

PATIENT QUALITY ASSESSMENT - YEAR 2023

HOSPITALISATION SERVICE

Dear patient,

We kindly ask you to answer the following questions in order to let us know your point of view on the quality of our service.

There is no right or wrong answer, we simply invite you to report your experience.

In accordance with Regulation (EU) 2016/679 regarding the protection of personal data, we inform you that the information is collected anonymously and that it will be used for statistical purposes, in order to evaluate the service and any need for modifications or improvements.

HOSPITALS

HOSPITAL ☐ Maggiore ☐ Cattinara ☐ Gorizia ☐ Monfalcone

DEPARTMENT OF HOSPITALISATION (specify).....

RSA (specify).....

OTHER (specify).....



1) How do you assess the information that you received when you were admitted to the hospital?

(1 is the minimum score and 5 the maximum)

Organization of the spaces (room, bathroom, living area...)

Meal times

Timetable for interviews

Timetable for visitors

The doctor responsible for your therapy

1	2	3	4	5
<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) Was confidentiality respected during interviews and visits?

(1 is the minimum score and 5 the maximum)

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3) Did you feel any pain during hospitalization?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If yes, how do you assess the measures taken to control your pain?

(1 is the minimum score and 5 the maximum)

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4) How do you assess the information on the following topics?

(1 is the minimum score and 5 the maximum)

Diagnosis

Pharmacological therapies

Surgery (if surgical department)

Rehabilitation treatments (if necessary)

1	2	3	4	5
<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"/>	<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"/>

5) How do you assess the hospitalisation service?

(1 is the minimum score and 5 the maximum)

Comfort

Cleaning

Meals

1	2	3	4	5
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6) How do you assess the healthcare personnel?

(1 is the minimum score and 5 the maximum)

Courtesy

Availability

1	2	3	4	5
<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"/>

7) How do you assess the information that you received when you left the hospital?

(1 is the minimum score and 5 the maximum)

Hospital discharge letter

Direct interview

Drug delivery (first cycle)

Post-hospitalisation controls

1	2	3	4	5
<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"/>	<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"/>

ANY COMMENTS OR SUGGESTIONS:**PERSONAL DATA:**

I am: ☐ Male ☐ Female

I am: ☐ 18 - 34 ☐ 35 - 49 ☐ 50 - 64 ☐ 65 - 79 ☐ 80 years old and over

THANK YOU for your time and attention.