



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



Dear <First Name> <Last Name>

Feedback about your hospital experience is important

I am writing to ask you to provide feedback about your most recent visit to [HOSPITAL NAME] during [MONTH]. As we are constantly trying to improve care in the NSW health system, it's important to tell us about the care you received in hospital.

How do you provide feedback?

You can complete the feedback survey in two ways:



Online: Visit **survey.ipsos.com.au/patientsurvey** and enter your username [INS_UNAME] and password [INS_PWORD] when prompted. The survey is easiest to complete online.

OR



Pen and paper: Simply fill the survey in this pack. To ensure your anonymity, remove this covering letter before placing the completed questionnaire in the reply paid envelope.

Your information will be treated as confidential

Your identity will be protected. The hospital staff who cared for you will not know if you have returned a completed survey and will not be able to see your responses.

If you have any questions or need help filling in the survey, please contact the toll-free Patient Survey Helpline on **1800 220 936** (Monday to Friday, 9am–8pm). For information about the survey and to see how your local hospital is performing, visit the Bureau of Health Information's website at **bhi.nsw.gov.au**

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

Yours sincerely

Dr Kim Sutherland

A/Chief Executive

Bureau of Health Information

How to complete the survey

Filling in the survey

Please use a blue or black pen.

Mark the box like this **X** next to your answer.

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

Answering from your point of view

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

Some questions and answers

Why are you carrying out the survey?

The NSW Patient Survey gathers information about your experience of health services. By completing the survey, you are helping to improve health services in NSW.

Why have I been sent a survey?

You have been sent a survey because you were recently admitted to a NSW public hospital.

Under NSW Health policy, 16 and 17 year old patients are considered old enough to provide consent for their own hospital treatment. Because of this, patients of this age are asked to complete the survey themselves (as opposed to having a parent or carer completing it on their behalf).

What happens to my survey responses?

Your survey responses will be de-identified and then processed with responses from other people who completed the survey. This data will then be provided to NSW Health and local hospitals to help them to improve health services. This information is also available online at bhi.nsw.gov.au.

Your responses will be treated in the strictest confidence and no identifying information will be given to NSW Health, the hospital or health service you attended, your doctor or other health provider unless required by law. Your responses will not affect any future health services that may be provided to you.

How is my privacy protected?

Your privacy is protected by legislation. Ipsos has been provided with your name and address by NSW Health for the purpose of sending you this survey only, and will keep your contact details confidential.

After all surveys are processed, identifying information will be destroyed and Ipsos will then no longer be able to identify the responses you provided.

You can get more information about privacy and confidentiality by calling the toll-free Patient Survey Helpline or at the following website:

www.bhi.nsw.gov.au/nsw_patient_survey_ program/privacy

How do I get more information about the survey?

Please contact the toll-free **Patient Survey Helpline** on **1800 220 936** (Monday to Friday, 9am–8pm, excluding public holidays).

How do I make a formal compliment or complaint about my experience at the hospital?

Please contact the hospital directly.

Alternatively, you can get more information about your options at the following website:

www.health.nsw.gov.au/patientconcerns

Was your stay in hospital planned in advance or an emergency?	ARRIVING AT HOSPITAL
An emergency	When you arrived in hospital did you spend time in the emergency department? Yes
BEFORE ARRIVING AT HOSPITAL	□ No
Thinking back to before your hospital stay	THE EMERGENCY DEPARTMENT (ED)
From the time a doctor said you would need to go to hospital, how long did you have to wait to be admitted?	Were the emergency department staff polite and courteous?
Less than 1 month 1 to 3 months 4 to 6 months 7 to 12 months More than 1 year	Yes, always Yes, sometimes No Don't know/can't remember
Do you think the amount of time you waited to go to hospital was? About right Slightly too long	Do you think the amount of time you spent in the emergency department was? About right
Much too long Don't know/can't remember Before your arrival, how much information about your hospital stay was given to you?	PLANNED AND OTHER TYPES OF ARRIVAL / ADMISSION
Not enough The right amount Too much Don't know/can't remember	Were the staff you met on your arrival to hospital polite and courteous? Yes, always Yes, sometimes No

