

EVALUATION OF OHA SOLUTIONS HOSPITAL BY AGENCY PERSONNEL

Employee Name: _____

Agency (at time of assignment): _____

Hospital: _____

Unit: _____ Date (s): _____

Rate your experiences at this hospital from 1 -5, 1=Poor and 5=Excellent. You may remain anonymous though feedback will be shared with hospital representatives. Scan or Fax completed Evaluation to Nancy Dean, Director, OHA Solutions Staffing Program at nancy.dean@ohiohospitals.org.

Orientation

1. Initial instructions to place, time of orientation, beginning of assignment
1 2 3 4 5
2. Consistent agreement of hours, shift, unit, responsibilities
1 2 3 4 5

Personnel

3. Cordial and professional guidance by supervising manager, HR, staffing office
1 2 3 4 5
4. Cordial and professional acceptance and support by coworkers
1 2 3 4 5

Assignment

5. Duties appropriate to type of personnel and area of assignment
1 2 3 4 5

Other

6. Would you return to this hospital to work? ____ Yes ____ No
7. I can be more effective as a Healthcare Provider at this hospital if: