Patient Satisfaction Survey

At GHA Surgical Centre, we strive to provide our patients with the finest outpatient endoscopy care available. As part of our commitment to quality care, we have implemented a Patient Satisfaction Survey. The information is reviewed by our Medical Director and our Quality Improvement Committee on a regular basis. With your input and constructive criticism, we can continue to work to maintain and exceed the highest standards for outpatient care. Thank you for taking the time to complete this brief survey.

Please return the questionnaire to the reception desk, by fax or by mail, using the self-addressed postage paid envelope.

THANK YOU FOR YOUR TIME

GHA Surgical Centre 726 Upper James St Hamilton Ontario L9C 2Z9

Fax: 905-575-5890

Reason for Visit:

- Upper Endoscopy
- Colonoscopy
- ĭ Both
- o Other

Date of Service: $\frac{4/3/17}{2}$ Physician: $\frac{00.11}{2}$ Physician:

We are considering offering additional services at GHA. Please let us know if you would value these services, which would require a fee to access:

	Nutritional Consultation:
	Naturopathic Consultation
	Exercise Consultation
女	Testing for Food Allergies/Intolerances (such as celiac, lactose intolerance,
	small bowel bacterial overgrowth)

GHA | SURGICAL CENTRE

How satisfied were you with the following aspects of our care? (Please place check mark in appropriate box)

	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
Quality of the oral					Jacisticu
prep prior to your		;			
procedure					
Overall appearance and					
Cleanliness of our					\/
facility					
Overall treatment you					
received in the business					
office/reception area					V
Care you received in the					/
pre-procedure area					
Care you received in the					
procedure room					\checkmark
Care you received in the					
recovery room					
Care you received from					./
your anesthesiologist					V
Care you received from					
your doctor					V
Quality of written and					
oral instructions				-	,
Given prior to your					\checkmark
discharge					
Responsiveness to your					
questions and concerns					\checkmark
Efforts to maintain your					/
privacy					V
Overall impression of					
the facility				İ	V

COMMENTS: VE	THE IMPLESED WITH THE CARE & COMFOLT STAFE. PROCEDULE WAS PAINITES AND YEPT ME INFORMED AT ALL TIMES AND FORE POTALLY AT EXE.
- FROM MI	STAPE. PROCEDULE WAS PAINTES IND
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MADE MC	fere Pothly HT ERE.
	THINKS SO MUCH.

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Fax: 905-575-5890

Reason for Visit:

- Upper Endoscopy
- Colonoscopy
- Both
- o Other

Date of Service: 2016 Physician: DR ALLEN GREENSPOON

We are considering offering additional services at GHA. Please let us know if you would value these services, which would require a fee to access:

- Nutritional Consultation:
- ☐ Naturopathic Consultation
- Exercise Consultation
- Testing for Food Allergies/Intolerances (such as celiac, lactose intolerance, small bowel bacterial overgrowth)

GHA SURGICAL CENTRE

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<i>A</i>	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very
Quality of the oral	- I and the state of the state				Satisfied
prep prior to your				_	
procedure				1/	
Overall appearance and					
Cleanliness of our	Section 1	and the second	and the sale		
facility					V
Overall treatment you					6 7.
received in the business					,
office/reception area					V
Care you received in the					
pre-procedure area					./
Care you received in the					V
procedure room					1
Care you received in the		-			1
recovery room					,
Care you received from			100000000000000000000000000000000000000		
your anesthesiologist					/
Care you received from					
your doctor					. /
Quality of written and					V
oral instructions				4 81	
Given prior to your		=			
ischarge	ľ				
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uestions and concerns	All resource letter				
fforts to maintain your			(A)		V
rivacy					
verall impression of					1
e facility					1

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COMMENTS: Goad it's over, This more has
sometimedating to say the least
get you office was very afficient and
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Thanks.
DP.
vain