



Rush Copley Medical Center

{PRINT_DATE}

Sample

Dear {FIRST_NAME} {LAST_NAME},

Rush Copley Medical Center would like to learn more about the quality of health care that patients receive. Press Ganey Associates LLC, an independent research company, is conducting this survey. We would like to know about your experience visiting Rush Copley Medical Center.

The enclosed survey asks for your experiences with the outpatient surgery or procedure you had on: Precode 4 (DISDATE)

All information you provide will be confidential and is protected by a federal law called the Privacy Act. Your answers will be grouped with answers from all other people who take the survey. Your name and anything that might identify you will not be linked to your answers. The overall survey results will be available online at <https://www.medicare.gov/>. These results will help people make more informed decisions when choosing an outpatient or ambulatory surgery facility. Taking part in the survey is voluntary.

If you have any questions about the survey, please call Press Ganey Associates LLC toll-free at 1-844-459-0470. If you need help in reading the questions or marking responses, a friend or family member can assist you. We hope that you will take a few minutes to complete and return the questionnaire to Press Ganey Associates LLC in the enclosed, postage-paid envelope. Thank you in advance for your participation.

Sincerely,

John Diederich
President and Chief Executive Officer

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1240** with an expiration date of November 30, 2024. The time required to complete this information collection is estimated to average 8 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Rush Copley Medical Center

710 RUSH STREET
SOUTH BEND IN 46601

{PARENT} {FIRST_NAME} {LAST_NAME}

CARE PROVIDER (...continued)

4.

Care provider's explanation about why this procedure was important to your health

very poor

poor

fair

good

very good

1

2

3

4

5

☐

☐

☐

☐

☐

OVERALL ASSESSMENT

1.

How well staff at the surgery center worked together to care for you

very poor

poor

fair

good

very good

1

2

3

4

5

☐

☐

☐

☐

☐

2.

Information provided about delays (if you experienced delays)

very poor

poor

fair

good

very good

1

2

3

4

5

☐

☐

☐

☐

☐

3.

Response to concerns/complaints made during your visit

very poor

poor

fair

good

very good

1

2

3

4

5

☐

☐

☐

☐

☐

Please comment on good or bad experiences related to your visit.

The facility where you received your surgery or procedure may want to review your survey responses so that they can decide how to address any concerns that you have.

Do you give your permission to link your name with your survey responses that will be shared with the facility where you received your surgery or procedure?

- ☐ Yes, I give my permission to link my name with my survey responses.
- ☐ No, I do not give permission to link my name with my survey responses.

If you selected "Yes" to link your name to your survey responses, please provide your preferred name and phone number.

Patient's Name: (optional)

Telephone Number: (optional)

THANK YOU. Please return the completed survey in the postage-paid envelope.

Return To: Press Ganey Associates, 710 Rush Street, South Bend, IN 46601



Rush Copley Medical Center

Sample

OMB No. 0938-1240
Expires November 30, 2024

SURVEY INSTRUCTIONS: Answer all the questions by completely filling in the circle to the left of your answer.
You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- ☐ Yes
- ☒ No → If No, go to #1

Please use black or blue ink to fill in the circle completely.
Example: ☒

This survey asks about your experience at the facility named in the cover letter. For this survey, we use the term "procedure" for diagnostic, surgical or other procedures. We refer to "facility" as the place where you had your procedure.

Please answer these questions only for the procedure(s) you had on the date included in the cover letter. Do not include any other procedures in your answers.

BEFORE YOUR PROCEDURE

The first few questions are about getting ready for your procedure. **Include any information you received before and on the day of your procedure.**

1.

Before your procedure, did your doctor or anyone from the facility give you all the information you needed about your procedure?

☐ Yes, definitely

☐ Yes, somewhat

☐ No
2.

Before your procedure, did your doctor or anyone from the facility give you easy to understand instructions about getting ready for your procedure?

☐ Yes, definitely

☐ Yes, somewhat

☐ No

ABOUT THE FACILITY AND STAFF

The next questions ask about the day of your procedure.

3.

Did the check-in process run smoothly?

☐ Yes, definitely

☐ Yes, somewhat

☐ No
4.

Was the facility clean?

☐ Yes, definitely

☐ Yes, somewhat

☐ No
5.

Were the clerks and receptionists at the facility as helpful as you thought they should be?

☐ Yes, definitely

☐ Yes, somewhat

☐ No

6.

Did the clerks and receptionists at the facility treat you with courtesy and respect?

☐ Yes, definitely

☐ Yes, somewhat

☐ No
7.

Did the doctors and nurses treat you with courtesy and respect?

☐ Yes, definitely

☐ Yes, somewhat

☐ No
8.

Did the doctors and nurses make sure you were as comfortable as possible?

☐ Yes, definitely

☐ Yes, somewhat

☐ No

COMMUNICATIONS ABOUT YOUR PROCEDURE

As a reminder, please include any information you received before and on the day of the procedure.

9.

Did the doctors and nurses explain your procedure in a way that was easy to understand?

☐ Yes, definitely

☐ Yes, somewhat

☐ No
10.

Anesthesia is something that would make you feel sleepy or go to sleep during your procedure. Were you given anesthesia?

☐ Yes

☐ No → If No, go to #13
11.

Did your doctor or anyone from the facility explain the process of giving anesthesia in a way that was easy to understand?

