



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

Date

Dear <First Name> <Last Name>,

## Your feedback about your rural hospital experience is important

I am writing to invite you to provide feedback about your most recent visit to [HOSPITAL NAME] during [MONTH]. During this time of extraordinary demand on the health system due to the COVID-19 pandemic, it is important to continue to hear from patients about their experiences and outcomes of care. Your feedback will be used to improve health services for patients.

**We encourage you to complete the questionnaire online.** Once you start the online questionnaire, it is possible to return later to complete it. Please visit the web address below and log in with the following unique username and password.



Visit [survey.ipsos.com.au/patientsurvey](https://survey.ipsos.com.au/patientsurvey)

Username [INS\_UNAME]

Password [INS\_PWORD]

If you have any questions or need help completing 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** (include your username [INS\_UNAME] in the subject line).

If you are unable to complete the questionnaire online, we will provide you with a paper questionnaire when we send a reminder letter in three weeks.

**Your information will be treated confidentially.** The staff who cared for you will not know whether you have completed the questionnaire and will not be able to see your responses.

For further information about the NSW Patient Survey Program and to see how your local hospital is performing, visit the Bureau of Health Information website at **bhi.nsw.gov.au**

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

Yours sincerely

**Dr Diane Watson**

Chief Executive  
Bureau of Health Information



## HOW TO COMPLETE THE PAPER QUESTIONNAIRE

Please use a blue or black pen to mark an **X** in the box next to the answer you choose.

Some answer boxes have 'Go to...' instructions. By following these instructions you will be able to move past any questions that do not apply to you.

**Q25**

**While in hospital, did you have any tests, operations or procedures?**

☒ Yes

☐ No. . . . . Go to Q28



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

**Q38**

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

☒ Yes, completely

☒ Yes, to some extent

☐ No

If you prefer not to answer a question, leave it blank and continue to the next question.

If someone is helping you to complete the questionnaire, please ensure the answers given are from your point of view, and not the opinion of the person helping you.

## 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. Once you have completed the questionnaire, your contact details are removed from the survey results. 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.

Your answers will be analysed along with the responses from other people who completed the questionnaire. The results will be provided to your local hospital and to NSW Health to help improve services.

You can find more information about privacy and confidentiality at **[bhi.nsw.gov.au/nsw\\_patient\\_survey\\_program/privacy](https://bhi.nsw.gov.au/nsw_patient_survey_program/privacy)**

The results of all patient surveys in the program are reported publicly on the BHI website at **[bhi.nsw.gov.au](https://bhi.nsw.gov.au)**





## YOUR FEEDBACK WILL BE USED TO IMPROVE HEALTH SERVICES FOR YOUR COMMUNITY

**We want to hear about the care you received recently at the rural hospital named in the covering letter.** For each question, please cross ☒ clearly in the box next to the answer you choose using a black or blue pen.

Some questions will ask you to choose more than one answer. Some answer boxes will instruct you to 'Go to' another question.

By following these instructions you will be able to move past questions that do not apply to you.

Don't worry if you make a mistake; simply fill in the box ☐ and put a cross ☒ in the correct box.

Please do not write your name or address anywhere on the questionnaire.

### ACCESSIBILITY

When completing the questionnaire, please think about your visit to the hospital named in the covering letter.

**Q1** What is the distance between your home and the hospital?

- ☐ 100km or less
- ☐ 101–250km
- ☐ 251–500km
- ☐ More than 500km
- ☐ Don't know/can't remember

**Q2** If you came to the hospital from home, did you have any difficulties organising transport to the hospital?

- ☐ Yes
- ☐ No
- ☐ I didn't come to the hospital from home

### THE HOSPITAL WARD OR ROOM

For the following questions, please think about the time from when you arrived at your ward or room until you left the hospital named in the covering letter.

**Q3** How clean were the areas (e.g. room, toilet) you used during your stay at the hospital?

- ☐ Very clean
- ☐ Fairly clean
- ☐ Not very clean
- ☐ Not at all clean

**Q4** Were you given enough privacy when being examined or treated?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

**Q5** Was a call button placed within easy reach?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ Not applicable to my situation
- ☐ Don't know/can't remember



## HEALTH PROFESSIONALS

For the following questions, please think about all the health professionals who treated or examined you at the hospital, including doctors, nurses and other health professionals.

