

PHYSICIAN SATISFACTION SURVEY

This survey will evaluate the areas for improvement as well as what is working well. The results will lay the foundation for subsequent service excellence actions.

Rate your satisfaction on a scale of 1-5 with 1 being “not at all” and 5 representing “all of the time.” Please provide comments for each.

1. I am satisfied with the efficiency of admitting my patients to the hospital. **1 2 3 4 5**

Comments: _____

2. I am satisfied with the nursing care the patients receive in the ED. **1 2 3 4 5**

Comments: _____

3. Communication from my ED Leader is timely and clear. **1 2 3 4 5**

Comments: _____

4. The hospital has the equipment I need to provide excellent care for my patients. **1 2 3 4 5**

Comments: _____

5. I am satisfied with the way test results are reported on my patients' charts **1 2 3 4 5**

Comments: _____

6. Chart documentation and medical records (including space to sit and transcription) are efficient and organized. **1 2 3 4 5**

Comments: _____

7. Communication with hospital staff to schedule treatments and tests (imaging and lab) is easy, efficient, and timely. **1 2 3 4 5**

Comments: _____

8. The hospital is focused on meeting my needs as a member of the ED physician team. **1 2 3 4 5**

Comments: _____

9. My overall experience in the ED at Holy Cross as a physician caring for patients is excellent. **1 2 3 4 5**

Comments: _____

As a member of our medical staff, what is working well or have improved?

- 1.
- 2.
- 3.

What would you like to see improved?

- 1.
- 2.
- 3.

Describe how you would like to be rewarded or recognized for achieving excellence?

Ideas, comments or concerns you would like to share.

Name is optional _____