



Measuring Consumer Experience Report 2018

Contents

1. Executive summary	9
2. Introduction	12
2.1 Methodology of score calculation and presentation of results	12
2.2 Methodology of sampling and survey	13
2.3 Respondent profile	14
3. PICKER core domains of care	17
3.1 Consistency and coordination of care	19
3.2 Treated with respect and dignity	20
3.3 Involvement in decision making	21
3.4 Doctors	22
3.5 Nurses	23
3.6 Cleanliness	24
3.7 Pain control	25
3.8 Privacy	26
3.9 Food	27
3.10 Discharge information	28
4. SA Health key performance indicator	31
5. Additional areas of care	34
5.1 Hospital environment	36
5.2 Consumer feedback	37
5.3 Patient rights and engagement	38
5.4 Open disclosure	39
5.5 Emergency Department	40
5.6 Workforce	41
5.7 Hand Hygiene	43
5.8 Facilities - cleanliness	44
6. National set of core common patient experience questions	46
7. Analysis of satisfaction and comments	51
7.1 Overall satisfaction	51
7.2 Additional comments	51

Appendix A: National safety and quality health service standards	59
Appendix B: SA Consumer Experience Surveillance System (SACCESS) background	61
Appendix C: Grouping of survey questions	63
Appendix D: Detailed frequency tables of questions and responses	68
Appendix F: Response rate	97
Appendix G: Approach letter	99
Appendix H: Raking, data processing, statistical terms and references	101

List of tables

Table 2.1 Hospitals/Health Services included in SACCESS 2017	14
Table 2.2 Socio-demographic profile and general health status of respondents, SA overall, SACCESS 2016 and 2017	15
Table 3.1 Summary of mean scores by Picker core domains of care and questions, SA overall, SACCESS 2016 and 2017	18
Table 4.1 Involvement in care and treatment items, SA overall, SACCESS 2016 and 2017	31
Table 5.1 Summary of mean scores by additional areas of care and questions, SA overall, SACCESS 2016 and 2017	35
Table 6.1 Summary of mean scores of national set of core common patient experience questions, SA overall, SACCESS 2016 and 2017	46
Table 7.1 Summary of comments by patient-centred care principles and additional areas, SA overall, SACCESS 2016 and 2017	53
Table F.1 Response rate calculations, overall and by metropolitan and country South Australia, SACCESS 2017	97

List of figures

Figure 1.1 Mean scores for Picker Institute domains of care, SA overall, SACESS 2016 and 2017	10
Figure 3.1 Mean scores for the core domains of care (Picker Institute), SA overall, SACESS 2016 and 2017	17
Figure 3.2 Mean scores of Picker Institute domain – Consistency and coordination of care, SA overall, SACESS 2016 and 2017	19
Figure 3.3 [Q14] How would you rate how well the doctors and nurses worked together? SA overall, SACESS 2016 and 2017	20
Figure 3.4 [Q15] Sometimes in a hospital, a member of staff will say one thing and another will say something different. Did this happen to you? SA overall, SACESS 2016 and 2017	20
Figure 3.5 Mean scores of Picker domain – Treated with respect and dignity, SA overall, SACESS 2016 and 2017	20
Figure 3.6 [Q25] Did you feel you were treated with respect and dignity while you were in hospital? SA overall, SACESS 2016 and 2017	20
Figure 3.7 Mean scores of Picker Institute domain – Involvement in decision making, SA overall, SACESS 2016 and 2017	21
Figure 3.8 [Q18] Were you involved as much as you wanted to be in decisions about your care and treatment? SA overall, SACESS 2016 and 2017	21
Figure 3.9 [Q20] How much information about your condition or treatment was given to you? SA overall, SACESS 2016 and 2017	21
Figure 3.10 [Q37] Did you feel you were involved in decisions about your discharge from hospital? SA overall, SACESS 2016 and 2017	21
Figure 3.11 Mean scores of Picker Institute domain – Doctors, SA overall, SACESS 2016 and 2017	22
Figure 3.12 [Q29] When you had important questions to ask the doctor, did you get answers that you could understand? SA overall, SACESS 2016 and 2017	22
Figure 3.13 [Q31] Did you have confidence and trust in the doctors treating you? SA overall, SACESS 2016 and 2017	22
Figure 3.14 Mean scores of Picker Institute domain – Nurses, SA overall, SACESS 2016 and 2017	23
Figure 3.15 [Q33] When you had an important question to ask a nurse, did you get answers you could understand? SA overall, SACESS 2016 and 2017	23
Figure 3.16 [Q34] Did you have confidence and trust in the nurses treating you? SA overall, SACESS 2016 and 2017	23
Figure 3.17 [Q35] Did the nurses talk in front of you like you weren't there? SA overall, SACESS 2016 and 2017	23
Figure 3.18 Mean scores of Picker Institute domain – Cleanliness, SA overall, SACESS 2016 and 2017	24
Figure 3.19 [Q5] In your opinion, how clean was the hospital room or ward that you were in? SA overall, SACESS 2016 and 2017	24
Figure 3.20 [Q6] How clean were the toilets and bathroom that you used while in hospital? SA overall, SACESS 2016 and 2017	24
Figure 3.21 [Q32] As far as you know, did doctors wash or clean their hands between touching patients? SA overall, SACESS 2016 and 2017	24
Figure 3.22 [Q36] As far as you know, did nurses wash or clean their hands between touching patients? SA overall, SACESS 2016 and 2017	25
Figure 3.23 Mean scores of Picker Institute domain – Pain control, SA overall, SACESS 2016 and 2017	25
Figure 3.24 [Q13] (<i>If the respondent reported having pain while in hospital</i>) Do you think the hospital staff did everything they could to help you manage your pain? SA overall, SACESS 2016 and 2017	25
Figure 3.25 Mean scores of Picker Institute domain – Privacy, SA overall, SACESS 2016 and 2017	26

Figure 3.26 [Q54] Were you given enough privacy when discussing your condition and treatment? SA overall, SACESS 2016 and 2017	26
Figure 3.27 [Q55] Were you given enough privacy when being examined or treated? SA overall, SACESS 2016 and 2017	26
Figure 3.28 Mean scores of Picker Institute domain – Food, SA overall, SACESS 2016 and 2017	27
Figure 3.29 [Q9] How would you rate the hospital food? SA overall, SACESS 2016 and 2017	27
Figure 3.30 [Q10] Were you offered a choice of food? SA overall, SACESS 2016 and 2017	27
Figure 3.31 [Q11] Did you get enough help from staff to eat your meals? SA overall, SACESS 2016 and 2017	27
Figure 3.32 Mean scores of Picker Institute domain – Discharge information, SA overall, SACESS 2016 and 2017	28
Figure 3.33 [Q40] Before you left hospital, were you given any written information or printed information about what you should or should not do after leaving hospital? SA overall, SACESS 2016 and 2017	28
Figure 3.34 [Q41] Did a member of staff tell you about any danger signals you should watch for after you went home? SA overall, SACESS 2016 and 2017	28
Figure 3.35 [Q42] Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you? SA overall, SACESS 2016 and 2017	29
Figure 3.36 [Q43] Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital? SA overall, SACESS 2016 and 2017	29
Figure 4.1 Mean scores for KPI – Involvement in care and treatment, SA overall, SACESS 2016 and 2017	31
Figure 4.2 [Q8] Were you asked about your dietary needs when you arrived on the ward? SA overall, SACESS 2016 and 2017	32
Figure 4.3 [Q19] When you gave your consent for medical treatment did you understand the risks, benefits and alternatives of the recommended treatment? SA overall, SACESS 2016 and 2017	32
Figure 4.4 [Q26] Did anyone ask whether you had any cultural or religious beliefs that might affect the way you were treated in hospital? SA overall, SACESS 2016 and 2017	32
Figure 4.5 [Q27] If you needed one, did you have access to an interpreter? SA overall, SACESS 2016 and 2017	32
Figure 4.6 [Q28] Was your right to have an opinion respected? SA overall, SACESS 2016 and 2017	32
Figure 5.1 Mean scores for additional areas of care, SA overall, SAESS 2016 and 2017	34
Figure 5.2 Mean score of area of care – Hospital environment, SA overall, SACESS 2016 and 2017	36
Figure 5.3 [Q4] When you were first admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex? SA overall, SACESS 2016 and 2017	36
Figure 5.4 [Q7] During this hospital stay, how often was the area around your room quiet at night? Would you say...? SA overall, SACESS 2016 and 2017	36
Figure 5.5 Mean score of area of care – Consumer feedback, SA overall, SACESS 2016 and 2017	37
Figure 5.6 [Q47] How comfortable did you feel that you could make a complaint or a suggestion, or raise a concern with staff? SA overall, SACESS 2016 and 2017	37
Figure 5.7 [Q48] Did you see or were you given any information explaining how to complain to the hospital about the care you received? SA overall, SACESS 2016 and 2017	37
Figure 5.8 [Q49] During this hospital stay, how often was it easy for you to find someone on the hospital staff to talk to about your concerns? SA overall, SACESS 2016 and 2017	37
Figure 5.9 Mean score of area of care – Patient rights and engagement, SA overall, SACESS 2016 and 2017	38
Figure 5.10 [Q50] Do you know your rights as a patient? SA overall, SACESS 2016 and 2017	38

Figure 5.11 [Q51] Were you provided information on your rights as a patient? SA overall, SACESS 2016 and 2017	38
Figure 5.12 [Q52] Did staff explain your rights as a patient to you? SA overall, SACESS 2016 and 2017	38
Figure 5.13 [Q53] Could you understand the patient rights that had been explained to you? SA overall, SACESS 2016 and 2017	39
Figure 5.14 Mean score of area of care – Open disclosure, SA overall, SACESS 2016 and 2017	39
Figure 5.15 [Q57] Did staff talk to you about what happened to you in a way you could understand? SA overall, SACESS 2016 and 2017	39
Figure 5.16 Mean scores of area of care – Emergency department, SA overall, SACESS 2016 and 2017	40
Figure 5.17 [Q45] While you were in the Emergency Department, how much information about your condition or treatment was given to you? SA overall, SACESS 2016 and 2017	40
Figure 5.18 [Q46] Were you given enough privacy when being examined or treated in the Emergency Department? SA overall, SACESS 2016 and 2017	40
Figure 5.19 Mean scores of area of care – Workforce, SA overall, SACESS 2016 and 2017	41
Figure 5.20 [Q14] How would you rate how well the doctors and nurses worked together? SA overall, SACESS 2016 and 2017	41
Figure 5.21 [Q15] Sometimes in a hospital, a member of staff will say one thing and another will say something different. Did this happen to you? SA overall, SACESS 2016 and 2017	41
Figure 5.22 [Q25] Did you feel you were treated with respect and dignity while you were in hospital? SA overall, SACESS 2016 and 2017	41
Figure 5.23 [Q29] When you had important questions to ask a doctor, did you get answers that you could understand? SA overall, SACESS 2016 and 2017	42
Figure 5.24 [Q31] Did you have confidence and trust in the doctors treating you? SA overall, SACESS 2016 and 2017	42
Figure 5.25 [Q33] When you had important questions to ask a nurse, did you get answers that you could understand? SA overall, SACESS 2016 and 2017	42
Figure 5.26 [Q34] Did you have confidence and trust in the nurses treating you? SA overall, SACESS 2016 and 2017	42
Figure 5.27 [Q35] Did nurses talk in front of you as if you weren't there? SA overall, SACESS 2016 and 2017	43
Figure 5.28 Mean scores of area of care – Hand hygiene, SA overall, SACESS 2016 and 2017	43
Figure 5.29 [Q32] As far as you know, did doctors wash or clean their hands between touching patients? SA overall, SACESS 2016 and 2017	43
Figure 5.30 [Q36] As far as you know, did nurses wash or clean their hands between touching patients? SA overall, SACESS 2016 and 2017	43
Figure 5.31 Mean scores of area of care – Facilities - cleanliness, SA overall, SACESS 2016 and 2017	44
Figure 5.32 [Q5] In your opinion, how clean was the hospital room or ward you were in? SA overall, SACESS 2016 and 2017	44
Figure 5.33 [Q6] How clean were the toilets and bathroom that you used while in hospital? SA overall, SACESS 2016 and 2017	44
Figure 6.1 [Q3] Overall, how would you rate the care you received while in hospital? SA overall, SACESS 2016 and 2017	47
Figure 6.2 [Q6] How clean were the toilets and bathrooms that you used while in hospital? SA overall, SACESS 2016 and 2017	47
Figure 6.3 [Q13] Do you think the hospital staff did everything they could to help manage your pain? SA overall, SACESS 2016 and 2017	47

Figure 6.4 [Q14] How would you rate how well the doctors and nurses worked together? SA overall, SACESS 2016 and 2017	47
Figure 6.5 [Q17] Did a health care professional discuss them with you? SA overall, SACESS 2016 and 2017	47
Figure 6.6 [Q18] Were you involved, as much as you wanted to be, in decisions about your care and treatment? SA overall, SACESS 2016 and 2017	48
Figure 6.7 [Q21] How much information about your condition or treatment was given to your family, carer or someone close to you? SA overall, SACESS 2016 and 2017	48
Figure 6.8 [Q23] Did they have enough opportunity to do so? SA overall, SACESS 2016 and 2017	48
Figure 6.9 [Q24] If you needed assistance, were you able to get a member of staff to help you within a reasonable timeframe? SA overall, SACESS 2016 and 2017	48
Figure 6.10 [Q25] Did you feel you were treated with respect and dignity while you were in hospital? SA overall, SACESS 2016 and 2017	48
Figure 6.11 [Q30] How often did the doctors, nurses and other health professionals caring for you explain things in a way you could understand? SA overall, SACESS 2016 and 2017	49
Figure 6.12 [Q38] (<i>If the respondent reported being discharged home</i>) Thinking about when you left hospital, were you given enough information about how to manage your care at home? SA overall, SACESS 2016 and 2017	49
Figure 6.13 [Q39] (<i>If the respondent reported being discharged home</i>) Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed? SA overall, SACESS 2016 and 2017	49
Figure 7.1 [Q3] Overall, how would you rate the care you received while in hospital? SA overall, SACESS 2016 and 2017	51
Figure 7.2 Number of satisfied and dissatisfied comments with hospital stay, SA overall by survey month, SACESS 2017	52

Abbreviations

ACSQHC	Australian Commission on Safety and Quality in Health Care
CATI	Computer Assisted Telephone Interviewing
CDM	Country Data Mart
CI	Confidence interval
EPAS	Enterprise Patient Administration System
KPI	Key Performance Indicator
LHN	Local Health Network
OACIS	Open Architect Clinical Information System
SACESS	South Australian Consumer Experience Surveillance System
SE	Standard error
SF1	Short Form 1 (Quality of Life)

Glossary

Carer

Carer means a person who provides care and support for their parent, partner, child or friend who has a disability, is frail, or who has a chronic mental or physical illness. An individual is not a carer merely because he or she is a spouse, de facto partner, parent, guardian, child or other relative of an individual, or lives with an individual who requires care. Carers can include parents and guardians caring for children and children caring for parents and guardians.

In the context of Aboriginal communities and kinship systems, caring is a collaborative act with many people helping care for a single person. Because of this, people looking after family and friends often do not recognise themselves as carers. Aboriginal carers provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness or who are frail aged (*SA Health Partnering with Carers Policy Directive*).

Community

Groups of people or organisations with a common interest, including non-government organisations that represent the interests of health consumers. While some communities may connect through a local or regional interest in health, others may share a cultural background, religion or language. Some communities may be geographically dispersed but linked through an interest in a specific health issue by the internet, or some other means (*SA Health Framework for Active Partnership with Consumers and the Community*).

Consumer

Patients and potential patients, carers and organisations representing consumers' interest. When referring to consumers, SA Health is referring to patients, consumers, families, carers and other support people (*National Safety and Quality Health Service Standards, Australian Commission on Safety and Quality in Health Care*).

Consumer experience

How consumers perceive their interaction with their health service and health care providers, in terms of its value to them and their health, its usability and their emotional experience.

Consumer feedback

A process in which health services seek information from consumers, considered to be one form of consumer participation. This form of participation requires a low level of consumer participation and most commonly involves patient satisfaction surveys (*Feedback, Participation and Consumer Diversity, A Literature Review, National Resource Centre for Consumer Participation in Health*).

Patient-centred care (also consumer-centred care)

Health care that is respectful of, and responsive to, the preferences, needs and values of patients, consumers and the community, with dimensions including respect, emotional support, physical comfort, information and communication, continuity and transition, coordination of care, involvement of family and carers, and access to care (*Australian Commission on Safety and Quality in Health Care – Patient Centred Care: Improving quality and safety through partnerships with patients and consumers*).

Satisfaction

From the consumer's perspective, satisfaction is a multidimensional concept that can be seen as the extent to which a program fulfils clients' treatment expectations or needs. From the health service perspective, satisfaction can be viewed as fulfilment of an obligation or claim (*Donabedian, A (1988). The quality of care: How can it be assessed? Journal of the American Medical Association, 260, 1743–1748*).

Acknowledgement

The valuable contribution of the more than 2,000 South Australian adults, who kindly provided information about their experience of care during their stay in a public hospital in South Australia, is acknowledged.

1

Executive summary

1. Executive summary

SA Health wants every single patient to have the best possible hospital experience and high quality healthcare that puts patients first. There is strong evidence that a patient-centred focus can lead to improvements in health care quality and outcomes by increasing safety; cost effectiveness; and patient, family and staff satisfaction.

SA Health's patient-centred approach involves engaging with consumers and the community to make sure we are responsive to their needs, values and preferences. One way SA Health gathers feedback is to survey people who have spent time in a country or metropolitan public hospital. The South Australian Consumer Experience Surveillance System (SACCESS) is a telephone survey that collects information on all aspects of a person's stay, from their involvement in decision-making, privacy and pain control to hospital cleanliness and food quality. Since 2010, the total number of South Australians interviewed is 17,575.

In 2017, 2,228 people were interviewed (69.0% response rate) and their responses were analysed to measure performance in three areas: the ten core domains of care relating to consumer experience (defined by the Picker Institute); a SA Health Key Performance Indicator (KPI) Involvement in care and treatment; and eight additional SA areas of care. All results are presented as a mean score out of 100, where 100 is the best possible outcome. This report presents the results from SACCESS between January and December 2017 against SA Health's benchmark of 85, which is above average (80). The per cent per response category are also provided in the figures and tables.

Some 88.3% of patients said they would recommend the hospital to a relative or friend and 87.9% rated the overall quality of the hospital care as "Very good" or "Good". Eighty-eight per cent of people felt that they were always treated with respect and dignity during their stay. Although people are often having a difficult time when they come to stay with us, their overall experience in hospital is positive.

SA's public hospitals scored above the SA Health benchmark of 85 in six care domains: *Treated with respect and dignity; Nurses; Pain control; Doctors; Cleanliness and Privacy* (Figure 1.1). Four domains did not meet this standard – *Consistency and coordination of care, Involvement in decision-making, Food and Discharge information*. Overall, these results are similar to those reported in 2016 with the same care domains above and below the benchmark (Figure 1.1).

By looking deeper at responses to individual questions within these domains, we can identify specific areas for improvement. Thirty-eight per cent of patients reported receiving conflicting or inconsistent information from staff "Sometimes" or "Often". Approximately 9.5% of consumers were not as involved as they wanted to be in decision making around their care. Eighteen percent of patients felt that they did not get enough information about their condition or treatment while in hospital. One quarter (25%) of people reported not receiving help from staff at meal times when it was needed and 33.5% rated hospital food as "fair" or "poor". Single item scores of the four questions regarding *Discharge information* were all well below the standard, ranging from 62.4 to 81.4.

Five questions designed to evaluate the SA Health Key Performance Indicator (KPI) Involvement in care and treatment were also included in the survey. When analysed, these yielded an average score of 67.9 which fell short of our benchmark. Scores for individual questions in this group ranged from very low (28.9: *Did anyone ask whether you had any cultural or religious beliefs that might affect the way you are treated in hospital?*) to very high (94.4 *When you gave your consent for medical treatment, did you understand the risks, benefits and alternatives of recommended treatment?*).

The question asking if the respondent had access to an interpreter improved dramatically, increasing from a mean score of 62.3 in 2016 to almost reaching the benchmark with a mean score of 84.8 in 2017. This data lets us know what we're doing well and where we need to improve.

Questions were also asked and analysed across eight SA areas of care: *Hospital environment, Consumer feedback, Patient rights and engagement, Open disclosure, Emergency Department, Workforce, Hand hygiene and Facilities – cleanliness*. Four SA areas of care exceeded SA Health's benchmark: Emergency Department, Workforce, Hand hygiene and Facilities – cleanliness. The remaining four SA areas of care did not meet our benchmark. The mean score of *Emergency Department* was below the benchmark in 2016 (84.5) but rose to above the benchmark in 2017 (86.9). Including additional areas helps us to get a broader picture of patient experience within our hospitals and these results indicate where we need to do better. For example, only 69.1% of people knew their rights as a patient and significantly more reported that they had not been provided with this information (55.7% in 2017 vs 50.2% in 2016), and only 36.2% had their rights explained by staff. Nearly three quarters (72.4%) of respondents did not see or were NOT given any information explaining how to complain or provide feedback to the hospital about the care they received.

At the end of the survey patients were given the opportunity to speak freely about any issues with their hospital stay and 37% chose to do so. Among the 825 respondents who gave their comments, about a third responded with satisfaction about the care they received during their hospital stay and the remainder responded with dissatisfaction. These comments were analysed across several areas and overall, those who commented were most commonly positive about the coordination and integration of care; doctors and nurses; and respect for patient’s values. Dissatisfied respondents were most commonly negative about the coordination and integration of care; doctors and nurses physical comfort; respect for patients’ values preferences and expressed needs; and transition.

Regarding comments from consumers, there were less satisfied comments in the areas of *Coordination and integration of care* (from 95 to 89), and *Doctors and nurses* (from 61 to 53) in 2017 than 2016. Conversely, there were more satisfied comments in the areas of *Respect for patients values, preferences and expressed needs* (from 19 to 36) and *Physical comfort* (from 9 to 24). There were less dissatisfied comments in the areas of *Physical comfort* (from 185 to 118), and *Food* (from 56 to 38) but more in the areas of *Respect for patients values, preferences and expressed needs* (from 86 to 102), *Coordination and integration of care* (from 113 to 161), *Access to care* (from 34 to 79) and *Doctors and nurses* (from 82 to 146).

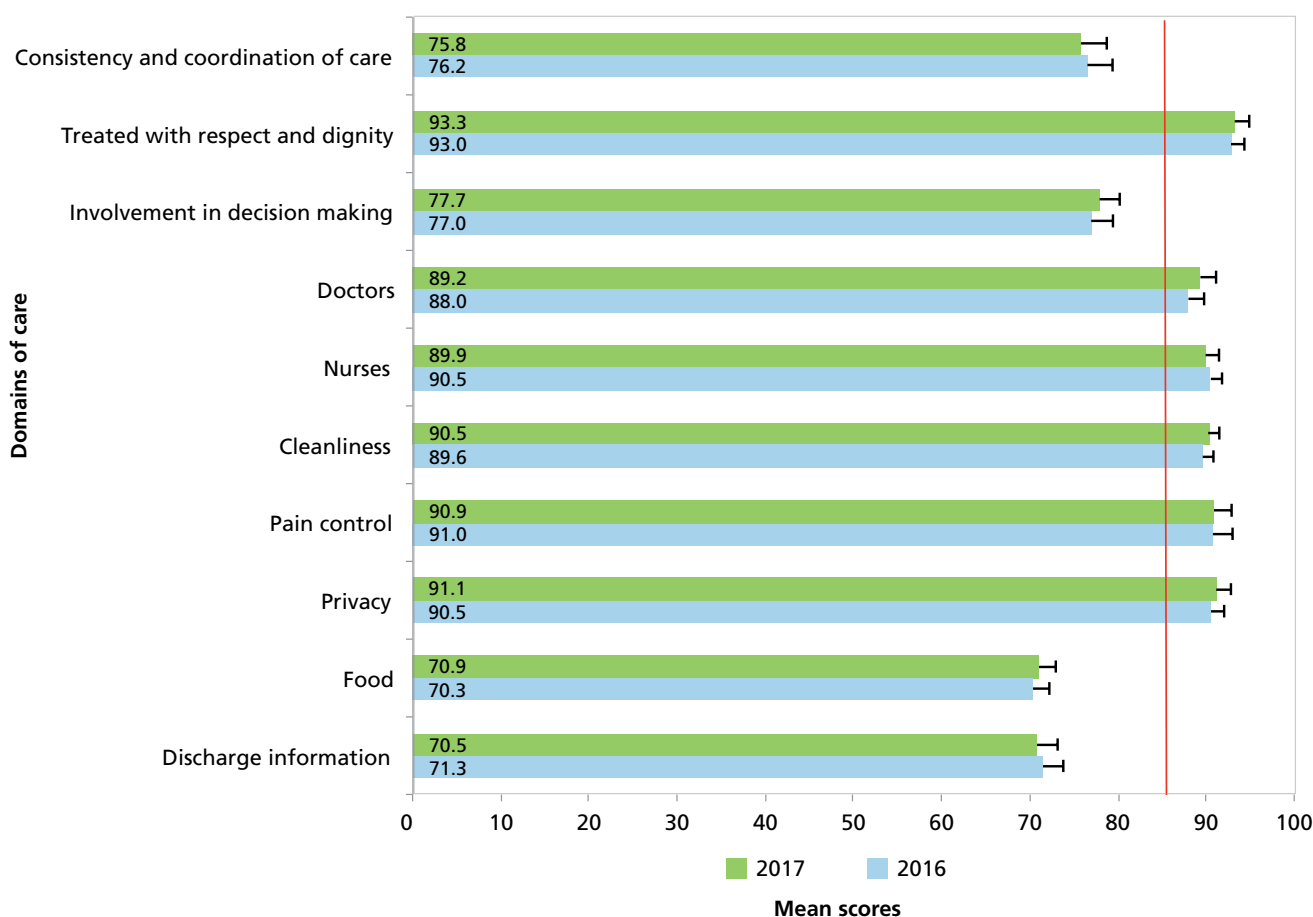
The results from SACESS are used to guide policy development, help SA Health reach and exceed its benchmarks and, ultimately, improve health outcomes for all South Australians. SA Health also uses this feedback to inform staff training programs. What we learn about patients’ needs and concerns feeds into our training and development initiatives.

By involving consumers and community members in health care we can improve the safety and quality of our services, use our resources more effectively, improve access to better healthcare and improve health outcomes.

We encourage all SA Health staff to use the results of this survey to inform their professional development and support their team – through highlighting areas where we are performing well and encouraging development in areas targeted for improvement.

In 2018, the SACESS questionnaire will transition to the nationally approved Australian Hospital Patient Experience Questions Set (AHPEQS) established by the Australian Commission on Safety and Quality in Health Care (ACSQHC). Further information is available at www.safetyandquality.gov.au.

Figure 1.1 Mean scores for Picker Institute domains of care, SA overall, SACESS 2016 and 2017



2 Introduction

2. Introduction

A patient-centred approach is supported by the South Australian Health and Community Services Complaints Commissioner's (HCSCC) Charter of Rights, the Australian Safety and Quality Framework for Health Care, and the National Safety and Quality Health Service Standards. Consumer and community engagement in health service planning, designing care, service measurement and evaluation is required; see also Appendix A (National Safety and Quality Health Service Standards requirements).

Patient-centred or consumer-centred care is described as health care that is respectful of, and responsive to, the preferences, needs and values of patients and consumers (Picker Institute). It is increasingly being recognised as a principle of high quality health care in its own right, and there is strong evidence that a patient-centred focus can lead to improvements in health care quality and outcomes by increasing safety, cost effectiveness, and patient, family and staff satisfaction.

A number of processes have been put in place to assist SA Health to understand the consumer experience from their perspective. There is a need to elicit feedback from patients to highlight aspects of care that need improvement, and to monitor performance and quality of care. A standard set of questions is required to compare performance, both between hospitals and over time.

SACCESS is an epidemiological surveillance system involving a representative sample of South Australian adults, aged 16 years or above, who received overnight hospital care from a South Australian metropolitan or country public hospital (also see Appendix B - SACCESS background). The program has approval from the SA Health Human Research Ethics Committee.

The objectives of SACCESS are to:

- > measure and continuously monitor experiences of consumers regarding health care and services, including satisfaction with care, to provide high quality representative data
- > identify sub-groups of consumers who are less or more satisfied with health care and services
- > identify gaps and deficiencies as perceived by consumers about the quality of care and service provision
- > address State and National indicators and targets
- > assist SA Health with moving to adopt and practice patient-centred care
- > disseminate findings, in form of annual reports, to relevant professionals and administrators within SA Health, the broader public hospital system and the wider community.

2.1 Methodology of score calculation and presentation of results

The survey questions used in 2017 were drawn from a variety of sources. From July 2014, the continued use of Picker Institute questions has been provided at a national level after purchase by the States and Territories (co-ordinated by the Australian Commission on Safety and Quality in Health Care) of a one-year renewable licence from the US-based National Research Corporation. Appendix C provides details about the survey questions and grouping, including a schematic diagram. Appendix E provides the CATI questionnaire used for the survey.

Responses are primarily analysed against the domains of care described by the Picker Institute (Chapter 3), and also against the composite group Involvement in care and treatment (Chapter 4). These serve as the two primary methods of measuring consumer experience in SA Health.

Eight SA areas of care questions were analysed to provide snapshot information regarding *Hospital environment, Consumer feedback, Patient rights and engagement, Open disclosure, Emergency Department, Workforce, Hand hygiene and Facilities - cleanliness* (Chapter 5).

Responses to national core common questions (Chapter 6) have been reported to provide nationally comparable information in regard to various aspects of experience as overnight public hospital consumers. Some questions appear in more than one section because their mean score has been incorporated into that measure, e.g. the question about how clean the toilets and bathroom was, appears in both the Picker Institute domain *Cleanliness* and the SA area of care *Facilities - cleanliness*.

Scores were calculated using the Picker Institute protocol which allocates an initial score of 100 to the most desirable response and then allocates the relevant percentage to the remaining responses, based on the number of total response options, with the least desired response being allocated "0".

Example: As far as you know, did nurses wash or clean their hands between touching patients? Response options – Yes, always (100); Yes, sometimes (50); No (0)

The average of the responses to the group of questions from each domain was used to derive a mean score. A score of 85 is designated as the SA Health benchmark, in accordance with the following Picker Institute scoring protocol:

90 = Above average

85 = South Australian (SA) benchmark

80 = Average (reasonable level–room for improvement/being monitored)

70 = Below average (poor level–immediate action required).

The percentages in the graphs represent the proportion of relevant responses out of a total of 100%. Non-relevant responses such as "Doesn't apply", "Don't know", "Refused" or "Can't remember" have not been included in scoring nor in the graphs, but are provided in detail in Appendix D.

Results in Chapters 3, 4, and 5 are each presented in two parts:

- > a graph of the domain or group mean scores
- > a graph of the frequency (in percentage) of each relevant response for each of the questions included in the domain or group.

Results in Chapter 6 are presented with a summary table of mean scores and a frequency graph showing the percentages of the relevant responses for each of the national core common questions.

The final survey question asks '*Finally, was there one issue about your hospital stay that you really want to tell us about?*'. Of the 2228 South Australian adults interviewed for the SACESS survey during 2017, less than half (n=825 respondents, 37.0%) provided a comment on their experiences of their hospital stay. These comments are a rich source of qualitative data, and have been analysed thematically and presented in Chapter 7.

2.2 Methodology of sampling and survey

A brief description of the statistical terms, raking (weighting) and processing of data employed in this report and references for further information can be found in Appendix H.

