

MYSTERY SHOPPER INSTRUCTIONS

Where Did You Visit: DPC PT
CHIRO OPTOM PHY EXAM BH

IMMUN LAB RAD PHARM

Demographic: Male Female

Who Was Seen: Self Spouse Child

Circle One: ADSM ADFM RSM RFM

1. Please complete the checklist before you leave the clinic today. Specifics such as staff names, wait times and areas of improvement should be noted in the comments.
2. N/A means Not Applicable.
3. Please do not reveal that you are a mystery shopper unless it is an emergency.
4. Thank you, again, for the investment of your time and experience.

If you could tell us one thing that would improve the experience of arrival and check-in what would you say?

If you identify a staff member or department that you believe deserves kudos, please let us know!

Thank you for participating in this Mystery Shopper Program. Your observations and responses help us to continue to provide superior customer service and healthcare options for you. We greatly appreciate your time and feedback. Please forward any questions or concerns to the patient advocate (below).

Patient Advocates
913-684-6211/6110

If you would like to elaborate more or discuss your experience, please provide your contact information (optional). We would be happy to hear your impressions and get your thoughts on suggested solutions.

The confidentiality of your mystery shopper visit will always be maintained and not shared with anyone other than the Patient Advocate. Conclusions and results will be shared in broad terms.



Point of Contact:
913-684-6211/6110

Regional Health Command- Central



Mystery Shopping the Patient Experience



Questions (Answer with Yes, No, N/A or Not Observed (NOB))	Yes	No	Not Observed	Comments
1. How did you schedule your appts? (Call Center, TOL, etc.) a. Were you successful in securing an appt during the initial call? b. Rate the courtesy of the call center agent: 1(Poor)-10(Exceptional)				
Was the facility signage adequate and helpful?				
2. The staff appeared friendly and approachable.				
3. I was greeted immediately upon arrival to check-in.				
4. I was addressed by my name using appropriate greeting.				
5. The time I waited was acceptable. a. I was informed when there was a delay				
6. I felt the staff had a genuine concern for me and/or my care.				
7. Did you get what you needed from this visit today?				
8. Rate your overall experience with this visit: 1(Poor)-10(Exceptional).				