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|  **Please send completed surveys to:**Health Service Providers to insert contact information and return address for surveys. |

**TRANSFER OF REHABILITATIVE CARE**

 **In the Mississauga Halton LHIN**

 **Patient Survey**

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| *In an effort to improve communication among rehab service providers as patients transition from one rehab provider to the next within the Mississauga Halton LHIN, we are conducting a patient survey to evaluate the following:*  * Recently developed communication processes to improve communication between therapists when a patient goes from one rehab setting to another.
* A New Patient Rehab Summary form co-designed with patients and family members to improve communication between patients and their therapists at the end of a course of rehabilitation.

*Please note that anonymized survey feedback will be shared with the Mississauga Halton LHIN and we therefore ask that you not include personal health or identifying information in your responses.**Completion of this survey is completely voluntary and responses will not negatively affect your current or future service(s) with health service providers in any way.*  |

**Surveys can also be completed electronically by following this link:** [**https://www.surveymonkey.com/r/XVWR277**](https://www.surveymonkey.com/r/XVWR277)

**Please select the most appropriate response for the questions below. With 1 =“Strongly Disagree” and 5 = “Strongly Agree”.**

1. The therapist involved in my care had the right information to help address my rehab needs?

**1 2 3 4 5** \_\_\_\_\_\_\_\_\_\_\_

 **Strongly Disagree Disagree Undecided Agree Strongly Agree**

1. The therapist involved in my rehab care was adequately informed of my past rehab and medical treatment/history?

**1 2 3 4 5** \_\_\_\_\_\_\_\_\_\_\_

 **Strongly Disagree Disagree Undecided Agree Strongly Agree**

1. A) Were you referred to another rehab provider?
* Yes
* No

B) If yes, did the referring therapist explain how you would transition to the next therapist?

**1 2 3 4 5** \_\_\_\_\_\_\_\_\_\_\_

 **Strongly Disagree Disagree Undecided Agree Strongly Agree**

1. A) Did you receive a patient Transfer of Rehabilitative Care form (Patient Rehab Summary) towards the end of your rehab session by the therapist involved in your rehab care?
* Yes
* No

B) If yes, did you find that the Transfer of Rehabilitative Care Form (Patient Rehab Summary) was useful in helping you plan for your current rehab needs and the next steps in your rehab?

**1 2 3 4 5** \_\_\_\_\_\_\_\_\_\_\_

 **Strongly Disagree Disagree Undecided Agree Strongly Agree**

1. A) Is there anything you would change about the type of information provided to you in the Transfer of Rehabilitative Care form (Patient Rehab Summary)?
* Yes
* No

B) If yes, please specify the change(s) you would like to see to the Transfer of Rehabilitative Care form (Patient Rehab Summary).

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*Thank you for participating in this survey. Your feedback is important and can help improve communication regarding a patient’s rehab goals across the Mississauga Halton LHIN.*

