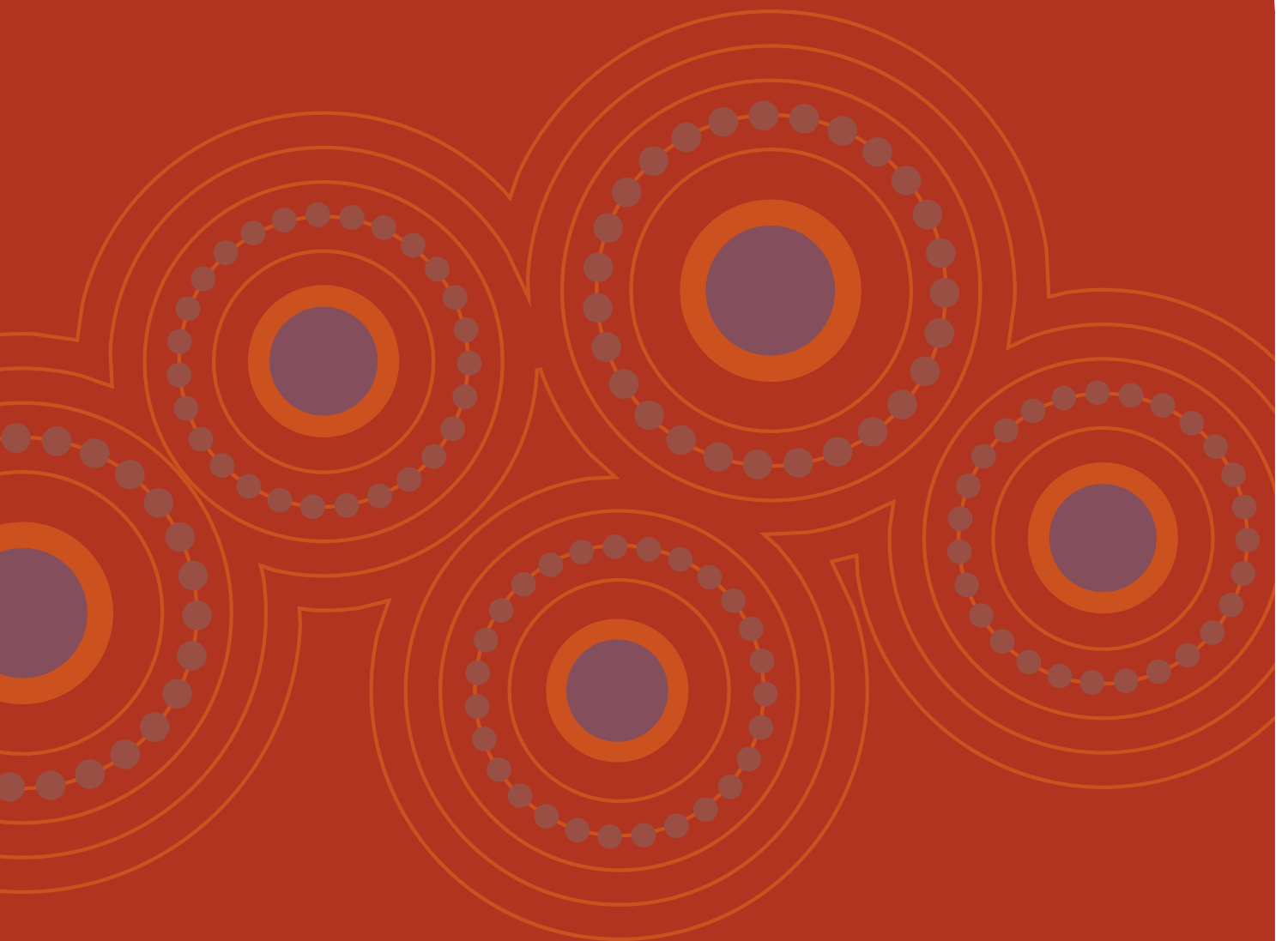


Patient Perspectives

Hospital care for Aboriginal people



BUREAU OF HEALTH INFORMATION

Level 11, Sage Building, 67 Albert Avenue
Chatswood NSW 2067
Australia

Telephone: +61 2 9464 4444

Email: BHI-enq@health.nsw.gov.au

bhi.nsw.gov.au

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The conclusions in this report are those of BHI and no official endorsement by the NSW Minister for Health, the NSW Ministry of Health or any other NSW public health organisation is intended or should be inferred.

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Foreword

Aboriginal people are the first peoples of Australia. There are more than 200,000 Aboriginal people who call New South Wales (NSW) home. Aboriginal peoples' long and diverse history, profound connection with place, rich and varied culture and strong sense of community are integral to modern NSW.

We know that Aboriginal people often experience poorer health, and many die at a relatively young age in comparison to non-Aboriginal people. Significant socioeconomic disadvantage is associated with these health and life expectancy gaps and has a pervasive effect on Aboriginal individuals, families and communities.

In March 2008, the Australian Government and Opposition signed the Close the Gap Statement of Intent, pledging to close the health and life expectancy gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians by 2030.

More recently, the NSW Government, in partnership with the Aboriginal Health and Medical Research Council of NSW (AH&MRC), developed the NSW Aboriginal Health Plan 2013–2023. That document outlines the state's commitment to closing the health gap. The plan identifies a number of specific goals such as reducing smoking rates among pregnant Aboriginal women and reducing rates of potentially preventable hospitalisations among Aboriginal people. More broadly, it emphasises the impact that system-wide quality improvement efforts can have on Aboriginal people's health.

Patient Perspectives: Hospital care for Aboriginal people does not consider the question of whether the gap is closing. It does however reflect on healthcare system performance and inform efforts to improve – for all patients and more specifically for Aboriginal patients. Drawing on information from patient surveys, this type of report can play an important role in helping to achieve healthcare goals – from broad, system-wide objectives to more focused and specific concerns that are particularly important to Aboriginal people.

All patients and their carers can play a crucial role in assessing performance and guiding efforts to improve healthcare. Patients are the central participants in care, and are often the sole connection between different healthcare professionals, specialties and sectors. They can reflect on issues of accessibility, appropriateness and effectiveness of care – providing information that is not, and often cannot be, captured by administrative data or hospital records.

This edition of *Patient Perspectives* provides an important opportunity to listen to what Aboriginal people have to say about their experiences in hospital. It explores whether there are differences in care provided to Aboriginal patients compared to non-Aboriginal patients. It also allows us to contrast performance across local health districts, examining whether Aboriginal patients' perspectives differ according to location or geography; and identifying where patients report good, or poor, experiences of care.

To produce this report, the Bureau of Health Information (BHI) worked with the Centre for Aboriginal Health at the NSW Ministry of Health, the AH&MRC and the AH&MRC Ethics Committee, which provided advice and feedback. An advisory committee helped contextualise the results and acted as expert peer reviewers.

Improving Aboriginal health is clearly a state and national imperative, but its importance is not a concern that should be limited to Aboriginal people. Disparities, when they remain unchallenged and unaddressed, pose fundamental questions that affect all Australians – questions about our wider values such as fairness and equal opportunity. We hope this report makes a contribution to efforts to both challenge and address such disparities in a constructive way.

Jean-Frédéric Lévesque MD, PhD
Chief Executive, Bureau of Health Information

Key findings

This report provides, for the first time, system-wide and detailed information about Aboriginal patients' experiences of hospital care in NSW. Altogether 2,682 adult Aboriginal patients told us about their experiences – we heard from almost one in every 10 adult Aboriginal patients hospitalised in 2014.

10 key findings

1 Overall, hospital care was highly rated by Aboriginal patients

In NSW, 64% of Aboriginal patients said the care they received was 'very good' and 25% said it was 'good'; 72% would 'speak highly' about their hospital experience.

2 However, when asked about specific aspects of care Aboriginal patients were less positive than non-Aboriginal patients

For 26 of the 55 survey questions included in the report, Aboriginal patients answered significantly less positively than non-Aboriginal patients.

3 For some aspects of care these differences were large

The widest gaps between Aboriginal patients' and non-Aboriginal patients' responses were seen in questions about privacy and being given understandable answers to important questions.

4 Only one survey question was answered more positively by Aboriginal patients than non-Aboriginal patients

The question was about whether patients saw information about their rights (including how to complain) during their hospital stay.

5 Most Aboriginal patients said that the hospital care they received definitely helped them

Although they were less likely than non-Aboriginal patients to say so.

6 Poor experiences of care were reported by a sizeable minority of Aboriginal patients

For example, 23% of Aboriginal patients said health professionals did not discuss with them their worries or fears; 22% said they experienced a complication of care; 20% said they were not given enough information about their condition or treatment; and 16% said adequate arrangements were not made for services after they were discharged from hospital.

7 Results differed across local health districts

For example, in Hunter New England and Sydney there were very few questions for which Aboriginal patients were markedly less positive than non-Aboriginal patients; while in Murrumbidgee and Western NSW most questions were answered less positively by Aboriginal patients.

8 Gaps in experiences of care between Aboriginal and non-Aboriginal patients appear bigger in rural and remote areas

This is mostly related to the fact that non-Aboriginal patients admitted to rural hospitals report a significantly better experience than non-Aboriginal patients who were hospitalised in urban areas.

9 When comparing Aboriginal patients' experiences across the state, results varied

Aboriginal patients in Southern NSW and Sydney local health districts were more positive, and patients in Nepean Blue Mountains were less positive, than all NSW Aboriginal patients for multiple questions.

10 Variation across question and local health district results suggests that gaps between Aboriginal and non-Aboriginal patients' experiences are not inevitable

Summary

This edition of *Patient Perspectives* describes the experiences of 2,682 Aboriginal people who were admitted to a NSW public hospital during 2014.

Within the 2014 Adult Admitted Patient Survey (AAPS), about 13,000 questionnaires were sent to Aboriginal people in the three months following their discharge from one of 80 NSW public hospitals. The response rate among Aboriginal patients was 21%.

NSW level results – how did Aboriginal patients rate their experiences of care?

Most Aboriginal patients rated the care they received overall in hospital as either 'very good' (64%) or 'good' (25%). While a similar proportion of non-Aboriginal patients (63%) rated hospital care overall as 'very good', for 26 of the 55 survey questions analysed in this report, Aboriginal patients were less positive than non-Aboriginal patients.

In general, questions about directly observable elements of care such as physical environment and comfort, safety and hygiene were answered similarly by Aboriginal and non-Aboriginal patients.

In contrast, for questions that focused on interpersonal or relational aspects of care – such as respectfulness of staff and delivery of comprehensive and whole-person care – there were marked differences between Aboriginal and non-Aboriginal patients' responses.

The widest gaps between the two groups were seen in questions about whether patients were 'always' given enough privacy when discussing their condition or treatment (Aboriginal patients 72% and non-Aboriginal patients 81%) and whether doctors 'always' answered important questions in an understandable way (66% and 74%).

For one question only, Aboriginal patients were more positive than non-Aboriginal patients. Aboriginal patients were more likely to say they saw or received information about patient rights, including the right to complain (46% and 39%).

In terms of self-reported outcomes, although most Aboriginal patients answered positively, they were less likely than non-Aboriginal patients to say the care and treatment they received in hospital 'definitely' helped them (70% Aboriginal patients and 77% non-Aboriginal patients). A similar difference was seen in the proportion of patients who said at the time of questionnaire completion (approximately three months after hospital discharge), the problem for which they were hospitalised was 'much better' (66% and 73%).

Across the state, 22% of Aboriginal patients said they experienced a complication during or shortly after their hospital stay – compared with 16% of non-Aboriginal patients. Among patients who experienced a complication, a higher proportion of Aboriginal patients rated their complication as 'very serious' (29%) than non-Aboriginal patients (19%).

Looking across the various aspects of care addressed in the survey, Aboriginal patients responded most positively to questions about respect, although in comparison, non-Aboriginal patients responded even more positively.

Among Aboriginal patients, 86% said their cultural and religious beliefs were 'always' respected; 79% said they were 'always' treated with respect and dignity; and about eight in 10 said the various staff who treated them were 'always' polite and courteous.

Negative reflections on performance included:

- 23% of Aboriginal patients said health professionals did not discuss with them their worries and fears (non-Aboriginal patients 18%)
- 16% of Aboriginal patients said adequate arrangements for services post-discharge were not made by the hospital (non-Aboriginal patients 10%)
- 20% of Aboriginal patients said that during their hospital stay, not enough information was given to them about their condition or treatment (non-Aboriginal patients 14%).

How did results vary by rurality of hospital?

Aboriginal patients admitted to rural hospitals (located in regional and remote geographical areas) reported similar experiences of care to Aboriginal patients admitted to urban hospitals (located in major cities).

In contrast, among non-Aboriginal patients, those admitted to rural hospitals were consistently more positive than those admitted to urban hospitals. As a result, differences between the responses of Aboriginal and non-Aboriginal patients were more pronounced in rural hospitals.

Within rural hospitals, the question with the largest difference between Aboriginal and non-Aboriginal patient responses focused on whether 'completely' adequate arrangements were made for services needed after discharge (Aboriginal patients 64% and non-Aboriginal patients 76%).

How did results vary across local health districts?

At a local health district (LHD) and health network level, results are reported in terms of percentage point differences, or gaps, in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category. The proportion of questions with 10+ percentage point gaps for which Aboriginal patients answered less positively ranged from 0% in Hunter New England to 80% in Murrumbidgee.

Comparing Aboriginal patients' responses

Comparing the responses of Aboriginal patients from each LHD with all NSW Aboriginal patients, those hospitalised in Sydney and Southern NSW were significantly more positive for seven and six of the 55 survey questions respectively. Conversely, patients hospitalised in Nepean Blue Mountains were significantly less positive for six questions.

Among Aboriginal patients, LHD and health network results spanned 20+ percentage points for most questions. Widest variations were in whether:

- Patients were 'completely' involved in decisions about medication (from 36% of Aboriginal patients in Western Sydney to 82% of Aboriginal patients in Mid North Coast; a 46 percentage point range)
- Patients 'always' saw nurses wash their hands, use hand gel, or use clean gloves before touching them (from 41% in St Vincent's to 87% in Southern NSW; a 46 percentage point range)
- Nurses 'always' knew enough about patients' care and treatment (from 37% in St Vincent's to 80% in Southern NSW and Sydney; a 43 percentage point range).

There were eight questions for which results were fairly consistent across LHDs. Questions with the least variation addressed whether: staff seen upon arrival were 'always' polite and courteous (a 14 percentage point range); patients felt well enough to leave hospital at discharge (a 15 percentage point range); and nurses 'always' checked their patient's name or ID band before giving them medications, treatments or tests (a 17 percentage point range).

Variation in results suggests that gaps between Aboriginal and non-Aboriginal patients' experiences are not inevitable.

The results presented in this report are not adjusted for variation in sociodemographic characteristics. Adjusting for these variables had a minimal impact on survey results and the effect of Aboriginality was largely unchanged.

LHD profiles provide detailed results for local communities, highlighting areas of good and poor performance and summarising gaps between Aboriginal and non-Aboriginal patients in experiences of care.

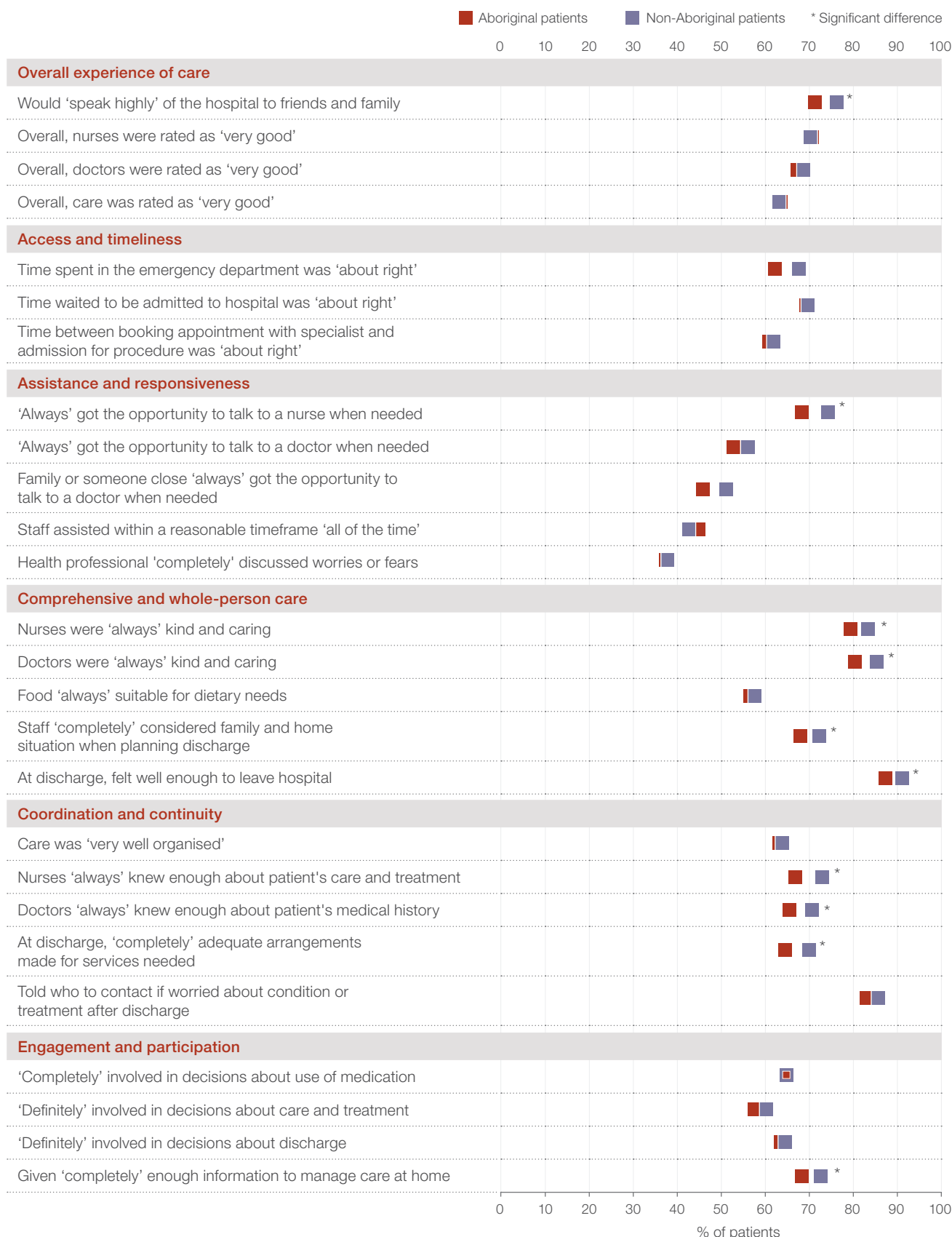
Available at bhi.nsw.gov.au

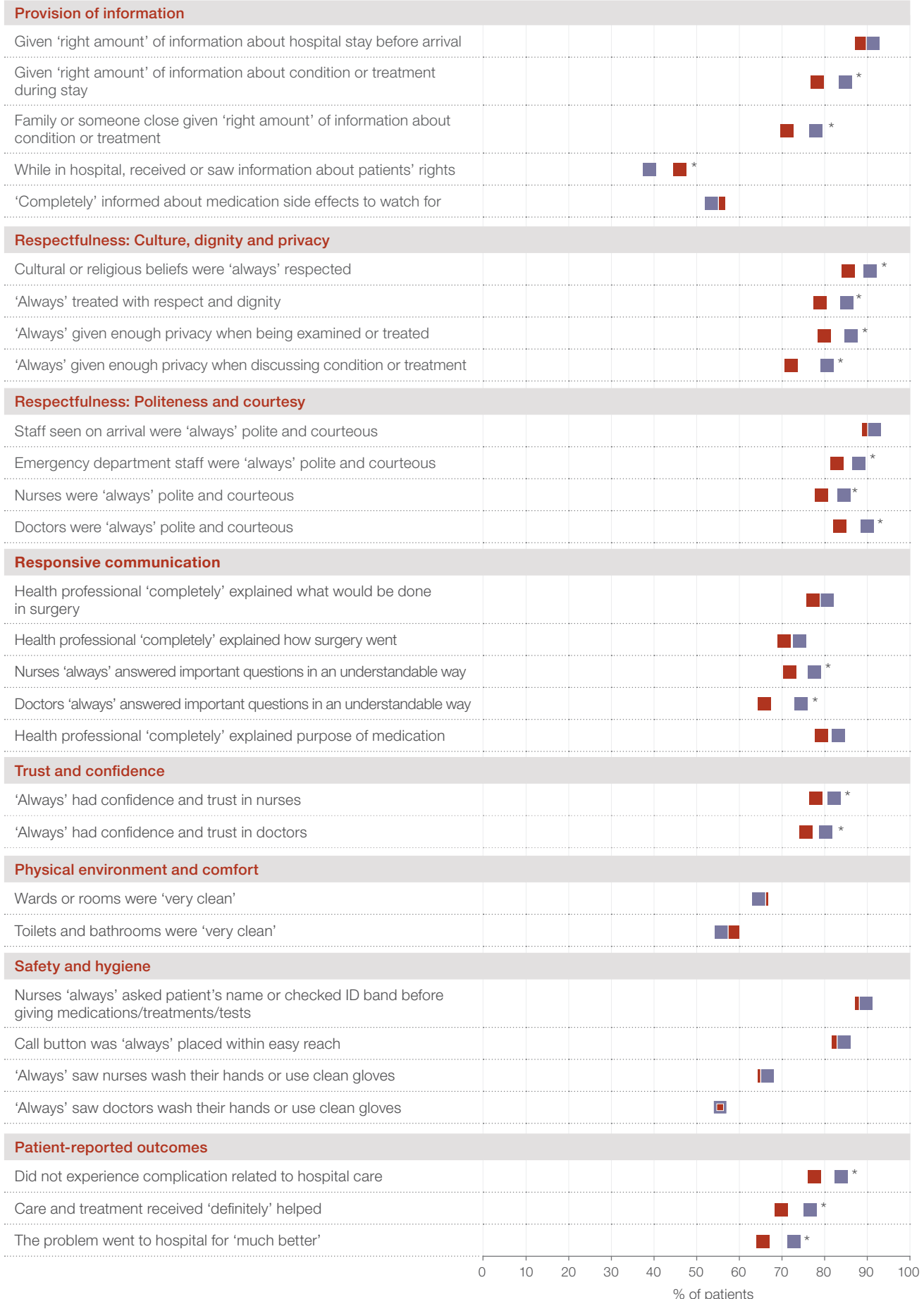
Results at a glance

Responses to 55 survey questions were used to compare the experiences of Aboriginal and non-Aboriginal patients who were admitted to a NSW public hospital during 2014.

Differences were most pronounced for questions about respectfulness of care, and were small for questions about acceptability of waiting times, physical environment and safety and hygiene (Figure 1).

Figure 1 NSW results for all questions, most positive response: Aboriginal and non-Aboriginal patients





Setting the scene

Introduction

In 2014, an estimated 220,900 Aboriginal people were living in NSW.¹ Aboriginal people represent a relatively small proportion (3%) of the total NSW population. However, NSW is home to more Aboriginal people than any other state or territory – 31% of the total Australian Aboriginal population live in NSW.²

Compared with the non-Aboriginal population, the Aboriginal population is known to:

- Be younger¹
- Be in poorer health³
- Have a higher unemployment rate⁴
- Have a lower rate of tertiary education³
- Have lower levels on other socioeconomic indicators (e.g. literacy, income).³

Nationally and statewide, there are extensive programs that assess and report on Aboriginal health. However, much less is known about Aboriginal patients' experiences of healthcare.

Defining health

'Aboriginal health' refers not just to the physical wellbeing of an individual. It relates more broadly to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being.^{8,9}

Efforts to improve Aboriginal health – key documents

In 2008, all governments in Australia committed to work towards 'Closing the Gap', agreeing to six specific targets and timelines addressing important areas of disadvantage for Aboriginal people.

Two of these targets relate directly to the health of Aboriginal people in Australia: to close the gap in life expectancy within a generation (by 2031); and to halve the gap in mortality rates for Indigenous children under five within a decade (by 2018).⁵

The NSW Government, in partnership with the Aboriginal Health and Medical Research Council of NSW, has developed a number of documents to support this aim including the NSW Aboriginal Health Plan 2013–2023 and the NSW Aboriginal Health Partnership Agreement 2015–2025.⁴ The latter outlines the state's commitment to close the health gap between Aboriginal and non-Aboriginal people in NSW and aims to complement and support the goals outlined in the national policy document, The National Aboriginal and Torres Strait Islander Health Plan.

Specific cultural competence interventions have also been developed in Australia and internationally in response to the considerable research evidence pointing to the need for culturally responsive care.⁶ In NSW, this includes the policy document Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health, released in 2011.⁷

The health of Aboriginal people

The NSW Ministry of Health provides a wide range of statistics on the health of Aboriginal people in NSW.¹ For example:

- The estimated life expectancy for Aboriginal babies born in 2010–12 was 70.5 years for males and 74.6 for females (9.3 and 8.5 years less than for non-Aboriginal babies, respectively)
- The mortality rate for Aboriginal people between 2009–13 was 1.5 times the rate for non-Aboriginal people
- Infant mortality rates between 2011–13 were 1.1 times higher for Aboriginal babies than for non-Aboriginal babies
- In 2014, 74% of Aboriginal people aged 16+ years said their health was ‘excellent’, ‘very good’, or ‘good’, compared with 81% of non-Aboriginal people
- Chronic diseases are major causes of morbidity and mortality among Aboriginal people nationally and in NSW
- Aboriginal people have higher rates of heart disease, but lower rates of cardiac interventions than non-Aboriginal people
- Aboriginal people are hospitalised at a rate of approximately 1.5 times that of non-Aboriginal people
- In 2012, approximately 40% of Aboriginal people visited an emergency department in the previous year, compared with 21% of non-Aboriginal people (for people aged 16+ years).

healthstats.nsw.gov.au

Using patient experiences to measure performance

Patients’ experiences are important to measure for two main reasons:

1. Patients are expert informants who can make an important contribution to assessments of performance. Patients witness and can reflect upon many elements of healthcare quality and are often the only constant presence across different treatments and various providers; they are best placed to observe the extent to which care is integrated.
2. Patient experiences are linked to important intermediate outcomes such as adherence to treatment regimens and compliance with post-discharge advice. These in turn influence health outcomes and the ability to carry out the activities of daily living.¹⁰

For Aboriginal patients, measuring experiences can help assess cultural sensitivity in healthcare delivery. Recognising and responding to culture has been associated with more effective communication between patient and provider¹¹, adherence to treatment¹², enhanced patient engagement in care, increased patient satisfaction and better patient outcomes.^{6,11,13}

About this report

This edition of *Patient Perspectives* draws on the experiences of 2,682 Aboriginal people who were admitted to a NSW public hospital during 2014.

Report structure

This report is based on responses to 55 survey questions, analysed in a range of ways.

Section 1 is based on 14 thematic areas that cover overall experience, aspects of care and patient-reported health outcomes (Table 1 and Appendix 1). For each of these themes, the report presents:

- Results for NSW with responses from Aboriginal patients compared with those from non-Aboriginal patients
- Results by rurality of the hospital for Aboriginal patients compared to non-Aboriginal patients (most positive response) (see Appendix 4)

- Among Aboriginal patients only, variation in survey responses across local health districts (LHDs) (most positive response).

Section 2 provides a synthesis of results at a local health district (LHD) level.

Unless otherwise specified, differences between groups are discussed only when a statistically significant difference was detected. The number of Aboriginal people living in LHDs varies (Table 2). For LHDs with relatively low numbers of Aboriginal residents and patients – and as a consequence, low numbers of survey respondents – the power to detect statistically significant differences is reduced (see Data and Methods section).

Profile of respondents

Of respondents, 9% identified as Aboriginal in the survey. The sociodemographic profile and care needs

Table 1 Themes in this report

Aspects of care	Summary of question inclusions
Overall experience of care	Overall ratings and how patients would describe their hospital stay to friends and family.
Access and timeliness	How long patients wait for various stages of care and whether they consider these times to be acceptable.
Assistance and responsiveness	How staff respond to patients' emotional and physical needs and provide assistance when needed.
Comprehensive and whole-person care	Whether healthcare professionals consider all needs of a person, including their specific circumstances and needs beyond the medical treatment of their condition.
Coordination and continuity	How well organised care is between the various professionals and if care flows without disruption.
Engagement and participation	Whether the patient and where appropriate, their family/carer, are involved in decisions about their treatment and care.
Provision of information	Whether patients receive important information and if enough information was provided to them, their families or carers.
Physical environment and comfort	Cleanliness of wards and bathrooms.
Respectfulness: Culture, dignity and privacy	Whether patients' values and beliefs are honoured and patient privacy is protected.
Respectfulness: Politeness and courtesy	Whether staff are courteous and polite.
Responsive communication	Whether staff communicate in a clear and understandable way.
Safety and hygiene	How well staff comply with clinical safety practices and hygiene guidelines.
Trust and confidence	How much trust and confidence patients have in the healthcare staff treating them.
Patient-reported outcomes	Whether the treatment received in hospital helped patients or made a difference to the health problem for which they were hospitalised.

of Aboriginal respondents differed from non-Aboriginal respondents. For example, Aboriginal patients were younger (12% of Aboriginal patients aged 75+ years; non-Aboriginal patients 27%); and fewer had completed university education (9% and 17%). Aboriginal patients were more likely than non-Aboriginal patients to: live in areas of greatest socioeconomic disadvantage (Aboriginal patients 28% and non-Aboriginal patients 21%); describe their health as poor (9% and 5%); and report having a long-standing condition (65% and 48%) (Table 3).

In terms of care needs, Aboriginal patients were more likely than non-Aboriginal patients to say they have relevant religious or cultural beliefs (Aboriginal patients 62% and non-Aboriginal patients 42%); experienced pain during their stay (59% and 54%); had family members who wanted to talk to a doctor (77% and

72%); needed their family and home situation taken into account upon discharge (83% and 77%); and needed services after discharge (72% and 61%) (Appendix 3). Sensitivity analyses found few associations between survey responses and sociodemographic factors and care needs (see Data and Methods section).

Patterns of healthcare service utilisation, as reported in the survey, were similar for Aboriginal and non-Aboriginal patients (Appendix 3). For example, there were no significant differences seen for:

- Planned hospital stays versus emergencies
- Time spent in the emergency department
- Use of tests, scans, x-rays
- Undergoing an operation or procedure
- Receiving medication to take home.

Table 2 Estimated number and proportion of Aboriginal residents in 2014, by local health district, NSW

Local health district	Aboriginal residents by LHD (2014) ¹		Aboriginal patients by LHD of hospital (2014) (as defined by Admitted Patients Data Collection)		
	Number of Aboriginal residents	% of all residents	Estimated number in patient population [^]	Number of respondents	Estimated % of patient population covered
Central Coast	11,834	3.6	1,467	198	13.5
Far West	3,759	12.2	406	25	6.2
Hunter New England	50,545	5.6	6,550	672	10.3
Illawarra Shoalhaven	13,576	3.4	1,463	174	11.9
Mid North Coast	12,927	6.1	2,359	206	8.7
Murrumbidgee	11,925	5	1,619	142	8.8
Nepean Blue Mountains	11,578	3.2	1,327	76	5.7
Northern NSW	14,517	4.9	2,954	210	7.1
Northern Sydney	3,144	0.4	439	75	17.1
South Eastern Sydney	8,440	1	1,037	124	12.0
South Western Sydney	16,551	1.8	1,784	218	12.2
Southern NSW	7,303	3.6	886	70	7.9
St Vincent's [#]	N/A	N/A	576	42	7.3
Sydney	6,701	1.1	1,478	113	7.6
Western NSW	31,795	11.5	2,923	216	7.4
Western Sydney	14,878	1.6	2,160	153	7.1
Total NSW	219,473	2.9	29,428	2,714	9.2

[#] St Vincent's Health Network does not represent a geographical district. [^]The total of patients within the scope of the survey sampling frame (i.e. those aged 18+ years who were admitted to a NSW peer group A–C public hospital in 2014), before cleaning for duplicates between hospitals, deaths and incomplete contact details. For more information on the sampling frame, please see the *AAPS Technical Supplement – Adult Admitted Patient Survey 2014* available at bhi.nsw.gov.au

Data and methods

Survey instrument

Patient Perspectives: Hospital care for Aboriginal people is based on responses to the 2014 Adult Admitted Patient Survey (AAPS). Details about the survey questionnaire are provided in the *Development Report: 2014 Adult Admitted Patient Survey* available at bhi.nsw.gov.au

As a result of recommendations from the project's advisory committee, the survey questionnaire was not adapted to explore issues of specific importance to Aboriginal patients. However, the report seeks to highlight differences between Aboriginal and non-Aboriginal patients' experiences of care and therefore the standard adult admitted questionnaire was used.

Sample

Surveys were mailed to a random sample of 73,821 people aged 18+ years who were admitted to a NSW public hospital between January and December 2014. Surveys were sent about three months after discharge from hospital.

In total, 13,031 patients who were identified as Aboriginal and/or Torres Strait Islander in the Admitted Patients Data Collection (APDC), were randomly selected to receive a survey. The sampling frame included public facilities with a hospital peer group of A1, A3, B, C1 and C2 (i.e. tertiary, major and district hospitals) (Appendix 2).

