

**PRIMARY CARE PATIENT  
EXPERIENCE SURVEY –  
PHYSICIAN REPORT**

**Dr. Sample**

March 2019



The Health Quality Council of Alberta is a provincial agency that pursues opportunities to improve patient safety and health service quality for Albertans. It gathers and analyzes information, monitors the healthcare system, and collaborates with Alberta Health, Alberta Health Services, health professions, academia, and other stakeholders to drive actionable improvements.

Our responsibilities are set forth in the *Health Quality Council of Alberta Act* and our work is guided by a strategic framework, which highlights our Vision, Mission, and Values and defines four strategic areas of focus: build capacity; monitor the health system; measure to improve; and engage the public.

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## INTRODUCTION

The *Primary Care Patient Experience Survey* was conducted as part of a larger project by the Health Quality Council of Alberta (HQCA) to test and refine a survey instrument that captures patient experience in primary care at the individual provider level. This report is intended to provide meaningful, actionable information to primary care providers on their patients’ experiences.

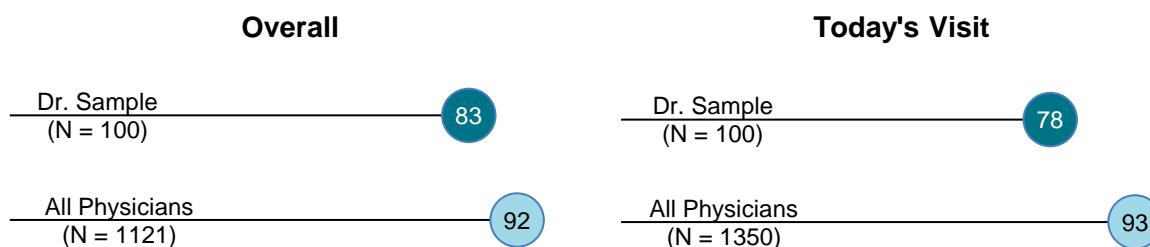
The aggregate results presented are from surveyed patients who were seen in your clinic and represent all physicians in your clinic.

All patients age 16 years or older seen in the clinic in that period were asked to provide their email address, and if they consented were emailed a survey shortly after the visit. Patients were only surveyed following their first clinic visit in the surveying period; no survey was sent on subsequent visits.

Throughout this report “All Physicians” refers to those physicians outside of your clinic that have participated in the HQCA *Primary Care Patient Experience Survey* in the past 12 months.

The charts below shows your results on two ratings of care and can be used as a quick overview to see how patients rate the care provided, relative to previous years and other physicians who have participated in the survey in the past 12 months. The charts display scores, scaled to be out of 100, on both today’s visit, and the overall physician rating.

To see the full results of these questions, including the exact wording of the questions, please see the Results section.



## Response rate

**Table 1:** Response rate

Response Rate	You	All Physicians
Eligible (N)	200	2270
Respondents (N)	100	1355
Proportion (%)	50	59.7

## RESULTS

This section provides results for all questions in the survey. Results are displayed as stacked bar charts or bar charts, depending on the format of the question. Bars indicate proportion of respondents (%) providing each answer. In some cases results may not total to 100 due to rounding. Questions are grouped according to the following areas:

- **Overall ratings:** one rating of care in today's visit and a physician rating.
- **Communication:** 12 questions about how often physicians explained things clearly, listened carefully, showed respect, and spent enough time with the patient.
- **Access:** four questions about patients' ability to get care when they needed it.
- **Your healthcare team:** two questions about how well the patients' healthcare team worked together.
- **Treatment plans & care priorities:** 11 questions about care management plans and patients' ability to care for their health.
- **EQ-5D-5L:** five questions that make up the EQ-5D-5L<sup>1</sup>, in addition to the Visual Analog Scale.
- **Patient characteristics:** eight questions about who the patients are that responded to the survey.

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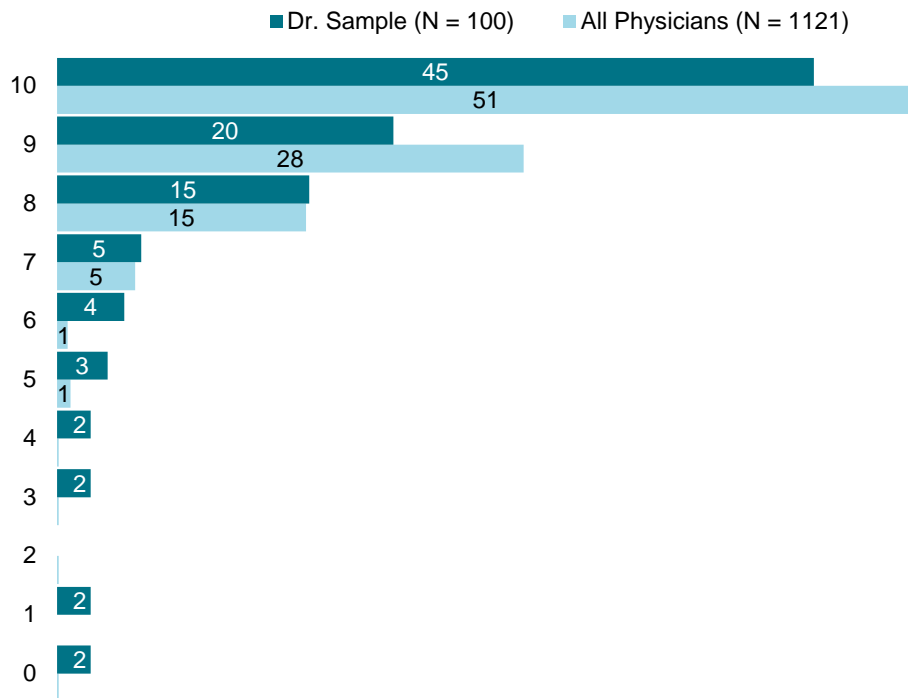
<sup>1</sup> For more information about the EQ-5D-5L, please see <https://euroqol.org/eq-5d-instruments/eq-5d-5l-about/> and <https://apersu.ca/about-eq-5d/>

## OVERALL RATINGS

Overall, how would you rate the care you received in your visit today?

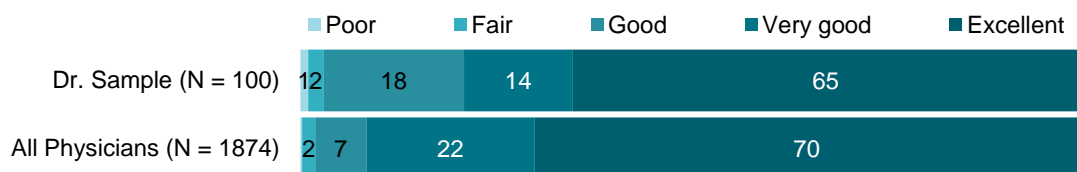


Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible, what number would you use to rate this doctor?

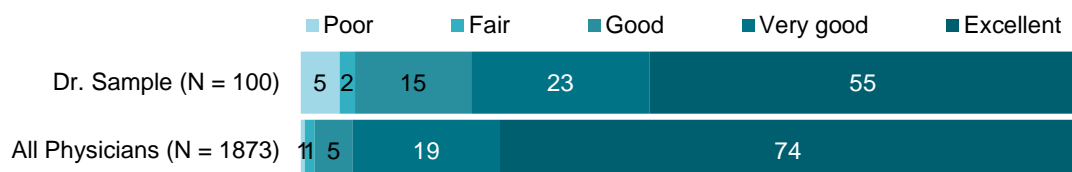


## COMMUNICATION

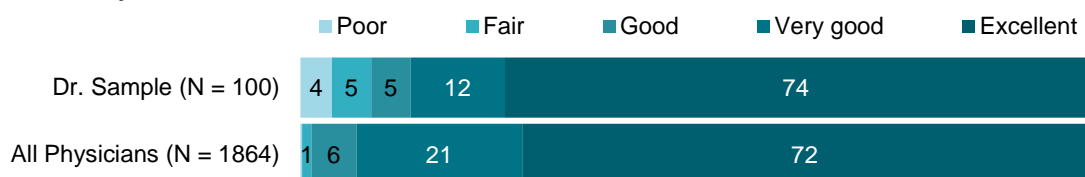
**How would you rate the amount of time this doctor gave you in your visit today?**



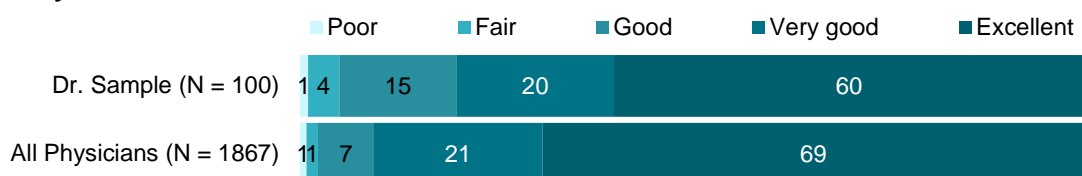
**How would you rate the way this doctor listened to you in your visit today?**



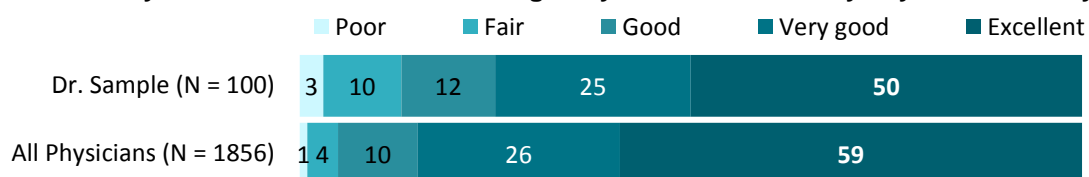
**How would you rate the way this doctor explained things in a way you could understand in your visit today?**



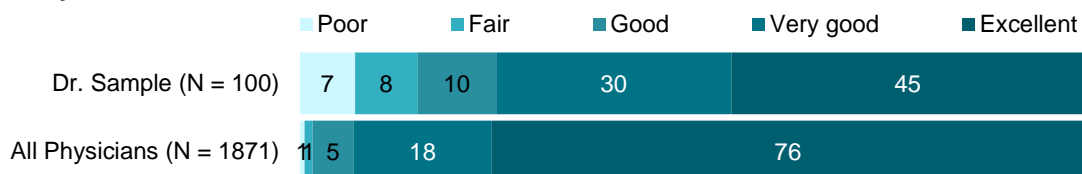
**How would you rate the way this doctor involved you in decisions about your care in your visit today?**



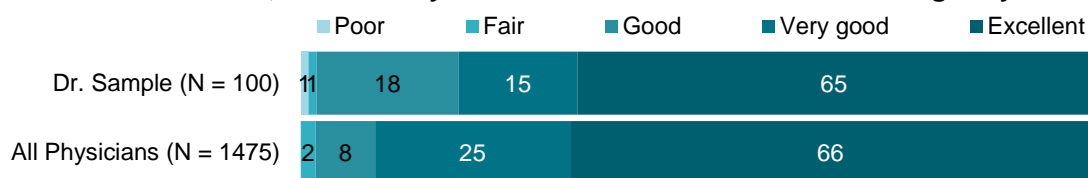
**How would you rate this doctor's knowledge of your medical history in your visit today?**



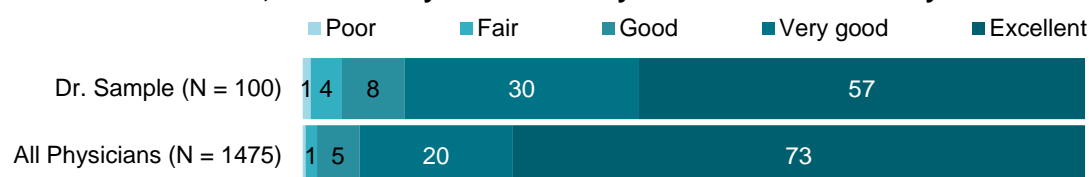
**How would you rate the way this doctor showed respect for what you had to say in your visit today?**



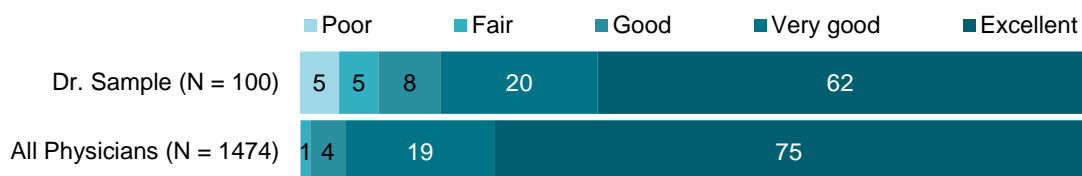
**In the last 12 months, how would you rate the amount of time this doctor gave you?**



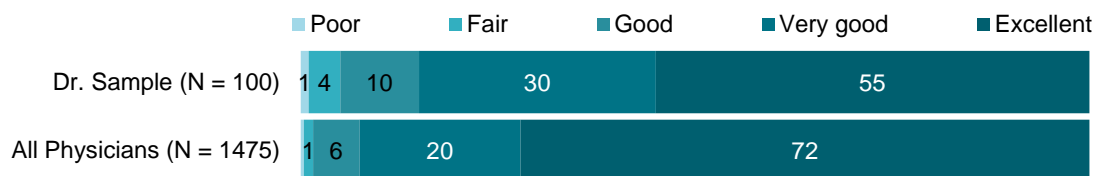
**In the last 12 months, how would you rate the way this doctor listened to you?**



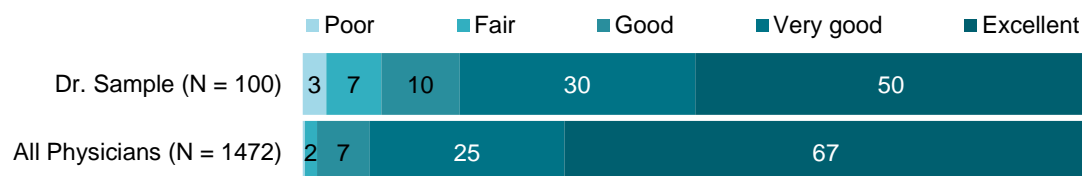
**In the last 12 months, how would you rate the way this doctor explained things in a way you could understand?**



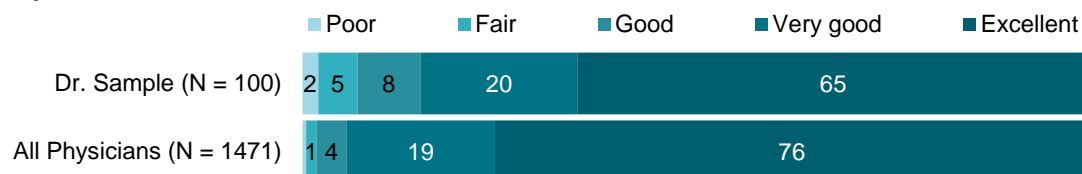
**In the last 12 months, how would you rate the way this doctor involved you in decisions about your care?**



**In the last 12 months, how would you rate this doctor's knowledge of your medical history?**



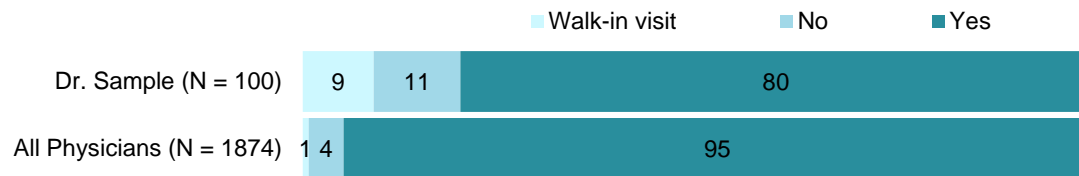
**In the last 12 months, how would you rate the way this doctor showed respect for what you had to say?**



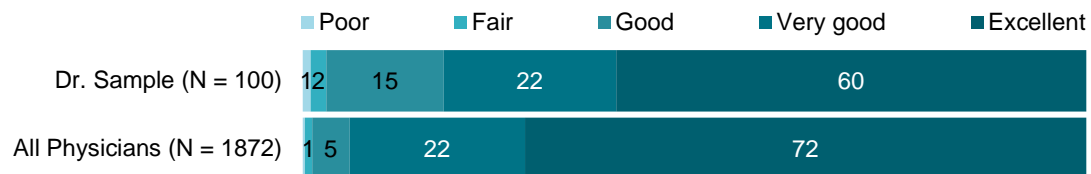


## ACCESS

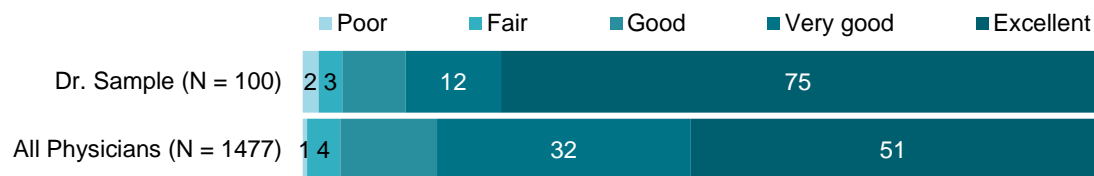
### Could you get today's appointment when you wanted?



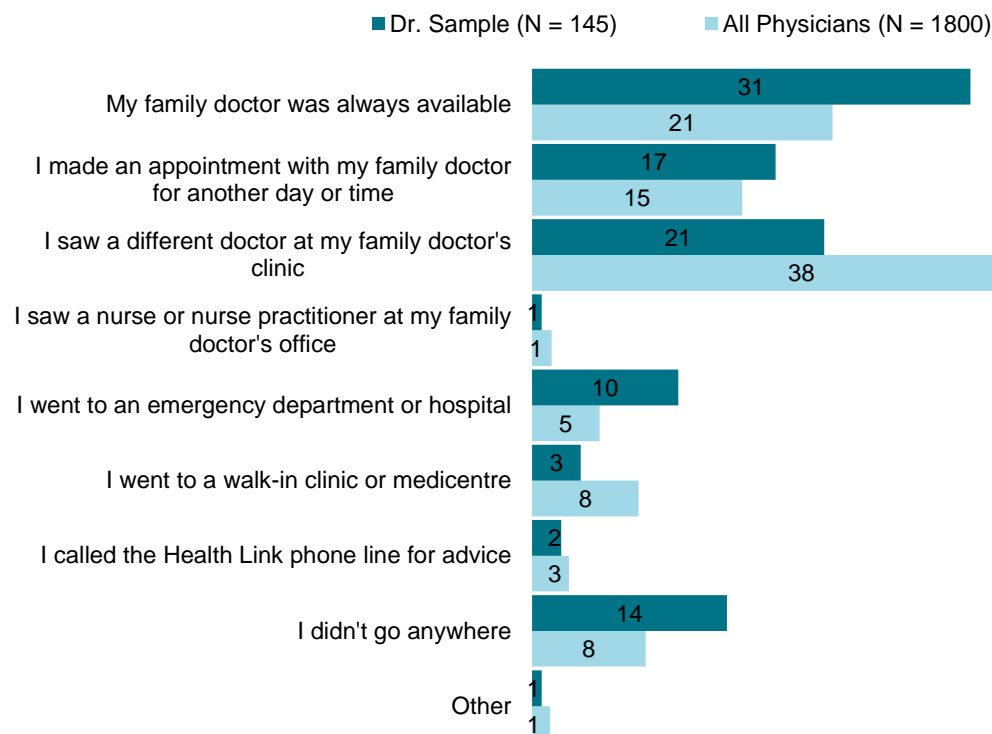
### How acceptable was the wait between making your appointment and today's visit?



### In the last 12 months, how would you rate the availability of this doctor?



### In the last 12 months, where did you go when this doctor was unavailable?

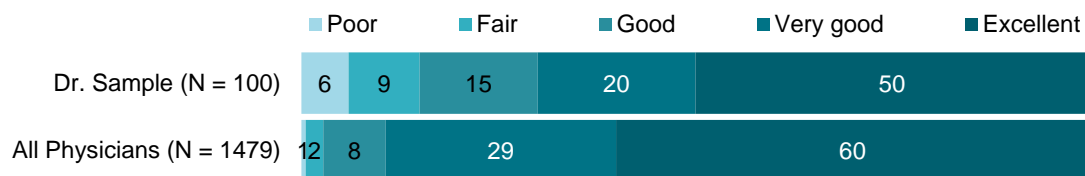


## YOUR HEALTHCARE TEAM

**In the last 12 months, how often did your healthcare team seem to effectively coordinate your care?**

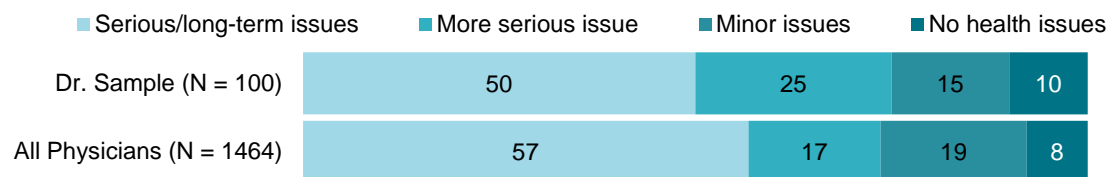


**In the last 12 months, how would you rate your overall experience with the reception staff at this clinic?**

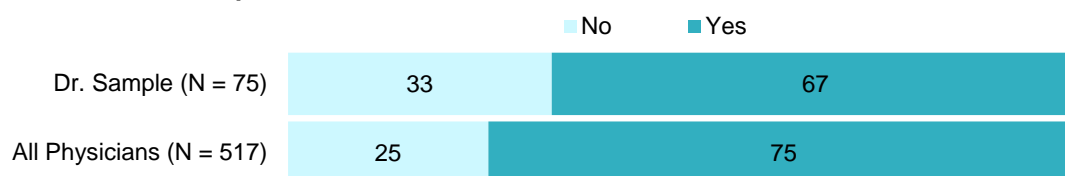


## TREATMENT PLANS & CARE PRIORITIES

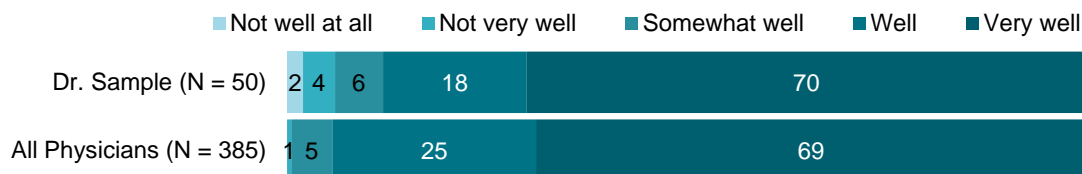
**Which of the following best describes how you have used the healthcare system in the last 12 months?**



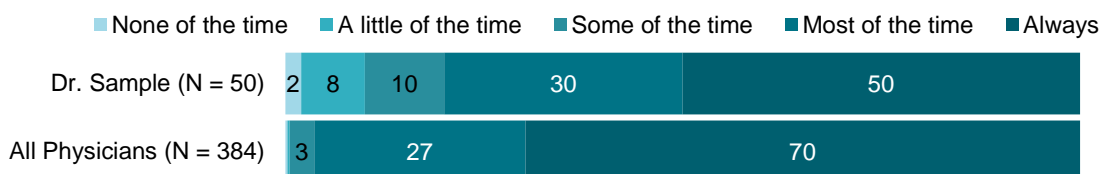
**In the last 12 months, has someone from your healthcare team worked with you to create or review a treatment plan?**



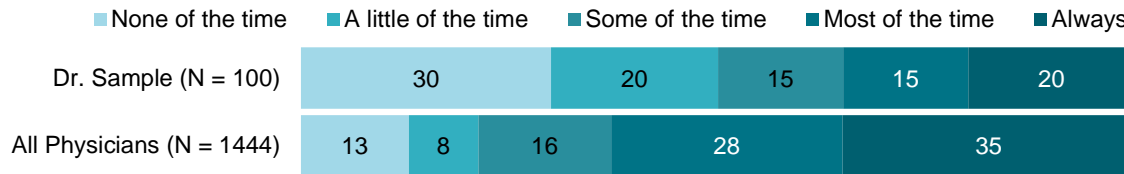
**In the last 12 months, how well did someone from your healthcare team adapt your treatment plan to your personal needs?**



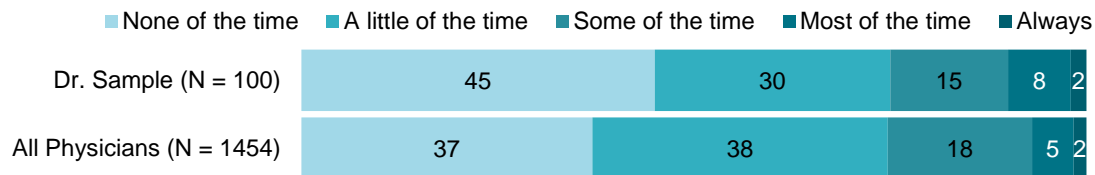
**In the last 12 months, how often were members of your healthcare team consistent with what they told you about your treatment plan?**



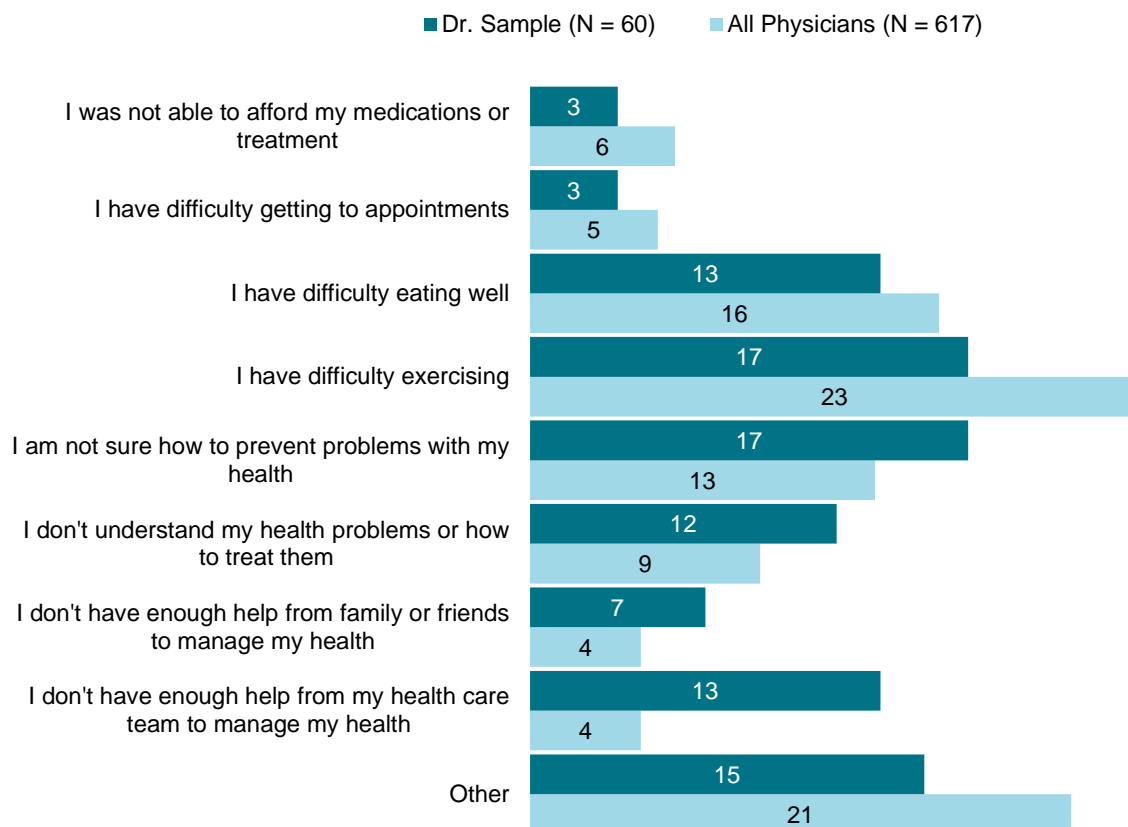
### In the last 12 months how often did someone from this doctor's office discuss your main goals and priorities in caring for your health?



