



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

Date

Dear <First Name> <Last Name>,

Your feedback about your experience will help improve healthcare services

I invite you to complete a questionnaire about your most recent admission to [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.

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

Scan the QR code

Or

go to survey.ipsos.com.au/patientsurvey

Then

Enter your username
[INS_UNAME]

Enter your password
[INS_PASSWORD]

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

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

Yours sincerely

Dr Diane Watson

Chief Executive
Bureau of Health Information

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:

Q44 On the day you left hospital, was your discharge delayed?
 Yes
 No Go to Q46

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

Q36 At the time you were discharged, did you feel that you were well enough to leave hospital?
 Yes
 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/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



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?

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

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 served while in hospital?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- I wasn't served any hospital food

Q5 Were you given enough privacy during your stay at the hospital?

- Yes, always
- Yes, sometimes
- No

Q6 Did you stay for one or more nights in a room or ward which was only for patients of the same gender as you?

- Yes, always
- Yes, sometimes
- No
- I didn't stay overnight
- I stayed in a single room

HEALTH PROFESSIONALS

For the questions in this section, please think about all the health professionals who treated or examined you at the hospital. This may include doctors, nurses, allied health (e.g. physiotherapists) and others.

Q7 Did the health professionals who treated you introduce themselves to you?

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

Q8 Did the health professionals ask your name or check your identification band before giving you any medications, treatments or tests?

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

Q9

Did you have enough time to discuss your health or medical problem with the health professionals?

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

Q10

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

- Yes, always
 Yes, sometimes
 No

Q11

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

- Yes, definitely
 Yes, to some extent
 No

Q12

Were the health professionals kind and caring towards you?

- Yes, always
 Yes, sometimes
 No

Q13

Overall, how would you rate the doctors who treated you?

- Very good
 Good
 Neither good nor poor
 Poor
 Very poor

Q14

Overall, how would you rate the nurses who treated you?

- Very good
 Good
 Neither good nor poor
 Poor
 Very poor

CARE AND TREATMENT

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

Q15

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

Q16

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

Q17

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

- Yes
 No

Q18

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

- Yes, always
 Yes, sometimes
 No

Q19

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

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 didn't want or need to be involved

Q21

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

Q22

Did the health professionals listen carefully to any views or concerns you had?

- Yes, definitely
- Yes, to some extent
- No
- I didn't have any views or concerns

Q23

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

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

Q24

Were you treated with respect and dignity while in hospital?

- Yes, always
- Yes, sometimes
- No

Q25

Were your cultural or religious beliefs respected by the hospital staff?

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

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

Q27

Were you ever in any pain while in hospital?

- Yes
- No Go to Q29

Q28

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

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

Q29

Did the health professionals explain what would happen during your tests, operations or procedures in a way you could understand?

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

Q30

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

PROBLEMS AND COMPLICATIONS

For the questions in this section, please think about any problem or clinical complication that you may have experienced related to your care and treatment.

Q31 During your hospital stay or soon after, did you experience any problem related to your care and treatment?

- Yes
 No Go to Q35

Q32 Was the impact of this problem...?

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

Q33 Were the health professionals open with you about this problem?

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

Q34 Were the health professionals responsive in addressing this problem?

- Yes, definitely
 Yes, to some extent
 No
 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?

- Yes, definitely
 Yes, to some extent
 No
 I didn't want or need to be involved

Q36 At the time you were discharged, did you feel that you were well enough to leave hospital?

- Yes
 No

Q37 Thinking about when you left hospital, were you given enough information about how to manage your care at home?

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

Q38 Was your family and home situation taken into account when you were discharged?

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

Q39 Thinking about when you left hospital, were adequate arrangements made for any services you needed (e.g. equipment, home care, community care, follow-up appointments)?

- Yes, definitely
 Yes, to some extent
 No
 I didn't need any services

Q40

Were you told who to contact if you were worried about your condition or treatment after you left hospital?

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

Q41

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

- Yes
- No Go to Q43

Q42

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

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

Q43

Did you receive a document summarising your hospital care (e.g. a digital or physical copy of the letter to your GP or a discharge summary)?

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

Q44

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

- Yes
- No Go to Q46

Q45

Did hospital staff explain the reason for the delay?

- Yes
- No

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

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?

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



VIRTUAL CARE WITH A HOSPITAL OUTPATIENT CLINIC

Virtual care appointments are held over the telephone or by video call, using any form of communication or information technologies, rather than in person. For the questions in this section, please think about your virtual care appointments with a hospital outpatient clinic, not with a general practitioner (GP), in the three months after your discharge.

Q52 In the three months after your discharge from the hospital, how many in-person appointments have you had with a hospital outpatient clinic?

- None
- 1 to 2
- 3 to 5
- More than 5
- Don't know/can't remember

Q53 In the three months after your discharge from the hospital, how many virtual care appointments have you had with a hospital outpatient clinic?

- None Go to Q60
- 1 to 2
- 3 to 5
- More than 5
- Don't know/can't remember

Q54 Overall, how would you rate the virtual care you received?

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

Q55 Did the care and treatment received through virtual care help you?

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

Q56 Compared with in-person appointments, were your virtual care experiences...?

- Better
- About the same
- Not as good

Q57 If given the choice, would you use virtual care again?

- Yes, definitely
- Yes, in some circumstances
- No
- Don't know

Q58 Thinking about your experiences of virtual care, what have been the benefits for you? Please **all the boxes that apply to you**

- I thought it was convenient
- I saved time
- I saved money
- I felt that I received safe, high quality care
- I felt that I received the right care at the right time
- I felt at ease being in my own home/surroundings
- I didn't have to take as much time off work as I would have with an in-person appointment
- I didn't need to arrange care for children or dependants
- I was able to have others join the appointment (my family, other members of my healthcare team)
- I thought it benefitted me in other ways
- I had no benefits

Q59 How did you access your most recent virtual care appointment?

- Telephone, audio only (mobile or landline)
- Online, with video (e.g. Skype, Zoom. On any device including computer, tablet or smartphone)
- Online, audio only (on any device including computer, tablet or smartphone)
- Other

VIRTUAL CARE WITH A GENERAL PRACTITIONER

For the questions in this section, please now think about your virtual care appointments with a general practitioner (GP), in the three months after your discharge.

Q60 In the three months after your discharge from the hospital, how many in-person appointments have you had with a general practitioner (GP)?

- None
- 1 to 2
- 3 to 5
- More than 5
- Don't know/can't remember

Q61 In the three months after your discharge from the hospital, how many virtual care appointments have you had with a GP?

- None Go to Q65
- 1 to 2
- 3 to 5
- More than 5
- Don't know/can't remember

Q62 Overall, how would you rate the virtual care you received?

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

Q63 Did the care and treatment received through virtual care help you?

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

Q64 Did the opportunity to use virtual care help ensure that your care was well coordinated between the hospital and the GP?

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

Please turn over to complete questionnaire 

ABOUT YOU (THE PATIENT)

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

Q65 What year were you born?
Write in (YYYY)

Q66 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

Q67 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

Q68 Which language do you mainly speak at home?

- English
- A language other than English

What is that language? Please write below.

Q69 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

Q70 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 Q72

Q71 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.

Q72 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

- Q73** What was the best part of the care you received while in this hospital?
Please don't include your name, address or any personal information about yourself or the health professionals who treated you.

- Q74** What most needs improving about the care you received from this hospital?
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 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.



SAMPLE
2023

Barcode

