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1. Transmitted is a new chapter to Department of Veterans Affairs, Veterans Health Administration Supplement to Manual M-1, "Operations" Part I, "Medical Administration Activities", Chapter 33, "Patient Satisfaction Survey."

2. The Patient Satisfaction Survey is an assessment of the patients' perceptions with VA services provided. The survey is conducted at all VA medical centers to enable each VA medical center to evaluate their current performance regarding patient satisfaction. The survey results for each facility will be used as a local management tool for evaluating and improving quality of services provided to their patients.

3. Filing Instructions

Remove pages

Insert pages

33-i through 33G-4
after chapter 32

4. RESCISSIONS: VHA Circular 10-90-016, dated February 6, 1990.

Signed 3/24/92 by
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Distribution: RPC: 1048 is assigned
FD

Printing Date: 3/92

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RESCISSIONS

VHA Circular

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CHAPTER 33. PSS (PATIENT SATISFACTION SURVEY)

SECTION I. INTRODUCTION

33.01 PURPOSE

The purpose of this chapter is to provide policy and procedural instructions for the PSS conducted at all VA (Department of Veterans Affairs) medical centers. In past surveys, patient satisfaction data were collected on a specified day once every 2 years. This process did not provide patient satisfaction data on a timely enough basis for effective managerial decision making. To be more responsive to management needs, future surveys will be conducted on a quarterly basis; the specific survey date each quarter to be determined by the facility. The survey results are to be used as a local management tool for enabling each VA medical center to evaluate and improve the quality of services provided to its patients.

33.02 AUTHORITY

Basic authority is 38 U.S.C. (United States Code) 219 and 38 U.S.C. 3305.

33.03 GENERAL POLICY

a. To comply with the requirements specified in 38 U.S.C. 219, the Secretary and CMD (Chief Medical Director) have approved of conducting an ongoing patient satisfaction function at every VA health care facility.

b. Effective October 1, 1991, each VA medical center will conduct the PSS to evaluate their current performance regarding patient satisfaction. The data regarding patient satisfaction is obtained through the use of questionnaires. Results are reviewed and analyzed by the health care facilities. The medical center director is expected to make the necessary management decisions based on responses to the questionnaires and present the findings to the regional director.

c. The questionnaires are distributed by a designated person at the facility each quarter, to samples of patients as specified in paragraph 33.05. The procedures specified in this chapter may be modified by expansion of sample size based upon facility priorities.

d. Three separate forms will be used to record patient responses (see app. 33A-33F). They are:

(1) VA Form 10-1465d, Inpatient Satisfaction Questionnaire: VA Form 10-1465G, Spanish version.

(2) VA Form 10-1465e, Outpatient Satisfaction Questionnaire: VA Form 10-1465H, Spanish version.

(3) VA Form 10-1465f, Intermediate or Nursing Home Care Patient Satisfaction Questionnaire: VA Form 10-1465J, Spanish version.

e. The PSS will be the only recurring, comprehensive evaluation description of VA patients' satisfaction and dissatisfaction with the care they receive.

SECTION II. GENERAL

33.04 DEFINITIONS

a. Access code. This term refers to a series of letters used when signing
on to the

IDCU (Integrated Data Communications Utility) network. The valid access code used for the purpose of this chapter is ACMT (Austin Character Mode Translator).

b. CR (Carriage Return) key. This term refers to the "Return" or "Enter" key on a terminal. It may also be labeled "Alt" or "New Line". Consult the manual for the terminal being used.

c. Designated staff person. This term refers to the individual(s) at each VA medical center responsible for filling in ward or clinic identification prior to distributing the PSS questionnaires and providing to the patients receiving forms, a brief statement regarding the survey.

d. Hardware. For the purpose of this chapter, this term is defined to include any type of automatic data processing equipment.

e. IDCU. This term refers to an end-to-end data communications system available to all VA end-users to provide VA with the capability to electronically transport data between and among end-user automation data processing systems located in diverse and geographically separated VA facilities, organizations, and offices.

f. PF (Program Function) keys. These are pre-programed terminal keys which specify what action is to be taken.

g. PSS Coordinator. This term refers to the designated person at each VA medical center responsible for the entire survey process.

h. Software. For the purpose of this chapter, this term refers to the fourth generation programming language FOCUS used to provide data management for the PSS system.

i. Terminal. A remote data input/output device that can be connected to a network. Most terminals consist of a keyboard for entry and a screen or printer for data display. For the purpose of this chapter, this term refers to any type of equipment used for communicating with the Austin DPC (Data Processing Center).

j. User. For the purpose of this chapter, this term refers to the PSS coordinator or individual designated for data entry/retrieval.

k. VAccess. This term refers to the VA program which supports end-user computers and permits the sharing of powerful computer resources and data from anywhere in the nation. This term also refers to the VAccess support staff in Austin and VA Central Office.

l. VAccess Helpbook. This users guide provides the basic information necessary to assist in the use of the VA computerized data system. All

VAccess users automatically are put on the mailing list to receive this manual and updates periodically.

33.05 PSS COORDINATOR

a. The medical center director designates a person to serve as the PSS coordinator, who is responsible for the entire survey process. Some examples of the responsibilities expected of the coordinator are:

(1) To control the process by which the survey forms are distributed and collected.

(2) To establish a PSS Data Validation Committee whose function will be to assure proper sampling and data accuracy.

(3) To ensure survey questionnaires are distributed each quarter as follows:

(a) All former Prisoner of War patients will be given a survey form.

(b) For each inpatient ward and outpatient function, a minimum five percent random sample will be surveyed on a facility specified day each quarter. Forms may be distributed to patients whose SSN (Social Security Number) ends in an 11, 13, 15, 17, or 19, respectively. To avoid duplication, use a different set of SSN's each quarter. For example:

1. For the first quarter, use SSN's ending with an 11, 13, 15, 17, or 19, respectively.

2. For the second quarter, use SSN's ending with a 12, 14, 16, 18, or 20, respectively.

3. For the third quarter, use SSN's ending with a 01, 03, 05, 07, or 09, respectively.

4. For the fourth quarter, use SSN's ending with a 02, 04, 06, 08, or 10, respectively.

(c) Twenty-five percent of all long-term care (intermediate or nursing home care) patients will be surveyed. Each quarterly sample will exclude patients surveyed in the previous quarter; however, these patients may be resurveyed on a semi-annual basis especially if the stay has been continuous over a 6-month interval.

b. The PSS coordinator will maintain an adequate supply of survey forms at all times.

c. The PSS coordinator is responsible for seeing that data are properly input by electronic means to the Austin DPC.

