

Vermont Psychiatric Care Hospital Hospital Survey

During 2015, VPCH social workers provided a copy of the patient satisfaction form reprinted on page 2 and 3 of this document, to each patient at the time of discharge.

VPCH is moving toward adopting the CMS-recommended Hospital Consumer Assessment of Healthcare Providers and Systems patient satisfaction survey and process.

SATISFACTION WITH YOUR CARE

We need your views on the care you received at Vermont Psychiatric Care Hospital (VPCH).
Please "X" the one box that best answers each statement.

INFORMATION AND EDUCATION

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. I was given information about Hospital rules and what was expected of me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Always | Usually | Sometimes | Never |
| 2. I received information on my rights as a patient. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Always | Usually | Sometimes | Never |
| 3. I was given information about my medications and any side effects. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Always | Usually | Sometimes | Never |

COMMUNICATION AND SUPPORT

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 4. Things were explained in a way I could understand. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Always | Usually | Sometimes | Never |
| 5. I was carefully listened to. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Always | Usually | Sometimes | Never |
| 6. Enough time was spent with me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Always | Usually | Sometimes | Never |
| 7. I was treated with respect and dignity. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Always | Usually | Sometimes | Never |
| 8. I was given reassurance and support. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Always | Usually | Sometimes | Never |
| 9. I was involved as much as I wanted to be in decisions about my treatment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Always | Usually | Sometimes | Never |
| 10. I found the Hospital Staff and my Treatment Team to be helpful. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Always | Usually | Sometimes | Never |

PHYSICAL COMFORT

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 11. My room was clean and comfortable. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Always | Usually | Sometimes | Never |
| 12. I could find peace and quiet when I needed it. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Always | Usually | Sometimes | Never |

-----PLEASE CONTINUE ON OTHER SIDE----->

COORDINATION OF CARE

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 13. Those who cared for me worked well together as a team. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Always | Usually | Sometimes | Never |
| 14. I was involved in planning my discharge and any further care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Always | Usually | Sometimes | Never |

OVERALL

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 15. How much were you helped by the care you received? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | A lot | Some | A Little | None |
| 16. Overall, how would you rate the care you received? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Excellent | Good | Fair | Poor |

What particular people, things or activities helped you the most?

Is there anything else you would like to tell us?

Optional - Would you like us to contact you about concerns you may have addressed?

If so, please provide contact information.

Name:

Number:
