

SURVEY OF PATIENT SATISFACTION AT SURGICAL SERVICE

In order for the VA to carry out its mission to provide the best possible medical care and services to all veterans, it is extremely important that you complete and return this survey booklet. Your answers will help ensure that all veterans receive the high-quality care they have earned and so richly deserve.

Please read each question and check the box that best describes your experience. Please be sure to read all pages of this survey booklet.

We want to remind you that all information is strictly anonymous. It will not be shared with your doctor or affect your VA care.

If you have a specific question or need help with your VA care, you may contact the VA as described at the end of this survey booklet.

Thank you very much!

The Paperwork Reduction Act of 1995: This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 20 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. Customer satisfaction surveys are used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this survey will lead to improvements in the quality of service delivery by helping to shape the direction and focus of specific programs and services. Disclosure of information involves release of statistical data and other non-identifying data for the improvement of services within the VA healthcare system and associated administrative purposes. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

***** YOUR RECENT SURGERY PROCESS TO A VA FACILITY *****

SURVEY INSTRUCTIONS

Answer all the questions by checking the box to the left of your answer. Make sure that your answer is marked inside the box. Please use blue or black ink pen, or pencil.

For the purpose of quality which section of the department of surgery offered the service?

- Anesthesia
- Urology
- General surgery
- Ophthalmology
- Gynecology
- Orthopedics
- Dental
- Neurosurgery
- Plastic surgery
- Cardiology

Please specify month of visit: _____

At clinics you're your surgeon

During your office visits before your surgery, did this surgeon treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

During your office visits before your surgery, did the surgeon tell you there was more than one way to treat your condition?

- Never
- Sometimes
- Usually
- Always

During your office visits before your surgery, did the surgeon talk with you about risks and benefits of your treatment choices?

- Never
- Sometimes
- Usually
- Always

Before Your Surgery at Ambulatory Surgery Clinic

During the orientation at Ambulatory Surgery Clinic the nurses were courteous and respectful, listened carefully, and explained things clearly.

- Never
- Sometimes
- Usually
- Always

The nursing staff at ambulatory surgery gives you written orientation about surgery process?

- Never
- Sometimes
- Usually
- Always

During these visits, were clerks at ambulatory surgery clinic as helpful as you thought they should be with check in process?

- Never
- Sometimes
- Usually
- Always

Did this anesthesiologist encourage you to ask questions and answer your questions clearly?

- Never
- Sometimes
- Usually
- Always

At waiting area prior your surgery

After being changed clothes and passed into the waiting area of the operating room do you mean that the service offered by staff was appropriate?

- Never
- Sometimes
- Usually
- Always

After being changed clothes and passed into the waiting area of the operating room you understand that there was excessive noise.

- Never
- Sometimes
- Usually
- Always

After your surgery

You think the nursing service in the recovery phase will handle the pain problem immediately you request for them.

- Never
- Sometimes
- Usually
- Always

Did you get information in writing about further appointments and what symptoms or health problems to look out after you left the hospital?

- Never
- Sometimes
- Usually
- Always

During this surgical experience were surgeons willing to response to your family or friends regarding your surgery process?

- Never
- Sometimes
- Usually
- Always

Time Taken at Pharmacy

How long did you wait for your prescriptions to be filled at the VA pharmacy?

- 10-15MINUTES
- 16-30MINUTES
- 30-60MINUTES
- 1HOUR
- 2HOURS OR MORE

Overall satisfaction

Are you satisfied with the surgical services after your experience at this Veterans Hospital and would use again in other surgical event?

- Never
- Sometimes
- Usually
- Always

Thank you for completing this questionnaire. Your answers are important to help us improve VA care. Please place the completed questionnaire in the envelope we sent you. No stamp is required. Simply place the envelope in any mailbox and return the survey.

If you have a specific question or need help with your VA care, you may contact the VA or visit at:

VA Caribbean Healthcare System
10 Casia Street
San Juan, PR 00921
Phone: (787) 641-7582
Fax: (787) 641-4557
Toll Free: 1-800-449-8729

Or contact:

Patient Representative

Mr. Claudio Santiago

Ms. Saribel Padilla

Phone: (787) 641-7582 Ext. 11725/11486
Administration Building
1st floor, Room D 1110-A

Thank You.

Please return the completed survey in the postage-paid envelope

