Victorian Healthcare Experience Survey Sunbury Day Centre September 2017

About the Victorian Healthcare Experience Survey

The Victorian Healthcare Experience Survey (VHES) is a state-wide survey of people?s public healthcare experiences. The Ipsos Social Research Institute ? an independent contractor - conducts the survey on behalf of the Victorian Department of Health and Human Services using questionnaires based on the internationally recognised work of the Picker Institute.

The VHES allows a wide range of people to provide feedback on their experiences and provides specialised questionnaires for:

- adult and child inpatients, including parents/guardians
- adult and child emergency department attendees, including parents/guardians
- maternity consumers
- adult and child specialist clinic attendees, including parents/guardians.
- adult community health clients
- adult ambulance service users (both planned and emergency)

The inpatient, emergency, maternity, specialist and ambulance questionnaires are distributed to a randomly selected group of eligible people from each health service in the month following the hospital discharge or the emergency department attendance. Community health questionnaires are distributed to clients while they use a community health service.

Inpatient, emergency and maternity surveys are conducted monthly, while specialist clinics, ambulance and community health surveys are conducted over a three monthly period once annually.

People are able to respond either online or by pen and paper with a freepost return.

Comprehensive quarterly survey results for individual health services are reported through this website. Health Services use these results to direct quality improvement activities.

For further information about the VHES please email: vhes@dhhs.vic.gov.au

If you are having technical difficulties with this portal, please view the help page, or contact results@vhes.com.au

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Answers to frequently asked questions and further information about the project's methodology are available in the appendix of this report.

The diagram below describes how to interpret each chart

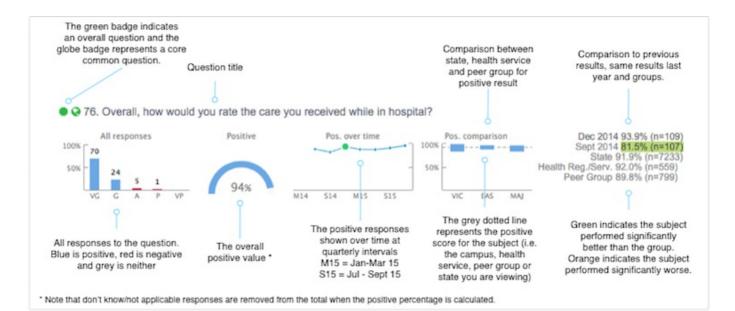


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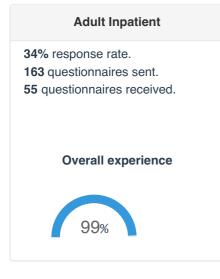
- Overall Experience
- Adult Inpatient
- Methodology
- Help

Sunbury Day Centre

Sunbury Day Centre is a member of Western Health health service (WES) and is within the Other Metro peer group (OTH).

The Other Metro peer group consists of the following campuses Angliss Hospital Sandringham Hospital Healesville Hospital & Yarra Valley Health Yarra Ranges Health Werribee Mercy Hospital Broadmeadows Health Service Craigieburn Health Service Rosebud Hospital Moorabbin Hospital Casey Hospital Cranbourne Integrated Care Service Williamstown Hospital Sunbury Day Centre

Response rates and overall experience

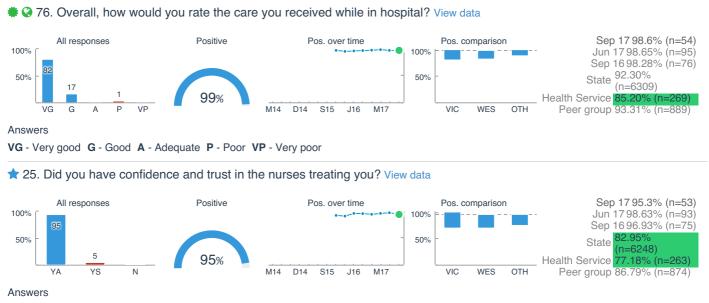


Overall Experience and Key Aspects of Care

The VHES Adult inpatient questionnaire seeks to discover the experience of people, 16 and over, who have been admitted to one of 116 Victorian public hospitals. Potential respondents are randomly selected from people who were discharged from the health service in the preceding month.

This section features the overall experience question, and the five key aspects of care that were most likely to differentiate a positive overall experience from a negative overall experience for the adult inpatient category.

In order to better understand the factors influencing patients' overall experiences in Victorian public hospitals, we asked a range of people to tell the story of their recent healthcare experiences. Videos about care and compassion, information and communication and confidence and trust can be viewed below.



YA - Yes, always YS - Yes, sometimes N - No

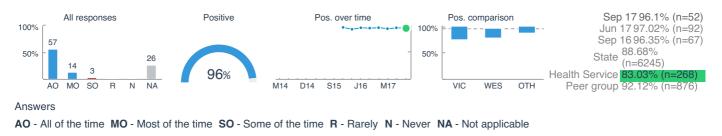
★ ③ 33. How often did the doctors, nurses and other healthcare professionals caring for you explain things in a way you could understand? View data

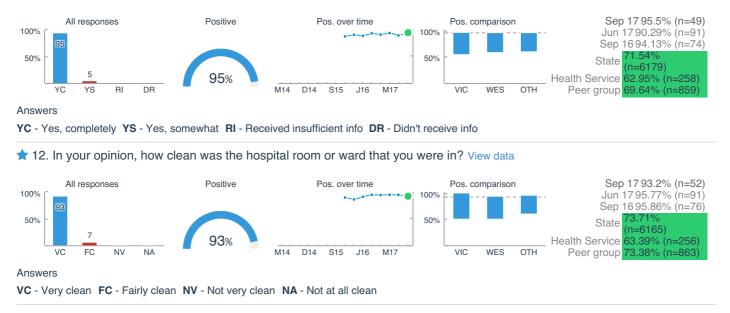


Answers

AO - All of the time MO - Most of the time SO - Some of the time R - Rarely N - Never

time? View data





Core Common Questions

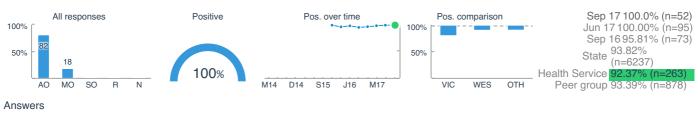
These are a nationally-endorsed set of hospital-level survey questions and are used for adult inpatients in surveys throughout Australia. In the survey they are marked with a Symbol.

Q 13. How clean were the toilets and bathrooms that you used in hospital? View data



VC - Very clean FC - Fairly clean NV - Not very clean NA - Not at all clean NA - Not applicable

★ 🛇 33. How often did the doctors, nurses and other healthcare professionals caring for you explain things in a way you could understand? View data



AO - All of the time MO - Most of the time SO - Some of the time R - Rarely N - Never

37. Were you involved as much as you wanted to be in decisions about your care and treatment? View data



Answers

YD - Yes, definitely YT - Yes, to some extent N - No NA - Not applicable

39. How much information about your condition or treatment was given to your family, carer or someone close to you? View data



Answers

NE - Not enough TR - The right amount TM - Too much NA - Not applicable TD - They did not want this ID - I didn't want this

40. Did your family or someone close to you have enough opportunity to talk to the staff? View data



YD - Yes, definitely YT - Yes, to some extent N - No ID - I didn't want this TD - They didn't want this

Q 41. How would you rate how well the doctors and nurses worked together? View data



E - Excellent VG - Very good G - Good F - Fair P - Poor



Answers

♦ 43. If you had any worries or fears about your condition or treatment, did a health professional discuss them with you? View data



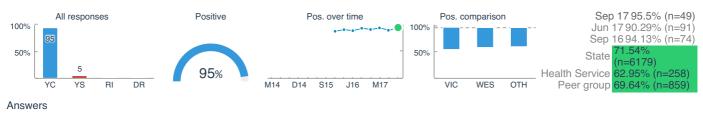
Answers

YD - Yes, definitely YT - Yes, to some extent N - No ID - I didn't raise them ID - I didn't have any

47. Do you think the hospital staff did everything they could to help manage your pain? View data









• 71. Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed? (e.g. transport, meals, mobility aids) View data



YC - Yes, completely YT - Yes, to some extent N - No ID - I didn't need this

AO - All of the time MO - Most of the time SO - Some of the time R - Rarely N - Never NA - Not applicable

* ③ 76. Overall, how would you rate the care you received while in hospital? View data



Spotlight

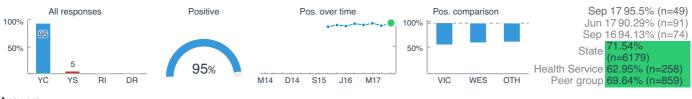
Transitions index adult inpatient

The transitions index has been developed with the aim of improving processes relating to discharge planning. It incorporates the average of the positive scores for four adult inpatient questions relating to discharge. The index provides an overview of how hospitals, health services, peer groups and the state are performing in the discharge process.

The transitions index is shown below followed by the four questions that contribute to the index.



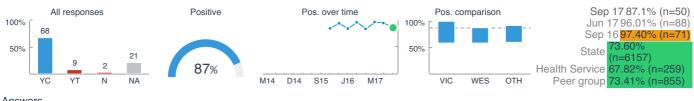
n represents the average n across questions within the Spotlight. View data »



Answers

YC - Yes, completely YS - Yes, somewhat RI - Received insufficient info DR - Didn't receive info

70. Did hospital staff take your family or home situation into account when planning your discharge? View data



Answers

71. Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed? (e.g. transport, meals, mobility aids) View data



YC - Yes, completely YT - Yes, to some extent N - No NA - Not applicable

72. If follow up with your General Practitioner (GP) was required, was he or she given all the necessary information about the treatment or advice that you received while in hospital? View data



Y - Yes N - No NI - No info was needed FU - Follow up wasn't required

Admission To Hospital

Patients were asked whether their hospital stay was planned in advance or an emergency.

1. Was this hospital stay planned in advance or an emergency?



The Emergency Department

In this section, patients who arrived at hospital via the Emergency Department were asked to rate the politeness and courtesy of staff and the care and treatment they received from the doctors and nurses in the ED.

2. How would you rate the politeness and courtesy of staff in the ED? View data



VG - Very good G - Good NG - Neither good nor poor P - Poor VP - Very poor

Waiting List Or Planned Admission

DR

RI

Those whose hospital stay was planned in advance were asked how they felt about the length of time they were on the waiting list before their admission to hospital and whether they received sufficient information about their hospital stay before their arrival.

6. How do you feel about the length of time you were on the waiting list before your admission to hospital? View data



J16 M17

OTH

VIC

WES

Peer group 80.29% (n=504)

Answers

YC

YS

YC - Yes, completely YS - Yes, somewhat RI - Received insufficient info DR - Didn't receive info

M14 D14 S15

All Types Of Admission

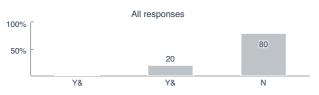
8. Do you think the time you had to wait from arrival at hospital until you were taken to your room or ward was...? View data



The Hospital & Ward

This section explored the physical environment of the hospital and ward. Patients were asked about the cleanliness of their ward and the toilets and whether hand-wash gels were available for patients and visitors. They were also asked if they shared a room with a patient of the opposite sex.

10. During your hospital stay, did you share a room with a patient of the opposite sex?



Answers

Y& - Yes & this was a concern Y& - Yes & this was not a concern N - No

11. During your hospital stay, were you ever bothered by any of the following? (Please select all that apply) View data



Answers

OP - Other patients' noise HS - Hospital staff noise VN - Visitors' noise EN - Equipment noise ON - Other noise L - Lighting NO - None of the above

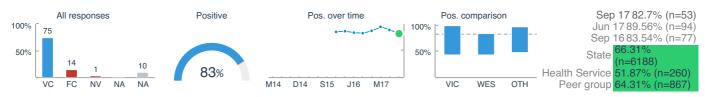




Answers

VC - Very clean FC - Fairly clean NV - Not very clean NA - Not at all clean





Answers

VC - Very clean FC - Fairly clean NV - Not very clean NA - Not at all clean NA - Not applicable

14. Were hand-wash gels available for patients and visitors to use? View data



15. Did you feel friends and family were welcome to visit you? View data

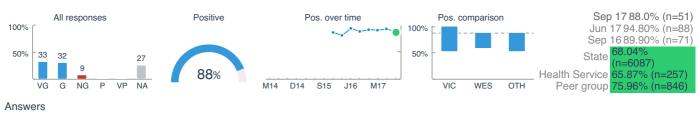


YA - Yes, always YS - Yes, sometimes N - No NA - Not applicable

Food

In this section, patients were asked whether the hospital food was suitable for their dietary needs and whether they received enough help from staff to eat their meals. Patients were also asked to rate the hospital food.

16. How would you rate the hospital food? View data



VG - Very good G - Good NG - Neither good nor poor P - Poor VP - Very poor NA - Not applicable

17. Was the hospital food suitable for your dietary needs (for example medical, cultural, or religious needs or personal preference)? View data



Your Doctors

This section covers the care provided specifically by doctors. It includes whether the patient felt that the doctors treating them knew enough about their medical history and whether they had confidence and trust in these doctors. Patients were also asked about the doctors' compassion, and to rate the care they received from doctors overall.

19. During your hospital stay, did the doctors who treated you know enough about your medical history? View data



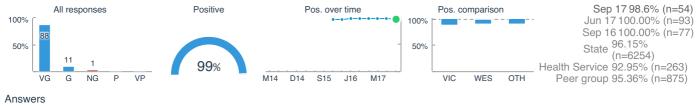
Your Nurses

This section covers the care provided specifically by nurses. It included questions about nurses' knowledge of patients' condition and treatment and patients' feelings of confidence and trust in nurses. Patients were also asked whether the nurses treated them compassionately and to rate the treatment they received from the nurses.

24. During your hospital stay, did the nurses who treated you know enough about your condition and treatment? View data



29. Overall, how would you rate the care and treatment you received from your nurses? View data

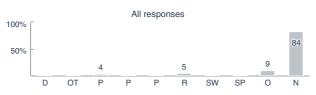




Other Healthcare Professionals

In this section, patients were asked about the quality of care and treatment they received from health professionals other than doctors and nurses.

30. Which, if any, of the following other healthcare professionals did you receive care or treatment from during this hospital stay? (Please select all that apply)



Answers

D - Dietician OT - Occupational Therapist P - Pharmacist P - Physiotherapist P - Psychologist R - Radiographer SW - Social worker SP - Speech Pathologist O - Other N - None

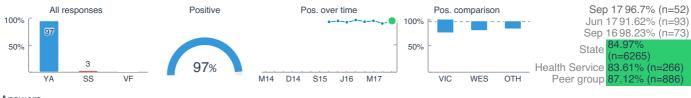
31. Overall, how would you rate the care and treatment you received from these other healthcare professionals? View data



Your Care

This section covers care provided by all health professionals to patients during their hospital stay. Patients were asked whether the staff treating and examining them introduced themselves and their role and how often doctors, nurses and other healthcare professionals explained thing in a way the patient could understand. Questions also covered the behaviour of the hospital staff, including whether they talked about the patient as if they weren't there and whether they cleaned their hands or put on gloves before examining the patient. Patients were also asked how much information was given to them and their relatives about their condition and treatment and whether they received emotional support and assistance from hospital staff during their stay.

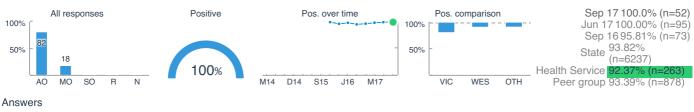
32. Did the staff treating and examining you introduce themselves and their role? View data



Answers

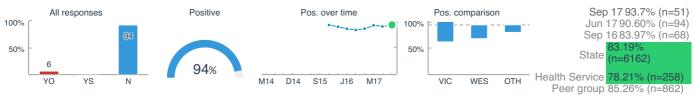
YA - Yes, all staff SS - Some staff VF - Very few / none

★ ③ 33. How often did the doctors, nurses and other healthcare professionals caring for you explain things in a way you could understand? View data



AO - All of the time MO - Most of the time SO - Some of the time R - Rarely N - Never

34. While you were in hospital, did hospital staff talk about you as if you weren?t there? View data



Answers

35. Did you see hospital staff wash their hands, use hand gel to clean their hands, or put on clean gloves before examining you? View data



YO - Yes, often YS - Yes, sometimes N - No

36. Sometimes in a hospital, a member of staff will say one thing about your care and another will say something quite different. Did this happen to you? View data



YO - Yes, often YS - Yes, sometimes N - No

37. Were you involved as much as you wanted to be in decisions about your care and treatment? View data



Answers

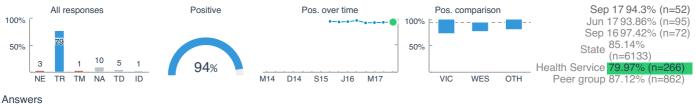
YD - Yes, definitely YT - Yes, to some extent N - No NA - Not applicable







39. How much information about your condition or treatment was given to your family, carer or someone close to you? View data



Answers

NE - Not enough TR - The right amount TM - Too much NA - Not applicable TD - They did not want this ID - I didn't want this

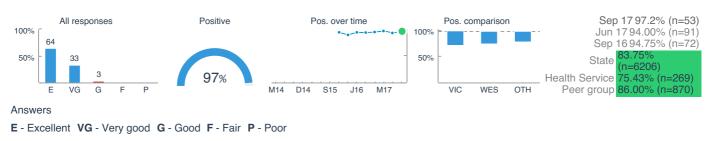
40. Did your family or someone close to you have enough opportunity to talk to the staff? View data



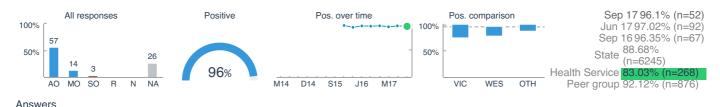
Answers

YD - Yes, definitely YT - Yes, to some extent N - No ID - I didn't want this TD - They didn't want this





★ 🛇 42. If you needed assistance, were you able to get a member of staff to help you within a reasonable time? View data



AO - All of the time MO - Most of the time SO - Some of the time R - Rarely N - Never NA - Not applicable

43. If you had any worries or fears about your condition or treatment, did a health professional discuss them with you? View data



Answers

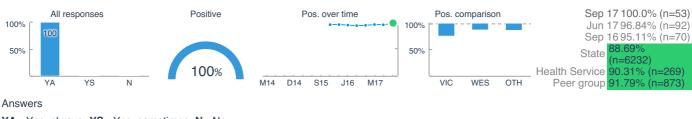
YD - Yes, definitely YT - Yes, to some extent N - No ID - I didn't raise them ID - I didn't have any

44. Do you feel you received enough emotional support from hospital staff during your stay? View data



YA - Yes, always YS - Yes, sometimes N - No NA - Not applicable

45. Were you given enough privacy when being examined or treated? View data



YA - Yes, always YS - Yes, sometimes N - No

46. At other times during your hospital stay did you have enough privacy? View data



YA - Yes, always YS - Yes, sometimes N - No

47. Do you think the hospital staff did everything they could to help manage your pain? View data



YD - Yes, definitely YT - Yes, to some extent N - No NA - Not applicable

48. Do you need any help understanding English? View data



49. When you were in hospital, was there someone who could interpret for you?



Answers





50. Were you given any information (e.g. leaflets) in your language? View data

51. Did you receive sufficient information about any medication you were given while in hospital (e.g. purpose side effects and how to administer the medication)? View data



YC - Yes, completely YS - Yes, somewhat RI - Received insufficient info DR - Didn't receive info NA - Not applicable

Tests

This section covers any tests (such as X-rays or scans) experienced by patients during their hospital stay. Those who received tests were asked whether a staff member explained why the patient needed the tests and the results of the tests in a way they could understand.

52. During your stay in hospital, did you have any tests, X-rays or scans?



Answers

Y-Yes N-No

53. Did a member of staff explain why you needed these test(s) in a way you could understand? View data



Your Treatments

In this section, patients were asked about any treatments (such as injections, dressings or physiotherapy) they experienced while in hospital. Questions covered whether the purpose of any treatments they received was explained to them and whether they felt that they could refuse any treatment that they did not agree with or want. Patients were also asked whether their permission was sought if any students accompanied any health professionals and whether they were comfortable with the students' presence.

55. Did hospital staff explain the purpose of any treatments (e.g. an injection, dressing, physiotherapy) before these were administered? View data



Answers

YA - Yes, always YS - Yes, sometimes N - No ID - I didn't want this NA - Not applicable

56. Did you feel you could refuse any treatment that you did not agree with or did not want? View data







57. Sometimes, students accompany health professionals when they are treating or examining patients. If this happened to you, was your permission sought? View data



Answers

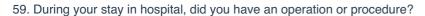


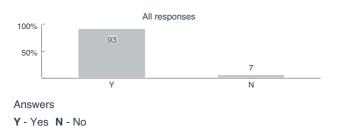
58. Were you comfortable with the presence of students? View data



Operations & Procedures

Patients who had an operation or procedure while in hospital were asked whether a staff member explained what would be done and how the procedure went in a way that they could understand.





60. Before your operation or procedure, did a member of hospital staff explain what would be done in a way that you could understand? View data



YC - Yes, completely YT - Yes, to some extent N - No NA - Not applicable

61. During your hospital stay, did a member of staff explain how your operation or procedure had gone in a way you could understand? View data



Leaving Hospital

This section covers the discharge process. Patients were asked about how they felt about the length of their hospital stay, whether they were given enough notice about when they were going to be discharged and about any delays they faced. In addition, questions also covered whether the patient was given enough information about managing their health and care at home and whether their family/home situation was taken into account when planning their discharge. Patients were also asked to rate the discharge process.

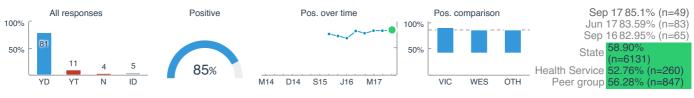






YD - Yes, definitely YT - Yes, to some extent N - No

64. Did you feel you were involved in decisions about your discharge from hospital? View data



Answers



65. On the day you left hospital, was your discharge delayed for any reason? View data



LT - Less than 1 hour 1 - 1 - 2 hours 2 - - 2 - 4 hours 4H - 4 hours or longer

67. Did a member of staff explain the reason for the delay? View data

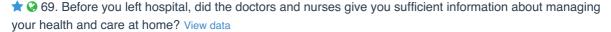






Answers

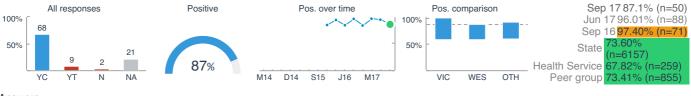






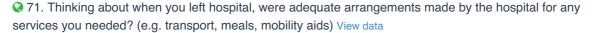
YC - Yes, completely YS - Yes, somewhat RI - Received insufficient info DR - Didn't receive info

70. Did hospital staff take your family or home situation into account when planning your discharge? View data



Answers

YC - Yes, completely YT - Yes, to some extent N - No NA - Not applicable





YC - Yes, completely YT - Yes, to some extent N - No ID - I didn't need this

72. If follow up with your General Practitioner (GP) was required, was he or she given all the necessary information about the treatment or advice that you received while in hospital? View data



73. Did you receive copies of communications sent between hospital doctors and your GP? View data



YI - Yes, I received copies NI - No, I did not receive copies TW - There were none DK - Don't know

74. Overall, how would you rate the discharge process? View data



VG - Very good G - Good NG - Neither good nor poor P - Poor VP - Very poor

75. Did you have any follow up with the doctors or other health professionals you saw while in hospital after you were discharged?



Overall

This section covers patient's overall feelings about their experience, including whether they felt they were treated with respect and dignity and were listened to and understood by the people looking after them. Questions also asked the patients to rate the care they received and whether they felt that they were treated unfairly.

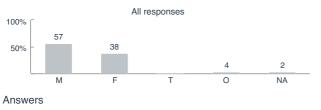


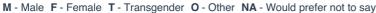
 $[\]textbf{MS}$ - Marital status ~SE - Something else ~IW - I was not treated unfairly

About You

This section covers general demographic questions about the patient. These included year of birth, gender, main language spoken and Aboriginal/Torres Strait Islander status. Patients were also asked a number of questions about their health, including how often in the last twelve months they had been admitted as an inpatient and any long standing medical conditions they have.

80. What is your gender?

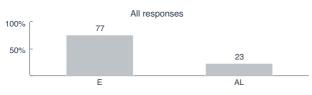




81. Average age of patient

The average age of the patient was 64

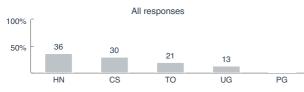
82. Which language do you mainly speak at home?



Answers







Answers

HN - Have not completed secondary school CS - Completed secondary school TO - Trade or technical certificate or diploma UG - University graduate PG - Post graduate / higher degree

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



Answers

YA - Yes, Aboriginal YT - Yes, Torres Strait Islander YB - Yes, both Aboriginal and Torres Strait Islander N - No

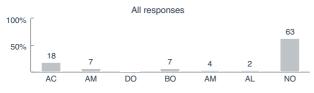
85. How many times in the last 12 months have you been admitted as an inpatient to this hospital?



Answers

TT - This time only 2T - 2 times 3- - 3 - 5 times 60 - 6 or more times

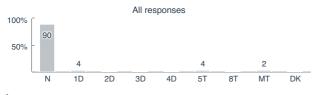
86. Which, if any, of the following long-standing conditions do you have? (Please select all that apply)



Answers

AC - A chronic illness AM - A mobility impairment DO - Deafness or hearing impairment BO - Blindness or vision impairment AM - A mental health condition AL - A learning disability NO - None of these

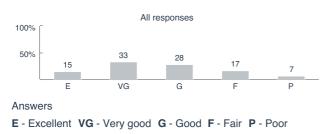
87. Thinking about the month leading up to your hospital stay, how many days did illness or injury keep you in bed for all or a substantial part of the day?



Answers

N - None 1D - 1 day 2D - 2 days 3D - 3 days 4D - 4 days 5T - 5 to 7 days 8T - 8 to 10 days MT - More than 10 days DK - Don't know

88. In general, how would you rate your health?



89. Who completed this questionnaire?

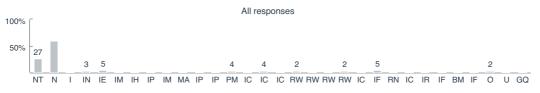


ID - I did (the patient) IR - I received help from someone else SE - Someone else on my behalf

Other Comments

This section allowed the patients to suggest ways that they felt the hospital could improve their care and services and to list the best and worst things about their stay in the hospital.

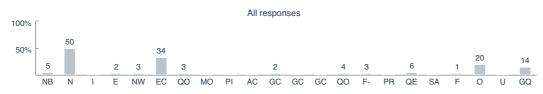
90. What could the hospital do to improve the care and services it provides to better meet the needs of patients?



Answers

NT - Nothing N - None I - Incomprehensible IN - Staff numbers IE - Emotional / interpersonal care IM - Medical treatment IH - Handwashing IP - Patient involvement in care IM - Follow-up or communication with GP MA - Length of stay IP - Patient safety IP - Privacy
PM - Provide more information IC - Communication between staff and family / friends / carers IC - Communication between staff and patient IC - Communication between staff members RW - Wait times (waiting list) RW - Wait times (ED) RW - Wait times (discharge)
RW - Wait times (other) IC - Cleanliness IF - Facilities RN - Reduce noise IC - Car parking IR - Room sharing protocol IF - Food quality
BM - Meeting dietary needs IF - Food quantity O - Other U - Unclear GQ - Staff quality

91. What were the best things about your stay in hospital?



Answers

NB - Nothing N - None I - Incomprehensible E - Everything NW - Wait times EC - Emotional / interpersonal care QO - Medical treatment
 MO - Medical outcome PI - Patient involvement in care AC - A chance to rest / recover GC - Communication between staff and patient
 GC - Communication between staff and family / friends / carers GC - Communication / collaboration between staff members
 QO - Information quality F- - Facilities - general PR - Private rooms / good room sharing QE - Quiet / relaxed environment SA - Social aspect
 F - Food O - Other U - Unclear GQ - Staff quality

92. What were the worst things about your stay in hospital?



Answers

N - None NW - Nothing I - Incomprehensible BU - Being unwell / in hospital PM - Medical treatment IL - Length of stay
PF - Follow-up or communication with GP PE - Emotional / interpersonal care LO - Lack of patient involvement in care NE - Not enough staff
PH - Poor handwashing FU - Felt unsafe LO - Lack of privacy PC - communication between staff and family / friends / carers
PC - Communication between staff and patient PC - Communication / collaboration between staff members II - Insufficient information
WT - Wait times (ED) WT - Wait times (discharge) WT - Wait times (other) RS - Room sharing N - Noise UW - Unclean ward / bathrooms
PF - Facilities PC - Car-parking FQ - Food quality FQ - Food quantity FD - Food did not meet dietary needs O - Other U - Unclear
GQ - Staff quality WT - Wait times (waiting list)

The VHES asks consumers to provide in-depth feedback about a specific healthcare experiences.

Patient categories

Currently, there are nine patient categories included in the VHES. Five of these are continuous surveys, sent monthly to a sample of eligible patients who had a hospital or emergency department experience in the previous month, and asking them to reflect on that specific experience, and four are annual surveys.

Continuous surveys are:

1. Adult inpatients aged 16 or over who were admitted to one of 116 hospitals.

2. Paediatric inpatients aged 15 or under who were admitted to one of 34 hospitals. For those aged under eight, the survey is directed to the parent or carer, while the 8-15 year-olds? questionnaire has questions for the parent or carer to complete, the child to complete and both to complete together.

3. Adult emergency patients aged 16 or over who attended one of 39 emergency departments but were not admitted to hospital.

4. Paediatric emergency patients aged 16 or under who attended one of 39 emergency departments but were not admitted to hospital, aged 15 or under who were admitted to one of 34 hospitals. For those aged under eight, the survey is directed to the parent or carer, while the 8-15 year-olds? questionnaire has questions for the parent or carer to complete, the child to complete and both to complete together.

5. Maternity consumers who received services from Victorian public hospital services in relation

to antenatal, labour and birth and postnatal care at one of 42 hospitals.

Annual surveys are:

1. Adult specialist clinics patients who had an outpatient appointment at one of 47 hospitals.

- 2. Paediatric specialist clinics patients who had an outpatient appointment at one of 10 hospitals.
- 3. Community health services who used one of 88 community health services.
- 4. Planned and emergency ambulance service users

Questionnaires can be viewed by clicking on the download symbol next to each patient category name in the results view.

Sampling and data collection

All patient categories use the same basic method of data collection, with the exception of community health which uses a different methodology designed to meet the unique needs of this population ? explained further below.

Data collection excluding community health

For all inpatient, emergency, maternity, specialist clinic and ambulance surveys, sample is provided monthly by each campus and by Ambulance Victoria (AV) from patient files. Campuses and AV are required to provide limited details (name, patient category, preferred language, date of birth, postal address and where possible, email address) for a defined number of randomly selected patients each month via a secure portal. These details are kept for six months to ensure that patients are not surveyed too frequently and then securely destroyed to preserve anonymity.

Patients for whom an email address is provided are then emailed a link to the online version of the questionnaire. If they do not complete the survey online within two business days, they are then posted a hard copy version of the questionnaire. Those patients for whom an email address is not provided are also posted a hard copy survey at this point. Patients who receive a survey in a language other than English will only have the option to complete this survey in hard copy. A questionnaire is sent to a patient in a language other than English if a patient's preferred language, as identified in the data provided by campuses, matches one of the languages available in the VHES.

Those who receive a mail-out survey are also given details to complete the survey online if they prefer, or to complete the hard copy version and return by reply paid envelope. All mail-out surveys are data entered, and the data is merged with online results. At this point, the unique patient IDs are checked to ensure no patients have attempted to complete online and hard copy versions of the survey.

Data-collection - community health

As noted above, a very different methodology is used for community health. Rather than surveys being mailed to the patient address, community health service clients are invited to participate, in person while using the service itself. This protects the anonymity of clients, addresses the absence of a consistent state-wide database of client details, and increases the opportunity for homeless or transitory clients and those with low-literacy to participate.

For each survey site, a unique survey pack is provided with the allocated number of English and other language surveys, based on estimates of monthly client appointments and language preferences provided by services.

Sites are instructed to offer the survey to each eligible client using the service (including taking services on home visits) until the survey allocation is depleted, or the fieldwork period ends.

Community service clients who agree to the survey have the opportunity to complete it in hard copy and mail by reply-paid envelope or online. In addition, community health services are encouraged to assist clients to complete the survey by providing-pads, computers and where possible, volunteer assistance within the service.

Languages

Adult Inpatient, Adult Emergency and Adult Specialist surveys are offered in the following 15 languages, in addition to English:

Arabic Croatian Greek Hindi Italian Macedonian Maltese Polish Russian Serbian Simplified Chinese Spanish **Traditional Chinese** Turkish Vietnamese Paediatric Inpatient, Paediatric Emergency, Maternity and Specialist Paediatric surveys are offered in the following 6 languages, in addition to English: Arabic Hindi Simplified Chinese Turkish **Traditional Chinese** Vietnamese Community health surveys are offered in the following 15 languages, in addition to English: Arabic **Burmese** Chin Hakha (from Burma, India, Bangladesh)

Dari

Farsi Greek Italian Karen Russian Simplified Chinese Somali Tamil Traditional Chinese Turkish

These languages were selected based on the top languages spoken by patients in Victoria's public health systems. In 2017, the ambulance survey was provided in English only, as limited information on the preferred language of patients was available.

Weighting and significance testing all patient categories

To ensure that data accurately represents the population of interest (the true population of patients at each campus), ? normalising factors? are applied to the data. Normalising factors are calculated based on the difference between the proportion of a certain type of respondent in the sample and the proportion of that type of respondent attending the health service. In essence, applying normalising factors to a dataset readjusts the achieved sample to resemble the population, removing any skew in the results. The calculation of proportional factors to normalise survey data is a standard research process.

For adult inpatient, emergency and specialist clinics categories, a proportional weighting scheme is applied to the sample at each campus to bring it into line with each campus?s true population by age and gender. This is based the average annual separation data for each campus in 2013 and applies to all adult inpatient, emergency and specialist clinics results. This means, for example, that older people aren't over-represented in the survey results by virtue of older people being more likely to complete the survey than younger people. No age or gender weighting is applied to paediatric, maternity or community health results.

When looking at results that reflect a group of campuses (for example, at health service, stateor peer group level) each campus is normalised according to what percentage of the group's true population it represents. This means, for example, that one hospital isn't underrepresented because its patients wereless likely to complete the survey than those at another hospital. Thislevel of normalisation occurs for **all patient categories**.

While weighting is applied to make a sample more accurate, any data manipulation can introduce error. Ipsos accounts for this by using an effective error margin ? a process that estimates the degree of error introduced into a sample by a weighting scheme and accounts for it in all statistical tests applied.

Reporting

Results for the inpatient, maternity and emergency surveys are reported on a quarterly basis on this reporting portal, three months following the completion of each quarter. Specialist clinics surveys are reported once annually in September/October based on data collected among April-June patients and community health service results are reported in March/April based on data collected in October-December.

Quarters are:

January to March stays (referred to as M in charts throughout the portal) - results made available in the middle of the following June

April to June stays (referred to as J in charts throughout the portal) - results made available in the middle of the following September

July to September stays (referred to as S in charts throughout the portal) - results made available in the middle of the following December

October to December stays (referred to as D in charts throughout the portal) - results made available in the middle of the following March.

For all categories excluding community health, results for each campus or health service are published on the portal only if the campus achieves at least 42 survey returns to ensure the data is statistically robust. However, these campuses will still contribute to the peer group, health service and state average. Where a campus does not achieve 42 survey returns, the portal will state that there is insufficient data for this period.

However, for **continuous surveys campuses** with only small numbers of completed questionnaires will receive a rolling sample as the survey progresses. This means that results for multiple quarters will be merged to provide a sufficient sample size over a longer period.

Note that a sample size of 42 affords a maximum margin of error of +/- 15% at the 95% level of confidence. This means that if 70% of patients at campus with 42 survey completes rate their overall experience as ?very good? or ?good?, we can be 95% confident that between 55% and 85% of all patients actually feel this way. As the sample size increases, the margin of error decreases. For example, if 70% of a sample of 150 patients rate their experience as'very good' or 'good, we can be 95% confident that between 78% and 62% actually feel this way, as the maximum margin of error is +/- 8%.

Provided a campus or health service (or district or region in the case of ambulance surveys) receives at least 42 survey returns overall, all individual questions will be presented, regardless of how many people answered that question. Some questions (such as those directed at people who need help understanding English) are asked only of a small subsection.

Community health services and sites are often much smaller than hospitals. As such, they are published on the portal only if the campus achieves at least 30 survey returns to ensure the data is statistically robust. However, these campuses will still contribute to the peer group, health service and state average. Where a campus does not achieve 30 survey returns, the portal will state that there is insufficient data for this period.

Note that a sample size of 30 affords a maximum margin of error of +/- 18% at the 95% level of confidence. This means that if 70% of patients at campus with 30 survey completes rate their overall experience as ?very good? or ?good?, we can be 95% confident that between 52% and 88% of all patients actually feel this way.

Provided community health site or health service (or district or region in the case of ambulance surveys) receives at least 30 survey returns overall, all individual questions will be presented, regardless of how many people answered that question. Some questions (such as those directed at people who need help understanding English) are asked only of a small subsection.

Analysis

Throughout this portal, statistically relevant significant findings have been reported at the 95% confidence interval and are represented within tables in green where the subject (campus, health service or state) has performed significantly higher than the comparator or in orange where it has performed significantly lower.

In addition, a key driver analysis was run to determine the Key Aspects of Care for each patient category. These Key Aspects of Care are the defining hospital experiences: those that are most likely to separate a patient who rated their overall experience as very good, from those who rate it as something else (good, adequate, poor, very poor).

Specifically, two methods were used to identify which parts of the patients' visit or stay in hospital are linked to a very good overall experiences:

1. The primary method was a binary logistic regression where the dependent variable (DV) is: Overall how would you rate the care you received while in hospital? The DV was categorised as 1= very good and 0 = all other modalities. The independent variables were all categorised so as to provide results as changes in odd ratios. For example, patients who always had confidence and trust in nurses are 8 times more likely to have had a very good experience overall than patients who had no confidence in nurses. The binary regression was used in forward stepwise model, using the conditional' rule to include variables. The results of the analysis were evaluated on the basis of change in the log-likelihood (LL) goodness of fit criterion as each additional variable was included stepwise. The results were also evaluated on the basis of the p values for the WALD test applied to the coefficient (effect size) of each categorised variable.

2. The secondary method used to confirm the results of the binary logit analysis is a machine learning algorithm: A classification and regression tree was used to identify variables which best account for the variation in the overall rating of patients' stay in hospital. CRT also provides a rank for all variables (whether apparent in tree or not). The relative importance of the variables linked to the target variable was examined for consistency with the binary logit analysis. Note: for technical reasons (i.e. not losing cases because of streaming in the questionnaire), some modalities were added to the list of modalities of some questions. Those modalities are then used as the base of the odds even though they may not be relevant to the question (e.g. base of odds is 'patient did not see Dr' when the question evaluates confidence in treating Dr). However, the odds were evaluated on the effect size vs a meaningful base (e.g. I received assistance all of the time is evaluated as an odd ratio vs I never received assistance, rather than I did not need assistance).

Response rates

In the July - Sept 2017 period, the following statewide response rates were achieved for each patient category:

- Adult Inpatient: 6452 individuals, or 29% of those invited completed the survey
- Adult Emergency: 2489 individuals, or 19% of those invited completed the survey
- Paediatric Inpatient: 1236 individuals, or 19% of those invited completed the survey
- Paediatric Emergency: 1461 individuals, or 14% of those invited completed the survey
- Maternity: 1355 individuals, or 27% of those invited completed the survey
- Paediatric Specialist Clinics: No surveying was conducted during the July Sept 2017 period
- Adult Specialist Clinics: No surveying was conducted during the July Sept 2017 period
- Community Health: No surveying was conducted during the July Sept 2017 period
- Ambulance Planned: No surveying was conducted during the July Sept 2017 period
- Ambulance Emergency: No surveying was conducted during the July Sept 2017 period

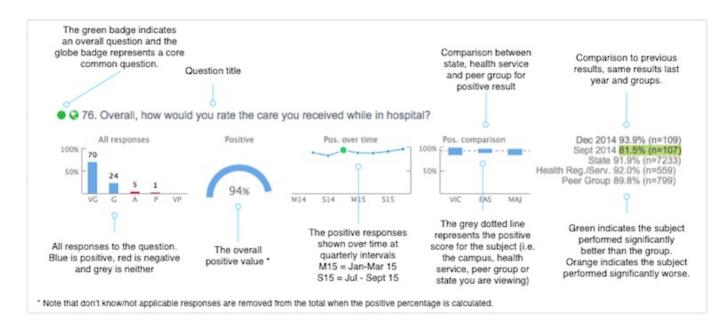
Help

Answers to frequently asked questions are presented below. If these do not respond to your query, please contact us at results@vhes.com.au

Frequently asked questions

Q: How do I interpret each question chart?

A: The images below provide detailed information on how to interpret and navigate charts and data.



Q: How frequently are results provided?

A: Results for the survey are reported on a quarterly basis, three months following the completion of each quarter. Quarters are:

- January to March stays (referred to as M in charts throughout the portal)results made available at the beginning of the following June
- April to June stays(referred to as J in charts throughout the portal)results made available at the beginning of the following September
- July to September stays(referred to as S in charts throughout the portal)results made available at the beginning of the following December
- October to December stays(referred to as D in charts throughout the portal)results made available at the beginning of the following March.

Q: Why can't I see results for certain patient categories for my campus?

A: Results for each campus are provided only if the campus achieves at least 42 survey returns to ensure the data is statistically robust (please see the Method section in Appendix 2 for more information on this). Where a campus does not achieve 42 survey returns, the portal will state that there is insufficient data for this period. Many health services experienced initial difficulties with data extraction and uploading. Most services have resolved these difficulties with and should expect results for all categories for the July- September results.

However, campuses with only small numbers of completed questionnaires will have the opportunity to receive a rolling sample as the survey progresses. This means that results for multiple quarters will be merged to provide a sufficient sample size over a longer period.

Q: What does the alert symbol A mean?

A: An alert symbol is shown where the sample size for a particular question is less than 30. This means that the margin of error for this question is quite large (more than +/- 18%), so results should be interpreted with caution.

Q: How can I see the patient comments?

A: Patient comments are analysed and presented at an aggregate level under the 'other comments' tab for each patient category. These comments are also provided, verbatim, to campuses.



The Victorian Healthcare Experience Survey operates under the Information Privacy Act 2000 (Vic) (IPA). The IPA requires Victorian State and local government agencies to collect and handle personal information in accordance with ten enforceable privacy principles.

Maternity and Adult Emergency questionnaires © Care Quality Commission, London.