

Maternity Outpatient Clinic Patient Experience Survey 2017

Questionnaire

Intro

Hello, this is ... calling from the Queensland Government Statistician's Office. We are conducting a survey on behalf of the Queensland Department of Health.

We are interviewing patients who have recently attended an outpatients clinic to ask about their perceptions of the care they received. You may remember receiving a letter to tell you we would call regarding your recent maternity clinic experiences.

The information you provide will help the Department of Health improve outpatient clinic services. The interview will only take around 12 minutes of your time.

Your responses are strictly confidential and no identifying information can be released to Queensland Health or any other body unless authorised or required by law. The information is being collected by the Queensland Government Statistician's Office and is protected by the Statistical Returns Act 1896. Your responses will be combined with those of other participants to compile aggregate information.

For male interviewers only – We also have female interviewers available if you would be more comfortable speaking to a female about your experiences.

Can we start now?

Some calls are monitored by my supervisor for training and quality purposes.

Q1 I'd just like to confirm that you have been to an appointment at <facility name>'s maternity clinic in the last few months?

- 1 Yes
- 2 No – visited a different hospital
- 3 No – not an outpatient at any clinic
- 4 No – received phone call or at home care or telehealth
- 98 Don't know
- 99 Refused to answer

If Q1 > 1 Interviewer prompt to check / End interview if still not 'Yes'

If Q1 = 2 then read 'The questions I'm asking are specifically about care delivered at <facility name>, so unfortunately I can't proceed with this interview. As you have been to a different hospital, you may receive a call from an interviewer in relation to that hospital. Thank you for your time.'

If Q1 = 3 then End interview

If Q1 > 3 then read 'Many of the questions are about the actual clinic and the physical environment, so unfortunately I won't be able to proceed with the interview. Thank you for your time.'

Else go to Q2

Q2 Has your baby been born yet?

- 1 Yes
- 2 No
- 3 Miscarriage / termination / stillbirth / baby died
- 99 Refused to answer

If Q2 = 3 apologise and End interview, code Out of Scope

If Q2 = 3 and respondent insists on completing the survey, code Q2 = 2

Else go to Q3

Q3 How many times have you visited this maternity clinic for this same pregnancy (and birth)?

(If Q2=1 show 'Int: This includes during the pregnancy and after the birth')

- 1 This was the only time
- 2 2 to 3 times
- 3 4 to 8 times
- 4 More than 8 times
- 98 Don't know
- 99 Refused to answer

Q4 Is/Was this your first pregnancy?

- 1 Yes, first pregnancy
- 2 No, second or more pregnancy
- 98 Don't know
- 99 Refused to answer

Q5 In general, would you say your health is...?

- 1 **Very good**
- 2 **Good**
- 3 **Adequate**
- 4 **Poor**
- 5 **Very poor**
- 98 Don't know
- 99 Refused to answer

Q6 Before your (first) appointment, did you know who to contact if you had any concerns about your and your baby's health?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

*If Q3 = 1 go to Q7
Else go to Read1*

Read1 For the rest of the questions, could you think about your experiences in general for all your visits to this maternity clinic, for this pregnancy?

Q7 Overall, how would you rate the care you received while in the maternity clinic? Would you say...?

- 1 **Very good**
- 2 **Good**
- 3 **Adequate**
- 4 **Poor**
- 5 **Very poor**
- 98 Don't know
- 99 Refused to answer

Q8 (How often) Were you able to get an appointment time that suited you? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 6 I didn't have an appointment
- 98 Don't know
- 99 Refused to answer

Q9 Were you given any printed information about your pregnancy or birth by the maternity clinic?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q9 = 1 go to Q11

Else if Q9 = 2 go to Q10

Else go to Q13

Q10 Would you have liked to be given printed information about your pregnancy or birth by the maternity clinic?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

Go to Q13

Q11 Did you find this information useful?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q11 = 2 go to Q12

Else go to Q13

Q12 Why wasn't the information useful to you?

If multiple reasons are given, choose the MAIN reason

- 1 It was not relevant
- 2 I couldn't understand it
- 3 I already knew it
- 4 Other (please specify)
- 98 Don't know
- 99 Refused to answer

Q13 Would you prefer to receive printed information or to access it digitally, for example on your phone, tablet device or computer?

- 1 Printed
- 2 Digital
- 3 Both printed and digital
- 4 No preference
- 98 Don't know
- 99 Refused to answer

Q14 Was the <facility name> your first choice of hospital for your maternity clinic appointment?

- 1 Yes
 - 2 No
 - 3 I didn't have a choice of hospitals
 - 98 Don't know
 - 99 Refused to answer
- If Q14 = 2 go to Q15
Else go to Q16*

Q15 Were you provided with other options, such as care via telehealth?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

Q16 Were you referred to this hospital from another hospital?

- 1 Yes
 - 2 No
 - 98 Don't know
 - 99 Refused to answer
- If Q16 > 1 go to Read2
Else go to Q17*

Q17 Did the staff at the new hospital have your medical information from the previous hospital?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

Q18 Had you had any tests at the previous hospital?

- 1 Yes
 - 2 No
 - 98 Don't know
 - 99 Refused to answer
- If Q18 > 1 go to Read2
Else go to Q19*

Q19 Did the staff at <facility name> maternity clinic have the results of those tests?

- 1 Yes
 - 2 No
 - 98 Don't know
 - 99 Refused to answer
- If Q19 = 2 go to Q20
Else go to Read2*

Q20 Did you have to redo any tests?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

Read2 Next is a question about getting to <facility name>.

Q21 Before your (first) appointment at <facility name>'s maternity clinic, were you given information about how to get to <facility name>? Would you say...?

- 1 Yes, definitely
- 2 Yes, but it could be improved
- 3 No
- 4 I didn't need this type of information
- 98 Don't know
- 99 Refused to answer

Read3 Next are some questions about when you arrived at the <facility name> maternity clinic.

Q22 When you arrived at the maternity clinic, how would you rate the courtesy of the receptionist? Would you say...?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Very poor
- 7 I didn't deal with a receptionist
- 98 Don't know
- 99 Refused to answer

*If Q22 = 7 go to Read4
Else go to Q23*

Q23 In the reception area, could other patients overhear what you talked about with the receptionist?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

Read4 Next are some questions about waiting at the maternity clinic.

Q24 (On average,) How long after the stated appointment time did (the appointment / your appointments) start?

Int: read options 1–6 if necessary

- 1 Seen on time, or early
- 2 Waited up to 15 minutes
- 3 Waited 16–30 minutes
- 4 Waited 31–60 minutes
- 5 Waited more than 1 hour but no more than 2 hours
- 6 Waited more than 2 hours
- 7 I didn't have an appointment
- 98 Don't know
- 99 Refused to answer

If Q24 = 3 or Q24 = 4 or Q24 = 5 or Q24 = 6 go to Q25

Else go to Read5

Q25 (How often, when there was a delay,) Were you advised how long you would have to wait? (Would you say...)

If multiple appointments, read options 1–5

Int: this includes being told by a person, information displayed on a screen or board, or receiving a piece of paper with that information

- 1 **Always** / Yes
- 2 **Mostly**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never** / No
- 98 Don't know
- 99 Refused to answer

If Q25 < 5 go to Q26

Else go to Q27

Q26 (In general,) Was your actual wait longer, shorter, or about the length you were advised?

- 1 Shorter
- 2 About as long as advised
- 3 Longer
- 98 Don't know
- 99 Refused to answer

Q27 (How often) Did someone apologise for the delay? (Would you say ...)

If multiple appointments, read options 1–5

- 1 **Always** / Yes
- 2 **Mostly**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never** / No
- 98 Don't know
- 99 Refused to answer

Read5 Next are some questions about the maternity clinic environment at <facility name>.

Q28 Did you (ever) have any children with you at the maternity clinic?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

*If Q28 = 1 go to Q29
Else go to Q30*

Q29 (How often) Were there things available to occupy them, for example books, toys, videos or play equipment? (Would you say ...)

If multiple appointments, read options 1–5

- 1 **Always** / Yes
- 2 **Mostly**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never** / No
- 6 These weren't necessary
- 98 Don't know
- 99 Refused to answer

Q30 (In general,) How clean was the maternity clinic? Would you say...?

- 1 **Very clean**
- 2 **Fairly clean**
- 3 **Not very clean**
- 4 **Not at all clean**
- 98 Don't know
- 99 Refused to answer

Q31 (In general,) How clean were the toilets at the maternity clinic? Would you say...

- 1 **Very clean**
- 2 **Fairly clean**
- 3 **Not very clean**
- 4 **Not at all clean**
- 5 I did not use a toilet
- 98 Don't know
- 99 Refused to answer

Read6 Next are some questions about tests, such as scans or blood tests, and so on.

Q32 Whilst in <facility name> maternity clinic, did you (ever) have any tests such as scans or blood tests?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

*If Q32 = 1 go to Q33
Else go to Read7*

Q33 (How often,) Did a member of staff explain why you needed these tests in a way you could understand? (Would you say ...)

If multiple appointments, read options 1–5

- 1 **Always** / Yes
- 2 **Mostly**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never** / No
- 6 I did not need an explanation
- 98 Don't know
- 99 Refused to answer

Q34 (How often) Did a member of staff tell you how you would find out the results of your tests? (Would you say ...)

If multiple appointments, read options 1–5

- 1 **Always** / Yes
- 2 **Mostly**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never** / No
- 98 Don't know
- 99 Refused to answer

Q35 (How often) Did a member of staff explain the results of the tests in a way you could understand? (Would you say ...)

If multiple appointments, read options 1–5

- 1 **Always** / Yes
- 2 **Mostly**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never** / No
- 6 I was told I would get the results at a later date
- 7 I was never told the results of the tests
- 8 I was told my results would go to the GP
- 98 Don't know
- 99 Refused to answer

Read7 Next are some questions about who you are having your care with.

Q36 (Are you having / Did you have) all your care with a midwife, or all your care with a doctor at the maternity clinic, or (are you having / did you have) shared care with a midwife and a doctor at the maternity clinic?

A doctor can be an intern, resident, registrar or consultant.

- 1 Midwife only
- 2 Doctor only
- 3 Both midwife and doctor
- 98 Don't know
- 99 Refused to answer

If Q36 = 1 and Q3 >1 go to Q37

Else if Q36 = 1 and Q2 = 1 and Q3 = 1 go to Q38

Else if Q36 = 1 go to Read9

Else if Q36 = 2 and Q3 >1 go to Q39

Else if Q36 = 2 and Q2 = 1 and Q3 = 1 go to Q40

Else if Q36 = 2 go to Read8
Else if Q36 = 3 and Q3 > 1 go to Q37
Else if Q36 = 3 and Q2 = 1 and Q3 = 1 go to Q38
Else if Q36 = 3 go to Read8
Else go to Read 9

Q37 (Do / Did) you see the same midwife whenever you (go / went) to the maternity clinic? Would you say...

- 1 Always**
- 2 Mostly**
- 3 Sometimes**
- 4 Rarely**
- 5 Never**
- 98 Don't know
- 99 Refused to answer

If (Q37 = 1 or Q37 = 2) and Q2 = 1 go to Q38
Else if Q36 = 3 go to Q39
Else go to Read9

Q38 Was (that midwife / the midwife you saw at your maternity clinic appointment) present when you gave birth?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q36 = 3 and Q3 = 1 go to Q40
Else if Q36 = 3 and Q3 > 1 go to Q39
Else go to Read9

Q39 (Do / Did) you see the same doctor whenever you (go / went) to the maternity clinic? Would you say...

- 1 Always**
- 2 Mostly**
- 3 Sometimes**
- 4 Rarely**
- 5 Never**
- 98 Don't know
- 99 Refused to answer

If (Q39 = 1 or Q39 = 2) and Q2 = 1 go to Q40
Else go to Read8

Q40 Was (that doctor / the doctor you saw at your maternity clinic appointment) present when you gave birth?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

Read8 Next are some questions about doctors during (the appointment / your appointments).

(And then there will be some questions about midwives.)

Q41 (How often) Did you have enough time to discuss your and your baby's health with the doctor? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes**
- 2 Mostly**
- 3 Sometimes**
- 4 Rarely**
- 5 Never / No**
- 6 I haven't seen a doctor
- 98 Don't know
- 99 Refused to answer

If Q41 = 6 go to Read9

Else go to Q42

Q42 (How often) Did the doctor seem to know enough about your medical history? (Would you say...)

If multiple appointments, read options 1–5

- 1 Always / Yes**
- 2 Mostly**
- 3 Sometimes**
- 4 Rarely**
- 5 Never / No**
- 98 Don't know
- 99 Refused to answer

Q43 (How often) Did the doctor explain the reasons for any examinations, treatments, referrals and so on, in a way that you could understand? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes**
- 2 Mostly**
- 3 Sometimes**
- 4 Rarely**
- 5 Never / No**
- 6 I did not need an explanation
- 7 I did not need any treatment or action
- 98 Don't know
- 99 Refused to answer

Q44 (How often) Did the doctor listen to what you had to say? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes**
- 2 Mostly**
- 3 Sometimes**
- 4 Rarely**
- 5 Never / No**
- 98 Don't know
- 99 Refused to answer

**Q45 (How often) Did you feel comfortable to ask questions or discuss concerns with the doctor?
(Would you say ...)**

If multiple appointments, read options 1–5

- 1 **Always** / Yes
- 2 **Mostly**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never** / No
- 98 Don't know
- 99 Refused to answer

Q46 If you had important questions to ask the doctor, (how often) did you get answers that you could understand? (Would you say ...)

If multiple appointments, read options 1–5

- 1 **Always** / Yes
- 2 **Mostly**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never** / No
- 6 I did not have an opportunity to ask
- 7 I did not want to ask any important questions
- 98 Don't know
- 99 Refused to answer

**Q47 (How often) Did you have confidence and trust in the doctor examining and treating you?
(Would you say ...)**

If multiple appointments, read options 1–5

- 1 **Always** / Yes
- 2 **Mostly**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never** / No
- 98 Don't know
- 99 Refused to answer

Q48 Did you have worries or fears about your condition or treatment while in the maternity clinic?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q48 = 1 go to Q49

Else if Q36 = 3 go to Read9

Else go to Read11

Q49 (How often) Did the doctor discuss them with you? (Would you say ...)

If multiple appointments, read options 1–5

1 Always / Yes

2 Mostly

3 Sometimes

4 Rarely

5 Never / No

6 I did not attempt to discuss any worries/fears with the doctor

98 Don't know

99 Refused to answer

If Q49 = 1 or Q49 = 2 or Q49 = 3 go to Q50

Else if Q36 = 3 go to Read9

Else go to Read11

Q50 (How often) Did you feel supported after discussing your worries or fears with the doctor? (Would you say ...)

If multiple appointments, read options 1–5

1 Always / Yes

2 Mostly

3 Sometimes

4 Rarely

5 Never / No

6 I did not attempt to discuss any worries/fears with the doctor

98 Don't know

99 Refused to answer

If Q36 = 3 go to Read9

Else go to Read11

Read9 Next are some questions about midwives during (the appointment / your appointments).

Q51 (How often) Did you have enough time to discuss your and your baby's health with the midwife? (Would you say ...)

If multiple appointments, read options 1–5

1 Always / Yes

2 Mostly

3 Sometimes

4 Rarely

5 Never / No

6 I haven't seen a midwife

98 Don't know

99 Refused to answer

If Q51 = 6 go to Read11

Else go to Q52

Q52 (How often) Did the midwife explain the reasons for any examinations, treatments, referrals and so on, in a way that you could understand? (Would you say ...)

If multiple appointments, read options 1–5

- 1 **Always** / Yes
- 2 **Mostly**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never** / No
- 6 I did not need an explanation
- 7 I did not need any treatment or action
- 98 Don't know
- 99 Refused to answer

Q53 (How often) Did the midwife listen to what you had to say? (Would you say ...)

If multiple appointments, read options 1–5

- 1 **Always** / Yes
- 2 **Mostly**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never** / No
- 98 Don't know
- 99 Refused to answer

Q54 (How often) Did you feel comfortable to ask questions or discuss concerns with the midwife? (Would you say ...)

If multiple appointments, read options 1–5

- 1 **Always** / Yes
- 2 **Mostly**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never** / No
- 98 Don't know
- 99 Refused to answer

Q55 If you had important questions to ask the midwife, (how often) did you get answers that you could understand? (Would you say ...)

If multiple appointments, read options 1–5

- 1 **Always** / Yes
- 2 **Mostly**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never** / No
- 6 I did not have an opportunity to ask
- 7 I did not want to ask any important questions
- 98 Don't know
- 99 Refused to answer

**Q56 (How often) Did you have confidence and trust in the midwife examining and treating you?
(Would you say ...)**

If multiple appointments, read options 1–5

1 Always / Yes

2 Mostly

3 Sometimes

4 Rarely

5 Never / No

98 Don't know

99 Refused to answer

If Q48 = 1 go to Read10

Else if Q48 > 1 go to Read 11

Else go to Q57

Q57 Did you have worries or fears about your condition or treatment while in the maternity clinic?

1 Yes

2 No

98 Don't know

99 Refused to answer

If Q57 = 1 go to Q58

Else go to Read11

Read10 You mentioned earlier that you had some worries or fears about your condition or treatment while in the maternity clinic.

Q58 (How often) Did the midwife discuss them with you? (Would you say ...)

If multiple appointments, read options 1–5

1 Always / Yes

2 Mostly

3 Sometimes

4 Rarely

5 Never / No

6 I did not attempt to discuss any worries/fears with the midwife

98 Don't know

99 Refused to answer

If Q58 > 3 go to Read11

Else go to Q59

**Q59 (How often) Did you feel supported after discussing your worries or fears with the midwife?
(Would you say ...)**

If multiple appointments, read options 1–5

1 Always / Yes

2 Mostly

3 Sometimes

4 Rarely

5 Never / No

6 I did not attempt to discuss any worries/fears with the midwife

98 Don't know

99 Refused to answer

Read11 Next are some questions about your lifestyle.

Q60 Did a (midwife / doctor / midwife or doctor) at the maternity clinic ask if you smoked cigarettes?

Int: This means smoking during the pregnancy.

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

*If Q60 = 1 go to Q61
Else go to Q63*

Q61 Did you respond 'Yes' or 'No'?

Int: This means how did you respond when asked if you smoked

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

*If Q61 = 1 go to Q62
Else go to Q63*

Q62 Did the (midwife / doctor / midwife or doctor) support you to stop smoking by...?

Int: Read out options 1 and 2, and tick all that apply

- 1 Telling you about the Quitline
- 2 Providing you with information
- 3 Neither of these
- 98 Don't know
- 99 Refused to answer

Q63 Did a (midwife / doctor / midwife or doctor) at the maternity clinic ask if you drink alcohol?

Int: This means drinking alcohol during the pregnancy

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

*If Q63 = 1 go to Q64
Else go to Q67*

Q64 Did you respond 'Yes' or 'No'?

Int: This means how did you respond when asked if you drank alcohol

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

*If Q64 = 1 go to Q65
Else go to Q67*

Q65 Did the (midwife / doctor / midwife or doctor) support you to not drink alcohol by ...?

Int: Read out options 1 and 2, and tick all that apply

1 Telling you about a relevant service

2 Providing you with information

3 Neither of these

98 Don't know

99 Refused to answer

Q66 Did the (midwife / doctor / midwife or doctor) tell you that not drinking alcohol during pregnancy and breastfeeding is safest for you and your baby?

1 Yes

2 No

98 Don't know

99 Refused to answer

Q67 (Did a / Has a) (midwife / doctor / midwife or doctor) at the maternity clinic (monitor / monitored) your weight during your pregnancy?

1 Yes

2 No

98 Don't know

99 Refused to answer

Q68 Did the (midwife / doctor / midwife or doctor) express concern about your weight?

Int: this includes both underweight and overweight concerns

1 Yes

2 No

98 Don't know

99 Refused to answer

If Q68 = 1 go to Q69

Else go to Q70

Q69 Did the (midwife / doctor / midwife or doctor) support you to eat a healthy diet by ...?

Int: Read out options 1 and 2, and tick all that apply

1 Referring you to a dietitian

2 Providing you with information

3 Neither of these

98 Don't know

99 Refused to answer

Q70 Did the (midwife / doctor / midwife or doctor) at the maternity clinic discuss breastfeeding with you?

1 Yes

2 No

98 Don't know

99 Refused to answer

Read12 Next are some questions about your appointment/s overall.

Q71 Have you been given enough information about your pregnancy and birth (to date) by the maternity clinic?

- 1 Yes
- 2 No
- 3 I have not needed this type of information
- 98 Don't know
- 99 Refused to answer

Q72 (How often) Were you given enough privacy when being examined or treated? (Would you say ...)

If multiple appointments, read options 1–5

- 1 **Always** / Yes
- 2 **Mostly**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never** / No
- 98 Don't know
- 99 Refused to answer

Q73 (How often) Were you involved as much as you wanted to be in decisions about your care and treatment? (Would you say ...)

If multiple appointments, read options 1–5

- 1 **Always** / Yes
- 2 **Mostly**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never** / No
- 98 Don't know
- 99 Refused to answer

Q74 (How often) Did the (midwife / doctor / midwife or doctor) and/or staff ask you what was important to you in managing your pregnancy and birth? (Would you say ...)

If multiple appointments, read options 1–5

- 1 **Always** / Yes
- 2 **Mostly**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never** / No
- 98 Don't know
- 99 Refused to answer

Q75 Did a doctor or midwife discuss with you options for your pregnancy care and birthing? Would you say...?

Int: This could be things like: maternity shared care, or a water birth for example, or other options.

- 1 **Yes, completely**
- 2 **Yes, to some extent**
- 3 **No**
- 98 Don't know
- 99 Refused to answer

Q76 Were medical students or midwifery students (ever) present when you were being treated or examined?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

*If Q76 = 1 go to Q77
Else go to Read13*

Q77 (How often) Were you asked for permission for these students to be present? (Would you say ...)

If multiple appointments, read options 1–5

- 1 **Always** / Yes
- 2 **Mostly**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never** / No
- 98 Don't know
- 99 Refused to answer

Read13 Next are some questions about information provided to you.

Q78 As far as you know, (how often) was your GP given all the necessary information about the advice or treatment that you received at your appointment? (Would you say ...)

If multiple appointments, read options 1–5

- 1 **Always** / Yes
- 2 **Mostly**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never** / No
- 6 **I don't have a GP**
- 98 Don't know
- 99 Refused to answer

Q79 Before you left the clinic, (how often) did a staff member discuss with you what would happen next, for example whether you needed another maternity clinic appointment, to see your GP etc.? (Would you say ...)

If multiple appointments, read options 1–5

- 1 **Always** / Yes
- 2 **Mostly**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never** / No
- 98 Don't know
- 99 Refused to answer

Q80 Did maternity clinic staff tell you who to contact if you were worried after you left the maternity clinic?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

Q81 Did you phone <facility name> because you had concerns about yourself or your baby?

Int: This means during this pregnancy (or since the birth)

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q81 > 1 go to Read14

Else go to Q82

Q82 How long did it take until you were put through to the right person? Would you say it took ...

- 1 Not more than a couple of minutes**
- 2 3 or 4 minutes**
- 3 5 to 10 minutes**
- 4 More than 10 minutes**
- 5 Never got through to the right person
- 6 Other (please specify)
- 98 Don't know
- 99 Refused to answer

If Q82 = 5 go to Read14

Else go to Q83

Q83 How many different people did you speak with before you got through to the right person?

Int: If R can't remember exactly, ask for her best guess

- 1 The right person answered the phone
- 2 (please specify) numeric
- 98 Don't know
- 99 Refused to answer

Q84 When you spoke with the right person, did you find their advice helpful? Would you say ...

- 1 Yes, definitely**
- 2 Yes, to some extent**
- 3 No**
- 98 Don't know
- 99 Refused to answer

If Q84 = 2 or Q84 = 3 go to Q85

Else go to Read14

Q85 Why wasn't the advice (entirely) helpful?

- 1 Told to go to Emergency Department
- 2 Told to go to maternity clinic
- 3 Told to go to GP / own doctor
- 4 Other (please specify)
- 98 Don't know
- 99 Refused to answer

Read14 Next are some questions about your overall impressions.

Q86 (How often) Did you feel you were treated with respect and dignity while you were in the maternity clinic? (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 98 Don't know
- 99 Refused to answer

Q87 Now, thinking about emotional changes you may have experienced during your pregnancy (birthing, parenting,) and life changes ...

Did you feel that your emotional health was supported by staff at the maternity clinic? Would you say ...

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 98 Don't know
- 99 Refused to answer

Q88 (How often) Were your cultural needs respected by the staff of the maternity clinic, or did you not have particular cultural needs during your clinic (visit? / visits?) (Would you say ...)

If multiple appointments, read options 1–5

- 1 Always / Yes
- 2 Mostly
- 3 Sometimes
- 4 Rarely
- 5 Never / No
- 6 I did not have particular cultural needs during the clinic visit/s
- 98 Don't know
- 99 Refused to answer

Q89 Some patients might wish to give feedback such as compliments or complaints about the care they received. While at the maternity clinic were you told, or did you see a poster or brochure on how to do this?

- 1 Yes
- 2 No
- 98 Don't know / Can't remember
- 99 Refused to answer

Read15 As I mentioned earlier, the information we collect will help the Department of Health in improving services.

Q90 Was there anything particularly good about your visit/s to the maternity clinic that hasn't already been covered?

- 1 Yes (please specify)
- 2 No
- 98 Don't know
- 99 Refused to answer

Q91 Was there anything about the maternity clinic that could have been improved that hasn't already been covered?

- 1 Yes (please specify)
- 2 No
- 98 Don't know
- 99 Refused to answer

If <indig_status> = 9 (Indigenous status not known) go to Q92

Else if <indig_status> = 1 (Aboriginal) or <indig_status> = 2 (Torres Strait Islander) or <indig_status> = 3 (both Aboriginal and Torres Strait Islander) go to Q94

Else if <indig_status> = 4 (non-Indigenous) and <askAge> = 1 (age not known) go to Q98

Else go to Closing

Q92 Are you of Aboriginal or Torres Strait Islander origin?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q92 = 1 go to Q93

Else if Q92 > 1 and <askAge> = 1 (age not known) go to Q98

Else go to Closing

Q93 Are you of Aboriginal origin, Torres Strait Islander origin or both?

- 1 Aboriginal
- 2 Torres Strait Islander
- 3 Both Aboriginal and Torres Strait Islander
- 98 Don't know
- 99 Refused to answer

Q94 Some mothers might want to have cultural practices like boiling tea grass or eucalyptus leaves, having a smoking ceremony, full immersion in water, taking the placenta home, or other things.

Did your (midwife / doctor / midwife or doctor) check if you required or wanted any specific cultural practices to be included in your birthing plan?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

Q95 Did the maternity clinic have any culturally appropriate resources, such as posters and pamphlets available?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

Q96 Were you offered support from an Aboriginal or Torres Strait Islander health worker or hospital liaison officer? Would you say...?

- 1 Yes
- 2 No, but I would have liked to be asked
- 3 No, but I didn't want or need to see one
- 98 Don't know
- 99 Refused to answer

Q97 Would you recommend the <facility name> maternity clinic to your Aboriginal and Torres Strait Islander family and friends? Would you say...?

- 1 Yes, definitely
- 2 Yes, probably
- 3 No
- 4 There is no choice
- 98 Don't know
- 99 Refused to answer

*If <askAge> = 1 (age not known) go to Q98
Else go to Closing*

Q98 We don't appear to have your date of birth in our records. Would you mind providing your date of birth?

- 1 Gives date of birth (please specify)
- 99 Refused to answer

*If Q98 = 99 go to Q99
Else go to Closing*

Q99 Would you mind giving your age in years?

- 1 Gives age in years (please specify)
- 99 Refused to answer

Closing

Thanks. That concludes the survey.

Your responses are strictly confidential and no identifying information can be released to Queensland Health or any other body unless authorised or required by law. The information is being collected by the Queensland Government Statistician's Office and is protected by the Statistical Returns Act 1896. Your responses will be combined with those of other participants to compile aggregate information.

Thank you very much for your assistance.

NHS Outpatients Department Survey 2011 © Care Quality Commission

A/Deputy Director-General Brief for Approval

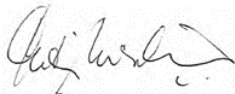
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|------------------------|------------|
| Department RecFind No: | CE004052 |
| Branch: | PSQIS, CED |
| File Ref No: | PSQIS 3899 |

SUBJECT: 2017 Queensland Health Maternity Outpatient Clinic Patient Experience Survey facility and statewide results

Recommendations

It is recommended the A/Deputy Director-General, Clinical Excellence Division:

1. **Approve** the 2017 Queensland Health Maternity Outpatient Clinic Patient Experience Survey facility executive summaries (Attachment 1) and statewide executive summary and checkerboard of results (Attachments 2 and 3) for dissemination to Hospital and Health Services and Mater Health Services.
APPROVED
2. **Sign** the memorandum to Health Service Chief Executives regarding the 2017 Maternity Outpatient Clinic Patient Experience Survey facility and statewide results (Attachment 4).
APPROVED
3. **Sign** the memorandum to South West Health Service Chief Executive and Torres and Cape Health Service Chief Executive regarding the 2017 Maternity Outpatient Clinic Patient Experience Survey statewide results (Attachment 5).
APPROVED
4. **Sign** the letter to Mater Health Services Chief Executive Officer regarding the 2017 Maternity Outpatient Clinic Patient Experience Survey facility and statewide results (Attachment 6).
APPROVED



Date: 20 / 06 / 2018

PROFESSOR KEITH MCNEIL
A/Deputy Director-General
Clinical Excellence Division

A/Deputy Director-General's comment

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Issues

1. The 2017 Queensland Health Maternity Outpatient Clinic Patient Experience Survey (Maternity OPES) field collection was conducted by the Queensland Government Statistician's Office (QGSO) on behalf of the Department of Health. The survey was conducted by telephone interview between October and November 2017.
2. Patient Safety and Quality Improvement Service (PSQIS) has sourced a new external provider (Ipsos Public Affairs) for the analysis and online reporting of the 2017 Maternity OPES. For the first time, detailed survey results will be provided to Hospital and Health Services (HHSs) via a secure, interactive online portal.
3. The initial design, development and implementation work required to set up the new portal has been greater than anticipated, which has delayed the dissemination of the 2017 Maternity

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| Department RecFind No: | CE004052 |
| Branch: | PSQIS, CED |
| File Ref No: | PSQIS 3899 |

OPES results to HHSs. However, for the proposed 2018-19 surveys, it is expected that results will be available to HHSs approximately 1 month after telephone surveying ends. These surveys will utilise the existing work already undertaken in the reporting portal, and will have incorporated feedback from HHSs from the Maternity OPES and the 2017-18 General Surgery Outpatient Clinic Patient Experience Survey currently being finalised.

