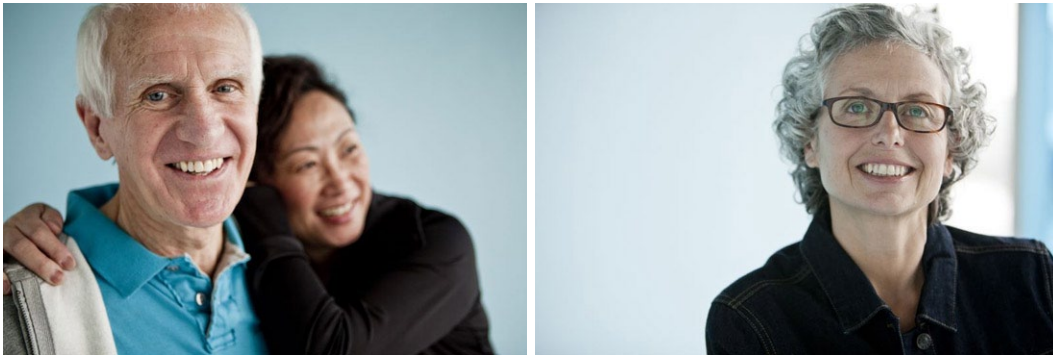


Patient Experiences with Short-Stay Mental Health and Substance Use Services in British Columbia



2010-2011

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ABOUT R.A. MALATEST & ASSOCIATES LTD.

The company was founded in 1985, and is now one of Canada's largest independently owned and operated research and evaluation firms. R.A. Malatest & Associates Ltd. have a staff of over 75 professional researchers and offices in Victoria, Edmonton, Toronto, and Ottawa. The firm is a gold seal member with the Marketing Research Intelligence Association and a proud supporter of the Canadian Evaluation Society. The company has completed numerous research projects in the healthcare sector throughout Canada.

R.A. Malatest & Associates Ltd. is a proactive, dynamic, progressive evaluation and market research organization that is always adding new capabilities and expertise to existing competitive advantages. The company provides quality research that contributes to positive social and economic change.

ACKNOWLEDGMENTS

Since 2003 the British Columbia patient satisfaction steering committee has overseen a program to survey patients about their experiences with the health care services they receive. The goal is to provide health care providers with information to support improvement initiatives.

A sector specific consultation group for the mental health and substance use sector survey, composed of clinical, academic and administrative leaders from the health authorities and the Ministry of Health, provided professional guidance, support and advice to the B.C. patient satisfaction steering committee. R.A. Malatest & Associates Ltd. was selected as the successful proponent of a competitive bid to implement the survey.

This project has benefitted from the contributions of many other individuals. In particular, the expert advice provided by Lena Cuthbertson, co-chair, B.C. patient satisfaction steering committee, and Dr. Michael A. Murray for his skilled expertise in methods and measurement issues in the analysis and reporting of survey data.

Thank you to all site staff for their hard work and diligence in administering the experience of care survey. The commitment that was shown by staff was a vital part of the success of the project.

Most importantly, a very special thank you to the 6,615 patients and clients who took the time to share their experiences of care with us.

This report relies on survey data collected and reported by R.A. Malatest & Associates Ltd. The research team at R.A. Malatest & Associates Ltd. was led by Robert Malatest, project leader and Joanne Barry, project manager.

The format and structure used for this report are based upon the Patient Experiences with Emergency Departments in British Columbia, 2007 report by Dr. Michael A. Murray.

EXECUTIVE SUMMARY

The impact of mental health and substance use problems in British Columbia is significant. Over any 12 month period, about one in five individuals in the province will experience significant mental health and/or substance use problems, leading to personal suffering and interference with life goals.¹ The B.C. Ministry of Health and its six health authorities identify and commission patient experience of care surveys to guide improvement initiatives throughout the province. In 2010, the short-stay mental health and substance use sector was identified as a priority sector for surveying.

The Canadian Mental Health Client Experience Questionnaire was selected to measure patient and client experience of care in mental health and substance use settings in British Columbia. The survey asked mental health patients and people experiencing substance use problems in short stay inpatient settings about their experience with the quality of care and services in 71 facilities (102 units/sites) across the province. In order to make the questionnaire more applicable for substance use clients, and to meet the specific needs of British Columbians, some modifications were made to the original survey tool after extensive field testing with patients/clients in both subsectors within the adult and youth populations. Changes were made in consultation with the B.C. patient satisfaction steering committee and the mental health and substance use (MHSU) consultation group, a group of subject matter experts providing guidance and direction to survey work for this sector.

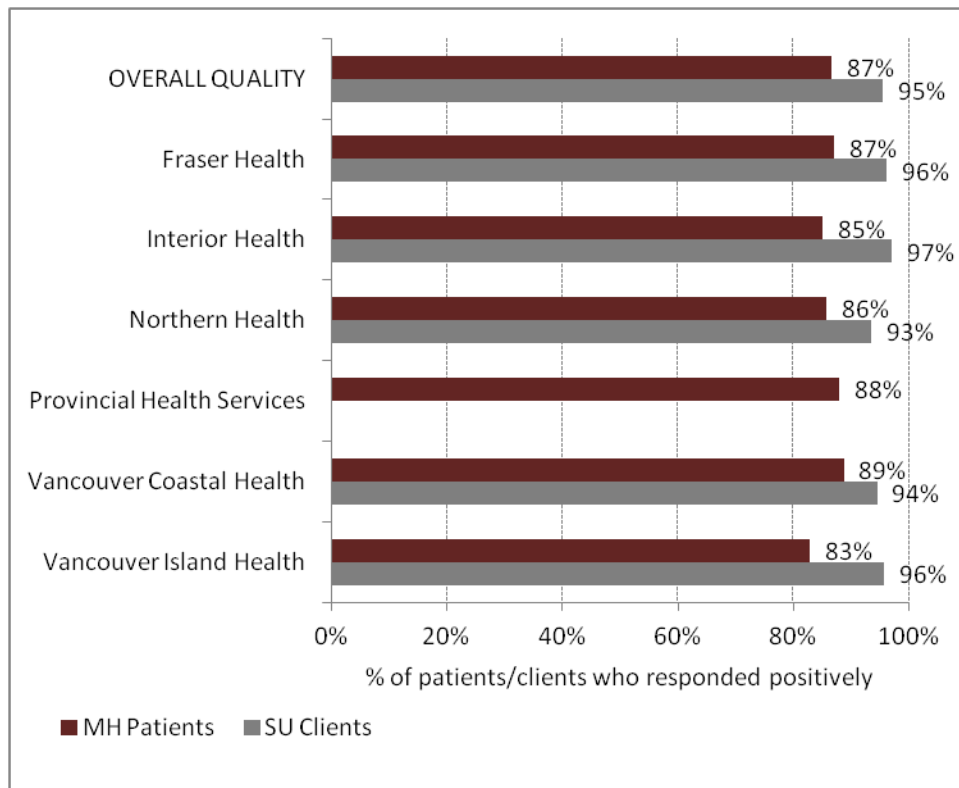
An overall response rate of 65% was achieved for the mental health and substance use sector survey. The strong response rate can be attributed, in part, to staff engagement efforts, multiple options for survey completion (mail-in, telephone and internet) and extensive survey planning and implementation work by the MHSU consultation group. Part of the planning work included 18 staff training sessions and the development of a comprehensive training manual. Additionally, a review of current best practice regarding the use of incentives indicated that traditionally low response rates for this population could be alleviated through the use of small gratuities to thank patients/clients for participating and sharing their care experiences. As such, a \$5 gift card was made available to patients/clients who completed the survey before leaving the facility.

This report provides information about experience with mental health and substance use services in B.C., as reported by 6,615 mental health patients and substance use clients who were discharged between October 12, 2010 and April 11, 2011. Provincially, these subsectors are integrated at the administrative level across the health system, warranting the use of a common survey tool. In addition, the frequency of concurrent disorders supports an integrated approach to surveying for this population. The analysis of the results in this report are presented separately for each subsector (mental health and substance use) to provide a higher level of analysis, and to identify priority areas within each service delivery systems. Furthermore, results were analyzed using dimensions, or categories whereby survey items are grouped according to various aspects of care, derived from the validation work of the Canadian Mental Health Consortium.

