



Capital Health

PATIENT EXPERIENCE SURVEY RESULTS
Fiscal 2011 - 2012

Date: April 2012

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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 experience 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 several 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". There is also a frequency scale "Always", "Usually", "Sometimes" and "Never". These grids usually have a "Does Not Apply" category as well. The least common scales (used only once in each survey) are a 4 point grid ("Definitely Yes", "Probably Yes", "Probably No" and "Definitely No") and an 11 point rating scale from 0 ("Worst hospital possible") to 10 ("Best hospital possible").

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, 40 of which are grouped into nine dimensions:

- overall assessment (3 questions);
- accessibility of services (1 question, not shown in roll-up);
- emergency department (3 questions);
- continuity and coordination of care (7 questions);
- care received from health professionals (14 questions);
- respect for rights (5 questions);
- hospital support services (1 question, not shown in roll-up);
- concern for safety (4 questions);
- hospital environment (2 questions).

The outpatient/ambulatory survey is comprised of 39 questions and is grouped into five dimensions:

- overall assessment (3 questions);
- accessibility of services (5 questions);
- continuity and coordination of care (5 questions);
- care received from health professionals (16 questions);
- respect for rights (5 questions);
- concern for safety (3 questions);
- facility environment (2 questions).

2011–2012 Survey Details

The Patient Experience Survey results reflect the views of patients who were inpatients, ambulatory care or rehabilitation patients (excluding Mental Health and Emergency Department) from April 2011 to March 2012.

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 4,576 responses, representing a 35.9% response rate. This response rate is lower than last year's rate of 36.1%.

Response Rate by Facility:

QEII Health Sciences Centre	35.7%
Dartmouth General Hospital	35.2%
Hants Community Hospital	36.0%
NS Rehabilitation Centre	42.9%
Cobequid Community Health Centre	39.9%
Eastern Shore Memorial Hospital	30.3%
Musquodoboit Valley Memorial Hospital	39.0%
Twin Oaks Memorial Hospital	35.4%

The 2011-2012 Patient Experience 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, Nova Scotia Rehabilitation Centre, and the Tri-Facilities results.
- Facility level results with a return of less than 30 are omitted, with the exception of Nova Scotia Rehabilitation Centre (as there is no other level of care results to combine with)
- The highest scores are in care received from health professionals
- The lowest scores are in concern for safety.

This report, and the individual facility & service level reports are on the CDHA intranet site - link on Performance Indicators and Reports web page).

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

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Reports By Facility

Patient Experience Survey Results Summary
Capital Health
April 2011 – March 2012

Capital Health – Inpatient (1,592 responses, confidence level 95%, +/- 2.39%)

Answer Group	Overall Assessment of Care Received	Emergency Department	Continuity and Coordination of Care	Care Received From Health Professionals	Respect for Rights	Concern For Safety	Facility Environment	All Surveys
Positive	92%	91%	84%	92%	92%	79%	79%	88%
Negative	8%	9%	16%	8%	8%	21%	21%	12%

Capital Health – Ambulatory Care (2,984 responses, confidence level 95%, +/- 1.79%)

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Continuity and Coordination of Care	Care Received From Health Professionals	Respect for Rights	Concern For Safety	Facility Environment	All Surveys
Positive	96%	92%	88%	96%	93%	93%	93%	94%
Negative	4%	8%	12%	4%	7%	7%	7%	6%

Capital Health – Inpatient and Ambulatory Care Services (4,576 responses, confidence level 95%, +/- 1.44%)

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Continuity and Coordination of Care	Care Received From Health Professionals	Respect for Rights	Concern For Safety	Facility Environment	All Surveys
Positive	94%	91%	86%	95%	93%	86%	88%	91%
Negative	6%	9%	14%	5%	7%	14%	12%	9%

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%.

Our satisfaction target is 90%. At Capital Health, for example, 96% of all outpatients are satisfied with the Care Received From Health Professionals and the satisfaction target has been met, while only 79% of all inpatients are satisfied with Concern for Safety and a quality review is indicated.

Excludes Mental Health and Emergency Department Patients

Patient Experience Survey Results Summary
QEII Health Sciences Centre
 Fiscal 2011 2012

QEII – Inpatient (1,118 responses, confidence level 95%+/-2.87)

Answer Group	Overall Assessment of Care Received	Emergency Department	Continuity and Coordination of Care	Care Received From Health Professionals	Respect for Rights	Concern For Safety	Facility Environment	All Surveys
Positive	93%	92%	85%	93%	92%	80%	80%	89%
Negative	7%	8%	15%	7%	8%	20%	20%	11%


QEII – Ambulatory Care Services (1,400 responses, confidence level 95%+/-2.62)

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Continuity and Coordination of Care	Care Received From Health Professionals	Respect for Rights	Concern For Safety	Facility Environment	All Surveys
Positive	95%	90%	89%	95%	93%	92%	91%	93%
Negative	5%	10%	11%	5%	7%	8%	9%	7%

QEII – Inpatient and Ambulatory Care Services (2,518 responses, confidence level 95%+/-1.95)

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Continuity and Coordination of Care	Care Received From Health Professionals	Respect for Rights	Concern For Safety	Facility Environment	All Surveys
Positive	94%	90%	87%	94%	92%	85%	86%	91%
Negative	6%	10%	13%	6%	8%	15%	14%	9%

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 Experience Survey Results Summary
Dartmouth General Hospital
 Fiscal 2011 2012

DGH – Inpatient (396 responses, confidence level 95%+/-4.72)

Answer Group	Overall Assessment of Care Received	Emergency Department	Continuity and Coordination of Care	Care Received From Health Professionals	Respect for Rights	Concern For Safety	Facility Environment	All Surveys
Positive	87%	88%	81%	90%	89%	74%	71%	84%
Negative	13%	12%	19%	10%	11%	26%	29%	16%

DGH – Ambulatory Care Services (537 responses, confidence level 95%+/-4.20)

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Continuity and Coordination of Care	Care Received From Health Professionals	Respect for Rights	Concern For Safety	Facility Environment	All Surveys
Positive	95%	92%	85%	95%	91%	90%	91%	92%
Negative	5%	8%	15%	5%	9%	10%	9%	8%

DGH – Inpatient and Ambulatory Care Services (933 responses, confidence level 95%+/-3.17)

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Continuity and Coordination of Care	Care Received From Health Professionals	Respect for Rights	Concern For Safety	Facility Environment	All Surveys
Positive	91%	92%	83%	93%	90%	81%	82%	89%
Negative	9%	8%	17%	7%	10%	19%	18%	11%

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 Experience Survey Results Summary
Hants Community Hospital
 Fiscal 2011 2012

HCH – Inpatient (34 responses, low confidence level)

Answer Group	Overall Assessment of Care Received	Emergency Department	Continuity and Coordination of Care	Care Received From Health Professionals	Respect for Rights	Concern For Safety	Facility Environment	All Surveys
Positive	95%	91%	84%	94%	98%	84%	91%	90%
Negative	5%	9%	16%	6%	2%	16%	9%	10%

HCH – Ambulatory Care Services (433 responses, confidence level 95%+/-4.59)

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Continuity and Coordination of Care	Care Received From Health Professionals	Respect for Rights	Concern For Safety	Facility Environment	All Surveys
Positive	97%	93%	91%	97%	95%	96%	96%	95%
Negative	3%	7%	9%	3%	5%	4%	4%	5%

HCH – Inpatient and Ambulatory Care Services (467 responses, confidence level 95%+/-4.42)

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Continuity and Coordination of Care	Care Received From Health Professionals	Respect for Rights	Concern For Safety	Facility Environment	All Surveys
Positive	97%	93%	90%	97%	95%	94%	96%	95%
Negative	3%	7%	10%	3%	5%	6%	4%	5%

