*To assist us in ensuring we provide a quality standard of day surgery care we would appreciate your feedback. Please read each statement and indicate how you felt about your experience at* ***Sir John Monash Private Hospital****. The information received shall be used to improve the care and service for our patients.*

**Date of Operation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Did the hospital information in the Pre Admission Booklet clearly explain what □Yes □No you were required to do to be prepared for your surgery?

If not, what could be improved?

**How would you rate the following?**

**Excellent Very Good Average Could Improve Must Improve**

Pre Admission

phone call ❑ ❑ ❑ ❑ ❑

Reception Staff ❑ ❑ ❑ ❑ ❑

Admission

Nurse ❑ ❑ ❑ ❑ ❑

Theatre staff ❑ ❑ ❑ ❑ ❑

Recovery

Staff ❑ ❑ ❑ ❑ ❑

Discharge

Information ❑ ❑ ❑ ❑ ❑

Did you see or read the patient’s rights & responsibilities available at the reception desk?

□Yes □No

Did you understand your financial consent? □Yes □No

Do you feel you were well treated during your visit? □Yes □ No

Was your privacy maintained? □Yes □No

***PLEASE TURN OVER***

Do you feel that staff are well trained and experienced? □Yes □No

Were you happy with the length of time you spent at Sir John Monash Private Hospital? □Yes □No

If no, please give details

Would you recommend Sir John Monash Private Hospital?

Yes definitely: ❑ Yes: ❑ Maybe: ❑ No: ❑

Can you think of anything that would have improved your stay at Sir John Monash Private Hospital?

Would you like to be involved with reviewing our patient information or Safety & Quality data? □Yes □No

May we contact you regarding this information? □Yes □No

Name:

Contact details:

***Thank you for your feedback.***