

Emergency Department Patient Survey: Incomplete Visit

Development Report

June 2026

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Please note that there is the potential for minor revisions of this report.

Please check the online version at **bhi.nsw.gov.au** for any amendments or errata.

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The conclusions in this report are those of BHI and no official endorsement by the NSW Minister for Health, the NSW Ministry of Health or any other NSW public health organisation is intended or should be inferred.

NSW Patient Survey Program

The Bureau of Health Information (BHI) is the statutory agency responsible for reporting on the performance of the NSW public health system. Every year the NSW Patient Survey Program gives thousands of patients the opportunity to provide feedback about their healthcare experiences and outcomes, using evidence-based, validated survey instruments.

The program provides intelligence about patients' experiences in the NSW public health system to strengthen accountability and support improvement. It is the only statewide data asset that delivers robust, representative and comparative information about patients' experiences at hospital, local health district (LHD) and state level. It plays a distinct and complementary role to real-time feedback from patients about their experiences in hospitals, which can inform day-to-day local improvements.

Background

BHI currently administers the Emergency Department Patient Survey (EDPS) as one of its core patient experience surveys. This survey asks people who have attended an emergency department (ED) in a NSW public hospital to share their experiences of care. The sampling methodology for this survey excludes patients with incomplete ED visits. These patients are defined as those who leave before treatment starts or before completing treatment in the ED.

As reported in *Healthcare Quarterly (January to March 2026)*, of the 75,525 patients who had incomplete ED visits, 30,749 (40.7%) did not wait for treatment to formally start and 44,776 (59.3%) left after treatment had started, against clinical advice or before all processes were finalised (e.g. receiving prescriptions or test results). These patients represent an important cohort, as incomplete visits may be associated with unmet care needs, poorer outcomes, and avoidable re-presentations. Understanding their experiences is critical to improving access, safety and responsiveness to ED care, particularly in the context of increasing demand and other pressures on the health system.

BHI developed the Emergency Department Patient Survey: Incomplete Visit, to better understand the experiences of patients who did not wait for treatment to formally start or who left after treatment had started, against clinical advice or before all processes were finalised (e.g. receiving prescriptions or test results). The survey was informed by: existing patient experience measures used across BHI surveys; relevant emergency department policies and guidelines, and consultation with key stakeholders. Findings from this survey will support service improvements aimed at reducing incomplete visits and enhancing patient safety, continuity of care, and overall experience.

The survey was designed to align closely with EDPS to enable comparison of results across patient cohorts. Where appropriate, questions drew on BHI's established domains of care, including communication, compassionate care, involvement in decision-making, and coordination of care. Additional items were included to examine patients' reasons for leaving the ED and the point at which they chose to leave.

Cognitive testing with consumers was undertaken to refine question wording, structure, and sequencing, ensuring clarity, relevance, and sensitivity to potentially stressful ED experiences.

Stakeholder consultation

The Emergency Department Patient Survey: Incomplete Visit was developed in consultation with key stakeholders across NSW Health to ensure it was relevant, appropriate and aligned with policy and system priorities.

Stakeholders from the Ministry of Health and the Emergency Care Institute at the Agency for Clinical Innovation were invited to review the draft questionnaire and provide feedback.

Their input informed refinements to the content, wording and structure of the survey, ensuring it captured priority issues and reflected system needs.

The questionnaire was revised iteratively in response to stakeholder feedback, with health literacy considered for each question, before progressing to cognitive testing with patients.

Cognitive testing

BHI's survey vendor, Ipsos Public Affairs, conducted cognitive testing with consumers to assess how participants understood the survey questions and response options, and to identify any issues relating to question flow, skip logic and formatting.

Participants were recruited based on attendance at a NSW public hospital ED in the past 24 months and whether they left before their treatment was completed, either as a patient or as parents/carers of a child. The sample included adults and Aboriginal and/or Torres Strait Islander participants, with variation in age, gender and rurality. In total, twelve interviews were completed to inform refinement of the questionnaire.

Participants provided detailed feedback on wording, question relevance, interpretation, sequencing and survey design.

The following findings were noted during cognitive testing:

- Participants found that the questions were generally clear and easy to understand.
- Structuring questions around key stages of the ED visit, such as triage, tests and treatment, worked well.
- Responses varied depending on how far patients progressed through the ED. Participants who left earlier often interpreted questions differently from those who reached treatment areas, highlighting the importance of appropriate question routing and targeting.
- Participants identified opportunities to improve clarity by refining specific terms (e.g. 'urgent care' and 'medical care').
- Participants emphasised the importance of clear communication about waiting times and ED processes.
- Aboriginal and Torres Strait Islander participants highlighted the need for culturally appropriate content, clearer information on how survey results would be used, and greater opportunity for open-ended responses to capture more detailed experiences.

Most participants strongly supported the survey's focus on understanding why people leave the ED early.

The final questionnaire comprises 30 questions, including 12 demographic items. Seven questions were newly developed for this survey, while the remaining items were adapted from existing BHI surveys.

The Emergency Department Incomplete Patient Survey 2026 questionnaire is available on the [BHI website](#).

Emergency Department Patient Survey: Incomplete Visit questions

Question # 2026	Question and response options (as they appear in the questionnaire)	Source	Rationale
1	Was the signposting directing you to the ED easy to follow? • Yes, definitely • Yes, to some extent • No • Not applicable	BHI	This core question is used across BHI patient surveys. The question is unchanged.
2	Were the staff you met on your arrival polite and welcoming? • Yes, definitely • Yes, to some extent • No • Don't know/can't remember	BHI	This core question is used across BHI patient surveys. The question is unchanged.
3	Did the staff tell you how long you might have to wait for treatment? • Yes • No • Not applicable	BHI	This core question is used across BHI patient surveys. The question is unchanged.

Question # 2026	Question and response options (as they appear in the questionnaire)	Source	Rationale
4	When you were in the ED, which of these stages did you go through? Please X all the boxes that apply to you • I spoke to someone who took my details when I arrived • I was triaged or had my vital signs checked (e.g. blood pressure, heart rate, oxygen levels) • I was taken to the treatment area and examined by a doctor or another health professional • I had tests (e.g. blood tests, X-ray, scan, ultrasound) • I received medical treatment (e.g. medicine, wound care, intravenous fluids) • I was monitored or observed • I was told I could leave the ED • Other Please specify below	New	This new question was included to identify which stages of care the patient experienced, to support interpretation of responses and highlight potential gaps in care delivery.
5	Did the staff check on your condition while you were waiting to be treated? • Yes • No • Not applicable	BHI	This core question is used across BHI patient surveys. The question is unchanged.

Question # 2026	Question and response options (as they appear in the questionnaire)	Source	Rationale
6	Were you told what to do if your condition worsened in the ED? • Yes, definitely • Yes, to some extent • No	BHI (old question)	This question was added to assess whether patients were given clear instructions about what to do if their condition worsened, which is critical for patient safety, timely care escalation and improving communication in the ED.
7	Did you have enough time to discuss your health or medical condition with the health professionals? • Yes, definitely • Yes, to some extent • No	BHI (old question)	This question was included to assess whether patients felt they had sufficient time to discuss their condition, which is key to their understanding, shared decision-making, and overall satisfaction with care.
8	Did the health professionals listen carefully to your views and concerns? • Yes, always • Yes, sometimes • No • Not applicable	BHI	This core question is used across BHI patient surveys. The question is unchanged.
9	Were you treated with respect and dignity? • Yes, always • Yes, sometimes • No	BHI	This core question is used across BHI patient surveys. The question is unchanged.

Question # 2026	Question and response options (as they appear in the questionnaire)	Source	Rationale
10	Were your cultural or religious beliefs respected by the health professionals? • Yes, always • Yes, sometimes • No • Not applicable	BHI	This core question is used across BHI patient surveys. The question is unchanged
11	If your family members or someone else close to you wanted to talk to the health professionals, did they get the opportunity to do so? • Yes, definitely • Yes, to some extent • No • Don't know/can't remember • Not applicable/I came to the ED on my own	BHI	This core question is used across BHI patient surveys. The final response option was amended to include both 'I came to the ED on my own' and 'Not applicable'.
12	Which of the following best describes your visit to the ED? • I left the ED before starting treatment (e.g. after seeing the triage nurse but before being seen by a doctor or other nurse) • I left the ED before completing treatment (e.g. I received some treatment) • I stayed until I thought my ED treatment was complete...Go to QX	New	This question was added to identify whether patients left before or during treatment, providing insight into incomplete care episodes and enabling analysis of how incomplete visits affect patients' experiences of care.

Question # 2026	Question and response options (as they appear in the questionnaire)	Source	Rationale
13	What were the main reasons you left the ED? Please X all the boxes that apply to you • I felt better • I decided to seek care elsewhere • I was told to see another health service (e.g. GP, specialist) • The waiting time was too long • There was a lack of communication about my care or waiting time • I did not understand the process • I did not feel comfortable • I had other commitments (e.g. work, childcare) • I had a negative experience at this ED before • Other Please specify below.	New	This question was included to understand why patients left the ED before their treatment was complete, to help inform service improvements.
14	Overall, how would you rate the care you received while in the ED? • Very good • Good • Neither good nor poor • Poor • Very poor	BHI	This core question is used across BHI patient surveys. The question is unchanged.

