



Consumer and whānau survey

Listening to the people we are here for

Across the Hawke's Bay we take great pride in the quality of care we provide. But we know we don't get it right all the time, and there is room for improvement.

Our aim is to provide our consumers and their whānau and all our communities with consistently safe, compassionate, high quality care across all our services. We need your help to do this.

Please complete this confidential survey to tell us about your experience in our care. The survey is completely anonymous, so please be open and honest with your responses.

We will use your feedback to improve the quality of care we provide to all our consumers and their whānau.

How to complete this survey

In responding to this survey, please consider your most recent experience in our care, whether that's been at your family doctor, at the hospital, pharmacy, at home or with a community provider.

For each question cross ⊗ clearly inside one circle. Don't worry if you make a mistake – simply fill in the circle ● and put a cross ⊗ in the correct circle.

For questions where we ask you to write your answers, please tell us your answer in your own words, using as much detail as you think is important.

Where to return this survey?

"Big Listen"
Hawke's Bay Fallen Soldiers Memorial Hospital
Puawananga
Private Bag 9014
Hastings

OR in one of the Pink Boxes where you picked up this survey.

The survey is also available online. Please go to www.ourhealthhb.co.nz or www.healthhb.co.nz & click on the link.

During w/c 25th September 2017 we are also hosting 'In Your Shoes' listening sessions for consumers and whānau to tell us about your experiences. Please visit our website at www.ourhealthhb.co.nz to register to attend, and help shape our health system. We want to really understand what it feels like to be a consumer or whānau in our services.

About your experience

Q1. Please tell us a little bit about yourself

Are you a...

- Consumer or patient
- Whānau or family member
- Member of the public
- Other, please specify

If you are a whānau, family member or member of the public, as you answer the questions please think about your own experience of our service, as well as the treatment your loved one received.

I received my most recent treatment at...

- Hawke's Bay Fallen Soldiers' Memorial Hospital
- Central Hawke's Bay Health
- Napier Health
- Wairoa Health
- Family Doctor/ GP Practice
- Dental Practice
- Pharmacy
- Aged Residential Care
- Community Provider
- Home (Home Based support services)
- Other

Q2. By answering the following questions you will help us make sure our survey is representative of the diverse communities of Hawke's Bay.

How would you describe your ethnicity?

- Māori
- Pacific
- Asian
- NZ European
- Other, please specify

How old are you?

- 15 – 24
- 25 - 44
- 45 – 64
- 65 – 74
- 75 – 84
- 85+
- Other

Thinking about your recent experience in our care...

Q3 Please tell us the most important thing we could do to improve your experience in our care.

Q4 In our hospital, family doctors and other health services - when our staff act in a way that you like, what do you see and hear them doing, that they **should keep doing, or do more of?**

Q5 Sometimes you may have experienced staff at our hospital, family doctors and other health services doing things that you don't like. If this is the case, what did you see or hear them doing, that you would like people **do less of, or not at all?**

Your experience in our care

Thinking about your recent experience in our care, to what extent do you agree with the following statements?

1 is 'strongly disagree' and 5 is 'strongly agree'.		1. Strongly disagree	2. Disagree	3. Neither agree nor disagree	4. Agree	5. Strongly agree	Not applicable to me
Q6	Staff behaved in ways that matched my values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q7	I am satisfied with the outcome of my care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q8	I am clear about my treatment options and plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q9	Staff were generally positive and encouraging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q10	I could put my own experience and expertise to good use in my care or recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q11	I was supported to learn about my condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q12	Staff listened to me and were interested in my views	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q13	I was enabled to be an equal partner in my care or recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q14	Staff were generally friendly and welcoming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q15	Staff were respectful of my individual, cultural and spiritual needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q16	Staff praised my efforts to help myself get better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q17	Staff were seldom rude, unkind or thoughtless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q18	The people caring for me explained things clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q19	I was always involved in my care in ways that work for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q20	The different people caring for me worked well as a team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q21	Staff didn't seem unduly rushed or busy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q22	Staff did all they could to help reduce my pain or distress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q23	It was easy to talk to staff if I had worries or concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall experience

1 is 'extremely unsatisfied' and 5 is 'extremely satisfied'.		1. Extremely unsatisfied	2. Unsatisfied	3. Neither satisfied nor unsatisfied	4. Satisfied	5. Extremely satisfied
Q24	Overall, how satisfied would you say you are with your experience in our care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q25	Please tell us the main reason for the score you have given (above)					

How you felt during your experience

Thinking of your recent experience in our care, how often did you feel the following emotions

Q26	1. None of the time	2. Hardly any of the time	3. Some of the time	4. Most of the time	5. All of the time
A sense of belonging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appreciated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enthusiastic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listened to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimistic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Valued	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bored	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cynical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frustrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ignored	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Isolated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not respected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Finally

Would you recommend Hawke’s Bay health system
(hospital, family doctors and other health care services)?

Please note scale is reversed and starts with '5. Extremely likely'		5. Extremely likely	4. Likely	3. Neither	2. Unlikely	1. Extremely unlikely	Don't know
Q27	How likely are you to recommend the service you received to friends and family if they needed similar care or treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q28	Please tell us the main reason for the score you have given (above)						

Many thanks for taking the time to complete this confidential survey.

We will use the information to help us continue to improve the services we provide.