

Weighting and Statistical Analysis

Emergency Department Patient Survey
(April 2013-March 2014)

Revision History

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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 www.bhi.nsw.gov.au for any amendments.

Introduction

The Bureau of Health Information (BHI) with the assistance of Ipsos Social Research Institute (Ipsos SRI), has developed a suite of surveys relating to patients' experience of care in public health facilities in New South Wales (NSW), on behalf of the NSW Ministry of Health and local health districts (LHDs). The Emergency Department Patient Survey (EDPS) is one of the surveys in this suite. BHI reports these results publicly via written reports and the online portal *Healthcare Observer*, found on the BHI website www.bhi.nsw.gov.au

Results from the EDPS 2013-14 are shown at facility, LHD, peer group and state levels for all questions in the survey, with the exception of two open-ended questions. Results were obtained from monthly sampling and mailing across a 12 month period from April 2013 to March 2014.

Although most facilities were sampled to allow for quarterly reporting, 12-monthly results will be presented until the stability of the quarterly results can be assessed.

This document describes the methods used for weighting and analysis of results. At the current time, *Healthcare Observer* presents results without any estimate of the uncertainty that accompanies any results based on sample surveys. The BHI technical document, a [Guide to Interpreting Differences](#), provides information on how to determine whether differences in the results between facilities, LHDs or NSW may be due to that uncertainty or whether they are statistically different.

Completeness of survey responses

Of the respondents, 37 did not answer any of the questions in the survey with the exception of at least one of the two open-text questions at the end of the survey. These 37 respondents were excluded from further analysis, leaving a total of 25,854 respondents included in the analyses. Although not all questions were applicable to all respondents, on average, 70 questions (median 73) were answered out of 93 questions (excluding the two open-text questions). Overall, 4.8% of respondents answered fewer than 50 questions.

Weighting of survey results

Responses were weighted to ensure that results represent the patient population. Weights were calculated by facility, departure status (whether or not a respondent was admitted – see the [Sampling Overview](#) for details) and age group (under 17, 17–49 or 50+ years).

At the LHD and state levels, response weights also account for different sampling proportions across facilities. This ensures that LHD-level results are not unduly influenced by small facilities where the sampling proportions are much higher.

The response weights were calculated as:

$$w_{ijk} = \frac{N_{ijk}}{n_{ijk}} \quad (1)$$

where:

- the population (i.e. total number of patients eligible for the survey) of the i^{th} facility, j^{th} age group and k^{th} departure status is denoted N_{ijk} . The patient numbers are based on the number eligible following the second phase of screening undertaken by the NSW Ministry of Health (see the [Sampling Overview](#) for more details).
- The sample size (i.e. number of respondents) of the i^{th} facility, j^{th} age group and k^{th} departure status is denoted n_{ijk} .

If the stratum cell size within a facility was five or fewer, cells within a facility were aggregated for weighting purposes. This was done, firstly, by grouping across age groups and then by departure status if cell sizes were still five or fewer.

Each quarter of data was weighted separately. Facilities that were sampled for annual reporting were aggregated within an LHD for weighting and quarterly reporting at LHD and state level. Once four quarters of data were available, the weights for facilities sampled for annual reporting were adjusted to allow reporting at the facility level.

Analysis of weights

As part of the weighting process, an investigation of the weights was undertaken for each quarter separately to ensure that undue weight was not applied to individual responses. Weights for the period April to December 2013 were found to be appropriate and did not require adjustment. However, for the quarter from January to March 2014, some of the weights for Mount Druitt, Broken Hill and Kempsey emergency departments were very large. For these facilities, responses were aggregated across all age groups within each departure status stratum. In addition, for March 2013, errors in matching addresses resulted in a decreased sampling frame compared to the other months. Because this error was systematic and deemed not to be biased with regard to patient inclusion, response weights were calculated based on the correct eligible population to optimise the usefulness of data, instead of the population that was actually used for sampling.

For annually-sampled facilities, weights were adjusted using the GREGWT macro developed by the Australian Bureau of Statistics. The macro applies an iterative procedure to ensure that the sum of the weights approach the population totals for various benchmarks. In addition, it can impose limits to the weights.

