



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

Date

Dear <First Name> <Last Name>

Your feedback about your hospital experience is important

I am writing to invite you to provide feedback about your most recent visit to [HOSPITAL NAME] during [MONTH]. Please take this opportunity to tell us about the care you received. Your feedback will be used to improve health services for future young patients.

The questionnaire is easiest to complete online. Once you start the online questionnaire, it is possible to return later to complete it. Please visit the web address below and log in with the following unique username and password.



Visit survey.ipsos.com.au/patientsurvey

Username [INS_UNAME]

Password [INS_PWORD]

If you prefer to complete the attached paper questionnaire, please remove this covering letter before placing the completed questionnaire in the enclosed Reply Paid envelope.

Your information will be treated confidentially. The hospital staff who cared for you will not know whether you have completed the questionnaire and will not be able to see your responses.

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 (include your username [INS_UNAME] in the subject line).

For further information about the survey program and to see how your local hospital is performing, visit the Bureau of Health Information website at bhi.nsw.gov.au

Thank you very much for your time helping to improve NSW Health services.

Yours sincerely

Dr Diane Watson

Chief Executive
Bureau of Health Information



HOW TO COMPLETE THE PAPER QUESTIONNAIRE

Please use a blue or black pen to mark an **X** in the box next to the answer you choose.

Sometimes the box you have marked has a 'Go to...' instruction. By following the 'Go to...' instruction you will be able to move past any questions that do not apply.

Q59

On the day you left hospital, was your discharge delayed?

Yes

No.....Go to Q63



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

Q61

Did a member of staff explain the reason for the delay?

Yes

No

If you prefer not to answer a question, leave it blank and continue to the next question.

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

PRIVACY INFORMATION

Your privacy is protected by legislation

The Bureau of Health Information (BHI) works with Ipsos to manage the patient survey program on behalf of NSW Health. NSW Health provides Ipsos with your child's name and address for the purpose of sending you this questionnaire only. Ipsos will keep your contact details confidential.

Your questionnaire responses will be treated in the strictest confidence. Once you have completed the survey, your contact details are removed from the survey results. No identifying information will be given to NSW Health, the hospital or health service your child attended, your doctor or any other health professionals unless required by law.

Your answers will be analysed along with the responses from other people who completed the questionnaire. The results will be provided to your local hospital and to NSW Health to help improve services.

You can get more information about privacy and confidentiality at bhi.nsw.gov.au/nsw_patient_survey_program/privacy

The results of all NSW Patient Surveys are reported publicly on the BHI website at bhi.nsw.gov.au

MORE INFORMATION

This letter is addressed to you, the young person who received treatment in hospital, rather than your parent/carer. This was a deliberate decision as NSW legislation deems young people 14 years and over capable of consenting to their own

medical treatment. While you are welcome to have someone help you to complete the questionnaire if you need assistance, please make sure the answers are from your own perspective.





Q1 Was your stay in hospital planned in advance or an emergency?

- An emergency Go to Q5
- Planned in advance
- Something else

BEFORE ARRIVING AT HOSPITAL

Thinking back to before your hospital stay...

Q2 From the time a doctor said you would need to go to hospital, how long did you have to wait to be admitted?

- Less than 1 month
- 1 to 3 months
- 4 to 6 months
- 7 to 12 months
- More than 1 year
- Don't know/can't remember

Q3 Do you think the amount of time you waited to go to hospital was...?

- About right
- Slightly too long
- Much too long
- Don't know/can't remember

Q4 Before your arrival, how much information about your hospital stay was given to you?

- Not enough
- The right amount
- Too much
- Don't know/can't remember

ARRIVING AT HOSPITAL

Q5 When you arrived in hospital did you spend time in the emergency department?

- Yes
- No Go to Q8
- Don't know/can't remember Go to Q8

THE EMERGENCY DEPARTMENT (ED)

Q6 Were the emergency department staff polite and courteous?

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

Q7 Do you think the amount of time you spent in the emergency department was...?

- About right Go to Q10
- Slightly too long Go to Q10
- Much too long Go to Q10
- Don't know/can't remember Go to Q10

PLANNED AND OTHER TYPES OF ARRIVAL / ADMISSION

Q8 Were the staff you met on your arrival to hospital polite and courteous?

- Yes, always
- Yes, sometimes
- No

Q9 Do you think the time you had to wait from arrival at hospital until you were taken to your room or ward was...?

