

Weighting and Statistical Analysis

Adult Admitted Patient Survey, 2013

Revision History

Version	Issue Date	Author	Comments
1.0	July 2014	Diane Hindmarsh	Drafted for release of six months AAPS data at LHD and NSW state level only
2.0	November 2014	Diane Hindmarsh	Modifications made to update for the release of 12 months of AAPS data at hospital, peer group, LHD and NSW state level.

TABLE OF CONTENTS

Introduction	1
Exclusions and completeness	1
Weighting	1
Analysis of weights	2
Demographic characteristics of respondents to AAPS	5
Statistical analysis and reporting	7
APPENDIX 1	8

Suggested Citation: Weighting and Statistical Overview: Adult Admitted Patient Survey, 2013. Sydney (NSW); 2014. Version 2

Date of publication: 12 November 2014

Please note that there is the potential for minor revisions of data in this report. Please check the online version at www.bhi.nsw.gov.au for any amendments.

INTRODUCTION

The Adult Admitted Patient Survey (AAPS) 2013 is the first of the NSW Patient Surveys administered by the Bureau of Health Information (BHI) to be publicly reported on. This survey is conducted by BHI on behalf of the NSW Ministry of Health and the local health districts (LHDs). This document outlines the weighting and statistical analyses undertaken prior to releasing the data.

Results from the AAPS 2013 are shown at a hospital, LHD and state level for all questions in the survey, with the exception of two open-ended questions. Results are taken from monthly sampling and mailing across the calendar year of January to December 2013.

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

Results were weighted to the demographic distribution of patients at the hospital during that quarter, as discussed below. The BHI technical document, a [Guide to Interpreting Differences](#), provides further information on the processes used to investigate whether differences in the results between hospitals, LHDs or NSW are due to chance or are statistically different.

Completeness of survey questionnaires

In 2013, 35 respondents did not answer any of the questions in the survey, with the exception of one or both of the two open-text questions at the end of the questionnaire. These 35 respondents were excluded from further analysis of the survey results. In addition, 3.6% of respondents answered fewer than 50 questions in the questionnaire – the responses for these patients were retained however and these patients also contributed to the overall response rate.

Weighting of survey results

Responses were weighted to take into account the stay type of patients (whether they were same day patients or stayed overnight or longer) and their age group (17–49/50+ years). From September 2013 onwards, cancer status was also included in weighting due to the introduction of cancer oversampling. Cancer oversampling was introduced to allow analysis of the survey data by cancer status once 12 months of survey data are obtained. This oversampling was restricted to facilities where sufficient cancer patients could be sampled to provide precise results.

Responses from surveys were weighted so that results were representative of all patients attending the hospital during that quarter. It ensures that hospital-level results represent the patient population in terms of stay-type and age group of respondents, as well as to minimise the impact of a large increase in the proportion of cancer patients in the sample.

At the LHD and state level, weights were also applied to ensure that the different sampling proportions used at the facility level are taken into account so that the LHD level results are not unduly influenced by small facilities that had a much larger sampling proportion.

The response weights are calculated as:

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

where:

- the population (i.e. total number of patients eligible for the survey) of the i^{th} facility, j^{th} age group, k^{th} stay type and l^{th} cancer status is denoted N_{ijkl} . The patient numbers are based on the number eligible following the second phase of screening undertaken by the Ministry of Health. See [Technical Supplement – Sampling Overview](#), AAPS 2013.
- The sample size (i.e. number of respondents) of the i^{th} facility, j^{th} age group, k^{th} stay type and l^{th} cancer status is denoted n_{ijkl} .

If the stratum cell size within a facility was five or fewer, then cells within a facility were aggregated for weighting purposes; firstly by grouping across age groups and then, if still less than five responses, by stay type. This process was also implemented for the cancer strata.

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

Analysis of weights

As part of the weighting process, an investigation of the weights was undertaken for each quarter separately to ensure that undue weight was not applied to individual responses. The range in weights within each facility was found to be appropriate, and therefore weights were not adjusted.