The adjustment to the weights for annually-sampled facilities included the following benchmarks:

- Patient population for the hospital for the 12 months overall
- Patient population for the hospital for the 12 months, by departure status (admitted, non-admitted)
- Patient population for the hospital for the 12 months, by broad age group (0-49 and 50+)
- Patient population for the hospital for the 12 months, by age group and departure status
- Patient population for the LHD by quarter
- Patient population for the peer group by quarter
- Patient population for the LHD by departure status and quarter
- Patient population for the LHD by broad age group and quarter.

In order to ensure certain respondents were not weighted excessively above other respondents, BHI imposed a limit of 300 on the annually adjusted weights.

For information on the GREGWT macro see Bell, P. (2000) 1352.0.55.029 – Research Paper: Weighting and Standard Error Estimation for ABS Household Surveys (Methodology Advisory Committee). Canberra. Available at <http://www.abs.gov.au/ausstats/abs@.nsf/mf/1352.0.55.029> (accessed 28th April 2015).

The design effect (DEFF) was calculated for each LHD, facility and overall, for each quarter and for the four quarters combined. The DEFF, estimated as $(1 + \text{coefficient of variance (weights)}^2)$, compares the variance of estimates obtained from the stratified sample with the variance expected for a simple random sample.

Sample sizes, response rates and DEFFs based on 12 months of data combined are shown in Table 1 (by LHD and NSW) and Table 2 (by facility).

Table 1: Number of surveys mailed, responses, response rates and design effects for NSW and by local health district, Emergency Department Patient Survey, April 2013 to March 2014.

Local health district	Mailed	Responses	Response rate (%)	Design effect
Central Coast	3,343	1,096	33	1.50
Far West	679	158	23	1.68
Hunter New England	14,595	4,232	29	1.78
Illawarra Shoalhaven	4,779	1,631	34	1.67
Mid North Coast	4,038	1,387	34	1.81
Murrumbidgee	2,412	716	30	1.53
Nepean Blue Mountains	3,341	1,052	31	1.50
Northern NSW	6,265	2,076	33	1.73
Northern Sydney	6,853	2,424	35	1.53
South Eastern Sydney	6,497	2,030	31	1.38
South Western Sydney	8,270	2,213	27	1.42
Southern NSW	2,204	733	33	1.76
St Vincent's Health Network	1,721	444	26	1.37
Sydney	4,784	1,436	30	1.24
Sydney Children's Health Network	2,954	927	31	1.06
Western NSW	6,193	1,776	29	1.77
Western Sydney	5,980	1,523	25	1.56
<i>NSW</i>	<i>84,908</i>	<i>25,854</i>	<i>30</i>	<i>1.58</i>

Table 2: Number of surveys mailed, responses, response rates and design effects by emergency department, Emergency Department Patient Survey, April 2013 to March 2014.

Emergency department	Mailed	Responses	Response rate (%)	Design effect
Armidale and New England Hospital	559	175	31	1.46
Auburn Hospital	1,739	387	22	1.34
Ballina District Hospital	567	195	34	1.78
Bankstown / Lidcombe Hospital	1,797	473	26	1.40
Bateman's Bay District Hospital	551	171	31	1.65
Bathurst Base Hospital	578	169	29	1.54
Bega District Hospital	541	188	35	1.46
Belmont Hospital	526	178	34	1.61
Blacktown Hospital	1,801	499	28	1.27
Blue Mountains District Anzac Memorial Hospital	534	182	34	1.43
Bowral and District Hospital	542	182	34	1.42
Broken Hill Base Hospital	679	158	23	1.68
Bulli District Hospital	464	164	35	1.43
Calvary Mater Newcastle	1,727	570	33	1.49
Camden Hospital	558	149	27	1.53
Campbelltown Hospital	1,762	487	28	1.40
Canterbury Hospital	1,676	425	25	1.20
Casino and District Memorial Hospital	625	176	28	1.79
Cessnock District Hospital	576	139	24	1.86
Coffs Harbour Base Hospital	1,791	578	32	1.47
Concord Hospital	1,443	503	35	1.22
Cowra District Hospital	524	153	29	1.65
Dubbo Base Hospital	1,740	478	27	1.50
Fairfield Hospital	1,781	428	24	1.23
Forbes District Hospital	534	141	26	1.65

