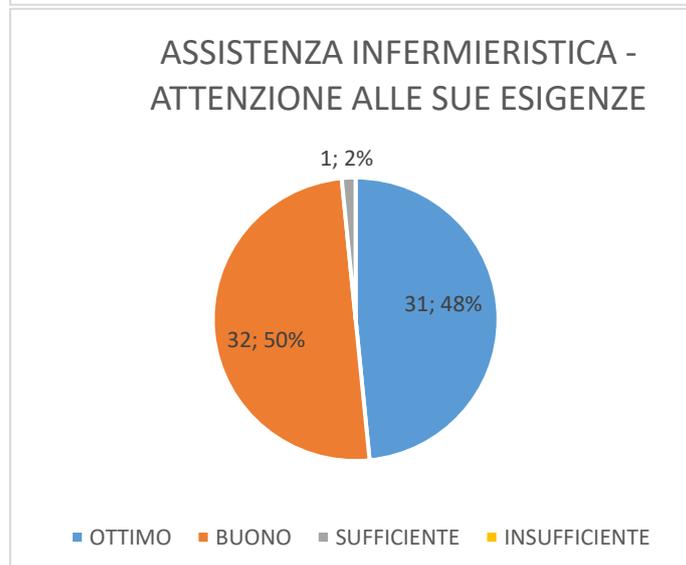
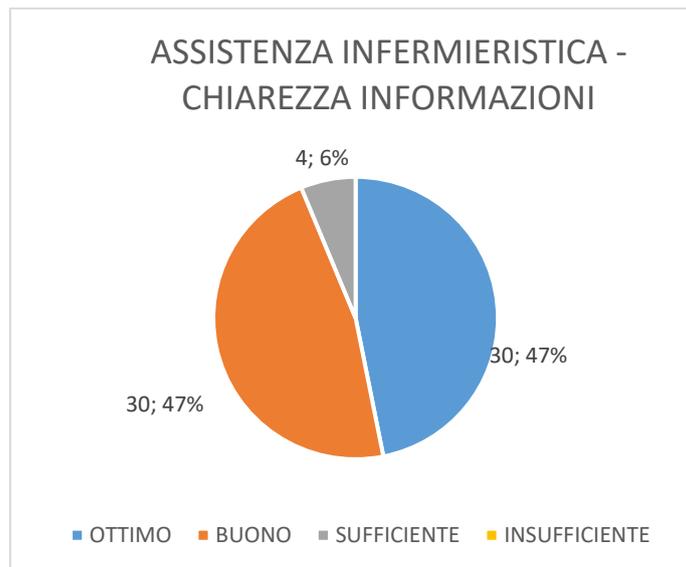


**U.O./ SERVIZIO: ORTOPEDIA III**

**Periodo di somministrazione: 03/11/2024 – 20/11/2024**

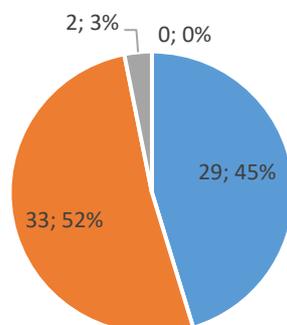
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**N° questionari raccolti compilati: 64**