4. It is anticipated that the online survey results portal will go live from 25 June 2018. HHS executives and other personnel previously nominated by the HHS will be initially set up with secure access to the portal, and additional staff can be set up with access at any time. Two webinars will be conducted to help familiarise users with the portal, and a session will be recorded and made available to new users.
5. The attached memorandum (Attachment 4) and letter (Attachment 6) will provide HHSs and Mater Health Services with the statewide executive summary and checkerboard summarising statewide results and 31 facility specific executive summaries (Attachments 1, 2 and 3) in advance of the portal go-live date.
6. South West HHS and Torres and Cape HHS had no participating facilities that achieved the minimum of 30 interviews required for a facility to receive an executive summary. A separate memorandum (Attachment 5) provides statewide results only.
7. Central West HHS did not have any facilities that participated in the survey, and Children's Health Queensland does not provide maternity services.
8. Survey results will assist HHSs and Mater Health Services in identifying local and statewide areas for improvement, leading to the development of initiatives to address these areas. Results from this survey have been compared to the results from the previous survey undertaken in 2015 where possible.
9. Overall results for Queensland are good, with almost two-thirds of the measures achieving a high result (greater than or equal to 70 per cent). Measures that are very high include: *asked about smoking status; asked about drinking status, advised about Quitline or provided with information to help stop smoking, provided with printed information about pregnancy or birth, this printed information was useful.* Measures requiring improvement include: *being advised of the wait time to be seen, receiving an apology for delay to be seen, privacy at reception, feeling supported after discussing worries or fears with doctors, being told or seeing information about how to provide a compliment or complaint about the care received.*
10. The statewide report and selected key measures for the 2015 Maternity OPES were published on the Queensland Health Hospital Performance internet site. A separate brief to the Honourable Steven Miles, Minister for Health and Minister for Ambulance Services will be submitted requesting approval for publication of the 2017 Maternity OPES results.

Vision

11. Queensland Health Patient Experience Surveys align to *the Advancing health 2026* direction 'Delivering healthcare - The core business of the health system and improving equitable access to quality and safe healthcare in its different forms and settings'.

Results of Consultation

12. Consultation was undertaken with the 2017 Maternity OPES working group regarding the survey design and questionnaire. Statewide results of the 2017 Maternity OPES will be presented back to the group and the Statewide Maternity and Neonatal Clinical Network.

Resource Implications (including Financial)

13. Not applicable

Background

14. A total of 6,082 interviews were completed of mothers who attended an appointment for antenatal/postnatal care at one of 45 Queensland public hospitals or multipurpose health services and between July and September 2017.
15. Of the 45 participating facilities: 24 of 147

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- 15.1 31 achieved at least 30 interviews and will receive an executive summary, online results that include comparisons with other facilities and are included in the checkerboard
- 15.2 10 had between 10-29 interviews and will receive online results with their own raw data due to limited statistical reliability
- 15.3 3 had fewer than 10 interviews and will not receive facility level results due to the potential to identify respondents, however their results were included in peer and statewide results
- 15.4 1 achieved no interviews.
- 16. Participating facilities are grouped into four peer groups and will be able to benchmark against their peers.
- 17. One facility specific executive summary has been provided as an example for all facilities that had at least 30 interviews (Attachment 1).
- 18. A list of participating facilities and the format of their results has been provided (Attachment 7).

Attachments

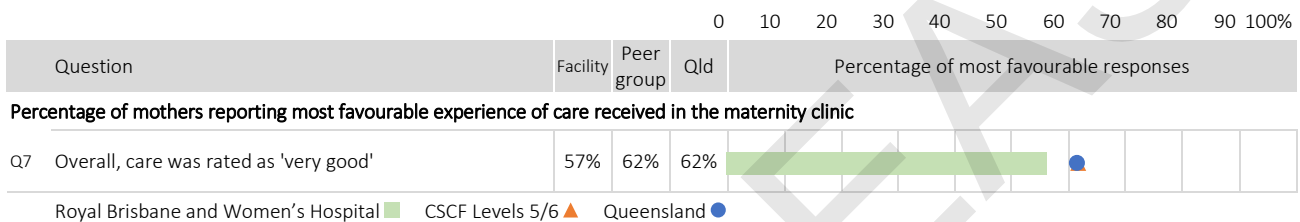
- 19. Attachment 1: Sample 2017 Maternity OPES facility specific executive summary – RBWH
- Attachment 2: 2017 Maternity OPES Queensland executive summary
- Attachment 3: 2017 Maternity OPES checkerboard
- Attachment 4: Memorandum to HHS Chief Executives
- Attachment 5: Memorandum to SW and TC HHS Chief Executives
- Attachment 6: Letter to Mater Health Services Chief Executive Officer
- Attachment 7: List of participating facilities and results format

| | | | |
|--|--|--|--|
| Author | Submitted through: | Cleared by: | Cleared by: |
| Kerry Brady | Jacqueline Daly | Di O'Kane | Kirstine Sketcher-Baker |
| Principal Project Officer | Manager, Survey and Audit | Director | Executive Director |
| Patient Safety and Quality Improvement Service | Patient Safety and Quality Improvement Service | Patient Safety and Quality Improvement Service | Patient Safety and Quality Improvement Service |
| 3328 9961 | 3328 9672 | 3328 9107 | 3328 9424 |
| 06 June 2018 | 06 June 2018 | 12 June 2018 | 17 June 2018 |
| | | | |

Executive summary

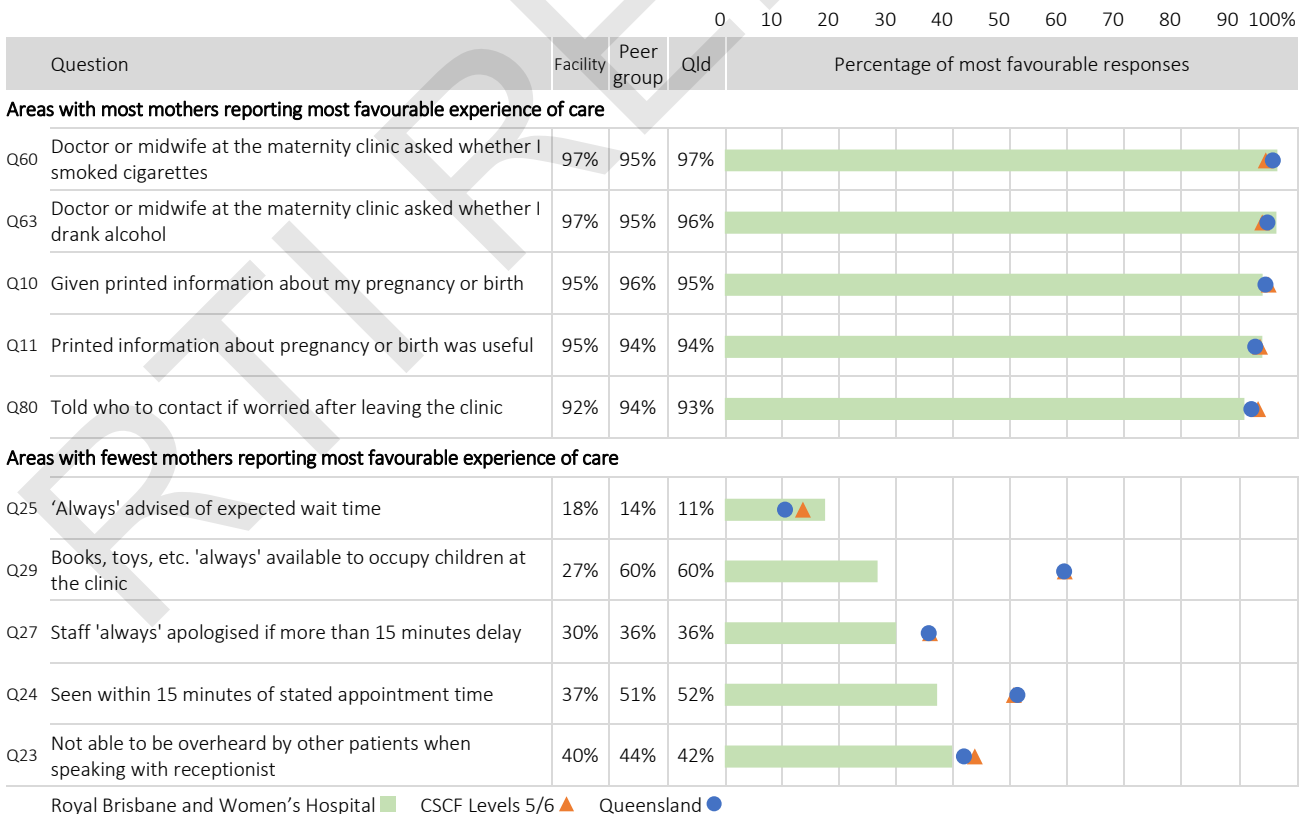
The Maternity Outpatient Clinic Patient Experience Survey 2017 obtained feedback from 6,082 mothers who visited maternity outpatient clinics in Queensland public hospitals between July and September 2017, including 304 who visited Royal Brisbane and Women's Hospital. Computer assisted telephone interviews were conducted with mothers from October to November 2017. The response rate was 43% for all facilities in the survey overall, and 44% for Royal Brisbane and Women's Hospital.

Overall rating of care



Highest and lowest performing areas

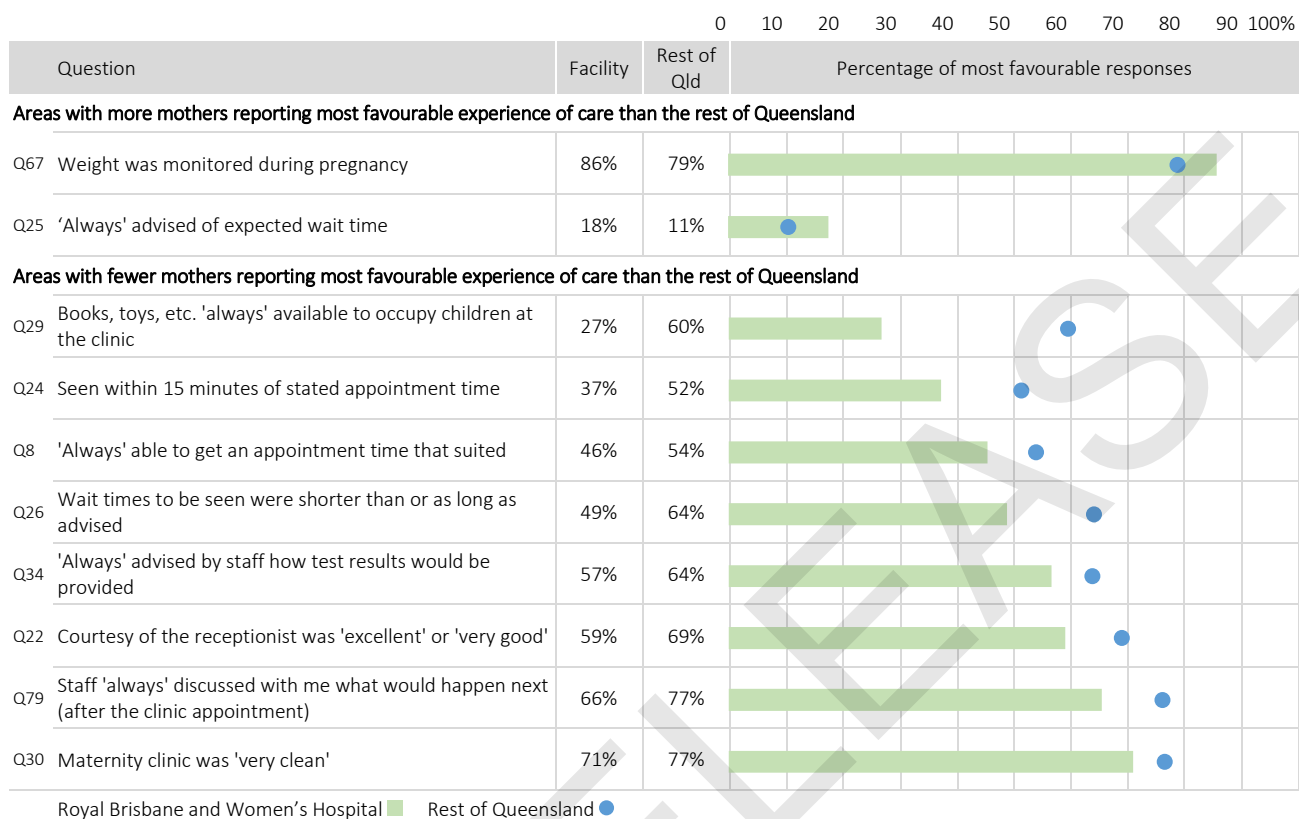
The following areas had the most and fewest mothers reporting the most favourable* feedback about their experience at Royal Brisbane and Women's Hospital maternity outpatient clinic.



Questions where some of the care may have been received from health service providers not related to the hospital are not included.

Patient experience compared with the rest of Queensland

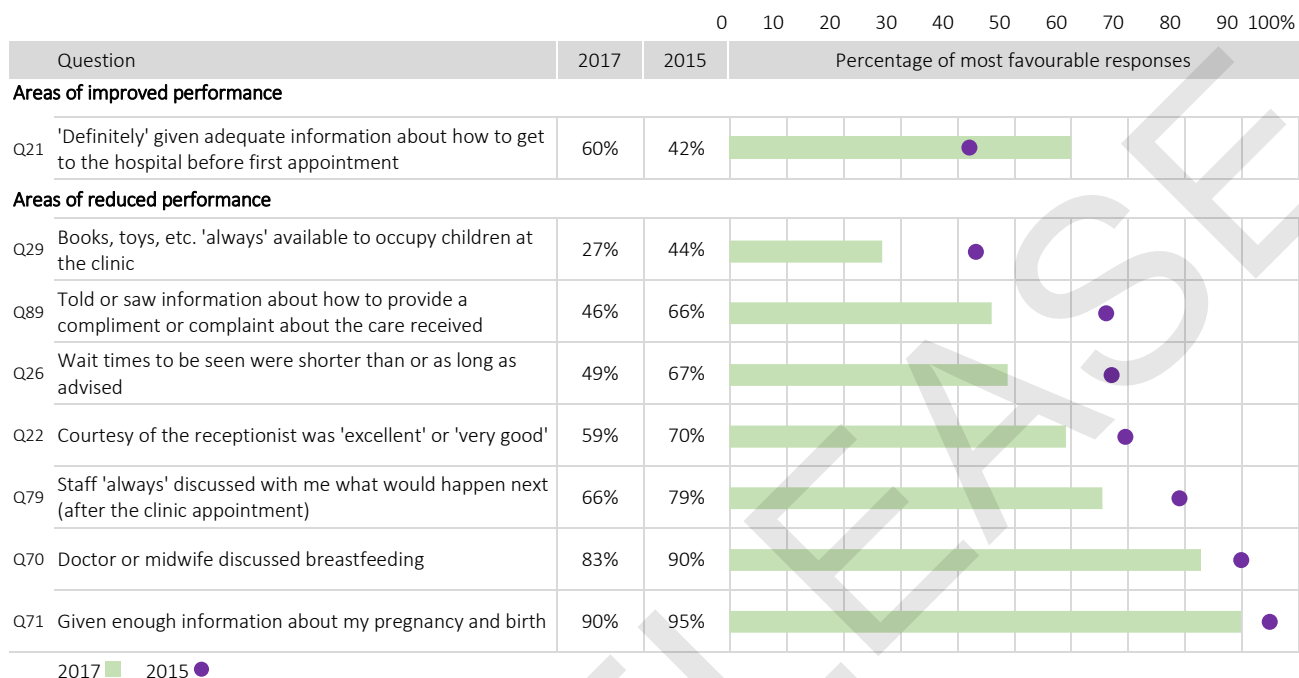
The following areas had statistically significantly more and fewer mothers at Royal Brisbane and Women's Hospital maternity outpatient clinic reporting the most favourable* feedback about their experience than the rest of Queensland.



Patient experience compared with 2015

This is the second time this survey has been run, the previous time being in 2015. Of the 45 facilities that participated in the 2017 survey, 31 were also included in the 2015 survey.

The following areas had statistically significantly more and fewer mothers reporting the most favourable* feedback about their experience at Royal Brisbane and Women's Hospital maternity outpatient clinic in 2017 compared with 2015.



* See the Technical Supplement for the classification of most favourable responses.

Results summary for Royal Brisbane and Women's Hospital

A summary of results with comparison to Queensland, CSCF Levels 5/6 and the previous survey is presented below.

| Measure | Question | Royal Brisbane and Women's Hospital | | CSCF Levels 5/6 | Qld | Royal Brisbane and Women's Hospital | Royal Brisbane and Women's Hospital vs rest of CSCF Levels 5/6 | Royal Brisbane and Women's Hospital vs rest of Qld |
|--|----------|-------------------------------------|------------|-----------------|------------|-------------------------------------|--|--|
| | | 2015 | 2017 | 2017 | 2017 | | | |
| | | % most fav | % most fav | % most fav | % most fav | 2017 vs 2015 | 2017 | 2017 |
| Overall, care was rated as 'very good' | Q7 | 61% | 57% | 62% | 62% | | | |
| 'Always' able to get an appointment time that suited | Q8 | 47% | 46% | 52% | 54% | | | ▼ |
| 'Definitely' given adequate information about how to get to the hospital before first appointment ¹ | Q21 | 42% | 60% | 72% | 69% | ▲ | ▼ | |
| Courtesy of the receptionist was 'excellent' or 'very good' | Q22 | 70% | 59% | 66% | 69% | ▼ | | ▼ |
| Not able to be overheard by other patients when speaking with receptionist | Q23 | 44% | 40% | 44% | 42% | | | |
| Seen within 15 minutes of stated appointment time | Q24 | 39% | 37% | 51% | 52% | | ▼ | ▼ |
| 'Always' advised of expected wait time | Q25 | 11% | 18% | 14% | 11% | | | ▲ |
| Wait times to be seen were shorter than or as long as advised | Q26 | 67% | 49% | 60% | 64% | ▼ | ▼ | ▼ |
| Staff 'always' apologised if more than 15 minutes delay | Q27 | 33% | 30% | 36% | 36% | | | |
| Books, toys, etc. 'always' available to occupy children at the clinic | Q29 | 44% | 27% | 60% | 60% | ▼ | ▼ | ▼ |
| Maternity clinic was 'very clean' | Q30 | 77% | 71% | 79% | 77% | | ▼ | ▼ |
| Toilets were 'very clean' | Q31 | 74% | 69% | 72% | 70% | | | |
| Staff 'always' explained the purpose of tests in an understandable way | Q33 | 84% | 77% | 82% | 81% | | | |
| 'Always' advised by staff how test results would be provided | Q34 | 57% | 57% | 66% | 64% | | ▼ | ▼ |
| Staff 'always' explained the results of tests in an understandable way | Q35 | 71% | 63% | 69% | 67% | | | |
| 'Always' sufficient time with doctors to discuss my and my baby's health | Q41 | 67% | 75% | 69% | 71% | | | |

| Measure | Question | Royal Brisbane and Women's Hospital | | CSCF Levels 5/6 | Qld | Royal Brisbane and Women's Hospital | Royal Brisbane and Women's Hospital vs rest of CSCF Levels 5/6 | Royal Brisbane and Women's Hospital vs rest of Qld |
|--|----------|-------------------------------------|------------|-----------------|------------|-------------------------------------|--|--|
| | | 2015 | 2017 | 2017 | 2017 | | | |
| | | % most fav | % most fav | % most fav | % most fav | 2017 vs 2015 | 2017 | 2017 |
| Doctors 'always' explained the reasons for examinations, treatments, referrals, etc. in an understandable way | Q43 | 67% | 68% | 73% | 71% | | | |
| Doctors 'always' listened to what mothers had to say | Q44 | 73% | 69% | 74% | 72% | | | |
| 'Always' felt comfortable to ask questions or discuss concerns with doctors | Q45 | | 70% | 73% | 72% | – | | |
| Doctors 'always' gave understandable answers to important questions | Q46 | 68% | 67% | 65% | 64% | | | |
| 'Always' had confidence and trust in the examining or treating doctor | Q47 | 67% | 57% | 65% | 63% | | ▼ | |
| Doctors 'always' discussed worries or fears | Q49 | 51% | 51% | 53% | 49% | | | |
| 'Always' felt supported after discussing worries or fears with doctors | Q50 | | 58% | 47% | 44% | – | | |
| 'Always' sufficient time with midwives to discuss my and my baby's health | Q51 | 82% | 83% | 85% | 84% | | | |
| Midwives 'always' explained the reasons for examinations, treatments, referrals, etc. in an understandable way | Q52 | 83% | 82% | 83% | 83% | | | |
| Midwives 'always' listened to what mothers had to say | Q53 | 87% | 83% | 83% | 83% | | | |
| 'Always' felt comfortable to ask questions or discuss concerns with midwives | Q54 | | 84% | 84% | 83% | – | | |
| Midwives 'always' gave understandable answers to important questions | Q55 | 80% | 74% | 78% | 77% | | | |
| 'Always' had confidence and trust in the examining or treating midwife | Q56 | 77% | 71% | 73% | 74% | | | |
| Midwives 'always' discussed worries or fears | Q58 | 60% | 53% | 58% | 56% | | | |
| 'Always' felt supported after discussing worries or fears with midwives | Q59 | | 64% | 66% | 62% | – | | |
| Doctor or midwife at the maternity clinic asked whether I smoked cigarettes | Q60 | 97% | 97% | 95% | 97% | | | |

| Measure | Question | Royal Brisbane and Women's Hospital | | CSCF Levels 5/6 | Qld | Royal Brisbane and Women's Hospital | Royal Brisbane and Women's Hospital vs rest of CSCF Levels 5/6 | Royal Brisbane and Women's Hospital vs rest of Qld |
|---|----------|-------------------------------------|------------|-----------------|------------|-------------------------------------|--|--|
| | | 2015 | 2017 | 2017 | 2017 | | | |
| | | % most fav | % most fav | % most fav | % most fav | 2017 vs 2015 | 2017 | 2017 |
| Told about Quitline or provided with information to help stop smoking | Q62a | ~ | 91% | 95% | 94% | | | |
| Doctor or midwife at the maternity clinic asked whether I drank alcohol | Q63 | 96% | 97% | 95% | 96% | | | |
| Told about a support service or provided with information to help not drink alcohol | Q65a | ~ | ~ | 84% | 83% | | | |
| Doctor or midwife advised about the risks of drinking alcohol during pregnancy and breastfeeding | Q66 | ~ | ~ | 92% | 94% | | | |
| Weight was monitored during pregnancy | Q67 | 90% | 86% | 73% | 79% | | ▲ | ▲ |
| Referred to a dietitian or provided with information to help eat a healthy diet | Q69a | 79% | 84% | 82% | 76% | | | |
| Doctor or midwife discussed breastfeeding | Q70 | 90% | 83% | 80% | 80% | ▼ | | |
| 'Always' treated with respect and dignity | Q86 | 87% | 81% | 82% | 82% | | | |
| Felt my emotional health was 'completely' supported | Q87 | | 67% | 71% | 72% | - | | |
| Cultural needs were 'always' respected | Q88 | 81% | 82% | 84% | 81% | | | |
| 'Always' given enough privacy when being examined or treated | Q72 | 94% | 91% | 89% | 90% | | | |
| 'Always' asked for permission when medical or midwifery students were to be present during treatments or examinations | Q77 | 78% | 71% | 76% | 77% | | | |
| 'Always' involved as much as desired in decisions about care and treatment | Q73 | 79% | 77% | 79% | 78% | | | |
| 'Always' asked what was important to me in managing my pregnancy and birth | Q74 | 58% | 54% | 55% | 54% | | | |
| Doctor or midwife 'completely' discussed options for pregnancy care and birthing | Q75 | | 56% | 57% | 54% | - | | |
| Given printed information about my pregnancy or birth | Q10 | 98% | 95% | 96% | 95% | | | |
| Printed information about pregnancy or birth was useful | Q11 | 94% | 95% | 94% | 94% | | | |
| Given enough information about my pregnancy and birth | Q71 | 95% | 90% | 93% | 92% | ▼ | | |

| Measure | Question | Royal Brisbane and Women's Hospital | | CSCF Levels 5/6 | Qld | Royal Brisbane and Women's Hospital | Royal Brisbane and Women's Hospital vs rest of CSCF Levels 5/6 | Royal Brisbane and Women's Hospital vs rest of Qld |
|---|----------|-------------------------------------|------------|-----------------|------------|-------------------------------------|--|--|
| | | 2015 | 2017 | 2017 | 2017 | | | |
| | | % most fav | % most fav | % most fav | % most fav | 2017 vs 2015 | 2017 | 2017 |
| Staff 'always' discussed with me what would happen next (after the clinic appointment) ¹ | Q79 | 79% | 66% | 72% | 77% | ▼ | ▼ | ▼ |
| Told who to contact if worried after leaving the clinic | Q80 | 94% | 92% | 94% | 93% | | | |
| Spoke with the right person within four minutes when I phoned the hospital with concerns | Q82 | | 80% | 75% | 81% | - | | |
| Spoke with fewer than three people before getting the right person when I phoned the hospital with concerns | Q83 | | 89% | 93% | 93% | - | | |
| Advice was 'definitely' helpful when I phoned the hospital with concerns | Q84 | | 71% | 73% | 77% | - | | |
| Told or saw information about how to provide a compliment or complaint about the care received ¹ | Q89 | 66% | 46% | 40% | 46% | ▼ | | |
| Asked whether specific Aboriginal and/or Torres Strait Islander cultural practices required in birthing plan ¹ | Q94 | ~ | ~ | 62% | 48% | | | |
| Culturally appropriate resources available for Aboriginal and/or Torres Strait Islander mothers | Q95 | ~ | ~ | 86% | 78% | | | |
| Offered support from an Aboriginal or Torres Strait Islander health worker or hospital liaison officer | Q96 | | ~ | 72% | 62% | - | | |
| 'Definitely' recommend the clinic to Aboriginal and Torres Strait Islander family and friends | Q97 | ~ | ~ | 70% | 71% | | | |

▲ The result for Royal Brisbane and Women's Hospital was statistically significantly more favourable than the result it was compared with.

▼ The result for Royal Brisbane and Women's Hospital was statistically significantly less favourable than the result it was compared with.

See the Introduction for information about significance testing. See the Technical Supplement for the classification of most favourable responses.

- Comparison with previous results is not possible.

~ There were fewer than 20 responses to this question.

1. This question was modified in 2017, therefore care should be taken when making comparisons with previous results. See the Technical Supplement for details of change.

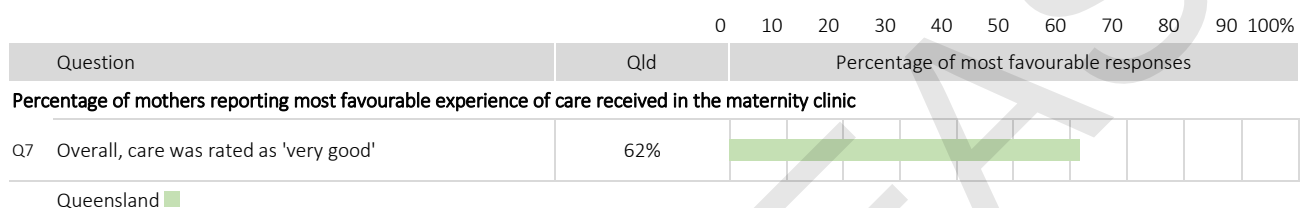
Version No. 1.0 May 2018

For more information about Queensland Health patient experience surveys please see gheps.health.qld.gov.au/psu/patient-experience or contact patientexperiencesurvey@health.qld.gov.au

Executive summary

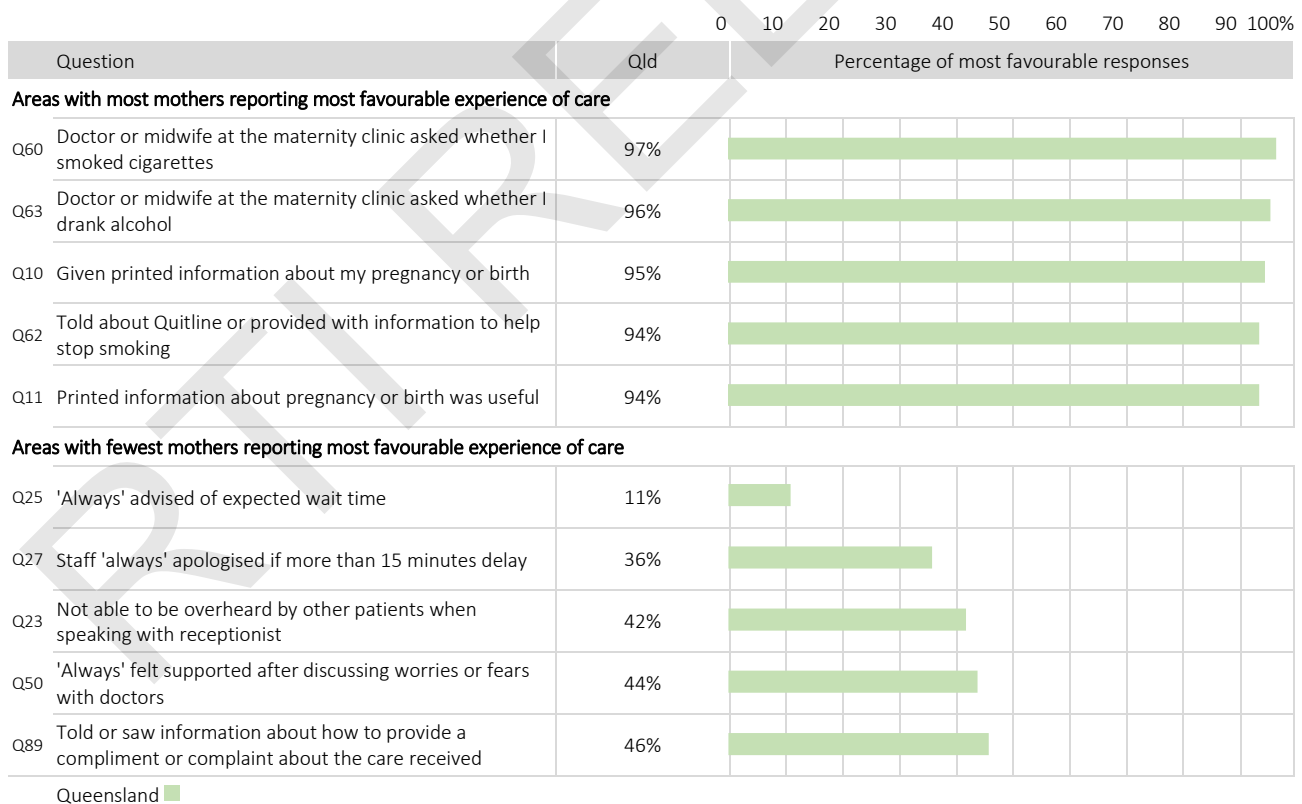
The Maternity Outpatient Clinic Patient Experience Survey 2017 obtained feedback from 6,082 mothers who visited maternity outpatient clinics in 45 Queensland public hospitals between July and September 2017. Computer assisted telephone interviews were conducted with mothers from October to November 2017. The response rate was 43% for all facilities in the survey overall.

Overall rating of care



Highest and lowest performing areas

The following areas had the most and fewest mothers reporting the most favourable* feedback about their experience at Queensland public maternity outpatient clinics.

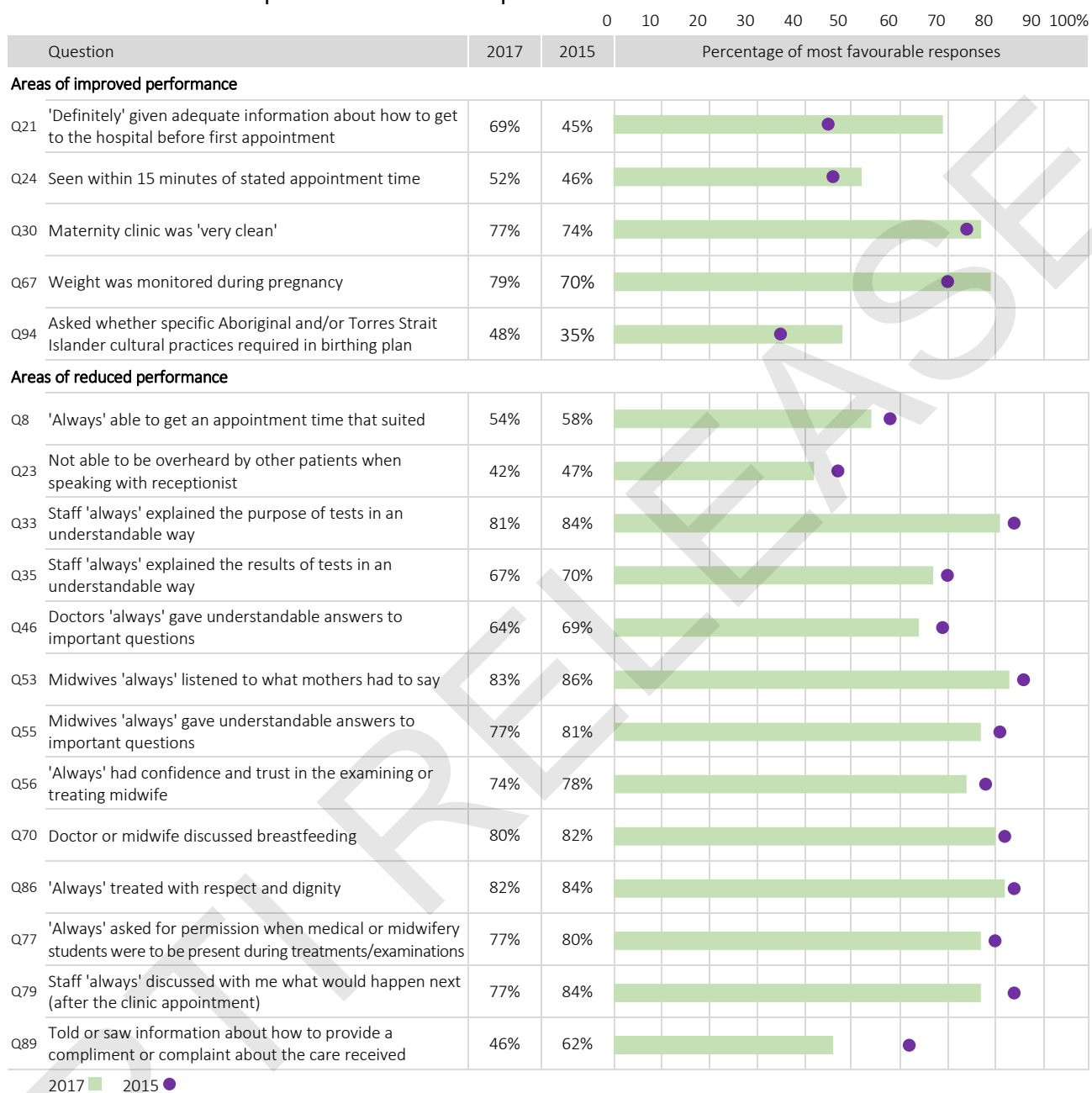


Questions where some of the care may have been received from health service providers not related to the hospital are not included.

Patient experience compared with 2015

This is the second time this survey has been run, the previous time being in 2015. Of the 45 facilities that participated in the 2017 survey, 31 were also included in the 2015 survey.

The following areas had statistically significantly more and fewer mothers reporting the most favourable* feedback about their experience in 2017 compared with 2015.



* See the Technical Supplement for the classification of most favourable responses.

Results summary for Queensland

A summary of results with comparison to the previous survey is presented below.

| Measure | Question | 2015 | 2017 | 2017 vs 2015 |
|--|----------|------------|------------|--------------|
| | | % most fav | % most fav | |
| Overall, care was rated as 'very good' | Q7 | 61% | 62% | |
| 'Always' able to get an appointment time that suited | Q8 | 58% | 54% | ▼ |
| 'Definitely' given adequate information about how to get to the hospital before first appointment ¹ | Q21 | 45% | 69% | ▲ |
| Courtesy of the receptionist was 'excellent' or 'very good' | Q22 | 69% | 69% | |
| Not able to be overheard by other patients when speaking with receptionist | Q23 | 47% | 42% | ▼ |
| Seen within 15 minutes of stated appointment time | Q24 | 46% | 52% | ▲ |
| Always' advised of expected wait time | Q25 | 9% | 11% | |
| Wait times to be seen were shorter than or as long as advised | Q26 | 67% | 64% | |
| Staff 'always' apologised if more than 15 minutes delay | Q27 | 36% | 36% | |
| Books, toys, etc. 'always' available to occupy children at the clinic | Q29 | 57% | 60% | |
| Maternity clinic was 'very clean' | Q30 | 74% | 77% | ▲ |
| Toilets were 'very clean' | Q31 | 70% | 70% | |
| Staff 'always' explained the purpose of tests in an understandable way | Q33 | 84% | 81% | ▼ |
| 'Always' advised by staff how test results would be provided | Q34 | 65% | 64% | |
| Staff 'always' explained the results of tests in an understandable way | Q35 | 70% | 67% | ▼ |
| 'Always' sufficient time with doctors to discuss my and my baby's health | Q41 | 72% | 71% | |
| Doctors 'always' explained the reasons for examinations, treatments, referrals, etc. in an understandable way | Q43 | 70% | 71% | |
| Doctors 'always' listened to what mothers had to say | Q44 | 74% | 72% | |
| Always' felt comfortable to ask questions or discuss concerns with doctors | Q45 | | 72% | – |
| Doctors 'always' gave understandable answers to important questions | Q46 | 69% | 64% | ▼ |
| Always' had confidence and trust in the examining or treating doctor | Q47 | 64% | 63% | |
| Doctors 'always' discussed worries or fears | Q49 | 51% | 49% | |
| 'Always' felt supported after discussing worries or fears with doctors | Q50 | | 44% | – |
| 'Always' sufficient time with midwives to discuss my and my baby's health | Q51 | 83% | 84% | |
| Midwives 'always' explained the reasons for examinations, treatments, referrals, etc. in an understandable way | Q52 | 84% | 83% | |
| Midwives 'always' listened to what mothers had to say | Q53 | 86% | 83% | ▼ |

| Measure | Question | 2015 | 2017 | 2017 vs 2015 |
|---|----------|------------|------------|--------------|
| | | % most fav | % most fav | |
| 'Always' felt comfortable to ask questions or discuss concerns with midwives | Q54 | | 83% | – |
| Midwives 'always' gave understandable answers to important questions | Q55 | 81% | 77% | ▼ |
| 'Always' had confidence and trust in the examining or treating midwife | Q56 | 78% | 74% | ▼ |
| Midwives 'always' discussed worries or fears | Q58 | 57% | 56% | |
| 'Always' felt supported after discussing worries or fears with midwives | Q59 | | 62% | – |
| Doctor or midwife at the maternity clinic asked whether I smoked cigarettes | Q60 | 97% | 97% | |
| Told about Quitline or provided with information to help stop smoking | Q62a | 93% | 94% | |
| Doctor or midwife at the maternity clinic asked whether I drank alcohol | Q63 | 96% | 96% | |
| Told about a support service or provided with information to help not drink alcohol | Q65a | 82% | 83% | |
| Doctor or midwife advised about the risks of drinking alcohol during pregnancy and breastfeeding | Q66 | 97% | 94% | |
| Weight was monitored during pregnancy | Q67 | 70% | 79% | ▲ |
| Referred to a dietitian or provided with information to help eat a healthy diet | Q69a | 74% | 76% | |
| Doctor or midwife discussed breastfeeding | Q70 | 82% | 80% | ▼ |
| 'Always' treated with respect and dignity | Q86 | 84% | 82% | ▼ |
| Felt my emotional health was 'completely' supported | Q87 | | 72% | – |
| Cultural needs were 'always' respected | Q88 | 82% | 81% | |
| 'Always' given enough privacy when being examined or treated | Q72 | 91% | 90% | |
| 'Always' asked for permission when medical or midwifery students were to be present during treatments or examinations | Q77 | 80% | 77% | ▼ |
| 'Always' involved as much as desired in decisions about care and treatment | Q73 | 79% | 78% | |
| 'Always' asked what was important to me in managing my pregnancy and birth | Q74 | 57% | 54% | |
| Doctor or midwife 'completely' discussed options for pregnancy care and birthing | Q75 | | 54% | – |
| 'Given' printed information about my pregnancy or birth | Q10 | 96% | 95% | |
| Printed information about pregnancy or birth was useful | Q11 | 93% | 94% | |
| Given enough information about my pregnancy and birth | Q71 | 92% | 92% | |
| Staff 'always' discussed with me what would happen next (after the clinic appointment) ¹ | Q79 | 84% | 77% | ▼ |
| Told who to contact if worried after leaving the clinic | Q80 | 93% | 93% | |
| Spoke with the right person within four minutes when I phoned the hospital with concerns | Q82 | | 81% | – |

| Measure | Question | 2015 | 2017 | 2017 vs 2015 |
|---|----------|------------|------------|--------------|
| | | % most fav | % most fav | |
| Spoke with no more than two other people before getting the right person when I phoned the hospital with concerns | Q83 | | 93% | – |
| Advice was 'definitely' helpful when I phoned the hospital with concerns | Q84 | | 77% | – |
| Told or saw information about how to provide a compliment or complaint about the care received ¹ | Q89 | 62% | 46% | ▼ |
| Asked whether specific Aboriginal and/or Torres Strait Islander cultural practices required in birthing plan ¹ | Q94 | 35% | 48% | ▲ |
| Culturally appropriate resources available for Aboriginal and/or Torres Strait Islander mothers | Q95 | 76% | 78% | |
| Offered support from an Aboriginal or Torres Strait Islander health worker or hospital liaison officer | Q96 | | 62% | – |
| 'Definitely' recommend the clinic to Aboriginal and Torres Strait Islander family and friends | Q97 | 74% | 71% | |

▲ The result for Queensland was statistically significantly more favourable than the result it was compared with.

▼ The result for Queensland was statistically significantly less favourable than the result it was compared with.

See the Introduction for information about significance testing. See the Technical Supplement for the classification of most favourable responses.

- Comparison with previous results is not possible.

1. This question was modified in 2017, therefore care should be taken when making comparisons with previous results. See the Technical Supplement for details of change.

Version No. 1.0 May 2018

For more information about Queensland Health patient experience surveys please see gheps.health.qld.gov.au/psu/patient-experience or contact patientexperiencesurvey@health.qld.gov.au

MEMORANDUM

To: Chief Executive, Cairns and Hinterland Hospital and Health Service
Chief Executive, Central Queensland Hospital and Health Service
Chief Executive, Darling Downs Hospital and Health Service
Chief Executive, Gold Coast Hospital and Health Service
Chief Executive, Mackay Hospital and Health Service
Chief Executive, Metro North Hospital and Health Service
Chief Executive, Metro South Hospital and Health Service
Chief Executive, North West Hospital and Health Service
Chief Executive, Sunshine Coast Hospital and Health Service
Chief Executive, Townsville Hospital and Health Service
Chief Executive, West Moreton Hospital and Health Service
Chief Executive, Wide Bay Hospital and Health Service

From: Professor Keith McNeil
A/Deputy Director-General
Clinical Excellence Division

Contact No: 3708 5344

Subject: 2017 Queensland Health Maternity Outpatient Clinic Patient Experience Survey results

File Ref: CE004050

2017 Maternity Outpatient Clinic Patient Experience Survey results

I am pleased to advise that the 2017 Queensland Health Maternity Outpatient Clinic Patient Experience Survey (Maternity OPES) results for facilities in your Hospital and Health Service (HHS) have been finalised and will be available to HHSs via a secure, interactive online portal for the first time.

I apologise for the delay in providing results. However, for future surveys being undertaken from 2018-19, it is expected that results will be available to HHSs approximately 1 month after telephone surveying ends, as these surveys will utilise the existing work already undertaken in the reporting portal, and will have incorporated feedback from HHSs from the 2017-18 surveys.

The enclosed Queensland executive summary and checkerboard present statewide results for Queensland and all facilities that achieved at least 30 interviews with mothers. Executive summaries for participating facilities in your HHS recording at least 30 interviews are also enclosed, and present facility specific highlights of patient experience in the maternity outpatient clinic.

Queensland Health Patient Experience Survey Results Portal

It is anticipated that the results portal will go live from 25 June 2018. HHS executives, Directors of Clinical Governance, Directors of Safety and Quality and survey contacts previously nominated by the HHS will be initially set up with secure access to the portal and will receive an email from Patientexperiencesurvey@health.qld.gov.au with access details.

Additional staff requiring access to survey results for facilities within the HHS should email their request to Patientexperiencesurvey@health.qld.gov.au.

The portal will provide detailed results with population estimates for all measures for facilities with at least 30 interviews, and raw unweighted counts for those with 10 to 29 interviews. Facility results will not be available where there were fewer than 10 interviews due to the potential to identify respondents, however their results are included in peer and statewide results. Attachment 1 lists the type of results available for each of the participating facilities.

Webinar training for portal users

Two one-hour webinars will be conducted to provide a demonstration of how to access survey results and navigate the portal. A recorded webinar will subsequently be made available for portal users to view at any time.

The webinars are scheduled to occur at 10.30-11.30am, 3 July 2018 and 3.00-4.00pm, 5 July 2018. Portal users who would like to join a webinar are invited to email Patientexperiencesurvey@health.qld.gov.au to receive log in information.

2017 Maternity Outpatient Clinic Patient Experience Survey

The 2017 Maternity OPES was conducted between October and November 2017 with a total of 6,082 interviews of mothers who attended a maternity outpatient clinic appointment between July and September 2017.

It is anticipated that survey results will assist in identifying areas for improvement at local and statewide levels, informing the development of initiatives to address these areas. Comparison with the 2015 results may also assist in the ongoing evaluation of quality improvement actions implemented as a result of the previous survey.

A discussion of the survey results and actions will occur at an upcoming Relationship Management Group (RMG) meeting. HHSs will be advised in advance of the RMG meeting in which this item will be discussed.

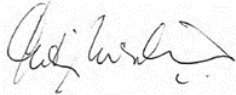
Presentation of results on Queensland Health's Hospital Performance internet site

It is anticipated that the 2017 Maternity OPES statewide report will be published under the Patient Experience section of the Queensland Health hospital performance internet site .

For more information

The Department of Health is committed to working with Chief Executives in a facilitative way to ensure appropriate communication strategies are in place. If you wish to discuss this matter further in relation to patient experience surveys, please liaise directly with our contact officer, Ms Di O’Kane, Director, Patient Safety and Quality Improvement Service, on telephone 3328 9107 or email Patientexperiencesurvey@health.qld.gov.au.

Yours sincerely



Professor Keith McNeil
A/Deputy Director-General
Clinical Excellence Division
20 / 06 / 2018

RTI RELEASE SE

MEMORANDUM

To: Chief Executive, South West Hospital and Health Service
Chief Executive, Torres and Cape Hospital and Health Service

From: Professor Keith McNeil
A/Deputy Director-General
Clinical Excellence Division

Contact No: 3708 5344

Subject: 2017 Queensland Health Maternity Outpatient Clinic Patient Experience Survey results

File Ref: CE004050

2017 Maternity Outpatient Clinic Patient Experience Survey results

I am pleased to advise that the 2017 Queensland Health Maternity Outpatient Clinic Patient Experience Survey (Maternity OPES) results have been finalised and will be available to HHSs via a secure, interactive online portal for the first time.

I apologise for the delay in providing results. However, for future surveys being undertaken from 2018-19, it is expected that results will be available to HHSs approximately 1 month after telephone surveying ends, as these surveys will utilise the existing work already undertaken in the reporting portal, and will have incorporated feedback from HHSs from the 2017-18 surveys.

The enclosed Queensland executive summary presents highlights of patient experience in maternity outpatient clinics across the state. Executive summaries for participating facilities with at least 30 interviews have also been prepared and distributed to HHSs.

Unfortunately, no participating facilities from South West HHS and Torres and Cape HHS achieved at least 30 interviews, however, raw unweighted counts for your facilities will be available on the reporting portal.

Queensland Health Patient Experience Survey Results Portal

It is anticipated that the results portal will go live from 25 June 2018. HHS executives, Directors of Clinical Governance, Directors of Safety and Quality and survey contacts previously nominated by the HHS will be initially set up with secure access to the portal and will receive an email from Patientexperiencesurvey@health.qld.gov.au with access details.

Additional staff requiring access to survey results for facilities within the HHS should email their request to Patientexperiencesurvey@health.qld.gov.au.

The portal will provide detailed results with population estimates for all measures for facilities with at least 30 interviews, and raw unweighted counts for those with 10 to 29 interviews. Facility results will not be available where there were fewer than 10 interviews

due to the potential to identify respondents, however their results are included in peer and statewide results. Attachment 1 lists the type of results available for each of the participating facilities.

Webinar training for portal users

Two one-hour webinars will be conducted to provide a demonstration of how to access survey results and navigate the portal. A recorded webinar will subsequently be made available for portal users to view at any time.

The webinars are scheduled to occur at 10.30-11.30am, 3 July 2018 and 3.00-4.00pm, 5 July 2018. Portal users who would like to join a webinar are invited to email Patientexperiencesurvey@health.qld.gov.au to receive log in information.

2017 Maternity Outpatient Clinic Patient Experience Survey

The 2017 Maternity OPES was conducted between October and November 2017 with a total of 6,082 interviews of mothers who attended a maternity outpatient clinic appointment between July and September 2017.

It is anticipated that survey results will assist in identifying areas for improvement at local and statewide levels, informing the development of initiatives to address these areas. Comparison with the 2015 results may also assist in the ongoing evaluation of quality improvement actions implemented as a result of the previous survey.

A discussion of the survey results and actions will occur at an upcoming Relationship Management Group (RMG) meeting. HHSs will be advised in advance of the RMG meeting in which this item will be discussed.

Presentation of results on Queensland Health's Hospital Performance internet site

It is anticipated that the 2017 Maternity OPES statewide report will be published under the Patient Experience section of the Queensland Health hospital performance internet site.

For more information

The Department of Health is committed to working with Chief Executives in a facilitative way to ensure appropriate communication strategies are in place. If you wish to discuss this matter further in relation to patient experience surveys, please liaise directly with our contact officer, Ms Di O'Kane, Director, Patient Safety and Quality Improvement Service, on telephone 3328 9107 or email Patientexperiencesurvey@health.qld.gov.au.

Yours sincerely



Professor Keith McNeil
A/Deputy Director-General
Clinical Excellence Division
20 / 06 / 2018

Enquiries to: Ms Di O'Kane
Director
Patient Safety and Quality
Improvement Service
Telephone: (07) 3328 9107
File Ref: CE004051

Professor John Prins
Acting Group Chief Executive Officer
Mater Health Services
Raymond Terrace
SOUTH BRISBANE QLD 4101

Email: john.prins@mater.uq.edu.au



Dear Professor Prins

2017 Maternity Outpatient Clinic Patient Experience Survey results

I am pleased to advise that the 2017 Maternity Outpatient Clinic Patient Experience Survey (Maternity OPES) results for the Mater Mothers' Hospital have been finalised and will be available via a secure, interactive online portal for the first time.

I apologise for the delay in providing results. However, for future surveys being undertaken from 2018-19, it is expected that results will be available approximately one month after telephone surveying ends, as these surveys will utilise the existing work already undertaken in the reporting portal, and will have incorporated feedback from the 2017-18 surveys.

An executive summary for Mater Mothers' Hospital is enclosed and presents facility specific highlights of patient experience in the maternity outpatient clinic. The enclosed Queensland executive summary and checkerboard also presents statewide results for all facilities that achieved at least 30 interviews with mothers.

Queensland Health Patient Experience Survey Results Portal

It is anticipated that the portal will go live from 25 June 2018. In addition to yourself, Dr Clare Morgan, Mr Callan Battley, Sean Hubbard, Dan Pocock, Tila Luton, Maree Johnson, Catherine Pickering, Dr Michael Beckman and Maree Reynolds will be initially set up with access to the portal and will receive an email from Patientexperiencesurvey@health.qld.gov.au with access details.

Additional staff requiring access to survey results should email their request to Patientexperiencesurvey@health.qld.gov.au.

Webinar training for portal users

Two one-hour webinars will be conducted to provide a demonstration of how to access survey results and navigate the portal. A recorded webinar will subsequently be made available for portal users to view at any time.

The webinars are scheduled to occur at 10.30-11.30am, 3 July 2018 and 3.00-4.00pm, 5 July 2018. Portal users who would like to join a webinar are invited to email Patientexperiencesurvey@health.qld.gov.au to receive log in information.

2017 Maternity Outpatient Clinic Patient Experience Survey

The 2017 Maternity OPES was conducted between October and November 2017 with a total of 6,082 interviews of mothers who attended a maternity outpatient clinic appointment between July and September 2017.

It is anticipated that survey results will assist in identifying areas for improvement at local and statewide levels, informing the development of initiatives to address these areas. Comparison with the 2015 results may also assist in the ongoing evaluation of quality improvement actions implemented as a result of the previous survey. To assist hospitals in benchmarking against their peers, individual hospitals have been identified in the online results.


Presentation of results on Queensland Health's Hospital Performance internet site

It is anticipated that the 2017 Maternity OPES statewide report will be published under the Patient Experience section of the Queensland Health hospital performance internet site.

For more information

If you require further information about patient experience surveys or wish to provide feedback, please contact Ms Di O'Kane, Director, Patient Safety and Quality Improvement Service, on telephone 07 3328 9107 or via email Patientexperiencesurvey@health.qld.gov.au.

Yours sincerely



Professor Keith McNeil
A/Deputy Director-General
Clinical Excellence Division
21 / 06 / 2018

2017 Maternity Outpatient Clinic Patient Experience Survey participating hospitals' results format

| HHS / Organisation | Facility | Results format * | Included in Checkerboard and Executive summary available |
|-----------------------|---|-----------------------|--|
| Cairns and Hinterland | Atherton Hospital | Weighted estimates | Y |
| | Cairns Hospital | Weighted estimates | Y |
| | Innisfail Hospital | Weighted estimates | Y |
| | Mareeba Hospital | Weighted estimates | Y |
| Central Queensland | Biloela Hospital | Unweighted counts | - |
| | Capricorn Coast Hospital and Health Service | Weighted estimates | Y |
| | Emerald Hospital | Weighted estimates | Y |
| | Gladstone Hospital | Weighted estimates | Y |
| | Rockhampton Hospital | Weighted estimates | Y |
| Darling Downs | Cherbourg Hospital | No individual results | - |
| | Chinchilla Hospital | Unweighted counts | - |
| | Goondiwindi Hospital | Unweighted counts | - |
| | Kingaroy Hospital | Weighted estimates | Y |
| | Stanthorpe Hospital | Unweighted counts | - |
| | Toowoomba Hospital | Weighted estimates | Y |
| | Warwick Hospital | Weighted estimates | Y |
| Gold Coast | Gold Coast University Hospital | Weighted estimates | Y |
| Mackay | Bowen Hospital | Weighted estimates | Y |
| | Clermont Multi Purpose Health Service | No individual results | - |
| | Dysart Hospital | No interviews | - |
| | Mackay Base Hospital | Weighted estimates | Y |
| | Moranbah Hospital | Unweighted counts | - |
| | Proserpine Hospital | Weighted estimates | Y |
| | Sarina Hospital | No individual results | - |
| Metro North | Caboolture Hospital | Weighted estimates | Y |
| | Redcliffe Hospital | Weighted estimates | Y |
| | Royal Brisbane and Women's Hospital | Weighted estimates | Y |
| Metro South | Beaudesert Hospital | Weighted estimates | Y |
| | Logan Hospital | Weighted estimates | Y |
| | Redland Hospital | Weighted estimates | Y |
| North West | Mount Isa Hospital | Weighted estimates | Y |
| South West | Roma Hospital | Unweighted counts | - |
| Sunshine Coast | Gympie Hospital | Weighted estimates | Y |
| | Sunshine Coast University Hospital | Weighted estimates | Y |
| Torres and Cape | Cooktown Multi Purpose Health Service | Unweighted counts | - |
| | Thursday Island Hospital | Unweighted counts | - |
| Townsville | Ayr Hospital | Weighted estimates | Y |
| | Charters Towers Hospital | Unweighted counts | - |
| | Ingham Hospital | Unweighted counts | - |
| | The Townsville Hospital | Weighted estimates | Y |
| West Moreton | Ipswich Hospital | Weighted estimates | Y |
| Wide Bay | Bundaberg Hospital | Weighted estimates | Y |
| | Hervey Bay Hospital | Weighted estimates | Y |
| | Maryborough Hospital | Weighted estimates | Y |
| Mater Health Services | Mater Mothers' Hospital | Weighted estimates | Y |

*Results format

- Weighted estimates – detailed results available on the portal with population estimates for all measures that achieved at least 20 responses
- Unweighted counts – raw counts available on the portal for all measures that achieved at least 5 responses
- No individual results – results incorporated in peer and statewide results only
- No interviews – no interviews achieved

RTI RELEASE SE

General Surgery Outpatient Clinic Patient Experience Survey 2017-18

Questionnaire

Intro

Hello, this is ... calling from the Queensland Government Statistician's office. We are conducting a survey on behalf of the Queensland Department of Health.

We are interviewing patients (parents of children) who have recently attended a general surgery outpatient clinic to ask about their perceptions of the care they (child) received. You may remember receiving a letter to tell you we would call regarding your recent surgical clinic experiences.

The information you provide will help the Department of Health improve health services. The interview will only take around 12 minutes of your time.

Your responses are strictly confidential and no identifying information can be released to the Department of Health or any other body unless authorised or required by law. The information is being collected by the Queensland Government Statistician's Office and is protected by the *Statistical Returns Act 1896*. Your responses will be combined with those of other participants to compile aggregate information.

For patients aged less than 16 years - Before we begin, can I just check whether you were the parent or guardian who spent most time with (child) during (his/her) time in the outpatient clinic?

Can we start now?

Some calls are monitored by my supervisor for training and quality purposes.

Q1 I'd just like to confirm that you have (child has) been to an appointment at (facility's) general surgery outpatient clinic in the last few months?

- 1 Yes
- 2 No, visited a different hospital
- 3 No, not a general surgery outpatient clinic
- 4 No, received a phone call or at home care or telehealth
- 98 Don't know
- 99 Refused to answer

If Q1>1 Interviewer prompt to check / End interview if still not 'Yes'

If Q1=2 then read 'The questions I'm asking are specifically about care delivered at (facility's) general surgery outpatient clinic, so unfortunately I can't proceed with this interview. As you have (child has) been to a different hospital, you may receive a call from an interviewer in relation to that hospital. Thank you for your time.'

If Q1=3 then read 'This survey is about satisfaction with care received at (facility's) general surgery outpatient clinic. As you have (child has) not attended the clinic I won't be able to proceed with the interview. Thank you for your time.'

If Q1=4 then read 'Many of the questions are about the actual outpatient clinic and the physical environment, so unfortunately I won't be able to proceed with the interview. Thank you for your time.'

If Q1=98 or 99 then read 'Without being able to confirm that you have (child has) attended an appointment at (facility's) general surgery outpatient clinic I can't proceed with the interview. Thank you for your time.'

Q2 In general, would you say your (child's) health is ...?

- 1 Excellent**
- 2 Very good**
- 3 Good**
- 4 Fair**
- 5 Poor**
- 98 Don't know
- 99 Refused to answer

Q3 How many times have you (has child) visited this clinic for this condition in the last 12 months?

(Int: read options 1-4 if necessary)

- 1 This was the only time
- 2 2 to 3 times
- 3 4 to 8 times
- 4 More than 8 times
- 98 Don't know
- 99 Refused to answer

If Q3=1 go to Q4

Else go to Read1

Read1 The next couple of questions refer to your (child's) FIRST appointment at this clinic for this condition.

Q4 Before your (child's) [(if Q3=1) appointment / (if Q3≠1) first appointment] at the clinic for this condition, did you know who to contact if your (his/her) symptoms or condition got worse?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

Q5 Once you arrived at the hospital for your (child's) [(if Q3=1) appointment / (if Q3≠1) first appointment] for this condition, was it easy to find your way to the clinic? Would you say ...

- 1 Yes, definitely**
- 2 Yes, but it could be improved**
- 3 No**
- 98 Don't know
- 99 Refused to answer

Q6 Were you (was child) referred to this hospital from another hospital?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q6=1 go to Q7

Else if Q6>1 and Q3=1 go to Q8

Else go to Read2

Q7 Did the staff at the (facility) general surgery clinic have your (child's) medical information?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q3=1 go to Q8

Else go to Read2

Read2 For the rest of the questions, could you think about your (child's) experiences in relation to your (his/her) MOST RECENT appointment at this clinic for this condition?

