Canadian Hospital Experiences Survey—Frequently Asked Questions

Canadian Hospital Experiences Survey—Project Questions

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Canadian Hospital Experiences Survey—Project Answers

1. What is the Canadian Hospital Experiences Survey?

The Canadian Hospital Experiences Survey is a questionnaire that collects feedback from patients about the quality of care they received during their recent stay in a Canadian hospital. This information can be used to improve services and to make decisions about care delivery.

The survey will be a pan-Canadian acute care standardized tool to collect and compare data on patient experiences. This type of tool is essential for performance evaluation and sharing of best practices; however, none currently exist. The survey will aid hospitals in their assessments of patient well-being, promote the use of patient experience to inform quality improvement initiatives and provide a platform for national comparisons and benchmarking for the measurement of patient experience.

The Canadian Institute for Health Information (CIHI) has engaged the national and international research community as well as stakeholders across the country, including the Inter-Jurisdictional Patient Satisfaction Group¹, Accreditation Canada, the Canadian Patient Safety Institute and The Change Foundation, to inform the development process. The Canadian Hospital Experiences Survey includes a base set of the 22-item Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey and an additional 20 to 25 questions that address key areas not currently captured in HCAHPS. Jurisdictions can also add about five of their own jurisdiction-specific questions to the survey when they implement it.

Working groups within the Inter-Jurisdictional Patient Satisfaction Group and other key stakeholders were formed to develop the additional Canadian-based content. The domains are listed in the table below.

<table>
<thead>
<tr>
<th>HCAHPS Domains</th>
<th>Additional Domains</th>
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<tbody>
<tr>
<td>• Communication with nurses</td>
<td>• Admission to hospital</td>
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<tr>
<td>• Communication with doctors</td>
<td>• Internal coordination of care</td>
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<tr>
<td>• Physical environment</td>
<td>• Person-centred care</td>
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<tr>
<td>• Responsiveness of staff</td>
<td>• Discharge and transition</td>
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<tr>
<td>• Pain control</td>
<td>• Outcome</td>
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<tr>
<td>• Communication about medications</td>
<td>• Global rating</td>
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<tr>
<td>• Discharge information</td>
<td>• Demographic questions (Canadian context)</td>
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<tr>
<td>• Ratings</td>
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<tr>
<td>o Rate hospital from worst to best</td>
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<tr>
<td>o Would you recommend this hospital to family and friends?</td>
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¹ At the time the survey was developed, the Inter-Jurisdictional Patient Satisfaction Group contained the following members and organizations: British Columbia Patient Reported Experience Measures Steering Committee, Health Quality Council of Alberta, Alberta Health Services, Saskatchewan Health Quality Council, Manitoba Health, Health Quality Ontario, Ontario Hospital Association, Commissaire à la santé et au bien-être (Quebec), New Brunswick Health Council, Capital Health Nova Scotia, Health PEI and Western Health (Newfoundland and Labrador).
2. Why is CIHI leading the development of the Canadian Hospital Experiences Survey?

In 2011, several Canadian jurisdictions (including Alberta, Saskatchewan, Ontario, Quebec, New Brunswick and Prince Edward Island) approached CIHI to lead the development of a pan-Canadian acute care patient experience survey, using the American HCAHPS survey as a base. Most jurisdictions were involved in the development of the survey through representation on the Inter-Jurisdictional Patient Satisfaction Group.

CIHI was asked to lead this effort because:

- We have experience in standardization, methodology, survey development and pan-Canadian health system performance analysis;
- We have established relationships with key pan-Canadian organizations such as Accreditation Canada and the Canadian Patient Safety Institute; and
- The measurement of patient experience is an important component of overall health system performance and it fits well with CIHI’s health system performance agenda.

3. Has Accreditation Canada approved this survey? Is the new survey intended to replace the survey currently used as part of the accreditation process?

Throughout the survey development process, CIHI worked closely with Accreditation Canada. Accreditation Canada was also invited to participate on the Inter-Jurisdictional Patient Satisfaction Group that assisted with survey development. Accreditation Canada has confirmed its support for this survey as an accepted survey tool for use in accreditation.

4. Why is a patient experience survey being developed now?

While patient experience surveys are currently being conducted by many Canadian jurisdictions using various tools, a standardized pan-Canadian tool for collecting and comparing patient experience information doesn’t exist. Provinces were interested in working together to facilitate pan-Canadian comparison through the use of a standardized tool for measuring patient experience.

5. Will this survey be mandatory for all jurisdictions?

The adoption of this patient experience survey is not mandatory; jurisdictions can continue to use their own surveys if they choose. We are hoping that jurisdictions will adopt this survey when they are ready—to create a pan-Canadian picture of patient experience.

6. What work has been done so far? What are the next steps?

CIHI is finalizing the Canadian Hospital Experiences Survey in both French and English. To date, CIHI has collaborated with national stakeholders and experts to finalize the survey through cognitive testing and pilot testing. Cognitive testing was completed in May 2013 and pilot testing was completed in September 2013.
Working with experts in the field, CIHI is currently developing a survey toolkit that includes a survey administration standards manual, data dictionary and indicator methodology. This work will result in a survey that is ready for implementation by April 2014.

Starting in April 2014, CIHI will begin developing the data collection and reporting system; this will be ready to receive data from early adopter jurisdictions in spring 2015. Jurisdictions will continue to work with the vendor of their choice, which will submit survey data directly to CIHI in a way that meets the minimum data standards. In a future phase of the project, participating provinces and territories will have access to comparable data and information through an online eReporting tool and analytical reports.

7. **Will my facility/jurisdiction be able to add questions?**

CIHI worked to develop a survey with a core set of approximately 50 questions. There is still room for jurisdictions to add a few additional questions at their discretion. They will need to develop, test and work with vendors if adding any questions. We recommend that any additional questions be added at the end of the survey, before the demographic questions. The flow and structure of the HCAHPS and newly added Canadian questions should not be changed (or new questions inserted), as that would affect comparability.

8. **What is the survey cycle?**

It is anticipated that CIHI will report on patient experience measures annually. Data submission may occur as frequently as quarterly, but specific details are still being determined. Jurisdictions will need to work through their various reporting cycles; thus a staggered reporting approach is expected at the outset.

9. **Is the collection frequency the same for all of the questions?**

Ideally, we would like the collection frequency to be standardized. However, we expect the submission schedule will be subject to jurisdictional variations. If this is the case, we will work with jurisdictions on flexible options for submission. Possible future survey developments for additional sectors of health care (long-term care, emergency care, rehab, etc.) may require different reporting cycles.

10. **Who will administer the survey? Will we be able to choose the particular company/vendor?**

The survey can be administered by the facility and/or region, entirely by themselves or through a vendor. CIHI will not restrict the use of vendors as long as they can comply with the national standard and operational process. Vendor selection will be left up to the jurisdiction/hospital. We want to work within the existing processes.

11. **Who is funding the development and implementation of the survey?**

The development and implementation of this survey requires both dollars and human resources. CIHI is funding the first phase of this project (survey development and testing) with additional resources and some in-kind contributions from the jurisdictions for cognitive and pilot testing costs.
Meetings with ministries and others within jurisdictions are being planned to gauge interest and capacity to support the implementation phase of this work. If you are interested in investigating this opportunity, please contact one of the following people:

**Western Provinces and Territories**
Anne McFarlane, Vice President, Western Canada and Developmental Initiatives
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**Ontario and Quebec**
Caroline Heick, Executive Director, Ontario, Quebec and Primary Health Care Information
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**Atlantic Provinces**
Stephen O’Reilly, Executive Director, Atlantic Canada and Integrated eReporting
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12. Are there plans to make international comparisons? If yes, which indicators will be compared?

As we have not yet developed indicators nor confirmed international comparators, we cannot provide an answer to this question at this time. Although the tool has the capacity for international comparisons via the HCAHPS component, the current focus is on national comparisons.

13. Will these results be published?

Public reporting of national comparative measures is being considered for the next phase of this project. Once the survey has been finalized, patient experience measures will be developed; both experts and key stakeholders will be engaged in these discussions.

14. Will the survey be translated into different languages?

The survey will initially be available in English and French. We know that some jurisdictions will need the survey to be translated into additional languages. We hope that jurisdictions that are implementing the survey will collaborate on the translation and testing of applicable languages.

15. When will we extend this survey development work to include sectors beyond acute care?

In the future, CIHI will explore the expansion of the survey to additional sectors across the continuum of care, such as long-term care, in alignment with stakeholder information needs. Timelines for this development work have not been confirmed.
Canadian Hospital Experiences Survey—Methodological and Technical Answers

16. Why was the HCAHPS chosen as a base survey?

The HCAHPS survey was chosen for a number of reasons, including the following:

- HCAHPS was created based on rigorous research and validation in the U.S. (and has been widely adopted across the U.S.);
- Several jurisdictions (Alberta, New Brunswick and Saskatchewan) are currently using HCAHPS;
- HCAHPS is endorsed by Accreditation Canada;
- HCAHPS is well-positioned for international comparisons;
- American organizations such as the Institute for Healthcare Improvement are already using data for quality improvement;
- HCAHPS is in the public domain and therefore doesn’t require licensing; and
- The available support resources and established processes make it easy to implement.

17. What factors were taken into consideration when choosing new questions? How were these additional questions chosen?

CIHI worked with the Inter-Jurisdictional Patient Satisfaction Group and other national experts to review HCAHPS and identify additional domain areas and questions to include in the Canadian survey.

In finalizing the new questions, the groups considered:

- Current literature;
- Questions that performed well in existing questionnaires (based on survey data);
- The intent of the question and whether it related directly to the patient experience (it was not for administrative purposes);
- Feedback from researchers and content experts; and
- Accreditation priorities and guidelines (required organizational practices).

CIHI went through a multi-step process to select new questions. First, CIHI and an Inter-Jurisdictional Advisory Group of experts decided on important areas (domains) that are not covered in the HCAHPS questionnaire. This was done by reviewing existing questions used in Canada, the scientific literature and available survey data.

Next, an extensive review of existing questionnaires used around the world related to those areas/domains was conducted, and related questions were identified. Advisory working groups then reviewed existing questions and drafted new questions related to key themes in the domains. These questions have undergone cognitive and pilot testing to ensure that they are appropriate and understandable. The next step is to test the full survey in real life during the implementation phase.
18. What is the validity and reliability of the instrument?

The HCAHPS survey has been rigorously scientifically tested for both validity and reliability. As part of CIHI’s survey development process, the Canadian questionnaire was cognitively tested in three provinces (Alberta, New Brunswick and Ontario) in English and French; results show that the questions are understood as they were intended to be understood. Statistics Canada completed the cognitive testing on behalf of CIHI. It is important to note that the French questionnaire was developed following a thorough method of translation to ensure comparability of results.

CIHI tested the additional Canadian questions in a pilot study. Pilot tests were completed in Alberta, British Columbia and Ontario in English and French. Both the telephone (English only) and mail survey (French and English) methods were tested. New Brunswick has implemented a French and English version of HCAHPS that has been thoroughly tested and shown to be valid and reliable.

19. Who is the target population?

The target population of the Canadian Hospital Experiences Survey is the adult inpatient acute care population that received surgical, medical and maternity services in hospital. To be eligible for the survey, patients must be age 18 and older, be alive at discharge and have stayed at least one night in hospital. It is estimated that more than 90% of adult discharges from acute care facilities will be eligible for the survey. A patient is not eligible for the survey if he or she received services related to palliative care or psychiatric care, or if he or she received services in specialized care facilities such as psychiatric hospitals.

20. What is the proposed survey administration methodology? Who will be responsible for various methodological aspects of the survey?

The survey will be a sample of patients from the eligible patient population. The sampling frame will be based upon the HCAHPS requirements, where possible. This survey will be administered in English and French. The English survey has been pilot tested in both telephone and mail modes of administration. The French survey has been pilot tested via the mail mode of administration only. A survey standards manual is being drafted to provide further information and requirements related to the administration of the survey.

Where possible, CIHI will follow the HCAHPS guidelines and sampling procedures when we work through these methodological aspects for the survey. Further details of these aspects will be determined during the next phase of development and will be provided to the survey administrators in a manual documenting these processes.

21. What methodological support will be available for hospitals?

CIHI will be working to provide detailed documentation on data collection and verification procedures. These details will be confirmed during the implementation phase.
22. Are the HCAHPS and new Canadian questions the same kind of questions that are on the Picker questionnaires now?

Questions on the HCAHPS and the new Canadian questions cover similar domains, so the concepts do align (judgments about events, whether something happened or not, whether people waited too long, etc.), but the questionnaires are different. It is important to note that the answer categories are not exactly the same, but they are in a similar vein (making respondent data easy to interpret and analyze).

23. If my jurisdiction/facility implements this new survey, what does this mean for historical trending data (specifically for NRC Picker data)?

For regions or facilities that currently use HCAHPS in its entirety (like Alberta and New Brunswick) or selected HCAHPS questions (like Saskatchewan and some hospitals in Ontario), trending of results will be possible. CIHI has adopted the complete HCAHPS. However, there will be some changes to the demographic questions.

For users of other questions, such as Picker questions, trending will not be possible because questions and answer categories will be different.

Making this change may involve a transition phase where the jurisdiction/facility uses existing and new surveys in parallel to validate performance. CIHI is happy to work closely with participating jurisdictions to help make the impact of this change as minimal as possible.

24. Will the reporting of results and style of reports be the same with the new questionnaires? Will survey results be reported back to the facility directly as is done now?

This survey is meant to provide both internal reporting for quality improvement and comparative benchmarking nationally. The scoring results will be based on scoring that will align with the answer scales of the survey. For example, NRC uses a particular scoring style for its Picker questionnaire results; there is no direct scoring match between this and the new survey answer scales, but it is possible to use the same style of scoring.

This survey is meant to provide data for both quality improvement and comparisons, so the intent is to follow existing processes around survey data collection. Summary reporting will be at the hospital level. CIHI will provide national comparative data. Levels of reporting as well as final patient experience measures are still to be determined, but CIHI will be engaging expert researchers and key stakeholders during development of the next phase of the project.

25. What is the procedure for transmitting data to CIHI?

Data will be transmitted to CIHI directly from facilities/regions or through vendors who coordinate this data collection using standard data submission specifications and protocols.