



ACCS FACILITY EVALUATION

Facility Name:	Date:
Print Evaluator Name/Title:	Evaluator Signature:

American Critical Care Services appreciates ongoing input from our facility clients regarding our service to your facility. Your response ensures ACCS knowledge of areas in which we are doing well as well as areas in which we can improve.

UPON COMPLETION, PLEASE RETURN MAIL IN THIS POSTAGE PAID REVERSE FLAP MAILER. THANK YOU.

<u>PLEASE CHECK APPROPRIATE LEVEL AND COMMENT</u>	✓ Above Standard	✓ Meets Standard	✓ Below Standard
Timely response to facility requests for service. Comment:			
Appropriate volume of placement to facility requests. Comment:			
ACCS staff appropriately placed by skill level. Comment:			
Present required document updates in a complete and timely manner. Comment:			
Present comprehensive profiles on contract candidates. Comment:			
Timely response to concerns expressed by facility. Comment:			
Maintains positive interaction with facility contacts. Comment:			