

**British Columbia
Patient Experience Survey Results:
Emergency Department Services**

October 2004

1. Background

British Columbia's (BC's) health care system has faced an increasing number of challenges and pressures over the past few years and is in the midst of considerable change to ensure it provides high quality health outcomes in a sustainable manner. The measurement of patient experiences through surveys is one way of assessing the quality of care BC residents receive and provides valuable quality improvement information to health authorities.

In February 2003, the Ministry of Health Services and the health authorities jointly approved a province-wide initiative to monitor patient satisfaction with health care delivery in key priority areas.

The purpose of this initiative was to:

- Promote a common, provincial approach to measurement of patient satisfaction in priority service areas;
- Include patient experience in improvements to quality of care and service; and,
- Understand the impact of system changes on patients.

In addition, the measurement of patient satisfaction experiences supports both Ministry and health authority objectives of i) accountability, ii) evaluation and iii) quality improvement at the provincial, health authority and facility level.

Emergency Department Patient Satisfaction Survey

The Emergency Department Survey is the first sector-specific survey to be completed (other priority areas to be surveyed include: long-term care, acute care, mental health, primary care and home and community care). This survey measured patient experiences with emergency department health care services in eight key areas of care (dimensions) that have been identified through the research literature as most important to patients and their families. These include:

- Access and Coordination (e.g. wait times, availability of doctors, nurses, specialists);
- Continuity and Transition (e.g. follow-up appointments, medications explained);
- Emotional Support (e.g. confidence/trust in emergency department staff);
- Information and Education (e.g. questions, test results answered understandably);
- Physical Comfort (e.g. pain medication received, safety);
- Respect of Patient Preferences (e.g. privacy, say in own health care);
- Courtesy (e.g. courtesy of emergency department staff); and,
- Overall Impressions (e.g. amount of time spent in emergency department, cleanliness).

Within each dimension, the survey contained approximately eight to ten questions on that theme.

2. Survey Methodology

NRC+PickerGroup Canada, a respected research company with recognized expertise in measuring patient experience, implemented the survey of patient experiences in BC emergency departments.

Survey methodology included a self-report survey, which was available in English, Chinese, Punjabi and French and two methods of survey distribution: mail and handout. The survey tool used was based on the Picker Emergency Care survey which was validated for Canadian use in 2002 (BC participated in the Canadian validation).

All 103 health facilities in the province providing emergency services up to 24 hours/7 days a week were eligible to participate. Seventy-nine facilities (76.7%) participated. The 24 facilities that did not participate were small urgent care facilities that did not have the information technology capacity necessary to create electronic files of patients using their emergency services. These facilities participated in a second phase of the emergency room survey in which surveys are handed to patients directly on discharge from the emergency room. The results of these handout surveys will be reported separately at a later date.

The survey instrument used was a point in time survey based on 3 months of emergency department visits throughout the province between July 1 and September 31, 2003. Patients who received emergency room services during this period were randomly selected and in December 2003 received a questionnaire in the mail. A follow-up survey was sent out 24 days later to those who had not yet responded. In total, 43,131 surveys were mailed out and 14,767 were returned for a response rate of 37.6%. This falls within the normal range for mail survey response rates.

3. Survey Results

The provincial results (each health authority will release their own Emergency Room survey results in consultation with their staff) provide insight into:

- Overall, how we are doing in BC;
- How we are doing in the 8 dimensions of patient experience; and,
- How we compare to other emergency departments across Canada.

The survey results are presented as a percentage of *positive responses* (for example, % satisfied) and are reported in order from highest percent positive score (areas of strength) to lowest percent positive score (areas for improvement) for each dimension of care. Results are also expressed by type of health care facility using the following definitions:

- **Urgent Care Centre** – Urgent care centre or diagnostic and treatment centre, providing emergency services up to 24 hours/day and 7 days/week with no in-patient beds.
- **Small Hospital** – Emergency department attached to a hospital that has fewer than 3,500 admissions, adjusted for complexity of care, has a referral population of fewer than 20,000 people and is the only hospital in the respective community.
- **Community Hospital** – Emergency department attached to an acute care hospital that does not fit the definition of small hospital or teaching hospital.

