



We Need To Hear From You

Capital & Coast DHB Community Health Service (CHS) is currently reviewing the way and type of services it provides.

The overall aim is to look at how the service can be enhanced to improve the experience of patients and their family/whanau when they use the healthcare services provided by CHS.

Our primary goal is to help avoid preventable admissions and to support timely discharge from Hospital.

The CHS team includes District Nurses, Specialist Nurses, Allied Health Staff, and Health Care Assistants. The nursing services include complex wound care, palliative care, respiratory including oxygen provision and pulmonary rehabilitation, breast cancer services, continence and enuresis programmes, stomal therapy services and acute care post discharge including IV therapy. Allied health services include Occupational Therapy (includes housing modification and specialist equipment advice), Physiotherapy (includes mobility and respiratory services), Speech Language Therapy (includes communication and dysphagia management), Social Work and Dietetic advice. Health care assistants can provide short-term personal care.

To find out how we can improve, we need to hear from the people who know the most about these services – you. Please help us by giving us your ideas and comments.

The following questionnaire has been developed for your service/department. Please include as much information in your answers as possible.

If you have further ideas not covered in the questions below, please use the other ideas or suggestions section at the end of the survey. If it would be useful for us to come and meet with you, please contact Ann Boland ph 04 8061582 or 0276223174

Your responses will be treated as confidential.

Once all responses have been collated, an action plan will be developed to address any issues that are identified and to make improvements as necessary.

We thank you for taking the time to help us build and deliver better services

Community Health Services

Primary Health Colleague Survey

Can you please give an overall satisfaction rating about the current services provided by the community health service (CHS) Circle below:

Excellent Very good Good Fair Poor Very Poor

1. In column A please tick the CHS you refer to?
2. In column B please tick the service/s that you use the most?

	A	B
<u>District Nursing Services</u>		
Wound care	<input type="checkbox"/>	<input type="checkbox"/>
Acute care post-discharge	<input type="checkbox"/>	<input type="checkbox"/>
Continence	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary rehabilitation programme (MDT)	<input type="checkbox"/>	<input type="checkbox"/>
Other respiratory /oxygen	<input type="checkbox"/>	<input type="checkbox"/>
Stoma	<input type="checkbox"/>	<input type="checkbox"/>
Palliative	<input type="checkbox"/>	<input type="checkbox"/>
Short term personal care	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe).	<input type="checkbox"/>	<input type="checkbox"/>
<u>Allied Health Team</u>		
Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>
Occupational therapist	<input type="checkbox"/>	<input type="checkbox"/>
Social worker	<input type="checkbox"/>	<input type="checkbox"/>
Dietician	<input type="checkbox"/>	<input type="checkbox"/>
Speech and language therapist	<input type="checkbox"/>	<input type="checkbox"/>

3. Since 2006 there has been a single referral point for all community based health services. Is this referral pathway to CHS clear?

Yes Skip to Q4
No

4. What improvements do you suggest?

5. Specialist Nursing Support

- a) Would it be beneficial for CHS District Nurses to hold regular specialist clinics (e.g. complex wound, Doppler assessment; other) in Primary care?

No Skip to Q6
Yes

Community Health Services

Other service design models

9. What (if any) additional Community health services would be beneficial to assist with helping your patients remain in the community and out of hospital?

10. Please provide any other ideas or suggestions not already covered in this survey.

Please indicate your role and the area you work in and your professional group.

- Kapiti Porirua Wellington
 Doctor Nurse Allied Health Professional

Please indicate if the answers in this questionnaire are: Individual view
Team view

Please complete your contact details if you wish to discuss this further

Name _____

We appreciate you taking the time to complete this survey – your feedback is vital to helping us make improvements to our services.