

# ONTARIO EMERGENCY DEPARTMENT PATIENT EXPERIENCE OF CARE SURVEY

*(Ontario EDPEC)*

## SURVEY INSTRUCTIONS

Answer all the questions by checking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes

No → ***If No, Go to Question 1***

**All of the questions in the survey will ask about this emergency department visit.**

***Questions 1 to 31 and 34-36 were adapted from the [Emergency Department Patient Experience of Care \(EDPEC\)](#) survey developed in the United States.***

Questions 37 to 43 were adapted and/or developed by the [Canadian Institute for Health Information's Canadian Patient Experience Survey-Inpatient Care](#) in consultation with an inter-jurisdictional committee of experts.

**GOING TO THE EMERGENCY DEPARTMENT**

**1. Thinking about this visit, what was the main reason why you went to the emergency department?**

- An accident or injury
- A new health problem
- An ongoing health condition or concern

**2. For this visit, did you go to the emergency department in an ambulance?**

- Yes
- No

**3. When you first arrived at the emergency department, how long was it before someone talked to you about the reason why you were there?**

- Less than 5 minutes
- 5 to 15 minutes
- More than 15 minutes

**4. Using any number from 0 to 10, where 0 is not at all important and 10 is extremely important, when you first arrived at the emergency department, how important was it for you to get care right away?**

- 0 – Not at all important
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 – Extremely important

**DURING YOUR EMERGENCY DEPARTMENT VISIT**

5. **During this emergency department visit, did you get care within 1 hour of getting to the emergency department?**

Yes

No

6. **During this emergency department visit, did the doctors or nurses ask about all of the medicines you were taking?**

Yes, definitely

Yes, somewhat

No

7. **During this emergency department visit, were you given any medicine that you had not taken before?**

Yes

Don't Know

No → *If No, Go to Question 10*

8. **Before giving you any new medicine, did the doctors or nurses tell you what the medicine was for?**

Yes, definitely

Yes, somewhat

No

9. **Before giving you any new medicine, did the doctors or nurses describe possible side effects to you in a way you could understand?**

Yes, definitely

Yes, somewhat

No

10. **During this emergency department visit, did you have any pain?**

Yes, definitely

Yes, somewhat

No → *If No, Go to Question 14*

11. During this emergency department visit, did the doctors and nurses try to help reduce your pain?

Yes, definitely

Yes, somewhat

No

12. During this emergency department visit, did you get medicine for pain?

Yes

No → **If No, go to Question 14**

13. Before giving you pain medicine, did the doctors and nurses describe possible side effects in a way you could understand?

Yes, definitely

Yes, somewhat

No

14. During this emergency department visit, did you have a blood test, x-ray, or any other test?

Yes

No → **If No, go to Question 16**

15. During this emergency department visit, did doctors and nurses give you as much information as you wanted about the results of these tests?

Yes, definitely

Yes, somewhat

No

## PEOPLE WHO TOOK CARE OF YOU

Please answer the following questions about the people who took care of you during your emergency department visit.

16. During this emergency department visit, how often did nurses treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

17. During this emergency department visit, how often did nurses listen carefully to you?

- Never
- Sometimes
- Usually
- Always

18. During this emergency department visit, how often did nurses explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

19. During this emergency department visit, did nurses spend enough time with you?

- Yes, definitely
- Yes, somewhat
- No

20. During this emergency department visit, how often did doctors treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

21. During this emergency department visit, how often did doctors listen carefully to you?

- Never
- Sometimes
- Usually
- Always

22. During this emergency department visit, how often did doctors explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

23. During this emergency department visit, did doctors spend enough time with you?

- Yes, definitely
- Yes, somewhat
- No

#### LEAVING THE EMERGENCY DEPARTMENT

24. Before you left the emergency department, did you understand what your main health problem was?

- Yes
- No

25. Before you left the emergency department, did you understand what symptoms or health problems to look out for when you left the emergency department?

- Yes
- No

26. Before you left the emergency department, did a doctor or nurse tell you that you should take any new medicines that you had not taken before?

- Yes
- No → *If No, Go to Question 28*

27. Before you left the emergency department, did a doctor or nurse tell you what the new medicines were for?

- Yes, definitely
- Yes, somewhat
- No

28. Before you left the emergency department, did someone discuss with you whether you needed follow-up care?

- Yes
- No → *If No, Go to Question 30*

29. Before you left the emergency department, did someone ask if you would be able to get this follow-up care?

- Yes
- No

**OVERALL EXPERIENCE**

Please answer the following questions about your visit to the emergency department named on the front of the survey. Do not include any other emergency department visits in your answers.

30. Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate your care during this emergency department visit?

