

# Certificate of Completion

This is to certify that

## **Diagnom Medical Centre**

367-369 Princes Highway Noble Park VIC 3174

has completed the

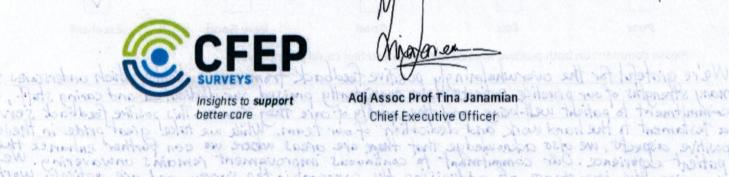
## **Patient Feedback Survey**

31 October 2023 is a compals, quiday as towards areas that require attention and enhancement. It has enabled as to

facognise the importance of otherwing the concept is the survey and are appriety working

implementing alranges to ensure that our patients have a more seamles and

Conducted by CFEP Surveys The Transfer of Transfer of



continual improvement.

the survey. We

improvements we're MERSINE WEDATE

> Adj Assoc Prof Tina Janamian Chief Executive Officer

### **ACTION PLAN**

3. Did the practice st	aff discuss the results of the	e survey?			
YES	NO				
during our m 2013. During the Dothens and disc	aff discussed the nonthly staff median we reviewed a significant the staff of the s	ed the survey of	h was held o Endings, shared th	e feedback provided	らな
(1) PRINCIPAL	LGP (	PSYCHOLOG	GST	4.63	
4. Did the practice pr	rovide information to patier	nts based on the res	sults of the survey?		
YES	NO				
If YES, how was this of The practice provided processes in transparent making. The information of the processes of the proces	ided information to ency and keeping our ation was shared the	potients base patients info rough the follow PRACTICE W	ed on the results irmed about the wing channels: ()	of the survey. We improvements we're WEBSITE UPDATE,	
	ou found the patient feedbat t activities in your practice?		ng a better understandin	g of how to approach	
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Poor	Fair	Good	Very Good	Excellent	
of how to approach 'G as a compass, guiding pinpoint specific aspect reinforced our committe	lactivities in our pract a us towards areas the Sofour care and service	ctice. The feedba of require often that matter m I care but also	him and enhancements. The been instrumental	aining a better understand thy from our patients serv int. It has enobled us to his feedback has not only in shaping our action plant ant.	25
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Poor	Fair	Good	Very Good	Excellent	
We're grateful for the many strengths of our p commitment to patien	hactice . Patients have t well-being , and the	sifive feedback consistently pr quality of care	from our patient aised our dedicate they receive . This	ts, which underscores the ed and caring staff, ou positive feedback serves great pride in these further enhance the ns unwavering. We d are actively working re seamless and	0



#### **ACTION PLAN**

Thank you for completing the Practice Accreditation Improvement Survey (PAIS) with CFEP Surveys.

This action plan includes questions that are designed to help your team reflect on the results of practice's patient survey. We encourage you to take particular note of your mean percentage score for each question (found on page 2 of your report), your domain scores (found on page 4 of your report), and to compare your scores to the national benchmarks. Reviewing patient comments provides unique further insight and perspective.

Understanding of your report findings will allow your practice team to celebrate your strengths and to think about ways things could be done differently. It will also support you to identify new initiatives that could be implemented as part of continuous quality improvement within your practice. We encourage you to take the time to consider your responses and opportunities to support actionable outputs.

Undertaking a team meeting dedicated to gathering ideas based on the findings within your report provides staff with the opportunity to discuss the findings and reflect on the results, while creating a culture of collaboration and transparency.

Areas where the practice is performing strongly	Your brief commentary		
1. TREATMENT BY STAFF AND OVERALL SATISFACTION WITH VISIT.	our patients consistently his treatment provided by our care and compassion show a positive and supportive es	was by our telam have created invironment for all our patients.	
PATIENT SHOWN TO	we deeply value every a dignity and comfort through	ghout their dore journey.	
EXPLANATIONS	Our heath care providers exce concerns and questions. The address individual needs and take pride in ensuring that po of their conditions and treat empoverment in their health	el in octively listening to patients attentive approach enables us concerns effectively. We also thems have a thorough understand the plans to the theory to the design of the theory to the the theory to the theor	
	survey identified the greatest potential for i improve performance? Look for practical ar	improvement?	
Areas where the survey identified the greatest potential for improvement		Action taken to improve performance	
	We acknowledge that some potients have experienced longer waiting times define their visit. We understand the trustration this can cause and are actually working to improve operational efficiency.		
MORE ACCESSIBLE HOME: VISITS	OUR GOAL IS STREAMLINE THE PROCEDURE FOR REQUESTING HOM VISITS, ENSURING FASTER RESPONSE TIMES AND GREATER AVAILABILITY.	REVIEW OUR PROCESS FOR ARRANGING HOME VISITS. WE WILL RESPOND FASTER AND CREATE BETTER AVAILABLE OPTIONS TO MAKE THIS SERVICE MORE CONVENIENT FOR YOU.	
3. BETTER AFTER- HOURS SERVICE	We understand the importance of accessible and responsive offer-hours service for patients. By expanding our availability and improving our availability and improving	ENHANCING AFTER-HOURS SERVICE TO ENSURE QUICKER RESPONSE TIMES AND IMPROVED SUPPORT DURING NON-OFFICE HOURS	
	communication, changes, we do		



Ref: 55386/15720/295

#### ADDING VALUE TO YOUR SURVEY

#### Introduction

We recognise the constant pressures faced by practice teams on a daily basis and commend you on your constant drive to enhance the care, safety and service provided to your patients. Although you've now received feedback from a number of patients and received your report, it's important to recognise the ongoing value of patient engagement and feedback as part of your continuous quality improvement journey.

Involving patients, via systematic feedback and further discussions, can lead to tangible differences in the quality and satisfaction of their healthcare experience with your team Such differences could lead to increased patient activation levels, health outcomes and competitive advantages.

#### Using the survey to improve patient relations

As part of the RACGP Standards 5th edition accreditation requirements, Criterion QI 1.2 Indicator > C, requires that following the competition of the patient feedback process, practices share the results with their patients. Recognising that all patient feedback collected as part of the survey process is anonymous, you may find the following opportunities for sharing your results with your patients helpful:

- Display summary posters of key findings within your practice.
- Produce an A4 results summary document and placing it on your practice notice board.
- Publish an easy-to-read feature (in your current practice newsletter or a one-off newsletter) and/or website highlighting the key findings for patients. This could also provide an opportunity to request additional patient engagement to support with identified quality improvement initiatives or changes within the practice.
- Host a webinar or information session at your practice to explain the findings to an invited or extended group of patients.
- Schedule an event which includes practice staff and patients, to discuss the results and agree on methods of communicating the results to other patients. This group could develop an ongoing action plan to implement changes with the potential to meet regularly to discuss additional improvement opportunities.

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#### Using the survey to improve your own practice

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DURING MONTOLLINE HOMBY

Undertaking the survey provides an opportunity for quality improvement however it's the actionable outputs and commitment by your team that will support your practice to see future improvements in scores. It's useful to utilise your action plan, which can also detail strategies, milestones and timelines, for change while ensuring your team is committed and accountable to making quality improvements happen.

The survey can act as a baseline measurement, which in subsequent years can be used to show whether improvements have been made. Although the RACGP Standard stipulate that this occurs every three years, your team may like to make this an annual process to allow for more regular assessment of your practice and patient experiences.

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