



SURGERY

PATIENT COMMENT QUESTIONNAIRE

Your Physician has selected the **Minnesota Orthopaedic Surgery Center** for your surgical procedure today. Our goal is to provide a safe, convenient, and personable experience for our patients. We are interested in your feedback regarding our Healthcare Professionals, customer service, facility appearance and cleanliness, and patient education. Please complete the following survey. Your comments and suggestions help us to evaluate our services and make improvements to our organization. We sincerely appreciate your time and value your opinion. Thank You!

PLEASE CIRCLE

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	Excellent		Poor		
	5	4	3	2	1
1. A Minnesota Orthopaedic Surgery Center Registered Nurse spoke with you by phone to answer your questions and prepare you for your upcoming surgery. Do you feel that your informational and educational needs were met during this Pre-Operative call?	5	4	3	2	1
2. Throughout your stay, several Healthcare Professionals participated in different aspects of your care. Do you feel that our team is compassionate, professional, and knowledgeable?	5	4	3	2	1
3. We strive to treat each patient with courtesy and respect. Do you feel that our team recognized you as an individual and addressed your needs and concerns during your stay?	5	4	3	2	1
4. During your stay, were you comfortable in our facility regarding temperature, furniture, and lighting?	5	4	3	2	1
5. Please rate the cleanliness of our lobby, restrooms, and patient care areas.	5	4	3	2	1
6. On the day of surgery, your Surgeon met with you and your guests in the Pre-Operative area. Did the Surgeon address your questions and concerns to your satisfaction?	5	4	3	2	1
7. If you had a guest accompany you on the day of surgery, was the waiting room comfortable and adequate for them?	5	4	3	2	1
8. A Registered Nurse reviewed personalized care instructions with you and your guest in the Post-Operative area. A handout was provided to assist you with daily activities and restrictions, bandage care, and other helpful recommendations. Did this adequately prepare you to care for yourself at home in the first week after surgery?	5	4	3	2	1
9. A Post-Operative medication was prescribed by your Surgeon. The prescription was either provided to you on paper or telephoned to the pharmacy of your choice. Was this process completed in an efficient and accurate manner?	5	4	3	2	1
10. If the need would arise for the same or similar surgery in the future, how likely would you be to return to the Minnesota Orthopaedic Surgery Center ?	5	4	3	2	1
11. How likely are you to recommend the Minnesota Orthopaedic Surgery Center to your family and friends?	5	4	3	2	1
12. If you have had previous surgery in a hospital setting, how would you rate the Minnesota Orthopaedic Surgery Center compared to your hospital experience? The Minnesota Orthopaedic Surgery Center was: <input type="checkbox"/> Better <input type="checkbox"/> Same <input type="checkbox"/> Worse					

Please list any general comments, suggestions, or employees who provided exceptional service:

Name: (Optional) _____ Date of Surgery: _____