

The people of the north are
the heart of our success.



**STANTON TERRITORIAL HOSPITAL
FOUNDATION**

**102 5204 50TH Ave
YELLOWKNIFE, NT X1A 1E2**

www.stha.ca

General

**1. You can expect your room or clinic to be cleaned every day.
How clean was the hospital or its clinic?**

1 Excellent 2 Good 3 Fair 4 Poor 5 Very Poor 6 Does Not Apply

**2. You can ask for menus and make your own food choices.
How was the hospital food?**

1 Excellent 2 Good 3 Fair 4 Poor 5 Very Poor 6 Does Not Apply

3. Overall, how would you rate the care you received?

1 Excellent 2 Good 3 Fair 4 Poor 5 Very Poor

Comments:

If you would like to be contacted by a representative of Stanton Territorial Health Authority please provide your contact information below:

Date of visit: _____

Name: _____

Address: _____

Phone Number: _(_____)_____ - _____

E-mail: _____



STANTON TERRITORIAL HEALTH AUTHORITY

To Be Completed By Hospital Staff

Service Area

To Be Completed By Client

What Do You Think?

We would like to know what you think about the care you received and how you feel it could be improved. You do not have to give your name; your responses will be treated confidentially.

Confidentiality/Privacy

Your responses will be kept strictly confidential. Your answers will be combined with similar types of responses and used for statistical purposes only.

Completing the Questionnaire

It is your choice to take part in the questionnaire. If you do not want to answer the questions, it will not affect the health services you receive. Your opinion is very important to us, so we hope you will decide to complete this survey.

If you wish to participate, you may either:

- Give the completed questionnaire back to hospital staff in the envelope provided, **or**
- Take your questionnaire home, fill it out and mail it in the pre-paid envelope provided.

If you need help, hospital staff can help you with the questionnaire.

**STANTON TERRITORIAL HEALTH AUTHORITY
P.O. BOX 10
YELLOWKNIFE, NT X1A 2N1**

**Ph: 867 669-4111
Fax: 867 669-4128
www.stha.ca**

QUESTIONS: Please **circle** your answer and write any comments you may have in the space provided.

Health Care Providers

Think about the **nurses** you saw during this visit.

1. **You can expect skillful and kind care from your nurses. What do you think about the care you received from your nurses?**

1 Excellent 2 Good 3 Fair 4 Poor 5 Very Poor 6 Does Not Apply

2. **You may ask your nurse any questions you may have about your care. How well did the nurses answer your questions?**

1 Excellent 2 Good 3 Fair 4 Poor 5 Very Poor 6 Does Not Apply

Comments:

Think about the **doctors** you saw during this visit.

1. **You can expect skillful and kind care from your doctors. What do you think about the care you received from the doctors?**

1 Excellent 2 Good 3 Fair 4 Poor 5 Very Poor 6 Does Not Apply

2. **You may ask your doctor any questions about your care. How well did the doctors answer your questions?**

1 Excellent 2 Good 3 Fair 4 Poor 5 Very Poor 6 Does Not Apply

Comments:

Think about the **specialized care** you received today (Occupational Therapists, Physiotherapists, Audiologists, Speech Language Pathologists, Medical Social Workers)

1. **You should expect skillful and kind care from specialized health care professionals. What do you think about the care you received from the specialized health care professional(s)?**

1 Excellent 2 Good 3 Fair 4 Poor 5 Very Poor 6 Does Not Apply

2. **You may ask your specialized health care professional questions about your procedure. How well did the specialized health care professional(s) answer your questions?**

1 Excellent 2 Good 3 Fair 4 Poor 5 Very Poor 6 Does Not Apply

3. **You can expect skillful and kind care from your Laboratory and X-ray technologists and staff. What do you think about the care you received in the Laboratory and/or X-ray Department(s)**

1 Excellent 2 Good 3 Fair 4 Poor 5 Very Poor 6 Does Not Apply

Comments:

Treatment/Procedure

1. **You should understand your treatment or procedure before you agree to have it. Was your treatment or procedure clearly explained to you?**

1 Yes 2 No 3 Somewhat 4 Does not apply

2. **You have the right to make decisions involving your care. Were you involved with decisions affecting your care?**

1 Yes 2 No 3 Somewhat 4 Does not apply

Comments:

Think about the **spiritual** care you received during this visit:

1. **You may request a visit from a Spiritual Care Worker during your stay at Stanton. Did you receive a visit from a Spiritual Care Worker (priest, minister, elder or other faith leader)?**

1 Yes 2 No 3 Did not know I could request a visit 6 Does Not Apply

2. **Overall how would you rate the spiritual care offered at Stanton?**

1 Excellent 2 Good 3 Fair 4 Poor 5 Very Poor 6 Does Not Apply

Comments:



It's for...

The donations you make to the Stanton Territorial Hospital foundation are used to purchase leading edge diagnostic equipment so northerners can stay as close to home as possible. Please give generously. You never know who it could be for.

The Stanton Hospital Foundation has purchased:

- A cardiac stress testing unit for the Medical Day Care Unit which helps physicians identify patients with coronary artery disease.*
- Three new ECG machines for the Laboratory, the Medical Day Care Unit and the Emergency Department*
- A variety of endoscopes (flexible fibre-optic tubes that allow a physician to see inside a patient's stomach, throat, bronchial tubes or colon)*
- A Bone Densitometer which measures the density of patient's bones—a very important diagnostic tool in the prevention and treatment of osteoporosis.*



**To make a donation
or for more information
please call**

**Linda Bussey, Executive Director
At 873-7982**

**or
e-mail her at linda_bussey@gov.nt.ca**