



CPES-IC

Canadian Patient Experiences Survey Inpatient Care Procedure Manual

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Table of contents

Acknowledgements.....	5
Introduction.....	5
Background.....	6
Purpose of the manual.....	7
Procedures.....	7
Survey administration.....	7
1. Administration options for hospitals/organizations.....	7
Data submission.....	8
2. Canadian Patient Experiences Reporting System.....	8
Questionnaire format.....	8
3. Survey modes.....	8
4. Questions to be included.....	9
5. Introduction to the survey.....	9
6. Supplementary questions.....	13
7. Questionnaire format.....	13
8. Languages.....	15
Sampling frame and sampling methods.....	16
9. Patient information to include when preparing the sampling frame.....	16
10. Patient population(s).....	17
11. Eligibility/inclusion.....	17
12. Sampling methods.....	20

Survey logistics	20
13. Field period for surveying	20
14. Frequency of surveying	21
15. Time periods for survey samples	21
16. Survey logistics: Number and timing of contacts.....	21
17. Incomplete questionnaire	23
18. Telephone surveying guidelines.....	23
19. Online surveying guidelines	26
20. Submission of questionnaires	28
Appendix A: Canadian Patient Experiences Survey — Inpatient Care mail questionnaire.....	29
Appendix B: Canadian Patient Experiences Survey — Inpatient Care telephone script	37
Appendix C: Canadian Patient Experiences Survey — Inpatient Care online sample.....	56
Appendix D: Canadian Patient Experiences Survey — Inpatient Care frequently asked questions for survey respondents	58
Appendix E: Canadian Patient Experiences Survey — Inpatient Care frequently asked questions for administrators.....	64
Appendix F: Glossary of terms.....	70
Appendix G: Summary of changes to the CPES-IC Procedure Manual	74
References.....	75
Other works cited	75

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Introduction

The Canadian Patient Experiences Survey — Inpatient Care (CPES-IC) is a standardized questionnaire that enables patients to provide feedback about the quality of care they received during their inpatient stay in a Canadian acute care hospital. This standardized tool aids hospitals in their assessments of patient experiences with care, promotes the use of patient experience to inform the delivery of patient-centred care and quality improvement initiatives, and provides 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 Centered Measurement Advisory 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 (HCAHPSⁱⁱ) survey, 19 questions that address key areas relevant to the Canadian context and 7 questions to collect demographic information. Jurisdictions can add up to 10 of their own questions to the survey.ⁱⁱⁱ These additional questions and responses are meant for jurisdictional use only and will not be submitted to CIHI.

Measures have been developed to report CPES-IC data; these are described separately in the [Canadian Preliminary Core Patient-Reported Experience Measures — Summary and Technical Notes](#).

Background

In 2011, several Canadian jurisdictions approached CIHI to lead the development of a pan-Canadian acute care inpatient experience survey, using the HCAHPS survey as a base.

CIHI was asked to lead this effort because

- It has experience in standardization, methodology, survey development, data collection and pan-Canadian health system performance analysis;
- It has 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 fits well with CIHI's health system performance agenda.

i. At the time the survey was developed, the Inter-Jurisdictional Patient Centered Measurement Advisory 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.

ii. HCAHPS is a validated survey tool that has been widely used in the United States for more than 10 years. The tool has been endorsed by Accreditation Canada and is well-positioned for international comparisons.

iii. More information can be found in [Section 6](#): Supplementary questions.

Purpose of the manual

This manual provides standards for administering the CPES-IC. It includes information about the questionnaire, survey process and other relevant items. A consistent approach to administering the CPES-IC will allow results to be compared across Canada and internationally. The protocols are designed to increase patients' response rates and minimize proxy and biased responses.

This manual adapts HCAHPS procedures where possible to enable future international comparisons.¹

CIHI has outlined both requirements and recommendations pertaining to survey procedures.

- ✓ A **requirement** is a procedure that an organization *must* follow to have its data included in the pan-Canadian database and to be included in standardized comparisons.
- ❖ A **recommendation** is a procedure that an organization does not need to follow if it is currently doing something different; however, organizations should work toward following the CIHI recommendations for future survey cycles.

Procedures

Survey administration

1. Administration options for hospitals/organizations

Participating hospitals/organizations have the following options for surveying:

- Contract with a jurisdiction-approved survey vendor
 - The vendor will administer the CPES-IC and submit data on behalf of the hospital/organization to CIHI.
- Self-administer the CPES-IC
 - The hospital/organization itself will administer the survey and submit data to CIHI.
- Administer the CPES-IC for multiple sites (e.g., University Health Network)
 - A hospital/corporation will administer the survey and submit data to CIHI for more than one site.

Each individual hospital/organization that surveys at any of these levels and submits data to CIHI's national patient experience system is expected to meet the minimum survey submission requirements as described in the [CPES-IC Data Dictionary Manual](#). For more information, please visit www.cihi.ca/en/prems or email prems@cihi.ca.

Data submission

2. Canadian Patient Experiences Reporting System

Each hospital/organization that surveys at any of these levels and submits data to the Canadian Patient Experiences Reporting System (CPERS), CIHI's national patient experience system, is expected to meet the minimum data submission requirements as described in the [CPES-IC Data Dictionary Manual](#). CPERS captures the patient's responses to the survey questions, as well as information on the methods and processes used to administer the survey and additional administrative information needed to support submissions, analysis and reporting.

To submit data to CIHI, the vendor must be a CPERS licensed vendor. More information on [vendor testing](#) is available on our website.

For more information, please visit www.cihi.ca/en/prems or email prems@cihi.ca.

Questionnaire format

3. Survey modes

Initial contact mode

✓ **Required:** Any of the following modes can be used: mail, telephone or email.

Note: A hospital or organization may contact a patient in one mode and the patient may then choose to complete the survey in another mode.

Survey completion mode

✓ **Required:** Any of the following modes may be used to complete the survey: mailed questionnaire, telephone interview or online.

Note: An online questionnaire sent via email is the preferred online method, as response rates are typically lower when physically mailing out a cover letter with the URL for an online survey. Please write to prems@cihi.ca if you are considering the latter approach.

4. Questions to be included

Questionnaires must include all 22 original HCAHPS questions, 19 Canadian questions and 7 core demographic questions (see sidebar). The questions must remain in the order provided. There is an option to include a final open-ended question to collect feedback about the hospital stay; sample wording for such a question is included in the CPES-IC (Q49). Responses to the open-ended question will not be submitted to CIHI. The CPES-IC questionnaire can be found in [Appendix A](#).

Obtaining answers to demographic questions

There are 2 possible ways to obtain the answers to 3 of the 7 demographic questions.

Scenario 1: Collect the data elements Birthdate, Gender and Service Line (e.g., maternity) using the demographic questions in the survey tool.

Scenario 2: Extract data for the data elements Birthdate, Gender and Service Line (e.g., maternity) from an administrative data source, combine this data with questionnaire responses and submit the answers to CIHI. In this scenario, the 3 demographic questions from the survey can be removed and 3 supplementary questions, in addition to the 10 already permitted, can be added.

[Section 5](#) provides instructions for adding supplementary questions to the standard questionnaire.

5. Introduction to the survey

Mailed questionnaires

Mailed questionnaires must include the standard introduction provided on page 1 of the questionnaire in [Appendix A](#). Open-window envelopes are advised, where possible, to avoid discrepancies between information on the envelope and on the cover letter and/or questionnaire, which may occur when using standard envelopes.

For mailed questionnaires, create a cover letter on the hospital's letterhead (which should include the hospital's logo). A cover letter should be used for both the first and second mailings of the entire survey package (see [Section 16](#)).

Content requirements for the mailed cover letter

- ✓ **Required:** The following must be included in all mailed cover letters:
 - State the patient’s name and address; do not send anonymous letters to patients (i.e., patients should not be addressed generically with “Dear Patient”).
 - Indicate the intent and purpose of the questionnaire and the use of the results (e.g., quality improvement and national initiative).
 - State the closing date (the last day that the patient is eligible to complete the survey).
 - Provide a brief explanation of how and why respondents are selected and how they can find out the survey results.
 - Emphasize that responses to the questionnaire should reflect patients’ experiences with the hospital and the hospital stay reflected in the discharge date noted on the cover letter.
 - State that proxy respondents (see [Section 11](#)) are not allowed, although respondents can get help with their answers.
 - Note that the questionnaire is voluntary.
 - Provide instructions on how to respond to the questionnaire.
 - State the length of the survey (e.g., 49 questions) and estimated time to complete it (e.g., 15 minutes).^{iv}
 - State who to contact if more information is required.
 - Thank the respondents.
 - Include the CEO’s (or designee’s) signature on the letter.
- ✓ **Required:** If a second mailing is required (see [Section 16](#)), the cover letter must contain the following, in addition to the contents described above:
 - A sentence early in the letter about the prior mailing; and
 - A thank-you for completing the questionnaire for patients who may have already responded.

Telephone surveys

Surveys conducted by telephone should use the standard introduction provided in the telephone script in [Appendix B](#).

iv. Due to the variation in survey length, we recommend conducting a trial to determine approximately how long it will take for patients to complete the survey.

Online surveys

Online surveys should use the standard introduction provided in [Appendix C](#). Please send an email to prems@cihi.ca for more information about using the online mode.

Email invitation to the online survey

Keep the email concise and include only brief instructions. Write the email as if writing to a business acquaintance.

The “from” address on the email should match the sender’s name. If the sender is the hospital CEO or other hospital staff member, the “from” address must be a valid hospital email address. If the survey invitations are being sent by a vendor, the hospital will need to authorize the vendor to send the email on the hospital’s behalf.

See [Appendix C](#) for a sample email invitation and survey introduction.

- ❖ **Recommended:** The email invitation should be sent from the CEO or other senior leader/person in authority at the hospital or in the jurisdiction.

Content of emailed invitation

- ✓ **Required:** The following must be included in the initial email:
 - Personalize the invitation (state the patient’s name; do not address the patient generically “Dear Patient”).
 - Indicate the intent and the purpose of the questionnaire and the use of the results (e.g., quality improvement and national initiative).
 - Provide a brief explanation of how and why respondents are selected and how they can find out the survey results.
 - Note that the questionnaire is voluntary.
 - Emphasize that responses to the questionnaire should reflect patients’ experiences with the hospital and the hospital stay reflected in the discharge date noted on the cover letter.
 - State that proxy respondents (see [Section 11](#)) are not allowed, although respondents can get help with their answers.
 - Provide instructions on how to respond to the questionnaire.
 - State who to contact if more information is required.
 - State the length of the survey (e.g., 49 questions) and estimated time to complete it (e.g., 15 minutes).
 - Provide a link to the survey that is assigned specifically to the patient or include a survey access code specific to the patient.

- State the closing date (the last day that the patient is eligible to complete the survey).
 - Thank the respondent.
 - Include the CEO's (or designee's) signature on the letter.
- ✓ **Required:** Follow-up email messages must contain the following:
- Personalized invitation (addressed to the individual; emails must not be sent in bulk);
 - Reminder of the email invitation sent previously;
 - Link to the survey (including the access code, if applicable);
 - Reminder that participation is voluntary;
 - Closing date (the last day that the patient is eligible to complete the survey);
 - A person to contact if more information or technical assistance is required; and
 - A thank-you for patients who may have already completed the survey.
- ✓ **Required:** The following must be done in the introduction to the online questionnaire:
- Emphasize that responses to the questionnaire should reflect patients' experiences with the particular hospital and discharge date identified in the contact email.
 - State that proxy respondents (see [Section 11](#)) are not allowed, although respondents can get help with their answers.
 - Provide any further instructions for completing the online questionnaire.

General CIHI information

The following information describes CIHI's role in the survey and may be used in communications with respondents in all survey formats.

Optional: Standard CIHI description

The Canadian Patient Experiences Survey — Inpatient Care (CPES-IC) responses are sent to and stored in the Canadian Patient Experiences Reporting System (CPERS), a database developed and maintained by the Canadian Institute for Health Information (CIHI). Survey information supplied to CIHI will only be used in compliance with [CIHI's Privacy Policy, 2010](#) (updated August 2017), which governs how personal health information is treated at CIHI. CIHI has a comprehensive privacy and security program that complies with the highest standards for safeguarding the confidentiality of health information. This information is used by service providers, hospital decision-makers and funders to inform and improve patient-centred care and patient outcomes in Canada.

In addition, we will also be including your *<insert jurisdiction-specific variable names (e.g., your provincial health care number)>* with the information we send to CIHI. This enables CIHI to add your survey responses to information that it already holds about your contact with the

health care system (e.g., hospital stay data collected in the Discharge Abstract Database and National Ambulatory Care Reporting System). Bringing this information together is essential to understand where patient experiences differ and why they differ across hospitals, regions within a province or territory, and Canada.

6. Supplementary questions

- ✓ **Required:** Follow these guidelines for adding supplementary questions:
 - The CPES-IC must be used in its entirety. The order of the questions must be maintained.
 - Hospitals may add up to 10 questions in addition to the required CPES-IC questions (or up to 13 if the demographic questions on Birthdate, Gender and/or Service Line are collected using administrative data rather than the questions in the survey tool [see [Section 4](#)]).
 - Add the patient experience–specific supplementary questions before the ABOUT YOU section. If additional jurisdiction-specific demographic questions are added, place them after the set of CPES-IC standard demographic questions.
 - The style of the supplementary questions should be consistent with the rest of the questionnaire. A transition sentence can be added to this section to maintain the flow of the survey. Do not submit the responses to the supplementary questions to CIHI. Please send an email to prems@cihi.ca for more information regarding supplementary questions.
- ❖ **Recommended:** Supplementary question content should be unique from content already asked as part of the CPES-IC.

7. Questionnaire format

The final questionnaires should be presented in a format similar to the questionnaires provided in [Appendix A](#). Some flexibility regarding the questionnaire format is possible.

Mailed questionnaire formatting

✓ Required:

- Emphasized wording must remain bolded or underlined, as seen in the questionnaire in [Appendix A](#). For example, the following question should be bolded in the final questionnaire and the words “courtesy and respect” should also be underlined as shown below:

1. During the hospital stay, how often did nurses treat you with courtesy and respect?

- Directional arrows (i.e., →) that identify skip patterns must not be changed in the questionnaire. For example, the directional arrow must appear beside the “No” response option in the following question:

10. During the hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

Yes

No → If No, go to Question 12

- Section headings must remain in the questionnaire and must be in all caps (e.g., YOUR CARE FROM NURSES).
- Font size and type for the survey materials should be easily readable. The questionnaire is in 12-point font and is optimally formatted. A font size of 10 points is the minimum.
- Attention must be paid to the formatting of directional arrows and skip patterns.

Online questionnaire formatting

Best practices for email formatting are well-documented. The following table presents guidelines for online survey formatting. Please send an email to prems@cihi.ca for more information about using the online mode.

Table Guidelines for online questionnaire formatting

Guideline	Status
List only a few questions per screen and group them according to subject	Required
Use graphics sparingly (graphics other than a logo can distract patients or change their interpretation of the questions)	Required
Use matrix questions sparingly (i.e., multiple questions provided in a table with response categories across the top)	Required
Allow respondents to proceed to the next page without completing questions; only answers to filter questions should be forced	Required
Ensure that respondents’ privacy is protected	Required

Guideline	Status
Provide some indication of survey progress (it is recommended to use the ratio of questions completed rather than progress bars)	Required
Automate skip patterns (using skip logic patterns)	Required
Enable respondents to report problems and request assistance by phone or email	Recommended
Place instructions exactly where the information is needed and not at the beginning of the questionnaire (please email prems@cihi.ca for guidelines)	Required
Place more blank spaces between the questions rather than between subcomponents of the questions	Required
Clearly distinguish questions from answers using different fonts and background colours	Required
Use shorter lines to prevent words from being skipped (i.e., don't have the question run along the whole width of a monitor)	Required
Provide space to answer open-ended questions that is sized appropriately for the response task (e.g., large text boxes encourage more feedback)	Required
Avoid visual clutter	Required
Avoid placing questions side by side on a page so it doesn't appear that respondents are asked to answer 2 questions at once	Required
Allow respondents to re-enter the survey (i.e., for patients who wish to complete the survey at a later time)	Recommended

Sources

Dillman DA, Smyth JD, Christian LM. *Internet, Phone, Mail, and Mixed-Mode Surveys: The Tailored Design Method, 4th Edition*. 2014.
 Schonlau M, Fricker RD, Elliott MN. [Conducting Research Surveys via E-mail and the Web](#). 2002.

8. Languages

- ✓ **Required:** The primary language must be either English or French, depending on the primary language of the majority of patients in a hospital's catchment area. The secondary language should be available if the patient asks for the survey in the other language.
 If a jurisdiction would like to offer the survey in languages other than English and French, please contact CIHI (prems@cihi.ca) to confirm the survey design, translation and cognitive testing requirements.

For bilingual surveys administered in tumble or “flip-side” format, when submitting data to CPERS, provide the language that corresponds to the language used by the patient to answer the survey questions. For bilingual surveys administered in other formats, please email prems@cihi.ca.

- ✓ **Required:** Translation of the questionnaire must meet the following requirements:
 - Translate the questionnaire into the selected language. The HCAHPS survey has been translated into several other languages. If available in the language required, use the already-translated HCAHPS questions as a starting point for CPES-IC questions 1 to 22 and 43. The Canadian CPES-IC questions will still need to be translated (questions 23 to 49, excluding 43).
 - Have a different translator conduct a back translation (i.e., translate the questionnaire from the new language back into English or French).
 - Review the differences in the language between the 2 questionnaires and adjust the translated questionnaire as required.
 - Conduct cognitive testing with a sample of patients to confirm that the questionnaire has been translated appropriately to capture the nuances in the original language.

Sampling frame and sampling methods

9. Patient information to include when preparing the sampling frame

- ❖ **Recommended:** When preparing patient information to create the sampling frame, consider including information that will be needed to administer the survey and to prepare the final data set. Examples include the following:
 - Patient's unique identifier (including information about how the identifier was assigned, for example, health care number, chart number or a randomly generated number);
 - Patient's first name, middle initial and last name;
 - Patient's gender (if known; this question can be removed from the questionnaire — see [Section 4](#));
 - Patient's date of birth (if known; this question can be removed from the questionnaire — see [Section 4](#));
 - Patient's full mailing address, telephone number and/or email address;
 - Patient's discharge date;
 - Patient's point of entry (i.e., emergency department, direct admission);
 - Patient's unit of discharge;
 - Patient's discharge status (i.e., where the patient was discharged to — please see [Section 11](#) for eligibility criteria); and
 - Patient's service line (i.e., maternity, surgical, medical).^v

v. CIHI is currently developing detailed criteria for defining a patient's service line.

For information about data submission, please see the [CPES-IC Data Dictionary Manual](#). Detailed data submission specifications are made available to organizations and/or vendors that have completed and returned their Licence Agreement Subscription package. This technical documentation provides detailed requirements and guidelines for submitting CPES-IC data to CIHI. For more information, please visit www.cihi.ca/en/prems or email prems@cihi.ca.

10. Patient population(s)

- ✓ **Required:** This survey must be administered to all or a random sample of inpatient medical, surgical and maternity patients.
 - A hospital can survey all of its eligible patients; this is an attempted census.
 - Patients can be sampled from within the hospital as a whole (i.e., without regard for unit or program structure).
 - A hospital can also stratify its patient population by program/unit or in combination with a specific time period.

The target population of the CPES-IC is the adult (i.e., age 18 and older) inpatient acute care population that received maternity, surgical or medical services in the hospital.

- **Maternity patients:** Women who gave birth to 1 or more live babies either through vaginal or Caesarean section delivery
- **Surgical patients:** Patients who underwent 1 or more procedures/interventions or who were identified as having used operating room time during their hospital stay
- **Medical patients:** Patients who received services primarily related to acute inpatient care and who meet the eligibility criteria (see [Section 11](#)) but who did not receive maternity or surgical services

11. Eligibility/inclusion

- ✓ **Required**
 - 18 years or older at the time of admission
 - Alive at the time of discharge

- Admission includes any of the following:
 - **Option 1:** The patient had at least one overnight stay in the hospital.
 - An overnight stay is defined as an inpatient admission in which the patient's admission date is different from the patient's discharge date. The admission need not be 24 hours long. For example, a patient had an overnight stay if he or she was admitted at 11 p.m. on Day 1 and was discharged at 10 a.m. on Day 2.

OR

- **Option 2:** An order to admit was completed by a physician/practitioner **and** an inpatient bed was requested **and** the patient occupied an inpatient bed.
 - This is an admission where a patient presented to the emergency department (ED) and a physician/practitioner completed an order to admit the patient and requested an inpatient bed. Subsequently, the patient did indeed occupy an inpatient bed in a medical, surgical or maternity unit in that hospital.
 - **Note:** Exclusive stays in holding areas within an ED are **not** considered admissions for the purposes of this survey.

OR

- **Option 3:** Patients transferred from another hospital (acute or non-acute) may be eligible for surveying in both the transferred to and transferred from hospitals, as long as they meet the requirements of option 1 or option 2.

Examples of admission routes

Patients admitted to inpatient beds via different routes (i.e., direct admission, admission through an ED) may be eligible as long as they meet the requirements of option 1, 2 or 3.

- Direct admission:
 - Patients admitted via the admitting department or directly to an inpatient bed;
 - Patients who arrived through the ED but did not receive service and were directly admitted;
 - Patients who arrived through the ED and were immediately moved to a maternity department;
 - Patients admitted via the day surgery department or a clinic; or
 - Patients transferred in from another hospital.
- Admission through the ED.
- Patients who were admitted via the ED of the reporting hospital must have used ED services (i.e., triaged, registered, treatment initiated in the ED) and had an order to admit to acute care given by the physician or practitioner in the ED.

Exclusions

✓ **Required:** Proxies are not to be used

Proxy respondents are not permitted to answer the questionnaire on behalf of the patient. It must be stated and emphasized in all communications with patients that the intended patient must answer the questionnaire himself or herself but that other people can provide help if it is required.

