



# Guidance on Mode Selection in Patient Experience Surveying

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October 2016



ONTARIO  
HOSPITAL  
ASSOCIATION

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## Background and Disclaimer

This resource was prepared by the OHA to provide guidance to its member hospitals based on an environmental scan of available literature and consultation with various subject matter experts including the team at National Research Corporation Canada. At the time of writing, many of the modes discussed in the report are very new to the Ontario hospital community and, as such, the comments do not always reflect first-hand experience of the OHA.

The materials in this guide are for general information only and should be adapted by hospitals to suit their own individual circumstances. The content reflects the interpretation and recommendations regarded as valid at the time of publication based on available information, and is not intended as, nor should it be construed as, legal or professional advice or opinion. Hospitals concerned with the applicability of this material to their activities are advised to seek legal or professional advice. The OHA will not be held responsible or liable for any harm, damage, or other losses resulting from reliance of the use or misuse of the general information contained herein.

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# Introduction

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Patient surveys continue to be an important tool for organizations that strive to accurately and attentively listen to their patients' voice.

As it conducts these surveys, an organization can control many factors including what is asked, how it is asked and when, using different survey program design strategies. Any changes to these factors will influence the results of the program as measured in outcomes such as response rates, completion rates, representativeness of respondent population and cost.

With the adoption of new technologies and changes in culture and behaviours, the traditional practice of sending a paper-based, post-discharge survey through the mail is proving to be an increasingly expensive and less preferred means for reaching patients. Fewer and fewer people rely on mail for correspondence, as other, faster, more individualized modes of engagement have become available. As such, it is helpful to consider these other modes in order to effectively and efficiently capture patients' perceptions of their health care experience.

The Ontario Hospital Association (OHA) has developed this guidance document to present and assess the various modes for reaching patients, providing the strengths and weakness of each, in order to support hospitals in effectively choosing and implementing design strategies for patient surveying. This paper also presents practical guidance on the steps a hospital might consider as it seeks to adopt a new mode of reaching patients.

The surveying modes covered in this paper are:

- Traditional mail
- Internet/email
- Telephone
- In-person interviews

All of these modes are available to hospitals through OHA's Patient Reported Performance Measurement Contract. However, this guidance document is designed to assist any health care organization considering, or currently surveying, its patients or clients. Other modes that are emerging on the market (for example telephone-enabled Interactive Voice Recognition surveying) have not been explored here, but may be explored as potential options for the future.

# Mail Surveys

Mail surveys have long been the standard for conducting patient surveys. This methodology is widely recognized as a valid source of patient experience measurement, is easily completed by most demographic groups, and provides a balanced cost per return. Mail surveys are ideal for large sample sizes, or when the sample comes from a wide geographic area. Because there is no interviewer, there is

no possibility of interviewer bias. However, mail surveys are becoming an increasingly expensive method of gathering information compared to some of the other survey modes. Typically, mail surveys take longer to obtain a target sample compared to telephone and email surveys (weeks or months vs. days).<sup>1</sup>

## Advantages and Disadvantages of Mail Surveys Compared to Other Research Methods

### Advantages

- Able to complete when and where patients prefer
- Able to spend as much time on the survey as the patient needs, which at times can result in more detailed responses
- Automated mail preparation in large quantities
- A relatively effective way to reach seniors and low-mobility populations
- Physical mail provides a sense of formality and importance that can be diminished in some other modes
- Physical envelope as a reminder to the well-intentioned
- Reduces any bias that could result from interaction with a live interviewer
- Can be shared with caregivers, which may improve accuracy

### Disadvantages

- Takes more time to distribute and process mail surveys (i.e. printing survey with correct name and address, mailing survey, awaiting completion, sending reminders, entering survey results in computer system once received – unless automated scan-reading is available)
- Significantly more expensive than electronic modes
- Cannot control skip patterns and patients may skip through questions if they are unclear of what the question is asking
- Survey may get lost in mail
- Some younger patients/families appear to be less and less familiar with traditional mail, cannot be counted on to check mail regularly and are unsure how to acquire stamps or mail envelopes
- Not all patients have an address or may move frequently
- Patients must be able to read, see and write
- Can be completed by caregivers, which has been shown to import bias

For mail methodology, many vendors deploy a two-wave process across all service lines. When using a two-wave approach, a second survey is sent to non-responding customers from the first wave 21 days following the first mailing. The two-wave mail methodology yields a higher response rate than one-wave mail.<sup>4</sup>

Typically, all surveys should be centrally printed to optimize quality control and turnaround time. For each survey, most vendors develop and print a personalized modular questionnaire with a cover letter in consultation with their clients. Survey personalization has several effects, including encouraging response rates, and providing available dynamic question flexibility for each patient.

