

2023 Edition of the Hospital Acute Care Survey

Survey Instructions

- You should fill out this questionnaire only if you were the patient named on the envelope. You may need to get help from a family member or friend to answer the questions. That's okay.
- Answer all the questions by checking the box to the left of your answer.
- Your response to this survey is voluntary but will provide us with important information.
- You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this:
 - Yes
 - No → If No, go to Question 1

Please answer the questions about your recent stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
 - ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
2. During this hospital stay, how often did nurses listen carefully to you?
 - ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
3. During this hospital stay, how often did nurses explain things in a way you could understand?
 - ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
 - ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
 - ₅ I never pressed the call button

YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors treat you with courtesy and respect?
 - ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
 6. During this hospital stay, how often did doctors listen carefully to you?
 - ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
 7. During this hospital stay, how often did doctors explain things in a way you could understand?
 - ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
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THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
9. During this hospital stay, how often was the area around your room quiet at night?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

YOUR EXPERIENCES IN THIS HOSPITAL

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
- ₁ Yes
₂ No → If No, go to Question 12
11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
12. During this hospital stay, did you need medicine for pain?
- ₁ Yes
₂ No → If No, go to Question 15
13. During this hospital stay, how often was your pain well controlled?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

15. During this hospital stay, were you given any medicine that you had not taken before?
- ₁ Yes
₂ No → If No, go to Question 18
16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

WHEN YOU LEFT THE HOSPITAL

18. After you left the hospital, did you go directly to your own home, to someone else's home or to another health facility?
- ₁ Own home
₂ Someone else's home
₃ Another health facility → If another health facility, go to Question 21
19. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
- ₁ Yes
₂ No
20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?
- ₁ Yes
₂ No

OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

Worst hospital possible					Best hospital possible					
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Would you recommend this hospital to your friends and family?

- 1 Definitely no
2 Probably no
3 Probably yes
4 Definitely yes

In this next section, we ask several more questions about your stay at the hospital.

YOUR ARRIVAL AT THE HOSPITAL

23. When you arrived at the hospital, did you go to the emergency department?

- 1 Yes → If Yes, go to Question 26
2 No → If No, please continue to Question 24

24. Before coming to the hospital, did you have enough information about what was going to happen during the admission process?

- 1 Not at all
2 Partly
3 Quite a bit
4 Completely

25. Was your admission into the hospital organized?

- 1 Not at all
2 Partly
3 Quite a bit
4 Completely
- } Go to Question 30

Answer questions 26 to 29 only if you were admitted through the emergency department.

26. When you were in the emergency department, did you get enough information about your condition and treatment?

- 1 Not at all
2 Partly
3 Quite a bit
4 Completely

27. Were you given enough information about what was going to happen during your admission to the hospital?

- 1 Not at all
2 Partly
3 Quite a bit
4 Completely

28. After you knew that you needed to be admitted to a hospital bed, did you have to wait too long before getting there?

- 1 Yes
2 No
3 I never made it to a bed or unit outside the emergency department.

29. Was your transfer from the emergency department into a hospital bed organized?

- 1 Not at all
2 Partly
3 Quite a bit
4 Completely
5 I never made it to a bed or unit outside the emergency department.

DURING YOUR HOSPITAL STAY

30. Do you feel that there was good communication about your care between doctors, nurses and other hospital staff?

- 1 Never
2 Sometimes
3 Usually
4 Always

31. How often did doctors, nurses and other hospital staff seem informed and up-to-date about your hospital care?

- 1 Never
2 Sometimes
3 Usually
4 Always

32. How often were tests and procedures done when you were told they would be done?

- 1 Never
2 Sometimes
3 Usually
4 Always
5 I did not have any tests or procedures

33. During this hospital stay, did you get all the information you needed about your condition and treatment?

- 1 Never
2 Sometimes
3 Usually
4 Always

34. Did you get the support you needed to help you with any anxieties, fears or worries you had during this hospital stay?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 Not applicable

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

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

36. Were your family or friends involved as much as you wanted in decisions about your care and treatment?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 I did not want them to be involved
- 6 I did not have family or friends to be involved

LEAVING THE HOSPITAL

37. Before you left the hospital, did you have a clear understanding about all of your prescribed medications, including those you were taking before your hospital stay?

- 1 Not at all
- 2 Partly
- 3 Quite a bit
- 4 Completely
- 5 Not applicable

38. Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?

- 1 Not at all
- 2 Partly
- 3 Quite a bit
- 4 Completely

39. When you left the hospital, did you have a better understanding of your condition than when you entered?

- 1 Not at all
- 2 Partly
- 3 Quite a bit
- 4 Completely

YOUR OVERALL RATINGS

40. Overall, do you feel you were helped by your hospital stay? Please answer on a scale where 0 is "not helped at all" and 10 is "helped completely."

Not helped at all Helped completely

0 1 2 3 4 5 6 7 8 9 10

41. Overall...

I had a very poor experience

I had a very good experience

0 1 2 3 4 5 6 7 8 9 10

PATIENT AND FAMILY CENTRED CARE

In this next section, we ask some questions that are more specific to hospital care in New Brunswick.

42. Do you believe that this hospital takes your safety seriously?

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No

43. Did you feel that you needed to have a family member or a friend stay with you during your hospital stay for you to feel safe?

- 1 Yes
- 2 No
- 3 Not applicable

44. Did a family member or friend feel that they needed to stay with you during your hospital stay for you to feel safe?

- 1 Yes
- 2 No
- 3 Not applicable

45. Did a staff member talk to you about your safety?

- 1 Yes
- 2 No

46. Did you notice staff wash or disinfect their hands before caring for you?

- 1 Yes, always
- 2 Yes, sometimes
- 3 Never
- 4 I did not notice
- 5 I could not see any facilities for washing/disinfecting hands

47. Did staff check your identification band before giving you medicines, treatments, or tests?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I do not remember

48. How would you rate the quality of the food (how it tasted, serving temperature, variety)?

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

49. During this hospital stay, did the visiting hours for your family/friends meet your needs?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 My family/friends did not visit

50. The hospital staff took my cultural values and those of my family or caregiver into account.

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree
- 5 Not applicable

51. The hospital staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left the hospital.

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree
- 5 Not applicable

52. During this hospital stay, did you feel you were treated unfairly for any of the following reason? (Please select all that apply)

- 1 Your age
- 2 Your gender identity
- 3 Your sexual identity (heterosexual, lesbian, gay, bisexual)
- 4 Your race or cultural background
- 5 Your income level, or how much money you appear to have
- 6 Your physical appearance (such as clothing, weight)
- 7 Your habits (such as smoking, use of drugs or alcohol)
- 8 A mental health condition
- 9 A physical disability
- 10 Other reasons, please specify: _____
- 11 Not applicable

If you were treated unfairly, can you please provide more information:

53. Were you told what day you would likely be able to leave the hospital?

- 1 Yes, within the first two days, I was told what day I would likely be able to leave the hospital
- 2 Yes, after the first two days, I was told what day I would likely be able to leave the hospital
- 3 No, I was not told what day I would likely be able to leave the hospital

54. What is your primary language? This is usually the language you speak at home or are the most comfortable speaking?

- 1 English
- 2 French
- 3 Both English and French equally
- 4 Mi'kmaw'i'simk/Mi'kmaq or Wolastoqey/Maliseet
- 5 Other, please specify: _____

55. In New Brunswick, you have the right to receive hospital services in English or French. When receiving hospital services, what language do you prefer?

- 1 English
- 2 French
- 3 English or French (no preference)
- 4 Other, please specify: _____

