Patient satisfaction with a physiotherapy service - A comparison of satisfaction with out patient versus GP direct access physiotherapy services at Beaumont Hospital

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Eastern Health Board

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Background

Direct access physiotherapy services for general practitioners enable GPs to refer patients directly for physiotherapy and therefore to bypass the out patient clinic referral system.

The physiotherapy department at Beaumont Hospital set up a limited direct access service for general practitioners in 1991 on a pilot basis. Access to the service was provided to a randomly selected group of eighteen GPs in the catchment area. An evaluation of the service was carried out by the Physiotherapy Department. This included a survey of satisfaction levels with the service among the selected general practitioners.

The results of the pilot[1] showed the impact on workload of having a direct access service, the ensuing benefits to patients and the perception of the service by GPs. The costs of introducing such a scheme for the total GP population in the catchment area of the Hospital were also assessed.

In November 1996 the Eastern Health Board GP Unit provided matched funding to expand the service for all GPs in the catchment area. Two dedicated physiotherapists were provided for the expanded service, one funded by the GP Unit and one by Beaumont Hospital. The Department of Public Health in the Eastern Health Board were asked to assess evaluation requirements. The Department recommended that, as the service had been previously evaluated and an ongoing audit kept, evaluation be confined to a patient satisfaction survey. This recommendation was made in keeping with the National Health Strategy emphasis on a consumer oriented health service.

The GP Unit made available their research assistant to support the evaluation. A physiotherapy summer student was provided by the hospital to carry out data collection.

Objectives

The objective of this study was to measure patient satisfaction with the direct access physiotherapy service. It was decided that the best method of doing this was to compare satisfaction with the new and existing[1] outpatient physiotherapy services. Hence patients referred to the existing service acted as a control group.

Methodology:

Prior to the expansion of the service, an information evening for all GPs in the catchment area was held in the physiotherapy department of the hospital. GPs were provided with information about the direct access service and were informed that a patient satisfaction survey would be undertaken.

All patients attending the direct access physiotherapy service and the existing service were informed by their physiotherapist that a research study was taking place and were requested to fill out a self-completion questionnaire at their discharge visit between June and August 1997. A sign was also displayed in the waiting room area.

The questionnaire was administered by a physiotherapy student (DK) who was attached to the Physiotherapy Department for the summer period. Informed consent was obtained. Patients were asked to return completed questionnaires in a sealed envelope to EM. Patients who wished to complete the questionnaire elsewhere were given a pre-paid envelope.

The research assistant (DK) and superintendent of the physiotherapy department were available to handle queries.

[1]Existing service refers to the current out patient physiotherapy service which receives referrals from Beaumont Hospital out patient clinics.

Follow up continued until October 1997. Up to three reminder letters were sent and in some cases a reminder telephone call was made if questionnaires were not returned.

Details of age and sex of respondents were provided by the physiotherapy department.

Data analysis was carried out using EPI Info version 6.

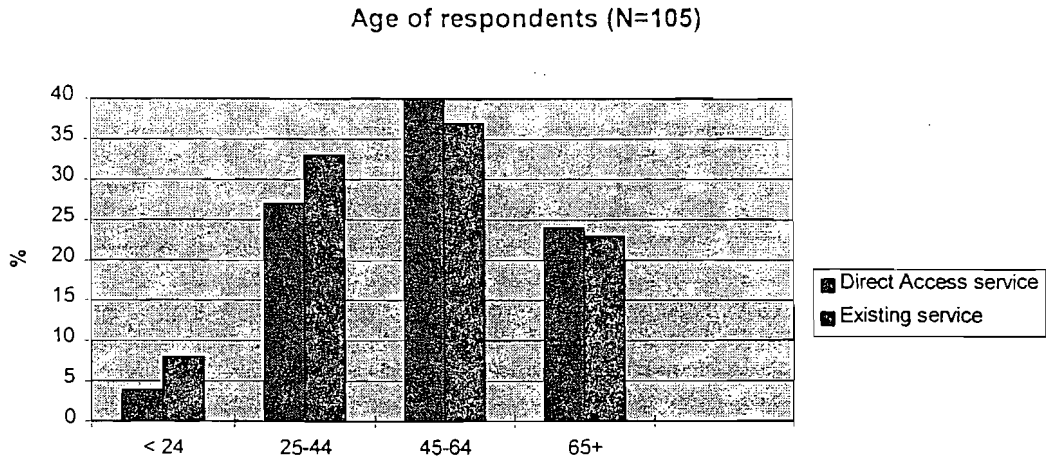
RESULTS

107 respondents took part in the study; comprising 55 direct access service patients and 52 existing service patients.

