

# NSW Patient Survey: Adult Admitted Patients

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

Date

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

## Your experience in hospital 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 admission to [HOSPITAL NAME] during [MONTH]. **Your experience in this hospital is important as it helps us understand the quality of care you received and allows hospitals to see where they need to improve.**

**The survey is easiest to complete online.** Please visit the web address below and log in with the following username and password. It is possible to partially complete the survey online and then return to it later to complete the remainder.



**Web address:** [survey.ipsos.com.au/patientsurvey](http://survey.ipsos.com.au/patientsurvey)

**Username:** [INS\_UNAME]

**Password:** [INS\_PWORD]

If you prefer to complete the attached paper survey, please use the included reply-paid envelope to mail it back to us.

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 survey 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.

The Bureau of Health Information (BHI) runs the survey along with Ipsos Social Research Institute, who is sending you this survey on BHI's behalf. BHI 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. Results for the NSW Patient Survey are reported in *Healthcare Observer*, found on our website [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

**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).**

Thank you for taking part in the survey.

Yours sincerely

**Jean-Frédéric Lévesque**  
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 clean  
 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 survey.

### **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](http://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](http://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: Adult Admitted Patients

**Q1** Was your stay in hospital planned in advance or an emergency?

- An emergency
- Planned in advance
- Something else

**Q2** When you arrived in hospital did you spend time in the emergency department?

- Yes
- No .....Go to Q5
- Don't know/can't remember.....Go to Q5

## THE EMERGENCY DEPARTMENT (ED)

**Q3** Were the emergency department staff polite and courteous?

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

**Q4** Do you think the amount of time you spent in the emergency department was...?

- About right .....Go to Q7
- Slightly too long .....Go to Q7
- Much too long .....Go to Q7
- Don't know/can't remember .....Go to Q7

## PLANNED AND OTHER TYPES OF ARRIVAL/ADMISSION

**Q5** Were the staff you met on your arrival to hospital polite and courteous?

- Yes, always
- Yes, sometimes
- No

**Q6** 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
- Much too long
- Don't know/can't remember

## 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...

**Q7** How clean were the wards or rooms you stayed in while in hospital?

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

**Q8** How clean were the toilets and bathrooms that you used while in hospital?

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

**Q9** Did you see nurses 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

**Q10** Did you see doctors 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

**Q11** Were you given enough privacy when being examined or treated?

- Yes, always
- Yes, sometimes
- No

**Q12** Were you given enough privacy when discussing your condition or treatment?

- Yes, always
- Yes, sometimes
- No

## FOOD

**Q13** Did you have any hospital food during this stay?

- Yes
- No .....Go to Q19

**Q14** How would you rate the hospital food?

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

**Q15** Did you have any special dietary needs (e.g. vegetarian, diabetic, food allergies, religious, cultural, or related to your treatment)?

- Yes
- No .....Go to Q17

**Q16** Was the hospital food suitable for your dietary needs?

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

**Q17** Did you need help from staff to eat your meals?

- Yes ..... Go to Q18
- No ..... Go to Q19

**Q18** Did you get enough help from staff to eat your meals?

- Yes, always
- Yes, sometimes
- No

## DOCTORS

**Q19** 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

**Q20** 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
- I did not ask any questions

**Q21** In your opinion, did the doctors who treated you know enough about your medical history?

- Yes, always
- Yes, sometimes
- No

**Q22** Did you have confidence and trust in the doctors treating you?

- Yes, always
- Yes, sometimes
- No

**Q23** Were the doctors kind and caring towards you?

- Yes, always
- Yes, sometimes
- No

**Q24 Overall, how would you rate the doctors who treated you?**

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

## NURSES

**Q25 If you needed to talk to a nurse, 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 nurse

**Q26 When you had important questions to ask a nurse, did they answer in a way you could understand?**

- Yes, always
- Yes, sometimes
- No, I did not get answers I could understand
- I did not ask any questions

