APLSS is a survey program administered by the Office of the U.S. Army Surgeon General. Patients are randomly selected within 48 hours after their visit with their provider.

* Even if you are not seen by the provider named in your survey this is probably not an error. Some visits that require treatment from a nurse (Occupational medicine, injections, immunizations) can be attributed to a doctor within the clinic and you may be surveyed on the visit. *

Survey data is processed and trended to provide immediate feedback to CRDAMC leadership. Patient information is not included so your identity remains completely confidential.

Either:
- Request to speak with the Head Nurse, clinic administrator, NCOIC or OIC to have your concerns addressed immediately
- Visit the Patient Advocate Office in the main lobby of the hospital or call (254) 288-8156 or 8157
- Submit an ICE comment
- Dear “Darnall”
- Submit an email via our website at www.crdmc.amedd.army.mil

Please take a moment and write about your experience in our clinic/facility. You will receive an APLSS survey within a few weeks in the mail. Be sure to review these notes and send the APLSS comments back to us - so that your voice is heard and we can provide you with the best possible care.

Doctor

Clinic/Facility

Date
When you last opened your mail, did you see a patient survey and immediately have the urge to throw it away?

Stop!

Why Should you Respond?
• CRDAMC leadership cares about your feedback.
• Your responses are reviewed and analyzed to determine what is important to you.
• Returned surveys are tied to funds we can use to improve services for you.

What does this mean?
Returned surveys = $$$$ that we can use to:
• Improve problem areas
• Upgrade amenities
• Expand services

Do you think we need:
• More comfortable chairs?
• More available appointments, which means more staff?
• Customer Service training for our staff?

Tell us how we can improve our services for you. We can do any or all of the above with your help!

How do you Respond?
Randomly selected patients are sent a letter shortly after the visit asking that you complete a brief questionnaire regarding the care you received.

You can respond one of 4 ways:
• BEST! Preferred Method - Log in to the website with the provided username and password to answer questions.
• Complete a 2 page written survey (patients must still be randomly selected to participate).
• Call the toll-free number provided in your letter.
• Fill out questionnaire and drop off at Patient Services Offices (1st Floor, Room 1302) and we will mail for you.

Our Goal
Our goal is to achieve and maintain 95% or higher overall visit satisfaction rate.

What will you be asked?
Provider experience
• Did your provider listen carefully?
• Did your provider understand your problem?
• Did your provider treat you with courtesy and respect?
• Did your provider spend enough time with you?
• Did your provider help you with your problem?

Overall staff/facility
• Phone service
• Scheduling your appointment
• Courtesy of support staff
• Comfort and cleanliness of facility
• Pharmacy