



RAPPORT SUR L'EXPÉRIENCE DES PATIENTS AUX TNO

2019

NORTHWEST TERRITORIES PATIENT EXPERIENCE REPORT

Government of
Northwest Territories Gouvernement des
Territoires du Nord-Ouest

Le présent document contient la traduction française du survol

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OVERVIEW

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

Two versions of the NWT Patient Experience Questionnaire were administered between February 25, 2019 and March 25, 2019: an in-patient questionnaire and an out-patient questionnaire. The in-patient questionnaire was offered to all patients who received in-patient services and the out-patient questionnaire was offered to all patients who received out-patient services.

In-patient 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, staff handed out questionnaires to patients or their families on in-patient units. Questionnaires were also made available online and were publicly advertised on social media and radio.

Out-patient 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 such as primary community care, surgical day care, rehabilitation, eye clinic, dialysis, chemotherapy, laboratory, diagnostic imaging, etc. Facilities providing out-patient services included health centres, clinics, public health facilities and hospitals. Questionnaires were displayed in facility common areas (i.e., waiting areas) or staff handed them out to out-patients to complete. Questionnaires were also made available for patients to complete online and were publicly advertised on social media and radio.

Why do we conduct the questionnaire?

The NWT Patient Experience Questionnaire is part of the Department of Health and Social Services monitoring and reporting system. Client Satisfaction is an indicator of the extent to which services and supports meet the needs of individuals and families, and is considered a key dimension of service quality.

The NWT Patient Experience Questionnaire is conducted regularly, typically every two years as part of the commitment to pursue continuous quality improvement and to meet Accreditation Canada's patient experience dimensions. Results from the questionnaire help us to identify what we are doing well and where opportunities for continuous quality improvement exist.



About this Report

This report presents findings on patient experience from individuals who received care within the health and social services system during the time the questionnaire was administered. An overview of who participated in the questionnaires is provided, followed by key findings, and trend reporting for both **in-patients** and **out-patients** in the areas of: Overall Quality of Service; Experience Accessing Service; Communication and Education related to Treatments and Procedures, as well as Preventative Health; and Values, Needs and Preferences. The questionnaire's methodology and limitations are also presented in the report. Separate findings for in-patients and out-patients are presented in Appendices A and B. Each appendix presents an overview of who participated in the questionnaire and results on a variety of dimensions, specific to the experiences of in-patients and out-patients.

The inclusion of **in-patient** and **out-patient** specific findings reported in Appendix A and B will allow 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 within the community. This information will also allow the health and social services system to monitor possible impacts of system-wide change initiatives such as primary care reform and the transition to the new Stanton Territorial Hospital on the experiences of patients.

Who participated in the questionnaire?

All NWT facilities that provide in-patient services and out-patient services participated in the 2019 questionnaire. A total of 1,224 patients (137 in-patients¹ and 1,087 out-patients²) participated in the Patient Experience Questionnaire (Table 1). Since 2004, versions of the NWT patient experience questionnaire have been administered in the territory; however, not all facilities were consistently included each cycle. Since 2012, patient experience questionnaires have consistently been administered system-wide to include all NWT health facilities. These facilities include, all four hospitals that provide in-patient and out-patient services; all health centres, clinics, and public health facilities that provide out-patient services.

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

<i>Year Questionnaire Answered</i>	<i>Number of Questionnaires Returned</i>
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

1. In-patients completed the *2019 NWT Patient Experience In-Patient Questionnaire*. See the Appendix A: 2019 In-Patient Experience Report for a complete summary of in-patient results
2. Out-patients completed the *2019 NWT Patient Experience Out-patient Questionnaire*. See the Appendix B: 2019 Out-Patient Experience Report for a complete summary of out-patient results.



Summary of Results

Overall Quality of Service

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

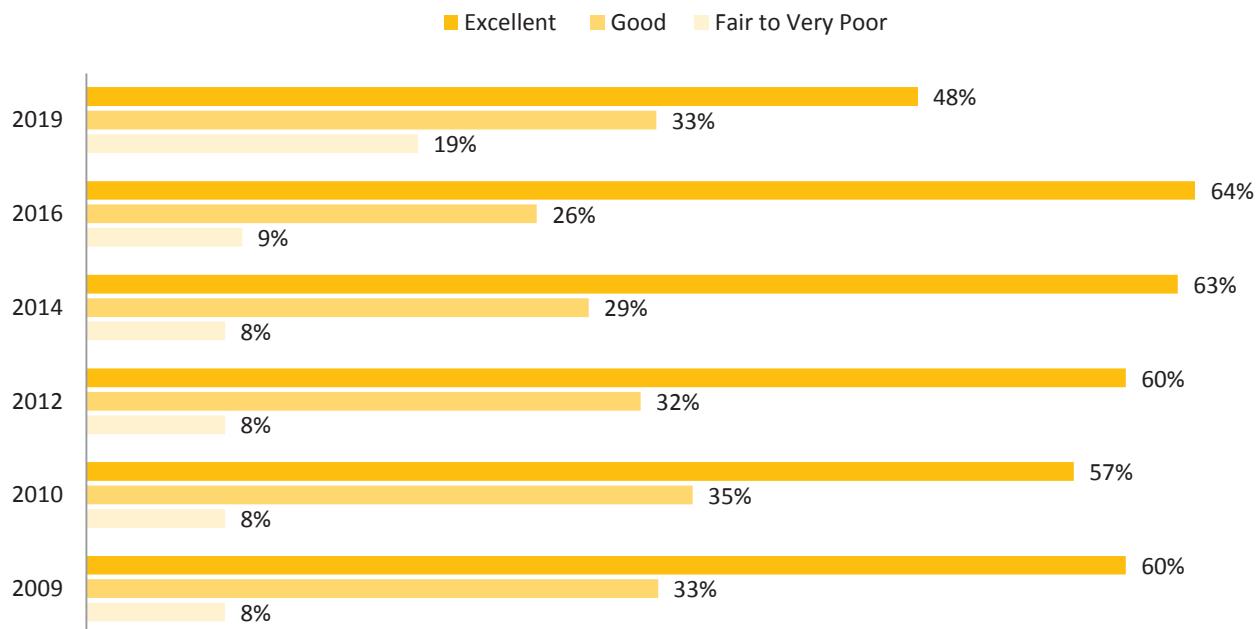
When patients were asked the question "**Overall, how would you rate the care you received?**" nearly three-quarters of **in-patients** (72%) rated their overall care as either 'Excellent' or 'Good', while 82% of **out-patients** rated their overall care as either 'Excellent' or 'Good'.

Historical trends indicate that when in-patient and out-patient ratings of their quality of care are combined, most patients rate their quality of care as 'Excellent' or 'Good' (Figure 1).

When in-patient and out-patient results are combined, **81%** of patients rated their overall quality of care as 'Excellent' or 'Good' in 2019 compared to 90% in 2016.

Changes were observed in the distribution of 'Excellent', 'Good', and 'Fair to Very Poor' ratings in the 2019 results when compared to 2016 results. A lower percentage of in-patients and out-patients (48%) rated their quality of care as 'Excellent' in 2019; however, a higher percentage of patients rated their quality of care as 'Good' (33%).

Figure 1: Trends in Care (2009-2019)

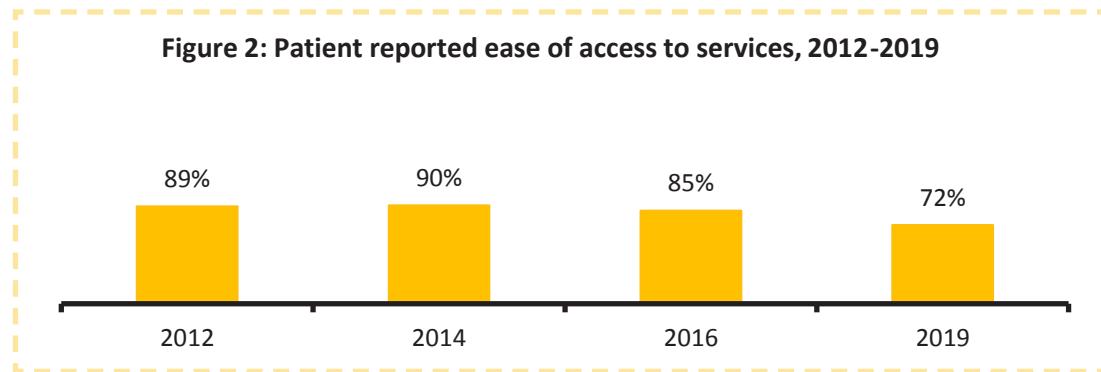


Experience Accessing Services

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

When patients were asked "**How easy was it to access the service you received today?**" more than half of **in-patients** (66%) rated ease of access as 'Excellent' or 'Good', while a third (34%) of in-patients rated ease of access as 'Very Poor', 'Poor' or 'Fair'. Nearly three-quarters of **out-patients** (74%) rated ease of access as 'Excellent' or 'Good'.

When 2019 in-patient and out-patient results are combined, **72%** of patients rated their ease of access to services as 'Excellent' or 'Good'; a decline from 85% in 2016 (Figure 2).

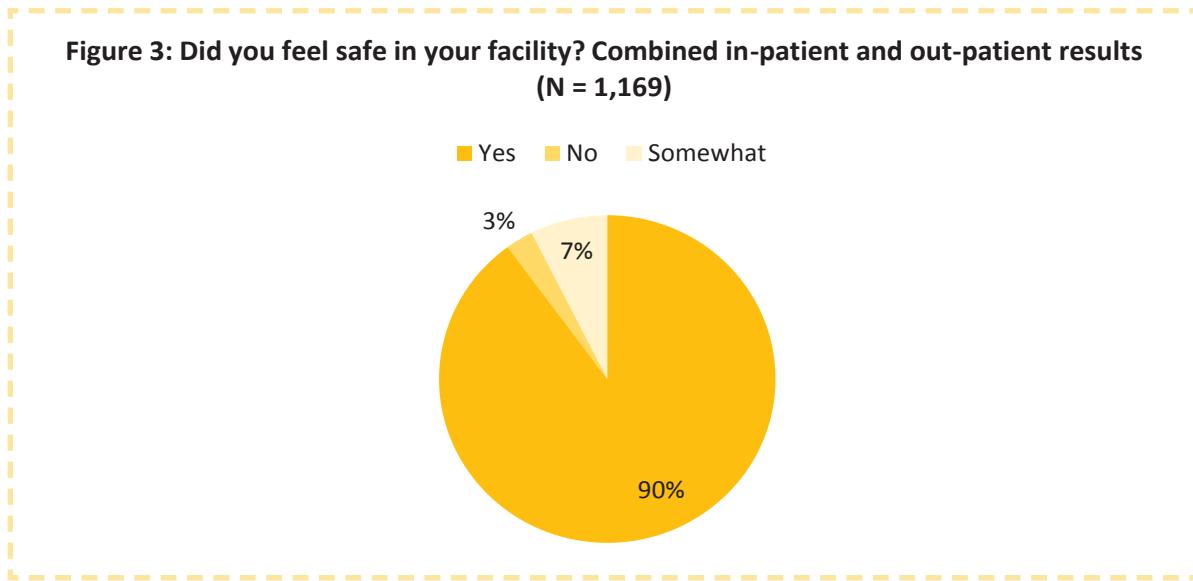


Safety

This dimension focuses on patients' perception of safety, where safety is a key dimension of quality care. Patients were asked a variety of questions that address areas of patient safety.

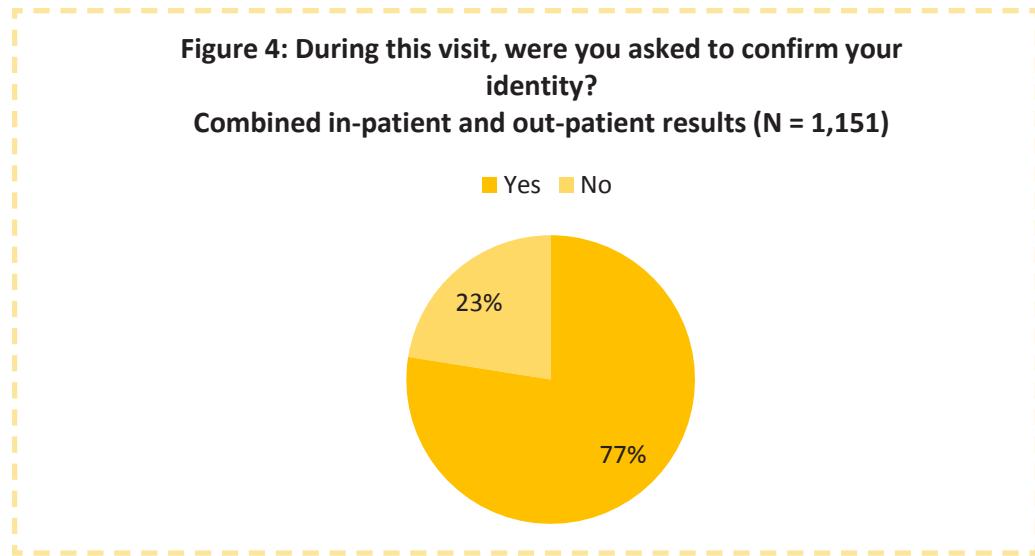
In-patients and out-patients were asked about their perception of safety within the facility they received service. Nearly three-quarters of **in-patients** (72%) reported they felt safe in the unit/hospital though nearly a third (28%) of in-patients reported they did not feel safe or only felt 'Somewhat' safe. 92% of **out-patients** reported that they felt safe within the facility, while 7% felt 'Somewhat' safe.

When in-patient and out-patient results are combined, **90%** ($n=1051$) of patients felt safe in their respective facility (Figure 3).



When in-patients and out-patients were asked the question, “**During this visit, were you asked to confirm your identity?**” 82% of [in-patients](#) reported they were asked to confirm their identity, while three-quarters of [out-patients](#) (77%) reported they were asked to confirm their identity.

When in-patient and out-patient results are combined, 77% (n= 892) of patients reported they were asked to confirm their identity³.



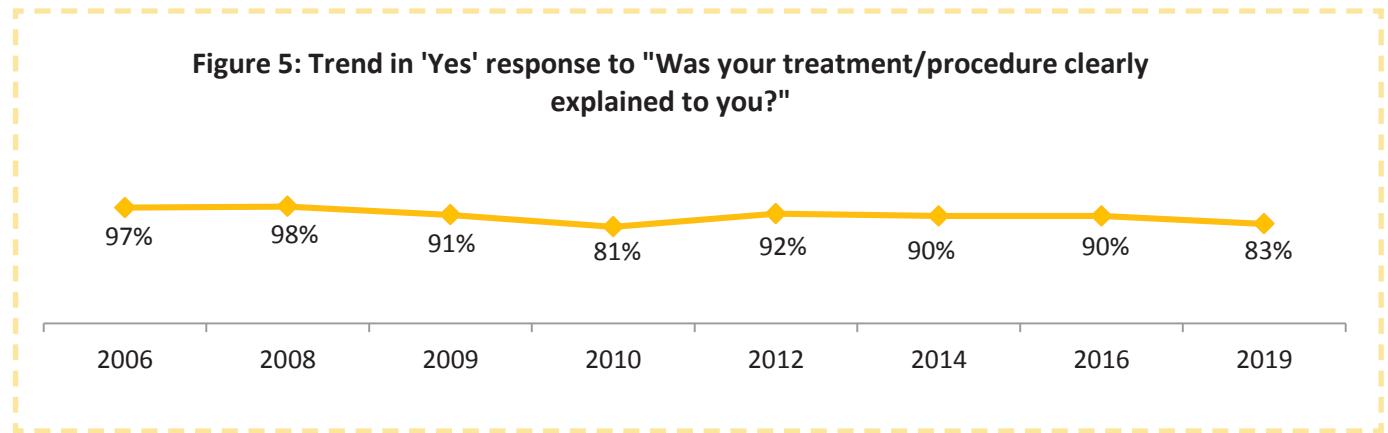
Communication and Education

This dimension focuses on patients’ perception of their overall involvement in decision making and their health care provider’s communication with regard to the patient’s care.

Treatment & Procedures

When in-patients and out-patients were asked the question “**Was your treatment/procedure clearly explained to you?**” nearly two-thirds of [in-patients](#) (72%) reported they received a clear explanation about their treatment or procedure, while 85% of [out-patients](#) reported their treatment/procedure was clearly explained to them.

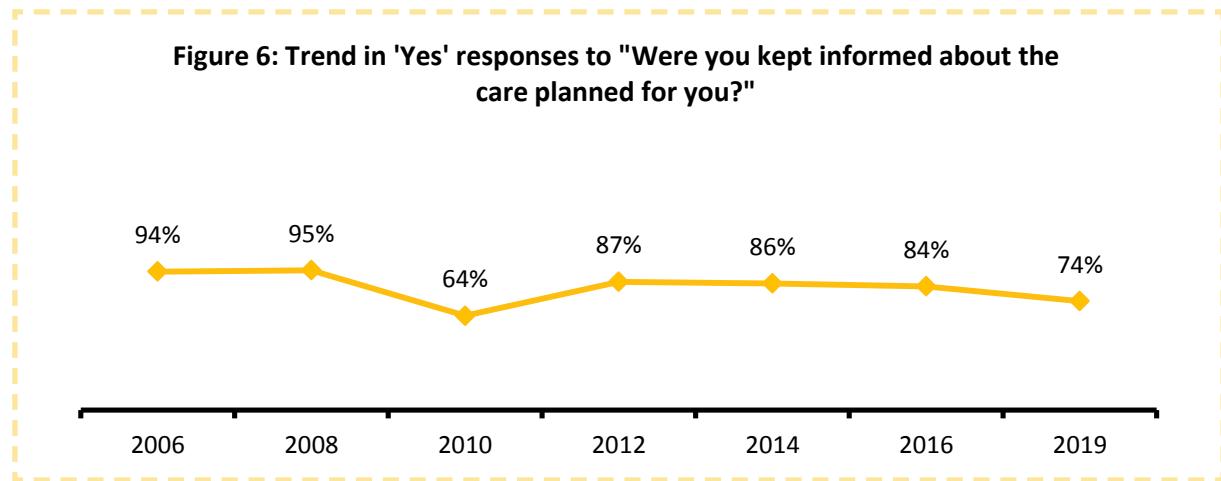
When in-patient and out-patient results are combined, 83% of patients stated their treatment or procedure was clearly explained to them in 2019 compared to 90% in 2016 (Figure 5).



3. Trend reporting is unavailable for questions on safety as these questions were new in the 2019 questionnaire.

When in-patients and out-patients were asked the question "**Were you kept informed about the care planned for you?**" nearly three-quarters of **in-patients** (75%) reported they were kept informed about the care planned for them, while three-quarters of **out-patients** (74%) reported they were kept informed about the care planned for them.

When in-patient and out-patient results are combined, **74%** of patients reported they were kept informed about the care planned for them in 2019 compared to 84% in 2016 (Figure 6).



In-patients and out-patients were asked, "**Were you, your family, or your caregiver encouraged to participate in decisions about your care?**" Over half of **in-patients** (66%) reported they, their family or caregiver were encouraged to participate in decisions about their care, while almost two thirds of **out-patients** (64%) reported that they, their family, or their caregiver were encouraged to participate in decisions about their care⁴.

