Development of the 2016 Outpatient Survey

Background

Before each developed survey is repeat, the Bureau of Health Information (BHI) reviews the questionnaire to ensure it is performing optimally for the collection of patient experience and outcome data. In late 2015, a review of the 2014 Outpatient Survey (OPS) questionnaire was undertaken to prepare for the fieldwork of the 2016 OPS. This document summarises the changes to the OPS questionnaire from the 2014 to 2016 survey years.

Methods

Analysis of historic OPS data

An analysis of the 2014 OPS survey data was undertaken to support the questionnaire review. This analysis determined the following for each question:

- Response patterns for each question, including rates of item non-response (not answering a question when they should have), invalid responses (selecting more than one answer to a single response question or answering a question they should have skipped past) and non-specific responses, such as ‘don’t know’, ‘can’t remember’ or ‘not applicable to me’
- Ceiling and floor effects of response categories (responses where almost all patients are very positive or very negative, with little variation between hospitals) using the scored mean, standard deviation and skewness of responses
- Correlations between questions (using the most positive response category) to understand if any questions appear to be duplicating the same aspect of care (using the Pearson method).

Approval of changes

Before finalisation of survey changes, recommendations are made and assessed at a number of levels, as follows:

1. Following the aforementioned review, the survey team at BHI compile recommendations to present to the BHI Chief Executive (CE)
2. Following the CE’s review, a revised draft questionnaire and summary of changes is provided to the survey program’s Strategic Advisory Committee (SAC)
3. When final changes are agreed upon with the SAC and signed off by the BHI CE, the questionnaire is provided to the external contractor for layout in design, printing and mailing.
### Summary of changes for the Outpatient Survey

The following table lists the changes. Rationale and evidence for the changes can be found in the following section.

