

Do you have any suggestions for improvements or feedback?

[Dotted box for suggestions]

Consumer Representative

We would value your contribution to one of our focus groups we hold bi-monthly, would you like to participate?

Yes No

If yes, what is your best contact number?

.....

Complaints or Commendations

If you have a complaint you may wish to discuss it with your Doctor, the Department Coordinator or the Director of Nursing. vFor more detailed complaints please direct correspondence to:

Chief Executive Officer
5 Farrell Street GLENELG SOUTH SA 5045
T 08 8294 5555 E reception@gchi.com.au

Further information about making a complaint can be gained from the Health and Community Services Complaints Commissioner (HCSCC) South Australia:

W www.hcsc.sa.gov.au
T 08 8226 8666 or 1800 232 007
H Monday – Friday | 9am - 5pm

We would prefer to have your name and details, but this is optional. Be assured that your comments will be treated confidentially.

Name (optional)

Date of Admission / /

Ward/Room

The Staff and Management of Glenelg Community Hospital recognise the important role our Hospital plays as a part of the local community and in the provision of services to local and regional patients.

The Hospital has always nurtured family values and continues to foster a sense of community spirit through our committed professional team.



5 Farrell Street GLENELG SOUTH SA 5045
08 8294 5555
reception@gchi.com.au
www.glenelghosp.com.au



Patient
Satisfaction
Survey



We thank you for providing us with your feedback about your stay to help us continuously improve our services.

Was your stay with us as:

- a day patient an overnight patient

1. Was the hospital paperwork easy to complete and submit?

- Yes
 Somewhat
 No

Comment:

2. Please tick if you received adequate information prior to admission about:

- What to bring
 Any fees payable
 Your admission time
 Your fasting time
 If you were a day patient, did you receive a phone call from a nurse before your admission?
 If you were a day patient, were you informed you require someone to escort you home and stay with you overnight?

Comment:

3. Were the staff polite, professional, respectful and considerate?:

- Extremely
 Quite
 Moderately
 Slightly
 Not at all

Comment:

4. Please tick if your meals were:

- Appetising
 Well presented
 Correct temperature

Comment:

5. Were you happy with the quality of care you received?

- Extremely
 Quite
 Moderately
 Slightly
 Not at all

Comment:

6. Was your accommodation clean and comfortable?

- Yes
 Somewhat
 No

Comment:

7. Was the temperature, lighting and noise acceptable during your time here?

- Extremely
 Quite
 Moderately
 Slightly
 Not at all

Comment:

8. Did the staff at the hospital explain the purpose and any potential side effects of your medication before administering it to you?

- Always
 Most of the time
 About half of the time
 Once in a while
 Never
 Not applicable

Comment:

9. When you pressed the call button or asked for assistance, did a staff member attend you promptly?

- Always
 Most of the time
 About half of the time
 Once in a while
 Never
 Not applicable

Comment:

10. How well was your pain controlled?

- Extremely well
 Quite well
 Moderately well
 Slightly well
 Not at all well
 Not applicable

Comment:

11. How well did the nurses listen to you?

- Extremely well
 Quite well
 Moderately well
 Slightly well
 Not at all well

Comment:

12. Did the nurses and doctors explain things in a way you could understand?

- Extremely well
 Quite well
 Moderately well
 Slightly well
 Not at all well

Comment:

13. Please tick if you feel adequately prepared for discharge with the following:

- Clear instruction, both verbal and written
 Aids, if required
 Follow up appointment, if required

Comment:

14. How likely are you to choose this hospital for your care in the future?

- Extremely likely
 Quite likely
 Moderately likely
 Slightly likely
 Not at all likely

Comment: