes about 5 minutes to finish. Thank you for helping improve patient care.

Form Approved
OMB Form No. 0917-0036
Expiration Date:

1. What is your age (by years)?

- 18-25 26-33 34-41 42-49 50-57 58-65 Over 66

2. What is your gender?

- Female Male

3. Rate your satisfaction with the change of hours to "8:00 a.m. to 5:30 p.m. (available at noon hour), Monday-Friday, at WRSU."

- 1-Very Unsatisfied 2-Unsatisfied 3-Neutral 4-Satisfied 5-Very Satisfied

4. I receive my health care services from (check all that apply):

- Fort Washakie Health Center Arapahoe Health Center Care mostly outside IHS

5. Today, I am completing this patient care survey form:

- at Fort Washakie Health Center online
 at Arapahoe Health Center by mail
 by telephone

6. What services are you receiving today?

- | | |
|---|--|
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Lab/X-Ray |
| <input type="checkbox"/> Clinic Health Care | <input type="checkbox"/> Optometry |
| <input type="checkbox"/> Community Health/Public Health Nursing | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Contract Health Services (CHS) | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Other (please list here): |

Coordinated Care Survey

7. Do you support both the Tribal Health Programs of the Eastern Shoshone and Northern Arapaho having access to your patient information?

- Yes No Unsure Don't know

2. Coordinated Care: Your health care experiences with non-IHS clinic provider...

8. The clinic coordinates its services with the WRSU departments/programs to assist in meeting my health care needs.

- Very Unsatisfied Unsatisfied Neutral Satisfied Very Satisfied

9. Rate your satisfaction with the care from outside services to which you were referred

- Very Unsatisfied Unsatisfied Neutral Satisfied Very Satisfied

10. Rate if services are well coordinated from the clinic to all my outside providers.

- Very Unsatisfied Unsatisfied Neutral Satisfied Very Satisfied

11. In the last 12 months, how many times have you gone to the emergency room for your health care?

- None 1-3 times 4-6 times 7-9 times 10 or more times

Other (please explain).

12. How satisfied are you with the care you received today?

- Very Unsatisfied Unsatisfied Neutral Satisfied Very Satisfied

13. Staff at WRSU talk to me about the "team" idea that they use with my health care.

- 1-Never 2-Rarely 3-Sometimes 4-Often 5-Always

14. The provider and/or care team include my family as needed in patient care decisions, treatment, and education.

- 1-Never 2-Rarely 3-Sometimes 4-Often 5-Always

15. Staff discussed my values, beliefs, and traditions when they recommended treatments to me.

- Never Rarely Sometimes Often Always

Please list how your care team be culturally respectful?

Coordinated Care Survey

16. When you are ill how often do you use Native American Medicine?

- Never Rarely Sometimes Often Always

17. How often do you use complementary alternative health care e.g., acupuncture, chiropractic care, or other alternative medicine?

- Never Rarely Sometimes Often Always

18. Please provide any comments that can help us improve services. Thank you.

19. Today's date

MM DD YYYY

Date

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