

Health Care Professional Post Donation Survey

Dear Colleague,

The intent of this survey is to provide feedback for performance improvement and enhance the partnership between LifeNet Health and your health care team. Please answer the following questions based on your recent donor case experience. We value your time and comments.

What was your role in the donation process?

- Attending Physician
 Consulting Physician
 Resident Physician
 RN
 RRT
 Chaplain
 Other: _____

		Agree			Disagree	
1. The referral process to LifeNet Health was efficient.	N/A	5	4	3	2	1
2. LifeNet Health staff was courteous to me.	N/A	5	4	3	2	1
3. LifeNet Health staff was compassionate and respectful in the care they provided to the donor family.	N/A	5	4	3	2	1
4. LifeNet Health staff was knowledgeable in donor management and clinical decision making.	N/A	5	4	3	2	1
5. LifeNet Health staff communicated to me what my role was in the donation process	N/A	5	4	3	2	1
6. Please rate LifeNet Health's overall service to you and other staff members during the case. (5 - Excellent and 1 - Needs improvement.)	N/A	5	4	3	2	1
7. Please share any comments or suggestions you may have to assist LifeNet Health in improving our service to health care professionals involved in the donation process:						

Please fax this survey to the LifeNet Health's Director of OPO Quality Systems at 1-800-859-2196.

Name (optional): _____

OPO ID Number: _____ Donor Hospital: _____