

## 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](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 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](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: 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
- No.....Go to Q8
- Don't know/can't remember.....Go 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
- No .....Go 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
- No .....Go 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
- No .....Go 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
- No .....Go to Q58
- Don't know/can't remember ....Go 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
- No .....Go 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?

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Q84

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

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**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

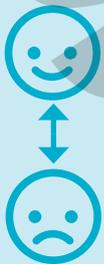
**Q95** Were you ever bothered by noise in the hospital?

- 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?

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**Q99** What could have been better?

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**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**