



**Ipsos**  
Social Research Institute

**Development Report Appendices:**

2013-14 Emergency Department Survey

Prepared for the Bureau of Health Information  
August 2013

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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](http://www.bhi.nsw.gov.au) for any amendments.

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## APPENDIX A: EMERGENCY DEPARTMENT PATIENT FOCUS GROUP COMPOSITION

Table 1: Patient focus group composition

		Group 1	Group 2	Group 3	Group 4	Group 5	Group 6
<b>Gender</b>	Male	3	4	2	4	3	4
	Female	5	4	5	5	5	5
<b>Age</b>	16-24						3
	25-34	3		3		3	2
	35-44	2		4		5	3
	45-54	2					1
	55-64	1	4		5		
	65+		4		4		
<b>ED patients</b>	Non-admitted	8			9	3	
	Admitted		8			5	9
<b>Parent of child ED patient (aged 0-15)</b>				7		8	
<b>Total</b>		8	8	7	9	8	9

## **APPENDIX B: EMERGENCY DEPARTMENT PATIENT FOCUS GROUPS DISCUSSION GUIDE**

### **Bureau of Health Information Emergency Patients**

REVISED Group Discussion Guide  
Version: 15 January 2013

Ipsos job ref: 12-047213-01

**Objective: to understand the emergency patient experience and, crucially, the aspects that are most important in creating a positive or negative experience. This research will help inform development of the Emergency patient survey for the Bureau.**

The following is intended as a guide for the key topics to be introduced by the moderator during the discussion. However, as we want this element of the research to indicate the most important aspects of the patient experience *from the patient perspective*, prompting will be kept to a minimum.

The times allocated next to each section are approximate timings only to help the moderator ensure key areas are addressed within the available time (group duration: approx. 2 hrs).

**The first level bullet points are key questions – second level bullets are prompts to be used only if not already raised in the discussion.**

### **Introduction & Warm-Up (10 minutes)**

- Welcome and thank for attendance.
- Introduce self and client observers (if applicable)
- State aim of discussion – The Ipsos Social Research Institute is conducting this research on behalf of the Bureau of Health Information. We want to better understand the experiences of people who have been cared for in the Emergency Departments of hospitals in NSW. What you tell us today will ultimately help to create a survey for NSW Emergency Department patients. The results of this survey will be used to improve services provided by the hospitals you use.

*IF ASKED FOR FURTHER INFO: The Bureau of Health Information was set up in 2009 to measure the performance of the public health system in NSW. The Bureau produces reports for the government, for people who work in health care, and for the community.*

*The Bureau produces regular reports on hospital performance including information on how many patients are visiting NSW hospitals, how long patients waited in emergency departments, and how many elective surgeries were performed within recommended waiting times. Other reports identify areas for improvement and examine how the health system in NSW compares to other states in Australia and other countries.*

*The Bureau delivers this information for decision makers to use in order to improve health care and patient care in NSW. All of their reports are available on their website at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au).*

Confirm...

- Duration of meeting ( 2 hrs)
- Open and frank feedback welcomed
- Own perspective is important...what you actually think!
- No right or wrong answers
- Everyone to participate, but one person speaking at a time
- Moderator may need to move the conversation on to new topic occasionally to make sure key areas are covered in the time we have
- No need to share the reason why you were in hospital, the details of your treatment, or any other personal information – we are interested in what your experience as a patient was like overall
- If you have been to the Emergency Department a number of times, please concentrate on the most recent occasion
- Confidentiality assured
- Permission for audio taping
- Please turn off mobile phones

ASK PARTICIPANTS TO SPLIT INTO PAIRS (starting with the two people to the left and then each pair around the table)

- “Please have a 2 minute discussion in your pairs so you can briefly introduce your partner to the rest of the group – e.g. name, how long ago they were in hospital, whether they arrived to the Emergency Department via ambulance or not, and their overall impression of their stay in the Emergency Department”.

Feedback session around the table on their partner’s experiences of care.

### **Overall/top of mind impressions (10 minutes)**

- First, please how would you explain the process of visiting the Emergency Department to someone who has never been through it? What is each stage in the process from when you arrive to when you leave?
- Please can you tell me what stood out most from your experience of being an emergency patient in hospital? Why?
- What were the best and worst aspects?

“We’re now going to talk in a bit more detail about each stage of your experience...”

## Arrival (10 minutes)

“Thinking about your journey to and arrival at the Emergency Department”

- Can you tell us about your experience of getting to the Emergency Department?
  - How easy or difficult was this? Why?
  - IF BY AMBULANCE – prompt on wait time, communication, pain management, etc.

“Thinking now about what happened when you first arrived at the Emergency Department...”

- What were your first impressions?
- What happened when you first arrived?
  - What instructions or information were you given?
- What could have been done better at this stage?
- **Thinking about what you have just described, what is most important for providing the best possible experience for patients when they first arrive at the Emergency Department?**

## Assessment (10 minutes)

“Thinking now about when you were waiting to be seen in the Emergency Department...”

- At what stages during your time in the Emergency Department did you have to wait? How long for?
- How did you find the experience of waiting to be seen in Emergency Department?
  - What made easier or harder?
  - How well informed did you feel about what was going on/what to expect?
  - Were you able to get the attention of staff if necessary?
- What could have improved this period of waiting in the Emergency Department?
- **Thinking about what you have just described, what is most important to you as a patient when waiting to be seen in the Emergency Department?**

## Receiving care in the Emergency Department (10 minutes)

“Thinking about the care you received in the Emergency Department...”

- What do you remember most about the care you received in the Emergency Department?
- How would you describe how you were treated by the doctors and nurses?

- Did you have any tests while in the Emergency Department?
  - How were they? Were the results communicated to you before you left?
- How well was your pain managed?
- How much opportunity was there to ask questions? How well did doctors and nurses explain things to you?
- If you were with family or friends in Emergency Department, what was their experience like?
- Overall, what was good and bad about the care you received?
- What could have made the experience better?
- **Thinking about what you have just described, what aspects are most important to you as patient when receiving care from doctors or nurses in the Emergency Department?**

### **Facilities (5 minutes)**

IF NOT ALREADY COVERED “Thinking about the facilities in the Emergency Department...”

- What did you think about the facilities in the Emergency Department - when you were waiting and when you were being treated?
  - E.g. privacy, cleanliness, food/drink
- **Thinking about what you have just described, what aspects of the facilities in the Emergency Department are most important to you as a patient?**

### **Leaving the Emergency Department (10 minutes)**

“Thinking now about when it was time to leave the Emergency Department...”

- Can you explain what happened when it was time to leave the Emergency Department/to be admitted to the ward?
  - What was your experience of the process of being admitted/transferred from the Emergency Department (inc. wait times)?
- What information were you provided with before you left the Emergency Department? Was it sufficient?
- How did you feel when you left the Emergency Department? Why?
- What would have improved the process of leaving?
- **Thinking about what you have just described, what is most important to you as a patient when leaving the Emergency Department?**



## Rating exercise (10 minutes)

Please write down individually how would you rate your overall experience in the Emergency Department (HAND OUT FORM - WITH RATING FROM VERY GOOD TO VERY POOR)?

- What are you main reasons for this rating?

## Ranking exercise (40 minutes)

- Bearing in mind everything we have talked about so far, what are the aspects most important for making sure a visit to the Emergency Department is as good as possible for you as a patient? Please think about the whole process from when you arrived to when you left the Emergency Department.

WRITE RESPONSES ON A FLIP CHART

- Eventually we will be developing a questionnaire to get a good understanding of patients' experience of visiting the Emergency Department, so that services can be improved. Are there any other key areas we would need to ask about?

WRITE EACH RESPONSE ON A SEPARATE CARD AND LAY OUT ON TABLE  
DUPLICATE CARDS AND SPLIT INTO 2 GROUPS

Looking at the areas we have here, can you between you rank them from the most to least important in terms of making the experience of visiting the Emergency Department is as good as possible for patients? It might help to think about how much difference each of things would make to you as a patient if they were done really badly or really well.

ASK A SPOKESPERSON FROM EACH GROUP TO FEEDBACK THE RESULTS

- **Can you explain why you have chosen this order?**
  - Were some easier to decide on than others?
  - Any disagreements?

ONCE AGREEMENT IS REACHED, TAKE A NOTE OF THE ORDER AGREED UPON

## Thank and close (5 minutes)

Any final comments that should be taken into consideration?

Thank you all very much for your time and for sharing your experiences. HAND OUT INCENTIVES.

## APPENDIX C: STAKEHOLDER ENGAGEMENT

The research with health professionals encompassed two distinct processes: a pro forma response and stakeholder interviews.

### Pro forma

The pro forma process ensured far reaching stakeholder engagement in the questionnaire development process. Its objective was to collect feedback from those who will ultimately use the research findings on the question areas to be included in the Emergency Department Patient Survey. The pro forma took the form of a spreadsheet, in which stakeholders provided the details of topic areas and/or questions they felt should be considered for inclusion in the questionnaire, according to the following fields:

- **Proposed area of care/question topic:** A summary of the stakeholder/s area of interest
- **Reason for interest in that area of care:** Background on why they decided that question was important, to inform decisions around which questions to include and the question wording
- **Whether that question applied to a subset of patients and, if so, who they were**
- **How they would use data collected by that question:** How they expected to use that data, whether in indicators of care or reports, to identify poor performance or to measure the effect of improvements in care, or to assist their own research
- **Suggested question phrasing:** to add to the understanding of the most important aspect of that area of care

The complete pro forma can be found overleaf.

# How to complete this pro forma

**Date due: COB Friday 8 February 2013**

The pro forma follows. We ask you to use one row for each new aspect of care or question topic. There are five columns you should complete for each question topic:

- **Aspect of care/question topic:** Summarise your area of interest to allow us to look for themes common to multiple stakeholders. Examples may include arrival at the emergency department or the courtesy and communication of staff.
- **What is your interest in this question topic?** This provides additional information that will help us shape and refine the question wording.
- **Whether this question topic is relevant to a particular group of patients (and if so who?)** Some questions are more relevant to particular groups of patients. For example, questions about pain management are asked of patients who experience pain. Does your question topic relate to a particular group of people?
- **How would you use responses collected about this question topic?** We would like to hear how you expect to use responses to these questions to assist us to develop the questionnaire.
- **If you have a particular question in mind, please let us know what it is.**

## Emergency Department Patient Survey - suggestions for new questionnaire content

Aspect of care/question topic	What is your interest in this question topic?	Is this question topic relevant to a particular group of patients?	How would you use responses to this question topic?	If you would like to suggest a particular question on this topic, please do this here

Stakeholders were invited to participate via an approach email from BHI (see Appendix E). The distribution list included the following groups:

- Local Health District survey leads and sponsors
- Several divisions within NSW Health
- Clinical Nurse Consultants
- NSW Kids and Families
- Sydney Children's Hospital Network
- The Clinical Excellence Commission
- Centre for Epidemiology and Evidence
- Health Consumers NSW

The pro forma was often circulated by stakeholders amongst colleagues before being submitted.

### **Follow-up interviews**

The stakeholder interviews built on the information given in the pro forma, to provide a more detailed understanding of why particular question areas were considered important for inclusion in the survey, rationale for that particular wording, and what those questions needed to cover. There was also an opportunity for new areas to be raised. A discussion guide was developed to ensure that key areas were covered.

Stakeholders were selected for follow-up interviews for a number of reasons including: where further detail/clarification was required; a new/unexpected area was suggested; or the area of specialisation was of particular interest to BHI. Ipsos then contacted each stakeholder to arrange an interview time.

Interviews were generally between 30 and 45 minutes in duration and took place with an individual stakeholder or with a group of colleagues who had contributed to the pro forma. The majority of interviews were conducted by telephone; one was conducted face-to-face, as preferred by the stakeholder. Of the 17 stakeholders invited to take part in an interview, 12 were able to do so during the fieldwork period (25 February to 6 March 2013).

### **Contributors to Pro Forma (all):**

- Helen Byrnes, Acting Deputy Director, Clinical Governance Unit, Hunter New England Local Health District
- Judy Cleary, Waiting List and Patient Experience Co-ordinator, Western Local Health District
- Nina Cleary, Executive Support Officer, Western Sydney Local Health District
- Clare Dominick, Senior Epidemiologist, Centre for Epidemiology and Evidence, NSW Health

- Barbara Dougan, Head of Patient Experience Unit, Clinical Governance Directorate, Northern Sydney Local Health District
- Tanya Dugard, Acting District Manager, Clinical Governance Unit, Mid-North Coast Local Health District
- Vanessa Evans, North Coast Local Health District
- Alan Forrester, North Coast Local Health District
- Katreena Forsyth, Quality Manager, Western Local Health District
- Joanna Holt, Chief Executive, NSW Kids and Families, NSW Ministry of Health
- Karen Luxford, Director Patient-Based Care, Clinical Excellence Commission
- Sally McCarthy, Medical Director, Emergency Care Institute
- Michelle McNally, NSW Health
- Vanessa Madunic, Director of Corporate Services and Clinical Support, Royal Hospital for Women
- Katherine Maka, Member of the Research Advisory Committee, Emergency Care Institute, NSW
- Morag Morrison, Health Consumers NSW
- Joyce Murphy, Sydney Children's Network
- Susan Pearce, Chief Nursing Officer, NSW Ministry of Health
- Paul Russell, Director Clinical Governance, Northern Sydney and Central Coast Local Health District
- Liz Ryan, South Eastern Sydney LHD Stakeholder, Prince of Wales Hospital
- Suzie Snook, Patient Safety Manager, South Western Sydney Local Health District
- Rhonda Wainwright, Clinical Nurse Consultant, South Eastern Sydney Local Health District

**Stakeholder interviews (if permission given to be named):**

- Melanie Bannister-Tyrrell, Senior Epidemiologist, Aboriginal Health Centre for Epidemiology and Evidence
- Lilian Daly, Project Manager, Cancer Health Professionals, Cancer Institute NSW
- Sarah Hoy, Principal Policy Advisor, Emergency Access, NSW Ministry of Health
- Susan Pearce, Chief of Nursing and Midwifery, NSW Ministry of Health
- Matthew O'Meara, Paediatric Emergency Physician, Sydney Children's Hospital, Randwick
- Elizabeth Ryan, Nurse Manager, Emergency Department, Prince of Wales Hospital
- Peter Todaro, Director, NSW Multicultural Health Communication Service, NSW Ministry of Health
- Dorothy Wilson, Manager Clinical and Primary Partnerships, Aboriginal Health & Primary Partnerships Directorate
- Les White, NSW Kids and Families, NSW Ministry of Health
- Mike Willis; CEO, NSW Ambulance
- Leanne Wright, Nurse Practitioner, Emergency Department, Kempsey District Hospital
- Anonymous; St Vincent's LHN

## **APPENDIX D: STAKEHOLDER INTERVIEW DISCUSSION GUIDE**

**Bureau of Health Information**  
**Emergency Department patients**  
Stakeholder Interviews Discussion Guide  
20 February 2013

Ipsos job ref: 12-047213-01

**Objectives: to establish, and fully understand, the question areas considered most useful by stakeholders (in order to inform improvements to services). The interviews will build on the information provided in the pro forma, to provide a more detailed understanding of why particular question areas are considered important for inclusion in the survey, rationale for that particular wording, and what these questions need to cover. This research will inform development of the ED patient survey.**

Interview length likely to be 30-45 mins

The following is intended as a guide for the key areas to be addressed in each interview. The exact content of the interview will primarily be driven by individual responses contained in the pro forma and probing on the suggestions made during the interview.

If a stakeholder submitted a pro forma, they will be asked to keep their responses in mind as they respond, but advised that additional comments will also be welcome.

### *IF ASKED FOR FURTHER INFO:*

*The Bureau of Health Information was set up in 2009 to report on the performance of the public health system in NSW. It publishes regular reports for the government, for people who work in healthcare, and for the community.*

*These reports look at performance at a hospital-level and from a state-wide perspective. The hospital-level reports look at how many patients are visiting NSW hospitals, how long they waited in emergency departments and for elective surgeries, and how many surgeries were performed within recommended waiting times. The state-level reports look at how the system as a whole is performing on different indicators, where there is variation between hospitals, and where there are opportunities for people who work in healthcare to make improvements. These reports also look at how the healthcare system in NSW performs compared to the rest of Australia and other countries around the world.*

*The Bureau delivers this information for service providers to use in order to improve health care and patient care in NSW. All of their reports are available on their website at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)*

## Introduction

- Thank for participation.
- Introduce Ipsos and self
- State aim of the interview:
  - as above for those who have submitted a pro forma
  - for those who have not: We are interested in collecting ideas on topics or questions to be considered for the development of a newly designed Emergency Department Patient Survey and want to understand how patient responses from these questions will be useful to you (if required, refer to email sent with pro forma for further details – appended)
- Reiterate that not everything can be included in questionnaire. Focus is on ED patients – limit to level of detail possible/Qs that relate to very specific groups only
- Request permission for audio taping

## Key Qs

### **For stakeholders who have not submitted a pro forma only:**

- What aspects of care, or question topics, are particularly important to include in the ED from your perspective?

### **For each aspect suggested/ in the pro forma:**

You said you would like X aspect of care to be included in the questionnaire, can you tell me in more detail...

- Why do you feel this aspect of patient care needs to be covered in the ED patient questionnaire?
- How will you use this information to improve patient care?
- Why did you chose X question to assess this aspect of care?
- What impact would it have if this question area could not be included?

### **Additional topics for discussion:**

- Does this question area relate to quality standards/accreditation?
- Is any evidence from other sources available in relation to this questionnaire? If so, why is it also important to include in this survey?

- Are there any other topics that you have thought of since the pro forma was returned that you want to discuss?
- If so, please tell us what you hope to achieve, how you would use the information and how important you think it is.

*Note: we may need to challenge suggestions, for example:*

- *will patients be able to answer this question reliably – will they know in the first place? What about 3 months after experience? Will they understand the Q/terminology?*
- *IF QS APPLY TO A VERY SMALL SUB-SECTION OF PATIENTS ONLY – we may not be able to include Qs that apply to very specific/small groups of patients only, so are there any questions about the ED patient experience would be particularly important to that group, but also relevant to others?*

## **Thank and close**

In conclusion, do you have any final comments about the Emergency Department Patient Survey or the survey program in general that you would like to make?

Ascertain and record two levels of acknowledgement/permissions:

- 1) Stakeholder/s listed in the development report as a key stakeholder and contributor (specific comments will not be attributed to individuals or specific facilities/departments – any verbatim comments used will be anonymous).
- 2) Transcripts/attribution comments made available to BHI for review and to assist shaping of questionnaire content.

Thank you very much for your time.



## **APPENDIX E: STAKEHOLDER INTERVIEW CONTACT EMAIL**

Dear colleagues,

### **Re: Emergency Department Patient Survey - Suggestions for new questionnaire content**

As part of the NSW Patient Survey Program, we would like to invite you to contribute to the development of the Emergency Department Patient Survey. The NSW Patient Survey Program seeks to collect information about patient's experience of care from NSW Health services in ways that are robust, statistically meaningful and representative of the patients using each hospital or facility.

The questionnaires for the survey program are being redeveloped, benefitting from a review of national and international literature, focus groups with recent patients and analysis of historic NSW survey data. As part of this process, the Bureau is contacting stakeholders to identify which questionnaire topics are most useful to inform the improvement to services.

### **The pro forma - please return by COB Friday 8 February 2013**

We are interested in collecting ideas on topics or questions to be included in the Emergency Department Patient Survey and how including those topics will be useful to you. Please focus on those areas that are most important to you as there will be a limit to the length of the questionnaire.

Attached is a pro forma and it highlights how we would like it to be completed. Using one row for each new question you want included, please consider:

- The aspect of care or question topic
- Why you are interested in this question topic
- Whether this question topic is relevant to a particular group of patients (and if so, who?)
- How you would use data collected about this question topic
- Whether you would like to suggest a particular question on this topic for inclusion in the survey.

You may wish to also include ideas contributed by your colleagues within your organisation on this pro forma.

After you return the pro forma, we may contact you again for more detail on your suggested content. If this does happen, you will be contacted by the Bureau's survey partner, IPSOS Social

Research Institute, who will conduct the interview. If you do not wish to be contacted, please note this in your return email.

Please add your name to the file name of the pro forma sheet and return it to Alex Petrovska ([Aleksandra.Petrovska@bhi.nsw.gov.au](mailto:Aleksandra.Petrovska@bhi.nsw.gov.au)) by the end of Friday 8 February 2013.

Many thanks

Ros O'Sullivan

Interim Lead

NSW Patient Survey Program

## APPENDIX F: ADDITIONAL DETAILS OF STATISTICAL ANALYSES

### Factor analysis

Filters were created for each patient group to ensure that each round of factor analysis only comprised a homogenous group of patients who had filled out the same sections of the Emergency Patient surveys.

Consequently, the groups included in analysis comprised:

- 'general' patients (i.e. those who had not filled out the 'pain' or 'test' sections);
- 'pain' patients (i.e. those who had filled out the 'pain' section but not the 'test' section); and
- 'test' patients (i.e. those who had filled out the 'test' section but not the 'pain' section).

For **general emergency patients** who completed the 2007-2011 Emergency Patient Surveys (Table 2; those patients who did not fill out the pain and test sections of the survey), the factor that accounted for the most variance – 10.81% of the total variance – was the *Waiting Times* factor. This factor comprised questions that relate to time taken to see a doctor, availability of doctors, provision of information about the ED waiting time and patients' rating of waiting time. The Cronbach's alpha value of .83 indicates that the reliability of the factor was very good, suggesting that the items in the factor are measuring the same latent construct. Questions that correlated most strongly with the factor include 'did you have to wait too long to see a doctor?' (.70) and 'how would you rate your waiting time?' (.79). Other factors that accounted for a substantial proportion of the variance included *Doctors* (10.73%), *Facilities* (9.17%) and *Nurses* (8.64%). Factors that accounted for the least variance included *Continuity of Care* (3.97%) and *Services* (3.60%). These factors also demonstrated unacceptable levels of reliability.

Similarly, for 2007-2011 **emergency patients who experienced pain** (Table 3; those patients who filled out the pain section but did not fill out the test section of the survey), *Waiting Times* was the factor that accounted for the most variance (11.60%). As for the general emergency patients, this factor was composed of questions that relate to time taken to see a doctor, availability of doctors, provision of information about the ED waiting time and patients' rating of waiting time; the factor also exhibited very good reliability according to its alpha value (.85). Furthermore, the questions that correlated most highly with the scale were again 'how would you rate your waiting time?' (.81) and 'did you have to wait too long to see a doctor?' (.71). As for the general patients, the other factors that accounted for a substantial proportion of the variance included *Nurses* (10.26%), *Doctors* (9.15%) and *Facilities* (8.33%). For patients who experienced pain, there were two additional factors: *Medication Information* (accounting for 6.46% of variance; comprising questions relating to explanations of the purpose, method of ingestion and side effects of prescribed medication) and *Pain Management* (accounting for 3.80% of variance; comprising

questions relating to level of pain management). Both of these factors exhibited good to very good levels of reliability.

For 2007-2011 **emergency patients who had tests** (Table 4; those patients who filled out the test section but did not fill out the pain section of the survey), *Waiting Times* was again the factor that accounted for the most variance, this time accounting for 12.13% of the total variance; it also exhibited similar high levels of reliability (.84). However, in contrast to the analysis for the general and pain experiencing patients, the factor that accounted for the second highest amount of variance was *Medical Explanations* (10.40%). This factor – which exhibited good reliability (0.8) – comprised questions relating to explanations regarding procedures and medical problems. Interestingly, for patients who had tests, *Doctors* accounted for much less variance (4.80%) than for pain-experiencing and general emergency patients. Further, in contrast to the results for pain-experiencing and general emergency patients, the *Doctors* factor demonstrated unacceptable reliability (0.31), reflecting its different set of constituent questions.

**Table 2: 2007-2011 Emergency Patient Surveys – general patients factor analysis**

Survey and filter	Factor	Questions	Item/total correlations	Variance accounted for (%)	$\alpha$
ED - general patients	Waiting times	Q13. Did you have to wait too long to see a doctor?	.697	10.81	.83
		Q62. How would you rate your waiting time?	.790		
		Q3. Do you feel you had to wait an unnecessarily long time to go to a bed or room?	.605		
		Q22. How would you rate the availability of your doctors?	.642		
		Q11. Once you were escorted to a bed or an examination room, about how long did you have to wait to see a doctor?	.492		
		Q10. Did someone from the hospital tell you how long you would have to wait to be seen by someone in the emergency room?	.534		
		Q53. About how long did you spend in the emergency room from the time you arrived to the time you left?	.292		
	Doctors	Q17. Did you have confidence and trust in the doctors treating you?	.675	10.73	.83
		Q15. When you had important questions to ask a doctor, did you get answers you could understand?	.683		
		Q16. If you had any anxieties or fears about your condition or treatment, did a doctor discuss them with you?	.621		
		Q21. How would you rate the courtesy of your doctors?	.634		
		Q54. Were the possible causes of your problem explained in a way that you could understand?	.556		
	Facilities	Q71. Keeping noise levels to a minimum	.662	9.17	.74
		Q70. Availability of parking	.539		
		Q69. Ease of understanding directions and signs inside and outside this hospital	.569		
		Q72. Was the entire emergency room as clean as it should have been?	.413		
	Nurses	Q26. Did you have confidence and trust in the nurses treating you?	.709	8.64	.83
		Q24. When you had important questions to ask a nurse, did you get answers you could understand?	.660		
		Q25. If you had any anxieties or fears about your condition or treatment, did a nurse discuss them with you?	.610		
		Q28. How would you rate the courtesy of your nurses?	.667		
	Hygiene	Q42. Did your healthcare providers/staff wash or clean their hands before providing care for you?	.461	6.00	.51
		Q43. Did your healthcare providers/staff wash or clean their hands after providing care for you?	.452		
		Q41. Was a hand basin and/or alcohol hand wash available in your room or at your bedside?	.160		
Communication	Q4. If you had to wait to go to a bed or room, did someone from the Emergency Department explain the reason for the delay?	.169	4.47	.28	
	Q7. Did someone in the emergency room help get your messages to family or friends?	.169			
Continuity of care	Q19. After you had seen a doctor in the emergency room, did the doctor call in another doctor or specialist to see you?	.058	3.97	.10	
	Q14. Was there one particular doctor in charge of your care in the emergency room?	.058			
Services	Q51. Was an appointment made for this treatment before you left the emergency room?	.011	3.60	.01	
	Q9. Was there someone in the emergency room who could interpret for you?	.011			

**Table 3: 2007-2011 Emergency Patient Surveys – pain patients factor analysis**

Survey and filter	Factor	Questions	Item/total correlations	Variance accounted for (%)	$\alpha$
ED - pain patients	Waiting times	Q62. How would you rate your waiting time?	.812	11.60	.85
		Q13. Did you have to wait too long to see a doctor?	.706		
		Q3. Do you feel you had to wait an unnecessarily long time to go to a bed or room?	.623		
		Q22. How would you rate the availability of your doctors?	.661		
		Q53. About how long did you spend in the emergency room from the time you arrived to the time you left?	.469		
		Q10. Did someone from the hospital tell you how long you would have to wait to be seen by someone in the emergency room?	.551		
		Q11. Once you were escorted to a bed or an examination room, about how long did you have to wait to see a doctor?	.454		
	Nurses	Q26. Did you have confidence and trust in the nurses treating you?	.738	10.26	.87
		Q24. When you had important questions to ask a nurse, did you get answers you could understand?	.670		
		Q28. How would you rate the courtesy of your nurses?	.774		
		Q25. If you had any anxieties or fears about your condition or treatment, did a nurse discuss them with you?	.639		
		Q29. How would you rate the availability of your nurses?	.703		
	Doctors	Q15. When you had important questions to ask a doctor, did you get answers you could understand?	.707	9.15	.84
		Q16. If you had any anxieties or fears about your condition or treatment, did a doctor discuss them with you?	.634		
		Q17. Did you have confidence and trust in the doctors treating you?	.704		
		Q21. How would you rate the courtesy of your doctors?	.668		
	Facilities	Q71. Keeping noise levels to a minimum	.687	8.33	.76
		Q70. Availability of parking	.564		
		Q69. Ease of understanding directions and signs inside and outside this hospital	.577		
		Q72. Was the entire emergency room as clean as it should have been?	.435		
	Medication information	Q48. Did someone on the hospital staff explain the purpose of the medicines you were to take at home in a way you could understand?	.657	6.46	.74
		Q47. Did someone explain how to take the new medications?	.616		
		Q49. Did someone tell you about side effects the medicines might have?	.464		
	Hygiene	Q43. Did your healthcare providers/staff wash or clean their hands after providing care for you?	.672	6.04	.80
		Q42. Did your healthcare providers/staff wash or clean their hands before providing care for you?	.672		
	Communication	Q4. If you had to wait to go to a bed or room, did someone from the Emergency Department explain the reason for the delay?	.160	5.26	.21
		Q7. Did someone in the emergency room help get your messages to family or friends?	.167		
Q9. Was there someone in the emergency room who could interpret for you?		.040			
Pain management	Q38. Did you get pain medicine in the emergency room?	.872	3.80	.93	
	Q40. Overall, how much pain medicine did you get?	.872			
Continuity of care	Q14. Was there one particular doctor in charge of your care in the emergency room?	.037	3.32	.06	
	Q19. After you had seen a doctor in the emergency room, did the doctor call in another doctor or specialist to see you?	.037			

**Table 4: 2007-2011 Emergency Patient Surveys – test patients factor analysis**

Survey and filter	Factor	Questions	Item/total correlations	Variance accounted for (%)	$\alpha$
ED - test patients	Waiting times	Q13. Did you have to wait too long to see a doctor?	.687	12.13	.84
		Q62. How would you rate your waiting time?	.781		
		Q3. Do you feel you had to wait an unnecessarily long time to go to a bed or room?	.569		
		Q10. Did someone from the hospital tell you how long you would have to wait to be seen by someone in the emergency room?	.557		
		Q22. How would you rate the availability of your doctors?	.629		
		Q11. Once you were escorted to a bed or an examination room, about how long did you have to wait to see a doctor?	.482		
		Q31. Did you wait too long to get your tests?	.504		
	Medical explanations	Q33. Did someone explain the results of the tests in a way that you could understand?	.609	10.40	.80
		Q32. Did someone explain why you needed these tests in a way that you could understand?	.598		
		Q54. Were the possible causes of your problem explained in a way that you could understand?	.614		
		Q15. When you had important questions to ask a doctor, did you get answers you could understand?	.517		
		Q16. If you had any anxieties or fears about your condition or treatment, did a doctor discuss them with you?	.509		
		Q45. Were you told what danger signs about your illness or injury to watch out for when you got home?	.496		
	Nurses	Q26. Did you have confidence and trust in the nurses treating you?	.653	9.16	.83
		Q24. When you had important questions to ask a nurse, did you get answers you could understand?	.602		
		Q28. How would you rate the courtesy of your nurses?	.720		
		Q25. If you had any anxieties or fears about your condition or treatment, did a nurse discuss them with you?	.559		
		Q29. How would you rate the availability of your nurses?	.655		
	Facilities	Q71. Keeping noise levels to a minimum	.623	7.46	.74
		Q70. Availability of parking	.554		
		Q69. Ease of understanding directions and signs inside and outside this hospital	.556		
	Medication information	Q47. Did someone explain how to take the new medications?	.541	6.26	.67
		Q48. Did someone on the hospital staff explain the purpose of the medicines you were to take at home in a way you could understand?	.585		
		Q49. Did someone tell you about side effects the medicines might have?	.396		
	Hygiene	Q42. Did your healthcare providers/staff wash or clean their hands before providing care for you?	.631	5.28	.77
		Q43. Did your healthcare providers/staff wash or clean their hands after providing care for you?	.631		
	Doctors	Q18. Did doctors talk in front of you as if you weren't there?	.169	4.80	.31
Q20. Did you wait too long for this other doctor?		.200			
Q14. Was there one particular doctor in charge of your care in the emergency room?		.167			
Communication	Q4. If you had to wait to go to a bed or room, did someone from the Emergency Department explain the reason for the delay?	.133	3.91	.23	
	Q7. Did someone in the emergency room help get your messages to family or friends?	.133			

## Valid Missing response analysis

**Table 5: Missing responses for the 2007-2011 Emergency Patient Surveys**

Question	% Missing	Question	% Missing
Q1. While you were in the Emergency Department, did you get enough information about your medical condition and treatment?	0.1%	Q45. Were you told what danger signs about your illness or injury to watch out for when you got home?	2.2%
Q2. How organised was the care you received in the Emergency Department?	0.5%	Q46. Before you left the emergency room, were any new medications prescribed or ordered for you?	2.3%
Q3. Do you feel you had to wait an unnecessarily long time to go to a bed or room?	2.3%	Q47. Did someone explain how to take the new medications?	2.6%
Q4. If you had to wait to go to a bed or room, did someone from the Emergency Department explain the reason for the delay?	10.6%	Q48. Did someone on the hospital staff explain the purpose of the medicines you were to take at home in a way you could understand?	2.6%
Q5. Was it easy for you to find someone on the Emergency Department staff to talk to about your concerns?	0.9%	Q49. Did someone tell you about side effects the medicines might have?	3.1%
Q6. Did you come to the emergency room alone or with family, friends, or someone else?	1.1%	Q50. Did you need further treatment after you left the emergency room?	2.2%
Q7. Did someone in the emergency room help get your messages to family or friends?	2.1%	Q51. Was an appointment made for this treatment before you left the emergency room?	4.8%
Q8. Did you want an interpreter while you were in the emergency room?	2.3%	Q52. Did you know who to call if you needed help or had more questions after you left the emergency room?	2.4%
Q9. Was there someone in the emergency room who could interpret for you?	10.9%	Q53. About how long did you spend in the emergency room from the time you arrived to the time you left?	2.4%
Q10. Did someone from the hospital tell you how long you would have to wait to be seen by someone in the emergency room?	1.5%	Q54. Were the possible causes of your problem explained in a way that you could understand?	1.3%
Q11. Once you were escorted to a bed or an examination room, about how long did you have to wait to see a doctor?	3.5%	Q55. While you were in the emergency room, were there times when you did not get the help you needed?	1.6%
Q12. Did you see a doctor in the emergency room?	1.1%	Q56. Did each hospital staff person treat you with dignity and respect?	1.0%
Q13. Did you have to wait too long to see a doctor?	2.7%	Q57. Did you have enough say about your care?	1.9%
Q14. Was there one particular doctor in charge of your care in the emergency room?	2.5%	Q58. Overall, how would you rate the care you received in the emergency room?	1.4%
Q15. When you had important questions to ask a doctor, did you get answers you could understand?	2.4%	Q59. How would you rate the courtesy of the emergency room staff?	1.3%
Q16. If you had any anxieties or fears about your condition or treatment, did a doctor discuss them with you?	2.8%	Q60. How would you rate the completeness of the care you received for your problem?	1.3%
Q17. Did you have confidence and trust in the doctors treating you?	2.5%	Q61. How would you rate the explanation of what was done to you?	1.4%
Q18. Did doctors talk in front of you as if you weren't there?	2.8%	Q62. How would you rate your waiting time?	1.7%
Q19. After you had seen a doctor in the emergency room, did the doctor call in another doctor or specialist to see you?	3.8%	Q63. How would you rate how well the doctors and nurses worked together?	2.6%
Q20. Did you wait too long for this other doctor?	2.4%	Q64. Sometimes in the hospital, one doctor or nurse will say one thing and another will say something quite different. Did this happen to you in the Emergency Department?	1.5%
Q21. How would you rate the courtesy of your doctors?	3.2%	Q65. Do you feel you had enough privacy during your visit?	1.3%
Q22. How would you rate the availability of your doctors?	3.1%	Q66. Were you given as much information as you wanted about your rights and responsibilities as a patient?	2.4%
Q23. Did you see a nurse in the emergency room?	1.1%	Q67. Using any number from 0 to 10, where 0 is the worst hospital emergency department possible and 10 is the best hospital emergency department possible, what number would you use to rate this visit to the emergency department?	2.1%
Q24. When you had important questions to ask a nurse, did you get answers you could understand?	2.9%	Q68. Would you recommend this emergency room to family and friends?	1.8%
Q25. If you had any anxieties or fears about your condition or treatment, did a nurse discuss them with you?	3.5%	Q69. Ease of understanding directions and signs inside and outside this hospital	1.6%
Q26. Did you have confidence and trust in the nurses treating you?	3.4%	Q70. Availability of parking	3.5%
Q27. Did nurses talk in front of you as if you weren't there?	3.6%	Q71. Keeping noise levels to a minimum	1.8%
Q28. How would you rate the courtesy of your nurses?	3.4%	Q72. Was the entire emergency room as clean as it should have been?	1.6%
Q29. How would you rate the availability of your nurses?	3.5%	Q73. What areas of the emergency room were not clean?	73.3%
Q30. Did you get any tests (such as blood, urine, or x-rays) when you visited the emergency room?	1.6%	Q74. In general, how would you rate your health?	1.5%
Q31. Did you wait too long to get your tests?	3.5%	Q75. During the month of February this year, how many days did illness or injury keep you in bed all or part of the day?	2.6%
Q32. Did someone explain why you needed these tests in a way that you could understand?	3.4%	Q76. How many times in the last six months have you been in a hospital overnight or longer?	20.6%
Q33. Did someone explain the results of the tests in a way that you could understand?	3.7%	Q77. For this visit to the (Emergency Department) you have been referring to, were you treated as a:	2.2%
Q34. Were you ever in any pain?	1.6%	Q78. What was the highest level of education you completed?	11.4%
Q35. Was your pain severe, moderate, or mild?	2.2%	Q79. Are you of Aboriginal or Torres Strait Island background?	1.8%
Q36. Did you request pain medicine while in the Emergency Department?	2.4%	Q80. What language do you normally speak at home?	5.4%
Q37. How many minutes after you requested pain medicine in the Emergency Department did it usually take before you got it?	2.8%	Q81. Are you male or female?	1.4%
Q38. Did you get pain medicine in the emergency room?	2.4%	Q82. To which age group do you (the patient) belong?	1.2%
Q39. Do you think that the emergency room staff did everything they could to help control your pain?	3.6%		
Q40. Overall, how much pain medicine did you get?	3.6%		
Q41. Was a hand basin and/or alcohol hand wash available in your room or at your bedside?	3.4%		
Q42. Did your healthcare providers/staff wash or clean their hands before providing care for you?	1.6%		
Q43. Did your healthcare providers/staff wash or clean their hands after providing care for you?	1.6%		
Q44. Did you remind or prompt staff about hand washing before they provided care for you at any time during this stay?	1.7%		



## Ceiling and floor effects

**Table 6: Mean and skewness statistics for the 2007-2011 Emergency Patient Surveys**

Question	Mean	Standard Deviation	Skewness	Question	Mean	Standard Deviation	Skewness
Q64. Sometimes in the hospital, one doctor or nurse will say one thing and another will say something quite different. Did this happen to you in the Emergency Department?	90.7	22.9	-2.473	Q1. While you were in the Emergency Department, did you get enough information about your medical condition and treatment?	72.3	33.5	-.810
Q40. Overall, how much pain medicine did you get?	88.5	21.4	-2.417	Q45. Were you told what danger signs about your illness or injury to watch out for when you got home?	69.6	38.9	-.809
Q27. Did nurses talk in front of you as if you weren't there?	89.1	25.0	-2.353	Q16. If you had any anxieties or fears about your condition or treatment, did a doctor discuss them with you?	70.7	35.0	-.778
Q42. Did your healthcare providers/staff wash or clean their hands before providing care for you?	88.5	24.9	-2.284	Q28. How would you rate the courtesy of your nurses?	72.8	26.3	-.739
Q18. Did doctors talk in front of you as if you weren't there?	88.1	24.1	-2.210	Q5. Was it easy for you to find someone on the Emergency Department staff to talk to about your concerns?	69.6	35.7	-.739
Q43. Did your healthcare providers/staff wash or clean their hands after providing care for you?	87.4	23.4	-2.148	Q53. About how long did you spend in the emergency room from the time you arrived to the time you left?	62.1	27.1	-.687
Q56. Did each hospital staff person treat you with dignity and respect?	87.8	24.6	-2.025	Q51. Was an appointment made for this treatment before you left the emergency room?	33.1	23.7	-.683
Q47. Did someone explain how to take the new medications?	86.1	24.4	-1.923	Q59. How would you rate the courtesy of the emergency room staff?	70.8	26.8	-.648
Q48. Did someone on the hospital staff explain the purpose of the medicines you were to take at home in a way you could understand?	85.3	24.3	-1.783	Q25. If you had any anxieties or fears about your condition or treatment, did a nurse discuss them with you?	66.4	37.1	-.609
Q26. Did you have confidence and trust in the nurses treating you?	84.8	27.1	-1.587	Q58. Overall, how would you rate the care you received in the emergency room?	67.3	28.7	-.608
Q55. While you were in the emergency room, were there times when you did not get the help you needed?	82.2	30.8	-1.525	Q66. Were you given as much information as you wanted about your rights and responsibilities as a patient?	65.2	39.6	-.598
Q32. Did someone explain why you needed these tests in a way that you could understand?	82.5	30.2	-1.522	Q21. How would you rate the courtesy of your doctors?	69.7	26.6	-.594
Q24. When you had important questions to ask a nurse, did you get answers you could understand?	82.7	28.2	-1.394	Q60. How would you rate the completeness of the care you received for your problem?	66.1	29.3	-.587
Q65. Do you feel you had enough privacy during your visit?	80.1	31.5	-1.330	Q61. How would you rate the explanation of what was done to you?	66.3	28.4	-.552
Q17. Did you have confidence and trust in the doctors treating you?	80.5	30.4	-1.310	Q63. How would you rate how well the doctors and nurses worked together?	65.8	27.2	-.451
Q15. When you had important questions to ask a doctor, did you get answers you could understand?	80.7	29.8	-1.279	Q29. How would you rate the availability of your nurses?	63.2	28.6	-.366
Q33. Did someone explain the results of the tests in a way that you could understand?	77.3	33.7	-1.179	Q37. How many minutes after you requested pain medicine in the Emergency Department did it usually take before you got it?	57.8	33.1	-.301
Q31. Did you wait too long to get your tests?	76.2	34.8	-1.131	Q69. Ease of understanding directions and signs inside and outside this hospital	62.3	25.3	-.260
Q72. Was the entire emergency room as clean as it should have been?	79.7	29.0	-1.107	Q11. Once you were escorted to a bed or an examination room, about how long did you have to wait to see a doctor?	54.8	32.0	-.258
Q57. Did you have enough say about your care?	76.7	32.5	-1.074	Q49. Did someone tell you about side effects the medicines might have?	56.2	44.5	-.247
Q3. Do you feel you had to wait an unnecessarily long time to go to a bed or room?	72.9	38.8	-.996	Q22. How would you rate the availability of your doctors?	53.8	30.3	-.128
Q54. Were the possible causes of your problem explained in a way that you could understand?	75.7	32.5	-.995	Q71. Keeping noise levels to a minimum	57.9	25.5	-.091
Q39. Do you think that the emergency room staff did everything they could to help control your pain?	73.9	35.0	-.974	Q62. How would you rate your waiting time?	50.0	35.0	.003
Q13. Did you have to wait too long to see a doctor?	73.0	36.6	-.959	Q10. Did someone from the hospital tell you how long you would have to wait to be seen by someone in the emergency room?	43.7	40.1	.230
Q20. Did you wait too long for this other doctor?	72.9	35.4	-.920	Q70. Availability of parking	40.5	32.5	.306
Q2. How organised was the care you received in the Emergency Department?	77.7	29.0	-.893	Q9. Was there someone in the emergency room who could interpret for you?	34.2	36.7	.574

## Patient comment analysis

Table 7 illustrates the coded responses to the open-ended question 'If you could change one thing about the Emergency Department, what would it be?'

