

**"HOW WAS YOUR SURGICAL EXPERIENCE?" at TINLEY WOODS SURGERY CENTER**

Our management staff continually looks for ways to provide the very best service and care to our patients. Your perceptions of care, treatment and services are very important to us and help us evaluate the care our patients receive. Please complete and 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>			
	A	B	C	D	F		
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 & 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 TWSC again? **YES** **NO**

Comment \_\_\_\_\_

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

Comment \_\_\_\_\_

6) What could we have done to improve your surgical experience at TWSC? \_\_\_\_\_