



# NSW Patient Survey: Admitted Patient Experience

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

**Date** 

Dear <INS\_TITLE> <INS\_SURNAME>,

### Your experience as an admitted patient is very important to us

I am writing to ask you to take part in the NSW Patient Survey by telling us about your recent visit to [HOSPITAL NAME] during [MONTH]. Your experience at this hospital is important because it helps us to understand the quality of care you received and it allows hospitals to see where they need to improve.

The Bureau of Health Information was established by the NSW Government to independently report on the performance of the public health system in NSW, including the healthcare experiences of patients. We are running the survey along with Ipsos Social Research Institute, who is sending you this survey on the Bureau's behalf.

The survey takes about 20 minutes to complete and we have provided a reply-paid envelope for you to mail it back to us. Alternatively, you can do the survey online by visiting the web address below and logging in with the following username and password:

Web address: survey.ipsos.com.au/patientsurvey

**Username:** [INS\_UNAME]

Password: [INS PWORD]

Taking part in the survey is voluntary. You have been randomly selected to participate and there are many safeguards in place to protect your identity. The hospital staff who cared for you will not know if you have returned a completed questionnaire and will not be able to see your responses to the survey. At no point will we report any information that identifies you as an individual.

If you have any queries regarding the survey, please contact the toll-free Patient Survey Helpline on 1800 220 936 (Monday to Friday, 4pm–8pm).

For general information about the NSW Patient Survey Program and information about how your local hospital is performing, visit the Bureau of Health Information's website at <a href="https://www.bhi.nsw.gov.au">www.bhi.nsw.gov.au</a>

Thank you for taking part in the survey.

Yours sincerely

Jean-Frederic Levesque
Chief Executive
Bureau of Health Information

### How to complete the survey

This survey is about your recent experience as an admitted patient in the hospital named on the previous page. If you have been an admitted patient 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, as shown below.

### Example only

How clean were the wards or rooms you stayed in while in hospital?

Very clea
-----------

Fairly clean

Not very clean

Not at all clean

Sometimes you will find the box you have marked has an instruction to go to another question. By following the instructions carefully 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 survey.

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 this survey, please ensure the answers given are from your point of view, and not the opinion of the person helping you.

If you prefer a language other than English, please refer to the separate language sheet for information on the Healthcare Interpreter Service.

Please do not write your name or address on the questionnaire.

### When you have finished

- → Remove the covering letter by tearing along the perforated line.
- → Place the completed survey in the "Reply Paid" envelope and post it. You do not have to use a stamp.
- → If you have misplaced the "Reply Paid" envelope, please use a plain envelope (no stamp is necessary) and address to:

NSW Patient Survey Program
Ipsos Social Research Institute
Reply Paid 84599
Hawthorn VIC 3122

### Some questions and answers

### Why are you carrying out the survey?

The NSW Patient Survey gathers information about your experience of health services. By completing the survey, you are helping to improve health services in NSW.

## How do I make a formal complaint about my experience in 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

### What happens to my survey responses?

Your survey responses will be de-identified and then processed with responses from other people who completed the survey to form a report. These reports will then be provided to NSW Health and local hospitals to help them to improve health services.

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 provider unless required by law. Your responses will not affect any future health services that may be provided to you.

### 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 survey only, and will keep your contact details confidential.

After all surveys are processed, identifying information will be destroyed and Ipsos will then no longer be able to identify the responses you provided. However, for the period that identifiable details remain, you will be able to contact Ipsos through the toll-free Patient Survey Helpline to ask to see your responses, or to request that some or all of your information be deleted.

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 get more information about the survey?

Please contact the toll-free Patient Survey Helpline on **1800 220 936** (Monday to Friday, 4pm–8pm, excluding public holidays).

# NSW Patient Survey: Admitted Patient Experience

Was your visit to hospital planned in advance or an emergency?	Do you think the amount of time you spent in the Emergency Department was?
An emergency	☐ About right ☐ Slightly too long ☐ Much too long ☐ Don't know/can't remember ☐ Please go to Q9
BEFORE ARRIVING AT HOSPITAL	PLANNED AND OTHER TYPES OF
Thinking back to before your hospital stay	ARRIVAL/ADMISSION
Do you think the total amount of time you waited to be admitted to hospital was?  About right Slightly too long Don't know/can't remember  Before your arrival, how much information about your hospital stay was given to you?  Not enough The right amount Don't know/can't remember	How would you rate the politeness and courtesy of staff on your arrival to hospital?  Very good Good Neither good nor poor Poor Very poor  Do you think the time you had to wait from arrival at hospital until you were taken to your room or ward was?  About right Slightly too long
ARRIVING AT HOSPITAL	☐ Much too long
When you arrived in hospital did you spend time in the Emergency Department?  Yes No	THE HOSPITAL AND WARD  For the following questions, please think about the time from when you arrived at your ward or room until you left hospital
Don't know/can't rememberGo to Q7	How clean were the wards or rooms you stayed in while in hospital?
How would you rate the politeness and courtesy of staff in the Emergency Department?  Very good Good Neither good nor poor Poor Very poor	☐ Very clean ☐ Fairly clean ☐ Not very clean ☐ Not at all clean  How clean were the toilets and bathrooms that you used while in hospital? ☐ Very clean ☐ Fairly clean ☐ Not very clean ☐ Not at all clean

Q11	Did you see nurses wash their hands, use hand gel to clean their hands, or put on clean gloves before touching you?  Yes, always Yes, sometimes No Don't know/can't remember  Did you see doctors wash their hands, use hand gel to clean their hands, or put on clean gloves before touching you?  Yes, always Yes, sometimes No	Did you have any special dietary needs (e.g. vegetarian, diabetic, food allergies, religious, cultural, or related to your treatment)?  Yes No Go to Q20  Was the hospital food suitable for your dietary needs?  Yes, always Yes, sometimes No Don't know/can't remember
Q13	Don't know/can't remember  Were you given enough privacy when being examined or treated?	Did you need help from staff to eat your meals?
	Yes, always Yes, sometimes No	Did you get enough help from staff to eat your meals?
Q14	Were you given enough privacy when discussing your condition or treatment?	Yes, always Yes, sometimes No
	Yes, always	
	Yes, sometimes  No	DOCTORS
Q15	Yes, sometimes	If you needed to talk to a doctor, did you get the opportunity to do so?
Q15	Yes, sometimes No  At other times during your hospital stay did	If you needed to talk to a doctor, did you
	☐ Yes, sometimes ☐ No  At other times during your hospital stay did you have enough privacy? ☐ Yes, always ☐ Yes, sometimes ☐ No  FOOD  Did you have any hospital food during this	If you needed to talk to a doctor, did you get the opportunity to do so?  Yes, always Yes, sometimes No, I did not get the opportunity
Q15	Yes, sometimes No  At other times during your hospital stay did you have enough privacy? Yes, always Yes, sometimes No  FOOD	If you needed to talk to a doctor, did you get the opportunity to do so?  Yes, always Yes, sometimes No, I did not get the opportunity I had no need to talk to a doctor  When you had important questions to ask a doctor, did they answer in a way you could understand?  Yes, always Yes, sometimes No, I did not get answers I could understand
	Yes, sometimes No  At other times during your hospital stay did you have enough privacy? Yes, always Yes, sometimes No  FOOD  Did you have any hospital food during this visit? Yes	If you needed to talk to a doctor, did you get the opportunity to do so?  Yes, always Yes, sometimes No, I did not get the opportunity I had no need to talk to a doctor  When you had important questions to ask a doctor, did they answer in a way you could understand?  Yes, always Yes, sometimes

