

## FORT PECK SERVICE UNIT INDIAN HEALTH SERVICE

“WE CARE” Tell us how we did today!

Please rate the areas you visited today. FILL in the correct square. Comments may be written on the back. Providing personal information is voluntary and will only be used to contact you in order to respond to your complaints, inquiries or comments.

Which clinic did you visit?       Poplar                               Wolf Point

Response Definition: 1 – Poor; 2 – Below Average; 3 – Average; 4 – Good; 5 – Excellent

	1	2	3	4	5	NA
<b>RATE OUR TIMES - Access</b>						
Availability to be seen in Medical						
Availability to be seen in Dental						
Availability to be seen in Behavioral Health						
Availability to be seen in Optometry						
Availability to be seen in Audiology						
Availability of Pharmacy						
Availability of Public Health Nursing						
Availability of Lab						
Availability of Radiology						
Time waiting to be seen						
Hours of operation work for me						
<b>RATE OUR STAFF - Customer Service</b>						
Courtesy and helpfulness of <input type="checkbox"/> Medical Records <input type="checkbox"/> Reception, <input type="checkbox"/> Registration <input type="checkbox"/> Appointment						
Courtesy and helpfulness of the Medical Team <input type="checkbox"/> Eagle <input type="checkbox"/> Elk <input type="checkbox"/> Bear <input type="checkbox"/> Turtle <input type="checkbox"/> Tatanka						
Courtesy and helpfulness of the Dental Staff						
Courtesy and helpfulness of the Behavioral Health						
Courtesy and helpfulness of the Optometry Staff						
Courtesy and helpfulness of the Audiology Staff						
Courtesy and helpfulness of <input type="checkbox"/> Lab <input type="checkbox"/> Radiology <input type="checkbox"/> Pharmacy staff						
Courtesy and helpfulness of <input type="checkbox"/> Public Health Staff <input type="checkbox"/> Case Management						
Courtesy and helpfulness of <input type="checkbox"/> Business Office <input type="checkbox"/> Benefits Coordinator <input type="checkbox"/> PRC						
Courtesy and helpfulness of <input type="checkbox"/> Administration						
Staff listened to me						
My provider clearly explained about my health and treatment options						
I was included in decisions about my care						
I was referred to other services and was assisted with making an appointment						
Staff were helpful in arranging my next appointment						
Staff helped me with my concerns and answered my questions						
<b>RATE OUR FACILITY - Environment</b>						
Cleanliness and appearance						
<b>OVERALL SATISFACTION</b>						
I received quality care and was treated with dignity/ respect						

**FORT PECK SERVICE UNIT INDIAN HEALTH SERVICE**

"WE CARE"

Tell us how we did today!

What Medical Team are you on? \_\_\_\_\_

How did your Team perform today? \_\_\_\_\_

Date of Service \_\_\_\_\_

Would you like to be contacted about any concerns? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**BELOW THIS IS FOR INTERNAL USE ONLY**

Date Received by Risk Management Department \_\_\_\_\_

Assigned Tracking Number \_\_\_\_\_

Date Referred on for further investigation \_\_\_\_\_

Date Investigation Completed \_\_\_\_\_

Referred to: \_\_\_\_\_

Date Returned to Risk Management Department \_\_\_\_\_

Complainant Contacted on \_\_\_\_\_

Date Closed \_\_\_\_\_

Phone

Letter

Email

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average three minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.