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Erratum

Erratum to “Identification of patient’s requirements in quality management system implemented in health care institutions” [Rep Pract Oncol Radiother 17 (2012) 50–53]

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The Publisher would like to point out that the above paper was published without the necessary appendices. The Publisher sincerely apologises for this omission. The missing appendices are below:

Appendix A.

Sample electronic questionnaire for patients of the Greater Poland Cancer Centre
Dear Patient,

Please, be so kind as to spare a few minutes of your time to answer the below questions. They survey is aimed to improve your safety and health care level in our hospital.

The available answers are rated on a 1 to 5 scale, where:

- 1- Insufficient
- 2- Sufficient
- 3- Good
- 4- Very Good
- 5- Excellent

NOTE!

Please, evaluate all items of the survey, including sub-sections.

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Admission to hospital:

1 General registration service

	1	2	3	4	5
• was polite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• was helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• was ready to provide assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• language was clear and easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• patient registration was fast and efficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My comments:

text box for approx. 300 characters, repeated under all sections marked "My comments"

2. I used phone registration yes no

if not, further part of this section is inactive

3. Phone registration service:

	1	2	3	4	5
• was polite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• was helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• was ready to provide assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• language was clear and easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• patient registration was fast and efficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- directions on how to get to the clinic were sufficient
- connection with the Registration was easy

YES NO
YES NO

several attempts

after

Helpdesk

4. I used the Helpdesk service YES NO

if not, further part of this section is inactive

5. Helpdesk service:

	1	2	3	4	5
• was polite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• was helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• was ready to provide assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• language was clear and easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• patient registration was fast and efficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. I used the Telephone Helpdesk YES NO

if not, further part of the section is inactive

7. Telephone Helpdesk

	1	2	3	4	5
• was polite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• was helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• was ready to provide assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• language was clear and easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• patient registration was fast and efficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

▪ connection with the Helpdesk was easy YES NO after several attempts

8. How do you rate the patient queuing system

(assignment of numbers for registration purposes)

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visit to the clinic:

I was referred to:

Radiation therapy Chemotherapy Surgical clinic other

text box

with radiation therapy selected, the "Irradiation" section of the survey is activated, otherwise it remains inactive.

9 Treating physician:

• was polite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• informed me on my health status and further treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• respected my right to privacy and personal dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 Did you receive answers from the physicians?

- Yes
- No
- I asked no questions

My comments:

Imaging diagnostics (radiology):

I received the following treatment: *multiple choice boxes*

- USG
- RTG
- CT (computer tomography)
- MR (magnetic resonance)
- Mammography
- Scyntygraphy
- n/a

if not applicable, further part of this section is inactive

- | | Yes | No |
|---|--------------------------|--------------------------|
| 11 Diagnostic examination was explained to me | | |
| 12 I was informed how to prepare for the radiation treatment, about its course and effects for the organism (reaction to the contrast, isotope, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 I consented in writing to be given a contrast medium | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 I was given enough time to consider my consent for the treatment | | |
| 15 The staff operating the diagnostic machine helped me adjust a correct position for treatment | | |
| 16 I received details on where and when I can obtain my results | | |
| 17 Staff behaviour during the diagnostic procedure was in line with my expectations | | |

My comments:

18 Staff engaged in treatment:	1	2	3	4	5
• were polite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• informed me on my health status and further treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• respected my right to privacy and personal dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. What information was missing during preparation for the diagnostic procedure?

text box

Irradiation (radiation therapy):

I was treated I was not treated

If not treated, further part of this section is inactive

I am irradiated with **multiple choice boxes**

- Clinac 1
- Clinac 2
- Clinac 3
- Clinac 4
- Theratron

- | | Yes | No |
|---|--------------------------|--------------------------|
| 20 My treatment method was explained to me | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 I understood the why this type of treatment was selected | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 I was informed about possible post-radiation reactions | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 I gave my written consent for the treatment | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 I was given adequate time to consider my consent | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Most information about the treatment was provided by: single choice | | |

- Attending physician
- Radiotherapy technician (machine operator)
- Nurses
- Other person: **text box**

- | | | |
|--|-----|----|
| 26 The staff operating the diagnostic machine helped me adjust a correct positioning for treatment | yes | no |
| 27 Staff behaviour during the diagnostic procedure was in line with my expectations | | |

	1	2	3	4	5
28 Technical staff:					
• were polite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• informed me on my health status and further treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• respected my right to privacy and personal dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. What information was missing during preparation for the diagnostic procedure?

My comments: **text box**

Laboratory diagnostics:

I was treated I was not treated

If not treated, further part of this section is inactive

30 It was easy for me to find the Material Collection Point (blood, urine).

Yes

No

31 Service was nice, polite and open.

Yes

No

32 Staff used gloves while performing blood tests.

Yes

No

I am not sure

My comments:

Psychological assistance:

33 I was offered psychological assistance.

Yes

No

Yes, but I refused to use it

Other:

34 I participated in concerts organised by the Centre yes no

35 I participated in movie shows organised by the Centre

36 I used the Centre library yes no

37 When I feel good enough I spend my time in the conservatory

38 I took part in other extra activities organised by the Centre

text box

General:

	1	2	3	4	5
39 How would you rate the cooperation of physicians, nurses and other staff as:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 How would you rate the quality of the Centre services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 I was happy with the treatment conditions in the Centre, i.e.:	1	2	3	4	5
• temperature in rooms,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• lighting,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• cleanness of the waiting room,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• availability of the changing room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My comments:

4 2	During my stay in the Centre I had access to information on:	Yes	No
	▪ patient rights,	<input type="checkbox"/>	<input type="checkbox"/>
	▪ possibilities and receiving authorities for complaints and grievances,	<input type="checkbox"/>	<input type="checkbox"/>
	▪ health care indications (after treatment, examination, etc.),	<input type="checkbox"/>	<input type="checkbox"/>
	▪ working hours (clinic, diagnostic units),	<input type="checkbox"/>	<input type="checkbox"/>
	▪ information brochures	<input type="checkbox"/>	<input type="checkbox"/>

4 The Centre respects patient personal dignity during examinations and
3 treatment

44 Things missing in the hospital: *multiple choice boxes*

- Information guides on *text box*
- Hospital layout maps
- Hospital access maps
- Information brochures on *text box*
- Cafe/bar
- ATM
- Other *text box*

45 The Centre website provides patients with sufficient information yes no
if not - the following question is activated

46 The website does not include information on:
text box

For statistical purposes, please give the following details:

Age:

- between 18 - 29
- between 30 - 39
- between 40 - 49
- between 50 - 59
- between 60 - 69
- over 70

Gender:

female male

Education:

basic

vocational

secondary

high

other

I was/am a patient of the:

clinic

department

clinic and department

other *text box*

All questions in this survey have been clear to me: yes no

if not, a text box appears

Please, indicate which questions were not clear to you and why?

Your opinion may contribute to better legibility of this form.

text box

Appendix B.

Comments and complaints from at www.wco.pl

Name and surname:

E-mail:

Subject:

Message content:

0/500

**Rewrite the code
from the image:**



Appendix C.

Model of patient satisfaction survey

