Please use the enclosed postage-paid envelope and mail the completed survey to:
National Research Corporation
Canada
7100 Woodbine Ave Suite 411
Markham ON L3R 5J2

MR CHRISTOPHER JOHNSON
1245 Q ST STE 400
LINCOLN NE 68508

Dear Christopher Johnson:

On behalf of the Board at St. Joseph's Health Care, London, I ask for your assistance in evaluating the care and service that you received during your visit to our Urgent Care Centre.

Your opinions are valuable to us. At St. Joseph's Health Care, London we want to provide the best possible service to our patients. In order to do so, we need to know what we are doing right and what may need improvement. **Your feedback will be used to improve how we provide care.**

Please complete the enclosed questionnaire and return it in the envelope provided as soon as possible. If you choose to have a friend or relative assist you in completing the survey, please make sure that the answers represent your own feelings. If you require accommodation to participate in this survey due to a disability, an accessible format can be made available upon request by calling NRCC at 1-866-771-8231. Only a limited number of our patients receive this questionnaire, so your participation is very important.

Completion of the survey is voluntary. Your responses will be kept confidential. Please feel free to express your opinions frankly and be assured that your future care at our hospital will not be negatively impacted. An independent research company will receive your response and analyze the results. To protect your privacy, your personal information will not be provided to the hospital. The hospital will review your comments; however you will not be contacted directly regarding any comments or concerns.

Should you wish to speak with someone directly regarding your care experience or if you have any questions or concerns or wish to be removed from the survey, please contact our Patient Relations and Privacy Office at (519) 646-6100 ext. 61234.

If this questionnaire has reached you in error, please contact us to have your name removed. Every effort is made to ensure that this questionnaire is not sent to families of patients who have passed away. If a grieving family member receives this letter, please accept our heartfelt condolences and our sincere apology. If you would like to respond on behalf of your loved one, you may certainly do so, but it is not our intention to add pain to your sorrow and grief.

Thank you for your time and help. Your effort will help us provide better care to all our patients.

Sincerely,

Dr. Gillian Kernaghan
President & Chief Executive Officer

Please use the enclosed postage-paid envelope and mail the completed survey to:
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Canada
7100 Woodbine Ave Suite 411
Markham ON L3R 5J2

ST JOSEPH'S HEALTH CARE LONDON

MR CHRISTOPHER JOHNSON
1245 Q ST STE 400
LINCOLN NE 68508

Dear Christopher Johnson:

Recently you were mailed a questionnaire regarding the Urgent Care services you received at St. Joseph's Health Care, London. If you have already returned your questionnaire, thank you and please disregard this note. If you have not yet had a chance to complete the questionnaire, or if you no longer have the copy sent to you, please take a moment to complete the extra copy enclosed.

Your opinions are valuable to us. At St. Joseph's Health Care, London we want to provide the best possible service to our patients. In order to do so, we need to know what we are doing right and what may need improvement. **Your feedback will be used to improve how we provide care.**

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Thank you for your time and help. Your effort will help us provide better care to all our patients.

Sincerely,

Dr. Gillian Kernaghan
President & Chief Executive Officer

ST JOSEPH'S HEALTH CARE LONDON

Your Visit to the Urgent Care Centre...

Please fill in the circle that best describes your experience during your Urgent Care Centre visit at St. Joseph's Health Care, London ending on March 3, 2013. Thank You!

ARRIVAL IN THE URGENT CARE CENTRE...

Please note that "Urgent Care Centre" is referred as "Emergency Department" in the following survey.

1. **When you arrived at the Emergency Department, did the first person who took your information answer your questions?**
   ○ Yes, completely ○ Yes, somewhat ○ No ○ Didn't have questions
2. **How would you rate the courtesy of the first person who took your information?**
   ○ Poor ○ Fair ○ Good ○ Very Good ○ Excellent
3. **After you arrived at the Emergency Department, how long was it until you talked to a NURSE about your illness or injury?**
   ○ Right away ○ 15 minutes or less ○ More than 15 minutes ○ Don't know
4. **Once you went to a bed or an examination room, about how long did you have to wait to see a doctor?**
   ○ Less than 1/2 hour ○ 1 to 2 hours ○ I did not wait at all
   ○ Between 1/2 hour and 1 hour ○ More than 2 hours
5. **If you had to wait to be seen, did someone from the Emergency Department explain the reason for the delay?**
   ○ Yes ○ No ○ Didn't have to wait
6. **Did someone in the Emergency Department help get your messages to family or friends?**
   ○ Yes ○ No ○ I had no messages

DOCTORS...