Though no patients refused to take part in the study not all patients returned completed questionnaires in pre-paid envelopes. 6/52 existing service patients failed to respond despite postal and telephone reminders. All direct access service patients returned questionnaires.

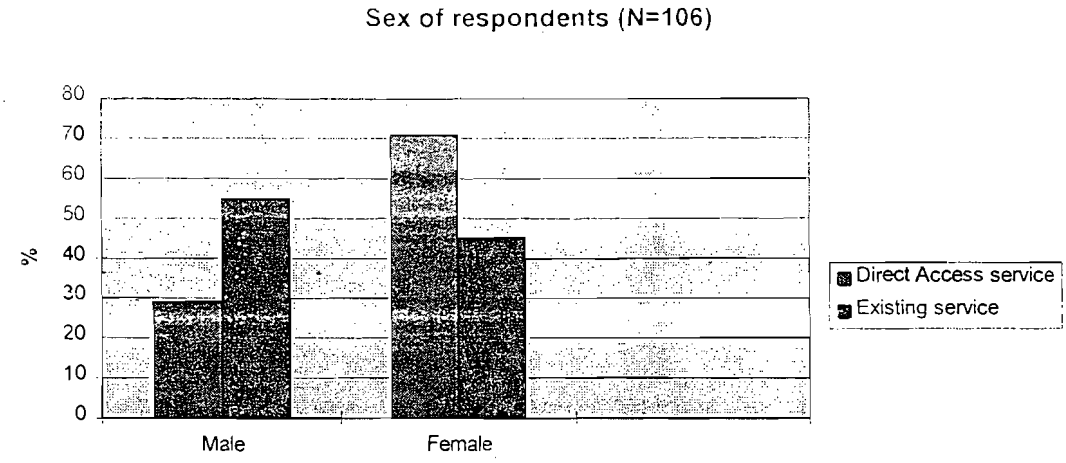
DEMOGRAPHIC DETAILS

Figure 1



The majority of patients from both groups were in the 45-64 year age group. 18 of direct access service respondents and 17 of existing service respondents were in the 25-44 year age group. 13 of those within the direct access service and 12 of the existing service group were aged 65 years or over. Just 3 patients attending the existing service and one patient attending the direct access service were aged less than 24 years.

Figure 2



62 of the 107 respondents were female (58%). 39 of 55 patients attending the direct access service (71%) and 23/51 patients attending the existing service (45%) were female.

64% of *all* males surveyed attended the existing service and 63% of *all* females surveyed attended the direct access service.

Table 2

First point of contact with physiotherapy department (N=107)

1st point of contact	Direct access No. (%)	Existing No. (%)
OPD	2 (3.6)	19 (36.5)
A & E	0	7 (13.5)
Called in	1 (1)	9 (17.3)
Posted GP letter	36 (65.5)	2 (3.8)
GP made contact	15 (27.3)	11 (21.2)
Telephone	1 (1.8)	0
Other	0	4 (7.7)
TOTAL	**55 (100%)**	**52 (100%)**

The most common first point of contact for direct access patients was *posting a GP letter* (n=36) followed by their GP making contact with the physiotherapy department (n=15).

The most common first point of contact for existing service patients was from the *out patient department* (n=19). The next most prevalent source was from their GP making direct contact (n=11).

It should be noted that according to the physiotherapy department, a higher proportion of respondents from the existing service group came from the A&E department than was self-reported. This factor would also have an influence on patient waiting times and duration of symptoms at first visit.

Table 3

Duration of symptoms at 1st physiotherapy visit (N=106)

DURATION OF SYMPTOMS	DIRECT ACCESS No. (%)	EXISTING No. (%)
4 weeks or less	5 (9.4)	15 (28.8)
5 - 12 weeks	15 (27.8)	7 (13.5)
3 - 6 months	9 (16.7)	7 (13.5)
Greater than 6 months	25 (46.3)	23 (44.2)
TOTAL	**54 (100%)**	**52 (100%)**

5/54 patients attending the direct access service had their symptoms for less than four weeks when they attended for their first visit. This compares with 15/52 in the existing service group.

15 direct access service patients and 7 existing service patients experienced their symptoms for five to twelve weeks before their first physiotherapy visit.

9 direct access service patients and 7 existing service patients experienced their symptoms for between three and six months before their first physiotherapy visit. 25 direct access service patients and 23 existing service patients had their symptoms for greater than six months before they received physiotherapy treatment.

Table 4

Reason for referral explained to patient by doctor (N=102)

Doctor explain reason for referral	Direct Access No. (%)	Existing No. (%)
Yes	40 (76.9)	42 (84)
No	12 (23.1)	8 (16)
TOTAL	52 (100%)	50 (100%)

The majority of patients (82/102) had the purpose of their physiotherapy treatment explained to them by their GP. However a substantial minority (20/102) did not. Twelve direct access service patients and 8 existing service patients did not have reason for referral explained to them by their doctor.

