

NSW Patient Survey: Admitted Young Patients

<Barcode>

Parent or Carer of <Title> <First Name> <Last Name>

<Address Line 1>

<SUBURB> <STATE> <POSTCODE>

Date

Dear Parent or Carer of <INS_FIRST NAME> <INS_SURNAME>,

Your child's experience in hospital is very important to us

I am writing to ask you and your child to take part in the NSW Patient Survey by telling us about your child's recent admission to [HOSPITAL NAME] during [MONTH]. **Your child's experience in this hospital is important as it helps us to understand the quality of care they received and allows hospitals 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 main part of the survey should be completed by a parent or carer who was present during the child's time in hospital. The final section is for your child to complete from their point of view (although younger children might need some help).

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: [INS_URL]

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. Your child has been randomly selected to participate and there are many safeguards in place to protect their identity. The hospital staff who cared for your child 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 or your child 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 child's recent experience as an admitted patient in the hospital named on the previous page. If your child has been an admitted patient more than once during the month specified on the previous page, please answer about their most recent experience. **The last two pages of the questionnaire are for your child to fill out themselves.**

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 wards or rooms your child stayed in while in hospital?

- 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 Program
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 child's 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 child's 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 your child attended, their doctor or other health provider unless required by law. Your responses will not affect any future health services that may be provided to your child.

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: Admitted Young Patients

Parents and carers please start the survey here:

Q1 Was your child's stay in hospital planned in advance or an emergency?

- An emergency.....Go to Q5
- Planned in advance
- Something else



BEFORE ARRIVING AT HOSPITAL

Thinking back to before your child's hospital stay...

Q2 From the time a doctor said your child would need to go to hospital, how long did they have to wait to be admitted?

- 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

Q3 Do you think the amount of time your child waited to go to hospital was...?

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

Q4 Before your child's arrival, how much information about their hospital stay was given to you?

- Not enough
- The right amount
- Too much
- Don't know/can't remember

ARRIVING AT HOSPITAL

Q5 When your child arrived in hospital did they spend time in the Emergency Department?

- Yes.....Go to Q6
- NoGo to Q8
- Don't know/can't rememberGo to Q8

THE EMERGENCY DEPARTMENT (ED)

Q6 Were the Emergency Department staff polite and courteous?

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

Q7 Do you think the amount of time your child spent in the Emergency Department was... ?

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

Go to Q10

PLANNED AND OTHER TYPES OF ARRIVAL/ADMISSION

Q8 Were the staff you saw on your arrival to hospital polite and courteous?

- Yes, always
- Yes, sometimes
- No

Q9 Do you think the time your child had to wait from arrival at hospital until they were taken to their room or ward was...?

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

THE HOSPITAL AND WARD

Q10 For most of your child's stay in hospital, what type of room or ward were they in?

- A children's room or ward
- An adolescent's/teenager's room or ward
- An adult's room or ward
- Don't know/can't remember

Q11

How clean were the wards or rooms your child stayed in while in hospital?

- Very clean
- Fairly clean
- Not very clean
- Not at all clean
- Don't know/can't remember

Q12

How clean were the toilets and bathrooms that your child used while in hospital?

- Very clean
- Fairly clean
- Not very clean
- Not at all clean
- Don't know/can't remember

Q13

Did you see health professionals wash their hands, or use hand gel to clean their hands, before touching your child?

- Yes, always
- Yes, sometimes
- No, I did not see this
- Can't remember

Q14

Was your child given enough privacy during their hospital stay?

- Yes, always
- Yes, sometimes
- No

FOOD

Q15

Did your child have any special dietary needs (e.g. vegetarian, diabetic, food allergies, religious, cultural, or related to their treatment)?

- Yes
- NoGo to Q17

Q16

Was the hospital food suitable for their dietary needs?

- Yes, always
- Yes, sometimes
- No
- My child didn't have hospital food

DOCTORS

Q17

If you needed to talk to a doctor, did you get the opportunity to do so?

- Yes, always
- Yes, sometimes
- No, I did not get the opportunity
- I had no need to talk to a doctor

Q18

In your opinion, did the doctors who treated your child know enough about their medical history?

