

Patient Name: _____

Room #: _____

Date _____

SHERIDAN MEMORIAL HOSPITAL

PATIENT CARE NAVIGATOR ROUNDING QUESTIONS

Did your nurse explain to you the plan for your care today? Yes No

Comment: _____

Is there any particular thing I can be helpful in getting you more information about? Yes No

Comment _____

Are we doing a good job controlling your pain? Yes No

Comment: _____

Do we respond to your requests in a timely manner? Yes No

On a scale of 1-5 (5 the highest) when you press the call light how responsive is the staff to your requests?

Comment: _____

Has the nurse provided you with information about your medications? Yes No

Are there any questions about your meds that I can answer or get you more information? Yes No

Comment: _____

Does your provider explain your care plan and what your treatments will be? Yes No

Comment _____

Is your room clean? Yes No

Comment _____

Do we keep the noise levels outside your room quiet? Yes No

Comment: _____

How is the food? _____

Is there anyone on your healthcare team you would like to acknowledge? Yes No

Do you know who your caregivers are today? Yes No Is there anyone on your care team that you would like to acknowledge? Yes No

Our Goal is to make sure that you feel safe, comfortable and well informed. We also want to make sure we are being responsive to your needs.

How would you rate your overall experience on a scale of 1-5 (5 is the highest)

1 2 3 4 5

If not a 5 what can we do to make your experience better for you?

Other Comments /Suggestions

Patient Navigator signature_____