- About right
- Slightly too long
- Much too long
- Don't know/can't remember

THE HOSPITAL AND WARD

- Q10** For **most** of your stay in hospital, what type of room or ward were you in?
- A children's room or ward
 - An adolescent's/teenager's room or ward
 - An adult's room or ward
 - Don't know/can't remember

- Q11** Was the room or ward suitable for someone your age?
- Yes, definitely
 - Yes, to some extent
 - No

- Q12** Were there things for you to do (such as books and games)?
- There were plenty of things for me to do
 - There were some things, but not enough
 - There was nothing for my age group
 - There was nothing for children to do
 - Don't know/can't remember

- Q13** How clean were the wards or rooms you stayed in while in hospital?
- Very clean
 - Fairly clean
 - Not very clean
 - Not at all clean
 - Don't know/can't remember

- Q14** How clean were the toilets and bathrooms that you used while in hospital?
- Very clean
 - Fairly clean
 - Not very clean
 - Not at all clean
 - Don't know/can't remember

- Q15** Did you see the health professionals wash their hands, or use hand gel to clean their hands, before touching you?
- Yes, always
 - Yes, sometimes
 - No, I did not see this
 - Can't remember

- Q16** Were you given enough privacy during your hospital stay?
- Yes, always
 - Yes, sometimes
 - No

- Q17** Were you ever bothered by noise in the hospital?
- Yes
 - No

FOOD

- Q18** How would you rate the hospital food?
- Very good
 - Good
 - Not good or bad
 - Bad
 - Very bad
 - I did not have any hospital food ... [Go to Q21](#)

- Q19** Did you have any special dietary needs (e.g. vegetarian, diabetic, food allergies, religious, cultural, or related to your treatment)?
- Yes
 - No [Go to Q21](#)

- Q20** Was the hospital food suitable for your dietary needs?
- Yes, always
 - Yes, sometimes
 - No



DOCTORS

Q21 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

Q22 In your opinion, did the doctors who treated you know enough about your medical history?

- Yes, always
- Yes, sometimes
- No

Q23 Did you have confidence and trust in the doctors treating you?

- Yes, always
- Yes, sometimes
- No

Q24 Were the doctors kind and caring towards you?

- Yes, always
- Yes, sometimes
- No

NURSES

Q25 In your opinion, did the nurses who treated you know enough about your care and treatment?

- Yes, always
- Yes, sometimes
- No

Q26 Did you have confidence and trust in the nurses treating you?

- Yes, always
- Yes, sometimes
- No

Q27 Were the nurses kind and caring towards you?

- Yes, always
- Yes, sometimes
- No

YOUR TREATMENT & CARE

For the following questions, please think about all the health professionals who treated or examined you in the hospital, including doctors, nurses and others.

Q28 Did the health professionals introduce themselves to you?

- Yes, always
- Yes, sometimes
- No

Q29 Did the health professionals explain things in a way you could understand?

- Yes, always
- Yes, sometimes
- No

Q30 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 to our situation

Q31 Did you receive contradictory information from health professionals in the hospital – for example, different opinions on your treatment?

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



Q32 Did you have worries or fears about your condition or treatment while in hospital?

Yes
 No Go to Q34

Q33 Did a health professional discuss your worries or fears with you?

Yes, completely
 Yes, to some extent
 No

Q34 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 did not want or need to be involved
 Not applicable to my situation

Q35 Was a family member or carer allowed to remain with you when you were being treated (excluding surgery)?

Yes, always
 Yes, sometimes
 No
 Not applicable to my situation
 Don't know/can't remember

Q36 How would you rate how well the health professionals worked together?

Very good
 Good
 Neither good nor poor
 Poor
 Very poor

Q37 Did you feel you were treated with respect and dignity while you were in the hospital?

Yes, always
 Yes, sometimes
 No

Q38 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

Q39 While in hospital, did you receive or see any information about how to comment or complain about your care?

Yes
 No
 Don't know/can't remember

Q40 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?

Please all the boxes that apply to you

- An infection
- Uncontrolled bleeding
- A negative reaction to medication
- Complications as a result of an operation or surgical procedure
- Complications as a result of tests, X-rays or scans
- A blood clot
- A pressure wound or bed sore
- A fall
- Any other complication or problem
- None of these Go to Q43

Q41 Was the impact of this complication or problem...?

Very serious
 Fairly serious
 Not very serious
 Not at all serious



Q42 In your opinion, were members of the hospital staff open with you about this complication or problem?

- Yes, completely
- Yes, to some extent
- No
- Not applicable, as it happened after my child left

Q43 How much information were you given about the hospital facilities available to you?

- Not enough
- The right amount
- Too much
- Not applicable to my situation

Q44 Were facilities available for parents and carers to make drinks or food?

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

Q45 If you were in pain, did the doctors and nurses do everything they could to help with your pain?

- Yes, definitely
- Yes, to some extent
- No
- I was not in any pain

TESTS

Q46 During your stay in hospital, did you have any tests, X-rays or scans?

- Yes
- No Go to Q50

Q47 Did a health professional discuss the purpose of these tests, X-rays or scans with you?

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

Q48 Did you receive test, X-ray or scan results while you were still in hospital?

- Yes
- No Go to Q50

Q49 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

LEAVING HOSPITAL (DISCHARGE)

Thinking now about when you were discharged, that is when you left the hospital to go home or to another facility...

Q50 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

Q51 At the time you were discharged, did you feel that you were well enough to leave the hospital

- Yes
- No



Q52 Thinking about when you left hospital, were you given enough information about how to manage your care at home?

- Yes, completely
- Yes, to some extent
- No, I was not given enough
- I did not need this type of information

Q53 Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed?

- Yes, completely
- Yes, to some extent
- No, arrangements were not adequate
- It was not necessary

Q54 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

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

Q55 Were you given or prescribed any new medication to take at home?