The design effect (DEFF) was calculated for each LHD and overall, for each quarter and for the four quarters combined. The DEFF, estimated as $(1 + \text{coefficient of variance (weights)}^2)$, compares the variance of estimates obtained from the stratified sample used with the variance expected for a simple random sample. Sample sizes, response rates and DEFFs based on the 12 months of data are shown in Table 1 (by LHD and NSW) and Table 2 (by facility).

Table 1: Sample size, response rates and design effects (DEFF) by LHD and overall, AAPS, January to December 2013

Local Health District	Mailed	Respondents	Response rate (%)	Design effect
Central Coast	2,175	1,111	51	1.13
Far West	640	291	45	1.19
Hunter New England	10,389	5,370	52	1.88
Illawarra Shoalhaven	3,772	2,007	53	1.51
Mid North Coast	4,632	2,671	58	1.92
Murrumbidgee	3,353	1,603	48	1.70
Nepean Blue Mountains	3,265	1,558	48	2.27
Northern NSW	5,101	2,848	56	1.53
Northern Sydney	5,497	2,614	48	1.77
South Eastern Sydney	5,869	2,737	47	1.34
South Western Sydney	6,940	3,037	44	1.39
Southern NSW	5,055	2,645	52	1.19
St Vincent's Health Network	1,329	539	41	1.14
Sydney	4,750	2,206	46	1.23
Western NSW	4,899	2,387	49	1.36
Western Sydney	5,775	2,338	40	1.62
NSW	73,441	35,962	49	1.76

Table 2: Sample size, response rates and design effects (DEFF) by facility, AAPS, January to December 2013

Facility name	Mailed	Respondents	Response rate (%)	Design effect
Armidale and New England Hospital	1,114	574	52	1.16
Auburn Hospital	1,583	543	34	1.23
Ballina District Hospital	959	536	56	1.11
Bankstown / Lidcombe Hospital	1,390	614	44	1.13
Bateman's Bay District Hospital	829	484	58	1.07
Bathurst Base Hospital	1,213	612	50	1.26
Bega District Hospital	913	515	56	1.09
Bellinger River District Hospital	188	112	60	1.19
Belmont Hospital	955	491	51	1.14
Blacktown Hospital	1,441	575	40	1.09
Blue Mountains District Anzac Memorial Hospital	937	456	49	1.18
Bowral and District Hospital	953	499	52	1.13
Broken Hill Base Hospital	640	291	45	1.19
Bulli District Hospital	280	129	46	1.35
Calvary Mater Newcastle	943	517	55	1.36
Camden Hospital	328	151	46	1.41
Campbelltown Hospital	1,166	531	46	1.17
Canterbury Hospital	1,373	531	39	1.09
Casino and District Memorial Hospital	71	29	41	1.09

Cessnock District Hospital	894	467	52	1.10
Coffs Harbour Base Hospital	1,029	545	53	1.10
Concord Hospital	1,312	634	48	1.13
Cooma Health Service	257	135	53	1.14
Cowra District Hospital	297	167	56	1.07
Deniliquin Health Service	298	143	48	1.11
Dubbo Base Hospital	1,255	566	45	1.26
Fairfield Hospital	1,474	581	39	1.21
Forbes District Hospital	329	152	46	1.14
Gosford Hospital	1,197	585	49	1.11
Goulburn Base Hospital	1,094	561	51	1.09
Grafton Base Hospital	1,080	568	53	1.11
Griffith Base Hospital	1,328	611	46	1.13
Gunnedah District Hospital	222	112	50	1.20
Hornsby and Ku-Ring-Gai Hospital	1,099	544	49	1.18
Inverell District Hospital	291	139	48	1.08
John Hunter Hospital	1,156	572	49	1.17
Kempsey Hospital	1,461	868	59	1.06
Kurri Kurri District Hospital	839	558	67	1.05
Lismore Base Hospital	1,070	593	55	1.11
Lithgow Health Service	898	462	51	1.06
Liverpool Hospital	1,629	661	41	1.10
Macksville District Hospital	901	556	62	1.06
Macleay District Hospital	267	176	66	1.02
Maitland Hospital	799	376	47	1.22
Manly District Hospital	1,128	527	47	1.15
Manning Base Hospital	909	504	55	1.13
Milton and Ulladulla Hospital	216	106	49	1.09
Mona Vale and District Hospital	1,035	525	51	1.13
Moree District Hospital	287	101	35	1.22
Moruya District Hospital	861	459	53	1.10
Mount Druitt Hospital	1,296	616	48	1.21
Mudgee District Hospital	320	168	53	1.07
Murwillumbah District Hospital	859	484	56	1.10
Muswellbrook District Hospital	310	147	47	1.13
Narrabri District Hospital	252	91	36	1.02
Nepean Hospital	1,430	640	45	1.24
Orange Health Service	1,226	602	49	1.10
Parkes District Hospital	259	120	46	1.12
Port Macquarie Base Hospital	1,053	590	56	1.17
Prince of Wales Hospital	1,258	587	47	1.14
Queanbeyan Health Service	1,101	491	45	1.14
Royal Hospital for Women	1,112	467	42	1.09
Royal North Shore Hospital	966	452	47	1.18
Royal Prince Alfred Hospital/RPAH-IRO	2,065	1,041	50	1.17
Ryde Hospital	1,269	566	45	1.18
Shellharbour Hospital	991	539	54	1.05
Shoalhaven and District Memorial Hospital	1,120	650	58	1.09
Singleton District Hospital	375	197	53	1.17