Q25	Did you have confidence and trust in the doctors treating you?	Q32	In your opinion, did the nurses who treated you know enough about your care and treatment?
	Yes, always		
	Yes, sometimes		Yes, always
	☐ No		Yes, sometimes
Q26	How would you rate the politeness and courtesy of your doctors?		□ No
	☐ Very good		Did nurses ask your name or check
	Good	Q33	your identification band before giving you
	Neither good nor poor		any medications, treatments or tests?
	Poor		Yes, always
	☐ Very poor		Yes, sometimes
	More the destare kind and sering towards		No, they did not ask my name or check my
Q27	Were the doctors kind and caring towards you?		identification band
	_		
	Yes, always		Don't know/can't remember
	Yes, sometimes		
	∐ No	004	Did you have confidence and trust in the
	Overall, how would you rate the doctors	Q34	nurses treating you?
Q28	who treated you?		Yes, always
	☐ Very good		Yes, sometimes
	Good		No
	Neither good nor poor		
	Poor		Name and the nulltaness and
	☐ Very poor	Q35	How would you rate the politeness and courtesy of your nurses?
		200	
	NURSES		☐ Very good
	In your opinion, were there enough nurses		Good
Q29	on duty to care for <u>you</u> in hospital?		
	Yes, always		Poor
	Yes, sometimes		☐ Very poor
	No		
			Were the nurses kind and caring towards
Q30	If you needed to talk to a nurse, did you get the opportunity to do so?	Q36	you?
QUU			Yes, always
	Yes, always		Yes, sometimes
	Yes, sometimes		No
	No, I did not get the opportunity		L NO
	I had no need to talk to a nurse		
Q31	When you had important questions to ask a nurse, did they answer in a way you could	Q37	Overall, how would you rate the nurses who treated you?
	understand?		☐ Very good
	Yes, always		Good
	Yes, sometimes		Neither good nor poor
	No, I did not get answers I could understand		Poor
	I did not ask any questions		☐ Very poor

OTHER HEALTHCARE PROFESSIONALS	information about your condition or treatment was given to you?
Which, if any, of the following other healthcare professionals did you receive care or treatment from during this hospital stay?	☐ Not enough ☐ The right amount ☐ Too much
Please X all the boxes that apply to you  Dietician	Did you have worries or fears about your condition or treatment while in hospital?
Occupational Therapist     Pharmacist     Physiotherapist	Yes Go to Q45
Psychologist Radiographer (X-ray, ultrasound, MRI)	Did a healthcare professional discuss your worries or fears with you?
Social worker  Speech Pathologist  Any other healthcare professional	Yes, completely Yes, to some extent
Any other healthcare professional  Please write in	Were you involved, as much as you
None of these	wanted to be, in decisions about your care and treatment?
How would you rate the politeness and courtesy of these other healthcare professionals?	Yes, definitely Yes, to some extent No
<ul><li>☐ Very good</li><li>☐ Good</li><li>☐ Neither good nor poor</li></ul>	I was not well enough or did not want to be involved in decisions about my care or treatment
Poor Very poor	If your family or someone else close to you wanted to talk to a doctor, did they have
Q40 Did you have confidence and trust in these other healthcare professionals?	enough opportunity to do so?
<ul><li>☐ Yes, always</li><li>☐ Yes, sometimes</li><li>☐ No</li></ul>	Yes, definitely Yes, to some extent No, they did not have enough opportunity This was not applicable to my situation
YOUR TREATMENT AND CARE	☐ Don't know/can't say
How often did the doctors, nurses and other health professionals caring for you explain things in a way you could	How much information about your condition or treatment was given to your family, carer or someone close to you?
understand?	☐ Not enough
All of the time  Most of the time	☐ Right amount ☐ Too much
Some of the time	It was not necessary to provide information
Rarely	to any family or friends
Never	☐ Don't know/can't say

