Ventricular Assist Device (VAD) Program PATIENT SATISFACTION SURVEY

We would like to know how you feel about the services we provide, so we can ensure we are meeting your needs. Your responses are directly responsible for improving our program. All surveys will be kept confidential and anonymous. Thank you very much for your time.

The following questions apply to your experience with our Ventricular Assist Device (VAD) program. Please complete the questions by filling in the square corresponding with your choice. When you are finished with the survey, please return it in the self-addressed stamped envelope. This survey is given to each patient at 3 and 6 months post-discharge so that we can evaluate our progress towards making this the best program possible. Thank you for helping us improve our program!

Quality of Care	N/A	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
1 VAD coordinator's knowledge of my device.						
² I have complete confidence in the VAD coordinator's in troubleshooting problems with my device.						
3 The training I received on my device alleviated any fears I had regarding discharge.						
Accessibility						
4 My concerns were addressed in a manner that was satisfactory.						
In an emergency, I know who to contact with device and/or medical questions.						

Service	N/A	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree		
6 I was always treated with courtesy and respect by the:								
doctors								
nurses								
nurse practitioners								
VAD coordinators								
7 I would recommend the VAD program at Navicent Health with heart failure.								
Miscellaneous								
8 I felt prepared for discharge.								
Is there any person or part of our program you would like to compliment? Do you have any other comments or concerns?								
Would you like somone to contact you regards If yes then please fill out below, Name: Phone Number:	ing this	survey? □ Y	es □ No					

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