
Introduction

In an effort to gain an appreciation for what our customers want and need out of health care software, we are asking our target client base to fill out this brief survey. Your response to this survey will help us better understand your needs and expectations from your health care software. It is our hope that we can build better software in response to this survey.

Note:

If you work for an OMRDD facility, please fill out the first part of this survey.

If you work for a nursing home or other long term care facility, please fill out the second part of this survey.



Go to the Next Page to Begin

Part I: MRDD - Quality Assurance Department *(If long term care, skip to part II)*

1	Do you currently have a software solution for your facility?
<p>Yes</p> <p>Trends Analysis..... <input type="checkbox"/></p> <p>Quality Assurance..... <input type="checkbox"/></p> <p>Billing..... <input type="checkbox"/></p> <p>Incident and Accident <input type="checkbox"/></p> <p>DDP-2..... <input type="checkbox"/></p> <p>In-Service Monitoring..... <input type="checkbox"/></p> <p>Other..... <input type="checkbox"/> Specify Here:</p> <p>No..... <input type="checkbox"/></p>	

2	What is the most important feature for your facility software?
<p>OMR 147/148 Processing..... <input type="checkbox"/></p> <p>Quality Assurance..... <input type="checkbox"/></p> <p>Billing <input type="checkbox"/></p> <p>Incident and Accident..... <input type="checkbox"/></p> <p>DDP-2 Processing..... <input type="checkbox"/></p> <p>In-Service Monitoring..... <input type="checkbox"/></p> <p>Integration..... <input type="checkbox"/></p> <p>Other..... <input type="checkbox"/> Specify Here:</p>	

3	Do you currently use software offered by Data Oriented Systems?
<p>Yes</p> <p>Trends Analysis System..... <input type="checkbox"/> <i>(OMR 147/148 & Incident and Accident & Quality Assurance)</i></p> <p>Event Tracking System..... <input type="checkbox"/> <i>(Incident and Accident & Quality Assurance)</i></p> <p>ACAP..... <input type="checkbox"/> <i>(DDP-2 Processing)</i></p> <p>In-Service Monitor System... <input type="checkbox"/> <i>(Staff Training)</i></p> <p>Other..... <input type="checkbox"/> Specify Here:</p> <p>No..... <input type="checkbox"/></p> <p>A. <u>Were you aware that Data Oriented Systems offered these products?</u></p>	

Yes.....

No.....

B. If yes, why did you choose not to use Data Oriented Systems' software?

Budget freeze.....

Not enough features...

Too expensive.....

Still considering.....

Other.....

Specify Here:

4 Does your facility currently have a software need that is unfulfilled?

Specify Here:

5 Additional Comments?

Specify Here:



Part II: Long Term Care – Nursing and MDS Department

❶ Do you currently have a software solution for your facility?

Yes

- MDS Processing.....
- Event Tracking.....
- In-Service Monitoring.....
- Char & Bed Alarm Tracking..
- Wheelchair Tracking.....
- Care Planning.....
- Billing.....
- Quality Assurance.....
- Other.....

Specify Here:

No.....

❷ What is the most important feature for your facility software?

- MDS Processing.....
- Event Tracking.....
- In-Service Monitoring.....
- Char & Bed Alarm Tracking..
- Wheelchair Tracking.....
- Care Planning.....
- Billing.....
- Quality Assurance.....
- Integration.....
- Other.....

Specify Here:

❸ Do you currently use software offered by Data Oriented Systems?

Yes

- CAD-Care Lite..... (*MDS Processing*)
- CAD-Care Plan..... (*MDS Processing & Care Planning*)
- Event Tracking System..... (*Quality Assurance*)
- In-Service Monitor System... (*Staff Training*)
- Other..... Specify Here:

No.....

A. Were you aware that Data Oriented Systems offered these products?

Yes.....

No.....

B. If yes, why did you choose not to use Data Oriented Systems' software?

Budget freeze.....

Not enough features...

Too expensive.....

Still considering.....

Other.....

Specify Here:

4 Does your facility currently have a software need that is unfulfilled?

Specify Here:

5 Additional Comments?

Specify Here:



Closing

Thank you for taking the time to complete this survey! Please send this completed document to:

Quality Control
Data Oriented Systems, Inc.
654 Central Avenue
Albany, NY 12206

Alternatively, you can fax this document to (518) 489 – 6785 or email it to support@dataoriented.com
We appreciate your time!

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