

Measurement Matters

NSW Patient Survey Program Minimum Question Set

BUREAU OF HEALTH INFORMATION

1 Reserve Road
St Leonards NSW 2065
Australia
Telephone: +61 2 9464 4444
bhi.nsw.gov.au

© Copyright Bureau of Health Information 2024.

This work is copyrighted. It may be reproduced in whole or in part for study or training purposes subject to the inclusion of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the Bureau of Health Information.

State Health Publication Number: (BHI) 240351
ISBN: 978-1-76023-859-9

Suggested citation:

Bureau of Health Information. Measurement Matters – NSW Patient Survey Program Minimum Question Set. Sydney (NSW); BHI; 2024.

Please note 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 or errata.

Published May 2024.

The conclusions in this report are those of BHI and no official endorsement by the NSW Minister for Health, the NSW Ministry of Health or any other NSW public health organisation is intended or should be inferred.

Table of contents

Overview	2
About BHI and the NSW Patient Survey Program	2
NSW Health context	3
Development of minimum question sets across NSW Health	4
Development of NSW Patient Survey Program Minimum Question Set	4
Key criteria	5
Shortlisting, evidence review and question selection	5
Final BHI Minimum Question Set	6
Use of NSW Patient Survey Program Minimum Question Set	6
Appendix	7

Overview

This report defines the Minimum Question Set for surveys in the NSW Patient Survey Program, which is managed by the Bureau of Health Information (BHI) on behalf of NSW Health.

The Minimum Question Set has been designed to support NSW Health's aim in **Future Health: Guiding the next decade of health care in NSW 2022–2032** to have a more coordinated and strategic approach to the collection and use of self-reported information. This includes strengthening and streamlining the measurement of patients' experiences across the health system. Designing all BHI questionnaires around the Minimum Question Set enables greater flexibility and agility in the NSW Patient Survey Program by providing a consistent set of core

questions around which targeted measures and modules can be included as required to respond to health system needs. The Minimum Question Set also supports ongoing work across NSW Health to minimise the survey burden on patients, maximise the value of results and improve response rates.

The final Minimum Question Set is supported by evidence, with the questions tested over time by healthcare service providers and consumers. It covers the key domains of patient experience outlined in NSW Health's **Elevating the Human Experience – Ourguide to action for patient, family, carer and caregiver experiences**, and is applicable to surveys across patient cohorts and care settings.

About BHI and the NSW Patient Survey Program

BHI is a board-governed statutory health corporation providing the community, healthcare professionals and policymakers with independent information about the performance of the NSW healthcare system.

BHI manages the NSW Patient Survey Program on behalf of NSW Health. Every year we ask thousands of people to tell us about their experiences in the NSW public healthcare system and subsequent outcomes using evidence-based, validated survey instruments.

These surveys are reflective by design and therefore deliberately sent to patients several weeks after their contact with a health service. This means surveys can include questions that ask patients to reflect on their experiences of care both while in hospital, and how things have gone for them afterwards, including how prepared they were for their discharge from hospital,

how well their post-discharge care was coordinated with other healthcare providers and whether they experienced any complications afterwards.

After analysing the feedback, we publish the results to help ensure patients' voices drive improvements in experiences and outcomes of care. The statewide program provides robust and reliable measures of patient experience performance at NSW, local health district and hospital level.

Among BHI's functions is the development of tools to enable analysis of the performance of health services across the NSW public health system, including the Minimum Question Set described in this document.

