

# **INTERNATIONAL PATIENTS DEPARTMENT**

#### Help us take better care of you. Your opinion as well as your suggestions are essential to improve the quality of our medical care. We thank you for the time dedicated for this survey.

Hospitalization date:				
Hospitalization period:  □ 2 to 7 days □	+ 7 days			
Age (or of your child): 0-15 016-25 046-65 066-79	9 🗆 80 and above	Se	exe: 🗆 F 🗆 M	
Last name (optional):Fir	<b>st name</b> (optional)	:		
Date of birth (optional):				
	□ IN	IR 5 <sup>ème</sup> NB		
□ CETD 3 <sup>ème</sup> AB		SINV 5 <sup>ème</sup> NB		
Internal medicine 3 <sup>ème</sup> AB		gery (Adult) 4 <sup>è</sup>		
□ OPH 3 <sup>ème</sup> AB		eurology 3 <sup>ème</sup>	NB	
□ ENT 3 <sup>ème</sup> AB				
RECEPTION				
What do you think of?				
The reception at the entrance of the hospital				
The reception of the International Patients Department team				
The reception of the nursing staff				
The reception of the doctor				
The guidance in the hospital				
THE QUALITY OF YOUR MEDICAL CARE				
	$\bigcirc$	$\odot$ $\odot$	$(\cdot)$	
Are you satisfied?			$\bigcirc$	
Of the nursing care				
Of the pain management				
Of the respect of privacy: - During the medical care				
<ul> <li>During the medical care</li> <li>During the washing process</li> </ul>				
- During your moving				
Of the availability of the staff				
Of the attention of the staff				
Of the respect of discretion				
ACCESS TO INFORMATION				
	$\bigcirc$	$\odot$ $\odot$		
Have you been informed of?				
The costs related to your medical care (quotation)				
The possibility of having access to an interpret				
The documents to fill out before your admission The rights and rules in the hospital				
Your treatment				

	٢	$\odot$	$\bigcirc$	$\odot$
Results of your medical exams				
The discharge procedure				
Your post hospitalization follow-up by the medical staff				
If necessary, the organization of your stay in a rehabilitation center				
The billing details of your stay in our hospital				
The processing and follow-up time of the billing procedure				
Has your opinion been taken into account before any medical/surgical act	? 🗆			

#### THE CONDITIONS OF YOUR STAY

What do you think of your room?	٢	$\odot$	$\bigcirc$	$\odot$
Cleanliness				
Comfort				
Noise				
What do you think of your meal?				
Taste				
Temperature				
Quantity				
What do you think of our services? Personal tablets and Wi-Fi				

OVERALL ASSESMENT OF YOUR STAY	
What is your general assessment of your stay?	

### In your opinion, what are the 2 main aspects that should be improved?

- $\hfill\square$  Reception at the admission office
- $\hfill\square$  Reception of the nursing staff
- $\hfill\square$  Availability and attentiveness
- The discharge procedure
- Pain management

- Cleanliness / Comfort of the room
- □ Quality of the information
- $\hfill\square$  Quality of the medical care
- Meals
- Respect of privacy

## **COMMENTS AND SUGGESTIONS**

> This survey is to be deposited in the dedicated box next to the International Patients Department. We thank you for sharing your experience.