

Patient Satisfaction Survey

Instructions for completing this survey

This survey is about [Hospital]

This survey is about your overall experience in hospital. It asks for your opinion about your most recent stay in hospital. There are no right or wrong answers; it is your opinion that is important. Your feedback is important because the information from this survey will help hospitals to improve their services.

- **Please be assured that the survey is completely anonymous.**

No information that will identify you will be given to anyone at the hospital.



- If you are assisting someone to complete this questionnaire, it is important that the **patient's opinions** are presented.
- This survey is not the best way to make a **formal complaint**. If you would like to make a formal complaint about your experiences in hospital you should contact your hospital. Alternatively, you may contact the Office of the Health Services Commissioner on **(03) 8601 5200** or toll free on **1800 136 066**.

Please note: We have made every effort to ensure this survey has gone to the correct person. However, if you are **not** the person to whom this survey was addressed, or their carer, or if you have **not** recently been an inpatient in hospital, please return this survey in the envelope supplied with a note to this effect.

Thank you for your assistance.

When you have finished:

Please remove the cover letter before mailing the survey.



Place the completed survey in the **“Reply Paid”** envelope and put it in the mail (no stamp required). If you have misplaced the **“Reply Paid”** envelope, just use a plain envelope and address it to:

Victorian Patient Satisfaction Monitor
Reply Paid 5210
South Melbourne VIC 3205

No stamp is needed in either case.

YOU MAY REMOVE THIS SECTION IF YOU WISH

This code will allow the Department of Human Services to work out things like whether you are male/female or an elective/emergency patient. It cannot identify you by name or address.



Completing the survey

To complete the survey, please follow the instructions by **marking the boxes**.
An example is provided below.

EXAMPLE ONLY

The person completing the example has rated the quality of the car parking facilities as “good”.
As this person did not have visitors during their hospital stay, they marked “Does not apply” for their rating of the visiting hours.

(Please mark only one box on each row)

A	How would you rate the following?	 Poor	Fair	Good	Very good	 Excellent	Not sure	Does not apply
The quality of the car parking facilities		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The visiting hours		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you need to contact us

If you have any questions about how to complete this survey please contact UltraFeedback on **1800 143 733**.



For general enquiries about the nature of this research program or its administration please speak to the Coordinator, Victorian Patient Satisfaction Monitor, from the Department of Human Services on **1800 356 601**.

(Please mark only one box)

As the
patient

On behalf
of the patient

1 Are you completing this survey...

These questions are about HOW YOU WERE ADMITTED to hospital for treatment.

If a question does not apply to you, please mark the “Does not apply” box

(Please mark only one box on each row)

2 How would you rate each of the following aspects of your admission?



Poor

Fair

Good

Very
good



Excellent

Does
not
apply

Waiting time – not having to wait too long when you arrived before being attended to

Waiting room comfort - comfortable chairs and pleasant surroundings

Change room - comfort and privacy (if required)

Facilities for storing belongings - availability, security and ease of use

Recovery room - pleasant and quiet (if you had a procedure)

Yes

No

Not
sure

3 Were you provided with information about your rights and responsibilities as a patient?

4 Were you provided with information about the way to make a formal complaint during your stay at the hospital?

5 Was your admission to the hospital planned / pre-booked?

If NOT planned / pre-booked, go to Question 9

Thinking about BEFORE YOU WERE ADMITTED for your MOST RECENT hospital stay - that is, from the time you found out you had to go to hospital until you actually arrived at the hospital.

Yes

No

Not
sure

Does
not
apply

6 Was your planned admission date changed by someone at the hospital?

7 Were you provided with information about your stay before you went to hospital?

8 How would you rate the hospital on the way it prepared you for admission? In particular:

(Please mark only one box on each row)

 Poor Fair Good Very good  Excellent Does not apply

The length of time between when you found out you had to go to hospital and when the hospital was able to admit you

The clarity of information you received about your stay

9 How would you rate the hospital on the way your admission was handled? In particular:

 Poor Fair Good Very good  Excellent Does not apply

The helpfulness of admission staff

The way the hospital routine and procedures (like meal times, visiting hours, doctors' visits, etc.) were explained to you

The time you had to wait for a bed (after you arrived at the hospital)

Now some questions about the TIME YOU WERE IN HOSPITAL - that is, from when you were admitted until the time you were discharged.

