

Exit Interview/Survey

The information collected in this form will assist HomeWise Health (HWH) to formulate an exit plan for our clients services and provide valuable feedback to improve our services.

By providing your email address here enables you to receive a copy of your answers via email. This can be selected as an option on completion of the form.

Email *

willhac@gmail.com

YOUR DETAILS

Details of the person completing the form.

Name *

Will HàC

Relationship to the client: *

- ☐ I am the Client
- ☒ Client's Representative
- ☐ HWH Employee
- ☐ Other:

CLIENT DETAILS

Fill in this section if you are completing this form on behalf of someone else.

Name of the Client: *

This is the person for whom you are completing this form.

Fred Nirk

Your Organisation:

Name of the company you are employed by.

NA

Your Job Title:

Your role in the company.

Manager

Your Contact Details:

Best contact point - a phone number or email address.

0411 344 545

Has the client given consent to completion of this form and the comments made? *

☒ Yes

☐ No

REASON FOR EXIT

This will help HWH plan for the cessation of services smoothly, and prioritise the client's ongoing needs.

Please select the most suitable response: *

- ☐ Needs have changed & services are no longer required.
- ☐ A new service provider has been appointed.
- ☒ The client has relocated out of the HWH service area.
- ☐ The client has deceased.
- ☐ HWH have requested the client exit their services.

NEEDS HAVE CHANGED

Please provide more information about how the client needs have changed.

Please elaborate on what has changed? *

.....

CLIENT RELOCATION

HWH do not provide services in the new location.

Will a new service provider be engaged at the new location? *

- ☐ Yes
- ☒ No

NEW SERVICE PROVIDER

By providing more information about the new service provider HWH can ensure a smooth transition of services and continuity of care for the client.

Are you willing to provide details of the new service provider? *

- ☐ Yes
- ☐ No

PROVIDER DETAILS

New Service Provider Organisation Name: *

.....

Contact Person: *

.....

Contact Person Phone Number: *

.....

Contact Person Email: *

.....

Would you like HWH to contact them to offer a handover? *

- ☐ Yes
- ☐ No

CLIENT DECEASED

Date of Client Death *

DDMMYYYY

/ /

HWH HAVE REQUESTED EXIT

More information about why HWH are no longer able to provide services to the client.

Reasons for exit request: *

- ☐ Client needs have changed beyond the scope of what HWH can provide.
- ☐ Lacking of ongoing funding for the service.
- ☐ The client is unwilling to meet reasonable conditions.
- ☐ Non-payment of the account as set out in the service agreement.
- ☐ Other:

More information regarding the circumstances of the exit:

SERVICE CESSATION

Date of the last HWH service: *

DDMMYYYY

15 / 07 / 2022

Please outline any actions or information required from HWH to ensure a smooth transition for the client.

Fred's latest Care Plan

Are there any safety concerns for the client once HWH ceases services? *

☐ No

☒ Yes

SAFETY CONCERNS

Please provide more details of potential safety concerns for the client once HWH is no longer involved. *

The increasing cost of good beef

FEEDBACK ON HWH SERVICES

We appreciate any information that will help us improve our services.

Hearing about the things we are doing well is very encouraging. More importantly to us is understanding the area's where we haven't "hit the mark" so we can drive continuous improvement for current & future clients.

How would you rate the service received from HWH? *

- ☐ 😄 Excellent
- ☒ 😊 Good
- ☐ 😐 Average
- ☐ 😞 Poor
- ☐ 😡 Very Poor

How would you describe your overall experience with HWH? *

- ☒ Positive ★★★★★
- ☐ Negative ★

Would you recommend HWH to others? *

- ☐ Yes
- ☒ No

FEEDBACK DETAIL

Please elaborate on your experience by providing as much detail as possible. *

COMPLAINTS MANAGEMENT PROCESS

HWH can flag your feedback from this Exit Interview/survey in our Complaints Management process. We may require further information from you.

We will can make sure you are appropriately involved in the resolution of any issues raised. We can also keep you informed of the progress of any action that is taken, the reasons for the decisions made, and options to have decisions reviewed.

Would you like HWH to process your feedback through our Complaints Management process? *

☒ Yes

☐ No

CLIENT CONSENT REQUIRED

Please speak with the client to get their consent & feedback before re-submitting this form.

This form was created inside HomeWise Health.

Google Forms