**PATIENT SATISFACTION SURVEY**

We would like to find out what you think about your visit to Remuera Surgical Care. We would appreciate it if you could take a few minutes to complete this survey as it will assist us in identifying areas where we can improve our service to patients in the future

Name: (optional) Admission Date:

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| --- |
| **PLEASE RATE THE QUESTION/STATEMENT BY TICKING THE BOX THAT BEST DESCRIBES YOUR EXPERIENCE** |
|  | N/A | Poor1 | Fair2 | Good3 | Very Good4 | Excellent5 |
| **Pre-admission**  |  |  |  |  |  |  |
| 1. How useful was the registration information sent to you before admission? |  |  |  |  |  |  |
| Comments: |  |  |  |  |  |  |
| **Admission** | N/A | Poor1 | Fair2 | Good3 | Very Good4 | Excellent5 |
| 2. Courteousness of reception staff |  |  |  |  |  |  |
| 3. Involvement of family/whanau in the admission process |  |  |  |  |  |  |
| 4. Nursing management of your admission |  |  |  |  |  |  |
| Comments: |  |  |  |  |  |  |
| **Nursing Care** | N/A | Poor1 | Fair2 | Good3 | Very Good4 | Excellent5 |
| 5. Nurses initial introduction / courteousness of nurses |  |  |  |  |  |  |
| 6. Nurses response to your requests / questions |  |  |  |  |  |  |
| 7. Nurses kept you informed of your progress |  |  |  |  |  |  |
| 8. Nurses included you in decisions on your care |  |  |  |  |  |  |
| 9. Nurses response to your reports of pain |  |  |  |  |  |  |
| Comments: |  |  |  |  |  |  |
| **Treatment Received** | N/A | Poor1 | Fair2 | Good3 | Very Good4 | Excellent5 |
| 10. Treatment explained in a way you could understand |  |  |  |  |  |  |
| 11. Care co-ordinated efficiently between staff |  |  |  |  |  |  |
| 12. Addressing your emotional / spiritual needs |  |  |  |  |  |  |
| 13. Treating you with respect and dignity |  |  |  |  |  |  |
| 14. Attention to your cultural needs |  |  |  |  |  |  |
| 15. Respect for your privacy |  |  |  |  |  |  |
| Comments: |  |  |  |  |  |  |
| **Overnight Accommodation** | N/A | Poor1 | Fair2 | Good3 | Very Good4 | Excellent5 |
| 16. Dietary requirements met |  |  |  |  |  |  |
| 17. Room cleanliness |  |  |  |  |  |  |
| 18. Facility Comfort |  |  |  |  |  |  |
| Comments: |  |  |  |  |  |  |
| **Discharge** | N/A | Poor1 | Fair2 | Good3 | Very Good4 | Excellent5 |
| 19. Your preparation for discharge |  |  |  |  |  |  |
| 20. Clear instructions on how to care for yourself at home |  |  |  |  |  |  |
| 21. Contact details for your surgeon (office and after hours) |  |  |  |  |  |  |
| 22. Management of your account |  |  |  |  |  |  |
| Comments: |  |  |  |  |  |  |

**PLEASE TURN OVER THE PAGE**

|  |  |  |
| --- | --- | --- |
| **Recommendation** | YES | NO |
| Would you recommend Remuera Surgical Care to others? |  |  |

**What would Remuera Surgical Care have to do to make you Extremely Satisfied?**

Any other comments you would like to make about your visit:

#  Female

 Male

|  |  |
| --- | --- |
| **Age Demographic** >10 years 10-19 years 20-29 years 30-39 years 40-49 years 50-59 years 60-69 years 70-79 years 80≤ | **Ethnicity** Māori Pasifika: \_\_\_\_\_\_\_\_ NZ European Chinese Indian Australian Filipino Other European Other:  |

Please note that completing this survey is not the same as making a complaint. If you wish to make a complaint please forward your concerns in writing to:

Clinical Governance Committee Remuera Surgical Care

PO Box 99051

Newmarket 1052 AUCKLAND