If a question does not apply to you, please mark the "Does not apply" box

10 Did you share a room (sleeping area) with a patient of the opposite sex? Yes No Not sure Does not apply

IF YES, was this a concern for you? Yes No Not sure

11 Did you want the hospital to provide an interpreter for you during your stay in hospital? Yes No Not sure

IF YES, how often did you have access to an interpreter when you needed one? Never Hardly ever Some of the time All of the time

12 During your stay, were you aware of the hospital's hand cleaning policies or procedures? Yes No Does not apply

(Please mark only one box on each row)

Never

Hardly
ever

Some of
the time

All of
the time

13

How often did you observe hospital staff cleaning their hands between attending patients?

14

During your hospital stay, how would you rate the following:


Poor

Fair

Good

Very
good


Excellent

Does
not
apply

The courtesy of the nurses

The responsiveness of the nurses to your needs

The length of time the nursing staff took to respond to your call

The courtesy of the doctors

How well information about your treatment was explained to you

The communication between doctors, nurses and other hospital staff about your treatment

The helpfulness of the hospital staff in general

The help you received for your pain

The respect for your privacy during your stay

How well your cultural or religious needs were respected by the hospital

Your personal safety

Being treated with respect

The opportunity to ask questions about your condition or treatment

The way staff involved you in decisions about your care

The willingness of hospital staff to listen to your health care problems

How well hospital staff responded to your health care problems

How well the purposes of medicines were explained to you

How well the possible side-effects of medicines were explained to you

15

Thinking about the physical environment and services of the hospital, how would you rate:

(Please mark only one box on each row)



Poor

Fair

Good



Very good

Excellent

Does not apply

The cleanliness of the toilets and showers

The cleanliness of the room where you spent the most time

The temperature of hot meals

The quality of food overall

The quantity of food overall

The restfulness of the hospital (amount of peace and quiet)

The privacy in the room where you spent the most time

16

Did you need help eating your meals?

Yes

No

Does not apply

Never

Hardly ever

Some of the time

All of the time

IF YES, how often did you receive the help you needed to eat your meals?

Now some questions about the WAY THE HOSPITAL RESPONDED TO YOUR NEEDS.

Yes

No

Not sure

17

Did the hospital staff encourage your feedback?

18

Did you have reason to make a formal complaint during your stay?



19

Did you actually make a formal complaint during your stay?

Now some questions about WHEN YOU LEFT THE HOSPITAL.



If a question does not apply to you, please mark the “Does not apply” box

(Please mark only one box on each row)

20	Thinking about when you left hospital, how would you rate the following:	 Poor	Fair	Good	Very good	 Excellent	Does not apply
	The time given to planning your return home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The written information you were given about how to manage your condition and recovery at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The arrangements made by the hospital for any services you needed when you got home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The explanation (by hospital staff) of the medicines you had to take after you left hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Yes	No	Not sure	Does not apply
21	Were you provided with written information about the medicines you had to take after you left the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Did you have someone to care for you when you got home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Finally, these questions are about YOUR OVERALL HOSPITAL EXPERIENCE.

		 Very dissatisfied	Neutral	 Very satisfied
23	Thinking about all aspects of your hospital stay, how satisfied were you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Not at all	A little	Some-what	Quite a bit	Great deal
24	How much do you think you were actually helped by your stay in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Too long	Too short	Right amount
25	Was the length of time you spent in hospital...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26 What were the best things about your stay in hospital?

27 What were the worst things about your stay in hospital?

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

Thank you for completing this survey. Please check that you have marked the boxes that best apply to your experience at [Hospital].

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The address to write on the plain envelope is:



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Reply Paid 5210
South Melbourne VIC 3205**

You don't need to use a stamp.

Again, thank you for your assistance in completing this survey and returning it promptly. This feedback will help the hospital to improve its services for patients.