### In the last 12 months, how often did you have difficulty managing your health?

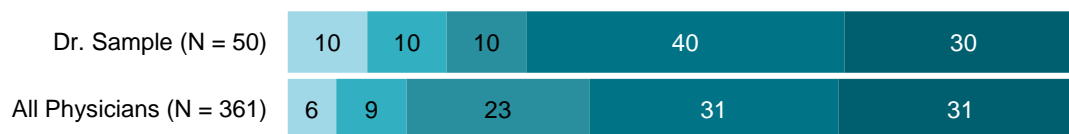


### In the last 12 months, why did you have difficulty managing your health?



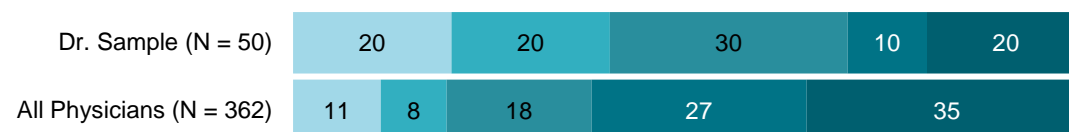
**In the last 12 months, how did your family doctor or nurse discuss with you the difficulties you had in managing your health?**

None of the time   A little of the time   Some of the time   Most of the time   Always



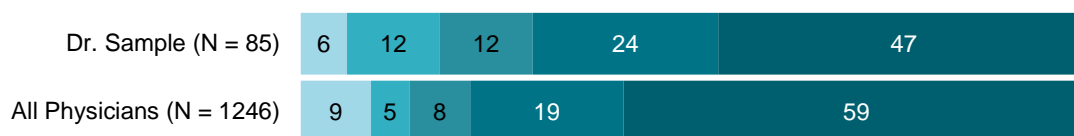
**In the last 12 months how often did your family doctor or nurse discuss with you supports for managing your health?**

None of the time   A little of the time   Some of the time   Most of the time   Always



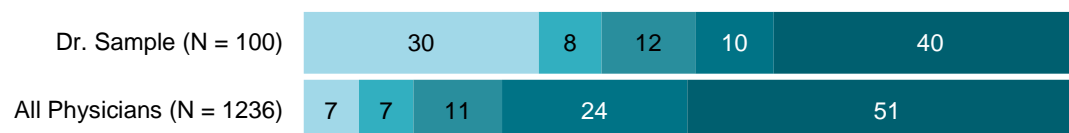
**In the last 12 months, when this doctor ordered a blood test, x-ray, or other test for you, how often did someone from this doctor's office follow up to give you the results?**

None of the time   A little of the time   Some of the time   Most of the time   Always



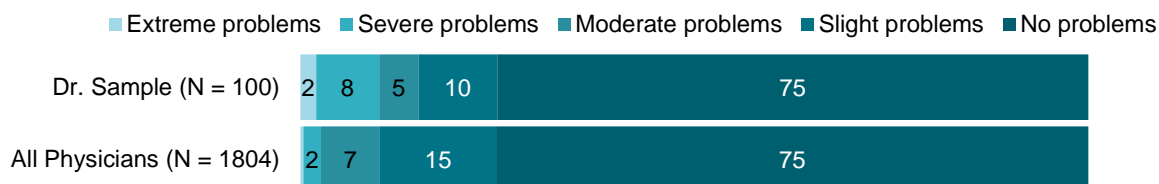
**In the last 12 months, how often did you and someone from this doctor's office talk about all the prescription medicines you were taking?**

None of the time   A little of the time   Some of the time   Most of the time   Always

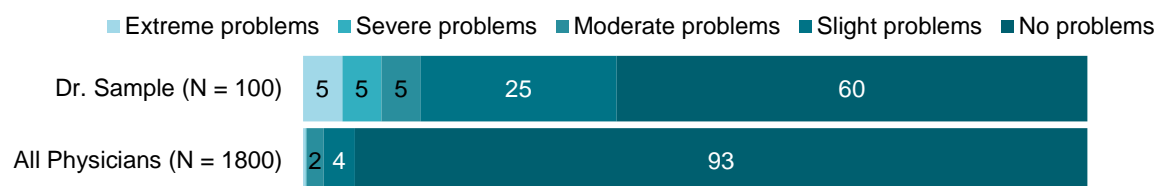


## EQ-5D-5L

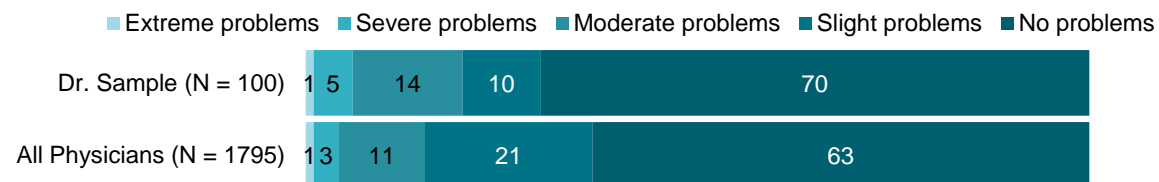
### EQ-5D Mobility: Problems in walking



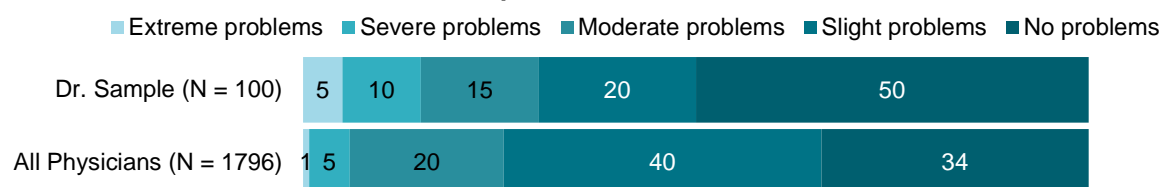
### EQ-5D Self-care: Problems with washing or dressing



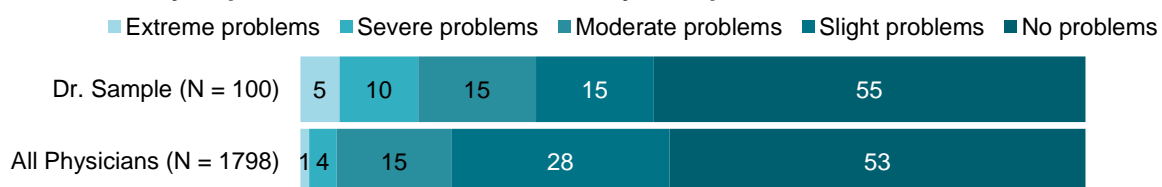
### EQ-5D Usual activities: Problems doing my usual activities



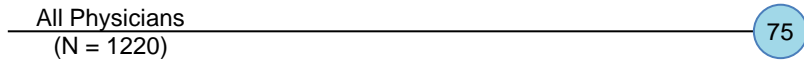
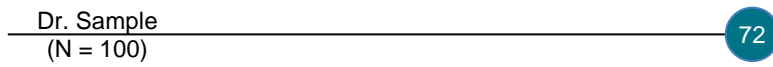
### EQ-5D Pain/Discomfort: Problems with pain or discomfort



### EQ-5D Anxiety/Depression: Problems with anxiety or depression

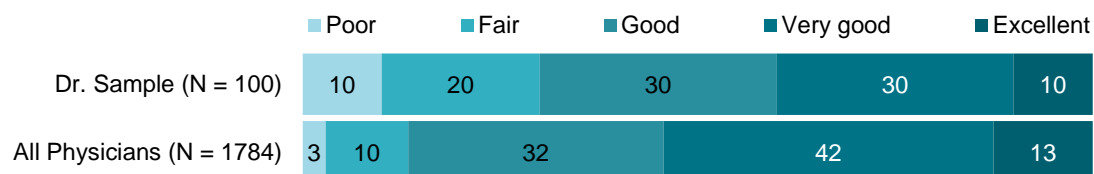


**EQ-5D Visual Analog Scale: On a scale from 0 to 100, where 100 means the best health you can imagine and 0 means the worst health you can imagine, how would you rate your health today?**

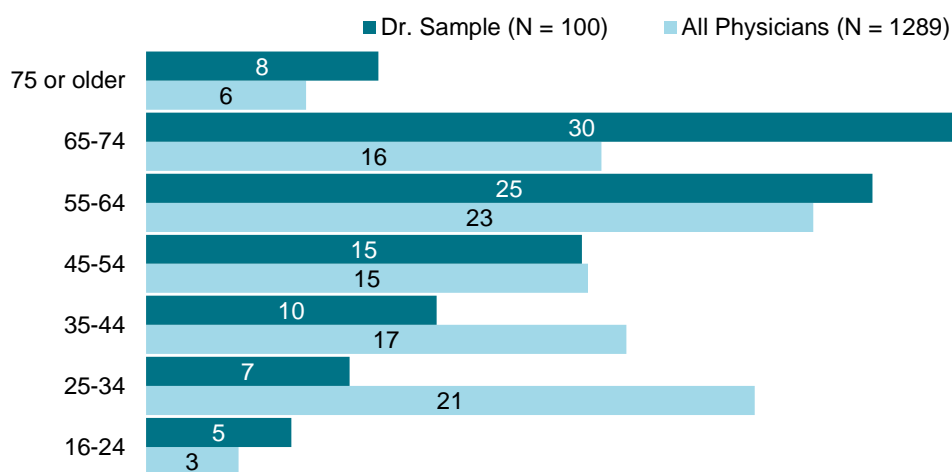


## PATIENT CHARACTERISTICS

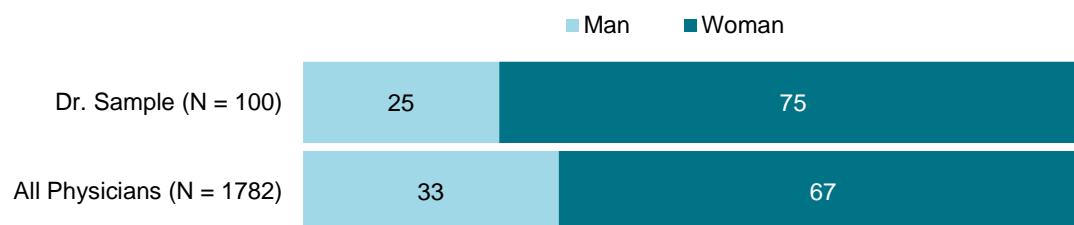
### In general, how would you rate your overall health?



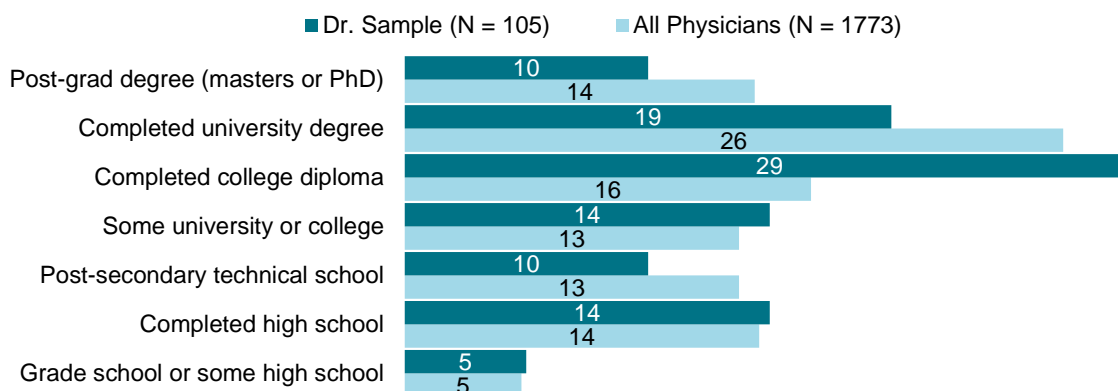
### What is your age?



### Do you identify as a man or a woman?



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

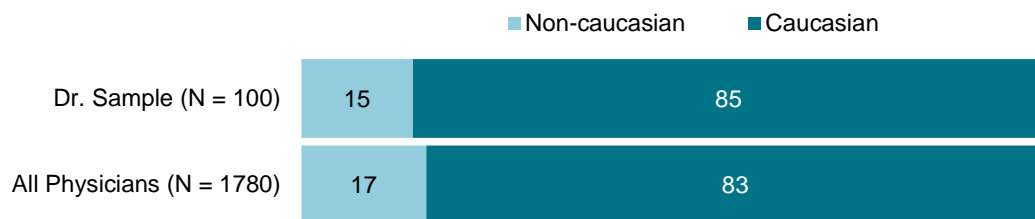




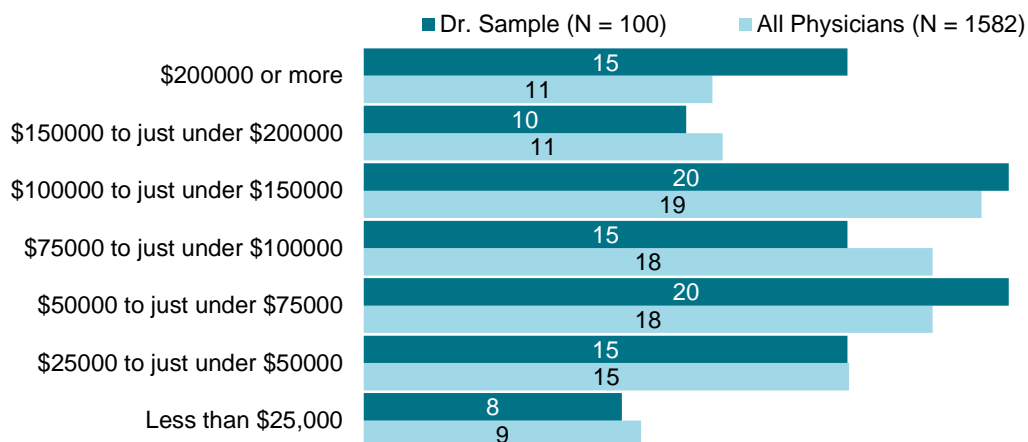
### What language do you mainly speak at home?



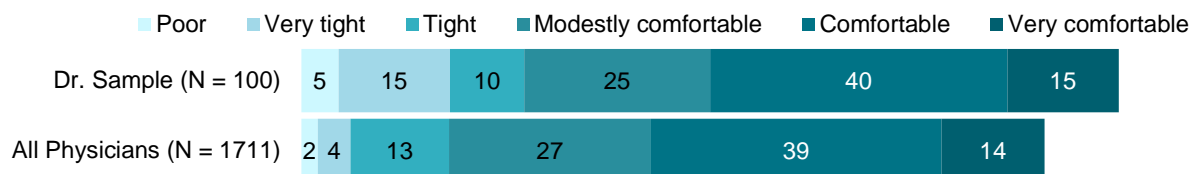
### People living in Canada come from many different cultural and racial backgrounds. Are you...?



