



Johnson County Hospital

Inpatient Survey

SURVEY INSTRUCTIONS

- Answer all the questions by checking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next.

- Yes
 No →If No, Go to Question 12

Please answer the questions in this survey about your stay at this hospital.
Do not include any other hospital stay in your answers.

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?

- Never
 Sometimes
 Usually
 Always

2. During this hospital stay, how often did nurses listen carefully to you?

- Never
 Sometimes
 Usually
 Always

3. During this hospital stay, how often did nurses explain things in a way you could understand?

- Never
 Sometimes
 Usually
 Always

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

- Never
 Sometimes
 Usually
 Always
 I never pressed the call button

YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors/providers treat you with courtesy and respect?

- Never
 Sometimes
 Usually
 Always

6. During this hospital stay, how often did doctors/providers listen carefully to you?

- Never
 Sometimes
 Usually
 Always

7. During this hospital stay, how often did doctors/providers explain things in a way you could understand?

- Never
 Sometimes
 Usually
 Always

THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?

- Never
 Sometimes
 Usually
 Always

9. During this hospital stay, how often was the area around your room quiet at night?

- Never
 Sometimes
 Usually
 Always

YOUR EXPERIENCES IN THIS HOSPITAL

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

- Yes
 No →If No, Go to Question 12

11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

- Never
- Sometimes
- Usually
- Always

12. During this hospital stay, did you need medicine for pain?

- Yes
- No → If No, Go to Question 15

13. During this hospital stay, how often was your pain well controlled?

- Never
- Sometimes
- Usually
- Always

14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

- Never
- Sometimes
- Usually
- Always

15. During this hospital stay, were you given any medicine that you had not taken before?

- Yes
- No → If No, Go to Question 18

16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

- Never
- Sometimes
- Usually
- Always

17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

- Never
- Sometimes
- Usually
- Always

WHEN YOU LEFT THE HOSPITAL

18. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?

- Own home
- Someone else's home
- Another health facility → If Another, Go to Question 21

19. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?

- Yes
- No

20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

- Yes
- No

OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at the hospital named on the cover. Do not include any other hospital stays in your answer.

21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

- 0 Worst hospital possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best hospital possible

22. Would you recommend this hospital to your friends and family?

- Definitely no
- Probably no
- Probably yes
- Definitely yes

23. If you would not recommend this hospital, please explain why so that we might use this opportunity to improve our services.

More questions about your stay at the hospital

The next set of questions will give us more detailed information about how we can improve the care and treatment we provide.

24. During this hospital stay, how often did hospital staff treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

25. During this hospital stay, how often were you satisfied with the food?

- Never
- Sometimes
- Usually
- Always

26. If not satisfied, was it because (mark all that apply):

- Meal was not served at correct temperature
- Meal was not what was requested
- Meal flavor was poor
- On a restricted diet (i.e. liquid, diabetic, low salt...)
- Other _____

27. Were you involved as much as you wanted to be in decisions about your care and treatment?

- Never
- Sometimes
- Usually
- Always

28. If you wanted your family or someone close to you involved, were they given the right amount of information?

- Never
- Sometimes
- Usually
- Always

29. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left the hospital?

- Yes
- No

30. Overall, how would you rate the following services (if applicable):

Anesthesia

- Poor
- Fair
- Good
- Excellent
- Does not apply

Emergency Room

- Poor
- Fair
- Good
- Excellent
- Does not apply

Laboratory

- Poor
- Fair
- Good
- Excellent
- Does not apply

Occupational Therapy

- Poor
- Fair
- Good
- Excellent
- Does not apply

Physical Therapy

- Poor
- Fair
- Good
- Excellent
- Does not apply

Radiology (X-Ray)

- Poor
- Fair
- Good
- Excellent
- Does not apply

Respiratory Care

- Poor
- Fair
- Good
- Excellent
- Does not apply

Social Services

- Poor
- Fair
- Good
- Excellent
- Does not apply

Speech Therapy

- Poor
- Fair
- Good
- Excellent
- Does not apply

Surgery/Operating Room

- Poor
- Fair
- Good
- Excellent
- Does not apply

ABOUT YOU

The following questions are optional and will not be used to identify you. This information is used for statistical purposes only. Please be assured that your responses are anonymous and will not affect your future care at this hospital.

31. What is your Gender?

- Male
- Female

32. What is your Age?

- 0-20
- 21-40
- 41-60
- 61-80
- 81 +

33. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

34. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year degree

35. Are you of Spanish, Hispanic or Latino origin or descent?

- No, not Spanish/Hispanic/Latino
- Yes, Puerto Rican
- Yes, Mexican, Mexican American, Chicano
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino

36. What is your race? Please choose one or more.

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native

37. What language do you mainly speak at home?

- English
- Spanish
- Some other language (please print): _____

38. What was the primary reason you chose this hospital? (Select all that apply)

- Close to home
- Past Experience
- Hospital Reputation
- Specialized Services
- Insurance Requirements
- Another's recommendation
- Physician Preference
- Hospital Advertising
- Other: _____

39. What was the reason for your hospital visit?

- Surgery
- Medical (no surgery)
- Rehabilitation/Skilled
- Maternity
- Other

Date of hospital stay _____

Zip Code _____

If you would like someone from the hospital to contact you regarding your concerns, please complete the following:

Name _____

Telephone Number _____

Which programs, services or personnel did you feel were excellent and deserving of positive comments?

Are there 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 Rural Comprehensive Care Network of Nebraska.