# Internet/Email Surveys

Internet/email surveying is a survey method where surveys are sent via email typically to a URL link embedded in the email, allowing the patient to click the link and go directly to the survey. Electronic mail is required to contact the patients. Email and internet surveys are relatively new and

little is known about the effect of sampling. While this survey mode is often the most cost-effective and quickest way to distribute a survey, the demographic profile of the internet user does not represent the general hospital population, although this is changing.

## Advantages and Disadvantages of Email Surveys Compared to Other Research Methods

### Advantages

- ▶ Patients can receive the patient experience survey in an extremely timely manner, hence potentially increasing the response rate and ability for the hospital to receive timely results
- ▶ Can take the survey with you and complete it anywhere and anytime
- ▶ Email doesn't get physically lost (though it can be 'buried' in an in-box)
- ▶ Less effort to administer once the survey has been emailed out
- ▶ Skip patterns or mandatory questions can be enforced by the technology
- ▶ Costs less and is faster to collect results compared to mailing
- ▶ Low costs to administer makes it possible to survey more (all) patients<sup>2</sup>
- ▶ Data is automatically inputted into system thus saving time when analyzing results
- ▶ Can be preferable for sensitive issues (i.e. Personal experience, birth, surgery etc.) if individualized email addresses allow for direct, discrete delivery to the patient
- ▶ Personalized communication to the patient with secure confidential link free of spam
- ▶ Can be shared with caregivers, which may improve accuracy

### Disadvantages

- ▶ Patients require an email address and access to an input device
- ▶ Hospitals need to collect and store email addresses
- ▶ Patients must be able to read, see and write
- ▶ Surveying a greater number of patients and follow-up emails can sometimes be required because response rates for internet surveys can be lower than some other modes
- ▶ Not representative of the population (typically not as effective for reaching some of the elderly population who don't have email accounts, computers or web-based access)
- ▶ May have to complete the survey in one sitting (depending on the system, it may not be possible to save answers)
- ▶ Email surveys may be easily ignored or may be caught in spam filters
- ▶ Can be completed by caregivers, which has been shown to import bias

For each survey, an external vendor (such as the vendor available through the OHA-managed contract) will typically survey a greater number of patients and use a personalized modular questionnaire in a web-based format appropriate to the device and browser being used by the patient with an introductory email. Survey personalization has several effects, including encouraging response rates, and providing available dynamic question flexibility for each patient.

# Telephone Surveys

Telephone surveys are a well-established survey mode, especially outside health care. Access to telephones (including mobile) is widespread and the percentage of those contacted who respond is generally higher than those contacted by mail or email surveys. Of all the modes in public opinion surveying, telephone surveys are often the preferred choice to maximize response rates and maintain control over the quality of the data. Once the data file of

patients has been established and loaded, it is typically quicker to complete telephone surveys than some other modes because results can be gathered in a number of days rather than months (e.g., mailing out survey and waiting for a response). However, telephone surveys can be more expensive depending on the required labour source, length and location of the call.<sup>1</sup>

## Advantages and Disadvantages of Telephone Surveys Compared to Other Research Methods Such As Mailed Questionnaires

### Advantages

- Ease of implementation
- Quicker to implement and complete, relative to mail, effectively enabling hospitals to receive results more quickly
- Higher response rates
- Greater amount of information; reduction in incomplete responses
- Quality control is better because the answers are typically completed more accurately than the written response returned by hundreds of different patients through a mail or email survey<sup>1</sup>
- 88% of the Canadian population has a telephone<sup>5</sup>
- Typically more effective for the representation of young people, non-western immigrants, and people living in urban areas<sup>3</sup>
- Can provide standardized scripts for response to questions respondents may ask and to address any special procedures for the study (FAQ sheet)
- Able to make multiple attempts to reach someone at each sampled telephone number
- Able to vary the dates of the week and the times of the day that call attempts are made to each patient (a typically strategy is to attempt to reach a patient multiple times)

### Disadvantages

- Cost can be higher
- Won't reach some populations such as low income residents (no telephones)
- Limited calling timeframe. Calling window 6-9 pm (depending on patient age and demographic profile) or weekends
- Typically limited to surveys that can be conducted in a maximum of about 15 minutes
- Some individuals find telephone calls invasive and an interruption of the personal life

In addition to traditional telephone surveying, some vendors also collect telephone-based patient experience responses through the use of recognition software.

