NSW Patient Survey: Adult Admitted Patients





<Barcode> <Title> <First Name> <Last Name> <Address Line 1> <SUBURB> <STATE> <POSTCODE>

Date

Dear <First Name> <Last Name>.

Your feedback will help improve healthcare services for Aboriginal people

We invite you to complete a questionnaire about your most recent admission to [Hospital name] during [Month]. You were selected to complete the questionnaire as your hospital record identified you as an Aboriginal and/or Torres Strait Islander person.

The Bureau of Health Information and Centre for Aboriginal Health are working together to collect and report on the experiences of care for Aboriginal patients who receive healthcare services in NSW. This year, we have added questions that are important to Aboriginal patients. We have also included a set of questions about elective or planned surgery, as hospital records show you underwent an operation or procedure during this hospital stay.

Your feedback will help us improve healthcare experiences and outcomes for Aboriginal people across NSW. Any information you provide will be treated confidentially, and the healthcare staff who cared for you will not be able to see your responses.

It is also easy to take part using your smartphone, tablet or computer:



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

For more information about patient experience across hospitals in NSW, including results from previous surveys, visit bhi.nsw.gov.au

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Thank you for taking the time to help improve NSW Health services.

Yours sincerely

Dr Diane Watson Chief Executive Bureau of Health Information Geri Wilson-Matenga **Executive Director** Centre for Aboriginal Health, Ministry of Health





COMPLETING THE PAPER QUESTIONNAIRE

If you complete the paper questionnaire, please use a blue or black pen to mark (x) clearly in the box next to your answer.

Sometimes response options have a 'Go to...' instruction which directs you to skip any questions that do not apply to you:

Did you receive support, or the offer 068 of support, from an Aboriginal health worker while you were in hospital? Don't know/can't remember Go to Q70 If you make a mistake or wish to change a response, simply fill in the box and mark (x) in the correct box:

Q36

At the time you were discharged, did you feel that you were well enough to leave hospital?





X No

If someone is helping you to complete the questionnaire, please ensure the answers are from your point of view, and not the opinion of the person helping you.

To return the paper questionnaire, place the completed copy in the enclosed reply paid envelope.

PRIVACY INFORMATION

Your privacy is protected by legislation

The Bureau of Health Information (BHI) works with Ipsos Public Affairs Ltd to manage the NSW Patient Survey Program on behalf of NSW Health. Your name and address are provided to Ipsos for the purpose of sending you this questionnaire only. Ipsos will keep your personal information confidential.

Your questionnaire responses will be treated in the strictest confidence. BHI will receive your questionnaire responses in a form that is identifiable, but your name, address and contact details are not provided to BHI to ensure your confidentiality is protected at all times.

BHI will not report any results that may identify you as an individual. Your questionnaire responses will not be accessible to the healthcare staff who cared for you.

You can find more information about privacy and confidentiality on the BHI website at bhi.nsw.gov.au/nsw_patient_survey_ program/privacy

More information about the NSW Patient Survey Program can be found at bhi.nsw.gov.au/nsw_ patient survey program

The original artwork on this survey was created by Marcus Lee, a proud Aboriginal descendant of the Karajarri people.









Your feedback will help improve healthcare services for Aboriginal people

When completing this questionnaire, please think about your experiences of care at the hospital named, in the month shown, in the covering letter. If you had more than one admission in that month, to the hospital named in the letter, please refer to the most recent admission. You were selected to complete the questionnaire as your hospital record identified you as an Aboriginal and/or Torres Strait Islander person. Your feedback will help us improve healthcare experiences and outcomes for Aboriginal people across NSW.

Any information you provide will be treated confidentially, and the healthcare staff who cared for you will not be able to see your responses.

For each question, please mark X clearly in the box next to the answer you choose using a blue or black pen. Don't worry if you make a mistake; simply fill in the box and mark in the correct box.

Sometimes response options have a 'Go to...' instruction which directs you to skip any questions that do not apply to you.

ARRIVAL

For the questions in this section, please think about when you first arrived at the hospital and all the staff you met, including receptionists, nurses and others.

Q1	Were the staff you met on your arrival to hospital polite and welcoming?
	Yes, definitely
	Yes, to some extent
	No
	Don't know/can't remember
Q2	How well organised was the admission process?
Q2	
Q2	admission process?
Q2	admission process? Very well organised
Q2	admission process? Very well organised Fairly well organised

THE HOSPITAL ENVIRONMENT

For the questions in this section, please think about your experiences of the hospital environment during your stay.

Q3	How clean were the areas of the hospital you used during your stay?
	Very clean
	Fairly clean
	Not very clean
	Not at all clean
Q4	How would you rate the food you were
Q4	served while in hospital?
Q4	served while in hospital? Very good
Q4	served while in hospital? Very good Good
Q4	served while in hospital? Very good Good Neither good nor poor
Q4	served while in hospital? Very good Good
Q4	served while in hospital? Very good Good Neither good nor poor

Q5	Were you given enough privacy during your stay at the hospital?	Q9	Did you have enough time to discuss your health or medical problem with the health
	Yes, always		professionals?
	Yes, sometimes		Yes, definitely
	☐ No		Yes, to some extent
			No
00	Did you stay for one or more nights in a		Don't know/can't remember
Q6	room or ward which was only for patients		Did the health professionals explain things
	of the same gender as you?	Q10	in a way you could understand?
	Yes, always		Yes, always
	Yes, sometimes		Yes, sometimes
	☐ No		No
	I didn't stay overnight		
	I stayed in a single room	Q11	Did you have confidence and trust in the health professionals treating you?
	HEALTH PROFESSIONALS		Yes, definitely
	HEAEITH HOLEGOIGNAEG		Yes, to some extent
Eor	the questions in this section, please		No
	ik about all the health professionals who		
	ated or examined you at the hospital.	Q12	Were the health professionals kind and
Thi	s may include doctors, nurses, allied health		caring towards you?
(e.g	physiotherapists) and others.		Yes, always
			Yes, sometimes
Q7	Did the health professionals who treated		No
7	you introduce themselves to you?		Overall, how would you rate the doctors
	Yes, all of them	Q13	who treated you?
	Some of them		Very good
	Very few or none of them		Good
	Don't know/can't remember		Neither good nor poor
			Poor
Q8	Did the health professionals ask your name		Very poor
цо	or check your identification band before		Very poor
	giving you any medications, treatments or	044	Overall, how would you rate the <u>nurses</u>
	tests?	Q14	who treated you?
	Yes, always		Very good
	Yes, sometimes		Good
	No		Neither good nor poor
	Don't know/can't remember		Poor
	Not applicable		Very poor
			_

CARE AND TREATMENT

For the questions in this section, please think about the care and treatment you received while in hospital.

During your stay in hospital, how much information about your condition or treatment was given to you? Not enough The right amount Too much Not applicable	Were you involved, as much as you wanted to be, in decisions about your care and treatment? Yes, definitely Yes, to some extent No I didn't want or need to be involved
How much information about your condition or treatment was given to your family, carer or someone close to you? Not enough The right amount Too much Don't know/can't remember Not applicable	When the health professionals spoke about your care in front of you, were you included in the conversation? Yes, definitely Yes, to some extent No Not applicable Did the health professionals listen carefully
Did you ever receive contradictory information about your condition or treatment from the health professionals? Yes No	to any views or concerns you had? Yes, definitely Yes, to some extent No I didn't have any views or concerns
In your opinion, did the health professionals who treated you know enough about your care and treatment? Yes, always Yes, sometimes No	How would you rate how well the health professionals worked together as a team? Very good Good Neither good nor poor Poor Very poor
Did the health professionals give you the support you needed to help with any worries or fears related to your care and treatment? Yes, definitely Yes, to some extent No I didn't have any worries or fears	Were you treated with respect and dignity while in hospital? Yes, always Yes, sometimes No





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Q25	Were your cultural or religious beliefs respected by the hospital staff?	Р	ROBLEMS AND COMPLICATIONS
	Yes, always		
	Yes, sometimes		the questions in this section, please think
	No		ut any problem or clinical complication that
	Not applicable	-	may have experienced related to your care
	Not applicable	and	treatment.
Q26	If you needed help with personal care (e.g. eating and drinking, moving around or going to the bathroom), did hospital staff help you within a reasonable timeframe? Yes, always Yes, sometimes No I didn't need help with personal care	Q31 Q32	During your hospital stay or soon after, did you experience any problem related to your care and treatment? Yes No
	Were you ever in any pain while in hospital?		
Q27	more you ever in any pain mine in neepman		Fairly serious
	Yes		Not very serious
↓	No		Not at all serious
Q28	Do you think the health professionals did		Were the health professionals open with
QZU	everything they could to help manage	Q33	you about this problem?
	your pain?		Yes, definitely
	Yes, definitely		Yes, to some extent
	Yes, to some extent		No
	No		
			Not applicable
Q29	Did the health professionals explain what		
	would happen during your tests, operations or procedures in a way you could	Q34	Were the health professionals responsive
	understand?		in addressing this problem?
	Yes, always		Yes, definitely
			Yes, to some extent
	Yes, sometimes		No
	No		Not applicable
	Don't know/can't remember		_
	Not applicable		
030	Did the health professionals explain the results or outcomes of your tests, operations or procedures in a way you could understand? Yes, always Yes, sometimes No Don't know/can't remember		
	Not applicable		

LEAVING HOSPITAL (DISCHARGE)

For the questions in this section, please think about your experiences as you were preparing to leave hospital.

Q35	Did you feel involved in decisions about your discharge from hospital?	Q40	Were you told who to contact if you were worried about your condition or treatment
	Yes, definitely		after you left hospital?
	Yes, to some extent		Yes
	No		No
	I didn't want or need to be involved		Don't know/can't remember
Q36	At the time you were discharged, did you feel that you were well enough to leave hospital? Yes No	Q41	Were you given or prescribed any new medication to take at home? Yes NoGo to Q43
Q37	Thinking about when you left hospital, were you given enough information about how to	Q42	Did a health professional in the hospital tell you about medication side effects to watch for?
	manage your care at home?		Yes, definitely
	Yes, definitely		Yes, to some extent
	Yes, to some extent		No
	No Not explicable		
	Not applicable	Q43	Did you receive a document summarising your hospital care (e.g. a digital or
Q38	Was your family and home situation taken		physical copy of the letter to your GP
цэо	into account when you were discharged?		or a discharge summary)?
	Yes, definitely		Yes
	Yes, to some extent		No No
	No		Don't know/can't remember
	Don't know/can't remember		
	■ Not applicable	Q44	On the day you left hospital, was your discharge delayed?
Q39	Thinking about when you left hospital, were adequate arrangements made for any services you needed (e.g. equipment,		☐ Yes☐ No
	home care, community care, follow-up	045	Did hospital staff explain the reason for
	appointments)?	Q45	the delay?
	Yes, definitely		Yes
	Yes, to some extent		No
	No		
	I didn't need any services		

OVERALL EXPERIENCE

For the questions in this section, please think about your overall experiences of the care provided to you while in hospital.

Q46	Overall, how would you rate the care you received while in hospital?
	Very good
	Good
	Neither good nor poor
	Poor
	Very poor
	very poer
Q47	How well organised was the care you received in hospital?
	Very well organised
	Fairly well organised
	Not well organised
Q48	If asked about your 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
Q49	Did the care and treatment received in hospital help you? Yes, definitely Yes, to some extent
	No
Q50	In the one month following your discharge, were you re-admitted to any hospital or did you go to an emergency department because of complications related to the care you received? Yes No
	Don't know/can't remember
Q51	In the three months following your discharge, were you re-admitted to any hospital or did you go to an emergency department because of complications related to the care you received?
	No No
	Don't know/can't remember

PLANNED SURGERY OR PROCEDURE

The questions in this section have been included because hospital records show that you underwent an elective or planned surgery, operation or procedure during this stay. A planned surgery or procedure is booked in advance after a clinical assessment has been completed by a specialist doctor.

Q52	Did you have a planned surgery or procedure during this hospital stay?
	Yes, I had an elective or planned surgery (e.g. cataract extraction or knee replacement)
	Yes, I had a planned procedure (e.g. scope) No
Q53	Did the specialist doctor explain the possible risks and benefits of your planned surgery or procedure in a way you could understand?
	Yes, definitely Yes, to some extent No Don't know/can't remember
Q54	When making decisions about your planned surgery or procedure, did a health professional at the hospital inform you about different treatment options? Yes, definitely Yes, to some extent No Not applicable
Q55	Did you feel confident you were making an informed decision to have your planned surgery or procedure? Yes, definitely Yes, to some extent No Don't know/can't remember

For the following questions, please think about your experience while waiting for your planned surgery or procedure.	While you were waiting for your planned surgery or procedure, did a health professional (from the hospital, or your general practitioner) monitor your	
Thinking back to when you first tried to book an appointment with a specialist doctor, how long did you have to wait to see that specialist? Less than 30 days 31 to 90 days 91 to 365 days I waited longer than 1 year Don't know/can't remember From the time a specialist doctor said you needed the planned surgery or procedure, how long did you have to wait to be admitted to hospital? Less than 30 days 31 to 90 days 91 to 365 days	yes No, but I would have liked them to check No, but I did not need them to check Don't know/can't remember Did your family, carer or someone close to you receive enough information about your planned surgery or procedure and what to expect? Yes, definitely Yes, to some extent No Don't know/can't remember Not applicable	
I waited longer than 1 year Don't know/can't remember Do you think the amount of time you waited, from the time a specialist doctor said you needed to be admitted to hospital, was?	With the benefit of hindsight and all you have experienced since having your planned surgery or procedure, for the following questions, please tell us your views at the time of completing this questionnaire.	
About right Slightly too long Much too long Don't know/can't remember	Looking back, did the health professionals at the hospital prepare you for what to expect in the weeks and months after your planned surgery or procedure? Yes, definitely	
Once your planned surgery or procedure was booked, did the hospital ever delay or reschedule your planned surgery or procedure? Yes, once Yes, multiple times No Don't know/can't remember	Yes, to some extent No Don't know/can't remember After you left the hospital and went home, were the health professionals you saw in your community (such as your general	
While you were waiting for your planned surgery or procedure, did your symptoms or condition? Get much better Get a little better Stay about the same Get a little worse Get much worse Don't know/can't remember	practitioner) up-to-date about the care you received in the hospital? Yes, definitely Yes, to some extent No Don't know/can't remember Not applicable	
L L DOLL KHOW/CZD L TEMEMDEK		