**Table 7: Coded verbatim comments**

<b>Coded comments</b>	<b>Number of responses</b>
More staff / nurses / doctors / specialists / address staff shortages	4289
Waiting lists / waiting times	3665
Nothing / no improvements / happy with treatment / service / staff	3578
Upgrade facilities	2355
More caring / understanding / helpful staff / nurses / doctors / specialists	1469
Improved communication / information / explanations	1130
Waiting time in Emergency	1046
More / improved / cheaper parking	859
More competent staff / nurses / doctors / specialists	847
Waiting time in hospital for treatment	640
Increased funding	501
Comments relating to inadequate / poor pain management / treatment / medication / care	397
More privacy	392
On site services / facilities / all services available	382
Improved administrative / admission / discharge processes / better organised	321
Cleaner conditions / rooms / bathrooms	320
More comfortable accommodation / beds / chairs	312
Other mentions	256
Don't know	246
Upgrade equipment	224
Staff / nurses / doctors / specialists that can be understood / better English speaking	174
Less noisy / able to sleep / rest	155
Overuse of emergency / used as GP	136
Comments relating to reason for hospitalisation	118
Improve meals / food / quality / quantity	112
Risk of infection / unhygienic practices	109
Waiting time for appointments/in outpatients	102
Longer opening hours / more days / weekends / out of hours access to medical staff	92
Security concerns	79
Temperature control / too hot / too cold	74
Lack of continuity of doctor / contact with doctor / nurses / specialists	58
Hospital / clinic too far away / needs to be closer to where I live	56
Get rid of smokers / stop smokers / enforce no smoking rules	20

<b>Coded comments</b>	<b>Number of responses</b>
Visiting hours concerns / complaints	9
Smoking / allow smoking / smoking area	3
<b>Total codes applied</b>	<b>24526</b>
<b>Total respondents with comments</b>	<b>18193</b>
<b>Total patients</b>	<b>27696</b>

Responses relating to survey administration were far less common. A summary of the types of comments provided with regard to survey administration follows below, along with examples of verbatim responses from patients.

- **Notes that suggest the survey should be sent out closer to the date of the hospital visit**

*This survey is a great idea but I feel I could have answered the questions better if it had been sent out closer to my sons hospital visit.*

*Nothing - this visit was great, but I have been to this emergency dept before & it hasn't been very good, also you should send out surveys closer to the time we went to the hospital as I would have remembered better.*

*More nurses & doctors on shift for emergency. They do great job. If sending out surveys, do so closer to time in hospital - people forget what happens after months of time.*

*The demands of the computer system seemed to have more of the staff's attention priority than the actual patient at times. This survey (responses) [would be] more accurate if it was completed closer to the time of the visit.*

- **Notes that mention the visit upon which the respondent was basing their survey responses (these patients had attended multiple facilities)**

*In this survey I am referring to the Tamworth base hospital. I went to Quirindi the day before, was treated well, but no dr in attendance. In June this year I went to Quirindi with a poisoned hand, no dr was advised to see dr xxxx go to Murrundi or Tamworth. Quirindi has beautiful new facilities but no guarantee of a doctor xxxx xxxx xxxx 'postline' xxxx xxxx xxxx xxxx.*

*I apologise I started completing this survey in regard to another visit where xxxx was admitted to hospital. I would highly recommend the staff at Hornsby emergency department and paediatrics. I have always received wonderful care for both of my children ... Sometimes we may need to wait a while for the care but that is understandable when times are very busy. Other than being seen to quicker there is nothing I would change.*

*I have always received the best attention in public hospitals/emergency departments, the longest wait I have had would only be 30mins. This survey refers to my visit to Barrba Hospital & I received the best of help, being a visitor-travelling through. Thank you.*

- **Notes that mention the survey was irrelevant to the patient's experience**

*The only problem was the waiting time. This survey, however, seems largely irrelevant to my visit which was to the eye hospital.*

*Think this paper is irrelevant, since my health is so poor, I'm usually taken to hospital by ambulance & admitted at once, perhaps your survey should include something of this like Xxxx.*

*Returning this survey as I live in central west NSW, the information requested does not apply, waste of papers. Xxxx xxxx.*

- **Requests to reduce the length of the survey**

*This incredibly long survey. Keep it to a maximum of 10 questions. I bet your attrition rates on survey drop after 10 questions. How can you get any meaningful results from this survey.*

*Please make survey shorter. No it's vital.*

*The long-winded survey. Some questions not appropriate, esp. Q68.*

*This survey is too big what is the need.*

- **Requests to reduce the number of surveys sent out**

*This is the second survey I have done no more please.*

*You say the survey is voluntary but this is the third time you've sent it. We weren't even at the hospital for more than 5 minutes.*

*No surveys. Waste of our time you keep repeating the questions.*

*Spend more money on hospital and services less on survey. If people have a problem they will make a complaint. It takes less time than filling in survey.*

- **Note that the survey had been completed on behalf of someone else**

*Patients wife completed survey - was present at all times.*

*Daughter completed survey as dad is 90yrs.*

*This survey was completed by the mother of a 12 month old baby boy who was the patient.*

*This survey was for my daughter who is 5 year old*

- **Other general comments**

*Why is its survey sent to Victoria not done in NSW?*

*Make these surveys more legible.*

*Thank you for this survey this is very appreciated. I would give more books and magazines. I would give money indication regarding the time we will have to wait for a doctor to see, I would put a fountain water to patients.*

*I found some of these questions to be subjective. The first questions start off with the positive then the next questions start with a negative. We study research at school and we have been taught that if you are doing surveys that the format should remain the same throughout the whole survey. The emergency treatment at Braidwood was very good and the staff treated me well.*

## APPENDIX G: PROFILE OF COGNITIVE INTERVIEW PARTICIPANTS

**Table 2: Patient cognitive interview profile**

		<b>Round 1</b>	<b>Round 2</b>	<b>Round 3</b>
<b>Gender</b>	Male	4	3	2
	Female	5	4	3
<b>Age</b>	16-24		2	
	25-34			
	35-44	5	2	2
	45-54	1		
	55-64	2	1	2
	65+	1	2	1
<b>ED patients</b>	Non-admitted	7	3	3
	Admitted	2	4	2
<b>Parent of child ED patient (aged 0-15)</b>		3	3	3
<b>Total</b>		9	7	5

## APPENDIX H: COGNITIVE INTERVIEW DISCUSSION GUIDE/PROMPTS

### Bureau of Health Information – Emergency Department Patient Survey Cognitive Testing Guide

#### Introduction (5 mins)

- Thank for participation and introduce self and the Ipsos Social Research Institute.
- State aim of discussion –The Bureau of Health Information has asked us to conduct a postal survey among patients who have attended an ED. We are conducting these interviews to make sure the questions ‘work’ and are easy for patients to answer.
- Explain confidentiality and get permission to record.
- Mention incentive (\$50) and time (up to 1 hour)
- Intro to method:

I will ask you to complete the questionnaire exactly as you would do if it came through the post, but I will ask you to stop at the end of each section so I can ask you some questions.

These will mainly be about what you were thinking about when you responded to each question, rather than your actual response.

If you like, you can mention if you have any difficulties or if you don’t understand anything while you’re completing the survey and I will make a note of them to discuss at the end of each section. But I won’t be able to help you with interpreting the questions as this might change the way you respond – and we are really interested in how you interpret the questions.

**We are testing the questionnaire, not you**, so there are no right or wrong answers.

It’s really important that we know what you really think - I haven’t worked on this questionnaire myself so please feel free to criticise questions if they aren’t working for you.

The questionnaire is in draft format, so please excuse any typos and the formatting (it will be made more attractive for the final version!).

IF MENTIONED: Please ignore the small reference numbers at the end of each question – they’re just for my reference.

*IF ASKED FOR FURTHER INFO: The Bureau of Health Information was set up in 2009 to measure the performance of the public health system in NSW. The Bureau produces reports for the government, for people who work in health care, and for the community.*

*The Bureau produces regular reports on hospital performance including information on how many patients are visiting NSW hospitals, how long patients waited in emergency departments, and how many elective surgeries were performed within recommended waiting times. Other reports identify areas for improvement and examine how the health system in NSW compares to other states in Australia and other countries. The Bureau delivers this information for decision makers to use in order to improve health care and patient care in NSW. All of their reports are available on their website at [www.bhi.nsew.gov.au](http://www.bhi.nsew.gov.au).*

**Drafting note: Need to insert specific question testing notes into copy of questionnaire once questionnaire finalised for cognitive testing**

**General probes:**

Observation Qs: you seemed to spend a little more time/hesitated/missed out/changed response/answered very quickly at QX – what were you thinking?

Was the answer you wanted to give missing from any of these questions (what)?

Which questions were easiest to answer, which were hardest? Why?

Were there any questions you weren't quite sure how to answer?

What else you would have liked to have commented on about your experience of being admitted to hospital?

Was it difficult to remember well enough to answer any of these Qs?

Were all these questions relevant to you or not?

**Final probes:**

Is there any important part of your experience as a patient that you think isn't covered by this questionnaire?

Which questions do you think are most important?

Were any questions unimportant or irrelevant to you?

Do you have any other feedback about the questionnaire?



## **APPENDIX I: POTENTIAL QUESTION AREAS**

A list of potential question areas for inclusion in the Emergency Department Patient Survey was identified primarily from the patient discussion groups and stakeholder consultation, with reference to the rapid literature review and statistical analysis, as follows. Areas underlined were considered for inclusion in the final questionnaire.

### **Pre-arrival**

- Whether patients read about their condition on the internet prior to visiting the ED
- Whether the [paediatric] patient/carer feels that their medical condition could have been handled by a GP

### **Ambulance**

- Mode of arrival/whether the patient arrived by ambulance or not
- Attitude of paramedic staff – politeness, empathy, concern, reassurance
- Whether the paramedics explained the patients' treatment clearly
- Provision of pain medication by the paramedics
- Perceived level of collaboration between paramedics
- Efficiency of handover between paramedics and ED staff
- Overall performance of the paramedics

### **Arrival and reception**

- Distance travelled to the ED
- Whether there is an ED closer to the patients' home than the one they attended
- Why the patient chose to attend that particular ED
- Ease of parking and finding the ED (signposting)
- Attitude of reception staff – courtesy, politeness, empathy, a friendly greeting, concern
- Level of privacy at the reception counter
- Information on ED process and approximate waiting time from reception staff
- Information on how busy the ED was at that time
- Waiting time to be triaged
- Attitude of triage staff - politeness, empathy, concern
- Whether had a family member/friend with them for support
- Patients' reason for presentation at the ED
- Why the patient went to the ED rather than the GP
- Whether patients expected the use of their Personally Controlled Electronic Health Record

## **Waiting**

- Length of wait for transfer from ambulance, until seen by triage and until treatment
- Perception of waiting times
- Whether anyone checked on patients condition (after triage) while waiting to be treated
- Whether received updated information on waiting time, and explanations for delays experienced
- Provision of information regarding the triage and treatment processes
- Appropriateness of patients' visit to ED
- Comfort and cleanliness of the waiting room
- Level of occupation while waiting
- Whether efforts were made by staff to make people more comfortable while they were waiting
- Facilities available in the waiting area
- Security/safety in ED, and specifically the waiting room
- Quietness of the ED

## **Facilities and food**

- Whether patients felt they had enough privacy in the ED, including when discussing their condition
- Whether patients felt there was enough space for them in the ED
- Whether patients felt the ED facilities were appropriate
- Cleanliness of the ED facilities and toilets
- Access to food and drink
- Was assistance with meals provided
- Impact of other patients/safety & security concerns
- Whether patients were able to securely store their valuables
- Whether the ED was easily able to be accessed
- Whether patients were offered/received an interpreter
- Satisfaction with meals in the ED
- Presence of posters/leaflets in the ED asking patients and visitors to wash their hands/use hand sanitisers, and presence of hand sanitisers in the ED
- Aware of hand hygiene/infection prevention

## **Communication**

- Whether staff introduced themselves
- Whether patients were familiar with staff's names, use of name badges
- Whether patients noticed the nurse/midwife in charge
- Whether patients knew who was responsible for their care
- Whether patients were given the opportunity to ask questions of staff

- Were patients able to participate in decisions about their care
- Whether patients could talk with staff about their anxieties or fears
- Whether staff listened to the patient
- Whether patients were kept informed about the progress of their condition
- Whether staff talked about patients as if they were not there
- Whether any contradictory information provided to the patient by clinicians
- Whether patients' family and friends had the opportunity to talk to a doctor
- Whether an interpreter was made available to the patient if necessary
- Whether patients were asked if medical students could be present during examination

### **Information provision**

- Did patients receive understandable explanations about the diagnosis
- Were patients given enough information about their condition and treatment
- Were understandable explanations given about patient's treatment
- Were understandable explanations given about on-going patient care
- Were patients provided with information regarding the purpose of tests
- Were patients provided with information regarding the results of tests
- Were understandable answers given to patients' questions
- Were patients made aware of their rights and responsibilities
- Were patients' families and/or carers kept informed about their treatment
- Was an understandable discharge plan provided to patients
- Were patients informed about the next steps in treatment
- Was information provided in a language that the patient could understand
- Was information provided to patients' GPs by the ED.

### **Attitude of staff**

- Did doctors, nurses, and reception staff treated patients with dignity and respect
- Did staff respect patients' spiritual needs and their religious and cultural beliefs
- Attitude of ED staff – courtesy, politeness, empathy, concern, ability to communicate effectively
- Whether staff had enough time for the patient
- Level of staff responsiveness/ability to get staff's attention

### **Staff competence and collaboration**

- Communication between ambulance and ED staff
- Patients' perception of whether the ED worked as a team to deliver the best care possible
- Coordination of care in the ED/ perceived efficacy of staff handovers
- Whether handovers too place in front of patients
- Whether clinicians knew enough about patients' condition or treatment

- Reliability of staff diagnoses
- Efficacy of treatment
- Occurrence of treatment-related adverse events
- Level of disclosure regarding adverse events
- Patients' perceptions of levels of staffing in the ED
- Patients' confidence and trust in the ED clinicians

### **Treatment and pain management**

- Pain level, and experience of chronic pain
- Effective pain management (including amount of pain relief provided and timeliness of pain management)
- Whether healthcare professionals asked about level of patients' pain
- Accuracy of diagnosis/incidence of contradictory information
- Confidence in the ability of doctors/nurses
- Cleanliness of treatment areas
- Family/friends provided support and advocated on patient's behalf
- Privacy considerations during examination/treatment

### **Tests**

- Whether tests were undertaken
- Explanation of necessity for tests
- Waiting time for tests, and test results
- Were results received by patient or GP
- Were test results explained in an understandable way
- Medication safety

### **Discharge**

- Waiting time for discharge
- Whether there was any delay in discharge, and if so, for how long
- Whether reasons for discharge delay were given
- Whether the patient was transferred from the ED or went home
- Provision of referral information, if required
- Provision of copies of test results
- Patients expectations of care instructions for care after discharge
- Whether staff considered the family or home situation of the patient in planning their discharge
- Whether new medication was provided to the patient
- Whether the patient was told about what to look out for following their departure from the ED, including side effects of the new medication
- Whether the patient was told when they could resume their usual activities

- Whether the patient was told who to contact if they were worried about their condition following discharge
- Communications with the patients' GP/provision of a letter to the patients GP
- Whether follow-up appointments were required, and if so, whether they were booked
- Whether patients felt they received the treatment/outcome they required
- What could have been done to improve care in the ED

### **Overall ratings of care**

- Overall experience with the ED
- Overall rating of doctors
- Overall rating of nurses
- Overall rating of administrative staff
- Whether patients would recommend the ED to others
- Whether the patient would return to that ED if they had the choice
- Whether patients were satisfied with the outcome of their treatment
- The area of care that impressed patients the most
- Any exceptional staff members encountered

### **Patient demographics**

- Age of the patient
- Gender of the patient
- Educational attainment of the patient
- Social status of the patient
- Language primarily used by the patient/country of birth of patient
- Whether the patient is an Aboriginal or Torres Strait Islander
- Whether the patient presented at the ED with member/s of their family
- Self-reported health status
- Long-standing health conditions
- Mental illness
- Whether the patient is a child
- Whether the patient is an oncology patient
- Area within the ED in which treatment was received
- Whether the survey was completed by the patient, or by, or with help from, somebody on behalf of the patient

### **Special populations**

#### *Paediatric patients*

- Whether the waiting room was appropriate for children
- Whether the treatment area was appropriate for children

- Whether the staff provided understanding and care appropriate for the needs of children and their family

#### *Indigenous patients*

- Whether the ED environment was perceived as being culturally appropriate
- Whether the patient waited for treatment
- If the patient did not wait for treatment, the main reason for them not waiting
- Whether the patient was asked if they are an Aboriginal or Torres Strait Islander

#### *Oncology patients*

- The reason for presentation at the ED
- Whether oncology patients feel they have sufficient information on when to present at the ED
- Whether those with cancer disclosed that they are oncology patients
- Whether those with cancer disclosed the status of their treatment

## **APPENDIX J: EMERGENCY DEPARTMENT PATIENT SURVEY DEVELOPMENT TABLE**

The following table outlines the process of development for each question of the Emergency Department Patient Survey. Included in the table is: the final question; the main reasons for the question's inclusion; the source questionnaire or survey and original source question; and any changes made to the question in development, either as a result of the three rounds of cognitive interviews and/or discussions between BHI and Ipsos SRI. Where there are no development notes it is an indication that the question tested well and did not require any significant amendments.

It should be noted that the Patient Experience Information Development Working Group (PEIDWG)<sup>1</sup> and BHI agreed that NSW would pilot a draft national set of core common questions as part of its survey program. Therefore, scope for BHI and Ipsos SRI to make changes to these questions was limited, but feedback on these from the cognitive interviews was passed on and some questions were revised as a result (as outlined in the table).

### **The following acronyms used in the table to denote source of the question:**

- **NHS** - NHS Inpatient Question Bank 2011
- **NHS Ambulance** – NHS Ambulance Service survey 2004
- **NHS A&E** – NHS Accident & Emergency questionnaire development bank
- **NCCQ** - National Set of Core, Common Patient Experience Questions
- **CF** – the Commonwealth Fund International Health Policy Survey of Sicker Adults 2008
- **CQI** - the 'Consumer Quality Index (CQ-Index) in an accident and emergency department: development and first evaluation' BMC Health Services Research 2012

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<sup>1</sup> Established under the joint auspices of National Health Information Standards and Statistics Committee (NHISSC) and the Australian Commission on Safety and Quality in Health Care (ACSQHC) to progress national experience information development in Australia.

- **AAPS** – the Adult Admitted Patient Survey
- **RCPCH** – Picker Institute Europe/Royal College of Paediatrics and Child Health emergency care survey
- **AHQ** – The Acute Hospital Food Service Patient Satisfaction Questionnaire
- **NSWAPS** – 2010 NSW Overnight Patient Survey/2010 NSW Day Patient Survey

**Table 8: Survey development table**

Question	Reason(s) for inclusion	Source question	Development notes
<p>Q1 Was the recent visit to the Emergency Department for you or your child?</p> <p><i>I was the patient</i></p> <p><i>My child was the patient (if so, please answer this survey about your child's visit to the Emergency Department)</i></p>	<p>This question was added to ensure there was clarity about which ED patient experience the respondent was answering about.</p>	<p><b>ORIGINAL</b></p>	<p>The response options were amended as cognitive testing found the original draft directed respondents to comment from the child's perspective, which they did not feel they could do, and was altered to encourage respondents to answer about the child's visit.</p>



<p>Q2 Why did you recently visit the Emergency Department?</p> <p><i>My General Practitioner (GP) advised me to go</i></p> <p><i>I was brought by an ambulance</i></p> <p><i>I was brought by the police</i></p> <p><i>A specialist told me I had to go to the Emergency Department</i></p> <p><i>Someone else (e.g. a friend, family member, colleague) decided I had to go to the Emergency Department</i></p> <p><i>I decided myself that I had to go to the Emergency Department</i></p>	<p>This question was included to understand patient arrival pathway to ED, and also to identify those using the ambulance service for routing purposes.</p>	<p>Who referred you to the A&amp;E?</p> <p><i>My General Practitioner</i></p> <p><i>The General Practitioner Co-operatives</i></p> <p><i>I was brought by an ambulance</i></p> <p><i>A specialist told me I had to go to A&amp;E</i></p> <p><i>Someone else (e.g. a friend, family member, colleague) decided I had to go to the A&amp;E</i></p> <p><i>I decided myself that I had to go the A&amp;E</i></p> <p><b>CQI</b></p>	<p>The question was adapted to clarify the GP category. It was also adapted to include a 'brought by the police' option, in response to stakeholder feedback.</p>
<p>Q3 When you visited the Emergency Department, was it for a condition that you thought could have been treated by a general practitioner (GP)?</p> <p><i>Yes, definitely</i></p> <p><i>Yes, probably</i></p> <p><i>No</i></p> <p><i>Not sure</i></p>	<p>This question was included to get a better understanding of increased use of the ED, specifically as an out-of-hours GP service.</p>	<p>The last time you went to the hospital emergency department, was it for a condition that you thought could have been treated by your regular doctor if he or she had been available?</p> <p><i>Yes</i></p> <p><i>No</i></p> <p><i>Not sure</i></p> <p><i>Decline to answer</i></p> <p><b>CF</b></p>	<p>The question was added following cognitive testing, in response to patient feedback.</p>

<p>Q4 Why did you go to the Emergency Department rather than a General Practitioner (GP)? Please X <u>all</u> the boxes that apply to you.</p> <p><i>The condition was serious/life threatening</i></p> <p><i>The GP surgery was closed</i></p> <p><i>Cheaper/cost</i></p> <p><i>My medical history is at the hospital</i></p> <p><i>I have trust and confidence in the hospital</i></p> <p><i>The Emergency Department was recommended by someone</i></p> <p><i>The GP was not taking new patients</i></p> <p><i>The waiting time for the GP was too long</i></p> <p><i>I do not have a regular GP</i></p> <p><i>Other</i></p> <p><i>Don't know/can't remember</i></p>	<p>This question was included to get a better understanding of the underlying reasons behind increased use of the ED, specifically as an out-of-hours GP service.</p>	<p><b>ORIGINAL</b></p>	<p>The answer options were amended following cognitive testing to personalise the responses.</p>
<p>Q5 Was the signposting directing you to the Emergency Department of the hospital easy to follow?</p> <p><i>Yes, definitely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p>	<p>Ease of finding the ED was highlighted as an issue in the patient discussion groups.</p>	<p>Was the signposting to the A&amp;E of the hospital a problem?</p> <p><i>A big problem</i></p> <p><i>A small problem</i></p> <p><i>No problem</i></p> <p><b>CQI</b></p>	<p>The question wording was adapted to refer to ED, rather than A&amp;E, and re-phrased to estimate ease of direction, rather than scale of problem.</p>

<p>Q6 Was there a problem in finding a parking place near to the Emergency Department?</p> <p><i>Yes, a big problem</i></p> <p><i>Yes, a small problem</i></p> <p><i>No problem</i></p> <p><i>Not applicable – I came by public transport, taxi, walking or on a bike</i></p>	<p>Parking was a significant issue for ED patients in the discussion groups, adding to the stress of the experience.</p>	<p>Was there a problem in finding a parking place near to the A&amp;E?</p> <p><i>A big problem</i></p> <p><i>A small problem</i></p> <p><i>No problem</i></p> <p><i>N/A (came by public transport, taxi, walking or on a bike)</i></p> <p><b>CQI</b></p>	<p>The question wording was adapted to refer to ED, rather than A&amp;E.</p>
<p>Q7 Overall, did the ambulance crew treat you with respect and dignity?</p> <p><i>Yes, definitely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p> <p><i>Don't know/can't remember</i></p>	<p>Treatment by ambulance crew identified as an issue in the patient discussion groups, and included as key measurement for all health professionals.</p>	<p>Overall, did the ambulance crew treat you with respect and dignity?</p> <p><i>Yes, definitely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p> <p><i>Don't know/can't remember</i></p> <p><b>NHS Ambulance</b></p>	

<p>Q8 How would you rate how the ambulance crew and Emergency Department staff worked together?</p> <p><i>Very good</i></p> <p><i>Good</i></p> <p><i>Neither good nor poor</i></p> <p><i>Poor</i></p> <p><i>Very poor</i></p> <p><i>Don't know/can't remember</i></p>	<p>Continuity of care and effectiveness of handover identified as a key issue by stakeholders.</p>	<p>How well do you think the ambulance service and A&amp;E staff worked together?</p> <p><i>Very well</i></p> <p><i>Fairly well</i></p> <p><i>Not very well</i></p> <p><i>Not at all well</i></p> <p><b>NHS A&amp;E</b></p>	<p>The question wording was adapted to refer to ED, rather than A&amp;E. Changed to a good/poor rating scale in-keeping with the scale used for doctors and nurses.</p>
<p>Q9 Did the ambulance crew transfer information about your condition to the Emergency Department staff?</p> <p><i>Yes, definitely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p> <p><i>Don't know/can't remember</i></p>	<p>Continuity of care and effectiveness of handover identified as a key issue by stakeholders. Also address patient issue of repeating information to numerous health professionals during their ED experience.</p>	<p><b>ORIGINAL</b></p>	<p>This question was developed following the first round of cognitive testing to specifically address transfer of information between health professionals.</p>

<p>Q10 Overall, how would you rate the care you received from the ambulance service?</p> <p><i>Very good</i></p> <p><i>Good</i></p> <p><i>Neither good nor poor</i></p> <p><i>Poor</i></p> <p><i>Very poor</i></p>	<p>In keeping with the questionnaire structure adopted for AAPS, an 'overall' rating was necessary for key health professionals, such as the ambulance service. They were seen as having a crucial role by those patients whose ED experience involved the ambulance service. This question can also be included as an independent or dependent variable in key driver analysis.</p>	<p>Overall, how would you rate the care you received from the ambulance service?</p> <p><i>Excellent</i></p> <p><i>Very good</i></p> <p><i>Good</i></p> <p><i>Fair</i></p> <p><i>Poor</i></p> <p><i>Very poor</i></p> <p><b>NHS Ambulance</b></p>	<p>The response options were adapted to be line with those adopted for the overall rating questions in AAPS, and also with best practice guidelines (ensuring there is a neutral midpoint, with a balance positive and negative scale).</p>
<p>Q11 When you arrived by ambulance, were you taken directly to a treatment room, or did you wait in the waiting room or corridor?</p> <p><i>I was taken directly to a treatment room</i></p> <p><i>I waited in the waiting room or corridor</i></p>	<p>Routing question added to identify whether patient interacted with reception staff, and spent time in the waiting room.</p>	<p><b>ORIGINAL</b></p>	<p>Cognitive testing highlighted that some ambulance patients did not wait for treatment, while others still waited in the waiting room or corridor.</p>

<p>Q12 How would you rate the politeness and courtesy of the reception staff?</p> <p><i>Very good</i></p> <p><i>Good</i></p> <p><i>Neither good nor poor</i></p> <p><i>Poor</i></p> <p><i>Very poor</i></p>	<p>Behaviour of reception staff was an issue prioritised by patients in the discussion groups. Also in-keeping with bank of questions asked of other health professionals.</p>	<p>How would you rate the courtesy of your doctors?</p> <p><i>Excellent</i></p> <p><i>Very good</i></p> <p><i>Good</i></p> <p><i>Fair</i></p> <p><i>Poor</i></p> <p><b>NHS, subsequently adapted for AAPS</b></p>	<p>The question was adapted to refer to 'reception staff', not doctors. The response options were adapted to be line with those adopted for the overall rating questions in AAPS, and also with best practice guidelines (ensuring there is a neutral midpoint, with a balance positive and negative scale).</p>
<p>Q13 How much information did reception staff give you about what to expect during your visit?</p> <p><i>A great deal</i></p> <p><i>A fair amount</i></p> <p><i>Not very much</i></p> <p><i>None at all</i></p>	<p>Lack of information on the expected process of being an ED patient was a major issue for patients in the discussion groups.</p>	<p><b>ORIGINAL</b></p>	

<p>Q14 How much information did reception staff give you about how long you might have to wait to be examined?</p> <p><i>A great deal</i></p> <p><i>A fair amount</i></p> <p><i>Not very much</i></p> <p><i>None at all</i></p>	<p>Lack of information on the expected waiting time as an ED patient was a major issue for patients in the discussion groups.</p>	<p><b>ORIGINAL</b></p>	
<p>Q15 How much of a problem, if at all, was overcrowding in the Emergency Department waiting room?</p> <p><i>A big problem</i></p> <p><i>A small problem</i></p> <p><i>Not a problem</i></p> <p><i>Don't know/can't remember</i></p>	<p>Overcrowding was an issue raised by stakeholders, and, to a lesser extent, also by patients.</p>	<p><b>ORIGINAL</b></p>	
<p>Q16 How would you rate the overall comfort while waiting in the Emergency Department?</p> <p><i>Very good</i></p> <p><i>Good</i></p> <p><i>Neither good nor poor</i></p> <p><i>Poor</i></p> <p><i>Very poor</i></p>	<p>Stakeholder suggestion to address the physical comfort of the waiting room</p>	<p><b>ORIGINAL</b></p>	

<p>Q17 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?</p> <p><i>I did not have to wait</i></p> <p><i>1-30 minutes</i></p> <p><i>31-60 minutes</i></p> <p><i>More than 1 hour but no more than 2 hours</i></p> <p><i>More than 2 hours but no more than 4 hours</i></p> <p><i>More than 4 hours</i></p> <p><i>I did not see a nurse</i></p> <p><i>I can't remember</i></p>	<p>Waiting time was a central issue for patients, and this has been broken down into three separate questions; wait time pre-triage; wait-time post-triage pre-treatment; and time spent in the treatment area.</p>	<p>From the time you first arrived at the A&amp;E Department, how long did you wait before being examined by a doctor or nurse?</p> <p><i>I did not have to wait</i></p> <p><i>1-30 minutes</i></p> <p><i>31-60 minutes</i></p> <p><i>More than 1 hour but no more than 2 hours</i></p> <p><i>More than 2 hours but no more than 4 hours</i></p> <p><i>More than 4 hours</i></p> <p><i>Did not see doctor or nurse</i></p> <p><i>Can't remember</i></p> <p><b>NHS A&amp;E</b></p>	<p>Cognitive testing showed that some patients were unclear what 'triage' meant, so a definition of 'initial assessment' was added to clarify which stage of the experience we were referring to.</p>
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<p>Q18 Overall, how would you rate the care you received from the triage nurse?</p> <p><i>Very good</i></p> <p><i>Good</i></p> <p><i>Neither good nor poor</i></p> <p><i>Poor</i></p> <p><i>Very poor</i></p>	<p>In keeping with the questionnaire structure adopted for AAPS, an 'overall' rating was necessary for key health professionals, such as the triage nurse. They were seen as having a crucial role by patients. This question can also be included as an independent or dependent variable in key driver analysis.</p>	<p>Overall, how would you rate the care you received from the ambulance service?</p> <p><i>Excellent</i></p> <p><i>Very good</i></p> <p><i>Good</i></p> <p><i>Fair</i></p> <p><i>Poor</i></p> <p><i>Very poor</i></p> <p><b>NHS Ambulance</b></p>	<p>The response options were adapted to be line with those adopted for the overall rating questions in AAPS, and also with best practice guidelines (ensuring there is a neutral midpoint, with a balanced positive and negative scale).</p>
<p>After you had seen the triage nurse and were still waiting in the waiting room to be treated ...</p> <p>Q19 ... did Emergency Department staff check on your condition?</p> <p><i>Yes, someone checked on my condition</i></p> <p><i>No, no-one checked on my condition</i></p> <p><i>Don't know/can't remember</i></p>	<p>This issue was consistently raised by patients in the discussion groups, with concern that you may wait many hours without further staff contact.</p>	<p>Were you looked after while you waited (for example, were you given pain medicine, blankets or sick bowls if you needed them)?</p> <p><i>Yes, definitely</i></p> <p><i>Yes, sort of</i></p> <p><i>No, I was not</i></p> <p><i>No, but I didn't need anything</i></p> <p><i>Don't know/Can't remember</i></p> <p><b>RCPCH</b></p>	<p>The introductory sentence was added to clarify exactly which stage of the process is being referred to. The examples (pain medicine etc.) were taken out to reduce the length of the question, and ensure the broadest definition of being 'checked on' by patients.</p>

<p>Q20 ... were you provided with updated information on the likely waiting time to be treated?</p> <p><i>Yes, often</i></p> <p><i>Yes, sometimes</i></p> <p><i>No</i></p>	<p>This was a priority for patients in the discussion groups who understood they may need to wait a long time, but wanted updated information on the length of the wait time.</p>	<p><b>ORIGINAL</b></p>	
<p>Q21 Did you stay until you received treatment, or leave before receiving treatment?</p> <p><i>I stayed until I received treatment</i></p> <p><i>I left before receiving treatment</i></p>	<p>Suggested by a stakeholder to better understand what proportion of who patients left before treatment, specifically with reference to indigenous patients.</p>	<p><b>ORIGINAL</b></p>	
<p>Q22 Why did you leave the Emergency Department before receiving treatment?</p> <p><i>I decided to go to my General Practitioner</i></p> <p><i>I did not feel comfortable waiting in the Emergency Department</i></p> <p><i>The waiting time was too long</i></p> <p><i>I decided my condition was not serious</i></p> <p><i>I decided my condition did not need immediate treatment</i></p> <p><i>Other (please write in)</i></p> <p><i>Don't know/can't remember</i></p>	<p>Suggested by a stakeholder to better understand the reasons why patients left before treatment, specifically with reference to indigenous patients.</p>	<p><b>ORIGINAL</b></p>	<p>'Don't know' category added to original question.</p>

<p>Q23 Did the doctors know your medical history, which had already been given to the triage nurse or ambulance crew?</p> <p><i>Yes, always</i></p> <p><i>Yes, sometimes</i></p> <p><i>No</i></p> <p><i>I did not see a doctor</i></p>	<p>This question was included to better understand the effectiveness of handover, and communication between health professionals. Patients in the discussion groups expressed frustration at repeating their information time after time to each member of staff, and that this sometimes diminished confidence in the staff.</p>	<p><b>ORIGINAL</b></p>	<p>The question was adapted to cover handover from both triage and ambulance staff to doctors.</p>
<p>Q24 Did you have confidence and trust in the Emergency Department doctors treating you?</p> <p><i>Yes, always</i></p> <p><i>Yes, sometimes</i></p> <p><i>No</i></p>	<p>This is a core measurement of the health professionals, and is a central expectation of a patient's ED experience, as highlighted in the discussion groups.</p>	<p>Did you have confidence and trust in the doctors treating you?</p> <p><i>Yes, always</i></p> <p><i>Yes, sometimes</i></p> <p><i>No</i></p> <p><b>NHS, subsequently adapted for AAPS</b></p>	<p>This was adapted to specifically refer to 'Emergency Department' doctors, distinct from other doctors (e.g. their GP or possibly a subsequent doctor who treated them after they were admitted).</p>

<p>Q25 How would you rate the politeness and courtesy of the Emergency Department doctors?</p> <p><i>Very good</i></p> <p><i>Good</i></p> <p><i>Neither good nor poor</i></p> <p><i>Poor</i></p> <p><i>Very poor</i></p>	<p>This is also a core measurement of the health professionals, and patient's expectations of their ED experience. Also in-keeping with bank of questions asked of other health professionals.</p>	<p>How would you rate the courtesy of your doctors?</p> <p><i>Excellent</i></p> <p><i>Very good</i></p> <p><i>Good</i></p> <p><i>Fair</i></p> <p><i>Poor</i></p> <p><b>NHS, subsequently adapted for AAPS</b></p>	<p>The question was adapted to refer to 'Emergency Department doctors'. The response options were adapted to be line with those adopted for the overall rating questions in AAPS, and also with best practice guidelines (ensuring there is a neutral midpoint, with a balance positive and negative scale).</p>
<p>Q26 Overall, how would you rate the Emergency Department doctors who treated you?</p> <p><i>Very good</i></p> <p><i>Good</i></p> <p><i>Neither good nor poor</i></p> <p><i>Poor</i></p> <p><i>Very poor</i></p>	<p>In keeping with the questionnaire structure adopted for AAPS, an 'overall' rating was necessary for key health professionals, such as the ED doctors. They were seen as having a crucial role by patients. This question can also be included as an independent or dependent variable in key driver analysis.</p>	<p>Overall, how would you rate the doctors who treated you?</p> <p><i>Very good</i></p> <p><i>Good</i></p> <p><i>Neither good nor poor</i></p> <p><i>Poor</i></p> <p><i>Very poor</i></p> <p><b>AAPS</b></p>	<p>Adapted to refer specifically to 'Emergency Department doctors'.</p>

<p>Q27 Did the nurses know your medical history, which had already been given to the triage nurse or ambulance crew?</p> <p><i>Yes, always</i></p> <p><i>Yes, sometimes</i></p> <p><i>No</i></p> <p><i>I only saw a triage nurse</i></p> <p><i>I did not see any nurses</i></p>	<p>This question was included to better understand the effectiveness of handover, and communication between health professionals. Patients in the discussion groups expressed frustration at repeating their information time after time to each member of staff, and that this sometimes diminished confidence in the staff.</p>	<p><b>ORIGINAL</b></p>	<p>The question was adapted to cover handover from both triage and ambulance staff to nurses. Additional answer categories of 'I only saw a triage nurse' and 'I did not see any nurses' were added after cognitive testing to reflect the variety of the patient pathway.</p>
<p>Q28 Did you have confidence and trust in the Emergency Department nurses treating you?</p> <p><i>Yes, always</i></p> <p><i>Yes, sometimes</i></p> <p><i>No</i></p>	<p>This is a core measurement of the health professionals, and is a central expectation of a patient's ED experience, as highlighted in the discussion groups.</p>	<p>Did you have confidence and trust in the nurses treating you?</p> <p><i>Yes, always</i></p> <p><i>Yes, sometimes</i></p> <p><i>No</i></p> <p><b>NHS, subsequently adapted for AAPS</b></p>	<p>This was adapted to specifically refer to 'Emergency Department' nurses, distinct from other nurses (e.g. a subsequent nurse who cared for them after they were admitted).</p>

