

**Hervey Bay Surgical Hospital Patient Survey:** Your feedback is very important to us, it provides opportunity for us to review and improve on our services. Please feel free to complete this survey and place in the secure box in recovery or the ward nurses station. If you were a day case some of these questions are not applicable, please leave question blank. Thank you

| PATIENT  | Yes | No |
|--|-----|----|
| Q1. Indigenous Status: Are you of Aboriginal or Torres Strait Islander decent?   |     |    |
| Q2. Did the service you received meet your expectations in quality of care?  |     |    |
| Q3. Did staff ask you, your Name, Date of Birth and allergy status during different stages of your stay?                   |     |    |
| Q4. Did you feel you were in a safe environment?   |     |    |
| Q5. Did you experience friendly staff?   |     |    |
| Q6. Was your pain relief adequate? (If No, please explain why?)  |     |    |
| Q7. <b>Ward patients only</b> - Did you receive your correct dosage of your routine medication during your overnight stay? |     |    |
| Q8. Did you feel safe mobilising during your admission? (If No, please explain why?)                                       |     |    |
| Q9. Were your dietary needs met?   |     |    |
| Q10. Does your carer feel comfortable with taking you home following your procedure?                                       |     |    |
| Q11. Did you feel you had the opportunity to ask questions?  |     |    |
| Q12. Were you involved with your discharge process, so that you felt comfortable going home?                               |     |    |
| Q13. Did you feel staff were aware of your surgical condition?   |     |    |
| Q14. Did you notice staff performing hand hygiene during your stay?  |     |    |
| Q15. Were you informed of any out of pocket expenses – ‘Informed Financial Consent’?                                       |     |    |
| Q16. Did you read the Hervey Bay Surgical Hospital ‘Patient Information Guide’?  |     |    |
| Q17. Do you understand your Health Care Rights as a patient?   |     |    |
| Q18. Do you understand the process of making a complaint?  |     |    |
| Q19. Health care settings are required to provide Open Disclosure, do you understand what this means?                      |     |    |
| Q20. Would you recommend this facility to your family and friends?   |     |    |
| Q21. Were you satisfied with the overall care & treatment during your admission?   |     |    |

Comments / Suggestions you may have: \_\_\_\_\_

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