

Sistema Socio Sanitario



Regione
Lombardia

ASST Garda

Indagine di customer satisfaction utenti del Polo Ospedaliero

Anno 2017

Sistema Socio Sanitario

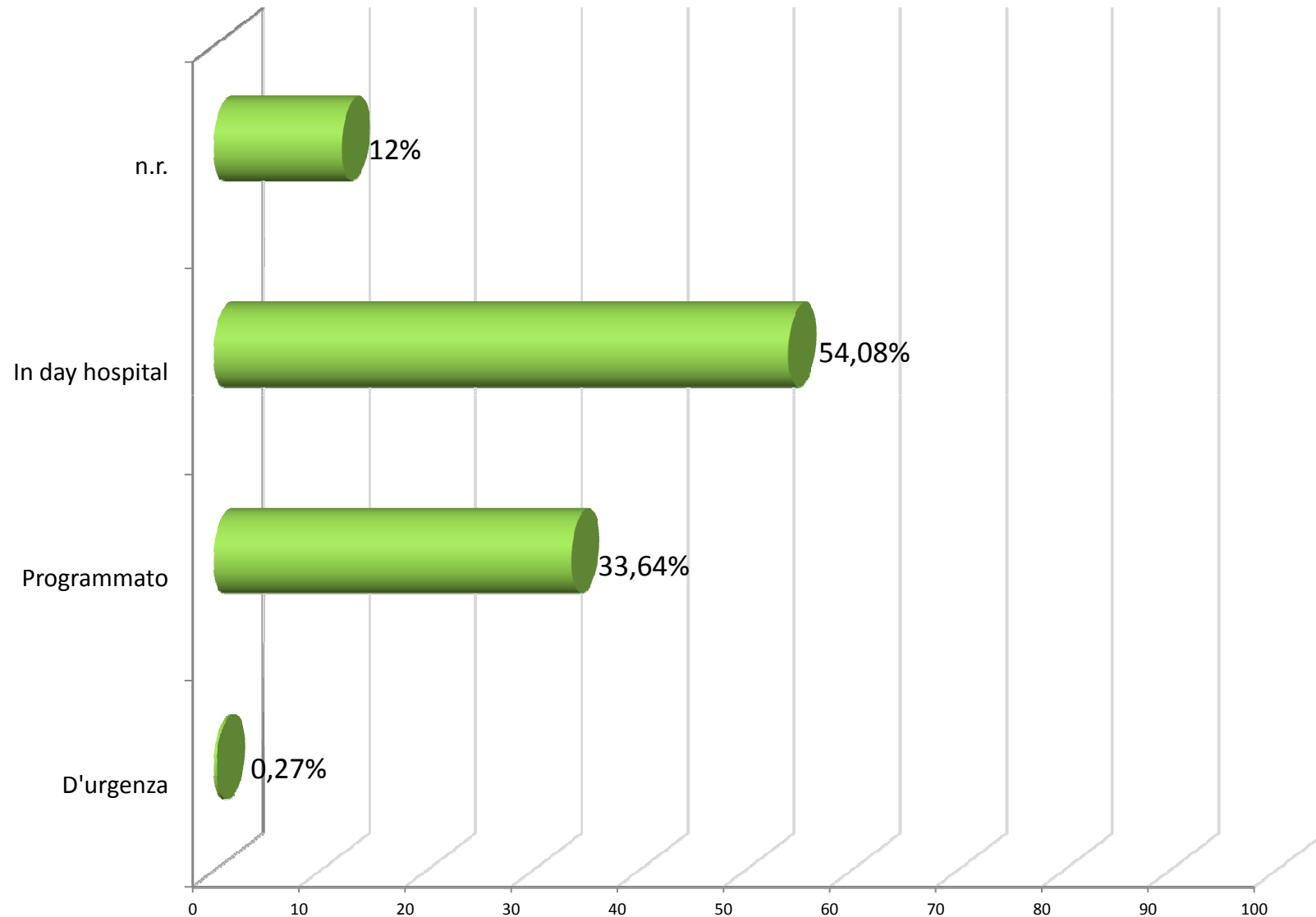


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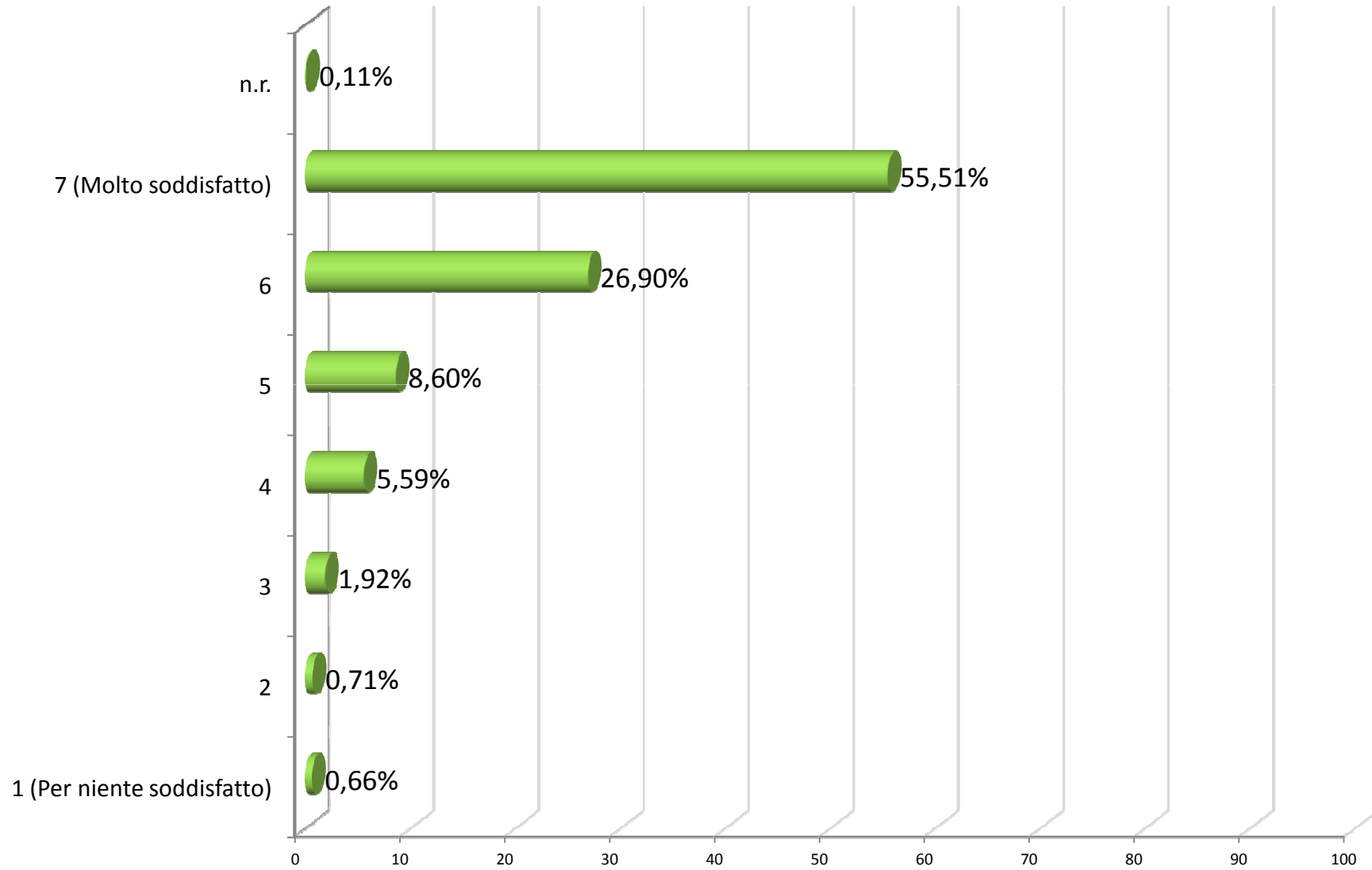
ASST Garda

Area degenza ordinaria / day hospital Anno 2017

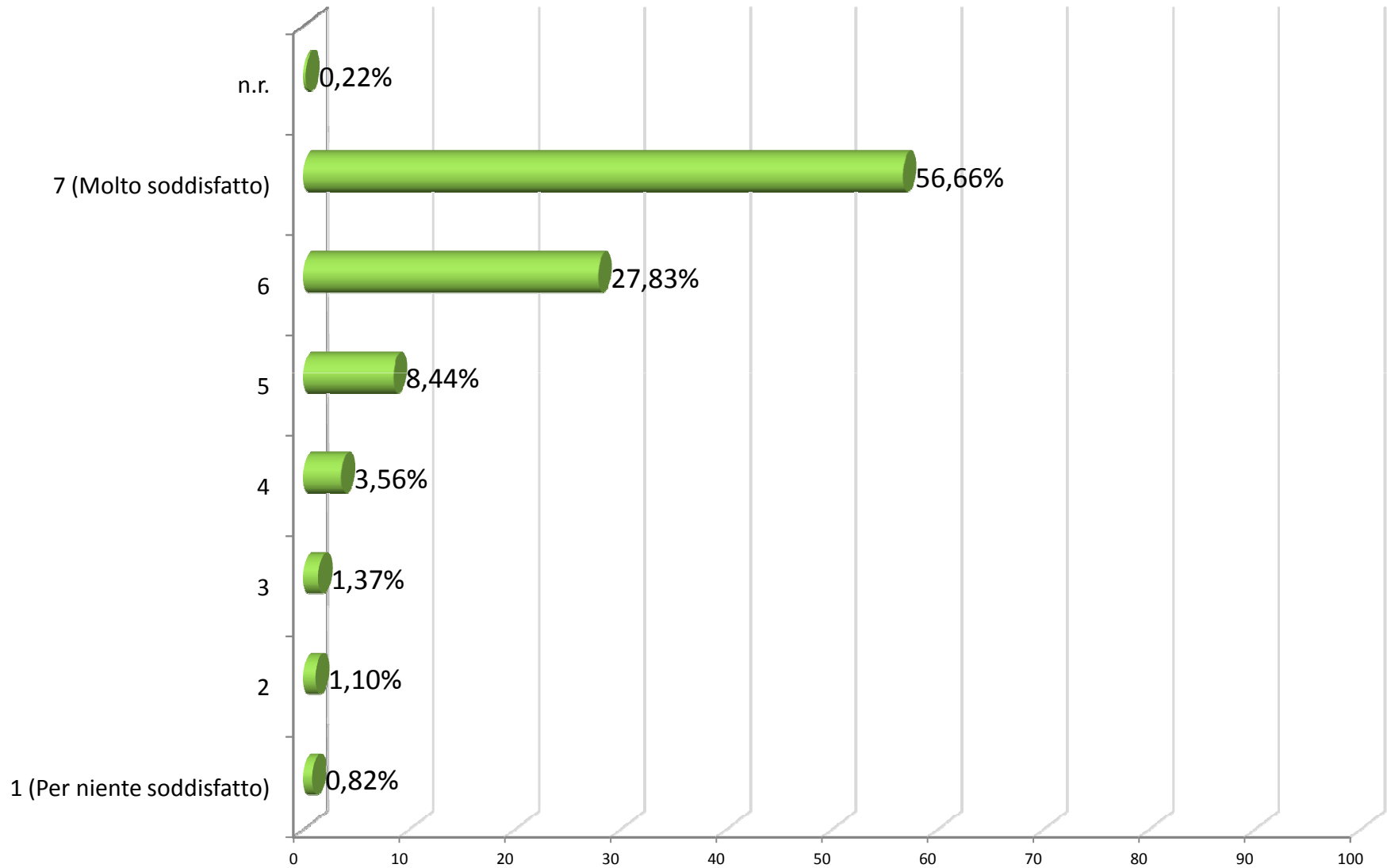
D1. Il suo ricovero è avvenuto



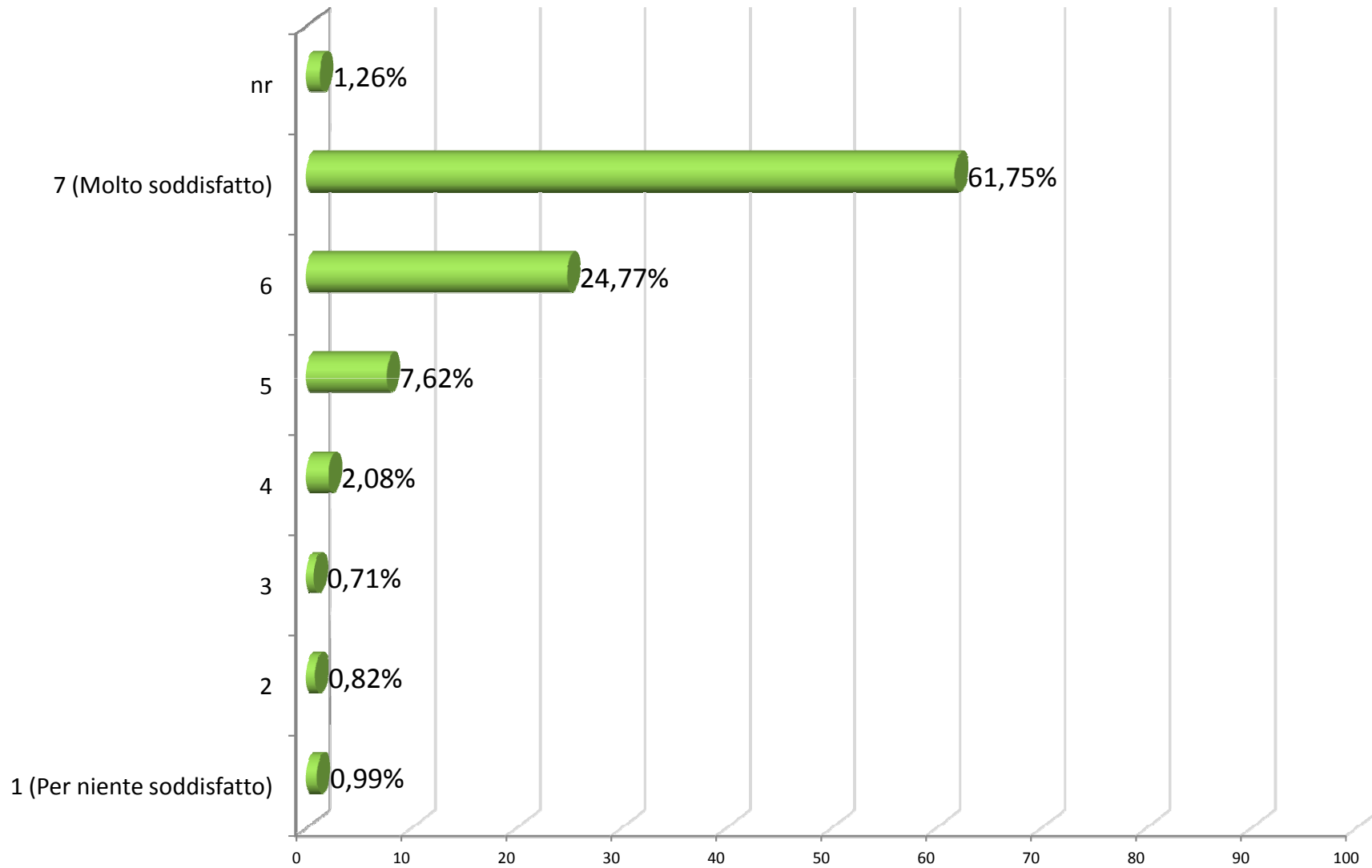
D2. Tempo di attesa per ottenere il ricovero



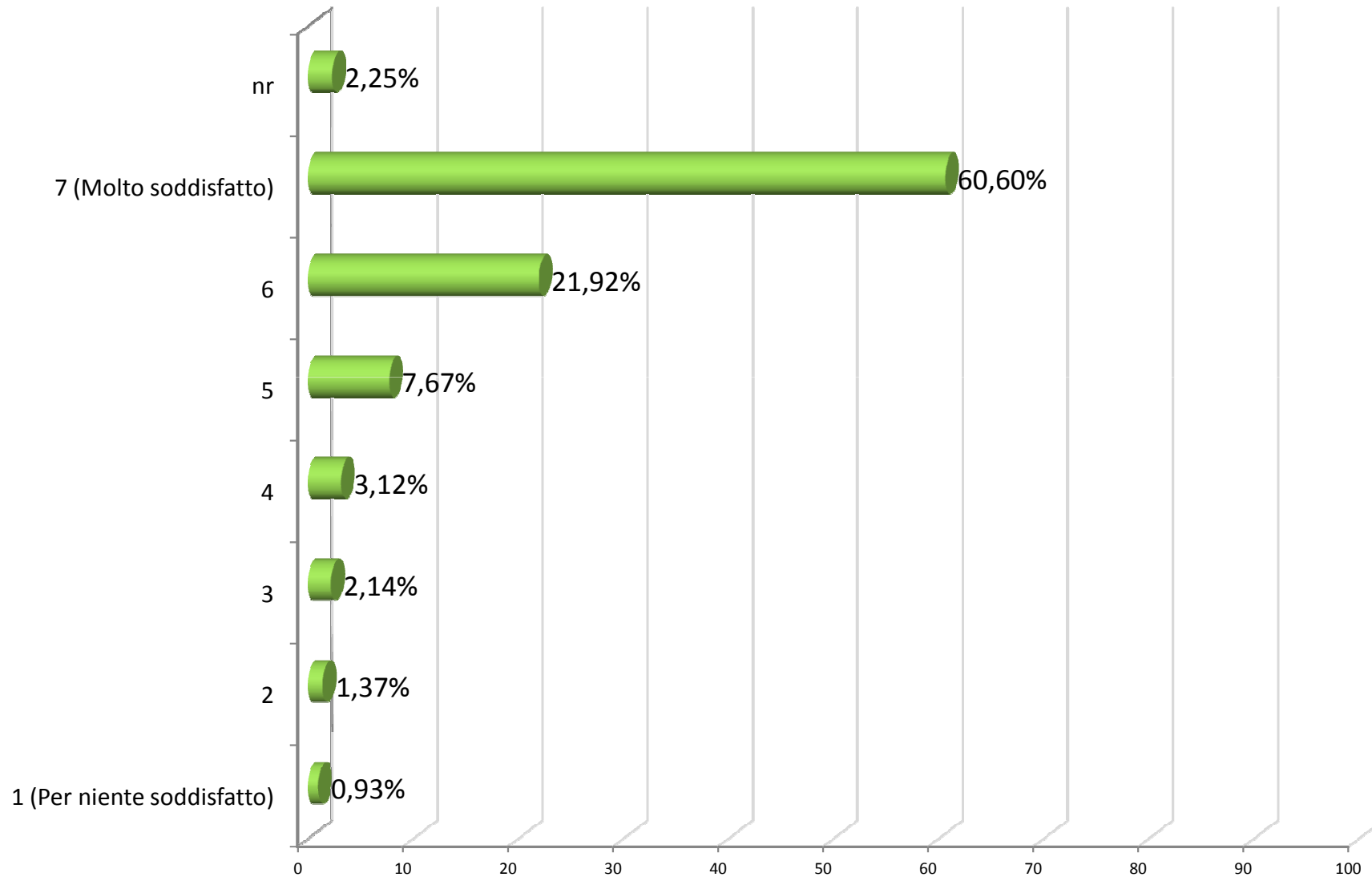
D3. Accoglienza e informazioni ricevute sull'organizzazione del reparto



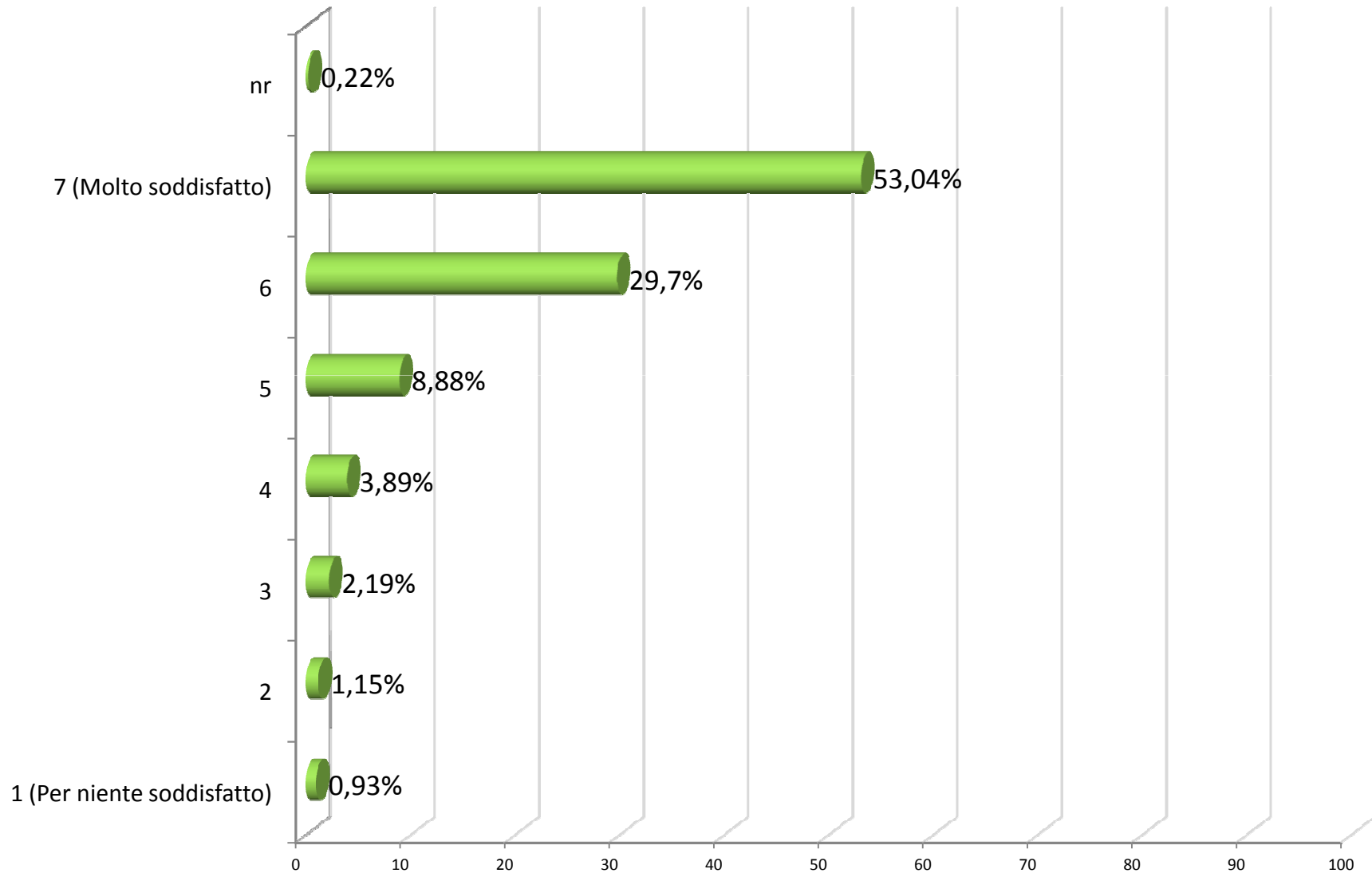
D3.1. Accoglienza da parte del personale al momento dell'arrivo in reparto



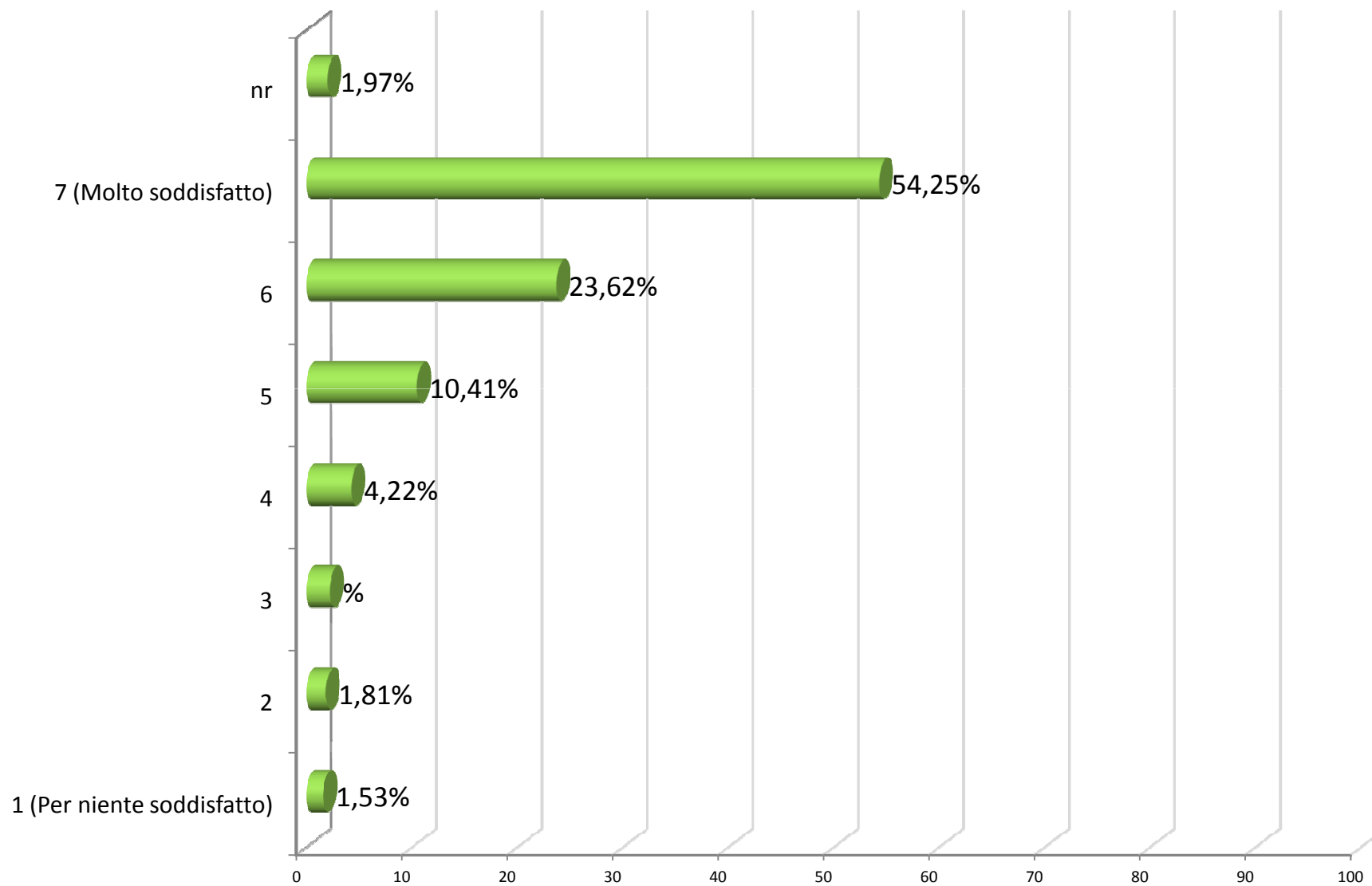
D3.2. Tempo di attesa per entrare nella sua stanza di degenza



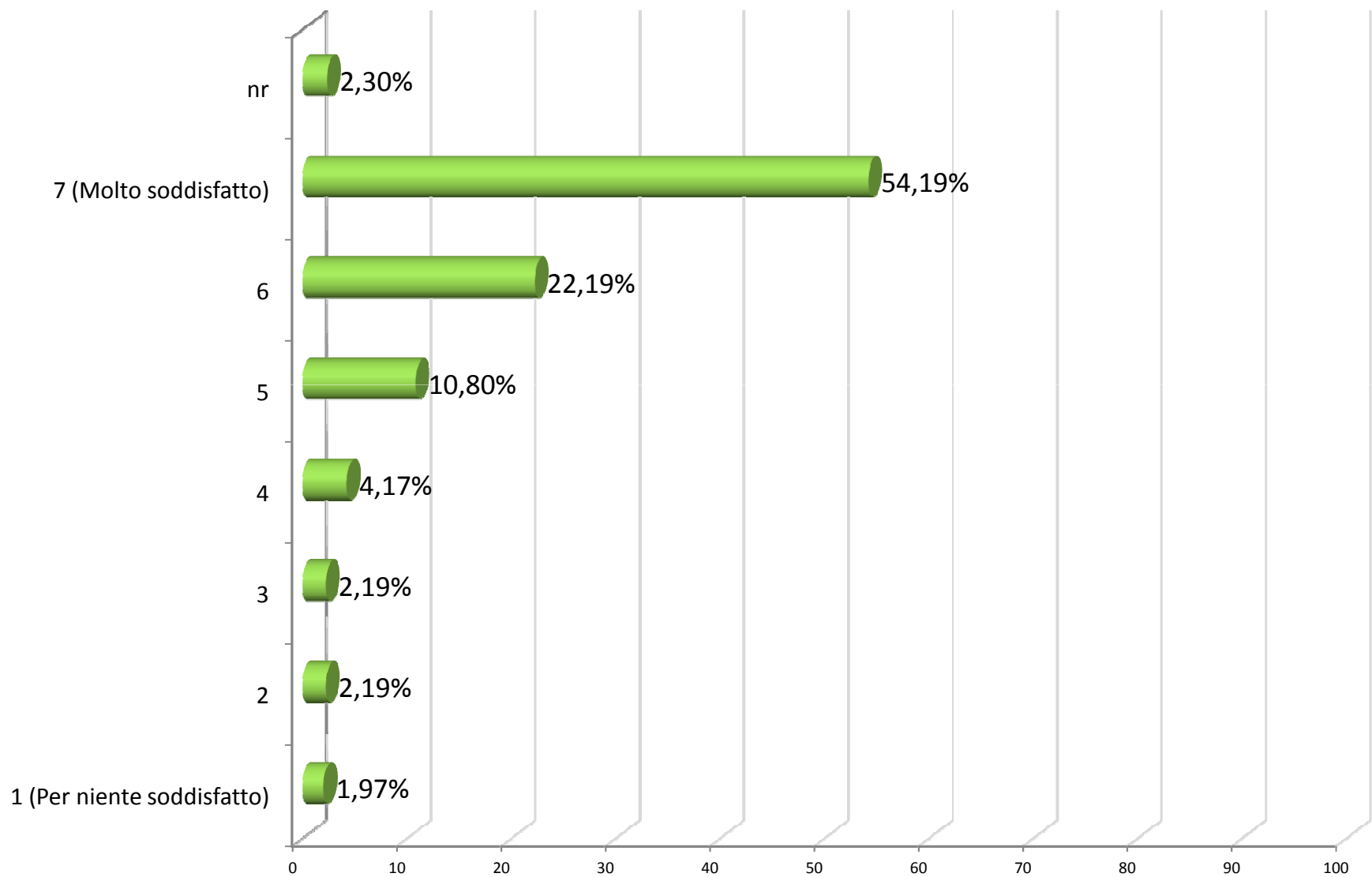
D4. Aspetti strutturali e alberghieri (comfort della stanza, vitto, pulizia)



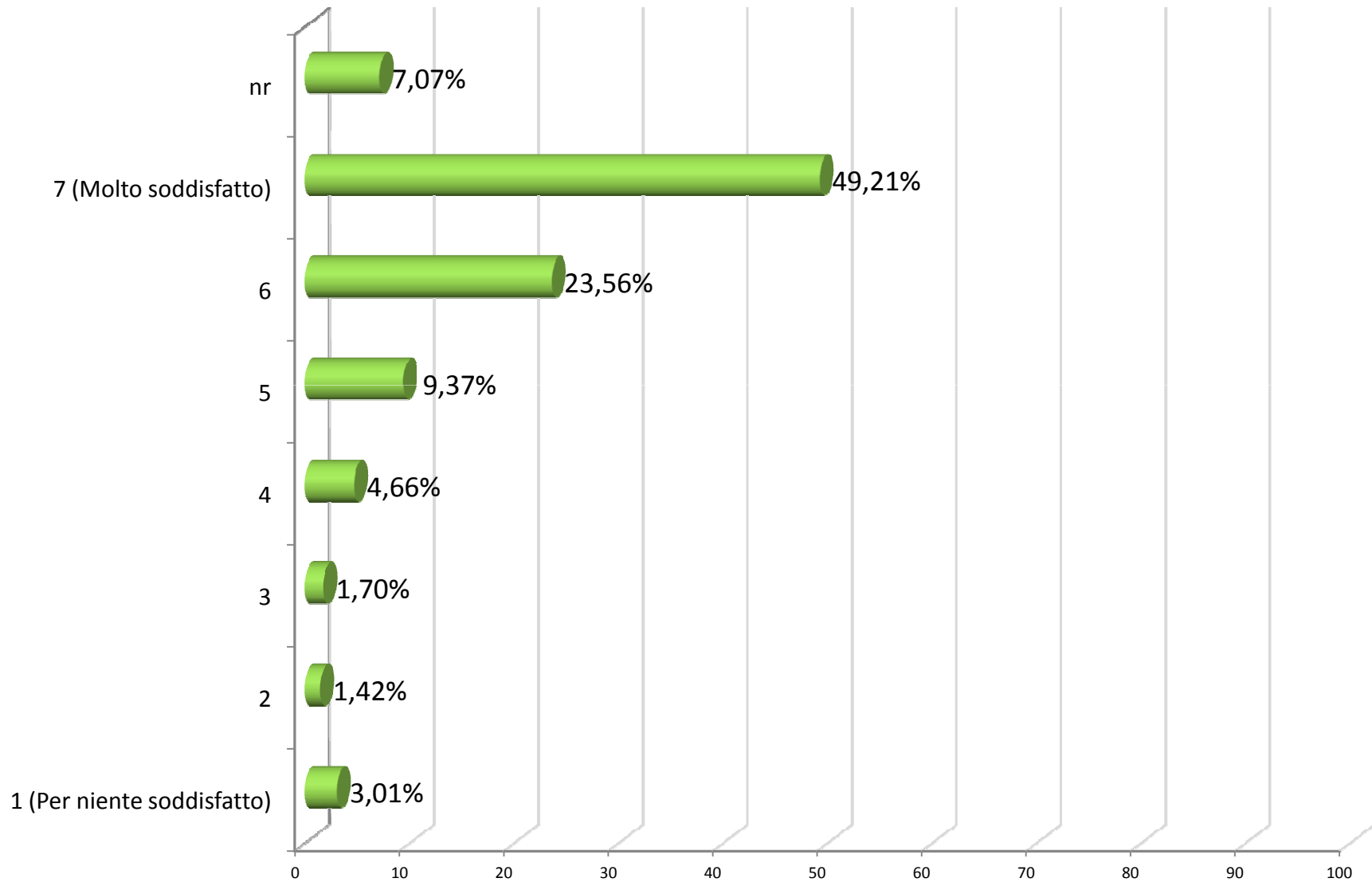
D4.1. Pulizia della stanza



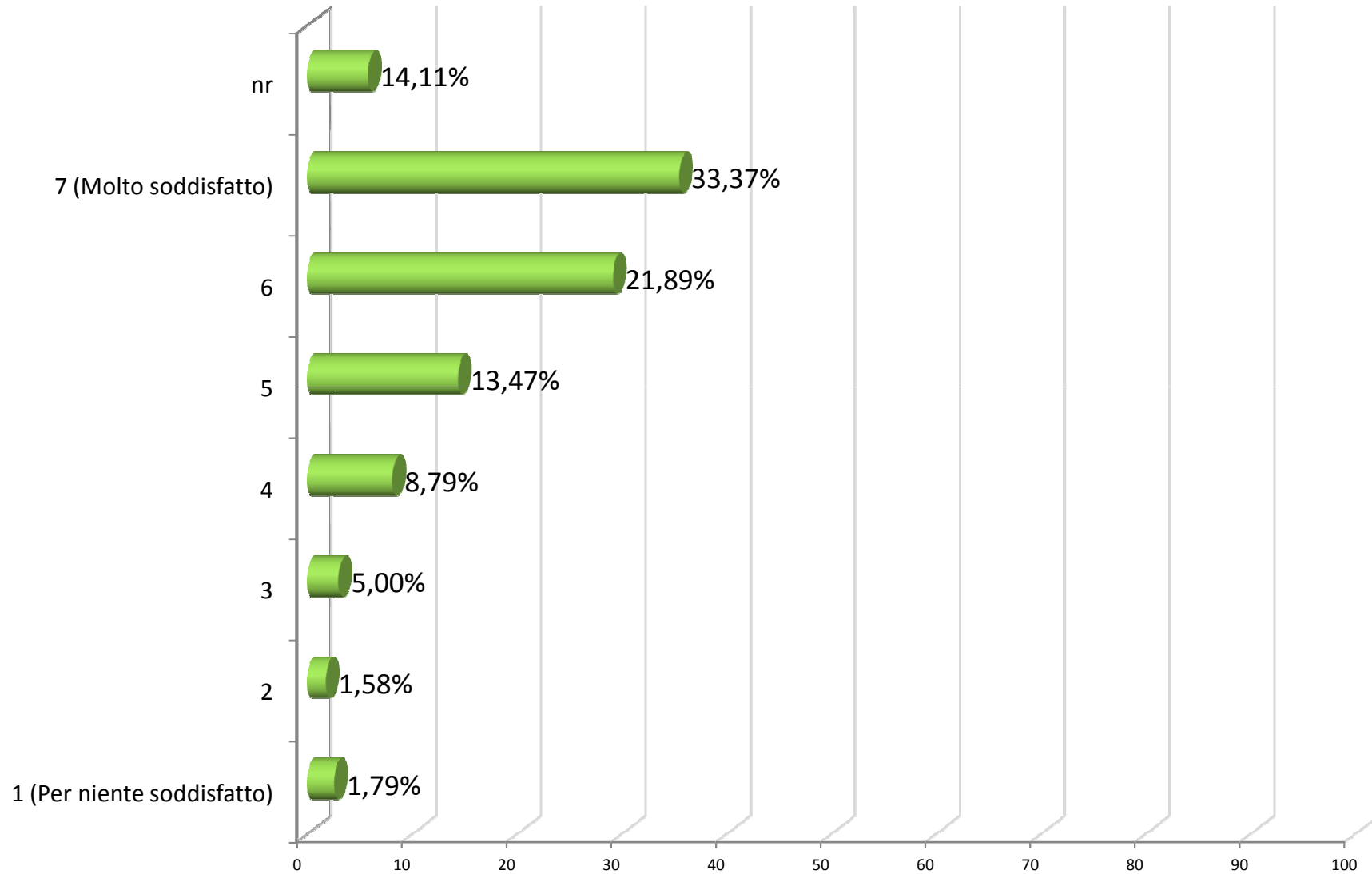
D4.2. Pulizia del bagno



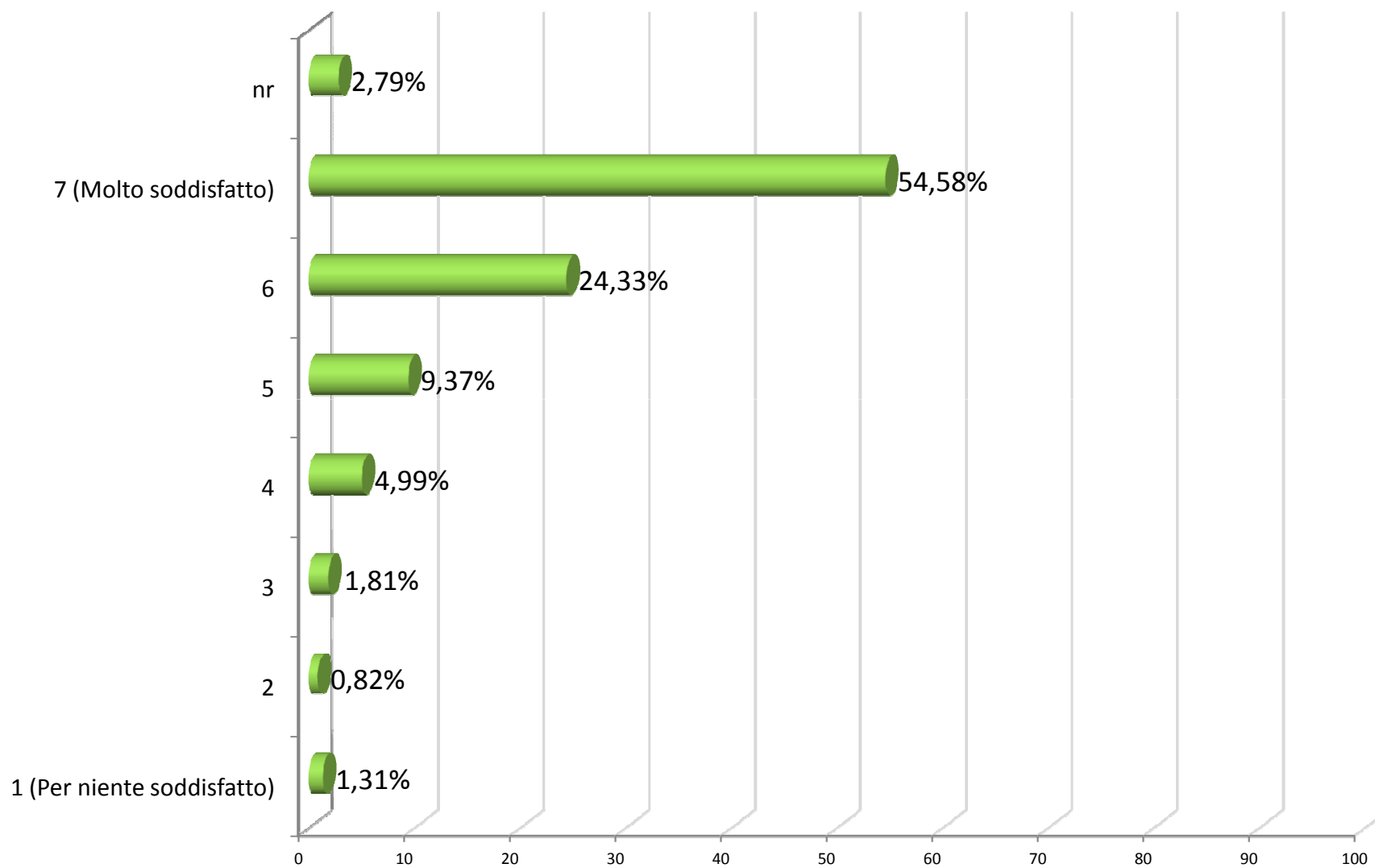
D4.3.Possibilità di prenotare il menu giornaliero



