

NORTH DAKOTA HEALTHNET PERFORMANCE IMPROVEMENT BENCHMARKING DATA

Quarterly Survey

Return to: info@ndhealthnet.org or Fax: (701) 222-0103

Please answer the questions below and indicate for which Quarter.

Please make sure the totals equal the number of surveys received.

1A. Quarterly Customer Evaluation of Services

Total number of customers surveyed _____

Total number of surveys received _____

Of the surveys received, number of respondents rated overall services:

Excellent (strongly agree)

Good (agree)

Fair (disagree)

Poor (strongly disagree)

No response

Pts. rating service as excellent or good: _____

Don't know/No response _____

National Average:

1B. Customer Communications (by month)

Total # of customers served

Total # of concerns received

Number of concerns as they relate to:

- Equipment use/operation
- Equipment breakdown
- Personnel issues
- Billing issues

Don't know/No response

National Average:

2. Reporting of Call (by month)

Total #of customers served

Total #of concerns received

Specifically related to:

- Supplies
- Re-Education
- Equipment failure
- New set ups

Don't know/No response

National Average:

3. Risk Management: Customer Incident (by month)

Total # of equipment customers

Total # of incidents

(near misses & injuries)

Customer injuries

Customer property incidents

Don't know/No response

National Average:

4. Function of Equipment (by month)

Total # pieces of equipment

Total # events/malfunctions

Don't know/No response

National Average:

5. Nosohusial Infection Reporting (by month)

Total # clinical resp. customers

Total number infections

Respiratory

Gastrointestinal

Skin

Other

Don't know/No response

National Average:

Person Submitting Report: