**HEALTHCARE SURVEY**

It is the mission of Morrill County Community Hospital to exceed the expectations of those we serve by providing the highest quality healthcare services possible. We believe that our organization offers the best people, working together as a team, to accomplish this mission and improve healthcare in our surrounding communities.

We as a board, together with our employees, have been working on improvement for a better experience for you as a valued customer. By completing the survey below, you can help us improve on our strengths and overcome our weaknesses in order to serve you in a more efficient manner. All surveys will remain anonymous unless you sign the survey. If you need more surveys, they are available online at [www.morrillcountyhospital.com](http://www.morrillcountyhospital.com) or at any of our locations. Please return this survey by **March 31, 2023** to Morrill County Community Hospital, 1313 S St., Bridgeport, NE 69336 or drop it by any of our locations in Bridgeport and Bayard.

1. Do you utilize the services at Morrill County Community Hospital?  Yes  No

 Morrill County Hospital Clinic?  Yes  No

 Chimney Rock Medical Center?  Yes  No

 Home Health Agency?  Yes  No

 Specialty Clinic?  Yes  No

 Rehabilitation Services?  Yes  No

 Professional Plaza?  Yes  No

1. Please rate the following using a scale of 1 to 5: (5 being completely satisfied)

 Were you satisfied with (please comment):

* 1. **Provider**

I am treated with courtesy, respect and professionalism by my provider.

 1  2  3  4  5

My medical concerns and tests are addressed appropriately.

 1  2  3  4  5

My appointment time with my provider is adequate and timely.

 1  2  3  4  5

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. **Nursing staff**

My privacy and personal information was respected during my visit.

 1  2  3  4  5

**Nursing staff con’t..**

I was treated and discharged in a timely manner.

 1  2  3  4  5

My healthcare providers (Nurses, Physicians, Nurse Practitioners) explained my plan of care so I was familiar with my treatment plan.  1  2  3  4  5

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. **Front Office/Clerical**

The office staff was friendly /accommodating  1  2  3  4  5

The staff answered questions appropriately  1  2  3  4  5

The office staff waited on me in a timely manner  1  2  3  4  5

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. **Clinical Laboratory**

I am satisfied with the overall quality of laboratory services available.

  1  2  3  4  5

I am satisfied with the care I received from the laboratory staff.

 1  2  3  4  5

I am treated with courtesy and respect from the laboratory staff.

 1  2  3  4  5

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. **Radiology (x-ray, ultrasound, CT/MRI scans, nuclear med) Please circle the exam you had most recently.**

I was treated with compassion and professionalism by your technologist during the exam.

 1  2  3  4  5

My exam was scheduled and performed in a timely manner.

 1  2  3  4  5

**Radiology con’t..**

Please rate your satisfaction with your experience in the radiology department.

 1  2  3  4  5

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. **Specialty Clinic**

I am satisfied with my experience regarding the Specialty Clinic at MCCH.

 1  2  3  4  5

The Specialty Clinic nurse/provider/staff listened to my needs and concerns and I was treated with courtesy and respect.

 1  2  3  4  5

My appointment was done in a timely fashion and was convenient with my schedule.

 1  2  3  4  5

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. **Rehabilitation Services**

I am treated with compassion and professionalism by the Therapist at MCCH.

 1  2  3  4  5

I am satisfied with the care that I received from the Therapist.

 1  2  3  4  5

My exam was scheduled and performed in a timely manner.

 1  2  3  4  5

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. **Professional Plaza**

I am satisfied with my experience regarding the Professional Plaza at MCCH.

 1  2  3  4  5

The Professional Plaza nurse/provider/staff listened to my needs and concerns and I was treated with courtesy and respect.

 1  2  3  4  5

**Professional Plaza con’t..**

My appointment was done in a timely fashion and was convenient with my schedule.

 1  2  3  4  5

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What additional services would you like to see Morrill County Community Hospital offer?

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1. What can Morrill County Community Hospital do to improve the quality of life for our community and surrounding areas?

Health Fairs

Public Education

Immunization Clinics

Other, please comment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Rate the following areas on a scale of 1 to 5: ( 5 being completely satisfied) Please provide comments if applicable.

Hours of clinic operation  1  2  3  4  5

Wait times in the clinic/hospital  1  2  3  4  5

 Customer service  1  2  3  4  5

Provider availability  1  2  3  4  5

Cleanliness  1  2  3  4  5

1. What are the reasons why you DO NOT utilize services here at Morrill County Community Hospital and/or clinics?
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. What are the reasons you DO utilize services here at Morrill County Community Hospital and/or clinic?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. We hope your visits to all of Morrill County Community Hospital’s entities were positive, if not please give us your comments on what we could do to better to serve you?

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9. How would you rate your awareness of the health care services that are available here at Morrill County Community Hospital and/or clinics? (5 being completely satisfied)

  1  2  3  4  5