Canadian Patient Experience Survey—Inpatient Care + Maternity Module

(CPES-IC + Maternity Module)

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**

Placeholder for jurisdiction comments.

Questions 1 to 22 are adapted from the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) questionnaire.

Questions 23 to 41 and 61 to 67 (excluding 62) were adapted and/or developed by the Canadian Institute for Health Information in consultation with an interjurisdictional committee of experts.

Questions 42 to 60 were adopted and/or developed by British Columbia and/or the OHA in consultation with Ontario hospitals and system stakeholders

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>?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

2. During this hospital stay, how often did nurses <u>listen carefully to you</u>?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

3. During this hospital stay, how often did nurses <u>explain things</u> in a way you could understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ 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>?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

6. During this hospital stay, how often did doctors <u>listen carefully to you</u>?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

7. During this hospital stay, how often did doctors <u>explain things</u> in a way you could understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

9. During this hospital stay, how often was the area around your room quiet at night?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ 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?

- ☐ Yes
- ☐ 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?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

12. During this hospital stay, did you need medicine for pain?

- ☐ Yes
- ☐ No ➔ **If No, go to Question 15**

13. During this hospital stay, how often was your pain well controlled?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

15. During this hospital stay, were you given any medicine that you had not taken before?

- ☐ Yes
- ☐ 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?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ 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?

- ☐ Own home
- ☐ Someone else's home
- ☐ 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?

☐ Yes
☐ 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?

☐ Yes
☐ 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?

☐ 0 Worst hospital possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best hospital possible

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

☐ Definitely no
☐ Probably no
☐ Probably yes
☐ 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?

☐ Yes ➔ **If Yes, go to Question 26**
☐ No 🡻 **If No, please continue below**

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

☐ Not at all
☐ Partly
☐ Quite a bit
☐ Completely

25. Was your admission into the hospital organized?

☐ Not at all
☐ Partly
☐ Quite a bit
☐ 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?

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

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

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ 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?

- ☐ Yes
- ☐ No

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

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

} **Continue with Question 30**

DURING YOUR HOSPITAL STAY

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ 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
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ Not applicable

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not want them to be involved
- ☐ 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?

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely
- ☐ 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?

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

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

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ 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."

Overall . . . (Please circle a number)

Not helped at all — Helped completely

0 1 2 3 4 5 6 7 8 9 10

41. Overall . . . (Please circle a number)

I had a very poor experience — I had a very good experience

0 1 2 3 4 5 6 7 8 9 10

YOUR CHILDBIRTH EXPERIENCE...

42. While in the hospital, did your doctor, midwife, or nurse answer your questions about your childbirth in a way you could understand?

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely
- ☐ I did not have questions

43. While in the hospital, were you given enough information about what to expect about your own <u>physical recovery</u> after the birth?

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

44. Were you given enough information about any <u>emotional changes</u> you might experience after the birth?

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

45. While in the hospital, did your doctor, midwife, or nurse discuss different options for pain control during the labour and delivery with you?

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

46. Overall, was your pain well controlled? Please answer on a scale where 0 is "Not controlled at all" and 10 is "Controlled completely"

Overall . . . (Please circle a number)

Not controlled at all										Controlled completely
0	1	2	3	4	5	6	7	8	9	10

47. While in the hospital, did you get enough information about caring for your baby?

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

48. While in the hospital, did you get enough information to support your decision to breast or bottle feed your baby?

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

49. While in the hospital, did doctors, midwives or nurses give you the assistance and support you needed to help you breast feed your baby?

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely
- ☐ Not applicable

50. While in the hospital, did you get enough information about bathing your baby?

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

51. Newborn screening is a blood test done shortly after birth to test for treatable diseases that are not usually apparent in the newborn period. While in the hospital, were you offered a newborn screening test for your baby?

- ☐ Yes
- ☐ No
- ☐ Don't know

52. While in the hospital, did you get the information you needed about immunizations for your baby?

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely
- ☐ Not applicable

53. While in the hospital, did you get enough information about caring for yourself?

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

54. After the birth of your baby, were other family members or those close to you able to stay with you as much as you wanted?

- ☐ Never
- ☐ Sometime
- ☐ Usually
- ☐ Always
- ☐ No family or friends were involved

55. While in the hospital, did doctors, midwives or nurses respect your wishes for labour and delivery in the care that was provided?

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

56. Before you left the hospital, did hospital staff tell you what symptoms to watch for in your baby?

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

57. Before you left the hospital, were you given enough information about support services available in your community for you and your baby?

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

58. Before you left the hospital, did you get enough information from hospital staff about appointments and tests you and your baby needed after you left the hospital?

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

59. Did your prenatal care prepare you for your labour and delivery at the hospital?

- ☐ Not at all
- ☐ Partly
- ☐ Quite a bit
- ☐ Completely

60. Was this your first childbirth experience?

- ☐ Yes
- ☐ No

ABOUT YOU

61. In general, how would you rate your overall physical health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

62. In general, how would you rate your overall mental or emotional health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

63. What is the highest grade or level of school that you have <u>completed</u>?

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school or high school equivalency certificate
- ☐ College, CEGEP or other non-university certificate or diploma
- ☐ Undergraduate degree or some university
- ☐ Post-graduate degree or professional designation

***64.* What is your gender?**

- ☐ Male
- ☐ Female
- ☐ Other

OPTIONAL ALTERNATIVE:

<u>Note:</u> As an alternative to the above gender question, hospitals may optionally choose to use this version of the question that lists additional gender identities.

64. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Intersex
- ☐ Trans
- ☐ Two-Spirit
- ☐ Other (please specify)_____

65. What is your year of birth?
(Please write in; for example, "1934.")

_____

66. The following question will help us to better understand the communities that we serve. Do you consider yourself to be . . .

(Check all that apply)

- ☐ White
- ☐ Chinese
- ☐ First Nation, Métis, Inuk or mixed (others may say Aboriginal or Indigenous)
- ☐ South Asian (East Indian, Pakistani, Sri Lankan, etc.)
- ☐ Black
- ☐ Filipino
- ☐ Latin American
- ☐ Southeast Asian (Vietnamese, Cambodian, Malaysian, Laotian, etc.)
- ☐ Arab
- ☐ West Asian (Iranian, Afghan, etc.)
- ☐ Korean
- ☐ Japanese
- ☐ Other

OPTIONAL ALTERNATIVE:

Note: As an alternative to the above question on racial and ethnic identity, hospitals may optionally choose to use this version of the question that breaks-out First Nations into four separate response options.

66. The following question will help us to better understand the communities that we serve. Do you consider yourself to be . . .

(Check all that apply)

- ☐ White
- ☐ Chinese
- ☐ First Nation
- ☐ Inuit
- ☐ Métis
- ☐ Indigenous/Aboriginal *(not included elsewhere)*
- ☐ South Asian (East Indian, Pakistani, Sri Lankan, etc.)
- ☐ Black
- ☐ Filipino
- ☐ Latin American
- ☐ Southeast Asian (Vietnamese, Cambodian, Malaysian, Laotian, etc.)
- ☐ Arab
- ☐ West Asian (Iranian, Afghan, etc.)
- ☐ Korean
- ☐ Japanese
- ☐ Other (please specify) _____

ADDITIONAL STANDARDIZED OPTIONAL QUESTIONS:

Questions 67 to 71 are additional optional questions. Hospitals using the OHA – managed Patient Experience Measurement Services Contract may choose to include some or all of these questions in their surveys.

67. What is your sexual orientation?

- ☐ Bisexual
- ☐ Gay
- ☐ Heterosexual
- ☐ Lesbian
- ☐ Queer
- ☐ Two-Spirit
- ☐ Other (please specify) _____

Note: Hospitals that would like the option to identify Francophones among their patient population should note that questions 68 and 69 were designed to be asked together.

68. What is your mother tongue?

- ☐ English
- ☐ French
- ☐ Other

69. If your mother tongue is neither English nor French, in which of Canada's official languages are you most comfortable?

- ☐ English only
- ☐ French only
- ☐ English and French

Note: Hospitals should note that questions 70 and 71 pertaining to patient language were designed to be asked together.

70. In what language are you most comfortable receiving healthcare services?

- ☐ English
- ☐ French
- ☐ Algonquian (e.g., Ojibway, Oji-Cree)
- ☐ Iroquoian (e.g. Mohawk)
- ☐ Punjabi
- ☐ Chinese (not otherwise specified)
- ☐ Cantonese
- ☐ Mandarin
- ☐ Spanish
- ☐ Italian
- ☐ German
- ☐ Tagalog
- ☐ Arabic
- ☐ Portuguese
- ☐ Polish
- ☐ Urdu
- ☐ Tamil
- ☐ American Sign Language
- ☐ Other (please specify) _____

71. Did you have access to someone who could explain what you needed to know about your care in a language in which you are comfortable?

- ☐ Yes, a health care provider spoke directly to me in a language in which I am comfortable
- ☐ Yes, an interpreter (in-person or over the phone) translated health care information to me in a language in which I am comfortable
- ☐ Yes, a person close to me (e.g. family member, friend) translated health care information to me in a language in which I am comfortable
- ☐ No
- ☐ I do not know

72. Is there anything else you would like to share about your hospital stay?