



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

Date

Dear <First Name> <Last Name>,

#### Your feedback about your hospital experience is important

I am writing to invite you to provide feedback about your recent visit for emergency care at [Hospital Name] during [Month]. This questionnaire uses 'emergency department' or 'ED' to refer to any emergency, urgent care or walk-in centre based at a NSW public hospital. Please take this opportunity to tell us about the care you received. Your feedback will be used to improve health services for patients.

The questionnaire is easiest to complete 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

Username [INS\_UNAME]
Password [INS\_PWORD]

If you prefer to complete the attached paper questionnaire, please remove this covering letter before placing the completed copy in the enclosed reply paid envelope.

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.

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** (include your username [INS UNAME] in the subject line).

For further information about the 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



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Please turn over

### 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.

Sometimes the box you have marked has a 'Go to...' instruction. By following the 'Go to...' instruction you will be able to move past any questions that do not apply to you.

Q59	Were you given or prescribed any <u>new</u> medication to take at home?
	Yes
<b>↓</b>	No

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

Q60
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Did an ED health professional explain the <u>purpose</u> of this medication in a way you could understand?

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

The results of all patient surveys in the program are reported publicly on the BHI website at bhi.nsw.gov.au

What was your main form of transport to the emergency department (ED)?  Private motor vehicle (car, motorbike, van)  Ambulance Go to Q4  Public transport Go to Q3  Other Go to Q3  Was there a problem in finding a parking place near the ED?	Overall, how would you rate the care you received from the ambulance service?  Very good Good Neither good nor poor Poor Very poor Don't know/can't remember
Yes, a big problem Yes, a small problem	ON ARRIVAL
No problem I did not need to park	For the following questions, please think about when you first arrived at the ED.
Was the signposting directing you to the ED of the hospital easy to follow?  Yes, definitely	Were the ED staff you met on your arrival polite and courteous?  Yes, definitely Yes, to some extent No Don't know/can't remember
AMBULANCE	Did the ED staff who met you on arrival give you enough information about what to
Please answer this section, Q4 – Q6, if you travelled to the ED by ambulance. If not, please go to the next section, 'On arrival', at Q7.  Overall, did the ambulance crew treat you	expect during your visit?  Yes, completely Yes, to some extent No Don't know/can't remember
with respect and dignity?  Yes, definitely Yes, to some extent No Don't know/can't remember	Did the ED staff you met on arrival tell you how long you would have to wait for treatment?  Yes
How would you rate how the ambulance crew and ED staff worked together?  Very good Good	No
Neither good nor poor Poor Very poor Don't know/can't remember	Was the waiting time given to you by the ED staff you met on arrival about right?  Yes No, I waited less time No, I waited longer Don't know/can't remember

Did you experience any of the following issues when in the waiting area?  Please   all the boxes that apply to you    I couldn't find somewhere to sit   The seats were uncomfortable   It was too noisy   I did not feel safe   It was too hot   It was too cold   There were bad or unpleasant smells   No, I did not experience these issues   I did not spend time in the waiting area	IF YOU LEFT BEFORE RECEIVING TREATMENT, PLEASE GO TO THE 'OVERALL' SECTION, ON PAGE 9, Q68  After triage (initial assessment), how long did you wait before being treated by an ED doctor or nurse?    I was treated immediately Go to Q18   1–10 minutes   11–30 minutes   31–59 minutes   1 hour to less than 2 hours   2 hours to less than 4 hours
TRIAGE - THE INITIAL ASSESSMENT	4 hours or more Don't know/can't remember
From the time you first arrived at the ED, how long did you wait before being triaged by a nurse – that is, before an initial assessment of your condition was made?  I was triaged immediately  1–15 minutes  16–30 minutes  31–59 minutes  1 hour to less than 2 hours  2 hours or more  I did not see a triage nurse  Don't know/can't remember	While you were waiting to be treated, did ED staff check on your condition?  Yes  No, but I would have liked them to check  No, but I did not need them to check  Don't know/can't remember  While you were waiting to be treated, did your symptoms or condition get worse?  Yes, much worse  Yes, slightly worse  No  Don't know/can't remember
Yes	DOCTORS
Why did you leave the ED before receiving treatment?  Please  all the boxes that apply to you  I decided to see a general practitioner (GP)  I decided to go to another hospital  I did not feel comfortable waiting in the ED  The waiting time was too long  I decided I no longer needed emergency treatment for my condition  Other  Don't know/can't remember	Did you have enough time to discuss your health or medical problem with doctors?  Yes, definitely Yes, to some extent No I wasn't treated by a doctorGo to Q22 Don't know/can't remember  Did you have confidence and trust in the doctors treating you? Yes, definitely Yes, to some extent No