In-patients and out-patients were asked about medication management while receiving service. 91% of **in-patients** reported they were asked about the medications they take, while 84% of **out-patients** reported that they were asked about the medications they take.

Furthermore, over two-thirds of **in-patients** (77%) reported they received explanations about the new medications they were provided and how to take them, while 83% of **out-patients** reported they received explanations about the new medications they were provided and how to take them⁵.



4. Note: Trend reporting is unavailable for questions on patient involvement in decision making as the phrasing of this question changed in 2019 to include family and caregivers.

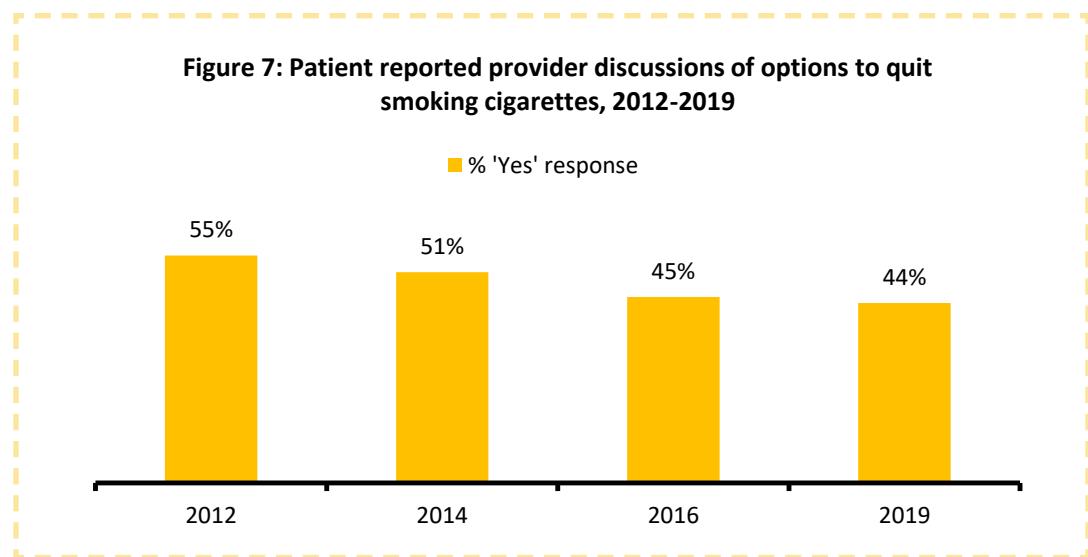
5. Note: Trends are unavailable for questions on medication management. Previous reports did not report on patients being asked about the medications they take, and the question on management of new medications was added in the 2019 questionnaire.

Preventative Health

In-patients and out-patients were asked about preventative health conversations their health care provider had with the patient in the last 24 months.

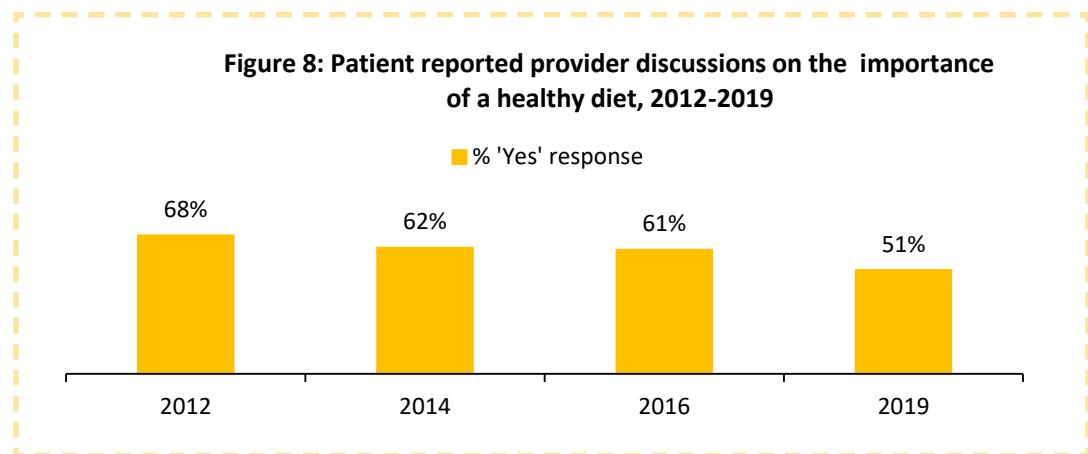
In-patients and out-patients were asked, “**In the last 24 months, has a health care provider discussed options with you to quit smoking cigarettes?**”, over a third (36%) of [in-patients](#) for whom this question was applicable reported their health care provider discussed options to quit smoking in the last 24 months, while 44% of [out-patients](#) for whom this questions was applicable reported having a health care provider discuss options to quit smoking cigarettes in the last 24 month.

When in-patient and out-patient results are combined, 44% of patients for whom this question was applicable reported having discussions in the last 24 months with their health care provider about quitting smoking cigarettes compared to 45% in 2016 (Figure 7).



In-patients and out-patients were asked, “**In the last 24 months, has a health care provider discussed with you the importance of a healthy diet?**”. Nearly half of [in-patients](#) (49%) reported they had conversations with their health care provider about a healthy diet within the last 24 months, while 51% of [out-patients](#) reported having a health care provider discuss the importance of a healthy diet.

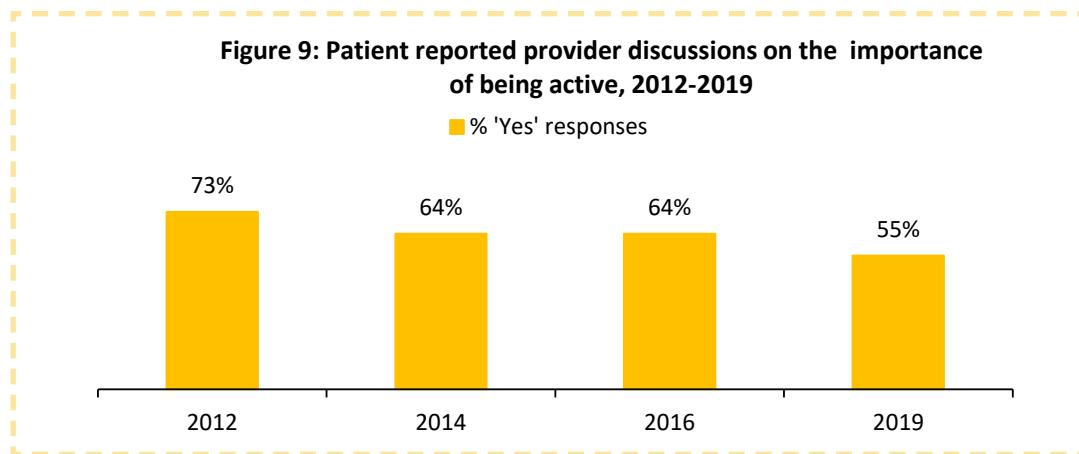
When in-patient and out-patient results are combined, 51% of patients reported that they discussed the importance of a healthy diet with their health care provider in the last 24 months compared to 61% in 2016 (Figure 8).





When in-patients and out-patients were asked, “**In the last 24 months, has a health care provider discussed with you the importance of exercise and being active?**”. Over half of **in-patients** (54%) reported they had conversations with their health care provider about being active within the last 24 month, while 55% of **out-patients** reported having a health care provider discuss the importance of exercise and being active.

When in-patient and out-patient results are combined, **55%** of patients reported having discussions in the last 24 months with their health care provider about the importance of exercise and being active compared to 64% in 2016 (Figure 9).



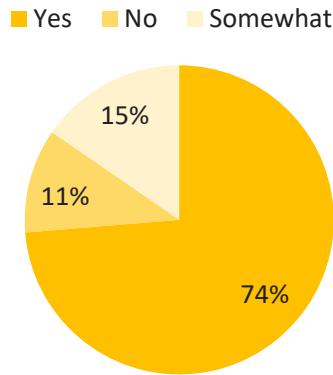
Values, Needs, Preferences

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

When in-patients and out-patients were asked, "**Were your individual needs and preferences taken into consideration by staff?**", over half of **in-patients** (60%) reported that staff took their individual needs and preferences into consideration, while three-quarters of **out-patients** (75%) reported their individual needs and preferences were taken into consideration by staff.

When in-patient and out-patient results are combined, **74%** (n=717) of patients reported that staff took their individual needs and preferences into consideration (Figure 10).

Figure 10: Were your individual needs and preferences taken into consideration by staff? Combined in-patient and out-patient (N = 1,146)

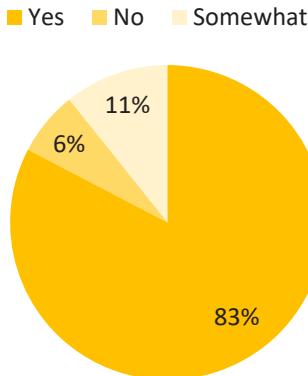


In-patients and out-patients were asked, "**Were your cultural values and traditions respected by staff?**".

Nearly two-thirds of **in-patients** (71%) reported that staff respected their cultural values and traditions, while 84% of **out-patients** reported they felt their cultural values and traditions were respected by staff.

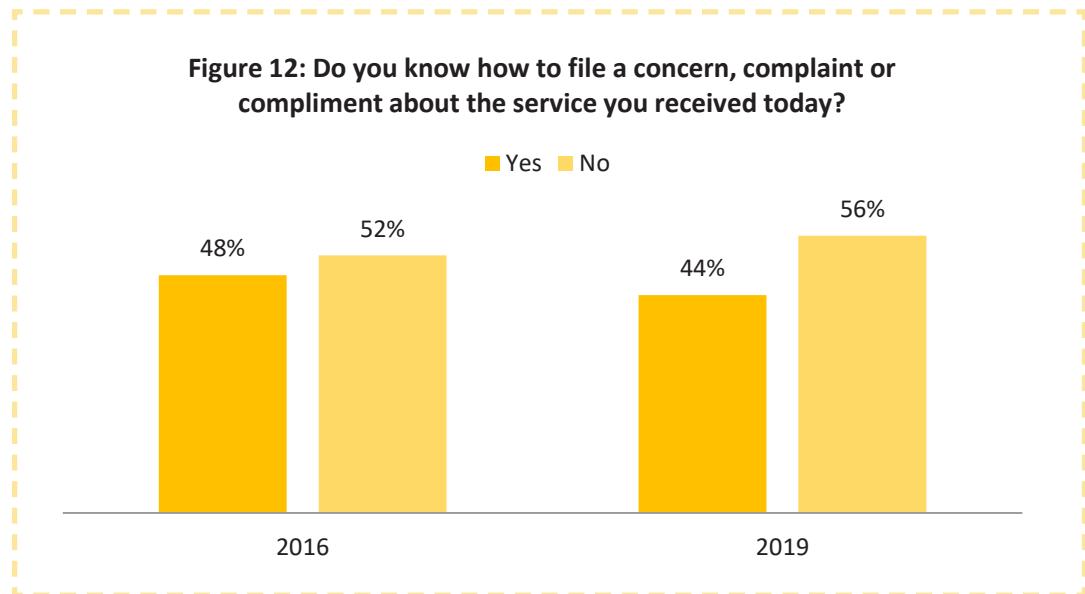
When in-patient and out-patient results are combined, **83%** (n=500) of patients reported that staff respected their cultural values and traditions (Figure 11).

Figure 11: Were your cultural values and traditions respected by staff? Combined in-patient and out-patient results (N = 605)



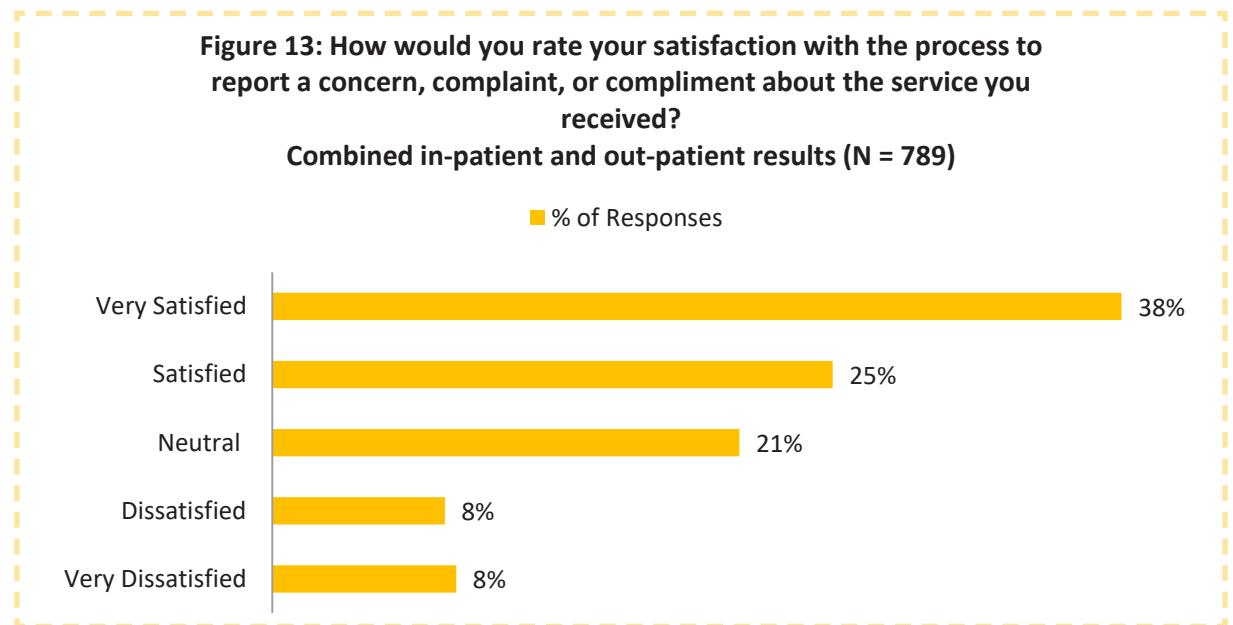
When in-patients and out-patients were asked, “**Do you know how to file a concern, complaint or compliment about the service you received?**”, over a third of **in-patients** (39%) reported they know how to file a concern, complaint or compliment about the service they received, while almost half of **out-patients** (45%) reported they know how to file a concern, complaint or compliment.

When in-patient and out-patient results are combined, **44%** of patients report they know how to file a concern, complaint or compliment compared to 48% in 2016 (Figure 12).



In-patients and out-patients were asked, “**How would you rate your satisfaction with the process to report a concern, complaint, or compliment about the service you received?**”. Half of **in-patients** (50%) reported they were ‘Very Satisfied’ or ‘Satisfied’ with the process to report a concern, complaint or compliment about the service they received, and a third (31%) reported they were ‘Dissatisfied’ or ‘Very Dissatisfied’ with the process. Among **out-patients**, nearly two thirds (64%) reported feeling ‘Very Satisfied’ or ‘Satisfied’ with the process to report a concern, complaint, or compliment about the service they received.

When in-patient and out-patient results are combined, **63%** (n=498) of patients report they were ‘Very Satisfied’ or ‘Satisfied’ with the process to report a concern, complaint or compliment about the service they received (Figure 13).



Methodology

The 2019 NWT In-Patient Experience Questionnaire and 2019 NWT Out-Patient Questionnaire consisted of 39 questions and 29 questions, respectively. The questionnaires included questions in the following categories:

- overall satisfaction;
- experience accessing care;
- treatment/procedure;
- preventative health; and
- values and needs.

The questionnaires were administered from February 25, 2019 – March 25, 2019 in all health centres, hospitals, clinics and public health facilities in the territory. Unless assistance was requested, the questionnaire was self-administered. Questionnaires could also be completed online with electronic links to both versions available on the Department of Health and Social Services website and advertised on social media.

Any patient who received 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 another official language. Each questionnaire included a prepaid and addressed envelope for individuals to mail at their convenience should they choose not to leave the questionnaire sealed in an envelope in a secure drop-box at the facility in which they accessed services. Patients were also offered the opportunity to complete the questionnaire online if they preferred to not complete a paper copy.

Feedback provided in response to open ended questions was qualitatively analyzed for recurring themes to inform the findings of the report.

In 2018, a thorough review of previous patient experience questionnaires resulted in revisions to the design and administration of the 2019 questionnaire. Revisions included shortening the questionnaire administration period from 8 weeks to 4 weeks to reduce the administrative burden and declining questionnaire response rate reported in previous administration periods.

In addition, new questions were added to in-patient and out-patient questionnaires to better align the questionnaires with Accreditation Canada patient experience reporting. Eight new common questions were added to both in-patient and out-patient questionnaires. A further 13 new questions were added to the in-patient questionnaire on topics specific to in-patient experience, while one additional new question specific to out-patient experience with privacy was added to the out-patient questionnaire.

Limitations

Interpretation of the questionnaire's results is limited by a number of methodological factors which include changes to the design of the questionnaire in 2019, the period of time the questionnaire was administered in 2019, and changes to questions within the questionnaires.

In 2019 as in previous years, patient-reported experiences were collected via a questionnaire rather than a validated survey tool. Administration of the questionnaires did not control for how often the questionnaire could be completed by the same person. In addition, a representative sampling target was not established prior to administration, limiting our ability to ensure data was collected from a representative sample of the NWT population. Furthermore, results were not weighted to adjust for over or underrepresented groups. These design limitations reduce the rigour of the questionnaire and impact our ability to test for significant changes and differences in results between years and within years.

Compared to previous cycles of the patient experience questionnaire, the 2019 questionnaire was administered for a shorter period of time and at a different point in time during the year.

As part of the review and revision of the 2019 questionnaire, modifications were made to how some questions were phrased, and new questions were added to the in-patient and out-patient questionnaires to better understand experiences of NWT in-patients and out-patients. Modifications to question phrasing impacted our ability to report on the same number of trends presented in the 2016 patient experience report.

Finally, trend data 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.



SURVOL

Les patients offrent une perspective importante sur le système de santé et de services sociaux; l'expérience qu'ils vivent lorsqu'ils accèdent aux soins nous aide à cerner les problèmes clés et les secteurs à améliorer dans l'ensemble du système. La distribution régulière de questionnaires sur l'expérience des patients contribue également à la mise en place d'un système de soins de santé respectueux de la culture, 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 offre aux patients l'occasion d'évaluer leur expérience globale et les soins reçus.

Du 25 février 2019 au 25 mars 2019, deux versions du questionnaire sur l'expérience des patients des TNO ont été distribuées : l'une destinée aux patients hospitalisés, l'autre, aux patients 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 cueillette des commentaires, le personnel a distribué des questionnaires aux patients ou à leur famille dans les différents services de soins. Le questionnaire a également été mis en ligne et a fait l'objet d'annonces 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. Les établissements fournissant des services en consultation externe comprennent les centres de santé, les cliniques, les établissements de santé publics et les hôpitaux. Les questionnaires ont été affichés dans les zones communes de l'établissement (c.-à-d. les salles d'attente) ou remis aux patients par le personnel. Le questionnaire a également été mis en ligne et a fait l'objet d'annonces dans les médias sociaux et à la radio.