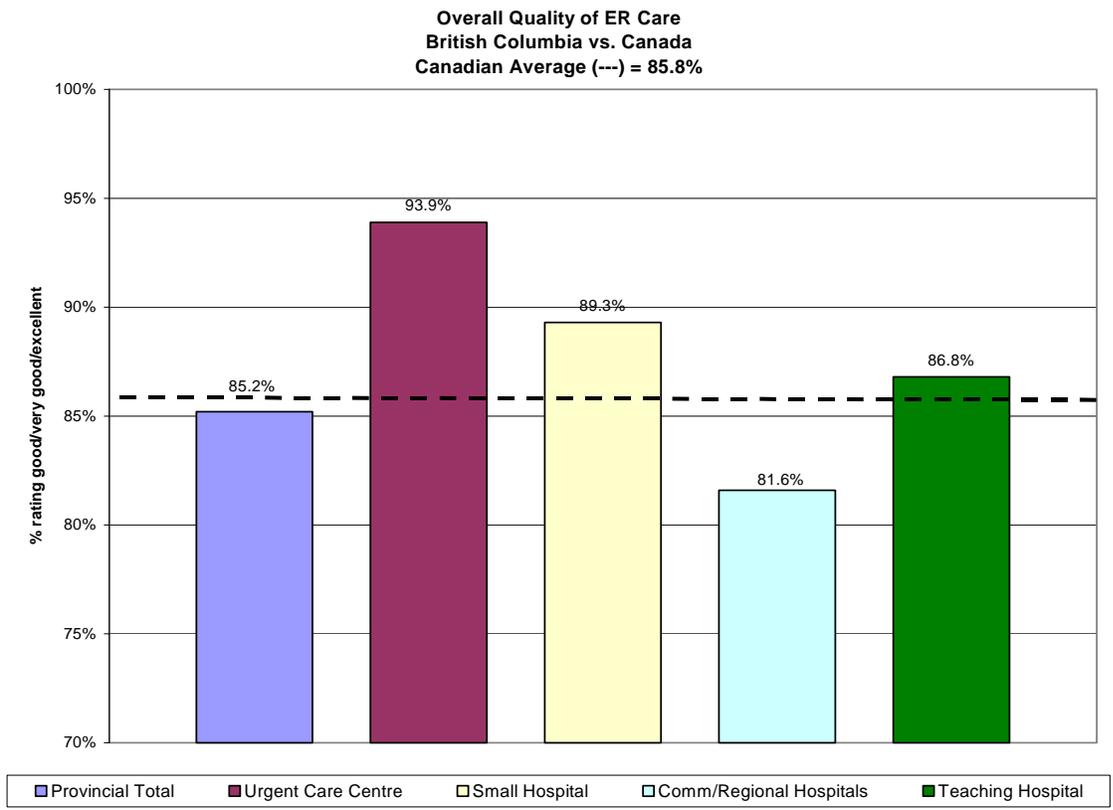
- **Teaching Hospital** – Emergency department attached to an acute care hospital belonging to the (former) Council of University and Teaching Hospitals.

3.1 Overall Quality of Emergency Department Care

When asked the question “How would you rate the care you received in the Emergency Department?”, more than a quarter of BC patients surveyed (28.2%) rated their care as excellent; a further 56.5% said that it was either very good (32.7%) or good (23.8%). Patients’ rating of the amount of time spent in the ED was significantly correlated with overall quality of care. Sixty-seven percent of patients rated the amount of time spent in the ED favorably (excellent: 17%; very good; 23%; and, good: 27%).

As Table 1 below shows, the BC provincial average (85.2%) for the dimension overall impressions of care was consistent with the average across Canada (85.8%). Averages varied by facility type: urgent care centres had the highest average positive score, significantly higher than the BC and Canadian averages, while community hospitals scored well below both the BC and the Canadian average in terms of overall quality of ED care.

