

ENCUESTA DE CALIDAD DE PRESTACIÓN DE SERVICIOS DE RESIDENCIA

| REGISTRO | 1ER APELLIDO | 2DO APELLIDO | 1ER NOMBRE | 2DO NOMBRE | TIP_DOCUM | DOCUMENTO | SALA | SALA No | VINCULO | FECHA ENCUESTA | EDAD | SEXO | 1.1 Aspecto General de la Institucion | 1.2 Aseo General de la Institucion | 1.3 Aseo de los Baños | 1.4 Trato de la Enfermera Jefe | 1.5 Trato de los Auxiliares | 1.6 Trato de los Medicos | 1.7 Trato de la Fisioterapeuta | 1.8 Trato de la Trabajadora Social | 1.9 Trato por Gerontologia | 1.10 Trato del Terapeuta Ocupacional | 1.11 Trato del Personal de Aseo | 1.12 Trato de Porteria | 1.13 Trato de Administracion | 1.12 Trato de otros funcionarios de la entidad ¿Cual? | 2. Considera que el servicio de lavanderia es: | 3. Que opina de la alimentacion que le brinda la institucion | 4. Considera que los programas recreativos que le ofrece la institucion son: | 5. De acuerdo a su creencia religiosa, el apoyo que le brinda la institucion ¿Cómo lo considera? | 9. Sus inquietudes y sugerencias que plantea al personal de la institucion son atendidas y resueltas de forma oportuna? | 10. Siente que lo toman en cuenta, en el proceso de toma de decisiones o cambios que se realizan en la institucion? | 11. La institucion le proporciona información acerca de los servicios que presta y conductos regulares a seguir? | COMO CALIFICA SU EXPERIENCIA RESPECTO A LOS SERVICIOS DE SALUD QUE HA RECIBIDO? | RECOMENDARIA A SUS AMIGOS ESTA IPS? | | |
|----------|--------------|--------------|------------|------------|-----------|-----------|-------------|---------|---------|----------------|------|------|---------------------------------------|------------------------------------|-----------------------|--------------------------------|-----------------------------|--------------------------|--------------------------------|------------------------------------|----------------------------|--------------------------------------|---------------------------------|------------------------|------------------------------|---|--|--|--|--|---|---|--|---|-------------------------------------|---|---|
| | | | | | | | PENSION | | | 26/04/2017 | | | R | R | R | NR | E | R | B | B | B | B | B | | | B | B | M | B | B | b | | b | 3 | 4 | | |
| | | | | | | | PENSION | | | 26/04/2017 | | | B | B | B | B | B | B | B | E | B | B | B | B | | | B | B | B | B | B | B | a | | a | 5 | 5 |
| | | | | | | | PENSION | | | 28/04/2017 | | | B | B | R | NR | B | B | B | B | B | R | NR | B | | | B | B | R | B | B | B | b | | b | 4 | 1 |
| | | | | | | | PENSION | | | 06/05/2017 | | | E | B | B | NR | E | B | E | E | B | B | B | B | | | B | R | B | B | B | B | a | | a | 4 | 5 |
| | | | | | | | PENSION | | | 30/06/2017 | | | B | B | B | NR | B | B | B | B | B | B | B | B | | | B | E | R | B | B | B | NR | | NR | 6 | 5 |
| | | | | | | | PENSION | | | 30/06/2017 | | | R | B | B | B | B | E | E | E | E | B | B | B | | | B | R | B | B | R | B | b | | a | 6 | 5 |
| | | | | | | | VILLA | | | 30/06/2017 | | | B | B | B | NR | E | B | NR | E | NR | NR | B | | | B | B | R | R | B | B | b | | b | 6 | 5 | |
| | | | | | | | SAN JOSE | | | 28/04/2017 | | | B | B | R | NR | B | B | B | B | B | B | NR | B | | | B | R | E | B | B | b | | NR | 5 | 5 | |
| | | | | | | | SAN JOSE | | | 28/04/2017 | | | R | B | B | B | B | B | B | B | E | B | B | B | | | B | NR | B | R | B | b | | a | 5 | 5 | |
| | | | | | | | SAN JOSE | | | 28/04/2017 | | | B | B | B | NR | B | B | B | B | B | B | B | B | | | B | | B | B | B | a | | NR | 5 | 5 | |
| | | | | | | | SAN JOSE | | | 28/04/2017 | | | B | B | B | NR | B | B | B | B | B | B | B | B | | | B | B | B | B | B | a | | NR | 5 | 5 | |
| | | | | | | | SAN JOSE | | | 26/05/2017 | | | B | B | B | E | B | B | B | B | B | B | B | B | | | B | E | B | E | B | a | | a | 6 | 5 | |
| | | | | | | | SAN JOSE | | | 26/05/2017 | | | B | B | B | B | B | B | B | B | B | B | NR | B | | | B | NR | B | B | B | a | | a | 5 | 5 | |
| | | | | | | | SAN JOSE | | | 26/05/2017 | | | B | B | B | B | B | NR | B | B | B | B | B | B | | | B | B | B | B | B | a | | a | 5 | 5 | |
| | | | | | | | SAN JOSE | | | 26/05/2017 | | | B | B | B | B | B | B | B | B | B | B | B | B | | | B | B | B | B | B | NR | | NR | 5 | 5 | |
| | | | | | | | SAN JOSE | | | 30/06/2017 | | | B | B | B | B | B | B | B | B | B | B | B | B | | | B | B | B | B | B | a | | a | 6 | 5 | |
| | | | | | | | SAN JOSE | | | 30/06/2017 | | | B | B | B | B | R | B | B | B | B | B | R | B | | | B | R | B | R | B | b | | a | 4 | 5 | |
| | | | | | | | SANTA LUISA | | | 28/04/2017 | | | R | B | B | NR | B | B | B | B | B | B | B | B | | | B | NR | B | NR | B | NR | | NR | 5 | 4 | |
| | | | | | | | SANTA LUISA | | | 28/04/2017 | | | R | B | B | B | R | B | B | B | B | B | B | B | | | B | B | M | B | R | NR | | b | 5 | 4 | |
| | | | | | | | SANTA LUISA | | | 28/04/2017 | | | M | R | R | E | R | E | E | E | E | E | NR | B | | | B | E | B | B | B | a | | b | 5 | 5 | |
| | | | | | | | SANTA LUISA | | | 28/04/2017 | | | M | R | M | NR | R | R | B | R | M | M | B | B | | | R | R | R | NO | B | b | | NR | 5 | 4 | |
| | | | | | | | SANTA LUISA | | | 26/05/2017 | | | B | B | R | B | B | B | E | E | B | E | B | B | | | B | NR | B | B | B | a | | a | 5 | 5 | |
| | | | | | | | SANTA LUISA | | | 26/05/2017 | | | M | R | R | NR | R | B | B | B | B | B | B | B | | | B | NR | B | B | B | NR | | NR | 5 | 5 | |
| | | | | | | | SANTA LUISA | | | 26/05/2017 | | | B | B | B | NR | B | B | B | B | B | B | B | B | | | B | NR | B | NO | B | NR | | NR | 6 | 5 | |
| | | | | | | | SANTA LUISA | | | 26/05/2017 | | | R | R | R | B | R | B | B | B | B | B | B | B | | | B | B | B | B | B | b | | NR | 5 | 5 | |
| | | | | | | | SANTA LUISA | | | 30/06/2017 | | | R | B | R | NR | B | NR | NR | E | NR | NR | B | | | NR | B | R | B | R | NR | | NR | 5 | 5 | | |
| | | | | | | | SANTA LUISA | | | 30/06/2017 | | | B | B | B | B | B | B | B | B | B | E | B | B | | | B | B | B | B | B | NR | | NR | 5 | 5 | |
| | | | | | | | SANTA LUISA | | | 30/06/2017 | | | R | R | R | B | B | B | B | B | M | M | B | B | | | R | B | B | B | B | b | | b | 5 | 4 | |
| | | | | | | | SANTA LUISA | | | 30/06/2017 | | | B | B | B | NR | B | B | B | B | B | B | B | B | | | B | NR | B | B | B | a | | NR | 5 | 5 | |

ENCUESTA DE RESIDENTES PRIMER TRIMESTRE DE 2017

| Dimensión: Prestación del Servicio | | |
|------------------------------------|-----------|----------------|
| Opción de respuesta | No. | % |
| EXCELENTE | 0 | 0,00% |
| BUENO | 10 | 55,56% |
| SI | 0 | 0,00% |
| NO | 0 | 0,00% |
| MALO | 0 | 0,00% |
| REGULAR | 1 | 5,56% |
| NC | 7 | 38,89% |
| Totales | 18 | 100,00% |

| | | |
|---------------------|----|-------|
| Percepción positiva | 10 | 55,6% |
| Percepción negativa | 1 | 5,6% |
| Percepción neutra | 7 | 38,9% |

| Dimensión: Atención del Personal | | |
|----------------------------------|------------|----------------|
| Opción de respuesta | No. | % |
| EXCELENTE | 11 | 8,33% |
| BUENO | 88 | 66,67% |
| MALO | 4 | 3,03% |
| REGULAR | 13 | 9,85% |
| NC | 16 | 12,12% |
| Totales | 132 | 100,00% |

| | | |
|---------------------|----|-------|
| Percepción positiva | 99 | 75,0% |
| Percepción negativa | 17 | 12,9% |
| Percepción neutra | 16 | 12,1% |

| Dimensión: Ambient. Físico Inst | | |
|---------------------------------|-----------|----------------|
| Opción de respuesta | No. | % |
| EXCELENTE | 0 | 0,00% |
| BUENO | 19 | 57,58% |
| MALO | 3 | 9,09% |
| REGULAR | 11 | 33,33% |
| NC | 0 | 0,00% |
| Totales | 33 | 100,00% |

| | | |
|---------------------|----|-------|
| Percepción positiva | 19 | 57,6% |
| Percepción negativa | 14 | 42,4% |
| Percepción neutra | 0 | 0,0% |

ENCUESTA CONSULTA EXTERNA PRIMER TRIMESTRE DE 2017

| Dimensión: Tecnología y Suministros | | |
|-------------------------------------|----------|-----------------|
| Opción de respuesta | No. | % |
| EXCELENTE | 0 | #¡DIV/0! |
| BUENO | 0 | #¡DIV/0! |
| SI | 0 | #¡DIV/0! |
| SUFICIENTE | 0 | #¡DIV/0! |
| NO | 0 | #¡DIV/0! |
| Demasiado Cort | 0 | #¡DIV/0! |
| REGULAR | 0 | #¡DIV/0! |
| NC | 0 | #¡DIV/0! |
| Totales | 0 | #¡DIV/0! |

| | | |
|---------------------|---|----------|
| Percepción positiva | 0 | #¡DIV/0! |
| Percepción negativa | 0 | #¡DIV/0! |
| Percepción neutra | 0 | #¡DIV/0! |

| Dimensión: Tiempo Dedicado | | |
|----------------------------|----------|-----------------|
| Opción de respuesta | No. | % |
| EXCELENTE | 0 | #¡DIV/0! |
| BUENO | 0 | #¡DIV/0! |
| MAS SUFICIENTE | 0 | #¡DIV/0! |
| SUFICIENTE | 0 | #¡DIV/0! |
| MALO | 0 | #¡DIV/0! |
| Demasiado Cort | 0 | #¡DIV/0! |
| REGULAR | 0 | #¡DIV/0! |
| NC | 0 | #¡DIV/0! |
| Totales | 0 | #¡DIV/0! |

| | | |
|---------------------|---|----------|
| Percepción positiva | 0 | #¡DIV/0! |
| Percepción negativa | 0 | #¡DIV/0! |
| Percepción neutra | 0 | #¡DIV/0! |

| Dimensión: Trato del Personal | | |
|-------------------------------|----------|-----------------|
| Opción de respuesta | No. | % |
| EXCELENTE | 0 | #¡DIV/0! |
| BUENO | 0 | #¡DIV/0! |
| SI | 0 | #¡DIV/0! |
| SUFICIENTE | 0 | #¡DIV/0! |
| NO | 0 | #¡DIV/0! |
| Demasiado Cort | 0 | #¡DIV/0! |
| REGULAR | 0 | #¡DIV/0! |
| Malo | 0 | #¡DIV/0! |
| Totales | 0 | #¡DIV/0! |

| | | |
|---------------------|---|----------|
| Percepción positiva | 0 | #¡DIV/0! |
| Percepción negativa | 0 | #¡DIV/0! |
| Percepción neutra | 0 | #¡DIV/0! |

| Dimensión: Información | | |
|------------------------|----------|-----------------|
| Opción de respuesta | No. | % |
| EXCELENTE | 0 | #¡DIV/0! |
| BUENO | 0 | #¡DIV/0! |
| SI | 0 | #¡DIV/0! |
| SUFICIENTE | 0 | #¡DIV/0! |
| NO | 0 | #¡DIV/0! |
| Demasiado Cort | 0 | #¡DIV/0! |
| REGULAR | 0 | #¡DIV/0! |
| NC | 0 | #¡DIV/0! |
| Totales | 0 | #¡DIV/0! |

| | | |
|---------------------|---|----------|
| Percepción positiva | 0 | #¡DIV/0! |
| Percepción negativa | 0 | #¡DIV/0! |
| Percepción neutra | 0 | #¡DIV/0! |

ENCUESTA DE CENTRO DÍA PRIMER TRIMESTRE DE 2017

| Dimensión: Tecnología y Suministros | | |
|-------------------------------------|----------|---------------|
| Opción de respuesta | No. | % |
| EXCELENTE | 0 | 0,0% |
| BUENO | 2 | 100,0% |
| SI | 0 | 0,0% |
| REGULAR | 0 | 0,0% |
| NO | 0 | 0,0% |
| MALO | 0 | 0,0% |
| NC | 0 | 0,0% |
| Totales | 2 | 100,0% |

Percepción positiva 2 100%

Percepción negativa 0 0%

Percepción neutra 0 0%

| Dimensión: Actividades | | |
|------------------------|----------|-----------------|
| Opción de respuesta | No. | % |
| EXCELENTE | 0 | #¡DIV/0! |
| BUENO | 0 | #¡DIV/0! |
| SI | 0 | #¡DIV/0! |
| REGULAR | 0 | #¡DIV/0! |
| NO | 0 | #¡DIV/0! |
| MALO | 0 | #¡DIV/0! |
| NC | 0 | #¡DIV/0! |
| Totales | 0 | #¡DIV/0! |

Percepción positiva 0 #¡DIV/0!

