



<Barcode>
Parent or Carer of <First Name> <Last Name>
<Address Line 1>
<SUBURB> <STATE> <POSTCODE>

Date

Dear Parent or Carer of <First Name> <Last Name>

Feedback about your child's hospital experience is important

I am writing to ask you to provide feedback about your child's most recent visit to [HOSPITAL NAME] during [MONTH]. As we are constantly trying to improve care in the NSW health system, it's important to tell us about the care your child received in hospital.

The main part of the survey should be completed by a parent or carer who was present during the child's time in hospital. The final section is for your child from their point of view (although younger children might need some help).

How do you provide feedback?

You can complete the feedback survey in two ways:

➔ **Online:** Visit survey.ipsos.com.au/patientsurvey and enter your username [INS_UNAME] and password [INS_PWORD] when prompted. The survey is easiest to complete online.

OR

✍ **Pen and paper:** Simply fill the survey in this pack. To ensure your anonymity, remove this covering letter before placing the completed questionnaire in the reply paid envelope.

Your information will be treated as confidential

Your child's identity will be protected. The hospital staff who cared for your child will not know if you have returned a completed survey and will not be able to see your responses.

If you have any questions or need help filling in the survey, please contact the toll-free Patient Survey Helpline on **1800 220 936** (Monday to Friday, 9am–8pm). For information about the survey and to see how your local hospital is performing, visit the Bureau of Health Information's website at bhi.nsw.gov.au

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

Yours sincerely

Dr Kim Sutherland
A/Chief Executive
Bureau of Health Information

How to complete the survey

Filling in the survey

Please use a blue or black pen.

Mark the box like this next to your answer.

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

Answering from your point of view

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.

The last two pages of the survey are for your child to fill out themselves.

Some questions and answers

Why are you carrying out the survey?

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

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. This data will then be 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 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.

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, 9am–8pm, excluding public holidays).

How do I make a formal compliment or 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



Parents and carers please start the survey here:

Q1 Was your child's stay in hospital planned in advance or an emergency?

- An emergency **Go to Q5**
- Planned in advance
- Something else

BEFORE ARRIVING AT HOSPITAL

Thinking back to before your child's hospital stay...

Q2 From the time a doctor said your child would need to go to hospital, how long did they have to wait to be admitted?

- 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

Q3 Do you think the amount of time your child waited to go to hospital was...?

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

Q4 Before your child's arrival, how much information about their hospital stay was given to you?

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

ARRIVING AT HOSPITAL

Q5 When your child arrived in hospital did they spend time in the emergency department?

- Yes
- No **Go to Q8**
- Don't know/can't remember **Go to Q8**

THE EMERGENCY DEPARTMENT (ED)

Q6 Were the emergency department staff polite and courteous?

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

Q7 Do you think the amount of time your child spent in the emergency department was...?

- About right **Go to Q10**
- Slightly too long **Go to Q10**
- Much too long **Go to Q10**
- Don't know/can't remember **Go to Q10**

PLANNED AND OTHER TYPES OF ARRIVAL / ADMISSION

Q8 Were the staff you met on your arrival to hospital polite and courteous?

- Yes, always
- Yes, sometimes
- No

Q9 Do you think the time your child had to wait from arrival at hospital until they were taken to their room or ward was...?

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

THE HOSPITAL AND WARD

Q10 For most of your child's stay in hospital, what type of room or ward were they in?

- A children's room or ward
- An adolescent's/teenager's room or ward
- An adult's room or ward
- Don't know/can't remember

Q11 How clean were the wards or rooms your child stayed in while in hospital?

- Very clean
- Fairly clean
- Not very clean
- Not at all clean
- Don't know/can't remember

Q12 How clean were the toilets and bathrooms that your child used while in hospital?

- Very clean
- Fairly clean
- Not very clean
- Not at all clean
- Don't know/can't remember

Q13 Did you see the health professionals wash their hands, or use hand gel to clean their hands, before touching your child?

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

Q14 Was your child given enough privacy during their hospital stay?

- Yes, always
- Yes, sometimes
- No

FOOD

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

- Yes
- No Go to Q17

Q16 Was the hospital food suitable for their dietary needs?

- Yes, always
- Yes, sometimes
- No
- My child didn't have hospital food

DOCTORS

Q17 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

Q18 In your opinion, did the doctors who treated your child know enough about their medical history?

- Yes, always
- Yes, sometimes
- No

Q19 Did you have confidence and trust in the doctors treating your child?

- Yes, always
- Yes, sometimes
- No

NURSES

Q20 In your opinion, did the nurses who treated your child know enough about their care and treatment?

- Yes, always
- Yes, sometimes
- No

Q21 Did you have confidence and trust in the nurses treating your child?