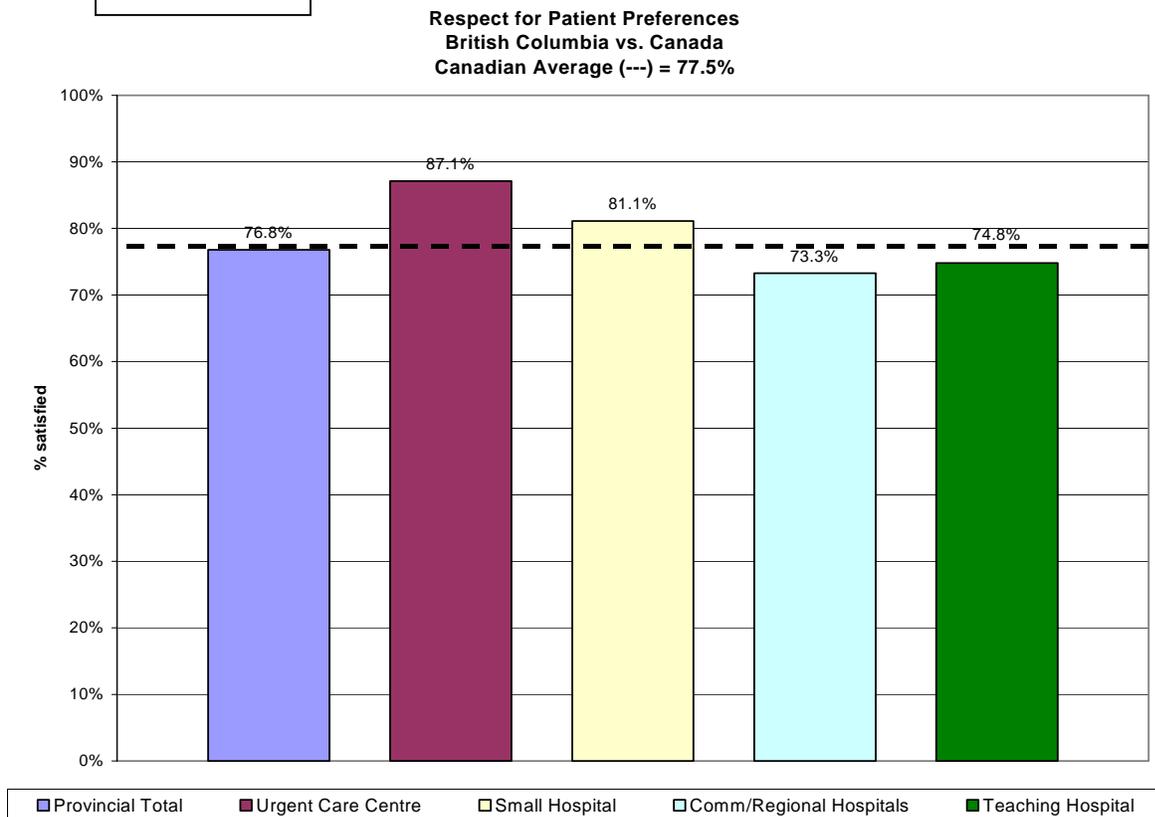
TABLE 1



3.2 Respect for Patient Preferences (e.g. privacy, say in own health care)

Across all dimensions of care measured, the provincial average for the *Respect for Patient Preferences* index was the highest at 76.8%. This was slightly lower than that of the Canadian average (77.5%)¹. Urgent care facilities and small hospitals scored above the provincial average in terms of *Respect for Patient Preferences*, while teaching and community hospitals scored slightly less as Table 2 shows.

TABLE 2



Within this index, the highest correlation with overall quality of care was for **ED staff treating the patient with dignity and respect** – 77.1% responded “yes, always”. Whether patients had **enough say about their own ED care** and whether they had **enough privacy during their visit** was also highly correlated with overall care. On both of these dimensions, the BC average was slightly lower than the Canadian average² – 62.7% of patients felt that they had had enough say in their care and 68.6% were satisfied with the amount of privacy.

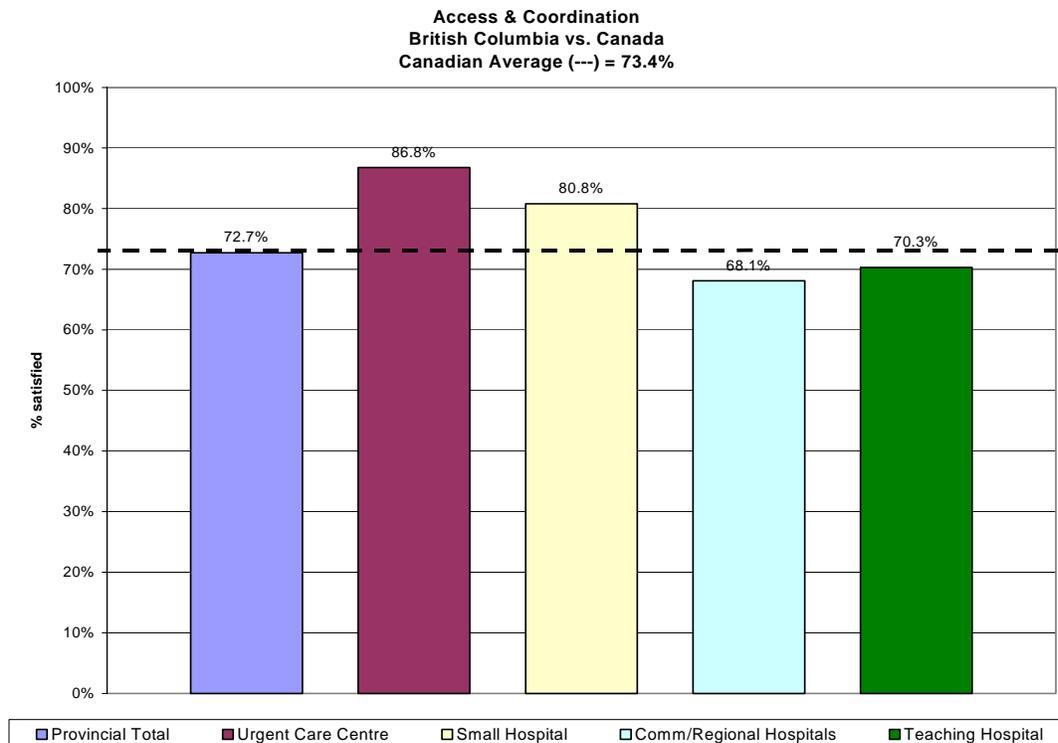
¹ Difference between BC and Canadian average is statistically significant at the 95% confidence interval.

² Difference between BC and Canadian average is statistically significant at the 95% confidence interval.

3.3 Access and Coordination (e.g. wait times, availability of doctors, nurses, specialists)

In terms of accessibility to emergency department services, BC patients' scores were consistent with the Canadian average (72.7% versus 73.4%). Ease of accessing ED services was statistically significantly higher than the provincial average for urgent care and small hospitals, while it was lower for teaching and community hospital as Table 3 shows.

TABLE 3



In terms of access to ED services, **availability of ED nurses** and **receiving all the services and help one needed** was significantly correlated with “overall quality of care”:

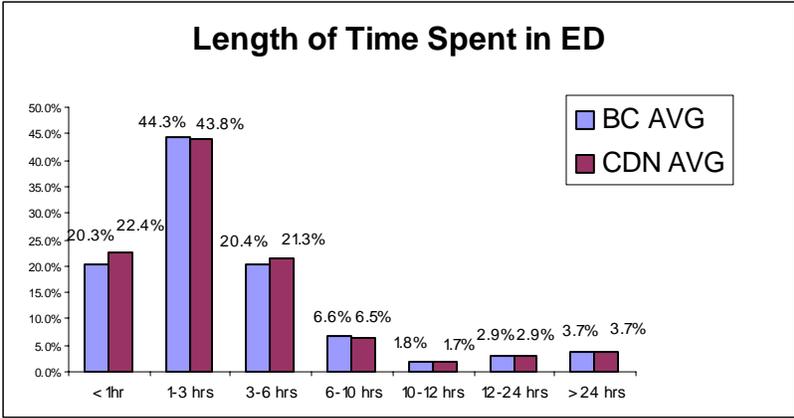
- 78.2% of patients rated the availability of nurses as good, very good or excellent.
- 70.8% said “no” when asked whether they had needed help in the ED and didn’t get it.
- 63.5% said they had received all the ED services they needed.

Patients were most satisfied with having **one doctor in charge of their ED care**- 92.0% gave a positive response.

Wait Times

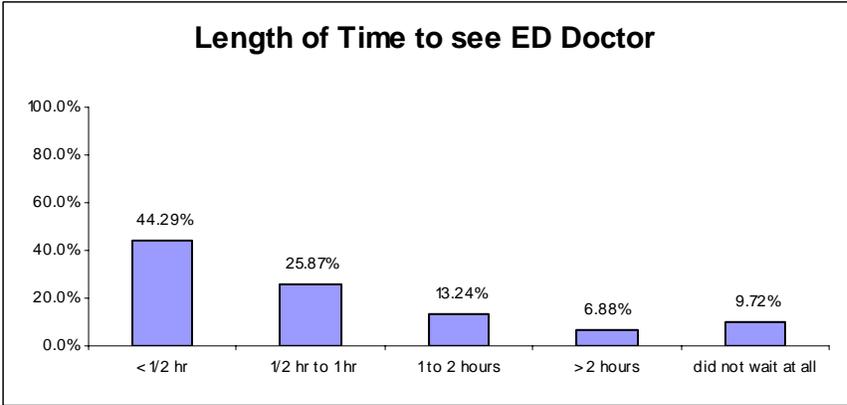
Overall, BC wait times were on par with Canadian averages. Graph 1 below presents the total length of time BC patients spent in the emergency department.

GRAPH 1



While the lowest score in the *Access and Coordination* dimension was for **length of time waited to see an ED doctor**, as the graph below shows, the majority of BC patients (79.8%) waited less than an hour to see an ED doctor. A further ten percent indicated that they did not wait at all. In comparison to the Canadian average, BC patients were also significantly more likely to say that they had not waited too long to see an ED doctor. Patients at urgent care centres were the least likely to report waiting too long to see a doctor, while those at community facilities were the most likely.

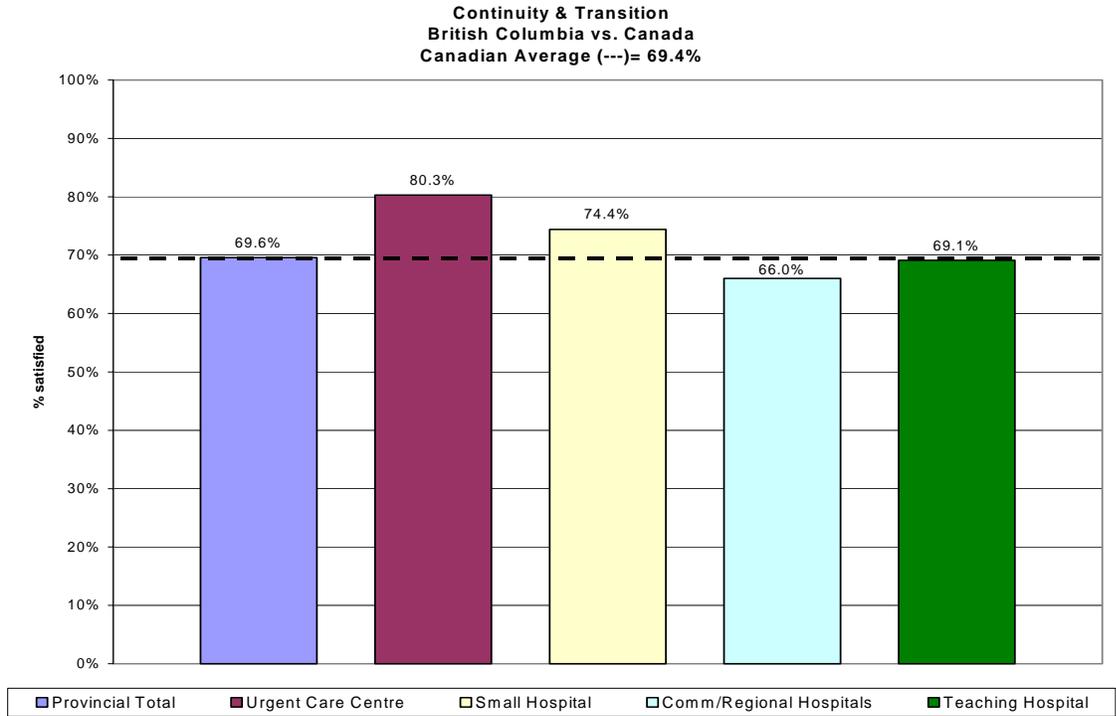
GRAPH 2



3.4 Continuity and Transition (e.g. follow-up appointments, medications explained)

The ease with which BC patients were able to make that transition out of the ED and continue with further health services when they needed to was very similar to the Canadian average as Table 4 shows. Patients at urgent care centres were the most likely to give a positive rating (80.3%), compared to those receiving services at community facilities (66.0%).

TABLE 4

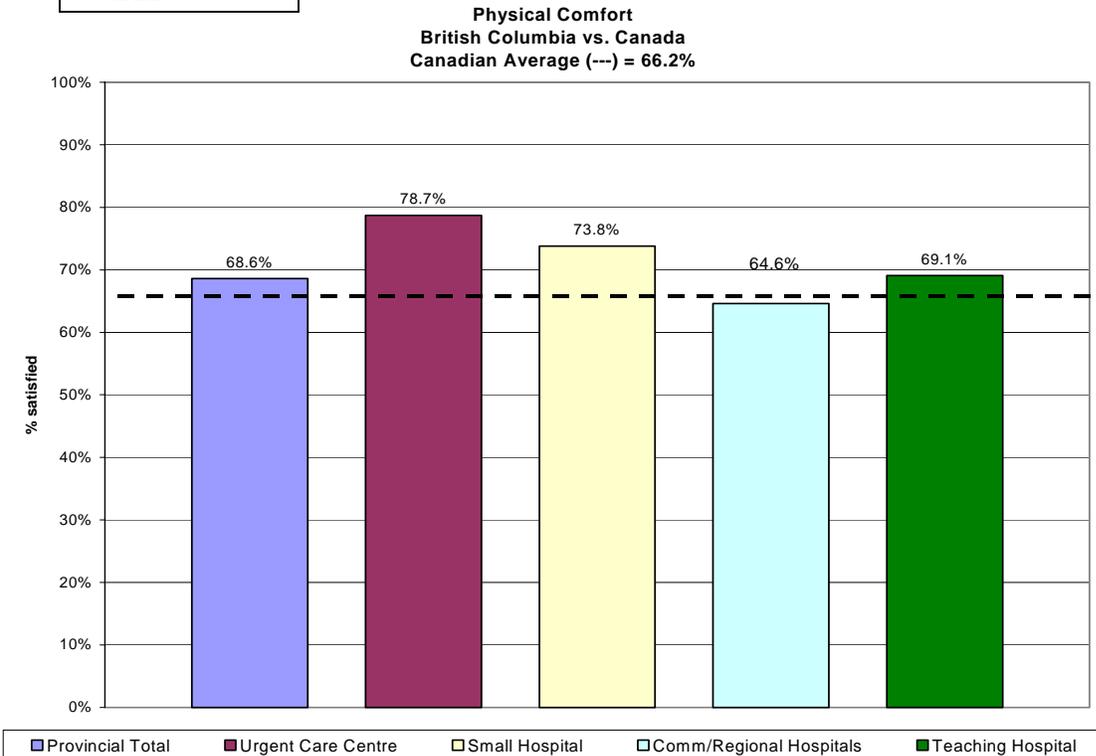


Three indices of the *Continuity and Transition* dimension were significantly correlated with overall quality of care. Of these, whether the ED **explained how to take new medications**, received the highest positive rating at 84.7%. Significantly higher than the Canadian average, 83.1% also felt that they **knew who to call with questions when they left the ED**. Whether or not the ED **explained danger signals to watch for** was also correlated with overall quality of care, with 53.0% of patients saying yes (this was slightly lower than the Canadian average).

3.5 Physical Comfort (e.g. pain medication received, safety)

Overall, *Physical Comfort* scores were highly correlated with overall quality care ratings. The Provincial average (68.6%) was slightly above that of the Canadian (66.2%). Again, urgent care facilities scored the highest (78.7%), while community hospitals scored the lowest (64.6%). Table 5 below provides the details.

TABLE 5

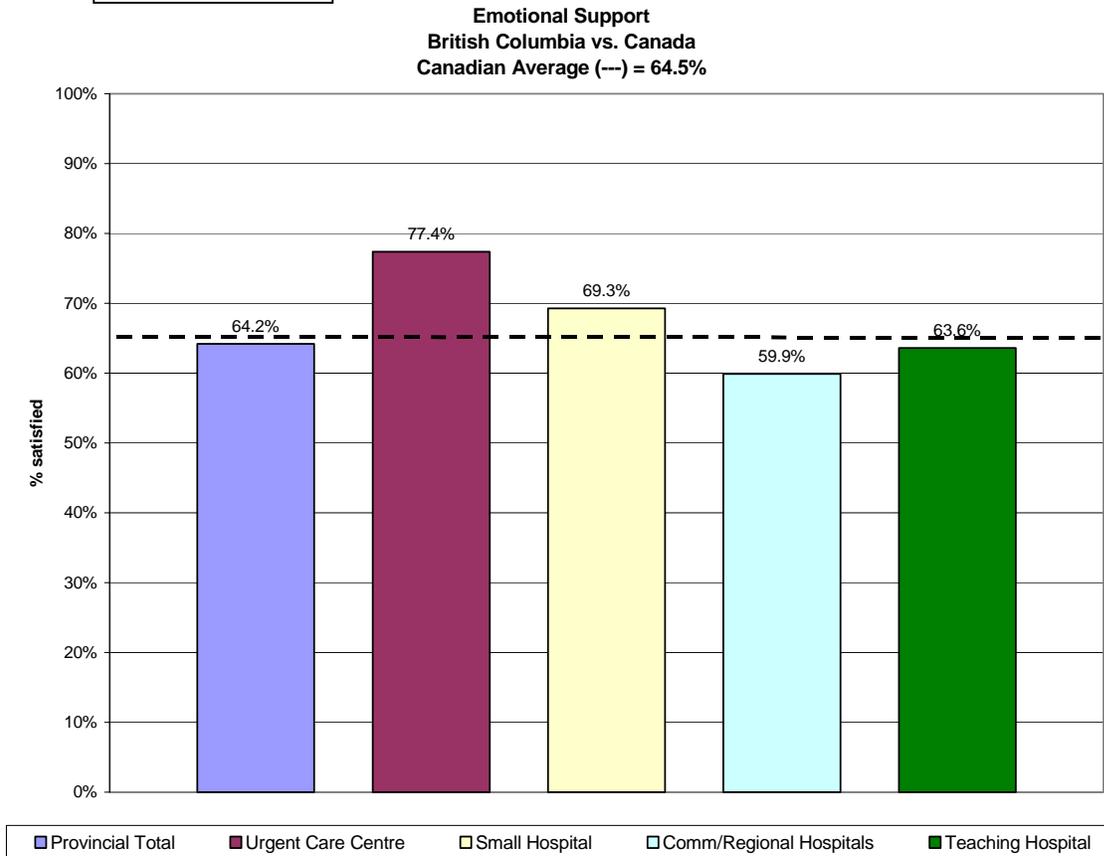


Patients' comfort, or whether the **ED did all it could to control pain** during their visit, was found to be significantly correlated with "overall quality of ED care". For this index, 57.9% responded with a positive score. The highest rating for this dimension was for **amount of pain medication received in ED**, with 87.9% of patients responding positively.

3.6 Emotional Support (e.g. confidence/trust in emergency department staff)

The survey results showed the *Emotional Support* dimension to have one of the highest correlations with overall quality of ED care. However, as Table 6 shows, the scores for Emotional Support were lower than those for the other dimensions measured. Again, the BC average was very close to (0.3% below) the Canadian average. Urgent care centres and small hospitals scored above the BC and Canadian averages while teaching facilities and community hospitals were slightly below.

TABLE 6

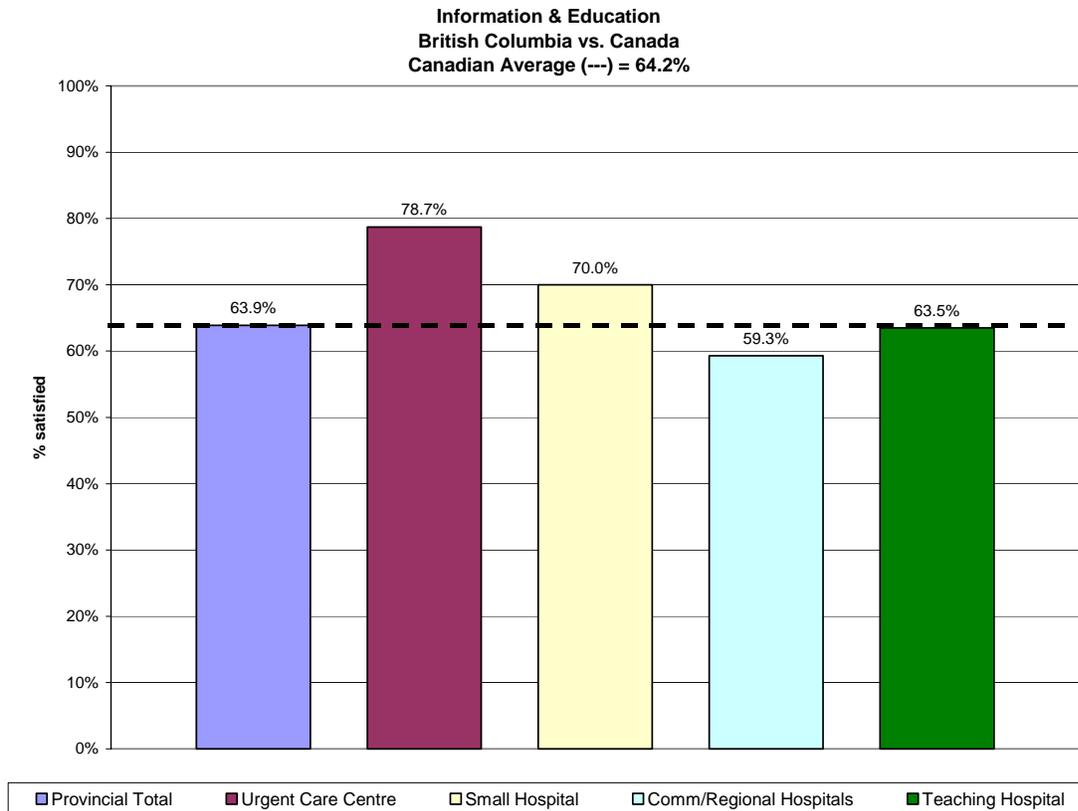


Overall, BC patients were satisfied with the knowledge and competence of ED staff: 72.5% responded that they “always” had **trust/confidence in ED doctors** and 71.1% said the same for **ED nurses** (which was significantly correlated with “overall quality of care”). The majority of BC patients also responded positively to whether the **ED got messages to family/friends** (62.1% said “yes”). The lowest scores for the *Emotional Support* index were for **ED nurse discussed fears/anxieties**. Fewer than half of BC patients (46.3%) felt that they had adequately discussed their fears with the ED nurse.

3.7 Information and Education (e.g. questions, test results answered understandably)

Of the key areas of care measured, the dimension *Information and Education* received among the lowest scores (along with *Emotional Support*). Still, the provincial average, at 63.9% was very close to that of the Canadian average (64.2%). Urgent care centres had significantly higher scores than the BC and Canadian averages. At 59.3% however, community hospitals had significantly lower scores than the BC and Canadian averages, as Table 7 shows.

TABLE 7



In terms of *Information and Education*, whether ED staff explained things in a way patients could understand was significantly correlated with “overall quality of ED care”. For instance, 70.6% responded positively to whether the **ED doctor answered questions understandably**; 67.1% said that **ED nurses answered questions understandably**; and, 69.0% said that **ED admission answered their questions**.

The lowest satisfaction rating in the *Information and Education* dimension was for emergency department staff explaining the **reason for ED wait**, in which less than half of patients (43%) gave a positive response.