<table>
<thead>
<tr>
<th>Question number (2014)</th>
<th>Question</th>
<th>Change</th>
</tr>
</thead>
</table>
| 1 | Which type of outpatient clinic did you attend? | Changed the question to 'What outpatient service did you receive?'
| | | Truncated the number of response categories from 18 and 17, removed 'Pre-admission and pre-anaesthesia' and 'Paediatric', split 'Obstetrics/Gynaecology' into two categories and changed 'Other Surgery (Adult or Child)' to 'Other surgical specialties'.
| | | Truncated response category descriptions. |
| 2 | How long have you been attending this outpatient clinic? | Changed the question to 'How long have you been attending this clinic?' (Note, the underlining was removed).
| | | Deleted the response category 'Only visited once'.
| | | Moved into a different section. |
| 3 | What was the purpose of this visit? | Made the following response category changes:
| | | Changed 'Receive test results' to 'Receive test, x-ray or scan results';
| | | Added 'Surgical procedure';
| | | Changed 'Treatment or procedure' to 'Non-surgical treatment or procedure';
| | | Deleted 'Don't know/can't remember'. |
| 4 | Were you able to get an appointment time that suited you? | Changed the response category 'I didn't have an appointment' to 'I didn't have an appointment arranged in advance'. |
| 8 | How much did your symptoms or condition stop you from carrying out your normal daily activities while you waited for this appointment? | Changed the question to 'How much did your symptoms or condition stop you from carrying out your normal daily activities (for example, eating, dressing or using the bathroom) while you waited for this appointment?'
| | | Added 'I had no symptoms' to response categories. |
| 10 | How long did it take you to travel to the clinic for this appointment? | Changed the response category 'Under 30 minutes' to 'Less than 30 minutes'. |
| 13 | At the hospital, was it easy to find your way to the clinic? | Deleted |
| 17 | How long after the appointment time did your appointment start? | Changed the question to 'How long after the scheduled appointment time did your appointment actually start?'
<p>| 19 | Were you told why and how long you had to wait? | Split into two questions: 'Were you told how long you had to wait?' and 'Were you told why you had to wait?' with Yes, No response categories instead of a 3-point scale. |</p>
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<tbody>
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<td>While in the clinic, did you receive, or see, any information about your</td>
<td>Changed the question to ‘During your visit, did you receive or see any information about how to comment or complain about your care?’</td>
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<td></td>
<td>rights as a patient, including how to comment or complain?</td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>In your opinion, were the clinic staff open with you about this</td>
<td>Added ‘Not applicable, as it happened after I left’ to response categories.</td>
</tr>
<tr>
<td></td>
<td>complication or problem?</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>Were there things for your child to do (such as books, games and toys)?</td>
<td>Deleted</td>
</tr>
<tr>
<td>44</td>
<td>Was the area in which your child was treated suitable for someone of their</td>
<td>Deleted</td>
</tr>
<tr>
<td></td>
<td>age group?</td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>Did the clinic staff provide care and understanding appropriate to the</td>
<td>Deleted</td>
</tr>
<tr>
<td></td>
<td>needs of your child?</td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>Were you given enough information about this medication?</td>
<td>Deleted</td>
</tr>
<tr>
<td>50</td>
<td>Were you told about medication side effects to watch for?</td>
<td>Changed the question to ‘During your visit, did a health professional tell you about medication side effects to watch for?’</td>
</tr>
<tr>
<td>51</td>
<td>Did the clinic give your GP enough information about your condition or the</td>
<td>Deleted</td>
</tr>
<tr>
<td></td>
<td>treatment you received?</td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>Did the health professionals at this clinic provide you with a treatment</td>
<td>Changed the question to ‘Do you have a care plan for your treatment?’</td>
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<td></td>
<td>plan for your ongoing care?</td>
<td>Added clarification: ‘A care plan is a document that sets out your needs and goals for the treatment and management of your health condition.’</td>
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<td></td>
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<td>Changed response categories to ‘Yes’, ‘No’, ‘I do not need one’ and ‘Don’t know/can’t remember’.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moved into new section.</td>
</tr>
<tr>
<td>55</td>
<td>Did you have to pay any out of pocket expenses for this visit (i.e. a</td>
<td>Changed the question to ‘Did you have to pay any of the following out of pocket expenses in relation to this visit?’</td>
</tr>
<tr>
<td></td>
<td>payment that you would not get back from Medicare or private health fund)?</td>
<td>Added clarification: ‘Out of pocket expenses are those that you don’t get back from Medicare or a private health fund’.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Changed response categories from ‘Yes’, ‘No’, ‘Don’t know/can’t remember’ to a list of different expenses with multiple responses allowed.</td>
</tr>
<tr>
<td>57</td>
<td>In the last 12 months, how many times have you visited this outpatient</td>
<td>Changed the question to ‘In the last 12 months, how many times have you visited this clinic?’</td>
</tr>
<tr>
<td></td>
<td>clinic?</td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>Did you receive care or treatment from more than one health professional</td>
<td>Deleted</td>
</tr>
<tr>
<td>Question number (2014)</td>
<td>Question</td>
<td>Change</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>59</td>
<td>Did the health professionals you've seen change from one visit to another?</td>
<td>Deleted</td>
</tr>
<tr>
<td>60</td>
<td>In your opinion, did the different health professionals you've seen know enough about your medical history?</td>
<td>Deleted</td>
</tr>
<tr>
<td>64</td>
<td>Did you want to make a complaint about something that happened in the clinic?</td>
<td>Deleted</td>
</tr>
<tr>
<td>65</td>
<td>Why didn't you make a complaint?</td>
<td>Deleted</td>
</tr>
<tr>
<td>68-76, 78-80</td>
<td>Multiple questions in the ‘About You’ section</td>
<td>Deleted ‘(the patient)’ from the question text.</td>
</tr>
<tr>
<td>70</td>
<td>What is the highest level of education you (the patient) have completed?</td>
<td>Deleted the response category ‘Still at primary or secondary school’.</td>
</tr>
<tr>
<td>71</td>
<td>Which, if any, of the following long-standing conditions do you (the patient) have (including age related conditions)?</td>
<td>Changed the response category ‘Blindness or partially sighted’ to ‘Blindness or severe vision impairment’ and removed ADHD from examples of ‘A neurological condition’.</td>
</tr>
<tr>
<td>78</td>
<td>Do you give permission for the Bureau of Health Information to link you answers from this survey to health records related to you (the patient)?</td>
<td>In the preamble changed the ‘The Bureau’ to ‘The Bureau of Health Information’.</td>
</tr>
</tbody>
</table>

N/A During your visit, did a health professional explain the purpose of this medication in a way you could understand? Added

N/A Was there any time when the health professionals needed access to your health records and they were not available? Added

N/A Did you ever receive conflicting information about your condition or treatment from the health professionals? Added

N/A Was your care plan developed by health professionals from this clinic? Added

N/A During your visit, did the health professionals review your care plan with you? Added

N/A Patient Assessment of Chronic Illness Care – Short Form. Added

N/A Cover letter. Added a new logo and new subheadings. Reordered paragraphs and edited content.

