2022 NWT Patient Experience Report

JANUARY | 2023

Rapport 2022 sur l'expérience des patients aux TNO

JANVIER | 2023

Government of
Northwest Territories

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English

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French

Kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.
Cree

Tłı̨chǫ yatı k'ę̀ę̀. Dı wegodı newǫ dè, gots'o gonede.
Tłı̨chǫ

ʔerıhtł'ís Dëne Sųłıné yatı t'a huts'elkër xa beyáyatı theɂą ɂat'e, nuwe ts'ën yółtı.
Chipewyan

Edı gondı dehgáh got'ı̨e zhatıé k'ę́ę́ edatł'éh enahddhę nıde naxets'é edahłí.
South Slavey

K'áhshó got'ı̨ne xədə k'é hederı ɂedı̨htl'é yerınıwę nídé dúle.
North Slavey

Jii gwandak izhii ginjìk vat'atr'ijąhch'uu zhit yinohthan jì', diits'àt ginohkhìi.
Gwich'in

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqluta.
Inuvialuktun

ᑖᒃᑯᐊ ᑎᑎᖅᑲᐃᑦ ᐱᔪᒪᒍᕕᒋᑦ ᐃᓄᒃᑎᑐᓕᖅᓯᒪᓗᑎᒃ, ᐅᕙᑦᑎᓐᓄᑦ ᐅᖄᓚᔪᓐᓇᖅᑐᑎᑦ.
Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.
Inuinnaqtun

Indigenous Languages:

1-855-846-9601

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Introduction

Patients provide an important perspective on the health and social services system; patient experiences accessing care helps the NWT Health and Social Services system identify key issues and areas of improvement across the system. Regularly collecting feedback on patient experience also supports a healthcare system that is culturally safe, accessible, and responsive to the needs of all Northwest Territories (NWT) residents. The NWT Patient Experience Questionnaire (PEQ) provides patients with the opportunity to provide feedback on their overall experience and the care they receive.

Two versions of the NWT PEQ were administered between March 7, 2022, and May 16, 2022: an inpatient questionnaire and an outpatient questionnaire. The inpatient questionnaire was offered to all patients who received inpatient services and the outpatient questionnaire was offered to all patients who received outpatient services.

Inpatient services were defined as health care services provided to an individual who was admitted to hospital or an acute care facility in the NWT for at least one overnight stay. Hospitals or acute care facilities included the Stanton Territorial Hospital, the Hay River Regional Health Centre, the Fort Smith Health Centre, and the Inuvik Regional Hospital. During data collection, staff provided questionnaires to patients or their families on inpatient units. Questionnaires were also made available online and were publicly advertised through posters in facilities, postcards in the mail, on social media, and on the radio.

Outpatient services were defined as health care services provided to an individual who received care or services from an area where an overnight stay in hospital is not required such as primary community care, surgical day care, rehabilitation, eye clinic, dialysis, chemotherapy, laboratory, diagnostic imaging, etc. Facilities providing outpatient services included health centres, clinics, health cabins, public health facilities and hospitals. Questionnaires were available in facility common areas (i.e., waiting areas) and were provided by staff for outpatients to complete. Questionnaires were also made available for patients to complete online and were publicly advertised through posters in facilities, postcards in the mail, on social media, and on the radio.

Why do we conduct this questionnaire?

The NWT PEQ is part of the Health and Social Services system's monitoring and reporting system. Patient-reported experience is an indicator of the extent to which services and supports meet the needs of individuals and families and is a practical way to measure person-centred care[1].

The PEQ is conducted regularly, typically every two to three years, as part of the commitment to pursue continuous quality improvement and to meet Accreditation Canada's requirements. Results from the questionnaire help the NWT Health and Social Services system to identify what the NWT Health and Social Services system is doing well and where opportunities for continuous quality improvement exist.

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[1] Agency for Healthcare Research and Quality (2022). What Is Patient Experience?. Rockville, MD.

Quality improvement on the questionnaire is also conducted with the PEQ each cycle. This is in response to feedback, accreditation requirements, and new standards regarding public input. As such, in 2020, research was conducted to investigate ways to improve the rigour of the PEQ, and patient-reported experience measurement in general. In total, five recommendations were developed and actioned through the 2022 NWT PEQ:

1. Collecting socio-demographic data from respondents (e.g., age, gender identity, racial identity, and region) to allow improved analysis of patient-reported experience based on these socio- demographic characteristics;
2. The target population was better focused and online recruitment was improved to collect information about when respondents last interacted with the NWT Health and Social Services system. Improving online recruitment and focusing the target population was done in an effort to reduce recall bias, which is a risk with self-report questionnaires;
3. Improved administration and recruitment strategies to better collect responses from diverse subpopulations of the NWT by providing more equal opportunities for participation (e.g., through improved translation supports);
4. Inclusion of a question on home community type, to better ensure regional data does not get lost in territorial findings; and
5. Continuing point-in-time administration for a period of two months to enable more service users to participate

About this Report

This report presents findings on patient experience from individuals who received care from the Health and Social Services system within 12 months prior to the questionnaire being administered. An overview of who participated in the questionnaires is provided, followed by key findings, and trend reporting for both inpatients and outpatients in the areas of: Overall Quality of Service; Experience Accessing Service; Communication and Education related to Treatments and Procedures; Values, Needs and Preferences; and Preventative Health[2]. The questionnaires' methodology and limitations are also presented in the report. Separate findings for inpatient and outpatient respondents are presented in Appendices A and B, respectively.

The inclusion of inpatient and outpatient specific findings reported in Appendices A and B allows the Health and Social Services system to better understand the experiences of different patients across the Health and Social Services system receiving care in-hospital and elsewhere in communities. This information also allows the Health and Social Services system to monitor possible impacts of system-wide change initiatives such as primary health care reform on the experiences of patients.

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[2] In 2022, questions around preventative health were asked to outpatient service users only. This was done to reduce the response burden on respondents. As data on preventative health for inpatients was not collected in 2022, trend reporting is not available

Who participated in this questionnaire?

All NWT facilities that provide inpatient services and outpatient services participated in the 2022 questionnaire. A total of 1,360 patients (221 inpatients[3] and 1,139 outpatients[4]) participated in the PEQ[5]. Since 2004, versions of the PEQ have been administered in the territory; however, not all facilities were consistently included each cycle. Since 2012, the PEQ has consistently been administered system-wide to include all NWT health facilities. These facilities include the four hospitals or acute care facilities that provide inpatient and outpatient services; all health centres, clinics, health cabins, and public health facilities that provide outpatient services.

This round of administration saw a decline in the number of paper-based questionnaires returned; however, there was a significant increase in the number of web-based questionnaires completed, where **87%** of questionnaires were completed online (n= 1,178). Overall, the sample size was larger in 2022 than when the questionnaires were last administered in 2019, but smaller compared to previous years (2016 and earlier; Table 1).

Table 1: Number of completed NWT Patient Experience Questionnaires by year

Year Questionnaire Administered	*Number Questionnaire Returned*
2022	**1,360**
2019	1,224
2016	1,585
2014	1,775
2012	1,749
2010	1,549
2009	1,471
2008	1,936
2006	1,873
2004	2,084

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[3] Inpatient respondents completed the *2022 NWT Patient Experience Inpatient Questionnaire.* See the *Appendix A: 2022 Inpatient Experience Report* for a complete summary of inpatient results*.*

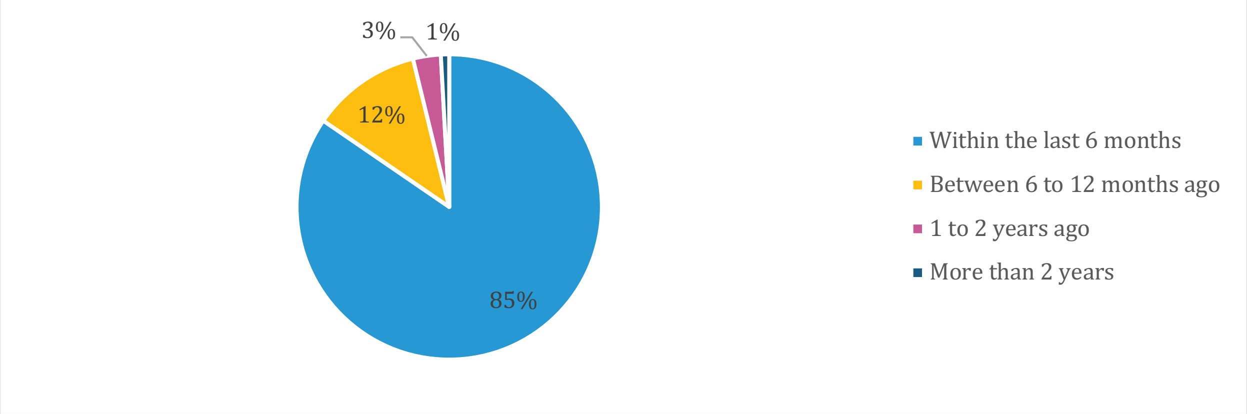
[4] Outpatient respondents completed the *2022 NWT Patient Experience Out-patient Questionnaire*. See the Appendix B: *2022 Outpatient Experience Report* for a complete summary of outpatient results.

[5] Questionnaires were deemed completed and included in the analysis if the respondents completed the first 5 questions (the overall satisfaction) section. Not all respondents indicated the region or facility in which they received care. Many respondents chose to respond to some questions. For this reason, the number of responses (the sample size, represented by 'N') may change for each question.

Socio-Demographics

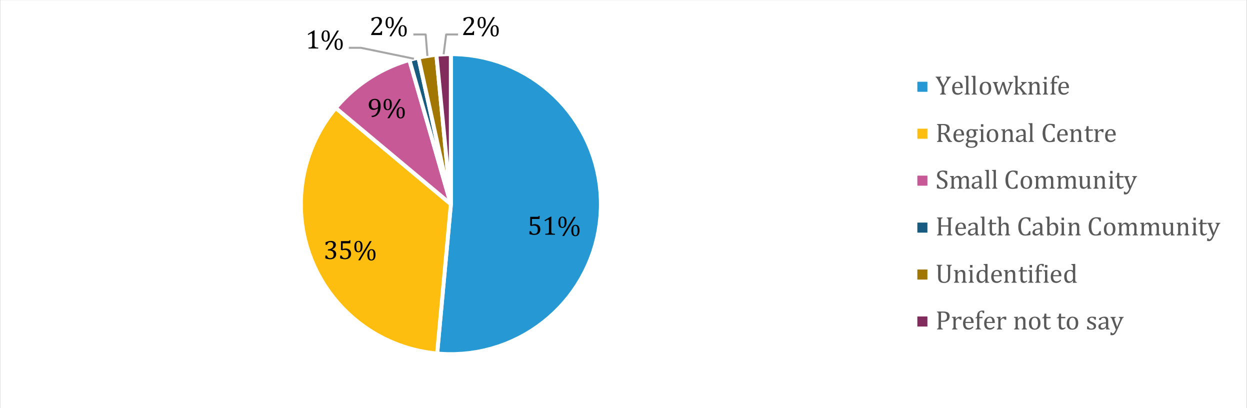
Of the 1,360 respondents to the 2022 NWT PEQ, 1,308 of those **(96%)** indicated they had last received health care services within the last 12 months (Figure 1). Of this total, 194 **(15%)** were inpatient respondents and 1,114 **(85%)** were outpatient respondents. To focus findings on the experience of current service users, responses from individuals who indicated that it has been more than 12 months since they last interacted with the NWT healthcare system were not included in this public report. Of the 1,308 questionnaires included, most respondents had last received health care services within the last 6 months (**85%,** n= 1,150).

Figure 1: Timing of service delivery (N=1,360)



Just over half of the respondents who indicated they received services within the last twelve months indicated they currently reside in Yellowknife (**51%,** n= 669), followed by a Regional Centre (e.g., Hay River; **35%,** n= 450; Figure 2)[6].

Figure 2: Respondents based on home community type (N= 1,300)



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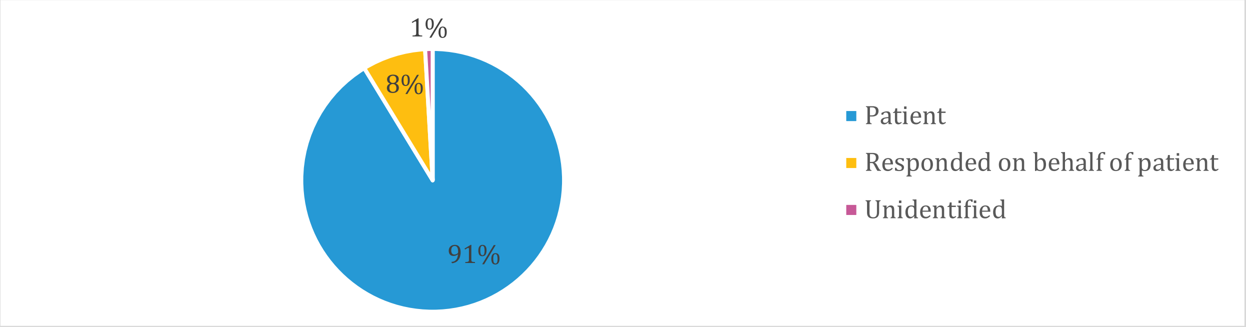
[6] *"Regional centre" includes Fort Simpson, Fort Smith, Hay River, Inuvik, and Norman Wells; "Small community" includes Aklavik, Behchokǫ̀, Deline, Enterprise, Fort Good Hope, Fort Liard, Fort McPherson, Fort Providence, Fort Resolution, Gamètì, Kátł'odeeche, Łutselk'e, Paulatuk, Tuktoyaktuk, Tulita, Wahtì, Ulukhaktok; and Health Cabin Community includes: Colville Lake, Dettah, Jean Marie River, Kakisa, Nahanni Butte, Sachs Harbour, Sambaa K'e, Tsiigehtchic, Wakweèìtì, Wrigley*

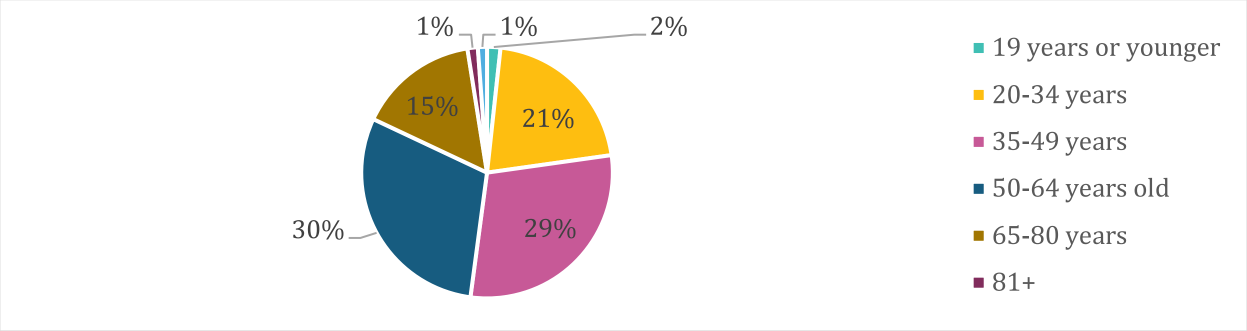
Most respondents were the patients themselves (**91%,** n= 1,194), as opposed to being an individual answering the questionnaire on behalf of the patient (e.g., a guardian; **9%**, n= 102; Figure 3)**.**

Figure 3: Respondent by respondent type (N= 1,308)



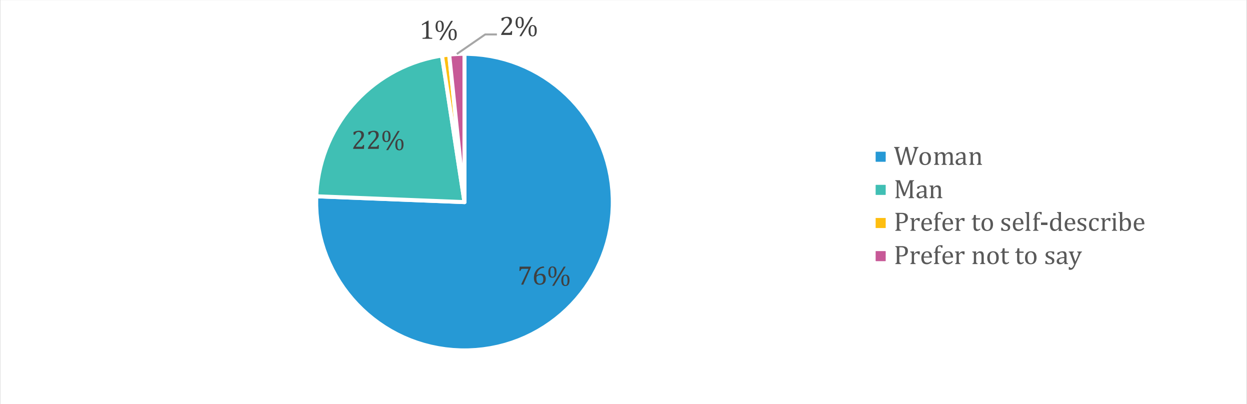
Of the respondents who provided their age, over half of the respondents were between the ages of 35 and 64 (**59%,** n= 763; Figure 4).

Figure 4: Respondents by age (N= 1,278)



76% (n= 970) of respondents were women (Figure 5)[7].

Figure 5: Respondents based on gender identity (N= 1,276)



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[7] Note: Respondents were given the option to provide a written response to the question, “What is your gender?”. Due to small sample size, results from individuals who identified as a gender other than woman or man (e.g., two-spirited) were grouped together as “Prefer to self-describe”

Respondents were also asked to indicate their racial identity. Just over half of the respondents identified as White (**57%,** n=718; Figure 6). Figure 7 provides a further breakdown of respondents' racial identity specific to Indigenous identity.

Respondents had the opportunity to indicate which Indigenous identity best described them (i.e., First Nations, Métis, or Inuit), or to write in their racial identity themselves. However, some respondents choose not to identify a specific Indigenous identity, and only indicated "Indigenous". As a result, where respondents indicated they were Indigenous but did not specify further, it has been indicated as "Indigenous (not specified)".

Figure 6: Respondents racial identity (N= 1,256)

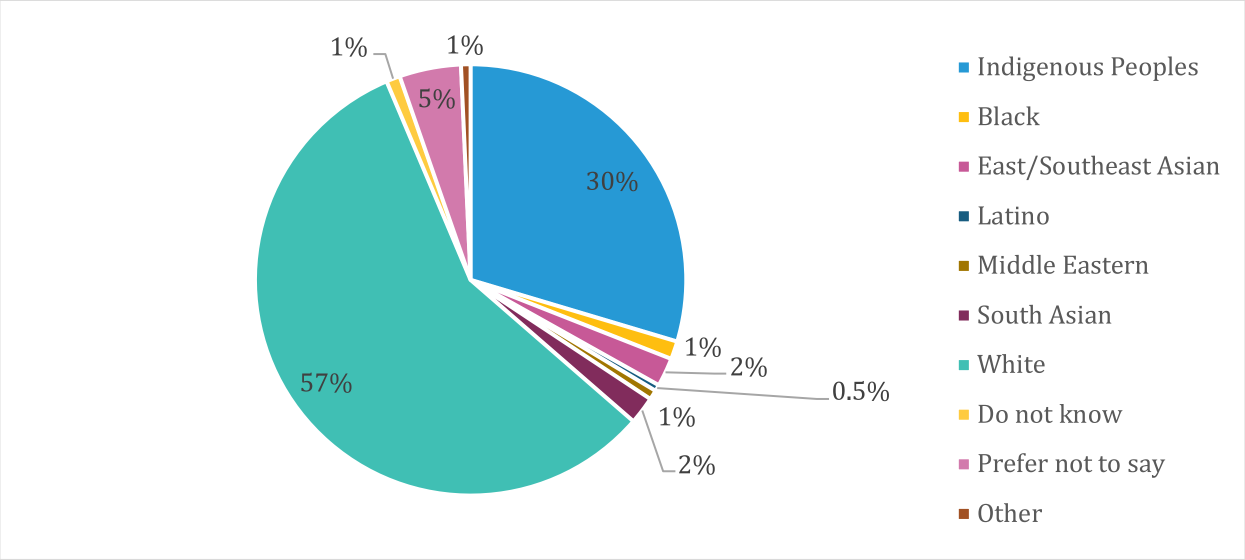
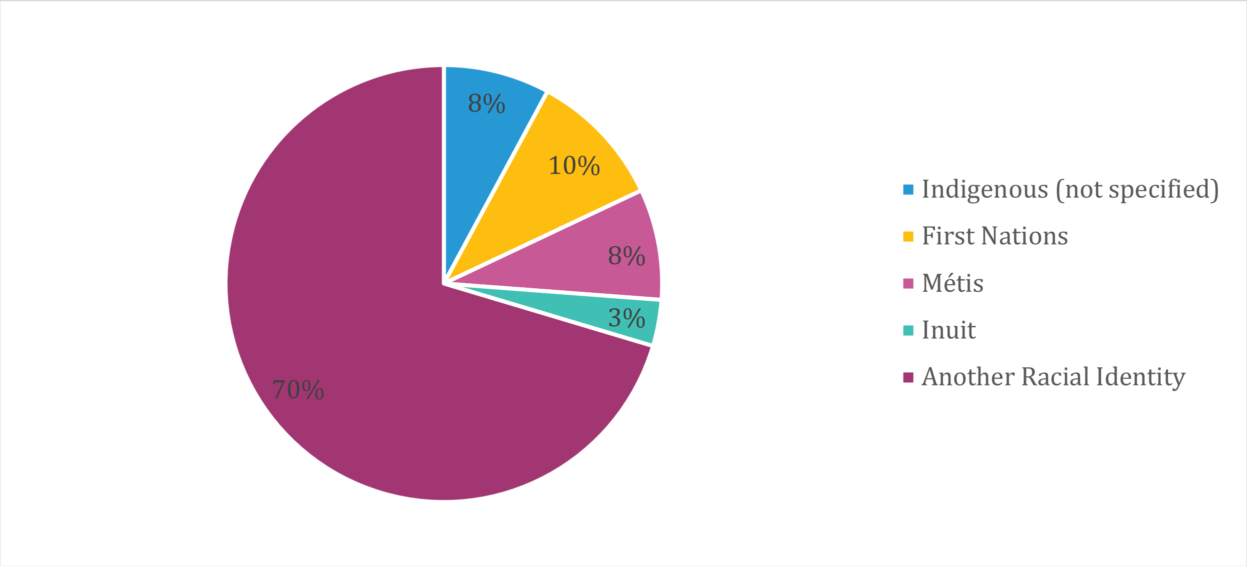


Figure 7: Respondents racial identity, specific to Indigenous and non-Indigenous identity (N= 1,256)



Summary of Results

Overall Quality of Service

This dimension focuses on respondents' perception of the overall quality of care they received.

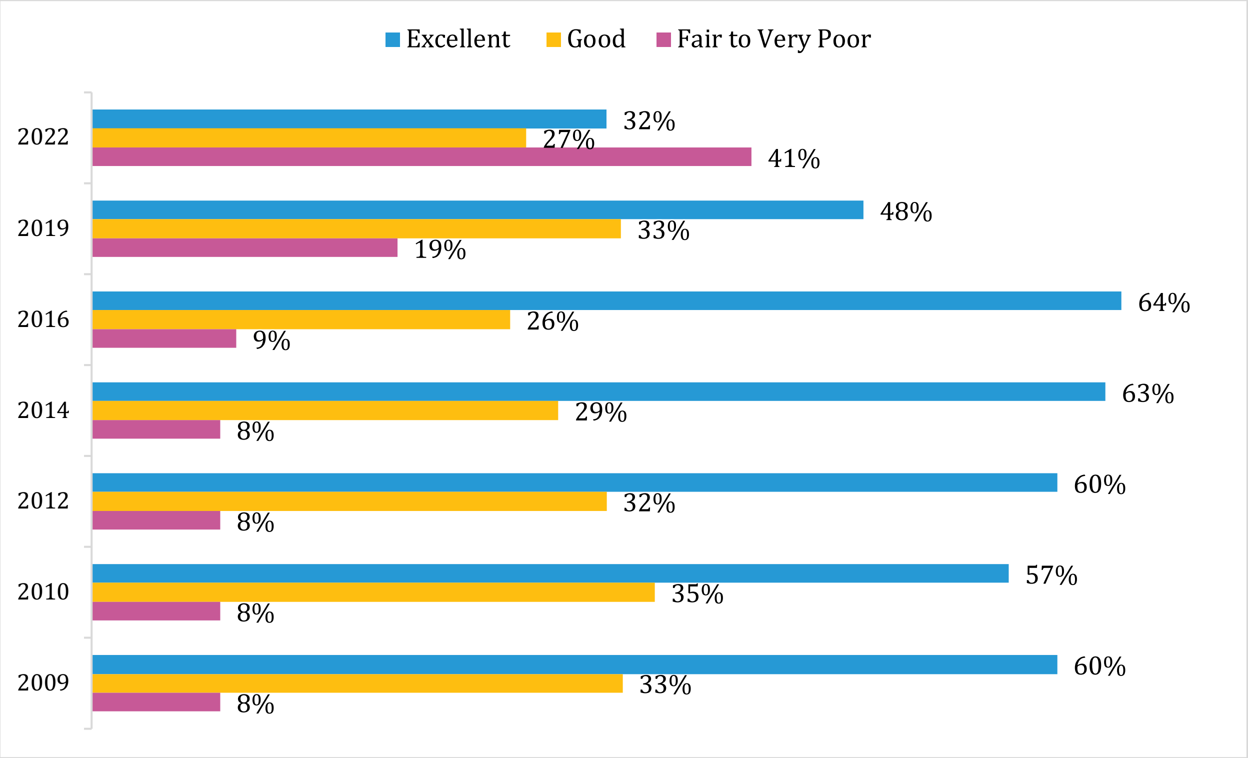
When asked the question **"Overall, how would you rate the care you received?"** almost two-thirds of **inpatient** respondents (**64%,** n= 110) rated their overall care as either 'Excellent' or 'Good', while **58%** (n= 610) of **outpatient** respondents rated their overall care as either 'Excellent' or 'Good'.

Historical trends indicate that when inpatient and outpatient respondents' ratings of their quality of care are combined, most patients rate their quality of care as 'Excellent' or 'Good' (Figure 8).

When inpatient and outpatient results are combined, **59%** of patients rated their overall quality of care as 'Excellent' or 'Good' in 2022 compared to **81%** in 2019.

Changes were observed in the distribution of 'Excellent', 'Good', and 'Fair' to 'Very Poor' ratings in the 2022 results when compared to 2019 results[8]. A higher percentage of patients rated their quality of care as 'Very Poor', 'Poor' or 'Fair' (**41%**) in 2022 compared to 2019 (**19%**).

Figure 8: Trends in care (2009-2022)



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[8] In 2022, when combined, 20% of inpatient and outpatient respondents indicated their care was "Fair". 21% of inpatients and outpatients indicated their care was "Poor" or "Very Poor". In 2019, 11% of inpatient and outpatient respondents indicated their overall care was "Fair", and 8% indicated their overall care was "Poor" or "Very Poor"

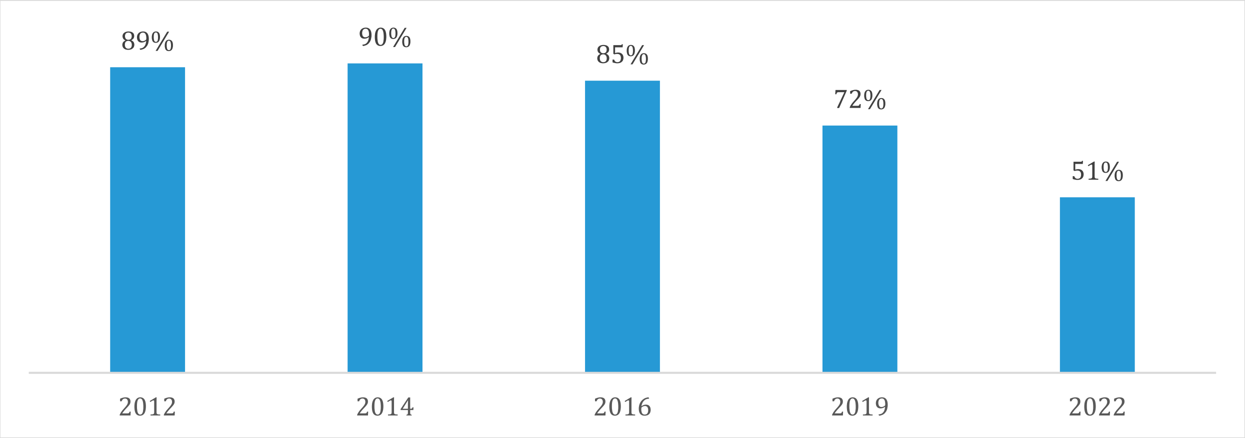
Experience Accessing Services

This dimension focuses on respondents' perception of ease of access to the services that patients need when they need them.

When respondents were asked **"How easy was it to access the service you received today?"** more than half of **inpatient** respondents (**61%,** n= 103) rated ease of access as 'Excellent' or 'Good''. Almost half of **outpatients** (**49%,** n= 520) rated ease of access as 'Excellent' or 'Good'

When 2022 inpatient and outpatient results are combined, **51%** of patients rated their ease of access to services as 'Excellent' or 'Good': a decline from **72%** in 2019 (Figure 9).

Figure 9: Respondent reported ease of access to services (2012-2022)



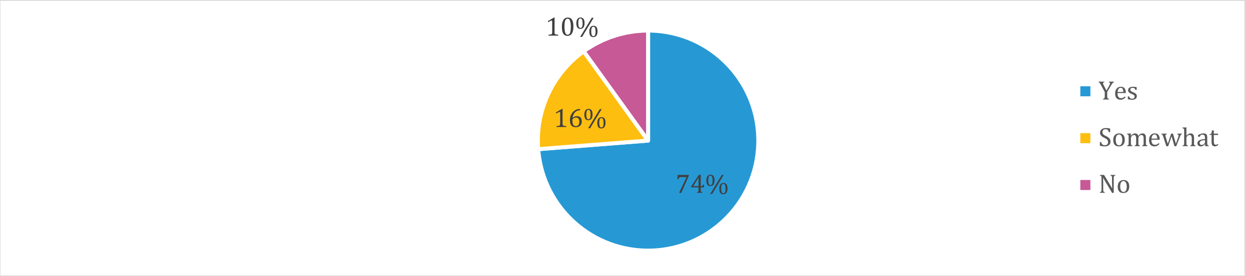
Safety

This dimension focuses on patients' perception of safety, where safety is a key dimension of quality care.

Respondents were asked about whether they felt the facility they attended was a safe space in the community. For this questionnaire, a safe space was defined as, "a place intended to be free of bias, conflict, criticism, or potentially threatening actions, ideas, or conversations". **73%** (n= 115) of **inpatient** respondents reported they felt the facility they attended was a safe space. Similarly, **74%** (n= 717) of **outpatient** respondents reported that they felt the facility they attended was a safe space.

When inpatient and outpatient results are combined, **74%** (n=832) of respondents felt the facility they attended was a safe space in the community (Figure 10). Historically, trends in safety have been reported. However, in 2022, this question about safety was changed to ask respondents about whether they felt the facility they attended was a safe space in the community. This change was made to better define safety in the context of the questionnaire to enable respondents to provide a more informed response.

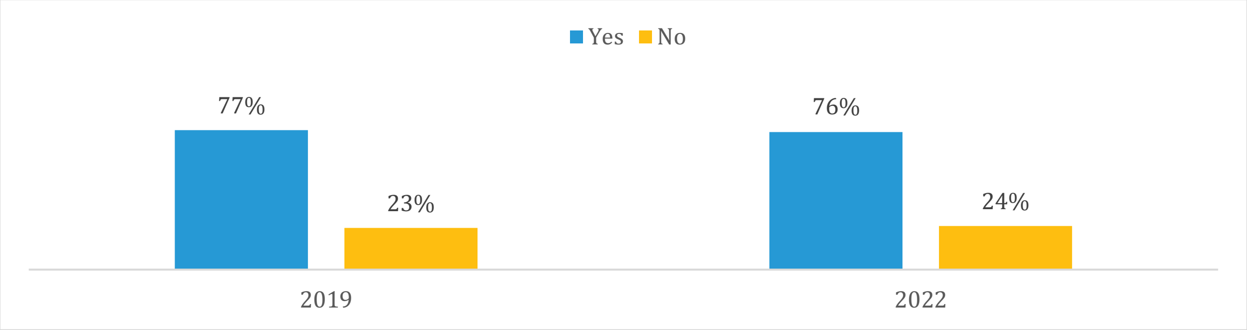
Figure 10: Did you feel the facility you attended was a safe space in your community? (N= 1,128)



When inpatient and outpatient respondents were asked the question, **"During this visit, were you asked to confirm your identity?"**, **78%** (n= 116) of **inpatient** respondents reported they were asked to confirm their identity, while three-quarters of **outpatient** respondents (**75%**, n= 749) reported they were asked to confirm their identity.

When inpatient and outpatient results are combined, **76%** (n= 865) of patients reported they were asked to confirm their identity (Figure 11), which is similar to results reported in 2019, where **77%** of respondents reported that they were asked to confirm their identity.

Figure 11: Trend in response to, "During this visit, were you asked to confirm your identity?" (2019 & 2022)



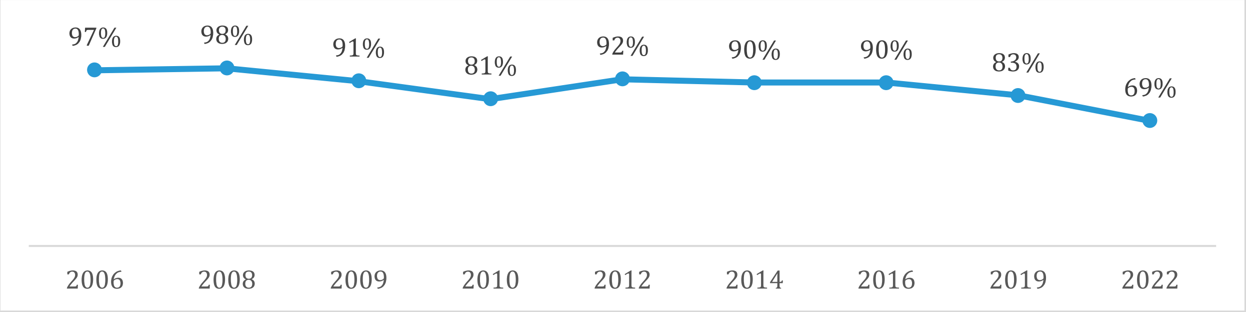
Communication and Education

This dimension focuses on respondents' perception of their overall involvement in decision making and their health care provider's communication regarding their care.

When inpatient and outpatient respondents were asked the question **"Was your treatment/procedure clearly explained to you?",** over half of **inpatient** respondents (**60%,** n= 91) reported they received a clear explanation about their treatment or procedure, while nearly three-quarters (**71%,** n= 658) of **outpatient** respondents reported their treatment/procedure was clearly explained to them.

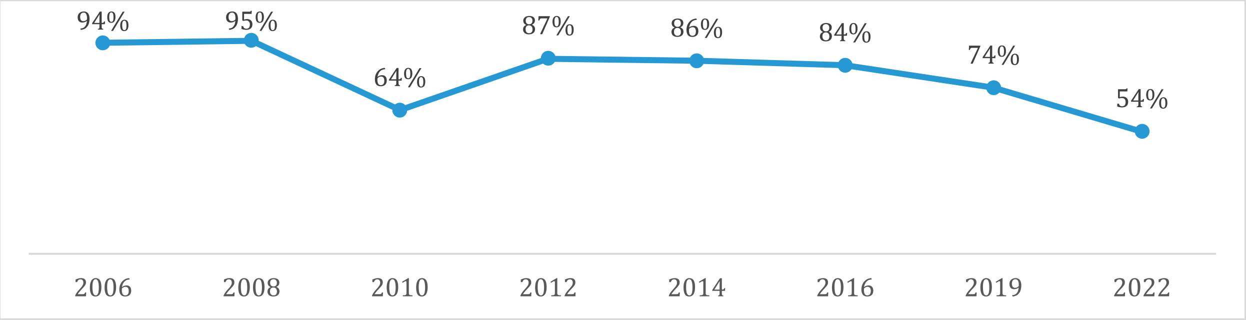
When inpatient and outpatient results are combined, **69%** (n= 749) of respondents stated their treatment or procedure was clearly explained to them in 2022 compared to **83%** in 2019 (Figure 12).

Figure 12: Trends in "Yes" response to "Was your treatment/procedure clearly explained to you?" (2006- 2022)



When inpatients and outpatients were asked the question, **"Were you kept informed about the care planned for you?"** just over half of **inpatient** respondents (**51%,** n= 74) and just over half of **outpatient** respondents (**55%,** n= 469) reported they were kept informed about the care planned for them. When inpatient and outpatient results are combined, **54%** (n= 543) of respondents reported they were kept informed about the care planned for them in 2022 compared to **74%** of respondents in 2019 (Figure 13).

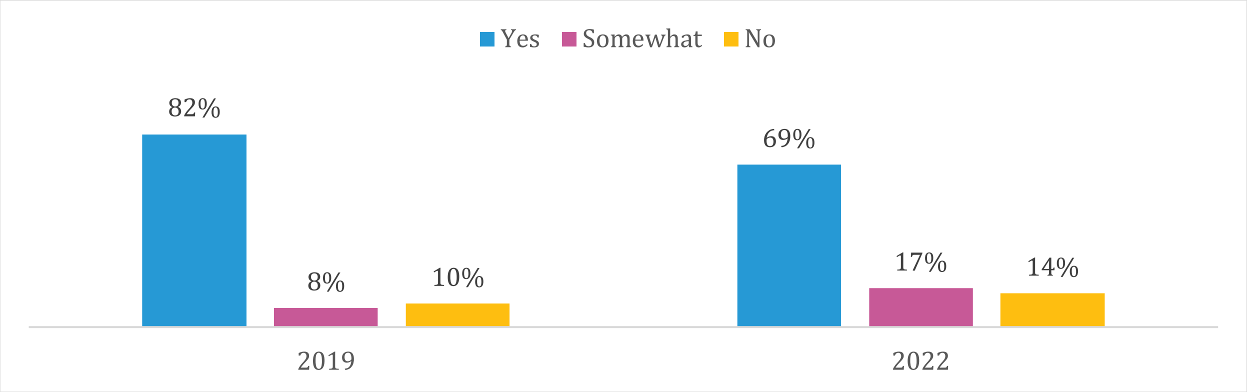
Figure 13: Trend in "Yes" response to "Were you kept informed about the care planned for you?" (2006- 2022)



Furthermore, over two-thirds of **inpatient** respondents (**67%,** n= 80) reported they received explanations about the new medications they were provided and how to take them, while **70%** of **outpatient** respondents (n= 364) reported they received explanations about the new medications they were provided and how to take them (Figure 14).

When inpatient and outpatient results were combined, **69%** (n= 444) of patients reported they received explanations about the new medications they were provided and how to take them compared to **82%** in 2019.

Figure 14: Trend in response to "If you were provided new medications, did someone explain what these medications were and how to take them?" (2019 & 2022)



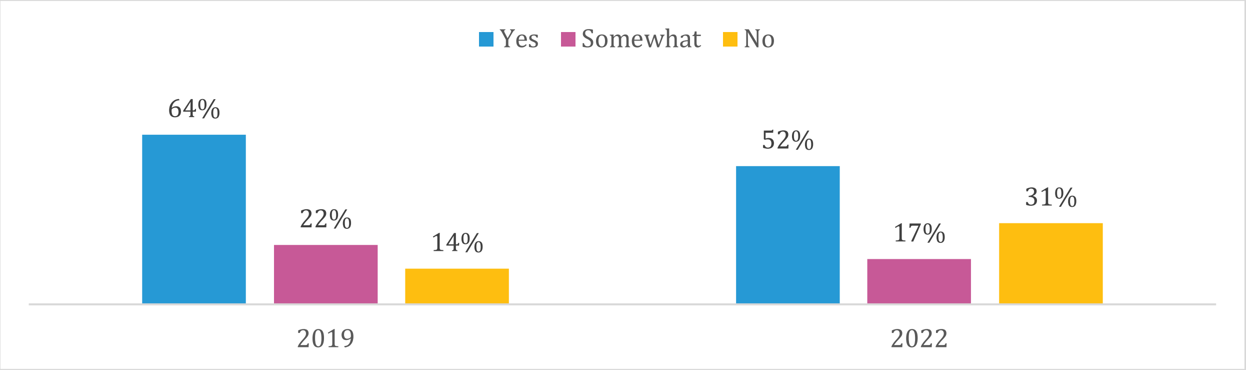
Values, Needs and Preferences

This dimension focuses on patients' perception of respect for individual and family values, needs, and preferences while receiving care.

Inpatient and outpatient respondents were asked, "**Were you, your family, or your caregiver encouraged to participate in decisions about your care?"** Less than half of **inpatients** respondents (**46%**, n= 59) and just over half of **outpatient** respondents (**53%**, n= 374) reported that they, their family, or their caregiver were encouraged to participate in decisions about their care (Figure 15).

When inpatient and outpatient results were combined, **52%** (n= 433) of patients reported they, their family, or their caregiver were encouraged to participate in decisions about their care in 2022 compared to **64%** in 2019.

Figure 15: Were you, your family, or your caregiver encouraged to participate in decisions about your care? (2019 & 2022)



Inpatients and outpatients were asked, **"While receiving care, did the staff and health care professionals you saw treat you with respect and dignity?"** In total, two-thirds of inpatient respondents (**66%,** n= 99) and two-thirds of **outpatient** respondents (**66%,** n= 646) reported that while receiving care, staff and health care professionals they saw treated them with respect and dignity.

When inpatient and outpatient results are combined, **66%** (n=745) of patients reported that staff always or usually treated them with respect and dignity (Figure 16)[9].

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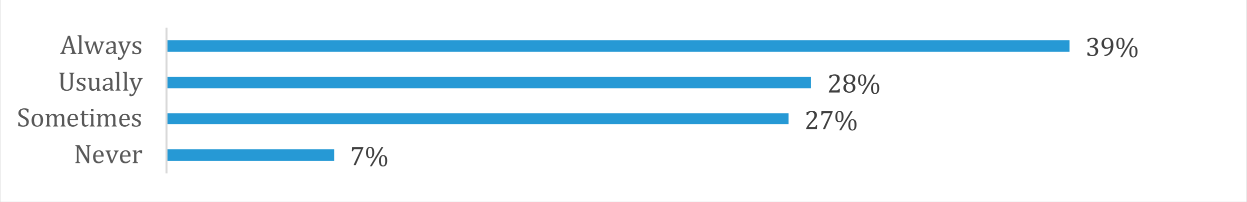
[9] Note: Trend reporting is unavailable for this question as the question was reworded to better capture the patients' reported experiences of being treated with respect and dignity.

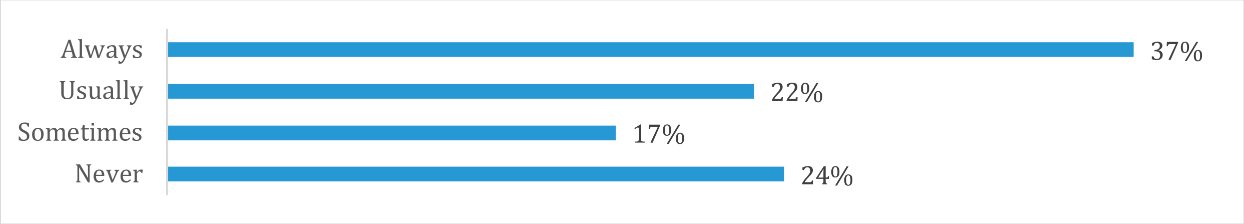
Figure 16: While receiving care, did you feel respected and listened to by the staff and health care professionals? (N= 1,126)



When inpatients and outpatients were asked, **"Were your individual needs, preferences, and cultural values or traditions taken into consideration by staff?"** just over half of **inpatient** respondents (**51%,** n= 43) and almost two thirds of **outpatient** respondents (**61%,** n= 314) reported that staff always or usually took their individual needs, preferences, and cultural values or traditions into consideration.

When inpatient and outpatient respondent results are combined, **59%** (n=357) of patients reported that staff took their individual needs and preferences into consideration always or usually (Figure 17)[10].

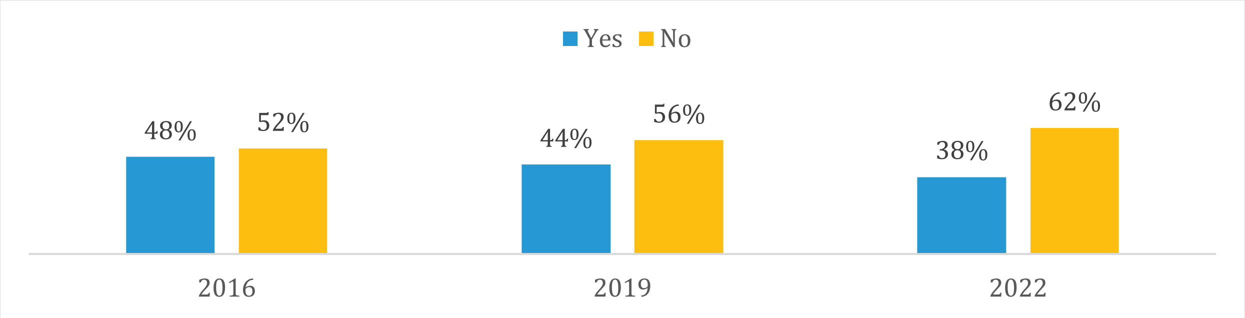
Figure 17: Were your individual needs, preferences, and cultural values or traditions taken into consideration by staff? (N= 607)



When inpatients and outpatients were asked, **"Do you know how to file a concern, complaint or compliment about the service you received?"** over a third of **inpatient** respondents (**36%,** n= 55) and **outpatient** respondents (**38%,** n= 382) reported they know how to file a concern, complaint, or compliment about the service they received.

When inpatient and outpatient results are combined, **38%** (n= 437) of patients report they know how to file a concern, complaint or compliment compared to **44%** in 2019 (Figure 18).

Figure 18: Trend in response to "Do you know how to file a concern, complaint, or compliment about the service you received today?" (2016-2022)



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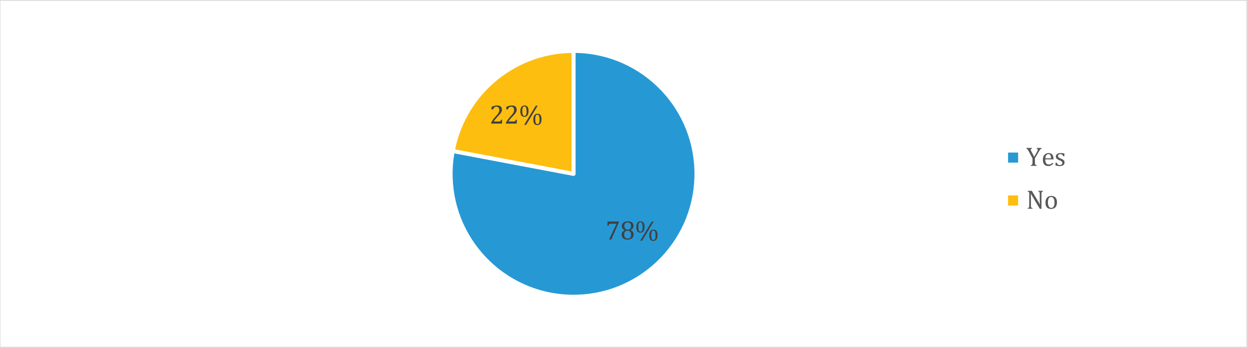
[10] Trend reporting is unavailable for this question as the response options were changed to better capture patients' reported experience of values, preferences and cultural values or traditions being taken into consideration or accommodated by staff.

In 2022, for the first time inpatients and outpatients were asked, **"Would you feel comfortable returning to the health care professional you saw today if your condition got worse, if you needed more information, or for a follow-up?"** over a three-quarters of **inpatient** respondents (**78%,** n= 104) and similarly, more than three quarters of **outpatient** respondents (**78%,** n= 682) reported they would feel comfortable returning to the health care professional they saw.

When inpatient and outpatient results are combined, **78%** (n= 786) of respondents indicated they would feel comfortable returning to the health care professional they saw today if their condition got worse, if they needed more information, or for a follow-up (Figure 19)[11].

Figure 19: Would you feel comfortable returning to the health care professional you saw today if your condition got worse, if you needed more information, or for a follow-up? (N= 1,008)



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[11] The 2022 administration of the PEQ was the first time a question was asked about whether respondents would feel comfortable returning to the health care provider they saw. As a result, trend reporting is not available for this question.

Preventative Health

Through preventative health care, patients are encouraged to be active participants in their health, where health care providers create a supportive environment to provide education and support making healthy lifestyle choices, such as increased physical activity, proper nutrition, and tobacco cessation.

Outpatient respondents were asked about preventative health conversations their health care provider had with the patient in the last 24 months. In 2022, changes were made to the phrasing of these questions to also include phrasing about whether the healthcare provider spoke to the respondent about both options to improve their health as well as about barriers that may exist for them in leading a healthier lifestyle. As a result of this adjustment, trend reporting on these questions is not possible in this report.

Outpatient respondents were asked, **"In the last 24 months, has a health care provider discussed options with you to quit smoking cigarettes, cannabis or other substances (e.g., alcohol or chewing tobacco) or the barriers that may exist for you for quitting?"** Just over a quarter (**26%,** n= 111) of outpatient respondents for whom this question was applicable reported having a health care provider discuss options to quit or barriers that might exist for them in quitting the smoking of cigarettes or cannabis or other substances in the last 24 months.

Outpatient respondents were asked, **"In the last 24 months, has a health care provider discussed with you the importance of a healthy diet or the barriers that may exist for you in having a healthy diet?"** In total**, 36%** (n= 253) of outpatient respondents who this question pertained to reported having a health care provider discuss the importance of a healthy diet or the barriers that exist for them in having a healthy diet.

Finally, **outpatient** respondents were asked, "**In the last 24 months, has a health care provider discussed with you the importance of exercise and being active or the barriers that may exist for you in being active?" 41%** (n= 308) of respondents reported having a health care provider discuss the importance of exercise and being active or barriers that exist for them in being active[12].

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[12] Note: Trend reporting is unavailable for questions preventative health as the phrasing of this question changed in 2022 to include discussions with health care professionals about barriers. Further, this question was only asked to outpatients in 2022 in an effort to reduce the response burden on inpatient respondents.

Methods

The *2022 NWT Inpatient Experience Questionnaire* and *2022 NWT Outpatient Questionnaire* consisted of 34 questions (inpatient) and 30 questions (outpatient), respectively. The questionnaires included questions in the following the categories:

- Service delivery;
- Socio-demographics;
- Overall experience;
- Experience accessing care;
- Treatment/procedure;
- Values and needs; and
- Preventative health[13]

The questionnaires were administered from March 7 – May 16, 2022. Questionnaires were available in all health centres, hospitals, clinics, health cabins, and public health facilities in the territory, representing all inpatient and outpatient services.

Unless assistance was requested, the questionnaire was self-administered. During their visit, any patient who received in-person care during the questionnaire period was offered a paper copy of the questionnaire in either French or English with the active offer to receive the questionnaire in any official language. Each facility was able to provide a prepaid and addressed envelope for individuals to seal their completed questionnaire in. Respondents had the choice to mail completed questionnaires to the Department of Health and Social Services (DHSS) at their convenience or leave the sealed envelope in a secure drop-box at the facility. Respondents were also offered the opportunity to complete the questionnaire online with electronic links to the questionnaire on the DHSS website, on social media, and through postcards with QR codes mailed to every NWT household. Further, posters in health care facilities included a QR code to enable access to the questionnaire online.

Questionnaire responses were analyzed using SPSS analytical software. When reporting on experience disaggregated by socio-demographic categories (i.e., home community type, gender identity, racial identity, and age range), data was suppressed for categories where less than 5 cases existed for any given question. Throughout this report, it will be noted where this occurred or where socio-demographic categories (i.e., racial identities) were grouped together to ensure anonymity. Finally, written feedback provided in response to open ended questions was analyzed using qualitative data analysis software for themes to inform the findings of the report.

In 2020, the DHSS conducted a thorough review of previous patient experience questionnaires, which informed revisions to the design and administration of the 2022 questionnaire. This included adding new questions to collect increased socio-demographic information. Disaggregating routine health

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[13] In 2022, questions around preventative health were asked to outpatient service users only

care indicators can reveal inequalities across population groups and improves the NWT Health and Social Services system's ability to respond to the needs of patients[14].

In the 2022 administration of the PEQ, a screening question was included in the online and paper-based versions to ask respondents to identify when they last accessed health care in the NWT (e.g., within the last 6 months; more than two years ago). This change was made to try to limit the impact recall bias had on reports of patient experience and results. Wording of some questions was also adjusted in 2022 to better define concepts (i.e., safety) and to be mindful of social determinates, or barriers, that may impact patients' experiences.

To ensure regional data, specifically from small communities with health cabins, were not lost in territorial findings, and to better analyze data from small communities, respondents were also asked to indicate their home community type (i.e., health cabin community, small community, regional centre, or Yellowknife). Health cabin communities are defined as those with a population of less than 250, where services include basic assessment and treatment (e.g., First Aid provided by a Community Health Worker). Small communities include those where the health centres provide primary community care and home care services by a multidisciplinary team (e.g., locally-based nurses).

Finally, revisions included administrating the questionnaire for a period of 8 weeks, increased from 4 weeks in 2019. However, due to delays with postal delivery, the ending of the pandemic state, and flooding or threats of flooding occurring in the territory during the time of administration, the questionnaire period was extended for an additional two weeks, resulting in a total of 10 weeks of administration. This was done to promote uptake of the questionnaire and ensure service users in communities outside of the capital, specifically in regional centres, small communities, and health cabin communities, who would have been impacted by the delays and flooding, were given an equal opportunity to participate as respondents in Yellowknife.

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[14] Canadian Institute of Health Information (2022). *Race-based and Indigenous identity data collection and health reporting in Canada-Supplementary report.* ISBN 978-1-77479-115-8 (PDF)

Limitations

When reviewing this report, it is important to consider some limitations. In 2022, as in previous years, patient-reported experiences were collected via a questionnaire developed within the DHSS, with support from the three Health and Social Services Authorities, rather than through a validated survey tool. The questionnaire was based off other similar, commonly used questionnaires, and was designed to meet Accreditation Canada requirements and support trend reporting in the NWT. Nonetheless, pilot testing and reliability and validity testing have not occurred.

A second limitation is the reduced number of trends that are reported in 2022 compared to 2019. As part of the review and revision of the 2022 PEQ, modifications were made to how some questions were phrased, and new questions were added to better understand the unique experiences of diverse sub-populations of the NWT. Modifications to question phrasing impacted the ability to report on the same number of trends presented in the 2019 patient experience report. Trend data that is reported should be interpreted with caution due to changes in the types of health facilities sampled since 2004 when the first patient experience questionnaire was administered. Prior to 2012, most patient experience questionnaires were administered in a subset of all NWT health and social service facilities; however, since 2012, each patient experience questionnaire was administered in all NWT health facilities.

When interpreting disaggregated findings, specifically differences in patient-reported experiences based on socio-demographic categories and home community type, it is important to recognize that the results reported represent the sample of the questionnaire. As such, there may be limitations in generalizing findings to the NWT population overall.

Finally, 2022 was the first post-COVID administration of the PEQ. While this allows for comparisons between pre-COVID patient experience and post-COVID patient experience, administering the questionnaire during the transition from pandemic to endemic response could have impacted the capacity and ability for health care facilities to administer the questionnaire to patients and thus impacted the response rate.

Introduction

Le point de vue des patients sur le système de santé et des services sociaux est important; leur expérience en lien avec les soins aide les responsables à repérer les principaux problèmes et les aspects à améliorer à l'échelle du système. La collecte régulière des commentaires des patients sur leur expérience contribue également à assurer un système de soins de santé culturellement sécuritaire, accessible et à l'écoute des besoins de tous les résidents des Territoires du Nord-Ouest (TNO). Le questionnaire sur l'expérience des patients des TNO permet aux patients de commenter leur expérience globale et les soins reçus.

Deux versions du questionnaire ont été utilisées entre le 7 mars et le 16 mai 2022 : l'une pour les patients hospitalisés, l'autre pour ceux externes. Le questionnaire pour les patients hospitalisés a été distribué à tous les patients qui ont été hospitalisés pour recevoir des soins et le questionnaire pour les patients externes distribué à tous les patients qui ont reçu des soins en consultation externe.

Les services aux **patients hospitalisés** sont définis comme les soins de santé fournis à un patient hospitalisé qui a passé au moins une nuit à l'hôpital ou dans un établissement de soins de courte durée aux TNO. Les hôpitaux ou les établissements de soins de courte durée comprennent l'Hôpital territorial Stanton, le Centre de santé régional de Hay River, le Centre de santé de Fort Smith et l'Hôpital régional d'Inuvik. Lors de la collecte des données, le personnel a distribué les questionnaires aux patients ou à leur famille dans différents services de soins. Les questionnaires étaient également disponibles en ligne et ont été annoncés au moyen d'affiches dans les établissements, par la poste, sur les médias sociaux et à la radio.

Les services aux **patients externes** sont définis comme des services de santé fournis à une personne qui a reçu des services ou des soins d'un établissement qui ne nécessite pas une nuitée à l'hôpital, comme des soins primaires, une chirurgie d'un jour, de la réadaptation, des soins ophtalmologiques, de la dialyse, de la chimiothérapie, des tests de laboratoire, de l'imagerie diagnostique, etc. On retrouve parmi les établissements fournissant des services aux patients externes les centres de santé, les cliniques, les postes sanitaires, les établissements de santé publique et les hôpitaux. Les questionnaires étaient disponibles dans les zones communes des établissements (comme les salles d'attente) et auprès du personnel ainsi qu'en ligne. Ils ont été annoncés au moyen d'affiches dans les établissements, par la poste, sur les médias sociaux et à la radio.

Pourquoi distribuer ce questionnaire?

Le questionnaire sur l'expérience des patients des TNO s'inscrit dans les mécanismes de surveillance et de production de rapports du système de santé et des services sociaux. Les témoignages des patients sont des indicateurs de la mesure dans laquelle les services et les ressources répondent aux besoins des personnes et des familles et permettent concrètement d'évaluer les soins personnalisés[15].

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[15] Agency for Healthcare Research and Quality, 2022. *What Is Patient Experience?* Rockville, Maryland.

Le questionnaire est régulièrement distribué, généralement tous les deux à trois ans, dans le cadre de l'engagement à continuellement améliorer la qualité et à satisfaire aux exigences d'Agrément Canada. Les résultats aident les responsables du système à relever ce qui fonctionne bien et ce qui peut être amélioré.

Le questionnaire est aussi amélioré à chaque cycle de distribution. Il s'agit d'une façon de donner suite aux commentaires, aux exigences d'agrément et aux nouvelles normes concernant la rétroaction du public. Ainsi, en 2020, des études ont été menées pour trouver comment améliorer la rigueur du questionnaire et l'évaluation de l'expérience des patients en général. Les cinq recommandations formulées ont été appliquées dans le questionnaire de 2022 :

6. Recueillir les données sociodémographiques des répondants (âge, identité de genre, identité raciale, région, etc.) pour améliorer l'analyse de l'expérience des patients à la lumière de ces éléments;
7. Mieux circonscrire la population cible et améliorer la participation en ligne pour recueillir des données sur la plus récente expérience des patients avec le système de santé et des services sociaux des TNO afin de diminuer le biais de rappel, l'un des risques associés aux questionnaires d'autodéclaration;
8. Optimiser les stratégies de distribution et de participation pour recueillir davantage de réponses de sous-populations des TNO par l'offre de possibilités de participation plus égales (p. ex. au moyen de meilleures traductions);
9. Ajouter une question sur le type de collectivité d'origine pour que les données régionales ne se perdent pas dans les constats territoriaux;
10. Prolonger à deux mois la période de distribution du questionnaire pour que plus d'usagers puissent y répondre.

Au sujet du présent rapport

Ce rapport présente les constats de l'expérience des patients ayant reçu des soins dans le système de santé et des services sociaux dans les 12 mois précédant la période de distribution du questionnaire. Il brosse le portrait des répondants, puis présente les principaux constats et les tendances relevées chez les patients hospitalisés et les patients externes dans les domaines de la qualité globale du service, de l'accès aux services, de la communication d'information sur les traitements et procédures, des valeurs, besoins et préférences, et de la prévention[16]. La méthodologie et les limites du questionnaire sont également présentées dans le présent rapport. Les constats pour les patients hospitalisés et les patients externes figurent aux annexes A et B, respectivement.

La présentation des résultats pour les patients hospitalisés et les patients externes aux annexes A et B permettra aux responsables du système de santé et des services sociaux de mieux comprendre l'expérience des différents patients recevant des soins dans un hôpital ou ailleurs. Cette information permettra également aux responsables du système de surveiller les éventuelles répercussions de la

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[16] En 2022, les questions sur la prévention ont seulement été posées aux patients externes afin d'alléger le fardeau des répondants. Comme ces données n'ont pas été recueillies pour les patients hospitalisés, il n'est pas possible de dégager une tendance pour ceux-ci.

mise en œuvre d’initiatives systémiques sur l’expérience des patients, comme la réforme des soins primaires.

Qui a distribué le questionnaire?

Tous les établissements ténois qui fournissent des soins aux patients hospitalisés et aux patients externes leur ont distribué le questionnaire sur l’expérience des patients. Au total, 1 360 patients (221 patients hospitalisés[17] et 1 139 patients externes[18]) ont répondu au questionnaire sur leur expérience[19]. Depuis 2004, plusieurs versions du questionnaire ont été distribuées; toutefois, tous les établissements n’ont pas participé systématiquement à chaque cycle. Depuis 2012, le questionnaire est invariablement distribué à l’échelle du système pour inclure tous les établissements, qui comprennent les quatre hôpitaux ou établissements de soins de courte durée fournissant des soins aux patients hospitalisés et à ceux externes, ainsi que l’ensemble des centres de santé, cliniques, postes sanitaires et établissements de santé publique offrant des soins externes.

Pour la présente période de distribution, le nombre de questionnaires papier retournés a diminué, mais celui des questionnaires Web a augmenté considérablement. En effet, **87 %** des questionnaires ont été remplis en ligne (n= 1 178). De façon générale, la taille de l’échantillon était plus importante en 2022 que lors du dernier cycle en 2019, mais plus petite que les années précédentes (2016 et avant; tableau 1).

Tableau 1 : Nombre de questionnaires sur l’expérience des patients aux TNO retournés selon les années

Années de gestion du questionnaire	*Nombre de questionnaires retournés*
2022	**1 360**
2019	1 224
2016	1 585
2014	1 775
2012	1 749
2010	1 549
2009	1 471
2008	1 936
2006	1 873
2004	2 084

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[17] Nombre de patients hospitalisés ayant répondu au questionnaire 2022 sur l’expérience des patients des TNO. Consulter l’annexe A : Rapport de l’expérience des patients hospitalisés de 2022 pour un sommaire complet des réponses des patients.

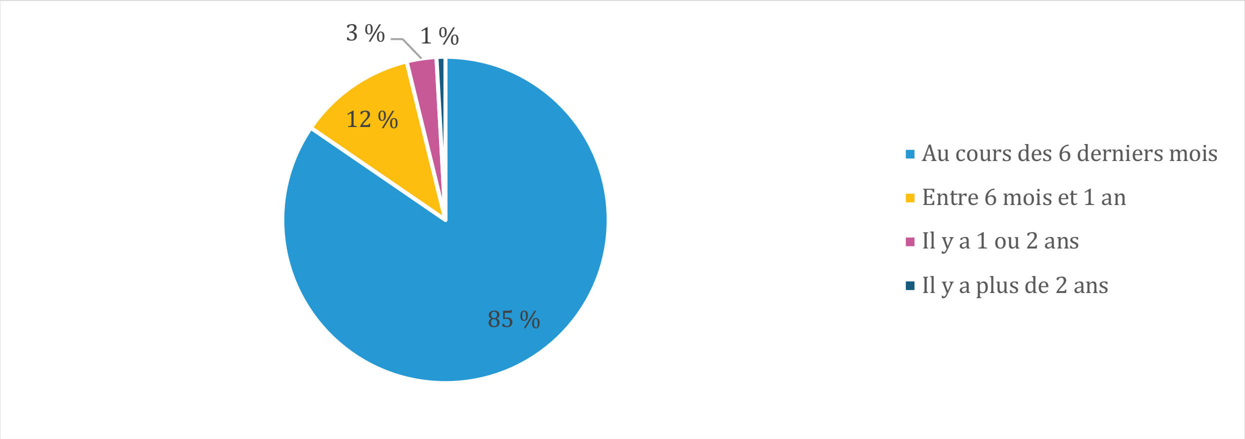
[18] Nombre de patients externes ayant répondu au questionnaire 2022 sur l’expérience des patients des TNO. Consulter l’annexe B : Rapport de l’expérience des patients externes de 2022 pour un sommaire complet des réponses des patients.

[19] Les questionnaires ont été jugés remplis et inclus dans l’analyse lorsque les patients avaient répondu aux cinq premières questions (section sur la satisfaction globale). Certains répondants n’ont pas indiqué la région ou l’établissement où ils ont reçu les soins. De nombreux répondants ont choisi de ne répondre qu’à certaines questions; c’est pourquoi le nombre de réponses (taille de l’échantillon, représentée par « n ») varie d’une question à l’autre.

Données sociodémographiques

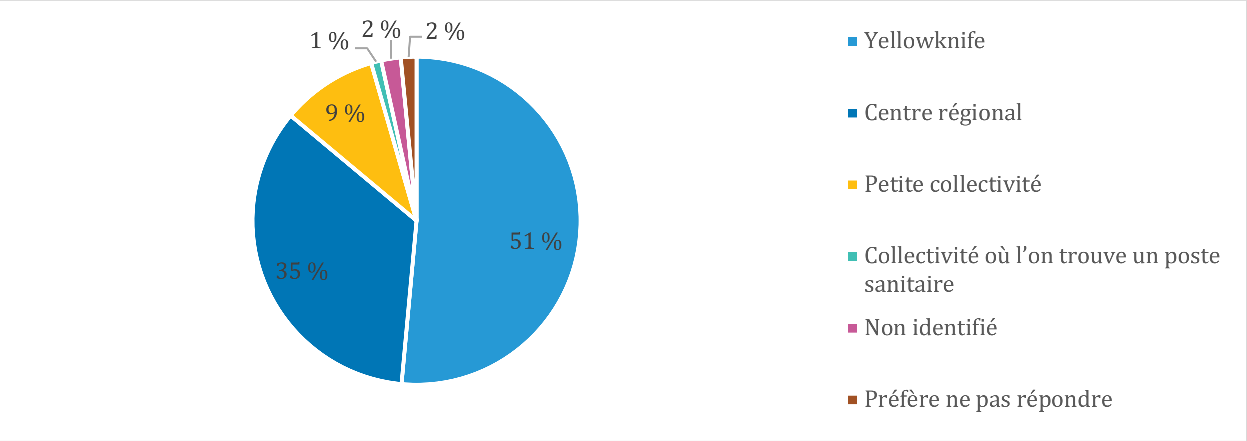
Sur les 1 360 personnes ayant répondu au questionnaire 2022 sur l'expérience des patients aux TNO, 1 308 **(96 %)** ont indiqué avoir reçu des services de santé dans les 12 derniers mois (figure 1). Parmi eux, 194 **(15 %)** étaient des patients hospitalisés et 1 114 **(85 %)** des patients externes. Pour mettre l'accent sur l'expérience des usagers actuels, les réponses des patients ayant indiqué qu'il s'était écoulé plus de 12 mois depuis leur dernier contact avec le système de santé ont été exclues du présent rapport public. Pour les 1 308 questionnaires inclus, la plupart des répondants ont signalé avoir reçu des services de santé dans les six derniers mois (**85 %**, n = 1 150).

Figure 1 : Moment où les services ont été obtenus (n = 1 360)



Un peu plus de la moitié des répondants ayant reçu des services dans les 12 derniers mois ont indiqué habiter à Yellowknife (**51 %**, n = 669), suivi d'un centre régional (comme Hay River, **35 %**, n = 450; figure 2)[20].

Figure 2 : Répartition des répondants selon le type de collectivité d'origine (n = 1 300)



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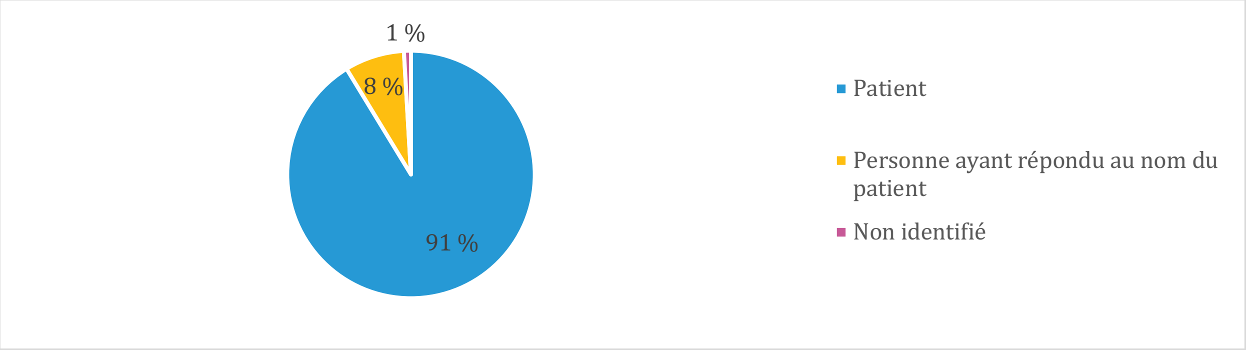
[20] *Parmi les centres régionaux figurent Fort Simpson, Fort Smith, Hay River, Inuvik et Norman Wells; on retrouve dans les petites collectivités Aklavik, Behchokǫ̀, Délı̨nę, Enterprise, Fort Good Hope, Fort Liard, Fort McPherson, Fort Providence, Fort Resolution, Gamètì, la Première Nation Kátł'odeeche, Łutselk'e, Paulatuk, Tuktoyaktuk, Tulita, Wahtì et Ulukhaktok; et parmi les collectivités ayant un poste sanitaire figurent Colville Lake, Dettah, Jean Marie River, Kakisa, Nahanni Butte, Sachs Harbour, Sambaa K'e, Tsiigehtchic, Wekweètì et Wrigley.*

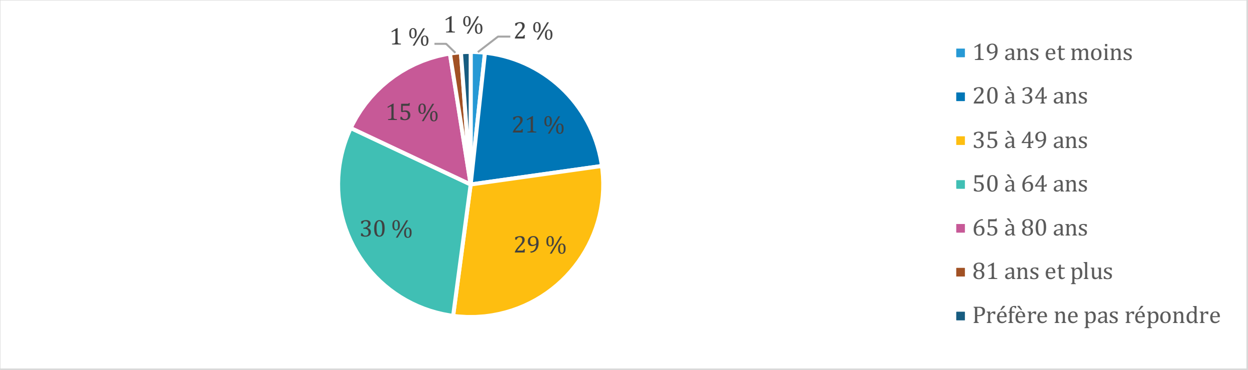
Les répondants étaient en majorité des patients (**91 %**, n = 1 194) plutôt que des personnes remplissant le questionnaire au nom d'un patient (p. ex. tuteur; **9 %**, n = 102; figure 3).

Figure 3 : Répondants selon le type de répondant (n = 1 308)



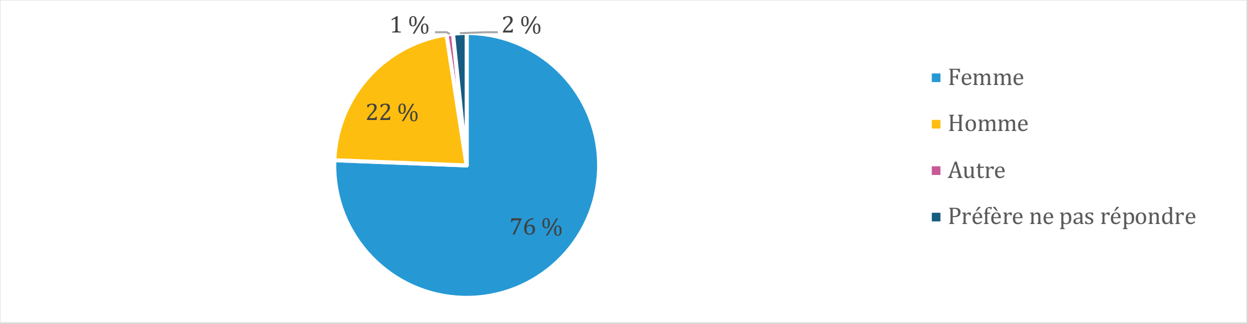
Parmi les répondants ayant précisé leur âge, plus de la moitié avaient entre 35 et 64 ans (**59 %**, n = 763; figure 4).

Figure 4: Répartition des répondants selon l'âge (n = 1 278)



Au total, **76 %** (n = 970) des répondants étaient des femmes (figure 5)[21].

Figure 5 : répartition des répondants selon l'identité de genre (n = 1 276).



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[21] N.B. : Les répondants pouvaient indiquer leur propre réponse à la question « Quel est votre genre? ». Vu la petite taille de l'échantillon, les réponses des personnes ne s'identifiant ni comme femme ni comme homme (p. ex. personne bispirituelle) ont été regroupées dans la catégorie « Je préfère me décrire moi-même comme étant… ».

Les répondants devaient aussi indiquer leur identité raciale. Un peu plus de la moitié d'entre eux s'identifiaient comme personnes blanches (**57 %**, n =718; figure 6). La figure 7 présente une ventilation détaillée de l'identité raciale des répondants s'identifiant comme Autochtones.

Les répondants pouvaient inscrire l'identité autochtone qui les décrit le mieux (Première Nation, Métis ou Inuit) ou écrire leur propre réponse. Certains répondants ont toutefois choisi de ne pas préciser leur identité autochtone et ont simplement indiqué qu'ils étaient Autochtones. Dans ces cas, les répondants ont été classés dans la catégorie « Autochtone – aucune précision ».

Figure 6 : Répartition des répondants selon l'identité raciale (n = 1 256)

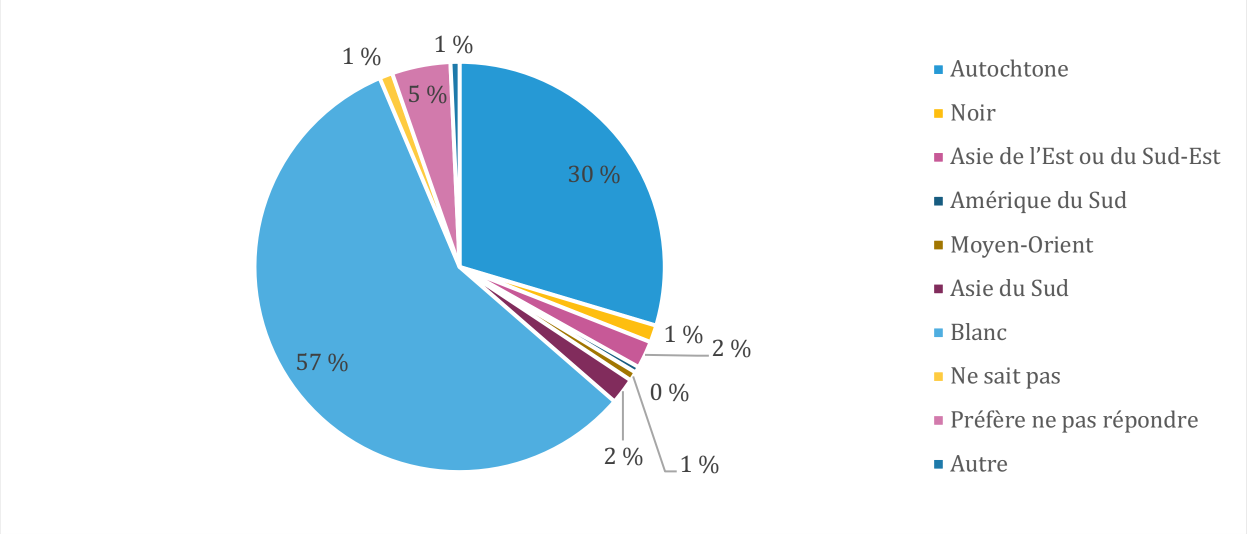
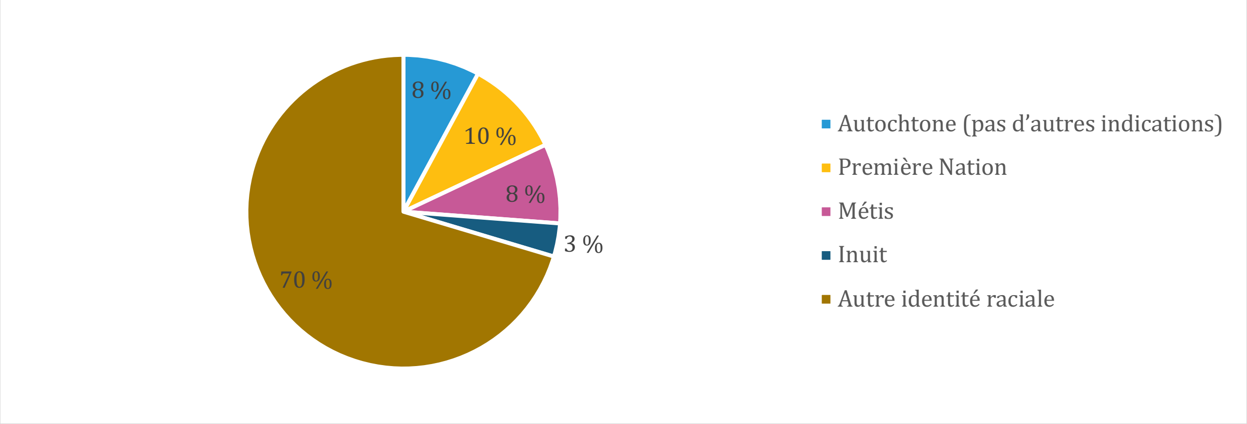


Figure 7 : Identité raciale des répondants s'identifiant comme Autochtones et non-Autochtones[22] (n = 1 256)



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[22] Dans la catégorie « Autre identité raciale » figurent les personnes s'identifiant comme personne blanche, noire, moyen-orientale, asiatique (de l'Est, du Sud-Est et du Sud) et latino-américaine, les personnes n'ayant pas précisé leur identité raciale, celles ayant répondu « Je ne sais pas » et celles s'identifiant comme multiraciales.

Résumé des résultats

Qualité générale du service

Cette section porte sur la façon dont les répondants perçoivent la qualité globale des soins reçus.

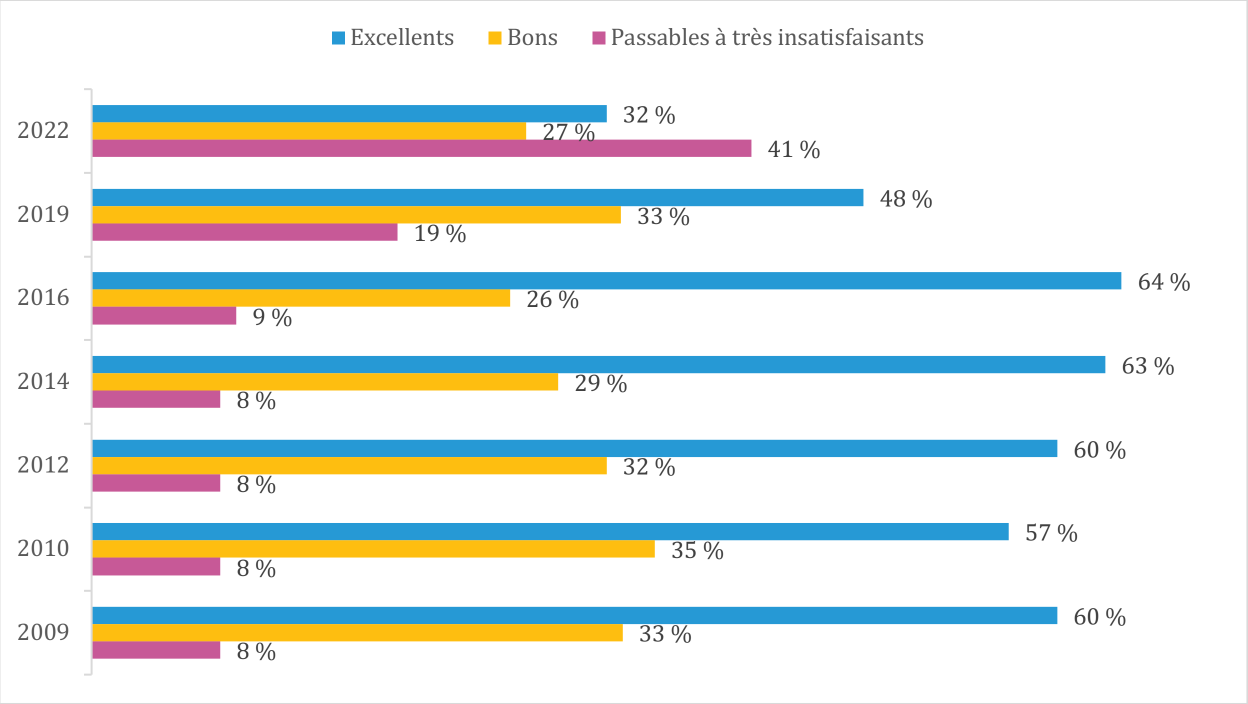
À la question **« Dans l'ensemble, comment évalueriez-vous les soins que vous avez reçus? »**, près des deux tiers des **patients hospitalisés** (**64 %**, n = 110) et **58 %** (n = 610) des **patients externes** ont répondu « excellents » ou « bons ».

Selon les tendances, lorsque les évaluations de la qualité des soins reçus par les patients hospitalisés et les patients externes sont combinées, la plupart qualifient celle-ci d'« excellente » ou de « bonne » (figure 8).

En 2022, lorsque les réponses des patients hospitalisés et externes sont combinées, **59 %** des patients évaluent la qualité générale des soins reçus comme étant « excellente » ou « bonne »; en 2019, cette proportion était de **81 %.**

Lorsqu'on compare les résultats du questionnaire distribué en 2022 à ceux de 2019, on observe des changements dans la distribution des évaluations « excellentes », « bonnes » et « moyen à médiocre »[23]. Plus de patients ont qualifié les soins reçus comme étant de qualité « médiocre », « mauvaise » ou « passable » en 2022 (**41 %**) comparativement à 2019 (**19 %**).

Figure 8 : Tendances dans les soins (de 2009 à 2022)



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[23] En 2022, 20 % des répondants – patients hospitalisés et patients externes combinés – ont indiqué avoir reçu des soins « acceptables » et 21 % des soins « mauvais » ou « très mauvais ». En 2019, ces chiffres étaient respectivement 11 % et 8 %.

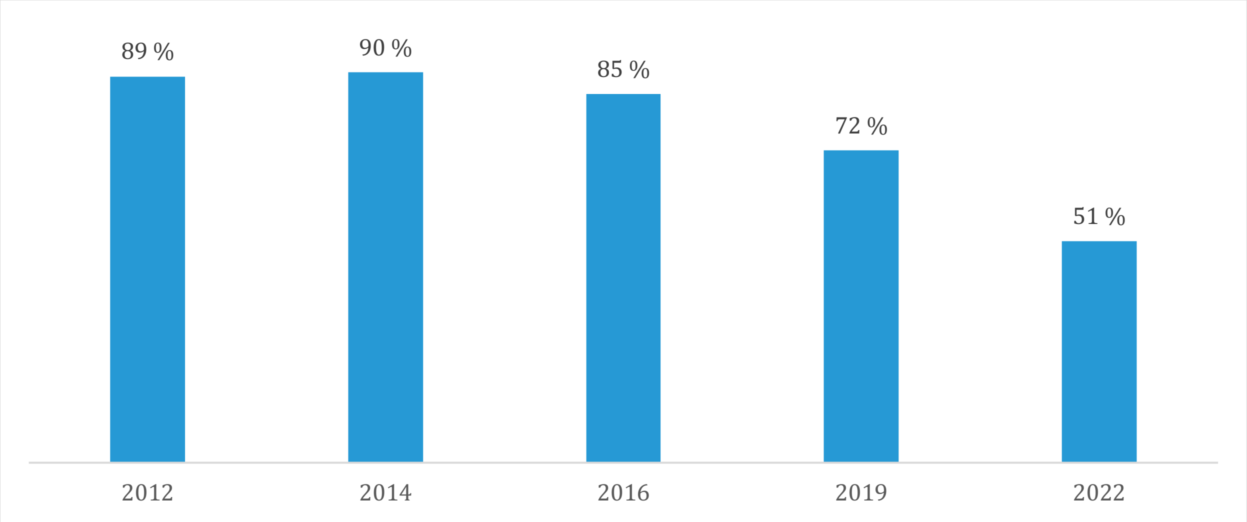
Expérience lors de l'accès aux soins

Cette section porte sur la perception qu'ont les patients de la facilité d'accès aux services dont ils ont besoin, quand ils en ont besoin.

À la question **« Comment évalueriez-vous l'accès aux services que vous avez reçus aujourd'hui? »**, plus de la moitié des **patients hospitalisés** (**61 %**, n = 103) et près de la moitié des **patients externes** (**49 %**, n = 520) ont qualifié la facilité d'accès « d'excellente » ou de « bonne ».

Lorsqu'on combine les résultats des patients hospitalisés et externes qui ont répondu au questionnaire en 2022, **51 %** des patients ont évalué leur facilité d'accès aux services « d'excellente » ou de « bonne ». Il s'agit d'une baisse par rapport à **72 %** en 2019 (figure 9).

Figure 9 : Facilité d'accès aux services selon les répondants (de 2012 à 2022)



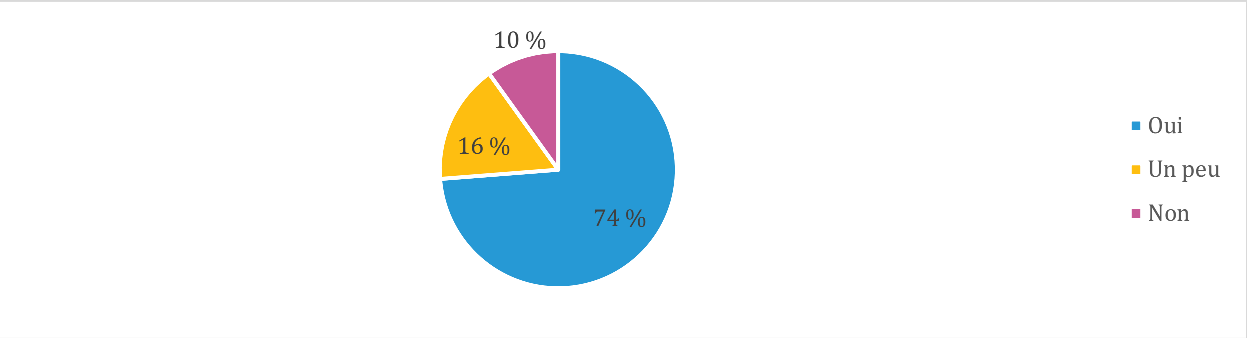
Sécurité

Cette section met l’accent sur la perception qu’ont les patients de leur sûreté, la sûreté étant une dimension essentielle de la qualité des soins.

Les répondants devaient indiquer s’ils pensaient que l’établissement fréquenté était sûr. Aux fins du questionnaire, un établissement sûr s’entendait d’« un endroit sans préjugés, conflits, reproches et réflexions, conversations ou actes potentiellement menaçants ». En tout, **73 %** (n = 115) des **patients hospitalisés** et **74 %** (n = 717) des **patients externes** ont indiqué que l’établissement leur semblait sûr.

Lorsqu’on combine les résultats des patients hospitalisés et externes, ce sont **74 %** (n = 832) des répondants qui ont dit que l’établissement fréquenté leur semblait sûr (figure 10). Cette tendance a pu être observée par le passé. En 2022, la question a toutefois été modifiée pour mieux définir la sûreté dans le contexte du questionnaire et permettre aux répondants de donner une réponse plus éclairée.

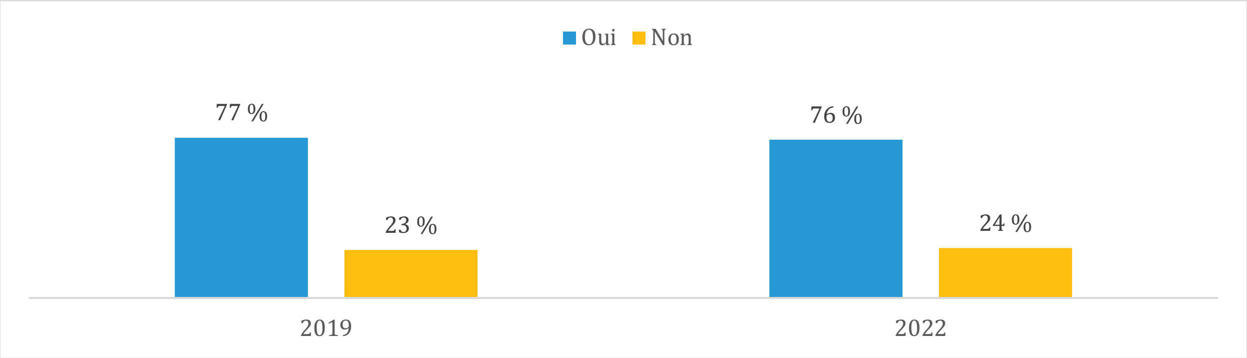
Figure 10 : Avez-vous senti que l’établissement que vous avez fréquenté était un espace sûr dans votre collectivité? (n = 1 128)



À la question « Durant cette visite, vous a-t-on demandé de confirmer votre identité? », 78 % (n = 116) des patients hospitalisés et les trois quarts des patients externes (75 %, n = 749) ont déclaré avoir été invités à le faire.

Lorsqu’on combine les résultats des patients hospitalisés et externes, ce sont **76 %** (n = 865) des répondants qui ont dit avoir été invités à confirmer leur identité (figure 11), ce qui est similaire aux données de 2019 (**77 %** des répondants avaient dit avoir dû confirmer leur identité).

Figure 11 : Tendances dans les réponses à la question « Durant cette visite, vous a-t-on demandé de confirmer votre identité? » (2019 et 2022)



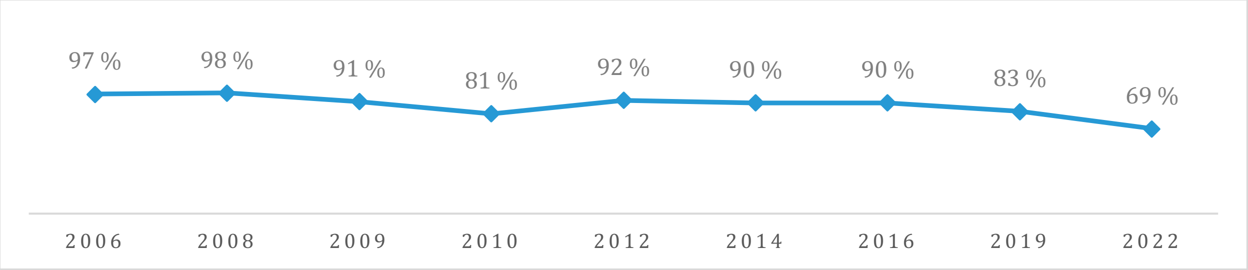
Communication et sensibilisation

Cette section porte sur la perception qu'ont les répondants de leur participation globale au processus décisionnel et de l'information communiquée par leur professionnel de la santé sur les soins prodigués.

À la question **« Vous a-t-on clairement expliqué votre traitement ou intervention? »**, plus de la moitié des **patients hospitalisés** (**60 %**, n = 91) et près des trois quarts des **patients externes** (**71 %**, n = 658) ont déclaré avoir reçu des explications claires.

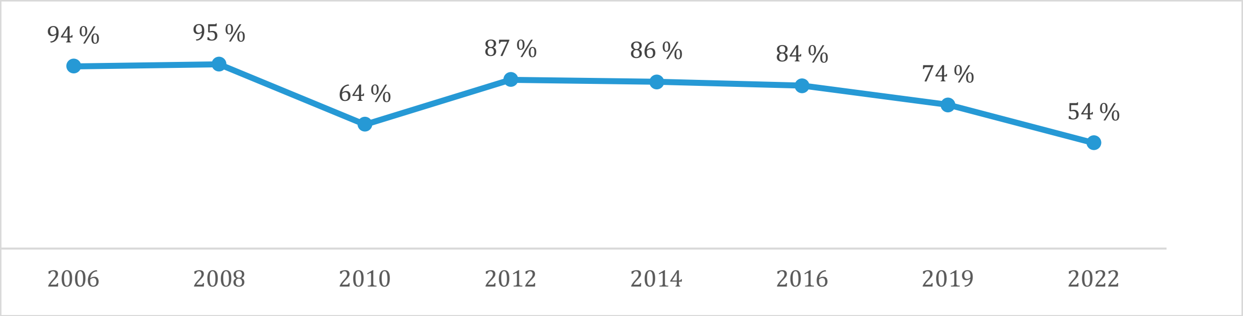
Lorsqu'on combine les réponses des patients hospitalisés et externes, ce sont **69 %** (n = 749) des patients qui ont déclaré que leur traitement ou leur procédure leur avaient été clairement expliqués en 2022 comparativement à **83 %** en 2019 (figure 12).

Figure 12 : Évolution du « Oui » à la question « Vous a-t-on clairement expliqué votre traitement ou intervention? » (de 2006 à 2022)



À la question **« Vous a-t-on tenu au courant des soins qui vous étaient destinés? »**, un peu plus de la moitié des **patients hospitalisés** (**51 %**, n = 74) et des **patients externes** (**55 %**, n = 469) ont indiqué qu'on les avait tenus informés des soins qui leur étaient destinés. Lorsqu'on combine les réponses des patients hospitalisés et externes, ce sont **54 %** (n = 543) des patients qui ont déclaré avoir été tenus informés de leurs soins en 2022 comparativement à **74 %** en 2019 (figure 13).

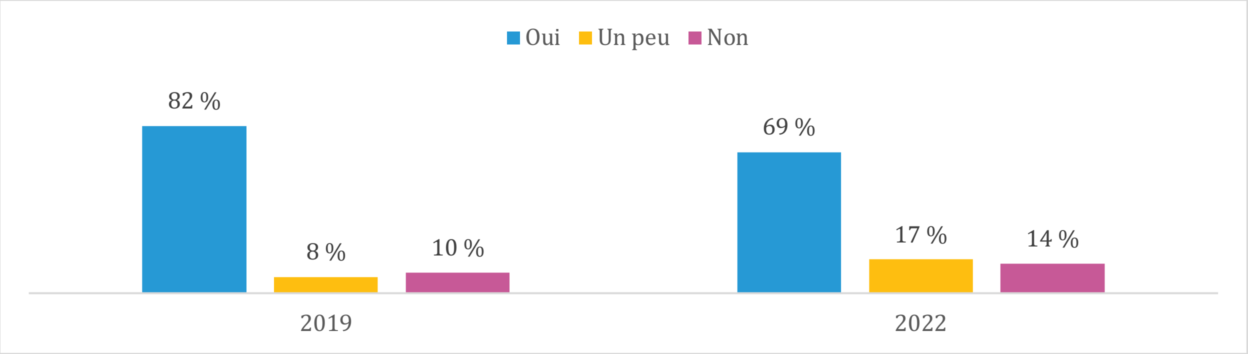
Figure 13 : Évolution du « Oui » à la question « Vous a-t-on tenu au courant des soins qui vous étaient destinés? » (de 2006 à 2022)



En outre, plus des deux tiers des **patients hospitalisés** (**67 %**; n = 80) et **70 %** des **patients externes** (n = 364) ont déclaré avoir reçu des explications sur les nouveaux médicaments qui leur étaient administrés et la façon de les prendre (figure 14).

Lorsqu'on combine les réponses des patients hospitalisés et externes, ce sont **69 %** (n = 444) des patients qui ont indiqué qu'on leur avait donné des explications sur les nouveaux médicaments qui leur étaient administrés et la façon de les prendre comparativement à **82 %** en 2019.

Figure 14 : Évolution des réponses à la question « Si on vous a prescrit de nouveaux médicaments, vous a-t-on précisé quels étaient ces médicaments et la manière de les prendre? » (2019 et 2022)



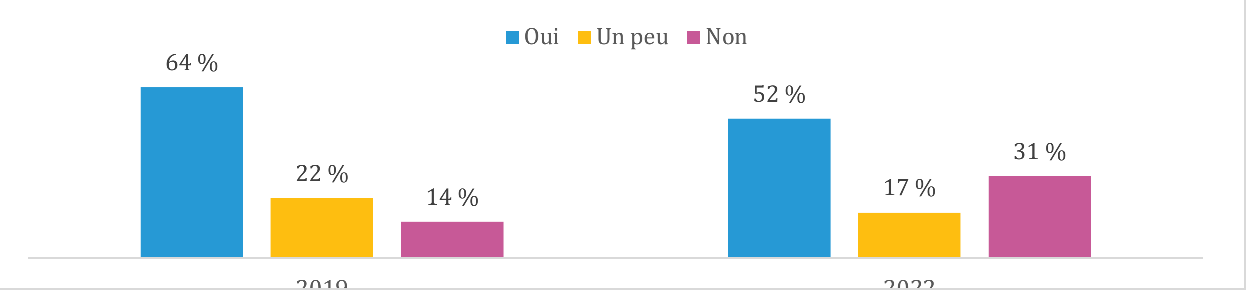
Valeurs, besoins et préférences

Cette section porte sur la perception qu’ont les patients du respect de leurs valeurs, de leurs besoins et de leurs préférences ainsi que de ceux de leur famille lors des soins.

À la question **« Vous a-t-on encouragé, vous, votre famille ou votre aide familial, à prendre part aux décisions concernant vos soins? »**, moins de la moitié des **patients hospitalisés** (**46 %**, n = 59) et un peu plus de la moitié des **patients externes** (**53 %**, n = 374) ont indiqué qu’on les avait encouragés – eux, leur famille ou leur aide familial – à participer aux décisions sur les soins (figure 15).

Lorsqu’on combine les réponses des patients hospitalisés et externes, ce sont **52 %** (n = 433) des patients qui ont déclaré qu’on les avait incités – eux, leur famille ou leur aide familial – à participer à ces décisions en 2022 comparativement à **64 %** en 2019.

Figure 15 : Vous a-t-on encouragé, vous, votre famille ou votre aide familial, à prendre part aux décisions concernant vos soins? (2019 et 2022)



À la question **« Le personnel et les professionnels de la santé qui vous ont fourni des services ont-ils fait preuve de respect et vous ont-ils prêté une oreille attentive? »**, les deux tiers des **patients hospitalisés** (**66 %**, n = 99) et les deux tiers des **patients externes** (**66 %**, n = 646) ont déclaré avoir été traités avec respect et dignité par le personnel et les professionnels de la santé qui leur ont fourni des services.

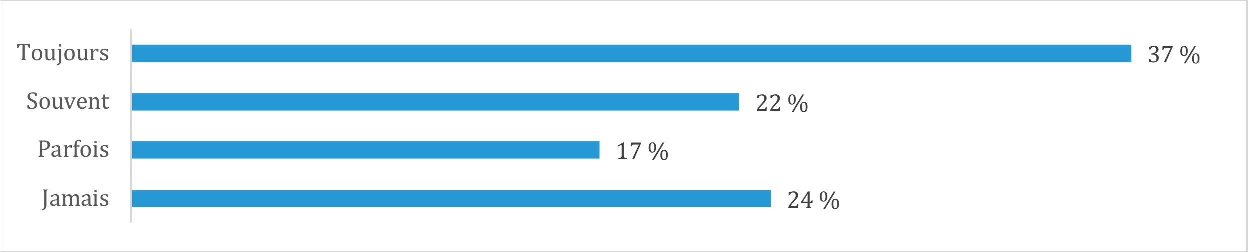
Lorsqu'on combine les réponses des patients hospitalisés et externes, ce sont **66 %** (n = 745) des patients qui ont indiqué que le personnel les avait toujours ou habituellement traités avec respect et dignité (figure 16)[24].

Figure 16 : Le personnel et les professionnels de la santé qui vous ont fourni des services ont-ils fait preuve de respect et vous ont-ils prêté une oreille attentive? (n = 1 126)

À la question **« A-t-on tenu compte de vos besoins, de vos préférences, de vos valeurs culturelles et de vos traditions? »**, un peu plus de la moitié des **patients hospitalisés** (**51 %**, n = 43) et près des deux tiers des **patients externes** (**61 %**, n = 314) ont indiqué que le personnel avait toujours ou habituellement tenu compte de leurs besoins, préférences, valeurs culturelles ou traditions.

Lorsqu'on combine les résultats des patients hospitalisés et externes, ce sont **59 %** (n = 357) des patients qui ont déclaré que le personnel avait tenu compte de leurs préférences et besoins individuels (figure 17)[25].

Figure 17 : A-t-on tenu compte de vos besoins, de vos préférences, de vos valeurs culturelles et de vos traditions? (n = 607)



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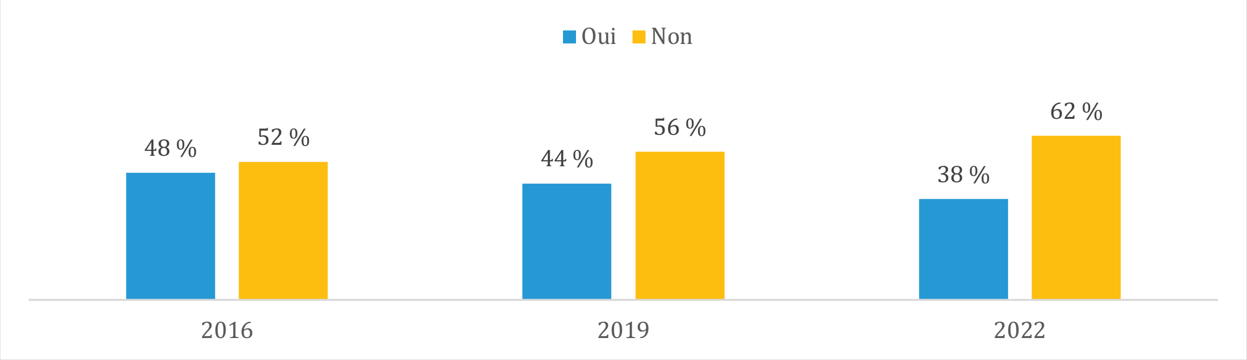
[24] N.B. : Il n'a pas été possible de dégager une tendance pour cette question, puisqu'elle a été reformulée pour mieux saisir l'expérience des patients relativement au respect et à la dignité.

[25] Il n'a pas été possible de dégager une tendance pour cette question puisque les choix de réponses ont été modifiés pour mieux saisir l'expérience des patients relativement à la prise en compte de leurs besoins, préférences, valeurs culturelles et traditions par le personnel.

À la question **« Savez-vous comment faire part d'un problème, d'une plainte ou d'un compliment à propos du service que vous avez reçu? »**, plus du tiers des **patients hospitalisés** (**36 %**, n = 55) et des **patients externes** (**38 %**, n = 382) ont indiqué savoir comment signaler un problème, porter plainte ou faire un compliment relativement au service reçu.

Lorsqu'on combine les réponses des patients hospitalisés et externes, ce sont **38 %** (n = 437) des patients qui ont déclaré savoir comment signaler un problème, porter plainte ou faire un compliment comparativement à **44 %** en 2019 (figure 18).

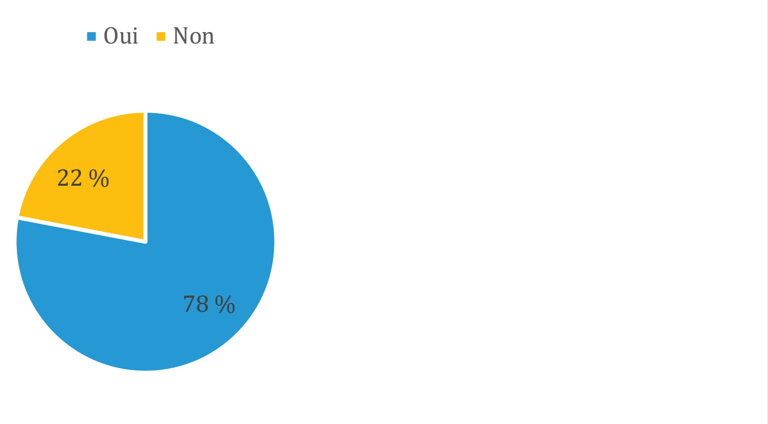
Figure 18 : Évolution des réponses à la question « Savez-vous comment faire part d'un problème, d'une plainte ou d'un compliment à propos du service que vous avez reçu? » (de 2016 à 2022)



En 2022, on a posé pour la première fois la question suivante aux patients hospitalisés et externes : **« Si votre état s'aggravait, si vous aviez besoin de renseignements ou si vous souhaitiez effectuer un suivi, seriez-vous à l'aise de revoir le professionnel de la santé que vous avez vu aujourd'hui? »**. Plus des trois quarts des **patients hospitalisés** (**78 %**, n = 104) et des **patients externes** (**78 %**, n = 682) ont indiqué qu'ils seraient à l'aise de consulter de nouveau le même professionnel de la santé.

Lorsqu'on combine les réponses des patients hospitalisés et externes, ce sont **78 %** (n = 786) des patients qui ont déclaré qu'ils seraient à l'aise de revoir le même professionnel de la santé si leur état s'aggravait ou s'ils avaient besoin de plus de renseignements ou d'un suivi (figure 19)[26].

Figure 19 : Si votre état s'aggravait, si vous aviez besoin de renseignements ou si vous souhaitiez effectuer un suivi, seriez-vous à l'aise de revoir le professionnel de la santé que vous avez vu aujourd'hui? (n = 1 008)



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[26] La version 2022 du questionnaire comportait pour la première fois une question pour savoir si les répondants étaient à l'aise de consulter de nouveau le même professionnel de la santé. Par conséquent, il n'a pas été possible de dégager une tendance pour cette question.

Mesures de santé préventive

Les patients sont encouragés à participer activement aux questions entourant leur santé en prenant des mesures de santé préventives, et les fournisseurs à créer un environnement où les patients ont l'information et les outils dont ils ont besoin pour faire des choix sains (augmentation de l'activité physique, bonne alimentation, abandon du tabac, etc.).

Les patients externes ont été interrogés sur les discussions au sujet de la prévention qu'ils ont eues avec leur professionnel de la santé dans les 24 derniers mois. En 2022, ces questions ont été formulées différemment pour demander aux répondants si leur professionnel leur avait parlé des mesures à prendre pour améliorer leur santé, mais aussi des obstacles auxquels ils pourraient être confrontés dans ce parcours. Il n'est donc pas possible de présenter une tendance pour ces questions dans le présent rapport.

À la question **« Au cours des 24 derniers mois, un professionnel de la santé a-t-il discuté avec vous des moyens pour cesser de fumer la cigarette ou de consommer d'autres substances (p. ex., cannabis, alcool, tabac à chiquer), ou des obstacles auxquels vous vous heurtez pour y arriver? »**, seulement un peu plus du quart des patients externes (**26 %**; n = 111) concernés ont indiqué qu'un professionnel de la santé leur avait parlé des ressources à leur disposition pour cesser de fumer la cigarette ou du cannabis ou de consommer d'autres substances ainsi que des obstacles à cet égard dans les 24 derniers mois.

À la question **« Au cours des 24 derniers mois, un professionnel de la santé a-t-il discuté avec vous de l'importance d'adopter une alimentation saine, ou des obstacles auxquels vous vous heurtez pour y arriver? »**, **36 %** (n = 253) des patients externes concernés ont déclaré qu'un professionnel de la santé leur avait parlé de l'importance d'une saine alimentation et des obstacles auxquels ils pourraient être confrontés dans l'adoption d'une telle alimentation.

Enfin, à la question **« Au cours des 24 derniers mois, un professionnel de santé a-t-il discuté avec vous de l'importance de faire de l'exercice et d'adopter une vie active, ou des obstacles auxquels vous vous heurtez pour y arriver? »**, **41 %** (n = 308) des patients externes ont signalé qu'un professionnel de la santé avait abordé avec eux l'importance de bouger ainsi que les obstacles en la matière[27].

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[27] N.B. : Il n'a pas été possible de dégager une tendance pour les questions sur la prévention puisqu'elles ont été reformulées en 2022 pour tenir compte des échanges sur les obstacles avec les professionnels de la santé. De plus, ces questions ont seulement été posées aux patients externes en 2022 pour alléger le fardeau des patients hospitalisés.

Méthodologie

Le questionnaire de 2022 sur l'expérience des patients aux TNO comportait 34 questions pour les patients hospitalisés et 30 questions pour les patients externes. Les questions couvraient les domaines suivants :

- La prestation des services;
- Les données sociodémographiques;
- L'expérience globale;
- L'expérience lors de l'accès aux soins
- Les traitements et procédures
- Les valeurs et les besoins;
- Les mesures de santé préventive[28]

Les questionnaires ont été distribués du 7 mars au 16 mai 2022 dans l'ensemble des centres de santé, hôpitaux, cliniques, postes sanitaires et établissements de santé publique afin d'englober tous les services offerts aux patients hospitalisés et externes.

Les patients y ont répondu eux-mêmes, sauf ceux qui ont demandé de l'aide. Tout patient ayant reçu des soins au cours de la période de distribution du questionnaire se voyait remettre une copie papier en français ou en anglais et était informé de la possibilité d'en obtenir une dans n'importe laquelle langue officielle. Chaque questionnaire était accompagné d'une enveloppe affranchie avec adresse que les répondants pouvaient utiliser pour envoyer, à leur convenance, le questionnaire par la poste au ministère de la Santé et des Services sociaux (MSSS) ou le déposer dans la boîte de dépôt verrouillée de l'établissement où ils avaient reçu des soins. Les répondants étaient aussi informés de la possibilité de remplir le questionnaire en ligne en suivant le lien sur le site Web du MSSS et dans les médias sociaux, ou en utilisant les cartes postales avec codes QR envoyées à tous les ménages des TNO. Il y avait aussi des affiches dans les établissements de santé comportant un code QR permettant d'accéder au questionnaire en ligne.

Les réponses ont été analysées au moyen d'un logiciel de statistiques pour les sciences sociales. Concernant l'expérience selon les catégories sociodémographiques (collectivité d'origine, identité de genre, identité raciale et groupe d'âge), les données ont été supprimées pour les catégories comptant moins de cinq réponses par question. Il est indiqué dans le présent rapport lorsque c'est le cas ou lorsque des catégories sociodémographiques (p. ex. identité raciale) ont été regroupées pour préserver l'anonymat des répondants. Enfin, les réponses aux questions ouvertes ont été analysées au moyen d'un logiciel d'analyse de données qualitatives afin de dégager les thèmes et d'éclairer les constats du rapport.

En 2020, le MSSS a effectué un examen approfondi du questionnaire sur l'expérience des patients, qui a donné lieu à une révision de la conception et de la distribution du questionnaire en 2022. Des questions y ont notamment été ajoutées pour recueillir plus de données sociodémographiques. La ventilation des indicateurs habituels de soins de santé permet de mettre en lumière les inégalités à

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[28] En 2022, les questions sur les mesures de santé préventives ont été posées aux patients externes seulement.

l'échelle des groupes de population et d'améliorer la capacité du système de santé et des services sociaux à répondre aux besoins des patients[29].

Les versions électronique et papier du questionnaire 2022 comportaient une question de sélection demandant aux répondants d'indiquer à quel moment ils avaient consulté un professionnel de la santé pour la dernière fois aux TNO (dans les six derniers mois, il y a plus de deux ans, etc.). Ce changement visait à limiter l'incidence du biais de rappel sur les rapports sur l'expérience des patients et les résultats. La formulation de certaines questions a également été revue en 2022 pour mieux définir certains concepts (p. ex. la sûreté) et tenir compte des déterminants sociaux ou des obstacles pouvant influer sur l'expérience des patients.

Afin que les données régionales, particulièrement celles des petites localités avec postes sanitaires, ne se perdent pas dans les constats territoriaux et d'optimiser leur analyse, on a aussi demandé aux répondants d'indiquer le type de collectivité dont ils sont originaires (collectivité avec poste sanitaire, petite localité, centre régional ou Yellowknife). Une collectivité avec poste sanitaire s'entend d'une collectivité comptant moins de 250 habitants et où les services comprennent une évaluation et un traitement de base (p. ex. premiers soins prodigués par un travailleur en santé communautaire). Une petite localité s'entend d'un endroit comptant un centre de santé où les services de soins primaires et les soins à domicile sont assurés par une équipe multidisciplinaire (p. ex. personnel infirmier local).

Enfin, mentionnons que la période de distribution du questionnaire s'est étendue sur huit semaines plutôt que quatre, comme en 2019. Toutefois, en raison des retards de la poste, de la fin de l'état pandémique et des inondations ou risques d'inondation, cette période a été prolongée de deux semaines, pour un total de dix. Cette décision a été prise pour favoriser la participation et voir à ce que les usagers de l'extérieur de la capitale, particulièrement ceux des centres régionaux, des petites localités et des collectivités avec poste sanitaires touchés par les retards et les inondations, aient la même chance de répondre au questionnaire.

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[29] Institut canadien d'information sur la santé, 2022. *Collecte de données fondées sur la race et l'identité autochtone pour la production de rapports sur la santé au Canada – Rapport supplémentaire.* ISBN : 978-1-77479-115-8 (PDF)

Limites

Lors de la lecture du présent rapport, il est important de tenir compte de certaines limites. En effet, en 2022, comme par les années précédentes d'ailleurs, les données sur l'expérience des patients ont été recueillies grâce à un questionnaire élaboré par le MSSS avec l'aide des trois administrations de services de santé et de services sociaux plutôt qu'au moyen d'un outil d'enquête éprouvé. Ce questionnaire s'inspire d'autres semblables couramment utilisés et a été conçu pour satisfaire aux exigences d'Agrément Canada et faciliter l'analyse des tendances aux TNO. Il n'a cependant pas été mis à l'essai, donc sa fiabilité et son bien-fondé n'ont pas été vérifiés.

La deuxième limite se rapporte au nombre réduit de tendances dégagées en 2022 par rapport à 2019. Dans le cadre de l'examen et de la révision du questionnaire de 2022, des modifications ont été apportées à la formulation de certaines questions et de nouvelles questions ont été ajoutées pour mieux comprendre les expériences des différentes sous-populations des TNO. Les modifications apportées à la formulation ont eu une incidence sur notre capacité à rendre compte d'autant de tendances que dans le rapport sur l'expérience des patients de 2019. Les données sur les tendances doivent être interprétées avec prudence en raison du changement des types d'établissements de santé échantillonnés depuis 2004, année du premier questionnaire sur l'expérience des patients. Avant 2012, la plupart des questionnaires sur l'expérience des patients étaient distribués dans un sous-ensemble de tous les établissements de santé et de services sociaux des Territoires du Nord-Ouest. Cependant, depuis 2012, chaque questionnaire sur l'expérience des patients est distribué dans tous les établissements de santé des Territoires du Nord-Ouest.

Lors de l'interprétation des données ventilées, en particulier les différences dans l'expérience des patients à la lumière des données sociodémographiques et du type de collectivité d'origine, il est important de reconnaître que les résultats présentés ne représentent que l'échantillon du questionnaire. Par conséquent, les constats ne peuvent s'appliquer à l'ensemble de la population des TNO.

