

27. What do we do best at this facility?

28. What can we do better at this facility to serve your needs?

29. What can we do better at this facility to serve the needs of your patients?

30. We strive to acknowledge those staff members who provide very good service to the physicians and patients they serve. Please let us know the name of a staff member who deserves to be acknowledged.

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2010 CONFIDENCE PHYSICIAN SATISFACTION SURVEY

During the past year, we have had the privilege of serving your patients. Meeting the needs of physicians and their patients is the most important part of our services. Without input from physicians, it is difficult to know how we are doing and what needs improvement.

We would sincerely appreciate your participation in this survey. Your responses will be kept confidential. Please indicate your degree of agreement with the following statements.

Care Provided in This Facility

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE
1. The professional nursing staff has the skills needed by my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The nursing assistants have the skills needed by my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The social service staff has the skills needed by my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The physical therapy staff has the skills needed by my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The occupational therapy staff has the skills needed by my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The speech therapy staff has the skills needed by my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My patients receive effective pain management.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My patients generally have good outcomes resulting from quality care provided by staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Staff of this facility consistently demonstrates respect for my patient's rights, privacy, and dignity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DO NOT SEPARATE PAGES

SAMPLE - NOT FOR DISTRIBUTION

SAMPLE - NOT FOR DISTRIBUTION

Communication with Nursing Staff

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE
10. Nursing staff communicates effectively with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Nursing staff communicates in a courteous manner with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Nursing staff communicates issues to me in a timely manner about my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Access to Services Provided in This Facility

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE
13. This facility provides adequate space for me to examine my patients who live here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. This facility provides adequate privacy for my patients when I conduct examinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Ordering necessary diagnostic or laboratory tests is an efficient process in this facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Coordination of Care

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE
16. Scheduling appointments and tests for my patients are done in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Staff reports results of diagnostic tests to me in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. This facility has good relationships with hospitals where I admit my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall Evaluation

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE
19. Overall, this facility meets the needs of my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Overall, this facility meets my requests in a timely manner regarding my patient's care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Overall, I am satisfied with the quality of care and services provided to my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I would recommend this facility to patients who need care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I would recommend this facility to other physicians whose patients require short-term skilled nursing services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I would recommend this facility to other physicians whose patients require long-term care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demographic Questions

25. On average, how many patients do you have in this facility on a monthly basis?

- Less than 5 11 to 15 21 to 30 41 to 50
 5 to 10 16 to 20 31 to 40 Over 50

26. How many years have you been admitting your patients to this facility?

- Less than 1 year 6 to 10 years 16 to 20 years
 1 to 5 years 11 to 15 years Over 20 years