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 Don't know/can't remember THE HOSPITAL AND WARD	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 Did you see the health professionals wash their hands, or use hand gel to clean their
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	hands, before touching you? Yes, always Yes, sometimes No, I did not see this Can't remember Were you given enough privacy
Was the room or ward suitable for someone your age? Yes, definitely Yes, to some extent No	Q16 during your hospital stay? Yes, always Yes, sometimes No Were you ever bothered by noise in the hospital? Yes
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	FOOD How would you rate the begainst food?
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	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

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Did you have any special dietary needs (e.g. vegetarian, diabetic, food	NURSES
allergies, religious, cultural, or related to your treatment)?	
☐ Yes ☐ No	In your opinion, did the nurses who treated you know enough about your care and treatment?
Was the begrital food quitable for your	Yes, always Yes, sometimes
Was the hospital food suitable for your dietary needs?	No
Yes, always Yes, sometimes	Did you have confidence and trust in the
☐ No	Q26 nurses treating you? Yes, always
DOCTORS	Yes, sometimes No
	We see the section of a section
If you needed to talk to a doctor, did you get the opportunity to do so?	Were the nurses kind and caring towards you?
Yes, always Yes, sometimes	Yes, always Yes, sometimes
No, I did not get the opportunity	□ No
☐ I had no need to talk to a doctor	VOLID TREATMENT & CARE
In your opinion, did the doctors who treated you know enough about your medical history?	YOUR TREATMENT & CARE
Yes, always Yes, sometimes No	For the following questions, please think about al the health professionals who treated or examined you in the hospital, including doctors, nurses and others.
Did you have confidence and trust in the doctors treating you?	Did the health professionals explain things in a way you could understand?
Yes, always	Yes, always Yes, sometimes
Yes, sometimes No	☐ No
Were the doctors kind and caring towards you?	During your stay in hospital, how much information about your condition or treatment was given to you?
Yes, always Yes, sometimes	☐ Not enough
☐ No	☐ The right amount☐ Too much
	Not applicable to my situation

Q30	Did you receive contradictory information from health professionals in the hospital – for example, different opinions on your treatment?	Q35	Was a family member or carer allowed to remain with you when you were being treated (excluding surgery)?
			Yes, always
	Yes, definitely		Yes, sometimes
	Yes, to some extent		□ No
	∐ No		Not applicable to my situation
			Don't know/can't remember
Q31	Did you have worries or fears about your condition or treatment while in hospital?		
	Yes	Q36	How would you rate how well the health professionals worked together?
	NoGo to Q33		☐ Very good
+			Good
Q32	Did a health professional discuss your worries or fears with you?		Neither good nor poor
	Yes, completely		☐ Very poor
	Yes, to some extent		
	□ No		
		Q37	Did you feel you were treated with respect and dignity while you were in the hospital?
	Did the health professionals introduce		Yes, always
Q33	themselves to you?		Yes, sometimes
	Yes, always		☐ No
	Yes, sometimes		
	No	Q38	Were your cultural or religious beliefs respected by the hospital staff?
	Were you involved, as much as you wanted		Yes, always
Q34			Yes, sometimes
	treatment?		No, my beliefs were not respected
	Yes, definitely		My beliefs were not an issue
	Yes, to some extent		
	No		While in boonital did you receive or one
	I did not want or need to be involved Not applicable to my situation	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
			Don't know/our tromoniber

