

What can we do to improve your experience?

Why did you choose SDSH? (Tick all that apply)

- GP's recommendation
- Specialist's recommendation
- Reputation of hospital
- Location
- Friends or relatives recommendation
- Insurance requirements
- Previous experience
- Other _____

Were you a patient?

- Yes No

Were you a visitor or carer?

- Yes No

Was this your first time at this Hospital?

- Yes No Unsure

Patient Age:

- 0-17 18-34 35-49
- 50-64 65-79 80+

Patient Sex:

- Male Female

Please tell us

What impressed you most?

Any exceptional staff members?

Name (optional) _____

Please give this to any reception or nursing staff or post to:

Quality Management Department
Sydney Adventist Hospital
FREE POST 6

(This form will be forwarded to SDSH)

If you require a response to a specific concern
please email customerfeedbackSDSH@sah.org.au

Thank you for helping us serve you better.

0420SDSH0623



1a Northcote Road, Hornsby NSW 2077
Telephone: 02 9480 6888 Facsimile: 02 9480 8321
Website: www.sandaysurgery.com.au
Operated by **Adventist HealthCare** Limited
ABN 76 096 452 925



**Tell us about
your visit**



San Day Surgery Hornsby



Thank you for spending time at the San Day Surgery Hornsby. As part of the Adventist HealthCare family, San Day Surgery Hornsby is a highly specialised centre with a reputation we are extremely proud of... a reputation for caring, excellence and people with genuine passion for their work.

While each of the Adventist HealthCare facilities is unique in their service offering and style, there is one thing they all have in common... their commitment to bringing our Mission to life – ‘Christianity in Action’ – in everything they do.

We are always listening and love to hear your feedback.

If you would like to tell us about our service – a suggestion for improvement or a compliment – simply complete this form and return it to any of our reception or nursing staff.

We look forward to hearing from you!

Brett Goods
Chief Executive Officer
Adventist HealthCare

Overall Ratings

What is your overall opinion of:	Excellent	Good	Fair	Poor	Very poor	Does not apply
San Day Surgery Hornsby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clerical staff/reception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admission process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities & accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes To some extent No Does not apply

During your admission were your cultural and/or special needs met?

How likely are you to return to this hospital for your medical care?
(please circle)

Extremely likely _____ Not at all likely
10 9 8 7 6 5 4 3 2 1 0

Why? _____

How likely are you to recommend this hospital to your friends and family?
(please circle)

Extremely likely _____ Not at all likely
10 9 8 7 6 5 4 3 2 1 0

Why? _____