

THE SPRINGHILL SURGERY CENTER
 Springhill Medical Plaza
 Suite 155 - 3401 Springhill Drive
 (501) 945-5800 Phone
 (501) 945-5850 Fax

We are pleased that you and your doctor chose Springhill Surgery Center. Our goal is to provide high quality care for you and your family. Your evaluation will be thoroughly reviewed and kept confidential. Please return this form within seven (7) days of your surgery to the address above.

Please indicate your overall impression of Springhill Surgery Center based upon the service you received during your outpatient visit.

Excellent
 Above Average
 Average
 Below Average
 Poor

If your overall impression was not "Excellent", what would it take to make it "Excellent"?

Why did you choose Springhill Surgery Center?

Friend
 Family Member
 Advertisement
 Physician
 Surgeon
 Other _____

Would you recommend Springhill Surgery Center to a good friend who lives in this area, has a medical problem similar to yours, and needs outpatient surgery?

Yes
 No
 Not sure

If "No" or "Not Sure", why?

How would you rate the following?

	Excellent	Above Average	Average	Below Average	Poor
Admissions					
Pre-Admission visit and/or phone call was clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admissions person demonstrated courtesy and concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing and insurance information was clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting Time before being taken to Pre-Op reasonable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Op					
Pre-Op personnel demonstrated courtesy and concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV was administered without excessive discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear instructions were provided prior to surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anesthesiologist demonstrated courtesy and concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff provided for your physical comfort in pre-op area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating Room/Endoscopy Suite					
Personnel demonstrated courtesy and concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff explained the preparations for the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff provided for your physical comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery Room					
Recovery room nurses demonstrated courtesy and concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff demonstrated concern for your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff provided for your physical comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff provided sufficient recovery time prior to discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff provided clear explanation of discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which members of our staff served you "above and beyond the call of duty" during your outpatient visit? If you provide names, we will make certain that they are recognized for their service to you.

We welcome all comments, positive and negative. If you gave us low grades or encountered difficulties with a staff member, we want to know what we can do to improve our services to you and others.