St George Hospital	1,295	591	46	1.08
St Vincent's Hospital, Darlinghurst	1,329	539	41	1.14
Sutherland Hospital	1,066	557	52	1.13
Sydney/Sydney Eye Hospital	1,138	535	47	1.14
Tamworth Base Hospital	1,043	524	50	1.11
The Tweed Hospital	795	462	58	1.29
Tumut Health Service	248	111	45	1.16
Wagga Wagga Base Hospital	1,136	563	50	1.17
Westmead Hospital	1,455	604	42	1.06
Wollongong Hospital	1,165	583	50	1.08
Wyong Hospital	978	526	54	1.07
Young Health Service	343	175	51	1.05

At the LHD level, the DEFFs range from just over 1.13 to 2.27. This suggests that the sample variance of estimates for some LHDs will be more than double the sample variance that would have been obtained if simple random sampling had been done across the LHD. The LHDs with the largest DEFFs are those that have the greatest range in patient volumes across the facilities within the LHD. The standard errors at the LHD level are fairly small because of the sample sizes at the LHD level. Therefore the increase in standard errors caused by the survey design (and leading to a larger DEFF at LHD level) is more than offset by the fact that each facility that is sampled has sufficient sample size to allow facility level reporting. In addition, the estimates at the LHD level have appropriate apportionment of respondents between large and small facilities. It was therefore decided to use the weights as calculated using formula (1), and not censor larger weights.

DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS TO AAPS

One of the aims of weighting is to ensure that after weighting the characteristics of the respondents closely reflect the characteristics of the patient population. The demographic characteristics such as age and stay type of the patients who responded to the survey were compared with those of the patient population. Table 3 shows the percentages by actual patient volumes as well as unweighted and weighted survey results, by various demographic breakdowns. The weighted percentages for LHD, stay type and peer group are almost identical to those for the patient population. The weighted percentage differs from the population presenting in each of the age strata, but the weighted percentages are much closer to the population than the unweighted percentages. The difference here is because the age strata had to be aggregated for weighting purposes due to small cell sizes. The proportion of Aboriginal respondents is slightly closer to the population value after weighting, although Aboriginal status is not included as a variable in the calculation of weights.

Table 3 Demographic characteristics of patients and AAPS respondents, January to December 2013