Table 5

Length of time between referral for physiotherapy and first appointment (N=105)

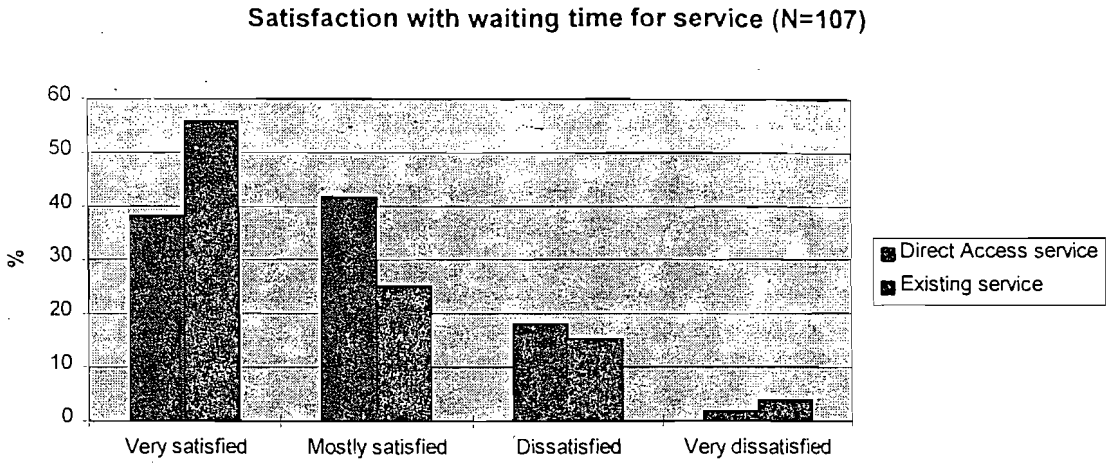
TIME	Direct Access No (%)	Existing No (%)
< 2 weeks	15 (28)	20(39)
3 - 6 weeks	34(63)	26 (51)
7 - 12 weeks	3 (6)	3 (6)
3 - 6 months	2 (4)	2 (4)
TOTAL	**54 (100)**	**51 (100)**

Fifteen of 54 patients from the direct access service group and 20/51 from the existing service group waited less than 2 weeks for their first physiotherapy appointment.

Thirty four of the direct access service group and 26 of the existing service group waited between 3 to 6 weeks.

Five patients from both the direct access service group and the existing service group waited between 7 weeks and 3 months for an appointment.

Figure 3



Forty four of 55 direct access service and 42/52 existing service patients expressed satisfaction with their length of waiting time.

Eleven direct access service and 10 existing service respondents expressed dissatisfaction with the waiting time.

Table 6

Length of waiting time and satisfaction with waiting time for first physiotherapy session: Patients from direct access service and existing service groups combined. (N=105)

WAITING TIME FOR 1ST APPOINTMENT	SATISFIED No	DISSATISFIED No
< 2 weeks	33	2
3 - 4 weeks	34	5
5 - 6 weeks	13	8
7 - 12 weeks	2	4
3 - 6 months	2	2
TOTAL	**84**	**21**

It was decided to take a closer look at the relationship between satisfaction with waiting time for first appointment and actual waiting time for first appointment.

Seven respondents who received an appointment within 4 weeks of referral were dissatisfied with this length of waiting time. The remaining 14 patients who expressed *dissatisfaction* with the waiting time were given an appointment more than 5 weeks after referral.

The 67 patients who were satisfied with their waiting time for the service all received an appointment within 4 weeks of referral.

However, it is interesting to note that 17 people who were *satisfied* with the waiting time *also* waited for more than 5 weeks for their first appointment. This group include 2 patients who were satisfied with a 3 - 6 month wait for an appointment.

Table 7

Reason for dissatisfaction with length of waiting time for service. (N=23)

REASON FOR DISSATISFACTION	Direct Access No (%)	Existing No (%)
Waiting too long	7 (12.7)	4 (7.7)
Was in pain	5 (9.1)	7 (13.5)
More physiotherapists required	1 (1.8)	0
Confusion over GP referral letter	1 (1.8)	0

There were some slight differences between both groups for the above question but it should be pointed out that the numbers and percentages are small.

Eleven respondents noted that they waited too long for their first physiotherapy appointment. Five of these had waited between less than four weeks. The remaining 6 of these respondents waited 5 weeks or more.

Twelve patients expressed dissatisfaction with the waiting time due to excessive pain. 4 of these had waited between less than 4 weeks. The remaining 8 patients had waited 5 weeks or more.