❖ **Recommended:** Patient populations to be excluded:

- Receiving care primarily for a psychiatric condition or mental health disorder (e.g., bipolar disorder, depression, behavioural disorders, delusional disorders, chromosomal abnormalities)
 - *However*, patients whose principal diagnosis falls within the maternity, medical or surgical service lines and who also have a secondary psychiatric diagnosis *are still eligible* for the survey.
- Discharged from a rehabilitation unit
- Primary diagnosis of alternate level of care (ALC) at time of admission (e.g., a patient waiting for a long-term care facility bed admitted to an acute care hospital while waiting)
- A primary diagnosis of alcohol/drug abuse or dependence (e.g., the patient was admitted for an overdose or other alcohol-/drug-related urgent admission)
 - *However*, patients whose principal diagnosis falls within the maternity, medical or surgical service lines and who also have a secondary diagnosis of alcohol/drug abuse or dependence *are still eligible* for the survey.
- Day surgery patients
 - *However*, if a patient was admitted for day surgery and then required admission to acute care, he or she *is eligible* to receive a survey.
- Patients requesting not to be contacted or recorded as “do not announce”
- Patients residing in prison (e.g., prisoners)
 - *However*, patients residing in halfway houses *are eligible* for the survey.
- Patients discharged to nursing homes or long-term care facilities (i.e., patient is discharged to a facility that provides 24-hour nursing care)
 - *However*, assisted living patients and home care patients *are still eligible* to receive a survey.

- Patients excluded on sensitive or compassionate grounds (e.g., discharged to hospice care, abortion or miscarriage, women with loss of baby, assault, domestic violence, suicide attempt, elder abuse)
- Any patient selected for surveying in the last 12 months within the same hospital
 - For example, a patient surveyed in March would not be eligible for surveying again at that same hospital until the following April, regardless of whether or not the patient returned a questionnaire.

12. Sampling methods

a. Hospitals with at least 1,200 unique discharges

- ✓ **Required:** If an attempted census is not feasible, the hospital must draw a random sample of eligible monthly discharges to ensure that the patients who participate in the survey are representative of all eligible patients. A variety of random sampling methods are acceptable, including proportionate and disproportionate stratified random sampling. Please contact CIHI at prems@cihi.ca with any methodological inquiries.

b. Hospitals with fewer than 1,200 unique discharges

- ✓ **Required:** Hospitals must survey all eligible patients (i.e., attempt a census).

Note: All surveys that contain at least one response should be submitted to CIHI (see [Section 19](#)).

Survey logistics

13. Field period for surveying

Mail

- ✓ **Required:** The mail field period must not start until 48 hours post-discharge and run to between 8 and 12^{vi} weeks from the initial mailing. Questionnaires received after the 12-week cut-off can be included in the CIHI data submission at this time (see [Section 20](#)).

Telephone

- ✓ **Required:** The telephone field period must be from 48 hours to 8 weeks post-discharge. Questionnaires completed after the 8-week cut-off can be included in the CIHI data submission at this time (see [Section 20](#)).

vi. Mail has an extended field period due to delays that may arise from mailing.

Email/online

- ✓ **Required:** The email/online field period must be from 48 hours to 8 weeks post-discharge. Questionnaires completed after the 8-week cut-off can be included in the CIHI data submission at this time (see [Section 20](#)).

14. Frequency of surveying

- ❖ **Recommended:** A required survey frequency is not prescribed, but it is recommended that hospitals survey as frequently as feasible and submit to CIHI as soon as possible after the organization/vendor has completed data collection and processing activities. CIHI operates on a fiscal-year basis (defined as April 1 to March 31).

15. Time periods for survey samples

- ✓ **Required:** The minimum time period for sampling patient discharges is 3 consecutive months. This may be done at any point in the year (e.g., January through March) that permits organizations to submit data after the close of the field period.
- ❖ **Recommended:** A period longer than 3 months can be used for surveying. Some hospitals may choose to survey continuously. In hospitals with small volumes, this might be necessary to obtain the desired sample size.

16. Survey logistics: Number and timing of contacts

Mail

Initial mailing

- ✓ **Required:** The first survey package must be mailed within a month of the patient's discharge date. Hospitals can survey more quickly, but no sooner than 48 hours after discharge.

Follow-up mailings

- ✓ **Required:** If the patient has yet to respond, at a minimum, send 1 mail follow-up approximately 21 days after the first mailing. Include the entire survey package and an updated cover letter.
- ❖ **Recommended:** At least 2 mail follow-ups² within the 12-week field period.
 - If conducting 2 mail follow-ups,
 - For the initial reminder, include an updated cover letter or a postcard (10 days after the first mail out); and
 - For the second reminder, include the entire survey package and an updated cover letter; the second reminder can be sent 2 to 3 weeks after the initial reminder.

Telephone

✓ **Required:**

- Initial telephone calls should be conducted at least 48 hours after the patient was discharged. Call attempts should be made between 9 a.m. and 9 p.m. in the patient's time zone.
- Data collection must be closed for the patient at the end of the field period (8 weeks).
- At least 5 telephone attempts should be made at different times of the day, on different days of the week and during different weeks within the 8-week period. The call attempts must span more than one week to account for patients who are temporarily unavailable.

- ❖ **Recommended:** Consider refraining from conducting call attempts on statutory holidays, during particular religious periods, during big events, at times when many people are on vacation or at times when contact or cooperation rates are expected to be very low.

Example

The first telephone attempt is made on April 5 (48 hours post-discharge). Data collection must be closed out by May 31 for this patient, which is 8 weeks (56 days) from the first telephone attempt date.

Questionnaires completed after the 8-week cut-off can be included in the CIHI data submission at this time.

Email

✓ **Required:**

- Initial emails should be sent out at least 48 hours after the patient was discharged up to 8 weeks post-discharge (the end of the field period).
- At least one reminder must be sent to patients who did not complete the survey following the initial email. This reminder should occur approximately 7 to 10 days after the first email. Patients who partially complete the survey must also be sent a reminder to complete the survey.

- ❖ **Recommended:** 2 reminder emails can be sent over the 8-week field period. They should be sent 7 to 10 days apart.

17. Incomplete questionnaire

All surveys that contain responses to at least one survey question should be submitted to CIHI. Privately reported patient-reported experience measures will be calculated based on all surveys with at least one survey question response. CIHI will monitor the definition of a complete survey and may update the definition in future iterations of this manual.

18. Telephone surveying guidelines

Telephone interviewer system

The telephone interviewer system can be an electronic telephone interviewing system that uses standardized scripts and design specifications or manual data collection (where the interviewer records the patient responses on paper and then enters the responses). A sample telephone script is provided in [Appendix B](#).

❖ Recommended:

- The hospital/survey vendor is responsible for programming the scripts and specifications into the electronic telephone interviewing system software or an alternate system.
- For manual data collection, an interviewer should use the standardized script over the telephone and record answers on paper and then enter data into a database.

Contacting patients

Patients who call in

❖ Recommended:

- Patients may call back the number that attempted to reach them depending on the call display. The patients should be able to reach someone when they call, at times that are convenient for them based on the area/time zone they live in.³
- Survey vendors/administrators should not program the caller ID to display the hospital name.

Busy signals and voicemail

❖ Recommended:

- Voicemail messages should not be left, as this could violate a patient's privacy. Another attempt can be made the same day.
- For calls that receive a busy signal, several attempts can be made on the same day.
- For calls where no one answered, attempt a call another day.³

Scheduled appointments

- ❖ **Recommended:** If a patient asks to complete the interview at a later date, a call back should be scheduled. At the time of the call back, the interview should resume where the patient left off from the previous call.³

Incorrect phone numbers

- ❖ **Recommended:**
 - If possible, update phone numbers using commercial software, internet directories and/or directory assistance.
 - If a person answering the telephone knows how to reach the patient, an attempt can be made using the new information.

Internal do not call lists

- ❖ **Recommended:**
 - Interviewers should be trained on how to respond and actions to take when someone asks not to be called again.
 - Surveying administrators must develop a process and have a database in place to store requests by respondents to not be contacted.³

Difficult-to-reach patients

- ❖ **Recommended:**
 - If the patient is unable to participate in the interview because he or she speaks languages other than the language the survey is being administered in, the interview should be terminated.
 - Space the calls at least one day apart and over at least 7 days to increase chances of reaching the patient.
 - If the call drops and the interview is interrupted, the patient should be re-contacted immediately to complete the remainder of the survey.

Refusal avoidance

It is important that telephone interviewers attempt to avoid refusals from patients. Some tips include

- Reading the script verbatim, unless the patient interrupts, and being prepared to answer questions with script notes or answers to frequently asked questions (see [Appendix D](#));
- Speaking clearly and politely, and avoiding long pauses; and
- Not rushing the introduction.³

Interviewer training process

✓ **Required:**

- Interviewers who are new to the CPES-IC survey program must receive training before interviewing.
- Training must include some combination of several days or weeks of training. This could include classroom or online training, shadowing of experienced interviewers and/or practice calling members of the eligible population who are not part of the chosen sample. Initial training should cover
 - How to administer the questionnaire;
 - Computer-assisted telephone interviewing (CATI) software and other technical systems needed for interviewing;
 - The general layout of the questionnaire and information about reading the script, such as cues, tone and emphasis (see [Appendix B](#) for the telephone script and additional resources listed below);
 - Strategies for encouraging people to participate;
 - Information about how questions should be read;
 - General probing techniques; and
 - Familiarity with the frequently asked questions and responses.
- Provide interviewers with regular follow-up training.³

❖ **Recommended:** Monitor interviewers and provide them with timely feedback.

Pilot, test and support the telephone survey

✓ **Required:** Pilot test the script and the process for conducting interviews.

- Test the programming of the auto dialer, the CATI software, the database for collecting the responses and the tools available at the interviewer workstations.³
- An FAQ should be available to the interviewers to assist them in answering questions about the survey, its administration and its purpose. (Some sample frequently asked questions and answers are provided in [Appendix D](#)).

❖ **Recommended:** If telephone interviewing is a new process for your organization, expert consultation is recommended.

- Implement a process for interviewers to report feedback or issues that they have encountered.

19. Online surveying guidelines

Collect email addresses

- Hospitals will need to create an email field within their patient information system (e.g., Admission–Discharge–Transfer [ADT] system).
- Administrative staff should treat the email address in the same way as other confidential patient contact information (e.g., phone number, postal address). Patients should be asked for an email address at the same time as they are asked for other contact information (e.g., at admission, at discharge).

Train staff in the collection of email addresses

✓ **Required:**

- Provide a rationale for email address collection (e.g., to collect patient feedback that will be used to improve hospital practices).
- Provide a standard script to help staff feel more comfortable asking for this information.
- Provide guidance on overcoming hesitancy from patients about providing this information.
- Prepare material to address common concerns about providing email addresses. Concerns are often a result of a
 - Lack of understanding of the purpose of the survey and how the information will be used;
 - Fear that the email address might be used for the hospital's marketing or fundraising purposes;
 - Concern about receiving emails from the hospital in the future and/or the email address being given to a third party; and
 - Concern that any critical responses they divulge might compromise their care in the future.³

- ❖ **Recommended:** An FAQ document is a useful reference tool for the administrative staff collecting email addresses. [Appendix D](#) provides some examples for consideration.

Provide support for administrative staff

- ✓ **Required:** Administrative staff should be trained on the new requirement of collecting email addresses, and training of all new administrative staff should include collection of email addresses.

❖ **Recommended:**

- Supervisory staff should be willing to provide help as needed, particularly at the outset of this initiative. Once the process of collecting emails becomes second nature to staff, the need for this form of support will diminish.
- Display posters that explain the purpose of the survey to encourage staff to ask patients for their email addresses.
- Report back to staff about the proportion of patients who have contributed their email addresses as the number increases. Provide staff with positive patient feedback on their experience at registration or discharge to heighten their engagement in the process.

