Dear Provider,

Thank you for collaborating with Mountain Valley Hospice (MVH) to provide hospice care for your patient.

For over 30 years, MVH has focused on serious illness so patients and their families can focus on living. To accomplish this, we need your help in identifying ways that we can better serve you and support your patients. Please take a few minutes to fill out this survey and return it as soon as possible. You may also access this survey on our website: www.mvhcares.org. Click on "Providers" for the survey link. Please feel free to add any additional comments.

Thank you in advance for your help!

Terry A. Swierzowski
Director of Business & Community Development

ADMISSIONS PROCESS

1. How did your patient's referral/admission process to Mountain Valley Hospice work for you/your staff?

_____EXCELLENT _____GOOD _____SATISFACTORY _____UNSATISFACTORY _____N/A

What could we have done to improve the referral/admissions process for you/your staff?

_____

_____

COMMUNICATIONS

2. How often did the MVH Team keep you informed about your patient(s) condition?

_____ALWAYS _____USUALLY _____SOMETIMES _____NEVER _____N/A

3. Did MVH provide timely information to you about your patient? _____YES _____NO _____N/A

4. Did MVH provide appropriate information to you about your patient? _____YES _____NO _____N/A

If no to either question 3 or 4, what kind of information could we have better provided and how often would you have liked to be contacted about your patient?

_____

_____

4. Were communications between MVH and your staff professional and courteous?

_____ALWAYS _____USUALLY _____SOMETIMES _____NEVER _____N/A

MEDICATIONS

5. Based on the care your patient(s) received, how do you feel their pain was managed?

_____WELL MANAGED _____MANAGED _____FAIRLY MANAGED _____POORLY MANAGED _____N/A

6. Were appropriate medication recommendations and doses requested by MVH staff?

_____ALWAYS _____USUALLY _____SOMETIMES _____NEVER _____N/A

CLINICAL CARE

7. How do you feel that your patient's physical symptoms were managed by our clinical staff while under MVH's care?

_____WELL MANAGED _____MANAGED _____FAIRLY MANAGED _____POORLY MANAGED _____N/A

8. Do you think MVH positively influences the quality of life for your patient and his/her family during end-of-life care?

_____YES _____NO

Comments:_____

_____

What was your overall satisfaction with the services provided by MVH?

_____EXCELLENT _____VERY GOOD _____SATISFACTORY _____POOR

What is the likelihood that you would refer future patients to MVH?

_____DEFINITELY _____VERY LIKELY _____LIKELY _____NOT LIKELY

Additional comments that would help us improve our services to you and your patient(s):

_____
_____
_____

Would you like to participate in a discussion about hospice care with our Medical Director Dr. Robert Brandis and MVH Clinical Staff? _____YES _____NO

Name (Title) of Responder_____Date:_____

Office/Address:_____

Phone:_____Email:_____

THANK YOU SO MUCH FOR PARTICIPATING IN THIS SURVEY!
Please return via email at terry.swierzowski@mvhcares.org, by fax at (518) 773-2053 or by mail to Mountain Valley Hospice, 108 Steele Avenue, Gloversville, NY 12078

Mountain Valley Hospice encourages its referring and attending physicians to voice concerns. Please contact Terry Swierzowski, Director of Business & Community Development at any time at (518) 921-6694 or by email at terry.swierzowski@mvhcares.org