



EVALUATION OF OHA SOLUTIONS HOSPITAL BY AGENCY PERSONNEL

Employee Name: _____

Agency (at time of assignment): _____

Hospital: _____

Unit/Floor: _____ Date (s): _____

Please rate your experiences at this hospital, 1=Poor and 5=Excellent. You may remain anonymous. Feedback may be shared with appropriate hospital representatives. When necessary and if requested, anonymity will be maintained. Fax completed Evaluation to Nancy Melcher-Webb, Director, OHA Solutions Staffing Program at 614-255-4835.

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, etc
1 2 3 4 5

Personnel

3. Cordial and professional acceptance by supervising manager
1 2 3 4 5
4. Cordial and professional acceptance 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. I can be more effective as a Healthcare Provider at this hospital if:

Comments: