



<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 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.

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](http://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](http://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:

**Q21** Were you ever in pain while in the ED?

- Yes  
 No ..... Go to Q23

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

**Q14** Did you have confidence and trust in the ED health professionals treating you?

- Yes, definitely  
 Yes, to some extent  
 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](http://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](http://bhi.nsw.gov.au/nsw_patient_survey_program)



When completing this questionnaire, please think about your experiences of care at the emergency department (ED) of the hospital named, in the month shown, in the covering letter. If you are a parent or carer helping to complete the questionnaire, please ensure you respond to the questions from the patient's point of view.

## ARRIVAL AT THE EMERGENCY DEPARTMENT

For the questions in this section, please think about when you first arrived at the ED and all the staff you met, including receptionists, nurses and others.

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

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

**Q2** Were the ED 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 ED 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 ED staff tell you how long you might have to wait for treatment?

- Yes
- No
- I didn't need to wait for treatment
- Don't know/can't remember

**Q5** While you were waiting to be treated, did the ED staff check on your condition?

- Yes
- No, but I would have liked them to check
- No, but I didn't need them to check
- Don't know/can't remember

## CARE AND TREATMENT

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

**Q6** Did the ED 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

**Q7** Did the ED health professionals explain things in a way you could understand?

- Yes, always
- Yes, sometimes
- No

**Q8** Did you have enough time to discuss your health or medical problem with the ED health professionals?

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

**Q9** 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

Q10

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

Q11

Did the ED 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

Q12

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

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

Q13

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

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

Q14

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

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

Q15

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

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

Q16

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

- Yes
- No

Q17

Were the ED health professionals kind and caring towards you?

- Yes, always
- Yes, sometimes
- No

Q18

Were you treated with respect and dignity while in the ED?

- Yes, always
- Yes, sometimes
- No

Q19

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

- Yes, always
- Yes, sometimes
- No

Q20

Did the ED 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

**Q21** Were you ever in pain while in the ED?  
 Yes  
 No.....Go to Q23

**Q22** Do you think the ED health professionals did everything they could to help manage your pain?  
 Yes, definitely  
 Yes, to some extent  
 No

**Q23** How clean was the treatment area in the ED?  
 Very clean  
 Fairly clean  
 Not very clean  
 Not at all clean

**Q24** While you were in the ED, did you feel threatened by other patients or visitors?  
 Yes, definitely  
 Yes, to some extent  
 No

## LEAVING THE EMERGENCY DEPARTMENT

For the questions in this section, please think about your experiences as you were preparing to leave the ED.

**Q25** What happened at the end of your ED visit?  
 I was admitted to the same hospital.....Go to Q32  
 I was transferred to a different hospital or healthcare facility.....Go to Q32  
 I went home or to stay with a friend, relative, or elsewhere  
Go to Q26

**Q26** Did you feel involved in decisions about your discharge from the ED?  
 Yes, definitely  
 Yes, to some extent  
 No  
 I didn't want or need to be involved

**Q27** 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  
 Not applicable

**Q28** 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

**Q29** Were you told who to contact if you were worried about your condition or treatment after you left the ED?  
 Yes  
 No  
 Don't know/can't remember

**Q30** Were you told about what signs or symptoms, related to your illness or treatment, to watch out for after you went home?  
 Yes, definitely  
 Yes, to some extent  
 No

**Q31** 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

## OVERALL EXPERIENCE

For the questions in this section, please think about your overall experiences of the care provided to you in the ED.

**Q32** Overall, how would you rate the care you received while in the ED?

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

**Q33** 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

**Q34** Did the care and treatment received in the ED help you?

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

**Q35** Did you need to return to this or any other ED within 48 hours of discharge?

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

## ABOUT YOU (THE PATIENT)

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

Please remember to answer the following questions about the patient.

**Q36** What year were you born?

Write in (YYYY)

**Q37** 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

**Q38** 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

**Q39** Which language do you mainly speak at home?

- English
- A language other than English

What is that language? Please write below.

**Q40**

**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

**Q41**

**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 Q43

**Q42**

**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.

**Q43**

**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

Please turn over to complete questionnaire 

## COMMENTS

- Q44** What was the best part of the care you received while in this ED?  
Please don't include your name, address or any personal information about yourself or the health professionals who treated you.


- Q45** What most needs improving about the care you received while in this 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.

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