Consumer Health Library User Satisfaction Surveys

A compilation of user satisfaction surveys submitted by CAPHIS Listserv members from October 20-26, 2010.

Compiled by Rhonda J. Allard, MLIS
Myra Mahon Patient Resource Center, Weill Cornell Medical College
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Health Information Library
Consumer Satisfaction Survey

Please give us your feedback on the Library’s Services and Resources.

Was the information provided by the Library:

- Helpful in answering your questions? □ □ □ □ □
- Understandable? □ □ □ □ □
- Delivered to you within a reasonable amount of time? □ □ □ □ □

Was the Library Staff:

- Friendly and helpful? □ □ □ □ □
- Knowledgeable about health information? □ □ □ □ □

How did you find out about the CRMC Library:

□ Promotional bookmark □ From a Healthcare Professional □ Walking by the Library
□ From a friend or family member □ Other ________________________________

Comments and Suggestions:

You can mail the completed survey to:
Catskill Regional Medical Center
Health Information Library, PO Box 800, Harris, NY 12742-0800

Thank you for filling out this survey
so that we can better serve your health information needs!
2009 Family Resource Center Patient Survey

The Children’s Medical Center of Dayton has a Family Resource Center (FRC) providing free information to parents, agencies, schools and other child advocates about child health, behavior, parenting skills and safety. We are surveying inpatient families to evaluate current services and plan for our new Family Resource Center. We also serve physicians, schools, agencies and other child advocates in the community.

Your input is important. Please complete this survey by April 15, 2009. You may return the survey to the video cart volunteers or to the Family Resource Center on the second floor. Thank you for assisting The Children’s Medical Center of Dayton.

1. Your Name (optional):

2. Your contact information (optional):

3. Have you ever used the Family Resource Center?
   - Yes
   - No (continue to question #5)

4. If yes, what services did you use? Check all services that you have used.
   - Health information packets. If yes,
     a. Was the information helpful?
        - Yes
        - No
     b. Was the information received in a timely manner?
        - Yes
        - No
     c. Is the Family Resource Center staff knowledgeable?
        - Yes
        - No
   - Movies or games from the movie cart
   - Movies or games from the Family Resource Center
   - Internet services in the Family Resource Center
   - Community support group information
   - Community resources such as utility help, medication help, etc.
   - Health, parenting and safety library books
   - Leisure reading books and magazines
   - Safety store items
   - Brochures
   - Fax
   - Phone
   - Copier
5. The Family Resource Center is open:

   Monday 9:00 am to 8:00 pm
   Tuesday, Wednesday, Thursday and Friday 9:00 am to 4:00 pm
   Saturday 9:00 am to 2:00 pm

Are the Family Resource Center hours convenient?

☐ Yes
☐ No

6. How important are the following CURRENT services to you?

<table>
<thead>
<tr>
<th>Service</th>
<th>Not Important</th>
<th>Somewhat Important</th>
<th>Very Important</th>
<th>Critically Important</th>
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</thead>
<tbody>
<tr>
<td>Information packets on a child’s diagnosis in English</td>
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<td>Information packets on a child’s diagnosis in Spanish</td>
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<td>Plain language material on a child’s diagnosis</td>
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<td>Plain language material for teens or children</td>
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<tr>
<td>Pictures or images on a child’s diagnosis</td>
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<tr>
<td>Community support groups</td>
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<tr>
<td>Community resources (food, utility or medication help, etc)</td>
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<tr>
<td>Schedule a car seat check</td>
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<tr>
<td>Discounted child safety products for the home</td>
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<tr>
<td>Rare disease information</td>
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<tr>
<td>Summer camp information for kids with special needs</td>
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</table>

7. How important are the following PROPOSED services to you?

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<td>Anatomical models</td>
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<tr>
<td>Lunch and learn sessions on safety topics</td>
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<tr>
<td>Parenting skills movies</td>
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<tr>
<td>Bookstore with health, safety and parenting books</td>
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<td>Safety store with booster seats, bike helmets, etc.</td>
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</tbody>
</table>

8. What services would you like to see offered in the Family Resource Center?

   Thank you for assisting The Children’s Medical Center of Dayton!
2009 Family Resource Center Patron Survey

The Children's Medical Center of Dayton has a Family Resource Center (FRC) providing free information to parents, agencies, schools and other child advocates about child health, behavior, parenting skills and safety. You requested information from the Family Resource Center in 2008. Based on that service, please answer the following questions.

1. Your Name (optional):

2. Your contact information (optional):

3. You asked for this information as a:
   - Parent
   - School nurse
   - K-12 teacher or counselor
   - Child care provider
   - Parent mentor
   - Agency
   - Hospital or Physician office
   - Other (please list)

4. Were the Family Resource Center hours convenient?
   - Yes
   - No

5. Was the Family Resource Center staff knowledgeable?
   - Yes
   - No

6. Was the information helpful?
   - Yes
   - No

7. Was the information received in a timely manner?
   - Yes
   - No

TURN OVER
2009 Family Resource Center Patron Survey

8. How important are the following CURRENT services to you?

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10. What services would you like to see offered in the Family Resource Center?

Thank you for assisting The Children’s Medical Center of Dayton!

Mail completed survey to Family Resource Center, 1 Children’s Plaza, Dayton, OH 45404-1815
2009 Family Resource Center Physician Survey

1. Name (optional):

2. Contact information (optional):

3. Where do you work?

4. Hospital department or specialty area:

5. Your job/position:
   - Pediatrician
   - Family Practitioner
   - Pediatric Specialist
   - Office manager/Pediatrics
   - Office manager/Family Practitioner
   - Other (please list):

The Children’s Medical Center of Dayton has a Family Resource Center (FRC) providing free information to parents about child health, behavior, parenting skills and safety.

6. Have you ever referred a family to the Family Resource Center?
   - Yes
   - No

7. How important are the following CURRENT services to your patient families?

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<tr>
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Please the completed survey mail to:

Family Resource Center  
The Children’s Medical Center of Dayton  
1 Children’s Plaza  
Dayton, OH 45404-1815

Thank you for assisting The Children’s Medical Center of Dayton!
Patient/Family Resource Center Survey

Please let us know what you think about our materials and services.

1. What topic were you seeking information on? ____________________________________________

2. Do you believe the information you received will answer your questions? ___Yes ___No

3. How did you find out about the Patient/ Family Resource Center?
   ___ Doctor ___ Patient Liaison/Rounder
   ___ Nurse ___ Previous user
   ___ Physical Therapist ___ No one - just passed by
   ___ Nutritionist ___ Sign or flyer

4. How do you like to get health information?
   ___ Doctor, nurse, etc. ___ Print (book, magazine, brochure, etc.)
   ___ Internet ___ Video/TV

5. Were the staff/volunteers:
   Helpful ___Yes ___No
   Friendly ___Yes ___No
   Well-informed ___Yes ___No

6. Were materials arranged so you could find them easily? ___Yes ___No

7. What is our most valuable service? ____________________________________________________

Comments:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Name (optional) ___________________________ Date ___________________

Thank you for completing the survey
Has our health information helped you?

It would help us to know how much the services of the staff and the health information resources of the Patients’ Library have helped you in understanding your health. Taking the time to fill out this brief survey will assist us in making our Library the best it can be.

Are you:  
____Patient  
____Employee  
____Volunteer  
____Family member  
____Other

How did you find out about the Patients’ Library?
____ I found out about it by myself  
____ I was sent to the Library by a hospital staff member  
____ I was told about the Library by another patient  
____ Other (please list) _____________________________________________

Please check any of the following resources which you have used in the Library:
____ Health Reference Center Computer  
____ Books  
____ Corner computer with CD-ROM programs  
____ Magazines  
____ Videos on Library shelves  
____ CCTV (Closed-Circuit TV system, to watch videos not on the Library’s shelves)

Did you find the information you needed?  
_____ Yes  
_____ No

Did you ask the Librarian for help?  
_____ Yes  
_____ No

If yes, was the service:  
_____ Excellent  
_____ Very good  
_____ Good  
_____ Fair  
_____ Poor

Did the Librarian find the information you needed?  
_____ Yes  
_____ No

How helpful have you found the health information from the Patients’ Library?  
_____ Extremely helpful  
_____ Very helpful  
_____ Somewhat helpful  
_____ Not helpful at all

Will you use the information to talk to your health care provider about your health?  
_____ Yes  
_____ No  
_____ The information wasn’t for me personally

Did the Patients’ Library services and resources increase your satisfaction with the hospital?  
_____ Yes  
_____ No  
_____ No opinion

Comments are appreciated! Please use the back of this form to make any suggestions, comments, etc. You can either return this form to the Patients’ Library (Room A237) in person, or ask a staff member to mail it to 142D through the hospital’s mail system for you. Thanks for your help!
To help us improve our services, please answer the following questions. We appreciate your comments.

