

Help us learn from your experience

**To help us improve, we'd like to ask you a few questions about your experience with HDC. It should only take about ten minutes. Your answers will help us to make our processes work better for people.**

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Help us learn from your experience

Prior to the complaint

**In this section, we just ask you a few quick questions to get a sense of your knowledge of the Code of Health and Disability Services Consumers' Rights (the Code of Rights) prior to hearing from HDC. Your answers will help us improve our education and promotion work.**

Prior to this complaint, how knowledgeable were you about the Code of Rights?

- Not at all knowledgeable       Somewhat knowledgeable       Extremely knowledgeable  
 Not so knowledgeable       Very knowledgeable  
 Other (please specify)

If you did have prior knowledge about the Code of Rights, where had that come from?

In your view, what would be the best way to improve professionals' understanding of the Code of Rights and its application to their practice?

How much did you know about HDC before this complaint?

- Nothing at all       A moderate amount       A great deal  
 A little       A lot

Any comments?

Help us learn from your experience

Your most recent experience with HDC

**In this section, we want to know about the outcome of your last complaint. This helps us to understand if people's overall experience with HDC is influenced by our final decisions. In the next section, please think about this complaint when responding.**

\* What was HDC's decision on the most recent complaint you received?

- HDC closed the complaint with no action taken
- HDC took no action but made recommendations
- HDC referred the complaint back to me to resolve
- HDC referred the complaint to the Nationwide Advocacy Service
- HDC referred the complaint to another agency (eg. Privacy Commissioner)
- HDC referred the complaint to my Regulatory Authority (eg. Nursing Council)
- HDC investigated the complaint and found me in breach of the Code
- HDC investigated the complaint and did not find me in breach of the Code
- Other (please specify)

Help us learn from your experience

Your experience with HDC

**In this section, there are thirteen statements about your experience with HDC's complaints process. Please tell us how much you agree or disagree with these statements by choosing a number that best reflects your experience. The higher the number, the more you agree with the statement. You get a chance to make any other comments you have at the end of each section.**

**Communication**

HDC helped me to understand the complaints process and what is expected

0 - Strongly disagree

10 - Strongly agree

It was easy for me to provide HDC with the information they required

0 - Strongly disagree

10 - Strongly agree

HDC kept me informed about the progress of my complaint

0 - Strongly disagree

10 - Strongly agree

HDC responded quickly to my enquiries

0 - Strongly disagree

10 - Strongly agree

HDC understood what I had to say

0 - Strongly disagree

10 - Strongly agree

Is there anything else you want to tell us about the way we communicated with you, or your answers in this section?

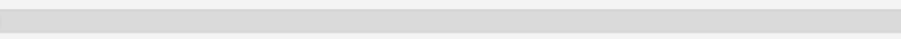
**Process**



Any recommendations HDC made were useful for improving quality and safety

0 - Strongly disagree

10 - Strongly agree



Is there anything else you want to tell us about the outcome of the complaint, or your answers in this section?

## Help us learn from your experience

### Final thoughts

**This section is about your overall experience with HDC. It is a chance for you to give us any feedback you want. If any part of your experience was particularly good or bad, please tell us. Suggestions are helpful so please let us know what would have worked better for you.**

If your friend had a bad experience with a health or disability service, how likely are you to recommend they contact HDC?

0 - I am not at all likely  
to recommend

10 - I would be  
extremely likely to  
recommend



What is the main reason for the score you gave above?

Is there anything else you want to tell us?

Help us learn from your experience

About you

**We want to make sure the way we do things works for everyone. Because the survey is anonymous, we need a few details about you. This helps us to understand if what we do works better for some people than others.**

How old are you?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

What is your gender?

- Female
- Male
- I don't want to answer
- Another gender (please specify)

\* What is your ethnicity? (please select all that apply)

- NZ European
- Māori
- Samoan
- Cook Island Māori
- Other/s (please specify)
- Tongan
- Niuean
- Chinese
- Indian
- I don't know my ethnicity
- I don't want to state my ethnicity

\* What is your occupation?

How many other health/allied health professionals are part of your usual team?

- I work by myself
- I am part of a small team (fewer than 5 other health/allied health professionals)
- I am part of a medium sized team (more than 5 but fewer than 15 other health/allied health professionals)
- I am part of a large team (over 15 other health/allied health professionals)



How long have you been working in the health and disability sector?

Less than a year

3-5 years

11-20 years

1-2 years

6-10 years

Over 20 years

\* Are you happy for us to contact you about your experience?

Yes

No

Help us learn from your experience

What's the best way for us to contact you?

**First Name**

**Email Address**

**Phone Number**

Help us learn from your experience

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Help us learn from your experience

Your organisation and the Code of Rights

**In this section, we ask you a few quick questions to get a sense of your organisation's knowledge of and training on the Code of Health and Disability Services Consumers' Rights (the Code of Rights). Your answers will help us improve our education and promotion work.**

How knowledgeable do you think your staff are about the Code of Rights?

- Not at all knowledgeable       Somewhat knowledgeable       Extremely knowledgeable  
 Not so knowledgeable       Very knowledgeable  
 Other (please specify)

What does your organisation do to promote your staff's understanding of the Code of Rights and its application to their practice?

What would be the most helpful things HDC could do to help increase your staff's understanding of the Code of Rights and its application to their practice?

Help us learn from your experience

Your most recent experience with HDC

**In this section, we want to know about the outcome of your last complaint. This helps us to understand if people's overall experience with HDC is influenced by our final decisions. In the next section, please think about this complaint when responding.**

\* What was HDC's decision on the most recent complaint about your organisation?

- HDC closed the complaint with no action taken
- HDC took no action but made recommendations
- HDC referred the complaint back to us to resolve
- HDC referred the complaint to the Nationwide Advocacy Service
- HDC referred the complaint to another agency (eg. Privacy Commissioner)
- HDC investigated the complaint and found us in breach of the Code
- HDC investigated the complaint and did not find us in breach of the Code
- Other (please specify)

Help us learn from your experience

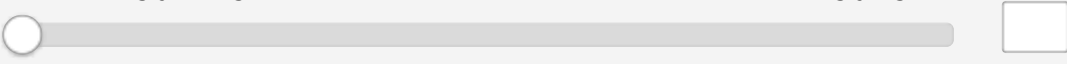
Your experience with HDC

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**Communication**

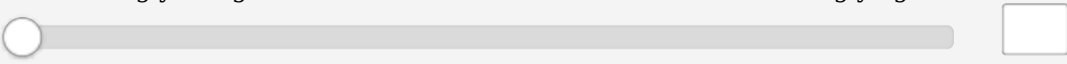
HDC helps us to understand the complaints process and what is expected

0 - Strongly disagree 10 - Strongly agree



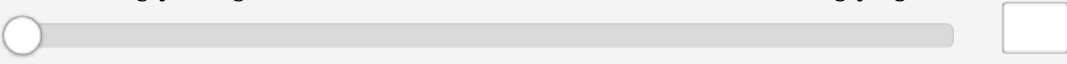
It is easy to provide HDC with the information they require

0 - Strongly disagree 10 - Strongly agree



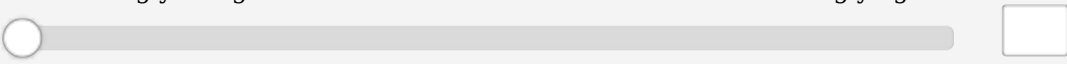
HDC keeps us informed about the progress of complaints

0 - Strongly disagree 10 - Strongly agree



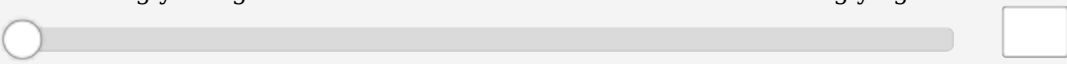
HDC responds quickly to enquiries

0 - Strongly disagree 10 - Strongly agree



HDC understands what we have to say

0 - Strongly disagree 10 - Strongly agree



Is there anything else you want to tell us about communicating with HDC or your answers in this section?

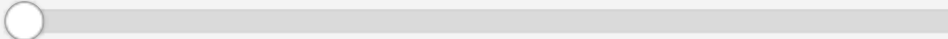
**Process**



Any recommendations HDC makes are useful for improving quality and safety

0 - Strongly disagree

10 - Strongly agree



Is there anything else you want to tell us about the outcomes of complaints or your answers in this section?



Help us learn from your experience

Final thoughts

**This section is about your overall experience with HDC. It is a chance for you to give us any feedback you want. If any aspect of your engagement with us is particularly good or bad, please tell us. Suggestions are helpful so please let us know what would work better for you.**

If your friend had a bad experience with a health or disability service, how likely are you to recommend they contact HDC?

0 - I am not at all likely to recommend

10 - I would be extremely likely to recommend



What is the main reason for the score you gave above?

Is there anything else you want to tell us?

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About you

**We want to make sure the way we do things works for everyone. Because the survey is anonymous, we need a few details about the people filling it out. This helps us to understand if what we do works better for some people than others.**

What is your role in your organisation?

What sort of organisation do you work for? (please select all the apply)

- |   |  |
|---|--|
| <input type="checkbox"/> DHB                          | <input type="checkbox"/> Mental Health/Addiction Services provider |
| <input type="checkbox"/> NGO                          | <input type="checkbox"/> Maternity Provider                        |
| <input type="checkbox"/> Government agency            | <input type="checkbox"/> Dental clinic                             |
| <input type="checkbox"/> Private hospital             | <input type="checkbox"/> Pharmacy                                  |
| <input type="checkbox"/> Kaupapa Māori provider       | <input type="checkbox"/> General practice                          |
| <input type="checkbox"/> Charitable Trust             | <input type="checkbox"/> Diagnostic services provider              |
| <input type="checkbox"/> Disability Services Provider | <input type="checkbox"/> Home care support                         |
| <input type="checkbox"/> Aged Care provider           | <input type="checkbox"/> Rehabilitation provider                   |
| <input type="checkbox"/> Specialist clinic            |  |
| <input type="checkbox"/> Other (please specify)       |  |

What is your gender?

- Female
- Male
- I don't want to answer
- Another gender (please specify)

What is your ethnicity? (please select all that apply)

- |   |                                  |   |
|---|----------------------------------|---|
| <input type="checkbox"/> NZ European              | <input type="checkbox"/> Tongan  | <input type="checkbox"/> I don't know my ethnicity          |
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| <input type="checkbox"/> Cook Island Māori        | <input type="checkbox"/> Indian  |   |
| <input type="checkbox"/> Other/s (please specify) |                                  |   |

How long have you been working in the health and disability sector?

- Less than a year                       3-5 years                       More than 10 but less than 20 years
- 1-2 years                                   More than 5 but less than 10 years                       Over 20 years

\* Are you happy for us to contact you about your experience?

- Yes
- No

Help us learn from your experience

What's the best way for us to contact you?

**First Name**

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- Not at all knowledgeable       Somewhat knowledgeable       Extremely knowledgeable  
 Not so knowledgeable       Very knowledgeable  
 Other (please specify)

What does your organisation do to promote your staff's understanding of the Code of Rights and its application to their practice?

What would be the most helpful things HDC could do to help increase your staff's understanding of the Code of Rights and its application to their practice?

How much did you know about HDC before this complaint?

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Any comments?

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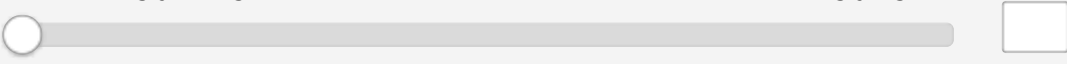
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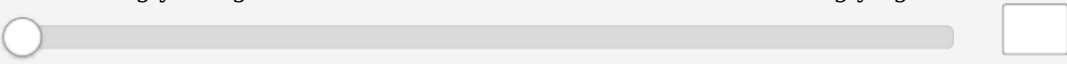
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0 - Strongly disagree 10 - Strongly agree



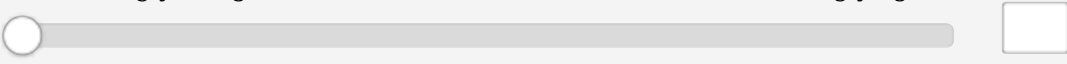
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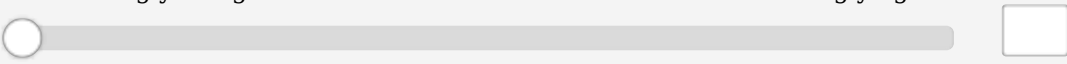
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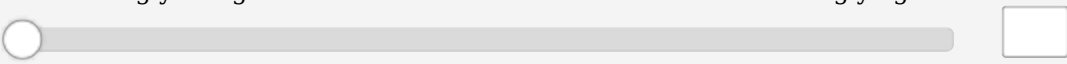
HDC responds quickly to enquiries

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HDC understands what we have to say

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Is there anything else you want to tell us about communicating with HDC or your answers in this section?

