Welcome to the Patient Experience Survey

Dear Ontario Shores’ Patient,

This hospital is dedicated to providing the highest possible quality care to our patients. In order to help us do that, we are asking you to complete this survey about your experiences here so we can continue to do what we do well and to make improvements where needed.

Your name will not appear anywhere on the survey, and your answers are completely anonymous and confidential. Your completed survey can be placed in a sealed envelope, or folded in half & stapled and sent to the Patient Experience Office (Building 3, Level 1). Results will be reported only at a program or hospital level, and no one involved in your care will know how you responded unless you choose to tell them. The reports will be made available to Ontario Shores Centre for Mental Health Sciences patients, families and staff. A summary of results (without patient names) is also shared with other hospitals and the broader public.

The survey will take about 10-20 minutes of your time. For each item, check the box that most accurately reflects your experience. Please answer all questions for the program or service where you currently receive care. We hope that you will give us your feedback. Whether you do the survey is entirely your decision. Saying no will not affect your care in any way. You may skip any question you don’t want to answer and you may stop doing this survey at any time.

If you require assistance to participate in this survey, or if you would like the survey in alternative formats, please contact the Patient Experience Team at extension 6770. If you have a concern that requires assistance, please contact a Patient Experience Advisor at 905-668-5881 ext. 6703 or visit the Quality/Patient Safety/Patient Experience Office in Building 3, Level 1.

Thank you.

Ontario Shores’ Patient Experience Team

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<th>Outpatient Service</th>
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Personal information you provide to Ontario Shores Centre for Mental Health Sciences (Ontario Shores) is collected pursuant to the Public Hospitals Act R.S.0 1990, c. P.40. It will be used for the purpose of resolving complaints, implementing suggestions and responding to you. At all times it will be treated in accordance with the provisions of the Freedom of Information and Protection of Privacy Act. If you have questions about the collection of your personal information, please refer to the Privacy and Access pages on the Ontario Shores website or contact the Leader, Privacy and Access at 700 Gordon St. Whitby, ON L1N5S9; 905-430-4055 ext. 6712.
Patient Information

Please be aware that this section is optional, but the more information we have the better we may be able to address your specific needs or concerns.

1. Please identify who is completing this survey
   ○ Patient ○ Family member
   ○ Substitute Decision Maker

2. Date Survey Completed
   MM DD YYYY
   (       )   /   (       )   /   (             )

3. Current Service Area (select only one)
   ○ ACTT Durham
   ○ ACTT HKPR
   ○ Adolescent Day Treatment Program
   ○ Adolescent Mood and Anxiety Clinic
   ○ Adolescent Outpatients
   ○ Anxiety and Mood Disorder Clinic
   ○ Borderline Personality and Self-Regulation Clinic
   ○ Central Intake and Crisis
   ○ Central Recreation
   ○ Complex General Psychiatry
   ○ Complex Psychosis Services
   ○ Dental Clinic
   ○ Diagnostic Imaging
   ○ Dual Diagnosis Outpatient
   ○ ECT Clinic
   ○ Forensic Outpatient Services
   ○ Geriatric and Neuropsychiatry Outpatients
   ○ Geriatric Memory Clinic
   ○ Geriatric Mood Clinic
   ○ Homes for Special Care
   ○ Huntington Clinic
   ○ Laboratory Services
   ○ Metabolic and Weight Management Clinic
   ○ Neuropsychiatry Clinic
   ○ Pharmacy
   ○ (PHP) Partial Hospitalization Program
   ○ Physiotherapy
   ○ Prompt Care Clinic
   ○ (TAY) Transitional Aged Youth
   ○ Therapeutic Recreation
   ○ Transitional Outpatient Services
   ○ Traumatic Stress Clinic
   ○ Vocational Services
   ○ Women’s Consultation Service
   ○ Youth Case Management
   ○ Other (specify: ___________________)

4. What site do you receive services at? (Select for your current service)
   ○ Main Site – 700 Gordon Street
   ○ ACTT Durham Office
   ○ Durham Community Clinic
   ○ HKPR ACTT Office
   ○ Kawartha Lakes Community Clinic
   ○ Ontario Telemedicine Network
   ○ York Region Community Clinic
Access to Services

The first few questions are about accessing services and staff...

5. After you were referred, did you have to wait a long time for services to start?
   1. Not at all  
   2. Somewhat  
   3. For the most part  
   4. Definitely  
   5. I don’t remember

6. Do staff return your phone calls within a reasonable amount of time?
   1. Never  
   2. Sometimes  
   3. Usually  
   4. Always  
   5. I have never called or had to leave a message

7. Are you kept waiting a long time when you have appointments?
   1. Never  
   2. Sometimes  
   3. Usually  
   4. Always

Service Satisfaction

The following questions are about your experiences around the program or service...

8. How often the following areas are clean?
   Areas where you receive services or meet with staff:
   1. Never  
   2. Sometimes  
   3. Usually  
   4. Always

9. Common areas (hallway, lobby, cafeteria, etc.):
   1. Never  
   2. Sometimes  
   3. Usually  
   4. Always

10. Do you feel safe when you are at this program or service?
    1. Never  
    2. Sometimes  
    3. Usually  
    4. Always

11. Are you given enough privacy when discussing your issues or treatment with staff?
    1. Never  
    2. Sometimes  
    3. Usually  
    4. Always

Patient Care

The following questions are about your participation in your care...