Develop an email database

- ✓ **Required:** Patients' email addresses should be extracted from the ADT system and placed in a database for email surveying. The information required in the database is the patient's name, email address and date of discharge. Other information may also be included if it will be useful in data analysis (e.g., service line, unit).

Check the validity of email addresses

- ✓ **Required:** Review the list for readily identifiable errors in the email addresses (i.e., that are potentially the result of mistakes during data entry). Examples include typing “.com” instead of “.com” or misspelling an email provider (e.g., “Gamil” instead of “Gmail”).
- ❖ **Recommended:** Make use of available email validation software. It will help identify incorrect email addresses and can fix structural mistakes such as the erroneous insertion of a space in an email address.

Note: Some errors cannot be caught in advance. These will result in bounce-backs when the email is sent out. Contacting the patient via a different mode to obtain the correct email address is acceptable.

Develop and administer the online survey

Please email prems@cihi.ca for more information.

Software and vendors

Options are available for the development of an online survey, including the use of off-the-shelf surveying software or a commercial survey vendor for online survey development and administration. The survey format should conform to that of CIHI's sample survey.

Online survey set-up

Step 1: Set up the survey

The survey questions of the CPES-IC need to be set up only once upon the initiation of the survey program. This involves typing the questions into the software, setting the appropriate response formats and making sure that the overall format is consistent with CIHI's guidelines for visual appearance. Once the software is set up, only minimal operational support will be required.

Hospitals and jurisdictions are recommended to use the sample survey that CIHI has developed (this requires purchasing a licence with the online survey vendor; alternatively, they may copy the sample format onto the online survey platform of their choice. Please send an email to prems@cihi.ca for more information about using the online mode.

- ❖ **Recommended:** It is strongly recommended that hospitals and jurisdictions send their online survey to CIHI for review and comment before beginning to collect data.
- ❖ **Recommended:** Web surveys should be designed for mobile web platforms as well as conventional desktop computers.

Step 2: Test the process

✓ **Required:**

- Thoroughly test the survey interface to ensure that all questions' skip logic and error messages are functioning as expected. Test the survey with different browsers and on different mobile devices.
- Verify that the data file is storing responses correctly.
- Conduct a number of practice runs with colleagues to ensure that the email distribution program is working properly, emails are not being directed to spam and links in the email are functional.
- Confirm that privacy and security requirements have been met.

20. Submission of questionnaires

How many completed questionnaires must be submitted?

- ✓ **Required:** Any questionnaire with at least one question completed should be submitted to support methodology refinement and data quality improvements. There is no minimum number of completed questionnaires that hospitals are required to submit.

Appendix A: Canadian Patient Experiences Survey — Inpatient Care mail questionnaire

See next page

Canadian Patient Experiences Survey — Inpatient Care

Survey Instructions

- ◆ You should fill out this questionnaire only if you were the patient named on the envelope. You may need to get help from a family member or friend to answer the questions. That's okay.
- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ Your response to this survey is voluntary but will provide us with important information.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this:
 - Yes
 - No → **If No, go to Question 1**

Placeholder for jurisdiction comments.

Please answer the questions about your recent stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

YOUR CARE FROM NURSES

1. **During this hospital stay, how often did nurses treat you with courtesy and respect?**
 - Never
 - Sometimes
 - Usually
 - Always
2. **During this hospital stay, how often did nurses listen carefully to you?**
 - Never
 - Sometimes
 - Usually
 - Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always
- I never pressed the call button

YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors treat you with courtesy and respect?
- Never
 Sometimes
 Usually
 Always
6. During this hospital stay, how often did doctors listen carefully to you?
- Never
 Sometimes
 Usually
 Always
7. During this hospital stay, how often did doctors explain things in a way you could understand?
- Never
 Sometimes
 Usually
 Always

THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?
- Never
 Sometimes
 Usually
 Always
9. During this hospital stay, how often was the area around your room quiet at night?
- Never
 Sometimes
 Usually
 Always

YOUR EXPERIENCES IN THIS HOSPITAL

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
- Yes
 No → If No, go to Question 12
11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
- Never
 Sometimes
 Usually
 Always
12. During this hospital stay, did you need medicine for pain?
- Yes
 No → If No, go to Question 15
13. During this hospital stay, how often was your pain well controlled?
- Never
 Sometimes
 Usually
 Always
14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?
- Never
 Sometimes
 Usually
 Always

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

- Yes
- No → If No, go to Question 18

16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

WHEN YOU LEFT THE HOSPITAL

18. After you left the hospital, did you go directly to your own home, to someone else's home or to another health facility?

- Own home
- Someone else's home
- Another health facility → If Another health facility, go to Question 21

19. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?

- Yes
- No

20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

- Yes
- No

OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

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

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

- Definitely no
- Probably no
- Probably yes
- Definitely yes

In this next section, we ask several more questions about your stay at the hospital.

YOUR ARRIVAL AT THE HOSPITAL

23. When you arrived at the hospital, did you go to the emergency department?

- Yes → If Yes, go to Question 26
- No ↓ If No, please continue below

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

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

25. Was your admission into the hospital organized?

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


Go to Question 30

Answer questions 26 to 29 only if you were admitted through the emergency department.

26. When you were in the emergency department, did you get enough information about your condition and treatment?

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

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

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

28. After you knew that you needed to be admitted to a hospital bed, did you have to wait too long before getting there?

- Yes
- No

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

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


Continue with Question 30

DURING YOUR HOSPITAL STAY

- 30. Do you feel that there was good communication about your care between doctors, nurses and other hospital staff?**
- Never
 - Sometimes
 - Usually
 - Always
- 31. How often did doctors, nurses and other hospital staff seem informed and up-to-date about your hospital care?**
- Never
 - Sometimes
 - Usually
 - Always
- 32. How often were tests and procedures done when you were told they would be done?**
- Never
 - Sometimes
 - Usually
 - Always
 - I did not have any tests or procedures
- 33. During this hospital stay, did you get all the information you needed about your condition and treatment?**
- Never
 - Sometimes
 - Usually
 - Always

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

- Never
- Sometimes
- Usually
- Always
- Not applicable

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always
- I did not want them to be involved
- I did not have family or friends to be involved

LEAVING THE HOSPITAL

- 37. Before you left the hospital, did you have a clear understanding about all of your prescribed medications, including those you were taking before your hospital stay?**

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

38. Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?

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

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

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

YOUR OVERALL RATINGS

40. Overall, do you feel you were helped by your hospital stay? Please answer on a scale where 0 is “not helped at all” and 10 is “helped completely.”

Overall . . . (Please circle a number)



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



ABOUT YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

44. What is the highest grade or level of school that you have completed?

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

45. What is your gender?

- Male
- Female
- Other

46. What is your year of birth?

(Please write in; for example, "1934.")

47. Was your most recent stay at this hospital for a childbirth experience?

- Yes
- No

48. People living in Canada come from many different cultural and racial backgrounds. The following question will help us to better understand the experiences of the communities that we serve. Do you consider yourself to be . . .

(Check all that apply)

- First Nation
- Inuit
- Métis
- Indigenous/Aboriginal
(not included above)
- Arab
- Black (North American, Caribbean, African, etc.)
- Chinese
- Filipino
- Japanese
- Korean
- Latin American
- South Asian (East Indian, Pakistani, Sri Lankan, etc.)
- Southeast Asian (Vietnamese, Cambodian, Malaysian, Laotian, etc.)
- West Asian (Iranian, Afghan, etc.)
- White (North American, European, etc.)
- Other

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

Notes

Questions 1 to 22 and 43 are adapted from the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) questionnaire. Questions 23 to 49 (excluding question 43) were adapted and/or developed by the Canadian Institute for Health Information in consultation with an interjurisdictional committee of experts.

Appendix B: Canadian Patient Experiences Survey — Inpatient Care telephone script

Overview

The script is intended to assist program administrators and interviewers with the administration of the CPES-IC via telephone mode. Following the script standards below will ensure consistent administration across jurisdictions.

For the French telephone script, please refer to the [French version of the CPES-IC Procedure Manual](#).

Legend

- <_XXXX>: To be substituted with appropriate information (e.g., first name, last name, discharge date).
- **BOLD CAPITALIZED TEXT**: Instructions for interviewer; must not be read out loud.
- Text “**DO NOT READ**”: Will sometimes appear in front of text; must not be read out loud.
- [GO TO INTRO]: Instructions for interviewer on which part of the survey to proceed to; must not be read out loud.
- All text that is in lowercase letters: Must be read out loud.
- Underlined text: Should be emphasized.

Notes

- DO NOT CONFIRM WHETHER <FNAME> WAS IN THE HOSPITAL WITH ANY OTHER PERSON.
- All questions and all answer categories must be read *exactly* as they are worded.
- No changes are permitted to the order of the question and answer categories.
- Skip patterns should be programmed into the electronic interviewing system (if applicable).

Sources

Questions 1 to 22 and 43 are adapted from the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) questionnaire from the Centers for Medicare & Medicaid Services.

Questions 23 to 49 (excluding question 43) were adapted and/or developed by the Canadian Institute for Health Information in consultation with an interjurisdictional committee of experts.

Script formatting and prompts are adapted from the HCAHPS Quality Assurance Guidelines and the Alberta Health Services (AHS) Canadian HCAHPS program.

INITIAL CONTACT

Hello, may I please speak to <FNAME> <LNAME>?

If yes [GO TO INTRO].

If no [GO TO INT11_END].

If not available right now [SET CALL BACK TIME].

SUBSEQUENT CONTACT TO FINISH A PREVIOUSLY STARTED SURVEY

Would now be a good time to continue with the rest of the hospital experience survey?

NOTES:

IF ASKED WHO IS CALLING: This is <INTERVIEWER FIRST NAME> from/on behalf of <HOSPITAL/JURISDICTION>. We are conducting a survey about health care. Is <SAMPLED PATIENT NAME> available?

IF THE SAMPLED PATIENT IS NOT AVAILABLE: Is there a convenient time to call back to speak with (him/her/them)?

IF THE SAMPLED PATIENT SAYS THIS IS NOT A GOOD TIME: Is there a more convenient time to call you back?

IF ASKED WHETHER PERSON CAN SERVE AS PROXY FOR SAMPLED PATIENT: For this survey, we need to speak directly to <SAMPLED PATIENT NAME>. Is <SAMPLED PATIENT NAME> available?

IF SOMEONE OTHER THAN THE SAMPLED PATIENT ANSWERS THE PHONE, RECONFIRM THAT YOU ARE SPEAKING WITH THE SAMPLED PATIENT WHEN HE OR SHE PICKS UP.

IF WRONG NUMBER, ASK FOR NEW NUMBER AND BOOK A CALL BACK WITH NEW NUMBER IN NOTES.

.....

INTRO (SPEAKING WITH SAMPLED PATIENT)

INTRODUCE STUDY: Hello, this is <INTERVIEWER NAME>, calling on behalf of <HOSPITAL/JURISDICTION>. This survey is part of a national initiative to measure the quality of care in hospitals. I am calling today to talk to you about the care you received from <HOSPITAL> during your hospital stay that ended around <DISCHARGE DATE> (day/month/year). You have been randomly chosen from a group of people who were recently in hospital. The results of this survey will be used to improve the care and services provided in our hospitals. Your information is protected by law and may be disclosed to authorized individuals only on a need-to-know basis. If you have any questions or concerns, send an email to <EMAIL> or call <PHONE NUMBER>. May I continue?