Pour terminer, 2022 marquait la première année où était distribué le questionnaire depuis le début de la pandémie. Si cela nous permet d'établir des comparaisons entre l'expérience des patients avant et après la pandémie, la transition de pandémie à endémie a pu avoir une incidence sur la capacité et la volonté des établissements de santé à distribuer le questionnaire, donc sur le taux de participat

APPENDIX A

2022 INPATIENT QUESTIONNAIRE REPORT

Introduction

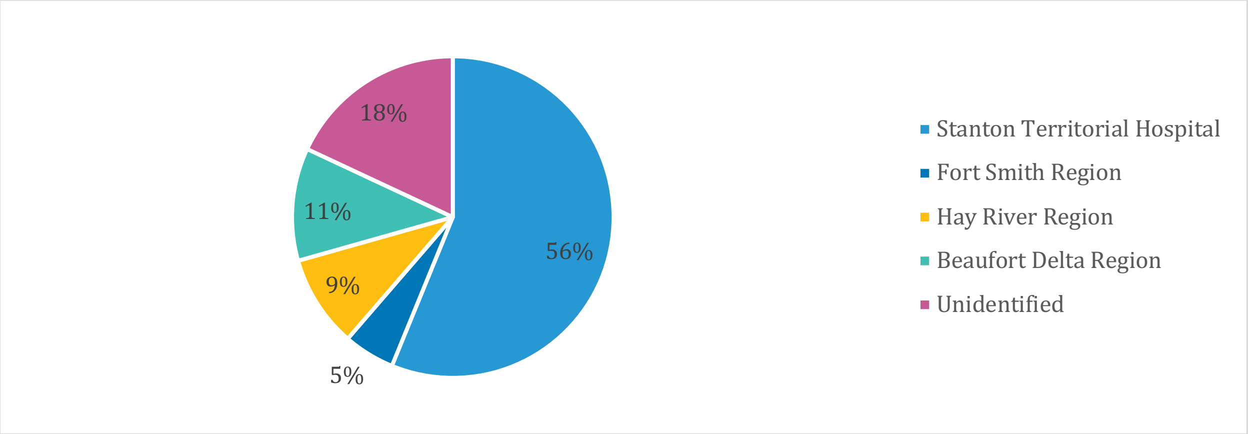
In 2022, an NWT Patient Experience Questionnaire for inpatients was administered in all NWT facilities that provide inpatient services. Inpatient services were defined as healthcare services provided to an individual who was admitted to hospital or an acute care facility in the NWT for at least one overnight stay. Hospitals or acute care facilities included the Stanton Territorial Hospital, the Hay River Regional Health Centre, the Fort Smith Health Centre, and the Inuvik Regional Hospital.

During data collection, inpatients were given the opportunity to complete a questionnaire. Questionnaires were also made available online and were publicly advertised on social media, through postcards mailed to NWT residences, and through radio. Health care facilities were provided with the paper-based questionnaire to provide to inpatients and were able to determine an approach to distribution (e.g., providing the questionnaire in discharge paperwork) that was most suitable for the facility and health care providers responsible for distributing the questionnaire to patients. As such, it is possible that facilities varied in their approach to how they provided the paper-based questionnaire to patients.

Who participated in the questionnaire?

A total of 231 inpatient questionnaires were returned. Of the 231 patients who completed questionnaires, **84%** indicated they had received inpatient services within the last 12 months (n= 194). To ensure results presented in this report are representative of the current patient experience, only questionnaires where respondents indicated they had received health care services within the last 12 months are included in this report. Of the 194 respondents who received services within the last 12 months, **56%** of the questionnaires were completed by inpatients receiving services in the Yellowknife region (including Stanton Territorial Hospital), **25%** of the questionnaires completed were received from inpatients receiving services in a regional centre i.e., Hay River Regional Health Centre, Fort Smith Health Centre, and Inuvik Regional Hospital, and **18%** of completed questionnaires did not specify which region the patient received services in (Figure 1). This provides us with a broad perspective of experiences when seeking in-patient services throughout the territory and not just in the territorial hospital.

Figure 1: Distribution of questionnaire responses by region (N= 194)



Questionnaire Results[30]

Socio-Demographics

The 2022 PEQ was the first time a more concerted effort was made to collect socio-demographic data, including home community type, gender identity, racial identity, and age range, from respondents. This change was made to enable data analysis by diverse sub-populations, which will provide the Health and Social Services system with a better understanding of health and well-being needs of the diverse residents within the NWT. This will also enable the Health and Social Services system to identify whether there are differences in the experience among different sub-populations and provide an opportunity to identify where there are key successes or areas for improvement needed in the delivery of care for specific sub-populations.

The 11 key indicators that were highlighted in the *Overview* of this report, including aspects of overall quality of service, experience accessing services, safety, and communication and education, have been highlighted in the Appendix below. Specifically, these questions have been broken down to provide results based on home community type, gender identity, racial identity, and age range to provide a greater understanding of possible differences in experiences and to inform the Health and Social Services system of areas of success and areas for improvement.

Due to small sample size, responses from patients who indicated that they currently reside in a health cabin community could not be included in the breakdown by community type. Additionally, due to small sample sizes, inpatient respondents who indicated their racial identity was Black, Latinx, Southeast/East Asian, South Asian, or Middle Eastern, or who indicated another racial identity (e.g., multi-racial) were grouped together under “Another Racial Identity”. Respondents aged 65 years old and older were also grouped together. These adjustments were made to ensure anonymity of findings while still allowing for reporting on the experience of respondents based on these socio-demographic characteristics.

Finally, respondents aged 19 years old and younger were grouped together into one age range. However, due to a small sample size for this age range (i.e., less than 5 respondents), data from these respondents was supressed when disaggregating data and reporting on differences in experience based on age range.

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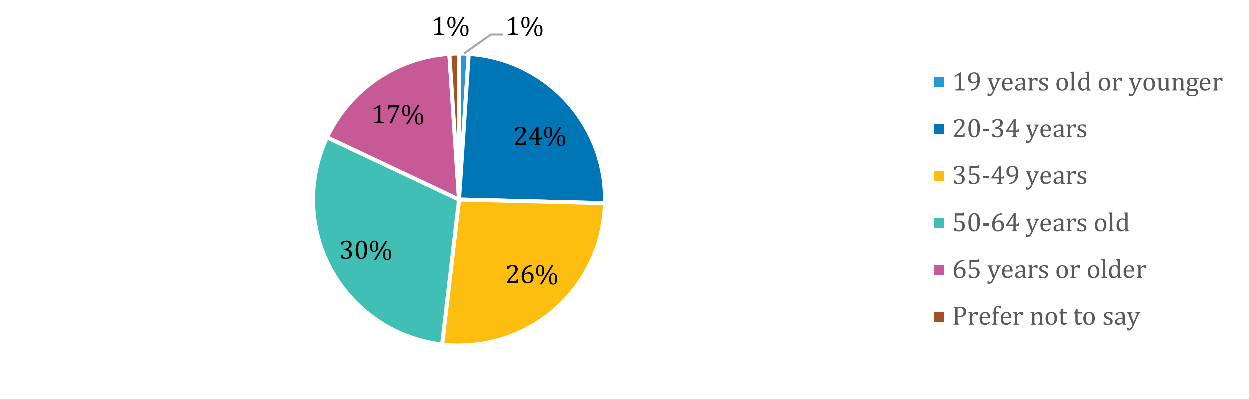
[30] Respondents were given the option to skip any questions they chose not to answer. As a result, the total number of respondents (represented by ‘N’ in the title of each figure) may change for each question

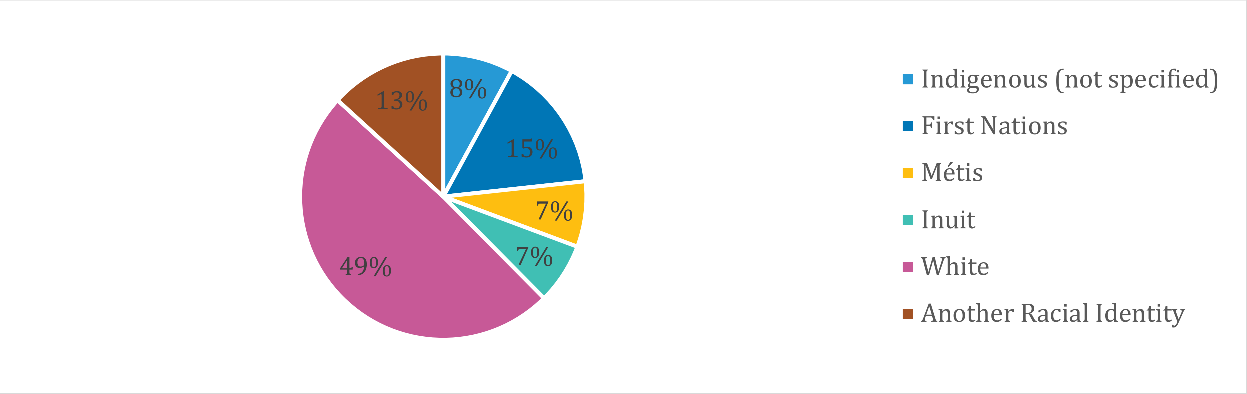
All age cohorts were represented in the data, where about half of the inpatient respondents (**51%**, n= 96) were between 20 and 49 years old (Figure 2).

Figure 2: Respondents by age (N= 189)



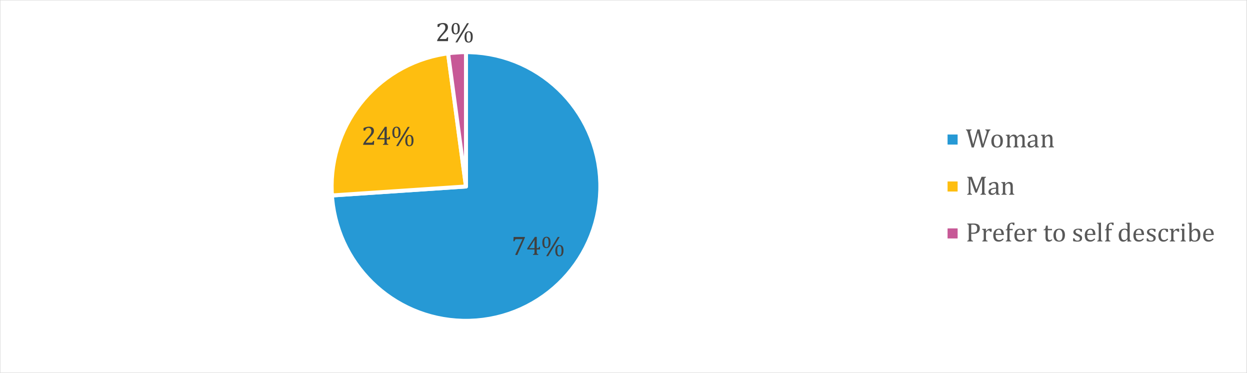
Almost half of all inpatient respondents identified as White (**49%**, n= 93) followed by First Nations (**15%,** n= 29). Further, an equal proportion of respondents identified as Métis (**8%**, n= 14) and Inuit (**8%,** n= 13; Figure 3).

Figure 3: Respondents by racial identity (N= 189)



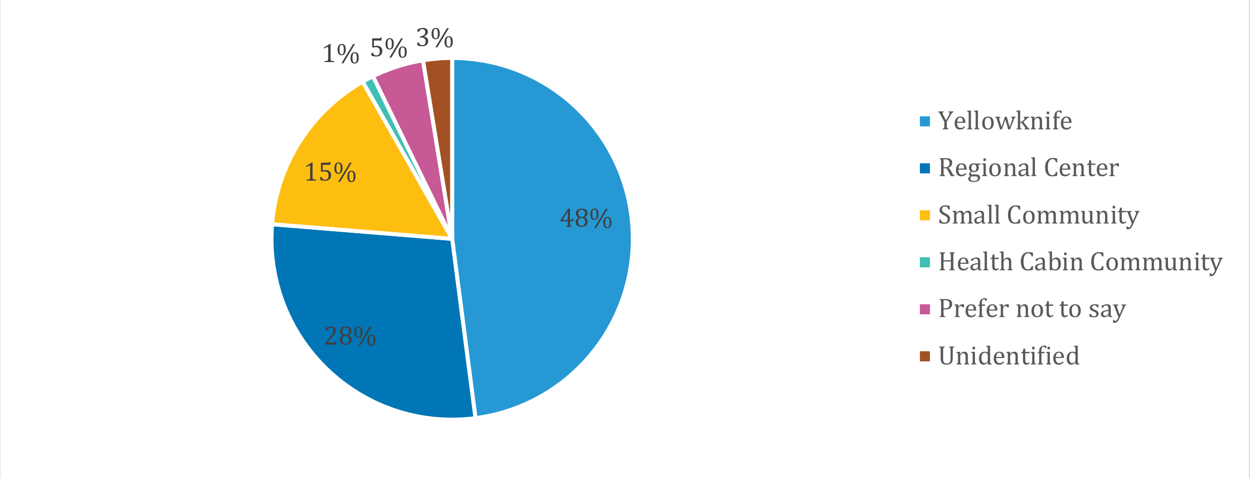
Additionally, almost three quarters of respondents were women (**74%,** n= 139; Figure 4).

Figure 4: Respondents by gender identity (N= 188)



Finally, respondents were also asked to indicate what type of community they currently reside in. Overall, almost half of the inpatient respondents were from Yellowknife (**48%,** n= 93), followed by a regional centre (e.g., Inuvik; **28%,** n= 55), then small community (e.g., Fort Liard; **15%,** n= 30; Figure 5).

Figure 5: Respondents by home community type (N= 194)



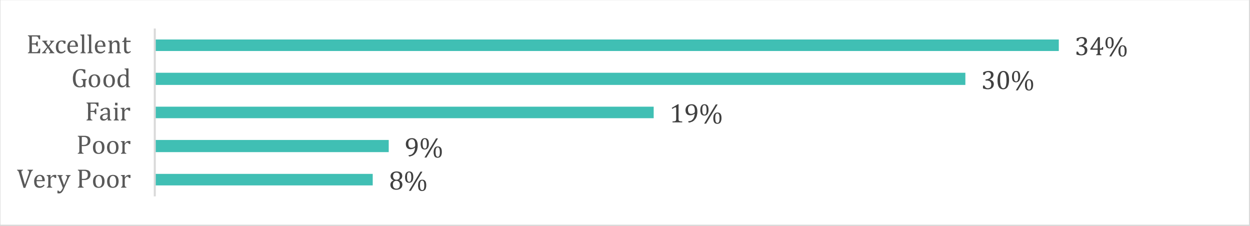
Service Quality

This dimension focuses on inpatient respondents' perception of the overall quality of care they received.

OVERALL RATING OF CARE

Nearly two-thirds of inpatient respondents (**64%,** n=110) rated their overall care as either 'Excellent' or 'Good' (Figure 6)**.**

Figure 6: Overall, how would you rate the care you received today? (N= 171)



Most respondents from Yellowknife (**71%,** n= 60) indicated their overall care was "Excellent" or "Good", as did those from a regional centre (**64%,** n= 32). However, just over half of the respondents from small communities indicated their overall care was "Excellent" or "Good" (**52%,** n= 14).

More men (**73%,** n= 32) compared to women (**62%,** n= 75) and respondents who self-described themselves as a gender other than woman or man (**40%**, n= 2) indicated their overall care was "Excellent" or "Good".

Less than two-thirds of First Nations respondents (**58%,** n= 15), Métis respondents (**64%**, n= 7) and Inuit respondents (**58%,** n= 7) rated their care as "Excellent" or "Good".

Finally, a larger percentage of respondents between 50 and 64 years old (**75%**, n= 40) reported their care was "Excellent" or "Good" compared to the other age ranges (Table 1).

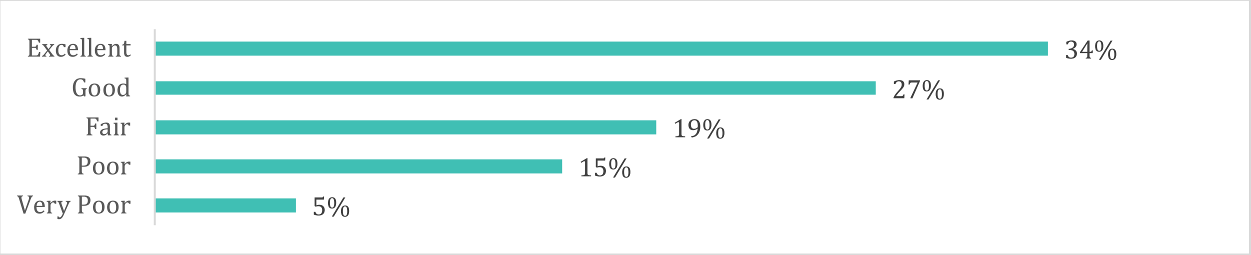
Table 1: Overall experience of care received based on community type (N= 161), gender identity (N= 170), racial identity (N= 170) and age (N= 166)

	# of Respondents	**Excellent or Good**	**Fair**	**Poor to Very Poor**
Community Type				
Yellowknife	84	71%	18%	11%
Regional Centre	50	64%	18%	18%
Small Community	27	52%	19%	30%
Gender Identity				
Woman	121	62%	21%	17%
Man	44	73%	14%	14%
Prefer to self-describe	5	40%	20%	40%
Racial Identity				
Indigenous (not specified)	14	50%	0%	50%
First Nations	26	58%	23%	19%
Métis	11	64%	27%	9%
Inuit	12	58%	42%	0%
White	86	71%	17%	12%
Another Racial Identity	24	58%	17%	25%
Age				
20-34 years old	40	65%	23%	13%
35-49 years old	44	52%	23%	25%
50-64 years old	53	75%	8%	17%
65 years and older	29	66%	24%	10%

ABILITY TO ANSWER QUESTIONS

More than half of the respondents (**61%,** n= 103) rated their health care team's ability to answer their questions as 'Excellent' or 'Good' (Figure 7).

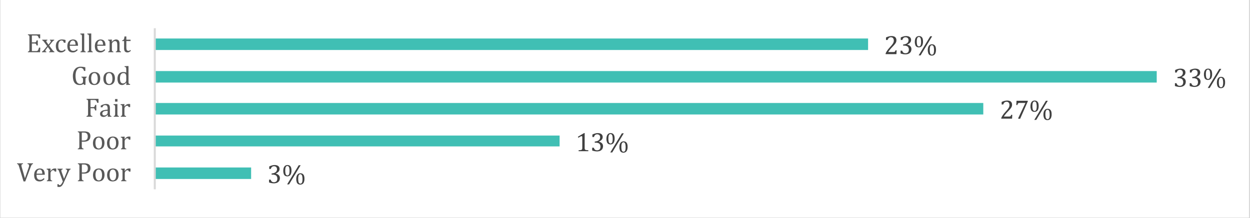
Figure 7: Overall, how would you rate the ability of your Health Care Team in answering your questions? (N= 170)



COMFORT

Inpatient respondents were asked to rate their overall level of comfort while receiving health care services. Just over half indicated that their level of comfort was "Excellent" or "Good" (**56%**, n= 89), while **16%** (n= 26) indicated their level of comfort was "Poor" or "Very Poor" (Figure 8).

Figure 8: How would you rate your level of comfort? (N= 158)



LANGUAGE SERVICES

Almost all respondents indicated they were offered services in the language of their choice (**94%,** n= 734), with **6%** (n= 50) indicating they were not.

HEALTH CARE PROVIDER

This year was the first time respondents to the PEQ were asked whether they would feel comfortable returning to the health care professional they saw if their condition got worse, if they needed more information, or for follow-up. More than three-quarters of respondents (**78%,** n= 104) indicated that they would feel comfortable returning to the health care provider they saw.

Qualitative Feedback

Overall, qualitative feedback from inpatient respondents praised the care and support they received from health care staff including nurses, rehabilitation staff, doctors, and specialists. Respondents indicated that they found service providers to be caring and knowledgeable in answering questions with detail, listening closely, and taking time to ensure patients felt heard and respected. Respondents indicated they felt health care providers did a reasonable job providing education to them about how to care for themselves once they were released from the unit/hospital, and some respondents highlighted the cleanliness and safety they felt in the unit/facility they visited.

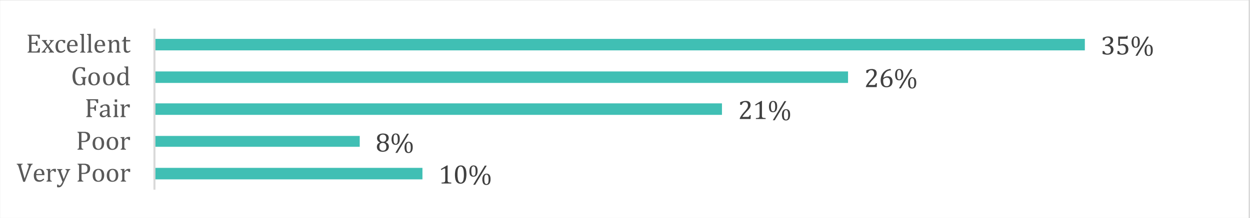
Qualitative feedback also demonstrated that some inpatient respondents noticed the staffing shortages and the impact that it had on the quality of care they received. Respondents noted frustration with a perceived lack of services and supports along the continuum of care and integrated healthcare (e.g.., respondents reporting that speciality services had not received the appropriate information from the referring health care provider to be prepared for the patients' appointment appropriately). A desire for more information was also reported with respect to inpatient respondents feeling unsure about what to expect in the hospital from admission to discharge. Finally, inpatient respondents noted a displeasure with the quality of food they were provided.

Experience Accessing Services

This dimension focuses on inpatient respondents' perception of ease of access to the services that they need when they need them. Inpatient respondents rated how easy it was for them to access services overall and answered questions about their experience accessing services from the time they were admitted, throughout their stay in the hospital, and after they received care.

More than half of inpatient respondents (**61%,** n= 103) rated ease of access to services as 'Excellent' or 'Good', while **18%** rated ease of access to services as 'Very Poor', or 'Poor' (Figure 9).

Figure 9: How easy was it to access the services your received today? (N= 169)



62% (n=6) of respondents from small communities indicated their ease of access to care as "Poor" or "Very Poor".

A higher percentage of respondents who self-described themselves as a gender other than woman or man (**40%,** n= 2) indicated their ease of accessing care was "Very Poor" or "Poor" compared to women (**18%**, n= 21) or men (**16%**, n= 7).

Additionally, based on racial identity, in comparison to other respondents, a higher percentage of Inuit respondents reported their ease in accessing care as "Poor" or "Very Poor" (**58%**, n= 14).

Finally, when compared to other age ranges, respondents between 35 and 49 years old made up the highest proportion of those who reported their ease of accessing care was "Poor" or "Very Poor" (**32%,** n= 14; Table 2).

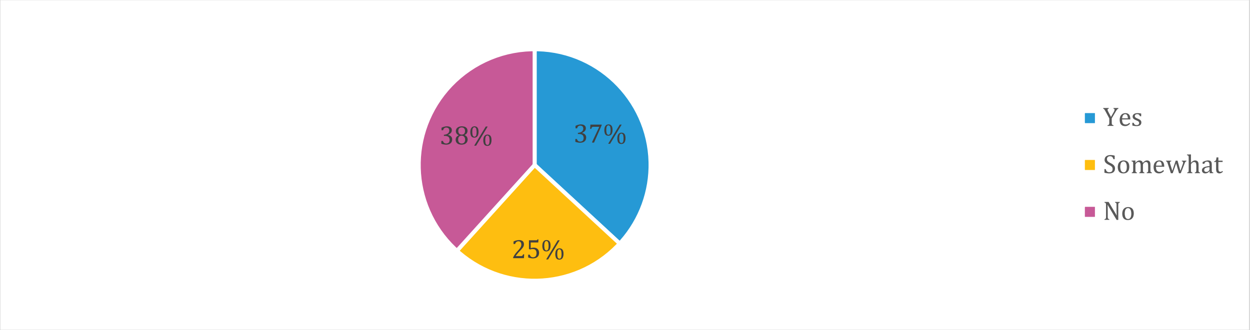
Table 2: Overall experience with ease of accessing care based on community type (N= 160), gender identity (N= 168), racial identity (N= 180) and age (N= 164)

	# of Respondents	**Excellent or Good**	**Fair**	**Poor to Very Poor**
Community Type				
Yellowknife	84	73%	17%	11%
Regional Centre	50	60%	18%	22%
Small Community	26	38%	19%	62%
Gender Identity				
Woman	119	63%	19%	18%
Man	44	57%	27%	16%
Prefer to self-describe	5	40%	20%	40%
Racial Identity				
Indigenous (not specified)	14	36%	36%	29%
First Nations	25	48%	36%	16%
Métis	11	55%	36%	9%
Inuit	24	29%	13%	58%
White	82	73%	13%	13%
Another Racial Identity	24	54%	17%	29%
Age				
20-34 years old	39	72%	15%	13%
35-49 years old	44	41%	27%	32%
50-64 years old	52	69%	19%	12%
65 years and older	29	66%	28%	7%

INFORMATION PROVIDED

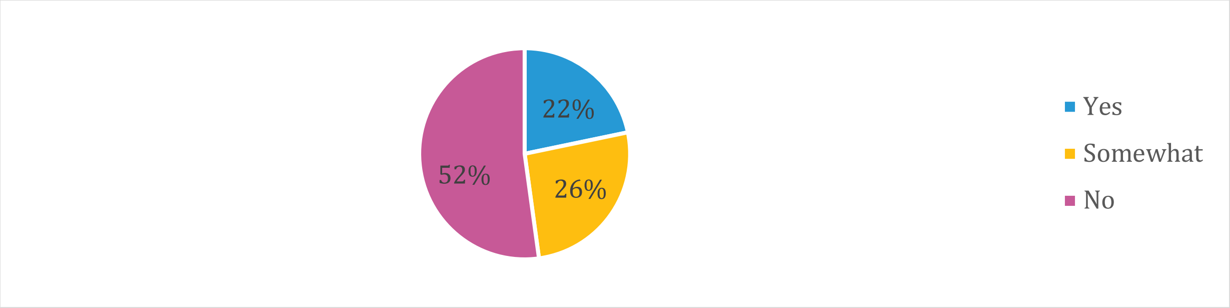
When asked whether they received information about what to expect during their hospital stay, over a third of respondents (**37%,** n= 52) responded ‘Yes’, though slightly more respondents stated ‘No’ (**38%,** n= 54; Figure 10).

Figure 10: Before you were admitted to hospital, did you receive information on what to expect during your stay? (N= 141)



Over half of all inpatient respondents (**52%,** n= 72) stated that staff *did not* explain the daily routine of their hospital/unit to them (Figure 11).

Figure 11: When you arrived in your unit/hospital, did the staff explain the daily routine to you (e.g., when meals are provided, information on hospital visiting hours, rounds from doctors and nurses)? (N= 138)

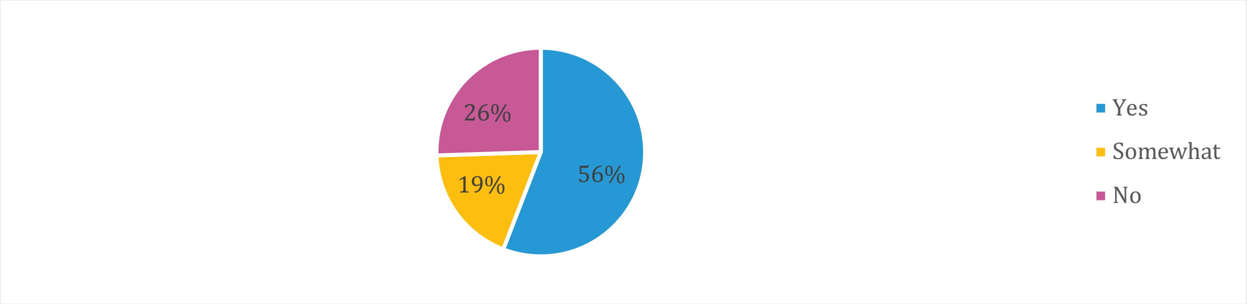


COMMUNICATION WITH DOCTOR OR HEALTH CARE PROFESSIONAL

Just over a half of inpatient respondents (**54%**, n= 79) responded 'Yes' when asked if they were able to talk to a doctor or health professional when they needed to during their stay (N= 146).

Finally, respondents were asked if they, their family, or caregiver were given information on how to care for themselves or who to contact should they have further questions. Just over half indicated that they were provided with this information (**56%**, n= 81; Figure 12).

Figure 12: Were you, your family, or your caregiver given information on how to care for yourself and who to contact should you have questions after the appointment/treatment/hospitalizations? (N= 145)



Qualitative Feedback

Inpatient respondents identified a need for more staffing. Some respondents described the health care professionals they interacted with as compassionate and attentive. However, other inpatient respondents also identified a need for the health system to emphasize patient care (e.g., professionalism, kindness, and open communication), reduce wait-times for appointments and follow-up, improve continuity of care issues, where information about their health care concerns was not provided to other services they were referred to, which negatively impacted the quality of care they received, increase follow-up, where results of testing or the booking of follow-up appointments were never provided, and preventative care.

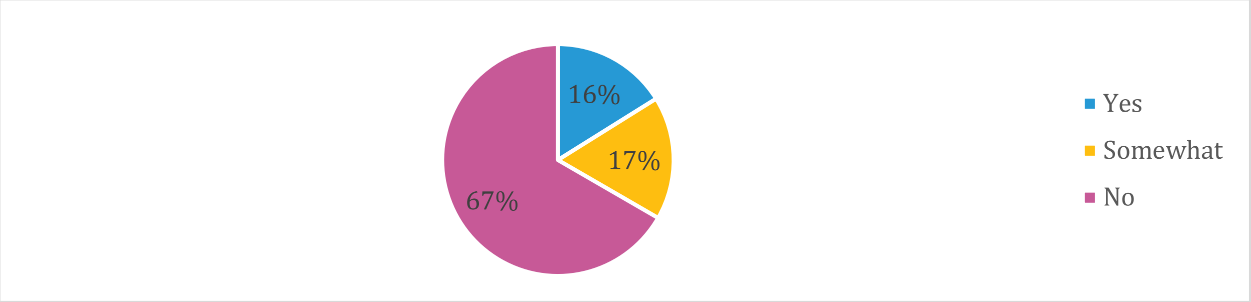
Values, Needs, and Preferences

This dimension focuses on respondents' perception of respect for individual and family values, needs, and preferences while receiving care. It further focuses on aspects of shared decision making and participation in care.

Inpatient respondents were asked about whether staff worked to identify the respondents' preferences in relation to culturally specific food and if it was made available to them. Of those who responded to this question, only **16%** (n= 15) indicated that staff worked to identify their preferences in relation to culturally specific food and made it available to them (Figure 13).

Regardless of racial identity, at least half of respondents responded "No" to this question. More specifically, **65%** of First Nations respondents, **57%** of Métis respondents, and **57%** of Inuit respondents indicated "No" when asked whether staff worked to identify preferences in relation to culturally specific food and if it was made available to them. Additionally, **73%** of White respondents and **54%** of respondents of another racial identity (e.g., Latinx) reported that staff did not work to identify preference in relation to culturally specific food and it was not made available to them.

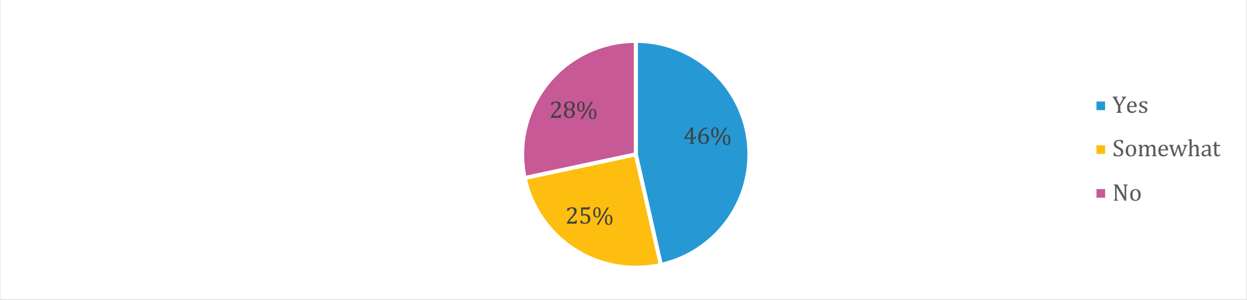
Figure 13: Did staff work to identify your preferences in relation to culturally specific food and was it made available to you? (N= 93)



INVOLVEMENT IN CARE

Just under half of respondents indicated that they or their family/caregiver were encouraged to participate in decisions about their care (**46%,** n= 59). Further, a quarter of respondents indicated that they were "Somewhat" encouraged to participate in decisions about their care (**25%,** n= 32; Figure 14).

Figure 14: Were you, your family, or your caregiver encouraged to participate in decisions about your care? (N= 127)



Almost half of respondents from small communities (**47%,** n= 7) indicated they were *not* encouraged to participate in decisions about their care.

Further, **40%** of respondents who self-described themselves as a gender other than woman or man (n= 2) reported they were *not* encouraged to participate in decisions about their care compared to **27%** of women (n= 23) and **29%** of men (n= 10).

Almost half of First Nations respondents (**47%,** n= 8) reported they were *not* encouraged to participate in decisions about their care.

Finally, respondents aged 50-64 years old indicated, more than any other age group, that they were *not* encouraged to participate in decisions about their care (**33%,** n= 13; Table 3).

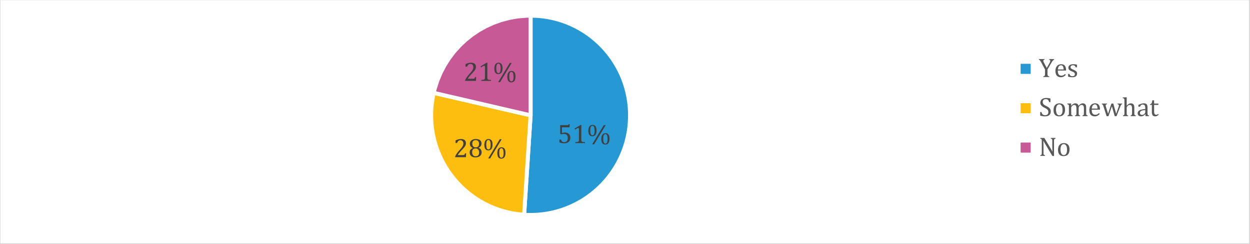
Table 3: Overall experience with participation in care based on community type (N= 119), gender identity (N= 126), racial identity (N= 126) and age (N= 164)

	# of Respondents	**Yes**	**Somewhat**	**No**
Community Type				
Yellowknife	66	59%	23%	18%
Regional Centre	38	42%	21%	37%
Small Community	15	20%	33%	47%
Gender Identity				
Woman	86	49%	24%	27%
Man	35	43%	29%	29%
Prefer to self-describe	5	40%	20%	40%
Racial Identity				
Indigenous (not specified)	11	18%	18%	64%
First Nations	17	18%	35%	47%
Métis	6	33%	33%	33%
Inuit	7	43%	29%	29%
White	68	57%	25%	18%
Another Racial Identity	17	59%	12%	29%
Age				
20-34 years old	33	45%	30%	24%
35-49 years old	33	39%	36%	24%
50-64 years old	39	46%	21%	33%
65 years and older	19	63%	11%	26%

INFORMED OF CARE PLANNED

Just over half of inpatient respondents (**51%,** n= 74) indicated that they were kept informed of the care planned for them (Figure 15).

Figure 15: Were you kept informed about the care planned for you? (N= 145)



Less than half of respondents from regional centres (**45%**, n= 10) and less than half of respondents from small communities (**44%**, n= 8) indicated they were kept informed about the care planned for them.

Just over half of women (**51%,** n= 50) and men (**51%,** n= 21) indicated they were kept informed about the care planned for them.

85% (n= 16) of respondents who indicated they were of another racial identity (e.g., Latinx) reported they were kept informed or somewhat kept informed about the care planned for them

Finally, **60%** (n= 15) of respondents 65 years and older reported they were kept informed about the care planned for them (Table 4).

Table 4: Experience with being kept informed on care planned for respondent based on community type (N= 138), gender identity (N= 144), racial identity (N= 144) and age (N= 140)

	# of Respondents	Yes	Somewhat	No
Community Type				
Yellowknife	76	57%	26%	17%
Regional Centre	44	45%	32%	23%
Small Community	18	44%	22%	33%
Gender Identity				
Woman	98	51%	29%	20%
Man	41	51%	27%	22%
Prefer to self-describe	5	40%	20%	40%
Racial Identity				
Indigenous (not specified)	10	40%	20%	40%
First Nations	20	50%	30%	20%
Métis	9	44%	33%	22%
Inuit	10	50%	30%	20%
White	76	54%	25%	21%
Another Racial Identity	19	53%	32%	16%
Age				
20-34 years old	37	49%	30%	22%
35-49 years old	34	44%	29%	26%
50-64 years old	44	50%	25%	25%
65 years and older	25	60%	28%	12%

RESPECT & DIGNITY

Inpatients were asked whether they felt respected and listened to by staff and health care professionals. **66%** of respondents indicated they felt respected and listened to (n= 99), and just over a quarter indicated that "Sometimes" they felt respected and listened to (**27%,** n= 41; Figure 16).

Figure 16: While receiving care, did you feel respected and listened to by the staff and health care professionals? (N= 150)

Almost three-quarters of respondents who indicated they live in Yellowknife (**74%**, n= 38) indicated that they "Always" or "Usually" felt respected or listened to by staff.

When compared to the other gender identities, a higher percentage of women (**70%,** n= 71) indicated they felt respected and listened to by staff and health care professionals.

89% (n= 8) of those who identified as Métis reported they "Always" or "Usually" felt respected and listened to by staff and health care professionals.

Finally, almost three-quarters of respondents 65 years and older reported feeling respected and listened to by staff and health care professionals (**74%,** n= 20; Table 5).

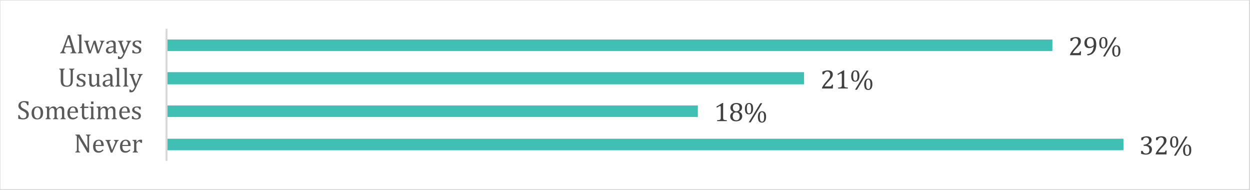
Table 5: Experience with feeling respected and listened to by staff and health care professionals based on community type (N= 143), gender identity (N= 149), racial identity (N= 149) and age (N= 147)

	# of Respondents	Always or Usually	Sometimes	Never
Community Type				
Yellowknife	77	74%	22%	4%
Regional Centre	43	58%	37%	5%
Small Community	23	57%	30%	13%
Gender Identity				
Woman	102	70%	25%	6%
Man	42	64%	29%	7%
Prefer to self-describe	5	20%	60%	20%
Racial Identity				
Indigenous (not specified)	9	33%	33%	33%
First Nations	25	60%	32%	8%
Métis	9	89%	44%	11%
Inuit	10	70%	20%	10%
White	76	71%	25%	4%
Another Racial Identity	20	60%	35%	5%
Age				
20-34 years old	36	64%	25%	11%
35-49 years old	38	58%	34%	8%
50-64 years old	46	72%	24%	4%
65 years and older	27	74%	22%	4%

INDIVIDUAL NEEDS, PREFERENCES, AND VALUES

Inpatient respondents were asked whether their individual needs, preferences, and cultural values were taken into consideration and/or accommodated in their health journey. Just over half indicated their needs, preferences and cultural values were "Always" or "Usually" taken into consideration and/or accommodated in their health journey (**51%,** n= 43; Figure 17).

Figure 17: Were your individual needs, preferences, and cultural values taken into consideration and/or accommodated in your health journey? (N= 85)



Exactly half of respondents from small communities (**50%,** n= 8) reported their needs, preferences, and cultural values were taken into consideration and/or accommodated on their health journey.

Further, less than half of women (**47%,** n= 24) reported their needs, preferences, and cultural values were "Always" or "Usually" taken into consideration and/or accommodated on their health journey.

Just over two-thirds of Métis respondents (**67%,** n= 4) reported their needs, preferences, and cultural values were taken into consideration and/or accommodated on their health journey, which made up the largest proportion of respondents who reported this, based on racial identity.

Finally, while respondents aged 20-34 made up the smallest percentage based on age range of those who indicated their needs, preferences, and cultural values were taken into consideration and/or accommodated on their health journey (**38%,** n= 8), respondents between 50-64 years old made up the largest percentage of those who indicated their needs, preferences, and cultural values were "Never" taken into consideration and/or accommodated on their health journey (**42%,** n= 11; Table 6).

Table 6: Respondents' experiences of their needs, preferences and cultural values being taken into consideration by staff based on community type (N= 77), gender identity (N= 85), racial identity (N= 84) and age (N= 84).

	# of Respondents	**Always or Usually**	**Sometimes**	**Never**
Community Type				
Yellowknife	33	48%	21%	30%
Regional Centre	28	46%	21%	32%
Small Community	16	50%	3%	13%
Gender Identity				
Woman	51	47%	20%	33%
Man	31	61%	16%	23%
Prefer to self-describe	Sample too small	-	-	-
Racial Identity				
Indigenous (not specified)	6	17%	33%	50%
First Nations	20	50%	15%	35%
Métis	6	67%	17%	17%
Inuit	9	33%	22%	44%
White	32	53%	19%	28%
Another Racial Identity	11	64%	9%	27%
Age				
20-34 years old	21	38%	29%	33%
35-49 years old	19	58%	21%	21%
50-64 years old	26	50%	8%	42%
65 years and older	18	61%	17%	22%

CONCERN, COMPLAINT, OR COMPLIMENT

Over two-thirds of respondents indicated that they were not aware of how to file a concern, complaint, or compliment about the service they received.

Responses to this question were similar across all socio-demographic categories. Of specific interest is **82%** (n= 4) of respondents who self-described as a gender other than woman or man indicated they were not aware of how to file a concern, complaint, or compliment, and **93%** (n= 25) of respondents between 50-64 years old also indicated they did not know how to file a concern, complaint, or compliment (Table 7).

Table 7: Understanding of how to file a concern, complaint, or compliment based on community type (N= 144), gender identity (N= 150), racial identity (N= 148) and age (N= 129)

	# of Respondents	Yes	No
Community Type			
Yellowknife	76	37%	63%
Regional Centre	45	38%	62%
Small Community	23	35%	65%
Gender Identity			
Woman	102	38%	62%
Man	43	35%	65%
Prefer to self-describe	5	20%	82%
Racial Identity			
Indigenous (not specified)	9	56%	44%
First Nations	24	33%	67%
Métis	9	78%	22%
Inuit	11	36%	64%
White	76	34%	66%
Another Racial Identity	19	26%	84%
Age			
20-34 years old	36	25%	75%
35-49 years old	38	21%	79%
50-64 years old	27	7%	93%
65 years and older	28	46%	54%

Qualitative Feedback

While some inpatient respondents indicated that in most cases, staff were communicative and responsive to their preferences, other inpatient respondents found staff to be unable to address their needs or preferences. Further, many respondents recognized that while staff were doing their best to provide them with care and additional support, staff shortages hindered the amount of attention and support they were able to provide.

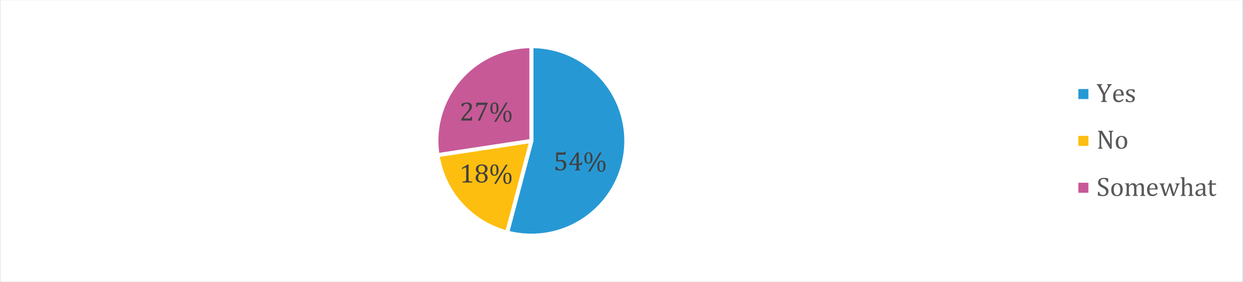
Communication and Education

This dimension focuses on inpatients respondent' perception of their ability to receive information from their health care provider and their health care provider's communication about the patient's care.

Communication with Health Care Provider

Inpatient respondents were asked to indicate whether they were able to talk to their health care provider when they needed to. Of the respondents who provided an answer to this question, just over half (**54%**, n= 79) indicated they were able to speak to their health care provider when they needed (Figure 18).

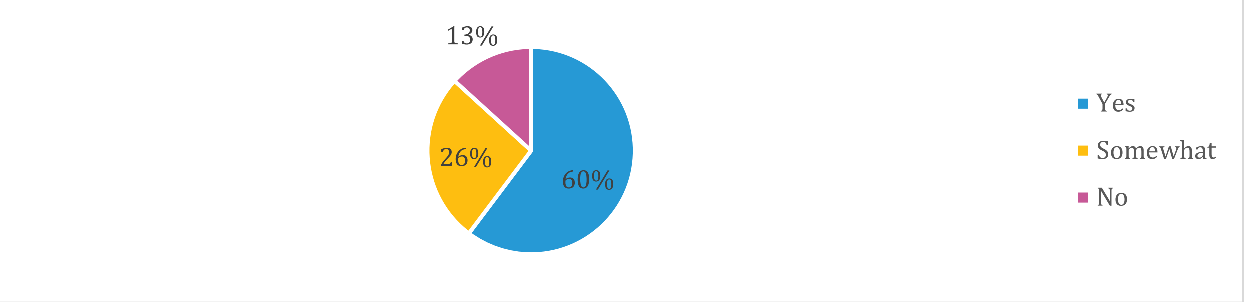
Figure 18: During your stay in the unit/hospital, could you talk to a doctor or other health care professional when you needed to? (N= 146)



TREATMENT AND PROCEDURE

When inpatient respondents were asked, "Was your treatment/procedure clearly explained to you?", more than half indicated it was clearly explained (**60%,** n= 91), while over a quarter stated it was "Somewhat" clearly explained to them (**26%,** n= 40; Figure 19).

Figure 19: Was your treatment/procedure clearly explained to you? (N= 151)



Just over half of respondents from small communities (**52%,** n= 11) indicated their treatment/procedure was clearly explained to them, which is a smaller percentage of respondents compared to those from regional centres (**60%,** n= 26) or Yellowknife (**62%,** n= 49).

When compared to women and men, a smaller percentage of respondents who indicated a gender other than man or woman (**40%,** n= 2) reported their treatment/procedure was clearly explained to them.

Additionally, just over a two-fifths of Métis respondents (**44%,** n= 4) reported their treatment/procedure was clearly explained to them, which is a smaller percentage compared to the other racial identities.

Finally, when compared to the other age ranges, a larger percentage of respondents between 50 and 64 years old reported their treatment/procedure was clearly explained to them (**67%,** n= 31; Table 8).

Table 8: Experience with treatment/procedure being explained to patient based on community type (N= 143), gender identity (N= 150), racial identity (N= 150) and age (N= 148)

	# of Respondents	**Yes**	**Somewhat**	**No**
Community Type				
Yellowknife	79	62%	28%	10%
Regional Centre	43	60%	29%	16%
Small Community	21	52%	29%	19%
Gender Identity				
Women	105	60%	28%	12%
Man	40	63%	23%	15%
Prefer to self-describe	5	40%	40%	20%
Racial Identity				
Indigenous (not specified)	11	36%	36%	27%
First Nations	23	61%	30%	9%
Métis	9	44%	44%	11%
Inuit	11	64%	27%	9%
White	77	64%	22%	14%
Another Racial Identity	19	63%	26%	11%
Age				
20-34 years old	38	53%	37%	11%
35-49 years old	37	57%	24%	19%
50-64 years old	46	67%	15%	17%
65 years and older	27	63%	33%	4%

MEDICATIONS EXPLAINED

For respondents who were provided with new medication, two-thirds (**67%,** n= 80) stated that they were provided with information about what the medications were and how to take them.

Overall, more than two-thirds of respondents from Yellowknife (**69%**, n= 43) reported new medications were clearly explained to them. Similarly, more than two-thirds of respondents from small communities (**67%**, n=10) indicated new medications were clearly explained to them.

Women made up the highest percentage of respondents (**71%,** n= 56) based on gender identity who reported medications were clearly explained to them.

All respondents who self-identified as another racial identity (e.g., Latinx) reported new medications were clearly or somewhat clearly explained to them (**100%,** n= 15).

Finally, a larger percentage of respondents between 50 and 64 years old reported new medications were clearly explained to them (**79%,** n= 30) compared to the other age ranges (Table 9).

Table 9: Experience with having new medications explained to patient based on community type (N= 113), gender identity (N= 118), racial identity (N= 120) and age (N= 112)

	# of Respondents	**Yes**	**Somewhat**	**No**
Community Type				
Yellowknife	62	69%	15%	16%
Regional Centre	36	64%	8%	28%
Small Community	15	67%	27%	7%
Gender Identity				
Women	79	71%	11%	18%
Man	34	62%	18%	21%
Prefer to self-describe	5	40%	20%	40%
Racial Identity				
Indigenous (not specified)	10	50%	10%	40%
First Nations	20	60%	25%	15%
Métis	7	57%	14%	29%
Inuit	10	70%	10%	20%
White	58	71%	19%	10%
Another Racial Identity	15	87%	13%	0%
Age				
20-34 years old	21	76%	24%	24%
35-49 years old	29	59%	21%	21%
50-64 years old	38	79%	0%	21%
65 years and older	24	63%	17%	21%

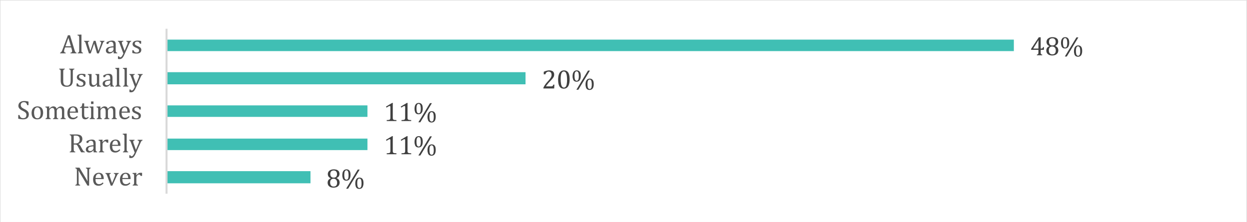
Safety and Cleanliness

This dimension focuses on inpatient respondents' perception of safety, which is a key dimension of quality care. Inpatient respondents were asked a variety of questions that address areas of patient safety such as their perceptions of patient safety and facility cleanliness while they were admitted to their respective unit/hospital.

SAFETY

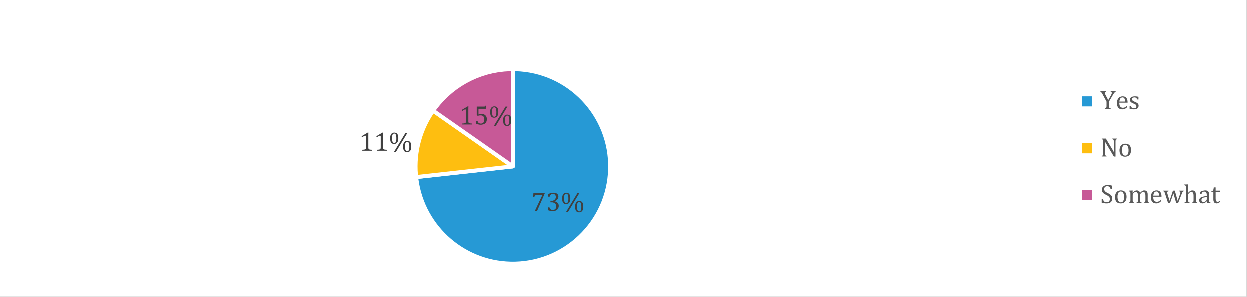
Inpatient respondents were asked whether they were provided with assistance when they needed it. Over two-thirds of inpatient respondents (**69%,** n= 84) responded 'Always" or "Usually" when they were asked if they were provided assistance when they needed it (Figure 20)[31].

Figure 20: During your stay in the unit/hospital, were you provided with assistance if you needed it? (N= 122)



Nearly three-quarters of respondents (**73%,** n= 115) reported they felt the facility they attended was a safe space in their community (Figure 21) [32].

Figure 21: Did you feel the facility you attended was a safe space in your community? (N= 157)



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[31] Note: The response options for this question were adjusted in 2022 to includes the options of "Always", "Usually", "Sometimes" and "Never" to provide a better picture of respondents' ability to communicate with health care staff throughout their stay

[32] Safe space referring to a place intended to be free of bias, conflict, criticism, or potentially threatening actions, ideas, or conversations

Almost a fifth of respondents from a regional centre (**17%,** n= 8) reported that they did *not* feel the facility they attended was a safe space in the community.

A higher percentage of men (**14%,** n= 6) than women (**9%,** n= 10) reported that they did *not* feel the facility they attended was a safe space in the community.

With respect to racial identity, a higher percentage of Métis respondents (**30%,** n= 3) indicated that they did *not* feel the facility they attended was a safe space in the community.

Finally, those aged 20-34 years old made up the highest percentage of respondents based on age range who reported they did *not* feel the facility they attended was a safe space in the community (**15%,** n= 6; Table 10).

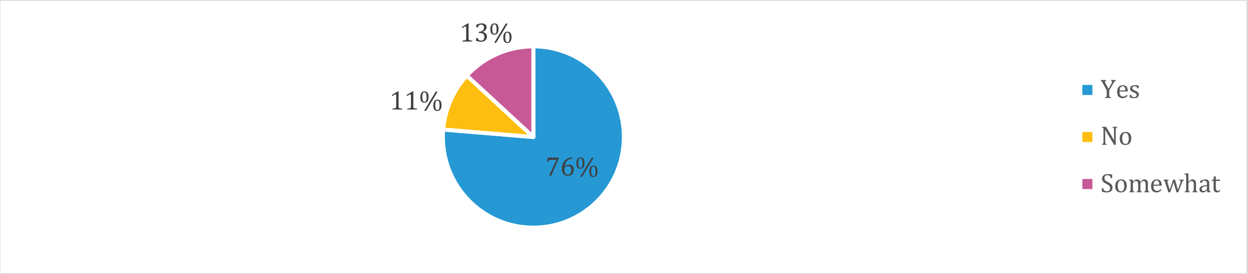
Table 10: Respondents report on whether the health care facility they visited was a safe space in the community based on community type (N= 113), gender identity (N= 118), racial identity (N= 120) and age (N= 112)

	# of Respondents	***Yes***	***Somewhat***	***No***
Community Type				
Yellowknife	79	81%	11%	8%
Regional Centre	46	65%	17%	17%
Small Community	24	71%	21%	8%
Gender Identity				
Women	110	74%	17%	9%
Man	42	74%	12%	14%
Prefer to self-describe	Sample too small	-	-	-
Racial Identity				
Indigenous (not specified)	11	55%	27%	18%
First Nations	25	64%	28%	8%
Métis	10	70%	0%	30%
Inuit	11	73%	18%	9%
White	79	80%	10%	10%
Another Racial Identity	20	75%	15%	10%
Age				
20-34 years old	39	74%	10%	15%
35-49 years old	39	59%	31%	10%
50-64 years old	50	78%	8%	14%
65 years and older	27	81%	15%	4%

PRIVACY

Just over three-quarters (**76%,** n= 116) of respondents indicated that 'Yes', they did receive enough privacy when discussing treatment and care with health care professionals (Figure 22).

Figure 22: Did you receive enough privacy when discussing your treatment and care with health care professionals in you unit? (N= 152)



IDENTIFICATION

Respondents were asked whether they were required to confirm their identity during their visit. The majority (**78%,** n= 116) of respondents indicated that they were required to confirm their identity (e.g., asked to show/provide their health card, name, or date of birth).

Worth noting is that only **48%** (n= 11) of respondents from small communities and only half (**50%,** n= 12) of First Nations respondents reported being asked to confirm their identity (Table 11).

Table 11: Respondents asked to confirm identity by community type (N= 142), gender identity (N= 148), racial identity (N= 148), and age (N= 146)

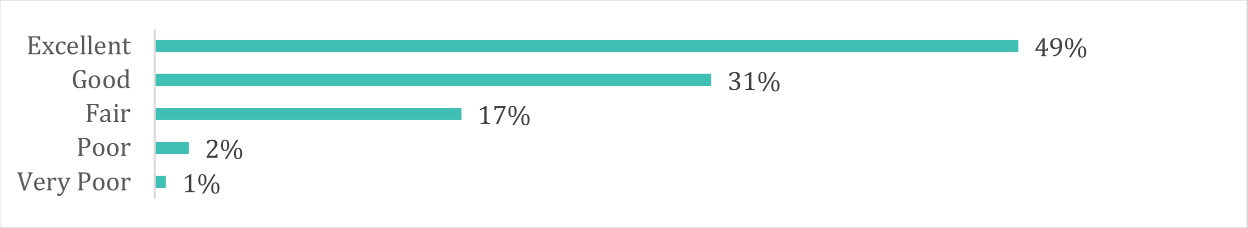
	# of Respondents	**Yes**	**No**
Community Type			
Yellowknife	74	91%	9%
Regional Centre	45	71%	29%
Small Community	23	48%	52%
Gender Identity			
Women	101	79%	21%
Man	42	71%	29%
Prefer to self-describe	5	100%	0%
Racial Identity			
Indigenous (not specified)	9	78%	22%
First Nations	24	50%	50%
Métis	9	78%	22%
Inuit	11	64%	36%
White	62	84%	16%
Another Racial Identity	21	95%	5%
Age			
20-34 years old	36	78%	22%
35-49 years old	38	68%	32%
50-64 years old	46	83%	17%
65 years and older	26	81%	19%

CLEANLINESS

Respondents were asked about the cleanliness of the facility they visited. Most inpatient respondents (**95%,** n= 146) reported they were aware of hand washing and sanitizing stations at their respective facility. Further, over two-thirds of inpatient respondents (**69%,** n= 104) reported they saw their health care provider wash/sanitize their hands, or that their health care provider informed them that they washed/sanitized their hands before entering the room.

Respondents were also asked to report on the cleanliness of their room. More than three-quarters of respondents indicated the cleanliness of their room was either "Excellent" or "Good" (**80%,** n= 125) while only **3%** (n= 4) indicated the cleanliness of their room was "Poor" or "Very Poor" (Figure 23).

