

ONTARIO PEDIATRIC PATIENT EXPERIENCE OF CARE SURVEY

(Ontario PPEC)

Survey Instructions

Answer each question by marking 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 → **If Yes, go to #1 on page 1**
 No

Questions 1 to 49 were adopted and/or developed from the [Consumer Assessment of Healthcare Providers and Systems \(CAHPS\) Child Hospital Survey](#)

Questions 50 to 51 were adopted from the [Canadian Institute for Health Information's Canadian Patient Experience Survey-Inpatient Care](#) in consultation with Ontario Hospitals and Health System Stakeholders

Instructions for Front Cover

- Replace the cover of this document with your own front cover. Include a user-friendly title and your own logo.
- Include this text regarding the confidentiality of survey responses:

Your Privacy is Protected. All information that would let someone identify you or your family will be kept private. {VENDOR NAME} will not share your personal information with anyone without your OK. Your responses to this survey are also completely **confidential**. You may notice a number on the cover of the survey. This number is used **only** to let us know if you returned your survey so we don't have to send you reminders.

Your Participation is Voluntary. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

What To Do When You're Done. Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to [INSERT VENDOR ADDRESS].

If you want to know more about this study, please call XXX-XXX-XXXX.

Instructions for Format of Questionnaire

Proper formatting of a questionnaire improves response rates, the ease of completion, and the accuracy of responses. The CAHPS team's recommendations include the following:

- If feasible, insert blank pages as needed so that the survey instructions (see next page) and the first page of questions start on the right-hand side of the questionnaire booklet.
- Maximize readability by using two columns, serif fonts for the questions, and ample white space.
- Number the pages of your document, but remove the headers and footers inserted to help sponsors and vendors distinguish among questionnaire versions.

Please answer the questions about the child and hospital named in the cover letter. Do **not** include any other hospital stays in your answers.

When Your Child Was Admitted to this Hospital

1. Was your child born during this hospital stay?
 Yes → **If Yes, go to #14 on page 3**
 No

2. For this hospital stay, was your child admitted through **this hospital's** Emergency Room?
 Yes
 No → **If No, go to #5**

3. Were you in this hospital's Emergency Room with your child?
 Yes
 No → **If No, go to #5**

4. While your child was in this hospital's Emergency Room, were you kept informed about what was being done for your child?
 Yes, definitely
 Yes, somewhat
 No

5. During the first day of this hospital stay, were you asked to list or review all of the **prescription medicines** your child was taking at home?
 Yes, definitely
 Yes, somewhat
 No

6. During the first day of this hospital stay, were you asked to list or review all of the **vitamins, herbal medicines, and over-the-counter medicines** your child was taking at home?
 Yes, definitely
 Yes, somewhat
 No

Your Child's Care After Admission to this Hospital

Do **not** include care received in the Emergency Room for the rest of the survey.

7. Is your child able to talk with nurses and doctors about his or her health care?
 Yes
 No → **If No, go to #14 on page 3**

Your Child's Experience with Nurses

The next questions ask about **your child's** experience during this hospital stay. You will be asked about **your own** experience during this hospital stay in later questions.

8. During this hospital stay, how often did your child's **nurses** listen carefully to **your child**?

Never
 Sometimes
 Usually
 Always

9. During this hospital stay, how often did your child's nurses explain things in a way that was easy for your child to understand?

Never
 Sometimes
 Usually
 Always

10. During this hospital stay, how often did your child's nurses encourage your child to ask questions?

Never
 Sometimes
 Usually
 Always

Your Child's Experience with Doctors

11. During this hospital stay, how often did your child's **doctors** listen carefully to your child?

Never
 Sometimes
 Usually
 Always

12. During this hospital stay, how often did your child's doctors explain things in a way that was easy for your child to understand?

Never
 Sometimes
 Usually
 Always

13. During this hospital stay, how often did your child's doctors encourage your child to ask questions?

Never
 Sometimes
 Usually
 Always

Your Experience with Nurses

14. During this hospital stay, how often did your child's **nurses** listen carefully to **you**?

- Never
- Sometimes
- Usually
- Always

15. During this hospital stay, how often did your child's nurses explain things to you in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

16. During this hospital stay, how often did your child's nurses treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

Your Experience with Doctors

17. During this hospital stay, how often did your child's **doctors** listen carefully to you?

- Never
- Sometimes
- Usually
- Always

18. During this hospital stay, how often did your child's doctors explain things to you in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

19. During this hospital stay, how often did your child's doctors treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

Your Experience with Providers

20. A provider in the hospital can be a doctor, nurse, nurse practitioner, or physician assistant. During this hospital stay, how often were you given as much privacy as you wanted when discussing your child's care with providers?