33.06. TIMESHARING USER ACCESS REQUEST

a. The coordinator or designated data entry individual is required to obtain a USERID (user identification code number) to permit access to Austin for data entry/retrieval.

(1) To receive an access code, complete the Timesharing User Access Request, VA Form 30-9957, revision date: February 1988, stock number: F05072.

(2) These forms are available at each VA medical center or may be ordered from the depot in packs of 25 sheets.

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(3) Answer all relative 'Boxes' on the form: NAME, FTS (Federal Telecommunications System) OFFICE TELEPHONE NUMBER, SSN, COMPLETE ADDRESS, DIVISION AND SECTION, JOB TITLE, AND FACILITY NUMBER/MAIL ROUTING SYMBOL. For PSS purposes:

(a) Item 1 - ACTION REQUESTED.

1. New timesharing users should put "X" in the 'ADD' box.
2. Current timesharing users should put an "X" in the 'CHANGE' box.

(b) Item 5a - APPLICATION OR DATASET(S).

1. Print "PMEDPSSU" if VA medical center request.

2. Print "PMEDPSSR" if Regional office or VA Central Office request.

(c) Item 5c - FACILITY ACCESSED. Put an "X" in the TSO (Timesharing Option) Box.

(d) Item 6 - APPROVAL INFORMATION. Have supervisor sign and date this form.

(e) All other items may be left blank.

b. Mail completed VA Form 30-9957 to: Customer Information and Assistance Staff (30B), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420.

c. Once USERID and password have been issued, further management of the USERID and password will be at the Austin, DPC.

33.07. PROCEDURES FOR VACCESS CONNECTION

a. To communicate with the Austin computer system, the user must sign on to the IDCU network. Sign on procedures to the IDCU network may vary depending upon the type of equipment being used:

(1) An interactive terminal with a modem,

(2) A personal computer, or

(3) A WANG workstation.

b. Equipment must be "direct connected" with the DHCP (Decentralized Hospital Computer Program) 'mini-engine' into the IDCU network. If using a dial-up terminal for signing on to the Austin DPC, the local IRM (Information Resources Management) staff can supply the FTS and/or local telephone numbers for this IDCU network.

c. The most common software packages used to dial into the network are PROCOMM (at least version 2.4.2 or higher) and PCPLUS.

d. An example of a sign on sequence is as follows:

(1) Direct connect terminals, once connected to IDCU, will display "WELCOME TO THE IDCU NETWORK" and "3110NNNNNNNNNN".

(2) In response to "USER ID?" and "PASSWORD?", enter network USERID (will begin with "OG") and network password.

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(3) At the "DESTINATION?" prompt, type in "dms.acmt" for PSS purposes and full screen. Destination prompt is the equivalent to the TYMNET "please log in" prompt. "DMS.ACMT CONNECTED" will now appear.

(4) Enter terminal type in response to "Enter terminal type or ? for help: [] =>".

e. If unsuccessful in signing on to Austin, consult with the local IRM staff or instructions for terminal being used to set the communications standards to: 1200 to

9600 baud (whatever the site can support), 7 data bits, 1 stop bit, even parity or 8 data bits, 1 stop bit, no parity. If one of these combinations doesn't work, i.e., garbled letters appear on the screen, PF keys don't work, etc., try the other one. These terminal settings must be conformed to in order to communicate with the Austin DPC computers. Line wrap (or auto wrap) must be set to off.

f. When the Austin DPC computer system is successfully reached, "Welcome to VAccess Timesharing at the Austin DPC" will appear, then select TSO by entering "T" or by pressing both the PF2 key and CR key.

g. A screen will be displayed for entering the user's user identification code. After entering the user ID code, press the CR key and enter secret password. For security reasons, passwords will not be shown. For more information about passwords, see the VAccess Helpbook, pages 3.4 and 3.5. A new password will be requested on the initial sign on and every thirty days thereafter. If suspended due to an invalid password, call the Austin DPC Help Desk (FTS 524-6780).

h. Press the CR key until "Ready" prompt appears without '****'.

i. Enter "PSS" and press the CR key. The PSS Logo will appear.

j. Press CR key to continue and wait while system allocates PSS FOCUS work files. The PSS "MAIN MENU" screen will be displayed.

33.08 LOGGING OFF AUSTIN ADP SYSTEM

a. An automatic logoff of the PSS/FOCUS/TSO system will occur when "X" is entered on the main menu screen.

b. Press CR key until the "Welcome to VAccess" screen appears once again.

c. The method for completely disconnecting the terminal from the Austin Computer System is dependent on the particular software used prior to logging on to TSO.

(1) On some terminals, CTRL Z, ALT X, or CTRL End will disconnect the terminal from the system.

(2) Another method to use is to press the PF3 key to back out to a point for exiting properly.

33.09. PROCEDURES FOR USING PSS FOCUS

a. PF keys. Normally, FOCUS uses PF keys to specify what action is to be taken. However, if the terminal being used does not have the PF key configuration required, alternatives are provided in the PSS FOCUS program:

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(1) On most terminals, use the ESC (escape) key, then the appropriate number. For example: To save data, "SAVE RECORD, (PF6)" will appear at the bottom of the last data entry screen; press the key marked ESC, release it, then immediately press the numeric 6 key.

(2) There are other alternatives that may apply to a particular terminal. Refer to the VAccess Helpbook, pages 1.21 and 1.22 for keystroke equivalence charts.

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(3) If at any time problems occur with PF keys, use the on-screen options. Pressing the appropriate alpha character will accomplish the same task as the use of a PF key. On-screen instructions must be followed. Respond by entering an alpha character at the line after '=>' shown at the bottom of the screen and then press the CR key. The cursor must be at the line to activate the response. For example, if using the data entry screens and data entry from a record has been completed:

(a) Return back to the data entry menu screen (GOTO ENTRY MENU) by entering an "E" and then pressing the CR key, or

(b) Store the data from the completed form (SAVE RECORD) by entering an "S" and then pressing the CR key, or

(c) Go back to any prior screen (PG BKWD) by entering a "B" and then pressing the CR key.

b. Alpha characteristics. If using alpha characters as an alternative to PF keys, FOCUS will not recognize any entry until after the pressing of the CR key. Since PSS/FOCUS has been programmed to automatically jump to the next field once data has been entered, you will only press the CR key once for each screen. This will indicate that data entry is completed for that screen. Thus, after the appropriate alpha character is pressed to respond to the instructions displayed at the bottom of a screen, press the CR key. If the CR key is pressed and an error message ("INVALID COMMAND") appears, this indicates that the line after '=>' shown at the bottom of the screen has not been reached. The pressing of the CR key will not be necessary at any time when using a PF key.

c. Initial response. A response to the instructions at the bottom of the screen must be made before PSS/FOCUS will recognize any other responses. Wait for the system to complete the request before proceeding.

d. Arrow keys. The four arrow keys may be used when there is a need to move quickly to the next line or bottom of the screen. Once on the desired line, then tab over to desired field.

e. Editing records. All data entries keyed onto a screen can be edited while on the current screen or any screen prior to submitting the record. Allowances are provided to go back and forth to change fields while on the current record. Once a record is saved, there are no provisions for making any further changes. Thus, for each screen there will be helpful error messages displayed, such as:

(1) SURVEY MONTH OR YEAR INVALID FOR THIS QUARTER - displayed when date not corresponding with the current quarter.