Figure 23: How would you rate the cleanliness of your room? (N= 156)



APPENDIX B

2022 OUTPATIENT QUESTIONNAIRE REPORT

Introduction

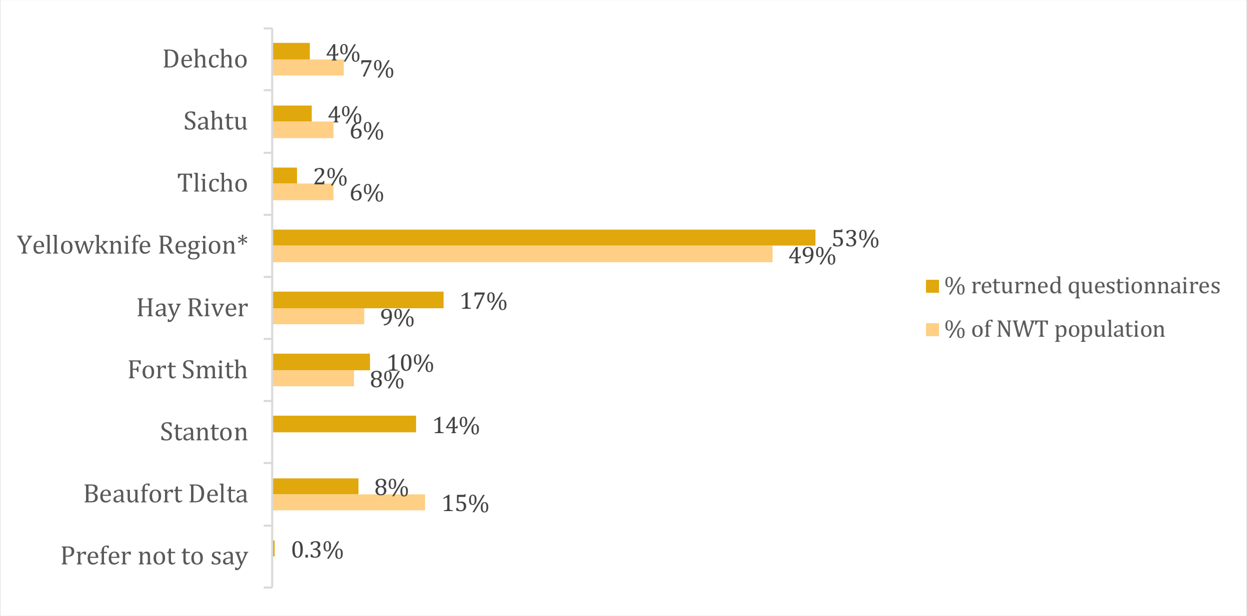
In 2022, an NWT Patient Experience Questionnaire for outpatients was administered in all NWT health centres, clinics, public health facilities, and hospitals providing outpatient services. Outpatient services were defined as healthcare services provided to an individual who received care or services from an area where an overnight stay in hospital is not required including primary community care, surgical day care, rehabilitation, eye clinic, dialysis, chemotherapy, laboratory, diagnostic imaging, etc.

During the collection period, outpatients were given the opportunity to complete the questionnaire at the facility they visited. Questionnaires were also made available for patients to complete online and were publicly advertised on social media, radio, through posters in health care facilities, and through post-cards containing a QR code, that were mailed to residences.

Who participated in the questionnaire?

A total of 1,150 outpatient questionnaires were returned. Of the 1,150 patients who completed questionnaires, **97%** indicated they had received outpatient services within the last 12 months (n= 1,114[33]). To ensure results presented in this report are representative of the current patient experience, only questionnaires of those respondents who indicated they had received health care services within the last 12 months were reported. Of the 1,114 respondents who received services within the last 12 months, **53%** of the questionnaires were completed by outpatients receiving services in the Yellowknife region (Figure 1).

Figure 1: Distribution of questionnaire responses by region (N= 1,114)



**Percentage of returned questionnaires from Yellowknife Region included Dettah, N'dilo and Lutsel K'e*

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[33] Questionnaires were deemed completed and included in the analysis if the respondents completed the first 5 questions (the overall satisfaction) section. Not all respondents indicated the region or facility in which they received care.

Questionnaire Results[34]

Socio-Demographics

In 2022, a more concerted effort was made to collect socio-demographic data, including age, gender identity, racial identity, and community type, from respondents. This change was made to enable data analysis by diverse sub-populations, which will provide the Health and Social Services System with a better understanding of health and well-being needs of the diverse residents within the NWT. This will also enable the Health and Social Services system to identify whether there are differences in the experience among different subpopulations and provide an opportunity to identify where there are key successes or areas for improvement needed in the delivery of care for specific subpopulations.

The 11 key indicators that were highlighted in the Overview of this report, including aspects of overall quality of service, experience accessing services, safety, and communication and education, have been highlighted in the Appendix below. Specifically, these questions have been broken down to provide results based on home community type, gender identity, racial identity, and age range. The intention of breaking down these questions by socio-demographics is to provide a greater understanding of differing experiences and to inform the Health and Social Services system of areas of success and areas for improvement.

Due to small sample sizes, outpatient respondents who indicated their racial identity was Latinx, Middle Eastern, or who indicated another racial identity (e.g., multi-racial) were grouped together under “Another Racial Identity”. Finally, respondents aged 19 years old and younger were grouped together into one age range. These adjustments were made to ensure anonymity of findings while still allowing for reporting on the experience of respondents based on socio-demographic characteristics.

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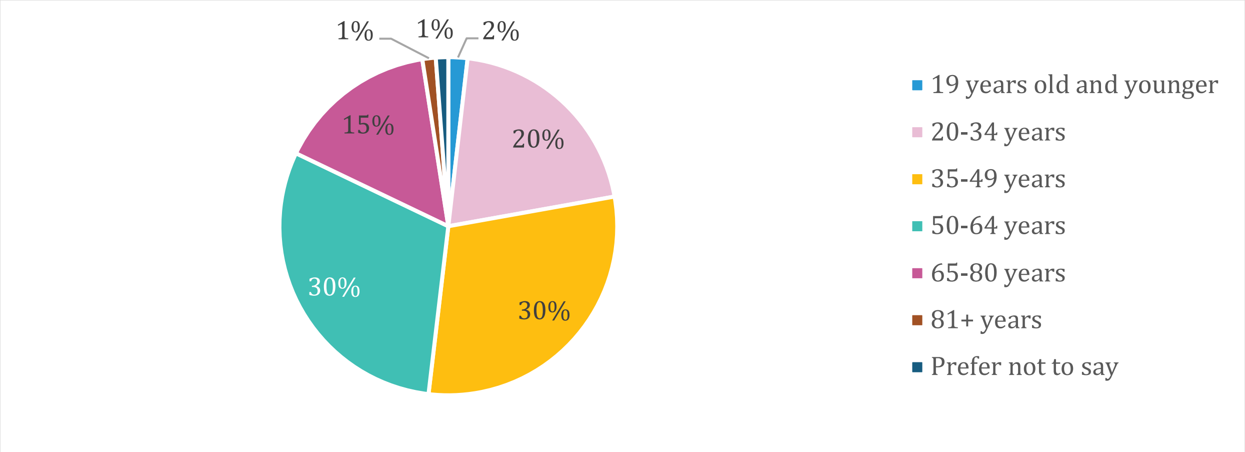
[34] Respondents were given the option to skip any questions they chose not to answer. As a result, the total number of respondents (represented by ‘N’ in the title of each figure) may change for each question

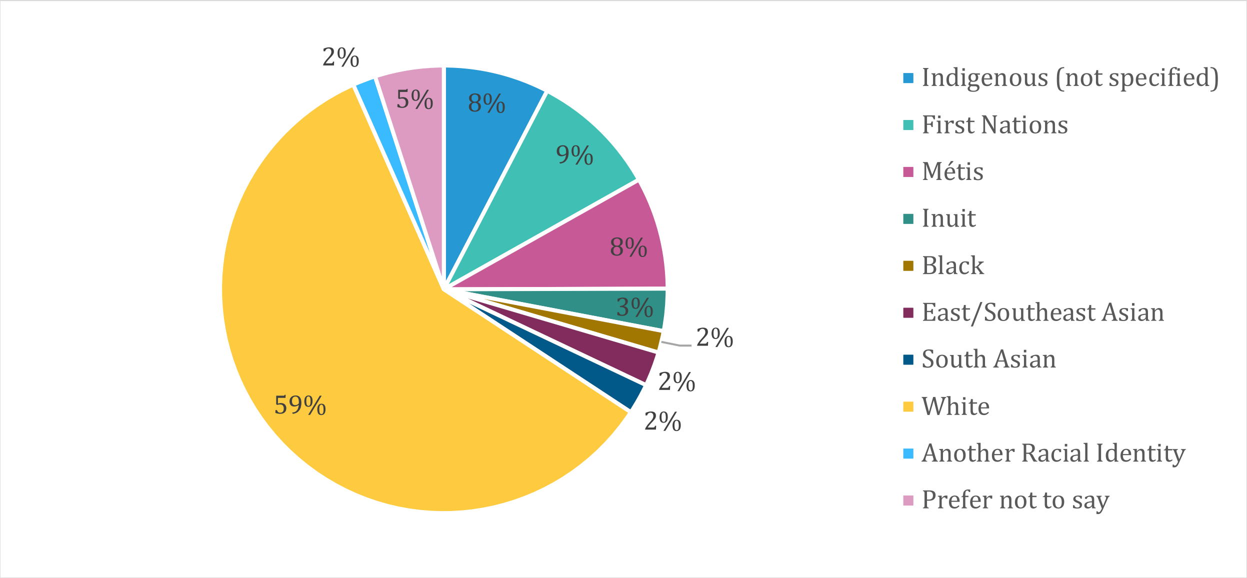
All age cohorts were represented in the data, where over half of the respondents (**60%,** n= 656) were between 35 and 64 years old (Figure 2).

Figure 2: Respondents by age (N= 1,095)



More than half of all outpatient respondents self-identified as White (**59%,** n= 642). Indigenous respondents, including those who did not specify their Indigenous identity further, First Nations, Métis, and Inuit respondents, made up the second largest proportion of respondents (**28%**, n= 304; Figure 3)[35].

Figure 3: Respondents by racial identity (N= 1,088)



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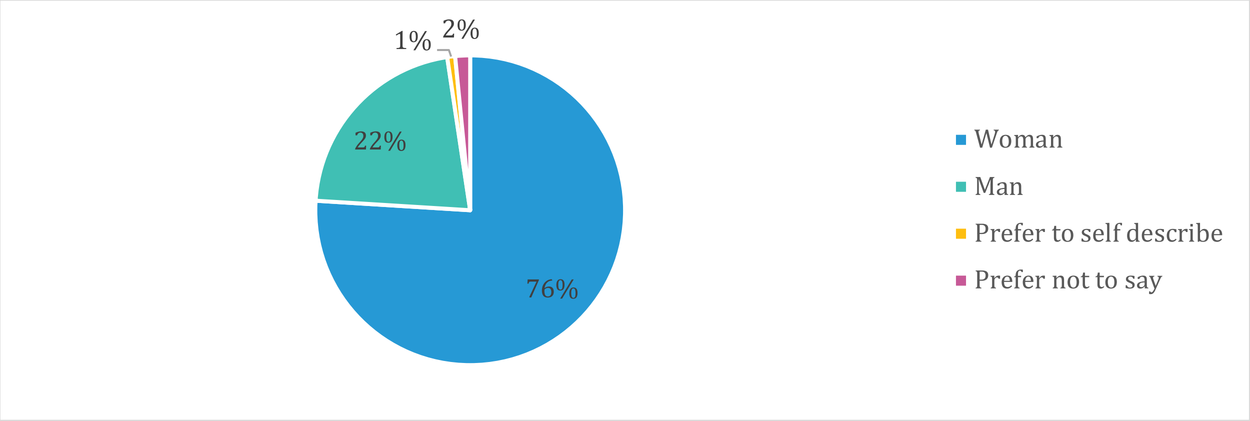
[35] Due to small sample size, individuals who indicated their racial identity as Latinx or Middle Eastern were grouped together to ensure anonymity

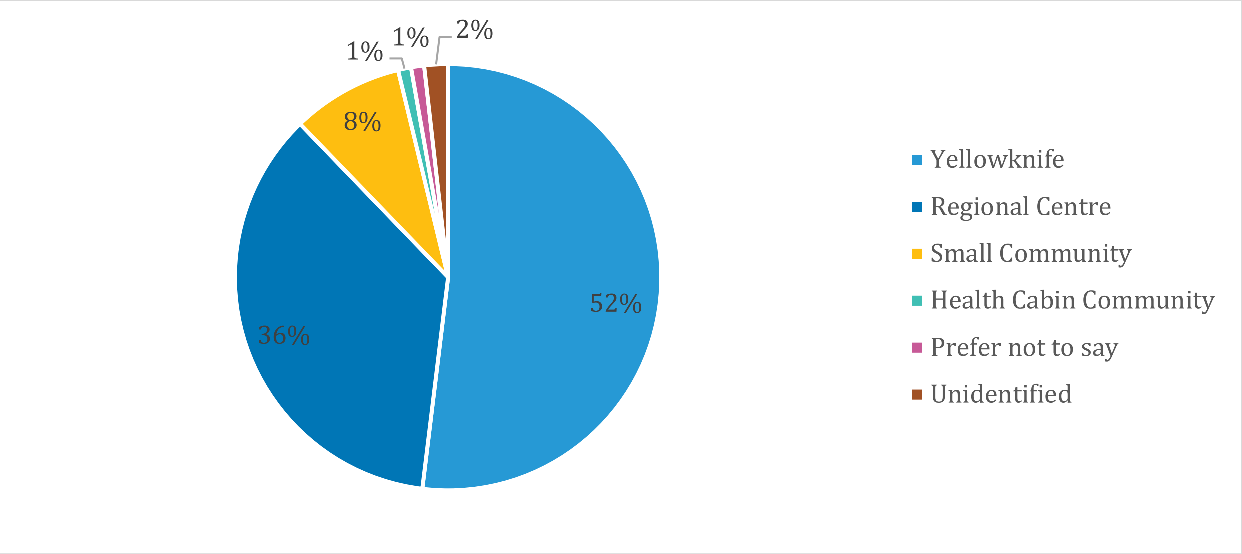
Additionally, more than three-quarters of respondents identified as women (**76%,** n= 832; Figure 4)[36].

Figure 4: Respondents by gender identity (N= 1,095)



Overall, more than half of the outpatient respondents were from Yellowknife (**52%,** n= 578), followed by a regional centre (e.g., Inuvik; **36%,** n= 399), then small community (e.g., Fort Liard; **8%,** n= 94; Figure 5).

Figure 5: Respondents by home community type (N= 1,113)



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[36] Due to small sample size, individuals who self-indicated as a gender other than woman or man (e.g., non-binary) were grouped together under "Prefer to self-describe"

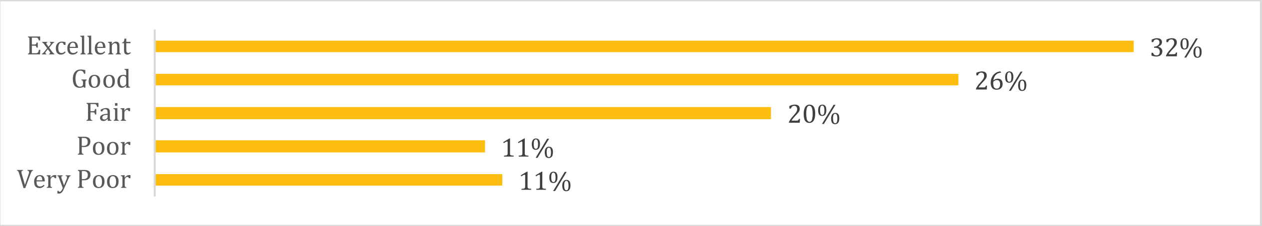
Service Quality

This dimension focuses on outpatient respondents' perception of the overall quality of care they received.

OVERALL RATING OF CARE

Over half of outpatient respondents (**58%**, n= 610) rated their overall care as either 'Excellent' or 'Good' (Figure 6).

Figure 6: Overall, how would you rate the care you received today? (N= 1,053)



Based on home community type, respondents from health cabin communities made up the largest percentage who indicated their overall care was "Poor" or "Very Poor" (**40%**, n= 4).

A quarter of respondents who self-identified as a gender other than woman or man indicated the overall care they received was "Poor" or "Very Poor" (**25%**, n= 2), which is a higher percentage of respondents when compared to women (**22%**, n= 175) and men (**21%**, n= 47) who reported the same.

Further, of note is that just over a two-fifths of Inuit respondents (**42%**, n= 14) indicated their overall care was "Excellent" or "Good", which represents the smallest percentage of respondents based on racial identity who indicated this.

The largest percentage of respondents who indicated the overall care they received was "Excellent" or "Good" based on age range were those between 65 and 80 years old (**76%,** n= 120; Table 1).

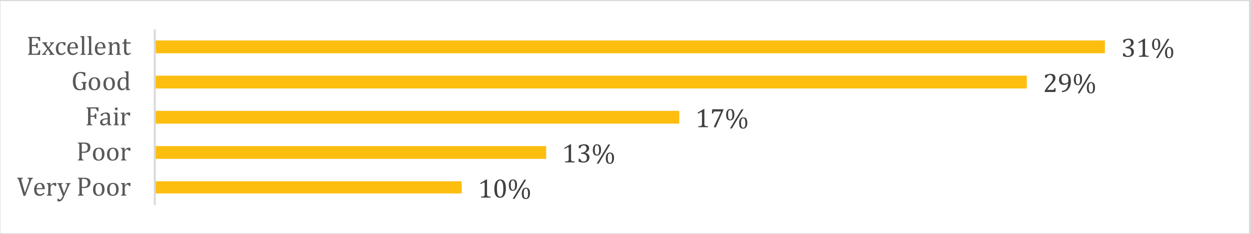
Table 1: Overall rating of care received based on community type (N= 1,038), gender identity (N= 1,047), racial identity (N=998), and age (N= 1,036)

	# of Respondents	**Excellent or Good**	**Fair**	**Poor to Very Poor**
Community Type				
Yellowknife	554	65%	18%	18%
Regional Centre	386	52%	23%	25%
Small Community	88	52%	17%	31%
Health Cabin Community	10	40%	20%	40%
Gender Identity				
Woman	796	58%	20%	22%
Man	229	59%	21%	21%
Prefer to self-describe	8	63%	13%	25%
Racial Identity				
Indigenous (not specified)	78	35%	26%	40%
First Nations	95	51%	18%	32%
Métis	86	55%	21%	24%
Inuit	33	42%	24%	33%
White	621	65%	19%	16%
East/Southeast Asian	26	58%	23%	19%
South Asian	24	54%	17%	30%
Black	17	59%	41%	0%
Another Racial Identity	18	50%	17%	33%
Age				
19 years old or younger	16	38%	38%	25%
20-34 years old	215	51%	24%	25%
35-49 years old	314	51%	26%	23%
50-64 years old	321	62%	16%	22%
65 -80 years old	157	76%	10%	13%
81 years or older	13	62%	23%	15%

HEALTH CARE TEAM'S ABILITY TO ANSWER QUESTIONS

More than half of the respondents (**60%,** n= 629) rated their health care team's ability to answer the patient's question as 'Excellent' or 'Good' (Figure 7).

Figure 7: Overall, how would you rate the ability of your Health Care Team in answering your questions? (N= 1,051)



LANGUAGE SERVICES

Almost all respondents indicated they were offered services in the language of their choice (**94%,** n= 734), with **6%** (n= 50) indicating they were not.

HEALTH CARE PROVIDER

This year was the first-time respondents to the PEQ were asked whether they would feel comfortable returning to the health care professional they saw if their condition got worse, if they needed more information, or for follow-up. More than three quarters of respondents (**78%,** n= 682) indicated that they would feel comfortable returning to the health care provider they saw.

Qualitative Feedback

When asked to provide feedback on their experience accessing care, and whether they would return to the same health care provider they saw, many respondents indicated that while they were happy with the care they received, they felt it is likely they would not have the opportunity to see the same health care provider again as the provider was a locum. To this end, many respondents voiced displeasure with the inability to have a consistent health care provider, and in Yellowknife, not be assigned to a specific care team.

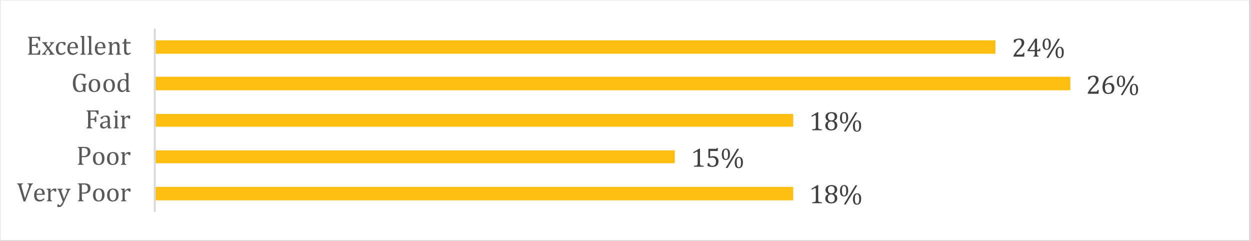
Further, respondents also noted issues with integrated care and continuity of services, where information about their health care concerns was not provided to other services they were referred to, which negatively impacted the quality of care they received.

Experience Accessing Services

This dimension focuses on outpatient respondents' perception of ease of access to the services that they need when they need them. Outpatient respondents rated how easy it was for them to access services overall and answered questions about their experience accessing services from the time they arrived at the healthcare centre/facility, throughout their time there, and after they received care.

Less than half of outpatient respondents (**49%,** n= 520)[37] rated ease of access to services as 'Excellent' or 'Good', while **33%** (n= 347) rated ease of access to services as 'Very Poor', or 'Poor' (Figure 8).

Figure 8: How easy was it to access the services your received today? (N= 1,052)



73% (n= 8) of respondents from health cabin communities indicated that the ease of access to the service(s) they received was "Poor" or "Very Poor".

Further, over a third of respondents who self-described themselves as a gender other than woman or man indicated ease of access was "Excellent" or "Good" (**38%,** n= 3), while half of women who responded (**50%,** n= 395) and just over half of men (**51%,** n= 116) reported that their access was "Excellent" or "Good".

Almost half of Inuit respondents (**45%,** n= 15) rated their ease of access as "Poor" or "Very Poor".

With respect to age, the largest percentage of respondents who indicated their ease of access to health care was "Excellent" or "Good" were respondents aged 65-80 years old (**65%,** n= 104; Table 2).

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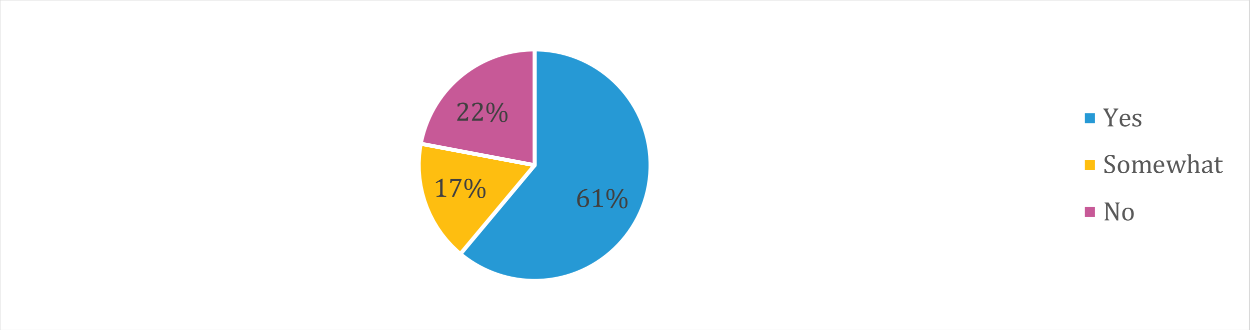
[37] Due to rounding, the total does not correspond with the sum of the separate 'Excellent' and 'Good' results in Figure 8

Table 2: Overall experience with ease of accessing services based on community type (N= 1,037), gender identity (N= 1,031), racial identity (N=995), and age (N= 1,033)

	# of Respondents	Excellent or Good	Fair	Poor to Very Poor
Community Type				
Yellowknife	556	54%	18%	29%
Regional Centre	379	43%	18%	39%
Small Community	91	57%	15%	27%
Health Cabin Community	11	9%	18%	73%
Gender Identity				
Woman	796	50%	18%	32%
Man	227	51%	16%	33%
Prefer to self-describe	8	38%	25%	38%
Racial Identity				
Indigenous (not specified)	78	33%	26%	41%
First Nations	93	49%	16%	34%
Métis	83	52%	16%	33%
Inuit	33	33%	21%	45%
White	623	55%	16%	29%
East/Southeast Asian	27	44%	26%	30%
South Asian	23	30%	30%	39%
Black	17	35%	41%	24%
Other Racial Identity	18	44%	17%	39%
Age				
19 years old or younger	17	53%	19%	41%
20-34 years old	213	45%	19%	36%
35-49 years old	312	43%	21%	36%
50-64 years old	316	51%	18%	31%
65 -80 years old	161	65%	14%	21%
81 years or older	14	71%	0%	29%

Respondents were asked if they, their family, or caregiver were given information on how to care for them after the appointment/treatment. Over half (**61%**, n= 488) indicated they were provided with this information (Figure 9).

Figure 9: Were you, your family, or your caregiver given information on how to care for yourself and who to contact should you have questions after the appointment/treatment/hospitalizations? (N= 799)



Qualitative Feedback

In some cases, outpatient respondents reported satisfaction with the ability to request appointments and call-backs online to aid them in accessing services quickly. However, many respondents voiced concerns over the inability to connect with the healthcare centre/facility to book an appointment and receive care in a timely manner.

Further, respondents reported having to go to Emergency Care for non-emergencies as it was the only way they felt they could access timely care due to an inability to book a regular appointment with a health care provider. Outpatient respondents also indicated that improvements to the accessibility of services could be made through shortening referral times and wait-times, implementing improved follow-up and call back services for scheduling appointments and follow-up after services like diagnostic imaging appointments, and having more privacy at the clinic's reception area, where many respondents were concerned with having to voice the reason for their visit in front of other patients in the waiting room. Outpatients suggested a variety of changes including: implementing increased walk-in clinic hours, improving call-back services so messages are answered in a timely manner, and providing patients with appointment reminders.

Finally, while respondents noted that staff at the health care centres and hospitals seemed to be doing everything possible to provide effective care, there were issues with understaffing leading to barriers to timely access to care and perceived staff burnout where some respondents reporting feeling rushed through appointments and dismissed by administration staff/front desk staff when booking an appointment, and by health care providers when attending an appointment.

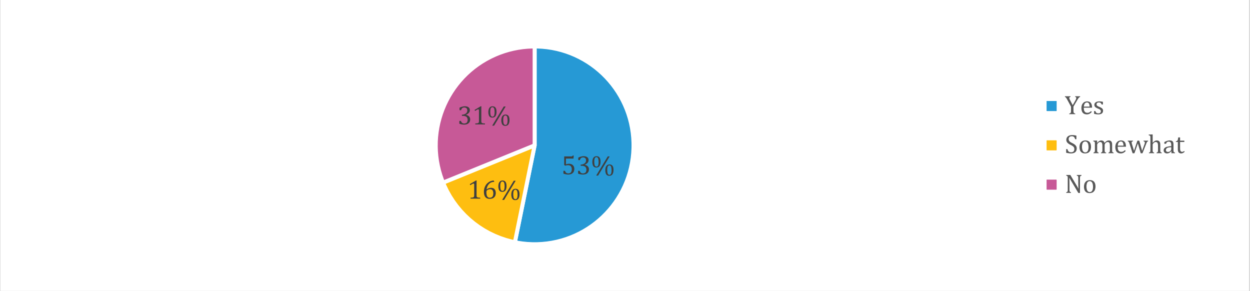
Values, Needs, and Preferences

This dimension focuses on respondents' perception of respect for individual and family values, needs, and preferences while receiving care. It further focuses on aspects of shared decision making and participation in care.

Involvement in Care

Just over half (**53%,** n= 374) of outpatient respondents indicated that they or their family/caregiver were encouraged to participate in decisions about their care (Figure 10).

Figure 10: Were you, your family, or your caregiver encouraged to participate in decisions about your care? (N= 703)



When considering differences in experience of being encouraged to participate in decisions around care, more than half of the outpatient respondents from Yellowknife (**60%,** n= 222) and health cabin communities (**57%**, n= 4) indicated they were encouraged to participate in decisions around their care.

Further, more than half of women (**52%**, n= 273) and men (**61%**, n= 94) who responded to the questionnaire also indicated they were encouraged to participate in their care.

East/Southeast Asian respondents made up the largest percentage of respondents based on racial identity who were encouraged to participate in their care (**81%,** n= 13), while individuals who identified as another racial identity (e.g., Latinx) made up the smallest percentage (**25%**, n= 3).

Finally, respondents aged 19 years old or younger made up the highest percentage of respondents based on age range, who indicated they were encouraged to participate in decisions about their own care (**73%,** n= 11; Table 3).

