



CPES-IC

Canadian Patient Experiences Survey — Inpatient Care Procedure Manual

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Purpose of the manual

This manual provides standards for administering versions of the Canadian Patient Experiences Survey on Inpatient Care (CPES-IC), which is available as a [ZIP file on CIHI's website](#). It includes information about the questionnaires, survey processes and other relevant items. A consistent approach to administering the surveys will allow results to be compared across Canada and internationally. The protocols are designed to increase patients' response rates and to minimize proxy and biased responses.

This manual adapts Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) procedures where possible to enable international comparisons.¹

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 experience in developing health databases and standards, and in holding quality data;
- It has established relationships with key pan-Canadian organizations such as Accreditation Canada and the Canadian Patient Safety Institute (now amalgamated with Healthcare Excellence Canada); 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.

Since 2014, jurisdictions have implemented the CPES-IC in a staged approach to meet their patient experience surveying needs. In 2022, CIHI engaged with patients, hospitals, subject matter experts and jurisdictional stakeholders from across Canada to modernize the CPES-IC to ensure its continued relevance, flexibility, accessibility and useability. The modernization efforts prioritized patient experience information needs, as well as sustainability and value for hospitals. The resulting changes have been incorporated into this February 2024 version of the procedure manual.

Introduction

Launched in 2014, the Canadian Patient Experiences Survey — Inpatient Care (CPES-IC) is a set of standardized questionnaires that enables patients to provide feedback about the quality of care they received during their inpatient stay in a Canadian acute care hospital. These standardized tools help hospitals assess patient experiences with care, inform the delivery of patient-centred care and quality improvement initiatives, and provide a platform for national comparisons and benchmarking for the measurement of patient experience.

CIHI has collaborated with the national and international research community as well as stakeholders across the country — including the Inter-Jurisdictional Patient-Centred Measurement Advisory Group,ⁱ Accreditation Canada, the Canadian Patient Safety Institute (now amalgamated with Healthcare Excellence Canada) and The Change Foundation — to inform the development and pilot testing of the CPES-IC.

In 2023, the CPES-IC was modernized to ensure that it continues to meet the needs of health jurisdictions, hospitals and data users; reflects the perspective of patients; and informs the current priorities of Canadian hospitals. This work involved enhancing standard survey questions to address data quality issues and developing a shorter survey aimed at adding flexibility to survey implementation. The modernization project led to the development of the Canadian Patient Experiences Survey — Inpatient Care — 20 Measures (CPES-IC-20M) and the Canadian Patient Experiences Survey — Inpatient Care — 6 Measures (CPES-IC-6M). Jurisdictions and hospitals can use either of the surveys or alternate between them to meet their patient experience information needs.

The surveys were designed to calculate measures that provide information to help understand where quality improvement efforts can be targeted to help improve patient experience in participating hospitals or jurisdictions.

i. At the time the survey was developed, the Inter-Jurisdictional Patient-Centred 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.

Procedures

CIHI has outlined requirements and recommendations pertaining to survey procedures. All survey procedures provided in this manual are applicable to both the CPES-IC-20M and the CPES-IC-6M.

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.

Survey administration

Administration options for hospitals

Participating hospitals have the following options for surveying:

- Contract with a jurisdiction-approved survey vendor
 - The vendor will administer the survey(s) and submit data on behalf of the hospital/organization to CIHI.
- Self-administer the survey(s)
 - The hospital/organization itself will administer the survey(s) and submit data to CIHI.
- Administer the survey(s) for multiple sites (e.g., University Health Network)
 - A hospital/corporation will administer the survey(s) 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*, which is available on the [Canadian Patient Experiences Reporting System metadata web page](#). For more information, please visit [CIHI's Patient Experience web page](#) or email prems@cihi.ca.

Survey setup

Survey modes

Initial contact mode

Required: Any of the following modes can be used: mail, telephone, email or SMS/text.

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 or SMS/text 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.

Questions to be included

Jurisdictions have the option of implementing the CPES-IC-20M and/or the CPES-IC-6M, with the potential to add modules in the future on emerging priorities for inpatient care or other special topics of interest. The CPES-IC-6M includes questions that calculate 6 patient-report experience measures, 5 of which are currently publicly reported in CIHI's [Your Health System](#) (YHS) online tool; it also includes the demographic questions.

Participating jurisdictions have the following surveying options:

1. Select a survey option (see below for details):
 - a. CPES-IC-20M; and/or
 - b. CPES-IC-6M

And

2. Consider additional questions that are needed for jurisdictional use:
 - a. Special interest(s) supplementary questions; **and/or**

Future option

3. Add optional modules on emerging priorities for inpatient care

The CPES-IC-20M questionnaire must include all 41 questions as presented and written. The CPES-IC-6M questionnaire must include all 22 questions as presented and written. The questions and response options in both surveys 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-20M (Q41) and CPES-IC-6M (Q22). Responses to the open-ended question will not be submitted to CIHI. Links to the CPES-IC questionnaires can be found in [Appendix A](#).

Examples of surveying options

- Option 1: Hospitals and jurisdictions implement the CPES-IC-6M.
- Option 2: Hospitals and jurisdictions implement the CPES-IC-20M.
- Option 3: Hospitals and jurisdictions implement the CPES-IC-6M on an ongoing basis and implement the CPES-IC-20M every 1 to 3 years to obtain a more comprehensive view of patients' experiences.

The listed options are a few examples of surveying. Other options are also possible.

Introduction to the survey**Mailed questionnaires**

Mailed questionnaires must include the standard introduction provided on page 1 of the questionnaires, which are available in a [ZIP file on CIHI's website](#). 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.

Introduction to mailed questionnaires

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](#)).

Table 1 Content guidelines for the mailed cover letter

Status	All mailed cover letters	Second mailed cover letter
Required	<ul style="list-style-type: none"> • State the patient’s name and address; do not send anonymous letters to patients (i.e., patients should not be addressed generically as “Dear Patient”).ⁱⁱ • 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., 41 questions) and estimated time to complete it (e.g., 15 minutes). • State who to contact if more information is required. • Thank the respondents. • Include the CEO’s (or designee’s) signature on the letter. 	<ul style="list-style-type: none"> • If a second mailing is required (see Section 16), the cover letter must contain the following, in addition to the contents described for all mailed cover letters: • 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](#).

Online surveys

Initial contact for online surveys using email mode

Hospitals should consult with their privacy office to ensure that all policies regarding email use are followed.

ii. If your hospital’s privacy office advises against the use of patient names for privacy reasons, then patients can be addressed generically — with the caveat that this may result in lower response rates compared with addressing patients by their names.

Keep the email invitation 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 another 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.

Table 2 Content guidelines for email invitations

Status	Initial email	Follow-up emails
Required	<ul style="list-style-type: none"> • Personalize the invitation (state the patient’s name; do not address the patient generically as “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 in the email. • 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., 41 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 email. 	<ul style="list-style-type: none"> • Follow-up emails must include the following: • Personalize the invitation (addressed to the individual; emails must not be sent in bulk). • Include a reminder of the email invitation sent previously. • Link to the survey (including the access code, if applicable). • Remind the patient that participation is voluntary. • State the closing date (the last day that the patient is eligible to complete the survey). • State who to contact if more information or technical assistance is required. • Thank patients who may have already completed the survey.
Recommended	<ul style="list-style-type: none"> • The email invitation should be sent from the CEO or other senior leader/person in authority at the hospital or in the jurisdiction. 	<ul style="list-style-type: none"> • The follow-up email should be sent from the CEO or other senior leader/person in authority at the hospital or in the jurisdiction.

Introduction to online surveys using email mode

Online surveys using email as the initial contact mode should use the standard introduction provided in [Appendix C](#).

Table 3 Content guidelines for online survey introduction

Status	Online survey introduction
Required	<ul style="list-style-type: none"> • 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.

For more information about using the online mode, please send an email to prems@cihi.ca.

Initial contact for online surveys using SMS/text mode

Hospitals **must** obtain informed consent from their patients before contacting them using SMS/text.

Hospitals should consult with their privacy office to ensure that all policies with regard to SMS/text use are followed.

Keep the SMS/text invitation concise (around 160 characters). Include only brief instructions and a link to the survey.

See [Appendix C](#) for a sample SMS/text invitation.

Table 4 Content guidelines for SMS/text invitations

Status	General guidelines	Initial SMS/text	Follow-up SMS/text
Required	<ul style="list-style-type: none"> Hospitals must obtain informed consent from patients for use of their mobile phone numbers for surveying. 	<ul style="list-style-type: none"> Personalize the invitation (state the patient's name; do not address the patient generically as "Dear Patient"). Include a link to the survey that is assigned specifically to the patient. State the closing date (the last day that the patient is eligible to complete the survey). Deliver the SMS/text in both English and French, or give an option to receive SMS/texts in either language. 	<ul style="list-style-type: none"> Personalize the invitation (addressed to the individual; SMS/texts must not be sent in bulk). Include a reminder of the SMS/text invitation sent previously. Link to the survey. State the closing date (the last day that the patient is eligible to complete the survey).
Recommended	<ul style="list-style-type: none"> Use an SMS/text message short code (e.g., 111-111) instead of a phone number to deliver SMS/text invitations. Provide respondents with an option to opt out of SMS/text message reminders. Avoid open-response answers via SMS/text. Closed response answers (i.e., 1. Yes, 2. No) are preferred. Ensure the online survey linked in the SMS/text message is mobile-friendly for survey respondents who complete the survey on their mobile phones. 	<ul style="list-style-type: none"> Not applicable 	<ul style="list-style-type: none"> Not applicable

Sources

Hoe ND, Grunwald HE. [The role of automated SMS text messaging in survey research](#). *Survey Practice*. 2015.

Andreadis I. [Text message \(SMS\) pre-notifications, invitations and reminders for web surveys](#). *Survey Methods: Insights From the Field*. 2020.

Introduction to online surveys using SMS/text mode

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

Table 5 Content guidelines for online survey introduction

Status	Online survey introduction
Required	<ul style="list-style-type: none"> • Indicate the intent and the purpose of the questionnaire and the use of the results (e.g., quality improvement and national initiative). • Briefly explain 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., 41 questions) and estimated time to complete it (e.g., 15 minutes).

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:

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 be used only in compliance with [CIHI's Privacy Policy, 2010 \(updated November 2022\)](#), 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 understanding where patient experiences differ and why they differ across hospitals, regions within a province or territory, and Canada.

Strategies for improving response rates

Hospitals can use the following strategies to improve their response rates:

- Ensure the salience of the survey by providing the intent and purpose of the questionnaire and the use of the results in the survey invitation or introduction.
- Send follow-up reminders. Following up and providing a second copy of the questionnaire can increase response rates, with telephone contacts being more effective than a mailed follow-up.
- Personalize survey invitations (address the patient using their name instead of addressing them generically).
- For online surveys that are more plain in appearance, include clear indicators and instructions, and limit the number of times the participant needs to interact with the survey, as fewer interactions can lead to higher response rates (see [guidelines for online questionnaire formatting](#)).
- Send the email from a recognizable, trusted source (e.g., hospital CEO), which can ensure patient confidence and may obtain better response rates.

Supplementary questions

Jurisdictions can add their own questions to the surveys in addition to the required CPES-IC questions. These additional questions and responses are meant for jurisdictional use only and will not be submitted to CIHI.

Required: Follow these guidelines for adding supplementary questions:

- The CPES-IC questionnaire (20M or 6M) must be used in its entirety. The order of the questions and question wording must be maintained.
- Hospitals may add up to 10 questions in addition to the required CPES-IC questions.
- 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 included as part of the CPES-IC.

Questionnaire format

The final questionnaires should be presented in a format similar to the CPES-IC questionnaires. Some flexibility regarding the questionnaire format is possible. The survey instructions provided on the first page should not be changed as they have been cognitively and piloted tested and will ensure that the survey is completed correctly.

Mailed questionnaire formatting

Required

- Emphasized wording must remain bolded or underlined, as seen in the questionnaires. 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:

Your care from nurses

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

Never

Sometimes

Usually

Always

- 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:

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

- Section headings must remain in the questionnaire (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.

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 6 Guidelines for online questionnaire formatting

Status	Guideline
Required	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	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	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
Recommended	Allow respondents to re-enter the survey (i.e., for patients who wish to complete the survey at a later time)
Recommended	Enable respondents to report problems and request assistance by phone or email

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.

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-20M questions 1 to 19 and 35 and for CPES-IC-6M questions 1 to 6 and 16. The other CPES-IC questions will still need to be translated (CPES-IC-20M questions 20 to 41, excluding 35; CPES-IC-6M questions 7 to 22, excluding 16).
- 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

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, such as health care number, chart number or a randomly generated number);
- Patient’s first name, middle initial and last name;
- Patient’s sex at birth;
- Patient’s date of birth;
- Patient’s full mailing address, telephone and/or mobile phone 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).ⁱⁱⁱ

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 [CIHI’s Patient Experience web page](#) or email prems@cihi.ca.

Patient population(s)

Required: The CPES-IC survey(s) 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.

iii. Refer to CIHI’s [Indicator library web pages](#) for more information on service line adjustments.

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:** Patients 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

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 does not need to be 24 hours long. For example, a patient had an overnight stay if they were admitted at 11 p.m. on Day 1 and were 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 who 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 themselves but that other people can provide help if it is required (i.e., other people can help respondents understand the questions or help them type or write their answers).

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 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, they *are eligible* for the 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* for the survey.
- Patients excluded on sensitive or compassionate grounds (e.g., discharged to hospice care, abortion or miscarriage, patients 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.

Sampling methods

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 is acceptable, including proportionate and disproportionate stratified random sampling. Please contact CIHI at prems@cihi.ca with any methodological inquiries.

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 21](#)).

Minimum number of surveys

Required: Hospitals should sample a minimum of 1,200 patients.

- This minimum threshold was developed to achieve 300 completed surveys. It was developed following extensive data analysis and aligns with survey best practices.
- It is based on an assumption of a 25% response rate; lower response rates would require additional surveying.
- For hospitals with 1,200 or fewer discharges per year, a census remains the preferred sampling approach.
 - Hospitals with at least 30 completed surveys will be included in public reporting.
 - Hospitals that do not achieve at least 30 completed surveys will continue to be reported in the private tool.

Recommended: For hospitals that use disproportionate stratified random sampling (DSRS), it is strongly recommended that the number of strata be kept to a minimum.

- On average, 5 strata are used by hospitals performing DSRS.
- Hospitals that have more than 15 strata per year tend to have very wide confidence intervals that may impact their ability to identify meaningful differences.
- While not mandatory, it is recommended that each stratum have 30 completed surveys for stability.

Survey logistics

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^{iv} 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 21](#)).

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 21](#)).

Email/SMS/text/online

Required: The email/online or SMS/text/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 21](#)).

Frequency of surveying

Recommended: A required survey frequency is not prescribed, but it is recommended that hospitals survey as frequently as feasible (i.e., on an ongoing basis or at least once every 3 years). It is also recommended that jurisdictions 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).

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.

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

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.

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. Sending follow-up reminders is an effective means of increasing response rates.

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

SMS/text

Required:

- SMS/text messages 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). Messages should be sent between 9 a.m. and 9 p.m. in the patient's time zone.
- At least one reminder must be sent to patients who did not complete the survey following the initial text.^{3,4} This reminder should occur approximately 4 to 7 days after the first SMS/text.⁴ Patients who partially complete the survey must also be sent a reminder to complete the survey. Sending follow-up reminders is an effective means of increasing response rates.

Recommended:

- At least 2 reminder messages should be sent at different times of the day, on different days of the week and during different weeks within the 8-week period. The messages must span more than one week to account for patients who are temporarily unavailable. The first reminder should occur approximately 4 to 7 days after the first invitation.⁴
- Messages should be sent at times when respondents are expected to be least occupied to increase response rates.³

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.

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.⁵
- 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.⁵

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.⁵

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.⁵

Difficult-to-reach patients

Recommended:

- If the patient is unable to participate in the interview because they speak languages other than the language the survey is being administered in, the interview should be terminated.
- Space the calls at least 1 day apart and over at least 7 days to increase the 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;
- Speaking clearly and politely, and avoiding long pauses; and
- Not rushing the introduction.⁵

Interviewer training process

Required:

- Interviewers who are new to the CPES-IC 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.⁵

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.⁵
- An FAQ should be available to the interviewers to assist them in answering questions about the survey, its administration and its purpose.

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.

Online surveying guidelines

Collect email addresses

- Hospitals will need to create an email field in 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).

Collect mobile phone number

- Refer to [Section 4: Initial contact for online surveys using SMS/text mode](#) for information with respect to obtaining consent.
- Hospitals collecting telephone numbers need to be able to differentiate between landline and mobile phone numbers. Those unable to do so will need to create a mobile phone number field in their patient information system (e.g., admission–discharge–transfer [ADT] system).
- Administrative staff should treat mobile phone numbers in the same way as other confidential patient contact information (e.g., landline number, postal address). Patients should be asked for a mobile phone number 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 and/or mobile phone numbers

Required:

- Provide a rationale for collecting email address and/or mobile phone number (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 and/or mobile phone numbers. 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 this information might be used for the hospital’s marketing or fundraising purposes;
 - Concern about receiving emails or messages from the hospital in the future and/or the email address/mobile phone number being given to a third party; and
 - Concern that any critical responses they divulge might compromise their care in the future.⁵

Recommended: An FAQ document is a useful reference tool for the administrative staff collecting email addresses and/or mobile phone numbers.

Provide support for administrative staff

Required: Administrative staff should be trained on the new requirement of collecting email addresses and/or mobile phone numbers, and training of all new administrative staff should include collection of email addresses and mobile phone numbers.

Recommended:

- Supervisory staff should be willing to provide help as needed, particularly at the outset of this initiative. Once the process of collecting emails and/or mobile phone numbers 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 and/or mobile phone numbers.
- Report back to staff about the proportion of patients who have contributed their email addresses and/or mobile phone numbers 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 address 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).

Develop a mobile phone number database

Required: Patients' mobile phone numbers should be extracted from the ADT system and placed in a database for SMS/text surveying and/or existing databases should be modified to include mobile phone numbers. The information required in the database is the patient's name, mobile phone number 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 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.

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: Online 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 work.
- Confirm that privacy and security requirements have been met.

Data submission to CIHI

Canadian Patient Experiences Reporting System

Each hospital/organization that surveys 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 submission, 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 [CIHI's Patient Experience web page](#) or email prems@cihi.ca.

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.

Appendices

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

The Canadian Patient Experiences Survey — Inpatient Care is a set of standardized questionnaires that enables patients to provide feedback about the quality of care they received during their inpatient stay in a Canadian acute care hospital. These standardized tools help hospitals assess patient experiences with care, inform the delivery of patient-centred care and quality improvement initiatives, and provide a platform for national comparisons and benchmarking for the measurement of patient experience and are available in a [ZIP file on CIHI's website](#).

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 for the CPES-IC-20M

Questions 1 to 19 and 35 are adapted from the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) questionnaire from the Centers for Medicare & Medicaid Services.

Questions 20 to 41 (excluding questions 22, 33 and 35) were adapted and/or developed by the Canadian Institute for Health Information in consultation with an interjurisdictional committee of experts.

Questions 22 and 33 were adapted from the NHS Adult Inpatient Survey, which is part of The NHS Patient Survey Programme and is delivered by the [Care Quality Commission](#) on behalf of NHS England and the Department of Health and Social Care.

