



Print Date

Dear FIRST + LAST,

At Northwestern Memorial Hospital, we are committed to providing our patients with exceptional care. Your feedback about what we are doing right and what needs to improve is vital to our ability to provide patients with the best experience possible. We depend on patients like you to keep us informed.

By sharing your thoughts about your recent Emergency Department experience, you can help make our care better for future patients. Please take a few minutes to complete the following patient experience survey. We appreciate your insight and respect your confidentiality.

Thank you, and please accept our best wishes for your good health.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Gannotta'.

Richard J. Gannotta
President, Northwestern Memorial Hospital
Senior Vice President, Northwestern Memorial HealthCare

EMERGENCY DEPARTMENT SURVEY

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope.

Please rate your Emergency Department visit on this date: **Precode 4**

INSTRUCTIONS: Please rate the Emergency Department services you received from our facility. Fill in the circle that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you.

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

A. ARRIVAL very poor 1 poor 2 fair 3 good 4 very good 5

1. Waiting time before staff noticed your arrival 1 2 3 4 5
2. Comfort of the waiting area 1 2 3 4 5
3. Waiting time before you were brought to the treatment area 1 2 3 4 5
4. Waiting time in the treatment area, before you were seen by a doctor 1 2 3 4 5
5. Helpfulness of the triage nurse 1 2 3 4 5
6. Courtesy of the Security personnel 1 2 3 4 5

Comments (describe good or bad experience): _____

B. NURSES very poor 1 poor 2 fair 3 good 4 very good 5

1. Courtesy of the nurses 1 2 3 4 5
2. Skill of the nurses 1 2 3 4 5
3. Degree to which the nurses took the time to listen to you 1 2 3 4 5
4. Nurses' attention to your needs 1 2 3 4 5
5. Nurses' concern to keep you informed about your treatment 1 2 3 4 5
6. Nurses' concern for your privacy 1 2 3 4 5

Comments (describe good or bad experience): _____

C. PHYSICIAN very poor 1 poor 2 fair 3 good 4 very good 5

Supervising Physician

1. Courtesy of the supervising physician 1 2 3 4 5
2. Degree to which the supervising physician took the time to listen to you 1 2 3 4 5
3. Supervising physician's concern to keep you informed about your treatment 1 2 3 4 5
4. Supervising physician's concern for your comfort while treating you 1 2 3 4 5

Resident Physician

1. Courtesy of the resident physician 1 2 3 4 5
2. Degree to which the resident physician took the time to listen to you 1 2 3 4 5
3. Resident physician's concern to keep you informed about your treatment 1 2 3 4 5
4. Resident physician's concern for your comfort while treating you 1 2 3 4 5

Comments (describe good or bad experience): _____

D. TESTS very poor 1 poor 2 fair 3 good 4 very good 5

(Please answer only those questions that apply to you.)

Lab

1. Courtesy of the person who took your blood 1 2 3 4 5
2. Concern shown for your comfort when your blood was drawn 1 2 3 4 5

Radiology (X-ray, ultrasound, CAT scan, MRI)

1. Waiting time for radiology test 1 2 3 4 5
2. Courtesy of the radiology staff 1 2 3 4 5
3. Concern shown for your comfort during your test 1 2 3 4 5

Other Tests

1. Waiting time for other tests or procedures (cardiology, blood flow, etc.) 1 2 3 4 5

Comments (describe good or bad experience): _____



E. FAMILY OR FRIENDS	very poor 1	poor 2	fair 3	good 4	very good 5
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(If you came alone, please skip this section.)

1. Courtesy with which family or friends were treated
2. Staff concern to keep family or friends informed about your status during your course of treatment
3. Staff concern to let a family member or friend be with you while you were being treated.....

Comments (describe good or bad experience): _____

F. PERSONAL/INSURANCE INFORMATION	very poor 1	poor 2	fair 3	good 4	very good 5
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1. Courtesy of the person who took your personal/insurance information
2. Privacy you felt when asked about your personal/insurance information
3. Ease of giving your personal/insurance information.....

Comments (describe good or bad experience): _____

G. PERSONAL ISSUES	very poor 1	poor 2	fair 3	good 4	very good 5
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1. How well you were kept informed about delays.....
2. Degree to which staff cared about you as a person
3. Staff sensitivity and responsiveness to your special/individual needs
4. How well staff identified themselves to you by name and role
5. How well your pain was controlled.....
6. Information you were given about caring for yourself at home (e.g., taking medications, getting follow-up medical care).....

Comments (describe good or bad experience): _____

H. OVERALL ASSESSMENT	very poor 1	poor 2	fair 3	good 4	very good 5
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1. How well staff worked together to care for you.....
2. Overall rating of care received during your visit
3. Overall appearance and cleanliness of the department.....
4. Likelihood of your recommending our Emergency Department to others

Comments (describe good or bad experience): _____

May we contact you regarding your survey responses? Yes No

If yes, please print name and day time phone number? _____

If we can assist you further or if you wish to discuss any aspect of your stay, please call one of our Patient Representatives at (312) 926-3112 (8:30 am - 5 pm, Mon - Fri).

