



**Our Corporate Quality Improvement Program
is an essential part of our hospital.
Please fill out and fax to 337-721-1976.
*Your input is Greatly Appreciated.***

Hospital Location: _____

How are we doing?

Please rate the following:

“Helping Preserve
the **Quality**
of **Lives**”

1 2 3 4 5
Bad Poor Average Good Superb

UPON REFERRAL

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Returned call in timely manner |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Evaluation performed in a timely manner |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Liaison between facility and family |

UPON ADMISSION

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Notified referral of patient arriving at facility |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Update referral source weekly on status of patient |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Kept in communication with family members |

UPON DISCHARGE

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Facility notified prior to discharge |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Facility arranged transportation |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Patient returned with discharge summary |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Patient / Family returned with clear understanding of discharge / follow up needs. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Patient returned clean and presentable |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Patient outcome |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Patient / Family satisfaction |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Referral Source satisfaction |

Would you recommend this facility to others?

How could we make the referral/admission process easier?

Patient returned with all necessary paperwork?

Comments:

Signature/title: _____