



<Barcode>
 <Title> <First Name> <Last Name>
 <Address Line 1>
 <SUBURB> <STATE> <POSTCODE>

Date

Dear <First Name> <Last Name>

Your feedback about your hospital experience is important

I am writing to invite you to provide feedback about your recent visit to the emergency department at [HOSPITAL NAME] during [MONTH]. Please take this opportunity to tell us about the care you received. Your feedback will be used to improve health services for future patients.

The questionnaire is easiest to complete online. Once you start the questionnaire online, it is possible to return later to complete it. Please visit the web address below and log in with the following unique username and password.



Visit survey.ipsos.com.au/patientsurvey

Username [INS_UNAME]

Password [INS_PWORD]

If you prefer to complete the attached paper questionnaire, please remove this covering letter before placing the completed questionnaire in the enclosed Reply Paid envelope.

Your information will be treated confidentially. The hospital staff who cared for you will not know whether you have completed the questionnaire and will not be able to see your responses.

If you have any questions or need help filling in the questionnaire, please contact the toll-free Patient Survey Helpline on **1800 220 936** (Monday to Friday, 9am–8pm), or email your questions to **NSWPatientSurvey@ipsos.com** (include your username [INS_UNAME] in the subject line).

For information about the survey program and to see how your local hospital is performing, visit the Bureau of Health Information website at **bhi.nsw.gov.au**

Thank you very much for your time helping to improve NSW Health services.

Yours sincerely

Dr Diane Watson

Chief Executive

Bureau of Health Information



HOW TO COMPLETE THE QUESTIONNAIRE

This questionnaire is about your recent experience as an emergency department patient in the hospital named on the previous page. If you have been to the emergency department more than once during the month specified on the previous page, please answer about your most recent experience.

For each question, please use a blue or black pen to mark the box next to the answer you choose.

Sometimes you will find the box you have marked has an instruction to go to another question.

By following the instructions you will be able to move past questions that do not apply to you.

If you would prefer not to answer individual questions, leave them blank but please complete the rest of the questionnaire.

If you make a mistake or wish to change a response, simply fill in that box and mark the correct box like this:

If someone is helping you to complete the questionnaire, please ensure the answers given are from your point of view, and not the opinion of the person helping you.

SOME QUESTIONS AND ANSWERS

Why does the Bureau of Health Information carry out the survey?

The survey gathers information about your experience of health services. The results of this questionnaire are provided to NSW Health and reported online, to help guide improvements in how these services are provided. By completing the questionnaire, you are helping to improve health services in NSW.

Why have I been sent a questionnaire?

You have been sent this questionnaire because you were a patient in an emergency department in NSW.

What happens to my questionnaire responses?

Your questionnaire responses will be de-identified and analysed with responses from other people who completed the questionnaire. This data are then provided to NSW Health and local hospitals to help them to improve health services. This information is also available online at bhi.nsw.gov.au

Your responses will be treated in the strictest confidence and no identifying information will be given to NSW Health, the hospital or health service you attended, your doctor or other health providers unless required by law.

Whether or not you respond to the questionnaire will not affect any future care you may receive.

How do I get more information about this questionnaire?

Please contact the toll-free **Patient Survey Helpline** on **1800 220 936** (Monday to Friday, 9am–8pm, excluding public holidays).

How is my privacy protected?

Your privacy is protected by legislation. Ipsos has been provided with your name and address by NSW Health for the purpose of sending you this questionnaire only, and will keep your contact details confidential.

After all questionnaires are processed, identifying information is destroyed and Ipsos is no longer able to identify the responses you provided.

You can get more information about privacy and confidentiality by calling the toll-free **Patient Survey Helpline** or at the following website:

www.bhi.nsw.gov.au/nsw_patient_survey_program/privacy

How do I make a formal complaint about my experience at the hospital?

Please contact the hospital directly.

Alternatively, you can get more information about your options at the following website:

www.health.nsw.gov.au/patientconcerns



Q1 What was your main form of transport to the emergency department (ED)?

- Private motor vehicle (car, motorbike, van)
- Ambulance Go to Q4
- Public transport Go to Q3
- Other

Q2 Was there a problem in finding a parking place near the ED?