I am a (please check): • Lay person • MD • Allied Health • Student • Other

Are you a Legacy employee? • Yes Department__________________________________________

How did you hear about the Community Health Information Center? (please check all applicable)
• Used services before • Hospital staff • Friend • Phone book ☐ Website
• Educational program • Legacy mailing • MD (Name) __________________________
• Agency ____________________ • Other______________________________________________

<table>
<thead>
<tr>
<th>Staff was courteous &amp; knowledgeable?</th>
<th>Yes</th>
<th>No</th>
<th>Undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff offered to find information for you or provide a referral?</td>
<td>•</td>
<td>•</td>
<td>•</td>
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<tr>
<td>Are you satisfied with the information you received?</td>
<td>•</td>
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</table>

If you answered “no” to the previous questions, what would have been more helpful?_________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What type of information were you looking for? (include subject area/diagnosis) ___________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What materials did you use? (please check)
• Pamphlets/vertical files • Books
• Videos/DVDs • Computerized information

Suggestions/Other comments: _________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

(Use Back of Sheet for further comments)

Thank you for returning this form to the Community Health Information Center at Legacy Good Samaritan Medical Center or mailing in the enclosed return envelope.
Legacy Community Health Information Center
at Good Samaritan Medical Center
1015 NW 22nd Avenue, Bldg. 2 Suite 300
Portland, OR 97210
DATE:__________________

Please take a few moments to tell us about your experience at the Mayo Clinic Patient and Health Education Library. Your comments and suggestions will help us provide better service to others.

1. I learned about the Mayo Patient and Health Education Library from:
   - Physician/ Mayo Staff member/volunteer
   - Patient tour
   - Friend
   - Walking by
   - Other__________________

2. Resources that were helpful to me (please check all that apply):
   - Assistance by the Librarian/library volunteers
   - Books
   - Health Reference Center database/consumer health websites
   - Health letters, journals, magazines
   - DVD on subject of interest
   - Pamphlets/brochures

3. Were you provided with adequate information on this subject? YES / NO

4. If you answered NO to the above question what additional resources could the library have provided? ____________________________________________________________

5. What resources were the most helpful to you? __________________________

   ____________________________________________________________

6. Additional comments/suggestions:____________________________________

   ____________________________________________________________

Please return your survey to the library or drop in the mail:

Patient and Health Education Library
Mayo Clinic Arizona
13400 E. Shea Blvd.
Scottsdale, Arizona 85259

Thank you for the opportunity to better serve your health care information needs!
Neuro-Patient Resource Centre

USER SATISFACTION SURVEY

2009

Renata Podbielski
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## Survey Goals

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<td>Age Group and Reading Language</td>
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## User Satisfaction

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<td>Computer Workstations</td>
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<td>Satisfaction with Services</td>
<td>8-9</td>
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<td>Suggestions from Patrons</td>
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</tr>
<tr>
<td>How the NPRC Impacts Users Lives</td>
<td>9-10</td>
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</table>

## Recommendations

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<td>12-13-14</td>
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<td>Annexe II: French Survey</td>
<td>15-16-17</td>
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<tr>
<td>Annexe III: English Responses to Questions 7-14-15</td>
<td>18-19</td>
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<tr>
<td>Annexe IV: French Responses to Questions 7-14-15</td>
<td>20</td>
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</tbody>
</table>
SURVEY GOALS

Between July and mid-September 2009, visitors of the Neuro-Patient Resource Centre (NPRC) at the Montreal Neurological Institute and Hospital (MNIH) were invited to fill out a user satisfaction survey. Patrons who contact us by telephone or e-mail were not included in this survey. The goal of the survey was to identify:

1) Characteristics of the drop in user group.
2) The degree of satisfaction with current services
3) How the NPRC could improve already existing services
4) What additional services could be added

In total, 60 visitors filled out the 14-question survey, which was available in French and English. Fifteen surveys were filled out in French and 45 in English.

OVERVIEW OF USER GROUPS

REASONS FOR BEING AT THE MNIH

As shown in Table 1, the predominant user group at the NPRC is family and friends of patients of the MNIH (36.7%), followed by outpatients (25%) and inpatients (23.3%). Members of the professional staff also come to the NPRC for a variety of resources (6.7%) such as patient education and community resource information.

