



<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 your recent visit for emergency care at [HOSPITAL NAME] during [MONTH].


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 care they received in hospital. Hearing about your recent hospital experience helps us to understand the quality of care you received and it allows hospitals 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 hospital 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 is about your recent experience as an emergency patient in the hospital named on the previous page. This survey uses the term 'Emergency Department' to refer to all emergency care provided by the hospital you visited. If you have been to the Emergency Department 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 waiting and treatment areas in the Emergency Department?

- 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 questionnaire.

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 Patient 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 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

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).



Q1 What was your main form of transport to the Emergency Department (ED)?

- Private motor vehicle (car, motorbike, van)
- AmbulanceGo to Q4
- Public transport.....Go to Q3
- OtherGo to Q3

Q2 Was there a problem in finding a parking place near to the Emergency Department (ED)?

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

Q3 Was the signposting directing you to the Emergency Department (ED) of the hospital easy to follow?

- Yes, definitely.....Go to Q8
- Yes, to some extentGo to Q8
- NoGo to Q8

AMBULANCE

Please answer this section, Q4-Q7, if you travelled to the ED by ambulance. If not, please go to the next section, 'On Arrival', at Q8.

Q4 Overall, did the ambulance crew treat you with respect and dignity?

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

Q5 How would you rate how the ambulance crew and ED staff worked together?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Don't know/can't remember

Q6 Did the ambulance crew transfer information about your condition to the ED staff?

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

Q7 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

ON ARRIVAL

For the following questions, please think about when you first arrived in the ED.

Q8 Were the staff you met on your arrival to the ED polite and courteous?

- Yes, definitely
- Yes, to some extent
- No
- I didn't meet any reception staff....Go to Q12
- Don't know/can't remember

Q9 Did staff who met you on arrival give you enough information about what to expect during your visit?

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

Q10 Did staff who met you on arrival tell you how long you would have to wait for treatment?

- Yes
- NoGo to Q12
- I didn't need to wait for treatment.....Go to Q12
- Don't know/can't rememberGo to Q12

Q11 Was the waiting time given to you by staff who met you on arrival about right?

- Yes
- No, I didn't wait that long
- No, I waited longer
- Don't know/can't remember

Q12 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
- 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

TRIAGE – THE INITIAL ASSESSMENT

Q13 From the time you first arrived at the Emergency Department (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 under 2 hours
- 2 hours or more
- I did not see a triage nurse
- Don't know/can't remember

Q14 Did you stay until you received treatment?

- YesGo to Q16
- No, I left before receiving treatment

Q15 Why did you leave the ED before receiving treatment?

Please all the boxes that apply to you

- I decided to see a 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

IF YOU LEFT BEFORE RECEIVING TREATMENT, PLEASE NOW GO TO THE 'OVERALL' SECTION, AT Q68.

Q16 After triage (initial assessment), how long did you wait before being treated by an ED doctor or nurse?

- I was treated immediatelyGo to Q19
- 1-15 minutes
- 16-30 minutes
- 31-59 minutes
- 1 hour to under 2 hours
- 2 hours to under 4 hours
- 4 hours or more
- Don't know/can't remember

Q17 While you were waiting to be treated, did ED staff check on your condition?

- Yes, someone checked on my condition
- No, no-one checked on my condition
- Don't know/can't remember

Q18 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

DOCTORS

Q19

Did the Emergency Department (ED) doctors know your medical history, which had already been given to the triage nurse or ambulance crew?

- Yes, definitely
- Yes, to some extent
- No
- I wasn't treated by a doctor **Go to Q23**
- Don't know/can't remember

Q20

Did you have confidence and trust in the ED doctors treating you?

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

Q21

Were the ED doctors polite and courteous?

- Yes, always
- Yes, sometimes
- No

Q22

Overall, how would you rate the ED doctors who treated you?

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

NURSES

Q23

Did the ED nurses know your medical history, which had already been given to the triage nurse or ambulance crew?

- Yes, definitely **Go to Q24**
- Yes, to some extent..... **Go to Q24**
- No **Go to Q24**
- I wasn't treated by a nurse **Go to Q27**
- Don't know/can't remember..... **Go to Q24**

Q24

Did you have confidence and trust in the ED nurses treating you?

