

Survey Definition Report

Client : Midlands Burn Care Network

Survey Name UHL Paed OP 2011

Survey Start Message :

The Midlands Burn Care Network thanks you for agreeing to complete our 5 minute survey. Your views are important to us and will remain anonymous

Questions :

Q.1 Please tick the box that best describes you

(Multiple Choice, select one only)

- Child
 - Parent
 - Carer
-

Q.2 Are you being treated following

(Multiple Choice, select one only)

- A Burn injury
 - Surgery
 - Other injury
-

Q.3 Were you given a choice of appointment times?

(Multiple Choice, select one only)

- Yes
 - No, but I did not need or want a choice
 - No, but I would have liked a choice
 - Do not know
-

Q.4 Were you seen on time?

(Multiple Choice, select one only)

- Yes
 - No
-

Q.5 How long did you have to wait to be seen?

(Multiple Choice, select one only)

- Less than 5 minutes
 - Between 6 and 15 minutes
 - Between 16 and 30 minutes
 - Between 31 and 60 minutes
 - More than one hour
-

Q.6 Were you informed of the reason for the delay?

(Multiple Choice, select one only)

- Yes
 - No
-

Q.7 How helpful were the clinic team when you first arrived for your appointment?

(Multiple Choice, select one only)

- Very helpful
 - Fairly helpful
 - Not very helpful
 - Not at all helpful
-

**Q.8 Who did you expect to see when you came to the clinic?
(can answer more than one if needed)**

(Multiple Choice, multiple answers allowed)

- Nurse
- Doctor
- Physiotherapist

Occupational Therapist

Q.9 Did you see the clinical staff that you expected to see?

(Multiple Choice, select one only)

Yes

No

Q.10 Did each member of the team introduce themselves to you?

(Multiple Choice, select one only)

Yes

No

Some of the team

I cannot remember

**Q.11 Pick the box that best describes how staff have been today in
- Involving you in making decisions**

(Tabular, select one only)

Very good

Good

Poor

Very poor

**Q.12 Pick the box that best describes how staff have been today in
- Giving you enough time**

(Tabular, select one only)

Very good

Good

Poor

Very poor

**Q.13 Pick the box that best describes how staff have been today in
- Explaining about your treatment**

(Tabular, select one only)

Very good

Good

Poor

Very poor

**Q.14 Pick the box that best describes how staff have been today in
- Listening to you**

(Tabular, select one only)

Very good

Good

Poor

Very poor

**Q.15 Pick the box that best describes how the staff respected your / your child's privacy and dignity
- My treatment was interrupted**

(Tabular, select one only)

Not at all

A little

Frequently

**Q.16 Pick the box that best describes how the staff respected your / your child's privacy and dignity
- Did the staff talk about you as if you were not there**

(Tabular, select one only)

Not at all

A little

Frequently

**Q.17 Pick the box that best describes how the staff respected your / your child's privacy and dignity
- Did you feel embarrassed or vulnerable**

(Tabular, select one only)

- Not at all
- A little
- Frequently

Q.18 Was the Play Specialist in clinic with you / your child today?

(Multiple Choice, select one only)

- Yes
- No
- No, but I would have liked them to have been there

Q.19 If you saw the Play Specialist today did it help you / your child?

(Multiple Choice, select one only)

- Yes
- No
- Did not see play specialist

Q.20 Cleanliness and Hygiene. Pick the appropriate box - Was the clinic area clean and tidy

(Tabular, select one only)

- Yes
- No

Q.21 Cleanliness and Hygiene. Pick the appropriate box - Were there hand gels available

(Tabular, select one only)

- Yes
- No

Q.22 Cleanliness and Hygiene. Pick the appropriate box - Did you see the staff use the hand gel?

(Tabular, select one only)

- Yes
- No

Q.23 Cleanliness and Hygiene. Pick the appropriate box - Did you use the hand gel?

(Tabular, select one only)

- Yes
- No

Q.24 Have you / has your child had any painkillers before coming to your dressing clinic appointment today?

(Multiple Choice, select one only)

- Yes, I am / my child is taking regular painkillers
- Yes, because I / my child was coming to dressing clinic
- No

Q.25 How would you best describe the level of pain or discomfort that you / your child experienced during your / their treatment?

(Multiple Choice, select one only)

- None
- Mild
- Moderate
- Severe

Q.26 Did you feel safe in our care today

(Multiple Choice, select one only)

- Yes
- No

Q.27 Pick the box that best describes the care received from the team - Medical team (doctors)

(Tabular, select one only)

- Excellent
- Good
- Fair
- Poor
- Very Poor
- Did not see

Q.28 Pick the box that best describes the care received from the team - Nursing team

(Tabular, select one only)

- Excellent
- Good
- Fair
- Poor
- Very Poor
- Did not see

Q.29 Pick the box that best describes the care received from the team - Physiotherapy team

(Tabular, select one only)

- Excellent
- Good
- Fair
- Poor
- Very Poor
- Did not see

Q.30 Pick the box that best describes the care received from the team - Occupational therapy team

(Tabular, select one only)

- Excellent
- Good
- Fair
- Poor
- Very Poor
- Did not see

Q.31 Please rate your overall satisfaction with your clinic visit today

(Multiple Choice, select one only)

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied
- Very dissatisfied

Q.32 About you: Are you / your child ?

(Multiple Choice, select one only)

- Boy / Male
- Girl / Female

Q.33 About you: How old are you / your child?

(Multiple Choice, select one only)

- Under 1
- 1 to 5
- 6 to 10
- 11 to 15
- Over 15

Q.34 Please add any further comments

(Open Ended)

└ Free Format Text

└ No Response

Survey End Message :

Thank you for completing this survey. Your views will help us improve patient care