

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

Date of Procedure: 8/13/2020

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

Additional Comments: Everything was amazing- everyone involved was so nice & helpful & Dr. Curry is the best surgeon!

Name (optional): _____

Physician: Dr Curry.

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9/9/2020

Patient Satisfaction Survey

Date of Procedure: 8/3/2020

A. Registration

	Very Good	Good	Fair	Poor	Very Poor
1. Welcoming atmosphere and promptness at the time of registration.	5	4	3	2	1
2. Helpfulness and courteousness of person at the registration window.	5	4	3	2	1
3. Comfort and cleanliness of the waiting area.	5	4	3	2	1
4. Convenience of parking/facility access.	5	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.	5	4	3	2	1
2. Friendliness and helpfulness of pre-op nurse.	5	4	3	2	1
3. Questions were answered and what to expect was explained by pre-op nurse.	5	4	3	2	1
4. Privacy was protected as much as possible.	5	4	3	2	1
5. Care by pre-op nurse.	5	4	3	2	1
6. Explanation of the type of anesthesia used by anesthesia provider or physician.	5	4	3	2	1

C. Recovery – Immediate

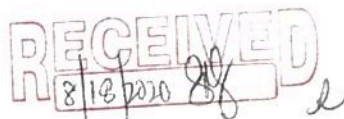
	Very Good	Good	Fair	Poor	Very Poor
1. Courtesy of the nurses.	5	4	3	2	1
2. Promptness in responding to personal needs.	5	4	3	2	1
3. Level of pain control.	5	4	3	2	1
4. Privacy was protected.	5	4	3	2	1
5. Overall rating of overnight stay-if applicable	5	4	3	2	1

D. Discharge

	Very Good	Good	Fair	Poor	Very Poor
1. Extent to which you felt ready for discharge.	5	4	3	2	1
2. Complete instructions given for post-procedure home care.	5	4	3	2	1
3. Overall rating of care given at JourneyLite.	5	4	3	2	1
4. Would you recommend JourneyLite?	Yes	No			
5. Would you return to JourneyLite for subsequent procedures?	Yes	No			

Additional Comments: Thank you for a caring and professional procedure.

Name (optional) _____
Physician: Dr. Curry



Patient Satisfaction Survey

Date of Procedure: 6 22 20

A. Registration	Very Good	Good	Fair	Poor	Very Poor
1. Welcoming atmosphere and promptness at the time of registration.	(5)	4	3	2	1
2. Helpfulness and courteousness of person at the registration window.	(5)	4	3	2	1
3. Comfort and cleanliness of the waiting area.	(5)	4	3	2	1
4. Convenience of parking/facility access.	(5)	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.	(5)	4	3	2	1
2. Friendliness and helpfulness of pre-op nurse.	(5)	4	3	2	1
3. Questions were answered and what to expect was explained by pre-op nurse.	(5)	4	3	2	1
4. Privacy was protected as much as possible.	(5)	4	3	2	1
5. Care by pre-op nurse.	(5)	4	3	2	1
6. Explanation of the type of anesthesia used by anesthesia provider or physician.	(5)	4	3	2	1

C. Recovery – Immediate	Very Good	Good	Fair	Poor	Very Poor
1. Courtesy of the nurses.	(5)	4	3	2	1
2. Promptness in responding to personal needs.	(5)	4	3	2	1
3. Level of pain control.	(5)	4	3	2	1
4. Privacy was protected.	(5)	4	3	2	1
5. Overall rating of overnight stay-if applicable	(5)	4	3	2	1

D. Discharge	Very Good	Good	Fair	Poor	Very Poor
1. Extent to which you felt ready for discharge.	(5)	4	3	2	1
2. Complete instructions given for post-procedure home care.	(5)	4	3	2	1
3. Overall rating of care given at JourneyLite.	(5)	4	3	2	1
4. Would you recommend JourneyLite?	(Yes)	No			
5. Would you return to JourneyLite for subsequent procedures?	(Yes)	No			

Additional Comments: Everyone from the start was amazing
& had very good care.