Q20	Were the doctors polite and courteous?		YOUR TREATMENT AND CARE
	Yes, always Yes, sometimes		
<b>Q21</b>	Overall, how would you rate the doctors who treated you?  Very good Good Neither good nor poor Poor Very poor	Q26	Did the ED health professionals introduce themselves to you?  Yes, all of them introduced themselves Some of them introduced themselves Very few or none of them introduced themselves I already knew all the staff who cared for me Don't know/can't remember
	NURSES	Q27	Did the ED health professionals explain things in a way you could understand?
Q22	In your opinion, did the ED <u>nurses</u> who treated you know enough about your care and treatment?		Yes, always Yes, sometimes No
	Yes, definitely Yes, to some extent No I wasn't treated by a nurseGo to Q26 Don't know/can't remember	Q28	During your ED visit, how much information about your condition or treatment was given to you?  Not enough The right amount Too much
Q23	Did you have confidence and trust in the ED nurses treating you?  Yes, definitely Yes, to some extent No	Q29	<ul> <li>Not applicable to my situation</li> <li>Were you involved, as much as you wanted to be, in decisions about your care and treatment?</li> <li>☐ Yes, definitely</li> </ul>
Q24	Were the ED nurses polite and courteous?  Yes, always Yes, sometimes No		Yes, to some extent No I was not well enough to be involved I did not want or need to be involved
Q25	Overall, how would you rate the ED nurses who treated you?  Very good Good Neither good nor poor Poor Very poor	Q30	If your family members, carer or someone else close to you wanted to talk to the ED staff, did they get the opportunity to do so?  Yes, definitely Yes, to some extent No, they did not get the opportunity Not applicable to my situation Don't know/can't say

Q31	How much information about your condition or treatment was given to your family, carer or someone else close to you?  Not enough The right amount Too much It was not necessary to provide	Q37	Were you given enough privacy during your visit to the ED?  Yes, always Yes, sometimes No  Were your cultural or religious beliefs
	information to any family or friends  Don't know/can't say	Q38	respected by the ED staff?  Yes, always Yes, sometimes
Q32	Were you able to get assistance or advice from ED staff for your personal needs (e.g. for eating, drinking, going to the toilet, contacting family)?		<ul><li>No, my beliefs were not respected</li><li>My beliefs were not an issue</li></ul>
	<ul><li>Yes, always</li><li>Yes, sometimes</li><li>No</li><li>I did not need assistance or advice</li></ul>	Q39	Did you have worries or fears about your condition or treatment while in the ED?  Yes No
Q33	How would you rate how the ED health professionals worked together?  Very good Good Neither good nor poor Poor Very poor	Q40	Did an ED health professional discuss your worries or fears with you?  Yes, completely Yes, to some extent No  Were you ever in pain while in the ED?
Q34	Did you ever receive contradictory information about your condition or treatment from the ED health professionals?	Ţ	☐ Yes ☐ No
	☐ Yes ☐ No	Q42	Do you think the ED health professionals did everything they could to help manage your pain?
Q35	Were the ED health professionals kind and caring towards you?  Yes, always Yes, sometimes		Yes, definitely Yes, to some extent No
Q36	Did you feel you were treated with respect and dignity while you were in the ED?  Yes, always Yes, sometimes No	Q43	Did you see ED health professionals wash their hands, or use hand gel to clean their hands, before touching you?  Yes, always Yes, sometimes No, I did not see this Can't remember

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How clean was the treatment area in the ED?	TESTS
Very clean Fairly clean Not very clean Not at all clean  While you were in the ED, did you feel threatened by other patients or visitors? Yes, definitely Yes, to some extent	During your visit to the ED, did you have an tests, X-rays or scans?  Yes No
No CHILDREN	<ul> <li>purpose of these tests, X-rays or scans with you?</li> <li>Yes, always</li> <li>Yes, sometimes</li> <li>No</li> </ul>
This section is for people responding to this questionnaire on behalf of a child (0 to 15 years).  If a child was not the patient, please go to Q49.  Were there things for your child to do (such as books, games and toys)?  There were plenty of things for my child to do  There were some things, but not enough There was nothing for my child's age group There was nothing for children to do Not applicable to my child's visit Don't know/can't remember	Did an ED health professional explain the test, X-ray or scan results in a way that you could understand?  Yes, completely Yes, to some extent No I was not told the results while in the ED
Was the area in which your child was treated suitable for someone of their age group?  Yes, definitely Yes, to some extent No	
Did the ED staff provide care and understanding appropriate to the needs of your child?  Yes, definitely Yes, to some extent No	

# LEAVING THE EMERGENCY DEPARTMENT

or treatment after you left hospital?
Yes
☐ No
Don't know/can't remember
Thinking about your illness or treatment,
did an ED health professional tell you about
what signs or symptoms to watch out for
after you went home?
Yes, completely
Yes, to some extent  No
Were you given or prescribed any new medication to take at home?
Yes Yes
No
1 10 do to doc
Did an ED health professional explain the purpose of this medication in a way you
could understand?
Yes, completely
Yes, to some extent
No
Did an ED health professional tell you about
medication side effects to watch for?
Yes, completely
Yes, to some extent
☐ No
Did you feel involved in the decision to use
this medication in your ongoing treatment?
Yes, definitely
Yes, to some extent
No, I did not feel involved
I did not want or need to be involved

Q57

Did ED staff tell you who to contact if

you were worried about your condition

Q63	Did an ED health professional tell you when you could resume your usual activities,		OVERALL
	such as when you could go back to work		
	or drive a car?		
	Yes, definitely	Q68	Overall, how would you rate the care you
	Yes, to some extent	QUO	received while in the ED?
	No		☐ Very good
	Not applicable		Good
			Neither good nor poor
			Poor
Q64	Did the ED staff provide you with a		Very poor
QUI	document that summarised the care you		
	received (e.g. a copy of the letter to your		If calcad about your averagions in the ED by
	GP, a discharge summary)?	Q69	If asked about your experience in the ED by friends and family, how would you respond?
	Yes		
	∐ No		I would speak highly of the ED
	Don't know/can't remember		I would neither speak highly nor be critical
			I would be critical of the ED
005	Was your departure from the ED delayed		I would be childar of the ED
Q65	- that is, before leaving the ED to go		
	to a ward, another hospital, home, or	<b>Q70</b>	Did the care and treatment you received in
	elsewhere?	Q10	the ED help you?
	Yes		Yes, definitely
	No		Yes, to some extent
$\forall$			No, not at all
	Did a member of the ED staff explain the		
Q66	reason for the delay?		In total, how long did you spend in the ED?
	☐ Yes	Q71	(From the time you entered the ED until
	□ No		the time you left the ED to go to a ward,
			another hospital, home, or elsewhere)
			1–30 minutes
Q67	What were the main reasons for the delay?  Please     all the boxes that apply to you		31–59 minutes
			1 hour to less than 2 hours
	I had to wait for medicines		2 hours to less than 4 hours
	I had to wait to see a health professional		4 hours or more
	I had to wait for an ambulance or hospital transport		☐ Don't know/can't remember
	I had to wait for the discharge letter		
	I had to wait for the discharge letter		Did you want to make a complaint about
		<b>Q72</b>	Did you want to make a complaint about something that happened in the ED?
	I had to wait for a bed in a ward		No, I did not want to make a complaint
	Some other reason		Yes, and I did complain
	Don't know/can't remember		
			Yes, but I did <u>not</u> complain

Q73	Were you ever treated unfairly for any of the reasons below?  Please  all the boxes that apply to you  Age Sex Aboriginal background Ethnic background Religion Sexual orientation	ABOUT YOU (THE PATIENT)  Please remember to answer the following questions about the patient.  What year were you born?  Write in (yyyy)
	<ul><li>☐ A disability that you have</li><li>☐ Marital status</li><li>☐ Something else</li><li>☐ I was not treated unfairly</li></ul>	What is your gender?  Male Female
Q74	Not including the reason you went to the ED, during your visit 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 tests or procedures  Severe pain due to the treatment  A blood clot  A fall  Any other complication or problem  None of these	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 Post graduate/higher degree  Which, if any, of the following longstanding conditions do you have (including agerelated 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,
Q75	Was the impact of this complication or problem?  Very serious Fairly serious Not very serious Not at all serious  In your opinion, were members of the	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)
_	hospital staff open with you about this complication or problem?  Yes, completely Yes, to some extent No Not applicable, as it happened after I left	None of these

Q82 Q83	Are you a participant of the National Disability Insurance Scheme (NDIS)?  Yes No Don't know  In general, how would you rate your health? Excellent	Q88	Before your visit to the ED, had you previously been to an ED about the same condition or something related to it?  Yes, within the previous week  Yes, between one week and one month earlier  Yes, more than a month earlier  No
	<ul><li>Very good</li><li>☐ Good</li><li>☐ Fair</li><li>☐ Poor</li></ul>	Q89	Who completed this survey?  The patient  The patient with help from someone else  Someone else on behalf of the patient
Q84	Which language do you mainly speak at home?  English	Q90	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
Q85	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		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
Q86	Did you receive support, or the offer of support, from an Aboriginal Health Worker while you were in the ED?  Yes  Don't know/can't remember		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
Q87	In the month before visiting the ED, did you?  Please  all the boxes that apply to you  Visit a general practitioner or local doctor  Get admitted as an inpatient to hospital  Visit an outpatient clinic  Make an earlier visit to the ED  None of these  Don't know/can't remember		Health Information to link your answers from this survey to health records related to you (the patient)?  Yes No

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Please go to the next page to complete the final questions

## **YOUR COMMENTS**

What was the	best part of the care you received while in this ED?
What most ne	eeds improving about the care you received while in this ED?

#### THANK YOU FOR YOUR TIME

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 survey are sourced from the NHS Patient Survey Programme (courtesy of the NHS Care Quality Commission), the National Research Corporation (USA), the Australian Patient Experience Information Development Working Group national set of core, common patient experience questions, the 2008 Commonwealth Fund International Health Policy Survey of Sicker Adults (courtesy of NRC and Picker Institute Europe); and Bos N, Sturms LM, Schrijvers AJ, van Stel HF. The Consumer Quality index (CQ-index) in an accident and emergency department: development and first evaluation. BMC Health Services Research 2012; 12:284. Questions are used with the permission of each organisation.

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