Acute Care Inpatient Experiences in British Columbia

2005 Survey of British Columbia Acute Care Hospitals

Participants

47,460 former medical, surgical, maternity and pediatric inpatients admitted to one of 80 acute care hospitals, typically at least overnight, between June 1 and Nov. 30, 2005 were mailed the survey.

52.2% or 23,185 inpatients responded.

Overall Quality of Care

Percentage of British Columbia respondents who rated their overall quality of care as good, very good or excellent:

- 91.8% of all inpatients;
- 91.4% of pediatric inpatients;
- 93.3% of maternity inpatients.

Percentage of Canadians in other provinces responding to similar surveys who gave their overall care a good, very good or excellent rating:

- 92.9% of all inpatients;
- 91.5% of pediatric inpatients;
- 93.6% of maternity inpatients.

What We Found

Participants

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What the Survey Measured

The survey evaluated inpatients’ experiences with medical, surgical, maternity and pediatric acute care services across eight areas or dimensions of care:

- access to services and care while in hospital;
- emotional support;
- respect for patient preferences;
- information and education;
- involvement of family;
- physical comfort;
- continuity and transition of care; and
- co-ordination of care.

The survey also considered inpatients’ overall impressions of the care they received. Additional questions were asked about demographics, safety, pain management, overall impressions of the hospital environment and food quality.
How British Columbia Hospitals are Doing

The results tell us that, overall, most British Columbia inpatients are satisfied with the quality of acute care services. While there are some areas for improvement, 91.8 per cent rated the overall quality of their care as good, very good or excellent and 94 per cent would definitely or probably recommend their acute care facility to family or friends.

In general, the findings highlight the following about inpatients’ experiences in British Columbia hospitals:

- Three dimensions of care were most important to inpatients when it came to overall satisfaction:
  - access to services and care while in hospital;
  - information and education; and
  - emotional support.
- The dimensions of care British Columbia inpatients rated as most important, and those they were less satisfied with, were similar to those reported by patients in other provinces who completed the survey.

For more survey results, see page 4.

What the Results Mean

These results represent inpatients’ voices and experiences. They provide vital information about where the acute care system is working and what inpatients think could be improved. For example, inpatients give high ratings to the courtesy, access and availability of physicians and nurses. They also say hospitals are doing a very good job of responding to inpatients’ needs after a call button has been pushed. This is a testament to the continual and outstanding efforts health care providers make every day.

It is important to also keep in mind that even high scores warrant attention. For instance, 95.6 per cent of inpatients said they did not suffer harm as a result of a medical error or mistake. That means 4.4 per cent of inpatients felt they did suffer some form of injury. Results such as these will be shared with groups focused on quality improvement, such as the B.C. patient safety task force, to target areas that promote a culture of patient safety.

Many of the areas where inpatients tell us that change is desirable relate to preparing for discharge and interpersonal communications. Some changes can be easily made, such as ensuring inpatients receive more information prior to discharge to increase their satisfaction with the continuity and transition of their care. Others, such as providing better emotional support, may require further review of best practices in those areas.

How British Columbia Compares to Other Provinces

British Columbia inpatients’ views of their experiences were remarkably similar compared to the average for other Canadian provinces which completed the survey (Ontario, Saskatchewan and the Yukon). Their overall rating of the quality of British Columbia’s acute care services is also on par with these provinces.
Comparing the Findings to Other Patient Satisfaction Surveys

A January 2006 Conference Board of Canada report, Healthy Provinces, Healthy Canadians: A Provincial Benchmarking Report, indicated British Columbia has Canada’s best overall health outcomes, but the second lowest ratings for patient satisfaction. The scores in the Conference Board report are based on a Statistics Canada survey of the general public’s perceptions of patient access, rather than perceptions of actual inpatients. Because British Columbia’s survey is based on inpatient experiences, it gives a more accurate understanding of British Columbia inpatients’ perceptions of the care they received.

Similarly, the June 2006 release of indicators from the Canadian community health survey on patient satisfaction, from Statistics Canada, reported on the entire health care system, including primary care, emergency care, acute care and other services. British Columbia’s survey reports on acute care services only. The survey methods, questions and populations surveyed are also different. Because of this, comparisons between the two surveys are not statistically valid.

How the Results will be Used

The Ministry of Health and health authorities are committed to acting on the survey results. Over the next two years, health authorities will work to enhance inpatient care and share information about best practices among British Columbia hospitals. The survey will be repeated in 2008/09 to measure changes to acute care services.

Who Participated

All six health authorities and 80 acute care hospitals in the province participated. They included small or community hospitals and larger provincial or regional referral facilities.

With some exceptions, all inpatients who received medical, surgical, maternity or pediatric inpatient services at a British Columbia hospital between June 1 and Nov. 30, 2005 were eligible to receive the survey. The survey does not include information about inpatients who died during the survey period, opted out or:

- were discharged from a freestanding rehabilitation facility;
- were located in designated psychiatric units or beds;
- were newborn (10 days or less);
- had no fixed address; or
- experienced a still birth and other sensitive cases.

