



<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>

Your feedback about your child's hospital experience is important

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

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



Visit survey.ipsos.com.au/patientsurvey

Username [INS_UNAME]

Password [INS_PWORD]

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

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

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

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

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

Yours sincerely

Dr Diane Watson

Chief Executive

Bureau of Health Information



HOW TO COMPLETE THE PAPER QUESTIONNAIRE

Please use a blue or black pen to mark an **X** in the box next to the answer you choose.

Sometimes the box you have marked has a 'Go to...' instruction. By following the 'Go to...' instruction you will be able to move past any questions that do not apply.

Q66

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

Yes

No.....Go to Q70



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

Q68

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

Yes

No

If you prefer not to answer a question, leave it blank and continue to the next question.

PRIVACY INFORMATION

Your privacy is protected by legislation

The Bureau of Health Information (BHI) works with Ipsos to manage the patient survey program on behalf of NSW Health. NSW Health provides Ipsos with your child's name and address for the purpose of sending you this questionnaire only. Ipsos will keep your contact details confidential.

Your questionnaire responses will be treated in the strictest confidence. Once you have completed the survey, your contact details are removed from the survey results. No identifying information will be given to NSW Health, the hospital or health service your child attended, your doctor or any other health professionals unless required by law.

Your answers will be analysed along with the responses from other people who completed the questionnaire. The results will be provided to your local hospital and to NSW Health to help improve services.

You can get more information about privacy and confidentiality at bhi.nsw.gov.au/nsw_patient_survey_program/privacy

The results of all NSW Patient Surveys are reported publicly on the BHI website at bhi.nsw.gov.au





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 Was the room or ward suitable for someone your child's age?

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

Q12 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 stay
- Don't know/can't remember

Q13 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

Q14 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

Q15 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

Q16 Was your child given enough privacy during their hospital stay?

- Yes, always
- Yes, sometimes
- No

Q17 Was your child ever bothered by noise in the hospital?

- Yes
- No

FOOD

Q18 Did your child have any hospital food during this stay?

- Yes
- No Go to Q22

Q19 How would you rate the hospital food?

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

Q20 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 Q22

Q21 Was the hospital food suitable for their dietary needs?

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



DOCTORS

Q22 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

Q23 In your opinion, did the doctors who treated your child know enough about their medical history?

- Yes, always
- Yes, sometimes
- No

Q24 Did you have confidence and trust in the doctors treating your child?

- Yes, always
- Yes, sometimes
- No

Q25 Were the doctors kind and caring towards your child?

- Yes, always
- Yes, sometimes
- No

NURSES

Q26 In your opinion, did the nurses who treated your child know enough about their care and treatment?

- Yes, always
- Yes, sometimes
- No

Q27 Did you have confidence and trust in the nurses treating your child?

- Yes, always
- Yes, sometimes
- No

Q28 Were the nurses kind and caring towards 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.

Q29 Did the health professionals introduce themselves to your child?

- Yes, always
- Yes, sometimes
- No
- Not applicable as my child is too young
- Don't know/can't remember

Q30 Did the health professionals explain things in a way your child could understand?

- Yes, always
- Yes, sometimes
- No
- Not applicable as my child is too young
- Don't know/can't remember

Q31 Did the health professionals explain things in a way you could understand?

- Yes, always
- Yes, sometimes
- No

Q32 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

Q33 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



Q34 Did you have worries or fears about your child's condition or treatment while in hospital?

- Yes
- No Go to Q36

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

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

Q36 Did your child have worries or fears about their condition or treatment while in hospital?

- Yes
- No Go to Q38
- Not applicable as my child is too young Go to Q38
- Don't know/can't remember Go to Q38

Q37 Did a health professional discuss your child's worries or fears with them?

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

Q38 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

Q39 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

Q40 How would you rate how well the health professionals worked together?

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

Q41 Did you feel your child was treated with respect and dignity while they were in the hospital?

