



Capital Health

**PATIENT SATISFACTION SURVEY RESULTS**  
**Fiscal 2010 - 2011**

Date: May 2011

## Table of Content

Introduction .....	Page 3
2010 - 2011 Survey Details .....	Page 4
Report Content .....	Page 5
Survey Results by facility and level of care .....	Page 6
Capital Health.....	Page 7
QEII.....	Page 8
Dartmouth General .....	Page 9
Hants Community Hospital .....	Page 10
Nova Scotia Rehabilitation.....	Page 11
Cobequid Community Health Centre .....	Page 12
Eastern Shore Memorial .....	Page 13
Musquodoboit Valley Memorial .....	Page 14
Twin Oaks Memorial.....	Page 15
Summary Report by Facility and Dimension .....	Page 17
Sample of Patient Satisfaction Survey.....	Page 19

## **Introduction**

As a commitment to quality improvement for our patients and their families, we require feedback on an ongoing basis. Throughout the year, we randomly sample Capital Health inpatient, ambulatory and rehabilitation patients and report the survey results annually.

These patient satisfaction survey results can be used to identify strengths and opportunities for quality improvement initiatives and accreditation requirements. Our satisfaction target has been set at 90%. If the target isn't met a quality review is indicated.

The survey tool "Capturing Your Experience with Capital Health" was developed with assistance of Agili-T Health Solutions. It is a measure of the patient's perceptions and opinions about the care they received. The survey can be completed by the patient, a care giver, family member or friend.

The survey is scored by three different types of grids. The most common being a 4 point grid. "Very Satisfied", "Satisfied", "Dissatisfied" and "Very Dissatisfied". Several questions are also answered with a "Yes" or "No". These 2 grids usually have a "Does Not Apply" category as well. The least common scale is also a 4 point grid: "Very Likely", "Likely", "Unlikely" and "Very Unlikely".

Results have been grouped in the following categories:

**Positive** = Patient agrees with statements (satisfied)

**Negative** = Patient disagrees with statements (unsatisfied)

On the last page of the survey, patients are able to write their comments under "Are there any comments you would like to make about your experience with Capital Health?", and "In your opinion, is there anything the facility or hospital could do better?".

Surveys are mailed to patients 1 to 4 months following their discharge/ambulatory care visit. Reminder letters are not used. Patients who have expired or patients who have received a survey within the last 12 months will not receive a survey. Mental Health and Emergency Department patients are not included; they are surveyed separately using a different tool.

The survey is prefaced by a letter from Capital Health's President and CEO, Chris Power. The letter indicates the facility, the level of care (ie. inpatient or ambulatory), the service and the month and year the patient received care. This assists the patient in identifying which visit the survey pertains to; in case the patient had more than one visit to Capital Health facilities. In addition, the letter includes a telephone number that the patient can call with questions for clarification. These messages are responded to as soon as possible and recorded for follow-up and trending purposes.

The inpatient survey is comprised of 41 questions and is grouped into six dimensions:

- overall assessment of care received (3 questions);
- accessibility of services (2 questions);
- management of care (22 questions);
- respect for rights, autonomy and privacy (7 questions).
- perceptions regarding care facility (5 questions)
- food services (2 questions)

The outpatient/ambulatory survey is comprised of 35 questions and is grouped into five dimensions:

- overall assessment of care received (3 questions);
- accessibility of services (5 questions);
- management of care (14 questions);
- respect for rights, autonomy and privacy (7 questions).
- perceptions regarding care facility (6 questions)

## **2010–2011 Survey Details**

The Patient Satisfaction Survey results reflect the views of patients who were inpatients, ambulatory care or rehabilitation patients (excluding Mental Health and Emergency Department) from April 2010 to March 2011.

Eight facilities within Capital Health were surveyed: the QEII, NS Rehabilitation Centre, Dartmouth General, Hants Community Hospital, Eastern Shore, Twin Oaks, Musquodoboit Valley and Cobequid Community Health Centre. There were 3,982 responses, representing a 36.1% response rate. This response rate is higher than last year's rate of 34.3%.

### Response Rate by Facility:

QEII Health Sciences Centre	36.0%
Dartmouth General Hospital	35.4%
Hants Community Hospital	35.0%
NS Rehabilitation Centre	35.1%
Cobequid Community Health Centre	40.6%
Eastern Shore Memorial Hospital	35.0%
Musquodoboit Valley Memorial Hospital	33.1%
Twin Oaks Memorial Hospital	37.3%

**The 2010-2011 Patient Satisfaction Survey is designed to provide results within a confidence level of 95% +/- 10. For Capital District Health Authority as a whole, and for our larger facilities (QEII, Dartmouth General and Cobequid), the results meet this level. Results for the remaining smaller facilities, and at the service level, do not achieve this confidence level and should be used with caution.**

## **Report Content**

- Reports by facility - Individual facility results by levels of care (ie Inpatient, Ambulatory) - pages 7 to 15.
- Summary Report by Facility and Dimension – page 17
- Sample of the cover letter and inpatient survey – pages 19 to 24.

### General Guidelines for all graphs

Dimensions are shaded if results are 90% or above **and** the confidence interval is within +/- 5.0%. Dimension with results 90% or above and do **not** have a confidence interval within +/-5% are not shaded.

### **Reports by Facility – Pages 7 to 15**

- The first report (Capital Health) includes results from all eight facilities surveyed. The remaining reports, in this section, are grouped by individual facility.
- Each report is divided by patient type (inpatient, ambulatory care etc)
- There were insufficient surveys to achieve the 95% confidence intervals for the Hants Community Hospital inpatient results.
- The highest scores are in perceptions regarding the care facility.
- The lowest scores are in respect for rights, autonomy, and privacy.

The summary reports for the previous two fiscal years are available on the CDHA website (intranet). The individual facility & service level reports are also available online (link on both the Decision Support and Capital Health Reports web pages).

If you have any questions/comments regarding the results please contact:

Reece Bearnese            473-7991    [reece.bearnese@cdha.nshealth.ca](mailto:reece.bearnese@cdha.nshealth.ca)

Joel Maxwell            473-8665    [joel.maxwell@cdha.nshealth.ca](mailto:joel.maxwell@cdha.nshealth.ca)

# Reports By Facility

**Patient Satisfaction Survey Results Summary**  
**Capital Health**  
**April 2010 – March 2011**

**Capital Health – Inpatient** (1,407 responses, confidence level 95%, +/- 2.55)

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Management of Care	Respect for Rights, Autonomy, and Privacy	Perceptions Regarding the Care Facility	Food Services	All Surveys
Positive	94%	88%	93%	79%	92%	82%	90%
Negative	6%	12%	7%	21%	8%	18%	10%

**Capital Health – Ambulatory Care** (2,575 responses, confidence level 95%, +/- 1.93)

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Management of Care	Respect for Rights, Autonomy, and Privacy	Perceptions Regarding the Care Facility	All Surveys
Positive	98%	96%	96%	78%	97%	92%
Negative	2%	4%	4%	22%	3%	8%

**Capital Health – Inpatient and Ambulatory Care Services** (3,982 responses, confidence level 95%, +/- 1.55)

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Management of Care	Respect for Rights, Autonomy, and Privacy	Perceptions Regarding the Care Facility	All Surveys
Positive	96%	95%	95%	78%	95%	91%
Negative	4%	5%	5%	22%	5%	9%

Legend to Answer Group	
<b>Positive</b>	Patient agrees with statements (satisfied)
<b>Negative</b>	Patient disagrees with statements (unsatisfied)

 Areas are shaded if results are 90% or above and the confidence interval is within +/- 5.0%.

**Our satisfaction target is 90%.** At Capital Health, for example, 96% of all outpatients are satisfied with the Management of Care and the satisfaction target has been met, while only 78% of all outpatients are satisfied with Respect for Rights, Autonomy and Privacy and a quality review is indicated.

Excludes Mental Health and Emergency Department Patients

**Patient Satisfaction Survey Results Summary**  
**QEII Health Sciences Centre**  
 Fiscal 2010 2011

**QEII – Inpatient (962 responses, confidence level 95%+/-3.10)**

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Management of Care	Respect for Rights, Autonomy, and Privacy	Perceptions Regarding the Care Facility	Food Services	All Surveys
Positive	95%	88%	93%	80%	92%	84%	90%
Negative	5%	12%	7%	20%	8%	16%	10%

**QEII – Ambulatory Care Services (1,238 responses, confidence level 95%+/-2.78)**

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Management of Care	Respect for Rights, Autonomy, and Privacy	Perceptions Regarding the Care Facility	All Surveys
Positive	97%	96%	96%	79%	96%	92%
Negative	3%	4%	4%	21%	4%	8%

**QEII – Inpatient and Ambulatory Care Services (2,200 responses, confidence level 95%+/-2.09)**

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Management of Care	Respect for Rights, Autonomy, and Privacy	Perceptions Regarding the Care Facility	All Surveys
Positive	96%	95%	94%	79%	95%	91%
Negative	4%	5%	6%	21%	5%	9%

Legend to Answer Group	
<b>Positive</b>	Patient agrees with statements (satisfied)
<b>Negative</b>	Patient disagrees with statements (unsatisfied)

 Areas are shaded if results are 90% or above and the confidence interval is within +/- 5.0%.

Excludes Mental Health and Emergency Department Patients



**Patient Satisfaction Survey Results Summary**  
**Dartmouth General Hospital**  
 Fiscal 2010 2011

**DGH – Inpatient (336 responses, confidence level 95%+/-5.16)**

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Management of Care	Respect for Rights, Autonomy, and Privacy	Perceptions Regarding the Care Facility	Food Services	All Surveys
Positive	91%	87%	93%	76%	90%	76%	88%
Negative	9%	13%	7%	24%	10%	24%	12%

**DGH – Ambulatory Care Services (446 responses, confidence level 95%+/-4.61)**

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Management of Care	Respect for Rights, Autonomy, and Privacy	Perceptions Regarding the Care Facility	All Surveys
Positive	97%	96%	96%	77%	96%	92%
Negative	3%	4%	4%	23%	4%	8%

**DGH – Inpatient and Ambulatory Care Services (782 responses, confidence level 95%+/-3.47)**

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Management of Care	Respect for Rights, Autonomy, and Privacy	Perceptions Regarding the Care Facility	All Surveys
Positive	95%	94%	94%	77%	93%	90%
Negative	5%	6%	6%	23%	7%	10%

Legend to Answer Group	
Positive	Patient agrees with statements (satisfied)
Negative	Patient disagrees with statements (unsatisfied)

 Areas are shaded if results are 90% or above and the confidence interval is within +/- 5.0%.

Excludes Mental Health and Emergency Department Patients

**Patient Satisfaction Survey Results Summary**  
**Hants Community Hospital**  
 Fiscal 2010 2011

**HCH – Inpatient (30 responses, low confidence level)**

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Management of Care	Respect for Rights, Autonomy, and Privacy	Perceptions Regarding the Care Facility	Food Services	All Surveys
Positive	98%	85%	96%	74%	96%	86%	91%
Negative	2%	15%	4%	26%	4%	14%	9%

**HCH – Ambulatory Care Services (377 responses, confidence level 95%+/-4.94)**

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Management of Care	Respect for Rights, Autonomy, and Privacy	Perceptions Regarding the Care Facility	All Surveys
Positive	99%	97%	97%	80%	99%	94%
Negative	1%	3%	3%	20%	1%	6%

**HCH – Inpatient and Ambulatory Care Services (407 responses, confidence level 95%+/-4.75)**

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Management of Care	Respect for Rights, Autonomy, and Privacy	Perceptions Regarding the Care Facility	All Surveys
Positive	99%	97%	97%	79%	99%	94%
Negative	1%	3%	3%	21%	1%	6%

Legend to Answer Group	
Positive	Patient agrees with statements (satisfied)
Negative	Patient disagrees with statements (unsatisfied)

 Areas are shaded if results are 90% or above and the confidence interval is within +/- 5.0%.


Excludes Mental Health and Emergency Department Patients

**Patient Satisfaction Survey Results Summary**  
**NS Rehabilitation Centre**  
 Fiscal 2010 2011

**NS Rehab – Inpatient** (53 responses, low confidence level)

<b>Answer Group</b>	<b>Overall Assessment of Care Received</b>	<b>Accessibility of Services</b>	<b>Management of Care</b>	<b>Respect for Rights, Autonomy, and Privacy</b>	<b>Perceptions Regarding the Care Facility</b>	<b>Food Services</b>	<b>All Surveys</b>
<b>Positive</b>	95%	95%	91%	78%	93%	73%	89%
<b>Negative</b>	5%	5%	9%	22%	7%	27%	11%

<b>Legend to Answer Group</b>	
<b>Positive</b>	Patient agrees with statements (satisfied)
<b>Negative</b>	Patient disagrees with statements (unsatisfied)

 Areas are shaded if results are 90% or above and the confidence interval is within +/- 5.0%.


Excludes Mental Health and Emergency Department Patients

**Patient Satisfaction Survey Results Summary**  
**Cobequid Community Health Centre**  
 Fiscal 2010 2011

**CCHC – Ambulatory Care Services (344 responses, confidence level 95%+/-5.18)**

<b>Answer Group</b>	<b>Overall Assessment of Care Received</b>	<b>Accessibility of Services</b>	<b>Management of Care</b>	<b>Respect for Rights, Autonomy, and Privacy</b>	<b>Perceptions Regarding the Care Facility</b>	<b>All Surveys</b>
<b>Positive</b>	98%	96%	97%	76%	99%	93%
<b>Negative</b>	2%	4%	3%	24%	1%	7%

<b>Legend to Answer Group</b>	
<b>Positive</b>	Patient agrees with statements (satisfied)
<b>Negative</b>	Patient disagrees with statements (unsatisfied)

 Areas are shaded if results are 90% or above and the confidence interval is within +/- 5.0%.

**Patient Satisfaction Survey Results Summary**  
**Eastern Shore Memorial Hospital**  
 Fiscal 2010 2011

**ESMH – Ambulatory Care Services (54 responses, low confidence level)**

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Management of Care	Respect for Rights, Autonomy, and Privacy	Perceptions Regarding the Care Facility	All Surveys
<b>Positive</b>	99%	96%	99%	81%	98%	95%
<b>Negative</b>	1%	4%	1%	19%	2%	5%

**ESMH – Inpatient and Ambulatory Care Services (64 responses, low confidence level)**

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Management of Care	Respect for Rights, Autonomy, and Privacy	Perceptions Regarding the Care Facility	All Surveys
<b>Positive</b>	99%	96%	99%	82%	98%	95%
<b>Negative</b>	1%	4%	1%	18%	2%	5%

Legend to Answer Group	
<b>Positive</b>	Patient agrees with statements (satisfied)
<b>Negative</b>	Patient disagrees with statements (unsatisfied)

 Areas are shaded if results are 90% or above and the confidence interval is within +/- 5.0%.

Excludes Mental Health and Emergency Department Patients

**Patient Satisfaction Survey Results Summary**  
**Musquodoboit Valley Memorial Hospital**  
 Fiscal 2010 2011

**MVMH – Ambulatory Care Services (38 responses, low confidence level)**

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Management of Care	Respect for Rights, Autonomy, and Privacy	Perceptions Regarding the Care Facility	All Surveys
Positive	99%	98%	99%	83%	100%	95%
Negative	1%	2%	1%	17%	0%	5%

**MVMH – Inpatient and Ambulatory Care Services (44 responses, low confidence level)**

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Management of Care	Respect for Rights, Autonomy, and Privacy	Perceptions Regarding the Care Facility	All Surveys
Positive	99%	98%	99%	84%	100%	96%
Negative	1%	2%	1%	16%	0%	4%

Legend to Answer Group	
Positive	Patient agrees with statements (satisfied)
Negative	Patient disagrees with statements (unsatisfied)

 Areas are shaded if results are 90% or above and the confidence interval is within +/- 5.0%.

**Patient Satisfaction Survey Results Summary**  
**Twin Oaks Memorial Hospital**  
 Fiscal 2010 2011

**TOMH – Ambulatory Care Services (78 responses, low confidence level)**

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Management of Care	Respect for Rights, Autonomy, and Privacy	Perceptions Regarding the Care Facility	All Surveys
Positive	97%	95%	96%	76%	98%	92%
Negative	3%	5%	4%	24%	2%	8%

**TOMH – Inpatient and Ambulatory Care Services (88 responses, low confidence level)**

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Management of Care	Respect for Rights, Autonomy, and Privacy	Perceptions Regarding the Care Facility	All Surveys
Positive	97%	95%	95%	77%	98%	92%
Negative	3%	5%	5%	23%	2%	8%

Legend to Answer Group	
Positive	Patient agrees with statements (satisfied)
Negative	Patient disagrees with statements (unsatisfied)

 Areas are shaded if results are 90% or above and the confidence interval is within +/- 5.0%.

Excludes Mental Health and Emergency Department Patients

Summary  
Report  
by  
Facility  
and  
Dimension



## Patient Satisfaction Survey Results Summary


### Fiscal 2010 2011

All Sites, **Positive Score**, Inpatient and Ambulatory Care Services

<b>Dimension</b>	<b>QEII</b>	<b>DGH</b>	<b>HCH</b>	<b>*NS Rehab</b>	<b>**CCHC</b>	<b>ESMH</b>	<b>MVMH</b>	<b>TOMH</b>
<b>Overall Assessment of Care Received</b>	96%	95%	99%	95%	98%	99%	99%	97%
<b>Accessibility of Services</b>	95%	94%	97%	95%	96%	96%	98%	95%
<b>Management of Care</b>	94%	94%	97%	91%	97%	99%	99%	95%
<b>Respect for Rights, Autonomy, and Privacy</b>	79%	77%	79%	78%	76%	82%	84%	77%
<b>Perceptions Regarding the Care Facility</b>	95%	93%	99%	93%	99%	98%	100%	98%
<b>*Food Services</b>	84%	76%	86%	73%				
<b>Total Score</b>	91%	90%	94%	89%	93%	95%	96%	92%

\*Inpatient Only

\*\*Ambulatory Only

 Areas are shaded if results are 90% or above and the confidence interval is within +/- 5.0%. (See facility specific reports for confidence intervals.)

# Survey Sample



Capital Health

## CAPTURING YOUR EXPERIENCE WITH CAPITAL HEALTH

Dear Sir or Madam,

Every day we strive to improve our service and provide the best care possible to our patients. One way we learn how we can improve is to ask the opinions of those who have been patients.

Our records indicate that you received care within **Capital Health** in January, 2008, in the following **inpatient** service:

**DGH Same Day Admit**

**Oral Maxillofacial**

The enclosed survey should only take about 15 minutes to complete. A pre-paid return envelope has been provided. You may also complete the survey online using the survey access code indicated on the cover page of the survey form.

Please be assured your response will be held in strictest confidence. Your reply will be combined with other responses in a way that makes it impossible to identify individual people.

It is possible that certain circumstances may make it inappropriate or impossible for you to respond to this survey. If this is the case, we sincerely apologize. Please discard this survey.

If you have any concerns, questions or would like a Capital Health representative to contact you, please call our Patient Satisfaction Line at **1-902-473-8247**. You can expect a response within 1-2 business days. Thank you for your feedback."

Sincerely,

Chris Power  
*President and CEO*

\* The results of your survey are completely confidential and remain separate from this contact information. The Capital Health representative returning your call will not have any knowledge of your survey responses.



Capital Health

# CAPTURING YOUR EXPERIENCE WITH CAPITAL HEALTH

## ABOUT THE SURVEY

This survey is being conducted on behalf of **Capital Health**. Your name has been chosen at random from a list of patients who have been hospitalized at one of the hospitals in the Capital Health district. This survey asks for your views about care you received during your recent **inpatient** stay.

### Information:

- Your answers are important because they will help Capital Health to improve its services to patients.
- There are no right or wrong answers, it is your opinion that matters. If you are unsure about a question, give the best answer you can.
- Mark only **ONE** answer unless a question allows for multiple responses.
- If you are helping someone to complete this questionnaire, it is the patient's answers that are important. If you have something you would like to express, please contact our Patient Satisfaction Line at 1-902-473-8247.
- The services you received may be very different from one staff member to another, we want your overall opinion. You can write in your comments in the space provided at the end of the questionnaire.
- Not everybody receives all services. If you did not use a particular service just fill in the "Does Not Apply" response

**THE SURVEY IS COMPLETELY CONFIDENTIAL.** No information that identifies you, nor any other information that you give, will be revealed to anyone at **Capital Health**.

There are two methods for completing this survey: 1) By Mail or 2) On-line via internet

### **1) Completing and returning the survey by mail**

To answer a question, please darken the appropriate circle with a dark pen or pencil. For example:

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
▼ <input type="radio"/> 1	▼ <input checked="" type="radio"/> 2	▼ <input type="radio"/> 3	▼ <input type="radio"/> 4

Once you have completed the questionnaire, return it using the **PRE-PAID** envelope provided, please note that postage is not required. If you are using your own envelope, please address it to Capital District Health Authority, PO Box 8868 RPO CSC Halifax (NS) B3K 5M5.

### **2) Completing the survey on-line**

To complete the survey on-line visit the following Web address:

<a href="http://androfact.com/capitalhealth">http://androfact.com/capitalhealth</a>
Your Survey Access Code is: <b>YNN68T8</b>

If you have any questions regarding this survey, please contact the Patient Satisfaction Hotline at **1-902-473-8247**, a Capital Health representative will return your phone call within one business day.



YNN68T8

# Capital Health – Inpatient Satisfaction Survey

## SECTION A: OVERALL ASSESSMENT OF CARE RECEIVED

Thinking of the care or treatment you received at the facility you indicated above, how would you rate the following?

	Very Satisfied ▼	Satisfied ▼	Dissatisfied ▼	Very Dissatisfied ▼
1. Your <b>overall satisfaction</b> with the quality of care you received	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
2. We met your expectations	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

	Very Likely ▼	Likely ▼	Unlikely ▼	Very Unlikely ▼
3. The likelihood that you would recommend this care facility to a family member or friend	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

## SECTION B: ACCESSIBILITY OF SERVICES

In your ability to access health care services, how would you rate the following? **(Note: If you were admitted as an emergency patient, some questions may not apply).**

	Very Satisfied ▼	Satisfied ▼	Dissatisfied ▼	Very Dissatisfied ▼	Does Not Apply ▼
4. Waiting time for admission (e.g. from the emergency room)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
5. If your admission was planned (e.g. for surgery, etc...), how would you rate the facility's flexibility to arrange your admission date according to your needs	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

## SECTION C: MANAGEMENT OF YOUR CARE

We would like you to evaluate the way that your care was **managed** during your last visit from the moment you arrived at the facility until the moment you were discharged. **(Note: If you were admitted as an emergency patient, some questions may not apply).**

### The Admissions Process

Thinking of your **admission** at the facility, how would you rate the following?

	Very Satisfied ▼	Satisfied ▼	Dissatisfied ▼	Very Dissatisfied ▼	Does Not Apply ▼
6. Your level of satisfaction with how you were treated by admissions staff during your admission	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
7. Explanation of hospital billing related to your care or treatment	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

*Continued on next page...*



YNN68T8

## Capital Health – Inpatient Satisfaction Survey

### The Care Received from Health Care Professionals

Thinking of the **health professionals** (e.g. doctors, nurses, physiotherapists, occupational therapists, social workers, lab technicians, x-ray technicians, etc...) that treated you during your last visit, how would you rate the following?

	Very Satisfied ▼	Satisfied ▼	Dissatisfied ▼	Very Dissatisfied ▼	Does Not Apply ▼
8. Your trust and confidence in the health care professional(s) treating you	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>	<input type="radio"/> O <sub>5</sub>
9. The time the health care professional took to listen to you	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>	<input type="radio"/> O <sub>5</sub>
10. The health professionals' care and concern towards you	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>	<input type="radio"/> O <sub>5</sub>
11. Management of your pain or discomfort	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>	<input type="radio"/> O <sub>5</sub>
12. The assistance provided to you (e.g. with going to washroom, personal hygiene, eating...)	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>	<input type="radio"/> O <sub>5</sub>
13. The degree to which you felt in charge of the decisions being made about your care	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>	<input type="radio"/> O <sub>5</sub>
14. The way in which your care was explained to you (including things being done to you such as a dressing change or exam, instructions for taking medications or providing your own care at home, etc...)	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>	<input type="radio"/> O <sub>5</sub>
15. Your understanding of your treatment plan (that is, what has happened and what the next steps for care are)	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>	<input type="radio"/> O <sub>5</sub>
16. The opportunity you were given to ask questions regarding your condition or treatment	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>	<input type="radio"/> O <sub>5</sub>
17. The willingness of the health professionals to include your family in your care	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>	<input type="radio"/> O <sub>5</sub>
18. The extent to which the care you received from your health care professionals met your expectations	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>	<input type="radio"/> O <sub>5</sub>

### The Coordination of Your Care

Thinking of how your care was **handled between** different health care professionals and follow-up services when you returned home, how would you rate the following?

