

# PATIENT FEEDBACK

Dear Patient,

We trust that your stay at Sydney Adventist Hospital has been comfortable. We would appreciate if you could complete this survey to assist us in our goal to continually improve the services we provide. Your compliments and concerns are of vital importance to us.

Thank you for helping us serve you better

**WARD/AREA** ..... **NAME** (OPTIONAL).....

**OVERALL RATINGS**

	Excellent	Good	Fair	Poor	Very Poor	Does Not Apply	Comments
What is your overall opinion of:							
Sydney Adventist Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Nursing Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Doctor Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Clerical Staff/Reception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Coordination of your care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Food Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Cleanliness and comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Staff Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Admission Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Discharge Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Facilities & Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....

	Yes	To some Extent	No	Does Not Apply	
Would you return to this hospital for your medical care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Would you recommend this hospital to your friends or family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Were you provided with adequate information about your treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
Overall, are you satisfied with the outcome of your medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....

Why did you choose the San? (Tick all that apply)

- Doctor's Recommendation       Reputation of Hospital       Location
- Friends or Relatives Recommendation       Insurance Requirements       Other.....

Was this your first time at this Hospital?  Yes     No     Unsure

Patient Age:     0-17     18-34     35-49     50-64     65-79     80+

Patient Sex:     Male     Female

**PLEASE TELL US**

What impressed you most?

.....  
.....

How could we improve our service?

.....  
.....

Any exceptional staff members?

.....  
.....

If you have a concern you would like to discuss with a hospital representative, please provide your name and telephone number:

Name:..... Daytime phone number:.....

Please post to:

**Quality Management Department**

Sydney Adventist Hospital

**FREE POST 6**

185 Fox Valley Road

Wahroonga NSW 2076

If you would like to contact us please email [customerfeedback@sah.org.au](mailto:customerfeedback@sah.org.au)

**THANK YOU FOR HELPING US SERVE YOU BETTER**