



Canadian Preliminary Core Patient-Reported Experience Measures

Summary and Technical Notes



Our vision

Better data. Better decisions.
Healthier Canadians.

Our mandate

To lead the development and maintenance of comprehensive and integrated health information that enables sound policy and effective health system management that improve health and health care.

Our values

Respect, Integrity, Collaboration,
Excellence, Innovation

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Purpose

This document summarizes the preliminary core patient-reported experience measures, the development process of these measures and technical notes. The preliminary patient-reported experience measures will be further validated in 2015–2016 with field test data.

Background

The Canadian Institute for Health Information (CIHI) has collaborated with the national and international research community as well as with stakeholders across the country, including the Inter-Jurisdictional Patient Satisfaction Group,ⁱ Accreditation Canada, the Canadian Patient Safety Institute and The Change Foundation, to inform the development and the cognitive and pilot testing of a pan-Canadian survey of inpatient care experiences in 2013. The Canadian Patient Experiences Survey — Inpatient Care (CPES-IC) is a standardized questionnaire that enables patients to provide feedback about the quality of care they received during their most recent stay in a Canadian hospital. Survey data collected through this standardized tool will help hospitals assess patient care experiences, promote the use of patient experience to inform the delivery of patient-centred care and quality improvement initiatives, and provide a platform for national comparisons and benchmarking of patient experience.

The CPES-IC includes 22 items from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)ⁱⁱ survey, 19 questions that address key areas relevant to the Canadian context and 7 questions to collect demographic information. The selection of the survey questions in the CPES-IC was guided by 11 dimensions in 2011 (see Table 1). These 11 dimensions will be evaluated with field test data in 2015–2016. Of the 11 dimensions, 7 were adopted from HCAHPS.

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- i. At the time the survey was developed, the Inter-Jurisdictional Patient Satisfaction Group consisted of the following members and organizations: Western Health (Newfoundland and Labrador), Health PEI, Capital Health (Nova Scotia), New Brunswick Health Council, Commissaire à la santé et au bien-être (Quebec), Ontario Hospital Association, Health Quality Ontario, Manitoba Health, Saskatchewan Health Quality Council, Alberta Health Services, Health Quality Council of Alberta and British Columbia Patient Reported Experience Measures Steering Committee.
 - ii. HCAHPS is a validated survey tool that has been widely used in the United States for more than 10 years; it is also used in Alberta, New Brunswick and Saskatchewan, endorsed by Accreditation Canada and well positioned for international comparisons.

Table 1 Patient experience dimensions, 2011

HCAHPS dimensions	Canadian dimensions
<ul style="list-style-type: none"> • Communication with nurses • Communication with doctors • Physical environment • Responsiveness of staff • Pain control • Communication about medications • Discharge information • Ratings <ul style="list-style-type: none"> – Rate hospital from worst to best – Would you recommend this hospital to family and friends 	<ul style="list-style-type: none"> • Admission to hospital <ul style="list-style-type: none"> – Direct admit – Admit through emergency department • Person-centred care <ul style="list-style-type: none"> – Communication – Timeliness of testing – Involvement in decision-making – Emotional support • Discharge and transition • Outcome • Global rating • Demographic questions (Canadian context)

Patient-reported experience measures: Development process

Over the fall and winter of 2014–2015, CIHI initiated the development of patient-reported experience measures by synthesizing relevant literature to identify existing patient experience indicators used internationally — in the United Kingdom,¹ the U.S.² and New Zealand³ — to support performance measurement and quality improvement. Subsequently, this information was examined in relation to the patient-reported experience measures derived from the CPES-IC pilot test survey data.

CIHI also gathered feedback from the Inter-Jurisdictional Patient Satisfaction Group, policy advisors, decision-makers, patient experience experts and patient advocates using a modified Delphi approach (which confirmed alignment between the CPES-IC questionnaire and the preliminary core set of patient-reported experience measures). This preliminary set of measures will be validated with field test data in 2015–2016.