TABLE 1

![Graph showing Reasons for Being at the MNIH (%)](image)
**AGE GROUP AND READING LANGUAGE**

Although there is a significant amount of visitors between the ages of 19 and 40 (30%), most are middle-aged, between 41 and 60 years old (56.7%) (Table 2). A strong majority prefer to read in English (70%). Only 20% of those surveyed preferred to read exclusively in French (Table 3). The proportion of French versus English material in the NPRC print collection is consistent with this last statistic: 75% of the collection is in English. It is also worth mentioning that the proportion of French versus English material at the NPRC is not representative of the MNIH’s general patient population.

**TABLE 2**

![Bar Chart of Age Group Percentage]

**TABLE 3**

![Bar Chart of Reading Language Percentage]
REFERRAL SOURCE

Most visitors (30.6%) found out about the NPRC either from the posters advertising our services throughout the hospital or from an MNIH health professional. One professional staff member wrote: “I bring all nursing students & new nursing staff to visit the NPRC so that they are aware of the excellent resources”. As shown in Table 4, volunteers also make a significant contribution in promoting NPRC services, mostly to inpatients, by presenting its services during their visits with patients. Interestingly, a high number of visitors found out about the NPRC from other sources such as another patient, a family member or simply by walking by the Resource Centre.

TABLE 4

![REFERRAL SOURCE (%)](image)
The NPRC offers a number of services, but the use of computer stations with Internet access is undoubtedly the most popular (27.2%), followed by consulting consumer health oriented books on neurological diseases, disorders and treatment (17.8%) from our bilingual consumer-health collection. Visitors also pick up health information pamphlets/brochures (14.8%). The medical librarian also conducts information searches on specific health topics for those patrons who request it (13.6%) in addition to offering information on hospital and community services. It is worth noting that most reference questions come from patrons who communicate with the NPRC over the telephone or by e-mail, but that segment of the user population was not included in this survey.
CONVENIENCE OF OPENING HOURS

Eighty percent of visitors were satisfied with the Centre’s opening hours, though some recommended those hours be extended, especially on weekends as the Centre is closed on Sundays.

TABLE 6

<table>
<thead>
<tr>
<th>CONVENIENCE OF OPENING HOURS (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>No opinion</td>
</tr>
</tbody>
</table>

80 13.3 6.7

COMPUTER WORKSTATIONS

Visitors were asked if the two computer workstations currently available at the NPRC for patient and family use were sufficient to meet their needs. The majority of respondents felt that two were sufficient, but some did feel that another station would be useful, especially during busier periods of the day. Already, the library staff sometimes allows patrons to use the laptop computer reserved for personnel in addition to the two desktop computers in order to meet the demand.

TABLE 7

<table>
<thead>
<tr>
<th>SUFFICIENT NUMBER OF COMPUTERS (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>No opinion</td>
</tr>
</tbody>
</table>

61.7 11.7 26.7
SATISFACTION WITH SERVICES

An overwhelming majority of patrons surveyed (93.3%) were satisfied with NPRC services (Table 8). In fact, not a single respondent said that he was unsatisfied. When asked if they had received the information they were looking for, 78.7% said that they had, 5% answered that they had received part of the information desired on site and were waiting to receive information that required more research (Table 9). Patrons were also satisfied with the response time to their queries (Table 10).

TABLE 8

![User Satisfaction Chart]

TABLE 9

![Received Requested Information Chart]
TABLE 10

SUGGESTIONS FROM PATRONS

The most recurrent suggestion involves increasing the library space; whether it is in terms of adding tables to sit at and read or having more computer workstations, maybe even some Apple computers. Other suggestions involve expanding the print collection by purchasing more English and French consumer health books; one person specifically requested more French literature about migraine and chronic pain. Another respondent mentioned that the keyboards needed to be regularly cleaned.

