



<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 recent visit to the emergency department at [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 patients.

**The questionnaire is easiest to complete online.** Once you start the questionnaire online, 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](https://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 copy 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 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 taking the time to help 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.

**Q55**

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

Yes

No ..... **Go to Q59**

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

**Q56**

**Did an ED health professional explain the purpose of this medication in a way you could understand?**

Yes, completely

Yes, to some extent

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 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 will be removed from the survey results. No identifying information will be given to NSW Health, the hospital or health service you 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](http://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](http://bhi.nsw.gov.au)



**Q1** What was your main form of transport to the emergency department (ED)?

Private motor vehicle (car, motorbike, van)

Ambulance ..... Go to Q4

Public transport ..... Go to Q3

Other ..... Go to Q3

**Q2** Was there a problem in finding a parking place near the ED?

Yes, a big problem

Yes, a small problem

No problem

I did not need to park

**Q3** Was the signposting directing you to the ED of the hospital easy to follow?

Yes, definitely

Yes, to some extent

No

## ON ARRIVAL

For the following questions, please think about when you first arrived at the ED.

**Q4** Were the reception staff you met on your arrival polite and courteous?

Yes, definitely

Yes, to some extent

No

I didn't meet any reception staff

Don't know/can't remember

**Q5** Did the ED staff you met on arrival give you enough information about what to expect during your visit?

Yes, completely

Yes, to some extent

No

Don't know/can't remember

**Q6** Did the ED staff you met on arrival tell you how long you would have to wait for treatment?

Yes

No ..... Go to Q8

I didn't need to wait for treatment ..... Go to Q10

Don't know/can't remember ..... Go to Q8

**Q7** Was the waiting time given to you by the ED staff you met on arrival about right?

Yes

No, I waited less time

No, I waited longer

Don't know/can't remember

**Q8** Did you experience any of the following issues when in the waiting area?

Please  all the boxes that apply to you

I couldn't find somewhere to sit

The seats were uncomfortable

I did not feel safe

It was too noisy

It was too hot

It was too cold

There were bad or unpleasant smells

No, I did not experience these issues

I did not spend time in the waiting area ..... Go to Q10

**Q9** How clean was the waiting area in the ED?

Very clean

Fairly clean

Not very clean

Not at all clean



## TRIAGE – THE INITIAL ASSESSMENT

**Q10** From the time you first arrived at the ED, how long did you wait before being triaged by a nurse – that is, before an initial assessment of your condition was made?

- I was triaged immediately
- 1-15 minutes
- 16-30 minutes
- 31-59 minutes
- 1 hour to less than 2 hours
- 2 hours or more
- I did not see a triage nurse
- Don't know/can't remember

**Q11** Did you stay until you received treatment?

- Yes ..... Go to Q13
- No, I left before receiving treatment

**Q12** Why did you leave the ED before receiving treatment?

- Please  all the boxes that apply to you
- I decided to see a general practitioner (GP)
  - I decided to go to another hospital
  - I did not feel comfortable waiting in the ED
  - The waiting time was too long
  - I decided I no longer needed emergency treatment for my condition
  - Other
  - Don't know/can't remember

**If you left before receiving treatment, please go to the 'overall' section, on page 9, Q64**

**Q13** After triage (initial assessment), how long did you wait before being treated by an ED doctor or nurse?

- I was treated immediately ..... Go to Q16
- 1-10 minutes
- 11-30 minutes
- 31-59 minutes
- 1 hour to less than 2 hours
- 2 hours to less than 4 hours
- 4 hours or more
- Don't know/can't remember

**Q14** While you were waiting to be treated, did ED staff check on your condition?

- 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

**Q15** While you were waiting to be treated, did your symptoms or condition get worse?

- Yes, much worse
- Yes, slightly worse
- No
- Don't know/can't remember

## YOUR TREATMENT AND CARE

**Q16** Did the ED health professionals introduce themselves to you?

- Yes, all of them introduced themselves
- Some of them introduced themselves
- Very few or none of them introduced themselves
- Don't know/can't remember

**Q17** Did the ED health professionals explain things in a way you could understand?

- Yes, always
- Yes, sometimes
- No

**Q18** Did you have enough time to discuss your health or medical problem with the ED doctors?

- Yes, definitely
- Yes, to some extent
- No
- I wasn't treated by a doctor
- Don't know/can't remember

**Q19** 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 to my situation

**Q20** 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 was not well enough to be involved
- I did not want or need to be involved

**Q21** If your family members or someone else close to you wanted to talk to the ED staff, did they get the opportunity to do so?

- Yes, definitely
- Yes, to some extent
- No, they did not get the opportunity
- Not applicable to my situation
- Don't know/can't say

**Q22** How much information about your condition or treatment was given to your family, carer or someone else close to you?

- Not enough
- The right amount
- Too much
- It was not necessary to provide information to any family or friends
- Don't know/can't say

**Q23** Were you able to get assistance or advice from ED staff for your personal needs (e.g. for eating, drinking, going to the toilet, contacting family)?

- Yes, always
- Yes, sometimes
- No
- I did not need assistance or advice

**Q24** How would you rate how the ED health professionals worked together?

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

**Q25** Did you have confidence and trust in the ED health professionals treating you?

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

**Q26** Were the ED health professionals polite and courteous?

- Yes, always
- Yes, sometimes
- No

**Q27** Overall, how would you rate the ED health professionals who treated you?

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

**Q28** Did you ever receive contradictory information about your condition or treatment from the ED health professionals?

- Yes
- No

**Q29** Were the ED health professionals kind and caring towards you?

- Yes, always
- Yes, sometimes
- No

**Q30** Did you feel you were treated with respect and dignity while you were in the ED?

- Yes, always
- Yes, sometimes
- No

**Q31** Were you given enough privacy during your visit to the ED?

- Yes, always
- Yes, sometimes
- No

**Q32** Were your cultural or religious beliefs respected by the ED staff?

- Yes, always
- Yes, sometimes
- No, my beliefs were not respected
- My beliefs were not an issue

**Q33** Did you have worries or fears about your condition or treatment while in the ED?

- Yes
- No ..... Go to Q35

**Q34** Did an ED health professional discuss your worries or fears with you?

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

**Q35** In your opinion, did the ED nurses who treated you know enough about your care and treatment?

- Yes, always
- Yes, sometimes
- No
- I wasn't treated by a nurse
- Don't know/can't remember

**Q36** Were you ever in pain while in the ED?

- Yes
- No ..... Go to Q38

**Q37** Do you think the ED health professionals did everything they could to help manage your pain?

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

**Q38** Did you see ED 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

**Q39** How clean was the treatment area in the ED?

- Very clean
- Fairly clean
- Not very clean
- Not at all clean

**Q40** While you were in the ED, did you feel threatened by other patients or visitors?

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

**Q41** While you were in the ED, did you see or hear any aggressive or threatening behaviour towards ED staff?

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



## CHILDREN

This section is for people responding to this questionnaire on behalf of a child (0 to 15 years). If a child was not the patient, please go to Q45.

**Q42** Were there things for your child to do (such as books, games and toys) in the ED?

- There were plenty of things for my child to do
- There were some things, but not enough
- There was nothing for my child's age group
- There was nothing for children to do
- Not applicable to my child's visit
- Don't know/can't remember

**Q43** Was the area in which your child was treated suitable for someone of their age group?

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

**Q44** Did the ED staff provide care and understanding appropriate to the needs of your child?

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

## TESTS

**Q45** During your visit to the ED, did you have any tests, X-rays or scans?

- Yes
- No ..... Go to Q48
- Don't know/can't remember ..... Go to Q48

**Q46** Did an ED 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

**Q47** Did an ED health professional explain the test, X-ray or scan results in a way that you could understand?

- Yes, completely
- Yes, to some extent
- No
- I was not told the results while in the ED

## LEAVING THE EMERGENCY DEPARTMENT

**Q48** What happened at the end of your ED visit?

- I was admitted to the same hospital ..... Go to Q61
- I was transferred to a different hospital or healthcare facility ..... Go to Q61
- I went home or went to stay with a friend, relative, or elsewhere

**Q49** Did you feel involved in decisions about your discharge from the ED?

- Yes, definitely
- Yes, to some extent
- No, I did not feel involved
- I did not want or need to be involved

**Q50** Thinking about when you left the ED, were you given enough information about how to manage your care at home?

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

**Q51** Did ED staff take your family and home situation into account when planning your discharge?

- Yes, definitely
- Yes, to some extent
- No, staff did not take my situation into account
- It was not necessary
- Don't know/can't remember

**Q52** Thinking about when you left the ED, were adequate arrangements made by the hospital for any services you needed?

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

**Q53** Did ED 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

**Q54** Thinking about your illness or treatment, did an ED health professional tell you about what signs or symptoms to watch out for after you went home?

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

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

- Yes
- No ..... Go to Q59

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

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

**Q57** Did an ED health professional tell you about medication side effects to watch for?

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

**Q58** Did you feel involved in the decision to use this medication in your ongoing treatment?

- Yes, definitely
- Yes, to some extent
- No, I did not feel involved
- I did not want or need to be involved

**Q59** Did an ED health professional tell you when you could resume your usual activities, such as when you could go back to work or drive a car?

