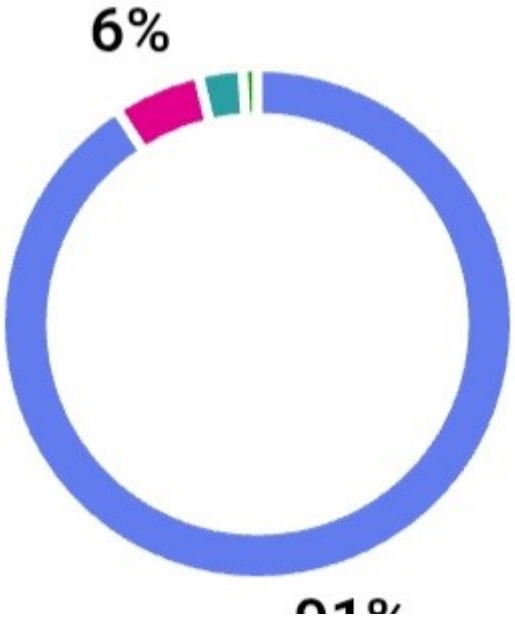
7. Self-Care (Not Applicable for your children and infants)

More details

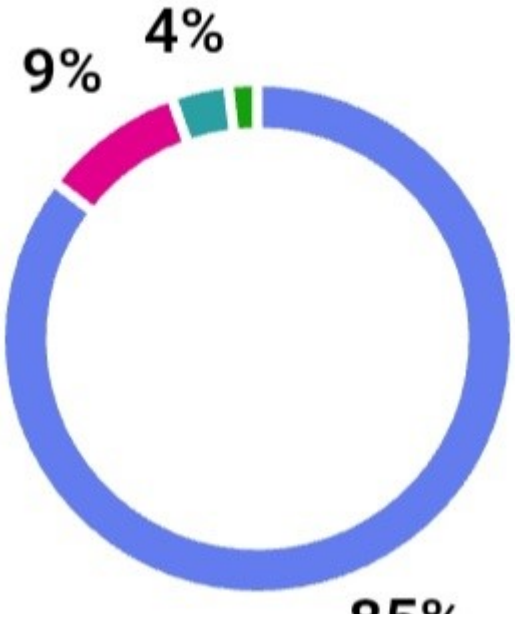
- 😁I have had no difficulty in washing or dressing
- 🙂I have had slight difficulty in washing or dressing
- ☹️I have had muoderate difficulty in washing or dressing .
- 😐I have had severe difficulty in washing or dressing .
- 😩I have been unable to wash or dres



8. Usual Activities (Studying, Playing, Working, Housework, Family or Leisu

More details

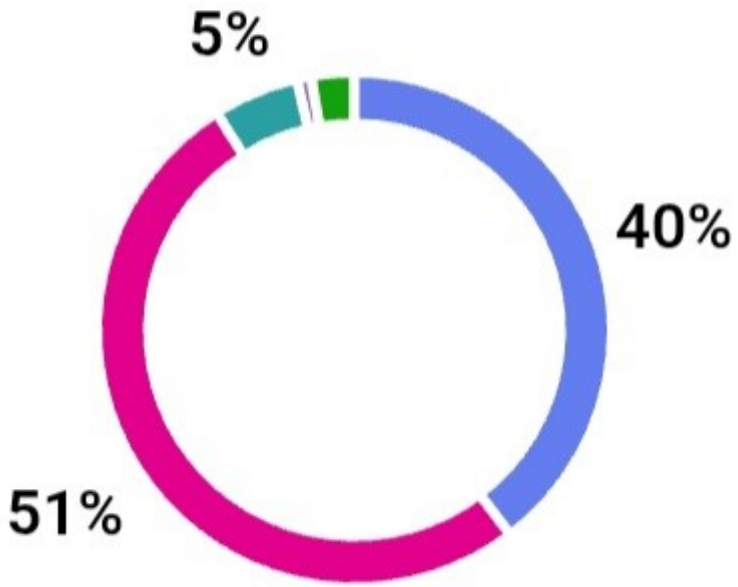
- 😁I have had no difficulty in Usual Activities.
- 🙂I have had slight difficulty in Usual Activities.
- 😐I have had moderate difficulty in Usual Activities.
- ☹️I have had severe difficulty in Usual Activities.
- 😩I have been unable to work.



9. Pain or Discomfort

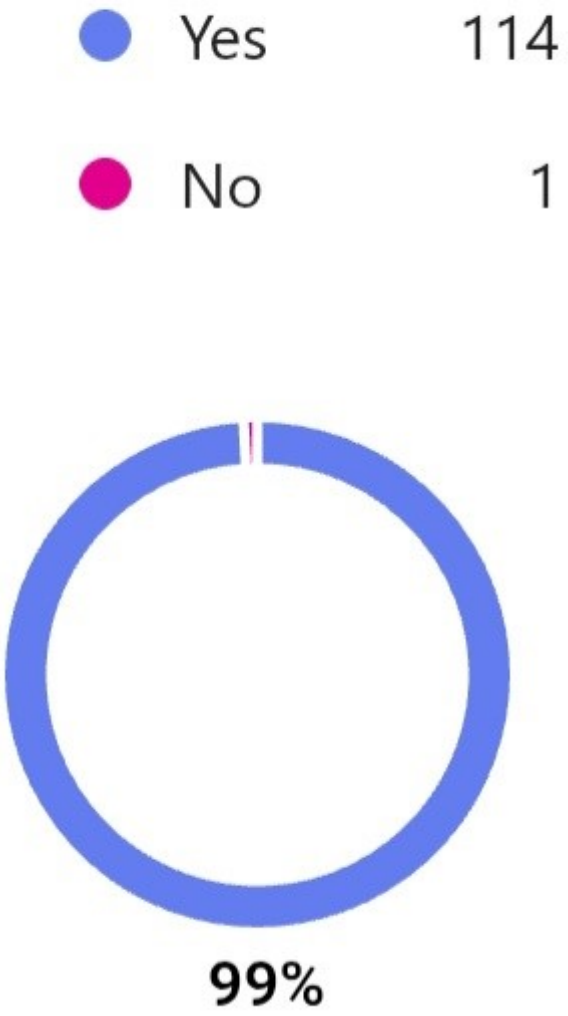
More details

- 😁I have had no pain or discomfort
- 🙂I have had slight pain or discomfor
- 😐I have had moderate pain.or discomfort
- ☹️I have had severe pain or discomfor
- 😩I have had extreme pain or discomfort



10. Did the treatment improve your health?

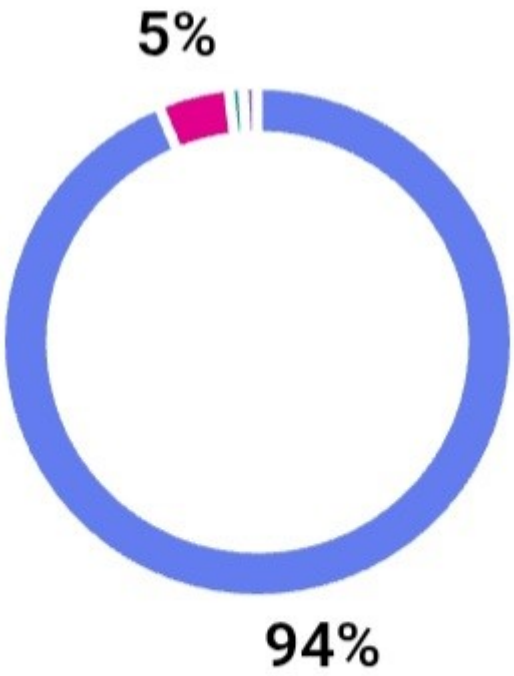
More details



11. relationships with my family

More details

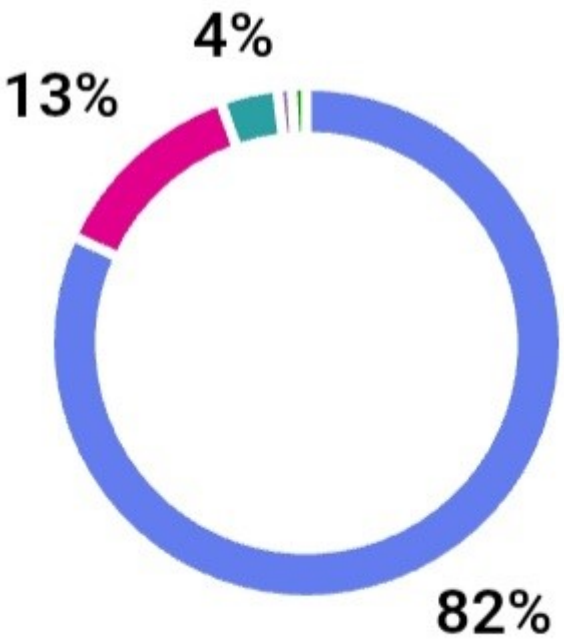
- 😁I have had no difficulty in keeping relationships with my family.
- 🙂I have had some difficulty in keeping relationships with my family.
- 😐I have had much difficulty in keeping relationships with my family.
- ☹️I have been unable to keep relationships with my family.



12. Anxiety or Depression

More details

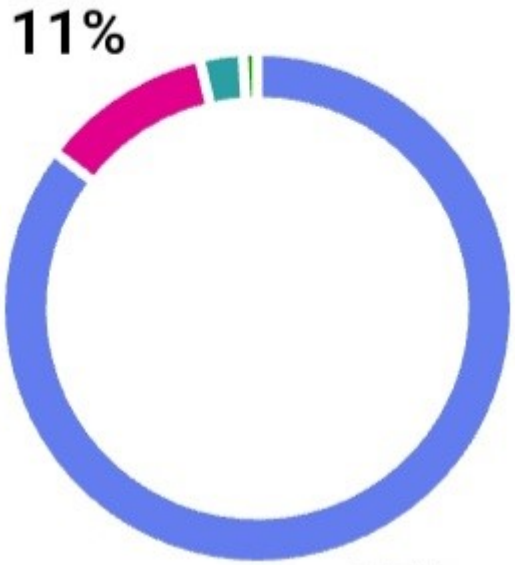
- 😁I have never been depressed or anxious
- 🙂I have slightly been depressed or anxious
- 😐I have moderately been depressed or anxious
- ☹️I have severely been depressed or anxious
- 😩I have always been depressed.



6. Mobility (Walking, Climbing Staircase)

More details

- 😁I have had no difficulty in walking about.
- 🙂I have had slight difficulty in walkin about.
- 😐I have had moderate difficulty in walking about.
- ☹️I have had severe difficulty in walking about.
- 😩I have been unable to walking about.



14. How likely are you to recommen
this doctor to a friend or colleague?

More details

Promoters

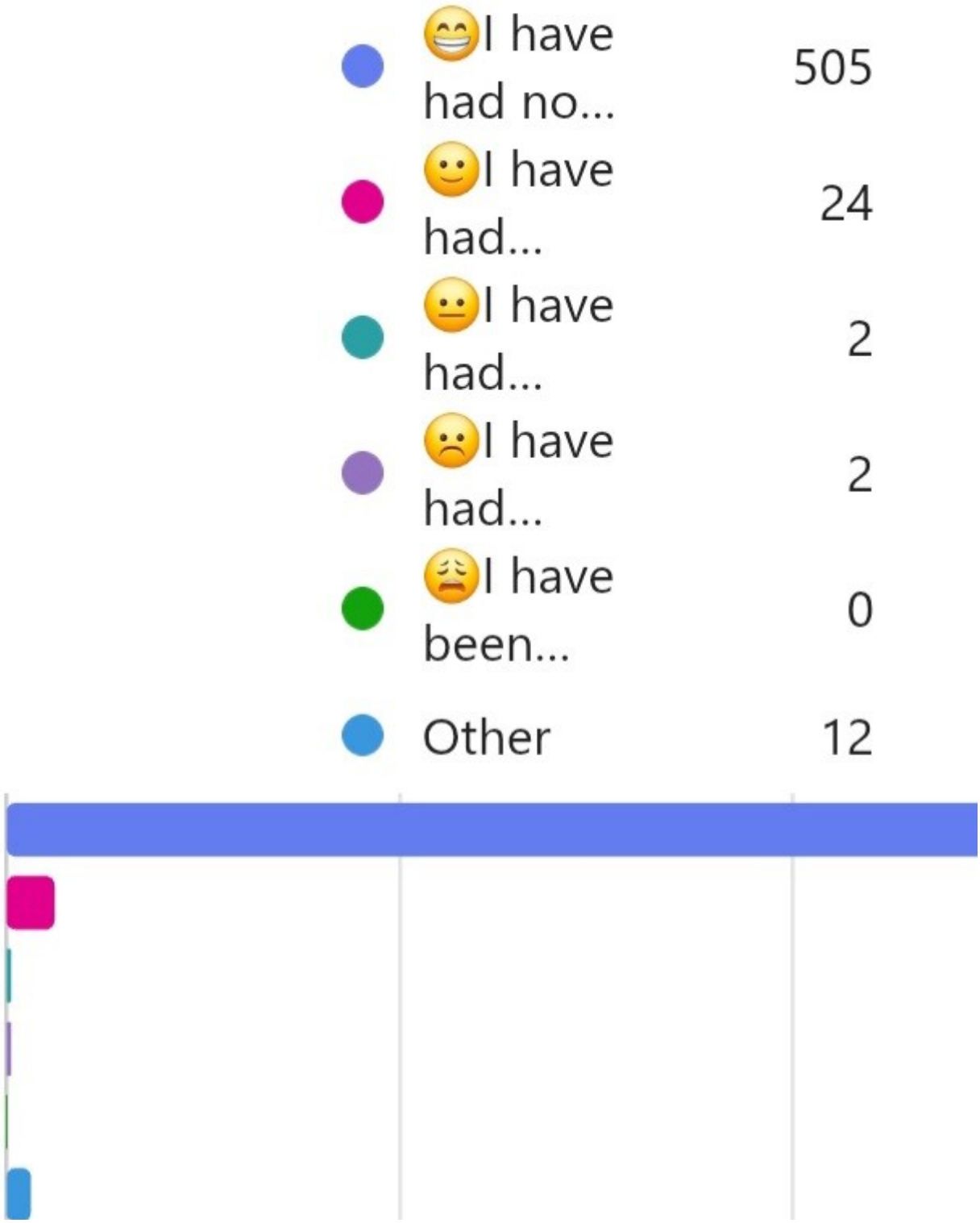
Passives

Detractors

