

GOOD SAMARITAN HOSPITAL
Department of Radiation Oncology

Patient Survey Results from 4/02 – 6/02

Here at Good Samaritan Hospital we hope that we have reached our goal of promoting a feeling of comfort and professionalism to you and your family.

We would like to ask you about your recent experience in our department. This survey is completely confidential and the information gathered will only be used to assist us in continuing to provide and improve care to our patients.

The scale for this survey is based on the following, simply check a number after the question or mark the YES/NO answer when appropriate:

**(1) Poor (2) Below Satisfactory (3) Satisfactory
(4) Above Satisfactory (5) Outstanding**

1. How was your initial call to our department handled? 1[] 2[] 3[1] 4[3]
5[9]

2. Was the receptionist friendly and courteous? 1[] 2[] 3[1] 4[3] 5[9]

3. How would you rate the registration process? 1[] 2[] 3[2] 4[2] 5[9]

4. On the day of your consultation, how quickly were you seen by a nurse?

1 [13] 1 to 15 minutes

2 [] 16 to 30 minutes

3 [] 31 to 45 minutes

4 [] 46 to 60 minutes

5. Were you educated about skin care and diet specific to your area of treatment? 1[] 2[] 3[4] 4[3] 5[5] N/A[1]

6. After meeting with the Radiation Oncologist did you feel adequately informed about your illness and the possible side effects of

treatments? 1[] 2[] 3[1] 4[3] 5[9]

7. Prior to signing the consent, did you completely understand the process and reason for tattoos marking your treatment area?

1 [13] Yes 2 [] No

8. How close to your schedule time was your simulation started?

1 [12] 1 to 15 minutes 2 [1] 16 to 30 minutes

3 [] 31 to 45 minutes 4 [] 46 to 60 minutes

No response []

If there was a delay was the reason explained to you?

1 [7] Yes 2 [] No No response [6]

9. Did your physician, nurse and/or therapist explain to you what the simulation would entail and the length of time it would take?

1 [13] Yes 2 [] No

10. Were your needs reasonably met when your appointment for filming and daily treatment were scheduled? 1[13] Yes 2 [] No No response []

11. Was your first day on the treatment machine for film verification explained thoroughly? 1[13] Yes 2 [] No No response []

12. How close to your scheduled filming time were you taken in?

[13] 1 to 15 minutes 2 [] 16 to 30 minutes

[] 31 to 45 minutes 4 [] 46 to 60 minutes

No response []

13. If there was a delay was the reason explained to you?

1 [7] Yes 2 [] No No response [6]

14. On the initial day of treatment did you feel that the therapists explained to you what to expect? 1 [13] Yes 2 [] No No response []

15. On an average how close to your daily treatment appointments were you taken in?

[13] 1 to 15 minutes 2 [2] 16 to 30 minutes

[] 31 to 45 minutes 4 [] 46 to 60 minutes

Varied []

16. If there was a delay was the reason explained to you?

1 [8] Yes 2 [] No Varied [] No Response [5]

17. Did the radiation oncology staff act in a professional and courteous manner in communicating with you and your family?

1 [13] Yes 2 [] No

18. Were you offered the opportunity to meet with a social worker?

1 [10] Yes 2 [2] No No response [1]

19. Did you meet with a social worker? 1 [12] Yes 2 [1] No

No response []

If Yes, were you: 1 [] Unsatisfied

2 [3] Satisfied

3 [9] Very Satisfied – Valerie was helpful & really helped me
through this very difficult time.

No response [1]

20. Overall, would you rate your experience with radiation oncology as

1 [] Unsatisfactory

2 [] Satisfactory

3 [3] More than satisfactory

4 [10] Outstanding

Please make any comments you feel are appropriate. Thank you for your assistance in completing this survey.

☞☞ Dr. Bloom & her staff are exceptional. They always tried to fit in my schedule.

☞☞ I cannot say anything negative about the department. They were courteous, bright, and very comforting. Always with a SMILE!

☞☞ Dr. Bloom & staff are #1, the BEST!

☞☞ Dr. Bloom & staff are superb! It was a pleasure to be there. They make you feel very special in your time of need.