- Never
- Sometimes
- Usually
- Always

21. Things that a family might know best about a child include how the child usually acts, what makes the child comfortable, and how to calm the child's fears. During this hospital stay, did providers ask you about these types of things?

- Yes, definitely
- Yes, somewhat
- No

22. During this hospital stay, how often did providers talk with and act toward your child in a way that was right for your child's age?

- Never
- Sometimes
- Usually
- Always

23. During this hospital stay, how often did providers keep you informed about what was being done for your child?

- Never
- Sometimes
- Usually
- Always

24. Tests in the hospital can include things like blood tests and x-rays. During this hospital stay, did your child have any tests?

- Yes
- No → **If No, go to #26**

25. How often did providers give you as much information as you wanted about the results of these tests?

- Never
- Sometimes
- Usually
- Always

Your Child's Care in this Hospital

26. During this hospital stay, did you or your child ever press the call button?

- Yes
 No → **If No, go to #28**

27. After pressing the call button, how often was help given as soon as you or your child wanted it?

- Never
 Sometimes
 Usually
 Always

28. During this hospital stay, was your child given any medicine?

- Yes
 No → **If No, go to #30**

29. Before giving your child any medicine, how often did providers or other hospital staff check your child's wristband or confirm his or her identity in some other way?

- Never
 Sometimes
 Usually
 Always

30. Mistakes in your child's health care can include things like giving the wrong medicine or doing the wrong surgery. During this hospital stay, did providers or other hospital staff tell you how to report if you had any concerns about mistakes in your child's health care?

- Yes, definitely
 Yes, somewhat
 No

31. During this hospital stay, did your child have pain that needed medicine or other treatment?

- Yes
 No → **If No, go to #33**

32. During this hospital stay, did providers or other hospital staff ask about your child's pain as often as your child needed?

- Yes, definitely
 Yes, somewhat
 No

The Hospital Environment

33. During this hospital stay, how often were your child's room and bathroom kept clean?
- Never
 Sometimes
 Usually
 Always
34. During this hospital stay, how often was the area around your child's room quiet at night?
- Never
 Sometimes
 Usually
 Always
35. Hospitals can have things like toys, books, mobiles, and games for children from newborns to teenagers. During this hospital stay, did the hospital have things available for your child that were right for your child's age?
- Yes, definitely
 Yes, somewhat
 No

When Your Child Left this Hospital

36. As a reminder, a provider in the hospital can be a doctor, nurse, nurse practitioner, or physician assistant. Before your child left the hospital, did a provider ask you if you had any concerns about whether your child was ready to leave?
- Yes, definitely
 Yes, somewhat
 No
37. Before your child left the hospital, did a provider talk with you as much as you wanted about how to care for your child's health after leaving the hospital?
- Yes, definitely
 Yes, somewhat
 No
38. Before your child left the hospital, did a provider tell you that your child should take any new medicine that he or she had not been taking when this hospital stay began?
- Yes
 No → **If No, go to #41**
39. Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand how your child should take these new medicines after leaving the hospital?
- Yes, definitely
 Yes, somewhat
 No

40. Before your child left the hospital, did a provider or hospital pharmacist explain in a way that was easy to understand about possible side effects of these new medicines?

- Yes, definitely
- Yes, somewhat
- No

41. A child's regular activities can include things like eating, bathing, going to school, or playing sports. Before your child left the hospital, did a provider explain in a way that was easy to understand when your child could return to his or her regular activities?

- Yes, definitely
- Yes, somewhat
- No

42. Before your child left the hospital, did a provider explain in a way that was easy to understand what symptoms or health problems to look out for after your child left the hospital?

- Yes, definitely
- Yes, somewhat
- No

43. Before your child left the hospital, did you get information in writing about what symptoms or health problems to look out for after your child left the hospital?

