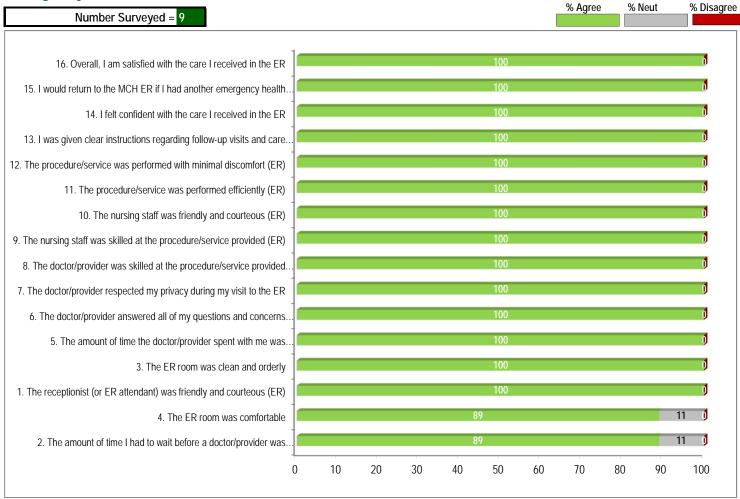
Overall
Number Surveyed: 16

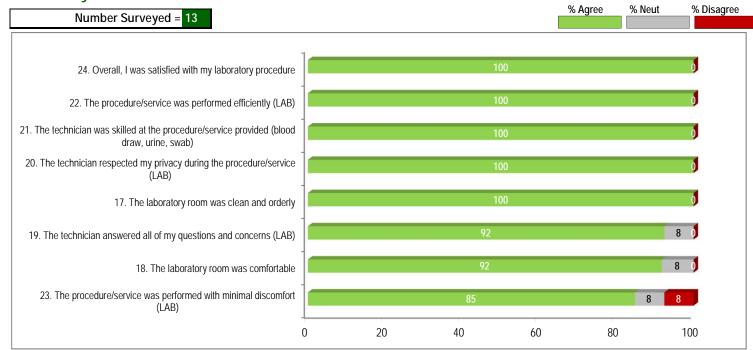




		Strongly				Strongly
Detailed Data	% Fav	Agree	Agree	Neither	Disagree	Disagree
Emergency Room Care Overall	99	82	16	1	0	0
The receptionist (or ER attendant) was friendly and courteous (ER)	100	89	11	0	0	0
2. The amount of time I had to wait before a doctor/provider was available was appropriate (ER)	89	67	22	11	0	0
3. The ER room was clean and orderly	100	89	11	0	0	0
4. The ER room was comfortable	89	67	22	11	0	0
5. The amount of time the doctor/provider spent with me was sufficient (ER)	100	78	22	0	0	0
6. The doctor/provider answered all of my questions and concerns (ER)	100	89	11	0	0	0
7. The doctor/provider respected my privacy during my visit to the ER	100	89	11	0	0	0
8. The doctor/provider was skilled at the procedure/service provided (ER)	100	78	22	0	0	0
9. The nursing staff was skilled at the procedure/service provided (ER)	100	88	13	0	0	0
10. The nursing staff was friendly and courteous (ER)	100	89	11	0	0	0
11. The procedure/service was performed efficiently (ER)	100	78	22	0	0	0
12. The procedure/service was performed with minimal discomfort (ER)	100	78	22	0	0	0
13. I was given clear instructions regarding follow-up visits and care (ER)	100	75	25	0	0	0
14. I felt confident with the care I received in the ER	100	89	11	0	0	0
15. I would return to the MCH ER if I had another emergency health problem	100	89	11	0	0	0
16. Overall, I am satisfied with the care I received in the ER	100	89	11	0	0	0

Overall
Number Surveyed: 16

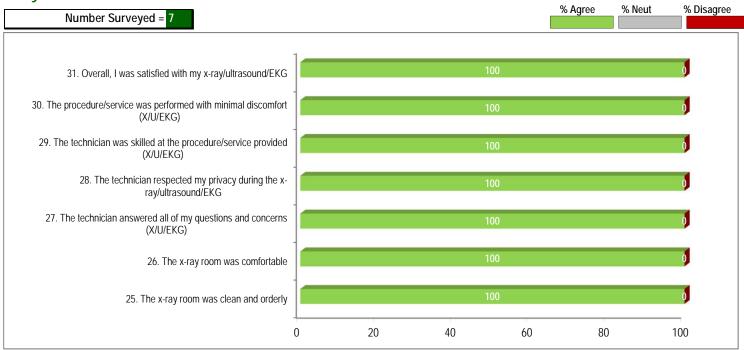
Laboratory



		Strongly				Strongly
Detailed Data	% Fav	Agree	Agree	Neither	Disagree	Disagree
Lab Overall	96	82	14	3	1	0
17. The laboratory room was clean and orderly	100	83	17	0	0	0
18. The laboratory room was comfortable	92	83	8	8	0	0
19. The technician answered all of my questions and concerns (LAB)	92	85	8	8	0	0
20. The technician respected my privacy during the procedure/service (LAB)	100	77	23	0	0	0
21. The technician was skilled at the procedure/service provided (blood draw, urine, swab)	100	86	14	0	0	0
22. The procedure/service was performed efficiently (LAB)	100	79	21	0	0	0
23. The procedure/service was performed with minimal discomfort (LAB)	85	77	8	8	8	0
24. Overall, I was satisfied with my laboratory procedure	100	85	15	0	0	0

Overall
Number Surveyed: 16

X-ray/Ultrasound/EKG



Detailed Data	% Fav	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
X-Ray/Ultrasound/EKG Overall	100	86	14	0	0	0
25. The x-ray room was clean and orderly	100	86	14	0	0	0
26. The x-ray room was comfortable	100	86	14	0	0	0
27. The technician answered all of my questions and concerns (X/U/EKG)	100	86	14	0	0	0
28. The technician respected my privacy during the x-ray/ultrasound/EKG	100	86	14	0	0	0
29. The technician was skilled at the procedure/service provided (X/U/EKG)	100	86	14	0	0	0
30. The procedure/service was performed with minimal discomfort (X/U/EKG)	100	86	14	0	0	0
31. Overall, I was satisfied with my x-ray/ultrasound/EKG	100	86	14	0	0	0

Overall
Number Surveyed: 16

X-ray

Number Surveyed = 2

		Strongly				Strongly
X-Ray Patients Only	% Fav	Agree	Agree	Neither	Disagree	Disagree
25. The x-ray room was clean and orderly	100	100	0	0	0	0
26. The x-ray room was comfortable	100	100	0	0	0	0
27. The technician answered all of my questions and concerns (X/U/EKG)	100	100	0	0	0	0
28. The technician respected my privacy during the x-ray/ultrasound/EKG	100	100	0	0	0	0
29. The technician was skilled at the procedure/service provided (X/U/EKG)	100	100	0	0	0	0
30. The procedure/service was performed with minimal discomfort (X/U/EKG)	100	100	0	0	0	0
31. Overall, I was satisfied with my x-ray/ultrasound/EKG	100	100	0	0	0	0

