

What is JOES?



The Joint Outpatient Experience Survey (JOES) is a survey that is administered by the Office of the Surgeon General. The survey focuses on issues ranging on how the provider communicated with the patient during the visit to questions regarding access to care, cleanliness of the facility, and courtesy of the staff. Patients are randomly mailed a survey asking them to complete a brief questionnaire regarding the care received at the medical facility they were seen in.



Your satisfaction is important to us.

If you wish to provide feedback to Martin Army Community Hospital on your patient/family experience, there are several options available to you:

- Request to speak with the Head Nurse, Clinic Administrator, NCOIC, or OIC and your concern will be addressed immediately.
- Visit the Patient and Family Advocate Office for assistance or call:
 - (762) 408-2599
 - (762) 408-2598
- Submit an ICE comment online:

Go to <http://martin.amedd.army.mil> for the Interactive Customer Evaluation system (ICE).



Martin Army Community Hospital
6600 Van Aalst Boulevard
Fort Moore, GA 31905

Martin Army Community Hospital

WE CARE WHAT YOU THINK



Use the Joint Outpatient Experience Survey (JOES)

SHARE YOUR EXPERIENCE WITH US



ARMY MEDICINE
Serving To Heal...Honored To Serve

Why is JOES important?

This survey is your opportunity to make your voice heard not only to Martin Army Community Hospital's Command and Staff, but to the Office of the Surgeon General as well.

JOES

LICENSE TO ADMINISTER Report
HCSA 10044 03/2008

Please use pen or dark pencil to mark an "X" in the answer box.
Examples: Correct X Incorrect Z

1. According to our records, you recently had a healthcare visit with **<PROVIDER>** on **<VISIT DATE>** at **<FACILITY NAME>**. Is this correct?
 Yes → Please continue with survey.
 No, saw someone else → Please go to question #12.
 No, didn't have visit → Please return your survey in the pre-paid envelope provided.

Thinking specifically about this visit, please mark an "X" in the box for the answer that applies to you:

2. Do you know who your Primary Care Manager (PCM) is? Yes No → Go to Question #4

3. Did you see your PCM during this visit (Please pick one answer)?
 Yes
 No, I saw another provider on my care team
 No, I saw another provider from a different care team
 No, I saw a specialty provider.

For questions 4 through 8, please indicate how much you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Somewhat Disagree	Agree	Strongly Agree
4. This provider, <PROVIDER> , treated me with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. This provider explained things in a way that was easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. This provider seemed to know the important information about my medical history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Based on this visit, I feel confident I have the knowledge to make healthy choices and informed medical decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Based on this visit, I am confident I have the ability to influence my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For question 9, please indicate how satisfied or dissatisfied you are with the following:

	Completely Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Completely Satisfied
9. Overall, how satisfied are you with your visit with this provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Did this provider review a complete list of your current and new medications with you, including any over-the-counter medications (e.g. aspirin, vitamins)? Yes No

11. Please provide any comments about your visit with **<PROVIDER>** that you would like to share. Please do not provide any personally identifiable information.

12. If you made an appointment for this visit, how did you make this appointment?
 Phone
 TRICARE Online (TOL)
 Secure Messaging
 In Person
 No, did not make appointment → Go to Question #17

1. Your responses are reviewed and analyzed to determine what is important to you.
2. We look for ways to improve our services as well as commend and promote those areas that are exceeding your standards.
3. Every survey is graded and based on your satisfaction.

Make a difference, return the survey!

Returned surveys = \$\$\$ that we can use to:

- Upgrade amenities
- Expand services
- Improve the work force through training and hiring of more staff
- Ensure we have the appropriate resources to improve access to care

We want to know!

Question #23 (Overall hospital satisfaction)

⇒ Overall, how satisfied do you feel about your visit with the provider?

Dissatisfied, Satisfied or Completely Satisfied

⇒ How was the courtesy and helpfulness of the staff during this visit?

Fair, Good, Very good or Excellent

⇒ You are able to see your provider when needed.

Disagree, Agree or Strongly agree

⇒ Everything considered, how satisfied were you with our facility during your visit?

Dissatisfied, Satisfied or Completely Satisfied

How do you share your thoughts?

Randomly selected patients are sent a JOES Survey letter in the mail with instructions on how to respond to the questionnaire. More than one option to submit your responses will be provided in one of the following formats:

1. A toll-free number to an automated voice response system.
2. A questionnaire provided with the letter and pre-addressed stamped envelope.
3. A web address, survey ID and password provided in the letter to access online.

The results of all surveys are confidential and provide feedback for the leadership of Martin Army Community Hospital and the Office of the Surgeon General.