- Yes, a big problem
- Yes, a small problem
- No problem
- I did not need to park

Q3 Was the signposting directing you to the ED of the hospital easy to follow?

- Yes, definitely
- Yes, to some extent
- No

ON ARRIVAL

For the following questions, please think about when you first arrived at the ED.

Q4 Were the ED staff you met on your arrival polite and courteous?

- Yes, definitely
- Yes, to some extent
- No
- Don't know/can't remember

Q5 Did the ED staff you met on arrival give you enough information about what to expect during your visit?

- Yes, completely
- Yes, to some extent
- No
- Don't know/can't remember

Q6 Did the ED staff you met on arrival tell you how long you would have to wait for treatment?

- Yes
- No Go to Q8
- I didn't need to wait for treatment Go to Q10
- Don't know/can't remember Go to Q8

Q7 Was the waiting time given to you by the ED staff you met on arrival about right?

- Yes
- No, I waited less time
- No, I waited longer
- Don't know/can't remember

Q8 Did you experience any of the following issues when in the waiting area?

Please all the boxes that apply to you

- I couldn't find somewhere to sit
- The seats were uncomfortable
- I did not feel safe
- It was too noisy
- It was too hot
- It was too cold
- There were bad or unpleasant smells
- No, I did not experience these issues
- I did not spend time in the waiting area Go to Q10

Q9 How clean was the waiting area in the ED?

- Very clean
- Fairly clean
- Not very clean
- Not at all clean



TRIAGE – THE INITIAL ASSESSMENT

Q10 From the time you first arrived at the ED, how long did you wait before being triaged by a nurse – that is, before an initial assessment of your condition was made?

- I was triaged immediately
- 1-15 minutes
- 16-30 minutes
- 31-59 minutes
- 1 hour to under 2 hours
- 2 hours or more
- I did not see a triage nurse
- Don't know/can't remember

Q11 Did you stay until you received treatment?

- Yes Go to Q13
- No, I left before receiving treatment

Q12 Why did you leave the ED before receiving treatment?

Please all the boxes that apply to you

- I decided to see a general practitioner (GP)
- I decided to go to another hospital
- I did not feel comfortable waiting in the ED
- The waiting time was too long
- I decided I no longer needed emergency treatment for my condition
- Other
- Don't know/can't remember

If you left before receiving treatment, please go to the 'overall' section, on page 9, Q63.

Q13 After triage (initial assessment), how long did you wait before being treated by an ED doctor or nurse?

- I was treated immediately Go to Q15
- 1-10 minutes
- 11-30 minutes
- 31-59 minutes
- 1 hour to under 2 hours
- 2 hours to under 4 hours
- 4 hours or more
- Don't know/can't remember

Q14 While you were waiting to be treated, did ED staff check on your condition?

- Yes
- No, but I would have liked them to check
- No, but I did not need them to check
- Don't know/can't remember

YOUR TREATMENT AND CARE

Q15 Did the ED health professionals introduce themselves to you?

- Yes, all of them introduced themselves
- Some of them introduced themselves
- Very few or none of them introduced themselves
- Don't know/can't remember

Q16 Did the ED health professionals explain things in a way you could understand?

- Yes, always
- Yes, sometimes
- No

Q17 Did you have enough time to discuss your health or medical problem with the ED doctors?

- Yes, definitely
- Yes, to some extent
- No
- I wasn't treated by a doctor
- Don't know/can't remember

Q18 During your ED visit, how much information about your condition or treatment was given to you?

- Not enough
- The right amount
- Too much
- Not applicable to my situation

Q19 Were you involved, as much as you wanted to be, in decisions about your care and treatment?

- Yes, definitely
- Yes, to some extent
- No
- I was not well enough to be involved
- I did not want or need to be involved

Q20 If your family members or someone else close to you wanted to talk to the ED staff, did they get the opportunity to do so?

- Yes, definitely
- Yes, to some extent
- No, they did not get the opportunity
- Not applicable to my situation
- Don't know/can't say

Q21 How much information about your condition or treatment was given to your family, carer or someone else close to you?

- Not enough
- Right amount
- Too much
- It was not necessary to provide information to any family or friends
- Don't know/can't say

Q22 Were you able to get assistance or advice from ED staff for your personal needs (e.g. for eating, drinking, going to the toilet, contacting family)?

