



Good Samaritan Hospital

Dear Patient:

Our mission at Good Samaritan Hospital is to provide our patients with the highest quality health care that we can. To accomplish this we need to know what we are doing right and what needs improvement. We depend on our patients and their families to keep us informed.

By sharing your thoughts and feelings about your health care experience, you can help us make our care better for future patients and their families. Please take a few minutes to complete the enclosed patient satisfaction survey and return it to us in the postage paid envelope. Feel free to express your opinions. Your response is confidential.

Thank you, and please accept our best wishes for your good health.

Sincerely,

Andrew B. Leeka
President/Chief Executive Officer

Enclosure



465-ltr

B. ROOM

	very poor	poor	fair	good	very good
1. Pleasantness of room decor.....	1	2	3	4	5
2. Room cleanliness.....	1	2	3	4	5
3. Courtesy of the person who cleaned your room	1	2	3	4	5
4. Room temperature.....	1	2	3	4	5
5. Noise level in and around room.....	1	2	3	4	5
6. How well things worked (TV, call button, lights, bed, etc.).....	1	2	3	4	5

Comments (describe good or bad experience): _____

C. MEALS

	very poor	poor	fair	good	very good
1. If you were placed on a special/restricted diet, how well it was explained	1	2	3	4	5
2. Temperature of the food (cold foods cold, hot foods hot)	1	2	3	4	5
3. Quality of the food	1	2	3	4	5
4. Courtesy of the person who served your food	1	2	3	4	5

Comments (describe good or bad experience): _____

D. NURSES

	very poor	poor	fair	good	very good
1. Friendliness/courtesy of the nurses.....	1	2	3	4	5
2. Promptness in responding to the call button.....	1	2	3	4	5
3. Nurses' attitude toward your requests	1	2	3	4	5
4. Amount of attention paid to your special or personal needs	1	2	3	4	5
5. How well the nurses kept you informed	1	2	3	4	5
6. Skill of the nurses.....	1	2	3	4	5

Comments (describe good or bad experience): _____

E. TESTS AND TREATMENTS

	very poor	poor	fair	good	very good
1. Waiting time for tests or treatments.....	1	2	3	4	5
2. Concern shown for your comfort during tests or treatments	1	2	3	4	5
3. Explanations about what would happen during tests or treatments	1	2	3	4	5
4. Skill of the person who took your blood (e.g., did it quickly, with minimal pain)	1	2	3	4	5
5. Courtesy of the person who took your blood	1	2	3	4	5
6. Skill of the person who started the IV (e.g., did it quickly, with minimal pain)	1	2	3	4	5
7. Courtesy of the person who started the IV.....	1	2	3	4	5

Comments (describe good or bad experience): _____



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