



Johnson County Hospital

Outpatient Survey

Thank you for recently choosing Johnson County Hospital. We strive to provide quality patient care and service. By completing this survey you will help us know how well we have met your expectations. Your responses are confidential and anonymous. Please note, "Doctors/Providers" includes any Doctor, Physicians Assistant or Nurse Practitioner you had contact with. Please check the box to the left of the answer that best describes your experience.

HOSPITAL STAFF

1. How often did hospital staff treat you with courtesy and respect?
 Never
 Sometimes
 Usually
 Always
2. How often did hospital staff explain things in a way you could understand?
 Never
 Sometimes
 Usually
 Always
3. How often did hospital staff do everything they could to help you with your pain?
 Never
 Sometimes
 Usually
 Always
 I did not have any pain
4. If there were delays in your care or treatment, how often did hospital staff do a good job of keeping you informed of them?
 Never
 Sometimes
 Usually
 Always
 There were no delays in my care or treatment
5. Before giving you any new medicine, how often did the hospital staff explain what the medicine was for?
 Never
 Sometimes
 Usually
 Always
 I was not given any new medicine

DOCTOR/PROVIDER

6. How often did the doctor/provider treat you with courtesy and respect?
 Never
 Sometimes
 Usually
 Always
7. How often did the doctor/provider explain things in a way you could understand?
 Never
 Sometimes
 Usually
 Always
8. How satisfied were you with the amount of time the doctors/providers spent with you?
 Very Dissatisfied
 Somewhat Dissatisfied
 Somewhat Satisfied
 Very Satisfied

SCHEDULING

9. How satisfied were you with the ability to schedule the visit on a convenient day and time?
 Very Dissatisfied
 Somewhat Dissatisfied
 Somewhat Satisfied
 Very Satisfied

GENERAL EXPERIENCE

10. How satisfied were you with how clearly and completely you were told what to do and what to expect after returning home?
 Very Dissatisfied
 Somewhat Dissatisfied
 Somewhat Satisfied
 Very Satisfied
11. How satisfied were you with the cleanliness of the hospital?
 Very Dissatisfied
 Somewhat Dissatisfied
 Somewhat Satisfied
 Very Satisfied

12. **What number would you use to rate this hospital? Please use any number between 0 and 10, where 0 is the worst hospital possible and 10 is the best hospital possible.**

- 0 (Worst hospital possible)
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (Best hospital possible)

13. **Would you recommend this hospital to your friends and family?**

- Definitely No
- Probably No
- Probably Yes
- Definitely Yes

14. **Overall, how satisfied were you with the care you received in the following departments:**

Surgery/Operating Room

- | | | | | |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Very Dissatisfied | <input type="checkbox"/> Somewhat Dissatisfied | <input type="checkbox"/> Somewhat Satisfied | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Does not apply |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|

Laboratory

- | | | | | |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Very Dissatisfied | <input type="checkbox"/> Somewhat Dissatisfied | <input type="checkbox"/> Somewhat Satisfied | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Does not apply |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|

Telephone Operators

- | | | | | |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Very Dissatisfied | <input type="checkbox"/> Somewhat Dissatisfied | <input type="checkbox"/> Somewhat Satisfied | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Does not apply |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|

Respiratory Care

- | | | | | |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Very Dissatisfied | <input type="checkbox"/> Somewhat Dissatisfied | <input type="checkbox"/> Somewhat Satisfied | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Does not apply |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|

Anesthesia

- | | | | | |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Very Dissatisfied | <input type="checkbox"/> Somewhat Dissatisfied | <input type="checkbox"/> Somewhat Satisfied | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Does not apply |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|

Speech Therapy

- | | | | | |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Very Dissatisfied | <input type="checkbox"/> Somewhat Dissatisfied | <input type="checkbox"/> Somewhat Satisfied | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Does not apply |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|

Radiology (X-ray)

- | | | | | |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Very Dissatisfied | <input type="checkbox"/> Somewhat Dissatisfied | <input type="checkbox"/> Somewhat Satisfied | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Does not apply |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|

Social Services

- | | | | | |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Very Dissatisfied | <input type="checkbox"/> Somewhat Dissatisfied | <input type="checkbox"/> Somewhat Satisfied | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Does not apply |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|

Occupational Therapy

- | | | | | |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Very Dissatisfied | <input type="checkbox"/> Somewhat Dissatisfied | <input type="checkbox"/> Somewhat Satisfied | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Does not apply |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|

Physical Therapy

- | | | | | |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Very Dissatisfied | <input type="checkbox"/> Somewhat Dissatisfied | <input type="checkbox"/> Somewhat Satisfied | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Does not apply |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|

Business Office

- | | | | | |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Very Dissatisfied | <input type="checkbox"/> Somewhat Dissatisfied | <input type="checkbox"/> Somewhat Satisfied | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Does not apply |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|

Emergency Room

- | | | | | |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Very Dissatisfied | <input type="checkbox"/> Somewhat Dissatisfied | <input type="checkbox"/> Somewhat Satisfied | <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Does not apply |
|--------------------------------------------|------------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|

ABOUT YOU (Optional)

15. What is your age

- 0-20
- 21-40
- 41-60
- 61-80
- 81+

16. What is your gender?

- Male
- Female

17. Date of service _____

18. Zip Code _____

19. What is the reason you chose this hospital?

	Yes	No
Close to home	<input type="checkbox"/>	<input type="checkbox"/>
Past experience	<input type="checkbox"/>	<input type="checkbox"/>
Hospital reputation	<input type="checkbox"/>	<input type="checkbox"/>
Specialized services	<input type="checkbox"/>	<input type="checkbox"/>
Insurance requirements	<input type="checkbox"/>	<input type="checkbox"/>
Another's recommendation	<input type="checkbox"/>	<input type="checkbox"/>
Physician preference	<input type="checkbox"/>	<input type="checkbox"/>
Hospital advertising	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Please share any specific programs, services or personnel that you feel are deserving of positive comments.

Please share any areas that did not meet your expectations or that need improvement.

If you would like someone from the hospital to contact you regarding your experience, please provide the following:

Name: _____
Telephone Number: _____

If you have immediate concerns, please contact the hospital administration at (402) 335-3361.

Thank you for completing this survey. Your comments and opinions are important to us!
Please return in the postage paid envelope provided.

Results will be tabulated by the Rural Comprehensive Care Network of Nebraska.
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