

### 2022 Patient Experience Survey

Thank you for being a patient of Summerville Family Health Team. We are very interested in your feedback on our services, which will help us achieve our goal of providing patient-centred, high quality, integrated and accessible care.

Please take a few moments of your time to complete our annual patient survey by checking or circling the most appropriate response. This survey should only take you about 10 – 15 minutes. Your responses will be kept completely confidential and will help us to improve our services and plan for the future.

#### YOUR DOCTOR'S OFFICE LOCATION

##### Location

- ☐ Apple Hills, 1221 Bloor St.      ☐ Harborn, 89 Queensway West  
☐ Etobicoke, 190 Sherway Drive      ☐ Central Location, 101 Queensway West, 5<sup>th</sup> Floor  
☐ Family Medicine Teaching Unit (FMTU), 101 Queensway West, 7<sup>th</sup> floor

**If you have checked Family Medicine Teaching Unit, have you seen a Resident?**

- ☐ Yes      ☐ No

**If you have seen a Resident physician, please rate your level of satisfaction with the care you received**

- ☐ Excellent      ☐ Very Good      ☐ Good      ☐ Fair      ☐ Poor

**Have you seen (via video, by telephone, email or in-person) a physician or nurse practitioner in the last 6 months? Please select all that apply:**

- ☐ Physician      ☐ Nurse Practitioner      ☐ I haven't seen either (virtually or in-person) in the last 6 months

**If you have NOT seen a Physician or Nurse Practitioner in the last six months, you may skip to**

## **BOOKING YOUR APPOINTMENT**

**Approximately how many times did you visit us in person over the last 6 months for your own medical care?**

☐ One ☐ Two ☐ Three ☐ Four ☐ Five or more ☐ I had no appointment

**Approximately how many times did you have a virtual visit (via video, by telephone or email) over the last 6 months for your own medical care?**

☐ One ☐ Two ☐ Three ☐ Four ☐ Five or more ☐ I had no appointment

**The last time you were sick and wanted to make an appointment (via video, by telephone, email or in-person), how long did it take to see a doctor or nurse practitioner?**

☐ Same day ☐ Next day ☐ 2-7 days ☐ 8-19 days ☐ 20+ days ☐ Not Applicable

**Why were you not able to get care the same or next day?**

☐ Appointment unavailable ☐ Not Preferred provider  
☐ Not preferred time ☐ Could not reach clinic ☐ Other Reasons, please specify

---

---

---

---

**Thinking about your most recent visit (via video, by telephone, email or in-person) you had with a physician or nurse practitioner in the last 6 months, on a scale of poor to excellent, how would you rate the following?**

1. Your satisfaction with the length of time between when you expected to get an appointment and when you actually got it

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

2. The hours that the Clinic is open

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

3. Booking your appointment by phone

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

4. Contacting or accessing us online (web site or email)

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

**Do you agree with the following statements?**

1. The last time I needed medical care in the evening, on a weekend, or on a public holiday, it was easy to get care (via video, by telephone, email or in-person) without going to the emergency department  
☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree ☐ I had no appointment
2. I can book an appointment (via video, by telephone, email or in-person) for when I need it  
☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree ☐ I had no appointment

**Did you avoid or delay receiving care from Summerville Family Health Team because of the COVID-19 pandemic? (Select one response)**

☐ Yes ☐ No

**YOUR APPOINTMENT**

**How would you rate your overall experience with our reception staff in the last 6 months?**

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

**When you see your doctor or nurse practitioner (via video, by telephone, email or in-person), how often do they:**

1. Give you an opportunity to ask questions about recommended treatment  
☐ Always ☐ Usually/Often ☐ Sometimes ☐ Rarely ☐ Never ☐ Not Applicable
2. Involve you, as much as you want to be, in decisions about your care and treatment  
☐ Always ☐ Usually/Often ☐ Sometimes ☐ Rarely ☐ Never ☐ Not Applicable
3. Spend enough time with you  
☐ Always ☐ Usually/Often ☐ Sometimes ☐ Rarely ☐ Never ☐ Not Applicable
4. Let you say what is important to you  
☐ Always ☐ Usually/Often ☐ Sometimes ☐ Rarely ☐ Never ☐ Not Applicable

