

Prepaid Medicare Services

QUALITY IMPROVEMENT QUESTIONNAIRE

Month/Year:.....

Prepaid Medicare ServicesnLtd.
HMO (030)

Hospital Name:.....

Company Name:.....

Please tick box that most closely represent your assessment

	Excellent 5	Very Good 4	Good 3	Fair 2	Poor 1
1. How long did it take you to get to the hospital from your house?	10 min	30 min	1 hour	2 hours	> 2 hrs
2. How clean, tidy & neat was the outside and inside of the hospital (toilets, wards, corridor, etc)					
3. How long did it take from arrival at the hospital to seeing the doctor?	10 min	30 min	1 hour	2 hours	> 2 hrs
4. How friendly, courteous & sympathetic were the receptionist & nursing staff especially in promptness in answering calls and care?					
5. How well did the attending doctor understand your complaints?					
6. How compassionate was your attending doctor & also how well did he explain what you had to do to get better?					
7. How clear was the explanation on how to take your medicine, side effects & things to avoid e.g alcohol					
8. How well would you rate the effectiveness of the treatment prescribed in terms of recovering from your illness?					
9. How quickly did you recover from your illness?	1 Day	Within 1 week	Within 1 Mth	Within 6 Mths	> 6 Mths
10. How would you rate this hospital if recommending to a friend or family?					
11. How would you rate Prepaid Medicare HMO in the service they provide to your company?					

WHAT IMPROVEMENTS WOULD YOU LIKE TO SEE IN THE CARE PROVIDED BY THIS HOSPITAL?

- 1.)
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- 2.)
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WHAT IMPROVEMENTS WOULD YOU LIKE TO SEE IN THE SERVICE PROVIDED BY PREPAID HMO?

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THANK YOU