Working Draft, Pre-Decisional, Deliberative document - Internal VA Use Only

**EMAIL SUBJECT LINE:** VHA Radiology & Nuclear Medicine Missed Appointment **Survey (3** minutes)

EMAIL PREHEADER: "Help us understand why you were not able to attend this appointment"



OMB Number: 2900-0876 Expiration: 03/31/2023 Estimated Burden: <TIME>

#### Your opinion matters.

Dear <First Name Last Name>,

We care about your experience with VA. Please take this 3 minute survey to let us know why you may have missed a recent appointment with [Clinic Name]. If you believe that you did not miss a recent appointment, please still take the survey and let us know! The more information you share with us, the better we can serve you.

**Take Our Survey** 

Thank you,

#### **Veterans Experience Office**

Department of Veterans Affairs

Whether you're just getting out of the service or you've been a civilian for years, the <u>VA Welcome Kit</u> can help guide you to the benefits and services you've earned.

The Veterans Crisis Line provides free, confidential support for Veterans and their families and friends in crisis. Dial 1 (800) 273-8255 (Press 1), or text 838255 to receive confidential support 24/7 (System of Records Notice VA158VA10NC5). Visit <a href="https://www.veteranscrisisline.net">https://www.veteranscrisisline.net</a> for more information.

Additionally, the National Call Center for Homeless Veterans (NCCHV) provides free, confidential support for Veterans and their family members and friends who are homeless or at risk of homelessness. Veterans can either call or chat online with the National Call Center for Homeless Veterans where trained counselors are ready to talk confidentially 24 hours a day, 7 days a week. Dial 1 (877) 424-3838 or visit <a href="https://www.va.gov/HOMELESS/">https://www.va.gov/HOMELESS/</a> to receive confidential support.

Please do not reply to this email - it is unmonitored.

If you wish to share your feedback, please do so by <Month DD, YYYY at TT:TT>.

You received this email because you provided your email address to VA. If you would like to opt out from receiving future surveys, please click below.

#### <u>Unsubscribe from this VA Survey</u> | <u>Privacy Policy</u>

1We are asking for this information so that you can provide compliments, recommendations, or concerns to VA. 2By filling out this survey, you are authorizing VA database access to retrieve Veteran contact information to follow up with you accordingly for purposes of service recovery, potential crisis, or to learn more about feedback you have shared regarding your experience with VA. 3Your contact information and response may be referred to the Veterans Crisis Line if an automated review indicates your response may be concerning. The Veterans Crisis Line may contact you for follow up as a result of that referral. 4VA may utilize individual Veteran survey data from this survey or other sources to ensure the final scores truly and accurately represent the experiences of Veterans. 4This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 3 minutes to review the instructions and complete this survey. The results of this survey will be used to inform opportunities for program improvement in the quality of VA services. Participation in this survey is voluntary, and your decision not to respond will have no impact on VA benefits or services which you may currently be receiving. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at https://www.reginfo.gov/public/do/ PRAMain. Information gathered will be kept private to the extent provided by law.

[Logic: 1). Required if CCR Open Text Box is included on survey. 2). Required if Service Recovery. 3). Required unless exception.4). Always required on footer]

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**EMAIL SUBJECT LINE:** We still want to hear about your missed appointment with VHA

Radiology & Nuclear Medicine (3 Minutes)

EMAIL PREHEADER: "Help us understand why you were not able to attend this appointment"



OMB Number: 2900-0876 Expiration: 03/31/2023 Estimated Burden: <TIME>

### Your feedback is important to us.

Dear <First Name Last Name>,

VA still wants to hear about why you may have missed a recent appointment at [Clinic Name]. Even if you do not believe that you missed an appointment, your input on this survey will still help us understand how we can improve. Please let us know how we are doing by taking a 3 minute survey regarding your experience.

**Take Our Survey** 

Thank you,

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Department of Veterans Affairs

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OMB Number: 2900-0876 Expiration: 03/31/2023 Estimated Burden: 3

## Help us serve you better.

We want to learn more about why you may have missed your recent [appointment type] appointment. By completing this survey, you directly help us improve VA services.

This survey should take approximately 3 minutes to complete.

Our red	cords show that you may have missed a [appointment type
	tment at <location name:sta6a=""> on <insert date="">. Is this</insert></location>
correct	? <logic: appointment="" based="" code="" is="" on="" stop="" type=""> <required></required></logic:>
0	Yes
0	No
	Next

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## Help us understand why you did not attend this appointment.

Based on your previous response, we would like to understand where the miscommunication happened.

Please select what most accurately describes your experience regarding this scheduled VHA radiology & nuclear medicine. <Required>

Please select from one of the following options.

Select your response [Logic]	~
Tried to cancel	
Tried to reschedule	
Appointment canceled by clinic/provider	
Arrived at facility, met with provider	
Arrived at facility, did not meet with provider	

By using the dropdown below, please select whether or not you would like to leave a compliment, concern, or recommendation regarding why you did not attend this scheduled appointment.

Please select from one of the following options.

Select your response  Compliment	~
Concern	
Recommendation  No additional feedback at this time	

scheduled [appointment type] appointment. Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information.

Use the text box below to provide additional information for why you did not attend this

0/400		
0/ 100		

#### Can VA contact you about your feedback?

- Yes, VA can contact me about my <appointment type> appointment .
- No, I do not want VA to contact me about my <appointment type> appointment.

Would you like to volunteer your demographic information to help VA better serve you?

- O Yes [Logic proceed to Demographics page] O No [Logic skip Demographics page]

Next

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recent [appointment type] appointment.

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If you are in crisis, contact the **Veterans Crisis Line** by dialing 1 (800) 273-8255 (Press

Expiration: 03/31/2023 Estimated Burden: 3

OMB Number: 2900-0876

### did not attend this appointment. Based on your previous response, we are asking a series of questions to better understand why you did not attend your most

Help us understand why you

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# Use the text box below to provide additional information for why you did not attend this

Not Applicable

(N/A)

0

Strongly

Agree

5

Agree

4

<Required>

By using the dropdown below, please select whether or not you would like to leave a

compliment, concern, or recommendation regarding why you did not attend this

scheduled [appointment type] appointment. Please do not include any personally identifiable information, Social Security Number, Veteran ID, or medical information.

Neither Agree

nor Disagree

3

Disagree

2

scheduled [appointment type] appointment.

No additional feedback at this time

O Yes [Logic proceed to Demographics page]

O No [Logic skip Demographics page]

Select your response

Recommendation

Compliment

Concern

Please select from one of the following options.

Strongly

Disagree

0/400	
Can VA contact you about your feedback?	
<ul> <li>Yes, Va can contact me about my patient experience.</li> </ul>	
<ul> <li>No. I do not want VA to contact me about my patient experience.</li> </ul>	

Next

Would you like to volunteer your demographic information to help VA better serve you?



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### Help VA improve its services.

We are working to better understand our customers. The following questions are voluntary. By providing your data, your responses can help us improve VA care and services. Thank you for your participation.

Ar	e you Hispanic or Latino?
0	Yes
0	No
Н	ow would you describe your race? Please select all that apply.
	American Indian or Alaska Native
	Asian
	Black or African American
	Native Hawaiian or Other Pacific Islander
	White

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Finish



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## Thank you for choosing VA.

The U.S. Department of Veterans Affairs uses these surveys to collect your feedback in order to continuously improve your experience with VA services.

Please visit VA.gov to explore benefits, resources, and information at VA.

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