

# Patient Satisfaction Survey

## Inpatient Ward

### Thank you for choosing 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: \_\_\_\_\_



Please tick the appropriate box

Strongly  
Agree

Agree

Disagree

Strongly  
Disagree

## Reception

I was welcomed and dealt with promptly on my arrival

I was made to feel welcome and comfortable by reception staff

Comments

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## Accommodation

I was shown to my room promptly and all was ready for me

My room was kept clean and tidy during my stay

The domestic staff were courteous and considerate

The hospital was quiet enough for me to rest and sleep

Comments:

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## Meals

I was satisfied with the presentation and quality of the meals

The portions were adequate for my appetite

My meals were served at the correct temperature

My meal tray was served carefully and courteously

Comments:

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Please tick the appropriate box

Strongly  
Agree

Agree

Disagree

Strongly  
Disagree

## 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"/> |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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"/> |
| The Physiotherapist  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Support Staff  | <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"/> |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Discharge

|   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| I received adequate written 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"/> |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tick the appropriate box

Strongly  
Agree

Agree

Disagree

Strongly  
Disagree

## General

My visitors were made to feel welcome

Any special needs I had were provided for i.e. cultural, physical, emotional and spiritual

I found Braemar Hospital clean and attractive

I generally felt comfortable and secure during my stay

Comments: \_\_\_\_\_

\_\_\_\_\_

## Your Overall Braemar Experience

Excellent

Very Good

Good

Needs Improvement

Comments on your Braemar experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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