### Which one of the following categories best describes the total annual income, before taxes, of all members of your household?



### Which of the following best describes your financial situation?



## APPENDICES

## APPENDIX I: METHODOLOGICAL DETAILS

Patients were surveyed using a questionnaire developed by the HQCA, originally adapted from the *Consumer Assessment of Healthcare Providers and Services (CAHPS®) Clinician & Group Survey version 3*. The CAHPS survey is a 31-question self-report tool that assesses the experience of care with a primary care physician. The HQCA worked with patients and clinicians to modify the CAHPS® survey to best suit the needs of Albertans and stakeholders (see Appendix II for the questionnaire).

The survey was distributed through in the clinic from June to August 2018.

Clinic staff were provided a script to request a patient’s email address when the patient checked in for their visit (see Appendix III for the script). If a patient agreed to provide their email address, staff entered it into a web form, along with the name of the physician being seen on that date. The form fed directly into a REDCap survey software database, which two hours later would automatically send an invitation to complete the survey.

In any instance where the total number of respondents to a given question is less than three (N = 1 or 2), but greater than zero, the responses will be suppressed. This is to maintain respondent confidentiality.

Analyses other than frequency distributions for this survey were conducted to ensure the survey performed to expectations. Analysis of Variance (ANOVA) was conducted to ensure that there were no unexpected differences between male and female respondents on the survey, and between respondents of different age categories. A principal components factor analysis was conducted to ensure that grouped survey items were measuring similar concepts<sup>2</sup>. Along with the factor analysis the Cronbach’s Alpha coefficient for each of the four groups was calculated. While the results of these analyses in some cases showed extremely well-linked concepts underlying the groupings, in other cases the underlying concepts were not as strong. All were deemed strong enough to report grouped together, but only Communication is closely linked enough to report as a single composite measure. The remaining three groupings (Access, Team-based Care, and Self-Management) all had weaker underlying associations.

**Table 2:** Cronbach’s Alpha of Survey Items

Grouping	Cronbach’s Alpha (α)
Communication	0.95
Access	0.43
Your healthcare team	0.63
Treatment plans & care priorities	0.33

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<sup>2</sup> That is, ensuring the questions related to Communication, Access, Self-Management, and Team-based Care measured the same essential underlying concepts.

For a complete description of the methodological details that contributed to the design of the survey procedures and questionnaire please contact the HQCA.

## Who was surveyed and who was not surveyed?

**PATIENTS IN THREE FAMILY PRACTICE CLINICS WERE SURVEYED**

- 20 physicians in total participated



**SURVEYS WERE PROVIDED TO ALL PATIENTS WHO PROVIDED THEIR EMAIL ADDRESS DURING THE TIME FRAME**

- Patients under age 16 were excluded
- Patients were only given a survey on their first visit to the physician within the time frame. Subsequent visits were excluded.



**SURVEYS WERE COMPLETED VIA EMAIL:**

- Overall response rate is 59.7%
- Email surveying was completed through REDCap email survey platform housed with the Health Quality Council of Alberta.

## APPENDIX II: SURVEY QUESTIONNAIRE

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# HQCA Primary Care Patient Experience Survey

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This survey asks questions about your experiences with your family doctor and clinic, and is being conducted by the Health Quality Council of Alberta (HQCA) on behalf of your family doctor. The HQCA is an independent organization that monitors and reports on the quality and safety of the healthcare system.

Your anonymous input provides important information to help improve the quality of care and services you receive.

**Your privacy is protected.** Your responses to this survey are completely confidential, and it will not be possible to identify you in your physician's summary report.

**Your participation is voluntary.** It is your choice whether or not to participate, and your decision will not impact the healthcare you receive.

If you want to know more about this survey, please call the HQCA at 1-855-508-8162 or by email at [Surveys@hqca.ca](mailto:Surveys@hqca.ca)

### Survey instructions

Answer each question by marking the box corresponding to your answer.

**Thank you!**

---

### Your Recent Visit

**This section is about the visit you had the day you were given this survey, and will refer to that visit as “your visit today.”**

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1. Why did you come here today?

*Check all that apply*

- A check-up or routine care
- An illness, injury, or condition that needed care right away
- Other, specify: \_\_\_\_\_

2. Could you get today’s appointment when you wanted?

- Yes
- No
- I had a walk-in visit [SKIP TO Q4]

3. How acceptable was the wait between making your appointment and today’s visit?

- Very acceptable
- Acceptable
- Moderately acceptable
- Not very acceptable
- Not acceptable at all

---

### The doctor you saw TODAY

---

4. How would you rate the amount of time that this doctor gave you in your visit today?

- Excellent
- Very good
- Good
- Fair
- Poor

5. How would you rate the way this doctor listened to you during your visit today?

- Excellent
- Very good
- Good
- Fair
- Poor

6. How would you rate the way this doctor explained things in a way you could understand in your visit today?

- Excellent
- Very good
- Good
- Fair
- Poor

7. How would you rate the way this doctor involved you in decisions about your care in your visit today?

- Excellent
- Very good
- Good
- Fair
- Poor

8. How would you rate this doctor’s knowledge of your medical history in your visit today?

- Excellent
- Very good
- Good
- Fair
- Poor

9. How would you rate the way this doctor showed respect for what you had to say in your visit today?

- Excellent
- Very good
- Good
- Fair
- Poor

10. Overall, how would you rate the care you received in your visit today?

- Excellent
- Very good
- Good
- Fair
- Poor
- Very poor

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### Your Family Doctor

---

11. Is there a **family doctor** who knows you best at this clinic?

- Yes
- No → **If No, go to #43**

12. What is the name of this doctor?

---

13. Is this the doctor you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

- Yes
- No

14. How long have you been going to this doctor?

- Less than 6 months
- At least 6 months but less than 1 year
- At least 1 year but less than 3 years
- At least 3 years but less than 5 years
- 5 years or more

15. Did you see this doctor today?  
(The visit when you were given this survey)

- Yes
- No

---

### Your Care From Your Family Doctor in the Last 12 Months

---

These questions ask about **your own** healthcare. Do **not** include care you got when you stayed overnight in a hospital. If you saw your regular doctor on your most recent visit, please include that visit, in addition to any other visits to your family doctor in the last 12 months.

16. In the last 12 months, how many times did you visit this doctor to get care for yourself?

- None → **If None, go to #43**
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

17. In the last 12 months, how would you rate the availability of your family doctor?

- Excellent
- Very good
- Good
- Fair
- Poor

18. In the last 12 months, where did you go when your family doctor was unavailable?

- I made an appointment with my family doctor for another day or time
- I saw a different doctor at my family doctor's office
- I saw a nurse or nurse practitioner at my family doctor's office
- I went to an emergency department or hospital
- I went to a walk-in clinic or medicentre
- I called the Health Link phone line for advice
- I didn't go anywhere
- Other

**19.** In the last 12 months, how would you rate the amount of time that your doctor gave you?

- Excellent
- Very good
- Good
- Fair
- Poor

**20.** In the last 12 months, how would you rate the way your doctor listened to you?

- Excellent
- Very good
- Good
- Fair
- Poor

**21.** In the last 12 months, how would you rate the way your doctor explained things in a way you could understand?

- Excellent
- Very good
- Good
- Fair
- Poor

**22.** In the last 12 months, how would you rate the way your doctor involved you in decisions about your care?

- Excellent
- Very good
- Good
- Fair
- Poor

**23.** In the last 12 months, how would you rate your doctor's knowledge of your medical history?

- Excellent
- Very good
- Good
- Fair
- Poor

**24.** In the last 12 months, how would you rate the way this doctor showed respect for what you had to say?

- Excellent
- Very good
- Good
- Fair
- Poor

**25.** Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible, what number would you use to rate this doctor?

- 0 Worst doctor possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best doctor possible



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## Your Healthcare Team

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Your healthcare team includes everyone here at your clinic, as well as other healthcare providers you see outside of this clinic, such as such as nurses, dieticians, and pharmacists who could also be within your family doctor's clinic.

