**Quality Improvement Process Evaluation Form for Providers**

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| --- | --- | --- | --- | --- | --- |
| Ratings  (Please tick the option that applies) | 1 = Very Poor | 2 = Poor | 3 = Average | 4 = Good | 5 = Excellent |
| 1 - When invited into the QIP process, rate the first contact (e.g. was information given to you clearly, as to the reasons for your invitation?) |  |  |  |  |  |
| Comments: | | | | | |
| 2 - Rate the information and advice provided prior to the first QIP meeting |  |  |  |  |  |
| Comments: | | | | | |
| 3 - Rate the level of feedback received throughout the QIP process |  |  |  |  |  |
| Comments: | | | | | |
| 4 - Rate the advice and support provided within the QIP process |  |  |  |  |  |
| Comments: | | | | | |
| 5 - Rate the value of the QIP process in supporting you to make the required improvements |  |  |  |  |  |
| Comments: | | | | | |
| 6 - Overall, how would you rate the QIP process? |  |  |  |  |  |
| Comments: | | | | | |
| Please tell us if you have any suggestions of how the QIP process could be improved: | | | | | |