- Yes, always
- Yes, sometimes
- No

YOUR CHILD'S TREATMENT & CARE

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

Q22 Did the health professionals explain things in a way you could understand?

- Yes, always
- Yes, sometimes
- No

Q23 During your child's stay in hospital, how much information about their condition or treatment was given to you?

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

Q24 Did you receive contradictory information from health professionals in the hospital – for example, different opinions on your child's treatment?

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

Q25 Did you have worries or fears about your child's condition or treatment while in hospital?

- Yes
- NoGo to Q27

Q26 Did a health professional discuss your worries or fears about your child with you?

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

Q27 Were you involved, as much as you wanted to be, in decisions about your child's care and treatment?

- Yes, definitely
- Yes, to some extent
- No
- I did not want or need to be involved
- Not applicable to our situation

Q28 Were you allowed to remain with your child when they were being treated (excluding surgery)?

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

Q29 How would you rate how well the health professionals worked together?

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

Q30 Did you feel your child was treated with respect and dignity while they were in the hospital?

- Yes, always
- Yes, sometimes
- No

Q31 Were your child's cultural or religious beliefs respected by the hospital staff?

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

Q32 While in hospital, did you receive or see any information about how to comment or complain about your child's care?

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

Q33 Not including the reason your child came to hospital, during their hospital stay, or soon afterwards, did they experience any of the following complications or problems?

Please all the boxes that apply to your child

- 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 Q36

Q34 Was the impact of this complication or problem...?

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

Q35 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 my child left

INFORMATION AND ACCESS

Q36 How much information were you given about the hospital facilities available to you and your child?

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

Q37 Did you (the patient's parents or carers) make use of the overnight facilities at the hospital?

- Yes
- NoGo to Q39
- There were no overnight facilities available.....Go to Q39
- Not applicable to our situation.....Go to Q39

Q38 How would you rate the overnight facilities for parents or carers at the hospital?

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

Q39 Were facilities available for parents and carers to make drinks or food?

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

Q40 Was there a problem finding parking near the hospital?

- Yes, a big problem
- Yes, a small problem
- No problem
- Not applicable – did not need parking

TESTS

Q41 During your child's stay in hospital, did they have any tests, X-rays or scans?

- YesGo to Q42
- NoGo to Q45

Q42 Did a health professional discuss the purpose with you and/or your child?

- Yes, always
- Yes, sometimes
- No, did not discuss with me and/or my child
- Don't know/can't remember

Q43 Did your child receive test, X-ray or scan results while they were still in hospital?

- Yes
- NoGo to Q45

Q44 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

LEAVING HOSPITAL (DISCHARGE)

Thinking now about when your child was discharged, that is when they left the hospital to go home or to another facility...

Q45 Did you feel involved in decisions about your child's discharge from hospital?

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

Q46 At the time your child was discharged, did you feel that they were well enough to leave the hospital?

- Yes
- No

Q47 Thinking about when your child left hospital, were you given enough information about how to manage their care at home?

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

Q48 Thinking about when your child left hospital, were adequate arrangements made by the hospital for any services they needed?

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

Q49 Did hospital staff tell you who to contact if you were worried about your child's condition or treatment after they left hospital?

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

Q50 Was your child given or prescribed any new medication to take at home?

- Yes
- NoGo to Q53
- Don't know/can't rememberGo to Q53

Q51 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

Q52 Did a health professional in the hospital tell you about medication side effects to watch for?

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

Q53 Did the hospital provide you with a document summarising the care your child received in hospital (e.g. a copy of the letter to your GP or a discharge summary)?

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

Q54 On the day your child left hospital, was their discharge delayed?

- YesGo to Q55
- NoGo to Q58

Q55 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

Q56 Did a member of staff explain the reason for the delay?

- Yes
- No

Q57 What were the main reasons for the delay? Please all the boxes that apply to your child

- They had to wait for medicines
- They had to wait to see the doctor
- They had to wait for an ambulance or hospital transport
- They had to wait for the letter for the GP
- They were not well enough
- Some other reason
- Don't know/can't remember

OVERALL

Q58 Overall, how would you rate the care your child received while in hospital?

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

Q59 How well organised was the care your child received in hospital?

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

Q60 If asked about your child's 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

Q61 Did you want to make a complaint about something that happened in hospital?

- No, I did not want to make a complaint **Go to Q63**
- Yes, and I did complain **Go to Q63**
- Yes, but I did not complain

Q62 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 child's future care
- I didn't think it would be taken seriously
- It wasn't a serious issue
- Some other reason

OUTCOMES

Q63 Did the care and treatment received in hospital help your child?

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

Q64 Is the problem your child went to hospital for...?

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

Q65 In the week before your child's hospital stay, how difficult was it for them to carry out their normal daily activities (e.g. physical activity, play, going to school or day-care)?

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

Q66

About **one month after** your child's discharge from hospital, how difficult was it for them to carry out their normal daily activities?

