

Ochsner Multi-Organ Transplant Institute Referring Physician Satisfaction Survey

Thank you for taking the time to participate in Ochsner's referring physician satisfaction survey. Your time and opinions are appreciated. Recently you referred a patient to the Ochsner Multi-Organ Transplant Institute. To better understand your experience, please answer the questions below. For each item listed, please mark the appropriate box on each line to indicate how satisfied you are. Check the last box if the item is not applicable.

1. Initial Consultation Please indicate your level of satisfaction with each of the following concerning your initial consultation with the Ochsner Multi-Organ Transplant Institute:	Completely Satisfied	Mostly Satisfied	Somewhat Satisfied	Not Satisfied	Not Applicable
Ability to easily reach a qualified person to initiate the referral process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness with which your calls were returned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to speak directly with an Ochsner transplant physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of the communication you received about your patient's initial appointment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Referral Process Please indicate your level of satisfaction with each of the following components of the referral process at the Ochsner Multi-Organ Transplant Institute:	Completely Satisfied	Mostly Satisfied	Somewhat Satisfied	Not Satisfied	Not Applicable
Professionalism of the Ochsner transplant physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism of the Ochsner transplant staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of time your patient had to wait for the next available appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of getting your patient accepted at Ochsner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall efficiency of Ochsner's referral process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Treatment Please indicate your level of satisfaction with the following aspects of the care your patient received at the Ochsner Multi-Organ Transplant Institute:	Completely Satisfied	Mostly Satisfied	Somewhat Satisfied	Not Satisfied	Not Applicable
Plan of treatment recommended by the Ochsner transplant physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of your patient's expectations from the treatment plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of the feedback you received regarding your patient's progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality and completeness of the feedback you received regarding your patient's progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall quality of care your patient received at Ochsner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