We have also measured PROMs and PREMs for outpatient departments as well

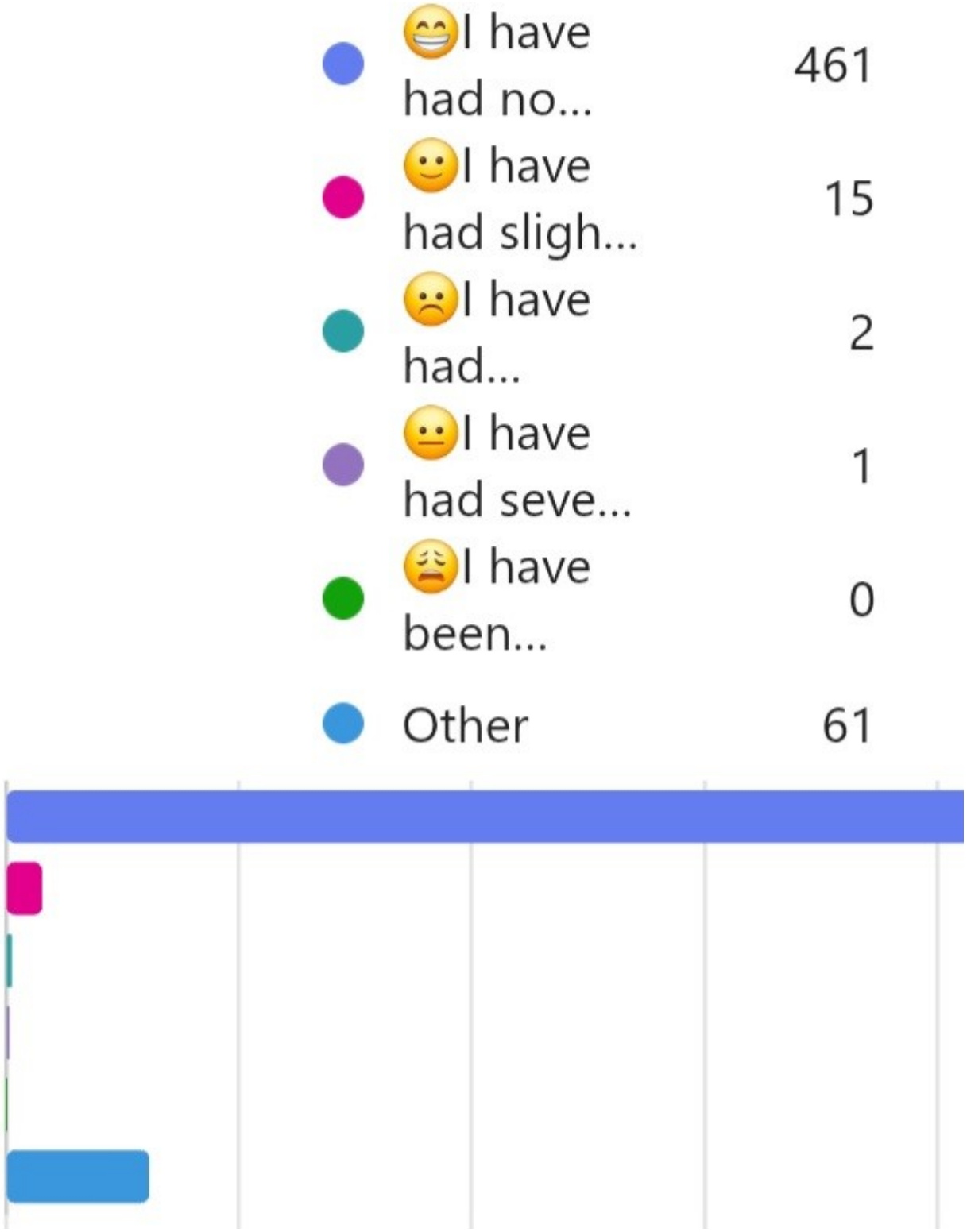
7. Mobility (Walking, Climbing Staircase)