Name (optional): _____
Physician: DR. Wray

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7/24/2020

Patient Satisfaction Survey

Date of Procedure: 8/27/2020

A. Registration		Very Good	Good	Fair	Poor	Very Poor
1. Welcoming atmosphere and promptness at the time of registration.	(5)	4	3	2	1	
2. Helpfulness and courteousness of person at the registration window.	(5)	4	3	2	1	
3. Comfort and cleanliness of the waiting area.	(5)	4	3	2	1	
4. Convenience of parking/facility access.	(5)	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.	(5)	4	3	2	1	
2. Friendliness and helpfulness of pre-op nurse.	(5)	4	3	2	1	
3. Questions were answered and what to expect was explained by pre-op nurse.	(5)	4	3	2	1	
4. Privacy was protected as much as possible.	(5)	4	3	2	1	
5. Care by pre-op nurse.	(5)	4	3	2	1	
6. Explanation of the type of anesthesia used by anesthesia provider or physician.	(5)	4	3	2	1	

C. Recovery – Immediate		Very Good	Good	Fair	Poor	Very Poor
1. Courtesy of the nurses.	(5)	4	3	2	1	
2. Promptness in responding to personal needs.	(5)	4	3	2	1	
3. Level of pain control.	(5)	4	3	2	1	
4. Privacy was protected.	(5)	4	3	2	1	
5. Overall rating of overnight stay-if applicable	5	4	3	2	1	

D. Discharge		Very Good	Good	Fair	Poor	Very Poor
1. Extent to which you felt ready for discharge.	(5)	4	3	2	1	
2. Complete instructions given for post-procedure home care.	(5)	4	3	2	1	
3. Overall rating of care given at JourneyLite.	(5)	4	3	2	1	
4. Would you recommend JourneyLite?	Yes	No				
5. Would you return to JourneyLite for subsequent procedures?	Yes	No				

Additional Comments: All of the nurses have amazing bedside manners. They were all patient and as nice as could be. It was nice to be cared for as well as I was.

Name (optional): _____
 Physician: Dr. Udelsoten

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 9/9/2020 [Signature]

Patient Satisfaction Survey

Date of Procedure: 8-24-2020

A. Registration		Very Good	Good	Fair	Poor	Very Poor
1. Welcoming atmosphere and promptness at the time of registration.	(5)	4	3	2	1	
2. Helpfulness and courteousness of person at the registration window.	(5)	4	3	2	1	
3. Comfort and cleanliness of the waiting area.	(5)	4	3	2	1	
4. Convenience of parking/facility access.	(5)	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.	(5)	4	3	2	1	
2. Friendliness and helpfulness of pre-op nurse.	(5)	4	3	2	1	
3. Questions were answered and what to expect was explained by pre-op nurse.	(5)	4	3	2	1	
4. Privacy was protected as much as possible.	(5)	4	3	2	1	
5. Care by pre-op nurse.	(5)	4	3	2	1	
6. Explanation of the type of anesthesia used by anesthesia provider or physician.	(5)	4	3	2	1	

C. Recovery – Immediate		Very Good	Good	Fair	Poor	Very Poor
1. Courtesy of the nurses.	(5)	4	3	2	1	
2. Promptness in responding to personal needs.	(5)	4	3	2	1	
3. Level of pain control.	(5)	4	3	2	1	
4. Privacy was protected.	(5)	4	3	2	1	
5. Overall rating of overnight stay-if applicable <i>N/A</i>	(5)	4	3	2	1	

D. Discharge		Very Good	Good	Fair	Poor	Very Poor
1. Extent to which you felt ready for discharge.	(5)	4	3	2	1	
2. Complete instructions given for post-procedure home care.	(5)	4	3	2	1	
3. Overall rating of care given at JourneyLite.	(5)	4	3	2	1	
4. Would you recommend JourneyLite?	(5) Yes	No				
5. Would you return to JourneyLite for subsequent procedures?	(5) Yes	No				

