



MR CHRISTOPHER JOHNSON  
1245 Q ST STE 400  
LINCOLN NE 68508

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

Dear Christopher Johnson:

On behalf of the Board at London Health Sciences Centre, I ask for your assistance in evaluating the care and service that you received during your stay at our hospital.

Your opinions are valuable to us. At London Health Sciences Centre 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 are unable to respond, a relative or friend may respond on your behalf, as long as the answers represent your own feelings. 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, a Patient Relations Specialist is available to assist you. If this questionnaire has reached you in error, or if the person to whom this letter is addressed has passed away, please contact London Health Sciences Centre at 519-685-8500 ext. 32996 to have his or her name removed from our mailing list.

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

Sincerely,

Bonnie Adamson, MScN, FCCHSE, FACHE  
President and Chief Executive Officer  
London Health Sciences Centre



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Dear Christopher Johnson:

Recently you were mailed a questionnaire regarding the inpatient services you received at London Health Sciences Centre. 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 London Health Sciences Centre 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 are unable to respond, a relative or friend may respond on your behalf, as long as the answers represent your own feelings. Only a limited number of patients receive this questionnaire, so your participation is very important.

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Sincerely,

Bonnie Adamson, MScN, FCCHSE, FACHE  
President and Chief Executive Officer  
London Health Sciences Centre

**Your Hospital/Facility Stay...**

Please fill in the circle that best describes your experience during your hospital/facility stay ending on March 3, 2005. Thank You!

**ADMISSION...****1. Were you:**

- Admitted through the Emergency Department
- Admitted through a planned admission by your doctor
- Admitted unexpectedly after a day procedure or test
- Transferred from another facility
- Other

**2. How organized was the admission process?**

- Not at all organized
- Somewhat organized
- Very organized

**3. Do you feel you had to wait an unnecessarily long time to go to your room?**

- Yes, definitely
- Yes, somewhat
- No

**4. If you had to wait to go to your room, did someone from the hospital explain the reason for the delay?**

- Yes
- No
- Did not have to wait

**5. How would you rate the courtesy of the staff who admitted you?**

- Poor
- Fair
- Good
- Very Good
- Excellent

**DOCTORS...****6. Was there one particular doctor in charge of your care in the hospital?**

- Yes
- No
- Not sure

**7. When you had important questions to ask a doctor, did you get answers you could understand?**

- Yes, always
- Yes, sometimes
- No
- Did not have questions

**8. If you had any anxieties or fears about your condition or treatment, did a doctor discuss them with you?**

- Yes, completely
- Yes, somewhat
- No
- Did not have anxieties or fears

**9. Did you have confidence and trust in the doctors treating you?**

- Yes, always
- Yes, sometimes
- No

**10. Did doctors talk in front of you as if you weren't there?**

- Yes, often
- Yes, sometimes
- No

**11. How would you rate the courtesy of your doctors?**

- Poor
- Fair
- Good
- Very Good
- Excellent

**12. How would you rate the availability of your doctors?**

- Poor
- Fair
- Good
- Very Good
- Excellent

**13. Overall, how would you rate the care you received from your doctors?**

- Poor
- Fair
- Good
- Very Good
- Excellent

**NURSES...****14. When you had important questions to ask a nurse, did you get answers you could understand?**

- Yes, always
- Yes, sometimes
- No
- Did not have questions

**15. If you had any anxieties or fears about your condition or treatment, did a nurse discuss them with you?**

- Yes, completely
- Yes, somewhat
- No
- Did not have anxieties or fears



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16. Did you have confidence and trust in the nurses treating you?

- Yes, always    Yes, sometimes    No

17. Did nurses talk in front of you as if you weren't there?

- Yes, often    Yes, sometimes    No

18. How would you rate the courtesy of your nurses?

- Poor    Fair    Good    Very Good    Excellent

19. How would you rate the availability of your nurses?

- Poor    Fair    Good    Very Good    Excellent

#### HOSPITAL STAFF...

20. Sometimes in the hospital, one doctor or nurse will say one thing and another will say something quite different.

Did this happen to you?

