



## BONE AND JOINT SURGERY CENTER OF NOVI-SATISFACTION SURVEY

It was our pleasure to assist you today. Please tell us if we did not meet your expectations or if your care was outstanding!

Date of Surgery: \_\_\_\_\_ Physician Name: \_\_\_\_\_ Your Name: \_\_\_\_\_

Please circle the number which best describes your care

1. Very poor 2. Poor 3. Average 4. Good 5. Very Good NA. Not applicable



1. Do you feel the pre-surgery phone call from the Nurse here provided enough information to prepare you for surgery? 1 2 3 4 5 NA  
Comments: \_\_\_\_\_
2. Was the patient registration process simple? 1 2 3 4 5 NA  
Comments: \_\_\_\_\_
3. Do you feel the Pre-Operative & Post-Operative nursing staff maintained your privacy and provided attention to your needs and concerns? 1 2 3 4 5 NA  
Comments: \_\_\_\_\_
4. Please rate your overall anesthesia experience. 1 2 3 4 5 NA  
Comments: \_\_\_\_\_
5. Did the staff meet your pain control needs during your visit? 1 2 3 4 5 NA  
Comments: \_\_\_\_\_
6. Were written instructions given and reviewed prior to discharge with you/family member or other? 1 2 3 4 5 NA  
Comments: \_\_\_\_\_
7. Were you treated in a courteous, professional and kind manner? 1 2 3 4 5 NA  
Comments: \_\_\_\_\_
8. Were you comfortable with the lighting, temperature and general surroundings? 1 2 3 4 5 NA  
Comments: \_\_\_\_\_
9. Was your family member or friend comfortable while waiting? 1 2 3 4 5 NA  
Comments: \_\_\_\_\_
10. How would you rate your overall experience? 1 2 3 4 5 NA  
Comments: \_\_\_\_\_

Please list any general comments or suggestions:

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**—Thank you in advance for your cooperation! We love your feedback as it helps us to continuously improve your experience. Paula Hebert, Administrator: Phone: 248-662-1500**

NOVI BONE AND JOINT SURGERY CENTER- PATIENT SATISFACTION SURVEY RESULTS-2010

Questions	Jan	February	March	April
1. Do you feel the pre-surgery phone call from the Nurse here provided sufficient information to prepare for surgery				
2. Was the patient registration process simple?				
3. Do you feel the Pre-Operative & Post-op nursing staff maintained your privacy and provided attention to your needs?				
4. Please rate your overall anesthesia experience				
5. Did the staff meet your pain control needs during your visit?				
6. Were written instructions given and reviewed prior to discharge with your family member or other?				
7. Were you treated in a courteous, professional and kind manner?				
8. Were you comfortable with the lighting, temperature and general surroundings?				
9. Was your family member or friend comfortable while waiting?				
10. How would you rate your overall experience?				
<b>Monthly Average:</b>				
<b>Total Number of Surgeries (Excluding Laser cases)</b>				
<b>Returned</b>				
<b>Percentage of Questionnaires Returned:</b>				

Today's Date  
9/1/2010

