

Southwest Washington Regional Surgery Center

PATIENT SATISFACTION SURVEY

Southwest Washington Regional Surgery Center is committed to providing excellent care in a warm and compassionate environment. We would appreciate it if you would take a few minutes to tell us how well we were able to meet your needs.

BEFORE YOUR SURGERY:

- | | N/A | Strongly
Disagree | Disagree | Agree | Strongly
Agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. If you received a pre-op call we provided clear, helpful information on how to prepare for your procedures. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If you had questions regarding fees and billing, they were answered clearly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ON THE DAY OF YOUR SURGERY:

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 3. The reception staff greeted me promptly, in a professional and friendly manner. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Registration forms were easy to understand. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The nursing staff was warm and friendly. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I received personalized care with compassion, respect and concern for my privacy. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The anesthesiologist's explanation was clear and understandable (if applicable). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

AFTER YOUR SURGERY:

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 8. At the time of discharge, I was well informed about what to do in the next 24 hours. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The written information provided was easy to understand. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The nurse who called after the procedure was helpful and informative. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL:

- | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 11. The facility was clean and comfortable. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. My overall experience was positive. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I would refer a friend or family member to Southwest Washington Regional Surgery Center. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. Was there a specific staff member who made your visit memorable?

15. Is there anything that we could have done to make your visit more comfortable?

NAME: (OPTIONAL)

DATE OF VISIT

**Please mail this form back to us in the envelope provided.
 We will use your feedback to continue improving our service.**