X-rays or scans A blood clot A pressure wound or bed sore A fall Yes, to some extent No I was not in any pain	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	Were facilities available for parents and carers to make drinks or food? Yes No Don't know/can't remember
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		PAIN
X-rays or scans	<u> </u>	
A blood dot A pressure wound or bed sore A fall Yes, to some extent Yes, to some extent No I was not in any pain	· · · · · · · · · · · · · · · · · · ·	If you were in pain, did the doctors and nurses do everything they could to help
A fall Any other complication or problem None of these	A blood clot	_ '
Any other complication or problem None of these	A pressure wound or bed sore	
None of these		
Was the impact of this complication or problem? Very serious Fairly serious O46 Any tests, X-rays or scans? Very serious O46 Any tests, X-rays or scans? Very serious O46 Any tests, X-rays or scans? Ves O47 O48 O49		3/ 1/2
Very serious Fairly serious Not very serious Not very serious Yes No were members of the hospital staff open with you about this complication or problem? Yes, completely Yes, to some extent No word applicable, as it happened after I left No word information were you given about the hospital facilities available to you? Not enough The right amount Too much Not applicable to my situation Yes, completely Yes, completely Yes, completely Yes No were still in hospital? Yes Did a health professional discuss the purpose of these tests, X-rays or scans with you? Yes, sometimes No Don't know/can't remember No Don't know/can't remember Did you receive test, X-ray or scan results while you were still in hospital? Yes No Go to (1998) Yes Odd a health professional explain the test X-ray or scan results in a way that you could understand? Yes, completely Yes, to some extent Yes, completely Yes, to some extent Yes, to	None of theseGo to Q43	☐ I was not in any pain
Very serious Fairly serious Not very serious Not very serious Yes No were members of the hospital staff open with you about this complication or problem? Yes, completely Yes, to some extent No word applicable, as it happened after I left No word information were you given about the hospital facilities available to you? Not enough The right amount Too much Not applicable to my situation Yes, completely Yes, completely Yes, completely Yes No were still in hospital? Yes Did a health professional discuss the purpose of these tests, X-rays or scans with you? Yes, sometimes No Don't know/can't remember No Don't know/can't remember Did you receive test, X-ray or scan results while you were still in hospital? Yes No Go to (1998) Yes Odd a health professional explain the test X-ray or scan results in a way that you could understand? Yes, completely Yes, to some extent Yes, completely Yes, to some extent Yes, to	Was the impact of this complication or	
Fairly serious Not very serious Not very serious Not at all serious Yes No Not at all serious Yes No No No No No No Not applicable, as it happened after I left No Not applicable, as it happened about the hospital facilities available to you? Not enough The right amount Not applicable to my situation During your stay in hospital, did you had any tests, X-rays or scans? Yes No No No No No No No N		TESTS
Not very serious Yes No	☐ Very serious	
Not very serious Not at all serious Yes	☐ Fairly serious	During your stay in hospital, did you have
No	☐ Not very serious	any tests, X-rays or scans?
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 No	☐ Not at all serious	☐ Yes ☐ No
Yes, to some extent Yes, always Yes, sometimes No Not applicable, as it happened after I left Don't know/can't remember Did you receive test, X-ray or scan results while you were still in hospital? Yes No Go to (Incomplete to the property of the prop	the hospital staff open with you about this complication or problem?	Q47 <u>purpose</u> of these tests, X-rays or scans
No		
Not applicable, as it happened after I left No		
Don't know/can't remember		
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 Q48 results while you were still in hospital? Yes No		Don't know/can't remember
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 Q48 results while you were still in hospital? Yes No		
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 No	INFORMATION AND ACCESS	
about the hospital facilities available to you? Not enough The right amount Too much Not applicable to my situation 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		├─ ☐ Yes
The right amount Too much Not applicable to my situation X-ray or scan results in a way that you could understand? Yes, completely Yes, to some extent		☐ No
	The right amount Too much	could understand? Yes, completely Yes, to some extent

LEAVING HOSPITAL (DISCHARGE)