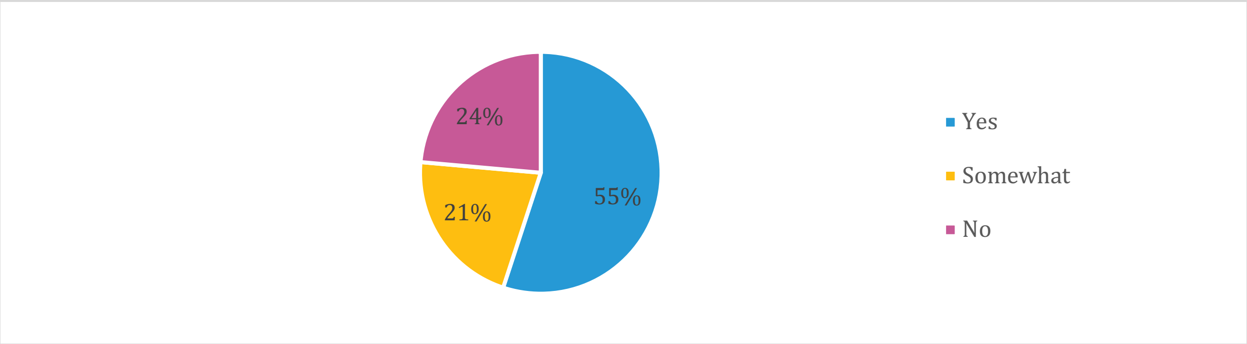
Table 3: Experience with participation in decisions around care based on community type (N= 691), gender identity (N= 693), racial identity (N=666), and age (N= 688)

	# of Respondents	**Yes**	**Somewhat**	**No**
Community Type				
Yellowknife	367	60%	14%	25%
Regional Centre	244	46%	16%	38%
Small Community	73	45%	15%	40%
Health Cabin Community	7	57%	14%	29%
Gender Identity				
Woman	527	52%	17%	31%
Man	154	61%	10%	29%
Prefer to self-describe	7	43%	14%	43%
Racial Identity				
Indigenous (not specified)	63	29%	22%	49%
First Nations	67	45%	12%	43%
Métis	58	53%	14%	33%
Inuit	20	35%	0%	65%
White	405	60%	15%	25%
East/Southeast Asian	16	81%	0%	19%
South Asian	11	64%	27%	9%
Black	14	43%	21%	36%
Another Racial Identity	12	25%	33%	42%
Age				
19 years old or younger	15	73%	7%	20%
20-34 years old	139	49%	20%	31%
35-49 years old	218	49%	19%	32%
50-64 years old	208	54%	13%	33%
65 -80 years old	101	64%	9%	27%
81 years or older	12	67%	8%	25%

INFORMED OF CARE PLANNED

Just over half of respondents (**55%,** n= 469) indicated that they were kept informed of the care planned for them, while one-fifth (**21%,** n= 182) of respondents indicated they were “Somewhat” kept informed (Figure 11).

Figure 11: Were you kept informed about the care planned for you? (N= 852)



When considering home community type, respondents from health cabin communities made up the smallest proportion of respondents who indicated that they were kept informed about the care planned for them (**25%**, n= 2). Further, half of the respondents from health cabin communities (**50%,** n= 4) indicated they were not kept informed about the care planned for them.

Less than half of the respondents who indicated a gender other than women or man (**43%,** n= 3) reported that they were kept in form about the care planned for them. This contrasts with **53%** (n= 334) of women and **64%** (n= 125) of men who reported the same.

A third of Inuit respondents (**33%,** n= 8) indicated they were kept informed about the care planned for them

Respondents between 20-34 years old (**47%,** n= 80) made up the smallest percentage of respondents based on age range who reported they were kept informed about the care planned for them (Table 4).

Table 4: Patient experience of being kept informed about care planned based on community type (N= 838), gender identity (N= 832), racial identity (N=810), and age (N= 839)

	# of Respondents	**Yes**	**Somewhat**	**No**
Community Type				
Yellowknife	449	61%	20%	19%
Regional Centre	304	49%	23%	28%
Small Community	77	51%	22%	27%
Health Cabin Community	8	25%	25%	50%
Gender Identity				
Woman	629	53%	23%	24%
Man	196	64%	14%	22%
Prefer to self-describe	7	43%	29%	29%
Racial Identity				
Indigenous (not specified)	71	31%	28%	41%
First Nations	79	51%	18%	32%
Métis	65	46%	29%	25%
Inuit	24	33%	38%	29%
White	502	62%	19%	19%
East/Southeast Asian	21	62%	14%	24%
South Asian	16	63%	31%	6%
Black	15	53%	27%	20%
Another Racial Identity	16	56%	19%	25%
Age				
19 years old or younger	16	50%	19%	31%
20-34 years old	169	47%	27%	25%
35-49 years old	256	52%	23%	24%
50-64 years old	257	54%	19%	26%
65 -80 years old	127	73%	13%	14%
81 years or older	14	64%	21%	14%

RESPECT & DIGNITY

Outpatients were asked whether the health care professionals they saw treated them with respect and dignity. Overall, just over two-thirds of respondents (**66%,** n= 646) indicated that while receiving care, they felt respected and listened to by staff and health care professionals, and just over a quarter (**27**%, n= 259) indicated that "Sometimes" they felt respected and listened to by staff and health care professionals (Figure 12).

Figure 12: While receiving care, did the staff and health care professional you saw treat you with respect and dignity? (N= 976)

Almost three-quarters of respondents from Yellowknife (**72%**, n= 369) indicated they felt like they were treated with respect and dignity compared to **61%** (n= 214) of respondents from regional centres, **60%** (n= 52) of respondents from small communities, and **44%** (n= 4) of respondents from health cabin communities.

38% (n= 3) of respondents who self-identified as a gender other than woman or man indicated they felt like they were treated with respect and dignity by health care professional(s) they saw.

Almost three-quarters of White respondents (**74%**, n= 432) indicated they felt they were treated with respect and dignity, but only **37%,** (n= 11) of Black respondents reported the same.

While **85%** (n= 11) of respondents 81 years old and older and **83%** (n= 120) of respondents between 65 and 80 reported they "Always" or "Usually" felt like they were treated with respect and dignity by health care professionals, only **62%** (n= 181) of respondents between 35 and 49 years old reported the same (Table 5).

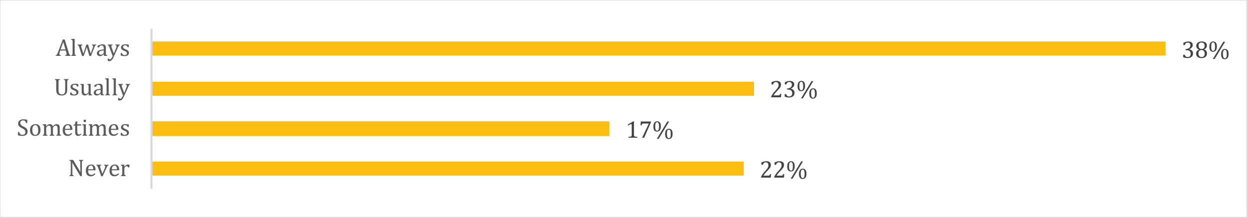
Table 5: Patient experience being treated with respect and dignity based on community type (N= 962), gender identity (N= 956), racial identity (N=941), and age (N= 946)

	# of Respondents	Always or Usually	Sometimes	Never
Community Type				
Yellowknife	516	72%	23%	6%
Regional Centre	350	61%	31%	8%
Small Community	87	60%	31%	9%
Health Cabin Community	9	44%	33%	22%
Gender Identity				
Woman	737	66%	26%	7%
Man	211	70%	25%	6%
Prefer to self-describe	8	38%	50%	13%
Racial Identity				
Indigenous (not specified)	78	40%	47%	13%
First Nations	83	51%	37%	12%
Métis	74	59%	28%	12%
Inuit	32	63%	28%	9%
White	583	74%	21%	5%
East/Southeast Asian	27	63%	30%	7%
South Asian	19	63%	32%	5%
Black	30	37%	13%	50%
Another Racial Identity	15	67%	20%	13%
Age				
19 years old or younger	14	64%	29%	7%
20-34 years old	195	57%	32%	10%
35-49 years old	294	62%	31%	7%
50-64 years old	298	69%	24%	7%
65 -80 years old	145	83%	14%	3%
81 years or older	13	85%	15%	0%

INDIVIDUAL NEEDS, PREFERENCES, AND VALUES

Outpatient respondents were asked whether their individual needs, preferences, and cultural values were taken into consideration. Over half (**61%,** n= 314) indicated their needs, preferences and cultural values were "Always" or "Usually" taken into consideration and/or accommodated in their health journey (Figure 13).

Figure 13: Were your individual needs, preferences, and cultural values taken into consideration by staff? (N= 518)



When considering home community type, less than half of respondents from small communities (**42%**, n= 24) indicated they felt their individual needs, preferences, and values were "Always" or "Usually" taken into consideration by staff.

Almost three-quarters of White respondents (**74%,** n= 192) and **84%** (n= 16) of East/Southeast Asian respondents indicated they felt their individual needs, preferences, and values were taken into consideration. In contrast, just over a third of Inuit respondents (**35%,** n= 6) reported the same.

Respondents aged 65-80 years old made up the largest proportion of respondents based on age range who felt their individual needs, preferences, and values were taken into consideration by staff (**76%,** n= 59; Table 6).

Table 6: Patient experience with individual needs, preferences and values being taken into consideration by staff based on community type (N= 510), gender identity (N= 508), racial identity (N=490), and age (N= 511)

	# of Respondents	**Always or Usually**	**Sometimes**	**Never**
Community Type				
Yellowknife	252	68%	15%	17%
Regional Centre	194	59%	18%	23%
Small Community	57	42%	21%	37%
Health Cabin Community	7	57%	0%	43%
Gender Identity				
Woman	397	61%	17%	22%
Man	106	62%	17%	21%
Prefer to self-describe	5	20%	20%	40%
Racial Identity				
Indigenous (not specified)	55	31%	20%	49%
First Nations	56	45%	18%	38%
Métis	49	51%	27%	22%
Inuit	17	35%	29%	35%
White	259	74%	13%	13%
East/Southeast Asian	19	84%	5%	11%
South Asian	13	69%	23%	8%
Black	12	50%	42%	8%
Another Racial Identity	10	30%	10%	30%
Age				
19 years old or younger	6	67%	33%	0%
20-34 years old	117	56%	19%	25%
35-49 years old	152	55%	20%	25%
50-64 years old	148	62%	13%	25%
65 -80 years old	78	76%	13%	12%
81 years or older	10	60%	40%	0%

CONCERN, COMPLAINT, OR COMPLIMENT

Over a third of respondents (**38%,** n= 382) indicated that they were aware of how to file a concern, complaint, or compliment about the care they received (N= 1,008).

Overall, regardless of socio-demographic breakdown, most respondents were *not* aware of how to file a concern, complaint, or compliment. Most notably, **80%** (n= 8) of those from health cabin communities, **88%** (n= 7) of respondents who self-described as a gender other than woman or man, **77%** (n= 20) of East/Southeast Asian respondents, and **70%** (n= 141) of respondents between 20-34 years old reported that they were *not* aware of how to file a concern, complaint, or compliment (Table 7).

Table 7: Patient awareness of how to file a concern, complaint, or compliment based on community type (N= 992), gender identity (N= 988), racial identity (N=957), and age (N= 990)

	# of Respondents	**Yes**	**No**
Community Type			
Yellowknife	534	36%	64%
Regional Centre	361	41%	59%
Small Community	87	41%	59%
Health Cabin Community	10	20%	80%
Gender Identity			
Woman	758	39%	61%
Man	222	36%	64%
Prefer to self-describe	8	13%	88%
Racial Identity			
Indigenous (not specified)	78	27%	73%
First Nations	90	39%	61%
Métis	77	35%	65%
Inuit	32	31%	69%
White	600	41%	59%
East/Southeast Asian	27	26%	74%
South Asian	19	42%	58%
Black	16	44%	56%
Another Racial Identity	16	31%	69%
Age			
19 years old or younger	16	31%	69%
20-34 years old	200	30%	70%
35-49 years old	299	34%	66%
50-64 years old	307	40%	60%
65 -80 years old	155	53%	47%
81 years or older	13	54%	46%

Qualitative Feedback

Outpatient respondents were asked to provide feedback on whether they felt their individual needs, preferences, and cultural values or traditions were taken into consideration by staff. Many respondents indicated that they were happy with the care they received, and that their health care providers treated them with respect, made them feel safe, and were able to answer their questions.

However, some respondents indicated they felt dismissed by health care providers, not taken seriously, or that their concerns were not followed up on efficiently. Further, issues with feeling rushed through appointments and continuity of care, especially due to rotating locums where residents were not able to see the same health care provider more than once, were noted as issues and potential risks to positive health outcomes by respondents.

Respondents also noted a need for better cultural safety training among staff, especially for locum health care providers who may be less familiar with the context of the Northwest Territories. Finally, many respondents noted discomfort with the check-in process at health care centres, namely the lack of privacy and confidentiality when having to vocalize their reason for visiting the health care centre in front of other patients in the waiting room. Further to this, some respondents reported being able to hear front desk staff speaking about other patients while they waited to be seen, making them feel uncomfortable about their own privacy.

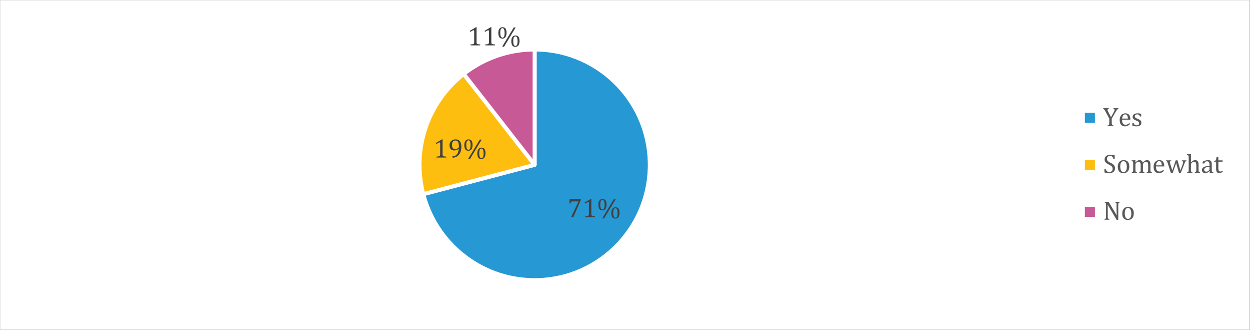
Communication and Education

This dimension focuses on outpatient respondents' perception of their ability to receive information from their health care provider and their health care provider's communication about the patient's care.

Treatment and Procedure

When outpatient respondents were asked, "Was your treatment/procedure clearly explained to you?" almost three-quarters indicated it was clearly explained (**71%,** n= 658; Figure 14).

Figure 14: Was your treatment/procedure clearly explained to you? (N= 928)



Half of all respondents from health cabin communities indicated their treatment/procedure was clearly explained to them (**50%,** n= 5) compared to almost three-quarters of respondents from Yellowknife (**74%,** n= 374).

Overall, almost three-quarters of women (**71%,** n= 494), men (**72%,** n= 149) and respondents who self-identified as a gender other than woman or man (**71%,** n= 5) indicated their treatment/procedure was clearly explained.

Only half of Inuit respondents (**50%,** n= 14) reported their treatment/procedure was clearly explained to them compared to **78%** (n= 422) of White respondents and **85%** (n= 22) of East/Southeast Asian respondents.

Finally, all respondents over 81 years old indicated their treatment/procedure was either clearly or "Somewhat" clearly explained to them (**100%,** n= 13; Table 8).

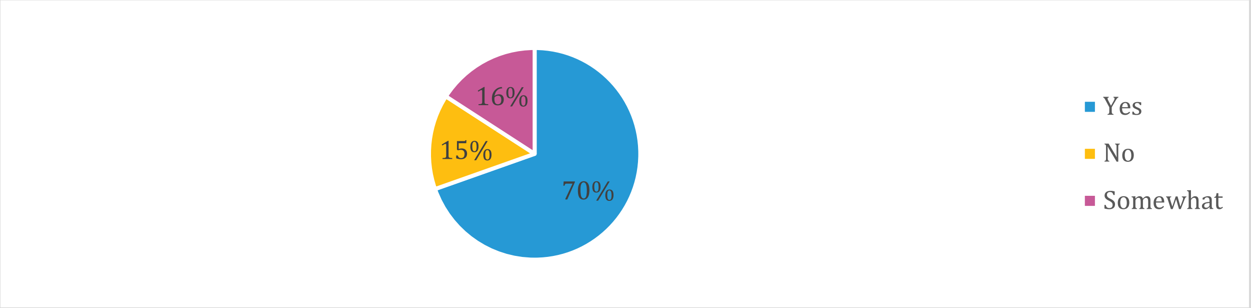
Table 8: Patient experience with having treatment/procedure clearly explained to them based on community type (N= 913), gender identity (N= 909), racial identity (N=884), and age (N= 913)

	# of Respondents	Yes	Somewhat	No
Community Type				
Yellowknife	486	77%	15%	8%
Regional Centre	334	64%	22%	14%
Small Community	86	70%	16%	14%
Health Cabin Community	10	50%	40%	10%
Gender Identity				
Woman	694	71%	18%	11%
Man	208	72%	17%	11%
Prefer to self-describe	7	71%	29%	0%
Racial Identity				
Indigenous (not specified)	73	53%	29%	18%
First Nations	91	63%	18%	20%
Métis	72	58%	28%	14%
Inuit	28	50%	25%	25%
White	544	78%	16%	7%
East/Southeast Asian	26	85%	15%	0%
South Asian	18	78%	22%	0%
Black	16	69%	31%	0%
Another Racial Identity	16	63%	6%	31%
Age				
19 years old or younger	15	73%	20%	7%
20-34 years old	183	66%	23%	11%
35-49 years old	274	68%	20%	13%
50-64 years old	287	74%	16%	10%
65 -80 years old	141	81%	11%	9%
81 years or older	13	62%	38%	0%

MEDICATIONS EXPLAINED

For respondents who were provided with new medication, almost three-quarters (**70%,** n= 364) stated that they were provided with information about what the medications were and how to take them (Figure 15).

Figure 15: If you were provided with new medication, did someone explain what these medications were and how to take them? (N= 523)



More than three-quarters (**76%**, n= 374) of respondents from Yellowknife reported that new medications were clearly explained to them.

While more than two-thirds of women (**69%,** n= 261) and men (**73%,** n= 92) indicated new medications were explained to them, but less than two-thirds of respondents of who self-described as a gender other than woman or man (**60%,** n= 3) indicated new medications were clearly explained.

Less than two-thirds of First Nations respondents (**63%,** n= 38) reported having new medications explained to them, while more than three-quarters of White respondents (**78%**, n= 206) and more than three-quarters of Black respondents (**80%,** n= 8) indicated new medications were clearly explained

Finally, respondents aged 81 years and older made up the highest percentage of respondents (**88%,** n= 7) based on age who indicated new medications were explained to them (Table 9).

Table 9: Patient experience with having new medications explained to them based on community type (N= 515), gender identity (N= 512), racial identity (N=492), and age (N= 512)

	# of Respondents	***Yes***	***Somewhat***	***No***
Community Type				
Yellowknife	242	76%	14%	10%
Regional Centre	206	62%	19%	19%
Small Community	60	72%	10%	18%
Health Cabin Community	7	71%	14%	14%
Gender Identity				
Woman	381	69%	16%	15%
Man	126	73%	14%	13%
Prefer to self-describe	5	60%	20%	20%
Racial Identity				
Indigenous (not specified)	60	52%	22%	27%
First Nations	60	63%	18%	18%
Métis	45	71%	16%	13%
Inuit	17	65%	12%	24%
White	264	78%	11%	11%
East/Southeast Asian	18	61%	28%	11%
South Asian	12	67%	33%	0%
Black	10	80%	20%	0%
Another Racial Identity	6	67%	0%	33%
Age				
19 years old or younger	Sample too small	-	-	-
20-34 years old	119	64%	24%	13%
35-49 years old	151	68%	15%	17%
50-64 years old	153	73%	13%	14%
65 -80 years old	81	77%	9%	15%
81 years or older	8	88%	13%	0%

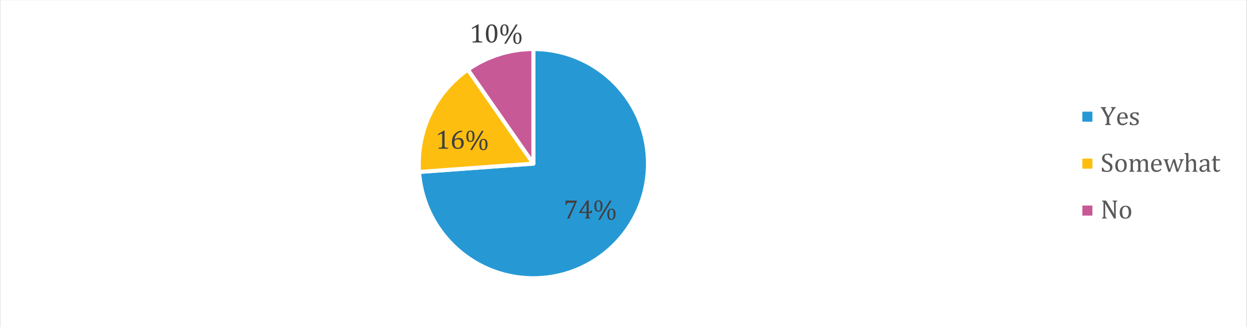
Safety and Cleanliness

This dimension focuses on outpatient respondents' perception of safety, which is a key dimension of quality care. Outpatient respondents were asked a variety of questions that address areas of patient safety such as their perceptions of their safety and facility cleanliness.

SAFETY

Almost three-quarters of respondents (**74%**, n= 717) reported they felt the facility they attended was a safe space in their community, while **16%** (n= 160) felt the facility was "Somewhat" a safe space in their community (Figure 16)[38].

Figure 16: Did you feel the facility you attended was a safe space in your community? (N= 971)



80% (n= 402) respondents from Yellowknife indicated they felt the facility they visited was a safe space in the community.

Just over a third (**38%,** n= 3) of respondents who self-identified as a gender other than woman or man indicated they felt the facility they visited was a safe space in the community. This contrasts with **73%** (n= 542) of women and **79%** (n= 161) or men who reported the same.

Just over half of First Nations respondents (**57%,** n= 52) reported they felt the facility they attended was a safe space in the community compared to **82%** (n= 462) of White respondents, **85%** (n= 22) of East/Southeast Asian respondents, **80%** (n= 16) South Asian respondents, and **82%** (n= 14) Black respondents.

At least two-thirds of respondents, regardless of age range, reported that they felt the facility they attended was a safe space in the community (Table 10).

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[38] Safe space referring to a place intended to be free of bias, conflict, criticism, or potentially threatening actions, ideas, or conversations

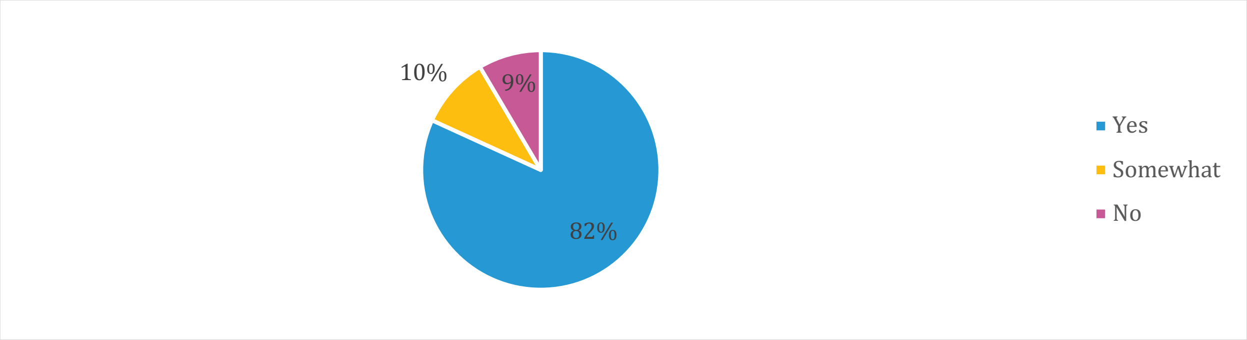
Table 10: Patient experience about whether the facility they visited was a safe space in the community based on community type (N= 955), gender identity (N= 952), racial identity (N=920), and age (N= 956)

	# of Respondents	Yes	Somewhat	No
Community Type				
Yellowknife	503	80%	13%	7%
Regional Centre	355	68%	20%	14%
Small Community	86	66%	20%	14%
Health Cabin Community	11	73%	27%	0%
Gender Identity				
Woman	741	73%	17%	10%
Man	203	79%	12%	8%
Prefer to self-describe	8	38%	38%	25%
Racial Identity				
Indigenous (not specified)	77	49%	26%	25%
First Nations	92	57%	29%	14%
Métis	77	69%	18%	13%
Inuit	31	65%	26%	10%
White	564	82%	13%	5%
East/Southeast Asian	26	85%	12%	4%
South Asian	20	80%	10%	10%
Black	17	82%	12%	6%
Another Racial Identity	16	81%	6%	13%
Age				
19 years old or younger	15	67%	13%	20%
20-34 years old	201	66%	17%	17%
35-49 years old	291	70%	20%	10%
50-64 years old	295	78%	15%	7%
65 -80 years old	142	85%	11%	4%
81 years or older	12	75%	25%	0%

PRIVACY

More than three-quarters of respondents indicated they did receive enough privacy when discussing treatment and care with health care professionals (**82%,** n= 760; Figure 17).

Figure 17: Did you receive enough privacy when discussing your treatment and care with health care professionals? (N= 929)



IDENTIFICATION

Respondents were asked whether they were required to confirm their identity during their appointment. The majority (**75%**, n= 749) of respondents indicated that they were required to confirm their identity (e.g., asked to show/provide their health card, name, or date of birth).

Half of those from health cabin communities were asked to confirm their identity (**50%,** n= 5), while most respondents from Yellowknife were asked to confirm their identity (**86%,** n= 450). Further, **75%** (n= 563) of women, **78%** (n= 169) of men, and **75%** (n= 6) of those who identified as a gender other than woman or man reported that they were asked to confirm their identity.

62% (n= 53) of First Nations, **67%** (n= 51) of Métis, and **61%** (n= 19) of Inuit respondents were asked to confirm their identity, compared to **79%** (n= 471) of White respondents, **92%** (n= 23) of East/Southeast Asian respondents, and **84%** (n= 16) of South Asian respondents.

Aside from those aged 19 years old or younger, where **67%** (n= 10) were asked to confirm their identity, about three-quarters of respondents of all other age ranges were asked to confirm their identity (Table 11).

Table 11: Outpatients asked to confirm identity during appointment based on community based on community type (N= 980), gender identity (N= 978) racial identity (N=943), and age (N= 978)

	# of Respondents	***Yes***	***No***
Community Type			
Yellowknife	526	86%	14%
Regional Centre	358	66%	34%
Small Community	86	56%	44%
Health Cabin Community	10	50%	50%
Gender Identity			
Woman	751	75%	25%
Man	217	78%	22%
Prefer to self-describe	8	75%	25%
Racial Identity			
Indigenous (not specified)	78	64%	36%
First Nations	88	61%	39%
Métis	76	67%	33%
Inuit	31	61%	39%
White	594	79%	21%
East/Southeast Asian	26	92%	8%
South Asian	19	84%	16%
Black	15	73%	27%
Another Racial Identity	53	81%	19%
Age			
19 years old or younger	15	67%	33%
20-34 years old	198	74%	26%
35-49 years old	297	78%	22%
50-64 years old	306	74%	26%
65 -80 years old	148	77%	23%
81 years or older	14	79%	21%

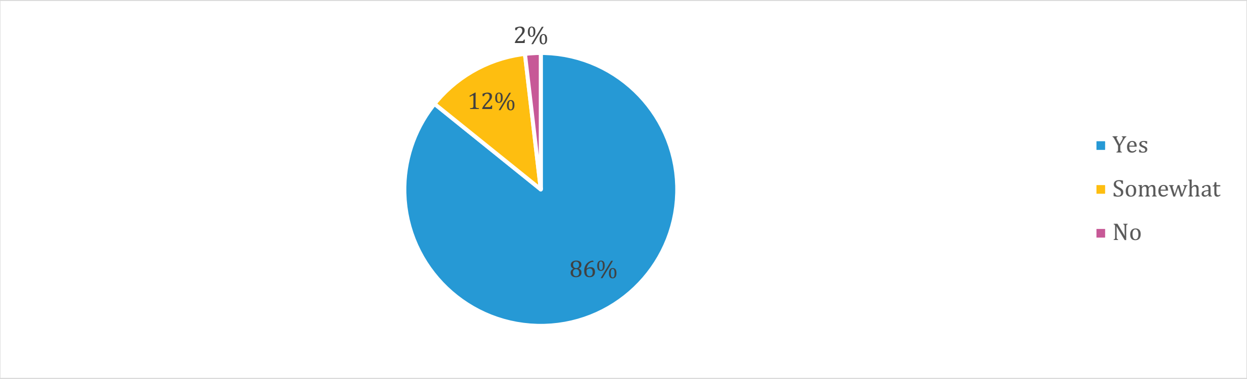
CLEANLINESS

Respondents were also asked about the cleanliness of the facility they visited. Most outpatient respondents (**94%** n= 898) reported they were aware of hand washing and sanitizing stations at their respective facility.

Additionally, **60%** (n= 554) of respondents reported they saw their health care provider wash/sanitize their hands, or that their health care provider informed them that they washed/sanitized their hands before entering the room.

Respondents were also asked to report whether they felt the facility they visited was kept clean. More than three-quarters (**86%**, n= 125) of respondents indicated the facility they visited was clean (Figure 18).

Figure 18: How would you rate the cleanliness of your room? (N= 156)



Preventative Health

Through preventative health care, patients are encouraged to be active participants in their health, where health care providers create a supportive environment to provide education and support making healthy lifestyle choices, such as increased physical activity, proper nutrition, and tobacco or cannabis cessation.

Between **20%** and **40%** of outpatients reported having discussions with a health care provider in the last 24 months regarding a variety of preventive health topics (Figure 19):

- **26%** (n= 111) of outpatients reported having a health care provider discuss options to quit smoking cigarettes, cannabis, or the use of other substances or the barriers that may exist to quit.
- **36%** (n= 253) of outpatients reported having a health care provider discuss the importance of a healthy diet, or the barriers that may exist in maintaining a healthy diet.
- **41%** (n= 308) of outpatient respondents reported having a health care provider discuss the importance of exercise and being active, or the barriers that exist to being active.

Figure 19: Preventative Health