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 Experience Survey Results Summary
Nova Scotia Rehabilitation Centre
 Fiscal 2011 2012

NSRC – Inpatient (6 responses, low confidence level)

Answer Group	Overall Assessment of Care Received	Emergency Department	Continuity and Coordination of Care	Care Received From Health Professionals	Respect for Rights	Concern For Safety	Facility Environment	All Surveys
Positive	83%	100%	80%	91%	95%	80%	100%	87%
Negative	17%	0%	20%	9%	5%	20%	0%	13%

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 Experience Survey Results Summary
Cobequid Community Health Centre
 Fiscal 2011 2012

CCHC – Ambulatory Care Services (470 responses, confidence level 95%+/-4.41)

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Continuity and Coordination of Care	Care Received From Health Professionals	Respect for Rights	Concern For Safety	Facility Environment	All Surveys
Positive	97%	93%	85%	97%	94%	94%	97%	94%
Negative	3%	7%	15%	3%	6%	6%	3%	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 Experience Survey Results Summary
Eastern Shore Memorial Hospital
 Fiscal 2011 2012


ESMH – Ambulatory Care Services (51 responses, low confidence level)

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Continuity and Coordination of Care	Care Received From Health Professionals	Respect for Rights	Concern For Safety	Facility Environment	All Surveys
Positive	94%	94%	86%	96%	93%	94%	96%	94%
Negative	6%	6%	14%	4%	7%	6%	4%	6%

ESMH – Inpatient and Ambulatory Care Services (56 responses, low confidence level)

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Continuity and Coordination of Care	Care Received From Health Professionals	Respect for Rights	Concern For Safety	Facility Environment	All Surveys
Positive	94%	94%	85%	95%	93%	92%	96%	93%
Negative	6%	6%	15%	5%	7%	8%	4%	7%

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 Experience Survey Results Summary
Musquodoboit Valley Memorial Hospital
 Fiscal 2011 2012


MVMH – Ambulatory Care Services (40 responses, low confidence level)

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Continuity and Coordination of Care	Care Received From Health Professionals	Respect for Rights	Concern For Safety	Facility Environment	All Surveys
Positive	97%	95%	91%	94%	92%	93%	95%	94%
Negative	3%	5%	9%	6%	8%	7%	5%	6%

MVMH – Inpatient and Ambulatory Care Services (53 responses, low confidence level)

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Continuity and Coordination of Care	Care Received From Health Professionals	Respect for Rights	Concern For Safety	Facility Environment	All Surveys
Positive	98%	95%	89%	95%	92%	92%	96%	94%
Negative	2%	5%	11%	5%	8%	8%	4%	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 Experience Survey Results Summary
Twin Oaks Memorial Hospital
 Fiscal 2011 2012

TOMH – Ambulatory Care Services (53 responses, low confidence level)

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Continuity and Coordination of Care	Care Received From Health Professionals	Respect for Rights	Concern For Safety	Facility Environment	All Surveys
Positive	92%	95%	91%	98%	96%	98%	97%	96%
Negative	8%	5%	9%	2%	4%	2%	3%	4%

TOMH – Inpatient and Ambulatory Care Services (73 responses, low confidence level)

Answer Group	Overall Assessment of Care Received	Accessibility of Services	Continuity and Coordination of Care	Care Received From Health Professionals	Respect for Rights	Concern For Safety	Facility Environment	All Surveys
Positive	93%	94%	89%	98%	98%	96%	97%	95%
Negative	7%	6%	11%	2%	2%	4%	3%	5%

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 Experience Survey Results Summary


Fiscal 2011 2012

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

Dimension	QEII	DGH	HCH	*NS Rehab	**CCHC	ESMH	MVMH	TOMH
Overall Assessment of Care Received	94%	91%	97%	83%	97%	94%	98%	93%
*Emergency Department	92%	88%	91%	100%				
**Accessibility of Services	90%	92%	93%		93%	94%	95%	94%
Continuity and Coordination of Care	87%	83%	90%	80%	85%	85%	89%	89%
Care Received From Health Professionals	94%	93%	97%	91%	97%	95%	95%	98%
Respect for Rights	92%	90%	95%	95%	94%	93%	92%	98%
Concern for Safety	85%	81%	94%	80%	94%	92%	92%	96%
Facility Environment	86%	82%	96%	100%	97%	96%	96%	97%
Total Score	91%	89%	95%	87%	94%	93%	94%	95%

*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 July 2011, in the following **inpatient** service:

QEII Inpatient

Geriatric Medicine

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.

Timely feedback on your experience at Capital Health is important to us, therefore please complete the survey and return by December 15, 2011.

If you have questions or concerns about the survey itself, please call 1-902-473-8247. If you wish to have a Capital Health Patient Representative contact you to discuss your experience as a patient, please call 1-855-799-0990 (toll free) or send an email to this address: healthcareexperience@cdha.nshealth.ca. You can expect a response within 1 to 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.



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.
- 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:

<http://yourcapitalhealthexperience.com>
Your Survey Access Code is: **BWY9TBH**

If you have any questions or concerns about the survey itself, please call 1-902-473-8247. If you wish to have a Capital Health Patient Representative contact you to discuss your experience as a patient, please call 1-855-799-0990 (toll free) or send an email to this address: healthcareexperience@cdha.nshealth.ca. You can expect a response within 1-2 business days.



BWY9TBH

Capital Health – Inpatient Experience Survey

SECTION A: YOUR OVERALL ASSESSMENT

Thinking of the care and services you received during this hospital stay, please let us know your **overall perceptions** regarding your hospital stay:

	Strongly Disagree ▼	Disagree ▼	Agree ▼	Strongly Agree ▼
1. I was satisfied with the quality of care I received.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

	Definitely No ▼	Probably No ▼	Probably Yes ▼	Definitely Yes ▼
2. Would you recommend this hospital to a family member or friend?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

	0 Worst hospital possible ▼	1	2	3	4	5	6	7	8	9	10 Best hospital possible ▼
3. Using any number from 0 to 10, where 0 is the <u>worst</u> hospital possible and 10 is the <u>best</u> hospital possible, what number would you use to rate this hospital during your stay?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10

4. How were you admitted to the hospital?
- 1 Planned admission (i.e. you had a scheduled appointment for the care or treatment you needed) → Go to Question 5
 - 2 Through the Emergency Department (i.e. this was an unscheduled visit) → Go to Question 6

SECTION B: ACCESSIBILITY OF SERVICES

We would like to get your opinions on the **accessibility and ease** of getting the care and services you needed. **(Please do NOT answer this question if you were admitted through the Emergency Department. Please go to QUESTION 6).**

If your admission was **planned**, please answer the following question:

	Strongly Disagree ▼	Disagree ▼	Agree ▼	Strongly Agree ▼	Don't Know, Don't Remember, Not Applicable ▼
5. I was satisfied with my wait time for surgery.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5



Capital Health – Inpatient Experience Survey

SECTION C: EMERGENCY DEPARTMENT

If your admission was through the **Emergency Department**, please answer **questions 6-8**. If not, please go to **QUESTION 9**.