(2) DATA VALUE IS NOT AMONG THE ACCEPTABLE VALUES FOR: CLINIC - displayed when user enters a 3-digit code other than those approved or included in the Outpatient Routing and Statistical Activity Record.

(3) NON-NUMERIC AGE - displayed when user enters an alpha character for the patient's age.

(4) ENTRY MUST BE NUMERIC - displayed when user enters a non-numeric character in a numeric data field.

(5) MUST BE 1 OR 5 OR BLANK - displayed when user enters a numeric digit other

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than 1, 2, 3, 4, or 5 in a numeric data field. This excludes the date and age field.

(6) MUST BE Y OR N - displayed when user enters an alpha or numeric character other than Y or N in an alpha data field.

(7) IF RETURN IS 'NO', THEN APPOINTMENT MUST BE BLANK - displayed when user enters N in the 'RETURN' alpha field.

(8) MUST BE 2, 3 OR BLANK - displayed when user enters a numeric digit other than 2 or 3 in the 'APPOINTMENT WITHIN' data field.

(9) UNRECOGNIZED COMMAND - displayed at the bottom of screen when user enters anything other than what has been instructed at the bottom of the screens.

SECTION III. PSS INPATIENT CARE SURVEY

33.10. GENERAL POLICY

a. The PSS is to be conducted at all VA medical centers to enable each VA medical center to evaluate its current performance regarding inpatient satisfaction. The data regarding inpatient satisfaction will be obtained through the use of questionnaires distributed by the facility on a specified day each quarter, to samples of inpatients as described:

(1) All former Prisoner of War inpatients will be given a survey form.

(2) For each inpatient ward, a minimum five percent random sample will be surveyed quarterly. Forms may be distributed to patients whose SSN ends in an 11, 13, 15, 17, or 19, respectively. To avoid duplication, use a different set of SSN's each quarter. For example:

(a) For the first quarter, use 11, 13, 15, 17, or 19, respectively.

(b) For the second quarter, use 12, 14, 16, 18, or 20, respectively.

(c) For the third quarter, use 01, 03, 05, 07, or 09, respectively.

(d) For the fourth quarter, use 02, 04, 06, 08, or 10, respectively.

b. The sampling methodology may be modified by expansion of sample size based upon facility priorities.

33.11. SURVEY FORMS

a. VA Form 10-1465d, the Inpatient Satisfaction Questionnaire, will be used to record inpatient responses (see app. 33A).

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b. To adequately survey Spanish-speaking patients receiving VA medical care, VA Form 10-1465G, a Spanish version of the Inpatient Satisfaction Questionnaire, will be distributed (see app. 33B).

33.12. SURVEY PROCEDURES

a. The medical center director designates a person to serve as the PSS coordinator, who is responsible for the entire inpatient survey process. Some examples of the

responsibilities expected of the coordinator are:

(1) To control the process by which the survey forms are distributed and collected.

(2) To establish a PSS Data Validation Committee whose function will be to ensure proper sampling and data accuracy.

(3) To ensure survey questionnaires are distributed each quarter.

b. The designated staff person on each ward will be responsible for distributing the PSS form in the last 24 hours of the patient's stay. The designated staff person should fill in the date of discharge and ward information prior to distributing form to patient to ensure accuracy. To those patients receiving forms, a brief statement should be made regarding the need to have this survey form filled out before leaving the facility. The patient should be reminded that the returned questionnaire does not have to be signed or identified in any way.

c. The head nurse may make a professional judgment that a patient is incapable of completing the survey form. An available responsible individual, such as a relative or volunteer, may assist patients needing help in filling out forms.

d. All staff should be alerted to accept completed survey forms or indicate to the patients where the designated area is for leaving survey forms. The completed forms then should be submitted daily to the PSS coordinator.

e. The PSS coordinator will maintain an adequate supply of forms at all times.

f. The PSS coordinator is responsible for seeing that the data are properly input by electronic means to the Austin DPC, no later than 2 weeks subsequent to each quarterly inpatient survey. The coordinator or data entry person will be issued a user identification number to permit access to Austin for this purpose (see pars. 33.06 and 33.07).

g. The retention requirements and disposition instructions for these survey forms should be in accordance with "Records Control Schedule 10-1."

33.13 DATA ENTRY PROCEDURES

a. Deadline. Data entry for the current quarter may begin any time after the 16th of the first month in the current quarter. The prior quarter files will be closed on the 15th day of the first month in the current quarter.

b. 'Ready' prompt. After following the accessing instructions presented in paragraph 33.07, enter "PSS", then press the CR key. At the 'Ready' prompt the PSS Logo should be displayed. Once the files are loaded, the "MAIN MENU" screen for the PSS should appear next.

c. Facility identification codes. For security reasons, the facility 3-digit number will already be entered. The cursor will begin at the 'SUFFIX' field. Enter the facility suffix code if there is one. Once entered, the cursor will automatically move to the next field. If there is no facility suffix code, press the tab key to proceed to the next field.

d. Data entry screens. For inpatient data entry, select "E" on the main menu screen, then "I" on the next screen. Once the data entry selection is completed, follow the online instructions displayed at the bottom of each of the subsequent screens. The instructions are displayed as follows:

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- (1) GOTO ENTRY MENU (PF3 OR E) - Returns the user to the main menu screen.
 - (2) PG FWD (PF8 OR F) - Moves the user to the next screen for data entry.
 - (3) SAVE RECORD (PF6 OR S) - Submits the current record being input.
- e. Current date. Enter a 4-digit date. For example, September 1991 would be entered as 0991. This field cannot be left blank.
- f. Ward name. Enter a ward name code. If ward name is less than 6 digits, use tab key to proceed to next field. This field cannot be left blank.
- g. Missing responses. If there are missing responses in the remaining portion of the questionnaire, any of these fields may be left blank. Use the tab key to proceed from the blank field to the next field to where data is to be entered.
- h. Age of patient. Enter 99, if the patient is 100 years old or older.
- i. Moving to another screen. If using alpha characters as an alternative to PF keys and the bottom of the current screen has not been reached, arrow or tab down to the line shown after "=>". Follow the on-screen instructions. PF key users may simply follow the instructions at the bottom of the screen.
- j. Facility specific questions. OMB (Office of Management and Budget) is being asked to approve a generic list of facility specific questions which will use the same five point rating scale as the original survey questionnaire. These questions will be distributed along with the original survey form.
- (1) Each facility was requested to submit all additional questions for approval and inclusion in the final version of the generic list (see app. 33G). No other facility level questions concerning patient satisfaction will be admissible.
 - (2) The facility may select up to a maximum of five questions from the approved generic list. Once the facility has selected a set of questions from the generic list during a quarter, there can be no other selections or changes made to this set until the next quarter. This will assist the facility in obtaining meaningful summary data at the end of each quarter for analytical purposes.
 - (3) Provisions are made in the PSS automation system to include the patient responses to a maximum of five additional questions relating primarily to the local facility.
 - (4) If there are no facility specific questions, then PF key users may proceed by responding to the instructions at the bottom of the screen. All other users may press the appropriate alpha key after using the tab or arrow keys to advance to the last field on the screen.

k. Patient comments. The patients' written comments included at the end of the questionnaire will not be input into the system, but should be available at the facility level for local management purposes.

33.14 DATA RETRIEVAL PROCEDURES

a. Quarterly results. The Austin DPC provides a statistical analysis of the data and

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the results are available to each facility online in tabular form once data has been input. The results from the current quarter and the prior quarter may be accessed online at all times. No other previous quarterly results will be available online. No data entry is permitted in any of the query screens.

b. Local management data query. Local managers may obtain survey results pertaining only to their VA medical center.

(1) Immediately after any data has been entered for the current quarter, results may be obtained online. These results will be available for query at any time up through the 15th of the first month in the next 2 quarters. Results are reviewed and analyzed by the health care facilities. The medical center director is expected to present the findings to the regional director and to make the necessary management decisions based on responses to the questionnaire.

(2) After entering "PSS" and then pressing the CR key at the 'Ready' prompt the PSS Logo should be displayed. Once the files are loaded, the "MAIN MENU" screen should appear next.

c. Region Management Data Query. Region managers have access only to the query screens.

(1) These results will pertain to their region only. The region manager may enter a facility code number to obtain results for any of the facilities within their region. Provisions are made for region managers to obtain quarterly region averages with the use of batch files.

(2) After entering "PSS" and then pressing the CR key at the 'Ready' prompt the PSS Logo should be displayed. Once the files are loaded, the "MAIN MENU" screen should appear next.

d. Facility identification code. The system is designed to accept only the facility number relating to the user identification code. Enter facility number.

(1) If facility user, enter "L" on the main menu screen to display facility 3-digit number, any satellite codes and ward names.

(2) If region manager, enter "L" on the main menu screen to display a list of the facility 3-digit numbers and any satellite codes within that region.

e. Data query screens by facility and ward. Enter "Q" on the main menu screen for survey summary results. Enter "W" on the main menu screen for survey results by ward. For either "Q" or "W" entry on the next screen, enter "C" for current quarter results or "P" for prior quarter results.

(1) If "Q" was entered on the main menu screen, select "I" for inpatient query, then press the CR key and follow the online instructions displayed at the bottom of each of the subsequent screens.

(2) If "W" was entered on the main menu screen, enter ward number or leave blank to display results of all wards. Enter "P" to print results offline or "S" to view on screen. Select "I" for inpatient query, then press CR key and follow the online instructions displayed at the bottom of each of the subsequent screens.

f. Displayed instructions. The instructions displayed at the bottom of the query screens are as follows:

(1) GOTO QUERY MENU (PF3 OR ENTER) - Returns the user to the "QUERY MENU" screen.

(2) PG FWD (PF8 OR ENTER) - Moves the user to the next screen.

(3) PG BKWD (PF7 OR B) - Returns the user to the previous screen.

g. Results. The results for the inpatient survey are displayed for each response category as percents and averages based on the total responses. All percents will be rounded to the nearest whole number. The total percent may not always equal 100 percent due to rounding. These percents and averages are computed as follows:

(1) Percent for each response category. Divide the total number of responses per response category by the total number of responses (across) for the "COMPONENT/QUESTION", then multiply by 100.

(2) Percent of total surveys. Sum all responses (across) for the "COMPONENT/QUESTION" and divide by the total number of survey questionnaires received as shown at the end of the summary, then multiply by 100.

(3) Percent of total Responses. Sum each "RESPONSE CATEGORY" column, add these sums across to obtain the total number of responses, divide this number by the sum of each column, then multiply by 100.

(4) Average response. Multiply each rating number (1, 2, 3, 4, 5) by the total number of responses for the rating category then divide the sum by the total number of responses per "COMPONENT/QUESTION". Example: for 'PROMPTNESS' - no response for 'VY (very) POOR', 'POOR', OR 'FAIR', 30 responses for 'GOOD' and 50 responses for 'VY GOOD' equals 80 total responses. The results would be displayed as follows:

COMPONENT/QUESTION	1	2	3	4	5	AVERAGE	
	RESPONSE	VY POOR	POOR	FAIR	GOOD	VY	GOOD
PROMPTNESS	- 0%	- 0%	- 0%	30-38%	50-63%	4.63	

NOTE: A 100 percent rating will be displayed as '-**%' due to the data field allowances.

(5) Total average. Divide the total number of responses for all questions excluding "local questions" by the number of responses for each rating category.

(6) Total surveys. The total number of questionnaires submitted by a facility to the PSS inpatient database. If a returned questionnaire shows only the facility code, date and ward name as being filled in, this survey form

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would not be counted under any of the questions, however, it would be included in the total number of surveys.

33.15 SUMMARY REPORTS

a. The PSS coordinator receives hardcopy quarterly inpatient summary reports for the local VA medical center only. At the end of each fiscal year, each coordinator receives a cumulative fiscal year summary along with the fourth quarter results.

b. The regional director receives hardcopy quarterly inpatient summary reports for the

region and by facility within the region. At the end of each fiscal year, each regional director receives a cumulative fiscal year summary along with the fourth quarter results.

SECTION IV. PSS OUTPATIENT CARE SURVEY

33.16 GENERAL POLICY

a. The PSS is to be conducted at all VA medical centers to enable each VA medical center to evaluate its current performance regarding outpatient satisfaction. The data regarding outpatient satisfaction will be obtained through the use of questionnaires distributed by the facility on a specified day each quarter, to samples of outpatients as described:

(1) All former Prisoner of War outpatients will be given a survey form.