More details



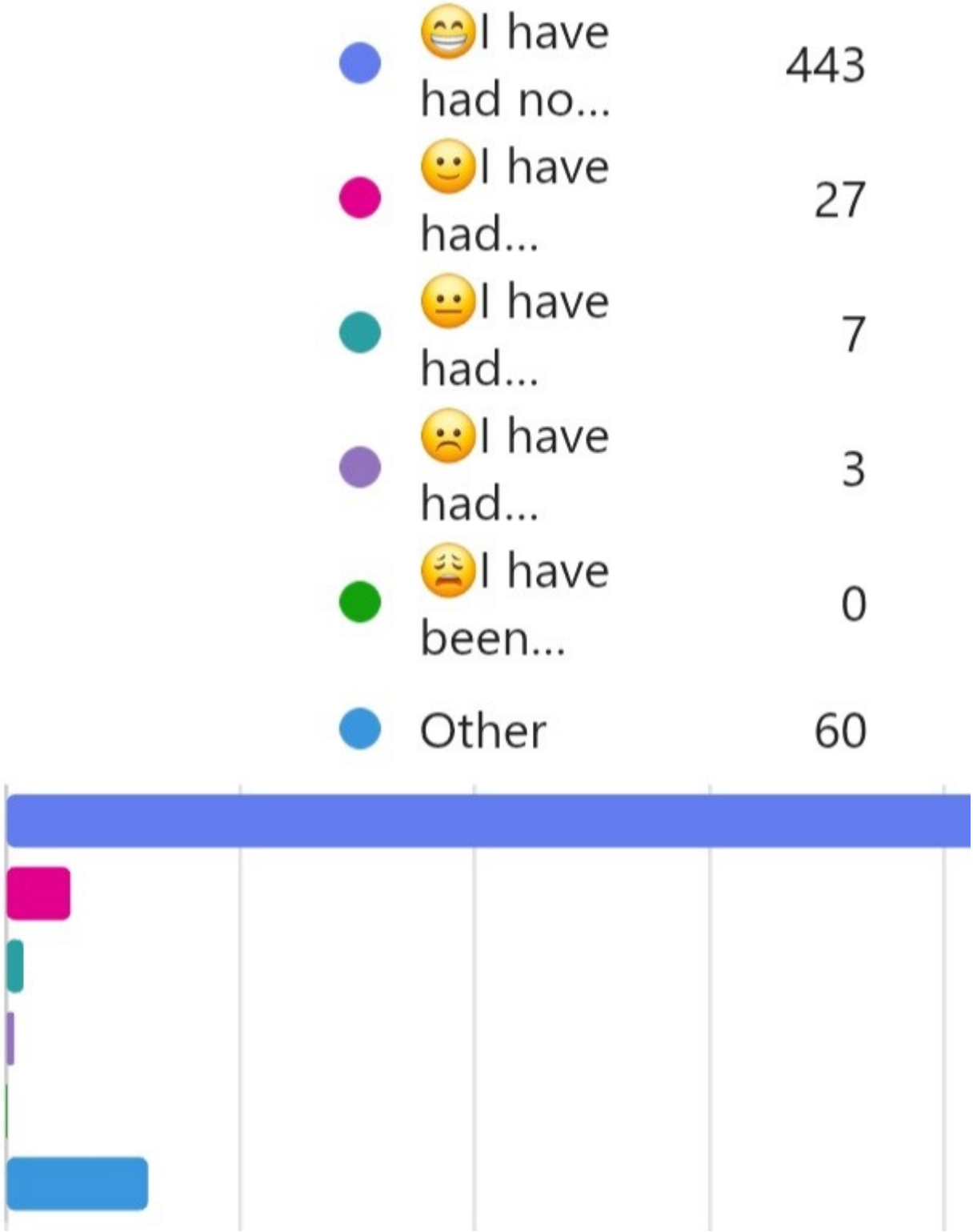
8. Self-Care

More details



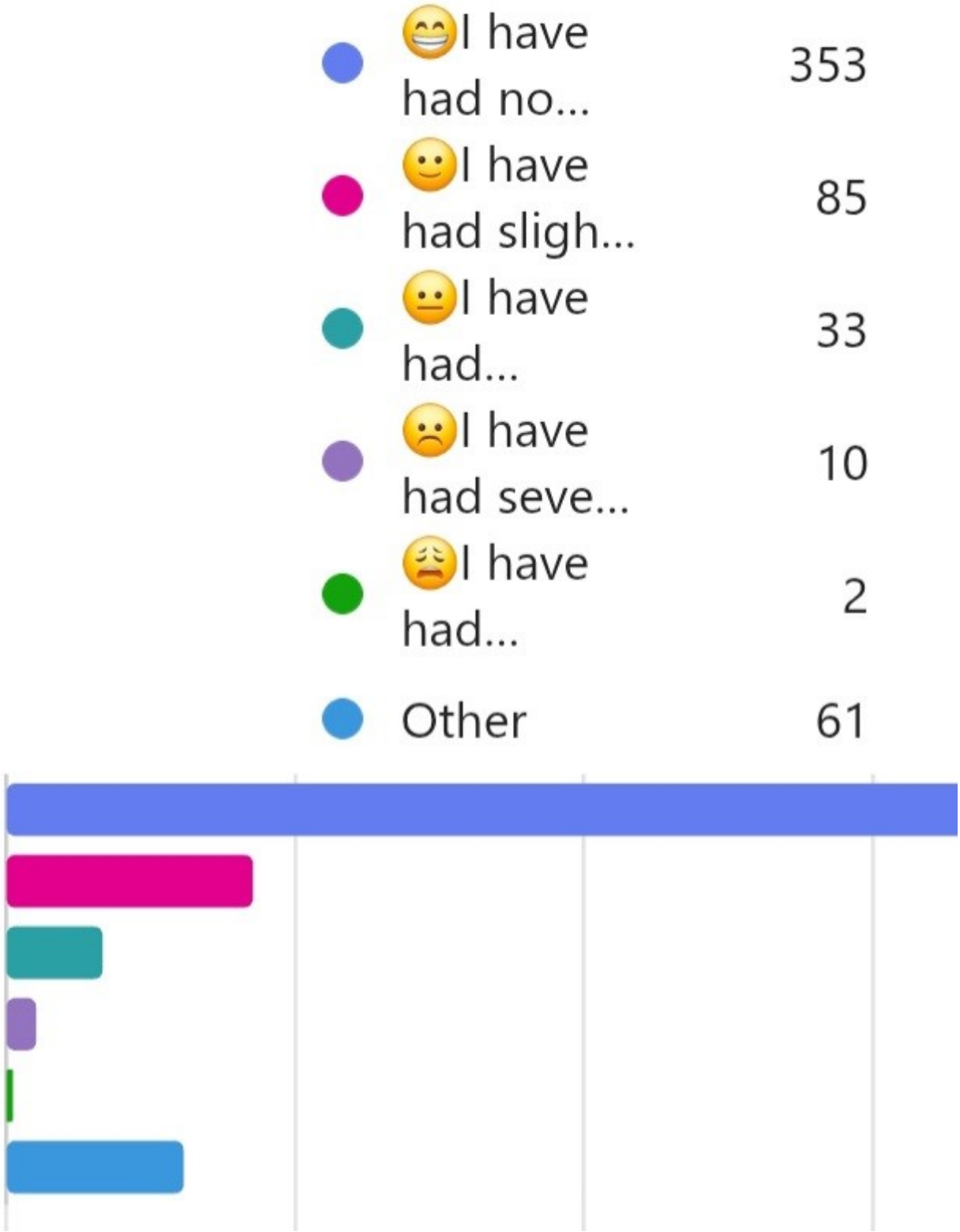
9. Usual Activities (Work,Housework Family or Leisure activities)