N/A Instructions preamble before Q1. Changed the wording used in the instructions.
Details of changes

Question 1
OPS 2014 question
Which type of outpatient clinic did you attend? *Please X one box that best describes the clinic*

<table>
<thead>
<tr>
<th>Clinic Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied Health</td>
<td>Physiotherapy, Optometry, Occupational therapy, Speech pathology, Psychology, Social work, Nutrition, Podiatry, Aboriginal health, Orthoptics, Prosthetics, etc.</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Heart conditions (non-surgical treatment and care)</td>
</tr>
<tr>
<td>Ear, nose, throat</td>
<td>Ear, nose and throat conditions</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>Diabetes, thyroid conditions, metabolic disorder, etc.</td>
</tr>
<tr>
<td>Gastroenterology/Endoscopy</td>
<td>Stomach and intestinal conditions and procedures (e.g. colonoscopy) and examination of internal structures by insertion of a tube into the body</td>
</tr>
<tr>
<td>Obstetrics/Gynaecology</td>
<td>Female reproductive system and reproductive technology, family planning, maternity and child-birth</td>
</tr>
<tr>
<td>Oncology/Chemotherapy</td>
<td>Cancer and related conditions (e.g. for chemotherapy, radiotherapy)</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Medical and surgical treatment of eye conditions (e.g. cataracts, glaucoma)</td>
</tr>
<tr>
<td>Orthopaedic Surgery</td>
<td>Bone, joint and ligament conditions (e.g. fractures or broken bones, hand, hip and knee problems, scoliosis)</td>
</tr>
<tr>
<td>Paediatric</td>
<td>Children’s health conditions (non-surgical treatment and care)</td>
</tr>
<tr>
<td>Plastic surgery</td>
<td>Plastic and reconstructive surgery related care</td>
</tr>
<tr>
<td>Pre-admission &amp; pre-anaesthesia</td>
<td>Medical preparation before hospital admission for surgery, treatment or anaesthetic</td>
</tr>
<tr>
<td>Renal/Dialysis</td>
<td>Kidney-related conditions (e.g. for dialysis)</td>
</tr>
<tr>
<td>Respiratory</td>
<td>Lung and related conditions, sleep disorders (e.g. asthma, cystic fibrosis, sleep apnoea)</td>
</tr>
<tr>
<td>Urology</td>
<td>Urinary tract and male reproductive conditions</td>
</tr>
<tr>
<td>Other Surgery (Adult or Child)</td>
<td>General and specialist surgery (e.g. cardiac, thoracic, vascular, neurosurgery, upper gastrointestinal, colorectal)</td>
</tr>
<tr>
<td>Other Medical Specialties</td>
<td>Aged care, Allergy, Dementia, Dermatology, Disability, Epilepsy, Falls, General Medicine, Genetics, Haematology, Immunology, Infectious diseases, Men’s health, Metabolic bone, Neurology, Pain management, Palliative, Refugee clinic, Rheumatology, Sexual health, Stoma therapy, Wound clinics, etc.</td>
</tr>
<tr>
<td>Other Outpatient Clinic</td>
<td>Please specify</td>
</tr>
</tbody>
</table>
Action

For the 2016 Outpatients Survey, the question text was changed to ‘What outpatient service did you receive?’ Additionally, response categories were truncated from 18 to 17 clinic types, whereby ‘Pre-admission and pre-anaesthesia’ and ‘Paediatric’ clinics were removed, ‘Obstetrics/Gynaecology’ was split into two separate categories, and ‘Other Surgery (Adult or Child)’ was replaced with ‘Other surgical specialties’. Clinic type descriptions were also truncated.

