

**We value your opinion and appreciate you taking a few minutes to complete this survey and mail back in the enclosed envelope. For each question please check the appropriate box.**

1. The home infusion staff discussed the services they provide.  
 Yes       No
2. I was informed that my health information would be kept private.  
 Yes       No
3. Were you informed about your patient rights and responsibilities?  
 Yes       No
4. The costs of services (insurance coverage, self-pay) were reviewed and explained.  
 Yes       No
5. I was able to ask questions and participate in decisions related to my health care.  
 Yes       No
6. The staff informed me on how to voice a compliment, concern, or complaint.  
 Yes       No
7. If I had a concern or complaint the staff was able to help me resolve the issue to my satisfaction.  
 Yes       No       Does not apply
8. The supplies and medication were delivered when expected.  
 Yes       No       Does not apply
9. The equipment was clean when I received it.  
 Yes       No       Does not apply
10. The instructions and education provided on how to use the equipment/supplies were easy to understand.  
 Yes       No
11. The instructions and education provided on how to give my medication at home were easy to understand.  
 Yes       No
12. Select all types of educational materials you found helpful?  
 Printed handouts                       Demonstration / Education by the nurse  
 Regional Health website videos       Other \_\_\_\_\_
13. After learning about how to give my medication at home I felt confident to do so.  
 Yes       No

14. The home infusion staff was respectful and courteous during my care.  
 Yes       No
15. I knew how to contact Regional Home+ Home Infusion anytime day or night.  
 Yes       No
16. If you needed assistance after regular business hours, were you satisfied with the timely response you received?  
 Yes       No       Does not apply
17. Did you receive information about your medication and the possible side effects of the medication?  
 Yes       No
18. Did the staff provide information about what to do if your therapy was interrupted due to weather or a natural disaster?  
 Yes       No
19. Did you receive instructions on how to properly wash your hands and use the supplies to prevent infection?  
 Yes       No
20. Did Regional Home+ Home Infusion services meet your needs and expectations?  
 Yes       No
21. Were you satisfied with the overall care you received?  
 Yes       No
22. Would you recommend Regional Home+ Home Infusion services to your family and friends?  
 Yes       No
23. Would you like a staff person to contact you about this survey?  
 Yes (please provide contact information below)       No

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Thank you for your time. Your feedback is very important to us. (Please add any additional comments below)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return the completed survey in the enclosed envelope.**

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