Demographic variable	Sub-group	% in patient population	% in MoH* eligible population	Unweighted % (respondents)	Weighted % (respondents)
LHD	CCLHD	5.0	4.9	3.1	4.9
	FWLHD	0.3	0.2	0.8	0.2
	HNELHD	12.5	12.6	14.9	12.6
	ISLHD	5.3	5.2	5.6	5.2
	MLHD	3.1	3.1	4.5	3.1
	MNCLHD	4.5	4.5	7.4	4.5
	NBMLHD	4.1	4.0	4.3	4.0
	NNSWLHD	4.4	4.3	7.9	4.3
	NSLHD	8.4	8.7	7.3	8.7
	SESLHD	10.1	10.3	7.6	10.3
	SNSWLHD	2.5	2.5	7.4	2.5
	SVHN	3.2	3.2	1.5	3.2
	SWSLHD	12.0	12.1	8.4	12.1
	SYDLHD	10.1	10.2	6.1	10.2
	WNSWLHD	4.3	4.3	6.6	4.3
		WSLHD	10.2	10.0	6.5
Age strata	17-49	28.9	29.4	15.7	26.5
	50+	71.1	70.6	84.3	73.5
Stay type	Overnight	66.9	65.3	59.7	65.4
	Same Day	33.1	34.7	40.3	34.6
Peer group	A1	48.5	48.4	22.5	48.4
	A3	3.3	3.3	4.2	3.3
	B	32.7	33.0	31.7	33
	C1	9.0	9.1	19.3	9.1
	C2	6.5	6.2	22.2	6.2
Aboriginal status	No	80.7	N/A	92.4	93.4
	Yes	2.3	N/A	2.2	2.2
	Unrecorded	17.0	N/A	5.4	4.5
Gender	Male	49.0	N/A	45.6	46.4
	Female	51.0	N/A	53	52.3
	Unrecorded	0	N/A	1.4	1.3

*MOH = NSW Ministry of Health

STATISTICAL ANALYSIS AND REPORTING

Analysis was undertaken in SAS V9.3 using the following analysis tools and criteria:

- SURVEYFREQ procedure, with STRATA defined by facility, age strata and stay type
- TABLE command to produce results for each question
 - overall
 - by facility, LHD and peer group
 - by age group and gender at facility, LHD and peer group levels, and
 - by rurality of the facility, based on the remoteness index of the locality of each hospital.

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

For the first release of AAPS which reported on results from January to June 2013, missing responses and those who responded 'don't know/can't remember' to questions were excluded from analysis. For the current release, new guidelines have directed the inclusion or exclusion of these options.

Performance related questions exclude missing values and 'don't know/can't remember' type responses. The exception is for 'don't know/can't remember' responses for questions that ask about a third party (e.g. if family had enough opportunity to talk to doctor) or that are over 10%. Meanwhile, non-performance related questions include results for people who responded 'don't know/can't remember' and those who should have answered the question but did not. Results are presented so long as at least 30 people responded to the question.

BHI is reviewing methods for standardisation of survey results to optimise direct comparisons. As an adjunct to this process, BHI has provided a [Guide to Interpreting Differences](#) to assist in understanding comparisons between results.

APPENDIX 1

Response rate and suppression

BHI has a policy of suppressing survey results where there are fewer than 30 responses for a question. If the facility-level response rate for the survey is less than 30% then the results will be presented with a caution.

The response rates for all LHDs and facilities exceeded 30% (Table 1 and Table 2), so there was no need to caution on the basis of response rate.

Facility level results for Casino and District Memorial Hospital were suppressed due to the small number of respondents for that facility.

For a number of facilities, results for some questions were suppressed due to the small number or respondents.

Table A2: Proportion of missing responses and responses to 'don't know/can't remember' option (where applicable), by question, AAPS, January 2013 to December 2013.

Question number and text	Missing	Don't know	Missing + Don't know
	%	%	%
Q1. Was your visit to hospital planned in advance or an emergency?	3.0		3.0
Q2. Do you think the total amount of time you waited to be admitted to hospital was...?	5.8	1.3	7.1
Q3. Before your arrival, how much information about your hospital stay was given to you?	6.9	2.7	9.5
Q4. When you arrived in hospital did you spend time in the Emergency Department?	2.1	2.1	4.3
Q5. How would you rate the politeness and courtesy of staff in the Emergency Department?	6.0		6.0
Q6. Do you think the amount of time you spent in the Emergency Department was...?	6.8	5.1	11.9
Q7. How would you rate the politeness and courtesy of staff on your arrival to hospital?	2.3		2.3
Q8. Do you think the time you had to wait from arrival at hospital until you were taken to your room or ward was...?	5.9		5.9
Q9. How clean were the wards or rooms you stayed in while in hospital?	1.4		1.4
Q10. How clean were the toilets and bathrooms that you used while in hospital?	2.6		2.6
Q11. Did you see nurses wash their hands, use hand gel to clean their hands, or put on clean gloves before touching you?	1.8	11.4	13.2
Q12. Did you see doctors wash their hands, use hand gel to clean their hands, or put on clean gloves before touching you?	3.1	19.6	22.7
Q13. Were you given enough privacy when being examined or treated?	2.2		2.2
Q14. Were you given enough privacy when discussing your condition or treatment?	2.5		2.5
Q15. At other times during your hospital stay did you have enough privacy?	4.9		4.9
Q16. Did you have any hospital food during this visit?	2.4		2.4
Q17. How would you rate the hospital food?	2.4		2.4
Q18. Did you have any special dietary needs (e.g. vegetarian, diabetic, food allergies, religious, cultural, or related to your treatment)?	3.7		3.7
Q19. Was the hospital food suitable for your dietary needs?	3.9	1.3	5.1
Q20. Did you need help from staff to eat your meals?	4.0		4.0
Q21. Did you get enough help from staff to eat your meals?	3.4		3.4