Percepción negativa 0 #¡DIV/0!

Percepción neutra 0 #¡DIV/0!

| Dimensión: Atención del personal | | |
|----------------------------------|----------|---------------|
| Opción de respuesta | No. | % |
| EXCELENTE | 1 | 25,0% |
| BUENO | 3 | 75,0% |
| SUFICIENTE | 0 | 0,0% |
| SI | 0 | 0,0% |
| REGULAR | 0 | 0,0% |
| NO | 0 | 0,0% |
| MALO | 0 | 0,0% |
| NC | 0 | 0,0% |
| Totales | 4 | 100,0% |

Percepción positiva 4 100%

Percepción negativa 0 0%

Percepción neutra 0 0%

ENCUESTA DE HOSPITALIZACIÓN PRIMER TRIMESTRE DE 2017

| Dimensión: Ambient. Físico Inst | | |
|---------------------------------|----------|-----------------|
| Opción de respuesta | No. | % |
| EXCELENTE | 0 | #¡DIV/0! |
| SI | 0 | #¡DIV/0! |
| BUENO | 0 | #¡DIV/0! |
| MALO | 0 | #¡DIV/0! |
| NO | 0 | #¡DIV/0! |
| REGULAR | 0 | #¡DIV/0! |
| NC | 0 | #¡DIV/0! |
| Totales | 0 | #¡DIV/0! |

Percepción positiva 0 #¡DIV/0!

Percepción negativa 0 #¡DIV/0!

Percepción neutra 0 #¡DIV/0!

| Dimensión: Atención del Personal | | |
|----------------------------------|----------|-----------------|
| Opción de respuesta | No. | % |
| EXCELENTE | 0 | #¡DIV/0! |
| BUENO | 0 | #¡DIV/0! |
| SI | 0 | #¡DIV/0! |
| MALO | 0 | #¡DIV/0! |
| REGULAR | 0 | #¡DIV/0! |
| NO | 0 | #¡DIV/0! |
| NC | 0 | #¡DIV/0! |
| Totales | 0 | #¡DIV/0! |

Percepción positiva 0 #¡DIV/0!

Percepción negativa 0 #¡DIV/0!

Percepción neutra 0 #¡DIV/0!

| Dimensión: Prestación del Servicio | | |
|------------------------------------|----------|-----------------|
| Opción de respuesta | No. | % |
| EXCELENTE | 0 | #¡DIV/0! |
| BUENO | 0 | #¡DIV/0! |
| SI | 0 | #¡DIV/0! |
| NO | 0 | #¡DIV/0! |
| MALO | 0 | #¡DIV/0! |
| REGULAR | 0 | #¡DIV/0! |
| NC | 0 | #¡DIV/0! |
| Totales | 0 | #¡DIV/0! |

Percepción positiva 0 #¡DIV/0!

Percepción negativa 0 #¡DIV/0!

Percepción neutra 0 #¡DIV/0!

| Dimensión: Información e Inquietudes | | |
|--------------------------------------|----------|-----------------|
| Opción de respuesta | No. | % |
| EXCELENTE | 0 | #¡DIV/0! |
| BUENO | 0 | #¡DIV/0! |
| SI | 0 | #¡DIV/0! |
| NO | 0 | #¡DIV/0! |
| MALO | 0 | #¡DIV/0! |
| REGULAR | 0 | #¡DIV/0! |
| NC | 0 | #¡DIV/0! |
| Totales | 0 | #¡DIV/0! |

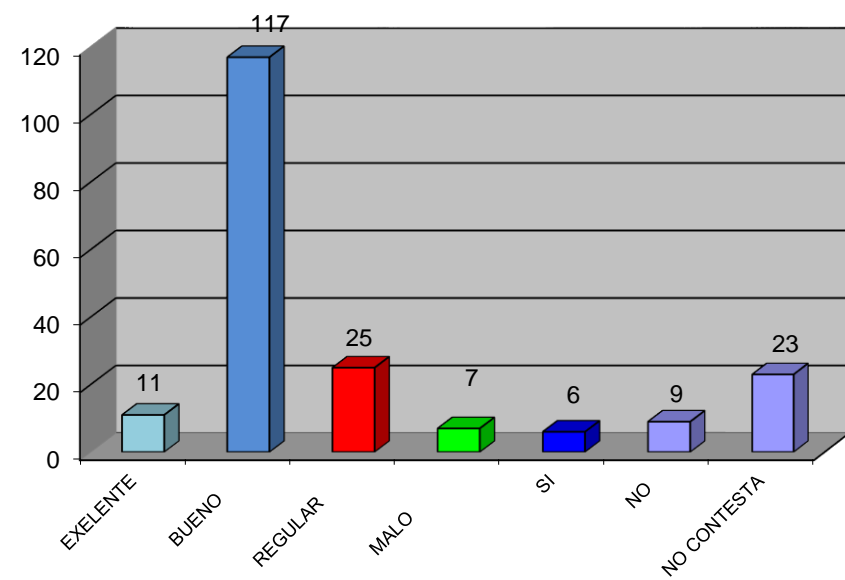
Percepción positiva 0 #¡DIV/0!

Percepción negativa 0 #¡DIV/0!

Percepción neutra 0 #¡DIV/0!

| RESIDENTES | |
|--------------|-----------------|
| ITEMS | Total Respuesta |
| EXELENTE | 11 |
| BUENO | 117 |
| REGULAR | 25 |
| MALO | 7 |
| SI | 6 |
| NO | 9 |
| NO CONTESTA | 23 |
| TOTAL | 198 |

ENCUESTA DE SATISFACCIÓN DEL SERVICIO DE RESIDENTES
HOSPITAL GERIÁTRICO Y ANCIANATO SAN MIGUEL
PRIMER TRIMESTRE DE 2017 - CALI



Nota: Estos datos se obtuvieron de los servicios : Pension, Villa, San Camilo, San Jose, Santa Catalina, Santa Luisa y Santa Clara.

| TASA DE SATISFACCION GLOBAL | | | |
|---|------|-------|------|
| INDICADOR = $\frac{\text{USUARIOS ENCUESTADOS SATISFECHOS X 100}}{\text{TOTAL DE ENCUESTAS}}$ | | | |
| SATISFECHOS | 10,9 | 100,0 | 75,5 |
| | 14,5 | | |
| NO SATISFECHOS | 2,3 | 100,0 | 15,7 |
| | 14,5 | | |
| NO CONTESTAN | 1,3 | 100,0 | 8,8 |
| | 14,5 | | |

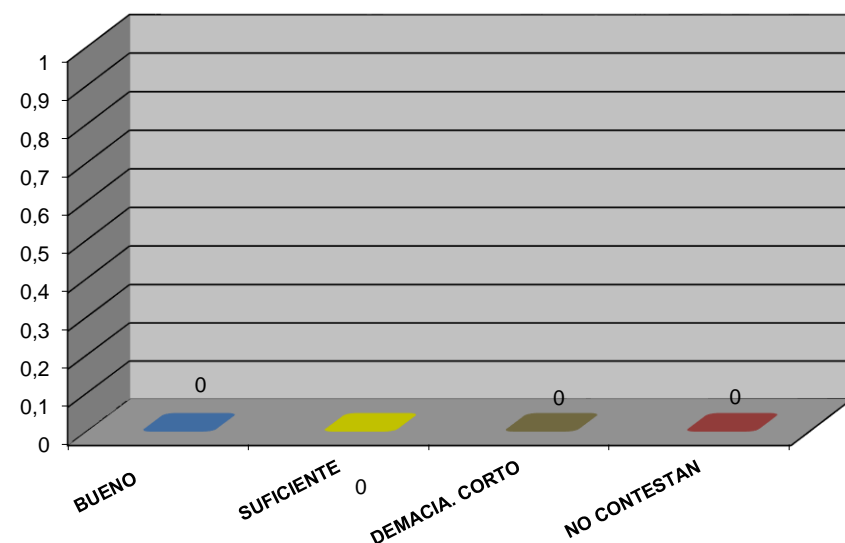
| SATISFACCION DE USUARIOS ENCUESTADOS POR SERVICIO | | | | | | | |
|---|-------------|-------------|---------------|-------------|--------------|------------|-----------------|
| Servicio | Satisfecho | % | No Satisfecho | % | No Contestan | % | Total Encuestas |
| RESIDENTES | 7,4 | 67,7 | 2,3 | 20,7 | 1,3 | 11,6 | 11,0 |
| CONSULTA EXTERNA | 0,0 | #DIV/0! | 0,0 | #DIV/0! | 0,0 | #DIV/0! | 0,0 |
| HOSPITALIZACIÓN | 0,0 | #DIV/0! | 0,0 | #DIV/0! | 0,0 | #DIV/0! | 0,0 |
| CENTRO DÍA | 3,5 | 100,0 | 0,0 | 0,0 | 0,0 | 0,0 | 3,5 |
| LAB CLÍNICO | 0,0 | #DIV/0! | 0,0 | #DIV/0! | 0,0 | #DIV/0! | 0,0 |
| Total | 10,9 | 75,5 | 2,3 | 15,7 | 1,3 | 8,8 | 14,5 |

| CONSULTA EXTERNA | |
|------------------|----------|
| ITEMS | TOTAL |
| BUENO | 0 |
| SUFICIENTE | 0 |
| DEMACIA. CORTO | 0 |
| NO CONTESTAN | 0 |
| TOTAL | 0 |

| | | |
|----------------|-------------|--------------|
| SATISFECHOS | 10,9 | 75,5 |
| NO SATISFECHOS | 2,3 | 15,7 |
| NO CONTESTAN | 1,3 | 8,8 |
| TOTAL | 14,5 | 100,0 |

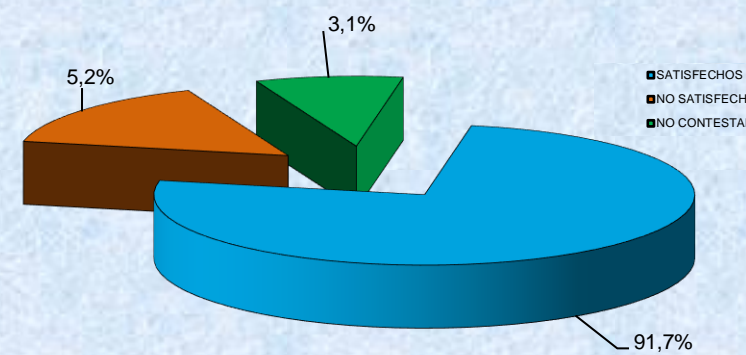
| Servicio | Satisfechos | No Satisfechos | No Contestan |
|------------------|-------------|----------------|--------------|
| RESIDENTES | 7,4 | 2,3 | 1,3 |
| CONSULTA EXTERNA | 0,0 | 0,0 | 0,0 |
| HOSPITALIZACIÓN | 0,0 | 0,0 | 0,0 |
| CENTRO DÍA | 3,5 | 0,0 | 0,0 |
| LABORATORIO | 0,0 | 0,0 | 0,0 |
| Total | 10,9 | 2,3 | 1,3 |

ENCUESTA DE SATISFACCIÓN DE CONSULTA EXTERNA
HOSPITAL GERIÁTRICO Y ANCIANATO SAN MIGUEL
PRIMER TRIMESTRE DE 2017
- CALI

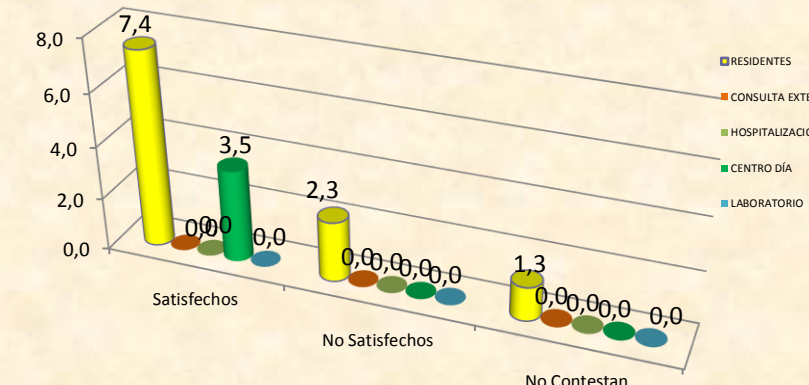


Nota: Los datos de este gráfico se obtienen de los servicios : Consulta Médica, Odontología y Fisioterapia

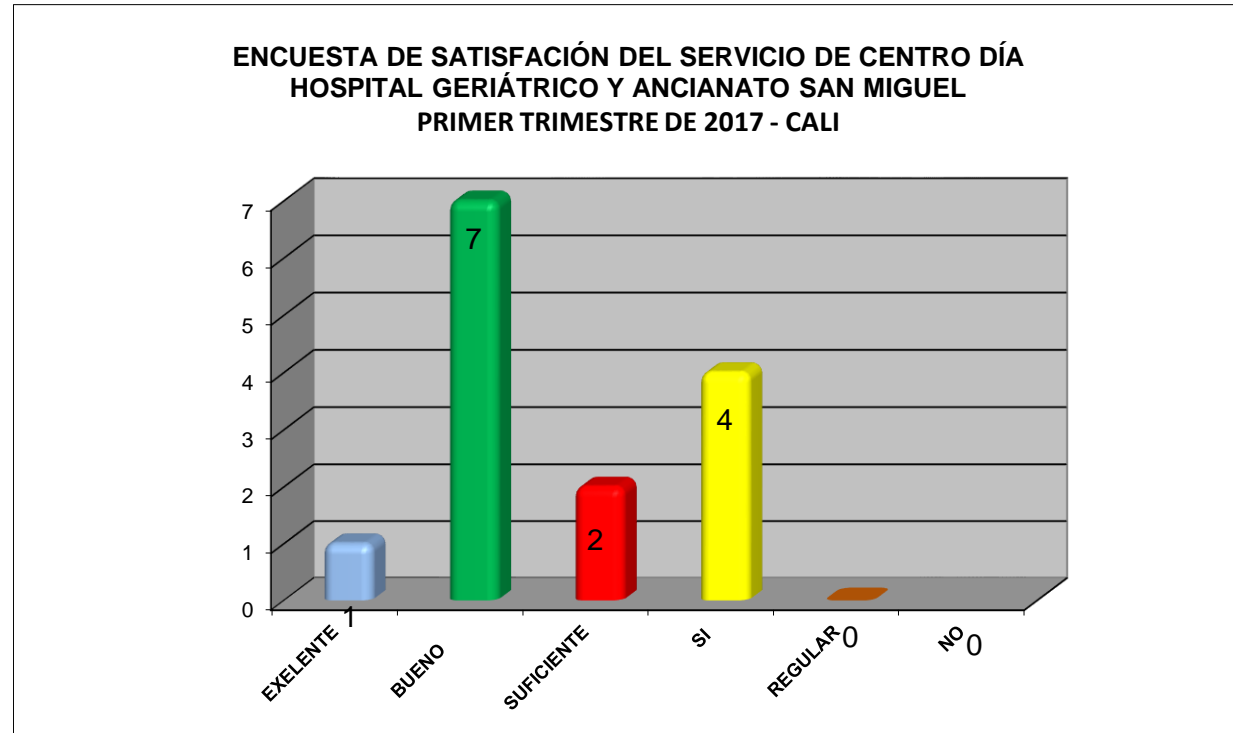
SATISFACCIÓN GLOBAL DE USUARIOS ENCUESTADOS EN
EL HOSPITAL GERIÁTRICO Y ANCIANATO SAN MIGUEL
PRIMER TRIMESTRE DE 2017- CALI



SATISFACCIÓN GLOBAL DE USUARIOS ENCUESTADOS POR SERVICIOS EN EL HOSPITAL GERIÁTRICO
Y ANCIANATO SAN MIGUEL
PRIMER TRIMESTRE DE 2017- CALI

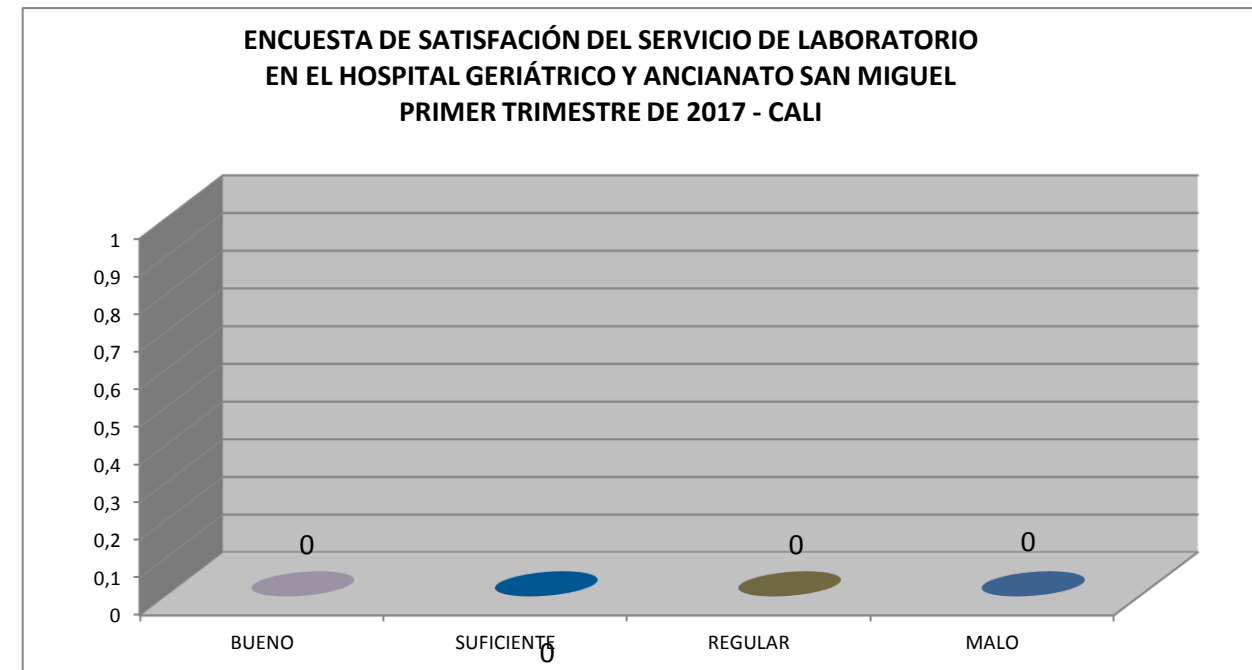


| CENTRO DÍA | |
|------------|-------|
| ITEMS | TOTAL |
| EXELENTE | 1 |
| BUENO | 7 |
| SUFICIENTE | 2 |
| SI | 4 |
| REGULAR | 0 |
| NO | 0 |
| TOTAL | 14 |



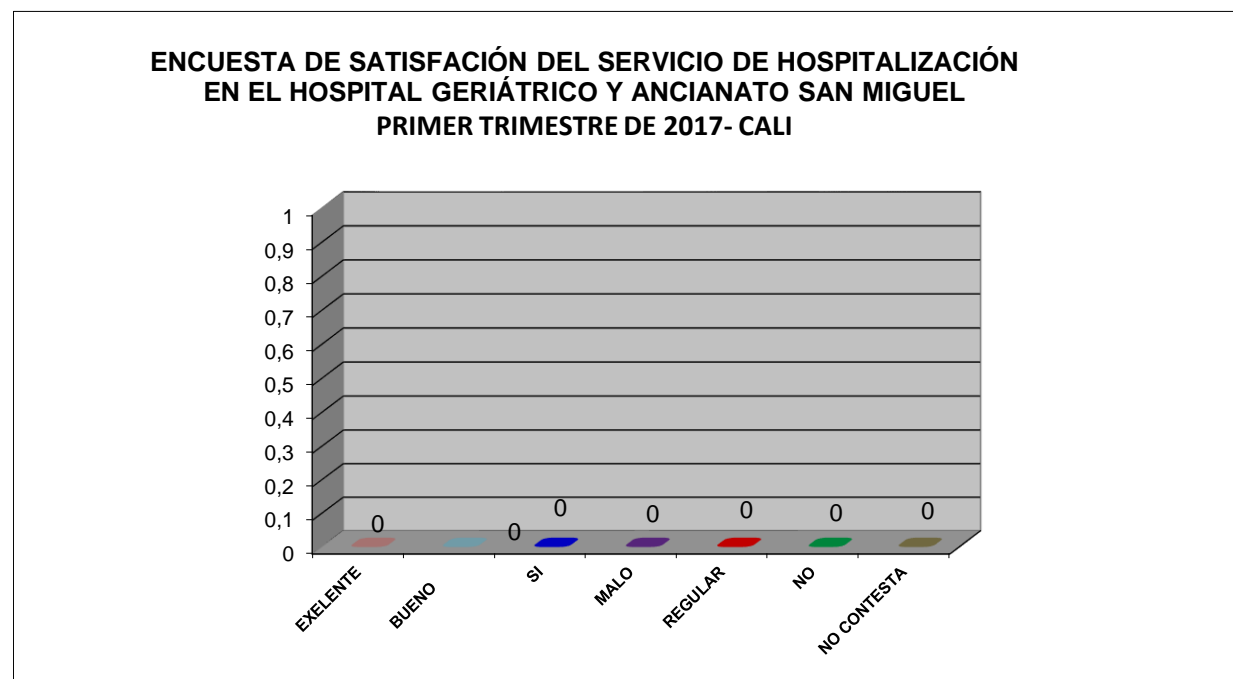
Nota: Los datos de este gráfico se obtienen del servicio de Centro día

| LABORATORIO | |
|-------------|-------|
| ITEMS | TOTAL |
| BUENO | 0 |
| SUFICIENTE | 0 |
| REGULAR | 0 |
| MALO | 0 |
| TOTAL | 0 |