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

Q25

Were the ED nurses polite and courteous?

- Yes, always
- Yes, sometimes
- No

Q26

Overall, how would you rate the ED nurses who treated you?

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

YOUR TREATMENT AND CARE

Q27

Did the ED health professionals introduce themselves to you?

- Yes, always
- Yes, sometimes
- No
- I already knew all the staff who cared for me
- Don't know/can't remember

Q28

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

- Yes, always
- Yes, sometimes
- No

Q29

During your visit to the ED, how much information about your condition or treatment was given to you?

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

Q30 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 was not well enough to be involved
- I did not want or need to be involved

Q31 If your family members or someone else close to you wanted to talk to the Emergency Department (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

Q32 How much information about your condition or treatment was given to your family, carer or someone else close to you?

- Not enough
- Right amount
- Too much
- It was not necessary to provide information to any family or friends
- Don't know/can't say

Q33 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)?

- Yes, always
- Yes, sometimes
- No
- I did not need assistance or advice

Q34 How would you rate how the ED health professionals worked together?

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

Q35 Did you ever receive contradictory information about your condition or treatment from ED health professionals?

- Yes
- No

Q36 Were the ED health professionals kind and caring towards you?

- Yes, always
- Yes, sometimes
- No

Q37 Did you feel you were treated with respect and dignity while you were in the ED?

- Yes, always
- Yes, sometimes
- No

Q38 Were you given enough privacy during your visit to the ED?

- Yes, always
- Yes, sometimes
- No

Q39 Were your cultural or religious beliefs respected by the ED staff?

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

Q40 Did you have worries or fears about your condition or treatment while in the ED?

- Yes
- No [Go to Q42](#)

Q41 Did an ED health professional discuss your worries or fears with you?

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

Q42 Were you ever in pain while in the Emergency Department (ED)?

- Yes
 No Go to Q44

Q43 Do you think the ED health professionals did everything they could to help manage your pain?

- Yes, definitely
 Yes, to some extent
 No

Q44 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

Q45 How clean were the waiting and treatment areas in the ED?

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

Q46 How safe did you feel during your visit to the ED?

- Very safe
 Fairly safe
 Not very safe
 Not at all safe

CHILDREN

Please answer this section, Q47-Q49, if you are answering the survey on behalf of a child. If not, please go to the next section on 'Tests', at Q50.

Q47 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

Q48 Was the area in which your child was treated suitable for someone of their age group?

- Yes, definitely
 Yes, to some extent
 No

Q49 Did the ED staff provide care and understanding appropriate to the needs of your child?

- Yes, definitely
 Yes, to some extent
 No

TESTS

Q50 During your visit to the ED, did you have any tests, X-rays or scans?

- Yes
 No Go to Q53
 Don't know/can't remember Go to Q53

Q51 Did an ED health professional discuss the purpose of these tests, X-rays or scans with you?

- Yes, always
 Yes, sometimes
 No
 Don't know/can't remember

Q52 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 ED

LEAVING THE EMERGENCY DEPARTMENT

Q53 What happened at the end of your visit to the Emergency Department (ED)?

- I was admitted to the same hospital.....Go to Q65
- I was transferred to a different hospital or healthcare facility.....Go to Q65
- I went home or to stay with a friend, relative, or elsewhere

Q54 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

Q55 Thinking about when you left the ED, 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

Q56 Did ED staff take your family and home situation into account when planning your discharge?

- Yes, completely
- Yes, to some extent
- No, staff did not take my situation into account
- It was not necessary
- Don't know/can't remember

Q57 Thinking about when you left the ED, were adequate arrangements made by the hospital for any services you needed?

- Yes, completely
- Yes, to some extent
- No, arrangements were not adequate
- These services are not offered in the area
- It was not necessary

Q58 Did ED staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

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

Q59 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

Q60 Were you given or prescribed any new medication to take at home?

- Yes
- No Go to Q64

Q61 Did an ED health professional explain the purpose of this medication in a way you could understand?

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

Q62 Did an ED health professional tell you about medication side effects to watch for?

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

Q63 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

Q64

Did an ED health professional tell you when you could resume your usual activities, such as when you could go back to work or drive a car?