- Yes, always
- Yes, sometimes
- No

Q42 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

Q43 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



Q44 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 Q47

Q45 Was the impact of this complication or problem...?

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

Q46 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

PAIN

Q47 If your child was in pain, did the doctors and nurses do everything they could to help with their pain?

- Yes, definitely
- Yes, to some extent
- No
- My child was not in pain

INFORMATION AND ACCESS

Q48 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

Q49 Did you (the patient's parent or carer) make use of the overnight facilities at the hospital?

- Yes
- No Go to Q51
- There were no overnight facilities available Go to Q51
- Not applicable to our situation .. Go to Q51

Q50 How would you rate the overnight facilities for parents or carers at the hospital?

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

Q51 Were facilities available for parents and carers to make drinks or food?

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

Q52 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

Q53 During your child's stay in hospital, did they have any tests, X-rays or scans?

- Yes
 No Go to Q57

Q54 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

Q55 Did your child receive test, X-ray or scan results while they were still in hospital?

- Yes
 No Go to Q57

Q56 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...

Q57 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

Q58 At the time your child was discharged, did you feel that they were well enough to leave the hospital?

- Yes
 No

Q59 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

Q60 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

Q61 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

Q62 Was your child given or prescribed any new medication to take at home?

- Yes
 No Go to Q65
 Don't know/can't remember Go to Q65

Q63 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

Q64 Did a health professional in the hospital tell you about medication side effects to watch for?

- Yes, completely
 Yes, to some extent
 No



■

Q65 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

Q66 On the day your child left hospital, was their discharge delayed?

- Yes
- No Go to Q70

Q67 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

Q68 Did a member of staff explain the reason for the delay?

- Yes
- No

Q69 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

Q70 Overall, how would you rate the care your child received while in hospital?

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

Q71 How well organised was the care your child received in hospital?

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

Q72 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

Q73 Did you want to make a complaint about something that happened in hospital?

- No, I did not want to make a complaint Go to Q75
- Yes, and I did complain Go to Q75
- Yes, but I did not complain

Q74 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

Q75 Did the care and treatment received in hospital help your child?

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

Q76 Is the problem your child went to hospital for...?

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

Q77 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

Q78 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)

Q79 What is your gender?

- Male
- Female

Q80 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

Q81 Which language do you (the parent/carer) mainly speak at home?

- English Go to Q84
- A language other than English

Please write in the language

Q82 Did you (the parent/carer) need, or would you have liked, to use an interpreter at any stage while your child was in hospital?

- Yes
- No Go to Q84

Q83 Did the hospital provide an interpreter when you needed one?

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



ABOUT YOUR CHILD

Q84 What year was your child born?
WRITE IN (YYYY)

Q85 What is your child's gender?
 Male
 Female

Q86 Which, if any, of the following long-standing conditions does your child have?

Please all the boxes that apply to your child

- Deafness or severe hearing impairment
- Blindness or severe vision impairment
- A longstanding illness (e.g. cancer, diabetes, respiratory disease)
- A longstanding physical condition
- An intellectual disability
- A mental health condition (e.g. depression, eating disorder)
- A neurological condition (e.g. ADHD)
- None of these Go to Q89

Q87 Does this condition(s) cause your child difficulties with their day-to-day activities?

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

Q88 Is your child a participant of the National Disability Insurance Scheme (NDIS)?

- Yes
- No
- Don't know

Q89 In general, how would you rate your child's health?

- Excellent
- Very good
- Good
- Fair
- Poor

Q90 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 Go to Q92

Q91 Did your child see an Aboriginal Health Worker during their stay in hospital?

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

Q92 Who completed this survey?

- The parent or carer of the child
- The child with help from a parent or carer
- The child

Q93 The Bureau of Health Information would like your permission to link your 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

Q94 What was the best part of the care your child received while in this hospital?

Q95 What part of your child's care provided by this hospital most needs improving?

THANK YOU FOR YOUR TIME

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

Some of the questions asked in this 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.

Barcode