(2) For each outpatient clinic, a minimum five percent random sample will be surveyed quarterly. Forms may be distributed to patients whose SSN ends in an 11, 13, 15, 17, or 19, respectively. To avoid duplication, use a different set of SSN's each quarter. For example:

(a) For the first quarter, use 11, 13, 15, 17, or 19, respectively.

(b) For the second quarter, use 12, 14, 16, 18, or 20, respectively.

(c) For the third quarter, use 01, 03, 05, 07, or 09, respectively.

(d) For the fourth quarter, use 02, 04, 06, 08, or 10, respectively.

b. This sampling methodology may be modified by expansion of sample size based upon facility priorities.

33.17 SURVEY FORMS

a. VA Form 10-1465e, the Outpatient Satisfaction Questionnaire, will be used to record outpatient responses (see app. 33C).

b. To adequately survey Spanish-speaking patients receiving VA medical care, VA Form 10-1465H, a Spanish version of the Outpatient Satisfaction Questionnaire, will be distributed (see app. 33D).

33.18 SURVEY PROCEDURES

a. The medical center director designates a person to serve as the PSS coordinator, who is responsible for the entire outpatient survey process. Some examples of the responsibilities expected of the coordinator are:

(1) To control the process by which the survey forms are distributed and collected.

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(2) To establish a PSS Data Validation Committee whose function will be to assure proper sampling and data accuracy.

(3) To ensure survey questionnaires are distributed each quarter.

b. The designated staff person in each clinic will be responsible for distributing the PSS form to these patients. The designated staff person should fill in the date and clinic

information prior to distributing form to patient to ensure accuracy. To those patients receiving forms, a brief statement should be made regarding the need to have this survey form filled out before leaving the clinic. The patient should be reminded that the returned questionnaire does not have to be signed or identified in any way.

c. A qualified professional person may make a professional judgment that a patient is incapable of completing the survey form. An available responsible individual, such as a relative or volunteer, may assist patients needing help in filling out forms.

d. All staff should be alerted to accept completed survey forms or indicate to the patients where the designated area is for leaving survey forms. The forms then should be submitted to the PSS coordinator.

e. The PSS coordinator will maintain an adequate supply of forms at all times.

f. The PSS coordinator is responsible for seeing that the data are properly input by electronic means to the Austin, DPC. The data is input to the DPC no later than 2 weeks subsequent to each quarterly outpatient survey. The coordinator or data entry person will be issued a user identification number to permit access to Austin for this purpose (see pars. 33.06 and 33.07).

g. The retention requirements and disposition instructions for these survey forms should be in accordance with RCS (Records Control Schedule) 10-1.

33.19 DATA ENTRY PROCEDURES

a. Deadline. Data entry for the current quarter may begin any time after the 16th of the first month in the current quarter. The prior quarter files will be closed on the 15th day of the first month in the current quarter.

b. 'Ready' prompt. After following the accessing instructions presented in paragraph 33.07, enter "PSS", then press the CR key. At the 'Ready' prompt the PSS Logo should be displayed. Once the files are loaded, the "MAIN MENU" screen for the PSS should appear next.

c. Facility identification codes. For security reasons, the facility 3-digit number will already be entered. The cursor will begin at the 'SUFFIX' field. Enter the facility suffix code if there is one. Once entered, the cursor will automatically move to the next field. If there is no facility suffix code, press the tab key to proceed to the next field.

d. Data entry. For outpatient data entry, select "E" on the main menu screen, then "O" on the next screen. Once the data entry selection is completed, follow the online instructions displayed at the bottom of each of the subsequent screens. The instructions are displayed as follows:

- (1) GOTO ENTRY MENU (PF3 OR E) - Returns the user to the main menu screen.

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(2) PG FWD (PF8 OR F) - Moves the user to the next screen for data entry.

(3) SAVE RECORD (PF6 OR S) - Submits the current record being input.

e. Current date. Enter a 4-digit date. For example, September 1991, would be entered as 0991. This field cannot be left blank.

f. Clinic stop code. Enter the official 3-digit stop code as shown on the Outpatient

Routing and Statistical Activity Record. The error message shown in paragraph 33.09e(2) will be displayed when user enters a 3-digit code other than those approved. This field cannot be left blank.

g. Missing responses. If there are missing responses in the remaining portion of the questionnaire, any of these fields may be left blank. Use the tab key to proceed from the blank field to the next field to where data is to be entered.

h. Age of patient. Enter 99, if the patient is 100 years old or older.

i. Moving to another screen. If using alpha characters as an alternative to PF keys and the bottom of the current screen has not been reached, arrow or tab down to the line shown after "=>". Follow the on-screen instructions. PF key users may simply follow the instructions at the bottom of the screen.

j. Facility specific questions. OMB is being asked to approve a generic list of facility specific questions which will use the same five point rating scale as the original survey questionnaire. These questions will be distributed along with the original survey form.

(1) Each facility was requested to submit all additional questions for approval and inclusion in the final version of the generic list (see app. 33G). No other facility level questions concerning patient satisfaction will be admissible.

(2) The facility may select up to a maximum of five questions from the approved generic list. Once the facility has selected a set of questions from the generic list during a quarter, there can be no other selections or changes made to this set until the next quarter. This will assist the facility in obtaining meaningful summary data at the end of each quarter for analytical purposes.

(3) Provisions are made in the PSS automation system to include the patient responses to a maximum of five additional questions relating primarily to the local facility.

(4) If there are no facility specific questions, then PF key users may proceed by responding to the instructions at the bottom of the screen. All other users may press the appropriate alpha key after using the tab or arrow keys to advance to the last field on the screen.

k. Patient comments. The patients' written comments included at the end of the questionnaire will not be input into the system, but should be available at the facility level for local management purposes.

33.20 DATA RETRIEVAL PROCEDURES

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a. Quarterly results. The Austin DPC provides a statistical analysis of the data and the results are available to each facility online in tabular form once data has been input. The results from the current quarter and the prior quarter may be accessed online at all times. No other previous quarterly results will be available online.

b. Local management data query. Local managers may only obtain survey results pertaining to their VA medical center.

(1) Immediately after any data has been entered for the current quarter,
results may

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be obtained online. These results will be available for query at any time up to 6 months after the 15th day of the current. Results are reviewed and analyzed by the health care facilities. The medical center director is expected to make the necessary management decisions based on responses to the questionnaire and present the findings to the regional director.

(2) After entering "PSS" and then pressing the CR key at the 'Ready' prompt the PSS Logo should be displayed. Once the files are loaded, the "MAIN MENU" should appear next.

c. Region management data query. Region managers have access only to the query screens. These results will pertain to their region only.