Additional Comments: Everyone was super Great! Thank You

Name (optional): _____
Physician: DR. Uthoffen

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9/14/2020

Patient Satisfaction Survey

Date of Procedure: August 5, 2020

A. Registration

	Very Good	Good	Fair	Poor	Very Poor
1. Welcoming atmosphere and promptness at the time of registration.	(5)	4	3	2	1
2. Helpfulness and courteousness of person at the registration window.	(5)	4	3	2	1
3. Comfort and cleanliness of the waiting area.	(5)	4	3	2	1
4. Convenience of parking/facility access.	(5)	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.	(5)	4	3	2	1
2. Friendliness and helpfulness of pre-op nurse	(5)	4	3	2	1
3. Questions were answered and what to expect was explained by pre-op nurse.	(5)	4	3	2	1
4. Privacy was protected as much as possible	(5)	4	3	2	1
5. Care by pre-op nurse.	(5)	4	3	2	1
6. Explanation of the type of anesthesia used by anesthesia provider or physician.	(5)	4	3	2	1

C. Recovery – Immediate

	Very Good	Good	Fair	Poor	Very Poor
1. Courtesy of the nurses.	(5)	4	3	2	1
2. Promptness in responding to personal needs.	(5)	4	3	2	1
3. Level of pain control.	(5)	4	3	2	1
4. Privacy was protected.	(5)	4	3	2	1
5. Overall rating of overnight stay-if applicable	5	4	3	2	1

D. Discharge

	Very Good	Good	Fair	Poor	Very Poor
1. Extent to which you felt ready for discharge.	(5)	4	3	2	1
2. Complete instructions given for post-procedure home care.	(5)	4	3	2	1
3. Overall rating of care given at JourneyLite.	(5)	4	3	2	1
4. Would you recommend JourneyLite?	(Yes)	No			
5. Would you return to JourneyLite for subsequent procedures?	(Yes)	No			

Additional Comments: Everyone was very nice.

Name (optional): _____
Physician: Dr. Udelhofen

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8/18/2020 *[Signature]*

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 registration.	(5)	4	3	2	1
2. Helpfulness and courteousness of person at the registration window.	(5)	4	3	2	1
3. Comfort and cleanliness of the waiting area.	5	(4)	3	2	1
4. Convenience of parking/facility access.	5	(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.	(5)	4	3	2	1
2. Friendliness and helpfulness of pre-op nurse.	(5)	4	3	2	1
3. Questions were answered and what to expect was explained by pre-op nurse.	(5)	4	3	2	1
4. Privacy was protected as much as possible.	5	(4)	3	2	1
5. Care by pre-op nurse.	(5)	4	3	2	1
6. Explanation of the type of anesthesia used by anesthesia provider or physician.	(5)	4	3	2	1

C. Recovery – Immediate	Very Good	Good	Fair	Poor	Very Poor
1. Courtesy of the nurses.	(5)	4	3	2	1
2. Promptness in responding to personal needs.	(5)	4	3	2	1
3. Level of pain control.	(5)	4	3	2	1
4. Privacy was protected.	5	(4)	3	2	1
5. Overall rating of overnight stay-if applicable <u>N/A</u>	5	4	3	2	1

D. Discharge	Very Good	Good	Fair	Poor	Very Poor
1. Extent to which you felt ready for discharge.	5	(4)	3	2	1
2. Complete instructions given for post-procedure home care.	(5)	4	3	2	1
3. Overall rating of care given at JourneyLite.	(5)	4	3	2	1
4. Would you recommend JourneyLite?	(Yes)	No			
5. Would you return to JourneyLite for subsequent procedures?	(Yes)	No			

Additional Comments: Your nursing staff, Krista & Tori in pre-op and Lisa and Nancy (maybe I was drugged) in post op, ~~was~~ was amazing. Mike, the nurse anesthetist, was great. Dr. Udelhofen is lovely. Everyone is kind and good at their jobs. You all made a frightening situation ~~much~~ better. Thank you!

Name (optional): _____
Physician: Dr. Udelhofen

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7/9/2020
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