



## *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. Concerns may also be submitted electronically by clicking the "share your experience" link on our webpage. If you have trouble with the form, please contact our Patient Experience Coordinator and they will be happy to assist you.

When completed you may either:

- ▶ Email: [QualityManagement2@kvhealthcare.org](mailto:QualityManagement2@kvhealthcare.org)
- ▶ Walk in: KVH Front Desk, 603 S. Chestnut Street, Ellensburg, WA 98926
- ▶ Mail to:

**Kittitas Valley Healthcare**  
**Attn: Patient Experience Coordinator**  
**Quality Assurance Department**  
**603 S. Chestnut St.**  
**Ellensburg, WA 98926**

We share all 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 Patient Experience 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 Acentra 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,

Jason Adler  
Chief Executive Office

For Organization Use Only

DOS: \_\_\_\_\_  
MRN: \_\_\_\_\_  
Enc#: \_\_\_\_\_  
DOB: \_\_\_\_\_



Care and Service Report Form

- ▶ 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: \_\_\_\_\_

Confidential and privileged information pursuant to RCW 4.24.250, RCW 70.41.200, and RCW 42.17.310. Duplication, reproduction and/or release of this information is not authorized.