

 Mark your feelings for us!

HELLO, HOW ARE YOU TODAY?



01. JUST FOR OUR INFORMATION,

GENDER:

YEARS OF EXPERIENCE:

NAME OF HOSPITAL: JHH HCGH

CIRCLE ROLE: Attending Resident PA RN

02. HOW DO YOU CURRENTLY FIND OUT WHAT HAPPENED TO YOUR PATIENTS AFTER THEIR ED VISIT?

(Circle all that apply)



E-MAIL



EHR



PHONE CALL



ONLINE / APP:



FACE TO FACE CONVERSATION



OTHERS:

03. HOW WOULD YOU PREFER TO LEARN WHAT HAPPENED TO YOUR PATIENTS AFTER THEIR ED VISIT?

(Circle all that apply)

WHAT FORMAT?



WHAT KIND OF FEEDBACK?



GOOD



BAD

FROM WHOM?

SUPERVISOR

PEER DOCTORS

NURSES

PATIENTS

OTHERS: _____

05. WHAT POST-ED VISIT INFORMATION ABOUT DISCHARGED PATIENTS WOULD HELP YOU MAKE BETTER DECISIONS FOR FUTURE PATIENTS?

(Choose top five information. If you choose the information contains a blank space, please fill the blank)

- Deaths within ____ days of ED departure?
- Patients who filled prescriptions for antibiotics?
- Patients who visited a primary care doctor within ____ days?
- Patients who visited an urgent care center within ____ days?
- Patients who returned to any ED within ____ hours?
- Patients who returned to any ED and were admitted within ____ days?
- _____

06. WHAT POST-ED VISIT INFORMATION ABOUT ADMITTED / OBSERVED PATIENTS WOULD HELP YOU MAKE BETTER DECISIONS FOR FUTURE PATIENTS?

(Choose top five information. If you choose the information contains a blank space, please fill the blank)

- | | |
|--|---|
| <input type="checkbox"/> Deaths within ____ days of ED departure? | <input type="checkbox"/> Conversion from observation to admission status? |
| <input type="checkbox"/> In-hospital death? | <input type="checkbox"/> Admitted patients who do not meet payer admission criteria? |
| <input type="checkbox"/> Initiation of NIPPV or intubation and mechanical ventilation? | <input type="checkbox"/> Discrepancy between admitting ED diagnoses and hospital discharge diagnoses? |
| <input type="checkbox"/> New initiation or discontinuation of antibiotics? | <input type="checkbox"/> Patients who develop Sepsis in-hospital? |
| <input type="checkbox"/> Change in antibiotics (spectrum)? | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Change in antibiotics (dose)? | |
| <input type="checkbox"/> Change in level of care within ____ hours of admission? | |
-

07. WHAT THINGS (INDIVIDUAL, INSTITUTIONAL) CURRENTLY COMPLICATE YOUR DECISION MAKING?

INDIVIDUAL

INSTITUTIONAL

“THANK YOU FOR PARTICIPATING IN THIS SURVEY!”