(1) The region manager may enter a facility code number to obtain results for any of their facilities. Provisions are made for region managers to obtain their region quarterly averages with the use of batch files.

(2) After entering "PSS" and then pressing the CR key at the 'Ready' prompt the PSS Logo should be displayed. Once the files are loaded, the "MAIN MENU" should appear next.

d. Facility identification code. The system is designed to accept only the facility number relating to the user identification code. Enter facility number.

(1) If facility user, enter "L" on the main menu screen to display facility 3-digit number and any satellite codes.

(2) If region manager, enter "L" on the main menu screen to display a list of the facility 3-digit number and any satellite codes within the region.

e. Data query screens by facility and clinic. Enter "Q" on the main menu screen for survey results. Enter "W" on the main menu screen for survey results by clinic. For either "Q" or "W" entry on the next screen, enter "C" for current quarter results or "P" for prior quarter results.

(1) If "Q" was entered on the main menu screen, select "O" for outpatient query, then press the CR key and follow the on-line instructions displayed at the bottom of each of the subsequent screens.

(2) If "W" was entered on the main menu screen, enter clinic code number or leave blank to display results of all clinics. Enter "P" to print results offline or "S" to view on screen. Select "O" for outpatient query, then press CR key and follow the online instructions displayed at the bottom of each of the subsequent screens.

g. No data entry is permitted in any of the query screens. The instructions are displayed as follows:

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(1) GOTO QUERY MENU (PF3 OR ENTER) - Returns the user to the "QUERY MENU" screen.

(2) PG FWD (PF8 OR ENTER) - Moves the user to the next screen.

(3) PG BKWD (PF7 OR B) - Returns the user to the previous screen.

h. The results for the outpatient survey are displayed for each response category as

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percents and averages based on the total responses. All percents will be rounded to the nearest whole number. The total percent may not always equal 100 percent due to rounding. These percents and averages are computed as follows:

(1) Percent for each response category. Divide the total number of responses per response category by the total number of responses (across) for the "COMPONENT/QUESTION", then multiply by 100.

(2) Percent of total surveys. Sum all responses (across) for the "COMPONENT/QUESTION" and divide by the total number of survey questionnaires received as shown at the end of the summary, then multiply by 100.

(3) Percent of total responses. Sum each "RESPONSE CATEGORY" column, add these sums across to obtain the total number of responses, divide this number by the sum of each column, then multiply by 100.

(4) Average response. Multiply each rating number (1, 2, 3, 4, 5) by the total number of responses for the rating category then divide the sum by the total number of responses per "COMPONENT/QUESTION". Example: for 'PROMPTNESS' - no response for 'VY POOR', 'POOR', OR 'FAIR', 30 responses for 'GOOD' and 50 responses for 'VY GOOD' equals 80 total responses. The results would be displayed as follows:

COMPONENT/QUESTION	1	2	3	4	5	AVERAGE	
	RESPONSE	VY POOR	POOR	FAIR	GOOD	VY	GOOD
PROMPTNESS	- 0%	- 0%	- 0%	30-38%	50-63%	4.63	

NOTE: A 100 percent rating will be displayed as '-**%' due to the data field allowances.

(5) Total average. Divide the total number of responses for all questions excluding "local questions" by the number of responses for each rating category.

(6) Total Surveys. The total number of questionnaires submitted by a facility to the PSS outpatient database. If a returned questionnaire shows only the facility code, date and outpatient clinic stop code as being filled in, this survey form would not be counted under any of the questions, however, it would be included in the total number of surveys.

33.21 SUMMARY REPORTS

a. The PSS coordinator receives hardcopy quarterly outpatient summary reports for the local VA medical center only. At the end of each fiscal year, each coordinator receives a cumulative fiscal year summary along with the fourth quarter results.

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b. The regional director receives hardcopy quarterly outpatient summary reports for the region and by facility within the region. At the end of each fiscal year, each regional director receives a cumulative fiscal year outpatient summary along with the fourth quarter results.

SECTION V. PSS INTERMEDIATE OR NURSING HOME CARE SURVEY

33.22 GENERAL POLICY

The PSS is to be conducted at all VA medical centers to enable each VA medical center to evaluate their current performance regarding intermediate or nursing home care

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patient satisfaction. The data regarding long-term care patient satisfaction will be obtained through the use of questionnaires distributed by the facility on a specified day each quarter, to samples of patients as described:

(1) All former Prisoner of War intermediate or nursing home care patients will be given a survey form.

(2) For all other intermediate or nursing home care patients, 25 percent should be surveyed once each quarter.

b. This sampling methodology may be modified by expansion of sample size based upon facility priorities.

33.23 SURVEY FORMS

a. VA Form 10-1465f, the Intermediate or Nursing Home Care Patient Satisfaction Questionnaire, will be used to record long-term care patient responses (see app. 33E).

b. To adequately survey Spanish-speaking patients receiving VA medical care, VA Form 10-1465J, a Spanish version of the Intermediate or Nursing Home Care Patient Satisfaction Questionnaire, will be distributed (see app. 33F).

33.24. SURVEY PROCEDURES

a. The medical center director designates a person to serve as the PSS coordinator, who is responsible for the entire survey process. Some examples of the responsibilities expected of the coordinator are:

(1) To control the process by which the survey forms are distributed and collected.

(2) To establish a PSS Data Validation Committee whose function will be to assure proper sampling and data accuracy.

(3) To ensure survey questionnaires are distributed each quarter.

b. The designated staff person on each ward will be responsible for the distribution of the PSS form. The designated staff person should fill in the date of survey/discharge and ward information prior to distributing form to patient to ensure accuracy. Patients surveyed in the previous quarters are to be excluded. However, these patients may be resurveyed on a semi-annual basis especially if the stay has been continuous over the 6 month interval. A brief statement should be made regarding the need to have this survey form filled out. The patient should be reminded that the returned questionnaire does not have to be signed or identified in any way.

c. The head nurse may make a professional judgment that a patient is incapable of completing the survey form. An available responsible individual,

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such as a relative or volunteer, may assist patients needing help in filling out forms.

d. A designated individual should collect survey forms and submit them to the PSS coordinator.

e. The PSS coordinator will maintain an adequate supply of forms at all times.

f. The PSS coordinator is responsible for seeing that the data are properly input by electronic means to the Austin, DPC. The data is input to the DPC no later than 2 weeks subsequent to each quarterly intermediate or nursing home care survey. The coordinator or data entry person will be issued a user identification number to permit access to Austin for this purpose (see pars. 33.06 and 33.07).

g. The retention requirements and disposition instructions for these survey forms should be in accordance with RCS 10-1.