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

**Q60** Did the ED staff provide you with a document that summarised the care you received (e.g. a copy of the letter to your GP or a discharge summary)?

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

**Q61** Was your departure from the ED delayed – that is, before leaving the ED to go to a ward, another hospital, home, or elsewhere?

- Yes
- No ..... Go to Q64

**Q62** Did a member of the ED staff explain the reason for the delay?

- Yes
- No

**Q63** 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 discharge letter
- I had to wait for test results
- I had to wait for a bed in a ward
- Some other reason
- Don't know/can't remember



## OVERALL

**Q64** Overall, how would you rate the care you received while in the ED?

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

**Q65** 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

**Q66** Did the care and treatment you received in the ED help you?

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

**Q67** In total, how long did you spend in the ED? (From the time you entered the ED until the time you left the ED to go to a ward, another hospital, home, or elsewhere)

- 1-30 minutes
- 31-59 minutes
- 1 hour to less than 2 hours
- 2 hours to less than 4 hours
- 4 hours or more
- Don't know/can't remember

**Q68** Did you want to make a complaint about something that happened in the ED?

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

**Q69** Were you ever treated unfairly for any of the reasons below?

Please  all the boxes that apply to you

- Age
- Sex
- Aboriginal background
- Ethnic background
- Religion
- Sexual orientation
- A disability that you have
- Marital status
- Something else
- I was not treated unfairly

**Q70** Not including the reason you came to the ED, during your visit 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 tests or procedures
- A blood clot
- A fall
- Any other complication or problem
- None of these ..... Go to Q73

**Q71** Was the impact of this complication or problem...?

- Very serious
- Fairly serious
- Not very serious
- Not at all serious

**Q72** 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 I left

## PURPOSE OF VISIT

**Q73** What were your reasons for going to the ED?

Please  all the boxes that apply to you

- A health professional advised me to go
- The ambulance crew decided to take me there
- The general practitioner (GP) surgery/ practice was closed
- I couldn't see a GP within a reasonable time
- My condition was serious/life threatening
- The ED provides more complete care
- My medical history is at the hospital
- It was cheaper than other options
- Other

**Q74** Was your visit to the ED for a condition that, at the time, you thought could have been treated by a GP?

- Yes, definitely
- Yes, probably
- No
- Not sure

**Q75** In the month before visiting the ED, did you...?

Please  all the boxes that apply to you

- Visit a GP or local doctor
- Get admitted as an inpatient to hospital
- Visit an outpatient clinic
- Make an earlier visit to an ED
- None of these
- Don't know/can't remember

**Q76** Before your visit to the ED, had you previously been to an ED for the same condition or something related to it?

- Yes, within the previous week
- Yes, between one week and one month earlier
- Yes, more than a month earlier
- No

**Q77** In the past 12 months, how many times have you visited an ED for your own care?

Please include this visit

- 1 (this visit)
- 2-3 visits
- 4-6 visits
- 6-10 visits
- More than 10 visits

## ABOUT YOU (THE PATIENT)

Please remember to answer the following questions about the patient.

**Q78** What year were you born?

Write in (YYYY)

**Q79** What is your gender?

- Male
- Female

**Q80** 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
- Post graduate/higher degree

**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 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



**Q83** Which, if any, of the following longstanding 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 or 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 Q86

**Q84** Does this condition(s) cause you difficulties with your day-to-day activities?

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

**Q85** Are you a participant of the National Disability Insurance Scheme (NDIS)?

- Yes
- No
- Don't know

**Q86** Which language do you mainly speak at home?

- English ..... Go to Q89
- A language other than English

Please write in the language

**Q87** Did you need, or would have liked, to use an interpreter at any stage while you were in the ED?

- Yes
- No ..... Go to Q89

**Q88** Did the ED provide an interpreter when you needed one?

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

**Q89** In general, how would you rate your health?

- Excellent
- Very good
- Good
- Fair
- Poor

**Q90** Who completed this survey?


- The patient
- The patient with help from someone else
- Someone else on behalf of the patient

**Q91** The Bureau of Health Information (BHI) 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 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. BHI will receive the linked information after your name and address have been removed. BHI 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 BHI to link your answers from this survey to health records related to you (the patient)?**

- Yes
- No

Please go to the next page to complete the final questions 

## YOUR FINAL COMMENTS

**Q92** What was the best part of the care you received while in this ED?


**Q93** What part of your care provided by this ED most needs improving?


**THANK YOU FOR YOUR TIME**

Please remove the covering letter by tearing along the perforated line.  
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 and the National Research Corporation, USA). Questions are used with the permission of each organisation.

Barcode