AN AUDIT OF PATIENT SATISFACTION WITH THE NEUROSURGERY SERVICE IN CHARING CROSS HOSPITAL

AIM

To monitor patient satisfaction with the neurosurgery service.

METHODS

Attached is a copy of a patient satisfaction questionnaire. The questionnaire is based on questions to assess the level of satisfaction of in-patients with the neurosurgery service. It has been divided into questions pertaining to the medical staff, nursing staff, hospital services and finally some demographic questions.

The questionnaire is to be handed out in the neurosurgery wards and filled by the patients at their convenience, while still in hospital. If the patient is unable to complete it, the carer will be requested to do so. Once completed, it will be collected by a member of the neurosurgery team. All the data will be collated and analysed.

SAMPLE GROUP

All patients admitted to the neurosurgery wards.

ANALYSIS OF THE DATA

We will collate the data and present the results as simple bar graphs or pie charts.

From the results, we should be able to see clearly what particular issues the patients are most and least happy with.

IMPROVEMENTS

We shall then draw up a list of changes/improvements which will aim to improve patient satisfaction with our service.

This action plan will then be discussed by the service members, ideally at a staff meeting. Finally we plan to implement the changes.

RE-AUDIT

Once a suitable period of time has elapsed for the changes to be made, the same questionnaire shall be given out to another sample of patients.

We shall then analyse the results and compare them with the first round of results:

- Have our improvements made a difference?
- Are there still other areas that now need to be improved?
- Would we change any questions in the questionnaires if we did this audit again?

Please place a tick ✓ in the appropriate box.
• Who is filling out the form?
1. Yourself
2. ☐ Spouse/Partner
3. ☐ Parent
4. ☐ Sibling
5. Relative
6.☐ Friend
7. Care Assistant
8. Other (please specify)
A. Surgical team. Please answer these questions while keeping in mind your interaction
with the surgical team, before, during and after your operation. Here we are only referring to your consultant neurosurgeon and the registrars who look after you.
A1. Are you involved as much as you want to be in discussions about your treatment?
1. ☐Yes, definitely
2. Yes, to some extent
3. □ No
4. ☐ Not at all
A2. Did the neurosurgeon explain the reasons for your treatment in a way that you could understand?
1. Yes, completely
2. Yes, to some extent
3. ☐ No
4. Not at all

A3. Are you satisfied with the neurosurgeons explanation to the potential benefits and risks of your operation?
1. Yes, completely
2. Yes, to some extent
3. ☐ No
4. Not at all
A4. If you have questions to ask the surgeon, do you get answers that you could understand?
1. Yes, completely
2. Yes, to some extent
3.
4.☐ I did not need to ask any questions
A5. Do you feel that the surgeons give you enough attention?
1 Yes, definitely
2 Yes, to some extent
3.
4 Not at all
A6. How would you rate your overall interaction with the surgeons?
1. Excellent
2 Good
3 Fair
4 Poor
A7. After your interaction with the surgeons, do you feel confident with being under their care?
1. Yes, completely
2. Yes, to some extent
3. ☐ No
4. Not at all

A8. Have you been operated on? If yes, then how satisfied are you with the operation? If no, then skip to the next question.

	1. Yes, completely
	2. Yes, to some extent
	3. No
	4. Not at all
A9.	Are you satisfied with the overall care provided by the surgeons?
	1. Yes, completely
	2. Yes, to some extent
	3. ☐ No
	4. Not at all
	B. Ward Doctors. Please answer the following questions regarding your experience with the care provided by the ward doctors. These are the Senior House Officers who look after you in the ward.
B1.	Do you feel you are given enough attention by the ward doctors?
	1. ☐Yes, completely
	2. Yes, to some extent
	3. □ No
	4. Not at all
B2.	If you have questions to ask the ward doctors, do you get answers that you can understand?
	1. Yes, completely
	2. Yes, to some extent
	3. No
	4. ☐ I did not need to ask any questions
В3.	Are you satisfied with the ward doctors' attitude towards you?
	1. Yes, completely
	2. Yes, to some extent

