## Corner Brook Acute Care Patient Experience Survey Results 2021-2022



# Prepared by: Tracey Wells-Stratton Regional Manager Research and Evaluation People, Quality & Safety

In collaboration with:
Rural Health & Patient Services

#### **Background**

#### **Survey Instrument**

The validated acute care experience survey that was administered throughout the Western Health region was an approved Accreditation Canada Client Experience Survey based on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey utilized for the 2017-18 survey. The survey tool was reviewed against the revised 2021 HCAHPS survey tool, as well as the Canadian Patient Experiences Survey - Inpatient Care (CPES-IC) developed by Canadian Institute for Health Information (CIHI). Updates were made to the survey tool, in collaboration with stakeholders in acute care across the region, in order to meet the needs of Western Health (see Appendix A).

#### Method

The survey was initially available to complete electronically through Get Feedback or by paper starting on November 8, 2021. Unfortunately, implementation had to be paused after four weeks due to multiple external factors, including the cyberattack and COVID-19 case surge. As such, the survey was relaunched and implemented again from July 18, 2022 to August 14, 2022. Staff promoted the survey to all patients who were discharged from an acute care site across the region, as well as the ALC patients on the units, by providing an information letter. The letter contained information about the survey, as well as instructions on how to complete the survey electronically. Patients were also given the option to complete a paper version of the survey if they preferred. Based on low overall survey response rates, telephone surveys were conducted from to September 21, 2022 to October 25, 2022. In an attempt to increase the response rate, a random sample of patients who visited acute care during the survey period were called and asked to participate in the survey over the phone. While the electronic survey remained available until October 25, 2022, the survey was not promoted by acute care staff during this time.

#### **Participants**

The survey was promoted to all patients who received acute care among Western Health's facilities. This includes Calder Health Centre (CHC) in Burgeo, Dr. Charles LeGrow Health Centre (LHC) in Port aux Basques, Sir Thomas Roddick Hospital (STRH) in Stephenville, Western Memorial Regional Hospital (WMRH) and Western Long Term Care (WLTC) in Corner Brook, Bonne Bay Health Centre (BBHC) in Norris Point, and Rufus Guinchard Health Centre (RGHC) in Port Saunders. For the

telephone surveys, a list of patients who utilized acute care services was developed by the Regional Manager Utilization and Efficiency. The full sample of patients were called. Measures were taken to ensure that telephone calls were not made to patients who were deceased; however, a small number of calls were received by families of patients who had passed away following their discharge from the facilities.

#### Sample

Surveys were completed by 318 participants regionally. Of these respondents, 240 were from Corner Brook, including 226 from WMRH and 14 from WLTC. Based on the combined patient volume for these two sites, this sample size provides a confidence level of 95% that the real values are within ±5.08% of the surveyed values.

#### **Privacy, Confidentiality, Data Security**

Privacy and confidentiality were achieved as the patients voluntarily and anonymously completed the survey online. Patients who completed the survey on paper or over the telephone did so with no identifying information on the envelope or within the survey to identify the individual. Any information that could potentially identify the patients was deleted. The data was stored on a password protected computer and, following online entry, paper surveys were destroyed using the approved Western Health grey bins.

#### **Data Analysis**

Survey data was entered directly into Get Feedback by the respondent or transcribed from paper copies by the survey administrators. Reports were developed and analyzed in this survey platform. Descriptive statistics were calculated on regional data to obtain a general perspective of patient experiences with acute care services at Western Health. Statistics were also calculated for STRH, Corner Brook, and the rural health centres (RGHC, BBHC, LHC, & CHC) to assist in quality improvement initiatives and planning at a site level. The following report provides a combined summary of survey results for the two sites in Corner Brook.

#### **Results**

#### **Demographics**

A total of 240 surveys were completed by patients who received care from an acute care units in Corner Brook, with 94% from WMRH and 6% from WLTC.

To gain a more thorough understanding of the demographics and health status of the survey respondents, they were asked to report their gender, cultural or racial background, age group (see Table 2), and their highest grade or level of school completed (see Table 3). They were also asked to rate their overall health.

The majority of respondents were female (60%). Respondents included representation across all age groups and educational backgrounds, with the 55-64 age group being the most common (18%) and the most common education level being a college or other non-university certificate or diploma (24%). Respondents were asked to indicate all of their cultural or racial backgrounds. The majority (90%) reported White, 14% reported Aboriginal/ Indigenous, and less than 1% reported Chinese, Black, and Filipino.

When asked to rate their overall health, 22% reported excellent, 31% reported very good, 23% reported good, 15% reported fair, and 8% reported poor.

Table 2. Frequency and Percentage of Respondents by Age Group

Age Group	Percent (%)	Frequency
0-15	5	12
16-24	4	10
25-34	13	31
35-44	8	19
45-54	12	28
55-64	18	43
65-74	17	40
75-84	17	41
85+	5	13

Table 3. Frequency and Percentage of Respondents by Education Level

Education Level	Percent (%)	Frequency
8 <sup>th</sup> grade or less	15	35
Some high school, but did not graduate	20	46
High school graduate or GED	22	51
College or other non-university certificate or diploma	24	55
Undergraduate degree or some university	4	9
Post-graduate degree or professional designation	16	38

#### Satisfaction with Care and Communication

Respondents were asked to indicate how often they were satisfied with the care they received from each of the providers/disciplines providing care (Table 4). While respondents reported some levels of dissatisfaction with each service, the majority reported being usually or always satisfied with each service. It is important to note that while patients were asked to skip any services that they did not receive, there is a potential for error respondents answering 'never' for services that they did not receive instead of skipping these. As such, it is recommended that programs consider additional exploration of service satisfaction and experience with spiritual care and allied health services, as well as compare the results of this survey with those from other surveys.

Table 4. Patient Satisfaction with Services (% of respondents)

Program/Discipline	Never	Sometimes	Usually	Always
Nursing Staff	2%	6%	12%	81%
Nurse Practitioner/Doctor	5%	7%	8%	81%
Dietitian	9%	9%	16%	66%
Occupational Therapy	13%	6%	21%	60%
Physiotherapy	9%	8%	9%	74%
Respiratory Therapy	18%	8%	8%	66%
Social Work	15%	11%	11%	63%
Spiritual Care	19%	13%	13%	56%

Patients were also asked about communication between providers and their own involvement in decision making (see Table 5). The majority of respondents (87%) felt there was always or usually good communication about their care between providers and usually or always felt involved as much as they wanted to be in decisions about their care and treatment (87%).

Table 5. Patient Satisfaction with Communication (% of respondents)

Question	Never % (N)	Sometimes % (N)	Usually % (N)	Always % (N)
How often did you feel that there was good communication about your care between doctors, nurses, and other health care staff?	4 (9)	9 (21)	6 (15)	81 (193)
How often did you feel involved as much as you wanted to be in decisions about your care and treatment?	5 (12)	8 (19)	8 (18)	79 (189)

#### **Nursing Care**

Respondents were asked about nursing care during their acute care visit (see Table 6). Most respondents reported that nurses always or usually treated them with courtesy and respect (96%), listened carefully to them (92%), explained things in a way they could understand (93%), and helped them in a timely manner (85%).

Table 6. Nursing Care

Question	Never % (N)	Sometimes % (N)	Usually % (N)	Always % (N)
How often did the nurses treat you with courtesy and respect?	1 (3)	3 (8)	8 (18)	88 (220)
How often did the nurses listen carefully to you?	2 (5)	7 (16)	8 (19)	83 (200)
How often did the nurses explain things in a way you could understand?	3 (6)	4 (10)	6 (15)	87 (206)
After you pressed the call button, how often did you get help in a timely manner?	3 (6)	13 (30)	20 (46)	65 (152)

#### **Care from Doctors/Nurse Practitioners**

Patients were also asked about the care they received from doctors and nurse practitioners (see Table 7). Consistent with the feedback about nurses, most patients reported that doctors usually or always treated them with courtesy and respect (94%), listened carefully to them (93%), and explained things in a way they could understand (91%).