¹ Ministry of Health and Ministry of Children and Family Development. 2010. *Healthy Minds, Healthy People: A Ten Year Plan to Address Mental Health and Substance Use in British Columbia*. Province of British Columbia. Retrieved August 26, 2011. Online at: www.health.gov.bc.ca/library/publications/year/2010/healthy_minds_healthy_people.pdf.

More than 87% of MH patients and 95% of SU clients, discharged from one of 102 service locations across B.C., reported positive ratings when asked about the overall quality of care and services they received during their stay at a mental health or substance use facility (Figure 1). Scores at the health authority level showed little variation from the provincial scores.

Figure 1: Overall Quality of Care Item for B.C. and Health Authorities: Mental Health and Substance Use Subsectors



Source: BCMHSU Patient/Client Experience of Care Survey Q42 "Overall, how would you rate the quality of care and services you received?"

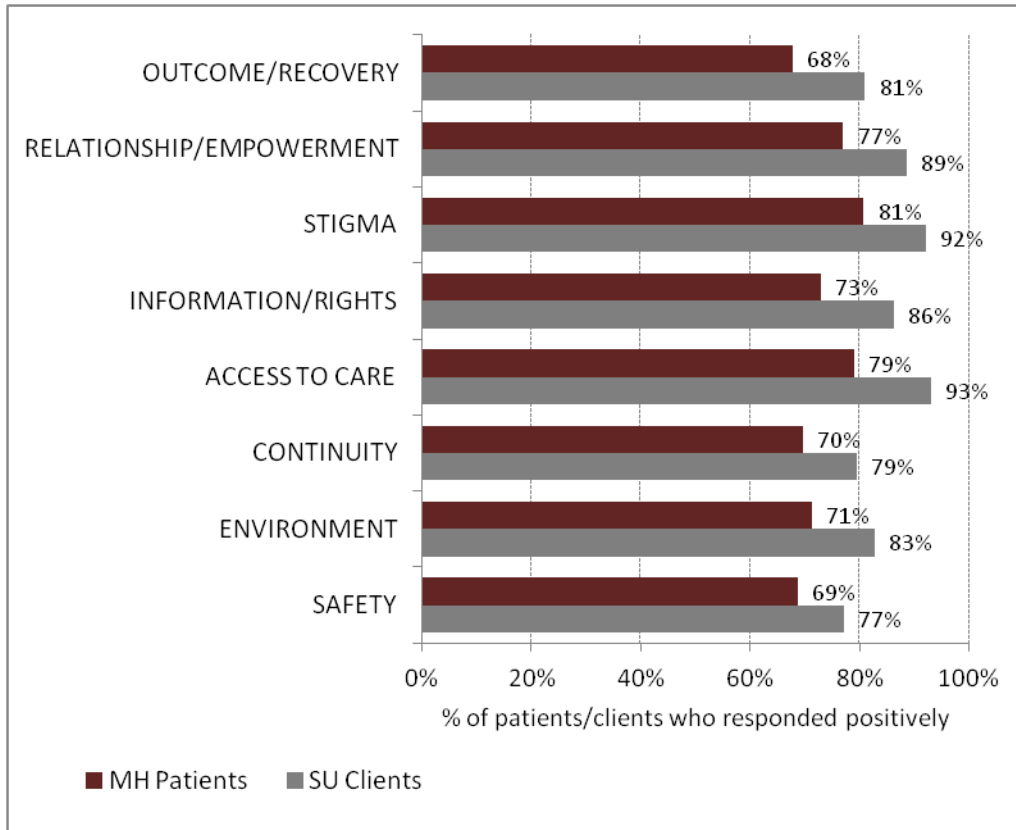
Where applicable, survey questions were aligned with a set of eight dimensions of care:

- Outcome/Recovery: 4 questions;
- Relationship/Empowerment: 9 questions;
- Stigma: 2 questions;
- Information/Rights: 7 questions;
- Access to Care: 4 questions;
- Continuity: 4 questions;
- Environment: 5 questions; and
- Patient/Client Safety: 3 questions.

Dimensions help identify actionable areas for quality improvement initiatives by identifying key areas that may improve patient/client experience of care. Results are presented as a per cent positive score, which is a grouping of the positive ratings for a particular question. The per cent positive score includes the top two or top three positive responses to the survey items, depending on whether the question uses a 4 or 5 point response scale.

In Figure 2, dimensions are presented in order of importance based on the statistical relationship of the dimension to patients'/clients' overall rating of satisfaction for the mental health and substance use subsectors.

Figure 2: Patient/Client Dimension Scores for B.C.: Mental Health and Substance Use Subsectors



Source: BCMHSU Patient/Client Experience of Care Survey

SECTION 1: INTRODUCTION

The need for mental health and substance use services is now greater than ever. One in five persons in British Columbia will experience problems that hinder life goals, and affect personal well-being as a result of mental illness or substance use.² In B.C., the mental health and substance use subsectors are integrated at the administrative level across the province and each of the six health authorities. One of the reasons for integration is due to the prevalence of concurrent disorders, where individuals suffer from both mental illness and substance use disorders. Using patient reported experience measures is a critical step in helping to identify the needs of mental health and substance use patients/clients, improving services, and most importantly, helping to ensure that persons with mental illness or substance use disorders can participate as active members in their communities.

The province of British Columbia has over 70 facilities that offer short-stay mental health and substance use services (Appendix A). Service types include treatment centres that offer culturally relevant programs for Aboriginal Canadians, hospitals that provide adult tertiary psychiatry programs to men and women living with serious mental illness, adolescent psychiatric assessment units, and medical detox facilities.

1.1 Background to the Project

The British Columbia Ministry of Health, the six health authorities (Fraser Health, Interior Health, Northern Health, Provincial Health Services Authority, Vancouver Coastal Health and Vancouver Island Health Authority) and their affiliate organizations, have implemented a program to measure the quality of care and services "through the patients' eyes" – allowing patients and clients to provide valuable information about the care they received. The B.C. patient satisfaction steering committee is the body responsible for sector surveys in the province, and participated in the review and pilot testing of multiple surveys as part of the Canadian Mental Health Consortium between 2002 and 2004. In 2010, the short-stay mental health and substance use sector was identified as a priority sector for surveying. The British Columbia Mental Health and Substance Use Patient/Client Experience of Care Survey initiative aims to:

- Promote a common, provincial approach to the measurement of patient/client satisfaction;
- Work towards evidence-based benchmarks that will enable objective comparisons;
- Complement existing national and/or provincial measurement strategies;
- Minimize data collection burden for health authorities;
- Provide satisfaction data that supports and promotes quality improvement efforts at the point of service; and
- Support the accountability of the health care system.

² Ministry of Health and Ministry of Children and Family Development. 2010. *Healthy Minds, Healthy People: A Ten Year Plan to Address Mental Health and Substance Use in British Columbia*. Province of British Columbia. Retrieved August 26, 2011. Online at: www.health.gov.bc.ca/library/publications/year/2010/healthy_minds_healthy_people.pdf.

1.2 Purpose and Scope of Study

This survey marked the first time that a coordinated, province-wide survey of all short-stay mental health patients and substance use clients has been conducted in the province. There were four main objectives for the study:

- Enhance performance of mental health and substance use services in British Columbia;
- Enhance public accountability;
- Support quality improvement initiatives; and
- Measure the level of satisfaction with mental health and substance use services in British Columbia in a coordinated and scientifically rigorous manner.

The 2010 B.C. Mental Health and Substance Use Experience of Care Survey targeted all patients and clients, over the age of 13, who received care and were discharged between October 12, 2010 and April 11, 2011. The study included mental health patients who completed care within 30 days of admission and substance use clients who completed treatment within 90 days of admission. Patients and clients were invited to complete the survey at the point of discharge (within 24 hours before the patient/client left the facility). To maximize response rates, respondents were given a choice of completing the survey onsite or offsite by phone, mail-in or online. However, staff was encouraged to promote onsite paper and pencil survey completion, where respondents returned completed surveys to secure drop boxes, available at every participating unit/site.

1.3 About the Patient/Client Experience of Care Questionnaire

The B.C. patient satisfaction steering committee conducted extensive background work and developed the following set of criteria to select an appropriate measurement tool:

1. Psychometric properties: has the survey tool been tested using rigorous, scientific techniques?
2. Benchmarking: could results be compared to other studies?
3. Appropriateness: could the tool be used for both the mental health and substance use subsectors?
4. Quality Improvement: do the questions measure and provide data that support quality improvement initiatives?
5. Scope of data: does the survey tool provide information on the eight dimensions of care?
6. Adaptability: could the tool be used to address the needs of the populations being surveyed?
7. Comprehensive coverage: is there a family survey that can be linked with the survey tool?
8. Language: is the language used in the survey at an appropriate level for participants, and is the survey available in different languages?
9. Common approach: does the tool promote a common approach and compliment existing measurement strategies?
10. Burden: does the survey tool minimize data collection for health authorities?

The ‘Short-Stay’³ version of the Canadian Mental Health Client Experience Questionnaire (CMHCEQ), a public domain survey tool, was selected as the core questionnaire for this sector. The CMHCEQ received the highest overall ranking using the above criteria. In choosing and customizing the CMHCEQ survey tool for B.C., a number of important issues were taken into consideration:

- The CMHCEQ was a common tool that could be used across the continuum of mental health and substance use care with the current population of interest being short-stay inpatients and clients.
- The CMHCEQ survey tool has been developed primarily for surveying the experiences of mental health patients. The present mental health and substance use sector survey expanded the scope of participants to include substance use (SU) clients. To ensure that the survey tool was also suitable for SU clients, the survey was tested with SU populations in two detox programs. The Vancouver Coastal Health facilities provided services to adults and youth. The youth who participated in the testing were between 13 and 20 years of age.
- The CMHCEQ was further adapted by the MHSU consultation group. Additional questions were added to the survey, and some language changes were also introduced. The new/revised questions were also tested with mental health patients, substance use clients, site staff, and subject matter experts. The results led to the approval of the B.C. version of the tool (Appendix B).

The experience of care questionnaire was designed specifically for use in Canada. It focuses on experience with healthcare facilities and services, rather than satisfaction. Thereby, enabling participants to provide an evaluation of the care they received.

Based on information about the primary languages of the target populations for this survey, across the province, the survey and cover letter were translated into seven languages: Chinese (traditional and simplified), Punjabi, French, Vietnamese, Spanish and Korean.

1.4 About the Presentation of Results

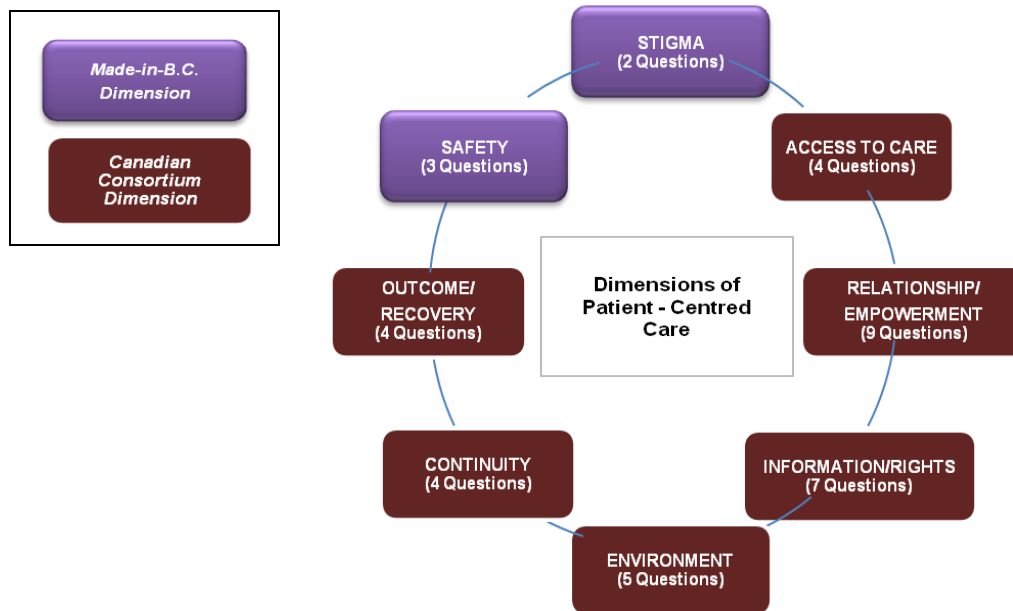
In this report, results are presented in the form of positive scores, where different response categories are recoded as either “positive” or “not positive”. For example, in questions that use a five-point response scale of “excellent”, “very good”, “good”, “fair” and “poor”, the first three response categories are combined and reported as a “positive” result, while “fair” and “poor” are combined as a “not positive” result.

Given the sample size at the provincial level, small differences that may or may not be practically meaningful in the clinical context may emerge as statistically significant. Differences between provincial and health authority results will be described in this context throughout the report.

³ Defined as 30 days or less for mental health services and 90 days or less for substance use services.

The Canadian Mental Health Experience of Care Questionnaire organizes the questions on the survey under six dimensions. These dimensions can be used to focus quality improvement efforts (Figure 1.1), especially when correlated with overall satisfaction ratings. The B.C. patient satisfaction steering committee, in consultation with numerous subject matter experts, developed two made-in-B.C. dimensions to address perceived gaps in the survey tool: stigma and patient/client care, where applicable individual questions are aligned with corresponding dimensions of care.

Figure 1.1: Dimensions of Patient/Client-Centred Care



Composite scores⁴ for the eight dimensions of care, as well as results for the individual questions that comprise each dimension, are presented in the body of this report. Dimensions are presented in order of importance based on the statistical relationship of the dimension to patients/clients overall rating of satisfaction for each subsector – mental health (MH) and substance use (SU).

This report examines the experiences of MH patients and SU clients separately to focus on areas of care that each group identified based upon their experience at facilities throughout the province. By examining each subsector dimension score by province and health authority, followed by the items that comprise each dimension, specific areas for improvement and areas of strength are readily identified. However, to maintain consistency with MHSU reporting practices, Section 3 highlights the sector score (mental health and substance use subsectors combined) for the overall quality of care survey question.

Please note that throughout this report “patient” will refer to respondents who received care at a mental health facility, and “client” will refer to respondents who received treatment at a substance use facility as per terminology consistent with clinical practice.

Information about the statistical accuracy of results and sample characteristics is provided in Appendix C

⁴ A composite score is a measure of how positive patients were with all items contained in the dimension; it is reported as a percentage.

SECTION 2: WHO COMPLETED THE SURVEY

2.1 A Snapshot of Short-Stay Mental Health Patients and Substance Use Clients in B.C.

The CMHECQ was completed by 3,292 MH patients and 3,323 SU clients who visited short-stay, inpatient mental health or substance use facilities in B.C. between October 12, 2010 and April 11, 2011 (Table 2.1). Section 2 provides an introduction to the characteristics of survey respondents by first presenting the demographic characteristics, followed by a more detailed examination of the self-reported diagnoses by participants for each subsector.

Table 2.1: Summary of Survey Completions by Province and Health Authorities

	Completions (All Survey Modes)
B.C. MH & SU TOTAL	6,615
B.C. Mental Health Subtotal	3,292
B.C. Substance Use Subtotal	3,323
FHA MH & SU TOTAL	1,654
Mental Health	971
Substance Use	683
IHA MH & SU TOTAL	1,181
Mental Health	560
Substance Use	621
NHA MH & SU TOTAL	589
Mental Health	339
Substance Use	250
PHSA MH & SU TOTAL	93
Mental Health *	71
Substance Use **	22
VCHA MH & SU TOTAL	1,994
Mental Health	956
Substance Use	1,038
VIHA MH & SU TOTAL	1,104
Mental Health	395
Substance Use	709

Note: Refer to Table A1 for response rates by province and health authorities.

* The PHSA is the only health authority (HA) whose MH patients and respondents are exclusively youth (ages 13 to 19) served in specialized youth programs. All other HAs serve their youth patients in both specialized and non-specialized youth MH programs.

** The PHSA operated one SU program, Aurora Centre at B.C. Women's Hospital, which closed 2 1/2 months after the provincial survey was fielded. The responses of Aurora Centre's 22 respondents, representing 79% of all patients discharged during this period, are included in the provincial SU results, but are not included in HA level results reported in this report.