HOW THE NPRC IMPACTS USERS LIVES

Patrons were asked if they had done anything differently because of the information they received from the NPRC. Feedback was very positive and confirmed the importance of providing high quality consumer health information. One respondent wrote: “I am more informed and organized in my dealings with chronic illness and living life with chronic illness”. Another wrote: “The knowledge and valuable
information acquired has given me the opportunity to take a patient-centered approach thru preventative manageable approaches”. The NPRC has helped people “make better (educated) decisions thru materials obtained on loan” and through “the great website”. The information the NPRC provides also helps family members to deal with the challenging situations they face. One patron appreciated that he was referred to the appropriate community resources “quite quickly” which helped to “lessen the anxiety of the whole family”. Another stated that the information was reassuring to patients and their families and even helped him to sleep better. A father described how, thanks to the reading material provided, he learned to better prepare his young children for “mom’s illness and some very specialized techniques for coping with stress”. One woman simply, but eloquently wrote: “I am learning how to live better and help my husband too”.

What’s more, patient access to computer stations with Internet “helps to pass the time during hospitalization” and is “useful to stay connected via e-mail as well as for doing research”. In reality, many patrons use the computers not just to communicate with friends and family or conduct research, but also to remain up-to-date in their day-to-day responsibilities regarding work and finances. For example, one respondent was grateful that he could book a flight online. Hence, its users appreciate the NPRC on many levels.
RECOMMENDATIONS

The results of this survey have allowed the NPRC to better identify its main user-base, ascertain satisfaction with current services and recognize areas in need of improvement. Based on the results and suggestions collected, the following recommendations should be considered by the NPRC:

- Explore possibilities for increasing or maximizing library space.
- Identify ways to increase Internet access for patients. This could imply longer opening hours, more computer stations or other means.
- Identify a means for maintaining the keyboards clean.
- Evaluate areas of the print and electronic collections, notably the French portion, which could be further developed to meet user needs.
- Increase promotional efforts about NPRC services, especially targeting staff members, the outpatient community and the public in general so that more members of these user groups can benefit from the services offered.
- Increase the NPRC’s web presence. Currently, only 1.6% of drop in users learned about NPRC services from its website.

Implementation of the above recommendations should assist the NPRC in its ongoing goal to offer excellence in information services about neurological issues.
ANNEXE I

ENGLISH SURVEY
NEURO-PATIENT RESOURCE CENTRE SURVEY

THE NEURO-PATIENT RESOURCE CENTER IS ALSO KNOWN AS THE PATIENT AND FAMILY LIBRARY. IT IS LOCATED ON THE THIRD FLOOR OF THE MONTREAL NEUROLOGICAL HOSPITAL AND IS SPECIALIZED IN NEUROLOGICAL PROBLEMS AND NEUROSURGERY. PLEASE HELP US IMPROVE OUR SERVICES BY FILLING OUT THIS FORM. USE A ☑ FOR YOUR ANSWER.

1. Please select your reason for being at the Montreal Neurological Hospital:

☐ I am an inpatient (who requires an overnight stay at the hospital)
☐ I am an outpatient (who does NOT require an overnight stay at the hospital)
☐ I am a family member or friend
☐ I am a staff member
☐ Other (please specify) ________________________________

2. What is your age group?

☐ Under 18 ☐ 19-40 ☐ 41-60 ☐ over 60

3. In what language do you prefer to read?

☐ English
☐ French
☐ French or English
☐ Other (please specify) ________________________________

4. Have you ever used the services of the Neuro-Patient Resource Centre on the 3rd floor of the Montreal Neurological Hospital?

☐ YES ☐ NO (If you answered NO, please go to question 16) 

5. If YES, please select the service(s) used:

☐ Used our computer(s) ☐ Asked for directions
☐ Asked the librarian for information on a medical topic ☐ Asked about hospital services
☐ Borrowed book(s) ☐ Asked about community services
☐ Got an information sheet(s) or a pamphlet(s) ☐ Made photocopies
☐ Used our telephone ☐ Other (please specify) __________

6. How did you find out about the Neuro-Patient Resource Centre?

☐ From a health professional
☐ From a volunteer
☐ Saw one of our posters in the hospital
☐ Picked up one of our pamphlets
☐ Visited our website
☐ Other (please specify) ________________________________
FOR THE NEXT QUESTIONS, USE A ☐ TO GIVE YOUR OPINION.