How would you rate how well the doctors and nurses worked together?  Very good	While in hospital, did you receive, or see, any information about your rights as a patient, including how to comment or complain?
Good Adequate Poor	<ul><li>☐ Yes</li><li>☐ No</li><li>☐ Don't know/can't remember</li></ul>
Very poor	Not including the reason you came to hospital, during your hospital stay, or soon afterwards, did you experience any of the following complications or negative effects?  An infection Uncontrolled bleeding A negative reaction to medication Complications as a result of surgery Complications as a result of tests or procedures A blood clot A pressure wound or bed sore A fall Any other complication or negative effect None of these
☐ No	Was the impact of this complication or negative effect?  Very serious
Did you feel you were treated with respect and dignity while you were in the hospital?  Yes, always Yes, sometimes	Fairly serious  Not very serious  Not at all serious
□ No	In your opinion, were members of the hospital staff open with you about this complication or negative effect?
Did the staff treating and examining you introduce themselves?  Yes, always Yes, sometimes	Yes, completely Yes, to some extent No
No	PAIN
Were your religious or cultural beliefs respected by the hospital staff?  Yes, always Yes, sometimes No, my beliefs were not respected My beliefs were not an issue during my hospital stay	Were you ever in any pain while in hospital?  Yes No Go to Q61  When you had pain, was it usually severe, moderate or mild?  Severe Moderate Mild

Q60	Do you think the hospital staff did everything they could to help manage your pain?  Yes, definitely Yes, to some extent No	Q67	long did you have to wait to see that specialist?  Less than 1 week  1 to 4 weeks
	TESTS		5 to 8 weeks
Q61	During your stay in hospital, did you have any tests, X-rays or scans?		<ul><li>✓ More than 8 weeks</li><li>✓ Don't know/can't remember</li></ul>
	☐ Yes ☐ No	Q68	From the time a specialist said you needed the operation or surgical procedure, how long did you have to wait to be admitted to hospital?
Q62	Did a doctor, nurse or other health professional discuss the purpose of these tests, X-rays or scans with you?  Yes, always		Less than 1 month  1 to 3 months  4 to 6 months  7 to 12 months
	☐ Yes, sometimes ☐ No		☐ More than 1 year ☐ Don't know/can't remember
Q63	Did you receive test, X-ray or scan results while you were still in hospital?  Yes No	Q69	Do you think the total amount of time between when you first tried to book an appointment with a specialist and when you were admitted to hospital was?
Q64	Did a member of hospital staff explain the test, X-ray or scan results in a way that you could understand?  Yes, completely		<ul><li>☐ About right</li><li>☐ Slightly too long</li><li>☐ Much too long</li><li>☐ Don't know/can't remember</li></ul>
	Yes, to some extent No	Q70	Before your operation or surgical procedure, did a member of hospital staff ask your name or check your identification band?
	OPERATIONS AND SURGICAL PROCEDURES  During your visit to hospital, did you have		Yes No Don't know/can't remember
Q65	an operation or surgical procedure?  Yes No	Q71	Before your operation or surgical procedure, did a member of hospital staff explain what would be done in a way that you could understand?
Q66	Was your operation or surgical procedure planned before you came to hospital?		Yes, completely Yes, to some extent
	Yes Go to Q67		☐ I did not want an explanation

<del>-</del>	
After the operation or procedure, did a member of staff explain how the operation or surgical procedure had gone in a way you could understand?  Yes, completely Yes, to some extent No	Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed?  Yes, completely Yes, to some extent No I did not need any services
Thinking now about when you were discharged, that is when you left the hospital to go home or to another facility  Did you feel involved in decisions about your discharge from hospital?	Did hospital 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
Yes, definitely Yes, to some extent No, I did not feel involved I did not need or want to be involved	Were you given medication to take at home?  Yes No
At the time you were discharged, did you feel that you were well enough to leave the hospital?  Yes No  Thinking about when you left hospital, were you given enough information about how to manage your care at home?	How much information, if any, were you given about the medication you were taking home?  Not enough The right amount Too much
Yes, completely Yes, to some extent No I did not need this type of information  Did hospital staff take your family and home situation into account when planning your discharge?	Did you feel involved in the decision to use this medication in your treatment?  Yes, completely Yes, to some extent No, I did not feel involved I did not want to be involved
Yes, completely Yes, to some extent No, staff did not take my family and home situation into account It was not necessary Don't know/can't remember	Did you receive a copy of a letter from the hospital doctors to your family doctor (GP)?  Yes  No Don't know/can't remember