Table 3 Characteristics of Aboriginal and non-Aboriginal respondents to the survey (based on survey responses)

Measure	Response	Aboriginal patients (%) [^]	Non-Aboriginal patients (%) [^]
Age	18–34 years	11	9
	35–54 years	30	25
	55–74 years	47	38
	75+ years	12	27
Gender	Male	45	45
	Female	55	55
Highest level of education completed	Less than Year 12	57	39
	University degree	9	17
Quintile of disadvantage of patients' residence (derived from residential postcode)	Quintile 1: Most disadvantaged	28	21
	Quintile 5: Least disadvantaged	4	15
Long-standing health condition	None reported	35	52
	Has long-standing condition	65	48
Self-reported health rating	Excellent	6	10
	Poor	9	5

[^] Aboriginality based on response to the survey question.

Each eligible hospital was sampled separately. When calculating sample size targets, the expected response rate was taken into account.

The sample selected was proportional to the patient numbers recorded in up to 16 strata between January and December 2014: age (18–49, 50+ years); stay type (same-day, overnight); cancer diagnosis (cancer, non-cancer – January to July 2014); and Aboriginality (Aboriginal and/or Torres Strait Islander and non-Aboriginal).

An exception to this was in hospitals where the number of Aboriginal respondents was likely to be lower than required for reporting (30 respondents), in which case all eligible Aboriginal patients were included for sampling.

In an effort to further increase responses from Aboriginal patients, BHI worked with an Aboriginal Advisory Committee to create a culturally appropriate information sheet that was mailed out with the survey, as well as a brochure about the NSW Patient Survey Program for hospitals to promote the survey to their Aboriginal patients. This material was used for patients who were admitted from July 2014.

Identifying Aboriginal patients

The sample of Aboriginal patients was identified by using the 'Indigenous_Status' field in the Admitted Patient Data Collection (APDC). Identification of Aboriginal patients using this method corresponded well to those who answered that they were Aboriginal and/or Torres Strait Islander origin in the survey question: Are you of Aboriginal origin, Torres Strait Islander origin, or both? (Table 4).

The results of the survey are shown by Aboriginality according to responses to the survey question, not as reported in the APDC.

In the survey, 2,682 respondents identified as Aboriginal, 22,997 as non-Aboriginal and 1,032 did not answer (and were excluded from the analysis).

Table 4 **Aboriginality as recorded in APDC and survey responses**

		Aboriginality from survey	
		Aboriginal	Non-Aboriginal
Aboriginality in Admitted Patient Data Collection	Aboriginal	93%	1%
	Non-Aboriginal	7%	99%

Response rates

Based on the APDC records, there were 13,031 Aboriginal and/or Torres Strait Islander patients who were mailed the survey, representing almost half (~44%) of adult admitted Aboriginal patients.

Questionnaires that are filled in and returned within two months of the first mailout are counted as completes. Of those mailed a survey, there were 2,714 Aboriginal and/or Torres Strait Islander patients (based on the APDC) who completed the questionnaire.

The response rate was 21% for Aboriginal patients; compared with 44% for non-Aboriginal patients. Across LHDs Aboriginal patient response rates ranged from 11% in Far West to 28% in Northern Sydney (see Appendix 2).

The estimated respondent coverage was 9% of adult admitted Aboriginal patients in 2014.

Analysis

Responses to the survey were weighted so that the proportion of responses from each of the sampling strata was adjusted to match the actual proportions in each hospital. Analysis was performed on the data using the SURVEYFREQ procedure in SAS v9.4.

Testing for significant differences

Significance testing was conducted by comparing the 95% confidence intervals of the percentage of patients who provided the most positive response to a question, in each of the comparator groups.

Where confidence intervals overlapped, no significant difference was identified. Where confidence intervals did not overlap, there was deemed to be a statistically significant difference between the two proportions.

Throughout the report, if significant differences were detected, the result is described as being more positive or less positive.

Sensitivity analysis

The profile of Aboriginal respondents to the survey differed from that of non-Aboriginal patients on a number of sociodemographic and health variables (Appendix 5).

Patient characteristics such as age, education and health status can influence patient experience. In order to assess the effect these factors might have had on results, a sensitivity analysis was undertaken. Results adjusted for age group, education, long-standing health conditions, self-reported health status and a number of survey and hospital variables, were compared with unadjusted results. Country of birth and main language spoken at home were excluded due to the small number of Aboriginal respondents who are not born in Australia and/or mainly speak a language other than English at home.

The analysis showed that adjusting for these variables had a minimal impact on survey results and the effect of Aboriginality was largely unchanged.

Reporting levels

Results by themes are reported: at a NSW level for Aboriginal patients compared to non-Aboriginal patients; by rurality of hospital for Aboriginal patients compared to non-Aboriginal patients; and by Aboriginal patients at an LHD level compared to Aboriginal patients at a NSW level. Results are suppressed for any questions with fewer than 30 responses.

Many NSW hospitals had fewer than 30 Aboriginal respondents to the survey (Appendix 2). Results for hospitals with sufficient respondents for reporting are summarised in Appendix 6.

Although included in the sample, there were too few Aboriginal respondents in Far West (n=25) to report LHD results.

Limitations of the data

The potential for non-response bias

The AAPS 2014 was mailed to a random sample of patients from the populations of interest. Whether or not a patient completes a survey can be influenced by a variety of factors such as their age, gender, socioeconomic status, remoteness of their residence, characteristics of their hospitalisation, along with factors such as the level of promotional activity for a survey and the number of other surveys they have received.

While not all of the factors that affect the likelihood that a patient will respond to a survey can be quantified, the APDC and survey both provide data on patients' age, gender, length of stay and whether or not a patient had a procedure. These variables allow an analysis of the difference in some aspects of the profile of responders versus non-responders.

The results of an analysis of these variables show that for all survey respondents, particularly Aboriginal respondents, older patients were over-represented. For Aboriginal and non-Aboriginal patients, there was a similar over-representation of those who had a procedure during their hospitalisation and a lower proportion who had an overnight stay, compared to the patient population. The average length of stay for Aboriginal respondents was similar to the Aboriginal population figure of 3.0 days. Among non-Aboriginal patients, the average length of stay for respondents was 2.5 days compared with 3.7 days for the non-Aboriginal population.

No substantive differences were seen for gender, or for quintile of disadvantage. There was a slight over-representation of Aboriginal respondents from inner city areas and an under-representation of Aboriginal respondents from outer regional, remote and very remote areas.

While this analysis shows there is the potential for bias in the survey results, any such effect would have been reduced by the weighting of results by stay type (overnight or same-day) and age group; the latter of which was the most pronounced area of disparity between the patient population and the survey respondents.

The influence of the number of respondents on the ability to detect significant differences in results

As the number of respondents increases, the width of confidence intervals around a proportion (in this case, the percentage of survey respondents who provided a certain answer to a question) becomes smaller. Therefore, as the number of respondents becomes larger, there is more power to detect statistically significant differences.

Due to the relatively low number of Aboriginal patients who responded to the AAPS in 2014, there is limited statistical power to detect significant differences in results, compared to non-Aboriginal patients.

Further, LHDs with relatively low numbers of Aboriginal patients may have results that are markedly different to the NSW result but these differences do not reach statistical significance. Equally, LHDs with results that are found to be significantly lower or higher than NSW may not necessarily have the best or worst result for a measure.

For further information regarding sampling and analyses of the AAPS, including the oversampling of Aboriginal patients, see the *AAPS Technical Supplement – Adult Admitted Patient Survey 2014* available at bhi.nsw.gov.au

SECTION 1

Thematic analyses

Overall experience of care

Most Aboriginal patients reflected positively on their experiences of care

When asked about hospital care overall, a similar proportion of Aboriginal and non-Aboriginal patients rated their experiences as ‘very good’ (Aboriginal patients 64% and non-Aboriginal patients 63%) (Figure 2).

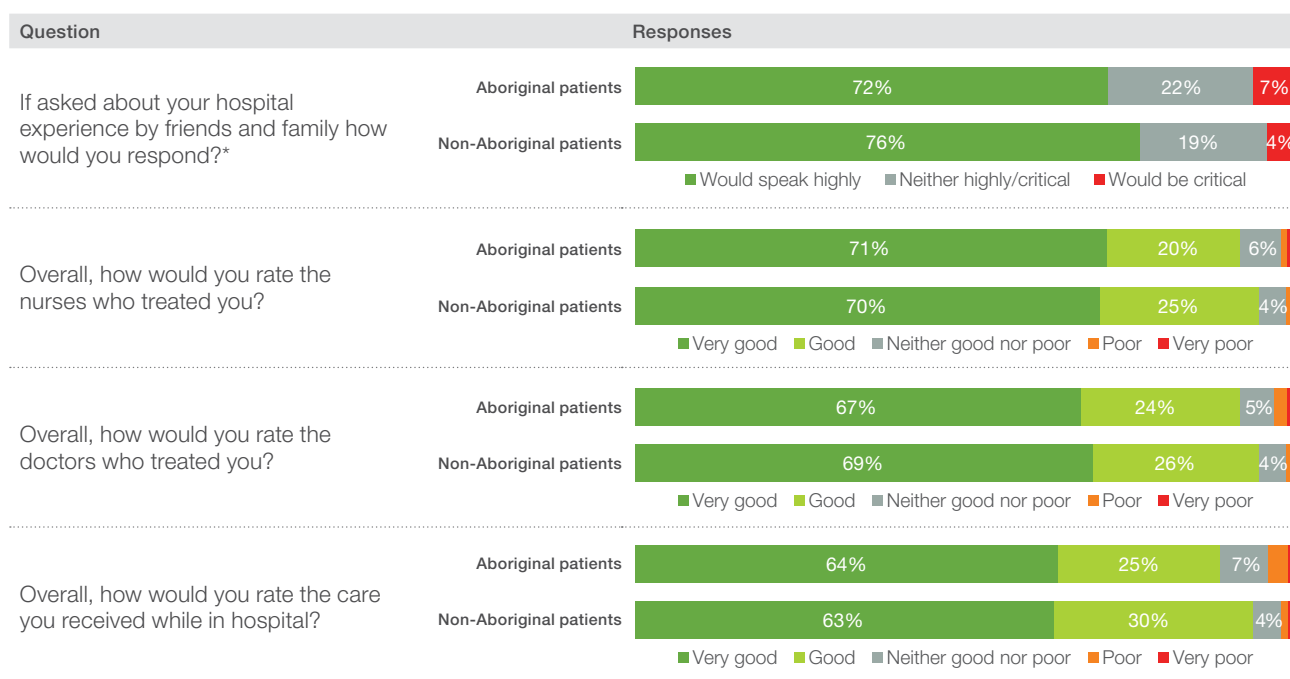
However, while 72% of Aboriginal patients said they would ‘speak highly’ of their hospital experience, this result was less positive than the 76% among non-Aboriginal patients.

Aboriginal patients reported similar experiences in urban and rural hospitals. Among non-Aboriginal patients however, those admitted to rural hospitals reported more positive experiences of care than those admitted to urban hospitals. As a result, differences between the responses of Aboriginal and non-Aboriginal patients were more pronounced in rural hospitals.

In rural hospitals, the gap between Aboriginal and non-Aboriginal patients was widest for the question about how patients would speak about their hospital experience. Among Aboriginal patients, 71% said they would ‘speak highly’ of their experience, compared with 79% among non-Aboriginal patients (Figure 3).

Aboriginal patients’ responses varied across local health districts (LHDs), with the widest variation in the proportion of patients who rated the nurses who treated them as ‘very good’ (47% to 87%). Patients in Southern NSW and Sydney LHDs were more positive, and patients in Nepean Blue Mountains were less positive, than all NSW Aboriginal patients for this measure. Aboriginal patients in Sydney LHD were more positive in their overall ratings of care when compared with all Aboriginal patients in NSW (Figure 4).

Figure 2 Overall experience of care, all response categories, Aboriginal and non-Aboriginal patients, NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

Figure 3 Overall experience of care, percentage of patients who selected the most positive response category, Aboriginal and non-Aboriginal patients, by rurality of hospital

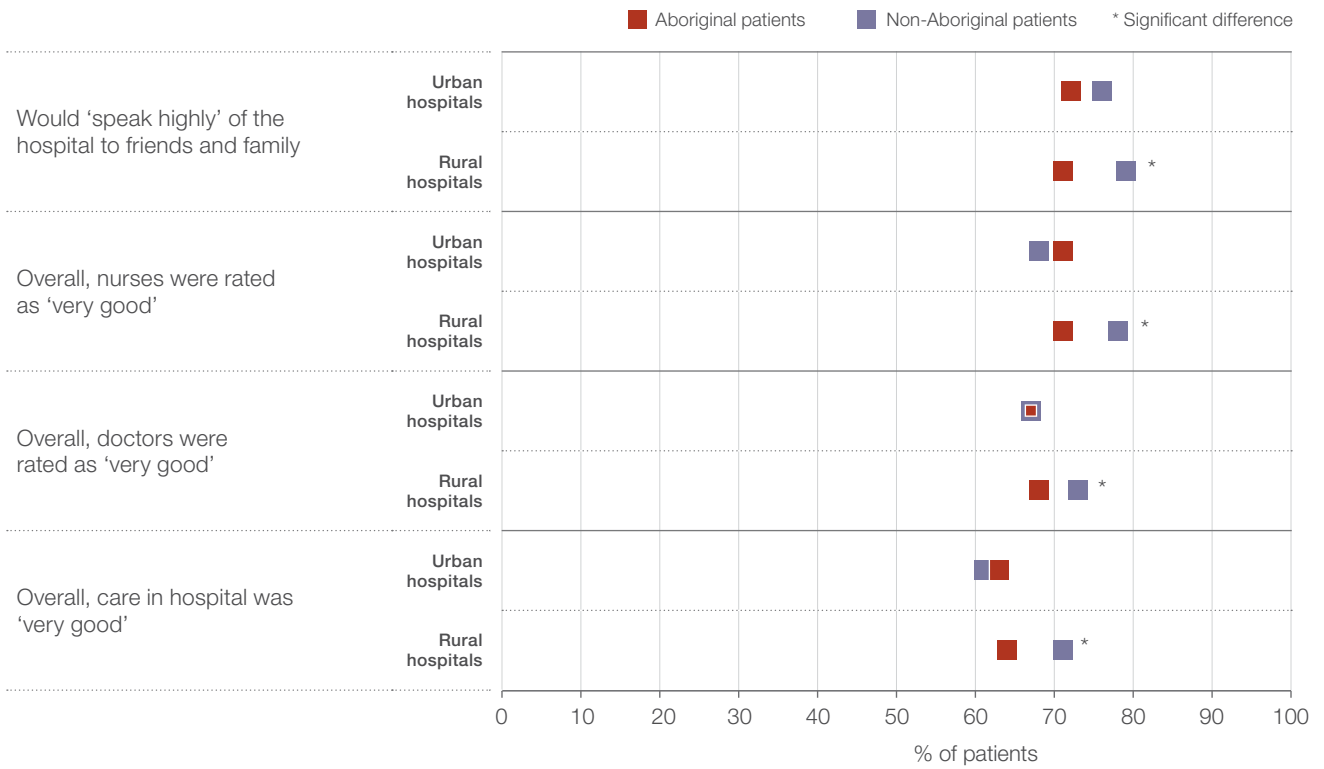
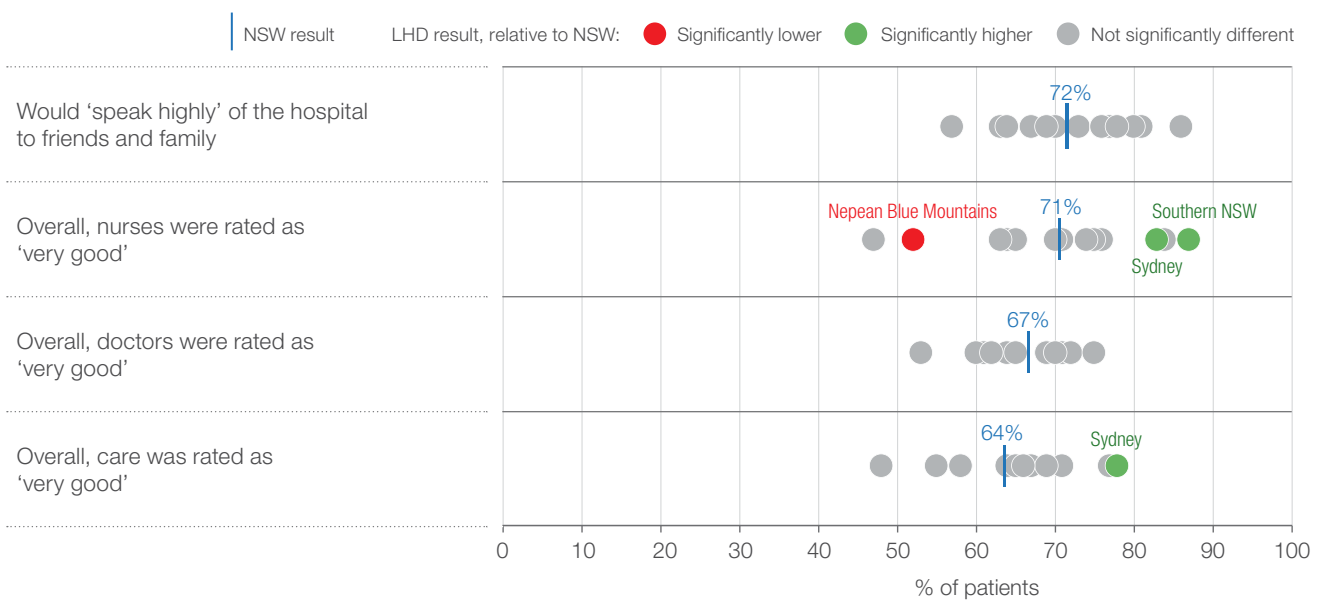


Figure 4 Overall experience of care, percentage of patients who selected the most positive response category, Aboriginal patients, LHD results relative to NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

Access and timeliness

Seven in 10 Aboriginal patients said the time they waited before being admitted was about right

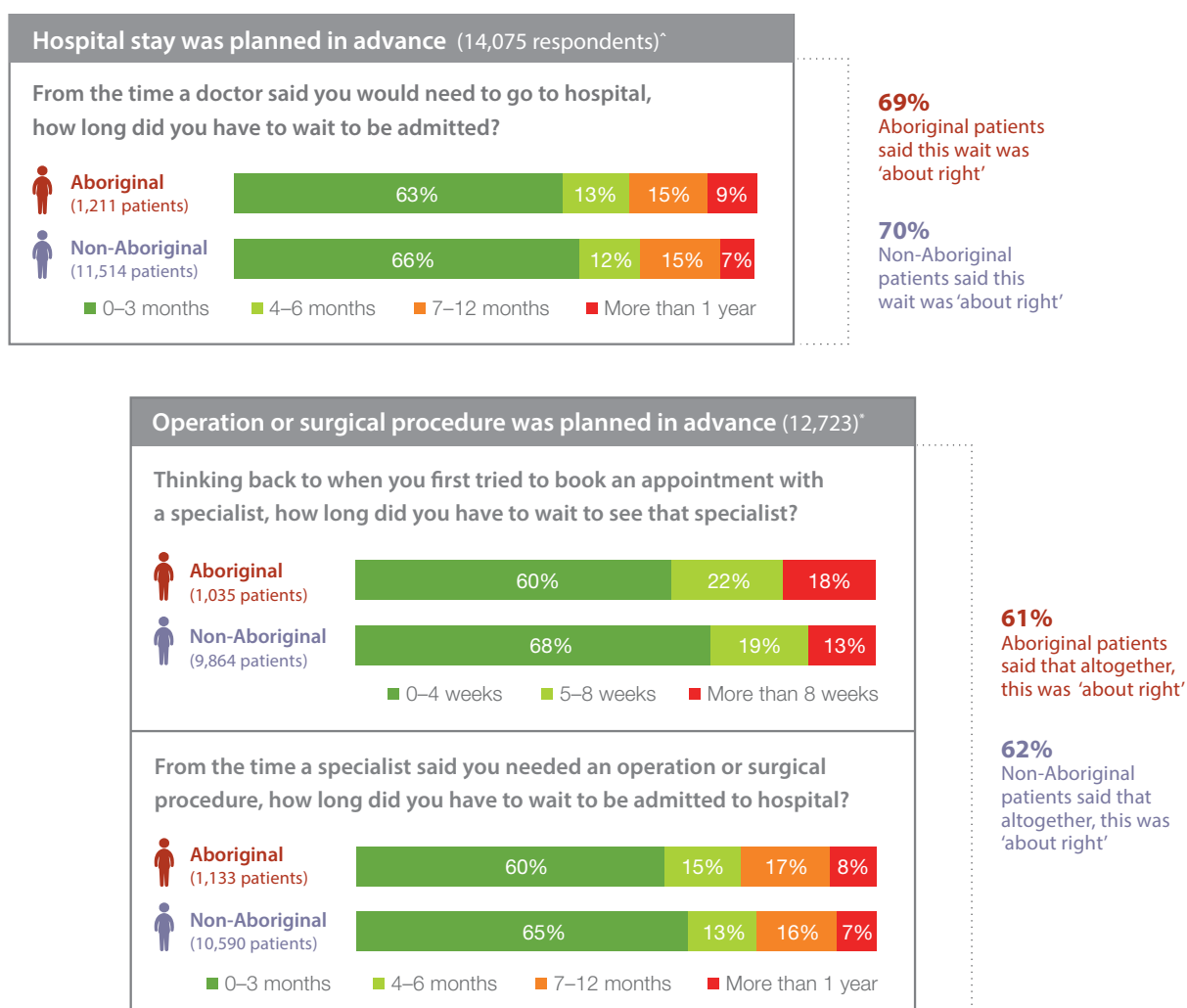
Health disparities between Aboriginal and non-Aboriginal patients in Australia are often linked to issues of accessibility.⁶ A survey of admitted patients – an assessment made by service users – cannot completely capture healthcare access issues, for example where there is unmet need or an inability to access care at all.

In terms of timeliness of care, Aboriginal and non-Aboriginal patients reported similar waiting times for various stages of care, however 60% of Aboriginal patients said they were able to get an appointment with a specialist within four weeks, compared with 68% of non-Aboriginal patients (Figure 5).

In general, responses from Aboriginal and non-Aboriginal patients were similar in urban and rural hospitals. Responses did, however, differ for the question regarding time spent in the emergency department. In rural hospitals, 63% of Aboriginal patients said the amount of time they spent in the emergency department was ‘about right’, compared with 74% of non-Aboriginal patients (Figure 6).

Comparing Aboriginal patients’ responses across LHDs, the widest variation was found in the proportion who said the time they spent in the ED was ‘about right’ (38% to 76%) (Figure 7).

Figure 5 Patient reported waiting times, all response categories, Aboriginal and non-Aboriginal patients, NSW



[^] Includes patients who did not answer the survey question about Aboriginality.

Figure 6 Access and timeliness, percentage of patients who selected the most positive response category, Aboriginal and non-Aboriginal patients, by rurality of hospital

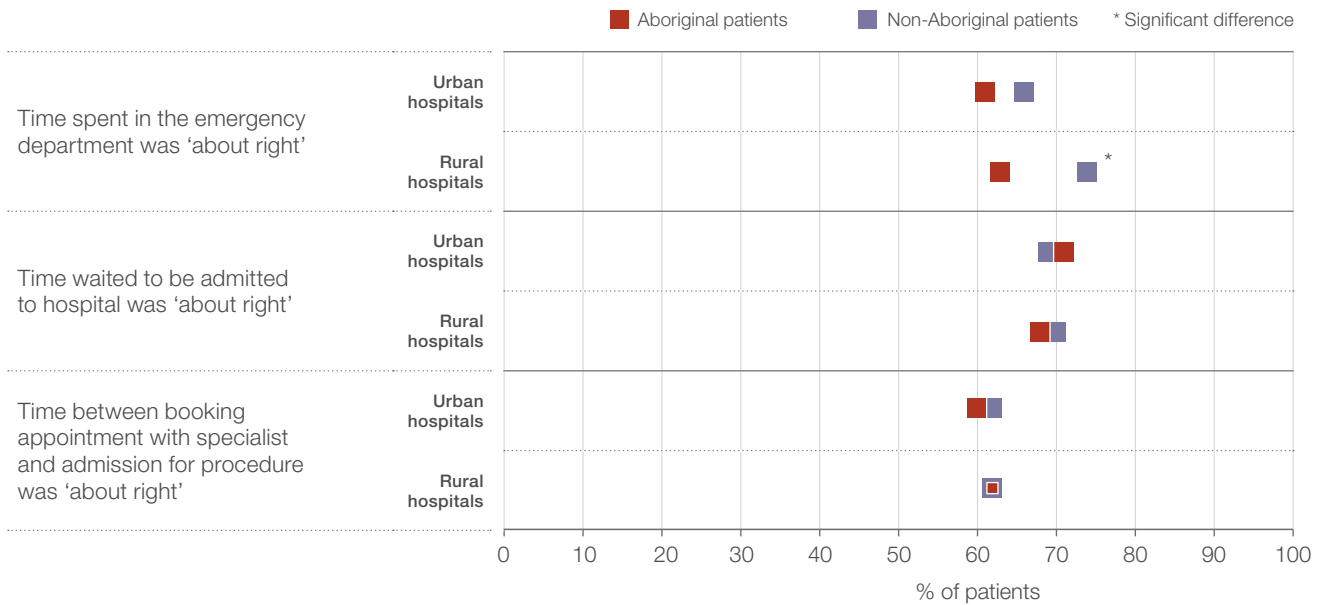
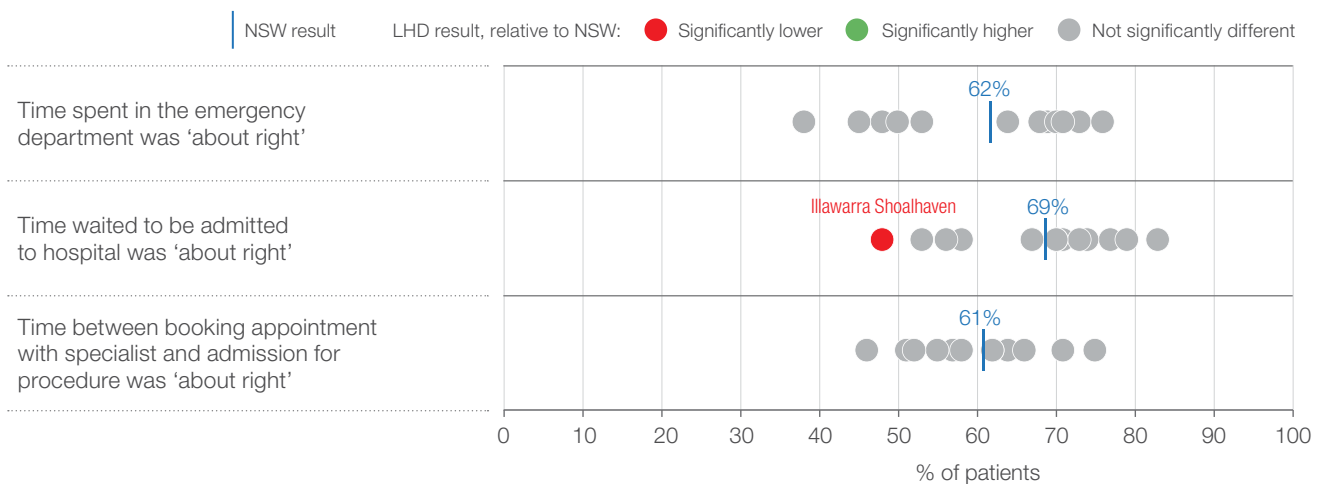


Figure 7 Access and timeliness, percentage of patients who selected the most positive response category, Aboriginal patients, LHD results relative to NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

Assistance and responsiveness

More than two in 10 Aboriginal patients said health professionals did not completely discuss their worries and fears

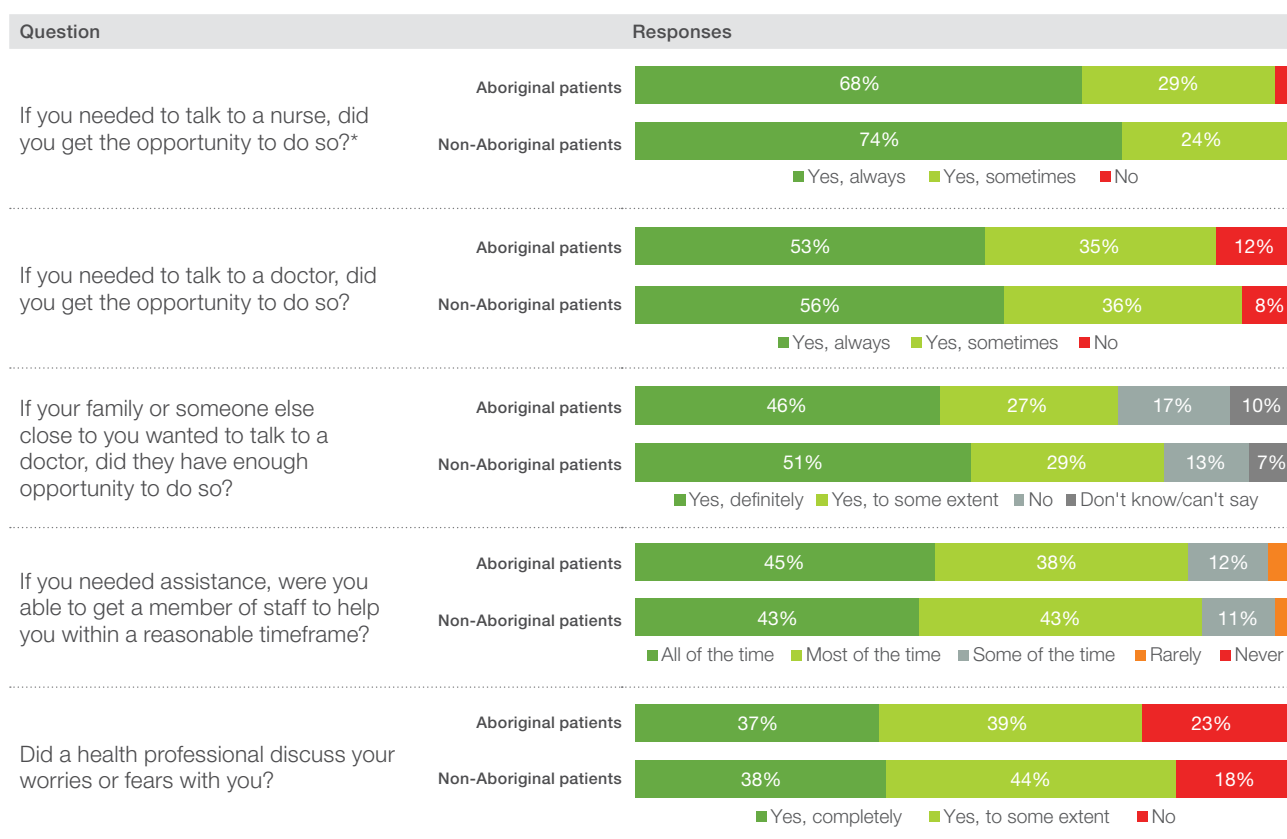
Recognising and responding to the needs of Aboriginal patients requires openness, sensitivity and cultural awareness from health professionals.¹²

In NSW, Aboriginal patients were less positive than non-Aboriginal patients for one of the five questions focused on assistance and responsiveness. Although most Aboriginal patients (68%) said they 'always' had the opportunity to talk to a nurse when needed, they were less positive than non-Aboriginal patients (74%) (Figure 8).

In terms of rurality, Aboriginal patients were less likely than non-Aboriginal patients to say they 'always' had the opportunity to talk to a nurse or to a doctor, in both urban hospitals and rural hospitals (Figure 9).

Comparing Aboriginal patients' responses across LHDs, wide variation was seen for two questions: whether patients 'always' had the opportunity to talk to a nurse when needed (41% to 81%) and whether patients 'always' received assistance from staff when needed (20% to 60%) (Figure 10).

Figure 8 Assistance and responsiveness, all response categories, Aboriginal and non-Aboriginal patients, NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

Figure 9 Assistance and responsiveness, percentage of patients who selected the most positive response category, Aboriginal and non-Aboriginal patients, by rurality of hospital

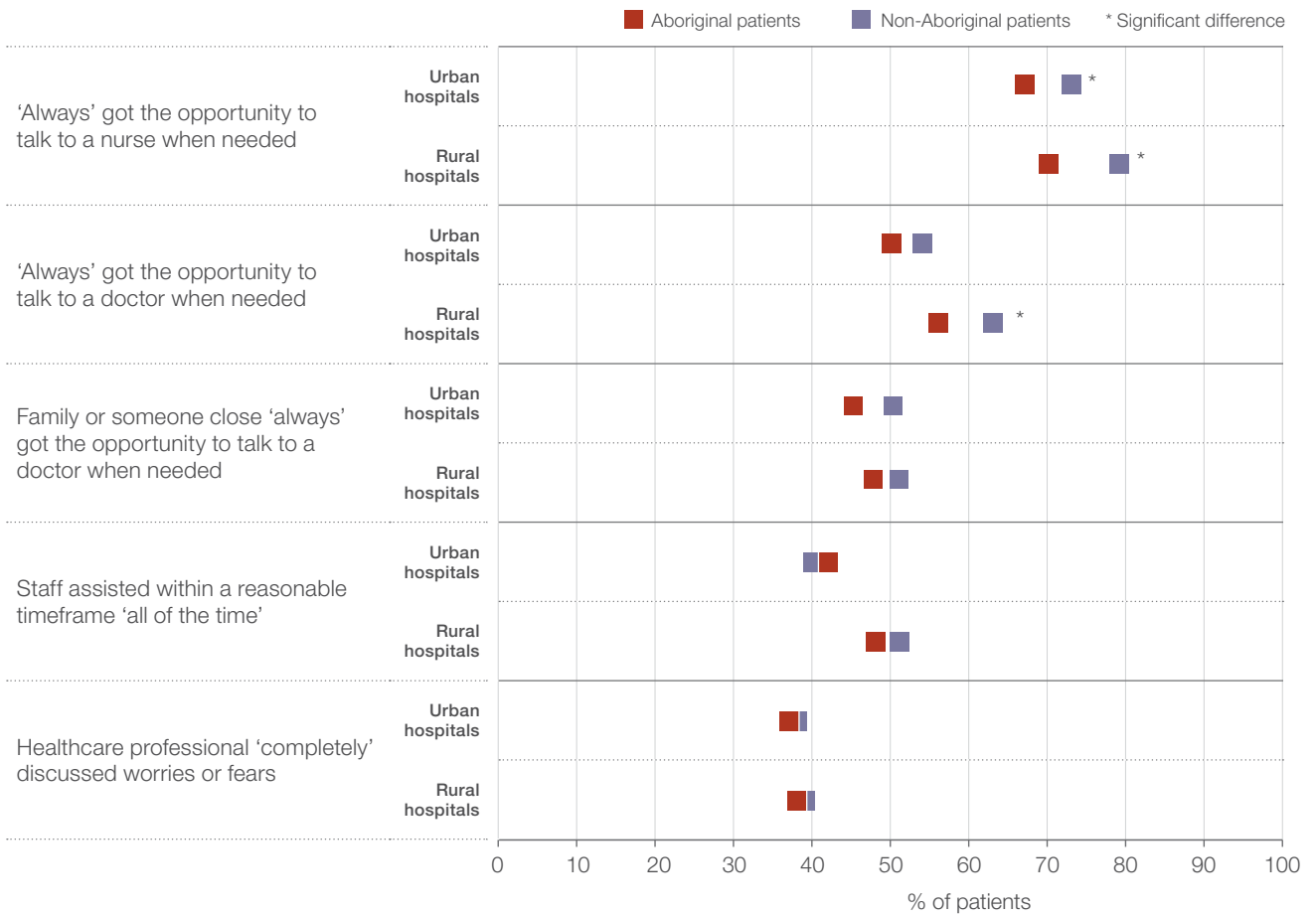
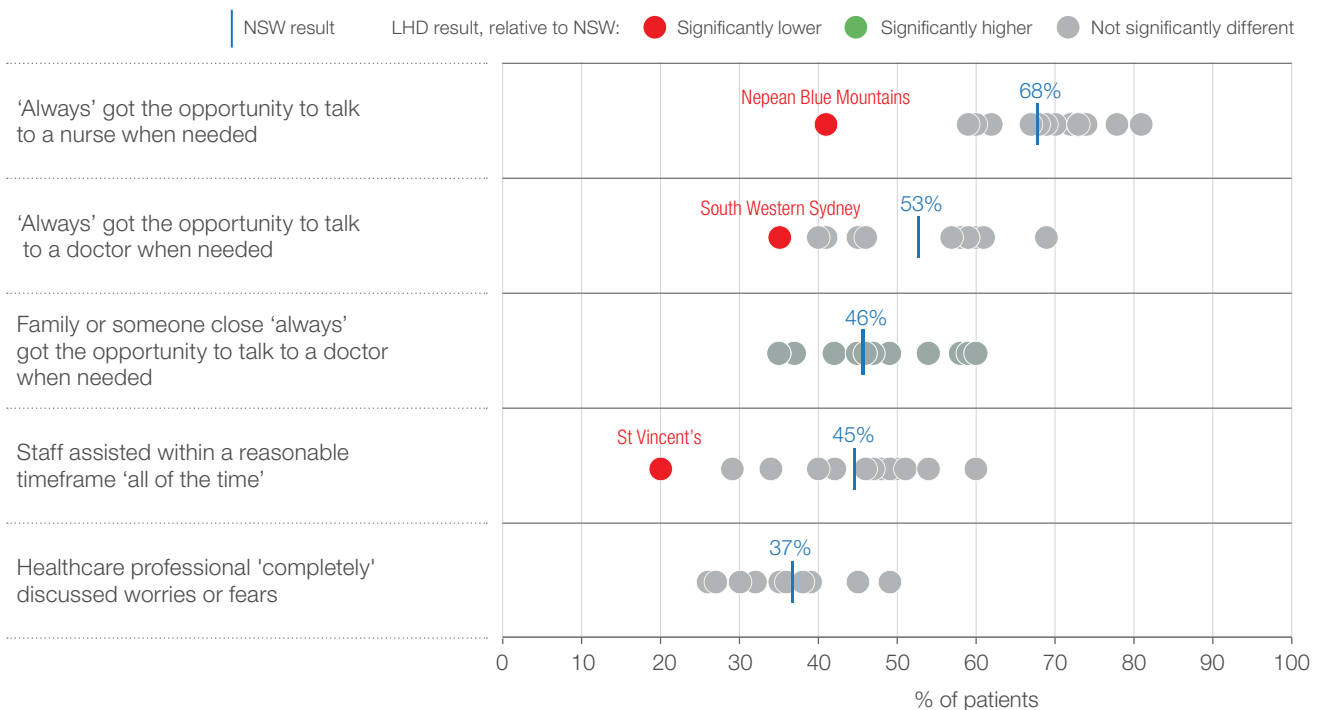


Figure 10 Assistance and responsiveness, percentage of patients who selected the most positive response category, Aboriginal patients, LHD results relative to NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

Comprehensive and whole-person care

Eight in 10 Aboriginal patients said doctors and nurses were always kind and caring

In delivering whole-person care, health professionals provide competent medical care to patients and also consider them more expansively as people with complex social, emotional and physical needs and expectations.¹⁴

In NSW, Aboriginal patients were less positive than non-Aboriginal patients for four of the five questions regarding comprehensive and whole-person care.

The difference was most pronounced for the question about whether doctors were kind and caring. While 80% of Aboriginal patients said doctors were ‘always’ kind and caring, this was a lower percentage than that reported by non-Aboriginal patients (86%) (Figure 11).

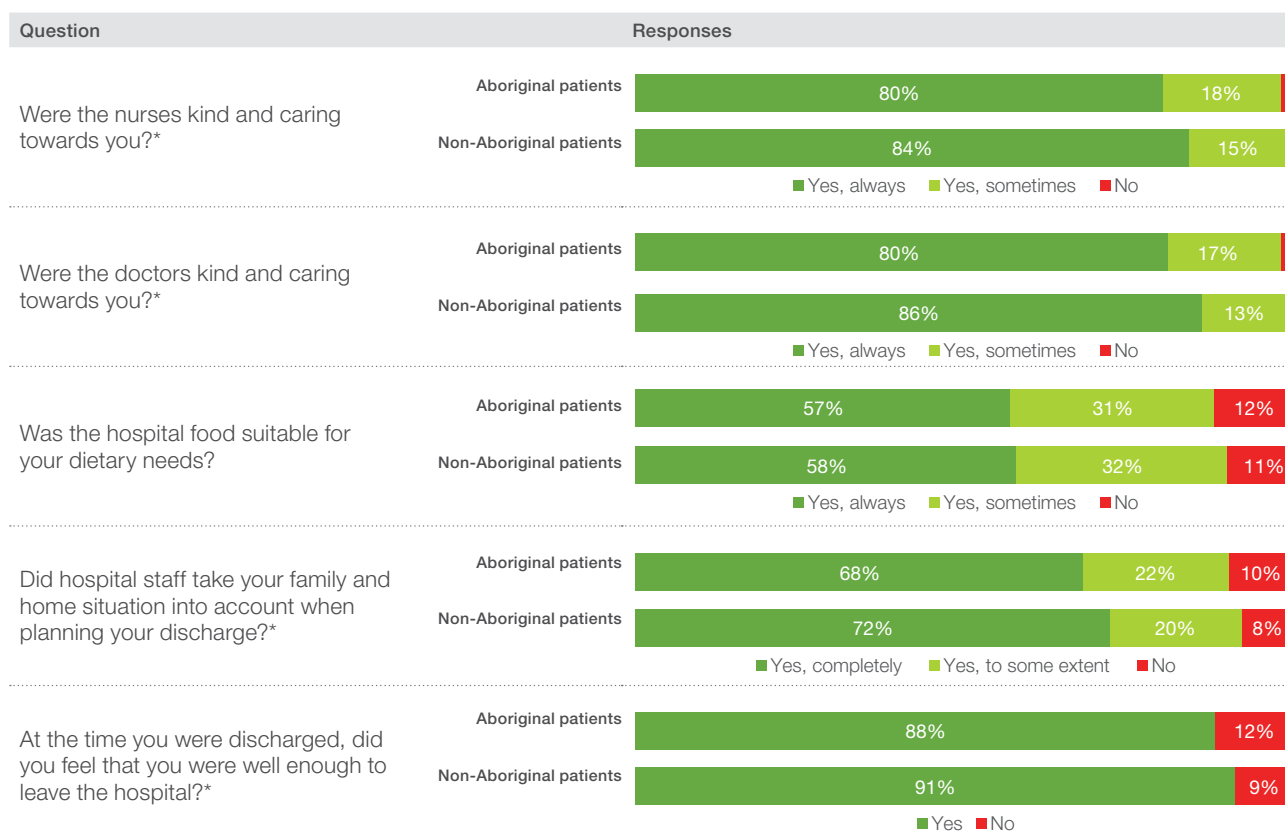
Aboriginal patients generally reported similar experiences in urban and rural hospitals. However,

among non-Aboriginal patients, those admitted to rural hospitals reported more positively than those admitted to urban hospitals. As a result, differences between Aboriginal and non-Aboriginal patients were more pronounced in rural hospitals.

This gap in experiences of care in rural hospitals was widest for the question about the suitability of hospital food. Among Aboriginal patients, 52% said the food was ‘always’ suitable, compared with 63% among non-Aboriginal patients (Figure 12).

Comparing Aboriginal patients’ responses across LHDs, wide variation occurred in two questions: whether nurses were ‘always’ kind and caring (58% to 87%); and whether food was ‘always’ suitable (36% to 65%) (Figure 13).

Figure 11 Comprehensive and whole-person care, all response categories, Aboriginal and non-Aboriginal patients, NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

Figure 12 Comprehensive and whole-person care, percentage of patients who selected the most positive response category, Aboriginal and non-Aboriginal patients, by rurality of hospital

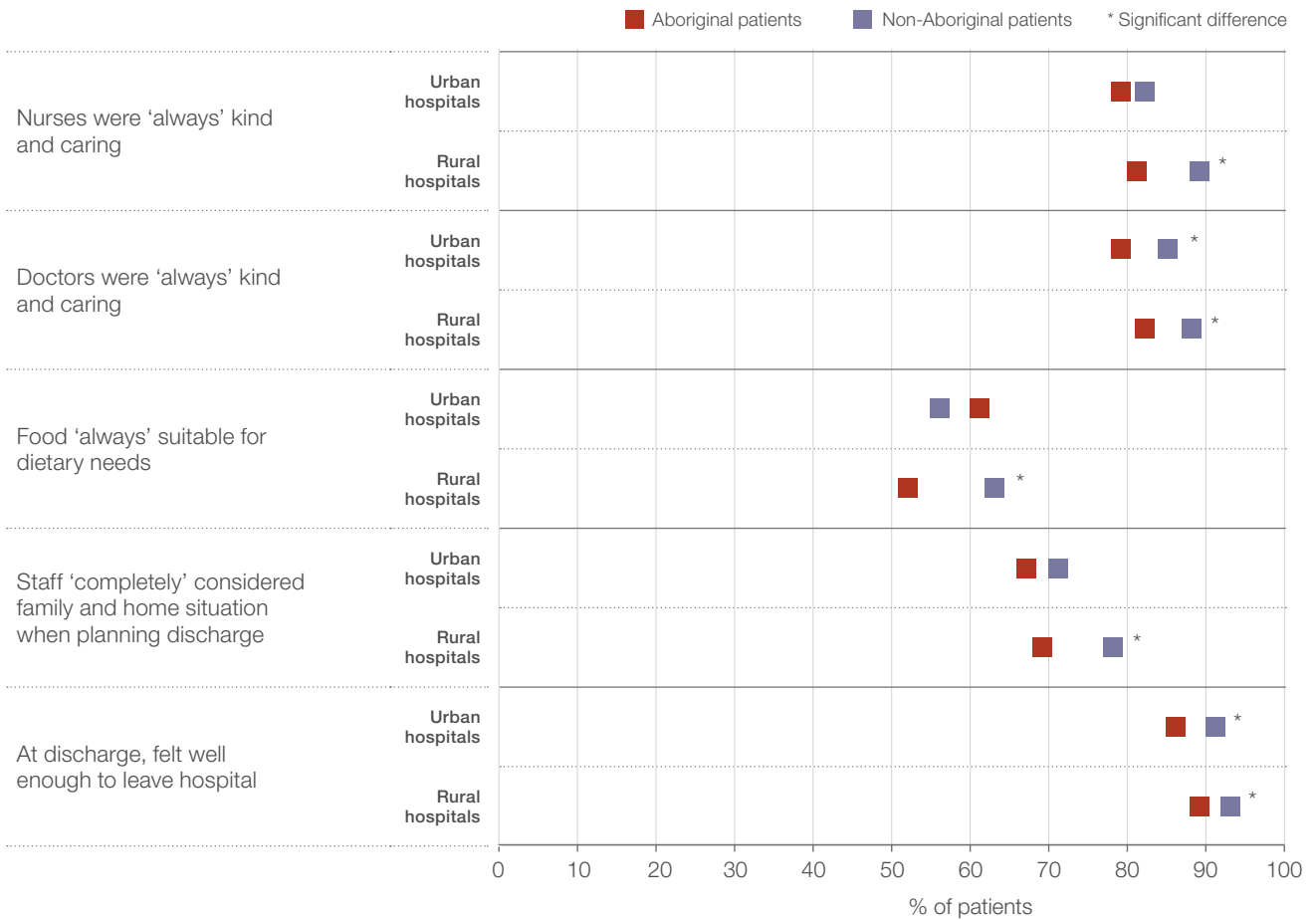
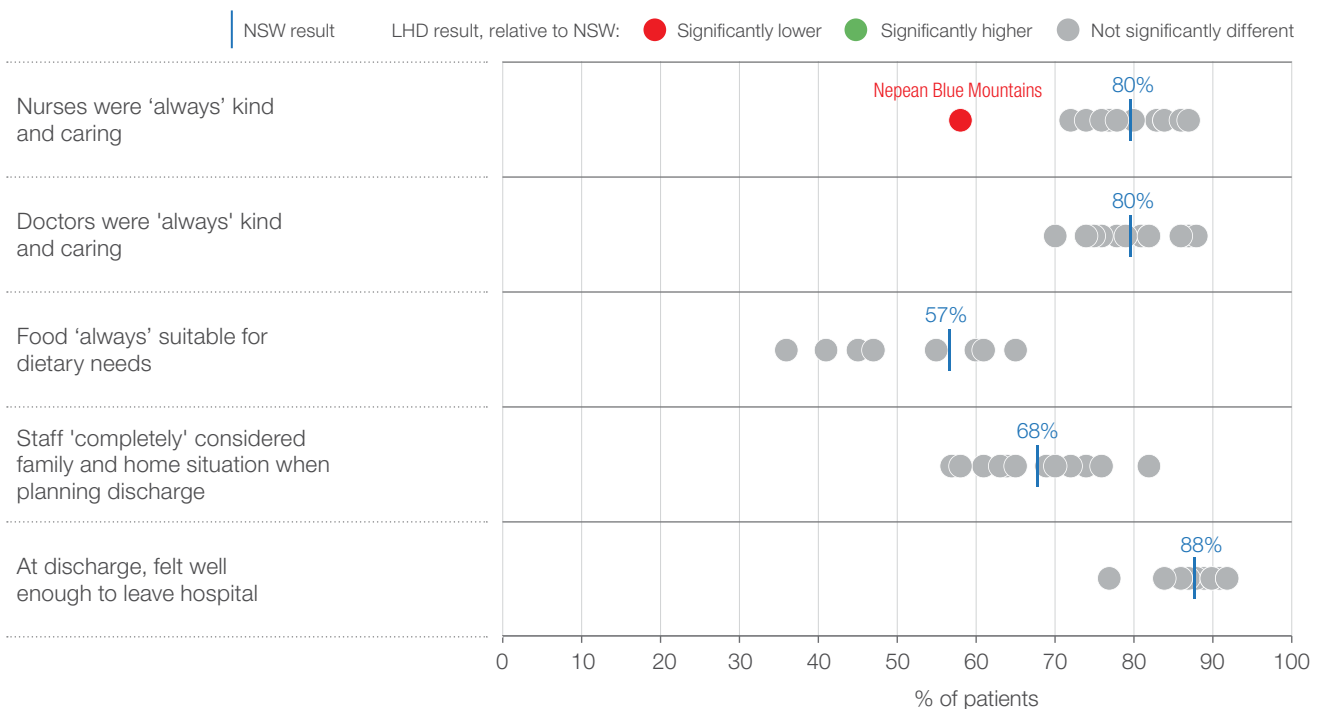


Figure 13 Comprehensive and whole-person care, percentage of patients who selected the most positive response category, Aboriginal patients, LHD results relative to NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

Coordination and continuity

Almost two in 10 Aboriginal patients said adequate arrangements were not made, and contact information not given, for support after discharge

Aboriginal people have relatively high rates of chronic disease compared to non-Aboriginal patients.¹⁵ This high prevalence, together with significant rates of multimorbidity mean that continuous, coordinated care is crucial.

In NSW, Aboriginal patients were less positive than non-Aboriginal patients for three of the five questions regarding coordination and continuity.

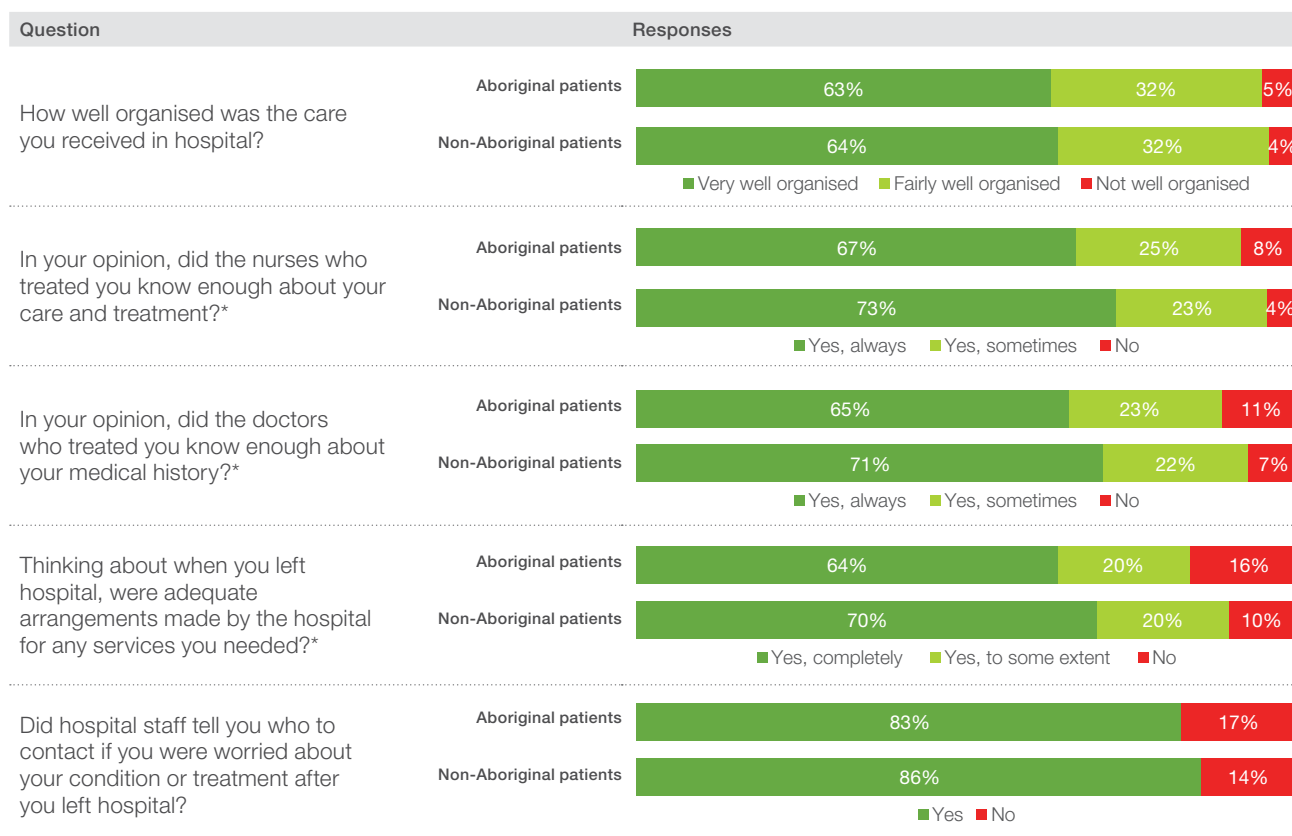
There were differences across the two patient groups in the percentages who said: nurses ‘always’ knew enough about their care (67% of Aboriginal patients and 73% of non-Aboriginal patients); doctors ‘always’ knew enough about their medical history (65% and 71%); and ‘completely’ adequate arrangements were made for services after discharge (64% and 70%) (Figure 14).

Aboriginal patients generally reported similar experiences in urban and rural hospitals. However, differences between Aboriginal and non-Aboriginal patients were more pronounced in rural hospitals.

This gap in experiences of care in rural hospitals was widest for the question regarding arrangements for services after discharge. Among Aboriginal patients, 64% said arrangements were ‘completely’ adequate compared with 76% among non-Aboriginal patients (Figure 15).

Comparing Aboriginal patients’ responses across LHDs, the widest variation was in the question about whether nurses ‘always’ knew enough about their care (37% to 80%). Compared with all Aboriginal patients in NSW, Aboriginal patients in Sydney LHD were more positive about the organisation of care and nurse’s knowledge about their care (Figure 16).

Figure 14 Coordination and continuity, all response categories, Aboriginal and non-Aboriginal patients, NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

Figure 15 Coordination and continuity, percentage of patients who selected the most positive response category, Aboriginal and non-Aboriginal patients, by rurality of hospital

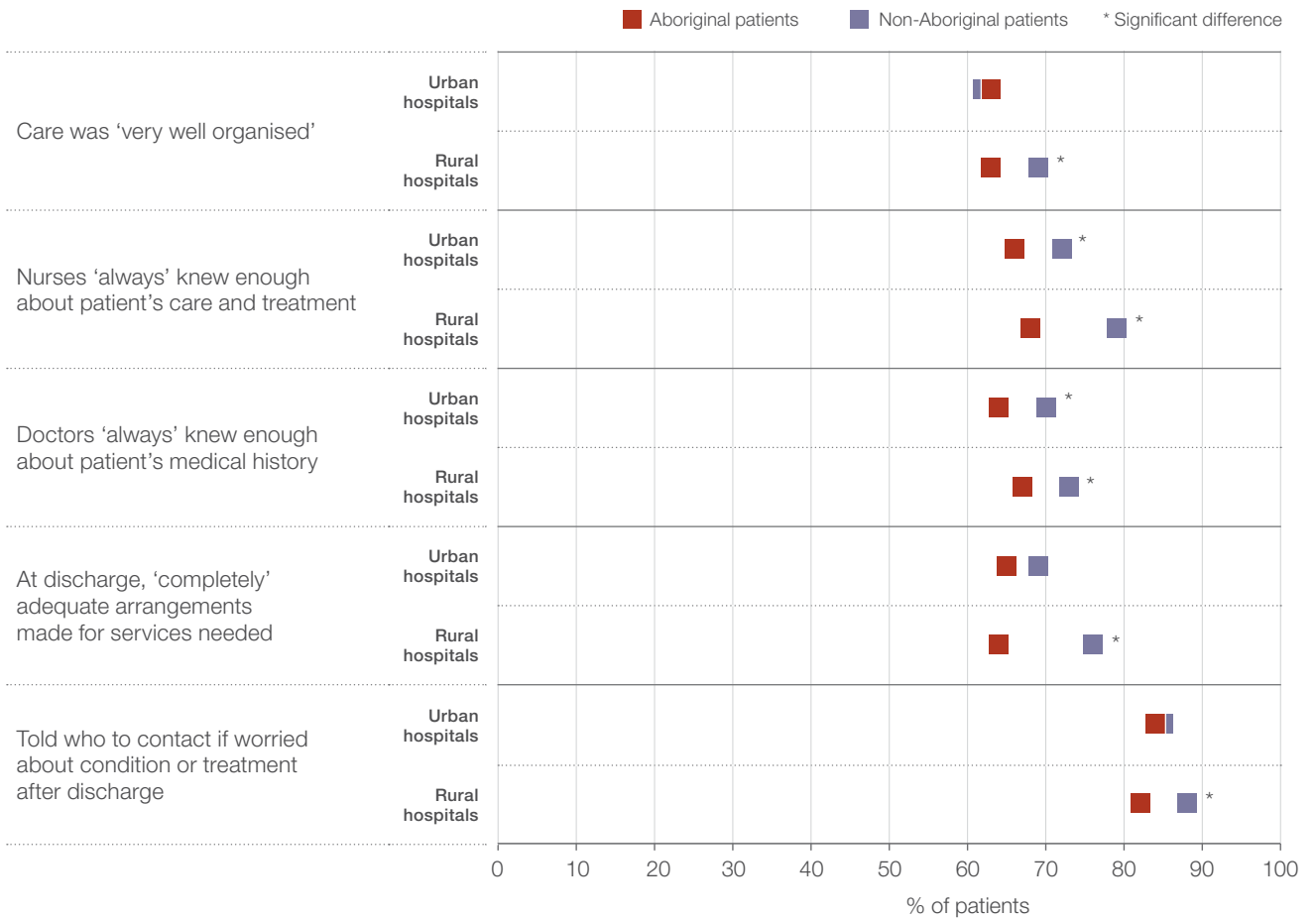
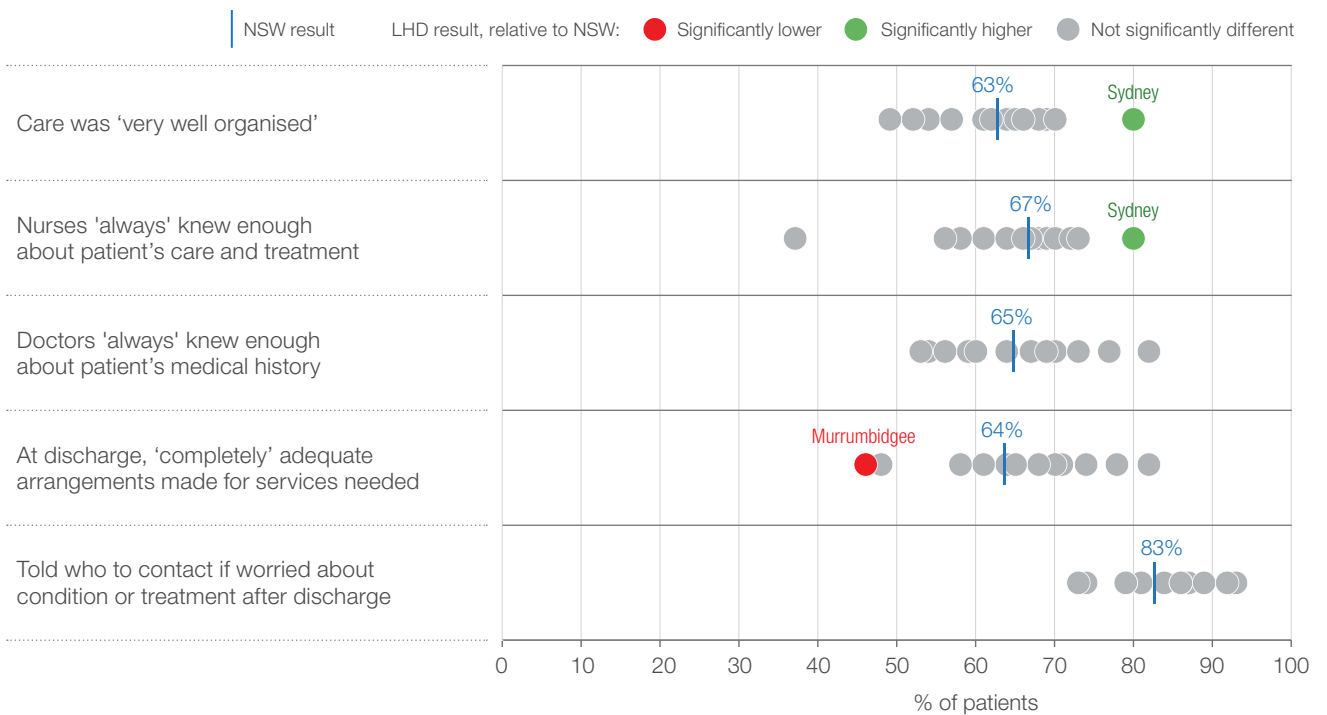


Figure 16 Coordination and continuity of care, percentage of patients who selected the most positive response category, Aboriginal patients, LHD results relative to NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

Engagement and participation

More than six in 10 Aboriginal and non-Aboriginal patients said they were definitely involved in decisions about their care

Patient engagement involves shared decision-making processes that are informed by clear communication flow. Engaging patients in their own care makes a positive contribution to quality of care, outcomes and attitudes towards the healthcare system.¹⁶ Beyond engagement in their own care, the participation of Aboriginal people at all levels of health service delivery and management is one of the principles that underpins the NSW Aboriginal Health Plan 2013–2023.⁴

In NSW, 68% of Aboriginal patients said they were given ‘completely’ enough information about how to manage their care at home, compared with 73% of non-Aboriginal patients (Figure 17).

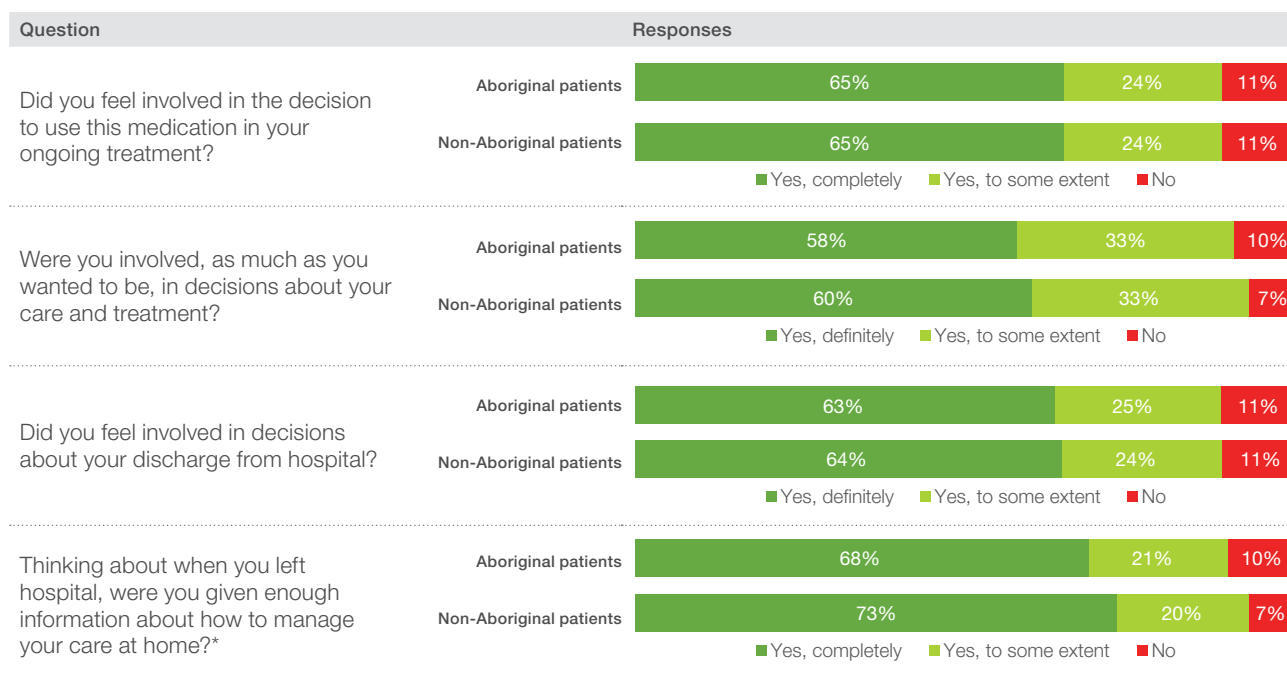
For questions about coordination and continuity of care, Aboriginal patients generally reported similar experiences in urban and rural hospitals.

However, among non-Aboriginal patients, those admitted to rural hospitals reported more positively than those admitted to urban hospitals. As a result, differences between Aboriginal and non-Aboriginal patients were more pronounced in rural hospitals.

This gap in experiences of care in rural hospitals was widest for the question regarding the provision of information to manage care at home. Among Aboriginal patients, 69% said they were given ‘completely’ enough information, compared with 78% among non-Aboriginal patients (Figure 18).

Comparing Aboriginal patients’ responses across LHDs, wide variation was seen for the question on whether patients were ‘completely’ involved in decisions about use of medication (36% to 82%) (Figure 19).

Figure 17 Engagement and participation, all response categories, Aboriginal and non-Aboriginal patients, NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

Figure 18 Engagement and participation, percentage of patients who selected the most positive response category, Aboriginal and non-Aboriginal patients, by rurality of hospital

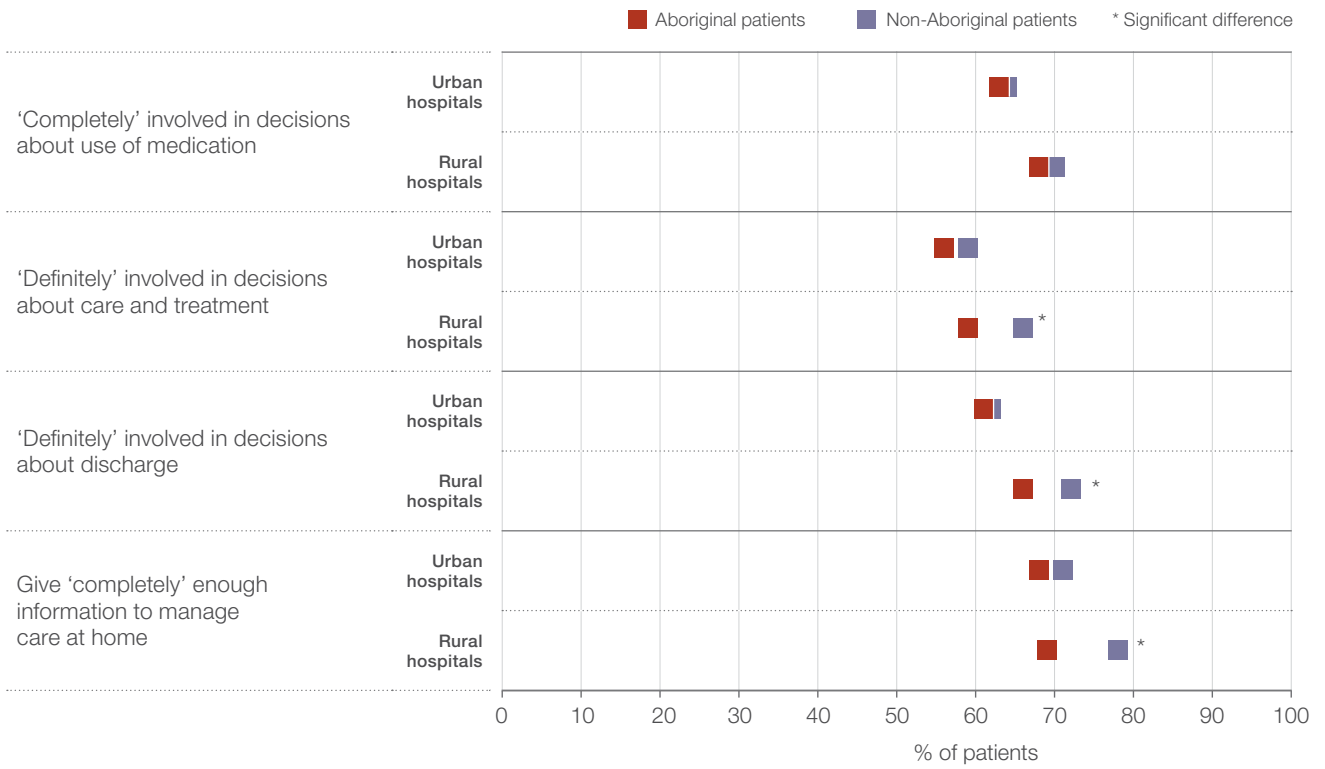
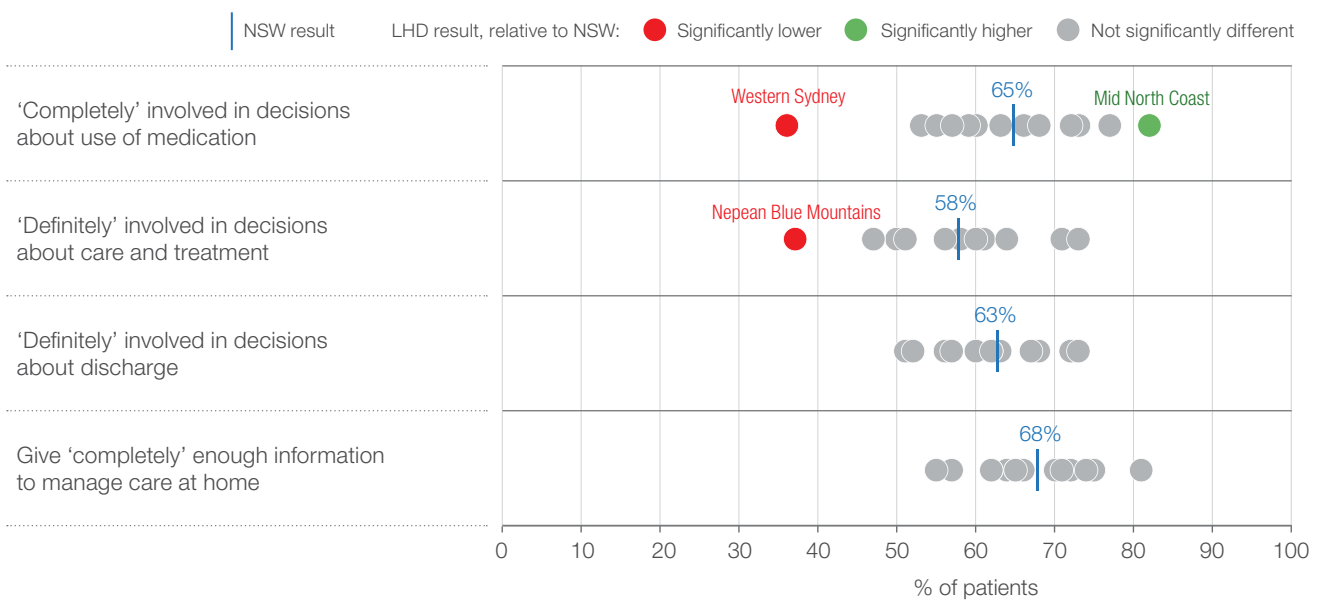


Figure 19 Engagement and participation, percentage of patients who selected the most positive response category, Aboriginal patients, LHD results relative to NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

Provision of information

Aboriginal patients and families were less likely to receive enough information

Appropriate care includes the provision of adequate, understandable information about any upcoming hospital stay, and about care, treatment and side effects to watch for.¹⁷ In NSW, Aboriginal patients were less positive than non-Aboriginal patients for three of the five questions regarding provision of information.

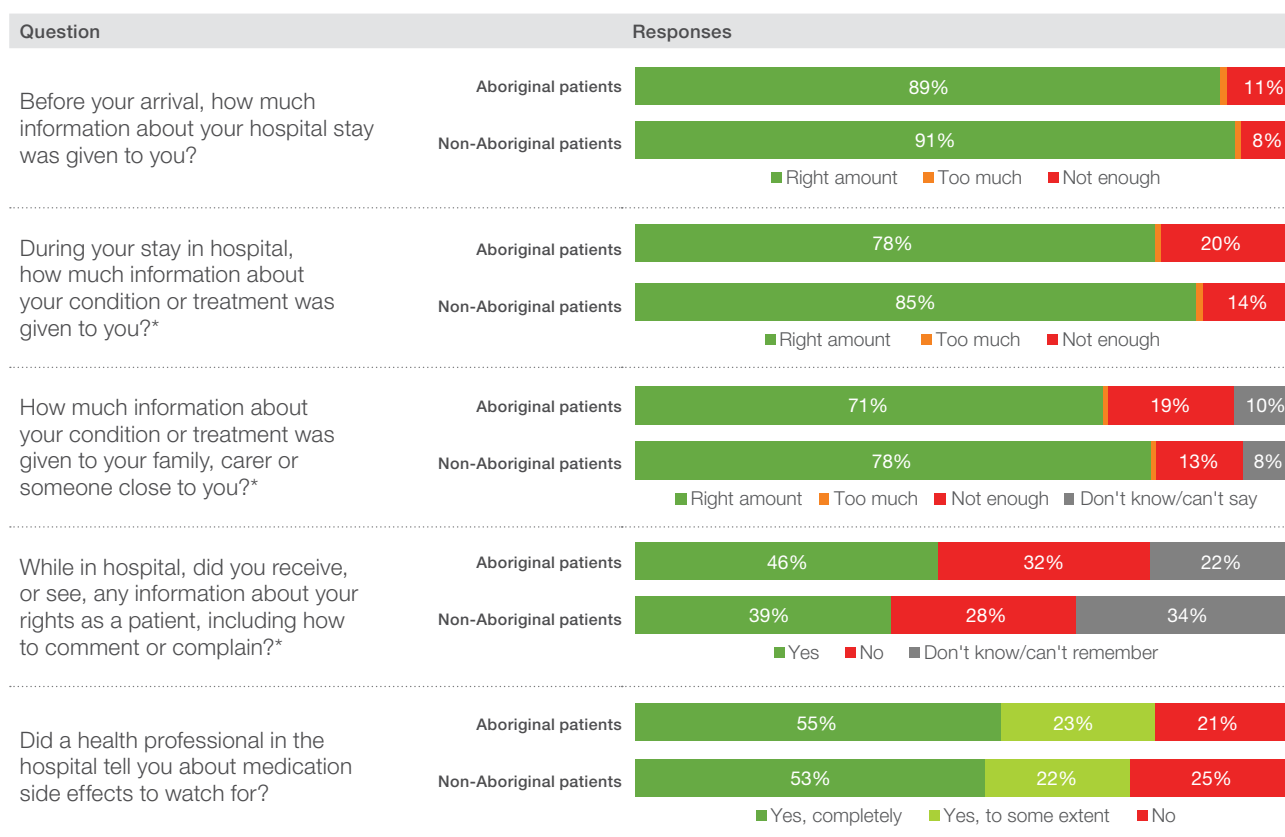
There were important differences between the two patient groups in the percentage who said they were given the ‘right amount’ of information about their condition and treatment (78% of Aboriginal patients and 85% of non-Aboriginal patients); and who said their family was given the ‘right amount’ of information (71% and 78%). Whether patients received or saw information about their rights was the only survey question to which Aboriginal patients responded significantly more positively than non-Aboriginal patients (46% and 39%) (Figure 20).

In both groups, about eight in 10 patients said they did not want to make a complaint about something that happened in hospital, however, 11% of Aboriginal patients and 9% of non-Aboriginal patients said they did want to make a complaint but did not do so (Appendix 3).

For most questions, there were differences in responses from Aboriginal and non-Aboriginal patients in both rural and urban settings. This was most pronounced for the question about information given to patients’ families in rural hospitals (Figure 21).

Comparing Aboriginal patients’ responses across LHDs, the widest variation was for the question about whether patients were ‘completely’ informed about medication side effects to watch for (37% to 73%) (Figure 22).

Figure 20 Provision of information, all response categories, Aboriginal and non-Aboriginal patients, NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

Figure 21 Provision of information, percentage of patients who selected the most positive response category, Aboriginal and non-Aboriginal patients, by rurality of hospital

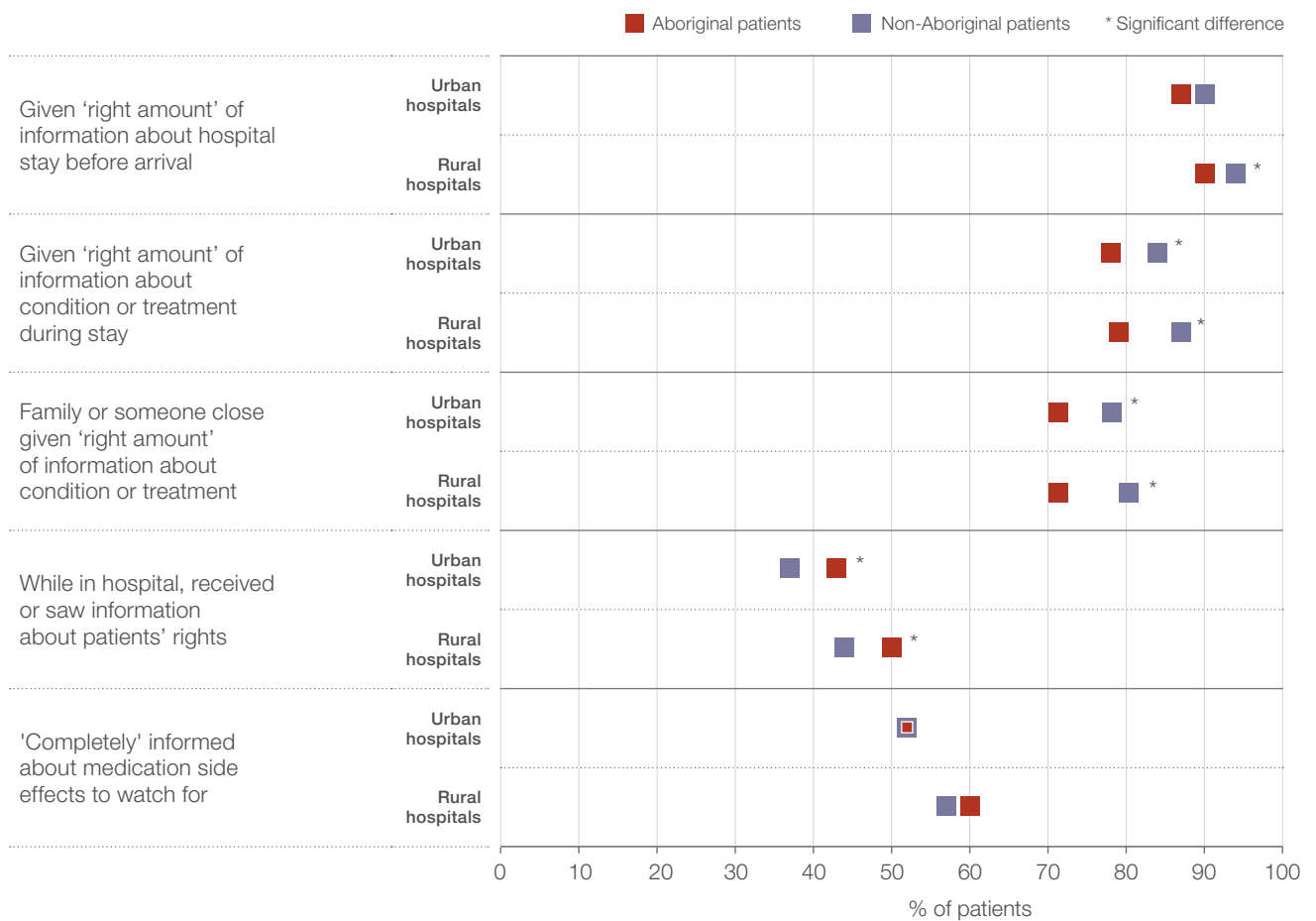
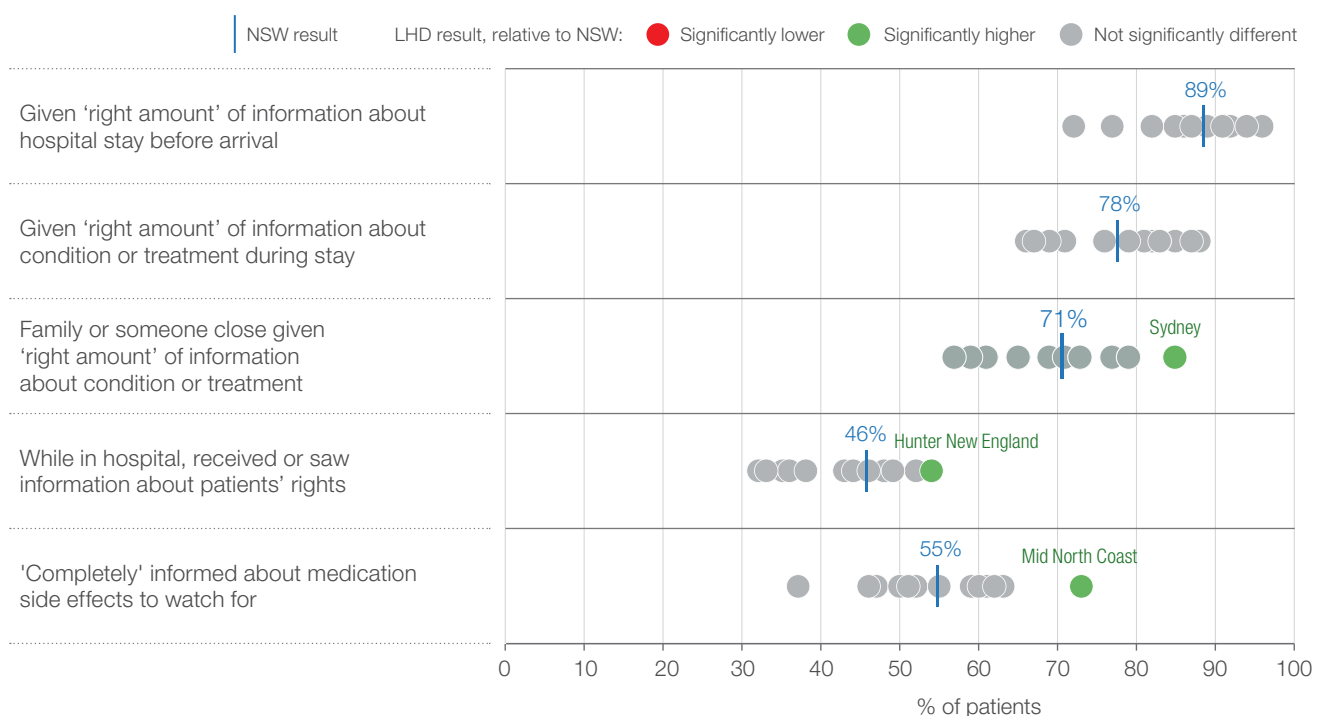


Figure 22 Provision of information, percentage of patients who selected the most positive response category, Aboriginal patients, LHD results relative to NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

Respectfulness: Culture, dignity and privacy

Aboriginal patients gave their highest ratings to questions about respectful care although they were less positive than non-Aboriginal patients

Everyone seeking or receiving healthcare has the right to be treated with respect. Healthcare should be provided in a courteous way, with consideration for a patient’s culture, religious beliefs, sexual orientation, issues arising from a disability and right to privacy.¹⁸

While most Aboriginal patients reflected positively on the respectfulness of care they received in hospital, their experiences of care were less positive than those of non-Aboriginal patients.

The difference was most pronounced regarding the level of privacy patients said they were given when discussing their condition or treatment. Among Aboriginal patients, 72% said they were ‘always’ given enough privacy compared with 81% of non-Aboriginal patients (Figure 23).

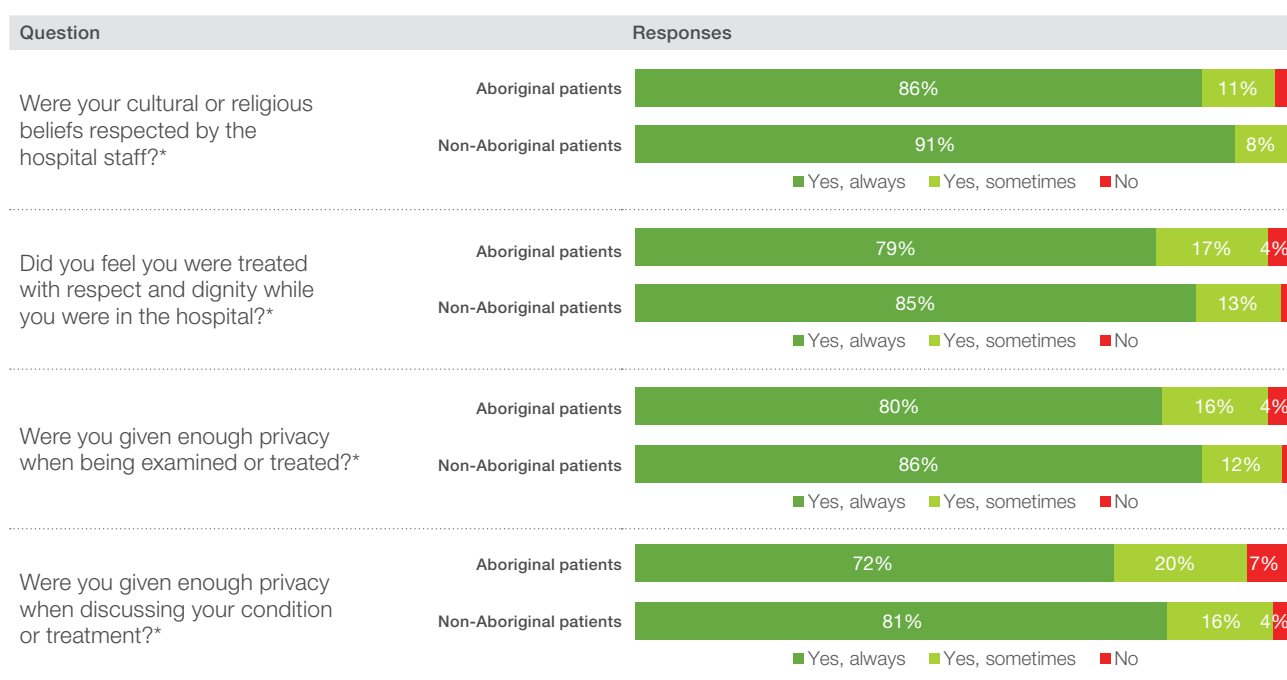
There were significant differences between the responses from Aboriginal and non-Aboriginal patients in both rural and urban hospitals, for three of the four questions about respectfulness.

The variation was most pronounced in rural hospitals – in particular responses to questions about whether patients were ‘always’ treated with respect and dignity (79% of Aboriginal patients and 89% of non-Aboriginal patients) and whether cultural or religious beliefs were ‘always’ respected (85% and 95%) (Figure 24).

Comparing Aboriginal patients’ responses across LHDs, the question with the widest variation asked whether patients ‘always’ had enough privacy during examinations and treatment (62% to 93%).

Compared with all Aboriginal patients in NSW, Aboriginal patients in South Eastern Sydney LHD were more positive about respect for cultural and religious beliefs and privacy when discussing treatment (Figure 25).

Figure 23 Respectfulness: Culture, dignity and privacy, all response categories, Aboriginal and non-Aboriginal patients, NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

Figure 24 Respectfulness: Culture, dignity and privacy, percentage of patients who selected the most positive response category, Aboriginal and non-Aboriginal patients, by rurality of hospital

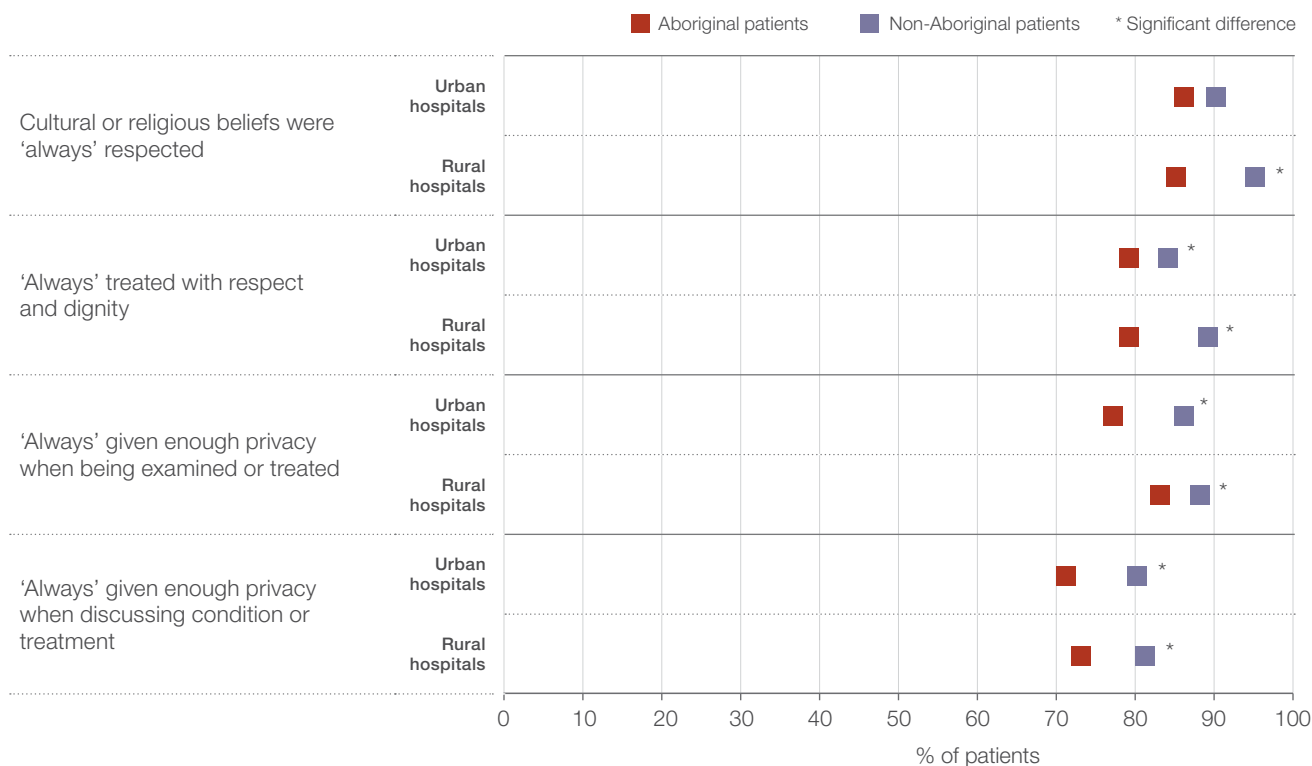
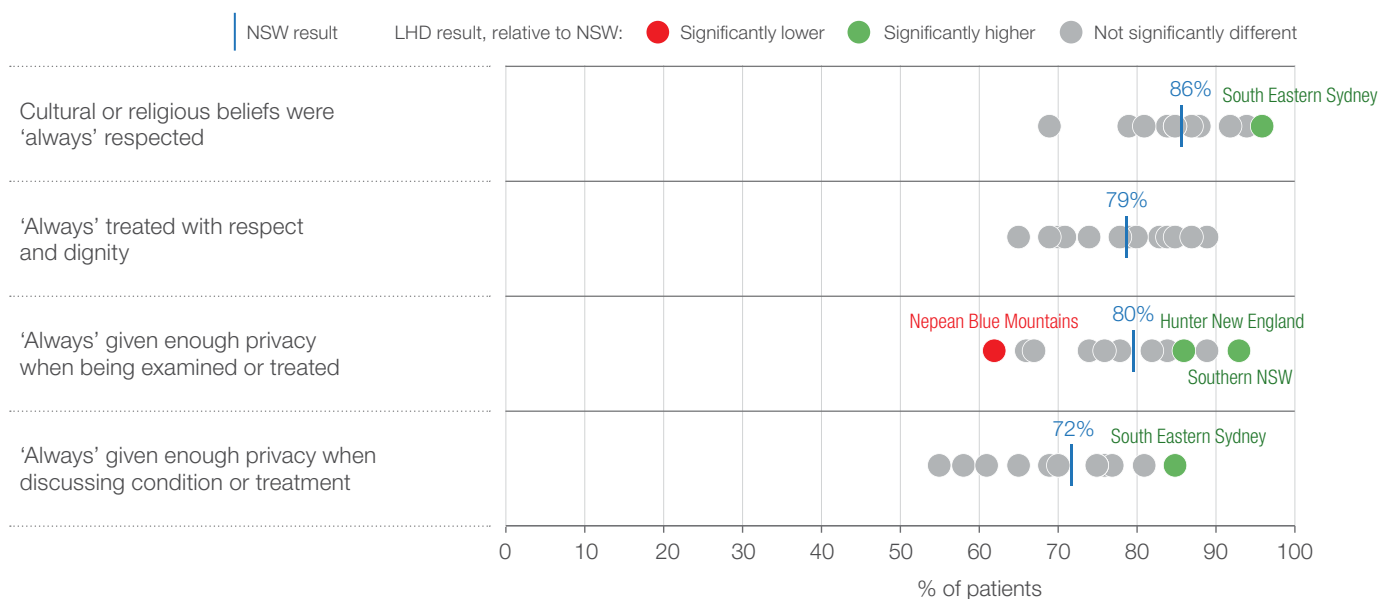


Figure 25 Respectfulness: Culture, dignity and privacy, percentage of patients who selected the most positive response category, Aboriginal patients, LHD results relative to NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

Respectfulness: Politeness and courtesy

Aboriginal patients were less positive about politeness and courtesy of staff

Respect is enacted through appropriate conduct, attitudes, words or practices of health service staff.⁴

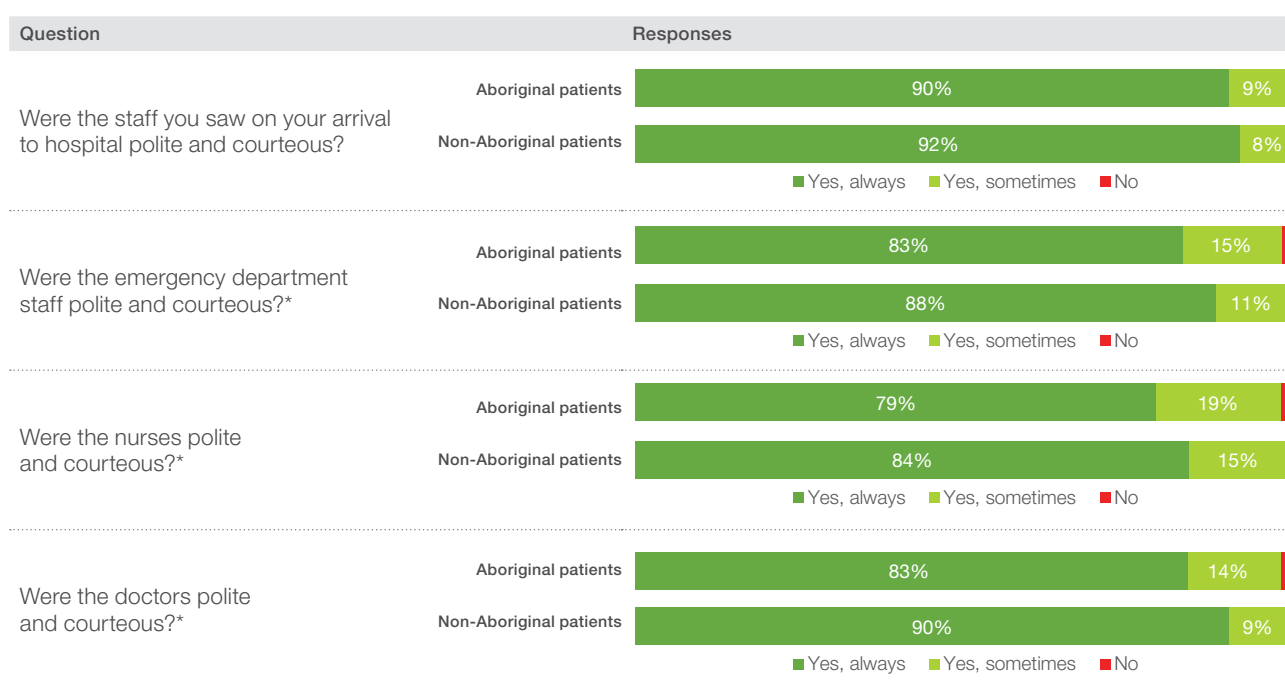
In NSW, Aboriginal patients were less positive than non-Aboriginal patients for three of the four questions regarding respectful staff.

The difference was most pronounced for the percentage of patients who said doctors were 'always' polite and courteous (83% of Aboriginal patients and 90% of non-Aboriginal patients) (Figure 26).

In rural hospitals, there were differences in the responses from Aboriginal and non-Aboriginal patients for all questions. The variation was most pronounced regarding the politeness of nurses. Among Aboriginal patients in rural hospitals, 81% said nurses were 'always' polite, compared with 89% of non-Aboriginal patients (Figure 27).

Comparing Aboriginal patients' responses across LHDs, the widest variation was seen in the question about whether nurses were 'always' polite and courteous (60% to 92%) (Figure 28).

Figure 26 Respectfulness: Politeness and courtesy, all response categories, Aboriginal and non-Aboriginal patients, NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

Figure 27 Respectfulness: Politeness and courtesy, percentage of patients who selected the most positive response category, Aboriginal and non-Aboriginal patients, by rurality of hospital

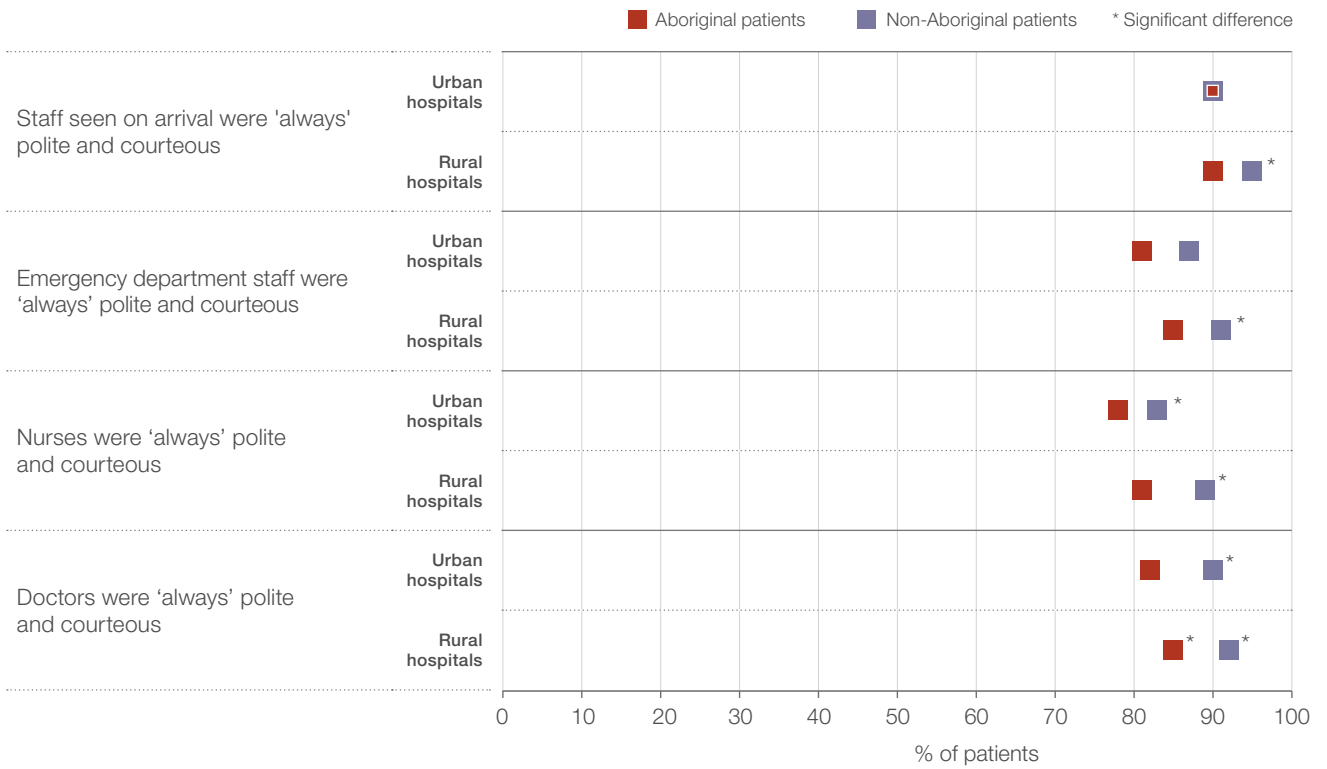
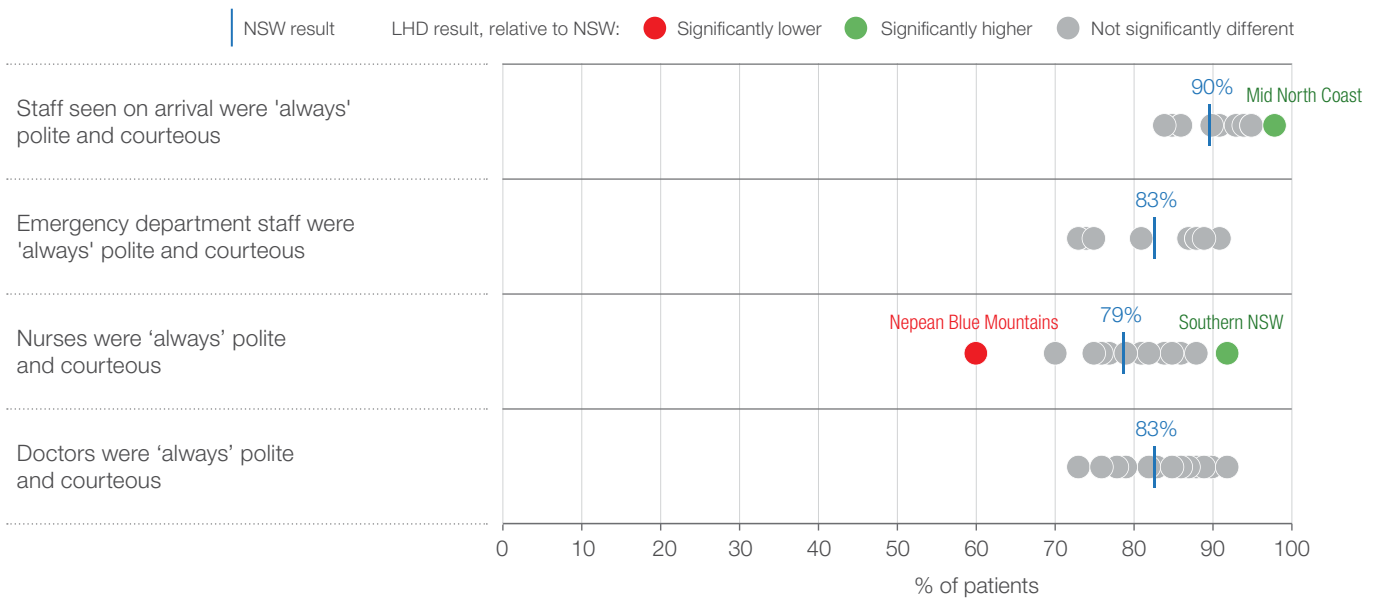


Figure 28 Respectfulness: Politeness and courtesy, percentage of patients who selected the most positive response category, Aboriginal patients, LHD results relative to NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

Responsive communication

Aboriginal patients were less likely to say nurses and doctors always communicated in a way they could understand

Communication gaps between healthcare providers and the patient can impact patients' understanding of their care needs, increase complication rates and reduce positive health outcomes.^{11,19}

In NSW, Aboriginal patients were less positive than non-Aboriginal patients for two of the five questions regarding responsive communication.

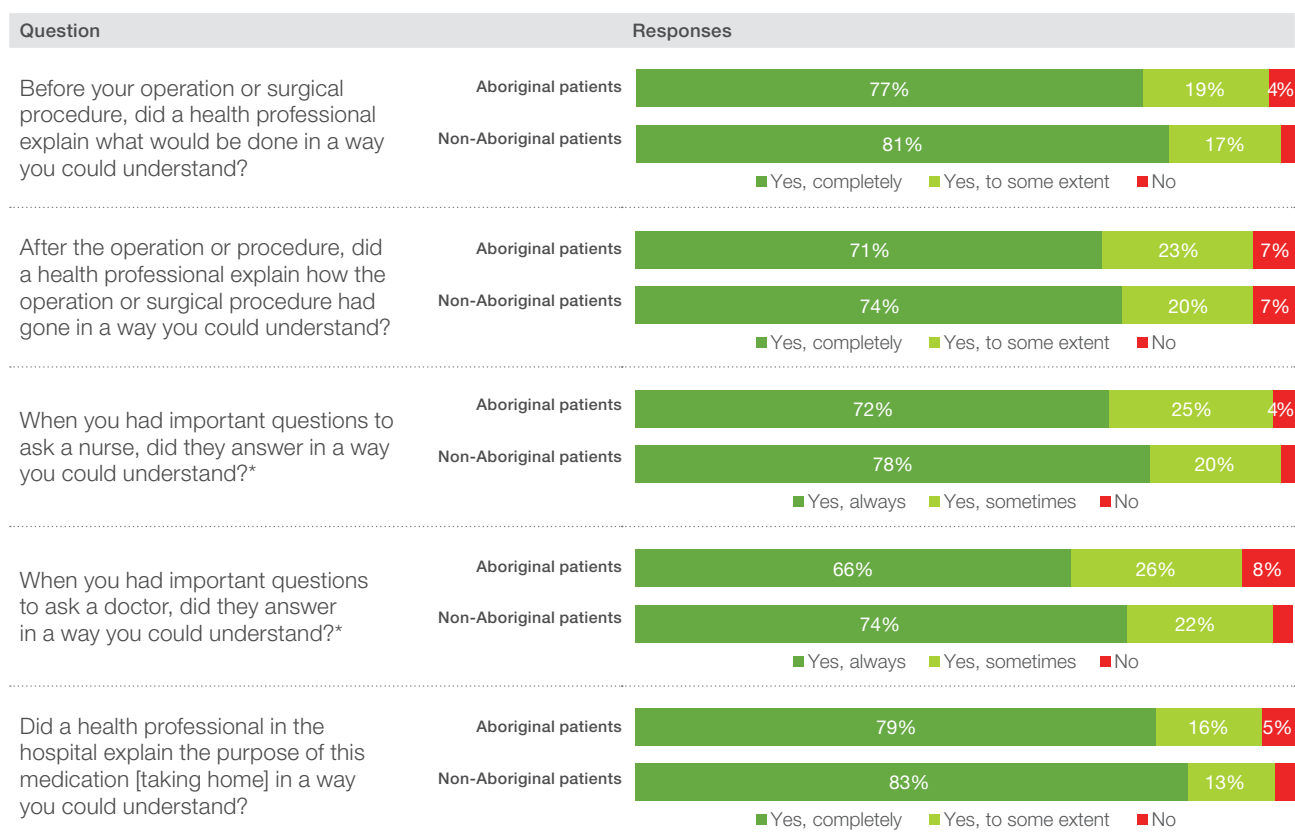
There was a difference between Aboriginal and non-Aboriginal patients in the percentage who said doctors 'always' answered questions in an understandable way (66% of Aboriginal patients and 74% of non-Aboriginal patients); and nurses 'always' answered in an understandable way (72% and 78%) (Figure 29).

For questions about responsive communication, Aboriginal patients generally reported similar experiences in urban and rural hospitals.

However, there were differences between the responses of Aboriginal and non-Aboriginal patients in rural hospitals. This gap in experiences of care in rural hospitals was widest for the question regarding communication with doctors. Among Aboriginal patients in rural hospitals, 67% said doctors 'always' answered important questions in a way they could understand, compared with 77% of non-Aboriginal patients (Figure 30).

For Aboriginal patients' responses across LHDs, the widest variation was for the question about whether patients were 'always' given understandable answers from doctors (51% to 85%). Compared with all Aboriginal patients in NSW, Aboriginal patients in Northern NSW were more positive about whether they were given understandable explanations regarding their surgery; and whether doctors gave understandable answers to important questions (Figure 31).

Figure 29 Responsive communication, all response categories, Aboriginal and non-Aboriginal patients, NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

Figure 30 Responsive communication, percentage of patients who selected the most positive response category, Aboriginal and non-Aboriginal patients, by rurality of hospital

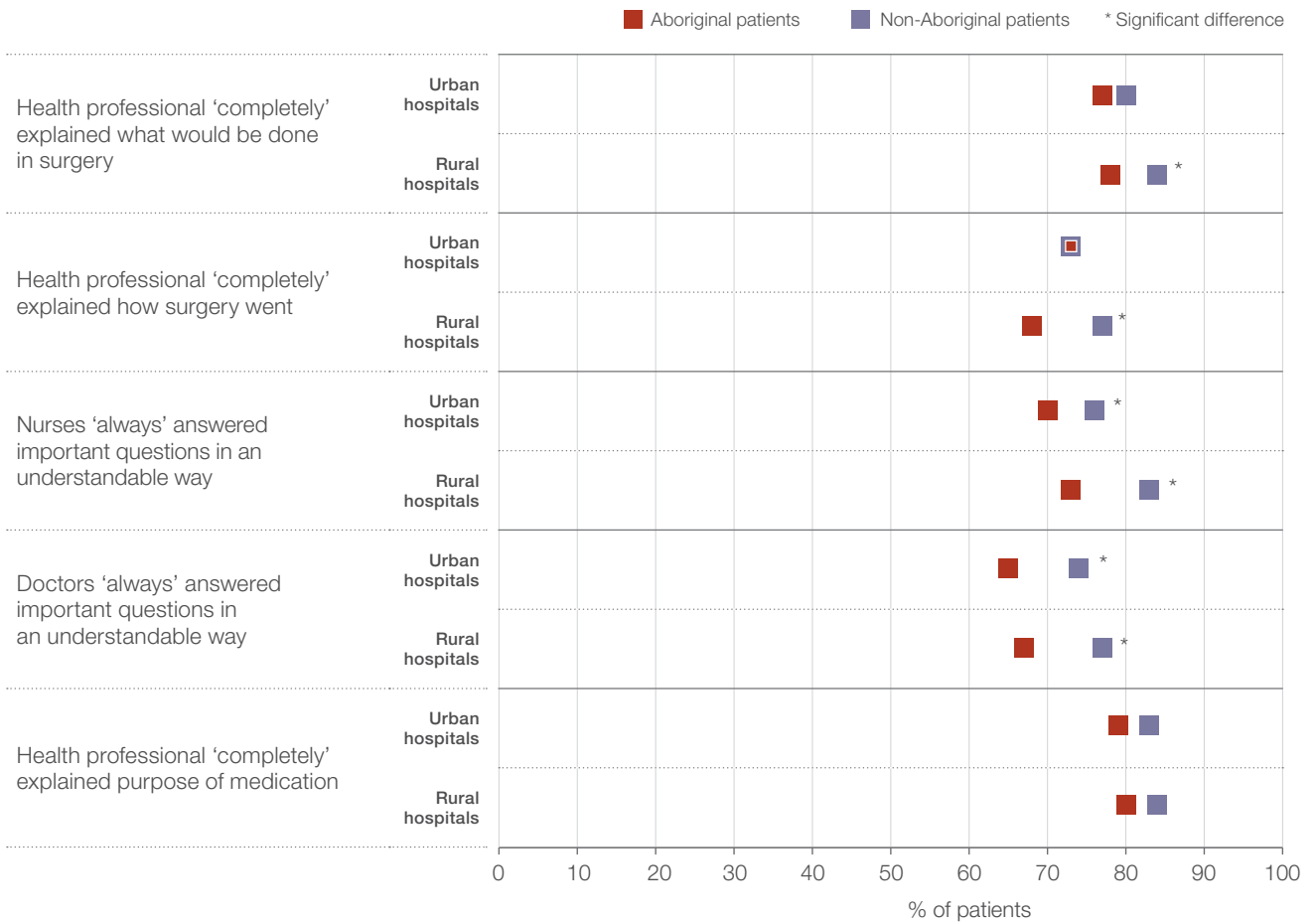
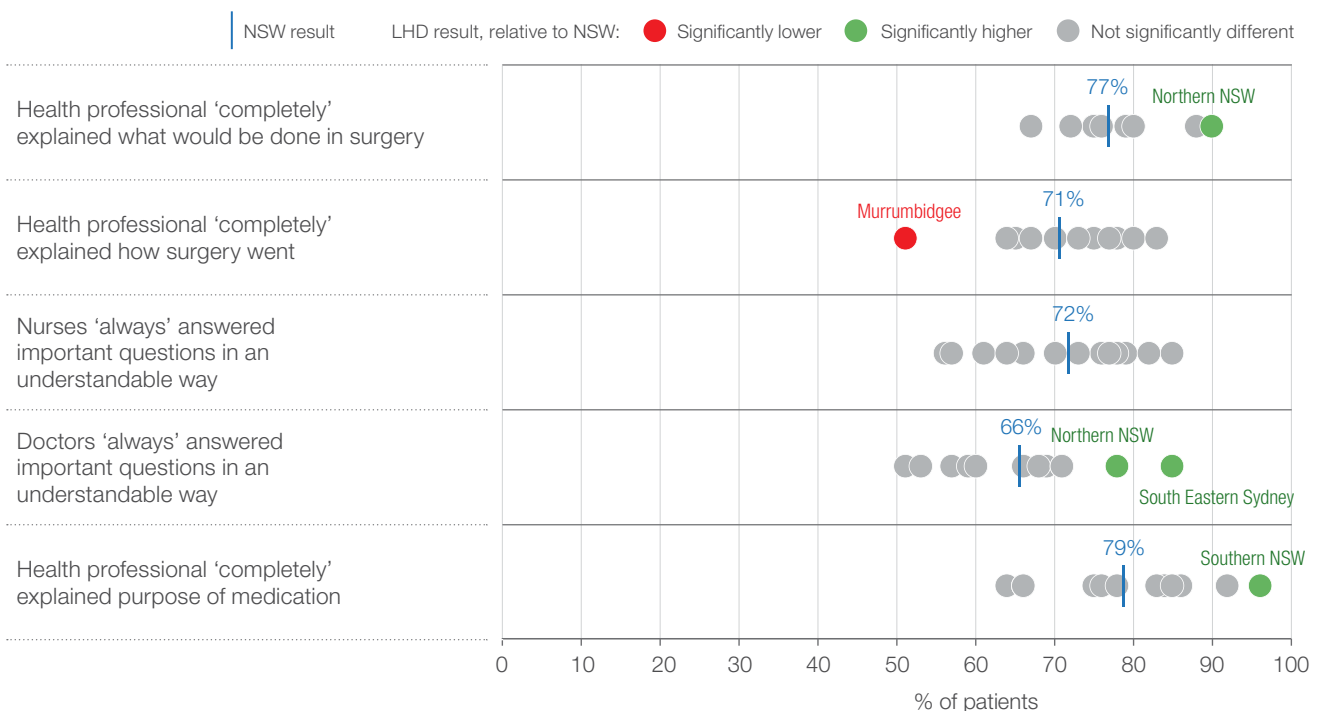


Figure 31 Responsive communication, percentage of patients who selected the most positive response category, Aboriginal patients, LHD results relative to NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

Trust and confidence

Almost eight in 10 Aboriginal patients always had confidence and trust in doctors and nurses treating them

Trust is fundamentally important in healthcare relationships and is associated with greater use of preventive health services and adherence to treatment.²⁰

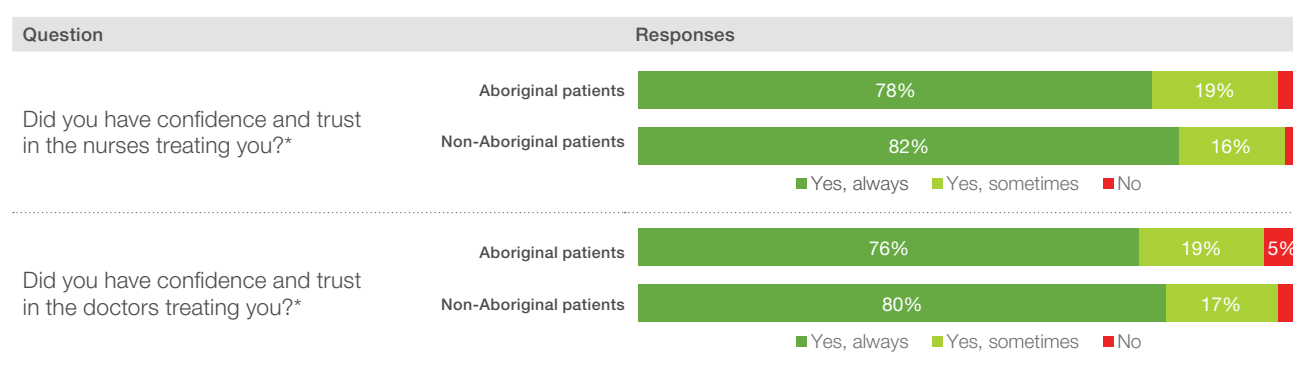
In NSW, Aboriginal patients responded less positively than non-Aboriginal patients for both questions regarding trust and confidence.

There was a difference between Aboriginal and non-Aboriginal patients in the percentage who said they 'always' had confidence and trust in nurses (78% of Aboriginal patients and 82% of non-Aboriginal patients). Similarly, 76% of Aboriginal patients said they 'always' had confidence and trust in doctors, compared with 80% of non-Aboriginal patients (Figure 32).

Variation was most pronounced in rural hospitals for the question about nurses. Among Aboriginal patients, 78% said they 'always' had confidence and trust in the nurses compared with 87% of non-Aboriginal patients (Figure 33).

Comparing Aboriginal patients' responses across LHDs, the widest variation was in responses to the question about whether patients 'always' had confidence and trust in nurses (61% to 92%) (Figure 34).

Figure 32 Trust and confidence, all response categories, Aboriginal and non-Aboriginal patients, NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

Figure 33 Trust and confidence, percentage of patients who selected the most positive response category, Aboriginal and non-Aboriginal patients, by rurality of hospital

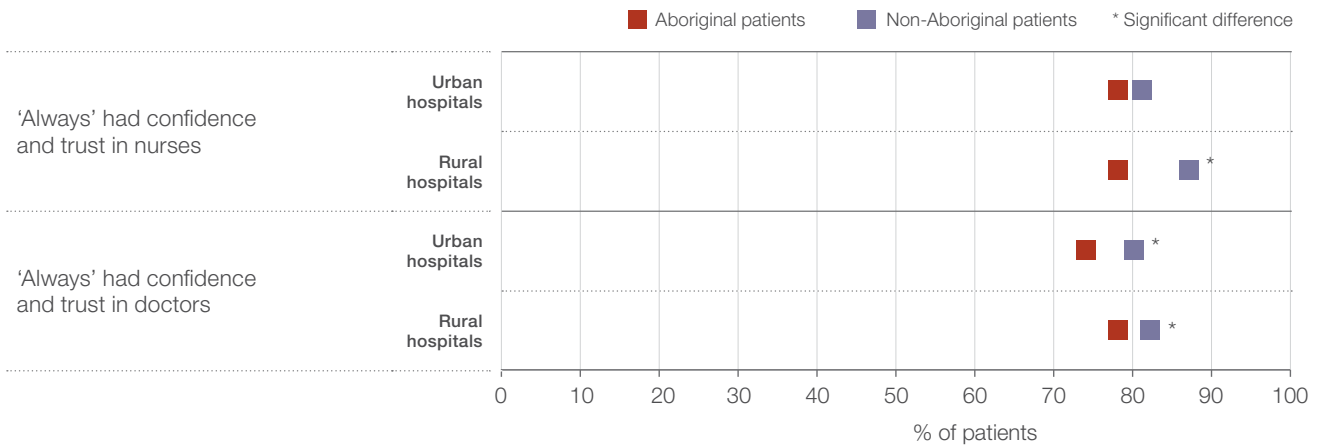
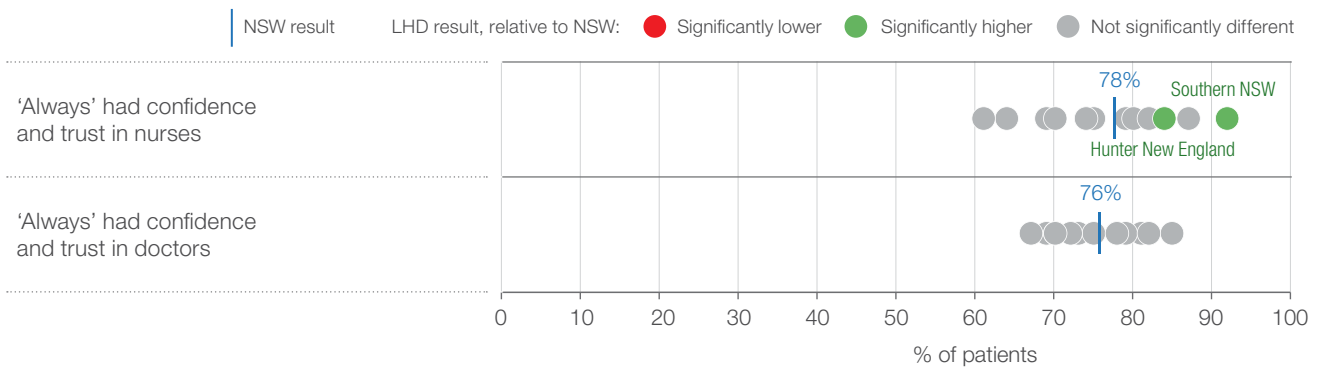


Figure 34 Trust and confidence, percentage of patients who selected the most positive response category, Aboriginal patients, LHD results relative to NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

Physical environment and comfort

More than six in 10 Aboriginal and non-Aboriginal patients said wards were very clean

All patients should have access to hospital care that is delivered in a clean, comfortable environment.

In NSW, Aboriginal and non-Aboriginal patients provided similar responses to the questions about physical environment and comfort (Figure 35).

Aboriginal patients generally reported similar experiences in urban and rural hospitals. Among non-Aboriginal patients however, those admitted to rural hospitals reported more positively than those admitted to urban hospitals. As a result, differences between Aboriginal and non-Aboriginal patients in rural hospitals were more pronounced.

This gap in experiences of care in rural hospitals was widest for the question regarding the cleanliness of the ward or room. Among Aboriginal patients in rural

hospitals, 66% said their ward or room was ‘very clean’ compared with 72% of non-Aboriginal patients (Figure 36).

Cleanliness is an aspect of care that might be expected to be rated consistently by all patients within an LHD. However, individual patients are admitted to different wards within a hospital and to different hospitals within an LHD and variation in responses about cleanliness may reflect this. At the same time, differences in results may be a reflection of differences in patient expectations or age profiles.

Comparing Aboriginal patients’ responses across LHDs, the widest variation was found in the question about whether rooms or wards were ‘very clean’ (54% to 81%) (Figure 37).

Figure 35 Physical environment and comfort, all response categories, Aboriginal and non-Aboriginal patients, NSW

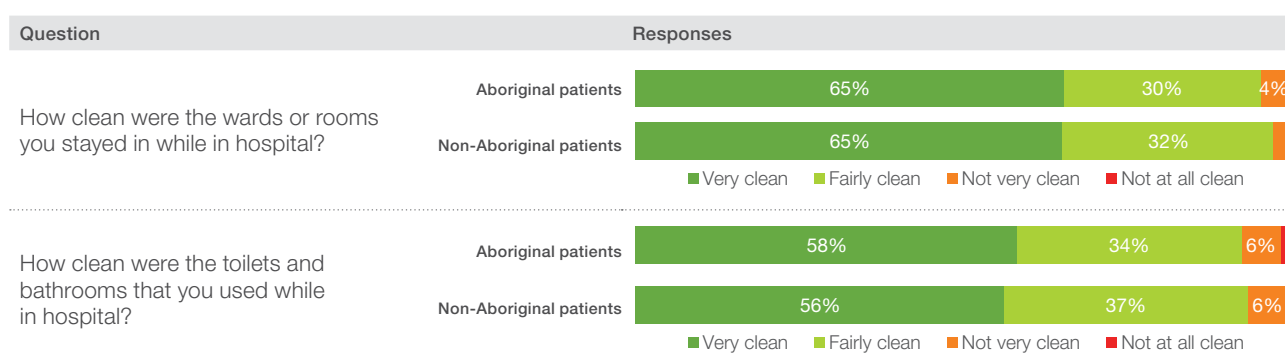


Figure 36 Physical environment and comfort, percentage of patients who selected the most positive response category, Aboriginal and non-Aboriginal patients, by rurality of hospital

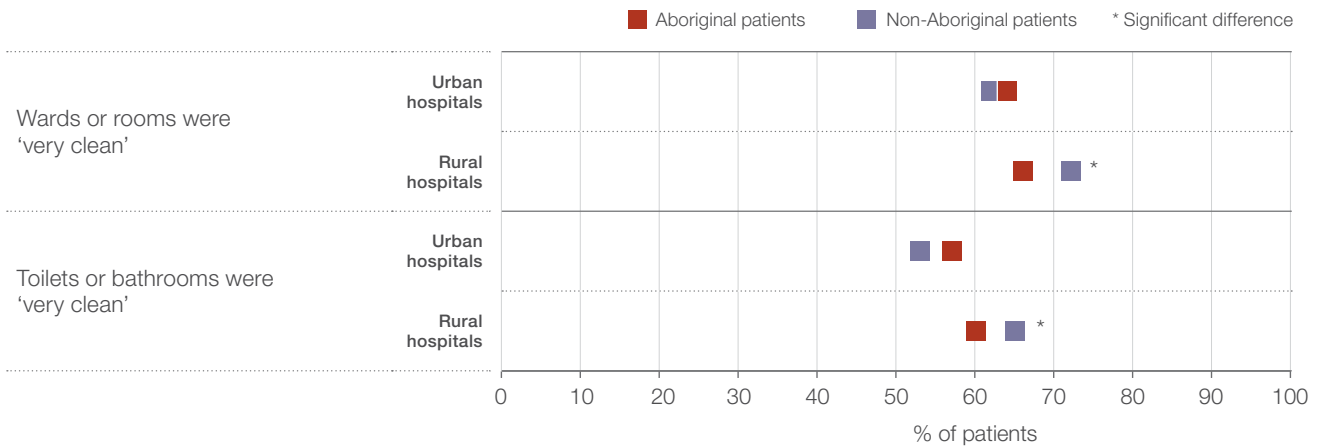
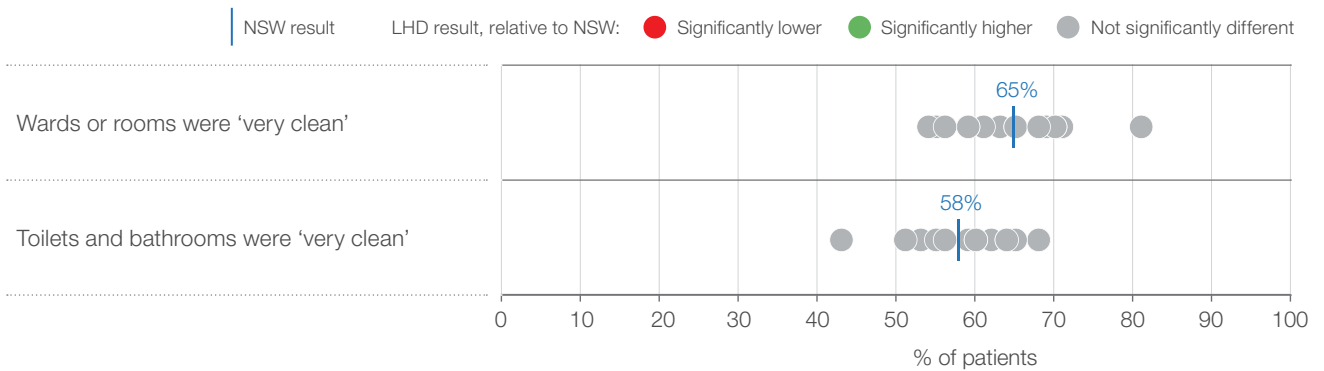


Figure 37 Physical environment and comfort, percentage of patients who selected the most positive response category, Aboriginal patients, LHD results relative to NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

Safety and hygiene

Few differences were found between Aboriginal and non-Aboriginal patients in observations about safety and hygiene practices

Guidelines around safety and hygiene procedures for hospitalised patients are intended to keep patients safe and minimise complications of care.²¹

In NSW, Aboriginal and non-Aboriginal patients provided similar responses to the questions about safety and hygiene (Figure 38).

Comparing across rural and urban hospitals, differences between Aboriginal and non-Aboriginal patients were minimal. One exception was in the question regarding whether nurses ‘always’ asked the patient’s name or checked their ID band before giving medications, treatments or tests. In rural settings results were 87% for Aboriginal patients compared with 91% for non-Aboriginal patients (Figure 39).

Comparing Aboriginal patients’ responses across LHDs, the widest variation occurred in the question about whether patients ‘always’ saw nurses wash their hands, use hand gel, or clean gloves before they were touched by them (41% to 87%) (Figure 40).

Figure 38 Safety and hygiene, all response categories, Aboriginal and non-Aboriginal patients, NSW

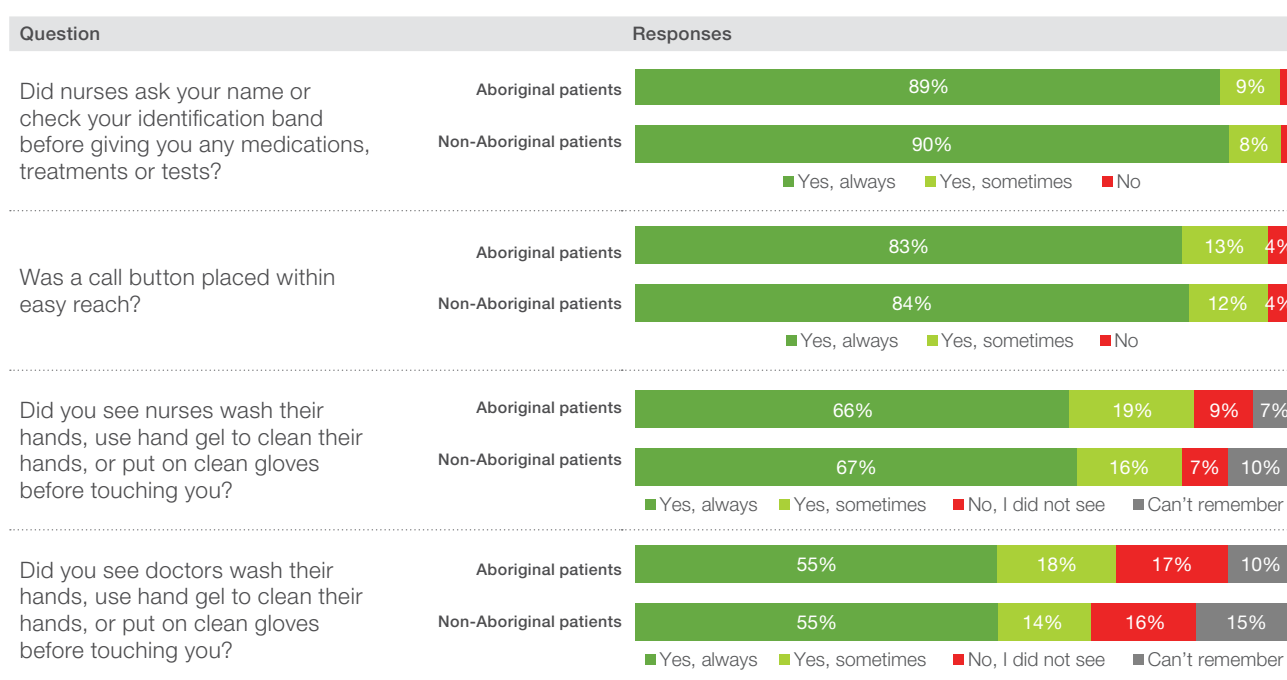


Figure 39 Safety and hygiene, percentage of patients who selected the most positive response category, Aboriginal and non-Aboriginal patients, by rurality of hospital

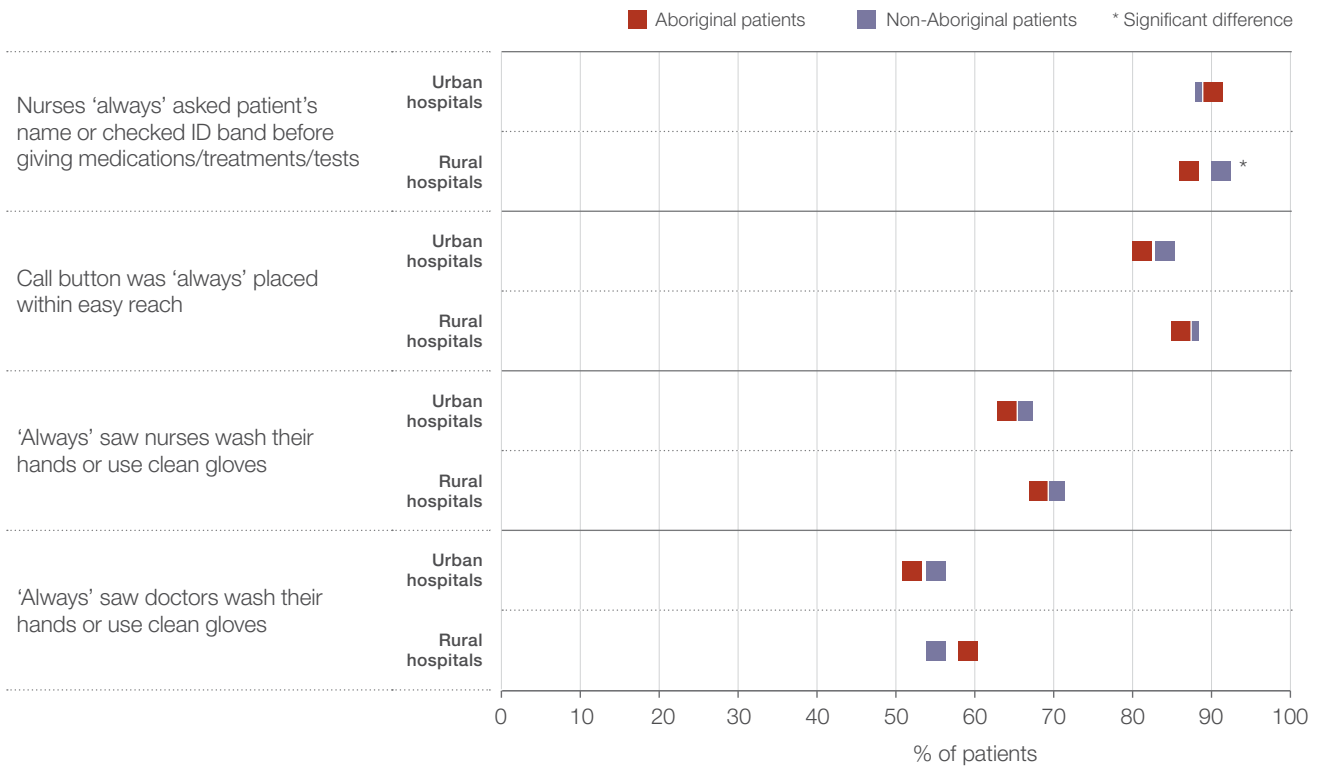
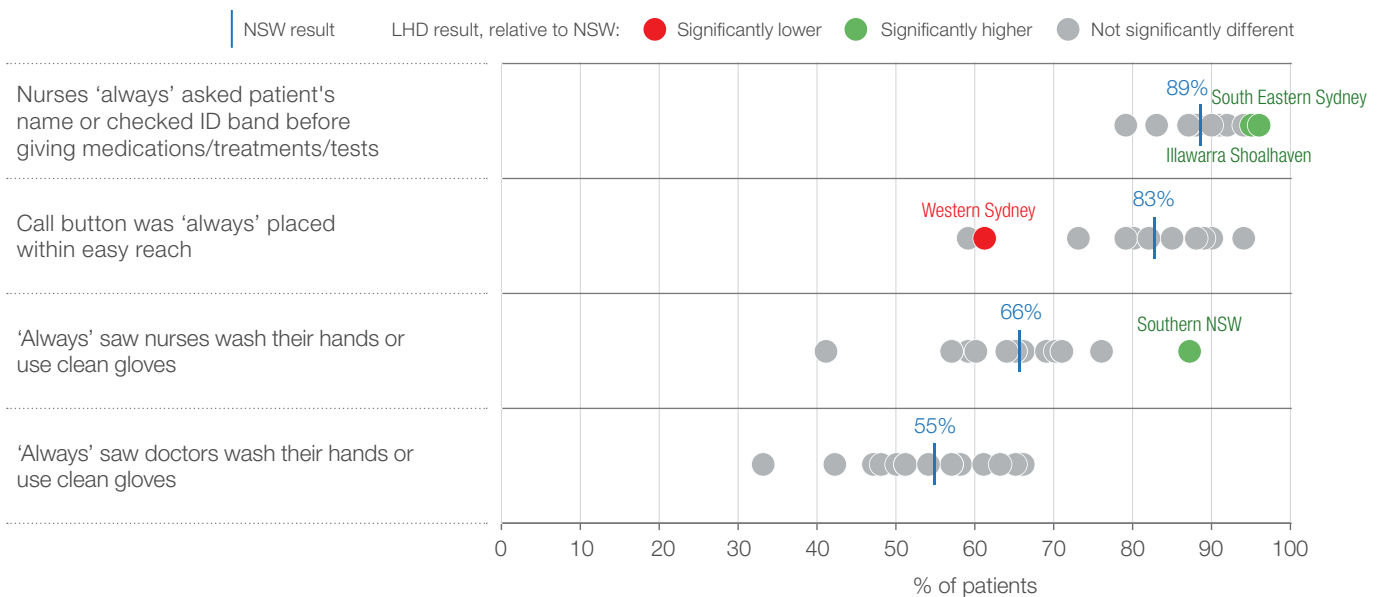


Figure 40 Safety and hygiene, percentage of patients who selected the most positive response category, Aboriginal patients, LHD results relative to NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

Patient-reported outcomes

Gaps in patient-reported outcomes are seen across rural and urban settings

For all three of the self-reported outcome measures, Aboriginal patients were less positive than non-Aboriginal patients. There were differences in the percentage who said: they experienced a complication or problem (22% of Aboriginal patients and 16% of non-Aboriginal patients); care and treatment 'definitely' helped them (70% and 77%) and; at the time of questionnaire completion (approximately three months after discharge), the problem that prompted their hospital stay was 'much better' (66% and 73%) (Figure 42).

In terms of complications, infections were more often reported by Aboriginal patients (9%) than by non-Aboriginal patients (5%) (Figure 41). Among those who reported a complication, Aboriginal patients were more likely to rate it as 'very serious' (29% of Aboriginal patients and 19% of non-Aboriginal patients).

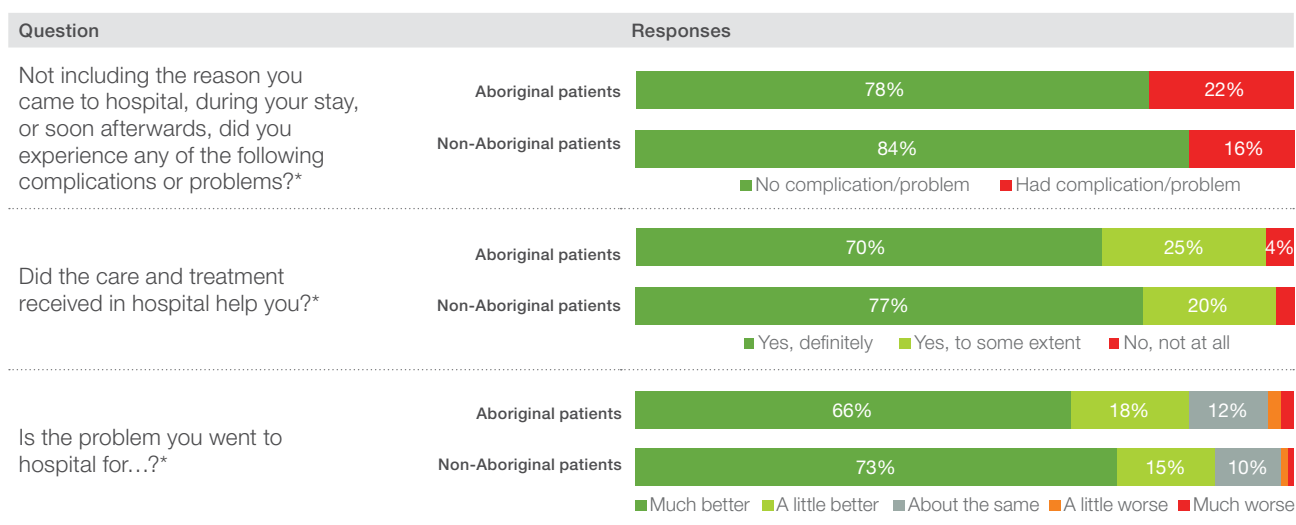
Differences between Aboriginal and non-Aboriginal responses were consistent across urban and rural hospitals (Figure 43).

Comparing Aboriginal patients' responses across LHDs, the widest variation was in the question about whether patients were 'definitely' helped by the care they received (52% to 91%) (Figure 44).

Figure 41 NSW results for patient-reported complications

	Aboriginal patients (%)	Non-Aboriginal patients (%)
An infection*	9	5
A negative reaction to medication	4	3
Surgical complications	4	3
Other complications	4	4
Uncontrolled bleeding	2	1
A blood clot	2	1
A fall	2	1
Complications as a result of tests or procedures	1	1
A pressure wound or bed sore	1	1
Had complication or problem*	22	16

Figure 42 Patient-reported outcomes, all response categories, Aboriginal and non-Aboriginal patients, NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients.

Figure 43 Patient-reported outcomes, percentage of patients who selected the most positive response category, Aboriginal and non-Aboriginal patients, by rurality of hospital

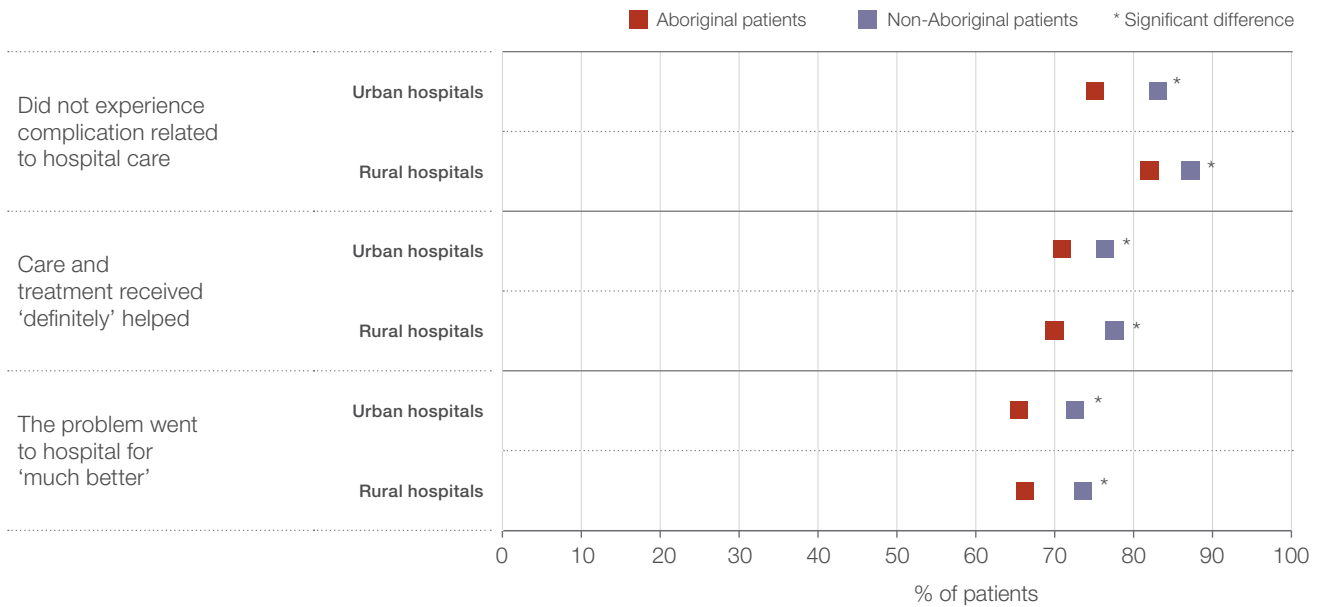
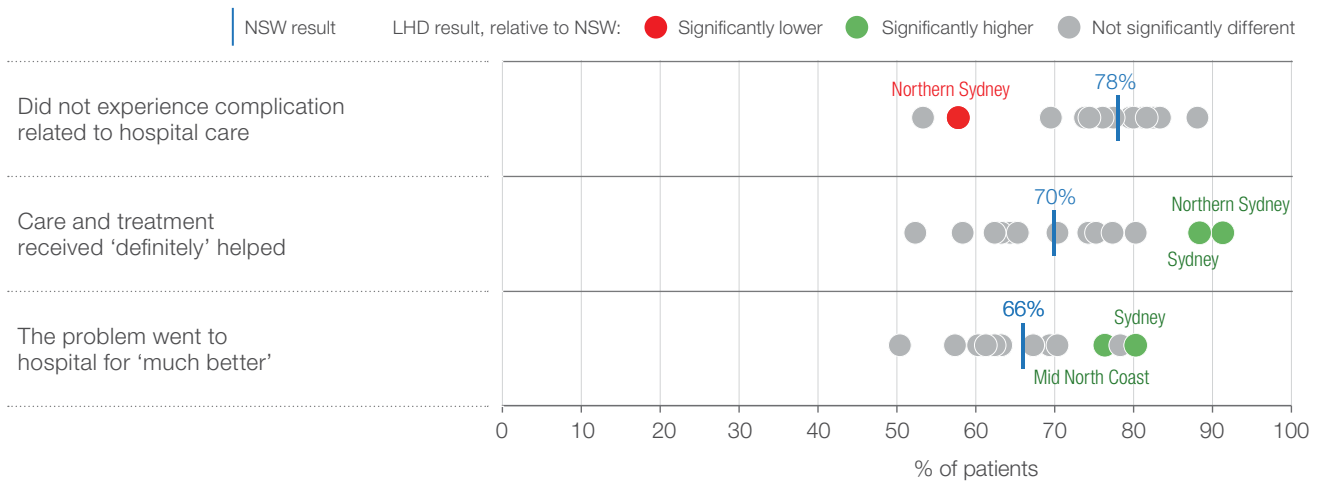


Figure 44 Patient-reported outcomes, percentage of patients who selected the most positive response category, Aboriginal patients, LHD results relative to NSW



* There was a significant difference in the proportion of Aboriginal and non-Aboriginal patients who selected the most positive response category.

SECTION 2

Synthesis of local health district results

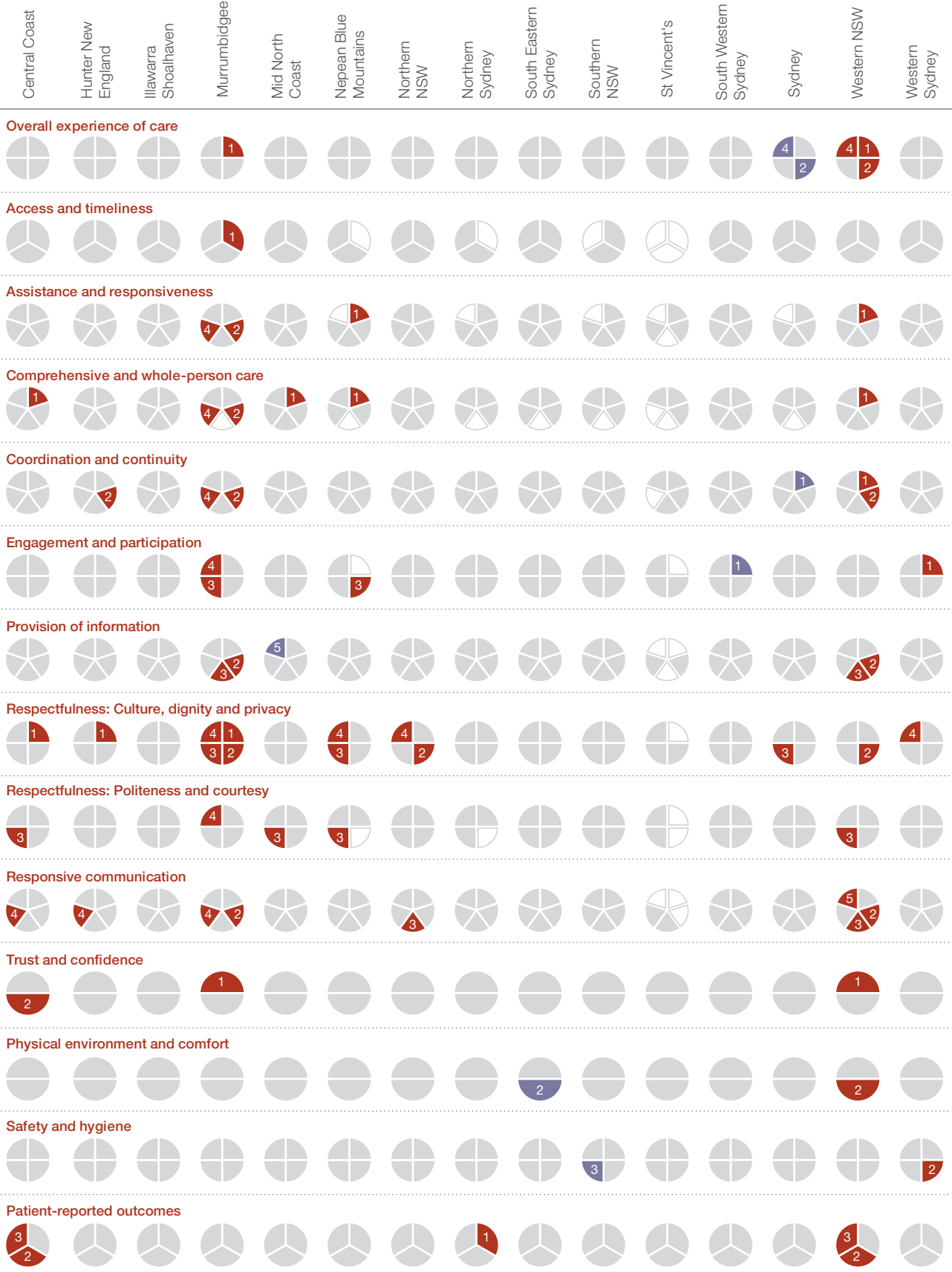
Local health district overview: Gap between Aboriginal and non-Aboriginal patients' responses

Figure 45 Aspects of care, significant differences between the percentage of Aboriginal and non-Aboriginal patients who selected the most positive response category, by LHD

Overall experience of care		<ol style="list-style-type: none"> 1. Would 'speak highly' of the hospital to friends and family 2. Overall, nurses were rated as 'very good' 3. Overall, doctors were rated as 'very good' 4. Overall, care in hospital was rated as 'very good'
Access and timeliness		<ol style="list-style-type: none"> 1. Time spent in the emergency department was 'about right' 2. Time waited to be admitted to hospital was 'about right' 3. Time between booking appointment with specialist and admission for procedure was 'about right'
Assistance and responsiveness		<ol style="list-style-type: none"> 1. 'Always' got the opportunity to talk to a nurse when needed 2. 'Always' got the opportunity to talk to a doctor when needed 3. Family or someone close 'always' got the opportunity to talk to a doctor when needed 4. Staff assisted within a reasonable timeframe 'all of the time' 5. Health professional 'completely' discussed worries or fears
Comprehensive and whole-person care		<ol style="list-style-type: none"> 1. Nurses were 'always' kind and caring 2. Doctors were 'always' kind and caring 3. Food 'always' suitable for dietary needs 4. Staff 'completely' considered family and home situation when planning discharge 5. At discharge, felt well enough to leave hospital
Coordination and continuity		<ol style="list-style-type: none"> 1. Care was 'very well organised' 2. Nurses 'always' knew enough about patient's care and treatment 3. Doctors 'always' knew enough about patient's medical history 4. At discharge, 'completely' adequate arrangements made for services needed 5. Told who to contact if worried about condition or treatment after discharge
Engagement and participation		<ol style="list-style-type: none"> 1. 'Completely' involved in decisions about use of medication 2. 'Definitely' involved in decisions about care and treatment 3. 'Definitely' involved in decisions about discharge 4. Given 'completely' enough information to manage care at home
Provision of information		<ol style="list-style-type: none"> 1. Given 'right amount' of information about hospital stay before arrival 2. Given 'right amount' of information about condition or treatment during stay 3. Family or someone close given 'right amount' of information about condition or treatment 4. While in hospital, received or saw information about patients' rights 5. 'Completely' informed about medication side effects to watch for
Respectfulness: Culture, dignity and privacy		<ol style="list-style-type: none"> 1. Cultural or religious beliefs were 'always' respected 2. 'Always' treated with respect and dignity 3. 'Always' given enough privacy when being examined or treated 4. 'Always' given enough privacy when discussing condition or treatment
Respectfulness: Politeness and courtesy		<ol style="list-style-type: none"> 1. Staff seen on arrival to hospital were 'always' polite and courteous 2. Emergency department staff were 'always' polite and courteous 3. Nurses were 'always' polite and courteous 4. Doctors were 'always' polite and courteous
Responsive communication		<ol style="list-style-type: none"> 1. Health professional 'completely' explained what would be done in surgery 2. Health professional 'completely' explained how surgery went 3. Nurses 'always' answered important questions in an understandable way 4. Doctors 'always' answered important questions in an understandable way 5. Health professional 'completely' explained purpose of medication
Trust and confidence		<ol style="list-style-type: none"> 1. 'Always' had confidence and trust in nurses 2. 'Always' had confidence and trust in doctors
Physical environment and comfort		<ol style="list-style-type: none"> 1. Wards or rooms were 'very clean' 2. Toilets and bathrooms were 'very clean'
Safety and hygiene		<ol style="list-style-type: none"> 1. Nurses 'always' asked patient's name or checked ID band before giving medications/treatments/tests 2. Call button was 'always' placed within easy reach 3. 'Always' saw nurses wash their hands or use clean gloves 4. 'Always' saw doctors wash their hands or use clean gloves
Patient-reported outcomes		<ol style="list-style-type: none"> 1. Did not experience complication related to hospital care 2. Care and treatment received 'definitely' helped 3. The problem went to hospital for 'much better'

Relative to responses from non-Aboriginal patients, those from Aboriginal patients were:

■ Significantly less positive
 ■ Significantly more positive
 ■ Not significantly different
 Data suppressed (<30 respondents)



Note: Results for Far West LHD suppressed (<30 responses)

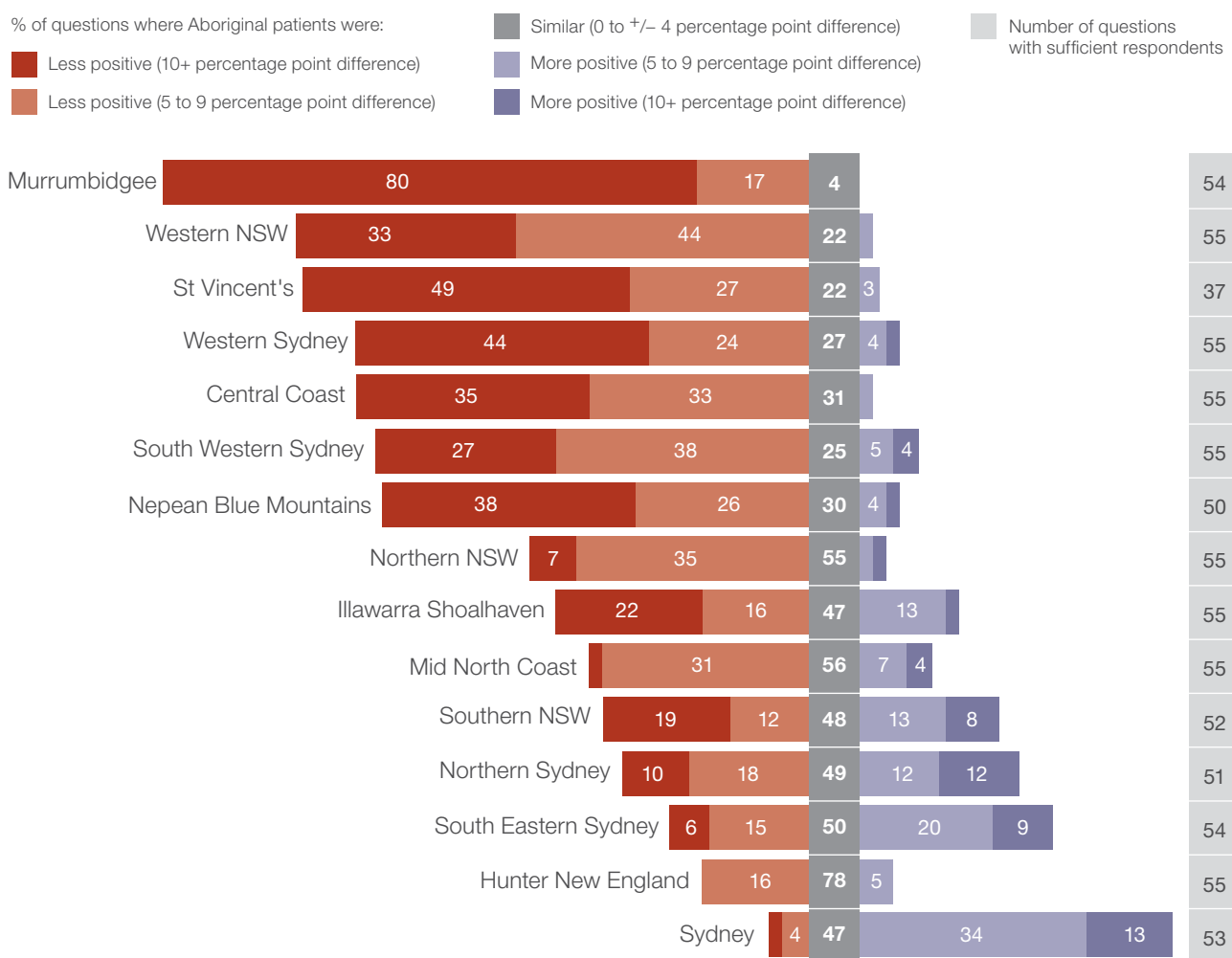
Gap in responses between Aboriginal and non-Aboriginal patients: Exploring the differences

At an LHD level, because of small sample sizes, marked gaps in responses do not necessarily reach statistical significance. In these cases, it can be informative to look at the percentage point differences in the responses between Aboriginal and non-Aboriginal patients (Figure 46).

Across LHDs, the proportion of questions for which there was a 10+ percentage point gap, and where Aboriginal patients answered less positively than non-Aboriginal patients, ranged from 0% in Hunter New England to 80% in Murrumbidgee.

In contrast, there was a 10+ percentage point gap where Aboriginal patients answered more positively than non-Aboriginal patients in Sydney and Northern Sydney LHDs for 13% and 12% of questions, respectively (Figure 46).

Figure 46 Overview of percentage point differences (in top category responses) between Aboriginal and non-Aboriginal respondents, by LHD

















Note: Results for Far West LHD suppressed (<30 responses)

Some questions revealed gaps in the majority of LHDs. Thematically, there were 14 questions for which there was a gap of 10+ percentage points in five or more LHDs. These questions addressed issues of communication, outcomes, respectfulness, coordination and timeliness (Figure 47).

For some questions, the 10+ percentage point gaps occurred predominantly in urban LHDs. For example, for the question about privacy when being examined or treated, four of the five districts with 10+ percentage point gaps were urban LHDs (Appendix 4).

Figure 47 Questions for which there were multiple LHDs with gaps (Aboriginal patients less positive than non-Aboriginal patients) of 10+ percentage points

Question	Number of LHDs
Doctors 'always' answered important questions in an understandable way	8 
Nurses 'always' answered important questions in an understandable way	7 
Care and treatment received 'definitely' helped	7 
Family or someone close given 'right amount' of information about condition or treatment	7 
'Always' given enough privacy when discussing condition or treatment	6 
'Always' got the opportunity to talk to a doctor when needed	6 
The problem went to hospital for 'much better'	6 
'Always' given enough privacy when being examined or treated	5 
Doctors 'always' knew enough about patient's medical history	5 
Doctors were 'always' polite and courteous	5 
'Always' treated with respect and dignity	5 
Time spent in the emergency department was 'about right'	5 
Given 'right amount' of information about condition or treatment during stay	5 
Health professional 'completely' explained purpose of medication	5 

Local health district overview: Variation in Aboriginal patients' responses

Aboriginal patients' experiences of care vary across local health districts (LHDs) (Figure 48).

For each LHD, if the percentage of Aboriginal patients who selected the most positive response category

was significantly higher than the NSW result for Aboriginal patients, the cell is coloured green. If the percentage of Aboriginal patients who selected the most positive response category was significantly lower than the NSW result, the cell is coloured red.

Figure 48 Aspects of care, percentage of patients who selected the most positive response category, Aboriginal patients, LHD results relative to NSW

LHD result, relative to NSW:	LHD														NSW	
	Central Coast	Hunter New England	Illawarra Shoalhaven	Murrumbidgee	Mid North Coast	Nepean Blue Mountains	Northern NSW	Northern Sydney	South Eastern Sydney	Southern NSW	St Vincent's	South Western Sydney	Sydney	Western NSW		Western Sydney
Would 'speak highly' of the hospital to friends and family	73	77	67	57	76	67	76	81	70	80	86	63	78	69	64	72
Overall, nurses were rated as 'very good'	71	75	76	64	75	52	74	70	84	87	47	65	83	65	63	71
Overall, doctors were rated as 'very good'	61	71	62	69	72	64	69	72	75	60	53	65	69	70	62	67
Overall, care was rated as 'very good'	64	69	65	58	69	48	67	71	69	77	66	48	78	58	55	64
Time spent in the emergency department was 'about right'	64	69	48	45	68		70		73	50		38	76	71	53	62
Time waited to be admitted to hospital was 'about right'	67	71	48	58	67	77	74	70	79	56		53	73	70	83	69
Time between booking appointment with specialist and admission for procedure was 'about right'	51	64	57	64	55	58	71	66	62			46	75	62	52	61
'Always' got the opportunity to talk to a nurse when needed	72	73	73	62	70	41	74	69	78	81	68	60	73	67	59	68
'Always' got the opportunity to talk to a doctor when needed	45	58	41	45	61	41	60	61	69	59	46	35	59	57	40	53
Family or someone close 'always' got the opportunity to talk to a doctor when needed	35	49	37	35	49	45	54	47	59	58		42	60	46	35	46
Staff assisted within a reasonable timeframe 'all of the time'	42	50	48	34	50	29	49	60	51	54	20	34	47	46	40	45
Health professional 'completely' discussed worries or fears	39	35	26	27	49		36		32			45		38	30	37
Nurses were 'always' kind and caring	77	83	86	77	80	58	84	87	84	86	72	74	87	76	78	80
Doctors were 'always' kind and caring	81	82	87	78	87	74	86	88	79	76	75	74	86	82	70	80
Food 'always' suitable for dietary needs	45	65	55		60		47					36		41	61	57
Staff 'completely' considered family and home situation when planning discharge	64	74	69	58	74	57	72	61	70	76		63	82	65	58	68
At discharge, felt well enough to leave hospital	86	89	91	84	88	86	87	90	90	86	86	84	92	92	77	88
Care was 'very well organised'	61	69	64	54	68	61	65	61	70	62	66	52	80	57	49	63
Nurses 'always' knew enough about patient's care and treatment	69	68	69	61	70	58	72	67	73	80	37	64	80	66	56	67
Doctors 'always' knew enough about patient's medical history	54	69	59	59	70	56	67	73	67	60	82	64	77	69	53	65
At discharge, 'completely' adequate arrangements made for services needed	71	68	78	46	70	64	68	74	61	82		48	78	65	58	64
Told who to contact if worried about condition or treatment after discharge	86	87	86	74	81	81	84	86	89	93	86	79	92	79	73	83
'Completely' involved in decisions about use of medication	53	73	55	60	82		72	66	68	59		77	63	57	36	65

Note: Results for Far West LHD suppressed (<30 responses)

LHD result, relative to NSW:

- Significantly higher
- Significantly lower
- Not significantly different
- Data suppressed (<30 responses)

	Central Coast	Hunter New England	Illawarra Shoalhaven	Murrumbidgee	Mid North Coast	Nepean Blue Mountains	Northern NSW	Northern Sydney	South Eastern Sydney	Southern NSW	St Vincent's	South Western Sydney	Sydney	Western NSW	Western Sydney	NSW
'Definitely' involved in decisions about care and treatment	50	64	51	47	58	37	61	71	61	73	61	56	64	60	47	58
'Definitely' involved in decisions about discharge	62	68	63	56	72	60	68	57	62	73	51	60	67	62	52	63
Given 'completely' enough information to manage care at home	64	72	70	57	75	62	75	71	74	62	65	66	81	65	55	68
Given 'right amount' of information about hospital stay before arrival	96	92	89	86	91	72	92	89	94	85		77	91	87	82	89
Given 'right amount' of information about condition or treatment during stay	76	82	71	66	85	81	83	81	83	79	88	69	87	76	67	78
Family or someone close given 'right amount' of information about condition or treatment	61	77	59	57	71	65	73	73	79	79		65	85	69	65	71
While in hospital, received or saw information about patients' rights	43	54	52	35	48	32	49	49	44	48	36	38	49	46	33	46
'Completely' informed about medication side effects to watch for	47	61	47	52	73	50	63	59	55	60		46	62	51	37	55
Wards or rooms were 'very clean'	63	69	65	55	65	54	71	61	70	81	59	59	70	68	56	65
Toilets and bathrooms were 'very clean'	55	59	62	53	64	51	68	68	65	64	55	60	60	56	43	58
Cultural or religious beliefs were 'always' respected	79	88	84	81	88	96	87	92	96	94		85	92	85	69	86
'Always' treated with respect and dignity	79	85	85	70	83	65	80	84	85	89	74	71	87	78	69	79
'Always' given enough privacy when being examined or treated	84	86	78	67	86	62	84	74	89	93	74	76	66	82	67	80
'Always' given enough privacy when discussing condition or treatment	76	77	70	58	75	55	70	69	85	81	65	70	75	75	61	72
Staff seen on arrival were 'always' polite and courteous	94	91	93	85	98	95	86	95	94	95		86	95	90	84	90
Emergency department staff were 'always' polite and courteous	87	89	74	81	87		88		73	88		73	91	89	75	83
Nurses were 'always' polite and courteous	79	81	86	77	81	60	84	85	82	92	76	70	88	79	75	79
Doctors were 'always' polite and courteous	83	86	88	76	90	73	89	92	87	82	79	78	86	85	76	83
Health professional 'completely' explained what would be done in surgery	75	76	76	67	79	75	90	75	72	80		79	88	76	80	77
Health professional 'completely' explained how surgery went	70	73	65	51	73	78	73	75	73	80		77	83	64	67	71
Nurses 'always' answered important questions in an understandable way	79	78	66	64	76	56	73	66	77	85	57	61	82	70	64	72
Doctors 'always' answered important questions in an understandable way	57	68	60	53	69	51	78	66	85	68	53	59	71	71	60	66
Health professional 'completely' explained purpose of medication	64	84	83	75	86	66	86	76	78	96		85	92	66	66	79
Nurses 'always' asked patient's name or checked ID band before giving medications/treatments/tests	88	87	95	83	91	92	90	95	96	92	87	79	90	87	94	89
Call button was 'always' placed within easy reach	88	85	88	80	90	73	88	79	89	94	59	82	88	82	61	83
'Always' saw nurses wash their hands or use clean gloves	66	69	76	59	70	57	71	71	65	87	41	57	65	64	60	66
'Always' saw doctors wash their hands or use clean gloves	47	58	42	48	61	50	57	51	66	65	33	51	57	63	54	55
'Always' had confidence and trust in nurses	79	84	74	69	82	64	80	84	82	92	61	70	87	75	74	78
'Always' had confidence and trust in doctors	69	78	73	69	82	67	81	85	79	75	70	72	82	78	70	76
Did not experience complication related to hospital care	74	81	82	79	80	77	82	57	76	88	53	69	83	81	74	78
Care and treatment received 'definitely' helped	65	74	74	64	80	58	75	91	77	70	52	63	88	65	62	70
The problem went to hospital for 'much better'	60	69	63	63	76	67	70	78	67	63	50	57	80	62	61	66

Note: Results for Far West LHD suppressed (<30 responses)

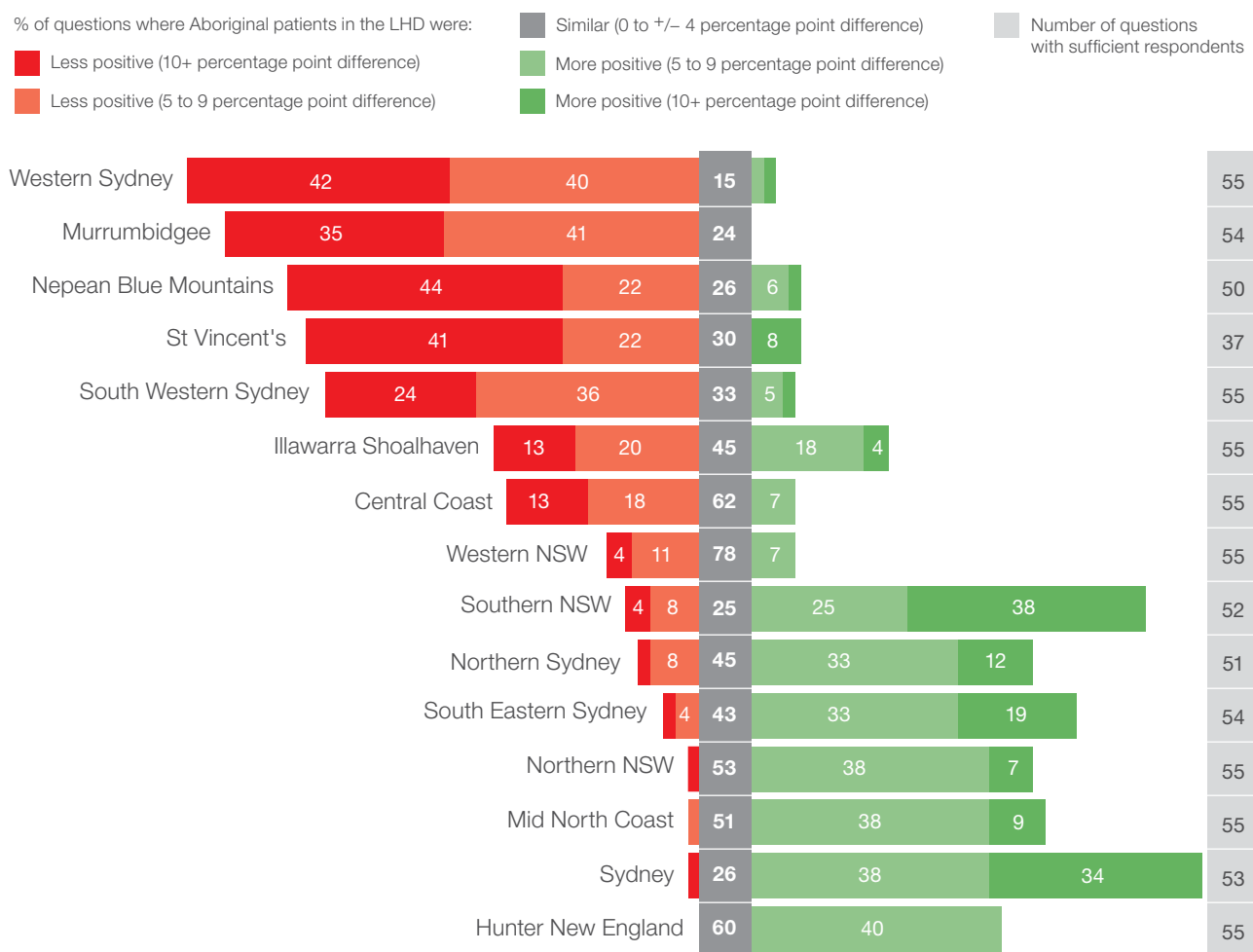
Differences in responses among Aboriginal patients: Exploring the differences

Across LHDs, few significant differences were detected between the results for Aboriginal patients from each LHD compared with results for Aboriginal patients statewide. This may have been partly due to differences not reaching statistical significance due to the small number of Aboriginal respondents in some districts.

A look at the percentage point differences in the percentage of patients who selected the most positive response category shows a different perspective.

Across LHDs, the proportion of questions for which there was a 10+ percentage point gap, and where Aboriginal patients in the individual LHDs answered less positively than Aboriginal patients in NSW, ranged from 0% in Hunter New England and Mid North Coast to 44% in Nepean Blue Mountains.

Figure 49 Overview of percentage point differences (in top category responses) between Aboriginal respondents, LHD results relative to NSW




















Note: Results for Far West LHD suppressed (<30 responses)

In contrast, for some LHDs there were a considerable number of questions for which there was a 10+ percentage point gap with Aboriginal patients in the LHD answering more positively than those in NSW. For Southern NSW and Sydney this was seen for 38% and 34% of questions, respectively (Figure 49).

A small number of questions revealed large gaps across several LHDs. There were 17 questions for which there was a gap of 10+ percentage points in three or more LHDs. These questions addressed a range of issues, most notably timeliness and the assistance and responsiveness of the staff (Figure 50).

Figure 50 Questions for which there were multiple LHDs with differences (Aboriginal patients at LHD level less positive than Aboriginal patients in NSW) of 10+ percentage points

Question	Number of LHDs
Time waited to be admitted to hospital was 'about right'	4 
Time spent in the emergency department was 'about right'	4 
'Always' given enough privacy when being examined or treated	4 
Food 'always' suitable for dietary needs	4 
'Always' got the opportunity to talk to a doctor when needed	4 
Staff assisted within a reasonable timeframe 'all of the time'	4 
While in hospital, received or saw information about patients' rights	4 
Health professional 'completely' explained purpose of medication	4 
'Always' given enough privacy when discussing condition or treatment	3 
Doctors' 'always' answered important questions in an understandable way	3 
Nurses 'always' answered important questions in an understandable way	3 
'Definitely' involved in decisions about care and treatment	3 
Family or someone close 'always' got the opportunity to talk to a doctor when needed	3 
Family or someone close given 'right amount' of information about condition or treatment	3 
Call button was 'always' placed within easy reach	3 
Staff 'completely' considered family and home situation when planning discharge	3 
'Completely' involved in decisions about use of medication	3 

Appendices

Appendix 1

Survey questions in the report

The full wording and response categories for the questions used for the analysis in this report are shown in the following table. The response categories with a cross are excluded from the denominator when calculating the percentage of respondents who selected other categories.

The 'don't know' response category is included in cases where the question asks about the experience of a third party, or over 10% of respondents selected it. The question order reflects the order displayed throughout the report.

Question	Response options
✓ included in denominator ✗ not included in denominator response category used in measure	
Overall experience of care	
If asked about your hospital experience by friends and family how would you respond?	✓ I would speak highly of the hospital ✓ I would neither speak highly nor be critical ✓ I would be critical of the hospital
Overall, how would you rate the nurses who treated you?	✓ Very good ✓ Poor ✓ Good ✓ Very poor ✓ Neither good nor poor
Overall, how would you rate the doctors who treated you?	✓ Very good ✓ Poor ✓ Good ✓ Very poor ✓ Neither good nor poor
Overall, how would you rate the care you received while in hospital?	✓ Very good ✓ Poor ✓ Good ✓ Very poor ✓ Neither good nor poor
Access and timeliness	
From the time a doctor said you would need to go to hospital, how long did you have to wait to be admitted?	✓ Less than 1 month ✓ 7 to 12 months ✓ 1 to 3 months ✓ More than 1 year ✓ 4 to 6 months ✗ Don't know/can't remember
Do you think the amount of time you waited was...?	✓ About right ✓ Much too long ✓ Slightly too long ✗ Don't know/can't remember
Do you think the amount of time you spent in the emergency department was...?	✓ About right ✓ Much too long ✓ Slightly too long ✗ Don't know/can't remember
Thinking back to when you first tried to book an appointment with a specialist, how long did you have to wait to see that specialist?	✓ Less than 1 week ✓ More than 8 weeks ✓ 1 to 4 weeks ✗ Don't know/can't remember ✓ 5 to 8 weeks
From the time a specialist said you needed the operation or surgical procedure, how long did you have to wait to be admitted to hospital?	✓ Less than 1 month ✓ 7 to 12 months ✓ 1 to 3 months ✓ More than 1 year ✓ 4 to 6 months ✗ Don't know/can't remember
Do you think the total time between when you first tried to book an appointment with a specialist and when you were admitted to hospital was...?	✓ About right ✓ Much too long ✓ Slightly too long ✗ Don't know/can't remember
Assistance and responsiveness	
If you needed to talk to a nurse, did you get the opportunity to do so?	✓ Yes, always ✓ No, I did not get the opportunity ✓ Yes, sometimes ✗ I had no need to talk to a nurse
If you needed to talk to a doctor, did you get the opportunity to do so?	✓ Yes, always ✓ No, I did not get the opportunity ✓ Yes, sometimes ✗ I had no need to talk to a doctor

✓ included in denominator ✗ not included in denominator response category used in measure

Question	Response options	
If your family or someone else close to you wanted to talk to a doctor, did they get the opportunity to do so?	<input checked="" type="checkbox"/> Yes, definitely <input checked="" type="checkbox"/> Yes, to some extent	<input checked="" type="checkbox"/> No, they did not get the opportunity <input checked="" type="checkbox"/> Not applicable to my situation <input checked="" type="checkbox"/> Don't know/can't say
If you needed assistance, were you able to get a member of staff to help you within a reasonable timeframe?	<input checked="" type="checkbox"/> All of the time <input checked="" type="checkbox"/> Most of the time <input checked="" type="checkbox"/> Some of the time	<input checked="" type="checkbox"/> Rarely <input checked="" type="checkbox"/> Never <input checked="" type="checkbox"/> I did not need assistance
Did a health professional discuss your worries or fears with you?	<input checked="" type="checkbox"/> Yes, completely <input checked="" type="checkbox"/> Yes, to some extent	<input checked="" type="checkbox"/> No
Comprehensive and whole-person care		
Were the nurses kind and caring towards you?	<input checked="" type="checkbox"/> Yes, always <input checked="" type="checkbox"/> Yes, sometimes	<input checked="" type="checkbox"/> No
Were the doctors kind and caring towards you?	<input checked="" type="checkbox"/> Yes, always <input checked="" type="checkbox"/> Yes, sometimes	<input checked="" type="checkbox"/> No
Was the hospital food suitable for your dietary needs?	<input checked="" type="checkbox"/> Yes, always <input checked="" type="checkbox"/> Yes, sometimes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Don't know/can't remember
Did hospital staff take your family and home situation into account when planning your discharge?	<input checked="" type="checkbox"/> Yes, completely <input checked="" type="checkbox"/> Yes, to some extent <input checked="" type="checkbox"/> No, staff did not take my situation in to account	<input checked="" type="checkbox"/> It was not necessary <input checked="" type="checkbox"/> Don't know/can't remember
At the time you were discharged, did you feel that you were well enough to leave the hospital?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Coordination and continuity		
How well organised was the care you received in hospital?	<input checked="" type="checkbox"/> Very well organised <input checked="" type="checkbox"/> Fairly well organised	<input checked="" type="checkbox"/> Not well organised
In your opinion, did the nurses who treated you know enough about your care and treatment?	<input checked="" type="checkbox"/> Yes, always <input checked="" type="checkbox"/> Yes, sometimes	<input checked="" type="checkbox"/> No
In your opinion, did the doctors who treated you know enough about your medical history?	<input checked="" type="checkbox"/> Yes, always <input checked="" type="checkbox"/> Yes, sometimes	<input checked="" type="checkbox"/> No
Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed?	<input checked="" type="checkbox"/> Yes, completely <input checked="" type="checkbox"/> Yes, to some extent	<input checked="" type="checkbox"/> No, arrangement were not adequate <input checked="" type="checkbox"/> It was not necessary
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Don't know/ can't remember
Engagement and participation		
Did you feel involved in the decision to use this medication in your ongoing treatment?	<input checked="" type="checkbox"/> Yes, completely <input checked="" type="checkbox"/> Yes, to some extent	<input checked="" type="checkbox"/> No, I did not feel involved <input checked="" type="checkbox"/> I did not want or need to be involved
Were you involved, as much as you wanted to be, in decisions about your care and treatment?	<input checked="" type="checkbox"/> Yes, definitely <input checked="" type="checkbox"/> Yes, to some extent <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> I was not well enough <input checked="" type="checkbox"/> I did not want or need to be involved
Did you feel involved in decisions about your discharge from hospital?	<input checked="" type="checkbox"/> Yes, definitely <input checked="" type="checkbox"/> Yes, to some extent <input checked="" type="checkbox"/> No, I did not feel involved	<input checked="" type="checkbox"/> I did not want or need to be involved
Thinking about when you left hospital, were you given enough information about how to manage your care at home?	<input checked="" type="checkbox"/> Yes, completely <input checked="" type="checkbox"/> Yes, to some extent <input checked="" type="checkbox"/> No, I was not given enough	<input checked="" type="checkbox"/> I did not need this type of information

Appendix 1

Survey questions in the report (continued)

✓ included in denominator ✗ not included in denominator response category used in measure

Question	Response options	response category used in measure
Provision of information		
Before your arrival, how much information about your hospital stay was given to you?	<input checked="" type="checkbox"/> Not enough <input checked="" type="checkbox"/> The right amount	<input checked="" type="checkbox"/> Too much <input checked="" type="checkbox"/> Don't know/can't remember
During your stay in hospital, how much information about your condition or treatment was given to you?	<input checked="" type="checkbox"/> Not enough <input checked="" type="checkbox"/> The right amount	<input checked="" type="checkbox"/> Too much <input checked="" type="checkbox"/> Not applicable to my situation
How much information about your condition or treatment was given to your family, carer or someone close to you?	<input checked="" type="checkbox"/> Not enough <input checked="" type="checkbox"/> The right amount <input checked="" type="checkbox"/> Too much	<input checked="" type="checkbox"/> It was not necessary to provide information to any family or friends <input checked="" type="checkbox"/> Don't know/can't say
While in hospital, did you receive, or see, any information about your rights as a patient, including how to comment or complain?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Don't know/can't remember
Did a health professional in the hospital tell you about medication side effects to watch for?	<input checked="" type="checkbox"/> Yes, completely <input checked="" type="checkbox"/> Yes, to some extent	<input checked="" type="checkbox"/> No
Respectfulness: Culture, dignity and privacy		
Were your cultural or religious beliefs respected by the hospital staff?	<input checked="" type="checkbox"/> Yes, always <input checked="" type="checkbox"/> Yes, sometimes	<input checked="" type="checkbox"/> No, my beliefs were not respected <input checked="" type="checkbox"/> My beliefs were not an issue
Did you feel you were treated with respect and dignity while you were in the hospital?	<input checked="" type="checkbox"/> Yes, always <input checked="" type="checkbox"/> Yes, sometimes	<input checked="" type="checkbox"/> No
Were you given enough privacy when being examined or treated?	<input checked="" type="checkbox"/> Yes, always <input checked="" type="checkbox"/> Yes, sometimes	<input checked="" type="checkbox"/> No
Were you given enough privacy when discussing your condition or treatment?	<input checked="" type="checkbox"/> Yes, always <input checked="" type="checkbox"/> Yes, sometimes	<input checked="" type="checkbox"/> No
Respectfulness: Politeness and courtesy		
Were the staff you saw on your arrival to hospital polite and courteous?	<input checked="" type="checkbox"/> Yes, always <input checked="" type="checkbox"/> Yes, sometimes	<input checked="" type="checkbox"/> No
Were the emergency department staff polite and courteous?	<input checked="" type="checkbox"/> Yes, always <input checked="" type="checkbox"/> Yes, sometimes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Don't know/can't remember
Were the nurses polite and courteous?	<input checked="" type="checkbox"/> Yes, always <input checked="" type="checkbox"/> Yes, sometimes	<input checked="" type="checkbox"/> No
Were the doctors polite and courteous?	<input checked="" type="checkbox"/> Yes, always <input checked="" type="checkbox"/> Yes, sometimes	<input checked="" type="checkbox"/> No
Responsive communication		
Before your operation or surgical procedure, did a health professional explain what would be done in a way you could understand?	<input checked="" type="checkbox"/> Yes, completely <input checked="" type="checkbox"/> Yes, to some extent <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> I did not want or need an explanation
After the operation or procedure, did a health professional explain how the operation or surgical procedure had gone in a way you could understand?	<input checked="" type="checkbox"/> Yes, completely <input checked="" type="checkbox"/> Yes, to some extent <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Don't know/can't remember
When you had important questions to ask a nurse, did they answer in a way you could understand?	<input checked="" type="checkbox"/> Yes, always <input checked="" type="checkbox"/> Yes, sometimes <input checked="" type="checkbox"/> No, I did not get answers I could understand	<input checked="" type="checkbox"/> I did not ask any questions

✓ included in denominator

✗ not included in denominator

response category used in measure

Question	Response options	
When you had important questions to ask a doctor, did they answer in a way you could understand?	<input checked="" type="checkbox"/> Yes, always <input checked="" type="checkbox"/> Yes, sometimes <input checked="" type="checkbox"/> No, I did not get answers I could understand	✗ I did not ask any questions
Did a health professional in the hospital explain the purpose of this medication [taking home] in a way you could understand?	<input checked="" type="checkbox"/> Yes, completely <input checked="" type="checkbox"/> Yes, to some extent <input checked="" type="checkbox"/> No	
Trust and confidence		
Did you have confidence and trust in the nurses treating you?	<input checked="" type="checkbox"/> Yes, always <input checked="" type="checkbox"/> Yes, sometimes	✓ No
Did you have confidence and trust in the doctors treating you?	<input checked="" type="checkbox"/> Yes, always <input checked="" type="checkbox"/> Yes, sometimes	✓ No
Physical environment and comfort		
How clean were the wards or rooms you stayed in while in hospital?	<input checked="" type="checkbox"/> Very clean <input checked="" type="checkbox"/> Fairly clean	<input checked="" type="checkbox"/> Not very clean <input checked="" type="checkbox"/> Not at all clean
How clean were the toilets and bathrooms that you used while in hospital?	<input checked="" type="checkbox"/> Very clean <input checked="" type="checkbox"/> Fairly clean	<input checked="" type="checkbox"/> Not very clean <input checked="" type="checkbox"/> Not at all clean
Safety and hygiene		
Did nurses ask your name or check your identification band before giving you any medications, treatments or tests?	<input checked="" type="checkbox"/> Yes, always <input checked="" type="checkbox"/> Yes, sometimes	<input checked="" type="checkbox"/> No, they did not ask my name or check my identification band ✗ Don't know/can't remember
Was a call button placed within easy reach?	<input checked="" type="checkbox"/> Yes, always <input checked="" type="checkbox"/> Yes, sometimes <input checked="" type="checkbox"/> No	✗ Not applicable ✗ Don't know/can't remember
Did you see nurses wash their hands, use hand gel to clean their hands, or put on clean gloves before touching you?	<input checked="" type="checkbox"/> Yes, always <input checked="" type="checkbox"/> Yes, sometimes	<input checked="" type="checkbox"/> No, I did not see this <input checked="" type="checkbox"/> Can't remember
Did you see doctors wash their hands, use hand gel to clean their hands, or put on clean gloves before touching you?	<input checked="" type="checkbox"/> Yes, always <input checked="" type="checkbox"/> Yes, sometimes	<input checked="" type="checkbox"/> No, I did not see this <input checked="" type="checkbox"/> Can't remember
Patient-reported outcomes		
Not including the reason you came to hospital, during your stay, or soon afterwards, did you experience any of the following complications or problems?	<input checked="" type="checkbox"/> An infection, uncontrolled bleeding, a negative reaction to medication, complications as a result of surgery, complications as a result of tests or procedures, a blood clot, a pressure wound or bed sore, a fall, any other complication or problem <input checked="" type="checkbox"/> None of these	
Did the care and treatment received in hospital help you?	<input checked="" type="checkbox"/> Yes, definitely <input checked="" type="checkbox"/> Yes, to some extent	✓ No, not at all
Is the problem you went to hospital for...?	<input checked="" type="checkbox"/> Much better <input checked="" type="checkbox"/> A little better <input checked="" type="checkbox"/> About the same	<input checked="" type="checkbox"/> A little worse <input checked="" type="checkbox"/> Much worse

Appendix 2

LHDs and hospitals covered in the Adult Admitted Patient Survey in 2014

Local health district	Hospital name	Peer group	Aboriginal respondents [^]	Response rate
Central Coast	Gosford Hospital	A1	103	27%
	Wyong Hospital	B	88	26%
	Central Coast total		191	26%
Far West	Broken Hill Base Hospital	C1	25	11%
	Far West total		25	11%
Hunter New England	Armidale and New England Hospital	C1	30	15%
	Belmont Hospital	C1	43	28%
	Calvary Mater Newcastle	A3	68	25%
	Cessnock District Hospital	C2	25	27%
	Gunnedah District Hospital	C2	18	20%
	Inverell District Hospital	C2	15	14%
	John Hunter Hospital	A1	134	27%
	Kurri Kurri District Hospital	C2	20	45%
	Maitland Hospital	B	70	24%
	Manning Base Hospital	B	73	23%
	Moree District Hospital	C2	27	12%
	Muswellbrook District Hospital	C2	13	17%
	Narrabri District Hospital	C2	13	14%
	Singleton District Hospital	C2	18	34%
	Tamworth Base Hospital	B	124	25%
Hunter New England total		691	23%	
Illawarra Shoalhaven	Bulli District Hospital	C2	2	18%
	Milton and Ulladulla Hospital	C2	2	29%
	Shellharbour Hospital	C1	18	30%
	Shoalhaven District Memorial Hospital	B	64	29%
	Wollongong Hospital	A1	80	23%
	Illawarra Shoalhaven total		166	25%
Mid North Coast	Bellingen River District Hospital	C2	2	11%
	Coffs Harbour Base Hospital	B	89	21%
	Kempsey Hospital	C2	42	17%
	Macksville District Hospital	C2	18	20%
	Port Macquarie Base Hospital	B	68	20%
	Mid-North Coast total		219	19%
Murrumbidgee	Deniliquin Health Service	C2	7	22%
	Griffith Base Hospital	C1	25	12%
	Tumut Health Service	C2	4	12%
	Wagga Wagga Base Hospital	B	93	24%
	Young Health Service	C2	8	28%
	Murrumbidgee Total		137	20%
Nepean Blue Mountains	Blue Mountains District Anzac Memorial Hospital	C2	11	27%
	Lithgow Health Service	C2	7	25%
	Nepean Hospital	A1	53	13%
	Nepean Blue Mountains total		71	15%
Northern NSW	Ballina District Hospital	C2	11	19%
	Casino and District Memorial Hospital	C2	3	5%
	Grafton Base Hospital	C1	31	16%
	Lismore Base Hospital	B	65	14%
	Macleay District Hospital	C2	10	23%
	Murwillumbah District Hospital	C1	15	33%
	The Tweed Hospital	B	67	23%
	Northern NSW total		202	17%

[^] Aboriginality based on response to the survey question

Local health district	Hospital name	Peer group	Aboriginal respondents [^]	Response rate
Northern Sydney	Hornsby and Ku-Ring-Gai Hospital	B	7	27%
	Manly District Hospital	B	5	15%
	Mona Vale and District Hospital	B	5	42%
	Royal North Shore Hospital	A1	30	26%
	Ryde Hospital	C1	7	40%
	Northern Sydney total			54
South Eastern Sydney	Prince of Wales Hospital	A1	64	23%
	Royal Hospital for Women	A3	9	17%
	St George Hospital	A1	16	23%
	Sutherland Hospital	B	9	23%
	Sydney/Sydney Eye Hospital	A3	26	23%
	South Eastern Sydney total			124
South Western Sydney	Bankstown/Lidcombe Hospital	A1	31	32%
	Bowral and District Hospital	C1	18	26%
	Camden Hospital	C2	3	
	Campbelltown Hospital	B	72	23%
	Fairfield Hospital	B	14	12%
	Liverpool Hospital	A1	73	22%
	South Western Sydney total			211
Southern NSW	Bateman's Bay District Hospital	C2	11	12%
	Bega District Hospital	C1	17	21%
	Cooma Health Service	C2	4	19%
	Goulburn Base Hospital	C1	18	31%
	Moruya District Hospital	C2	13	12%
	Queanbeyan Health Service	C2	8	22%
	Southern NSW total			71
St Vincent's	St Vincent's Hospital, Darlinghurst	A1	38	22%
	St Vincent's total			38
Sydney	Canterbury Hospital	B	7	19%
	Concord Hospital	A1	23	19%
	Royal Prince Alfred Hospital	A1	76	17%
	Sydney total			106
Western NSW	Bathurst Base Hospital	C1	22	16%
	Cowra District Hospital	C2	6	11%
	Dubbo Base Hospital	B	91	18%
	Forbes District Hospital	C2	13	15%
	Mudgee District Hospital	C2	5	11%
	Orange Health Service	B	72	20%
	Parkes District Hospital	C2	20	28%
	Western NSW total			229
Western Sydney	Auburn Hospital	B	20	24%
	Blacktown Hospital	B	42	13%
	Mount Druitt Hospital	C1	27	36%
	Westmead Hospital	A1	58	20%
	Western Sydney total			147

[^] Aboriginality based on response to the survey question

Appendix 3

Self-reported respondent profile

The Adult Admitted Patient Survey asks patients a series of questions that help to form a picture of their profile. These results are presented below.

Some of the measures are taken directly from responses to survey questions, while others (the 'derived measures') were taken from an aggregate of responses to a question.

Care needs of patients

Measure	Response	Aboriginal patients (%) [^]	Non-Aboriginal patients (%) [^]
Did you have any special dietary needs (e.g. vegetarian, diabetic, food allergies, religious, cultural, or related to your treatment)?	Yes	27	22
	No	69	75
	Missing	4	3
Did you need help from staff to eat your meals?	Yes	5	5
	No	91	92
	Missing	4	3
Did you have worries or fears about your condition or treatment while in hospital?	Yes	32	28
	No	65	70
	Missing	3	2
Wanted to be involved in decisions about care and treatment (derived measure)	Wanted involvement	94	92
	Didn't want involvement	6	8
Had family/someone close who wanted to talk to doctor (derived measure)	Family wanted to talk to doctor	77	72
	Not applicable	23	28
Had family/someone close who wanted information about condition or treatment (derived measure)	Family wanted information	75	71
	Not applicable	25	29
Needed assistance while in hospital (derived measure)	Needed assistance	91	88
	Didn't need assistance	9	12
Had religious or cultural beliefs to consider (derived measure)	Had beliefs to consider	62	42
	Beliefs not an issue	38	58
Did you need, or would you have liked, to use an interpreter at any stage while you were in hospital?	Yes	-	32
	No	-	67
	Missing	-	2
Were you ever in any pain while in hospital?	Yes	59	54
	No	39	45
	Missing	2	1
When you had pain, was it usually severe, moderate or mild?	Severe	45	38
	Moderate	42	47
	Mild	8	12
	Missing	4	3
Wanted explanation of what would be done in operation or surgical procedure (derived measure)	Wanted explanation	99	99
	Didn't want explanation	1	1
Wanted to be involved in decisions about their discharge (derived measure)	Wanted involvement	95	93
	Didn't want involvement	5	7
Needed information on how to manage care at home (derived measure)	Needed information	95	93
	Didn't need information	5	7
Needed family and home situation taken into account when planning discharge (derived measure)	Had situation to consider	83	77
	Not necessary	17	23
Needed services after discharge (derived measure)	Needed services	72	61
	Didn't need services	28	39

[^] Aboriginality based on response to the survey question

Measure	Response	Aboriginal patients (%) [^]	Non-Aboriginal patients (%) [^]
Were you given or prescribed medication to take at home?	Yes	62	59
	No	36	39
	Missing	2	2
Wanted to be involved in decision to use medication in ongoing treatment (derived measure)	Wanted involvement	97	93
	Didn't want involvement	3	7
Did you want to make a complaint about something that happened in hospital?	Yes, and did complain	6	4
	Yes, but didn't complain	11	9
	No	78	84
	Missing	4	3
Why didn't you make a complaint?	Didn't know how to	28	20
	Didn't know who to complain to	34	31
	Worried about effect on care	30	21
	Didn't think taken seriously	29	28
	Too unwell to complain	17	19
	Wasn't serious issue	11	19
	Other reason	23	16
	Missing	2	2

Services received by the patient

Measure	Response	Aboriginal patients (%) [^]	Non-Aboriginal patients (%) [^]
Was your stay in hospital planned in advance or an emergency?	An emergency	50	51
	Planned in advance	42	43
	Something else	4	3
	Missing	4	3
When you arrived in hospital did you spend time in the emergency department?	Yes	52	50
	No	44	47
	Don't know/can't remember	3	2
Did you have any hospital food during this stay?	Yes	84	84
	No	14	15
	Missing	2	2
Which of the following other health professionals did you receive care or treatment from during this hospital stay?	None reported	43	46
	Dietician	13	9
	Occupational therapist	9	8
	Pharmacist	16	14
	Physiotherapist	16	15
	Psychologist	3	2
	Radiographer	34	37
	Social worker	16	9
During your stay in hospital, did you have any tests, x-rays or scans?	Speech pathologist	1	2
	Other healthcare professional	6	5
	Yes	61	61
Did you receive test, x-ray or scan results while you were still in hospital?	No	37	38
	Missing	2	1
	Yes	69	71
During your stay in hospital, did you have an operation or surgical procedure?	No	25	24
	Missing	6	5
	Yes	58	58
Was your operation or surgical procedure planned before you came to hospital?	No	40	41
	Missing	2	1
	Yes	71	71
	No	25	25
	Missing	4	3

[^] Aboriginality based on response to the survey question

Appendix 4

Results by the rurality of the hospital

In this report, 'urban hospitals' refers to hospitals located in major cities, while 'rural hospitals' refers to hospitals in regional or remote locations.

Theme	Question	Rurality of hospital	Aboriginal patients (%) [^]	Non-Aboriginal patients (%) [^]
Overall experience of care	Would 'speak highly' of the hospital to friends and family	Urban	72	76
		Rural	71	79
	Overall, nurses were rated as 'very good'	Urban	71	68
		Rural	71	78
	Overall, doctors were rated as 'very good'	Urban	67	67
		Rural	68	73
	Overall, care in hospital was 'very good'	Urban	63	61
		Rural	64	71
Access and timeliness	Time spent in the emergency department was 'about right'	Urban	61	66
		Rural	63	74
	Time waited to be admitted to hospital was 'about right'	Urban	71	69
		Rural	68	70
	Time between booking appointment with specialist and admission for procedure was 'about right'	Urban	60	62
		Rural	62	62
Assistance and responsiveness	'Always' got the opportunity to talk to a nurse when needed	Urban	67	73
		Rural	70	79
	'Always' got the opportunity to talk to a doctor when needed	Urban	50	54
		Rural	56	63
	Family or someone close 'always' got the opportunity to talk to a doctor when needed	Urban	45	50
		Rural	48	51
	Staff assisted within a reasonable timeframe 'all of the time'	Urban	42	40
		Rural	48	51
Health professional 'completely' discussed worries or fears	Urban	37	38	
	Rural	38	39	
Comprehensive and whole-person care	Nurses were 'always' kind and caring	Urban	79	82
		Rural	81	89
	Doctors were 'always' kind and caring	Urban	79	85
		Rural	82	88
	Food 'always' suitable for dietary needs	Urban	61	56
		Rural	52	63
	Staff 'completely' considered family and home situation when planning discharge	Urban	67	71
		Rural	69	78
At discharge, felt well enough to leave hospital	Urban	86	91	
	Rural	89	93	

[^] Aboriginality based on response to the survey question

Theme	Question	Rurality of hospital	Aboriginal patients (%) [^]	Non-Aboriginal patients (%) [^]
Coordination and continuity	Care was 'very well organised'	Urban	63	62
		Rural	63	69
	Nurses 'always' knew enough about patient's care and treatment	Urban	66	72
		Rural	68	79
	Doctors 'always' knew enough about patient's medical history	Urban	64	70
		Rural	67	73
	At discharge, 'completely' adequate arrangements made for services needed	Urban	65	69
		Rural	64	76
	Told who to contact if worried about condition or treatment after discharge	Urban	84	85
		Rural	82	88
Engagement and participation	'Completely' involved in decisions about use of medication	Urban	63	64
		Rural	68	70
	'Definitely' involved in decisions about care and treatment	Urban	56	59
		Rural	59	66
	'Definitely' involved in decisions about discharge	Urban	61	62
		Rural	66	72
	Given 'completely' enough information to manage care at home	Urban	68	71
		Rural	69	78
Provision of information	Given 'right amount' of information about hospital stay before arrival	Urban	87	90
		Rural	90	94
	Given 'right amount' of information about condition or treatment during stay	Urban	78	84
		Rural	79	87
	Family or someone close given 'right amount' of information about condition or treatment	Urban	71	78
		Rural	71	80
	While in hospital, received or saw information about patients' rights	Urban	43	37
		Rural	50	44
'Completely' informed about medication side effects to watch for	Urban	52	52	
	Rural	60	57	

[^] Aboriginality based on response to the survey question

Appendix 4

Results by the rurality of the hospital (continued)

Theme	Question	Rurality of hospital	Aboriginal patients (%) [^]	Non-Aboriginal patients (%) [^]
Respectfulness: Culture, dignity and privacy	Cultural or religious beliefs were 'always' respected	Urban	86	90
		Rural	85	95
	'Always' treated with respect and dignity	Urban	79	84
		Rural	79	89
	'Always' given enough privacy when being examined or treated	Urban	77	86
		Rural	83	88
'Always' given enough privacy when discussing condition or treatment	Urban	71	80	
	Rural	73	81	
Respectfulness: Politeness and courtesy	Staff seen on arrival were 'always' polite and courteous	Urban	90	90
		Rural	90	95
	Emergency department staff were 'always' polite and courteous	Urban	81	87
		Rural	85	91
	Nurses were 'always' polite and courteous	Urban	78	83
		Rural	81	89
Doctors were 'always' polite and courteous	Urban	82	90	
	Rural	85	92	
Responsive communication	Health professional 'completely' explained what would be done in surgery	Urban	77	80
		Rural	78	84
	Health professional 'completely' explained how surgery went	Urban	73	73
		Rural	68	77
	Nurses 'always' answered important questions in an understandable way	Urban	70	76
		Rural	73	83
	Doctors 'always' answered important questions in an understandable way	Urban	65	74
		Rural	67	77
Health professional 'completely' explained purpose of medication	Urban	79	83	
	Rural	80	84	
Trust and confidence	'Always' had confidence and trust in nurses	Urban	78	81
		Rural	78	87
	'Always' had confidence and trust in doctors	Urban	74	80
		Rural	78	82

[^] Aboriginality based on response to the survey question

Theme	Question	Rurality of hospital	Aboriginal patients (%) [^]	Non-Aboriginal patients (%) [^]
Physical environment and comfort	Wards or rooms were 'very clean'	Urban	64	62
		Rural	66	72
	Toilets and bathrooms were 'very clean'	Urban	57	53
		Rural	60	65
Safety and hygiene	Nurses 'always' asked patient's name or checked ID band before giving medications/treatments/tests	Urban	90	89
		Rural	87	91
	Call button was 'always' placed within easy reach	Urban	81	84
		Rural	86	87
	'Always' saw nurses wash their hands or use clean gloves	Urban	64	66
		Rural	68	70
	'Always' saw doctors wash their hands or use clean gloves	Urban	52	55
		Rural	59	55
Patient-reported outcomes	Did not experience complication related to hospital care	Urban	75	83
		Rural	82	87
	Care and treatment received 'definitely' helped	Urban	71	76
		Rural	70	78
	The problem went to hospital for 'much better'	Urban	65	72
		Rural	66	73

[^] Aboriginality based on response to the survey question

Appendix 5

Exploring variation in patient profiles

This report explores variation in results between Aboriginal and non-Aboriginal patients and across LHDs. LHDs are the administrative hubs for a regional healthcare system and share many responsibilities and characteristics, however they differ in important ways. In particular, the populations served by LHDs vary in terms of social, economic, health, ethnic and cultural characteristics. This variation extends to differences within the patient subgroups they serve.

A review of the sociodemographic and self-reported health profile of Aboriginal compared to non-Aboriginal respondents to the survey highlights this variation. For some measures, such as the percentage of respondents who reported they were in 'excellent' health, little difference was seen, while for others such as whether the respondents resided in an area of most disadvantage, results were mixed. In most LHDs, Aboriginal respondents were more likely to live in areas of greater disadvantage than non-Aboriginal patients. However, in Sydney LHD, Aboriginal respondents were less likely to come from such disadvantaged areas.

While all LHDs had a higher proportion of non-Aboriginal respondents aged 75+ years when compared to Aboriginal respondents, the difference was most notable in Central Coast and Mid North Coast. For Western Sydney, differences in this age group were not so apparent.

Effect of standardisation of results

Given the differences in respondent profile, a sensitivity analysis of the impact of sociodemographic characteristics associated with patient experience (including age group, education, long-standing health conditions, self-reported health status and a number of survey and hospital variables), compared standardised with non-standardised results.

The analysis showed that adjusting for these variables had a minimal impact on survey results and the effect of Aboriginality was largely unchanged.

Figure 51 Gap analysis of respondents' characteristics, Aboriginal patients relative to non-Aboriginal patients, NSW

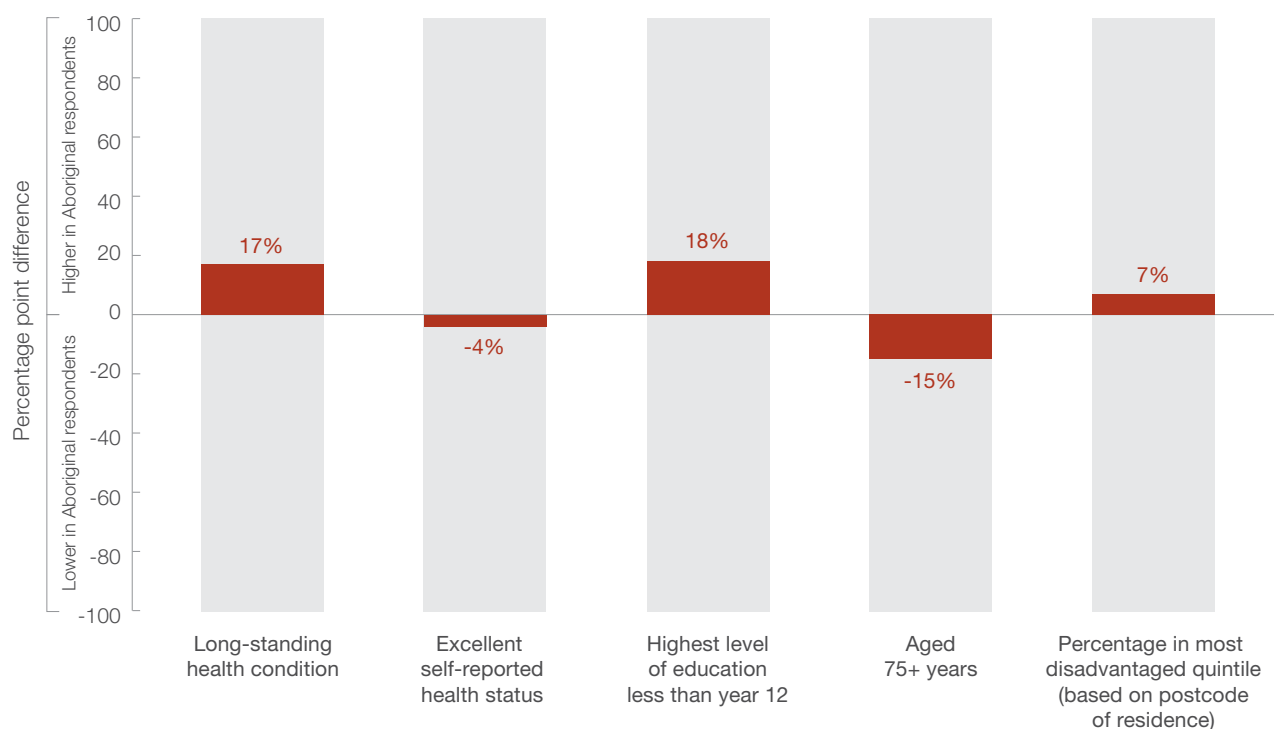
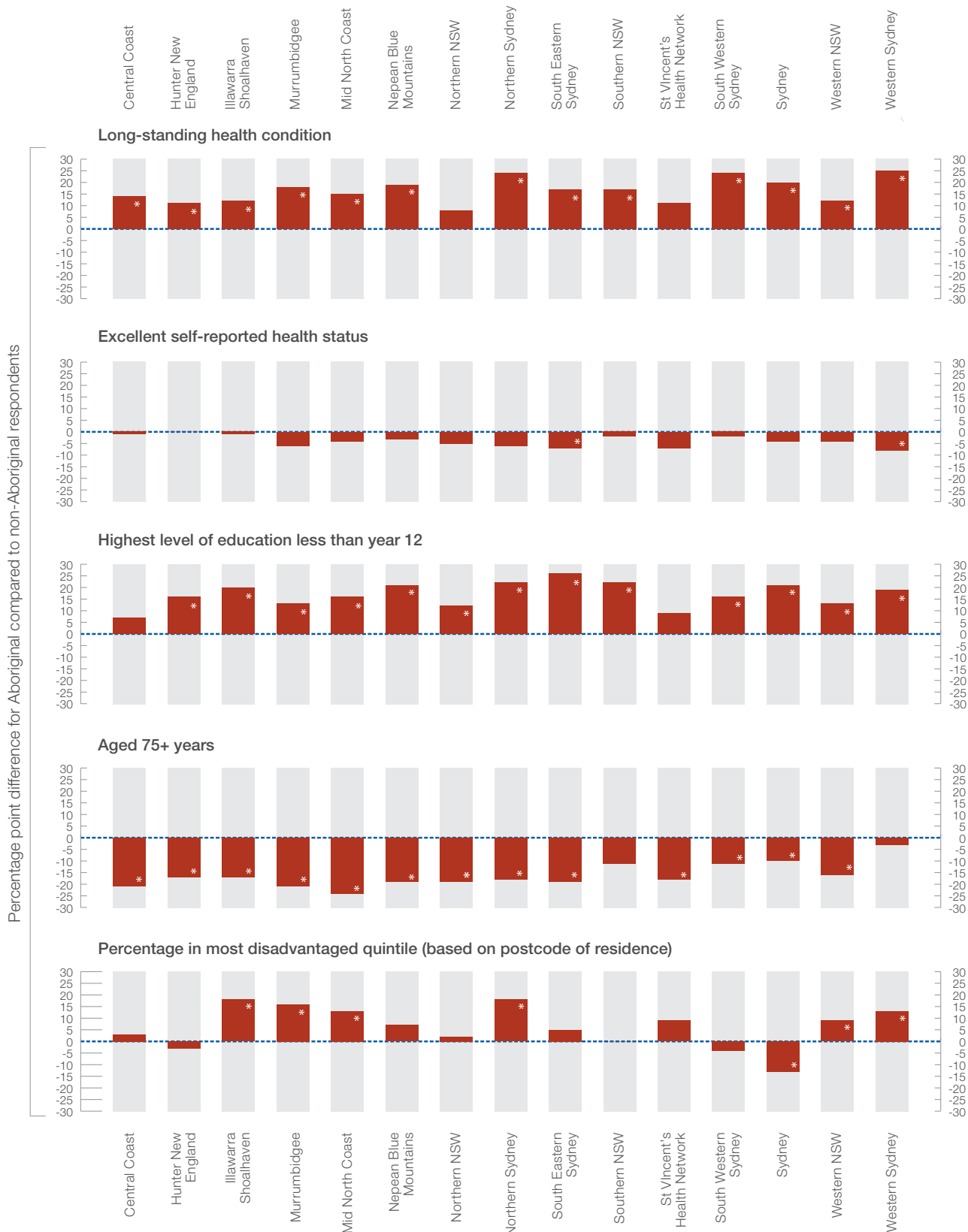


Figure 52 Gap analysis of respondents' characteristics, Aboriginal patients relative to non-Aboriginal patients, by LHD



* Significantly different

Note: Results for Far West LHD suppressed (<30 responses)

Appendix 6

Hospital overview: Gap between Aboriginal and non-Aboriginal patients' responses

Figure 53a Aspects of care, significant differences between the percentage of Aboriginal and non-Aboriginal patients who selected the most positive response category, by hospital

Overall experience of care		<ol style="list-style-type: none"> 1. Would 'speak highly' of the hospital to friends and family 2. Overall, nurses were rated as 'very good' 3. Overall, doctors were rated as 'very good' 4. Overall, care in hospital was rated as 'very good'
Access and timeliness		<ol style="list-style-type: none"> 1. Time spent in the emergency department was 'about right' 2. Time waited to be admitted to hospital was 'about right' 3. Time between booking appointment with specialist and admission for procedure was 'about right'
Assistance and responsiveness		<ol style="list-style-type: none"> 1. 'Always' got the opportunity to talk to a nurse when needed 2. 'Always' got the opportunity to talk to a doctor when needed 3. Family or someone close 'always' got the opportunity to talk to a doctor when needed 4. Staff assisted within a reasonable timeframe 'all of the time' 5. Health professional 'completely' discussed worries or fears
Comprehensive and whole-person care		<ol style="list-style-type: none"> 1. Nurses were 'always' kind and caring 2. Doctors were 'always' kind and caring 3. Food 'always' suitable for dietary needs 4. Staff 'completely' considered family and home situation when planning discharge 5. At discharge, felt well enough to leave hospital
Coordination and continuity		<ol style="list-style-type: none"> 1. Care was 'very well organised' 2. Nurses 'always' knew enough about patient's care and treatment 3. Doctors 'always' knew enough about patient's medical history 4. At discharge, 'completely' adequate arrangements made for services needed 5. Told who to contact if worried about condition or treatment after discharge
Engagement and participation		<ol style="list-style-type: none"> 1. 'Completely' involved in decisions about use of medication 2. 'Definitely' involved in decisions about care and treatment 3. 'Definitely' involved in decisions about discharge 4. Given 'completely' enough information to manage care at home
Provision of information		<ol style="list-style-type: none"> 1. Given 'right amount' of information about hospital stay before arrival 2. Given 'right amount' of information about condition or treatment during stay 3. Family or someone close given 'right amount' of information about condition or treatment 4. While in hospital, received or saw information about patients' rights 5. 'Completely' informed about medication side effects to watch for
Respectfulness: Culture, dignity and privacy		<ol style="list-style-type: none"> 1. Cultural or religious beliefs were 'always' respected 2. 'Always' treated with respect and dignity 3. 'Always' given enough privacy when being examined or treated 4. 'Always' given enough privacy when discussing condition or treatment
Respectfulness: Politeness and courtesy		<ol style="list-style-type: none"> 1. Staff seen on arrival to hospital were 'always' polite and courteous 2. Emergency department staff were 'always' polite and courteous 3. Nurses were 'always' polite and courteous 4. Doctors were 'always' polite and courteous
Responsive communication		<ol style="list-style-type: none"> 1. Health professional 'completely' explained what would be done in surgery 2. Health professional 'completely' explained how surgery went 3. Nurses 'always' answered important questions in an understandable way 4. Doctors 'always' answered important questions in an understandable way 5. Health professional 'completely' explained purpose of medication
Trust and confidence		<ol style="list-style-type: none"> 1. 'Always' had confidence and trust in nurses 2. 'Always' had confidence and trust in doctors
Physical environment and comfort		<ol style="list-style-type: none"> 1. Wards or rooms were 'very clean' 2. Toilets and bathrooms were 'very clean'
Safety and hygiene		<ol style="list-style-type: none"> 1. Nurses 'always' asked patient's name or checked ID band before giving medications/treatments/tests 2. Call button was 'always' placed within easy reach 3. 'Always' saw nurses wash their hands or use clean gloves 4. 'Always' saw doctors wash their hands or use clean gloves
Patient-reported outcomes		<ol style="list-style-type: none"> 1. Did not experience complication related to hospital care 2. Care and treatment received 'definitely' helped 3. The problem went to hospital for 'much better'

Relative to responses from non-Aboriginal patients, those from Aboriginal patients were:

■ Significantly less positive
 ■ Significantly more positive
 ■ Not significantly different
 Data suppressed (<30 respondents)



Appendix 6 (continued)

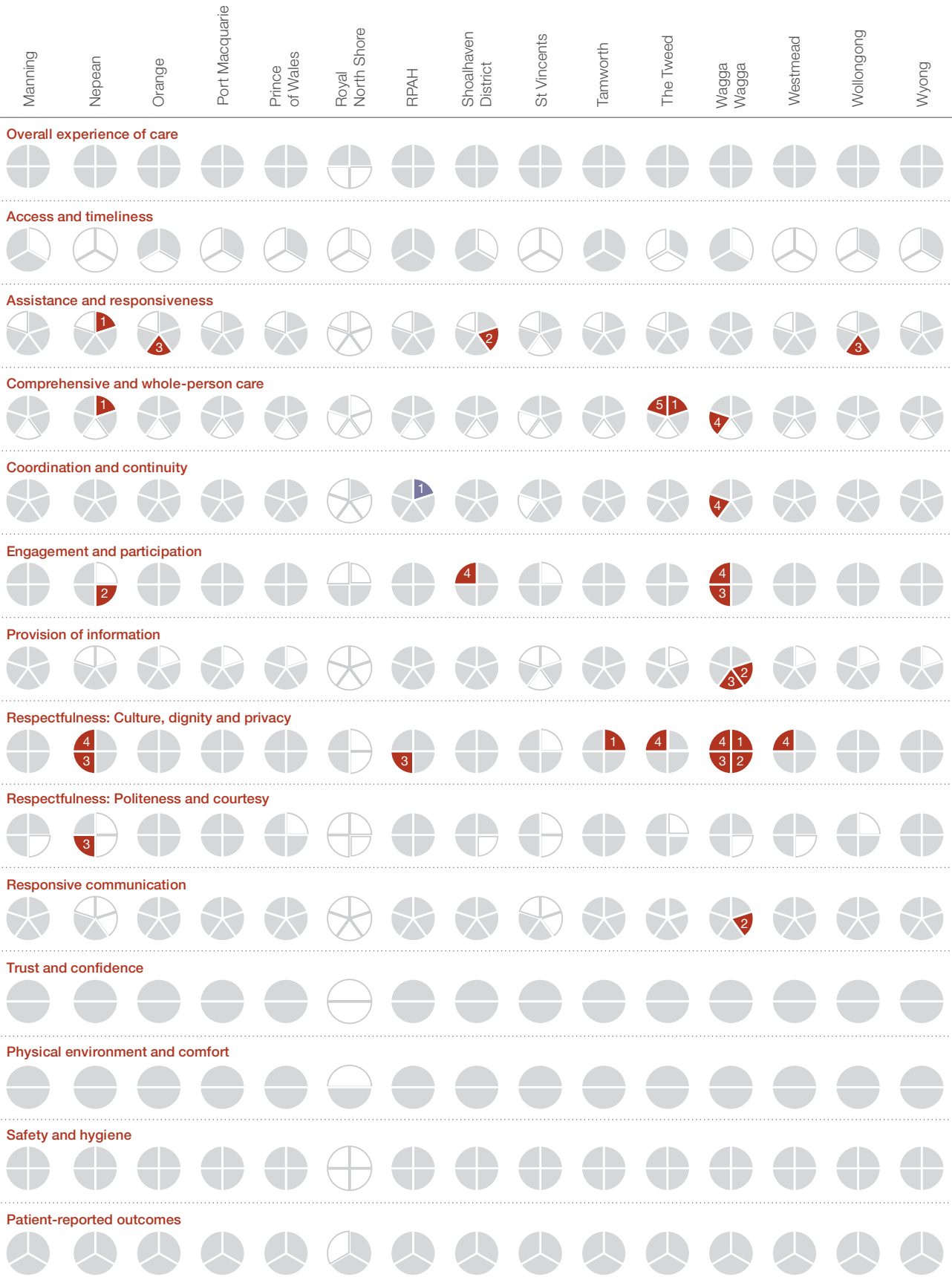
Hospital overview: Gap between Aboriginal and non-Aboriginal patients' responses

Figure 53b Aspects of care, significant differences between the percentage of Aboriginal and non-Aboriginal patients who selected the most positive response category, by hospital

Overall experience of care		<ol style="list-style-type: none"> 1. Would 'speak highly' of the hospital to friends and family 2. Overall, nurses were rated as 'very good' 3. Overall, doctors were rated as 'very good' 4. Overall, care in hospital was rated as 'very good'
Access and timeliness		<ol style="list-style-type: none"> 1. Time spent in the emergency department was 'about right' 2. Time waited to be admitted to hospital was 'about right' 3. Time between booking appointment with specialist and admission for procedure was 'about right'
Assistance and responsiveness		<ol style="list-style-type: none"> 1. 'Always' got the opportunity to talk to a nurse when needed 2. 'Always' got the opportunity to talk to a doctor when needed 3. Family or someone close 'always' got the opportunity to talk to a doctor when needed 4. Staff assisted within a reasonable timeframe 'all of the time' 5. Health professional 'completely' discussed worries or fears
Comprehensive and whole-person care		<ol style="list-style-type: none"> 1. Nurses were 'always' kind and caring 2. Doctors were 'always' kind and caring 3. Food 'always' suitable for dietary needs 4. Staff 'completely' considered family and home situation when planning discharge 5. At discharge, felt well enough to leave hospital
Coordination and continuity		<ol style="list-style-type: none"> 1. Care was 'very well organised' 2. Nurses 'always' knew enough about patient's care and treatment 3. Doctors 'always' knew enough about patient's medical history 4. At discharge, 'completely' adequate arrangements made for services needed 5. Told who to contact if worried about condition or treatment after discharge
Engagement and participation		<ol style="list-style-type: none"> 1. 'Completely' involved in decisions about use of medication 2. 'Definitely' involved in decisions about care and treatment 3. 'Definitely' involved in decisions about discharge 4. Given 'completely' enough information to manage care at home
Provision of information		<ol style="list-style-type: none"> 1. Given 'right amount' of information about hospital stay before arrival 2. Given 'right amount' of information about condition or treatment during stay 3. Family or someone close given 'right amount' of information about condition or treatment 4. While in hospital, received or saw information about patients' rights 5. 'Completely' informed about medication side effects to watch for
Respectfulness: Culture, dignity and privacy		<ol style="list-style-type: none"> 1. Cultural or religious beliefs were 'always' respected 2. 'Always' treated with respect and dignity 3. 'Always' given enough privacy when being examined or treated 4. 'Always' given enough privacy when discussing condition or treatment
Respectfulness: Politeness and courtesy		<ol style="list-style-type: none"> 1. Staff seen on arrival to hospital were 'always' polite and courteous 2. Emergency department staff were 'always' polite and courteous 3. Nurses were 'always' polite and courteous 4. Doctors were 'always' polite and courteous
Responsive communication		<ol style="list-style-type: none"> 1. Health professional 'completely' explained what would be done in surgery 2. Health professional 'completely' explained how surgery went 3. Nurses 'always' answered important questions in an understandable way 4. Doctors 'always' answered important questions in an understandable way 5. Health professional 'completely' explained purpose of medication
Trust and confidence		<ol style="list-style-type: none"> 1. 'Always' had confidence and trust in nurses 2. 'Always' had confidence and trust in doctors
Physical environment and comfort		<ol style="list-style-type: none"> 1. Wards or rooms were 'very clean' 2. Toilets and bathrooms were 'very clean'
Safety and hygiene		<ol style="list-style-type: none"> 1. Nurses 'always' asked patient's name or checked ID band before giving medications/treatments/tests 2. Call button was 'always' placed within easy reach 3. 'Always' saw nurses wash their hands or use clean gloves 4. 'Always' saw doctors wash their hands or use clean gloves
Patient-reported outcomes		<ol style="list-style-type: none"> 1. Did not experience complication related to hospital care 2. Care and treatment received 'definitely' helped 3. The problem went to hospital for 'much better'

Relative to responses from non-Aboriginal patients, those from Aboriginal patients were:

■ Significantly less positive
 ■ Significantly more positive
 ■ Not significantly different
 Data suppressed (<30 respondents)



References

1. NSW Health, www.healthstats.nsw.gov.au (accessed 3rd December 2015).
2. Australian Bureau of Statistics, Estimates of Aboriginal and Torres Strait Islander Australians, June 2011. 2013 (ABS cat. no. 3238.0.55.001. Canberra: ABS).
3. Australian Institute of Health and Welfare, Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: New South Wales. 2015 (Cat. no. IHW 162. Canberra: AIHW).
4. NSW Ministry of Health, NSW Aboriginal Health Plan 2013-2023. 2012.
5. Australian Institute of Health and Welfare, The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. 2015 (Cat. no. IHW 147. Canberra: AIHW).
6. Bainbridge R, McCalman J, Clifford A and Tsey K. Cultural competency in the delivery of health services for Indigenous people. 2015 (Issues paper no. 13 produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies).
7. NSW Ministry of Health, Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health. 2011.
8. National Aboriginal Health Strategy Working Party, A National Aboriginal Health Strategy. 1989.
9. Aboriginal Health & Medical Research Council of NSW, www.ahmrc.org.au (accessed 10 December 2015).
10. Morales L, Puyol J and Hays R. Improving patient satisfaction surveys to assess cultural competence in health care. 2003: California HealthCare Foundation.
11. Ware V-A. Improving the accessibility of health services in urban and regional settings for Indigenous people. Resource sheet no. 27. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies. 2013.
12. Tucker C, Marsiske M, Rice K, Nielson J and Herman K. Patient-centered culturally sensitive health care: model testing and refinement. *Health Psychology*, 2011. 30(3): p. 342.
13. Australian Government, Department of Health and Ageing, Aboriginal Cultural Security - A Background Paper. 2003.
14. Hutchinson T. Whole person care: A new paradigm for the 21st century. 2011: Springer Science & Business Media.
15. Australian Institute of Health and Welfare, Contribution of chronic disease to the gap in adult mortality between Aboriginal and Torres Strait Islander and other Australians. 2010 (Cat. No. IHW 48. Canberra: AIHW).
16. Osborn R and Squires D. International perspectives on patient engagement: results from the 2011 Commonwealth Fund Survey. *The Journal of Ambulatory Care Management*, 2012. 35(2): p. 118-128.
17. Medical Board of Australia, Good Medical Practice: A Code of Conduct for Doctors in Australia, 2014.
18. NSW Ministry of Health, Policy Directive: Your Health Rights and Responsibilities. 2011.
19. Shahid S, Durey A, Bessarab D, Aoun S and Thompson S. Identifying barriers and improving communication between cancer service providers and Aboriginal patients and their families: the perspective of service providers. *BMC Health Services Research*, 2013. 13(1): p. 460.
20. Thom D, Hall M and Pawlson L. Measuring patients' trust in physicians when assessing quality of care. *Health Affairs*, 2004. 23(4): p. 124-132.
21. Australian Commission on Safety and Quality in Health Care, National Safety and Quality Health Service Standards (September 2012). Sydney. ACSQHC, 2012.

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External advisors and reviewers

Adam Stuart	Centre for Aboriginal Health, NSW Ministry of Health
Aimee Smith	Aboriginal Health, Hunter New England Local Health District
Anthony Brown	Health Consumers NSW
David Follent	Aboriginal Health, Central Coast Local Health District
Erin Passmore	Centre for Epidemiology and Evidence, NSW Ministry of Health
Helen Gardiner	Centre for Aboriginal Health, NSW Ministry of Health
Jacinta Bunfield	Centre for Aboriginal Health, NSW Ministry of Health
Jasmine Sarin	Aboriginal Health and Medical Research Council of NSW
Jenny Hunt	Aboriginal Health and Medical Research Council of NSW
Megan Campbell	Aboriginal Health and Medical Research Council of NSW
Lynne Maher	Ko Awatea
Robin Payne	Aboriginal health consumer expert

Bureau of Health Information project team

Research and Analysis

Katinka Moran

Anna Do

Diane Hindmarsh

Kim Sutherland

Jason Boyd

Design

Adam Myatt

Efren Sampaga

Mark Williams

Communications and Stakeholder Engagement

Rohan Lindeman

Karen Perini

Stephanie Watson

Cover artwork

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About the Bureau of Health Information

The Bureau of Health Information (BHI) is a board-governed organisation that provides independent information about the performance of the NSW public healthcare system.

BHI was established in 2009 to provide system-wide support through transparent reporting.

BHI supports the accountability of the healthcare system by providing regular and detailed information to the community, government and healthcare professionals. This in turn supports quality improvement by highlighting how well the healthcare system is functioning and where there are opportunities to improve.

BHI manages the NSW Patient Survey Program, gathering information from patients about their experiences in public hospitals and other healthcare facilities.

BHI publishes a range of reports and tools that provide relevant, accurate and impartial information about how the health system is measuring up in terms of:

- Accessibility – healthcare when and where needed
- Appropriateness – the right healthcare, the right way
- Effectiveness – making a difference for patients
- Efficiency – value for money
- Equity – health for all, healthcare that's fair
- Sustainability – caring for the future

BHI's work relies on the efforts of a wide range of healthcare, data and policy experts. All of our assessment efforts leverage the work of hospital coders, analysts, technicians and healthcare providers who gather, codify and report data. Our public reporting of performance information is enabled and enhanced by the infrastructure, expertise and stewardship provided by colleagues from NSW Health and its pillar organisations.

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