Physician Satisfaction Survey

SURVEYID

HMSA's records indicate that you treated patients at the hospital listed below during 2005. We ask for your assistance in assessing physician satisfaction with this hospital. This survey will be used as a component of HMSA's Hospital Quality and Service Recognition (HQSR) Program to help hospitals identify potential areas for improvement.

You may receive additional copies of this survey if you have treated patients at more than one hospital that is participating in the HQSR Program. Please fill out a separate survey for each hospital. Your name and responses will be kept confidential. If you have any questions or comments regarding this survey, please call Health Benchmarks, toll-free, at 1 (800) 577-3599. Thank you for your participation.

HOSPITAL: <hosp_name>

Please rate the following services at <*hosp_name*>. Circle the number that best describes your experience.

PLEASE RATE THE FOLLOWING:	*Poor*	*Fair*	*Good*	*Very Good*	*Excellent*	*N/A*
HOSPITAL SERVICES						
1. Efficiency of admission process	1	2	3	4	5	N/A
2. Availability of beds for emergency admissions	1	2	3	4	5	N/A
3. Timely and coordinated discharge planning	1	2	3	4	5	N/A
4. Ability to schedule surgeries, procedures, tests, and special orders within a reasonable time	1	2	3	4	5	N/A
5. Scope of support services offered (e.g., medical and patient education, social services)	1	2	3	4	5	N/A
6. Timeliness and accuracy of medical record service	1	2	3	4	5	N/A
HOSPITAL STAFF						
7. Nursing staff: Please rate the nursing staff at this hospital	1	2	3	4	5	N/A
8. Laboratory services: Promptness and accuracy in processing and reporting laboratory test results	1	2	3	4	5	N/A
9. Pathology services: Promptness and accuracy in processing and reporting pathology test results	1	2	3	4	5	N/A
10. Radiology services: Promptness and accuracy in processing and reporting radiology results	1	2	3	4	5	N/A
11. All hospital staff: Courtesy and respect shown to patients	1	2	3	4	5	N/A
HOSPITAL ADMINISTRATION AND FACILITIES						
12. Cooperation and responsiveness of hospital administration	1	2	3	4	5	N/A
13. Equipment that is available and functioning	1	2	3	4	5	N/A
14. Facility that is clean and well-maintained	1	2	3	4	5	N/A
OVERALL EVALUATION						
15. Overall satisfaction with this hospital	1	2	3	4	5	N/A

16. Would you recommend this hospital to other physicians? ____Yes ____No

Comments:

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