

Adult Admitted Patient Survey 2017

Development Report

October 2018

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Please note that there is the potential for minor revisions of data in this report. Please check the online version at bhi.nsw.gov.au for any amendments.

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Overview of changes

There were very few changes made to the Adult Admitted Patient Survey (AAPS) questionnaire for 2017. Accordingly, the questionnaire is almost identical to the 2016 AAPS.

The main changes were made to assist respondents in completing all questions in the survey. More specifically, arrows were added to the layout of page six to help clarify for respondents which questions should be answered and to reduce the number of respondents who did not go on to answer questions 40 to 42 (see Appendix 1 for the updated layout of page six).

Background

The Bureau of Health Information (BHI) undertakes reviews of all recurrent surveys before the surveys are repeated. The purpose of the review is to ensure that the questionnaire is still appropriate for the NSW context and that all questions remain optimal. In January and February 2017, BHI reviewed the questionnaire used in the 2016 AAPS to prepare for the collection of experience data from patients hospitalised from January to December 2017. The 2017 review focused on consistency across reporting periods and only essential changes were made – this document summarises those changes.

Patients were surveyed approximately three months after discharge to understand experiences on admission, during the process of care, as well as outcomes and continuity of care after discharge from hospital. Accordingly, data collection began in May 2017 and ended in June 2018.

Details of changes

Question 39: “Were your cultural or religious beliefs respected by the hospital staff?”

Modified response instructions

Design elements were added to direct all participants from question 39 to go to question 40.

Question 42: “Was a call button placed within easy reach?”

Modified response instructions

Design elements were added to direct all participants from question 42 to question 43.

Rationale

The addition of a grid style question set in the 2016 questionnaire resulted in many respondents, particularly older respondents, answering question 39 and then moving directly to question 43, incorrectly skipping questions 40 to 42. From 2015 to 2016, the percentage of respondents incorrectly skipping over these questions was:

Question number	% missing in 2015	% missing in 2016
Q40	5.1%	19.6%
Q41	1.4%	16.2%
Q42	2.0%	16.6%

Appendix 1: AAPS 2017 questionnaire showing new design changes intended to reduce missed question rates

Q36 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

I did not want or need to be involved

Q37 How much information about your condition or treatment was given to your family, carer or someone 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

Q38 Did you feel you were treated with respect and dignity while you were in the hospital?

Yes, always

Yes, sometimes

No

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

Yes, always

Yes, sometimes

No, my beliefs were not respected

My beliefs were not an issue

Q40 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

Q41 How would you rate how well the health professionals worked together?

Very good

Good

Neither good nor poor

Poor

Very poor

Q42 Was a call button placed within easy reach?

Yes, always

Yes, sometimes

No

Not applicable to my situation

Don't know/can't remember

Q43 During your stay in this hospital, did staff assist you when you needed help for any of the following?
Please one box for each line

	Yes, always	Yes, sometimes	No	I did not need assistance with this
Eating or drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusting your position in bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing up or walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting dressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in or out of a wheelchair or chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the telephone or television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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