The survey was sent to a parent or guardian to complete if the inpatient was under 17.

Sample Size

A total of 47,460 surveys were mailed out between Sept. 30, 2005 and April 15, 2006. The response rate was 52.2 per cent, with 23,185 completed surveys returned, far exceeding the targeted response rate of 40 per cent (the desired response rate was based on experiences with similar surveys across Canada).

The sample size was based on discharge volumes at individual hospitals. The size was chosen to achieve a response rate of 40 per cent.

Survey Method

A self-report questionnaire was mailed to inpatients’ home address. Translated questionnaires were available in French, Chinese and Punjabi via a 1-800 phone line. Inpatients could also complete the survey online through a secure website.

Survey Tool

The province used the inpatient acute care survey, developed by National Research Corporation (NRC) Canada, a leader in measuring patient experience. The Canadian comprehensive maternity survey tool and the Canadian pediatric survey tool, both developed by NRC Canada, were used to measure experiences among those inpatients.

Survey Administration

NRC Canada was selected from among five bidders that responded to a Ministry of Health request for proposals in June 2004. NRC Canada has conducted similar surveys in Ontario, Saskatchewan and the Yukon. This meant that besides meeting the province’s survey requirements, NRC Canada was able to provide comparative data for similar inpatient populations.

Cost

The total cost was $583,300 or $12.29 per survey.
Respondents were surveyed about their inpatient experiences across eight aspects or "dimensions" of their care. Each dimension of care consists of a series of questions. The responses to each of these questions were averaged to provide an overall score for the dimension. Overall, the survey has a + or - 0.64 per cent sampling error at the 95 per cent confidence level, which means the results are accurate 19 times out of 20.

<table>
<thead>
<tr>
<th>Dimension</th>
<th>B.C. Average</th>
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<tbody>
<tr>
<td>1. Access to services and care while in hospital</td>
<td>79.1%</td>
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<tr>
<td>Includes questions on inpatients’ perceptions about the availability of physicians and nurses, as well as whether inpatients felt they were able to obtain all the services they needed.</td>
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<td>2. Emotional support received</td>
<td>66.6%</td>
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<td>Includes questions on inpatients’ perceptions about their confidence and/or trust in physicians and nurses and their availability to discuss anxieties and fears. Also included are questions on the ease inpatients had in finding someone to talk to about their concerns.</td>
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<tr>
<td>3. Respect for patient preferences</td>
<td>76.1%</td>
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<tr>
<td>Includes questions on inpatients’ perceptions about whether they felt physicians and nurses talked in front of them as if they weren’t there, whether they were treated with dignity and respect and had enough involvement in their own care.</td>
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<tr>
<td>4. Information and education received</td>
<td>72.9%</td>
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<td>Includes questions on inpatients’ perceptions about whether physicians and nurses answered their questions and explained test results in an understandable way. It also includes a question on whether inpatients were satisfied that someone explained the reasons if they had to wait for their room.</td>
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<tr>
<td>5. Involvement of family</td>
<td>66.8%</td>
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<td>Includes questions on inpatients’ perceptions about whether their family or someone close had enough involvement in their care.</td>
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<td>6. Physical comfort</td>
<td>80.2%</td>
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<td>Includes questions on inpatients’ perceptions about pain management, help with getting to the bathroom in a timely way and response to a request for help (in minutes) after pushing their call button.</td>
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<td>7. Continuity and transition of care</td>
<td>67.2%</td>
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<td>Includes questions on inpatients’ perceptions about the provision of information on medication, danger signals to watch for, side effects and when to resume normal activities after discharge.</td>
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<tr>
<td>8. Co-ordination of care</td>
<td>75.3%</td>
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<td>Includes questions on inpatients’ perceptions about the timeliness of scheduling tests and procedures, whether the wait to go to their room was unnecessarily long and the organization of the admission process. This dimension also included questions on whether inpatients received conflicting information from different physicians or nurses and whether inpatients had one physician in charge of their care.</td>
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Strengths in B.C.'s Acute Care System

Medical and surgical inpatients felt most positive about:
- minutes before help was received after using call button;
- the fact they or their visitors did not suffer any injury as a result of errors;
- how courteous physicians were;
- their overall care; and
- the courtesy nurses showed them.

Maternity inpatients were most pleased with the visit by a nurse at their home after discharge.

Pediatric inpatients were most pleased that they felt welcome to stay with their child as much as they wanted.

Opportunities for Improvement

Medical and surgical inpatients felt improvements could be made in:
- discussing danger signals to watch for after discharge;
- the amount of say inpatients have in their treatment;
- the amount of discussion nurses had with inpatients about their anxieties and fears about their treatment;
- the overall quality of food; and
- the amount of information inpatients receive about when they can resume their normal activities.

Maternity inpatients wanted more information about symptoms to watch for in themselves or their baby.

Some pediatric inpatients felt their child's care could have been better organized.