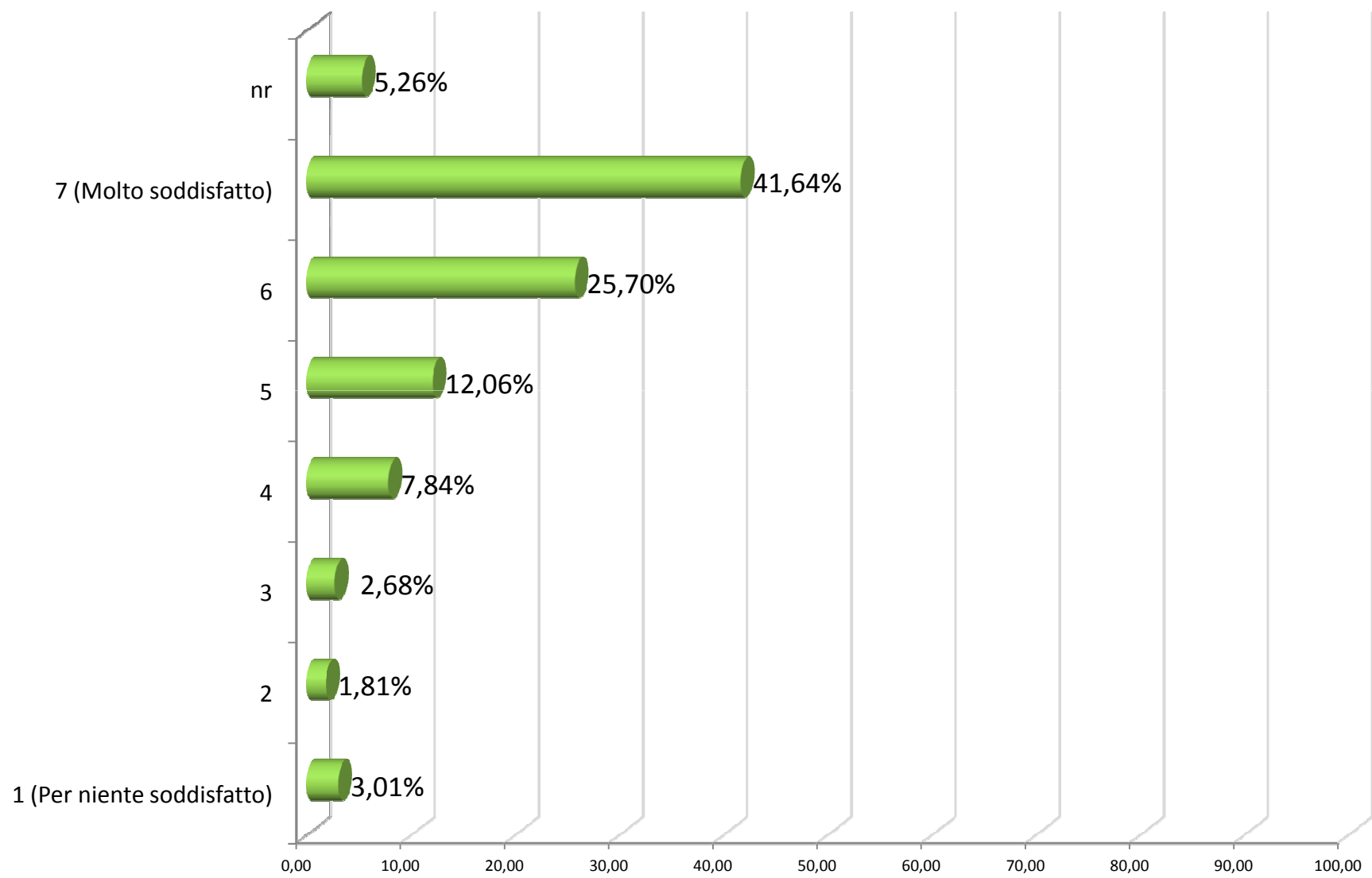
D4.4. Qualità dei pasti



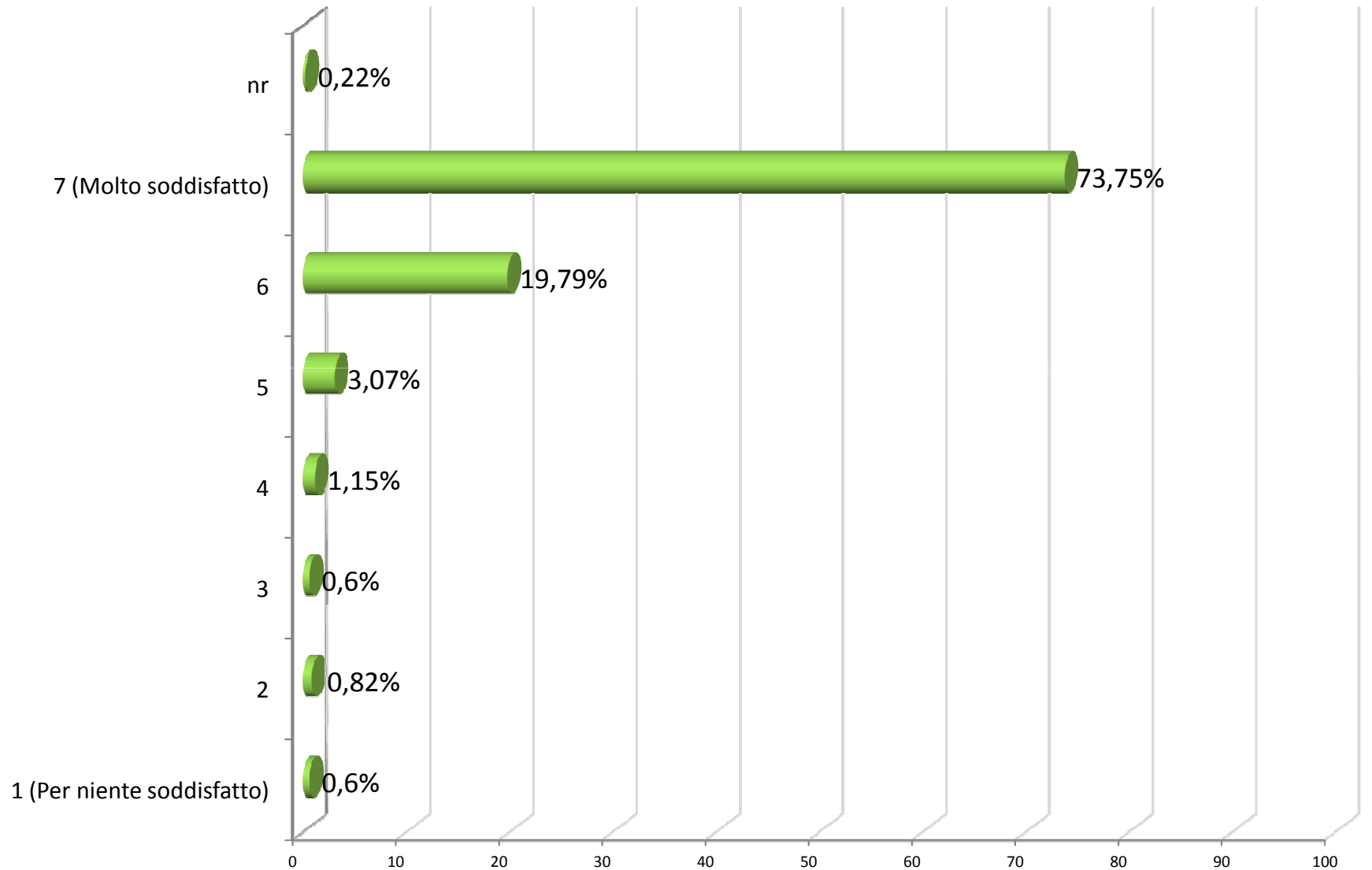
D4.5. Tranquillità e comfort personale



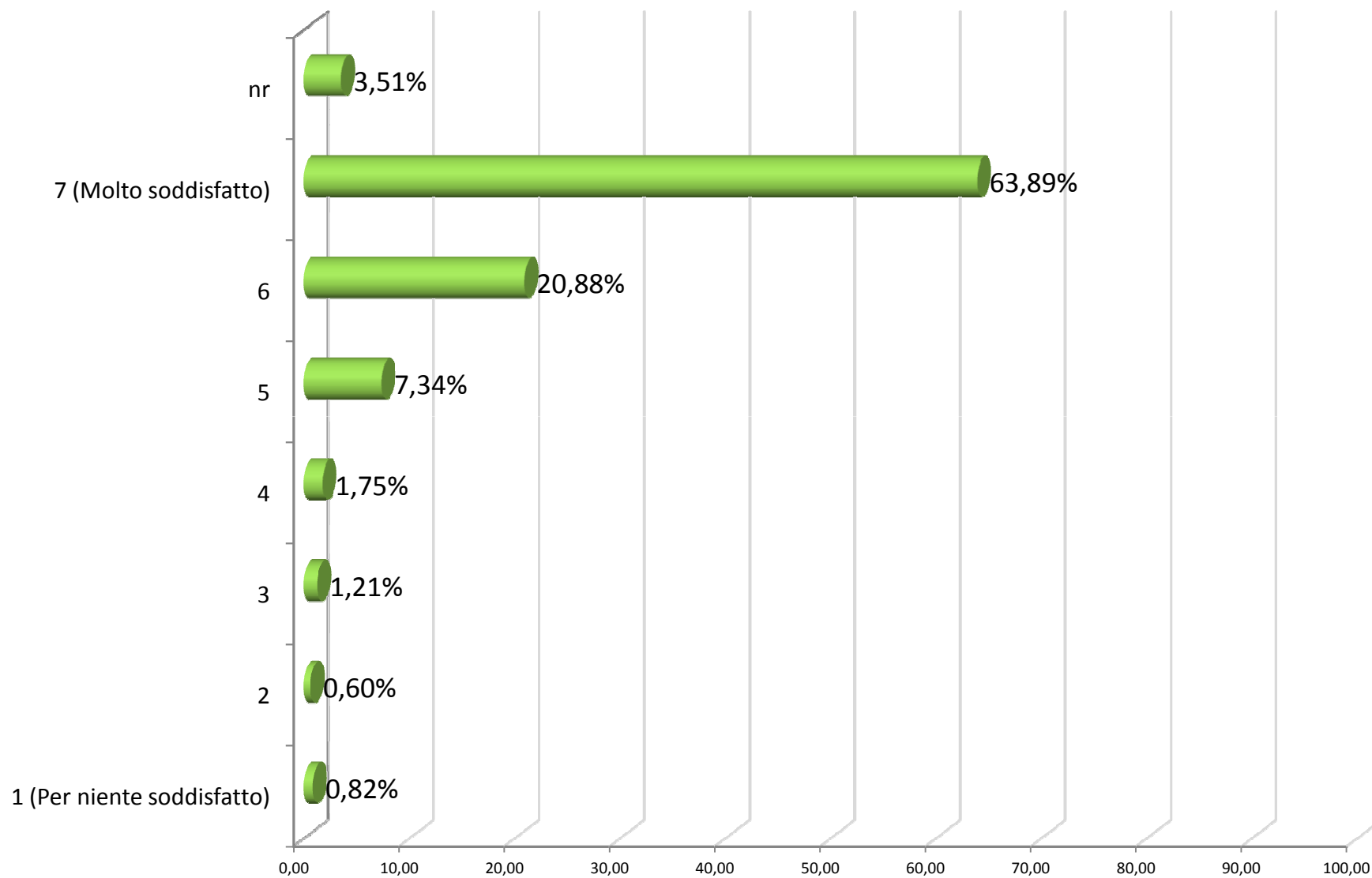
D4.6. Servizi vari



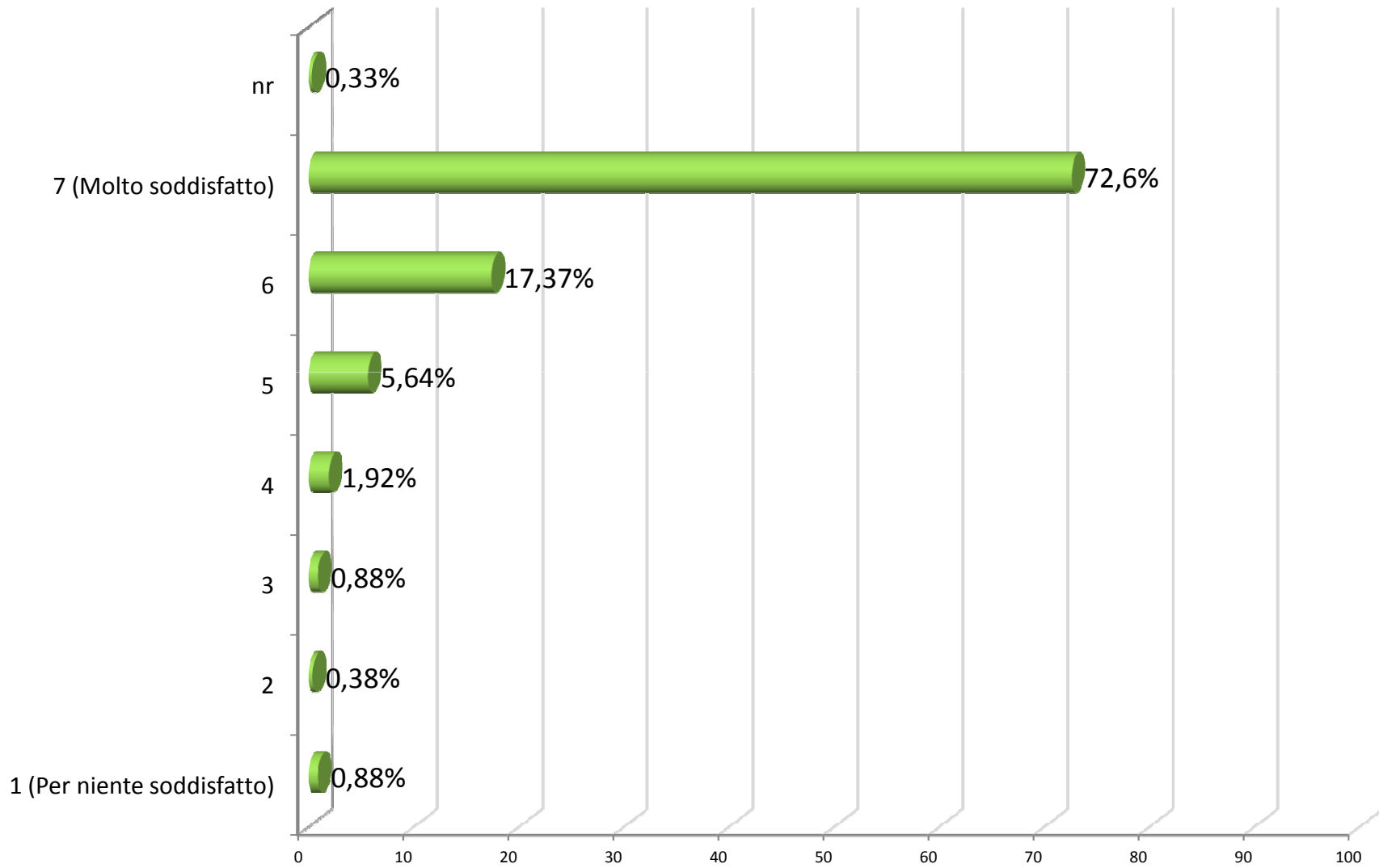
D5. Assistenza del personale infermieristico, ostetrico e/o tecnico



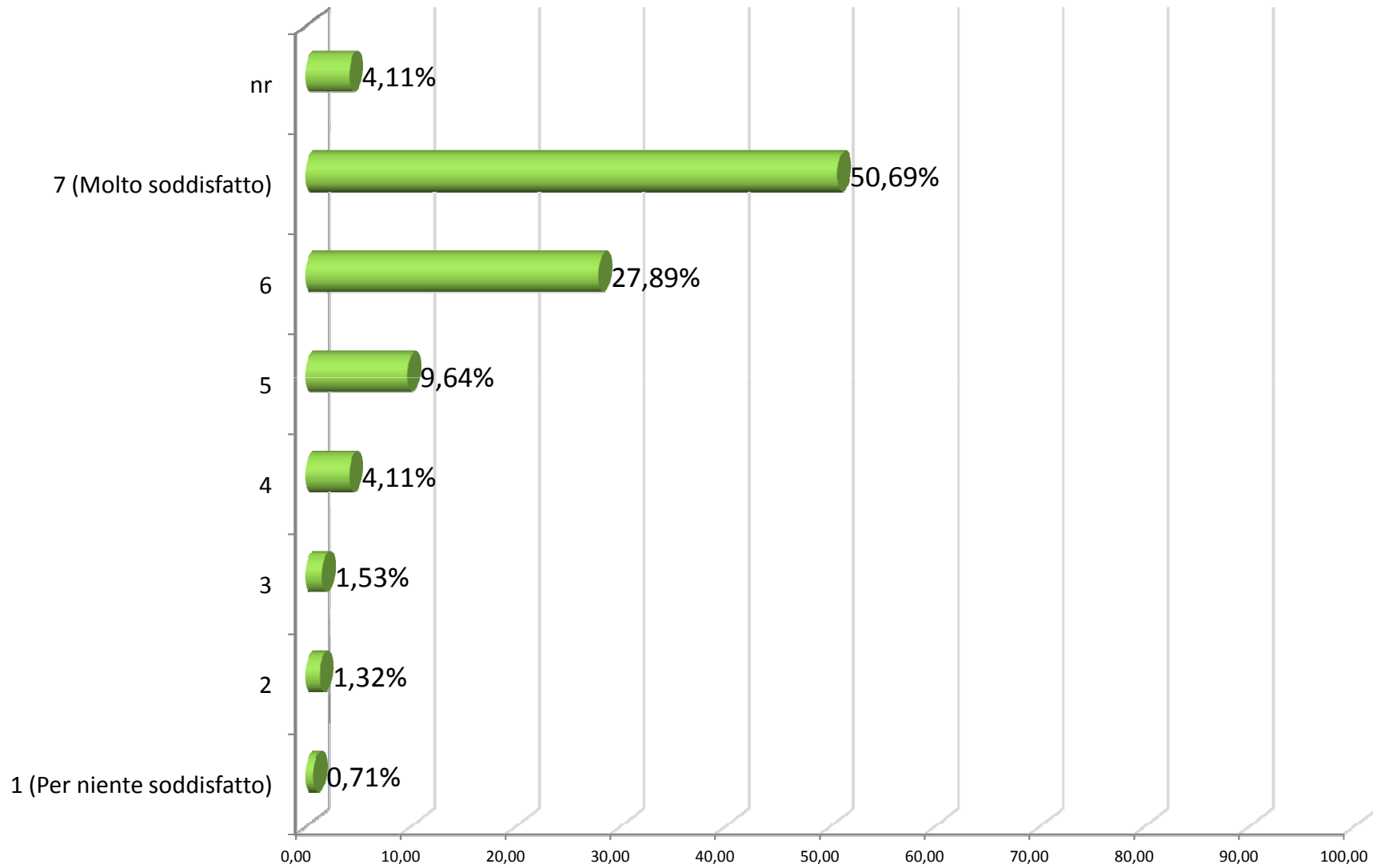
D5.1. Tempestività del personale infermieristico, ostetrico e/o tecnico nel rispondere alle sue richieste



