

Quarterly Performance Improvement Report

Client Satisfaction Surveys

of Surveys distributed: _____

of Surveys returned: _____

Overall rating from the surveys _____

Improvements/Action plan: _____

Client Record Reviews Result :(review at least 10 charts to assure all requirements are within the charts):

Corrective action: _____

Compliants:

Summary of client complaints

Total number of complaints: _____

Type of complaint:

Type of Complaint	Resolved	Within 48 hours
Personnel	Yes No	Yes No
Product	Yes No	Yes No
Delivery	Yes No	Yes No
Timeliness of Delivery	Yes No	Yes No
Insurance /Billing issues	Yes No	Yes No
Other	Yes No	Yes No

Corrective Action: _____

Billing and Coding Errors: See attached sheet from the billing department

Corrective

action: _____

Performance reviews:

Complete on Employees that fall into this quarter:

Employees: _____

Sentinel Event Reporting:

Details: _____

Incident Report and Infection Control Monitoring :

Details: _____

Corrective action

taken: _____

Meeting attended by: Please sign below