NSW Health context

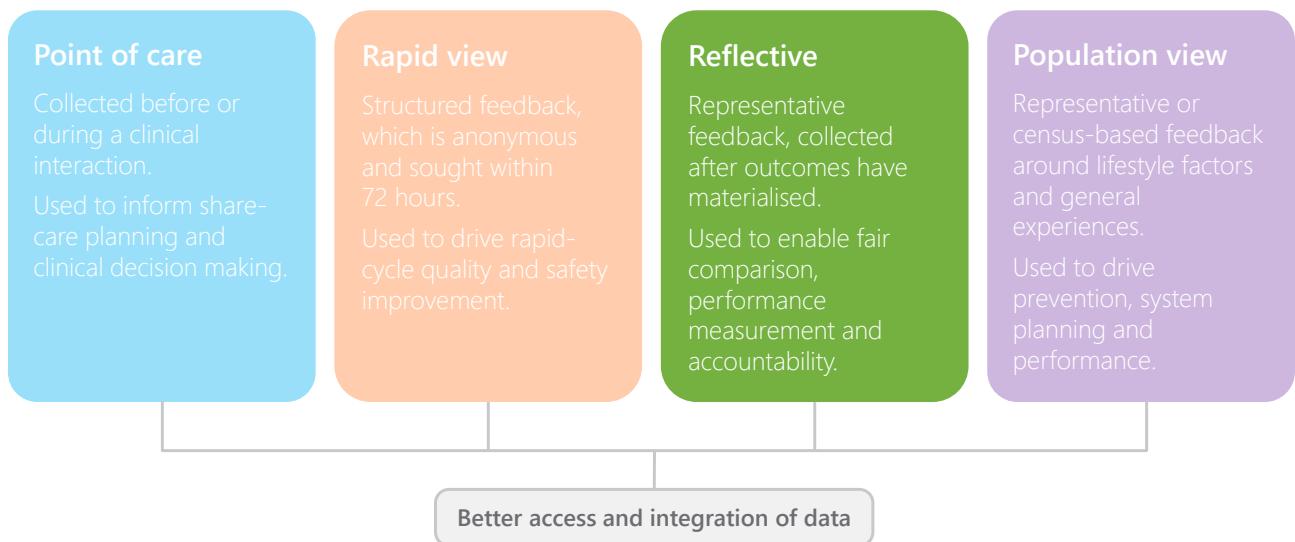
NSW Health’s vision is: “A sustainable health system that delivers outcomes that matter most to patients and the community, is personalised, invests in wellness and is digitally enabled.”¹ To improve healthcare services and offer human-centred experiences, healthcare systems must be able to collect and make effective use of feedback from patients. Collecting timely feedback and data on patients’ experiences supports understanding of what is working well, what could be done differently and where there are opportunities to do things better.²

In the context of this vision, NSW Health is developing a more strategic approach to ensure better

coordination and alignment of data collections and use of insights and actionable data to drive healthcare improvements of greatest benefit to patients, carers, staff and the broader community.

In developing this strategic approach, NSW Health has created a conceptual framework to enable a clearer understanding of the characteristics and purposes of different types of survey data collections (Figure 1). The NSW Patient Survey Program is a ‘reflective’ data collection.

Figure 1 NSW Health Conceptual Framework for Self-Reported Information (simplified)



¹ NSW Health, Value based healthcare in NSW, 2020

² NSW Health, Elevating the Human Experience: Summary guide to action for patient, family, carer and caregiver experiences, 2021, 11

Development of minimum question sets across NSW Health

Under this strategic approach across NSW Health, one aim is to develop minimum question sets, each forming the core of a given data collection. Supplementary questions can then be added to meet specific needs, for example, to focus on aspects of patient experience most relevant to the cohort or healthcare setting targeted by a given survey.

Alongside other initiatives to support streamlining data collection and effective use of results, minimum question sets should help:

- reduce the burden on patients by helping to manage the risk of unintentionally asking the same questions of them multiple times in different contexts
- improve survey design and encourage a focus on collecting data in a way that aligns to a clear primary purpose
- streamline the large volumes of data being collected but not optimally used, to align with the principle of 'collect once and use multiple times'.

Development of NSW Patient Survey Program Minimum Question Set

Each survey in the NSW Patient Survey Program is developed through a rigorous process to ensure it captures information that reflects what matters most to patients and will be most useful to those responsible for healthcare service delivery and improvement. The process includes reviews of contemporary evidence, policy and good practice, stakeholder consultation and consumer testing. BHI has also been reviewing the length and structure of questionnaires as part of its ongoing work to strengthen and streamline the NSW Patient Survey Program. The existing suite of NSW Patient Survey Program questionnaires was therefore the starting point for the prioritisation and selection of questions for this Minimum Question Set.

In addition, BHI has previously conducted extensive and rigorous work in selecting questions that comprise the local health district (LHD) service agreement patient experience key performance indicators (KPIs) for admitted patient and emergency department care. This work entailed factor analysis across several years of survey responses to identify those aspects of patient experience that consistently and reliably emerge as important for patients. This therefore provided a starting point for development of the Minimum Question Set, and is described in **Measurement Matters – Development of patient experience key indicators for local health districts in NSW.**

Key criteria

The aim was to ensure the Minimum Question Set would comprise as few questions as possible to:

- provide coverage of the key domains of patient experience
- cover specific aspects of patient experience of most importance to patients and their outcomes, as supported by evidence
- be consistent with the 'reflective' purpose of the NSW Patient Survey Program, capturing patients' experiences of care while in hospital, and outcomes occurring following hospital discharge
- be broadly applicable across different patient cohorts and care settings such as inpatient, emergency care, outpatient and virtual care.

Shortlisting, evidence review and question selection

Existing survey questions were shortlisted for inclusion if:

- they contribute to the calculation of LHD service agreement KPIs for admitted patient and emergency department care
- they satisfied the key criteria listed above.

Some questions were deemed ineligible for inclusion in the Minimum Question Set, particularly those designed to collect information essential for analysis – such as patient characteristics including age, gender and language spoken at home – rather than measuring patients' healthcare experiences. Filter questions, which screen respondents to determine whether they are eligible to answer subsequent questions, were also excluded.

Shortlisted survey questions were mapped to core domains of patient experience based on NSW Health's framework for **Elevating the Human Experience** as follows:

- Overall satisfaction and outcomes
- Compassion, respect and kindness
- Trust and confidence (i.e. in care providers and the quality of care)
- Involvement in decision-making (i.e. shared decision-making and person-centred care)
- Clear information (i.e. receiving clear information)
- Effective communication (i.e. effective two-way communication)
- Timely and coordinated care (i.e. having timely access to coordinated care and smooth transitions)
- Safe, comfortable environment (i.e. receiving healthcare in clean, safe, comfortable and culturally appropriate environments).

Questions were also mapped to contemporary policies, standards and other sources of evidence. This included:

- key NSW Government policies and initiatives, including **Future Health, Value based healthcare**, and the **Health Literacy Framework**
- contemporary Australian healthcare standards and guidelines, including the **National Safety and Quality Health Service (NSQHS) Standards** and **Australian Charter of Healthcare Rights**
- survey questions from other agencies, for example, **Victorian Agency for Health Information, National Health Service, National Research Corporation, eYES, Australian Hospital Patient Experience Question Set, Australian Bureau of Statistics Patient Experience Survey** and the **NSW Government Customer Experience Survey**

- analysis of the performance of health systems and related performance variations as noted by the **Organisation for Economic Cooperation and Development (OECD)** in key publications including **Health for the People, by the People – Building people-centred health systems (2021)** and **Patient-reported safety indicators: Question set and data collection guidance (2019)**
- cognitive testing undertaken with patients by Ipsos Public Affairs on NSW Patient Survey Program questionnaire content during 2023–24
- analysis undertaken by BHI to identify key aspects of patient experience that are highly predictive of patient outcomes such as **readmission**.

Based on this mapping, BHI assessed the relative evidence for questions, and reviewed the balance of questions across the key domains of patient experience.

Final BHI Minimum Question Set

This process resulted in the set of 15 survey questions as outlined in Appendix, Table 1.

The Minimum Question Set has been applied to NSW Patient Survey Program surveys to form the core questionnaire content. As standard for BHI surveys, the Minimum Question Set items are used with preamble content including important attribution statements such as ‘your care’ and ‘at the hospital named on the cover letter’. All question and response options are used as listed, with ‘visit/appointment’ interchanged as needed for the cohort.

The Minimum Question Set is not a stand-alone questionnaire in its own right but is supported by additional information to assist the respondents. In each BHI questionnaire, the Minimum Question Set is accompanied by complementary questions that are specific to a particular healthcare setting, such as the emergency department, or a patient group, such as Aboriginal patients, or topic of interest, such as virtual care.

BHI maintains the right to review the Minimum Question Set for changes and/or standardisation purposes over time.

Use of NSW Patient Survey Program Minimum Question Set

BHI supports use of the NSW Patient Survey Program Minimum Question Set for reflective surveys. However, parties intending to use it are asked to contact BHI at **BHI-Enq@health.nsw.gov.au** to request permission.

Permission tends to be granted; this process is more about ensuring BHI can offer guidance where necessary and can monitor where and how the Minimum Question Set is being used. For any use of the Minimum Question Set, BHI also requests to be cited as author.

