

7 October 2016

Natalie Wilson

By email: fyi-request-4540-df825aae@requests.fyi.org.nz

REF: OIA-1639

Dear Ms Wilson

Response to OIA request

Thank you again for your request for official information transferred to NZ Health Partnerships from Southern District Health Board on 9 September 2016. Your request was as follows:

"Commissioner Richard Thomson stated that 'a survey of SDHB patients showed satisfaction with meals in July was over 90%' (ODT 3 Sept 2016). I would like to request to see the results of that survey and a copy of the questionnaire to determine:

What questions were asked?

Who asked the questions?

How many patients were asked for their feedback?"

See below the results of the Southern DHB survey for July 2016.

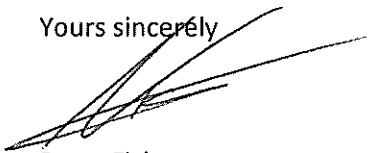
Hospitals surveyed	Dunedin and Southland
Sample Size	118
Satisfied (%)	90.7%
Milestone Target (%)	75%

The "satisfied" percentage was calculated on the number of patients who rated their overall meal quality as okay, good or very good. Please see a copy of the questionnaire attached.

Your rights

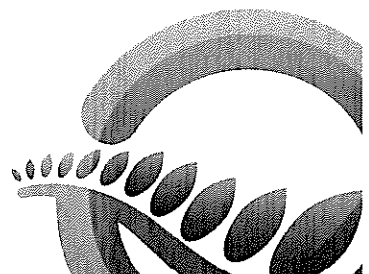
Please note that under section 28(3) of the OIA, you have the right to complain to the Ombudsman and to seek an investigation and review of this decision. Email: info@ombudsman.parliament.nz

Yours sincerely



Steve Fisher






General Manager, Engagement and Communications









Food Service Survey for Patients

Hospital:	Ward:	Date:
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We want to make sure you enjoy your meals in hospital and get quality food and drinks to help you recover. Your feedback is important and will help us to improve our services. All of your answers are anonymous and completing this survey will not impact the service you get in any way.

<i>Please tick the appropriate square</i>	Very Good 	Good 	Okay 	Poor 	Very Poor 
How do you rate the overall quality of our food service?	5	4	3	2	1
Is there anything you would like to tell us about the food service?					

Please rate the following elements of our Food Service

<i>Please tick the appropriate square</i>	Very Good 	Good 	Okay 	Poor 	Very Poor 
Variety of food choices on the menu.	5	4	3	2	1
Accuracy of the meals served.	5	4	3	2	1
Appearance of your meals.	5	4	3	2	1
Taste of your meals.	5	4	3	2	1
Size of your meals.	5	4	3	2	1
Temperature of the hot food.	5	4	3	2	1
Temperature of the cold food.	5	4	3	2	1
Service provided by the food service staff.	5	4	3	2	1

Are you on a special diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type of special diet are you on?	
How long have you been in hospital?	Days
What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
What is your age range?	What is your ethnicity?
<input type="checkbox"/> ≤ 18	<input type="checkbox"/> New Zealand European <input type="checkbox"/> Māori
<input type="checkbox"/> 19-30	<input type="checkbox"/> Cook Island Maori <input type="checkbox"/> Samoan
<input type="checkbox"/> 31-60	<input type="checkbox"/> Tongan <input type="checkbox"/> Niuean
<input type="checkbox"/> 61-79	<input type="checkbox"/> Chinese <input type="checkbox"/> Indian
<input type="checkbox"/> ≥ 80	<input type="checkbox"/> Other.....
<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Prefer not to say

Thank you for your time and feedback
Food Service Manager, Medirest

