NURSING resources
Home Health & Hospice

Client Evaluation of Home Health Services

Nursing Resources strives to deliver the highest quality of services possible. Your satisfaction with the services we provide is very important to us. In an effort to continuously improve our home health care services, we ask our patients or family members to complete the following short survey. Your answers and comments are important to us and will assist us in evaluating our services and finding ways to improve them.

Thank you for your time and assistance in our continuing efforts to improve the quality of home health care services. Please do not hesitate to call me at **(800)990-6877)** should you have any questions or need home health services in the future.

Emmie Malazgirt
Chief Executive and Financial Officer

Please check the services that you received from our Agency (mark all that apply):
☐**RN** ☐**LVN** ☐**Physical Therapist** ☐**Speech Therapist** ☐**Occupational Therapist** ☐**Medical Social Worker** ☐**Home Health Aide**

Client Evaluation of Hone Health Services	YES	NO	Comments
1. Did the admitting Nursing Resources professional properly introduce the agency and the services that your doctor ordered?			
2. Did your service start on the day you expected?			
3. Did the Nursing resources staff explain the plan of care? (to you & to your family)			
4. Did home health staff allow you to a[participate in the development of your plan of care?			
5. Did home health staff see you as often as the doctor ordered?			
6. Did our home health staff tell you the date and the frequency of your next visits?			
7. Did the nurse take your temperature, pulse, respiration and blood pressure?			
8. Did our staff adequately instruct/teach you about: Your Medications?			
Your diet Plan?			
Changes in your condition?			
Signs and symptoms to report to your doctor?			
9. Did home health staff ask I you are having pain?			
10. Did our staff give you the telephone number and contact person at the agency in case you had any questions or concerns, including after-hours information?			
11. Did you receive information on your bill of rights including the state Hotline number to call if you have any complaints?			
12. Did our nurse leave a folder with information about your care in your home?			
13. Did the staff check your home & make suggestions for change to ensure your safety?			
14. Did the agency and its staff protect your privacy?			
15. Did home health staff teach you about your care so you can take care of yourself?			
16. Did you experience any problems with our staff? (if yes please provide details?)			
17. Is there any staff person you would like to recognize for delivering quality service to you? (if yes please provide name).			
18. Did our staff assist in planning for your care needs after discharge from Nursing Resources?			
19. Would you use Nursing Resources again, or refer our services to someone else?			
20. What suggestions for improvement or additional services would you offer to us?			

Name: _____ **Date:** _____