Mended Hearts™

2017 Annual Report - Visiting Worksheet

Please enter all data from this worksheet online in the Officer Portal of mendedhearts.org. All chapter officers have access to the Annual Reports online. Archived 2016 reports are also available to view online. Please compile the needed information below in advance of computer data entry.

Chapter Location and Region

Period: Jan 1 through Dec 31, 2017

Chapter Name: _____

Chapter Number: _____

Chapter City: _____

Chapter State (abbreviated form): _____

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.

Program Information

Note: If a chapter has satellites, include satellite visiting statistics together with chapter statistics.

Please respond to ALL questions. If there is nothing to report for a given question, please enter 0 (zero) in the appropriate field.

PLEASE ANSWER ALL QUESTIONS IN NUMERICAL FORMAT

Check appropriate box of the following:

ACTIVE VISITING PROGRAM ☐ or INACTIVE VISITING PROGRAM ☐

Number of Accredited visitors: _____

Number of Accredited Internet visitors: _____

Number of Training seminars held for new visitors: _____

Number of re-accrediting seminars: _____

Number of visitors trained online: _____

Number of TAVR Patient Trained Visitors: _____

Please fill out all address information for the hospitals that you add to the list, including the system that your hospital is a member of. List the hospital name, hospital system, street address, city, and zip code for each hospital.

Number of hospitals served by visiting program: _____

Name of Hospital 1: _____

Name of Hospital System: _____

Address: _____

City: _____

Zip: _____

Name of Hospital 2: _____

Name of Hospital System: _____

Address: _____

City: _____

Zip: _____

Name of Hospital 3: _____

Name of Hospital System: _____

Address: _____

City: _____

Zip: _____

Name of Hospital 4: _____

Name of Hospital System: _____

Address: _____

City: _____

Zip: _____

Name of Hospital 5: _____

Name of Hospital System: _____

Address: _____

City: _____

Zip: _____

Name of Hospital 6: _____

Name of Hospital System: _____

Address: _____

City: _____

Zip: _____

<u>Visiting Information</u>

Are you visiting patients and families in cath waiting areas? _____Yes or No _____

Do you follow-up by phone with patients? _____Yes or No _____

Do you follow-up by email with patients? _____Yes or No _____

Number of Visits (maximum of 3 visits for same patient may be counted).

Number of **Patient** visits: _____

Number of **Family** visits: _____

Number of **visits** by **phone**: _____

Number of **visits** by **email/online**: _____

Number of **TAVR** Patient Visits: _____

Person submitting report: _____

Email: _____

ARD Reviewer Name: _____

RD Reviewer Name: _____

FINISH