IF THERE IS A PROBLEM WITH THE HOSPITAL OR DATE, CONSENT IS STILL NEEDED: I'll be asking questions to clarify this shortly; may I continue?

DO NOT READ: Yes, continue interview..... [GO TO PRIVACY INFO]
DO NOT READ: No, do not continue interview [GO TO INT11_END]

PRIVACY INFO

Any information you provide is voluntary and you may stop the interview at any time. If there are any questions you feel uncomfortable answering, please let me know and I will move on to the next one. Your decision to do the interview will not affect the health care or health care benefits you receive. The questions should take between 15 and 20 minutes to answer. This call may be monitored for quality control purposes. May I continue?

DO NOT READ: Yes, continue interview..... [GO TO DISCHARGE INFO]
DO NOT READ: No, do not continue interview [GO TO INT11_END]

DISCHARGE INFO

Our records show that you were discharged from <HOSPITAL NAME> on or about <DISCHARGE DATE>. Is this correct?

DO NOT READ: Yes [GO TO SURVEY INTRO]
DO NOT READ: No [GO TO INEL1]
DO NOT READ: Don't know [GO TO INEL1]
DO NOT READ: Refused [GO TO INEL1]

INEL_1

Have you been a patient at <HOSPITAL NAME> in the past year?

- DO NOT READ:** Yes [GO TO INEL2]
 - DO NOT READ:** No [GO TO INEL_END]
 - DO NOT READ:** Don't know [GO TO INEL_END]
 - DO NOT READ:** Refused [GO TO INEL_END]
-

INEL_2

Were you discharged from this hospital on or around <DISCHARGE DATE>?

IF NECESSARY: PROBE FOR WITHIN 2 WEEKS BEFORE OR AFTER

- Yes or within 2 weeks [GO TO SURVEY INTRO]
 - More than 2 weeks' difference [GO TO INT11_END]

 - DO NOT READ:** Don't know [GO TO INT11_END]
 - DO NOT READ:** Refused [GO TO INT11_END]
-

SURVEY LANGUAGE

PLEASE CAPTURE THE LANGUAGE THAT THE SURVEY WAS ADMINISTERED IN:

- DO NOT READ:** English [CONTINUE TO SURVEY INTRO]
 - DO NOT READ:** French [CONTINUE TO SURVEY INTRO]
-

SURVEY INTRO

Please answer the questions in this survey about this stay at <HOSPITAL NAME>. Thinking about your stay at <HOSPITAL NAME>, did your stay only involve a visit to the emergency department?

- DO NOT READ:** Continue [GO TO SURVEY INTRO_2]
- DO NOT READ:** Only stayed in emergency — end survey... [GO TO INEL_END]

SURVEY INTRO_2

When thinking about your answers, do not include any other hospital stays. The first questions are about the care you received from nurses during this hospital stay.

IF THE PATIENT ANSWERS OUTSIDE OF THE ANSWER CATEGORIES PROVIDED, PROBE THE PATIENT BY REPEATING THE ANSWER CATEGORIES ONLY; DO NOT INTERPRET FOR THE PATIENT.

- DO NOT READ:** Continue [GO TO SURVEY START]
-

SURVEY START

Q1

During this hospital stay, how often did nurses treat you with courtesy and respect? Would you say . . . **READ OPTIONS**

- Never
- Sometimes
- Usually, or
- Always.....

DO NOT READ: Don't know

DO NOT READ: Refused

Q2

During this hospital stay, how often did nurses listen carefully to you? Would you say . . . **READ OPTIONS**

- Never
- Sometimes
- Usually, or
- Always.....

DO NOT READ: Don't know

DO NOT READ: Refused

Q3

During this hospital stay, how often did nurses explain things in a way you could understand? Would you say . . . **READ OPTIONS**

- Never
- Sometimes
- Usually, or
- Always.....

DO NOT READ: Don't know

DO NOT READ: Refused

Q4

During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? Would you say . . . **READ OPTIONS**

- Never
- Sometimes
- Usually
- Always, or
- You never pressed the call button

DO NOT READ: Don't know

DO NOT READ: Refused

Q5_INTRO

The next questions are about the care you received from doctors during this hospital stay.

Q5

During this hospital stay, how often did doctors treat you with courtesy and respect?

IF DID NOT SEE DOCTOR: ENCOURAGE PATIENT TO USE SCALE, BUT IF CAN'T, CODE AS DON'T KNOW/REFUSED.

Would you say . . . **READ OPTIONS**

- Never
- Sometimes
- Usually, or
- Always.....

DO NOT READ: Don't know

DO NOT READ: Refused

Q6

During this hospital stay, how often did doctors listen carefully to you?

READ OPTIONS IF NECESSARY

IF DID NOT SEE DOCTOR: ENCOURAGE PATIENT TO USE SCALE, BUT IF CAN'T, CODE AS DON'T KNOW.

Would you say . . .

- Never
- Sometimes
- Usually, or
- Always.....

DO NOT READ: Don't know

DO NOT READ: Refused

Q7

During this hospital stay, how often did doctors explain things in a way you could understand?

READ OPTIONS IF NECESSARY

IF DID NOT SEE DOCTOR: ENCOURAGE PATIENT TO USE SCALE, BUT IF CAN'T, CODE AS DON'T KNOW.

Would you say . . .

- Never
- Sometimes
- Usually, or
- Always.....

DO NOT READ: Don't know

DO NOT READ: Refused

Q8_INTRO

The next questions are about the hospital environment.

Q8

During this hospital stay, how often were your room and bathroom kept clean? Would you say . . . **READ OPTIONS**

- Never
- Sometimes
- Usually, or
- Always.....

DO NOT READ: Don't know

DO NOT READ: Refused

Q9

During this hospital stay, how often was the area around your room quiet at night? **READ OPTIONS IF NECESSARY**

Would you say . . .

- Never
- Sometimes
- Usually, or
- Always.....

DO NOT READ: Don't know

DO NOT READ: Refused

Q10_INTRO

The next questions are about your experiences at <HOSPITAL NAME>.

Q10

During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan? **READ OPTIONS**

- Yes, or..... [GO TO Q11]
- No [GO TO Q12]

DO NOT READ: Don't know [GO TO Q12]

DO NOT READ: Refused [GO TO Q12]

Q11

How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? Would you say . . . **READ OPTIONS**

- Never
- Sometimes
- Usually, or
- Always.....

DO NOT READ: Not applicable

DO NOT READ: Don't know

DO NOT READ: Refused

Q12

During this hospital stay, did you need medicine for pain? **READ OPTIONS**

Yes, or..... [GO TO Q13]

No [GO TO Q15]

DO NOT READ: Don't know [GO TO Q15]

DO NOT READ: Refused [GO TO Q15]

Q13

During this hospital stay, how often was your pain well controlled? Would you say . . . **READ OPTIONS**

Never

Sometimes

Usually, or

Always.....

DO NOT READ: Not applicable

DO NOT READ: Don't know

DO NOT READ: Refused

Q14

During this hospital stay, how often did the hospital staff do everything they could to help you with your pain? **READ OPTIONS IF NECESSARY**

Would you say . . .

Never

Sometimes

Usually, or

Always.....

DO NOT READ: Not applicable

DO NOT READ: Don't know

DO NOT READ: Refused

Q15

During this hospital stay, were you given any medicine that you had not taken before? **READ OPTIONS**

Yes, or..... [GO TO Q16]

No [GO TO Q18_INTRO]

DO NOT READ: Don't know [GO TO Q18_INTRO]

DO NOT READ: Refused [GO TO Q18_INTRO]

Q16

Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? Would you say . . . **READ OPTIONS**

- Never
- Sometimes
- Usually, or
- Always.....

- DO NOT READ:** Not applicable.....
- DO NOT READ:** Don't know
- DO NOT READ:** Refused

Q17

Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? Would you say . . . **READ OPTIONS**

- Never
- Sometimes
- Usually, or
- Always.....

- DO NOT READ:** Not applicable.....
- DO NOT READ:** Don't know
- DO NOT READ:** Refused

Q18_INTRO

The next questions are about when you left the hospital.

Q18

After you left the hospital, did you go directly to . . . **READ OPTIONS**

- Your own home..... [GO TO Q19]
- Someone else's home, or
- Another health facility..... [GO TO Q21]

- DO NOT READ:** Don't know..... [GO TO Q21]
- DO NOT READ:** Refused

Q19

During your 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? **READ OPTIONS IF NECESSARY**

- Yes, or.....
- No

- DO NOT READ:** Not applicable.....
- DO NOT READ:** Don't know
- DO NOT READ:** Refused

Q20

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?

READ OPTIONS IF NECESSARY

Yes, or..... [GO TO Q21]
No [GO TO Q21]

DO NOT READ: Not applicable [GO TO Q21]
DO NOT READ: Don't know [GO TO Q21]
DO NOT READ: Refused [GO TO Q21]

Q21

We want to know your overall rating of your stay at <HOSPITAL NAME>. This is the stay that ended around <DISCHARGE DATE>. Please do not include any other hospital stays in your answer.

Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

IF THE PATIENT DOES NOT PROVIDE AN APPROPRIATE RESPONSE, PROBE BY REPEATING: "Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?"

DO NOT READ 0 Worst hospital possible
1
2
3
4
5
6
7
8
9
10 Best hospital possible

DO NOT READ: Don't know
DO NOT READ: Refused

Q22

Would you recommend the <HOSPITAL NAME> to your friends and family?

Would you say . . . **READ OPTIONS**

Definitely no
Probably no.....
Probably yes, or
Definitely yes.....

DO NOT READ: Don't know
DO NOT READ: Refused

Q23

The next questions are about your arrival at the hospital. When you arrived at the hospital, did you go to the emergency department? **READ OPTIONS**

- Yes, or..... [GO TO Q26]
- No [GO TO Q24]

DO NOT READ: Don't know [GO TO Q24]
DO NOT READ: Refused [GO TO Q24]

Q24

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

- Not at all.....
- Partly.....
- Quite a bit, or
- Completely

DO NOT READ: Don't know

DO NOT READ: Refused

Q25

Was your admission into the hospital organized? **READ OPTIONS**

- Not at all..... [GO TO Q30_INTRO]
- Partly..... [GO TO Q30_INTRO]
- Quite a bit, or
- Completely

DO NOT READ: Don't know [GO TO Q30_INTRO]
DO NOT READ: Refused [GO TO Q30_INTRO]

Q26

When you were in the emergency department, did you get enough information about your condition and treatment? **READ OPTIONS**

- Not at all.....
- Partly.....
- Quite a bit, or
- Completely

DO NOT READ: Don't know

DO NOT READ: Refused

Q27

Were you given enough information about what was going to happen during your admission to the hospital? **READ OPTIONS [IF NECESSARY, PROBE THAT THIS IS RELATED TO THEIR ADMISSION THROUGH THE EMERGENCY DEPARTMENT]**

- Not at all.....
- Partly.....
- Quite a bit, or
- Completely.....