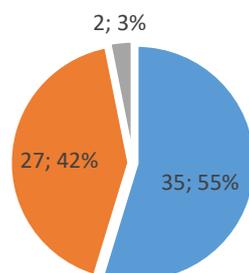


**ASSISTENZA INFERMIERISTICA -  
ATTENZIONE ALLA SUA SICUREZZA**



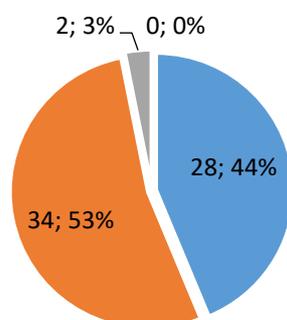
■ OTTIMO ■ BUONO ■ SUFFICIENTE ■ INSUFFICIENTE

**ASSISTENZA INFERMIERISTICA -  
TEMPESTIVITA' DI RISPOSTA ALLE  
RICHIESTE**



■ OTTIMO ■ BUONO ■ SUFFICIENTE ■ INSUFFICIENTE

**ASSISTENZA INFERMIERISTICA -  
INDICAZIONI PER LA DIMISSIONE**

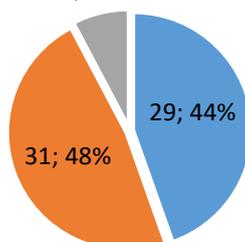


■ OTTIMO ■ BUONO ■ SUFFICIENTE ■ INSUFFICIENTE



ASSISTENZA MEDICA -  
INFORMAZIONE SULLA DIAGNOSI,  
CURE E DECORSO DELLA MALATTIA

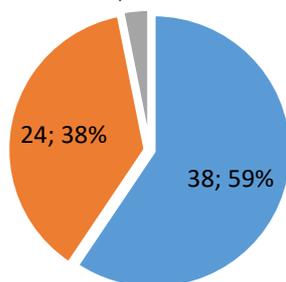
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■ OTTIMO ■ BUONO ■ SUFFICIENTE ■ INSUFFICIENTE

ASSISTENZA MEDICA -  
ATTENZIONE ALLE SUE ESIGENZE

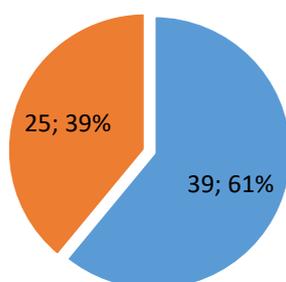
2; 3%



■ OTTIMO ■ BUONO ■ SUFFICIENTE ■ INSUFFICIENTE

ASSISTENZA MEDICA -  
ATTENZIONE ALLA SUA SICUREZZA

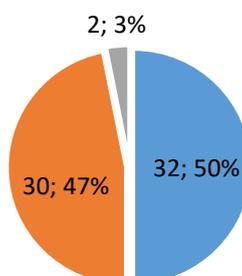
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■ OTTIMO ■ BUONO ■ SUFFICIENTE ■ INSUFFICIENTE

