



Quality Assessment and Performance Improvement Plan

Patient Survey

At Sterling Surgery Center, LLC, patient satisfaction is very important and we would like your help to identify areas that need improvement. Please take a few moments to answer the following questions by circling the appropriate responses.

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| 1. Did the front office staff start the admission process within 15 minutes of arrival? | Yes |
| 2. Do you feel your patient confidentiality was maintained at the front desk upon admission? | Yes |
| 3. Do you feel that you received a satisfactory explanation of your financial responsibility upon admission? | Yes |
| 4. Did the preop staff update you while waiting for your surgery to begin? | Yes |
| 5. Do you feel that you received clear and complete explanation of your procedure by the anesthesiologist and your surgeon? | Yes |
| 6. Was your pain at a tolerable level upon discharge? | Yes |
| 7. Do you feel that you received a clear and complete explanation regarding how to care for your condition at home, and signs and symptoms to watch for? | Yes |
| 8. Was the nursing staff responsive to you and your family's needs? | Yes |
| 9. Would you recommend The Surgery Center to family or friends? | Yes |

Please give us any suggestions as to how your visit to the surgery center could have been better.

Other Comments or Suggestions You Would like to Make.
