

# William Bee Ririe Hospital / Clinic Inpatient Satisfaction Survey

**Dear Patient:**

**All of the staff at the William Bee Ririe Hospital are committed to providing our patients with both high quality care and a caring environment. We are also committed to improving all aspects of the services we provide. Please help us improve by telling us about your experiences, we value your comments. We would appreciate your assistance by completing this survey. Space is provided for comments you may like to share with us. We appreciate your time and your thoughts.**

Was this your first admission to the Hospital? (Circle) **Yes** **No**

We would like to know how we performed in each of the following areas. Please circle the number that best describes how we did. (N/A = not applicable).

**Admissions**

- . . Clarity of information (patient rights, etc.) **Poor** **Fair** **Good**
- . . Were efficient and courteous **Poor** **Fair** **Good**
- . . Were concerned about my personal needs **Poor** **Fair** **Good**
- . . Was there anything you should have been told before or during your admission that you were not told? (Circle) **Yes** **No**

If yes, what recommendations? \_\_\_\_\_  
\_\_\_\_\_

**Environment**

**Hospital rooms:**

- . . Room cleanliness **Poor** **Fair** **Good** **N/A**
- . . Room comfort **Poor** **Fair** **Good** **N/A**
- . . Comfortable noise level during the day **Poor** **Fair** **Good** **N/A**
- . . Comfortable noise level at night **Poor** **Fair** **Good** **N/A**
- . . Included adequate items to occupy my time (books, TV, etc.) **Poor** **Fair** **Good** **N/A**
- . . Included adequate explanation of equipment and controls(TV, call button, lights, bed, etc.) **Poor** **Fair** **Good** **N/A**

Recommendations: \_\_\_\_\_

**Hospital meals:**

- . .Were appetizing and tasty **Poor** **Fair** **Good** **N/A**
- . .Offered variety of menu selections **Poor** **Fair** **Good** **N/A**
- . .Served at the right temperature **Poor** **Fair** **Good** **N/A**
- . .Delivered as I ordered **Poor** **Fair** **Good** **N/A**
- . .Met my special requirements **Poor** **Fair** **Good** **N/A**

Recommendations: \_\_\_\_\_

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## Caregivers

### In general, my physicians

. . Introduced themselves and explained their role in my care	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>N/A</b>
. . Explained my plan of care, including tests and treatments	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>N/A</b>
. . Involved me in decisions about my care	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>N/A</b>
. . Responded promptly to my requests/questions	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>N/A</b>
. . Took my concerns seriously	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>N/A</b>

Please comment about any specific physician who had an impact on your experience (positive or negative):

Recommendations \_\_\_\_\_  
\_\_\_\_\_

### In general, my nurses:

. . Introduced themselves and explained their role in my care	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>N/A</b>
. . Explained my plan of care, including tests and treatments	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>N/A</b>
. . Involved me in decisions about my care	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>N/A</b>
. . Responded promptly to my requests/questions	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>N/A</b>
. . Took my concerns seriously	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>N/A</b>

Please comment about any specific nurse who had an impact on your experience (positive or negative):

Comments: \_\_\_\_\_  
\_\_\_\_\_

### In general:

. . My personal items were taken care of	(Circle)	<b>Yes</b>	<b>No</b>
. . Records kept correctly		<b>Yes</b>	<b>No</b>
. . Appointments with hospital caregivers on timely basis		<b>Yes</b>	<b>No</b>
. . Do you feel your care was delivered in a confidential manner		<b>Yes</b>	<b>No</b>

### Other Care Givers

Other than physicians and nurses, please comment about other Caregivers who had an impact on your experience (positive or negative): Lab X-Ray Housekeeping

Name \_\_\_\_\_ Department \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

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## Experience of Family and Visitors

It is important to us to know how your family and visitors were treated. Please rate our performance on the following items related to the comfort and treatment of your family and visitors.

(D/K - don't know)

### My family and visitors were treated with courtesy:

. .People at information desk	Poor	Fair	Good	D/K
. .Telephone receptionist	Poor	Fair	Good	D/K
. .Nurses	Poor	Fair	Good	D/K
. .Physicians	Poor	Fair	Good	D/K
. .Other personnel	Poor	Fair	Good	D/K
. .Accommodations were comfortable/convenient adequate services available	Poor	Fair	Good	D/K
. .Have your family or visitors encountered any negative personnel or conditions	(Circle)	Yes	No	

Comments: \_\_\_\_\_

## Discharge

We would like to know how we performed in providing you with the information and assistance you required at the time you were discharged for your care at home and follow-up.

### I was given instructions or information about:

. .The time of my discharge.	Poor	Fair	Good	N/A
. .Medications	Poor	Fair	Good	N/A
. .Returning to regular activities.	Poor	Fair	Good	N/A
. .Follow-up appointments/diagnostic tests	Poor	Fair	Good	N/A
. .Assistance I might need at home (driver, errands, meal preparation)	Poor	Fair	Good	N/A
. .Assistance in obtaining nursing care at home (if needed}	Poor	Fair	Good	N/A
. .Knew what danger signals to watch for at home	(Circle)	Yes	No	
. .Know who to contact if I have a concern	(Circle)	Yes	No	
. .Knew how and when to contact that person	(Circle)	Yes	No	

Was there anything you should have been told related to your discharge or follow-up care that you were not told? (Circle) Yes No

Comments: \_\_\_\_\_

## General Questions

How did you come to choose William Bee Ririe Hospital for your care?

Please comment: \_\_\_\_\_

What are you most likely to tell your family and friends about your stay at William Bee Ririe Hospital?

Please comment: \_\_\_\_\_

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Please comment on any aspects that were below your expectations.

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Please comment on any aspects that exceeded your expectations.

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Overall, how would you rate the Quality of care you received at the William Bee Ririe Hospital?

**Poor    Fair    Good**

Overall, how would you rate the coordination of care?  
by physicians, nurses, and other health care professionals?

**Poor    Fair    Good**

How likely are you to recommend William Bee Ririe to family and friends?

**Unlikely                  Likely**

Would you say that your condition improved as a result?  
of the service you received at the William Bee Ririe Hospital?

(Circle)                  **Yes                  No**

Comment: \_\_\_\_\_

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If you have been hospitalized at another hospital recently, what service was provided that you would want WBRH to provide to you?

Other Hospital: \_\_\_\_\_ Explain: \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_