## **Stakeholder Satisfaction Form for Quality-Process Improvement**

Your health care team is working to improve your experience with the care you receive. Please let us know how satisfied you are with the process named below and let us know what you like and don't like about it. We would also benefits from any idea for making additional improvements.

## **BEFORE THE CHANGE**

🙁 1	2	3	4	5 😊
(Not satisfied at all)				(Very satisf
What do you like about th	e current process?			
What do you not like abou	ut the current proce	ess?		
What changes to this prod	cess would help you	u? Why?		
		AFTER THE CHANG	<u>E</u>	
. How satisfied are you v	vith the current pro		<u>E</u>	
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