VICTORIA GENERAL HOSPITAL

## The Patient's View Emergency Department



How did you feel about the quality of these services? Please fill in one circle per question. Family members may have additional or different observations than the patient. Feel free to have family members assist with filling out the survey.

l.	Overall, how would you rate the care and service you received in the Emergency Department?  ○ Excellent ○ Good ○ Poor						
2.	Was the Triage Nurse who first asked you about your condition helpful?						
	<ul><li>Definitely</li><li>Somewhat</li><li>Not at all</li></ul>						
3.	How long did you wait in the waiting room? (Please answer in hours and minutes to the best of your recollection.)						
	Hour(s) Minute(s)  Example: If you waited from 1:00 PM to 2:30 PM, you would show 1 Hour(s)  30 Minute(s)						
1.	While you were in the waiting room, did a health care						
	professional check on you?						
	○ Regularly ○ Not often enough ○ Not at all						
5.	Once you were taken to an examining room, how long did you						
	wait to be seen by a doctor?						
	Hour(s) Minute(s)						
	Example: If you waited from 1:00 PM to 2:30 PM, you would show 1 Hour(s)						
	30 Minute(s)						

6.	Overall, how satisfied were you with the amount of time it took until you were treated?							
	<ul><li>Very satisfied</li><li>Somewhat satisfied</li><li>Somewhat dissatisfied</li><li>Very dissatisfied</li></ul>							
7.	Did you feel that the Nurses treated you with respect and dignity during your stay?  O Always  O Sometimes  O Not at all							
8.	Did you feel that the Physician or Nurse Practitioner treated you with respect and dignity during your stay?							
	<ul> <li>○ Always</li> <li>○ Sometimes</li> <li>○ Not at all</li> </ul>							
9.	Did you feel that the other hospital staff treated you with respect and dignity during your stay?							
	<ul><li>Always</li><li>Sometimes</li><li>Not at all</li></ul>							
10.	Were you given clear information about what was being done to help you (e.g., tests, medical procedures)?  O Completely clear  O Not clear at all  O No information was given							
11.	Were you given clear information about your health condition?  O Completely clear O Not clear at all O No information was given							
12.	Were questions you asked about your care well received by staff?  O Yes O No							
13.	Were you given clear information about what you should do for follow-up care when you left to go home?  O Completely clear O Not clear at all O No information was given							

14.	you th		t your s ely	tay i	nily/frien 'n Emerge O Not (	ency?	we	lcome to	be with
15.	0	ne staff Complet Does no	ely	the	involvem		our	family/1	friends?
16.	•	ou have p Yes		no,	skip to q	uestion a	20.)	)	
17.	•	ou receiv Yes		initi	ated pair	ocontrol	at	triage?	
18.		you saw <sup>.</sup> Always	•		n, was yo Sometin	•		controll Not at	
19.	with y	ne hospit our pain: Always			everythin Sometin			d to help Not at	•
20	.Did yo carefi	ou have c ulness) o	onfiden f the do	ctor	the skill s that tr Somewh	reated yo	Su?		
	carefu		f the No	ırse	n the skill s that tro Somewh	eated yo	q?	_	
22.	•		f the ot	her	the skill hospital s ly O	staff the	at t	reatedy	

23. Time of day you arrived in the Emergency Department.  ○ 7:30 AM to 3:30 PM  ○ 3:31 PM to 11:30 PM  ○ 11:31 PM to 7:30 AM						
24. Day of week that you arrived at the Emergency Department?  O Sunday O Monday O Tuesday O Wednesday O Thursday O Friday O Saturday						
25.Patient's age:  O Under 18 yrs O 19-35 yrs O 36-50 yrs O 51-64 yrs O 65-79 yrs O 80+ yrs						
<ul> <li>26. Who filled out this questionnaire?</li> <li>Patient</li> <li>Family member or friend</li> <li>Patient with assistance</li> </ul>						
.How did you feel about the physical environment (noise, cleanliness, privacy, etc.)?						
28.Please share with us any additional comments, concerns or suggestions						
If you would like to discuss your experience, leave your name and phone number or call Patient Relations at 477-3419. Your comments do matter to us. Please leave this completed survey in the box on your way out, or mail it back to						
us: Patient Relations Victoria General Hospital 2340 Pembina						

Highway, Winnipeg R3T 2E8. Thank you!