

Lewes Surgery Center

17015 Old Orchard Road, Unit 4

Lewes, Delaware 19958

Phone: (302) 644-3466 / Fax (302) 644-4001

PATIENT SATISFACTION SURVEY

The care of our patients is our chief concern and we are continuously striving to improve the service at Lewes Surgery Center.

You can help us by answering the following confidential questionnaire.

Please circle the number that best reflects your satisfaction with the Lewes Surgery Center.

Thank you for your help in assuring the high quality of care for our patients.

PREPARATION FOR PROCEDURE	Poor	Fair	Good	Very Good	Excellent	Don't Recall
Information received before procedure provide clear and detailed instructions	1	2	3	4	5	6
Information answered all questions regarding your preparation for procedure	1	2	3	4	5	6
Understood who to contact with questions prior to arrival for procedure	1	2	3	4	5	6
FACILITY IMPRESSIONS	Poor	Fair	Good	Very Good	Excellent	Don't Recall
Admission process was simple and efficient	1	2	3	4	5	6
Waiting time in reception was satisfactory	1	2	3	4	5	6
The facility was clean and environment pleasant	1	2	3	4	5	6
CARE BY RECEPTION STAFF	Poor	Fair	Good	Very Good	Excellent	Don't Recall
Handled your admission with efficiency	1	2	3	4	5	6
Clearly answered your questions to your satisfaction	1	2	3	4	5	6
Treated you with courtesy and respect	1	2	3	4	5	6
Reception staff were sensitive to your needs	1	2	3	4	5	6
CARE BY PHYSICIAN(S)	Poor	Fair	Good	Very Good	Excellent	Don't Recall
Available to talk with you as needed	1	2	3	4	5	6
Clearly answered your questions to your satisfaction	1	2	3	4	5	6
Explained your procedure(s) in terms you understood	1	2	3	4	5	6
Treated you with courtesy and respect	1	2	3	4	5	6
CARE BY ANESTHESIA	Poor	Fair	Good	Very Good	Excellent	Don't Recall
The anesthesia process was explained in clear understandable terms	1	2	3	4	5	6
The effects and potential side effects of anesthesia were explained in clear understandable terms	1	2	3	4	5	6
Clearly answered your questions to your satisfaction	1	2	3	4	5	6
Treated you with courtesy and respect	1	2	3	4	5	6
CARE BY PRE-OP NURSES	Poor	Fair	Good	Very Good	Excellent	Don't Recall
Nurses were sensitive to your needs	1	2	3	4	5	6
Clearly answered your questions to your satisfaction	1	2	3	4	5	6
Treated you with courtesy and respect	1	2	3	4	5	6

PLEASE CONTINUE ON REVERSE ►

CARE BY OPERATING ROOM NURSES	Poor	Fair	Good	Very Good	Excellent	Don't Recall
Nurses were sensitive to your needs	1	2	3	4	5	6
Clearly answered your questions to your satisfaction	1	2	3	4	5	6
Treated you with courtesy and respect	1	2	3	4	5	6
CARE BY RECOVERY ROOM NURSES	Poor	Fair	Good	Very Good	Excellent	Don't Recall
Nurses were sensitive to your needs	1	2	3	4	5	6
Clearly answered your questions to your satisfaction	1	2	3	4	5	6
Treated you with courtesy and respect	1	2	3	4	5	6
Preparation for Discharge	Poor	Fair	Good	Very Good	Excellent	Don't Recall
Received clear and detailed written discharge instructions	1	2	3	4	5	6
Understood any symptoms to watch for once you returned home that may require medical intervention	1	2	3	4	5	6
Received detailed instructions for pain control, including pain medication prescriptions and how to take the medication	1	2	3	4	5	6
Received information on typical post-operative symptoms you could anticipate following surgery	1	2	3	4	5	6
Understood how to contact your physician after surgery	1	2	3	4	5	6
Received post-operative supplies, if needed for home care	1	2	3	4	5	6
OVERALL QUALITY OF CARE AND SERVICES RECEIVED	Poor	Fair	Good	Very Good	Excellent	Don't Recall
Please rate the overall quality of care and services received	1	2	3	4	5	6

WOULD YOU RECOMMEND LEWES SURGERY CENTER TO FAMILY AND FRIENDS? YES NO

WHAT DID YOU LIKE BEST ABOUT THE SURGERY CENTER? _____

WHAT DID YOU LIKE LEAST ABOUT THE SURGERY CENTER? _____

IN WHAT WAYS COULD WE IMPROVE THE CARE AND SERVICES AT LEWES SURGERY CENTER? _____

MY SURGEON WAS: _____ **DATE OF SURGERY:** _____

NAME OF PATIENT (optional): _____

THE PERSON COMPLETING THIS SURVEY: Patient Other: _____

Please return to the Surgery center. THANK YOU!