A patient from the direct access service was dissatisfied with the waiting time due to confusion over the GP referral letter. This patient waited 3-4 weeks for an appointment.

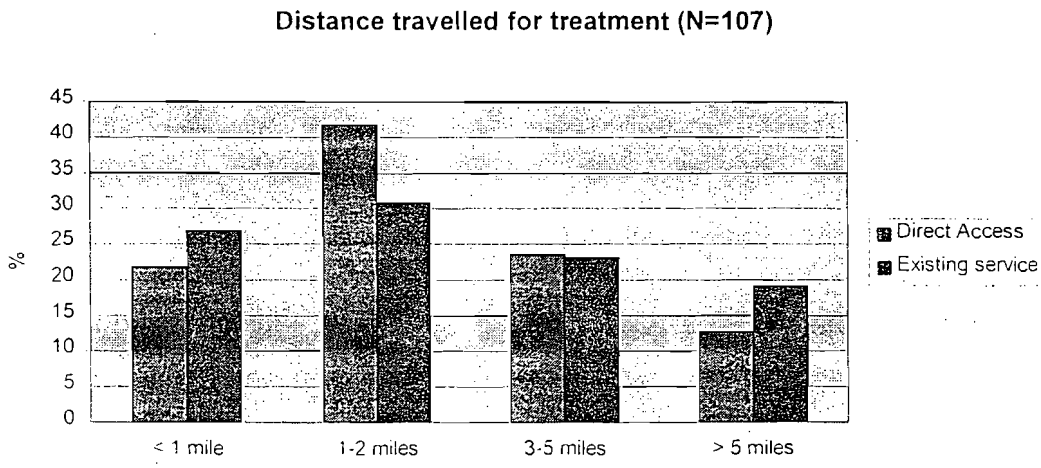
Table 8

Information provided by clerical staff courteous and clear (N=99)

Clerical staff courteous and clear	Direct Access No (%)	Existing No (%)
Yes	50 (98)	48 (100)
No	1(2)	0
TOTAL	**51 (100%)**	**48 (100%)**

Almost all patients (98/99) indicated satisfaction with hospital clerical staff.

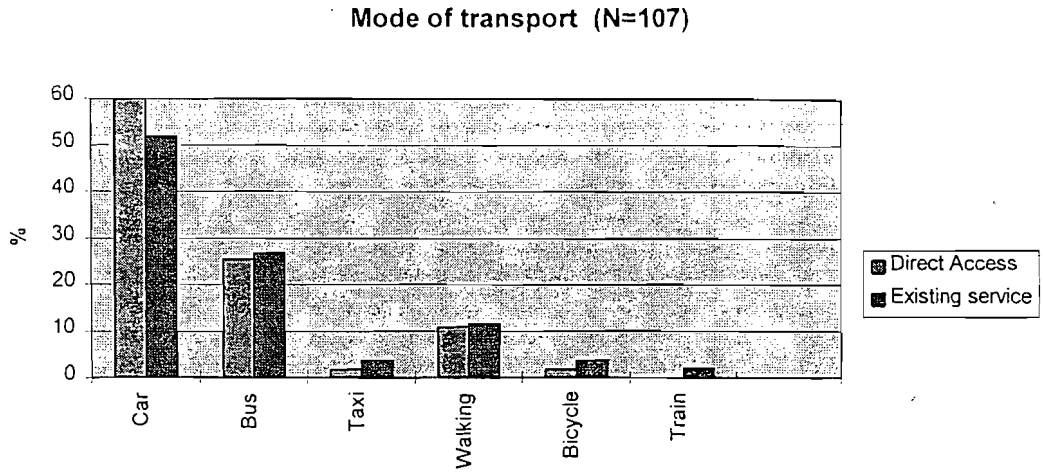
Figure 4



Thirty five of the 55 direct access service respondents and 30 out of 52 existing service respondents travelled up to 2 miles for their treatment.

Twenty direct access service patients and 22 existing service patients travelled over 3 miles. This includes a total of 17/42 patients who travelled in excess of 5 miles for their treatment.

Figure 5



Thirty three of the 55 direct access service patients and 27 of the 52 existing service patients travelled by car to the hospital. 14 patients from each group took the bus to the hospital. 6 patients from each group walked to the hospital for their treatment.

Table 9

Physiotherapist discussed condition with patient at first physiotherapy visit (N=105)

CONDITION DISCUSSED	Direct Access No (%)	Existing No (%)
Yes	52 (98)	49 (94)
No	1 (2)	3 (6)
TOTAL	**53 (100%)**	**52 (100%)**

As can be seen from the above table, there was no real difference between both groups. Fifty two of the 53 direct access service patients and 49 of the 52 existing service patients answered that the physiotherapist discussed their condition with them at the first treatment session.

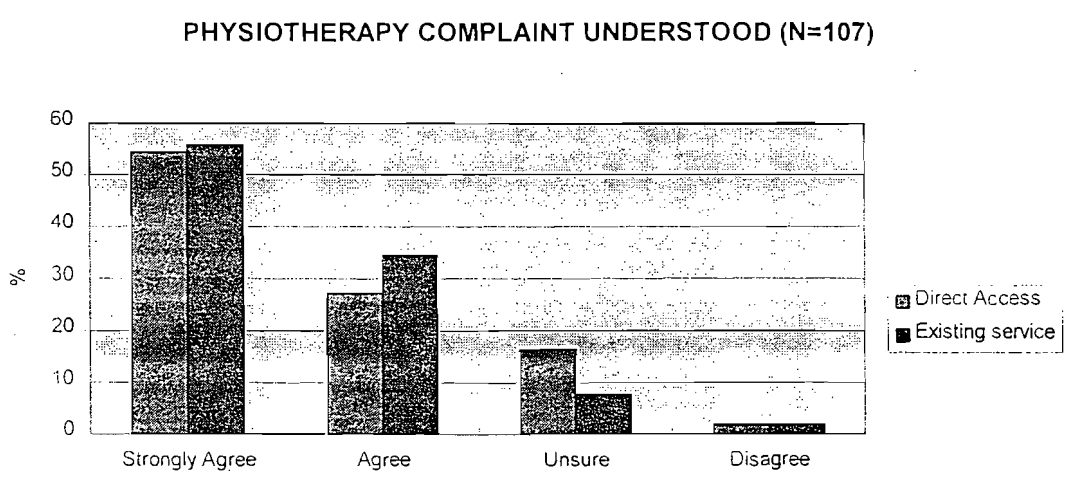
Table 10

Physiotherapist discussed and agreed the aims of treatment with patient (N=105)

AIMS OF TREATMENT DISCUSSED	Direct Access No (%)	Existing No (%)
Yes	52 (95)	51 (98)
No	3 (5)	1 (2)
TOTAL	**55 (100%)**	**52 (100%)**

Once again, there was no tangible difference in response from each group.

Figure 6



Most patients agreed that their physiotherapist understood their complaint. When the 'strongly agree' and 'agree' categories are combined, 47 out of 52 patients coming through the existing service and 45 of the 55 patients attending the direct access service considered that the physiotherapist understood their complaint.

Table 11

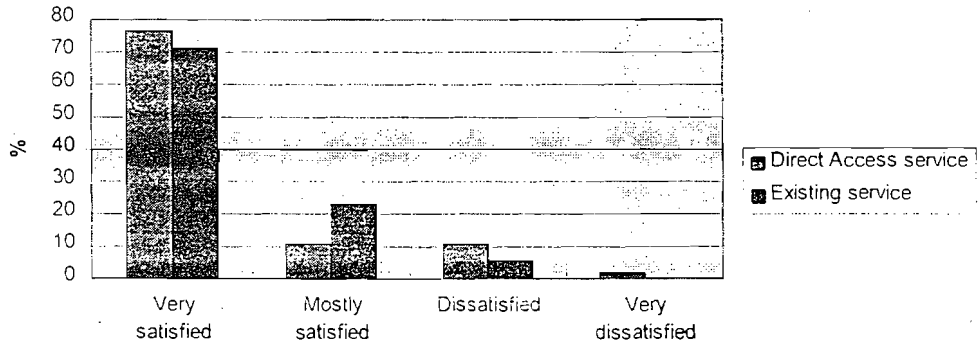
Number of physiotherapists involved in course of treatment (N=107)

NUMBER OF PHYSIOTHERAPISTS	Direct Access No (%)	Existing No (%)
1	50 (90.9)	35 (67.3)
2	4 (7.3)	12 (23.1)
> 2	1 (1.8)	5 (9.6)
TOTAL	**55 (100%)**	**52 (100%)**

Most patients had just one physiotherapist treating them. However, approximately one third of patients attending the existing service were treated by more than one physiotherapist.

Figure 7

Satisfaction with physiotherapy treatment received (N=107)



Forty eight of 55 respondents from the direct access service group expressed satisfaction with their treatment. A corresponding 49 out of 52 existing service patients also expressed satisfaction.

Table 11

Reasons for patient dissatisfaction with physiotherapy treatment (N= 9).

Comment	Direct Access	Existing Service
	No. %	No. %
Discharged too soon/ not enough treatment	2 (40)	2 (40)
Still experiencing pain/ condition not cured	1 (20)	1 (20)
Not satisfied with physiotherapist	0	1 (20)
Condition not explained to patient	0	1 (20)
Treatment was too aggressive/ condition now worse	1 (20)	0
Not satisfied with treatment	1 (20)	0
TOTAL	**5 (100%)**	**5 (100%)**

Respondents who expressed dissatisfaction with physiotherapy treatment were invited to suggest the reason for this.

Of the 7 direct access patients who expressed dissatisfaction with the service, 5 offered reasons for this response. Even though just 3 existing service patients expressed dissatisfaction with the service, one additional respondent in this group who reported 'satisfaction' volunteered a reason for dissatisfaction. Within the existing service group, 1 respondent gave 2 reasons for dissatisfaction.

Two respondents from each group were unhappy with the number of treatment sessions they received. One of these respondents (an existing service patient) was also unhappy regarding the level of information provided by the physiotherapist regarding their condition. One respondent from each group was dissatisfied that their condition had not been cured through physiotherapy. The one respondent (an existing service patient) who noted satisfaction with the *service* expressed dissatisfaction with the *physiotherapist*.

Table 12

Confidence at discharge to manage condition in the future (N=106)

CONFIDENT TO MANAGE CONDITION	Direct Access No (%)	Existing No (%)
Yes	42 (76.4)	45 (88.2)
No	6 (10.9)	3 (5.9)
Don't know	7 (12.7)	3 (5.9)
TOTAL	**55 (100%)**	**51 (100%)**

Similar numbers of patients from both services were *confident* about managing their condition post discharge. 42/55 direct access service patients and 45/51 existing service patients offered this response. Six direct access service respondents and 3 existing service respondents were *not confident* in managing their condition while 7 from the direct access service and 3 from the existing service were less sure about discharge.

Table 13

Discharge condition of patient (N=107)

CONDITION	Direct Access No. (%)	Existing service No. (%)
Completely better	4 (7.3)	4 (7.7)
Improved a lot	30 (54.5)	31 (59.6)
Improved a little	12 (21.8)	13 (25)
The same	7 (12.7)	2 (3.8)
Worse	2 (3.6)	2 (3.8)
Total	**55 (100%)**	**52 (100%)**

Patients from both groups offered similar responses to this question. The only deviation in numbers occurs among patients who maintained that their condition remained the same. Seven direct access service patients compared to 2 existing service patients gave this response.

Summary of results

107 respondents took part in the study; 55 who attended the direct access service and 52 who attended the existing service.

Although no patients refused to take part in the study 6/52 existing service patients failed to respond despite postal and telephone reminders. All direct access service patients returned questionnaires.

Most patients attending the hospital for physiotherapy (both services) were aged between 45 and 64 years. Over half of all respondents were female, however there were greater numbers of males in the existing service group and of females in the direct access service group.

The most common first point of contact for physiotherapy services for direct access patients was posting a GP letter (36/55). The most common first point of contact for existing service patients was from the out patient department (19/52). There were some differences among patients from the two different groups regarding duration of symptoms at first physiotherapy visit. More people attending the existing service (15/52) had a shorter duration of symptoms (< 4 weeks) than those who attended the direct access service (5/54). However, this situation is reversed for patients who experienced symptoms for between 5 and 12 weeks prior to treatment. Approximately equal numbers of patients from both services experienced symptoms for greater than 3 months prior to physiotherapy.

The majority of patients had the purpose of their physiotherapy treatment explained to them by their doctor.

Most patients from both groups were seen within 6 weeks of referral. However, patients from the existing service were more likely to be given an appointment in under two weeks compared to the direct access group. Approximately 80% of all those surveyed i.e. a combination of direct access service and existing service patients were satisfied with waiting time for the service. Seventeen of the patients (combination of direct access service and existing service patients) who noted satisfaction with waiting time for the service had waited for more than *five* weeks for their first appointment.

A small number of respondents expressed dissatisfaction with waiting time for the service, citing long waiting times and pain as the principal reasons.

Almost all respondents were satisfied with hospital clerical staff. Patients from both groups travelled similar distances for physiotherapy treatment. Patients from each group also used similar modes of transport.

The majority of patients from both groups had their physiotherapist discuss the presenting complaint at the first treatment visit. Similar numbers from both groups also had their physiotherapist discuss and agree the aims of treatment with them. Most patients from both groups felt that their physiotherapist understood their complaint. Direct access service patients were generally treated by just one physiotherapist. Approximately one third of patients attending the existing service were treated by more than one physiotherapist.

Just 10/107 patients were dissatisfied with physiotherapy treatment received. Reasons offered related principally to treatment and management issues.

The majority of respondents from both groups were confident to manage their condition in the future. The majority of patients also noted that their condition was 'improved' or 'better'. Direct access patients were less confident about managing their condition at discharge.

Discussion

The objective of this study was to determine patient satisfaction with a direct access physiotherapy service compared to a consultant referral service.