Table 7. Care from Doctors and Nurse Practitioners

Question	Never % (N)	Sometimes % (N)	Usually % (N)	Always % (N)
How often did doctors/nurse practitioner(s) treat you with courtesy and respect?	2 (4)	4 (9)	6 (15)	88 (208)
How often did doctors/nurse practitioner(s) listen carefully to you?	3 (8)	5 (12)	7 (17)	84 (198)
How often did doctors/nurse practitioner(s) explain things in a way you could understand?	5 (12)	4 (9)	6 (15)	85 (199)

#### **Hospital/Health Centre Experience**

Participants were asked if during their acute care visit they needed help from nurses or other health care staff in getting to the bathroom or using the bedpan and 46%

reported yes, while 54% reported no. Of the 46% of patients who indicated they needed help, 81% reported that they usually or always got help in a timely manner, 15% reported sometimes, and 5% reported never.

#### Patient Experience with Pain and Medication

Respondents were asked if during their acute care visit they needed medication for pain and 76% reported yes. The respondents who indicated that they needed medication for pain were asked to indicate how often their pain was well controlled and how often staff did everything they could to help with pain (see Table 8). The majority of respondents (88%) reported that their pain was always or usually well controlled and that staff always or usually did everything they could to help with pain (89%).

Table 8. Patient Experience with Pain

Question	Never % (N)	Sometimes % (N)	Usually % (N)	Always % (N)
How often was your pain well controlled?	3 (5)	10 (17)	19 (34)	69 (122)
How often did the health care staff do everything they could to help you with your pain?	4 (7)	7 (13)	6 (10)	83 (147)

Patients were also asked if they were given any medication that they had not taken before and 60% reported yes. The respondents who indicated they were given medication they had not taken before were asked to report how often they were told what the medication was for and how often staff described possible side effects in a way they could understand (see Table 9). The majority (89%) reported that they were usually or always told what the medication was for, and that staff usually or always described possible side effects of the medication in a way they could understand (68%).

<u>Table 9. Patient Experience with Medication</u>

Overtion	Never	Sometimes	Usually	Always
Question	% (N)	% (N)	% (N)	% (N)
How often did health care staff tell you what the medicine was for?	6 (9)	6 (8)	4 (5)	85 (120)
How often did health care staff describe possible side effects in a way you could understand?	27 (38)	5 (7)	4 (6)	64 (89)

#### **Virtual Care Experience**

Virtual care is defined as any health care appointment which was conducted by telephone (landline or cell phone) or video (on a computer/laptop, Telehealth unit, or mobile device such as iPad/tablet). Participants were asked if they had accessed any services through virtual care during their most recent acute care stay and 6% reported yes. Those who reported utilizing virtual care were asked additional questions to further understand their experience with virtual care. When asked what type of virtual care they received, the majority (80%) reported telephone and 20% reported video (computer/laptop, Telehealth unit, or mobile device such as an iPad/tablet). When asked to indicate all of the reasons why they accessed virtual care, the majority reported that they preferred not to travel (50%), while 21% reported that the service was not available in-person at their facility, 14% reported that they preferred to receive service from a provider at another facility/site, 14% reported that the service was available more quickly from another facility/site, and 7% reported that they were unable to travel.

Participants were also asked to provide feedback regarding their virtual care appointment. The majority strongly agreed or somewhat agreed that they received the support that they needed to connect and participate in the virtual care appointment (86%) and that the appointment was effective in meeting their health care needs (93%).

#### **Discharge**

Respondents were asked where they went after they left the hospital or health centre and 88% reported their own home, 7% reported someone else's home, and 5% reported another health facility. Respondents who indicated they were going to their own or someone else's home were also asked whether they had the help they needed when discharged from the hospital or health centre, whether they had information about symptoms or health problems to look for after they left the facility, and if they received enough information about what to do if they were worried about their condition or treatment after discharge (see Table 10 & 11). The majority (81%) reported that they had a discussion with health care staff about whether they had the help needed when they left the facility, 84% reported that they were given information about what symptoms or health problems to look out for after they left, and 84% reported that they had received all or quite a bit of the information they needed about what to do if they were worried about their condition or treatment after discharge.

<u>Table 10. Discharge Planning – Support and Symptoms</u>

Question	<b>Yes</b> % (N)	<b>No</b> % (N)
Did doctors, nurses or other health care staff talk with you about whether you would have the help you needed when you left the hospital/health centre?	81 (178)	19 (43)
Did you get information about what symptoms or health problems to look out for after you left the hospital/health centre?	84 (186) In writing: 49 (108) Verbally: 35 (78)	15 (34)

Table 11. Discharge Planning – Follow-up

Question	Not at All % (N)	Partly % (N)	Quite a Bit % (N)	Completely % (N)
Did you receive enough information from the health care staff about what to do if you were worried about your condition or treatment after you left the hospital/health centre?	7 (16)	9 (19)	7 (16)	77 (169)

#### Meals

Patients were asked about their meals during their acute care visit (see Table 12). The majority of patients usually or always received the right meal for their diet (83%), the meals were usually or always the right temperature (79%), and they were satisfied with the quality of the meals provided (62%).

Table 12. Meals

Question	Never	Sometimes	Usually	Always
Question	% (N)	% (N)	% (N)	% (N)
How often did you receive the right meal for your diet?	8 (19)	9 (21)	12 (27)	71 (165)
How often were the meals the right temperature?	8 (19)	13 (30)	17 (40)	62 (143)
How often were you satisfied with the quality of the meals provided?	15 (34)	23 (54)	16 (38)	46 (106)

#### **Hospital/Health Centre Environment**

Survey participants were asked about the hospital or health centre environment during their acute care stay (see Table 13). Most patients reported that usually or always their room and bathroom was kept clean (84%), the area around their room was quiet at night (80%), and they had enough privacy (85%).

Table 13. Hospital/Health Centre Environment

Question	Never % (N)	Sometimes % (N)	Usually % (N)	Always % (N)
How often were your room and bathroom kept clean?	6 (13)	10 (23)	18 (43)	66 (154)
How often was the area around your room quiet at night?	8 (18)	12 (29)	22 (51)	58 (135)
How often did you feel you had enough privacy?	7 (16)	8 (19)	13 (29)	72 (168)

#### **Overall Experience of Care**

Respondents were asked to rank their experience of care and the hospital or health centre they visited on a scale of 0 to 10, with 0 being the worst possible and 10 being the best possible. On average, patients ranked their experience of care at 8.37 and the hospital or health centre at 8.33. Respondents were also asked whether they would recommend the facility centre to friends and family and 77% reported definitely yes, 11% reported probably yes, 4% reported probably no, and 8% reported definitely no.

#### **Overall Comments**

Survey participants were given the opportunity to comment on their overall experience and 76 respondents provided additional comments (see Figure 1). The most common themes in the responses were general thanks and appreciation for care, followed by comments about high quality care. There were also common themes regarding concerns, with the most commonly being concerns with care and treatment, meals, noise levels, and staffing levels.

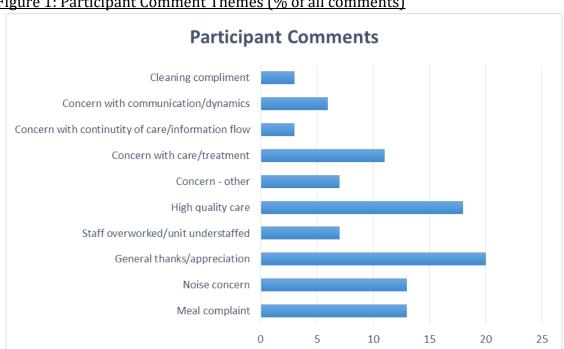


Figure 1: Participant Comment Themes (% of all comments)

#### **Opportunities for Improvement**

Overall results indicate that Western Health's acute care services have strengths including the care and communication provided by nursing staff, nurse practitioners, doctors, dietitians, occupational therapy, and physiotherapy; patient pain control and support; virtual care support and effectiveness; discharge planning; meal appropriateness; cleanliness of patient rooms; and patient privacy, as well as patients' positive overall experience of care and experience with the health facility.