Rationale

The question text was changed to shift the focus to the service provided to better reflect the way outpatient services are delivered in NSW, as some outpatient services are not named as an outpatient clinic for the particular specialty of interest. For example, a patient may receive an endoscopy in an outpatient clinic that is not called a gastroenterology or endoscopy outpatient clinic.

The response categories in this question were truncated from 18 to 17 clinic types. ‘Pre-admission and pre-anaesthesia’ was removed as 2014 survey results demonstrated the difficulty patients had in recognising outpatient services of this type, while ‘Paediatric’ clinics were removed as the 2016 survey only included adults. ‘Obstetrics/Gynaecology’ was split into two separate categories as these specialties are frequently provided in separate clinics and differ considerably in the services they provide.

Finally, in 2014, this question had a high proportion of invalid (8.5%) and missing responses (5%). There was also a high proportion of patients who selected the ‘Other Outpatient Clinic’ category, but wrote in a clinic type that was already covered in the list (89%). This indicated respondents were having difficulty cognitively processing the question, so revisions were made to simplify it by providing a briefer description of each clinic type.

Question 2

OPS 2014 question

How long have you been attending this outpatient clinic?

- Only visited once
- Less than 6 months
- 6 to 12 months
- More than 1 year but less than 2 years
- 2 years or more

Action

Changed the question to ‘How long have you been attending this clinic?’ and deleted the response category ‘Only visited once’. Moved into a different section (i.e. ‘Number of Visits’) that was later in the questionnaire.

Rationale

To improve questionnaire flow, this question was moved to the ‘Number of Visits’ section where respondents are also asked how many times they had visited in the last 12 months. As it was placed further into the questionnaire, there was no longer a need to emphasise that the question was focused on the particular outpatient clinic of interest. By the time a respondent reached this section, it was well established, so this was deemphasised in the question text by removing the underlining. Finally, the category ‘Only visited once’ was removed as it did not address the length of time a patient has attended a clinic, but rather the number of visits, an item already covered by another question.
Question 3

Current question

What was the purpose of this visit?

- Have tests, x-rays or scans
- Receive test results
- Medical diagnosis or advice
- Regular check-up
- Pre-surgical care
- Treatment or procedure
- Review of treatment
- Follow-up after surgery
- Other reason
- Don’t know/can’t remember

Action

Made the following response category changes: Changed ‘Receive test results’ to ‘Receive test, x-ray or scan results’; added ‘Surgical procedure’; changed ‘Treatment or procedure’ to ‘Non-surgical treatment or procedure’; and deleted ‘Don’t know/can’t remember’.

Rationale

These changes were made to provide a clearer, more comprehensive list of items, to assist both the respondent in finding a suitable response category and in interpretation of results at the reporting stage. In addition, for some outpatient service types, there was a very high proportion of responses in the ‘Treatment or procedure’ category (up to 40%), suggesting greater insight if this category was broken down further.

Question 4

OPS 2014 question

Were you able to get an appointment time that suited you?

- Yes
- No
- I didn’t have an appointment

Action

Changed the response category ‘I didn’t have an appointment’ to ‘I didn’t have an appointment arranged in advance’.

Rationale

The addition to the last response category was made in order to clarify that ‘appointment’ referred to those made in advance, not simply a term to describe the visit.
Question 8

OPS 2014 question

How much did your symptoms or condition stop you from carrying out your normal daily activities while you waited for this appointment?

☐ Not at all
☐ Only a little
☐ Somewhat
☐ Very much
☐ I was not able to at all

Action

Changed the question to ‘How much did your symptoms or condition stop you from carrying out your normal daily activities (for example, eating, dressing or using the bathroom) while you waited for this appointment?’

Added ‘I had no symptoms’ to response categories.

Rationale

Added examples of activities to clarify the question. Added the response category of ‘I had no symptoms’ to expand the coverage of response options as not all outpatients have symptoms.

Question 10

OPS 2014 question

How long did it take you to travel to the clinic for this appointment?

☐ Under 30 minutes
☐ 30 to 59 minutes
☐ 1 hour to under 2 hours
☐ 2 hours to under 3 hours
☐ 3 hours or more
☐ Don’t know/can’t remember

Action

Changed the response category ‘Under 30 minutes’ to ‘Less than 30 minutes’.

