

Interested in joining Consumer and Carer Council?

Would you be interested in helping us to further improve our service by joining our Consumer & Carer Council. It is a voluntary advocacy group for past and current service users, their family members and carers. It provides service users, their family members and carers with a platform to express their experience of our service that will influence Hospital policies, proposals and projects.

Please contact The Consumer and Carer Council, Saint John of God Hospital on 01 2771400 or sjog.ccc@gmail.com



Saint John of God Hospital

Saint John of God Hospital clg
Stillorgan, County Dublin

Telephone: 01 277 1400
www.stjohnofgodhospital.ie

Patient Satisfaction Survey

Your feedback is important to us

We would be very grateful if you could please take the time to complete this survey. Please assist us to continue our mission at Saint John of God Hospital to ensure we provide patient satisfaction and high quality services.

| | Excellent | Good | Average | Poor |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Helpful Attitude of Staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality of Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality of Treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Standard of Hygiene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Waiting Time for Admission | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Availability of your Team Members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical Environment / Facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friendly / Caring Approach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Catering / Meals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

We would like everyone who comes in contact with Saint John of God Hospital to experience our values and feel that they are active in everything we do and say. Please rate us on how you experience our values.

| | | | | |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Hospitality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Compassion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respect | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you feel your privacy was respected throughout your stay in hospital?

Yes No

Was the personal support you received adequate to meet your needs?

Did you receive an information pack upon admission?

During your stay, were you provided with information on the following:

(a) Names of your multidisciplinary team members

(b) Arrangements for your personal belongings, mealtimes, visiting times and visiting arrangements

(c) Verbal and written information on your diagnosis

(d) Advocacy and voluntary groups available

(e) Guidance on taking medication including any possible side-effects

Would you be willing to be treated in this hospital again?

Would you recommend this hospital to family and others?

Comments / Further suggestions:

Date:

Suite:

Thank you.

Your opinion counts.

Please drop this survey in the survey box on the suite.