Question number and text	Missing	Don't know	Missing + Don't know
	%	%	%
Q22. If you needed to talk to a doctor, did you get the opportunity to do so?	2.8		2.8
Q23. When you had important questions to ask a doctor, did they answer in a way you could understand?	3.5		3.5
Q24. In your opinion, did the doctors who treated you know enough about your medical history?	3.4		3.4
Q25. Did you have confidence and trust in the doctors treating you?	2.0		2.0
Q26. How would you rate the politeness and courtesy of your doctors?	2.0		2.0
Q27. Were the doctors kind and caring towards you?	2.4		2.4
Q28. Overall, how would you rate the doctors who treated you?	2.5		2.5
Q29. In your opinion, were there enough nurses on duty to care for you in hospital?	1.9		1.9
Q30. If you needed to talk to a nurse, did you get the opportunity to do so?	1.8		1.8
Q31. When you had important questions to ask a nurse, did they answer in a way you could understand?	2.1		2.1
Q32. In your opinion, did the nurses who treated you know enough about your care and treatment?	2.2		2.2
Q33. Did nurses ask your name or check your identification band before giving you any medications, treatments or tests?	1.9	3.4	5.3
Q34. Did you have confidence and trust in the nurses treating you?	1.7		1.7
Q35. How would you rate the politeness and courtesy of your nurses?	1.7		1.7
Q36. Were the nurses kind and caring towards you?	1.6		1.6
Q37. Overall, how would you rate the nurses who treated you?	1.7		1.7
Q38. Which, if any, of the following other healthcare professionals did you receive care or treatment from during this hospital stay?	9.4		9.4
Q39. How would you rate the politeness and courtesy of these other healthcare professionals?	4.9		4.9
Q40. Did you have confidence and trust in these other healthcare professionals?	6.8		6.8
Q41. How often did the doctors, nurses and other health professionals caring for you explain things in a way you could understand?	3.1		3.1
Q42. During your stay in hospital, how much information about your condition or treatment was given to you?	3.5		3.5
Q43. Did you have worries or fears about your condition or treatment while in hospital?	3.5		3.5
Q44. Did a healthcare professional discuss your worries or fears with you?	5.3		5.3

Question number and text	Missing	Don't know	Missing + Don't know
	%	%	%
Q45. Were you involved, as much as you wanted to be, in decisions about your care and treatment?	3.9		3.9
Q46. If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?	3.7	5.0	8.7
Q47. How much information about your condition or treatment was given to your family, carer or someone close to you?	3.7	5.1	8.8
Q48. How would you rate how well the doctors and nurses worked together?	2.7		2.7
Q49. If you needed assistance, were you able to get a member of staff to help you within a reasonable timeframe?	2.1		2.1
Q50. Was a call button placed within easy reach?	5.4		5.4
Q51. Did you feel you were treated with respect and dignity while you were in the hospital?	1.9		1.9
Q52. Did the staff treating and examining you introduce themselves?	2.0		2.0
Q53. Were your religious or cultural beliefs respected by the hospital staff?	3.5		3.5
Q54. While in hospital, did you receive, or see, any information about your rights as a patient, including how to comment or complain?	3.8	31.7	35.5
Q55. 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?	10.6		10.6
Q56. Was the impact of this complication or negative effect...?	5.2		5.2
Q57. In your opinion, were members of the hospital staff open with you about this complication or negative effect?	9.0		9.0
Q58. Were you ever in any pain while in hospital?	2.5		2.5
Q59. When you had pain, was it usually severe, moderate or mild?	4.0		4.0
Q60. Do you think the hospital staff did everything they could to help manage your pain?	2.3		2.3
Q61. During your stay in hospital, did you have any tests, X-rays or scans?	3.1		3.1
Q62. Did a doctor, nurse or other health professional discuss the purpose of these tests, X-rays or scans with you?	5.2		5.2
Q63. Did you receive test, X-ray or scan results while you were still in hospital?	6.3		6.3
Q64. Did a member of hospital staff explain the test, X-ray or scan results in a way that you could understand?	3.9		3.9
Q65. During your visit to hospital, did you have an operation or surgical procedure?	3.2		3.2
Q66. Was your operation or surgical procedure planned before you came to hospital?	3.0		3.0