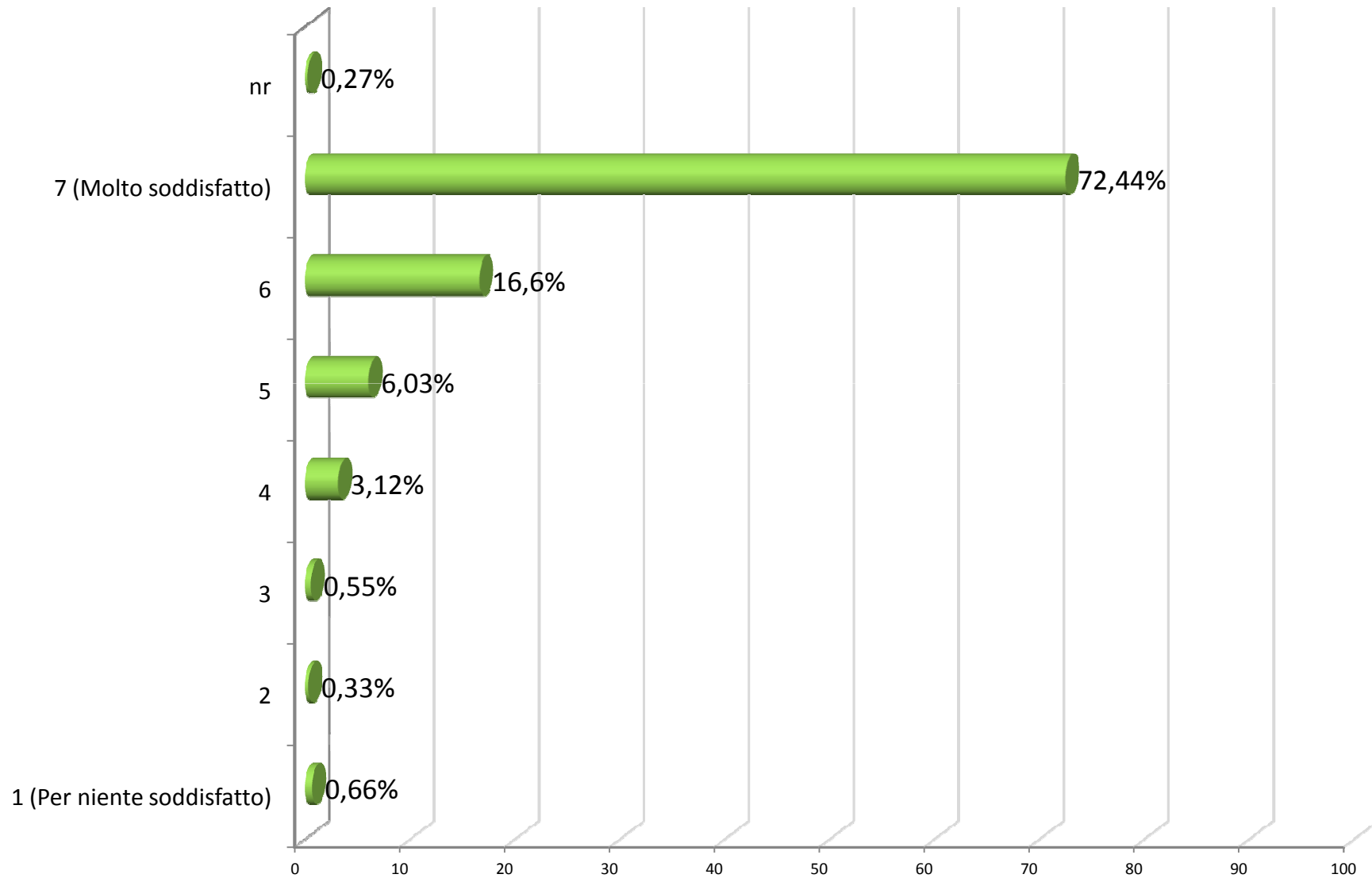
D6. Assistenza del personale medico



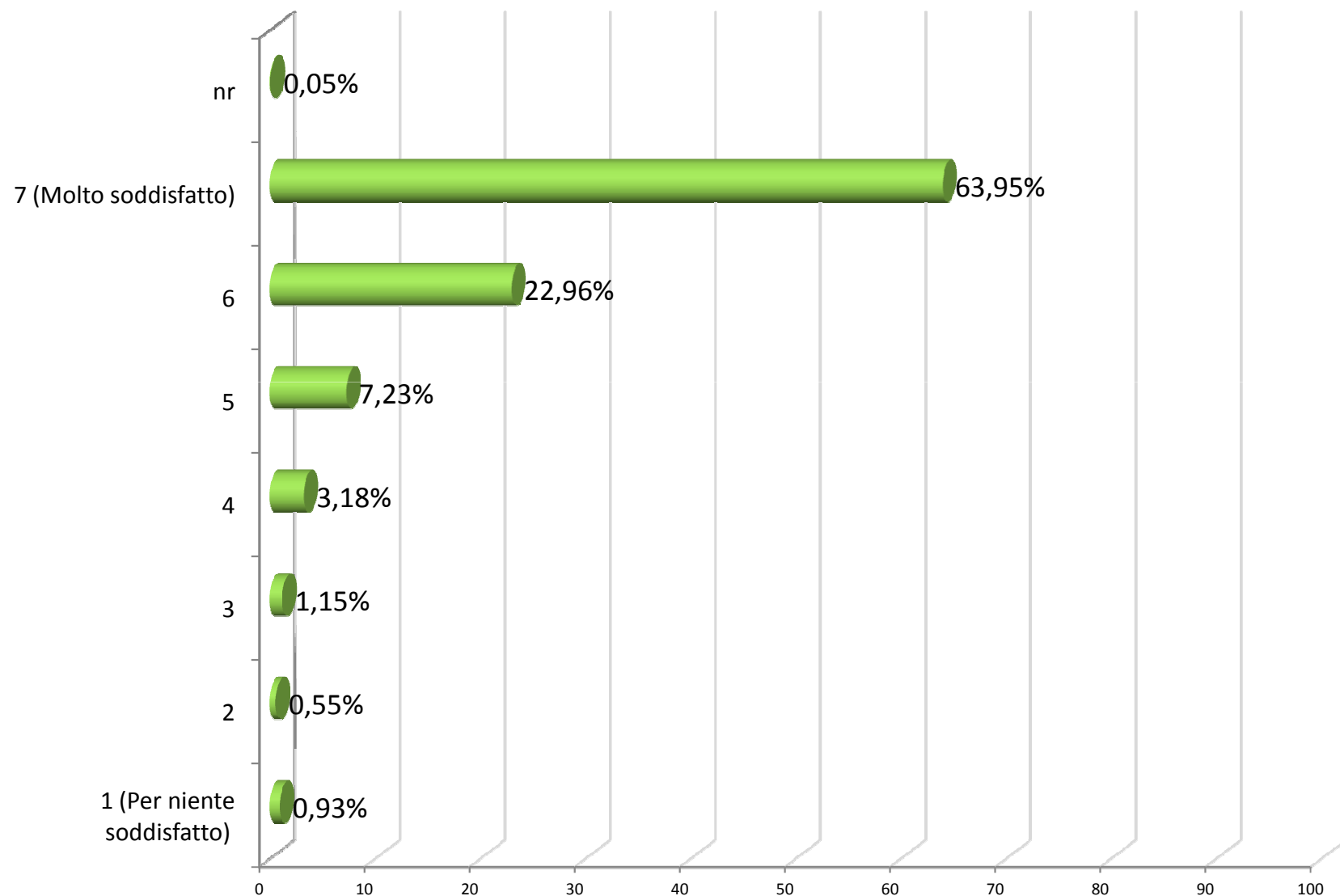
D6.1 Frequenza delle visite mediche



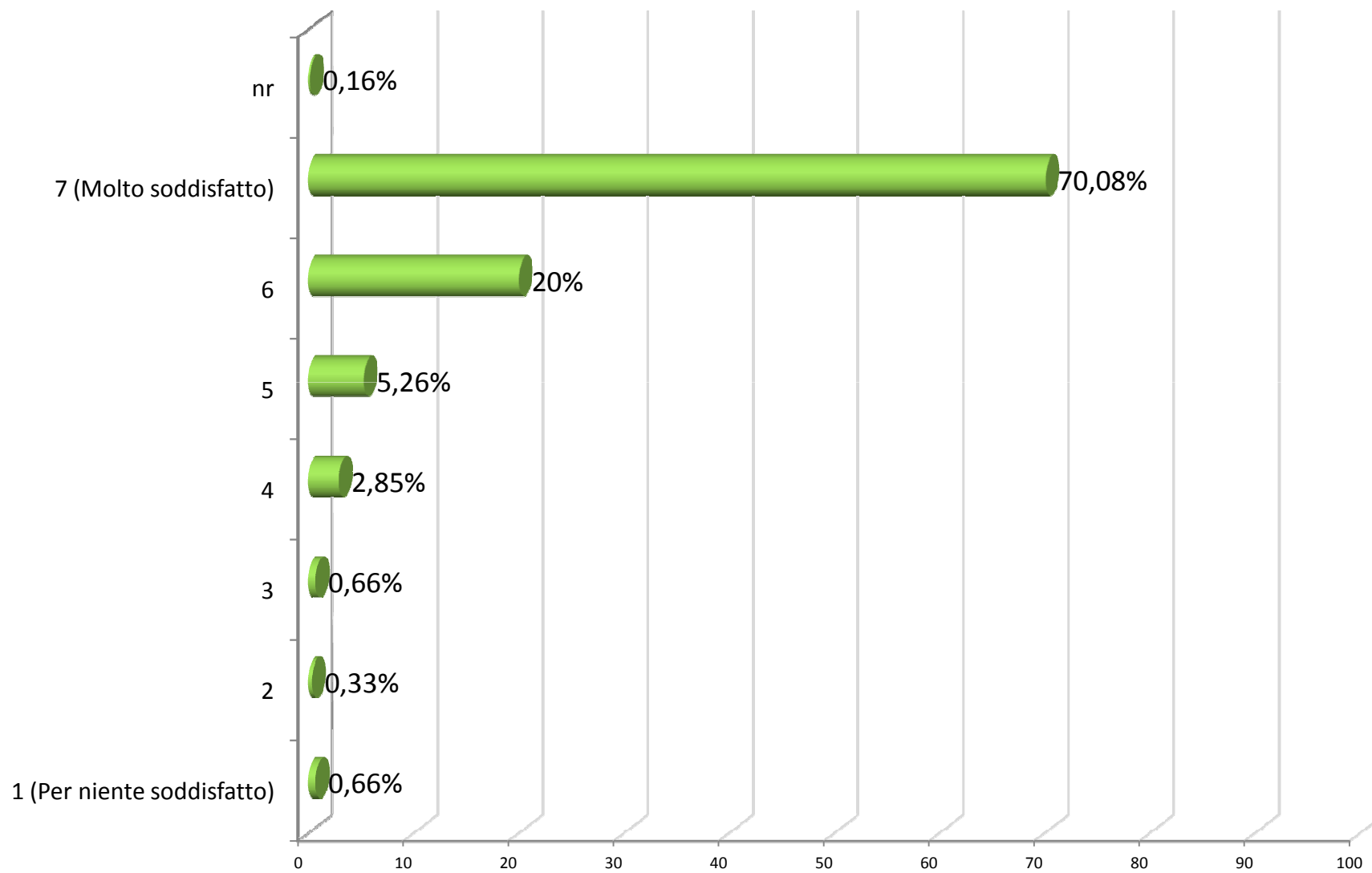
D7. Cure a Lei prestate



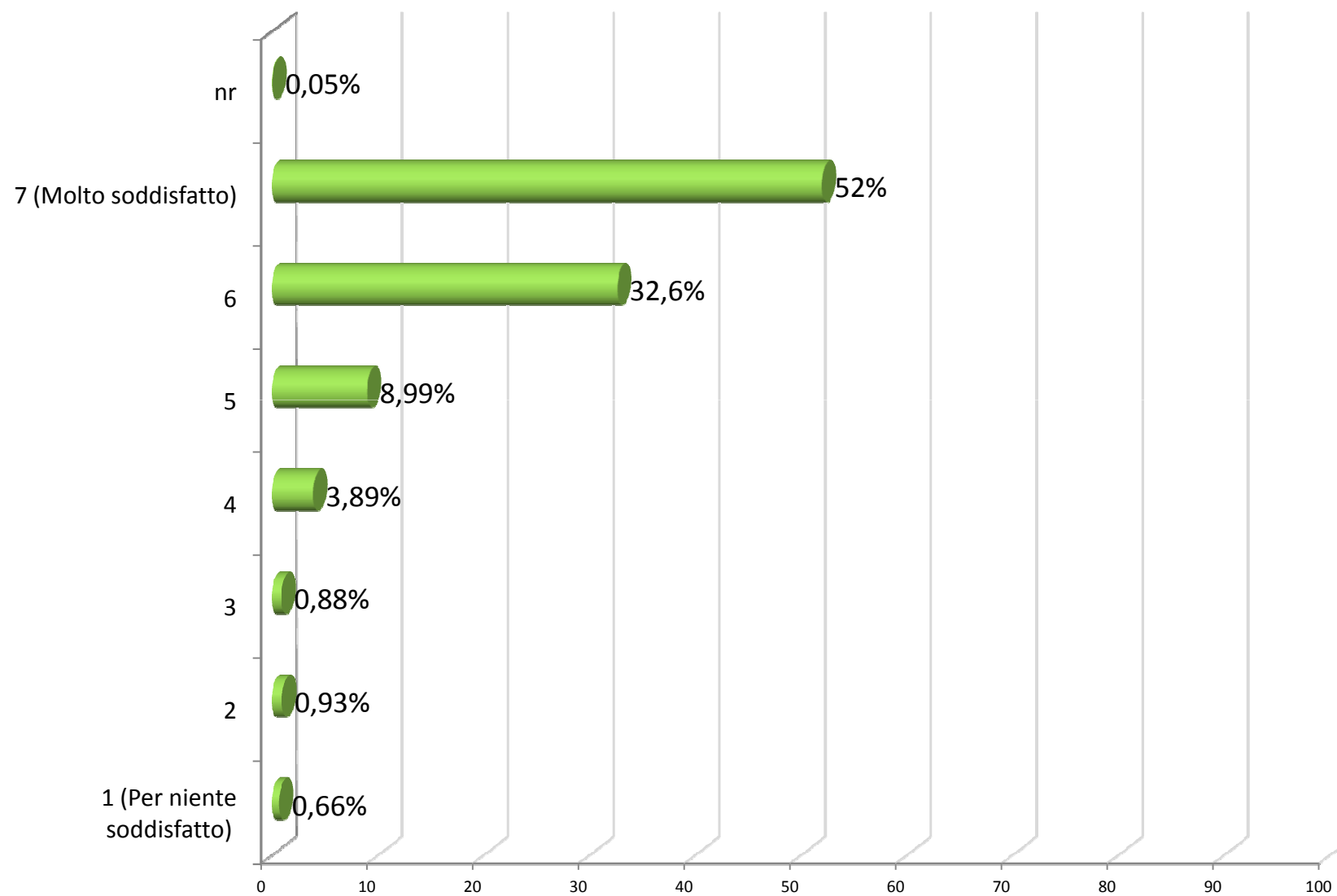
D8. Informazioni ricevute sul suo stato di salute e sulle cure prestate



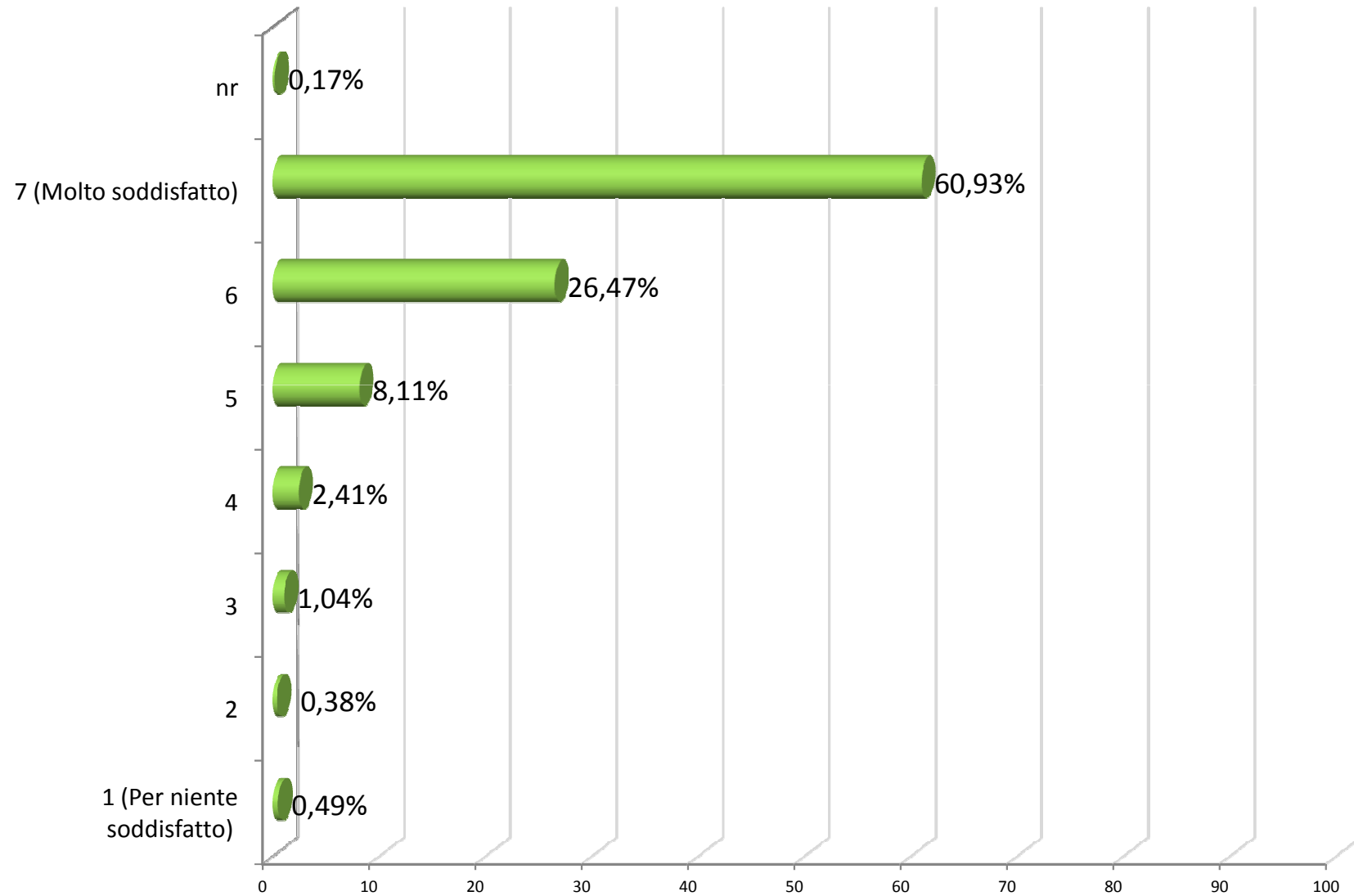
D9. Rispetto della riservatezza personale



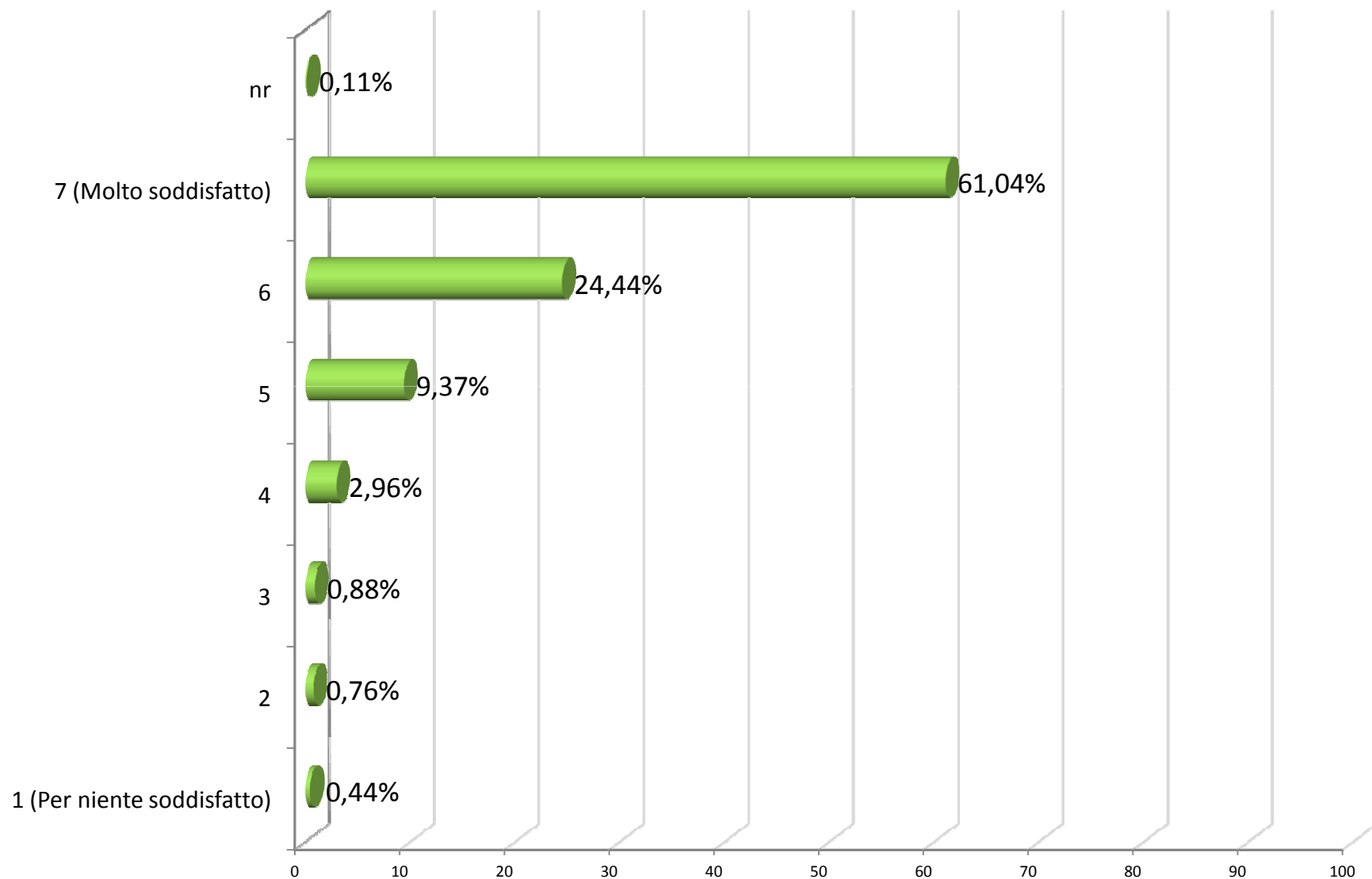
D10. Organizzazione dell'ospedale nel suo insieme



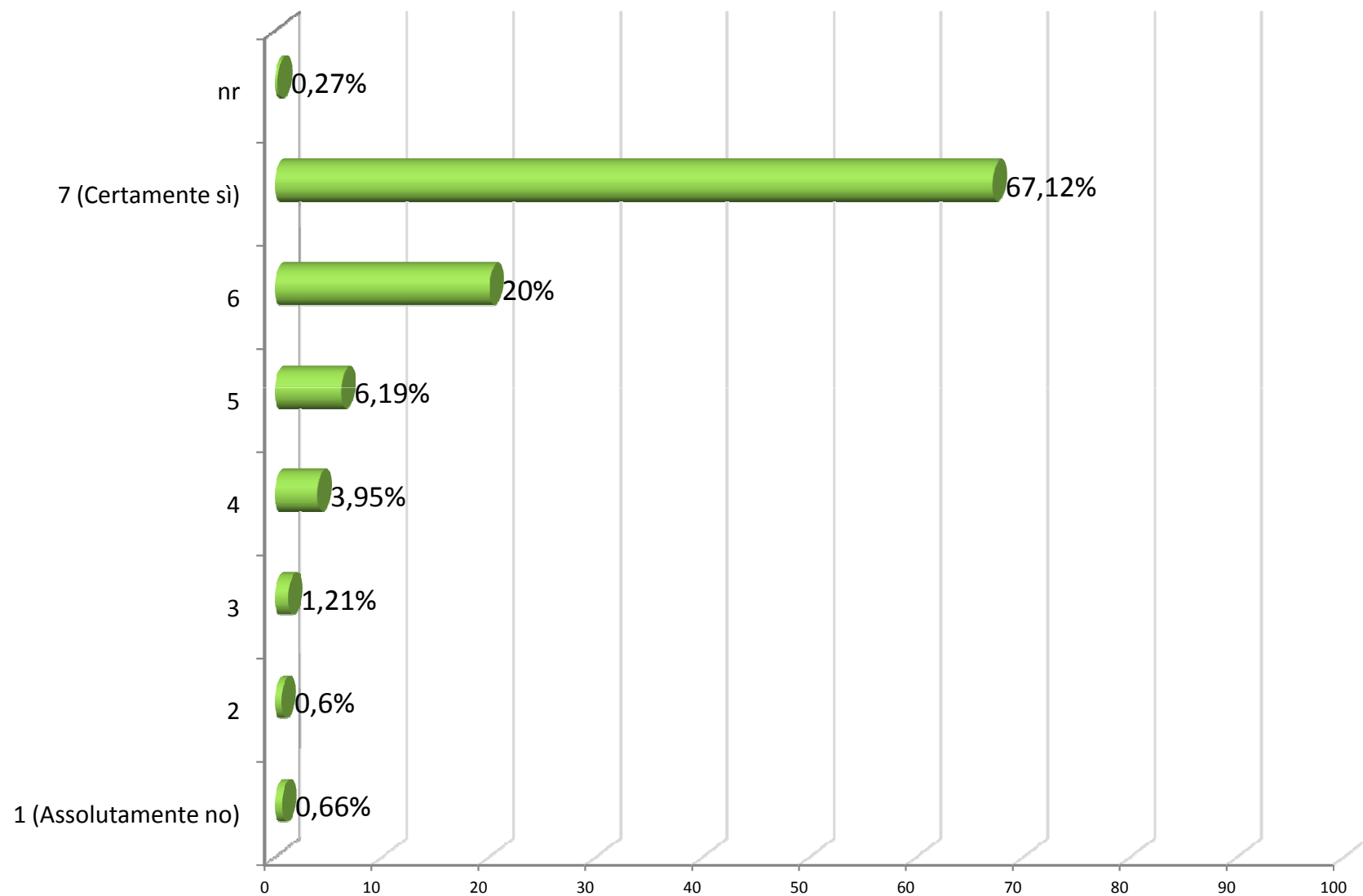
D11. Indicazioni fornite dagli operatori sanitari su come comportarsi dopo la dimissione



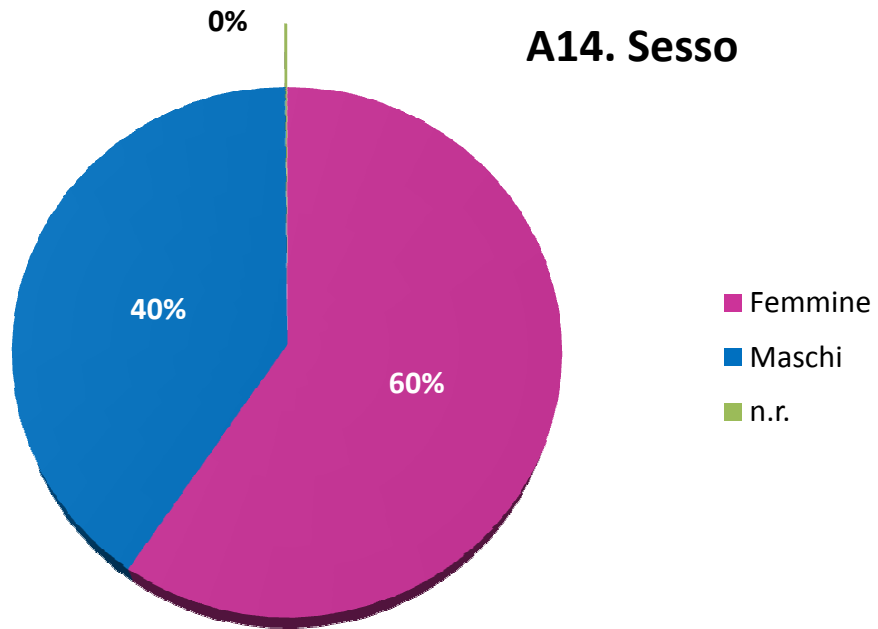
D12. Complessivamente quanto è soddisfatto della Sua esperienza di ricovero?



