



Billings Clinic Cancer Center Care Navigation Survey

Patient Name: _____ Gender: <input type="radio"/> Male <input type="radio"/> Female Age: <input type="radio"/> < 35 <input type="radio"/> 35-44 <input type="radio"/> 45-54 <input type="radio"/> 55-64 <input type="radio"/> 65-74 <input type="radio"/> > 75	Navigator Name: _____ Cancer Type: <input type="radio"/> Bladder <input type="radio"/> Myeloma <input type="radio"/> Breast <input type="radio"/> Ovarian/Primary <input type="radio"/> Cervical <input type="radio"/> Peritoneal <input type="radio"/> CNS <input type="radio"/> Pancreatic <input type="radio"/> Colon & Rectum <input type="radio"/> Prostate <input type="radio"/> Esophageal <input type="radio"/> Renal <input type="radio"/> Head & Neck <input type="radio"/> Sarcoma <input type="radio"/> Leukemia <input type="radio"/> Testicular <input type="radio"/> Lymphoma <input type="radio"/> Uterine <input type="radio"/> Lung & Bronchus <input type="radio"/> Other: _____ <input type="radio"/> Melanoma/Skin _____
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Care Navigator Feedback Section Directions: In the section below, Care Navigators will enter scores based on their perceptions of the service quality offered during this treatment plan.			
	Yes	No	N/A
Patient had quick, seamless access to cancer services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was allowed an appropriate level of involvement in patient care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The identified clinical plan of care (clinical guidelines) was initiated and followed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Patient Feedback Section Directions: In the section below, scores will be reported by patients during telephone follow-up. Phone number: _____	<div style="border: 1px solid black; padding: 5px; min-height: 60px;"> Special Notes: </div>
<p><i>Hello. My name is _____ with Billings Clinic. Is _____ available? I am calling on behalf of the Cancer Center and would like to ask a few brief questions with regard to the care you received. Is this a good time for you? I have 5 statements and I would like you to respond to each statement with a number indicating your agreement. A low number would indicate you disagree with the statement I have read, whereas a high number indicates your agreement. I will begin if you are ready.</i></p>	
<p>My cancer care was provided in a timely fashion.</p> <p>My care navigator helped me develop my unique treatment plan.</p> <p>My care navigator was important in ensuring seamless care between different areas of the clinic.</p> <p>My care navigator coordinated my care to meet my unique needs.</p> <p>My care navigator answered my questions in a manner I could easily understand.</p>	<p>1 2 3 4 5 6 7 8 9 10</p> <p>○ ○ ○ ○ ○ ○ ○ ○ ○ ○</p> <p>○ ○ ○ ○ ○ ○ ○ ○ ○ ○</p> <p>○ ○ ○ ○ ○ ○ ○ ○ ○ ○</p> <p>○ ○ ○ ○ ○ ○ ○ ○ ○ ○</p> <p>○ ○ ○ ○ ○ ○ ○ ○ ○ ○</p>
<div style="border: 1px solid black; padding: 5px; min-height: 40px;"> Was there any additional information or education that would have been beneficial for your care navigator to give you? </div> <div style="border: 1px solid black; padding: 5px; min-height: 40px; margin-top: 10px;"> Do you have any comments you would like to make? </div>	
Thank you for taking the time to respond to these questions. Your input is very important so that we can offer the best possible care. Have a nice day!	

Date/Time of All Attempts 1. _____ 2. _____ 3. _____	Staff Signature _____ _____
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