Patient Satisfaction Survey

Mail completed form to:

WVU Medicine Home Infusion 3040 University Ave, Suite 1400 Morgantown, WV 26505 Thank you for allowing WVU Medicine Home Infusion to provide your services. Please take a few minutes to give us your feedback on your experience. We value your comments and welcome any suggestions you may have to improve our services.

The home infusion pump was clea	an when it wa □ N/A	s delivered.					
The home infusion pump worked properly. ☐ YES ☐ NO ☐ N/A							
The home infusion medications and supplies arrived before I needed them. ☐ ALWAYS ☐ VERY OFTEN ☐ SOMETIMES ☐ RARELY ☐ NEVER							
I knew who to call if I needed help with my home infusion therapy. ☐ YES ☐ NO ☐ N/A							
The response I received to phone calls for help on weekends or during evening hours met my needs. ☐ ALWAYS ☐ VERY OFTEN ☐ SOMETIMES ☐ RARELY ☐ NEVER							
The home infusion pharmacist informed me of the possible side effects of the home infusion medication. ☐ YES ☐ NO							
I understand the explanation of my financial responsibilities for home infusion therapy. YES NO							
Rate how often each staff was courteous and helpful	Always	Very Often	Sometimes	Rarely	Never	N/A	
Delivery Staff							
Billing Staff	\bigcirc	0	\bigcirc	0	\bigcirc	0	
Pharmacy Staff							
I understand the instructions provided for:							
How to wash my hands. ☐ YES ☐ NO	□ N/A	How to store the home infusion medication(s). ☐ N/A ☐ YES ☐ NO ☐ N/A					
How to give the home infusion me ☐ YES ☐ NO	edication(s).						
How to care for the IV catheter. ☐ YES ☐ NO	□ N/A						
I was satisfied with the overall quality of the services provided. ☐ STRONGLY AGREE ☐ UNCERTAIN ☐ DISAGREE ☐ STRONGLY DISAGREE							
I would recommend this home infusion company to my family and friends. ☐ STRONGLY AGREE] ☐ AGREE ☐ UNCERTAIN ☐ DISAGREE ☐ STRONGLY DISAGREE							