Kittitas Valley Healthcare
Your Home for Health

Care and Service Report

At Kittitas Valley Healthcare, we welcome patients' and visitors' feedback on our service. We look forward to helping you with your concerns or hearing ideas you may have for improving our service. We are particularly interested in hearing of any safety concerns or improvements you would like to suggest, as well as examples of exceptional care that you received from our staff.

Verbal concerns may be expressed to staff or management. You may also file a grievance by filling out the attached Care and Service Report form where you can write down, in your own words, any comments, questions or concerns you would like to see us address. If you have trouble with the form, please give our Reception Desk a call and they will be pleased to assist you.

When completed you may either:

- ► Return the form to our Reception Desk or our Quality Assurance Department
- ► Fax to (509) 933-7557
- ► Mail to:

Kittitas Valley Healthcare
Attn: Care and Service Coordinator
Quality Assurance Department
603 S. Chestnut St.
Ellensburg, WA 98926

We share all of your comments with our Senior Leadership Team, Department Directors and staff. It is our intent to contact you either in writing or by phone within seven business days to acknowledge receipt of this report. From there we will attempt to address your concerns or help answer your questions. If you do not hear from us, please call our Care and Service Coordinator at (509) 933-8719.

You also have the right to contact the Washington State Department of Health at (800) 633-6828. Patients covered by Medicare may contact KEPRO at (888) 305-6759.

Thank you for your time and interest in completing this Care and Service Report. We are committed to providing the highest quality care possible and are eager to hear from you.

Sincerely,

Julie Petersen
Chief Executive Officer

For Organization Use Only

DOS: _____
MRN: _____
Enc#: _____
DOB: _____

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- ► Please legibly complete all of the areas requested.
- ► Please include names, dates, times and as many details as possible.
- ► Return this form to the KVH Hospital Reception Desk or the Quality Assurance Department.

Name: _____ Phone: _____

Address: _____

Comments: _____

_____

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_____

Date: _____ Signature: _____

Thank you for helping us to improve our service to you.

For Organization Use Only

Received: _____ Date Called: _____

Sent To: _____

www.kvhealthcare.org
509.962.9841 • Fax: 509.962.7351
603 S. Chestnut Street • Ellensburg, WA 98926