

Fax to: 513-259-2487 Scan to Isprong@journeylite.com Or mail to JourneyLite of Cincinnati 10475 Reading Road, Suite 115 Cincinnati, OH 45251

# Patient Satisfaction Survey -This survey represents your experience on the day of your procedure.

Date of Procedure: 91カラウン					
Registration     Welcoming atmosphere and promptness at the time registration.	Very Good	Good 4	Fair 3	Poor 2	Very Poor
Helpfulness and courteousness of person at the registration window.	(5)	4	3	2	1
Clear answers to questions regarding payment requirements and insurance billing.	5	4	3	2	1
<ol> <li>Comfort and cleanliness of the waiting area.</li> <li>Convenience of parking/facility access.</li> <li>Availability of scheduling surgery.</li> </ol>	(5) (5)	4 4 4	3 3 3	2 2 2	1 1 1
<ol> <li>B. Pre-Op</li> <li>Seen by a nurse within a reasonable time of signing Friendliness and helpfulness of pre-op nurse.</li> <li>Questions were answered and what to expect was explained by pre-op nurse.</li> <li>Privacy was protected as much as possible.</li> <li>Care by pre-op nurse.</li> <li>Explanation of the type of anesthesia used by anesthesia provider or physician.</li> <li>Appropriate time with surgeon for questions prior to procedure.</li> <li>Recovery – Immediate</li> <li>Courtesy of the nurses.</li> <li>Promptness in responding to personal needs.</li> <li>Level of pain control.</li> <li>Privacy was protected.</li> <li>Overall rating of overnight stay</li> </ol>	(S) (S) Very Good (S)	Good 4 4 4 4 4 4 Good 4 4 4 4 4 4 4	Fair 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Poor 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Very Poor  1 1 1 1 1 1 Very Poor 1 1 1 1 1
<ol> <li>Discharge</li> <li>Extent to which you felt ready for discharge.</li> <li>Complete instructions given for post-procedure hom care.</li> <li>Overall rating of care given at JourneyLite.</li> <li>Would you recommend JourneyLite?</li> <li>Would you return to JourneyLite for subsequent procedures?</li> </ol>	ves Yes	Good 4 4 4 No No	Fair 3 3 3	Poor 2 2 2 2	Very Poor 1 1
Additional Comments:	Physician:	Dr Co	NY ()		
					Facebook over the control



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## Patient Satisfaction Survey

Date of Procedure: 8/3/2020					
Registration     Welcoming atmosphere and promptness at the time of registration.	Very Good	Good 4	Fair 3	Poor 2	Very Poor
<ol><li>Helpfulness and courteousness of person at the registration window.</li></ol>	(5)	4	3	2	
3. Comfort and cleanliness of the waiting area	(5)			2	1
Convenience of parking/facility access.	5	4	3	2	1
<ol> <li>Pre-Op</li> <li>Seen by a nurse within a reasonable time of signing in.</li> <li>Friendliness and helpfulness of pre-op nurse.</li> <li>Questions were answered and what to expect was explained by pre-op nurse.</li> <li>Privacy was protected as much as possible.</li> <li>Care by pre-op nurse.</li> <li>Explanation of the type of anesthesia used by anesthesia provider or physician.</li> </ol>	Very Good	Good 4 4 4 4 4	Fair 3 3 3 3 3 3	Poor 2 2 2 2 2 2 2 2 2	Very Poor  1 1 1 1 1
<ul> <li>C. Recovery – Immediate</li> <li>1. Courtesy of the nurses.</li> <li>2. Promptness in responding to personal needs.</li> <li>3. Level of pain control.</li> <li>4. Privacy was protected.</li> <li>5. Overall rating of overnight stay-if applicable</li> </ul>	Very Good	Good 4 4 4 4 4	Fair 3 3 3 3 3	Poor 2 2 2 2 2 2 2	Very Poor  1 1 1 1 1
<ol> <li>Discharge</li> <li>Extent to which you felt ready for discharge.</li> <li>Complete instructions given for post-procedure home care.</li> <li>Overall rating of care given at JourneyLite.</li> <li>Would you recommend JourneyLite?</li> </ol>	Very Good	Good 4 4	<b>Fair</b> 3 3	Poor 2 2	Very Poor 1 1
procedures?	Yes	No No			
Additional Comments: Thank you for a cann	g and pn	ofessio	nal		
Name (optional)					





