

"HOW WAS YOUR SURGICAL EXPERIENCE?" at NAPERVILLE SURGICAL CENTRE

Our management staff is continually looking for ways to provide the very best service and care to our patients. Your perceptions of care, treatment and services are of great importance, and help us evaluate the care our patients receive. Please return this survey to us in the postage-paid envelope provided. Thank you for your cooperation!

NAME (Optional) _____ **Surgery Date** _____ **Surgeon** _____

1) Give us a grade on the following aspects of care, treatment and services: (Circle your response)

	<u>Excellent</u>			<u>Poor</u>		
Facility Appearance	A	B	C	D	F	
Reception Personnel	A	B	C	D	F	
Nursing Personnel	A	B	C	D	F	
Anesthesia Personnel	A	B	C	D	F	NA
Pre-Operative Teaching & Instructions	A	B	C	D	F	
Post-Operative Teaching & Instructions	A	B	C	D	F	
Effectiveness of Pain Management	A	B	C	D	F	
On-Line Health History (Medical Passport)	A	B	C	D	F	
Patient Texting Service	A	B	C	D	F	NA
Surgery Center Website	A	B	C	D	F	
Billing Department	A	B	C	D	F	
Telephone and Voice Mail System	A	B	C	D	F	
Your Companion's Experience	A	B	C	D	F	NA
The Experience Overall	A	B	C	D	F	

2) Do you have any suggestions for how we might improve patient safety? **YES** **NO**

Comment _____

3) During your stay did you see your doctors and/or nurses clean their hands? Please explain. **YES** **NO**

Comment _____

4) If necessary, would you have surgery at NSC again? **YES** **NO**

Comment _____

5) Would you recommend NSC to someone you know who needed outpatient surgery? **YES** **NO**

Comment _____

6) What could we have done to improve your surgical experience at NSC? _____

(Use Reverse Side If More Space Is Needed)