

Patient Satisfaction Survey

Westminster Day Surgery is committed to providing a high standard of care and service. We would like to obtain your feedback in relation to the care you received during your visit. Your feedback is valuable to assist us in improving the services and care we deliver. All feedback remains confidential.

In relation to your admission, please rate the following:

Name: (optional) _____ Date: _____

Criteria	Rating				
	Excellent	Good	Fair	Poor	Not Applicable
Nursing care received during your stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with you and your carers/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness and comfort of your surroundings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand hygiene practices by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard of food provided and service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff skills in customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information provided regarding your patient rights (Australian Charter of Healthcare Rights and your rights as a private patient)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information provided regarding your hospital account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information provided to you on discharge from hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well did you feel we included you in decisions regarding your care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well did you feel we recognised your individual health care needs in respect to your culture, dignity and privacy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were there any hospital employees who provided you with exceptional service?

How can we improve our service?

Thank you for your feedback. If you require any further information or wish to communicate a compliment, concern or complaint, please contact the Quality Clinical Nurse:

Phone: (08) 9349 5555

Fax: (08) 9344 1744

Email: quality@westminsterdaysurgery.com

Address: Westminster Day Surgery
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Wanneroo WA 6061