Rationale

This change was made to align the response category text with the standard phrasing for timeframes used by BHI.

Question 13
OPS 2014 question

At the hospital, was it easy to find your way to the clinic?

☐ Yes, definitely
☐ Yes, to some extent
☐ No

Action

Deleted

Rationale

This question was removed as it principally applied to patients attending for the first time. This made comparisons difficult as the proportion of patients attending for the first time ranged from 6-39%. In addition, stakeholders did not view this question as a priority.

Question 17

OPS 2014 question

How long after the appointment time did your appointment start?

☐ On time, or early
☐ Less than 15 minutes
☐ 15 to 29 minutes
☐ 30 to 59 minutes
☐ 1 hour to under 2 hours
☐ 2 hours or more
☐ Don't know/can’t remember

Action

Changed the question to ‘How long after the scheduled appointment time did your appointment actually start?’

Rationale

The slight change to the wording of this question was used to clarify the question intent.
Question 19

OPS 2014 question

Were you told why and how long you had to wait?

☐ Yes, definitely
☐ Yes, to some extent
☐ No

Action

Split into two questions: ‘Were you told how long you had to wait?’ and ‘Were you told why you had to wait?’ with Yes, No response categories.

Rationale

This question was split into two separate questions to remove the double-barrelled content in line with best practice survey methodology, thereby making the question easier for respondents to answer and facilitating interpretation of results.

Question 39

OPS 2014 question

While in the clinic, did you receive, or see, any information about your rights as a patient, including how to comment or complain?

☐ Yes
☐ No
☐ Don’t know/can’t remember

Action

Changed the question to ‘During your visit, did you receive or see any information about how to comment or complain about your care?’

Rationale

This question was changed to simplify understanding of the question by respondents. The current question included two concepts; patient rights and how to complain. Combining these concepts in the question made it difficult for respondents to answer as well causing differences in the interpretation of the results.
**Question 42**

**OPS 2014 question**

In your opinion, were the clinic staff open with you about this complication or problem?

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

**Action**

Added ‘Not applicable, as it happened after I left’ to response categories.

**Rationale**

The additional response category was added to complete the set of possible responses. This option was added throughout all NSW Patient Survey Program questionnaires.

**Questions 43 to 45**

**OPS 2014 questions**

**Q43.** Were there things for your child to do (such as books, games and toys)?

- ☐ 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

**Q44.** Was the area in which your child was treated suitable for someone of their age group?

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

**Q45.** Did the clinic staff provide care and understanding appropriate to the needs of your child?

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

**Action**

Deleted

**Rationale**

The scope of the survey was changed to include only adults (18 years and over) in 2016, due to the following challenges in reporting the 2014 survey. Firstly, the inclusion of children and young people meant most respondents had to skip over a section and a relatively high percentage of those who were supposed to answer the questions did not (5% ‘missing’ responses for all three questions). Secondly, the clinic type with the majority of patients in this age group (i.e. Paediatric Medical) was inconsistently defined across outpatient services making attribution of results to this category difficult. Finally, the available questionnaire space allowed only three questions about younger patients, so issues that are unique to children in this setting could not be adequately explored.

**Question 49**
OPS 2014 question

Were you given enough information about this medication?

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

Action
Deleted

Rationale

There was a moderate correlation between this question and the following question about the side-effects of medication \(r=0.491\) suggesting these measures were overlapping rather than measuring distinct constructs of the care provided. To aid in the interpretation and utility of these results, this question was replaced with a more specific question used in other NSW Patient Survey Program questionnaires, which asks about whether the purpose of the medication was explained in an understandable way (see description of new question later in the document).

Question 50

OPS 2014 question

Were you told about medication side effects to watch for?

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

Action

Changed the question to ‘During your visit, did a health professional tell you about medication side effects to watch for?’

Rationale

The ‘missing’ response rate for this question was sufficiently high (4.8%) to suggest some respondents had difficulty in answering the question. Additionally, the question was worded in such a way that attribution to the outpatient clinic was not possible, given others outside of the clinic may have provided this information (e.g. pharmacists, GPs, family members). To address both of these issues, the question was changed to be more specific.
Question 51

OPS 2014 question
Did the clinic give your GP enough information about your condition or the treatment you received?