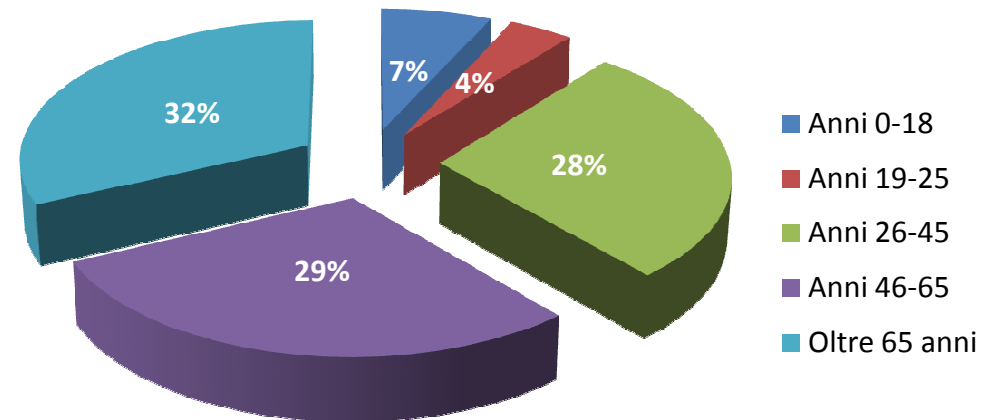
D13. Consiglierebbe ad altri questo ospedale?



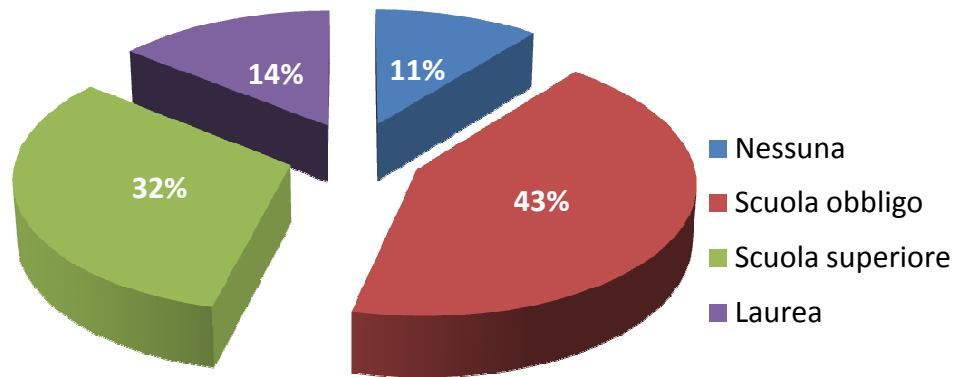
A14. Sesso



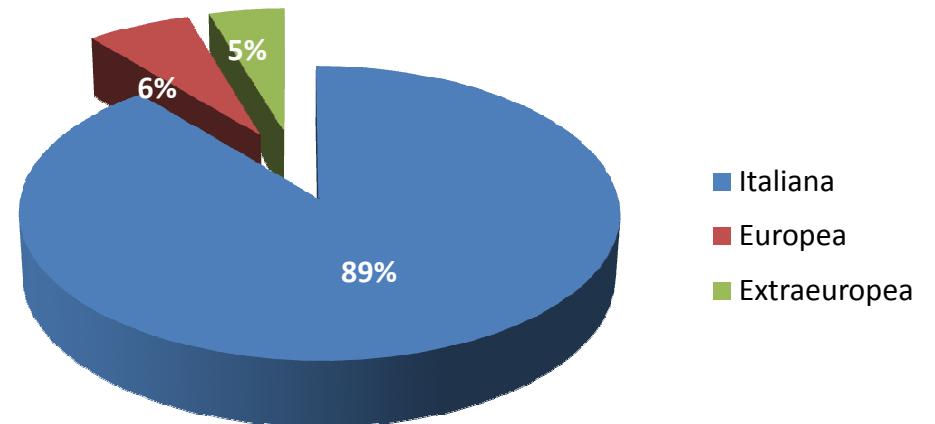
A15. Età



A16. Scolarità



A17. Nazionalità



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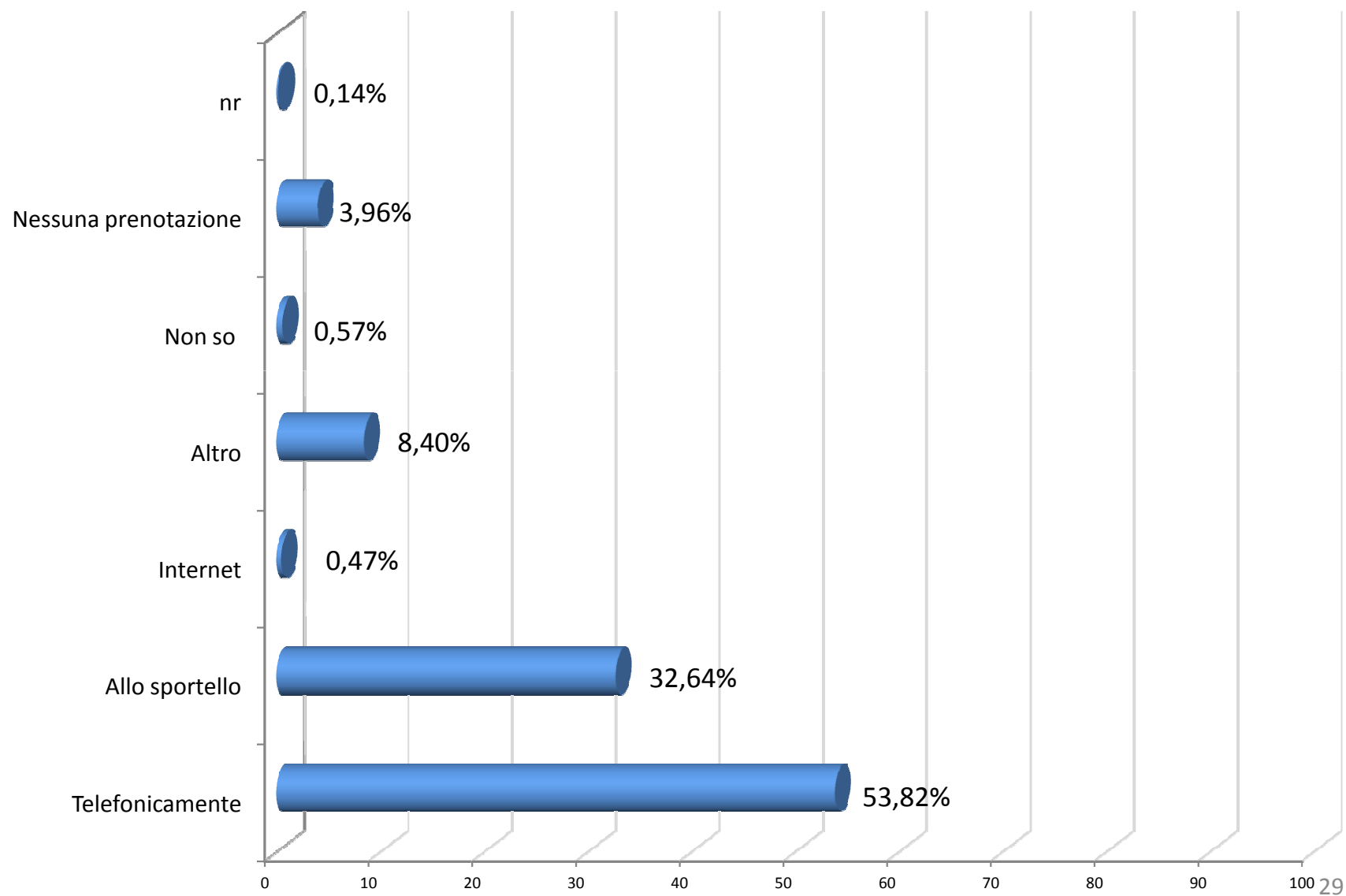


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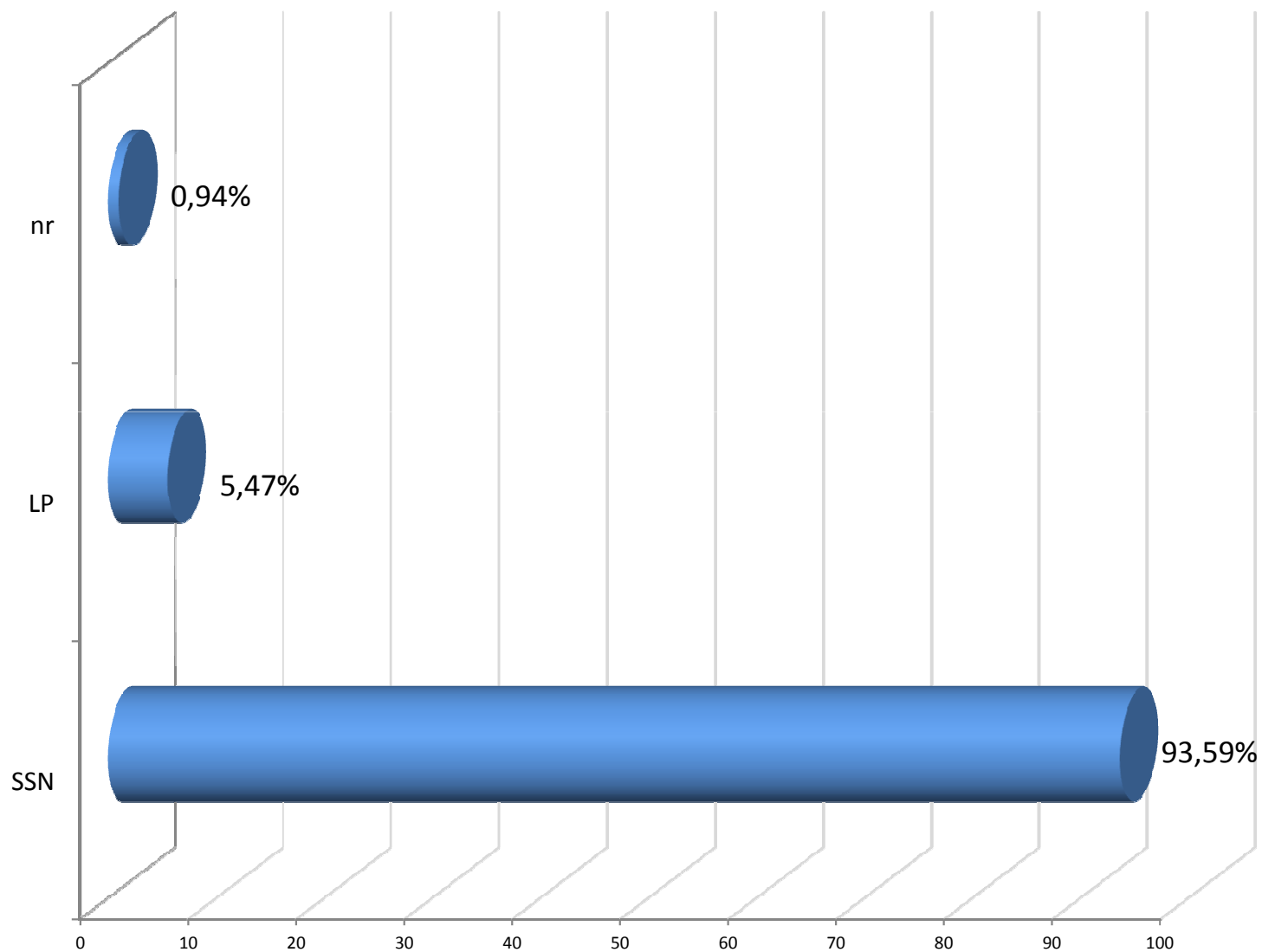
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Area ambulatoriale Anno 2017

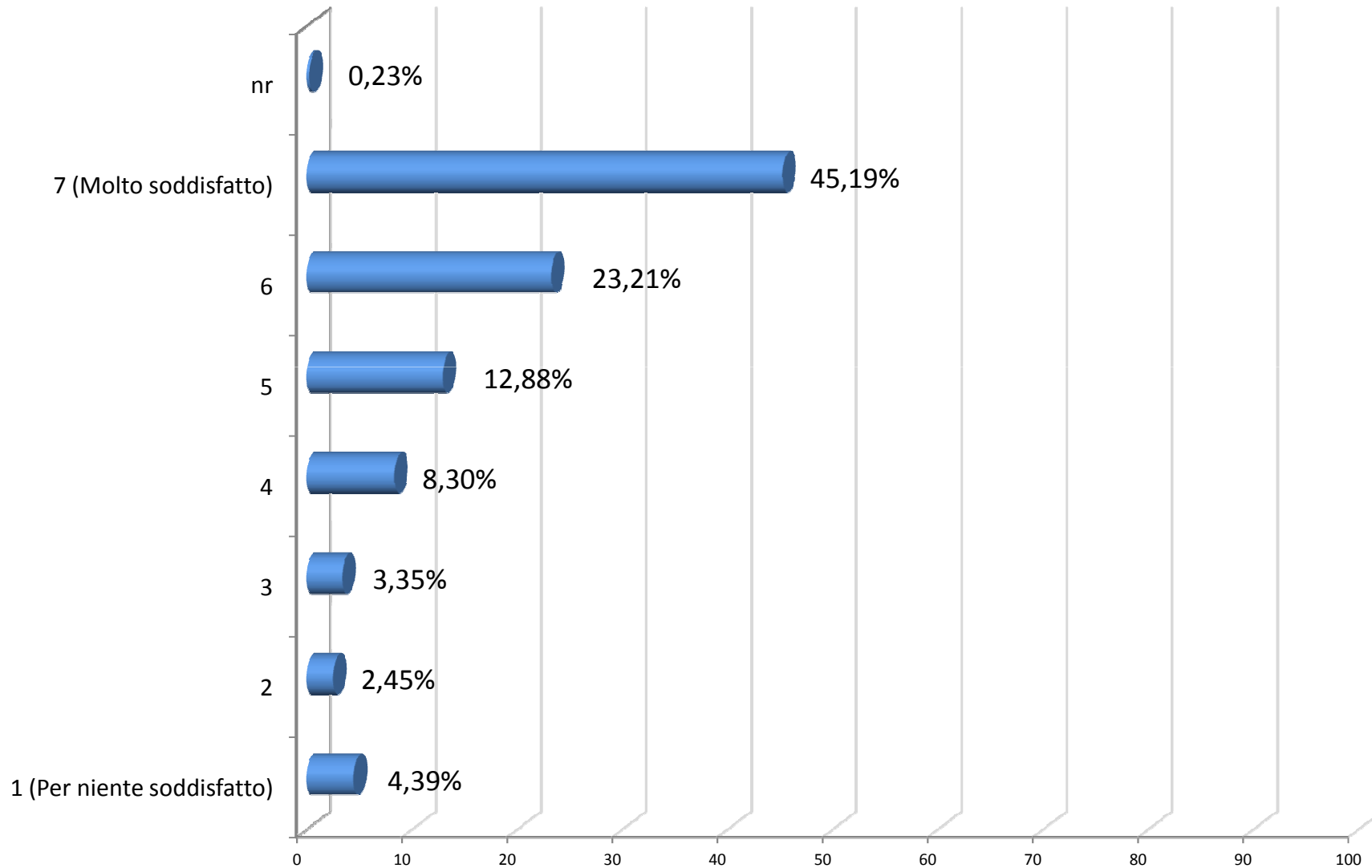
D1.Come ha prenotato?



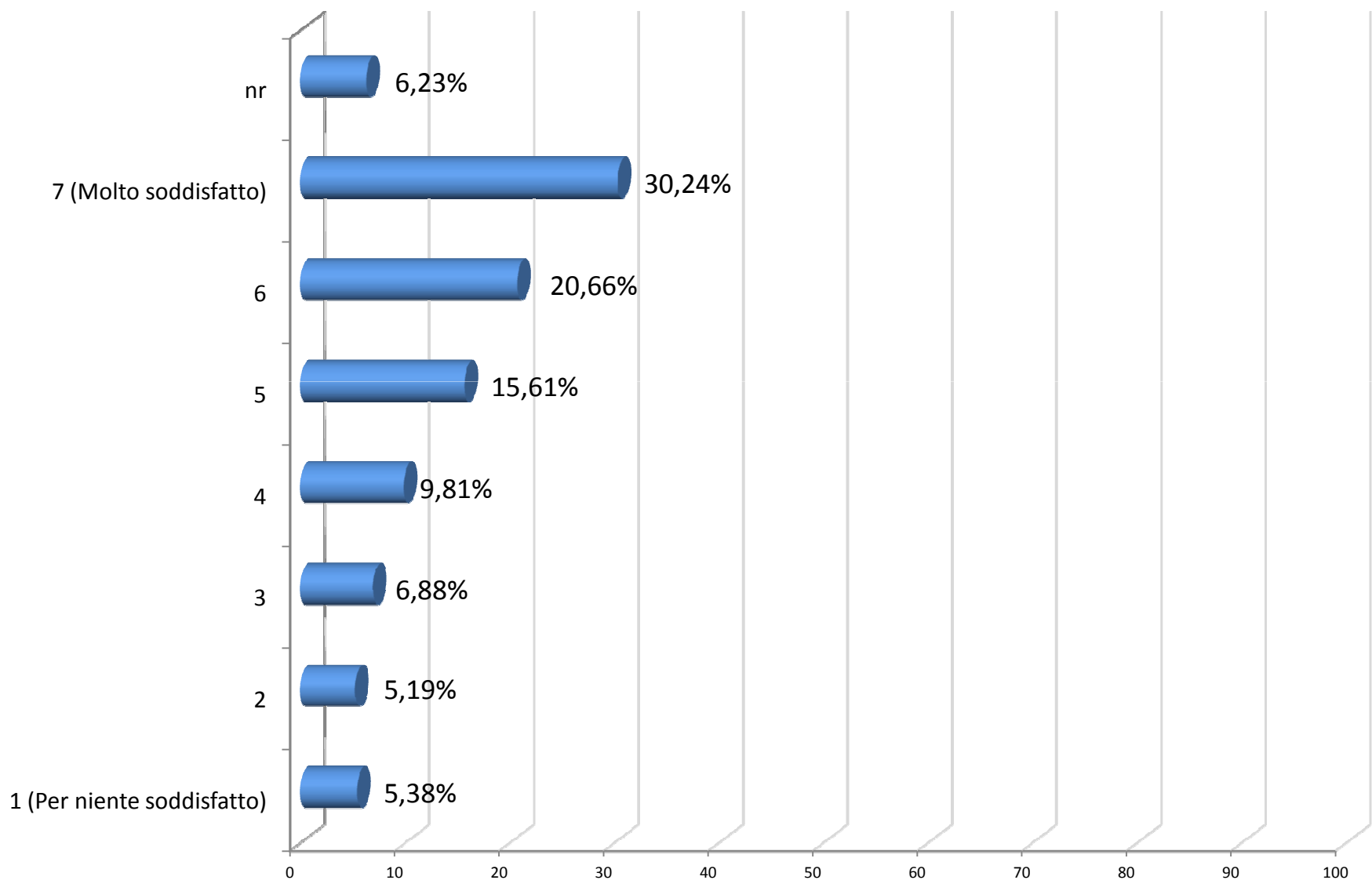
D1.1.Come ha effettuato la prestazione?



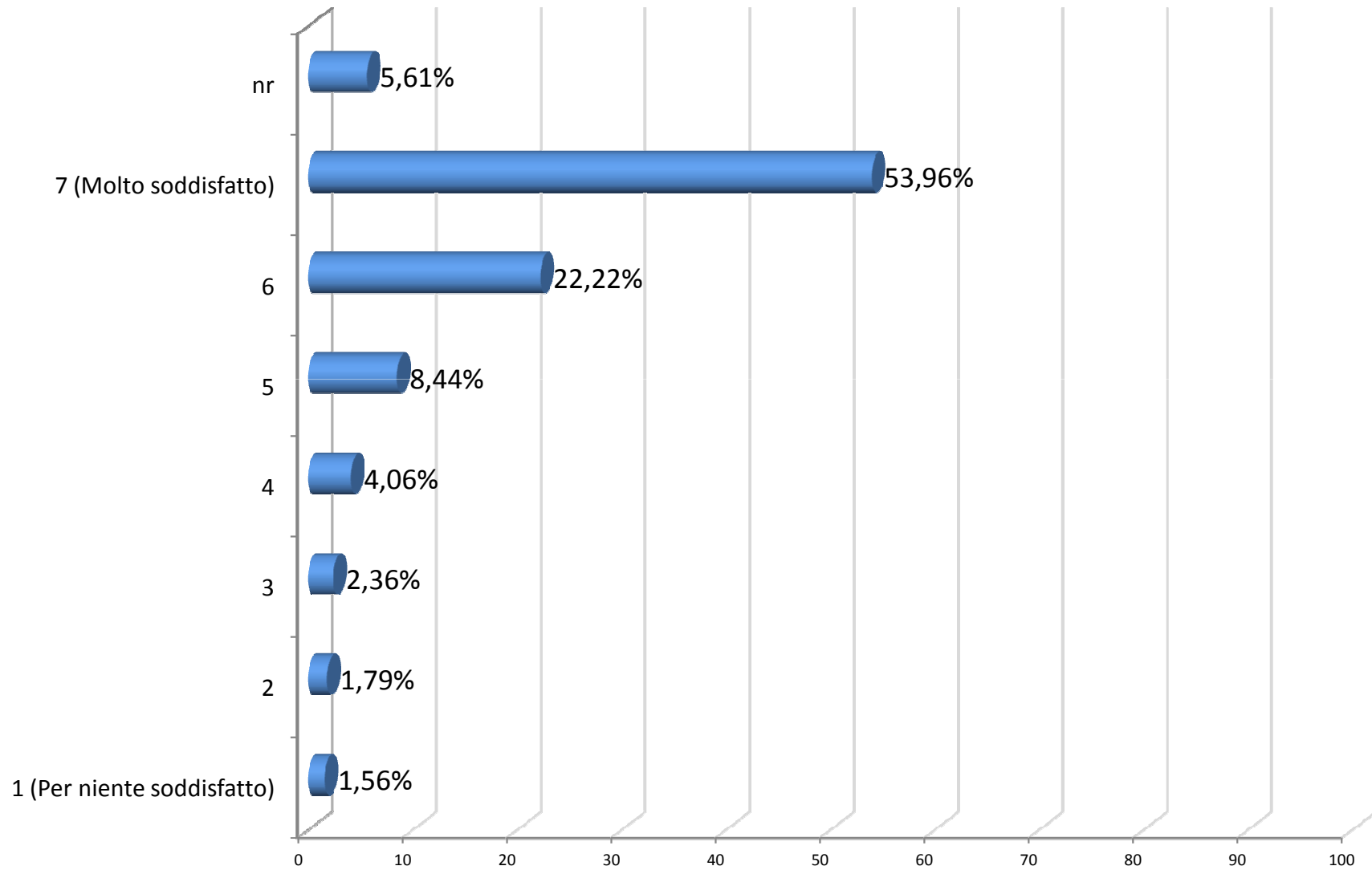
D2.Quanto è soddisfatto del servizio di prenotazione



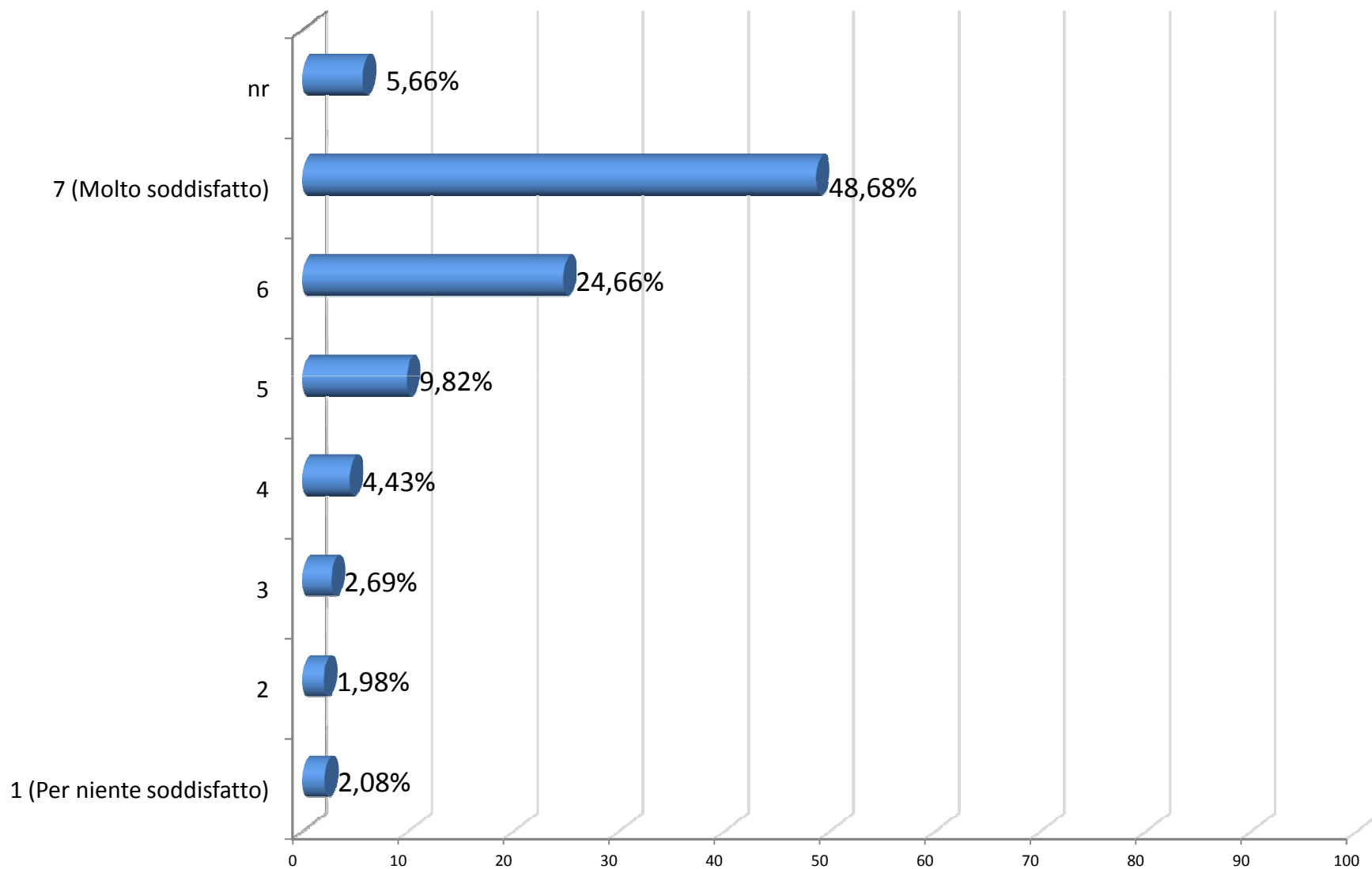
D2.1.Tempo di attesa per parlare con l'operatore



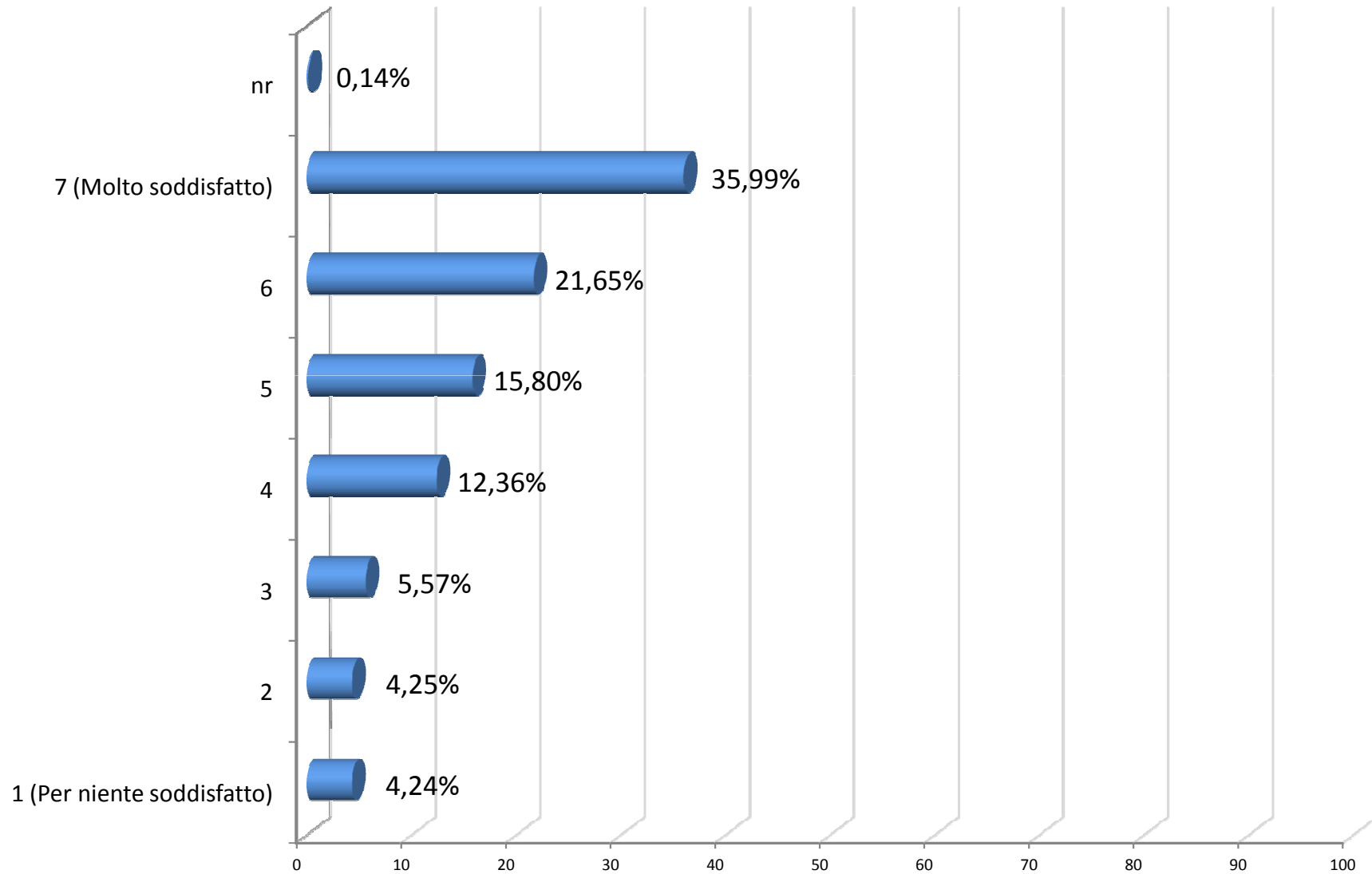
D2.2.Cortesía dell'operatore



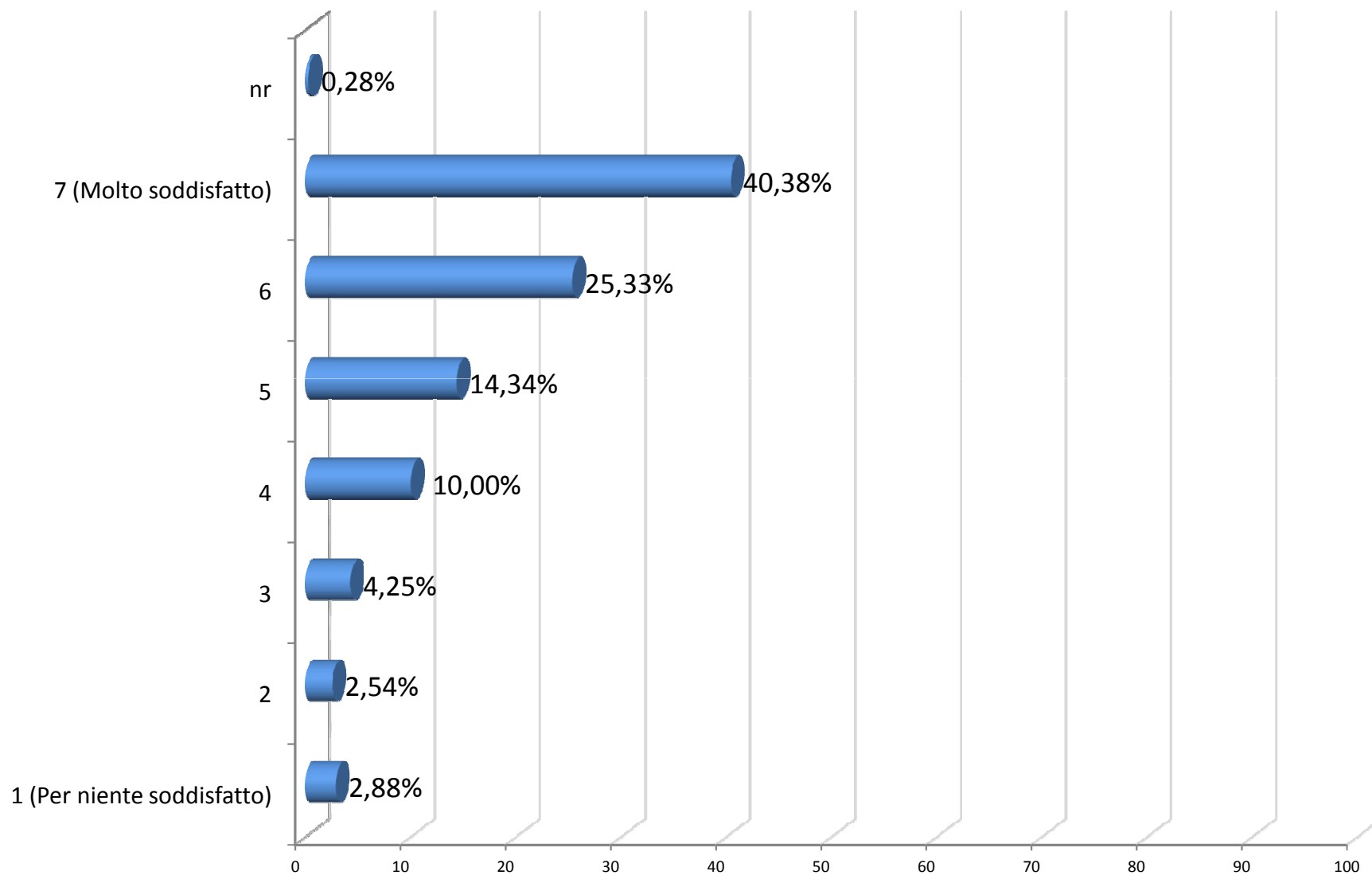
D2.3. Completezza delle informazioni ricevute



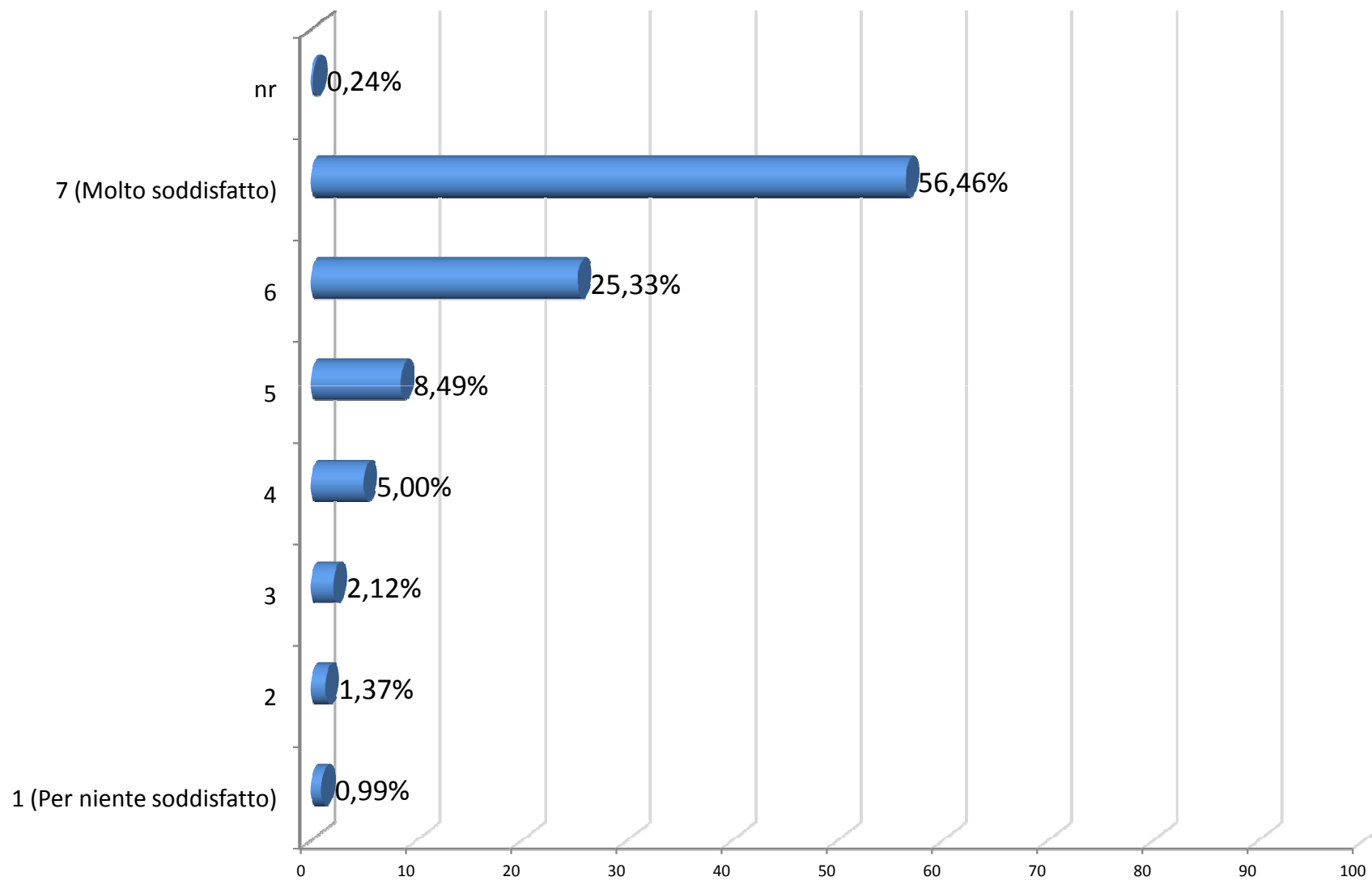
D3.Tempo di attesa dalla prenotazione alla data della prestazione



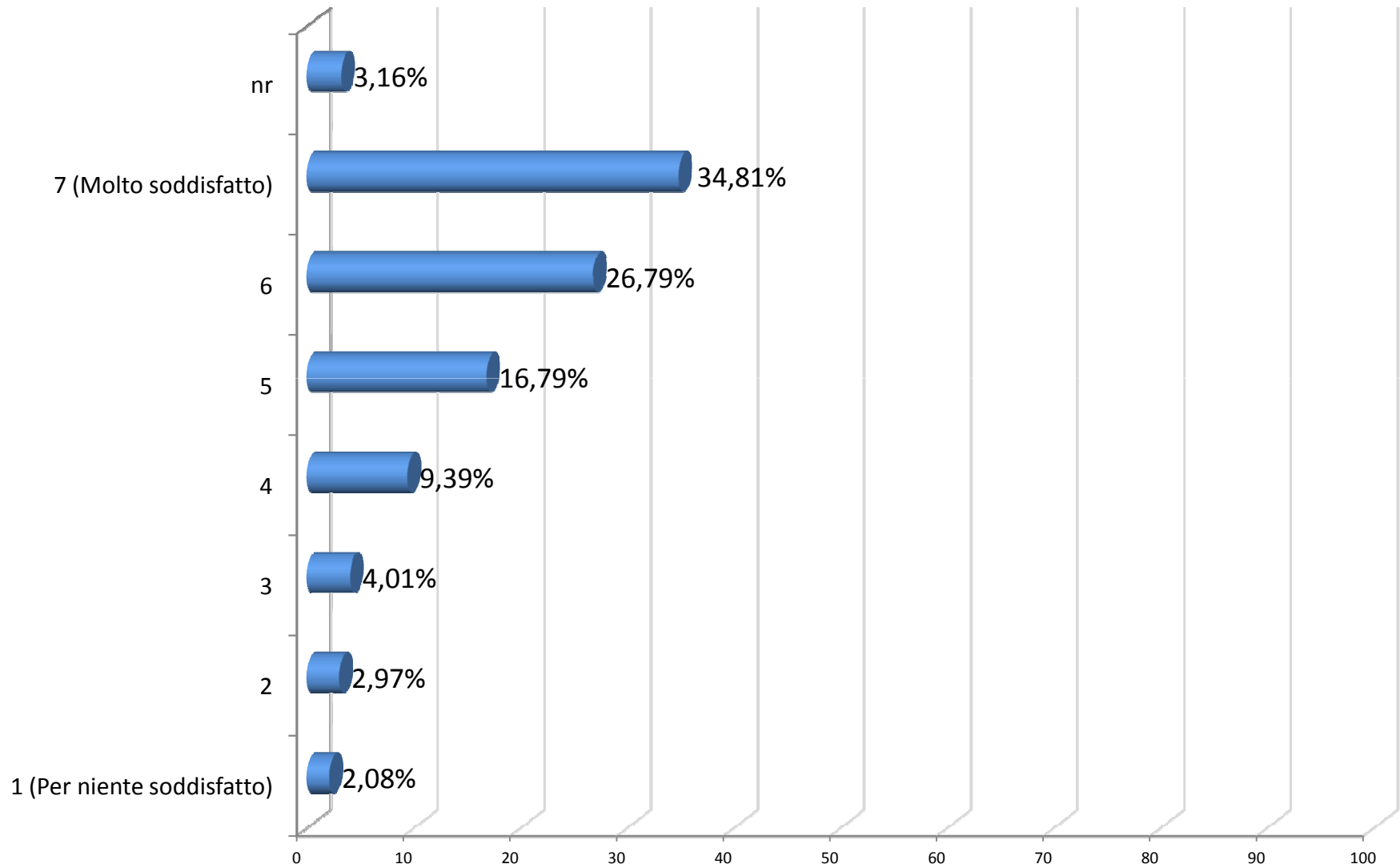
D4.Servizio di accettazione amministrativa e pagamento ticket