- Yes, definitely
- Yes, somewhat
- No

Your Teen's Care in this Hospital

44. During this hospital stay, was your child 13 years old or older?

- Yes
- No → **If No, go to #48**

45. During this hospital stay, how often did providers involve your child in discussions about his or her health care?

- Never
- Sometimes
- Usually
- Always

46. Before your child left the hospital, did a provider ask your child if he or she had any concerns about whether he or she was ready to leave?

- Yes, definitely
- Yes, somewhat
- No

47. Before your child left the hospital, did a provider talk with your child about how to take care of his or her health after leaving the hospital?

- Yes, definitely
- Yes, somewhat
- No

Overall Rating of This Hospital

As a reminder, please answer the questions about the child and hospital named in the cover letter. Do **not** include any other hospital stays in your answers.

- 48.** 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 child's stay?

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

- 49.** Would you recommend this hospital to your friends and family?

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

- 50.** During this hospital stay, how often was your child's pain well controlled?

- Never
- Sometimes
- Usually
- Always
- Not Applicable

- 51.** During this hospital stay, how often did the hospital staff do everything they could to help your child with his or her pain?

- Never
- Sometimes
- Usually
- Always
- Not Applicable

About Your Child

52. In general, how would you rate your child's overall health?

- Excellent
- Very good
- Good
- Fair
- Poor
- Prefer not to answer

53. What is **your child's** year of birth?

_____ (write in year)

- Prefer not to answer

54. What is **your child's** gender?

- Male
- Female
- Other

55. Which of the following best describes your child's racial or ethnic group? Check ONE only.

- Asian–East (e.g. Chinese, Japanese, Korean)
- Asian–South (e.g. Indian, Pakistani, Sri Lankan)
- Asian–South East (e.g. Malaysian, Filipino, Vietnamese)
- Black–African (e.g. Ghanaian, Kenyan, Somali)
- Black–Caribbean (e.g. Barbadian, Jamaican)
- Black–North American (e.g. Canadian, American)
- First Nations

- Indian–Caribbean (e.g. Guyanese with origins in India)
- Indigenous/Aboriginal – *not included elsewhere on this list*
- Inuit
- Latin American (e.g. Argentinean, Chilean, Salvadoran)
- Métis
- Middle Eastern (e.g. Egyptian, Iranian, Lebanese)
- White–European (e.g. English, Italian, Portuguese, Russian)
- White–North American (e.g. Canadian, American)
- Mixed heritage (e.g. Black – African & White – North American) (*please specify*)
- Other(s) (*please specify*)
- Do not know
- Prefer not to answer

About You

56. How are you related to the child?

- Mother
- Father
- Step-mother
- Step-father
- Grandmother
- Grandfather
- Foster parent
- Other relative or legal guardian
- Someone else
- Prefer not to answer

57. What is your year of birth?

_____ (write in year)

Prefer not to answer

58. Which of the following best describes your racial or ethnic group? Check ONE only.

- Asian-East (e.g. Chinese, Japanese, Korean)
- Asian-South (e.g. Indian, Pakistani, Sri Lankan)
- Asian-South (e.g. Malaysian, Filipino, Vietnamese)
- Black-African (e.g. Ghanaian, Kenyan, Somali)
- Black-Caribbean (e.g. Barbadian, Jamaican)
- Black-North American (e.g. Canadian, American)
- First Nations
- Indian-Caribbean (e.g. Guyanese with origins in India)
- Indigenous/Aboriginal – *not included elsewhere on this list*
- Inuit
- Latin American (e.g. Argentinean, Chilean, Salvadoran)
- Métis
- Middle Eastern (e.g. Egyptian, Iranian, Lebanese)
- White-European (e.g. English, Italian, Portuguese, Russian)
- White-North American (e.g. Canadian, American)
- Mixed heritage (e.g. Black-African & White – North American) (please specify)
- Other(s) (*please specify*)
- Do not know
- Prefer not to answer

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

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

60. During your child's hospital stay, how much of the time were you at the hospital?

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All or nearly all of the time
- Prefer not to say

**ADDITIONAL STANDARDIZED
OPTIONAL QUESTIONS:**

Questions 61 to 65 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.

61. 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 62 and 63 were designed to be asked together.

62. What is your mother tongue?

- English
- French
- Other

63. 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 64 and 65 pertaining to patient language were designed to be asked together.

64. 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) _____

65. 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

66. Is there anything else you would like to share about your child's hospital stay?

Thank you.

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