

Patient Feedback Summary (quarterly)

Register | QUA-REG-002

Document type	Register
Title	Patient Feedback Summary (quarterly)
Document ID	{{facility.code}}-QUA-REG-002
Version and status	1.1 Approved by the ASF Expert Committee
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 2A, criterion 2A.8
Evidence basis	E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

Use this form when

Quarterly summary of in-stay patient feedback for each service, for the governing body.

1. How to complete

- Count the responses for each question by service.
- Note the three main themes from comments.
- List the actions taken and their status.
- Sign by the quality lead and send to the governing body.

2. Record

Service	Responses	Positive (%)	Main themes	Concerns raised	Actions taken	Status of actions

Completed by (name and role): _____ Date/time: _____ Signature: _____

3. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus.

4. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Approved by the ASF Expert Committee
1.1	{{document.effective_date}}	Internal quality review: corrected cross-references, status wording and document control	Approved by the ASF Expert Committee