Our goal is to provide you with high quality care while you are in the Emergency Department. To help us improve, please indicate to what extent you agree with the following:

	Strongly Disagree ▼	Disagree ▼	Agree ▼	Strongly Agree ▼	Don't Know, Don't Remember, Not Applicable ▼
6. Throughout my visit, I (or family/friends/care giver) was kept informed about delays and wait times.	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
7. I (or family/friends/care giver) was kept informed about tests and treatments.	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
8. I (or family/friends/care giver) felt understood and cared about by the Emergency Department staff.	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅

SECTION D: CONTINUITY AND COORDINATION OF YOUR CARE

Thinking of the **continuity and coordination** of your care, please indicate to what extent you agree with the following:

	Strongly Disagree ▼	Disagree ▼	Agree ▼	Strongly Agree ▼	Don't Know, Don't Remember, Not Applicable ▼
9. 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.	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
10. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
11. When I left the hospital I clearly understood the purpose for taking each of my medications.	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
12. Information about my care was communicated to my family doctor.	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
13. I received information about whom to contact if I had a problem once I was at home.	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅

	Yes ▼	No ▼	Does Not Apply ▼
14. 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?	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃
15. 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?	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃



Capital Health – Inpatient Experience Survey

SECTION E: THE CARE RECEIVED FROM HEALTHCARE PROFESSIONALS

Thinking of the **healthcare professionals** (e.g. doctors, nurses, physiotherapists, occupational therapists, social workers, lab technologists, x-ray technologists, etc...) that treated you during your last visit, to what extent do you **agree** with the following:

	Strongly Disagree ▼	Disagree ▼	Agree ▼	Strongly Agree ▼	Don't Know, Don't Remember, Not Applicable ▼
16. The healthcare professionals provided me and my family or caregiver with emotional support and counselling.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
17. The healthcare professionals consulted me or my family or caregiver in making decisions about my care.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
18. I had trust and confidence in the healthcare professionals treating me.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
19. Healthcare professionals respected my privacy.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
20. I was given the opportunity to ask questions regarding my condition.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
21. Doctors, nurses and other healthcare professionals collaborated in my care.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
22. I understood my treatment plan (that is, what has happened and what are the next steps for care).	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
23. The care I received from my healthcare professionals met my expectations.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

During this hospital stay:

	Never ▼	Sometimes ▼	Usually ▼	Always ▼	Does Not Apply ▼
24. How often was your pain well controlled?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
25. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
26. After you pressed the call button, how often did you get help as soon as you wanted it?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
27. How often did you feel you were treated with courtesy and respect?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
28. How often did nurses <u>listen carefully</u> to you?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
29. How often did doctors <u>explain things</u> in a way you could understand?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅



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SECTION F: RESPECT FOR YOUR RIGHTS

Thinking of your **rights**, please answer the following questions:

	Strongly Disagree ▼	Disagree ▼	Agree ▼	Strongly Agree ▼	Don't Know, Don't Remember, Not Applicable ▼
30. The hospital staff took my cultural values and those of my family or caregiver into account.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
31. I felt I could refuse a treatment or a procedure.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
32. I knew how to express a complaint if I was dissatisfied with the care I received.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
33. I feel that my diversity status (differences in age, abilities, culture, ethnicity, sexual orientation, socio-economic status, spirituality, etc.) and that of my family/care giver, was respected and valued by hospital staff.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

	Yes ▼	No ▼	I did not need an interpreter ▼
34. Was an interpreter provided for you (either in person or over the phone) so that you could understand and make informed health care decisions?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

SECTION G: HOSPITAL SUPPORT SERVICES

Thinking of your hospital stay, please rate the item below:

	Strongly Disagree ▼	Disagree ▼	Agree ▼	Strongly Agree ▼	Does Not Apply ▼
35. I was satisfied with the food I was served or that was available during my hospital stay.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

SECTION H: CONCERN FOR YOUR SAFETY

Thinking of the hospital's concern for your safety, please rate each of the items below:

	Never ▼	Sometimes ▼	Usually ▼	Always ▼	Does Not Apply ▼
36. The staff consistently washed their hands before providing care.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
37. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
38. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

	Yes ▼	No ▼
39. Were you told about what you and your family could do to make sure you were safe while in the hospital (e.g. ask questions about your care, wear your hospital identification bracelet, regarding medication safety)?	<input type="radio"/> 1	<input type="radio"/> 2