Ultrasound

Number Surveyed = 0

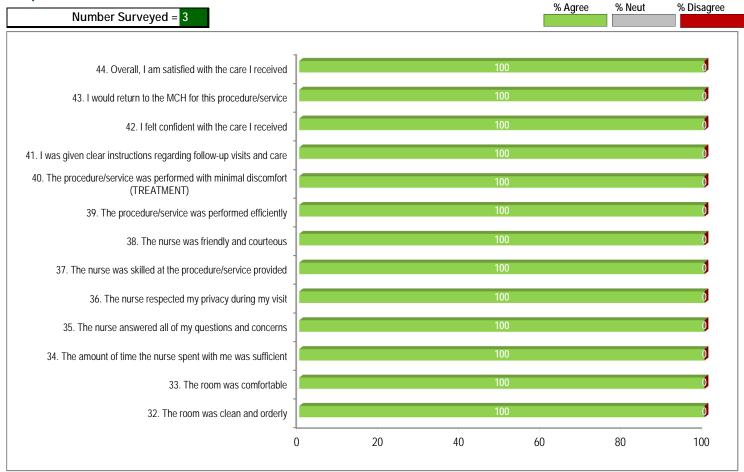
		Strongly				Strongly
Ultrasound Patients Only	% Fav	Agree	Agree	Neither	Disagree	Disagree
25. The x-ray room was clean and orderly	N/A	N/A	N/A	N/A	N/A	N/A
26. The x-ray room was comfortable	N/A	N/A	N/A	N/A	N/A	N/A
27. The technician answered all of my questions and concerns (X/U/EKG)	N/A	N/A	N/A	N/A	N/A	N/A
28. The technician respected my privacy during the x-ray/ultrasound/EKG	N/A	N/A	N/A	N/A	N/A	N/A
29. The technician was skilled at the procedure/service provided (X/U/EKG)	N/A	N/A	N/A	N/A	N/A	N/A
30. The procedure/service was performed with minimal discomfort (X/U/EKG)	N/A	N/A	N/A	N/A	N/A	N/A
31. Overall, I was satisfied with my x-ray/ultrasound/EKG	N/A	N/A	N/A	N/A	N/A	N/A

EKG

Number Surveyed = 0

		Strongly				Strongly
EKG Patients Only	% Fav	Agree	Agree	Neither	Disagree	Disagree
25. The x-ray room was clean and orderly	N/A	N/A	N/A	N/A	N/A	N/A
26. The x-ray room was comfortable	N/A	N/A	N/A	N/A	N/A	N/A
27. The technician answered all of my questions and concerns (X/U/EKG)	N/A	N/A	N/A	N/A	N/A	N/A
28. The technician respected my privacy during the x-ray/ultrasound/EKG	N/A	N/A	N/A	N/A	N/A	N/A
29. The technician was skilled at the procedure/service provided (X/U/EKG)	N/A	N/A	N/A	N/A	N/A	N/A
30. The procedure/service was performed with minimal discomfort (X/U/EKG)	N/A	N/A	N/A	N/A	N/A	N/A
31. Overall, I was satisfied with my x-ray/ultrasound/EKG	N/A	N/A	N/A	N/A	N/A	N/A

Outpatient Treatment Services



Detailed Data	% Fav	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
Outpatient Treatment Services Overall	100	90	10	0	0	0
32. The room was clean and orderly	100	100	0	0	0	0
33. The room was comfortable	100	67	33	0	0	0
34. The amount of time the nurse spent with me was sufficient	100	100	0	0	0	0
35. The nurse answered all of my questions and concerns	100	100	0	0	0	0
36. The nurse respected my privacy during my visit	100	100	0	0	0	0
37. The nurse was skilled at the procedure/service provided	100	100	0	0	0	0
38. The nurse was friendly and courteous	100	100	0	0	0	0
39. The procedure/service was performed efficiently	100	67	33	0	0	0
40. The procedure/service was performed with minimal discomfort (TREATMENT)	100	100	0	0	0	0
41. I was given clear instructions regarding follow-up visits and care	100	67	33	0	0	0
42. I felt confident with the care I received	100	100	0	0	0	0
43. I would return to the MCH for this procedure/service	100	67	33	0	0	0
44. Overall, I am satisfied with the care I received	100	100	0	0	0	0

Overall
Number Surveyed: 16

IV Medication Visit

Number Surveyed = 0		Strongly				Strongly
IV Medication Visits Only	% Fav	Agree	Agree	Neither	Disagree	Disagree
32. The room was clean and orderly	N/A	N/A	N/A	N/A	N/A	N/A
33. The room was comfortable	N/A	N/A	N/A	N/A	N/A	N/A
34. The amount of time the nurse spent with me was sufficient	N/A	N/A	N/A	N/A	N/A	N/A
35. The nurse answered all of my questions and concerns	N/A	N/A	N/A	N/A	N/A	N/A
36. The nurse respected my privacy during my visit	N/A	N/A	N/A	N/A	N/A	N/A
37. The nurse was skilled at the procedure/service provided	N/A	N/A	N/A	N/A	N/A	N/A
38. The nurse was friendly and courteous	N/A	N/A	N/A	N/A	N/A	N/A
39. The procedure/service was performed efficiently	N/A	N/A	N/A	N/A	N/A	N/A
40. The procedure/service was performed with minimal discomfort (TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A
41. I was given clear instructions regarding follow-up visits and care	N/A	N/A	N/A	N/A	N/A	N/A
42. I felt confident with the care I received	N/A	N/A	N/A	N/A	N/A	N/A
43. I would return to the MCH for this procedure/service	N/A	N/A	N/A	N/A	N/A	N/A
44. Overall, I am satisfied with the care I received	N/A	N/A	N/A	N/A	N/A	N/A