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

CPES-IC-20M

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 THEY PICK 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 10 and 15 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]
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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

Not applicable, I 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?

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

Never

Sometimes

Usually

Always, or

I did not receive care from a doctor [GO TO Q8_INTRO]

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

Would you say . . .

Never

Sometimes

Usually

Always, or

I did not receive care from a doctor

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

Would you say . . .

Never

Sometimes

Usually

Always, or

I did not receive care from a doctor

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, how often was your pain well controlled? Would you say . . .

READ OPTIONS

Never
Sometimes
Usually
Always, or
Not applicable

DO NOT READ: Don't know

DO NOT READ: Refused

Q13

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
Always, or
Not applicable

DO NOT READ: Don't know

DO NOT READ: Refused

Q14

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

READ OPTIONS

Yes, or

[GO TO Q15]

No

[GO TO Q17_INTRO]

DO NOT READ: Don't know

[GO TO Q17_INTRO]

DO NOT READ: Refused

[GO TO Q17_INTRO]

Q15

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

Q16

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

Q17_INTRO

The next questions are about when you left the hospital.

Q17

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

Q18

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 Q19]

No

[GO TO Q19]

DO NOT READ: Not applicable

[GO TO Q19]

DO NOT READ: Don't know

[GO TO Q19]

DO NOT READ: Refused

[GO TO Q19]

Q19

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

Q20 INTRO

The next set of questions is about your arrival at the hospital. Information provided during the admission process includes information provided before you arrived and during your hospital stay.

Q20

During your admission, was the information you received about where to go in the hospital easy to understand? **READ OPTIONS**

Not at all

Partly

Quite a bit

Completely, or

Not applicable

DO NOT READ: Don't know

DO NOT READ: Refused

Q21

It's not uncommon to have to wait while being admitted to the hospital. While waiting to be admitted, were you kept informed? **READ OPTIONS**

Not at all	[GO TO Q22_INTRO]
Partly	[GO TO Q22_INTRO]
Quite a bit	[GO TO Q22_INTRO]
Completely, or	[GO TO Q22_INTRO]
Not applicable	[GO TO Q22_INTRO]

DO NOT READ: Don't know [GO TO Q22_INTRO]

DO NOT READ: Refused [GO TO Q22_INTRO]

Q22_INTRO

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

Q22

Thinking about your care and treatment, how often were you told something by a member of staff that was different from what you had been told by another member of staff?

READ OPTIONS

Never
Sometimes
Usually, or
Always

DO NOT READ: Don't know

DO NOT READ: Refused

Q23

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

Q24

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

Q25

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

Q26

Did you get the support you needed to help you 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

Q27

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

READ OPTIONS

Never

Sometimes

Usually, or

Always

DO NOT READ: Don't know

DO NOT READ: Refused

Q28

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 to be involved, or

I did not have family or friends to be involved

DO NOT READ: Don't know

DO NOT READ: Refused

Q29_INTRO

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

Q29

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

Q30

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

Completely, or

Not applicable

DO NOT READ: Don't know

DO NOT READ: Refused

Q31

During your hospital stay, did you receive enough information to improve your understanding of your condition? **READ OPTIONS**

Not at all

Partly

Quite a bit

Completely, or

Not applicable

DO NOT READ: Don't know

DO NOT READ: Refused

Q32_INTRO

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

Q32

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

Q33

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

Q34_INTRO

This final section of questions asks about you. This will help us understand how similar or different experiences are among different groups of people. This information can be used to address gaps in care, access and quality of services among people across different population groups and from different backgrounds.

Q34

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

Q35

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

Q36

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.

Q37 and Q38 INTRO

The next 2 questions ask about your gender and assigned sex at birth. Identifying as a gender that is different from assigned sex at birth can impact how a person interacts with the health system and the quality of care they receive.

Q37

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

Male

Female

Non-binary

Another gender

Don’t know

Prefer not to answer

**** “Gender” refers to an individual’s personal and social identity as a man, a woman or a person who is not exclusively a man or a woman, such as nonbinary, agender, gender fluid, queer or two-spirit.**

Q38

What was your sex* at birth? **READ OPTIONS IF NECESSARY**

Female

Male

Intersex**

Don’t know

Prefer not to answer

*** “Sex at birth” refers to the sex you were assigned at birth, such as what was recorded on your original birth certificate.**

**** People who are born intersex have developed characteristics, such as anatomy, chromosomes and hormones, that do not fit a doctor’s expectation of a male or female body.**

Q39 and Q40 INTRO

There are 2 questions that ask about whether you identify as First Nations, Métis and/or Inuk/Inuit and what racial or ethnic communities you belong to. Choose the option, or options, that most resonate with you, even though they may not exactly match how you would describe yourself.

