

ATLANTA ORTHOPAEDIC INSTITUTE SURGERY CENTER

Ambulatory Surgery Patient Satisfaction Survey

Thank you for selecting **ATLANTA ORTHOPAEDIC INSTITUTE SURGERY CENTER** for your ambulatory surgery/procedure. Our staff would like to hear from you. Did we meet your expectations? Was the care you received appropriate? Are there things that we could do better? Do you have any ideas on how we can improve patient safety? We love new ideas and are always striving to improve our service! Please, let us hear from you. Please use the following key and check the box under the number that best represents your answers. PLEASE NOTE: "1" is HIGH; "5" is LOW.



Strongly

Disagree

Strongly Agree Neutral Disagree

Agree

GENERAL SERVICE

5

1. The registration/business office staff was courteous and friendly.
2. I was greeted and assisted within 15 min of my arrival.
3. My privacy was protected while at the facility.
4. The facility was clean and comfortable.
5. I believe my physician and the staff were interested in my safety during my care.

1	2	3	4

NURSING CARE

6. The nursing staff was courteous and friendly.
7. The nursing staff assured that my questions were answered.
8. The nursing staff was competent and professional.

1	2	3	4

PHYSICIAN CARE

9. My physician explained my procedure & treatment adequately.
10. My physician answered my questions.
11. My physician was courteous and friendly.
12. My physician was competent & professional.
13. My anesthesia/sedation concerns and questions were addressed

1	2	3	4

WILLINGNESS TO RETURN

1	2	3	4

- 14. I would return to this facility for additional procedures.
- 15. I would recommend this facility to my friends and family.
- 16. Overall, I was satisfied with the care and treatment I received at the facility.

while

Your visit to our center was on: ___/___/____. You may wish to list the name(s) and comment on any of your care providers at our facility on your date of service: _____

How could we have made your visit to our facility more pleasant? _____

If you would like to speak with someone directly about the service you received while at [ATLANTA ORTHOPAEDIC INSTITUTE SURGERY CENTER](#), please call the Administrator at 630/853-9560.

Name (Optional) _____

Telephone Number (Optional) ____-____-____

Date of Service (Optional) ____/____/____