The study received an overall survey response rate of 65%. Strong response rates were achieved through extensive staff engagement and the detailed planning efforts of the MHSU consultation group. Survey respondents were also provided with a small gratuity (\$5 gift card), if the survey was completed at the facility within 24 hours of discharge.

Table 2.2 provides a summary of the demographic characteristics of survey participants. More males (64%) receiving treatment at substance use facilities than females (35%) responded to the survey. The largest age group represented in our survey results was 25-44 years. The proportion of Aboriginal respondents was also higher amongst SU clients (26%) than MH patients (13%), another demographic characteristic that is consistent with the population that was surveyed for the study.

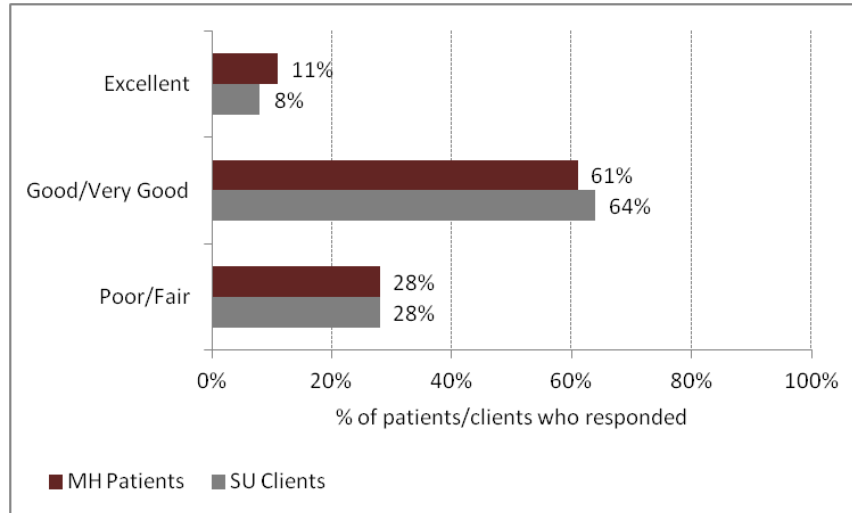
Table 2.2: Demographic Characteristics of Mental Health and Substance Use Respondents

Characteristic		MH Patients	SU Clients
Gender	% Male	48%	64%
	% Female	52%	35%
Age Group	13 -17 yrs	6%	2%
	18-24 yrs	13%	13%
	25-44 yrs	39%	48%
	45-64 yrs	30%	31%
	65+ yrs	6%	2%
	Unknown	6%	4%
Ethnicity	White	71%	71%
	Aboriginal	13%	26%
	Chinese	6%	1%
	South East Asian	5%	2%
	Black	3%	3%

Source: BCMHSU Patient/Client Experience of Care Survey Q43 – Q45.

In general, respondents rated their health favorably (Figure 2.1 & 2.2). Over 70% of MH patients and SU clients rated their physical health as “good”, “very good” or “excellent”.

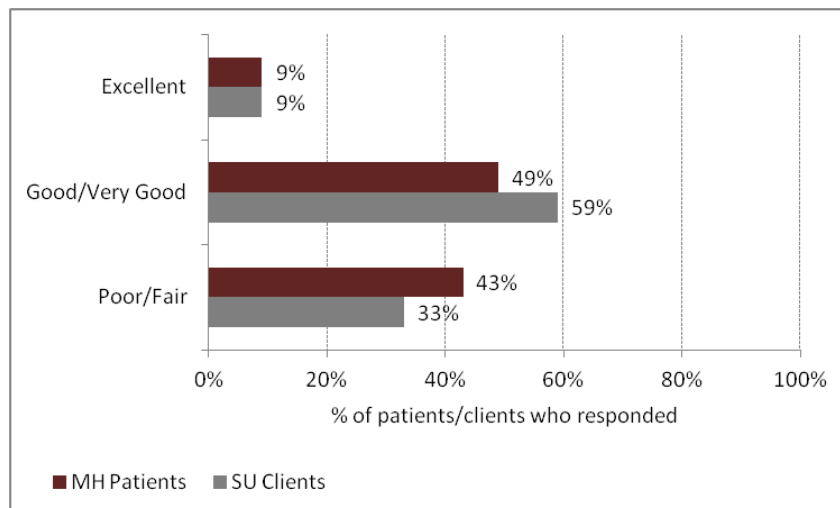
Figure 2.1: Self-Rated Physical Health Status of Mental Health Patients and Substance Use Clients



Source: BCMHSU Patient/Client Experience of Care Survey Q49.

Respondents were also asked “In general, how would you rate your mental health?” A larger proportion of mental health patients (43%) indicated that their mental health was “poor” or “fair” when compared to substance use clients (33%) who completed the survey.

Figure 2.2: Self-Rated Mental Health Status of Mental Health Patients and Substance Use Clients

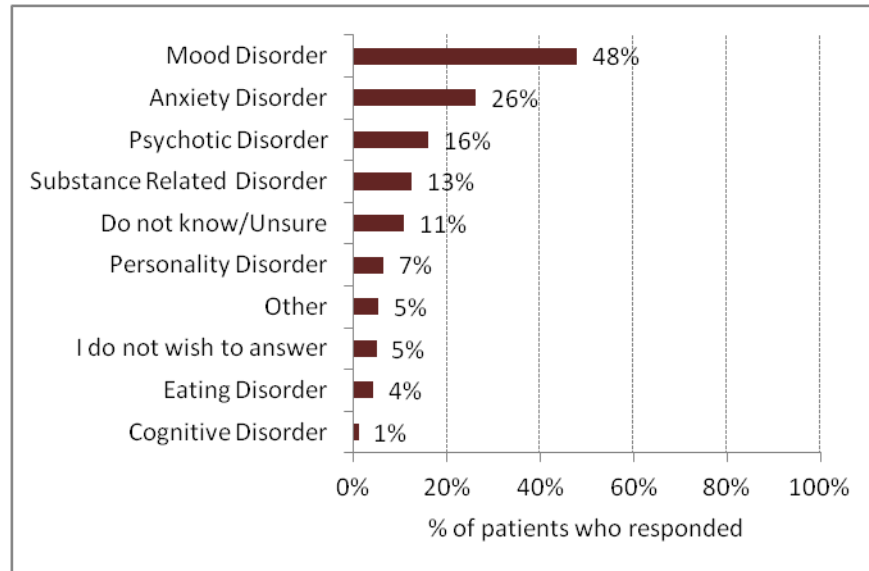


Source: BCMHSU Patient/Client Experience of Care Survey Q50.

2.2 Who Uses Mental Health Services?

The most common self reported diagnoses of the MH patients who responded to the survey were mood disorders (48%), anxiety disorders (26%), psychotic disorders (16%), or substance related disorders (13%). As concurrent or multiple disorders are possible, patients may have selected more than one diagnosis.

Figure 2.3: Self Reported Diagnosis of Mental Health Patients



Source: BCMHSU Patient/Client Experience of Care Survey Q46.

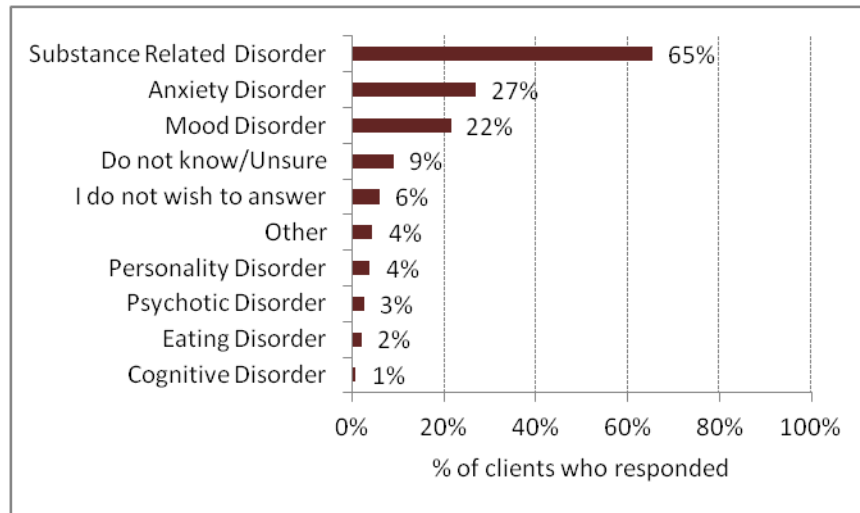
Note: The total percentage does not add up to 100% as each patient/client can make more than one type of comment.

