



Please rate the following questions regarding your most recent experience at the Providence Seward Medical Center Outpatient Infusion Clinic (5 being Excellent – 1 being Very Poor):

1. Knowledge and technical ability of your infusion nurse:

1 2 3 4 5

2. Your nurse's responsiveness to your concerns and needs:

1 2 3 4 5

3. On the initial visit, your nurse thoroughly explained what to expect:

1 2 3 4 5

4. Instructions and educational materials were clear:

1 2 3 4 5

Please rate your overall experience with Providence Seward Medical Center Infusion Center:

1 2 3 4 5

In addition, to further help us understand your experience, please answer the following questions:

Did you experience any problems during your ambulatory infusion therapy? If yes, please explain.

- No
- Yes

If yes, please explain:

What can we do to improve our services?

Do you have any suggestions to improve patient safety? If yes, please explain.

- No
- Yes

If yes, please explain:

Would you recommend Providence Seward Medical Center Infusion Services to friends or family?

- Yes
- No

Would you use Providence Seward Medical Center Infusion Services in the future?

- Yes
- No

Would you like someone to contact you to discuss this survey?

- Yes
- No

Please enter your name and the phone number in which you wish to be contacted.

*****What else would you like us to know about your infusion experience at Providence Seward Medical Center****

**Thank you for allowing us to be part of your healthcare team.
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