



Survey Title **Patient Survey - Acute Care Services**

Page 1 of 5

Description **Acute Care - Patient Survey**

Survey Dates 01/14/2019 To 01/27/2019

Survey Type

Patients

Department	Assigned	Distributed	Returned	
Acute Care	10	10	3	
Day Surgery	25	25	8	
Emergency/Out-Patient	100	100	35	
Dietary Counseling	5	5	1	
Laboratory / X-Ray	50	50	27	
Pharmacy	5	5	0	
	195	195	74	37.95%

1 In what area were you treated? (check all that applies)

Multiple Answer with Comments

Service Location

Available Options

Acute Care 3	Day Surgery 8	Emergency/Out-Patient 34	Laboratory / X-Ray 29	Other (Please Specify Service/Department) 1
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Results

Comments Not Displayed on this Report

2 How would you describe the treatment you received?

Multiple Choice with Comments

Satisfaction Level

Met: 56 / 58 **97%**

Available Options

Excellent 47	Very Good 9	Good 2	Fair 0	Not Answered 16
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Results

Excellent Y 47 / 74 64%	Very Good Y 9 / 74 12%	Good N 2 / 74 3%	Not Answered N 16 / 74 22%
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Page 2 of 5

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3a **Were you given instructions before, during or after your treatment?**

Multiple Choice

Administration

Met: 50 / 53 **94%**

Available Options

Yes	No	Not Answered
50	3	21

Results

Yes	No	Not Answered
Y	N	N
50 / 74	3 / 74	21 / 74
68%	4%	28%



3b If you were given instructions, did you understand the instructions given:

Header Question with Sub Questions No Grouping Needed

3b.i Before your treatment/procedure?

Met: 47 / 50 94%

Available Options

Clearly 47	Somewhat Clearly 3	Not at all 0	Not Answered 24
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Results

Clearly Y 47 / 74 64%	Somewhat Clearly N 3 / 74 4%	Not Answered N 24 / 74 32%
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3b.ii During your treatment/procedure?

Met: 47 / 49 96%

Available Options

Clearly 47	Somewhat Clearly 2	Not at all 0	Not Answered 25
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Results

Clearly Y 47 / 74 64%	Somewhat Clearly N 2 / 74 3%	Not Answered N 25 / 74 34%
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3b.iii After your treatment/procedure?

Met: 44 / 46 96%

Available Options

Clearly 44	Somewhat Clearly 2	Not at all 0	Not Answered 28
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Results

Clearly Y 44 / 74 59%	Somewhat Clearly N 2 / 74 3%	Not Answered N 28 / 74 38%
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3c What could we have done to be more helpful? (Please Comment)

Comment Only General Comments

Comments Not Displayed on this Report



4 Were we open, respectful and compassionate in our dealings with you?

Multiple Choice with Comments

Well Being

Met: 57 / 57 **100%**

Available Options

Yes	No	Not Answered
57	0	17

Results

Yes	Not Answered
Y	N
57 / 74	17 / 74
77%	23%

5 Did you feel safe in our care?

Multiple Choice with Comments

Safety & Security

Met: 56 / 56 **100%**

Available Options

Yes	No	Not Answered
56	0	18

Results

Yes	Not Answered
Y	N
56 / 74	18 / 74
76%	24%

6 Were you given the opportunity to access pastoral/spiritual care if there was a need to do so?

Multiple Choice with Comments

Well Being

Met: 5 / 56 **9%**

Available Options

Yes	No	Not Applicable	Not Answered
5	2	49	18

Results

Yes	No	Not Applicable	Not Answered
Y	N	N	N
5 / 74	2 / 74	49 / 74	18 / 74
7%	3%	66%	24%



7 Do you know who to contact if you have any concerns?

Multiple Choice with Comments

Information Management

Met: 53 / 55 **96%**

Available Options

Yes	No	Not Applicable	Not Answered
53	2	0	19

Results

Yes	No	Not Answered
Y	N	N
53 / 74	2 / 74	19 / 74
72%	3%	26%

8 Do you feel your concerns were dealt with appropriately and in a timely fashion?

Multiple Choice with Comments

Satisfaction Level

Met: 51 / 52 **98%**

Available Options

Yes	No	Not Applicable	Not Answered
51	0	1	22

Results

Yes	Not Applicable	Not Answered
Y	N	N
51 / 74	1 / 74	22 / 74
69%	1%	30%

9 Were there things you particularly liked or disliked? Please comment.

Comment Only

General Comments

Comments Not Displayed on this Report

10 This survey is our primary means of measuring patient satisfaction and identifying areas for improvement or recognition. Please use the area below to make general comment or suggestions about any part of your visit with us:

Comment Only

General Comments

Comments Not Displayed on this Report