

XYZ HHA

PHYSICIAN SATISFACTION SURVEY

Your opinion is valued.

XYZ HHA is dedicated to providing excellent patient care. To accomplish this we need your help in identifying what we are doing right and what needs improvement. Please take a few minutes to fill out this survey and return it as soon as possible in the enclosed envelope. Thank you.

1 – Agree 2 – Disagree

Quality/appropriate patient care

My orders are carried out to my satisfaction.....	1	2
My patients are satisfied with XYZ's home health care service	1	2
I am satisfied with the quality of care provided to my patients.	1	2
I would recommend XYZ HHA.....	1	2

Responsiveness

XYZ's admitting nurse responds appropriately to the referral information in opening a case	1	2
2) The following areas meet my needs:		
Reception.....	1	2
Referral Intake.....	1	2
Order Processing.....	1	2
Clinical Staff.	1	2
After hours / Weekends	1	2

Communication/feedback

1) I am satisfied with the communication I receive from the clinical staff about my patients.....	1	2
2) I receive timely verbal or written summaries of my patient's condition.....	1	2

How can we improve our service and/or communication? _____

Name: _____ Phone # _____

XYZ encourages its referring physicians to voice concerns. Please contact us at any time.

Abc Def, Executive Director	312-850-7529	E-mail address
Hij Klm, Director Home Care Services	555/850-7517	
Mno, Pqr Manager Client Services	555/850-7512	
Stu Vwx, Coordinator Customer Services	555/850-7523	

Thank you so much for helping us provide better care to your patients and better service to you.

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