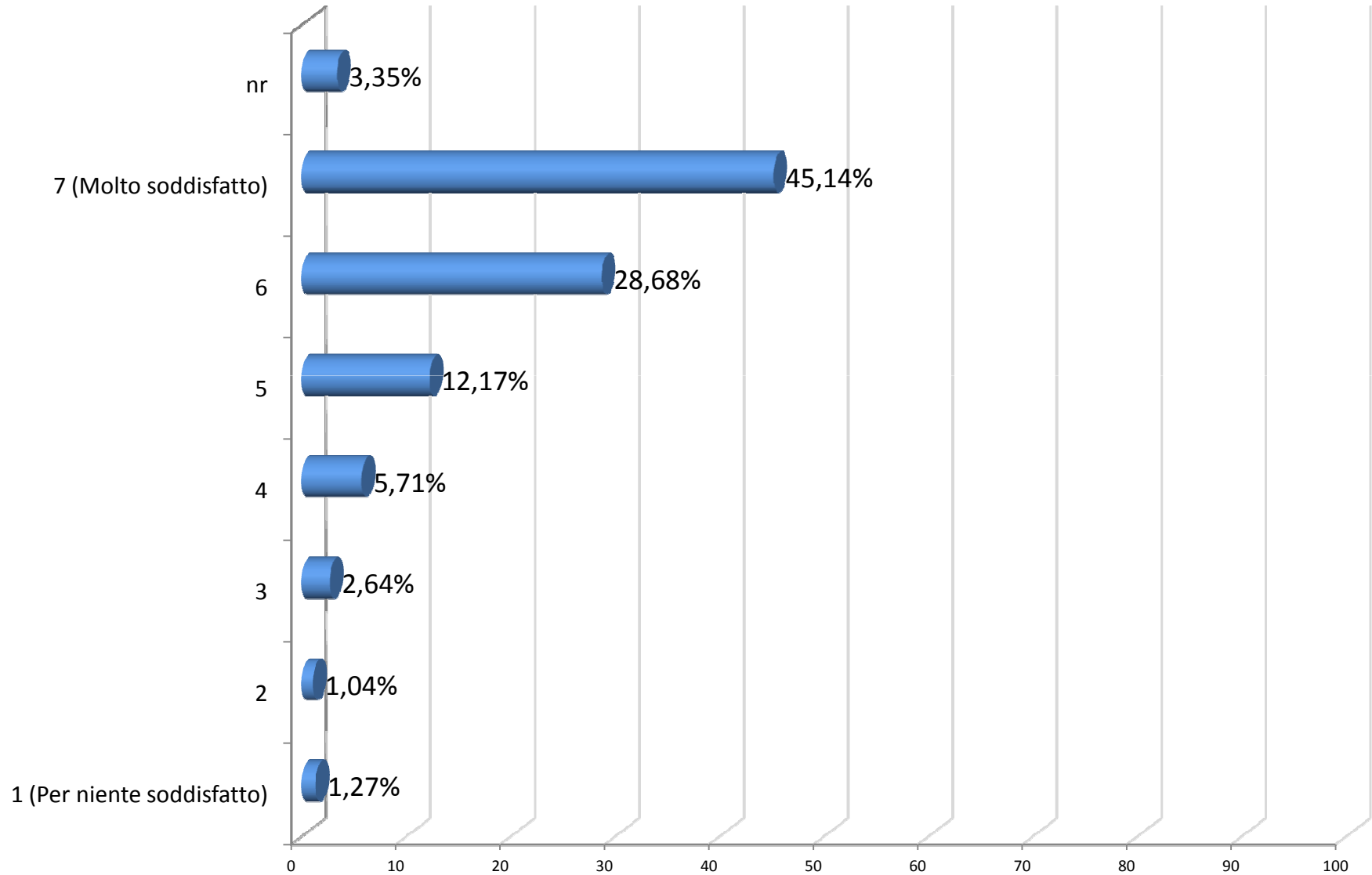
D5. Accessibilità, comfort e pulizia degli ambienti



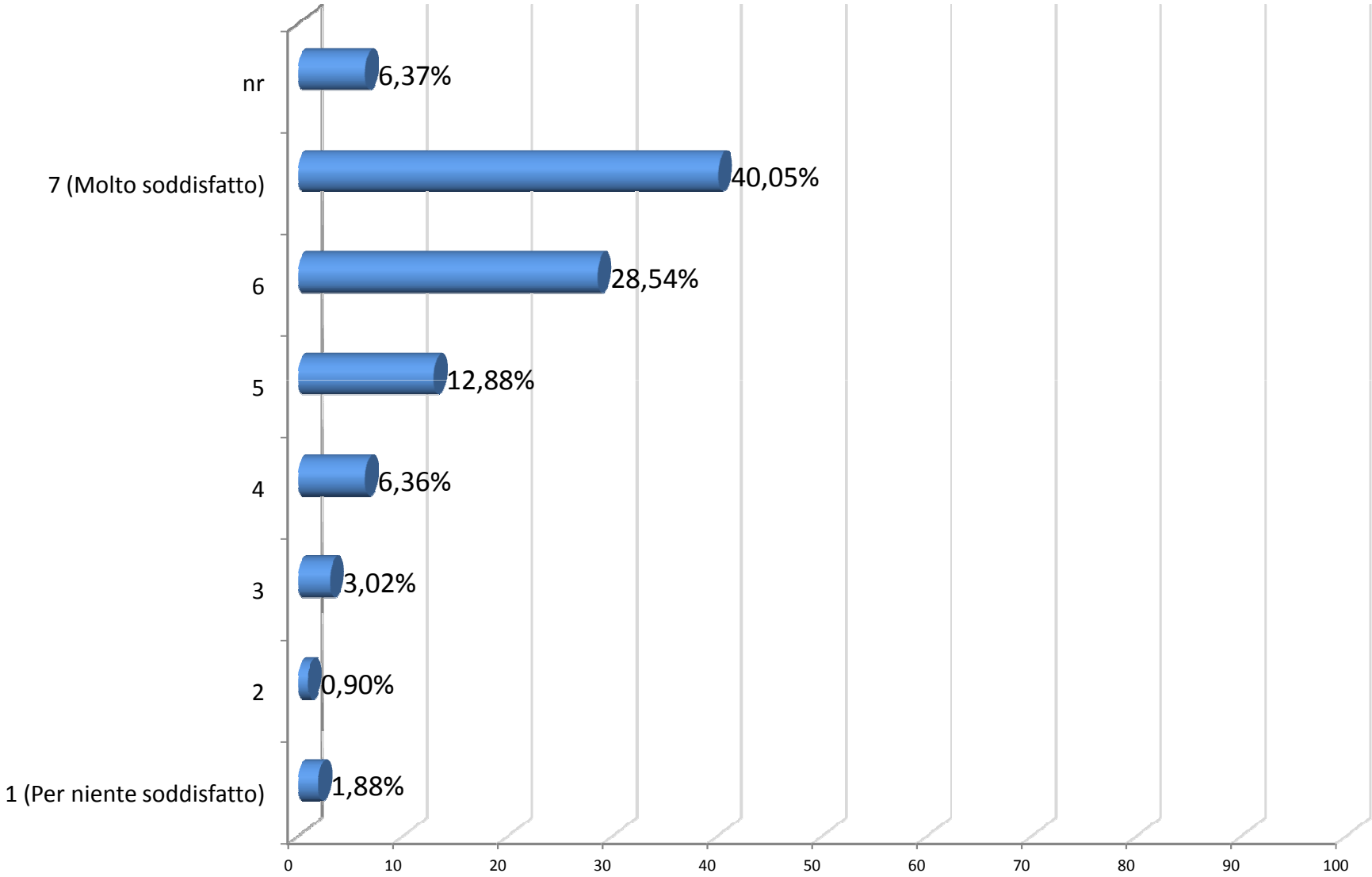
D5.1.Comfort della sala d'attesa



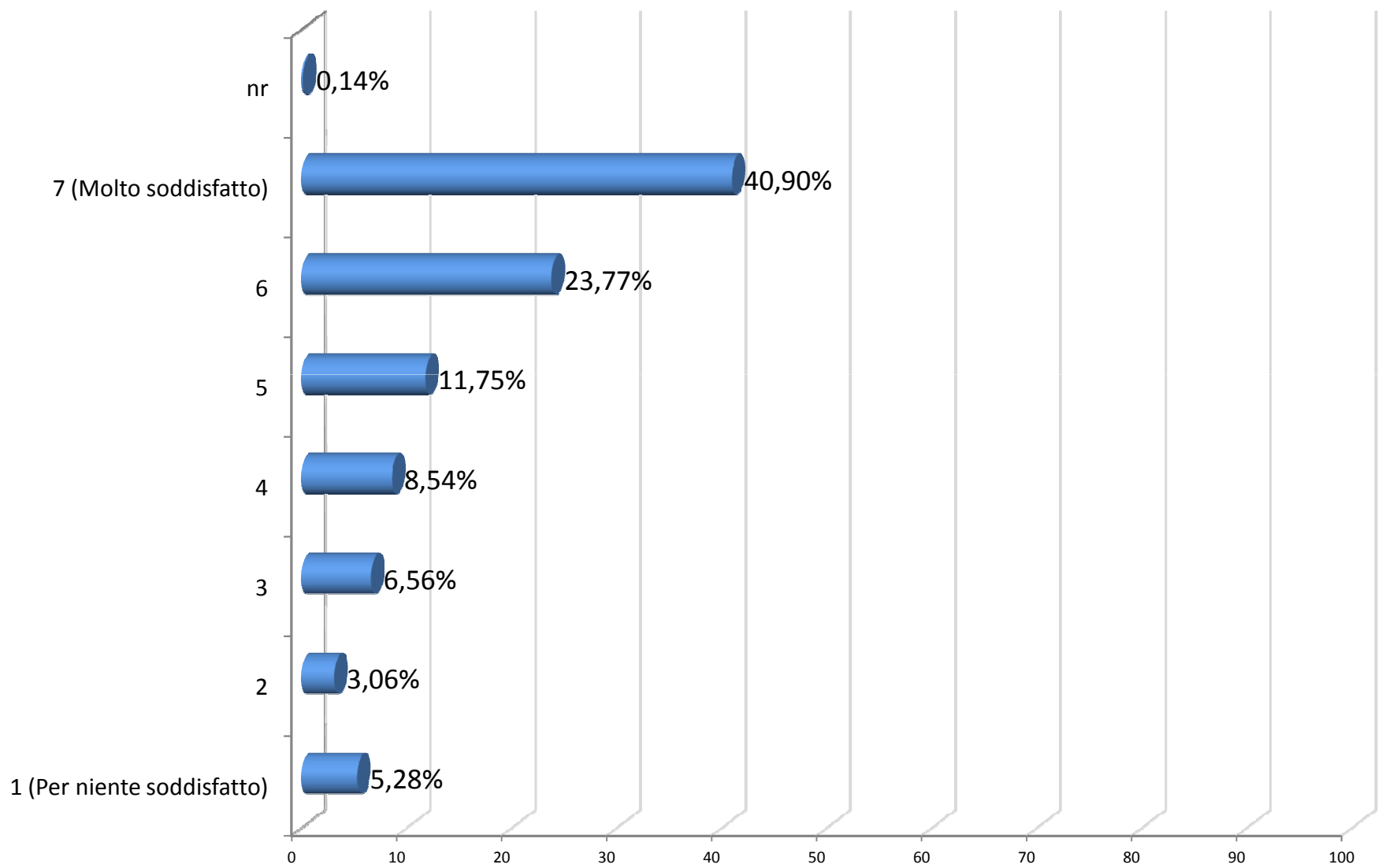
D5.2.Pulizia della sala d'attesa e dell'ambulatorio



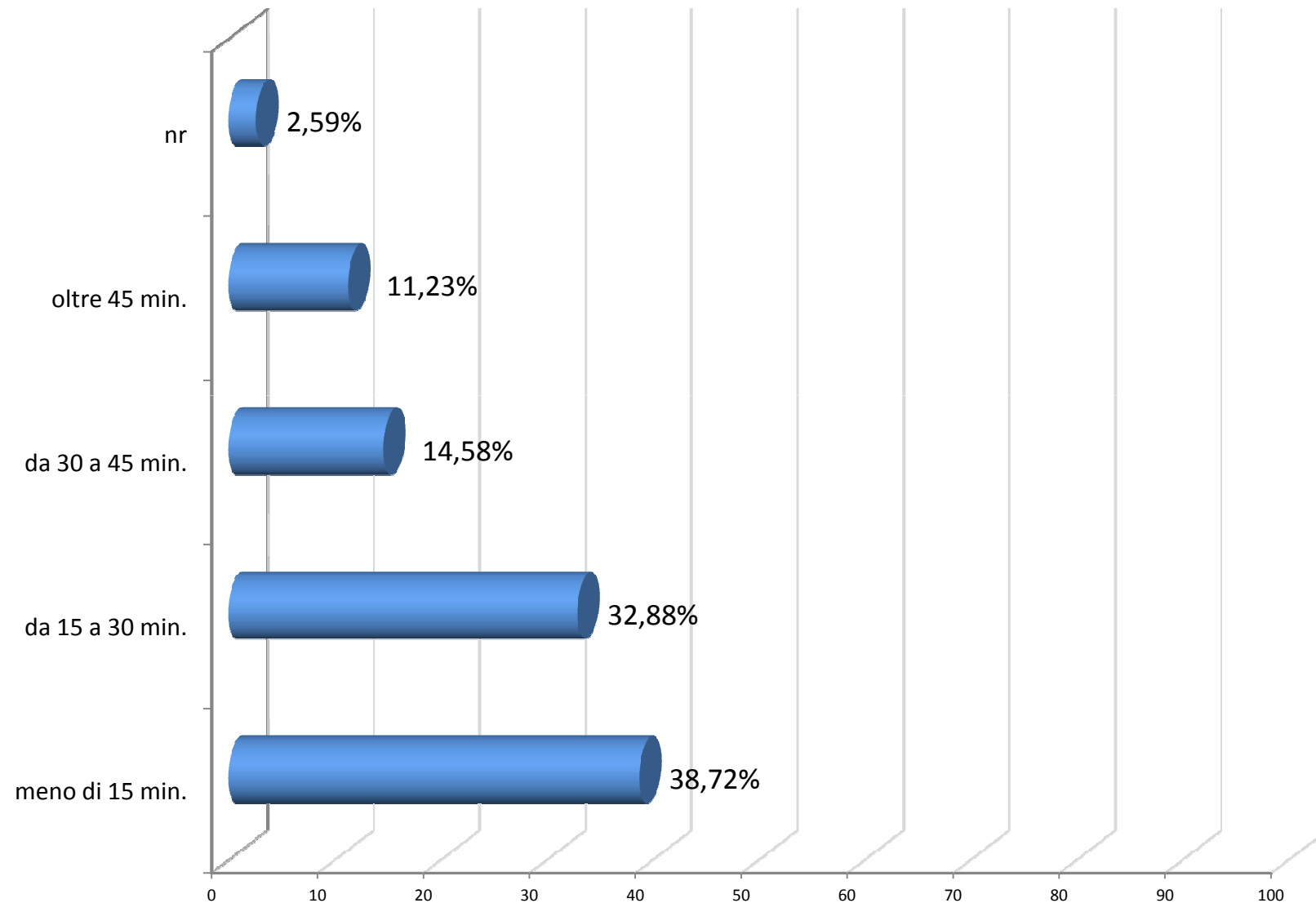
D5.3.Pulizia dei servizi igienici



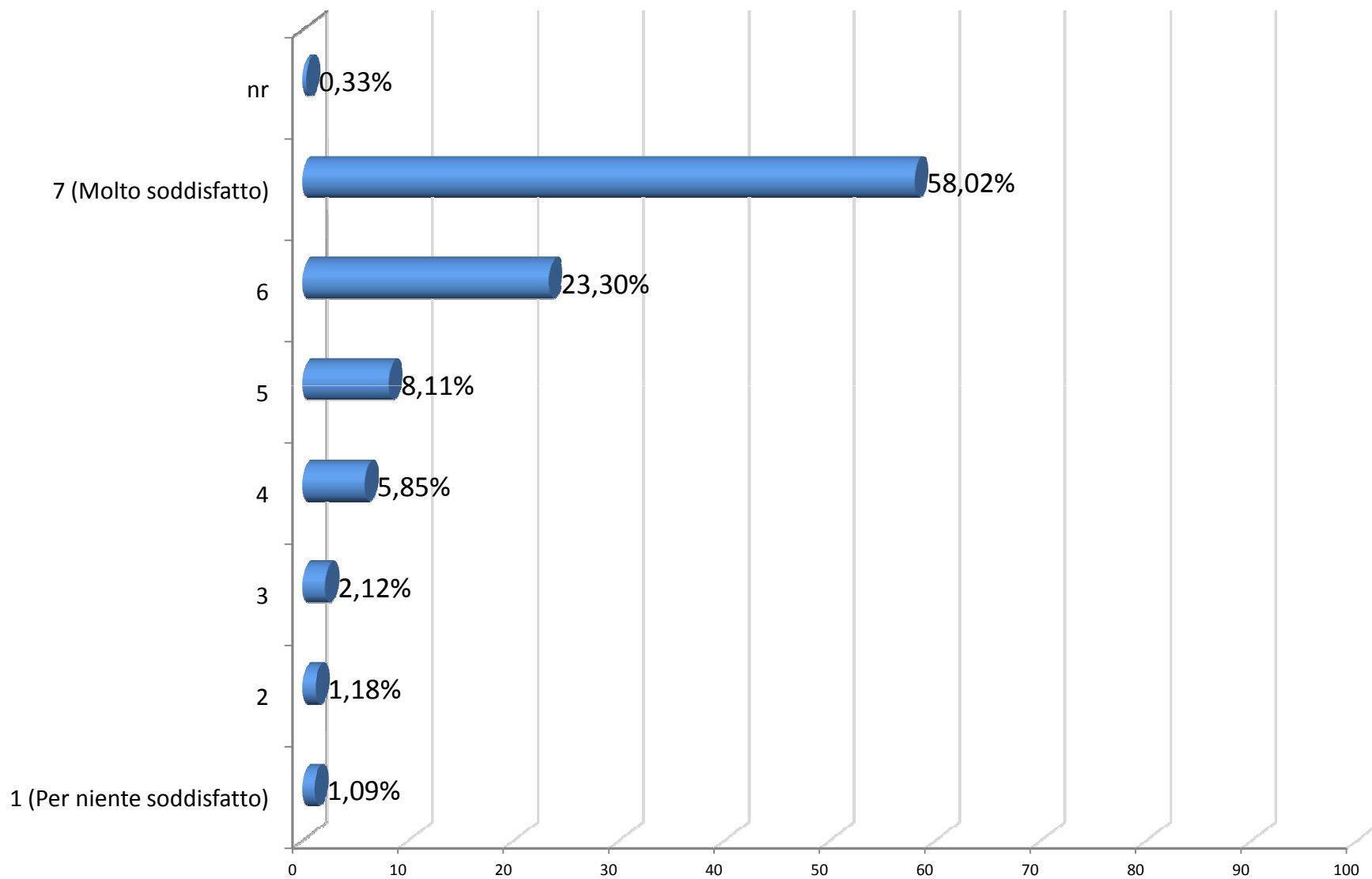
D6. Rispetto degli orari previsti



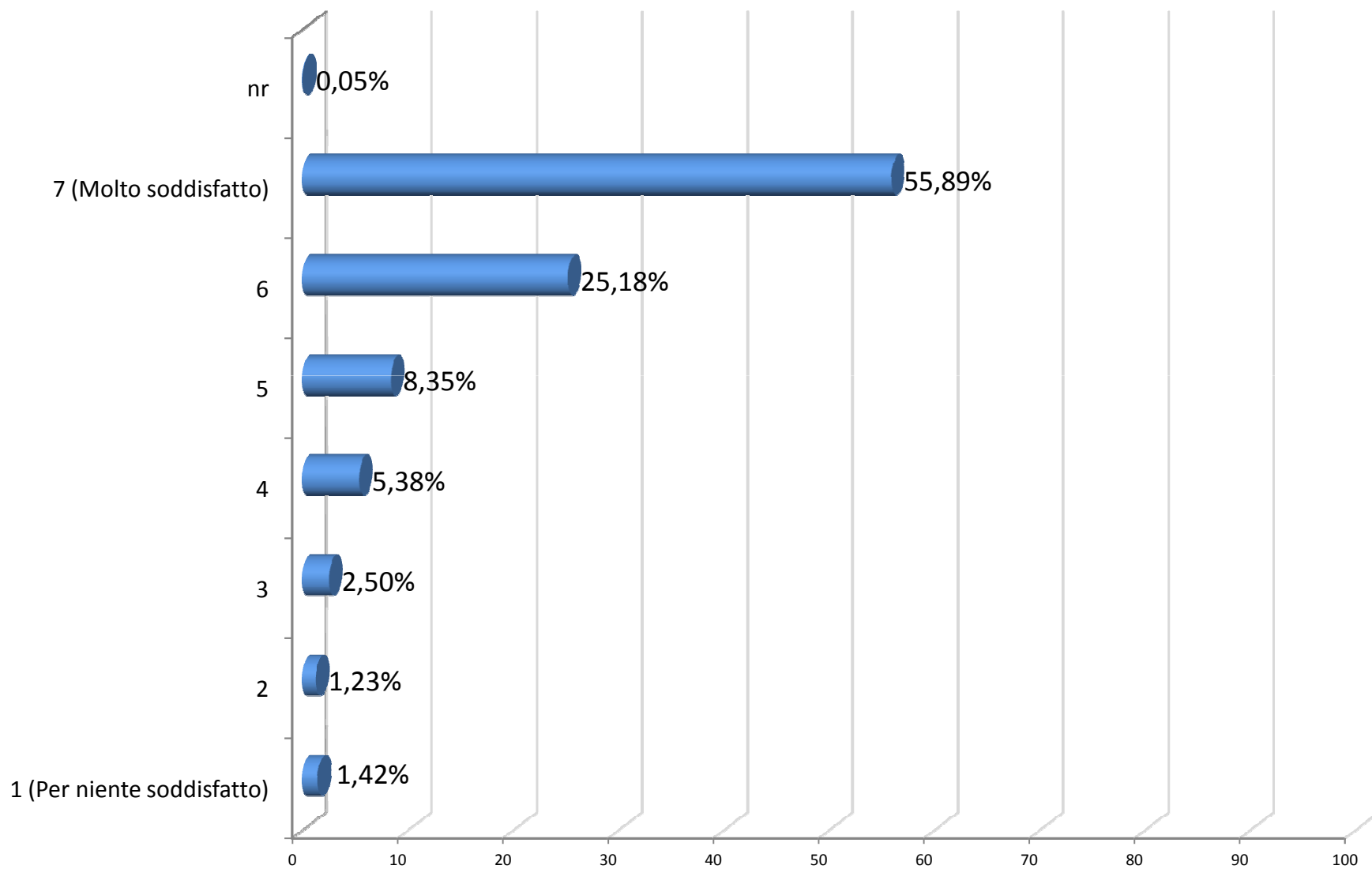
D6.1. Rispetto all'orario dell'appuntamento, quanto ha atteso?