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

ABOUT YOU (THE PARENT OR CARER)

Q67

What is your gender?

- Male
- Female

Q68

What is the highest level of education you (the parent/carer) 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

Q69

Which language do you (the parent/carer) mainly speak at home?

- EnglishGo to Q72
- A language other than English

Please write in the language:

Q70

Did you (the parent/carer) need, or would you have liked, to use an interpreter at any stage while you were in hospital?

- Yes
- NoGo to Q72

Q71

Did the hospital provide an interpreter when you needed one?

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

ABOUT YOUR CHILD

Q72

What year was your child born?

WRITE IN (YYYY)

Q73

What is your child's gender?

- Male
- Female

Q74

Which, if any, of the following long-standing conditions does your child have?

Please **X** all the boxes that apply to your child

- Deafness or severe hearing impairment
- Blindness or severe vision impairment
- A long-standing illness (e.g. cancer, diabetes, respiratory disease)
- A long-standing physical condition
- A learning disability
- A mental health condition (e.g. depression, eating disorder)
- A neurological condition (e.g. ADHD)
- None of these

Q75

In general, how would you rate your child's health?

- Excellent
- Very good
- Good
- Fair
- Poor

Q76

Is your child of Aboriginal origin, Torres Strait Islander origin, or both?

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

Q77

Who completed the survey up to this point?

- The parent or carer of the young patient
- The young patient with help from a parent or carer
- The young patient

Q78

The Bureau of Health Information would like your permission to link you and your child's survey answers to other information from health records relating to your child which are maintained by various NSW and Commonwealth agencies (including your child's hospitalisations, medical visits, ambulance transportation, medication or health registry information). Linking to your child's health care information for the two years before and after their 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 child's information will be treated in the strictest confidence. We will receive the linked information after your child's name and address have been removed. We will not report any results which may identify you or your child as an individual and your responses will not be accessible to the people who looked after your child.

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

- Yes
- No

YOUR FINAL COMMENTS

Q79

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

Q80

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

Please now hand the survey to your child and ask them to complete pages 11 and 12.

Once your child has also completed the survey, please remove the covering letter by tearing along the perforated line. Return the survey 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 survey are sourced from the NHS patient survey programme (courtesy of the NHS Care Quality Commission and the National Research Corporation (USA)), from the Australian Patient Experience Indicator Development Working Group (PEIDWG) national set of core, common patient experience questions and from the Royal College of Paediatrics and Child Health and Picker Institute Europe Urgent and Emergency Care PREM tools. Questions are used with the permission of each organisation.

YOUNG PATIENT'S SECTION

This section should be completed by the young person who was admitted to the hospital.

Please tell us about your experience in the hospital named on the front page. Your answers will help hospitals to see which things they are doing well and which things they need to improve.

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

Please **mark just one answer** for each question.

Q81 Did the doctors and nurses introduce themselves to you?

- Yes, always
- Yes, sometimes
- No

Q82 Were the doctors kind and caring?

- Yes, always
- Yes, sometimes
- No

Q83 Were the nurses kind and caring?

- Yes, always
- Yes, sometimes
- No

Q84 Did the doctors and nurses explain things in a way you could understand?

- Yes, always
- Yes, sometimes
- No

Q85 Did a doctor or nurse discuss your worries or fears with you?

- Yes, completely
- Yes, sort of
- No, no-one discussed my worries and fears with me
- I did not have any worries or fears

Q86 If you were in pain, did the doctors and nurses do everything they could to help with your pain?

- Yes, definitely
- Yes, sort of
- No
- I was not in any pain

Q87 How would you rate the hospital food?

- Very good
- Good
- Not good or bad
- Bad
- Very bad
- I did not have any hospital food

Q88 Did the hospital room suit someone your age?

- Yes, definitely
- Yes, sort of
- No

Q89 Were there things for you to do (such as books, games and toys)?

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

Q90 Were you given enough privacy during your hospital stay?

- Yes, always
- Yes, sometimes
- No

Q91 Were you ever bothered by noise in the hospital?

- Yes
- No

Q92 Were you involved, as much as you wanted to be, in decisions about your care and treatment?

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

Q93 Overall, how would you rate the care you received while in hospital?



- Very good
- Good
- Not good or bad
- Bad
- Very bad

Q94 What did you think was really good about your hospital visit?

Handwritten text: "I was given a lot of privacy and I was given a lot of information about my care and treatment."

Q95 What could have been better?

Handwritten text: "I would have liked to have been involved in decisions about my care and treatment."

Q96 Who completed this section?

- Me, the patient
- Me, with someone helping me
- A parent or carer of the patient

Thank you for completing the Young Patient's Section.

Please hand the survey back to your parent or carer. Instructions for returning the completed survey are on page 10.

Barcode