

Referring Hospital Feedback Form

Dear Colleague,

Thank you for referring your patient to the NISTAR Team. We are constantly reviewing our processes and would be grateful if you could offer us feedback. Please add a comment if you answer 'No' to any question. If you would like to discuss something further then do not hesitate to contact us directly.

Name of referring hospital:

Department/Ward:

Designation of person referring:

Date of transfer:

The transfer request:

Was your phone call answered promptly? Yes No

Was your initial call to us handled in a professional manner? Yes No

Did the transport team provide appropriate information and advice to you concerning your patient's transfer? Yes No

Were you given a predicted arrival time of the team? Yes No

Did the team arrive at the predicted time? Yes No

Were you kept updated on the process including any delays? Yes No

Comments:

Whilst in your unit:

Did the team adhere to appropriate infection control practices? (e.g., hand washing) Yes No

Did the team introduce themselves to staff/parents and family? Yes No

Did the team give/receive an adequate handover about your patient? Yes No

Did the team communicate clearly to you the help required in stabilising the patient and preparing for transfer? Yes No

Did the team respect the care you had given to the patient? Yes No

Did the team provide information about the transfer to the family? Yes No

Did the team behave in professional manner whilst in your unit? Yes No

Comments:

We would appreciate suggestions on how we might improve our service:

Thank you for completing this questionnaire.

Please save the form and email a copy to:

NISTARPaediatric@belfasttrust.hscni.net (if you used the paediatric team) *or*

NISTARNeonatal@belfasttrust.hscni.net (if you used the neonatal team)

Or return to-

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Royal Maternity Hospital
Grosvenor Road
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