



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

Date

Dear <First Name> <Last Name>,

We need your feedback to help improve virtual healthcare

I invite you to complete a 10-minute questionnaire about your experiences of virtual care during your most recent appointment with [HOSPITAL NAME]. Your virtual care appointment may have been held over the telephone or by video call.

Your feedback will be used to help improve healthcare experiences and outcomes for patients across NSW. This is a valuable opportunity to share your feedback in the first statewide survey of patients' experiences of virtual care.

Any information you provide will be treated confidentially, and the staff who cared for you will not be able to see your responses.

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

The diagram illustrates three methods to access the survey:

- Scan the QR code:** A QR code is shown for scanning.
- Or:** A central text block says "Go to: survey.ipsos.com.au/patientsurvey". Below this is an illustration of a smartphone, tablet, and laptop.
- Then:** A login form is shown with two fields: "Enter your username" containing [INS_UNAME] and "Enter your password" containing [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

PRIVACY INFORMATION

Your privacy is protected by legislation

The Bureau of Health Information (BHI) works with Ipsos to manage the NSW Patient Survey Program on behalf of NSW Health. Your name and address were provided to Ipsos for the purpose of providing this survey only. Ipsos will keep your contact details confidential.

Your questionnaire responses will be treated in the strictest confidence. 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.

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

More information about the NSW Patient Survey Program can be found on the BHI website at bhi.nsw.gov.au/nsw_patient_survey_program

SAMPLE
2020



MY VIRTUAL CARE APPOINTMENT

Virtual care refers to interactions with your healthcare professional(s) using any form of communication or information technologies, rather than in person. In this survey, we are interested in your experience of virtual care appointments with a hospital or outpatient centre, not with your general practitioner/family doctor. For the following questions, please think about your most recent virtual care appointment.

Q1 What was the purpose of your most recent virtual care appointment?

Please **all** the boxes that apply to you

- Receive test results
- Initial consultation
- Follow-up consultation
- Medical diagnosis or advice
- Regular check-up
- Treatment or therapy review
- Treatment or therapy
- Other

Q2 Were you able to get an appointment time that suited you?

- Yes
- No
- I didn't have an appointment arranged in advance

Q3 Who did you see during this virtual care appointment?

Please **all** the boxes that apply to you

- Doctor/specialist
- Nurse
- Physiotherapist
- Podiatrist
- Radiographer (X-ray, ultrasound, MRI)
- Dietician
- Mental health professional
- Occupational therapist
- Psychologist or counsellor
- Social worker
- Speech pathologist
- Other healthcare professional(s)

Q4 Had you seen this/these health professional(s) before, either in person or via telephone or video?

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

Q5 What kind of virtual care did you use at your most recent appointment?

- Telephone (landline or mobile), audio only
- Online, with both video and audio (e.g. Skype or myVirtualCare)
- Online, audio only
- Other

Q6 Did you experience any problems with the connection or technology during this virtual care appointment?

- Yes
- No

Q7 Did you receive technical support from staff to help you participate in your virtual care appointment?

- Yes
- No, but I would have liked technical support
- No, but I did not need any technical support
- Don't know/can't remember

Q8 Was the health professional(s) adequately prepared for your most recent virtual care appointment?

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

Q9 Were you adequately prepared for this virtual care appointment?

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

Q10 How many virtual care appointments have you had in 2020 with a hospital or outpatient centre (not counting any appointments with your general practitioner/family doctor)?

- 1 to 2
- 3 to 5
- More than 5
- Don't know/can't remember

MY CARE AND TREATMENT

For the following questions, please think about your most recent virtual care appointment. In this survey, we are interested in your experience of virtual care appointments with a hospital or outpatient centre, not with your general practitioner/family doctor.

Q11 Thinking about the care and treatment at your most recent virtual care appointment, did the health professional(s) explain things in a way you could understand?

- Yes, always
- Yes, sometimes
- No

Q12 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

Q13 Did the health professional(s) listen carefully to any views and concerns you had about your care and treatment?

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

Q14 Did you have confidence and trust in the health professional(s) treating you?

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

Q15 Was the health professional(s) kind and caring towards you?

- Yes, always
- Yes, sometimes
- No

Q16 Were you treated with respect and dignity during your virtual care appointment?

- Yes, always
- Yes, sometimes
- No

Q17 During your virtual care appointment, did you feel that your privacy was maintained?

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

Q18 During your virtual care appointment, were you given enough information about how to manage your care between appointments?

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

Q19 During your virtual care appointment, were you told who to contact if you were worried about your condition or treatment afterwards?

- Yes
- No
- I did not need this type of information
- Don't know/can't remember

MY OVERALL EXPERIENCE

For the following questions, please now think about all of your experiences of virtual care provided by a hospital or outpatient centre in 2020 (not with your general practitioner/family doctor).

Q20 Overall, how would you rate the virtual care you received?

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

Q21 If asked about your virtual care experience by friends and family, how would you respond?

- I would speak highly of virtual care
- I would neither speak highly nor be critical
- I would be critical of virtual care

Q22 Did the care and treatment received through virtual care help you?

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

Q23 Compared to in person appointments, was your virtual care experience...?

- Better
- About the same
- Not as good

Q24 If given the choice, would you use virtual care again?

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

Q25 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 had timely access to healthcare
- I felt at ease being in my own home/surroundings
- I was able to stay closer to home and/or my family
- 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 child or dependant(s)
- I could invite my family to join the appointment
- I was able to have other members of my health care team attend the appointment
- I was able to access a type of care that isn't available where I live
- I thought it benefitted me in other ways
- I had no benefits

Q26 Thinking about your experiences of virtual care, what have been the challenges for you?

Please all the boxes that apply to you

- I would have been more comfortable talking in person
- I had to wait too long for the appointment to start
- I had concerns about privacy
- I had concerns about the security of my health information
- I had issues with the technology
- The healthcare professional(s) had issues with the technology
- I had issues with the quality of the connection
- I had other challenges
- I had no challenges

ABOUT YOU (THE PATIENT)

The following questions will help us to see how experiences vary between different groups of the population

Q27 What year were you born?

Write in (YYYY)

Q28 What is your gender?

- Male
- Female

Q29 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
- Post graduate/higher degree

Q30 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

Q31 Which language do you mainly speak at home?

- English
- A language other than English

Q32 Do you have longstanding health conditions that cause you difficulty with your day-to-day activities?

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

YOUR COMMENTS

Q33

What was the best part of your virtual care experience?

Q34

What most needs improving about your virtual care experience?

THANK YOU FOR TAKING THE TIME TO COMPLETE THE QUESTIONNAIRE