DO NOT READ: Don't know.....
DO NOT READ: Refused

Q28

After you knew that you needed to be admitted to a hospital bed, did you have to wait too long before getting there? **READ OPTIONS IF NECESSARY [IF NECESSARY, PROBE THAT THIS IS RELATED TO THEIR ADMISSION THROUGH THE EMERGENCY DEPARTMENT]**

- Yes, or.....
- No

DO NOT READ: Don't know.....
DO NOT READ: Refused

Q29

Was your transfer from the emergency department into the hospital bed organized? **READ OPTIONS**

- Not at all..... [GO TO Q30_INTRO]
- Partly..... [GO TO Q30_INTRO]
- Quite a bit, or
- Completely..... [GO TO Q30_INTRO]

DO NOT READ: Don't know..... [GO TO Q30_INTRO]
DO NOT READ: Refused

Q30_INTRO

The next set of questions is about your stay in the hospital.

Q30

Did you feel that there was good communication about your care between doctors, nurses and other hospital staff? **READ OPTIONS**

- Never
- Sometimes
- Usually, or
- Always.....

DO NOT READ: Don't know.....
DO NOT READ: Refused

Q31

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

- Never
- Sometimes
- Usually, or
- Always.....

DO NOT READ: Don't know

DO NOT READ: Refused

Q32

How often were tests and procedures done when you were told they would be done? **READ OPTIONS**

- Never
- Sometimes
- Usually
- Always, or
- You did not have any tests or procedures

DO NOT READ: Don't know

DO NOT READ: Refused

Q33

During this hospital stay, did you get all the information you needed about your condition and treatment? **READ OPTIONS**

- Never
- Sometimes
- Usually, or
- Always.....

DO NOT READ: Don't know

DO NOT READ: Refused

Q34

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

- Never
- Sometimes
- Usually
- Always, or
- Not applicable

DO NOT READ: Don't know

DO NOT READ: Refused

Q35

Were you involved as much as you wanted to be in decisions about your care and treatment during this hospital stay? **READ OPTIONS**

- Never
- Sometimes
- Usually, or
- Always.....

DO NOT READ: Don't know

DO NOT READ: Refused

Q36

During your hospital stay, were your family or friends involved as much as you wanted in decisions about your care and treatment? **READ OPTIONS**

- Never
- Sometimes
- Usually
- Always.....
- I did not want them involved, or
- I did not have family or friends to be involved.....

DO NOT READ: Don't know

DO NOT READ: Refused

Q37_INTRO

The next questions are about your experiences with leaving the hospital.

Q37

Before you left the hospital, did you have a clear understanding about all of your prescribed medications, including those you were taking before your hospital stay? **READ OPTIONS**

- Not at all.....
- Partly.....
- Quite a bit.....
- Completely, or.....
- Not applicable

DO NOT READ: Don't know

DO NOT READ: Refused

Q38

Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?

READ OPTIONS

- Not at all
- Partly
- Quite a bit, or
- Completely

- DO NOT READ:** Not applicable
- DO NOT READ:** Don't know
- DO NOT READ:** Refused

Q39

When you left the hospital, did you have a better understanding of your condition than when you entered? **READ OPTIONS**

- Not at all
- Partly
- Quite a bit, or
- Completely

- DO NOT READ:** Don't know
- DO NOT READ:** Refused

Q40_INTRO

The next questions are about your experiences in the <HOSPITAL NAME>.

Q40

Overall, on a scale of 0 to 10, do you feel you were helped by your hospital stay? Please answer on a scale where 0 is “not helped at all” and 10 is “helped completely.”

DO NOT READ

- 0 Not helped at all
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Helped completely

- DO NOT READ:** Don't know
- DO NOT READ:** Refused

Q41

On a scale of 0 to 10, what was your overall experience with your hospital stay? Please answer on a scale where 0 is “I had a very poor experience” and 10 is “I had a very good experience.”

DO NOT READ

- 0 I had a very poor experience
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 I had a very good experience.....

DO NOT READ: Don't know

DO NOT READ: Refused

Q42_INTRO

The next set of questions is about you. This information will only be used to group our results.

Q42

In general, how would you rate your overall physical health? Would you say

... **READ OPTIONS**

- Excellent
- Very good.....
- Good
- Fair, or.....
- Poor

DO NOT READ: Don't know

DO NOT READ: Refused

Q43

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

Would you say ... **READ OPTIONS**

- Excellent
- Very good.....
- Good
- Fair, or.....
- Poor

DO NOT READ: Don't know

DO NOT READ: Refused

Q44

What is the highest grade or level of school that you have completed?

READ OPTIONS

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

DO NOT READ: Don't know

DO NOT READ: Refused

ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELOR'S DEGREE SHOULD BE CODED AS "Undergraduate degree or some university." IF THE PATIENT DESCRIBES NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE TO FIND OUT IF HE OR SHE HAS A HIGH SCHOOL DIPLOMA AND CODE "High school or high school equivalency certificate" OR "Some high school, but did not graduate," AS APPROPRIATE.

Q45

What is your gender? **READ OPTIONS IF NECESSARY**

- Male
- Female
- Other

DO NOT READ: Don't know

DO NOT READ: Refused

Q46

What is your year of birth?

DO NOT READ Enter year (YYYY)

DO NOT READ: Don't know

DO NOT READ: Refused

Q47

READ QUESTION IF APPROPRIATE

Was your most recent stay at this hospital for a childbirth experience? **READ OPTIONS IF NECESSARY**

- Yes, or.....
- No

DO NOT READ: Don't know

DO NOT READ: Refused

Q48

People living in Canada come from many different cultural and racial backgrounds. The following question will help us to better understand the experiences of the communities that we serve. What is your race? Do you consider yourself to be . . . **READ OPTIONS UNTIL OPTION IS SELECTED, BUT CONTINUE TO READ ALL RACE CATEGORIES, PAUSING AT EACH RACE CATEGORY TO ALLOW PATIENT TO REPLY TO EACH RACE CATEGORY (FOR MULTIRACIAL INDIVIDUALS).**

IF THE PATIENT REPLIES, “WHY ARE YOU ASKING MY RACE?”:

We ask about your race for demographic purposes. We want to be sure that the people we survey accurately represent the racial diversity in this country.

IF THE PATIENT REPLIES, “I ALREADY TOLD YOU MY RACE”:

I understand; however, the survey requires me to ask about all races so results can include people who are multiracial. If the race does not apply to you, please answer no. Thanks for your patience.

- First Nations
- Inuit
- Métis
- Indigenous/Aboriginal (not included above).....
- Arab
- Black (for example, North American, Caribbean, African)
- Chinese.....
- Filipino.....
- Japanese
- Korean
- Latin American
- South Asian (for example, East Indian, Pakistani, Sri Lankan)
- Southeast Asian (for example, Vietnamese, Cambodian, Malaysian, Laotian)
- West Asian (for example, Iranian, Afghan)
- White (for example, North American, European), or
- Other

DO NOT READ: Don't know

DO NOT READ: Refused

Q49

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

DO NOT READ: Enter comment

DO NOT READ: No further comment.....

DO NOT READ: Don't know

DO NOT READ: Refused

INT11_END

PATIENT CHOOSES NOT TO CONTINUE: Thank you for your time. =>END

INEL_END

HOSPITAL OR DISCHARGE DATE DO NOT MATCH: It looks like we made a mistake. We are unable to continue with this survey. I apologize for taking up your time. Have a good evening/day. Goodbye. =>END

EMERGENCY DEPARTMENT STAY ONLY: Those are all the questions I have for now. At this time we are only collecting information from patients who stayed on a unit. Thank you very much for taking the time. There is another survey about emergency room experience. =>END

INELIGIBLE FOR SURVEY — END SURVEY: Unfortunately, you do not meet the eligibility criteria. Thank you for your time and have a nice evening/good day. => /END

SURVEY_END

Those are all the questions I have to ask you for this survey. Thank you for your time and participation in our survey. Have a nice evening/good day. Goodbye.

Survey complete => /END

Appendix C: Canadian Patient Experiences Survey — Inpatient Care online sample

For the French online sample, please refer to the [French version of the CPES-IC Procedure Manual](#).

From: [Senior leader in hospital]

Sent: [Date sent]

To: [Patient's email address] *not bulk email addresses*

Subject: [HOSPITAL/JURISDICTION] Patient Experience Survey

Dear [PATIENT NAME],

I am writing to ask for your help with the [HOSPITAL/JURISDICTION] Canadian Patient Experiences Survey for Inpatient Care. You have been selected at random from a sample of acute care patients who stayed at [HOSPITAL NAME] within the past 2 months. Results of this survey will help [HOSPITAL NAME] to improve the quality of care that patients receive.

The questionnaire contains 49 questions and will take about 15 to 20 minutes to complete.

To begin the survey, click the following link: <https://www.....>

Type in the access code: XXXX [if applicable]

Responses are sent to and stored in the Canadian Patient Experiences Reporting System (CPERS), a database developed and maintained by the Canadian Institute for Health Information (CIHI).

Your participation is voluntary, and if you come to any question you prefer not to answer, please skip it and go on to the next.

Should you have any questions or comments, please contact [CONTACT NAME], [TITLE], by email at [EMAIL ADDRESS] or by phone at [PHONE NUMBER].

The survey will be available until [field period end date]. Please do not delay.

Thank you for your participation and ongoing support.

Best regards,

[FULL SIGNATURE,

INCLUDING TITLE,

AND HOSPITAL/JURISIDCTION INFORMATION]

If you prefer to do all or part of the survey at a different location, forward this introductory email to that location, then click on the link to begin or resume.

Introduction page

Welcome to the [HOSPITAL/JURISDICTION] Patient Experience Survey for Inpatient Care

This survey asks patients how they feel about the quality of care they received at [HOSPITAL NAME].

Your participation is voluntary. If you have any questions or problems with the survey, please contact [CONTACT NAME], [TITLE], by email at [EMAIL ADDRESS] or by phone at [PHONE NUMBER].

Please note: You should complete this survey only if it was addressed to you. Other family members may help, but they should not complete the survey on your behalf.

3 quick tips for easy completion:

1. If a question does not apply to you, skip the question, or check the Not applicable option if available.
2. If you are interrupted while doing the survey, you can resume later at the page where you left off. Just click the link in the email again.
3. To move backward or forward in the survey, use the navigation arrows at the bottom of the screen.

The survey begins with a set of multiple-choice questions. An open-ended question follows where you can write any ideas or suggestions.

Appendix D: Canadian Patient Experiences Survey — Inpatient Care frequently asked questions for survey respondents

Background information

1. What does CPES-IC stand for?

CPES-IC stands for “Canadian Patient Experiences Survey — Inpatient Care.”

2. What does CPERS stand for?

CPERS stands for “Canadian Patient Experiences Reporting System.” CPERS is the Canadian Institute for Health Information’s pan-Canadian reporting system for patient experience data. CPERS accepts data on inpatient care based on the CPES-IC survey.

3. What is the purpose of this survey?

The purpose of the survey is to enable patients to provide feedback about the quality of care they experienced during their most recent stay in a Canadian acute care hospital. Understanding a patient’s experience when he or she receives health care is integral to improving patient-centred care.

4. What is the Canadian Institute for Health Information (CIHI)?

The Canadian Institute for Health Information (CIHI) is an independent, not-for-profit organization that provides essential information on Canada’s health system and the health of Canadians. Since 1994, CIHI has worked with a broad range of stakeholders to create and maintain health databases, measurements and standards to produce evidence-based reports about Canadian health system performance.