**Process**

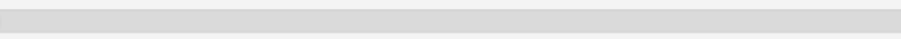




Any recommendations HDC makes are useful for improving quality and safety

0 - Strongly disagree

10 - Strongly agree



Is there anything else you want to tell us about the outcomes of complaints or your answers in this section?

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0 - I am not at all likely to recommend

10 - I would be extremely likely to recommend



What is the main reason for the score you gave above?

Is there anything else you want to tell us?

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About you

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| <input type="checkbox"/> Aged Care provider           | <input type="checkbox"/> Rehabilitation provider                   |
| <input type="checkbox"/> Specialist clinic            |  |
| <input type="checkbox"/> Other (please specify)       |  |

What is your gender?

- Female
- Male
- I don't want to answer
- Another gender (please specify)

What is your ethnicity? (please select all that apply)

- |   |                                  |   |
|---|----------------------------------|---|
| <input type="checkbox"/> NZ European              | <input type="checkbox"/> Tongan  | <input type="checkbox"/> I don't know my ethnicity          |
| <input type="checkbox"/> Māori                    | <input type="checkbox"/> Niuean  | <input type="checkbox"/> I don't want to state my ethnicity |
| <input type="checkbox"/> Samoan                   | <input type="checkbox"/> Chinese |   |
| <input type="checkbox"/> Cook Island Māori        | <input type="checkbox"/> Indian  |   |
| <input type="checkbox"/> Other/s (please specify) |                                  |   |

How long have you been working in the health and disability sector?

- Less than a year                       3-5 years                       More than 10 but less than 20 years
- 1-2 years                                   More than 5 but less than 10 years                       Over 20 years

\* Are you happy for us to contact you about your experience?

- Yes
- No

Help us learn from your experience

What's the best way for us to contact you?

**First Name**

**Email Address**

**Phone Number**

## Help us learn from your experience

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1. How did you find out about HDC?

2. How did you make your complaint to HDC? (Please tick all that apply)

- Phone  HDC website
- Email  Through the Advocacy Service
- Letter or fax  Through another agency (e.g. Ombudsman, Medical Council)
- Other (please specify)

3. How easy was it for you to make a complaint to us?

0 - Very hard 10 - Very easy

4. What, if anything, could we have done to make it easier?







## Help us learn from your experience

### Final thoughts

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17. If your friend had a bad experience with a health or disability service, how likely are you to recommend they contact HDC?

0 - I am not at all likely  
to recommend

10 - I would be  
extremely likely to  
recommend



18. What is the main reason for the score you gave above?

19. Is there anything else you want to tell us?

Help us learn from your experience

About you

**We want to make sure the way we do things works for everyone. Because the survey is anonymous, we need a few details about you. This helps us to understand if what we do works better for some people than others.**

20. How old are you?

21. What is your gender?

- Female
- Male
- I don't want to answer
- Another gender (please specify)

\* 22. What is your ethnicity? (please select all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> NZ European              | <input type="checkbox"/> Niuean                             |
| <input type="checkbox"/> Māori                    | <input type="checkbox"/> Chinese                            |
| <input type="checkbox"/> Samoan                   | <input type="checkbox"/> Indian                             |
| <input type="checkbox"/> Cook Island Māori        | <input type="checkbox"/> I don't know my ethnicity          |
| <input type="checkbox"/> Tongan                   | <input type="checkbox"/> I don't want to state my ethnicity |
| <input type="checkbox"/> Other/s (please specify) |   |

\* 23. Do you have a disability?

- Yes
- No
- I don't want to answer

\* 24. Are you happy for us to contact you about your experience?

- Yes
- No

Help us learn from your experience

25. What's the best way for us to contact you?

**First Name**

**Email Address**

**Phone Number**