**Q6** Did the health professionals introduce themselves to you?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

**Q7** If you needed to talk to a health professional, did you get the opportunity to do so?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No, I didn't get the opportunity
- ☐ I had no need to talk to a health professional

**Q8** When you had important questions to ask a health professional, did they answer in a way you could understand?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No, I didn't get answers I could understand
- ☐ I didn't ask any questions

**Q9** In your opinion, did the health professionals who treated you know enough about your care and treatment?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

**Q10** Did you have confidence and trust in the health professionals treating you?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

**Q11** Did you see the health professionals wash their hands, or use hand gel to clean their hands, before touching you?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No, I didn't see this
- ☐ Can't remember

**Q12** In your opinion, were there enough health professionals on duty to care for you in the hospital?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

**Q13** 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, they didn't ask my name or check my identification band
- ☐ Not applicable to my situation
- ☐ Don't know/can't remember

**Q14** Were the health professionals kind and caring towards you?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

**Q15** Overall, how would you rate the health professionals who treated you?

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



## YOUR TREATMENT AND CARE

**Q16** During your stay in the hospital, how much information about your condition or treatment was given to you?

- ☐ The right amount
- ☐ Too much
- ☐ Not enough
- ☐ Not applicable to my situation

**Q17** How much information about your condition or treatment was given to your family, carer or someone close to you?

- ☐ The right amount
- ☐ Too much
- ☐ Not enough
- ☐ It wasn't necessary to provide information to anyone else
- ☐ Don't know/can't say

**Q18** Did the health professionals explain things in a way you could understand?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

**Q19** Did you ever receive contradictory information about your condition or treatment from the health professionals?

- ☐ Yes
- ☐ No

**Q20** I was involved as much as I wanted in making decisions about my treatment and care...

- ☐ Always
- ☐ Mostly
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

**Q21** My views and concerns were listened to...

- ☐ Always
- ☐ Mostly
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Didn't apply

**Q22** How would you rate how well the health professionals worked together?

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

**Q23** Did you feel you were treated with respect and dignity while you were in the hospital?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No

**Q24** Do you think the health professionals did everything they could to help manage your pain?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ I didn't have any pain while in hospital

**Q25** While in hospital, did you have any tests, operations or procedures?

- ☐ Yes
- ☐ No.....Go to Q28

**Q26** Did health professionals explain what would happen during your tests, operations or procedures in a way you could understand?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No, I didn't get any explanation
- ☐ I didn't want or need an explanation
- ☐ Don't know/can't remember

**Q27** Did health professionals explain the results or outcome of your tests, operations or procedures in a way you could understand?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No, I didn't get any explanation
- ☐ I didn't want or need an explanation
- ☐ Don't know/can't remember



## TRANSFER FROM ANOTHER HEALTHCARE FACILITY

**Q28** Were you transferred to the hospital from a larger regional or metropolitan hospital?

- ☐ Yes  
☐ No.....Go to Q31  
☐ Don't know.....Go to Q31

**Q29** In your opinion, did this transfer happen at the right time for you?

- ☐ Yes  
☐ No, too early  
☐ No, too late  
☐ Don't know/can't remember

**Q30** In your opinion, did the transfer benefit you? Please ☒ all the boxes that apply to you

- ☐ Yes, I was closer to home and/or family  
☐ Yes, I/family members saved travel time  
☐ Yes, I saved money  
☐ Yes, it benefitted my health  
☐ Yes, it benefitted me in other ways  
☐ No, I didn't benefit from the transfer  
☐ Don't know/can't remember

## COMPLICATIONS

For the following questions, please think about the hospital named in the covering letter.

**Q31** Not including the reason you went to hospital, during your hospital stay, or soon afterwards, did you experience any of the following complications or problems?

Please ☒ all the boxes that apply to you

- ☐ An infection  
☐ Uncontrolled bleeding  
☐ A negative reaction to medication  
☐ A complication as a result of a test, operation or surgical procedure  
☐ A blood clot  
☐ A pressure wound or bed sore  
☐ A fall  
☐ Any other complication or problem  
☐ None of these.....Go to Q34

**Q32** Was the impact of this complication or problem...?

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

**Q33** In your opinion, were the health professionals open with you about this complication or problem?

- ☐ Yes, completely  
☐ Yes, to some extent  
☐ No  
☐ Not applicable, as it happened after I left

## LEAVING HOSPITAL (DISCHARGE)

For the following questions, please think about when you were discharged, that is when you left the hospital named in the covering letter to go home or to another facility.

**Q34** Did you feel involved in decisions about your discharge from the hospital?

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

**Q35** Did hospital staff take your family and home situation into account when planning your discharge?

- ☐ Yes, completely  
☐ Yes, to some extent  
☐ No, staff didn't take my situation into account  
☐ It wasn't necessary  
☐ Don't know/can't remember

**Q36** If you went home after being discharged from the hospital, did you have any difficulties organising transport home?

- ☐ Yes  
☐ No  
☐ I didn't go home after my discharge





**Q37** Were you given or prescribed any new medication to take at home?

- ☐ Yes  
☐ No.....Go to Q39

**Q38** Did a health professional in the hospital tell you about medication side effects to watch for?

- ☐ Yes, completely  
☐ Yes, to some extent  
☐ No

**Q39** Did the hospital staff give you a document summarising the care you received in the hospital (e.g. a copy of the letter to your GP, a discharge summary)?