# In-Person Interviews

Personal interviews involve one trained individual interviewing the patient to take them through the questionnaire. Personal interviews can be very expensive because of the amount of time required during the survey process with the patient. The interviewer will ask questions from a written questionnaire and record the answers. The inter-personal nature of interviews can lead patients to seek clarifying information which can influence responses, but also assists with encouraging completion. For standardized

higher volume surveying, personal interviews (due to their relatively high cost) are generally used only when subjects are not likely to respond to other survey methods or may need special support to answer (e.g., cognitively impaired patients).<sup>1</sup> In some circumstances, personal interviews are used as a means to get more in-depth information and can be very effective for short, more personal interactions such as Rounding.

## Advantages and Disadvantages of In-person interview Compared to Other Research Methods

### Advantages

- Interviewer is able to keep the patient focussed during survey process (free from distractions) and encourage completion
- Trained individuals interviewing are able to answer any questions or concerns the patient may have regarding the survey (through the use of standardized scripts with answers to questions patients may ask)
- More accurate screening; individual being interviewed is (less likely to provide false information during survey question (such as gender, race, etc.) assured to be the desired candidate<sup>1</sup>)
- In some instances, results can be tabulated and reported in real time

### Disadvantages

- Costs can be high because of the labour involved to conduct the interview<sup>1</sup>
- Interview quality and results can be influenced by the training and competency of the interviewer
- Requires manual data entry into a database, unless an electronic entry or survey scanning technology is being used
- Higher cost per survey typically means limited sample size (assuming a fixed budget)
- Less anonymity
- Interview bias (i.e. the patient may not feel comfortable sharing their honest opinion in front of the interviewer)

Some vendors (including through the OHA-managed contract) offer trained interviewers with standardized scripts who can carry out in-person interviews via online/paper-based methodologies or can train selected volunteers/staff members to conduct in-person interviews.



# Getting Started

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Once you have determined that you would like adopt a new survey mode, review the steps listed below for guidance on ensuring that information is gathered and recorded accurately. Choosing a survey method can be labour-intensive and multiple stages of data collection must be considered.

## Step 1: Engage Leadership

Engage leadership in the motivation, benefits and risks for the adoption of new modes. Build executive champions who can help provide leadership in sponsoring and promoting the initiative within your organization, to the Board and to community stakeholders.

## Step 2: Develop Consent, Usage, Privacy and Exclusion Policies

### Consent Policies

An organizational consent policy will dictate your approach to gaining consent from patients before you survey them. While most hospitals have traditionally followed an Implied Consent model for mail-based surveys, as the hospital considers the adoption of new modes, you may wish to review your policy, particularly if you will be required to collect additional contact information from patients. Seeking new information from your patients will invariably invite questions on how the contact information will be used, for which your organization will require usage and privacy policies.

### Implied Consent

Typically, hospitals in Ontario have conducted mail surveys on an implied consent model (i.e.: there is no formal agreement in place where the patient gives the hospital consent to contact them to participate in the survey). That said, mail surveys are less disruptive to potential

respondents than telephone calls and are less likely to result in patients questioning why they were contacted.<sup>1</sup>

Electronic surveying and communication with hospital patients is a new and still relatively uncommon activity in Ontario and not an activity that is typically supported by a secure email network between practitioners and patients. In September 2016, Ontario's Information and Privacy Commissioner (IPC) released a fact sheet entitled [Communicating Personal Health Information by Email](#)<sup>5</sup>. Due to perceived risks to privacy that are associated with the use of email, the IPC has taken the view that “custodians must notify their patients about their written email policy and obtain their consent prior to the use of unencrypted email.”

For many hospitals, emailing patients an experience survey would be in the form of an invitation to open a secure link to complete a survey online, but the email invitation itself would not be encrypted. While such an email contains a minimal amount of PHI (the disclosure that the patient had some interaction with that hospital is itself PHI) and a low risk of harm, it likely still falls into the category of a communication that requires patient express consent and therefore hospitals should not rely on implied consent in this scenario.

