



IRELAND GROVE
CENTER FOR SURGERY

3801 Ireland Grove Road
Bloomington, IL 61704
Fax 309-664-0101

PATIENT SATISFACTION SURVEY

Dear Patient,

We recently had the opportunity to care for you at Ireland Grove Center for Surgery. Our goal is to provide you with the best possible care and exceed your expectations in every way. We value your feedback and ask that you please take a few minutes to complete this survey and return it to us. A postage paid envelope has been provided for your convenience.

Please check the response that best describes your evaluation of the surgery center and the care you received.	Excellent	Good	Poor	Very Poor
Admitting/Registration				
Professional and courteous office staff				
Speed and efficiency of registration				
Satisfactory answers to financial and insurance questions				
Nursing				
Professional and courteous nursing staff				
Nurses introduced themselves and kept you informed				
Nurses explained procedures				
Satisfactory answers to questions				
Pain control while at surgery center				
Nurses provided written instructions for home care				
Pain control at home				
Surgeon				
Wait time from admission to surgery				
Professional and courteous				
Adequate time with surgeon				
Satisfactory answers to questions				
Quality				
Wait time from registration to admission				
Wait time for discharge after your procedure				
Measures taken to ensure correct procedure was performed				
Measures taken to ensure patient safety				
Anesthesia				
Anesthesia staff introduced themselves				
Explained procedure and effects of anesthetic				
Overall experience with the anesthesiology staff				
Overall				
Staff provided the privacy you needed				
Cleanliness and comfort of facility				
Likelihood you would return and/or recommend the surgery center to others				
Overall rating of your experience				

PLEASE USE REVERSE SIDE TO PROVIDE ADDITIONAL COMMENTS.

Surgeon: Dr. Anderson Dr. Grieco Dr. Kolb Dr. Dennis Lee Dr. Ji Li
 Dr. Lawrence Li Dr. Russell Dr. Tattini

Date of Surgery: _____

Optional Information: Name: _____ Phone: _____

Would you like us to contact you by phone to discuss any questions/concerns? Yes ___ No ___