

SAMPLE PHYSICIAN SATISFACTION SURVEY #1

**XYZ Home Health Agency
Physician Satisfaction Survey**

SHARE Your Opinion

We appreciate the opportunity to provide Home Care Services and Medical Equipment to your patients. Your opinion is important to us. We strive to continually improve ourselves so that you and your patients receive optimum benefits.

Please tell us how we have done by grading us on a scale of 1-10 with 10 Strongly Agree and 1 Strongly Disagree and N/A Not Applicable.

	Strongly Agree.....Strongly Disagree										
1. I am knowledgeable and have a great deal of experience with the services and equipment provided by XYZ Home Health Agency.	10	9	8	7	6	5	4	3	2	1	N/A
2. The referral process for XYZ Home Health Agency is quick and uncomplicated.	10	9	8	7	6	5	4	3	2	1	N/A
3. In my experience, the plan of care initiated during hospitalization has been effectively carried out by XYZ Home Health Agency.	10	9	8	7	6	5	4	3	2	1	N/A
4. The paperwork that is required by XYZ Home Health Agency is equal in comparison to other Home Health Providers.	10	9	8	7	6	5	4	3	2	1	N/A
5. The visits made to my office by the Community Liaison are always helpful and educational to my staff and me.	10	9	8	7	6	5	4	3	2	1	N/A
6. The quality of care and services provided by XYZ Home Health Agency is superior:	10	9	8	7	6	5	4	3	2	1	N/A
A. Skilled Nursing	10	9	8	7	6	5	4	3	2	1	N/A
B. Therapy	10	9	8	7	6	5	4	3	2	1	N/A
C. Home Health Aides	10	9	8	7	6	5	4	3	2	1	N/A
D. Home Medical Equipment	10	9	8	7	6	5	4	3	2	1	N/A
E. Special Transport	10	9	8	7	6	5	4	3	2	1	N/A
7. Telephone calls received by XYZ Home Health Agency are always appropriate.	10	9	8	7	6	5	4	3	2	1	N/A
8. I would definitely use XYZ Home Health Agency again and recommend to others.	10	9	8	7	6	5	4	3	2	1	N/A
9. Comments:											

Physician Name (Optional): _____

If you have any questions or comments, please contact:

_____, Administrator
XYZ Home Health Agency
Address
Phone/Fax

**XYZ Home Health Agency
Physician Satisfaction Survey**

Name (optional) _____ Date _____

In order to provide quality care and service excellence, we are asking our valued customers for their assistance in completing this survey.

Please rate the following by utilizing a scale of 1 to 5, with 1 as the lowest mark of satisfaction and 5 as the highest

Ease of the referral process	1	2	3	4	5
Quality of care	1	2	3	4	5
Scope of services available	1	2	3	4	5
Problem/complaint resolution	1	2	3	4	5
Communication between your office and our staff	1	2	3	4	5
Overall satisfaction	1	2	3	4	5

Please share any suggestions or issues that would help us to improve our home health services that would meet your needs and those of your patients.

Thank you for taking time out of your busy schedule to provide this valuable input. Please return it in the enclosed envelope.

Respectfully,

Administrator

SAMPLE PHYSICIAN SATISFACTION SURVEY #3

**XYZ Home Health Agency
Physician Satisfaction Survey**

		Yes	No	Comment
1.	Was an individualized Plan of Care developed for each patient in accordance to your order?			
2.	Were your patients visited as you ordered?			
3.	Did agency staff communicate appropriately with you about your patient's status?			
4.	Are you satisfied with the care your patient received from our agency?			

5. Telephone contact with our agency regarding your patient's care was:
 Excellent
 Adequate
 Courteous
 Infrequent
 Inadequate
 Discourteous

6. Which of the following services provided by the agency have you utilized?
 RN
 PT
 ST
 OT
 HHA
 MSW
 Dietician

7. How do you feel we can improve our services?

Name: _____
Signature: _____