Dear Customer.

Adventist Health Hong Kong aims to provide the very best medical services and facilities. You are important to us and we care about your comfort and the way you are treated while you are in our care.

Our hospital has designed a special program with you, the patient, in mind. Entitled SHARE, this program involves us making the following promises to you:

- S Sense people's needs before they ask
- H Help each other
- A Acknowledge people's feelings
- R Respect the dignity and privacy of others
- E Explain what is happening

We would like to know exactly what you think about our hospital, in aspects of our services, facilities, and staff. Your comments on the things you like and the areas which we can improve are of utmost importance to us.

Please take a few moments to fill out this feedback form.

Adventist Health Hong Kong is committed to excellence - not just our idea of excellence, but your ideas as well.

We thank you for choosing Hong Kong Adventist Hospital.

港安醫療一向以提供卓越的醫療服務和設施為宗旨,尤其重視 每位病人的感受和需要。為此,本院特別設立了「SHARE 與爾共享」服務標準,要求院內每位醫護人員和員工切實執行。

「SHARE 與爾共享 | 英文名稱的每個英文字母,代表了本院對 每位病人的態度和服務承諾:

「S」, 先出援手;

「H」,互助互勉;

「A」,感同身受;

「R」, 尊重私隱;

「E」,深入溝通。

為了了解大家對本院設備、員工和服務的感想,懇請撥冗完成 這份問卷。您的寶貴意見,是我們不斷進步的動力。

多謝!

President and Chief Executive Officer 院長及行政總裁

Adventist 港 Health 安

Hong Kong Adventist Hospital

香港港安醫院

SHARE //



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Performance Improvement Department Hong Kong Adventist Hospital — Stubb 40 Stubbs Road

- Stubbs Road

N-2302

與 颞 Ε

SOUNDING

○ In-patient Service 住院服務 (Unit 病房) ○ Out-patient Service 門診服務 BOARD 心聲版 Good Could be better Poor Excellent Very Good 卓越 非常好 好 需改善 欠佳 How would you rate our service? 0 0 0 0 0 您如何評價本院服務? Would you choose our service again? ○Likely 有可能 O Unlikely 不太可能 您會否再次選用本院的服務? Would you recommend this hospital to your friends and family? O Unlikely 不太可能 OLikely 有可能 您會向親友推薦本院嗎? Is there any department[s] / area[s] / staff you would like to commend? ○Yes 是 ○ No 否 你想評價個別部門/地方/職員嗎? (Optional evaluation 可選擇評價) Doctor 醫生 \bigcirc \bigcirc \bigcirc Nurse 護士 0 0 Pharmacy 藥劑部 \bigcirc \bigcirc 0 0 0 Diagnostic Imaging 診斷中心 \bigcirc 0 0 Rehabilitation 復康中心 0 0 0 0 0 \bigcirc \bigcirc \bigcirc 0 Laboratory 化驗中心 \bigcirc Registration 登記處 \bigcirc \bigcirc \bigcirc 0 Cashier 收費處 0 0 Guest Relations 貴賓部 0 \bigcirc 0 0 0 Food 膳食質素 0 Facilities 設施 \bigcirc Equipment 儀器 0 Cleanliness 清潔程度 \bigcirc \bigcirc \bigcirc 0 0 0 0 Quietness 環境寧靜 \bigcirc 0 0 \bigcirc Carpark 停車場 \bigcirc 0 ○ Yes 是 ○ No 否 Is your appointment processed in a timely manner? 您的預約是否得到及時處理? Within 15 mins Within 30 mins Within 1 hour Above 1 hour 15分鐘內 30分鐘內 1小時內 1小時以上 Out-patient consultation 診症服務 0 0 0 0 Admission 入院處 0 0 0 0 Discharge 出院處 0 0 0 Did our staff communicate with you properly? ○ Yes 有 O No 否 本院職員有否與您妥善溝通? Are there any difficulties when you access our services information? ○ Yes 有 O No 否 您在索取本院服務的資訊上有否遇到困難? Other Comments (If you need more space, please use a separate sheet.) 其他意見 (如有需要,請另加紙補充。)

Please tick the appropriate box or write in the space provided as the case may be.

請在適當空格內加上√號,或在適當位置寫上答案和意見。

COMMENTS AND SUGGESTIONS 意見或建議

Thank you for completing this questionnaire. Personal data collected will only be used for service improvement purposes including investigation and patient liaison in accordance with the Personal Data (Privacy) Ordinance. Should you wish to withdraw this questionnaire or any part thereof, please email us at hkahinfo@hkah.org.hk and we shall cease to use your personal data in this questionnaire.

感謝閣下填寫此問卷。本院將會根據《個人資料(私隱)條例》使用 閣下的個人資料於改善服務,包括調查及病人聯絡等用途上。如欲 取消此問卷,請電郵至hkahinfo@hkah.org.hk,本院會因應閣下的 指示停用此問卷的個人資料。

Personal Data (Optional) 個人資料 (可選填)

Date 填寫日期:	
Name 姓名:	Miss / Ms / Mr / Mrs 小姐 / 女士 / 先生 / 太太
Contact Number 聯絡電話:	
Email 電郵:	
I am a 我是: ○ Patient 病人 ○ Visitor 訪客	○Doctor 醫生 ○Staff 員工