7. Are the opening hours convenient?
   (Mon: 9AM-4PM; Tues-Wed-Thu: 9AM-7PM; Fri: 9AM-4PM; Sat: 10AM-4PM)
   ☐ YES  ☐ NO  ☐ NO OPINION

8. If NO, what hours would be more convenient?
   ________________________________________________________________________________
   ________________________________________________________________________________

9. Are there enough computer workstations at the Neuro-Patient Resource Centre?
   ☐ YES  ☐ NO  ☐ NO OPINION

10. If NO, how many computer workstations do you think we should have? _____

11. Did you get the information that you asked for from the Neuro-Patient Resource Centre?
   ☐ YES  ☐ NO  ☐ PARTLY  ☐ NO OPINION

12. Did you get a response quickly enough?
   ☐ YES  ☐ NO  ☐ NO OPINION

13. Were you satisfied with the services received at the Neuro-Patient Resource Centre?
   ☐ YES  ☐ NO  ☐ PARTLY

14. Please share with us any suggestions you may have on how we could improve our services at the Neuro-Patient Resource Centre.
   ________________________________________________________________________________
   ________________________________________________________________________________

15. Have you done anything differently because of the information you received from the Neuro-Patient Resource Centre?
   ________________________________________________________________________________

16. If you responded NO to question 4, please select the most appropriate answer(s) as to why you did not use our services.
   ☐ Did not know about the Neuro-Patient Resource Centre’s services
   ☐ The Neuro-Patient Resource Centre did not have what I wanted
   ☐ Lack of time
   ☐ I have no need for library services from the Neuro-Patient Resource Centre
   ☐ I find information about neurology or neurosurgery on the internet
   ☐ Other (please specify) ____________________________________________________________

THANK YOU FOR YOUR PARTICIPATION!
ANNEXE II
FRENCH SURVEY
CENTRE D’INFORMATION POUR LES PERSONNES ATTEINTE DE TROUBLES NEUROLOGIQUES

SONDAGE

Le Centre d’information pour les personnes atteintes de troubles neurologiques est une bibliothèque pour les patients et leur famille. La bibliothèque, spécialisée dans le domaine de la neurologie et de la neurochirurgie, est située au 3ème étage de l’Hôpital neurologique de Montréal. SVP aidez-nous à évaluer nos services en répondant à ce sondage. Cochez votre réponse.

1. SVP Indiquez pourquoi vous êtes à l’Hôpital neurologique de Montréal :

☐ Je suis un patient hospitalisé (qui dort à l’hôpital)
☐ Je suis un patient non-hospitalisé (qui ne dort pas à l’hôpital)
☐ J’accompagne quelqu’un
☐ Je suis un membre du personnel
☐ Autre (veuillez spécifier) ____________________________

2. À quelle tranche d’âge appartenez-vous?

☐ Moins de 18 ans  ☐ 19- 40  ☐ 41- 60  ☐ 60 ans et plus

3. Dans quelle langue préférez-vous lire?

☐ Francais
☐ Anglais
☐ Français ou anglais
☐ Autre (veuillez spécifier) ____________________________

4. Avez-vous déjà utilisé les services du Centre d’information situé au 3ème étage de l’Hôpital neurologique de Montréal ?

☐ Oui
☐ Non (Si vous avez répondu NON, allez à la question 16)

5. Si OUI, SVP cochez le(s) service(s) utilisé(s) :

☐ Ordinateurs
☐ Photocopieuse
☐ Téléphone
☐ Emprunt de livre(s)
☐ Demande d’information sur une condition médicale
☐ Obtention d’un feuillet de renseignement ou d’une brochure
☐ Demande d’information sur les services de l’hôpital
☐ Demande d’information sur les services dans la communauté
☐ Demande de directions
☐ Autre (veuillez spécifier) ____________________________

6. Comment avez-vous appris l’existence du Centre d’information?

☐ Par un (e) professionnel (le) de la santé
☐ Par notre brochure
☐ Par un(e) bénévole
☐ Par notre site internet
☐ Par une affiche dans l’hôpital
☐ Autre (veuillez spécifier) ____________________________
POUR LES QUESTIONS SUIVANTES, INDIQUEZ VOTRE RÉPONSE EN ☑.

7. Les heures d’ouverture du Centre d’information sont-elles convenables?
(LUN : 9h00 -16h00; MAR-MER-JEU : 9h00-19:00; VEN: 9h00-16h00; SAM : 10h00-16h00)

☐ OUI ☐ NON ☐ PAS D’OPINION

8. Si NON, quelles heures vous conviendraient mieux?

________________________________________________________________________________
________________________________________________________________________________

9. Est-ce qu’il y a assez d’ordinateurs au Centre d’information?

☐ OUI ☐ NON ☐ PAS D’OPINION

10. Si NON, combien d’ordinateurs devrait-on avoir? _____

11. Avez-vous obtenu l’information voulue au Centre ?

☐ OUI ☐ NON ☐ PAS D’OPINION

12. Avez-vous obtenu une réponse dans un temps raisonnable?

☐ OUI ☐ NON ☐ PAS D’OPINION

13. Êtes-vous satisfaits des services reçus au Centre d’information?