7. **Was there one particular doctor in charge of your care in the Emergency Department?**
   ○ Yes ○ No ○ Not sure
8. **Did you have to wait too long to see a doctor?**
   ○ Yes, definitely ○ Yes, somewhat ○ No
9. **When you had important questions to ask a doctor, did you get answers you could understand?**
   ○ Yes, always ○ Yes, sometimes ○ No ○ Didn't have any questions
10. **If you had any anxieties or fears about your condition or treatment, did a doctor discuss them with you?**
    ○ Yes, completely ○ Yes, somewhat ○ No ○ Didn't have anxieties or fears
11. **Did you have confidence and trust in the doctors treating you?**
    ○ Yes, always ○ Yes, sometimes ○ No
12. **Did doctors talk in front of you as if you weren't there?**
    ○ Yes, often ○ Yes, sometimes ○ No
13. **After you had seen a doctor in the Emergency Department, was another doctor or specialist called in to see you?**
    ○ Yes ○ No ○ I did not see a doctor
14. **Did you wait too long for this other doctor or specialist?**
    ○ Yes, definitely ○ Yes, somewhat ○ No ○ No other doctor was needed
15. **How would you rate the courtesy of your doctors?**
    ○ Poor ○ Fair ○ Good ○ Very Good ○ Excellent

NURSES...

16. **When you had important questions to ask a nurse, did you get answers you could understand?**
    ○ Yes, always ○ Yes, sometimes ○ No ○ Didn't have any questions

17. **If you had any anxieties or fears about your condition or treatment, did a nurse discuss them with you?**
    ⬭ Yes, completely ⬭ Yes, somewhat ⬭ No ⬭ Didn't have anxieties or fears

18. **Did you have confidence and trust in the nurses treating you?**
    ⬭ Yes, always ⬭ Yes, sometimes ⬭ No

19. **Did nurses talk in front of you as if you weren't there?**
    ⬭ Yes, often ⬭ Yes, sometimes ⬭ No

20. **How would you rate the courtesy of your nurses?**
    ⬭ Poor ⬭ Fair ⬭ Good ⬭ Very Good ⬭ Excellent

21. **How would you rate the availability of your nurses?**
    ⬭ Poor ⬭ Fair ⬭ Good ⬭ Very Good ⬭ Excellent

GETTING TESTS...

22. **Did you get any tests (such as blood, urine, or x-rays) when you visited the Emergency Department? If no, go to #26.**
    ⬭ Yes ⬭ No (Go to #26)

23. **Did you wait too long to get your tests?**
    ⬭ Yes, definitely ⬭ Yes, somewhat ⬭ No

24. **Did someone explain why you needed these tests in a way that you could understand?**
    ⬭ Yes, completely ⬭ Yes, somewhat ⬭ No

25. **Did someone explain the results of the tests in a way that you could understand?**
    ⬭ Yes, completely ⬭ Yes, somewhat ⬭ No

PAIN...

26. **Were you ever in any pain? If no, go to #31.**
    ⬭ Yes ⬭ No (Go to #31)

27. **When you had pain, was it usually severe, moderate, or mild?**
    ⬭ Severe ⬭ Moderate ⬭ Mild

28. **Did you get pain medicine in the Emergency Department?**
    ⬭ Yes ⬭ No

29. **Do you think that the Emergency Department staff did everything they could to help control your pain?**
    ⬭ Yes, definitely ⬭ Yes, somewhat ⬭ No

30. **Overall, how much pain medicine did you get?**
    ⬭ Not enough ⬭ Right amount ⬭ Too much ⬭ I did not get pain medicine

GOING HOME...

31. **Were you told what danger signals about your illness or injury to watch out for when you got home?**
    ⬭ Yes, completely ⬭ Yes, somewhat ⬭ No

32. **Before you left the Emergency Department, were any new medications prescribed or ordered for you?**
    ⬭ Yes ⬭ No

33. **Did someone explain how to take the new medications?**
    ⬭ Yes, completely ⬭ Yes, somewhat ⬭ No ⬭ Didn't need explanation

34. **Did someone tell you about side effects the medicines might have?**
    ⬭ Yes, completely ⬭ Yes, somewhat ⬭ No ⬭ Didn't need explanation

35. **Did you need further treatment after you left the Emergency Department? If no, go to #37.**
    ⬭ Yes ⬭ No (Go to #37)

36. **Was an appointment made for this treatment before you left the Emergency Department?**
    ⬭ Yes, with a new doctor or nurse ⬭ Yes, with the same doctor or nurse ⬭ No

37. **Did you know who to call if you needed help or had more questions after you left the Emergency Department?**
    ⬭ Yes ⬭ No ⬭ Not sure

38. About how long did you spend in the Emergency Department from the time you arrived to the time you left?

- ⬭ Less than 1 hour
- ⬭ Between 1 and 3 hours
- ⬭ Between 3 and 6 hours
- ⬭ Between 6 and 10 hours
- ⬭ Between 10 and 12 hours
- ⬭ Between 12 and 24 hours
- ⬭ More than 24 hours

39. How would you rate the amount of time you spent in the Emergency Department?

⬭ Poor ⬭ Fair ⬭ Good ⬭ Very Good ⬭ Excellent

OVERALL IMPRESSION...

