



SURVEY

Results from the 2019 edition of the Hospital Patient Care Experience Survey

Who we are

New Brunswickers have a right to be aware of the decisions being made, to be part of the decision-making process, and to be aware of the outcomes delivered by the health system and its cost. The New Brunswick Health Council will foster this transparency, engagement, and accountability by engaging citizens in a meaningful dialogue, measuring, monitoring, and evaluating population health and health service quality, informing citizens on health system performance and recommending improvements to the Minister of Health.

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ABOUT THE NEW BRUNSWICK HOSPITAL PATIENT CARE EXPERIENCE SURVEY

-  This survey evaluates the quality of hospital care in New Brunswick.
-  It produces 56 patient care indicators used to inform citizens on the quality of hospital care and to help decision-makers and planners improve how they manage hospital services.

IN THIS DOCUMENT

We report 16 indicators that cover the following areas of care:

ADMISSION PROCESS	OVERALL SATISFACTION
CLEANLINESS	PAIN CONTROL
COMMUNICATION	RESPONSIVENESS OF STAFF
DISCHARGE/TRANSITION	SAFETY
LANGUAGE OF SERVICE	

- These results are presented:
- for New Brunswick overall
 - by regional health authority (Horizon Health Network and Vitalité Health Network)
 - by hospital

IN THE EXCEL DOCUMENT (AT NBHC.CA)

We report all 56 indicators. In addition to the areas of care above, they also cover the following:

COORDINATION OF CARE	INFORMATION ABOUT CONDITION AND TREATMENT
CULTURAL VALUES	INVOLVEMENT IN DECISION-MAKING
EMOTIONAL SUPPORT	QUIETNESS AT NIGHT
FOOD QUALITY	VISITING HOURS

- The results are presented:
- for New Brunswick overall
 - by regional health authority
 - by hospital
 - by gender
 - by education level
 - by age group
 - by preferred language of service
 - for immigrants
 - for Indigenous people

WHO WAS ELIGIBLE TO PARTICIPATE?

Eligible to participate were hospital patients, 18 years or older, who were discharged between December 2018 and March 2019 after staying at least one night as a medical, surgical or maternity patient in a New Brunswick acute care hospital. A hospital providing acute care is one which is primarily involved in providing short-term inpatient medical care to people with illness or in need of surgery.

The following types of patients were excluded from the scope of the survey:

- Pediatrics
- Long-term care
- Psychiatric care
- Rehabilitation
- Palliative care

In total, 20 acute care hospitals in the province (11 within Horizon and 9 within Vitalité) had patients who met the selection criteria and were captured in the survey. Because some hospitals do not have surgical, medical or maternity patients, they did not have any eligible patients for this survey.

KEY POINTS



Conducted every 3 years since 2010



It was sent to 14,272 eligible patients



11 acute care hospitals within Horizon participated



The 2019 edition is the fourth edition

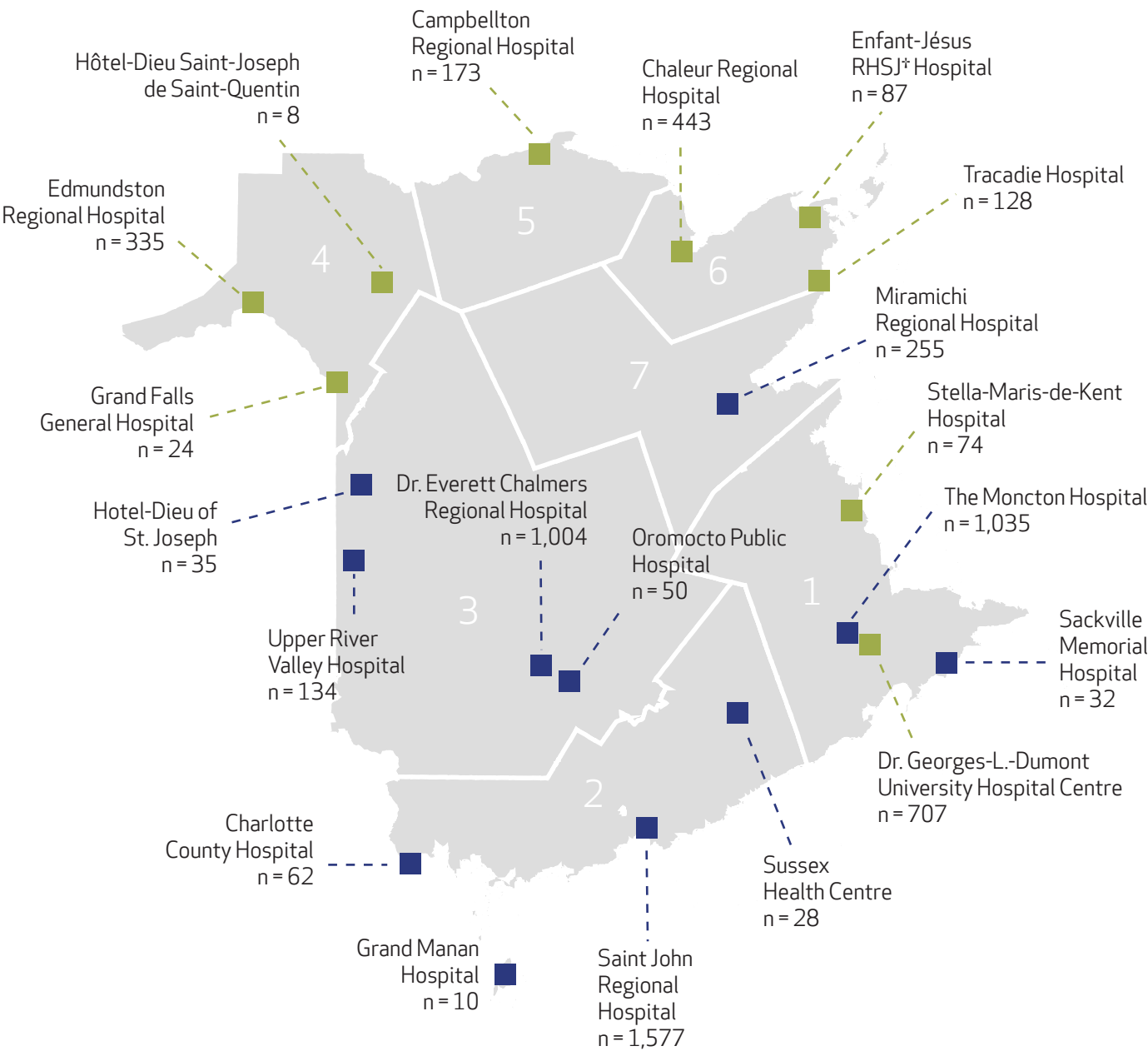


6,201 (43%) patients responded



9 acute care hospitals within Vitalité participated

RESPONDENTS, BY RHA AND HOSPITAL



	Number of respondents
Horizon Health Network	4,222
Vitalité Health Network	1,979
Total	6,201

KEY FINDINGS

NO IMPROVEMENTS FROM 2016 TO 2019 FOR SEVERAL KEY AREAS OF HOSPITAL PATIENT CARE EXPERIENCE

In the 2016 edition of our New Brunswick Hospital Patient Care Experience Survey, 16 key indicators of the quality of hospital services were reported, taken from the 56 patient care experience indicators that were measured. When we compared the provincial results of our survey between 2016 and 2019 (which measured the same 56 indicators), the most striking

observation was that none of the 16 key indicators had improved. There were also no improvements for these key indicators between 2016 and 2019 for overall survey results under each of the province's two regional health authorities (RHAs), Horizon and Vitalité.



Key patient care experience indicators and differences between 2016 and 2019

N.B. Horizon Health Network Vitalité Health Network

Patients who always received services in preferred language			
...when English is preferred	⊖	⊖	⊖
...when French is preferred	▼	⊖	⊖
Patients completely informed about admission process			
...when admitted through ER	⊖	⊖	▼
...when admission is planned or through means other than ER	⊖	⊖	⊖
Communication			
...with nurses	⊖	⊖	⊖
...with doctors	⊖	⊖	⊖
...about medications	⊖	⊖	⊖
Patients who said there was always good communication among staff about their care	⊖	⊖	⊖
Staff responded quickly to call button and in helping patients get to the bathroom	⊖	⊖	⊖
Pain control	⊖	⊖	⊖
Patients who said room and bathroom were always clean	⊖	⊖	⊖
Patients completely informed about what to do if worried after discharge	⊖	⊖	⊖
Patients who said they were harmed due to a medical error or mistake	⊖	⊖	⊖
Patients who said hospital definitely took their safety seriously	⊖	⊖	▼
Patients who rated hospital favourably	⊖	⊖	⊖
Patients who felt helped by hospital stay	⊖	⊖	⊖

Change (between 2016 and 2019) based on statistically significant differences at a 95% level of confidence:

⊖ = No change

▼ = Unfavourable change

▲ = Favourable change

UNFAVOURABLE CHANGES FROM 2016 TO 2019

NEW BRUNSWICK

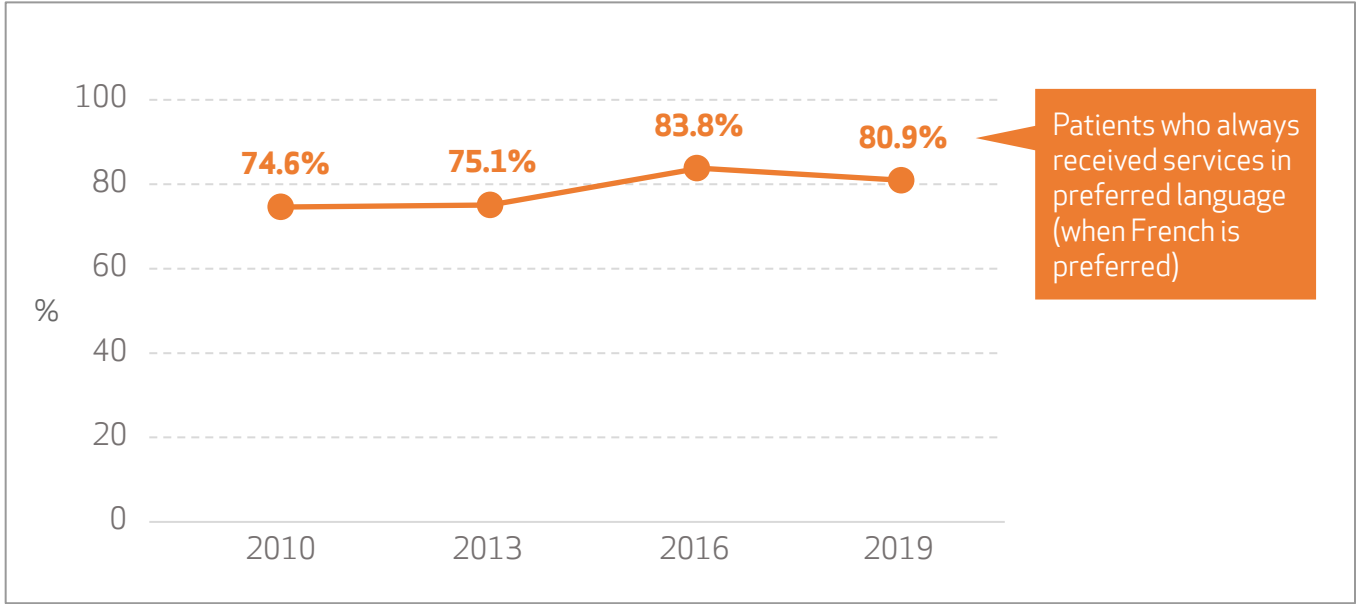
One key indicator saw an unfavourable change* between 2016 and 2019: *Patients who always received services in preferred language (when French is preferred)*. Among patients who preferred to receive services in French, 80.9% reported that they always received services in the language of their choice, compared to 83.8% in the 2016 edition of the survey.

For those who may wonder why this indicator has been flagged as an “unfavourable change” while neither RHA has received a similar flag, the explanation is simple. While both RHAs show different results for this indicator from 2016 to 2019, neither difference is large enough to be

considered statistically significant (i.e. difference large enough that it is unlikely to have been caused by random sampling). When analysing and pooling all the responses from NB patients, the difference in results between the two editions is large enough to be considered statistically significant at the provincial level. Given this, it is important to recognize the opportunity available to both RHAs to review their linguistic efforts and avoid a decline that would be statistically significant for their organization.

More information and results for this indicator are available in Appendix B.

FIGURE 1. Indicator that saw an unfavourable change* between 2016 and 2019 (New Brunswick)

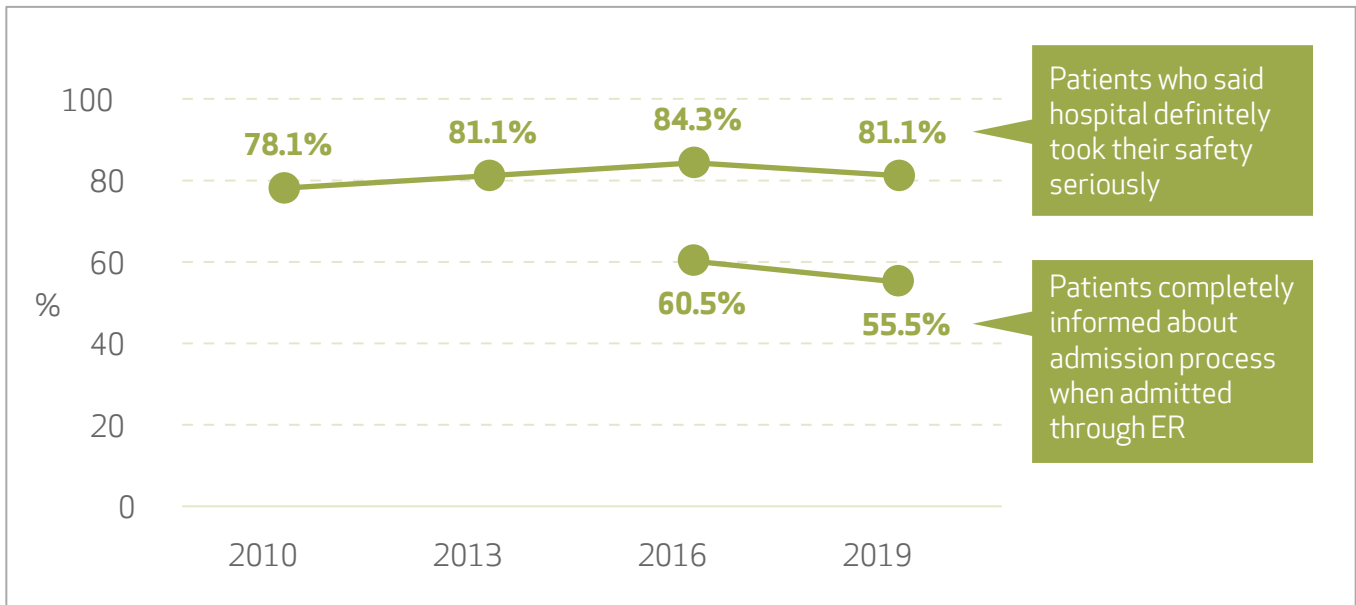


*based on statistically significant differences at a 95% level of confidence

VITALITÉ HEALTH NETWORK

While none of the 16 key indicators have improved, the following two indicators saw an unfavourable change* between 2016 and 2019:

FIGURE 2. Indicators that saw an unfavourable change between 2016 and 2019 (Vitalité Health Network)



HORIZON HEALTH NETWORK

All 16 key indicators are unchanged* from 2016 to 2019.

More results for Vitalité and Horizon are available on pages 18-23.

*based on statistically significant differences at a 95% level of confidence

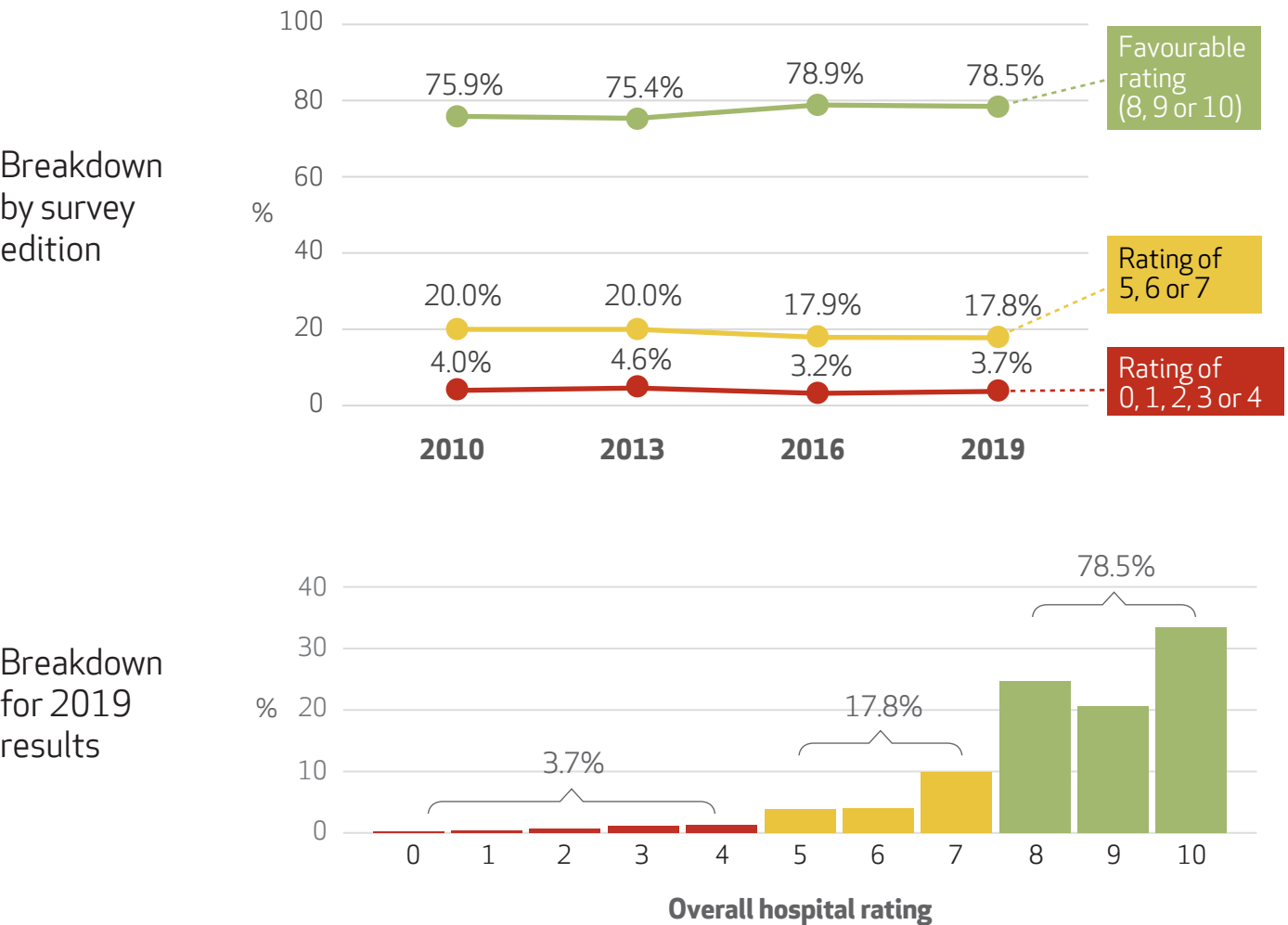
OVERALL HOSPITAL RATING HAS NOT IMPROVED FROM 2016 TO 2019

The overall hospital rating is an important measure of patient satisfaction because it includes all experiences of care provided during a hospital stay, from admission to discharge. This performance indicator is the percentage of patients who gave an overall rating of 8, 9 or 10 to the following question: *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?