Opportunities for improvement were identified for those questions that had less than 80% of respondents reporting a positive response (i.e., always and usually combined or yes). Regionally, opportunities for improvement include:

- 1. Further explore experience of care and service satisfaction with spiritual care, social work, and respiratory therapy services, and also compare the results of this survey with satisfaction ratings for these services as reported in other recent experience surveys.
- 2. Explore ways to ensure acute care staff describe and explain possible side effects of any new medication so that patients understand.
- 3. Explore opportunities to enhance the temperature of meals served and overall meal satisfaction for patients.

## Appendix A

**Acute Care Experience Survey** 

### Acute Care Inpatient Experience Survey

As an individual who recently received services as an inpatient on an acute care unit at a Western Health facility, we would like your feedback.

This survey is also available electronically: www.westernhealth.nl.ca/survey

The survey takes about 10 minutes to complete.

The survey is voluntary and will not affect your level of care. All information gathered from this survey will be treated confidentially and will be reported collectively. The results will be shared anonymously with health care providers and leadership to support quality improvement. A summary will also be posted at <a href="https://www.westernhealth.nl.ca">www.westernhealth.nl.ca</a> by April 2022.

If you have any questions or technical issues with this survey, please contact Tracey Wells-Stratton - Regional Manager, Research & Evaluation by calling (709)784-6801 or emailing traceywells@westernhealth.nl.ca

Experience surveys provide an anonymous snapshot of the combined experience within the program/area. If you have feedback (concerns or compliments) requiring direct follow-up, please speak with our staff who provided your care or service; speak with their manager, or contact the Client Relations Office by calling the Confidential Client Feedback Line (Toll Free) at 1-833-784-6802 or emailing clientrelations@westernhealth.nl.ca.

We hope that you will take the time to complete this survey. Your participation is greatly appreciated.

#### INSTRUCTIONS:

- Please answer all the questions based on your most recent or current admission/stay.
- Only individuals who are over age 16 years, or parents/guardians of those under 16, should complete this questionnaire.
- Please SKIP any question that is not applicable for your experience, if you do not know, or if you do not remember the details.

1.	At what h	ospita	ıl/healt	h cent	re wer	re you	admitt	ed?					
	Mark only	one o	val.										
	◯ Wes	tern M	emorial	Region	nal Hos	pital (C	orner B	rook)					
	◯ Wes	tern Lo	ng Terr	n Care	- Acute	Care U	nit (Cor	ner Bro	ok)				
	Sir Thomas Roddick Hospital (Stephenville)												
	Bon	ne Bay	Health	Centre	(Norris	Point)							
	Calc	der Hea	ith Cent	tre (Bur	geo)								
	Dr. (	Charles	L. LeGr	row Hea	alth Ce	ntre (Po	rt aux 6	Basque:	s)				
	Ruft	us Guin	chard H	lealth C	entre (	Port Sa	unders	)					
					Ove	rall Exp	perienc	e of Ca	are				
2.	Using any							-					
	possible, v this recen						te your	overal	l exper	rience	of care	during	
				iiui cei	iu e su	ay:							
	Mark only o				_		_		_				
		0	1	2	3	4	5	6	7	8	9	10	
Wo	rst possible							$\bigcirc$	$\bigcirc$	$\bigcirc$			Best possible
3.	Using any	numb	er from	0-10	where	O is the	e wors	t nossil	ble and	110 is t	he bes	t	
٥.	possible,												
	stay?												
	Mark only o	ne oval	1.										
		0	1	2	3	4	5	6	7	8	9	10	
Wo	rst possible												Best possible
4.	Would y	ou rec	ommer	nd this	hospit	al/healt	th cent	re to y	our frie	ends ar	nd fami	ly?	
	Mark on	ly one o	oval.										
	O De	finitely	ves										
		obably y											
		obably r											
		finitely											