Q39

Do you identify as First Nations, Métis and/or Inuk/Inuit? Which category or categories best describe you? All response categories will be read; choose the option or options that most resonate with you. 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

Inuk/Inuit

Métis

Another Indigenous identity

No, I do not identify as First Nations, Inuk/Inuit, Métis or another Indigenous identity

Don't know

Prefer not to answer

Q40

In our society, people are often described by their race or racial background. These are not based in science, but our race may influence the way a person is treated by individuals and institutions, and this may affect our health. Which category or categories best describe you? All response categories will be read; choose the option or options that most resonate with you. I will pause after each option to allow you to respond “yes” or “no” to each category. 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.

ONLY LIST EXAMPLES BESIDE RACE CATEGORIES IF PROMPTED BY PATIENT.

Black (for example, African, Afro-Caribbean, African Canadian descent)

East Asian (for example, Chinese, Korean, Japanese, Taiwanese descent)

Indigenous (First Nations, Métis, Inuk/Inuit descent)

Latin American (for example, Latino/Latina/Latinx, Hispanic descent)

Middle Eastern (for example, Arab, Persian, West Asian descent such as Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)

South Asian (for example, South Asian descent such as Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)

Southeast Asian (for example, Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)

White (for example, European descent)

Another race category

Don't know

Prefer not to answer

Q41

Is there anything else you would like to share about your hospital stay? We welcome your additional comments, whether positive or negative.

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. =>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

Sources for the CPES-IC-6M

Questions 1 to 6 and 16 are adapted from the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) questionnaire from the Centers for Medicare & Medicaid Services.

Questions 8 to 22 (excluding questions 14 and 16) were adapted and/or developed by the Canadian Institute for Health Information in consultation with an interjurisdictional committee of experts.

Questions 7 and 14 were adapted from the NHS Adult Inpatient Survey, which is part of The NHS Patient Survey Programme and is delivered by the [Care Quality Commission](#) on behalf of NHS England and the Department of Health and Social Care.

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

CPES-IC-6M

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 THEY PICK 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 5 and 10 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_INTRO

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

Q4

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

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

Never

Sometimes

Usually

Always, or

I did not receive care from a doctor [GO TO Q7_INTRO]

DO NOT READ: Don't know

DO NOT READ: Refused

Q5

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

READ OPTIONS IF NECESSARY

Would you say . . .

Never

Sometimes

Usually

Always, or

I did not receive care from a doctor

DO NOT READ: Don't know

DO NOT READ: Refused

Q6

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

READ OPTIONS IF NECESSARY

Would you say . . .

Never

Sometimes

Usually

Always, or

I did not receive care from a doctor

DO NOT READ: Don't know

DO NOT READ: Refused

Q7_INTRO

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

Q7

Thinking about your care and treatment, how often were you told something by a member of staff that was different from what you had been told by another member of staff?

READ OPTIONS

Never

Sometimes

Usually, or

Always

DO NOT READ: Don't know

DO NOT READ: Refused

Q8

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

Q9

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

READ OPTIONS

Never

Sometimes

Usually, or

Always

DO NOT READ: Don't know

DO NOT READ: Refused

Q10

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 to be involved, or

I did not have family or friends to be involved

DO NOT READ: Don't know

DO NOT READ: Refused

Q11_INTRO

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

Q11

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

Q12

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

Completely, or

Not applicable

DO NOT READ: Don't know

DO NOT READ: Refused

Q13

During your hospital stay, did you receive enough information to improve your understanding of your condition? **READ OPTIONS**

Not at all

Partly

Quite a bit

Completely, or

Not applicable

DO NOT READ: Don't know

DO NOT READ: Refused

Q14_INTRO

The next question is about your experiences in the <HOSPITAL NAME>.

Q14

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

Q15_INTRO

This final section of questions asks about you. This will help us understand how similar or different experiences are among different groups of people. This information can be used to address gaps in care, access and quality of services among people across different population groups and from different backgrounds.

Q15

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

Q16

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

Q17

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.

Q18 and Q19 INTRO

The next 2 questions ask about your gender and assigned sex at birth. Identifying as a gender that is different from assigned sex at birth can impact how a person interacts with the health system and the quality of care they receive.

Q18

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

Female

Male

Non-binary

Another gender

Don't know

Prefer not to answer

**** “Gender” refers to an individual’s personal and social identity as a man, a woman or a person who is not exclusively a man or a woman, such as nonbinary, agender, gender fluid, queer or two-spirit.**

Q19

What was your sex* at birth? **READ OPTIONS IF NECESSARY**

Female

Male

Intersex**

Don't know

Prefer not to answer

*** “Sex at birth” refers to the sex you were assigned at birth, such as what was recorded on your original birth certificate.**

**** People who are born intersex have developed characteristics, such as anatomy, chromosomes and hormones, that do not fit a doctor’s expectation of a male or female body.**

Q20 and Q21 INTRO

There are 2 questions that ask about whether you identify as First Nations, Métis and/or Inuk/Inuit and what racial or ethnic communities you belong to. Choose the option, or options, that most resonate with you, even though they may not exactly match how you would describe yourself.

