

# NSW Patient Survey: Emergency Department

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

Date

Dear <Title> <Last Name>,

## Your experience as an Emergency Department patient 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 the Emergency Department at [HOSPITAL NAME] during [MONTH].

**Your experience at this Emergency Department is important because it helps us to understand the quality of care you received and it allows hospitals to see where they need to improve.**

**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](http://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 questionnaire 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](http://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 an Emergency Department patient in the hospital named on the previous page. 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 use a plain envelope (no stamp is necessary) and address to:

**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](http://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](http://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: Emergency Department

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

- Private motor vehicle (car, motorbike, van)
- Ambulance .....Go to Q4
- Public transport.....Go to Q3
- Other .....Go 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 extent .....Go to Q8
- No .....Go 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 reception 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 reception staff 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 reception staff tell you how long you would have to wait for treatment?

- Yes
- No .....Go to Q12
- I didn't need to wait for treatment.....Go to Q12
- Don't know/can't remember .....Go to Q12

**Q11** Was the waiting time given to you by reception staff 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?

- Yes .....Go 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 Q69.**

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

- I was treated immediately .....Go 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

**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 66
- I was transferred to a different hospital or healthcare facility.....Go to 66
- 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
- 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** Did you receive a copy of a letter from the Emergency Department (ED) doctors to your family doctor (GP)?

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

**Q66** 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 Q69](#)

**Q67** Did a member of staff explain the reason for the delay?

- Yes
- No

**Q68** 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 the doctor
- I had to wait for an ambulance or hospital transport
- I had to wait for the letter for my GP
- 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

**Q69** 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

**Q70** 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

**Q71** Did the care and treatment received in the ED help you?

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

**Q72** 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

**Q73** 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 Q75](#)
- Yes, and I did complain ..... [Go to Q75](#)
- Yes, but I did not complain

**Q74** 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

**Q75** While in the Emergency Department (ED), did you receive or see any information about how to comment or complain about your case?

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

**Q76** 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

**Q77** 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?

- An infection
- Uncontrolled bleeding
- A negative reaction to medication
- Complications as a result of tests or procedures
- A blood clot
- A fall
- Any other complication or problem
- None of these ..... **Go to Q80**

**Q78** Was the impact of this complication or problem ...?

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

**Q79** 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.

**Q80** What year were you born?

WRITE IN (YYYY)

**Q81** What is your gender?

- Male
- Female

**Q82** 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

**Q83** 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

■

**Q84** In general, how would you rate your health?

- Excellent
- Very good
- Good
- Fair
- Poor

**Q85** Which language do you mainly speak at home?

- English ..... **Go to Q87**
- A language other than English

**Please write in the language:**

**Q86** Was an interpreter provided when you needed one in the Emergency Department (ED)?

- Yes, always
- Yes, sometimes
- No, I needed an interpreter but one was not provided
- No, I did not need an interpreter

**Q87** 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

**Q88** What were your reasons for going to the ED?

**Please  all the boxes that apply to you**

- 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

**Q89** 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

**Q90** 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

**Q91** 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

**Q92** Who completed this survey?

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

**Please go to the next page to complete the final questions**



Q93

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

Q94

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

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Q95

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

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**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)**

*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