**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Quality Assurance Page 1 of 3

F-02657 (05/2020)

**DQA POST SURVEY QUESTIONNAIRE**

**Clinical Laboratory Improvement Amendment (CLIA)**

This form is available to CLIA providers in paper format (provided by your surveyor) or as a Word-fillable document that can be accessed online at <https://www.dhs.wisconsin.gov/forms/index.htm>**.** Use either version of the questionnaire to provide the Division of Quality Assurance with valuable feedback. Comments and responses to the questions will be used to evaluate and review the survey system and to improve the quality of the survey process.

Data provided in your response to the questionnaire will not influence certification status. The identity of the provider/supplier and survey staff will remain anonymous throughout the analysis and interpretation of the data. Although every effort will be made to maintain anonymity, be aware that the questionnaire responses are subject to disclosure under the Wisconsin Open Records Law.

We ask that each provider complete **only one questionnaire per survey event.**

Submit the completed form to DQA via email at dhswebmaildqa@wisconsin.gov or mail to:

**DHS / Division of Quality Assurance**

**BHS / CLIA**

**PO Box 2969**

**Madison, WI 53701-2969**

|  |  |
| --- | --- |
| Name – CLIA Facility      | CLIA No.      |
| Address – CLIA Facility      | City      | State   | Zip Code      |
| Type of Laboratory |
| [ ]  Physician Office [ ]  Hospital [ ]  Plasma Center [ ]  Independent [ ]  Other – *Specify*: |       |
| Type of Onsite Survey Conducted *(Identify all that apply.)* |
| [ ]  Medicare / Medicaid Certification [ ]  Complaint Investigation [ ]  Other – *Specify*: |       |
| Date of Survey *(MM/dd/yyyy)*      | Date Questionnaire Completed *(MM/dd/yyyy)*      |
| **SECTION A. ONSITE SURVEY**  |
|  | **5** | **4** | **3** | **2** | **1** | **N/A** | **Comment if 1 or 2 is checked.** |
| **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** | **N/A** |
| 1. Survey process was clearly explained at the beginning of the survey.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. Survey did not interfere with the delivery of patient/client care.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. Survey assisted in your understanding of CLIA regulations.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. Survey Guide was easy to understand and helpful during survey.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. Survey staff were efficient and survey was completed in a reasonable amount of time.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **N/A** | **Comment if 1 or 2 is checked.** |
| **Strongly****Agree** | **Agree** | **Neutral** | **Disagree** | **StronglyDisagree** | **N/A** |
| 1. Communication with surveyor(s) was ongoing during survey.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. Surveyor(s) sought out corroborating information to validate compliance decisions.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. Provider/facility had opportunity to discuss preliminary survey findings with the surveyor.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. Received knowledgeable response from DQA surveyor if provider/ facility requested clarification during survey process.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. The survey was conducted in a professional manner.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. Surveyor(s) interacted respectfully with facility staff.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| **SECTION B. POST SURVEY STATEMENT OF DEFICIENCY** |
| 1. Deficiencies were easy to understand and clearly explained the basis for findings of noncompliance.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. Deficiencies included specific actions, errors, or lack of actions to explain and support findings of noncompliance.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. Deficiencies clearly and concisely explained noncompliance with CLIA regulations.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. Documentation in deficiencies helped your lab develop a plan of correction.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. Expectations and time frames for completing plans of correction were clearly explained.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| 1. Letter accompanying the Statement of Deficiency (SOD) clearly explained the process for appealing or for developing your plan of correction.
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |

| **SECTION C. ADDITIONAL COMMENTS AND RECOMMENDATIONS** |
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| Provide additional comments or information about the CLIA survey process below. |
|       |
| Recommend one change that would improve the survey experience. |
|       |