☐ OUI ☐ NON ☐ EN PARTIE

14. Avez-vous des suggestions sur comment nous pourrions améliorer nos services?

________________________________________________________________________________
________________________________________________________________________________

15. Avez-vous fait quelque chose différemment à cause de l’information reçue du Centre?

________________________________________________________________________________
________________________________________________________________________________

16. Si vous avez répondu NON à la question 4, SVP indiquez pourquoi :

☐ Je n’étais pas au courant des services offerts par le Centre d’information
☐ Le Centre d’information ne pouvait pas répondre à ma demande
☐ Je n’ai pas eu le temps
☐ Je n’avais pas besoin des services d’une bibliothèque pour les patients et leur famille
☐ Je trouve l’information voulue sur la neurologie et la neurochirurgie en cherchant sur l’internet
☐ Autre (veuillez spécifier) __________________________________________________________

MERCI DE VOTRE PARTICIPATION!
ANNEXE III

ENGLISH RESPONSES TO QUESTIONS 7-14-15

Question 7: What hours would be more convenient?

- Why not make it accessible 24 hours?
- Sunday hours.
- Sunday should be opened.
- It would have been nice to use the computer at 8:00AM.
- 8AM to 8PM.
- Evenings ~ 9PM.

Question 14: Please share with us any suggestions you may have on how we could improve our services at the Neuro-Patient Resource Centre.

- Make it bigger.
- No. Services are good but place should be bigger, more room.
- Have a larger room. Thank you for providing this service.
- I love this place and suggest increase the space.
- If busier will have to have larger local.
- A larger Resource Centre, tables to sit and read.
- A larger working area.
- Love the excellent website. Thanks!
- Services are excellent.
- The fact that we are able to access the computer helps + also to pass time during the hospitalization.
- No comment yet at this first try.
- I was very satisfied with the lady helping me. She was very nice.
- None at this time.
- Have some “MAC”. Open longer hours.
- I just need to congratulate the staff because the Resource centre is an excellent idea at the hospital.
- Continue to get easy to read medical books.
- If possible order more books on migraine or chronic pain in French.
- Can’t think of anything. As a family member, the computer was useful to stay connected via email as a support as well as doing research.
- Keep up the good work.
- Keyboards need cleaning, keys stick.
**Question 15:** Have you done anything differently because of the services you received from the Neuro-Patient Resource Centre?

- Looked into a condition, researched information more.
- I was able to book flights because of the Internet access here.
- Yes. I bring all nursing students & new nursing staff to visit the Resource Centre + become aware of the excellent resources.
- I am more informed and organized in my dealings with chronic illness and living a life with chronic illness.
- I appreciate this particular service of using the computer.
- Yes, exercise, better knowledge of MS.
- Yes, I learned how to better prepare our young children for Mom’s illness and some very specialized techniques for coping with stress. Thank you for your excellent resources.
- Able to know the resources quite quickly & lessen anxiety of the whole family.
- I was very pleased with the services I received. The information was very useful.
- Yes, I am learning how to live better and help my husband too.
- Yes.
- Yes, the knowledge and valuable information acquired has given me the opportunity to take a patient-centered approach thru preventative manageable approaches.
- Read books + pamphlets more carefully.
- Yes.
- No.
- No, just better informed, the website is great.
- Made better (educated) decisions thru materials obtained on loan.
- Not at this time but will likely be in the future.
- No. I really appreciate the service. Thank you.
- No, except read more about problems.
- No so far.
- Not yet, still need to review material.
- I don’t know yet.
ANNEXE IV

FRENCH RESPONSES TO QUESTIONS 7-14-15

Question 7: Quelles heures vous conviendraient mieux?

- Plus d’heures.
- La fin de semaine est la période la plus longue et sans aucun examen !
- Lundi 9-7 / sam+dim 9-7

Question 14: Avez-vous des suggestions sur comment nous pourrions améliorer nos services?

- Continuer. Très sécurisant pour les patients et la famille.
- C’est parfait!
- Non.