LEAVING HOSPITAL (DISCHARGE)	Were you given or prescribed any <u>new</u> medication to take at home?
Thinking now about when you were discharged, that is when you left the hospital to go home or to another facility	Yes No Go to Q58 Don't know/can't remember Go to Q58
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	Did a health professional in the hospital explain the <u>purpose</u> of this medication in a way you could understand? Yes, completely Yes, to some extent No
At the time you were discharged, did you feel that you were well enough to leave the hospital? Yes No	Did a health professional in the hospital tell you about medication side effects to watch for? Yes, completely Yes, to some extent No
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	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
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	On the day you left hospital, was your discharge delayed? Yes No Go to Q63 How long was the delay? Less than 1 hour At least 1 hour but less than 2 hours
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	At least 2 hours but less than 4 hours 4 hours or longer Don't know/can't remember

Did a member of staff explain the reason for the delay?	Did you want to make a complaint about something that happened in hospital?
Yes	☐ No, I did not want to make
☐ No	a complaint
	Yes, and I did complainGo to Q68
What were the main reasons for the delay? Please X all the boxes that apply to you	Yes, but I did <u>not</u> complain
☐ I had to wait for medicines ☐ I had to wait to see the doctor	Why didn't you make a complaint? Please X all the boxes that apply to you
I had to wait for an ambulance	I didn't know how to make a complaint
or hospital transport	I didn't know who to complain to
☐ I had to wait for the letter for the GP	I was worried it might affect my future care
☐ I was not well enough	I didn't think it would be taken seriously
Some other reason	It wasn't a serious issue
Don't know/can't remember	Some other reason
OVERALL	OUTCOMES
	COTCOMES
Overall, how would you rate the care you	
coverall, now would you rate the care you received while in hospital?	Did the care and treatment received in hospital help you?
☐ Very good	
Good	Yes, definitely
Neither good nor poor	Yes, to some extent
Poor	☐ No, not at all
☐ Very poor	ls the problem you went to hospital for?
How well organised was the care you	Much better
received in hospital?	A little better
☐ Very well organised	About the same
Fairly well organised	☐ A little worse
Not well organised	☐ Much worse
If asked about your hospital experience by friends and family how would you respond?	In the <u>week before</u> your hospital stay, how difficult was it for you to carry out your normal daily activities (e.g. physical activity,
☐ I would speak highly of the hospital	going to school/TAFE or going to work)?
I would neither speak highly nor be critical	Not at all difficult
I would be critical of the hospital	Only a little difficult
	Somewhat difficult
	Very difficult
	Too difficult to do
	_

About <u>one month after</u> your discharge from hospital, how difficult was it for you to carry out your normal daily activities?	Which, if any, of the following long-standing conditions do you have? Please X all the boxes that apply to you
Not at all difficult Only a little difficult Somewhat difficult Very difficult Too difficult to do ABOUT YOU	 □ Deafness or severe hearing impairment □ Blindness or severe vision impairment □ A long-standing illness (e.g. cancer, diabetes, respiratory disease) □ A long-standing physical condition □ A learning disability □ A mental health condition (e.g. depression, eating disorder) □ A neurological condition (e.g. ADHD) □ None of these
WRITE IN (YYYY)	In general, how would you rate your health? Excellent
What is your gender? Male Female	Very good Good Fair Poor
Which language do you mainly speak at home? English Go to Q77 A language other than English Please write in the language:	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
Did you need, or would you have liked, to use an interpreter at any stage while you were in hospital? Yes	Who completed this survey? The patient The patient with help from a parent or carer
Did the hospital provide an interpreter	The parent or carer of the patient

Q81	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
Q82	What was the best part of the care you received while in this hospital?

What part of your care p	rovided by this hospital most needs impro	ving?
Please remo	Thank you for your time.	forated line
Return the survey in the reply paid envelope provided or send in an envelope addressed to our survey processing centre (no stamp needed):		
	os Social Research Institute, Reply Paid 84	
Some of the questions asked in	this survey are sourced from the NHS patient su	nyev programme (courtesy of the
NHS Care Quality Commission and Indicator Development Working Gr	If the National Research Corporation (USA)), from oup (PEIDWG) national set of core, common pat	n the Australian Patient Experience ient 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.		
	Barcode	

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