Mended Hearts 2019 Visiting Report – Worksheet

January 1, 2019 through December 31, 2019

We will be sending out an online annual report link in early January. This worksheet is intended to help prepare you for filling out your report online. This worksheet is for your purposes only. Please do not send it to National. You MUST fill out your form online when we send you the link.

1. Chapter Name: ____________________________________________________________

2. Chapter Number: __________

3. Chapter City: _________________

4. Chapter Region: ______________ Select one: (Central, Mid-Atlantic, Midwest, Northeast, Rocky Mountain, Southern, Southwest, Western) Note: If unsure of region, please check mendedhearts.org/FIND CHAPTERS for map of color-coded states and regions.

Please respond to ALL questions. If there is nothing to report for a given question, please enter 0 (zero) in the appropriate field. Remember to include information from your satellite, if applicable. PLEASE ANSWER QUESTIONS IN NUMERICAL FORMAT.

PROGRAM INFORMATION NOTE

If chapter has Satellites, include Satellite visiting statistics together with chapter statistics.

Hospital visiting program:

5. Does your chapter have an active visiting program? (Active/Inactive)

6. Number of hospital visitors: ________

7. List names of hospital visitors:

________________________________________________________________________

________________________________________________________________________
8. Number of accredited internet and phone visitors (including TAVR visitors): ________
9. Names of accredited internet and phone visitors (including TAVR visitors):
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
10. Number of training seminars held for new visitors: ________
11. Number of re-accreditng training sessions: ________
12. Number of visitors trained online: ________

Please fill out all hospital information including the hospital's name, hospital system, street address, city and zip code.

13. Number of hospitals served by visiting program: ________
14. Name, hospital system, address, city and state of Hospital 1:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

15. Name, hospital system, address, city and state of Hospital 2:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

16. Name, hospital system, address, city and state of Hospital 3:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

17. Name, hospital system, address, city and state of Hospital 4:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
18. Name, hospital system, address, city and state of Hospital 5:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Visiting Information
19. Do you follow-up by phone with patients? Yes/No/NA
20. Do you follow-up by email with patients? Yes/No/NA

Number of Visits (maximum of 3 visits for same patient may be counted).
21. Number of PATIENT visits: _______
22. Number of visits by PHONE: _______
23. Number of visits by EMAIL/ONLINE: _______
24. Number of TAVR Patient VISITS: _______

25. Name of person submitting report: ____________________________
26. Email of person submitting report: ____________________________