

PATIENT FEEDBACK QUESTIONNAIRE

At Mercy Hospital we are committed to providing the highest standard of care.

To achieve this we require feedback on the services we provide. Please place a ✓ in the appropriate box which best describes your experience during your hospital stay.

If you wish to make specific suggestions, please do so in the space provided. All responses will be confidential.

If you wish to make a complaint you can do so by completing the section on the back of this form or by ringing the hospital on (03) 464 0107 and speaking with the appropriate manager or email patientfeedback@mercyhospital.org.nz

Thank you for taking the time to complete this questionnaire. Please return this to Mercy Hospital in the stamped addresses envelope provided.

Were you a patient in the Day Stay Unit
or did you stay over night

PRE-ADMISSION

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

Did you receive adequate information before you came into hospital concerning:

- Your admission?

- Your discharge?

Did you feel fully informed on the treatment options prior to giving your consent?

If you wish to comment further –

INPATIENT SERVICES

Did you feel: Excellent Poor

5 4 3 2 1

Staff were welcoming and reassuring?

Staff respected your privacy and dignity?

Staff were prompt in responding to your needs?

Nurses involved you in discussions to plan and make decisions about your nursing care?

Confident in your nurses skills and knowledge?

Your pain was adequately discussed and controlled throughout your stay?

Staff provided appropriate discharge information including matters related to pain control?

Your preparation for discharge satisfactory?

You received adequate service and instructions from your physiotherapist?

Overall, how satisfied were you with

our services?

MEDICAL CONSULTANTS

	Excellent			Poor	
	5	4	3	2	1

Were you offered enough opportunity to ask and have answered any questions?

Did you receive appropriate discharge Instructions and follow-up care from your consultant?

If you wish to comment further –

RELIGION/SPRITUALITY

Were your religious/spiritual needs **Yes** **No** **N/A** adequately met?

If you wish please comment further –

Did you feel that your cultural needs **Yes** **No** **N/A**

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Patient Questionnaire



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