



NSW Patient Survey: Admitted Young Patients

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

Date

Dear <FIRST NAME>,

Your experience in hospital is very important to us

I am writing to ask you to take part in the NSW Patient Survey by telling us about your recent admission to [HOSPITAL NAME] during [MONTH]. Your experience in this hospital is important as it helps us to understand the quality of care you received and allows hospitals to see where they need to improve.

The survey is easiest to complete online. Please visit the web address below (or scan the QR code) and log in with the following username and password. It is possible to partially complete the survey online and then return to it later to complete the remainder.

Web address: survey.ipsos.com.au/patientsurvey

Username: [INS_UNAME]
Password: [INS_PWORD]

If you prefer to complete the attached paper survey, please use the included reply-paid envelope to mail it back to us.

Taking part in the survey is voluntary. You have been randomly selected to participate and there are many safeguards in place to protect your identity. The hospital staff who cared for you will not know if you have returned a completed survey and will not be able to see your responses to the survey. At no point will we report any information that identifies you as an individual.

The Bureau of Health Information (BHI) runs the survey along with Ipsos Social Research Institute, who is sending you this survey on BHI's behalf. BHI was established by the NSW Government to independently report on the performance of the public health system in NSW, including the healthcare experiences of patients. Results for the NSW Patient Survey are reported in *Healthcare Observer*, found on our website www.bhi.nsw.gov.au

If you have any queries regarding the survey, please contact the toll-free Patient Survey Helpline on 1800 220 936 (Monday to Friday, 4pm–8pm).

Thank you for taking part in the survey.

Yours sincerely

Jean-Frédéric Lévesque Chief Executive Bureau of Health Information



How to complete the survey

This survey is about your recent experience as a patient admitted to the hospital named on the previous page. If you have been an admitted patient more than once during the month specified on the previous page, please answer about your most recent experience.

For each question, please use a blue or black pen to mark the box next to the answer you choose, as shown below.

Example only

How clean were the wards or rooms you stayed in while in hospital?

Very clean

Fairly clean

Not very clean

Not at all clean

Sometimes you will find the box you have marked has an instruction to go to another question. By following the instructions carefully you will be able to move past questions that do not apply to you.

If you would prefer not to answer individual questions, leave them blank but please complete the rest of the survey.

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

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

If you prefer a language other than English, please refer to the separate language sheet for information on the Healthcare Interpreter Service.

Please do not write your name or address on the survey.

When you have finished

- Remove the covering letter by tearing along the perforated line.
- → Place the completed survey in the "Reply Paid" envelope and post it. You do not have to use a stamp.
- → If you have misplaced the "Reply Paid" envelope, please use a plain envelope (no stamp is necessary) and address to:

NSW Patient Survey Program Ipsos Social Research Institute Reply Paid 84599 Hawthorn VIC 3122

Some questions and answers

Why are you carrying out the survey?

The NSW Patient Survey gathers information about your experience of health services. By completing the survey, you are helping to improve health services in NSW.

Why have I been sent a survey?

You have been sent a survey because you were recently admitted to a NSW public hospital.

Under NSW Health policy, 16 and 17 year old patients are considered old enough to provide consent for their own hospital treatment. Because of this, patients of this age are asked to complete the survey themselves (as opposed to having a parent or carer completing it on their behalf).

What happens to my survey responses?

Your survey responses will be de-identified and then processed with responses from other people who completed the survey to form a report. These reports will then be provided to NSW Health and local hospitals to help them to improve health services.

Your responses will be treated in the strictest confidence and no identifying information will be given to NSW Health, the hospital or health service you attended, your doctor or other health provider unless required by law. Your responses will not affect any future health services that may be provided to you.

How is my privacy protected?

Your privacy is protected by legislation. Ipsos has been provided with your name and address by NSW Health for the purpose of sending you this survey only, and will keep your contact details confidential.

After all surveys are processed, identifying information will be destroyed and Ipsos will then no longer be able to identify the responses you provided. However, for the period that identifiable details remain, you will be able to contact Ipsos through the toll-free Patient Survey Helpline to ask to see your responses, or to request that some or all of your information be deleted.

You can get more information about privacy and confidentiality by calling the toll-free Patient Survey Helpline or at the following website:

www.bhi.nsw.gov.au/nsw_patient_survey_program/privacy

How do I make a formal complaint about my experience in hospital?

Please contact the hospital directly.

Alternatively, you can get more information about your options at the following website:

www.health.nsw.gov.au/patientconcerns

NSW Patient Survey: Admitted Young Patients

Was your stay in hospital planned in advance or an emergency?	ARRIVING AT HOSPITAL
An emergency	When you arrived in hospital did you spend time in the emergency department?
BEFORE ARRIVING AT HOSPITAL Thinking back to before your hospital stay From the time a doctor said you would need to go to hospital, how long did you have to wait to be admitted? Less than 1 month 1 to 3 months 4 to 6 months 7 to 12 months More than 1 year Don't know/can't remember	Yes No
Do you think the amount of time you waited to go to hospital was? About right Slightly too long Much too long Don't know/can't remember	Do you think the amount of time you spent in the emergency department was? About right
Before your arrival, how much information about your hospital stay was given to you? Not enough The right amount Too much Don't know/can't remember	PLANNED AND OTHER TYPES OF ARRIVAL / ADMISSION Were the staff you met on your arrival to hospital polite and courteous? Yes, always Yes, sometimes No

Do you think the time you had to wait from arrival at hospital until you were taken to your room or ward was? About right Slightly too long Much too long Don't know/can't remember	How clean were the toilets and bathrooms that you used while in hospital? Very clean Fairly clean Not very clean Not at all clean Don't know/can't remember
THE HOSPITAL AND WARD	Did you see the health professionals wash their hands, or use hand gel to clean their hands, before touching you?
For most of your stay in hospital, what type of room or ward were you in? A children's room or ward An adolescent's/teenager's room or ward An adult's room or ward Don't know/can't remember Was the room or ward suitable for someone your age? Yes, definitely Yes, to some extent No Were there things for you to do (such as books and games)?	Yes, always Yes, sometimes No, I did not see this Can't remember Were you given enough privacy during your hospital stay? Yes, always Yes, sometimes No Were you ever bothered by noise in the hospital? Yes No
There were plenty of things for me to do There were some things, but not enough There was nothing for my age group There was nothing for children to do Don't know/can't remember How clean were the wards or rooms you stayed in while in hospital? Very clean Fairly clean Not very clean Not at all clean Don't know/can't remember	How would you rate the hospital food? Very good Good Not good or bad Bad Very bad I did not have any hospital food Go to Q21

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Did you have any special dietary needs (e.g. vegetarian, diabetic, food	NURSES
allergies, religious, cultural, or related to your treatment)?	
· ·	In your opinion, did the nurses who treated
Yes	Q25 you know enough about your care and treatment?
NoGo to Q21	
•	Yes, always
Was the hospital food suitable for your dietary needs?	Yes, sometimes No
Yes, always	Did you have sayidened and tweet in the
Yes, sometimes	Did you have confidence and trust in the nurses treating you?
☐ No	
	Yes, always
	Yes, sometimes
DOCTORS	∐ No
If you pooded to talk to a dector did you get	Were the nurses kind and caring towards you?
If you needed to talk to a doctor, did you get the opportunity to do so?	
	☐ Yes, always
Yes, always	Yes, sometimes
Yes, sometimes	∐ No
No, I did not get the opportunity	
I had no need to talk to a doctor	YOUR TREATMENT & CARE
In your opinion, did the doctors who treated	
you know enough about your medical history?	For the following questions, please think about al the health professionals who treated or examined
Yes, always	you in the hospital, including doctors, nurses and
Yes, sometimes	others.
□ No	
	Did the health professionals explain things in a way you could understand?
Did you have confidence and trust in the doctors treating you?	Yes, always
	Yes, sometimes
☐ Yes, always	☐ No
Yes, sometimes	
∐ No	During your stay in hospital, how much
	information about your condition or
Were the doctors kind and caring towards	treatment was given to you?
Q24 you?	☐ Not enough
Yes, always	☐ The right amount
Yes, sometimes	☐ Too much
No	☐ Not applicable to my situation
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Q30	Did you receive contradictory information from health professionals in the hospital – for example, different opinions on your	Was a family member or carer allowed to remain with you when you were being treated (excluding surgery)?		
	treatment?			Yes, always
	Yes, definitely		$\overline{\sqcap}$	Yes, sometimes
	Yes, to some extent		$\overline{\Box}$	No
	☐ No		H	Not applicable to my situation
			H	Don't know/can't remember
021	Did you have worries or fears about your		ш	DOTT KNOW GATT TO METHOD
Q31	condition or treatment while in hospital?		Ho	w would you rate how well the health
	Yes	Q36		fessionals worked together?
	No			Very good
•				Good
	Did a health professional discuss your			Neither good nor poor
Q32	worries or fears with you?			Poor
	Yes, completely			Very poor
	Yes, to some extent			
	☐ No		Did	l you feel you were treated with respect
		Q37		d dignity while you were in the hospital?
	Did the health professionals introduce			Yes, always
Q33	themselves to you?			Yes, sometimes
	Yes, always			No
	Yes, sometimes			
	□ No		W۵	re your cultural or religious beliefs
		Q38		pected by the hospital staff?
004	Were you involved, as much as you wanted		Ш	Yes, always
Q34	to be, in decisions about your care and treatment?			Yes, sometimes
				No, my beliefs were not respected
	Yes, definitely			My beliefs were not an issue
	Yes, to some extent			
	∐ No		Wh	ile in hospital, did you receive or see
	I did not want or need to be involved	Q39	any	information about how to comment or
	Not applicable to my situation		cor	mplain about your care?
				Yes
				No
				Don't know/can't remember
4				

Q40	soon afterwards, did you experience any of the following complications or problems? Please all the boxes that apply to you An infection Uncontrolled bleeding	Were facilities available for parents and carers to make drinks or food? Yes No Don't know/can't remember
	A negative reaction to medication	PAIN
	Complications as a result of an operation	
	or surgical procedure	If you were in pain, did the doctors and
Г	Complications as a result of tests, X-rays or scans	Q45 nurses do everything they could to help with your pain?
\vdash	A blood clot	Yes, definitely
\vdash	A pressure wound or bed sore	Yes, to some extent
\vdash	☐ A fall	No
\vdash	Any other complication or problem	☐ I was not in any pain
	None of theseGo to Q43	
		TESTS
Q41	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 hospital staff open with you about this complication or problem? Yes, completely Yes, to some extent No No Not applicable, as it happened after I left	During your stay in hospital, did you have any tests, X-rays or scans? Yes No
	INFORMATION AND ACCESS	□ No
Q43	How much information were you given about the hospital facilities available to you? Not enough The right amount Too much Not applicable to my situation	Did a health professional explain the test, X-ray or scan results in a way that you could understand? Yes, completely Yes, to some extent No

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Please turn over <a>

LEAVING HOSPITAL (DISCHARGE)	Were you given or prescribed any new medication to take at home?
Thinking now about when you were discharged, that is when you left the hospital to go home or to another facility	Yes No
Did you feel involved in decisions about your discharge from hospital? Yes, definitely Yes, to some extent No, I did not feel involved I did not want or need to be involved	Did a health professional in the hospital explain the <u>purpose</u> of this medication in a way you could understand? Yes, completely Yes, to some extent No
At the time you were discharged, did you feel that you were well enough to leave the hospital? Yes No	Did a health professional in the hospital tell you about medication side effects to watch for? Yes, completely Yes, to some extent
Thinking about when you left hospital, were you given enough information about how to manage your care at home? Yes, completely Yes, to some extent No, I was not given enough I did not need this type of information	Did you receive a copy of a letter from the hospital doctors to your family doctor (GP)? Yes No Don't know/can't remember
Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed? Yes, completely Yes, to some extent No, arrangements were not adequate It was not necessary	On the day you left hospital, was your discharge delayed? Yes No
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital? Yes Don't know/can't remember	At least 1 hour but less than 2 hours At least 2 hours but less than 4 hours 4 hours or longer Don't know/can't remember

