

Patient Survey – Improving Your Patient Experience

Intro Block:

Dear THE CLINIC'S NAME Patient,

The CLINIC wants to know about your experience getting health care during the COVID-19 pandemic. We are asking you to complete a short survey, which will take about 5 minutes. Your answers will help us to improve the care we provide.

This survey is for the person in your family or yourself who is a patient with CLINIC and has a birthday in MONTH1, MONTH 2, MONTH 3, MONTH 4, MONTH 5, or MONTH 6. If this person is someone you care for, please answer the questions based on their care experience. If your birthday is also in these months, you can choose to answer the questions based on your own experience.

Participation is voluntary and responses are confidential. We do not ask for your name in the survey and your answers cannot be linked back to your chart or medical record. We are interested in your honest opinion, whether it is negative or positive. Your responses to this survey will not change the care you receive from us.

Block 1:

Section 1 – Getting care from our team

1. Did you receive care from a doctor or nurse practitioner at [CLINIC] over the last 12 months? This includes care delivered in person, or by phone, video, email or secure message. (Select one response)
 - Yes
 - No

Skip to Q21 if Q1 response is “No.”

Block 2:

Section 2 – Booking your appointment

Please answer the following questions based on your experience booking your **most recent appointment**.

2. How did you book your most recent appointment? Note: Not all of these options may be available at our practice. (Select one response)
 - Phone
 - Email
 - On-line booking

- In-person at the clinic
- During my last appointment
- Other

Skip to Question 6 unless response to Question 2 is "Phone."

3. When you called [CLINIC] to book your appointment by phone, how long did you wait before you were able to speak to someone who could book your appointment? (Select one response)
- No wait at all
 - Between 1 to 2 minutes
 - Between 3 to 5 minutes
 - More than 5 minutes
 - More than 10 minutes
 - I left a message and someone called me back
4. How would you rate your overall experience when booking your last appointment over the phone? (Select one response)
- Excellent
 - Very Good
 - Good
 - Fair
 - Poor

Display Q5 only if Q4 response is "Fair" or "Poor."

5. Why did you rate your last booking experience as fair or poor? (Select all that apply)
- I waited too long on the phone
 - I got disconnected
 - There was no appointment time that worked for me
 - I was unhappy with how I was treated over the phone
 - I had to call multiple times
 - I was unable to leave a message
 - Other: _____

Block 3:

Section 3 – Type of appointment

For the next set of questions, **please think about your most recent meeting** with your doctor or nurse practitioner at [CLINIC]. This includes care delivered in person, or by phone, video, email or secure message.

6. Thinking about your most recent meeting with your doctor or nurse practitioner, what options were available to you? (Select one response)
- In person
 - Phone call
 - Video
 - Email or secure message
 - Unsure
7. How did you actually receive care? (Select one response)
- In person
 - Phone call
 - Video
 - Email or secure message
8. Did you get the type of appointment or communication you preferred? Types of appointments and communication include in-person, phone, video, or email/secure messaging. (Select one response)
- Yes
 - No

Display Q9 only if Q7 response is "In person."

9. Did your in-person appointment meet your needs? (Select one response)
- Yes
 - No

Display Q10 only if Q9 response is "No."

10. Why didn't this appointment meet your needs? (Select all that apply)
- The building was not physically accessible to me
 - Parking was expensive
 - I did not feel the clinic protected me properly from getting COVID-19
 - The doctor or nurse practitioner was running late and I had to wait too long
 - There was a language barrier and I couldn't communicate with the doctor or nurse practitioner
 - I would have preferred an email or secure messaging appointment
 - I would have preferred a video appointment
 - I would have preferred a phone appointment
 - Other: _____

Display Q11 only if Q7 response is "Phone call."

11. Did your phone appointment meet your needs? (Select one response)

- Yes
- No

Display Q12 only if Q11 response is "No."

12. Why didn't this phone appointment meet your needs? (Select all that apply)

- I had no private space where I could speak on the phone
- I couldn't hear the health care provider
- The health care provider couldn't hear me
- I wanted to see my health care provider face-to-face
- I had to book an in-person visit afterwards anyway
- I would have preferred to have an in-person visit
- I would have preferred an email or secure messaging visit
- I would have preferred a video visit
- Other: _____

Display Q13 only if Q7 response is "Video."

13. Did your most recent visit over video meet your needs? (Select one response)

- Yes
- No

Display Q14 only if Q13 response is "No."

14. Why didn't your video appointment meet your needs? (Select all that apply)

- I had no private space where I could speak by video
- I couldn't hear or see the health care provider
- The health care provider couldn't hear or see me
- I wanted to see my health care provider face-to-face
- I had to book an in-person visit afterwards anyway
- I would have preferred to have an in-person visit
- I would have preferred an email or secure messaging visit
- I would have preferred a phone visit
- There were problems with the technology
- Other: _____

Display Q15 only if Q7 response is "Email and/or secure messaging."

15. Did your most recent communication by over email or secure messaging meet your needs? (Select one response)

- Yes
- No

Display Q16 only if Q15 response is "No."

16. Why didn't the communication by email or secure messaging meet your needs? (Select all that apply)

- It took too long to get a response
- I don't think my health care provider and I understood each other
- There were problems with the technology
- I wanted to see my health care provider face-to-face
- I had to book an in-person visit afterwards anyway
- I would have preferred to have an in-person visit
- I was unable to respond via email or secure messaging

Block 4:

Section 4 – Care experience

For the next set of questions, please think about your experience getting care from your doctor or nurse practitioner at [CLINIC] **during the last 12 months**. This includes all care delivered in person or by phone, video email or secure message.

17. How often did you receive care from the doctor or nurse practitioner that you prefer? (Select one response)

- I do not have a preferred health care provider
- Always
- Usually
- Sometimes
- Rarely
- Never

18. How often did you receive care within a reasonable time? (Select one response)

- Always
- Usually
- Sometimes
- Rarely
- Never

19. How often did they involve you as much as you wanted, in decisions about your care and treatment? (Select one response)

- Always
- Usually
- Sometimes
- Rarely
- Never

20. How often did they spend enough time with you? (Select one response)

- Always
- Usually
- Sometimes
- Rarely
- Never

Block 5:

Section 5 – Getting urgent care

The following questions help us better understand the experience of patients who were sick and wanted to be seen urgently. Please answer the questions below about your experience **during the last 12 months only**.

21. During the last 12 months, was there a time when you were sick and **urgently** needed care at [CLINIC]? (Select one response)

- Yes
- No

Skip to End of Block if Q21 response is “No.”

22. Think about the most recent time you **urgently needed care** at [CLINIC]. How long did it take from when you first tried to book an appointment at our clinic to when you received care? Care could include an in-person visit, phone visit, video visit, email or secure messaging. (Select one response)

- On the same day
- The next day
- In 2 to 3 days
- In 4 to 7 days
- After more than 1 week
- Never able to get an appointment
- Not sure

Display Q23 if Q22 response is “in 2 to 3 days” or “in 4 to 7 days” or “after more than 1 week” or “never able to get an appointment.”

23. Why couldn't you get care the same day or next day? (Select all that apply)

- I was told there was no availability
- I was offered an appointment but not with the provider I preferred
- I was offered an appointment but not at the time I preferred
- I could not get through to the clinic on the phone
- There was a delayed response to my email or message
- It was a weekend
- I was happy with the appointment date I was given
- I was told to go to the emergency department
- Other (please specify): _____

24. How would you describe the length of time it took between making the urgent care appointment and receiving care? (Select one response)

- About right
- A bit too long
- Much too long

25. During the last 12 months, did you need urgent care on an evening, weekend or public holiday? (Select one response)

- Yes
- No

Display Q26 if Q25 response is “Yes.”

26. How easy or difficult was it to get urgent care from [CLINIC] on an evening, weekend or holiday during the last 12 months? (Select one response)

- Very easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Very difficult

Block 6:

Section 6 – Your recommendations

For the next set of questions, please share your thoughts on how we can improve [CLINIC].