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## **Patient Satisfaction Survey**

Date of Procedure: A. Registration Very Good Fair Good Poor Very Poor 1. Welcoming atmosphere and promptness at the time of (5)3 2 1 registration. 2. Helpfulness and courteousness of person at the 3 1 registration window. Comfort and cleanliness of the waiting area. 4 3 2 4. Convenience of parking/facility access. 4 3 2 1 B. Pre-Op Very Good Good Fair Poor Very Poor 1. Seen by a nurse within a reasonable time of signing in. 4 3 2 1 2. Friendliness and helpfulness of pre-op nurse. 4 3 2 1 3. Questions were answered and what to expect was 4 3 1 explained by pre-op nurse. 4. Privacy was protected as much as possible. 3 Care by pre-op nurse. 4 3 1 6. Explanation of the type of anesthesia used by 3 1 anesthesia provider or physician. C. Recovery - Immediate Very Good Good Fair Poor Very Poor 1. Courtesy of the nurses. 3 2 1 2. Promptness in responding to personal needs. 4 3 2 3. Level of pain control. 4 3 2 1 4. Privacy was protected. 3 2 1 5. Overall rating of overnight stay-if applicable 3 2 1 D. Discharge Very Good Good Fair Poor Very Poor Extent to which you felt ready for discharge. 3 2 2. Complete instructions given for post-procedure home 4 3 2 Overall rating of care given at JourneyLite. 3 2 4. Would you recommend JourneyLite? Yes No 5. Would you return to JourneyLite for subsequent No procedures? Everyone Additional Comments: Name (optional): Physician:





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#### Patient Satisfaction Survey

8127/2020 Date of Procedure: A. Registration Very Good Good Fair Poor Very Poor Welcoming atmosphere and promptness at the time of (5) 4 3 2 registration. Helpfulness and courteousness of person at the 3 2 1 registration window. Comfort and cleanliness of the waiting area. 3 4 2 1 Convenience of parking/facility access. 3 2 1 B. Pre-Op Very Good Good Fair Poor Very Poor Seen by a nurse within a reasonable time of signing in. 3 4 2 1 Friendliness and helpfulness of pre-op nurse. 3 4 2 1 3. Questions were answered and what to expect was 3 4 2 1 explained by pre-op nurse. 4. Privacy was protected as much as possible. 3 4 2 1 5. Care by pre-op nurse. 4 3 2 1 6. Explanation of the type of anesthesia used by 3 anesthesia provider or physician. C. Recovery - Immediate Very Good Good Fair Poor Very Poor Courtesy of the nurses. 4 3 2 1 Promptness in responding to personal needs. 3 4 2 1 Level of pain control. 3 4 2 1 4. Privacy was protected. 3 2 4 Overall rating of overnight stay-if applicable 3 2 D. Discharge Very Good Good Fair Poor Very Poor Extent to which you felt ready for discharge. 4 3 2 2. Complete instructions given for post-procedure home 4 3 2 care 3. Overall rating of care given at JourneyLite. 3 4 4. Would you recommend JourneyLite? No 5. Would you return to JourneyLite for subsequent No procedures? Additional Comments: puld be was Name (optional):



Physician: Dr. Udel hoten



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### Patient Satisfaction Survey