Appendix

Table 1 NSW Patient Survey Program Minimum Question Set, 2024

Survey question	Response options	Patient experience domain	Supporting evidence
Did the health professionals explain things in a way you could understand?	Yes, always Yes, sometimes No	Effective communication	<p>Key indicator in OECD Scorecard for People-Centred Health Systems.</p> <p>Measure relevant to NSQHS Partnering with Consumers Standard: Health. Literacy/Communication that supports effective partnerships.</p> <p>Measure relevant to Australian Charter of Healthcare Rights: Right to Information.</p> <p>Measure relevant to: NSW Health Literacy Framework priority: Staff communicate with patients, families and carers in ways they understand.</p> <p>Key determinant of readmission rates (based on BHI analysis for adult patients with chronic conditions).</p> <p>Correlating questions are also noted in comparable question sets including NHS (UK), VAHI (Victoria) and NRC (US).</p>
Did you have confidence and trust in the health professionals?	Yes, definitely Yes, to some extent No	Trust and confidence	<p>This question maps to OECD Patient-Reported Safety Indicators.</p> <p>Consumers rated this item 'particularly important' in BHI's cognitive testing (Ipsos, 2024).</p> <p>Participants advised that their perceptions of confidence and trust were related to staff being 'knowledgeable' and how staff 'conducted themselves professionally'.</p> <p>Correlating questions also noted in comparable question sets including ACSQHC (Aus), NSW Government Customer experience survey, NHS (UK), VAHI (Victoria) and NRC (US).</p>
Overall, how would you rate the health professionals?	Very good Good Neither good nor poor Poor Very poor	Overall satisfaction and outcomes	<p>This question informs LHDs' Service Agreement Patient Experience Index KPIs.</p>
Were the health professionals kind and caring?	Yes, always Yes, sometimes No	Compassion, respect and kindness	<p>Kindness is a particular priority focus within <i>Elevating the Human Experience</i>.</p> <p>Cognitive testing showed that consumers see this as referring to 'softer, more personal interactions' whereas 'respect and dignity' is seen as more formal recognition of privacy and autonomy (Ipsos, 2024).</p> <p>Correlating questions also noted in comparable question set for ACSQHC (Aus).</p>

Survey question	Response options	Patient experience domain	Supporting evidence
Did the health professionals listen carefully to your views and concerns?	Yes, always Yes, sometimes No Not applicable	Compassion, respect and kindness	<p>This question maps to OECD Patient-Reported Safety Indicators.</p> <p>Measure relevant to NSQHS Partnering with Consumers Standard: Health Literacy/Communication that supports effective partnerships.</p> <p>Measure relevant to Australian Charter of Healthcare Rights: Right to Partnership.</p> <p>Correlating questions also noted in comparable question sets including ABS Patient Experience (Aus), NSW Government Customer experience survey (Aus), VAHI (Victoria) and NRC (US).</p>
During your hospital visit/ appointment, how much information about your condition or treatment was given to you?	Not enough The right amount Too much Not applicable	Clear information	<p>This question informs LHDs' Service Agreement Patient Engagement Index KPIs.</p> <p>Measure relevant to NSQHS Partnering with Consumers Standard: Health Literacy/Communication that supports effective partnerships.</p> <p>Measure relevant to Australian Charter of Healthcare Rights: Right to Information.</p> <p>Measure relevant to: NSW Health Literacy Framework priority: Staff communicate with patients, families and carers in ways they understand.</p> <p>Key determinant of readmission rates (based on BHI analysis for adult patients with chronic conditions).</p> <p>Correlating questions also noted in comparable question sets including ACSQHC (Aus), NHS (UK) and VAHI (Victoria).</p>
Were you involved, as much as you wanted to be, in decisions about your care and treatment?	Yes, definitely Yes, to some extent No Not applicable	Involvement in decision-making	<p>Key indicator in OECD Scorecard for People-Centred Health Systems.</p> <p>This question informs LHDs' Service Agreement Patient Engagement Index KPIs.</p> <p>Measure relevant to NSQHS Partnering with Consumers Standard: Partnering with patients in their own care.</p> <p>Measure relevant to Australian Charter of Healthcare Rights: Right to Partnership.</p> <p>Measure relevant to: NSW Health Literacy Framework priority: Patients, families and carers are included in discussions and decisions about all aspects of their care.</p>
Were you treated with respect and dignity?	Yes, always Yes, sometimes No	Compassion, respect and kindness	<p>Key indicator in OECD Scorecard for People-Centred Health Systems.</p> <p>Measure relevant to Australian Charter of Healthcare Rights: Right to Respect.</p> <p>Consumers described this item as 'minimum standard to meet for professional care' in BHI's cognitive testing. Participants mentioned 'formal recognition of your privacy and autonomy – acknowledging private space, politeness and the need for consent to touch' (Ipsos, 2023).</p> <p>Correlating questions also noted in comparable question sets including Australian Bureau of Statistics (Aus), NSW Government Experience Survey (Aus), NHS (UK), VAHI (Victoria) and NRC (US).</p>

