



We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. All responses will be kept confidential and anonymous.

The survey will ask questions about the following: patient information, accessibility (wait times), treatment and professional conduct, translation services, continuity of care, discharge and follow-up and overall care.

Thank you for your time.

Where was the service provided: ✓ the appropriate response:

Weeneebayko general Hospital

Attawapiskat Hospital

Fort Albany Hospital

Moosonee Health Centre

**Patient Information:**

<b>Gender:</b>	<b>Age (in years) please ✓ one:</b>		
Male	<input type="checkbox"/> under 20	<input type="checkbox"/> 21-35	<input type="checkbox"/> 36-45
Female	<input type="checkbox"/> 46-55	<input type="checkbox"/> 56-65	<input type="checkbox"/> Over 65
<b>Time of visit to the emergency room:</b>	<b>Person filling out survey (please ✓ one):</b>		
<input type="checkbox"/> Morning	<input type="checkbox"/> Patient	<input type="checkbox"/> Family member	
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Parent	<input type="checkbox"/> Other (specify) _____	
<input type="checkbox"/> Early evening			
<input type="checkbox"/> Late night			

Ex=excellent NA=not applicable

<b>Please ✓ the appropriate response</b>	<b>Ex</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>NA</b>
How would you rate the courtesy of admitting or registration staff?					
How would you rate the comfort of the waiting area					
How would you rate time spent in waiting room					
How would you rate time spent in exam room					
Time spent waiting for tests to be performed					
Time spent waiting for test results					

<b>Please ✓ the appropriate response</b>	<b>Less than 1hr</b>	<b>1-2 hr</b>	<b>Over 2 hr</b>	<b>Over 3 hr</b>
Specify the length of time spent in the emergency department				

**Translation:**

Did the hospital provide you with translation services?

- Yes       No

How satisfied were you with the language services you received?

- Extremely satisfied     Very satisfied       Somewhat satisfied

- A little satisfied       Not satisfied at all

**Treatment and Professional Conduct:**

Provider: (Physician, Physician Assistant, Dentist, Nurse Practitioner, Nurses, x-ray, ultrasound staff, support staff)

Ex=excellent    NA=not applicable

Please ✓ the appropriate response	Ex	Good	Fair	Poor	N/A
Listens to you					
Takes enough time with you					
Answers your questions					
Degree to which care provider talked with you using words you could understand					
What is your overall opinion of the care you received from the nursing staff?					
What is your overall opinion of the care you received from the physicians?					
What is your overall opinion of the care you received from other health care					
Transfer of care to another facility was well coordinated (ex. Timmins, Kingston)					
Instructions the care provider gave you about follow-up care when at home					
Information about follow-up tests and appointments provided					

**Discharge and Follow-up:**

Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?     Yes       No

In your opinion, does WAHA provide good quality care?

- Yes      No

What do you (did you) like best about our care?	What do you (did you) like least about our care?
Any suggestions for improvement.	

Please return the survey to:

Attn: Quality Department,  
 19 Hospital Drive, P.O. Box 664,  
 Moose Factory, ON, P0L 1W0  
 Email: [Patient.incidents2@waha.ca](mailto:Patient.incidents2@waha.ca)