 

The National Trauma Network along with the Health Quality & Safety Commission New Zealand is running a national collaborative focused on improving rehabilitation for major trauma patients. The national trauma rehabilitation quality improvement project aims to understand and improve rehabilitation for major trauma patients. The project is about improving existing services and ensuring better access to them so patients and their whānau are able to access the right rehabilitation services at the right time and achieve the best recovery possible.

Capital & Coast DHB therapists who are involved in trauma care have developed this survey to gain an understanding of patients’ experiences, in particular with Allied Health Therapy services, during their stay in Wellington hospital. Through this survey, we aim to bring about positive change for our patients that align with Capital & Coast DHB values of:

[**Manaakitanga**](https://maoridictionary.co.nz/search?idiom=&phrase=&proverb=&loan=&histLoanWords=&keywords=manaakitanga). ***Respect, caring, kindness***.

[**Kotahitanga​**](https://maoridictionary.co.nz/search?idiom=&phrase=&proverb=&loan=&histLoanWords=&keywords=kotahitanga). ***Connection, unity, equity***.

[**Rangatiratanga​**](https://maoridictionary.co.nz/search?idiom=&phrase=&proverb=&loan=&histLoanWords=&keywords=Rangatiratanga). ***Autonomy, integrity, excellence***.

Information gained in this survey is confidential and will help us improve services for better patient outcomes. Participation in this survey is optional and will not impact on usual care.

Unless you would like us to contact you, your responses are anonymous and will not be connected to you in any way. Please be open and honest in your feedback.

**Family, whānau, caregivers and friends are welcome to complete this survey with you or for you if you have any difficulty. A member of your healthcare team can also help you complete the survey if you wish.**

Survey completed by Myself the patient ○ Someone else ○ who?

**About Me**

**Name: Date of Birth:**

Which ethnic group or groups do you belong to? Please select all that apply

1. New Zealand European 6. Niuean

2. Māori 7. Chinese

3. Samoan 8. Indian

4. Cook Island Māori 9. Other (such as Dutch, Japanese, Tokelauan) Please state:

5. Tongan

**We are going to ask you to reflect on your experiences with Allied Therapy services while staying in Wellington hospital. Allied Health Therapy includes physiotherapy, occupational therapy, social work, speech and language, and dietitian.**

**Please select the following that best applies during your stay at Wellington Regional Hospital**

**Communication & information sharing**

1. **The Allied Health therapists listen to my views and concerns.**

Strongly Agree Agree Neither Disagree Strongly Disagree

○ ○ ○ ○ ○

1. **I am kept informed as much as I want to be about my treatment and care.**

Strongly Agree Agree Neither Disagree Strongly Disagree

○ ○ ○ ○ ○

1. **My Allied Health therapy team explain what is going on during my admission in a way that I understand. The language used is one I understood, and appropriate.**

Strongly Agree Agree Neither Disagree Strongly Disagree

○ ○ ○ ○ ○

1. **I receive information that is conflicting, ie, One healthcare team member would tell me one thing and another team member would tell me something different.**

Strongly Agree Agree Neither Disagree Strongly Disagree

○ ○ ○ ○ ○

Tell us more about your experience with communication

**Respect, cultural & spiritual needs**

Everyone in Aotearoa New Zealand comes from a unique background and perspective. This means each person’s needs might be different in their treatment or care.

During this hospital visit…

1. **I feel my cultural, spiritual and individual needs are met.**

Strongly Agree Agree Neither Disagree Strongly Disagree

○ ○ ○ ○ ○

1. **I feel respected by my healthcare team.**

Strongly Agree Agree Neither Disagree Strongly Disagree

○ ○ ○ ○ ○

Tell us more about your experience with cultural, spiritual and individual needs and feeling of being respected

**Experience of care**

1. **I feel the care I receive is timely**

Strongly Agree Agree Neither Disagree Strongly Disagree

○ ○ ○ ○ ○

1. **I feel the care I receive is safe, for example the experience levels of staff with moving me, completing assessments and managing my health condition.**

Strongly Agree Agree Neither Disagree Strongly Disagree

○ ○ ○ ○ ○

Tell us more about your experience of care

**Patient centred care**

1. **I am involved as much as I want in making decisions about my rehabilitation and therapy options.**

Strongly Agree Agree Neither Disagree Strongly Disagree

○ ○ ○ ○ ○

1. **Allied Health Therapy staff include my family/whānau or someone close to me in discussions about the therapy I receive during my visit.**

Strongly Agree Agree Neither Disagree Strongly Disagree

○ ○ ○ ○ ○

1. **I am involved in discussions with the therapists regarding my goals of rehabilitation.**

