

The suggestions I have around how you could improve my experience with Hospice Marlborough are:

Thank you for your time, your feedback is greatly appreciated.

Please do not hesitate to let us know if there is anything you would like to discuss further.

If you would like us to contact you please leave us your contact details.

Your name: _____

Phone number: _____

Email: _____



ABOUT US

Our Mission—TĀTATOU MĪHANA

We, at Hospice Marlborough, provide specialist palliative care services to our community through a highly skilled team . We are agile as a service provider and strive to meet the needs of our community. We will ensure patients and family receive empathetic quality care.

Our Values—Ō-TĀTOU UARA

We are committed to the following core values in the delivery of hospice palliative care:

*Compassion and Respect
Aroha me te Whakaute*

*Collaboration and inclusion
Mahi tahi me te Whakauru*

*Excellence and Professionalism
Te Kairangi me te Ngaiotanga.*

*Ambition and Innovation
Hao me te auaha*

Our Vision- TO MĀROU TIROHANGA

Our Marlborough community has access to specialist palliative care and can live and die with compassion, dignity, in comfort and in peace

CONTACT US

Hospice Marlborough

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PO Box 411,

Blenheim

Phone: (03) 578 9492

Email: hospice.marlborough@mht.org.nz

Website: www.marlboroughhospice.org.nz



Hospice Marlborough

Tell us
what you
think



Hospice Marlborough

Kia ora, hello patients and whānau

At Hospice Marlborough, we strive to make our service the best it can be, and we would really appreciate your help.

This is a quick survey, the information that you provide will be valuable for when we design, adapt, and deliver our care to you or your whānau.

If you prefer, you can complete this survey online by scanning the QR code below with your device.

All survey responses will be treated with the strictest confidentiality.

Nga mihi, thank you for your time in giving us your feedback.

*Nicki Kitson
Hospice General Manager*



Hospice Marlborough



Scan me

This feedback form is being completed by:

Patient

Family

Friend

Your name (optional):

Your Gender:

Your ethnicity:

Overall:

Please rate your experience on a scale from **1 to 5** or **N/A** if the question does not apply to you.

We welcome your comments if you wish to add them in the spaces provided.

My level of satisfaction:— please circle.

1 2 3 4 5 N/A

Any additional comments?

I feel that I am included in the planning of my care:

Agree

Strongly agree

Neither agree or disagree

Disagree

Strongly disagree

I feel that my worries are being heard and attended to:

Agree

Strongly agree

Neither agree or disagree

Disagree

Strongly disagree