NSW Patient Survey

# Emergency department

bureau of health information

<Barcode>
<Title> <Given Names> <Surname>
<Address Line 1>
<SUBURB> <STATE> <POSTCODE>

**Date**



Dear <Title> <Surname>

I invite you to complete a questionnaire about your most recent visit to the emergency department at [Hospital Name] during [Month].

**Your feedback will be used to help improve healthcare experiences and outcomes for patients across NSW.**

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

If you have questions, or need help, including completing the survey in a language other than English, please contact the survey helpline on 1800 220 936 (Monday to Friday, 9am–8pm).

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

Yours sincerely

**Adjunct Professor Heiko Spallek**
Chief Executive
Bureau of Health Information

**It's easy to take part** using your smartphone, tablet or computer:

**Scan the QR code**

**Or**

go to **health.nsw.gov.au/patientsurvey** and enter the access code below

Access code:

[USERNAME]

Completing online helps us reduce paper waste and is better for the environment.

NSW GOVERNMENT



Please turn over →

## Completing the paper questionnaire

If you complete the paper questionnaire, please use a blue or black pen to mark ☒ 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:

Q1. **Which language do you mainly speak at home?**

☒ English . . . . . .Go to Q4

☐ A language other than English

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

Q2. **Were the health professionals kind and caring?**

☒ Yes, always

☒ Yes, sometimes

☐ 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 health professionals who cared for you.

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

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## Your feedback about your experience will help improve healthcare services

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 this hospital, please refer to your most recent admission.

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

### Completing the questionnaire

For each question, please mark ☒ 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 at the ED

**Q1. Was the signposting directing you to the ED easy to follow?**

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ Not applicable

**Q2. Were the staff you met on your arrival polite and welcoming?**

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

**Q3. Did the staff give you enough information about what to expect during your visit?**

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

**Q4. Did the staff tell you how long you might have to wait for treatment?**

- ☐ Yes
- ☐ No
- ☐ Not applicable

**Q5. Did the staff check on your condition while you were waiting to be treated?**

- ☐ Yes
- ☐ No
- ☐ Not applicable



Please turn over →

## ED health professionals

Q6. **Did the health professionals introduce themselves to you?**

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

Q7. **Were the health professionals kind and caring?**

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

Q8. **Were you treated with respect and dignity?**

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

Q9. **Did the health professionals listen carefully to your views and concerns?**

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ Not applicable

Q10. **Were your cultural or religious beliefs respected by the ED staff?**

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ Not applicable

Q11. **Did you have confidence and trust in the health professionals?**

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

Q12. **Overall, how would you rate the health professionals?**

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

Q13. **How would you rate how well the health professionals worked together as a team?**

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

Q14. **Do you think the health professionals did everything they could to help manage your pain?**

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ I didn't have any pain

## Communication and information

Q15. **Did the health professionals explain things in a way you could understand?**

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

Q16. **Were you involved, as much as you wanted to be, in decisions about your care and treatment?**

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ Not applicable

Q17. **During your ED visit, how much information about your condition or treatment was given to you?**

- ☐ Not enough
- ☐ The right amount
- ☐ Too much
- ☐ Not applicable

Q18. **Did you receive conflicting information about your condition or treatment from the health professionals?**

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

Q19. **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

## ED environment

Q20. **Were the areas of the ED you used clean?**

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

Q21. **Did you feel threatened by other patients or visitors?**

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

Q22. **Were you given enough privacy?**

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

## Leaving the ED (discharge)

Q23. **What happened at the end of your ED visit?**

- ☐ I was admitted to the same hospital . . . . . Go to Q31
- ☐ I was transferred to a different hospital or healthcare facility . . . . . Go to Q31
- ☐ I went home or to stay with a friend, relative, or elsewhere

Q24. **Did you feel involved in decisions about your discharge?**

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ Not applicable

Q25. **Were you given enough information about how to manage your care at home?**

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ Not applicable

Q26. **Was your family and home situation taken into account when you were discharged?**

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ Not applicable

Q27. **Were you told who to contact if you were worried about your condition or treatment after you left the ED?**

- ☐ Yes
- ☐ No
- ☐ Not applicable

Q28. **Were you told about what signs or symptoms, related to your illness or treatment, to watch out for after you left the ED?**

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

Q29. **Did you receive a document summarising your ED care (e.g. a letter to your GP or a discharge summary)?**

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

Q30. **Were the health professionals you saw in your community after your visit (e.g. your GP) up-to-date about the care you received in the ED?**

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ Don't know/can't remember
- ☐ Not applicable

## Overall experience

Q31. **Overall, how would you rate the care you received while in the ED?**

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

Q32. **If asked about your experience in the ED by friends and family, how would you respond?**

- ☐ I would speak highly of the ED
- ☐ I would neither speak highly nor be critical
- ☐ I would be critical of the ED

Q33. **How well organised was the care you received?**

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

Q34. **Do you think you received safe, high-quality care?**

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

Q35. **Did the care and treatment you received help you?**

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

Q36. **Did you need to return to this or any other ED within 48 hours of leaving?**

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

## Purpose of visit

Q37. **Was your visit to the ED for a condition that, at the time, you thought could have been treated by a GP or other health professional?**

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No . . . . . Go to Q39
- ☐ Don't know/can't remember . . . . Go to Q39

Q38. **Why didn't you see a GP or other health professional about that condition?**

Please ☒ all the boxes that apply to you

- ☐ There is no GP/health professional close to where I live
- ☐ The GP/health professional service was closed
- ☐ I couldn't get an appointment within a reasonable time
- ☐ I didn't want to pay to see a GP/health professional
- ☐ I could get all the care I needed at the ED
- ☐ Other

Q39. **Did you use healthdirect before going to the ED?**

- ☐ Yes. . . . . Go to Q41
- ☐ No

Q40. **What were the main reasons you didn't use healthdirect?**

Please ☒ all the boxes that apply to you

- ☐ I wasn't aware of healthdirect
- ☐ I was aware of healthdirect but didn't think it could help me
- ☐ A health professional told me to go to the ED
- ☐ Other

**Please specify below.**

## About you (the patient)

The questions in this section will help us to see how experiences vary between different groups of the population.

Q41. **What year were you born?**

Write in (YYYY)

☐☐☐☐

Q42. **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

Q43. **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

Q44. **Which language do you mainly speak at home?**

- ☐ English . . . . . Go to Q47
- ☐ A language other than English

**What is that language? Please write below.**

Q45. **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 Q47

Q46. **Did the ED provide an interpreter when you needed one?**

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

Q47. **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 Q50

Q48. **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

Q49. **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

Q50. **Which, if any, of the following longstanding health conditions do you have (including age-related conditions)?**

Please ☒ 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 Q52

Q51. **Does this condition(s) cause you difficulties with your day-to-day activities?**

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

**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.

Q52. **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

**Q53. What was the best part of the care you received while in the ED?**

Please don't include your name, address or any personal information about yourself or the health professionals who treated you.

**Q54. What most needs improving about the care you received while in the ED?**

Please don't include your name, address or any personal information about yourself or the health professionals who treated you.



**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 questionnaire are sourced from the NHS Patient Survey Programme (courtesy of the NHS Care Quality Commission). Questions are used with the permission of this organisation.

< INSERT BARDODE NUMBER HERE >



Barcode