

NSW Patient Survey: Outpatients

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

Date

Dear <Title> <Last Name>,

Your experience at an outpatient clinic 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 visit to an outpatient clinic at [HOSPITAL NAME] during [MONTH]. By outpatient clinic, we mean the clinic you visited for an appointment with a doctor or other health professional.

Your experience at this clinic is important as it helps us understand the quality of care you received and allows clinics to see where they need to improve.

The Bureau of Health Information 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. We are running the survey along with Ipsos Social Research Institute, who is sending you this survey on the Bureau's behalf.

The survey is easiest to complete online. Please visit the web address below 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.

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 an outpatient in the clinic named on the previous page. If you have been to more than one outpatient clinic at this hospital, please answer about your most recent clinic visit.

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 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 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).

NSW Patient Survey: Outpatients

When completing this survey, please think about your recent visit to the clinic referred to in the cover letter.

If you visited more than one outpatient clinic at this hospital in the given month, please think about the clinic you most recently visited.

Q1

Which type of outpatient clinic did you attend?

Please X one box that best describes the clinic

	Clinic Type
<input type="checkbox"/> Allied Health	Physiotherapy, Optometry, Occupational therapy, Speech pathology, Psychology, Social work, Nutrition, Podiatry, Aboriginal health, Orthoptics, Prosthetics, etc.
<input type="checkbox"/> Cardiology	Heart conditions (non-surgical treatment and care)
<input type="checkbox"/> Ear, nose, throat	Ear, nose and throat conditions
<input type="checkbox"/> Endocrinology	Diabetes, thyroid conditions, metabolic disorder, etc.
<input type="checkbox"/> Gastroenterology/Endoscopy	Stomach and intestinal conditions and procedures (e.g. colonoscopy) and examination of internal structures by insertion of a tube into the body
<input type="checkbox"/> Obstetrics/Gynaecology	Female reproductive system and reproductive technology, family planning, maternity and child-birth
<input type="checkbox"/> Oncology/Chemotherapy	Cancer and related conditions (e.g. for chemotherapy, radiotherapy)
<input type="checkbox"/> Ophthalmology	Medical and surgical treatment of eye conditions (e.g. cataracts, glaucoma)
<input type="checkbox"/> Orthopaedic Surgery	Bone, joint and ligament conditions (e.g. fractures or broken bones, hand, hip and knee problems, scoliosis)
<input type="checkbox"/> Paediatric	Children's health conditions (non-surgical treatment and care)
<input type="checkbox"/> Plastic surgery	Plastic and reconstructive surgery related care
<input type="checkbox"/> Pre-admission & pre-anaesthesia	Medical preparation before hospital admission for surgery, treatment or anaesthetic
<input type="checkbox"/> Renal/Dialysis	Kidney-related conditions (e.g. for dialysis)
<input type="checkbox"/> Respiratory	Lung and related conditions, sleep disorders (e.g. asthma, cystic fibrosis, sleep apnoea)
<input type="checkbox"/> Urology	Urinary tract and male reproductive conditions
<input type="checkbox"/> Other Surgery (Adult or Child)	General and specialist surgery (e.g. cardiac, thoracic, vascular, neurosurgery, upper gastrointestinal, colorectal)
<input type="checkbox"/> Other Medical Specialties	Aged care, Allergy, Dementia, Dermatology, Disability, Epilepsy, Falls, General Medicine, Genetics, Haematology, Immunology, Infectious diseases, Men's health, Metabolic bone, Neurology, Pain management, Palliative, Refugee clinic, Rheumatology, Sexual health, Stoma therapy, Wound clinics, etc.
<input type="checkbox"/> Other Outpatient Clinic	Please specify <input type="text"/>

Q2 How long have you been attending this outpatient clinic?

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

BEFORE ARRIVING AT THE CLINIC

When completing this part of the survey, please think about your latest visit to this outpatient clinic.

Q3 What was the purpose of this visit?
Please **X** all that apply

- Have tests, x-rays or scans
- Receive test results
- Medical diagnosis or advice
- Regular check-up
- Pre-surgical care
- Treatment or procedure
- Review of treatment
- Follow-up after surgery
- Other reason
- Don't know/can't remember

Q4 Were you able to get an appointment time that suited you?

- Yes
- No
- I didn't have an appointment **Go to Q10**

Q5 Did you have any of the following difficulties when making this appointment?
Please **X** 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

Q6 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

Q7 Do you think the amount of time you waited was...?

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

Q8 How much did your symptoms or condition stop you from carrying out your normal daily activities while you waited for this appointment?

- Not at all
- Only a little
- Somewhat
- Very much
- I was not able to at all

Q9 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

Still thinking about your latest visit to this outpatient clinic...

Q10 How long did it take you to travel to the clinic for this appointment?

- Under 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

Q11

What was your **main** form of transport to the clinic?

Please X **one** only

- By private car
- By a hospital or community transport service
- By taxi
- By public transport
- On foot
- Other

Go to Q13

Q12

Was there a problem finding parking near the clinic?

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

Q13

At the hospital, was it easy to find your way to the clinic?

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

Q14

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

Please X **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

Q15

Were the reception staff polite and courteous?

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

Q16

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

Still thinking about your latest visit to this outpatient clinic...

Q17

How long after the **appointment time** did your appointment start?