<p>Q29 How would you rate the politeness and courtesy of the Emergency Department nurses?</p> <p><i>Very good</i></p> <p><i>Good</i></p> <p><i>Neither good nor poor</i></p> <p><i>Poor</i></p> <p><i>Very poor</i></p>	<p>This is also a core measurement of the health professionals, and patient's expectations of their ED experience. Also in-keeping with bank of questions asked of other health professionals.</p>	<p>How would you rate the courtesy of your nurses?</p> <p><i>Excellent</i></p> <p><i>Very good</i></p> <p><i>Good</i></p> <p><i>Fair</i></p> <p><i>Poor</i></p> <p><b>NHS, subsequently adapted for AAPS</b></p>	<p>The question was adapted to refer to 'Emergency Department nurses'. The response options were adapted to be line with those adopted for the overall rating questions in AAPS, and also with best practice guidelines (ensuring there is a neutral midpoint, with a balance positive and negative scale).</p>
<p>Q30 Overall, how would you rate the Emergency Department nurses who treated you?</p> <p><i>Very good</i></p> <p><i>Good</i></p> <p><i>Neither good nor poor</i></p> <p><i>Poor</i></p> <p><i>Very poor</i></p>	<p>In keeping with the questionnaire structure adopted for AAPS, an 'overall' rating was necessary for key health professionals, such as the ED nurses. They were seen as having a crucial role by patients. This question can also be included as an independent or dependent variable in key driver analysis.</p>	<p>Overall, how would you rate the nurses who treated you?</p> <p><i>Very good</i></p> <p><i>Good</i></p> <p><i>Neither good nor poor</i></p> <p><i>Poor</i></p> <p><i>Very poor</i></p> <p><b>AAPS</b></p>	<p>Adapted to refer specifically to 'Emergency Department nurses'.</p>

<p>Q31 After triage (initial assessment), how long did you wait before being treated by an Emergency Department health professional?</p> <p><i>I did not have to wait</i></p> <p><i>1-30 minutes</i></p> <p><i>31-60 minutes</i></p> <p><i>More than 1 hour but no more than 2 hours</i></p> <p><i>More than 2 hours but no more than 4 hours</i></p> <p><i>More than 4 hours</i></p> <p><i>I did not see a doctor or nurse</i></p> <p><i>I can't remember</i></p>	<p>Waiting time was a central issue for patients, and this has been broken down into three separate questions; wait time pre-triage; wait-time post-triage pre-treatment; and time spent in the treatment area.</p>	<p>From the time you first arrived at the A&amp;E Department, how long did you wait before being examined by a doctor or nurse?</p> <p><i>I did not have to wait</i></p> <p><i>1-30 minutes</i></p> <p><i>31-60 minutes</i></p> <p><i>More than 1 hour but no more than 2 hours</i></p> <p><i>More than 2 hours but no more than 4 hours</i></p> <p><i>Did not see a doctor or nurse</i></p> <p><i>Can't remember</i></p> <p><b>NHS A&amp;E</b></p>	<p>Cognitive testing showed that some patients were unclear what 'triage' meant, so a definition of 'initial assessment' was added to clarify which stage of the experience we were referring to. Reworded to refer to 'Emergency Department health professional', rather than 'doctor or nurse' to encompass all possible treatment paths.</p>
<p>Q32 How much of a problem, if at all, was the total waiting time before you were treated?</p> <p><i>A big problem</i></p> <p><i>A small problem</i></p> <p><i>Not a problem</i></p> <p><i>Not applicable (I did not wait in the waiting room)</i></p>	<p>The patient's discussion groups highlighted the importance of their perception of waiting time, and its acceptability. This related to severity of condition, communication and comprehension of competing pressures</p>	<p>Was the total waiting time before you started treatment in the treatment room a problem?</p> <p><i>A big problem</i></p> <p><i>A small problem</i></p> <p><i>Not a problem</i></p> <p><i>N/A (I did not wait in the waiting room)</i></p> <p><b>CQI</b></p>	<p>The question was reworded to be more balanced, and less leading in its structure.</p>

<p>Q33 How long did you spend in the Emergency Department treatment area?</p> <p><i>I did not spend time in the treatment area</i></p> <p><i>1-30 minutes</i></p> <p><i>31-60 minutes</i></p> <p><i>More than 1 hour but no more than 2 hours</i></p> <p><i>More than 2 hours but no more than 4 hours</i></p> <p><i>More than 4 hours</i></p> <p><i>I can't remember</i></p>	<p>Waiting time was a central issue for patients, and this has been broken down into three separate questions; wait time pre-triage; wait-time post-triage pre-treatment; and time spent in the treatment area. This third waiting question was specifically introduced to the questionnaire to analyse the following questions about access to the bathroom, or bedpan use.</p>	<p><b>ORIGINAL</b></p>	<p>The original drafting referred to spending time on 'a treatment bed in the Emergency Department examination area'. The cognitive testing showed that this wording was confusing to patients, as which specific area of ED we were referring to, and the wording was simplified accordingly.</p>
<p>Q34 While waiting in the treatment area, did you receive help using a bed pan, or being taken to the bathroom?</p> <p><i>Yes, I received help</i></p> <p><i>No, I did not receive help but needed it</i></p> <p><i>No, I did not need help</i></p> <p><i>No, I did not need to use bed pan or bathroom</i></p> <p><i>Don't know/can't remember</i></p>	<p>This question was introduced by BHI team to better understand need and support in going to the bathroom, or bedpan use, during the treatment time in ED.</p>	<p><b>ORIGINAL</b></p>	<p>This was adapted from 'treatment bed' to 'treatment area' to encompass the fact that patients may be treated, or waiting to be treated, while sitting in a chair in the treatment area, and also to ease comprehension of which part of the ED process we were referring to.</p>



<p>Q35 Were you given enough privacy during your visit to the Emergency Department?</p> <p><i>Yes, always</i></p> <p><i>Yes, sometimes</i></p> <p><i>No</i></p>	<p>Privacy was of less concern to ED patients, than for Admitted patients, and as such the decision was made to reduce the three privacy-related questions in the AAPS survey to one privacy question in the ED survey.</p>	<p>Were you given enough privacy when being examined or treated in the A&amp;E Department?</p> <p><i>Yes, definitely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p> <p><i>Don't know/Can't remember</i></p> <p><b>NHS, subsequently adapted for AAPS</b></p>	<p>The question was revised to include the phrase 'during your visit' to encompass the breadth of their ED patient experience.</p>
<p>Q36 Did the Emergency Department health professionals caring for you introduce themselves to you?</p> <p><i>Yes, always</i></p> <p><i>Yes, sometimes</i></p> <p><i>No</i></p>	<p>Staff introducing themselves to patients is a health service standard, and, as such, a question was designed to address this issue.</p>	<p><b>ORIGINAL</b></p>	
<p>Q37 How would you rate how the Emergency Department health professionals worked together?</p> <p><i>Very good</i></p> <p><i>Good</i></p> <p><i>Adequate</i></p> <p><i>Poor</i></p> <p><i>Very poor</i></p>	<p>Part of the suite of proposed National Set of Core, Common Patient Experience questions.</p> <p>Key driver analysis of the NSW Overnight and Day Patient surveys indicates that the perceived extent of collaboration between doctors and nurses is a key driver of overall patient satisfaction.</p>	<p>How would you rate how well the doctors and nurses worked together?</p> <p><i>Excellent</i></p> <p><i>Very good</i></p> <p><i>Good</i></p> <p><i>Fair</i></p> <p><i>Poor</i></p> <p><b>NCCQ, subsequently adapted for AAPS</b></p>	<p>The word 'well' was removed, and response options were adapted to be in line with those adopted for overall rating questions in AAPS, and also with best practice guidelines (ensuring a neutral midpoint, with a balance positive and negative scale).</p>

<p>Q38 How much information about your condition or treatment was given to you by Emergency Department health professionals?</p> <p><i>Not enough</i></p> <p><i>Right amount</i></p> <p><i>Too much</i></p> <p><i>It was not necessary to provide information</i></p> <p><i>Don't know/can't say</i></p>	<p>The patient discussion groups highlighted the importance of information provision to ED patients.</p>	<p>How much information about your condition or treatment was given to your family, carer or someone close to you?</p> <p><i>Not enough</i></p> <p><i>Right amount</i></p> <p><i>Too much</i></p> <p><i>No family, carer or friends were involved</i></p> <p><i>They did not want or need information</i></p> <p><i>I did not want them to have any information</i></p> <p><i>Don't know/Can't say</i></p> <p><b>NCCQ, subsequently adapted for AAPS</b></p>	<p>The question was revised to ask the patient directly about information provision to them, and reworded to reference 'Emergency Department health professionals'. The answer categories were also simplified.</p>
<p>Q39 If you needed attention or advice from an Emergency Department health professional, were you able to get this help?</p> <p><i>Yes, always</i></p> <p><i>Yes, sometimes</i></p> <p><i>No, I could not find a health professional to help me</i></p> <p><i>A member of staff was with me all the time</i></p> <p><i>I did not need attention</i></p>	<p>The patient discussion groups raised the fact that ED was frequently very busy, staff was perceived as being under-resourced, and so the ability to find someone to provide attention or advice was not always easy.</p>	<p><b>ORIGINAL</b></p>	

<p>Q40 How often did the Emergency Department health professionals caring for you explain things in a way you could understand?</p> <p><i>All of the time</i></p> <p><i>Most of the time</i></p> <p><i>Some of the time</i></p> <p><i>Rarely</i></p> <p><i>Never</i></p>	<p>Part of the suite of proposed National Set of Core, Common Patient Experience questions.</p> <p>Also easily comprehensible reason for patient's attendance, or condition, was highlighted as being important to patients.</p>	<p>During your most recent hospital stay, how often did the doctors, nurses and other health professionals caring for you explain things in a way you could understand?</p> <p><i>All of the time</i></p> <p><i>Most of the time</i></p> <p><i>Some of the time</i></p> <p><i>Rarely</i></p> <p><i>Never</i></p> <p><b>NCCQ, subsequently adapted for AAPS</b></p>	<p>The question was revised to refer to 'Emergency Department health professionals' to encourage patients to reflect on the ED staff, rather than medical staff who may have treated them if they were subsequently admitted.</p>
<p>Q41 Did you feel you were treated with respect and dignity while you were in the Emergency Department?</p> <p><i>Yes, always</i></p> <p><i>Yes, sometimes</i></p> <p><i>No</i></p>	<p>Part of the suite of proposed National Set of Core, Common Patient Experience questions.</p>	<p>Did you feel you were treated with respect and dignity while in hospital?</p> <p><i>Yes, always</i></p> <p><i>Yes, sometimes</i></p> <p><i>No</i></p> <p><b>NCCQ</b></p> <p>(Question also appears in the <b>NSWAPS</b>)</p>	<p>The wording was adapted to refer to the 'Emergency Department'.</p>

<p>Q42 Did an Emergency Department health professional discuss your worries or fears with you?</p> <p><i>Yes, completely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No, no-one discussed my worries and fears with me</i></p> <p><i>No, I did not have any worries or fear</i></p>	<p>Part of the suite of proposed National Set of Core, Common Patient Experience questions.</p>	<p>Did a health care professional discuss your worries or fears with you?</p> <p><i>Yes, completely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p> <p><b>NCCQ</b></p>	<p>The question wording was adapted to refer to 'an Emergency Department health professional'.</p> <p>The answer categories were adapted to no longer require the filter question that was used in the AAPS.</p>
<p>Q43 Were the Emergency Department health professionals kind and caring towards you?</p> <p><i>Yes, always</i></p> <p><i>Yes, sometimes</i></p> <p><i>No</i></p>	<p>The patient discussion groups and cognitive testing highlighted the importance of empathy and care to the patient's ED journey.</p>	<p>Were the doctors kind and caring towards you?</p> <p><i>Yes, always</i></p> <p><i>Yes, sometimes</i></p> <p><i>No</i></p> <p><b>AAPS</b></p>	<p>The question was reworded to refer to 'Emergency Department health professionals'.</p>

<p>Q44 Were you involved, as much as you wanted to be, in decisions about your care and treatment?</p> <p><i>Yes, definitely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p> <p><i>I was not well enough or did not want to be involved in decisions about my care or treatment</i></p>	<p>Part of the suite of proposed National Set of Core, Common Patient Experience questions.</p> <p>The discussion groups also demonstrated the importance of the patient involvement in the decision-making process.</p>	<p>Were you involved, as much as you wanted to be, in decisions about your care and treatment?</p> <p><i>Yes, definitely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p> <p><i>I was not well enough or did not want to be involved in decisions about my care or treatment</i></p> <p><b>NCCQ, subsequently adapted for AAPS</b></p>	
<p>Q45 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?</p> <p><i>Yes, definitely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No, they did not have enough opportunity</i></p> <p><i>This was not applicable to my situation</i></p> <p><i>Don't know/can't say</i></p>	<p>Part of the suite of proposed National Set of Core, Common Patient Experience questions.</p>	<p>If a member of your family or someone else close to you wanted to talk to the staff, did they have enough opportunity to do so?</p> <p><i>Yes, definitely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No, but they wanted to talk to the staff</i></p> <p><i>No, but they did not want or need to talk to the staff</i></p> <p><i>I did not want family or friends to talk to the staff</i></p> <p><i>Can't say</i></p> <p><b>NCCQ, subsequently adapted for AAPS</b></p>	<p>The phrase '(the patient's)' was inserted to clarify that it is the patient's family, or person close to them, that we are referring to – not the family or person close to the respondent filling in the survey.</p>

<p>Q46 How much information about your (the patient's) condition or treatment was given to your family, carer or someone else close to you?</p> <p><i>Not enough</i></p> <p><i>Right amount</i></p> <p><i>Too much</i></p> <p><i>It was not necessary to provide information to any family or friends</i></p> <p><i>Don't know/can't say</i></p>	<p>Part of the suite of proposed National Set of Core, Common Patient Experience questions.</p>	<p>How much information about your condition or treatment was given to your family, carer or someone else close to you?</p> <p><i>Not enough</i></p> <p><i>Right amount</i></p> <p><i>Too much</i></p> <p><i>No family, carer or friends were involved</i></p> <p><i>They did not want or need information</i></p> <p><i>I did not want them to have any information</i></p> <p><i>Don't know/Can't say</i></p> <p><b>NCCQ, subsequently adapted for AAPS</b></p>	<p>The phrase '(the patient's)' was inserted to clarify that it is the patient's family, or person close to them, that we are referring to – not the family or person close to the respondent filling in the survey.</p>
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<p>Q47 Did you receive contradictory information from Emergency Department healthcare professionals – for example, giving different opinions on your treatment?</p> <p><i>Yes, definitely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p>	<p>The patient discussion groups and stakeholder feedback raised contradictory information as an aspect of poor handover between staff, and possible cause of unreliable diagnoses.</p>	<p>Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you in the A&amp;E Department?</p> <p><i>Yes, definitely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p> <p><b>NHS A&amp;E</b></p>	<p>The style of the question was at odds with the other questions, and revised. After initial cognitive testing, the question was simplified, losing an introductory sentence referring to the ED, which was no longer needed when staff were referred to as 'Emergency Department healthcare professionals'</p>
<p>Q48 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?</p> <p><i>Yes, always</i></p> <p><i>Yes, sometimes</i></p> <p><i>No</i></p> <p><i>Don't know/can't remember</i></p>	<p>Hygiene and the issue of hospital acquired infections were raised in the patient discussion groups.</p>	<p>Did you see <u>nurses/doctors</u> wash their hands, use hand gel to clean their hands or put on clean gloves before touching you?</p> <p><i>Yes, always</i></p> <p><i>Yes, sometimes</i></p> <p><i>No</i></p> <p><i>Don't know/can't remember</i></p> <p><b>AAPS</b></p>	<p>Adapted to refer to 'Emergency Department health professionals', not 'doctors' or 'nurses'.</p>

<p>Q49 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?</p> <p><i>Yes, definitely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No, they did not do everything they could to help</i></p> <p><i>No, I had no pain</i></p> <p><i>Don't know/can't remember</i></p>	<p>Part of the suite of proposed National Set of Core, Common Patient Experience questions.</p> <p>Also raised in patient discussion groups as the adequacy of the amount of pain relief provided.</p>	<p>Do you think hospital staff did everything they could to help manage your pain?</p> <p><i>Yes, definitely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p> <p><b>NCCQ</b></p> <p>(Question also appears in the <b>NSWAPS</b>)</p>	<p>The question was rephrased to negate the need for a filter question. Additional answer categories were added to reflect this change.</p> <p>Also adapted to refer to 'Emergency Department health professionals', rather than 'hospital staff'.</p>
<p>Q50 When you were waiting to be seen, did the Emergency Department provide enough for your child to do (such as toys, games and books)?</p> <p><i>Yes, there was a lot to do</i></p> <p><i>Yes, there were some things to do, but not enough</i></p> <p><i>There were things to do, but not for my child's age group</i></p> <p><i>No</i></p> <p><i>Can't remember/Not applicable</i></p>	<p>Patients and stakeholders raised the appropriateness of the waiting room and treatment area for children, and the provision of toys, games and books.</p>	<p>Was there enough for you to do when you were waiting to be seen (such as toys, games and books)?</p> <p><i>Yes, lots to do</i></p> <p><i>Yes, some things, but not enough</i></p> <p><i>There were things, but not for my age group</i></p> <p><i>No</i></p> <p><i>Can't remember/Did not notice</i></p> <p><i>I had my own things to do</i></p> <p><b>RCPCH</b></p>	<p>The question was revised to make the wording appropriate for a parent/guardian to respond to, and also to directly reference the Emergency Department.</p>



<p>Q51 Was the area in which your child was treated suitable for someone of their age group?</p> <p><i>Yes, definitely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p>	<p>Patients and stakeholders raised the appropriateness of the waiting room and treatment area for children.</p>	<p><b>ORIGINAL</b></p>	
<p>Q52 Did the Emergency Department staff provide care and understanding appropriate to the needs of your child?</p> <p><i>Yes, definitely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p>	<p>The way in which staff interacted with child was a crucial issue for all parents included in the patient discussion groups.</p>	<p><b>ORIGINAL</b></p>	
<p>Q53 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?</p> <p><i>Yes, always</i></p> <p><i>Yes, sometimes</i></p> <p><i>No, did not discuss with me</i></p> <p><i>No, did not have any tests, X-rays, or scans</i></p> <p><i>Don't know/can't remember</i></p>	<p>Inclusion of this question area was suggested by stakeholders because of the importance of patients being involved in care and treatment decisions, and particularly for tests requiring consent.</p>	<p>Did a doctor, nurse or other health professional discuss the purpose of these tests, X-ray or scans with you?</p> <p><i>Yes, always</i></p> <p><i>Yes, sometimes</i></p> <p><i>No</i></p> <p><b>AAPS</b></p>	<p>The question and answer categories were adapted so that a filter question (as in AAPS) was no longer needed.</p>

<p>Q54 Did you receive test, X-ray or scan results while you were still in hospital?</p> <p>Yes</p> <p>No</p>	<p>Routing question.</p>	<p>Did you receive test, X-ray or scan results while you were still in hospital?</p> <p>Yes</p> <p>No</p> <p><b>AAPS</b></p>	
<p>Q55 Did a member of staff explain the test, X-ray or scan results in a way that you could understand?</p> <p><i>Yes, completely</i></p> <p><i>Yes, to some extent</i></p> <p>No</p>	<p>Both patients and stakeholders raised the importance of clear explanation of test results.</p>	<p>Did a doctor or nurse explain the results of the tests in a way that you could understand?</p> <p><i>Yes, definitely</i></p> <p><i>Yes, to some extent</i></p> <p>No</p> <p><i>Not sure/Can't remember</i></p> <p><i>I was told I would get the results at a later date</i></p> <p><i>I was never told the results of tests</i></p> <p><b>NHS, subsequently adapted for AAPS</b></p>	<p>The word 'hospital' was dropped from the version of the question used in AAPS.</p>

<p>Q56 What happened at the end of your visit to the Emergency Department?</p> <p><i>I was admitted to the same hospital</i></p> <p><i>I was transferred to a different hospital or healthcare facility</i></p> <p><i>I went home or to stay with a friend, relative or elsewhere</i></p>	<p>Routing question.</p>	<p>What happened at the end of your visit to the A&amp;E Department?</p> <p><i>I was admitted to the same hospital</i></p> <p><i>I was transferred to a different hospital or to a nursing home</i></p> <p><i>I went home</i></p> <p><i>I went to stay with a friend or relative</i></p> <p><i>I went to stay somewhere else</i></p> <p><b>NHS A&amp;E</b></p>	<p>The phrase 'A&amp;E' was replaced with 'Emergency Department'.</p> <p>The answer categories were amended to be more relevant (dropping reference to 'nursing home', and adding 'healthcare facility'), and simplified, with one combined category 'I went home or to stay with a friend, relative or elsewhere'.</p>
<p>Q57 Thinking about when you left the Emergency Department, were you given enough information about how to manage your care at home?</p> <p><i>Yes, completely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p> <p><i>I did not need this type of information</i></p>	<p>Part of the suite of proposed National Set of Core, Common Patient Experience questions.</p> <p>Stakeholders mentioned the importance of information about managing care at home, and patients in the discussion groups wanted to feel prepared and informed about their self-care, on returning home.</p>	<p>Thinking about when you left hospital, were you given enough information about how to manage your care at home?</p> <p><i>Yes, completely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p> <p><i>I did not need this type of information</i></p> <p><b>NCCQ, subsequently adapted for AAPS</b></p>	<p>Adapted to refer to the 'Emergency Department', not 'hospital'.</p>

<p>Q58 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?</p> <p><i>Yes, definitely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p>	<p>Raised as an important issue in the rapid literature review.</p>	<p>Did a member of staff tell you when you could resume your usual activities, such as when to go back to work or drive a car?</p> <p><i>Yes, definitely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p> <p><b>NHS A&amp;E</b></p>	<p>Adapted to refer to 'Emergency Department staff', not just 'staff', so that the response is specific to patient's ED experience.</p>
<p>Q59 Before you left the Emergency Department, were any new medications prescribed for you?</p> <p><i>Yes</i></p> <p><i>No</i></p>	<p>Routing question for further questions about new medication given at discharge.</p>	<p>Before you left the A&amp;E Department, were any new medications prescribed for you?</p> <p><i>Yes</i></p> <p><i>No</i></p> <p><b>NHS A&amp;E</b></p>	<p>Adapted to refer to 'Emergency Department' rather than 'A&amp;E'.</p>
<p>Q60 Did a member of the Emergency Department staff explain the purpose of the medications you were prescribed in a way you could understand?</p> <p><i>Yes, completely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p>	<p>An important area raised in both patient discussion groups and the rapid literature review, but with the design aim of condensing the way in which the topic was covered in the questionnaire.</p>	<p>Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?</p> <p><i>Yes, completely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p> <p><b>NHS A&amp;E</b></p>	<p>Adapted to refer to 'Emergency Department staff', rather than 'staff'. Also reworded to say 'prescribed', rather than 'take at home'.</p>

<p>Q61 Did a member of the Emergency Department staff tell you about medication side effects to watch for?</p> <p><i>Yes, completely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p>	<p>An area raised by patients, and in the rapid literature review, of the importance of adequate information provision relating to the transition to self-care.</p>	<p>Did a member of staff tell you about medication side effects to watch for?</p> <p><i>Yes, completely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p> <p><b>NHS A&amp;E</b></p>	<p>Adapted to refer to 'Emergency Department staff', rather than 'staff'.</p>
<p>Q62 Did Emergency Department staff take your family and home situation into account when planning your discharge?</p> <p><i>Yes, completely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No, staff did not take my family and home situation into account</i></p> <p><i>It was not necessary</i></p> <p><i>Don't know/can't remember</i></p>	<p>Consideration of the patient's home situation was raised as important in the rapid literature review, and mentioned by some patients as an aspect that staff overlooked.</p>	<p>Did hospital staff take your family or home situation into account when planning your discharge?</p> <p><i>Yes, completely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p> <p><i>It was not necessary</i></p> <p><i>Don't know/Can't remember</i></p> <p><b>NHS, subsequently adapted for AAPS</b></p>	<p>Adapted to refer to 'Emergency Department staff', not 'hospital staff'.</p>

<p>Q63 Thinking about your illness or treatment, did a member of the Emergency Department staff tell you about the signs or symptoms to watch out for after you went home?</p> <p><i>Yes, completely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p>	<p>Again, this was seen as an important aspect of discharge communication between staff and patients, raised by both patients, and in the rapid literature review.</p>	<p>Did a member of staff tell you about what danger signals regarding your illness or treatment to watch for after you went home?</p> <p><i>Yes, completely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p> <p><b>NHS A&amp;E</b></p>	<p>The wording was adapted to refer to 'Emergency Department staff', rather than 'staff' generally. The phrase 'danger signals' was seen as unnecessarily alarming to some patients in the cognitive tests, and the question was reworded to be less dramatic, and restructured for ease of comprehension.</p>
<p>Q64 Did Emergency Department staff tell you who to contact if you were worried about your condition or treatment after you left hospital?</p> <p><i>Yes</i></p> <p><i>No</i></p> <p><i>Don't know/can't remember</i></p>	<p>Patients felt it was important to know what to do, or who to contact, if they had concerns about their condition after discharge, or if their condition deteriorated.</p>	<p>Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?</p> <p><i>Yes</i></p> <p><i>No</i></p> <p><i>Don't know/Can't remember</i></p> <p><b>NHS, subsequently adapted from AAPS</b></p>	<p>Adapted to refer to 'Emergency Department staff', not 'hospital staff'.</p>

<p>Q65 Thinking about when you left the Emergency Department, were adequate arrangements made by the hospital for any services you needed?</p> <p><i>Yes, completely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p> <p><i>I did not need any services</i></p>	<p>Part of the suite of proposed National Set of Core, Common Patient Experience questions.</p>	<p>Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed?</p> <p><i>Yes, completely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p> <p><i>I did not need any services</i></p> <p><b>NCCQ, subsequently adapted for AAPS</b></p>	<p>Adapted to refer to 'the Emergency Department', not 'hospital'.</p>
<p>Q66 Did you receive a copy of a letter from the Emergency Department doctors to your family doctor or General Practitioner?</p> <p><i>Yes</i></p> <p><i>No</i></p> <p><i>Don't know/can't remember</i></p>	<p>This was important to both patients and stakeholders as an important aspect in continuity of care, to ensure that the patient's GP was aware of the condition and treatment related to the ED visit.</p>	<p>Did you receive a copy of a letter from the hospital doctors to your family GP?</p> <p><i>Yes</i></p> <p><i>No</i></p> <p><i>Not sure/don't know</i></p> <p><b>AAPS</b></p>	<p>Adapted to refer to 'Emergency Department doctors', rather than 'hospital doctor'. To ensure the phrase 'family GP' as fully understood, it was expanded to 'family doctor or General Practitioner'.</p>

<p>Q67 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?</p> <p>Yes</p> <p>No</p>	<p>Delays and waiting are an important aspect of how patients’ perceive their ED visit, and as such, it is important to understand where delays may have occurred.</p>	<p>On the day you left hospital, was your discharge delayed for any reason?</p> <p>Yes</p> <p>No</p> <p><b>NHS, subsequently adapted for AAPS</b></p>	<p>The question was extensively adapted to clarify to respondents what was meant by ‘leaving the Emergency Department’, i.e. that the question did not necessarily refer to the end of the period in hospital, or treatment episode.</p>
<p>Q68 Did a member of staff explain the reason for the delay?</p> <p>Yes</p> <p>No</p>	<p>Patients were understanding and accepting of delays, if given a timely explanation. Also raised in the rapid literature review as a salient issue.</p>	<p>Did a member of staff explain the reason for the delay?</p> <p>Yes</p> <p>No</p> <p><b>NHS</b></p>	



<p>Q69 What were the main reasons for delay? Please X <u>all</u> the boxes that apply to you.</p> <p><i>I had to wait for medicines</i></p> <p><i>I had to wait to see the doctor</i></p> <p><i>I had to wait for an ambulance/transport to another hospital</i></p> <p><i>I had to wait for an ambulance/transport to go home</i></p> <p><i>I had to wait for the letter for my General Practitioner</i></p> <p><i>I had to wait for test results</i></p> <p><i>I had to wait for a bed in a ward</i></p> <p><i>Some other reason</i></p> <p><i>Don't know/can't remember</i></p>	<p>Understanding the reasons behind delays will provide information that can be used to improve service provision.</p>	<p>What was the main reason for the delay?</p> <p><i>I had to wait for medicines</i></p> <p><i>I had to wait to see the doctor</i></p> <p><i>I had to wait for an ambulance</i></p> <p><i>Something else</i></p> <p><b>NHS, subsequently adapted for AAPS</b></p>	<p>The question wording was adapted from 'reason' to 'reasons' to allow for multiple responses. Following cognitive testing and discussion with BHI, new response categories of 'I had to wait for test results', 'I had to wait for a bed' and 'I had to wait for an ambulance/transport ....' were added.</p>
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<p>Q70 Overall, how would you rate the care you received while in the Emergency Department?</p> <p><i>Very good</i></p> <p><i>Good</i></p> <p><i>Adequate</i></p> <p><i>Poor</i></p> <p><i>Very poor</i></p>	<p>Part of the suite of proposed National Set of Core, Common Patient Experience questions.</p>	<p>Overall, how would you rate the care you received while in hospital?</p> <p>Very good</p> <p>Good</p> <p>Adequate</p> <p>Poor</p> <p>Very poor</p> <p><b>NCCQ</b></p>	<p>Adapted to refer to 'Emergency Department' rather than 'hospital'.</p>
<p>Q71 Was the reason you went to the Emergency Department satisfactorily resolved?</p> <p><i>Yes, completely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p>	<p>Stakeholders raised the importance of patient feedback on whether they felt their health issue had been successfully addressed.</p>	<p>Was the main reason you went to the A&amp;E Department dealt with to your satisfaction?</p> <p><i>Yes, completely</i></p> <p><i>Yes, to some extent</i></p> <p><i>No</i></p> <p><b>NHS A&amp;E</b></p>	<p>Adapted to refer to 'Emergency Department' rather than 'A&amp;E'. In consultation with BHI, the question was reworded from 'dealt with to your satisfaction' to 'satisfactorily resolved' so that the focus is more on the outcome of your treatment, rather than the experience of your patient.</p>

<p>Q72 If asked about your experience in the Emergency Department by friends and family how would you respond?</p> <p><i>I would speak highly of the Emergency Department</i></p> <p><i>I would neither speak highly nor be critical</i></p> <p><i>I would be critical of the Emergency Department</i></p>	<p>Advocacy of health facilities was raised as an issue by stakeholders.</p>	<p>If asked about your hospital experience by friends and family how would you respond?</p> <p><i>I would speak highly of the hospital</i></p> <p><i>I would neither speak highly nor be critical</i></p> <p><i>I would be critical of the hospital</i></p> <p><b>AAPS</b></p>	<p>Adapted from 'hospital' to 'Emergency Department'.</p>
<p>Q73 How clean were the waiting and treatment rooms in the Emergency Department?</p> <p><i>Very clean</i></p> <p><i>Fairly clean</i></p> <p><i>Not very clean</i></p> <p><i>Not at all clean</i></p>	<p>While many patients make an assumption of hospital cleanliness, others witnessed unclean areas in ED, and were increasingly concerned about hospital acquired infections. Hygiene questions are commonly included in other prominent patient surveys, as highlighted in the rapid literature review, and also by stakeholders.</p>	<p>How clean were the wards or rooms you stayed in while in hospital?</p> <p><i>Very clean</i></p> <p><i>Fairly clean</i></p> <p><i>Not very clean</i></p> <p><i>Not at all clean</i></p> <p><b>AAPS</b></p>	<p>The wording was adapted to encompass both waiting and treatment rooms within the same question.</p>

<p>Q74 How safe did you feel during your visit to the Emergency Department?</p> <p><i>Very safe</i></p> <p><i>Fairly safe</i></p> <p><i>Not very safe</i></p> <p><i>Not at all safe</i></p> <p><i>Don't know/can't remember</i></p>	<p>Patients raised the issue of personal safety, as some were concerned in the ED waiting room by the presence of prisoners, drunken patients, or those demonstrating antisocial behaviour.</p>	<p><b>ORIGINAL</b></p>	
<p>Q75 Were your religious or cultural beliefs respected by the Emergency Department staff?</p> <p><i>Yes, always</i></p> <p><i>Yes, sometimes</i></p> <p><i>No, my beliefs were not respected</i></p> <p><i>My beliefs were not an issue during my visit</i></p>	<p>Raised by stakeholders to ensure patients cultural and spiritual beliefs and preferences were being respected. (These questions relate to the Multicultural Health: Policy and Implementation Plan for Culturally Diverse Communities 2012-2016).</p>	<p>Were your religious beliefs respected by the hospital staff?</p> <p><i>Yes, always</i></p> <p><i>Yes, sometimes</i></p> <p><i>No</i></p> <p><i>My beliefs were not an issue during my hospital stay</i></p> <p><b>NHS, subsequently adapted for AAPS</b></p>	<p>Adapted to refer to 'Emergency Department staff', rather than 'hospital staff'. The answer category was also altered from 'My beliefs were not an issue during my hospital stay' to 'My beliefs were not an issue during my visit'.</p>
<p>Q76 Were you asked whether you are of Aboriginal or Torres Strait Islander origin?</p> <p><i>Yes, always</i></p> <p><i>Yes, sometimes</i></p> <p><i>No</i></p> <p><i>Don't know/can't remember</i></p>	<p>Included to measure whether or not the standard of asking whether a patient was of Aboriginal or Torres Strait Islander origin was being complied with.</p>	<p><b>ORIGINAL</b></p>	

<p>Q77 While in the Emergency Department, was suitable food or drink available?</p> <p>Yes</p> <p>No</p> <p><i>Don't know/can't remember</i></p>	<p>The availability and appropriate nature of food and drinks available while waiting, or being treated, in ED was raised by both patients and stakeholders.</p>	<p><b>ORIGINAL</b></p>	
<p>Q78 While in the Emergency Department, did you receive, or see, any information about your rights as a patient, including how to comment or complain?</p> <p>Yes</p> <p>No</p> <p><i>Don't know/can't remember</i></p>	<p>Included as it produces data that relates to a specified standard for patients.</p>	<p>While in hospital, did you ever see any posters or leaflets explaining how to complain about the care you received?</p> <p>Yes</p> <p>No</p> <p><i>Don't know/Can't remember</i></p> <p><b>NHS, subsequently adapted for AAPS</b></p>	

<p>Q79 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?</p> <p><i>An infection</i></p> <p><i>Uncontrolled bleeding</i></p> <p><i>A negative reaction to medication</i></p> <p><i>Complications as a result of tests or procedures</i></p> <p><i>A blood clot</i></p> <p><i>Confusion/disorientation</i></p> <p><i>A fall</i></p> <p><i>Any other complication or negative effect (please write in)</i></p> <p><i>None of these</i></p>	<p>The question is included to collect data on the rate of patient perceived adverse incidents.</p>	<p>Not including the reason you came to hospital, during your hospital stay, or soon afterwards, did you experience any of the following complications or negative effects?</p> <p><i>An infection</i></p> <p><i>Uncontrolled bleeding</i></p> <p><i>A negative reaction to medication</i></p> <p><i>Complications as a result of surgery</i></p> <p><i>Complications as a result of tests or procedures</i></p> <p><i>A blood clot</i></p> <p><i>A pressure wound or bed sore</i></p> <p><i>A fall</i></p> <p><i>Any other complication or negative effect</i></p> <p><i>None of these</i></p> <p><b>AAPS</b></p>	<p>The wording was amended to refer to 'Emergency Department', not 'hospital'. The introduction was simplified, and the phrase 'due to your visit' was added to make it clear that the question is asking about effects attributable to the ED visit. The answer options were also modified to better reflect the ED patient experience.</p>
<p>Q80 What year were you (the patient) born?</p>	<p>Part of the suite of proposed National Set of Core, Common Patient Experience questions. This question was included in order to standardise patient responses, and allow analysis by age of patient.</p>	<p>What year were you born?</p> <p><b>NCCQ, adapted for AAPS</b></p>	

<p>Q81 What is your (the patient's) gender?</p> <p><i>Male</i></p> <p><i>Female</i></p>	<p>Required for classification and analysis purposes (including standardisation).</p>	<p>Your gender is: (please tick the appropriate box)</p> <p><i>Male</i></p> <p><i>Female</i></p> <p><b>AHQ, adapted for AAPS</b></p>	<p>The phrase '(the patient's)' was added for clarification.</p>
<p>Q82 What was the highest level of education you (the patient) completed?</p> <p><i>Still at primary or secondary school</i></p> <p><i>Less than Year 12 at secondary school</i></p> <p><i>Completed Year 12 at secondary school</i></p> <p><i>Trade or technical certificate or diploma</i></p> <p><i>University graduate</i></p> <p><i>Post graduate/higher degree</i></p>	<p>Required for classification and analysis purposes (including standardisation).</p>	<p>What was the highest level of education you completed?</p> <p><i>Less than Year 12 at secondary school</i></p> <p><i>Completed Year 12 at secondary school</i></p> <p><i>Trade or technical certificate or diploma</i></p> <p><i>University graduate</i></p> <p><i>Post graduate/higher degree</i></p> <p><b>NSWAPS</b></p>	<p>The phrase '(the patient)' was added for clarification. The answer category 'Still at primary or secondary school' was added as some child patients may be completing the questionnaire.</p>

<p>Q83 Which, if any, of the following long-standing conditions do you (the patient) have (including age related conditions)? Please X <u>all</u> the boxes that apply to you.</p> <p><i>Deafness or severe hearing impairment</i></p> <p><i>Blindness or severe vision impairment</i></p> <p><i>A long-standing physical condition</i></p> <p><i>A learning disability</i></p> <p><i>A mental health condition (for example, depression, dementia or Alzheimer's)</i></p> <p><i>A long-standing illness (for example, cancer, HIV, diabetes, chronic heart disease, respiratory disease or epilepsy)</i></p> <p><i>None of these</i></p>	<p>Raised in both the rapid literature review, and also by stakeholders, as important to identify those patients with long-standing conditions to analyse the data and see if their needs are being met.</p>	<p>Do you have any of the following long-standing conditions? (Tick ALL that apply)</p> <p><i>Deafness or severe hearing impairment</i></p> <p><i>Blindness or partially sighted</i></p> <p><i>A long-standing physical condition</i></p> <p><i>A learning disability</i></p> <p><i>A mental health condition</i></p> <p><i>A long-standing illness, ,such as cancer, HIV, diabetes, chronic heart disease, or epilepsy</i></p> <p><i>No, I do not have a long-standing condition</i></p> <p><b>NHS, subsequently adapted for AAPS</b></p>	<p>The phrase '(the patient)' was added to the question wording for clarification. The answer categories were amended to including reference to 'depression' in the 'mental health condition' answer category, and also 'respiratory disease' in the 'long-standing illness' answer category. These changes were made in response to feedback from patients in the cognitive testing.</p>
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<p>Q84 Was your (the patient's) visit to the Emergency Department the result of an event involving either alcohol or violence?</p> <p><i>Yes, an event involving alcohol</i></p> <p><i>Yes, an event involving violence</i></p> <p><i>Yes, an event involving both</i></p> <p><i>I'd prefer not to answer</i></p> <p><i>No</i></p>	<p>This new question was developed in response to a stakeholder comment that there was a lack of data relating to the proportion of patients presenting at ED with conditions resulting from alcohol or violence.</p>	<p><b>ORIGINAL</b></p>	<p>The phrase '(the patient's)' was added to the question wording for clarification. The answer category 'No, an event involving neither' was cut from the draft question, and answer categories 'I'd prefer not to answer' and 'No' were added in response to patient feedback from the cognitive interviews.</p>
<p>Q85 In general, how would you rate your (the patient's) health?</p> <p><i>Excellent</i></p> <p><i>Very good</i></p> <p><i>Good</i></p> <p><i>Fair</i></p> <p><i>Poor</i></p>	<p>Part of the suite of proposed National Set of Core, Common Patient Experience questions.</p>	<p>In general, how would you rate your health?</p> <p><i>Excellent</i></p> <p><i>Very good</i></p> <p><i>Good</i></p> <p><i>Fair</i></p> <p><i>Poor</i></p> <p><b>NCCQ</b></p>	<p>The phrase '(the patient's)' was added to the question wording for clarification.</p>

<p>Q86 Which language do you (the patient) mainly speak at home?</p> <p><i>English</i></p> <p><i>A language other than English (Please write in)</i></p>	<p>Part of the suite of proposed National Set of Core, Common Patient Experience questions.</p>	<p>Which language do you mainly speak at home?</p> <p><i>English</i></p> <p><i>A language other than English – please specify</i></p> <p><b>NCCQ</b></p>	<p>The phrase '(the patient)' was added to the question wording for clarification.</p>
<p>Q87 Was an interpreter provided when you (the patient) needed one?</p> <p><i>Yes, always</i></p> <p><i>Yes, sometimes</i></p> <p><i>No, I needed an interpreter but one was not provided</i></p> <p><i>No, I did not need an interpreter</i></p>	<p>This issue was raised as an important patient issue by stakeholders.</p>	<p>Was an interpreter provided when you needed one?</p> <p><i>Yes, always</i></p> <p><i>Yes, sometimes</i></p> <p><i>No</i></p> <p><b>AAPS</b></p>	<p>The phrase '(the patient)' was added to the question wording for clarification. The answer categories were amended to include 'No, I needed an interpreter but one was not provided' and 'No, I did not need an interpreter' so that a prior filter question was no longer required, reducing the burden on patients completing the questionnaire.</p>

<p>Q88 Are you (the patient) of Aboriginal origin, Torres Strait Islander origin, or both?</p> <p><i>Yes – Aboriginal</i></p> <p><i>Yes – Torres Strait Islander</i></p> <p><i>Yes – both Aboriginal and Torres Strait Islander</i></p> <p><i>No</i></p>	<p>Part of the suite of proposed National Set of Core, Common Patient Experience questions.</p>	<p>Are you of Aboriginal origin, Torres Strait Islander origin, or both?</p> <p><i>Yes, Aboriginal</i></p> <p><i>Yes, Torres Strait Islander</i></p> <p><i>Yes, both Aboriginal and Torres Strait Islander</i></p> <p><i>No</i></p> <p><b>NCCQ</b></p>	<p>The phrase '(the patient)' was added to the question wording for clarification.</p>
<p>Q89 Who completed this questionnaire?</p> <p><i>The patient</i></p> <p><i>The patient with help from someone else</i></p> <p><i>Someone else on behalf of the patient</i></p>	<p>An important issue raised in the rapid literature review, and also likely to be useful for standardisation at the analysis stage</p>	<p>Who was the main person or people that filled in this questionnaire?</p> <p><i>The patient (named on the front of the envelope)</i></p> <p><i>A friend or relative of the patient</i></p> <p><i>Both patient and friend/relative together</i></p> <p><i>The patient with the help of a health professional</i></p> <p><b>NHS, subsequently adapted for AAPS</b></p>	

<p>Q90 Which, if any, of these people were with you (the patient) in the Emergency Department ... ? Please X <u>all</u> the boxes that apply to you.</p> <p><i>Your parent</i></p> <p><i>Your partner/spouse</i></p> <p><i>Another family member</i></p> <p><i>A friend</i></p> <p><i>Someone else</i></p> <p><i>None of these (you visited on your own)</i></p>	<p>This issue was raised as of considerable importance by patients in the discussion groups, and seen as vital in terms of support and having someone to advocate on your behalf when ill and potentially feeling vulnerable. The further analysis also highlights this question as accounting for most variance in the factor analysis of the previous ED dataset.</p>	<p><b>ORIGINAL</b></p>	<p>The phrase '(the patient)' was added to the question wording for clarification. The answer category 'Another family member' was added after cognitive testing.</p>
<p>Q91 In the month before visiting the Emergency Department, did you (the patient) ... ? Please X <u>all</u> the boxes that apply to you.</p> <p><i>Visit a general practitioner or local doctor</i></p> <p><i>Get admitted as an in-patient to hospital</i></p> <p><i>Visit an out-patient clinic</i></p> <p><i>Make an earlier visit to the Emergency Department</i></p> <p><i>None of these</i></p> <p><i>Don't know/can't remember</i></p>	<p>This question was added to establish existing levels of presentation prior to the episode that was the subject of the survey.</p>	<p><b>ORIGINAL</b></p>	<p>The phrase '(the patient)' was added to the question wording for clarification.</p>

<p>Q92 Before your visit to the Emergency Department, had you previously been to an Emergency Department about the same condition or something related to it?</p> <p>Yes, within the previous week</p> <p>Yes, between one week and one month earlier</p> <p>Yes, more than a month earlier</p> <p>No</p>	<p>This question was added in response to BHI interest in the problem of re-presentation, and the potential cycle of care.</p>	<p><b>ORIGINAL</b></p>	
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<p>Q93 The Bureau would like your permission to link your survey answers to other information from health records relating to you which are maintained by various NSW and Commonwealth agencies (including your hospitalisations, medical visits, ambulance transportation, medication or health registry information). Linking to your health care information for the two years before and after your visit will allow us to better understand how different aspects of the care provided by health facilities are related to the health and use of health services by their patients.</p> <p>Your information will be treated in the strictest confidence. We will receive the linked information after you name and address have been removed. We will not report any results which may identify you as an individual and your responses will not be accessible to the people who looked after you.</p> <p>Do you give permission for the Bureau of Health Information to link your answers from this survey to health records related to you (the patient)?</p> <p>Yes</p> <p>No</p>	<p>To enable data linkage.</p>	<p><b>ORIGINAL</b></p>	
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<p>Q94 What was the best part of the care you (the patient) received whilst in this Emergency Department?</p>	<p>This open-ended question was added after discussion with BHI, with the aim of providing a space within the survey for the patient to describe highlights in their care. The text will be analysed to provide feedback on good practice, and be illustrated in the patient's own words.</p>	<p><b>ORIGINAL</b></p>	<p>The phrase '(the patient)' was added to the question wording for clarification.</p>
<p>Q95 What part of your (the patient's) care provided by this Emergency Department most needs improving?</p>	<p>This open-ended question was added after discussion with BHI, with the aim of providing a space within the survey for the patient to provide feedback on areas of their ED experience that need improvement. The text will be analysed to provide feedback on areas for improvement, and be illustrated in the patient's own words.</p>	<p><b>ORIGINAL</b></p>	<p>The phrase '(the patient's)' was added to the question wording for clarification.</p>

## APPENDIX K: SURVEY QUESTIONS RELEVANT TO THE NATIONAL SAFETY AND QUALITY HEALTH SERVICE STANDARDS AND THE AUSTRALIAN CHARTER OF HEALTHCARE RIGHTS

### National Safety and Quality Health Service Standards

The Emergency Department Patient Survey includes a number of questions that are relevant to the implementation and achievement of the mandatory National Safety and Quality Health Service Standards that came into operation in January 2013. The ten standards aim to protect the public from harm and improve the quality of health service provision. Standard 1 'Governance for Safety and Quality in Health Service Organisations' and Standard 2 'Partnering with Consumers' set the overarching framework for the remaining eight standards<sup>2</sup>. The Emergency Department Patient Survey sits within the intention of Standard 2 – to create a health service that is responsive to patient, carer and consumer input and needs. The following table identifies which questions provide data relevant to specific standards.

**Table 9: Questions relevant to the National Safety and Quality Health Service Standards**

<b>National Safety and Quality Health Service Standards</b>	<b>Relevant question from the Emergency Department Patient Survey</b>
1.15 Implementing a complaints management system that includes partnership with patients and carers	Q78. While in the Emergency Department, did you receive, or see, any information about your rights as a patient, including how to comment or complain?
1.16 Implementing an open disclosure process based on the national open disclosure standard	Q46. How much information about your (the patient's) condition or treatment was given to your family, carer or someone close to you?
1.17 Implementing through organisational policies and practices a patient charter of rights that is consistent with the current	Q78. While in the Emergency Department, did you receive, or see, any information about your rights as a patient, including how to comment or

<sup>2</sup> Australian Commission on Safety and Quality in Healthcare. *Australian Safety and Quality Framework for Health Care*. Accessed 27/11/2012 from <http://qldvoice.org.au/wp-content/uploads/2011/10/Australian-Safety-and-Quality-Framework-for-Health-Care.pdf>



National Safety and Quality Health Service Standards	Relevant question from the Emergency Department Patient Survey
national charter of healthcare rights	complain?
<p>1.18 Implementing processes to enable partnership with patients in decisions about their care, including informed consent to treatment</p>	<p>Q38. How much information about your condition or treatment was given to you by Emergency Department health professionals?</p> <p>Q40. How often did the Emergency Department health professionals caring for you explain things in a way you could understand?</p> <p>Q42. Did an Emergency Department health professional discuss your worries or fears with you?</p> <p>Q44. Were you involved, as much as you wanted to be, in decisions about your care and treatment?</p> <p>Q45. If a member of your (the patient's) family or someone else close to you wanted to talk to staff, did they have the opportunity to do so?</p> <p>Q46. How much information about your (the patient's) condition or treatment was given to your family, carer or someone close to you?</p> <p>Q87. Was an interpreter provided when you needed one?</p>
<p>1.8 Adopting processes to support the</p> <ul style="list-style-type: none"> <li>• early identification, early intervention and appropriate management of patients at</li> <li>• increased risk of harm: 1.8.1 Mechanisms are in place to identify patients at</li> </ul>	<p>Q23. Did the doctors know your medical history, which had already been given to the triage nurse or ambulance crew?</p> <p>Q27. Did the nurses know your medical history, which had already been given to the triage nurse</p>

National Safety and Quality Health Service Standards	Relevant question from the Emergency Department Patient Survey
<p>increased</p> <ul style="list-style-type: none"> <li>• risk of harm</li> </ul>	<p>or ambulance crew?</p> <p>Q39. If you needed attention or advice from an Emergency Department health professional, were you able to get this help?</p>
<p>2.2 Implementing policies, procedures and/or protocols for partnering with patients, carers and consumers in:</p> <ul style="list-style-type: none"> <li>• strategic and operational/services planning</li> <li>• decision making about safety and quality initiatives</li> <li>• quality improvement activities</li> </ul> <p>2.2.2 Consumers and/or carers are actively involved in decision making about safety and quality</p>	<p>Q42. Did an Emergency Department health professional discuss your worries or fears with you?</p> <p>Q45. Were you involved, as much as you wanted to be, in decisions about your care and treatment?</p>
<p>2.7 Informing consumers and/or carers:</p> <ul style="list-style-type: none"> <li>• about the organisation’s safety and</li> <li>• quality performance in a format that</li> <li>• can be understood and interpreted</li> <li>• independently</li> </ul> <p>2.7.1 The community and consumers are provided with information that is meaningful and relevant on the organisation’s safety and quality performance</p>	<p>Q13. How much information did reception staff give you about what to expect during your visit?</p> <p>Q14. How much information did reception staff give you about how long you might have to wait to be examined?</p>

<b>National Safety and Quality Health Service Standards</b>	<b>Relevant question from the Emergency Department Patient Survey</b>
3.5 Developing, implementing and auditing hand hygiene program consistent with the current national hand hygiene initiative	Q48. 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?
3.15 Using risk management principles to implement systems that maintain a clean and hygienic environment for patients and healthcare workers	Q73. How clean were the waiting and treatment rooms in the Emergency Department?
4.4 Using a robust organisation-wide system of reporting, investigating and managing change to respond to medication incidents.  4.4.1 Medication incidents are regularly monitored, reported and investigated	Q79. 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?
4.5 Undertaking quality improvement activities to enhance the safety of medicines use	<p>Q59. Before you left the Emergency Department, were any new medications prescribed for you?</p> <p>Q60. Did a member of the Emergency Department staff explain the purpose of the medications you were prescribed in a way you could understand?</p> <p>Q61. Did a member of the Emergency Department staff tell you about medication side effects to watch for?</p> <p>Q79. Not including the reason you came to the Emergency Department, did you experience any of the following complications or negative effects</p>

<b>National Safety and Quality Health Service Standards</b>	<b>Relevant question from the Emergency Department Patient Survey</b>
	due to your visit?
4.12 Developing and implementing governance arrangements and organisational policies, procedures and/or protocols for medication safety, which are consistent with national and jurisdictional legislative requirements, policies and guidelines	<p>Q59. Before you left the Emergency Department, were any new medications prescribed for you?</p> <p>Q60. Did a member of the Emergency Department staff explain the purpose of the medications you were prescribed in a way you could understand?</p> <p>Q61. Did a member of the Emergency Department staff tell you about medication side effects to watch for?</p>
4.13 The clinical workforce informing patients and carers about medication treatment options, benefits and associated risks	<p>Q44. Were you involved, as much as you wanted to be, in decisions about your care and treatment?</p> <p>Q59. Before you left the Emergency Department, were any new medications prescribed for you?</p> <p>Q60. Did a member of the Emergency Department staff explain the purpose of the medications you were prescribed in a way you could understand?</p> <p>Q61. Did a member of the Emergency Department staff tell you about medication side effects to watch for?</p>
4.15 Providing current medicines information to patients in a format that meets their needs whenever new medicines are prescribed or	Q46. How much information about your (the patient's) condition or treatment was given to

<b>National Safety and Quality Health Service Standards</b>	<b>Relevant question from the Emergency Department Patient Survey</b>
dispensed	<p>your family, carer or someone close to you?</p> <p>Q59. Before you left the Emergency Department, were any new medications prescribed for you?</p> <p>Q60. Did a member of the Emergency Department staff explain the purpose of the medications you were prescribed in a way you could understand?</p> <p>Q61. Did a member of the Emergency Department staff tell you about medication side effects to watch for?</p>
<p>5.4 Developing, implementing and regularly reviewing the effectiveness of the patient identification and matching system at patient handover, transfer and discharge</p> <p>5.4.1: A patient identification and matching system is implemented and regularly reviewed as part of structured clinical handover, transfer and discharge processes</p>	<p>Q8. How would you rate how the ambulance crew and Emergency Department staff worked together?</p> <p>Q9. Did the ambulance crew transfer information about your condition to the Emergency Department staff?</p> <p>Q37. How would you rate how the Emergency Department health professionals worked together?</p>
<p>5.5 Developing and implementing a documented process to match patients to their intended procedure, treatment or investigation and implementing the consistent national guidelines for patient procedure matching protocol or other relevant protocols</p>	<p>Q8. How would you rate how the ambulance crew and Emergency Department staff worked together?</p> <p>Q9. Did the ambulance crew transfer information about your condition to the Emergency Department staff?</p> <p>Q23. Did the doctors know your medical history,</p>

National Safety and Quality Health Service Standards	Relevant question from the Emergency Department Patient Survey
	<p>which had already been given to the triage nurse or ambulance crew?</p> <p>Q27. Did the nurses know your medical history, which had already been given to the triage nurse or ambulance crew?</p> <p>Q37. How would you rate how the Emergency Department health professionals worked together?</p>
<p>6.3 Monitoring and evaluating the agreed structured clinical handover processes, including:</p> <p>Regularly reviewing local processes based on current best practice in collaboration with clinicians, patients and carers</p> <p>Undertaking quality improvement activities and acting on issues identified from clinical handover reviews</p> <p>Reporting the results of clinical handover reviews at executive level of governance</p>	<p>Q8. How would you rate how the ambulance crew and Emergency Department staff worked together?</p> <p>Q9. Did the ambulance crew transfer information about your condition to the Emergency Department staff?</p> <p>Q23. Did the doctors know your medical history, which had already been given to the triage nurse or ambulance crew?</p> <p>Q27. Did the nurses know your medical history, which had already been given to the triage nurse or ambulance crew?</p> <p>Q37. How would you rate how the Emergency Department health professionals worked together?</p>
<p>6.5 Developing and implementing mechanisms to include patients and carers in the clinical handover process that are relevant to the healthcare setting.</p>	<p>Q23. Did the doctors know your medical history, which had already been given to the triage nurse or ambulance crew?</p> <p>Q27. Did the nurses know your medical history,</p>

<b>National Safety and Quality Health Service Standards</b>	<b>Relevant question from the Emergency Department Patient Survey</b>
6.5.1 Mechanisms to involve a patient and, where relevant, their carer in clinical handover are in use	which had already been given to the triage nurse or ambulance crew?
9.7 Ensuring patients, families and carers are informed about, and are supported so that they can participate in recognition and response systems and processes	Q64. Did Emergency Department staff tell you who to contact if you were worried about your condition or treatment after you left hospital?
9.9 Enabling patients, families and carers to initiate an escalation of care response	<p>Q45. If a member of your (the patient's) family or someone else close to you wanted to talk to staff, did they have the opportunity to do so?</p> <p>Q46. How much information about your (the patient's) condition or treatment was given to your family, carer or someone close to you?</p>
10.3 Undertaking quality improvement activities to address safety risks and ensure the effectiveness of the falls prevention system	<p>Q34. While waiting in the treatment area, did you receive help using a bed pan, or being taken to the bathroom?</p> <p>Q39. If you needed attention or advice from an Emergency Department health professional, were you able to get this help?</p> <p>Q62. Did Emergency Department staff take your family and home situation into account when planning your discharge?</p> <p>Q79. 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?</p>

## The Australian Charter of Healthcare Rights

The Emergency Department Patient Survey includes a number of questions that are relevant to the Australian Charter of Healthcare Rights, developed by ACSQHC in 2007 and 2008. The charter was developed with extensive and widespread consultation and specifies the key rights of patients and consumers, when seeking or receiving healthcare services. The Charter highlights seven rights, underpinned by the principles of access to health care, the right to the highest possible standard of physical and mental health, and acknowledgement and respect for difference.<sup>3</sup> The following table identifies which questions provide data relevant to specific standards.

**Table 10: Questions relevant to the Australian Charter of Healthcare Rights**

Australian Charter of Healthcare Rights	Relevant question from the Adult Admitted Patient Survey
Access: I have a right to health care	<p>Q14. How much information did reception staff give you about how long you might have to wait to be examined?</p> <p>Q17. 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?</p> <p>Q20. ... were you provided with updated information on the likely waiting time to be treated?</p> <p>Q31. After triage (initial assessment), how long did you wait before being treated by an Emergency Department health professional?</p> <p>Q32. How much of a problem, if at all, was the total waiting time before you were treated?</p>

<sup>3</sup> *Australian Charter of Healthcare Rights*. Accessed from <http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/Charter-PDF.pdf>



Australian Charter of Healthcare Rights	Relevant question from the Adult Admitted Patient Survey
	Q33. How long did you spend in the Emergency Department treatment area?
Safety: I have a right to receive safe and high quality care	<p>Q24. Did you have confidence and trust in the Emergency Department doctors treating you?</p> <p>Q28. Did you have confidence and trust in the Emergency Department nurses treating you?</p> <p>Q48. 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?</p> <p>Q49. 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?</p> <p>Q73. How clean were the waiting and treatment rooms in the Emergency Department?</p> <p>Q74. How safe did you feel during your visit to the Emergency Department?</p>
Respect: I have a right to be shown respect, dignity and consideration.	<p>Q7. Overall, did the ambulance crew treat you with respect and dignity?</p> <p>Q12. How would you rate the politeness and courtesy of the reception staff?</p> <p>Q19. ... did Emergency Department staff check on your condition?</p> <p>Q25. How would you rate the politeness and</p>

Australian Charter of Healthcare Rights	Relevant question from the Adult Admitted Patient Survey
	<p>courtesy of the Emergency Department doctors?</p> <p>Q29. How would you rate the politeness and courtesy of the Emergency Department nurses?</p> <p>Q34. While waiting in the treatment area, did you receive help using a bed pan, or being taken to the bathroom?</p> <p>Q35. Were you given enough privacy during your visit to the Emergency Department?</p> <p>Q36. Did the Emergency Department health professionals caring for you introduce themselves to you?</p> <p>Q39. If you needed attention or advice from an Emergency Department health professional, were you able to get this help?</p> <p>Q41. Did you feel you were treated with respect and dignity while you were in the Emergency Department?</p> <p>Q43. Were the Emergency Department health professionals kind and caring towards you?</p> <p>Q49. 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?</p> <p>Q52. Did the Emergency Department staff provide care and understanding appropriate to the needs of your child?</p> <p>Q75. Were your religious and cultural beliefs</p>

Australian Charter of Healthcare Rights	Relevant question from the Adult Admitted Patient Survey
	respected by the Emergency Department staff?
<p>Communication: I have a right to be informed about services, treatment, options and costs in a clear and open way</p>	<p>Q13. How much information did reception staff give you about what to expect during your visit?</p> <p>Q38. How much information about your condition or treatment was given to you by Emergency Department health professionals?</p> <p>Q44. Were you involved, as much as you wanted to be, in decisions about your care and treatment?</p> <p>Q53. 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?</p> <p>Q54. Did you receive test, X-ray or scan results while you were still in hospital?</p> <p>Q55. Did a member of staff explain the test, X-ray or scan results in a way that you could understand?</p> <p>Q57. Thinking about when you left the Emergency Department, were you given enough information about how to manage your care at home?</p> <p>Q60. Did a member of Emergency Department staff explain the purpose of the medications you were prescribed in a way you could understand?</p> <p>Q68. Did a member of staff explain the reason for the delay?</p>

<b>Australian Charter of Healthcare Rights</b>	<b>Relevant question from the Adult Admitted Patient Survey</b>
	Q87. Was an interpreter provided when you (the patient) needed one?
Participation: I have a right to be included in decisions and choices about my care	<p>Q38. How much information about your condition or treatment was given to you by Emergency Department health professionals?</p> <p>Q40. How often did the Emergency Department health professionals caring for you explain things in a way you could understand?</p> <p>Q44. Were you involved, as much as you wanted to be, in decisions about your care and treatment?</p> <p>Q45. 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?</p> <p>Q46. How much information about your (the patient's) condition or treatment was given to your family, carer or someone close to you?</p>
Privacy: I have a right to privacy and confidentiality of my personal information	Q35. Were you given enough privacy during your visit to the Emergency Department?
Comment: I have a right to comment on my care and to have my concerns addressed.	Q78. While in the Emergency Department, did you receive, or see, any information about your rights as a patient, including how to comment or complain?