Question 15: Avez-vous fait quelque chose de façon différente suite aux services reçus du Centre.

- Oui, de la prévention. Faire recherche poussée et demander de l’aide.
- Je vais consulter le livre emprunté et faire quelques photocopies sur la fusion. Merci de votre aide !
- Mieux dormis.
- J’ai appris l’ordi grâce à Renata.
- Les documents et les informations nous ont éclairés.
- Non.
Thank you for using the **Patient and Family Resource Center**. We are surveying our patrons to get an idea of how people are using the center and how pleased they are with the service. We appreciate your input!

1. **Is this your first time using the Patient and Family Resource Center?**
   - Yes
   - No

2. **How did you find out about us?** (check one of the following):
   - Physician
   - Nurse
   - Volunteer
   - Medical Library
   - Social worker
   - Family member
   - Hospital TV
   - Sign / brochure
   - Other. Please specify: __________________________________________________________

3. **Please check your reason(s) for using the service:**
   - Seeking information on a specific medical topic.
   - Just browsing.
   - Other. Specify: __________________________________________________________

4. **Were you able to find what you were looking for?**
   - Yes
   - Partially
   - No

   Comments:

5. **Was the person on duty helpful in assisting you?**
   - Yes
   - No

(Please see other side)
6. How do you plan to use the information you’ve obtained from the Patient and Family Resource Center? (Check all that apply.)

- Talk about it with my physician.
- Prepare for a health procedure a loved one or I will undergo.
- Increase my knowledge in this area / personal growth.
- Better understand disease or condition a loved one or I have.
- Other. Please specify: _______________________________________

7. Please check your response to the following statement:
The Resource Center improved my experience at NYU Hospitals Center.

- strongly agree   - agree   - disagree   - strongly disagree

8. Please tell us a little about yourself:

Are you a • Patient     • Family member     • Other. Please specify:_________

What is your age? • under 18   • 18-30   • 30-65   • over 65

9. Please enter your zip code:____________

Please use the remaining space for additional comments:
Please give us your feedback to help improve our services.

1. Have you used the NYU Consumer Health Libraries services before?
   - Yes
   - No

2. How useful was the information you received?
   - not useful
   - somewhat useful
   - useful
   - very useful

3. Would you recommend our service to others?
   - unlikely
   - somewhat likely
   - likely
   - very likely

4. How did you find our site and learn about our service?
   - NYU Medical Center staff
   - NYU Medical Center website
   - Google
   - Print publication
   - Other

5. How can we improve our services?
Community Library and Health Shoppe Survey 2009
Your Opinion Counts – Please help us improve our services!

Our survey questions will take less than 5 minutes to fill out.
At the end of the survey, you will find our “thank you.”

1. **How did you find the Health Library?**
   - [] Referred by my physician or Sharp health professional
   - [] Waiting for a loved one having an outpatient procedure
   - [] Heard about your services at a community fair
   - [ ] Other - Please let us know: __________________________________________

2. **When you visit the library, do you leave with the information you were seeking?**
   - [ ] Yes
   - [ ] No
   **If not, what could we have done to insure that you would have a better experience next time?**
     ________________________________________________________________

3. **How do you use the information you’ve obtained from the Health Library?**
   **Check all that apply.**
   - [ ] Talk about with my physician
   - [ ] Prepare for a health procedure
   - [ ] Increase my knowledge
   - [ ] Better understand disease or condition a loved one or I have
   - [ ] Other: __________________________________________________________

4. **Are there additional or different items that you would like to see us carry in our Health Shoppe?**
   ________________________________________________________________

5. **If not receiving the Wellness Connection Newsletter, would you like to do so?**
   - [ ] Yes
   - [ ] No
   **You may receive it in an email:**
     ________________________________________________________________
   **Email Address**

   **Or to your home address:**
     ________________________________________________________________
   **Name, Address, City, State, Zip**

6. **We are available to speak in the community on consumer health. Do you know organizations that would benefit from hearing about this topic? If so, do you have the contact information?**
   ________________________________________________________________

7. **Do you have any suggestions for how to improve our physical space? Our service?**
   **Or any other comments?**
   ________________________________________________________________

**To be included in the Community Health Library drawing for any of the books we carry in the Health Shoppe, (your choice) after completing and returning the survey by June 30, please print:**

______________________________________  ________________________________________
**Name**                                    **Phone**

*Thank you so much for your time and ideas.*