

Location of procedure

- Brisbane Endoscopy Services (Sunnybank)
 Chermside Day Hospital
 Wesley Hospital
 St Andrew's War Memorial Hospital
 North West Private Hospital

Name (optional): _____ Date: _____

Contact details (optional): _____

- Gastroenterology patient
 Surgical patient
 Relative/friend
 Other
 Staff

Feedback: Nursing staff

Courtesy of nursing staff	<input type="radio"/> Poor <input type="radio"/> Average <input type="radio"/> Excellent <input type="radio"/> Not applicable
Quality of care	<input type="radio"/> Poor <input type="radio"/> Average <input type="radio"/> Excellent <input type="radio"/> Not applicable
Promptness of care	<input type="radio"/> Poor <input type="radio"/> Average <input type="radio"/> Excellent <input type="radio"/> Not applicable
Quality of pre-admission information	<input type="radio"/> Poor <input type="radio"/> Average <input type="radio"/> Excellent <input type="radio"/> Not applicable
Quality of discharge information	<input type="radio"/> Poor <input type="radio"/> Average <input type="radio"/> Excellent <input type="radio"/> Not applicable

Feedback: Administration staff

Pre-admission phone courtesy	<input type="radio"/> Poor <input type="radio"/> Average <input type="radio"/> Excellent <input type="radio"/> Not applicable
Pre-admission information pack	<input type="radio"/> Poor <input type="radio"/> Average <input type="radio"/> Excellent <input type="radio"/> Not applicable
Courtesy of staff at front desk	<input type="radio"/> Poor <input type="radio"/> Average <input type="radio"/> Excellent <input type="radio"/> Not applicable
Billing process (clear and concise)	<input type="radio"/> Poor <input type="radio"/> Average <input type="radio"/> Excellent <input type="radio"/> Not applicable
Attitude/attention to your needs	<input type="radio"/> Poor <input type="radio"/> Average <input type="radio"/> Excellent <input type="radio"/> Not applicable

Additional information

Parking	<input type="radio"/> Poor <input type="radio"/> Average <input type="radio"/> Excellent <input type="radio"/> Not applicable
Overall rating of facility	<input type="radio"/> Poor <input type="radio"/> Average <input type="radio"/> Excellent

Comments/suggestions for improvement:

Action taken (staff to complete)

Is immediate action required? Yes No _____

Staff signature

Date

Action taken by:

CEO
 Director of Nursing
 Other
 Refer C.A.R. No. _____

Please place completed feedback form into the feedback box at reception or at the nurses station.