- Yes, always
- Yes, sometimes
- No

Q19

Did you have confidence and trust in the doctors treating your child?

- Yes, always
- Yes, sometimes
- No

Q20

Were the doctors polite and courteous?

- Yes, always
- Yes, sometimes
- No

NURSES

Q21

In your opinion, did the nurses who treated your child know enough about their care and treatment?

- Yes, always
- Yes, sometimes
- No

Q22

Did you have confidence and trust in the nurses treating your child?

- Yes, always
- Yes, sometimes
- No

Q23

Were the nurses polite and courteous?

- Yes, always
- Yes, sometimes
- No

OTHER HEALTH PROFESSIONALS

Q24 Which, if any, of the following other health professionals did your child receive care or treatment from during this hospital stay?

Please **X** all the boxes that apply to your child

- Dietician
- Occupational therapist
- Pharmacist
- Physiotherapist
- Psychologist
- Radiographer (X-ray, ultrasound, MRI)
- Social worker
- Speech pathologist
- Other

↓
Please write in

None of these **Go to Q27**

Q25 Were these other health professionals polite and courteous?

- Yes, always
- Yes, sometimes
- No

Q26 Did you have confidence and trust in these other health professionals treating your child?

- Yes, always
- Yes, sometimes
- No

YOUR CHILD'S TREATMENT & CARE

For the following questions, please think about all the health professionals who treated or examined your child in the hospital, including doctors, nurses and others.

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

- Yes, always
- Yes, sometimes
- No

Q28 During your child's stay in hospital, how much information about their condition or treatment was given to you?

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

Q29 Did you receive contradictory information from health professionals in the hospital – for example, different opinions on your child's treatment?

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

Q30 Did you have worries or fears about your child's condition or treatment while in hospital?

- Yes
- No **Go to Q32**

Q31 Did a health professional discuss your worries or fears about your child with you?

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

Q32 Were you involved, as much as you wanted to be, in decisions about your child's care and treatment?

- Yes, definitely
- Yes, to some extent
- No
- I did not want or need to be involved
- Not applicable to our situation

Q33 Were you allowed to remain with your child when they were being treated (excluding surgery)?

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

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

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

Q35 Did you feel your child was treated with respect and dignity while they were in the hospital?

- Yes, always
- Yes, sometimes
- No

Q36 Were your child's cultural or religious beliefs respected by the hospital staff?

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

Q37 While in hospital, did you receive, or see, any information about patients' rights, including how to comment or complain?

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

Q38 Not including the reason your child came to hospital, during their hospital stay, or soon afterwards, did they experience any of the following complications or problems?

- An infection
- Uncontrolled bleeding
- A negative reaction to medication
- Complications as a result of surgery
- Complications as a result of tests or procedures
- A blood clot
- A pressure wound or bed sore
- A fall
- Any other complication or problem
- None of these.....[Go to Q41](#)

[Go to Q39](#)

Q39 Was the impact of this complication or problem...?

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

Q40 In your opinion, were members of the hospital staff open with you about this complication or problem?

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

INFORMATION AND ACCESS

Q41 How much information were you given about the hospital facilities available to you and your child?

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

Q42 Did you (the patient's parents or carers) make use of the overnight facilities at the hospital?

- Yes
- No[Go to Q44](#)
- There were no overnight facilities available.....[Go to Q44](#)
- Not applicable to our situation.....[Go to Q44](#)

Q43 How would you rate the overnight facilities for parents or carers at the hospital?

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

Q44 Were facilities available for parents and carers to make drinks or food?

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

Q45 Was there a problem finding parking near the hospital?

- Yes, a big problem
- Yes, a small problem
- No problem
- Not applicable – did not need parking

TESTS

Q46 During your child's stay in hospital, did they have any tests, X-rays or scans?

- Yes
- NoGo to Q50

Q47 Did a health professional discuss the purpose with you and/or your child?

- Yes, always
- Yes, sometimes
- No, did not discuss with me and/or my child
- Don't know/can't remember

Q48 Did your child receive test, X-ray or scan results while they were still in hospital?

- Yes
- NoGo to Q50

Q49 Did a health professional explain the test, X-ray or scan results in a way that you could understand?

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

LEAVING HOSPITAL (DISCHARGE)

Thinking now about when your child was discharged, that is when they left the hospital to go home or to another facility...

Q50 Did you feel involved in decisions about your child's discharge from hospital?

- Yes, definitely
- Yes, to some extent
- No, I did not feel involved
- I did not want or need to be involved

Q51 At the time your child was discharged, did you feel that they were well enough to leave the hospital?

- Yes
- No

Q52 Thinking about when your child left hospital, were you given enough information about how to manage their care at home?

- Yes, completely
- Yes, to some extent
- No, I was not given enough
- I did not need this type of information

Q53 Thinking about when your child left hospital, were adequate arrangements made by the hospital for any services they needed?

- Yes, completely
- Yes, to some extent
- No, arrangements were not adequate
- It was not necessary

Q54 Did hospital staff tell you who to contact if you were worried about your child's condition or treatment after they left hospital?

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

Q55 Was your child given or prescribed medication to take at home?

- Yes
- NoGo to Q58
- Don't know/can't rememberGo to Q58

Q56 Did a health professional in the hospital explain the purpose of this medication in a way you could understand?

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

Q57 Did a health professional in the hospital tell you about medication side effects to watch for?

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

Q58 Did you receive a copy of a letter from the hospital doctors to your family doctor (GP)?

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

Q59 On the day your child left hospital, was their discharge delayed?

- Yes
- NoGo to Q63

Q60 How long was the delay?

- Less than 1 hour
- At least 1 hour but less than 2 hours
- At least 2 hours but less than 4 hours
- 4 hours or longer
- Don't know/can't remember

Q61 Did a member of staff explain the reason for the delay?

- Yes
- No

Q62 What were the main reasons for the delay? Please X all the boxes that apply to your child

- They had to wait for medicines
- They had to wait to see the doctor
- They had to wait for an ambulance/transport
- They had to wait for the letter for the GP
- They were not well enough
- Some other reason
- Don't know/can't remember

OVERALL

Q63 Overall, how would you rate the care your child received while in hospital?

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

Q64 How well organised was the care your child received in hospital?

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

Q65 If asked about your child's hospital experience by friends and family how would you respond?

- I would speak highly of the hospital
- I would neither speak highly nor be critical
- I would be critical of the hospital

Q66 Did you want to make a complaint about something that happened in hospital?

- Yes, and I did complain.....Go to Q68
- Yes, but I did not complain
- No, I did not want to make a complaint.....Go to Q68

Q67 Why didn't you make a complaint? Please X 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 child's future care
- I didn't think it would be taken seriously
- It wasn't a serious issue
- Other reason

OUTCOMES

Q68 Did the care and treatment received in hospital help your child?

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

Q69 Is the problem your child went to hospital for...?

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

Q70

In the week before your child's hospital stay, how difficult was it for them to carry out their normal daily activities (e.g. physical activity, play, going to school or day-care)?

- Not at all difficult
- Only a little difficult
- Somewhat difficult
- Very difficult
- They were not able to at all

Q71

About one month after your child's discharge from hospital, how difficult was it for them to carry out their normal daily activities?

- Not at all difficult
- Only a little difficult
- Somewhat difficult
- Very difficult
- They were not able to at all

ABOUT YOU (THE PARENT OR CARER)

Q72

What is your gender?

- Male
- Female

Q73

What is the highest level of education you (the parent/carer) have completed?

- Still at 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

Q74

Which language do you (the parent/carer) mainly speak at home?

- English **Go to Q76**
- A language other than English

↓
Please write in then go to Q75

Q75

Was an interpreter provided when you (the parent/carer) or your child needed one?

- Yes, always
- Yes, sometimes
- No, an interpreter was needed but not provided
- No, an interpreter was not needed

ABOUT YOUR CHILD

Q76

What year was your child born?

WRITE IN (YYYY)

Q77

What is your child's gender?