**26.** Which of the following best describes how you have used the healthcare system in the last 12 months?

- I have no health issues, and hardly ever use healthcare services. → **Go to #32**
- I had minor health issues that were fixed quickly and weren't life threatening, or I only used routine health care services. This might include a routine visit or check-up. → **Go to #32**
- I had a more serious health issue that might have required surgery, a hospital stay, or care and treatment from a specialist.
- I have serious ongoing or long-term health issues, which require regular use of the healthcare system, and that affect my quality of life.

**27.** In the last 12 months, how often did your healthcare team seem to effectively coordinate your care?

- Always
- Most of the time
- Some of the time
- A little of the time
- None of the time

**28.** In the last 12 months, how would you rate your overall experience with the reception staff at this clinic?

- Excellent
- Very good
- Good
- Fair
- Poor

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## Treatment Plans and Care Priorities

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A treatment plan is a set of actions your family doctor or nurse designs with you to manage your health problems.

**29.** In the last 12 months has someone from your healthcare team worked with you to review or create a treatment plan?

- Yes
- No - → **If No, go to #32**

**30.** In the last 12 months, how well did your family doctor or nurse adapt your treatment plan to your personal needs?

- Very well
- Well
- Somewhat well
- Not very well
- Not well at all

**31.** In the last 12 months, how often was staff here consistent with what they tell you about your treatment plan?

- Always
- Most of the time
- Some of the time
- A little of the time
- None of the time

**32.** In the last 12 months how often did your family doctor or nurse discuss your main goals and priorities in caring for your health?

- Always
- Most of the time
- Some of the time
- A little of the time
- None of the time

**33.** In the last 12 months, how often did you have difficulty managing your health?

- Always
- Most of the time
- Some of the time
- A little of the time - → **Go to #37**
- None of the time- → **Go to #37**

**34.** In the last 12 months, why did you have difficulty managing your health?  
*Choose all that apply.*

- I am not able to afford my medications
  - I have difficulty getting to appointments
  - I have difficulty eating well
  - I have difficulty exercising
  - I am not sure how to prevent or correct problems with my health
  - I don't understand my health problems or what causes them
  - I don't have enough help from family or friends to manage my condition
  - Other
- 

**35.** In the last 12 months, how often did your family doctor or nurse discuss with you the difficulties you had in managing your health?

- Always
- Most of the time
- Some of the time
- A little of the time
- None of the time

**36.** In the last 12 months, how often did your family doctor or nurse discuss with you supports for managing your health?

- Always
- Most of the time
- Some of the time
- A little of the time
- None of the time

**37.** In the last 12 months, did this doctor order a blood test, x-ray, or other test for you?

- Yes**
- No → If No, go to #39**

**38.** In the last 12 months, when this doctor ordered a blood test, x-ray, or other test for you, how often did someone from this doctor's office follow up to give you those results?

- Always
- Most of the time
- Some of the time
- A little of the time
- None of the time

**39.** In the last 12 months, did you take any prescription medicine?

- Yes
- No → **If No, go to #41**

**40.** In the last 12 months, how often did you and someone from this doctor’s office talk about all the prescription medicines you were taking?

- Always
- Most of the time
- Some of the time
- A little of the time
- None of the time

### About You

Under each heading, please tick the ONE box that best describes your health TODAY

**41.** Mobility

- I have no problems in walking
- I have slight problems in walking
- I have moderate problems in walking
- I have severe problems in walking
- I am unable to walk

**42.** Self Care

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dressing myself

**43.** Usual Activities (*(e.g. work, study, housework, family or leisure activities)*)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

**44.** Pain/Discomfort

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

**45.** Anxiety/Depression

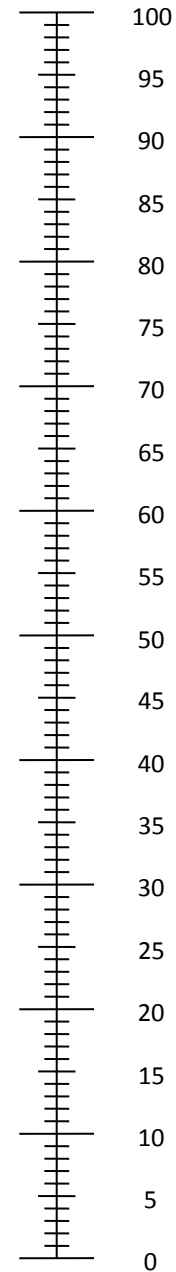
- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

### EQ-5D Visual Analog Scale

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.  
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

The best health  
you can imagine



The worst health  
you can imagine

**46.** In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

**47.** What is your age?

- 16 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

**48.** Do you identify as a man or a woman?

- Man
- Woman

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

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

**50.** What language do you mainly speak at home?

- English
- Other: \_\_\_\_\_

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

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

**52.** Which one of the following categories best describes the total annual income, before taxes, of all members of your household?

- Less than \$25,000
- \$25,000 to just under \$50,000
- \$50,000 to just under \$75,000
- \$75,000 to just under \$100,000
- \$100,000 to just under \$150,000
- \$150,000 to just under \$200,000
- \$200,000 or more

**53.** Which of the following best describes your financial situation?

- Very comfortable
- Comfortable
- Modestly comfortable
- Tight
- Very tight
- Poor

**Thank you. You have finished the survey.**

## **APPENDIX III: CLINIC STAFF SCRIPT FOR REQUESTING EMAIL ADDRESS**

### **Script for Requesting Patient Email Addresses**

“Dr. XXX is participating in a patient experience survey being conducted by the Health Quality Council of Alberta, a provincial agency that pursues opportunities to improve patient safety and health service quality for Albertans. May I collect your email address, so the HQCA can send you a survey after your visit about your experience today? They will not use your email address for any other purposes, and they won’t share your information with anyone else. If you are interested, you can find more information on the HQCA at [www.hqca.ca](http://www.hqca.ca).

Would you mind providing us your email address?

#### **If Yes,**

Would you be ok with the clinic keeping your email address on file as well? We would solely use this to remind you of upcoming appointments.

### **Script for Providing Existing Patient Email Addresses**

“Dr. XXX is participating in a patient experience survey being conducted by the Health Quality Council of Alberta, a provincial agency that pursues opportunities to improve patient safety and health service quality for Albertans. May I provide them your email address, so the HQCA can send you a survey after your visit about your experience today? They will not use your email address for any other purposes, and they won’t share your information with anyone else. If you are interested, you can find more information on the HQCA at [www.hqca.ca](http://www.hqca.ca).

Would you mind if we provide them your email address?”



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