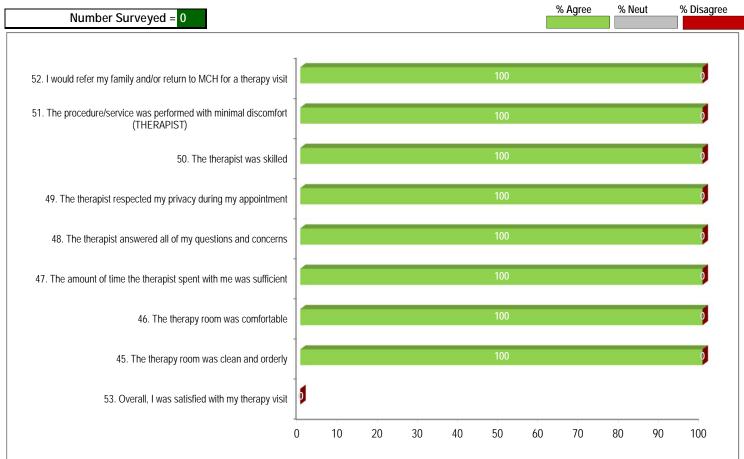
Dressing Changes

Number Surveyed = 0		Strongly		1	1	Strongly
Dressing Changes Visits Only	% Fav	Agree	Agree	Neither	Disagree	
32. The room was clean and orderly	N/A	N/A	N/A	N/A	N/A	N/A
33. The room was comfortable	N/A	N/A	N/A	N/A	N/A	N/A
34. The amount of time the nurse spent with me was sufficient	N/A	N/A	N/A	N/A	N/A	N/A
35. The nurse answered all of my questions and concerns	N/A	N/A	N/A	N/A	N/A	N/A
36. The nurse respected my privacy during my visit	N/A	N/A	N/A	N/A	N/A	N/A
37. The nurse was skilled at the procedure/service provided	N/A	N/A	N/A	N/A	N/A	N/A
38. The nurse was friendly and courteous	N/A	N/A	N/A	N/A	N/A	N/A
39. The procedure/service was performed efficiently	N/A	N/A	N/A	N/A	N/A	N/A
40. The procedure/service was performed with minimal discomfort (TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A
41. I was given clear instructions regarding follow-up visits and care	N/A	N/A	N/A	N/A	N/A	N/A
42. I felt confident with the care I received	N/A	N/A	N/A	N/A	N/A	N/A
43. I would return to the MCH for this procedure/service	N/A	N/A	N/A	N/A	N/A	N/A
44. Overall, I am satisfied with the care I received	N/A	N/A	N/A	N/A	N/A	N/A

Injections

Number Surveyed = 0		Strongly				Strongly
Injection Visits Only	% Fav	Agree	Agree	Neither	Disagree	Disagree
32. The room was clean and orderly	N/A	N/A	N/A	N/A	N/A	N/A
33. The room was comfortable	N/A	N/A	N/A	N/A	N/A	N/A
34. The amount of time the nurse spent with me was sufficient	N/A	N/A	N/A	N/A	N/A	N/A
35. The nurse answered all of my questions and concerns	N/A	N/A	N/A	N/A	N/A	N/A
36. The nurse respected my privacy during my visit	N/A	N/A	N/A	N/A	N/A	N/A
37. The nurse was skilled at the procedure/service provided	N/A	N/A	N/A	N/A	N/A	N/A
38. The nurse was friendly and courteous	N/A	N/A	N/A	N/A	N/A	N/A
39. The procedure/service was performed efficiently	N/A	N/A	N/A	N/A	N/A	N/A
40. The procedure/service was performed with minimal discomfort (TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A
41. I was given clear instructions regarding follow-up visits and care	N/A	N/A	N/A	N/A	N/A	N/A
42. I felt confident with the care I received	N/A	N/A	N/A	N/A	N/A	N/A
43. I would return to the MCH for this procedure/service	N/A	N/A	N/A	N/A	N/A	N/A
44. Overall, I am satisfied with the care I received	N/A	N/A	N/A	N/A	N/A	N/A