Emergency department	Mailed	Responses	Response rate (%)	Design effect
Gosford Hospital	1,622	543	33	1.49
Goulburn Base Hospital	540	155	29	1.58
Grafton Base Hospital	557	171	31	1.70
Griffith Base Hospital	676	170	25	1.54
Gunnedah District Hospital	593	148	25	1.57
Hawkesbury District Health Service	387	120	31	1.44
Hornsby and Ku-Ring-Gai Hospital	1,497	541	36	1.17
Inverell District Hospital	616	166	27	1.44
John Hunter Hospital	1,664	523	31	1.41
Kempsey Hospital	648	187	29	1.89
Kurri Kurri District Hospital	553	138	25	1.61
Lismore Base Hospital	1,727	585	34	1.46
Lithgow Health Service	606	176	29	2.52
Liverpool Hospital	1,830	494	27	1.29
Maclean District Hospital	536	208	39	1.45
Maitland Hospital	1,719	514	30	1.48
Manly District Hospital	1,750	545	31	1.48
Manning Base Hospital	1,630	596	37	1.59
Milton and Ulladulla Hospital	545	222	41	1.65
Mona Vale and District Hospital	1,592	594	37	1.28
Moree District Hospital	707	142	20	1.70
Moruya District Hospital	572	219	38	1.85
Mount Druitt Hospital	585	124	21	1.29
Mudgee District Hospital	529	138	26	1.59
Murwillumbah District Hospital	574	174	30	1.55
Muswellbrook District Hospital	686	152	22	1.25
Narrabri District Hospital	647	163	25	1.54
Nepean Hospital	1,814	574	32	1.31
Orange Health Service	1,708	530	31	1.38
Parkes District Hospital	580	167	29	1.59
Port Macquarie Base Hospital	1,599	622	39	1.60
Prince of Wales Hospital	1,751	525	30	1.39
Royal North Shore Hospital	1,481	567	38	1.30
Royal Prince Alfred Hospital	1,665	508	31	1.12
Ryde Hospital	533	177	33	1.22
Shellharbour Hospital	523	175	33	1.44
Shoalhaven and District Memorial Hospital	1,637	557	34	1.57
Singleton District Hospital	644	146	23	1.30
St George Hospital	1,519	488	32	1.23
St Vincent's Hospital, Darlinghurst	1,721	444	26	1.37
Sutherland Hospital	1,512	527	35	1.27
Sydney Children's Hospital	1,365	468	34	1.02
Sydney/Sydney Eye Hospital	1,715	490	29	1.34
Tamworth Base Hospital	1,748	482	28	1.54
The Children's Hospital at Westmead	1,589	459	29	1.02
The Tweed Hospital	1,679	567	34	1.51
Wagga Wagga Base Hospital	1,736	546	31	1.42
Westmead Hospital	1,855	513	28	1.32
Wollongong Hospital	1,610	513	32	1.36
Wyong Hospital	1,721	553	32	1.52

At the LHD level, the DEFFs range from 1.06 to 1.81. This suggests that the sample variance of estimates for some LHDs will be more than 1.8 times the sample variance that would have been obtained if simple random sampling was applied. The LHDs with the largest DEFFs have the greatest range in patient volumes across facilities within the LHD. Standard errors for results at the LHD level are fairly small because sample sizes are sufficiently large. Therefore, any increase in standard errors due to the stratified survey design (resulting in larger DEFFs at the LHD level) is more than offset by sufficient sample sizes at each facility to allow facility-level reporting. In addition, estimates at the LHD level have appropriate apportionment of respondents between large and small facilities. As a result, it was decided that weights were to be calculated using formula (1), without censoring of larger weights.

