



Astra Minimally Invasive Surgery Unit

Patient Survey for Quality of Care Assessment

We are the first out of hospital OR in Ontario providing minimally invasive gynecological surgery. Our Mission is to provide state-of-the-art minimally invasive gynecological surgery in a comfortable out of the hospital setting. We strive to shorten patient wait times and provide outstanding care.

We would like to get your sincere feedback in order to advance our services. We rely immensely on our valuable patient's feedback to focus our efforts.

Please take a moment to fill out the service survey below. You can return it in person, by e-mail or regular mail using the postage paid enclosed envelope.

Thank you in advance for your help.

Patient Name: _____

Date of Surgery: _____

Type of Surgery: _____

Environment:

	Poor		Satisfactory		Excellent
Accessible	1	2	3	4	5
Parking	1	2	3	4	5
Cleanliness/Comfort	1	2	3	4	5
Privacy	1	2	3	4	5

Staff:

	Poor		Satisfactory		Excellent
Reception	1	2	3	4	5
Nurses	1	2	3	4	5
Medical	1	2	3	4	5



If you rated anything below (3), please explain your concerns and/or suggestions:

Post Operative Follow up:

Yes

No

- | | | |
|--|--------------------------|--------------------------|
| 1. Were you contacted for a follow up? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you find us accessible for post operative urgent inquiries? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were surgery findings explained to you by medical staff? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have a follow up appointment scheduled? | <input type="checkbox"/> | <input type="checkbox"/> |

Suggestions to Improve:

Feedback is both confidential and essential to improve our services; your co-operation is greatly appreciated.

Thank you,

Name: _____ Date: _____

Phone Number: _____