Haldimand War Memorial Hospital

EMBRACING THE HEALTH AND HEARTS OF THE COMMUNITY

Haldimand War Memorial Hospital is committed to providing outstanding integrated health care to our community. We want to ensure our health care services are consistent with the needs of the patients, families and our community. Our goal remains *Best Care, Every Person, Every Time*. Our excellence in health care is guided by our patients and families which is why we invite patients upon discharge to complete surveys as an important feedback tool. Patient experience surveys are one way the organization works to improve the quality of care and overall patient experience. Completion of a survey is voluntary and not connected to your healthcare record. Survey results help to identify where we are doing well and highlight where we may have opportunities to improve the care and services we provide.

We appreciate the feedback that is provided to us through this survey process and thank patients and family members for their time and participation in this important quality improvement initiative.

	Never	Sometimes	Usually	Always	Don't know/ Not sure	Not applicable
Do you feel that there was good communication about your care between doctors, nurses and other hospital staff?	☐	☐	☐	☐	☐	☐
During this hospital stay, did you get all the information you needed about your condition and treatment?	☐	☐	☐	☐	☐	☐
Did you get the support you needed to help you with any anxieties, fears or worries you had during this hospital stay?	☐	☐	☐	☐	☐	☐
Were you involved as much as you wanted to be in decisions about your care and treatment?	☐	☐	☐	☐	☐	☐

	Yes, Always	Sometimes	No, Never	I did not need attention
Were you able to get a member of hospital staff to help you when you needed attention?	☐	☐	☐	☐

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	Not at all	Partly	Quite a bit	Completely	Not applicable
Before you left the hospital, did you have a clear understanding about all of your prescribed medications, including those you were taking before your hospital stay?	☐	☐	☐	☐	☐
Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	☐	☐	☐	☐	☐

	0 I had a very poor experience	1	2	3	4	5	6	7	8	9	10 I had a very good experience
Overall… (Please circle a number)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

What else would you like to say about this inpatient experience? *(Please do not include any names, contact information or identifying information).*

Please submit completed surveys to patientrelationsdelegate@hwmh.ca