
**Patient
Survey
Network™**

Flagstaff Bone and Joint
Amber Randall, M.D.
PATIENT SURVEY REPORT
February 2007

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Sample Size: n=46

	Excellent %	Very Good %	Good %	Fair %	Poor %
A. YOUR APPOINTMENT:					
1. Ease of making appointments by phone.....	68.3	26.8	4.9	0.0	0.0
2. Appointment available within a reasonable amount of time....	70.5	22.7	6.8	0.0	0.0
3. Getting care for illness/injury as soon as you wanted it.....	65.9	25.0	6.8	2.3	0.0
4. Getting after-hours care when you needed it.....	57.1	21.4	7.1	14.3	0.0
5. The efficiency of the check-in process.....	68.2	27.3	4.5	0.0	0.0
6. Waiting time in the reception area.....	64.4	28.9	4.4	2.2	0.0
7. Waiting time in the exam room.....	53.3	37.8	8.9	0.0	0.0
8. Keeping you informed if appointment time was delayed.....	63.3	26.7	6.7	3.3	0.0
9. Ease of getting a referral when you needed one.....	70.8	20.8	4.2	4.2	0.0
B. OUR STAFF:					
1. The courtesy of the person who took your call.....	75.0	22.5	2.5	0.0	0.0
2. The friendliness and courtesy of the receptionist.....	77.8	17.8	4.4	0.0	0.0
3. The caring concern of our nurses/medical assistants.....	80.0	17.8	2.2	0.0	0.0
4. The helpfulness of people who assisted with billing/ins.....	69.2	25.6	5.1	0.0	0.0
5. The professionalism of our lab or x-ray staff.....	71.4	21.4	7.1	0.0	0.0
C. OUR COMMUNICATION WITH YOU:					
1. Your phone calls answered promptly.....	64.1	30.8	2.6	2.6	0.0
2. Getting advice or help when needed during office hours.....	63.2	31.6	5.3	0.0	0.0
3. Explanation of your procedure (if applicable).....	75.0	22.5	2.5	0.0	0.0
4. Your test results reported in reasonable amount of time.....	75.7	16.2	5.4	2.7	0.0
5. Effectiveness of our health information materials.....	68.4	28.9	2.6	0.0	0.0
6. Our ability to return your calls in a timely manner.....	61.3	29.0	3.2	6.5	0.0
7. Your ability to contact us after hours.....	75.0	8.3	16.7	0.0	0.0
8. Your ability to obtain prescription refills by phone.....	81.8	9.1	4.5	4.5	0.0
D. YOUR VISIT WITH THE PROVIDER:					
1. Willingness to listen carefully to you.....	80.4	19.6	0.0	0.0	0.0
2. Taking time to answer your questions.....	76.1	23.9	0.0	0.0	0.0
3. Amount of time spent with you.....	71.7	23.9	4.3	0.0	0.0
4. Explaining things in a way you could understand.....	77.8	20.0	2.2	0.0	0.0
5. Instructions regarding medication/follow-up care.....	65.9	31.7	2.4	0.0	0.0
6. The thoroughness of the examination.....	73.9	23.9	2.2	0.0	0.0
7. Advice given to you on ways to stay healthy.....	73.0	18.9	8.1	0.0	0.0
E. OUR FACILITY:					
1. Hours of operation convenient for you.....	71.1	22.2	6.7	0.0	0.0
2. Overall comfort.....	73.3	22.2	4.4	0.0	0.0
3. Adequate parking.....	41.9	16.3	9.3	14.0	18.6
4. Signage and directions easy to follow.....	57.8	20.0	20.0	2.2	0.0
F. YOUR OVERALL SATISFACTION WITH:					
1. Our practice.....	81.8	15.9	2.3	0.0	0.0
2. The quality of your medical care.....	86.4	9.1	4.5	0.0	0.0
3. Overall rating of care from your provider or nurse.....	86.0	9.3	4.7	0.0	0.0
	Definitely Yes %	Probably Yes %	Don't Know %	Probably No %	Definitely No %
4. Would you recommend the provider to others?.....	88.4	11.6	0.0	0.0	0.0

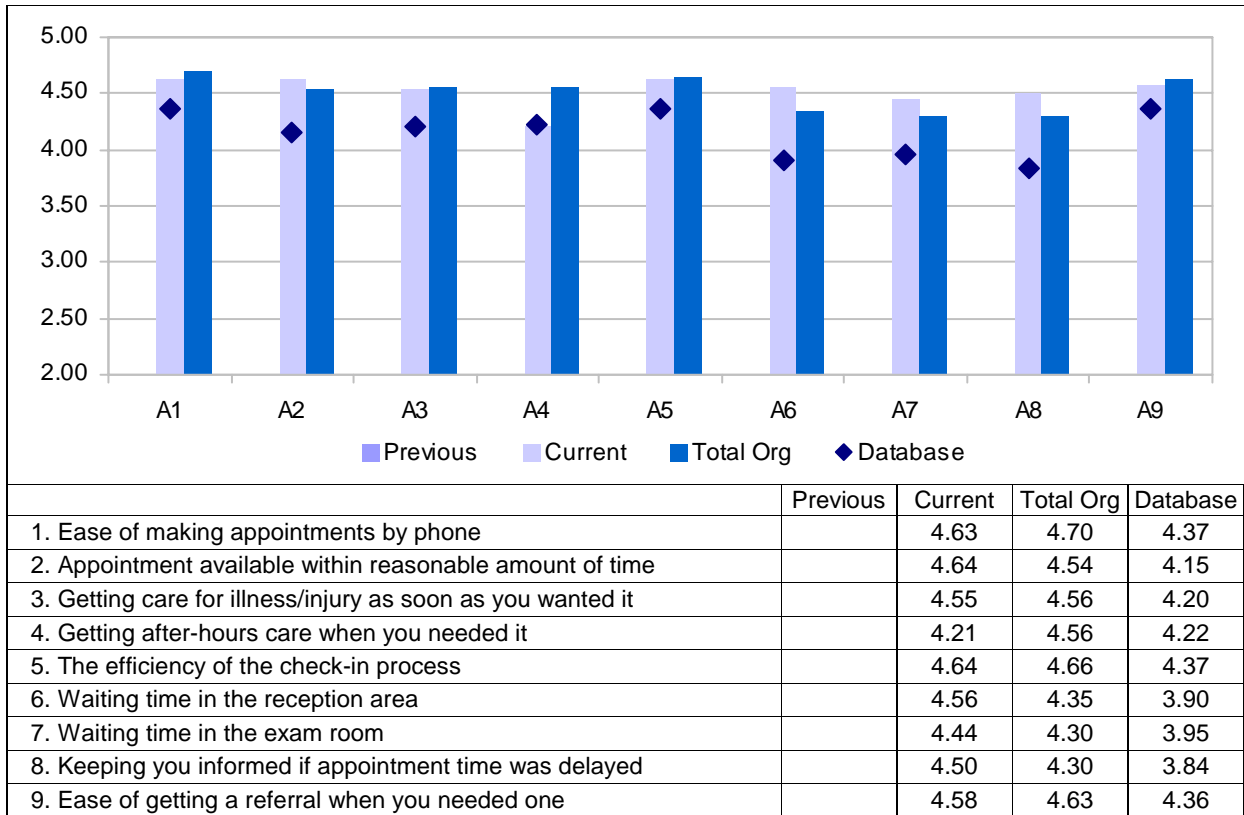
	Under 18	18-30	31-40	41-50	51-64	65+	Male	Female	New Patient	Returning
AGE	4.3%	8.7%	2.2%	19.6%	41.3%	23.9%	GENDER 47.6%	52.4%	ARE YOU A: 38.6%	61.4%

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Mean Score Benchmarking Comparison**

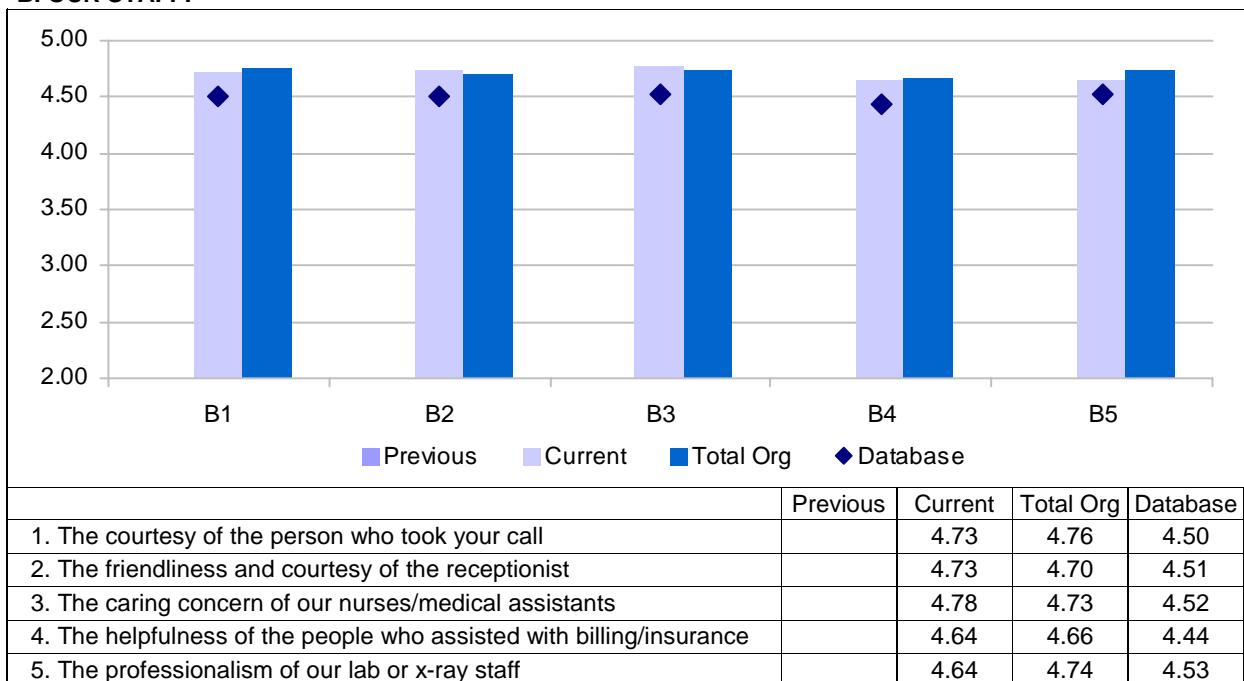
Sample Size: 46

Database: n=12,613 Orthopedics Region=All Mailed/OTC=All

A. YOUR APPOINTMENT:



B. OUR STAFF:

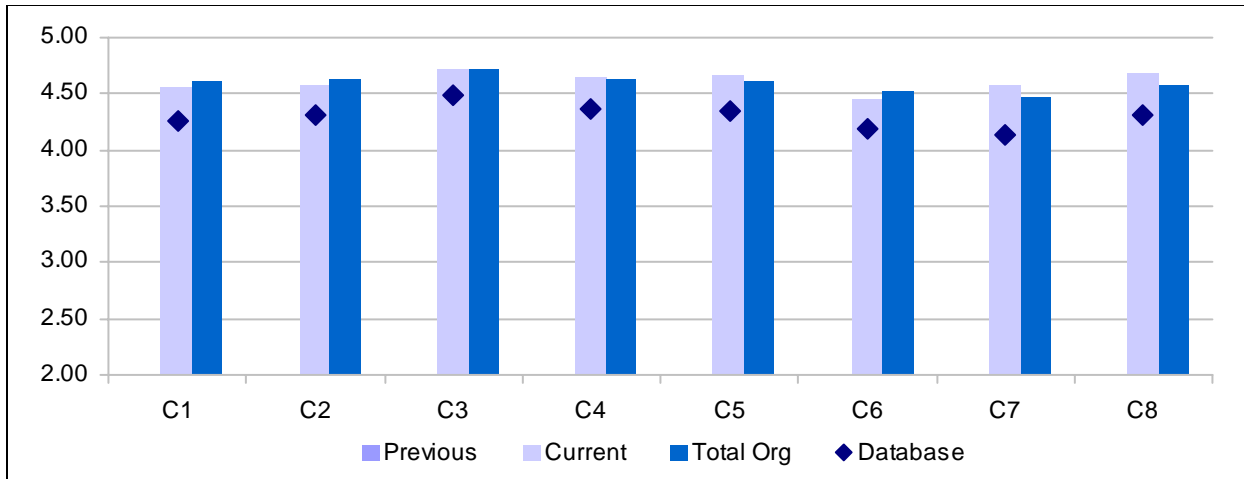


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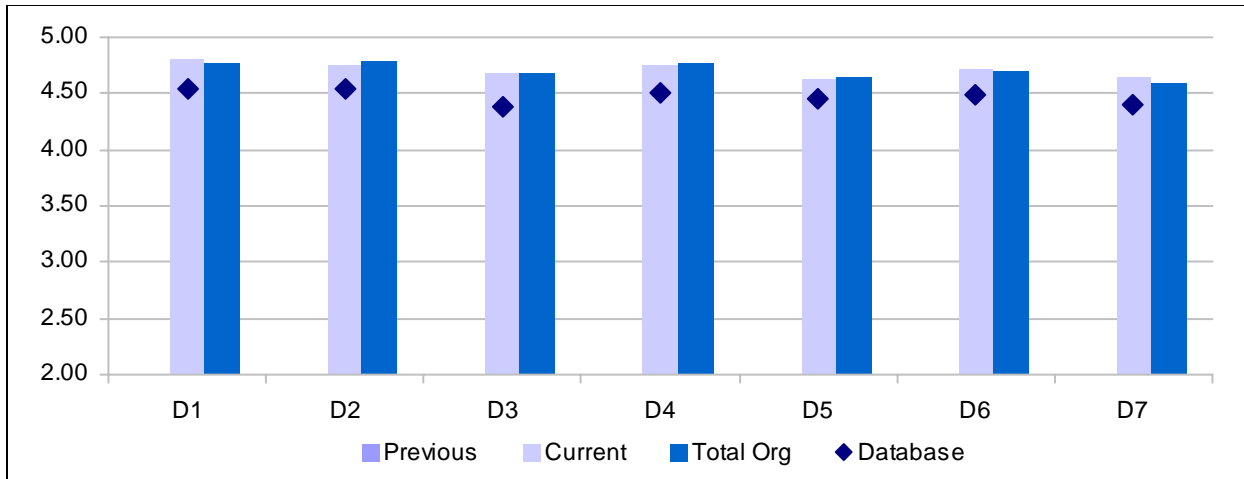
Database: n=12,613 Orthopedics Region=All Mailed/OTC=All

C. OUR COMMUNICATION WITH YOU:



	Previous	Current	Total Org	Database
1. Your phone calls answered promptly		4.56	4.62	4.26
2. Getting advice or help when needed during office hours		4.58	4.63	4.31
3. Explanation of your procedure (if applicable)		4.73	4.72	4.48
4. Your test results reported in reasonable amount of time		4.65	4.63	4.36
5. Effectiveness of our health information materials		4.66	4.61	4.34
6. Our ability to return your calls in a timely manner		4.45	4.53	4.18
7. Your ability to contact us after hours		4.58	4.47	4.13
8. Your ability to obtain prescription refills by phone		4.68	4.57	4.31

