

ADAPT Patient Reported Experience Measures (PREM) Survey

Introduction

You have been selected to complete this survey to share your experience with returning home after your most recent hospital stay. Returning home after a hospital stay can be a challenging time for patients. Findings from this survey will be used to better understand the experience of people leaving the hospital and how we can improve that experience.

The survey has 3 short pages and should take about 10 minutes to complete.

- Page 1 (below) asks about the care you received in the hospital, around the time you left the hospital.
- Page 2 asks about the time after you returned home, and before you saw your family doctor, general practitioner (GP), or nurse practitioner (NP).
- Page 3 asks about the follow-up visit you had (and if you had a follow-up visit) with your family doctor, general practitioner (GP), or nurse practitioner (NP).

You can choose whether or not to participate in this survey. Your participation is voluntary.

Your responses will be kept confidential and it will not be possible to identify you based on your responses. Whether or not you participate, and the responses you give to the survey, will **not** impact the healthcare that you receive.

Section 1: Experience when preparing to leave the hospital

This section asks about the care you received around the time you left the hospital. We want to understand how prepared you felt to return home.

When we say **primary care provider**, we mean your family doctor, general practitioner (GP), or nurse practitioner (NP).

For the following 6 statements, please rate how much you agree or disagree*.

At the end of this section, there is a text box where you can explain any of your answers or add other comments.

Q1. Before leaving the hospital, I received instructions for what to do at home that were complete, useful, and easy to understand (these are sometimes called discharge instructions).

Q2. Before leaving the hospital, I was given information on who to contact for help if I have any problems or concerns (e.g., specialist, primary care provider, home care, 8-1-1).

* Likert scale options: Strongly disagree, Disagree, Neither agree or disagree, Agree, Strongly agree, Not applicable

Q3. Before leaving the hospital, the information I was given on my medications was useful and easy to understand (including, purpose, directions, and any medication changes).

Q4. Before leaving the hospital, I understood when to follow up with my primary care provider (family doctor, general practitioner (GP), or nurse practitioner (NP)).

Q5. Before leaving the hospital, the support I needed at home was arranged for me (e.g., home care, equipment, transportation, or caregivers and family).

Q6. Before leaving the hospital, I felt confident to take care of myself at home.

Q7. Please provide any additional comments on your experience being discharged from hospital (e.g., if you want to share why you chose any of your responses for questions 1 to 6).

Section 2: Experience after leaving the hospital, before follow-up with your primary care provider

This section asks about the time after returning home from the hospital and before any follow-ups with your primary care provider.

When we say **primary care provider**, we mean your family doctor, general practitioner (GP), or nurse practitioner (NP).

At the end of this section of questions, there is a text box where you can explain any of your answers or add other comments.

Q8. When I got home, the support services I needed were in place to help me care for myself (e.g., equipment, transportation, home care, and/or supplies).*

Q9. After I returned home, I could follow and carry out the instructions that hospital staff gave me.*

Q10. The following healthcare providers reached out to talk to me about how I was doing after my recent hospital stay: (Choose all that apply)

- primary care provider (family doctor, general practitioner, or nurse practitioner)
- pharmacist (e.g., community or clinic pharmacist)
- specialist (e.g., cardiologist, surgeon, kidney or liver specialist)
- nurse (e.g., home care RN or LPN, clinic RN or LPN)
- other (e.g., physical therapist (PT), occupational therapist (OT))
- I was not followed up by anyone
- Don't know/not applicable

Q11. I had a follow-up visit with my primary care provider scheduled when I returned home. Yes or No

Q11a[†]. IF YES (branch from Q11), How was your follow-up visit with your primary care provider scheduled:

- a) I called my primary care provider
- b) A caregiver/support person called for me
- c) My primary care provider or clinic staff member called me
- d) The hospital made the appointment for me
- e) Not sure
- f) Other, please specify _____

Q12. Please provide any additional comments on your experience managing your care at home (e.g., if you want to share why you chose any of your responses for questions 8 to 11)

Section 3: Experience with your primary care follow-up

When we say **primary care provider**, we mean your family doctor, general practitioner (GP), or nurse practitioner (NP).