5. How is CIHI involved in this survey?

CIHI led the survey development, prepared survey administration standards and developed the Canadian Patient Experiences Reporting System (CPERS) database through extensive consultation with several Canadian jurisdictions. This database was developed primarily for the collection of Canadian patient experience data submitted by participating jurisdictions. CIHI's databases are used to inform policy and effective health system management with the goal of improving the overall health and health care of Canadians.

You can learn more about CIHI and the privacy and security protection policies relating to its data and databases at cihi.ca.

For more information about the survey, please visit CIHI's [Patient Experience web page](#).

6. How was the CPES-IC survey developed and how were the questions selected?

CIHI worked with a group of national experts to determine which survey questions would best provide them with the data they are seeking. The first 22 questions and question 43 of the survey were taken from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, a rigorously tested and validated tool that has been widely used for many years in the United States to collect patient experience data. Through extensive consultation, an additional 19 questions were added to address key areas relevant to the Canadian context. The last 7 questions collect demographic data intended to help CIHI better understand the context of patient answers and report more meaningful results.

The CPES-IC was cognitively tested by the Quality Design Resource Centre at Statistics Canada to ensure that the questions were understood and interpreted as intended by both English and French-speaking Canadian participants. Following cognitive testing, CIHI collaborated with national research experts and stakeholders across the country to conduct pilot testing. The purpose of the pilot test was to ensure that the questions performed well together in a similar setting (i.e., in various Canadian hospitals). Following both cognitive and pilot testing, updates were made to the CPES-IC to improve how the survey was interpreted and how it functions.

More information on the CPES-IC development process can be found on CIHI's [Patient Experience web page](#).

7. What are the benefits of completing the CPES-IC survey?

The CPES-IC aims to improve the quality of care received in Canadian hospitals by providing patients, health care professionals and individual hospitals with standardized and comparable information on patients' feedback about their acute care hospital experience. In addition to gaining valuable knowledge about their own care processes and allowing individual patients to provide input about the care received, participating hospitals are able to see how their hospital compares with other hospitals, both in the same jurisdiction and across the country. This information can be used to inform performance improvement programs. Further, the ongoing and standardized nature of the CPES-IC survey will enable hospitals to track changes in patient perspectives on their care over time.

Survey administration questions

8. Why was I selected to participate in this survey?

You were randomly selected from a pool of patients who recently received surgical, medical or maternity services in an acute care hospital and who met the survey's eligibility criteria. We are collecting information about patients' experiences with their recent hospital stays to improve the quality of care patients receive.

9. Who can I contact if I have more questions about this survey?

You may contact the hospital from which you were most recently discharged with your questions. The phone number, email address and/or website can be found on the cover letter you received with the survey.

10. How long will it take to complete the survey?

It will take approximately 15 to 20 minutes to complete the survey.

11. When am I likely to receive a survey?

Should you be selected in the survey sample, you can expect to receive it between 48 hours and 1 month after you have left the hospital. The survey administrator should ensure you have enough time to complete and return the survey (within 12 weeks if received via mail or 8 weeks if received via email).

12. Do I have to do the survey? Can I quit part way through?

Your participation is voluntary and you are not obliged to answer any questions that make you feel uncomfortable. You can stop at any time. However, we highly encourage you to answer all questions if possible, as your feedback is important and valuable, and will be used to drive change and improve the quality of care patients receive.

13. How do I know if I was admitted through the emergency department or directly?

You were admitted to the hospital through the emergency department (ED) if the following occurred:

- You went to the ED for a medical condition and used ED services (i.e., you were triaged or registered, or your treatment was initiated in the ED), after which the attending physician or practitioner in the ED gave an order to admit you to acute care.

You are considered to have been admitted to the hospital directly if any of the following situations occurred:

- You were admitted through the admitting department or directly to an inpatient bed;
- You came to the hospital through the ED but were immediately moved to the maternity department;
- You arrived through the ED but did not receive any ED services and were directly admitted;
- You were admitted through the day surgery department or a clinic affiliated with the hospital at which you were admitted; or
- You were transferred to the hospital from another department or hospital.

14. Can a family member complete the survey for me?

It is important that the survey is completed by the person to whom it was addressed. Family members cannot complete the survey on your behalf. However, if needed, a family member can assist you with completing the survey.

15. I would like to provide specific comments on my hospital stay. Is that possible?

There is an opportunity at the end of the survey for patients to provide extra feedback and/or comments. We welcome and appreciate your feedback.

16. Will I be contacted again in the future?

The survey will be administered to eligible patients only once over a 12-month period for a particular hospital. Upon completing this questionnaire, you will not be contacted again related to this survey. If you stay in a different hospital this year or in the same hospital 12 months after your last stay, it is possible that you may be selected to participate in a survey again, as participants are selected at random.

17. Can I complete this survey if I have already completed one?

If you have completed this survey within the past 12 months for the same hospital, you are not eligible to complete the survey again. However, if you were hospitalized twice in 1 year at 2 different hospitals, it is possible you will be surveyed twice in the year. Therefore, if you were hospitalized at more than one hospital within a year and were selected to complete a survey from each hospital, you *may* complete more than one survey per year.

18. I would prefer to take the survey using another method. Are there any other survey methods available?

For more information on whether a survey is available using another method, please contact the hospital from which you were recently discharged with your questions. The phone number, email address and/or website can be found on the cover letter you received with the survey.

19. Will I be able to see the results of this survey?

For more information on how information is published, please contact the hospital from which you were most recently discharged with your questions. The phone number, email address and/or website can be found on the cover letter you received with the survey.

Telephone survey–specific questions

20. Do I have to do the survey? Can I quit part way through?

Your participation is voluntary and you do not have to answer any or all of the questions. However, in order to ensure the quality of the survey, it is best if all of the questions are answered. If you run out of time, or need to leave the call, we can call you back at a later time to finish the survey.

Email survey–specific questions

21. What if I cannot complete the survey in 1 session?

If you are unable to complete the survey in 1 session, you can save your information, exit and return to complete it at a more convenient time. You can exit the survey at any time.

Privacy and use of information

22. What will the hospital do with the information it collects?

The information collected in this survey will help provide patient perspectives on the health care services they received. It can be used by service providers, decision-makers, researchers and funders to inform and improve patient-centred care and patient outcomes in Canada.

23. Why is my survey data being transmitted to CIHI? What will CIHI do with my information?

The Canadian Patient Experiences Survey — Inpatient Care data is sent to and stored in the Canadian Patient Experiences Reporting System (CPERS), a database and reporting system developed and maintained by the Canadian Institute for Health Information (CIHI). Survey information supplied to CIHI will be used in compliance with [CIHI's Privacy Policy, 2010](#) (updated August 2017), which governs how personal health information is handled. Part of CIHI's mandate is to ensure the privacy of Canadians by safeguarding sensitive information while maintaining the integrity and availability of health care information. Patient information is protected by law and can be disclosed to authorized individuals on a need-to-know basis only. Survey results will be reported by grouping responses together with other survey answers in an aggregate manner. The information collected will provide insight on patient perspectives on health services, interventions and care. It will be used by service providers, decision-makers, researchers and funders to inform and improve patient-centred care and patient outcomes in Canada.

24. Why do I need to provide my demographic information (education, cultural and racial background, etc.)?

Demographic information helps provide context to your answers, which makes the survey results more meaningful. Furthermore, it helps to ensure that health care services meet the needs of a hospital's patient population.

Appendix E: Canadian Patient Experiences Survey — Inpatient Care frequently asked questions for administrators

Background information

1. Which Canadian jurisdictions have implemented the CPES-IC?

The CPES-IC is being implemented in 7 jurisdictions across Canada: Prince Edward Island, Nova Scotia, New Brunswick, Ontario, Manitoba, Alberta and British Columbia. Jurisdictions such as New Brunswick, Ontario, Manitoba and Alberta have been submitting data, in a staged approach, to CIHI through the Canadian Patient Experiences Reporting System (CPERS) since May 2016.

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

The CPES-IC is not mandatory. 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.

3. Is the CPES-IC publicly available?

CIHI's CPES-IC is publicly available. To download the survey, visit the [Patient Experience page](#) of our website.

General survey administration

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

Accreditation Canada has endorsed the CPES-IC as an inpatient acute care survey tool that can be used for accreditation. CIHI continues to collaborate with Accreditation Canada on the patient experience initiative.

Measures and reporting

5. Can we sample once a year to fulfill the CPES-IC requirement for comparative reporting?

Yes, it is possible to sample once a year to fulfill the requirements for reliable comparisons, as long as a minimum number of complete surveys are collected within the allotted field period (i.e., minimum of 3 consecutive months). There is no required survey frequency, but it is recommended to survey and submit to CIHI annually.

For more information on frequency of surveying and time periods for survey samples, please refer to the latest edition of the CPES-IC Procedure Manual.

6. How often can a patient receive a survey?

If a patient is selected for surveying, he or she should receive only 1 survey within the 12-month period following his or her most recent hospital stay (≤ 8 weeks post-discharge) at your hospital. Patients who previously declined to complete a survey from your hospital should not be invited to participate a second time within the same 12-month time span.

7. When should the survey be sent to patients and when does it need to be returned?

This depends on how you are administering:

- **Mail:** The survey should be mailed no earlier than 48 hours and within 1 month after the patient was discharged. This will ensure that he or she has enough time to complete the survey and return it within 12 weeks of the initial mailing.
- **Telephone:** The patient should be contacted no sooner than 48 hours after discharge, and the survey must be completed within 8 weeks of initial contact.
- **Email:** The survey should be emailed no sooner than 48 hours after discharge, and it must be returned within 8 weeks of the initial email.

For more information, please refer to the latest edition of the CPES-IC Procedure Manual on CIHI's [Patient Experience web page](#).

Methodology and standards

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

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey (the first 22 questions of the CPES-IC) 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 English and French. 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 behalf of CIHI. 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. Independent survey research advisors analyzed the pilot data and confirmed that the moderate to high validity and reliability of the CPES-IC has been informed by this data. The psychometric properties (e.g., validity, reliability) of the CPES-IC will be further confirmed by the field test data. The validity of the CPES-IC composite measures, sub-dimensions and dimensions will also be assessed.

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

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

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

Submitting hospitals have access to secure hospital-level reports with information on measure results, overall ratings and correlation (driver) analysis. Demographics and survey administration information are also provided to help assist with interpretation and comparisons. In addition, hospitals can see how they are doing relative to natural comparators (i.e., hospital peer group, regional and provincial averages).

11. Will the CPES-IC data be publicly reported?

CIHI is in the process of developing a public reporting strategy for comparative, hospital-level patient experience results. We are also in the process of refining measures and developing methodologies to aid comparisons. CIHI will be engaging stakeholders on the public reporting strategy as it is further formalized.

Sampling

12. 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 hospital that surveys monthly will need 25 complete surveys per month to reach the annual sample size of 300 ($E = 300 \div 12 = 25$). For a disproportionate stratified random sample (DSRS), the required annual sample size equivalent to a simple random sample (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 complete survey (e.g., $R = 0.25$). 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 $E \div R$. For example, when $E = 25$ and $R = 0.25$, the sample size for a monthly survey would be 100 ($E \div R = 25 \div 0.25 = 100$).