☐ Yes, definitely

☐ Yes, somewhat

☐ No



12. Did your doctor or anyone from the facility explain the possible side effects of the anesthesia in a way that was easy to understand?

☐ Yes, definitely

☐ Yes, somewhat

☐ No
13. Discharge instructions include things like symptoms you should watch for after your procedure, instructions about medicines, and home care. Before you left the facility, did you get written discharge instructions?

☐ Yes

☐ No

YOUR RECOVERY

14. Did your doctor or anyone from the facility prepare you for what to expect during your recovery?

☐ Yes, definitely

☐ Yes, somewhat

☐ No

The next questions are about possible outcomes you could have during recovery. Some procedures do not require that you get this information. Please answer based on what you remember.

15. Some ways to control pain include prescription medicine, over-the-counter pain relievers or ice packs. Did your doctor or anyone from the facility give you information about what to do if you had pain as a result of your procedure?

☐ Yes

☐ No
16. At any time after leaving the facility, did you have pain as a result of your procedure?

☐ Yes

☐ No
17. Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had nausea or vomiting?

☐ Yes

☐ No
18. At any time after leaving the facility, did you have nausea or vomiting as a result of either your procedure or the anesthesia?

☐ Yes

☐ No
19. Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had bleeding as a result of your procedure?

☐ Yes

☐ No
20. At any time after leaving the facility, did you have bleeding as a result of your procedure?

☐ Yes

☐ No

21. Possible signs of infection include fever, swelling, heat, drainage or redness. Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had possible signs of infection?

☐ Yes

☐ No
22. At any time after leaving the facility, did you have any signs of infection?

☐ Yes

☐ No

YOUR OVERALL EXPERIENCE

23. Using any number from 0 to 10, where 0 is the worst facility possible and 10 is the best facility possible, what number would you use to rate this facility?

0 Worst facility possible

1

2

3

4

5

6

7

8

9

10 Best facility possible
24. Would you recommend this facility to your friends and family?

☐ Definitely no

☐ Probably no

☐ Probably yes

☐ Definitely yes

ABOUT YOU

25. In general, how would you rate your overall health?

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Poor

26. In general, how would you rate your overall mental or emotional health?

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Poor

27. What is the highest grade or level of school that you have completed?

☐ 8th grade or less

☐ Some high school, but did not graduate

☐ High school graduate or GED

☐ Some college or 2-year degree

☐ 4-year college graduate

☐ More than 4-year college degree

28. Are you of Hispanic, Latino, or Spanish origin?

☐ Yes, Hispanic, Latino, or Spanish

☐ No, not Hispanic, Latino, or Spanish → If No, go to #30

29. Which group best describes you?

☐ Mexican, Mexican American, Chicano

☐ Puerto Rican

☐ Cuban

☐ Another Hispanic, Latino, or Spanish origin

30. What is your race? You may select one or more categories.

☐ White

☐ Black or African American

☐ American Indian or Alaska Native

☐ Asian Indian

☐ Chinese

☐ Filipino

☐ Japanese

☐ Korean

☐ Vietnamese

☐ Other Asian

☐ Native Hawaiian

☐ Guamanian or Chamorro

☐ Samoan

☐ Other Pacific Islander

31. How well do you speak English?

☐ Very well

☐ Well

☐ Not well

☐ Not at all

32. What language do you mainly speak at home?

☐ English

☐ Spanish

☐ Chinese

☐ Russian

☐ Vietnamese

☐ Portuguese

☐ German

☐ Some other language

33. Did someone help you complete this survey?

☐ Yes

☐ No → If No, go to ADDITIONAL FEEDBACK ABOUT YOUR EXPERIENCE.

34. How did that person help you? Select all that apply.

☐ Read the questions to me

☐ Wrote down the answers I gave

☐ Answered the questions for me

☐ Translated the questions into my language

☐ Helped in some other way: (EXPLAIN):

(Please print.)

☐ No one helped me complete this survey

ADDITIONAL FEEDBACK ABOUT YOUR EXPERIENCE

Now that we have asked you to tell us about *what happened* during your *ambulatory surgery or procedure*, we would like to ask you about your experience. If a question does not apply to you, please skip.

NURSES

	very poor	poor	fair	good	very good
	1	2	3	4	5
1. Information the nurses gave you as they helped to prepare you for the procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Nurses' response to your concerns or questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Nurses' concern for your comfort as you recovered after the procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CARE PROVIDER

DURING YOUR VISIT, YOUR CARE WAS PROVIDED PRIMARILY BY A DOCTOR, PHYSICIAN ASSISTANT (PA), NURSE PRACTITIONER (NP), OR MIDWIFE. PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THAT HEALTH CARE PROVIDER IN MIND.

	very poor	poor	fair	good	very good
	1	2	3	4	5
1. Care provider's explanation about what the procedure would be like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Care provider's response to your concerns or questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. After the procedure was over, information the care provider shared about how the procedure went	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



PRECODE INFO:

Precode 1:

Precode 2:

Precode 3:

Precode 4: DISDATE

Precode 5:

Precode 6:

Precode 7:

Precode 8:

Precode 9:

Precode 10:

Precode 11:

Precode 12:

Some expressions may expand beyond the page when they are longer than a single line of text. If the expression appears to be incomplete refer to Import Maintenance for access to the complete expression.