3. ☐ No
4. Not at all
B4. How would you rate your overall interaction with the doctors in the ward?
2 Good
3 ☐ Fair
4 Door
B5. After your interaction with the ward doctors, do you feel confident with being under their care?
1. ☐Yes, completely
2. Yes, to some extent
3. □ No
4 Not at all
B6. Are you satisfied with the care provided to you by the doctors in the ward?
1. ☐Yes, completely
2. Yes, to some extent
3. □ No
4 Not at all
C. Nursing Staff. Thinking about your interaction with the nurses:
C1. Are you given enough attention by the nurses?
1. ☐ Yes, definitely

2.☐ Yes, to some extent
3.□ No
4. Not at all
C2. Do the nurses listen carefully to what you have to say?
1. Yes, definitely
2. Yes, to some extent
3. No
4. Not at all
C3. Have the nurses explained when and how you should call them if you need assistance?
1. Yes, definitely
2. Yes, to some extent
3. ☐ No
4. Not at all

C4. Are you satisfied with the nurses' attitude towards you?
1. Yes, completely
2. Yes, to some extent
3. ☐ No
4. Not at all
C5. How would you rate your overall interaction with the nurses in the ward?
1 Excellent
2 Good
3 Fair
4 Poor
C6. After your interaction with the ward nurses, do you feel confident with being under their care?
1 Yes, completely
2 Yes, to some extent
3 ☐ No
4 ☐ Not at all
C7. Are you satisfied with the care provided to you by the nursing staff?
1 Yes, completely
2 Yes, to some extent
3
4 Not at all

to you by the hospital i.e. food, cleanliness and transport etc.
D1. How do you rate the hospital food?
1 Excellent
2 Good
з <u></u> Fair
4 Depor
D2. How would you rate the hospitals' cleanliness?
1 Excellent
2 Good
3 ☐ Fair
4 Depor
D3. Are you satisfied with the transportation provided by the hospital porters?
1 ☐ Yes, completely
2 Yes, to some extent
3
4 Not at all
D4. Are you satisfied with the transportation provided to and from the hospital (if applicable)?
1 ☐ Yes, completely
2 Yes, to some extent
з
4 ☐ Not at all
D5. Were you provided with adequate facilities by the hospital if you had a special requirement or disability?
1 ☐Yes, completely
2 Yes, to some extent
3

D. Hospital Services. Please answer the following questions while keeping in mind the services provided

4 ☐ Not at all		
D6. How would you rate t	he overall ambiance of the	hospital?
1 Excellent		
Good		
3 ☐ Fair		
4 Poor		
E. About you. To he questions.	lp us check the service is h	elping everyone, please answer the following
E1. How long have you be	en in the ward for?	
Under a day		
Between 1 & 3 days		
Between 4 & 7 days		
More than a week		
Two weeks or more		
E1. Are you:		
1 Male		
2 Female		
E2. How old are you? Ple	ease tick one box	
Under 16		
17 to 35 years		
36 to 50 years		
51 to 65 years		
66 to 80 years		
81 or older		
E3. To which of these eth	nic groups would you say yo	ou belong?
1 🗌 White		
2 Black or Black	British	
з 🗌 Asian or Asian		
4 🗌 Mixed		

	5 Chinese	
	6 Other Ethnic group, please state	
E4.	How would you describe your religion or belief? 1	
E5. \	What level of education have you attained?	
	₁ ☐ School leaver	
	₂ GCSE/O-Level or equivalent	
	3 A-Level or equivalent	
	4 First Degree	
	5 Post-graduate degree/training	
	F. Other Comments	
F1. I	Is there anything particularly good about the service provided by the neurosurgery team? Plede	ase
F2. I	Is there anything particularly bad about the service provided by the neurosurgery service? Ple e	ease:

F3. Is there anything that could be improved?	
F4. Any other comments	

Thank you very much for your time and co-operation!