



Johnson County Hospital

Emergency Department

Thank you for recently choosing Johnson County Hospital. We strive to provide quality patient care and service. By completing this survey you will help us know how well we have met your expectations. Your responses are confidential and anonymous. Please note, "Doctors/Providers" includes any Doctor, Physicians Assistant, or Nurse Practitioner you had contact with. Please check the box to the left of the answer that best describes your experience.

DOCTORS/PROVIDERS

1. How often did you feel the doctors/providers really cared about you as a person?
 - Never
 - Sometimes
 - Usually
 - Always
2. How satisfied were you with the amount of time the doctors/providers spent with you?
 - Very Dissatisfied
 - Somewhat Dissatisfied
 - Somewhat Satisfied
 - Very Satisfied
3. What number would you use to rate the care received from all the doctors/providers who treated you?
Please use any number from 0 to 10, where 0 is the worst possible care and 10 is the best possible care.
 - 0 (Worst care possible)
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 (Best care possible)
4. How often did the hospital staff show the proper sense of urgency in treating your medical problem?
 - Never
 - Sometimes
 - Usually
 - Always
5. How often did hospital staff treat you with courtesy and respect?
 - Never
 - Sometimes
 - Usually
 - Always
6. How often did hospital staff explain things in a way you could understand?
 - Never
 - Sometimes
 - Usually
 - Always
7. Before giving any new medicine, how often did the hospital staff explain what the medicine was for?
 - Never
 - Sometimes
 - Usually
 - Always
 - I was not given any new medicine
8. How often did the hospital staff do everything they could to help with your pain?
 - Never
 - Sometimes
 - Usually
 - Always
 - I did not have any pain
9. How often did you feel comfortable asking the hospital staff questions about your care and treatment in the emergency department?
 - Never
 - Sometimes
 - Usually
 - Always
10. If there were delays in your care or treatment, how often did the hospital staff do a good job of keeping you informed about them?
 - Never
 - Sometimes
 - Usually
 - Always
 - There were no delays in my care or treatment
11. How often did you feel that the care and services received during the visit were well coordinated?
 - Never
 - Sometimes
 - Usually
 - Always

Continued on next page

12. **What number would you use to rate the care received from all the hospital staff who treated you? Please use any number from 0 to 10, where 0 is the worst possible care and 10 is the best possible care.**

- 0 (Worst care possible)
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (Best care possible)

GENERAL EMERGENCY DEPARTMENT EXPERIENCE

13. **How satisfied were you with the total amount of time spent in the emergency department from arrival to discharge?**

- Very Dissatisfied
- Somewhat Dissatisfied
- Somewhat Satisfied
- Very Satisfied

14. **How satisfied were you with how clearly and completely you were told what to do and what to expect after returning home?**

- Very Dissatisfied
- Somewhat Dissatisfied
- Somewhat Satisfied
- Very Satisfied

15. **How satisfied were you with how much you were helped by this emergency department visit?**

- Very Dissatisfied
- Somewhat Dissatisfied
- Somewhat Satisfied
- Very Satisfied

Please share any specific programs, services or personnel that you feel are deserving of positive comments.

Please share any areas that did not meet your expectations or that need improvement.

If you have immediate concerns, please contact the hospital administration at (402) 335-3361.

Thank you for completing this survey. Your comments and opinions are important to us!
Please return in the postage paid envelope provided.

Results will be tabulated by the Rural Comprehensive Care Network of Nebraska

OVERALL RATING

16. **What number would you use to rate this emergency department? Please use any number from 0 to 10, where 0 is the worst emergency department possible and 10 is the best emergency department possible.**

- 0 (Worst emergency department possible)
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (Best emergency department possible)

17. **Would you recommend this emergency department to your friends and family?**

- Definitely No
- Probably No
- Probably Yes
- Definitely Yes

ABOUT YOU (Optional)

Date of Service _____

Patient's Age _____

Zip Code _____

Patient's Gender (Circle): Male Female