Did you want to make a complaint about something that happened in hospital? No, I did not want to make	Did a member of staff explain the reason for
☐ No, I did not want to make	Q61 the delay?
	Yes
a complaintGo to Q68	□ No
Yes, and I did complainGo to Q68	
Yes, but I did not complain	N/I 4 4 1 1 0
Tes, but I did <u>not</u> complain	What were the main reasons for the delay? Please x all the boxes that apply to you
Why didn't you make a complaint?	I had to wait for medicines
Please X <u>all</u> the boxes that apply to you	☐ I had to wait to see the doctor
I didn't know how to make a complaint	☐ I had to wait for an ambulance
I didn't know who to complain to	or hospital transport
☐ I was worried it might affect my future care	I had to wait for the letter for the GP
I didn't think it would be taken seriously	☐ I was not well enough
It wasn't a serious issue	Some other reason
	Don't know/can't remember
Some other reason	Don't know/can't femeniber
OUTCOMES	OVERALL
hospital help you? Yes, definitely Yes, to some extent No, not at all Is the problem you went to hospital for? Much better A little better	very good Good Neither good nor poor Poor Very poor How well organised was the care you received in hospital?
About the same	
A little worse	Very well organised
☐ Much worse	
	Not well organised
In the week before your hospital stay, how difficult was it for you to carry out your normal daily activities (e.g. physical activity, going to school/TAFE or going to work)? Not at all difficult Only a little difficult Somewhat difficult Very difficult Too difficult to do	If asked about your hospital experience by friends and family how would you respond? I would speak highly of the hospital would neither speak highly nor be critical would be critical of the hospital
Much worse	☐ Fairly well organised☐ Not well organised
Much better	How well organised was the care you

About <u>one month after</u> your discharge from hospital, how difficult was it for you to carry out your normal daily activities?	Which, if any, of the following long-standing conditions do you have? Please X all the boxes that apply to you
 Not at all difficult Only a little difficult Somewhat difficult Very difficult Too difficult to do 	 □ Deafness or severe hearing impairment □ Blindness or severe vision impairment □ A long-standing illness (e.g. cancer, diabetes, respiratory disease) □ A long-standing physical condition □ A learning disability □ A mental health condition (e.g. depression,
ABOUT YOU	eating disorder) A neurological condition (e.g. ADHD)
What year were you born? WRITE IN (YYYY)	None of these In general, how would you rate your health? Excellent
What is your gender? Male Female	Very good Good Fair Poor
Which language do you mainly speak at home? English	Are you of Aboriginal origin, Torres Strait Islander origin, or both? Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islande No
Was an interpreter provided when you needed one? Yes, always Yes, sometimes No, an interpreter was needed but not provided No, an interpreter was not needed	Who completed this survey? The patient The patient with help from a parent or carer The parent or carer of the patient

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Q80	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 health care information for the two years before and after your visit will allow us to better understand how different aspects of the care provided by health facilities are related to the health and use of health services of 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 answers from this survey to health records related to you?
	☐ Yes ☐ No
	YOUR FINAL COMMENTS
Q81	What was the best part of the care you received while in this hospital?

What part of your care	provided by this hospital most needs impro-	ving?	
	Thank you for your time.		
	nove the front page by tearing along the per be reply paid envelope provided or send in a		
	sos Social Research Institute, Reply Paid 84		
	(no stamp is needed)		
	in this survey are sourced from the NHS patient sur		
Indicator Development Working	and the National Research Corporation (USA)), fron Group (PEIDWG) national set of core, common pati	ent experience questions and from	
	cs and Child Health and Picker Institute Europe Urg Questions are used with the permission of each orga		
	Barcode		

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