Demographic characteristics of respondents

One of the aims of weighting survey data is to ensure that respondent characteristics reflect characteristics of the patient population. Demographic characteristics were compared across the patient population (initial sampling frame), the eligible population (final sampling frame, with duplicate patients and deaths excluded) and the survey respondents (unweighted and weighted) (Table 3; see the [Sampling Overview](#) for detailed information on the sampling stages).

Overall, the distribution of weighted respondents closely aligns with the patient population, particularly by LHD, age group, departure status and peer group, which are variables used for weighting. Without weighting, the distribution of respondents does not match the patient population, with some subgroups over-represented (e.g. patients 50 years and over, admitted, from a peer group B facility), whereas some are under-represented (e.g. CALD and non-English speaking groups, peer group A1 facilities, younger patients).

The proportion of Aboriginal and/or Torres Strait Islander respondents is slightly closer to the population proportion after weighting, but they remain well under-represented in the sample (2% vs 4% in the patient population) because the sample was not weighted by Aboriginal status. Similarly, because the sample was not weighted by sex, the weighted sample slightly over-represents females and under-represents males. Aboriginal and Torres Strait Islander patients were less likely to respond to the survey (11% vs 32% for non-Aboriginal patients); males also had lower response rates compared with females (29% vs 33% for females).

Table 3: Demographic characteristics of patient population and survey respondents, Emergency Department Patient Survey, NSW, April 2013 to March 2014.

Demographic variable	Sugbroup	% in patient population	% in MoH [*] eligible population	Unweighted % (respondents)	Weighted % (respondents)
LHD	CCLHD	5.2	5.4	4.2	5.4
	FWLHD	0.8	0.8	0.6	0.8
	HNELHD	14.5	14.8	16.4	14.8
	ISLHD	6.1	6.1	6.3	6.1
	MLHD	2.3	2.4	2.8	2.4
	MINCLHD	4.2	3.7	5.4	3.7
	NBMLHD	4.9	4.7	4.1	4.7
	NNSWLHD	6.5	6.4	8.0	6.4
	NSLHD	8.7	9.0	9.4	9.0
	SCHN	4.0	4.3	3.6	4.3
	SESLHD	8.9	9.0	7.9	9.0
	SNSWLHD	2.3	2.3	2.8	2.3
	SVHN	1.9	1.7	1.7	1.7
	SWSLHD	11.0	11.1	8.6	11.2
	SYDLHD	6.5	6.2	5.6	6.2
	WNSWLHD	4.9	5.0	6.9	5.0
WSLHD	7.3	7.1	5.9	7.0	
Age group	Under 17	24.5	26.4	20.1	26.6
	17-49	39.8	40.4	21.4	40.0
	50+	35.7	33.2	58.5	33.5
Departure status	Admitted	27.7	24.8	36.6	24.8
	Non-admitted	72.3	75.3	63.4	75.2
Peer group	A1	34.7	34.8	25.8	34.9
	A2	4.0	4.3	3.6	4.3
	A3	3.0	2.8	4.1	2.8
	B	34.0	34.5	42.7	34.6
	C1	12.7	12.6	9.0	12.4
	C2	11.7	10.9	14.9	11.0
Aboriginal status	Aboriginal and/or Torres Strait Islander	4.4	N/A	1.7 [#]	2.0 [#]
	Neither Aboriginal nor Torres Strait Islander	85.5	N/A	88.5 [#]	86.7 [#]
	Unrecorded	10.1	N/A	9.8 [#]	11.4 [#]
Sex	Male	51.1	N/A	48.3 [#]	47.5 [#]
	Female	48.9	N/A	51.7 [#]	52.5 [#]
	Unrecorded	0.0	N/A	0.0 [#]	0 [#]

^{*} NSW Ministry of Health

N/A Data not available to BHI because these variables were not sampling strata.

[#] Figure based on data from October 2013 to March 2014 (data was not available to BHI for the first 2 quarters).

Statistical analysis and reporting

Analyses were undertaken in SAS V9.4 using the following analysis tools and criteria:

- SURVEYFREQ procedure, with STRATA defined by facility, age strata and departure status
- TABLE command to produce results for each question:
 - overall (NSW level);
 - by facility, by LHD and by peer group;
 - by age group and by gender at facility, LHD, peer group and NSW levels;
 - by rurality of each facility, at NSW level (rurality was defined based on the ABS Accessibility/Remoteness Index of Australia of each facility location).

Response weights were included in the analysis for all questions except for socio-demographic questions and for self-reported health status. For these indicators, it was decided that the surveyed patient profile would be described.

Inclusion of missing and 'Don't know / Can't remember' responses in the analyses and reporting depended on whether or not a question is related to performance. For performance-related questions (e.g. "How much information about your condition or treatment was given to you by Emergency Department health professionals?"), missing and 'Don't know / Can't remember'-type results were not included in the analyses and reporting. However, there were exceptions for questions that ask about a third party (e.g. if family had enough opportunity to talk to staff) and for questions where more than 10% of respondents selected the 'Don't know / Can't remember' option. For these questions, 'Don't know / Can't remember' responses were included.

Additionally, analyses and reporting of questions that are not related to performance (e.g. "Why did you go to the Emergency Department rather than a General Practitioner (GP)?"), included results for people who responded 'Don't know / Can't remember' and the percentage of missing responses. See Appendix A for the percentages of these responses for each question.

BHI's policy is to suppress survey results where there are fewer than 30 responses for a question, both for patient confidentiality and to ensure reliable results. These results are flagged with the note "Insufficient responses for reporting" in *Healthcare Observer*. For the EDPS, if facility-level response rates for the survey are less than 20%, results would be presented with a caution. For the period April 2013 to March 2014, response rates for all LHDs and facilities met or exceeded this minimum (Table 1 and Table 2).

BHI is in the process of developing methods for standardisation of survey results to optimise direct comparisons across facilities. In the meantime, BHI has provided a [Guide to Interpreting Differences](#) to assist in understanding whether comparisons between results are likely to be statistically significant or not.

Appendix A. Unweighted percentage of missing and ‘Don’t know’ responses

Appendix table A: Percentage of missing responses and responses to ‘Don’t know/Can’t remember’-type response options (where applicable), by question, Emergency Department Patient Survey, NSW, April 2013 to March 2014.

Question	Question text	Missing (unweighted %)	Don't know (unweighted %)	Missing & Don't know (unweighted %)*
1	Was the recent visit to the Emergency Department for you, or your child?	1.5		1.5
2	Why did you recently visit the Emergency Department?	4.3		4.3
3	When you visited the Emergency Department, was it for a condition that you thought could have been treated by a General Practitioner (GP)?	8.6		8.6
4	Why did you go to the Emergency Department rather than a General Practitioner (GP)?	1.4	0.7	2.1
5	Was the signposting directing you to the Emergency Department of the hospital easy to follow?	7.1		7.1
6	Was there a problem in finding a parking place near to the Emergency Department?	7.3		7.3
7	Overall, did the ambulance crew treat you with respect and dignity?	0.3	1.6	2.0
8	How would you rate how the ambulance crew and Emergency Department staff worked together?	0.6	2.4	3.0
9	Did the ambulance crew transfer information about your condition to the Emergency Department staff?	0.8	8.5	9.2
10	Overall, how would you rate the care you received from the ambulance service?	1.4		1.4
11	When you arrived by ambulance, were you taken directly to a treatment room, or did you wait in the waiting room or corridor?	4.2		4.2
12	How would you rate the politeness and courtesy of the reception staff?	4.5		4.5
13	How much information did reception staff give you about what to expect during your visit?	5.4		5.4
14	How much information did reception staff give you about how long you might have to wait to be examined?	6.0		6.0
15	How much of a problem, if at all, was overcrowding in the Emergency Department waiting room?	5.7	3.9	9.5
16	How would you rate the overall comfort while waiting in the Emergency Department?	6.2		6.2
17	From the time you first arrived at the Emergency Department, how long did you wait before being triaged by a nurse, that is, before an initial assessment of your condition was made?	5.0	2.3	7.3

