

Ontario Health Team Patient Experience Survey

Welcome to the *Ontario Health Team Patient Experience Survey* from the Health System Performance Network. We would love your feedback to help us identify things that can be improved in the delivery of your care and services from your Ontario Health Team (OHT).

Your name will not be attached to the responses you give, i.e., you will remain anonymous. Your results will be combined with those of other respondents to provide an overall assessment of the experience of patients cared for within OHTs and to identify areas where patient experience can be improved. The results will only be shared with the OHT when there are at least 10 respondents.

The survey will take approximately **15 minutes** to complete. Please select the answer that best describes you and your experiences.

If you need any help, please contact the person who sent you this survey. You can get a friend or caregiver to help you complete this survey as well.

Thank you for taking the time to complete this survey.

1. Which Ontario Health Team (OHT) are you a part of? (Please select only one.) *Required

- | | |
|--|---|
| <input type="radio"/> Algoma OHT | <input type="radio"/> Mid-West Toronto OHT |
| <input type="radio"/> All Nations Health Partners OHT | <input type="radio"/> Mississauga OHT |
| <input type="radio"/> Barrie and Area OHT | <input type="radio"/> Muskoka and Area OHT |
| <input type="radio"/> Brantford Brant OHT | <input type="radio"/> Network 24 OHT |
| <input type="radio"/> Burlington OHT | <input type="radio"/> Niagara OHT |
| <input type="radio"/> Cambridge North Dumfries OHT | <input type="radio"/> Nipissing Wellness OHT |
| <input type="radio"/> Central West OHT | <input type="radio"/> North Simcoe OHT |
| <input type="radio"/> Chatham-Kent OHT | <input type="radio"/> North Toronto OHT |
| <input type="radio"/> Connected Care Halton OHT | <input type="radio"/> North Western Toronto OHT |
| <input type="radio"/> Connected for Care - Lanark, Leeds and Grenville OHT | <input type="radio"/> North York Toronto Health Partners |
| <input type="radio"/> Couchiching OHT | <input type="radio"/> Northumberland OHT |
| <input type="radio"/> Downtown East Toronto OHT | <input type="radio"/> Ottawa OHT |
| <input type="radio"/> Durham OHT | <input type="radio"/> Ottawa East OHT |
| <input type="radio"/> East Toronto OHT | <input type="radio"/> Oxford and Area OHT |
| <input type="radio"/> Eastern York Region and North Durham OHT | <input type="radio"/> Peterborough OHT |
| <input type="radio"/> Elgin OHT | <input type="radio"/> Rainy River District OHT |
| <input type="radio"/> Four Rivers OHT | <input type="radio"/> Sarnia Lambton OHT |
| <input type="radio"/> Frontenac, Lennox & Addington OHT | <input type="radio"/> Scarborough OHT |
| <input type="radio"/> Greater Hamilton Health Network | <input type="radio"/> South Georgian Bay OHT |
| <input type="radio"/> Grey-Bruce OHT | <input type="radio"/> Southlake Community OHT |
| <input type="radio"/> Guelph Wellington OHT | <input type="radio"/> Upper Canada, Cornwall and Area OHT |
| <input type="radio"/> Hastings Prince Edward OHT | <input type="radio"/> West Toronto OHT |
| <input type="radio"/> Hills of Headwaters Collaborative OHT | <input type="radio"/> Western York Region OHT |
| <input type="radio"/> Huron Perth and Area OHT | <input type="radio"/> Western Ontario Health OHT |
| <input type="radio"/> Kawartha Lakes OHT | <input type="radio"/> Windsor Essex OHT |
| <input type="radio"/> Kitchener, Waterloo, Wilmot, Woolwich, and Wellesley (KW4) OHT | <input type="radio"/> Unsure / I don't know. |

2. What are the FIRST THREE digits of your postal code? (Please print, e.g., A1A) _____

SECTION A: HEALTHCARE USE

3. In the last 12 months, who did you receive care from? (Please check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Primary care physician | <input type="checkbox"/> Allied health professionals (e.g., physio / occupational / respiratory therapist, social worker, etc.) |
| <input type="checkbox"/> Nurse practitioner | <input type="checkbox"/> Social or community programs and services (e.g., community health worker, supports for daily living, adult day program, etc.) |
| <input type="checkbox"/> Specialist physician or Hospital outpatient clinic | <input type="checkbox"/> Caregiver respite services |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Housing support (including supportive housing) |
| <input type="checkbox"/> Home care nursing or Rehabilitation | <input type="checkbox"/> Voluntary services (e.g., Meals on Wheels) |
| <input type="checkbox"/> Home care personal support / Homemaking | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> EMS / Ambulance services | |
| <input type="checkbox"/> Emergency Department | |
| <input type="checkbox"/> Hospital with overnight stay | |
| <input type="checkbox"/> Other (Please specify.) _____ | |
| <input type="radio"/> I don't know. / I don't remember. | |

SECTION B: YOUR HEALTH

We would like to know what you think about your health.

4. In general, how would you describe your own health?

- Excellent Very good Good Fair Poor I don't know.

5. Please choose an answer that best describes your mobility *today*.

- I have no problems walking about.
- I have slight problems walking about.
- I have moderate problems walking about.
- I have severe problems walking about.
- I am unable to walk about.

6. Please choose an answer that best describes your self-care *today*.

- I have no problems washing or dressing myself.
- I have slight problems washing or dressing myself.
- I have moderate problems washing or dressing myself.
- I have severe problems washing or dressing myself.
- I am unable to wash or dress myself.

7. Please choose an answer that best describes your usual activities *today*.

These could be work, studying, housework, family, or leisure activities.

- I have no problems doing my usual activities.
- I have slight problems doing my usual activities.
- I have moderate problems doing my usual activities.
- I have severe problems doing my usual activities.
- I am unable to do my usual activities.

8. Please choose an answer that best describes your level of pain or discomfort *today*.

- I have no pain or discomfort.
- I have slight pain or discomfort.
- I have moderate pain or discomfort.
- I have severe pain or discomfort.
- I have extreme pain or discomfort.

9. Please choose an answer that best describes your level of anxiety or depression *today*.

- I am not anxious or depressed.
- I am slightly anxious or depressed.
- I am moderately anxious or depressed.
- I am severely anxious or depressed.
- I am extremely anxious or depressed.

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Over the past two weeks, how often have you been bothered by any of the following problems?

10. Little interest or pleasure in doing things

- Not at all
- Several days (less than half the days)
- More than one-half the days
- Nearly every day

11. Feeling down, depressed, or hopeless

- Not at all
- Several days (less than half the days)
- More than one-half the days
- Nearly every day

SECTION C: EASILY ACCESSING CARE

12. Do you have a health professional that you see for regular check-ups when you are sick, and so on?

This could be a family doctor, a general practitioner or GP, or a nurse practitioner.

Note: In this survey, we refer to this individual as your “**regular healthcare provider**”.

- Yes
- No ⇒ *Please go to question #14.*
- I don't know. ⇒ *Please go to question #14.*

13. In the last 12 months, how would you describe the length of time it took to access your regular healthcare provider?

- About right
- Somewhat too long
- Much too long
- I did not see my regular healthcare provider in last 12 months.
- I don't know. / I don't remember.

14. Sometimes, in order to maintain their health, people need to have help with meal preparation, transportation, housework, laundry, and so on (we call this “community supports”). Do you ever need this type of help?

- Yes
- No ⇒ *Please go to question #17.*
- I don't know. ⇒ *Please go to question #17.*

15. In general, how easy is it for you to get community supports?

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult
- I don't know. / I don't remember.

16. In the last 12 months, how would you describe the length of time it took to get community supports?

- About right
- Somewhat too long
- Much too long
- I did not need community supports in last 12 months.
- I don't know. / I don't remember.

17. When you consider how you and all your healthcare providers help you take care of your health, how well coordinated would you say your overall healthcare is?

- Very coordinated
- Somewhat coordinated
- Not coordinated
- I don't know.

SECTION D: HAVING SOMEONE TO COUNT ON

18. In general, how confident are you that your regular healthcare provider or another healthcare professional checks to make sure you receive the healthcare you need?

- Very confident
- Somewhat confident
- Not very confident
- Not at all confident
- I don't know.

19. Is there at least one person, other than a healthcare professional, who helps make sure you receive the healthcare you need? This could be a family member, friend, or someone else.

- Yes
- No ⇒ *Please go to question #21.*
- I am able to take care of myself ⇒ *Please go to question #21.*
- I don't know. ⇒ *Please go to question #21.*

20. How confident are you that this person will look after you as you get older or as your health changes?

- Very confident
- Somewhat confident
- Not very confident
- Not at all confident
- I don't know.

SECTION E: BEING HEARD

21. When you see your regular healthcare provider or someone else in their office, how often do they involve you as much as you want to be in decisions about your care and treatment?

- Always
- Often
- Sometimes
- Rarely
- Never
- I don't know.

22. In general, how well do you feel your healthcare providers understand your healthcare needs?

- Very well
- Somewhat well
- Not very well
- Not at all well
- I don't know.

23. In general, would you say your healthcare providers listen carefully to you?

- Always
- Often
- Sometimes
- Rarely
- Never
- I don't know.

24. In general, do your healthcare providers encourage you to bring someone with you to your appointments?

- Always
- Often
- Sometimes
- Rarely
- Never
- Not Applicable / I don't know.

SECTION F: KNOWING HOW TO YOUR MANAGE HEALTH

25. In general, how confident are you that you know the things that you need to do to take care of and manage your health?

- Very confident
- Somewhat confident
- Not very confident
- Not at all confident
- I don't know.

26. In the last 12 months, was there ever a time when you received conflicting information about your healthcare from different healthcare providers such as your family doctor, specialists or other healthcare providers including nurses, dieticians, staff at clinics, and so on?

- Yes
- No
- I don't know. / I don't remember.

SECTION G: SAFETY

27. Are you able to move around your home and neighbourhood without fear of falling or getting disoriented?

- Yes
- No
- I don't know.

SECTION H: TRANSITIONS

EMERGENCY

28. In the last 12 months, have you been to an emergency department (ED) because you were sick or for a health-related problem?

- Yes
- No ⇒ *Please go to question #32.*
- I don't know. / I don't remember. ⇒ *Please go to question #32.*

29. The last time you went to the ED, was it for a condition that you think could have been treated by your regular healthcare provider or other healthcare professional if he/she had been available?

- Yes
- No
- I don't know. / I don't remember.

30. The last time you went to the ED, which of the following was the MAIN reason you went to the ED rather than to your regular healthcare provider or another healthcare professional?

- It was an emergency.
- My regular healthcare provider was not available.
- I could not get an appointment with my regular healthcare provider.
- It was faster to go to the ED.
- The ED was closer.
- My regular healthcare provider advised me to go to the ED.
- My regular healthcare provider works out of ED.
- Other (Please specify.) _____
- I don't know. / I don't remember.

31. The last time you left to the ED, how confident were you that a doctor, nurse, or other healthcare professional had provided you with enough information to manage the health problem for which you went to the ED?

- Very confident
- Somewhat confident
- Not very confident
- Not at all confident
- I don't know. / I don't remember.

HOSPITAL

32. In the last 12 months, have you been hospitalized overnight?

- Yes
- No ⇒ Please go to question #35.
- I don't know. / I don't remember. ⇒ Please go to question #35.

33. When you left the hospital, were you provided with easy-to-follow instructions on whom to contact if you had a question about your treatment or if your condition became worse?

- Yes
- No
- I don't know. / I don't remember.

34. After you were discharged from hospital, did your regular healthcare provider or other healthcare professional seem informed and up-to-date about the care you received in the hospital?

- Yes
- No
- I have not seen my regular provider or other healthcare professionals since being discharged from hospital.
- I don't know. / I don't remember.

SPECIALISTS

35. In the past 12 months, have you seen a medical specialist?

This includes an appointment in person, by phone, video, email, or secure message.

- Yes
- No ⇒ Please go to question #39.
- I don't know. / I don't remember. ⇒ Please go to question #39.

36. How would you rate the length of time it took between making the appointment and the actual visit?

- About right
- Somewhat too long
- Much too long
- I don't know. / I don't remember.

37. When you last saw the specialist, did he/she have basic medical information from your regular healthcare provider about the reason for your visit?

- Yes
- No
- I don't know. / I don't remember.

38. After you saw the specialist, did your regular healthcare provider seem informed and up-to-date about the care you got from the specialist?

- Yes
- No
- I don't know. / I don't remember.

TESTS

39. In the last 12 months, when receiving care for a medical problem, was there ever a time when test results were not available at the time of a scheduled appointment with your provider?

- Yes
- No
- Not Applicable / I did not have any tests in the last 12 months.
- I don't know. / I don't remember.

SECTION I: DIGITAL HEALTHCARE

Doctors keep medical records of their patients which includes information such as age, weight, clinical notes from appointments, existing medical conditions, etc. Some physicians allow their patients to have online access so that patients can see their medical records outside of the doctor's office. Some examples of these systems are MyChart, MyUHN, etc.

40. In the last 12 months, have you looked at your medical records using an online portal or digital tool? This does not include being able to access results of lab tests completed at labs such as Lifelabs or Dynacare and provided by the lab.

- Yes
- No
- I don't know. / I don't remember.

41. In the last 12 months, have you looked at your medical or health records using online portals or digital tools that are designed for people with specific health conditions? An example of this type of tool is NED or Medly.

- Yes ⇒ Please go to question #43.
- No
- I don't know. / I don't remember.

42. Which of the following is the MAIN reason you have not looked at your medical records online?

- I did not want to check my medical records this way.
- My provider does not make medical records available this way.
- I do not know how to.
- I do not have reliable/any access to the internet.
- I do not have reliable/any access to tools needed (including computer, laptop, tablet, etc.)
- I had no need to look at my medical records.
- I never knew you could do this.
- I don't know.

43. Other than for booking an appointment, *in the last 12 months*, have you used any of the following types of virtual methods to communicate with your regular healthcare provider or another healthcare professional about your medical care? (Select all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Video call |
| <input type="checkbox"/> Email | <input type="checkbox"/> Text messaging / Electronic messaging |
| <input type="checkbox"/> Website or portal | <input type="checkbox"/> I don't know. / I don't remember. |
| <input type="checkbox"/> Other method(s) (Please specify.) _____ | |

ADDITIONAL FEEDBACK

44. Do you have any suggestions for how your healthcare service experience can be improved?

SECTION J: ABOUT YOU

45. How old are you?

- Under 18 years old
- 18-24 years old
- 25-44 years old
- 45-64 years old
- 65-74 years old
- 75-84 years old
- 85 years old or older
- Prefer not to answer

46. Select the gender category you identify with.

- Woman
- Man
- Another gender identity (Please specify.) _____
- Trans woman
- Trans man
- Two-Spirit
- Prefer not to answer

47. Select the sexual orientation you identify with.

- Bisexual
- Homosexual (Gay/Lesbian)
- Two-Spirit
- Heterosexual (Straight)
- Queer
- Prefer not to answer
- Another sexual orientation (Please specify.) _____

48. Select the race(s)/ethnicity(ies) you identify with. (Please select all that apply.)

- Asian – East (e.g., Chinese, Japanese, Korean)
- Asian – South East (e.g., Malaysian, Filipino, Vietnamese)
- Asian – South (e.g., Indian, Pakistani, Sri Lankan)
- Indo-Caribbean (e.g., Guyanese with origins in India)
- Middle Eastern / North African (e.g., Algerian, Iranian, Lebanese)
- Black – Sub-Saharan African (e.g., Ghanaian, Kenyan, Somali)
- Black – North American (e.g., Canadian, American)
- You do not have an option that applies to me. (Please specify.) _____
- Black – Caribbean (e.g., Barbadian, Jamaican)
- Latin American / Hispanic (e.g., Argentinean, Chilean, Salvadoran)
- First Nations (Status/Non-Status Indian)
- Inuk/Inuit
- Métis
- White – European (e.g., English, Italian, Russian)
- White – North American (e.g., Canadian, American)
- Prefer not to answer

49. When you see or speak with nurses, doctors, physicians, specialists, and others in the healthcare system, in what language are you *most* comfortable?

- English
- French
- I am most comfortable in another language. (Please specify.) _____

The next questions ask about how you feel in your current living situation.

50. Do you have difficulty paying all your bills at the end of the month?

- Always
- Sometimes
- Rarely
- Never
- Prefer not to answer.

51. After paying your monthly bills, do you typically have enough money left for food?

- Always
- Sometimes
- Rarely
- Never
- Prefer not to answer.

52. Do you ever worry about losing your place to live?

- Always
- Sometimes
- Rarely
- Never
- Prefer not to answer.

53. How often do you feel isolated from others?

- Always
- Sometimes
- Rarely
- Never
- Prefer not to answer.

54. How often do you feel left out?

- Always
- Sometimes
- Rarely
- Never
- Prefer not to answer.

55. How often do you feel that you lack companionship?

- Always
- Sometimes
- Rarely
- Never
- Prefer not to answer.

56. Who was/were the main person or people that filled in this questionnaire?

- Me, the patient/client
- A friend or relative of the patient/client
- Both me, the patient/client, and a friend or relative, together
- Me, the patient/client, with the help of a health professional

Thank you!