Notably, 11% of patients “do not know” or are “unsure” of their diagnosis. Other questions provide more information about this sample. For example, many MH patients reported that they do have a regular family physician that they can see when health problems arise (85%). In addition, over one half (51%) of all MH respondents, who were admitted to a short-stay mental health facility, were admitted under the *Mental Health Act*. When asked if rights under the *Mental Health Act* were explained in a way that could be understood, 35% of MH respondents, who were admitted under the *Mental Health Act*, indicated that their rights were only “somewhat” explained, or “not at all”. Further, an additional 8% of respondents reported that rights were not explained during their stay at the facility.

2.3 Who Uses Substance Use Services?

Individuals receiving care in substance use facilities may also be affected by mental illness. Although, substance related disorders (65%) were cited most by those in SU treatment facilities, anxiety disorders, such as post traumatic stress and obsessive compulsive disorder (27%), and mood disorders, such as depression or bipolar disorder (22%) were also common diagnoses reported by SU clients who participated in the survey.

Figure 2.4: Self Reported Diagnosis of Substance Use Clients



Source: BCMHSU Patient/Client Experience of Care Survey Q46

Note: The total percentage does not add up to 100% as each patient/client can make more than one type of comment.

Compounding the issue of concurrent disorders, as discussed above, is that 24% of respondents reported not having a regular family physician or general practitioner.

SECTION 3: OVERALL PERCEIVED QUALITY OF CARE

3.1 Overall Perceived Quality of Care in B.C.

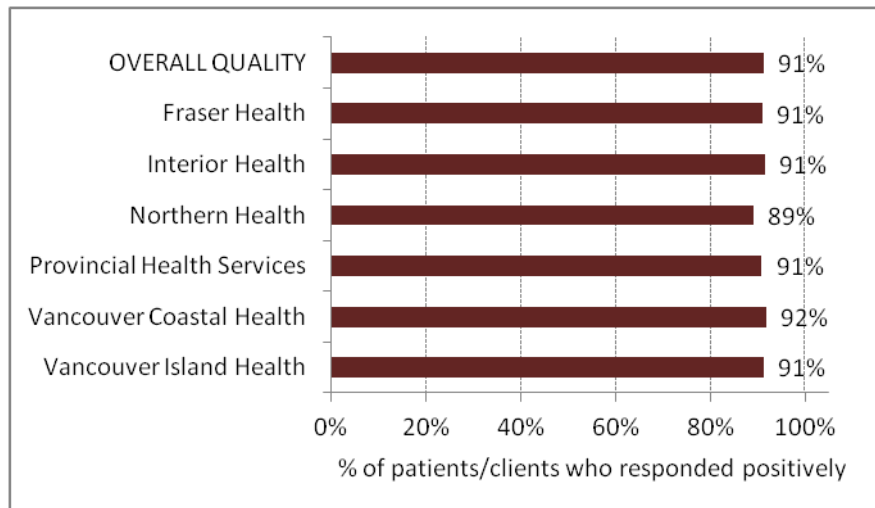
Consistent with reporting templates used for the MHSU sector, in this report, the overall quality of care results are presented first at the combined MHSU sector level and then separately, by subsector, in Sections 4.1 and 5.1.

Respondents were asked to rate the quality of care and services that they received during their stay. In response to the question: "Overall, what was the quality of the care and services you received in this facility?", 91% of all MH patients and SU clients who responded to the survey provided a positive rating of their experience.

This question is an important indicator of the perception of the overall quality of the care and services in the MHSU sector. It allows respondents to consider all the attributes of their care experience concurrently that contributed to their rating of the quality of the services received.

Figure 3.1 shows the results for the province overall and for each health authority. All health authorities had scores similar to the provincial results (91%).

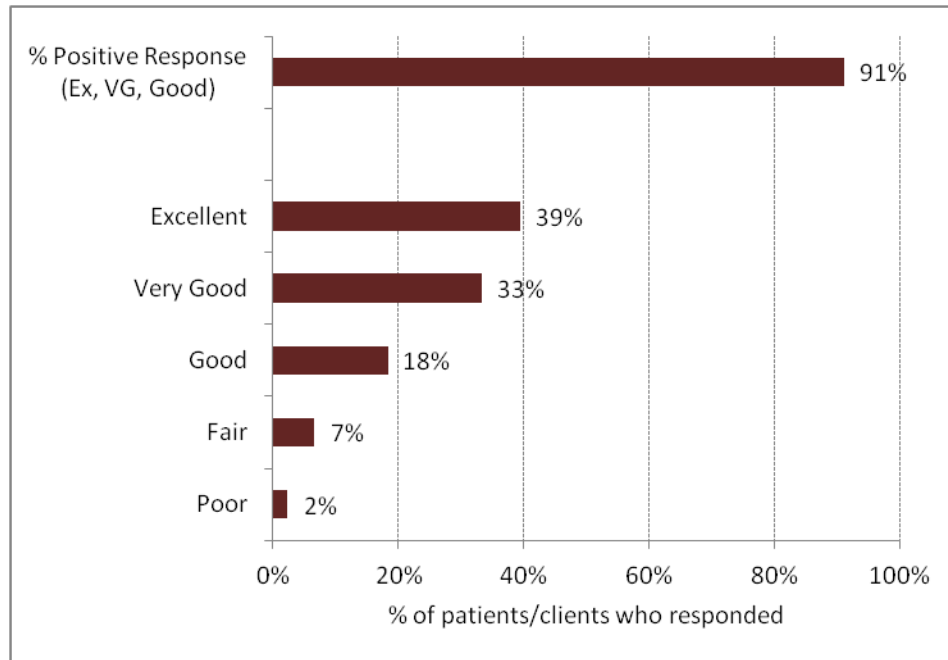
Figure 3.1: Overall Quality of Care Item for B.C. and Health Authorities: Mental Health and Substance Use Sector



Source: BCMHSU Patient/Client Experience of Care Survey Q42: "Overall, how would you rate the quality of care and services you received?"

Provincial results for each response category and the per cent positive score for the overall quality question are provided in Figure 3.2. A large majority of participants (91%) rated the quality of care they received as “good”, “very good” and “excellent”. A very small percentage of respondents rated their experience with overall quality as “poor” (2%) or “fair” (7%).

Figure 3.2: Overall Quality of Care Ratings for B.C.: Mental Health and Substance Use Sector Combined



Source: BCMHSU Patient/Client Experience of Care Survey Q42: “Overall, how would you rate the quality of care and services you received?”.

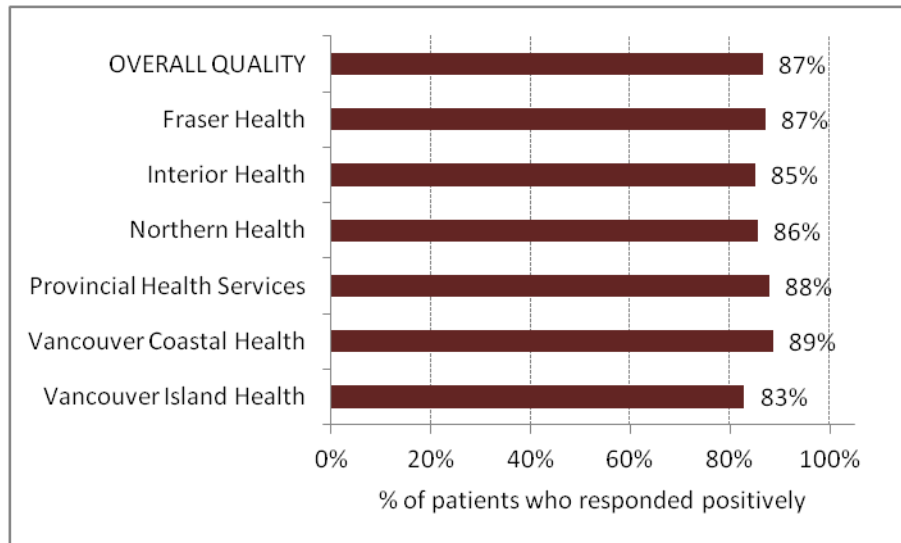
SECTION 4: MENTAL HEALTH SERVICES

Section 4 presents results reported by survey participants who received care/treatment in a short-stay mental health facility in British Columbia. This section begins with a discussion of results for the overall quality of care item, followed by a presentation of results by each dimension of care. Open-ended comments reported by MH patients when asked “What is the most important change we could make to the program?” are also presented in Section 4.3. Finally, the top and bottom ten item scores, key priority areas and results of the overall quality of care question by peer group will also be presented for the MH subsector.

4.1 Overall Quality: Mental Health Subsector

Figure 4.1 shows the overall quality of care results for the province and for each health authority, as reported by MH patients who participated in the survey. Most MH respondents reported positive ratings for this item, ranging from 83% to 89% by health authority.

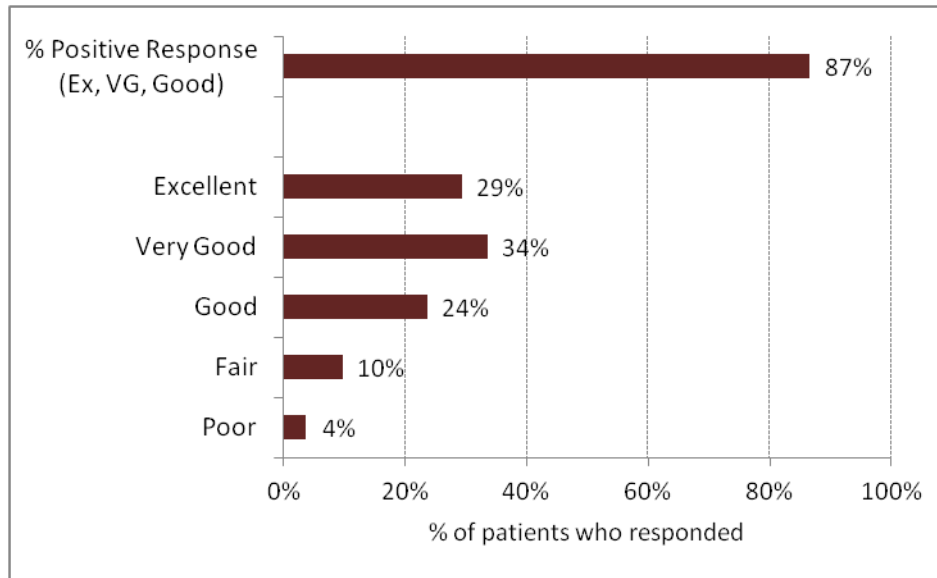
Figure 4.1: Overall Quality of Care Ratings for B.C. and Health Authorities: Mental Health Subsector



Source: B.C.MHSU Patient/Client Experience of Care Survey Q42: "Overall, how would you rate the quality of care and services you received?"

Figure 4.2 shows the results, as reported by MH patients, to each response option for the overall quality of care question. Over 85% of MH respondents reported their quality of care as “good”, “very good” or “excellent”.

Figure 4.2: Overall Quality of Care Ratings for B.C.: Mental Health Subsector



Source: BCMHSU Patient/Client Experience of Care Survey Q42: "Overall, how would you rate the quality of care and services you received?"

4.2 Eight Dimensions of Patient-Centred Care: Mental Health Subsector

Dimensions help identify actionable areas for quality improvement initiatives by identifying key themes that may improve patient experience of care. Each dimension score is comprised of several survey questions. In the following section, the responses to each question in the dimension are presented after every dimension score graph for the province as a whole and for each of the health authorities. Dimensions are presented in order of importance based on the statistical relationship of the dimension to patients overall rating of satisfaction for the mental health subsector:

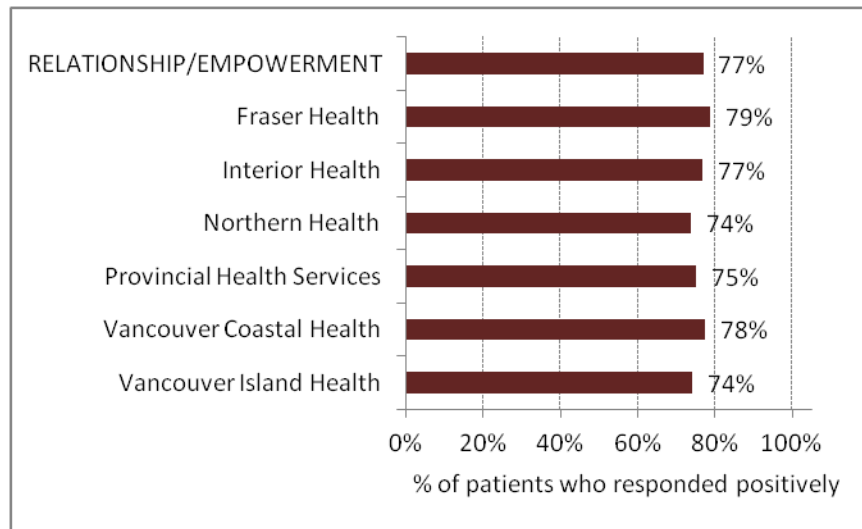
- Relationship/Empowerment;
- Environment;
- Information/Rights;
- Stigma;
- Outcome/Recovery;
- Continuity;
- Access to Care; and
- Patient/Client Safety

The highest per cent positive ratings, reported by MH patients who participated in the experience of care survey, were for the stigma (81%) and access to care (79%) dimensions.

4.2.1 Relationship/Empowerment

The relationship/empowerment dimension focuses on the extent to which the personal views of the patient and their family members are taken into account in the delivery of services and care. Specifically, the relationship aspect of the dimension refers to the level of support, encouragement and respect that is offered to patients by health care providers. Empowerment pertains to patient and family member education and involvement in treatment decisions, including medications and treatment plans. Most respondents receiving care at a mental health facility (77%) gave positive ratings on the questions related to this dimension (Figure 4.3). There are no statistical differences and little variation between the provincial and health authority scores in this dimension.

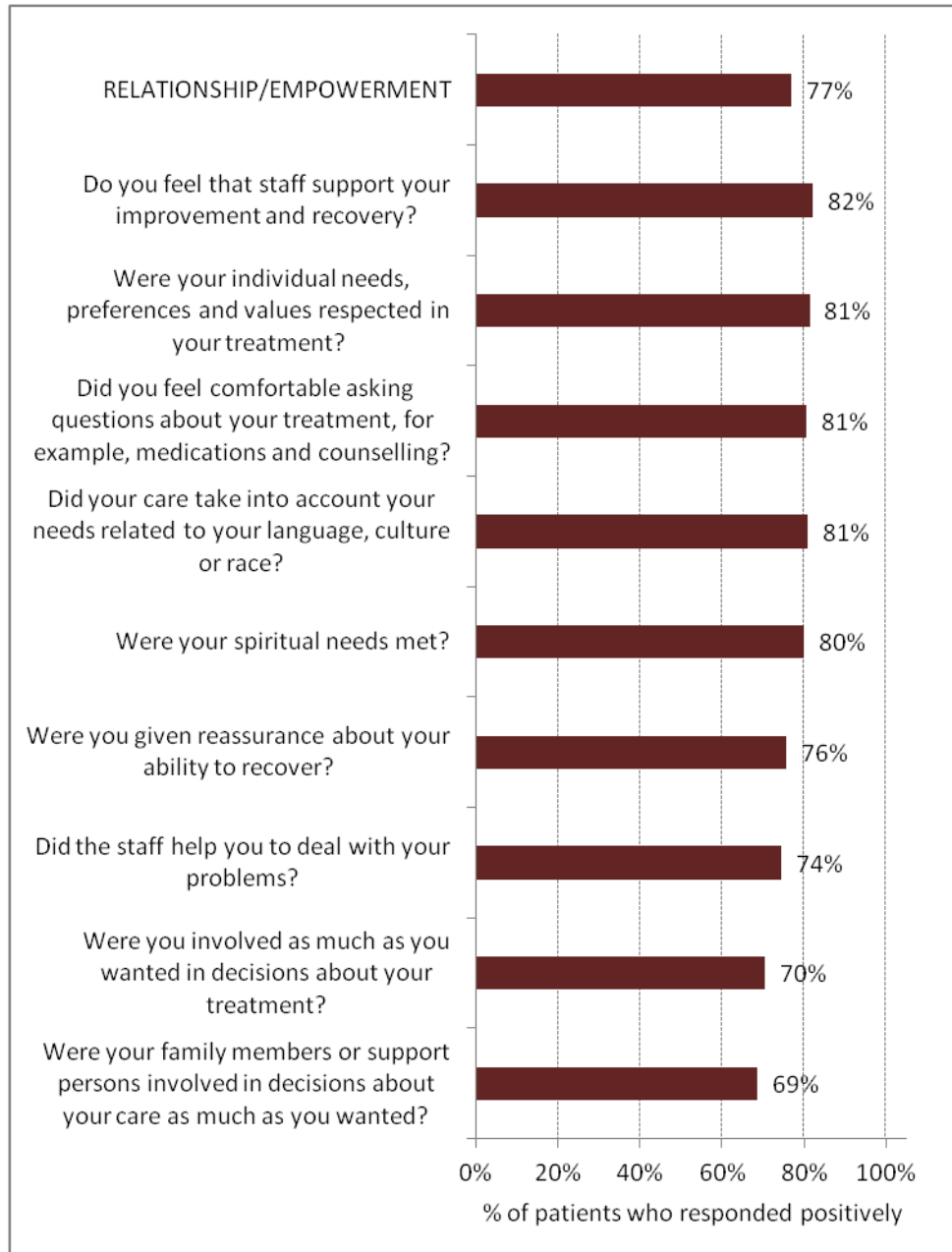
Figure 4.3: Relationship/Empowerment Dimension Ratings for B.C. and Health Authorities: Mental Health Subsector