CPES-IC preliminary core patient-reported experience measures

The preliminary core set of patient-reported experience measures consists of 22 patient-reported experience measures (10 composite, 8 single and 4 overall hospital rating measures). Table 2 describes the measures and the CPES-IC survey questions that will be used to calculate the measures. The composite measures, by definition, are derived by combining survey questions with similar concepts. The single measures, again by definition, are derived using 1 survey question measuring a distinct concept. HCAHPS composite and single measures remain unchanged. See the [Technical notes and definitions](#) in this report for detailed descriptions of the patient-reported experience measures.

Table 2 Preliminary core patient-reported experience measures and overall rating measures

Measure name and associated survey question(s)	Type of measure
Enough Information Given About Admission Process, Prior to Arrival (Direct Admission) CPES-IC survey question: <ul style="list-style-type: none"> Q24. <i>Before coming to the hospital, did you have enough information about what was going to happen during the admission process?</i> 	Single
Admission Into the Hospital Organized (Direct Admission) CPES-IC survey question: <ul style="list-style-type: none"> Q25. <i>Was your admission into the hospital organized?</i> 	Single
Information Shared With Patients in the Emergency Department (Admission Through ED) CPES-IC survey questions: <ul style="list-style-type: none"> Q26. <i>When you were in the emergency department, did you get enough information about your condition and treatment?</i> Q27. <i>Were you given enough information about what was going to happen during your admission to the hospital?</i> 	Composite
Waiting Too Long in the ED for a Hospital Bed (Admission Through ED) CPES-IC survey question: <ul style="list-style-type: none"> Q28. <i>After you knew that you needed to be admitted to a hospital bed, did you have to wait too long before getting there?</i> 	Single
Transfer From ED to Hospital Bed Organized (Admission Through ED) CPES-IC survey question: <ul style="list-style-type: none"> Q29. <i>Was your transfer from the emergency department into a hospital bed organized?</i> 	Single
Communication With Nurses* CPES-IC survey questions: <ul style="list-style-type: none"> Q1. <i>During this hospital stay, how often did nurses treat you with courtesy and respect?</i> Q2. <i>During this hospital stay, how often did nurses listen carefully to you?</i> Q3. <i>During this hospital stay, how often did nurses explain things in a way you could understand?</i> 	Composite
Communication With Doctors* CPES-IC survey questions: <ul style="list-style-type: none"> Q5. <i>During this hospital stay, how often did doctors treat you with courtesy and respect?</i> Q6. <i>During this hospital stay, how often did doctors listen carefully to you?</i> Q7. <i>During this hospital stay, how often did doctors explain things in a way you could understand?</i> 	Composite
Explanation About Medications* CPES-IC survey questions: <ul style="list-style-type: none"> Q16. <i>Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?</i> Q17. <i>Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?</i> 	Composite
Staff Responsiveness* CPES-IC survey questions: <ul style="list-style-type: none"> Q4. <i>During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?</i> Q11. <i>How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?</i> 	Composite
Pain Controlled* CPES-IC survey questions: <ul style="list-style-type: none"> Q13. <i>During this hospital stay, how often was your pain well controlled?</i> Q14. <i>During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?</i> 	Composite

Measure name and associated survey question(s)	Type of measure
Internal Coordination of Care CPES-IC survey questions: <ul style="list-style-type: none"> • Q30. <i>Do you feel that there was good communication about your care between doctors, nurses and other hospital staff?</i> • Q31. <i>How often did doctors, nurses and other hospital staff seem informed and up-to-date about your hospital care?</i> • Q32. <i>How often were tests and procedures done when you were told they would be done?</i> 	Composite
Received Information About Condition and Treatment CPES-IC survey questions: <ul style="list-style-type: none"> • Q33. <i>During this hospital stay, did you get all the information you needed about your condition and treatment?</i> 	Single
Emotional Support CPES-IC survey question: <ul style="list-style-type: none"> • Q34. <i>Did you get the support you needed to help you with any anxieties, fears or worries you had during this hospital stay?</i> 	Single
Involvement in Decision-Making CPES-IC survey questions: <ul style="list-style-type: none"> • Q35. <i>Were you involved as much as you wanted to be in decisions about your care and treatment?</i> • Q36. <i>Were your family or friends involved as much as you wanted in decisions about your care and treatment?</i> 	Composite
Cleanliness* CPES-IC survey question: <ul style="list-style-type: none"> • Q8. <i>During this hospital stay, how often were your room and bathroom kept clean?</i> 	Single
Quietness* CPES-IC survey question: <ul style="list-style-type: none"> • Q9. <i>During this hospital stay, how often was the area around your room quiet at night?</i> 	Single
Discharge Planning* CPES-IC survey questions: <ul style="list-style-type: none"> • Q19. <i>During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?</i> • Q20. <i>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?</i> 	Composite
Post-Discharge Management CPES-IC survey questions: <ul style="list-style-type: none"> • Q37. <i>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?</i> • Q38. <i>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?</i> • Q39. <i>When you left the hospital, did you have a better understanding of your condition than when you entered?</i> 	Composite
Overall hospital rating measures	
Hospital Rating (Worst to Best) CPES-IC survey question: <ul style="list-style-type: none"> • Q21. <i>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?</i> 	Single
Intent to Recommend Hospital to Family and Friends CPES-IC survey question: <ul style="list-style-type: none"> • Q22. <i>Would you recommend this hospital to your friends and family?</i> 	Single

Measure name and associated survey question(s)	Type of measure
Hospital Stay Helpful CPES-IC survey question: <ul style="list-style-type: none"> • Q40. Overall, do you feel you were helped by your hospital stay? Please answer on a scale where 0 is not helped at all and 10 is helped completely. 	Single
Overall Hospital Experience (Very Poor to Very Good) CPES-IC survey question: <ul style="list-style-type: none"> • Q41. Overall 0 I had a very poor experience to 10 I had a very good experience. 	Single

Notes

* HCAHPS measures.

Questions 10, 12, 15, 18 and 23 are instructional questions and are not included in the measures.

The preliminary patient-reported experience measures outlined in Table 2 were derived using both qualitative and quantitative analysis. The qualitative analysis involved drawing an alignment between the content of the dimensions and constructs described in each survey question. The quantitative analysis involved testing for psychometric properties using approximately 1,200 pilot survey data records from 2013. The psychometric testing assessed the internal reliability and validity of the composite and single measures. Overall, the analysis indicated strong reliability and validity of the preliminary core set of patient-reported experience measures.

Validation phase

In 2015–2016, CIHI is planning to validate the preliminary core patient-reported experience measures using the field test data. The field test data will also be used to examine the patient experience dimensions, scoring methodology and comparative indicator analysis. CIHI's Canadian Patient Experiences Reporting System (CPERS) will be receiving the CPES-IC field test data from several jurisdictions beginning in 2015–2016.

Technical notes and definitions

The following tables describe the 18 preliminary core patient-reported experience measures and 4 overall hospital rating measures in detail, including measure name, corresponding CPES-IC question(s), reporting levels and rationale (including the potential use).

Information regarding the numerator and denominator, scoring methodology, and standardization for comparative reporting will be provided in the future.

Measure name	Enough Information Given About Admission Process, Prior to Arrival (Direct Admission)
CPES-IC question and response categories	Q24. <i>Before coming to the hospital, did you have enough information about what was going to happen during the admission process?</i> (Not at all / Partly / Quite a bit / Completely)
HCAHPS or Canadian	Canadian
Measure status	Preliminary; validation in 2015–2016
Description	Patients' report of receiving enough information about the admission process into the hospital
Potential levels of reporting	Regional, provincial/territorial, national
Rationale	Accreditation Canada has identified transitions across different health care settings as an area for improvement. ⁴ Potential use: <ul style="list-style-type: none"> • Inform quality improvement and program planning at the hospital and community levels • Benchmarking comparisons at the region, province/territory, national and international levels
Data source	Canadian Patient Experiences Reporting System (CPERS)

Measure name	Admission Into the Hospital Organized (Direct Admission)
CPES-IC question and response categories	Q25. <i>Was your admission into the hospital organized?</i> (Not at all / Partly / Quite a bit / Completely)
HCAHPS or Canadian	Canadian
Measure status	Preliminary; validation in 2015–2016
Description	Patients' report of whether their direct admission into the hospital was organized and coordinated
Potential levels of reporting	Regional, provincial/territorial, national
Rationale	Accreditation Canada has identified transitions across different health care settings as an area for improvement. ⁴ Potential use: <ul style="list-style-type: none"> • Inform quality improvement and program planning efforts at the hospital and community levels • Benchmarking comparisons at the region, province/territory, national and International levels
Data source	Canadian Patient Experiences Reporting System (CPERS)

Measure name	Information Shared With Patients in the ED
CPES-IC questions and response categories	<p>Q26. <i>When you were in the emergency department, did you get enough information about your condition and treatment?</i></p> <p>(Not at all / Partly / Quite a bit / Completely)</p> <p>Q27. <i>Were you given enough information about what was going to happen during your admission to the hospital?</i></p> <p>(Not at all / Partly/ Quite a bit/ Completely)</p>
HCAHPS or Canadian	Canadian
Measure status	Preliminary; validation in 2015–2016
Description	Patients' report on providers communicating about the condition and treatment at ED and on whether enough information was given before admission to a hospital bed
Potential levels of reporting	Hospital, regional, provincial/territorial, national
Rationale	<p>Potential use:</p> <ul style="list-style-type: none"> • Inform quality improvement and program planning at the hospital level • Benchmarking comparisons at the region, province/territory, national and international levels
Data source	Canadian Patient Experiences Reporting System (CPERS)

Measure name	Waiting Too Long in the ED for a Hospital Bed (Admission Through ED)
CPES-IC question and response categories	<p>Q28. <i>After you knew that you needed to be admitted to a hospital bed, did you have to wait too long before getting there?</i></p> <p>(Yes / No)</p>
HCAHPS or Canadian	Canadian
Measure status	Preliminary; validation in 2015–2016
Description	Patients' report of whether they waited too long before moving to an inpatient hospital bed
Potential levels of reporting	Hospital, regional, provincial/territorial, national
Rationale	<p>Addressing wait times is a priority in Canada. Often, wait times are quantitatively reported.⁵ The patient experience measure provides a lens on access from a patient perspective.</p> <p>Potential use:</p> <ul style="list-style-type: none"> • Inform quality improvement and program planning efforts at the hospital level • Benchmarking comparisons at the region, province/territory, national and international levels
Data source	Canadian Patient Experiences Reporting System (CPERS)

Measure name	Transfer From ED to Hospital Bed Organized (Admission Through ED)
CPES-IC question and response categories	Q29. <i>Was your transfer from the emergency department into a hospital bed organized?</i> (Not at all / Partly / Quite a bit / Completely)
HCAHPS or Canadian	Canadian
Measure status	Preliminary; validation in 2015–2016
Description	Patients' report on whether the transfer from the ED to an inpatient hospital bed was coordinated
Potential levels of reporting	Hospital, regional, provincial/territorial, national
Rationale	Accreditation Canada has identified transitions across different health care settings as an area for improvement. ⁴ Transitioning from the ED to inpatient care may require inputs and coordination from distinct departments. Potential use: <ul style="list-style-type: none"> • Inform quality improvement and program planning at the hospital level • Benchmarking comparisons at the region, province/territory, nationally and international levels
Data source	Canadian Patient Experiences Reporting System (CPERS)

Measure name	Communication With Nurses
CPES-IC questions and response categories	Q1. <i>During this hospital stay, how often did nurses treat you with courtesy and respect?</i> (Never / Sometimes / Usually / Always) Q2. <i>During this hospital stay, how often did nurses listen carefully to you?</i> (Never / Sometimes / Usually / Always) Q3. <i>During this hospital stay, how often did nurses explain things in a way you could understand?</i> (Never / Sometimes / Usually / Always)
HCAHPS or Canadian	HCAHPS
Measure status	In use
Description	Patients' report of nurses' communication skills (listening, explanation and respect for patient)
Potential levels of reporting	Hospital, regional, provincial/territorial, national
Rationale	Nurse–patient relationships set the tone of the patient experience, since nurses spend the most time with the patients. ⁶ Potential use: <ul style="list-style-type: none"> • Inform quality improvement and program planning at the hospital level • Benchmarking comparisons at the region, province/territory, national and international levels
Data source	Canadian Patient Experiences Reporting System (CPERS)

Measure name	Communication With Doctors
CPES-IC questions and response categories	<p>Q5. <i>During this hospital stay, how often did doctors treat you with courtesy and respect?</i></p> <p>(Never / Sometimes / Usually / Always)</p> <p>Q6. <i>During this hospital stay, how often did doctors listen carefully to you?</i></p> <p>(Never / Sometimes / Usually / Always)</p> <p>Q7. <i>During this hospital stay, how often did doctors explain things in a way you could understand?</i></p> <p>(Never / Sometimes / Usually / Always)</p>
HCAHPS or Canadian	HCAHPS
Measure status	In use
Description	Patients' report of doctors' communication skills (listening, explanation and respect for patient)
Potential levels of reporting	Hospital, regional, provincial/territorial, national
Rationale	<p>Patients who have open communication with their physicians may be able to reduce barriers that limit positive health outcomes.⁷</p> <p>Potential use:</p> <ul style="list-style-type: none"> • Inform quality improvement and program planning at the hospital level • Benchmarking comparisons at the region, province/territory, national and international levels
Data source	Canadian Patient Experiences Reporting System (CPERS)

Measure name	Explanation About Medications
CPES-IC questions and response categories	<p>Q16. <i>Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?</i></p> <p>(Never / Sometimes / Usually / Always)</p> <p>Q17. <i>Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?</i></p> <p>(Never / Sometimes / Usually / Always)</p>
HCAHPS or Canadian	HCAHPS
Measure status	In use
Description	Patients' report of hospital staff communicating with them about medicines, including the purpose and the side effects
Potential levels of reporting	Hospital, regional, provincial/territorial, national
Rationale	<p>Medication compliance is positively associated with communication of information, good provider–patient relationships and patients' agreement with the need for treatment.⁸</p> <p>Potential use:</p> <ul style="list-style-type: none"> • Inform quality improvement and program planning at the hospital level • Benchmarking comparisons at the region, province/territory, national and international levels
Data source	Canadian Patient Experiences Reporting System (CPERS)

Measure name	Staff Responsiveness
CPES-IC questions and response categories	<p><i>Q4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?</i></p> <p>(Never / Sometimes / Usually / Always / I never pressed the call button)</p> <p><i>Q11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?</i></p> <p>(Never / Sometimes / Usually / Always)</p>
HCAHPS or Canadian	HCAHPS
Measure status	In use
Description	Patients' report of whether the hospital staff was available to provide support and assistance to them as soon as they needed help
Potential levels of reporting	Hospital, regional, provincial/territorial, national
Rationale	<p>Poor staff responsiveness has been shown to be associated with an increased risk of infection.⁹</p> <p>Potential use:</p> <ul style="list-style-type: none"> • Inform quality improvement and program planning at the hospital level • Benchmarking comparisons at the region, province/territory, national and international levels
Data source	Canadian Patient Experiences Reporting System (CPERS)

Measure name	Pain Controlled
CPES-IC questions and response categories	<p><i>Q13. During this hospital stay, how often was your pain well controlled?</i></p> <p>(Never / Sometimes / Usually / Always)</p> <p><i>Q14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?</i></p> <p>(Never / Sometimes / Usually / Always)</p>
HCAHPS or Canadian	HCAHPS
Measure status	In use
Description	Patients' report on hospital staff helping them manage pain
Potential levels of reporting	Hospital, regional, provincial/territorial, national
Rationale	<p>Poor pain control can lead to undesired effects such as a reduced quality of life and prolonged hospital stays.¹⁰</p> <p>Potential use:</p> <ul style="list-style-type: none"> • Inform quality improvement and program planning at the hospital level • Benchmarking comparisons at the region, province/territory, national and international levels
Data source	Canadian Patient Experiences Reporting System (CPERS)

Measure name	Internal Coordination
CPES-IC questions and response categories	<p>Q30. <i>Do you feel that there was good communication about your care between doctors, nurses and other hospital staff?</i></p> <p>(Never / Sometimes / Usually / Always)</p> <p>Q31. <i>How often did doctors, nurses and other hospital staff seem informed and up-to-date about your hospital care?</i></p> <p>(Never / Sometimes / Usually / Always)</p> <p>Q32. <i>How often were tests and procedures done when you were told they would be done?</i></p> <p>(Never / Sometimes / Usually / Always / I did not have any tests or procedures)</p>
HCAHPS or Canadian	Canadian
Measure status	Preliminary; validation in 2015–2016
Description	Patients' report of staff working together in caring for them
Potential levels of reporting	Hospital, regional, provincial/territorial, national
Rationale	<p>Accreditation Canada has identified transitions across different health care settings as an area for improvement.⁴</p> <p>Potential use:</p> <ul style="list-style-type: none"> • Inform quality improvement and program planning at the hospital level • Benchmarking comparisons at the region, province/territory, national and international levels
Data source	Canadian Patient Experiences Reporting System (CPERS)

Measure name	Received Information About Condition and Treatment
CPES-IC question and response categories	<p>Q33. <i>During this hospital stay, did you get all the information you needed about your condition and treatment?</i></p> <p>(Never / Sometimes / Usually / Always)</p>
HCAHPS or Canadian	Canadian
Measure status	Preliminary; validation in 2015–2016
Description	Patients' report of providers communicating about their condition and treatment during the hospital stay
Potential levels of reporting	Hospital, regional, provincial/territorial, national
Rationale	<p>Potential use:</p> <ul style="list-style-type: none"> • Inform quality improvement and program planning at the hospital level • Benchmarking comparisons at the region, province/territory, national and international levels
Data source	Canadian Patient Experiences Reporting System (CPERS)

Measure name	Emotional Support
CPES-IC question and response categories	Q34. <i>Did you get the support you needed to help you with any anxieties, fears or worries you had during this hospital stay?</i> (Never / Sometimes / Usually / Always / Not applicable)
HCAHPS or Canadian	Canadian
Measure status	Preliminary; validation in 2015–2016
Description	Patients' report of feeling supported in dealing with their anxieties, fears or worries during their hospital stay
Potential levels of reporting	Hospital, regional, provincial/territorial, national
Rationale	Good information and emotional support are associated with better recovery from surgery and heart attacks. ⁸ Potential use: <ul style="list-style-type: none"> • Inform quality improvement and program planning at the hospital level • Benchmarking comparisons at the region, province/territory, national and international levels
Data source	Canadian Patient Experiences Reporting System (CPERS)

Measure name	Involvement in Decision-Making
CPES-IC questions and response categories	Q35. <i>Were you involved as much as you wanted to be in decisions about your care and treatment?</i> (Never / Sometimes / Usually / Always) Q36. <i>Were your family or friends involved as much as you wanted in decisions about your care and treatment?</i> (Never / Sometimes / Usually / Always / I did not want them to be involved / I did not have family or friends to be involved)
HCAHPS or Canadian	Canadian
Measure status	Preliminary; validation in 2015–2016
Description	Patients' report on their own and their families'/friends' involvement in decision-making about care and treatment
Potential levels of reporting	Hospital, regional, provincial/territorial, national
Rationale	Involving patients in the decision-making process can lead to improved and timelier diagnosis and clinical decisions. ⁸ Potential use: <ul style="list-style-type: none"> • Inform quality improvement and program planning at the hospital level • Benchmarking comparisons at the region, province/territory, national and international levels
Data source	Canadian Patient Experiences Reporting System (CPERS)

Measure name	Cleanliness
CPES-IC question and response categories	Q8. <i>During this hospital stay, how often were your room and bathroom kept clean?</i> (Never / Sometimes / Usually / Always)
HCAHPS or Canadian	HCAHPS
Measure status	In use
Description	Patients' report on their room and bathroom being kept clean
Potential levels of reporting	Hospital, regional, provincial/territorial, national
Rationale	Hospital-acquired infections can be prevented by regular and thorough hospital cleaning. ¹¹ Potential use: <ul style="list-style-type: none"> • Inform quality improvement and program planning at the hospital level • Benchmarking comparisons at the region, province/territory, nationally and international levels
Data source	Canadian Patient Experiences Reporting System (CPERS)

Measure name	Quietness
CPES-IC question and response categories	Q9. <i>During this hospital stay, how often was the area around your room quiet at night?</i> (Never / Sometimes / Usually / Always)
HCAHPS or Canadian	HCAHPS
Measure status	In use
Description	Patients' report on the area around their room being quiet at night
Potential levels of reporting	Hospital, regional, provincial/territorial, national
Rationale	High noise levels can have a negative impact on both patients' well-being and staff health. ^{12, 13} Potential use: <ul style="list-style-type: none"> • Inform quality improvement and program planning at the hospital level • Benchmarking comparisons at the region, province/territory, national and international levels
Data source	Canadian Patient Experiences Reporting System (CPERS)

Measure name	Discharge Planning
CPES-IC questions and response categories	<p>Q19. <i>During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?</i></p> <p>(Yes / No)</p> <p>Q20. <i>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?</i></p> <p>(Yes / No)</p>
HCAHPS or Canadian	HCAHPS
Measure status	In use
Description	Patients' report on receiving information before discharge and discussing needs for help after discharge
Potential levels of reporting	Hospital, regional, provincial/territorial, national
Rationale	<p>Discharge planning is essential to facilitate the care needs of patients and may help to reduce patients' length of stay and readmission rates.^{14,15}</p> <p>Potential use:</p> <ul style="list-style-type: none"> • Inform quality improvement and program planning at the hospital and community levels • Benchmarking comparisons at the region, province/territory, national and international levels
Data source	Canadian Patient Experiences Reporting System (CPERS)

Measure name	Post-Discharge Management
CPES-IC questions and response categories	<p>Q37. <i>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?</i></p> <p>(Not at all / Partly / Quite a bit / Completely / Not applicable)</p> <p>Q38. <i>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?</i></p> <p>(Not at all / Partly / Quite a bit / Completely)</p> <p>Q39. <i>When you left the hospital, did you have a better understanding of your condition than when you entered?</i></p> <p>(Not at all / Partly / Quite a bit / Completely)</p>
HCAHPS or Canadian	Canadian
Measure status	Preliminary; validation in 2015–2016
Description	Patients' report of being prepared to manage their condition after discharge
Potential levels of reporting	Hospital, regional, provincial/territorial, national
Rationale	<p>Potential use:</p> <ul style="list-style-type: none"> • Inform quality improvement and program planning at the hospital and community levels • Benchmarking comparisons at the region, province/territory, national and international levels
Data source	Canadian Patient Experiences Reporting System (CPERS)

Measure name	Hospital Rating (Worst to Best)
CPES-IC questions and response categories	Q21. 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?
HCAHPS or Canadian	HCAHPS
Measure status	In use
Description	Patients' rating of the hospital, from worst hospital possible to best hospital possible
Potential levels of reporting	Hospital, regional, provincial/territorial, national
Rationale	Potential use: <ul style="list-style-type: none"> • Inform quality improvement and program planning at the hospital level • Benchmarking comparisons at the region, province/territory, national and international levels
Data source	Canadian Patient Experiences Reporting System (CPERS)
Measure name	Intent to Recommend Hospital to Family and Friends
CPES-IC question and response categories	Q22. Would you recommend this hospital to your friends and family? (Definitely no / Probably no / Probably yes / Definitely yes)
HCAHPS or Canadian	HCAHPS
Measure status	In use
Description	Patients' report of recommending the hospital to friends and family
Potential levels of reporting	Hospital, regional, provincial/territorial, national
Rationale	Potential use: <ul style="list-style-type: none"> • Inform quality improvement and program planning at the hospital level • Benchmarking comparisons at the region, province/territory, national and international levels
Data source	Canadian Patient Experiences Reporting System (CPERS)
Measure name	Hospital Stay Helpful
CPES-IC question and response categories	Q40. Overall, do you feel you were helped by your hospital stay? Please answer on a scale where 0 is not helped at all and 10 is helped completely.
HCAHPS or Canadian	Canadian
Measure status	Preliminary; validation in 2015–2016
Description	Patients reported that they felt they were helped by their hospital stay.
Potential levels of reporting	Hospital, regional, provincial/territorial, national
Rationale	Potential use: <ul style="list-style-type: none"> • Inform quality improvement and program planning at the hospital level • Benchmarking comparisons at the region, province/territory, national and international levels
Data source	Canadian Patient Experiences Reporting System (CPERS)

Measure name	Overall Hospital Experience (Very Poor to Very Good Experience)
CPES-IC question and response categories	Q41. Overall, 0 I had a very poor experience to 10 I had a very good experience
HCAHPS or Canadian	Canadian
Measure status	Preliminary; validation in 2015–2016
Description	Patients' report of their overall experience within the facility (from very poor to very good)
Potential levels of reporting	Hospital, regional, provincial/territorial, national
Rationale	Potential use: <ul style="list-style-type: none"> • Inform quality improvement and program planning at the hospital level • Benchmarking comparisons at the region, province/territory, national and international levels.
Data source	Canadian Patient Experiences Reporting System (CPERS)

More information

For more information regarding the preliminary core patient-reported experience measures, please send an email to prems@cihi.ca.

References

1. Office of the Chief Analyst. [Statistical Bulletin: Overall Patient Experience Scores: Updated With Results From the 2011 Adult Inpatient Survey \(With Additional Comment on 2011 Adult Outpatient Survey Results\)](#). 2012.
2. The CAHPS II Investigators, The Agency for Healthcare Research and Quality. [HCAHPS Three-State Pilot Study Analysis Results](#). 2003.
3. New Zealand Health Quality & Safety Commission. [Development of Patient Experience Indicators for New Zealand: Final Report](#). 2013.
4. Accreditation Canada. [Safety in Canadian Health Care Organizations: A Focus on Transitions in Care and Required Organizational Practices](#). 2013.
5. Canadian Institute for Health Information. [Understanding Emergency Department Wait Times: Access to Inpatient Beds and Patient Flow](#). 2007.
6. Schumpert R, ed. [Patient Satisfaction — What Works](#). 2012.
7. Zolnierek KH, Di Matteo MR. [Physician communication and patient adherence to treatment: a meta-analysis](#). *Medical care*. 2009.
8. Doyle C, Lennox L, Bell D. [A systematic review of evidence on the links between patient experience and clinical safety and effectiveness](#). *BMJ Open*. 2013.
9. Saman DM, Kavanagh KT, Johnson B, Lutfiyya MN. [Can inpatient hospital experiences predict central line–associated bloodstream infections?](#) *PloS One*. 2013.
10. Umeh U. [Improving the HCAHPS score for pain well controlled](#). *Master's Projects*. 2014.
11. Dancer SJ. [Importance of the environment in meticillin-resistant *Staphylococcus aureus* acquisition: the case for hospital cleaning](#). *The Lancet Infectious Diseases*. 2008.
12. Basner M, Babisch W, Davis A, et al. [Auditory and non-auditory effects of noise on health](#). *The Lancet*. 2014.
13. Joseph A, Ulrich R. [Sound Control for Improved Outcomes in Healthcare Settings](#). 2007.
14. Shepperd S, Lannin NA, Clemson LM, McCluskey A, Cameron ID, Barras SL. [Discharge planning from hospital to home](#). *The Cochrane Database of Systematic Reviews*. 2013.
15. Joseph-Williams N, Elwyn G, Edwards A. [Knowledge is not power for patients: a systematic review and thematic synthesis of patient-reported barriers and facilitators to shared decision making](#). *Patient Education and Counseling*. 2014.

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