

"HOW WAS YOUR SURGICAL EXPERIENCE?" at BERMUDA OUTPATIENT SURGERY CENTER

Our management and staff continually look for ways to provide the very best service and care to our patients. Your perceptions of care, treatment and services are very important to us. Help us evaluate the care our patients receive. Please complete and return this survey to us for management to review. Thank you for your cooperation!

NAME (Optional) _____ Surgery Date _____ Surgeon _____

1) Give us a grade on the following aspects of care, treatment and services: (Circle your response)

	<u>Excellent</u>			<u>Poor</u>		
Facility Appearance	A	B	C	D	F	
Reception Personnel	A	B	C	D	F	
Nursing Personnel	A	B	C	D	F	
Anesthesia Personnel	A	B	C	D	F	NA
Pre-Operative Teaching & Instructions	A	B	C	D	F	
Post-Operative Teaching & Instructions	A	B	C	D	F	
Effectiveness of Pain Management	A	B	C	D	F	
Surgery Center Website	A	B	C	D	F	
Billing Department	A	B	C	D	F	
Telephone & Voice Mail System	A	B	C	D	F	
Your Companion's Experience	A	B	C	D	F	NA
The Experience Overall	A	B	C	D	F	

2) Do you have any suggestions for how we might improve patient safety? **YES** **NO**
Comment _____

3) During your stay did you see your doctors and/or nurses clean their hands? **YES** **NO**
Comment _____

4) If necessary, would you have surgery at BOSC again? **YES** **NO**
Comment _____

5) Would you recommend BOSC to someone you know who needed outpatient surgery? **YES** **NO**
Comment _____

6) What could we have done to improve your surgical experience at BOSC? **YES** **NO**
Comment _____

(Use Reverse Side If More Space Is Needed)