

## 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.