Q20

Do you identify as First Nations, Métis and/or Inuk/Inuit? Which category or categories best describe you? All response categories will be read; choose the option or options that most resonate with you. 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

Inuk/Inuit

Métis

Another Indigenous identity

No, I do not identify as First Nations, Inuk/Inuit, Métis or another Indigenous identity

Don't know

Prefer not to answer

Q21

In our society, people are often described by their race or racial background. These are not based in science, but our race may influence the way a person is treated by individuals and institutions, and this may affect our health. Which category or categories best describe you? All response categories will be read; choose the option or options that most resonate with you. I will pause after each option to allow you to respond “yes” or “no” to each category. 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.

ONLY LIST EXAMPLES BESIDE RACE CATEGORIES IF PROMPTED BY PATIENT.

Black (for example, African, Afro-Caribbean, African Canadian descent)
East Asian (for example, Chinese, Korean, Japanese, Taiwanese descent)
Indigenous (First Nations, Métis, Inuk/Inuit descent)
Latin American (for example, Latino/Latina/Latinx, Hispanic descent)
Middle Eastern (for example, Arab, Persian, West Asian descent such as Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)
South Asian (for example, South Asian descent such as Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)
Southeast Asian (for example, Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
White (for example, European descent)
Another race category
Don't know
Prefer not to answer

Q22

Is there anything else you would like to share about your hospital stay? We welcome your additional comments, whether positive or negative.

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. =>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

Sample email invitation

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 on Inpatient Care. You have been selected from a sample of medical, surgical and/or maternity patients who stayed at [HOSPITAL NAME] within the past 2 months to complete the Canadian Patient Experiences Survey on Inpatient Care. This survey asks patients how they feel about the quality of care they received at [HOSPITAL NAME]. Your completion of this survey will contribute to pan-Canadian patient experience results that will be used by [HOSPITAL NAME] to support quality improvements and improve patient-centred care.

The questionnaire contains [NUMBER OF QUESTIONS BASED ON SURVEY VERSION] questions and will take about [ESTIMATED TIME] 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.

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

To see the results of this survey, visit CIHI's [Your Health System](#) web tool for reporting on patient-reported experience measures.

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 the link to begin or resume.

Sample SMS/text invitation

Hello [PATIENT NAME],

You have been selected for a patient experience survey on behalf of [HOSPITAL NAME]. [SURVEY LINK]. Deadline to complete: [DATE].

Type “1” to receive Msg in FR, “STOP” to stop Msgs.

StdMsgRtsApply.

Questions? [PHONE NUMBER OR EMAIL ADDRESS].

Introduction page for online surveying using email as initial contact mode

Welcome to the [HOSPITAL/JURISDICTION] Patient Experience Survey on 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 people 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.

To see the results of this survey, visit CIHI's [Your Health System](#) web tool for results of patient-reported experience measures.

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

Introduction page for online surveying using SMS/text as initial contact mode

Welcome to the [HOSPITAL/JURISDICTION] Patient Experiences Survey on Inpatient Care

You have been selected from a sample of medical, surgical and/or maternity patients who stayed at [HOSPITAL NAME] within the past 2 months to complete the Canadian Patient Experiences Survey on Inpatient Care. This survey asks patients how they feel about the quality of care they received at [HOSPITAL NAME]. Your completion of this survey will contribute to pan-Canadian patient experience results that will be used by [HOSPITAL NAME] to support quality improvements and improve patient-centred care.

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).

The questionnaire contains [NUMBER OF QUESTIONS BASED ON SURVEY VERSION] questions and will take about [ESTIMATED TIME] minutes to complete.

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 people 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 text message again.
3. To move backward or forward in the survey, use the navigation arrows at the bottom of the screen.

To see the results of this survey, visit CIHI's [Your Health System](#) web tool for results of patient-reported experience measures.

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: 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 in to 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 and CPES-IC MDS.
Canadian Patient Experiences Survey — Inpatient Care (CPES-IC) — 20M and 6M	The CPES-IC-20M and 6M are tools used to collect patient experience feedback about inpatient acute care hospital stays. The CPES-IC-20M consists of 19 items from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, 15 questions that address key areas relevant to the Canadian context (e.g., discharge, transitions) and 7 questions that collect demographic information.* The CPES-IC-6M consists of 6 items from the HCAHPS survey, 9 questions that address key areas relevant to the Canadian context (e.g., discharge, transitions) and 7 questions that collect demographic information.*
Canadian Patient Experiences Survey — Inpatient Care Data Dictionary Manual	The <i>CPES-IC Data Dictionary Manual</i> 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 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 Procedure Manual	The <i>CPES-IC Procedure Manual</i> provides guidelines and standards to administer the surveys in the field and outlines information about population sampling methods and surveying modes.*
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 patients.
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 who 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.
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 .
Inter-Jurisdictional Patient-Centred 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-Centred 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>

Term	Description
maternity patient	Maternity patients are those 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.
medical patient	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.
National Health Services (NHS)	The National Health Services is the United Kingdom's national health care governing body.
patient identifier	Unique numbers/letters that are assigned to patients to de-identify them 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 and randomly generated numbers.
proportionate stratified random sampling (PSRS)	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.‡
proxy	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.
simple random sampling (SRS)	A probability sampling method in which a random sample is selected from the entire sampling frame as a whole.
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 online questionnaires accessed through email or SMS/text link.

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 E: 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
Purpose of the manual	<i>Updated</i> section to include new survey versions	February 2024
Background	<i>Updated</i> section to include information on the CPES-IC modernization	February 2024
Introduction	<i>Updated</i> section to include information on the CPES-IC modernization	February 2024
Procedures	<i>Updated</i> section to include new survey versions	February 2024
Survey administration	<i>Updated</i> section to include new survey versions	February 2024
Survey setup	<i>Changed</i> from “Questionnaire format” to “Survey setup”	February 2024
2. Survey modes	<i>New</i> addition of SMS/text as an initial contact mode <i>Changed</i> section from Section 3 to Section 2	February 2024
3. Questions to be included	<i>New</i> information for CPES-IC-20M and CPES-IC-6M survey versions <i>Removed</i> section on obtaining answers to demographic questions <i>Changed</i> section from Section 4 to Section 3	February 2024
4. Introduction to the survey	<i>Updated</i> section to include subheading “Introduction to mailed questionnaires” <i>Updated</i> sections to include tables 1 to 5 <i>Updated</i> section to include subheadings “Initial contact for online surveys using email mode” and “Introduction to online surveys using email mode” <i>New</i> guidelines on using SMS/text as an initial mode of contact <i>New</i> subsections “Initial contact for online surveys using SMS/text mode” and “Introduction to online surveys using SMS/text mode” <i>Changed</i> section from Section 5 to Section 4	February 2024
5. Strategies for improving response rates	<i>New</i> section “Strategies for improving response rates”	February 2024
6. Supplementary questions	<i>Updated</i> section content based on the new CPES-IC-20M and CPES-IC-6M	February 2024
7. Questionnaire format	<i>Updated</i> section to include requirements for survey instructions	February 2024
8. Languages	<i>Updated</i> section content based on new CPES-IC-20M and CPES-IC-6M	February 2024
9. Patient information to include when preparing the sampling frame	<i>Updated</i> section content based on new CPES-IC-20M and CPES-IC-6M	February 2024

Section	Description of change	Release date
10. Patient population(s)	<i>Updated</i> section to include new survey versions	February 2024
12. Sampling methods	<i>New</i> subsection “c. Minimum number of surveys”	February 2024
13. Field period for surveying	<i>Updated</i> subsection “Email/SMS/text/online” to include new SMS/text initial contact mode	February 2024
16. Survey logistics: Number and timing of contacts	<i>New</i> subsection “SMS/text”	February 2024
19. Online surveying guidelines	<i>New</i> subsection “Collect mobile phone number” <i>Updated</i> subheading “Train staff in the collection of email addresses” to “Train staff in the collection of email addresses and/or mobile phone numbers” to include guidelines for mobile phone number collection <i>New</i> subsection “Develop a mobile phone number database”	February 2024
Data submission to CIHI	<i>Changed</i> from “Data submission” to “Data submission to CIHI”	February 2024
20. Canadian Patient Experiences Reporting System	<i>Changed</i> Section 2 to Section 20	February 2024
21. Submission of questionnaires	<i>Changed</i> Section 20 to Section 21	February 2024
Appendix A	<i>New</i> surveys CPES-IC-20M and CPES-IC-6M	February 2024
Appendix B	<i>Updated</i> telephone script based on new CPES-IC-20M <i>New</i> telephone script for CPES-IC-6M	February 2024
Appendix C	<i>Updated</i> sample email invitation <i>New</i> sample SMS/text invitation <i>Updated</i> “Introduction page” to “Introduction page for online surveying using email as initial contact mode” <i>New</i> template “Introduction page for online surveying using SMS/text as initial contact mode”	February 2024
Appendix D	<i>Removed</i> appendix D (frequently asked questions for survey respondents)	February 2024
Appendix E	<i>Removed</i> Appendix E (frequently asked questions for administrators)	February 2024
Appendix F	<i>Renamed</i> to Appendix D <i>Updated</i> term “Canadian Patient Experiences Survey — Inpatient Care (CPES-IC)” to “Canadian Patient Experiences Survey — Inpatient Care (CPES-IC) — 20M and 6M” <i>Updated</i> description for term “field period” <i>Updated</i> description for term “survey mode”	February 2024

Section	Description of change	Release date
Appendix B	<i>Updated</i> telephone script for Q48 in English and French	January 2019
2. Data submission	<i>New</i> 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	<i>Updated</i> answers for questions 2, 3, 7, 8, 12 and 16	December 2017
Appendix E	<i>Updated</i> answers for questions 5, 8, 10, 13 and 16 <i>New</i> question 11 added	December 2017
Appendix F	<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

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