Sample selection and approach letter

The SACESS survey included a random sample of eligible consumers discharged from public hospitals in metropolitan or country South Australia drawn each month from the South Australian Open Architect Clinical Information System (OACIS), the Country Data Mart (CDM) datasets, and the Enterprise Patient Administration System (EPAS) system. All hospitals included are shown in Table 2.1.

In September 2017, the new Royal Adelaide Hospital was opened. The data within this report presents findings about the consumer experience for the old Royal Adelaide Hospital (January 2017 – August 2017) and the new Royal Adelaide Hospital (September 2017 – December 2017).

In November 2017, services transitioned from the Repatriation General Hospital to other locations. The data within this report presents findings about the consumer experience for the Repatriation General Hospital for the period January 2017 to October 2017.

Table 2.1 Hospitals/Health Services included in SACESS 2017

LHN	Hospital / Health Service
Metropolitan	
<i>Northern Adelaide</i>	Lyell McEwin Hospital, Modbury Public Hospital
<i>Central Adelaide</i>	Royal Adelaide Hospital, The Queen Elizabeth Hospital
<i>Southern Adelaide</i>	Flinders Medical Centre, Noarlunga Health Service, Repatriation General Hospital
Country	
	Berri Hospital, Mount Gambier and Districts Health Service, Port Augusta Hospital and Regional Health Service, Port Lincoln Hospital and Health Service, Port Pirie Hospital and Regional Health Service, Whyalla Hospital and Health Service

Overall in 2017, a target of approximately 184 interviews of recently discharged patients was aimed for each month (142 metropolitan and 42 country South Australian participants).

Prior to telephone contact, an approach letter which was signed by the Director, Safety and Quality, SA Health (see Appendix G) was sent to each selected potential participant informing them of the purpose of the survey and indicating that they could expect to be contacted by telephone within the next few days. Professional interviewers were used to telephone each of the selected patients. Where necessary, at least 10 call-backs were made to the selected person's telephone number at different times of the day and evening. If the person was unable to be interviewed when contacted, appointments were scheduled at a time convenient to them. At all times, consumers always had the option of not participating in the survey. Interviewers may have received responses from a respondent's proxy (e.g. spouse, sibling or adult children) either as a translator or as the respondent's carer.

This report presents the experiences of care reported by South Australians who spent at least one night in a public hospital within South Australia between January and December 2017, and who were:

- > aged 16 years and over
- > not of Aboriginal or Torres Strait Islander descent
- > hospitalised for between one and no more than 35 days in the preceding month
- > not admitted for maternity, psychiatric, substance abuse, chemotherapy or renal dialysis episodes of care.

Additional consumer experience surveys for patients not covered in this report are being undertaken using alternative methods for obtaining feedback from consumers with limited English proficiency or from a non-English speaking background. Variations in consumer experiences of care among Local Health Networks (LHNs) and hospitals will be explored in additional publications.

Timing of field work

Survey responses were obtained from respondents each month using CATI technology. To ensure the completeness of hospital discharge data, an interval of two months from when the participant was discharged from hospital and the interview occurred was determined.

2.3 Respondent profile

Overall, 2228 South Australian adults completed the survey and met the SACESS eligibility requirements for analysis. The annual survey response rate was 69.0%, which is comparable to previous SACESS surveys. Of the SA hospital consumers who were eligible (n=103), 2.8% were unable to participate because of limited English proficiency.

Table 2.2 provides the demographic profile and self-reported health status of all the survey respondents. In 2017, approximately half (51.1%) of the respondents were aged 65 years and over. Overall, 56.0% reported having an excellent, very good or good health status. Compared to 2016, respondents in 2017 had a significant difference in gross annual household income.

Table 2.2 Socio-demographic profile and general health status of respondents, SA overall, SACESS 2016 and 2017

Characteristic	2016		2017	
	n	%	n	%
Sex				
Male	1163	50.4	1118	50.2
Female	1147	49.6	1110	49.8
Age (years)				
16 to 24	113	4.9	122	5.5
25 to 34	169	7.3	144	6.5
35 to 44	163	7.1	171	7.7
45 to 54	309	13.4	283	12.7
55 to 64	379	16.4	369	16.6
65 to 74	456	19.7	445	20.0
75+	721	31.2	694	31.1
Living arrangements				
Live alone	653	28.3	663	29.8
Live with partner	893	38.6	854	38.3
Live with children	127	5.5	139	6.2
Live with partner and children	314	13.6	300	13.5
Live with parents	59	2.5	53	2.4
Live with parents/siblings/in extended family household	89	3.9	87	3.9
Live with other unrelated adults	48	2.1	41	1.8
Live with other related adults	111	4.8	66	3.0
Other	7	0.3	17	0.8
Not stated/refused	10	0.4	9	0.4
Country of birth				
Australia	1586	68.7	1566	70.3
UK/Ireland	396	17.1	327	14.7
Other	328	14.2	333	15.0
Highest education level[#]				
No post school education	1397	60.5	1302	58.4
TAFE, trade certificate or diploma	608	26.3	637	28.6
Bachelor degree or higher	293	12.7	269	12.1
Other	1	0.1	-	-
Gross annual household income[#]				
Up to \$20,000	314	13.6	217	9.7
\$20,001 to \$40,000	657	28.4	593	26.6
\$40,001 to \$60,000	218	9.4	182	8.2
\$60,001 to \$80,000	132	5.7	131	5.9
\$80,001 or more	259	11.2	286	12.8
Not stated	730	31.6	819	36.7
SEIFA[^]				
Lowest quintile	620	26.9	612	27.5
Low quintile	533	23.1	508	22.8
Middle quintile	447	19.4	421	18.9
High quintile	358	15.5	365	16.4
Highest quintile	350	15.2	320	14.4
Overall health status (SF1[*])				
Excellent	190	8.2	192	8.6
Very good	457	19.8	458	20.6
Good	656	28.4	597	26.8
Fair	579	25.1	598	26.8
Poor	428	18.5	384	17.2
Total	2310	100.0	2228	100.0

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.

Missing data have not been included in the analysis, except for gross annual household income.

*SF1 is the first question of the Short Form 36 quality of life instrument.

^ denotes statistical significance between 2016 and 2017 data χ^2 test, $p < 0.05$

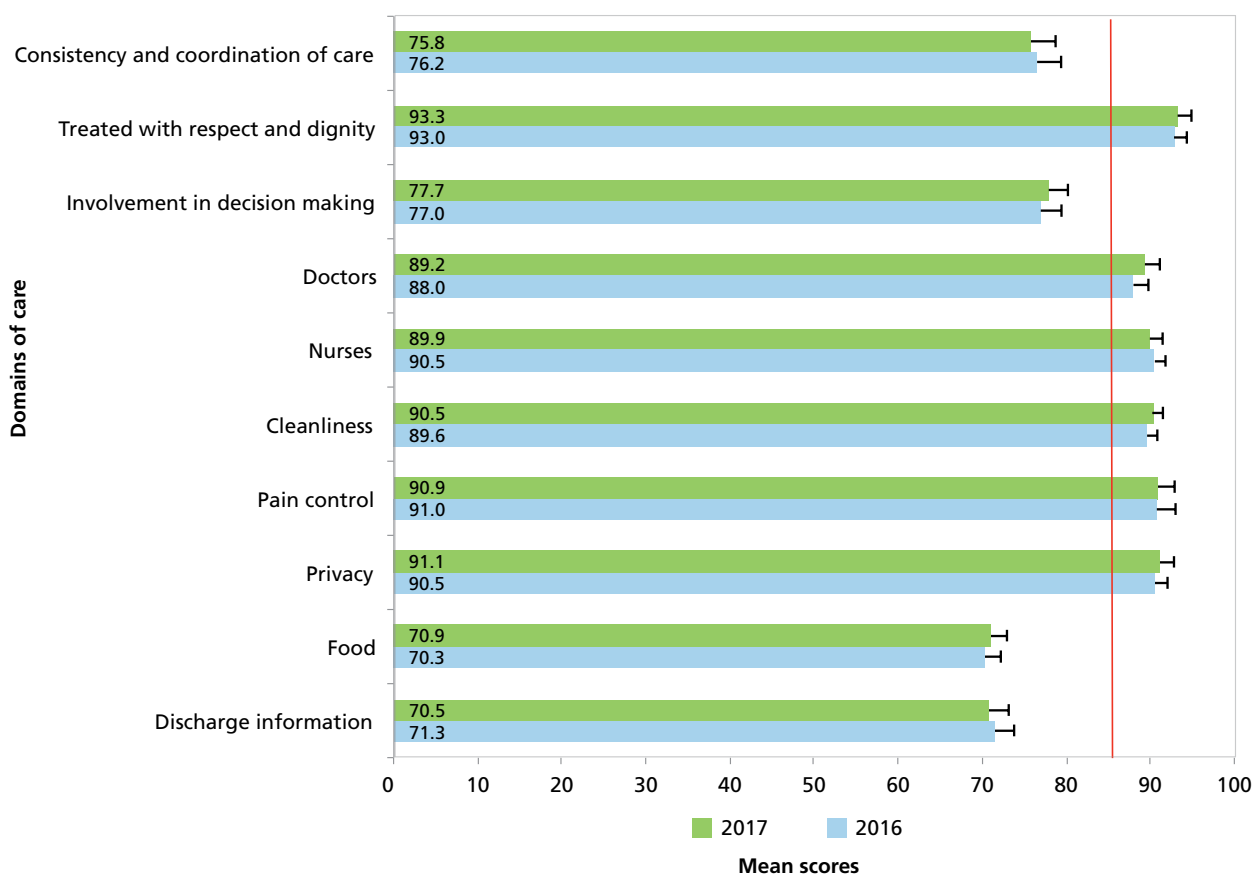
3 PICKER core domains of care

3. PICKER core domains of care

The consumer experience domains are based on national and international literature and draw on work developed by the Picker Institute Europe's 'Principles of Patient-centred Care'.¹ The Picker Institute is responsible for designing, validating and updating all patient experience surveys for the Care Quality Commission and the National Health Service, United Kingdom. The ten Picker Institute domains have been found to provide a meaningful picture of consumer experiences with their care. This analysis permits international comparison.

The Picker Institute domains were scored using the methodology described by the Picker Institute and the cut-off scores are based on international comparison data. The mean scores for the ten core domains of care relating to consumer experience are summarised in Figure 3.1 below.

Figure 3.1 Mean scores for the core domains of care (Picker Institute), SA overall, SACESS 2016 and 2017



¹ Refer Picker Institute Europe website available at: <http://intqhc.oxfordjournals.org/content/14/5/353.full.pdf+html>

SA Health performed above the benchmark for six of these domains (Figure 3.1 and Table 3.1). Scores for the four domains *Treated with respect and dignity*, *Cleanliness*, *Pain control* and *Privacy* were all above 90. Four domains of care were below the SA Health benchmark of 85: *Consistency and coordination of care*, *Involvement in decision-making*, *Food* and *Discharge information*. Patients continued to give hospital food an overall low rating, and reported that they did not receive sufficient assistance from staff to eat their meals. Lack of written information about what they should or should not do after leaving hospital was a major concern among respondents. The only statistically significant change between 2016 and 2017 was an increase in the scores for question 5 - *In your opinion, how clean was the hospital room or ward that you were in?*

Table 3.1 Summary of mean scores by Picker core domains of care and questions, SA overall, SACESS 2016 and 2017

PICKER core domains of care and actual questions		Mean score	
		2016	2017
	Consistency and coordination of care	76.2	75.8
Q14	How would you rate how well the doctors and nurses worked together?	74.6	75.0
Q15	Sometimes in a hospital, a member of staff will say one thing and another will say something different. Did this happen to you?	78.2	76.8
	Treated with respect and dignity	93.0	93.3
Q25	Did you feel you were treated with respect and dignity while you were in hospital?	93.0	93.3
	Involvement in decision-making	77.0	77.7
Q18	Were you involved as much as you wanted to be in decisions about your care and treatment?	75.4	76.5
Q20	How much information about your condition or treatment was given to you?	80.0	80.5
Q37	Did you feel you were involved in decisions about your discharge from hospital?	75.4	75.9
	Doctors	88.0*	89.2*
Q29	When you had important questions to ask a doctor, did you get the answers you could understand?	85.1	85.8
Q31	Did you have confidence and trust in the doctors treating you?	90.2	91.5
	Nurses	90.5	89.9
Q33	When you had important questions to ask a nurse, did you get answers that you could understand?	89.7	89.4
Q34	Did you have confidence and trust in the nurses treating you?	91.0	90.2
Q35	Did nurses talk in front of you as if you weren't there?	91.0	89.8
	Cleanliness	89.6*	90.5*
Q5	In your opinion, how clean was the hospital room or ward that you were in?	88.6*	90.7*
Q6	How clean were the toilets and bathroom that you used while in hospital?	87.0	88.1
Q32	As far as you know, did doctors wash or clean their hands between touching patients?	93.7	93.3
Q36	As far as you know, did nurses wash or clean their hands between touching patients?	95.3	94.0
	Pain control	91.0	90.9
Q13	Do you think the hospital staff did everything they could to help control your pain?	91.0	90.9

* 'denotes a statistically significant ($p < .05$) difference between years

Table 3.1 Summary of mean scores by Picker Institute core domains of care and questions, SA overall, SACESS 2016 and 2017 (Continued)

PICKER core domains of care and actual questions		Mean score	
		2016	2017
	Privacy	90.5	91.1
Q54	Were you given enough privacy when discussing your condition or treatment?	85.8	86.7
Q55	Were you given enough privacy when being examined or treated?	95.2	95.6
	Food	70.3	70.9
Q9	How would you rate the hospital food?	58.8	60.7
Q10	Were you offered a choice of food?	84.6	83.9
Q11	Did you get enough help from staff to eat your meals?	62.7	63.4
	Discharge information	71.3	70.5
Q40	Before you left hospital, were you given any written information or printed information about what you should or should not do after leaving hospital?	63.9	62.4
Q41	Did a member of staff tell you about any danger signals you should watch for after you went home?	71.2	69.0
Q42	Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?	72.4	73.0
Q43	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	80.8	81.4

3.1 Consistency and coordination of care

The SA Health mean score for the core domain of care *Consistency and coordination of care* was 75.8 (se 0.5, 95% CI 74.8-76.9) (Figure 3.2). Both questions for this domain scored below the SA Health benchmark of 85.

Figure 3.2 Mean scores of Picker Institute domain – Consistency and coordination of care, SA overall, SACESS 2016 and 2017

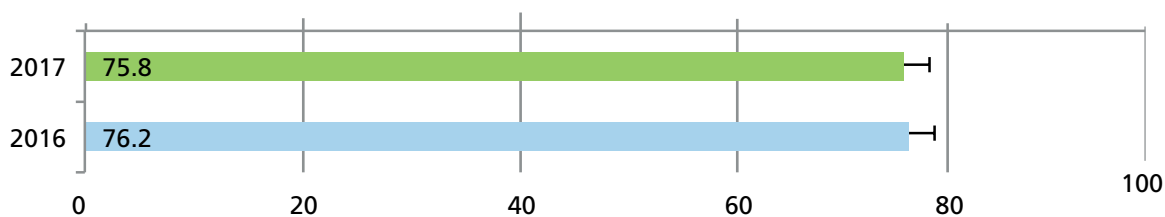


Figure 3.3 and Figure 3.4 present the relevant responses received and the overall mean score for each of the two questions. The “Don’t Know” and “Refused” categories have not been included in the analysis. More detailed tables are available in Appendix D. Regarding how well doctors and nurses worked together, 73.8% rated this relationship as “Excellent” or “Very good”, and 8.7% of respondents rated it as “Fair” or “Poor”. Respondents commented about how disconcerting it was if they received conflicting or inconsistent information, with 38.0% reporting that this had happened “Sometimes” or “Often”.

Figure 3.3 [Q14] How would you rate how well the doctors and nurses worked together? SA overall, SACESS 2016 and 2017

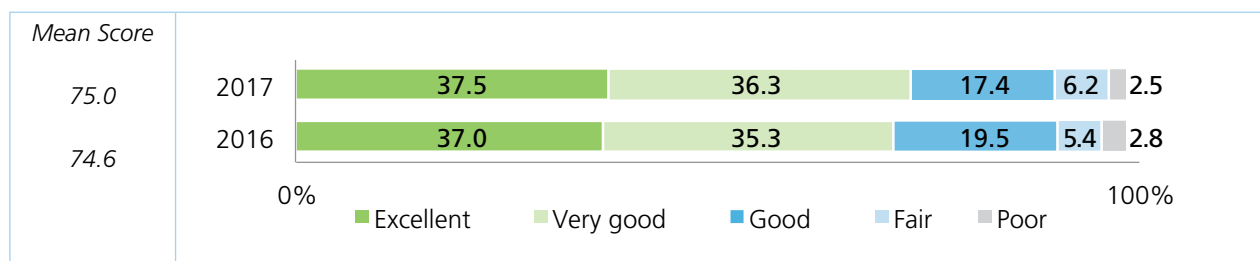
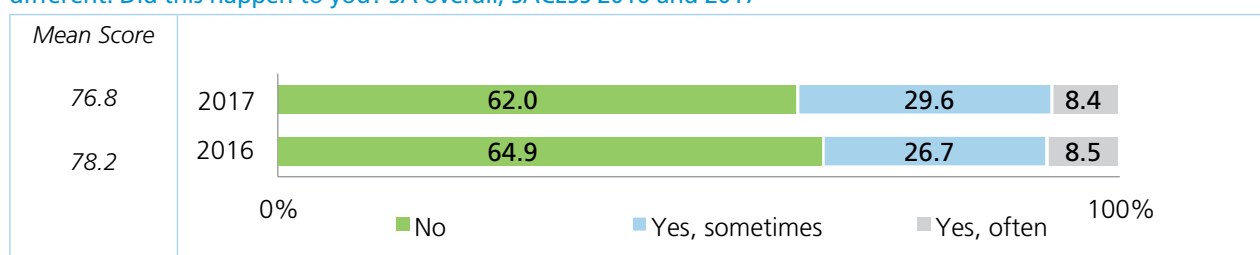


Figure 3.4 [Q15] Sometimes in a hospital, a member of staff will say one thing and another will say something different. Did this happen to you? SA overall, SACESS 2016 and 2017



Note: 'No' is the sought after response for this question

3.2 Treated with respect and dignity

The SA Health mean score for core domain of care *Treated with respect and dignity* was 93.3 (se 0.4, 95% CI 92.6-94.1) (Figure 3.5). The score for the single question representing this domain was relatively high and above the SA Health benchmark of 85.

Figure 3.5 Mean scores of Picker domain – Treated with respect and dignity, SA overall, SACESS 2016 and 2017

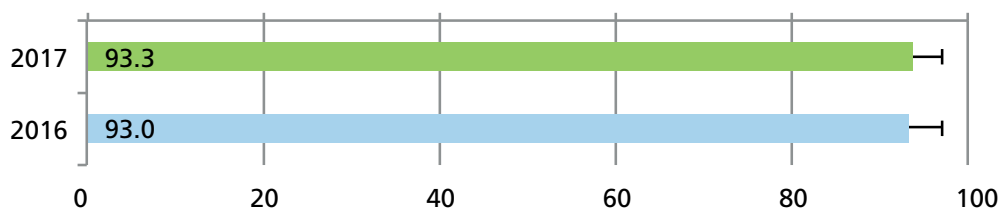
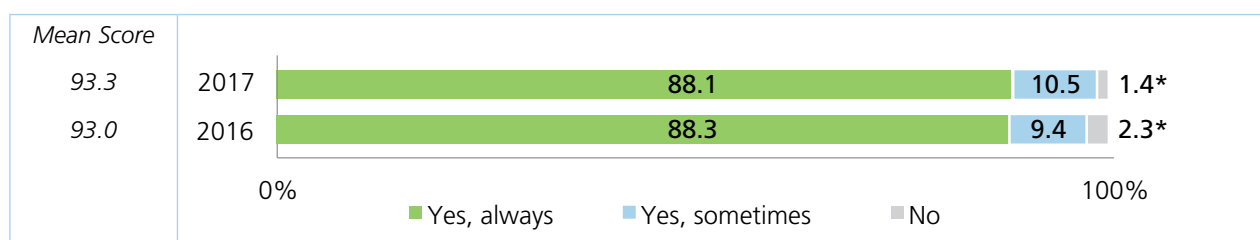


Figure 3.6 presents the relevant responses received and the overall mean score for the single question. The “Don’t know” and “Refused” categories have not been included in the analysis. More detail is available in Appendix D. Over 88% of respondents said they were always treated with respect and dignity in the hospital and a further 10.5% were sometimes treated with respect.

Figure 3.6 [Q25] Did you feel you were treated with respect and dignity while you were in hospital? SA overall, SACESS 2016 and 2017



* denotes statistically significant ($p < .05$) differences between years

3.3 Involvement in decision making

The SA Health mean score for core domain of care *Involvement in decision making* was 77.7 (se 0.6, 95% CI 76.6-78.8) (Figure 3.7). All three questions for this domain scored below the SA Health benchmark of 85.

Figure 3.7 Mean scores of Picker Institute domain – Involvement in decision making, SA overall, SACESS 2016 and 2017

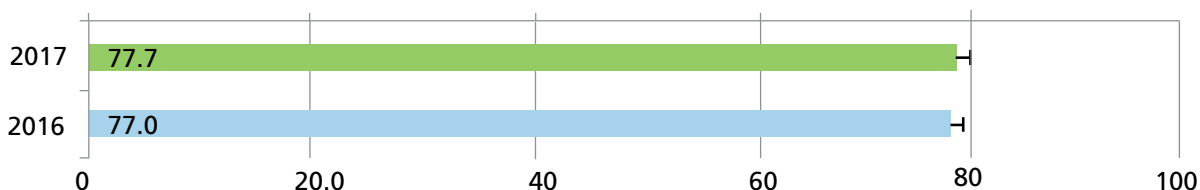
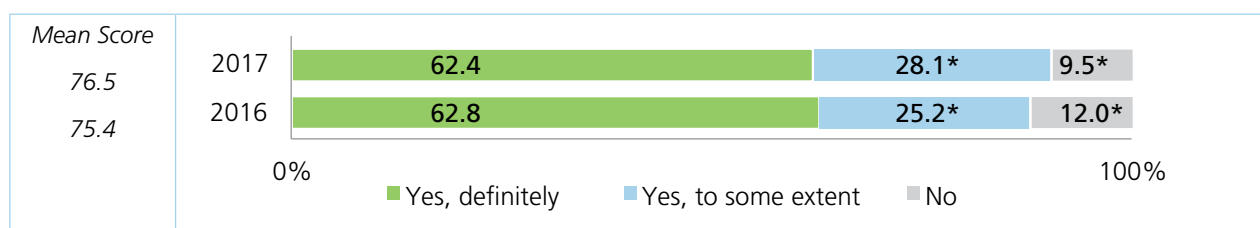


Figure 3.8 to Figure 3.10 present the relevant responses received and the overall mean score for each of the three questions. The “Don’t know” and “Refused” categories have been excluded from the analysis. More detailed tables are available in Appendix D. Approximately 9.5% of respondents felt that they were not involved in decision-making about their care and treatment. Additionally, 18% of respondents felt that they were not given enough information about their condition or treatment. About 11.5% felt they were not involved in decisions about their discharge from the hospital.

Figure 3.8 [Q18] Were you involved as much as you wanted to be in decisions about your care and treatment? SA overall, SACESS 2016 and 2017



* denotes statistically significant ($p < .05$) differences between years

Figure 3.9 [Q20] How much information about your condition or treatment was given to you? SA overall, SACESS 2016 and 2017

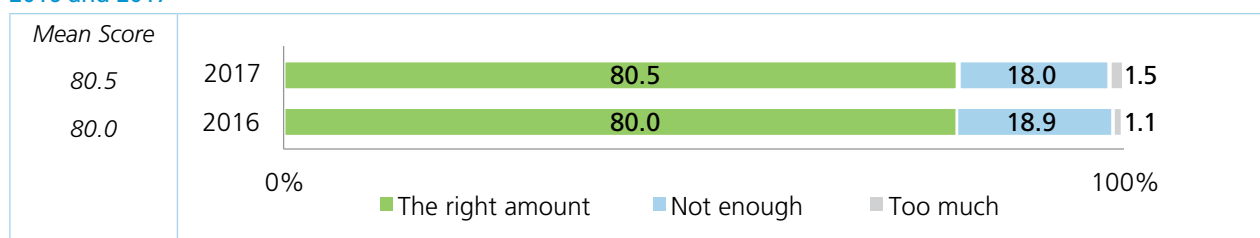
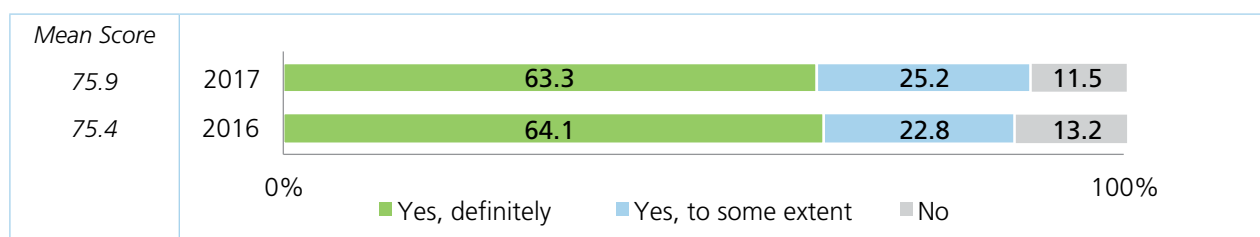


Figure 3.10 [Q37] Did you feel you were involved in decisions about your discharge from hospital? SA overall, SACESS 2016 and 2017

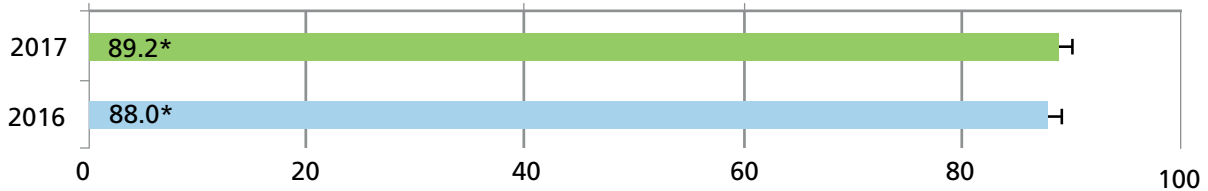


Note: Also excludes those who responded 'I did not need to be involved' n= 392 (17.6%) in 2017

3.4 Doctors

The SA Health mean score for core domain of care *Doctors* 89.2 (se 0.4, 95% CI 88.4-90.1) (Figure 3.11). Overall, this domain scored above the SA Health benchmark of 85.

Figure 3.11 Mean scores of Picker Institute domain – Doctors, SA overall, SACESS 2016 and 2017



* denotes statistically significant ($p < .05$) differences between years

Figure 3.12 and Figure 3.13 present the relevant responses received and the overall mean score for each of the two questions. The “Don’t know” and “Refused” categories have been excluded from the analysis. More detailed tables are available in Appendix D. Three quarters (75.0%) of respondents reported always being able to understand answers the doctors provided to their important questions and over 85% reported that they always had confidence and trust in their doctors.

Figure 3.12 [Q29] When you had important questions to ask the doctor, did you get answers that you could understand? SA overall, SACESS 2016 and 2017

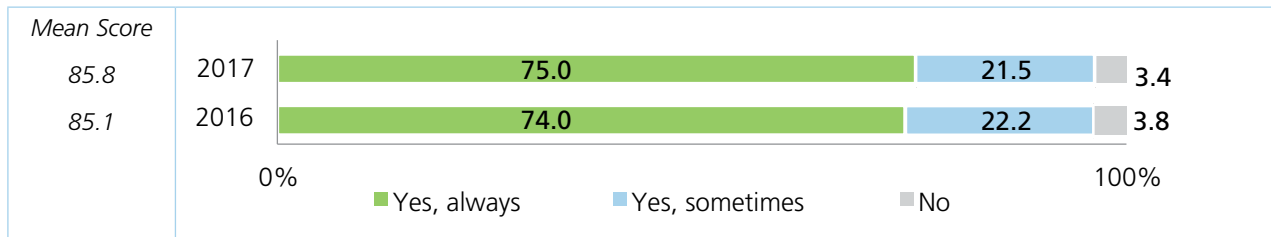
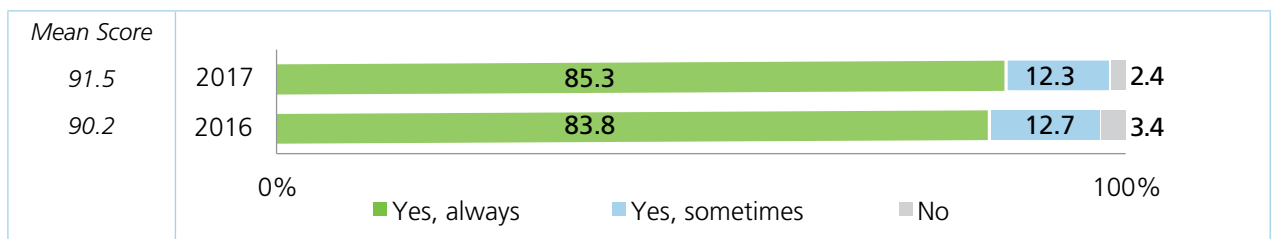


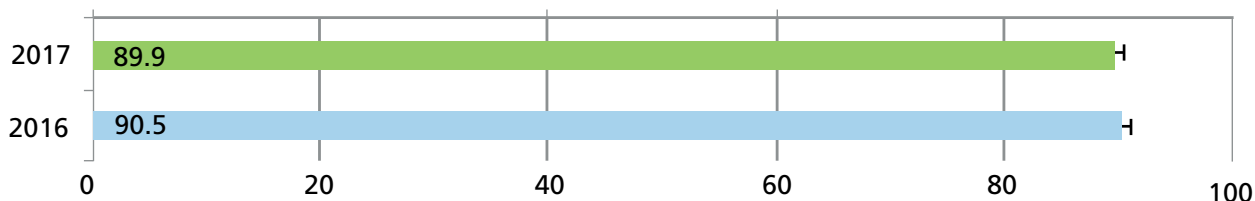
Figure 3.13 [Q31] Did you have confidence and trust in the doctors treating you? SA overall, SACESS 2016 and 2017



3.5 Nurses

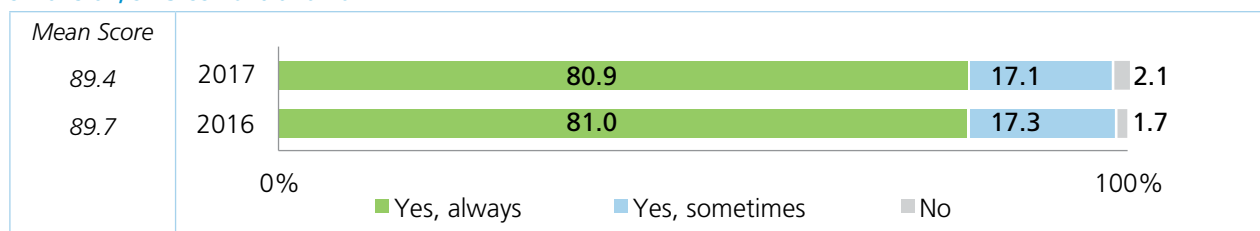
The SA Health mean score for core domain of care *Nurses* was 89.9 (se 0.4, 95% CI 89.2-90.6) (Figure 3.14). The scores for all three questions were above the SA Health benchmark of 85.

