

Aboriginal Patient Experience Question Set

Development Report

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Aboriginal patient experience question set

This document outlines the development of the Aboriginal patient experience question set. This question set was developed by the Bureau of Health Information (BHI) in collaboration with the Centre for Aboriginal Health (CAH), the Aboriginal Patient Experience Survey Program Advisory Committee and other key stakeholders from across the New South Wales (NSW) health system.

The Aboriginal patient experience question set was developed as part of the broader Aboriginal Patient Experience Survey Program 2019–22, a three-year collaboration between BHI and CAH. This program of work is aimed at delivering detailed, system-wide information about Aboriginal patients' experiences and outcomes of hospital care in NSW.

The Aboriginal patient experience question set aims to better support survey data collection for Aboriginal patients using a set of questions identified to be of high relevance to Aboriginal patients, the Aboriginal community and relevant stakeholders.

The NSW Patient Survey Program

BHI is the statutory agency responsible for reporting on the performance of the NSW public health system. BHI manages the NSW Patient Survey Program on behalf of NSW Health. Every year this statewide program gives thousands of patients the opportunity to provide feedback about their experiences of care in the health system and subsequent outcomes, using evidence-based, validated survey instruments.

In developing a new questionnaire, BHI follows a rigorous process and undertakes a number of procedures to collect information from patients, stakeholders, relevant literature and survey data (where available). The components of questionnaire development undertaken may vary depending on whether the survey is new or established, the complexity or sensitivity of the survey topic, and the guidance and advice provided by key stakeholders.

Questionnaire development is guided by the following principles:

- rigorous and systematic approach to questionnaire development considered best practice by Australian and international jurisdictions
- engagement with patients and stakeholders throughout the development process to ensure the survey measures what matters to those receiving and providing care
- development of questions that are actionable, unambiguous, unbiased and accurately reflect the quality of care
- cognitive testing of the questionnaire in partnership with people who have lived the experience appropriate for the survey topic, including representation of people of Aboriginal background and culturally and linguistically diverse groups.

Centre for Aboriginal Health

CAH is situated within the Population and Public Health Division of the NSW Ministry of Health. The role of CAH is to support the health system to better engage with and listen to the needs and aspirations of Aboriginal people so that their health and wellbeing is improved. This includes helping the system to better understand, respond to, and address the social determinants of health, the ongoing impact of past and current government practices, and how Aboriginal peoples' experience of education, housing, employment, racism and discrimination impact on access and utilisation of health services, and health outcomes.

Question set development process

The Aboriginal patient experience question set was developed in collaboration with CAH, the Aboriginal Patient Experience Survey Program Advisory Committee and other key stakeholders from across the NSW health system. The development process was as follows:

1. review of key literature
2. focus groups with Aboriginal patients
3. historical data analysis
4. stakeholder engagement on potential questions
5. drafting of the question set
6. cognitive testing interviews with Aboriginal patients
7. finalisation of the question set.

Review of key literature

BHI undertook a literature review to provide context and to inform the content of the Aboriginal patient experience question set. The review considered both academic articles and grey literature, and was restricted to English language papers, articles and reviews.

The aim of this review was to identify:

- key themes and aspects of care relevant to Aboriginal patient experiences of care
- existing policies and quality standards relevant to Aboriginal patient experiences of care
- key drivers of positive and negative experiences
- questions that have been used in other relevant surveys.

The secondary aim of the review was to identify culturally appropriate and safe methods for collecting experiences and outcomes of care for Aboriginal patients.

The literature review yielded key themes and aspects of care relevant to Aboriginal/Indigenous patient experience in Australia and overseas.

Recurring and interrelated themes included cultural safety, access to care, interpersonal communication and information provision. A number of surveys explored the experience and impact of direct interpersonal encounters, including perceived attitudes of hospital staff (both covert and overt racism), whether Aboriginal patients had trust in the system or staff, and whether they felt listened to and respected. Continuity and coordination of care was also explored in the context of logistics, particularly around discharge, and how well the system was designed to meet the needs of Aboriginal patients and communities. The importance of family, community and social connection was also highlighted.

