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].

# Questions

## Question 1

My 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

## Question 3

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

## Question 5

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

## Question 7

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

## Question 9

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
* No

## Question 11

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