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

**Q40** Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left the hospital?

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

**Q41** If your discharge was delayed, did a member of staff give you a reason?

- ☐ Yes  
☐ No  
☐ My discharge wasn't delayed

**Q42** At the time you were discharged, did you feel that you were well enough to leave the hospital?

- ☐ Yes  
☐ No

**Q43** Thinking about when you left the hospital, were you given enough information about how to manage your care at home?

- ☐ Yes, completely  
☐ Yes, to some extent  
☐ No, I wasn't given enough information  
☐ I didn't want or need this type of information

**Q44** Thinking about when you left the hospital, were adequate arrangements made by the hospital for any services you needed (e.g. equipment, home care, community care, follow-up appointments)?

- ☐ Yes, completely  
☐ Yes, to some extent  
☐ No, arrangements weren't adequate  
☐ These services aren't offered in the area  
☐ I didn't need any services

**Q45** After you left the hospital and went home, were the health professionals you saw in your rural community up-to-date about the care you received in the hospital?

- ☐ Yes, completely  
☐ Yes, to some extent  
☐ No  
☐ Don't know/can't remember  
☐ I didn't see a health professional after leaving the hospital

## EXPENSES

**Q46** How much money (that you will not get back) did you pay for expenses related to your hospital stay (e.g. parking, transport, accommodation for those accompanying you)?

- ☐ Zero (\$0)  
☐ \$1 to less than \$100  
☐ \$100 to less than \$1000  
☐ \$1000 or more  
☐ Don't know/can't remember

**Q47** During the past 12 months, was there a time when you skipped a medical test, treatment, or follow-up appointment that was recommended by a health professional because of the cost?

- ☐ Yes  
☐ No  
☐ Not applicable



## OVERALL

**Q48** Overall, how would you rate the care you received while in hospital?

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

**Q49** How well organised was the care you received in hospital?

- ☐ Very well organised
- ☐ Fairly well organised
- ☐ Not well organised

**Q50** 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

## YOUR HEALTH

**Q51** Did the care and treatment you received in the hospital help you?

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

**Q52** In the month following your discharge, did you go to an emergency department because of complications related to the care you received?

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

**Q53** In the month following your discharge, were you re-admitted to any hospital because of complications related to the care you received?

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

## TELEHEALTH

Telehealth is the delivery of healthcare services at a distance using information communications technology such as a telephone, computer, tablet, or smartphone. It is used to help connect health professionals with patients.

**Q54** In the three months after your discharge from the hospital, were you provided with any telehealth service(s)?

- ☐ Yes
- ☐ No. .... Go to Q57
- ☐ Don't know/can't remember .... Go to Q57

**Q55** In your opinion, did you benefit from the telehealth service(s)?

Please ☒ all the boxes that apply to you

- ☐ Yes, I was able to access a type of healthcare that isn't available where I live
- ☐ Yes, I received advice to help me manage my condition
- ☐ Yes, it benefitted my health
- ☐ Yes, I was closer to home and/or family
- ☐ Yes, I/family members saved travel time
- ☐ Yes, I saved money
- ☐ Yes, I didn't have to take as much time off work as I would have with a face-to-face consultation
- ☐ Yes, it benefitted me in other ways
- ☐ No, I didn't benefit from the telehealth service(s)

**Q56** Overall, how would you rate telehealth service(s) as a means of receiving healthcare?

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



## ABOUT YOU (THE PATIENT)

**Q57** What year were you born?

Write in (YYYY)

**Q58** What is your gender?

- ☐ Male  
☐ Female

**Q59** 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

**Q60** Which language do you mainly speak at home?

- ☐ English ..... Go to Q61  
☐ A language other than English

What is that language? Please write below

**Q61** 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 ..... Go to Q63

**Q62** Did you receive support, or the offer of support, from an Aboriginal Health Worker while you were in the hospital?

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

**Q63** 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)  
☐ Any other longstanding health condition  
☐ None of these ..... Go to Q65

**Q64** Does this condition(s) cause you difficulties in your day-to-day activities?

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

**Q65** 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 different aspects of the care provided by health facilities are related to the health of, and use of health services by, their patients.

**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.

**Do you give permission for the Bureau of Health Information to link your answers from this survey to health records related to you?**

- ☐ Yes  
☐ No



## YOUR COMMENTS

Q66

What was the best part of the care you received in the hospital?


Q67

What most needs improving about the care you received in the hospital?


**THANK YOU FOR YOUR TIME**

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

This survey includes selected questions from the NHS Patient Survey Programme (courtesy of the NHS Care Quality Commission), the National Research Corporation (USA), the Australian Hospital Patient Experience Question Set (AHPEQS) and the 2017 Commonwealth Fund International Health Policy Survey of Older Adults. Questions are used with the permission of each organisation.

Barcode