13. How are maternity, surgical and medical patients defined?

Maternity patients are defined as females age 18 to 55 who responded “yes” to the survey question asking whether their recent hospital stay was for a childbirth experience (Question 47: “Was your most recent stay at this hospital for a childbirth experience?”). Males who answered “yes” to this question are not included in the maternity patient group. Alternatively, maternity patients can be determined from administrative records. The remaining 2 service lines, medical and surgical patients, can be determined from administrative records stored in the hospital’s Admission–Discharge–Transfer (ADT) system. If your hospital’s ADT system is not equipped to identify the type of services received by patients, please note that providing health care numbers of survey respondents will enable CIHI to link survey data with CIHI’s clinical administrative data holdings (i.e., Discharge Abstract Database) from which diagnosis (ICD-10-CA) and intervention (CCI) codes will be used to determine whether patients underwent a surgical procedure or received services related to acute inpatient care during their hospital stay.

Next steps/future considerations

14. 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. The CPES-IC has been tested in its entirety; therefore, administering the complete survey is required. Please note that it is not only important to administer the CPES-IC in its entirety but also to follow the given order of questions. This helps to maintain consistency between hospitals and jurisdictions and allows for standardized comparative reporting.

15. 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 over time. 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 and to monitor improvements over time.

The results of the CPES-IC will increase awareness of the priority areas for quality improvement based on patients' perspectives. These priority areas can be further investigated using point-of-care surveys. Point-of-care surveys, developed to collect information on patients' experiences of hospital care, are administered at the time of service delivery (i.e., in real time) so that patients can provide feedback immediately after receiving a specific service at a hospital. Point-of-care questionnaires are typically designed to be brief.

16. How can hospitals use the CPES-IC to support quality improvement initiatives?

The CPES-IC data can be used to provide aggregate-level analytical reports. A secure online tool allows hospitals to view the 22 patient experience measures, and also has a number of convenient features that allow hospitals to compare their results with those of other participating hospitals. The tool helps users to better understand patient experience at the health care organization, health region and provincial levels. Therefore, findings from the CPES-IC can be used to identify opportunities to improve patients' acute inpatient care experiences, conduct further in-depth analyses and form the basis for the development of quality improvement plans.

17. 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 and in other sectors. Please email prems@cihi.ca for more information or visit our [Patient Experience web page](#).

Appendix F: Glossary of terms

Canadian Patient Experiences Survey — Inpatient Care: Glossary of terms

Term	Description
admission through emergency department (ED)	Patients admitted through the ED of the reporting hospital, who used ED services (i.e., triaged, registered, received treatment initiated in the ED) and for whom an order to admit to acute care was given by the physician in the ED. Patients who checked into the ED to register and were moved to a maternity department (or other department) immediately, without using any ED services, should not be considered as having an admission through the ED.
alternate level of care (ALC)	ALC patients are those who no longer need acute care services but continue to occupy an acute care bed or use acute care resources while waiting to be discharged to a more appropriate care setting.
Canadian Patient Experiences Reporting System (CPERS)	CPERS is the Canadian Institute for Health Information's pan-Canadian reporting system for patient experience data. Since April 2015, CPERS has been accepting data for inpatient care based on the CPES-IC survey and CPES-IC MDS.
Canadian Patient Experiences Survey — Inpatient Care (CPES-IC)	The CPES-IC is a tool used to collect patient experience feedback about inpatient acute care hospital stays. The tool consists of 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 (e.g., discharge, transitions) and 7 questions to collect demographic information.*
Canadian Patient Experiences Survey — Inpatient Care (CPES-IC) Data Dictionary Manual	The CPES-IC Data Dictionary Manual provides data element definitions, reporting requirements for each data element, descriptions of permissible responses and guidelines for collecting each data element in the CPES-IC Minimum Data Set (MDS).*
Canadian Patient Experiences Survey — Inpatient Care (CPES-IC) Data Submission Specifications	Detailed data submission specifications are made available to organizations and/or vendors that have completed and returned their Licence Agreement Subscription package. This technical documentation provides detailed requirements and guidelines for submitting CPES-IC data to CIHI.
Canadian Patient Experiences Survey — Inpatient Care Minimum Data Set (CPES-IC MDS)	The CPES-IC MDS includes data elements to capture the patient's responses to the survey questions; metadata to capture the eligible population, sampled population and non-response population; information on the methods and processes used to administer the survey; and additional administrative information needed to support submissions, analysis and reporting.*

Term	Description
Canadian Patient Experiences Survey — Inpatient Care (CPES-IC) Procedure Manual	The CPES-IC Procedure Manual provides guidelines and standards to administer the CPES-IC in the field and outlines information about population sampling methods and surveying modes.*
Canadian Patient Experiences Survey — Inpatient Care (CPES-IC) Service Line Categories and ICD-10-CA and CCI Classification List	The CPES-IC Service Line Categories and ICD-10-CA and CCI Classification List consists of all the diagnosis (ICD-10-CA) and intervention (CCI) codes that are used to classify eligible patients to 1 of the 3 service lines (i.e., maternity, surgical, medical) and to identify exclusions based on the services they received during their hospital stay.*
computer-assisted telephone interviewing (CATI)	CATI is using software that guides interviewers through the telephone interview process and allows the interviewer to collect and store the data directly into an electronic database using a software program.
de-duplication	Patients should be screened for multiple visits. De-duplication is the process of removing patients from the sampling frame if they have been surveyed within the past 12 months for the same facility (even if they did not complete a survey).
direct admit patients	These are patients admitted via the admitting department or directly to an inpatient bed. Patients admitted via the day surgery department or a clinic of the reporting hospital should be considered direct admit patients. Transferred-in patients should also be classified as direct admit.
disproportionate stratified random sampling (DSRS)	A sampling method in which the size of the sample randomly drawn from a particular stratum is not proportional to the relative size of that population. For example, a stratum could be a surgical unit that may account for only 20% of all hospital patients but 40% of the resources used in a hospital. In this case, a disproportionate sample would be used to represent the resources used (i.e., 40%) rather than the number of patients.†
do not announce	Do not announce patients are those who have expressed their privacy preferences and should not be contacted.
field period	The field period for surveying is the time (usually in weeks, months or quarters) allocated to administering and collecting survey responses. Any data collected after the end of the field period should not be captured and included in analyses.
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	HCAHPS is a standardized national survey program, developed in consultation with the Centers for Medicare & Medicaid Services (CMS), for patient experience evaluation used in the United States. For up-to-date information on this program, please visit hcahpsonline.org .

Term	Description
Inter-Jurisdictional Patient Centered Measurement Advisory Group	<p>This group has guided the development of the CPES-IC survey tool and procedure manual from inception. It is regularly consulted for input and feedback.</p> <p>At the time the survey was developed, the Inter-Jurisdictional Patient Centered Measurement Advisory 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.</p>
maternity patient	<p>Maternity patients refer to women who gave birth to 1 or more live babies through either vaginal or Caesarean section delivery. Patients who underwent abortion, miscarriage, 1 or more stillbirths and loss of baby are not surveyed on compassionate grounds.</p>
medical patient	<p>Patients who occupied an inpatient bed and received services primarily related to acute care are considered to be medical patients. Patients discharged from psychiatric units/hospitals, or patients who received services primarily related to psychiatric care or an alternate level of care such as rehabilitation or palliative care, are <i>not</i> the target population for the CPES-IC survey.</p>
National Health Services (NHS)	<p>The National Health Services is the United Kingdom's national health care governing body.</p>
patient identifier	<p>Unique numbers/letters that are assigned to a patient to de-identify patients by removing identifiable information. The patient identifier should be used consistently for the same patient to allow linkages with the Discharge Abstract Database and over multiple years. Examples of patient identifiers include health care numbers, chart numbers or randomly generated numbers.</p>
proportionate stratified random sampling (PSRS)	<p>A probability sampling method in which different strata in a population (e.g., surgical unit) are identified and in which the number of patients randomly drawn from each stratum is proportionate to the relative number of patients within each stratum.[‡]</p>
proxy	<p>Proxy respondents are people who complete the survey on behalf of patients. The CPES-IC is designed to collect responses directly from patients, although they can be assisted by someone if needed.</p>
simple random sampling (SRS)	<p>A probability sampling method in which a random sample is selected from the entire sampling frame as a whole.</p>

Term	Description
surgical patient	Non-maternity patients who occupied an inpatient bed and underwent 1 or more procedures/interventions or who were identified as having used operating room time during their hospital stay are considered surgical patients. Day surgery patients are <i>not</i> the target population for the CPES-IC survey.
survey mode	Survey mode describes the method for administering the survey to the respondent. Survey modes vary based on the goals of data collection. Common survey modes include face-to-face (or in-person) interviewing, telephone interviewing using CATI, mailed questionnaires and emailed/online questionnaires.

Sources

* Canadian Institute for Health Information. [Patient experience](#). Accessed October 20, 2014.

† Oxford University Press. [Disproportionate stratified sampling: Quick reference](#). Accessed October 20, 2014.

‡ Oxford University Press. [Proportionate stratified sampling: Quick reference](#). Accessed October 20, 2014.

Appendix G: Summary of changes to the CPES-IC Procedure Manual

This appendix outlines the updates to the CPEC-IC Procedure Manual.

Section	Description of change	Release date
Appendix B	* <i>Updated</i> telephone script for Q48 in English and French.	January 2019
2. Data submission	New section	December 2017
5. Introduction to the survey	* <i>New</i> information around using envelopes for mailed questionnaires * <i>New</i> required content for online email invitation * <i>Changed</i> section from Section 4 to Section 5	December 2017
13. Field period for surveying	* <i>New</i> information for submitting surveys after the cut-off period for mail, telephone and email/online modes	December 2017
14. Frequency of surveying	* <i>Updated</i> recommendation to submit data to CIHI as soon as survey processing is complete	December 2017
17. Incomplete questionnaire	* <i>Changed</i> from “Definition of a complete questionnaire” to “Incomplete questionnaire”	December 2017
Appendix D: Canadian Patient Experiences Survey — Inpatient Care frequently asked questions for survey respondents	* <i>Updated</i> answers for questions 2, 3, 7, 8, 12 and 16	December 2017
Appendix E: Canadian Patient Experiences Survey — Inpatient Care frequently asked questions for administrators	* Updated answers for questions 5, 8, 10, 13 and 16 * <i>New</i> question 11 added	December 2017
Appendix F: Glossary of terms	* <i>New</i> term “CPES-IC Data Submission Specifications” added * <i>New</i> description for the term “Canadian Patient Experiences Reporting System (CPERS)”	December 2017

References

1. Centers for Medicare & Medicaid Services. *CAHPS Hospital Survey (HCAHPS) Quality Assurance Guidelines Version 8.0*. 2013.
2. Coulter A, Fitzpatrick R, Cornwell J. [*The Point of Care — Measures of Patients' Experience in Hospital: Purpose, Methods and Uses*](#). 2009.
3. Dillman DA, Smyth JD, Christian LM. *Internet, Phone, Mail, and Mixed-Mode Surveys: The Tailored Design Method, 4th Edition*. 2014.

Other works cited

Canadian Institute for Health Information. [Patient experience](#). Accessed October 20, 2014.

Graham C, MacCormick S. [Overarching Questions for Patient Surveys: Development Report for the Care Quality Commission \(CQC\)](#). 2012.

Oxford University Press. [Disproportionate stratified sampling: Quick reference](#). Accessed October 20, 2014.

Oxford University Press. [Proportionate stratified sampling: Quick reference](#). Accessed October 20, 2014.

Schonlau M, Fricker RD, Elliott MN. [Conducting Research Surveys via E-mail and the Web](#). 2002.



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