

Patient Satisfaction Survey

Day Ward

Thank you for choosing a Braemar hospital

At Braemar we strive to provide exceptional service every time and we value your feedback to assist us with improving our standards. We appreciate any compliments or suggestions you may have.

Please leave the completed survey with your nurse, at reception or post it back to us at PO Box 972, Waikato Mail Centre, Hamilton 3240.

If your experience at Braemar Hospital has not met your expectations, please ask to speak to one of the senior managers before discharge by contacting Executive Assistant Louise Baldock-Mauriri (extn 790) or reception (dial 0 from your room) to arrange.

Name (Optional): _____

Bed Number: _____ Admission Date: _____

Would you recommend Braemar Hospital to others? Yes No

Would you like us to contact you regarding your stay? Yes No

Contact Name: _____

Contact Number: _____

Comments on your Braemar experience: _____

Please turn over



Braemar
Day Hospital
Your choice for excellence



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Hospital
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Please tick the appropriate box

Reception

	Strongly Agree	Agree	Disagree	Strongly Disagree
I was welcomed and dealt with promptly on my arrival	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was made to feel welcome and comfortable by all staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nursing Care

The nursing staff made me feel comfortable on admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received a prompt response when I called the nurses for attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All members of the nursing staff were courteous and friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had confidence in the knowledge and skill levels of the nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All procedures were explained fully to me before they were carried out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Meals & Accommodation

I was satisfied with the quality and temperature of my meal and drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The portions were adequate for my appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My accommodation was clean and met my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Staff

I was provided courteous and efficient service by:

My Surgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Anaesthetist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating Room Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discharge

I received adequate discharge instructions from the nursing staff and my doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt comfortable that I could manage at home on my discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Overall Braemar Experience

Excellent Very Good Good Needs Improvement

Thank you for assisting us in improving our service; we appreciate the time you have taken. This information will be treated in confidence.



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