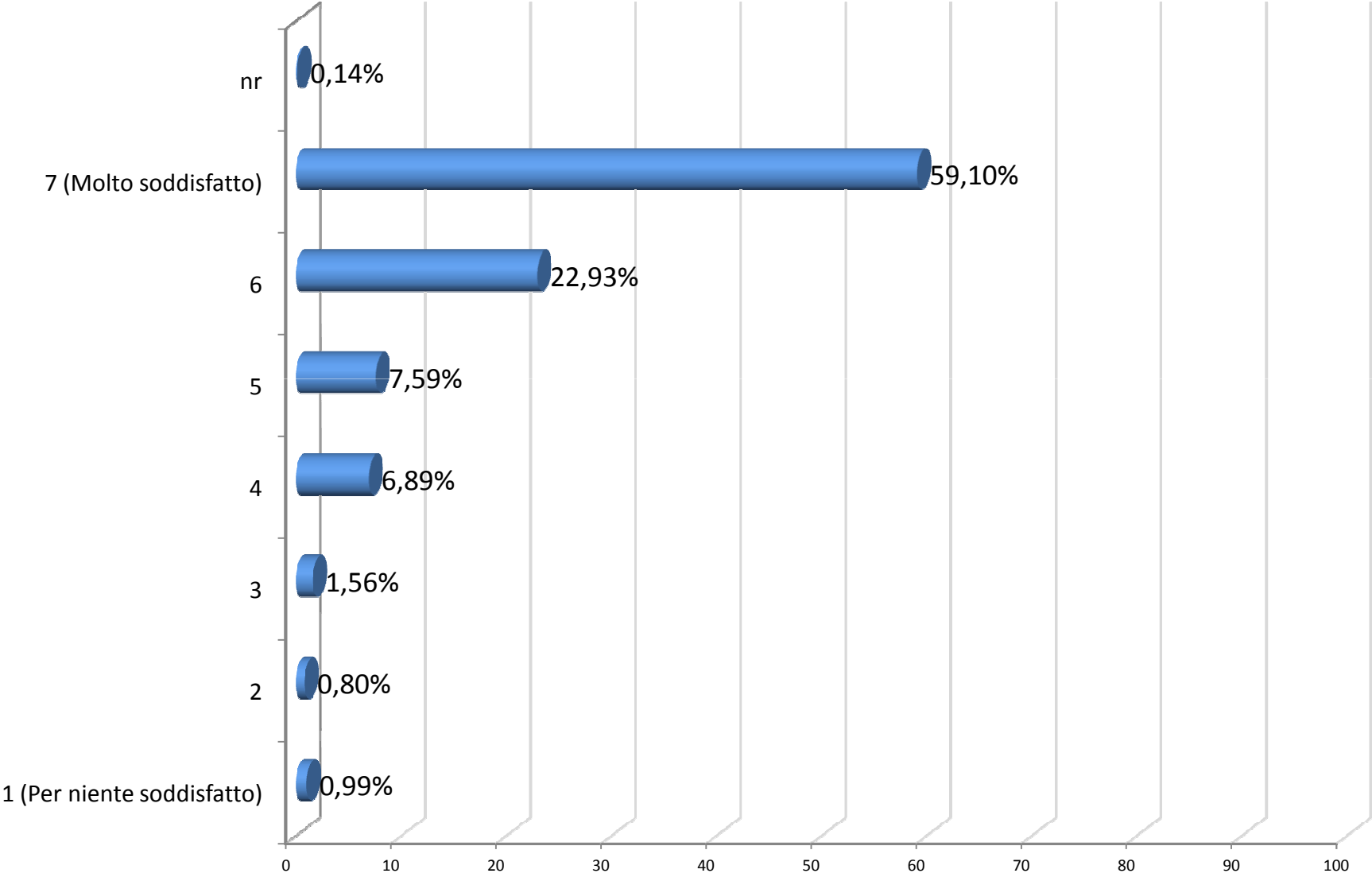
D7. Attenzione ricevuta dal personale medico



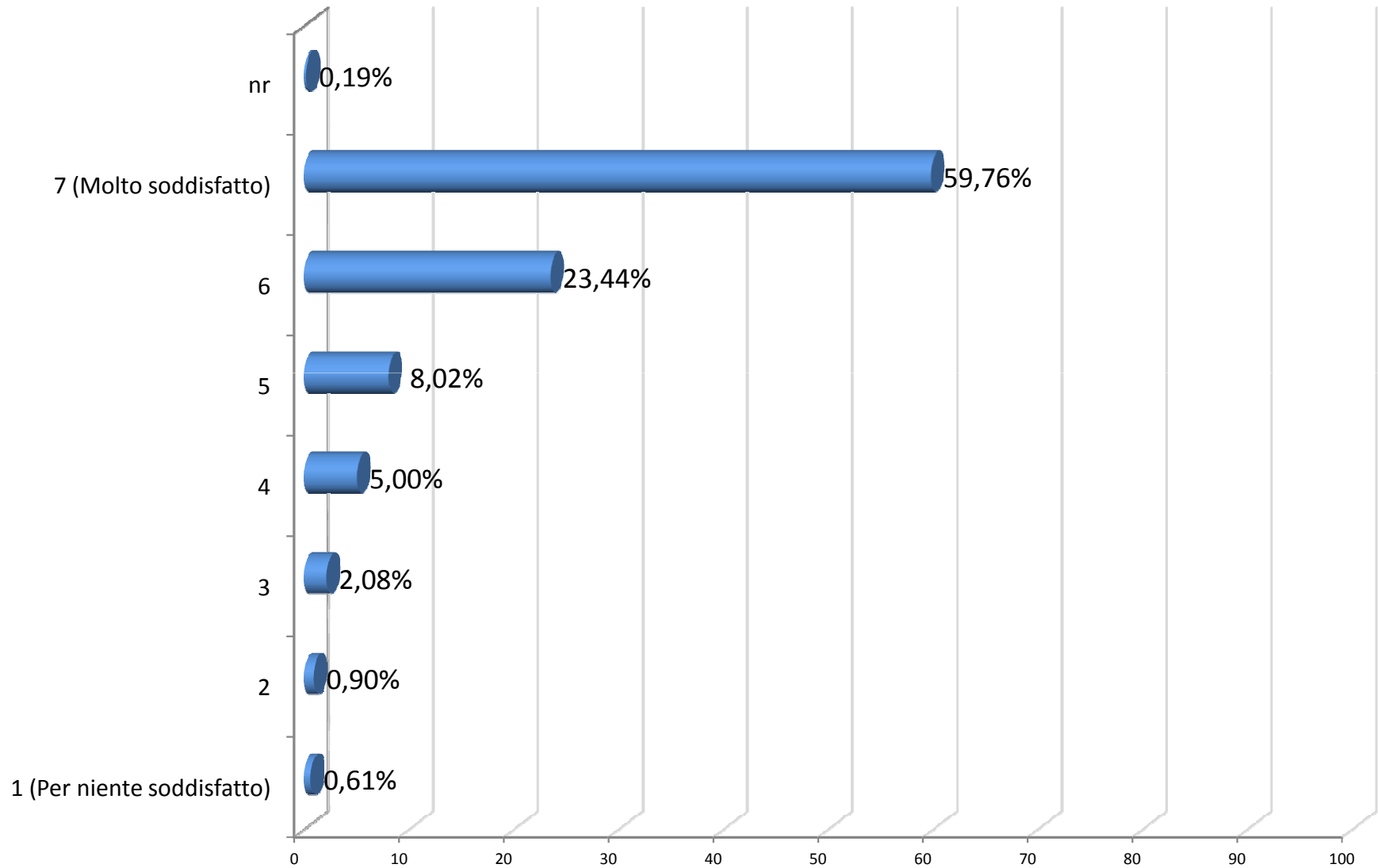
D8. Chiarezza e completezza delle informazioni e delle spiegazioni ricevute



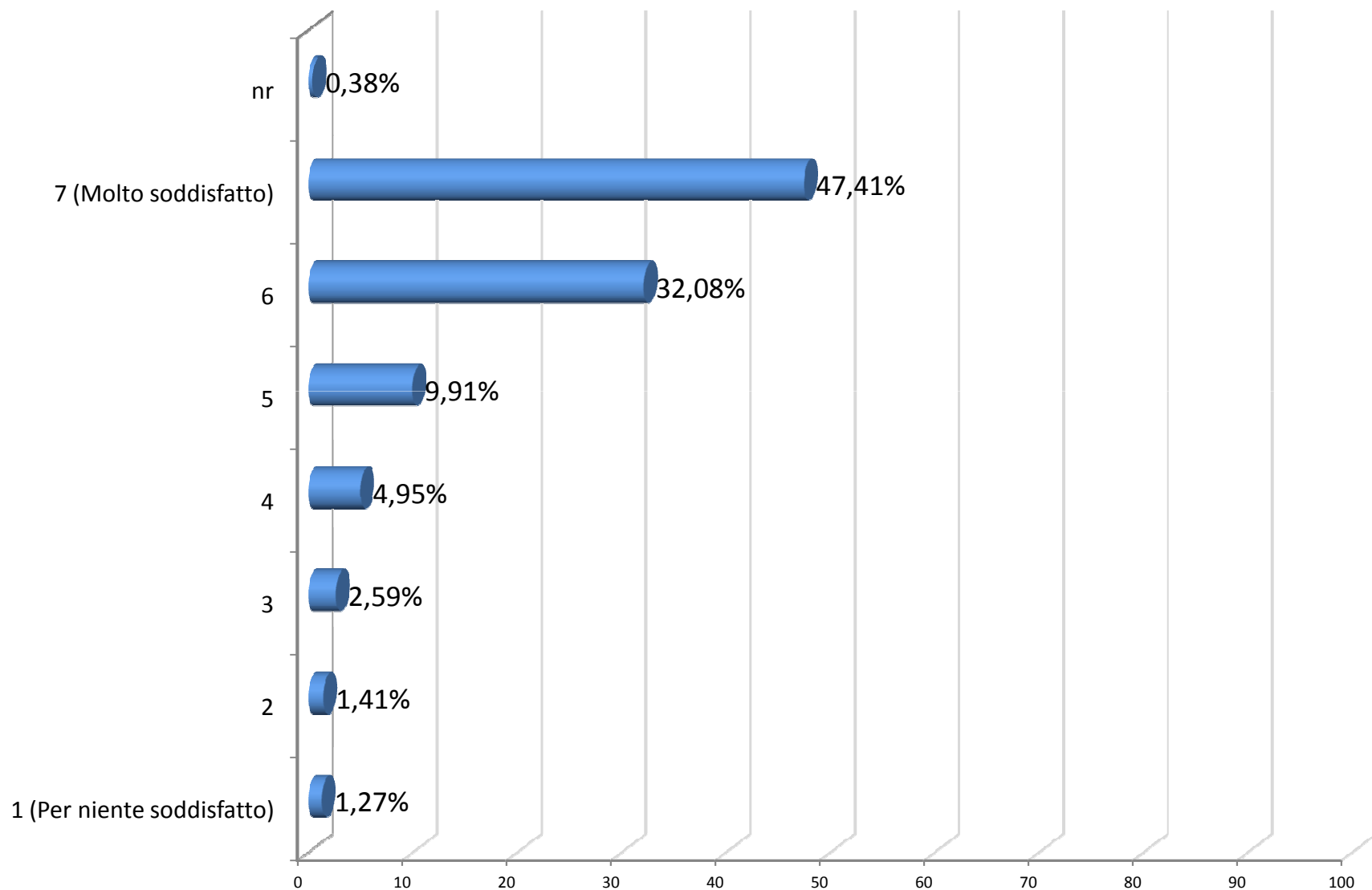
D9. Attenzione ricevuta dal personale infermieristico e/o tecnico



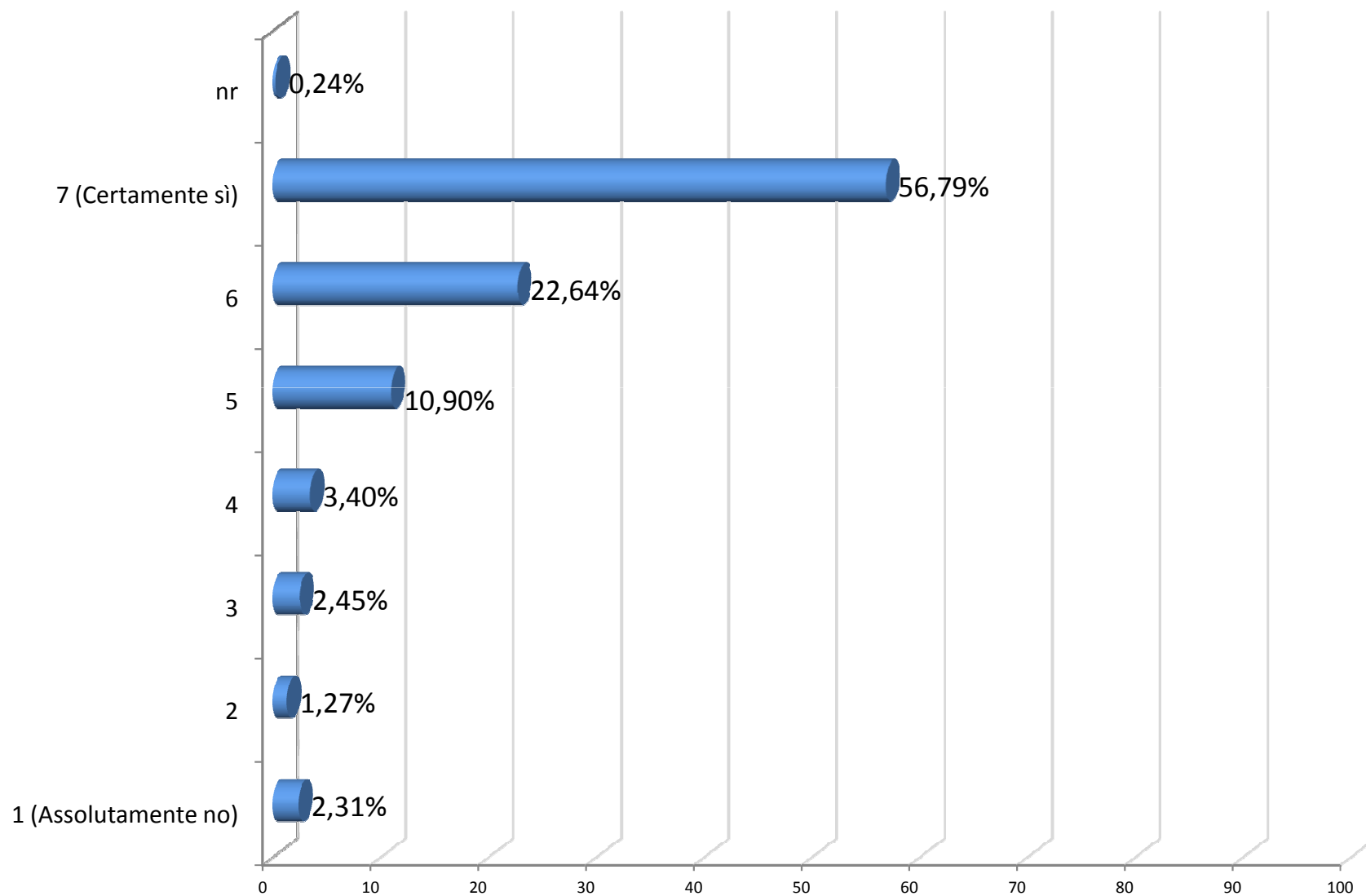
D10. Rispetto della riservatezza personale



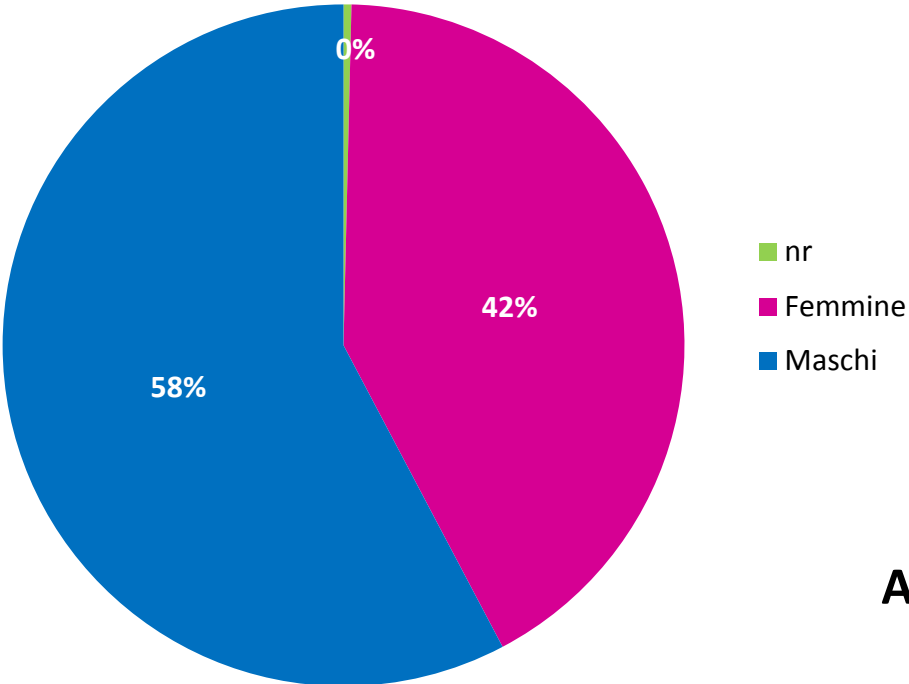
D11. Complessivamente quanto è soddisfatto del nostro servizio?



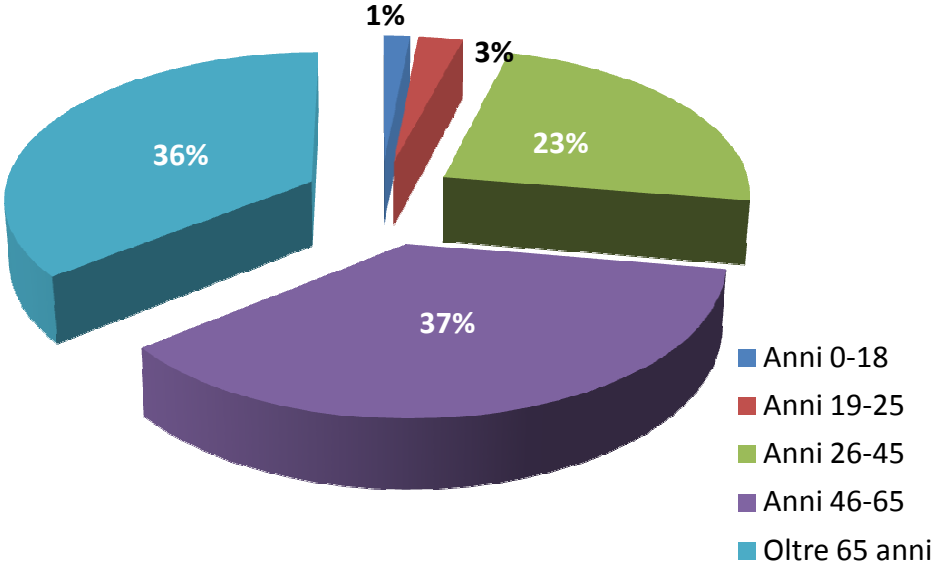
D12. Consiglierebbe ad altri questa struttura?



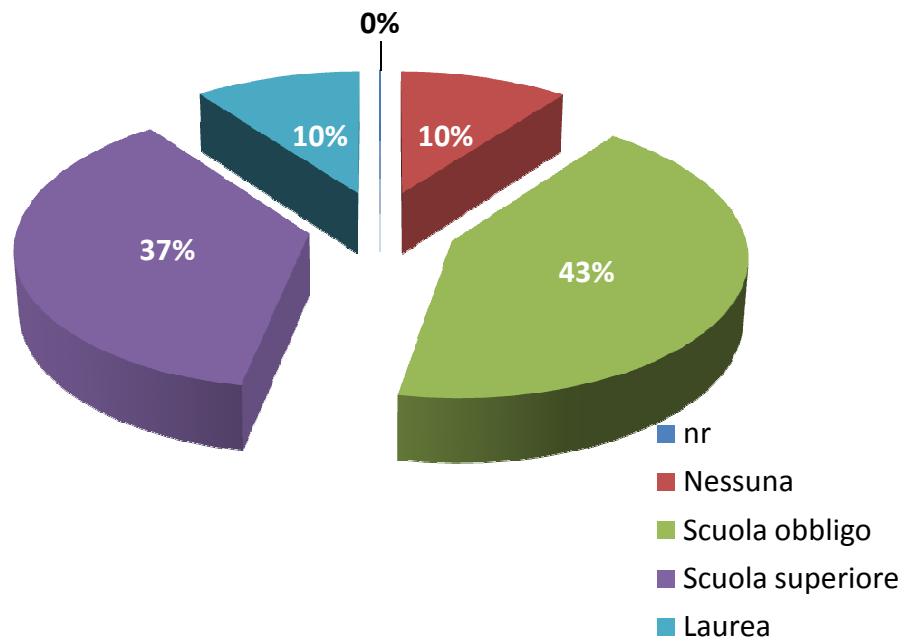
A13. Sesso



A 14. Età



A15. Scolarità



A16. Nazionalità