**Q27 In your opinion, did the nurses who treated you know enough about your care and treatment?**

- Yes, always
- Yes, sometimes
- No

**Q28 Did nurses ask your name or check your identification band before giving you any medications, treatments or tests?**

- Yes, always
- Yes, sometimes
- No, they did not ask my name or check my identification band
- Don't know/can't remember

**Q29 Did you have confidence and trust in the nurses treating you?**

- Yes, always
- Yes, sometimes
- No

**Q30 Were the nurses kind and caring towards you?**

- Yes, always
- Yes, sometimes
- No

**Q31 Overall, how would you rate the nurses who treated you?**

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

## YOUR TREATMENT AND CARE

For the following questions, please think about all the health professionals who treated or examined you in the hospital, including doctors, nurses and others.

**Q32 Did the health professionals explain things in a way you could understand?**

- Yes, always
- Yes, sometimes
- No

**Q33 During your stay in hospital, how much information about your condition or treatment was given to you?**

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

**Q34 Did you have worries or fears about your condition or treatment while in hospital?**

- Yes
- No ..... [Go to Q36](#)

**Q35 Did a health professional discuss your worries or fears with you?**

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

Q36

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
- I did not want or need to be involved

Q37

If your family or someone else close to you wanted to talk to a doctor, 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

Q38

How much information about your condition or treatment was given to your family, carer or someone 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

Q39

How would you rate how well the health professionals worked together?

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

Q40

If you needed assistance, were you able to get a member of staff to help you within a reasonable timeframe?

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never
- I did not need assistance

Q41

Was a call button placed within easy reach?

- Yes, always
- Yes, sometimes
- No
- Not applicable to my situation
- Don't know/can't remember

Q42

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

- Yes, always
- Yes, sometimes
- No

Q43

Were your cultural or religious beliefs respected by the hospital staff?

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

Q44

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

Q45

While in hospital, did you receive or see any information about how to comment or complain about your care?

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

Q46

Not including the reason you came to hospital, during your hospital stay, 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 an operation or surgical procedure
- Complications as a result of tests, X-rays or scans
- A blood clot
- A pressure wound or bed sore
- A fall
- Any other complication or problem
- None of these .....Go to Q49

Q47

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

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

Q48

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

## PAIN

Q49

Were you ever in any pain while in hospital?

- Yes
- No .....Go to Q52

Q50

When you had pain, was it usually severe, moderate or mild?

- Severe
- Moderate
- Mild

Q51

Do you think the hospital staff did everything they could to help manage your pain?

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

## TESTS

Q52

During your stay in hospital, did you have any tests, X-rays or scans?

- Yes
- No .....Go to Q56

Q53

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

- Yes, always
- Yes, sometimes
- No

Q54

Did you receive test, X-ray or scan results while you were still in hospital?

- Yes
- No .....Go to Q56

Q55

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

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

## OPERATIONS AND PROCEDURES

Q56

During your stay in hospital, did you have an operation or surgical procedure?

- Yes .....Go to Q57
- No .....Go to Q64

**Q57** Was your operation or surgical procedure planned before you came to hospital?

- Yes  
 No ..... [Go to Q62](#)

**Q58** Thinking back to when you first tried to book an appointment with a specialist, how long did you have to wait to see that specialist?

- Less than 1 week  
 1 to 4 weeks  
 5 to 8 weeks  
 More than 8 weeks  
 Don't know/can't remember

**Q59** 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?

- Less than 1 month  
 1 to 3 months  
 4 to 6 months  
 7 to 12 months  
 More than 1 year  
 Don't know/can't remember

**Q60** Do you think the total time between when you first tried to book an appointment with a specialist and when you were admitted to hospital was...?

- About right  
 Slightly too long  
 Much too long  
 Don't know/can't remember

**Q61** Before your arrival, how much information about your operation or surgical procedure was given to you by the hospital?

- Not enough  
 The right amount  
 Too much  
 Don't know/can't remember

**Q62** Before your operation or surgical procedure began, did a health professional explain what would be done in a way you could understand?