The review identified the following nine surveys to be of high relevance. In addition to the relevant questions from the NSW Patient Survey Program, questions from these surveys were considered in the development of the Aboriginal patient experience question set:

- Aboriginal Care Integration Diagnostic Patient Experience Questions, 2019¹
- Cultural Safety in Health Care for Indigenous Australians: Monitoring Framework, 2019²
- Cultural Safety in Hospitals: Validating an Empirical Measurement tool to Capture the Aboriginal Patient Experience, 2020³

- National Aboriginal and Torres Strait Islander Health Survey, 2012–13⁴
- National Aboriginal and Torres Strait Islander Social Survey, 2014–15⁵
- Patient Evaluation of Health Services – Osborne Park Hospital Admitted Adult Survey, 2013–14⁶
- Queensland Health Maternity Outpatient Clinic Patient Experience Survey, 2017⁷
- South Australian Aboriginal Health Survey, 2012⁸
- Sunshine Coast Hospital and Health Service Aboriginal and Torres Strait Islander Patient Survey, 2020⁹.

Further information on the direction of NSW and Australian government policy was identified through framework documents, such as the NSW Health Services Aboriginal Cultural Engagement Self-Assessment Tool¹⁰, the National Cultural Respect Framework 2016–26¹¹, and the National Aboriginal and Torres Strait Islander Health Performance Framework¹².

Focus groups with Aboriginal patients

BHI commissioned qualitative research to better understand Aboriginal patients' experiences of care in NSW public hospitals. Four focus groups, comprising eight to nine adult Aboriginal patients who had been admitted to hospital or attended an emergency department (ED) within the previous 12 months, were established. One female and one male group were conducted in regional NSW, and two mixed groups in metropolitan Sydney. The groups were facilitated and the discussions analysed by researchers from the Ipsos Aboriginal and Torres Strait Islander Research Unit (ATSIRU).

A discussion guide was developed to capture the key stages in the patient journey, from mode of arrival, through triage, care and treatment and discharge. The guide also focused on exploring unfair treatment and discrimination, as well as what an 'ideal' hospital setting and experience would be like for Aboriginal patients.

In summary, the key findings of the focus groups mirrored the themes already identified through the literature review, particularly communication, the importance of family involvement, and respectful care provision. The focus group discussions highlighted the following:

- Concerns were raised about the number of times participants were asked whether they identified as an Aboriginal person, not only at their arrival at the hospital but throughout their hospital stay/visit. Frustration also stemmed from the repetition of this question every time they presented at a health facility.
- Participants identified the potential benefits of Aboriginal Health Workers to their hospital experience for better understanding their needs and providing a broad range of support.
- The presence of Aboriginal hospital staff was seen as an important source of comfort and reassurance for Aboriginal patients.
- Where hospitals offered specific Aboriginal rooms/areas, these were extremely well received, providing welcome support for Elders, family and friends to gather and support patients.
- The presence of Aboriginal art, the Aboriginal flag, or tailored promotional materials would make Aboriginal people feel more comfortable in hospital settings.
- Discriminatory behaviour was described as hospital staff making wholly negative assumptions about an individual because of their Aboriginality – for example, assuming the patient was not working, living on a low income or taking drugs.
- The majority of participants suggested that shorter questionnaires using simple language are desirable, with the younger group voicing that they would be more likely to complete them if they had the option to do so electronically.

Historical data analysis

BHI reviewed the free-text comments provided by Aboriginal patients who participated in the Adult Admitted Patient Survey 2018 to identify themes or aspects of care that were particularly relevant to their stay in NSW public hospitals. The analysis of the comments confirmed the key themes identified from the findings of the literature review and focus groups, specifically around the importance of family involvement and communication.

Stakeholder engagement on potential questions

Questions from the nine relevant surveys identified through the literature review were used to create a list of potential questions. BHI and CAH engaged with key stakeholders and experts to determine which questions were most important to ask Aboriginal patients regarding their experiences of hospital care. Stakeholders included CAH, the Aboriginal Patient Experience Survey Advisory Committee, the Aboriginal Strategic Leadership Group, representatives from the NSW Ministry of Health, and NSW Health pillar agencies. Stakeholders were asked to rank up to 10 questions they considered the 'most important', followed by a further 10 questions classified as the 'next most important'. That way each stakeholder could put forward up to 20 questions as potential candidates for inclusion in the final question set.

