NSW Patient Survey
Emergency department

bureau of health information

<Barcode>
<Title> <Given Names> <Surname>
<Address Line 1>
<SUBURB> <STATE> <POSTCODE>

Date

Dear <Title> <Surname>

I invite you to complete a questionnaire about your recent visit to the emergency department (ED) at [Hospital Name] during [Month]. Your hospital record indicates that you may have left the ED before your treatment started, or you started treatment and left before it was completed.

This questionnaire asks about your experiences of care in the ED, including why you may have left. We understand an ED visit can be challenging or stressful. There are no right or wrong answers. Thank you for taking the time to share your experience.

Your feedback will be used to improve healthcare experiences and outcomes for people 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.

If you have questions, or need help, including completing the survey in a language other than English, please contact the survey helpline on 1800 220 936 (Monday to Friday, 9am–8pm).

For further information about patient experience across hospitals in NSW, including results from previous surveys, visit **bhi.nsw.gov.au**

Yours sincerely

Adjunct Professor Heiko Spallek
Chief Executive
Bureau of Health Information

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

Scan the QR code

Or

go to **health.nsw.gov.au/patientsurvey** and enter the access code below

Access code:

[USERNAME]

Completing online helps us reduce paper waste and is better for the environment.

NSW GOVERNMENT

Please turn over →

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:

Q23. **Did you need, or would you have liked, to use an interpreter at any stage while you were in the ED?**

☐ Yes

☒ No . . . . . .Go to Q25

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

Q15. **Did the care and treatment you received help 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/privacy**

bureau of health information

When answering, please think about what happened during your Emergency Department (ED) visit, from when you arrived until the time you left. Your hospital record indicates that you may have left the ED before your treatment started, or you started treatment and left before it was completed.

Please answer based on your own experience. Any information you provide will be treated confidentially.

Arrival at the ED

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

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

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

- ☐ Yes
- ☐ No
- ☐ Not applicable

Q4. When you were in the ED, which of these stages did you go through?

Please ☒ all the boxes that apply to you

- ☐ I spoke to someone who took my details when I arrived
- ☐ I was triaged or had my vital signs checked (e.g. blood pressure, heart rate, oxygen levels)
- ☐ I was taken to the treatment area and examined by a doctor or another health professional
- ☐ I had tests (e.g. blood tests, X-ray, scan, ultrasound)
- ☐ I received medical treatment (e.g. medicine, wound care, intravenous fluids)
- ☐ I was monitored or observed
- ☐ I was told I could leave the ED
- ☐ Other

Please specify below.

Q5. Did the staff check on your condition while you were waiting to be treated?

- ☐ Yes
- ☐ No
- ☐ Not applicable

Q6. Were you told what to do if your condition worsened in the ED?

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

Health professionals

For the questions in this section, please think about all the health professionals who examined or treated you. This may include nurses, doctors and others.

Q7. Did you have enough time to discuss your health or medical condition with the health professionals?

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

Q8. Did the health professionals listen carefully to your views and concerns?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ Not applicable

Q9. Were you treated with respect and dignity?

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

Q10. Were your cultural or religious beliefs respected by the health professionals?

- ☐ Yes, always
- ☐ Yes, sometimes
- ☐ No
- ☐ Not applicable

Q11. If your family members or someone else close to you wanted to talk to the health professionals, did they get the opportunity to do so?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No
- ☐ Don't know/can't remember
- ☐ Not applicable/I came to the ED on my own

Leaving the ED

Q12. Which of the following best describes your visit to the ED?

- ☐ I left the ED before starting treatment (e.g. after seeing the triage nurse but before being seen by a doctor or other nurse)
- ☐ I left the ED before completing treatment (e.g. I received some treatment)
- ☐ I stayed until I thought my ED treatment was complete . . . . . Go to Q14

Q13. What were the main reasons you left the ED?

Please ☒ all the boxes that apply to you

- ☐ I felt better
- ☐ I decided to seek care elsewhere
- ☐ I was told to see another health service (e.g. GP, specialist)
- ☐ The waiting time was too long
- ☐ There was a lack of communication about my care or waiting time
- ☐ I did not understand the process
- ☐ I did not feel comfortable
- ☐ I had other commitments (e.g. work, childcare)
- ☐ I had a negative experience at this ED before
- ☐ Other

Please specify below.

Overall experience

Q14. Overall, how would you rate the care you received while in the ED?

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

Q15. Did the care and treatment you received help you?

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

Q16. After leaving the ED, did you seek care elsewhere, for the same condition?

Please ☒ all the boxes that apply to you

- ☐ Yes, a GP
- ☐ Yes, an Urgent care service (a walk-in clinic or service accessed via healthdirect)
- ☐ Yes, another health professional
- ☐ No

Q17. Did you need to return to this or any other ED within 48 hours of leaving?

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

Q18. Is there anything else you'd like to tell us about your ED experience?

About you (the patient)

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

Q19. What year were you born?

Write in (YYYY)

☐☐☐☐

Q20. 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

Q21. 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

Q22. Which language do you mainly speak at home?

- ☐ English . . . . . Go to Q25
- ☐ A language other than English

What is that language? Please write below.

Q23. Did you need, or would you have liked, to use an interpreter at any stage while you were in the ED?

- ☐ Yes
- ☐ No . . . . . Go to Q25

Q24. Did the ED provide an interpreter when you needed one?

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

Q25. Are you Aboriginal or Torres Strait Islander?

- ☐ Yes, Aboriginal
- ☐ Yes, Torres Strait Islander
- ☐ Yes, both Aboriginal and Torres Strait Islander
- ☐ Prefer not to say
- ☐ No . . . . . Go to Q28

Q26. Did you feel comfortable about how the ED staff asked whether you are Aboriginal or Torres Strait Islander?

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

Q27. Did you receive support, or the offer of support, from an Aboriginal health worker while you were in the ED?

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

Q28. **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 Q30

Q29. **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.

Q30. **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

Thank you for taking the time to complete the questionnaire

**Please remove the covering letter by tearing along the perforated line.
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.

< INSERT BARDODE NUMBER HERE >

Barcode