12. Are you involved as much as you want in decisions about your treatment?
    1. Never  
    2. Sometimes  
    3. Usually  
    4. Always

13. Do you understand your care plan?
   (Recovery Goals identified by you and your treatment team)
   1. Not at all  
   2. Somewhat  
   3. For the most part  
   4. Definitely
   5. I don’t know if I have a care plan

14. At your request, does the team involve your family and friends in your treatment and/or care plan?
    1. Never  
    2. Sometimes  
    3. Usually  
    4. Always

15. Do staff clearly explain the purpose of medication?
    1. Not at all  
    2. Somewhat  
    3. For the most part  
    4. Definitely
    5. I have not been prescribed medication
16. Do staff clearly explain possible medication side effects?

1. Never  2. Sometimes  3. Usually  4. Always  5. I have not been prescribed medication

Your Needs

The following questions are about respect, recovery and meeting your needs...

17. Were your individual needs, preferences and values respected in your treatment? (For example, did we match the services to your needs?)


18. Do you feel that you are treated with respect by hospital staff? (For example, were you treated with courtesy?)


19. Do you feel you have been treated unfairly for any of the following reasons?

1. I was not treated unfairly

(If you feel you were treated unfairly, choose all the reasons that apply below)


20. Do you feel that enough care is taken of any physical health problems you have (for example diabetes, weight gain, heart disease)?

1. Never  2. Sometimes  3. Usually  4. Always  5. I don’t have any physical health problems

21. Do you feel that staff support your improvement and recovery?


22. Do staff tell you about other services and supports available in the community?


Your Rights

The following questions are about your rights as a client...

23. Do you feel that you can refuse treatment (For example, medications, different types of therapy)?

1. Not at all  2. Somewhat  3. For the most part  4. Definitely  5. I don’t know  6. Someone else makes treatment decisions for me

24. Apart from talking to your nurse, doctor or treatment team do you know how to make a complaint at this hospital?

1. Yes  2. No
25. If yes, to whom would you make a complaint?

__________________________________
__________________________________
__________________________________

Overall Experience

The following questions are about your overall experiences at this hospital...

26. As a result of your care with this program or service do you feel better prepared to deal with daily problems? (For example, better coping skills in managing anxiety, being able to budget, controlling stress levels)

1. Not at all  2. Somewhat  3. For the most part  4. Definitely

27. As a result of your care with this program or service do you feel more ready to accomplish the things you want to do? (For example, did we help you achieve your goals for education, employment, social skills such as grocery shopping, meal planning, etc.)

1. Not at all  2. Somewhat  3. For the most part  4. Definitely

28. Overall, are you being helped by your care with this program or service?

1. Not at all  2. Somewhat  3. For the most part  4. Definitely

29. Overall, how would you rate the services you are receiving?


30. If you needed treatment again would you choose to come back to this program or service?


31. What would have made your experience with this program or service better? (What could we improve?)

__________________________________
__________________________________
__________________________________

32. What has been a positive part of your experience with this program or service? (What did we do well?)

__________________________________
__________________________________
__________________________________
Demographics

The following questions will help us understand more about you...

33. What is your sex/gender?
1 ⃝ Male  2 ⃝ Female
3 ⃝ Transsexual/Transgender  4 ⃝ I identify as: ____________

34. What is your age?
1 ⃝ Under 18 years  2 ⃝ 18 to 24 years
3 ⃝ 25 to 44 years  4 ⃝ 45 to 64 years
5 ⃝ 65 years or over

35. How long have you been receiving care with this program or service?
1 ⃝ Less than 1 week  2 ⃝ 1 to 4 weeks
3 ⃝ 1 to 3 months  4 ⃝ 4 to 12 months
5 ⃝ 1 to 5 years  6 ⃝ Over 5 years
7 ⃝ I don’t know

36. What language are you most comfortable speaking?
1 ⃝ English  2 ⃝ French
3 ⃝ Other (specify: ________________)

37. How much schooling have you had? (check the highest level)
1 ⃝ Some primary school  2 ⃝ Completed primary school
3 ⃝ Some high school  4 ⃝ Completed high school
5 ⃝ Some college or university  6 ⃝ Completed college or university
7 ⃝ Some graduate studies  8 ⃝ Completed graduate studies

38. How many years have you lived in Canada?
1 ⃝ Born in Canada  2 ⃝ Less than 2 years
3 ⃝ 2 - 4 years  4 ⃝ 5 - 9 years
5 ⃝ 10 or more years

39. Which of the following groups do you consider yourself to be part of? (select as many as you wish)
1 ⃝ Aboriginal
2 ⃝ Asian – East (for example: China, Japan, Korea)
3 ⃝ Asian – South (for example: India, Pakistan, Sri Lanka)
4 ⃝ Asian – South East (for example: Malaysia, Philippines)
5 ⃝ Black – Africa (for example: Ghana, Kenya, Somalia)
6 ⃝ Black – North America
7 ⃝ Black – Caribbean (for example: Jamaica, Trinidad)
8 ⃝ Latin American (for example: Argentina, Chile, Costa Rica)
9 ⃝ Indian-Caribbean (for example: Guyana with origins in India)
10 ⃝ Middle Eastern (for example: Egypt, Iran, Israel, Palestine)
11 ⃝ White – North America
12 ⃝ White – Europe (for example: England, Greece, Italy)
13 ⃝ Mixed background (specify: ________________)
14 ⃝ Other (specify: ________________)
40. What supports do you have in the community? (check all that apply)

1. Parents/children/siblings
2. Spouse/romantic partner
3. Friends
4. Social workers/other social service worker
5. None
6. I don’t know
7. Others (specify:___________________)

Thank you for taking the time to complete this survey!