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].gifPlace 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)** |
|  |  |  |
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