

McLaren Print System Order

Order No: 75025
 Order Date: 2023-02-01
 User: Susan Hillger
 Phone: 248-866-2048

Ship Location: Acute Rehab Unit (Attn: Sue Hillger)
 416 Connable Ave
 Petoskey, MI 49770

Brochures
 Quantity: 200
 Paragon Dept No: 30435
 Dept Name: McLaren Northern - Acute Rehab Unit
 Company Number: 410

Order Total Price: 41.80

Item Number: MHCC-580
 Item Description: Patient Satisfaction Survey
 Revision Date: 01/2023
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster:
 Misc Info: 8.5x11, DS, Bleed, Color, 80# Text

INPATIENT REHABILITATION SATISFACTION SURVEY



Thank you for allowing us to take care of you. Please complete this confidential survey on your recent inpatient rehabilitation experience.

Please circle the response that best reflects your experience on a scale of 1-5.
 1 = very poor 2 = poor 3 = fair 4 = good 5 = very good

REHABILITATION PHYSICIAN

This is the rehabilitation doctor who took care of you during your inpatient rehabilitation stay.

Treated you with courtesy and respect	1	2	3	4	5
Kept you informed about your treatment and progress in a way you understood	1	2	3	4	5
Explained your discharge plan and any future follow-up care	1	2	3	4	5
Listened carefully to you	1	2	3	4	5

INTERNAL MEDICINE OR HOSPITALIST PHYSICIAN

This is the medical doctor who took care of you during your inpatient rehabilitation stay. If you did not have this doctor, please skip this section.

Treated you with courtesy and respect	1	2	3	4	5
Kept you informed about your treatment and progress in a way you understood	1	2	3	4	5
Explained your discharge plan and any future follow-up care	1	2	3	4	5
Listened carefully to you	1	2	3	4	5

NURSING CARE

Treated you with courtesy and respect	1	2	3	4	5
Call bell/call light response time	1	2	3	4	5
How often checked on you every hour while awake	1	2	3	4	5
Kept you informed on your treatment and progress in a way you understood	1	2	3	4	5
Trained you on caring for yourself at home (including medications)	1	2	3	4	5
Explained your discharge plan	1	2	3	4	5
Overall quality on day shift (7a-7p)	1	2	3	4	5
Overall quality on night (7p-7a)	1	2	3	4	5

PHYSICAL THERAPY

Treated you with courtesy and respect	1	2	3	4	5
Explained your treatment and progress in a way you understood	1	2	3	4	5
Included you when setting your physical therapy goals	1	2	3	4	5
Helped you to meet your goals	1	2	3	4	5
Provided you training for discharge	1	2	3	4	5

OCCUPATIONAL THERAPY

Treated you with courtesy and respect	1	2	3	4	5
Explained your treatment and progress in a way you understood	1	2	3	4	5
Included you when setting your occupational therapy goals	1	2	3	4	5
Helped you to meet your goals	1	2	3	4	5
Provided you training for discharge	1	2	3	4	5

Spec Info: