Patient Experience Survey - SCFHT Site:_____

Sunset Country Family Health Team

Please take a few minutes to fill out this survey to help us improve care.
Your answers will be kept confidential. We collect and use this information for quality improvement initiatives. Participation is voluntary.

Who did you see today?	Doctor Name: _____	Nurse Practitioner Name: _____	Other Name: _____			
How would you describe your overall health?	o Excellent	o Very Good	o Good	o Fair	o Poor	
In the last 12 months, including today, how often have you been in to see your doctor or NP at the SCFHT, Keewatin Medical Clinic, Kenora Medical Associates, or Docside?	o 0	o 1-2	o 3-4	o 5+		
The last time you were sick, how many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually saw him/her or someone else in their office?	o Same Day	o Next Day	o 2-19 days *Please specify:*_____	o 20+ days	o N/A	
Do you feel it was a reasonable wait between the day you booked the appointment and the appointment date?	o Excellent	o Very Good	o Good	o Fair	o Poor	o N/A
How would you rate your experience with booking an appointment?	o Excellent	o Very Good	o Good	o Fair	o Poor	o N/A
How was your experience with our reception staff?	o Excellent	o Very Good	o Good	o Fair	o Poor	o N/A
When you see your doctor, nurse practitioner, or someone else in the office, how often do they give you an opportunity to ask questions about recommended treatment?	o Always	o Often	o Sometimes	o Rarely	o Never	o N/A
When you see your doctor, nurse practitioner, or someone else in the office, how often do they involve you as much as you want to be in decisions about your care and treatment?	o Always	o Often	o Sometimes	o Rarely	o Never	o N/A
Did you leave feeling empowered about your health care?	o Yes	o No	o N/A			
When you see your doctor, nurse practitioner, or someone else in the office, how often do they spend enough time with you?	o Always	o Often	o Sometimes	o Rarely	o Never	o N/A
In the last 12 months, how many visits have you had to the Emergency for your care instead of your doctor or nurse practitioner?	o 0	o 1	o 2	o 3	o 4	o 5+	o N/A
In the last 12 months, have you received health care with a specialist?	o Yes	o No	o N/A			
In the last 12 months, have you received healthcare at other agencies? Ie. WNHAC, NWHU, CMHA, Physiotherapy, etc.	o Yes	o No	o N/A			
If you have received health care services outside of your family doctor/nurse practitioner, how often did it seem that information regarding your care was shared efficiently with all relevant providers?	o Always	o Sometimes	o Never	o N/A		
Were there any barriers accessing our services? (ie hours of service, transportation, parking, accessibility).	o Yes	o No	o N/A			
If yes, please identify the barriers you encountered:	_____ _____					
Do you feel this is a Positive Space?	o Yes	o No	o N/A			
How could we make your experience better?	_____ _____ _____					

Do you wish to be contacted regarding this survey? Yes No

Contact information: _____

This information will be used only to contact you if you are a winner of our draw, or if you have indicated above that you wish to be contacted regarding this survey. This information will not be shared with any healthcare providers and will not influence your quality of care.

Thank you for completing this survey!