	Very Satisfied ▼	Satisfied ▼	Dissatisfied ▼	Very Dissatisfied ▼	Does Not Apply ▼
19. Collaboration between doctors, nurses and other health care professionals involved in your care	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>	<input type="radio"/> O <sub>5</sub>
20. The arrangements made by the facility for services you needed when you returned home (e.g. physiotherapy, outpatient services...)	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>	<input type="radio"/> O <sub>4</sub>	<input type="radio"/> O <sub>5</sub>

	Yes ▼	No ▼	Does Not Apply ▼
21. After you were discharged, was your family doctor made aware of your treatment while you were in hospital (for example, did he/she know what tests you had performed and what the results were? Did he/she know what changes were made to your medications, etc...?)	<input type="radio"/> O <sub>1</sub>	<input type="radio"/> O <sub>2</sub>	<input type="radio"/> O <sub>3</sub>

*Continued on next page...*



## Capital Health – Inpatient Satisfaction Survey

### The Discharge Process (Continuing Care Residents do not need to complete this section)

Thinking of how you were **discharged** from the facility, how would you rate the following?

	Very Satisfied ▼	Satisfied ▼	Dissatisfied ▼	Very Dissatisfied ▼	Does Not Apply ▼
22. Your readiness to return home	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
23. The information you were given about how to manage your recovery/condition when you returned home	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
24. The information you received regarding support groups in your community to help you manage or cope with your condition	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
25. The prescription of special equipment needed for your recovery (e.g. wheelchair, crutches...)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
26. The information you received about whom to contact if you have a problem once you are at home	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
27. The information that your family received in order to help you with your care at home	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>

### SECTION D: RESPECT FOR YOUR RIGHTS AND PRIVACY

Thinking of your **rights to privacy and confidentiality** regarding your care, treatment and personal information, how would you rate the following?

#### Your Rights

	Yes ▼	No ▼
28. Do you know how to express a complaint if you are dissatisfied with the care you received?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>
29. Were you asked if you had any cultural or religious beliefs that might have an effect on how you were treated at the facility?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>
30. Were the different treatments available for your condition explained to you?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>
31. Did you feel you could refuse a treatment?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>
32. Overall, did you feel you were treated with respect?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>

#### Your Privacy

	Very Satisfied ▼	Satisfied ▼	Dissatisfied ▼	Very Dissatisfied ▼	Does Not Apply ▼
33. Privacy when discussing your condition or treatment with care professionals or facility staff	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
34. Respect for your privacy during exams by health care professionals	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>

### SECTION E: YOUR PERCEPTIONS REGARDING THE CARE FACILITY

#### The Facility's Physical Environment

Thinking about the facility's **physical environment**, how would you rate the following?

	Very Satisfied ▼	Satisfied ▼	Dissatisfied ▼	Very Dissatisfied ▼	Does Not Apply ▼
35. Comfort and atmosphere of the facility	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
36. The cleanliness of your room (e.g. floors, washrooms, etc...)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>

Continued on next page...



YNN68T8

Page 4  
© 2007Agili-T Health Solutions Inc.

# Capital Health – Inpatient Satisfaction Survey

## The Concern for Safety

Thinking about how the facility ensured your **safety and protection**, how would you rate the following?

	Very Satisfied ▼	Satisfied ▼	Dissatisfied ▼	Very Dissatisfied ▼	Does Not Apply ▼
37. The facility's efforts to prevent the spread of infection (e.g. use of hand sanitizers, masks, hand washing, etc...)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
38. The safety equipment in your room (support bars in the bathrooms, etc...)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
39. The ability to get help quickly, at all times	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

## SECTION F: FOOD SERVICES

Thinking of your meals during your hospital stay, please rate your level of **satisfaction** regarding each of the items below:

	Very Satisfied ▼	Satisfied ▼	Dissatisfied ▼	Very Dissatisfied ▼	Does Not Apply ▼
40. Your overall satisfaction with the food you were served or that was available	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
41. The friendliness and courteousness of Food Service staff	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

## SECTION G: YOUR COMMENTS & SUGGESTIONS TO HELP US IMPROVE

42. Are there any comments you would like to make about your experience with Capital Health?

---



---



---



---



---



---

43. In your opinion, is there anything the hospital could do better?

---



---



---



---



---



---

**THANK YOU FOR YOUR COMMENTS!**



YNN68T8