☐ Yes, completely
☐ Yes, to some extent
☐ No
☐ Not applicable
☐ Don’t know/can’t remember

Action
Deleted

Rationale
This question was removed due to the difficulties patients faced in being able to assess what happened in this third party transaction. This was evident with the high proportion of respondents across clinic types who responded with ‘Don’t know/can’t remember’ (12% to 31%). Additionally, for many of the clinic types, a high proportion of respondents selected ‘Not applicable’ (up to 41% for Allied Health outpatients), presumably as their condition was less complex and did not require such coordination, and/or they had not seen their GP about the condition or treatment.

Question 53

OPS 2014 question
Did the health professionals at this clinic provide you with a treatment plan for your ongoing care?

☐ Yes, I was given a written plan
☐ Yes, I was given a plan verbally
☐ No
☐ I did not need one
☐ Don’t know/can’t remember

Action
Changed the question to ‘Do you have a care plan for your treatment?’ with the response categories ‘Yes’, ‘No’, ‘I do not need one’ and ‘Don’t know/can’t remember’, added the clarification ‘A care plan is a document that sets out your needs and goals for the treatment and management of your health condition’ and moved from the section ‘Leaving the clinic’ to ‘Long-standing health conditions’.

Rationale
This question had the second highest rate of valid missing responses (6.5%) in the questionnaire, which was thought to be caused by a number of issues. Firstly, the response categories were not mutually exclusive; for example, the respondent could select response option 1 (‘yes, I was given a written plan’) and response option 2 (‘yes, I was given a plan verbally’) although they were not instructed to select all that applied. To amend this, the response categories were changed to mutually exclusive categories. Secondly, no definition of a treatment plan was included with the question, so a clarification was added below the question. Thirdly, the phrase ‘treatment plan’ may have suggested it only related to active treatment, rather than a broader care plan which is more applicable to some outpatients, so the phrase was replaced with ‘care plan’. Finally, it was recognised that a care plan may not necessarily be developed at the outpatient clinic. As this is a filter question that leads to a performance question on whether the plan was reviewed at the clinic, it was important to refer to plans developed anywhere, not just at the clinic of interest.
Question 55

OPS 2014 question
Did you have to pay any out of pocket expenses for this visit (i.e. a payment that you would not get back from Medicare or private health fund)?

☐ Yes
☐ No
☐ Don’t know/can’t remember

Action
Changed the question to ‘Did you have to pay any of the following out of pocket expenses in relation to this visit?, added clarification below question (‘Out of pocket expenses are those that you don’t get back from Medicare or a private health fund’) and changed response categories from ‘Yes’, ‘No’, ‘Don’t know/can’t remember’ to a list of different expenses with multiple responses allowed, including the following:

☐ Consultation fees
☐ Medication
☐ Treatment/surgery costs
☐ Travel
☐ Parking
☐ Accommodation
☐ Other related expenses
☐ None of these – I had no expenses
☐ Don’t know/can’t remember

Rationale
Across the clinic types the proportion of patients who said they had out of pocket expenses ranged from 4% to 14% in the results of the 2014 survey. This question was changed to better understand where these costs were being incurred and what the patient had paid for.

Question 57

OPS 2014 question
In the last 12 months, how many times have you visited this outpatient clinic?

☐ Once
☐ 2 to 3 times
☐ 4 to 8 times
☐ More than 8 times

Action
Changed the question to ‘In the last 12 months, how many times have you visited this clinic?’

Rationale
In 2014, this question was the first in the ‘Number of Visits’ section of the questionnaire, but in 2016 a question about the length of time the patient had attended the clinic was moved to the first position in this section. Therefore, it was deemed unnecessary to emphasise that this question referred to the clinic of interest.

Questions 58 and 59
OPS 2014 questions

58. Did you receive care or treatment from more than one health professional at this clinic?

☐ Yes
☐ No…Go to Q61

59. Did the health professionals you’ve seen change from one visit to another?

☐ Yes, always
☐ Yes, sometimes
☐ No, never
☐ Don’t know/can’t remember

Action
Deleted

Rationale
The first of these questions was included as a filter to the next question. As data from the second question was seen as difficult to interpret from a performance perspective without knowing the context of the patients’ needs, the two questions were replaced with two new questions that were seen as more relevant to performance more generally (i.e. the questions on availability of health records and on conflicting information detailed later in the document).

