

Dr. S. Laybourn and Partners – Quality Yellow Card System Questionnaire.

1. Who raised the issue: Patient Carer Healthcare Professional Practice Staff Other _____

2. Time of issue: Within the last week Within the last month Within the last 6 months More than 6 months ago Other _____

3. Which service does this relate to:
 Ambulance Patient Transport A&E Community District Team
 Social Services Out Patients Inpatients Other _____

4. Which organisation provided the service:
 Ambulance St James's LGI Private Hospital _____
 Leeds Council District Team Other Hospital Other _____

5. Which actual venue did the issue take place in?: For example – LGI, Urology Ward 57
Venue: _____ Discipline: _____ Place: _____ Other: _____

6. Select the categories with a tick that best describe the issue (may select more than one):-

Lack of information about:

- | | |
|--|--|
| <input type="checkbox"/> The service – for patients / carers | <input type="checkbox"/> The service – For children |
| <input type="checkbox"/> The care the patients / carers received | <input type="checkbox"/> On going care requirements on discharge |

Waiting times and cancellations:

- | | |
|--|--|
| <input type="checkbox"/> Extended waiting times after referral | <input type="checkbox"/> Delays in accessing services on the day |
| <input type="checkbox"/> Cancelled appointments / procedures | <input type="checkbox"/> Problems with rescheduling appointments |

Quality of care:

- | | |
|---|---|
| <input type="checkbox"/> Poor quality nursing care | <input type="checkbox"/> Poor quality social care |
| <input type="checkbox"/> Poor quality medic / consultant led care | <input type="checkbox"/> Problems rescheduling appointments |

Patient choice:

- | |
|---|
| <input type="checkbox"/> Service inflexible to patients' needs – e.g. Not fitting around work hours / location etc. |
| <input type="checkbox"/> Service difficult to access – Complex / unclear referral process |

Patient Outcomes:

- | | |
|---|--|
| <input type="checkbox"/> Unexpected complications | <input type="checkbox"/> Service did not meet patient's expectations |
|---|--|

Environment:

- | | |
|--|---|
| <input type="checkbox"/> Poor quality / unsuitable catering | <input type="checkbox"/> Location difficult to find |
| <input type="checkbox"/> Parking issues, including cost | <input type="checkbox"/> Poor levels of hygiene / cleanliness |
| <input type="checkbox"/> Care environment unsuitable – no privacy / high noise levels / difficult for visiting | <input type="checkbox"/> |

Other Issues: (Please provide your comments) _____

Please pass this for onto the Practice Manager for completion – thank you.