Question	Question text	Missing (unweighted %)	Don't know (unweighted %)	Missing & Don't know (unweighted %)*
18	Overall, how would you rate the care you received from the triage nurse?	5.8		5.8
19	After you had seen the triage nurse and were still waiting in the waiting room to be treated did Emergency Department staff check on your condition?	8.0	6.8	14.8
20	After you had seen the triage nurse and were still waiting in the waiting room to be treated were you provided with updated information on the likely waiting time to be treated?	9.8		9.8
21	Did you stay until you received treatment, or leave before receiving treatment?	6.2		6.2
22	Why did you leave the Emergency Department before receiving treatment?	9.0	0.6	9.5
23	Did the doctors know your medical history, which had already been given to the triage nurse or ambulance crew?	7.4		7.4
24	Did you have confidence and trust in the Emergency Department doctors treating you?	8.5		8.5
25	How would you rate the politeness and courtesy of the Emergency Department doctors?	8.6		8.6
26	Overall, how would you rate the Emergency Department doctors who treated you?	8.9		8.9
27	Did the nurses know your medical history, which had already been given to the triage nurse or ambulance crew?	7.6		7.6
28	Did you have confidence and trust in the Emergency Department nurses treating you?	9.2		9.2
29	How would you rate the politeness and courtesy of the Emergency Department nurses?	9.2		9.2
30	Overall, how would you rate the Emergency Department nurses who treated you?	9.6		9.6
31	After triage (initial assessment), how long did you wait before being treated by an Emergency Department health professional?	6.1	4.1	10.2
32	How much of a problem, if at all, was the total waiting time before you were treated?	10.5		10.5
33	How long did you spend in the Emergency Department treatment area?	8.8	5.6	14.4
34	While waiting in the treatment area, did you receive help using a bed pan, or being taken to the bathroom?	10.9	2.1	13.0
35	Were you given enough privacy during your visit to the Emergency Department?	8.2		8.2
36	Did the Emergency Department health professionals caring for you introduce themselves to you?	7.9		7.9
37	How would you rate how well the Emergency Department health professionals worked together?	7.8		7.8

Question	Question text	Missing (unweighted %)	Don't know (unweighted %)	Missing & Don't know (unweighted %)*
38	How much information about your condition or treatment was given to you by Emergency Department health professionals?	7.9	4.4	12.2
39	If you needed attention or advice from an Emergency Department health professional, were you able to get this help?	8.4		8.4
40	How often did the Emergency Department health professionals caring for you explain things in a way you could understand?	7.6		7.6
41	Did you feel you were treated with respect and dignity while you were in the Emergency Department?	7.3		7.3
42	Did an Emergency Department health professional discuss your worries or fears with you?	7.7		7.7
43	Were the Emergency Department health professionals kind and caring towards you?	7.5		7.5
44	Were you involved, as much as you wanted to be, in decisions about your care and treatment?	7.7		7.7
45	If a member of your (the patient's) family or someone else close to you wanted to talk to the staff, did they have enough opportunity to do so?	7.7	2.7	10.4
46	How much information about your (the patient's) condition or treatment was given to your family, carer or someone close to you?	8.0	4.3	12.3
47	Did you receive contradictory information from Emergency Department healthcare professionals, for example, giving different opinions on your treatment?	8.2		8.2
48	Did you see Emergency Department health professionals wash their hands, use hand gel to clean their hands, or put on clean gloves before touching you?	7.6	16.6	24.2
49	If you were in pain during your visit to the Emergency Department, do you think the Emergency Department health professionals did everything they could to help manage it?	7.8	2.4	10.3
50	When you were waiting to be seen, did the Emergency Department provide enough for your child to do (such as toys, games and books)?	6.4	20.7	27.0
51	Was the area in which your child was treated suitable for someone of their age group?	6.5		6.5
52	Did the Emergency Department staff provide care and understanding appropriate to the needs of your child?	6.4		6.4
53	If you had a test, X-ray or scan during your visit to the Emergency Department, did a doctor, nurse or other health professional discuss the purpose with you?	15.9	2.4	18.3
54	Did you receive test, X-ray or scan results while you were still in hospital?	25.2		25.2
55	Did a member of staff explain the test, X-ray or scan results in a way that you could understand?	1.6		1.6
56	What happened at the end of your visit to the Emergency Department?	9.3		9.3
57	Thinking about when you left the Emergency Department, were you given enough information about how to manage your care at home?	1.3		1.3

Question	Question text	Missing (unweighted %)	Don't know (unweighted %)	Missing & Don't know (unweighted %)*
58	Did a member of the Emergency Department staff tell you when you could resume your usual activities, such as when to go back to work or drive a car?	4.5		4.5
59	Before you left the Emergency Department, were any new medications prescribed for you?	1.5		1.5
60	Did a member of the Emergency Department staff explain the purpose of the medications you were prescribed in a way you could understand?	2.0		2.0
61	Did a member of the Emergency Department staff tell you about medication side effects to watch for?	3.0		3.0
62	Did Emergency Department staff take your family and home situation into account when planning your discharge?	2.5	3.2	5.7
63	Thinking about your illness or treatment, did a member of the Emergency Department staff tell you about what signs or symptoms to watch out for after you went home?	2.9		2.9
64	Did Emergency Department staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	2.3	9.4	11.8
65	Thinking about when you left the Emergency Department, were adequate arrangements made by the hospital for any services you needed?	2.3		2.3
66	Did you receive a copy of a letter from the Emergency Department doctors to your family doctor or General Practitioner?	2.0	11.7	13.8
67	Were you delayed when leaving the Emergency Department, that is, before being admitted to a ward, being transferred to another hospital or going directly home?	10.3		10.3
68	Did a member of staff explain the reason for the delay?	5.3		5.3
69	What were the main reasons for the delay?	5.2	3.0	8.2
70	Overall, how would you rate the care you received while in the Emergency Department?	1.7		1.7
71	Was the reason you went to the Emergency Department satisfactorily resolved?	2.1		2.1
72	If asked about your experience in the Emergency Department by friends and family how would you respond?	2.3		2.3
73	How clean were the waiting and treatment rooms in the Emergency Department?	2.6		2.6
74	How safe did you feel during your visit to the Emergency Department?	1.7	0.9	2.6
75	Were your religious or cultural beliefs respected by the Emergency Department staff?	3.0		3.0
76	Were you asked whether you are of Aboriginal or Torres Strait Islander origin?	2.8	26.7	29.6
77	While in the Emergency Department, was suitable food or drink available?	3.9	21.2	25.1

Question	Question text	Missing (unweighted %)	Don't know (unweighted %)	Missing & Don't know (unweighted %)*
78	While in the Emergency Department, did you receive, or see, any information about your rights as a patient, including how to comment or complain?	3.4	36.6	40.0
79	Not including the reason you came to the Emergency Department, did you experience any of the following complications or negative effects due to your visit?	8.1		8.1
80	What year were you (the patient) born?	2.5		2.5
81	What is your (that patient's) gender?	1.7		1.7
82	What was the highest level of education you (the patient) completed?	13.6		13.6
83	Which, if any, of the following long-standing conditions do you (the patient) have (including age related conditions)?	4.2		4.2
84	Was your (the patient's) visit to the Emergency Department the result of an event involving either alcohol or violence?	1.9		1.9
85	In general, how would you rate your (the patient's) health?	2.1		2.1
86	Which language do you (the patient) mainly speak at home?	2.5		2.5
87	Was an interpreter provided when you (the patient) needed one?	2.3		2.3
88	Are you of Aboriginal origin, Torres Strait Islander origin, or both?	2.6		2.6
89	Who completed this questionnaire?	2.0		2.0
90	Which, if any, of these people were with you (the patient) in the Emergency Department?	2.6		2.6
91	In the month before visiting the Emergency Department, did you (the patient)...?	3.1	6.2	9.3
92	Before your visit to the Emergency Department, had you previously been to an Emergency Department about the same condition or something related to it?	2.5		2.5

*Percentages are rounded to the nearest decimal place, so this column may not exactly equal the addition of the first two columns.