## Canadian Patient Experiences Survey **Inpatient Care**

## **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 guestions. 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: П Yes  $\overline{\mathbf{A}}$ No → If No, go to Question 1 During this hospital stay, after you pressed the Please answer the questions about your recent stay call button, how often did you get help as soon as at the hospital named on the cover letter. Do not include any other hospital stays in your answers. you wanted it? □₁ Never 2 Sometimes YOUR CARE FROM NURSES  $\square_3$  Usually ☐<sub>4</sub> Always During this hospital stay, how often did nurses  $\square_5$  I never pressed the call button treat you with courtesv and respect? □₁ Never  $\square_2$  Sometimes ☐<sub>3</sub> Usually YOUR CARE FROM DOCTORS ☐ 4 Always During this hospital stay, how often did doctors 5. 2. During this hospital stay, how often did nurses treat you with courtesv and respect? listen carefully to you? ☐
  ₁ Never □₁ Never 2 Sometimes 2 Sometimes ☐<sub>3</sub> Usually ☐<sub>3</sub> Usually □<sub>4</sub> Always ☐<sub>4</sub> Always During this hospital stay, how often did doctors During this hospital stay, how often did nurses listen carefully to you? explain things in a way you could understand? ☐₁ Never □₁ Never 2 Sometimes 2 Sometimes ☐<sub>3</sub> Usually ☐<sub>3</sub> Usually ☐<sub>4</sub> Always □₄ Always During this hospital stay, how often did doctors explain things in a way you could understand? ☐₁ Never 2 Sometimes

☐<sub>3</sub> Usually ☐<sub>4</sub> Always

## 15. During this hospital stay, were you given any THE HOSPITAL ENVIRONMENT medicine that you had not taken before? During this hospital stay, how often were your □₁ Yes room and bathroom kept clean? $\square_2$ No $\rightarrow$ If No, go to Question 18 □₁ Never $\square_2$ Sometimes 16. Before giving you any new medicine, how often $\square_3$ Usually did hospital staff tell you what the medicine was ☐<sub>4</sub> Always for? □₁ Never During this hospital stay, how often was the area ☐<sub>2</sub> Sometimes around your room quiet at night? $\square_3$ Usually □₁ Never ☐₄ Always 2 Sometimes $\square_3$ Usually 17. Before giving you any new medicine, how often ☐<sub>4</sub> Always did hospital staff describe possible side effects in a way you could understand? ☐ 1 Never YOUR EXPERIENCES IN THIS HOSPITAL 2 Sometimes 10. During this hospital stay, did you need help from $\square_3$ Usually nurses or other hospital staff in getting to the ☐<sub>4</sub> Always bathroom or in using a bedpan? □₁ Yes $\square_2$ No $\rightarrow$ If No, go to Question 12 WHEN YOU LEFT THE HOSPITAL 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 another health facility? wanted? □₁ Own home □₁ Never □₂ Someone else's home $\square_2$ Sometimes $\square_3$ Another health facility $\rightarrow$ If another health ☐<sub>3</sub> Usually facility, go to Question 21 ☐ 4 Always 19. During this hospital stay, did doctors, nurses or 12. During this hospital stay, did you need medicine other hospital staff talk with you about whether for pain? you would have the help you needed when you ∏₁ Yes left the hospital? □₁ Yes $\square_2$ No $\rightarrow$ If No, go to Question 15 □₂ No 13. During this hospital stay, how often was your pain well controlled? 20. During this hospital stay, did you get information in writing about what symptoms or health □₁ Never problems to look out for after you left the 2 Sometimes hospital? ☐<sub>3</sub> Usually □₁ Yes ☐<sub>4</sub> Always $\square_2$ No 14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain? □₁ Never $\square_2$ Sometimes

 $\square_3$  Usually  $\square_4$  Always

## 27. Were you given enough information about what OVERALL RATING OF HOSPITAL was going to happen during your admission to the Please answer the following questions about your hospital? stay at the hospital named on the cover letter. Do not □₁ Not at all include any other hospital stays in your answers. 2 Partly $\square_3$ Quite a bit 21. Using any number from 0 to 10, where 0 is the ☐<sub>4</sub> Completely worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay? 28. After you knew that you needed to be admitted to a hospital bed, did you have to wait too long Worst hospital Best hospital before getting there? possible possible □₁ Yes 10 0 3 5 7 8 9 □<sub>2</sub> No 29. Was your transfer from the emergency 22. Would you recommend this hospital to your department into a hospital bed organized? friends and family? □₁ Not at all ☐₁ Definitely no 2 Partly ☐<sub>2</sub> Probably no $\square_3$ Quite a bit $\square_3$ Probably yes ☐ 4 Completely □<sub>4</sub> Definitely yes **DURING YOUR HOSPITAL STAY** In this next section, we ask several more questions about your stay at the hospital. 30. Do you feel that there was good communication about your care between doctors, nurses and YOUR ARRIVAL AT THE HOSPITAL other hospital staff? 23. When you arrived at the hospital, did you go to the □₁ Never emergency department? 2 Sometimes $\square_1$ Yes $\rightarrow$ If Yes, go to Question 26 3 Usually ☐<sub>4</sub> Always $\square_2$ No $\rightarrow$ If No, please continue to Question 24 24. Before coming to the hospital, did you have 31. How often did doctors, nurses and other hospital enough information about what was going to staff seem informed and up-to-date about your happen during the admission process? hospital care? □₁ Not at all □₁ Never 2 Partly 2 Sometimes $\square_3$ Quite a bit ☐₃ Usually ☐<sub>4</sub> Completely ☐<sub>4</sub> Always 25. Was your admission into the hospital organized? ☐₁ Not at all 32. How often were tests and procedures done when 2 Partly you were told they would be done? Go to Question 30 $\square_3$ Quite a bit Never Nevr Never ☐<sub>4</sub> Completely 2 Sometimes $\square_3$ Usually Answer questions 26 to 29 only if you were ☐<sub>4</sub> Always admitted through the emergency department. $\square_5$ I did not have any tests or procedures 26. When you were in the emergency department, did 33. During this hospital stay, did you get all the you get enough information about your condition information you needed about your condition and and treatment?

treatment? □₁ Not at all □₁ Never 2 Partly 2 Sometimes  $\square_3$  Quite a bit ☐<sub>3</sub> Usually

☐<sub>4</sub> Always

☐<sub>4</sub> Completely

34.	Did you get the support you needed to help you	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			
	with any anxieties, fears or worries you had during this hospital stay?  1 Never 2 Sometimes 3 Usually 4 Always				
	□₅ Not applicable	0 1 2 3 4 5 6 7 8 9 10			
35.	Were you involved as much as you wanted to be in decisions about your care and treatment?				
	☐₂ Sometimes ☐₃ Usually	41. Overall			
	□ <sub>4</sub> Always	I had a very poor I had a very good experience experience			
36.	Were your family or friends involved as much as you wanted in decisions about your care and treatment?	0 1 2 3 4 5 6 7 8 9 10			
	☐ <sub>1</sub> Never ☐ <sub>2</sub> Sometimes ☐ <sub>3</sub> Usually	PATIENT AND FAMILY CENTRED CARE			
	<ul> <li>□₄ Always</li> <li>□₅ I did not want them to be involved</li> <li>□₆ I did not have family or friends to be involved</li> </ul>	In this next section, we ask some questions that are more specific to hospital care in New Brunswick.			
	LEAVING THE HOSPITAL	42. Do you or your family members believe that you were harmed because of a medical error or mistake during this hospital stay?			
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 Yes ☐₂ No ☐₃ Do not know / Do not remember / Not applicable  If the answer for question 42 is Yes, please provide additional details:			
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				
	☐ <sub>4</sub> Completely				
39.	When you left the hospital, did you have a better understanding of your condition than when you	-			
	entered?				
	□₂ Partly □₃ Quite a bit				
	☐ <sub>4</sub> Completely				

43.	Do you believe that this hospital takes your safety seriously?  1 Yes, definitely 2 Yes, somewhat 3 No	50.	The hospital staff took my cultural values and those of my family or caregiver into account.
	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  Did a staff member talk to you about patient safety? ☐ 1 Yes ☐ 2 No ☐ 3 Do not know / Do not remember / Not applicable		☐₅ Do not know/Do not remember/Not applicable  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 Do not know/Do not remember/Not applicable
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	52.	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  ☐₃ Do not know/Do not remember/Not applicable
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	53.	Under the Official Languages Act, you have the right to be served in either English or French. Of these two languages, which is your preference?  ☐₁ English ☐₂ French
48.	How would you rate the quality of the food (how it tasted, serving temperature, variety)? 1 Poor2 Fair3 Good4 Very good5 Excellent	54.	How often did you receive the service you needed in the official language (English or French) of your choice?
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		

ABOUT YOU		59.	Were you born in Canada?	
55.	In general, how would you rate your overall physical health?		□ <sub>1</sub> Yes □ <sub>2</sub> No	
	☐2 Very good ☐3 Good ☐4 Fair ☐5 Poor	60.	If you were not born in Canada, how many years have you lived in Canada?  ☐₁ Less than 1 year ☐₂ 1 to 5 years ☐₃ More than 5 years	
56.	In general, how would you rate your overall mental or emotional health?	61. _	Is there anything else you would like to share about your hospital stay?	
	□ <sub>4</sub> Fair □ <sub>5</sub> Poor	_		
57.	What is the highest grade or level of school that you have <u>completed</u> ?	_		
	<ul> <li>□₁ 8th grade or less</li> <li>□₂ Some high school, but did not graduate</li> <li>□₃ High school or high school equivalency certificate</li> <li>□₄ College, CEGEP or other non-university certificate or diploma</li> </ul>			
	☐ <sub>5</sub> Undergraduate degree or some university ☐ <sub>6</sub> Post-graduate degree or professional designation			
58.	The following question will help us to better understand the communities that we serve. Do you consider yourself to be	-		
	Check all that apply.			
	□ <sub>01</sub> White □ <sub>02</sub> Chinese	_		
	□ <sub>03</sub> First Nation □ <sub>04</sub> Inuit	_		
	□ <sub>05</sub> Métis □ <sub>06</sub> Indigenous/Aboriginal (not included elsewhere)	_		
	□ South Asian (East Indian, Pakistani, Sri Lankan, etc.)		hank you for taking the time to complete this urvey! Your answers are greatly appreciated.	
	□ <sub>08</sub> Black □ <sub>09</sub> Filipino □ <sub>10</sub> Latin American		Please return your completed survey in the postage-paid envelope to:	
	<ul><li>☐<sub>11</sub> Southeast Asian (Vietnamese, Cambodian, Malaysian, Laotian, etc.)</li><li>☐<sub>12</sub> Arab</li></ul>		Prairie Research Associates Inc. 500 – 363 Broadway Winnipeg, MB R3C 3N9	
	☐ <sub>13</sub> West Asian (Iranian, Afghan, etc.)	Que	estions 1 to 22 and 56 are adapted from the HCAHPS (Hospital Consumer	
	□ <sub>14</sub> Korean □ <sub>15</sub> Japanese □ <sub>16</sub> Other	Que	Assessment of Healthcare Providers and Systems) questionnaire. estions 23 to 41 and 55 to 61 (excluding question 56) were adapted and/or eloped by the Canadian Institute for Health Information in consultation with an interjurisdictional committee of experts.	