Strongly Agree Agree Neither Disagree Strongly Disagree

○ ○ ○ ○ ○

Tell us more about your experience with Patient Centred Care

**Experience of Allied Health therapy input**

**(physiotherapy, occupational therapy, social worker, speech and language, dietician)**

1. **I understand the role of Physiotherapy in the hospital setting and what they could offer.**

Strongly Agree Agree Neither Disagree Strongly Disagree

○ ○ ○ ○ ○

1. **I understand the role of Occupational Therapy in the hospital setting and what they could offer.**

Strongly Agree Agree Neither Disagree Strongly Disagree

○ ○ ○ ○ ○

1. **During my stay, my therapy team have assessed/practiced or provided education on the below tasks with me.**

**Yes No Does not apply**

Showering ○ ○ ○

Dressing ○ ○ ○

Getting in and out of bed ○ ○ ○

Getting on and off the toilet ○ ○ ○

1. **I feel I receive enough Therapy time each day that meets my needs to help achieve my goals (physiotherapy, occupational therapy, social work, dietician and others).**

Strongly Agree Agree Neither Disagree Strongly Disagree

○ ○ ○ ○ ○

1. **I feel my rehab is continued by other healthcare members (nursing staff, healthcare assistants) For example, I am encouraged and assisted to walk, moved to the chair/toilet, set up for exercises.**

Strongly Agree Agree Neither Disagree Strongly Disagree

○ ○ ○ ○ ○

1. **I feel my rehab is supported and continued over the weekend.**

**(Wellington Hospital currently do not have a weekend therapy service for patients presenting with trauma. Therapy services encourage exercises and for patients to be walked, sat up in the chair etc).**

Strongly Agree Agree Neither Disagree Strongly Disagree

○ ○ ○ ○ ○

1. **I would like to have therapy services available over the weekend.**

Strongly Agree Agree Neither Disagree Strongly Disagree

○ ○ ○ ○ ○

1. **I feel supported with areas of accessing financial support/ACC/external services (normally discussed with patient by the Social Worker).**

Strongly Agree Agree Neither Disagree Strongly Disagree

○ ○ ○ ○ ○

1. **I feel I am receiving psychological support that meets my needs (usually supported by the Social Worker).**

Strongly Agree Agree Neither Disagree Strongly Disagree

○ ○ ○ ○ ○

1. **I was assessed for a concussion.**

Strongly Agree Agree Neither Disagree Strongly Disagree Unsure

○ ○ ○ ○ ○ ○

1. **I felt the environment of the room/bed space and ward supported my recovery, for example noise levels, lighting, and organisation of space.**

Strongly Agree Agree Neither Disagree Strongly Disagree

○ ○ ○ ○ ○

Tell us more about your experience with Allied Health Therapy input

**Pain management**

1. **I felt the pain medication I received met my needs.**

Strongly Agree Agree Neither Disagree Strongly Disagree

○ ○ ○ ○ ○

1. **I felt comfortable asking for pain medication.**

Strongly Agree Agree Neither Disagree Strongly Disagree

○ ○ ○ ○ ○

Tell us more about your experience with Pain management

**Discharge planning**

1. **On discharge, I understand the plan for follow-up clinics.**

Strongly Agree Agree Neither Disagree Strongly Disagree Does Not Apply

○ ○ ○ ○ ○ ○

1. **On discharge, I feel I am provided with all the equipment (walking, bathroom equipment) and personal care services I need.**

Strongly Agree Agree Neither Disagree Strongly Disagree Does Not Apply

○ ○ ○ ○ ○ ○

1. **For equipment not available through Wellington Hospital, I understand my options/where to access these (ie, from my own DHB hospital, through ACC, external providers, equipment rental stores)**

Strongly Agree Agree Neither Disagree Strongly Disagree Does Not Apply

○ ○ ○ ○ ○ ○

1. **On discharge I feel well supported and able to manage my daily tasks at home.**

Strongly Agree Agree Neither Disagree Strongly Disagree Does Not Apply

○ ○ ○ ○ ○ ○

1. **I feel informed of my options and understand the plan for ongoing therapy input following my discharge from Wellington Hospital**

Strongly Agree Agree Neither Disagree Strongly Disagree Does Not Apply

○ ○ ○ ○ ○ ○

1. **I feel I know who to contact if I have concerns or questions once I am discharged home.**

Strongly Agree Agree Neither Disagree Strongly Disagree Does Not Apply

○ ○ ○ ○ ○ ○

Tell us more about your experience with Discharge planning