



Feedback Form

Cultivating Healthy Communities

EWHS exists:

To Cultivate Healthy Communities, through Consumer Centred Care, for a Positive Health Experience.

THE CORE Values of EWHS

Together - We will be an effective health team

Honesty - We will be fair and straightforward

Empathy - We will deliver compassionate consumer centred care

Community - We will engage our communities

Open - We will be clear and open in all our communication

Respect - We will be respectful of everyone

Excellence - We will deliver positive health experiences

Partnering with Consumers

Why do we want your feedback - feedback can lead to improvements in safety, quality and cost effectiveness, as well as improvements in consumer and staff satisfaction.

How do you provide feedback - feedback includes listening to consumers, including consumers in decisions about their health and care, and through consumers participating in the development and review of organisational policies and processes.

What do we do with your feedback - all feedback is reviewed and reported to the Board of Management of East Wimmera Health Service, including what has been done to fix any issues raised by consumers. Your feedback assists in shaping services today and preparing EWHS for tomorrow. We cannot fix something if we do not know it is not working properly.

About You

Leave this section blank if you wish to remain anonymous

Date:

First Name

Last Name

Address

Contact Number

Email Address

Is English your first language

Yes

No

Do you require an interpreter

Yes

No

Do you identify as Aboriginal or Torres Strait Islander

Yes

No

Are you completing this form on behalf of another person

Yes

No

If Yes, who is the completing the form for?

Who is the person

What is your relationship with the person

About Your Feedback

Which campus of EWHS are you providing feedback on?

- Birchip Charlton Donald St Arnaud Wycheproof All of EWHS

Which area of EWHS are you providing feedback on?

- Acute Care Aged Care Community Health Other (please detail) _____

Tell us about your time at EWHS

What would you like to feedback to us?

When did it occur?

Who was involved? (If applicable)

What would you like to see happen with your feedback?

Completed forms can be given to any staff member, left at Reception, the Nurse's Office or sent by mail to the CEO, PO Box 31, St Arnaud 3478.

Further enquiries can be made to Trevor Adem, CEO on 5477 2132 or trevor.adem@ewhs.org.au.

Independent Complaint Agencies

Health Services Commissioner
Ph. 1300 582 113
<http://www.health.vic.gov.au/hsc/>

Aged Care Complaints Scheme
Ph. 1800 550 552
<http://www.dss.gov.au/>