- Yes, completely  
 Yes, to some extent  
 No  
 I did not want or need an explanation

**Q63** After the operation or procedure, did a health professional explain how the operation or surgical procedure had gone in a way you could understand?

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

## LEAVING HOSPITAL (DISCHARGE)

Thinking now about when you were discharged, that is when you left the hospital to go home or to another facility...

**Q64** Did you feel involved in decisions about your discharge from hospital?

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

**Q65** At the time you were discharged, did you feel that you were well enough to leave the hospital?

- Yes  
 No

**Q66** Thinking about when you left hospital, were you given enough information about how to manage your care at home?

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



Q67

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

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

Q68

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, arrangements were not adequate
- It was not necessary

Q69

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

Q70

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

- Yes
- No ..... Go to Q74

Q71

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

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

Q72

Did a health professional in the hospital tell you about medication side effects to watch for?

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

Q73

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

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

Q74

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

Q75

On the day you left hospital, was your discharge delayed?

- Yes
- No ..... Go to Q79

Q76

How long was the delay?

- Less than 1 hour
- At least 1 hour but less than 2 hours
- At least 2 hours but less than 4 hours
- 4 hours or longer
- Don't know/can't remember

Q77

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

- Yes
- No

Q78

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 letter for my GP
- I was not well enough
- Some other reason
- Don't know/can't remember

## OVERALL

**Q79** Overall, how would you rate the care you received while in hospital?

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

**Q80** How well organised was the care you received in hospital?

- Very well organised
- Fairly well organised
- Not well organised

**Q81** If asked about your hospital experience by friends and family how would you respond?

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

**Q82** Did you want to make a complaint about something that happened in hospital?

- No, I did not want to make a complaint ..... [Go to Q84](#)
- Yes, and I did complain ..... [Go to Q84](#)
- Yes, but I did not complain

**Q83** Why didn't you make a complaint? Please  [all](#) the boxes that apply to you

- 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
- I was too unwell to complain
- It wasn't a serious issue
- Some other reason

## OUTCOMES

**Q84** Did the care and treatment received in hospital help you?

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

**Q85** Is the problem you went to hospital for...?

- Much better
- A little better
- About the same
- A little worse
- Much worse

**Q86** In the week before your hospital stay, how difficult was it for you to carry out your normal daily activities (e.g. physical activity, going to work, caring for children)?

- Not at all difficult
- Only a little difficult
- Somewhat difficult
- Very difficult
- Too difficult to do

**Q87** About one month after your discharge from hospital, how difficult was it for you to carry out your normal daily activities?

- Not at all difficult
- Only a little difficult
- Somewhat difficult
- Very difficult
- Too difficult to do

## ABOUT YOU (THE PATIENT)

**Q88** What year were you born?

WRITE IN (YYYY)

**Q89** What is your gender?

- Male
- Female

**Q90** Which language do you mainly speak at home?

- English .....Go to Q93  
 A language other than English

Please write in the language:

**Q91** Did you need, or would you have liked, to use an interpreter at any stage while you were in hospital?

- Yes  
 No .....Go to Q93

**Q92** Was an interpreter provided when you needed one?

- Yes, always  
 Yes, sometimes  
 No

**Q93** 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

**Q94** What is the highest level of education you have completed?

- Still at 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

**Q95** In general, how would you rate your health?

- Excellent  
 Very good  
 Good  
 Fair  
 Poor

**Q96** 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  
 A learning disability  
 A mental health condition (e.g. depression)  
 A neurological condition (e.g. Alzheimer's, Parkinson's)  
 None of these

**Q97** Who completed this survey?

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

**Q98** The Bureau of Health Information 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

## YOUR FINAL COMMENTS

Q99

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


Q100

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


Thank you for your time.

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

Return the survey 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)

*Some of the questions asked in this survey are sourced from the NHS patient survey programme (courtesy of the NHS Care Quality Commission and the National Research Corporation (USA)) and from the Australian Patient Experience Indicator Development Working Group (PEIDWG) national set of core, common patient experience questions. Questions are used with the permission of each organisation.*

Barcode