- On time, or early.....Go to Q20
- 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 Q20
- Don't know/can't remember.....Go to Q20

Q18

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

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

Q19

Were you told why and how long you had to wait?

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

Q20

How comfortable was the waiting area?

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

THE TREATMENT AREA

Still thinking about your latest visit to this outpatient clinic...

Q21

How clean was the clinic?

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

Q22 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

Q23 Were you given enough privacy when being **examined or treated**?

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

Q24 Were you given enough privacy when **discussing** your condition or treatment?

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

HEALTH PROFESSIONALS

Still thinking about your latest visit to this outpatient clinic...

Q25 Who did you see during this visit? Please **X** 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

Q26 Did you have enough time to discuss your health issue with the health professionals you saw?

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

Q27 Did the health professionals explain things in a way you could understand?

- Yes, always
- Yes, sometimes
- No

Q28 During this visit, did the health professionals know enough about your medical history?

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

Q29 Did you have confidence and trust in the health professionals?

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

Q30 Were the health professionals polite and courteous?

- Yes, always
- Yes, sometimes
- No

Q31 Were the health professionals kind and caring towards you?

- Yes, always
- Yes, sometimes
- No

Q32 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

Still thinking about your latest visit to this outpatient clinic...

Q33 Did you have worries or fears about your condition or treatment?

- YesGo to Q34
- NoGo to Q35

Q34 Did a health professional discuss your worries or fears with you?

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

Q35 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

Q36 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

Q37 Were you treated with respect and dignity while you were at the clinic?

- Yes, always
- Yes, sometimes
- No

Q38 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

Q39 While in the clinic, did you receive, or see, any information about your rights as a patient, including how to comment or complain?

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

Q40 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 Q43**

Q41 Was the impact of this complication or problem...?

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

Q42 In your opinion, were the clinic staff open with you about this complication or problem?

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

CHILDREN

Please answer this section, Q43-45, if you are answering the survey on behalf of a child. If not, please now go to the 'Leaving the clinic' section, Q46.

Q43 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

Q44 Was the area in which your child was treated suitable for someone of their age group?

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

Q45 Did the clinic staff provide care and understanding appropriate to the needs of your child?

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

LEAVING THE CLINIC

Still thinking about your latest visit to this outpatient clinic...

Q46 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

Q47 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

Q48 Were you given, or prescribed, any new medication to take at home?

- Yes
- NoGo to Q51

Q49 Were you given enough information about this medication?

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

Q50 Were you told about medication side effects to watch for?

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

Q51 Did the clinic give your GP enough information about your condition or the treatment you received?

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

Q52 Was this visit related to a long-standing or chronic health condition?

- Yes
- NoGo to Q55

Q53 Did the health professionals at this clinic provide you with a treatment plan for your ongoing care?

- Yes, I was given a written plan
- Yes, I was given a plan verbally
- NoGo to Q55
- I did not need one.....Go to Q55
- Don't know/can't rememberGo to Q55

Q54 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

Q55 Did you have to pay any out of pocket expenses for this visit (i.e. a payment that you would not get back from Medicare or private health fund)?

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

Q56

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

NUMBER OF VISITS

Q57

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

- OnceGo to Q61
- 2 to 3 times
- 4 to 8 times
- More than 8 times

Q58

Did you receive care or treatment from more than one health professional at this clinic?

- Yes
- NoGo to Q61

Q59

Did the health professionals you've seen change from one visit to another?

- Yes, always
- Yes, sometimes
- No, never
- Don't know/can't remember

Q60

In your opinion, did the different health professionals you've seen know enough about your medical history?

- Yes, always
- Yes, sometimes
- No

OVERALL CARE

Q61

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

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

Q62

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

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

Q63

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

Q64

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

- Yes, and I did complain.....Go to Q66
- Yes, but I did not complain
- No, I did not want to make a complaint.....Go to Q66

Q65

Why didn't you make a complaint? Please X all that apply

- 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
- It wasn't a serious issue
- Other reason

OUTCOMES

Q66

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

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

Q67

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

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

ABOUT YOU (THE PATIENT)

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

Q68 What year were you (the patient) born?

WRITE IN (YYYY)

Q69 What is your (the patient's) gender?

- Male
 Female

Q70 What is the highest level of education you (the patient) have completed?

- 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

Q71 Which, if any, of the following long-standing conditions do you (the patient) have (including age related conditions)?
Please X all that apply

- Deafness or severe hearing impairment
 Blindness or partially sighted
 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, ADHD)
 None of these

Q72 In general, how would you rate your (the patient's) health?

- Excellent
 Very good
 Good
 Fair
 Poor

Q73 Which language do you (the patient) mainly speak at home?

- EnglishGo to Q76
 A language other than English

↓
Please write in
then go to Q74

Q74 Did you need, or would you have liked, to use an interpreter at any stage while you (the patient) were at the clinic?

- Yes
 NoGo to Q76

Q75 Was an interpreter provided when you (the patient) needed one?

- Yes, always
 Yes, sometimes
 No

Q76 Are you (the patient) of Aboriginal origin, Torres Strait Islander origin, or both?

- Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, both Aboriginal and Torres Strait Islander
 No

Q77 Who completed this survey?

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



Q80

What part of your (the patient's) care provided by this clinic most needs improving?

Sample 2014

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.

