

Patients answer medical oncology satisfaction surveys, pre or post visit, while the experience is fresh on their minds



PATIENTS ANSWER IN 2.5 MINUTES



Instant Daily Dashboard Graphs & Frequency Reports -as data uploads via web

A simple way of quickly getting practical information in the hands of organizational staff

Sort your own database by site, quarter, service
HIPAA compliant

Select physicians from the drop-down menu and get opinions from the physician's patients

Getting started:

Customize each site's survey questionnaire, add provider names and services. Save money by rotating tablets through your system. Continuous and annual survey plans

Customize your oncology-satisfaction questionnaire

<p>Bienvenido - Welcome Le gustaria responder esta encuesta: Would you like to take this survey in: 1. Spanish 2. English</p> <p>ACCESS</p> <p>1. How long you have been coming to this clinic 1. One month 3. 6 to 12 months 2. 1 to 6 months 4. Over 12 months</p> <p>2. Main service you received today 1. Chemotherapy 4. Clinical Trial 2. Chemotherapy & office visit 5. Office visit ONLY 3. Lab ONLY 6. Radiation therapy</p> <p>3. Your most recent provider 1. John A. Blue 4. Alice D. Red 2. Robert G. Green 5. Sarah Brown 3. Susan B. Anthony 7. David Orange</p> <p>4. The personal manner (courtesy, respect, sensitivity, friendliness) of the RECEPTIONIST</p> <p>5. Getting through to the office by phone</p>	<p>6. Reason for your call 1) To leave a message for my doctor 2) Test Results 3) To speak to a nurse 4) To make an appointment 5) Prescription Refill 6) To schedule a test 7) Billing Issue</p> <p>PROVIDER</p> <p>7. Explanation of your diagnosis, prognosis, treatment recommendations by your physician</p> <p>8. Length of time spent with your provider</p> <p>9. The personal manner (courtesy, respect sensitivity) of your PROVIDER</p> <p>10. The technical skills (thoroughness, carefulness, competence) of the PROVIDER</p> <p>NURSING STAFF</p> <p>11. Skill in giving treatment</p> <p>12. Rate the explanation of your treatment, management of side-effects and resources given by the NURSE</p> <p>13. I was able to ask questions when I wanted to</p> <p>14. The personal manner courtesy, respect, sensitivity, friendliness)of the NURSE</p> <p>15. Rate your care overall</p>	<p>16. Did you receive radiation therapy Yes/No (Branching Question -Survey tablet branches Med Onc patients to facility section)</p> <p>DISCHARGE INSTRUCTIONS</p> <p>17. Clarity of discharge instructions</p> <p>TECHNOLOGIST / THERAPIST</p> <p>18. Rate the care you received from your PET TECHNOLOGIST</p> <p>19. Rate the care you received from your SIMULATION TECHNOLOGIST</p> <p>FACILITY</p> <p>20. Cleanliness and neatness of clinic</p> <p>21. Helpfulness of the SOCIAL WORKER</p> <p>22. Helpfulness of the DIETICIAN</p> <p>22. Likelihood you would recommend this facility to your family or friends</p> <p>23. How did you hear about us</p> <p>24. Age 25. Gender</p>
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Dupont Linhoff Patient Assessments

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