



Physician Satisfaction Survey



Thank you for choosing Mercy's Adult Outpatient Rehabilitation Services for your patient's needs. Our quality mission is to maximize the value, potential and satisfaction to our customers. To do this, we need your feedback. We would appreciate your rating our performance by responding to the survey below. We will use your input to measure our performance and improve our service as needed.

Please place a check or X inside the appropriate circle.

GENERAL INFORMATION

1. I utilize the following rehabilitation services for my patients:

- Aquatics (Pool) Occupational Therapy Industrial Rehabilitation
- Physical Therapy Speech Therapy

2. Percent of rehab referrals that go to Mercy's Adult Outpatient Rehabilitation Centers:

- < 10% 10 - 25% 26 - 50% 51 - 75% 76 - 90% >90%

3. Over the past year this percentage has been:

- Increasing Decreasing About the Same

PATIENT ACCESS

Response Definition: SA=Strongly Agree A=Agree N=Neutral D=Disagree SD=Strongly Disagree

- | | SA | A | N | D | SD |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 4. My patients are scheduled in a timely manner: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Adequate services are available at Sparrow's Adult Outpatient Rehabilitation Centers: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Rehab center location determines where I send my patients: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Hours of operation determine where I send my patients: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

QUALITY

Response Definition: SA=Strongly Agree A=Agree N=Neutral D=Disagree SD=Strongly Disagree

- | | SA | A | N | D | SD |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 8. I am satisfied with the quality of care received by my patients:..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. I am satisfied with the staff's personal attention to my patients: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. The therapists are skillful and knowledgeable:..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. I am satisfied with the continuity of care for my patients: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. I have received positive feedback from my patients:..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

(please continue on the reverse side)



Physician Satisfaction Survey (continued)

DOCUMENTATION

Response Definition: SA=Strongly Agree A=Agree N=Neutral D=Disagree SD=Strongly Disagree

- | | SA | A | N | D | SD |
|---|---------------------------------------|---------------------------------------|-----------------------|-----------------------|-----------------------|
| 13. Documentation on my patient's care is received in a timely manner:..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Evaluation and discharge reports are adequate for communication: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Documentation is clear, easy to read and understand: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Please mark the circle below that best describes your specialty: | | | | | |
| <input type="radio"/> Anesthesiology | <input type="radio"/> Cardiology | <input type="radio"/> Dentistry | | | |
| <input type="radio"/> ENT | <input type="radio"/> Family Practice | <input type="radio"/> General Surgeon | | | |
| <input type="radio"/> Internal Medicine | <input type="radio"/> Neurology | <input type="radio"/> Neuro Surgery | | | |
| <input type="radio"/> OB / GYN | <input type="radio"/> Orthopedics | <input type="radio"/> Psychiatrist | | | |
| <input type="radio"/> Plastic Surgery | <input type="radio"/> Podiatry | <input type="radio"/> Other:_____ | | | |

17. Please add any comments and suggestions INSIDE the box below. Include your name and telephone number if you would like us to contact you:

THANK YOU FOR ASSISTING US IN EVALUATING OUR CARE!