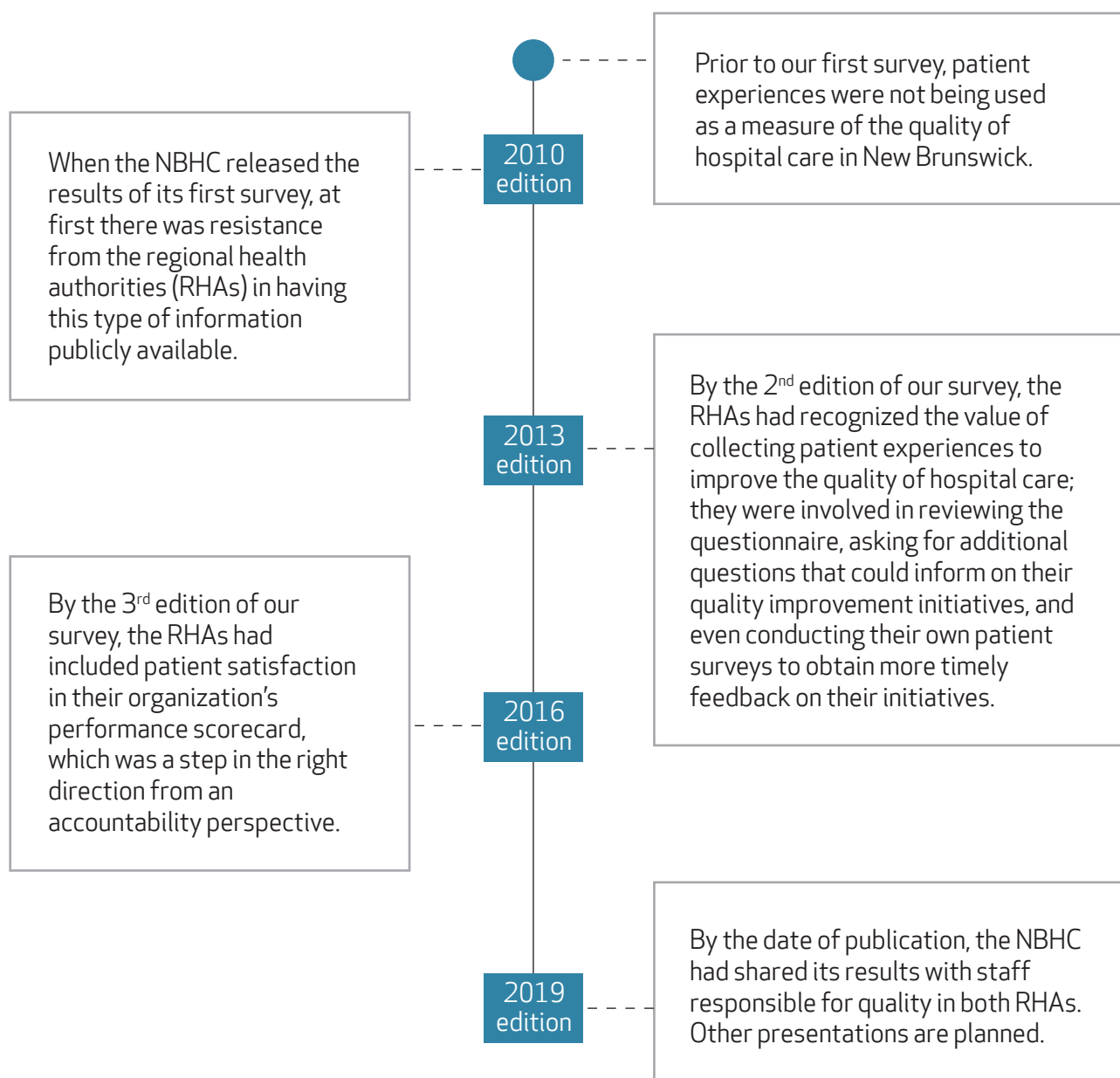
In 2019, 78.5% of New Brunswickers rated their hospital favourably, compared to 78.9% in the 2016 edition of the survey.

FIGURE 3. Overall hospital rating (New Brunswick results)



10 YEARS OF CONDUCTING PATIENT CARE EXPERIENCE SURVEYS

Measuring and monitoring satisfaction with health services is part of our mandate. Since the first edition of our hospital patient care experience survey in 2010, we have been reporting survey results for all New Brunswick hospitals that provide acute care services. There have been several changes during this 10-year period.



In 2019, the results of the 4th edition of our survey provide us with an opportunity to look back and share some observations on what we have learned over the last 10 years.

- Overall, only modest improvements have been observed in the last 10 years. If we stay on the same path, there will still be at least 1 in 5 patients who will not have a positive hospital experience 10 years from now.
- Establishing performance targets does not automatically lead to improvements. With several health system leadership changes in a short time or a weak accountability structure there is a tendency toward an environment that is not conducive to sustaining a constant focus that can drive meaningful improvements in the quality of care. The optimal solution is a strong and consistent accountability structure and public transparency that supports the use of targets.
- With growing cynicism and discontent from patients who believe that nothing is being done to improve hospital services, there is a need for regional health authorities to shift towards a higher level of performance management while publicly and transparently reporting their efforts with respect to improving patient experiences.

RECOGNIZING THE IMPORTANCE OF LOCAL RESULTS

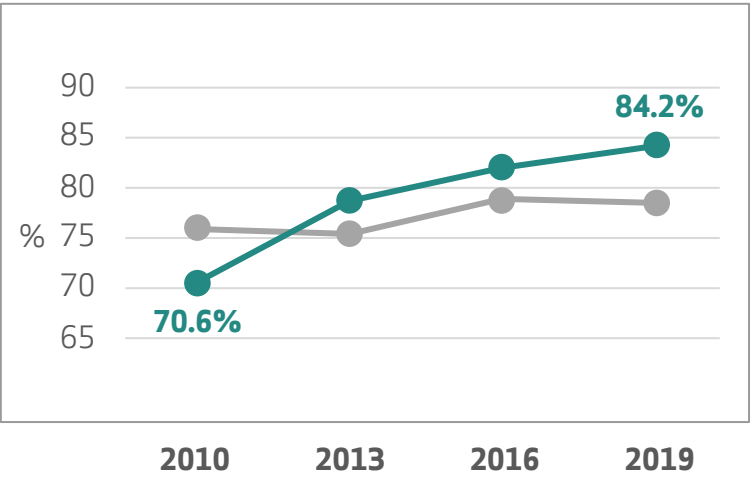
Improving the quality of care means looking at the results of individual hospitals. From an overall performance perspective, our survey results can be used to identify hospitals that have produced favourable results compared to the provincial average. Regional health authorities can learn from hospitals that have consistently performed better with respect to patient experiences.

From a quality improvement perspective, while the provincial picture is showing modest improvements in *Favourable hospital rating* over the last 10 years, the Chaleur Regional Hospital in Bathurst is an example of a significant improvement over the same 10-year period. The Chaleur Regional Hospital has seen the largest increase in *Favourable hospital rating* among medium and large hospitals in the province (from 70.6% in 2010 to 84.2% in 2019).

FIGURE 4. Favourable hospital rating (8, 9 or 10 out of 10)

Chaleur Regional Hospital has seen significant improvement over the past 10 years

- Chaleur Regional Hospital
- New Brunswick



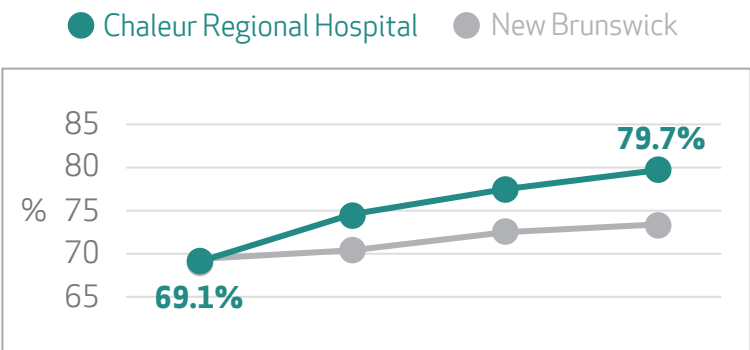
The last 10 years at Chaleur Regional Hospital have also shown improvement in *Communication with nurses*, *Responsiveness of staff* and *Patients who said hospital definitely took their safety seriously*. These indicators are some of the areas of care that have the greatest influence on improving overall hospital rating.

When the same survey questions are used for all participating hospitals and results can be compared over time, regional health authorities can identify areas of the quality of care where improvements have occurred, and examine whether this has occurred by chance, or whether there was a focus to improve in these specific areas. We can learn from hospitals such as Chaleur Regional Hospital and others to improve the quality of health services elsewhere.

FIGURE 5. Other indicators where Chaleur Regional Hospital has shown improvement compared to the New Brunswick average

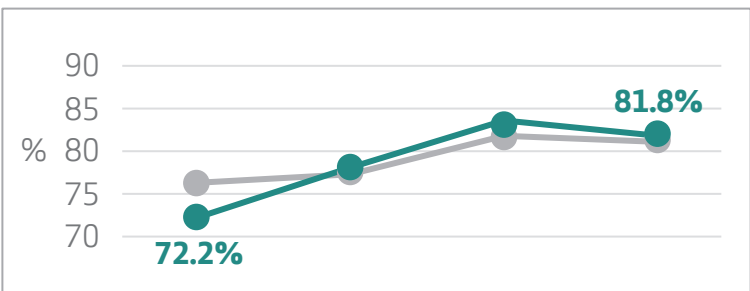
Communication with nurses

This survey result is based on a combination of responses to three questions: how often nurses treated patients with courtesy and respect, listened carefully to them and explained things in a way that was easy to understand.



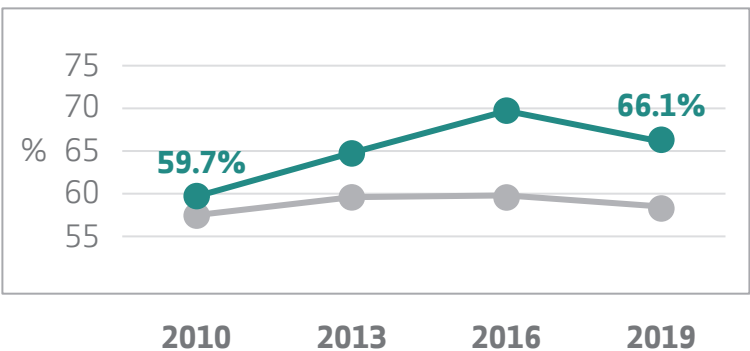
Hospital safety

This survey result represents the percentage of patients who felt that the hospital definitely took their safety seriously.



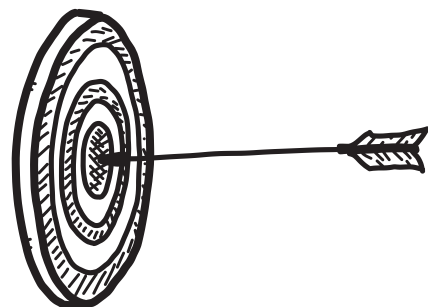
Responsiveness of staff

This survey result is based on a combination of responses to two questions: how often staff responded quickly when the patient pressed the call button and how often staff responded quickly when the patient needed help in getting to the bathroom or in using a bedpan.



HOW CAN WE IMPROVE PATIENT CARE EXPERIENCES?

The Minister of Health can establish performance targets for patient care experiences, developed in consultation with the Regional Health Authorities



New Brunswick's Regional Health Authorities Act states that "the Minister may establish performance targets for a regional health authority" with respect to financial management, access to health services, satisfactory patient outcomes, and patient satisfaction. Citizens expect a high quality of care from their health system, but services and outcomes without performance targets make it difficult for citizens to form reasonable expectations and to understand whether these expectations are being met by hospitals and RHAs.

The New Brunswick Hospital Patient Care Experience Survey was designed to engage citizens in the improvement of hospital services, but it is currently not being used to its full potential by the provincial health system. Out of all publicly funded health services in New Brunswick, acute care hospitals now have access to the most extensive data on patient experience which could be used to transform some existing benchmarks into formal performance targets:

- Trendable data collected over the last 10 years
- Comparable data between all acute care hospitals in the province
- Comparable data recently available from hospitals in other Canadian provinces*

All public reporting on patient experience will be stronger when effective performance management is combined to the establishment of performance targets. Instead of simply comparing survey results to previous editions of the survey or to other provinces, we would be informing New Brunswickers on whether or not their hospitals are providing a high quality of care as well as track any progress or improvement in meeting targets.

Significant changes to the delivery or management of health care services should always be accompanied with performance targets to measure whether the changes have met their objectives or not. If health care reforms related to hospitals are on the way in New Brunswick, and performance targets are not

* <https://www.cihi.ca/en/patient-experience>

developed, how will we know if these changes will have a positive or negative impact on the quality of hospital care?

Beyond the use of the overall patient satisfaction indicator by regional health authorities, the Minister of Health can instruct the Department of Health and the RHAs to develop performance targets for

additional patient care experience indicators. In Appendix C, we provide examples of patient care experience indicators that could have targets communicated by the Minister to serve as priorities for the quality of care at acute care hospitals.

The targets need to be supported with a strong accountability structure reflecting the different roles of the Department of Health and the regional health authorities

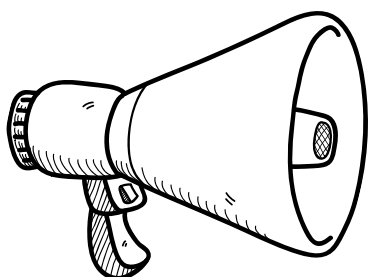


While targets can support planning and working toward improvement, targets alone are often not sufficient. There needs to be more than creating scorecards and writing down targets. A strong accountability structure must support the targets and make the results available publicly. There are opportunities for increased accountability for both the Department of health and the regional health authorities.

The Department of Health has set accountability targets for the delivery of the Extra-Mural program (EMP) that are tied to the agreement signed with Medavie Health Services NB (MHSNB) in January 2018, to manage the EMP. An example is the performance target of 95% for overall EMP

satisfaction among clients who answer our home care experience survey. This was a first step in putting citizens' experiences at the forefront of public accountability and transparency.

If funding continues for hospital services without creating public and transparent performance targets for patient care experiences and effective accountability, there is a missed opportunity to show New Brunswickers how spending in health care is an investment in improved health service quality.



THE IMPORTANCE OF BEING INFORMED

We are very fortunate that New Brunswickers have taken the time to complete our surveys over the last 10 years. In fact, when we conducted the 2016 edition of the survey, New Brunswick had the highest response rate (47%) among provinces that conduct similar surveys. Other provinces that conducted acute care surveys between 2016 and 2018 include Ontario (38%), British Columbia (38%), Manitoba (35%) and Alberta (26%). However, our survey response rates are declining over time, and this leads us to believe that citizens are questioning whether or not the regional health authorities are using these survey results to improve patient experiences.

Citizens have a right to be cynical if we stay on the same path; when citizens and patients are not being adequately informed on what is being done to improve hospital services, they can question why they should take the time to fill out a survey about their experiences with these services. Comments received

during the data collection for the 2019 edition of our survey indicate that a number of New Brunswickers are already demonstrating cynicism and discontent.

The establishment of performance targets and a strong accountability framework for all parts of the health system can support the efforts of regional health authorities to succeed in improving patient care experiences. Combined with increased transparency and effort to inform the public and their staff on these successes creates an opportunity to show New Brunswickers that:

- Decisions in improving health services are being made based on their experiences
- Completing a survey on health services is well worth their time and engagement
- Accountability and transparency is at the forefront of health services delivery

	Patients who <i>always</i> received services in preferred language								Number of responses by language preference (2019)	
	when English is preferred				when French is preferred				English	French
	2010 %	2013 %	2016 %	2019 %	2010 %	2013 %	2016 %	2019 %	<i>n</i>	<i>n</i>
Horizon	94.8	93.6	95.9	96.2	28.4	28.1	42.0	35.9	3,846	231
Charlotte County	95.9	91.1	94.4	100	-	-	-	-	62	0
Dr. Everett Chalmers	96.4	94.5	97.2	96.5	0.0	0.0	25.9	22.7	955	22
Grand Manan	100	100	100	100	-	-	-	-	10	0
Hotel-Dieu of St. Joseph	93.2	81.8	94.4	93.9	-	-	-	-	33	0
Miramichi	93.8	93.7	94.0	94.7	21.3	30.0	31.0	23.7	209	38
Moncton	93.4	90.8	94.2	94.8	29.5	34.6	42.0	34.6	892	104
Oromocto	98.3	91.7	100	89.4	-	-	-	-	47	0
Sackville	93.6	90.7	96.8	96.2	-	-	-	-	26	3
Saint John Regional	94.8	95.8	96.2	96.9	40.4	28.9	56.9	48.4	1,461	64
Sussex	87.9	100	96.9	96.2	-	-	-	-	26	0
Upper River Valley	96.7	91.5	96.6	98.4	-	-	-	-	125	0
Vitalité	72.2	77.1	80.1	81.4	81.4	83.7	90.5	89.1	662	1,253
Campbellton	65.0	72.8	73.1	79.3	58.3	62.0	80.0	69.0	82	84
Chaleur	69.7	78.6	78.8	80.3	73.5	76.9	83.8	85.3	142	278
Dr. Georges-L. Dumont	76.0	80.6	81.5	83.2	87.1	88.4	92.8	93.5	340	352
Edmundston	76.5	52.2	81.0	75.0	90.2	87.9	94.0	94.0	40	282
Enfant-Jésus	n/a	71.4	-	-	n/a	90.2	92.2	90.2	4	82
Grand Falls	66.7	87.5	88.9	77.8	86.2	77.8	94.1	78.6	9	14
Saint-Quentin	-	-	-	-	90.6	89.5	100	100	0	8
Stella-Maris-de-Kent	100	85.0	89.2	80.6	-	92.3	92.2	90.2	31	41
Tracadie	71.4	50.0	85.7	85.7	83.8	84.6	93.7	87.5	14	112
N.B. average	91.0	91.2	93.5	94.0	74.6	75.1	83.8	80.9 ▼	4,508	1,484

Symbols indicate statistically significant differences at a 95% level of confidence:

■ = Unfavourable result compared to N.B. average

■ = Favourable result compared to N.B. average

▲▼ = Unfavourable change from 2016 to 2019

▲▼ = Favourable change from 2016 to 2019

n/a data not available

- sample size too small to report

**Patients *completely* informed
about admission process**

Number of
responses
by type of
admission
(2019)

	when admitted through ER				when admission is planned or through other means					
	2010	2013	2016	2019	2010	2013	2016	2019	ER	Other
	%	%	%	%	%	%	%	%	<i>n</i>	<i>n</i>
Horizon	n/a	n/a	40.0	40.5	n/a	n/a	62.9	63.5	2,115	1,813
Charlotte County	n/a	n/a	41.7	44.0	n/a	n/a	46.2	16.7	50	6
Dr. Everett Chalmers	n/a	n/a	38.3	38.0	n/a	n/a	60.7	63.3	519	417
Grand Manan	n/a	n/a	50.0	88.9	n/a	n/a	-	-	9	0
Hotel-Dieu of St. Joseph	n/a	n/a	40.5	54.8	n/a	n/a	-	-	31	2
Miramichi	n/a	n/a	50.0	48.1	n/a	n/a	72.5	58.0	154	88
Moncton	n/a	n/a	40.5	39.0	n/a	n/a	65.4	63.4	497	481
Oromocto	n/a	n/a	43.8	20.0	n/a	n/a	33.3	45.0	25	20
Sackville	n/a	n/a	40.0	46.2	n/a	n/a	-	-	26	3
Saint John Regional	n/a	n/a	36.5	41.4	n/a	n/a	62.9	65.7	681	766
Sussex	n/a	n/a	44.0	40.0	n/a	n/a	50.0	-	20	5
Upper River Valley	n/a	n/a	45.0	36.9	n/a	n/a	47.2	64.0	103	25
Vitalité	n/a	n/a	60.5	55.5 ▼	n/a	n/a	64.5	67.0	1,165	651
Campbellton	n/a	n/a	52.6	42.7	n/a	n/a	68.6	60.5	117	43
Chaleur	n/a	n/a	58.9	53.2	n/a	n/a	62.5	69.3	218	192
Dr. Georges-L. Dumont	n/a	n/a	61.6	50.7 ▼	n/a	n/a	64.5	64.9	351	296
Edmundston	n/a	n/a	61.3	65.0	n/a	n/a	67.0	72.3	203	101
Enfant-Jésus	n/a	n/a	66.7	71.6	n/a	n/a	-	-	74	5
Grand Falls	n/a	n/a	76.0	42.9	n/a	n/a	-	-	21	1
Saint-Quentin	n/a	n/a	66.7	66.7	n/a	n/a	-	-	6	2
Stella-Maris-de-Kent	n/a	n/a	56.8	57.4	n/a	n/a	55.6	-	61	4
Tracadie	n/a	n/a	62.0	60.5	n/a	n/a	-	57.1	114	7
N.B. average	n/a	n/a	47.3	45.8	n/a	n/a	63.3	64.4	3,280	2,464

Symbols indicate statistically significant differences at a 95% level of confidence:

■ = Unfavourable result compared to N.B. average

■ = Favourable result compared to N.B. average

▲▼ = Unfavourable change from 2016 to 2019

▲▼ = Favourable change from 2016 to 2019

n/a = data not available

- = sample size too small to report

	Communication with nurses (Combination of three questions)				Communication with doctors (Combination of three questions)				Communication about medications (Combination of two questions)			
	2010	2013	2016	2019	2010	2013	2016	2019	2010	2013	2016	2019
	%	%	%	%	%	%	%	%	%	%	%	%
Horizon	68.7	68.4	70.5	71.8	77.6	79.8	78.8	78.5	53.0	54.1	52.6	54.6
Charlotte County	63.9	64.1	67.5	72.0	70.0	73.7	67.4	76.3	49.2	54.5	50.7	48.5
Dr. Everett Chalmers	70.8	68.0	72.2	72.3	79.4	82.4	80.6	78.3	57.2	55.0	52.3	55.6
Grand Manan	75.0	73.8	94.4	90.0	80.4	87.2	100	76.7 ▼	62.5	75.0	83.3	75.0
Hotel-Dieu of St. Joseph	69.4	70.6	69.6	69.9	76.2	83.8	82.3	75.7	56.5	51.9	47.9	48.6
Miramichi	72.5	72.8	78.1	76.0	74.7	80.6	80.8	80.8	55.8	61.2	54.3	62.1
Moncton	68.2	69.5	70.3	71.7	79.2	78.9	79.8	80.4	52.3	52.2	52.6	53.9
Oromocto	64.2	54.6	67.4	72.0	67.0	79.9	77.3	78.0	53.4	41.4	48.9	38.2
Sackville	67.3	73.1	66.7	76.0	77.0	74.0	70.4	86.5 ▲	51.0	44.4	46.7	62.5
Saint John Regional	67.5	67.7	68.6	71.9 ▲	77.7	79.1	77.7	78.3	49.3	54.5	52.9	54.8
Sussex	70.2	69.6	64.7	58.3	76.0	72.1	63.0	69.0	47.1	50.0	55.3	52.9
Upper River Valley	62.0	62.1	66.0	62.0	71.8	74.6	75.0	65.1 ▼	50.4	47.5	50.7	44.2
Vitalité	70.5	74.6	76.7	76.7	80.1	81.1	82.6	82.2	51.2	56.0	55.2	56.7
Campbellton	69.9	72.3	70.7	66.0	71.3	79.7	74.3	73.7	48.5	46.1	51.9	48.9
Chaleur	69.1	74.6	77.5	79.7	81.0	80.7	83.2	84.1	50.9	57.7	56.0	61.7
Dr. Georges-L. Dumont	70.9	74.1	76.1	75.8	81.8	82.3	84.2	83.9	51.4	57.4	54.1	55.6
Edmundston	70.7	72.9	76.6	78.7	80.6	80.8	82.2	81.9	47.6	54.5	54.1	55.6
Enfant-Jésus	n/a	86.2	84.0	84.9	n/a	84.7	83.6	87.4	n/a	65.1	66.7	61.3
Grand Falls	70.8	65.7	83.3	72.2	75.9	70.2	86.7	72.2	59.6	50.0	47.2	52.6
Saint-Quentin	79.8	82.3	88.0	95.8	93.7	90.0	81.3	91.7	66.7	50.0	50.0	66.7
Stella-Maris-de-Kent	83.3	78.4	77.8	77.8	90.5	84.6	84.4	85.0	83.3	48.9	67.1	58.1
Tracadie	71.3	76.8	80.3	73.4	80.3	76.8	81.3	75.5	56.0	66.7	62.0	58.8
N.B. average	69.4	70.4	72.5	73.4	78.5	80.2	80.0	79.7	52.4	54.7	53.4	55.2

Symbols indicate statistically significant differences at a 95% level of confidence:

■ = Unfavourable result compared to N.B. average

■ = Favourable result compared to N.B. average

▲▼ = Unfavourable change from 2016 to 2019

▲▼ = Favourable change from 2016 to 2019

n/a data not available

- sample size too small to report

	Patients who said there was <i>always</i> good communication among staff about their care				Staff responded quickly to call button and in helping patients get to the bathroom (Combination of two questions)				Pain control (Combination of two questions)			
	2010	2013	2016	2019	2010	2013	2016	2019	2010	2013	2016	2019
	%	%	%	%	%	%	%	%	%	%	%	%
Horizon	n/a	n/a	57.6	59.8	54.7	56.2	56.8	55.1	62.2	62.3	66.4	67.9
Charlotte County	n/a	n/a	53.3	63.3	43.8	56.4	54.8	56.5	51.2	56.0	55.6	62.0
Dr. Everett Chalmers	n/a	n/a	55.6	57.0	55.2	55.1	54.7	52.4	64.9	64.8	69.6	70.0
Grand Manan	n/a	n/a	100	100	66.7	70.0	88.9	64.3	50.0	77.8	90.0	78.6
Hotel-Dieu of St. Joseph	n/a	n/a	63.4	65.7	64.3	66.0	59.3	64.4	58.2	71.7	54.3	58.0
Miramichi	n/a	n/a	64.9	61.6	56.5	67.1	66.7	64.3	60.5	64.5	71.0	68.5
Moncton	n/a	n/a	59.3	57.9	57.0	58.3	60.1	55.8	65.3	60.5	67.2	66.8
Oromocto	n/a	n/a	58.5	58.3	61.0	44.4	48.1	47.0	56.9	63.6	53.3	62.3
Sackville	n/a	n/a	54.5	62.5	52.9	63.0	53.5	66.7	56.3	54.1	60.5	71.1
Saint John Regional	n/a	n/a	56.8	62.8 ▲	52.0	52.2	54.3	55.5	59.8	61.9	64.4	68.0
Sussex	n/a	n/a	62.5	64.0	52.2	56.7	65.4	50.0	57.9	54.2	51.2	65.9
Upper River Valley	n/a	n/a	52.0	49.2	50.3	58.0	54.8	43.4	57.2	53.2	58.4	62.5
Vitalité	n/a	n/a	65.0	62.1	62.3	66.1	65.9	65.3	66.7	68.8	69.8	70.5
Campbellton	n/a	n/a	54.6	46.2	57.4	64.1	65.0	56.7	62.8	68.6	63.5	68.5
Chaleur	n/a	n/a	68.1	64.2	59.7	64.8	69.7	66.1	66.0	71.9	70.4	77.4
Dr. Georges-L. Dumont	n/a	n/a	63.7	63.5	60.8	67.0	65.8	62.2	68.7	70.5	68.8	67.0
Edmundston	n/a	n/a	61.2	61.9	67.7	65.4	61.2	71.8 ▲	65.8	62.8	72.4	72.7
Enfant-Jésus	n/a	n/a	72.7	69.0	n/a	84.3	73.8	78.8	n/a	79.5	80.2	72.8
Grand Falls	n/a	n/a	86.7	62.5	75.0	59.2	67.4	62.2	65.6	60.0	77.8	60.7
Saint-Quentin	n/a	n/a	75.0	62.5	69.8	76.9	69.2	77.8	61.1	75.0	57.7	80.0
Stella-Maris-de-Kent	n/a	n/a	78.9	67.1	68.4	56.9	59.2	61.9	87.5	68.0	75.0	69.2
Tracadie	n/a	n/a	70.9	61.3	65.2	63.7	68.5	66.5	68.1	60.6	69.1	60.8
N.B. average	n/a	n/a	60.0	60.5	57.5	59.6	59.8	58.5	63.8	64.4	67.5	68.7

Symbols indicate statistically significant differences at a 95% level of confidence:

■ = Unfavourable result compared to N.B. average

■ = Favourable result compared to N.B. average

▲▼ = Unfavourable change from 2016 to 2019

▲▼ = Favourable change from 2016 to 2019

n/a data not available

- sample size too small to report

	Patients who said room and bathroom were <i>always</i> clean				Patients <i>completely</i> informed about what to do if worried after discharge				Patients who said they were harmed due to an error			
	2010	2013	2016	2019	2010	2013	2016	2019	2010	2013	2016	2019
	%	%	%	%	%	%	%	%	%	%	%	%
Horizon	59.5	51.7	49.7	48.3	n/a	n/a	58.7	58.2	4.4	4.9	4.7	5.0
Charlotte County	68.9	67.3	60.8	63.3	n/a	n/a	53.6	58.6	0.0	0.0	--	-
Dr. Everett Chalmers	56.6	45.3	52.5	49.5	n/a	n/a	58.0	55.1	4.9	4.6	4.7	4.6
Grand Manan	75.0	69.2	83.3	100	n/a	n/a	66.7	66.7	--	0.0	0.0	-
Hotel-Dieu of St. Joseph	84.2	80.4	64.3	77.1	n/a	n/a	55.0	59.4	--	0.0	--	0.0
Miramichi	68.2	65.0	61.6	60.1	n/a	n/a	60.9	60.5	4.8	4.4	4.1	6.0
Moncton	48.3	46.4	39.7	38.6	n/a	n/a	60.1	58.0	4.2	5.3	4.7	5.6
Oromocto	74.1	46.8	69.8	64.0	n/a	n/a	50.0	57.8	--	--	--	-
Sackville	70.0	72.1	50.0	65.6	n/a	n/a	40.6	61.3	--	--	--	-
Saint John Regional	62.9	51.2	47.4	48.4	n/a	n/a	59.5	60.1	4.4	5.5	5.0	4.7
Sussex	78.8	82.6	81.8	55.6	n/a	n/a	53.1	47.8	--	--	--	0.0
Upper River Valley	74.6	84.1	66.3	60.6	n/a	n/a	52.0	56.5	7.0	--	3.8	5.7
Vitalité	59.9	56.4	55.8	55.0	n/a	n/a	70.3	67.8	6.4	5.5	5.8	5.6
Campbellton	66.4	62.3	52.5	42.1	n/a	n/a	67.0	62.8	4.6	4.6	9.8	5.9
Chaleur	59.7	59.0	63.0	62.2	n/a	n/a	71.1	70.5	7.9	3.5	4.5	4.7
Dr. Georges-L. Dumont	51.3	48.5	50.0	53.0	n/a	n/a	70.9	67.2	5.4	7.0	5.5	5.9
Edmundston	66.1	63.6	56.6	56.4	n/a	n/a	69.7	69.7	7.9	5.0	8.8	5.1
Enfant-Jésus	n/a	63.2	66.7	59.7	n/a	n/a	70.1	72.3	n/a	--	--	7.6
Grand Falls	63.8	61.8	73.3	47.8	n/a	n/a	67.9	39.1	--	--	0.0	-
Saint-Quentin	77.4	68.4	72.0	100 ▲	n/a	n/a	73.9	75.0	--	0.0	0.0	0.0
Stella-Maris-de-Kent	84.6	59.1	62.7	56.5	n/a	n/a	71.6	69.1	0.0	--	--	-
Tracadie	66.7	55.4	57.4	49.2	n/a	n/a	69.0	65.1	6.6	7.4	--	6.9
N.B. average	59.6	53.2	51.7	50.4	n/a	n/a	62.4	61.3	5.1	5.1	5.0	5.2

Symbols indicate statistically significant differences at a 95% level of confidence:

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■ = Favourable result compared to N.B. average

▲▼ = Unfavourable change from 2016 to 2019

▲▼ = Favourable change from 2016 to 2019

n/a data not available

- sample size too small to report

	Patients who said hospital <i>definitely</i> took their safety seriously				Patients who rated hospital favourably (8,9 or 10 out of 10)				Patients who felt helped by hospital stay (8,9 or 10 out of 10)			
	2010	2013	2016	2019	2010	2013	2016	2019	2010	2013	2016	2019
	%	%	%	%	%	%	%	%	%	%	%	%
Horizon	75.3	75.5	80.6	81.2	75.7	74.2	77.2	77.6	n/a	n/a	85.3	86.1
Charlotte County	67.6	65.4	71.8	88.5	68.1	73.6	86.3	86.2	n/a	n/a	85.9	88.7
Dr. Everett Chalmers	74.0	75.1	82.3	80.4	75.5	71.4	76.7	76.7	n/a	n/a	86.6	85.4
Grand Manan	73.3	92.3	100	100	75.0	100	100	100	n/a	n/a	100	100
Hotel-Dieu of St. Joseph	79.7	84.8	78.0	81.8	81.0	80.4	78.6	81.3	n/a	n/a	85.4	93.8
Miramichi	75.5	79.4	80.6	78.9	76.5	77.6	85.6	81.5	n/a	n/a	88.2	85.8
Moncton	74.7	77.1	80.7	79.8	75.6	75.2	78.2	74.6	n/a	n/a	85.0	86.0
Oromocto	75.9	72.9	82.9	78.7	70.7	53.2	82.9	73.5	n/a	n/a	82.5	82.6
Sackville	82.7	69.0	78.1	93.3	82.0	75.6	87.5	96.9	n/a	n/a	83.9	93.5
Saint John Regional	76.7	74.0	79.7	82.6	76.6	74.6	74.2	79.3 ▲	n/a	n/a	84.5	87.0
Sussex	82.4	82.6	84.4	84.0	80.0	73.9	80.0	81.5	n/a	n/a	87.5	84.0
Upper River Valley	75.4	73.0	80.3	76.6	69.0	81.0	75.6	69.2	n/a	n/a	80.9	76.4
Vitalité	78.1	81.1	84.3	81.1 ▼	76.4	77.8	82.5	80.7	n/a	n/a	87.3	87.5
Campbellton	73.7	75.9	74.7	67.7	74.8	75.3	75.0	63.0	n/a	n/a	78.2	78.3
Chaleur	72.2	78.1	83.6	81.8	70.6	78.7	82.0	84.2	n/a	n/a	88.6	88.4
Dr. Georges-L. Dumont	81.4	82.4	85.5	82.1	78.8	74.7	82.8	81.2	n/a	n/a	89.6	89.9
Edmundston	81.3	85.0	83.1	84.3	83.2	84.4	84.2	85.4	n/a	n/a	87.7	88.3
Enfant-Jésus	n/a	84.4	95.5	87.2	n/a	86.4	86.2	87.5	n/a	n/a	78.5	85.7
Grand Falls	79.6	84.8	85.2	87.0	68.8	66.7	86.7	78.3	n/a	n/a	88.9	91.3
Saint-Quentin	93.8	95.0	90.9	100	90.3	100	91.3	100	n/a	n/a	95.7	100
Stella-Maris-de-Kent	85.7	72.9	95.5	77.8 ▼	92.9	77.1	87.4	77.5	n/a	n/a	89.4	91.4
Tracadie	78.6	80.0	81.6	77.8	68.2	74.0	82.0	73.8	n/a	n/a	80.8	78.7
N.B. average	76.3	77.3	81.8	81.1	75.9	75.4	78.9	78.5	n/a	n/a	86.0	86.5

Symbols indicate statistically significant differences at a 95% level of confidence:

■ = Unfavourable result compared to N.B. average

■ = Favourable result compared to N.B. average

▲▼ = Unfavourable change from 2016 to 2019

▲▼ = Favourable change from 2016 to 2019

n/a = data not available

- = sample size too small to report

APPENDIX A

LIST OF SURVEY INDICATORS AVAILABLE

The 2019 edition of the New Brunswick Hospital Patient Care Experience Survey delivers a total of 56 indicators. Those **in bold** are the 16 key indicators presented in this report. Results for all others are available at www.nbhc.ca.

Admission to hospital - Planned admission or other means

Q24. Before coming to the hospital, did you have enough information about what was going to happen during the admission process? (% completely) - When admission is planned or through other means

Q25. Was your admission into the hospital organized? (% completely) - When admission is planned or through other means

Admission to hospital - Through emergency department

Q26. When you were in the emergency department, did you get enough information about your condition and treatment? (% completely) - When admitted through ER

Q27. Were you given enough information about what was going to happen during your admission to the hospital? (% completely) - When admitted through ER

Q28. After you knew that you needed to be admitted to a hospital bed, did you have to wait too long before getting there? (% yes) - When admitted through ER

Q29. Was your transfer from the emergency department into a hospital bed organized? (% completely) - When admitted through ER

Cleanliness

Q8. During this hospital stay, how often were your room and bathroom kept clean? (% always)

Communication about medications

Q16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? (% always)

Q17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? (% always)

Communication about medications (combination of Q16 and Q17)

Communication with doctors

Q5. During this hospital stay, how often did doctors treat you with courtesy and respect? (% always)

Q6. During this hospital stay, how often did doctors listen carefully to you? (% always)

Q7. During this hospital stay, how often did doctors explain things in a way you could understand? (% always)

Communication with doctors (combination of Q5, Q6 and Q7)

Communication with nurses

Q1. During this hospital stay, how often did nurses treat you with courtesy and respect? (% always)

Q2. During this hospital stay, how often did nurses listen carefully to you? (% always)

Q3. During this hospital stay, how often did nurses explain things in a way you could understand? (% always)

Communication with nurses (combination of Q1, Q2 and Q3)

Coordination of care

Q30. Do you feel that there was good communication about your care between doctors, nurses and other hospital staff? (% always)

Q31. How often did doctors, nurses and other hospital staff seem informed and up-to-date about your hospital care? (% always)

Q32. How often were tests and procedures done when you were told they would be done? (% always)

Cultural values

Q50. "The hospital staff took my cultural values and those of my family or caregiver into account." (% strongly agree)

Discharge and transition

Q19. 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? (% always)

Q20. 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? (% always)

Discharge and transition
(combination of Q19 and Q20)

Q37. 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? (% completely)

Q38. 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? (% completely)

Q39. When you left the hospital, did you have a better understanding of your condition than when you entered? (% completely)

Q52. Were you told what day you would likely be able to leave the hospital? (% yes)

Emotional support

Q34. Did you get the support you needed to help you with any anxieties, fears or worries you had during this hospital stay? (% always)

Food quality

Q48. How would you rate the quality of the food (how it tasted, serving temperature, variety)? (% excellent, very good or good)

Information about condition and treatment

Q33. During this hospital stay, did you get all the information you needed about your condition and treatment? (% always)

Involvement in decision making

Q35. Were you involved as much as you wanted to be in decisions about your care and treatment? (% always)

Q36. Were your family or friends involved as much as you wanted in decisions about your care and treatment? (% always)

Q51. "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." (% strongly agree)

Language of service

Q54. How often did you receive the service you needed in the official language (English or French) of your choice? (% always) - Among patients who said English was preferred language

Q54. How often did you receive the service you needed in the official language (English or French) of your choice? (% always) - Among patients who said French was preferred language

Q54. How often did you receive the service you needed in the official language (English or French) of your choice? (% always) - Regardless of preferred language

Overall satisfaction

Q21. 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? (% 8, 9 or 10)

Q22. Would you recommend this hospital to your friends and family? (% definitely yes)

Q40. 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”. (% 8, 9 or 10)

Pain control

Q13. During this hospital stay, how often was your pain well controlled? (% always)

Q14. During this hospital stay, how often did the hospital staff

do everything they could to help you with your pain? (% always)

Pain control (combination of Q13 and Q14)

Quietness

Q9. During this hospital stay, how often was the area around your room quiet at night? (% always)

Responsiveness of staff

Q4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? (% always)

Q11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? (% always)

Staff responded quickly to call button and in helping patients get to the bathroom (combination of Q4 and Q11)

Safety

Q42. Do you or your family members believe that you were harmed because of a medical error or mistake during this hospital stay? (% yes)

Q43. Do you believe that this hospital takes your safety seriously? (% yes, definitely)

Q44. 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? (% yes)

Q45. Did a staff member talk to you about patient safety? (% yes)

Q46. Did you notice staff wash or disinfect their hands before caring for you? (% yes, always)

Q47. Did staff check your identification band before giving you medicines, treatments, or tests? (% yes, always)

Visiting hours

Q49. During this hospital stay, did the visiting hours for your family/friends meet your needs? (% always)

APPENDIX B

INDICATOR HIGHLIGHT: PATIENTS WHO ALWAYS RECEIVE SERVICES IN FRENCH WHEN THIS IS THEIR PREFERRED LANGUAGE

The Official Languages Act of New Brunswick ensures that all patients have the right to receive hospital services in either French or English. In this survey, patients were asked whether they preferred to receive hospital services in English or in French, and their experience receiving services in that language.

The 2019 overall provincial results show that among patients who preferred French, 80.9% reported that they always received services in the language of their

choice, compared to 83.8% in the 2016 edition of the survey. When we break down these results by regional health authority, we see that Horizon's survey result (35.9%) is much lower than Vitalité's result (89.1%) for services received in French. Both Horizon and Vitalité have survey results that are lower in 2019 compared to 2016, and this highlights the risk that they may not be able to maintain the improvements reported since the 2010 edition of the survey.

FIGURE 6. How often did you receive the service you needed in the official language (English or French) of your choice? (Among patients who said French was preferred language)

	New Brunswick				Vitalité				Horizon			
	2010	2013	2016	2019	2010	2013	2016	2019	2010	2013	2016	2019
	a				b				b			
Always (%)	74.6	75.1	83.8	80.9	81.4	83.7	90.5	89.1	28.4	28.1	42.0	35.9
Usually (%)	15.7	14.9	8.8	12.6	13.5	12.2	6.8	8.7	30.1	29.8	21.0	33.8
Sometimes (%)	7.1	7.4	5.6	4.4	3.3	2.6	1.6	0.7	33.0	33.7	30.6	24.7
Never (%)	2.6	2.6	1.8	2.1	1.8	1.5	1.1	1.4	8.5	8.4	6.4	5.6

Based on a 95% level of confidence: **a** Difference is statistically significant
b Difference is not statistically significant

Survey results by hospital are available on page 18.

When hospital patients do not receive services in the language of their choice, this may cause language barriers that have a negative effect on the quality of health services*. As part of its mandate, the NBHC conducts care experience surveys to engage citizens in the improvement of health services. It also takes

into account the particular needs of the two official linguistic communities in the exercise of its work. In doing so, the NBHC uses an inclusive approach in ensuring that the patient's point of view remains a key component of measuring the quality of services.

* Bowen, S. "Language Barriers in Access to Health Care," 2001. [Online]. http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/2001-lang-acces/2001-lang-acces-eng.pdf

APPENDIX C

INDICATORS THAT INFORM ON THE QUALITY OF CARE

Our New Brunswick Patient Care Experience Survey produces a total of 56 indicators that can inform on the quality of care at acute care hospitals. In this appendix, we provide examples of patient care experience indicators that the province can choose when establishing performance targets.

FIGURE 7. Favourable hospital rating (8, 9 or 10 out of 10)

The favourable hospital rating is important because it provides an overall appreciation of the services received during a hospital stay, from admission to discharge.

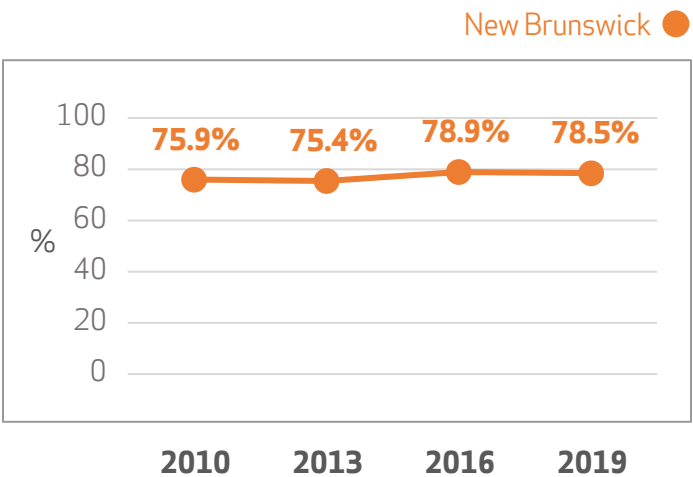


FIGURE 8. Responsiveness of staff – Call button

The responsiveness of staff when patients need help is an area of hospital care that can highly influence how patients rate their hospital stay. When hospital staff respond quickly to their needs, patients can also feel that the hospital takes their safety seriously.

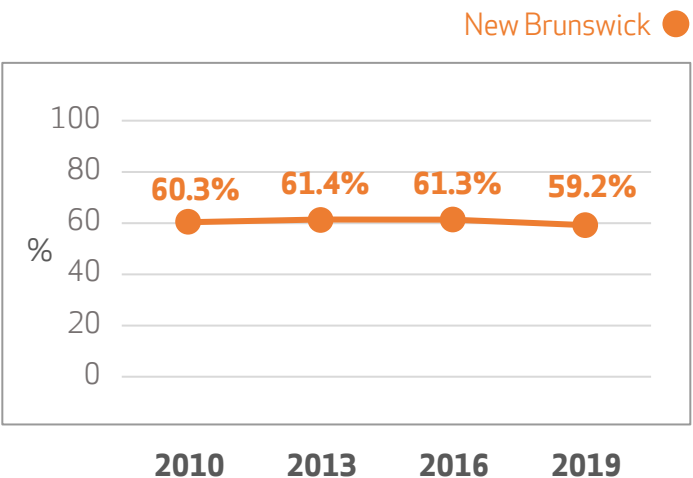


FIGURE 9. Patients who always received services in preferred language

In New Brunswick, under the Official Languages Act, all patients have the right to receive services either in French or in English. According to a review of Canadian literature, not respecting this right causes language barriers that have a negative effect on the quality of health services, the level of satisfaction of patients and staff as well as on treatment results in patients*.

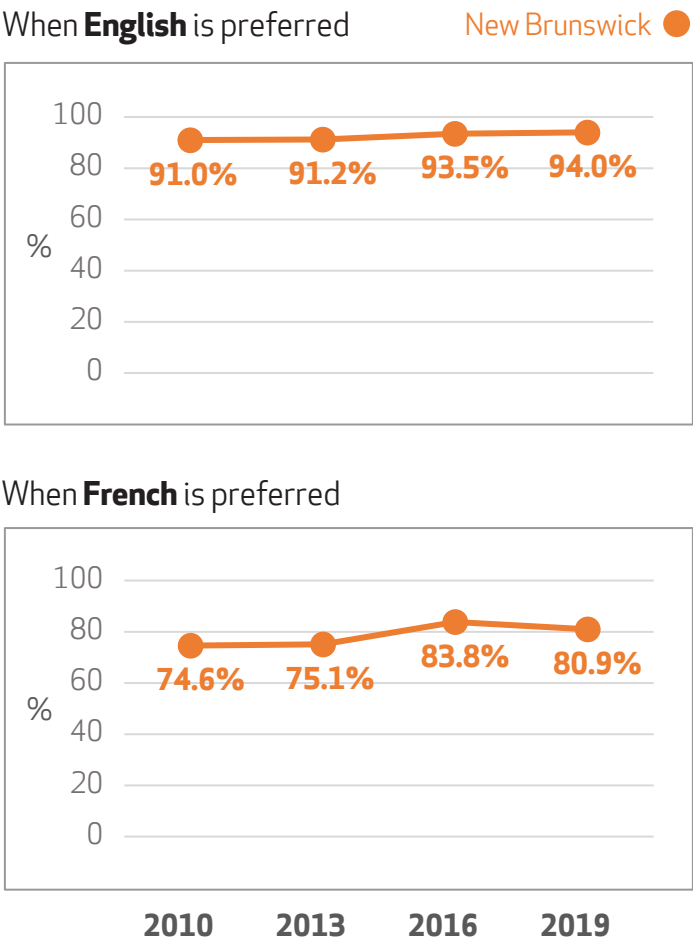
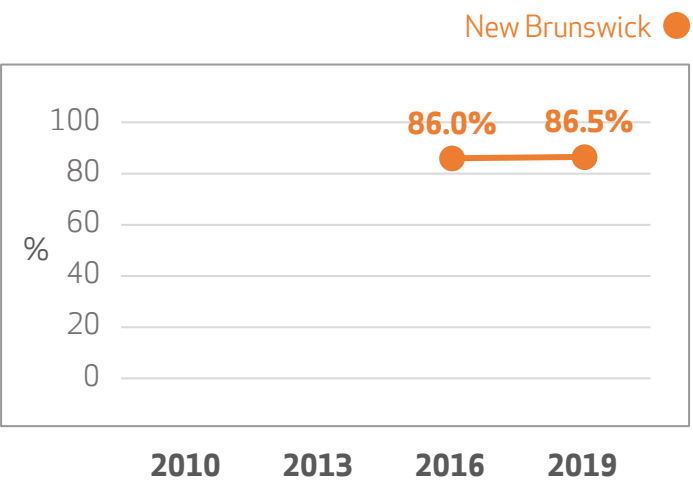


FIGURE 10. Patients who felt helped by hospital stay (8, 9 or 10 out of 10)

This performance indicator is a Patient Reported Outcome Measure** (PROM). While this is a measure of patient satisfaction that has a correlation with the overall hospital rating, it does not capture the same elements of the quality of care. This indicator informs on the outcome of a hospital stay from the patient's perspective.



* Bowen, S. "Language Barriers in Access to Health Care," 2001. [Online]. http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/2001-lang-acces/2001-lang-acces-eng.pdf

** <https://www.cihi.ca/en/patient-reported-outcome-measures-proms>

FIGURE 11. Patients who said they were harmed due to an error

Patient safety is at the heart of providing citizen-centered care in a hospital setting, and looking at legitimate patient concerns is an important element of health care quality.

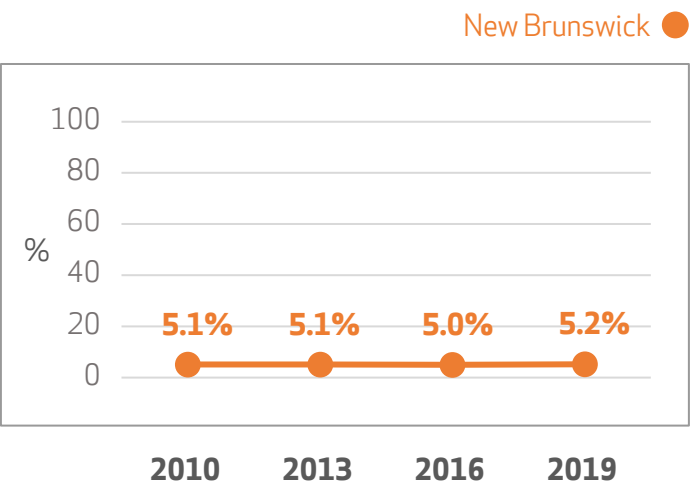
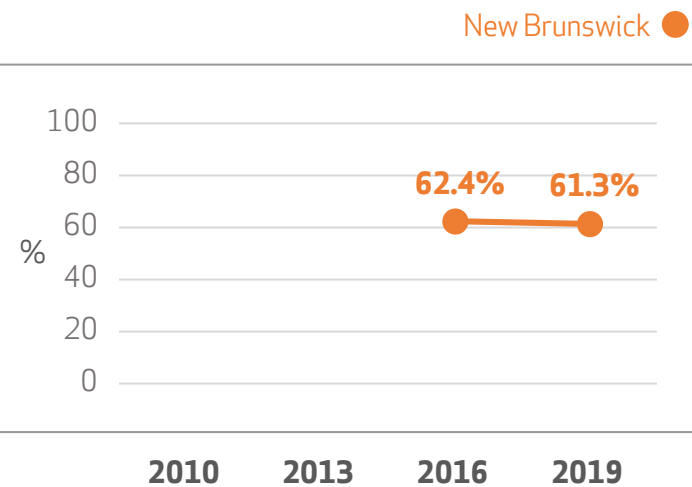


FIGURE 12. Patients completely informed about what to do if worried after discharge

When a patient has finished receiving hospital services, it is important to consider measures that can inform on care transitions. Whether the patient will be receiving home care services after discharge, or family members will be helping patients at home, or patients themselves will be managing their post-hospital recovery, there needs to be focus on the integration of health services across the continuum of care.



Performance targets must go beyond provincial measures of care experience

A health system that provides equitable services is a key component of citizen-centred care. Citizens expect to receive a consistent and appropriate level of care regardless of where they live or to which population groups they belong. All patient care experience indicators can be evaluated through an equity lens.

For this reason, performance targets should be established for the province, within a robust accountability framework, for both regional health authorities, and for all acute care hospitals. These targets should also recognize factors related to demographic groups such as gender, age, Indigenous identity and preferred language of service.

Why should the province consider performance indicators other than *Favourable hospital rating*?

While a measure of satisfaction provides an overall appreciation of the services received, in itself this type of measure does not provide information that is actionable, since there are several factors that can influence how patients rate their hospital stay, and a measure of satisfaction on its own does not tell hospitals where they can focus their efforts to improve.

Specific areas of care, such as the responsiveness of staff, the language of services, patient safety or information provided at discharge should also be considered when evaluating the quality of care because improvements in these areas can increase satisfaction, reduce harmful incidents or reduce hospital readmissions.