More details



10. Pain or Discomfort

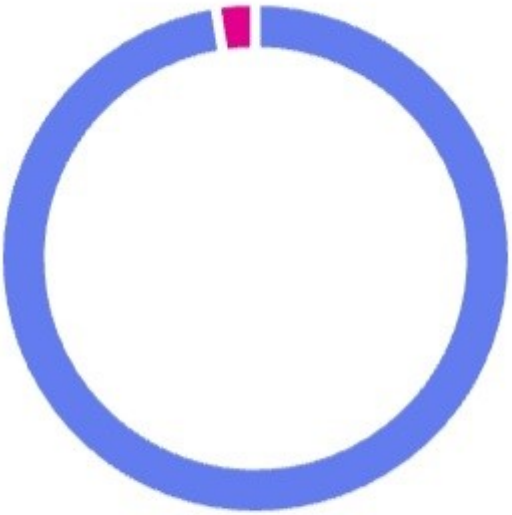
More details



11. Did the treatment improve your health?

More details

Yes	468
No	12

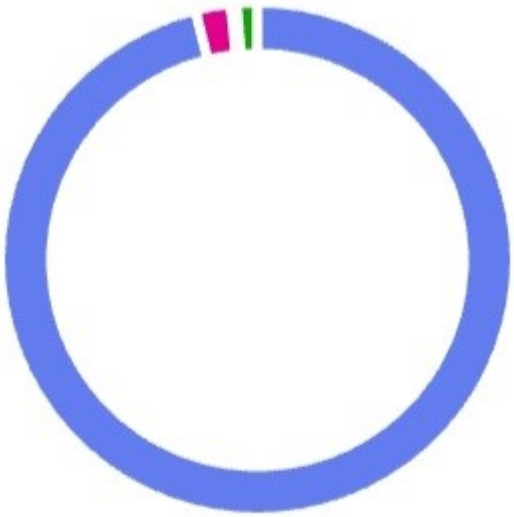


98%

12. relationships with my family

More details

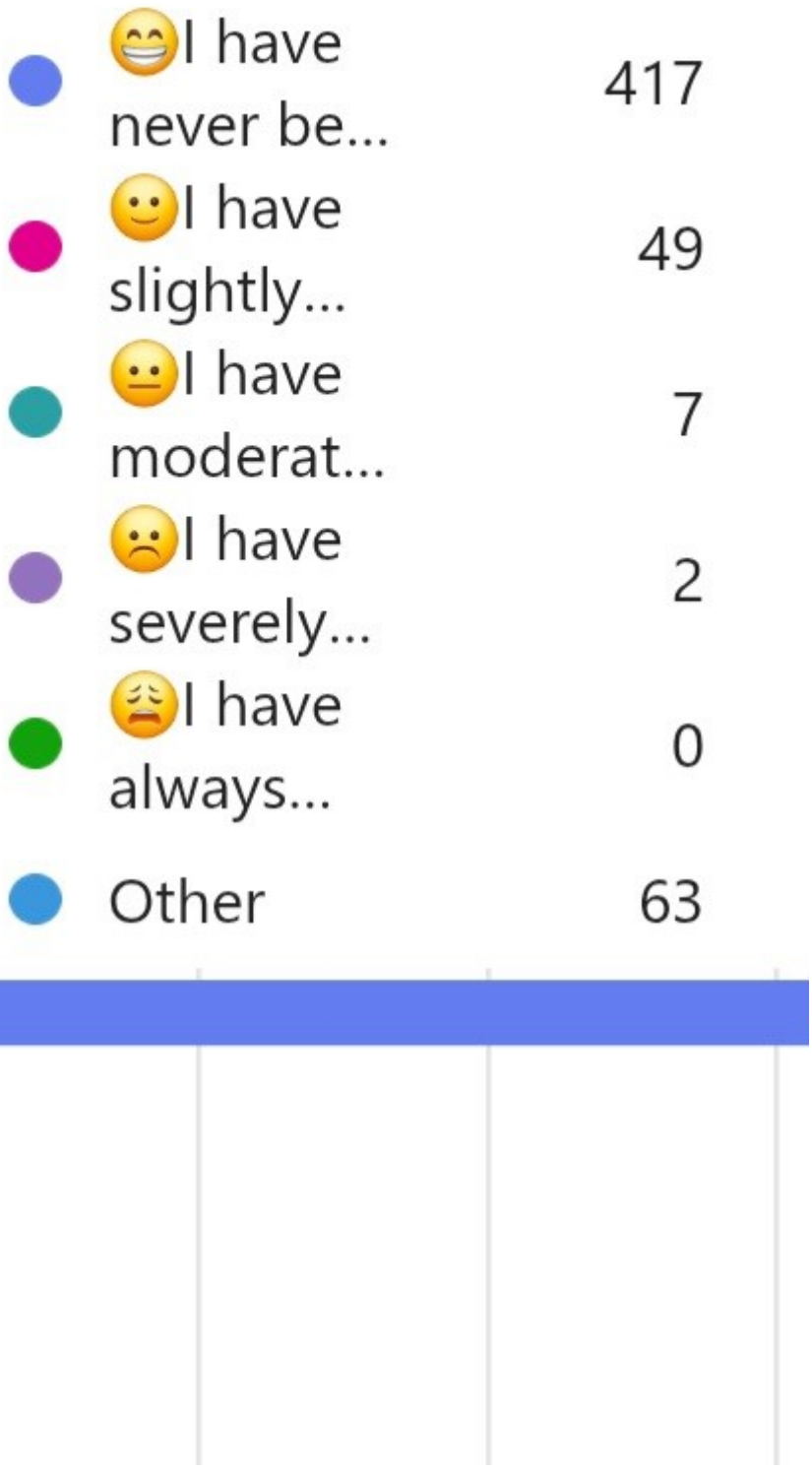
- 😁I have had no difficulty in keeping relationships with my family.
- 🙂I have had some difficulty in keeping relationships with my family.
- 😐I have had much difficulty in keeping relationships with my family.
- ☹️I have been unable to keep relationships with my family.
- Other