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

Q65

Was your departure from the ED delayed – that is, before leaving the ED to go to a ward, another hospital, home, or elsewhere?

- Yes
- No Go to Q68

Q66

Did a member of staff explain the reason for the delay?

- Yes
- No

Q67

What were the main reasons for delay?

Please all the boxes that apply to you

- I had to wait for medicines
- I had to wait to see a health professional
- I had to wait for an ambulance or hospital transport
- I had to wait for the discharge letter
- I had to wait for test results
- I had to wait for a bed in a ward
- Some other reason
- Don't know/can't remember

OVERALL

Q68

Overall, how would you rate the care you received while in the Emergency Department (ED)?

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

Q69

If asked about your experience in the Emergency Department (ED) by friends and family how would you respond?

- I would speak highly of the Emergency Department
- I would neither speak highly nor be critical
- I would be critical of the Emergency Department

Q70

Did the care and treatment received in the ED help you?

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

Q71

In total, how long did you spend in the ED? (From the time you entered the ED until the time you left the ED to go to a ward, another hospital, home, or elsewhere)

- 1-30 minutes
- 31-59 minutes
- 1 hour to under 2 hours
- 2 hours to under 4 hours
- 4 hours or more
- Don't know/can't remember

Q72

Did you want to make a complaint about something that happened in the ED?

- No, I did not want to make a complaint Go to Q74
- Yes, and I did complain Go to Q74
- Yes, but I did not complain

Q73

Why didn't you make a complaint?

Please all the boxes that apply to you

- I didn't know how to make a complaint
- I didn't know who to complain to
- I was worried it might affect my future care
- I didn't think it would be taken seriously
- I was too unwell to complain
- It wasn't a serious issue
- Some other reason

Q74

Were you ever treated unfairly for any of the reasons below?

Please all the boxes that apply to you

- Your age
- Your sex
- Your ethnic background
- Your religion
- Your sexual orientation
- A disability that you have
- Marital status
- Something else
- I was not treated unfairly

Q75

Not including the reason you came 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
- Complications 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 **Go to Q78**

Q76

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

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

Q77

In your opinion, were members of the 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

ABOUT YOU (THE PATIENT)

Please remember to answer the following questions about the patient.

Q78

What year were you born?

WRITE IN (YYYY)

Q79

What is your gender?

- Male
- Female

Q80

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

Q81

Which, if any, of the following long-standing 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 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

Q82

In general, how would you rate your health?

- Excellent
- Very good
- Good
- Fair
- Poor

Q83 Which language do you mainly speak at home?

- English
- A language other than English

Please write in the language:

Q84 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

Q85 What were your reasons for going to the ED?

Please all the boxes that apply to you

- My regular doctor/GP was working there
- A health professional advised me to go
- The ambulance crew decided to take me there
- The GP surgery/practice was closed
- I couldn't see a GP within a reasonable time
- My condition was serious/life threatening
- The ED provides more complete care
- My medical history is at the hospital
- It was cheaper than other options
- Other

Q86 Was your visit to the ED for a condition that, at the time, you thought could have been treated by a General Practitioner (GP)?

- Yes, definitely
- Yes, probably
- No
- Not sure

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 in-patient to hospital
- Visit an out-patient clinic
- Make an earlier visit to the ED
- None of these
- Don't know/can't remember

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

Q89 Who completed this survey?

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

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 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 your answers from this survey to health records related to you (the patient)?

- Yes
- No

YOUR FINAL COMMENTS

Q91

What was the best part of the care you received while in this Emergency Department?

Sample 2016

Q92

What part of your care provided by this Emergency Department most needs improving?

Sample 2016

Please remove the covering letter by tearing along the perforated line.
Return the survey in the Reply Paid envelope provided
or send it in an envelope addressed to
NSW Patient Survey, Ipsos Social Research Institute,
Reply Paid 84599, Hawthorn, VIC 3122 (no stamp is needed)

Some of the questions asked in this survey are sourced from the NHS patient survey programme (courtesy of the NHS Care Quality Commission and the National Research Corporation (USA)), the Australian Patient Experience Information Development Working Group (PEIDWG) 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, 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 the permission of each organisation.

Barcode