



# 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. The new hospital vision '*The heart of our thriving community*' personifies the entire organization. Our new mission statement '*we exemplify high-quality compassionate care. It is our calling*' 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
How often did care providers treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often did care providers explain things in a way you could understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel there was good communication about your care between doctors, nurses and other hospital staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you get the emotional support you needed to help you with any anxieties, fears or worries you had during this hospital visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No, but I would have liked a reason	No, but I did not mind	Don't know/ Can't remember	I did not have a long wait
If you had a long wait, were you told why?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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	No	Yes, somewhat	Yes, mostly	Yes	Not applicable
Did your care providers do everything they could do to ease your discomfort or symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Partly	Quite a bit	Completely
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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