

# Southeast Alaska Surgery Center

3200 Hospital Dr. Ste. 100

Juneau, AK 99801

Dr. John Bursell

Dr. Marco Wen

## Patient Care Improvement Survey

You are being asked to participate in a confidential survey to improve patient care. Please answer each statement below as follows:

**1=very much disagree, 2=disagree, 3=neutral, 4=agree, 5=very much agree**

All of my questions or concerns regarding the procedure were answered to my satisfaction.

Comments: 1 2 3 4 5

I received adequate discharge instructions for follow-up.

Comments: 1 2 3 4 5

Southeast Alaska Surgery Center members were polite and helpful.

Comments: 1 2 3 4 5

Was the facility clean?

Comments: 1 2 3 4 5

My emotional needs surrounding my procedure were met.

Comments: 1 2 3 4 5

Other comments or

concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) check here if you would like the nurse manager to contact you. If so, please identify your name and phone number below. Thank you for participating in our patient care improvement survey.

Patient (optional) \_\_\_\_\_ Date of procedure \_\_\_\_\_

Phone number \_\_\_\_\_