

24/7 ACCESS LINE TEST CALLS SURVEY FORM – CY 2019

ACCESS PHONE (800) 854-7771

Please Complete One Survey Form per Test Call

Call start time: hr: min: am pm
MM / DD / YYYY
1 2 3 4 5 6 7 8

Call end time: hr: min: am pm
SERVICE AREA (choose one)

1) Did the ACCESS Agent provide their name? YES NO

2) **If not provided, test caller must ask for the first name of the ACCESS Agent.**

What was the first name of the ACCESS Agent? _____

Did the ACCESS Agent ask for your name? YES NO

Please **enter the name used in the Test Call** even if the ACCESS Agent did not ask for your name.

NAME you used in the Test Call: First: _____ **Last:** _____

If you called for services regarding someone other than yourself, please provide the name used:

First: _____ Last: _____

3) Did the ACCESS Agent inquire if the situation is an emergency or crisis? YES NO

4) LANGUAGE you USED IN the Test Call: English _____ Spanish _____

5) IF **NOT** ENGLISH or SPANISH, what specific language did you use for the test call? _____

6) For non-English calls, were Interpreter Services provided? YES NO

If Interpreter Services were used, who provided your Interpreter Services (please check one from the following)?

- a. ACCESS Agent
- b. Language Line

If Interpreter Services were provided, were you satisfied with Interpreter Services? YES NO

If YES, please check all reasons that apply:

- a. Good customer service
- b. Good quality of interpretation
- c. I got the help I needed
- d. Short wait time to connect to an Interpreter
- e. Other _____

If NO, please check all reasons that apply:

- a. Poor customer service
- b. Poor quality of interpretation
- c. Did not get the help I needed
- d. Long wait time to connect to an Interpreter
- e. Other _____

7) Reason for the call or type of help requested? **Check all that apply**

- a. Mental Health Referral
- b. Complaint/Beneficiary Problem
- c. Crisis Scenario

8) Were you provided with a referral or other information? YES NO

If YES, list here: _____
(Clinic Name and Phone Number or Patients' Rights Office information)

9) If this call was for a beneficiary problem/complaint, did the ACCESS Agent inform you on how to access the beneficiary grievance form? YES NO

10) Were you satisfied with the knowledge and helpfulness of the ACCESS Agent? YES NO

If YES, please check all reasons that apply:

- a. Good customer service
- b. Was knowledgeable about what I needed
- c. I got the help I needed
- d. Short wait time
- e. Other _____

If NO, please check all reasons that apply:

- a. Poor customer service
- b. Was knowledgeable about what I needed
- c. Did not get the help I needed
- d. Long wait time
- e. Other _____

Thank you for your participation. Please double check that your form is filled in completely before submitting it to your SA QIC Chair/Co-Chair.

This section to be completed by Quality Improvement or the Chief Information Office Bureau (CIOB):
WAS THE CALL LOGGED BY THE ACCESS CENTER AGENT (name, date, and disposition)?

Name:	YES	NO
Date:	YES	NO
Disposition:	YES	NO