Source: BCMHSU Patient/Client Experience of Care Survey Q6, Q7, Q9, Q11, Q15, Q21 – Q23, Q26.

The scores for the ten questions that comprise the relationship/empowerment dimension are presented in Figure 4.4. Most patients reported that the care received respected their personal culture (81%), values (81%) and spiritual needs (80%). A higher percentage (82%) provided a positive rating when they were asked if they feel that staff supports their improvement and recovery. The lowest ratings were reported for degree of involvement in treatment decisions and family member involvement in care decisions (70% and 69% respectively).

Figure 4.4: Patient Relationship/Empowerment Dimension Ratings – Individual Questions: Mental Health Subsector

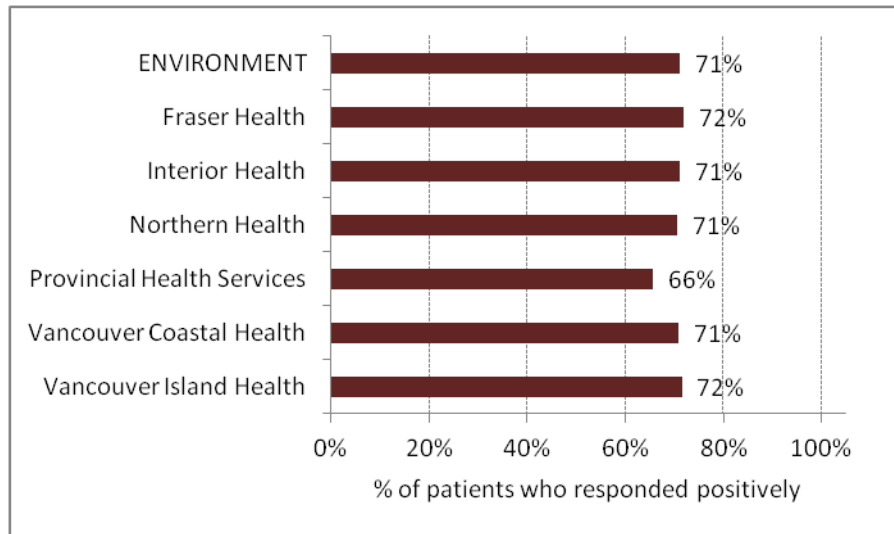


Source: BCMHSU Patient/Client Experience of Care Survey Q6, Q7, Q9, Q11, Q15, Q21 – Q23, Q26.

4.2.2 Environment

A clean and private environment is also part of the patient-centred care experience. Five questions are used to create the environment dimension. Results for the province and the health authorities are presented in Figure 4.5. There are no statistical differences between the provincial and health authority scores in this dimension.

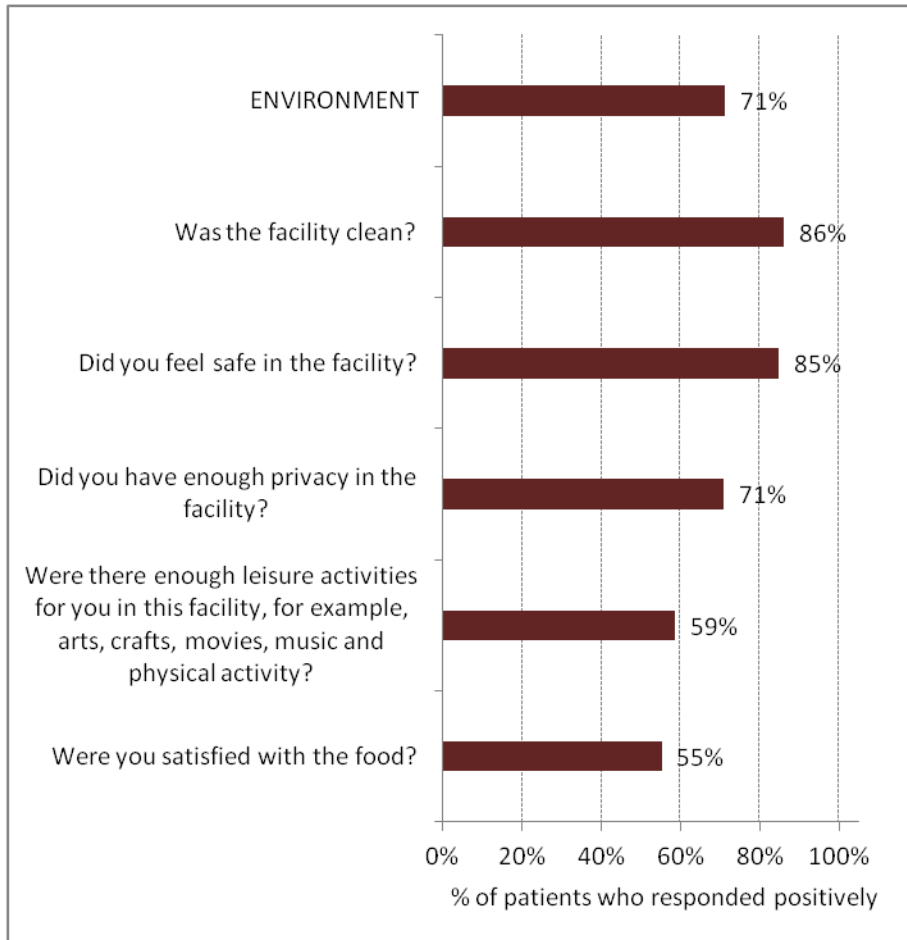
Figure 4.5: Environment Dimension Ratings for B.C. and Health Authorities: Mental Health Subsector



Source: BCMHSU Patient/Client Experience of Care Survey Q29 – Q33.

The five items in the environment dimension score address cleanliness, perceptions of personal safety, privacy, leisure, and food quality. Results for these questions, at the provincial level, are presented in Figure 4.6. About 86% of patients were positive about the level of cleanliness at the care facility. Some of the lowest question scores reported by MH patients, who completed the survey, were for leisure activities such as arts, crafts, movies, music and physical activities (59%) and satisfaction with the food provided at the facility (55%).

