Thank you for taking the time to participate in Ochsner’s referring physician satisfaction survey. Your time and opinions are appreciated. Recently you referred a patient to the Ochsner Multi-Organ Transplant Institute. To better understand your experience, please answer the questions below. For each item listed, please mark the appropriate box on each line to indicate how satisfied you are. Check the last box if the item is not applicable.

### 1. Initial Consultation

Please indicate your level of satisfaction with each of the following concerning your initial consultation with the Ochsner Multi-Organ Transplant Institute:

<table>
<thead>
<tr>
<th>Completely Satisfied</th>
<th>Mostly Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Not Satisfied</th>
<th>Not Applicable</th>
</tr>
</thead>
</table>

- Ability to easily reach a qualified person to initiate the referral process
- Promptness with which your calls were returned
- Ability to speak directly with an Ochsner transplant physician
- Timeliness of the communication you received about your patient’s initial appointment?

### 2. Referral Process

Please indicate your level of satisfaction with each of the following components of the referral process at the Ochsner Multi-Organ Transplant Institute:

<table>
<thead>
<tr>
<th>Completely Satisfied</th>
<th>Mostly Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Not Satisfied</th>
<th>Not Applicable</th>
</tr>
</thead>
</table>

- Professionalism of the Ochsner transplant physicians
- Professionalism of the Ochsner transplant staff
- Length of time your patient had to wait for the next available appointment
- Ease of getting your patient accepted at Ochsner
- Overall efficiency of Ochsner’s referral process

### 3. Treatment

Please indicate your level of satisfaction with the following aspects of the care your patient received at the Ochsner Multi-Organ Transplant Institute:

<table>
<thead>
<tr>
<th>Completely Satisfied</th>
<th>Mostly Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Not Satisfied</th>
<th>Not Applicable</th>
</tr>
</thead>
</table>

- Plan of treatment recommended by the Ochsner transplant physician
- Management of your patient’s expectations from the treatment plan
- Timeliness of the feedback you received regarding your patient’s progress
- Quality and completeness of the feedback you received regarding your patient’s progress
- Overall quality of care your patient received at Ochsner
4. Post-treatment

Please indicate your level of satisfaction with the Ochsner Multi-Organ Transplant Institute, with respect to our involvement with your patient post-treatment:

<table>
<thead>
<tr>
<th>Completely Satisfied</th>
<th>Mostly Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Not Satisfied</th>
<th>Not Applicable</th>
</tr>
</thead>
</table>

- Follow up plan of treatment recommended by the Ochsner transplant physician after your patient has been discharged
- Timeliness of communication from physicians at Ochsner, regarding your patient’s treatment plan after they have been discharged
- Availability of physicians at Ochsner to answer your patient’s questions

5. Overall Satisfaction

Please indicate your overall satisfaction with the most recent experience you had with the Ochsner Multi-Organ Transplant Institute:

<table>
<thead>
<tr>
<th>Completely Satisfied</th>
<th>Mostly Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Not Satisfied</th>
<th>Not Applicable</th>
</tr>
</thead>
</table>

- My overall satisfaction with the Ochsner Multi-Organ Transplant Institute

6. Please indicate your level of agreement with the following statements:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
</table>

- Ochsner will be my first choice when referring my patients to a transplant facility
- In the future, I will recommend Ochsner to my colleagues as a place to refer their transplant patients

7. What specific actions can the Ochsner Multi-Organ Transplant Institute take to improve your overall satisfaction? What has Ochsner Multi-Organ Transplant Institute done to contribute to your overall satisfaction?

What specific area(s) do your comments above pertain to? (please check all that apply)

- Initial Consultation with Ochsner
- Treatment
- Referral Process
- Returning the Patient
- Overall Satisfaction

Thank you for taking the time to complete our survey.