

## Treating Patients Well Questionnaire

## In order for us to monitor and improve the quality of our service, we would like to offer you the opportunity to give us your opinion. We hope you will be able to take a few minutes to complete this questionnaire. This is an optionally anonymous questionnaire which if you would prefer you can post into the unit.

Thank you very much for your time and comments.

Form completed: (please circle) During admission Discharge

Is this the first form you have completed Yes No

If no please comment if things have improved since your first form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Following the admission of your baby to Gosset ward**:
* Did you receive a photograph of your baby Yes No
* Did you receive a Gosset Welcome pack Yes No
* Were you given a car park ticket Yes No
* Were you shown the parent facilities Yes No
* **On visiting your baby did the nurse and / or Doctor caring for your baby introduce them self?** Nurse Yes No

Doctor Yes No

Please comment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Were you aware which nurse was responsible for your baby’s care each day s/he was in the neonatal unit?** Yes No
* **If your baby’s level of care and monitoring changed during their stay on Gosset, was it explained to you why there was a change in the level of support you and your baby received. (Intensive Care, High Dependency, Special Care)**
* Medical Staff Yes No N/A
* Nursing staff Yes No N/A

Please comment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maintaining confidentiality of the baby’s and families we care for is very important to us, however we want to minimise the time you spend away from your baby. To help us improve our practices please could you answer the following questions?

Were you present on the ward round when your baby’s care was discussed?

 Yes No

Were you allowed to stay in the room, during the ward round whilst the care of other baby’s was being discussed? Yes No

Were you allowed to stay in the room during the nurse handover?

 Yes No

Were you allowed to stay in the room when nursing or medical staff discussed a baby’s care other than your baby at times when the ward round was not going on? Yes No

Were you allowed to stay in the room when nursing or medical staff updated a parent on their baby’s progress at times other that the ward round?

 Yes No

Please add any additional comments or thoughts you may have regarding parents staying or being asked to leave the room during the ward round for you baby and the other baby’s in the same room. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **If you wanted to express breast milk for you baby, were you given the support you needed from neonatal staff?** Yes No N/A
* **During your baby’s admission and prior to discharge, have you / were you given the opportunity to participate in the following:**
* Skin to Skin care / Kangaroo Yes No N/A
* Bath your baby Yes No N/A
* Make up feeds (information and / or practical demo) Yes No N/A
* Draw up and receive information re: medications Yes No N/A
* Rooming in overnight Yes No N/A
* Offered Basic Life Support training Yes No
* Did you feel prepared to take your baby home Yes No

Name and address (optional). ………………………………………………………………………………………….

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Thank you for taking the time to complete this questionnaire. This will enable the Neonatal service to continue to improve in providing the needs of the baby and family.