33.25 DATA ENTRY PROCEDURES

a. Deadline. Data entry for the current quarter may begin any time after the 16th of the first month in the current quarter. The prior quarter files will be closed on the 15th day of the first month in the current quarter.

b. 'Ready' prompt. After following the access instructions presented in paragraph 33.07, enter "PSS", then press the CR key. At the 'Ready' prompt the PSS Logo should be displayed. Once the files are loaded, the main PSS menu should appear next.

c. Facility identification codes. For security reasons, the facility 3-digit number will already be entered. The cursor will begin at the 'SUFFIX' field. Enter the facility suffix code if there is one. Once entered, the cursor will automatically move to the next field. If there is no facility suffix code, press the tab key to proceed to the next field.

d. Data entry screens. For long-term care patient data entry, select "E" on the main menu screen, then "N" on the next screen. Once the data entry selection is completed, follow the online instructions displayed at the bottom of each of the subsequent screens. The instructions are displayed as follows:

- (1) GOTO ENTRY MENU (PF3 OR E) - Returns the user to the "MAIN MENU" screen.
- (2) PG FWD (PF8 OR F) - Moves the user to the next screen for data entry.
- (3) SAVE RECORD (PF6 OR S) - Submits the current record being input.

e. Current date. Enter a 4-digit date. For example, September 1991 would be entered as 0991. This field cannot be left blank.

f. Ward Name. Enter a ward name code. If ward name is less than 6-digits, use tab key to proceed to next field. This field cannot be left blank.

g. Missing responses. If there are missing responses in the remaining portion of the questionnaire, any of these fields may be left blank. Use the tab key to proceed from the blank field to the next field to where data is to be entered.

h. Age of patient. Enter 99, if the patient is 100 years old or older.

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i. Moving to another screen. If using alpha characters as an alternative to PF keys and the bottom of the current screen has not been reached, arrow or tab down to the line shown after "=>". Follow the on-screen instructions. PF key users may simply follow the instructions at the bottom of the screen.

j. Facility specific questions. OMB is being asked to approve a generic list of facility specific questions which will use the same five point rating scale as the

original survey questionnaire. These questions will be distributed along with the original survey form.

(1) Each facility was requested to submit all additional questions for approval and inclusion in the final version of the generic list (see app. 33G). No other facility level questions concerning patient satisfaction will be admissible.

(2) The facility may select up to a maximum of five questions from the approved generic list. Once the facility has selected a set of questions from the generic list during a quarter, there can be no other selections or changes made to this set until the next quarter. This will assist the facility in obtaining meaningful summary data at the end of each quarter for analytical purposes.

(3) Provisions are made in the PSS automation system to include the patient responses to a maximum of five additional questions relating primarily to the local facility.

(4) If there are no facility specific questions, then PF key users may proceed by responding to the instructions at the bottom of the screen. All other users may press the appropriate alpha key after using the tab or arrow keys to advance to the last field on the screen.

k. Patient comments. The patients' written comments included at the end of the questionnaire will not be input into the system, but should be available at the facility level for local management purposes.

33.26 DATA RETRIEVAL PROCEDURES

a. Quarterly results. The Austin DPC provides a statistical analysis of the data and the results are available to each facility online in tabular form once data has been input. The results from the current quarter and the prior quarter may be accessed online at all times. No other previous quarterly results will be available online.

b. Local management data query. Local managers may only obtain survey results pertaining to their VA medical center.

(1) Immediately after any data has been entered for the current quarter, results may be obtained online. Results will be available for query at any time up 6 months after the 15th day of the current quarter. These results are reviewed and analyzed by the health care facilities. The medical center director is expected to present the findings to the regional director and to make the necessary management decisions based on responses to the questionnaire.

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(2) After entering "PSS" and then pressing the CR key at the 'Ready' prompt the PSS Logo should be displayed. Once the files are loaded, the "MAIN MENU" should appear next.

c. Region management data query. Region managers will only have the capability to access the query screens. These results will pertain to their region only.

(1) The region manager may enter a facility code number to obtain results for any of their facilities. Provisions are made for region managers to obtain their region quarterly averages with the use of batch files.

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(2) After entering "PSS" and then pressing the CR key at the 'Ready' prompt the PSS Logo should be displayed. Once the files are loaded, the "MAIN MENU" should appear next.

d. Facility identification code. The system is design to accept only the facility number relating to the user identification. Enter facility number.

(1) If facility user, enter "L" on the main menu screen to display 3-digit facility number and any satellite codes.

(2) If region manager, enter "L" on the main menu screen to display a list of the 3-digit facility numbers and satellite codes within the region.

e. Data query screens by facility and ward. Enter "Q" on the main menu screen for survey results. Enter "W" on the main menu screen for survey results by ward. For either "Q" or "W" entry on the next screen, enter "C" for current quarter results or "P" for prior quarter results.

(1) If "Q" was entered on the main menu screen, select "N" for intermediate or nursing home care query, then press the CR key and follow the online instructions displayed at the bottom of each of the subsequent screens.

(2) If "W" was entered on the main menu screen, enter ward number or leave blank to display results of all wards. Enter "P" to print results offline or "S" to view on screen. Select "N" for intermediate or nursing home care query, then press CR key and follow the online instructions displayed at the bottom of each of the subsequent screens.

f. No data entry. No data entry is permitted in any of the query screens.

g. Displayed instructions. The instructions are displayed as follows:

(1) GOTO QUERY MENU (PF3 OR ENTER) - returns the user to the "QUERY MENU" screen.

(2) PG FWD (PF8 OR ENTER) - moves the user to the next screen.

(3) PG BKWD (PF7 OR B) - returns the user to the previous screen.

h. Results. The results for the intermediate or nursing home care survey are displayed for each response category as percents and averages based on the total responses. All percents will be rounded to the nearest whole number. The total percent may not always equal 100 percent due to rounding. These percents and averages are computed as follows:

(1) Percent for each response category. Divide the total number of responses per response category by the total number of responses (across) for the "COMPONENT/QUESTION", then multiply by 100. All percents will be rounded to the nearest whole number.

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(2) Percent of total surveys. Sum all responses (across) for the "COMPONENT/QUESTION" and divide by the total number of survey questionnaires received as shown at the end of the summary, then multiply by 100.

(3) Percent of total responses. Sum each "RESPONSE CATEGORY" column, add these sums across to obtain the total number of responses, divide this number by the sum of each column, then multiply by 100.

