

PATIENT SATISFACTION SURVEY Day Hospital Procedures

Thank you for choosing Ulladulla Endoscopy and Medical Centre to have your recent procedure. As part of our Quality Improvement Program, we are continually reviewing our policies, procedures and systems to ensure we are providing a high standard of care. Your feedback/comments are valuable in providing outcome data that we can use for improvement.

We understand that your time is valuable and we thank you in advance for your participation. For your convenience, a stamped addressed envelope is available for the return of your survey.

GENERAL

Procedure Date: _____ **Doctor:** ☐ Dr Kevin Le ☐ Dr Philip Larkin ☐ Dr Con Pappas ☐ Dr Andrew Bullen

Date of Survey: _____ **Anaesthetist:** ☐ Dr Jessie Hoang ☐ Dr Chris Harmon

Procedure: ☐ Gastroscopy ☐ Colonoscopy ☐ Polypectomy ☐ Haemorrhoid banding ☐ Cataract ☐ Lucentis
Injection ☐ Dental ☐ Skin Excision ☐ Other _____

Complications: ☐ NIL ☐ Pain ☐ Vomiting ☐ Bleeding ☐ Infection ☐ Blurred vision ☐ Other _____

APPOINTMENT PROCESS

A1. Was it easy to contact and locate our practice to make
and attend your appointment? ☐ yes ☐ no

A2. Were you satisfied with the availability of your preop (if
applicable) and procedure appointments? ☐ yes ☐ no

A3. Were you happy with the helpfulness of reception staff?
☐ yes ☐ no

PROCEDURE

C1. Were you involved as much as you wanted to be in
decisions about your care and treatment? ☐ yes ☐ no

C2. Did you experience any discomfort during the procedure?
☐ yes ☐ no

C3. Were you happy with the skill and the approach of the
attending staff ☐ yes ☐ no

PREOP CONSULTATION

B1. Were you given enough information about the procedure
and what to expect? ☐ yes ☐ no

B2. Were you fully informed about your financial
commitment for the procedure? ☐ yes ☐ no

B3. Did you have any concerns about the consent process?
☐ yes ☐ no

B3a. If yes, what were your concerns:

B3b. If you did have concerns about the consent process, were
your concerns treated appropriately? ☐ yes ☐ no

RECOVERY STAGE

D1. Did you experience any pain / discomfort / nausea while
recovering? ☐ yes ☐ no

D1a. Was this treated appropriately? ☐ yes ☐ no

D2. Did you have any problems in the days following the procedure?
☐ yes ☐ no

D2a. What problems did you experience?

D3. Were you given adequate information regarding your continued
management, post op care, and any preventative care following
discharge ☐ yes ☐ no

PUBLISHED PATIENT INFORMATION

E1. Was adequate published information provided,

E1a. Prior to the procedure? ☐ yes ☐ no

E1b. During the procedure? ☐ yes ☐ no

E1c. Post procedure? ☐ yes ☐ no

E2. Was the published information provided useful?

☐ yes ☐ no

E3. Was the published information provided clear and easy to understand?

☐ yes ☐ no

E4. Was the layout and format of the publications provided easy to follow?

☐ yes ☐ no

E5. What could we do to improve the quality of our published patient information?

PATIENT CARE INFORMATION PROVIDED

F1. Was the pressure injury prevention and management information provided adequate? ☐ yes ☐ no ☐ NA

F2. Was the information on falls risks and prevention strategies adequate? ☐ yes ☐ no ☐ NA

What could the hospital do to improve the care and services it provides to better meet the needs of patients?

General feedback and comments:

F3. If you were provided with medication

F3a. Was the purpose for the medicine clearly explained to you? ☐ yes ☐ no ☐ NA

F3b. Did you have any unexplained side effects as a result of taking the medication? ☐ yes ☐ no ☐ NA

OVERALL EXPERIENCE

G1. Were you happy with the responsiveness of clinical staff to your needs? ☐ yes ☐ no ☐ NA

G2. Were you happy with the communication between doctors and nurses about your treatment? ☐ yes ☐ no ☐ NA

G3. Do you feel that your privacy was respected?

☐ yes ☐ no

G4. Were you happy with the facilities within this hospital?

☐ yes ☐ no

G5. Did you have any reason to make a complaint regarding your experience at the hospital? ☐ yes ☐ no

G6. Did you make a complaint? ☐ yes ☐ no

G6a. If yes, were you satisfied with the way your complaint was handled? ☐ yes ☐ no ☐ NA

G7. Overall, were you satisfied with the care you received?

☐ yes ☐ no

G8. Would you recommend this hospital to your family and friends? ☐ yes ☐ no

**If you would like us to contact you about your concerns, please include your name and address.
Thank you for completing this survey.**