



RIPERN Model of Care

Doctors Satisfaction Survey

Kyabram Health Services would like to know how you feel about the services we provide so we can make sure we are meeting the needs of the Doctors and Patient. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous

1. Are you aware of the RIPERN Model of Care?

- Yes
- No
- Unsure

2. Are you satisfied with the RIPERN Model of Care? Please choose the best response.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very unsatisfied | Below average satisfied | Satisfied | Above average satisfied | Very satisfied |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Has the RIPERN Model of Care had a positive impact on any of your patients?

- Yes
- No

Other (please specify)

4. Has the RIPERN Model of Care had a negative impact on any of your patients?

- Yes
- No

Other (please specify)

5. What do you like best about the RIPERN Model of Care?



- Reduced call outs
- Efficient assessment and management of the patient
- Patient satisfaction
- Improved communication and transfer of patient information

Other (please specify)

6. What do you like least about the RIPERN Model of Care?

- Decreased call on Doctors
- Lack of Doctor input
- Unknown efficacy

Other (please specify)

7. Any suggestions for improvement to the model of care?

Thank you for your time and cooperation.