

PATIENT & CARER EXPERIENCE SURVEY**Aim and Objectives**

To collect feedback from patients and their carer if involved, so that steps can be taken to improve our care and services.

Method

Please mark the appropriate response and return the completed questionnaire in the self-addressed envelope to the Clinic. All comments, particularly where you feel we could improve, are encouraged.

No.	Criteria	Yes	No	N/A
	Admission			
1	Were you given adequate instructions from the Clinic about how to prepare for your procedure before you arrived at the Clinic			
2	Was the person you spoke to by phone helpful – <i>if applicable</i>			
3	Was it easy to find the Clinic			
4	Was it easy to find the entrance and physically enter the Clinic			
5	Did your Doctor explain the procedure and any complications clearly to you			
6	Did the staff inform you about any out of pocket expenses associated with your admission			
7	When you were being admitted, was the manner of the admitting staff helpful in handling your personal requirements			
8	Where you advised how to make a formal complaint or compliment <i>(refer to Pre admission information)</i>			
9	When you signed the Consent statements (financial, privacy and for the procedure) did you understand what you were signing			
10	Were you advised of your anticipated length of stay			
11	Were you informed before your admission of the requirement to have an escort/carer to collect you at discharge			
	CARE DELIVERY			
12	Was the time between your admission and the time you had your procedure appropriate			
13	- If there was a delay was this explained to you			
14	Were your needs met by the staff			
15	- and doctors during your stay			
16	Did the Clinic staff/doctors adequately explain your preparation, procedure and what to expect			
17	Was your pain adequately managed (knowing that there is some pain with all operations/procedures)			
18	Were you involved in decisions about your care as much as you wanted			
19	Was your carer/family involved enough to meet your needs			
20	When you asked questions, did you get answers you could understand			
21	Was there a high standard of cleanliness within the Clinic			
22	Was the comfort and appearance of the Clinic adequate			
23	Did the staff have respect for your privacy and dignity during your stay			
24	Did you feel safe while you were at the Clinic			
25	Did you think the health care team worked well together			
26	Were you always spoken to with respect by all members of the Clinic staff Please Turn Over			

Patient & Carer Survey

No.	Criteria	Yes	No	N/A
27	Was the post procedure light refreshment satisfactory <i>Comment if not:</i>			
28	During your stay did you observe staff being pro-active in cleaning their hands			
29	Was the process of continually checking your identification explained to you			
30	If you needed assistance were you able to get a member of staff to help you			
31	If a member of your family or someone else close to you wanted to talk to the staff did they have the opportunity to do so			
32	Did you feel confident that at any time you or your carer could have called for help if you started to feel unwell Eg. through the use of a nurse call button			
	DISCHARGE			
33	Was the information that was given to you regarding what to do and what to expect when you left the Clinic adequate			
34	If you were given medication to take following discharge was the information provided adequate and easy to understand			
35	Were you satisfied that you knew what to do if you had concerns after you got home following your procedure			
36	Were you satisfied with the discharge process			
37	Do you feel that your support person (friend/carers) was adequately prepared by the Clinic for your post operative care at home			
	GENERAL			
38	How would you rate the overall care and service received Please Circle (Poor) (Satisfactory) (Excellent) 1 2 3 4 5			
39	Would you recommend this Clinic to your family and friends if they needed day surgery care			
40	Have you any suggestions to make to assist the Clinic to improve in its care and service delivery <i>Comments:</i>			
41	Would you have the time and interest to be involved in a Patient Consumer Group, that may meet just once a year, to provide the Clinic with input to their general business and service planning from a patient's viewpoint with an emphasis on safety and quality. <i>Optional</i> If so :- Name: Contact No.			
42	Would you and/or your carer be interested in reviewing our Patient Handout/Information sheets when we design new ones or change existing over the next 12 months. We believe it is important that documents for Patients be reviewed by Patients to help us get it right. <i>Optional</i> Name: Street: Suburb Postcode:			

Thank you for your participation