- Yes, always
- Yes, sometimes
- No
- I did not need assistance or advice

Q23 How would you rate how the ED health professionals worked together?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor

Q24 Did you have confidence and trust in the ED health professionals treating you?

- Yes, definitely
- Yes, to some extent
- No

Q25 Were the ED health professionals polite and courteous?

- Yes, always
- Yes, sometimes
- No

Q26 Overall, how would you rate the ED health professionals who treated you?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor

Q27 Did you ever receive contradictory information about your condition or treatment from the ED health professionals?

- Yes
- No

Q28 Were the ED health professionals kind and caring towards you?

- Yes, always
- Yes, sometimes
- No

Q29 Did you feel you were treated with respect and dignity while you were in the ED?

- Yes, always
- Yes, sometimes
- No

Q30 Were you given enough privacy during your visit to the ED?

- Yes, always
- Yes, sometimes
- No

Q31 Were your cultural or religious beliefs respected by the ED staff?

- Yes, always
- Yes, sometimes
- No, my beliefs were not respected
- My beliefs were not an issue

Q32 Did you have worries or fears about your condition or treatment while in the ED?

- Yes
- No Go to Q34

Q33 Did an ED health professional discuss your worries or fears with you?

- Yes, completely
- Yes, to some extent
- No

Q34 In your opinion, did the ED nurses who treated you know enough about your care and treatment?

- Yes, always
- Yes, sometimes
- No
- I wasn't treated by a nurse
- Don't know/can't remember

Q35 Were you ever in pain while in the ED?

- Yes
- No Go to Q37

Q36 Do you think the ED health professionals did everything they could to help manage your pain?

- Yes, definitely
- Yes, to some extent
- No

Q37 Did you see ED health professionals wash their hands, or use hand gel to clean their hands, before touching you?

- Yes, always
- Yes, sometimes
- No, I did not see this
- Can't remember

Q38 How clean was the treatment area in the ED?

- Very clean
- Fairly clean
- Not very clean
- Not at all clean

Q39 While you were in the ED, did you feel threatened by other patients or visitors?

- Yes, definitely
- Yes, to some extent
- No

Q40 While you were in the ED, did you see or hear any aggressive or threatening behaviour towards ED staff?

- Yes, definitely
- Yes, to some extent
- No
- Don't know/can't remember

CHILDREN

This section is for people responding to this questionnaire on behalf of a child (0 to 15 years). If a child was not the patient, please go to Q44.

Q41 Were there things for your child to do (such as books, games and toys) in the ED?

- There were plenty of things for my child to do
- There were some things, but not enough
- There was nothing for my child's age group
- There was nothing for children to do
- Not applicable to my child's visit
- Don't know/can't remember

Q42 Was the area in which your child was treated suitable for someone of their age group?

- Yes, definitely
- Yes, to some extent
- No

Q43 Did the ED staff provide care and understanding appropriate to the needs of your child?

- Yes, definitely
- Yes, to some extent
- No

TESTS

Q44 During your visit to the ED, did you have any tests, X-rays or scans?

- Yes
- No Go to Q47
- Don't know/can't remember Go to Q47

Q45 Did an ED health professional discuss the purpose of these tests, X-rays or scans with you?

- Yes, always
- Yes, sometimes
- No
- Don't know/can't remember

Q46 Did an ED health professional explain the test, X-ray or scan results in a way that you could understand?

- Yes, completely
- Yes, to some extent
- No
- I was not told the results while in the ED

LEAVING THE EMERGENCY DEPARTMENT

Q47 What happened at the end of your ED visit?

- I was admitted to the same hospital Go to Q60
- I was transferred to a different hospital or healthcare facility Go to Q60
- I went home or went to stay with a friend, relative, or elsewhere

Q48 Did you feel involved in decisions about your discharge from the ED?

- Yes, definitely
- Yes, to some extent
- No, I did not feel involved
- I did not want or need to be involved

Q49 Thinking about when you left the ED, were you given enough information about how to manage your care at home?

- Yes, definitely
- Yes, to some extent
- No, I was not given enough information
- I did not need this type of information

Q50 Did ED staff take your family and home situation into account when planning your discharge?

- Yes, definitely
- Yes, to some extent
- No, staff did not take my situation into account
- It was not necessary
- Don't know/can't remember

Q51 Thinking about when you left the ED, were adequate arrangements made by the hospital for any services you needed?

- Yes, definitely
- Yes, to some extent
- No, arrangements were not adequate
- It was not necessary

Q52 Did ED staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

- Yes
- No
- Don't know/can't remember

Q53 Thinking about your illness or treatment, did an ED health professional tell you about what signs or symptoms to watch out for after you went home?

- Yes, completely
- Yes, to some extent
- No

Q54 Were you given or prescribed any new medication to take at home?

- Yes
- No Go to Q58

Q55 Did an ED health professional explain the purpose of this medication in a way you could understand?

- Yes, completely
- Yes, to some extent
- No

Q56 Did an ED health professional tell you about medication side effects to watch for?

- Yes, completely
- Yes, to some extent
- No

Q57 Did you feel involved in the decision to use this medication in your ongoing treatment?

- Yes, definitely
- Yes, to some extent
- No, I did not feel involved
- I did not want or need to be involved

Q58 Did an ED health professional tell you when you could resume your usual activities, such as when you could go back to work or drive a car?

- Yes, definitely
- Yes, to some extent
- No
- Not applicable

Q59 Did the ED staff provide you with a document that summarised the care you received (e.g. a copy of the letter to your GP or a discharge summary)?

- Yes
- No
- Don't know/can't remember

Q60 Was your departure from the ED delayed – that is, before leaving the ED to go to a ward, another hospital, home, or elsewhere?

- Yes
- No Go to Q63

Q61 Did a member of the ED staff explain the reason for the delay?

- Yes
- No

Q62 What were the main reasons for the delay?

Please all the boxes that apply to you

- I had to wait for medicines
- I had to wait to see the doctor
- I had to wait for an ambulance or hospital transport
- I had to wait for the discharge letter
- I had to wait for test results
- I had to wait for a bed in a ward
- Some other reason
- Don't know/can't remember

OVERALL

Q63 Overall, how would you rate the care you received while in the ED?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor

Q64 If asked about your experience in the ED by friends and family, how would you respond?

- I would speak highly of the ED
- I would neither speak highly nor be critical
- I would be critical of the ED

Q65 Did the care and treatment received in the ED help you?

- Yes, definitely
- Yes, to some extent
- No, not at all

Q66 In total, how long did you spend in the ED? (From the time you entered the ED until the time you left the ED to go to a ward, another hospital, home, or elsewhere)

- 1-30 minutes
- 31-59 minutes
- 1 hour to under 2 hours
- 2 hours to under 4 hours
- 4 hours or more
- Don't know/can't remember

Q67 Did you want to make a complaint about something that happened in the ED?

- No, I did not want to make a complaint
- Yes, and I did complain
- Yes, but I did not complain

Q68 Were you ever treated unfairly for any of the reasons below?

Please all the boxes that apply to you

- Your age
- Your sex
- Your ethnic background
- Your religion
- Your sexual orientation
- A disability that you have
- Marital status
- Something else
- I was not treated unfairly

Q69 Not including the reason you came to the ED, during your visit or soon afterwards, did you experience any of the following complications or problems?

Please all the boxes that apply to you

- An infection
- Uncontrolled bleeding
- A negative reaction to medication
- Complications as a result of tests or procedures
- A blood clot
- A fall
- Any other complication or problem
- None of these Go to Q72

Q70 Was the impact of this complication or problem...?

- Very serious
- Fairly serious
- Not very serious
- Not at all serious

Q71 In your opinion, were members of the hospital staff open with you about this complication or problem?

- Yes, completely
- Yes, to some extent
- No
- Not applicable, as it happened after I left

PURPOSE OF VISIT

Q72 What were your reasons for going to the ED?

Please all the boxes that apply to you

- A health professional advised me to go
- The ambulance crew decided to take me there
- The general practitioner (GP) surgery/ practice was closed
- I couldn't see a GP within a reasonable time
- My condition was serious/life threatening
- The ED provides more complete care
- My medical history is at the hospital
- It was cheaper than other options
- Other

Q73 Was your visit to the ED for a condition that, at the time, you thought could have been treated by a GP?