Pourquoi distribuons-nous le questionnaire sur l'expérience des patients?

Le questionnaire sur l'expérience des patients est un élément du système de supervision et d'établissement de rapports du ministère de la Santé et des Services sociaux. La satisfaction des patients est un indicateur du degré auquel les services et les mesures de soutien répondent aux besoins des personnes et des familles, et elle est considérée comme une dimension clé de la qualité des services.

Le questionnaire sur l'expérience des patients des TNO est distribué régulièrement, généralement tous les deux ans, dans le cadre de notre engagement à poursuivre l'amélioration continue de la qualité et à prendre en compte les dimensions de l'expérience des patients d'Agrément Canada. Les résultats du questionnaire nous indiquent ce que nous faisons bien et ce que nous devons améliorer.



Au sujet du présent rapport

Le présent rapport divulgue les conclusions sur l'expérience des patients qui ont reçu des soins du système de santé et de services sociaux pendant la période de distribution du questionnaire. Il dresse un aperçu des participants aux questionnaires, suivi des principaux résultats et du rapport sur les tendances, tant pour les patients hospitalisés que pour les patients externes, dans les domaines suivants : la qualité globale du service, l'expérience lorsqu'ils accèdent aux services, la communication avec les patients et leur sensibilisation aux traitements et aux procédures, ainsi que la prévention, sans oublier les valeurs, les besoins et les préférences. La méthodologie et les limites du questionnaire sont également présentées dans le présent rapport. Des résultats distincts pour les patients hospitalisés et les patients externes sont présentés aux annexes A et B. Chacune donne un aperçu des patients qui ont répondu au questionnaire et présente les résultats pour divers aspects spécifiques à l'expérience vécue par les deux groupes de patients.

La présentation des résultats pour les patients hospitalisés et les patients externes aux annexes A et B permettra au système de services de santé et de services sociaux de mieux comprendre l'expérience des différents patients lorsqu'ils reçoivent des soins, autant dans un hôpital que dans une installation communautaire. Cette information permettra également au système de services de santé et de services sociaux de surveiller les éventuelles répercussions de la mise en œuvre d'initiatives à l'échelle du système sur l'expérience des patients, comme la réforme des soins primaires ou la transition vers le nouvel Hôpital territorial Stanton.

Qui a répondu au 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, 1 224 patients (137 patients¹ hospitalisés et 1 087 patients² externes) ont répondu au questionnaire sur l'expérience des patients (tableau 1). Depuis 2004, un certain nombre de versions du questionnaire sur l'expérience des patients aux TNO ont été distribuées; toutefois, ce ne sont pas toutes les installations qui participaient systématiquement à chaque cycle. Depuis 2012, le questionnaire sur l'expérience des patients est géré de façon systématique dans l'ensemble des établissements de santé des TNO. Ces établissements comprennent les quatre hôpitaux qui fournissent des soins aux patients hospitalisés et aux patients externes, ainsi que tous les centres de santé, cliniques et établissements de santé publics qui offrent des soins externes.

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

<i>Années de gestion du questionnaire</i>	<i>Nombre de questionnaires retournés</i>
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

1. Nombre de patients hospitalisés qui ont répondu au *questionnaire de 2019 sur l'expérience des patients*. Consulter l'annexe A : Rapport de l'expérience des patients hospitalisés de 2019 pour un sommaire complet des réponses des patients.

2. Nombre de patients externes qui ont répondu au *questionnaire de 2019 sur l'expérience des patients*. Consulter l'annexe B : Rapport de l'expérience des patients externes de 2019 pour un sommaire complet des réponses des patients.

Résumé des résultats

Qualité générale du service

Cette dimension porte sur la qualité générale des soins prodigués au patient.

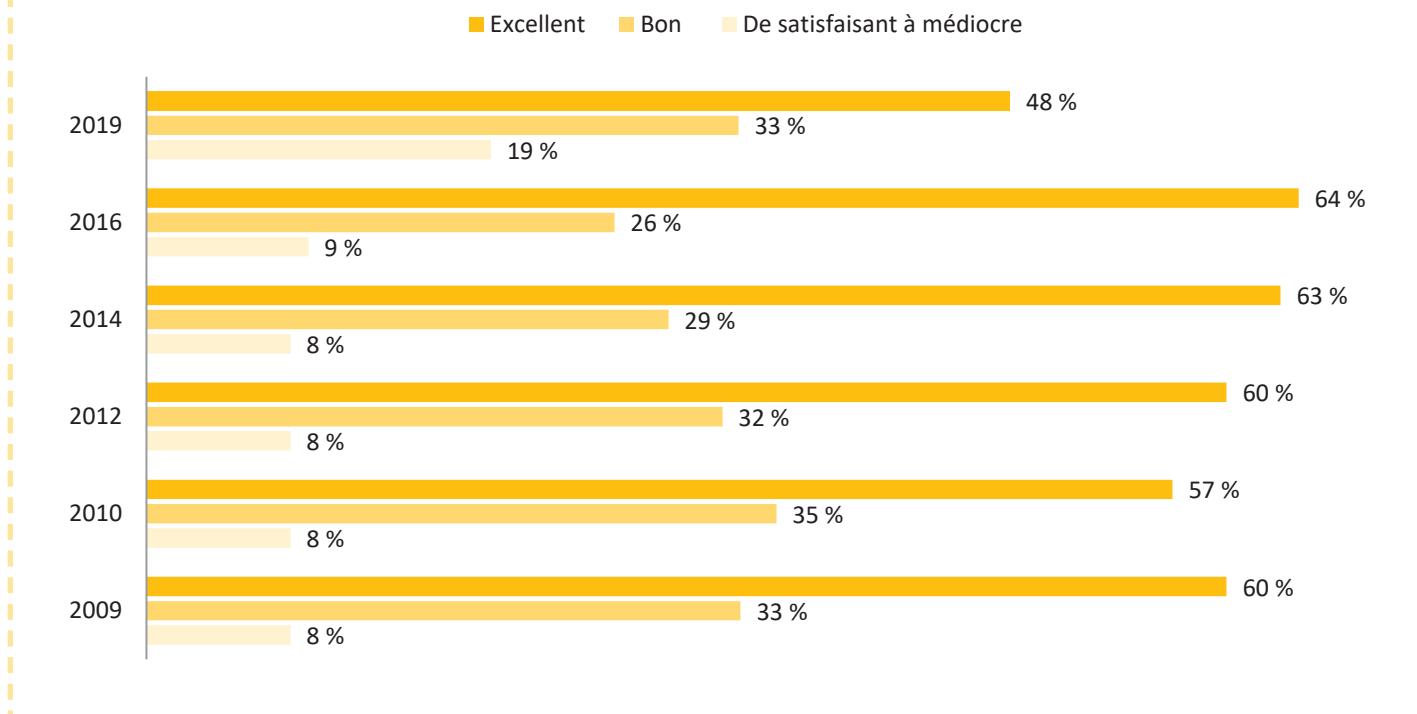
Lorsque nous avons demandé aux patients « **En général, comment évalueriez-vous les soins que vous avez reçus?** », près des deux tiers (72 %) des [patients hospitalisés](#) ont répondu « excellents » ou « bons », alors que 82 % des [patients externes](#) ont répondu « excellents » ou « bons ».

Les tendances historiques indiquent que, lorsque les évaluations de la qualité des soins reçus par les patients hospitalisés et externes sont combinées, la plupart des patients évaluent la qualité des soins reçus comme étant « excellente » ou « bonne » (graphique 1).

En 2019, lorsque les réponses des patients hospitalisés et externes sont combinées, 81 % des patients évaluent la qualité générale des soins reçus comme étant « excellente » ou « bonne »; en 2016, cette proportion était de 90 %.

Lorsqu'on compare les résultats du questionnaire distribué en 2019 à ceux de 2016, on observe des changements dans la distribution des évaluations « excellentes », « bonnes » et « moyen à médiocre ». En 2019, un pourcentage moindre de patients hospitalisés et externes (48 %) ont qualifié la qualité des soins qu'ils avaient obtenus d'« excellente »; cependant, un pourcentage plus élevé de patients ont jugé la qualité des soins qu'ils avaient reçu « bonne » (33 %).

Graphique 1 : Tendances des soins (2009 à 2019)

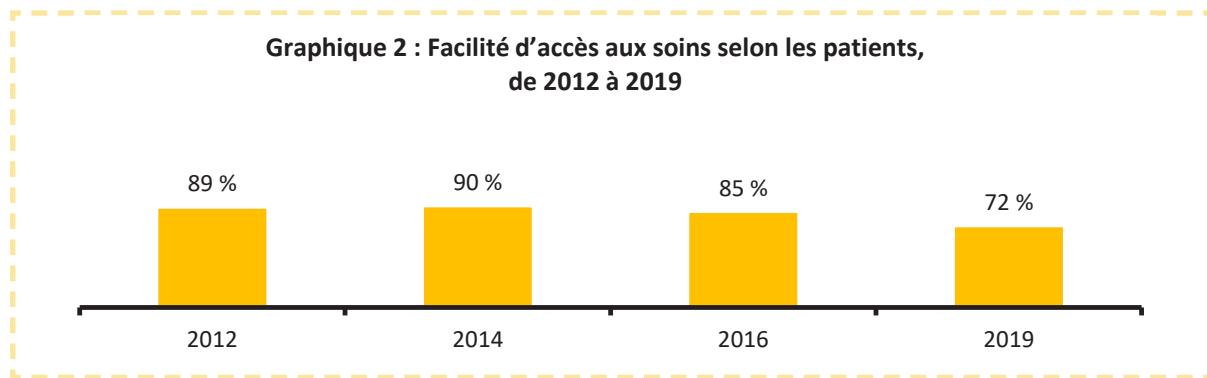


Expérience lors de l'accès aux soins

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

Lorsqu'on a demandé aux patients « **À quel point a-t-il été facile d'accéder au service que vous avez reçu aujourd'hui?** », plus de la moitié des patients hospitalisés (66 %) ont qualifié la facilité d'accès « d'excellente » ou de « bonne », alors qu'un tiers (34 %) des patients externes ont qualifié la facilité d'accès comme étant « médiocre », « mauvaise » ou « passable ». Près des trois quarts des patients externes (74 %) 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 2019, 72 % des patients ont évalué leur facilité d'accès aux services « d'excellente » ou de « bonne ». Il s'agit d'une baisse de 85 % par rapport à 2016 (graphique 2).

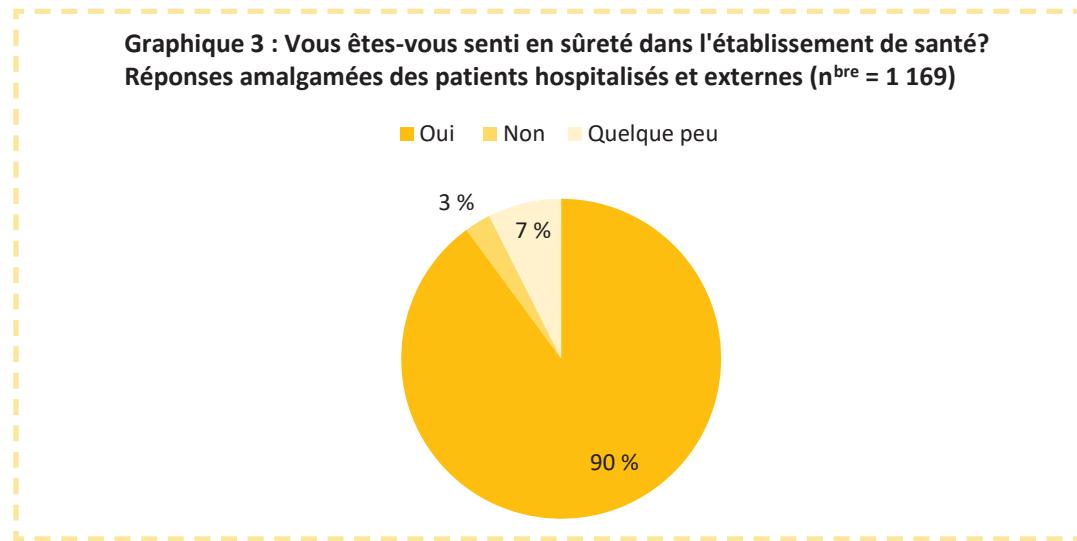


Sûreté

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. On a posé aux patients une variété de questions au sujet de la sûreté des patients.

Les patients hospitalisés et les patients externes ont été interrogés sur leur perception de la sûreté dans l'établissement où ils ont reçu des services. Près des trois quarts des patients hospitalisés (72 %) ont déclaré s'être sentis en sûreté au service ou à l'hôpital, tandis que près du tiers (28 %) des patients hospitalisés ont déclaré ne pas se sentir en sûreté ou seulement se sentir « plutôt » en sûreté. 92 % des patients externes ont déclaré se sentir en sûreté dans l'établissement, tandis que 7 % se sentaient « plutôt » en sûreté.

Lorsqu'on amalgame les réponses des patients hospitalisés à celles des patients externes, 90 % ($n^{bre} = 1\,051$) des patients se sont senti en sûreté dans leur établissement respectif (graphique 3).

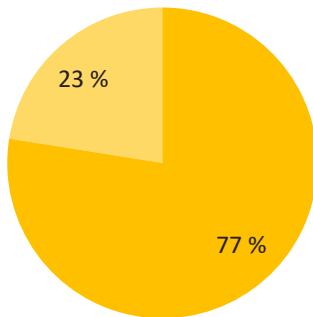


Lorsqu'on a demandé aux patients hospitalisés et externes **si, lors de leur visite, on leur avait demandé de confirmer leur identité**, 82 % des patients hospitalisés ont déclaré avoir été invités à confirmer leur identité, tandis que les trois quarts des patients externes (77 %) ont déclaré avoir été invités à confirmer leur identité.

Lorsqu'on amalgame les réponses des patients hospitalisés et des patients externes, 77 % ($n^{bre} = 892$) d'entre eux ont répondu qu'on leur avait demandé de confirmer leur identité³.

Graphique 4 : Au cours de votre visite, vous a-t-on demandé de décliner votre identité? Réponses amalgamées des patients hospitalisés et externes ($n^{bre} = 1\,151$)

■ Oui ■ Non



Communication et sensibilisation

Cette section est centrée sur la perception que les patients ont de leur participation au processus global de prise de décision, et des efforts de communication de leur professionnel de la santé relativement aux soins qu'on leur prodigue.

Traitements et procédures

Lorsqu'on a demandé aux patients hospitalisés et aux patients externes **si leur traitement ou la procédure leur avaient été clairement expliqués**, près des deux tiers des patients hospitalisés (72 %) ont déclaré avoir reçu des explications claires; quant à eux, 85 % des patients externes ont répondu avoir reçu des explications claires au sujet de leur traitement ou procédure.

Lorsqu'on amalgame les réponses des patients hospitalisés et externes, 83 % des patients ont déclaré que leur traitement ou leur procédure leur avaient été clairement expliqués en 2019, contre 90 % en 2016 (graphique 5).

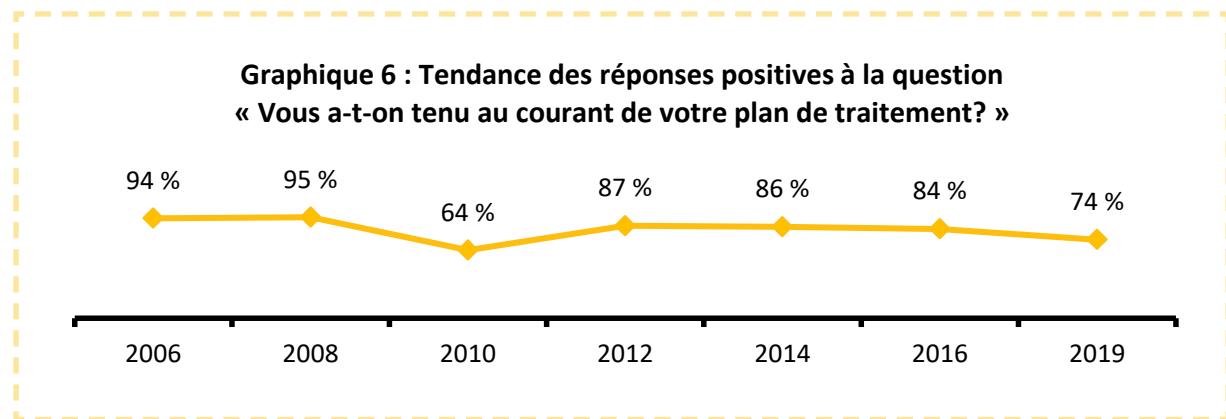
Graphique 5 : Tendance des réponses positives à la question « Vous a-t-on clairement expliqué votre traitement ou votre procédure? »

Année	Pourcentage
2006	97 %
2008	98 %
2009	91 %
2010	81 %
2012	92 %
2014	90 %
2016	90 %
2019	83 %

3. Des rapports sur les tendances ne sont pas disponibles pour les questions sur la sûreté, puisque ces questions ont été ajoutées dans le questionnaire de 2019.

Lorsqu'on a demandé aux patients hospitalisés et externes s'ils avaient été tenus au courant de leur plan de traitement, une proportion semblable de **patients hospitalisés** (75 %) et de **patients externes** (74 %) ont déclaré avoir été tenus informés des soins prévus pour eux.

Lorsqu'on amalgame les réponses des patients hospitalisés et des patients externes, **74 %** d'entre eux ont déclaré avoir été tenus informés des soins prévus pour eux en 2019, contre 84 % en 2016 (graphique 6).



Lorsqu'on a demandé aux patients hospitalisés et externes **si on les avait encouragés, eux, leur famille ou leur professionnel de la santé à prendre part aux décisions concernant leurs soins**, plus des deux tiers des **patients hospitalisés** (66 %) ont déclaré qu'ils avaient été encouragés, ou que leur famille ou leur professionnel de la santé avaient été encouragés à participer aux décisions concernant leurs soins; les **patients externes** ont déclaré qu'ils avaient été encouragés, ou que leur famille ou leur professionnel de la santé avaient été encouragés à participer aux décisions dans une proportion de 64 %⁴.

Les **patients hospitalisés** et **externes** ont été interrogés sur la gestion de leurs médicaments lors de leur prise en charge. 91 % des patients hospitalisés ont déclaré avoir été interrogés sur les médicaments qu'ils prenaient, tandis que 84 % des patients externes ont déclaré avoir été interrogés à ce sujet.

En outre, plus des trois quarts des **patients hospitalisés** (77 %) ont déclaré avoir reçu des explications sur les nouveaux médicaments qui leur étaient administrés et sur la façon de les prendre, tandis que 83 % des **patients externes** ont déclaré avoir reçu des explications sur leurs nouveaux médicaments et sur la façon de les prendre⁵.



4. Note : Des rapports sur les tendances ne sont pas disponibles pour les questions sur la participation du patient à la prise de décision, car la formulation de cette question a été modifiée en 2019 pour inclure la famille et les fournisseurs de soins.