# APPENDIX L: FINAL EMERGENCY DEPARTMENT PATIENT SURVEY



## NSW Patient Survey: Emergency Department Experience

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

Date

Dear <INS\_TITLE> <INS\_SURNAME>.

### Your experience as an Emergency Department patient is very important to us

I am writing to ask you to take part in the NSW Patient Survey by telling us about your recent visit to the Emergency Department at [HOSPITAL NAME] during [MONTH]. Your experience at this Emergency Department is important because it helps us to understand the quality of care you received and it allows hospitals to see where they need to improve.

The 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 survey takes about 20 minutes to complete and we have provided a reply-paid envelope for you to mail it back to us. Alternatively, you can do the survey online by visiting the web address below and logging in with the following username and password:



Web address: [survey.ipsos.com.au/patientsurvey](http://survey.ipsos.com.au/patientsurvey)

Username: [INS\_UNAME]

Password: [INS\_PWORD]

Taking part in the survey is voluntary. You have been randomly selected to participate and there are many safeguards in place to protect your identity. The hospital staff who cared for you will not know if you have returned a completed questionnaire and will not be able to see your responses to the survey. At no point will we report any information that identifies you as an individual.

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).

For general information about the NSW Patient Survey Program and information about how your local hospital is performing, visit the Bureau of Health Information's website at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

Thank you for taking part in the survey.

Yours sincerely

Jean-Frederic Levesque  
Chief Executive  
Bureau of Health Information



## How to complete the survey

This survey is about your recent experience as an Emergency Department patient in the hospital named on the previous page. If you have been to the Emergency Department more than once during the month specified on the previous page, please answer about your most recent experience.

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

### *Example only*

How clean were the waiting and treatment rooms in the Emergency Department?

- Very clean  
 Fairly clean  
 Not very clean  
 Not at all clean

Sometimes you will find the box you have marked has an instruction to go to another question. By following the instructions carefully you will be able to move past questions that do not apply to you.

If you would prefer not to answer individual questions, leave them blank but please complete the rest of the survey.

If you make a mistake or wish to change a response, simply fill in that box and mark the correct box like this:

If someone is helping you to complete this survey, please ensure the answers given are from your point of view, and not the opinion of the person helping you.

If you prefer a language other than English, please refer to the separate language sheet for information on the Healthcare Interpreter Service.

Please do not write your name or address on the questionnaire.

### When you have finished

- ➔ Remove the covering letter by tearing along the perforated line.
- ➔ Place the completed survey in the "Reply Paid" envelope and post it. You do not have to use a stamp.
- ➔ If you have misplaced the "Reply Paid" envelope, please use a plain envelope (no stamp is necessary) and address to:

**NSW Patient Survey 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 experience of health services. By completing the survey, you are helping to improve health services in NSW.

### How do I make a formal complaint about my experience in hospital?

Please contact the hospital directly.

Alternatively, you can get more information about your options at the following website:

[www.health.nsw.gov.au/patientconcerns](http://www.health.nsw.gov.au/patientconcerns)

### What happens to my survey responses?

Your survey responses will be de-identified and then processed with responses from other people who completed the survey to form a report. These reports will then be provided to NSW Health and local hospitals to help them to improve health services.

Your responses will be treated in the strictest confidence and no identifying information will be given to NSW Health, the hospital or health service you attended, your doctor or other health provider unless required by law. Your responses will not affect any future health services that may be provided to you.

### How is my privacy protected?

Your privacy is protected by legislation. Ipsos has been provided with your name and address by NSW Health for the purpose of sending you this survey only, and will keep your contact details confidential.

After all surveys are processed, identifying information will be destroyed and Ipsos will then no longer be able to identify the responses you provided. However, for the period that identifiable details remain, you will be able to contact Ipsos through the toll-free Patient Survey Helpline to ask to see your responses, or to request that some or all of your information be deleted.

You can get more information about privacy and confidentiality by calling the toll-free Patient Survey Helpline or at the following website:

[www.bhi.nsw.gov.au/nsw\\_patient\\_survey\\_program/privacy](http://www.bhi.nsw.gov.au/nsw_patient_survey_program/privacy)

### How do I get more information about the survey?

Please contact the toll-free Patient Survey Helpline on 1800 220 936 (Monday to Friday, 4pm–8pm, excluding public holidays).

## NSW Patient Survey: Emergency Department Experience

- Q1** Was the recent visit to the Emergency Department for you, or your child?
- I was the patient
  - My child was the patient  
*(if so, please answer this survey about your child's visit to the Emergency Department)*

- Q2** Why did you recently visit the Emergency Department?
- My General Practitioner (GP) advised me to go .....Go to Q5
  - I was brought by an ambulance ...Go to Q7
  - I was brought by the police
  - A specialist told me I had to go to the Emergency Department
  - Someone else (e.g. a friend, family member, colleague) decided I had to go to the Emergency Department
  - I decided myself that I had to go to the Emergency Department

- Q3** When you visited the Emergency Department, was it for a condition that you thought could have been treated by a General Practitioner (GP)?
- Yes, definitely
  - Yes, probably
  - No .....Go to Q5
  - Not sure .....Go to Q5

- Q4** Why did you go to the Emergency Department rather than a General Practitioner (GP)?  
Please **X** all the boxes that apply to you
- The condition was serious/life threatening
  - The GP surgery was closed
  - Cheaper/cost
  - My medical history is at the hospital
  - I have trust and confidence in the hospital
  - The Emergency Department was recommended by someone
  - The GP was not taking new patients
  - The waiting time for the GP was too long
  - I do not have a regular GP
  - Other
  - Don't know/can't remember

- Q5** Was the signposting directing you to the Emergency Department of the hospital easy to follow?
- Yes, definitely
  - Yes, to some extent
  - No

- Q6** Was there a problem in finding a parking place near to the Emergency Department?
- Yes, a big problem
  - Yes, a small problem
  - No problem
  - Not applicable – I came by public transport, taxi, walking or on a bike

Please answer this section, Q7-Q11, if you travelled to the Emergency Department by ambulance. If not, please go to the next section, 'Reception', at Q12.

### AMBULANCE

- Q7** Overall, did the ambulance crew treat you with respect and dignity?
- Yes, definitely
  - Yes, to some extent
  - No
  - Don't know/can't remember

- Q8** How would you rate how the ambulance crew and Emergency Department staff worked together?
- Very good
  - Good
  - Neither good nor poor
  - Poor
  - Very poor
  - Don't know/can't remember

- Q9** Did the ambulance crew transfer information about your condition to the Emergency Department staff?
- Yes, definitely
  - Yes, to some extent
  - No
  - Don't know/can't remember



**Q10** Overall, how would you rate the care you received from the ambulance service?

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

**Q11** When you arrived by ambulance, were you taken directly to a treatment room, or did you wait in the waiting room or corridor?

- I was taken directly to a treatment room ..... [Go to Q23](#)
- I waited in the waiting room or corridor



### AT RECEPTION

For the following questions, please think about when you first “checked-in” to the Emergency Department.

**Q12** How would you rate the politeness and courtesy of the reception staff?

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

**Q13** How much information did reception staff give you about what to expect during your visit?

- A great deal
- A fair amount
- Not very much
- None at all

**Q14** How much information did reception staff give you about how long you might have to wait to be examined?

- A great deal
- A fair amount
- Not very much
- None at all

**Q15** How much of a problem, if at all, was overcrowding in the Emergency Department waiting room?

- A big problem
- A small problem
- Not a problem
- Don't know/can't remember

**Q16** How would you rate the overall comfort while waiting in the Emergency Department?

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

### TRIAGE – THE INITIAL ASSESSMENT

**Q17** 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?

- I did not have to wait
- 1-30 minutes
- 31-60 minutes
- More than 1 hour but no more than 2 hours
- More than 2 hours but no more than 4 hours
- More than 4 hours
- I did not see a nurse ..... [Go to Q19](#)
- I can't remember

**Q18** Overall, how would you rate the care you received from the triage nurse?

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



After you had seen the triage nurse and were still waiting in the waiting room to be treated...

**Q19** ... did Emergency Department staff check on your condition?

- Yes, someone checked on my condition
- No, no-one checked on my condition
- Don't know/can't remember

**Q20** ... were you provided with updated information on the likely waiting time to be treated?

- Yes, often
- Yes, sometimes
- No

**Q21** Did you stay until you received treatment, or leave before receiving treatment?

- I stayed until I received treatment ....Go to Q23
- I left before receiving treatment

**Q22** Why did you leave the Emergency Department before receiving treatment?

- I decided to go to my General Practitioner
- I did not feel comfortable waiting in the Emergency Department
- The waiting time was too long
- I decided my condition was not serious
- I decided my condition did not need immediate treatment
- Other  
Please write in
- Don't know/can't remember

If you left before receiving treatment, please now go to the 'Overall' section, Q70.

## DOCTORS

**Q23** Did the doctors know your medical history, which had already been given to the triage nurse or ambulance crew?

- Yes, always
- Yes, sometimes
- No
- I did not see a doctor.....Go to Q27

Please answer Q24

**Q24** Did you have confidence and trust in the Emergency Department doctors treating you?

- Yes, always
- Yes, sometimes
- No

**Q25** How would you rate the politeness and courtesy of the Emergency Department doctors?

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

**Q26** Overall, how would you rate the Emergency Department doctors who treated you?

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

## NURSES

**Q27** Did the nurses know your medical history, which had already been given to the triage nurse or ambulance crew?

- Yes, always
- Yes, sometimes
- No
- I only saw a triage nurse
- I did not see any nurses.....Go to Q31

Please answer Q28

**Q28** Did you have confidence and trust in the Emergency Department nurses treating you?

- Yes, always
- Yes, sometimes
- No

**Q29** How would you rate the politeness and courtesy of the Emergency Department nurses?

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

**Q30** Overall, how would you rate the Emergency Department nurses who treated you?

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

## YOUR TREATMENT AND CARE

**Q31** After triage (initial assessment), how long did you wait before being treated by an Emergency Department health professional?

- I did not have to wait .....Go to Q33
- 1-30 minutes
- 31-60 minutes
- More than 1 hour but no more than 2 hours
- More than 2 hours but no more than 4 hours
- More than 4 hours
- I did not see a doctor or nurse ....Go to Q70
- I can't remember

**Q32** How much of a problem, if at all, was the total waiting time before you were treated?

- A big problem
- A small problem
- Not a problem
- Not applicable (I did not wait in the waiting room)

**Q33** How long did you spend in the Emergency Department treatment area?

- I did not spend time in the treatment area .....Go to Q35
- 1-30 minutes
- 31-60 minutes
- More than 1 hour but no more than 2 hours
- More than 2 hours but no more than 4 hours
- More than 4 hours
- I can't remember

Please answer Q34

**Q34** While waiting in the treatment area, did you receive help using a bed pan, or being taken to the bathroom?

- Yes, I received help
- No, I did not receive help but needed it
- No, I did not need help
- No, I did not need to use bed pan or bathroom
- Don't know/can't remember

**Q35** Were you given enough privacy during your visit to the Emergency Department?

- Yes, always
- Yes, sometimes
- No

**Q36** Did the Emergency Department health professionals caring for you introduce themselves to you?

- Yes, always
- Yes, sometimes
- No

**Q37** How would you rate how the Emergency Department health professionals worked together?

- Very good
- Good
- Adequate
- Poor
- Very poor

**Q38** How much information about your condition or treatment was given to you by Emergency Department health professionals?

- Not enough
- Right amount
- Too much
- It was not necessary to provide information
- Don't know/can't say

**Q39** If you needed attention or advice from an Emergency Department health professional, were you able to get this help?

- Yes, always
- Yes, sometimes
- No, I could not find a health professional to help me
- A member of staff was with me all the time
- I did not need attention

**Q40** How often did the Emergency Department health professionals caring for you explain things in a way you could understand?

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never

**Q41** Did you feel you were treated with respect and dignity while you were in the Emergency Department?

- Yes, always
- Yes, sometimes
- No

**Q42** Did an Emergency Department health professional discuss your worries or fears with you?

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

**Q43** Were the Emergency Department health professionals kind and caring towards you?

- Yes, always
- Yes, sometimes
- No

**Q44** Were you involved, as much as you wanted to be, in decisions about your care and treatment?

- Yes, definitely
- Yes, to some extent
- No
- I was not well enough or did not want to be involved in decisions about my care or treatment

**Q45** 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?

- Yes, definitely
- Yes, to some extent
- No, they did not have enough opportunity
- This was not applicable to my situation
- Don't know/can't say

**Q46** How much information about your (the patient's) condition or treatment was given to your family, carer or someone else close to you?

- Not enough
- Right amount
- Too much
- It was not necessary to provide information to any family or friends
- Don't know/can't say

**Q47** Did you receive contradictory information from Emergency Department healthcare professionals – for example, giving different opinions on your treatment?

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

**Q48** 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?

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

## PAIN

**Q49** 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?

- Yes, definitely
- Yes, to some extent
- No, they did not do everything they could to help
- No, I had no pain
- Don't know/can't remember

## CHILDREN

Please answer this section, Q50-Q52, if you are answering the survey on behalf of a child. If not, please now go to the 'Tests' section, Q53.

- Q50** When you were waiting to be seen, did the Emergency Department provide enough for your child to do (such as toys, games and books)?
- Yes, there was a lot to do
  - Yes, there were some things to do, but not enough
  - There were things to do, but not for my child's age group
  - No
  - Can't remember/not applicable

- Q51** Was the area in which your child was treated suitable for someone of their age group?
- Yes, definitely
  - Yes, to some extent
  - No

- Q52** Did the Emergency Department staff provide care and understanding appropriate to the needs of your child?
- Yes, definitely
  - Yes, to some extent
  - No

## TESTS

- Q53** 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?
- Yes, always
  - Yes, sometimes
  - No, did not discuss with me
  - No, did not have any tests, X-rays, or scans .....Go to Q56
  - Don't know/can't remember

- Q54** Did you receive test, X-ray or scan results while you were still in hospital?
- Yes ..... Answer Q55
  - No .....Go to Q56

- Q55** Did a member of staff explain the test, X-ray or scan results in a way that you could understand?
- Yes, completely
  - Yes, to some extent
  - No

## LEAVING THE EMERGENCY DEPARTMENT

- Q56** What happened at the end of your visit to the Emergency Department?
- I was admitted to the same hospital
  - I was transferred to a different hospital or healthcare facility
  - I went home or to stay with a friend, relative, or elsewhere
- Please go to Q67

- Q57** Thinking about when you left the Emergency Department, were you given enough information about how to manage your care at home?
- Yes, completely
  - Yes, to some extent
  - No
  - I did not need this type of information

- Q58** 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?
- Yes, definitely
  - Yes, to some extent
  - No

- Q59** Before you left the Emergency Department, were any new medications prescribed for you?
- Yes
  - No .....Go to Q62

- Q60** Did a member of the Emergency Department staff explain the purpose of the medications you were prescribed in a way you could understand?
- Yes, completely
  - Yes, to some extent
  - No

**Q61** Did a member of the Emergency Department staff tell you about medication side effects to watch for?

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

**Q62** Did Emergency Department staff take your family and home situation into account when planning your discharge?

- Yes, completely
- Yes, to some extent
- No, staff did not take my family and home situation into account
- It was not necessary
- Don't know/can't remember

**Q63** 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?

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

**Q64** Did Emergency Department staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

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

**Q65** Thinking about when you left the Emergency Department, were adequate arrangements made by the hospital for any services you needed?

- Yes, completely
- Yes, to some extent
- No
- I did not need any services

**Q66** Did you receive a copy of a letter from the Emergency Department doctors to your family doctor or General Practitioner?

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

**Q67** 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?

- Yes
- No .....Go to Q70

**Q68** Did a member of staff explain the reason for the delay?

- Yes
- No

**Q69** What were the main reasons for delay?

Please X all the boxes that apply to you

- I had to wait for medicines
- I had to wait to see the doctor
- I had to wait for an ambulance/transport to another hospital
- I had to wait for an ambulance/transport to go home
- I had to wait for the letter for my General Practitioner
- I had to wait for test results
- I had to wait for a bed in a ward
- Some other reason
- Don't know/can't remember

## OVERALL

**Q70** Overall, how would you rate the care you received while in the Emergency Department?

- Very good
- Good
- Adequate
- Poor
- Very poor

**Q71** Was the reason you went to the Emergency Department satisfactorily resolved?

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



Q72

If asked about your experience in the Emergency Department by friends and family how would you respond?

- I would speak highly of the Emergency Department
- I would neither speak highly nor be critical
- I would be critical of the Emergency Department

Q73

How clean were the waiting and treatment rooms in the Emergency Department?

- Very clean
- Fairly clean
- Not very clean
- Not at all clean

Q74

How safe did you feel during your visit to the Emergency Department?

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

Q75

Were your religious or cultural beliefs respected by the Emergency Department staff?

- Yes, always
- Yes, sometimes
- No, my beliefs were not respected
- My beliefs were not an issue during my visit

Q76

Were you asked whether you are of Aboriginal or Torres Strait Islander origin?

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

Q77

While in the Emergency Department, was suitable food or drink available?

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

Q78

While in the Emergency Department, did you receive, or see, any information about your rights as a patient, including how to comment or complain?

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

Q79

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?

- An infection
  - Uncontrolled bleeding
  - A negative reaction to medication
  - Complications as a result of tests or procedures
  - A blood clot
  - Confusion/disorientation
  - A fall
  - Any other complications or negative effect  
*please write in*
- 
- None of these

## ABOUT YOURSELF

Please remember to answer the following questions about the patient.

Q80

What year were you (the patient) born?

WRITE IN (YYYY)

Q81

What is your (the patient's) gender?

- Male
- Female

Q82

What was the highest level of education you (the patient) completed?

- Still at primary or secondary school
- Less than Year 12 at secondary school
- Completed Year 12 at secondary school
- Trade or technical certificate or diploma
- University graduate
- Post graduate/higher degree

**Q83** Which, if any, of the following long-standing conditions do you (the patient) have (including age related conditions)?

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

- Deafness or severe hearing impairment
- Blindness or severe vision impairment
- A long-standing physical condition
- A learning disability
- A mental health condition (for example, depression, dementia or Alzheimer's)
- A long-standing illness (for example, cancer, HIV, diabetes, chronic heart disease, respiratory disease or epilepsy)
- None of these

**Q84** Was your (the patient's) visit to the Emergency Department the result of an event involving either alcohol or violence?

- Yes, an event involving alcohol
- Yes, an event involving violence
- Yes, an event involving both
- I'd prefer not to answer
- No

**Q85** In general, how would you rate your (the patient's) health?

- Excellent
- Very good
- Good
- Fair
- Poor

**Q86** Which language do you (the patient) mainly speak at home?

- English .....Go to Q88
- A language other than English



Please write in then answer Q87

**Q87** Was an interpreter provided when you (the patient) needed one?

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

**Q88** Are you (the patient) of Aboriginal origin, Torres Strait Islander origin, or both?

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

**Q89** Who completed this questionnaire?

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

**Q90** Which, if any, of these people were with you (the patient) in the Emergency Department ... ?

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

- Your parent
- Your partner/spouse
- Another family member
- A friend
- Someone else
- None of these (you visited on your own)

**Q91** In the month before visiting the Emergency Department, did you (the patient) .... ?

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

- Visit a General Practitioner or local doctor
- Get admitted as an in-patient to hospital
- Visit an out-patient clinic
- Make an earlier visit to the Emergency Department
- None of these
- Don't know/can't remember

**Q92** Before your visit to the Emergency Department, had you previously been to an Emergency Department about the same condition or something related to it?

- Yes, within the previous week
- Yes, between one week and one month earlier
- Yes, more than a month earlier
- No

Q93

The Bureau would like your permission to link your survey answers to other information from health records relating to you which are maintained by various NSW and Commonwealth agencies (including your hospitalisations, medical visits, ambulance transportation, medication or health registry information). Linking to your health care information for the two years before and after your visit will allow us to better understand how different aspects of the care provided by health facilities are related to the health and use of health services of their patients.

Your information will be treated in the strictest confidence. We will receive the linked information after your name and address have been removed. We will not report any results which may identify you as an individual and your responses will not be accessible to the people who looked after you.

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

- Yes
- No

### YOUR FINAL COMMENTS

Q94 What was the best part of the care you (the patient) received whilst in this Emergency Department?


Q95 What part of your (the patient's) care provided by this Emergency Department most needs improving?


Thank you for your time.  
Please remove the covering letter by tearing along the perforated line.  
Return the questionnaire in the reply paid envelope provided  
or send it an envelope addressed to  
NSW Patient Survey, Ipsos Social Research Institute,  
Reply Paid 84599, Hawthorn, VIC 3122 (no stamp is needed)

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 Stei HL 'The consumer quality index (CQ-index) in an accident and emergency department: development and first evaluation' BJMC Health Services Research 2012, 12:264), and are used with permission.

