



# 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 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 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

**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.

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 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: Adult Admitted Patients

Was your stay in hospital planned in advance or an emergency?	THE EMERGENCY DEPARTMENT (ED)
An emergencyGo to Q5  Planned in advance  Something else	Were the Emergency Department staff polite and courteous?  Yes, always Yes, sometimes
BEFORE ARRIVING AT HOSPITAL	☐ No ☐ Don't know/can't remember
Thinking back to before your hospital stay  From the time a doctor said you would need to go to hospital, how long did you	Do you think the amount of time you spent in the Emergency Department was?
have to wait to be admitted?	About right Slightly too long Go to Q10
Less than 1 month  1 to 3 months	Much too long  Don't know/can't remember
4 to 6 months 7 to 12 months	PLANNED AND OTHER TYPES OF
More than 1 year	ARRIVAL/ADMISSION
Don't know/can't remember	Were the staff you saw on your arrival to
Do you think the amount of time you waited was?  About right Slightly too long	<ul><li>Q8 hospital polite and courteous?</li><li>Yes, always</li><li>Yes, sometimes</li><li>No</li></ul>
Much too long Don't know/can't remember	Do you think the time you had to wait from arrival at hospital until you were taken to your room or ward was?
Before your arrival, how much information about your hospital stay was given to you?	☐ About right ☐ Slightly too long ☐ Much too long
<ul><li>Not enough</li><li>☐ The right amount</li><li>☐ Too much</li></ul>	Don't know/can't remember
Don't know/can't remember	THE HOSPITAL AND WARD
ARRIVING AT HOSPITAL	For the following questions, please think about the time from when you arrived at your ward or room until you left hospital
When you arrived in hospital did you spend time in the Emergency Department?	How clean were the wards or rooms you stayed in while in hospital?
<ul> <li>Yes</li> <li>No</li> <li>Go to Q6</li> <li>No</li> <li>Go to Q8</li> <li>Don't know/can't remember</li> <li>Go to Q8</li> </ul>	<ul><li>☐ Very clean</li><li>☐ Fairly clean</li><li>☐ Not very clean</li><li>☐ Not at all clean</li></ul>

<del>-</del>	
How clean were the toilets and bathrooms that you used while in hospital?  Very clean Fairly clean Not very clean Not at all clean	Did you have any special dietary needs (e.g. vegetarian, diabetic, food allergies, religious, cultural, or related to your treatment)?  Yes No
Did you see <a href="nurses">nurses</a> wash their hands, use hand gel to clean their hands, or put on clean gloves before touching you?  Yes, always Yes, sometimes No, I did not see this Can't remember	Was the hospital food suitable for your dietary needs?  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, I did not see this Can't remember  Were you given enough privacy when being examined or treated?	Did you need help from staff to eat your meals?  Yes No Go to Q22  Did you get enough help from staff to eat your meals?  Yes, always Yes, sometimes
<ul><li> Yes, always</li><li> Yes, sometimes</li><li> No</li><li> Were you given enough privacy when</li></ul>	DOCTORS
Yes, always   Yes, sometimes   No	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
Did you have any hospital food during this stay?  Yes	When you had important questions to ask a doctor, did they answer in a way you
No Go to Q22	could understand?

Q24	In your opinion, did the doctors who treated you know enough about your medical history?	Q31	In your opinion, did the nurses who treated you know enough about your care and treatment?
	Yes, always		Yes, always
	Yes, sometimes		Yes, sometimes
	☐ No		□ No
	Did you have confidence and twent in the		
Q25	Did you have confidence and trust in the doctors treating you?		Did nurses ask your name or check
		Q32	your identification band before giving you
	Yes, always Yes, sometimes		any medications, treatments or tests?
	No No		Yes, always
			Yes, sometimes
000	Were the doctors polite and courteous?		No, they did not ask my name or check
Q26	Yes, always		my identification band
	Yes, sometimes		Don't know/can't remember
	☐ No		
Q27	Were the doctors kind and caring towards you?	Q33	Did you have confidence and trust in the nurses treating you?
			Yes, always
	Yes, always		Yes, sometimes
	☐ Yes, sometimes ☐ No		No
Q28	Overall, how would you rate the doctors		Were the nurses polite and courteous?
QZU		Q34	Yes, always
	☐ Very good		Yes, sometimes
	Good		□ No
	☐ Neither good nor poor ☐ Poor		
	☐ Very poor		Were the nurses kind and caring towards
	very poor	Q35	you?
	NURSES		Yes, always
			Yes, sometimes
Q29	If you needed to talk to a nurse, did you get the opportunity to do so?		□ No
	Yes, always		Overall, how would you rate the nurses who
	Yes, sometimes	Q36	treated you?
	No, I did not get the opportunity		☐ Very good
	I had no need to talk to a nurse		☐ Good
	When you had important questions to ask		Neither good nor poor
Q30	a nurse, did they answer in a way you could		Poor
	understand?		☐ Very poor
	Yes, always		voly pool
	Yes, sometimes		
	No, I did not get answers I could understand		
	I did not ask any questions		

OTHER HEALTH PROFESSIONALS	During your stay in hospital, how much information about your condition or treatment was given to you?
Which, if any, of the following other health professionals did you receive care or treatment from during this hospital stay?  Please X all the boxes that apply to you  Dietician  Occupational therapist	Not enough The right amount Too much Not applicable to my situation
<ul> <li>Pharmacist</li> <li>Physiotherapist</li> <li>Psychologist</li> <li>Radiographer (X-ray, ultrasound, MRI)</li> <li>Social worker</li> <li>Speech pathologist</li> </ul>	Did you have worries or fears about your condition or treatment while in hospital?  Yes No
Other  Please write in  None of these	Q43 worries or fears with you?  ☐ Yes, completely ☐ Yes, to some extent ☐ No  Were you involved, as much as you wanted to be, in decisions about your care and treatment?
Yes, always Yes, sometimes No	Yes, definitely Yes, to some extent No
Did you have confidence and trust in these other health professionals?  Yes, always Yes, sometimes No	I was not well enough I did not want or need to be involved  If your family or someone else close to you wanted to talk to a doctor, did they get the opportunity to do so?
YOUR TREATMENT AND CARE  For the following questions, please think about all the health professionals who treated or	Yes, definitely Yes, to some extent No, they did not get the opportunity Not applicable to my situation Don't know/can't say
examined you in the hospital, including doctors, nurses and others.  Did the health professionals explain things in a way you could understand?  Yes, always Yes, sometimes	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
No	<ul><li>☐ It was not necessary to provide information to any family or friends</li><li>☐ Don't know/can't say</li></ul>

How would you rate how well the health professionals worked together?  Very good Good Neither good nor poor Poor 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 problems?  An infection Uncontrolled bleeding A negative reaction to medication Complications as a result of surgery
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	Complications as a result of tests or procedures  A blood clot A pressure wound or bed sore A fall Any other complication or problem  None of these Go to Q56
☐ I did not need assistance	Was the impact of this complication or problem?
Was a call button placed within easy reach?  Yes, always Yes, sometimes No Not applicable Don't know/can't remember  Did you feel you were treated with respect and dignity while you were in the hospital?  Yes, always	Very serious Fairly serious Not very serious Not at all serious In your opinion, were members of the hospital staff open with you about this complication or problem?  Yes, completely Yes, to some extent No
Yes, sometimes	
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  While in hospital, did you receive, or see, any information about your rights as a patient, including how to comment or complain?	Were you ever in any pain while in hospital?  Yes No
Yes No Don't know/can't remember	Yes, definitely Yes, to some extent No

TESTS	From the time a specialist said you needed the operation or surgical procedure, how
During your stay in hospital, did you have any tests, X-rays or scans?  Yes No	
while you were still in hospital?  Yes  No	About right Slightly too long Much too long Don't know/can't remember
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	Before your operation or surgical procedure, 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
During your stay in hospital, did you have an operation or surgical procedure?  Yes No	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
☐ No	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?  Yes, definitely Yes, to some extent No, I did not feel involved I did not want or need to be involved

At the time you were discharge you feel that you were well end leave the hospital?	ugh to Q77 explain the p	professional in the hospital ourpose of this medication in a alld understand?
☐ Yes ☐ No	Yes, con Yes, to s	npletely some extent
Thinking about when you left he were you given enough inform how to manage your care at home you care at home you care at home your care at home yes, completely  Yes, completely  Yes, to some extent  No, I was not given enough  I did not need this type of information your fame.	ospital, ation about me?  Did a health tell you about watch for?  Yes, con Yes, to s No	professional in the hospital ut medication side effects to impletely some extent
home situation into account w your discharge?  Yes, completely Yes, to some extent No, staff did not take my situ account It was not necessary Don't know/can't remember	Did you feel use this med treatment?  Yes, con Yes, to so No, I did	involved in the decision to dication in your ongoing  inpletely some extent not feel involved want or need to be involved
Thinking about when you left hadequate arrangements made hospital for any services you raccess:  Yes, completely Yes, to some extent	ospital, were oy the eeded?  Q80 hospital doc  Yes  No  Don't known	eive a copy of a letter from the tors to your family doctor (GP)?
No, arrangements were not It was not necessary  Did hospital staff tell you who if you were worried about your treatment after you left hospital	o contact Condition or On the day y	you left hospital, was your elayed?Go to Q85
☐ Yes ☐ No ☐ Don't know/can't remember  Were you given or prescribed to take at home? ☐ Yes ☐ No ☐ No	Less that   At least the control   Don't known the contro	as the delay? In 1 hour 1 hour but less than 2 hours 2 hours but less than 4 hours or longer ow/can't remember

Q83	Did a member of staff explain the reason for the delay?	Why didn't you make a complaint?  Please X all the boxes that apply to you
	Yes	☐ I didn't know how to make a complaint
	☐ No	☐ I didn't know who to complain to
		I was worried it might affect my future care
004	What were the main reasons for the delay?	I didn't think it would be taken seriously
Q84	Please X all the boxes that apply to you	I was too unwell to complain
	☐ I had to wait for medicines	It wasn't a serious issue
	☐ I had to wait to see the doctor	Some other reason
	☐ I had to wait for an ambulance/transport	
	☐ I had to wait for the letter for my GP	OUTCOMES
	☐ I was not well enough	OUTCOMES
	Some other reason	Did the care and treatment received in
	Don't know/can't remember	hospital help you?
	OVERALL	Yes, definitely
	OVERALL	Yes, to some extent
		☐ No, not at all
Q85	Overall, how would you rate the care you received while in hospital?	
QUU	_	ls the problem you went to hospital for?
	☐ Very good	Much better
	Good	A little better
	Neither good nor poor	About the same
	Poor	☐ A little worse
		☐ Much worse
Q86	How well organised was the care you received in hospital?	In the <u>week before</u> your hospital stay, how difficult was it for you to carry out your
	☐ Very well organised	normal daily activities (e.g. physical
	Fairly well organised	activity, going to work, caring for children)?
	☐ Not well organised	☐ Not at all difficult
		Only a little difficult
Q87	If asked about your hospital experience by	Somewhat difficult
QOI	friends and family how would you respond?	☐ Very difficult
	I would speak highly of the hospital	☐ I was not able to at all
	I would neither speak highly nor be critical	About one wouth often your discharge from
	I would be critical of the hospital	About <u>one month after</u> your discharge from hospital, how difficult was it for you to
	Did you want to make a complaint about	carry out your normal daily activities?
Q88	something that happened in hospital?	☐ Not at all difficult
	Yes, and I did complainGo to Q90	Only a little difficult
	Yes, but I did not complainGo to Q89	Somewhat difficult
	☐ No, I did not want to	☐ Very difficult
	make a complaintGo to Q90	☐ I was not able to at all

		Did you need or would you have liked to
	ABOUT YOU (THE PATIENT)	Did you need, or would you have liked, to use an interpreter at any stage while you
Q94	What year were you born?	were in hospital?  Yes
	WRITE IN (YYYY)	→ No
Q95	What is your gender?  Male	Was an interpreter provided when you needed one?
	Female	Yes, always Yes, sometimes
Q96	What is the highest level of education you have <u>completed</u> ?	No
	<ul><li>Still at secondary school</li><li>Less than Year 12 or equivalent</li></ul>	Are you of Aboriginal origin, Torres Strait Islander origin, or both?
	Completed Year 12 or equivalent  Trade or technical certificate or diploma  University degree  Post graduate/higher degree	Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander No
Q97	Which, if any, of the following long-standing conditions do you have (including age related conditions)?  Please X all the boxes that apply to you	Who completed this questionnaire?  The patient The patient with help from someone else
	☐ Deafness or severe hearing impairment ☐ Blindness or severe vision impairment	Someone else on behalf of the patient
	<ul> <li>□ A long-standing illness (e.g. cancer, HIV, diabetes, chronic heart disease)</li> <li>□ A long-standing physical condition</li> <li>□ A learning disability</li> <li>□ A mental health condition (e.g. depression)</li> </ul>	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
	A neurological condition (e.g. Alzheimer's, Parkinson's)  None of these	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
Q98	In general, how would you rate your health?  Excellent	their patients.
	☐ Very good ☐ Good ☐ Fair ☐ Poor  Which language do you mainly speak at	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.
Q99	home?  English	Do you give permission for the Bureau of Health Information to link your answers from this survey to health records related to you?
	Please write in then go to Q100	☐ Yes ☐ No <b></b>

### YOUR FINAL COMMENTS

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