Q8 Were you able to get an appointment time that suited you?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

Q9 Once the hospital offered you a time for your (child's) [(if Q3=1) appointment / (if Q3≠1) most recent appointment], did you have difficulty confirming the appointment? This may include rescheduling it if necessary.

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q9=1 go to Q10

Else go to Q11

Q10 What difficulties did you experience when confirming or rescheduling your (child's) [(if Q3=1) appointment / (if Q3≠1) most recent appointment]?

(Int: do not read out options. Tick ALL that apply.)

- 1 I didn't know how to confirm the appointment
- 2 The appointment letter arrived late
- 3 I missed the text messages sent to my phone
- 4 I didn't know which clinic to call
- 5 The contact details were hard to find
- 6 My call was not answered
- 7 I had to wait on hold for a long time
- 8 I could not get an alternative time that suited me
- 9 Some other difficulty (please specify)
- 98 Don't know
- 99 Refused to answer

- Q11** Telehealth is a way to have an appointment with your doctor or other health professional using the internet from a computer, tablet or smart phone.
Were you (Was child) offered an outpatient appointment via telehealth?
- 1 Yes
 - 2 No
 - 3 It was not appropriate
 - 98 Don't know
 - 99 Refused to answer
- If Q11=2 go to Q12*
Else go to Q13
- Q12** Would you have liked to have been offered an outpatient appointment via telehealth?
- 1 Yes
 - 2 No
 - 3 I didn't want one
 - 4 I didn't need one
 - 98 Don't know
 - 99 Refused to answer
- Q13** Overall, how would you rate the care you (child) received while in the clinic? Would you say ...
- 1 Very good
 - 2 Good
 - 3 Adequate
 - 4 Poor
 - 5 Very poor
 - 98 Don't know
 - 99 Refused to answer
- Q14** Did you feel you were (child was) treated with respect and dignity while you were (he/she was) in the clinic? Would you say ...
- 1 Yes, always
 - 2 Yes, sometimes
 - 3 No
 - 98 Don't know
 - 99 Refused to answer
- Q15** When you arrived at the clinic [(if Q3≠1) for your (child's) most recent appointment], how would you rate the courtesy of the first staff member or volunteer you saw? Would you say ...
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Very poor
 - 98 Don't know
 - 99 Refused to answer

Q16 How long after the scheduled appointment time did the appointment start?

(Int: read options 1-6 if necessary)

- 1 Seen on time, or early
- 2 Waited up to 15 minutes
- 3 Waited 16 - 30 minutes
- 4 Waited 31 - 60 minutes
- 5 Waited more than 1 hour but no more than 2 hours
- 6 Waited more than 2 hours
- 7 I didn't have an appointment
- 98 Don't know
- 99 Refused to answer

If Q16<3 go to Q23

Else if Q16>=98 go to Q23

Else go to Q17

Q17 Were you advised how long you would have to wait?

(Int: This includes being told by staff, information displayed on a screen or noticeboard, or in the appointment letter)

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q17=1 go to Q18

Else if Q17>1 go to Q19

Q18 Was the wait shorter, longer or about as long as you were told?

- 1 Shorter
- 2 About as long as I was told
- 3 Longer
- 98 Don't know
- 99 Refused to answer

Q19 Were you told why you had to wait?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q19=2 go to Q20

Else go to Q21

Q20 Would you have liked an explanation?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

Q21 Did someone apologise for the delay?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

*If Q21=2 go to Q22
Else go to Q23*

Q22 Would you have liked an apology?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

Q23 Were you able to find a place to sit in the waiting area? Would you say ...

- 1 Yes, I / (we) found a place to sit straight away
- 2 Yes, but I / (we) had to wait for a seat
- 3 No, I / (we) could not find a place to sit
- 4 I / (We) did not want to find a place to sit
- 98 Don't know
- 99 Refused to answer

Q24 In your opinion, how clean was the clinic [(if Q3#1) at your (child's) most recent appointment]? Would you say...

- 1 Very clean
- 2 Fairly clean
- 3 Not very clean
- 4 Not at all clean
- 98 Don't know
- 99 Refused to answer

Q25 How clean were the toilets at the clinic? Would you say ...

- 1 Very clean
- 2 Fairly clean
- 3 Not very clean
- 4 Not at all clean
- 5 I did not use a toilet
- 98 Don't know
- 99 Refused to answer

Read3 The next few questions are about tests and treatments.

Q26 Sometimes tests such as x-rays, blood tests, scans, or other tests may be arranged by a GP, hospital, or another healthcare provider before an outpatient appointment.

Did you (child) have any pre-appointment tests for your (his/her) [(if Q3#1) most recent] appointment?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

*If Q26=1 go to Q27
Else if Q26>1 go to Q28*

- Q27 Did a member of staff explain the results of the tests in a way you could understand? Would you say ...**
- 1 Yes, definitely**
 - 2 Yes, to some extent**
 - 3 No**
 - 4 I was told I would get the results at a later date**
 - 5 I was never told the results of the tests**
 - 98 Don't know
 - 99 Refused to answer
- Q28 During your (child's) [(if Q3≠1) most recent] appointment, did you (he/she) have any treatment? This could be things like having a dressing changed, a mole removed, or a minor surgical procedure for example.**
- (Int: read if necessary: A procedure such as an Endoscopy, Gastroscopy, or Colonoscopy is not considered to be a treatment for the purpose of this question.)*
- 1 Yes
 - 2 No
 - 98 Don't know
 - 99 Refused to answer
- If Q28=1 go to Q29*
Else if Q28>1 go to Read4
- Q29 Before your (child's) appointment, did you know that you (he/she) would be undergoing treatment? Would you say...**
- 1 Yes**
 - 2 No, and I did not mind that I wasn't told**
 - 3 No, but I would have liked to know**
 - 4 No, the decision was made during the appointment**
 - 98 Don't know
 - 99 Refused to answer
- Q30 Before the treatment did a member of staff explain what would happen? Would you say ...**
- 1 Yes, definitely**
 - 2 Yes, to some extent**
 - 3 No**
 - 4 I did not want an explanation**
 - 98 Don't know
 - 99 Refused to answer
- Q31 Before the treatment did a member of staff answer your questions in a way you could understand? Would you say...**
- 1 Yes, definitely**
 - 2 Yes, to some extent**
 - 3 No**
 - 4 I did not have any questions**
 - 98 Don't know
 - 99 Refused to answer

Read4 The next few questions are about doctors.

Q32 Did you (child) see a doctor during your (his/her) [(if Q3#1) most recent] appointment?

(Int – This means a clinical interaction. It does not include just ‘seeing’ a doctor walking through the clinic.)

(Int – Interns, residents, registrars and consultants all count as doctors.)

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q32=1 go to Q33

Else if Q32>1 go to Read5

Q33 Did you have enough time to discuss your (child's) health or medical problem with the doctor? Would you say ...

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 98 Don't know
- 99 Refused to answer

Q34 Did the doctor recommend any surgery or procedure, or provide a referral for other treatment?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q34=1 go to Q35

Else if Q34>1 go to Q36

Q35 Did the doctor explain the reasons for this surgery, procedure or referral in a way that you could understand? Would you say ...

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need an explanation
- 98 Don't know
- 99 Refused to answer

Q36 Did the doctor listen to what you had to say? Would you say ...

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 98 Don't know
- 99 Refused to answer

Q37 If you had questions to ask the doctor, did you get answers that you could understand?
Would you say ...

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need to ask
- 5 I did not have an opportunity to ask
- 98 Don't know
- 99 Refused to answer

Q38 Did you have confidence and trust in the doctor examining and treating you (child)? Would you say ...

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 98 Don't know
- 99 Refused to answer

Read5 The next few questions are about nurses.

Q39 Did you (child) see a nurse during your (his/her) [(if Q3≠1) most recent] appointment?

(Int – This means a clinical interaction. It does not include just 'seeing' a nurse walking through the clinic.)

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q39=1 go to Q40

Else if Q39>1 go to Read6

Q40 Did the nurse explain the reasons for any care provided in a way that you could understand?
Would you say ...

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not want an explanation
- 5 No care was provided
- 98 Don't know
- 99 Refused to answer

Q41 Did the nurse listen to what you had to say? Would you say ...

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 98 Don't know
- 99 Refused to answer

Q42 If you had questions to ask the nurse, did you get answers that you could understand? Would you say ...

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need to ask
- 5 I did not have an opportunity to ask
- 98 Don't know
- 99 Refused to answer

Q43 Did you have confidence and trust in the nurse? Would you say ...

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 98 Don't know
- 99 Refused to answer

Read6 The next few questions are about your (child's) appointment for this (his/her) condition overall.

Q44 (if Q3=1) Did the staff treating and examining you (child) introduce themselves? Would you say ...
(Int: read options 1-3)

(if Q3≠1) At your (child's) most recent appointment did any staff treating and examining you (him/her), who you did not already know, introduce themselves? Would you say ...
(Int: read options 1-4)

- 1 All of the staff introduced themselves
- 2 Some of the staff introduced themselves
- 3 Very few or none of the staff introduced themselves
- 4 There were no new staff
- 98 Don't know
- 99 Refused to answer

Q45 Sometimes in a hospital, a member of staff may say one thing and another may say something quite different. Did this happen to you during your (child's) [(if Q3≠1) most recent] appointment? Would you say ...

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 98 Don't know
- 99 Refused to answer

Q46 Were you (you and child) given enough privacy when discussing your (his/her) care or being examined or treated? Would you say ...

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 98 Don't know
- 99 Refused to answer

Q47 Were you involved as much as you wanted to be in decisions about your (child's) care and treatment? Would you say ...

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 98 Don't know
- 99 Refused to answer

Q48 During your (child's) [(if Q3≠1) most recent] appointment did you have any questions about your (his/her) care and treatment that you wanted to discuss but did not?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q48=1 go to Q49

Else if Q48>1 go to Read7

Q49 Why didn't you discuss these questions? Would you say ...

(Int: Read options 1-10, select ALL that apply)

- 1 I was embarrassed about mentioning them
- 2 I forgot to mention them
- 3 I didn't have time to mention them
- 4 The member of staff didn't have time to listen
- 5 There were too many interruptions
- 6 There was not enough privacy
- 7 I didn't know who to ask
- 8 I felt overwhelmed
- 9 I didn't feel confident enough to ask questions
- 10 Was there another reason (please specify)
- 98 Don't know
- 99 Refused to answer

Read7 The next few questions are about information you may have been given during your (child's) [(if Q3≠1) most recent] appointment.

Q50 Before you left the clinic, were you given any written or printed information about your (child's) condition or treatment? Would you say...

- 1 Yes
- 2 No, but I would have liked it
- 3 No, but I did not need this type of information
- 98 Don't know / Can't remember
- 99 Refused to answer

Q51 Before you left the clinic, were you told what would happen next, for example whether you (child) needed another outpatients appointment, to see your (his/her) GP, and so on?

- 1 Yes
- 2 No
- 98 Don't know / Can't remember
- 99 Refused to answer

If Q28=1 go to Q52

Else go to Q53

Q52 Did clinic staff tell you when you (child) could resume your (his/her) usual activities, such as when to go back to work, drive a car, carry shopping, or do household duties (go back to school or play group)? Would you say ...

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not need this type of information

98 Don't know / Can't remember

99 Refused to answer

Q53 Did a member of staff tell you about any danger signs to watch for regarding your (child's) condition [(if Q28=1) or treatment] after you (he/she) went home? Would you say ...

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not need this type of information

98 Don't know / Can't remember

99 Refused to answer

Q54 Did clinic staff tell you who to contact if you were worried about your (child's) condition or treatment after you left the clinic?

- 1 Yes
- 2 No
- 98 Don't know / Can't remember
- 99 Refused to answer

Read8 The final few questions are about your overall impressions of your (child's) [(if Q3#1) most recent] appointment.

Q55 Some patients (parents) might wish to give feedback such as compliments or complaints about the care they (their child) received. While in the outpatient clinic were you told, or did you see a poster or brochure on how to do this?

- 1 Yes
- 2 No
- 98 Don't know / Can't remember
- 99 Refused to answer

Read9 As I mentioned earlier, the information we collect will help the Queensland Department of Health in improving services.

If Aboriginal, or Torres Strait Islander, or Aboriginal and Torres Strait Islander, or if Indigenous status not known then show:

(Int: Extra questions about Indigenous status will be presented)

If NoDOB=1 (age not known) then show:

(Int: Extra questions about DOB/age will be presented)

Q56 Was there anything particularly good about your (child's) [(if Q3#1) most recent] appointment that hasn't already been covered?

- 1 Yes (please specify)
- 2 No
- 98 Don't know
- 99 Refused to answer

Q57 Was there anything about your (child's) [(if Q3#1) most recent] appointment that could have been improved that hasn't already been covered?

- 1 Yes (please specify)
- 2 No
- 98 Don't know
- 99 Refused to answer

If Indigenous status not known go to Q58

Else if Aboriginal, or Torres Strait Islander, or Aboriginal and Torres Strait Islander go to Q60

Else if neither Aboriginal, or Torres Strait Islander and NoDOB=1 (age not known) go to Q62

Else go to Closing

Q58 Are you (Is child) of Aboriginal or Torres Strait Islander origin?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

If Q58=1 go to Q59

Else if NoDOB=1 (age not known)

go to Q62

Else go to Closing

Q59 Are you (Is child) of Aboriginal origin, Torres Strait Islander origin or both?

- 1 Aboriginal
- 2 Torres Strait Islander
- 3 Both Aboriginal and Torres Strait Islander
- 98 Don't know
- 99 Refused to answer

Q60 Did the clinic have any culturally appropriate resources available such as books, posters or brochures – or did you see the Australian, Aboriginal and Torres Strait Islander flags?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused to answer

Q61 Were you offered support from an Aboriginal or Torres Strait Islander health worker or hospital liaison officer? Would you say ...

- 1 Yes
- 2 No, but I would have liked to be asked
- 3 No, but I didn't want or need to see one
- 98 Don't know
- 99 Refused to answer

If NoDOB=1 (age not known) go to Q62

Else go to Closing

Q62 We don't appear to have your (child's) date of birth in our records. Would you mind providing your (his/her) date of birth?

1 Gives date of birth (specify)

99 Refused to answer

If Q62=99 go to Q63

Else go to Closing

Q63 Would you mind giving your (his/her) age in years?

1 Gives age in years (specify)

99 Refused to answer

Closing

Thanks. That concludes the survey.

Your responses are strictly confidential and no identifying information can be released to the Queensland Department of Health or any other body unless authorised or required by law. The information is being collected by the Queensland Government Statistician's Office and is protected by the *Statistical Returns Act 1896*. Your responses will be combined with those of other participants to compile aggregate information.

Thank you very much for your assistance.

NHS Outpatients Department Survey 2011 © Care Quality Commission

General Surgery Outpatient Clinic Patient Experience Survey 2017-18

Participating facilities

| Hospital and Health Service / Organisation | Facility | Abbreviation |
|--|---------------------------------------|--------------|
| Cairns and Hinterland | Atherton Hospital | Attn |
| | Cairns Hospital | Cairns |
| | Innisfail Hospital | Innisfl |
| | Mareeba Hospital | Mrba |
| Central Queensland | Biloela Hospital | Bilo |
| | Emerald Hospital | Emlld |
| | Gladstone Hospital | Gdstn |
| | Rockhampton Hospital | Rockn |
| Central West | Longreach Hospital | Lngrch |
| Children's Health Queensland | Lady Cilento Children's Hospital | LCCH |
| Darling Downs | Chinchilla Hospital | Chnla |
| | Dalby Hospital | Dalby |
| | Goondiwindi Hospital | Gwndi |
| | Kingaroy Hospital | Kroy |
| | Miles Hospital | Miles |
| | Stanthorpe Hospital | Stanthp |
| | Toowoomba Hospital | Tmba |
| | Warwick Hospital | Wrck |
| Gold Coast | Gold Coast University Hospital | GCUH |
| | Robina Hospital | Robina |
| Mackay | Mackay Base Hospital | Mky |
| | Proserpine Hospital | Ppine |
| Metro North | Caboolture Hospital | Cab |
| | Redcliffe Hospital | Rdclf |
| | Royal Brisbane and Women's Hospital | RBWH |
| | The Prince Charles Hospital | TPCH |
| Metro South | Beaudesert Hospital | Beaud |
| | Logan Hospital | Logan |
| | Princess Alexandra Hospital | PAH |
| | Queen Elizabeth II Jubilee Hospital | QEII |
| | Redland Hospital | Rdld |
| North West | Mount Isa Hospital | MtIsa |
| South West | Charleville Hospital | Chvll |
| | Roma Hospital | Roma |
| | St George Hospital | StGrg |
| Sunshine Coast | Gympie Hospital | Gympie |
| | Nambour General Hospital | Nmbr |
| | Sunshine Coast University Hospital | SCUH |
| Torres and Cape | Cooktown Multi Purpose Health Service | Cktwn |
| | Thursday Island Hospital | ThrsIs |
| Townsville | Ayr Hospital | Ayr |
| | Charters Towers Hospital | CTwrs |
| | Ingham Hospital | Inghm |
| | The Townsville Hospital | TTH |
| West Moreton | Ipswich Hospital | Ips |
| Wide Bay | Bundaberg Hospital | Bund |
| | Hervey Bay Hospital | HBay |
| | Maryborough Hospital | Maryb |
| Mater Health Services | Mater Adult Hospital | MAH |

Deputy Director-General Brief for Approval

| | |
|------------------------|------------|
| Department RecFind No: | CE003690 |
| Division/HHS: | PSQIS |
| File Ref No: | PSQIS 3605 |

SUBJECT: Queensland Health 2017–18 General Surgery Outpatient Clinic Patient Experience Survey – Variation of Project Agreement sign-off

Recommendations

It is recommended the Deputy Director-General

1. **Sign** the letter to the Queensland Government Statistician, Queensland Treasury (Attachment 1).
APPROVED
2. **Sign** by exercising contract signing delegation two originals of the attached Variation of Project Agreement with Queensland Government Statistician's Office (QGSO), Queensland Treasury to conduct the field collection for the Queensland Health 2017–18 General Surgery Outpatient Clinic Patient Experience Survey (Attachment 2).
APPROVED



DR JOHN WAKEFIELD
Deputy Director-General
Clinical Excellence Division

Date: 28/03/2018

Deputy Director-General's comment

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| |

Issues

1. The Deputy Director-General, Clinical Excellence Division signed a Project Agreement with Queensland Government Statistician's Office (QGSO), Queensland Treasury, to conduct the field collection for the Queensland Health 2017–18 General Surgery Outpatient Clinic Patient Experience Survey (General Surgery OPES) on 20 December 2017 (Attachment 3).
2. A Variation of Project Agreement (Attachment 2) to account for the inclusion of one additional facility in the survey and interviews with 500 extra patients, as well as a two minute increase in the average length of interviews, has been negotiated with QGSO and requires approval.
3. The original Project Agreement (Attachment 3) was costed to a total of \$362,670 (including GST) based on the number of facilities and patients and the questionnaire included in the previous General Surgery OPES conducted in 2015-16. The Variation of Project Agreement (Attachment 2) increases the total cost to \$403,920 (including GST), as a result of:
 - 3.1. the average interview time increasing from 12 to 14 minutes due to the addition of six new questions to the questionnaire at the request of the survey working group
 - 3.2. lengthening the survey sample period from three to four months increased the number of in-scope patients eligible to be interviewed
 - 3.3. the inclusion of one additional facility (Cooktown Multipurpose Health Service) that met the criteria to participate.

| | |
|------------------------|------------|
| Department RecFind No: | CE003690 |
| Division/HHS: | PSQIS |
| File Ref No: | PSQIS 3605 |

4. The revised total field work costs for the 2017–18 General Surgery OPES amount to \$403,920 (including GST) which falls within the approved maximum cost of \$404,420 (including GST).
5. The letter to the Queensland Government Statistician (Attachment 1) is to be signed first by the Deputy Director-General, Clinical Excellence Division, requesting QGSO to sign two originals of the Variation of Project Agreement (Attachment 2).
6. After QGSO has signed the Variation of Project Agreement, they will be returned to the Deputy Director-General, Clinical Excellence Division for signing.

Vision

7. Queensland Health Patient Experience Surveys align to the *Advancing health 2026* direction 'Delivering healthcare - The core business of the health system and improving equitable access to quality and safe healthcare in its different forms and settings'.

Results of Consultation

8. A working group consisting of membership from the Statewide Surgical Advisory Committee, surgeons, clinicians and specialists from Hospital and Health Services (HHSs), and consumer representation has provided expert advice on the survey design, questionnaire and the facilities to be included in the 2017–18 General Surgery OPES.

Resource Implications (including Financial)

9. Project commencement/non-recurrent financial and Type 4 (sole source supply) procurement delegation to confine the market to the QGSO for the field collection of the 2017–18 General Surgery OPES to a maximum value of \$404,420 (including GST) has been received (Attachment 4).
10. Recurrent financial and Type 4 procurement approval to engage the QGSO for the field collection of the 2017–18 General Surgery OPES to a maximum value of \$404,420 (including GST) has been received (Attachment 5).
11. Funding for the survey will be sourced from the confirmed \$1.5 million (excluding GST) for Patient Experience Surveys (Patient Safety & Quality Improvement Service (PSQIS) program cost centre 280689) within the 2017–18 Clinical Excellence Division budget allocation.
12. The additional costs outlined in the Variation of Project Agreement do not exceed the approved total field collection costs for the 2017–18 General Surgery OPES (Attachment 5).

Background

13. This is the second time the General Surgery OPES has been undertaken in Queensland, the first being in 2015–16. It will follow the same methodology as the previous survey and there will be a comparison of results where possible.
14. Telephone interviewing of patients who attended a Queensland public hospital general surgery outpatient clinic between October 2017 and January 2018 commenced on 31 January and will continue to mid-April 2018.
15. After the data is collected by the QGSO, PSQIS has engaged Ipsos for the analysis and reporting services for the survey.
16. Following the provision of survey results to Hospital and Health Services, PSQIS will present results at statewide network meetings, with a focus on the implementation of improvement actions to address issues identified from survey results.

Attachments

17. Attachment 1: Letter to Government Statistician
Attachment 2: Variation of Project Agreement with QGSO 2017–18 General Surgery OPES

| | |
|-------------------------------|-------------------|
| Department RecFind No: | CE003690 |
| Division/HHS: | PSQIS |
| File Ref No: | PSQIS 3605 |

Attachment 3: Project Agreement with QGSO 2017–18 General Surgery OPES
Attachment 4: COO170462 / CE002807 - Approved Brief
Attachment 5: COO170529 / CE002944 - Approved Brief

| | | | |
|---|---|---|---|
| Author: | Submitted through: | Cleared by: | Cleared by: |
| Deborah Blythe | Jacqueline Daly | Graham Hall | Kirstine Sketcher-Baker |
| Principal Project Officer Survey and Audit | Manager Survey and Audit | A/Director | Executive Director |
| Patient Safety and Quality Improvement Service | Patient Safety and Quality Improvement Service | Patient Safety and Quality Improvement Service | Patient Safety and Quality Improvement Service |
| 3328 9683 | 3328 9672 | 3328 9447 | 3328 9424 |
| 13 March 2018 | 15 March 2018 | 21 March 2018 | 22 March 2018 |

Business Manager, CED comments

Name: Teneal Koppenol **Date:** 20/3/18
Delegation check: Yes, DDG CED has appropriate contract signing delegation
Procurement arrangements check: OK, Type 4 previously approved
Funding / Budget availability: Yes
Project commencement non-recurrent approved value: \$404,420 (incl GST)
Funding / Budget previously committed against project commencement approval: This brief is to finalise the commitment up to \$403,920 incl GST
Is funding going past this current FY if yes \$value: NO
Sufficient Support Documentation: Yes
General Comments: OK to proceed



Department of Health

Enquiries to: Graham Hall
Acting Director
Patient Safety and Quality
Improvement Service
Telephone: (07) 3328 9447
File Ref: CE003691

Antony Skinner
Government Statistician
Queensland Treasury
Level 22, 1 William Street
BRISBANE QLD 4000

Dear Mr Skinner

The Department of Health and Government Statistician has negotiated a Variation of Project Agreement for the conduct of the 2017-18 General Surgery Outpatient Clinic Patient Experience Survey to allow for a variation to project assumptions and their associated costs.

Please sign and date **two originals** of the attached Variation of Project Agreement indicating your agreement, on behalf of Queensland Government Statistician's Office, to the terms of the agreement.

Once signed, return both originals to the Office of the Deputy Director-General, Clinical Excellence Division, Level 14, 33 Charlotte Street, Brisbane QLD 4000 for my final signature.

One hard copy original of the agreement, signed by the Department of Health, will be returned to you for your records.

Please direct comments or queries to Graham Hall, Acting Director, Patient Safety and Quality Improvement Service on (07) 3328 9447 or via email at Graham.Hall@health.qld.gov.au.

Yours sincerely



Dr John Wakefield
Deputy Director-General
Clinical Excellence Division
23 / 03 / 2018

Office
Department of Health
Level 14
33 Charlotte Street
BRISBANE QLD 4000

Postal
GPO Box 48
BRISBANE QLD 4001

Phone
(07) 3708 5342

Email
DDGCED@health.qld.gov.au

Variation of Project Agreement

between

Queensland Department of Health

and

Queensland Government Statistician's Office
Queensland Treasury

to conduct

FINAL VERSION

22/02/2018

General Surgery Outpatient Clinic Patient Experience Survey 2017

Contact details

Contact person: Emma Faulkner

Queensland Government Statistician's Office, Queensland Treasury

PO Box 15037, City East QLD 4002 Australia

Telephone: 07 3035 6828

govstat@treasury.qld.gov.au

www.qgso.qld.gov.au

Information security classification

This Variation of Project Agreement has been security classified as IN-CONFIDENCE by the Queensland Government Statistician's Office (QGSO) using the Queensland Government information security classification framework (QGISCF), meaning it cannot be released to the public and that restrictions apply to its use.

For further information regarding the QGISCF see <https://www.qgcio.qld.gov.au/documents/information-security-classification-framework-qgiscf>

Disclaimer

All data and information in this document are believed to be accurate and have come from sources believed to be reliable. However, QGSO, Queensland Treasury, does not guarantee or represent that the data and information are accurate, up to date or complete, and disclaims liability for all claims, losses, damages or costs of whatever nature and howsoever occurring, arising as a result of relying on the data and information, regardless of the form of action, whether in contract, tort (including negligence), breach of statutory duty or otherwise.

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This document outlines a variation to the *General Surgery Outpatient Clinic Patient Experience Survey 2017* (and its original Project Agreement), including changes to the assumptions and associated costs.

Original assumptions and costs

ASSUMPTIONS

The following assumptions have been used in the development of costs and timelines for this agreement. QGSO reserves the right to renegotiate project costs and timelines in the event of changes to these assumptions:

- 48 facilities to be included in the survey
- target response rate of 54%
- target of approximately 8,435 completed interviews
- expected average interview time is 12 minutes
- questions to be similar to those in the 2016 survey
- data will be weighted, and standardised if possible, to population benchmarks
- the trial of the survey will be undertaken in the first two days of interviewing
- main survey of approximately 300 interviews per facility where the sample size permits, and an attempted census of eligible patients for the remaining facilities
- sample to be stratified by facility
- a pre-approach letter and patient information flyer will be sent to all selected patients
- QGSO will undertake coding of a limited number of verbatim responses if required
- inputs required from the Queensland Department of Health will be described in Agreed Inputs
- outputs will be as described under Agreed Outputs
- an identified and de-identified unit record file will be provided to the Statistical Services Branch (SSB) within the Queensland Department of Health, provided there is a current Memorandum of Understanding between SSB and QGSO. The unit record files will be released under the Statistical Returns Act and conditions would apply to their use.
- de-identified unit record files will be provided to a third party reporter and will be released under the Statistical Returns Act and conditions would apply to their use.

COSTS

The total project cost for the survey is \$362,670 (10% GST inclusive). This price is based on the methodology and specifications previously outlined and is valid for 30 days from the date of this agreement. Any variations to the project assumptions or agreed outputs in this Project Agreement may result in QGSO re-calculating the project costs under a new Project Agreement or a variation to this Project Agreement.

In the case of termination, the Queensland Department of Health will pay QGSO for developing the outputs until the date of termination. Any subsequent collaborative work (greater than one person-day) on other projects or projects that derive from this survey may be costed separately at the discretion of QGSO. The terms and conditions of any subsequent collaborative work will be the subject of a separate agreement.

| Item | Total \$ |
|--|----------------|
| Staff costs ¹ | s.73 |
| Survey management/survey preparation | |
| Survey operations management | |
| Data processing | |
| Preparation of outputs | |
| Survey operation costs ² | |
| Interviewer costs | |
| Phone costs | |
| Stationery costs (envelope and letterhead) | |
| Postage costs | |
| Sub-Total | 329,700 |
| Plus 10% GST | 32,970 |
| TOTAL | 362,670 |

¹ Staff costs include activities such as project management, survey operations management, data processing, and preparation of agreed outputs.

² Survey operation costs include interviewer and telephone costs, stationery, printing and postage costs.

Variation to assumptions and costs

ASSUMPTIONS

The following assumptions have been used in the development of costs and timelines for this agreement. QGSO reserves the right to renegotiate project costs and timelines in the event of changes to these assumptions:

- 49 facilities to be included in the survey
- target response rate of 54%
- target of approximately 8,935 completed interviews
- expected average interview time is 14 minutes³
- questions to be similar to those in the 2016 survey
- data will be weighted, and standardised if possible, to population benchmarks
- the trial of the survey will be undertaken in the first two days of interviewing
- main survey of approximately 300 interviews per facility where the sample size permits, and an attempted census of eligible patients for the remaining facilities
- sample to be stratified by facility
- a pre-approach letter and patient information flyer will be sent to all selected patients
- QGSO will undertake coding of a limited number of verbatim responses if required
- inputs required from the Queensland Department of Health will be described in Agreed Inputs
- outputs will be as described under Agreed Outputs
- an identified and de-identified unit record file will be provided to the Statistical Services Branch (SSB) within the Queensland Department of Health, provided there is a current Memorandum of Understanding between SSB and QGSO. The unit record files will be released under the Statistical Returns Act and conditions would apply to their use.
- de-identified unit record files will be provided to a third party reporter and will be released under the Statistical Returns Act and conditions would apply to their use.

³ This is an increase on the 12 minute average time for asking the questions in the 2016 survey.

COSTS

The total project cost for the survey is \$403,920 (10% GST inclusive). This price is based on the methodology and specifications previously outlined and is valid for 30 days from the date of this agreement. Any variations to the project assumptions or agreed outputs in this Project Agreement may result in QGSO re-calculating the project costs under a new Project Agreement or a variation to this Project Agreement.

In the case of termination, the Queensland Department of Health will pay QGSO for developing the outputs until the date of termination. Any subsequent collaborative work (greater than one person-day) on other projects or projects that derive from this survey may be costed separately at the discretion of QGSO. The terms and conditions of any subsequent collaborative work will be the subject of a separate agreement.

| Item | Total \$ |
|--|----------------|
| Staff costs ⁴ | s.73 |
| Survey management/survey preparation | |
| Survey operations management | |
| Data processing | |
| Preparation of outputs | |
| Survey operation costs ⁵ | |
| Interviewer costs | |
| Phone costs | |
| Stationery costs (envelope and letterhead) | |
| Postage costs | |
| Sub-Total | 367,200 |
| Plus 10% GST | 36,720 |
| TOTAL | 403,920 |

⁴ Staff costs include activities such as project management, survey operations management, data processing, and preparation of agreed outputs.

⁵ Survey operation costs include interviewer and telephone costs, stationery, printing and postage costs.

Approval of Variation to Project Agreement

By signing this Variation to Project Agreement, QGSO undertakes to make available resources to complete the specified changes, except where due to unforeseen or otherwise negotiated changes to the project timeline.

By signing this Variation to Project Agreement, the Queensland Department of Health acknowledges and endorses the variation and related changes to the project assumptions and associated costs, and notes the scope of the work to be undertaken. For resourcing allocation reasons, any additional work required of QGSO in relation to this project will be subject to a separate variation negotiated between the Queensland Department of Health and QGSO.

Signatures

signature

Date:

Name:

Position:

Organisation:

signature

Date:

Name:

Antony Skinner

Position:

Queensland Government Statistician

Organisation:

Queensland Government Statistician's Office

Economics and Fiscal Coordination

Queensland Treasury

QUEENSLAND TREASURY

Project Agreement

for the provision of General Surgery Outpatient Clinic Patient
Experience Survey 2017

REVISED FINAL VERSION A
15/08/2017



Queensland Government Statistician's Office

Quality Management System

The Queensland Government Statistician's Office (QGSO), Queensland Treasury, complies with AS/NZS ISO 9001:2008 Quality Management Systems.

The certification covers the Quality Management System for survey and research services, including the design, development and provision of processes to collect, collate, interpret, analyse and disseminate high quality primary and secondary statistical information.

QGSO ensures project and customer needs are met through adherence to AS/NZS ISO 9001:2008 Quality Management Systems for all project work undertaken.



Certificate No: QEC7208

Issued: 14 July 2015

Originally Certified: 11 June 1997

Expires: 12 September 2018

Current Certification: 10 July 2015

Security, privacy and confidentiality

QGSO is committed to quality and integrity of data, and maintains high level security procedures and arrangements to maintain confidentiality of data at all times for all customers. Through our governing legislation, the *Statistical Returns Act 1896*, we have substantial powers to ensure confidentiality of data.

QGSO maintains a robust information security environment and ensures that the information it retains for the purpose of a Project Agreement is protected by such security measures as are reasonable in the circumstances against loss, unauthorised access, use, modification or disclosure, and against any other misuse, in accordance with Queensland Government Information Standard 18 – Information Security: 2010 (IS18), *Right to Information Act 2009* and *Information Privacy Act 2009*.

This Project Agreement has been security classified as IN-CONFIDENCE by QGSO using the Queensland Government information security classification framework (QGISCF), meaning it is for the exclusive use of the Queensland Department of Health and QGSO only, cannot be released to the public and that restrictions apply to its use.

For further information regarding the QGISCF see <http://www.qgcio.qld.gov.au/products/qgea-documents/549-information-security/2417-queensland-government-information-security-classification-framework>.

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Disclaimer

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This agreement outlines the conditions under which the Queensland Government Statistician's Office (QGSO), Queensland Treasury, will undertake the General Surgery Outpatient Clinic Patient Experience Survey 2017 on behalf of the Queensland Department of Health.

General Surgery Outpatient Clinic Patient Experience Survey 2017

BACKGROUND

The General Surgery Outpatient Clinic Patient Experience Survey 2017 is a state-wide survey of General Surgery Outpatient Clinic patients from Queensland public hospitals and facilities. The survey has previously been conducted in 2016. It measures patients' satisfaction with General Surgery Clinic outpatient services and gathers data on patients' experience with the ultimate goal of improving the patients' journey and experience.

The survey will provide a state-wide and facility specific overview of patient experience and satisfaction within public health facilities. Survey results will assist in identifying areas of concern that require quality and/or safety improvement interventions at hospital and state-wide levels, leading to the development of initiatives to address areas for improvement.

This survey is part of the Queensland Department of Health Patient Experience Strategy. The survey will also provide information to meet legislated public reporting requirements under the *Hospital and Health Boards Act 2011*.

The survey is a collaborative effort between QGSO and the Queensland Department of Health.

OBJECTIVES

The objectives of the General Surgery Outpatient Clinic Patient Experience Survey 2017 are to provide:

- results of patient experience and patient satisfaction at a state-wide and health facility level
- results of patient experience and patient satisfaction across components of care
- facilities with data that can be used to measure and improve the delivery of health services.

TARGET POPULATION

The target population for the survey will include patients (adults and children) who satisfy each of the following criteria:

- attended a recent outpatient appointment for General Surgery at one of the facilities listed in Appendix A between October 2017 and January 2018
- are residents of Australia.

Patients will be excluded where they:

- are deceased
- requested an interpreter
- were transferred to, or are a usual resident of, a correctional facility or other institution
- have been selected in a previous round of sampling for the General Surgery Outpatient Clinic Patient Experience Survey 2017
- have insufficient contact information
- left before they were seen
- refused consent to be contacted to give feedback.

METHODOLOGY

The Queensland Department of Health will provide the questionnaire(s) to be administered to consenting patients. Survey responses will be collected under the *Statistical Returns Act 1896*. This Act prohibits the disclosure of identifiable information relating to an individual or organisation without their consent.

All patients selected for the survey will be sent a letter before the start of interviewing explaining the nature and purpose of the survey, with a patient information flyer included. The content of this letter will be based on whether contact will be with the patient directly or through the parent or guardian of the child patient. The Queensland Department of Health will supply QGSO with the letter templates. QGSO has available a toll free 1800 number that can be included in pre-approach letters so that a respondent can call QGSO with any questions or concerns they may have.

QGSO will conduct the survey by Computer Assisted Telephone Interviewing (CATI). Interviewers assigned to this project will undergo a detailed briefing session conducted by the field manager and a member of the project team. The briefing will include background information about the survey and specific instructions relating to the questionnaire, sample, quota and target of the survey.

QGSO will send the Queensland Department of Health a runtime version of the coded Ci3 questionnaire script for testing. QGSO will also carry out daily monitoring and/or observations for this survey whilst in the field to validate the accuracy of the data collected and to ensure that all requirements of the project agreement and assumptions are being met. Productivity will be closely monitored as part of our field quality control system.

TRIALLING THE QUESTIONNAIRE

The survey questionnaire will be trialled during the first two days of interviewing. Trialling the survey aims to:

- ensure the survey questions are unambiguous and the questionnaire flows well
- determine an accurate measure of interview length
- check assumptions about response rates and the anticipated sample size required.

Issues that are identified during the trial period will be raised with the Queensland Department of Health. Suitable resolutions to the issues will be agreed between the parties.

FRAMES AND SAMPLE SELECTION

The Queensland Department of Health will provide QGSO with the monthly patient population frames from 48 in-scope facility clinics, from October 2017 to January 2018 as they become available. The minimum list of information to be provided on the frames includes:

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Sampling will be monthly, with interviewing conducted between late January 2018 and mid-April 2018 as the eligible patient list for each month becomes available (the November and December monthly population frames will be combined). The Queensland Department of Health will provide the population frames as per the timeline on page 14. QGSO will select the survey sample from these frames as the frames become available. This will result in three waves of interviewing. QGSO will attempt to collect an even number of interviews across the three waves where the sample and fieldwork management permits.

The sample design will aim to achieve 300 interviews per facility where sample size permits. For the in-scope facilities without sufficient sample size to achieve 300 interviews, QGSO will attempt to interview all eligible patients over the nominated period. The costings provided in this document have been calculated based on a total number of approximately 8,435 interviews.

Where a patient is under the age of 16 (at the date of admittance), all correspondence and contact will be with the parent or guardian of the patient.

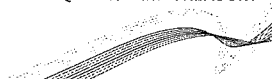
PROJECT MANAGEMENT

QGSO uses the Queensland Government Project Management Methodology and will appoint a project team comprising statisticians, survey experts, project managers and operational staff responsible for providing clear and comprehensive data, analysis and reporting.

QGSO will provide the Queensland Department of Health with a single main point of contact for the communication of day-to-day survey activities throughout the project (such as communication about project management, fieldwork, and reporting). The QGSO main point of contact will be the Senior Statistician Project Advisor within the project team. The Queensland Department of Health main point of contact will be the Principal Project Officer of the Patient Safety and Quality Improvement Service. Higher level issues or requests for additional work are to be escalated to the Team Leader within QGSO and the Manager of the Patient Safety and Quality Improvement Service within the Queensland Department of Health. Discussions about the broader work program should be further escalated to the Assistant Government Statistician within QGSO and the Executive Director of the Patient Safety and Quality Improvement Service within the Queensland Department of Health.

QGSO will keep the Queensland Department of Health informed of the progress of the project and will consult with the nominated officer regarding any changes in respect of the conditions stated in this Project Agreement including project assumptions, agreed outputs, costs, and timelines. QGSO will also advise the Queensland Department of Health of other issues that emerge which may impact on the achievement of the research objectives.

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ASSUMPTIONS

The following assumptions have been used in the development of costs and timelines for this agreement. QGSO reserves the right to renegotiate project costs and timelines in the event of changes to these assumptions:

- 48 facilities to be included in the survey
- target response rate of 54%
- target of approximately 8,435 completed interviews
- expected average interview time is 12 minutes
- questions to be similar to those in the 2016 survey (questionnaire attached in Appendix B)
- data will be weighted, and standardised if possible, to population benchmarks
- the trial of the survey will be undertaken in the first two days of interviewing
- main survey of approximately 300 interviews per facility where the sample size permits, and an attempted census of eligible patients for the remaining facilities
- sample to be stratified by facility
- a pre-approach letter and patient information flyer will be sent to all selected patients
- QGSO will undertake coding of a limited number of verbatim responses if required
- inputs required from the Queensland Department of Health will be described in Agreed Inputs
- outputs will be as described under Agreed Outputs
- an identified and de-identified unit record file will be provided to the Statistical Services Branch (SSB) within the Queensland Department of Health, provided there is a current Memorandum of Understanding between SSB and QGSO. The unit record files will be released under the Statistical Returns Act and conditions would apply to their use.
- de-identified unit record files will be provided to a third party reporter and will be released under the Statistical Returns Act and conditions would apply to their use.

RELEASE OF DE-IDENTIFIED UNIT RECORD FILES TO A THIRD PARTY REPORTER

De-identified unit record files will be provided to a third party reporter under the following conditions:

- the Government Statistician is satisfied the third party reporter is able to securely store the data and ensure confidentiality is maintained
- the data will be released under a deed poll requiring the data to be returned or deleted once reporting is finalised
 - Queensland Department of Health is to ensure this is carried out, however QGSO will also follow-up with the third party reporter at the end of one year from the date of the release of the data (as per usual QGSO practice)
- demographic information will be removed or collapsed by QGSO as requested by the Queensland Department of Health
- additional de-identification of the data may be required and will be decided upon by the Government Statistician under the provisions of the Statistical Returns Act
- prior to the release of any outputs the third party reporter and the Queensland Department of Health are to attend a meeting with QGSO, where QGSO will provide a full briefing on the Statistical Returns Act and the relevant parties obligations under the Act.

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AGREED INPUTS

The inputs to be supplied for the project, their conditions of use, recommended attribution and delivery timelines are as follows:

| Agreed Inputs | Authorising environment | Recommended attribution | Supplied by |
|---|---|---|--|
| <p><u>Survey Frame</u></p> <p>The frame will include all in-scope patients and those refusers who would otherwise be in-scope based on the target population description on page 3 of this document. The frame will contain at least the information described on page 4.</p> | <p><u>Information security classification</u>¹: IN-CONFIDENCE</p> <p><u>Intellectual Property Rights:</u> © The State of Queensland (Queensland Department of Health) <i>unpublished information</i></p> <p><u>Custodian:</u> Queensland Department of Health. QGSO is given access to the Survey Frame for the purposes of this project.</p> <p><u>Legislative provisions:</u> QGSO is given access to the Survey Frame under the provisions of the <i>Health Services Act 1991</i>.</p> <p><u>Information Privacy and Right to Information:</u> With regards to the Survey Frame, applications concerning the <i>Information Privacy Act 2009</i> or <i>Right to Information Act 2009</i> should be directed to Queensland Department of Health.</p> | <p><i>Queensland Department Of Health, General Surgery Outpatient Clinic Patient Experience Survey 2017, Survey Frame</i></p> | <p>Queensland Department of Health.</p> <p>The frames will be provided according to the timeline on page 14.</p> |
| <p><u>Survey Questionnaire</u></p> <p>The survey questionnaire is to be provided in the standard QGSO questionnaire format.</p> | <p><u>Information security classification:</u> UNCLASSIFIED</p> <p><u>Intellectual Property Rights:</u> © Care Quality Commission (UK)</p> <p><u>Custodian:</u> Care Quality Commission. Queensland Department of Health has been given permission to use the Survey Questionnaire. QGSO is given access to the Survey Questionnaire for the purposes of this project.</p> <p><u>Information Privacy and Right to Information:</u> With regards to the Survey Questionnaire, applications concerning the <i>Information Privacy Act</i> or <i>Right to Information Act</i> should be directed to Queensland Department of Health.</p> | <p><i>NRC Outpatient Survey Questions</i></p> | <p>Queensland Department of Health, at least three weeks prior to start of survey.</p> |

¹ Information on the Queensland Government information security classification framework is available at <http://www.qgcio.qld.gov.au/products/qgea-documents/549-information-security/2417-queensland-government-information-security-classification-framework>

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| Agreed Inputs | Authorising environment | Recommended attribution | Supplied by |
|---|--|--|---|
| <p><u>Patient Information Flyer</u></p> <p>A patient information flyer will be sent with all pre-approach letters.</p> | <p><u>Information security classification:</u> PUBLIC</p> <p><u>Intellectual Property Rights:</u> © The State of Queensland (Queensland Department of Health) 2017</p> <p><u>Custodian:</u> Queensland Department of Health. QGSO is given access to the Patient Information Flyer for the purposes of this project.</p> <p><u>Information Privacy and Right to Information:</u> With regards to the Patient Information Flyer, applications concerning the Information Privacy Act or Right to Information Act should be directed to Queensland Department of Health.</p> | <p><i>Queensland Department Of Health, General Surgery Outpatient Clinic Patient Experience Survey 2017, Patient Information Flyer</i></p> | <p>Queensland Department of Health, at least five weeks prior to start of survey.</p> |
| <p><u>Pre-Approach Letters</u></p> <p>Two types of letters will be sent:</p> <ul style="list-style-type: none"> • one letter for the patient directly if the patient is 16 years or more; and • one letter for the parent or guardian of the patient if the patient is under the age of 16. | <p><u>Information security classification:</u> IN-CONFIDENCE</p> <p><u>Intellectual Property Rights:</u> © The State of Queensland (Queensland Department of Health) 2017</p> <p><u>Custodian:</u> Queensland Department of Health. QGSO is given access to the Pre-Approach Letters for the purposes of this project.</p> <p><u>Information Privacy and Right to Information:</u> With regards to the Pre-Approach Letters, applications concerning the Information Privacy Act or Right to Information Act should be directed to Queensland Department of Health.</p> | <p><i>Queensland Department Of Health, General Surgery Outpatient Clinic Patient Experience Survey 2017, Pre-Approach Letters</i></p> | <p>Queensland Department of Health, at least three weeks prior to start of survey.</p> |
| <p><u>Coded Ci3 Questionnaire Script</u></p> <p>A runtime version of the coded Ci3 questionnaire script will be provided for testing purposes only. The following file types will be included:</p> <ul style="list-style-type: none"> • .qst • .ini • .dll • .exe | <p><u>Information security classification:</u> IN-CONFIDENCE</p> <p><u>Intellectual Property Rights:</u> © The State of Queensland (Queensland Treasury) <i>unpublished information</i></p> <p><u>Custodian:</u> QGSO. Queensland Department of Health is given access to the Coded Ci3 Questionnaire Script for the purposes of this project.</p> <p><u>Information Privacy and Right to Information:</u> With regards to the Coded Ci3 Questionnaire Script, applications concerning the Information Privacy Act or Right to Information Act should be directed to QGSO.</p> | <p><i>Queensland Government Statistician's Office, Queensland Treasury, General Surgery Outpatient Clinic Patient Experience Survey 2017, Coded Ci3 Questionnaire Script</i></p> | <p>Queensland Government Statistician's Office, at least one week prior to start of survey.</p> |

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AGREED OUTPUTS

The information collected from survey participants by QGSO enables the agreed outputs to be produced. Therefore, with regards to survey participant information, applications concerning the Information Privacy Act and the Right to Information Act should be directed to QGSO. The agreed project outputs, their conditions of use, recommended attribution and delivery timelines are as follows:

| Agreed Outputs | Authorising environment | Recommended attribution | Supplied by |
|---|--|--|--|
| <p><u>Interim Reporting De-identified Unit Record File (DURF)</u></p> <p>(NOT suitable for Open Data)</p> <p>A DURF excludes information that explicitly identifies a respondent and its provision is subject to:</p> <p>a) Third party reporter individual recipients signing the Deed Poll, guaranteeing protection and maintenance of data confidentiality</p> <p>b) the discretion of the Queensland Government Statistician.</p> <p>The Interim Reporting DURF is to include:</p> <ul style="list-style-type: none"> • facility and peer group code • all questionnaire and demographic variables required for reporting • demographic variables used for weighting • person level weight • replicate weights. <p>Note that recoded other specify responses will not be included, and any weighting conducted will not be representative of the weighting performed for the Final Reporting DURF.</p> | <p><u>Information security classification:</u> IN-CONFIDENCE</p> <p>This product is NOT suitable for Open Data.</p> <p><u>Intellectual Property Rights:</u> © The State of Queensland (Queensland Treasury) unpublished information</p> <p><u>Custodian:</u> QGSO. A third party reporter is given access according to the provisions of the Deed Poll.</p> <p><u>Legislative provisions:</u> Third party reporter individual recipients are given access to the Interim Reporting DURF under the provisions of the Statistical Returns Act (Section 7).</p> <p><u>Information Privacy and Right to Information:</u> With regards to the Interim Reporting DURF, applications concerning the Information Privacy Act or Right to Information Act should be directed to QGSO.</p> | <p><i>Queensland Government Statistician's Office, Queensland Treasury, General Surgery Outpatient Clinic Patient Experience Survey 2017, Interim Reporting De-identified Unit Record File</i></p> | <p>Queensland Government Statistician's Office, within 7 weeks of the interviewing commencing.</p> |

| Agreed Outputs | Authorising environment | Recommended attribution | Supplied by |
|--|--|--|--|
| <p><u>Interim Survey Sample Summary Statistics</u></p> <p>(NOT suitable for Open Data)</p> <p>The Interim Survey Sample Summary Statistics will contain the scope and counts for each sample respondent by hospital, peer group, and overall for the report methodology sections. Its provision is subject to:</p> <p>a) Third party reporter individual recipients signing the Deed Poll, guaranteeing protection and maintenance of data confidentiality</p> <p>b) the discretion of the Queensland Government Statistician.</p> | <p><u>Information security classification:</u> IN-CONFIDENCE</p> <p>This product is NOT suitable for Open Data.</p> <p><u>Intellectual Property Rights:</u> © The State of Queensland (Queensland Treasury) unpublished information</p> <p><u>Custodian:</u> QGSO. A third party reporter is given access according to the provisions of the Deed Poll.</p> <p><u>Information Privacy and Right to Information:</u> With regards to the Interim Survey Sample Summary Statistics, applications concerning the Information Privacy Act or Right to Information Act should be directed to QGSO.</p> | <p><i>Queensland Government Statistician's Office, Queensland Treasury, General Surgery Outpatient Clinic Patient Experience Survey 2017, Interim Survey Sample Summary Statistics</i></p> | <p>Queensland Government Statistician's Office, within 7 weeks of the interviewing commencing.</p> |
| <p><u>Final Reporting De-identified Unit Record File (DURF)</u></p> <p>(NOT suitable for Open Data)</p> <p>A DURF excludes information that explicitly identifies a respondent and its provision is subject to:</p> <p>a) Third party reporter individual recipients signing the Deed Poll, guaranteeing protection and maintenance of data confidentiality</p> <p>b) the discretion of the Queensland Government Statistician.</p> <p>The Final Reporting DURF is to include:</p> <ul style="list-style-type: none"> • facility and peer group code • all questionnaire and demographic variables required for reporting • demographic variables used for weighting • person level weight • replicate weights. | <p><u>Information security classification:</u> IN-CONFIDENCE</p> <p>This product is NOT suitable for Open Data.</p> <p><u>Intellectual Property Rights:</u> © The State of Queensland (Queensland Treasury) unpublished information</p> <p><u>Custodian:</u> QGSO. A third party reporter is given access according to the provisions of the Deed Poll.</p> <p><u>Legislative provisions:</u> Third party reporter individual recipients are given access to the Final Reporting DURF under the provisions of the Statistical Returns Act (Section 7).</p> <p><u>Information Privacy and Right to Information:</u> With regards to the Final Reporting DURF, applications concerning the Information Privacy Act or Right to Information Act should be directed to QGSO.</p> | <p><i>Queensland Government Statistician's Office, Queensland Treasury, General Surgery Outpatient Clinic Patient Experience Survey 2017, Final Reporting De-identified Unit Record File</i></p> | <p>Queensland Government Statistician's Office, within 7 weeks of the survey closing.</p> |

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| Agreed Outputs | Authorising environment | Recommended attribution | Supplied by |
|--|--|--|---|
| <p><u>Final Survey Sample Summary Statistics</u></p> <p>(NOT suitable for Open Data)</p> <p>The Final Survey Sample Summary Statistics will contain the scope and counts for each sample respondent by hospital, peer group, and overall for the report methodology sections. Its provision is subject to:</p> <p>a) Third party reporter individual recipients signing the Deed Poll, guaranteeing protection and maintenance of data confidentiality</p> <p>b) the discretion of the Queensland Government Statistician.</p> | <p><u>Information security classification:</u> IN-CONFIDENCE</p> <p>This product is NOT suitable for Open Data.</p> <p><u>Intellectual Property Rights:</u> © The State of Queensland (Queensland Treasury) unpublished information</p> <p><u>Custodian:</u> QGSO. A third party reporter is given access according to the provisions of the Deed Poll.</p> <p><u>Information Privacy and Right to Information:</u> With regards to the Final Survey Sample Summary Statistics, applications concerning the Information Privacy Act or Right to Information Act should be directed to QGSO.</p> | <p><i>Queensland Government Statistician's Office, Queensland Treasury, General Surgery Outpatient Clinic Patient Experience Survey 2017, Final Survey Sample Summary Statistics</i></p> | <p>Queensland Government Statistician's Office, within 7 weeks of the survey closing.</p> |
| <p><u>Full De-identified Unit Record File (DURF)</u></p> <p>(NOT suitable for Open Data)</p> <p>A DURF excludes information that explicitly identifies a respondent and its provision is subject to:</p> <p>a) Queensland Department of Health individual recipients signing the Conditions of Disclosure form, guaranteeing protection and maintenance of data confidentiality</p> <p>b) the discretion of the Queensland Government Statistician.</p> <p>The Full DURF will contain all of the data provided in the Reporting DURF, plus:</p> <ul style="list-style-type: none"> • year of birth • age • preferred language • Indigenous status • SEIFA (assigned from address data). | <p><u>Information security classification:</u> IN-CONFIDENCE</p> <p>This product is NOT suitable for Open Data.</p> <p><u>Intellectual Property Rights:</u> © The State of Queensland (Queensland Treasury) unpublished information</p> <p><u>Custodian:</u> QGSO. Patient Safety and Quality Improvement Service and SSB, Queensland Department of Health are given access according to the provisions of the Conditions of Disclosure.</p> <p><u>Legislative provisions:</u> Queensland Department of Health individual recipients are given access to the Full DURF under the provisions of the Statistical Returns Act (Section 7).</p> <p><u>Information Privacy and Right to Information:</u> With regards to the Full DURF, applications concerning the Information Privacy Act or Right to Information Act should be directed to QGSO.</p> | <p><i>Queensland Government Statistician's Office, Queensland Treasury, General Surgery Outpatient Clinic Patient Experience Survey 2017, Full De-identified Unit Record File</i></p> | <p>Queensland Government Statistician's Office, within 9 weeks of the survey closing.</p> |

| Agreed Outputs | Authorising environment | Recommended attribution | Supplied by |
|--|---|--|--|
| <p><u>Survey Review</u></p> <p>The Survey Review will contain detailed methodological and operational results. It will also provide a review of the project and issues to be considered for future surveys.</p> | <p><u>Information security classification:</u> UNCLASSIFIED</p> <p><u>Intellectual Property Rights:</u> © The State of Queensland (Queensland Treasury and Queensland Department of Health) 2018</p> <p><u>Custodian:</u> Patient Safety and Quality Improvement Service, Queensland Department of Health</p> <p><u>Information Privacy and Right to Information:</u> With regards to the Survey Review, applications concerning the Information Privacy Act should be directed to QGSO and applications concerning the Right to Information Act should be directed to Queensland Department of Health.</p> | <p><i>Queensland Government Statistician's Office, Queensland Treasury and Queensland Department Of Health, General Surgery Outpatient Clinic Patient Experience Survey 2017, Survey Review</i></p> | <p>Queensland Government Statistician's Office, within 10 weeks of the survey closing.</p> |
| <p><u>De-identified Full Text Response Files</u></p> <p>(NOT suitable for Open Data)</p> <p>The De-identified Full Text Response Files exclude information that explicitly identifies a person or entity and contains responses to all open-ended questions in the questionnaire.</p> <p>Each facility will receive a full text response file.</p> | <p><u>Information security classification:</u> IN-CONFIDENCE</p> <p>This product is NOT suitable for Open Data.</p> <p><u>Intellectual Property Rights:</u> © The State of Queensland (Queensland Treasury) unpublished information</p> <p><u>Custodian:</u> Patient Safety and Quality Improvement Service, Queensland Department of Health</p> <p><u>Information Privacy and Right to Information:</u> With regards to the De-identified Full Text Response Files, applications concerning the Information Privacy Act should be directed to QGSO and applications concerning the Right to Information Act should be directed to Queensland Department of Health.</p> | <p><i>Queensland Government Statistician's Office, Queensland Treasury and Queensland Department Of Health, General Surgery Outpatient Clinic Patient Experience Survey 2017, De-identified Full Text Response Files</i></p> | <p>Queensland Government Statistician's Office, within 12 weeks of the survey closing.</p> |

| Agreed Outputs | Authorising environment | Recommended attribution | Supplied by |
|---|---|--|--|
| <p><u>Identified Personal Information Unit Record File (URF)</u></p> <p><u>(NOT suitable for Open Data)</u></p> <p>The Identified Personal Information URF includes information that explicitly identifies a respondent and its provision is subject to:</p> <p>a) SSB, Queensland Department of Health signing the Conditions of Disclosure form from a current Memorandum of Understanding, guaranteeing protection and maintenance of data confidentiality</p> <p>b) the discretion of the Queensland Government Statistician</p> <p>c) a current Memorandum of Understanding between SSB and QGSO.</p> <p>The Identified Personal Information URF will contain the following information to uniquely identify each patient and their facility visit on the Full DURF:</p> <ul style="list-style-type: none"> • frameid • URN • arrival date • arrival time (where available) • facility ID • date of birth (where available). | <p><u>Information security classification:</u> IN-CONFIDENCE</p> <p>This product is NOT suitable for Open Data.</p> <p><u>Intellectual Property Rights:</u> © The State of Queensland (Queensland Treasury) unpublished information</p> <p><u>Custodian:</u> QGSO and Queensland Department of Health. SSB, Queensland Department of Health is given access according to the provisions of the Conditions of Disclosure in a current Memorandum of Understanding.</p> <p><u>Legislative provisions:</u> SSB, Queensland Department of Health is given access to the Identified Personal Information URF under the provisions of the Statistical Returns Act (Section 7).</p> <p><u>Information Privacy and Right to Information:</u> With regards to the Identified Personal Information URF, applications concerning the Information Privacy Act or Right to Information Act should be directed to QGSO.</p> | <p><i>Queensland Government Statistician's Office, Queensland Treasury, General Surgery Outpatient Clinic Patient Experience Survey 2017, Identified Personal Information Unit Record File</i></p> | <p>Queensland Government Statistician's Office, within 14 weeks of the survey closing.</p> |

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TIMELINE

This timetable is indicative and is based on project assumptions and information provided to QGSO by the Queensland Department of Health (QHealth). Any delays in the provision of the signed project agreement or agreed inputs will likewise result in delays to the commencement of fieldwork and/or the provision of agreed outputs.

Please note that the fieldwork component of this project must be completed by mid-April 2018. Delays in provision of inputs may impact on response rates and on the number of completed interviews achieved, as QGSO will be unable to undertake call-backs or other follow up calls beyond this date.

