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**TOOLS**

**Evaluation of Consumer Care** (Page 1 of 4)

This Evaluation will assist <organisation> to ensure our consumers have the best possible experience.

**Transfers of care refer to the process of moving people between different services and different care**

**providers. We want to make sure our transfer processes are meeting your needs.**

Please complete the form below. Use the space at the end of the survey if required for additional comments.

If you need any help to complete this form, or have any questions about how your information will be used, please

don’t hesitate to contact <Name, Title> by phone on <telephone number>.

[**www.primaryhealthtas.com.au**](http://www.primaryhealthtas.com.au/)

**Shared Transfer of Care**

**SUPPORT – Did you get the support you needed?**

**1.**

**Did you feel safe and supported during times of transfer?**

¨ Yes

¨ No

¨ Uncertain/cannot recall

Comments:

**2.**

**Did you know who to contact if you were worried about your condition or treatment?**

¨ Yes

¨ No

¨ Uncertain/cannot recall

Comments:

**3.**

**Were you given a contact name and number to call if you were worried about your condition or**

¨ Yes

¨ No

¨ Uncertain/cannot recall

Comments:

**If you were being supported by any services in your community, were they involved in your transfer planning?**

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**TOOLS**

**Evaluation of Consumer Care** (Page 2 of 4)

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**Shared Transfer of Care**

**INVOLVEMENT – Were you involved in decisions made about your care?**

**4.**

**Did the staff include you when making decisions about your transfer of care?**

¨ Not at all

¨ Somewhat

¨ Very Much

¨ Uncertain/cannot recall

Comments:

**5.**

**Did the staff include your family and/or carer when making decisions about your transfer of care?**

¨ Not at all

¨ Somewhat

¨ Very Much

¨ Uncertain/cannot recall

Comments:

**6.**

**Was your GP involved in your transfer planning? (if appropriate)**

¨ Not at all

¨ Somewhat

¨ Very Much

¨ Uncertain/cannot recall

Comments:

**7.**

¨ Not at all

¨ Somewhat

¨ Very Much

¨ Uncertain/cannot recall

Comments:

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**TOOLS**

**Evaluation of Consumer Care** (Page 3 of 4)

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**Shared Transfer of Care**

**INFORMATION – Were you given all the information you need to manage your health?**

**8.**

**Did the staff give you instructions about what to do to take care of your illness or health**

¨ Yes

¨ No

¨ Uncertain/cannot recall

Comments:

**9.**

**Did staff explain why and how to take each of your medications?**

¨ Yes

¨ No

¨ Uncertain/cannot recall

Comments:

**10.**

**Did staff explain what to do if your illness or health condition gets worse?**

¨ Yes

¨ No

¨ Uncertain/cannot recall

Comments:

**11.**

**Did the staff give you a copy of the plan for your future care?**

¨ Yes

¨ No

¨ Uncertain/cannot recall

Comments:

**Please provide any additional feedback about your transfer of care experience. What went well? What could be improved?**

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**TOOLS**

**Evaluation of Consumer Care** (Page 4 of 4)

**Thank you for your feedback!**

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**Shared Transfer of Care**

**COMMUNICATION – How well did the staff explain to you how to manage your health?**

**12.**

**Were the instructions that staff gave you easy to understand?**

¨ Yes

¨ No

¨ Uncertain/cannot recall

Comments:

**13.**

**Were you able to understand the language the staff used to explain instructions?**

¨ Yes

¨ No

¨ Uncertain/cannot recall

Comments:

**14.**

**Did the staff speak at a pace that was easy to follow?**

¨ Yes

¨ No

¨ Uncertain/cannot recall

Comments:

**15.**

**Did the staff ask you to repeat the instructions to make sure they have been clearly explained?**

¨ Yes

¨ No

¨ Uncertain/cannot recall

Comments:

**GENERAL COMMENTS**

**16.**