Date of Procedure: 8-24-2020

<b>A.</b> 1.	3 - The promptiness at the time of	Very Good	Good 4	Fair 3	Poor 2	Very Poor
2.	registration. Helpfulness and courteousness of person at the	<u>(5)</u>	4	3	2	1
3.	registration window. Comfort and cleanliness of the waiting area.	<u>@</u>	4	3	2	1
4.	Convenience of parking/facility access.	(5)	4	3	2	1
	Pre-Op	Very Good	Good	Fair	Poor	Very Poor
1.	Seen by a nurse within a reasonable time of signing in.	5	4	3	2	1
2.	(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	<b>\bigsiz</b>	4	3	2	1
3.	explained by pre-op nurse.		4	3	2	1
4.	, protested de mach de possible.	(5)	4	3	2	1
5.		(5) (5) (5)	4	3	2	1
6.	Explanation of the type of anesthesia used by anesthesia provider or physician.	8	4	3	2	1
	Recovery – Immediate	Very Good	Good	Fair	Poor	Very Poor
1.	Courtesy of the nurses.	<b>(</b> 2)	4	3	2	1
2.	Promptness in responding to personal needs.	(5)	4	3	2	1
0.00	Level of pain control	(5)	4	3	2	1
4.	Privacy was protected.	(F)	4	3	2	1
5.	Overall rating of overnight stay-if applicable N	-	4	3	2	1
	Discharge	Very Good	Good	Fair	Poor	Very Poor
1.	in all all all all all all all all all al	( <u>5</u>	4	3	2	1
2.	Complete instructions given for post-procedure home	9	4	3	2	1
	Overall rating of care given at JourneyLite.	B	4	3	2	1
	Would you recommend JourneyLite? Would you return to JourneyLite for subsequent	yes)	No No			
	procedures?		/		. /	
Add	litional Comments: Everyone was Supe	er GReat	17/	ank	You	
						- (
Nar	ne (optional): OR. Udelhoren				-	





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## **Patient Satisfaction Survey**

Date of Procedure: August 5, 3030 A. Registration Welcoming atmosphere and promptness at the time of Very Good Good Fair Poor Very Poor (5) registration 3 2 Helpfulness and courteousness of person at the registration window. 3 1 Comfort and cleanliness of the waiting area. 4. Convenience of parking/facility access. 4 3 2 1 4 3 2 1 B. Pre-Op 1. Seen by a nurse within a reasonable time of signing in. Very Good Good Fair Poor Very Poor 2. Friendliness and helpfulness of pre-op nurse 4 3 2 1 Questions were answered and what to expect was 4 3 2 1 explained by pre-op nurse. 4 3 2 1 4. Privacy was protected as much as possible 5. Care by pre-op nurse 4 3 1 6. Explanation of the type of anesthesia used by 4 3 2 1 anesthesia provider or physician. 3 C. Recovery - Immediate Very Good Courtesy of the nurses. Good Fair Poor Very Poor Promptness in responding to personal needs. 4 3 2 1 3 Level of pain control 4 3 2 1 4 4 Privacy was protected 3 2 1 Overall rating of overnight stay-if applicable 3 3 2 D. Discharge Very Good Extent to which you felt ready for discharge. Good 1. Fair Poor Very Poor Complete instructions given for post-procedure home 4 3 2 4 3 2 1 Overall rating of care given at JourneyLite. 3 4 Would you recommend JourneyLite? 3 2 No Would you return to JourneyLite for subsequent No procedures? Additional Comments: Everyone was very nice. Name (optional): Physician: Or udelhofen





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#### **Patient Satisfaction Survey**

Date of Procedure: 6/23/20 A. Registration Very Good Good Fair Poor Very Poor 1. Welcoming atmosphere and promptness at the time of (5)4 3 registration. Helpfulness and courteousness of person at the 3 2 1 registration window. 3. Comfort and cleanliness of the waiting area. 5 3 2 1 4. Convenience of parking/facility access. 5 3 1 B. Pre-Op Very Good Good Fair Poor Very Poor 1. Seen by a nurse within a reasonable time of signing in. 3 2 1 Friendliness and helpfulness of pre-op nurse. 3 2 1 3. Questions were answered and what to expect was 3 2 1 explained by pre-op nurse. 4. Privacy was protected as much as possible. 3 1 Care by pre-op nurse. 3 2 1 6. Explanation of the type of anesthesia used by 3 2 1 anesthesia provider or physician. C. Recovery - Immediate Very Good Good Fair Poor Very Poor Courtesy of the nurses. 3 2 1 2. Promptness in responding to personal needs. 3 2 1 3. Level of pain control. 2 3 1 4. Privacy was protected. 3 2 1 Overall rating of overnight stay-if applicable √/∧ 3 2 1 D. Discharge Very Good Good Fair Very Poor Poor Extent to which you felt ready for discharge. 3 2 2. Complete instructions given for post-procedure home 3 3. Overall rating of care given at JourneyLite. 3 2 4. Would you recommend JourneyLite? No 5. Would you return to JourneyLite for subsequent No procedures? Additional Comments: Your nursing staff pre-op and Lisa and Nancy (maybe I was drugged good at their jobs, Novall ind and a frightening situation much better.

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Name (optional):

Physician: