Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age Range (please circle) < 18 20-34 35-49 50-68 69+

Patient [ ] Carer [ ] Resident (Aged Care) [ ] Out-patient [ ]

To enable us to ensure our services are meeting the needs of our patients, please take the time to provide feedback by completing this survey

For this survey: 5 = very good 1 = very poor

![C:\Users\Setchen.Brimson\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\NXZXRD2M\MC900072629[1].gif]()Place a tick in the box that best indicates your satisfaction with each area of care during your admission to hospital.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pre Admissions** | **5** | **4** | **3** | **2** | **1** |
| 1 | Your pre-admission instructions prepared you for your hospital stay |  |  |  |  |  |
| 2 | The hospital notified you of your booking time |  |  |  |  |  |
| 3 | Your admission was handled smoothly |  |  |  |  |  |
| **Admissions** | **YES** | **NO** |
| 4 | You understand why you are in hospital |  |  |
| 5 | You received a copy of the Rights and Responsibilities brochure on your arrival |  |  |
| 6 | You received a copy of the Information Privacy Brochure on your arrival |  |  |
| 7 | You are aware of your rights and responsibilities for you as a patient and for staff |  |  |
| 8 | You read the Hospital Information Package at your bedside locker |  |  |
| 9 | The hospital routine was explained to you on arrival |  |  |
| 10 | Did you find access to the hospital adequate: |  |  |
| A | * Signage as to where the hospital is
 |  |  |
| B | * Parking
 |  |  |
| C | * Wheelchair access
 |  |  |
| D | * Front doors
 |  |  |
| E | * Using the lift
 |  |  |
| F | * Finding the Wards
 |  |  |
| G | * Toilets
 |  |  |
| H | * Finding the hospital departments (eg: Physio, Transitional Aged care)
 |  |  |
| I | * Lighting
 |  |  |
| J | * Other
 |  |  |
| **Doctor Care** | **5** | **4** | **3** | **2** | **1** |
| 11 | Indicate your satisfaction with your doctor’s explanation of your diagnosis and treatment |  |  |  |  |  |
| **Nursing Care** | **YES** | **NO** |
| 12 | Staff included you in bedside changeover and discussed your care with oncoming staff |  |  |
| 13 | Staff confirmed your identity, including checking your wristband, prior to giving you medication or other services |  |  |
| 14 | Staff were attentive to your needs |  |  |
| 15 | Staff were prompt in providing you with pain relief |  |  |
| 16 | Staff were respectful and care for you with dignity |  |  |
| 17 | Your family/ carer was involved in your care |  |  |
|  |  |  |
| **Discharge Care** | **YES** | **NO** |
| 17 | Your discharge plan was discussed with you by the Doctor at the time of admission |  |  |
| 18 | You had all the services, equipment and items you needed to manage at home |  |  |
| 19 | You were made aware of how to provide feedback, compliments / complaints |  |  |
| 20 | You were given enough notice about your discharge from hospital |  |  |
| **Accommodation** | **5** | **4** | **3** | **2** | **1** |
| 21 | Room temperature was appropriate |  |  |  |  |  |
| 22 | The noise level in and around your room was appropriate |  |  |  |  |  |
| 23 | All appliances and fixtures in your room worked well |  |  |  |  |  |
| 24 | Your room was clean and pleasant |  |  |  |  |  |
| 25 | Visiting hours were satisfactory |  |  |  |  |  |
| 26 | Activities / entertainment was available/appropriate |  |  |  |  |  |
| 27 | You made use of the outside / garden area during your visit |  |  |  |  |  |
| **Catering Services** | **5** | **4** | **3** | **2** | **1** |
| 28 | Your meals were nutritious and appetising |  |  |  |  |  |
| 29 | There was a variety of foods offered on the menu |  |  |  |  |  |
| 30 | Any special dietary needs were accommodated |  |  |  |  |  |
| 31 | Appropriate assistance was provided if you had difficulties in eating meals  |  |  |  |  |  |
| 32 | Meal times were appropriate  |  |  |  |  |  |
| **General** | **5** | **4** | **3** | **2** | **1** |
| 33 | Please indicate the courtesy of the staff (eg: Wards person, catering, housekeeping, allied health) |  |  |  |  |  |
| **Allied Health / Radiology** | **YES** | **NO** |
| 34 | If you receive treatment from an Allied Health Professional (for example: Physio/Occupational Therapist), or Radiology; did they provide you with a clear understanding of the treatment / procedures undertaken |  |  |
| **Out-Patient Services** | **YES** | **NO** |
| 35 | Did you receive an appointment in an appropriate time period |  |  |
| 36 | Were you given adequate directions on where to go for your appointment? |  |  |
| 37 | Did the health professional explain what you could do to assist in your recovery? |  |  |

 **General Comments**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  | **Name & Address: (Optional)** |
|  |  |  |
|  |  |  |
|  |  |  |