The questions were organised around the main themes that emerged from the literature review, focus groups and comments analysis:

- **Access**
 - Logistics
 - Aboriginal health services provided by the hospital.
- **Family**
 - Including family in decisions of care
 - Family visiting in hospital
 - Understanding 'family' has a different meaning for Aboriginal people.
- **Welcoming environment**
 - Infrastructure
 - Comfort.
- **Communication and information**
 - Health literacy
 - Access to information tailored for Aboriginal people.
- **Culturally appropriate/safe care**
 - Cultural needs
 - Gender sensitivity.
- **Perceived discrimination**
 - Different types of discrimination patients could experience.

- **Continuity and coordination of care**

- Identifying as an Aboriginal person
- Intake procedure
- Discharge against medical advice
- 'Closing the gap'.

BHI and CAH workshopped the feedback provided for each question and a shortlist of 29 questions was compiled for possible inclusion in the final Aboriginal patient experience question set. This shortlist was used as the basis for the question set that was drafted for the one-on-one cognitive testing interviews with recent Aboriginal patients.

The authors/owners of the nine surveys from which the shortlist was derived were contacted to obtain permission to use their questions. All of the authors/owners provided permission.

BHI utilised this source content to develop questions for cognitive testing, which were then modified where required to ensure they were tailored for this patient population

Drafting of the question set

BHI further refined the shortlisted questions by applying the following criteria required by BHI's questionnaire development procedure:

- Patients must be able to describe their experience with NSW Health facilities by choosing an answer from a number of response options.
- Questions should collect the experience and what occurred, rather than reporting satisfaction or collecting judgemental assessments.
- Validated questions should be used in preference to non-validated questions, especially if they address the same construct.
- Two questions should be used instead of a single, double-barrelled question.
- Balanced, rather than asymmetrical, response scales should be used for rating questions.
- Questions and instructions should be written in plain English (aiming for a reading age of 8–10 years).
- 'Don't know' and 'Not applicable' options should only be used where essential.
- Question wording should be clear, balanced and unbiased with leading questions avoided.

A first draft of the question set was created for testing with recent Aboriginal patients during cognitive testing interviews. The questions were organised in a designed 'questionnaire format' using Aboriginal art and colours to encourage feedback from the cognitive testing interviewees.

Cognitive testing interviews with Aboriginal patients

To finalise the Aboriginal patient experience question set, BHI commissioned Aboriginal researchers from ATSIRU to undertake two rounds of interviews to test the extent to which the questions were appropriate, validly constructed and would be capable of correctly and accurately capturing Aboriginal patients' experiences of care.

Cognitive testing interviews were stratified across age groups (18–25 years, 26–50 years and 51+ years) and conducted at both regional and metropolitan sites in NSW. A total of 17 interviews across two rounds were conducted to allow for a 'review and revise' period. All participants were adults who identified as an

Aboriginal person and who had attended a NSW public hospital in the past six months as either an admitted or an ED patient. This process provided an opportunity to apply changes to the draft questions and response options and re-test during the second round.

The following aspects were covered during the interviews:

- appropriateness of language/terminology
- appropriateness, consistency and comprehension of questions and response options
- appropriateness of the design of the questionnaire
- approaches to survey data collection that would encourage participation.

The cognitive testing interviews provided valuable insights and assisted in refining the question set. Detailed feedback was received for each question, including wording, perceived question value, sequencing, skip logic and suggestions for modifications or additional questions. Overall feedback was gathered regarding the length and recommended mode of administering the question set.

The question set underwent refinements based on the findings of the two rounds of cognitive testing and with input and advice from the Aboriginal Patient Experience Survey Program Advisory Committee. As a result, the question set was refined and a final draft reached.

Finalisation of question set

The final question set and development notes are summarised in the below table.

Table 1 Final question set, question source and development notes

Question	Question source	Development notes
<p>Q1</p> <p>As an Aboriginal person, did you feel welcomed by the hospital?</p> <p>Yes</p> <p>No</p>	<p>New</p>	<p>'Creating a welcoming environment' is a section of the NSW Health Services Aboriginal Cultural Engagement Self-Assessment Tool, 2020¹⁰. It asks health services to demonstrate a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal people.</p> <p>This theme was also identified as important during focus group discussions.</p> <p>The question wording was based on feedback received from cognitive testing participants.</p>
<p>Q2</p> <p>During your stay, did staff ask you if you are an Aboriginal person?</p> <p>Yes</p> <p>No</p>	<p>Question, tested during cognitive testing interviews, derived from:</p> <p>South Australian Aboriginal Health Survey, 2012⁸</p>	<p>This question was needed as an introductory question to Q3 and tested well. Slight amendments were made to the question wording as per feedback from the cognitive testing participants.</p>

Question	Question source	Development notes
<p>Q3</p> <p>Did you feel comfortable about how the staff asked this question?</p> <p>Yes</p> <p>No</p> <p>Don't know/can't remember</p>	<p>New</p>	<p>This is a new question that was requested by participants during cognitive testing interviews. Participants noted value in ascertaining how the question was asked within the hospital setting.</p>
<p>Q4</p> <p>During your stay, how often were you asked if you were an Aboriginal person?</p> <p>More than I would like</p> <p>As much as I would like</p> <p>Less than I would like</p> <p>Don't know/can't remember</p>	<p>New</p>	<p>This is a new question that was requested by participants during cognitive testing interviews. Participants noted value in ascertaining how often the question was asked within the hospital setting.</p>

Question	Question source	Development notes
<p>Q5</p> <p>Did you speak with an Aboriginal Health Worker while you were in hospital?</p> <p>Yes</p> <p>No</p> <p>Don't know/can't remember</p>	<p>Question, tested during cognitive testing interviews, derived from:</p> <p>BHI Adult Admitted Patient Survey 2020¹³</p> <p>Cultural Safety in Hospitals: Validating an Empirical Measurement tool to Capture the Aboriginal Patient Experience, 2020³</p>	<p>This question was modified for this patient population following cognitive testing.</p> <p>The purpose of the question changed from 'if they were asked if they would like to talk to an Aboriginal Health Worker' to 'if they did speak with one'.</p>
<p>Q6</p> <p>After talking to the Aboriginal Health Worker, did you feel more supported with your care?</p> <p>Yes</p> <p>No</p>	<p>Question, tested during cognitive testing interviews, derived from:</p> <p>Cultural Safety in Hospitals: Validating an Empirical Measurement tool to Capture the Aboriginal Patient Experience, 2020³</p>	<p>This question was modified for this patient population following cognitive testing.</p> <p>'Feeling comfortable and at ease' was replaced with 'supported' and the focus was placed on 'care' rather than 'concerns'.</p>

Question	Question source	Development notes
<p>Q7</p> <p>If you needed to talk to the Aboriginal Health Worker, did you get the opportunity to do so?</p> <p>Yes, always</p> <p>Yes, sometimes</p> <p>No, I did not have the opportunity</p> <p>I had no need to talk to the Aboriginal Health Worker</p>	<p>Question, tested during cognitive testing interviews, derived from:</p> <p>BHI Adult Admitted Patient Survey 2020¹³</p>	<p>The question was amended to specify 'Aboriginal Health Worker' rather than health professionals.</p>
<p>Q8</p> <p>Were you treated with respect and dignity by the doctors?</p> <p>Yes, always</p> <p>Yes, sometimes</p> <p>No</p> <p>I was not treated by a doctor</p>	<p>Question, tested during cognitive testing interviews, derived from:</p> <p>BHI Adult Admitted Patient Survey 2020¹³</p>	<p>This question was amended to specify 'doctors' rather than health professionals.</p> <p>Cognitive testing interviewees identified the value in asking specifically about doctors and nurses rather than health professionals or hospital staff.</p>