Corner Brook Acute Care Patient Experience Survey Results 2021-2022

#### Your Care

Mark only one oval per row.						
	Always	Usually	Someti	mes	Never	
Nursing staff	$\bigcirc$	0		)	0	
Doctor / Nurse Practitioner	0	0		)	0	
Dietician		0		)	0	
Occupational Therapy	0	0		)	0	
Physiotherapy		0		)	0	
Respiratory Therapy	0	0		)	0	
Social Work	$\bigcirc$	$\bigcirc$		)	0	
Spiritual Care	0	0		)	0_	
Please answer the followi acute care:	ing ques		ut nursi	ng care		
Please answer the followi acute care:						
Please answer the following acute care:  Mark only one oval per row.  How often did the nurses to	eat you w	th				
Please answer the following acute care:  Mark only one oval per row.  How often did the nurses to courtesy and respect?	eat you wi carefully cplain thin	to you?				

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flark only one oval per row.				
	Always	Usually	Sometimes	Never
How often did the doctor(s)/NP(s) treat you with courtesy and respect?	0	0	0	0
How often did the doctor(s)/NP(s) listen carefully to you?	0	0	0	0
How often did the doctor(s)/NP(s) explain things in a way you could understand?	0	0	0	0
Please answer the following questions at during your recent stay in acute care:  Mark only one oval per row.	oout com	municatio		vernent
How often did you feel that there was good communication about your care between doctors, nurses, and other health care staff?			O County	
How often were you involved as much as you wanted to be in decisions about your care and treatment?	0	0	0	0
During your recent acute care stay, did y staff in getting to the bathroom or in usin Mark only one oval.  Yes  No Skip to question 11		-	nurses or ot	ther hosp
staff in getting to the bathroom or in usin  Mark only one oval.  Yes	ng the be	dpan?		

#### Your Experiences with Pain and Medication

1.	During your recent acute care stay, did yo	ou need n	nealcine	for pain?	
	Mark only one oval.				
	Yes No Skip to question 13				
2.	Please answer the following questions at your recent stay in acute care:	out your	experien	ces with pain	during
	Mark only one oval per row.				
		Always	Usually	Sometimes	Never
	How often was your pain well controlled?				
	How often did the health care staff do				
13.	everything they could to help you with your pain?  During your recent acute care stay, were taken before?	you giver	n any med	dicine that yo	ou had no
3.	pain?  During your recent acute care stay, were	you giver	n any med	dicine that yo	ou had no
13.	During your recent acute care stay, were taken before?  Mark only one oval.  Yes				ou had no
	During your recent acute care stay, were taken before?  Mark only one oval.  Yes  No Skip to question 15				ou had no
	During your recent acute care stay, were taken before?  Mark only one oval.  Yes  No Skip to question 15	you had n	ot taken I	before:	

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#### Your Experience with Virtual Care

	Virtual care is defined as any health care appointment which was conducted by telephone (landline or cell phone) or video (on a computer/laptop, Telehealth unit, or mobile device such as iPad/tablet). During your most recent acute care stay, did you access any services through virtual care?											
	Mark only one oval.											
	Yes No Skip to questi	on 19										
16.	What type of virtual care	What type of virtual care did you receive?										
	Mark only one oval.											
	Video											
	Telephone											
	Other:											
17.	Why did you access virte	ual care?										
	Service not available in Preferred to receive ser Service available more Preferred not to travel Unable to travel	vice from a	provider at a	nother facility/si	te							
	ordere to date											
18.	Please indicate your agr	g your rec			ts regarding	the virtual						
18.	Please indicate your agr	g your rec	ent stay in a	cute care:								
18.	Please indicate your agr	g your rec			ts regarding Somewhat disagree	the virtual Strongly disagree						
18.	Please indicate your agr	g your rec	ent stay in a	cute care:	Somewhat	Strongly						

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#### Discharge Planning

19.	After you left the hospital or health centre, did you go directly to:
	Mark only one oval.
	Own home Someone else's home Another health facility Skip to question 23
20.	Did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital/health centre?
	Mark only one oval.
	Yes No
21.	Did you get information about what symptoms or health problems to look out for after you left the hospital/health centre?
	Mark only one oval.
	Yes - was given the information in writing
	Yes - was told the information
	○ No
22.	Did you receive enough information from the health care staff about what to do if you were worried about your condition or treatment after you left the hospital/health centre?
	Mark only one oval.
	Completely
	Quite a bit
	Partly  Not at all