- Yes, definitely
- Yes, probably
- No
- Not sure

Q74 In the month before visiting the ED, did you...?

Please all the boxes that apply to you

- Visit a GP or local doctor
- Get admitted as an inpatient to hospital
- Visit an outpatient clinic
- Make an earlier visit to an ED
- None of these
- Don't know/can't remember

Q75 Before your visit to the ED, had you previously been to an ED for the same condition or something related to it?

- Yes, within the previous week
- Yes, between one week and one month earlier
- Yes, more than a month earlier
- No

Q76 In the past 12 months, how many times have you visited an ED for your own care?

Please include this visit

- 1 (this visit)
- 2-3 visits
- 4-6 visits
- 6-10 visits
- More than 10 visits

ABOUT YOU (THE PATIENT)

Please remember to answer the following questions about the patient.

Q77 What year were you born?

Write in (YYYY)

Q78 What is your gender?

- Male
- Female

Q79 What is the highest level of education you have completed?

- Not yet started school
- Still at primary or secondary school
- Less than Year 12 or equivalent
- Completed Year 12 or equivalent
- Trade or technical certificate or diploma
- University degree
- Post graduate/higher degree

Q80 In general, how would you rate your health?

- Excellent
- Very good
- Good
- Fair
- Poor

Q81 Which, if any, of the following long-standing conditions do you have (including age related conditions)?

Please all the boxes that apply to you

- Deafness or severe hearing impairment
- Blindness or severe vision impairment
- A long-standing illness (e.g. cancer, HIV, diabetes, chronic heart disease)
- A long-standing physical condition (e.g. arthritis, spinal injury or multiple sclerosis)
- A learning disability
- A mental health condition (e.g. depression)
- A neurological condition (e.g. Alzheimer's, Parkinson's)
- None of these Go to Q83

Q82 Does this condition(s) cause you difficulties with your day-to-day activities?

- Yes, definitely
- Yes, to some extent
- No

Q83 Are you a participant of the National Disability Insurance Scheme (NDIS)?

- Yes
- No
- Don't know

Q84 Which language do you mainly speak at home?

- English Go to Q87
- A language other than English

Please write in the language

Q85 Did you need, or would have liked, to use an interpreter at any stage while you were in the ED?

- Yes
- No Go to Q87

Q86 Did the ED provide an interpreter when you needed one?

- Yes, always
- Yes, sometimes
- No
- I did not need the ED to provide an interpreter

Q87 Are you of Aboriginal origin, Torres Strait Islander origin, or both?

- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both Aboriginal and Torres Strait Islander
- No

Q88 Who completed this survey?

- The patient
- The patient with help from someone else
- Someone else on behalf of the patient

Q89 The Bureau of Health Information (BHI) would like your permission to link your survey answers to other information from health records relating to you which are maintained by various NSW and Commonwealth agencies (including your hospitalisations, medical visits, ambulance transportation, medication or health registry information). Linking to your health care information for the two years before and after your visit will allow us to better understand how different aspects of the care provided by health facilities are related to the health and use of health services of their patients.

Your information will be treated in the strictest confidence. BHI will receive the linked information after your name and address have been removed. BHI will not report any results which may identify you as an individual and your responses will not be accessible to the people who looked after you.

Do you give permission for the Bureau of Health Information to link your answers from this survey to health records related to you (the patient)?

- Yes
- No

Please go to the next page to complete the final questions 

YOUR FINAL COMMENTS

Q90 What was the best part of the care you received while in this ED?

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Q91 What part of your care provided by this ED most needs improving?

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THANK YOU FOR YOUR TIME

Please remove the covering letter by tearing along the perforated line.
Return the questionnaire in the reply paid envelope provided or send it in an envelope
addressed to our survey processing centre (no stamp needed):
NSW Patient Survey, Ipsos Social Research Institute
Reply Paid 84599, Hawthorn VIC 3122

Some of the questions asked in this questionnaire are sourced from the NHS patient survey programme (courtesy of the NHS Care Quality Commission and the National Research Corporation, USA). Questions are used with the permission of each organisation.

Barcode