## XYZ HHA

## PHYSICIAN SATISFACTION SURVEY

Your opinion is valued.

Our XYZ HHA staff 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 by **August 31, 2003** in the enclosed envelope. Thank you for taking the time to assist us.

Quality/appropriate patient care			
	Agree	Disagree	
My orders are carried out to my satisfaction			
My patients are satisfied with XYZ HHA's services			
I am satisfied with the quality of care provided to my patients			
I would recommend XYZ HHA			
Responsiveness			
The XYZ HHA admitting nurse responds appropriately to the	Agre	Agree Disagree	
referral information in opening a case			
The following areas meet my needs:			
	Agree	Disagree	
Reception			
Referral Intake			
Order Processing			
Clinical Staff			
After hours/Weekends			
Communication/feedback			
I am satisfied with the communication I receive from the clinical staff about my patients.		<b>Agree</b> □	Disagree
I receive timely verbal or written summaries of my patient's condition.			
How can we improve our service and/or communication?			
Nama:	hana#		
Our XYZ HHA staff encourages its referring physicians to voice concerns. Plea	ase contact us	at any time.	
Administrator: XXXXXXXXX, RN Phone #	Phone # 541-523-8103		
Director Home Care Services: XXXXXXXXX RN Phone	Phone # 5/1-523-8816		

PLEASE RETURN THIS SURVEY IN THE ENVELOPE PROVIDED BY XXXX, 2004. THANK YOU FOR YOUR PARTICIPATION IN THIS VERY IMPORTANT SURVEY.