Review of the literature shows a consensus that direct access clinics have significant benefits. Hackett et al[2] (1993) reported that patients rated direct access to a physiotherapist more highly than indirect access. However, Fordham et al[3](1987) reported that, using the patient's own assessment of treatment open access could not be shown to be significantly more beneficial than consultant referral. A number of studies (Gentle et al[4] 1984 & Ellman et al[5] 1982) have shown that under direct access schemes, waiting times for treatment are significantly reduced compared to referral by a consultant. O'Cathain et al[6] (1995) and Fordham et al (1987) report reductions in referrals to orthopaedics and rheumatology services. Direct access may also avoid inappropriate use of the Accident & Emergency Department to access this service. Patients attending out patient services also have a greater likelihood of being re-referred on to other hospital services (Gentle et al 1984).

Robert and Stevens[7] (1997) identified a number of additional benefits arising from open access physiotherapy services:

- The total amount of physiotherapy is reduced
- Treatment is given more promptly under direct access schemes
- Patients recover more rapidly and return to work sooner
- Patients' assessments of the management of their condition are higher
- Financial costs to the patient are lower.

Our study had a number of important limitations. The sample size for this particular study was small (107) as data collection was limited by the availability of the physiotherapy student. Any differences noted between both groups were small and should be interpreted with caution.

The validity of the data is also open to question. While self-completed questionnaires are cheaper to administer, a major disadvantage lies in the subjective interpretation of the questions asked and in the quality of the response. The information on source of referral in this study was not validated by an internal audit of respondents. This audit showed that in relation to the existing service, a much higher proportion of referrals came though the A & E service (23) than was self reported (7). The A&E group of patients would have been seen more quickly than patients referred from the out patient services. This would explain how patients referred from the direct access service waited longer for a first appointment than those referred from the existing service and hence reported a longer duration of symptoms. Hence the findings of our study do not support the current literature on this.

In our study of patient satisfaction two aspects were compared: satisfaction with waiting time for service and satisfaction with physiotherapy treatment received. There was no overall difference amongst both groups regarding satisfaction with either of the above. The small number of patients who expressed dissatisfaction did so because of excessive length of waiting time or because they were in pain. Target waiting times should be set for the service which should be regularly reviewed. The appropriateness of referrals from GPs should also be monitored to ensure an effective service.

With regard to comments on satisfaction with treatment, the principal cause of dissatisfaction was a perception that patients were discharged too soon from both direct access and existing services. Views from the attending physiotherapists on this may yield useful information on patients' perceptions of discharge.

In our study respondents from the direct access service were less positive about management of their condition post discharge. This may be due to a number of factors including the nature of their condition. The Physiotherapy Department note that GPs referring to the direct access service tend to send patients with non-curable conditions compared to patients referred to the existing service. Another explanation may be that patients referred through the existing service may continue to attend outpatient clinics and hence have ongoing support for their condition.

One third of patients attending the existing service had more than one physiotherapist treating them. The physiotherapy department endeavours to treat patients using one therapist only in the interests of patient care. However, within the confines of a public hospital staff rotate and only spend a certain length of time in each particular area. There would seem to be an advantage of having a direct access service with designated physiotherapists.

Conclusions

This study has looked only at patient satisfaction with the physiotherapy service. The majority of patients were satisfied with the service. Direct access to the service to date has not resulted in increased patient satisfaction over the existing service nor has it reduced waiting times for the service. Like Fordham et al.[3], who measured patients' own assessment of of their treatment, in this study open access could not be shown to be significantly more beneficial than consultant referral. One of the principal advantages of an open access system appears to be accessibility to general practitioners. A direct access service keeps patients within the primary care system which enhances continuity of care.

Recommendations:

1. Target waiting times for the service should be set. These should be reviewed on a monthly basis.

2. A review of the appropriateness of referrals to the direct access service should be carried out. This could be done by a feedback / information meeting with the referring GPs. Alternatively a study of appropriateness could be carried out.

3. Specific information relating to post-discharge management including a patient information leaflet should be given to patients at discharge. Patients should be invited to ask questions about their management at discharge.

4. Views from the attending physiotherapists regarding patient perception of their discharge management should be sought.

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Aileen Barrett, Superintendent Physiotherapist, Beaumont Hospital, who provided assistance and support throughout the study.
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Darina Thomas, Physiotherapy Department Beaumont Hospital, who offered assistance with questionnaire design.