Figure 3.14 Mean scores of Picker Institute domain – Nurses, SA overall, SACESS 2016 and 2017



Figures 3.15 to Figure 3.17 present the relevant responses received and the overall mean score for each of the three questions. The “Don’t know” and “Refused” categories have been excluded from the analysis. More detailed tables are available in Appendix D. When respondents had an important question to ask a nurse, 80.9% always received an answer they could understand. Over 82% reported that they had confidence and trust in their nurses and only 3.9% reported that their nurses often talked in front of them as if they were not there.

Figure 3.15 [Q33] When you had an important question to ask a nurse, did you get answers you could understand? SA overall, SACESS 2016 and 2017



Note: Also excludes those who responded ‘I had no need to ask’ n=323 (14.5%) in 2017

Figure 3.16 [Q34] Did you have confidence and trust in the nurses treating you? SA overall, SACESS 2016 and 2017

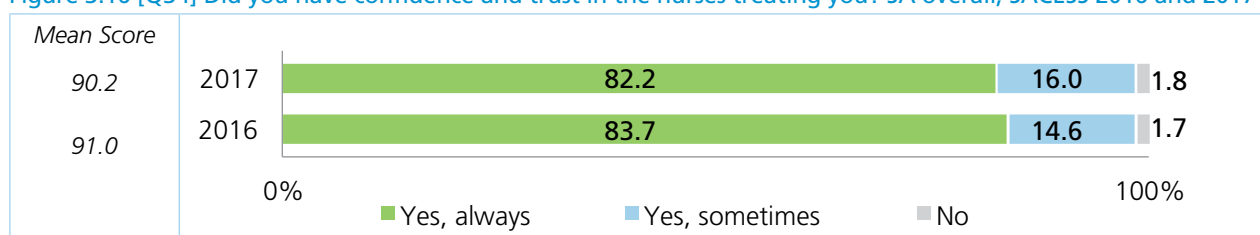
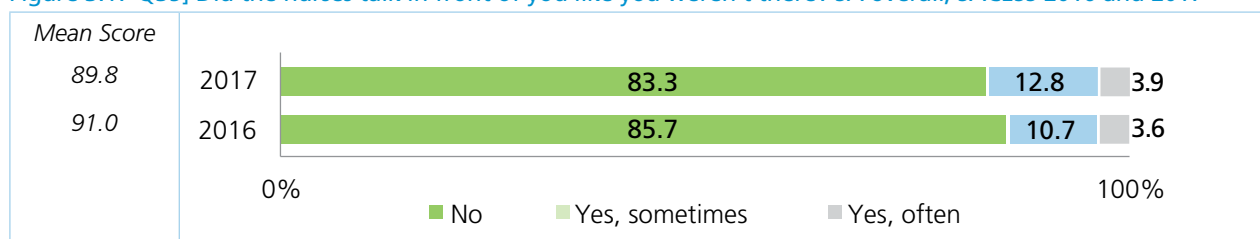


Figure 3.17 Q35] Did the nurses talk in front of you like you weren’t there? SA overall, SACESS 2016 and 2017

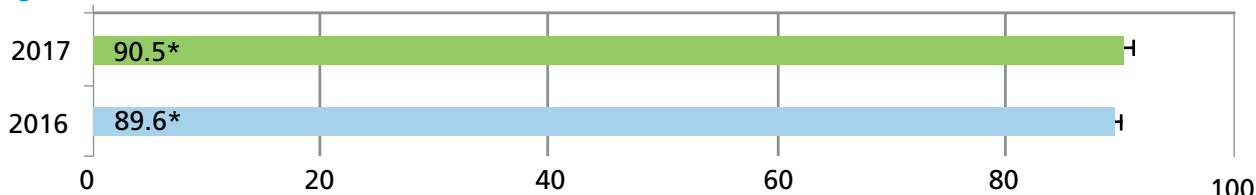


Note: ‘No’ is the sought after response for this question

3.6 Cleanliness

The SA Health mean score for core domain of care *Cleanliness* was 90.5 (se 0.3, 95% CI 89.9-91.2) (Figure 3.18). Scores were high and above the SA Health benchmark of 85. .

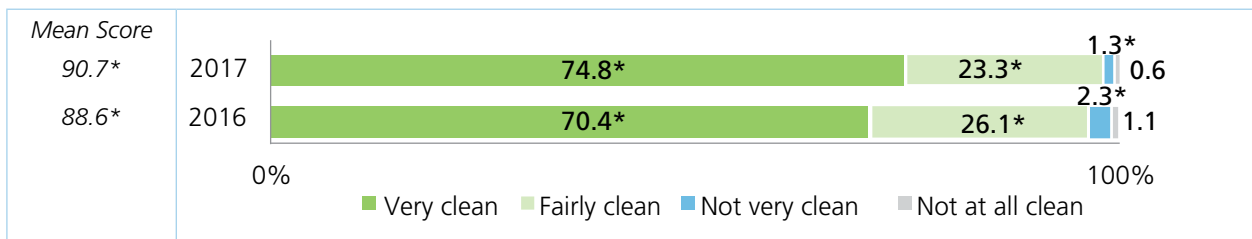
Figure 3.18 Mean scores of Picker Institute domain – Cleanliness, SA overall, SACESS 2016 and 2017



* denotes statistically significant (p<.05) differences between years

Figures 3.19 to Figure 3.22 present the relevant responses received and the overall mean score for each of the four questions. The “Don’t know”, “Refused”, “Doesn’t apply”, “Can’t remember” categories have been excluded from the analysis. More detailed tables are available in Appendix D. Over 98% of respondents reported that their hospital room or ward was very clean or fairly clean, a significant increase from 2016 (96.5%). Cleanliness of toilets and bathrooms (94.4% fairly clean/very clean) as well as perceived hand washing rates of both doctors (91.1%) and nurses (90.1%) remained high.

Figure 3.19 [Q5] In your opinion, how clean was the hospital room or ward that you were in? SA overall, SACESS 2016 and 2017



* denotes statistically significant (p<.05) differences between years

Figure 3.20 [Q6] How clean were the toilets and bathroom that you used while in hospital? SA overall, SACESS 2016 and 2017

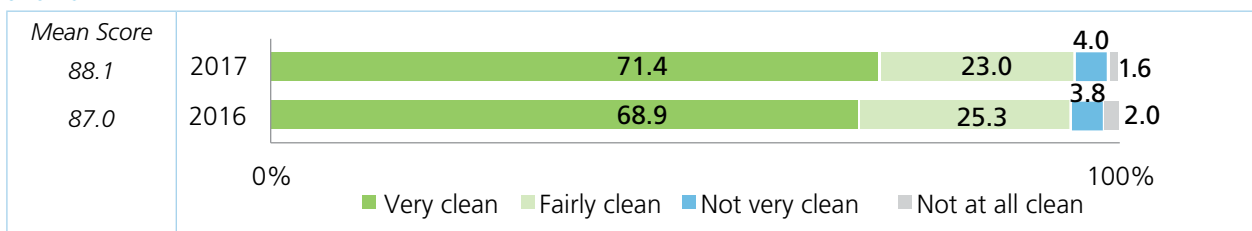


Figure 3.21 [Q32] As far as you know, did doctors wash or clean their hands between touching patients? SA overall, SACESS 2016 and 2017

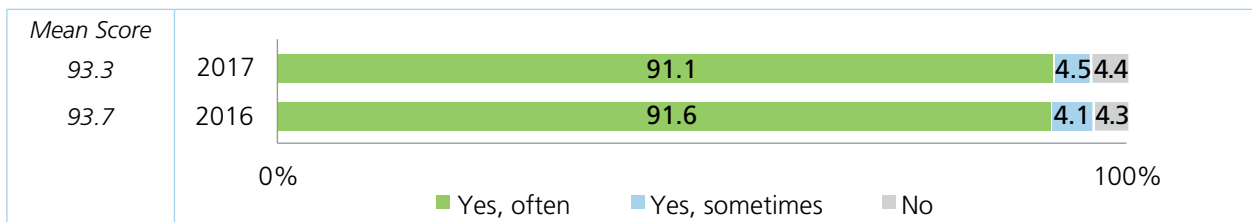
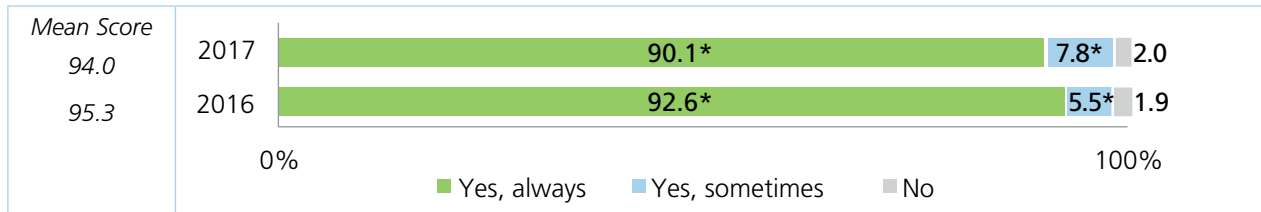


Figure 3.22 [Q36] As far as you know, did nurses wash or clean their hands between touching patients? SA overall, SACESS 2016 and 2017



* denotes statistically significant ($p < .05$) differences between years

3.7 Pain control

The SA Health mean score for core domain of care *Pain control* was 90.9 (se 0.6, 95% CI 89.8-92.1) (Figure 3.23). The score for this domain was high and above the SA Health benchmark of 85.

Figure 3.23 Mean scores of Picker Institute domain – Pain control, SA overall, SACESS 2016 and 2017

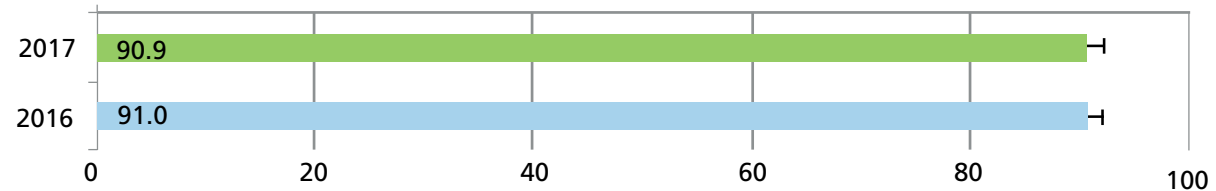
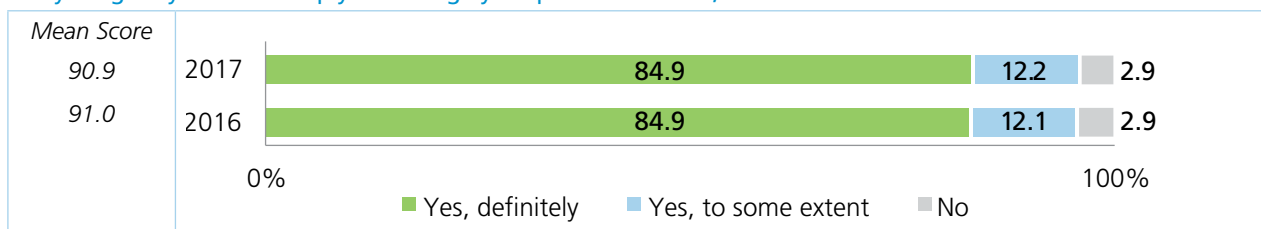


Figure 3.24 presents the relevant responses received and the overall mean score for this question. This question was only asked of those respondents who reported being in any pain while in hospital ($n=1503$ respondents in 2017). The “Don’t know” and “Refused” categories have been excluded from the analysis. More detail is available in Appendix D. Nearly 85% of respondents reported that they thought that the hospital staff did everything they could to help manage their pain.

Figure 3.24 [Q13] (If the respondent reported having pain while in hospital) Do you think the hospital staff did everything they could to help you manage your pain? SA overall, SACESS 2016 and 2017



3.8 Privacy

The SA Health mean score for core domain of care *Privacy* was 91.1 (se 0.4, 95% CI 90.3-91.9) (Figure 3.25). This score was high and above the SA Health benchmark of 85, highlighting that patients valued privacy during examinations, as well as during discussions of their condition or treatment.

Figure 3.25 Mean scores of Picker Institute domain – Privacy, SA overall, SACESS 2016 and 2017

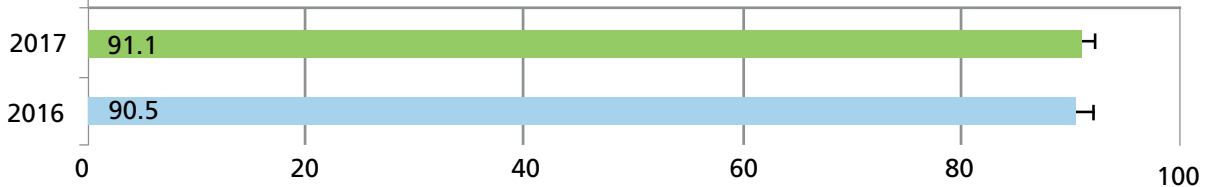


Figure 3.26 and Figure 3.27 present the relevant responses received and the overall mean score for each of the two questions. The “Don’t know” and “Refused” categories have been excluded from the analysis. More detailed tables are available in Appendix D. Over 79% of respondents said they were always given enough privacy when discussing their condition and treatment, and over 92% always had enough privacy when being examined or treated.

Figure 3.26 [Q54] Were you given enough privacy when discussing your condition and treatment? SA overall, SACESS 2016 and 2017

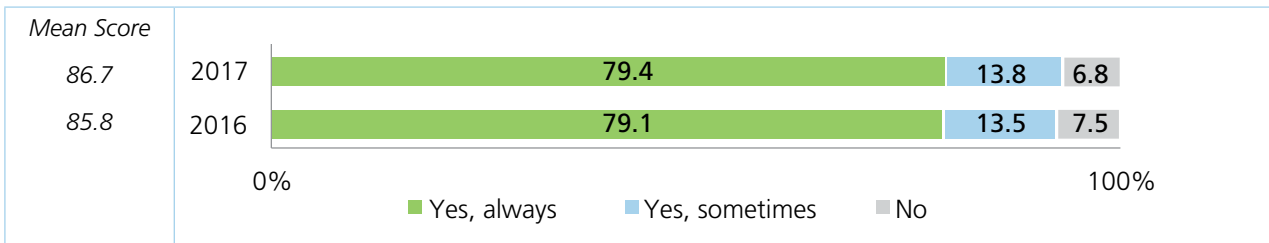
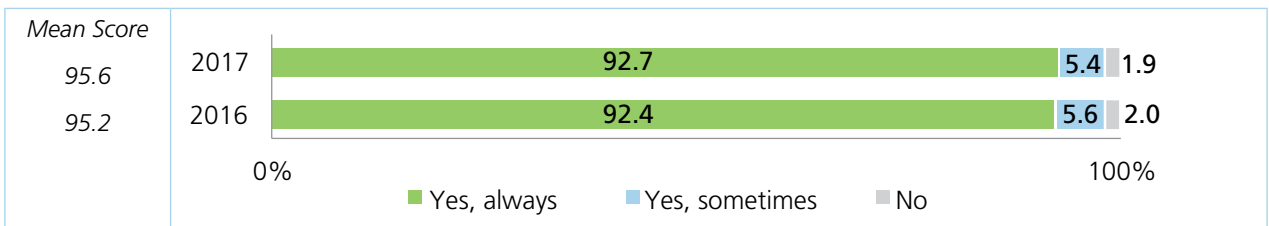


Figure 3.27 [Q55] Were you given enough privacy when being examined or treated? SA overall, SACESS 2016 and 2017



3.9 Food

The SA Health mean score for core domain of care Food was 70.9 (se 0.6, 95% CI 69.8-72.1) (Figure 3.28). All three questions of this domain scored below the SA Health benchmark of 85.

Figure 3.28 Mean scores of Picker Institute domain – Food, SA overall, SACESS 2016 and 2017

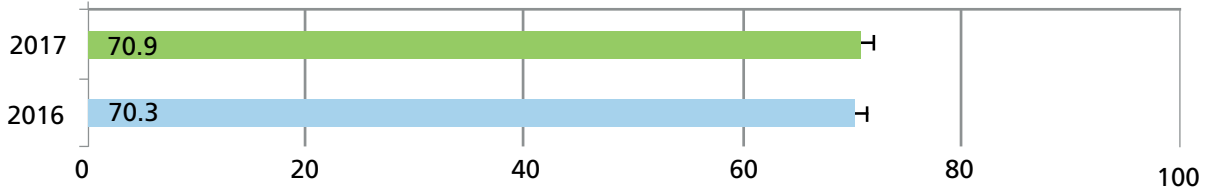


Figure 3.29 to Figure 3.31 present the relevant responses received and the overall mean score for each of the three questions. The “Don’t know”, “Refused” and “Doesn’t apply” categories have been excluded from the analysis. More detailed tables are available in Appendix D. Around one third of the respondents rated the hospital food as fair or poor, and about 11% of the respondents felt that they were not offered a choice of food. One quarter of the respondents, who needed assistance to eat their meals, felt that they did not get enough help from staff.

Figure 3.29 [Q9] How would you rate the hospital food? SA overall, SACESS 2016 and 2017

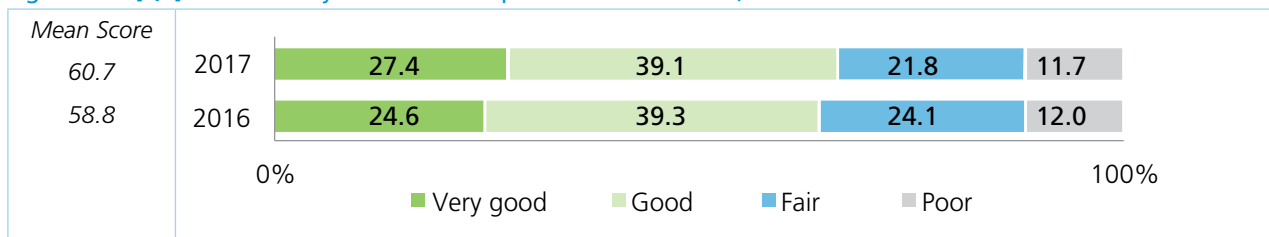
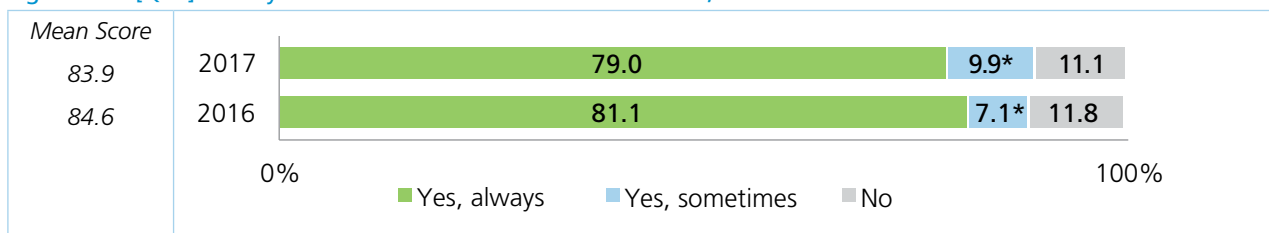
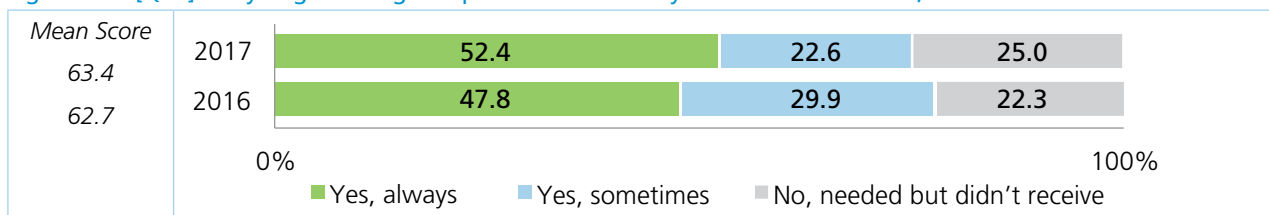


Figure 3.30 [Q10] Were you offered a choice of food? SA overall, SACESS 2016 and 2017



* denotes statistically significant ($p < .05$) differences between years

Figure 3.31 [Q11] Did you get enough help from staff to eat your meals? SA overall, SACESS 2016 and 2017

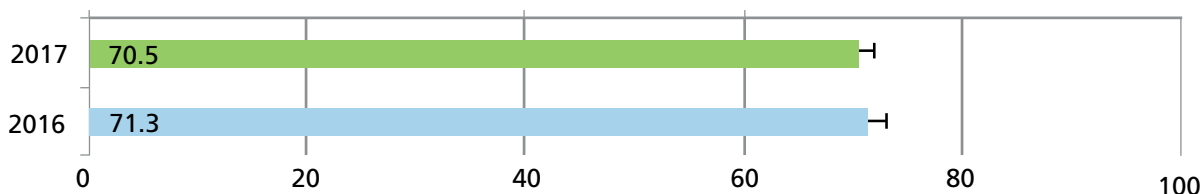


Note: Also excludes $n=1776$ in 2017 who responded 'doesn't apply – able to eat on my own'

3.10 Discharge information

The SA Health mean score for core domain of care *Discharge information* was 70.5 (se 0.8, 95% CI 69.0-72.0) (Figure 3.32). All four questions of this domain were below SA Health benchmark of 85.

Figure 3.32 Mean scores of Picker Institute domain – Discharge information, SA overall, SACESS 2016 and 2017



Figures 3.33 to Figure 3.36 present the relevant responses received and the overall mean score for each of the four questions. These questions were only asked of respondents who reported being discharged home (i.e. excludes those who were transferred to another hospital). The “Don’t know” and “Refused” categories have been excluded from the analysis. More detailed tables are available in Appendix D.

Approximately 37% of the respondents reported that they were not given any written information about what they should or should not do after leaving hospital. Almost 24% of the respondents reported that no one told them about any danger signals they should watch for after they went home. Almost 20% of the respondents reported that their family were not given information needed to help care for them. Over 18% of respondents reported that hospital staff did not tell them whom to contact if they were worried about their condition or treatment after leaving hospital.

Figure 3.33 [Q40] Before you left hospital, were you given any written information or printed information about what you should or should not do after leaving hospital? SA overall, SACESS 2016 and 2017

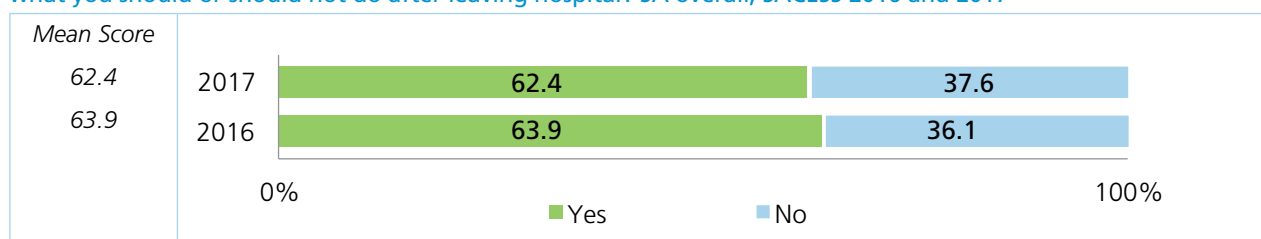
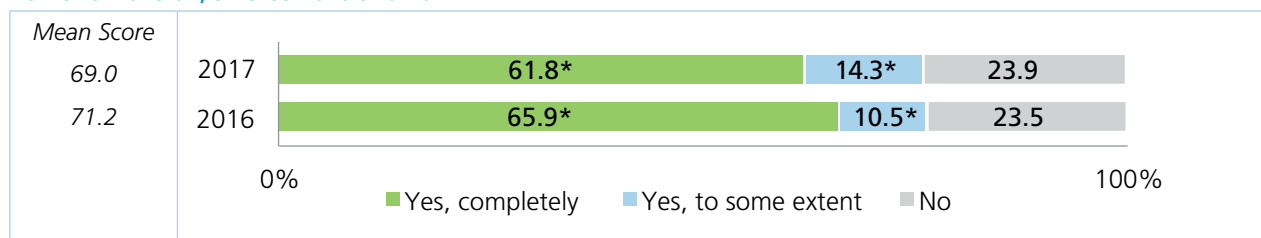


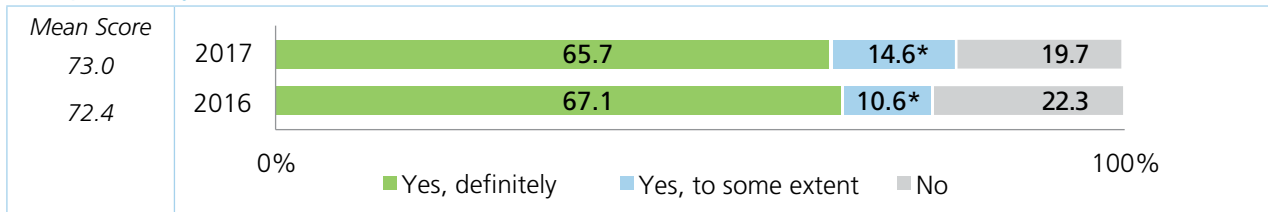
Figure 3.34 [Q41] Did a member of staff tell you about any danger signals you should watch for after you went home? SA overall, SACESS 2016 and 2017



* denotes statistically significant (p<.05) differences between years

Note: Also excludes n=572 in 2017 who responded 'I did not need this type of information'

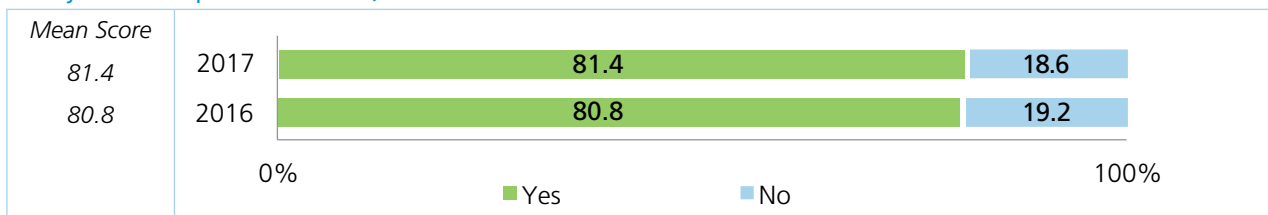
Figure 3.35 [Q42] Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you? SA overall, SACESS 2016 and 2017



* denotes statistically significant ($p < .05$) differences between years

Note: Also excludes $n=315$ in 2017 who responded 'No family or friends were involved' or 'My family or friends did not want or need information'

Figure 3.36 [Q43] Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital? SA overall, SACESS 2016 and 2017



4 SA Health key performance indicator

4. SA Health key performance indicator

A set of five questions around the broad theme *Involvement in care and treatment* has been identified as a SA Health Key Performance Indicator (KPI). In 2017, the mean score for SA Health consumers of overnight hospital care for the overall *Involvement in care and treatment* was 67.9 (se 0.6, 95% CI 66.7-69.0), which was below the SA Health benchmark of 85 (Figure 4.1). One of the five questions scored above the SA Health benchmark score of 85; the remaining four were below 85, indicating room for improvement.

Figure 4.1 Mean scores for KPI – Involvement in care and treatment, SA overall, SACESS 2016 and 2017

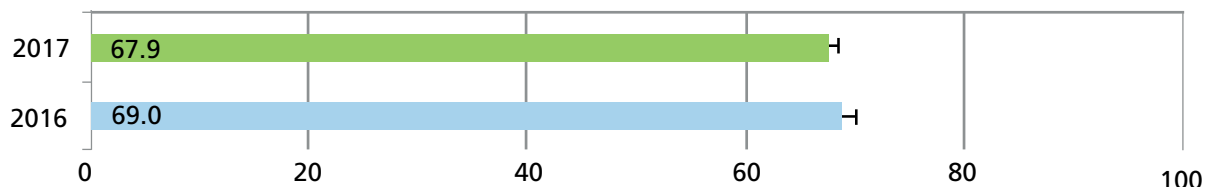


Table 4.1 Involvement in care and treatment items, SA overall, SACESS 2016 and 2017

Key performance indicator and actual questions		Mean score	
		2016	2017
	Involvement in care and treatment	69.0	67.9
Q8	Were you asked about your dietary needs when you arrived on the ward?	59.4*	54.6*
Q19	When you gave your consent for medical treatment, did you understand the risks, benefits and alternatives of recommended treatment?	92.9*	94.4*
Q26	Did anyone ask whether you had any cultural or religious beliefs that might affect the way you were treated in hospital?	32.9*	28.9*
Q27	If you needed one, did you have access to an interpreter?	62.3*	84.8*
Q28	Was your right to have an opinion respected?	84.8	84.5

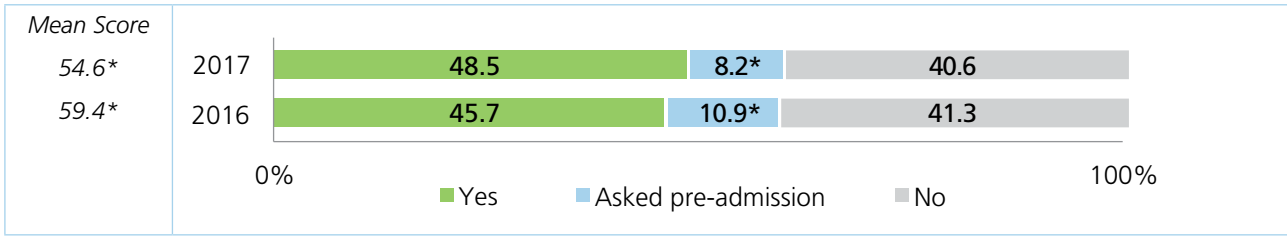
* denotes statistically significant ($p < .05$) differences between years

Figure 4.2 to Figure 4.6 present the relevant responses received and the overall mean score for each of the five questions. The “Can’t remember”, “Doesn’t apply” and “Refused” categories have been excluded from the analysis. More detailed tables are available in Appendix D.

Of those who could recall, 40.6% reported that they were not asked about their dietary needs when they arrived on the ward (Figure 4.2). The mean scores for this question decreased from 59.4 in 2016 to 54.6 in 2017. About 71% reported that they were not asked about their cultural or religious beliefs that may affect their treatment which was significantly higher than in 2016 (Figure 4.4).

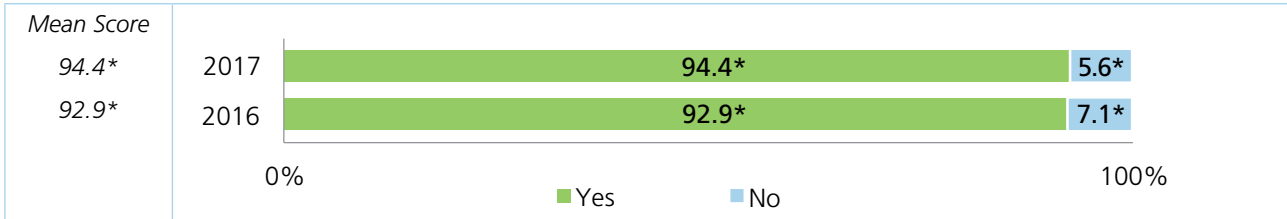
Although slightly below the SA Health benchmark, a marked improvement in the proportion of respondents reporting having access to an interpreter has increased from 62.3% in 2016 to 84.4% in 2017 (see page XX for details).

Figure 4.2 [Q8] Were you asked about your dietary needs when you arrived on the ward? SA overall, SACESS 2016 and 2017



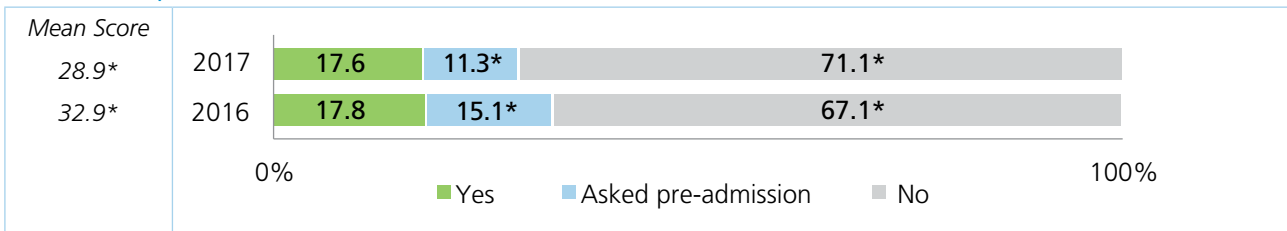
* denotes statistically significant ($p < .05$) differences between years

Figure 4.3 [Q19] When you gave your consent for medical treatment did you understand the risks, benefits and alternatives of the recommended treatment? SA overall, SACESS 2016 and 2017



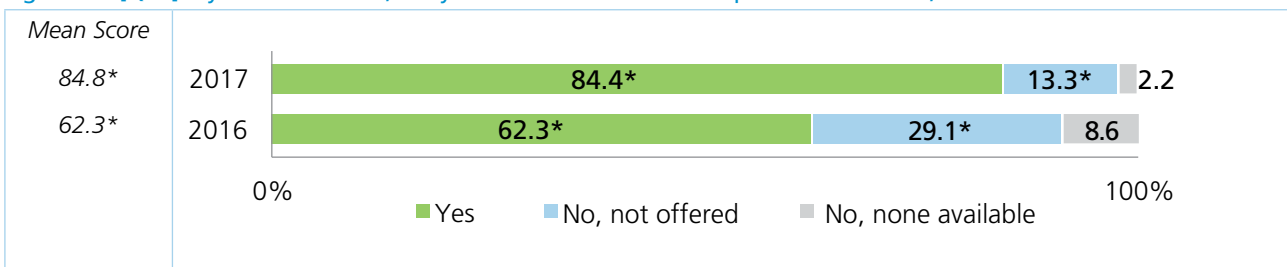
* denotes statistically significant ($p < .05$) differences between years

Figure 4.4 [Q26] Did anyone ask whether you had any cultural or religious beliefs that might affect the way you were treated in hospital? SA overall, SACESS 2016 and 2017



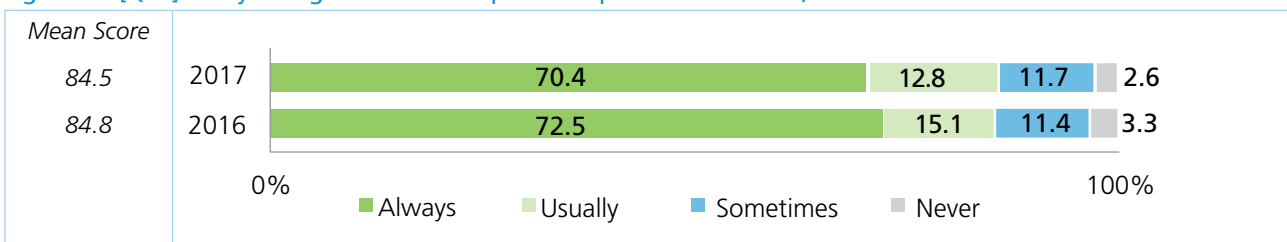
* denotes statistically significant ($p < .05$) differences between years

Figure 4.5 [Q27] If you needed one, did you have access to an interpreter? SA overall, SACESS 2016 and 2017



* denotes statistically significant ($p < .05$) differences between years

Figure 4.6 [Q28] Was your right to have an opinion respected? SA overall, SACESS 2016 and 2017



5 Additional areas of care

5. Additional areas of care

This section provides the scores and frequencies of responses for the following eight additional areas of care: Hospital environment, Consumer feedback, Patient rights and engagement, Open disclosure, Emergency Department, Workforce, Hand hygiene and Facilities - cleanliness. Mean scores for each question are featured in Table 5.1.

The Hospital environment, Consumer feedback, Patient rights and engagement, and Open disclosure mean scores did not reach the SA Health benchmark of 85, with low mean scores ranging from 55.1 to 71.3. In 2017, the mean score of Emergency Department (86.9) marked a return to being above the benchmark following a score of 84.5 (below the benchmark) in 2016. Workforce, Hand hygiene and Facilities - cleanliness were all above the SA Health benchmark.

Figure 5.1 Mean scores for additional areas of care, SA overall, SAESS 2016 and 2017

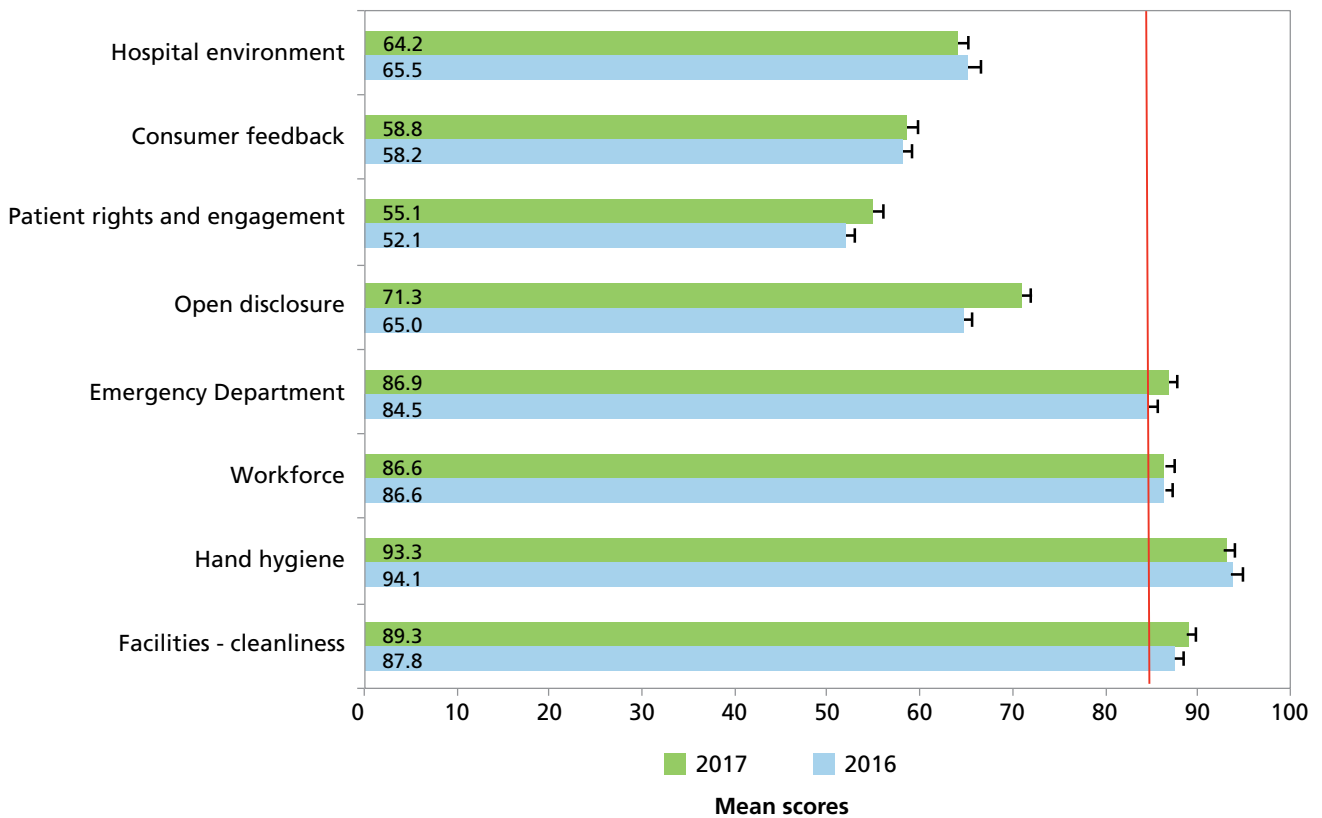


Table 5.1 Summary of mean scores by additional areas of care and questions, SA overall, SACCESS 2016 and 2017

Additional areas of care and actual questions		Mean score	
		2016	2017
	Hospital environment	65.5	64.2
Q4	When you were first admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex?	73.0	71.1
Q7	During this hospital stay, how often was the area around your room quiet at night?	58.4	57.5
	Consumer feedback	58.2	58.8
Q47	How comfortable did you feel that you could make a complaint or a suggestion, or raise a concern with staff?	74.4	76.2
Q48	Did you see or were you given any information explaining how to complain to the hospital about the care you received?	26.5	27.6
Q49	During this hospital stay, how often was it easy for you to find someone on the hospital staff to talk to about your concerns?	75.3	73.4
	Patient rights and engagement	52.1*	55.1*
Q50	Do you know your rights as a patient?	64.6*	69.2*
Q51	Were you provided information on your rights as a patient?	54.2*	57.9*
Q52	Did staff explain your rights as a patient to you?	36.1	36.2
Q53	(If yes to rights being explained) Could you understand the patient rights that had been explained to you?	97.9	98.0
	Open disclosure	65.0	71.3
Q57	(If yes to having experienced an incident resulting in harm while in hospital) Did staff talk to you about what happened to you in a way you could understand?	65.0	71.3
	Emergency Department (if attending the Emergency Department)	84.5*	86.9*
Q45	While you were in the Emergency Department, how much information about your condition or treatment was given to you?	77.8*	82.2*
Q46	Were you given enough privacy when being examined or treated in the Emergency Department?	92.2	91.6
	Workforce	86.6	86.6
Q14	How would you rate how well the doctors and nurses worked together?	74.6	75.0
Q15	Sometimes in a hospital, a member of staff will say one thing and another will say something different. Did this happen to you?	78.2	76.8
Q25	Did you feel you were treated with respect and dignity while you were in hospital?	93.0	93.3
Q29	When you had important questions to ask a doctor, did you get answers that you could understand?	85.1	85.8
Q31	Did you have confidence and trust in the doctors treating you?	90.2	91.5
Q33	When you had important questions to ask a nurse, did you get answers that you could understand?	89.7	89.4
Q34	Did you have confidence and trust in the nurses treating you?	91.0	90.2
Q35	Did nurses talk in front of you as if you weren't there?	91.0	89.8
	Hand hygiene	94.1	93.3
Q32	As far as you know, did doctors wash or clean their hands between touching patients?	93.7	93.3
Q36	As far as you know, did nurses wash or clean their hands between touching patients?	95.3	94.0
	Facilities - cleanliness	87.8*	89.3*
Q5	In your opinion, how clean was the hospital room or ward you were in?	88.6	90.7
Q6	In your opinion, how clean were the toilets and bathroom that you used while in hospital?	87.0	88.1

* Indicates difference ($p < 0.05$) between years

5.1 Hospital environment

The SA Health overall mean score for *Hospital environment* was 64.2 (se 0.6, 95% CI 63.0-65.5) (Figure 5.2). Both questions of this domain scored below the SA Health benchmark of 85.

Figure 5.2 Mean score of area of care – Hospital environment, SA overall, SACESS 2016 and 2017

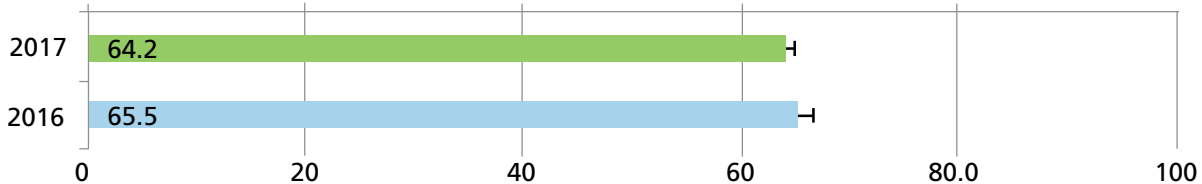
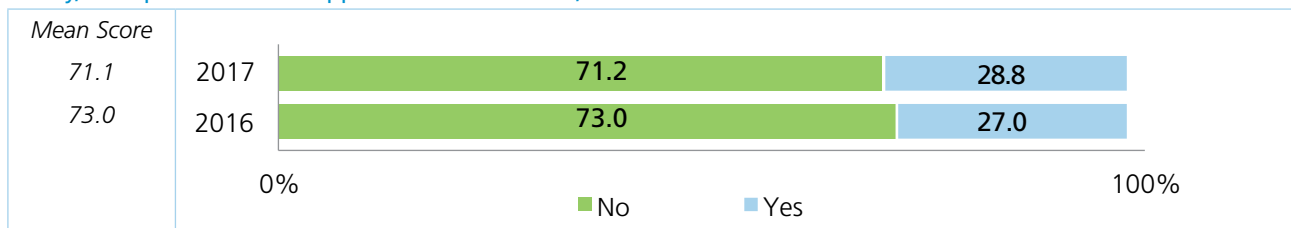


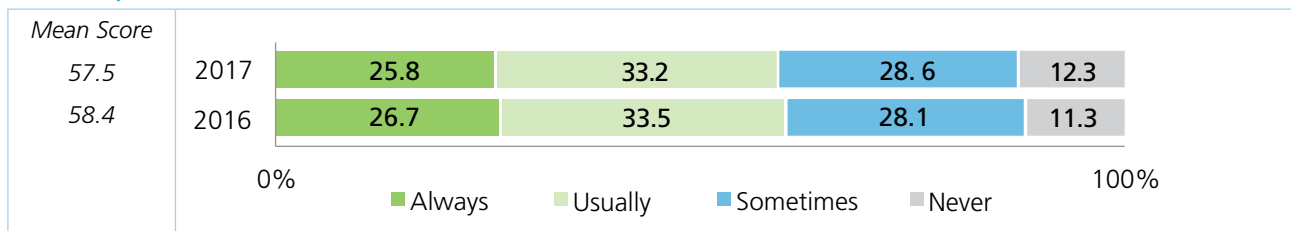
Figure 5.3 and Figure 5.4 present the relevant responses received and the overall mean score for each of the two questions. The “Don’t know” and “Refused” categories have been excluded from the analysis. More detailed tables are available in Appendix D. Almost 29% had to share a sleeping area with patients of the opposite sex and over 40% found their room quiet at night only, sometimes or never.

Figure 5.3 [Q4] When you were first admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex? SA overall, SACESS 2016 and 2017



Note: ‘No’ is the sought after response for this question

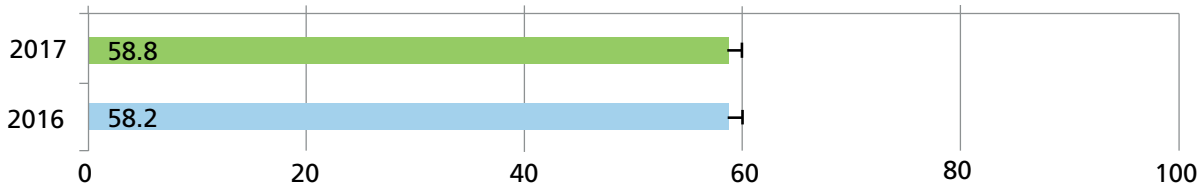
Figure 5.4 [Q7] During this hospital stay, how often was the area around your room quiet at night? Would you say...? SA overall, SACESS 2016 and 2017



5.2 Consumer feedback

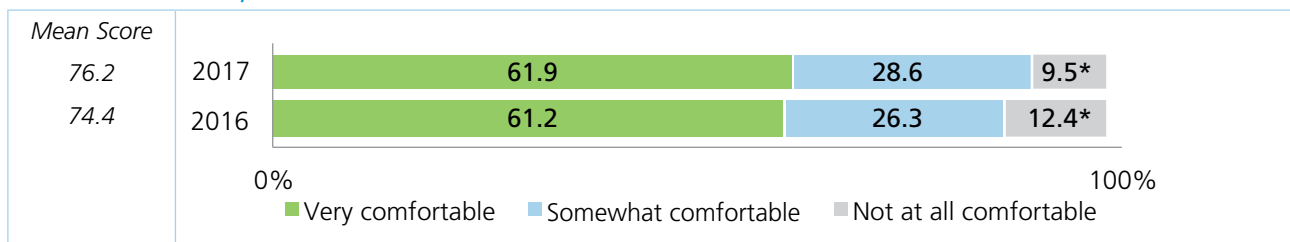
The SA Health overall mean score for *Consumer feedback* was 58.8 (se 0.6, 95% CI 57.6-60.0) (Figure 5.5). All three questions of this domain scored below the SA Health benchmark of 85.

Figure 5.5 Mean score of area of care – Consumer feedback, SA overall, SACESS 2016 and 2017



Figures 5.6 to Figure 5.8 present the relevant responses received and the mean score for each of the three questions. The “Don’t know” and “Refused” categories have been excluded from the analysis. More detailed tables are available in Appendix D. Analysis of these results indicates that, in 2017, about one quarter of respondents found it easy to talk to staff only sometimes or never. During their stay in hospital, nearly 73% of respondents reported that they did not see or were not given any information regarding how to make a complaint about their hospital care.

Figure 5.6 [Q47] How comfortable did you feel that you could make a complaint or a suggestion, or raise a concern with staff? SA overall, SACESS 2016 and 2017



* denotes statistically significant ($p < .05$) differences between years

Figure 5.7 [Q48] Did you see or were you given any information explaining how to complain to the hospital about the care you received? SA overall, SACESS 2016 and 2017

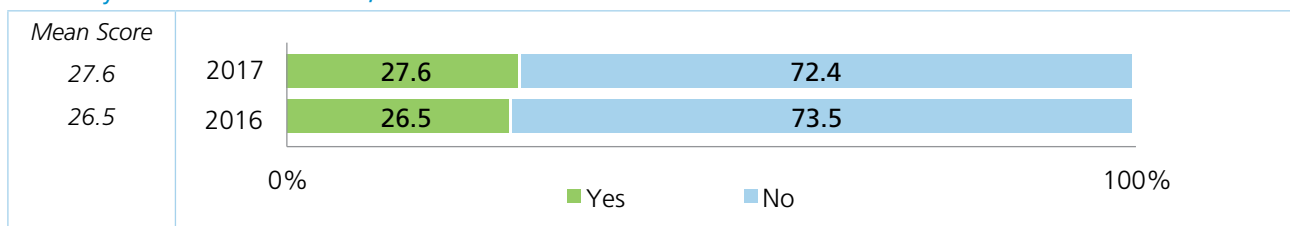
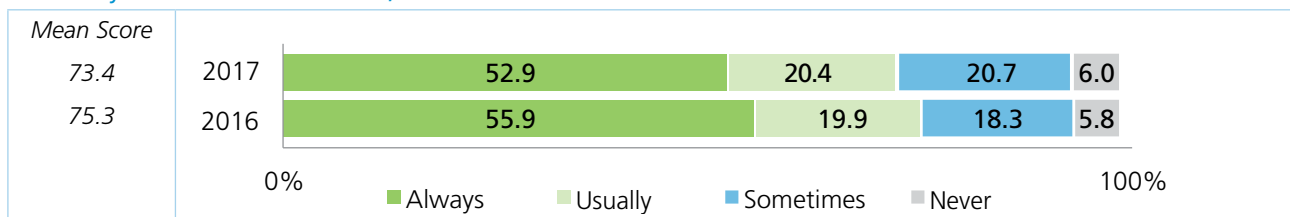


Figure 5.8 [Q49] During this hospital stay, how often was it easy for you to find someone on the hospital staff to talk to about your concerns? SA overall, SACESS 2016 and 2017

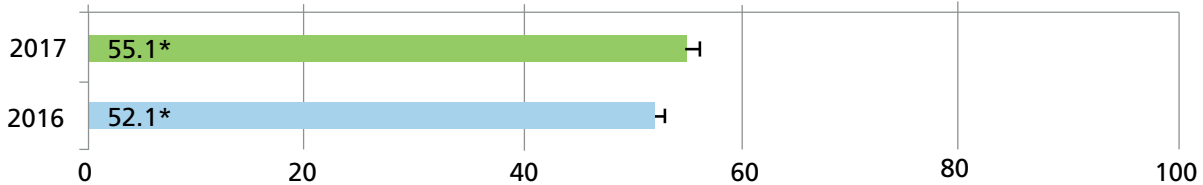


Note: Also excludes $n=730$ in 2017 who responded 'I did not want or need to talk to staff'

5.3 Patient rights and engagement

The SA Health overall mean score for *Patient rights and engagement* was 55.1 (se 0.9, 95% CI 53.3-56.9) (Figure 5.9). One question scored above the SA Health benchmark of 85; the remaining three questions scored below the benchmark.

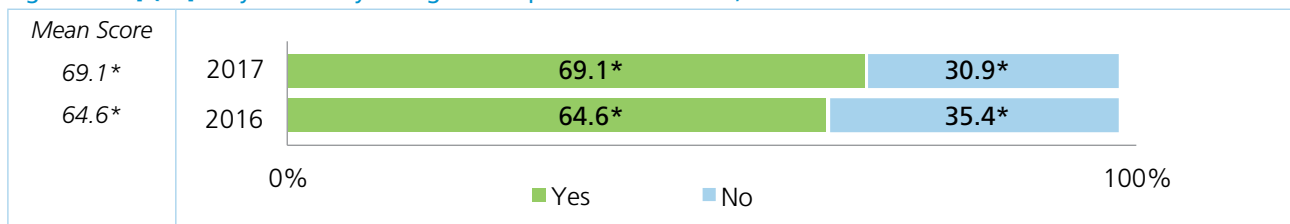
Figure 5.9 Mean score of area of care – Patient rights and engagement, SA overall, SACESS 2016 and 2017



* denotes statistically significant ($p < .05$) differences between years

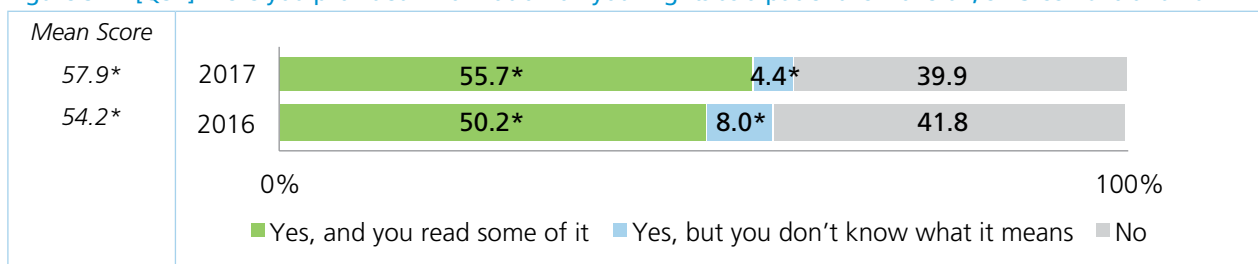
Figure 5.10 to Figure 5.13 present the relevant responses received and the overall mean score for each of the four questions. The “Don’t know/can’t remember” and “Refused” categories have been excluded from the analysis. More detailed tables are available in Appendix D. About one-third of respondents (30.9%) reported not knowing their rights as a patient, however this was significantly lower than in 2016 (35.4%). Over 55% reported being provided with information about this which was significantly more than in 2016 when this figure was 50.2%. Almost two-thirds of respondents (63.8%) reported that staff had not explained their rights as a patient to them.

Figure 5.10 [Q50] Do you know your rights as a patient? SA overall, SACESS 2016 and 2017



* denotes statistically significant ($p < .05$) differences between years

Figure 5.11 [Q51] Were you provided information on your rights as a patient? SA overall, SACESS 2016 and 2017



* denotes statistically significant ($p < .05$) differences between years

Figure 5.12 [Q52] Did staff explain your rights as a patient to you? SA overall, SACESS 2016 and 2017

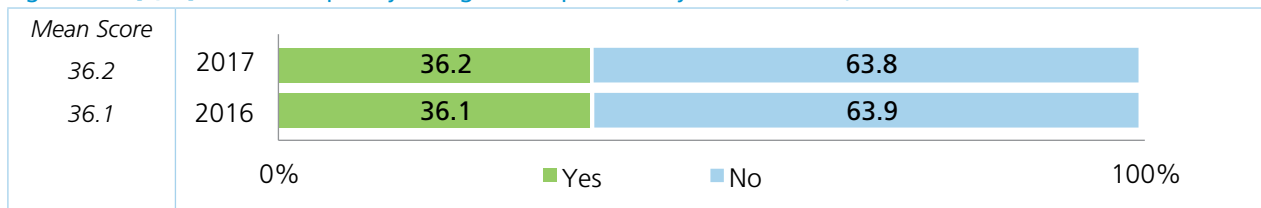
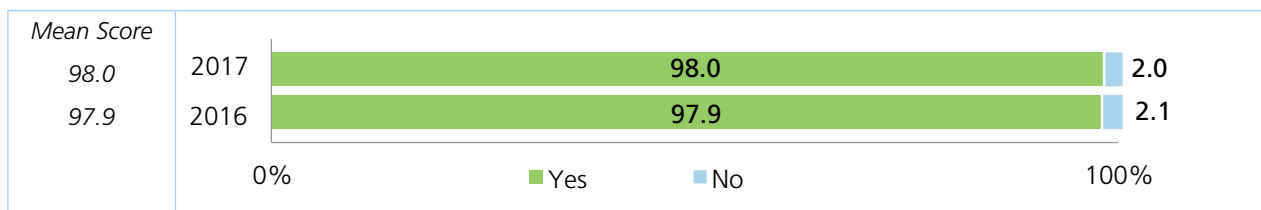


Figure 5.13 [Q53] Could you understand the patient rights that had been explained to you? SA overall, SACESS 2016 and 2017



Note: Question only asked of those who responded 'yes' to Q52 – Did staff explain your rights as a patient to you (n=594 in 2017).

5.4 Open disclosure

The SA Health overall mean score for *Open disclosure* was 71.3 (se 4.7, 95% CI 62.0-80.7) (Figure 5.14). The single question for this domain scored below the SA Health benchmark of 85.

Figure 5.14 Mean score of area of care – Open disclosure, SA overall, SACESS 2016 and 2017

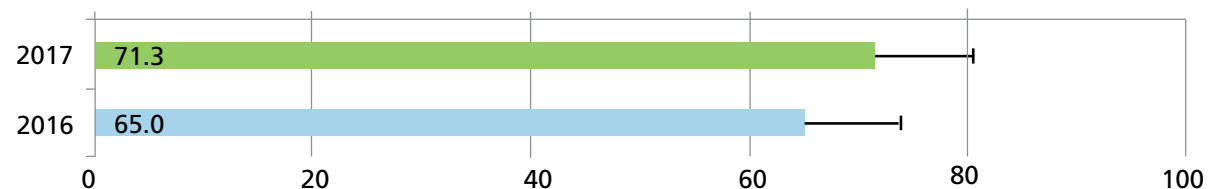
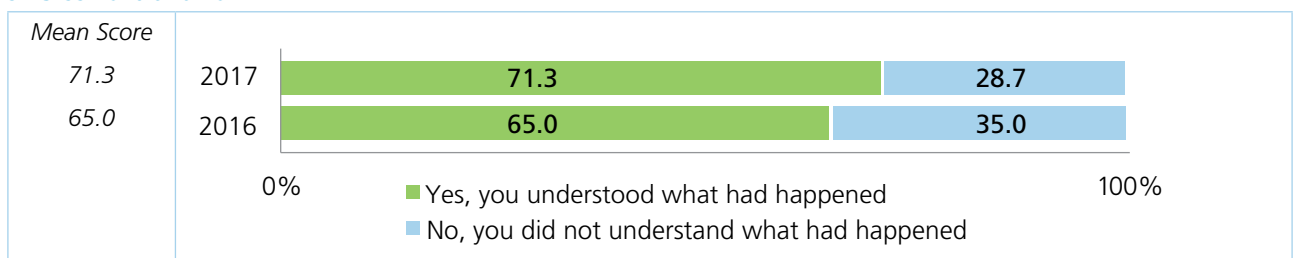


Figure 5.15 presents the relevant responses received and the overall mean score for the single question. This question was only asked of respondents who said they experienced an incident that resulted in harm while in hospital (n=100, 5.1% in 2017). The “Don’t know/can’t remember” and “Refused” categories have been excluded from the analysis. More detailed information is available in Appendix D. Nearly 29% of the respondents who experienced an incident resulting in harm to them while in hospital, reported not being able to understand the explanation given to them by staff about what had happened.

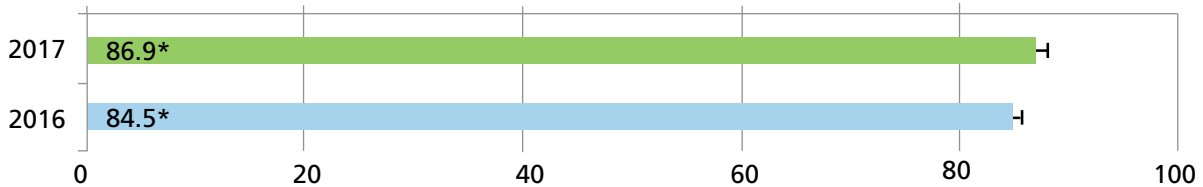
Figure 5.15 [Q57] Did staff talk to you about what happened to you in a way you could understand? SA overall, SACESS 2016 and 2017



5.5 Emergency Department

The SA Health overall mean score for *Emergency Department* was 86.9 (se 0.6, 95% CI 85.8-88.1) (Figure 5.16). The analysis was based on those respondents who had been to the Emergency Department during their hospital stay (n=1442, 64.7% in 2017).

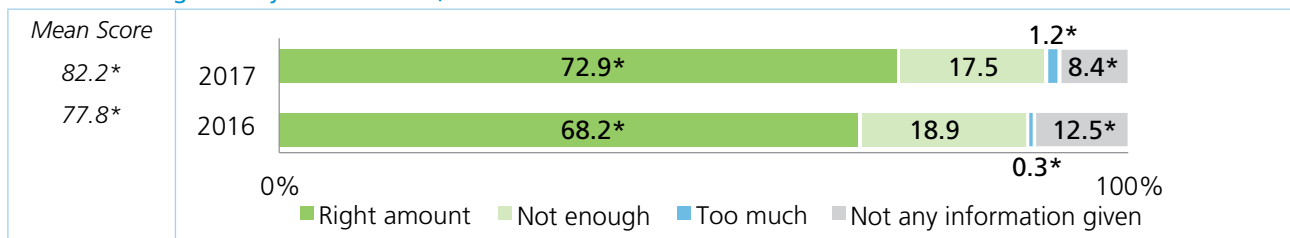
Figure 5.16 Mean scores of area of care – Emergency department, SA overall, SACESS 2016 and 2017



* denotes statistically significant ($p < .05$) differences between years

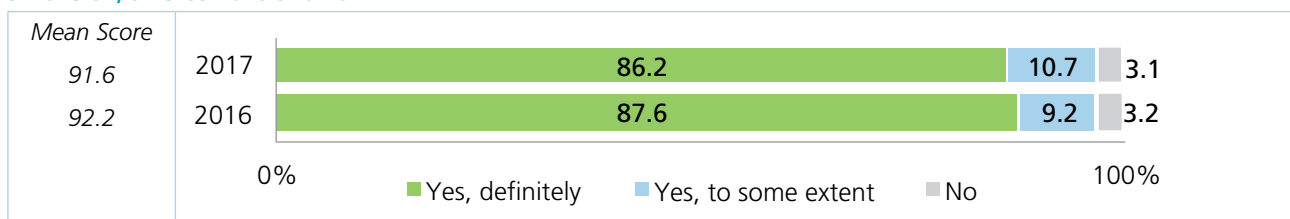
Figure 5.17 and Figure 5.18 present the relevant responses received and the overall mean score for each of the two questions. The “Don’t know” and “Refused” categories have been excluded from the analysis. More detailed tables are available in Appendix D. The question regarding privacy within the Emergency Department scored above the SA Health benchmark of 85 with only 3.1% of respondents not given enough privacy when treated in the emergency department. The other question scored below the benchmark with 72.9% getting the right amount of information about their condition or treatment, however this was a significant increase on 2016 levels when only 68.2% received the right amount of information.

Figure 5.17 [Q45] While you were in the Emergency Department, how much information about your condition or treatment was given to you? SA overall, SACESS 2016 and 2017



* denotes statistically significant ($p < .05$) differences between years

Figure 5.18 [Q46] Were you given enough privacy when being examined or treated in the Emergency Department? SA overall, SACESS 2016 and 2017



5.6 Workforce

The SA Health overall mean score for Workforce was 86.6 (se 0.3, 95% CI 85.9-87.2) (Figure 5.19). Scores for six of the eight questions were above the SA Health benchmark of 85.

Figure 5.19 Mean scores of area of care – Workforce, SA overall, SACESS 2016 and 2017

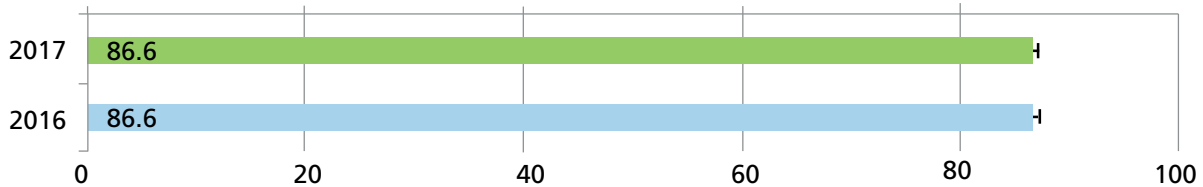


Figure 5.20 to Figure 5.27 present the relevant responses received and the overall mean score for each of the eight questions. The “Don’t know” and “Refused” categories have been excluded from the analysis. More detailed tables are available in Appendix D. Regarding how well doctors and nurses worked together, 73.8% rated this relationship as “Excellent” or “Very good”, and 8.7% of respondents rated it as “Fair” or “Poor”. Respondents commented about how disconcerting it was if they received conflicting or inconsistent information, with 38.0% reporting that this had happened sometimes or often. The majority of respondents reported always understanding important answers from their doctor (75.0%) and nurses (80.9%). Over 80% of respondents reported being treated with dignity and respect (88.1%), having confidence and trust in the doctors (85.3%) and nurses (82.2%) treating them, and that the nurses did not talk in front of them as if they weren’t there (83.3%).

Figure 5.20 [Q14] How would you rate how well the doctors and nurses worked together? SA overall, SACESS 2016 and 2017

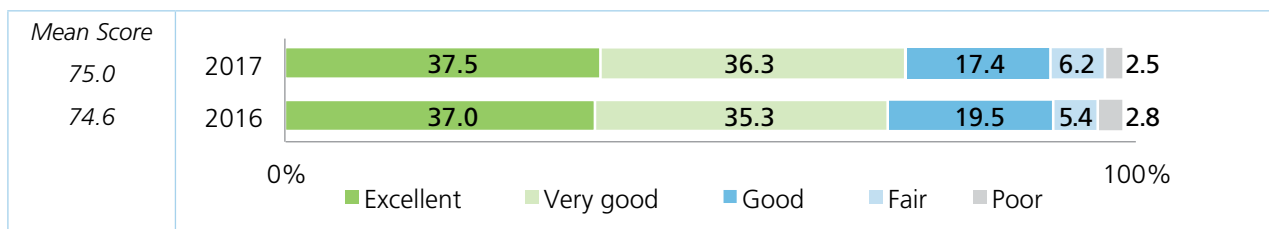
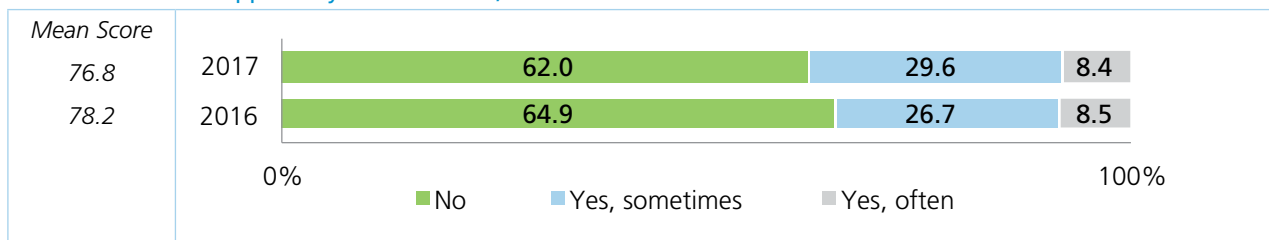
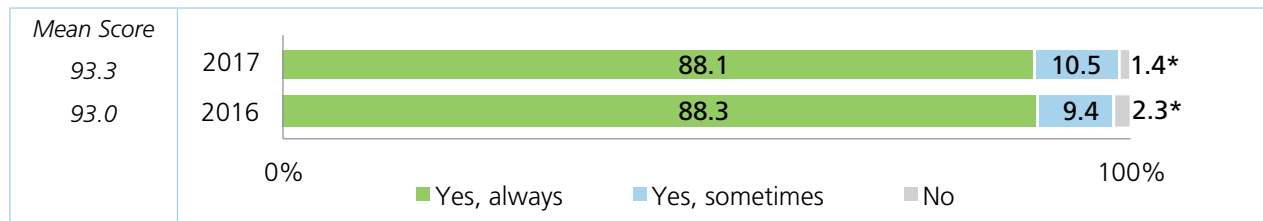


Figure 5.21 [Q15] Sometimes in a hospital, a member of staff will say one thing and another will say something different. Did this happen to you? SA overall, SACESS 2016 and 2017



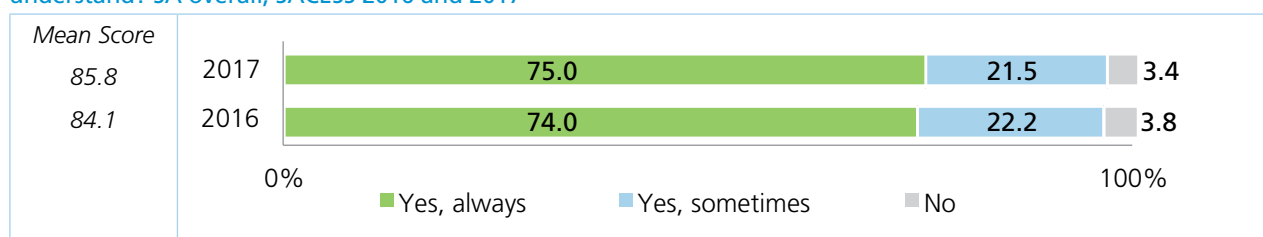
Note: ‘No’ is the sought after response for this question

Figure 5.22 [Q25] Did you feel you were treated with respect and dignity while you were in hospital? SA overall, SACESS 2016 and 2017



* denotes statistically significant ($p < .05$) differences between years

Figure 5.23 [Q29] When you had important questions to ask a doctor, did you get answers that you could understand? SA overall, SACESS 2016 and 2017



Note: Also excludes those who responded 'I had no need to ask' (n=274 in 2017)

Figure 5.24 [Q31] Did you have confidence and trust in the doctors treating you? SA overall, SACESS 2016 and 2017

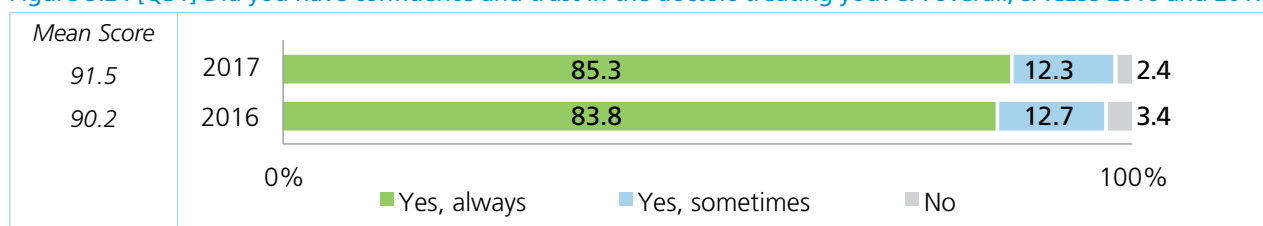
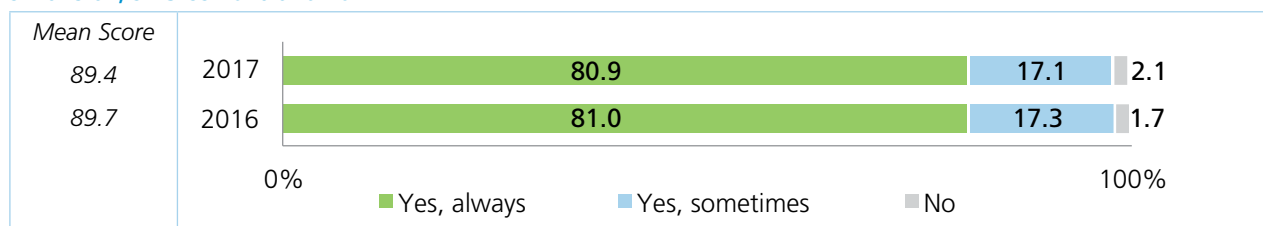


Figure 5.25 [Q33] When you had important questions to ask a nurse, did you get answers that you could understand? SA overall, SACESS 2016 and 2017



Note: Also excludes those who responded 'I had no need to ask' (n=323 in 2017)

Figure 5.26 [Q34] Did you have confidence and trust in the nurses treating you? SA overall, SACESS 2016 and 2017

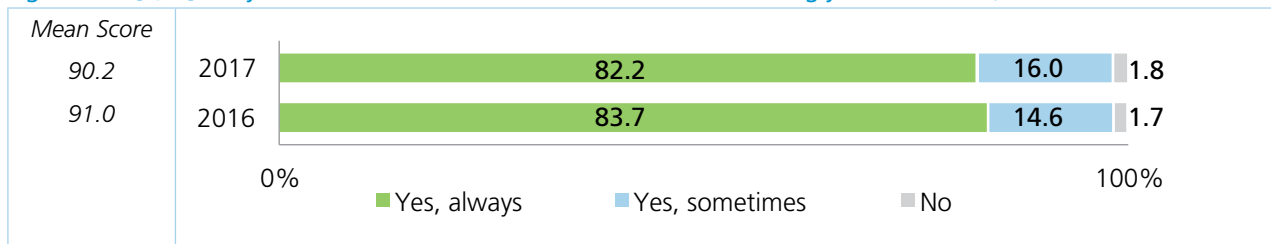
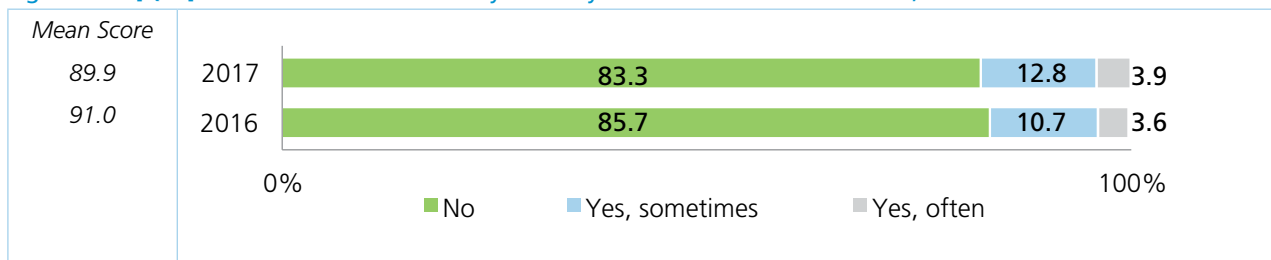


Figure 5.27 [Q35] Did nurses talk in front of you as if you weren't there? SA overall, SACESS 2016 and 2017



Note: 'No' is the sought after response for this question

5.7 Hand Hygiene

The SA Health overall mean score for *Hand hygiene* was 93.3 (se 0.5, 95% CI 92.3-94.2) (Figure 5.28). Both questions of this domain scored above the SA Health benchmark of 85.

Figure 5.28 Mean scores of area of care – Hand hygiene, SA overall, SACESS 2016 and 2017

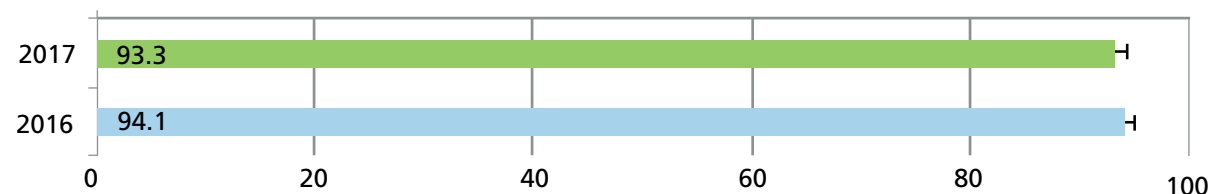


Figure 5.29 and Figure 5.30 present the relevant responses received and the overall mean score for each of the two questions. The “Don't know/can't remember” and “Refused” categories have been excluded from the analysis. More detailed tables are available in Appendix D. Hand hygiene questions continue to be rated very highly by respondents with over 90% agreeing that their doctors and nurses wash/clean their hands between touching patients.

Figure 5.29 [Q32] As far as you know, did doctors wash or clean their hands between touching patients? SA overall, SACESS 2016 and 2017

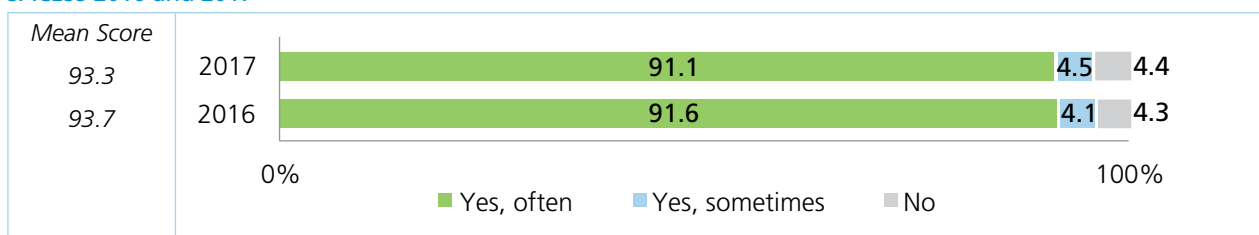
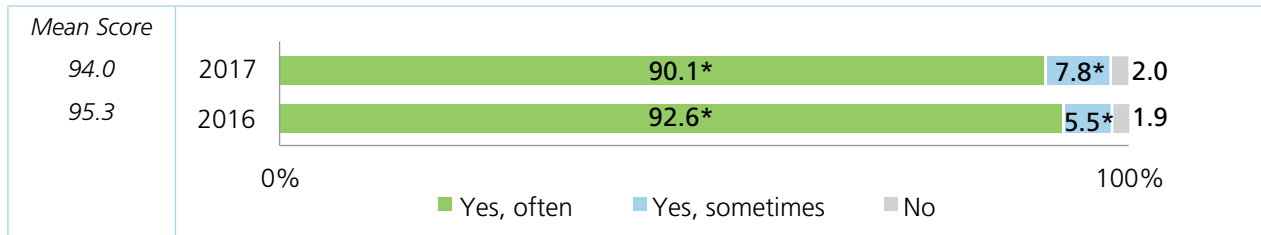


Figure 5.30 [Q36] As far as you know, did nurses wash or clean their hands between touching patients? SA overall, SACESS 2016 and 2017

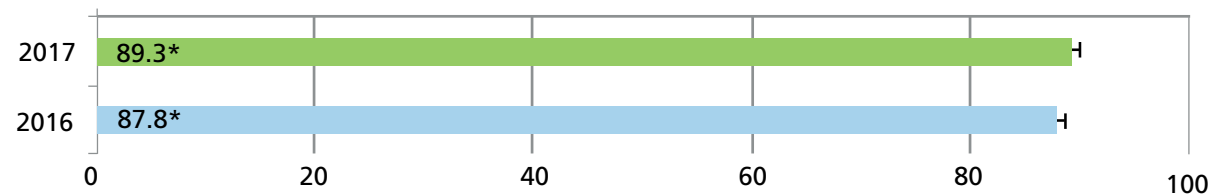


* denotes statistically significant ($p < .05$) differences between years

5.8 Facilities - cleanliness

The SA Health overall mean score for *Facilities – cleanliness* was 89.3 (se 0.4, 95% CI 88.6-90.0) (Figure 5.31). Both questions of this domain scored above the SA Health benchmark of 85.

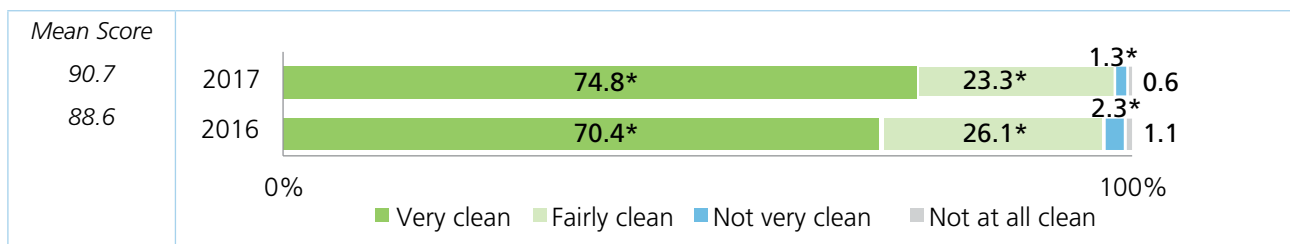
Figure 5.31 Mean scores of area of care – Facilities - cleanliness, SA overall, SACESS 2016 and 2017



* denotes statistically significant ($p < .05$) differences between years

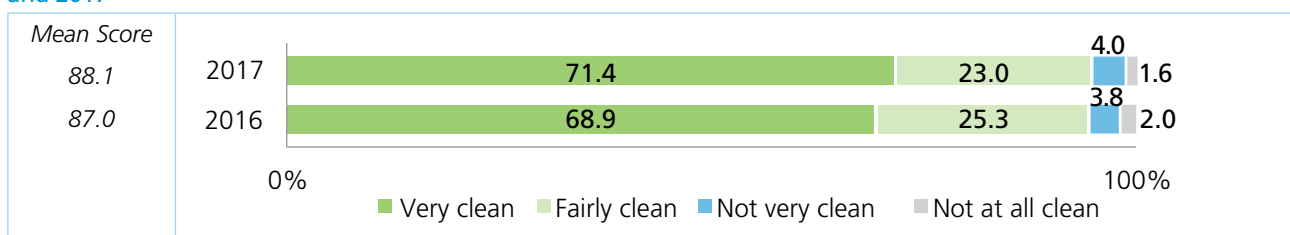
Figure 5.32 and Figure 5.33 present the relevant responses received and the overall mean score for each of the two questions. The “Don’t know”, “Refused” and “Doesn’t apply” categories have been excluded from the analysis. More detailed tables are available in Appendix D. The cleanliness of the facilities continue to be highly rated by respondents with over 90% rating their rooms/ward and toilets/bathrooms as either “Very clean” or “Fairly clean”.

Figure 5.32 [Q5] In your opinion, how clean was the hospital room or ward you were in? SA overall, SACESS 2016 and 2017



* denotes statistically significant ($p < .05$) differences between years

Figure 5.33 [Q6] How clean were the toilets and bathroom that you used while in hospital? SA overall, SACESS 2016 and 2017



6 National set of core common patient experience questions

6. National set of core common patient experience questions

In March 2013, the National Health Information Standards and Statistics Committee endorsed a national set of core common patient experience questions developed for use in telephone surveys of hospital overnight-admitted patients by the Patient Experience Information Development Working Group. For further information visit the Australian Commission on Safety and Quality in Health Care at www.safetyandquality.gov.au.

These sets of questions were included for both 2016 and 2017, and their mean scores are presented in Table 6.1. Six of the thirteen questions scored above the SA Health benchmark of 85.

Table 6.1 Summary of mean scores of national set of core common patient experience questions, SA overall, SACESS 2016 and 2017

National Core Common Items		Mean score	
		2016	2017
Q3	Overall, how would you rate the care you received while in hospital?	86.9	86.7
Q6	How clean were the toilets and bathrooms that you used while in hospital?	87.0	88.1
Q13	<i>(If yes to ever being in pain while in hospital)</i> Do you think the hospital staff did everything they could to help control your pain?	91.0	90.9
Q14	How would you rate how well the doctors and nurses worked together?	74.6	75.0
Q17	<i>(If yes to having worries or fears about their condition or treatment while in hospital)</i> Did a health care professional discuss them with you?	63.1	61.8
Q18	Were you involved, as much as you wanted to be, in decisions about your care and treatment?	75.4	76.5
Q21	<i>(If yes to having family, carer or someone close receiving information)</i> How much information about your condition or treatment was given to your family carer or someone close to you?	81.5	82.3
Q23	<i>(If yes to having family or someone close to them who wanted to talk to the staff)</i> Did they have enough opportunity to do so?	85.8	86.9
Q24	If you needed assistance, were you able to get a member of staff to help you within a reasonable timeframe?	84.6	84.6
Q25	Did you feel you were treated with respect and dignity while you were in hospital?	93.0	93.3
Q30	How often did the doctors, nurses and other health professionals caring for you explain things in a way you could understand?	86.2	85.7
Q38	<i>(If discharged home)</i> Thinking about when you left hospital, were you given enough information about how to manage your care at home?	81.7	80.7
Q39	<i>(If discharged home)</i> Thinking about when you left hospital, were adequate arrangement made by the hospital for any services you needed?	81.2	80.1

Figure 6.1 to Figure 6.13 present the responses received and the mean scores for the set of national core common patient experience questions. The "Don't know", "Refused" and "Doesn't apply" categories have been excluded from the analysis. More detailed tables are available in Appendix D.

Seven of the national core common patient experience questions which were below the SA Health Benchmark of 85 with scores ranging between 61.8 and 84.6: The other six national core common patient experience questions were above the SA Health Benchmark of 85 with scores ranging from 85.7 to 93.3. There were no statistically significant changes between 2016 and 2017 scores, and none of the questions changed from below to above the bench mark or vice versa.

Figure 6.1 [Q3] Overall, how would you rate the care you received while in hospital? SA overall, SACESS 2016 and 2017

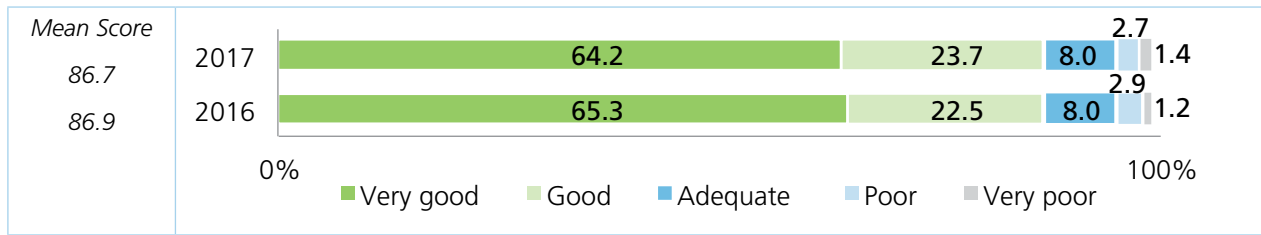


Figure 6.2 [Q6] How clean were the toilets and bathrooms that you used while in hospital? SA overall, SACESS 2016 and 2017

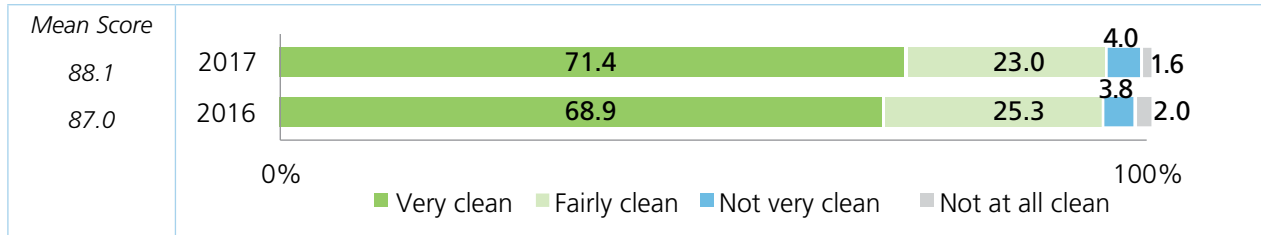
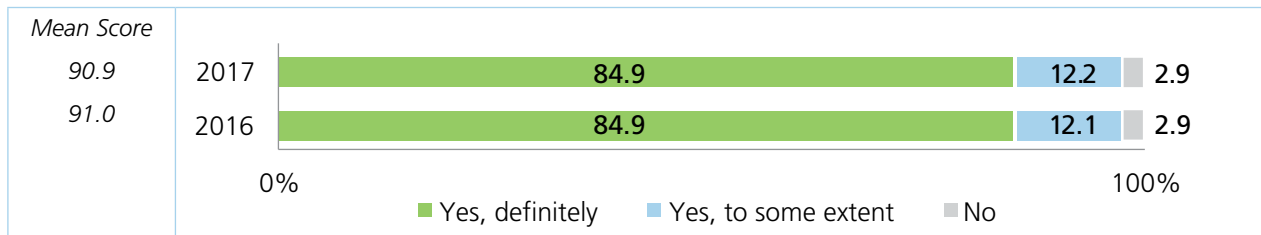


Figure 6.3 [Q13] Do you think the hospital staff did everything they could to help manage your pain? SA overall, SACESS 2016 and 2017



Note: Only asked of respondents who reported ever being in any pain while in hospital (n=1503, 67.5% in 2017)

Figure 6.4 [Q14] How would you rate how well the doctors and nurses worked together? SA overall, SACESS 2016 and 2017

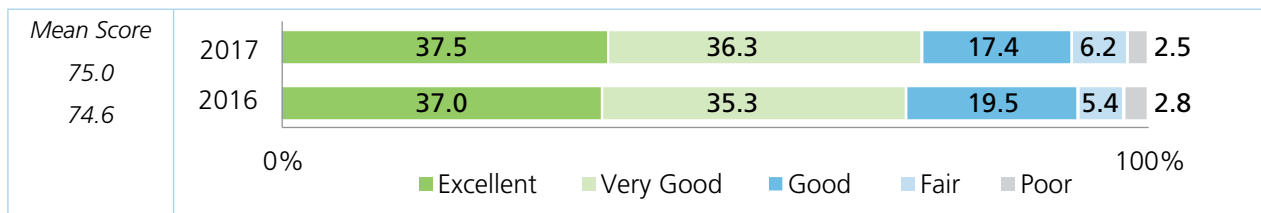
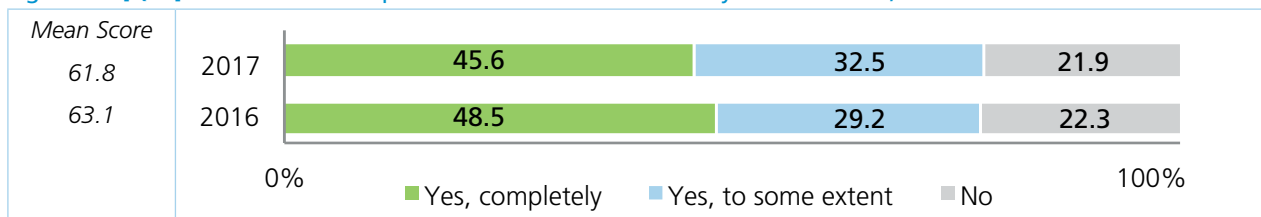
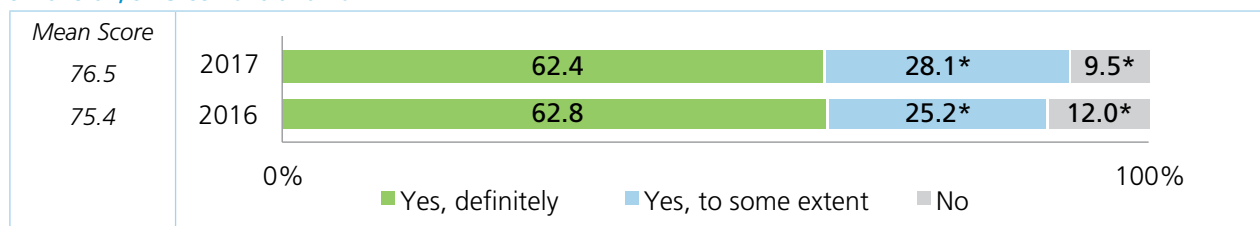


Figure 6.5 [Q17] Did a health care professional discuss them with you? SA overall, SACESS 2016 and 2017



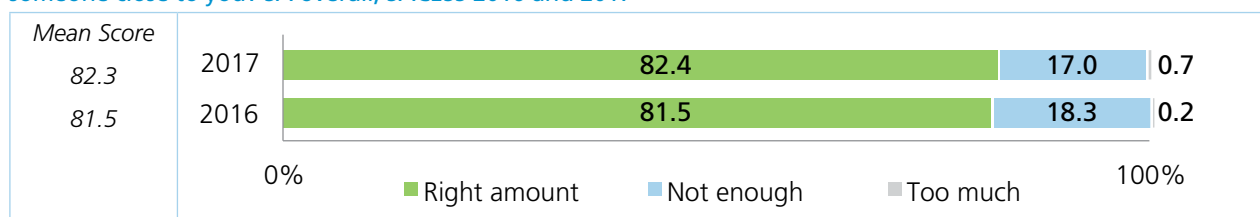
Note: Only asked of respondents who reported having worries or fears about their condition or treatment in hospital (n=655, 29.4% in 2017)

Figure 6.6 [Q18] Were you involved, as much as you wanted to be, in decisions about your care and treatment? SA overall, SACESS 2016 and 2017



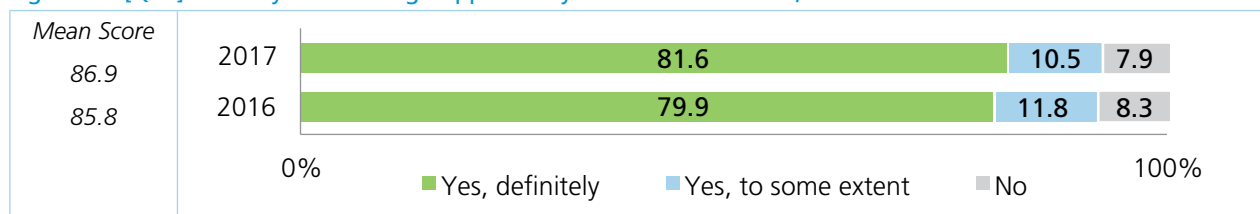
* denotes statistically significant ($p < .05$) differences between years

Figure 6.7 [Q21] How much information about your condition or treatment was given to your family, carer or someone close to you? SA overall, SACESS 2016 and 2017



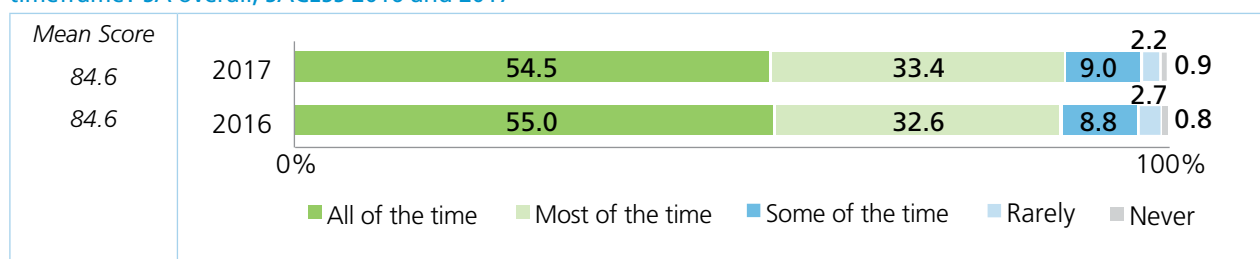
Note: also excludes those who responded 'no family, care or friends were involved', 'they did not want or need information' or 'I did not want them to have any information' (n=549, 24.6% in 2017)

Figure 6.8 [Q23] Did they have enough opportunity to do so? SA overall, SACESS 2016 and 2017



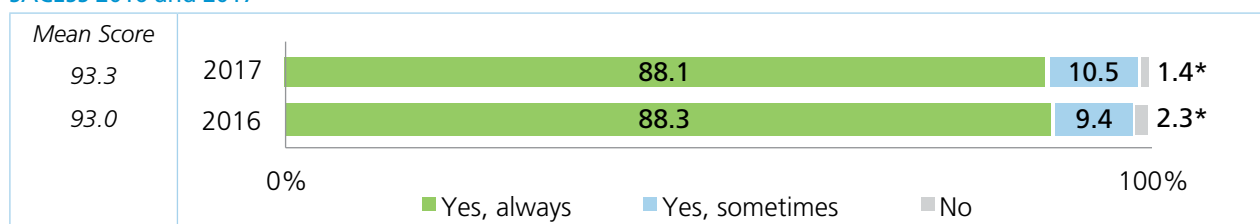
Note: Only asked of respondents who said they had family or someone close to them who wanted to talk to the staff (n=993, 44.6% in 2017). Also excludes those who then responded 'I did not want family or friends to talk to the staff' (n=5, 0.2% in 2017).

Figure 6.9 [Q24] If you needed assistance, were you able to get a member of staff to help you within a reasonable timeframe? SA overall, SACESS 2016 and 2017



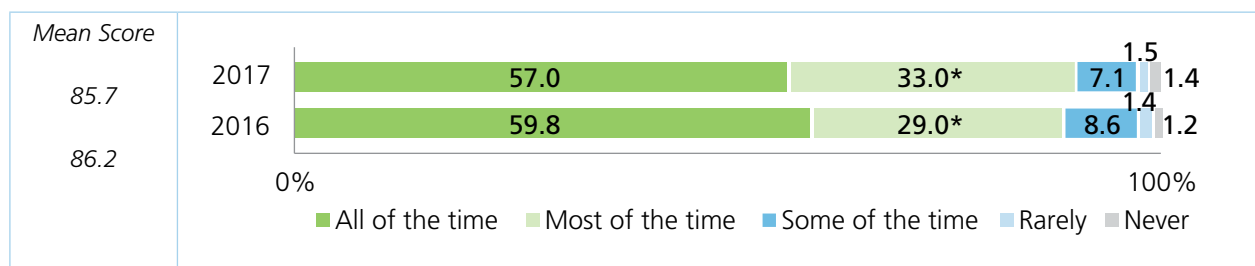
Note: Also excludes those who responded 'I did not need assistance' (n=217, 9.7% in 2017)

Figure 6.10 [Q25] Did you feel you were treated with respect and dignity while you were in hospital? SA overall, SACESS 2016 and 2017



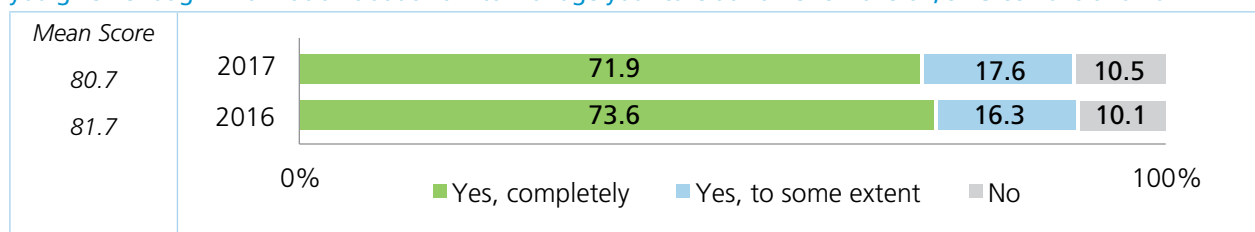
* denotes statistically significant ($p < .05$) differences between years

Figure 6.11 [Q30] How often did the doctors, nurses and other health professionals caring for you explain things in a way you could understand? SA overall, SACESS 2016 and 2017



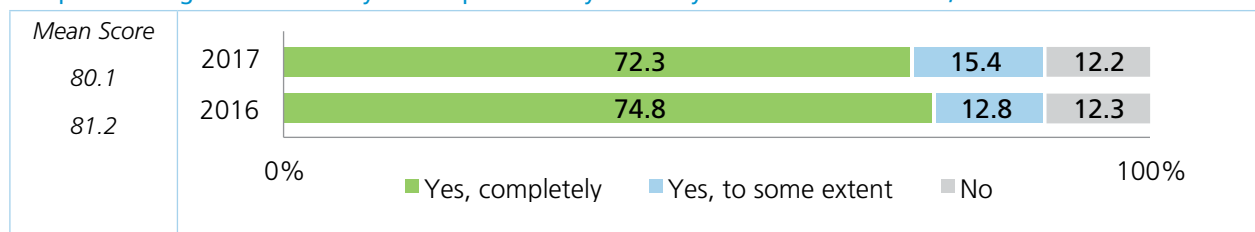
* denotes statistically significant ($p < .05$) differences between years

Figure 6.12 [Q38] (If the respondent reported being discharged home) Thinking about when you left hospital, were you given enough information about how to manage your care at home? SA overall, SACESS 2016 and 2017



Note: Also excludes those who responded 'I did not need this type of information' (n=204, 9.1% in 2017)

Figure 6.13 [Q39] (If the respondent reported being discharged home) Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed? SA overall, SACESS 2016 and 2017



Note: Also excludes those who responded 'I did not need any services' (n=899, 40.3% in 2017)

7 Analysis of satisfaction and comments

7. Analysis of satisfaction and comments

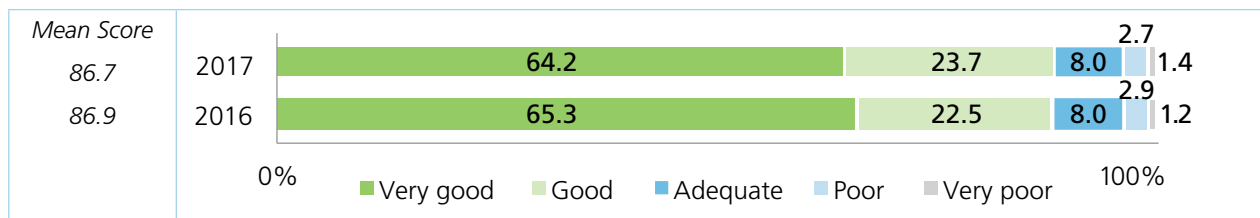
7.1 Overall satisfaction

The global satisfaction question ‘Overall, how would you rate the care you received while in hospital?’ is part of the national set of core common patient experience items and is asked at the beginning of the survey. It provides an overall measure of the level of satisfaction of the patient/consumer with the services and staff during their hospital visit.

In 2017, the mean score for this question was 86.7 (se 0.5, 95% CI 85.8-87.5). The score for the single question representing this domain was above the SA Health benchmark of 85.

Figure 7.1 provide the details of the responses to this question. The “Don’t know” and “Refused” categories have been excluded from the analysis. More detailed results are presented in Appendix D.

Figure 7.1 [Q3] Overall, how would you rate the care you received while in hospital? SA overall, SACESS 2016 and 2017



When asked if they would recommend the hospital to a relative or friend (Q70), 88.3% of respondents said yes, with the remainder stating that they would not make such a recommendation (6.2%) or that they were unsure (5.5%).

7.2 Additional comments

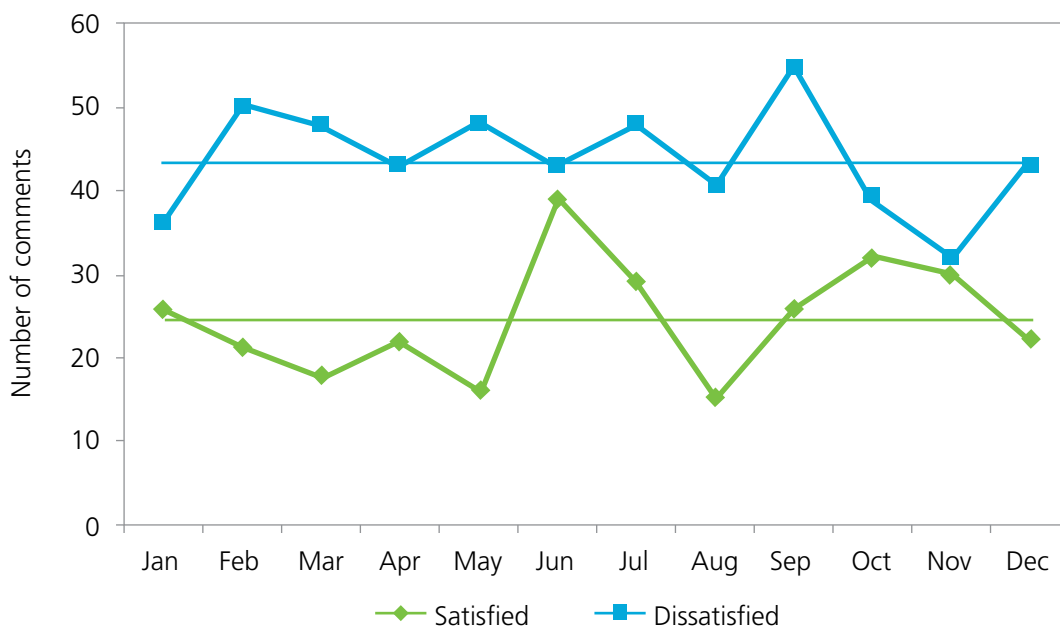
Survey respondents were asked at the completion of the survey ‘Finally, was there one issue about your hospital stay that you really want to tell us about?’. The responses to this open-ended question provide qualitative data, and thematic analysis can then be used to verify and support the quantitative data that the other survey question responses provide. They can be also used to highlight areas that are raised frequently but not covered by the current questions, for example perceived staff shortages. This enables consideration of additional questions for future surveys.

Of the 2,228 adults interviewed for the SACESS survey during 2017, less than half (37.0%) of the consumers expressed a wish to comment on their experiences of their hospital stay, and a total of 825 comments were received. Of these, 288 (34.9%) responses were received from respondents who were satisfied and 537 (65.1%) were received from respondents who were dissatisfied with the care they received during their hospital stay.

Additional analysis was done to ascertain if there was variability during the year in positive and negative comments, as it is known that hospitals have times of peak demand. Figure 7.2 shows the number of satisfied (positive comments) and dissatisfied (negative comments) comments by month, during the reporting period 2017, including a line showing the mean for each.

The ratio of satisfied to dissatisfied responses ranged from 1:1.1 in June and November 2017, to 1:3.0 in May 2017. This indicates the variability during the year, and supports the need for ongoing regular monitoring rather than, for example, biannual surveys.

Figure 7.2 Number of satisfied and dissatisfied comments with hospital stay, SA overall by survey month, SACESS 2017



Consumers’ responses to the open-ended questions were categorised, as satisfactory or dissatisfactory comments, against eight Picker Institute patient-centred care principles, four additional areas and an “other” category (insufficient detail provided or miscellaneous items). Table 7.1 summarises the number of satisfied and dissatisfied comments by these principles and areas.

Overall, those who chose to provide comment were most commonly (in order):

- > positive in a general sense (non-specific comment re overall experience or staff), and about coordination and integration of care; doctors and nurses; and respect for patients’ values;
- > negative about coordination of care; doctors and nurses; physical comfort; and respect for patients’ values.

Regarding comments from satisfied respondents, there was improvement (a difference of five counts or more between 2016 and 2017) in the areas of *Respect for patient’s values*, *Information*, and *Physical comfort*, but less positive comments about *Coordination and integration of care*, and *Doctors and Nurses*. Regarding comments from dissatisfied respondents, there was improvement in the areas of *Information*, *Physical comfort*, and *Food*, but more complaints in the areas of *Respect for patient’s values*, *Coordination and integration of care*, *Emotional support*, *Involvement of family and friends*, *Access to care*, and *Doctors and Nurses* in 2017 than 2016.

Table 7.1 Summary of comments by patient-centred care principles and additional areas, SA overall, SACESS 2016 and 2017

	Satisfied comments		Dissatisfied comments		SA overall	
	2016	2017	2016	2017	2016	2017
Patient-centred principles						
Respect for patients values, preferences and expressed needs	19	36	86	102	105	138
Coordination and integration of care	95	89	113	161	208	250
Information, communication and education	1	6	64	57	65	63
Physical comfort	9	24	185	118	194	142
Emotional support and alleviation of fear and anxiety	5	3	10	17	15	20
Involvement of family and friends	1	0	5	10	6	10
Transition and continuity	1	2	79	75	80	77
Access to care	1	4	34	79	35	83
Additional areas						
Food	4	6	56	38	60	44
Emergency Department	3	5	38	42	41	47
Doctors and nurses	61	53	82	146	143	199
Consumer feedback	0	0	1	1	1	1
Other	175	170	81	72	256	242

Note: One comment may be categorised in multiple patient-centred principles, therefore total not shown.

Note: In 2017 the function of data cleaning and reporting was transferred to the Department for Health and Ageing (previously the University of Adelaide). Despite the same methodology being used, differences between years may be due to the subjective nature of coding.

Principles

The following provides the rationale for coding individual patient comments into each of the principles of patient-centred care, additional areas and other categories. The principle preambles have been sourced from the Picker Institute Principles of Patient Centred Care website at: <http://pickerinstitute.org/about/picker-principles>.

Principle 1 - Respect for patients' values, preferences and expressed needs

Patients want to be kept informed regarding their medical condition and involved in decision-making. Patients indicate that they want hospital staff to recognise and treat them in an atmosphere that is focused on the patient as an **individual** with a presenting medical condition:

- > illness and medical treatment may have an impact on quality of life; care should be provided in an atmosphere that is respectful of the individual patient and focused on quality-of-life issues
- > informed and shared decision-making is a central component of patient-centred care
- > provide the patient with dignity, respect and sensitivity to his/her cultural values.

Satisfied comments regarding staff being friendly, kind and respectful were included under this principle.

Dissatisfied comments regarding staff not attending to requests from the patient, being rude or disrespectful, and not listening to information being provided by the patient regarding their care, were included under this principle.

Principle 2 - Coordination and integration of care

Patients in focus groups expressed feeling vulnerable and powerless in the face of illness. Proper coordination of care can ease those feelings. Patients identified three areas in which care coordination can reduce feelings of vulnerability:

- > coordination and integration of clinical care
- > coordination and integration of ancillary and support services
- > coordination and integration of front-line patient care.

Satisfied comments regarding their treatment being very good, that they felt looked after, treated well or cared for, were included under this principle.

Dissatisfied comments regarding delays in being seen by medical and nursing staff while on the ward, lack of competency and clinical management (wound dressings, drips, etc.), misdiagnosis or lack of concern/treatment with presenting or secondary conditions, and medication issues (e.g. lost), were included under this principle.

Principle 3 - Information, communication and education

Patients often express the fear that information is being withheld from them and that they are not being completely informed about their condition or prognosis. Based on patient interviews, hospitals can focus on three kinds of communication to reduce these fears:

- > information on clinical status, progress and prognosis
- > information on processes of care
- > information and education to facilitate autonomy, self-care and health promotion.

Satisfied comments regarding doctors and nurses providing information, answering questions and explaining information, were included in this principle.

Dissatisfied comments regarding lack of information from doctors, lack of information from staff regarding their care or treatment for patients and/or their families, and language/cultural barriers between patients and staff, were included under this principle.

Principle 4 - Physical comfort

The level of physical comfort patients report has a tremendous impact on their experience. From the patient's perspective, physical care that comforts patients, especially when they are acutely ill, is one of the most elemental services that caregivers can provide. Three areas were reported as particularly important to patients:

- > pain management
- > assistance with activities and daily living needs
- > hospital surroundings and environment kept in focus, including ensuring that the patient's needs for privacy are accommodated and that patient areas are kept clean and comfortable, with appropriate accessibility for visits by family and friends.

Satisfied comments regarding the cleanliness of the hospital and the comfort provided were included in this principle.

Dissatisfied comments regarding noise at night; lack of attention/care by nursing staff; having to share a ward or bathroom with members of the opposite sex/lack of privacy; lack of pain relief; lack of cleanliness/hygiene and being moved around the hospital and equipment in need of repair, were included in this principle.

Principle 5 - Emotional support and alleviation of fear and anxiety

Fear and anxiety associated with illness can be as debilitating as the physical effects. Caregivers should pay particular attention to:

- > anxiety over clinical status, treatment and prognosis
- > anxiety over the impact of the illness on themselves and family
- > anxiety over the financial impact of illness.

Satisfied comments regarding being comforted and cared for, were included in this principle.

Dissatisfied comments regarding feeling worried, isolate, anxious about needles or in general, and feeling unsafe, were included in this principle.

Principle 6 - Involvement of family and friends

Patients continually addressed the role of family and friends in the patient experience, often expressing concern about the impact illness has on family and friends. These principles of patient-centred care were identified as follows:

- > accommodation, by clinicians and caregivers, of family and friends on whom the patient relies for social and emotional support
- > respect for and recognition of the patient "advocate's" role in decision-making
- > support for family members as caregivers
- > recognition of the needs of family and friends.

There were no satisfied comments regarding the involvement of family and friends.

Dissatisfied comments regarding family and friends not being involved, informed or included in decision making, were included in this principle.

Principle 7 - Transition and continuity

Patients often express considerable anxiety about their ability to care for themselves after discharge. Meeting patient needs in this area requires staff to:

- > provide understandable, detailed information regarding medications, physical limitations, dietary needs, etc.
- > coordinate and plan ongoing treatment and services after discharge and ensure that patients and family understand this information
- > provide information regarding access to clinical, social, physical and financial support on a continuing basis.

There were two positive comments regarding transition and continuity – both pertaining to the speed and service when being discharged.

Dissatisfied comments regarding being discharged too early, or without sufficient information or arrangements regarding care at home, delays with providing medications or paperwork, and lack of follow-up regarding care/treatment, were included in this principle.

Principle 8 - Access to care

Patients need to know they can access care when it is needed. Attention must also be given to time spent waiting for admission or time between admission and allocation to a bed in a ward. Focusing mainly on ambulatory care, the following areas were of importance to the patient:

- > access to the location of hospitals, clinics and physician offices
- > availability of transportation
- > ease of scheduling appointments
- > availability of appointments when needed
- > accessibility to specialists or specialty services when a referral is made
- > clear instructions provided on when and how to get referrals.

Satisfied comments regarding quick appointment times and accessibility of the emergency department were included in this principle.

Dissatisfied comments regarding long waiting time to be seen in the Emergency Department and for admission (hospital bed availability), for appointments and elective surgery, and inadequate signage, were included in this principle.

Additional areas include:

Food

Satisfied comments regarding the good quality of the food were included in this area.

Dissatisfied comments regarding the lack of or wrong choice, taste (bland, unappetising), presentation (cardboard/plastic boxes and utensils), size (too large), and not being offered food (including special dietary needs), were included in this area.

Emergency Department

Satisfied comments regarding the good level of care and staff in the emergency department were included in this area.

Dissatisfied comments regarding the long waiting times to be seen, lack of pain relief and staff being disrespectful were included in this area.

Doctors and nurses

Satisfied comments regarding the quality of care provided by medical and nursing staff were included in this area.

Dissatisfied comments regarding medical and nursing staff being abrupt/disrespectful, uncaring, not providing assistance or being incompetent with administering procedures, were included in this area.

Consumer feedback

There were no satisfied comments regarding this area and a single dissatisfied comment regarding reluctance or lack of follow up by staff regarding concerns was included in this area.

Other

Satisfied comments regarding overall satisfaction with the hospital and also with staff were included in this area.

Dissatisfied comments regarding staff shortages, maintenance, general issues with staff, hospital closure, lost property, and financial issues were included in this area.

Appendix A:
National safety and quality
health service standards

Appendix A: National safety and quality health service standards

Through a process of regular assessment and review, the accreditation process tests that systems are in place and working effectively to promote and support high quality patient/consumer care and continuous quality improvement. The Australian Health Service Safety and Quality Accreditation Scheme (AHSSQAS) builds on the strengths of the current accreditation arrangements and provides for the national coordination of accreditation processes. Within this scheme, it is mandatory for health services to be accredited against the ten National Safety and Quality Health Service (NSQHS) Standards (the Standards).

The AHSSQAS developed the NSQHS Standards in 2011. There are ten inter-related Standards, and each describes a series of actions that are required to meet the Standard. The Standards are:

- > Governance for safety and quality in health service organisations
- > Partnering with consumers
- > Preventing and controlling healthcare associated infections
- > Medication safety
- > Patient identification and procedure matching
- > Clinical handover
- > Blood and blood products
- > Preventing and managing pressure injuries
- > Recognising and responding to clinical deterioration in acute health care
- > Preventing falls and harm from falls.

The consumer experience survey assists in addressing criteria in Standard 1 – Governance for Safety and Quality in Health Service Organisations, in particular complaints management (1.15), patient/consumer rights (1.17) and engagement (1.18), patient/consumer experience/feedback (1.20):

- 1.15 Implementing a complaints management system that includes partnership with patients/consumers and carers.
 - 1.15.1 Processes are in place to support the workforce to recognise and report complaints.
 - 1.15.2 Systems are in place to analyse and implement Improvements in response to complaints.
 - 1.15.3 Feedback is provided to the workforce on the analysis of reported complaints.
 - 1.15.4 Patient/consumer feedback and complaints are reviewed at the highest level of governance in the organisation.
- 1.17 Implementing through organisational policies and practices a patient/consumer charter of rights that is consistent with the current national charter of healthcare rights.
 - 1.17.1 The organisation has a charter of patient/consumer rights that is consistent with the current national charter of healthcare rights..
 - 1.17.2 Information on patient/consumer rights is provided and explained to patients and carers.
 - 1.17.3 Systems are in place to support patients/consumers who are at risk of not understanding their healthcare rights.
- 1.18 Implementing process to enable partnership with patients/consumers and decisions about their care, including informed consent to treatment.
 - 1.18.1 Patients/consumers and carers are partners in the planning for their treatment.
 - 1.18.2 Mechanisms are in place to monitor and improve documentation of informed consent.
 - 1.18.3 Mechanisms are in place to align the information provided to patients/consumers with their capacity to understand.
- 1.20 Implementing well designed, valid and reliable patient/consumer experience feedback mechanisms and using these to evaluate the health service performance.
 - 1.20.1 Consumer data collected from patient/consumer feedback systems are used to measure and improve health services in the organisation.

Appendix B: SA Consumer Experience Surveillance System (SACESS) background

Appendix B: SA Consumer Experience Surveillance System (SACCESS) background

In November 2010, the SA Health Safety and Quality Unit established the South Australian Consumer Experience Surveillance System (SACCESS) to explore consumer experiences of the care they received as an inpatient in a metropolitan or country public hospital.

The SACCESS program builds upon extensive work previously undertaken through the South Australian Patient Experience of Health Services (PEHS) surveys which were initiated in 2001 by the South Australian Safety and Quality Council. The continuous nature of SACCESS (that is, conducting interviews each month) results in a manageable program without peaks in data collection, analysis and reporting requirements.

The SACCESS is an epidemiological surveillance system designed to measure and continuously monitor experiences of consumers regarding health care and services, including satisfaction with care, to provide high quality representative data from a representative sample of South Australian adult public hospital inpatients of metropolitan and country health services. The SACCESS has been designed to ensure comparability and allow benchmarking and systematic monitoring, on a continuous basis in order to improve the quality of public health services for South Australians.

The monitoring and surveillance objectives of the SACCESS are achieved through systematic collection, analysis and dissemination of high quality, valid, reliable, representative, timely and relevant data from the South Australian community. The system is designed to meet the highest standards of surveillance methodology with rigorous adherence to formal statistical techniques.

Since 2010, the total number of South Australians interviewed is 17,575.

Appendix C: Grouping of survey questions

Appendix C: Grouping of survey questions

The patient/consumer experience questions of the SACESS survey are drawn from a variety of sources, and grouped in four ways as indicated below.

The question numbers used throughout the report reflect the order in which they were asked during interview. Appendix E (CATI questionnaire) details each interview question in full, in order and indicates the origin or source of the question.

Questions were grouped and analysed in five main ways and these are described fully in their respective chapters. The five main sections are:

1. **Core domains of care, as defined by the Picker Institute (USA)** - categorised as consistency and coordination of care, treated with respect and dignity, involvement in decision-making, experience with doctors and nurses, cleanliness of environment, pain control, privacy, food and discharge information. This grouping allows for national and international comparison (Chapter 3).
2. The existing SA Health **Key Performance Indicator (KPI)** - a composite measure of patient/consumer experience of involvement in their care and treatment. Some questions were carried over from the Patient Experience of Hospital Services (PEHS) survey (Chapter 4).
3. **Additional areas of care** reflecting hospital environment, consumer feedback, patient rights and engagement, open disclosure, Emergency Department, workforce, hand hygiene and cleanliness of facilities - the purpose of this grouping is to facilitate feedback to specific workgroups and the hand hygiene program (Chapter 5).
4. **National set of core common patient experience questions³** - the set of national core common patient experience questions for comparison purposes with other Australian states and territories (Chapter 6).
5. **Overall satisfaction** - this includes two survey questions and the open-ended responses that were provided in response to the final question '*Finally, was there one issue about your hospital stay that you really want to tell us about?*' (Chapter 7).

It should be noted that there is no duplication between the Picker Institute domains and the questions that comprise the KPI. However, some of the questions are included in more than one of the analyses, for example the question about pain control is used for the Picker Institute core domain of Pain control and also included in the national set of core common patient experience questions.

For all groupings, there are different numbers of questions whose results make up the mean score for the domains, KPI or other groups.

A schematic representation of the questions used for the ten Picker Institute domains of care, KPI, incorporates the national set of core common patient experience questions⁴ and the additional areas of care are provided in Figure C.1.

³ Australian Commission on Safety and Quality in Health Care

⁴ Australian Commission on Safety and Quality in Health Care

Figure C.1 Schematic representation of SACESS survey questions, 2017

PICKER INSTITUTE DOMAINS (International/Australia)

Domain 1: Consistency and coordination of care

Q14 Rating re ability of staff to work well together?	Q15 Did staff say different things?
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Domain 2: Treated with respect and dignity

Q25 Treated with respect and dignity?

Domain 3: Involvement in decision making

Q18 Felt involved in decisions about care?	Q20 Amount of information provided re condition or treatment?	Q37 Felt Involved in decisions about discharge?
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Domain 4: Doctors

Q29 Doctor answered questions?	Q31 Had confidence and trust in doctors?
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Domain 5: Nurses

Q33 Nurse answered questions?	Q34 Had confidence and trust in nurses?	Q35 Nurses talked across you?
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Domain 6: Cleanliness

Q5 How clean was room/ward?	Q6 How clean were toilets/bathrooms?	Q32 Doctors washed hands?	Q36 Nurses washed hands?
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Domain 7: Pain control

Q13 Staff helped control pain?

Domain 8: Privacy

Q54 Enough privacy when discussing condition or treatment?	Q55 Enough privacy when being examined?
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Domain 9: Food

Q9 How would you rate the hospital food?	Q10 Were you offered a choice of food?	Q11 Got enough help from staff to eat your meals?
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Domain 10: Discharge information

Q40 Given any written or printed information about what you should or should not do after leaving hospital?	Q41 Told about any danger signals you should watch for after you went home?	Q42 Gave your family all the information they needed to help care for you?	Q43 Told you who to contact if you were worried about your condition or treatment after you left hospital?
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Legend

Picker CQC (UK) - Care Quality Commission	HCAHPS (USA) - Hospital Consumer Assessment of Healthcare Providers and Systems	National (Australia) set of core common patient experience questions
PEHS (South Australia) - Patient Experiences of Hospital Service	Department for Health and Ageing (SA), Safety and Quality Unit	Question repeated in other groupings

AREAS OF CARE (South Australia)

1: Hospital environment

Q4 Shared sleeping area with patient(s) of the opposite sex when first admitted?

Q7 How often was the area around your room quiet at night?

2: Emergency department

Q45 How much information about your condition or treatment was given to you in ED?

Q46 Given enough privacy when being examined or treated in ED?

3: Consumer feedback

Q47 How comfortable did you feel to make a complaint or a suggestion, or raise a concern with staff?

Q48 Saw or given information explaining how to complain to hospital re care?

Q49 How often it was easy to find a staff to talk to re concerns?

4: Patient rights and engagement

Q50 Do you know your rights as a patient?

Q51 Provided information on your rights as a patient?

Q52 Staff explained your rights as a patient to you?

Q53 Could understand the rights that had been explained?

5: Open disclosure

Q57 Staff talked to you about what happened in a way you could understand?

6: Workforce

Q14 Rating re ability of staff to work well together?

Q15 Did staff say different things?

Q25 Treated with respect and dignity?

Q29 Doctor answered questions?

Q31 Had confidence and trust in doctors?

Q33 Nurse answered questions?

Q34 Had confidence and trust in nurses?

Q35 Nurses talked across you?

7: Hand hygiene

Q32 Doctors washed hands?

Q36 Nurses washed hands?

8: Facilities - cleanliness

Q5 How clean was room/ward?

Q6 How clean were toilets/bathrooms?

Legend

Picker CQC (UK) - Care Quality Commission

HCAHPS (USA) - Hospital Consumer Assessment of Healthcare Providers and Systems

National (Australia) set of core common patient experience questions

PEHS (South Australia) - Patient Experiences of Hospital Service

Department for Health and Ageing (SA), Safety and Quality Unit

Question repeated in other groupings

NATIONAL SET OF CORE COMMON PATIENT EXPERIENCE QUESTIONS (Australia)

Q3 (PExGS1) How would you rate overall care received while in hospital?	Q6 (PEx9) How clean were toilets/ bathrooms?	Q13 (PEx7b) Did staff help manage your pain?	Q14 (PEx12) Rating re ability of staff to work well together?
Q17 (PEx5b) Did a health care professional discuss with you about them?	Q18 (PEx3) Felt involved in decisions about care?	Q21 (PEx6) How much information about your condition or treatment was given to your family?	Q23 (PEx4b) Did family or someone close to you have enough opportunity to talk to staff?
Q24 (PEx8) Were able to get assistance when needed within a reasonable timeframe?	Q25 (PEx1) Treated with respect and dignity?	Q30 (PEx2) How often were things explained in a way that you could understand?	Q38 (PEx10) Given information to manage care at home when leaving hospital?
Q39 (PEx11) Made adequate arrangement for services after discharge?			

KEY PERFORMANCE INDICATOR (South Australia)

Involvement in care and treatment

Q8 Asked about dietary needs on arrival?	Q19 Gave consent and understood risks, benefits and alternatives?	Q26 Asked about cultural and religious beliefs?	Q27 If needed, had access to interpreter?
Q28 Was right to have opinion be respected?			

Legend

Picker CQC (UK) - Care Quality Commission	HCAHPS (USA) - Hospital Consumer Assessment of Healthcare Providers and Systems	National (Australia) set of core common patient experience questions
PEHS (South Australia) - Patient Experiences of Hospital Service	Department for Health and Ageing (SA), Safety and Quality Unit	Question repeated in other groupings

Appendix D:
Detailed frequency tables
of questions and responses

Appendix D: Detailed frequency tables of questions and responses

Q2. SF1 In general, would you say your health is ...? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Excellent	190	8.2	(7.2 - 9.4)	192	8.6	(7.5 - 9.8)
Very good	475	19.8	(18.2 - 21.5)	458	20.6	(18.9 - 22.3)
Good	656	28.4	(26.6 - 30.3)	597	26.8	(25.0 - 28.7)
Fair	579	25.1	(23.4 - 26.9)	598	26.8	(25.0 - 28.7)
Poor	428	18.5	(17.0 - 20.2)	384	17.2	(15.7 - 18.8)
Total	2310	100.0		2310	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.

Q3. Overall, how would you rate the care you received while in hospital? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Very good	1509	65.3	(63.3 - 67.2)	1425	63.9	(61.9 - 65.9)
Good	520	22.5	(20.9 - 24.3)	527	23.6	(21.9 - 25.5)
Adequate	185	8.0	(7.0 - 9.2)	178	8.0	(6.9 - 9.2)
Poor	68	2.9	(2.3 - 3.7)	60	2.7	(2.1 - 3.4)
Very poor	29	1.2	(0.9 - 1.8)	30	1.4	(0.9 - 1.9)
Don't know	-	-	-	6	0.3	(0.1 - 0.6)
Refused	-	-	-	1	0.1	#
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.

Insufficient number for a statistical test (n<5).

Q4. When you were first admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes	603	26.1	(24.4 - 28.0)	622	27.9	(26.1 - 29.8)
No	1630	70.6	(68.7 - 72.4)	1534	68.8	(66.9 - 70.7)
Don't know	76	3.3	(2.6 - 4.1)	72	3.2	(2.6 - 4.0)
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.

Note: 'no' is the sought after response for this question

Q5. In your opinion, how clean was the hospital room or ward that you were in? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Very clean	1608	69.6	(67.7 - 71.5) ↓	1642	73.7	(71.8 - 75.5) ↑
Fairly clean	597	25.8	(24.1 - 27.7)	511	22.9	(21.2 - 24.7)
Not very clean	52	2.3	(1.7 - 3.0)	28	1.3	(0.9 - 1.8)
Not at all clean	26	1.1	(0.8 - 1.6)	14	0.6	(0.4 - 1.0)
Don't know	27	1.2	(0.8 - 1.7)	33	1.5	(1.0 - 2.0)
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.

↑↓ Higher or lower compared to the other year; χ^2 test, $p < 0.05$.

Q6. How clean were the toilets and bathrooms that you used while in hospital? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Very clean	1524	66.0	(64.0 - 67.9)	1536	68.9	(67.0 - 70.8)
Fairly clean	559	24.2	(22.5 - 26.0)	494	22.2	(20.5 - 23.9)
Not very clean	85	3.7	(3.0 - 4.5)	87	3.9	(3.2 - 4.8)
Not at all clean	45	1.9	(1.5 - 2.6)	34	1.5	(1.1 - 2.1)
Doesn't apply	53	2.3	(1.7 - 3.0)	54	2.4	(1.8 - 3.1)
Don't know	44	1.9	(1.4 - 2.6)	23	1.0	(0.7 - 1.5)
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.

Q7. During this hospital stay, how often was the area around your room quiet at night? Would you say...? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Never	267	11.6	(10.3 - 12.9)	270	12.1	(10.8 - 13.5)
Sometimes	638	27.6	(25.8 - 29.5)	628	28.2	(26.3 - 30.1)
Usually	761	33.0	(31.1 - 34.9)	729	32.7	(30.8 - 34.7)
Always	606	26.2	(24.5 - 28.1)	567	25.4	(23.7 - 27.3)
Don't know	37	1.6	(1.2 - 2.2)	33	1.5	(1.0 - 2.0)
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.

Insufficient number for a statistical test ($n < 5$).

Q8. Were you asked about your dietary needs when you arrived on the ward? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes	903	39.1	(37.1 - 41.1)	821	36.8	(34.9 - 38.9)
Asked pre- admission	203	8.8	(7.7 - 10.0)	145	6.5	(5.5 - 7.6) ↓
No	756	32.7	(30.8 - 34.7)	802	36.0	(34.0 - 38.0)
Can't remember	386	16.7	(15.2 - 18.3)	397	17.8	(16.3 - 19.4)
Doesn't apply to me	63	2.7	(2.1 - 3.5)	63	2.8	(2.2 - 3.6)
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.

Insufficient number for a statistical test ($n < 5$). ↑↓ Higher or lower compared to the other year; χ^2 test, $p < 0.05$.

Q9. How would you rate the hospital food? SACESS 2015 and 2016

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Very good	521	22.5	(20.9 - 24.3)	564	25.3	(23.5 - 27.2)
Good	830	36.0	(34.0 - 37.9)	806	36.2	(34.2 - 38.2)
Fair	509	22.0	(20.4 - 23.8)	449	20.2	(18.5 - 21.9)
Poor	254	11.0	(9.8 - 12.3)	241	10.8	(9.6 - 12.2)
Don't know	24	1.0	(0.7 - 1.5)	16	0.7	(0.4 - 1.1)
Doesn't apply	172	7.4	(6.4 - 8.6)	152	6.8	(5.8 - 7.9)
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
 # Insufficient number for a statistical test (n<5).

Q10. Were you offered a choice of food? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, always	1547	72.4	(70.4 - 74.2)	1461	70.4	(68.4 - 72.3)
Yes, sometimes	135	6.3	(5.4 - 7.4) ↓	184	8.9	(7.7 - 10.1) ↑
No	226	10.6	(9.3 - 11.9)	205	9.9	(8.6 - 11.2)
Don't know	44	2.1	(1.5 - 2.8)	56	2.7	(2.1 - 3.5)
Doesn't apply	185	8.7	(7.6 - 9.9)	170	8.2	(7.1 - 9.4)
Total	2138	100.0		2076	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
 # Insufficient number for a statistical test (n<5). This question excludes those who responded 'doesn't apply' to Q9 (n=172 in 2016 and n=152 in 2017)
 ↑↓ Higher or lower compared to the other year; χ^2 test, p<0.05. # Insufficient number for a statistical test (n<5).

Q11. Did you get enough help from staff to eat your meals? SACESS 2015 and 2016

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, always	58	3.0	(2.3 - 3.8)	65	3.4	(2.7 - 4.3)
Yes, sometimes	36	1.9	(1.4 - 2.6)	28	1.5	(1.0 - 2.1)
No, needed help but didn't receive	27	1.4	(1.0 - 2.0)	31	1.7	(1.1 - 2.3)
Doesn't apply – able to eat on own	1827	93.6	(92.4 - 94.6)	1776	93.1	(92.0 - 94.2)
Don't know	4	0.2	#	7	0.4	(0.2 - 0.7)
Total	1953	100.0		1960	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
 This question excludes those who responded 'doesn't apply' to Q9 and Q10 (n=357 in 2016 and n=322 in 2017)
 # Insufficient number for a statistical test (n<5).

Q12. Were you in any pain while in hospital? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes	1597	69.1	(67.2 - 71.0)	1503	67.4	(65.5 - 69.4)
No	708	30.6	(28.8 - 32.6)	715	32.1	(30.2 - 34.1)
Don't know	5	0.2	(0.1 - 0.5)	9	0.4	(0.2 - 0.7)
Total	2310	100.0		2310	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
 # Insufficient number for a statistical test (n<5).

Q13. Do you think the hospital staff did everything they could to help manage your pain? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, definitely	1351	84.6	(82.8 - 86.3)	1274	84.8	(82.9 - 86.5)
Yes, to some extent	193	12.1	(10.6 - 13.8)	184	12.2	(10.7 - 14.0)
No	47	2.9	(2.2 - 3.9)	44	2.9	(2.2 - 3.9)
Don't know	5	0.3	(0.1 - 0.8)	-	-	-
Total	1597	100.0		1503	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
This question was only asked of those who responded 'yes' to Q12 (n=1597 in 2016 and n=1503 in 2017)

Q14. How would you rate how well the doctors and nurses worked together? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Excellent	812	35.2	(33.2 - 37.1)	803	36.0	(34.1 - 38.1)
Very good	773	33.5	(31.6 - 35.4)	777	34.9	(32.9 - 36.9)
Good	428	18.5	(17.0 - 20.2)	373	16.8	(15.2 - 18.3)
Fair	118	5.1	(4.3 - 6.1)	133	6.0	(5.0 - 7.0)
Poor	61	2.6	(2.1 - 3.4)	53	2.4	(1.8 - 3.1)
Don't know	116	5.0	(4.2 - 6.0)	88	4.0	(3.2 - 4.8)
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
Insufficient number for a statistical test (n<5).

Q15. Sometimes in a hospital, a member of staff will say one thing and another will say something different. Did this happen to you? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, often	192	8.3	(7.3 - 9.5)	183	8.2	(7.1 - 9.4)
Yes, sometimes	605	26.2	(24.4 - 28.0)	644	28.9	(27.1 - 30.8)
No	1471	63.7	(61.7 - 65.6)	1349	60.5	(58.5 - 62.6)
Don't know	42	1.8	(1.4 - 2.5)	53	2.4	(1.8 - 3.1)
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.

Q16. Did you have worries or fears about your condition or treatment while in hospital? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes	694	30.0	(28.2 - 31.9)	655	29.4	(27.5 - 31.3)
No	1608	69.6	(67.7 - 71.5)	1556	69.8	(67.9 - 71.7)
Don't know	7	0.3	(0.2 - 0.6)	17	0.8	(0.5 - 1.2)
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
Insufficient number for a statistical test (n<5).

Q17. Did a health care professional discuss them with you? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, completely	330	47.6	(43.9 - 51.3)	297	45.4	(41.6 - 49.2)
Yes, to some extent	199	28.6	(25.4 - 32.1)	212	32.3	(28.9 - 36.0)
No	151	21.8	(18.9 - 25.0)	143	21.8	(18.8 - 25.1)
Don't know	14	2.0	(1.2 - 3.3)	3	0.5	#
Total	694	100.0		655	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
 This question was only asked of those who responded 'yes' to Q16 (n=694 in 2016 and n=655 in 2017)
 # Insufficient number for a statistical test (n<5).

Q18. Were you involved, as much as you wanted to be, in decisions about your care and treatment? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, definitely	1429	61.9	(59.9 - 63.8)	1360	61.0	(59.0 - 63.1)
Yes, to some extent	573	24.8	(23.1 - 26.6)	612	27.5	(25.6 - 29.4)
No	274	11.9	(10.6 - 13.2)	206	9.3	(8.1 - 10.5)
Don't know	33	1.4	(1.0 - 2.0)	47	2.1	(1.6 - 2.8)
Refused	2	0.1	#	2	0.1	#
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
 # Insufficient number for a statistical test (n<5).

Q19. When you gave your consent for medical treatment, did you understand the risks, benefits and alternatives of recommended treatment? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes	2022	87.5	(86.1 - 88.8) ↓	2009	90.2	(88.9 - 91.4) ↑
No	154	6.7	(5.7 - 7.8)	119	5.4	(4.5 - 6.3)
Can't remember	66	2.9	(2.3 - 3.6)	54	2.4	(1.8 - 3.1)
Doesn't apply	67	2.9	(2.3 - 3.7)	45	2.0	(1.5 - 2.7)
Refused	1	0.1	#	0	0.0	#
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
 # Insufficient number for a statistical test (n<5).
 ↑↓ Higher or lower compared to the other year; χ^2 test, $p<0.05$.

Q20. How much information about your condition or treatment was given to you? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Not enough	430	18.6	(17.1 - 20.3)	393	17.7	(16.1 - 19.3)
The right amount	1822	78.9	(77.2 - 80.5)	1756	78.8	(77.1 - 80.5)
Too much	26	1.1	(0.8 - 1.7)	33	1.5	(1.0 - 2.0)
Don't know	31	1.3	(0.9 - 1.9)	44	2.0	(1.5 - 2.6)
Refused	-	-	-	1	0.1	#
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
 # Insufficient number for a statistical test (n<5).

Q21. How much information about your condition or treatment was given to your family, carer or someone close to you? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Not enough	304	13.2	(11.8 - 14.6)	277	12.4	(11.1 - 13.9)
Right amount	1353	58.6	(56.5 - 60.5)	1344	60.3	(58.3 - 62.3)
Too much	4	0.2	(0.1 - 0.4)	11	0.5	(0.3 - 0.9)
No family, carer or friends were involved	516	22.3	(20.7 - 24.1)	479	21.5	(19.8 - 23.2)
They didn't want or need information	67	2.9	(2.3 - 3.7) ↓	60	2.7	(2.1 - 3.4)
You didn't want them to have any information	15	0.6	(0.4 - 1.1)	10	0.4	(0.2 - 0.8)
Don't know	52	2.2	(1.7 - 2.9)	47	2.1	(1.6 - 2.8)
Refused	-	-	-	1	0.0	#
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
Insufficient number for a statistical test (n<5).

Q22. Did you have family or someone close to you who wanted to talk to the staff? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes	1088	60.6	(58.3 - 62.9)	993	56.7	(54.4 - 59.1)
No	666	37.1	(34.9 - 39.4)	710	40.6	(38.3 - 42.9)
Don't know	41	2.3	(1.7 - 3.1)	46	2.6	(2.0 - 3.5)
Refused	-	-	-	1	0.1	#
Total	1794	100.0		1749	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
This question is not asked of those who responded 'no family, care or friends were involved' (n=516 in 2016 and n=479 in 2017)
Insufficient number for a statistical test (n<5).

Q23. Did they have enough opportunity to do so? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, definitely	863	79.3	(76.8 - 81.6)	800	80.3	(77.8 - 82.7)
Yes, to some extent	128	11.8	(10.0 - 13.8)	103	10.3	(8.6 - 12.3)
No	89	8.2	(6.7 - 10.0)	77	7.8	(6.2 - 9.5)
You didn't want family or friends to talk to the staff	4	0.4	#	5	0.5	(0.2 - 1.1)
Don't know	4	0.3	#	11	1.1	(0.6 - 1.9)
Total	1088	100.0		996	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
This questions is only asked of those who responded 'yes' to Q22 (n=1088 in 2016 and n=996 in 2017)
Insufficient number for a statistical test (n<5).

Q24. If you needed assistance, were you able to get a member of staff to help you within a reasonable timeframe? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
All of the time	1111	48.1	(46.1 - 50.2)	1091	49.0	(46.9 - 51.0)
Most of the time	658	28.5	(26.7 - 30.4)	670	30.1	(28.2 - 32.0)
Some of the time	178	7.7	(6.7 - 8.9)	180	8.1	(7.0 - 9.3)
Rarely	55	2.4	(1.8 - 3.1)	44	2.0	(1.5 - 2.6)
Never	17	0.7	(0.5 - 1.2)	18	0.8	(0.5 - 1.2)
You didn't need assistance	287	12.4	(11.1 - 13.8)	217	9.7	(8.6 - 11.0)
Don't know	3	0.1	#	8	0.4	(0.2 - 0.7)
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
Insufficient number for a statistical test (n<5).

Q25. Did you feel you were treated with respect and dignity while you were in hospital? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, always	2038	88.2	(86.8 - 89.5)	1960	88.0	(86.6 - 89.3)
Yes, sometimes	217	9.4	(8.3 - 10.6)	233	10.5	(9.2 - 11.8)
No	53	2.3	(1.8 - 3.0)	31	1.4	(1.0 - 1.9)
Don't know	3	0.1	#	3	0.1	#
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
Insufficient number for a statistical test (n<5).

Q26. Did anyone ask whether you had any cultural or religious beliefs that might affect the way you were treated in hospital? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes	309	13.4	(12.1 - 14.8)	293	13.2	(11.8 - 14.6)
Asked pre- admission	263	11.4	(10.2 - 12.7)	189	8.5	(7.4 - 9.7)
No	1168	50.6	(48.5 - 52.6)	1186	53.2	(51.2 - 55.3)
Can't remember	324	14.0	(12.6 - 15.5)	287	12.9	(11.5 - 14.3)
Doesn't apply	246	10.7	(9.5 - 12.0)	272	12.2	(10.9 - 13.6)
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
Insufficient number for a statistical test (n<5).

↑↓ Higher or lower compared to the other year; χ^2 test, p<0.05.

Q27. If you needed one, did you have access to an interpreter? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes	30	1.3	(0.9 - 1.9) ↓	76	3.4	(2.7 - 4.2) ↑
No – wasn't offered one	14	0.6	(0.4 - 1.0)	12	0.5	(0.3 - 0.9)
No – couldn't access/ none available	4	0.2	#	2	0.1	#
Can't remember	13	0.5	(0.3 - 0.9)	17	0.8	(0.5 - 1.2)
Doesn't apply	2249	97.4	(96.6 - 97.9)	2120	95.2	(94.2 - 96.0)
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.

Insufficient number for a statistical test (n<5).

↑↓ Higher or lower compared to the other year; χ^2 test, p<0.05.

Q28. Was your right to have an opinion respected? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Never	56	2.4	(1.9 - 3.2)	44	2.0	(1.5 - 2.6)
Sometimes	192	8.3	(7.3 - 9.5)	196	8.8	(7.7 - 10.0)
Usually	216	9.4	(8.2 - 10.6) ↓	258	11.6	(10.3 - 13.0)
Always	1227	53.1	(51.1 - 55.1) ↓	1183	53.1	(51.0 - 55.2)
Doesn't apply	612	26.5	(24.7 - 28.3)	545	24.5	(22.7 - 26.3)
Refused	7	0.3	(0.2 - 0.6)	2	0.1	#
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.

Insufficient number for a statistical test (n<5).

Q29. When you had important questions to ask the doctor, did you get answers you could understand? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, always	1515	65.6	(63.6 - 67.5)	1443	64.8	(62.8 - 66.7)
Yes, sometimes	454	19.7	(18.1 - 21.3)	414	18.6	(17.0 - 20.2)
No	77	3.3	(2.7 - 4.1)	66	2.9	(2.3 - 3.7)
You had no need to ask	252	10.9	(9.7 - 12.2)	274	12.3	(11.0 - 13.7)
Don't know	11	0.5	(0.3 - 0.9)	29	1.3	(0.9 - 1.8)
Refused	1	0.1	#	2	0.1	#
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.

Insufficient number for a statistical test (n<5).

Q30. How often did the doctors, nurses and other health professionals caring for you explain things in a way you could understand? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
All of the time	1358	58.8	(56.8 - 60.8)	1260	56.6	(54.5 - 58.6)
Most of the time	659	28.5	(26.7 - 30.4)	729	32.7	(30.8 - 34.7)
Some of the time	194	8.4	(7.3 - 9.6)	156	7.0	(6.0 - 8.1)
Rarely	32	1.4	(1.0 - 1.9)	33	1.5	(1.0 - 2.0)
Never	27	1.2	(0.8 - 1.7)	31	1.4	(1.0 - 1.9)
Don't know	39	1.7	(1.2 - 2.3)	18	0.8	(0.5 - 1.2)
Refused	1	0.1	#	0	0.0	#
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.

Insufficient number for a statistical test (n<5).

↑↓ Higher or lower compared to the other year; χ^2 test, $p<0.05$.

Q31. Did you have confidence and trust in the doctors treating you? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, always	1927	83.4	(81.8 - 84.9)	1883	84.5	(83.0 - 86.0)
Yes, sometimes	293	12.7	(11.4 - 14.1)	271	12.2	(10.9 - 13.6)
No	79	3.4	(2.7 - 4.2)	53	2.4	(1.8 - 3.1)
Don't know	11	0.5	(0.3 - 0.9)	17	0.8	(0.5 - 1.2)
Refused	-	-	-	4	0.2	#
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.

Insufficient number for a statistical test (n<5).

Q32. As far as you know, did the doctors wash or clean their hands between touching patients? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, often	1161	50.3	(48.2 - 52.3)	1142	51.2	(49.2 - 53.3)
Yes, sometimes	52	2.2	(1.7 - 2.9)	56	2.5	(1.9 - 3.2)
No	54	2.3	(1.8 - 3.0)	55	2.5	(1.9 - 3.2)
Don't know/Can't remember	1043	45.1	(43.1 - 47.2)	973	43.7	(41.6 - 45.7)
Refused	-	-	-	2	0.1	#
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.

Insufficient number for a statistical test (n<5).

Q33. When you had an important question to ask a nurse, did you get answers that you could understand? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, always	1602	69.3	(67.4 - 71.2)	1532	68.8	(66.8 - 70.7)
Yes, sometimes	343	14.8	(13.4 - 16.3)	323	14.5	(13.1 - 16.0)
No	33	1.4	(1.0 - 2.0)	39	1.7	(1.3 - 2.4)
You had no need to ask	328	14.2	(12.8 - 15.7)	323	14.5	(13.1 - 16.0)
Don't know	4	0.2	#	11	0.5	(0.3 - 0.9)
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
Insufficient number for a statistical test (n<5).

Q34. Did you have confidence and trust in the nurses treating you? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, always	1928	83.5	(81.9 - 84.9)	1824	81.9	(80.2 - 83.4)
Yes, sometimes	337	14.6	(13.2 - 16.1)	356	16.0	(14.5 - 17.5)
No	39	1.7	(1.2 - 2.3)	39	1.8	(1.3 - 2.4)
Don't know	7	0.3	(0.1 - 0.6)	8	0.3	(0.2 - 0.7)
Refused	-	-	-	1	0.1	#
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
Insufficient number for a statistical test (n<5).

Q35. Did the nurses talk in front of you like you weren't there? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, often	82	3.5	(2.9 - 4.4)	85	3.8	(3.1 - 4.7)
Yes, sometimes	244	10.6	(9.4 - 11.9)	283	12.7	(11.4 - 14.1)
No	1951	84.4	(82.9 - 85.9)	1839	82.5	(80.9 - 84.1)
Don't know	33	1.4	(1.0 - 2.0)	22	1.0	(0.6 - 1.5)
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
'No' is the sought after response for this question. # Insufficient number for a statistical test (n<5).
Insufficient number for a statistical test (n<5).

Q36. As far as you know, did nurses wash or clean their hands between touching patients? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, always	1492	64.6	(62.6 - 66.5)	1407	63.1	(61.1 - 65.1)
Yes, sometimes	89	3.8	(3.1 - 4.7)	122	5.5	(4.6 - 6.5)
No	31	1.3	(1.0 - 1.9)	32	1.4	(1.0 - 2.0)
Don't know/Can't remember	698	30.2	(28.4 - 32.1)	667	29.9	(28.1 - 31.9)
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
Insufficient number for a statistical test (n<5).

Q37. Did you feel you were involved in decisions about your discharge from hospital? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, definitely	1194	51.7	(49.6 - 53.7)	1148	51.5	(49.4 - 53.6)
Yes, to some extent	424	18.4	(16.8 - 20.0)	458	20.5	(18.9 - 22.3)
No	246	10.6	(9.4 - 12.0)	209	9.4	(8.2 - 10.6)
You didn't need to be involved	438	19.0	(17.4 - 20.6)	392	17.6	(16.1 - 19.2)
Don't know	8	0.4	(0.2 - 0.7)	21	0.9	(0.6 - 1.4)
Refused	-	-	-	1	0.0	#
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
Insufficient number for a statistical test (n<5).

Q38. Thinking about when you left hospital, were you given enough information about how to manage your care at home? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, completely	1424	61.6	(59.6 - 63.6)	1354	60.8	(58.7 - 62.8)
Yes, to some extent	315	13.6	(12.3 - 15.1)	331	14.8	(13.4 - 16.4)
No	196	8.5	(7.4 - 9.7)	198	8.9	(7.8 - 10.1)
You didn't need this type of information	217	9.4	(8.3 - 10.7)	204	9.1	(8.0 - 10.4)
Don't know	24	1.0	(0.7 - 1.5)	7	0.3	(0.1 - 0.6)
Refused	-	-	-	1	0.0	#
Went to another hospital	134	5.8	(4.9 - 6.8)	134	6.0	(5.1 - 7.1)
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
Insufficient number for a statistical test (n<5).

Q39. Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, completely	939	43.1	(41.1 - 45.2) ↓	853	40.7	(38.6 - 42.9)
Yes, to some extent	161	7.4	(6.4 - 8.6)	182	8.7	(7.5 - 10.0)
No	155	7.1	(6.1 - 8.3)	144	6.9	(5.9 - 8.0)
You didn't need any services	908	41.7	(39.6 - 43.8) ↑	899	42.9	(40.8 - 45.1)
Don't know	13	0.6	(0.3 - 1.0)	14	0.7	(0.4 - 1.1)
Refused	2	0.1	#	3	0.1	#
Total	2176	100.0		2094	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
Excludes those who reported being discharged to another hospital in Q38 (n=134 in 2016 and n=134 in 2017)
Insufficient number for a statistical test (n<5).

Q40. Before you left hospital, were you given any written information or printed information about what you should or should not do after leaving hospital? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes	1306	60.0	(57.9 - 62.0)	1229	58.7	(56.6 - 60.8)
No	737	33.9	(31.9 - 35.9)	740	35.3	(33.3 - 37.4)
Don't know	132	6.1	(5.1 - 7.2)	121	5.8	(4.8 - 6.8)
Refused	1	0.1	#	4	0.2	#
Total	2176	100.0		2094	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
 Excludes those who reported being discharged to another hospital in Q38 (n=134 in 2016 and n=134 in 2017)
 # Insufficient number for a statistical test (n<5).

Q41. Did a member of staff tell you about any danger signals you should watch for after you went home? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, completely	1012	46.5	(44.4 - 48.6)	906	43.2	(41.2 - 45.4)
Yes, to some extent	162	7.4	(6.4 - 8.6)	210	10.0	(8.8 - 11.4)
No	362	16.6	(15.1 - 18.2)	350	16.7	(15.2 - 18.4)
You didn't need this type of information	570	26.2	(24.4 - 28.1)	572	27.3	(25.4 - 29.3)
Don't know	71	3.3	(2.6 - 4.1)	54	2.6	(2.0 - 3.3)
Refused	-	-	-	3	0.1	#
Total	2176	100.0		2094	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
 Excludes those who reported being discharged to another hospital in Q38 (n=134 in 2016 and n=134 in 2017)
 # Insufficient number for a statistical test (n<5). ↑↓ Higher or lower compared to the other year; χ^2 test, p<0.05.

Q42. Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, completely	851	39.1	(37.1 - 41.1)	815	38.9	(36.8 - 41.0)
Yes, to some extent	135	6.2	(5.2 - 7.3)	181	8.6	(7.5 - 9.9)
No	282	13.0	(11.6 - 14.5)	244	11.7	(10.3 - 13.1)
No family or friends were involved	544	25.0	(23.2 - 26.8)	491	23.4	(21.7 - 25.3)
Your family or friends didn't want or need information	335	15.4	(13.9 - 17.0)	315	15.0	(13.6 - 16.6)
Don't know	30	1.4	(1.0 - 2.0)	46	2.2	(1.6 - 2.9)
Refused	-	-	-	3	0.1	#
Total	2176	100.0		2094	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
 Excludes those who reported being discharged to another hospital in Q38 (n=134 in 2016 and n=134 in 2017)
 # Insufficient number for a statistical test (n<5). ↑↓ Higher or lower compared to the other year; χ^2 test, p<0.05.

Q43. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes	1678	77.1	(75.3 - 78.8)	1633	78.0	(76.2 - 79.7)
No	399	18.3	(16.8 - 20.0)	373	17.8	(16.2 - 19.5)
Don't know/Can't remember	100	4.6	(3.8 - 5.5)	86	4.1	(3.3 - 5.0)
Refused	-	-	-	3	0.1	#
Total	2176	100.0		2094	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
 Excludes those who reported being discharged to another hospital in Q38 (n=134 in 2016 and n=134 in 2017)
 # Insufficient number for a statistical test (n<5).

Q44. Did you go to the Emergency Department? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes	1426	61.7	(59.7 - 63.7) ↑	1442	64.7	(62.7 - 66.7)
No	860	37.2	(35.3 - 39.2) ↓	752	33.8	(31.8 - 35.7)
Don't know/Can't remember	7	0.3	(0.1 - 0.6)	15	0.7	(0.4 - 1.1)
Refused	16	0.7	(0.4 - 1.1)	19	0.8	(0.5 - 1.3)
Total	2310	100.0		2228	100.0	

Note: The raking of data can result in rounding discrepancies or totals not adding.

Q45. While you were in the Emergency Department, how much information about your condition or treatment was given to you? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Not enough	243	17.0	(15.2 - 19.1)	220	15.3	(13.5 - 17.2)
Right amount	875	61.3	(58.8 - 63.8)	914	63.4	(60.8 - 65.8)
Too much	4	0.3	(0.1 - 0.7)	15	1.0	(0.6 - 1.7)
You weren't given any information about your condition or treatment	161	11.3	(9.7 - 13.0) ↑	105	7.3	(6.0 - 8.7) ↓
Don't know	144	10.1	(8.6 - 11.7)	189	13.1	(11.4 - 14.9)
Refused	-	-	-	0	0.0	
Total	1426	100.0		1443	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
 Only asked of those who reported going to the Emergency Department (n=1426 in 2016 and n=1443 in 2017)
 ↑↓ Higher or lower compared to the other year; χ^2 test, $p < 0.05$.

Q46. Were you given enough privacy when being examined or treated in the Emergency Department? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, definitely	1139	79.9	(77.7 - 81.9)	1124	77.9	(75.7 - 80.0)
Yes, to some extent	120	8.4	(7.1 - 10.0)	139	9.6	(8.2 - 11.2)
No	42	2.9	(2.2 - 3.9)	41	2.8	(2.1 - 3.8)
Don't know	124	8.7	(7.3 - 10.2)	138	9.6	(8.1 - 11.2)
Refused	2	0.1	#	2	0.1	#
Total	1426	100.0		1443	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
 Only asked of those who reported going to the Emergency Department (n=1426 in 2016 and n=1443 in 2017)
 # Insufficient number for a statistical test (n<5).

Q47. How comfortable did you feel that you could make a complaint or a suggestion, or raise a concern with staff? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Very comfortable	1358	58.8	(56.8 - 60.8)	1328	59.6	(57.6 - 61.6)
Somewhat comfortable	584	25.3	(23.6 - 27.1)	615	27.6	(25.8 - 29.5)
Not at all comfortable	276	11.9	(10.7 - 13.3)	204	9.1	(8.0 - 10.4)
Don't know	91	3.9	(3.2 - 4.8)	80	3.6	(2.9 - 4.4)
Refused	2	0.1	#	1	0.1	#
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
 # Insufficient number for a statistical test (n<5).
 † Higher or lower compared to the other year; χ^2 test, p<0.05.

Q48. Did you see or were you given any information explaining how to complain to the hospital about the care you received? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes	522	22.6	(21.0 - 24.4)	527	23.7	(21.9 - 25.5)
No	1445	62.6	(60.6 - 64.5)	1381	62.0	(60.0 - 64.0)
Not sure/Don't know	343	14.8	(13.4 - 16.3)	318	14.3	(12.9 - 15.8)
Refused	-	-	-	2	0.1	#
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
 # Insufficient number for a statistical test (n<5).