Rehabilitation Services Visits



Detailed Data	% Fav	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
Rehabilitation Services Visits Overall	100	100	0	0	0	0
45. The therapy room was clean and orderly	100	100	0	0	0	0
46. The therapy room was comfortable	100	100	0	0	0	0
47. The amount of time the therapist spent with me was sufficient	100	100	0	0	0	0
48. The therapist answered all of my questions and concerns	100	100	0	0	0	0
49. The therapist respected my privacy during my appointment	100	100	0	0	0	0
50. The therapist was skilled	100	100	0	0	0	0
51. The procedure/service was performed with minimal discomfort (THERAPIST)	100	100	0	0	0	0
52. I would refer my family and/or return to MCH for a therapy visit	100	100	0	0	0	0
53. Overall, I was satisfied with my therapy visit	N/A	N/A	N/A	N/A	N/A	N/A

Overall
Number Surveyed: 16

Physical Therapy

Number Surveyed = 0

Physical Therapy Patients Only% FavAgree45. The therapy room was clean and orderly10010046. The therapy room was comfortable10010047. The amount of time the therapist spent with me was sufficient10010048. The therapist answered all of my questions and concerns10010049. The therapist respected my privacy during my appointment10010050. The therapist was skilled10010051. The procedure/service was performed with minimal discomfort (THERAPIST)100100	nigiy				Strongly
46. The therapy room was comfortable 100 100 47. The amount of time the therapist spent with me was sufficient 100 100 48. The therapist answered all of my questions and concerns 100 100 49. The therapist respected my privacy during my appointment 100 100 50. The therapist was skilled 100 100 51. The procedure/service was performed with minimal discomfort (THERAPIST) 100 100	ree 🏻 🗚	Agree	Neither	Disagree	Disagree
47. The amount of time the therapist spent with me was sufficient10010048. The therapist answered all of my questions and concerns10010049. The therapist respected my privacy during my appointment10010050. The therapist was skilled10010051. The procedure/service was performed with minimal discomfort (THERAPIST)100100	00	0	0	0	0
48. The therapist answered all of my questions and concerns 100 100 49. The therapist respected my privacy during my appointment 100 100 50. The therapist was skilled 100 100 51. The procedure/service was performed with minimal discomfort (THERAPIST) 100 100	00	0	0	0	0
49. The therapist respected my privacy during my appointment 100 100 50. The therapist was skilled 100 100 51. The procedure/service was performed with minimal discomfort (THERAPIST) 100 100	00	0	0	0	0
50. The therapist was skilled 100 100 51. The procedure/service was performed with minimal discomfort (THERAPIST) 100 100	00	0	0	0	0
51. The procedure/service was performed with minimal discomfort (THERAPIST) 100 100	00	0	0	0	0
	00	0	0	0	0
	00	0	0	0	0
52. I would refer my family and/or return to MCH for a therapy visit 100 100	00	0	0	0	0
53. Overall, I was satisfied with my therapy visit N/A N/A	I/A	N/A	N/A	N/A	N/A

Occupational Therapy

		Strongly				Strongly
Occupational Therapy Patients Only	% Fav	Agree	Agree	Neither	Disagree	Disagree
45. The therapy room was clean and orderly	N/A	N/A	N/A	N/A	N/A	N/A
46. The therapy room was comfortable	N/A	N/A	N/A	N/A	N/A	N/A
47. The amount of time the therapist spent with me was sufficient	N/A	N/A	N/A	N/A	N/A	N/A
48. The therapist answered all of my questions and concerns	N/A	N/A	N/A	N/A	N/A	N/A
49. The therapist respected my privacy during my appointment	N/A	N/A	N/A	N/A	N/A	N/A
50. The therapist was skilled	N/A	N/A	N/A	N/A	N/A	N/A
51. The procedure/service was performed with minimal discomfort (THERAPIST)	N/A	N/A	N/A	N/A	N/A	N/A
52. I would refer my family and/or return to MCH for a therapy visit	N/A	N/A	N/A	N/A	N/A	N/A
53. Overall, I was satisfied with my therapy visit	N/A	N/A	N/A	N/A	N/A	N/A

Speech Therapy

Number Surveyed = 0

		Strongly				Strongly
Speech Therapy Patients Only	% Fav	Agree	Agree	Neither	Disagree	Disagree
45. The therapy room was clean and orderly	N/A	N/A	N/A	N/A	N/A	N/A
46. The therapy room was comfortable	N/A	N/A	N/A	N/A	N/A	N/A
47. The amount of time the therapist spent with me was sufficient	N/A	N/A	N/A	N/A	N/A	N/A
48. The therapist answered all of my questions and concerns	N/A	N/A	N/A	N/A	N/A	N/A
49. The therapist respected my privacy during my appointment	N/A	N/A	N/A	N/A	N/A	N/A
50. The therapist was skilled	N/A	N/A	N/A	N/A	N/A	N/A
51. The procedure/service was performed with minimal discomfort (THERAPIST)	N/A	N/A	N/A	N/A	N/A	N/A
52. I would refer my family and/or return to MCH for a therapy visit	N/A	N/A	N/A	N/A	N/A	N/A
53. Overall, I was satisfied with my therapy visit	N/A	N/A	N/A	N/A	N/A	N/A

			1		T		1	1		I I
		Strongly				Strongly	4Q 16	3Q 16	2Q 16	+/- 4Q 16
Detailed Data	% Fav	Agree	Agree	Neither	Disagree	Disagree	%SA	%SA	%SA	%SA
1. The receptionist (or ER attendant) was friendly and courteous (ER)	100	89	11	0	0	0	75	79	75	14
2. The amount of time I had to wait before a doctor/provider was available was appropriate (ER)	89	67	22	11	0	0	83	68	79	-17
3. The ER room was clean and orderly	100	89	11	0	0	0	77	72	72	12
4. The ER room was comfortable	89	67	22	11	0	0	69	63	65	-3
5. The amount of time the doctor/provider spent with me was sufficient (ER)	100	78	22	0	0	0	92	66	75	-15
6. The doctor/provider answered all of my questions and concerns (ER)	100	89	11	0	0	0	85	69	69	4
7. The doctor/provider respected my privacy during my visit to the ER	100	89	11	0	0	0	85	78	75	4
8. The doctor/provider was skilled at the procedure/service provided (ER)	100	78	22	0	0	0	77	74	74	1
9. The nursing staff was skilled at the procedure/service provided (ER)	100	88	13	0	0	0	77	78	76	11
10. The nursing staff was friendly and courteous (ER)	100	89	11	0	0	0	85	78	71	4
11. The procedure/service was performed efficiently (ER)	100	78	22	0	0	0	77	69	78	1
12. The procedure/service was performed with minimal discomfort (ER)	100	78	22	0	0	0	85	68	74	-7
13. I was given clear instructions regarding follow-up visits and care (ER)	100	75	25	0	0	0	62	68	71	13
13. I was given clear instructions regarding follow-up visits and care (ER) 14. I felt confident with the care I received in the ER	100	89	11	0	0	0	69	75	76	20
		89	11			0		84		27
15. I would return to the MCH ER if I had another emergency health problem	100	89	11	0	0	0	62 67	81	74 77	22
16. Overall, I am satisfied with the care I received in the ER	100									-17
17. The laboratory room was clean and orderly	100	83	17	0	0	0	100	88	73	
18. The laboratory room was comfortable	92	83	8	8	0	0	100	87	73	-17
19. The technician answered all of my questions and concerns (LAB)	92	85	8	8	0	0	71	94	74	13
20. The technician respected my privacy during the procedure/service (LAB)	100	77	23	0	0	0	71	94	74	5
21. The technician was skilled at the procedure/service provided (blood draw, urine, swab)	100	86	14	0	0	0	88	79	65	-2
22. The procedure/service was performed efficiently (LAB)	100	79	21	0	0	0	86	88	70	-7
23. The procedure/service was performed with minimal discomfort (LAB)	85	77	8	8	8	0	86	83	67	-9
24. Overall, I was satisfied with my laboratory procedure	100	85	15	0	0	0	71	84	65	13
25. The x-ray room was clean and orderly	100	86	14	0	0	0	100	79	72	-14