Q13. I had a follow-up visit with my primary care provider within a recommended timeframe after my discharge (e.g., 2 weeks). Yes or No

Q13a. (If no selected) select all that apply:

- Did not have transportation;
- Too unwell for an appointment;
- Did not see a need;
- Saw another provider (e.g., specialist);
- I do not have a regular primary care provider
- Other, please specify _____

Q13b[†]. (If yes selected) which best describes your visit?

- I saw my primary care provider in their office
- I had a phone visit with my primary care provider
- I had email, text message, or secure message contact with my primary care provider
- I had a video call with my primary care provider
- My primary care provider came to my residence
- Other, please specify _____

[†] Note: These branching options did not meet inclusion criterion of I-CVI score >0.78 (Q11a, I-CVI = 0.50; Q13b, I-CVI = 0.67), however these options were retained because they were important to overall study objectives. Therefore, the branching questions may be considered optional for use in other contexts and projects.

[If 'No' is selected for Q13, participant is provided with note: after you make your selection(s) you will be skipped over a section of questions not applicable to you if you did not have a primary care visit to Q21]

This section asks about the care you received related to your follow-up visit with your primary care provider.

For the following 6 statements, please rate how much you agree or disagree*.

At the end of this section, there is a text box where you can explain any of your answers or add other comments.

Q14. All my current medications (including over the counter) were discussed with me before or during my primary care visit (including, purpose, side effects, directions, and any medication changes).

Q15. My experience during my last hospitalization was discussed during my primary care visit.

Q16. My needs were discussed with my primary care provider to develop a plan for my care (also called a 'care plan').

Q17. I felt I could bring and/or involve a support person of my choosing (e.g., family, friend, or caregiver) in my follow-up visit if I wanted to.

Q18. I felt confident to continue taking care of myself at home after my primary care visit.

Q19. I was satisfied with my primary care follow-up appointment.

Q20. Please provide any additional comments on your visit with your primary care provider (e.g., if you want to share why you chose any of your responses for questions 13 to 19).

Now we want to ask about your overall experience from leaving the hospital to your primary care follow-up visit.

Q21. Overall, I felt that my healthcare teams from my discharge to follow-up visit shared important information with each other to support my recovery at home*.

Q22. Please provide any additional comments you would like to add about your overall experience (e.g., if you want to share why you chose your response for question 21).

Finally, we would like to know a little bit about who completed this survey.

I responded to this survey as a:

- Patient
- Family member/caregiver responding **for** the patient
- Family member/caregiver responding **with** the patient (together)

Which of the following best describes your gender identity?

- Man
- Woman
- Non-binary
- Transgender
- I prefer to self-describe

Please tell us your gender identity:

What is the highest level of education that you have completed?

- Grade school or some high school
- Completed high school
- Post-secondary technical school (including Trade School)
- Some university or college
- Completed college diploma
- Completed university degree
- Post-grad degree (masters or PhD)

People living in Canada come from many different cultural and racial backgrounds. Are you ... ? (check all that apply)

- Arab
- Black (e.g., African, Haitian, Caribbean)
- Chinese
- Filipino
- Indigenous (e.g., First Nations, Metis, Inuit)
- Latin American
- South Asian (e.g., Indian, Pakistani, Sri Lankan)
- Southeast Asian (e.g., Indonesian, Vietnamese)
- White (e.g., United Kingdom, European)
- Other

Please specify:

We will be following up with a select number of patients (approximately 8 to 10). Would you be willing to be contacted for an interview in the future? Yes or No

End of Survey Message

Thank-you for taking the time to share your experience with us.

Findings from this survey will be used to better understand the experience of people leaving the hospital and how we can improve that experience.