

# St. Joseph's General Hospital Elliot Lake Patient Satisfaction Questionnaire

The staff at St. Joseph's General Hospital Elliot Lake strive to enhance the quality of the service they provide to our community, through a holistic and integrated health care system. To help us improve please take a few minutes to report on your most recent visit to the hospital by completing the following questionnaire. No identifying information is requested of you to ensure that your anonymity is protected. Your participation in this questionnaire is completely voluntary.

## Age

DD MM YYYY  
Date  /  /   
of  
Birth:

## Gender

☐ Male ☐ Female ☐ Other

## Visit Date

DD MM YYYY  
.  /  /

**Please check the department you went to for your most recent hospital visit:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Inpatient 3rd Floor  | <input type="checkbox"/> Lab                  | <input type="checkbox"/> Dietary Counseling                      |
| <input type="checkbox"/> OBS                  | <input type="checkbox"/> X-ray                | <input type="checkbox"/> Speech Therapy                          |
| <input type="checkbox"/> ICU                  | <input type="checkbox"/> Physiotherapy        | <input type="checkbox"/> Day Surgery                             |
| <input type="checkbox"/> Outpatient Emergency | <input type="checkbox"/> Chemotherapy         | <input type="checkbox"/> Diabetes Outreach Clinic                |
| <input type="checkbox"/> 1st Floor            | <input type="checkbox"/> Specialists' Clinics | <input type="checkbox"/> Surgeons' Clinic(Dr.Long & Dr.Stirling) |

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**Please rate on a scale of 1-5 your experience to the statement on the left regarding the quality of care you received during your most recent hospital visit.**

	1.Strongly Disagree	2.Disagree	3.Neither Agree or Disagree	4.Agree	5.Strongly Agree	N/A
1.I was cared for promptly in the Admitting Department	Jn	Jn	Jn	Jn	Jn	Jn
2.Admitting staff were courteous, and treated me with dignity and respect	Jn	Jn	Jn	Jn	Jn	Jn
3.a The wait time to see a nurse was acceptable	Jn	Jn	Jn	Jn	Jn	Jn
3.b The wait time to see my doctor was acceptable	Jn	Jn	Jn	Jn	Jn	Jn
4.a The nurse(s) treated me with dignity and respect	Jn	Jn	Jn	Jn	Jn	Jn
4.b The doctor(s) treated me with dignity and respect	Jn	Jn	Jn	Jn	Jn	Jn
4.c Other health care professional(s)treated me with dignity and respect	Jn	Jn	Jn	Jn	Jn	Jn
5. I felt my concerns were heard, and I received answers to my questions	Jn	Jn	Jn	Jn	Jn	Jn
6. My privacy was respected	Jn	Jn	Jn	Jn	Jn	Jn
7.a In the event that I required the services of pastoral/spiritual care, I was adequately informed of these services	Jn	Jn	Jn	Jn	Jn	Jn
7.b The services provided to me through pastoral care met my needs related to my visit	Jn	Jn	Jn	Jn	Jn	Jn

### 8. I had pain while in the hospital

☒ Yes

☒ No

**Please rate on a scale of 1-5 your experience to the statements on the left regarding the procedures related to your health care issue during your most recent visit.**

	1.Strongly Disagree	2.Disagree	3.Neither Agree or Disagree	4.Agree	5.Strongly Agree	N/A
9. If I had pain while at the hospital, hospital staff did everything they could to control my pain	jq	jq	jq	jq	jq	jq
10.a For any procedures or tests that were recommended to me related to my health care issue, I was informed of any risks associated with the procedure, and if applicable signed a consent form	jq	jq	jq	jq	jq	jq
10.b For any procedures or tests that I had completed at the hospital I was informed of when I could expect results back, or if I was given my results back at the time of visit,the results were explained to me in a way I could understand	jq	jq	jq	jq	jq	jq
11. When prescribed medication, I was informed how the medication worked and possible side effects in a manner that I understood	jq	jq	jq	jq	jq	jq
12. I was provided with follow up or discharge instructions related to my visit, and was advised of steps to take or who to contact if my symptoms persisted, resumed, or worsened	jq	jq	jq	jq	jq	jq

# St. Joseph's General Hospital Elliot Lake Patient Satisfaction Questionnaire

Please rate on a scale of 1-5 your experience to the statements on the left concerning cleanliness of the facilities, dietary enjoyment, accessibility, and hospital fees in relation to your most recent visit

	1.Strongly Disagree	2.Disagree	3.Neither Agree or Disagree	4.Agree	5.Strongly Agree	N/A
13.The areas of the hospital I was in were clean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.The food served to me was enjoyable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.Parking facilities enabled me to access hospital without undue effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.Where fees applied I was informed of them in advance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Where fees applied they were reasonable in relation to what other hospitals charge for similar services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate on a scale of 1-5 your experience to the statements on the left regarding your overall satisfaction with the quality of service you received during your most recent visit

	1.Strongly Disagree	2.Disagree	3.Neither Agree or Disagree	4.Agree	5.Strongly Agree	N/A
18.The health care issue that brought me to the hospital was addressed to my satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.Overall I was pleased with the service I received from St. Joseph's General Hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.I would speak positively of St. Joseph's General Hospital to my family and friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please check any other concerns that you may have in regards to your most recent visit:

- ☐ Location of parking in relation to the main entrance to the hospital
- ☐ Access into the building
- ☐ Access to services within the building
- ☐ Appointment scheduling
- ☐ Patient monitoring by nurses
- ☐ Friendliness of other staff(Admitting, Housekeeping, Dietary, Business Office)

Other (please explain)

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**Would you like to share any further comments in regards to any exceptional staff or services that were provided to you during your most recent visit?**

Thank you for taking the time to complete this questionnaire.