

Patients' experiences of elective surgery care

To gain insights into patients' experiences of elective, or planned, surgery care, the Bureau of Health Information (BHI) introduced a module into the Adult Admitted Patient Survey for people who had elective surgery in one of 63 NSW public hospitals between August and October 2022. Patients may also have received care from healthcare providers outside NSW Health leading up to and after their surgery (e.g. private specialists and GPs). This report highlights key insights from BHI's analyses of the experiences of the 1,157 patients who responded to the survey.

BHI's regular activity and performance reporting in *Healthcare Quarterly* shows that patients in this period experienced longer waits for elective surgery than in previous years. It was also at a time when COVID-19 was still prevalent in NSW and continued to present challenges to health services. However, this *Insights Series* report found most respondents were positive about their care.

To explore detailed results for all survey questions, see the **supplementary data tables**.

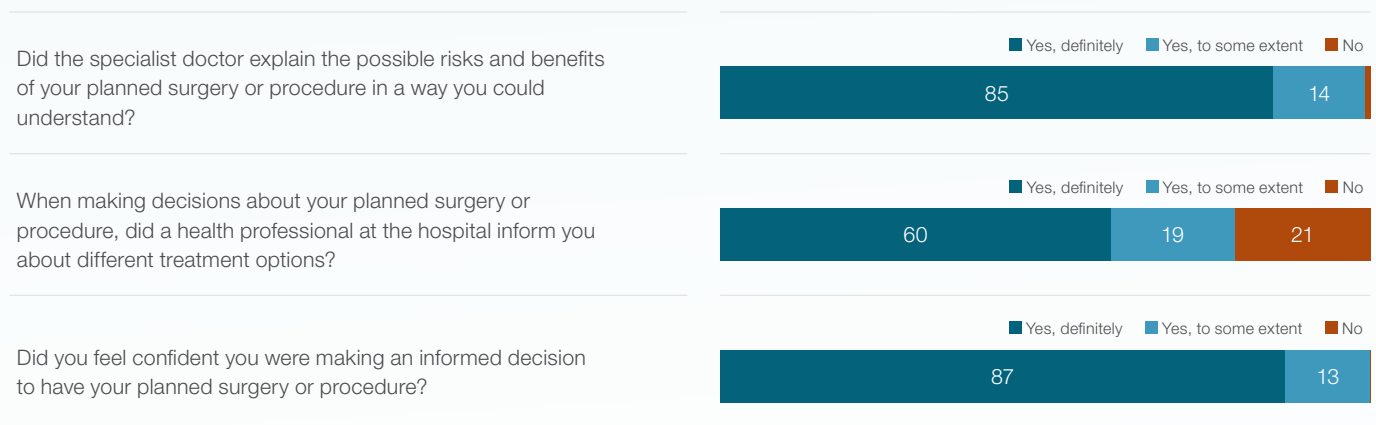
Overall, 95% of elective surgery patients rated the care they received while in hospital as...



Experiences leading up to elective surgery

Most respondents were positive about the care they received in the lead-up to their surgery, before being admitted to a public hospital, including that they received an understandable explanation from the specialist doctor of possible risks and benefits and felt confident they were making informed decisions. However, around one in five (21%) patients said they were not informed about different treatment options by a health professional at the hospital.

Figure 1 Percentage of patients in NSW, all response options, August to October 2022



Experiences waiting for elective surgery

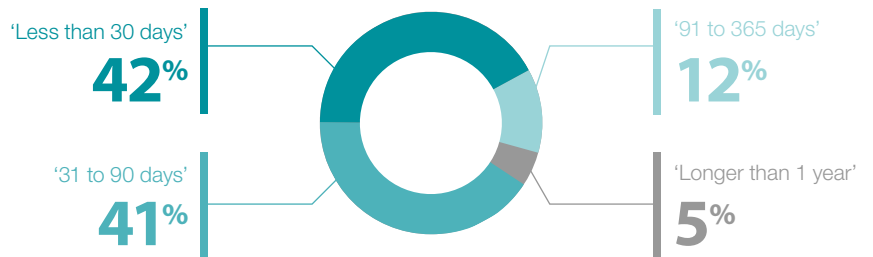
Patients shared their experiences of waiting for surgery, including about the amount of time they waited to be admitted and whether their symptoms or condition were monitored while waiting.

During the survey period (August to October 2022), COVID-19 was still prevalent in NSW and continued to present challenges to health services, including the effects of surgery suspensions on waiting times.

