



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

Date

Dear <Title> <Last Name>,

We want to know about your care

I am writing to ask you to take part in the NSW Patient Survey Program by telling us about the outpatient care provided to you by [HOSPITAL NAME] during [MONTH]. Outpatient services are usually provided through clinics in the hospital or nearby.

The Bureau of Health Information, established by the NSW government to independently report on the performance of the NSW health system, asks thousands of people each year to tell us about the outpatient care they received. Hearing about your recent outpatient experience helps us to understand the quality of care you received and it allows health services to see where they need to improve.

How do you take part?

There are two ways to complete the questionnaire:

 **Online:** Visit survey.ipsos.com.au/patientsurvey and enter your username [INS_UNAME] and password [INS_PWORD] when prompted

OR

 **Pen and paper:** Simply fill in the questionnaire. To ensure your anonymity, remove this covering letter before placing the completed questionnaire in the Reply Paid envelope.

Your information will be treated as confidential

You have been randomly selected to participate and there are many safeguards in place to protect your identity. The clinic staff who cared for you will not know if you have returned a completed 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, 4pm–8pm). For information about the NSW Patient Survey Program and to see how your local hospital is performing, visit the Bureau of Health Information's website at bhi.nsw.gov.au

Thank you very much for your time helping to improve NSW Health services.

Yours sincerely



Dr Jean-Frédéric Lévesque
Chief Executive
Bureau of Health Information

How to complete the survey

This survey asks about the outpatient care provided to you by the hospital named on the previous page.

If you visited more than once, or went to more than one outpatient service at this hospital, please answer about your last visit in the month shown on the cover letter.

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 was the clinic?

- 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 mail to our survey processing centre at the following address (no stamp is required):

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

Some questions and answers

Why are you carrying out the survey?

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

How do I make a formal complaint about my experience at the outpatient clinic?

Please contact the clinic directly.

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

www.health.nsw.gov.au/patientconcerns

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 get more information about the survey?

Please contact the toll-free Patient Survey Helpline on **1800 220 936** (Monday to Friday, 4pm–8pm, excluding public holidays).



This survey asks about your experience of outpatient care, provided by the hospital named and in the month shown on the cover letter. If you had more than one outpatient appointment in that month, please refer to the most recent outpatient appointment provided by this hospital.

Q1

What outpatient service did you receive?

Please one box

Clinic Type	Clinic Description
<input type="checkbox"/> Allied health	Clinics operated by allied health professionals rather than by doctors or nurses (e.g. Physiotherapy, Optometry, Occupational therapy, Psychology, Social work, Nutrition, etc.)
<input type="checkbox"/> Cardiology	For your heart issues, but not including cardiac surgery
<input type="checkbox"/> ENT	For your ears, nose or throat issues
<input type="checkbox"/> Endocrinology	For diabetes or thyroid, hormonal, metabolic or related conditions
<input type="checkbox"/> Gastroenterology or endoscopy	For your stomach, bowel or intestinal issues
<input type="checkbox"/> Gynaecology	For your fertility or women's health issues
<input type="checkbox"/> Obstetrics	For your pregnancy, including antenatal care
<input type="checkbox"/> Oncology or chemotherapy	For cancer care, chemotherapy, radiotherapy or related treatments
<input type="checkbox"/> Ophthalmology	For eye conditions (e.g. glaucoma, cataracts)
<input type="checkbox"/> Orthopaedic surgery	For bone or joint surgery, including pre-surgical care
<input type="checkbox"/> Plastic surgery	For reconstructive or cosmetic surgery, including pre-surgical care
<input type="checkbox"/> Renal medicine or dialysis	For your kidney issues
<input type="checkbox"/> Respiratory	For your lungs and breathing issues
<input type="checkbox"/> Urology	For your urinary tract system or male reproductive issues
<input type="checkbox"/> Other surgical specialties	Any other clinics where specialist doctors perform surgery, including pre-surgical care
<input type="checkbox"/> Other medical specialties	Any other clinics where specialist doctors do not perform surgery
<input type="checkbox"/> Other outpatient clinic	Other - Please write in type of clinic <input type="text"/>

BEFORE ARRIVING AT THE CLINIC

Q2 What was the purpose of this visit?

Please all that apply

- Have tests, x-rays or scans
- Receive test, x-ray or scan results
- Medical diagnosis or advice
- Regular check-up
- Pre-surgical care
- Surgical procedure
- Non-surgical treatment or procedure
- Review of treatment
- Follow-up after surgery
- Other reason

Q3 Were you able to get an appointment time that suited you?

- Yes
- No
- I didn't have an appointment arranged in advanceGo to Q9

Q4 Did you have any of the following difficulties when making this appointment?

Please all that apply

- I didn't know how to make an appointment
- I didn't know which clinic to call
- The contact details were hard to find
- My call was not answered
- I had to wait on hold for a long time
- The appointment was previously cancelled/postponed
- Some other difficulty
- None - I had no difficulties

Q5 From the time you booked this appointment to the time you went to the clinic, how long did you wait?

- 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

Q6 Do you think the amount of time you waited was...?

- About right
- Slightly too long
- Much too long
- Don't know/can't remember

Q7 How much did your symptoms or condition stop you from carrying out your normal daily activities (for example, eating, dressing or using the bathroom) while you waited for this appointment?

- Not at all
- Only a little
- Somewhat
- Very much
- I was not able to at all
- I had no symptomsGo to Q9

Q8 While you were waiting for this appointment, did your symptoms or condition...?

- Get much better
- Get a little better
- Stay about the same
- Get a little worse
- Get much worse
- Don't know/can't remember

ARRIVAL AT THE CLINIC

Q9 How long did it take you to travel to the clinic for this appointment?

- Less than 30 minutes
- 30 to 59 minutes
- 1 hour to under 2 hours
- 2 hours to under 3 hours
- 3 hours or more
- Don't know/can't remember

Q10

What was your main form of transport to the clinic?

Please one only

- By private car
- By a hospital or community transport serviceGo to Q12
- By taxiGo to Q12
- By public transportGo to Q12
- On footGo to Q12
- OtherGo to Q12

Q11

Was there a problem finding parking near the clinic?

- Yes, a big problem
- Yes, a small problem
- No problem
- I did not need parking

Q12

Did any of the following cause you difficulties when entering and moving around the clinic?

Please all that apply

- A long walk
- No ramp/only stairs
- No lift/elevator
- Narrow walkways/halls/doorways
- No accessible toilets
- Some other difficulty
- None - I had no difficulties

Q13

Were the reception staff polite and courteous?

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

Q14

Did you feel you had enough privacy when talking with the receptionist?

- Yes
- No
- I did not talk to the receptionist

WAITING IN THE CLINIC

Q15

How long after the scheduled appointment time did your appointment actually start?

- On time, or earlyGo to Q19
- Less than 15 minutes
- 15 to 29 minutes
- 30 to 59 minutes
- 1 hour to under 2 hours
- 2 hours or more
- I didn't have an appointmentGo to Q19
- Don't know/can't rememberGo to Q19

Q16

Did you experience any inconvenience or problems as a result of the wait?

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

Q17

Were you told how long you had to wait?

- Yes
- No

Q18

Were you told why you had to wait?

- Yes
- No

Q19

How comfortable was the waiting area?

- Very comfortable
- Fairly comfortable
- Not very comfortable
- Not at all comfortable

THE TREATMENT AREA

Q20

How clean was the clinic?

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

Q21 Did you see 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
- Not applicable to my visit
- Can't remember

Q22 Were you given enough privacy when being **examined or treated**?

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

Q23 Were you given enough privacy when **discussing your condition or treatment**?

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

HEALTH PROFESSIONALS

Q24 Who did you see during this visit?

Please all that apply

- Doctor / Specialist
- Nurse
- Physiotherapist
- Radiographer (X-ray, ultrasound, MRI)
- Dietician
- Occupational therapist
- Psychologist or counsellor
- Social worker
- Speech pathologist
- Other healthcare professional

Q25 Did you have enough time to discuss your health issue with the health professionals you saw?

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

Q26 Did the health professionals explain things in a way you could understand?

- Yes, always
- Yes, sometimes
- No

Q27 During this visit, did the health professionals know enough about your medical history?

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

Q28 Did you have confidence and trust in the health professionals?

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

Q29 Were the health professionals polite and courteous?

- Yes, always
- Yes, sometimes
- No

Q30 Were the health professionals kind and caring towards you?

- Yes, always
- Yes, sometimes
- No

Q31 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

Q32 Did you have worries or fears about your condition or treatment?

- Yes [Go to Q33](#)
- No [Go to Q34](#)

Q33 Did a health professional discuss your worries or fears with you?

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

Q34 Were you involved, as much as you wanted to be, in decisions about your care and treatment?

- Yes, definitely
- Yes, to some extent
- No
- I did not want or need to be involved

Q35 How would you rate how well the health professionals worked together?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Not applicable – only saw one

Q36 Were you treated with respect and dignity while you were at the clinic?

- Yes, always
- Yes, sometimes
- No

Q37 Were your cultural or religious beliefs respected by the clinic staff?

- Yes, always
- Yes, sometimes
- No, my beliefs were not respected
- My beliefs were not an issue

Q38 During your visit, did you receive or see any information about how to comment or complain about your care?

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

Q39 Not including the reason you came to the clinic, during your visit, or soon afterwards, did you experience any of the following complications or problems?

- An infection
- Uncontrolled bleeding
- A negative reaction to medication
- Complications as a result of tests or procedures
- Severe pain due to the treatment
- Any other complications or problem
- None of these **Go to Q42**

Q40 Was the impact of this complication or problem...?

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

Q41 In your opinion, were the clinic staff open with you about this complication or problem?

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

LEAVING THE CLINIC

Q42 When you left the clinic, 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

Q43 Were you told who to contact if you were worried about your condition or treatment after you left the clinic?

- Yes
- No
- I did not need this type of information
- Don't know/can't remember

Q44

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

- Yes
- NoGo to Q47

Q45

During your visit, did a health professional explain the purpose of this medication in a way you could understand?

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

Q46

During your visit, did a health professional tell you about medication side effects to watch for?

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

Q47

Did you have to pay any of the following out of pocket expenses in relation to this visit?

Out of pocket expenses are those that you don't get back from Medicare or a private health fund.

- Consultation fees
- Medication
- Treatment/surgery costs
- Travel
- Parking
- Accommodation
- Other related expenses
- None of these - I had no expenses
- Don't know/can't remember

Q48

Did you skip any follow-up medication, tests, or treatment recommended at this visit because of their cost?

- Yes
- No
- I didn't need any of these

OVERALL CARE

Q49

Overall, how would you rate the care you received in the clinic?

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

Q50

How well organised was the care you received in the clinic?

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

Q51

If asked about your clinic experience by friends and family, how would you respond?

- I would speak highly of the clinic
- I would neither speak highly nor be critical
- I would be critical of the clinic

OUTCOMES

Q52

Did the care and treatment received at the clinic help you?

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

Q53

Is the problem you went to the clinic for...?

- Much better
- A little better
- About the same
- A little worse
- Much worse

NUMBER OF VISITS

Q54 How long have you been attending this clinic?

- Less than 6 months
- 6 to 12 months
- More than 1 year but less than 2 years
- 2 years or more

Q55 In the last 12 months, how many times have you visited this clinic?

- OnceGo to Q58
- 2 to 3 times
- 4 to 8 times
- More than 8 times

Q56 Was there any time when the health professionals needed access to your health records and they were not available?

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

Q57 Did you ever receive conflicting information about your condition or treatment from the health professionals?

- Yes
- No
- Not applicable - I was always treated by the same person

LONG STANDING HEALTH CONDITIONS

Q58 Was this visit related to a long-standing or chronic health condition?

- Yes
- NoGo to Q64

Q59 Do you have a care plan for your treatment?
A care plan is a document that sets out your needs and goals for the treatment and management of your health condition.

- Yes
- NoGo to Q63
- I do not need oneGo to Q63
- Don't know/can't rememberGo to Q63

Q60 Was your care plan developed by health professionals from this clinic?

