



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

Page 1 of 5

Description **Acute Care - Patient Survey**

Survey Dates 09/24/2018 To 10/07/2018

Survey Type

Patients

Department	Assigned	Distributed	Returned	
Acute Care	15	6	1	
Day Surgery	25	25	11	
Emergency/Out-Patient	100	97	14	
Dietary Counseling	5	5	1	
Laboratory / X-Ray	50	50	24	
Pharmacy	5	5	0	
	200	188	51	27.13%

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

Multiple Answer with Comments

Service Location

Available Options

Day Surgery 11	Emergency/Out-Patient 16	Laboratory / X-Ray 25	Other (Please Specify Service/Department) 5
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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: 49 / 53 **92%**

Available Options

Excellent 39	Very Good 10	Good 2	Fair 0	Not Answered 2
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Results

Excellent Y 39 / 53 74%	Very Good Y 10 / 53 19%	Good N 2 / 53 4%	Not Answered N 2 / 53 4%
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3a **Were you given instructions before, during or after your treatment?**

Multiple Choice

Administration

Met: 41 / 53 **77%**

Available Options

Yes	No	Not Answered
41	3	9

Results

Yes	No	Not Answered
Y	N	N
41 / 53	3 / 53	9 / 53
77%	6%	17%



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: 43 / 53 **81%**

Available Options

Clearly 43	Somewhat Clearly 1	Not at all 0	Not Answered 9
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Results

Clearly Y 43 / 53 81%	Somewhat Clearly N 1 / 53 2%	Not Answered N 9 / 53 17%
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3b.ii During your treatment/procedure?

Met: 38 / 53 **72%**

Available Options

Clearly 38	Somewhat Clearly 1	Not at all 0	Not Answered 14
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Results

Clearly Y 38 / 53 72%	Somewhat Clearly N 1 / 53 2%	Not Answered N 14 / 53 26%
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3b.iii After your treatment/procedure?

Met: 41 / 53 **77%**

Available Options

Clearly 41	Somewhat Clearly 0	Not at all 0	Not Answered 12
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Results

Clearly Y 41 / 53 77%	Not Answered N 12 / 53 23%
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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: 48 / 53 91%

Available Options

Yes	No	Not Answered
48	0	5

Results

Yes	Not Answered
Y	N
48 / 53	5 / 53
91%	9%

5 Did you feel safe in our care?

Multiple Choice with Comments

Safety & Security

Met: 48 / 53 91%

Available Options

Yes	No	Not Answered
48	0	5

Results

Yes	Not Answered
Y	N
48 / 53	5 / 53
91%	9%

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 / 52 10%

Available Options

Yes	No	Not Applicable	Not Answered
5	2	37	8

Results

Void	Yes	No	Not Applicable	Not Answered
N	Y	N	N	N
1 / 52	5 / 52	2 / 52	37 / 52	8 / 52
2%	10%	4%	71%	15%



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

Multiple Choice with Comments

Information Management

Met: 47 / 52 **90%**

Available Options

Yes	No	Not Applicable	Not Answered
47	0	1	4

Results

Void	Yes	Not Applicable	Not Answered
N	Y	N	N
1 / 52	47 / 52	1 / 52	4 / 52
2%	90%	2%	8%

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

Multiple Choice with Comments

Satisfaction Level

Met: 46 / 53 **87%**

Available Options

Yes	No	Not Applicable	Not Answered
46	0	2	5

Results

Yes	Not Applicable	Not Answered
Y	N	N
46 / 53	2 / 53	5 / 53
87%	4%	9%

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