



Patient satisfaction survey

- Instructions -

Please rate your recent outpatient surgery experience at Pend Oreille Surgery Center. Select the answer that best describes your experience. If a question does not apply to you, please skip to the next question.

- Background Questions -

Date of Procedure _____

Patients Sex Male Female Patients Age _____

Physician _____

Was this your first visit to our Ambulatory Surgery Center? Yes No

Patient's Name (optional) _____

Telephone Number (optional) _____

Would you like us to contact you about your experience? Yes No

- Registration -

Professional and courteous service of registration? Very poor Poor Good Very good

Satisfactory answers to financial and insurance questions? Very poor Poor Good Very good

Speed and efficiency of registration? Very poor Poor Good Very good

- Facility -

Comfort of registration? Very poor Poor Good Very good

Comfort of your waiting area in the Center? Very poor Poor Good Very good

Attractiveness of the Center? Very poor Poor Good Very good

Cleanliness of the Center? Very poor Poor Good Very good

- Nursing -

- Waiting time before your surgery or procedure began? Very poor Poor Good Very good
- Explanation physician gave you about surgery/procedure? Very poor Poor Good Very good
- Professional and courteous service of the nurses? Very poor Poor Good Very good
- Skill of the nurse starting IV? Very poor Poor Good Very good
- Nurse explaining procedures? Very poor Poor Good Very good
- Nurses concern for your comfort? Very poor Poor Good Very good
- Nurse's courtesy towards family who accompanied you? (if applicable) Very poor Poor Good Very good
- Instructions nurses gave about caring for yourself at home? Very poor Poor Good Very good

- Personal Issues -

- Information provided about delays? (if delays experienced) Very poor Poor Good Very good
- Our concern for your privacy? Very poor Poor Good Very good
- Degree to which your pain was controlled? Very poor Poor Good Very good
- Response to concerns/complaints made during your visit? Very poor Poor Good Very good

- Overall Assessment -

- Overall rating of care received during your visit? Very poor Poor Good Very good
- Degree to which staff worked together to care for you? Very poor Poor Good Very good
- Likelihood of your recommending our Ambulatory Surgery Center? Very poor Poor Good Very good

- Comments - (Please describe good or bad experiences)

Please return completed survey to - **30544 Hwy 200 Suite 201 Ponderay, Idaho 83852**

Or Fax to - **208.265.4870**

Thank you for helping make our facility better.

30544 Hwy 200. Suite 201. Ponderay, Idaho 83852. p. 208.265.8194 f. 208.265.4870