- Yes
- No Go to Q58
- Don't know/can't remember Go to Q58

Q56 Did a health professional in the hospital explain the purpose of this medication in a way you could understand?

- Yes, completely
- Yes, to some extent
- No

Q57 Did a health professional in the hospital tell you about medication side effects to watch for?

- Yes, completely
- Yes, to some extent
- No

Q58 Did the hospital provide you with a document summarising the care you received in hospital (e.g. a copy of the letter to your GP or a discharge summary)?

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

Q59 On the day you left hospital, was your discharge delayed?

- Yes
- No Go to Q63

Q60 How long was the delay?

- Less than 1 hour
- At least 1 hour but less than 2 hours
- At least 2 hours but less than 4 hours
- 4 hours or longer
- Don't know/can't remember

Q61 Did a member of staff explain the reason for the delay?

- Yes
- No

Q62 What were the main reasons for the delay?

Please all the boxes that apply to you

- I had to wait for medicines
- I had to wait to see the doctor
- I had to wait for an ambulance or hospital transport
- I had to wait for the letter for the GP
- I was not well enough
- Some other reason
- Don't know/can't remember

OVERALL

Q63 Overall, how would you rate the care you received while in hospital?

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

Q64 How well organised was the care you received in hospital?

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

Q65 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

Q66 Did you want to make a complaint about something that happened in hospital?

- No, I did not want to make a complaint Go to Q68
- Yes, and I did complain Go to Q68
- Yes, but I did not complain

Q67 Why didn't you make a complaint?

Please all the boxes that apply to you

- I didn't know how to make a complaint
- I didn't know who to complain to
- I was worried it might affect my future care
- I didn't think it would be taken seriously
- It wasn't a serious issue
- Some other reason

OUTCOMES

Q68 Did the care and treatment received in hospital help you?

- Yes, definitely
- Yes, to some extent
- No, not at all

Q69 Is the problem you went to hospital for...?

- Much better
- A little better
- About the same
- A little worse
- Much worse

Q70 In the week before your hospital stay, how difficult was it for you to carry out your normal daily activities (e.g. physical activity, going to school/TAFE or going to work)?

- Not at all difficult
- Only a little difficult
- Somewhat difficult
- Very difficult
- Too difficult to do

Q71 About one month after your discharge from hospital, how difficult was it for you to carry out your normal daily activities?

- Not at all difficult
- Only a little difficult
- Somewhat difficult
- Very difficult
- Too difficult to do



ABOUT YOU

Q72 What year were you born?

WRITE IN (YYYY)

Q73 What is your gender?

- Male
 Female

Q74 Which language do you mainly speak at home?

- English Go to Q77
 A language other than English

Please write in the language

Q75 Did you need, or would you have liked, to use an interpreter at any stage while you were in hospital?

- Yes
 No Go to Q77

Q76 Did the hospital provide an interpreter when you needed one?

- Yes, always
 Yes, sometimes
 No
 I did not need the hospital to provide a professional interpreter

Q77 In general, how would you rate your health?

- Excellent
 Very good
 Good
 Fair
 Poor

Q78 Which, if any, of the following long-standing conditions do you have?

Please all the boxes that apply to you

- Deafness or severe hearing impairment
 Blindness or severe vision impairment
 A longstanding illness (e.g. cancer, diabetes, respiratory disease)
 A longstanding physical condition
 An intellectual disability
 A mental health condition (e.g. depression, eating disorder)
 A neurological condition (e.g. ADHD)
 None of these Go to Q81

Q79 Does this condition(s) cause you difficulties with your day-to-day activities?

- Yes, definitely
 Yes, to some extent
 No

Q80 Are you a participant of the National Disability Insurance Scheme (NDIS)?

- Yes
 No
 Don't know

Q81 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 Go to Q83

Q82 Did you see an Aboriginal Health Worker during your visit?

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

Q83 Who completed this survey?

- The patient
 The patient with help from a parent or carer
 The parent or carer of the patient



Q84

The Bureau of Health Information 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 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 their patients.

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.

Do you give permission for the Bureau of Health Information to link answers from this survey to health records related to you?

- Yes
- No

YOUR FINAL COMMENTS

Q85

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

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Q86 What part of your care provided by this hospital most needs improving?

< INSERT BARCODE NUMBER HERE >

Large lined area for handwritten responses.

THANK YOU FOR YOUR TIME

Please remove the front page by tearing along the perforated line.
Return the survey in the reply paid envelope provided or send in an envelope addressed to our survey processing centre (no stamp needed):
NSW Patient Survey, Ipsos Social Research Institute, Reply Paid 84599, Hawthorn, VIC 3122

Some of the questions asked in this survey are sourced from the NHS patient survey programme (courtesy of the NHS Care Quality Commission and the National Research Corporation (USA)), from the Australian Patient Experience Indicator Development Working Group (PEIDWG) national set of core, common patient experience questions and from the Royal College of Paediatrics and Child Health and Picker Institute Europe Urgent and Emergency Care PREM tools. Questions are used with the permission of each organisation.