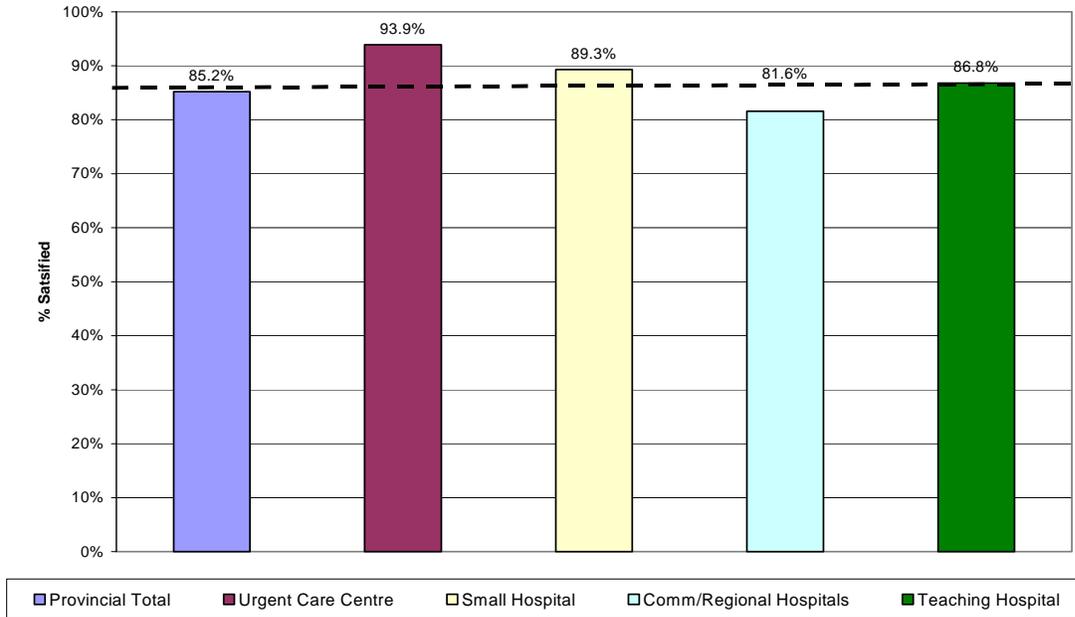
3.8 Courtesy (e.g. courtesy of emergency department staff)

Courtesy of emergency department staff was also assessed. The provincial average score for *Courtesy* was among the highest scores for the dimensions of care. The BC average was slightly lower than the Canadian average³ and the community facilities score was below that of the BC average. Table 8 below presents the details.

³ Difference between BC and Canadian average is statistically significant at the 95% confidence interval.

TABLE 8

Courtesy
 British Columbia vs. Canada
 Canada Average (---) = 85.5%



Individual scores for the *Courtesy* dimension were among the highest, with all being consistently above 85%. Of these indices, **courtesy of ED staff** was significantly correlated with overall care, with 89.2% responding positively. The highest rating for the index given was for **courtesy of ED doctors**.

4. Conclusion

The ED survey is part of a larger province-wide initiative to monitor patient satisfaction with health care service delivery. The purpose of the ED survey is to assess patient satisfaction with emergency room care in BC. Through a common provincial approach to the measurement of patient satisfaction, the results provide base line measures for future evaluation of the effectiveness of system-wide and local initiatives to improve patient care in emergency room departments.

Overall, when it comes to British Columbians’ personal experiences with emergency department services, patients feel the health care system is doing a lot of things right. BC scored extremely high in terms of patient satisfaction, with an overall quality of care rating of 85.2%. This was consistent with Canadian scores as was BC’s scores on the key areas of care identified in the literature as most important to patients and their families.

BC’s areas of greatest strength were seen in the *Respect for Patient Preferences* and *Access and Coordination* dimensions. On indices of *Respect for Patient Preferences*, BC scored highest on its treatment of patients; respondents felt overwhelmingly that ED doctors and nurses did not talk as if patients were not there. Also receiving a very high positive score, patients felt that ED staff

treated them with dignity and respect, which was of importance in terms of overall quality of care ratings. In terms of *Access and Coordination* issues, BC scored highest on having a single doctor in charge of the ED services. Length of wait to see an ED doctor was also an area of strength and the availability of nurses was highly correlated with overall quality of care.

Results of the survey also showed areas in which there is room for improvement. Although still consistent with the Canadian average, BC scored lowest on the dimensions of *Information and Education* and *Emotional Support*. Concentration on these areas is needed as these dimensions had the highest correlation with overall quality of ED care. Within these two dimensions the following service characteristics received the lowest positive scores: patients having an appointment for treatment made before leaving the ED; explanations provided for ED wait; ED getting messages to patients' family/friends; and, ED nurses discussing fears/anxieties with patients to their satisfaction. Of these indices, reassurance of fears and anxieties and getting messages to relatives were the most highly correlated with overall quality. Low scores were also seen for several other indices of importance in relation to overall quality of care. The areas included: ED explaining danger signals for patients to watch for and ED doing enough to control patients' pain.

Province wide, results show variation by facility type. Across all indicators of quality of care, urgent care centres scored consistently higher than the other facility types and significantly higher statistically than the BC averages. By contrast, community or regional emergency departments attached to acute care hospitals scored the lowest across all dimensions with all scores significantly lower statistically than the BC averages. These survey results provide an opportunity for health authorities to look in depth at their own ED services and assess these regional differences at the facility level in order to address those areas in need of improvement.

The ED survey represents an important first step in understanding and including patient experience in improvements to quality of care and service at the provincial as well as regional and local levels. Many of the results are encouraging and highlight areas in which emergency department services are meeting British Columbians' needs well. However, they also draw attention to areas where our emergency departments must do better. The results of this survey have helped lay the groundwork from which the Ministry and health authorities can begin to improve ED services to British Columbians.