

Canadian Patient Experiences Survey—Inpatient Care: Frequently Asked Questions

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Background

1. What is the Canadian Patient Experiences Survey—Inpatient Care?

The Canadian Patient Experiences Survey—Inpatient Care (CPES-IC) is a standardized questionnaire that enables patients to provide feedback about the experience of care they received during their most recent stay in a Canadian acute care hospital. This standardized tool will help hospitals assess patient experiences with acute care, promote the use of patient experience to inform the delivery of patient-centred care and 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 collaborated with the national and international research community as well as stakeholders across the country—including the Inter-Jurisdictional Patient Satisfaction Group,ⁱ Accreditation Canada, the Canadian Patient Safety Institute and The Change Foundation—to inform the development and pilot testing of the CPES-IC. The CPES-IC includes 22 items from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, 19 questions that address key areas relevant to the Canadian context and 7 questions that collect demographic information. Jurisdictions can add up to 10 of their own jurisdiction-specific questions to the survey.

Indicators reported using CPES-IC data will be a combination of existing HCAHPS and new preliminary Canadian domains.

HCAHPS Domains	Additional Canadian Domains
<ul style="list-style-type: none"> • Communication with nurses • Communication with doctors • Physical environment • Responsiveness of staff • Pain control • Communication about medications • Discharge information • Ratings <ul style="list-style-type: none"> – Rate hospital from worst to best – Would you recommend this hospital to family and friends? 	<ul style="list-style-type: none"> • Admission to hospital • Internal coordination of care • Person-centred care • Discharge and transition • Outcome • Global rating • Demographic questions (Canadian context)

i. At the time the survey was developed, the Inter-Jurisdictional Patient Satisfaction Group consisted of the following members and organizations: Western Health (Newfoundland and Labrador), Health PEI, Capital Health (Nova Scotia), New Brunswick Health Council, Commissaire à la santé et au bien-être (Quebec), Ontario Hospital Association, Health Quality Ontario, Manitoba Health, Saskatchewan Health Quality Council, Alberta Health Services, Health Quality Council of Alberta and British Columbia Patient Reported Experience Measures Steering Committee.

2. What factors were considered when selecting additional survey questions?

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

CIHI used a multi-step process to select new questions. First, CIHI and an Inter-Jurisdictional Advisory Group of experts decided on important areas (domains) that were not covered in the HCAHPS questionnaire. This was done by reviewing existing patient experience survey 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. Subsequently, the new questions were cognitively (May 2013) and pilot (September 2013) tested to ensure that they are appropriate and understandable.

3. What work has been done so far?

In spring 2014, CIHI released the CPES-IC in French and English, as well as the CPES-IC Procedure and Data Dictionary manuals. These documents are available at www.cihi.ca. As part of the next steps, CIHI has begun developing the Canadian Patient Experiences Reporting System (CPERS); it will be ready to receive data that follows the minimum data standards from several jurisdictions in spring 2015.

CIHI is currently developing a set of patient experience indicators/measures that will be used to present the CPES-IC findings through quality improvement and comparative reports. CIHI is also exploring opportunities to link patient experience data to administrative data.

4. Who is funding the development and implementation of the survey?

The development and implementation of this survey require both financial and human resources investments. CIHI provided funding for 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.

Early adopter jurisdictions and CIHI are jointly sharing the cost to support Phase 2 of the patient experience initiative and the development of the Canadian Patient Experiences Reporting System (CPERS). To join the patient experience initiative, please contact 1 of the following people:

Western Provinces and Territories

Georgina MacDonald, 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

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5. Is the CPES-IC publicly available?

CIHI's CPES-IC is non-proprietary and is publicly available. To download the survey, visit www.cihi.ca.

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

The HCAHPS survey was chosen for its

- Scientific merit—HCAHPS is premised on rigorous research and has been validated and widely adopted in the United States;
- Application in several Canadian jurisdictions (New Brunswick, Saskatchewan, Alberta);
- Flexibility for international comparisons;
- Endorsement by Accreditation Canada;
- Use of data for quality improvement (e.g., by the Institute for Healthcare Improvement);
- Non-proprietary licensing parameter for use; and
- Established standard tools—the availability of supporting resources and established processes makes it easy to implement.

General Survey Administration

7. Has Accreditation Canada approved/endorsed the CPES-IC?

Accreditation Canada has endorsed the CPES-IC as a survey tool for use in accreditation in Canada. CIHI continues to collaborate with Accreditation Canada on the patient experience initiative. Accreditation Canada, an invited guest on the Inter-Jurisdictional Patient Satisfaction Group, assists with survey standards (survey tool and procedures) and report development.

8. Is the CPES-IC mandatory for all jurisdictions?

Several Canadian jurisdictions have adopted the CPES-IC on a voluntary basis, with the prospect of using the patient experience data for quality improvement, benchmarking, international comparison and system-level performance monitoring.

9. Who will administer the CPES-IC?

The survey is designed for data collection in a unit, facility, region and/or jurisdiction or through a vendor. The arrangement will vary by jurisdiction.

10. In which languages has the CPES-IC been validated?

The CPES-IC has been validated in 2 languages: English and French.

For more information about translation methods, please contact CIHI (prems@cihi.ca).

Methodology and Standards

11. What is the validity and reliability of the CPES-IC?

The HCAHPS survey has been rigorously tested for validity and reliability. The CPES-IC has been cognitively tested in New Brunswick, Ontario and Alberta in English and French, and pilot tested in Ontario, Alberta and British Columbia in both languages. The cognitive test results confirmed that the questions are understood as intended and the length of the survey is adequate. Statistics Canada completed the cognitive testing on CIHI's behalf. The French questionnaire was developed following a thorough method of translation to ensure comparability of results.

Pilot tests of the Canadian questions were completed using both the telephone (English only) and mail (French and English) survey methods.

12. Who is the eligible population?

Adult patients who received surgical, medical and maternity services in acute care hospital are eligible to complete the CPES-IC. General eligibility requirements for patients include the following:

- 18 years or older at the time of admission;
- Alive at the time of discharge; and
- Occupied an inpatient care bed.

Patients are not eligible if they received services in specialized care facilities (e.g., psychiatric or rehabilitation units/hospitals). Please refer to the [CPES-IC Procedure Manual](#) for more information about the eligible population.

13. Where can I find more information about the procedure to administer the survey?

The CPES-IC Procedure Manual is a guide to administering the CPES-IC. It includes information about the questionnaire, survey process and other relevant methodological topics. A consistent approach to administering the CPES-IC will allow results to be compared and benchmarked across Canada and internationally. The protocols are designed to increase patients' response rates and minimize proxy and response bias.

CIHI has created the CPES-IC Procedure and Data Dictionary manuals. Details about the survey administration methodology can be found in these documents. For specific questions, contact CIHI directly at prems@cihi.ca.

Please refer to the [CPES-IC Procedure Manual](#) for more detailed information about the methodology.

Measures and Reporting

14. Can the CPES-IC be used to make international comparisons?

Yes. The core set of HCAHPS questions in the CPES-IC allows for international benchmarking of results.

15. Will the CPES-IC results be published?

Public reporting of national comparative measures is being considered for a set of patient experience performance indicators. CIHI has begun to collaborate with experts and key stakeholders to develop and pilot test patient experience measures and to design comparative reports for quality improvement and pan-Canadian benchmarking.

16. If my jurisdiction/facility implements this survey, what will this mean for historical trending data?

Trending of historical data will be possible for regions or facilities that are currently using the HCAHPS survey in its entirety (like New Brunswick and Alberta) or selected HCAHPS survey questions (like Saskatchewan and some hospitals in Ontario). CIHI has adopted the complete set of HCAHPS survey questions for inpatient acute care (with the exception of HCAHPS demographic questions).

17. How will survey results be reported back to the facility?

CIHI is designing aggregate comparative reports to support quality improvement efforts at a facility level and for interjurisdictional benchmarking efforts.

Next Steps/Future Considerations

18. How can facilities use the CPES-IC to support quality improvement initiatives?

The CPES-IC data is rich in that it can be used to provide aggregate-level analytical reports. Facilities can use these reports to identify potential areas for quality improvement and conduct further in-depth analyses in an area of interest using a point-of-care survey.

19. Will CIHI expand survey development beyond the inpatient acute care sector?

CIHI is working closely with jurisdictions across Canada to understand the need to measure patient experience across the continuum of care, beginning with care received in long-term care facilities, followed by care received in emergency departments. More information will be provided in the future.

20. Do I need to use the CPES-IC in its entirety?

The CPES-IC is a standardized pan-Canadian survey tool that is designed to be used in its entirety; it enables hospitals to identify specific performance improvement activities. The HCAHPS component of the questionnaire allows comparisons with jurisdictions outside of Canada and provides new learning opportunities.

21. What is the difference between the CPES-IC and point-of-care surveys?

The CPES-IC serves as a rich source of information for providing comparative reports that can be used by jurisdictions and hospitals for quality improvement and benchmarking. This will inform provincial and local programs to support quality of care initiatives. In addition, hospitals can use the CPES-IC comparative reports to identify opportunities for quality improvement at a local level. Priority areas of quality improvement can be further investigated using point-of-care surveys.

Sampling

22. What are the steps to draw the patient samples?

Step 1: Include all discharges from the hospital within the selected time frame (monthly, quarterly or annually). See sections 12 and 13 on page 13 of the [CPES-IC Procedure Manual](#).

Step 2: Begin to clean the patient experience survey data file by removing patient records that are not eligible. To be eligible, a patient must

- Be age 18 or older;
- Have occupied an inpatient care bed; and
- Have been a maternity, surgical or medical patient.

See Section 10 on page 12 of the [CPES-IC Procedure Manual](#) for the detailed patient inclusion and exclusion criteria.

Step 3: Create the sampling frame by removing patients selected for surveying in the past 12 months within the same facility (de-duplication). See Section 18 on page 15 of the [CPES-IC Procedure Manual](#) for details on patients with more than 1 visit in a year.

Step 4: Calculate the sample size for the selected time frame (see question 24 below).

Step 5: Select a random sample from the sampling frame. The sampling method could be a simple random sample (SRS), a proportionate stratified random sample (PSRS) or a disproportionate stratified random sample (DSRS).

For facilities with fewer than 1,200 eligible discharges in the sampling frame, all patients should be sampled (i.e., a census should be done).

Please see sections 14, 15 and 20 on pages 14 and 16 of the [CPES-IC Procedure Manual](#) for more details.

23. What are the steps to calculate the sample size?

Step 1: Determine the sampling frequency (e.g., monthly) and calculate the number of completed surveys needed over the selected time frame (E). For example, a facility that surveys monthly will need 25 completed surveys per month to reach the annual sample size of 300 ($E = 300 / 12 = 25$). For a DSRS, the required annual sample size equivalent to an SRS of 300 needs to be established separately. Please contact CIHI for more details.

Step 2: Estimate the proportion of patients expected to return a completed survey (e.g., $R = 25\%$). This may depend on the response rate for the particular survey mode and the sampling method that will be used.

Step 3: Calculate the sample size as E / R . For example, when $E = 25$ and $R = 0.25$, the sample size for a monthly survey would be 100 ($E / R = 25 / 0.25 = 100$).