Nota: Los datos de este gráfico se obtienen del servicio de Laboratorio

| HOSPITALIZACIÓN | |
|-----------------|-------|
| ITEMS | TOTAL |
| EXELENTE | 0 |
| BUENO | 0 |
| SI | 0 |
| MALO | 0 |
| REGULAR | 0 |
| NO | 0 |
| NO CONTESTA | 0 |
| TOTAL | 0 |



Nota: Los datos de este gráfico se obtienen del servicio de Hospitalización

**ENCUESTA DEL PRIMER TRIMESTRE DE 2017
RESIDENTES**

AMBIENTE FISICO INSTITUCION

| | |
|--------------|-----|
| Pregunta # | 1.1 |
| Pregunta # | 1.2 |
| Pregunta # | 1.3 |
| Total | |

| E | | B | | R | | M | | SI | | NO | | NC | | TOTALES | |
|-----|----|-----|-----|-----|-----|-----|-----|-----|----|-----|----|-----|----|---------|------|
| No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| 0 | 0% | 5 | 45% | 4 | 36% | 2 | 18% | | 0% | | 0% | 0 | 0% | 11 | 100% |
| 0 | 0% | 8 | 73% | 3 | 27% | 0 | 0% | | 0% | | 0% | 0 | 0% | 11 | 100% |
| 0 | 0% | 6 | 55% | 4 | 36% | 1 | 9% | | 0% | | 0% | 0 | 0% | 11 | 100% |
| 0 | 0% | 19 | 58% | 11 | 33% | 3 | 9% | | 0% | | 0% | 0 | 0% | 33 | 100% |

ATENCION DEL PERSONAL

| | |
|--------------|------|
| Pregunta # | 1.4 |
| Pregunta # | 1.5 |
| Pregunta # | 1.6 |
| Pregunta # | 1.7 |
| Pregunta # | 1.8 |
| Pregunta # | 1.9 |
| Pregunta # | 1.10 |
| Pregunta # | 1.11 |
| Pregunta # | 1.12 |
| Pregunta # | 2 |
| Pregunta # | 3 |
| Pregunta # | 4 |
| Total | |

| | | | | | | | | | | | | | | | |
|----|-----|----|-----|----|-----|---|-----|--|----|--|----|----|-----|-----|------|
| 1 | 9% | 3 | 27% | 0 | 0% | 0 | 0% | | 0% | | 0% | 7 | 64% | 11 | 100% |
| 1 | 9% | 7 | 64% | 3 | 27% | 0 | 0% | | 0% | | 0% | 0 | 0% | 11 | 100% |
| 1 | 9% | 8 | 73% | 2 | 18% | 0 | 0% | | 0% | | 0% | 0 | 0% | 11 | 100% |
| 2 | 18% | 9 | 82% | 0 | 0% | 0 | 0% | | 0% | | 0% | 0 | 0% | 11 | 100% |
| 2 | 18% | 8 | 73% | 1 | 9% | 0 | 0% | | 0% | | 0% | 0 | 0% | 11 | 100% |
| 1 | 9% | 8 | 73% | 1 | 9% | 1 | 9% | | 0% | | 0% | 0 | 0% | 11 | 100% |
| 1 | 9% | 7 | 64% | 0 | 0% | 1 | 9% | | 0% | | 0% | 2 | 18% | 11 | 100% |
| 0 | 0% | 10 | 91% | 0 | 0% | 0 | 0% | | 0% | | 0% | 1 | 9% | 11 | 100% |
| 0 | 0% | 10 | 91% | 1 | 9% | 0 | 0% | | 0% | | 0% | 0 | 0% | 11 | 100% |
| 1 | 9% | 5 | 45% | 2 | 18% | 0 | 0% | | 0% | | 0% | 3 | 27% | 11 | 100% |
| 1 | 9% | 6 | 55% | 2 | 18% | 2 | 18% | | 0% | | 0% | 0 | 0% | 11 | 100% |
| 0 | 0% | 7 | 64% | 1 | 9% | 0 | 0% | | 0% | | 0% | 3 | 27% | 11 | 100% |
| 11 | 8% | 88 | 67% | 13 | 10% | 4 | 3% | | 0% | | 0% | 16 | 12% | 132 | 100% |

PRESTACION DEL SERVICIO

| | |
|--------------|---|
| Pregunta # | 5 |
| Pregunta # | 6 |
| Pregunta # | 7 |
| Pregunta # | 8 |
| Pregunta # | 9 |
| Pregunta # | |
| Total | |

| | | | | | | | | | | | | | | | |
|---|-------|----|-------|---|---------|---|---------|--|---------|--|---------|---|---------|----|---------|
| 0 | 0% | 10 | 91% | 1 | 9% | 0 | 0% | | 0% | | 0% | 0 | 0% | 11 | 100% |
| 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | | 0% | | 0% | 2 | 100% | 2 | 100% |
| 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | | 0% | | 0% | 5 | 100% | 5 | 100% |
| 0 | ##### | 0 | ##### | 0 | #DIV/0! | 0 | #DIV/0! | | #DIV/0! | | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! |
| 0 | ##### | 0 | ##### | 0 | #DIV/0! | 0 | #DIV/0! | | #DIV/0! | | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! |
| | | | | | | | | | #DIV/0! | | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! |
| | | | | | | | | | #DIV/0! | | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! |
| 0 | 0% | 10 | 56% | 1 | 6% | 0 | 0% | | 0% | | 0% | 7 | 39% | 18 | 100% |

CONSULTA EXTERNA

Tecnología y Suministros

| | |
|--------------|----|
| Pregunta # | 26 |
| TOTAL | |

| E | | B | | R | | M | | SF | | MS | | DC | | SI | | NO | | NC | | TOTALES | | | |
|-----|-------|-----|-------|-----|---------|-----|---------|-----|---------|-----|---------|-----|---------|-----|---------|-----|---------|-----|---------|---------|---------|-----|---|
| No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| 0 | ##### | 0 | ##### | 0 | #DIV/0! | 0 | #DIV/0! | | #DIV/0! | | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | | |
| 0 | ##### | 0 | ##### | 0 | #DIV/0! | 0 | #DIV/0! | | #DIV/0! | | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | | |

ATENCION DEL PERSONAL

| | |
|--------------|----|
| Pregunta # | 23 |
| TOTAL | |

| | | | | | | | | | | | | | | | | | | | | | |
|---|-------|---|-------|---|---------|---|---------|--|---------|--|---------|---|---------|---|---------|---|---------|---|---------|---|---------|
| 0 | ##### | 0 | ##### | 0 | #DIV/0! | 0 | #DIV/0! | | #DIV/0! | | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! |
| 0 | ##### | 0 | ##### | 0 | #DIV/0! | 0 | #DIV/0! | | #DIV/0! | | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! |

TIEMPO DEDICADO

| | |
|--------------|----|
| Pregunta # | 24 |
| TOTAL | |

| | | | | | | | | | | | | | | | | | | | | | |
|---|-------|---|-------|---|---------|---|---------|--|---------|--|---------|---|---------|---|---------|---|---------|---|---------|---|---------|
| 0 | ##### | 0 | ##### | 0 | #DIV/0! | 0 | #DIV/0! | | #DIV/0! | | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! |
| 0 | ##### | 0 | ##### | 0 | #DIV/0! | 0 | #DIV/0! | | #DIV/0! | | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! |

INFORMACION

| | |
|--------------|----|
| Pregunta # | 27 |
| TOTAL | |

| | | | | | | | | | | | | | | | | | | | | | |
|---|-------|---|-------|---|---------|---|---------|--|---------|--|---------|---|---------|---|---------|---|---------|---|---------|---|---------|
| 0 | ##### | 0 | ##### | 0 | #DIV/0! | 0 | #DIV/0! | | #DIV/0! | | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! |
| 0 | ##### | 0 | ##### | 0 | #DIV/0! | 0 | #DIV/0! | | #DIV/0! | | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! |

Actividades

| | |
|--------------|----|
| Pregunta # | 25 |
| TOTAL | |

| | | | | | | | | | | | | | | | | | | | | | |
|---|-------|---|-------|---|---------|---|---------|--|---------|--|---------|---|---------|---|---------|---|---------|---|---------|---|---------|
| 0 | ##### | 0 | ##### | 0 | #DIV/0! | 0 | #DIV/0! | | #DIV/0! | | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! |
| 0 | ##### | 0 | ##### | 0 | #DIV/0! | 0 | #DIV/0! | | #DIV/0! | | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! |

CENTRO DÍA

Tecnología y Suministros

| | |
|--------------|----|
| Pregunta # | 26 |
| TOTAL | |

| E | | B | | R | | M | | SF | | MS | | DC | | SI | | NO | | NC | | TOTALES | | | |
|-----|----|-----|------|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|---------|------|-----|---|
| No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| 0 | 0% | 2 | 100% | 0 | 0% | 0 | 0% | | 0% | | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 100% | | |
| 0 | 0% | 2 | 100% | 0 | 0% | 0 | 0% | | 0% | | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 100% | | |

Actividades

| | |
|--------------|----|
| Pregunta # | 25 |
| TOTAL | |

| | | | | | | | | | | | | | | | | | | | | | |
|---|-------|---|-------|---|---------|---|---------|--|---------|--|---------|---|---------|---|---------|---|---------|---|---------|---|---------|
| 0 | ##### | 0 | ##### | 0 | #DIV/0! | 0 | #DIV/0! | | #DIV/0! | | #DIV/0! | 2 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! |
| 0 | ##### | 0 | ##### | 0 | #DIV/0! | 0 | #DIV/0! | | #DIV/0! | | #DIV/0! | 2 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! |

ATENCION DEL PERSONAL

| | |
|--------------|----|
| Pregunta # | 23 |
| Pregunta # | 24 |
| TOTAL | |

| | | | | | | | | | | | | | | | | | | | | | |
|---|-----|---|------|---|----|---|----|--|----|--|----|---|----|---|----|---|----|---|----|---|------|
| 1 | 50% | 1 | 50% | 0 | 0% | 0 | 0% | | 0% | | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 100% |
| 0 | 0% | 2 | 100% | 0 | 0% | 0 | 0% | | 0% | | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 100% |
| 1 | 25% | 3 | 75% | 0 | 0% | 0 | 0% | | 0% | | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 4 | 100% |

| RESIDENTES | | | | | | | | | | |
|------------|----|-----|----|---|----|----|----|-------|--|--|
| | E | B | R | M | SI | NO | NC | Total | | |
| 1.1 | 0 | 5 | 4 | 2 | 0 | 0 | 0 | 11 | | |
| 1.2 | 0 | 8 | 3 | 0 | 0 | 0 | 0 | 11 | | |
| 1.3 | 0 | 6 | 4 | 1 | 0 | 0 | 0 | 11 | | |
| 1.4 | 1 | 3 | 0 | 0 | 0 | 0 | 7 | 11 | | |
| 1.5 | 1 | 7 | 3 | 0 | 0 | 0 | 0 | 11 | | |
| 1.6 | 1 | 8 | 2 | 0 | 0 | 0 | 0 | 11 | | |
| 1.7 | 2 | 9 | 0 | 0 | 0 | 0 | 0 | 11 | | |
| 1.8 | 2 | 8 | 1 | 0 | 0 | 0 | 0 | 11 | | |
| 1.9 | 1 | 8 | 1 | 1 | 0 | 0 | 0 | 11 | | |
| 1.10 | 1 | 7 | 0 | 1 | 0 | 0 | 2 | 11 | | |
| 1.11 | 0 | 10 | 0 | 0 | 0 | 0 | 1 | 11 | | |
| 1.12 | 0 | 10 | 1 | 0 | 0 | 0 | 0 | 11 | | |
| 2 | 1 | 5 | 2 | 0 | 0 | 0 | 3 | 11 | | |
| 3 | 1 | 6 | 2 | 2 | 0 | 0 | 0 | 11 | | |
| 4 | 0 | 7 | 1 | 0 | 0 | 0 | 3 | 11 | | |
| 5 | 0 | 10 | 1 | 0 | 0 | 0 | 0 | 11 | | |
| 6 | 0 | 0 | 0 | 0 | 4 | 5 | 2 | 11 | | |
| 7 | 0 | 0 | 0 | 0 | 2 | 4 | 5 | 11 | | |
| 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 21 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| | 11 | 117 | 25 | 7 | 6 | 9 | 23 | 198 | | |

| Consulta Externa | | | | | | | | | | | | |
|-----------------------------|----|---|---|---|----|----|----|---|---|----|-----|---|
| | E | B | R | M | SF | MS | DC | S | N | NC | TOT | |
| 1. TRATO DEL PERSONAL | 23 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. TIEMPO DEDICADO | 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. ACTIVIDADES | 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. TECNOLOGIA Y SUMINISTROS | 26 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. INFORMACION | 27 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| CENTRO DÍA | | | | | | | | | | | | |
|------------|---|---|---|---|---|----|----|----|---|---|----|-----|
| No. | ITEMS | E | B | R | M | SF | MS | DC | S | N | NC | TOT |
| 23 | 1. TRATO DEL PERSONAL | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 24 | 2. ALIMENTACION | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 25 | 3. TIEMPO DEDICADO | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| 26 | 4. ACTIVIDADES | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 27 | 5. SUMINISTROS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 2 |
| 28 | 6.1 COMO CALIFICARIA SU EXPERIENCIA RESPECTO A LOS SERVICIOS DE SALUD QUE HA RECIBIDO | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 29 | 6.2 RECOMENDARIA A SUS AMIGOS ESTA IPS? | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 2 |
| | | 1 | 7 | 0 | 0 | 2 | 0 | 0 | 4 | 0 | 0 | 14 |

| HOSPITALIZACIÓN | | | | | | | | | | |
|-----------------|---|---|---|---|----|----|----|-------|--|--|
| | E | B | R | M | SI | NO | NC | Total | | |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 12 | 0 | 0 | 0 | 0 | 0 | | | | | |