- Yes, always    Yes, sometimes    No

21. Did you have enough say about your treatment?

- Yes, definitely    Yes, somewhat    No

22. Did your family or someone close to you have enough opportunity to talk to your doctor?

- Yes, definitely    No    Family did not want or need to talk

- Yes, somewhat    No family or friends were involved

23. How much information about your condition or treatment was given to your family or someone close to you?

- Not enough    Too much    Family did not want or need information

- Right amount    No family or friends involved

24. Was it easy for you to find someone on the hospital staff to talk to about your concerns?

- Yes, definitely    Yes, somewhat    No    Did not want to talk/no concerns

25. When you needed help getting to the bathroom, did you get the help in time?

- Yes, always    Yes, sometimes    No    Did not need help

26. How many minutes after you used the call button did it usually take before you got the help you needed?

- 0 minutes/right away    6-10 minutes    16-30 minutes    Never used call button

- 1-5 minutes    11-15 minutes    More than 30 minutes    Never got help

27. In general, after you used the call button, was the time you waited for help reasonable?

- Yes, completely    Yes, somewhat    No    Didn't use call button

28. Did a doctor or nurse explain the results of tests in a way you could understand?

- Yes, completely    Yes, somewhat    No    No tests were done

29. Were your scheduled tests and procedures performed on time?

- Yes, always    Yes, sometimes    No    No tests/procedures

30. Did you feel like you were treated with respect and dignity while you were in the hospital?

- Yes, always    Yes, sometimes    No

#### PAIN...

31. Were you ever in any pain? If no, go to #37.

- Yes    No (Go to #37)

32. When you had pain, was it usually severe, moderate, or mild?

- Severe    Moderate    Mild

33. Did you ever request pain medicine? If no, go to #35.

- Yes    No (Go to #35)

34. How many minutes after you requested pain medicine did it usually take before you got it?

- 0 minutes/right away    6-10 minutes    16-30 minutes    Never got medicine

- 1-5 minutes    11-15 minutes    More than 30 minutes



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35. Do you think that the hospital staff did everything they could to help control your pain?

- Yes, definitely     Yes, somewhat     No

36. Overall, how much pain medicine did you get?

- Not enough     Right amount     Too much

#### GOING HOME...

37. Did someone on the hospital staff explain the purpose of the medicines you were to take at home in a way you could understand?

- Yes, completely     No     No medicines at home  
 Yes, somewhat     Did not need explanation

38. Did someone tell you about medication side effects to watch for when you went home?

- Yes, completely     No     No medicines at home  
 Yes, somewhat     Did not need explanation

39. Did they tell you what danger signals about your illness or operation to watch for after you went home?

- Yes, completely     Yes, somewhat     No

40. Did they tell you when you could resume your usual activities, such as when to go back to work or drive a car?

- Yes, completely     Yes, somewhat     No

41. Did the doctors and nurses give your family or someone close to you all the information they needed to help you recover?

- Yes, definitely     No     Family did not want or need information  
 Yes, somewhat     No family or friends involved

42. Did you know who to call if you needed help or had more questions after you left the hospital?

- Yes     No     Not sure

#### Additional Questions...

43. On the day of your admission, was the time taken to register or check-in at the hospital reasonable?

- Yes, definitely     Yes, somewhat     No     Not applicable (ie. Emergency admission)

44. During your stay were you asked about your allergies more than once?

- Yes     No

45. Did the hospital staff ask you the same question about your medical history or condition more than once?

- Yes, often     Yes, sometimes     No

46. Was the information and education provided by the nurses and physicians helpful to you in managing your own care at home?

- Yes, definitely     Yes, somewhat     No

47. Did you notice staff wash or disinfect their hands before caring for you?

- Yes, always     I did not notice  
 Yes, sometimes     I could not see any facilities for washing/disinfecting hands  
 Never

#### OVERALL IMPRESSION...

48. While you were in the hospital, were you able to get all the services you needed?

- Yes, completely     Yes, somewhat     No

49. Overall, how would you rate the care you received at the hospital?

- Poor     Fair     Good     Very Good     Excellent

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

- Poor     Fair     Good     Very Good     Excellent

51. Would you recommend this hospital to your friends and family?

- Yes, definitely     Yes, probably     No



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**AMENITIES...**

**52. How would you rate the quality of the food (how it tasted, serving temperature, variety)?**

- Poor    Fair    Good    Very Good    Excellent

**53. How would you rate the condition of your room and hospital environment (cleanliness, comfort, lighting, temperature)?**

- Poor    Fair    Good    Very Good    Excellent

**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.

**54. In general, how would you rate your health?**

- Poor    Fair    Good    Very Good    Excellent

**55. 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

**56. Including this hospital stay, how many times in the last six months have you been in a hospital overnight or longer?**

- Only this time    This time and one other time    This time and more than one other time

**57. 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

**58. 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 child's care experience, a Patient Relations Specialist is available to assist you. Please contact London Health Sciences Centre at 519-685-8500 ext. 32996.

**59. Is there anything else you would like to tell us about your hospital stay?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 NRC Picker Canada, 7100 Woodbine Ave, Suite 411, Markham ON L3R 5J2.

