

Northland Orthopaedic Clinic
Patient Feedback Questionnaire

At Northland Orthopaedic Clinic we are committed to providing the highest standard of care

To Achieve this we require feedback on the service we provide. Please place a ✓ in the appropriate box which best describes your experience during your hospital stay.

If you wish to make specific suggestions, please do so in the space provided. All responses will be confidential

If you wish to make a complaint you can do so by completing the Complaints Form in your Discharge pack or by ringing the hospital on 09 437 9026 and speaking with the nurse manager or email nursemanager@northortho.co.nz

Rating Excellent -Poor 5 4 3 2 1

Pre Admission

Did you receive adequate information before you came into hospital concerning:

Your admission

Your discharge

Did you feel fully informed on the treatment options prior to giving consent

Day Surgery

Did you feel Staff were welcoming and reassuring

Staff were prompt in responding to your needs

Confident in your nurses skills and knowledge

Your pain was adequately controlled

Northland Orthopaedic Clinic
Executive
File Number
Officer
Review Date: 12.06.2015

Staff provided adequate discharge information including matters related to pain control

Your preparation for discharge was satisfactory

Surgeon

Were you offered enough opportunity to ask and have your questions answered

Did you receive appropriate discharge instruction and follow up care from your surgeon

Religion / Spirituality

Were your religious / spiritual / cultural needs adequately met

Overall , how satisfied were you with the care you received at the Northland Orthopaedic Clinic

Where you well informed of your Code of Rights?

If you wish to make further comments:

Thank You for taking the time to complete this questionnaire. Please return on Follow up with your specialist or post to: **Northland Orthopaedic Clinic- 15 Kensington Avenue-Whangarei 0112**

Authorized By Marc Hirner

Chief

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