hosc
HOUMA OUTPATIENT SURGERY CENTER

Houma Outpatient Surgery Center, *AAAHC ACCREDITED*

3717 Houma Blvd, 3rd Floor | *P: 504 456 1515* | *Houma Outpatient Surgery.com*
Metairie, La. 70006 | *F: 504 454 3810*

Dear Patient,

We, the staff of the Houma Outpatient Surgery Center would like to thank you for choosing us to provide your outpatient surgical care. We are committed to continually improving our services. Please take a few moments to honor us with your comments and complete the survey questionnaire.

Using the scale below, please circle your answer to questions 1 – 8 below.

Disagree= 1 · Somewhat Disagree= 2 · Neutral= 3 · Somewhat Agree= 4 · Strongly Agree= 5

1. I found the facility clean, aesthetically pleasing, and comfortable.	**1**	**2**	**3**	**4**	**5**
2. I felt that every effort was made to maintain my privacy in the following areas:					
Pre-Operative phone calls/ interviews	**1**	**2**	**3**	**4**	**5**
Lobby/ waiting room before Admittance	**1**	**2**	**3**	**4**	**5**
Admit area prior to sedation/surgery	**1**	**2**	**3**	**4**	**5**
Recovery area following procedure	**1**	**2**	**3**	**4**	**5**
3. I felt the Business Office Staff (Receptionist, admit asst.) treated me courteously and took sufficient time with me.	**1**	**2**	**3**	**4**	**5**
4. During my scheduled pre-admission visit or pre-admission phone call, I felt that the nurse adequately prepared me and/ or my family members for the procedure.	**1**	**2**	**3**	**4**	**5**
5. I felt that all questions were answered and sufficient time was taken with me during the pre-admission phone call.	**1**	**2**	**3**	**4**	**5**
6. On the day of the procedure, I felt the nursing staff understood my needs, explained the procedures before they were performed, and took sufficient time with me.	**1**	**2**	**3**	**4**	**5**
7. On the day of the procedure, I felt the anesthesia staff understood my needs, explained the procedures before they were performed, and took sufficient time with me.	**1**	**2**	**3**	**4**	**5**
8. I was pleased with the waiting time in the following areas:					
Lobby/ waiting room before Admittance	**1**	**2**	**3**	**4**	**5**
Admit area prior to sedation/surgery	**1**	**2**	**3**	**4**	**5**
Recovery area following procedure	**1**	**2**	**3**	**4**	**5**

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Please circle your answer to questions 9 – 12 below.

9. Have you been a patient at the Houma Outpatient Surgery Center before?

Yes ***No***

10. Should you need an outpatient procedure in the future, would you return to HOSC?

Yes **No** **No opinion**

11. Would you refer your friend or relative to us?

Yes **No** **No opinion**

12. If you were to need surgery in the future, would you prefer to have surgery at an Ambulatory Surgery Center over the local hospital?

Yes **No** **No opinion**

This survey is our primary means of measuring patient satisfaction and identifying areas for improvement or recognition. Please use the area below to make general comments or suggestions about any part of your visit with us:

_____

_____

_____

_____

_____

_____

_____ _____

Signature (optional) Date of Procedure

Surgeon:_____