**Patient experience survey**

This survey is about your **most recent** stay in the hospital named in the letter enclosed with the survey. Please do not include any other hospital stays in your answer.

For each question please cross 🗷 clearly inside one box.

Don’t worry if you make a mistake; simply fill in the box ◼ and put a cross 🗷 in the correct box.

Could you tell us if you are answering this survey on behalf of yourself or someone else?

* Myself
* Someone else unable to answer this survey (Please tell us why)

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| **Communication**(Communicating and sharing information with patients, consumers, carers and families/whānau)1. When you had important questions to ask a doctor, did you get answers that you could understand?

🞏 Yes, always🞏 Yes, sometimes🞏 No🞏 I had no need to ask1. Was your condition explained to you in a way that you could understand?

🞏 Yes, completely🞏 Yes, to some extent🞏 No🞏 N/A 1. Did you feel the following staff listened to what you had to say?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes always | Yes, sometimes | No  | N/A |
| Doctors | 🞏 | 🞏 | 🞏 | 🞏 |
| Nurses | 🞏 | 🞏 | 🞏 | 🞏 |
| Other members of your healthcare team | 🞏 | 🞏 | 🞏 | 🞏 |

1. Did a member of staff tell you about medication **side effects** to watch for when you went home?

🞏 Yes, completely🞏 Yes, to some extent🞏 No🞏 I did not need an explanation🞏 N/A1. **Overall, was communication with you… (please circle a number)**

**Very poor Very good****0 1 2 3 4 5 6 7 8 9 10**  | **Can you give us some examples why you rated it that way? It is these examples that help us understand your point of view.** |
| **Partnership**(Encouraging and supporting participation and collaboration in decision making by patients, consumers, carers and families/whānau)1. Were you involved as much as you wanted to be in decisions about your care and treatment?

🞏 Yes, definitely🞏 Yes, to some extent🞏 No🞏 I was unable or did not want to be involved1. Did the hospital staff include your family/whanau or someone close to you in discussions about your care?

🞏 Yes, always🞏 Yes, sometimes🞏 No🞏 I did not want them included🞏 N/A1. **Overall, was the way staff involved you in decisions about your care… (please circle a number)**

**Very poor Very good****0 1 2 3 4 5 6 7 8 9 10**  | **Can you give us some examples why you rated it that way? It is these examples that help us understand your point of view.** |

|  |  |
| --- | --- |
| **Co-ordination**(Coordination, integration and transition of care between clinical and support services across different provider settings)1. Were you given conflicting information by different staff members, e.g. one staff member would tell you one thing and then another would tell you something different?

🞏 No 🞏 Yes, sometimes🞏 Yes, always1. Do you feel you received enough information from the hospital on how to manage your condition after your discharge?

🞏 Yes, definitely🞏 Yes, to some extent🞏 No🞏 I did not need any help in managing my condition1. **Overall, was the co-ordination of care within hospital (please circle a number)**

**Very poor Very good****0 1 2 3 4 5 6 7 8 9 10**  | **Can you give us some examples why you rated it that way? It is these examples that help us understand your point of view.** |

|  |  |
| --- | --- |
| **Physical and Emotional Needs**(Treating patients, consumers, carers and families/whānau with dignity and respect and providing the necessary physical and emotional support)1. If you needed help from the staff getting to the toilet or using a bedpan, did you get it in time?

🞏 Yes, always🞏 Yes, sometimes🞏 No🞏 I did not need help1. Do you think the hospital staff did everything they could to help control your pain?

🞏 Yes, definitely🞏 Yes, to some extent🞏 No🞏 I did not need pain control1. Overall, did you feel staff treated you with respect and dignity while you were in the hospital?

🞏 Yes, always🞏 Yes, sometimes🞏 No1. Overall, did you feel staff treated you with kindness and understanding while you were in the hospital?

🞏 Yes, always🞏 Yes, sometimes🞏 No1. Was cultural support available when you needed it?

🞏 Yes, always🞏 Yes, sometimes🞏 No🞏 I did not need cultural support1. **Overall, how well were your physical and emotional needs met… (please circle a number)**

**Very poor Very good****0 1 2 3 4 5 6 7 8 9 10**  | **Can you give us some examples why you rated it that way? It is these examples that help us understand your point of view.** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surgery**During your stay in hospital, did you have an operation or surgery?🞏 Yes – Go to question 18🞏 No – Go to question 201. Before the operation did staff explain the risks and benefits in a way you could understand?

🞏 Yes, completely🞏 Yes, to some extent🞏 No🞏 I did not need an explanation1. Did staff tell you how the operation went in a way you could understand?

🞏 Yes, completely🞏 Yes, to some extent🞏 No**Overall**1. Did you have confidence and trust in the staff treating you?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes always | Yes, sometimes | No  | N/A |
| Doctors | 🞏 | 🞏 | 🞏 | 🞏 |
| Nurses | 🞏 | 🞏 | 🞏 | 🞏 |
| Other members of your healthcare team | 🞏 | 🞏 | 🞏 | 🞏 |

 | **About you**If you are answering on behalf of a patient, please complete this section using their details.What is your gender?🞏 Male🞏 FemaleWhat is your year of birth? 🞏🞏🞏🞏Which ethnic group or groups do you belong to?🞏 European🞏 Mäori🞏 Pacific Peoples🞏 Asian🞏 Middle Eastern/Latin/ American/African🞏 Other Ethnicity |
|  |  |

|  |
| --- |
| Is there anything else you would like to tell us about your hospital stay? |

If you would like us to contact you, please provide the following contact details and we’ll get in touch with you as soon as possible.

First name:

Last name:

Phone number or email:

Thank you for your time and feedback. You have now finished this survey. Your feedback, along with that from others who have completed the survey, will be used to improve the quality of the services we provide.

**Optional additional questions**

The following questions have been tested and are found to test well. In order keep the core survey down to a manageable size these have been made optional questions.

1. Did you feel you were involved in decisions about your discharge from hospital?

🞏 Yes, definitely

🞏 Yes, to some extent

🞏 No

🞏 I did not want to be involved

1. Were you given enough privacy when discussing your condition or treatment?

🞏 Yes, always

🞏 Yes, sometimes

🞏 No

1. Was religious or spiritual support available when you needed it?

🞏 Yes, always

🞏 Yes, sometimes

🞏 No

🞏I did not need religious or spiritual support

1. In your opinion, how clean was the hospital room or ward that you were in?
* Very clean
* Fairly clean
* Not very clean
* Not at all clean