

St Vincent's Private Hospital Northside

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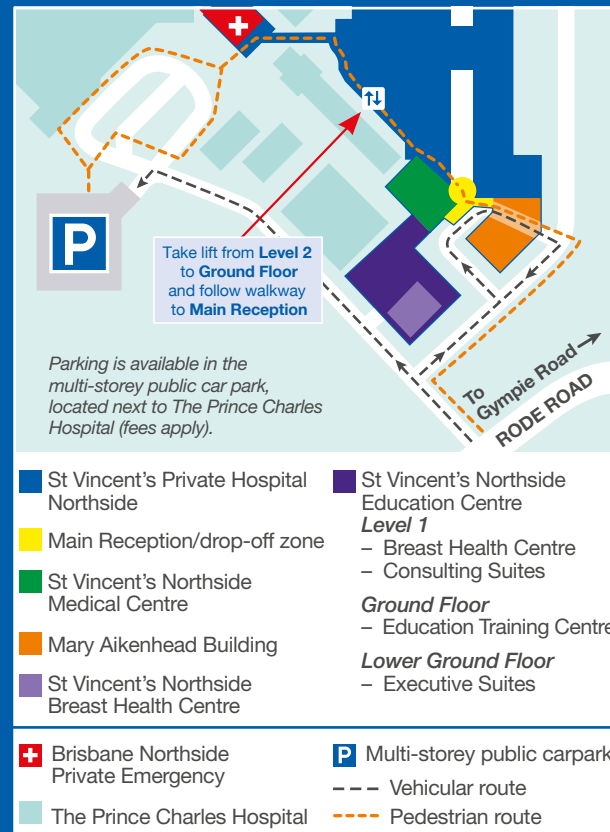
 @stvincentsprivatehospitalnorthside



Free WiFi available by connecting to WiFiHotSpot

We respect your privacy

The information we collect from this survey assists our Hospital to undertake service monitoring and quality improvement activities. We will never release any information about you to any other third party without your consent, other than in very limited circumstances (please see the 'Your privacy explained' brochure for more information).



Developed in consultation with our consumers (July 2015)

Did we meet your expectations?

It is important to us that our level of care and service meets your expectations and is in accordance with our values of *Compassion, Justice, Integrity and Excellence.*

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

J3469 V4 11/20



ST VINCENT'S PRIVATE HOSPITAL
NORTHSIDE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

Did we meet your expectations? *(please tick)*

Clinical care *above met below*

Courtesy of our nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How we involved you in your treatment and care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How we kept you informed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How we managed your pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to call bell	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physiotherapy care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discharge medication advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How we managed your discharge from our Hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advice we gave on how to care for yourself at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall care provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Hospital services *above met below*

Courtesy of our reception staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courtesy of our housekeeping staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courtesy of our food service staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food quality and taste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleanliness of our Hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your care *above met below*

Attention to your emotional, cultural and spiritual needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of information regarding your rights and responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Consent process: did you feel adequately informed prior to your treatment? yes no

Complaints process: did you feel able to voice your concerns? yes no

Would you recommend our Hospital to family and friends? yes no unsure

Details

Ward: _____

Room No. _____

Please add any additional comments/suggestions regarding our care and service.

If you wish to discuss your comments further, please include your details below and one of our Hospital staff will contact you.

Name: _____

Daytime phone: _____

Address: _____

Email address: _____

We want to address your concerns as soon as possible – so please do not wait until you are discharged to contact us. Contact our Patient Experience Manager on 07 **3326 3259** to express your concerns.

Thank you

Your feedback will assist us improve our service.

Please place your completed survey form into the box provided at Main Reception or at the nursing station.

Has a staff member provided exceptional service?

If yes, please let them know. Fill out the certificate below, and we will pass it along to them.

Recognition of

EXCEPTIONAL SERVICE

To:
Name of staff member

For:
What they did

From:
Your name – optional