YOUR EXPERIENCE AS AN ABORIGINAL PATIENT

The questions in this section were identified to be important to Aboriginal patients. Your feedback will help us improve hospital experiences and outcomes for Aboriginal people.

Are you of Aboriginal origin, Torres Strait Islander origin, or both? Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander No	After talking to an Aboriginal health worker, did you feel more supported with your care? Yes, definitely Yes, to some extent No Not applicable Don't know/can't remember
For the following questions, the term 'Aboriginal' is used in preference to 'Aboriginal and Torres Strait Islander', in recognition that Aboriginal people are the original inhabitants of NSW. Please think about your experiences of care at the hospital named in the cover letter. During your stay, how often were you asked if you were an Aboriginal person?	For the following questions, please think about the experiences of your family during your hospital stay. The term family includes your relatives as well as people who you consider to be your family. If your family visited you in hospital, did they have any of the following issues? Please all the boxes that apply to you There were cost issues (e.g. travel, accommodation, parking) Visiting times or visitor numbers were restricted There was no culturally appropriate space available My family didn't feel comfortable when they visited me in hospital They didn't have any issues I had no family visit me in hospital Don't know/can't remember Other issue Please write below.

If your family wanted or needed to talk to the health professionals, did they get the opportunity to do so? Yes, always	For the following questions, please think about all your experiences at any hospital in the past 12 months.
Yes, sometimes No Not applicable Don't know/can't remember	In the past 12 months, was there ever a time when you needed to go to hospital but didn't? Yes
For the following questions, please think about all the hospital staff you may have met during your stay, including health professionals as well as administration staff, cleaning staff and others. Did you ever feel unfairly treated during your stay because you are an Aboriginal person? Yes No	Yes No

	ABOUT YOU (THE PATIENT)
how	questions in this section will help us to see experiences vary between different groups of copulation.
Q76	What year were you born? Write in (YYYY)
Q77	How do you describe your gender? Please one option Man or male Woman or female Non-binary Prefer to use a different term Please specify below. Prefer not to answer
Q78	What is the highest level of education you have completed? Less than Year 12 or equivalent Completed Year 12 or equivalent Trade or technical certificate or diploma University degree Postgraduate/higher degree
Q79	Which language do you mainly speak at home? English A language other than English What is that language? Please write below.

U80	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
Q81	Does this condition(s) cause you difficulties with your day-to-day activities? Yes, definitely Yes, to some extent No
ques from are i Com	would like your permission to link your stionnaire responses to other information health records relating to you which maintained by NSW Government and amonwealth agencies (including your bitalisations or health registry information).
bette	ng to your health information will allow us to er understand how the care provided by health ces is related to the health of their patients.
conf that ques	r information will be treated in the strictest ridence. BHI will not report any results may identify you as an individual. Your stionnaire responses will not be accessible to healthcare staff 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

COMMENTS

What mos	needs improving about the care you received from this hospital?
	needs improving about the care you received from this hospital? I't include your name, address or any personal information about yourself or
Please do	
Please do	't include your name, address or any personal information about yourself or
Please do	't include your name, address or any personal information about yourself or
Please do	't include your name, address or any personal information about yourself or
Please do	't include your name, address or any personal information about yourself or
Please do	't include your name, address or any personal information about yourself or
Please do	't include your name, address or any personal information about yourself or

THANK YOU FOR TAKING THE TIME TO COMPLETE THE QUESTIONNAIRE

Please 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 91752, Port Melbourne VIC 3207

Some of the questions asked in this survey are sourced from the NHS Patient Survey Programme (courtesy of the NHS Care Quality Commission).

Questions are used with the permission of this organisation.

The original artwork on this survey was created by Marcus Lee, a proud Aboriginal descendant of the Karajarri people.



Barcode

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