

## PEARL Patient Experience Survey and Bereavement Letter



### Patient and Relative Experience Survey

This survey was designed to help healthcare staff - doctors, nurses, other clinical staff, and managers - understand what it feels like to be an acutely or critically ill patient in the NHS so that we give you and your families the best possible care. We therefore ask you to complete this anonymous survey to tell us what was good about how we looked after you, and what we can improve.

For each question below please select one box that best reflects your views.

1. Who was the main person that filled in this questionnaire?

☐ The patient   ☐ The relative   ☐ The patient supported by the relative

<u>YOUR EXPERIENCE OF CARE</u>	Strongly	Agree	Neither agree	Disagree	Strongly
2. I had confidence and trust in the doctors treating me/my	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I had confidence and trust in the nurses treating me/my relative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Members of the clinical team talked in front of me as if I were	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were you (or was your relative) ever in pain?	<input type="checkbox"/> Yes (go to Q6)		<input type="checkbox"/> No (go to Q7)		
5. Were you (or was your relative) ever in pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I was able to speak to the hospital staff about my worries and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Overall, I feel I/my relative was treated with dignity and respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>YOUR EXPERIENCE OF COMMUNICATION</u>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
9. The doctors on the unit talked with me frequently enough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I was able to speak to a doctor when I wanted to do so.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. When I had important questions to ask a doctor, I got answers I could understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. When I had important questions to ask a nurse, I got answers I could understand.	<input type="checkbox"/> Yes (go to Q6)		<input type="checkbox"/> No (go to Q7)		
13. I was given enough information on my/my relative's condition and treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Whilst in the unit, I could be told one thing by one member of staff and something quite different by another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I was involved as much as I wanted to be in the decisions about my/my relative's care and treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. When staff changed over, for example between shifts or days, there was good communication between them about my condition and needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Do you have any suggestions on how we might make the care provided at this unit better?

20. Do you have any comments on what we did well?

#### ABOUT YOU

1. How do you identify

☐ Male ☐ Female ☐ Transgender ☐ Prefer not to say

2. What is your age?

<input type="checkbox"/> 16-25	<input type="checkbox"/> 46-55	<input type="checkbox"/> 76-85
<input type="checkbox"/> 26-35	<input type="checkbox"/> 56-65	<input type="checkbox"/> Over 85
<input type="checkbox"/> 36-45	<input type="checkbox"/> 66-75	<input type="checkbox"/> Prefer not to say

3. What is your ethnic group?

<input type="checkbox"/> White (English, Welsh, Scottish, Northern Irish, British, Irish, Gypsy or Irish Traveller or any other white background)
<input type="checkbox"/> Black, Black British (African, Caribbean, Any other Black background)
<input type="checkbox"/> Asian, Asian British (Indian, Bangladeshi, Pakistani, Chinese or any other Asian background)
<input type="checkbox"/> Mixed, Multiple ethnic group (White and Black Caribbean, White and Black African, White and Asian or any other mixed multiple ethnic group)
<input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Prefer not to say

4. When were you admitted to hospital?

<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun
<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec

## PEARL Patient Experience Survey Bereavement Letter

Date of letter

Relative Name

Relative address line 1

Relative address line 2

Relative address line 3

Postcode

Dear [Relative of Patient NAME]

We would like to offer our condolences to you over the loss of [NAME] whilst [HE/SHE] was being treated at the [Hospital Name]. We realise that this is a difficult time for you and the family but we would really value your help in completing the enclosed Questionnaire that we are sending to all our families. It asks about the quality of care that you feel your relative received while in the [AMU/intensive care unit], and the support and communication we provided to the family.

We appreciate that filling in this questionnaire may be a very hard thing to do at this moment but we do very much value your feedback and views on the quality of care you feel you all received from us. The feedback you give will help us continually to improve the care we provide to our patients and families.

The questionnaire is anonymous and confidential, and we do not know whose views are given unless you specifically want to tell us. After you have filled in the questionnaire if you feel that it has left you with questions or concerns that you would like to discuss with the [critical care/AMU] team then please leave your name and address at the back of the questionnaire and we will respond as quickly as we can.

Thank you very much for your help at this difficult time.

Yours sincerely

Local Project Lead

Contact Details