### Express Consent

Hospitals that use express consent require the patient to confirm their permission to participate in the survey. This is initially a more labour-intensive model as it takes time to ask permission and will reduce the pool of candidates to survey as some individuals withhold consent.<sup>1</sup>

In its fact sheet [Communicating Personal Health Information by Email](#)<sup>5</sup>, the IPC states that “custodians must notify their patient about their written email policy and obtain their consent prior to the use of unencrypted

email”, making express consent a necessity for emailing patients to complete experience surveys. The IPC goes further to suggest that both notice of and consent to unencrypted email communications can occur in a variety of ways, such as written or verbal.

For most hospitals that do not currently collect email addresses from patients, seeking express consent may be a relatively minor additional step in the process of asking for the email address itself. While asking permission takes time at registration and will invite questions regarding how the information will be used, it has the potential to be advantageous for hospitals. Asking for express consent will raise awareness about the surveys, creating an opportunity to demonstrate the hospitals desire to engage with patients and improve patient care, and thereby potentially improving response rates.

Hospitals may also capture some information that will improve your success in reaching the patient, such as preferred number to contact or preferred language. Patients who withhold consent will save you the costs associated with sending a survey to a patient who had no intention of responding.

## Email Usage and Privacy Policies

Usage policies dictate when, how and the purpose for which your organization will use the contact information you gather from patients. Patients’ contact information is private and can be highly sensitive for many individuals. The emergence of email as a new form of communication makes this a particularly important area to ensure you have a clear policy. Some hospitals may desire an email use policy that extends beyond the use for patient experience surveying.

In its fact sheet [Communicating Personal Health Information by Email](#)<sup>3</sup>, the IPC goes on to give explicit direction with respect to email use policies: “Custodians should develop and implement a written policy for sending and receiving personal health information by email. The consent should be in plain language and indicate the types of information that may or may not be communicated by unencrypted email, the risks of using unencrypted

email and the circumstances where the custodian will use unencrypted email.”

1. Your policy should clearly state what type of personal health information can be included in an email, particularly given that email surveys are likely to be unencrypted. Seek to minimize the permissible PHI to only lower sensitivity information such as the name of your organization and perhaps the date of a visit.
2. Administrative staff should treat the patients’ contact information in the same way as patients’ Personal Health Information (PHI).
3. As with managing PHI, policies and administrative expectations should be frequently communicated and enforced, and educational programs that address issues of confidentiality should be provided.
4. Your hospitals should ensure that any vendor contracted to conduct patient experience surveys on behalf of your organization is fully compliant with all federal and provincial legislation governing the collection, use, protection, retention and disclosure of personal health information within the health sector. (Note: These stipulations were included in the RFP conducted by the OHA and are met by the procured vendor.)
5. You may wish for your policy to address the issue of permissibility of data transfers outside of Canada. Some commercially available approaches to surveying may require your patients to be contacted by a call centre, interactive voice response (IVR) system or even a mail house that is based outside of Canada. While not in contravention of PHIPA, cross-border transfer of the minimal PHI necessary to enable such processes could be a concern for some patients. (Note: The services currently available through the OHA-managed patient experience measurement services contract do not require transfer identifiable PHI outside of Canada.)
6. Some hospitals may share patient addresses or other contact information with their Hospital Foundation. Your policies should address this potential usage. If you are adopting an express consent model, you may wish to consider how you will disclose sharing of addresses with your Foundation.

## Exclusion Criteria

There will be some patients who you decide it would be better not to survey, requiring the creation of exclusion policies and protocols.

1. Typical exclusion criteria include: patients who have notified the hospital that they do not wish to receive a survey; patients who had a miscarriage or stillbirth; patients who are deceased; and patients who present with evidence of sexual assault or other particularly sensitive issues.
2. Establish processes for removing patients identified for exclusion prior to sending lists to your surveyors.

## Step 3: Ensure IT Capability

1. Ensure that your Hospital's Admission, Discharge and Transfer software can accept contact information that you wish to collect such as email.
2. If you have chosen express consent, create a check mark on the form that has an option denoting that a patient is willing to participate in the survey.
3. Create a field to record if a patient does not have an email address, telephone number, mailing address or refuses to provide one.
4. If you are going to offer surveys in multiple languages, consider creating a field that indicates the patients preferred language to be surveyed in.
5. Software is available for validating a telephone number, mailing address or email address. Such tools can improve surveying efficiency, and reduce returned mail or email "bounce-backs".
6. Ideally, your database should be able to rule out contemporary entries for the same patient.

## Step 4: Train Staff in Collecting Information

1. An ideal time for capturing personal information for the survey is at pre-registration, admission, and/or discharge.
2. Training should be integrated into the new hire orientation process for new administrative staff.
3. Train administrative staff on the new requirement of collecting email addresses, preferred telephone number and house addresses.
4. Train administrative staff to take reasonable steps to ensure that your patients' contact information is as accurate, complete and as up-to-date as is necessary for your purposes. Ensure that the information processed in the database is entered correctly to reduce mistakes when the patient is contacted with the survey.
5. Email addresses, telephone and house addresses should be verified with the patient to ensure that spelling and formatting is correct.
6. Provide staff with guidance on how to educate patients on the purpose of the survey and privacy of data collected in order to increase patient comfort with providing their contact information. Concerns are often the result of a lack of understanding on the purpose of the survey and how the information will be used.
7. Providing the patient with some background knowledge increases the consent rate for patients when collecting contact information. Provide a standard script for staff to feel more comfortable when asking for personal information for survey purposes.

## Step 5: Provide Support and Feedback to Administrative Staff

1. Supervisory staff should be willing to provide help as needed, especially at the start of the collection program.
2. Once the process of collecting personal information for survey purposes becomes routine, the need for supervisory support will decrease.

3. Ensure accountability structures are in place for those responsible for collecting this information in your organization because obtaining personal contact information and entering this information accurately into your software system is critical to the success of the program.
4. Staff should be made aware how progress toward personal contact information attainment goals will be tracked.

2. At discharge, consider providing the patient with a flyer or post card indicating that they may be contacted to complete a survey; indicate the modes of surveying you are using so they won't be surprised when the survey arrives or the call comes.
3. Staff should raise awareness about the survey to patients and other staff members, focusing on the purpose and goal of the survey and how the results will be used to improve experience and quality of care.

## Step 6: Raise Awareness

Publicizing surveys will encourage patient buy-in and improve response rates.

1. Display promotional materials about the survey and how it is used to improve patient care in common patient areas.

## Frequently Asked Questions

Provide staff with a frequently asked questions document that they can use as a reference tool to help them answer questions about the survey and address common patient concerns. The following are some questions and responses you may wish to consider, though responses should be carefully crafted to reflect your organization's policies and practices.

Question From Patients	Draft Answers
<b>Can my partner, parent or family member provide their email address instead?</b>	Yes, as long as the patient and the other person providing the email address agree (verbal consent) to provide Hospital X with the email address and understand that Hospital X may send a survey to the email address provided regarding the patient's experience. Importantly, the survey itself may have rules requiring that it be completed by the patient rather than another person.
<b>Why is Hospital X collecting patient email addresses, telephone, etc.?</b>	Patient email addresses, telephone numbers and home addresses are being collected in order to send patients a survey regarding their experience at Hospital X.
<b>What will the Hospital do with the survey results?</b>	Our hospital is committed to always improving how we care for our patients. We want to know about your experience while you were here and how well we served you. This helps us see things we've missed, improve the quality of care and our communications – doing things better for patients like you.
<b>If I respond to the survey, will the clinical staff know that the survey was completed by me, or will the survey be anonymous?</b>	Your answers will be confidential and will be combined with the answers of other patients in the reports. Your identity will remain anonymous.

Question From Patients	Draft Answers
<p><b>English is not my native language; will the survey be provided in other languages?</b>  <i>[This will depend on the Hospital and the languages you wish to offer the survey in]</i></p>	<p>Yes it is. In which language are you most comfortable completing the survey?</p> <p>The survey will only be offered in English or French. In which of English or French would you be more comfortable completing the survey?</p>
<p><b>Will my email address, telephone number or mail address be used for anything else (i.e. other marketing)?</b></p>	<p><i>[To draft this response, refer to you hospital's usage policy.]</i></p>
<p><b>Will my email address, telephone number or mail address be shared with a third party?</b>  <i>[To draft this response, refer to you hospital's usage policy.]</i></p>	<p>No, the Hospital, along with the independent firm conducting the survey on our behalf, are the only organizations who will receive your contact information.</p> <p>The surveyors and our Hospital are fully compliant with federal and provincial privacy legislation which governs the collection, use and disclosure of personal health information within the health sector.</p>
<p><b>What if my contact information changes but I would like to participate in the survey, how do I update you?</b></p>	<p>You can email or call the following and provide us with your updated information.</p>
<p><b>I don't remember my email address; can I provide it at a later time?</b></p>	<p>You can call patient registration to add or update your email address.</p>
<p><b>Will I receive multiple surveys if I visit Hospital X multiple times?</b></p>	<p>Once you have submitted a survey, we will remove your name from the list so that you will not receive multiple invitations for at least three months.</p>

# Adopting Email: The CHEO Experience

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For many years, hospitals have been working to inform and drive improvements in hospital practices by measuring patients' experiences with their hospital care using standardized patient survey instruments. As technology and patient needs have evolved, hospitals have looked to new modes of capturing feedback from patients and families beyond the traditional format of mailing paper surveys to patients following discharge from hospital.

CHEO, through their data collection vendor (National Research Corporation Canada), has been surveying patients via email since 2014. The OHA spoke with Christine Kouri, Manager for Patient Experience and Acting Chief Privacy Officer at CHEO, to find out more about the process of implementing this new survey modality.

## 1. What is your overall evaluation of CHEO's adoption of email surveying? Has it been a positive change? What benefits have you identified?

Overall, this has been a positive experience for CHEO. The initiative was implemented at the request of families. Many of them had indicated that their use of regular mail is very limited.

In comparison to regular mail, response rates are at par, however, response speed is faster. In terms of cost, email surveys cost less which allows many more surveys to be sent using the same budget and this results in higher value (higher number of responses).

## 2. When did you adopt email surveying?

We adopted email surveying in the emergency department (ED) in April 2014, and for our inpatient units the following year, also in April.

## 3. How did you engage the organization in adopting this practice – from the executive leadership team to frontline staff?

We presented this option to the executive team as a zero-cost initiative within a broader strategic goal to improve patient/family engagement. The impetus for adopting email surveying over traditional mail-based surveying was our ED staff reporting poor reliability due to limited response numbers which made it challenging to action survey results. A consultation with our youth and advisory committees regarding improving response rates resulted in a recommendation to move to an electronic methodology.

## 4. What steps were necessary to prepare staff? Were there challenges?

When CHEO decided to adopt email surveying, we had a privacy consultation with the National Research Corporation Canada (NRCC) Privacy Officer on the implementation process. The concern arose to ensure appropriate consent for transmission of Personal Health Information (PHI) in an e-mail format. As well, being part of a US based corporation, NRCC needed to de-identify the dataset when moving it outside our country.

We also spoke to the managers of each area, in particular, within the ED, when our first pilot took place. This helped to develop registration changes and the development of a draft script to be used. The ED manager promoted the change and sent out a proposed script to frontline staff. The hospital monitored adherence to the added e-mail registration question within the script and provided a rationale for surveying when training registration clerks so



that they would understand the importance of asking for e-mail addresses within the overall goal of quality improvement for the ED.

### 5. Did your IT system present any hurdles?

No, the e-mail field existed within our Admission, Discharge and Transfer (ADT) system.

### 6. What did you include in your policy – including with respect to your consent policy and use of email addresses?

No amendments were made to policies as they covered the intended use. E-mail policy indicates no personal health information (PHI) is collected by e-mail without consent, which reflects CHEO’s practice on this project. Participants are sent a link to a survey with no associated PHI.

The email addresses collected are used for the purpose of the online patient experience survey. It is CHEO’s policy to seek consent from the patient should they wish to use the email for a new purpose.

### 7. What kind of response did you receive from patients? Were they willing to share? What kinds of issues and concerns did patients raise?

Approximately one-third of patients and their families are open to sharing their e-mail addresses for surveying purposes, and there were no concerns identified by patients/families.

Trend analysis for the hospital in terms of opportunities for improvement and strengths are consistent between regular mail responses and e-mail, from which we’ve concluded that the e-mail survey modality does not result in a sample bias which would influence the feedback.

### 8. Is there anything that you know now that you wish you had known before you started?

To increase transparency about the process, we could have advised clerks on our intent to gather feedback data on their success rates which may have had better initial uptake in asking for the email addresses.

CHEO agreed to share their script addressing patients at registration, which is attached below.

For any questions for CHEO, please contact Christine Kouri, Manager for Patient Experience and Acting Chief Privacy Officer, CHEO, at [ckouri@cheo.on.ca](mailto:ckouri@cheo.on.ca).

For any questions on the OHA’s work in this area, please contact Emily Myers, Program Lead, Patient Reported Performance Measurement, OHA, at [emyers@oha.com](mailto:emyers@oha.com).

# Guidelines for Collecting Patient E-mail Addresses at Registration

## Steps for Requesting the Patient's E-mail Address:

### If there is NO E-MAIL ADDRESS present in Hyperspace:

#### 1. After requesting or verifying the patient's physical address, phone number and primary care physician, ask the following question:

"Would you like to share your e-mail address so that we can send you a short survey about your experience at CHEO for quality improvement?"

*Accepteriez-vous de partager votre adresse courriel avec nous pour que nous puissions vous envoyer un court questionnaire sur votre expérience au CHEO aux fins d'amélioration de la qualité?*

#### 2. If the patient agrees and provides an e-mail address:

- Enter the patient's e-mail address in the field that is labelled "Email".
- Registration staff should repeat the patient's e-mail address.

#### 3. If the patient does not wish to provide or does not have an e-mail address, please leave the "Email" field blank and continue with registration.

### If an e-mail address is ALREADY PRESENT in Hyperspace:

- After requesting or verifying the patient's physical address, phone number and primary care physician, verify the e-mail address in Hyperspace and continue with the normal registration process without asking any additional questions.

## HYPERSPACE Registration system screenshot

**Cheotest, Paul** MRN: 03000053 Chart: 3/12/2009  
PCP: Stecher, Robert Sex: Male [2] Age: 4 yrs

Demographics

Name: Paul Cheotest

Sex: Male Birth date: 03/12/2009 Aliases: 1 CHEOTEST, PAUL

Permanent Address Temporary Address Confidential Address

Street address: 401 Smyth Contact Information:

Number	Type	Number
1	Home Phone	613-786-1234
2	Work Phone	
3	Mobile	

City (or PC): GREELY

Province: ON Postal Code: K4P 1M8

County: 2521

Country: Canada

E-mail: **cheotest@gmail.com**

Comments:

Needs interpreter? Pref language: English

Perm comm:

Accept Cancel

**ANY QUESTIONS OR CONCERNS (BY STAFF OR FAMILIES) CAN BE REFERRED TO CHRISTINE KOURI EXT 2203**



### **Addressing Patient Questions at Registration:**

If the patient has questions regarding the purpose and use of their e-mail address, the following answers can be provided:

**Question:** *Why is CHEO collecting patient email addresses?*

**Answer:** Patient e-mail addresses are being collected in order to send patients a short online survey regarding their experience at CHEO.

**Question:** *Will my email address be used for any other purpose?*

**Answer:** No, your e-mail address will only be used for the purpose of the online patient experience survey. If your e-mail is to be used for another purpose at CHEO, we will seek your consent for the new purpose.

**Question:** *Can I receive my results (labs, x-rays) via email?*

**Answer:** No, the physician or follow-up nurse will use your telephone numbers to call and discuss your results with you. We will not communicate medical information to you by e-mail.

**Question:** *Will my email address be shared with a third party?*

**Answer:** No. Your e-mail address will not be shared with a third party. The online survey is administered by a company hired by CHEO who cannot share it. If your e-mail address is to be used for another purpose at CHEO, we will seek your consent for the new purpose.

**Question:** *If I respond to the survey, will the clinical staff know that the survey was completed by me, or will the survey be anonymous?*

**Answer:** Your response will be confidential and the reports created from patient responses will be anonymous. Your responses will be combined with the ones of other patients in the reports (aggregated).

**Question:** *Will I receive multiple surveys if visit CHEO multiple times?*

**Answer:** No, as long as those visits are within a year of each other. Once you have submitted a survey, we will remove your name off the list so that you will not receive multiple invitations within a year.

**Question:** *Can my partner, parent, family member, substitute decision-maker or other person provide their e-mail address instead?*

**Answer:** Yes, as long as the patient and the other person providing the e-mail address agree (verbal consent) to provide CHEO with the e-mail address and understand that CHEO may send a survey to the e-mail address provided regarding the patient's experience.

**Question:** *I don't remember my e-mail address; can I provide it at a later time?*

**Answer:** You can call patient registration to update or add in your e-mail address.

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**ANY QUESTIONS OR CONCERNS (BY STAFF OR FAMILIES) CAN BE REFERRED  
TO CHRISTINE KOURI EXT 2203**

## References

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