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**Acceptability, Impact, and Satisfaction Survey**

**The following survey is anonymous. Please select the most appropriate answer for each of the following items.**

**What is your profession?**

□ Physician  □ Nurse Practitioner  □ Nurse  □ Physician Assistant         □ Pharmacist   □ Social Worker

□ Medical Assistant      □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your medical specialty?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In your current position do you have administrative/financial responsibilities?** □ Yes  □ No

**How long have you worked for East Alabama Medical Center (EAMC)?**

|  |  |  |
| --- | --- | --- |
| □ 0-5 years □ 6-10 years | □ 11-15 years □ 16-20 years | □ 21+ years |

1. **The ICARE transitions of care (TOC) team works effectively.**

□ Strongly Agree □ Agree □ Disagree □ Strongly Disagree

1. **The ICARE TOC service runs smoothly.**

□ Strongly Agree □ Agree □ Disagree □ Strongly Disagree

1. **The ICARE TOC service disrupts my normal workflow.**

□ Strongly Agree □ Agree □ Disagree □ Strongly Disagree

1. **The ICARE TOC service aligns with my goals for patient care.**

□ Strongly Agree □ Agree □ Disagree □ Strongly Disagree

1. **I understand how the ICARE TOC service operates.**

□ Strongly Agree □ Agree □ Disagree □ Strongly Disagree

1. **The ICARE TOC service saves time and money for both myself and the hospital.**

□ Strongly Agree □ Agree □ Disagree □ Strongly Disagree

1. **The ICARE TOC service reduces readmission rates.**

□ Strongly Agree □ Agree □ Disagree □ Strongly Disagree

1. **The ICARE TOC service improves patient care and understanding.**

□ Strongly Agree □ Agree □ Disagree □ Strongly Disagree

1. **The ICARE TOC service has benefited my patients.**

□ Strongly Agree □ Agree □ Disagree □ Strongly Disagree

1. **I am confident that I can continue to effectively work with the ICARE TOC team.**

□ Strongly Agree □ Agree □ Disagree □ Strongly Disagree

1. **My overall experience with the ICARE TOC team has been\_\_\_\_\_\_\_\_.**

□ Excellent □ Good □ Average □ Poor □ Very Poor

1. **My overall experience with the ICARE TOC service has been\_\_\_\_\_\_\_\_.**

□ Excellent □ Good □ Average □ Poor □ Very Poor