Abstract
With its first release of patient experience data, the Canadian Institute for Health Information provides a high-level summary of results from the Canadian Patient Experiences Survey – Inpatient Care captured in the Canadian Patient Experiences Reporting System. It examines how Canadian patients feel about how information was communicated and shared at different stages of their hospital stay.

Key Findings
The digital report Patient Experience in Canadian Hospitals (CIHI 2019) provides a snapshot of patient experiences captured in the Canadian Patient Experiences Survey – Inpatient Care (CPES-IC), with a focus on how communication and information sharing impact the overall patient experience.

Overall, 62% of Canadians said that their hospital experience was very good (Figure 1), although the data do highlight certain areas that warrant a closer look. Some data highlights are presented in the following subsections.

What did patients think about communicating with doctors and nurses?
Good communication with doctors and nurses is important for ensuring that patients clearly understand their treatment plan. Our analysis showed that more than two-thirds of the patients said that doctors and nurses always listened to them carefully and explained things in a way they could understand.

About half of the patients (54%) felt that their medication was always explained well (Figure 2).

What did patients say about how healthcare providers communicate with one another about patient care?
About half of the patients (56%) felt that their care in the hospital was well coordinated.

Coordination of care involves effective communication among healthcare providers, which is just as critical as communication between providers.
and their patients. Lack of communication may lead to frustration and confusion among patients, system inefficiencies and unintended patient harm (Figure 3).

Participating hospitals are using these and additional survey results to guide their patient experience improvement programs, examples of which can be found in the digital report. In addition, the report features patient voices to help the reader understand how patients evaluate their experience.

**Approach**

The Canadian Institute for Health Information (CIHI) arrived at these themes by engaging policy makers and patients, who both highlighted the importance of examining how patients felt about communications during their hospital stay, including with and between care providers, about their medications and when leaving the hospital to understand the patient journey across the hospital stay. In addition to stakeholder and patient feedback, these measures were selected because they are actionable and highlight a balance of results of where the system is doing well and where there might be areas of improvement or variation in results.

Including analysis of more than 90,000 survey responses from more than 300 acute care hospitals and analysis of survey responses from five jurisdictions – New Brunswick (2015–2016), Ontario (2017–2018), Manitoba (2017–2018), Alberta (2017–2018) and British Columbia (2016–2017) – this discussion of results is also meant to foster quality improvement and facilitate the sharing of best practices across jurisdictions.

To ensure standardized data and comparisons, all results are weighted to better reflect the population that each response represents. Jurisdictions and hospitals have adopted varying sampling approaches based on their number of discharges, patient characteristics and quality improvement goals. Sampling approaches applied are simple random sampling, proportionate or disproportionate stratified random sampling or a census. Sample design weighting is intended to ensure that the sample is as representative of the eligible hospital population as possible. To compensate for patients with certain characteristics who are...
more or less likely to respond to a survey, age–gender standardization has been applied to results, where applicable. The reference population for standardization is prepared using the Discharge Abstract Database (DAD) and applying the inclusion and exclusion criteria described in the CPES-IC procedure manual. Standardization is applied to make the age–gender distribution reflect the DAD eligible population. As part of standardization, a nonresponse adjustment was applied.

Of note, the results have shown that maternity patients typically respond more favourably about their experience in hospital; therefore, to ensure comparability across hospitals and to prevent misinterpretation, the results do not include maternity patients. In addition, variation in provincial-level results may be in part due to differences in mode used for data collection. For additional documents and tools to support the use of the results presented in the digital report, see Box 1.

**BOX 1. Resources**

The following documents and tools are available to support the use of the results presented in the digital report *Patient Experience in Canadian Hospitals* (CIHI 2019):


- Developing the First Pan-Canadian Acute Care Patient Experiences Survey (available at: [https://pxjournal.org/journal/voi5/iss3/5/](https://pxjournal.org/journal/voi5/iss3/5/)).

**About CIHI’s Patient Experiences Survey**

The CPES-IC is the first pan-Canadian survey collecting comparable information from patients about their hospital stays. This tool helps hospitals assess patients’ experiences with care. It can support quality improvements and provide a platform for national comparisons and benchmarking for the measurement of patient experience.

The bilingual survey has been endorsed by Accreditation Canada and meets the accreditation requirements for patient experience surveying. It includes the following:

- 22 items from the Hospital Consumer Assessment of Healthcare Providers and Systems survey;
- 19 questions that address key areas relevant to the Canadian context (e.g., discharge, transitions); and
- seven questions to collect demographic information.

**Administering the Survey**

The survey, which is administered by the provinces, is non-proprietary and is not tied to a specific vendor, so jurisdictions can work with their preferred vendor to implement it.

CIHI provides standards and supporting documentation for those who administer the survey.

The CPES-IC procedure manual provides guidelines to administer the CPES-IC in the field and outlines information about population sampling methods and surveying modes.

If you have questions related to the survey, please e-mail prem@cihi.ca. 

**Reference**


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**Additional Findings**


**Moving Forward**

In the future, CIHI plans to report a core set of facility-level patient experience measures in its *Your Health System: In Depth* web tool. Consultations with key stakeholders and patients/families are under way to select the most appropriate measures.