40. While you were in the Emergency Department, were you able to get all the services you needed?

⬭ Yes, completely ⬭ Yes, somewhat ⬭ No

41. Were the possible causes of your problem explained in a way that you could understand?

⬭ Yes, completely ⬭ Yes, somewhat ⬭ No ⬭ Didn't need explanation

42. While you were in the Emergency Department, were there times when you did not get the help you needed?

⬭ Yes, often ⬭ Yes, sometimes ⬭ No ⬭ Didn't need help

43. Did each hospital staff person treat you with dignity and respect?

⬭ Yes, always ⬭ Yes, sometimes ⬭ No

44. Did you have enough say about your care?

⬭ Yes, definitely ⬭ Yes, somewhat ⬭ No

45. Did you feel you had enough privacy during your Emergency Department visit?

⬭ Yes, always ⬭ Yes, sometimes ⬭ No ⬭ Doesn't apply

46. Overall, how would you rate the care you received in the Emergency Department?

⬭ Poor ⬭ Fair ⬭ Good ⬭ Very Good ⬭ Excellent

47. How would you rate the courtesy of the Emergency Department staff?

⬭ Poor ⬭ Fair ⬭ Good ⬭ Very Good ⬭ Excellent

48. How would you rate the explanation of what was done to you?

⬭ Poor ⬭ Fair ⬭ Good ⬭ Very Good ⬭ Excellent

49. How would you rate how well the doctors and nurses worked together?

⬭ Poor ⬭ Fair ⬭ Good ⬭ Very Good ⬭ Excellent

50. Would you recommend this Emergency Department to family and friends?

⬭ Yes, definitely ⬭ Yes, probably ⬭ No

51. Was the entire Emergency Department as clean as it should have been?

⬭ Yes, definitely ⬭ Yes, somewhat ⬭ No

ADDITIONAL QUESTIONS...

In most cases, the Emergency Department restricts the number of friends/family that can be with a patient. When you were at the Emergency Room, most patients were only allowed to have 2 people in the waiting room and 1 person in the treatment area with them. The questions below ask for your feedback on these visitor restrictions.

52. Did the visitor restrictions result in fewer people accompanying you in the emergency department than you would have liked?

⬭ Yes ⬭ No ⬭ Not applicable

53. Were the visitor restrictions in the Emergency Department clearly explained to you or to someone accompanying you?

- ⬭ Yes, completely
- ⬭ Yes, somewhat
- ⬭ No
- ⬭ Didn't need explanations/already knew restrictions

54. Do you support the emergency department having a routine policy that limits the number of people accompanying a patient in the emergency department?

⬭ Yes, completely ⬭ Yes, somewhat ⬭ No

55. If someone was restricted from accompanying you in the treatment area (they had to wait in the waiting area), did staff keep that person(s) informed of your progress?

○ Yes, completely ○ Yes, somewhat ○ No ○ No one was in the waiting room

56. Overall, what impact did the visitor restrictions have on the quality of the care and service you received in the emergency department?

○ Major negative impact ○ No impact ○ Major positive impact
○ Minor negative impact ○ Minor positive impact

YOUR BACKGROUND...

In order to be sure we have survey responses from a variety of people, we are asking you to provide some information about your background. Remember, your individual responses will not be shared with anyone.

57. In general, how would you rate your health?

○ Poor ○ Fair ○ Good ○ Very Good ○ Excellent

58. Do you have a regular family physician/general practitioner who you see when you have health problems?

○ Yes ○ No

59. How serious was the injury or illness that prompted you to come to the Emergency Department?

○ Extremely serious ○ Moderately serious ○ Not at all serious
○ Very serious ○ Slightly serious

60. During the past month, how many days did illness or injury keep you in bed all or part of the day?

○ None ○ Two Days ○ Four Days ○ Eight-to-Ten Days
○ One Day ○ Three Days ○ Five-to-Seven Days ○ More than Ten Days

61. In the last 6 months, have you been a patient in a hospital overnight or longer?

○ No ○ Yes, only one time ○ Yes, more than one time

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

○ Public school ○ College, trade, or technical school ○ Post university/graduate education
○ High school ○ University undergraduate degree

63. Who completed this survey?

○ Patient ○ Someone else

The hospital will review your comments, however you will not be contacted directly regarding any comments or concerns. Should you wish to speak with someone directly regarding your care experience, please contact our Patient Relations at (519) 646-6100 ext. 61234.

64. Is there anything else you would like to tell us about your Emergency Department visit?

Thank you for taking the time to complete this questionnaire! Your answers are greatly appreciated. When you are done, please use the enclosed, pre-paid envelope to return this questionnaire to National Research Corporation Canada, 7100 Woodbine Ave, Suite 411, Markham ON L3R 5J2.

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