D. YOUR VISIT WITH THE PROVIDER:



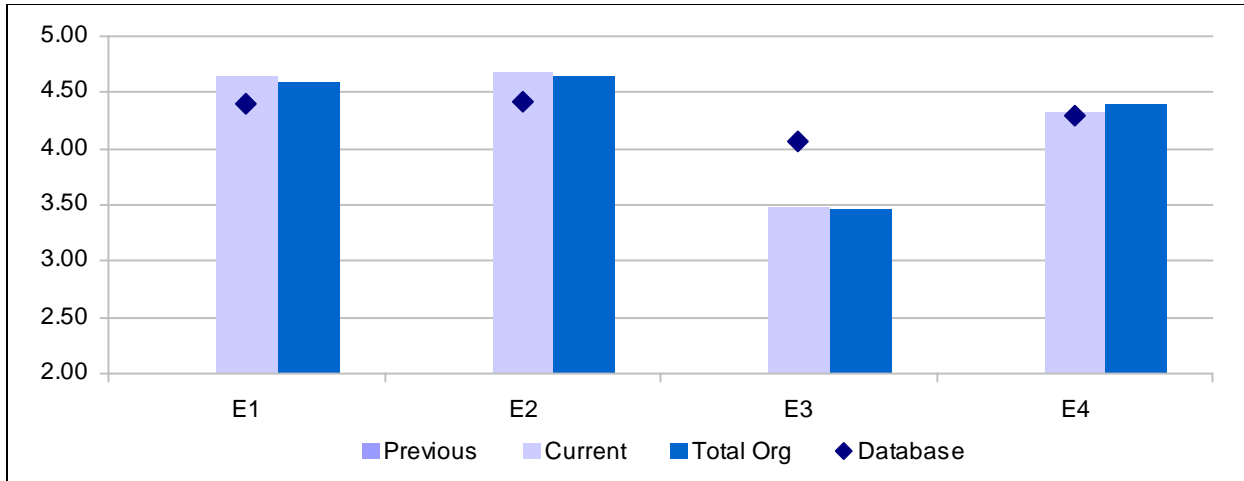
	Previous	Current	Total Org	Database
1. Willingness to listen carefully to you		4.80	4.77	4.54
2. Taking time to answer your questions		4.76	4.78	4.54
3. Amount of time spent with you		4.67	4.68	4.39
4. Explaining things in a way you could understand		4.76	4.76	4.51
5. Instructions regarding medication/follow-up care		4.63	4.65	4.45
6. The thoroughness of the examination		4.72	4.70	4.48
7. Advice given to you on ways to stay healthy		4.65	4.60	4.40

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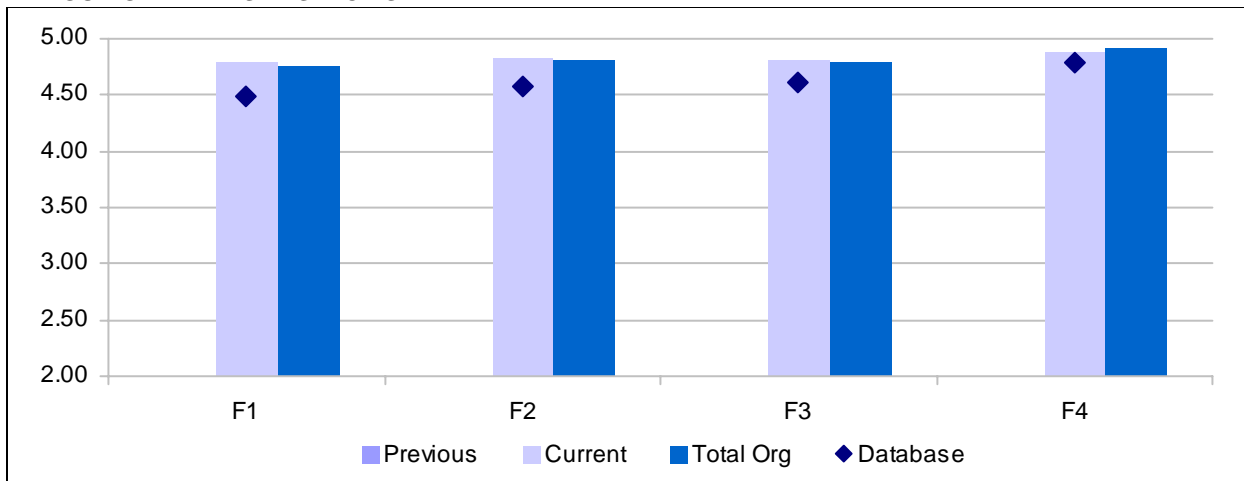
Database: n=12,613 Orthopedics Region=All Mailed/OTC=All

E. OUR FACILITY:



	Previous	Current	Total Org	Database
1. Hours of operation convenient for you		4.64	4.60	4.39
2. Overall comfort		4.69	4.65	4.42
3. Adequate parking		3.49	3.46	4.06
4. Signage and directions easy to follow		4.33	4.41	4.29

F. YOUR OVERALL SATISFACTION WITH:



	Previous	Current	Total Org	Database
1. Our practice		4.80	4.76	4.50
2. The quality of your medical care		4.82	4.81	4.57
3. Overall rating of care from your provider or nurse		4.81	4.79	4.60
4. Would you recommend the provider to others?		4.88	4.91	4.79