

Isfahan University of Medical Sciences, Health and Treatment Services Emam Mosa Kazem Teaching Hospital Document Title: Checklist

	Boomient Title. Checkins	
Title: Patient Satisfaction Survey		
Code: Sav-ChList-Satis-P	Revision No.: "	Page: \ of \
Latest Review Date: January 9, 7.19	Notice Date: January 10, 1119	Next Review Date: January ٩, ٢٠٢٠

Dear Client

This questionnaire has been designed in order to assess your satisfaction with the hospital's services and facilities, and the identity of all respondents will be kept confidential. Therefore, we kindly ask that you help us in offering better and quality services by providing us with <u>correct</u> and <u>precise</u> responses.

Thank you

No. of visits:	First Visit	Ynd to £th	visit 🗆	more th	an o visits 🗆		
Age:	Gender: Male □	Female []	Marital St	atus: Single 🛘	Marr	ied □
Education: Illiterate	☐ No High Sch	ool Diploma 🗆	Diploma	& A.A. De	egree 🗆	Bachelor's Deg	gree & Higher 🗆
Ward:	Date:		Completed by	r: Patient □	l Patient's	Company	Interviewer
Type of Discharge: b	y Physician 🗆	Personal Consent		Т	ype of Visit: F	Emergency Room	m 🗆 Clinic 🗆
Transfer to another Center □							
Place of Residence: L	Local 🗆	Non-local □					

Domain	Code	Assessment Items	Satisfaction Level							
	G١	How much were you satisfied with the security personnel's encounter and behavior?	Very low	Low	Average	High	Very high	No comment		
Security Staff	G۲	How much were satisfied with the necessary guidance offered by the security personnel at the entrance?	Very low	Low	Average	High	Very high	No comment		
	G٣	How satisfied were you with the hospital environment's order and discipline provided by security guards?	Very low	Low	Average	High	Very high	No comment		
	Α١	How satisfied were you with the reception desk personnel's encounter and behavior?	Very low	Low	Average	High	Very high	No comment		
Admission	А٢	How satisfied were you with the time of admission at the hospital?	Very low	Low	Average	High	Very high	No comment		
and Discharge	А٣	How satisfied were you with the explanations provided regarding the type of rooms, costs and insurance by the reception staff?	Very low	Low	Average	High	Very high	No comment		
	A٤	How satisfied were you with the encounter and behavior of the cashier's office personnel?	Very low	Low	Average	High	Very high	No comment		
	A٥	How satisfied were you with how long the discharge process took?	Very low	Low	Average	High	Very high	No comment		
Medical Staff	D١	How satisfied were you with the physicians' encounter and behavior?	Very low	Low	Average	High	Very high	No comment		
	DA	How satisfied were you with the necessary trainings offered by the physician throughout the treatment and during discharge?	Very low	Low	Average	High	Very high	No comment		
	D٣	How satisfied were you with the physicians' responsiveness regarding your questions throughout your patient's hospitalization time and at the time of discharge?	Very low	Low	Average	High	Very high	No comment		
Nursing Staff	N١	How satisfied were you with the nurses' manners and behavior?	Very low	Low	Average	High	Very high	No comment		
	N	How satisfied were you with the responsiveness of the nurses towards your questions about your patient's treatment and their problems?	Very low	Low	Average	High	Very high	No comment		
	N۳	How satisfied were you with the nurses' training and explanations regarding the manner of care for your patient after discharge?	Very low	Low	Average	High	Very high	No comment		
Social	SW	How satisfied were you with the manners and behavior of the social workers unit?	Very low	Low	Average	High	Very high	No comment		
Work	SWY	How satisfied were you with the social work services offered by this unit's personnel?	Very low	Low	Average	High	Very high	No comment		
	I,	How satisfied were you with the encounter and responsiveness of the pharmacy staff?	Very low	Low	Average	High	Very high	No comment		
Pharmacy	Iλ	How satisfied were you with the pharmacy reception and waiting time?	Very low	Low	Average	High	Very high	No comment		
	Iμ	How satisfied were you with the necessary directions for prescription provided by the pharmacy staff?	Very low	Low	Average	High	Very high	No comment		

	H\(^1\) How satisfied were you with the welfare status (calmness, lighting, cooling and heating systems)?			Low	Average	High	Very high	No comment
Welfare	Нζ	How satisfied were with the cleanliness of the ward, your patient room and restrooms?	Very low	Low	Average	High	Very high	No comment
Facilities	Н۳	How satisfied were you with the welfare facilities and equipment (necessities for resting,	Very low	Low	Average	High	Very high	No comment
	religious customs)?							
	H [£] How satisfied were you with the guide signs for referring to different units?			Low	Average	High	Very high	No comment
Food	F١	How satisfied were you with the quality, quantity and serving of the food?	Very low	Low	Average	High	Very high	No comment
	F۲	How satisfied were you with the encounter of the food distribution staff?	Very low	Low	Average	High	Very high	No comment
A. If it became necessary for your patient to be hospitalized again, would come back to this hospital?								
Yes □ No □								
B. In the case of needing to be hospitalized, would you recommend this hospital to your friends and relatives?								
Yes □ No □								
C. Please mention three of the most essential problems most to least problematic at this hospital that you have encountered during your stay and receiving treatment services:								