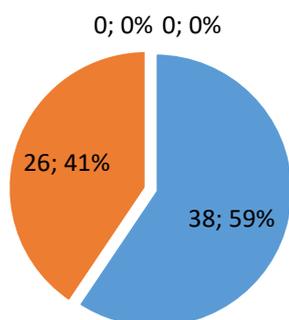


ASSISTENZA MEDICA -  
TEMPESTIVITA' DI RISPOSTA ALLE  
SUE RICHIESTE



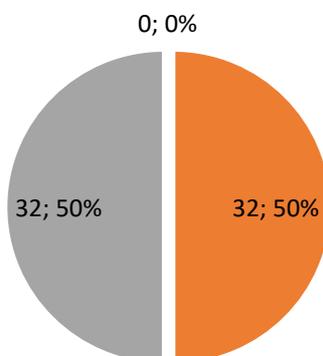
■ OTTIMO ■ BUONO ■ SUFFICIENTE ■ INSUFFICIENTE

ASSISTENZA MEDICA -  
INDICAZIONE PER LA DIMISSIONE



■ OTTIMO ■ BUONO ■ SUFFICIENTE ■ INSUFFICIENTE

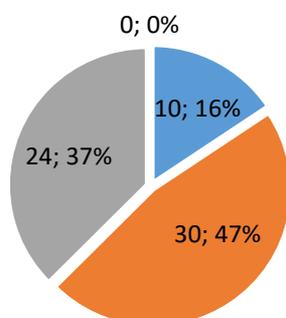
PULIZIA DEL REPARTO



■ OTTIMO ■ BUONO ■ SUFFICIENTE ■ INSUFFICIENTE

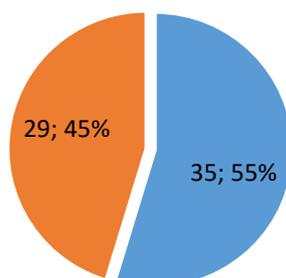


**PULIZIA E IGIENE DEI SERVIZI  
IGIENICI**



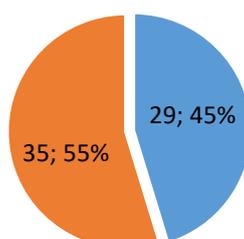
■ OTTIMO ■ BUONO ■ SUFFICIENTE ■ INSUFFICIENTE

**AMBIENTE E COMFORT (SILENZIO,  
CORTESIA, ECC.)**



■ OTTIMO ■ BUONO ■ SUFFICIENTE ■ INSUFFICIENTE

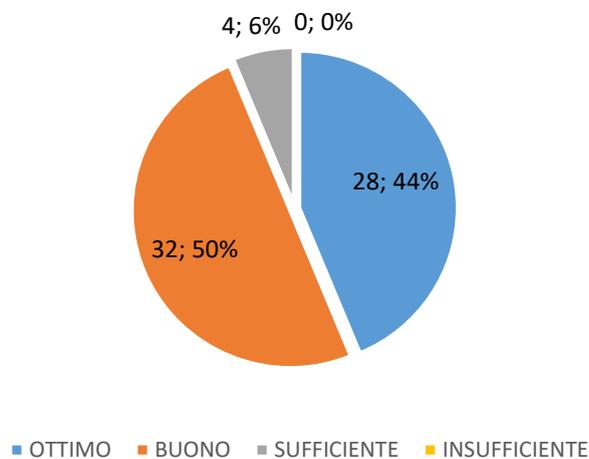
**TELEFONI, DISTRIBUTORI  
AUTOMATICI DI BEVANDE, GENERI  
DI PRIMA NECESSITA'**



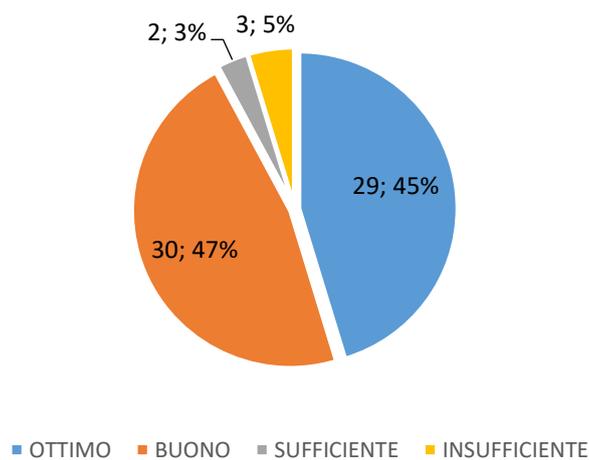
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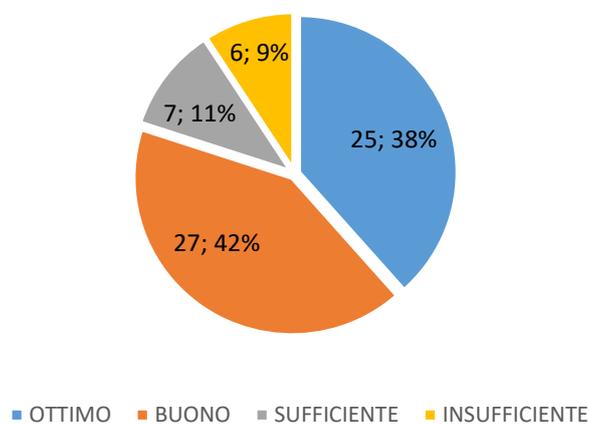
### VITTO - PRESENTAZIONE



### VITTO - QUANTITA'

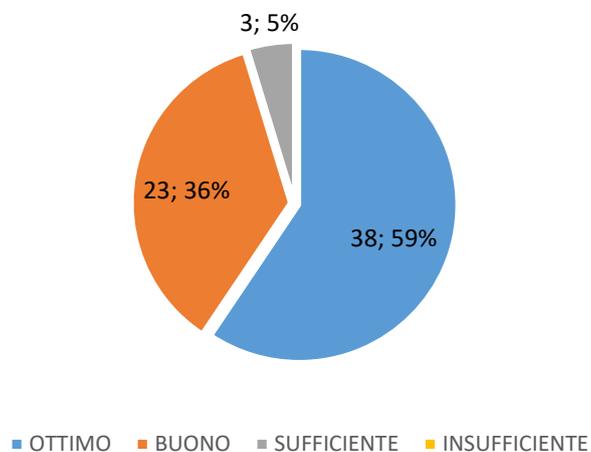


### VITTO - QUALITA'





### VITTO - ORARIO DEI PASTI



### SODDISFAZIONE DEL RICOVERO