Project initiation, main CATI survey and reporting

| Task (Responsibility) | Completion Date/Period |
|--|--|
| Project initiation | |
| Signed project agreement (QHealth and QGSO) | As soon as possible, but at least 7 weeks prior to commencement of wave 1 interviewing (Early December 2017) |
| QHealth to provide QGSO with final patient information flyer template (QHealth) | At least 5 weeks prior to commencement of wave 1 interviewing |
| QHealth to provide QGSO with final survey questionnaire (QHealth) | At least 3 weeks prior to commencement of wave 1 interviewing |
| QHealth to provide QGSO with approved content for pre-approach letters (QHealth) | At least 3 weeks prior to commencement of wave 1 interviewing |
| QGSO to provide QHealth with a runtime version of the coded Ci3 questionnaire script for testing | At least 1 week prior to commencement of wave 1 interviewing |
| Main CATI survey wave 1 | |
| QHealth to provide QGSO with patient population frame for wave 1 (QHealth) | At least 4 weeks prior to commencement of wave 1 interviewing |
| QGSO to select wave 1 sample (QGSO) | At least 2 weeks following provision of wave 1 frame |
| Wave 1 pre-approach letters sent (QGSO) | 1 week prior to commencement of wave 1 interviewing |
| Wave 1 interviewing commences (QGSO) | 1 week after wave 1 pre-approach letters sent (Late January 2018) |
| Interviewer briefing session (QHealth and QGSO) | Commencement of wave 1 interviewing (Late January 2018) |
| Main CATI survey wave 2 | |
| QHealth to provide QGSO with patient population frame for wave 2 (QHealth) | At least 4 weeks prior to commencement of wave 2 interviewing |
| QGSO to select wave 2 sample (QGSO) | At least 2 weeks following provision of wave 2 frame |
| Wave 2 pre-approach letters sent (QGSO) | 1 week prior to commencement of wave 2 interviewing |
| Wave 2 interviewing commences (QGSO) | 1 week after wave 2 pre-approach letters sent (Late February 2018) |
| Main CATI survey wave 3 | |
| QHealth to provide QGSO with patient population frame for wave 3 (QHealth) | At least 4 weeks prior to commencement of wave 3 interviewing |
| QGSO to select wave 3 sample (QGSO) | At least 2 weeks following provision of wave 3 frame |
| Wave 3 pre-approach letters sent (QGSO) | 1 week prior to commencement of wave 3 interviewing |
| Wave 3 interviewing commences (QGSO) | 1 week after wave 3 pre-approach letters sent (Late March 2018) |

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| | |
|--|--|
| Main CATI survey wave 1-3 | |
| Interviewer debriefing session (if necessary) (QHealth and QGSO) | Within 1 week prior to completion of interviewing (Mid-April 2018) |
| Interviewing complete | Mid-April 2018 |
| Reporting | |
| Interim Reporting De-identified Unit Record File (QGSO) | Within 7 weeks of commencement of wave 1 interviewing |
| Interim Survey Sample Summary Statistics (QGSO) | Within 7 weeks of commencement of wave 1 interviewing |
| Final Reporting De-identified Unit Record File (QGSO) | Within 7 weeks of interviewing completion |
| Final Survey Sample Summary Statistics (QGSO) | Within 7 weeks of interviewing completion |
| Full De-identified Unit Record File (QGSO) | Within 9 weeks of interviewing completion |
| Survey Review (QGSO) | Within 10 weeks of interviewing completion |
| De-identified Full Text Response Files (QGSO) | Within 12 weeks of interviewing completion |
| Identified Personal Information Unit Record File (QGSO) | Within 14 weeks of interviewing completion |

COSTS

The total project cost for the survey is \$362,670 (10% GST inclusive). This price is based on the methodology and specifications previously outlined and is valid for 30 days from the date of this agreement. Any variations to the project assumptions or agreed outputs in this Project Agreement may result in QGSO re-calculating the project costs under a new Project Agreement or a variation to this Project Agreement.

In the case of termination, the Queensland Department of Health will pay QGSO for developing the outputs until the date of termination. Any subsequent collaborative work (greater than one person-day) on other projects or projects that derive from this survey may be costed separately at the discretion of QGSO. The terms and conditions of any subsequent collaborative work will be the subject of a separate agreement.

| Item | Total \$ |
|--|----------------|
| Staff costs ² | s.73 |
| Survey management/survey preparation | |
| Survey operations management | |
| Data processing | |
| Preparation of outputs | |
| Survey operation costs ³ | |
| Interviewer costs | |
| Phone costs | |
| Stationery costs (envelope and letterhead) | |
| Postage costs | |
| Sub-Total | 329,700 |
| Plus 10% GST | 32,970 |
| TOTAL | 362,670 |

PAYMENT SCHEDULE

For the General Surgery Outpatient Clinic Patient Experience Survey 2017, payments will occur as follows:

| | |
|-----|---|
| 50% | On completion of the CATI data collection. |
| 50% | On completion of the project ⁴ . |

Any subsequent collaborative work (greater than one person-day) on other projects or projects that derive from this survey may be costed separately at the discretion of QGSO. The terms and conditions of any subsequent collaborative work will be the subject of a separate agreement.

² Staff costs include activities such as project management, survey operations management, data processing, and preparation of agreed outputs.

³ Survey operation costs include interviewer and telephone costs, stationery, printing and postage costs.

⁴ The project is complete upon delivery of the final Agreed Outputs to the Queensland Department of Health.

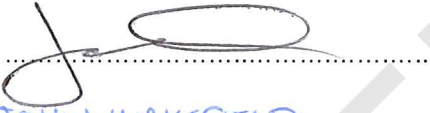
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APPROVAL OF AGREEMENT

By signing this Project Agreement, QGSO undertakes to make available resources to complete the specified deliverables within the proposed timelines, and to complete these deliverables, except where due to unforeseen or otherwise agreed variations to the project timeline.

By signing this Project Agreement, the Queensland Department of Health acknowledges and endorses the tasks and deliverables to be completed by QGSO and the Queensland Department of Health, and notes the scope of the work to be undertaken. For resourcing allocation reasons, any additional work required of QGSO in relation to this project will be subject to a separate Project Agreement negotiated between the Queensland Department of Health and QGSO.

Signatures

signature  Date: 20.12.17
 Name: DR JOHN WAKEFIELD
 Position: DEPUTY DIRECTOR - GENERAL
 Organisation: CLINICAL EXCELLENCE DIVISION 9.1.18 NB

s.73 
 signature Date: 14-12-17
 Name: Antony Skinner
 Position: Queensland Government Statistician
 Organisation: Queensland Government Statistician's Office
 Economics and Fiscal Coordination
 Queensland Treasury

APPENDIX A

List of in-scope facilities:

Atherton Hospital
Ayr Hospital
Beaudesert Hospital
Biloela Hospital
Bundaberg Hospital
Caboolture Hospital
Cairns Hospital
Charleville Hospital
Charters Towers Hospital
Chinchilla Hospital
Dalby Hospital
Emerald Hospital
Gladstone Hospital
Gold Coast University Hospital
Goondiwindi Hospital
Gympie Hospital
Hervey Bay Hospital
Ingham Hospital
Innisfail Hospital
Ipswich Hospital
Kangaroo Hospital
Lady Cilento Children's Hospital
Logan Hospital
Longreach Hospital
Mackay Base Hospital
Mareeba Hospital
Maryborough Hospital
Mater Adult Hospital
Miles Hospital
Mount Isa Hospital
Nambour General Hospital
Princess Alexandra Hospital
Proserpine Hospital
Queen Elizabeth II Jubilee Hospital
Redcliffe Hospital
Redland Hospital
Robina Hospital
Rockhampton Hospital
Roma Hospital
Royal Brisbane and Women's Hospital
St George Hospital
Stanthorpe Hospital
Sunshine Coast University Hospital
The Prince Charles Hospital
The Townsville Hospital
Thursday Island Hospital
Toowoomba Hospital
Warwick Hospital

APPENDIX B

2016 General Surgery Outpatient Clinic Patient Experience Survey questionnaire

Hello, this is ... calling from the Queensland Government Statistician's office. We are conducting a survey on behalf of the Queensland Department of Health.

We are interviewing patients who have recently attended a general surgery outpatients clinic to ask about their perceptions of the care they received.

(if adult) You may remember receiving a letter to tell you we would call regarding your recent surgical clinic experiences.

(if child) You may remember receiving a letter to tell you we would call regarding your child's recent surgical clinic experiences.

The information you provide will help the Department of Health improve general surgery outpatient clinic services. The interview will only take around 12 minutes of your time. Your responses are strictly confidential and no identifying information can be released to Queensland Health or any other body unless authorised or required by law.

(if child) Before we begin, can I just check whether you were the parent or guardian who spent the most time with [child's name] during his/her time in the hospital?

Can we start now?

Some calls are monitored by my supervisor for training and quality purposes.

Q1 *(if adult)* I'd just like to confirm that you have been to an appointment at <hospital name>'s general surgery clinic in the last few months?

(if child) I'd just like to confirm that <child's name> has been to an appointment at <hospital name>'s general surgery clinic in the last few months?

- (Yes 1
- No, visited a different hospital 2
- No, not a general surgery outpatient clinic 3
- No, received a phone call or at home care or telehealth 4
- Don't know 98
- Refused to answer 99)

If Q1>1 then Interviewer prompt to check / End interview if still not 'Yes'

If Q1=2 then read "The questions I'm asking are specifically about care delivered at <hospital name>'s general surgery clinic, so unfortunately I can't proceed with this interview. As [(if adult) you have I (if child) <child's name> has] been to a different hospital, you may receive a call from an interviewer in relation to that hospital. Thank you for your time" and end interview

If Q1=3 then read "This survey is about satisfaction with care received at <hospital name>'s general surgery clinic. As [(if adult) you have I (if child) <child's name> has] not attended the clinic I won't be able to proceed with the interview. Thank you for your time" and end interview

If Q1=4 then read "Many of the questions are about the actual clinic and the physical environment, so unfortunately I won't be able to proceed with the interview. Thank you for your time" and end interview

If Q1=98 or 99 then read "Without being able to confirm that [(if adult) you have I (if child) <child's name> has] attended an appointment at <hospital name>'s general surgery outpatient clinic I can't proceed with the interview. Thank you for your time" and end interview

**If gender not recorded go to QGen
else go to Q2**

QGen (do not read out if known, otherwise ask)

(if adult) As this interview is being conducted over the phone I need to ask, are you male or female?

(if child) Is [child's name] male or female?

| | |
|------------------|----|
| Male..... | 1 |
| Female | 2 |
| Don't know | 98 |

Q2 (if adult) In general, would you say your health is ...?

(if child) In general, would you say <child's name>'s health is ...?

| | |
|-------------------------|-----|
| Excellent..... | 1 |
| Very good..... | 2 |
| Good..... | 3 |
| Fair | 4 |
| Poor..... | 5 |
| (Don't know | 98 |
| Refused to answer | 99) |

Q3 (if adult) How many times have you visited this clinic in the last 12 months?

(if child) How many times has <child's name> visited this clinic in the last 12 months?

(Int: read options 1-4 if necessary)

| | |
|-------------------------------|-----|
| (This was the only time | 1 |
| 2 to 3 times..... | 2 |
| 4 to 8 times..... | 3 |
| More than 8 times | 4 |
| Don't know | 98 |
| Refused to answer | 99) |

If Q3 = 1 go to Q4

Else go to Read1

Read1 (if adult) The next couple of questions refer to your FIRST appointment at this clinic for this condition.

(if child) The next couple of questions refer to <child's name>'s FIRST appointment at this clinic for this condition.

Q4 *(if adult)* Before your *[(if Q3=1) appointment / (if Q3!=1) first appointment]* at the clinic for this condition, did you know who to contact if your symptoms or condition got worse?

(if child) Before <child's name>'s *[(if Q3=1) appointment / (if Q3!=1) first appointment]* at the clinic for this condition, did you know who to contact if [his/her] symptoms or condition got worse?

- (Yes..... 1
- No..... 2
- Don't know 98
- Refused to answer 99)

Q5 *(if adult)* Once you arrived at the hospital for your *[(if Q3=1) appointment / (if Q3!=1) first appointment]* for this condition, was it easy to find your way to the clinic?

(if child) Once you arrived at the hospital for <child's name>'s *[(if Q3=1) appointment / (if Q3!=1) first appointment]* for this condition, was it easy to find your way to the clinic?

Would you say...

- Yes, definitely..... 1
- Yes, but it could be improved..... 2
- No..... 3
- (Don't know 98
- Refused to answer 99)

Q6 *(if adult)* Were you referred to this hospital from another hospital?

(if child) Was <child's name> referred to this hospital from another hospital?

- (Yes..... 1
- No..... 2
- Don't know 98
- Refused to answer 99)

If Q6 = 1 go to Q7

If Q6 >1 and Q3 = 1 go to Q8

Else go to Read2

Q7 (if adult) Did the staff at the <hospital name> general surgery clinic have your medical information?

(if child) Did the staff at the <hospital name> general surgery clinic have <child's name>'s medical information?

- (Yes 1
- No 2
- Don't know 98
- Refused to answer 99)

If Q3 = 1 go to Q8

Else go to Read2

Read2

(if facility is not Logan Hospital)

(if adult) For the rest of the questions, could you think about your experiences in relation to your MOST RECENT appointment at this clinic for this condition?

(if child) For the rest of the questions, could you think about <child's name>'s experiences in relation to [his/her] MOST RECENT appointment at this clinic for this condition?

(if facility is Logan Hospital)

(if adult) For the rest of the questions, could you think about your experiences in relation to your MOST RECENT outpatient clinic appointment at Logan Hospital for this condition?

(if child) For the rest of the questions, could you think about <child's name>'s experiences in relation to [his/her] MOST RECENT outpatient clinic appointment at Logan Hospital for this condition?

(Int: if R says their/child's most recent outpatient appointment for this condition was at another hospital, say ...

(if adult) The questions I'm asking are specifically about care delivered at Logan Hospital. So for the rest of the questions could you think about the last appointment you had AT THE LOGAN HOSPITAL outpatient clinic for this condition?

(if child) The questions I'm asking are specifically about care delivered at Logan Hospital. So for the rest of the questions could you think about the last appointment <child's name> had AT THE LOGAN HOSPITAL outpatient clinic for this condition?)

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Q8 (if adult) Overall, how would you rate the care you received while in the clinic?

(if child) Overall, how would you rate the care <child's name> received while in the clinic?

Would you say ...

| | |
|-------------------------|-----|
| Very good..... | 1 |
| Good..... | 2 |
| Adequate..... | 3 |
| Poor..... | 4 |
| Very poor | 5 |
| (Don't know | 98 |
| Refused to answer | 99) |

Q9 (if adult) Did you feel you were treated with respect and dignity while you were in the clinic?

(if child) Did you feel <child's name> was treated with respect and dignity while [he/she] was in the clinic?

Would you say ...

| | |
|-------------------------|-----|
| Yes, always | 1 |
| Yes, sometimes..... | 2 |
| No..... | 3 |
| (Don't know | 98 |
| Refused to answer | 99) |

Q10 (if adult) When you arrived at the clinic [(if Q3!=1) for your most recent appointment], how would you rate the courtesy of the first staff member or volunteer you saw?

(if child) When you arrived at the clinic [(if Q3!=1) for <child's name>'s most recent appointment], how would you rate the courtesy of the first staff member or volunteer you saw?

Would you say it was ...

| | |
|-------------------------|-----|
| Excellent..... | 1 |
| Very good..... | 2 |
| Good..... | 3 |
| Fair | 4 |
| Poor..... | 5 |
| Very poor | 6 |
| (Don't know | 98 |
| Refused to answer | 99) |

Q11 How long after the stated appointment time did the appointment start?

(Int: read options 1-6 if necessary)

- (Seen on time, or early 1
- Waited up to 15 minutes 2
- Waited 16 - 30 minutes 3
- Waited 31 - 60 minutes 4
- Waited more than 1 hour but no more than 2 hours 5
- Waited more than 2 hours 6
- I didn't have an appointment 7
- Don't know 98
- Refused to answer 99)

If Q11 < 3 go to Q18

If Q11 >= 98 go to Q18

Else go to Q12

Q12 Were you advised how long you would have to wait?

(Int: This includes being told by staff, information on a screen or notice, or in the appointment letter)

- (Yes 1
- No 2
- Don't know 98
- Refused to answer 99)

If Q12 = 1 go to Q13

If Q12 > 1 go to Q14

Q13 Was the wait shorter, longer or about as long as you were told?

- (Shorter 1
- About as long as I was told 2
- Longer 3
- Don't know 98
- Refused to answer 99)

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Q14 Were you told why you had to wait?

- (Yes 1
- No 2
- Don't know 98
- Refused to answer 99)

*If Q14 = 2 go to Q15
Else go to Q16*

Q15 Would you have liked an explanation?

- (Yes 1
- No 2
- Don't know 98
- Refused to answer 99)

Q16 Did someone apologise for the delay?

- (Yes 1
- No 2
- Don't know 98
- Refused to answer 99)

*If Q16 = 2 go to Q17
Else go to Q18*

Q17 Would you have liked an apology?

- (Yes 1
- No 2
- Don't know 98
- Refused to answer 99)

Q18 Were you able to find a place to sit in the waiting area? Would you say ...

- Yes, [(if adult) | | (if child) we] found a place to sit straight away 1
- Yes, but [(if adult) | | (if child) we] had to wait for a seat 2
- No, [(if adult) | | (if child) we] could not find a place to sit 3
- [(if adult) | | (if child) We] did not want to find a place to sit 4
- (Don't know 98
- Refused to answer 99)

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Q19 (if adult) In your opinion, how clean was the clinic [(if Q3!=1) at your most recent appointment]?

(if child) In your opinion, how clean was the clinic [(if Q3!=1) at <child's name>'s most recent appointment]?

Would you say it was ...

| | |
|-------------------------|-----|
| Very clean | 1 |
| Fairly clean | 2 |
| Not very clean | 3 |
| Not at all clean | 4 |
| (Don't know | 98 |
| Refused to answer | 99) |

Q20 How clean were the toilets at the clinic? Would you say ...

| | |
|------------------------------|-----|
| Very clean | 1 |
| Fairly clean | 2 |
| Not very clean | 3 |
| Not at all clean | 4 |
| I did not use a toilet | 5 |
| (Don't know | 98 |
| Refused to answer | 99) |

Read3 The next few questions are about tests and treatments.

Q21 (if adult) Did you have any tests, such as x-rays, scans or blood tests, before your [(if Q3!=1) most recent] appointment?

(if child) Did <child's name> have any tests, such as x-rays, scans or blood tests, before [his/her] [(if Q3!=1) most recent] appointment?

| | |
|-------------------------|-----|
| (Yes | 1 |
| No..... | 2 |
| Don't know | 98 |
| Refused to answer | 99) |

If Q21 = 1 go to Q22

If Q21 > 1 go to Q23

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Q22 Did a member of staff explain the results of the tests in a way you could understand? Would you say ...

- Yes, definitely 1
- Yes, to some extent 2
- No..... 3
- I was told I would get the results at a later date..... 4
- I was never told the results of the tests..... 5
- (Don't know 98
- Refused to answer 99)

Q23 (if adult) During your [(if Q3!=1) most recent] appointment, did you have any treatment?

(if child) During <child's name>'s [(if Q3!=1) most recent] appointment, did [he/she] have any treatment?

This could be things like having a dressing changed, a mole removed, or a minor surgical procedure for example.

- (Yes..... 1
- No..... 2
- Don't know 98
- Refused to answer 99)

If Q23 = 1 go to Q24

If Q23 > 1 go to Read4

Q24 (if adult) Before your appointment, did you know that you would be undergoing treatment?

(if child) Before <child's name>'s appointment, did you know that [he/she] would be undergoing treatment?

Would you say ...

- Yes 1
- No, and I did not mind that I wasn't told 2
- No, but I would have liked to know 3
- (Don't know 98
- Refused to answer 99)

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Q25 Before the treatment did a member of staff explain what would happen? Would you say ...

- Yes, definitely 1
- Yes, to some extent 2
- No..... 3
- I did not want an explanation 4
- (Don't know 98
- Refused to answer 99)

Q26 Before the treatment did a member of staff answer your questions in a way you could understand? Would you say ...

- Yes, definitely 1
- Yes, to some extent 2
- No..... 3
- I did not have any questions 4
- (Don't know 98
- Refused to answer 99)

Read4 The next few questions are about doctors.

Q27 (if adult) Did you see a doctor during your [(if Q3!=1) most recent] appointment?

(if child) Did <child's name> see a doctor during [his/her] [(if Q3!=1) most recent] appointment?

(Int – This means a clinical interaction. It does not include just 'seeing' a doctor walking through the clinic. Interns, residents, registrars and consultants all count as doctors.)

- (Yes 1
- No..... 2
- Don't know 98
- Refused to answer 99)

If Q27 = 1 go to Q28

If Q27 > 1 go to Read5

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Q28 (if adult) Did you have enough time to discuss your health or medical problem with the doctor?

(if child) Did you have enough time to discuss <child's name>'s health or medical problem with the doctor?

Would you say ...

Yes, definitely 1
 Yes, to some extent 2
 No..... 3
 (Don't know 98
 Refused to answer 99)

Q29a Did the doctor recommend any surgery or procedure, or provide a referral for other treatment?

Yes 1
 No..... 2
 (Don't know 98
 Refused to answer 99)

If Q29a = 1 go to Q29b

If Q29a > 1 go to Q30

Q29b Did the doctor explain the reasons for this surgery, procedure or referral in a way that you could understand? Would you say ...

Yes, completely 1
 Yes, to some extent 2
 No..... 3
 I did not need an explanation 4
 (Don't know 98
 Refused to answer 99)

Q30 Did the doctor listen to what you had to say? Would you say ...

Yes, definitely 1
 Yes, to some extent 2
 No..... 3
 (Don't know 98
 Refused to answer 99)

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Q31 If you had questions to ask the doctor, did you get answers that you could understand? Would you say ...

- Yes, definitely 1
- Yes, to some extent 2
- No..... 3
- I did not need to ask..... 4
- I did not have an opportunity to ask..... 5
- (Don't know 98
- Refused to answer 99)

Q32 (if adult) Did you have confidence and trust in the doctor examining and treating you?

(if child) Did you have confidence and trust in the doctor examining and treating <child's name>?

Would you say ...

- Yes, definitely 1
- Yes, to some extent 2
- No..... 3
- (Don't know 98
- Refused to answer 99)

Read5 The next few questions are about nurses.

Q33 (if adult) Did you see a nurse during your [(if Q3!=1) most recent] appointment?

(if child) Did <child's name> see a nurse during [his/her] [(if Q3!=1) most recent] appointment?

(Int – This means a clinical interaction. It does not include just 'seeing' a nurse walking through the clinic.)

- (Yes 1
- No..... 2
- Don't know 98
- Refused to answer 99)

If Q33 = 1 go to Q34

If Q33 > 1 go to Read6

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Q34 Did the nurse explain the reasons for any care provided in a way that you could understand? Would you say ...

| | |
|-------------------------------------|-----|
| Yes, definitely | 1 |
| Yes, to some extent | 2 |
| No..... | 3 |
| I did not want an explanation | 4 |
| No care was provided | 5 |
| (Don't know | 98 |
| Refused to answer | 99) |

Q35 Did the nurse listen to what you had to say? Would you say ...

| | |
|---------------------------|-----|
| Yes, definitely..... | 1 |
| Yes, to some extent | 2 |
| No..... | 3 |
| (Don't know | 98 |
| Refused to answer | 99) |

Q36 If you had questions to ask the nurse, did you get answers that you could understand? Would you say ...

| | |
|---|-----|
| Yes, definitely..... | 1 |
| Yes, to some extent | 2 |
| No..... | 3 |
| I did not need to ask..... | 4 |
| I did not have an opportunity to ask..... | 5 |
| (Don't know | 98 |
| Refused to answer | 99) |

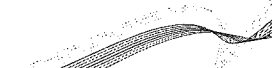
Q37 Did you have confidence and trust in the nurse? Would you say ...

| | |
|---------------------------|-----|
| Yes, definitely..... | 1 |
| Yes, to some extent | 2 |
| No..... | 3 |
| (Don't know | 98 |
| Refused to answer | 99) |

Read6

(if adult) The next few questions are about your appointment for this condition overall.

(if child) The next few questions are about <child's name>'s appointment for this condition overall.



Q38 (if adult and Q3=1) Did the staff treating and examining you introduce themselves? Would you say ...
 (read options 1-3)

(if child and Q3=1) Did the staff treating and examining <child's name> introduce themselves?
 Would you say ...
 (read options 1-3)

(if adult and Q3 >1) At your most recent appointment did any staff treating and examining you, who you did not already know, introduce themselves? Would you say ...
 (read options 1-4)

(if child and Q3 >1) At <child's name>'s most recent appointment did any staff treating and examining [him/her], who you did not already know, introduce themselves? Would you say ...
 (read options 1-4)

- All of the staff introduced themselves 1
- Some of the staff introduced themselves 2
- Very few or none of the staff introduced themselves 3
- There were no new staff 4
- (Don't know 98
- Refused to answer 99)

Q39 Sometimes doctors or other staff might talk in front of a patient as if they weren't there.

(if adult) Did this happen to you [(if Q3!=1) at your most recent appointment]?

(if child) Did this happen to you [(if Q3!=1) at <child's name>'s most recent appointment]?

Would you say ...

- Yes, definitely 1
- Yes, to some extent 2
- No 3
- (Don't know 98
- Refused to answer 99)

Q40 (if adult) Were you given enough privacy when discussing your care or being examined or treated?

(if child) Were you and <child's name> given enough privacy when discussing [his/her] care or being examined or treated?

Would you say ...

- Yes, definitely 1
- Yes, to some extent 2
- No 3
- (Don't know 98
- Refused to answer 99)

Queensland Government Statistician's Office

Q41 (if adult) Were you involved as much as you wanted to be in decisions about your care and treatment?

(if child) Were you involved as much as you wanted to be in decisions about <child's name>'s care and treatment?

Would you say ...

| | |
|---------------------------|-----|
| Yes, definitely | 1 |
| Yes, to some extent | 2 |
| No..... | 3 |
| (Don't know | 98 |
| Refused to answer | 99) |

Q42 (if adult) Did you have any questions about your care and treatment that you wanted to discuss but did not?

(if child) Did you have any questions about <child's name>'s care and treatment that you wanted to discuss but did not?

| | |
|-------------------------|-----|
| (Yes..... | 1 |
| No..... | 2 |
| Don't know | 98 |
| Refused to answer | 99) |

If Q42 = 1 go to Q43

If Q42 > 1 go to Read7

Q43 Why didn't you discuss these questions? Would you say ...

(Read options 1-8, Select ALL that apply)

| | |
|--|-----|
| I was embarrassed about mentioning them..... | 1 |
| I forgot to mention them | 2 |
| I didn't have time to mention them | 3 |
| The member of staff didn't have time to listen | 4 |
| There were too many interruptions | 5 |
| There was not enough privacy..... | 6 |
| I didn't know who to ask..... | 7 |
| Was there another reason (please specify) | 8 |
| (Don't know | 98 |
| Refused to answer | 99) |

Read7

(if adult) The next few questions are about information you may have been given during your [(if Q3!=1) most recent] appointment.

(if child) The next few questions are about information you may have been given during <child's name>'s [(if Q3!=1) most recent] appointment.

Q44 *(if adult)* Before you left the clinic, were you given any written or printed information about your condition or treatment?

(if child) Before you left the clinic, were you given any written or printed information about <child's name>'s condition or treatment?

Would you say ...

- Yes 1
- No, but I would have liked it 2
- No, but I did not need this type of information 3
- (Don't know 98
- Refused to answer 99)

Q45 *(if adult)* Before you left the clinic, were you told what would happen next, for example whether you needed another outpatients appointment, to see your GP, and so on?

(if child) Before you left the clinic, were you told what would happen next, for example whether <child's name> needed another outpatients appointment, to see [his/her] GP, and so on?

- (Yes 1
- No 2
- Don't know 98
- Refused to answer 99)

Q23=1 go to Q46

Else go to Q47

Q46 *(if adult)* Did clinic staff tell you when you could resume your usual activities, such as when to go back to work or drive a car?

(if child) Did clinic staff tell you when <child's name> could resume [his/her] usual activities, such as when to go back to school or play group?

Would you say ...

- Yes, definitely 1
- Yes, to some extent 2
- No 3
- I did not need this type of information 4
- (Don't know 98
- Refused to answer 99)

Queensland Government Statistician's Office

Q47 (if adult) Did a member of staff tell you about any danger signs to watch for regarding your condition [(if Q23=1) or treatment] after you went home?

(if child) Did a member of staff tell you about any danger signs to watch for regarding <child's name>'s condition [(if Q23=1) or treatment] after [he/she] went home?

Would you say ...

- Yes, completely 1
- Yes, to some extent 2
- No 3
- I did not need this type of information 4
- (Don't know 98
- Refused to answer 99)

Q48 (if adult) Did clinic staff tell you who to contact if you were worried about your condition or treatment after you left the clinic?

(if child) Did clinic staff tell you who to contact if you were worried about <child's name>'s condition or treatment after you left the clinic?

- (Yes 1
- No 2
- Don't know 98
- Refused to answer 99)

Read8

(if adult) The final few questions are about your overall impressions of your [(if Q3!=1) most recent] appointment.

(if child) The final few questions are about your overall impressions of <child's name>'s [(if Q3!=1) most recent] appointment.

Q49 (if adult) While at the hospital, did you ever see any posters or leaflets explaining how to make a compliment or complaint about the care you received?

(if child) While at the hospital, did you ever see any posters or leaflets explaining how to make a compliment or complaint about the care <child's name> received?

- (Yes 1
- No 2
- Don't know 98
- Refused to answer 99)

Read9 As I mentioned earlier, the information we collect will help the Department of Health in improving services.

Q50 (if adult) Was there anything particularly good about your [(if Q3!=1) most recent] appointment that hasn't already been covered?



Queensland Government Statistician's Office

(if child) Was there anything particularly good about <child's name>'s [(if Q3!=1) most recent] appointment that hasn't already been covered?

- (Yes (please specify)..... 1
- No..... 2
- Don't know 98
- Refused to answer 99)

Q51 (if adult) Was there anything [(if Q3!=1) about your most recent appointment] that could have been improved that hasn't already been covered?

(if child) Was there anything [(if Q3!=1) about <child's name>'s most recent appointment] that could have been improved that hasn't already been covered?

- (Yes (please specify)..... 1
- No..... 2
- Don't know 98
- Refused to answer 99)

Closing

Thanks. That concludes the survey.

Your responses are strictly confidential and no identifying information can be released to Queensland Health or any other body unless authorised or required by law. The information is being collected by the Queensland Government Statistician's Office and is protected by the Statistical Returns Act 1896. Your responses will be combined with those of other participants to compile aggregate information.

Thank you very much for your assistance.

**Chief Operating Officer
Brief for Approval**

| | |
|------------------------|------------|
| Department RecFind No: | CE002807 |
| Division/HHS: | CED |
| File Ref No: | PSQIS 2879 |

SUBJECT: Project commencement/Non-recurrent financial delegation and approval to proceed to conduct a type 4 confined procurement process for the 2017-18 Queensland Health General Surgery Outpatient Clinic Patient Experience Survey

Recommendations

It is recommended that the Deputy Director-General, Clinical Excellence Division:

1. **Approve** project commencement approval by exercising non-recurrent financial delegation to proceed to conduct a confined procurement process to obtain an offer from the Queensland Government Statistician's Office in a sole supply situation to undertake the field collection for the 2017-18 Queensland Health General Surgery Outpatient Clinic Patient Experience Survey, to a maximum value of \$404,420 (inc. GST) from 01 November 2017 to 31 July 2018.

