



St Vincents & Mercy Private

Did we meet your expectations?

It is important to us that our level of care and service meets your expectations and is in accordance with our values of Compassion, Accountability, Respect and Excellence.

Your feedback will assist us to improve our service.



Delivery Address:
Level 1
59-61 Victoria Pde
FITZROY VIC 3065



Patient Liaison Manager
St Vincents & Mercy Private
Reply Paid 83687
FITZROY VIC 3065

No stamp required
if posted in Australia



Did we meet your expectations?

Clinical

(please circle)

Courtesy of our nurses	below	met	above
How we involved you in your treatment and care	below	met	above
Information we provided to keep you informed	below	met	above
How we managed your pain	below	met	above
Response to call bell	below	met	above
How we managed your discharge (or transfer) from hospital	below	met	above
Advice we gave on how to care for yourself at home	below	met	above
Overall care provided	below	met	above

Hospital

Cleanliness of our hospital	below	met	above
Courtesy of our housekeeping staff	below	met	above
Food	below	met	above
Courtesy of our food service staff	below	met	above
Hospital facilities	below	met	above
Courtesy of our Reception staff	below	met	above

You

Attention to your emotional, cultural and spiritual needs	below	met	above
How we demonstrated concern for your privacy	below	met	above
Information we provided on your rights and responsibilities eg. brochures	below	met	above
Information we provided on how to voice a complaint eg. brochures	below	met	above
Will you recommend St Vincents & Mercy Private to others?	yes	no	
Are you a maternity patient?	yes	no	
Are you a patient of the Department of Veterans Affairs?	yes	no	

If you have any serious concerns, please direct them to the Nurse Unit Manager or alternatively you may ask to speak to someone other than staff in your ward: Patient Liaison Manager or Hospital Co-ordinator.

St Vincents & Mercy Private
Phone: (03) 9411 7111

Vimy Private
Phone: (03) 9851 8888

St Vincents Private Mercy Private Vimy Private

Hospital Floor or Room Number _____

Please add any comments or suggestions about our care and service:

Would you like to discuss your comments further? yes no

Name _____

Contact Telephone Number (Daytime) _____

Home Address _____

Thank you

Please seal and return either to the nurses station on your ward, front reception desk on discharge, or by post using the printed reply paid address on the back of this brochure.



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