

PATIENT SATISFACTION QUESTIONNAIRE

Name (optional): _____ . Date of Service _____ .

___ IN Patient ___ Out-Patient ___ Emergency Room Visit ___ Surgery

Dear Patient;

All of us at Pineville Community Hospital are constantly seeking to improve our services to you and the community. We ask that you take a few minutes to complete this survey. Your comments are confidential. We welcome any suggestions or comments that you have concerning the quality of care you received.

EX = Excellent

GD = Good

AV = Average

NI = Needs Improvement

	EX	GD	AV	NI
In general, how do you rate our hospital?				
How was our Admitting Service?				
How were your room accommodations?				
Nursing Services: Were the nurses courteous, knowledgeable, and quick to respond to your needs?				
I felt that my safety was important to my doctor and PCH.				
Were your take home instructions clear and concise?				
I was educated about my illness, treatments and plan of care.				
How were these services, if applicable?				
Laboratory?				
Cardiopulmonary?				
Radiology?				
Physical Therapy?				
Dietary Services: How was your food and meal service?				
Housekeeping and Maintenance: Were things clean and in working order?				
Business Office arrangements and services.				
Social Service and Discharge Planning.				
Rate our treatment of your visitors.				

Do you have any comments regarding the safety of your hospital experience?

Thank you for your assistance. If you wish to have our Patient Representative contact you, please list your phone number and best time to call.

Phone#. _____

Best time to call. _____

COMMUNITY NEEDS ASSESSMENT

Do you have any suggestions for services that we do not currently offer? _____

Do you or your family presently travel outside the Pineville area to seek medical care? ___ Yes ___ No

"If yes, please check reason:

- ___ Physician Specialist (type) _____
- ___ Service (type) _____
- ___ Other _____

Do you see a need for additional physicians? ___ Yes ___ No

If yes, please list. _____

How can PCH be of greater value to you and your family? _____

Any additional comments _____

We appreciate and value your time and cooperation in filling out this questionnaire.