27. How important is it to you that each of the following care options are offered at our clinic?

	Not at all important	Not very important	Neutral	Fairly important	Very important
In person appointments, booked in advance					
Drop-in appointments (in person)					
Phone appointment					
Video appointment					
Email or secure messaging					

28. Overall, how likely would you be to recommend our clinic to your friends and family? (Select one response)

- Very likely
- Somewhat likely
- Neutral
- Somewhat unlikely
- Very unlikely

29. Overall, how satisfied are you with the care you receive at our clinic? (Select one response)

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied

30. What do you think our clinic could do differently to better meet your health needs?

Block 7a:

31. Are you filling this survey out on behalf of someone else? (Select one response)

- Yes

- No

Display Block 7b if Q30 response is "Yes."

Display Block 7c if Q30 response is "No."

Block 7b:

Section 7 – About your family member

This final section of the survey helps us understand if some groups are experiencing care differently than others.

32. I am filling this survey on behalf of someone I care for who is:

- 0-5 years old
- 6-17 years old
- 18-24 years old
- 25-34 years old
- 35-49 years old
- 50-64 years old
- 65-79 years old
- 80+ years old

33. What gender do they identify with?

- Woman or girl
- Man or boy
- Transgender woman or transgendered girl
- Transgender man or transgendered boy
- Non-binary (for example: gender queer, 2-spirit)
- Identity not listed (please specify): _____
- Prefer not to answer

34. What is their highest level of education?

- Elementary school or less
- Some high school
- High school diploma
- College or university diploma degree
- Graduate or professional degree

35. Do they have trouble making ends meet (money problems) at the end of the month?

- Yes

- No
- I don't know
- Prefer not to answer

36. Were they born in Canada?

- Yes
- No

Display Q36 if Q35 response is "No."

37. Did they arrive in Canada in the last 10 years?

- Yes
- No

38. What language would they prefer speaking with their health care provider?

- English
- French
- Other (please specify): _____

39. In general, would you say their health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

40. What is their postal code?

41. Who do they usually see when they receive care?

- Staff physician
- Resident physician*
- Nurse practitioner**
- Unsure

***Resident physician:** A medical doctor (MD) who has completed medical school and is in a 2-year family medicine residency training program. Residents are always supervised by a staff physician.

****Nurse practitioner:** A registered nurse with additional training who can order tests, prescribe medications, and prevent, diagnose, and manage new illness and chronic disease.

Block 7c:

Section 7 – About you

This final section of the survey helps us understand if some groups are experiencing care differently than others.

42. How old are you?

- 0-5 years old
- 6-17 years old
- 18-24 years old
- 25-34 years old
- 35-49 years old
- 50-64 years old
- 65-79 years old
- 80+ years old

43. What gender do you identify with?

- Woman or girl
- Man or boy
- Transgender woman or transgender girl
- Transgender man or transgender boy
- Non-binary (for example: gender queer, 2-spirit)
- Identity not listed (please specify): _____
- Prefer not to answer

44. What is your highest level of education?

- Elementary school or less
- Some high school
- High school diploma
- College or university diploma degree
- Graduate or professional degree

45. Do you have trouble making ends meet (money problems) at the end of the month?

- Yes
- No
- I don't know
- Prefer not to answer

46. Were you born in Canada?

- Yes
- No

Display Q46 if Q45 response is "No."

47. Did you arrive in Canada in the last 10 years?

- Yes
- No

48. What language would you prefer speaking with your health care provider?

- English
- French
- Other (please specify): _____

49. In general, would you say your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

50. What is your postal code?

51. Who do you usually see when you receive care?

- Staff physician
- Resident physician
- Nurse practitioner
- Unsure

***Resident physician:** A medical doctor (MD) who has completed medical school and is in a 2-year family medicine residency training program. Residents are always supervised by a staff physician.

****Nurse practitioner:** A registered nurse with additional training who can order tests, prescribe medications, and prevent, diagnose, and manage new illness and chronic disease.

52. If there is anything else that you want to comment on, please feel free to write in the space below.

53. Thank you for spending the time to complete this survey. If you have any questions, please contact [INSERT CONTACT INFO]. Please click "Submit" to record all your answers and log off.

End of Survey