Q49. During this hospital stay, how often was it easy for you to find someone on the hospital staff to talk to about your concerns? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Never	91	3.9	(3.2 - 4.8)	90	4.0	(3.3 - 4.9)
Sometimes	285	12.3	(11.0 - 13.7)	309	13.9	(12.5 - 15.4)
Usually	310	13.4	(12.1 - 14.9) ↓	305	13.7	(12.3 - 15.2)
Always	871	37.7	(35.7 - 39.7)	790	35.5	(33.5 - 37.5)
You didn't want or need to talk to staff	752	32.6	(30.7 - 34.5) ↑	730	32.8	(30.8 - 34.7)
Refused	1	0.1	#	3	0.1	#
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
Insufficient number for a statistical test (n<5).

Q50. Do you know your rights as a patient? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes	1357	58.7	(56.7 - 60.7)	1385	62.2	(60.1 - 64.2)
No	743	32.2	(30.3 - 34.1) ↑	618	27.7	(25.9 - 29.6) ↓
Don't know	210	9.1	(8.0 - 10.3)	223	10.0	(8.8 - 11.3)
Refused	-	-	-	2	0.1	#
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
Insufficient number for a statistical test (n<5).

↑↓ Higher or lower compared to the other year; χ^2 test, $p<0.05$.

Q51. Were you provided information on your rights as a patient? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, and you read some of it	906	39.2	(37.2 - 41.2)	956	42.9	(40.9 - 45.0)
Yes, but you don't know what it means	144	6.2	(5.3 - 7.3) ↑	76	3.4	(2.7 - 4.2) ↓
No	754	32.6	(30.7 - 34.6)	685	30.8	(28.9 - 32.7)
Don't know/Can't remember	506	21.9	(20.3 - 23.7)	509	22.9	(21.1 - 24.6)
Refused	-	-	-	2	0.1	#
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
Insufficient number for a statistical test (n<5).

↑↓ Higher or lower compared to the other year; χ^2 test, $p<0.05$.

Q52. Did staff explain your rights as a patient to you? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes	616	26.7	(24.9 - 28.5)	594	26.7	(24.9 - 28.5)
No	1090	47.2	(45.1 - 49.2)	1048	47.0	(45.0 - 49.1)
Don't know/Can't remember	604	26.1	(24.4 - 28.0)	584	26.2	(24.4 - 28.1)
Refused	1	0.1	#	2	0.1	#
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
Insufficient number for a statistical test (n<5).

Q53. Could you understand the patient rights that had been explained to you? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes	591	95.7	(93.8 - 97.1)	579	97.5	(96.0 - 98.5)
No	13	2.1	(1.2 - 3.6)	12	2.0	(1.1 - 3.4)
Don't know/Can't remember	13	2.2	(1.3 - 3.7)	3	0.5	#
Total	618	100.0		594	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
 # Insufficient number for a statistical test (n<5).
 This was only asked of those who responded 'yes' to Q52 (n=616 in 2016 and n=594 in 2017)

Q54. Were you given enough privacy when discussing your condition or treatment? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, always	1813	78.5	(76.8 - 80.1)	1760	79.0	(77.3 - 80.6)
Yes, sometimes	309	13.4	(12.0 - 14.8)	311	13.9	(12.6 - 15.4)
No	171	7.4	(6.4 - 8.5)	137	6.2	(5.2 - 7.2)
Don't know	17	0.7	(0.5 - 1.2)	18	0.8	(0.5 - 1.2)
Refused	-	-	-	3	0.1	#
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
 # Insufficient number for a statistical test (n<5).

Q55. Were you given enough privacy when being examined or treated? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, always	2118	91.7	(90.5 - 92.8)	2052	92.1	(90.9 - 93.2)
Yes, sometimes	129	5.6	(4.7 - 6.6)	115	5.1	(4.3 - 6.1)
No	46	2.0	(1.5 - 2.6)	39	1.8	(1.3 - 2.4)
Don't know	16	0.7	(0.4 - 1.1)	20	0.9	(0.6 - 1.4)
Refused	-	-	-	3	0.1	#
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
 # Insufficient number for a statistical test (n<5).

Q56. Did you experience an incident resulting in harm to you while in hospital? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes	112	4.9	(4.1 - 5.8)	100	4.5	(3.7 - 5.4)
No	2192	94.9	(93.9 - 95.7)	2123	95.3	(94.3 - 96.1)
Don't know	4	0.2	#	2	0.1	#
Refused	2	0.1	#	4	0.2	#
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.
 # Insufficient number for a statistical test (n<5).

Q57. Did staff talk to you about what happened to you in a way you could understand? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes, you understood what had happened	71	63.5	(54.3 - 71.8)	67	66.2	(56.8 - 75.0)
No, you didn't understand what had happened	38	34.2	(26.1 - 43.4)	27	26.6	(18.8 - 35.9)
Don't know/Can't remember	3	2.3	#	5	5.3	(1.9 - 10.5)
Refused	-	-	-	2	1.9	#
Total	112	100.0		101	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.

Only asked of those who responded 'yes' to Q56 (n=112 in 2016 and n=101 in 2017)

Insufficient number for a statistical test (n<5).

Q70. Would you recommend the hospital to a relative or a friend? SACESS 2016 and 2017

	2016			2017		
	n	%	(95% CI)	n	%	(95% CI)
Yes	2006	86.9	(85.4 - 88.2) ↓	1969	88.4	(87.0 - 89.7)
No	167	7.2	(6.2 - 8.4) ↑	138	6.2	(5.2 - 7.3)
Unsure/Don't know	137	5.9	(5.0 - 7.0)	121	5.4	(4.5 - 6.4)
Total	2310	100.0		2228	100.0	

Note: The raked weighting of data can result in rounding discrepancies or totals not adding.

Appendix E: CATI questionnaire

Appendix E: CATI questionnaire

SA Consumer Experience Surveillance System - Hospital Inpatients – 2017

Computer Assisted Telephone Interviewing (CATI) - Survey Questionnaire

(Note: text in bold is read out by interviewer)

Note 2: ACSQHC Australian Commission on Safety & Quality in Health Care; DEM Demographics (SAMSS); HCAHPSA Hospital Consumer Assessment of Healthcare Providers and Systems; PEx Patient Experience (National Core Common Patient Experience Questions); GS Global Satisfaction; STD Standard; PICKER Picker Institute (UK); PS Patient Satisfaction; S&Q Safety & Quality Unit, SA Health; SF Short Form (First question of SF36)

Introduction

Good My name is I am calling on behalf of SA Health. May I speak with please?

(Conducted only in English) Interviewer note:

- > Either get person and repeat introduction; or
- > Make appointment to call back later.

Recently you were a patient in

[insert hospital name] hospital and we would like you to answer some questions about your experience so that we can identify things that need to be improved in the hospital care system.

A letter was sent to you recently about the survey on behalf of SA Health.

1. Did you receive the letter?

(Single response. Interviewer note: If no, offer to read out or send a letter to updated address)

1. Yes
2. No
3. Don't know/Can't remember

I can assure you that the information you give will remain confidential. If at any time you do not feel comfortable answering a question, you are not obliged to do so. You are free to withdraw at any time. The answers from all people interviewed will be gathered together and presented in a report. No individual answers will be passed on.

2. **PEx_STD3 (SF1)** In general, would you say your health is:

(Read options. Single response)

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

3. **PEx_GS1** Overall, how would you rate the care you received while in hospital?

(Read options. Single response)

1. Very good
2. Good
3. Adequate
4. Poor
5. Very poor
6. Don't know
7. Refused to answer

Hospital environment

4. **PICKER18** When you were first admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex?

(Single response)

1. Yes
2. No
3. Don't know
4. Refused

5. **PICKER8** In your opinion, how clean was the hospital room or ward that you were in?

(Read Options. Single response)

1. Very clean
2. Fairly clean
3. Not very clean
4. Not at all clean
5. Don't know
6. Refused

6. **PICKER9_PEx9** How clean were the toilets and bathrooms that you used while in hospital?

(Read Options. Single response)

1. Very clean
2. Fairly clean
3. Not very clean
4. Not at all clean
5. Doesn't apply
6. Don't know
7. Refused

7. **ACSQHC_HCAHPSA9** During this hospital stay, how often was the area around your room quiet at night? Would you say...

(Read Options. Single response)

1. Never
2. Sometimes
3. Usually
4. Always
5. Don't know
6. Refused

Food

8. **KPI_1** Were you asked about your dietary needs when you arrived on the ward?

(Read Options. Single Response)

1. Yes
2. Asked pre-admission
3. No
4. Can't remember
5. Doesn't apply to me
6. Refused

9. **PICKER57** How would you rate the hospital food?

(Read Options. Single response)

1. Very good
2. Good
3. Fair
4. Poor
5. Don't know
6. Refused
7. Doesn't apply

Sequence guide: If Q9 = 7, go to Q12

10. **PICKER58** Were you offered a choice of food?

(Read Options. Single response)

1. Yes, always
2. Yes, sometimes
3. No
4. Don't know
5. Refused
6. Doesn't apply (added Feb 2015)

Sequence guide: If Q10 = 6, go to Q12

11. **PICKER59** Did you get enough help from staff to eat your meals?

(Read Options. Single response)

1. Yes, always
2. Yes, sometimes
3. No, needed help but did not receive
4. Doesn't apply – able to eat on own
5. Don't know
6. Refused

Pain control

12. **PEx7a** Were you ever in any pain while in hospital?

(Single response)

1. Yes
2. No
3. Don't know
4. Refused

Sequence guide: If Q12 > 1, go to Q14

13. PICKER10_PEx7b Do you think the hospital staff did everything they could to help manage your pain?

(Read Options. Single response)

1. Yes, definitely
2. Yes, to some extent
3. No
4. Don't know
5. Refused

Care and treatment

14. PICKER17_PEx12 How would you rate how well the doctors and nurses worked together?

(Read Options. Single response)

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Don't know
7. Refused

15. PICKER11 Sometimes in a hospital, a member of staff will say one thing and another will say something different. Did this happen to you?

(Read Options. Single response)

1. Yes, often
2. Yes, sometimes
3. No
4. Don't know
5. Refused

16. PICKER12_PEx5a Did you have worries or fears about your condition or treatment while in hospital?

(Single response)

1. Yes
2. No
3. Don't know
4. Refused

Sequence guide: If Q16 > 1, go to Q18

17. PEx5b Did a health care professional discuss them with you?

(Read Options. Single response)

1. Yes, completely
2. Yes, to some extent
3. No
4. Don't know
5. Refused

18. PICKER13_PEx3 Were you involved, as much as you wanted to be, in decisions about your care and treatment?

(Read Options. Single response)

1. Yes, definitely
2. Yes, to some extent
3. No
4. Don't know
5. Refused

19. KPI_7 When you gave your consent for medical treatment, did you understand the risks, benefits and alternatives of the recommended treatment?

(Single Response)

1. Yes
2. No
3. Can't remember
4. Doesn't apply
5. Refused

20. PICKER14 How much information about your condition or treatment was given to you?

(Read Options. Single response)

1. Not enough
2. The right amount
3. Too much
4. Don't know
5. Refused

21. **PEX6** How much information about your condition or treatment was given to your family, carer or someone close to you?

(Read Options. Single response)

1. Not enough
2. Right amount
3. Too much
4. No family, carer or friends were involved
5. They did not want or need information
6. You did not want them to have any information
7. Don't know
8. Refused

Sequence guide: If Q21 =4, go to Q24

22. **PEX4a** Did you have family or someone close to you who wanted to talk to the staff?

(Single response)

1. Yes
2. No
3. Don't know
4. Refused

Sequence guide: If Q22 > 1, go to Q24

23. **PEX4b** Did they have enough opportunity to do so?

(Read Options. Single response)

1. Yes, definitely
2. Yes, to some extent
3. No
4. You did not want family or friends to talk to the staff
5. Don't know
6. Refused

24. **PEX8** If you needed assistance, were you able to get a member of staff to help you within a reasonable timeframe?

(Read Options. Single response)

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. You did not need assistance
7. Don't know
8. Refused

Treated with respect and dignity

25. **PICKER16_PEx1** Did you feel you were treated with respect and dignity while you were in hospital?

(Read Options. Single response)

1. Yes, always
2. Yes, sometimes
3. No
4. Don't know
5. Refused

26. **KPI_2** Did anyone ask whether you had any cultural or religious beliefs that might affect the way you were treated in hospital?

(Read Options. Single Response)

1. Yes
2. Asked pre-admission
3. No
4. Can't remember
5. Doesn't apply
6. Refused

27. **KPI_3** If you needed one, did you have access to an interpreter?

(Read Options. Single Response)

1. Yes
2. No, was not offered one
3. No, could not access interpreter/none available
4. Can't remember
5. Doesn't apply
6. Refused

28. **KPI_11** Was your right to have an opinion respected...

(Read Options. Single Response)

1. Never
2. Sometimes
3. Usually
4. Always
5. Doesn't apply
6. Refused

Staff / Hand washing

29. PICKER1 When you had important questions to ask a doctor, did you get answers that you could understand?

(Read Options. Single response)

1. Yes, always
2. Yes, sometimes
3. No
4. You had no need to ask
5. Don't know
6. Refused

30. PEx2 How often did the doctors, nurses and other health professionals caring for you explain things in a way you could understand?

(Read Options. Single response)

1. All of the time
2. Most of the time
3. Some of the time
4. Rarely
5. Never
6. Don't know
7. Refused

31. PICKER2 Did you have confidence and trust in the doctors treating you?

(Read Options. Single response)

1. Yes, always
2. Yes, sometimes
3. No
4. Don't know
5. Refused

32. PICKER3 As far as you know, did doctors wash or clean their hands between touching patients?

(Read Options. Single response)

1. Yes, often
2. Yes, sometimes
3. No
4. Don't know/Can't remember
5. Refused

33. PICKER4 When you had important questions to ask a nurse, did you get answers that you could understand?

(Read Options. Single response)

1. Yes, always
2. Yes, sometimes
3. No
4. You had no need to ask
5. Don't know
6. Refused

34. PICKER5 Did you have confidence and trust in the nurses treating you?

(Read Options. Single response)

1. Yes, always
2. Yes, sometimes
3. No
4. Don't know
5. Refused

35. PICKER6 Did nurses talk in front of you as if you weren't there?

(Read Options. Single response)

1. Yes, often
2. Yes, sometimes
3. No
4. Don't know
5. Refused

36. PICKER7 As far as you know, did nurses wash or clean their hands between touching patients?

(Read Options. Single response)

1. Yes, always
2. Yes, sometimes
3. No
4. Don't know/Can't remember
5. Refused

Discharge information

37. PICKER15 Did you feel you were involved in decisions about your discharge from hospital?

(Read Options. Single response)

1. Yes, definitely
2. Yes, to some extent
3. No
4. You did not need to be involved
5. Don't know
6. Refused

38. PICKER51_PEx10 Thinking about when you left hospital, were you given enough information about how to manage your care at home?

(Read Options. Single response)

1. Yes, completely
2. Yes, to some extent
3. No
4. You did not need this type of information
5. Don't know
6. Refused
7. Went to another hospital

Sequence guide: If Q38 = 7, go to Q44

39. PICKER52_PEx11 Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed?

(Read Options. Single response)

1. Yes, completely
2. Yes, to some extent
3. No
4. You did not need any services
5. Don't know
6. Refused

40. PICKER53 Before you left hospital, were you given any written information or printed information about what you should or should not do after leaving hospital?

(Single response)

1. Yes
2. No
3. Don't know
4. Refused

41. PICKER54 Did a member of staff tell you about any danger signals you should watch for after you went home?

(Read Options. Single response)

1. Yes, completely
2. Yes, to some extent
3. No
4. You did not need this type of information
5. Don't know
6. Refused

42. PICKER55 Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you?

(Read Options. Single response)

1. Yes, definitely
2. Yes, to some extent
3. No
4. No family or friends were involved
5. Your family or friends did not want or need information
6. Don't know
7. Refused

43. PICKER56 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

(Single response)

1. Yes
2. No
3. Don't know/Can't remember
4. Refused

Emergency department

44. PICKER63 Did you go to the Emergency Department?

(Single response)

1. Yes
2. No
3. Don't know/Can't remember
4. Refused

Sequence guide: If Q44 > 1, go to Q47

45. PICKER64 While you were in the Emergency Department, how much information about your condition or treatment was given to you?

(Read Options. Single response)

1. Not enough
2. Right amount
3. Too much
4. You were not given any information about your condition or treatment
5. Don't know
6. Refused

46. PICKER65 Were you given enough privacy when being examined or treated in the Emergency Department?

(Read Options. Single response)

1. Yes, definitely
2. Yes, to some extent
3. No
4. Don't know
5. Refused

Consumer feedback

Thinking once again about your recent hospital visit...

47. SQUNIT1 How comfortable did you feel that you could make a complaint or a suggestion, or raise a concern with staff?

(Read options. Single Response)

1. Very comfortable
2. Somewhat comfortable
3. Not at all comfortable
4. Don't know
5. Refused

48. PICKER19 Did you see or were you given any information explaining how to complain to the hospital about the care you received?

(Single Response)

1. Yes
2. No
3. Not sure/Don't know
4. Refused

49. ACSQHC_HCAHPSA42 During this hospital stay, how often was it easy for you to find someone on the hospital staff to talk to about your concerns?

(Read options. Single Response)

1. Never
2. Sometimes
3. Usually
4. Always
5. You did not want or need to talk to staff
6. Refused

Patient rights and engagement

50. SQUNIT2 Do you know your rights as a patient?

(Single Response)

1. Yes
2. No
3. Don't know
4. Refused

51. SQUNIT3 Were you provided information on your rights as a patient?

(Read options. Single Response)

1. Yes, and you read some of it
2. Yes, but you don't know what it means
3. No
4. Don't know/Can't remember
5. Refused

52. SQUNIT4 Did staff explain your rights as a patient to you?

(Single Response)

1. Yes
2. No
3. Don't know/Can't remember
4. Refused

Sequence Guide: If Q52 > 1, go to Q54

53. SQUNIT5 Could you understand the patient rights that had been explained to you?

(Single Response)

1. Yes
2. No
3. Don't know/Can't remember
4. Refused

Privacy

54. **PICKER43** Were you given enough privacy when discussing your condition and treatment?

(Read Options. Single response)

1. Yes, always
2. Yes, sometimes
3. No
4. Don't know
5. Refused

55. **PICKER44** Were you given enough privacy when being examined or treated?

(Read Options. Single response)

1. Yes, always
2. Yes, sometimes
3. No
4. Don't know
5. Refused

Open disclosure

56. **SQUNIT6** Did you experience an incident resulting in harm to you while in hospital?

(Single Response. Interviewer note: An incident is when a person receiving health care was harmed, such as wrong dose of medication)

1. Yes
2. No
3. Don't know
4. Refused

Sequence Guide: If Q56 > 1, go to Q58

57. **SQUNIT7** Did staff talk to you about what happened to you in a way you could understand?

(Read options. Single Response)

1. Yes, you understood what had happened
2. No, you did not understand what had happened
3. Don't know/Can't remember
4. Refused

Demographic and social indicators

Now, to finish off with some questions about you.

58. **PEX_STD1** What year were you born?

1. Enter year ___ ___ ___
2. Refused [999]

59. **DEM1** How old are you?

(Single Response)

1. Enter years ___ ___
2. Don't know [998]
3. Refused [999]

Sequence Guide: If Q59 = 1, go to Q61

60. **DEM2** Which age group are you in? Would it be ...?

(Read Options. Single response)

1. 16 to 19
2. 20 to 24
3. 25 to 29
4. 30 to 34
5. 35 to 39
6. 40 to 44
7. 45 to 49
8. 50 to 54
9. 55 to 59
10. 60 to 64
11. 65 to 69
12. 70 to 74
13. 75 years or older
14. Not stated

61. **DEM3** Gender

(Single Response. Interviewer note: ask if unsure)

1. Male
2. Female
3. Indeterminate

62. **DEM5** What is your country of birth?

(Single Response)

1. Afghanistan
2. Australia
3. Austria
4. Bosnia-Herzegovina
5. Canada
6. China
7. Croatia
8. Egypt
9. Lebanon
10. France
11. Germany
12. Greece
13. Holland / Netherlands
14. Hungary
15. Iran
16. India
17. Italy
18. Malaysia
19. Malta
20. New Zealand
21. Philippines
22. Poland
23. Slovenia
24. South Africa
25. UK or Ireland
26. USA
27. Vietnam
28. Former Yugoslav
29. Other country (specify) _____
30. Not stated/Refused

Sequence Guide: If Q62=1, 3 to 29, go to Q65 (change as of Sept 2016)

63. **PEX_STD4a** Are you of Aboriginal or Torres Strait Islander origin?

(Single Response)

1. **Yes**
2. **No**
3. Declined to answer
4. Not stated/Inadequately described

Sequence Guide: If Q63 > 2, go to Q67 (change as of Sept 2016)

64. **PEX_STD4b** Are you of Aboriginal origin, Torres Strait Islander origin, or both?

(Single Response)

1. *Aboriginal*
2. *Torres Strait Islander*
3. *Both Aboriginal and Torres Strait Islander*
4. *Declined to answer*
5. *Not stated/Inadequately described*

Sequence Guide: Go to Q67 (change as of Sept 2016)

65. **DEM6** What year did you arrive in Australia?

(Single Response)

1. Enter year _ _ _ _
2. Don't know [998]
3. Refused [999]

66. **DEM7_PEX_STD2** Which language do you mainly speak at home?

(Single Response)

1. English
2. Aboriginal/Torres Strait Islander languages
3. Arabic
4. Chinese/Mandarin/Cantonese
5. Croatian
6. Dutch
7. German
8. Greek
9. Italian
10. Polish
11. Russian
12. Serbian
13. Vietnamese
14. Hindi
15. Other (specify) _____
16. Not stated/Refused

67. **DEM8** What is the highest level of education you have completed?

[Interviewer note: Prompt if necessary]

(Read Options. Single Response)

1. Never attended school
2. Some primary school
3. Completed primary school
4. Some high school
5. Completed high school (eg Year 12, Form 6, HSC)
6. TAFE or Trade Certificate or Diploma
7. University, CAE or some other tertiary institution degree
8. Other
9. Not stated/Refused

68. **DEM9** Can you tell me the approximate annual gross income of your household? That is, for all people in the household before tax is taken out. I'll read out some categories - could you please tell me into which one your household's income falls?

(Read Options. Single Response)

1. Up to \$12,000
2. \$12,001 - \$20,000
3. \$20,001 - \$40,000
4. \$40,001 - \$60,000
5. \$60,001 - \$80,000
6. \$80,001 - \$100,000
7. More than \$100,000
8. Not stated/Refused
9. Don't know

69. **DEM10** Can you tell me which of the following living arrangements describes your household. Do you...?

(Read Options. Single Response)

1. Live alone
2. Live with partner
3. Live with children
4. Live with partner & children
5. Live with parent(s)
6. Live with parent(s) and siblings
7. Live with other unrelated adults
8. Live with other related adults
9. Live in extended family household
10. Other (not specified)
11. Not stated/Refused

70. **PS11** Would you recommend the hospital to a relative or friend?

(Single Response)

1. Yes
2. No
3. Unsure/ Don't Know

71. **PS5** Finally, was there one issue about your hospital stay that you really want to tell us about?

(Multiple Response)

1. Issue satisfied with (specify) _____
2. Issue dissatisfied with (specify) _____
3. Unsure/ Don't know
4. No

(from July 2016) Sequence Guide: If Q71 is 1 or 3 4 (satisfied comment, unsure/don't know or no), go to END.

72. **SQUNIT8** *(for all those with a dissatisfied comment)* Do you give permission for your details to be provided to SA Health so that if they investigate this concern, they can do so on your behalf? If there is a follow up, you may be contacted by SA Health Safety and Quality Unit staff.

(Single Response)

1. Yes
2. No

If some of the questions in this survey caused some concern, I would like to offer you a telephone number if you feel that you need to discuss some of these concerns with a qualified professional (Director, Safety and Quality Unit, SA Health, on 8226 6539).

[Date of interview]

[Day of week interview undertaken]

[Time of day interview undertaken]

That concludes the survey. On behalf of the SA Health, I would like to thank you very much for taking part in the survey. Thank you for your time.

Appendix F: Response rate

Appendix F: Response rate

The overall response rate between January and December 2017 was 69.0% (Table F.1). Initially a sample of 3704 was drawn. In total, 2228 respondents completed the interview. Sample loss of 473 (12.8%) occurred due to non-connected (259), non-residential telephone numbers (7); or the respondent was not in the area (2), had died following discharge from hospital (29), had not been admitted to hospital (49) or was ineligible (127).³ Of the SA Health hospital consumers who were eligible (3231), 208 refused to participate; 447 could not be contacted after 10 or more attempts; 103 spoke a foreign language; 214 were incapacitated; 9 terminated the interview; and 22 respondents were unavailable.

Table F.1 Response rate calculations, overall and by metropolitan and country South Australia, SACESS 2017

	Metropolitan SA*		Country SA**		SA overall	
	n	%	n	%	n	%
Original sample size	2816		888		3704	
Less	364		109		473	
Non-connected	179	6.4	80	11.5	259	7.0
Non-residential	7	0.2		0.0	7	0.2
Fax/modem						
Respondent not in area	1	0.0	1	0.1	2	0.1
Died following discharge	25	0.9	4	0.6	29	0.8
Not admitted to hospital	48	1.7	1	0.1	49	1.3
Ineligible <i>(admission type, no recollection of hospitalisation, transferred, incorrect telephone number)</i>	104	3.7	23	2.6	127	3.4
Total eligible sample	2452		779		3231	
Refusals	158	5.6	50	7.2	208	5.6
Non-contact >10 attempts	319	11.3	128	18.4	447	12.1
Foreign language	89	3.2	14	2.0	103	2.8
Incapacitated	172	6.1	42	6.0	214	5.8
Terminated	8	0.3	1	0.1	9	0.2
Respondent unavailable	17	0.6	5	0.7	22	0.6
Completed interviews	1689		539		2228	
Participation rate		79.2		82.8		80.0
Response rate		68.9		69.2		69.0

* Metropolitan sample drawn from Open Architect Clinical Information System (OACIS) or Enterprise Patient Administration System (EPAS).

** Country sample drawn from Country Data Mart (CDM) or Enterprise Patient Administration System (EPAS).

Note: data presented without raked weighting.

³ Includes persons coded as the wrong admission type, and those who had no recollection of being hospitalised, were transferred to another hospital/institution or their telephone number was incorrect.

Appendix G: Approach letter

Appendix G: Approach letter



Government of South Australia
SA Health

Safety and Quality Unit

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Adelaide SA 5000
DX 126

Tel 08 8226 6539
Fax 08 8226 0725
ABN 976 433 565 90
www.health.sa.gov.au

Reference Number:

[Date]

Title [First Name] [Surname]

[Address]

[Suburb] SA [Postcode]

Dear [Title] [Surname]

RE: South Australian Public Hospital Consumer's Experience Survey

We invite you to participate in the South Australian Public Hospital Consumer Experience Survey. This survey measures consumers' experiences with their hospital stay.

What is the purpose of the survey?

Your views are very important in helping us find out how good our public hospital services are and how they can be improved. We are working together to provide the best possible services for all South Australians. To help us improve the safety and quality of our services, we will be conducting a telephone survey to ask what you think about the care and treatment you received during your recent visit to hospital. We realise that you are busy, but we hope that you will take the time to talk to us. We want you to know that your feedback is important and we value your involvement in making our hospitals better.

Why have I been chosen?

You are being invited to take part in this survey because you have had a recent stay at [Hospital] in [Month] 2017. We will also be contacting other people who have had a stay in hospital during the same time period. We apologise for any distress we may have inadvertently caused if the person to whom this letter is addressed has passed away since being discharged from hospital.

Do I have to take part?

No, taking part in this survey is completely voluntary and you will be able to stop at any time during the telephone interview and reschedule if necessary. If you have any questions about the survey, or wish to withdraw your participation, you can call the Director, Safety and Quality Unit, SA Health, on (tel) 8226 6334.

What would I have to do?

If you decide to take part, a person will telephone you on behalf of SA Health, within the next few weeks, to ask you some questions about your hospital visit. This will take about 15 minutes.

Who is organising the survey?

The survey is being carried out by SA Health on behalf of all public hospitals. The answers you give us will be put into a report so that the government and the hospitals can work towards providing the highest quality health care and services as possible. Ethics approval for the survey has been obtained from SA Health Human Research Ethics Committee.

Will my taking part in this study be kept confidential?

Yes, all answers are confidential and all results will be presented in a form that does not allow any individual's answers to be identified. Your responses to questions will only be used to provide information about the quality of the hospital services SA Health provides and to help us to improve these services.

We would like to reassure you that your privacy will be protected at all times and your participation, or not, will not influence any future hospital treatment you may receive.

During the survey, if you raise a serious concern that you would like followed up on your behalf, please note that you may be contacted by SA Health Safety and Quality Unit staff for further information.

Contact for further information

Results from these surveys will be published annually, usually in June, for the previous year. They will be available on our website www.sahealth.sa.gov.au/safetyandquality (please refer to the "Reports" link in the right-hand side-bar of this webpage).

Thank you.

Yours sincerely

Michele McKinnon
Executive Director
Quality, Information & Performance
System Performance & Service Delivery
SA Health

Appendix H:
Raking, data processing,
statistical terms and
references

Appendix H: Raking, data processing, statistical terms and references

Raking and data processing

Raking overcomes the conventional weighting problem of small cell sizes by adjusting the sample data one socio-demographic variable at a time using an iterative proportional fitting process. SACESS data are weighted by the age and sex profile of the eligible overnight hospital patients and hospital. Similar to current weighting procedures, raking adjusts the data so that groups which are underrepresented in the sample can be accurately represented in the final dataset.

All data were analysed using SPSS (Statistical Package for the Social Sciences) Version 24. A number of statistical tests were employed to compare the results in this report. Differences ($p < 0.05$) between categories were tested using Chi square (χ^2) tests for proportions. On the figures a * symbol indicates that the adjusted residual is greater than 2 for that category. Student t-tests and analysis of variance (ANOVA) tests were used to compare differences ($p < 0.05$) in mean area scores between groups.

Statistical terms

The following statistical terms have been employed in this report. Please note that conservative analyses have been used throughout.

Mean or arithmetic means refers to the average. It is the sum of a set of values divided by the number of values in that set.

Standard error (se) is the population estimate of the deviation (or fluctuation) around the mean. It is of note that the larger the sample, the smaller the SE (that is, less fluctuation around the mean).

Confidence intervals (CI) (95%) are reported around estimates. This means that there is a 0.95 probability that the true estimate in the population is contained within these parameters. The formula for a 95% confidence interval is as follows: $CI = \text{Mean} \pm SE * 1.96$. Conservatively, the CIs of two means can be used to determine the degree of difference between two estimates, by observing where they overlap. *Example:*

Estimate 1:	(4.4 ----- 6.4)	<i>CIs for estimates 1 & 2 do overlap, therefore not different ($p < 0.05$)</i>
Estimate 2:	(4.1 ----- 6.0)	
Estimate 3:	(4.3 ----- 6.3)	<i>CIs for estimates 3 & 4 DO NOT overlap, therefore are different ($p < 0.05$)</i>
Estimate 4:	(2.4 ----- 3.9)	

Chi-square test (χ^2) is used for categorical data to determine whether there is a difference ($p < 0.05$) between observed and expected frequencies (that is, these categories contain the same proportion of values).

Student's t-test (t) for independent samples is used for continuous data to determine whether a difference ($p < 0.05$) lies between two sample means. Independent samples t-tests are used when the samples are not randomly assigned.

One-way ANOVA are used to determine whether a difference ($p < 0.05$) exists between more than two sample means. The variation between groups is compared to the variation within groups.

Source of further information: Hyperstat Online Textbook (<http://davidmlane.com/hyperstat/>)

For more information

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SA Health
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