Question # 2026	Question and response options (as they appear in the questionnaire)	Source	Rationale
15	Did the care and treatment you received help you? • Yes, definitely • Yes, to some extent • No • Not applicable	BHI – modified	This core question is used across BHI patient surveys. The response option was amended to include 'Not applicable' for patients who left the ED before receiving care and treatment.
16	After leaving the ED, did you seek care elsewhere, for the same condition? Please X all the boxes that apply to you • Yes, a GP • Yes, an Urgent Care Service (a walk-in clinic or service accessed via healthdirect) • Yes, another health professional • No	New	This question was included to understand whether patients required further care after leaving the ED, to help assess continuity of care and potential unmet needs.
17	Did you need to return to this or any other ED within 48 hours of leaving? • Yes • No • Don't know/can't remember	BHI – EDPS	This core question is used across BHI patient surveys. The question is unchanged.
18	Is there anything else you'd like to tell us about your ED experience?	New	Free-text feedback is valuable for capturing additional insights directly from the patient's perspective.
19	What year were you born? Write in (YYYY)	BHI	This demographic question is used across BHI patient surveys. The question is unchanged.

Question # 2026	Question and response options (as they appear in the questionnaire)	Source	Rationale
20	How do you describe your gender? Please X one option • Man or male • Woman or female • Non-binary • Prefer to use a different term. Please specify below • Prefer not to answer	BHI	This demographic question is used across BHI patient surveys. The question is unchanged.
21	What is the highest level of education you have completed? • Not yet started school • Still at primary or secondary school • Less than Year 12 or equivalent • Completed Year 12 or equivalent • Trade or technical certificate or diploma • University degree • Postgraduate/higher degree	BHI	This demographic question is used across BHI patient surveys. The question is unchanged.
22	Which language do you mainly speak at home? • English • A language other than English What is that language? Please write below.	BHI	This demographic question is used across BHI patient surveys. The question is unchanged.

Question # 2026	Question and response options (as they appear in the questionnaire)	Source	Rationale
23	Did you need, or would you have liked, to use an interpreter at any stage while you were in the ED? • Yes • No...Go to X	BHI	This demographic question is used across BHI patient surveys. The question is unchanged.
24	Did the ED provide an interpreter when you needed one? • Yes, always • Yes, sometimes • No	BHI	This demographic question is used across BHI patient surveys. The question is unchanged.
25	Are you Aboriginal or Torres Strait Islander? • Yes, Aboriginal • Yes, Torres Strait Islander • Yes, both Aboriginal and Torres Strait Islander • Prefer not to say • No...Go to QX	BHI – updated	This demographic question is used across BHI patient surveys. The response options were updated in line with guidance and best practice from the Ministry of Health's Centre for Aboriginal Health.
26	Did you feel comfortable about how the ED staff asked whether you are Aboriginal or Torres Strait Islander? • Yes • No • Don't know/can't remember	New	Cognitive testing showed that Aboriginal patients and other stakeholders considered this question important.

Question # 2026	Question and response options (as they appear in the questionnaire)	Source	Rationale
27	Did you receive support, or the offer of support, from an Aboriginal health worker while you were in the ED? • Yes • No • Don't know/can't remember	BHI	Cognitive testing showed that Aboriginal patients and other stakeholders considered this question important. The question is unchanged.
28	Which, if any, of the following longstanding health conditions do you have (including age-related conditions)? Please X all the boxes that apply to you • Deafness or severe hearing impairment • Blindness or severe vision impairment • A longstanding illness (e.g. cancer, HIV, diabetes, chronic heart disease) • A longstanding physical condition (e.g. arthritis, spinal injury, multiple sclerosis) • An intellectual disability • A mental health condition (e.g. depression) • A neurological condition (e.g. Alzheimer's, Parkinson's) • None of these...Go to QX	BHI	This demographic question is used across BHI patient surveys. The question is unchanged.
29	Does this condition(s) cause you difficulties with your day-to-day activities? • Yes, definitely • Yes, to some extent • No	BHI	This demographic question is used across BHI patient surveys. The question is unchanged.

Question # 2026	Question and response options (as they appear in the questionnaire)	Source	Rationale
30	BHI would like your permission to link your questionnaire responses to other information from health records relating to you which are maintained by NSW Government and Commonwealth agencies (including your hospitalisations or health registry information). Linking to your health information will allow us to better understand how the care provided by health services is related to the health of their patients. Your information will be treated in the strictest confidence. BHI will not report any results that may identify you as an individual. Your questionnaire responses will not be accessible to the health professionals who cared for you. Do you give permission for the Bureau of Health Information to link your answers from this survey to health records related to you (the patient)? • Yes • No	BHI	This demographic question is used across BHI patient surveys. The question is unchanged.