(4) Average response. Multiply each rating number (1, 2, 3, 4, 5) by the total number of responses for the rating category then divide the sum by the total number of responses per "COMPONENT/QUESTION". Example: for 'PROMPTNESS' - no response for 'VY POOR', 'POOR', OR 'FAIR', 30 responses for 'GOOD' and 50 responses for 'VY GOOD' equals 80 total responses. The results would be displayed as follows:

COMPONENT/QUESTION	1	2	3	4	5	AVERAGE	
	RESPONSE	VY POOR	POOR	FAIR	GOOD	VY	GOOD
PROMPTNESS	- 0%	- 0%	- 0%	30-38%	50-63%	4.63	

NOTE: A 100 percent rating will be displayed as '-**%' due to the data field allowances.

(5) Total average. Divide the total number of responses for all questions excluding "local questions" by the number of responses for each rating category.

(6) Total surveys. The total number of questionnaires submitted by a facility to the PSS long-term inpatient database. If a returned questionnaire shows only the facility code, date and ward name as being filled in, this survey form would not be counted under any of the questions, however, it would be included in the total number of surveys.

33.27 SUMMARY REPORTS

a. The PSS coordinator receives hardcopy quarterly intermediate or nursing home care summary reports for the local VA medical center only. At the end of each fiscal year, each coordinator receives a cumulative fiscal year summary along with the fourth quarter results.

b. The regional director receives hardcopy quarterly intermediate or nursing home care summary reports for the region and by facility within the region. At the end of each fiscal year, each regional director receives a cumulative fiscal year summary along with the fourth quarter results.

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APPENDICES 33A through 33F are not available on WANG

They are samples of:

VA Form 10-1465d

VA Form 10-1465G

VA Form 10-1465e

VA Form 10-1465H

VA Form 10-1465f

VA Form 10-1465J

Hardcopies may be Xeroxed in the CMD Library
Room 662 Techworld

PATIENT SATISFACTION SURVEY GENERIC LIST
OF FACILITY SPECIFIC QUESTIONS

One may select up to a maximum of five questions from the following list during a quarter. There can be no other selections or changes made to the selected set of questions until the next quarter. This will assist you in obtaining meaningful summary data at the end of each quarter for analytical purposes. These questions will use the same five point rating scale as the original survey questionnaire and will be distributed along with the original survey questionnaire. (See pars. 33.13j, 33.19j, and 33.25j.)

GETTING TO FACILITY

1. Ease of finding a parking space.
2. Ease of getting to the building from parking area.
3. Courtesy of transportation staff members.

ADMISSIONS

4. Explanation you were given about admission process.
5. Your satisfaction with doctor's examination.
6. Directions you were given to various locations (Lab, X-ray, etc.)

WAITING TIME

7. Promptness in being seen after your scheduled appointment time.
8. Promptness in being received on your ward after admission process.
9. Promptness in getting X-rays.

EMERGENCY ROOM STAFF

10. Courtesy, knowledgeability and helpfulness of clerks.
11. Courtesy, knowledgeability and helpfulness of nurses.
12. Courtesy, knowledgeability and helpfulness of doctors.
13. Courtesy, knowledgeability and helpfulness of social worker.
14. Courtesy, knowledgeability and helpfulness of patient representative.

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15. Efficiency of clerks.
16. Efficiency of nurses.
17. Efficiency of doctors
18. Efficiency of social workers.
19. Efficiency of patient representative.

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ROOM

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20. Cheerfulness of your room.
21. Accommodations and comfort for your visitors.
22. Room temperature.
23. Privacy.
24. Equipment noise (such as carts).
25. Night noise level of your area.
26. Day noise level of your area.
27. Construction noise (drilling, sawing).

MEALS

28. The appearance of your food tray.
29. Timeliness in getting your meals.
30. Temperature of the food (cold foods cold, hot foods hot).
31. Cleanness of dishes and eating utensils.

DIET

32. Information you were given about your diet.

DOCTOR(S)

33. Your doctor spends enough time with you.
34. Courtesy, efficiency and care given by radiologist.

NURSES

35. Your nurse's ability to speak English.
36. Extent to which nurses take your problem seriously.
37. Nurses' attention to your personal and special needs.

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38. Nurses' attitude toward your calling them.
39. Nurses' promptness in responding to call button.
40. Nurses' friendliness.
41. Technical skill of nurses.
42. Nurses' attitude toward visitors.

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43. Nurses' courteous to your family.

44. Information you were given about treatments or injections before they were carried out.

OTHER STAFF

45. Other Staff's ability to speak English (specify job title).

46. Laboratory Staff professional and helpful.

47. Social Worker helpful in resolving any identified problems.

48. Courtesy given by secretary/clerk.

49. Courtesy given by patient representative.

50. Courtesy, efficiency and care given by EKG technician.

51. Technicians' explanation of tests and treatments.

52. Courtesy and care given by mental health provider.

53. X-ray technicians' concern for your comfort.

54. Courtesy of cleaning personnel.

55. Courtesy and care given by volunteers.

56. Courtesy and care given by physical therapist.

57. Explanation of therapy you were given.

58. Courtesy and care given by escort staff.

59. Other staff you should have been seen by; give title.

FAMILY MEMBER, ETC.

60. Adequacy of information given to family about your condition/treatment.

MEDICATION AND HOME TREATMENT

61. Promptness of receiving your medicines from the pharmacist.

62. Information provided about your medications.

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63. Promptness of Pharmacy mail-out refills.

64. Your capability in performing home treatments (i.e., dressing changes, tube care, etc.).

FOLLOW-UP APPOINTMENTS

65. Information you were given by the nurse about a follow-up visit or appointment.

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66. Timely follow-up of appointments.
65. Receive appointment reminder letters.

TELEPHONE CARE PROGRAM

66. Telephone advice is understood.
67. Ease of using telephone advice.
68. Promptness in answering your telephone call.
69. Your satisfaction with the telephone service.
70. Your confidence in using telephone advice in future.

PATIENT EDUCATION

71. Patient education classes available.
72. Patient education pamphlets were given to you.
73. Patient education available by television monitor.
74. Patient education available by other means.

LIBRARY

75. Library has information you need.
76. Selection of books and magazines adequate to your needs.

OVERALL RATING

77. Staff sensitivity to inconvenience of sickness and hospitalization.
78. Your concerns or requests were followed up.
79. Facilities provided for handicapped persons.
80. Adequacy of visiting hours.
81. Your care and treatment received at this medical center compared to other health care facilities in the community.
82. Your feeling of safety while in the hospital.

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83. Your knowledge of who to contact if you have a question/problem.
84. Overall cheerfulness of hospital.
85. Your likelihood of recommending this hospital to others.
86. Your feelings on whether this hospital could have served you better today.

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