Question number and text	Missing	Don't know	Missing + Don't know
	%	%	%
Q67. Thinking back to when you first tried to book an appointment with a specialist, how long did you have to wait to see that specialist?	2.6	8.3	10.9
Q68. From the time a specialist said you needed the operation or surgical procedure, how long did you have to wait to be admitted to hospital?	1.8	2.7	4.6
Q69. Do you think the total amount of time between when you first tried to book an appointment with a specialist and when you were admitted to hospital was...?	1.9	2.3	4.2
Q70. Before your operation or surgical procedure, did a member of hospital staff ask your name or check your identification band?	3.6	3.0	6.6
Q71. Before your operation or surgical procedure, did a member of hospital staff explain what would be done in a way that you could understand?	3.9		3.9
Q72. After the operation or procedure, did a member of staff explain how the operation or surgical procedure had gone in a way you could understand?	3.8		3.8
Q73. Did you feel involved in decisions about your discharge from hospital?	2.7		2.7
Q74. At the time you were discharged, did you feel that you were well enough to leave the hospital?	2.4		2.4
Q75. Thinking about when you left hospital, were you given enough information about how to manage your care at home?	2.4		2.4
Q76. Did hospital staff take your family and home situation into account when planning your discharge?	3.0	2.7	5.7
Q77. Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed?	3.0		3.0
Q78. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	3.2	9.4	12.6
Q79. Were you given medication to take at home?	3.1		3.1
Q80. How much information, if any, were you given about the medication you were taking home?	7.4		7.4
Q81. Did you feel involved in the decision to use this medication in your treatment?	7.9		7.9
Q82. Did you receive a copy of a letter from the hospital doctors to your family doctor (GP)?	3.5	12.6	16.0
Q83. On the day you left hospital, was your discharge delayed?	2.4		2.4
Q84. Did a member of staff explain the reason for the delay? [in discharge]	4.5		4.5
Q85. What was the main reason for the delay? [in discharge]	22.0	4.5	26.5
Q86. How long was the delay? [in discharge]	4.0	3.7	7.7
Q87. Overall, how would you rate the care you received while in	1.5		1.5

Question number and text	Missing	Don't know	Missing + Don't know
	%	%	%
hospital?			
Q88. How well organised was the care you received in hospital?	1.9		1.9
Q89. If asked about your hospital experience by friends and family how would you respond?	2.9		2.9
Q91. Gender	1.4		1.4
Q92. Highest level of education completed	9.1		9.1
Q93. Which, if any, of the following long-standing conditions do you have (including age-related conditions)?	5.8		5.8
Q94. In general, how would you rate your health?	2.1		2.1
Q95. Thinking about the month leading up to your hospital stay, how many days did illness or injury keep you in bed for all or a substantial part of the day?	3.9		3.9
Q96. Language mainly spoken at home	2.2		2.2
Q97. Did you need, or would you have liked, to use an interpreter at any stage while you were in hospital?	1.3		1.3
Q98. Was an interpreter provided when you needed one?	3.4		3.4
Q99. Aboriginal and/or Torres Strait Islander origin	5.4		5.4
Q1000. Age	3.2		3.2
Quintile of Disadvantage (derived from residential postcode)	<0.1		<0.1
Rurality (derived from facility location)	0		0