Survey question	Response options	Patient experience domain	Supporting evidence
Did you receive conflicting information about your condition or treatment from the health professionals?	Yes, definitely Yes, to some extent No	Clear information	Measure relevant to NSQHS Partnering with Consumers Standard: Health Literacy/Communication that supports effective partnerships. Measure relevant to: NSW Health Literacy Framework priority: Staff communicate with patients, families and carers in ways they understand. Measure relevant to Australian Charter of Healthcare Rights: Right to Information. Correlating question also noted in comparable question set for NHS (UK).
How would you rate how well the health professionals worked together as a team?	Very good Good Neither good nor poor Poor Very poor	Timely and coordinated care	This question maps to OECD Patient-Reported Safety Indicators. This question informs LHDs' Service Agreement Patient Experience Index KPIs. Measure relevant to NSQHS Communicating for Safety Standard: Clinical Handover; and Comprehensive Care Standard: Collaboration and teamwork. In BHI cognitive testing, consumers noted their key considerations in responding to this question were how well health professionals communicate with one another, whether they appear co-ordinated in their actions, have appropriate information to hand, and if things happen in a timely fashion (Ipsos, 2024). Correlating questions also noted in comparable question sets including ACSQHC (Aus) and VAHI (Victoria).
Were you told who to contact if you were worried about your condition or treatment after your hospital visit/appointment?	Yes No Not applicable	Clear information	This question informs LHDs' Service Agreement Patient Engagement Index KPIs. Measure relevant to NSQHS Partnering with Consumers Standard: Health Literacy/Communication that supports effective partnerships. This question maps to OECD Patient-Reported Safety Indicators. Correlating question also noted in comparable question set for NHS (UK).
Were the health professionals you saw in your community after your visit/appointment (such as your general practitioner) up-to-date about the care you received?	Yes, definitely Yes, to some extent No Not applicable	Timely and coordinated care	Key indicator in OECD Scorecard for People-Centred Health Systems. Measure relevant to NSQHS Communicating for Safety Standard: Clinical Handover; and Comprehensive Care Standard: Collaboration and teamwork.
Did the care and treatment you received help you?	Yes, definitely Yes, to some extent No	Overall satisfaction and outcomes	Broad patient-reported outcome measure. In BHI cognitive testing, consumers rated this item as 'easy to answer' and noted it as a 'meaningful and valuable question' (Ipsos, 2024).

Survey question	Response options	Patient experience domain	Supporting evidence
How well organised was the care you received?	Very well organised Fairly well organised Not well organised	Timely and coordinated care	This question informs LHDs' Service Agreement Patient Experience Index KPIs. Measure relevant to NSQHS Comprehensive Care Standard: Designing systems to deliver comprehensive care. Key determinant of readmission rates (based on BHI analysis for adult patients with chronic conditions). Correlating question also noted in comparable question set for NRC (US).
Overall, how would you rate the care you received?	Very good Good Neither good nor poor Poor Very poor	Overall satisfaction and outcomes	Broad patient satisfaction measure. This question informs LHDs' Service Agreement Patient Experience Index KPIs. Correlating questions also noted in comparable question sets including NSW Government Experience Survey (Aus), NHS (UK) and VAHI (Victoria).

About the Bureau of Health Information

The Bureau of Health Information (BHI) is a board-governed organisation that provides independent information about the performance of the NSW healthcare system.

BHI was established in 2009 and supports the accountability of the healthcare system by providing regular and detailed information to the community, government and healthcare professionals. This in turn supports quality improvement by highlighting how well the healthcare system is functioning and where there are opportunities to improve.

BHI manages the NSW Patient Survey Program, gathering information from patients about their experiences and outcomes of care in public hospitals and other healthcare facilities.

BHI publishes a range of reports and information products, including interactive tools, that provide objective, accurate and meaningful information about how the health system is performing.

BHI's work relies on the efforts of a wide range of healthcare, data and policy experts. All of our assessment efforts leverage the work of hospital coders, analysts, technicians and healthcare providers who gather, codify and supply data. Our public reporting of performance information is enabled and enhanced by the infrastructure, expertise and stewardship provided by colleagues from NSW Health and its pillar organisations.

bhi.nsw.gov.au