



ARBOUR HOSPITAL
ARBOUR-HRI
 A Division Of Arbour Health System

ARBOUR-HRI HOSPITAL



18653

Facility ID

20

Service Code

IAL

Inpatient Residential
 Child Adolescent Adult Older Adult (65+)

Date completed (mm/dd/yyyy)

06 / 01 / ~~06 2017~~
 2017

Completed By Patient Parent/Guardian Other

HRI

Acute/Residential Satisfaction Survey

Your care and comfort is important to us and we continually want to improve our services. You can help us by taking a moment and completing this confidential survey. Please place an X in the box below your answer and feel free to add comments or suggestions.

	Strongly Agree 	Agree 	Neutral 	Disagree 	Strongly Disagree
1. I was encouraged to help myself and ask others to help me.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I was informed of my rights.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I felt safe while I was here.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The environment was clean and comfortable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff were sensitive to my language, cultural, and spiritual needs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I was satisfied with the food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The therapy groups were helpful to me.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I had input into my treatment plan goals.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I was satisfied with the unit/program staff.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I was satisfied with my physician.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I was treated with dignity and respect.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I feel better now than when I was admitted.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I understand what my medications do and why/how I should take them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I understand the importance of following my discharge plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Overall I was very satisfied with my treatment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I would recommend this facility to someone needing treatment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there a staff member whom you would like to see congratulated or thanked for the care he or she provided? (Please Print)

Austin He is an amazing staff member who treated me with dignity and respect, he certainly deserves a good pay raise.

Do you have a comment or suggestion on how the facility can improve patient safety or the treatment it provides? (Please Print)

Add a hot tub so everyone can relax and a basket ball court for athletic exercise.



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Date completed (mm/dd/yyyy)

06 / 12 / 2017

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HRI

Acute/Residential Satisfaction Survey

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Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

1. I was encouraged to help myself and ask others to help me.
2. I was informed of my rights.
3. I felt safe while I was here.
4. The environment was clean and comfortable.
5. Staff were sensitive to my language, cultural, and spiritual needs.
6. I was satisfied with the food.
7. The therapy groups were helpful to me.
8. I had input into my treatment plan goals.
9. I was satisfied with the unit/program staff.
10. I was satisfied with my physician.
11. I was treated with dignity and respect.
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13. I understand what my medications do and why/how I should take them.
14. I understand the importance of following my discharge plan.
15. Overall I was very satisfied with my treatment.
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	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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Is there a staff member whom you would like to see congratulated or thanked for the care he or she provided? (Please Print)
 Hiwot, Catherine, Mondupe, Veronica, Nadita, Nadilje, Jonah, Kevin, Yaji,

Do you have a comment or suggestion on how the facility can improve patient safety or the treatment it provides? (Please Print)
 Kurt, Heather, Kitchen Staff, Jan w/housekeeping, Racheal, Kristiana, All the staff was GREAT!!

Thank You