Australian Commission on Safety and Quality in Health Care

## Australian Hospital Patient Experience Question Set

D19-12888

# Text introduction for mail and online surveys

We invite you to participate in a patient survey that has been designed for use in Australia to measure consumers' experiences in hospital. Your views are very important in helping [Insert organisation name] and the Australian Commission on Safety and Quality in Health Care to identify things that need to be improved in our approach to patient care. Your feedback will also allow [Insert organisation name] to share findings with peer organisations to promote sharing of best practice and continuous improvement. The questionnaire should take approximately [X] minutes to complete.

By taking part in the survey, you are consenting to participate in the survey. The information you give will remain confidential and will not be used in decision-making about your treatment. You are free to withdraw at any time if you do not feel comfortable answering a question. Any reports about survey results will remove personal patient information and will group many patients together to show overall patterns, not individual responses.

If you have any problems or questions in completing this questionnaire, please telephone [organisation contact and contact detail].

#### **Question 1**

iviy views and concerns were listened to
Response options
□Always
□Mostly
☐ Sometimes
□Rarely
□Never
☐ Didn't apply
Question 2

My individual needs were met [if answer always/mostly, skip to Q4]

## **Response options**

□Always
□Mostly
☐ Sometimes
□Rarely
□Never

When a need could not be met, staff explained why

Response options	
☐ Always ☐ Mostly ☐ Sometimes ☐ Rarely ☐ Never	
Question 4	
I felt cared for	
Response options	
□ Always □ Mostly □ Sometimes □ Rarely □ Never	

I was involved as much as I wanted in making decisions about my treatment and care

Response options
□ Always □ Mostly □ Sometimes □ Rarely □ Never
Question 6
I was kept informed as much as I wanted about my treatment and care
Response options
□ Always □ Mostly □ Sometimes □ Rarely □ Never

As far as I could tell, the staff involved in my care communicated with each other about my treatment

Response options
□Always
☐ Mostly
☐ Sometimes
□Rarely
□Never
☐ Didn't apply
Question 8
I received pain relief that met my needs
Response options
□Always
□Mostly
□Sometimes
□Rarely
□Never
□Didn't apply
□ Rarely □ Never □ Didn't apply

When I was in the hospital, I felt confident in the safety of my treatment and care

Response	options
□Always	
☐ Mostly	

□Sometimes

□ Rarely □ Never

#### **Question 10**

I experienced unexpected harm or distress as a result of my treatment or care

[if answer is no, skip to Q12]

#### **Response options**

□Yes,	physical harm
□Yes,	emotional distress
□Yes,	both
ПΝο	

My harm or distress was discussed with me by staff

Response options
□Yes
□ No
□ Not sure
□ Didn't want to discuss it
Question 12
Overall, the quality of the treatment and care I received was:
Response options
□ Very good
□Good
□Average
□Poor
□ Very poor