Question	Question source	Development notes
<p>Q9</p> <p>Did you feel that the doctors respected your cultural values and practices?</p> <p>Yes, always</p> <p>Yes, sometimes</p> <p>No</p>	<p>Question, tested during cognitive testing interviews, derived from:</p> <p>Cultural Safety in Hospitals: Validating an Empirical Measurement tool to Capture the Aboriginal Patient Experience, 2020³</p> <p>Cultural Safety in Health Care for Indigenous Australians: Monitoring Framework, 2019²</p>	<p>This question was confirmed as being important to include in the question set. However, the cognitive testing interviews identified the value in asking specifically about doctors and nurses rather than health professionals or hospital staff.</p> <p>This question was modified for this patient population following cognitive testing, and response options were amended to align with other questions in the question set.</p>
<p>Q10</p> <p>Did the doctors explain the reasons for any tests or treatments in a way that you could understand?</p> <p>Yes, always</p> <p>Yes, sometimes</p> <p>No</p> <p>I did not have any tests or treatments</p>	<p>Question, tested during cognitive testing interviews, derived from:</p> <p>BHI Adult Admitted Patient Survey 2020¹³</p>	<p>Cognitive testing interviewees identified the value in asking specifically about doctors and nurses rather than health professionals or hospital staff.</p> <p>The focus of the question was changed to ask about the reason for any tests rather than test results.</p>

Question	Question source	Development notes
<p>Q11</p> <p>Were you treated with respect and dignity by the nurses?</p> <p>Yes, always</p> <p>Yes, sometimes</p> <p>No</p>	<p>Question, tested during cognitive testing interviews, derived from:</p> <p>BHI Adult Admitted Patient Survey 2020¹³</p>	<p>Cognitive testing interviewees identified the value in asking specifically about doctors and nurses rather than health professionals or hospital staff.</p> <p>The question was amended to specify 'nurses' rather than health professionals.</p>
<p>Q12</p> <p>Did you feel that the nurses respected your cultural values and practices?</p> <p>Yes, always</p> <p>Yes, sometimes</p> <p>No</p>	<p>Question, tested during cognitive testing interviews, derived from:</p> <p>Cultural Safety in Hospitals: Validating an Empirical Measurement tool to Capture the Aboriginal Patient Experience, 2020³</p> <p>Cultural Safety in Health Care for Indigenous Australians: Monitoring Framework, 2019²</p>	<p>This question was confirmed as being important to include in the question set. However, the cognitive testing interviewees identified the value in asking specifically about doctors and nurses rather than health professionals or hospital staff.</p> <p>The question was modified for this patient population following cognitive testing, and response options were amended to align with other questions in the question set.</p>

Question	Question source	Development notes
<p>Q13</p> <p>Did you feel comfortable discussing concerns with the nurses?</p> <p>Yes, always</p> <p>Yes, sometimes</p> <p>No</p> <p>I did not have any concerns to discuss</p>	<p>Question, tested during cognitive testing interviews, derived from:</p> <p>Cultural Safety in Hospitals: Validating an Empirical Measurement tool to Capture the Aboriginal Patient Experience, 2020³</p>	<p>This question resonates with aspects of workforce cultural competency, which is included in the NSW Health Services Aboriginal Cultural Engagement Self-Assessment Tool, 2020.</p> <p>Cognitive testing interviewees identified the value in asking specifically about doctors and nurses rather than health professionals or hospital staff. As such, the wording of the question was modified to specify 'nurses' rather than health professionals.</p> <p>The question was modified for this patient population following cognitive testing, and response options were amended to align with other questions in the question set.</p>
<p>Q14</p> <p>Did the health professionals explain things in a way you could understand?</p> <p>Yes, always</p> <p>Yes, sometimes</p> <p>No</p>	<p>BHI Adult Admitted Patient Survey 2020¹³</p>	<p>This question and response options tested well during cognitive testing interviews. No changes were made.</p>

Question	Question source	Development notes
<p>Q15</p> <p>Did the health professionals listen carefully to you?</p> <p>Yes, always</p> <p>Yes, sometimes</p> <p>No</p>	<p>Question, tested during cognitive testing interviews derived from:</p> <p>Cultural Safety in Hospitals: Validating an Empirical Measurement tool to Capture the Aboriginal Patient Experience, 2020³</p>	<p>This question was modified for this patient population following cognitive testing.</p> <p>The purpose of the question changed from 'how often' to 'did it occur'.</p> <p>The response options were amended accordingly.</p>
<p>Q16</p> <p>Did you trust the health professionals with your care?</p> <p>Yes, always</p> <p>Yes, sometimes</p> <p>No</p>	<p>Question, tested during cognitive testing interviews, derived from:</p> <p>Cultural Safety in Hospitals: Validating an Empirical Measurement tool to Capture the Aboriginal Patient Experience, 2020³</p>	<p>This question was modified for this patient population following cognitive testing.</p> <p>The focus of the question changed from 'medical care' to 'care' and from 'hospital staff' to 'health professionals'.</p> <p>The response options were amended to align with other questions in the question set.</p>

