

Hospice Marlborough Care Survey



Hospice Marlborough provides a high-quality specialist palliative care service to meet the growing needs of our whole community, striving to ensure the preferences of our patients, their whānau and carers are catered to.

Our services are organised around the four pillars of palliative care: physical, emotional, spiritual, and social.

In providing the support and caring attention needed, we also aim to reduce the chances of any unexpected problems happening while you are under our care, which is also part of our duty of care: legally, morally, and ethically.

Our dedication to obtaining feedback specifically from patients, their whānau and their carers on their experiences with us, helps us to improve our services and to meet the changing needs of our community.

Patient Name		Gender	
Patient Ethnicity			

If you are completing on behalf of patient, please complete your details below

I am completing on behalf of patient (please tick)	Family / Whānau <input type="checkbox"/>	Carer <input type="checkbox"/>	Friend <input type="checkbox"/>
Your Name			

Please review the following survey statements and using a scale of **1-5**, tick the box that most reflects how you felt about your experience.

Choosing **1** means you **strongly DISAGREE** with the statement.

Choosing **5** means you **strongly AGREE** with the statement.

If the statement does not apply to you, please choose **N/A** (Not Applicable). Feel free to add any comments below each statement if you would like to provide more information.

1	We were treated with dignity and respect.							
	<i>Strongly Disagree</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<i>Strongly Agree</i>	<input type="checkbox"/> N/A
	Comment:							

2	Our spiritual and cultural needs were considered.							
	<i>Strongly Disagree</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<i>Strongly Agree</i>	<input type="checkbox"/> N/A
	Comment:							

3	Information and advice from staff was clear and easily understood.							
	<i>Strongly Disagree</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<i>Strongly Agree</i>	<input type="checkbox"/> N/A
	Comment:							

4	I was included in decision-making and the planning of future care.							
	<i>Strongly Disagree</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<i>Strongly Agree</i>	<input type="checkbox"/> N/A
	Comment:							

5	Equipment supplied by Hospice Marlborough for home use was appropriate.							
	<i>Strongly Disagree</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<i>Strongly Agree</i>	<input type="checkbox"/> N/A
	Comment:							

6	I knew who to contact when I needed assistance of information.							
	<i>Strongly Disagree</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<i>Strongly Agree</i>	<input type="checkbox"/> N/A
	Comment:							

6	My worries were heard and attended to.							
	<i>Strongly Disagree</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<i>Strongly Agree</i>	<input type="checkbox"/> N/A
	Comment:							

7	Thinking about the service you received, do you have any suggestions about how we could have improved the experience you had with Hospice Marlborough?							

If you would like to discuss any of the information provided in this form, please call us on (03) 578-9492, email us at hospice.marlbrough@mht.org.nz.

If you would prefer to discuss any concern or suggestion related or unrelated to this survey in person, please provide your name and contact details below and one of our team will be in touch with you.

All feedback provided remains confidential.

Name		Phone	
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Thank you for time and attention, we appreciate your feedback