Question 60

OPS 2014 question

In your opinion, did the different health professionals you’ve seen know enough about your medical history?

☐ Yes, always
☐ Yes, sometimes
☐ No

Action
Deleted

Rationale
This question was deleted as the preceding question that filtered those who had been more than once in the past 12 months was removed and as the questionnaire already included a question on whether the health professionals knew enough about the patients’ medical history, during the particular visit in question.
Questions 64 and 65

OPS 2014 questions

64. Did you want to make a complaint about something that happened in the clinic?
   - ☐ Yes, and I did complain…Go to Q66
   - ☐ Yes, but I did not complain
   - ☐ No, I did not want to make a complaint…Go to Q66

65. Why didn't you make a complaint?
   - ☐ I didn't know how to make a complaint
   - ☐ I didn't know who to complain to
   - ☐ I was worried it might affect my future care
   - ☐ I didn’t think it would be taken seriously
   - ☐ It wasn’t a serious issue
   - ☐ Other reason

Action
Deleted

Rationale

Only a small proportion of patients indicated they had a problem but did not complain (3% to 9% across clinic types) and a smaller proportion said they did make a complaint (1% to 3% across clinic types), hence the questions were removed to make space for more useful questions.

Question 68-76, 78-80

OPS 2014 questions

All questions in the ‘About You (The Patient)’ and ‘Your Final Comments’ section, with the exception of Q77.

Action
Deleted ‘(the patient)’ from the question text.

Rationale

Due to the removal of children and young patients from the sample, it was deemed to be less critical to specify that the sociodemographic questions were referring to the patient rather than a third party completing the questionnaire on behalf of the patient.
**Question 70**

**OPS 2014 question**

What is the highest level of education you (the patient) have completed?

- [ ] 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

**Action**

Deleted the response category ‘Still at primary or secondary school’.

**Rationale**

The removal of the first response category has been made across all relevant questionnaires in the NSW Patient Survey Program, as respondents were found to have mixed this with the category of ‘Less than Year 12 or equivalent’ which can capture both. This category was also much less relevant in a survey for patients aged 18 and over.

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**Question 71**

**OPS 2014 question**

Which, if any, of the following long-standing conditions do you (the patient) have (including age related conditions)? *Please X all that apply*

- [ ] Deafness or severe hearing impairment
- [ ] Blindness or partially sighted
- [ ] A long-standing illness (e.g. cancer, HIV, diabetes, chronic heart disease)
- [ ] A long-standing physical condition
- [ ] A learning disability
- [ ] A mental health condition (e.g. depression)
- [ ] A neurological condition (e.g. Alzheimer’s, Parkinson’s, ADHD)
- [ ] None of these

**Action**

Changed the response category ‘Blindness or partially sighted’ to ‘Blindness or severe vision impairment’ and removed ADHD from examples of ‘A neurological condition’.

**Rationale**

The update to the response category text about blindness was made to align with the terminology used in other NSW Patient Survey Program questionnaires. ‘ADHD’ was removed as an example as this is only included in surveys that sample children and young patients and in 2016, the Outpatient Survey did not include these patients.
Question 78

OPS 2014 question

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

☐ Yes
☐ No

Action

In the preamble changed the ‘The Bureau’ to ‘The Bureau of Health Information’.

Rationale

Changed to align the terminology with communications changes made throughout BHI.

Explanation of purpose of medication question addition

Action

Added the following question:

During your visit, did a health professional explain the purpose of this medication in a way you could understand?

☐ Yes, completely
☐ Yes, to some extent
☐ No

Rationale

This question replaced a question asking if the patient had received enough information about their new medication. This change was made to align the questionnaire with others in the NSW Patient Survey Program, and provide information on a more distinct aspect of care related to medication.

Availability of health records question addition

Action

Added the following question:

Was there any time when the health professionals needed access to your health records and they were not available?