- 0 – Worst care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 – Best care possible

**31. Would you recommend this emergency department to your friends and family?**

- Definitely no
- Probably no
- Probably yes
- Definitely yes

**32. Overall, how long did your visit to the emergency department last?**

- Less than 1 hour
- 1 – 3 hours
- 3 – 6 hours
- 6 – 10 hours
- 10 – 12 hours
- 12 – 24 hours
- Greater than 24 hours

**33. During this emergency department visit, did you have to wait too long to get care?**

- Yes, definitely
- Yes, somewhat
- No



## YOUR HEALTH CARE

34. In the last 6 months, how many times have you visited any emergency department to get care for yourself? Please include the emergency department visit you have been answering questions about in this survey.

- 1 time
- 2 times
- 3 times
- 4 times
- 5 to 9 times
- 10 or more times

35. Not counting the emergency department, is there a doctor's office, clinic, or other place you usually go if you need a check-up, want advice about a health problem, or get sick or hurt?

- Yes
- No → *If No, Go to Question 37*

36. How many times in the last 6 months did you visit that doctor's office, clinic, health center, or other place to get care or advice about your health?

- None
- 1 time
- 2 times
- 3 times
- 4 times
- 5 to 9 times
- 10 or more times

## ABOUT YOU

37. In general, how would you rate your overall physical health?

- Excellent
- Very good
- Good
- Fair
- Poor

38. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

39. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school or high school equivalency certificate
- College, CEGEP or other non-university certificate or diploma
- Undergraduate degree or some university
- Post-graduate degree or professional designation

40. What is your gender?

- Male
- Female
- Other

**OPTIONAL ALTERNATIVE:**

*Note: As an alternative to the above gender question, hospitals may optionally choose to use this version of the question that lists additional gender identities.*

**40. What is your gender?**

- Male
- Female
- Intersex
- Trans
- Two-Spirit
- Other (please specify) \_\_\_\_\_

**41. What is your year of birth?** (Please write in; for example, "1934.")

\_\_\_\_\_

**42. The following question will help us to better understand the communities that we serve. Do you consider yourself to be . . .**

**(Check all that apply)**

- White
- Chinese
- First Nation, Métis, Inuk or mixed (others may say Aboriginal or Indigenous)
- South Asian (East Indian, Pakistani, Sri Lankan, etc.)
- Black
- Filipino
- Latin American
- Southeast Asian (Vietnamese, Cambodian, Malaysian, Laotian, etc.)
- Arab
- West Asian (Iranian, Afghan, etc.)
- Korean
- Japanese
- Other

**OPTIONAL ALTERNATIVE:**

*Note: As an alternative to the above question on racial and ethnic identity, hospitals may optionally choose to use this version of the question that breaks-out First Nations into four separate response options.*

42. The following question will help us to better understand the communities that we serve. Do you consider yourself to be . . .

**(Check all that apply)**

- White
- Chinese
- First Nation
- Inuit
- Métis
- Indigenous/Aboriginal (*not included elsewhere*)
- South Asian (East Indian, Pakistani, Sri Lankan, etc.)
- Black
- Filipino
- Latin American
- Southeast Asian (Vietnamese, Cambodian, Malaysian, Laotian, etc.)
- Arab
- West Asian (Iranian, Afghan, etc.)
- Korean
- Japanese
- Other (please specify) \_\_\_\_\_

**ADDITIONAL STANDARDIZED OPTIONAL QUESTIONS:**

*Questions 43 to 47 are additional optional questions. Hospitals using the OHA – managed Patient Experience Measurement Services Contract may choose to include some or all of these questions in their surveys.*

**43. What is your sexual orientation?**

- Bisexual
- Gay
- Heterosexual
- Lesbian
- Queer
- Two-Spirit
- Other (please specify) \_\_\_\_\_

*Note: Hospitals that would like the option to identify Francophones among their patient population should note that questions 44 and 45 were designed to be asked together.*

**44. What is your mother tongue?**

- English
- French
- Other

**45. If your mother tongue is neither English nor French, in which of Canada's official languages are you most comfortable?**

- English only
- French only
- English and French

*Note: Hospitals should note that questions 46 and 47 pertaining to patient language were designed to be asked together.*

**46. In what language are you most comfortable receiving healthcare services?**

- English
- French
- Algonquian (e.g., Ojibway, Oji-Cree)
- Iroquoian (e.g. Mohawk)
- Punjabi
- Chinese (not otherwise specified)
- Cantonese
- Mandarin
- Spanish
- Italian
- German
- Tagalog
- Arabic
- Portuguese
- Polish
- Urdu
- Tamil
- American Sign Language
- Other (please specify) \_\_\_\_\_

**47. Did you have access to someone who could explain what you needed to know about your care in a language in which you are comfortable?**

- Yes, a health care provider spoke directly to me in a language in which I am comfortable
- Yes, an interpreter (in-person or over the phone) translated health care information to me in a language in which I am comfortable
- Yes, a person close to me (e.g. family member, friend) translated health care information to me in a language in which I am comfortable
- No
- I do not know

**48. Is there anything else you would like to share about your Emergency Department visit?**

**Thank you.**

**Please return the completed survey in the postage-paid envelope.**