

THE AMBULATORY SURGERY CENTER OF WESTCHESTER

Patient Satisfaction Survey

Patient Name: (Optional)	
Date of Surgery:	
Name of Surgeon:	
Procedure:	

The Ambulatory Surgery Center of Westchester strives to make your outpatient surgical experience as positive as possible. Please take a few moments to complete this form & return it to us. Your feedback helps us to recognize employees who made a positive contribution to your experience & to identify areas that may need improvement.

Thank you for your assistance!

	Poor	Fair	Neutral	Good	Excellent
Before Your Day Of Surgery					
Did your Surgeon's office give you the ASCW Patient Preoperative Checklist?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
Was the Pre-Admission Nurse who contacted you on the phone courteous & professional?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Did the Pre-Admission Nurse explain the preoperative instructions clearly?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Were you contacted by an ASCW billing representative to discuss your out-of-pocket expense?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Was this person courteous and professional?(Please leave blank if not contacted)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Reception & Family Waiting Area					
Was the Receptionist courteous & professional?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Pre-Operative Area					
Was the Pre-Operative Nurse courteous and professional?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Did your procedure start within 90 minutes of your scheduled arrival time?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
If not, were you notified of the delay & updated in a timely manner?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
Surgeon					
Was the Surgeon courteous & professional?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Did the Surgeon explain the surgical procedure clearly & answer all of your questions appropriately?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Anesthesiologist					
Was the Anesthesiologist courteous & professional?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Did the Anesthesiologist explain the anesthesia plan clearly & answer all of your questions appropriately?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Recovery Room					
Was the Recovery Room Nurse Courteous & Professional?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Did the Recovery Room Nurse explain the discharge instructions to your satisfaction?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Overall Experience					
Was the surgery center clean and orderly?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
Did you observe Physicians & Nurses performing hand hygiene?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
Was your privacy respected throughout your care at the ASCW?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
If not, please explain:					
Would you recommend the Ambulatory Surgery Center of Westchester to others?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
Please rate your overall experience:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Additional Comments					

Thank you for completing our Patient Satisfaction Survey. We wish you a speedy recovery!

**The Ambulatory Surgery Center of Westchester
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