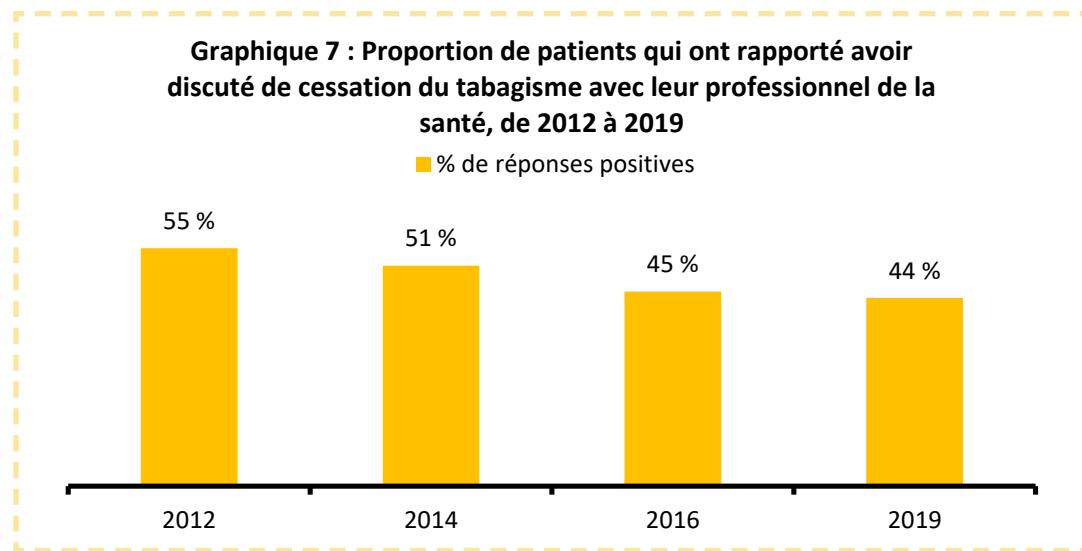
5. Note : Des rapports sur les tendances ne sont pas disponibles pour les questions sur la gestion des médicaments. La plupart des rapports précédents ne mentionnaient pas si les patients avaient été interrogés sur les médicaments qu'ils prenaient, et la question sur la gestion des nouveaux médicaments a été ajoutée dans le questionnaire de 2019.

Prévention

Les patients hospitalisés et externes ont été interrogés sur les discussions au sujet de la prévention qu'ils ont eues avec leur professionnel de la santé au cours des 24 derniers mois.

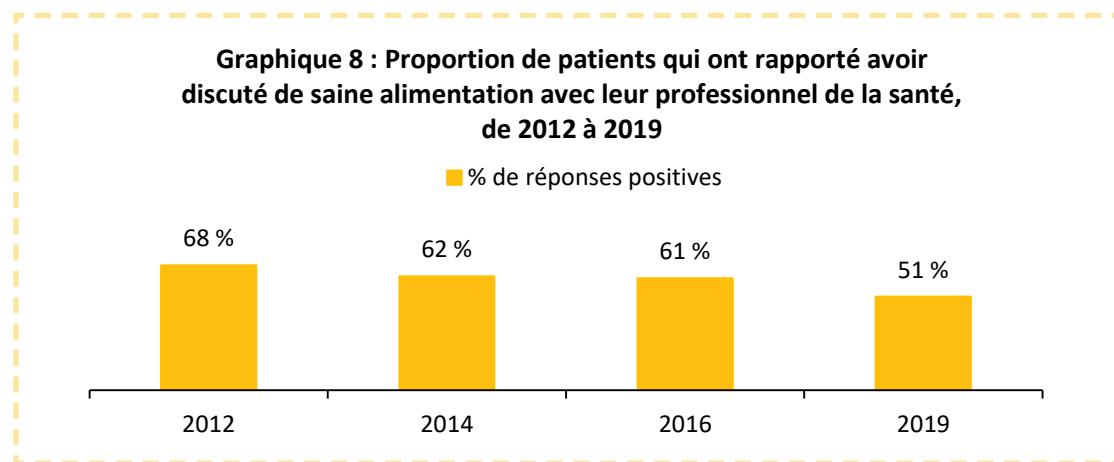
On a demandé aux patients hospitalisés et externes **si, au cours des 24 derniers mois, des professionnels de la santé avaient discuté avec eux des options qui s'offrent pour arrêter de fumer la cigarette**. Plus du tiers (36 %) des [patients hospitalisés](#) à qui cette question s'appliquait ont signalé que leur professionnel de la santé leur avait parlé des options pour arrêter de fumer au cours des 24 derniers mois, tandis que 44 % des patients externes auxquels cette question était applicable ont déclaré que leur professionnel de la santé leur avait parlé des options pour arrêter la cigarette au cours des 24 derniers mois.

Lorsqu'on amalgame les réponses des patients hospitalisés et externes, **44 %** des patients auxquels cette question s'applique ont déclaré avoir eu des discussions au cours des 24 derniers mois avec leur professionnel de la santé au sujet de l'abandon du tabac, comparé à 45 % en 2016 (graphique 7).



À la question « **Au cours des 24 derniers mois, un professionnel de la santé a-t-il discuté avec vous de l'importance d'une alimentation saine?** », près de la moitié des [patients hospitalisés](#) et externes (49 %) ont déclaré avoir eu une conversation avec leur professionnel de la santé au sujet d'une alimentation saine au cours des 24 derniers mois, tandis que 51 % des [patients externes](#) ont déclaré qu'un professionnel de la santé leur avait parlé de l'importance d'un régime alimentaire sain.

Lorsqu'on amalgame les réponses des patients hospitalisés et des patients externes, **51 %** des patients ont mentionné avoir discuté de l'importance d'un régime alimentaire sain avec leur professionnel de la santé au cours des 24 derniers mois, comparativement à 61 % en 2016 (graphique 8).





À la question « **Au cours des 24 derniers mois, un professionnel de la santé a-t-il discuté avec vous de l'importance de l'exercice et d'une vie active?** », plus de la moitié des patients hospitalisés (54 %) ont déclaré que leur professionnel de la santé leur avait parlé de l'importance de l'activité physique au cours des 24 derniers mois, tandis que 55 % des patients externes ont déclaré que leur professionnel de la santé leur avait parlé de l'importance de l'activité physique et d'un mode de vie actif.

Lorsqu'on amalgame les réponses des patients hospitalisés et des patients externes, 55 % des patients ont déclaré avoir eu des discussions au cours des 24 derniers mois avec leur professionnel de la santé sur l'importance de l'exercice physique et de l'adoption d'un mode de vie actif, comparativement à 64 % en 2016 (graphique 9).

Graphique 9 : Proportion de patients qui ont rapporté avoir discuté de l'importance d'un mode de vie actif avec leur professionnel de la santé, de 2012 à 2019

■ % de réponses positives

73 %

2012

64 %

2014

64 %

2016

55 %

2019

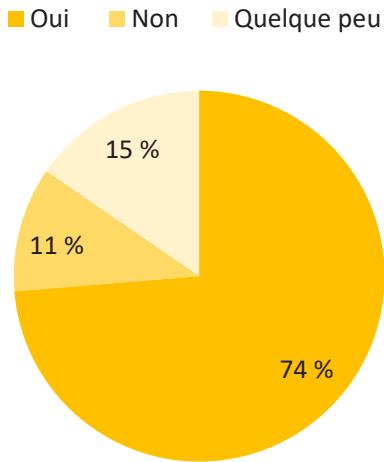
Valeurs, besoins et préférences

Cette section porte sur la perception qu'ont les patients du respect de leurs valeurs, de leurs besoins et de leurs préférences, les leurs et celles de leur famille, lors de leur prise en charge.

Lorsqu'on a posé la question « **Le personnel a-t-il tenu compte de vos préférences et de vos besoins individuels?** », plus de la moitié des [patients hospitalisés](#) (60 %) ont déclaré que le personnel a tenu compte de leurs besoins et préférences, alors que les trois quarts des [patients externes](#) (75 %) ont déclaré que leurs besoins et préférences avaient été pris en compte par le personnel.

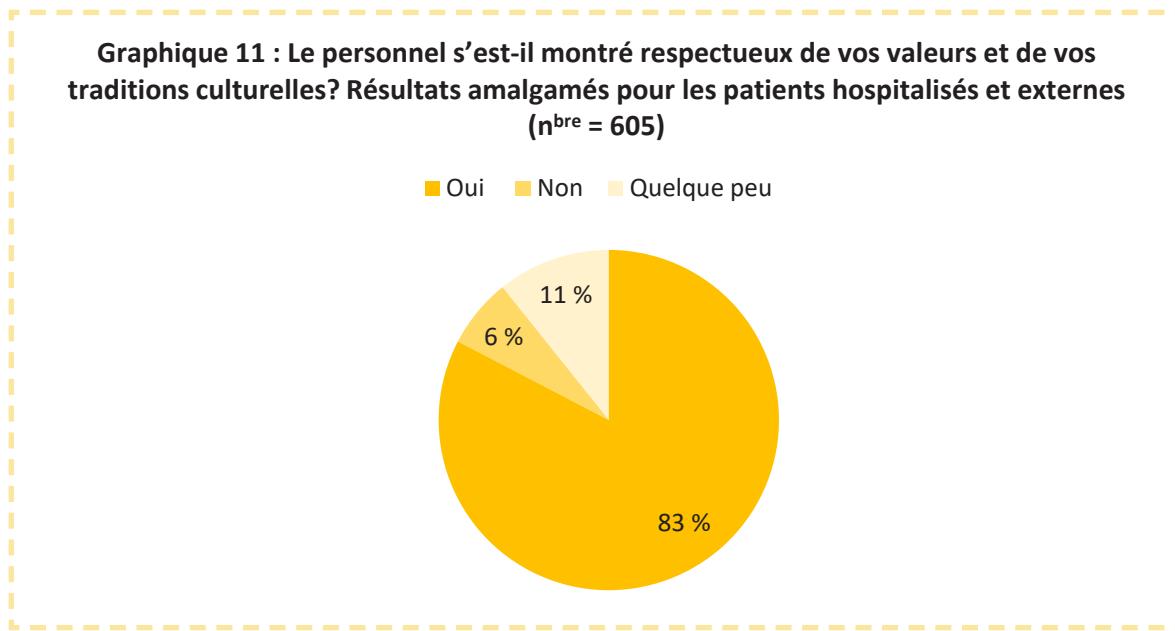
Lorsqu'on amalgame les résultats des patients hospitalisés et des patients externes, **74 %** ($n^{bre} = 717$) des patients ont déclaré que le personnel avait tenu compte de leurs besoins et de leurs préférences individuels (graphique 10).

Graphique 10 : Le personnel a-t-il tenu compte de vos préférences et de vos besoins individuels? Résultats amalgamés pour les patients hospitalisés et externes ($n^{bre} = 1\,146$)



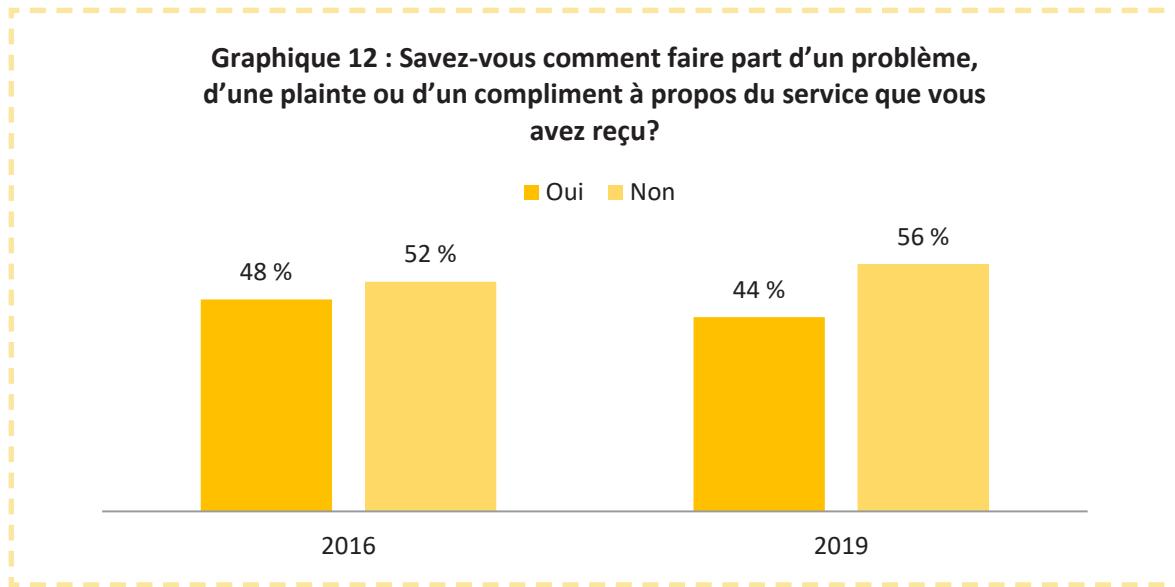
À la question « **Le personnel s'est-il montré respectueux de vos valeurs et de vos traditions culturelles?** », près des deux tiers des patients hospitalisés (71 %) ont déclaré que leur personnel s'était montré respectueux de leurs valeurs et de leurs traditions culturelles, tandis que 84 % les patients externes ont déclaré avoir eu le sentiment que leurs valeurs et traditions culturelles ont été respectées par le personnel.

Lorsqu'on amalgame les résultats des patients hospitalisés et des patients externes, **83 %** ($n^{bre} = 500$) des patients ont déclaré que le personnel s'était montré respectueux de leurs valeurs et traditions culturelles (graphique 11).



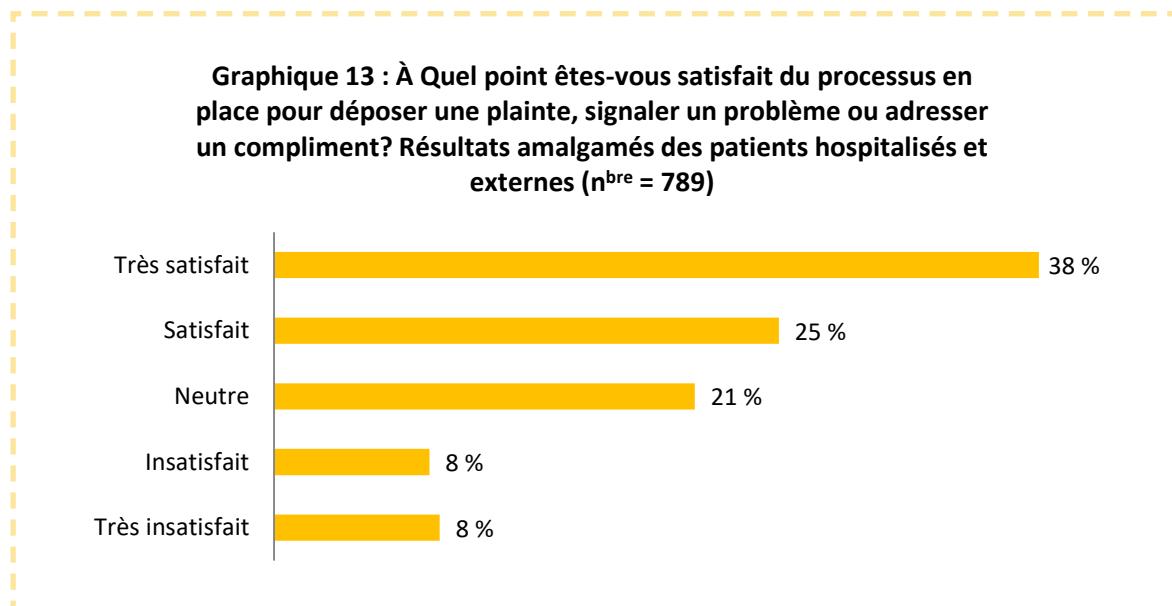
À la question « **Savez-vous comment faire part d'un problème, d'une plainte ou d'un compliment à propos du service que vous avez reçu?** », plus du tiers des patients hospitalisés (39 %) ont déclaré être au courant; quant à eux, près de la moitié des patients externes (45 %) ont déclaré savoir comment signaler un problème, une plainte ou un compliment à propos d'un service reçu.

Lorsqu'on amalgame les résultats des patients hospitalisés et des patients externes, **44 %** des patients ont déclaré savoir comment signaler un problème, une plainte ou un compliment, comparativement à 48 % en 2016 (graphique 12).



À la question « **Êtes-vous satisfait du processus en place pour déposer une plainte, signaler un problème ou adresser un compliment à propos du service que vous avez reçu?** », la moitié des patients hospitalisés (50 %) se sont déclarés « très satisfaits » ou « satisfaits » du processus en place, alors qu'un tiers (31 %) s'en sont déclarés « insatisfaits » ou « très insatisfaits ». Quant aux patients externes, près des deux tiers (64 %) se sont déclarés « très satisfaits » ou « satisfaits » du processus permettant de déposer une plainte, de signaler un problème ou d'adresser un compliment à propos d'un service reçu.

Lorsqu'on amalgame les résultats des patients hospitalisés et des patients externes, **63 %** ($n^{bre} = 498$) des patients déclarent être « très satisfaits » ou « satisfaits » du processus permettant de déposer une plainte, de signaler un problème ou d'adresser un compliment à propos d'un service reçu (graphique 13).



Méthode

Le questionnaire de 2019 sur l'expérience des patients aux Territoires du Nord-Ouest comportait 39 questions pour les patients hospitalisés et 29 questions pour les patients externes. Les questions couvraient les domaines suivants :

- La satisfaction globale
- L'expérience lors de l'accès aux soins
- Les traitements et procédures
- Les services de prévention
- Les valeurs et les besoins.

Les questionnaires ont été distribués du 25 février 2019 au 25 mars 2019 dans tous les centres de santé, hôpitaux, cliniques et établissements de santé publics des TNO. Les patients y ont répondu eux-mêmes, sauf ceux qui ont demandé de l'aide. Les deux versions du questionnaire ont été mises en ligne dans le site Web du ministère de la Santé et des Services sociaux; le questionnaire a fait l'objet de publicités dans les médias sociaux.

Tout patient qui recevait des soins au cours de la période de gestion du questionnaire se voyait proposer une copie imprimée du questionnaire, en français ou en anglais, ainsi que de l'offre active pour recevoir le questionnaire dans une autre langue officielle. Chaque questionnaire était accompagné d'une enveloppe préaffranchie et adressée que les personnes pouvaient poster à leur convenance si elles choisissaient de ne pas retourner le questionnaire dans la boîte de dépôt verrouillée à l'établissement où ils ont reçu des services. Les patients avaient également eu la possibilité de remplir le questionnaire en ligne s'ils préféraient ne pas remplir une copie imprimée.

Les commentaires fournis en réponse aux questions ouvertes ont été analysés. On y recherchait les thèmes récurrents, lesquels ont éclairé les constatations présentées dans le présent rapport.

En 2018, un examen approfondi du questionnaire sur l'expérience des patients a entraîné une révision de la conception et de la gestion du questionnaire pour 2019. Les révisions comprenaient la réduction de la période de gestion du questionnaire de 8 semaines à 4 semaines afin de réduire le fardeau administratif et le nombre de patients qui refusent d'y répondre, comme observé au cours des périodes de gestion précédentes. De plus, dans un souci d'harmonisation aux rapports sur l'expérience des patients d'Agrément Canada, 8 nouvelles questions ont été ajoutées aux deux versions du questionnaire. Treize nouvelles questions supplémentaires ont été ajoutées au questionnaire à l'intention des patients hospitalisés sur des aspects spécifiques à leur expérience d'hospitalisation, tandis qu'une nouvelle question supplémentaire concernant l'expérience des patients externes a été ajoutée relativement à la protection de la vie privée.

