



Patient Access Secret Shopping Form

CLINIC: _____ DATE: _____

COWORKER: _____

1. The call was answered promptly.

- Excellent (3 rings or fewer)
 Needs improvement (4 rings or more)

In case of a call system queue: Time Entered Queue: _____

Time Exited: _____

2. Did the coworker follow the standardized greeting?

- Yes
 No

3. If not, did the coworker identify self and facility when answering the phone?

- Yes (identified both; self and facility)
 Partial (identified self only)
 Partial (identified facility only)
 No (identified neither)

4. If placed on hold or transferred, did the coworker ask first before doing so?

- Yes
 No

5. If on hold for longer than one minute, did the coworker check back with you?

- Yes
 No

6. Was the coworker courteous and helpful?

- Yes
 No

7. Was the call routed to the appropriate person or question answered completely?

- Yes (did an excellent job)
 Partial (could have been better) *(If this answer is selected, please explain below.)*
 No (needs improvement)

8. Did the coworker offer another clinic location/provider if the provider they wanted was not able to see them timely?

- Yes
 No

9. Overall, how would you rate your call experience?

- Excellent
 Acceptable
 Needs Improvement

Comments/Suggestions to improve the patient experience: