



SIoux LOOKOUT
Meno Ya Win
HEALTH CENTRE

Emergency Room Patient Experience Survey

Your hospital experience is a top priority for us and each member of our team is committed to compassionate, high-quality and culturally safe care. We understand that as a patient, family member or community member, coming to the hospital can be a stressful time. Our team is here to help make sure the needs of our patients and family members come first.

Please take a few minutes to complete a Patient Satisfaction Survey. The survey gives us important feedback about the care you received at the hospital.

Your completed survey can be placed in any of the survey boxes that can be found at various locations around the hospital, given to any staff member, or returned to us by mail to:

Patient Safety and Quality Lead
Sioux Lookout Meno Ya Win Health Centre
P.O. Box 909
Sioux Lookout, ON P8T 1B4

If you have any questions about your care or any other aspect of your stay, please ask your nurse, doctor or another member of your care team.

Emergency Room Patient Experience Survey

1. Please answer the following questions about your visit to the Emergency Department today.

	Never	Sometimes	Usually	Always	Don't Know/Not Applicable
Did staff introduce themselves to you?	<input type="radio"/>				
Did staff explain their role before they offered care?	<input type="radio"/>				
Were you satisfied with the care you received from nurses?	<input type="radio"/>				
Did the nurses explain your care to you?	<input type="radio"/>				
Did the nurses answer your questions and concerns in a way that you could understand?	<input type="radio"/>				
Were you satisfied that you had enough say in decision making about your care?	<input type="radio"/>				

2. Please answer the following questions about your visit to the Emergency Department today.

	Never	Sometimes	Usually	Always	Don't Know/Not Applicable
Were you satisfied with the customer service from our staff?	<input type="radio"/>				
Did staff treat you with courtesy and respect?	<input type="radio"/>				
Were staff sensitive to your needs?	<input type="radio"/>				
Were your cultural values taken into consideration when providing care?	<input type="radio"/>				
Were your preferences taken into account when providing care?	<input type="radio"/>				
Were you satisfied with your overall care today in the Emergency Department?	<input type="radio"/>				

3. Please rate our Emergency Department using any number from 1 - 10, where 1 is the WORST health centre possible and 10 is the BEST health centre possible.

1 - WORST	2	3	4	5	6	7	8	9	10 - BEST
<input type="radio"/>									

4. Would you recommend the SLMHC Emergency Department to friends and/or family?

Definitely No Probably No Probably Yes Definitely Yes Unsure

5. Is there anything else you would like to tell us about your most recent visit to the Emergency Department?