Question	Question source	Development notes
<p>Q17</p> <p>Did you feel that the health professionals cared about your health?</p> <p>Yes, always</p> <p>Yes, sometimes</p> <p>No</p>	<p>Question, tested during cognitive testing interviews, derived from:</p> <p>Cultural Safety in Hospitals: Validating an Empirical Measurement tool to Capture the Aboriginal Patient Experience, 2020³</p>	<p>This question was modified for this patient population following cognitive testing.</p> <p>The question wording was amended to ask about 'health professionals' rather than 'hospital staff'. Following cognitive testing feedback the word 'really' was deleted.</p> <p>The response options were amended to align with other questions in the question set.</p>
<p>Q18</p> <p>Were you involved as much as you wanted in making decisions about your treatment and care?</p> <p>Yes, always</p> <p>Yes, sometimes</p> <p>No</p>	<p>Question, tested during cognitive testing interviews, derived from:</p> <p>BHI Adult Admitted Patient Survey 2018¹⁴</p>	<p>This question tested well and no changes were made.</p> <p>The response options were amended to align with other questions in the question set.</p>

Question	Question source	Development notes
<p>Q19</p> <p>Did you ever feel unfairly treated during your stay because you are an Aboriginal person?</p> <p>Yes</p> <p>No</p>	<p>Question, tested during cognitive testing interviews, derived from:</p> <p>South Australian Aboriginal Health Survey, 2012⁸</p> <p>Cultural Safety in Hospitals: Validating an Empirical Measurement tool to Capture the Aboriginal Patient Experience, 2020³</p> <p>BHI Adult Admitted Patient Survey 2020¹³</p>	<p>This question was modified for this patient population following cognitive testing.</p> <p>The purpose of the question changed from 'how often' to 'did this occur'.</p> <p>The response options were amended accordingly.</p>

Question	Question source	Development notes
<p>Q20</p> <p>What happened to make you feel you were treated unfairly?</p> <p>Please X all boxes that apply to you</p> <p>The staff were less respectful with me than other patients (e.g. the way they spoke to me, the way they looked at me)</p> <p>I heard the staff say something bad about me</p> <p>I heard the staff say something bad about Aboriginal people</p> <p>The staff kept me waiting longer than other patients</p> <p>The staff didn't spend as much time with me compared with others</p> <p>I didn't think my cultural needs were recognised</p> <p>Other reason, please write below</p>	<p>Question, tested during cognitive testing interviews, derived from:</p> <p>South Australian Aboriginal Health Survey, 2012⁸</p>	<p>This question was modified for this patient population following cognitive testing.</p> <p>Different versions were tested during cognitive testing interviews, exploring what the question should focus on. Participants wanted this question to have a clear focus on unfair treatment, and perceived reasons as to why they felt they were treated unfairly.</p> <p>A free-text comment box has been included to assess if additional response options need to be added in future questionnaires.</p>
<p>Q21</p> <p>Did you have family support while in hospital?</p> <p>Yes</p> <p>No</p>	<p>Question, tested during cognitive testing interviews, derived from:</p> <p>Sunshine Coast Hospital and Health Service Aboriginal and Torres Strait Islander Patient Survey, 2020⁹</p>	<p>This question was needed as an introductory question to Q22–24.</p> <p>The question was introduced following cognitive testing.</p>

Question	Question source	Development notes
<p>Q22</p> <p>If your family needed to talk to the health professionals, did they get the opportunity to do so?</p> <p>Yes, always</p> <p>Yes, sometimes</p> <p>No, they did not get the opportunity</p> <p>They did not need to talk to the health professionals</p>	<p>BHI Emergency Department Patient Survey 2018–19¹⁵</p>	<p>This question and its response options tested well during cognitive testing interviews. No changes were made.</p>
<p>Q23</p> <p>How much information about your condition or treatment was given to your family, carer or someone close to you?</p> <p>Not enough</p> <p>Right amount</p> <p>Too much</p> <p>It was not necessary to provide information to any family or friends</p> <p>Don't know/can't say</p>	<p>BHI Adult Admitted Patient Survey 2020¹³</p>	<p>This question and its response options tested well during cognitive testing interviews. No changes were made.</p>

