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 <u>all</u> 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 <u>courtesy and respect</u>?

- □1 Never
- 2 Sometimes
- □₃ Usually
- □₄ Always
- 2. During this hospital stay, how often did nurses listen carefully to you?
 - □1 Never
 - \square_2 Sometimes
 - □₃ Usually
 - 4 Always
- 3. During this hospital stay, how often did nurses <u>explain things</u> in a way you could understand?
 - □1 Never
 - \square_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
 - \Box_5 I never pressed the call button

YOUR CARE FROM DOCTORS

- 5. During this hospital stay, how often did doctors treat you with <u>courtesy and respect</u>?
 - □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 <u>explain things</u> in a way you could understand?
 - □₁ Never
 - 2 Sometimes
 - □₃ Usually
 - □₄ Always

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	THE HOSPITAL ENVIRONMENT	15.	During this hospital stay, were you given any medicine that you had not taken before?
8.	During this hospital stay, how often were your		\Box_1 Yes
-	room and bathroom kept clean?		\square_2 No \rightarrow If No, go to Question 18
	□ ₁ Never		
	□ ₂ Sometimes		
	□₃ Usually	16.	Before giving you any new medicine, how often
	□₄ Always		did hospital staff tell you what the medicine was for?
			\square_1 Never
9.	During this hospital stay, how often was the area		\square_2 Sometimes
	around your room quiet at night?		—
	□1 Never		□₃ Usually
	\square_2 Sometimes		☐₄ Always
	⊡₃ Usually	47	
	□₄ Always	17.	Before giving you any new medicine, how often did hospital staff describe possible side effects in
			a way you could understand?
	YOUR EXPERIENCES IN THIS HOSPITAL		\square_1 Never
			\square_2 Sometimes
10.	During this hospital stay, did you need help from		\square_3 Usually
	nurses or other hospital staff in getting to the bathroom or in using a bedpan?		4 Always
	\square_1 Yes		,
	\square_2 No \rightarrow If No, go to Question 12		WHEN YOU LEFT THE HOSPITAL
			WHEN TOO LEFT THE HOSFITAL
		18.	After you left the hospital, did you go directly to
11.	How often did you get help in getting to the		your own home, to someone else's home or to
	bathroom or in using a bedpan as soon as you wanted?		another health facility?
			□₁ Own home
	\square_2 Sometimes		\square_2 Someone else's home
	\square_2 Sometimes \square_3 Usually		\square_3 Another health facility \rightarrow If another health
	\square_4 Always		facility, go to Question 21
12	During this bosnital stay, did you need medicine	19.	During this hospital stay, did doctors, nurses or
12.	During this hospital stay, did you need medicine for pain?		other hospital staff talk with you about whether you would have the help you needed when you
	\square_1 Yes		left the hospital?
	\square_2 No \rightarrow If No, go to Question 15		\square_1 Yes
			$\square_2 \operatorname{No}$
-			
13.	During this hospital stay, how often was your pain		_
	well controlled? □1 Never	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
	□₂ Sometimes		hospital?
	₃ Usually		□ ₁ Yes
	_₄ Always		2 No
	During this has a later to see a first the		
14.	During this hospital stay, how often did the hospital staff do everything they could to help you		
	with your pain?		
	 □₂ Sometimes		
	\square_3 Usually		
	₄ Always		
	_ ,		
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OVERALL RATING OF HOSPITAL	27. Were you given enough information about what was
 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 Best hospital 	 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?
possible possible	□1 Yes □2 No
0 1 2 3 4 5 6 7 8 9 10	\square_3 I never made it to a bed or unit outside the emergency department.
 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.	 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
YOUR ARRIVAL AT THE HOSPITAL	30. Do you feel that there was good communication
 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? 	 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
 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? 	 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? Never
 ☐1 Not at all ☐2 Partly ☐3 Quite a bit ☐4 Completely 	☐ 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
 - \square_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
 - \Box_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						Help	ed co	mple	tely	
0	1	2	3	4	5	6	7	8	9	10

41. Overall...

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l had a very poor experience							l 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?
 - \square_1 Yes, definitely
 - 2 Yes, somewhat

□₃ No

- 43. Did <u>you</u> 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 <u>family member or friend</u> feel that they needed to stay with you during your hospital stay for you to feel safe?
 - ∏₁ Yes
 - \square_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
 - \square_2 Yes, sometimes
 - □₃ Never
 - 4 I did not notice
 - \Box_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 and the food for the
 - 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
 - \Box_{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, <u>within</u> the first two days, I was told what day I would likely be able to leave the hospital
 - □ Yes, <u>after</u> the first two days, I was told what day I would likely be able to leave the hospital
 - \Box_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'kmawi'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:

□₂ No Please add some details if you have selected "No": □○ White □○ White □○ Chinese □○	2 No	61. The following question will help us to better understand the communities that we serve. Do consider yourself to be	you
Please add some details if you have selected "No":		Check all that apply.	
Image: Constraint of the services of the servic	ase add some details if you have selected "No":		
Image: Stress of the services in your preferred language (Question 55)? Image: Stress of the services in your preferred language (Question 55)? Image: Sometimes Image: Sometimes			
Image: Stress of the service of the		-	
57. During this hospital stay, how often did you receive services in your preferred language (Question 55)? I Never Sometimes Susually A Always Is there anything you would like to add about the language of services you received? Is there anything else you would like to share about your hospital stay? 62. Is there anything else you would like to share about your hospital stay? 62. Is there anything else you would like to share about your hospital stay? 63. In general, how would you rate your overall physical health? Is collent Sodod I Excellent I Excellent <th></th> <th></th> <th></th>			
57. During this hospital stay, how often did you receive services in your preferred language (<i>Question 55</i>)?			
57. During this hospital stay, how often did you receive services in your preferred language (Question 55)?)
receive services in your preferred language (Question 55)? Image: Sometimes Image: Sometimes Ima	During this hospital stay, how often did you	□ ₀₇ South Asian (East Indian, Pakistani, Sri Lanka	n, etc.)
(Question 55)?		□ ₀₈ Black	
		□ ₀₉ Filipino	
□ 3 Usually Malaysian, Laotian, etc.) □ 4 Always □ 12 Arab Is there anything you would like to add about the language of services you received? □ 12 Arab □ 14 Korean □ 15 Japanese □ 16 Other 62. Is there anything else you would like to share about your hospital stay? 6 62. Is there anything else you would like to share about your hospital stay? 6 62. Is there anything else you would like to share about your hospital stay? 6 62. Is there anything else you would like to share about your hospital stay? 6 1 Excellent □ 2 Very good □ 1 Excellent □ 3 Good □ 4 Fair □ 5 Poor □ 1 Excellent □ 1 Excellent □ 1 Excellent □ 2 Very good □ 1 Excellent □ 1 Excellent □ 1 Excellent □ 2 Very good □ 1 Excellent	□ 1 Never	□ ₁₀ Latin American	
Is there anything you would like to add about the language of services you received?			
language of services you received? 14 Korean 15 Japanese 16 Other 62. Is there anything else you would like to share about your hospital stay? 62. Is there anything else you would like to share about your hospital stay? 63. In general, how would you rate your overall physical health? 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 59. In general, how would you rate your overall mental or emotional health? 1 Excellent 2 Very good 1 Excellent 2 Very good	☐₄ Always	□ ₁₂ Arab	
Image: Solution of the second state		□ ₁₃ West Asian (Iranian, Afghan, etc.)	
ABOUT YOU 62. Is there anything else you would like to share about your hospital stay? 58. In general, how would you rate your overall physical health?	juage of services you received?	□ ₁₄ Korean	
ABOUT YOU 62. Is there anything else you would like to share about your hospital stay? 58. In general, how would you rate your overall physical health?		I15 Japanese	
ABOUT YOU about your hospital stay? 58. In general, how would you rate your overall physical health?			
58. In general, how would you rate your overall physical health? 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 59. In general, how would you rate your overall mental or emotional health? 1 Excellent 2 Very good			
physical health? 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 59. In general, how would you rate your overall mental or emotional health? 1 Excellent 2 Very good	ABOUT YOU	_	
 Very good 3 Good 4 Fair 5 Poor 59. In general, how would you rate your overall mental or emotional health? 1 Excellent 2 Very good 	physical health?		
□ 3 Good □ 4 Fair □ 4 Fair □ 5 Poor 59. In general, how would you rate your overall mental or emotional health? □ 1 Excellent □ 1 Excellent □ 2 Very good			
 □ 4 Fair □ 5 Poor 59. In general, how would you rate your overall mental or emotional health? □ 1 Excellent □ 2 Very good 			
□ 5 Poor			
59. In general, how would you rate your overall mental or emotional health?			
mental or emotional health? 1 Excellent 2 Very good			
□₁ Excellent □₂ Very good			
□_2 Very good			
3 Good	2 Very good		
4 Fair	□₂ Very good □₃ Good		
₅ Poor	□ ₃ Good		
60. What is the highest grade or level of school that	□₃ Good □₄ Fair		
you have completed?	□ 3 Good □ 4 Fair □ 5 Poor	Thenk you for taking the time to complete	
Thank you for taking the time to complete	 □ 3 Good □ 4 Fair □ 5 Poor What is the highest grade or level of school that 		
\square_2 Some high school, but did not graduate	□ 3 Good □ 4 Fair □ 5 Poor What is the highest grade or level of school that you have completed?	uns survey!	
¹ ₃ High school or high school equivalency certificate Your answers are greatly appreciated.	□ 3 Good □ 4 Fair □ 5 Poor What is the highest grade or level of school that you have completed? □ 1 8th grade or less		
□ 4 College, CEGEP or other non-university Please return your completed survey in the	 ☐ 3 Good ☐ 4 Fair ☐ 5 Poor What is the highest grade or level of school that you have completed? ☐ 1 8th grade or less ☐ 2 Some high school, but did not graduate 	Your answers are greatly appreciated.	
certificate or diploma postage-paid envelope.	 □ 3 Good □ 4 Fair □ 5 Poor What is the highest grade or level of school that you have completed? □ 1 8th grade or less □ 2 Some high school, but did not graduate □ 3 High school or high school equivalency certificate □ 4 College, CEGEP or other non-university 		
\Box_5 Undergraduate degree or some university	 3 Good 4 Fair 5 Poor What is the highest grade or level of school that you have completed? 1 8th grade or less 2 Some high school, but did not graduate 3 High school or high school equivalency certificate 4 College, CEGEP or other non-university certificate or diploma 	Please return your completed survey in the	
☐ ₆ Post-graduate degree or professional designation	 □ 3 Good □ 4 Fair □ 5 Poor What is the highest grade or level of school that you have completed? □ 1 8th grade or less □ 2 Some high school, but did not graduate □ 3 High school or high school equivalency certificate □ 4 College, CEGEP or other non-university certificate or diploma □ 5 Undergraduate degree or some university 	Please return your completed survey in the postage-paid envelope.	

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