- Male
- Female

Q78

Which, if any, of the following long-standing conditions does your child have?

Please **X** all the boxes that apply to your child

- Deafness or severe hearing impairment
- Blindness or severe vision impairment
- A long-standing illness (e.g. cancer, diabetes, respiratory disease)
- A long-standing physical condition
- A learning disability
- A mental health condition (e.g. depression, eating disorder)
- A neurological condition (e.g. ADHD)
- None of these

Q79

In general, how would you rate your child's health?

- Excellent
- Very good
- Good
- Fair
- Poor

Q80

Is your child of Aboriginal origin, Torres Strait Islander origin, or both?

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

Q81

Who completed the survey up to this point?

- The parent or carer of the young patient
- The young patient with help from a parent or carer
- The young patient

Q82

The Bureau would like your permission to link you and your child's survey answers to other information from health records relating to your child which are maintained by various NSW and Commonwealth agencies (including your child's hospitalisations, medical visits, ambulance transportation, medication or health registry information). Linking to your child's health care information for the two years before and after their 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 child's information will be treated in the strictest confidence. We will receive the linked information after your child's name and address have been removed. We will not report any results which may identify you or your child as an individual and your responses will not be accessible to the people who looked after your child.

Do you give permission for the Bureau of Health Information to link answers from this survey to health records related to your child?

- Yes
- No

YOUR FINAL COMMENTS

Q83

What was the best part of the care your child received while in this hospital?

Q84

What part of your child's care provided by this hospital most needs improving?

Please now hand the survey to your child and ask them to complete pages 11 and 12.

Once your child has also completed the survey, 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)

Certain questions within this survey are drawn from: the NHS Inpatient Survey (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; 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 permission.

YOUNG PATIENT'S SECTION

This section should be completed by the young person who was admitted to the hospital.

Please tell us about your experience in the hospital named on the front page. Your answers will help hospitals to see which things they are doing well and which things they need to improve.

For each question, please use a **blue** or **black pen** to mark the box next to the answer you choose.

Please **mark just one answer** for each question.

Q85 Did the doctors and nurses introduce themselves to you?

- Yes, always
- Yes, sometimes
- No

Q86 Were the doctors kind and caring?

- Yes, always
- Yes, sometimes
- No

Q87 Were the nurses kind and caring?

- Yes, always
- Yes, sometimes
- No

Q88 Did the doctors and nurses explain things in a way you could understand?

- Yes, always
- Yes, sometimes
- No

Q89 Did a doctor or nurse discuss your worries or fears with you?

- Yes, completely
- Yes, sort of
- No, no-one discussed my worries and fears with me
- I did not have any worries or fears

Q90 If you were in pain, did the doctors and nurses do everything they could to help with your pain?

- Yes, definitely
- Yes, sort of
- No
- I was not in any pain

Q91 How would you rate the hospital food?

- Very good
- Good
- Not good or bad
- Bad
- Very bad
- I did not have any hospital food

Q92 Did the hospital room suit someone your age?

- Yes, definitely
- Yes, sort of
- No

Q93 Were there things for you to do (such as books, games and toys)?

- There were plenty of things for me to do
- There were some things, but not enough
- There was nothing for my age group
- There was nothing for children to do
- Don't know/can't remember

Q94 Were you given enough privacy during your hospital stay?

- Yes, always
- Yes, sometimes
- No

Q95 Were you ever bothered by noise in the hospital?

- Yes
- No

Q96 Were you involved, as much as you wanted to be, in decisions about your care and treatment?

- Yes, definitely
- Yes, sort of
- No
- I did not want or need to be involved
- I was not well enough

Q97 Overall, how would you rate the care you received while in hospital?



- Very good
- Good
- Not good or bad
- Bad
- Very bad

Q98 What did you think was really good about your hospital visit?

Q99 What could have been better?

Q100 Who completed this section?

- Me, the patient
- Me, with someone helping me
- A parent or carer of the patient

Thank you for completing the Young Patient's Section.

Please hand the survey back to your parent or carer. Instructions for returning the completed survey are on page 10.

Barcode