Limites

L'interprétation des résultats du questionnaire est limitée par un certain nombre de facteurs méthodologiques, notamment les modifications apportées à la conception du questionnaire, aux questions elles-mêmes, et à la période de gestion du questionnaire en 2019.

En 2019, comme lors des exercices précédents, les expériences rapportées par les patients ont été recueillies au moyen d'un questionnaire plutôt que d'un outil d'enquête validé. La gestion du questionnaire n'a pas tenu compte du nombre de fois où une personne pouvait y répondre. De plus, aucune cible d'échantillonnage représentative n'a été établie avant la distribution du questionnaire, ce qui limite notre capacité à nous assurer que les données ont été recueillies auprès d'un échantillon représentatif de la population des Territoires du Nord-Ouest. Les résultats n'ont pas été pondérés pour tenir compte des groupes surreprésentés ou sous-représentés. Ces limites attribuables à la conception atténuent la rigueur du questionnaire et ont une incidence sur notre capacité à mettre à l'essai des modifications importantes et à comparer les résultats du questionnaire au cours d'une même année et d'une année à l'autre.

Par rapport aux cycles précédents du questionnaire sur l'expérience des patients, le questionnaire de 2019 a été distribué pendant une période plus courte et à un moment différent au cours de l'année.

Dans le cadre de l'examen et de la révision des questionnaires de 2019, des modifications ont été apportées à la formulation de certaines questions et de nouvelles questions ont été ajoutées aux questionnaires pour patients hospitalisés et externes des TNO afin de mieux comprendre leur expérience. Les modifications apportées à la formulation des questions ont eu une incidence sur notre capacité à rendre compte d'autant de tendances que dans le rapport sur l'expérience des patients de 2016.

Enfin, les données sur les tendances doivent être interprétées avec prudence en raison de changements dans les types d'établissements de santé échantillonnés depuis 2004, année du premier questionnaire sur l'expérience du patient. 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.



Appendix A: 2019 In-Patient Experience Report



The NWT Patient Experience Questionnaire is part of the Department of Health and Social Services monitoring and reporting system. Client Satisfaction is an indicator of the extent to which services and supports meet the needs of individuals and families, and is considered a key dimension of service quality.

In 2019, an NWT Patient Experience Questionnaire for in-patients was administered in all NWT facilities that provide in-patient services. In-patient 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, all in-patients were given the opportunity to complete a questionnaire. Questionnaires were handed out to patients or their families in in-patient units. Questionnaires were also made available online and were publicly advertised on social media and radio. In-patients were defined as patients who were admitted into the facility for at least one night.

Who participated in the questionnaire?

A total of 137 completed¹ in-patient questionnaires were returned, this accounts for a response rate^{2,3} of 38%. Of the 137 completed questionnaires, 66% of the questionnaires were completed by in-patients receiving services in the Stanton Territorial Hospital, 31% of the questionnaires completed were received from in-patients receiving services in our regional in-patient facilities i.e., Hay River Regional Health Centre, Fort Smith Health Centre, and Inuvik Regional Hospital, and 3% of completed questionnaires did not specify which facility the patient was admitted (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.



1. 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

2. "Response rate" is defined as the percentage of all responses as a proportion of total actual discharges during survey administration (February 25 2019 to March 25 2019).

3. "All actual discharge" is defined as the number of patients discharged during survey administration, excluding those who died while hospitalized.

Figure 1: Distribution of Questionnaire Responses by In-Patient Facility (N = 137)

■ % of All Responses

Inuvik Regional Hospital (n = 24)

18%

Stanton Territorial Hospital (n = 90)

66%

Fort Smith Health Centre (n = 4)

3%

Hay River Regional Health Centre (n = 15)

11%

Unspecified (n = 4)

3%

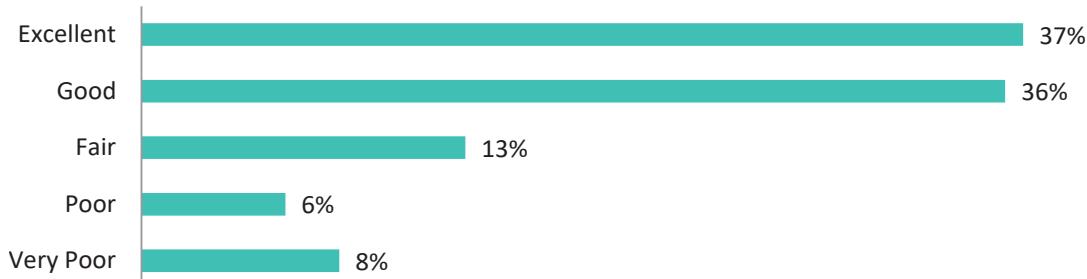
Questionnaire Results

Service Quality

This dimension focuses on in-patients' perception of the overall quality of care they received. In-patients were asked the question "**Overall, how would you rate the care you received?**".

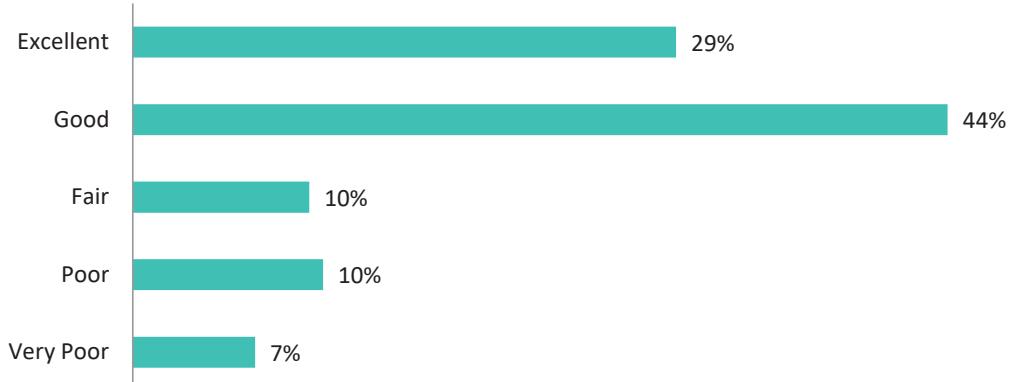
Nearly three-quarters of in-patients (72%⁴, n=97) rated their overall care as either 'Excellent' or 'Good' (Figure 2).

**Figure 2: Overall, how would you rate the care you received?
(N = 134)**



Nearly three-quarters of the in-patients (74%⁵, n=100) rated their health care team's ability to answer the patient's question as 'Excellent' or 'Good' (Figure 3).

Figure 3: Overall, how would you rate the ability of your health care team in answering your questions? (N = 136)

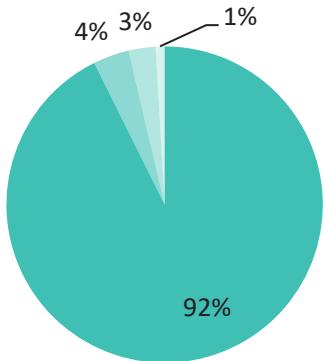


4. Due to rounding, the total does not correspond with the sum of the separate 'Excellent' and 'Good' results in Figure 2.

5. Due to rounding, the total does not correspond with the sum of the separate 'Excellent' and 'Good' results in Figure 3.

Figure 4: Which language were you seeking service in? (N = 109)

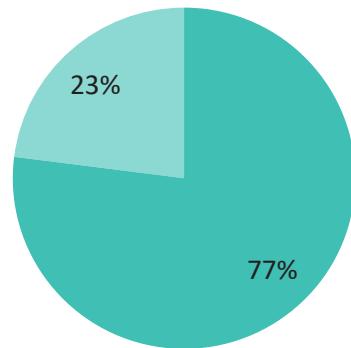
■ English ■ French ■ NWT Indigenous Language ■ "Other"



Almost all in-patients (92%, n=101) were seeking services in English (Figure 4).

Figure 5: Were you offered service in the language of your choice? (N = 70)

■ Yes ■ No



Over a quarter of in-patients (77%, n=54) were offered services in the language of their choice (Figure 5).

Qualitative Feedback

Overall, qualitative feedback from in-patients indicated that NWT in-patients found service providers to be responsive, specifically in knowledgeably answering questions with detail, listening closely, taking time to ensure patients feel heard and respected, and being thorough in their discussion of issues patients identify.

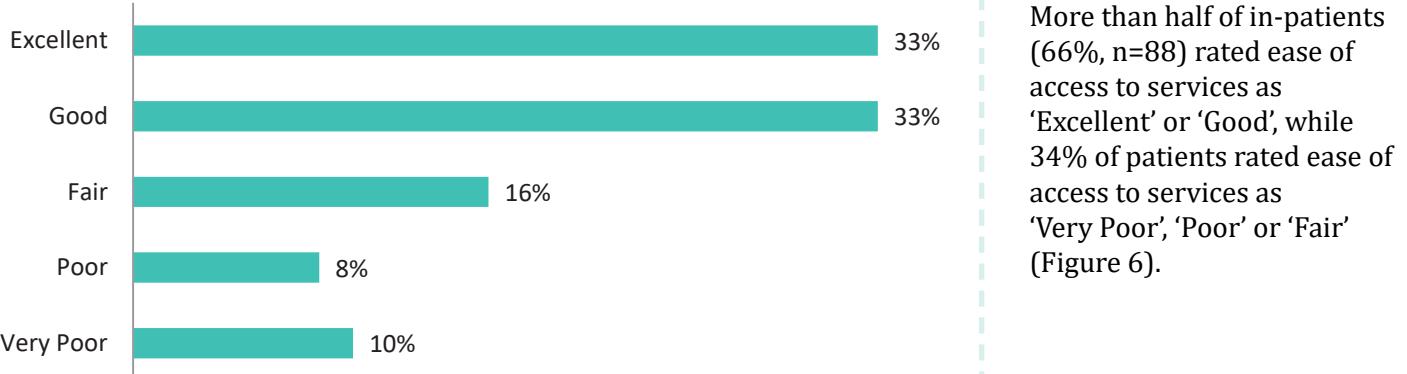
Qualitative feedback also demonstrated that some in-patients feel frustrated with long wait times to access in-patient services, and perceive there to be a lack of continuum of care. In-patients also expressed a desire for more information to be provided to them about what to expect in the hospital from admission to discharge.



Experience Accessing Services

This dimension focuses on in-patients' perception of ease of access to the services that in-patients need, when they need them. In-patients 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.

Figure 6: How easy was it to access the services you received today? (N = 133)



- Nearly half in-patients (46%, n=47) responded 'Yes' when asked if they received information about the admission process prior to admission (N=102)⁶.
- Over a third (35%, n=36) of in-patients reported receiving information about what to expect during their hospital stay before they were admitted. About a fifth (18%, n=19) reported 'Somewhat' receiving information (N=104).
- More than half of in-patients (61%, n=68) responded 'Yes' when asked if they were able to talk to a doctor or health professional when they needed to during their stay (N=122).
- Over half of in-patients (64%, n=63) responded 'Yes' when they were asked if they or their family or caregiver were provided with information on who to contact with questions after being discharged from hospital (N=98).

Qualitative Feedback

Qualitative responses indicated in-patients perceive health professionals to be communicative, attentive, and willing to answer questions. In-patients also identified a need for the health system to emphasize patient care (professionalism, kindness, and open communication); improve access to speech language pathology services in remote communities; improve wait times for referrals, procedures and appointments; increase staffing to improve continuity of care issues; and improve administrative processes that address issues with booking appointments.

6. Upper case N represents the total number of respondents who answered the question, which changed per question, as in-patients were able to skip questions or indicate that the question did not apply to them.



Safety, Facility Cleanliness and Food Services

This dimension focuses on in-patients' perception of safety, where safety is a key dimension of quality care. In-patients were asked a variety of questions that address areas of patient safety such as perceptions of patient safety, facility cleanliness, and food services while they were admitted to their respective unit/hospital.

Nearly three-quarters of in-patients (72%, n=80) reported they felt safe in their unit/hospital though nearly a third (28%, n=32) of in-patients reported they did not feel safe or only felt 'Somewhat' safe (Figure 7).

Three-quarters of in-patients (75%, n=69) reported they 'Always' or 'Usually' were provided with assistance when they needed it (Figure 8).

Figure 7: Did you feel safe in your unit/hospital? (N = 112)

■ Yes ■ No ■ Somewhat

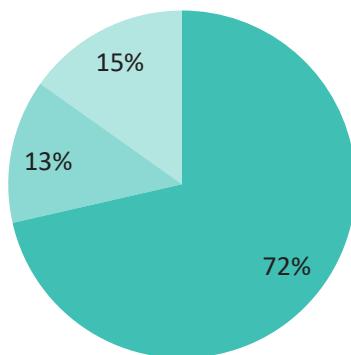


Figure 8: During your stay in the unit/hospital, were you provided with assistance if you needed it? (N = 93)

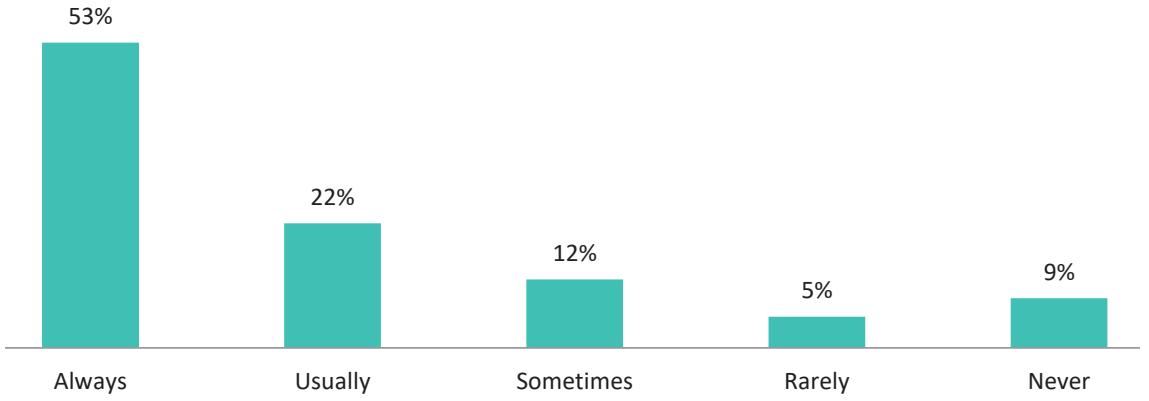
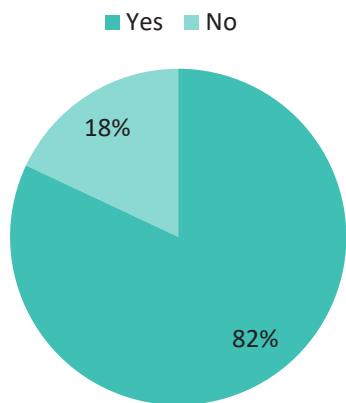
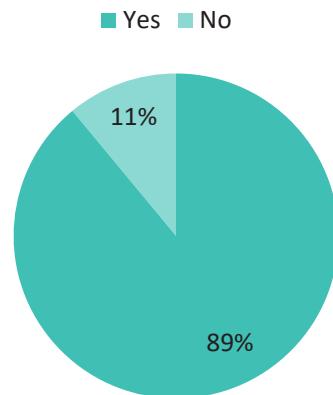


Figure 9: During this visit, were you asked to confirm your identity? (N = 111)



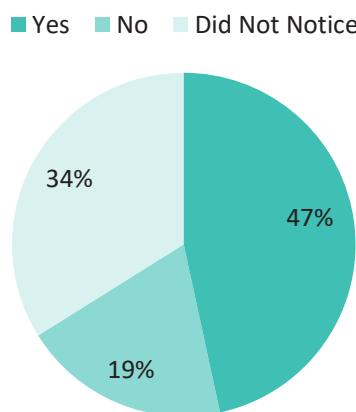
82% (n=91) of in-patients reported they were asked to confirm their identity (Figure 9).

Figure 10: Did you see hand washing or sanitizing stations at this facility? (N = 118)



Most in-patients (89% n=105) reported they were aware of hand washing and sanitizing stations at their respective facility (Figure 10).

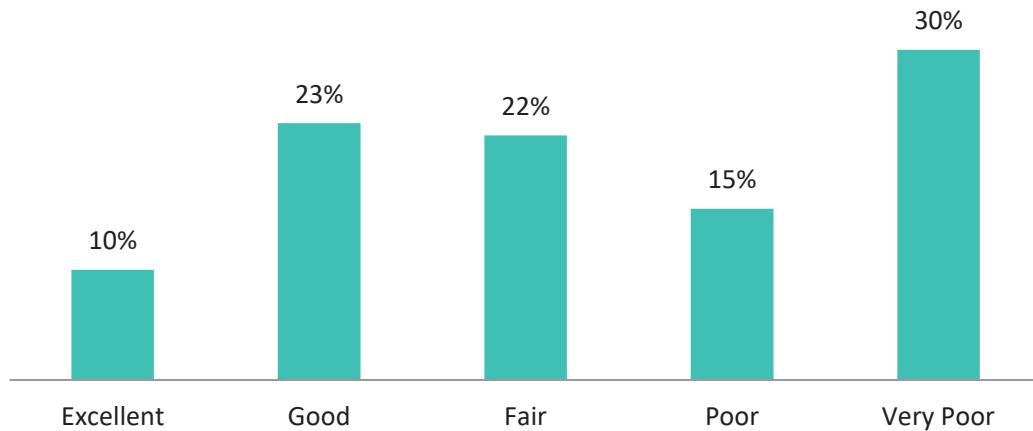
Figure 11: Did you see your health care provider wash their hands? (N = 118)



Nearly half of in-patients (47% n=55) reported they saw their health care provider wash their hands, while a third (34%, n=40) of in-patients reported they did not notice whether their health care provider washed their hands (Figure 11).

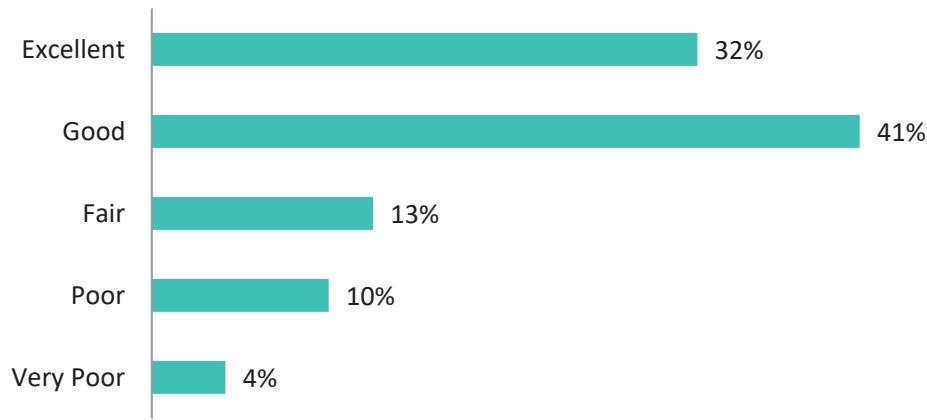
A third of in-patients (33%, n=30) rated hospital food as 'Excellent' or 'Good', and 22% (n=20) rated hospital food as 'Fair' (Figure 12).

Figure 12: How would you rate the quality of food you were provided in the hospital? (N = 91)



Nearly three-quarters of in-patients (73%, n=85) rated their respective facility's overall cleanliness as 'Excellent' or 'Good' (Figure 13).

Figure 13: How would you rate the overall cleanliness of the facility you were in? (N = 117)



Qualitative Feedback

Among in-patients with concerns about safety, qualitative responses identified instances of harassment from other patients or hospital visitors, and dissatisfaction with how easy it is for strangers to enter one's room.

In-patients also indicated a need for more assistance from staff, where level of responsiveness was affected by low staffing levels. When assistance may have been available, some in-patients reported that staff did not communicate what types of assistance patients could expect or request while in hospital.

Finally, in-patients identified the quality of food within hospital as an area in need of improvement. In-patients requested more diversity in the food provided including more traditional foods and more servings of fresh fruit and vegetables rather than canned fruit and vegetables. Patients also requested more opportunities to inform food services about dietary restrictions, and improved options for patients with dietary restrictions.

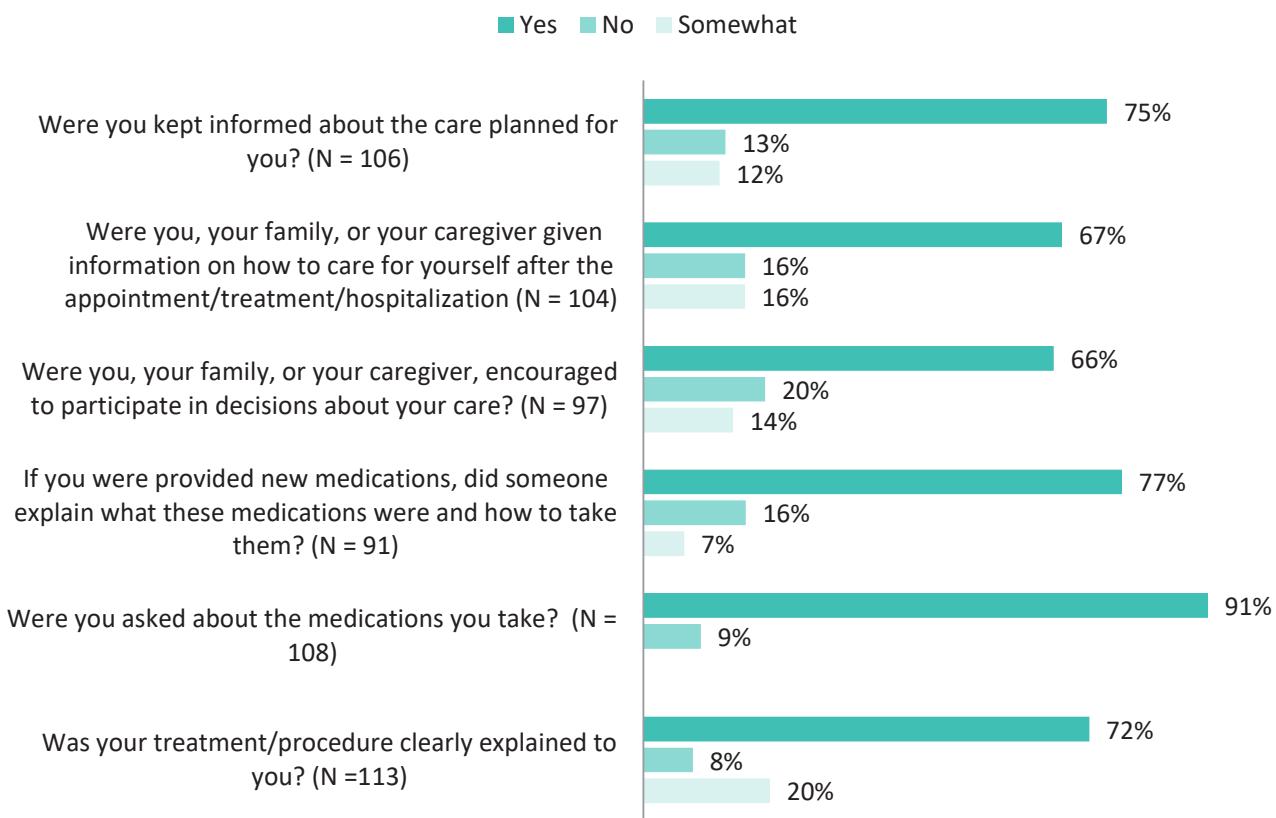
Communication and Education

This dimension focuses on in-patients' perception of their overall involvement in decision making and their health care provider's communication with regard to the patient's care. This dimension also measures in-patients' perception of preventative health discussions with their health care provider.

Treatment & Procedures

In-patients were asked to report on their experience during their treatment or procedure. Topics included: health care providers informing patients about their care, patient/family/caregiver involvement in decision making about the patient's care, and the dissemination of information to the patient about their medications, treatment or procedure.

Figure 14: Patient Treatment/Procedure Reported Experiences



- 75% (n=79) of in-patients reported they were kept informed about the care planned for them (Figure 14).
- Over half of in-patients (67%, n=70) reported they, their family or caregiver were informed about how to care for the patient after the appointment, treatment or hospitalization (Figure 14).
- Over half of in-patients (66%, n=64) reported they, their family or caregiver were encouraged to participate in decisions about their care (Figure 14).
- Over two-thirds of in-patients (77%, n=70) reported they received explanations about the new medications they were provided and how to take them (Figure 14).
- Over three-quarters of the in-patients (91%, n=98) reported they were asked about the medications they take (Figure 14).
- Nearly two-thirds of in-patients (72%, n=81) reported they received a clear explanation about their treatment or procedure (Figure 14).

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.

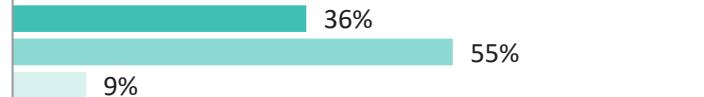
In-patients were asked about preventative health conversations with their health care provider in the last 24 months.



Figure 15: Preventative Health

■ Yes ■ No ■ Somewhat

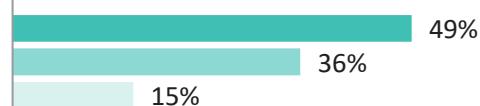
In the last 24 months, has a health care provider discussed options with you to quit smoking cigarettes? (N = 33)



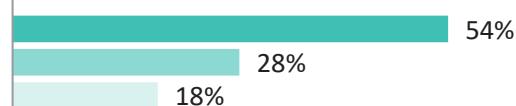
In the last 24 months, has a health care provider discussed options with you to quit using chewing tobacco? (N = 21)



In the last 24 months, has a health care provider discussed with you the importance of a healthy diet? (N = 87)



In the last 24 months, has a health care provider discussed with you the importance of exercise and being active? (N = 89)



- Over a third (36%, n=12) of in-patients reported their health care provider discussed options to quit smoking in the last 24 months (Figure 15).
- 14% (n=3) of in-patients reported their health care provider discussed options to quit using chewing tobacco in the last 24 months (Figure 15).
- Nearly half of in-patients (49%, n=43) reported they had conversations with their health care provider about healthy eating within the last 24 months (Figure 15).
- Over half of in-patients (54%, n=48) reported they had conversations with their health care provider about being active within the last 24 months (Figure 15).

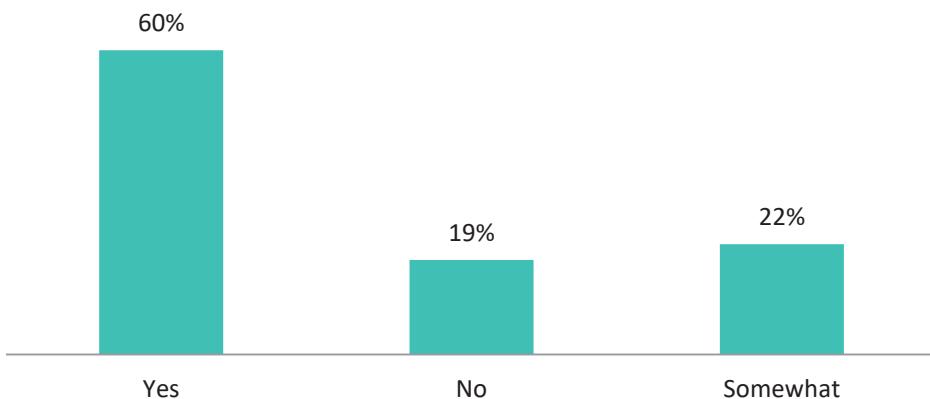
Values, Needs and Preferences

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

Cultural Safety

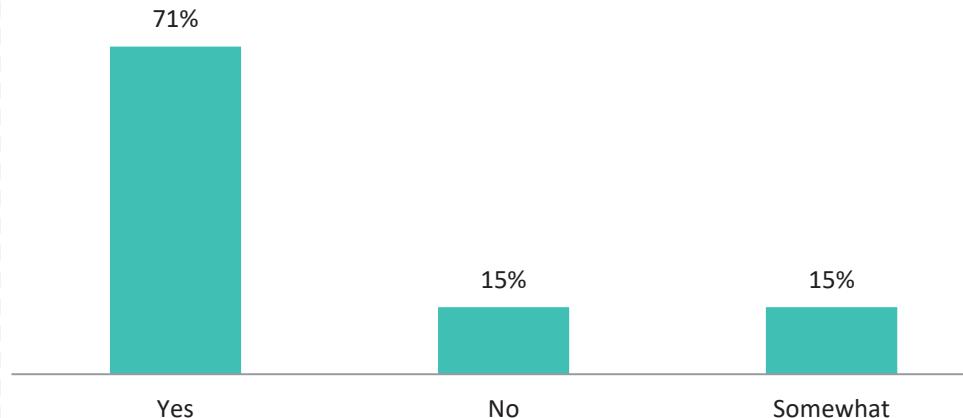
In-patients were asked about staff's responsiveness to their needs and their perceptions of staff's respect for their cultural values.

Figure 16: Were your individual needs and preferences taken into consideration by staff? (N = 97)



Over half of in-patients (60%, n=58) reported that staff took their individual needs and preferences into consideration (Figure 16).

Figure 17: Were your cultural values and traditions respected by staff? (N = 55)

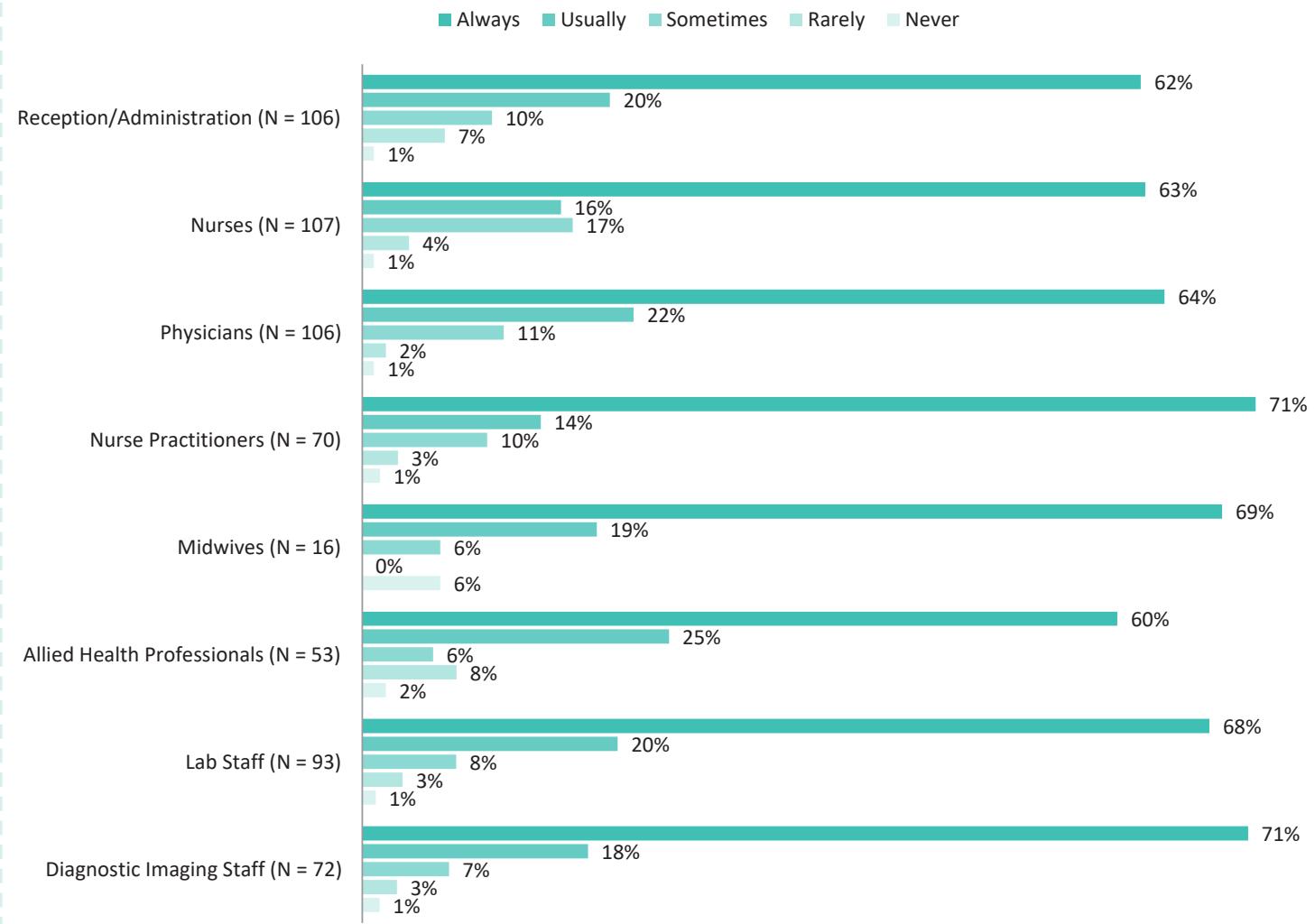


Nearly two-thirds of in-patients (71%, n=39) reported that staff respected their cultural values and traditions (Figure 17).

Respect & Dignity

In-patients were asked whether a variety of staff and health care professionals treated them with respect and dignity throughout their hospital stay.

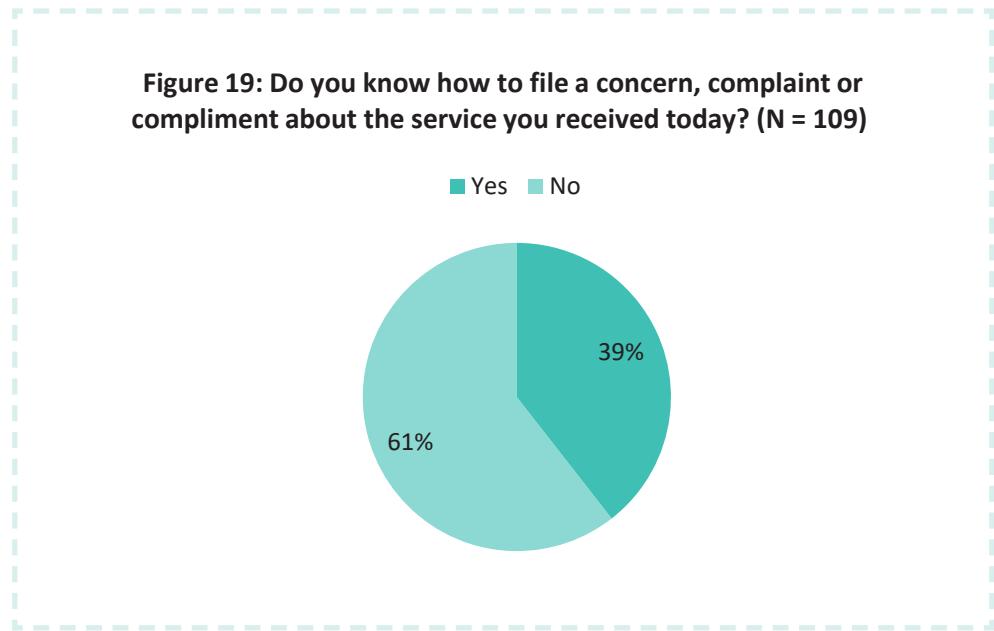
Figure 15: Throughout your hospital stay did the staff and health care professionals treat you with respect and dignity?



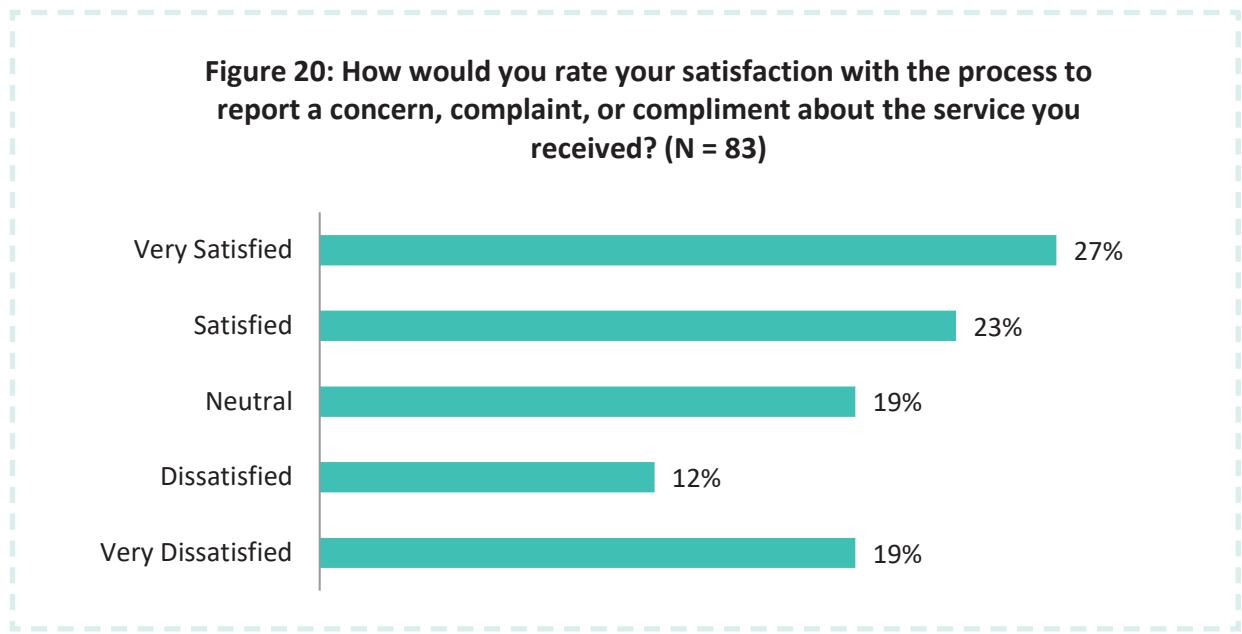
- On average, 85% of in-patients reported that staff and health care professionals 'Always' or 'Usually' treated them with respect and dignity throughout their stay (Figure 18).
- The following staff and health care professionals were most often rated as 'Always' treating in-patients with respect and dignity:
 - Nurse practitioners (71%, n=50)
 - Diagnostic imaging staff (71%, n= 51)
 - Midwives (69%, n=11)
 - Lab staff (68%, n= 63)

Concerns, Complaints, or Compliments

Over a third of in-patients (39%, n=43) know how to file a concern, complaint or compliment about the service they received (Figure 19).



In-patients were also asked about their satisfaction with the process to report a concern, complaint or compliment. Half of in-patients (50%, n=41) were 'Very Satisfied' or 'Satisfied' with the process to report a concern, complaint or compliment about the service they received. A third (31%, n=26) were 'Dissatisfied' or 'Very Dissatisfied' with the process (Figure 20).



Qualitative Feedback

Qualitative feedback from in-patients indicated that while staff were responsive to in-patient preferences and demonstrated respect for cultural values, some in-patients found staff to be unable to address patient needs or preferences.

Appendix B: 2019 Out-Patient Experience Report



The NWT Patient Experience Questionnaire is part of the Department of Health and Social Services monitoring and reporting system. Client Satisfaction is an indicator of the extent to which services and supports meet the needs of individuals and families, and is considered a key dimension of service quality.

In 2019, an NWT Patient Experience Questionnaire for out-patients was administered in all NWT health centres, clinics, public health facilities and hospitals providing out-patient services. Out-patient 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, the questionnaires were displayed in common areas (i.e., waiting areas) and handed out to out-patients to complete. Questionnaires were also made available for patient's to complete online and were publicly advertised on social media and radio.

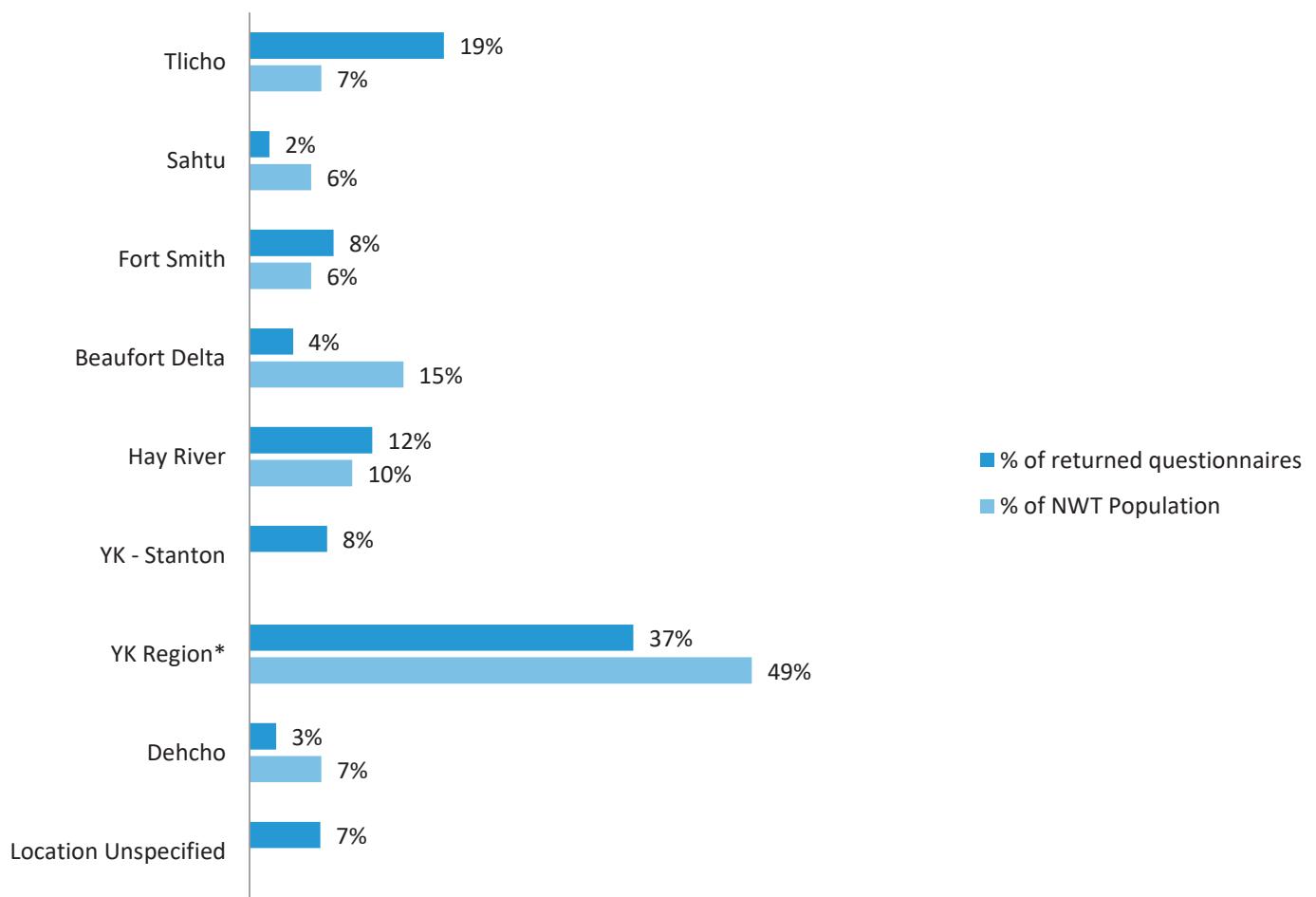
Who participated in the questionnaire?

A total of 1,087 completed¹ out-patient questionnaires were returned (Figure 1). Thirty-seven percent (37%, n=407) of returned out-patient questionnaires were completed by patients in the Yellowknife Region, followed by Tlicho Region (19%, n=206) and Hay River Region (12%, n=130).



1. 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.

Figure 1: Distribution of Questionnaire Responses by Region (N = 1087)



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

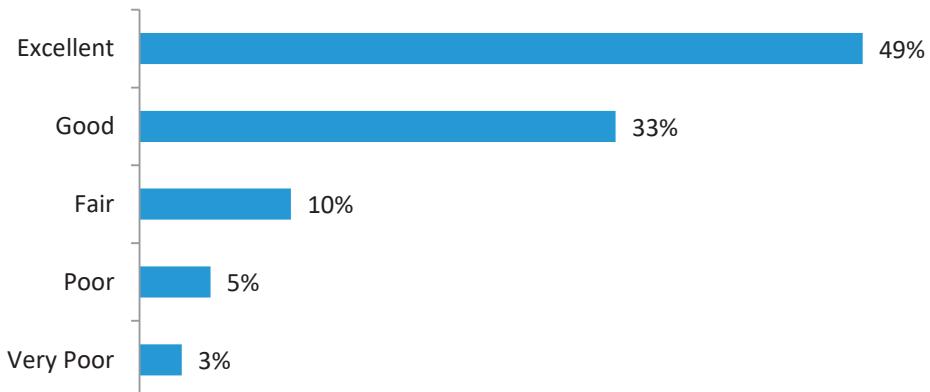
Questionnaire Results

Service Quality

This dimension focuses on out-patients' perception of the overall quality of care they received. Out-patients were asked the question "**Overall, how would you rate the care you received?**"

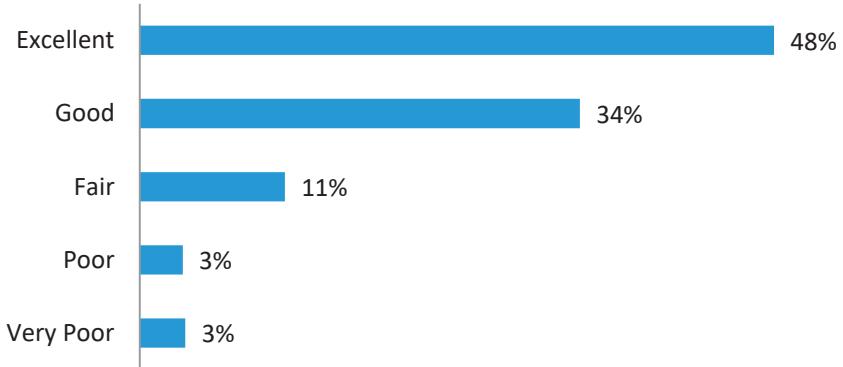
Most out-patients (82%, n=879) rated their overall care as either 'Excellent' or 'Good' in 2019 (Figure 2).

Figure 2: Overall, how would you rate the care you received? (N = 1073)



Most out-patients (82%, n=874) rated the quality of their health care provider's ability to answer their questions as 'Excellent' or 'Good' (Figure 3).

Figure 3: How well did your healthcare provider answer your questions? (N = 1064)

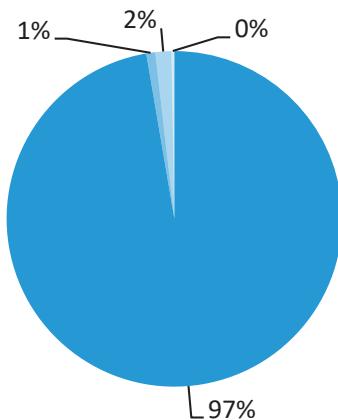




Most out-patients (97%, n = 1014) reported that they sought service in English (Figure 4).

**Figure 4: Which language were you seeking service in?
(N = 1042)**

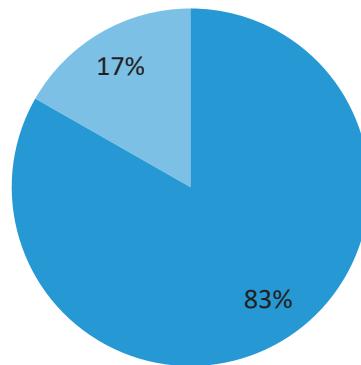
■ English ■ French ■ NWT Indigenous Language ■ Other



Most out-patients (83%, n=507) reported they were offered services in the language of their choice (Figure 5).

Figure 5: Were you offered services in the language of your choice? (N = 609)

■ Yes ■ No

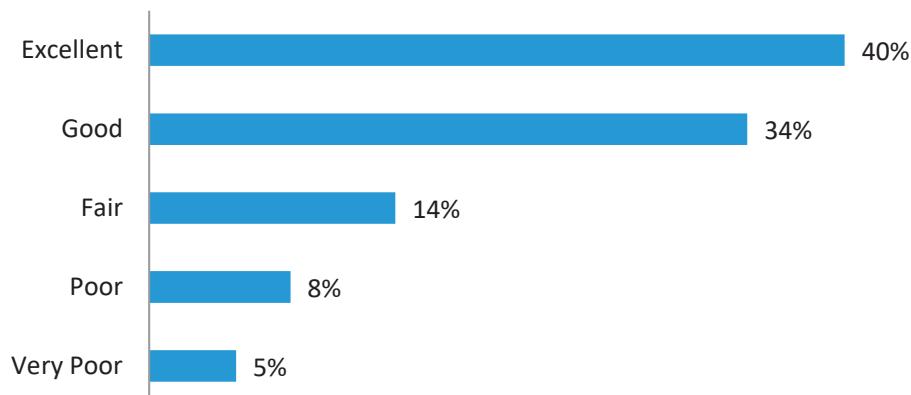


Experience Accessing Services

This dimension focuses on out-patients' perception of ease of access to the services that out-patients need, when they need them. Out-patients rated how easy it was for them to access services on the day they completed the survey, and answered questions about the length of time it took to get the appointment.

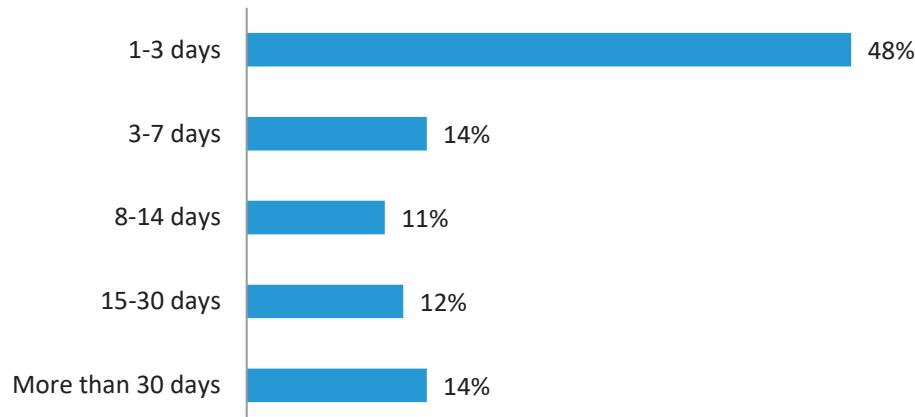
Nearly three-quarters of out-patients (74%, n=783) rated the ease of access to the service they received the day they completed the survey as 'Excellent' or 'Good' (Figure 6).

Figure 6: How easy was it to access the services you received today? (N = 1070)



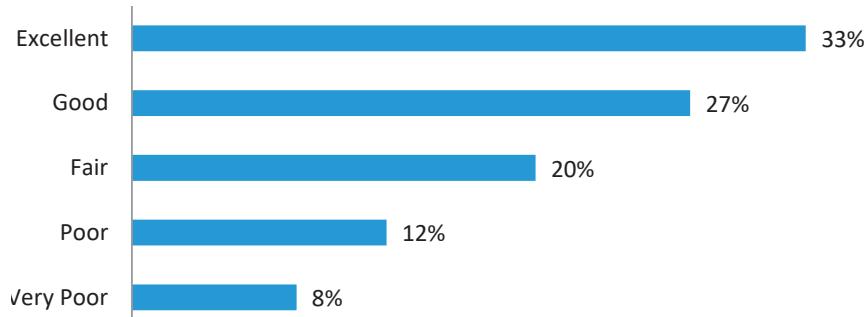
Over half the out-patients (62%, n=636) were able to access their appointment within a week, and among these patients 48% (n=490) accessed their appointment within one to three days (Figure 7).

Figure 7: How long did it take for you to get this appointment? (N = 1021)



Over half of out-patients reported they were satisfied with the time it took to access the appointment. Most patients (60%, n=629) rated their experience as 'Excellent' or 'Good'. Nearly a quarter (20%, n = 206) rated their experience as 'Fair', while an equal proportion (20%, n= 214) indicated they were dissatisfied with the time it took to access their appointment and rated their experience as 'Poor' or 'Very Poor' (Figure 8).

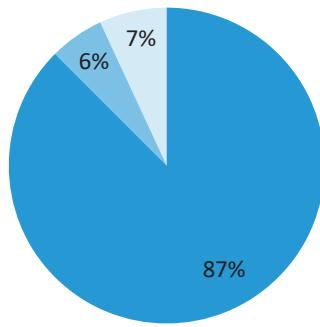
Figure 8: How would you rate the length of time it took to get this appointment? (N = 1049)



Most out-patients (87%, n=847) reported that they received enough privacy when discussing their treatment and care with health professionals (Figure 9).

Figure 9: Did you receive enough privacy when discussing your treatment and care with health professionals? (N = 968)

■ Yes ■ No ■ Somewhat



Qualitative Feedback

In some cases, out-patients reported the ability to access services quickly. While access to clinics may be perceived as good, the inability to see the same health care provider that would get to know their patients was reported as a challenge when patients are dealing with ongoing issues.

Qualitative responses also indicated that improvements to the accessibility of services could be made through shortening referral times and wait times, and having more privacy at the clinic's reception area. Out-patients suggested a variety of changes including, implementing more walk-in clinic services, increasing the number of same day appointments, providing patients with appointment reminders, introducing an online booking system, and improving consistency in health professionals as a way to improve continuity of care.

Safety and Facility Cleanliness

This dimension focuses on out-patients' perception of safety, where safety is a key dimension of quality care. Out-patients were asked a variety of questions that address areas of patient safety including patient perceptions of facility cleanliness and feeling of safety.

Most out-patients (92%, n=971) reported that they felt safe within the facility (Figure 10).

Figure 10: Did you feel safe in your facility? (N = 1057)

■ Yes ■ No ■ Somewhat

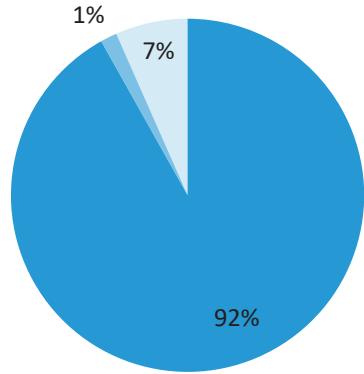
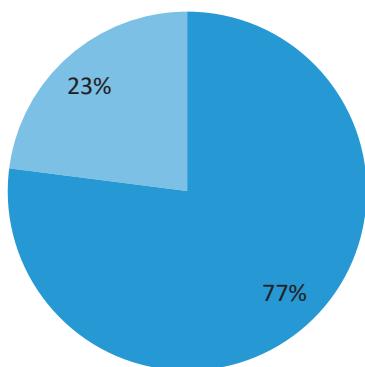


Figure 11: During this visit, were you asked to confirm your identity? (N = 1040)

■ Yes ■ No

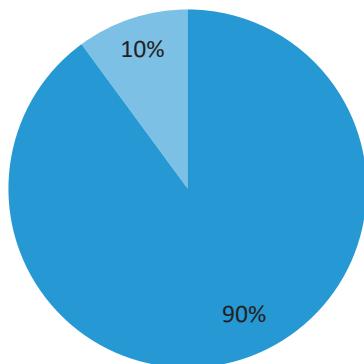


Over three-quarters of out-patients (77%, n=801) reported they were asked to confirm their identity when seeing their health care practitioner (Figure 11).

Most out-patients (90%, n=954) reported they saw hand washing or sanitizing stations at the facility (Figure 12).

Figure 12: Did you see hand washing or sanitizing stations at this facility? (N = 1061)

■ Yes ■ No

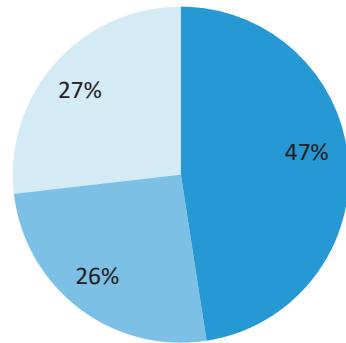




Over half of out-patients (47%, n=477) reported they saw their health care provider wash their hands, while 27% (n=269) of respondents did not notice if their health care provider washed their hands (Figure 13).

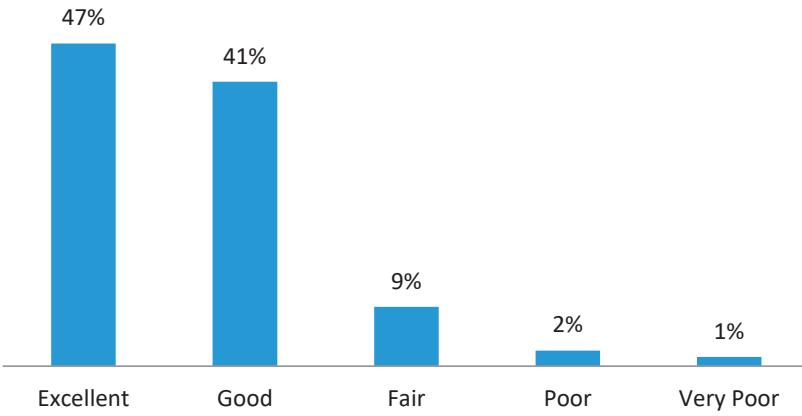
Figure 13: Did you see your health care provider wash their hands? (N = 1003)

■ Yes ■ No ■ Did Not Notice



Most out-patients (88%, n=933) rated the overall cleanliness of the facility they were in as 'Excellent' or 'Good' (Figure 14).