DIMENSION

ENCUESTA DE CENTRO DÍA MES XX DE 2017

GRAFICOS

| ITEMS | CENTRO DÍA | | | | | | | | | | Total |
|-----------------------|------------|---|---|---|----|----|---|---|----|---|-------|
| | E | B | R | M | SF | DC | S | N | NR | | |
| 1. TRATO DEL PERSONAL | 23 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 2. ALIMENTACION | 24 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 3. TIEMPO DEDICADO | 25 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 2 |
| 4. ACTIVIDADES | 26 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 5. SUMINISTROS | 27 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 2 |

| E | | B | | R | | M | | SF | | DC | | SI | | NO | | NR | | TOTALES | |
|-----|-----|-----|------|-----|----|-----|----|-----|------|-----|----|-----|------|-----|----|-----|----|---------|------|
| No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| 1 | 50% | 1 | 50% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 100% |
| 0 | 0% | 2 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 100% |
| 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 0% |
| 0 | 0% | 2 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 100% |
| 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 100% | 0 | 0% | 0 | 0% | 2 | 100% |

| ITEMS | | | | | | | | | | | TOTAL |
|--|----|---|---|---|-----------|-------|---------|------|----------|-------|-------|
| | | | | | Muy Buena | Buena | Regular | Mala | Muy Mala | NS/NR | |
| 6.1. COMO CALIFICARIA SU EXPERIENCIA RESPECTO A LOS SERVICIOS DE SALUD QUE HA RECIBIDO | 28 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 2 |
| 6.2. RECOMENDARIA A SUS AMIGOS ESTA IPS? | 29 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 2 |

| | | | | | | Muy Buena | | Buena | | Regular | | Mala | | Muy Mala | | NS/NR | | TOTALES | |
|-----|-----|-----|-----|-----|----|-----------|----|-------|------|---------|----|------|-----|----------|----|-------|----|---------|------|
| No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 100% |
| 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 100% |
| 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 100% | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% | 2 | 100% |
| 1 | ### | 5 | 50% | 0 | 0% | 0 | 0% | 2 | 20% | 0 | 0% | 2 | 20% | 0 | 0% | 0 | 0% | 10 | 100% |

| Dimensión: Tecnología y Suministros | | |
|-------------------------------------|----------|---------------|
| Opción de respuesta | No. | % |
| EXCELENTE | 0 | 0,0% |
| BUENO | 0 | 0,0% |
| SI | 2 | 100,0% |
| REGULAR | 0 | 0,0% |
| MALO | 0 | 0,0% |
| NO | 0 | 0,0% |
| NR | 0 | 0,0% |
| Totales | 2 | 100,0% |

Percepción positiva 2 100%

Percepción negativa 0 0%

Percepción neutra 0 0%

| Dimensión: Actividades | | |
|------------------------|----------|---------------|
| Opción de respuesta | No. | % |
| EXCELENTE | 0 | 0,0% |
| BUENO | 2 | 100,0% |
| SI | 0 | 0,0% |
| REGULAR | 0 | 0,0% |
| MALO | 0 | 0,0% |
| NO | 0 | 0,0% |
| NR | 0 | 0,0% |
| Totales | 2 | 100,0% |

Percepción positiva 2 100%

Percepción negativa 0 0%

Percepción neutra 0 0%

| Dimensión: Atención del personal | | |
|----------------------------------|----------|---------------|
| Opción de respuesta | No. | % |
| EXCELENTE | 1 | 25,0% |
| BUENO | 1 | 25,0% |
| SUFICIENTE | 2 | 50,0% |
| SI | 0 | 0,0% |
| REGULAR | 0 | 0,0% |
| MALO | 0 | 0,0% |
| NO | 0 | 0,0% |
| MNR | 0 | 0,0% |
| Totales | 4 | 100,0% |

Percepción positiva 4 100%

Percepción negativa 0 0%

Percepción neutra 0 0%

| Dimensión: Alimentación | | |
|-------------------------|----------|---------------|
| Opción de respuesta | No. | % |
| EXCELENTE | 0 | 0,0% |
| BUENO | 2 | 100,0% |
| SI | 0 | 0,0% |
| REGULAR | 0 | 0,0% |
| MALO | 0 | 0,0% |
| NO | 0 | 0,0% |
| NR | 0 | 0,0% |
| Totales | 2 | 100,0% |

Percepción positiva 2 100%

Percepción negativa 0 0%

Percepción neutra 0 0%

| CENTRO DÍA | |
|----------------|-----------------|
| ITEMS | Total Respuesta |
| EXCELENTE | 1 |
| BUENO | 5 |
| REGULAR | 0 |
| MALO | 0 |
| SUFICIENTE | 2 |
| DEFICIENTE | 0 |
| SI | 2 |
| NO | 0 |
| NR | 0 |
| Totales | 10 |

| | |
|----|---|
| 10 | 4 |
| 2 | 2 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 10 | 4 |
| 2 | 2 |

CONSOLIDADO DE LOS SERVICIOS MES DE ABRIL DE 2017

| TASA DE SATISFACCION GLOBAL | | | |
|---|------|-------|------|
| INDICADOR = $\frac{\text{USUARIOS ENCUESTADOS SATISFECHOS X 100}}{\text{TOTAL DE ENCUESTAS}}$ | | | |
| SATISFECHOS | 9,4 | 100,0 | 72,6 |
| | 13,0 | | |
| NO SATISFECHOS | 2,3 | 100,0 | 17,5 |
| | 13,0 | | |
| NO CONTESTAN | 1,3 | 100,0 | 9,8 |
| | 13,0 | | |

| SATISFACCION DE USUARIOS ENCUESTADOS POR SERVICIO | | | | | | | |
|---|------------|----------|---------------|----------|--------------|----------|----------------|
| Servicio | Satisfecho | % | No Satisfecho | % | No Contestan | % | Total Encustas |
| RESIDENTES | 7,4 | 67,7 | 2,3 | 20,7 | 1,3 | 11,6 | 11,0 |
| CENTRO DÍA | 2,0 | 100,0 | 0,0 | 0,0 | 0,0 | 0,0 | 2,0 |
| AMBULATORIO | 0,0 | #¡DIV/0! | 0,0 | #¡DIV/0! | 0,0 | #¡DIV/0! | 0,0 |
| Total | 9,4 | 72,6 | 2,3 | 17,5 | 1,3 | 9,8 | 13,0 |

CALIFICACION DE LA EXPERIENCIA MES DE ABRIL DE 2017

| TASA DE SATISFACCION GLOBAL | | | |
|---|------|-------|------|
| INDICADOR = $\frac{\text{USUARIOS ENCUESTADOS SATISFECHOS X 100}}{\text{TOTAL DE ENCUESTAS}}$ | | | |
| SATISFECHOS | 11,5 | 100,0 | 79,3 |
| | 14,5 | | |
| NO SATISFECHOS | 3,0 | 100,0 | 20,7 |
| | 14,5 | | |
| NO CONTESTAN | 0,0 | 100,0 | 0,0 |
| | 14,5 | | |

| SATISFACCION DE USUARIOS ENCUESTADOS POR SERVICIO | | | | | | | |
|---|------------|----------|---------------|----------|--------------|----------|----------------|
| Servicio | Satisfecho | % | No Satisfecho | % | No Contestan | % | Total Encustas |
| RESIDENTES | 9,5 | 76,0 | 3,0 | 24,0 | 0,0 | 0,0 | 12,5 |
| CENTRO DÍA | 2,0 | 100,0 | 0,0 | 0,0 | 0,0 | 0,0 | 2,0 |
| AMBULATORIO | 0,0 | #¡DIV/0! | 0,0 | #¡DIV/0! | 0,0 | #¡DIV/0! | 0,0 |
| Total | 11,5 | 79,3 | 3,0 | 20,7 | 0,0 | 0,0 | 14,5 |