



<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 hospital staff 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_USERNAME]

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:

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, fill in that 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, remove the covering letter before placing 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 to manage the NSW Patient Survey Program on behalf of NSW Health. Your name and address is provided to Ipsos 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. 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 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



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 had more than one visit in that month, to the ED of the hospital named in the covering letter, please refer to the most recent visit.

ARRIVAL

For the following questions, 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 following questions, 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 following questions, 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

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

Q36 What year were you born?

Write in (YYYY)

Q37 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

Q38 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

Q39 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

Q40 Which language do you mainly speak at home?

- English
- A language other than English

What is that language? Please write below.

Q41 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

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 healthcare information will allow us to better understand how the care provided by health facilities is related to the health of their patients and their use of these services.

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.

Q42 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

This survey is anonymous. In the comment boxes below, please don't include your name, address or any personal information about yourself or the health professionals who treated you.

Q43 What was the best part of the care you received while in this ED?

Q44 What most needs improving about the care you received while in this ED?

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) and the National Research Corporation (USA). Questions are used with the permission of each organisation.



SAMPLE
2021-22

Barcode