Figure 14: How would you rate the overall cleanliness of the facility that you were in? (N = 1062)



Qualitative Feedback

When asked for qualitative feedback, many out-patients noted the friendly and warm environment as something that made them feel comfortable and safe. However, some out-patients were concerned with perceived lack of confidentiality in the facility, as they experienced being walked in on by others during their appointments. Other areas of concern included intoxicated individuals in the facility (i.e. wait rooms) and hazards outside the facility, such as slippery ice.

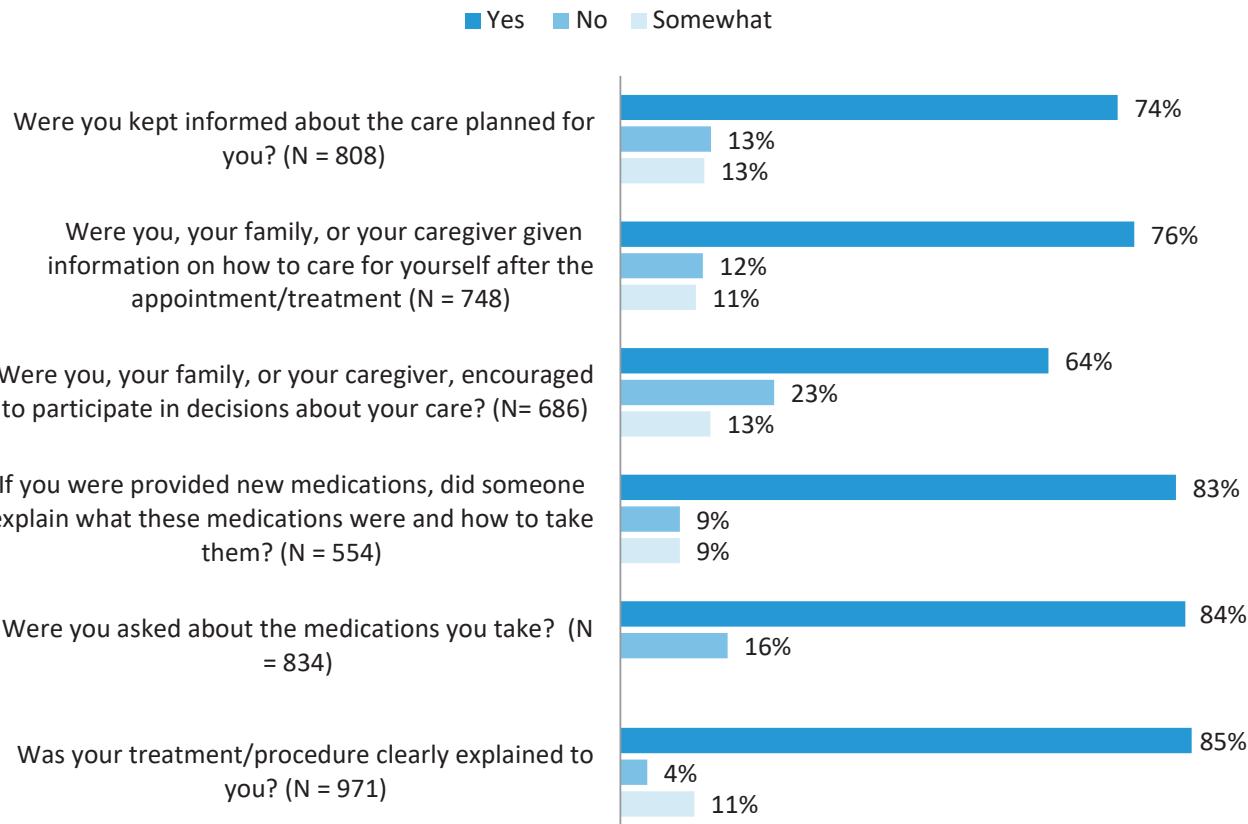
Other areas for improvement included out-patients reporting issues with cleanliness, such as dirty washrooms and floors; a lack of access to hand washing stations and hand sanitizers; and outdated facilities and infrastructure.



Communication and Education

It is important that patients are kept informed of their health care options and involved in decision-making with regard to their care.

Figure 15: Patient Treatment/ Procedure Reported Experiences



Treatments & Procedures

- Nearly three quarters of out-patients (74%, n=598) were kept informed about the care planned for them (Figure 15).
- Over three quarters of out-patients (76%, n=572) reported that they, their family, or their caregiver were given information on how to care for themselves after their appointment/treatment (Figure 15).
- Almost two thirds of out-patients (64%, n=437) reported that they, their family, or their caregiver, were encouraged to participate in decisions about their care (Figure 15).
- Most in-patients (83%, n=458) reported they received explanations about the new medications they were provided and how to take them (Figure 15).
- Most out-patients (84%, n=701) reported that they were asked about the medications they were taking, while 16% of out-patients reported they were not asked (16%, n=133) about their medications (Figure 15).
- Most out-patients (85%, n=823) reported that their treatment/procedure were clearly explained to them (Figure 15).

Preventative Health

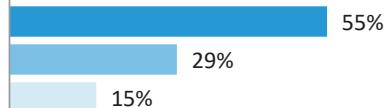
Through preventative health care, patients are encouraged to be active participants in their health, where health care providers create a supportive environment to provide education and support making healthy lifestyle choices, such as increased physical activity, proper nutrition, and tobacco cessation.

Between 30% and 50% of out-patients reported having discussions with a health care provider in the last 24 months regarding a variety of preventative health topics (Figure 16):

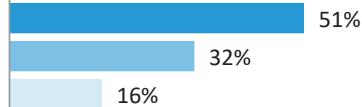
Figure 16: Preventative Health

■ Yes ■ No ■ Somewhat

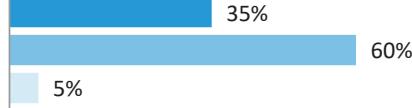
In the last 24 months, has a healthcare provider discussed with you the importance of exercise and being active? (N = 818)



In the last 24 months, has a healthcare provider discussed with you the importance of a healthy diet? (N = 770)



In the last 24 months, has a health care provider discussed options with you to quit using chewing tobacco? (N = 253)



In the last 24 months, has a health care provider discussed options with you to quit smoking cigarettes? (N = 372)



- 55% (n=453) of out-patients reported having a health care provider discuss the importance of exercise and being active (Figure 16).
- 51% (n=395) of out-patients reported having a health care provider discuss the importance of a healthy diet (Figure 16).
- 35% (n=88) of out-patients reported having a health care provider discuss options to quit using chewing tobacco (Figure 16).
- 44% (n=34) of out-patients reported having a health care provider discuss options to quit smoking cigarettes (Figure 16).

Qualitative Feedback

Out-patients reported that service providers were responsive in answering patient questions, providing detailed responses, taking their time with patients, listening and being attentive, following up, and connecting patients to other health care providers.

An area of improvement reported by out-patients was around follow-up care they receive, and specifically around receiving test results. Some patients reported that health care providers do not spend enough time with patients at appointments or lack communication skills to effectively respond to questions or listen to concerns.

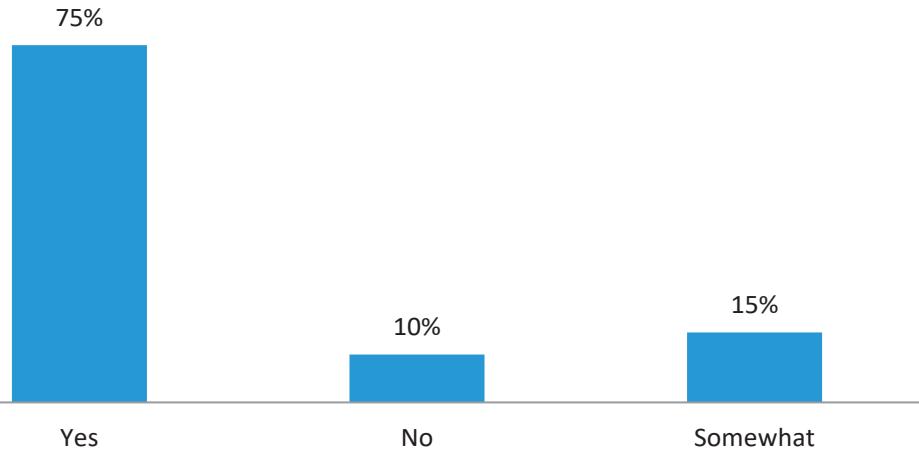
Values, Needs and Preferences

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

Cultural Safety

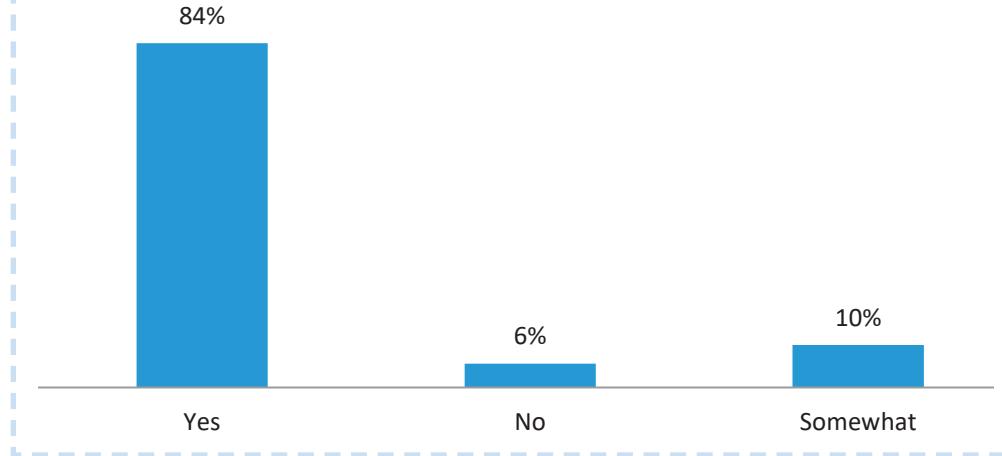
Out-patients were asked about staff's responsiveness to their needs and their perceptions of staff's respect for their cultural values.

Figure 17: Were your individual needs and preferences taken into consideration by staff? (N = 876)



Three-quarters of out-patients (75%, n=659) reported their individual needs and preferences were taken into consideration by staff (Figure 17).

Figure 18: Were your cultural values and traditions respected by staff? (N = 550)

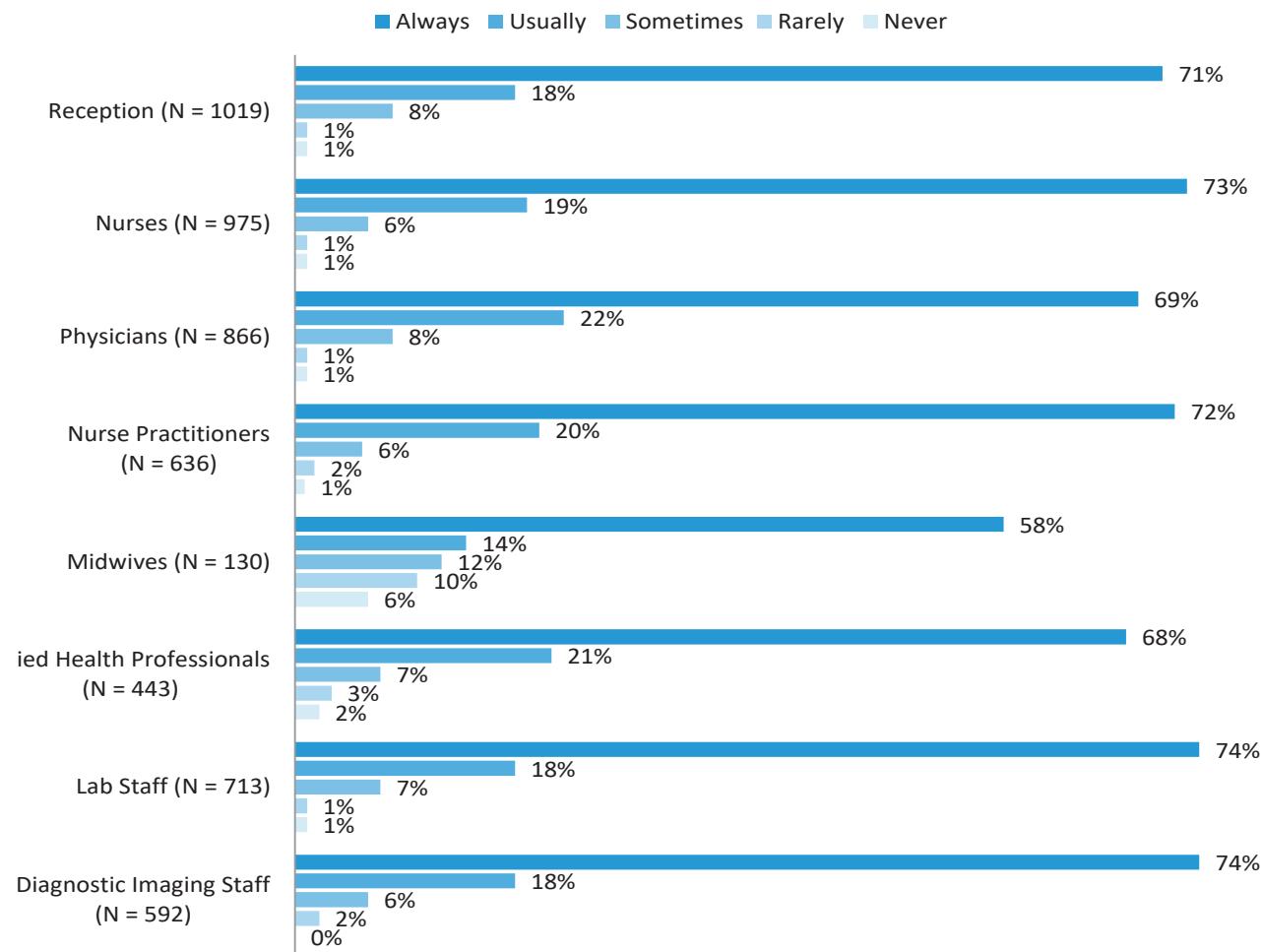


84% (n=461) reported they felt their cultural values and traditions were respected by staff (Figure 18).

Respect & Dignity

Out-patients were asked whether a variety of staff and health care professionals treated them with respect and dignity (Figure 19).

Figure 19: While receiving care, did the staff and health care professionals you saw treat you with respect and dignity?



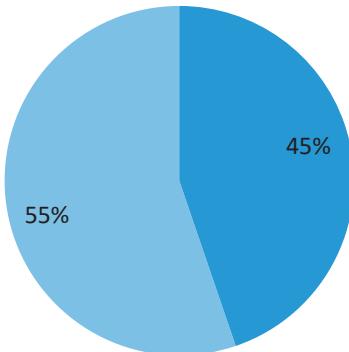
- On average, 89% of out-patients reported that staff and health care professionals 'Always' or 'Usually' treated them with respect and dignity throughout their stay (Figure 19).
- The following staff and health care professionals were most often rated as 'Always' treating out-patients with respect and dignity:
 - Diagnostic imaging staff (74%, n=439)
 - Lab staff (74%, n=527)
 - Nurses (73%, n=713)
 - Nurse Practitioners (72%, n=459)

Concerns, Complaints, or Compliments

Almost half of out-patients (45%, n=470) reported they were aware of how to file a concern, complaint or compliment (Figure 20).

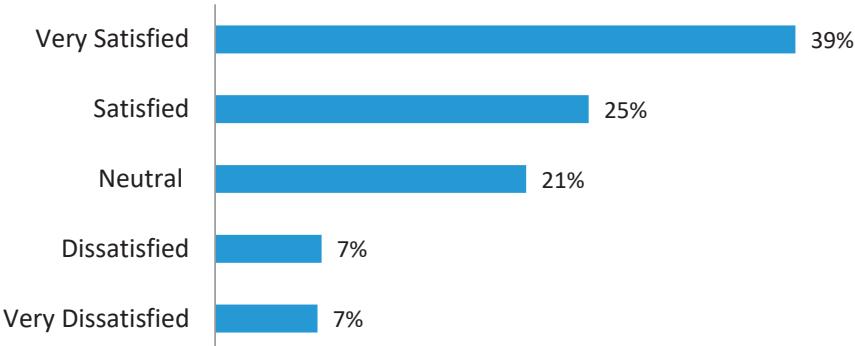
Figure 20: Do you know how to file a concern, complaint or compliment? (N = 1050)

■ Yes ■ No



Nearly two thirds of out-patients (64%, n=457) reported feeling 'Very Satisfied' or 'Satisfied' with the process to report a concern, complaint, or compliment about the service they received (Figure 21).

Figure 21: How would you rate your satisfaction with the process to report a concern, complaint, or compliment about the service you received? (N = 706)



Qualitative Feedback

When asked for qualitative feedback, out-patients were satisfied with the opportunity to complete the Patient Experience Questionnaire, and noted the system's responsiveness to feedback as something they appreciated. Out-patients also reported being satisfied with the level of professionalism amongst staff engaged with their care.

An area for improvement reported by patients was around improving communications so that out-patients could be more aware of options available to them (e.g. to report concerns, complaints or compliments). Follow-up communication is also an area for improvement.

Qualitative feedback around respect for traditional practices and teachings, as well as cultural values, were both positive and negative, with some out-patients reporting always feeling respected and others reporting feeling health care providers have little knowledge of traditional practices. For some out-patients, they reported never having discussed these topics with their health care providers.

If you would like this information in another official language, call us.

English

Si vous voulez ces informations en français, contactez-nous.

French

Kīspin ki nitawihtin ē nīhiyawihk ōma ācimōwin, tipwāsinān.

Cree

Tł̥icho yati k'èè. Dı wegodi newo dè, gots'o gonede.

Tłóż

?eriht'ís Dëne Sųłiné yati t'a huts'elkér xa beyáyatı the?ą ?at'e, nuwe ts'ën yólti.

Chipewyan

Edı gondı dehgáh got'je zhatié k'ée edat'eh enahddhe nide naxets'ę edahń.

South Slavey

K'áhshó got'jne xədə k'é hederi ɬedɬhtl'é yeriniwé nídé dúle.

North Slavey

Jii gwandak izhii ginjìk vat'atr'ijahch'uu zhit yinohthan jì', diits'at ginohkhìi.

Gwich'in

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqluta.

Inuvialuktun

Հետո այս պահին առաջարկությունը կազմված է այսպիսի մասնակից աշխատավորությունների համար, որոնք կապահանջնեն առաջարկության առաջարկագրության համապատասխան:

Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

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