☐ Yes
☐ No
☐ Don’t know/can’t remember

Rationale

This question was first included in the 2015 Cancer Outpatients Survey as a means of measuring the coordination of care between the various healthcare professionals treating a patient. It was part of a block of questions added to the Outpatient Survey 2016 to replace questions 58-60 that addressed the issue of coordination of care.
**Conflicting information question addition**

**Action**
Added the following question:

Did you ever receive conflicting information about your condition or treatment from the health professionals?

- ☐ Yes
- ☐ No
- ☐ Not applicable – I was always treated by the same person

**Rationale**
This question was part of the question block added to address coordination of care.

**Development of care plan question addition**

**Action**
Added the following question:

Was your care plan developed by health professionals from this clinic?

- ☐ Yes
- ☐ No

**Rationale**
This question was included in the 2015 Cancer Outpatients Survey as a filter question to ensure the next question was only asked of relevant respondents. Adding this question to the 2016 Outpatients Survey also provided a point of comparison with the Cancer Outpatient Survey, as it was asked of patients who said they have a long-term or chronic health condition.

**Review of care plan question addition**

**Action**
Added the following question:

During your visit, did the health professionals review your care plan with you?

- ☐ Yes
- ☐ No
- ☐ Not applicable as I did not have a care plan before this visit
- ☐ Don’t know/can’t remember

**Rationale**
This question was included in the 2015 Cancer Outpatients Survey and added to the 2016 Outpatients Survey to assess whether patients with long-term or chronic conditions have their care plans reviewed during their clinic visits. In the 2014 survey, patients were asked if they contributed their ideas and preferences to the plan, but they were not asked about whether it was reviewed; an important element of providing care to patients with chronic conditions.
Action

Added the following question, the Patient Assessment of Chronic Illness Care (PACIC) – short form, at the end of the ‘Long-Standing Health Conditions’ section. A preamble was added to help guide respondents, due to the different format of the question.

For this next question, please think about your experience of outpatient care over the past 6 months at any outpatient service provided by the hospital named on the cover of this letter.

Over the past 6 months, when you received outpatient care for your chronic condition(s), were you…

Please X one box for each line

<table>
<thead>
<tr>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Given choices on treatment to think about</td>
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<tr>
<td>b. Satisfied that your care was well organised</td>
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<td>c. Helped to set specific goals to improve your eating or exercise</td>
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<td>d. Given a copy of your care plan</td>
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<tr>
<td>e. Encouraged to go to a specific group/class to help you cope with your chronic illness</td>
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<tr>
<td>f. Asked questions, either directly or on a survey, about your health habits</td>
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<tr>
<td>g. Helped to make a care plan that you could do in your daily life</td>
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<tr>
<td>h. Helped to plan ahead so you could take care of your illness even in hard times</td>
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<td>i. Asked how your chronic illness affects your life</td>
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<td>j. Contacted after a visit to see how things were going</td>
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<tr>
<td>k. Told how your visits with other types of doctors, like the eye doctor or surgeon, helped your</td>
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</tbody>
</table>

Rationale

The Patient Assessment of Care for Chronic Conditions (PACIC) is a validated tool that measures specific actions or qualities of care relevant to chronic care management processes. This tool is being trialled in the questionnaire as a way of accessing how much support was provided to the patient and if this affected how well they could function.
Changes to cover letter

Action

Three main changes to the cover letter were made.

- Addition of an a new survey-specific banner with customised colour and icon for the Outpatients Survey
- Addition of addition subheadings to break up the text into more parts
- Reordering of some paragraphs.

Rationale

These changes were made to align with a rebranding of the surveys across the program to give each of the surveys their own logo and colour scheme, used in all places the survey is represented. This was necessary because of the increase in the number of different surveys in the program.

Instructions preamble before Q1

Action

Changed the wording used in the instructions.

Rationale

In 2014, there was, for some outpatient services in particular, a considerable mismatch between the type of clinic a patient visited according to the sample and that which was self-reported in Q1. In an effort to increase the alignment between the two fields, changes were made to the instructions which inform respondents about which outpatient service they should be referring to.

The changes aimed to clarify the instructions by shifting the focus from ‘outpatient clinic’ to ‘outpatient care’ (as it was identified that not all clinic specialities were clearly labelled as related to that specialty), and to emphasise that they should answer about the hospital and month named on the cover letter.