



Johnson County Hospital

Outpatient Survey

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.

HOSPITAL STAFF

1. How often did hospital staff treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

2. How often did hospital staff explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

3. How often did hospital staff do everything they could to help you with your pain?

- Never
- Sometimes
- Usually
- Always
- I did not have any pain

4. If there were delays in your care or treatment, how often did the hospital staff do a good job of keeping you informed of them?

- Never
- Sometimes
- Usually
- Always
- There were no delays in my care or treatment

5. Before giving any new medicine, how often did the hospital staff explain what the medicine was for?

- Never
- Sometimes
- Usually
- Always
- I did was not given any new medicine

DOCTOR/PROVIDER

6. How often did the doctor/provider treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

7. How often did the doctor/provider explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

8. How satisfied were you with the amount of time the doctors/providers spent with you?

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

SCHEDULING

9. How satisfied were you with the ability to schedule the visit on a convenient day and time?

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

GENERAL EXPERIENCE

10. 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

11. How satisfied were you with the cleanliness of the hospital?

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

12. What number would you use to rate this hospital?

Please use any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible.

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

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

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

ABOUT YOU (Optional)

14. Date of service _____

15. Zip Code _____

16. What is your age?

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

17. What is your gender

- Male
- Female

18. What is the reason you chose this hospital?

- Close to home Yes No
- Past experience Yes No
- Hospital reputation Yes No
- Specialized services Yes No
- Insurance requirements Yes No
- Another's recommendation Yes No
- Physician preference Yes No
- Hospital advertising Yes No
- Other Yes No

(please specify) _____

19. Overall, how satisfied were you with the care you received in the following departments:

Surgery/Operating Room

- Very Dissatisfied
- Somewhat Dissatisfied
- Somewhat Satisfied
- Very Satisfied
- Not applicable

Laboratory

- Very Dissatisfied
- Somewhat Dissatisfied
- Somewhat Satisfied
- Very Satisfied
- Not applicable

Telephone Operators

- Very Dissatisfied
- Somewhat Dissatisfied
- Somewhat Satisfied
- Very Satisfied
- Not applicable

Respiratory Care

- Very Dissatisfied
- Somewhat Dissatisfied
- Somewhat Satisfied
- Very Satisfied
- Not applicable

Anesthesia

- Very Dissatisfied
- Somewhat Dissatisfied
- Somewhat Satisfied
- Very Satisfied
- Not applicable

Speech Therapy

- Very Dissatisfied
- Somewhat Dissatisfied
- Somewhat Satisfied
- Very Satisfied
- Not applicable

Radiology (X-ray)

- Very Dissatisfied
- Somewhat Dissatisfied
- Somewhat Satisfied
- Very Satisfied
- Not applicable

Social Services

- Very Dissatisfied
- Somewhat Dissatisfied
- Somewhat Satisfied
- Very Satisfied
- Not applicable

Occupational Therapy

- Very Dissatisfied
- Somewhat Dissatisfied
- Somewhat Satisfied
- Very Satisfied
- Not applicable

Physical Therapy

- Very Dissatisfied
- Somewhat Dissatisfied
- Somewhat Satisfied
- Very Satisfied
- Not applicable

Business Office

- Very Dissatisfied
- Somewhat Dissatisfied
- Somewhat Satisfied
- Very Satisfied
- Not applicable

Emergency Room

- Very Dissatisfied
- Somewhat Dissatisfied
- Somewhat Satisfied
- Very Satisfied
- Not applicable

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

Name _____

Telephone Number _____

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.