- Yes
- No

Q61 Were you asked for your ideas and preferences when developing this plan?

- Yes, definitely
- Yes, to some extent
- No
- Don't know/can't remember

Q62 During your visit, did the health professionals review your care plan with you?

- Yes
- No
- Not applicable as I did not have a care plan before this visit
- Don't know/can't remember

For this next question, please think about your experience of outpatient care over the past 6 months at any outpatient service provided by the hospital named on the cover of this letter.

Q63 Over the past 6 months, when you received outpatient care for your chronic condition(s), were you...
Please one box for each line

	None of the time	A little of the time	Some of the time	Most of the time	Always
a. Given choices on treatment to think about	<input type="checkbox"/>				
b. Satisfied that your care was well organised	<input type="checkbox"/>				
c. Helped to set specific goals to improve your eating or exercise	<input type="checkbox"/>				
d. Given a copy of your care plan	<input type="checkbox"/>				
e. Encouraged to go to a specific group/class to help you cope with your chronic illness	<input type="checkbox"/>				
f. Asked questions, either directly or on a survey, about your health habits	<input type="checkbox"/>				
g. Helped to make a care plan that you could do in your daily life	<input type="checkbox"/>				
h. Helped to plan ahead so you could take care of your illness even in hard times	<input type="checkbox"/>				
i. Asked how your chronic illness affects your life	<input type="checkbox"/>				
j. Contacted after a visit to see how things were going	<input type="checkbox"/>				
k. Told how your visits with other types of doctors, like the eye doctor or surgeon, helped your treatment	<input type="checkbox"/>				

Source: Patient Assessment of Chronic Illness Care – short form. Derived from the PACIC (The MacColl Center for Health Care Innovation, Group Health Cooperative), Copyright 2004

ABOUT YOU

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

Q64 What year were you born?

WRITE IN (YYYY)

Q65 What is your gender?

- Male
 Female

Q66 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
 Post graduate/higher degree

Q67

Which, if any, of the following long-standing conditions do you have (including age related conditions)?

Please all that apply

- Deafness or severe hearing impairment
- Blindness or severe vision impairment
- A long-standing illness (e.g. cancer, HIV, diabetes, chronic heart disease)
- A long-standing physical condition
- A learning disability
- A mental health condition (e.g. depression)
- A neurological condition (e.g. Alzheimer's, Parkinson's)
- None of these

Q68

In general, how would you rate your health?

- Excellent
- Very good
- Good
- Fair
- Poor

Q69

Which language do you mainly speak at home?

- EnglishGo to Q72
- A language other than English



Please write in the language:

Q70

Did you need, or would you have liked, to use an interpreter at any stage while you were at the clinic?

- Yes
- NoGo to Q72

Q71

Did the hospital provide an interpreter when you needed one?

- Yes, always
- Yes, sometimes
- No
- I did not need the hospital to provide an interpreter

Q72

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

Q73

Who completed this survey?

- The patient
- The patient with help from someone else
- Someone else on behalf of the patient

Q74

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 you answers from this survey to health records related to you?

- Yes
- No

YOUR FINAL COMMENTS

Q75 What was the best part of the care you received while at this clinic?

Sample 2016

Q76 What part of the care provided by this clinic most needs improving?

Sample 2016

Thank you for your time.

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

**Return the survey in the reply paid envelope provided
or send it an envelope addressed to**

**NSW Patient Survey, Ipsos Social Research Institute,
Reply Paid 84599, Hawthorn, VIC 3122 (no stamp is needed)**

Certain questions within this survey are drawn from: the NHS Outpatient and Inpatient Surveys (courtesy of the NHS Care Quality Commission); Picker Institute questionnaires (courtesy of National Research Corporation); the Patient Experience Information Development Working Group (PEIDWG) national set of core, common patient experience questions; and (Bos N, Sturms LM, Shriver AJP and van Stel HL 'The consumer quality index (CQ-index) in an accident and emergency department: development and first evaluation' BMC Health Services Research 2012, 12:284), and are used with permission.

Barcode