APPROVED



DR JOHN WAKEFIELD
Deputy Director-General
Clinical Excellence Division

Date: 28/8/17

It is recommended that the Chief Operating Officer, Health Support Queensland:

2. **Approve** by exercising type 4 procurement delegation approval to proceed to conduct a confined procurement process to obtain an offer from the Queensland Government Statistician's Office in a sole supply situation to undertake the field collection for the 2017-18 Queensland Health General Surgery Outpatient Clinic Patient Experience Survey, to a maximum value of \$404,420 (inc. GST) from 01 November 2017 to 31 July 2018.

APPROVED / NOT APPROVED

STUART RODNEY
Chief Operating Officer
Health Support Queensland

Date: 5 / 09 / 2017

| | |
|------------------------|------------|
| Department RecFind No: | CE002807 |
| Division/HHS: | CED |
| File Ref No: | PSQIS 2879 |

Comments

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| <p>Kirstine. Thanks for the appendix 3 and I am persuaded that this has reasonable clinician and improvement coupling as a follow up to previous one and after a range of improvements.</p> <p>I would like to discuss with you pursuing an alternative approach to patient experience through development of a real time app. This would have the advantage of giving real time feedback to clinicians and managers at local level which would have a more powerful impact on behaviour, especially when applied at individual level. This would also potentially be significantly less costly.</p> |
| |
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| |

Issues

1. A General Surgery Outpatient Clinic Patient Experience Survey (General Surgery OPES) to identify and implement statewide and local service improvements is proposed to be undertaken in 2017-18 as part of the annual Queensland Health Patient Experience Survey program.
2. The Queensland Government Statistician's Office (QGSO), Queensland Treasury, are planned to conduct only the field collection for 2017-18 surveys using Computer Assisted Telephone Interviewing (CATI), and another external survey provider is proposed to undertake the analysis and reporting components.
3. Type 4 procurement due to sole source of supply is required as QGSO is currently the only prescribed entity in the *Hospital and Health Boards Regulation (No.2) 2012* to receive, collect and evaluate data about a person who receives treatment in a public sector hospital for the purpose of the Department's patient experience surveys. It is proposed that QGSO be engaged to contact patients and conduct interviews for the 2017-18 survey on behalf of the Department of Health as to add another survey provider to the legislation is expected to take up to 12 months. Therefore on this basis, utilising QGSO for this survey demonstrates value for money.
4. Patient Safety and Quality Improvement Service (PSQIS) has previously engaged QGSO to undertake ten patient experience surveys since 2011, including the 2015-16 General Surgery OPES. QGSO has demonstrated:
 - capacity to provide large-scale CATI services that maintain patient confidentiality;
 - expertise in sampling methodology and statistical analyses; and
 - rigid project management processes that have provided comprehensive and accurate data analysis and reporting outputs in agreed timeframes.

It is anticipated that QGSO will continue to provide these specialised services for this survey.
5. The 2017-18 General Surgery OPES is a repeat survey, previously conducted by QGSO in 2015-16. To ensure the same methodology is applied for the repeat survey, and to allow for a comparison with previous results, QGSO are proposed to be engaged to conduct the field collection for this survey.
6. It is proposed that approximately 8,400 patients who visited general surgery outpatient clinics from across 49 public hospitals will be interviewed in the 2017-18 General Surgery OPES between late January and mid-April 2018 (Attachments 1 and 2).
7. Attachment 3 provides information on clinical network leadership and engagement with Hospital and Health Services (HHS) to drive the implementation of improvement opportunities identified from survey results.
8. PSQIS are undertaking a Type 2 procurement process to engage a supplier from the Standing Offer Arrangement (SOA) for the provision of Market and Social Research

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| Department RecFind No: | CE002807 |
| Division/HHS: | CED |
| File Ref No: | PSQIS 2879 |

Services (QGP0035-16) for analysis and reporting services for the 2017-18 General Surgery OPES. This will allow a transition to utilising a survey provider other than QGSO and an assessment of the quality of services delivered.

9. The SOA (QGP 0035-16) commenced on 1 July 2017 and is not available to use for field collection for the 2017-18 surveys due to the lengthy legislative prescribing process required. On initial comparisons, QGSO's costings appear similar or lower than suppliers on the panel and will be evaluated by PSQIS prior to the 2018-19 surveys, once survey providers other than QGSO are added to the legislation.
10. The Deputy Director-General, Clinical Excellence Division has financial delegation to approve project commencement/non-recurrent expenditure to the value of \$5,000,000 including GST.
11. The Chief Operating Officer, Health Support Queensland has unlimited Type 4 procurement delegation to purchase QGSO services for field collection for the 2017-18 General Surgery OPES on the basis of a sole supply situation.
12. Approval is required as soon as possible to meet project timelines for completion within the 2017-18 financial year. Securing the required approvals will enable PSQIS to reconvene a working group and commence informal discussions with QGSO to secure resources in advance.

Vision

13. Queensland Health Patient Experience Surveys align to the *Advancing health 2026* direction 'Delivering healthcare - The core business of the health system and improving equitable access to quality and safe healthcare in its different forms and settings'.

Results of Consultation

13. Legal Services Unit has provided advice on engaging other survey providers and the process for applying to include them in the regulation to conduct future patient experience surveys.
14. A working group consisting of outpatient clinicians/specialists from HHSs, representation from the Surgical Advisory Committee and consumer representation will reconvene in September 2017 to provide advice on the survey design, questionnaire and facilities to be included in the 2017-18 General Surgery OPES.

Resource Implications (including Financial)

15. Total field work costs are anticipated to be of the order of \$404,420 (including GST). Total field work costs are indicative and a small margin of 11.5 per cent has been added to the indicative costing provided by QGSO to allow for potential fluctuation in the number of survey respondents (Attachment 1).
16. Funding for the survey will be sourced from the \$1.5 million (excluding GST) approved Patient Experience Surveys (PSQIS program cost centre 280689) within the 2017-18 Clinical Excellence Division budget allocation.
17. The project agreement with QGSO to conduct the field collection for the 2017-18 General Surgery OPES will be submitted for signing once non-recurrent and recurrent financial and Type 4 procurement to engage approvals have been gained.

Background

18. There is a Memorandum of Understanding (MOU) between Queensland Health and QGSO that outlines the provision of statistical survey services to Queensland Health. The project agreement with QGSO to conduct field collection for the 2017-18 General Surgery OPES will be administered under the MOU.

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| Department RecFind No: | CE002807 |
| Division/HHS: | CED |
| File Ref No: | PSQIS 2879 |

19. Results of these surveys will be used to report against National Healthcare Agreement 2012 and National Health Performance and Accountability Framework.
20. The initial 2015-16 outpatients surveys were undertaken to align with the specialist outpatient strategy i.e. an investment of \$361 million over four years to provide more specialist outpatient appointments for Queenslanders and improve the outpatient experience by 2020.
21. In addition to the 2017-18 General Surgery OPES, PSQIS is undertaking a repeat of the Maternity OPES in 2017, for which recurrent financial and Type 4 procurement approval to engage QGSO for the field collection has been received (CE002663).

Attachments

22. Attachment 1: 2017-18 General Surgery OPES project agreement costing
Attachment 2: List of proposed participating facilities 2017-18 General Surgery OPES
Attachment 3: Information on clinical leadership and engagement with HHSs

| | | |
|--|--|--|
| Author | Submitted through: | Cleared by: |
| Deborah Blythe | Jacqueline Daly | Di O'Kane |
| Principal Project Officer | A/Director, Analytics, Survey and Audit | A/Executive Director |
| Patient Safety and Quality Improvement Service | Patient Safety and Quality Improvement Service | Patient Safety and Quality Improvement Service |
| 3328 9683 | 3328 9672 | 3328 9447 |
| 1 August 2017 | 09 August 2017 | 17 August 2017 |
| | Resubmitted: | |
| | 23/08/2017 | |

Business Manager, CED comments

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| <p>Name: Teneal Koppenol Date: 15/8/17</p> <p>Delegation check: Yes, DDG has appropriate financial delegation and COO has unlimited Type 4.</p> <p>Procurement arrangements check: Yes, Type 4 sole source</p> <p>Funding / Budget availability: Yes, in PES cost centre 280689</p> <p>Project commencement non-recurrent approved value: NIL as yet, this brief to approve up to \$404,420 (incl GST).</p> <p>Funding / Budget previously committed against project commencement approval: NIL</p> <p>Is funding going past this current FY if yes \$value: No</p> <p>Sufficient Support Documentation: Yes</p> <p>General Comments: OK to proceed</p> |
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**Chief Operating Officer
Brief for Approval**

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|------------------------|------------|
| Department RecFind No: | CE002944 |
| Division/HHS: | CED |
| File Ref No: | PSQIS 2879 |

SUBJECT: Recurrent financial delegation and approval to engage Queensland Government Statistician's Office from a type 4 sole supply situation for the 2017-18 Queensland Health General Surgery Outpatient Clinic Patient Experience Survey

Recommendations

It is recommended that the Executive Director, Patient Safety and Quality Improvement Service, Clinical Excellence Division:

- Approve** by exercising recurrent financial delegation approval to engage the Queensland Government Statistician's Office in a sole supply situation to undertake the field collection for the 2017-18 Queensland Health General Surgery Outpatient Clinic Patient Experience Survey, to a maximum value of \$404,420 (including GST) from 01 November 2017 to 31 July 2018.

APPROVED / NOT APPROVED



KIRSTINE SKETCHER-BAKER
Executive Director
Patient Safety and Quality Improvement Service
Clinical Excellence Division

Date: 22 / 09 / 2017

It is recommended that the Chief Operating Officer, Health Support Queensland:

- Approve** by exercising type 4 procurement delegation approval to engage the Queensland Government Statistician's Office in a sole supply situation to undertake the field collection for the 2017-18 Queensland Health General Surgery Outpatient Clinic Patient Experience Survey, to a maximum value of \$404,420 (including GST) from 01 November 2017 to 31 July 2018.

APPROVED / NOT APPROVED

STUART RODNEY
Chief Operating Officer
Health Support Queensland

Date: 3 / 10 / 2017

Comments

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Issues

- A General Surgery Outpatient Clinic Patient Experience Survey (General Surgery OPES) to identify and implement statewide and local service improvements is proposed to be undertaken in 2017-18 as part of the annual Queensland Health Patient Experience Survey program.
- The Queensland Government Statistician's Office (QGSO), Queensland Treasury, are planned to conduct only the field collection for 2017-18 surveys using Computer Assisted Telephone Interviewing (CATI), and another external survey provider is proposed to undertake the analysis and reporting components.

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| Department RecFind No: | CE002944 |
| Division/HHS: | CED |
| File Ref No: | PSQIS 2879 |

3. Type 4 procurement due to sole source of supply is required as QGSO is currently the only prescribed entity in the *Hospital and Health Boards Regulation (No.2) 2012* to receive, collect and evaluate data about a person who receives treatment in a public sector hospital for the purpose of the Department's patient experience surveys. It is proposed that QGSO be engaged to contact patients and conduct interviews for the 2017-18 survey on behalf of the Department of Health as to add another survey provider to the legislation is expected to take up to 12 months. Therefore on this basis, utilising QGSO for this survey demonstrates value for money.
4. Patient Safety and Quality Improvement Service (PSQIS) has previously engaged QGSO to undertake ten patient experience surveys since 2011, including the 2015-16 General Surgery OPES. QGSO has demonstrated:
 - capacity to provide large-scale CATI services that maintain patient confidentiality;
 - expertise in sampling methodology and statistical analyses; and
 - rigid project management processes that have provided comprehensive and accurate data analysis and reporting outputs in agreed timeframes.

It is anticipated that QGSO will continue to provide these specialised services for this survey.

5. The 2017-18 General Surgery OPES is a repeat survey, previously conducted by QGSO in 2015-16. To ensure the same methodology is applied for the repeat survey, and to allow for a comparison with previous results, QGSO are proposed to be engaged to conduct the field collection for this survey.
6. It is proposed that approximately 8,400 patients who visited general surgery outpatient clinics from across 49 public hospitals will be interviewed in the 2017-18 General Surgery OPES between late January and mid-April 2018 (Attachments 1 and 2).
7. Attachment 3 provides information on clinical network leadership and engagement with Hospital and Health Services (HHS) to drive the implementation of improvement opportunities identified from survey results.
8. PSQIS are undertaking a Type 2 procurement process to engage a supplier from the Standing Offer Arrangement (SOA) for the provision of Market and Social Research Services (QGP0035-16) for analysis and reporting services for the 2017-18 General Surgery OPES. This will allow a transition to utilising a survey provider other than QGSO and an assessment of the quality of services delivered.
9. The SOA (QGP 0035-16) commenced on 1 July 2017 and is not available to use for field collection for the 2017-18 surveys due to the lengthy legislative prescribing process required. On initial comparisons, QGSO's costings appear similar or lower than suppliers on the panel and will be evaluated by PSQIS prior to the 2018-19 surveys, once survey providers other than QGSO are added to the legislation.
10. The Executive Director, PSQIS, Clinical Excellence Division has financial delegation to approve recurrent expenditure to the value of \$10,000,000 including GST.
11. The Chief Operating Officer, Health Support Queensland has unlimited Type 4 procurement delegation to purchase QGSO services for field collection for the 2017-18 General Surgery OPES on the basis of a sole supply situation.

Vision

12. Queensland Health Patient Experience Surveys align to the *Advancing health 2026* direction 'Delivering healthcare - The core business of the health system and improving equitable access to quality and safe healthcare in its different forms and settings'.

Results of Consultation

| | |
|------------------------|------------|
| Department RecFind No: | CE002944 |
| Division/HHS: | CED |
| File Ref No: | PSQIS 2879 |

13. Legal Services Unit has provided advice on engaging other survey providers and the process for applying to include them in the regulation to conduct future patient experience surveys.
14. A working group consisting of outpatient clinicians/specialists from HHSs, representation from the Surgical Advisory Committee and consumer representation has provided expert advice on the survey design, questionnaire and facilities to be included in the 2017-18 General Surgery OPES.

Resource Implications (including Financial)

15. Total field work costs are anticipated to be of the order of \$404,420 (including GST). Total field work costs are indicative and a small margin of 11.5 per cent has been added to the indicative costing provided by QGSO to allow for potential fluctuation in the number of survey respondents (Attachment 1).
16. Funding for the survey will be sourced from the \$1.5 million (excluding GST) approved Patient Experience Surveys (PSQIS program cost centre 280689) within the 2017-18 Clinical Excellence Division budget allocation.
17. The Deputy Director-General, Clinical Excellence Division will be requested to sign the project agreement with QGSO to conduct the field collection for the 2017-18 General Surgery OPES once recurrent financial and Type 4 procurement to engage approvals have been gained.

Background

18. Project commencement/non-recurrent financial and Type 4 (sole source supply) procurement delegation to confine the market to QGSO for the field collection of the 2017-18 General Surgery OPES to a maximum value of \$404,420 (including GST) has been received and approved(Attachment 4).
19. There is a Memorandum of Understanding (MOU) between Queensland Health and QGSO that outlines the provision of statistical survey services to Queensland Health. The project agreement with QGSO to conduct field collection for the 2017-18 General Surgery OPES will be administered under the MOU.
20. Results of these surveys will be used to report against National Healthcare Agreement 2012 and National Health Performance and Accountability Framework.
21. The initial 2015-16 outpatients surveys were undertaken to align with the specialist outpatient strategy i.e. an investment of \$361 million over four years to provide more specialist outpatient appointments for Queenslanders and improve the outpatient experience by 2020.
22. In addition to the 2017-18 General Surgery OPES, PSQIS is undertaking a repeat of the Maternity OPES in 2017, for which recurrent financial and Type 4 procurement approval to engage QGSO for the field collection has been received (CE002663).

Attachments

22. Attachment 1: 2017-18 General Surgery OPES project agreement with QGSO
- Attachment 2: List of proposed participating facilities 2017-18 General Surgery OPES
- Attachment 3: Information on clinical leadership and engagement with HHSs
- Attachment 4: COO170462/CED002807 – 2017-18 General Surgery OPES project commencement approval/non recurrent financial

| | |
|------------------------|------------|
| Department RecFind No: | CE002944 |
| Division/HHS: | CED |
| File Ref No: | PSQIS 2879 |

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|--|--|----------------|
| Author | Submitted through: | Cleared by: |
| Jacqueline Daly | Di O'Kane | |
| Manager, Survey and Audit | Director, Analytics, Survey and Audit | |
| Patient Safety and Quality Improvement Service | Patient Safety and Quality Improvement Service | |
| 3328 9672 | 3328 9447 | |
| 19 September 2017 | 21 September 2017 | September 2017 |
| | | |

Business Manager, CED comments

Name: Lisa McGilp **Date:** 20/9 /2017
Delegation check: Correct ED has FD up to \$10M; COO has unlimited Type 4
Procurement arrangements check: OK Type 4 due to sole source
Funding / Budget availability: Yes in PES Budget
Project commencement non-recurrent approved value: \$404,200
Funding / Budget previously committed against project commencement approval: Nil
Is funding going past this current FY if yes \$value: No
Sufficient Support Documentation: Yes
General Comments: Cleared for progression



Patient Experience Survey Proposal

Final Report
18 June, 2018

RTI RELEASE

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1. Summary

The goal of this report is to assess the key areas of importance, ascertain the need and explore options for a state-wide oral health patient experience survey for Queensland Health.

Assessing patient care experience is vital to delivering value based and patient centred care. Understanding and improving how patients experience their care is the key component to successfully delivering high quality services that are based on their needs. Measuring patient experiences of care may help promote accountability and quality improvement efforts targeted at patient-centeredness. If collected systematically, patient experience measures can be an appropriate complement to clinical quality measures

Although separate patient experience surveys are conducted by several oral health services in Queensland, there is a lack of state-wide patient experience measuring system that allows comparison of service delivery and quality of care.

The report includes a synopsis of information gathered by interviewing members of Office of the Chief Dental Officer (OCDO) and a selected mix of representatives from several of the oral health services (OHS) across Queensland Health oral health services. The OHS representatives were consulted to gauge their interest in a state-wide oral health patient experience survey for Queensland Health.

All consulted stakeholders displayed full support for a state-wide patient experience survey. However, stakeholders expressed different objectives and aims to support their opinion. Similarly, they had different outlooks and expectations, mostly based on their geographical location and eligible patient population. Main aims reported by these stakeholders were:

- Identifying areas of improvement
- Identify areas of care that patients value the most
- Benchmarking with other healthcare facilities
- Staff motivation
- Cost saving by replacing their current patient experience survey
- Evaluate their quality of care
- Meet required standards for accreditation

The report also includes a list of recommendations referring to the consultation session with PSQIS, the literature review and stakeholder consultations.

2. Introduction



Figure 1: Patient experience in a nutshell ("Snodland Vision", 2007)

Queensland Health is currently driving efforts towards delivering patient centered and value based healthcare. Understanding patient experience is central to patient centered care. Assessment of patient experience is a vital step to evaluate quality of care delivered by Hospitals and Healthcare services. Queensland Health currently lacks a standardized process or enterprise, to assess patient experience across all Queensland Health OHSs. OHSs across Queensland are extremely diverse based on their geographical locations, access to care and eligible population.

This report sets out the current scenario and establishes the need for a state-wide oral health patient experience survey in Queensland. In doing so, the paper reports views and input from a diverse set of stakeholders within the Department of Health and various Hospital and Health Services (HHSs) across Queensland. OHS representatives from Queensland Health were consulted to gauge their interest and identify aims for conducting a state-wide oral health patient experience survey (PES).

2.1. Purpose

The purpose of this project is to assess the key areas of importance, ascertain the need and explore options for a state-wide oral health patient experience survey for Queensland Health.

2.2. Background

There is growing interest in assessing patients' experiences with health care, and publicly reporting this information to help consumers choose among providers. Healthcare

providers are inclined towards evaluating patient experience to plans, stimulate, guide, and monitor quality improvement efforts targeting patients' experiences of care.

In May 2016, 'My health, Queensland's future: Advancing health 2026' plan was published by the State of Queensland (Queensland Health, 2016). The plan outlines various focus areas and vision of health of Queenslanders in 2026. 'Consumer Voice' is listed as Focus area 2.1 in the plan, acknowledging the importance of active consumer's involvement in the healthcare delivery process. Consumer perspectives on all aspects of the health system offer a different and invaluable view. A strong consumer voice means better healthcare and better health outcomes (Safran et al, 1998). Consumers should consistently be influential at all levels of the health system contributing ideas about practice, providing feedback on quality, and participating in design of new care models, monitoring and evaluation.

Australia's National Oral Health Plan (NOHP) 2015-2024 includes six foundation areas to provide strategic direction for the improvement of the oral health of Australians. Foundation Area 4 of the NOHP 2015-2024 outlines five key strategies to improve quality and safety of oral health services including the development of a national picture of consumer experience of oral health services. Approaches also include involving consumers in the planning, design, delivery and evaluation of oral health services (Australian Government Health Council, 2015).

An integral part of improving patient-centred care is an evaluation of the service from the patient's point of view. Inclusion of patient reported experience measures and patient reported outcome measures in the service delivery planning can help improve the treatment outcomes and improve patient satisfaction. Patient experience survey is the key instrument for recording patient experience.

Patient experience surveys (PESs) can help to identify the areas of care that the patients value the most and aid in provision of patient-centred and value-based care. This is formally recognised in Standard 2 of the National Safety and Quality Health Service Standards (Partnering with Consumers), which involves consumers in the organisational and strategic processes that guide the planning, design and evaluation of health services ("NSQHS Standards", 2016) . Measuring patient experiences of care may help promote accountability and quality improvement efforts targeted at patient-centeredness. If collected systematically, patient experience measures can be an appropriate complement to clinical quality measures (Crocker, Boylan, Bostock & Locock, 2016).

2.3. Objectives and Outcomes

This report will:

1. Present an overview of the stakeholder interest in a state-wide oral health patient experience survey.
2. Identify aims and requirements of conducting a Queensland Health Oral Health patient experience survey.
3. Detail different alternatives to conduct the patient experience survey.
4. Provide consolidated summary and an evaluation of the overall process including findings and recommendations.
5. Introduce a strategic proposal to conduct a patient experience survey.

2.4. Benefits

This report will highlight the information and evidence required by the Queensland Health Deputy General to better understand and evaluate the need and importance for a state-wide Queensland Health oral health patient experience survey.

2.5. Links with Strategic Objectives

The project outcomes link well with the Clinical Excellence Division Strategic objectives and vision:

C4: Lead system-wide improvement initiatives

IP1: We will build strong relationships with our customers and stakeholders.

LG3: We will evaluate our work and always seek to improve our effectiveness.

2.6. Key Terms

Patient experience, patient satisfaction, Patient-centered care, Value-based care, Stakeholders, Oral Health Representatives, Oral Health services, Consumer engagement, Patient reported outcome measures, Patient reported experience measures, Benchmarking, quality measurement, health care quality, patient engagement.

3. Approach

3.1. Scope of the project

The scope of the project was defined by the Office of the Chief Dental Officer (OCDO). The report is prepared in consultation with members within OCDO, Patient Safety and Quality of care Unit and Oral Health Service representatives (OHR) from HHSs across Queensland.

3.2. Key steps

The process of outlining a proposal for an oral health patient experience survey included:

- Literature review and gap analysis
- Situational analysis of consumer engagement and patient feedback strategies in place at various HHSs
- Mapping of validated patient experience instruments, including those in use in other countries to identify key areas of interest.
- Consultation with oral health representatives from various HHSs to gauge their interest in the project.
- Consultation with other key stakeholders including the Patient Safety and Quality Improvement Unit and members of the OCDO to discuss the practicalities of the state-wide PES.
- Drafting proposal and outlining recommendations.

3.3. Literature review

Understanding and improving how patients experience their care is a key component to successfully delivering high-quality services that are based on their needs (Patient experience and patient reported outcomes, 2009).

Queensland Health has a strong commitment to a patient-centered health care system. Knowing what the patients experience throughout their treatment journey is a key component in ensuring the delivery of high quality health care. An integral part of improving care delivery is using the patient experience measures to generate patient centered policies and solutions.

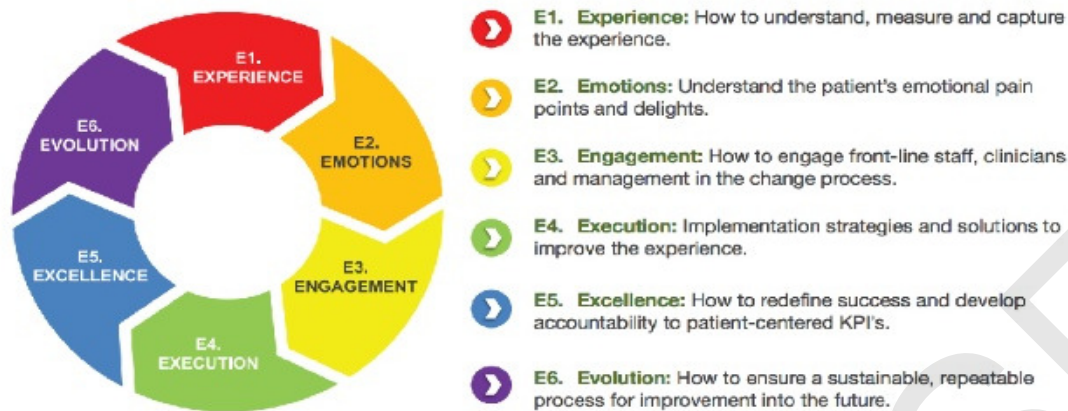


Figure 2: Measuring and improving patient experience (6E)

Patient surveys can provide a state-wide and facility specific snapshot of patient experience. In finding out what patients experienced and if they are satisfied with the care provided, healthcare facilities can identify areas for improvement and prioritize service improvement initiatives.

Surveys of patient experience directly evaluate the degree to which care is patient-centered, and thus capture an intrinsically important dimension of care quality, regardless of the correlation between patient experience and other indicators of health care quality (Auerbach, 2009). Well-developed and standardized patient experience measures complement measures of technical care quality by generating information about aspects of care quality for which patients are the best or only source, such as the degree to which care is respectful and responsive to their needs (Crocker, Boylan, Bostock & Locock, 2016). Patient experience reports directly measure key aspects of the patient-centeredness of care from the patient's perspective. Patients' feedback is particularly important to help identify and prioritise areas for improvement to best suit the patient's needs (Anhang Price et al., 2014).

The importance of patient-provider communication for promoting patient adherence to treatment regimens has been extensively documented. Safran et al. found that better patient-reported experiences, particularly trust in physicians and belief that physicians had comprehensive "whole person" knowledge of them, were associated with patients' adherence to clinician advice and better self-management. Positive patient experiences, best practice clinical processes, lower hospital readmissions, and desirable clinical outcomes are often positively associated across provider organizations (Safran, 1998).

Patient surveys have been used extensively in the past to measure patient satisfaction with the care (Anhang Price et al., 2014). These surveys tend to measure the level of patient's expectations that are met. The motivation for these surveys was to keep patient "happy" and "satisfied". But the new emerging concept of patient centred care does not align with

the patient satisfaction measures. To address this, the Picker Institute developed a survey focused on reports about care, as opposed to evaluations, and included no questions about how “satisfied” the individual was with the care he or she had received (Cleary, 2016). Drawing heavily on the Picker work, patient-centred care is defined as “care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions” (Jenkinson, 2002). Patient experience is closely related to and influences clinical effectiveness and safety.

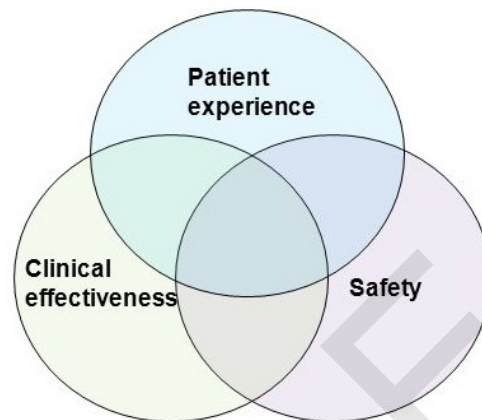


Figure 3 (Crocker, Boylan, Bostock & Locock, 2016)

Research evidence states that organisations that are more patient focussed have better clinical outcomes. Positive patient experience leads to greater compliance in taking medication and can enable greater self-management for people with long-term conditions. Also, poor doctor-patient communication can lead to poor patient experience and can delay healing (Auerbach, 2009).

There is an increasing support for the use of patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs) in measuring the quality of care and guiding service improvement (Charlotte, 2017). PREMs are questionnaires measuring the patients’ perceptions of their experience whilst receiving care. PREM are an indicator of the quality of patient care, although do not measure it directly. PROMs are standardized, validated questionnaires that are completed by patients’ during the perioperative period to ascertain perceptions of their health status, perceived level of impairment, disability, and health-related quality of life (Mammoth Partner, 2015). They allow the efficacy of a clinical intervention to be measured from the patients’ perspective.

PROMs provide insight into the impact of an intervention or therapy on the patient, whilst PREMs provide insight into the quality of care during the intervention. The two are often used in parallel to present the patients’ perceptions of both the process and outcome of their care (Charlotte, 2017).

3.4. Related projects

Patient Safety and Quality Improvement Service, Department of Health (PSQIS) has been conducting various patient experience surveys for QH. Some OHS have their own oral health patient experience surveys. Table 1 below lists these.

Table 1: List of PES conducted in QH

| Department | PES conducted | Aims and Approach |
|---|--------------------------|--|
| Emergency Department | 2011 2013 2015-16. | Survey results assisted in identifying areas for improvement at local and state-wide levels, and guided the development of initiatives to address areas for improvement. The ability to compare 2011 to 2013 results also enabled assessment of the effectiveness of improvement activities implemented between the two surveys. |
| General Surgery Outpatient Clinic | 2015-16 2017-18 | The questionnaire was kept common, for both the surveys, to allow comparison of results wherever possible. |
| Maternity Department | 2014-15 2016 | The survey results were used to identify areas of improvement and draw comparison wherever possible |
| Maternity Outpatient Clinic | 2015 2017-18 | The questionnaire was kept common, for both the surveys, to allow comparison of results wherever possible. |
| Orthopaedic Outpatient Clinic | 2015 | Facility reports were distributed to all HHSS to allow comparison or results. |
| Small Hospitals | 2014 2016-17 | Survey results are being used by Hospital and Health Services, and at the state-wide level, to assist in identifying areas for improvement and to guide the development of initiatives to address areas for improvement. |
| Oral Health Patient Experience Survey | | |
| Metro North Patient Experience CaRE survey | 2017 | To better understand the quality of care they provide and to identify areas of improvement. |
| Metro North Oral/Maxillo Facial Surgery Patient Experience survey | 2018 | To improve their quality of care |
| Metro South Patient Experience Survey | 2017 | To receive patient feedback on their standard of care and to make improvements in the service delivery. |
| Sunshine Coast Oral Health Patient Experience Tracker/Survey | 2016 | To meet NSQHSS Standard 2 – Partnering with Consumers. |
| Wide Bay Oral Health Patient Experience Tracker/Survey | 2017 | To measure how the patients, value the care they provide. |

4. Stakeholders

The report is drafted after a series of consultation with stakeholders within the Department of Health and Oral Health representatives from various HHSs. The stakeholder contact list was selected to target clinicians as well as members of the management team to gather multidimensional perspective and views about the survey.

A selected mix of OHS representatives from remote, rural and metro OHS were approached for consultation by acknowledging the fact that all the OHSs have different geographical limitations, requirements and patient types.

Consultations were conducted via face to face meetings, teleconference and emails as described below in table 2.

Table 2: List of consulted stakeholders

| <u>Stakeholders</u> | <u>Purpose and objective</u> | <u>Communication channel</u> | <u>Interest in the Project</u> |
|--|--|-------------------------------|--|
| Patient safety and Quality Improvement Unit, Clinical Excellence Division, (DoH) Karry Brady (Principal Project Officer) | Consult the practicality and process they use for designing and implementations of patient experience surveys. | Face to face meeting | |
| Dr Mark Brown (Chief Dental Officer) | Document his opinion and views about conducting a statewide PES for QH-OHS | Face to face meeting | Assess how each HHS is performing. Ascertain if the treatment that the DoH is paying for is meeting the Patient's need. |
| Peter Osborne (Director Oral Health Services) | To discuss his views and ideas about conducting a statewide PES for QH-OHS | Face to face meeting | To assess how patients, perceive the care that the Oral Health Services provide. |
| Kelsey Pateman (Consultant Oral Health Therapist, OCDO) | To discuss her views and ideas about conducting a statewide PES for QH-OHS | Face to face informal meeting | To see a shift in care model. To make dental services more patient centered |
| Metro-North OHS Andrew McAuliffe (Executive director, Metro North Oral Health) Jan Anderson (Nursing Manager, Metro North Oral Health) | Discuss about their current consumer feedback polices and initiatives in place. Inquire regarding their patient experience survey. (CaRE Survey) Document their interest in a state-wide Oral Health PES | Face to face meeting | Benchmarking with other HHSs. |
| Metro-South OHS Anna Willis (Project Manager, Directorate, Metro South Oral Health) Rebekah Steele (Quality Coordinator) | Discuss about their current consumer feedback polices and initiatives in place. Document their interest in a state-wide Oral Health PES | Face to face meeting | Opportunity for benchmarking across state to improve their service delivery. Identify and target the people that are not happy with the service and the ones that are being missed out. Cost-saving if OCDO runs the PES for them. |

| | | | |
|--|---|-----------------------------|--|
| <p>Townsville OHS</p> <p>Erick Gonzales (Clinical Director, Townsville OHS)</p> <p>Kasey Tauti (Manager, Townsville OHS)</p> | <p>Document their interest in a state-wide Oral Health PES</p> | <p>Teleconference</p> | <ul style="list-style-type: none"> • to measure how patients, perceive the quality of care their clinics provide. • To benchmark with peer HHSs • To identify areas of improvement. |
| <p>Cairns and Hinterland OHS</p> <p>Herholdt Robertson (Manager, Cairns and Hinterland OHS)</p> | <p>Document their interest in a state-wide Oral Health PES</p> | <p>Teleconference</p> | <p>To help them in their process of accreditation.</p> |
| <p>South West OHS</p> <p>Sandra Dolan (Principal Dentist, South-West OHS)</p> <p>Lisa Rippon (Sr. OHT, South West OHS)</p> | <p>To discuss her views and ideas about conducting a statewide PES for QH-OHS</p> <p>To identify challenges for conducting the survey in patients treated at SW-OHS</p> | <p>Teleconference</p> | <p>To promote Quality and safety improvement across their service.</p> <p>Feels the need of a systematic consumer feedback procedure to improve patient experience.</p> |
| <p>North West OHS</p> <p>Travis Blood (Dentist NW-OHS)</p> | <p>To discuss her views and ideas about conducting a statewide PES for QH-OHS</p> <p>To identify challenges for conducting the survey in patients treated at NW-OHS</p> | <p>Email</p> | <p>To replace their current feedback systems to something more systematic and yielding meaningful results.</p> |
| <p>Torres and Cape OHS</p> <p>Dr Yvonne Mangan (Director Oral Health Services)</p> | <p>To discuss her views and ideas about conducting a statewide PES for QH-OHS</p> <p>To identify challenges for conducting the survey in patients treated at NW-OHS</p> | <p>Face to face meeting</p> | <p>To target the patients living in very remote areas and find out if the services they provide are accessible and meet their needs.</p> |
| <p>Wide Bay OHS</p> <p>Leigh Boyle (A/Operations Director)</p> | <p>Document their interest in a state-wide Oral Health PES</p> <p>Learn about their current patient feedback systems.</p> | <p>Email</p> | <p>Finding a state-wide replacement for their current PES.</p> |
| <p>West Moreton OHS</p> <p>Dr Ellen Gielis (Director, Oral Health Services)</p> | <p>Document their interest in a state-wide Oral Health PES</p> <p>Learn about their current patient feedback systems.</p> | <p>Email</p> | <p>To find out most important factors in delivering a pleasant dental experience.</p> |
| <p>Sunshine Coast OHS</p> <p>Danielle Doman (Consultant OHT)</p> | <p>Document their interest in a state-wide Oral Health PES</p> <p>Learn about their current patient feedback systems.</p> | <p>Email</p> | <p>To identify areas of improvement and patient's perception about quality of care provided.</p> |
| <p>Gold Coast OHS</p> <p>Dr Poonam Nagrani (Director, Oral Health Services)</p> | <p>Document their interest in a state-wide Oral Health PES</p> <p>Learn about their current patient feedback systems.</p> | <p>Email</p> | <p>Driving for excellence in care and improving patient experience.</p> |

5. Findings

5.1. Oral Health Patient Experience Surveys

All services reported that suggestion boxes and compliment/complaint consumer feedback forms are available in the waiting area of Oral Health Facilities. During consultations, most of all interviewees pointed to the underuse of these feedback forms and lack of staff encouragement. However, many OHSs do have a systematic method for complaint management. Various online platforms including Riskman are used for complaint management. Compliments are conveyed to staff members using online portals or during staff meetings.

Some OHSs also conduct their own patient experience surveys to address their respective objectives. While some PES are regularly conducted, others have been sporadic and pilots. A summary of these follows.

A) **Connection and Respectful Experience (CaRE) Survey**

Metro North HHS conduct CaRE survey to measure their performance across a set of patient experience measures. Oral Health was one of the three pilot sites across MNHHS where CaRE survey was administered in November 2016.

Method: The survey was administered in person by a MNHHS consumer engagement team member by

- entering responses into an iPad or paper copy,
- patients completing the survey themselves on a paper copy, and
- patients completing the survey themselves online by receiving a link from the service providers.

Patient Sample: Patients to be surveyed were randomly selected to be surveyed in November 2016 during normal work hours at selected Oral Health sites. Surveys were administered by asking verbal consent. A total of 154 complete responses were recorded during the survey period across 4 sites.

Survey questionnaire: The CaRE patient survey broadly consists measures of connection, kindness, communication, respect, patient engagement and consistency. Appendix1 includes the CaRE questions and Domain measured. CaRE survey identifies connection and empathy as important elements to Australian patient experience and questions were included to address this gap. Survey questionnaire has been revised based on the staff feedback on the pilot survey.

8 questions measuring core care domains are included in the survey that asks the patients to rate their most recent experience. The score was recorded through a weighted scoring process.

(Always, Most of the times, Some of the times, Never)

2 open questions are included in the survey to allow patients to make any individual comments.

Survey also included 7 demographic questions to identify any themes that may emerge based on patient demographics.

Recommendations:

- Patients surveyed were randomly selected which may cause bias in responses.
- Sample size is very small to validate the results. Also, the number of patients who declined to participate in the online survey or staff administered survey was not recorded which makes it hard to estimate the response rate of each of the survey platform.
- Survey did not focus on the entire patient journey to include areas like accessibility of care, waiting times, follow up and post treatment information which are equally important aspect of patient experience.

B) Metro North Oral/Maxillo Facial Surgery Patient Experience Survey 2018

MH-OHS has a separate patient experience survey for their oral surgery patients. The survey was piloted in January 2018.

These surveys were administered by nurses at the end of patient appointment.

C) Metro South Patient Survey 2017

Metro South OHS conducts their Patient experience survey with the help of Best Practice Australia.

Method:

Patients were handed out survey forms at the end of their treatment. Patients were encouraged to fill out the survey and place in the collection box at the reception or return the filled survey to Best Practice Australia in the accompanying reply-paid envelope.

Patient sample:

In November 2017, Metro South randomly distributed 1072 surveys to patients getting treated at one of their Oral Health Facility and received 720 completed surveys. (67% response rate)

61.6% of the respondents were the patients who received care at one of the Metro South oral health facility 32.2% were the parents or legal guardians of the patients.

Survey questionnaire:

Respondents were asked to fill out the survey based on the experience from their most recent visit to Metro South Oral Health and their overall impression of the service.

The Questions were scored on a satisfaction scale. 6 levels of satisfaction scale ranges from very satisfied to very dissatisfied.

The survey asks the respondents to rate their experience with the clinical team, reception staff and call center staff, during their most recent appointment, in variety of fields.

Survey also includes questions measuring how the patients perceive the quality of care at Metro South. The overall satisfaction with the service is measured on a scale of 0-10 net promoter rating.

Survey also includes 2 open questions in the end to encourage individual patient comments. Survey also included 7 personal questions to identify any themes that may emerge based on patient demographics, while assuring the anonymity of their responses.

Recommendations:

Although, the survey is thorough and takes the entire patient journey in consideration while rating patient experience, it is long and confusing for people to fill out without assistance. It would be difficult to get responses, especially narrative comments, from patients with low literacy and patients whose first language is not English.

During one of the consultations with Metro South Oral Health Representatives, it was pointed out that respondents faced difficulty in filling the survey without assistance. A simple questionnaire with 5-10 generic questions could be a better alternative to target maximum patients and upsurge the response rate.

D) Sunshine Coast Patient Experience Tracker:

In 2016, SC Oral Health conducted patient experience to survey meet NSQHSS Standard 2 – Partnering with Consumers. Patient Experience Trackers were used for a 1-month period across all adult clinics.

Method:

Patients getting treated at all 5 SC adult oral health clinics, within a one-month period, were provided with a feedback form to rate their experience at the end of their appointment. A total of 796 surveys (93.2% response rate).

Survey Questionnaire:

They used a feedback form with 5 questions targeting staff attitude, information provision, team work, waiting time and service promotion. The score card used a 5-point Likert scale rating, ranging from always (100) to never (0) that were depicted using different colors for the ease of patient understanding.

In 2016, SC Oral Health also conducted a ‘How did you hear’ survey in adult and school clinics. These surveys were Essentially conducted to determine how patients became aware the oral health service that existed. The survey results assisted in developing new patient oral health information sheets and to reinforce the avenues that could be utilized to promote the school dental services.

Sunshine Coast Oral Health has used patient experience surveys earlier in 2013, to direct

their clinical redesign project.

E) Wide Bay Client Survey:

Wide Bay oral health services also conducts a patient experience survey using a feedback form similar to the one used by Sunshine Coast OHS. Their survey also includes an extra question that emphasize on level of staff communication with patients.

5.2. Aims and interests

Stakeholder interest in a state-wide PES was assessed during consultation. All the OHS representatives and OCDO members that have been approached have shown full support to a state-wide PES. During consultations, all the stakeholders acknowledged patient experience measure to be an important aspect to evaluate quality of care. Although wide-ranging themes of interest were identified among different people that were interviewed.

Common themes that were identified include:

- Majority of the OHSs are interested in a state-wide PES as a tool for benchmarking their performance with their peer organizations.
- OHR also want to measure how the patients perceive the quality of care they provide and improve their experience by recording what aspects of care do they value the most.
- OHR from Metro South and South West indicated that there was a need for a state -wide PES to receive systematic consumer feedback, to enable care delivery to be more patient centered.
- OHR also endorsed the project as they would like to have a statewide replacement to their current patient experience surveys.
- PES results would be used to identify areas of improvements and promote Quality and Safety improvement across services and driving excellence in care.
- HHSs were also interested in a PES to meet their accreditation needs and to strengthen consumer engagement to address NSQHHS-2.
- Directors from MN, TV, CH, SC, WM and GC oral health services mentioned discussing the PES results with staff members to motivate them and encourage their engagement with patients and their relatives.
- OHR from North West mentioned during their consultation that they would use the PES results for better matching of patient wants and needs with available resources, in the areas where it is justified ethically and compassionately.
- OHR from SC also bring up showcasing PES results to HHS executives and service directors

as a measure of quality of care.

- OCDO members endorse state-wide PES as a great opportunity to shift towards patient centered care. They would like to know if the patients are receiving the treatment that they are financing for.
- Oral Health services unit from OCDO advocates the PES as it is a good step towards developing a standardized benchmark to compare the quality of care at OHS across Queensland.

5.3. Stakeholder expectations

When asked about what would they want to know from their patients, through a PES, the majority of OHS Representatives and OCDO members referred to including whole patient journey, to measure their experience and not merely the clinical treatment. The entire patient journey from their first point of contact to make an appointment, to leaving the clinic after completion of their treatment should be taken in account while considering patient experience.

There was a list of areas of care that came up during consultations that the OHS representatives wanted to measure through a state-wide.

- They would want to know how much care that they provide is patient centered.
- They would want to measure staff kindness and compassion towards patient's needs.
- They would also want to know how efficient is the communication between the patients and staff members, and how can it be enhanced to improve patient experience.
- They would want to know if they are meeting the patient needs and that the patients are receiving the care and treatment that they came for.
- The care to be patient centered, it is important that the patients are given enough opportunity to get involved in the treatment planning. Through the survey, OHR would want to measure as how satisfied are the patients with their involvement in the decision making.
- It is important for the patient to feel well informed and safe in receiving the care and decisions made. Most important part of communicating with the patients is meeting their information needs. OHR would want to know if their patients are kept up-to-date with their treatment information and that the patients are given enough opportunity to raise any concerns that they have.
- OHR would also want to know how likely were the patients to promote their services, as a measure of their patient experience.
- OHR would also want to know if patients feel welcomed and valued at their services.

- They would also want to identify barriers to attending services and measure service accessibility.
- Through the PES, services would want to ask the patients about what would they like to be changed in the current service delivery to improve their experience.
- In addition to this, OCDO would want to know if the patient expectations are met and they are receiving the quality of care that they are paying for.

5.4. Use of PES results

During consultation OHS representatives were also asked how they would use results of a PES. Almost all OHS representatives mentioned using the data to identify areas of improvement. They would benchmark with peer OHS and facilities to ascertain domains of care delivery that the patients are not happy with.

The representatives from North West OHS mentioned using the results for better matching of patient wants with available resource, where justified ethically and compassionately.

The representatives from GC, WM, SC, WB and TV OHS talked about using the results for staff motivation. They would encourage the staff members by presenting the survey results to express that patients value the care they provide.

The representatives from West Moreton OHS also mentioned using the survey results to make informed decisions about changes to model of care and care delivery.

OHS representatives also referred to discussing survey results in board meetings with senior clinicians, OHS directors, and HHS executives to outline an action plan to address the domains of care that need improvement.

OHS representatives from MN suggested reporting the results to the consumers with brochures and posters in the waiting areas of all oral health facilities. According to them, doing so would motivate the patients to provide their feedback and voice their concerns in future.

OHS representatives also proposed using the survey reports to endorse quality improvement exercises.

6. Recommendations

Current efforts by QH for improving quality of service are on meeting the KPIs and are based on clinical indicators and access indicators. These indicators provide us with good information about the efficiency of clinicians and clinical services in meeting pre-set clinical standards. But then again none of the current strategies include consumer's opinion. To generate a consumer-focused model of service delivery we need to find out what our patients think. At present there is a push from policy

drivers, funding drivers to measure number of patients seen, type of activities performed on teeth, but it excludes how the patient felt during their treatment and if the treatment met their needs and expectation. A state-wide PES would give patients an opportunity to share their story and provide them a platform to voice their opinions and concerns.

6.1. Survey design:

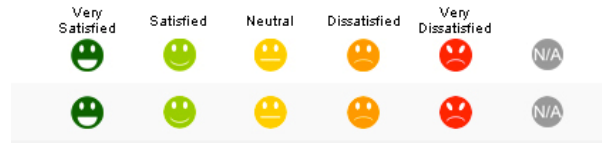
Survey design and patient sampling criteria have a greater influence on survey outcomes. Like all quality measures, patient experience measures should be collected using psychometrically sound instruments, employing recommended sample sizes and adjustment procedures, following standardized implementation protocols, and subjected to continual oversight. A few key points that need to be considered include:

- A working group/ steering committee would need to be established to carry out survey designing and implementation.
- A survey questionnaire should be prepared in line with the stakeholder interest and consist of 10-15 simple and generic questions, in a language easy for the patients to comprehend.
- There are tested question sets available, that are being used by hospitals around the world to measure patient experience focusing on their entire treatment journey. 15 questions derived from the longer form of Picker Patient Experience Questionnaire have been tested to provide a meaningful picture of patient experience of healthcare delivery, and constitute the PPE-15 questionnaire.¹ The Australian Health Ministers' Advisory Council (AHMAC) also endorses the Australian Hospital Patient Experience Question Set (AHPEQS), which are sanctioned by Australian Commission on Safety and Quality in Health Care. These are a basic set of questions that could be slightly formatted and comes with instructions, depending on the mode of administration. Patient Safety and Quality Improvement (PSQI) unit uses questionnaires prepared for Queensland department of Health, which is derived from the longer form of Picker Patient Experience Questionnaire. NHS hospitals use a similar questionnaire to conduct their PES.
- To support valid comparisons and benchmarking across health care settings and over time, the contents and format of survey questionnaire should be standardized so that everyone administering the survey asks the same questions in the same way.
- To ensure that patient experience data is actionable for health care providers and meaningful to consumers and patients, surveys should inquire about specific care experiences, such as whether staff listened carefully, did they feel welcome, or were

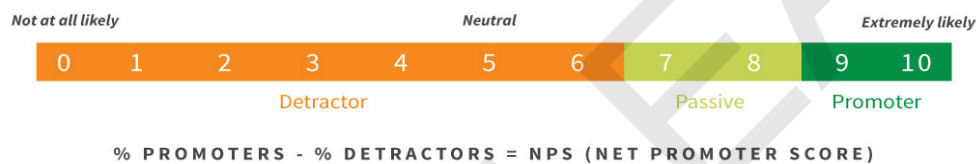
they provided enough information, rather than overall satisfaction, which is be highly subjective.

- Survey questionnaire should be focused on assessing patient experience rather than patient satisfaction. As there are important limitations to the concept of satisfaction when assessing health care quality. Satisfaction implies only that expectations have been met. Patients can be satisfied with care that is not high quality and can be dissatisfied with quality care. For example, one could ask an evaluative question such as: Were you satisfied with the information that hospital staff gave you? Alternatively, one could ask patients to report whether something did or did not happen, such as: Before giving you any new medicine, did hospital staff tell you what the medicine was for?
- To attribute patient experience survey responses to the correct provider or system, surveys must ask patients to focus on care from a certain provider or episode of interest. Surveys that ask patients about experiences over an extended period with multiple health care providers, rather than one provider or service, generate responses that reflect an average of experiences with several providers or services. While these survey results may accurately portray the overall quality of the health care received, they may not reflect the care delivered by the provider(s) most responsible for measured outcomes. For this reason, the PES should ask the patients to rate their experience from their most recent appointment at a specific Oral Health Facility.
- To ensure the survey design is culturally appropriate to all patients, input from culturally and linguistically diverse (CALD) representatives, community, and Aboriginal and Torres Strait Islander health unit, should to sought on the need for a mixed distribution method.
- Consumers should be actively involved in the process of survey designing and should be taken on board in the working committee. HHSs have their own Consumer Reference Groups, which should be consulted for their opinions and viewpoints in the survey design. Health Consumers Queensland can assist health services to establish Community Advisory Groups and Committees.
- Consumer feedback mechanisms are extensively used in other industries like retail, travel, and hospitality. Private health care facilities also use patient feedback surveys. Survey design and implementation methods for these enterprises should be studied to design the patient experience survey.
- Where ever possible, survey questionnaire should be translated in different languages or staff assistance should be provided to non-English speaking patients, to avoid prejudice in the survey results.

- Response options to the questions should be standardized for all questions for better understanding of the patients and easy data collection. Likert scale rating is the most preferred response set used in patient surveys. Using color coded faces to rate their experience would be interactive and easy to understand for the patients.



- Survey should also include open question at the end, for individual patient remarks and stories.
- Net promoter score (NPS) can be used as a survey question to determine overall patient sentiment. NPS, measures patient experience and predicts how likely are the patients to recommend the health facility to their family and friends.



- Field testing of the prepared survey should be performed, to ensure that the questions are easy for the consumers to understand and are culturally appropriate.

6.2. Sampling:

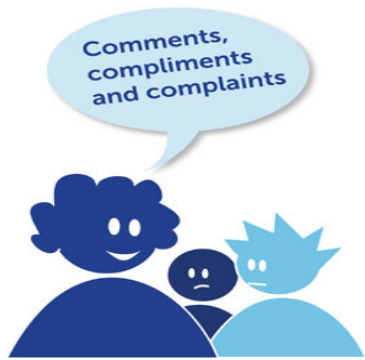
Queensland Health OHS patients are culturally and linguistically diverse (CALD). Surveys should be designed taking in consideration, cultural needs of the entire population. Treatment needs and difficulties faced by patients visiting one HHS might be entirely different from that of others. A cross section of all patients should be surveyed without focusing on any specific group to get an overall snapshot of population and identify any particular trend. OHS representatives from remote and rural HHSs mentioned difficulty in approaching and receiving responses from Indigenous patients and non-English speaking patients. Over sampling could be done among such patients to ensure receiving enough responses to enable the reporting of responses from these populations.

- A random sampling of patient treated not more than 1 week earlier should be done.
- Children and adult patients should be sampled separately and separate surveys should be conducted due to the different models of care most HHSs deliver for these two patient groups. Representatives from PSQI unit advised on contacting parents or guardians of patients younger than 16 years of age.

- Some OHS requested a result breakdown at facility level. Sampling should be done to ensure enough surveys are conducted per clinic to prepare an accurate report for each clinic. During the survey period, response rate should be monitored for the initial weeks. Where required, sample size should be increased to get required number of responses.
- To compare patient reported experience measures (PREM) and patient reported outcome measures (PROM) data must be collected from sufficiently large samples of patients reporting about each provider or each facility. These provider-level data allow for adequate numbers of responses per provider to reliably describe the provider's performance and average out the effects of patient characteristics on provider scores. This makes it easy to compare if a facility whose patients have good experience also provides good care as measured by clinical quality measures.
- Patients in all stages of treatment should be surveyed as patients may have different experiences during different phases in their treatment.
- For many HHS the responses from CALD patients will be required. Efforts to ensure interviews are able to occur in different languages will be needed.
- Avoid contacting patients that are cases of domestic violence, living in foster care, having cognitive difficulties or have passed away.

6.3. Survey implementation:

- Staff poll: Clinical staff play a vital role in implementation of the survey. They are very well placed in the Healthcare delivery system and have the maximum interaction with the patients. Staff should be given equal opportunity to feel valued. Staff should be motivated and be on board with the whole process for successful execution of the survey. Their interest and outlook on the PES should be considered while designing the survey so that the survey results are well received and acted upon. It is vital that staff information seminars or documents be presented by the OHS managers or working committee members to educate the staff about the importance of the survey, and how would it affect them.
- HHS executives and directors should be notified about the PES to be conducted on their patients.
- The response rate to the survey can be improved by strengthening patient engagement and awareness. Posters emphasizing importance of patient feedback, in service delivery, can be used displayed at clinics. Staff can motivate patients to answer the survey if they are approached.



Have your say to improve your care



- Telephonic, paper and online survey should all be offered to receive high response from patients of all demographics.
- A pre-approach email or text message should be sent to all selected patients before sending the survey letter or telephoning them.
- Where paper surveys are used, they should include pre-paid envelopes for the return of the completed survey. Criteria should be set for reaching the patients that do not respond to the first attempt. No less than 2 reminders should be sent via email or telephone.
- Patients in very remote areas may be particularly difficult to survey. As mentioned during consultations, staff or health worker assisted surveys may be the only way to receive survey responses from them.
- For telephonic surveys, the interviewers should be well informed to answer any patient questions and report any patient responses indicative of criminal misconduct. A list of FAQs and suitable answers should be provided to the interviewers so they can give appropriate and satisfactory answers to any concerns raised by the patients. A list of contact details of patient liaison officers at each facility should also be provided to interviewers to suggest them to the patients if they need to contact them for any concern.
- Queensland Government Statistician's Office (QGSO) should be consulted for running the survey and preparing the report.
- Survey results should be requested as interactive reports and graphs, which would enable easy interrogation and comparison.
- The first oral health Pes could be executed as a pilot survey to draw a benchmark, with which the reports of the next survey can be compared.

7. Contact Officer

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8. Appendix

Appendix 1

| CaRE survey question | Care domain measured |
|--|----------------------|
| Were you treated with respect? | Kindness |
| Did staff consider your individual needs | Connection |
| Did staff explain things in a way that you could understand? | Communication |
| Did staff take time to discuss any concerns that you had? | Information needs |
| Did you want to be more involved in decisions made about your care and treatment? | Involvement |
| If your family or someone else close to you wanted to talk to the doctor /staff member, did they get the opportunity to do so? | Family-centered care |
| Do you feel staff involved in your care worked well together? | Collaboration |
| Overall, how would you rate the care you received? | Overall experience. |

Appendix 2

Sunshine coast Oral Health Patient Experience Feedback form.

| Q | Question Description | Answer Option 1 | Answer Option 2 | Answer Option 3 | Answer Option 4 | Answer Option 5 |
|---|---|------------------------|---------------------------|----------------------|----------------------|--------------------------|
| 1 | Did all staff treat you with respect, dignity and courtesy? | Always (100) | Most of the time (75) | Sometimes (50) | Seldom (25) | Never (0) |
| 2 | Did we provide information in a way you could understand? | Always (100) | Most of the time (75) | Sometimes (50) | Seldom (25) | Never (0) |
| 3 | Do you feel all staff involved in your care are working well together? | Always (100) | Most of the time (75) | Sometimes (50) | Seldom (25) | Never (0) |
| 4 | How long were you in the waiting area past your appointment time? | No delays (100) | Less than 10 minutes (75) | 10 - 20 minutes (50) | 20 - 30 minutes (25) | More than 30 minutes (0) |
| 5 | How likely are you to recommend our service to friends and family if they needed similar care or treatment? | Extremely likely (100) | Likely (75) | Neutral (50) | Unlikely (25) | Extremely unlikely (0) |

Appendix 3

Wide Bay Oral Health Patient Experience survey

| Question | Always | Most of the time | Sometimes | Seldom | Never |
|---|--------|------------------|-----------|--------|-------|
| 1. Did all staff treat you with respect dignity and courtesy? | | | | | |
| 2. Did we provide information in a way you could understand? | | | | | |
| 3. Do you feel all staff involved in your care are working well together? | | | | | |
| 4.a Did you have to wait past your appointment time? | | | | | |
| 4.b If so were you advised about the delay? | | | | | |
| 5. How likely are you to recommend our service to friends and family if they needed similar care? | | | | | |
| Other comments: | | | | | |

Appendix 4

| <u>Supporting documents</u> | <u>Location</u> |
|---|--|
| MN- Oral Health CaRE Patient experience survey report | <i>S:\OCDO-Reporting\Reporting\Patient experience surveys\Patient experience survey project\Project plan and work plan\stakeholder consultations\MN_OHS consultation</i> |
| MN- OHS patient experience survey old and new | <i>S:\OCDO-Reporting\Reporting\Patient experience surveys\Patient experience survey project\Project plan and work plan\stakeholder consultations\MN_OHS consultation</i> |

| | |
|--|--|
| MN Oral Surgery patient experience survey 2018 | <i>S:\OCDO-Reporting\Reporting\Patient experience surveys\Patient experience survey project\Project plan and work plan\stakeholder consultations\MN_OHS consultation</i> |
| Australian Hospital PES question set | <i>S:\OCDO-Reporting\Reporting\Patient experience surveys\Patient experience survey project\Project plan and work plan\stakeholder consultations\MN_OHS consultation</i> |
| MS oral health patient experience survey questionnaire | <i>S:\OCDO-Reporting\Reporting\Patient experience surveys\Patient experience survey project\Project plan and work plan\stakeholder consultations\MS-OHS consultation</i> |
| MS patient experience survey report | <i>S:\OCDO-Reporting\Reporting\Patient experience surveys\Patient experience survey project\Project plan and work plan\stakeholder consultations\MS-OHS consultation</i> |
| NHS picker questionnaire | <i>S:\OCDO-Reporting\Reporting\Patient experience surveys\Patient experience survey project\Project plan and work plan\stakeholder consultations\PSQI consultation</i> |
| Question set for Queensland Health | <i>S:\OCDO-Reporting\Reporting\Patient experience surveys\Patient experience survey project\Project plan and work plan\stakeholder consultations\PSQI consultation</i> |
| SC patient experience survey reports | <i>S:\OCDO-Reporting\Reporting\Patient experience surveys\Patient experience survey project\Project plan and work plan\stakeholder consultations\SC-OHS consultation</i> |
| WB patient compliment reports | <i>S:\OCDO-Reporting\Reporting\Patient experience surveys\Patient experience survey project\Project plan and work plan\stakeholder consultations\WB-OHS consultation</i> |
| Stakeholder consultation synopsis | <i>S:\OCDO-Reporting\Reporting\Patient experience surveys\Patient experience survey project\Project plan and work plan\stakeholder consultations</i> |

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