96%

13. Anxiety or Depression

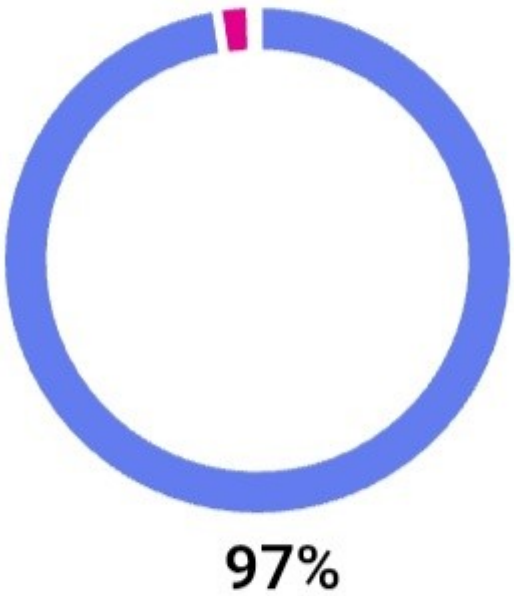
More details



14. Did you feel heard, respected an supported during your care?

More details

Yes	495
No	11
Maybe	2



15. How likely are you to recommen

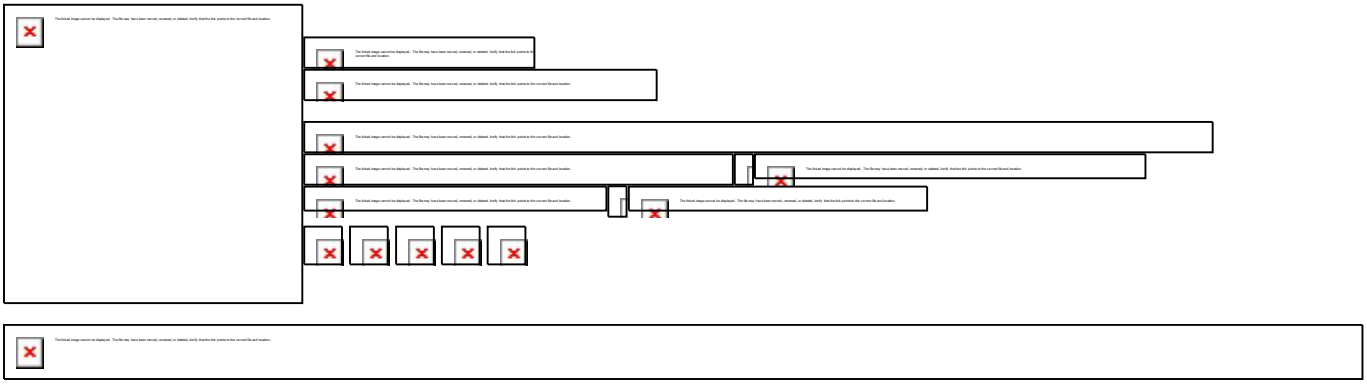
We see areas of improvement in:

Enhancing collection of responses from patients in the outpatient department

Increase the collection of responses upon discharge

Addressing anxiety and depression

Enhance NPS for inpatient departments

Thank you

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