Question	Question source	Development notes
<p>Q24</p> <p>If your family visited you in hospital, did they have any of the following issues?</p> <p>Please X all boxes that apply to you</p> <p>I had no family visit me in hospital</p> <p>There were cost issues (e.g. travel, accommodation, parking)</p> <p>Visiting times or visitor numbers were restricted</p> <p>There was no culturally appropriate space available</p> <p>My family did not feel comfortable visiting me in hospital</p> <p>They did not have any issues</p> <p>Other issue, please write below</p>	<p>New</p>	<p>Early development of this question was focused on whether it was easy or difficult to visit the patient in hospital.</p> <p>Feedback during cognitive testing revealed that it is more important and actionable to capture the reasons that made a visit difficult.</p> <p>A free-text comment box has been included to assess if additional response options need to be added in future questionnaires.</p>
<p>Q25</p> <p>Did hospital staff take your family and home situation into account when planning your discharge?</p> <p>Yes, completely</p> <p>Yes, to some extent</p> <p>No, staff did not take my situation into account</p> <p>It was not necessary</p> <p>Don't know/can't remember</p>	<p>BHI Adult Admitted Patient Survey 2020¹³</p>	<p>This question and its response options tested well during cognitive testing interviews. No changes were made.</p>

Question	Question source	Development notes
<p>Q26</p> <p>Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?</p> <p>Yes</p> <p>No</p> <p>Don't know/can't remember</p>	<p>BHI Adult Admitted Patient Survey 2020¹³</p>	<p>This question and its response options tested well during cognitive testing interviews. No changes were made.</p>
<p>Q27</p> <p>Thinking about when you left hospital, were you given enough information about how to manage your care at home?</p> <p>Yes, completely</p> <p>Yes, to some extent</p> <p>No, I was not given enough information</p> <p>I did not need this type of information</p>	<p>BHI Adult Admitted Patient Survey 2020¹³</p>	<p>This question and its response options tested well during cognitive testing interviews. No changes were made.</p>
<p>Q28</p> <p>What was the best part of the care you received while in this hospital?</p>	<p>BHI Adult Admitted Patient Survey 2020¹³</p>	<p>This question and its response options tested well during cognitive testing interviews. No changes were made.</p>
<p>Q29</p> <p>What most needs improving about the care you received from this hospital?</p>	<p>BHI Adult Admitted Patient Survey 2020¹³</p>	<p>This question and its response options tested well during cognitive testing interviews. No changes were made.</p>

Question	Question source	Development notes
<p>Q30</p> <p>In the past year, was there ever a time when you needed to go to hospital, but didn't?</p> <p>Yes</p> <p>No questions complete</p>	<p>Question, tested during cognitive testing interviews, derived from:</p> <p>National Aboriginal and Torres Strait Islander Health Survey, 2012–13⁴</p> <p>South Australian Aboriginal Health Survey, 2012⁸</p>	<p>This question and its response options tested well during cognitive testing interviews. No changes were made.</p>
<p>Q31</p> <p>Why didn't you go to hospital?</p> <p>Please X all boxes that apply to you over the past year</p> <p>I had transport issues</p> <p>I was too busy with work</p> <p>I was too busy with personal or family responsibilities</p> <p>I had a previous experience of discrimination</p> <p>The staff or service were not culturally appropriate</p> <p>Other reason, please write below</p>	<p>Question, tested during cognitive testing interviews, derived from:</p> <p>National Aboriginal and Torres Strait Islander Health Survey, 2012–13⁴</p> <p>South Australian Aboriginal Health Survey, 2012⁸</p>	<p>This question was modified for this patient population following cognitive testing.</p> <p>The response options were amended following cognitive testing feedback. Participants suggested 'personalising' the response options.</p> <p>A free-text comment box has been included to assess if additional response options need to be added in future questionnaires.</p>

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