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#### Meals

IVI GEN	only one oval per row.				
		Always	Usually	Sometimes	Never
	v often did you receive the right meal for r diet?	0	0	0	0
	v often were the meals the right operature?	0	0	0	0
	w often were you satisfied with the quality he meals provided?	0	0	0	0
	Hospita	l Environ	ment		
en	ase answer the following questions a vironment during your recent stay in a rk only one oval per row.			nealth centre	
Midi	k only one ovar per row.	Always	Usually	Sometimes	Neve
	ow often were your room and bathroom pt clean?	0	0	0	0
	ow often was the area around your room liet at night?	0	0	0	0
H	ow often did you feel you had enough ivacy?	0	0	0	0
	AI	oout You			
pr			th?		
5. In	All general, how would you rate your over		th?		
5. In	general, how would you rate your over		th?		
5. In	general, how would you rate your over lark only one oval.		th?		
5. In	general, how would you rate your over lark only one oval.  Excellent		th?		
5. In	general, how would you rate your over lark only one oval.  Excellent  Very good		th?		

6.		totale.	
	Mark only one	oval.	
	0-15	35-44	65-74
	16-24	45-54	75-84
	25-34	55-64	85+
	Which best des	scribes your gene	der?
	Check all that app	oly.	
	Female		
	Male		
	Non-Binary		
	Transgender		
	Another Gen	der:	
3.	racial backgro	ounds. The follo	owing question will help us to better understand the
3.	racial backgro experiences o	ounds. The follo	owing question will help us to better understand the
3.	racial backgro experiences of Check all that ap	ounds. The follo of the communit	owing question will help us to better understand the
3.	racial backgroexperiences of Check all that ap	ounds. The follo of the communit	owing question will help us to better understand the
3.	racial backgroexperiences of Check all that ap  Aboriginal/I Arab	ounds. The follo of the communit ply. ndigenous	owing question will help us to better understand the ties that we serve. Do you consider yourself to be
3.	racial backgroexperiences of Check all that ap  Aboriginal/I Arab	ounds. The follo of the communit	owing question will help us to better understand the ties that we serve. Do you consider yourself to be
3.	check all that ap Aboriginal/li Arab Black (North	ounds. The follo of the communit ply. ndigenous	owing question will help us to better understand the ties that we serve. Do you consider yourself to be
3.	Check all that ap Aboriginal/I Arab Black (North	ounds. The follo of the communit ply. ndigenous	owing question will help us to better understand the ties that we serve. Do you consider yourself to be
3.	Check all that ap Aboriginal/I Arab Black (North Chinese Filipino Japanese Korean	ounds. The follo of the communit oply. ndigenous n American, Caribb	owing question will help us to better understand the ties that we serve. Do you consider yourself to be ean, Afrian, etc.)
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29.	What is the highest grade or level of school that you have completed?
	Mark only one oval.
	8th grade or less
	Some high school, but did not graduate
	High school graduate or GED
	College or other non-university certificate or diploma
	Undergraduate degree or some university
	Post-graduate degree or professional designation
30.	Please provide any additional comments you would like to share. This survey is anonymous. Please do not include any identifying information. If you have feedback (concerns or compliments) requiring direct follow-up, please speak with our staff who provided your care or service, speak with their manager, or contact the Client Relations Office at 1-833-784-6802 (Confidential Client Feedback Line) or <a href="mailto:clientrelations@westernhealth.nl.ca">clientrelations@westernhealth.nl.ca</a> .

#### Interested in becoming a Patient or Family Centered Care (PFCC) Advisor?

Being an Advisor is a way for patients and families to work in partnership with health professionals to shape policies and programs, and to improve the health care system and services. For more information, use the camera on your smartphone or tabletwith the QR code below to visit Western Health's website (www.westernhealth.nl.ca) or contact Volunteer Resources at (709)784-5369 or volunteerresources@westernhealth.nl.ca.



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