**Thinking about a physician or nurse practitioner you saw in the last 6 months (via video, by telephone, email or in-person), on a scale of poor to excellent, how would you rate this person on the following:**

**1. Listened to your concerns**

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

**2. Treated you with respect**

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

**3. Communicated in language you could understand**

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

**4. Was sensitive to your needs and preferences**

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

**5. Knew your medical history**

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

**6. How comfortable do you feel talking with your doctor or nurse practitioner about personal problems related to your health condition?**

☐ Extremely ☐ Very much ☐ Somewhat ☐ Fairly ☐ Not at all

**Thinking about the most recent time you received care virtually, please tell us how much you agree or disagree with the following statements:**

1- I was able to communicate my health issue virtually as well as I would have in-person.

☐ Strongly disagree ☐ Disagree ☐ Neither disagree or agree ☐ Agree ☐ Strongly agree  
☐ Not Applicable

2- I had an opportunity to ask questions about recommended treatment.

☐ Strongly disagree ☐ Disagree ☐ Neither disagree or agree ☐ Agree ☐ Strongly agree  
☐ Not Applicable

3- I was involved as much as I wanted to be in decisions about my care and treatment.

☐ Strongly disagree ☐ Disagree ☐ Neither disagree or agree ☐ Agree ☐ Strongly agree  
☐ Not Applicable

4- My healthcare provider spent enough time with me.

☐ Strongly disagree ☐ Disagree ☐ Neither disagree or agree ☐ Agree ☐ Strongly agree  
☐ Not Applicable

5- Virtual care saved me time.

☐ Strongly disagree ☐ Disagree ☐ Neither disagree or agree ☐ Agree ☐ Strongly agree  
☐ Not Applicable

6- Virtual care saved me money (e.g. by not having to pay for transportation/parking, care for dependents, not having to take time off work, etc.).

☐ Strongly disagree ☐ Disagree ☐ Neither disagree or agree ☐ Agree ☐ Strongly agree  
☐ Not Applicable

7- The technology was easy to use.

☐ Strongly disagree      ☐ Disagree ☐ Neither disagree or agree ☐ Agree ☐ Strongly agree  
☐ Not Applicable

8- The level of privacy and confidentiality maintained during my appointment was appropriate

☐ Strongly disagree      ☐ Disagree ☐ Neither disagree or agree ☐ Agree ☐ Strongly agree  
☐ Not Applicable

9- I felt safe (emotionally and physically) during my virtual appointment.

☐ Strongly disagree      ☐ Disagree ☐ Neither disagree or agree ☐ Agree ☐ Strongly agree  
☐ Not Applicable

**Overall, how would you rate your satisfaction with Summerville's communication efforts? (e.g. booking your appointment, awareness of services/programs, after hours clinics, etc.)**

☐ Excellent      ☐ Very Good      ☐ Good      ☐ Fair      ☐ Poor

## **AWARENESS OF OUR SERVICES**

**We would like to know if you use, or know about, our various services:**

1. After Hours clinics on evenings and weekends for urgent issues, alternating at one of our five locations

☐ Used the service      ☐ I'm aware      ☐ I am not aware

2. Registered Dietitian

☐ Used the service      ☐ I'm aware      ☐ I am not aware

3. Pharmacist

☐ Used the service      ☐ I'm aware      ☐ I am not aware

4. Social Worker

☐ Used the service      ☐ I'm aware      ☐ I am not aware

5. Child and Youth Social Worker

☐ Used the service      ☐ I'm aware      ☐ I am not aware

6. Physiotherapist

☐ Used the service      ☐ I'm aware      ☐ I am not aware

7. Registered Nurse

☐ Used the service      ☐ I'm aware      ☐ I am not aware

8. Free Group Programs or Workshops (virtually or in-person)

☐ Used the service      ☐ I'm aware      ☐ I am not aware

9. Website with information on our hours, programs, services, and other resources

☐ Used the service      ☐ I'm aware      ☐ I am not aware

**Please rate your experience using the Summerville website.**

☐ Excellent    ☐ Very Good    ☐ Good    ☐ Fair    ☐ Poor    ☐ I didn't use your website

### **HELPING US PLAN FOR THE FUTURE**

Summerville FHT is in the process of developing our new Strategic Plan for 2023-25. We would appreciate your input to help us plan for the future.