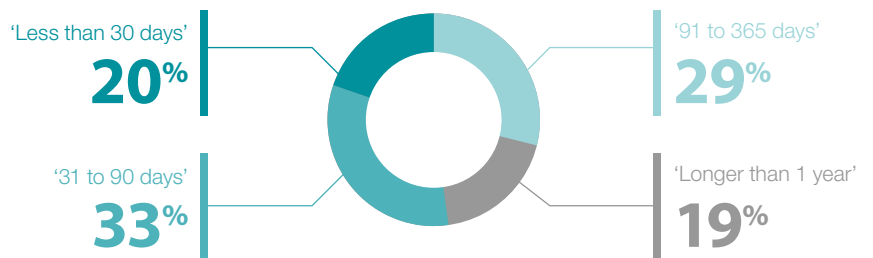
Separate to this report, BHI reports waiting times for all patients, in the context of clinically recommended timeframes, in **Healthcare Quarterly**.

Figure 2 Percentage of patients in NSW, all response options, August to October 2022

When asked how long they waited for a specialist appointment after first trying to book, patients who responded to the survey said they waited:



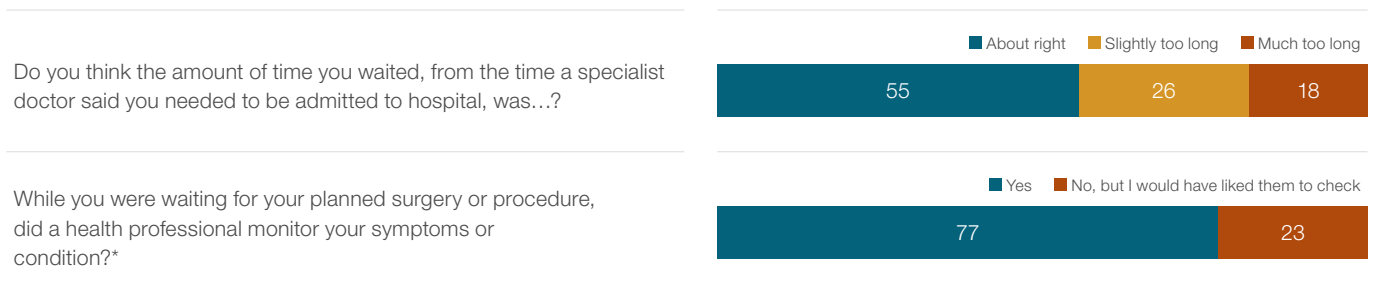
When asked how long they waited to be admitted from the time a specialist said they needed surgery, patients who responded to the survey said they waited:



Health professionals may monitor a patient's condition while they wait for surgery. At the time they are added to the waiting list, NSW Health advises patients that if they have any concerns about their health, or their condition gets worse while they are waiting for surgery, to first talk to their GP, who may then discuss their situation with the referred hospital or specialist surgeon.

Among the 42% of patients who said they wanted or needed monitoring, 77% said a health professional, such as a GP, monitored their symptoms or condition while waiting for surgery.

Figure 3 Percentage of patients in NSW, all response options, August to October 2022

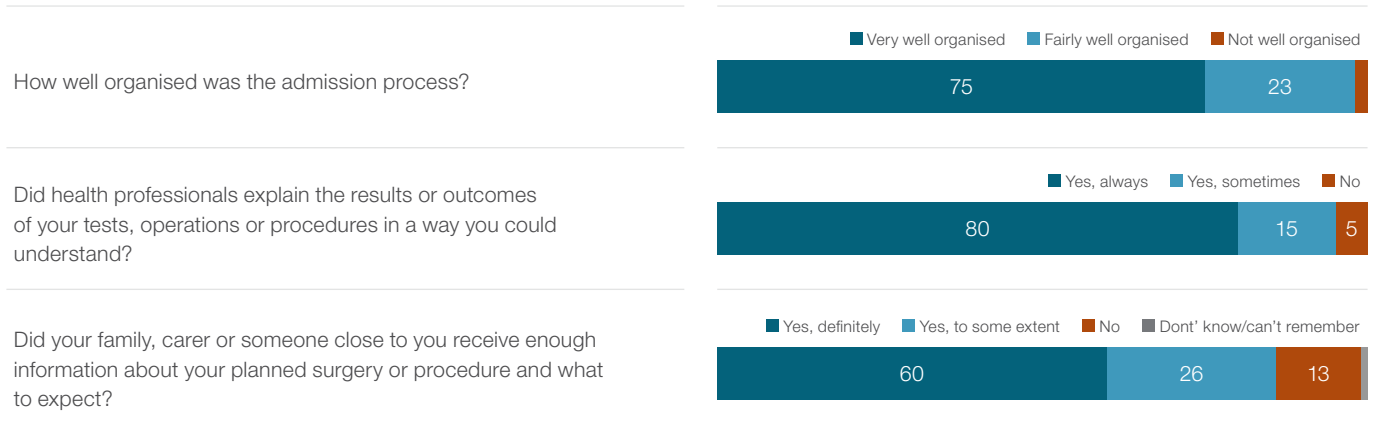


*Based on the responses of 439 patients (42%) who said they wanted or needed their symptoms or condition monitored.
Note: Results may not add up to 100% due to rounding.

Experiences in hospital

When patients were asked about the care and treatment they received during their hospital stay, most were positive – including about the coordination of their care and communication with health professionals.

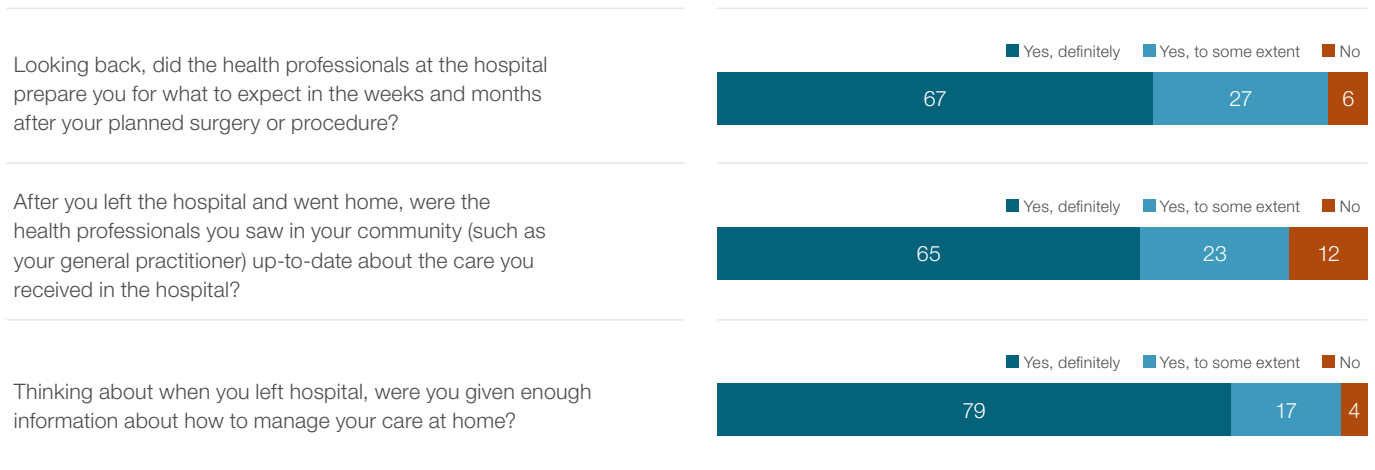
Figure 4 Percentage of patients in NSW, all response options, August to October 2022



Experiences of discharge

When asked about their discharge experience following surgery, most patients gave high ratings – including about the clear information they received and the coordination of care between the hospital and the health professionals they saw in the community.

Figure 5 Percentage of patients in NSW, all response options, August to October 2022



Best part of care...

An amazing surgeon who showed huge empathy and gave me a lot of confidence during a very vulnerable time.

– patient

What could improve...

More information given to my partner after and during surgery. I had complications and a longer surgery and they were unaware.

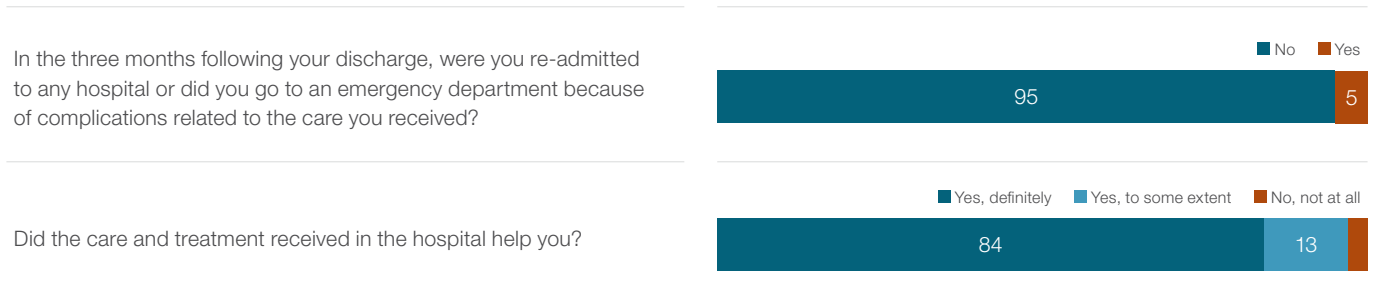
– patient



Overall experiences and outcomes

Overall, patients were positive about the care they received in hospital and the majority of patients did not return to hospital because of complications in the three months following their surgery.

Figure 6 Percentage of patients in NSW, all response options, August to October 2022



Adult Aboriginal patients who were admitted to a NSW public hospital were invited to provide feedback about their experiences of elective surgery care. Of the 154 respondents:

79% said that the specialist doctor 'definitely' explained the possible risks and benefits in an understandable way (16% 'to some extent').

87% were 'definitely' confident about making an informed decision to have surgery (13% 'to some extent').



Best part of care...

I thought that all the staff (from my specialists, GP, to all the hospital nurses) were wonderful. They were compassionate and caring.

– patient

Best part of care...

Professional care and consideration at all times. From arrival to discharge I was treated with respect and empathy.

– patient

What could improve...

The hand over between surgical teams could have been better. I received conflicting information about discharge, which was distressing.

– patient



Key drivers of patient reported outcomes of care

BHI undertook additional analyses that identified measures associated with two self-reported outcomes of care – whether patients reported that their symptoms got ‘a little worse’ (20%) or ‘much worse’ (9%) while waiting for surgery and whether they reported returning to hospital within one/three months of discharge because of complications related to the care they received (8% of patients). The analyses account for other factors that may be associated with these outcomes such as age and gender.

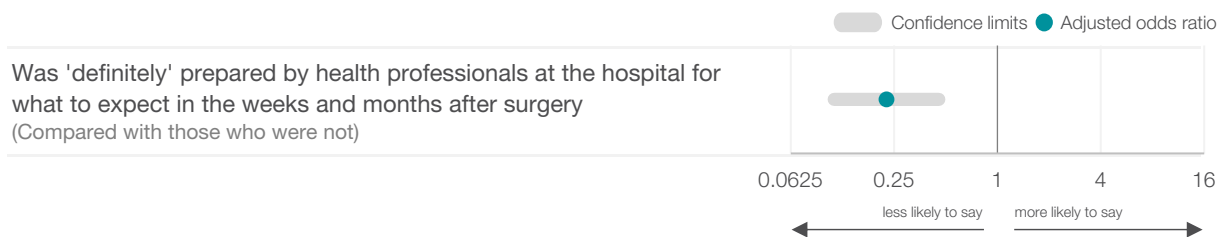
BHI’s analyses found that:

- Patients were around four times more likely to say that their symptoms or condition deteriorated if they thought the time they waited – from the time a specialist doctor said they needed to be admitted until they were admitted – was ‘slightly’ or ‘much too long’, or if they said a health professional didn’t monitor their symptoms or condition while waiting.
- Patients were less likely to return to hospital within one/three months of discharge if the health professionals at the hospital ‘definitely’ prepared them for what to expect in the weeks and months following surgery.

Figure 7 Symptoms or condition got ‘a little worse’ or ‘much worse’ while waiting for surgery, August to October 2022



Figure 8 Re-admitted to any hospital or went to an emergency department within one/three months of discharge because of complications related to care received, August to October 2022



To explore detailed results for all survey questions, see the [supplementary data tables](#).
For more information on the statistical model, see the [technical supplement](#).



1 Reserve Road
St Leonards NSW 2065 Australia
Telephone: +61 2 9464 4444
Email: BHI-enq@health.nsw.gov.au
bhi.nsw.gov.au

State Health Publication Number: (BHI) 230700
ISSN: 2204-5511 (online)

© Copyright Bureau of Health Information 2023

This work is copyrighted. It may be reproduced in whole or in part for study or training purposes subject to the inclusion of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the Bureau of Health Information.

The conclusions in this report are those of BHI and no official endorsement by the NSW Minister for Health, the NSW Ministry of Health or any other NSW public health organisation is intended or should be inferred.