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APPENDIX

COPY OF QUESTIONNAIRE

STRICTLY CONFIDENTIAL

	Office use only
DIRECT ACCESS	[ ]
EXISTING SERVICE	[ ]

1. How did you first contact the physiotherapy department at Beaumont Hospital?

Telephone	[ ]	Posted referral letter	[ ]
GP made first contact	[ ]	Called in	[ ]
Other	[ ]	Please specify	

_____

2. How long did you have your symptoms at your first physiotherapy visit?

Less than one week	[ ]	Seven to twelve weeks	[ ]
One to two weeks	[ ]	Three to six months	[ ]
Three to four weeks	[ ]	More than six months	[ ]
Five to six weeks	[ ]		

3. Did your GP explain the reason for referring you for physiotherapy treatment?

Yes [ ] No [ ] Don't know [ ]

4. Did your GP explain anything about physiotherapy to you when referring you for this kind of treatment?

Yes [ ] No [ ] Don't know [ ]

5. What was the length of time between referral for physiotherapy treatment and your first appointment?

Less than one week	[ ]	Seven to twelve weeks	[ ]
One to two weeks	[ ]	Three to six months	[ ]
Three to four weeks	[ ]	More than six months	[ ]
Five to six weeks	[ ]		

6. How satisfied were you with this length of waiting time?

Very satisfied	[ ]	Dissatisfied	[ ]
Mostly Satisfied	[ ]	Very dissatisfied	[ ]

7. Did you find the information provided by clerical staff was courteous and clear?

Yes [ ] No [ ] Unsure [ ]

8. How far did you have to travel for your treatment?

Less than 1 mile	[ ]	Between three and four miles	[ ]
Between one and two miles	[ ]	Five miles or more	[ ]

9. How did you travel for your physiotherapy treatment?

Car	[ ]	Walked	[ ]
Bus	[ ]	Other	[ ] (please specify)
		_____	
Taxi	[ ]		

10. Did your physiotherapist discuss your condition with you at your first visit?

Yes [ ] No [ ] Don't know [ ]

11. Did your physiotherapist discuss and agree the aims of treatment with you?

Yes [ ] No [ ] Don't know [ ]

12. Do you feel your physiotherapist understood your problem?

Strongly agree	Agree	Unsure	Disagree	Strongly disagree
[ ]	[ ]	[ ]	[ ]	[ ]

13. How many physiotherapists were involved in your course of treatment?

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14. Were you satisfied with the physiotherapy treatment you received?

Very satisfied	[ ]	Dissatisfied	[ ]
Mostly Satisfied	[ ]	Very dissatisfied	[ ]

15. If dissatisfied, please state why?

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16. On discharge did you feel confident about how to manage your condition in the future.

Yes	[ ]	No	[ ]	Don't know	[ ]

17. In your opinion is your condition now:

Completely better	[ ]
Improved a lot	[ ]
Improved a little	[ ]
The same	[ ]
Worse	[ ]

18. If you have anything further to say about physiotherapy, please write your comments below.

Thank you.

19th June 1997

Dear

I am currently conducting a patient satisfaction survey of the physiotherapy service in Beaumont Hospital. I understand that you have recently attended the physiotherapist in the hospital. You may have seen the information sign in the waiting area regarding this.

The purpose of the survey is to find out how happy or unhappy you were with the service. All the information which is in the survey is completely confidential and will not be passed on to anyone else, including the physiotherapist or your doctor.

I would be very grateful if you could fill out the enclosed questionnaire. If you have any comments or suggestions regarding the physiotherapy service, please feel welcome to let me know. I enclose a pre-paid envelope for your convenience.

If you have any queries about the survey I can be contacted @ 6790700 ext. 2049. I look forward to hearing from you.

Yours faithfully,

Edwina Mullan
Researcher

Reminder letter

15th August 1997

Dear

I am currently conducting a patient satisfaction survey of the physiotherapy service in Beaumont Hospital. I understand that you have recently attended the physiotherapist in the hospital. You may have seen the information sign in the waiting area regarding this.

The purpose of the survey is to find out how happy or unhappy you were with the service. All the information which is in the survey is completely confidential and will not be passed on to anyone else, including the physiotherapist or your doctor.

I would be very grateful if you could fill out the enclosed questionnaire. If you have any comments or suggestions regarding the physiotherapy service, please feel welcome to let me know. I enclose a pre-paid envelope for your convenience.

If you have already returned a completed questionnaire please ignore this reminder letter. If you have any queries about the survey I can be contacted @ 6790700 ext. 2049. I look forward to hearing from you.

Yours faithfully,

Edwina Mullan
Researcher

Patient satisfaction survey; areas looked at:

PROCESS

- Initial contact with department: method used.
- Waiting time for service - to get appointment.
- Waiting time for treatment - on day of appointment.

TREATMENT

- Communication with physiotherapist.
- Communication with department.
- Courtesy
- Friendliness
- Information from physiotherapist (treatment plan).
- Discharge status: Was patient adequately prepared for future? Future management plan.

OTHER

- Travel / commuting time