**What areas would you like to see Summerville focus on in the future? Please choose your top 5.**

- ☐ Greater use of technology, such as virtual care
- ☐ More face to face group educational programs
- ☐ More virtual group educational programs
- ☐ More support for nutrition, exercise, healthy lifestyle choices
- ☐ Better linkages to social supports, such as housing, income support
- ☐ Increased communication with patients and caregivers
- ☐ Expanding hours of service (e.g. after hours, weekends)
- ☐ Quicker access to appointments with physicians
- ☐ Quicker access to appointments with other health providers
- ☐ Health information for patients and families in languages other than English
- ☐ Better coordination with other services in the community
- ☐ Easier access to specialists
- ☐ Patient involvement in research studies
- ☐ Reducing barriers to using our services, such as hours of service, transportation, internet
- ☐ Opportunities for patients and caregivers to participate in service planning

**What is your one key piece of advice for Summerville Family Health Team as we plan for the future?**

---

---

---

---

### **IN CONCLUSION**

**After the COVID-19 pandemic is over, which of these care options should the clinic continue to offer? (Select all that apply).**

☐ Phone appointment    ☐ Video appointment    ☐ Email (e.g. through secure messaging)

**How would you rate Summerville's ability to meet your care needs during the pandemic?**

☐ Excellent    ☐ Very Good    ☐ Good    ☐ Fair    ☐ Poor

**Overall, how would you rate your experience at Summerville?**

☐ Excellent      ☐ Very Good      ☐ Good      ☐ Fair      ☐ Poor

**On a scale of 1 to 10, would you recommend Summerville to your friends and family?**

**(Definitely Not)** 1      2      3      4      5      6      7      8      9      10 **(Definitely Yes)**

**Please provide us with suggestions on how we can improve the care we offer.**

---

---

---

---

---

## **ABOUT YOU**

### **Gender**

☐ Female      ☐ Male      ☐ Prefer to self-describe \_\_\_\_\_ ☐ Prefer not to say

### **Age**

☐ 18 to 24    ☐ 25 to 34    ☐ 35 to 44    ☐ 45 to 54    ☐ 55 to 64    ☐ 65 to 74    ☐ 75 or older

### **Race and Ethnicity**

- ☐ Black (African, Afro-Caribbean, African Canadian descent)
- ☐ East/Southeast Asian (Chinese, Korean, Japanese, Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
- ☐ Indigenous (First Nations, Métis, Inuk/Inuit)
- ☐ Latino (Latin American, Hispanic descent)
- ☐ Middle Eastern (Arab, Persian, West Asian descent (e.g., Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)
- ☐ South Asian (South Asian descent e.g., East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)
- ☐ White (European descent)
- ☐ Do not know
- ☐ Another race category

---

☐ Prefer not to answer

### **Were you born in Canada?**

☐ Yes      ☐ No      ☐ Prefer not to answer

**Language First Spoken at Home**

☐ English      ☐ French    ☐ Other    Please specify \_\_\_\_\_

**Do you have trouble making ends meet (money problems) at the end of the month?**

☐ Yes   ☐ No   ☐ I don't know   ☐ Prefer not to answer

Summerville Family Health Team is in the process of planning for the future. Your input is valuable to us. Would you be interested in participating in a group consultation session to get your ideas? The consultation session would be held via zoom for about an hour. If so, please provide your contact information on the next page and submit it separately from your completed survey.

**Thank you for taking the time to participate in our survey!**



Please provide the following information so that we may contact you regarding future Summerville planning.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Age      ☐ 18 to 24   ☐ 25 to 34   ☐ 35 to 44   ☐ 45 to 54   ☐ 55 to 64   ☐ 65 to 74   ☐ 75 or older

Gender   ☐ Female   ☐ Male      ☐ Prefer to self-describe \_\_\_\_\_ ☐ Prefer not to say

Preferred contact information (email or phone)

\_\_\_\_\_