

Joint Outpatient Experience Survey – Emergency Department/Room



OMB CONTROL NUMBER: XXXX-XXXX
OMB EXPIRATION DATE: XX/XX/XXXX

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, [Insert OMB Control Number], is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY STATEMENT

Providing information in this survey is voluntary. There is no penalty nor will your benefits be affected if you choose not to respond.

However, maximum participation is encouraged so that the data will be complete and representative. Your survey response will be treated as confidential, identifying information will be used only by persons engaged in, and for the purposes of, the survey research.

However, if during this survey you indicate a direct threat to harm yourself or others, we are required to forward information about that threat to appropriate authorities for action, which will likely include their contacting you.

Question 1:

According to our records, **you** recently had an emergency room visit on [INSERT VISIT DATE] at [INSERT FACILITY NAME]. Is this correct?

Please select one answer

- [1] Yes, I had this visit
- [2] No, I did not have visit

Questions 2:

On a scale of 1 to 10, with 1 representing the worst care possible and 10 being the best, how would you rate your care during this emergency room (ER) visit?

Please select one answer

- [0] 10 – Best Care Possible

- [1] 9
- [2] 8
- [3] 7
- [4] 6
- [5] 5
- [6] 4
- [7] 3
- [8] 2
- [9] 1 – Worst Care Possible

Question 3:

Which of the following best describes your reason for choosing to go to the ER:

- a. I thought I was having an emergency and this ER was the closest facility.
- b. My PCM or other medical provider sent me to the ER to get care.
- c. I called the Nurse Advice Line and they told me to go to the ER.
- d. Care in the ER is more convenient for me than my PCM.
- e. I get all of my care in the ER.

Question 4:

After first arriving to the ER, about how long was it before you sat down for registration?

- [1] Less than 5 minutes
- [2] 5 to 15 minutes
- [3] More than 15 minutes

Question 5:

If you waited more than 2 hours in the waiting room, at any point did ER staff update you on approximate wait times?

- [1] N/A, I did not wait more than 2 hours.
- [2] Yes, staff kept me updated on the waiting time.
- [3] Yes, staff kept me updated on the waiting time, and re-evaluated me.
- [4] No, staff did not provide any updates.

Question 6:

During this ER visit, did a member of your care team (doctor and/or nurse), discuss with you any test results AND the presumed diagnosis?

- [1] Yes, we discussed both
- [2] No, we only discussed tests
- [3] No, we only discussed a diagnosis
- [4] No, we didn't discuss either

Question 7-10:

During this emergency room visit, how often...

Please select only one answer for each item

[Columns/Scale]

Always
Sometimes
Never

[PROG: CHANGE FROM PROGRESSIVE GRID TO COLLAPSIBLE GRID WITH AUTO RETURN]

[Rows/Statements]

7. Did the registration staff treat you with courtesy and respect?
8. Did the nurses treat you with courtesy and respect?
9. Did the doctors or other providers treat you with courtesy and respect?
10. Did the medical staff explain things in a way you could understand?

Question 11:

Before you left the emergency room, did someone review with you the treatment plan and any needed follow-up care?

Please select one answer

- [1] Yes
[2] No

Question 12:

Would you recommend this emergency room to your friends and family?

Please select one answer

- [1] Yes, definitely
[2] Yes, probably
[3] Possibly not
[4] Definitely not

Question 13:

Please provide any comments about [INSERT FACILITY NAME] that you would like to share. Please do not provide any personally identifiable information. [PN: NON-MANDATORY OPEN END]

[TO SHOW IN A LINK ON EACH WEBPAGE:]

PRIVACY STATEMENT

This statement serves to inform you of the purpose for collecting personal information as required by the Privacy Act of 1974, as amended, and how that information will be stored and used.

AUTHORITY: 5 U.S.C. 301, Departmental Regulations; 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; Public Law 104-191, Health Insurance Portability and Accountability Act of 1996; 10 U.S.C., Ch. 55, Medical and Dental Care; 45 CFR 164, Security and Privacy; Department of Defense (DoD) Instruction 6015.23, Foreign Military Personnel Care and Uniform Business Offices in Military Treatment Facilities (MTFS); DoD Manual 6025.18, Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs; and E.O. 9397 (SSN), as amended.

PURPOSE: The JOES Survey Suite is a survey system used by the military to gather feedback about outpatient care. The surveys help measure patient satisfaction and guide efforts to make the health system better.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended, these records may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. § 552a(b)(3) as follows: to contractors and others performing or working for the Federal Government when necessary to accomplish an agency function related to this System of Records; For a complete listing of the Routine Uses for this system, refer to the below hyperlinked SORN.

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Rules, as implemented within DoD. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.

APPLICABLE SORN: EDHA 07, Military Health Information System (June 15, 2020; 85 FR 36190)
<https://dpclid.defense.gov/Portals/49/Documents/Privacy/SORNS/DHA/EDHA-07.pdf>

DISCLOSURE: Voluntary, Completing the Survey is voluntary; you may stop the Survey at any time and skip any questions you choose. There is no penalty if you choose not to respond, although maximum participation is encouraged so the data will be complete and representative.