

***Attachment 6: Initial Cover Letter for the EDPEC
DISCHARGED TO COMMUNITY Survey – Mailed***

[SAMPLED PATIENT NAME]

[ADDRESS]

[CITY, STATE ZIP]

Dear [SAMPLED PATIENT NAME]:

Our records show that you recently visited the emergency room at [NAME OF HOSPITAL] on or around [INSERT ER VISIT DATE]. Because you had a recent emergency room visit at [HOSPITAL NAME], we are asking for your help. This survey is part of an ongoing national effort to understand how patients view the health care services they receive in emergency rooms. These results will help consumers make important choices about their emergency room care, and will help hospitals improve the care they provide.

We hope that you will take the time to complete the survey. If you would prefer, a person who knows the most about your emergency room care can complete this survey on your behalf. Your participation is greatly appreciated. After you have completed the survey, please return it in the pre-paid envelope. Your answers may be shared with the hospital for purposes of quality improvement.

If you have any questions about the enclosed survey, please call the toll-free number 1-800-xxx-xxxx. Thank you for helping to improve health care for all consumers.

Sincerely,