	day you left hospital, was your ge delayed?		sked about your hospital experience by ends and family how would you respond?
Yes No	Go to Q87		I would speak highly of the hospital I would neither speak highly nor be critical I would be critical of the hospital
Did a m for the o	nember of staff explain the reason delay?		ABOUT YOURSELF
☐ Yes	S	Q90	aat year were you born?
Q85	as the main reason for the delay?  ad to wait for medicines  ad to wait to see the doctor  ad to wait for an ambulance/transport  ad to wait for the letter for my GP  me other reason	Q91	Male Female  at was the highest level of education
How lor  Q86  At I	n't know/can't remember  ng was the delay? ss than 1 hour east 1 hour but less than 2 hours east 2 hours but less than 4 hours		Less than Year 12 at secondary school Completed Year 12 at secondary school Trade or technical certificate or diploma University graduate Post graduate/higher degree
_	ours or longer n't know/can't remember  OVERALL	Q93 cor	nich, if any, of the following long-standing inditions do you have (including e related conditions)?  Lase X all the boxes that apply to you  Deafness or severe hearing impairment  Blindness or severe vision impairment  A long-standing physical condition
Q87 received  Ver Good Adde	equate		A learning disability A mental health condition (including dementia or Alzheimer's) A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy None of these
Q88 received Ver	ell organised was the care you d in hospital?  y well organised rly well organised t well organised	Q94   In g	general, how would you rate your health?  Excellent  Very good  Good  Fair  Poor

Q95	Thinking about the month leading up to your hospital stay, how many days did illness or injury keep you in bed for all or a substantial part of the day?	
	None	
	1 day	
	☐ 2 days	
	☐ 3 days	
	4 days	
	5 to 7days	
	8 to 10 days  More than 10 days	
	More than 10 days	
Q96	Which language do you mainly speak at home?	
	EnglishGo to Q99	
	A language other than English	
	<b></b>	
	Please write in then answer Q97	
	then diswer go?	
Q97	Did you need, or would you have liked, to use an interpreter at any stage while you were in hospital?	
	Yes	
	☐ No	
$\downarrow$		
Q98	Was an interpreter provided when you needed one?	
	Yes, always	
	Yes, sometimes	
	☐ No	
	Are you of Aboriginal origin, Torres Strait	
Q99	Islander origin, or both?	
	Yes, Aboriginal	
	Yes, Torres Strait Islander	
	Yes, both Aboriginal and Torres Strait Islander	
	No	
	Who completed this question naive?	
Q100	Who completed this questionnaire?	
	The patient	
	The patient with help from someone else	
	Someone else on behalf of the patient	

The Bureau 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. We will receive the linked information after your name and address have been removed. We 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?

Yes

No

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What was the best part of the	e care you received whilst in this hospital?
What part of your care provid	led by this hospital most needs improving?

Thank you for your time.

Please remove the front page by tearing along the perforated line.

Return the questionnaire in the reply paid envelope provided or send in an envelope addressed to

NSW Patient Survey, Ipsos Social Research Institute,

Reply Paid 84599, Hawthorn, VIC 3122 (no stamp is needed)

Certain questions within this survey are drawn from the NHS Inpatient Survey (courtesy of the NHS Care Quality Commission), Picker Institute questionnaires (courtesy of National Research Corporation), the Patient Experience Information Development Working Group (PEIDWG) national set of core, common patient experience questions, and the Victorian Patient Satisfaction Monitor, and are used with permission.

Barcode