26. The x-ray room was comfortable	100	86	14	0	0	0	100	73	65	-14
27. The technician answered all of my questions and concerns (X/U/EKG)	100	86	14	0	0	0	100	63	74	-14
28. The technician respected my privacy during the x-ray/ultrasound/EKG	100	86	14	0	0	0	100	69	74	-14
29. The technician was skilled at the procedure/service provided (X/U/EKG)	100	86	14	0	0	0	100	63	67	-14
30. The procedure/service was performed with minimal discomfort (X/U/EKG)	100	86	14	0	0	0	100	69	65	-14
31. Overall, I was satisfied with my x-ray/ultrasound/EKG	100	86	14	0	0	0	100	65	71	-14
32. The room was clean and orderly	100	100	0	0	0	0	100	57	64	0
33. The room was comfortable	100	67	33	0	0	0	80	57	64	-13
34. The amount of time the nurse spent with me was sufficient	100	100	0	0	0	0	80	57	62	20
35. The nurse answered all of my questions and concerns	100	100	0	0	0	0	100	43	67	0
36. The nurse respected my privacy during my visit	100	100	0	0	0	0	80	57	62	20
37. The nurse was skilled at the procedure/service provided	100	100	0	0	0	0	80	57	58	20
38. The nurse was friendly and courteous	100	100	0	0	0	0	80	57	62	20
39. The procedure/service was performed efficiently	100	67	33	0	0	0	80	57	58	-13
40. The procedure/service was performed with minimal discomfort (TREATMENT)	100	100	0	0	0	0	80	57	55	20
41. I was given clear instructions regarding follow-up visits and care	100	67	33	0	0	0	100	60	67	-33
42. I felt confident with the care I received	100	100	0	0	0	0	100	57	62	-55
	100	67	33	0	0	0	100	57	58	-33
43. I would return to the MCH for this procedure/service 44. Overall, I am satisfied with the care I received	100	100	0	0	0	0	100	57	62	
										0
45. The therapy room was clean and orderly	100	100	0	0	0	0	100	100	40	0
46. The therapy room was comfortable	100	100	0	0	0	0	100	100	40	0
47. The amount of time the therapist spent with me was sufficient	100	100	0	0	0	0	100	100	56	0
48. The therapist answered all of my questions and concerns	100	100	0	0	0	0	100	100	67	0
49. The therapist respected my privacy during my appointment	100	100	0	0	0	0	100	100	44	0
50. The therapist was skilled	100	100	0	0	0	0	100	100	50	0
51. The procedure/service was performed with minimal discomfort (THERAPIST)	100	100	0	0	0	0	100	67	50	0
52. I would refer my family and/or return to MCH for a therapy visit	100	100	0	0	0	0	100	100	60	0
53. Overall, I was satisfied with my therapy visit	N/A	N/A	N/A	N/A	N/A	N/A	100	100	67	N/A
OVERALL AVERAGE	99	87	12	1	0	0	88	74	66	-1

Overall
Number Surveyed: 16

Is there anything we could have done to make your visit more satisfactory?

- * No the service I received was of the utmost professional and courteous I have gotten from a hospital.
- * Nothing. It was great!
- * Everyone on staff was so nice and helpful! Manny, Jenni, Rosie and the others made me feel comfortable.
- * No, I was extremely impressed with Dr. Roger Rafford and his staff. They made my ER visit very comfortable and enjoyable under the circumstances.
- * No, the service I received on Thursday, March 9th was exemplary. From Lena checking me in to the nurses Ken and ? and the Dr on call were all very professional. I was surprised the care and service I received for a small town hospital. I would like to sincerely thank everyone for the outstanding job they did. I would not hesitate to recommend the ER facility to anyone.