Figure 4.6: Environment Dimension Ratings – Individual Questions: Mental Health Subsector

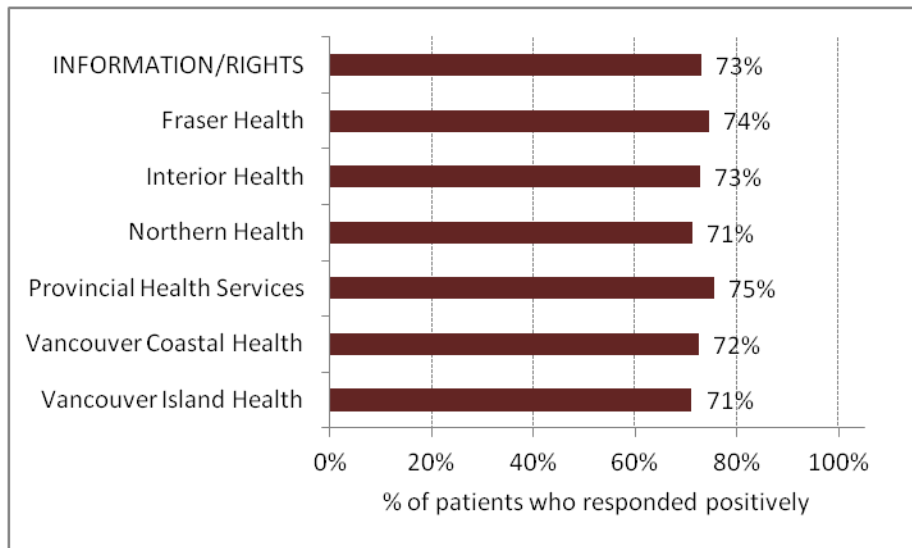


Source: BCMHSU Patient/Client Experience of Care Survey Q29 – Q33.

4.2.3 Information/Rights

The information/rights dimension measures aspects of care related to the delivery and understanding of information regarding services and treatment, including at the time of admission. This dimension also includes items asking patients how well they understood the treatment being administered, and if they knew who to talk to in case of any questions or concerns. It should be noted that the information/rights dimension excludes information related to discharge and post-discharge services; these items are included in the continuity dimension and will be discussed later in this report. All health authorities in the MH subsector had scores within 2% of the provincial average (73%), (Figure 4.7).

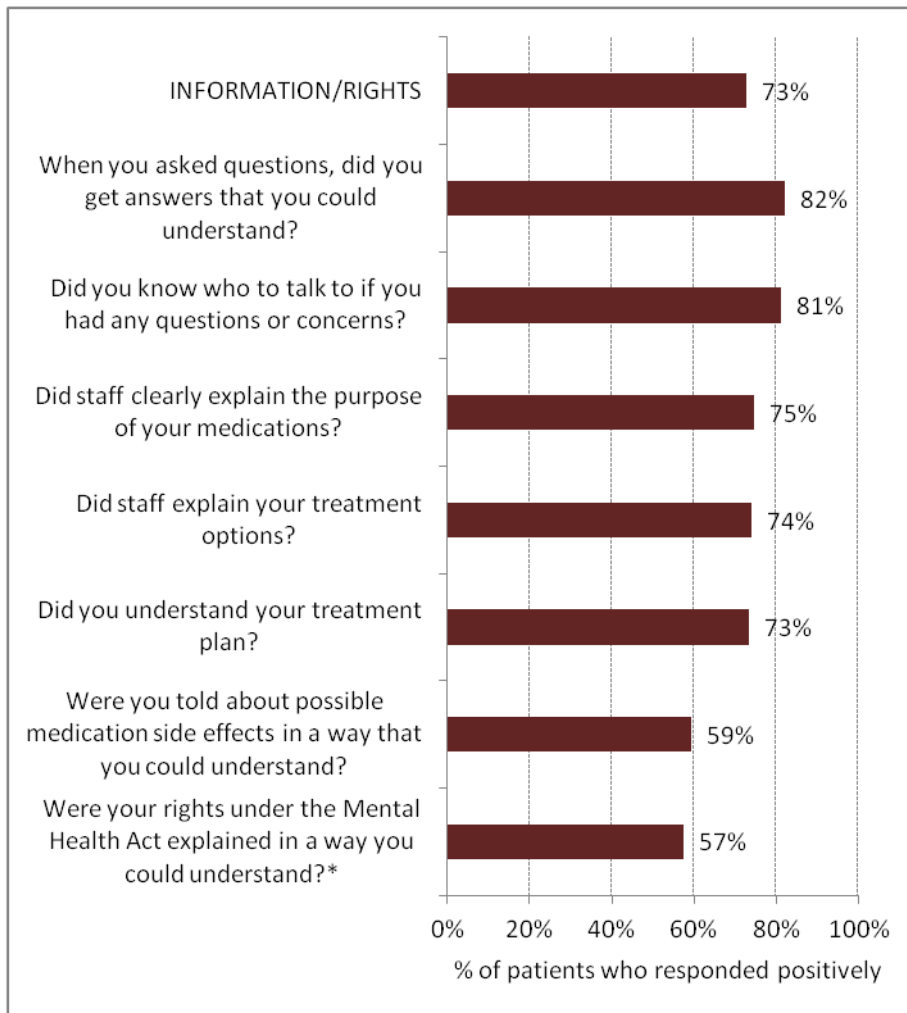
Figure 4.7: Information/Rights Dimension Ratings for B.C. and Health Authorities: Mental Health Subsector



Source: BCMHSU Patient/Client Experience of Care Survey Q10, Q12 – Q14, Q16, Q17, Q28.

The provincial composite score for information/rights is comprised of items that had a broad variation of per cent positive ratings (57% to 82%); (Figure 4.8). Only slightly more than half of the patients (57%) who were admitted under the *Mental Health Act* indicated that their rights, under the legislation, were explained in a way that could be understood, while, in contrast, 82% of respondents reported that when they asked questions, answers were provided in a way that could be understood.

Figure 4.8: Information/Rights Dimension Ratings – Individual Questions: Mental Health Subsector*



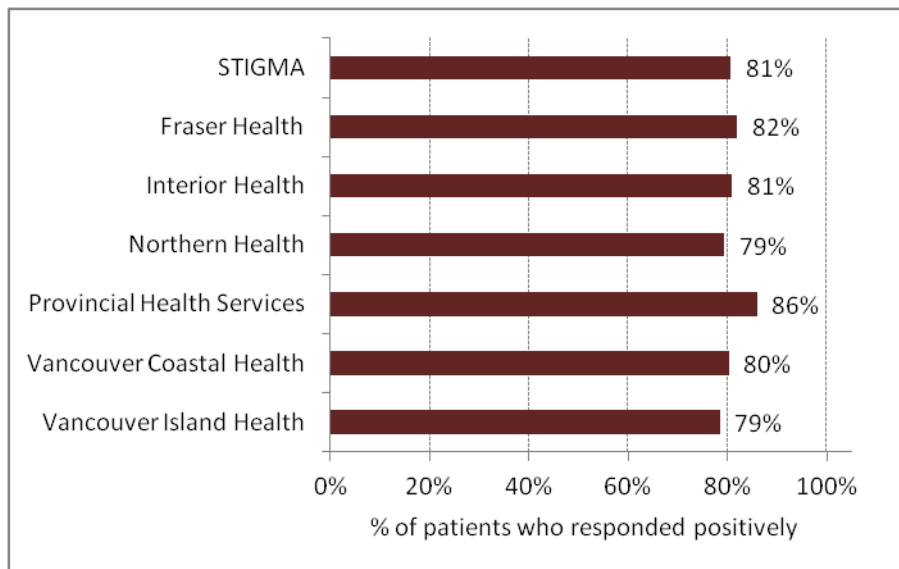
Source: BCMHSU Patient/Client Experience of Care Survey Q10, Q12 – Q14, Q16, Q17, Q28.

*This question was identified as pertaining to mental health patients ONLY and was subsequently removed from results for SU clients.

4.2.4 Stigma

Many people living with a mental illness say the stigma they face is often worse than the illness itself. The 'made-in B.C.' stigma dimension includes two items: "As a person living with mental illness and/or addiction, were you treated with dignity and respect in this facility?", and "Did the staff help you feel that there was nothing shameful about having problems with mental health or addiction?". Province-wide results for MH participants and those for individual health authorities are shown in Figure 4.9. The provincial score for the stigma dimension received the highest per cent positive rating of all eight dimensions of care (81%). There are no statistically significant differences between the provincial and health authority scores in this dimension.

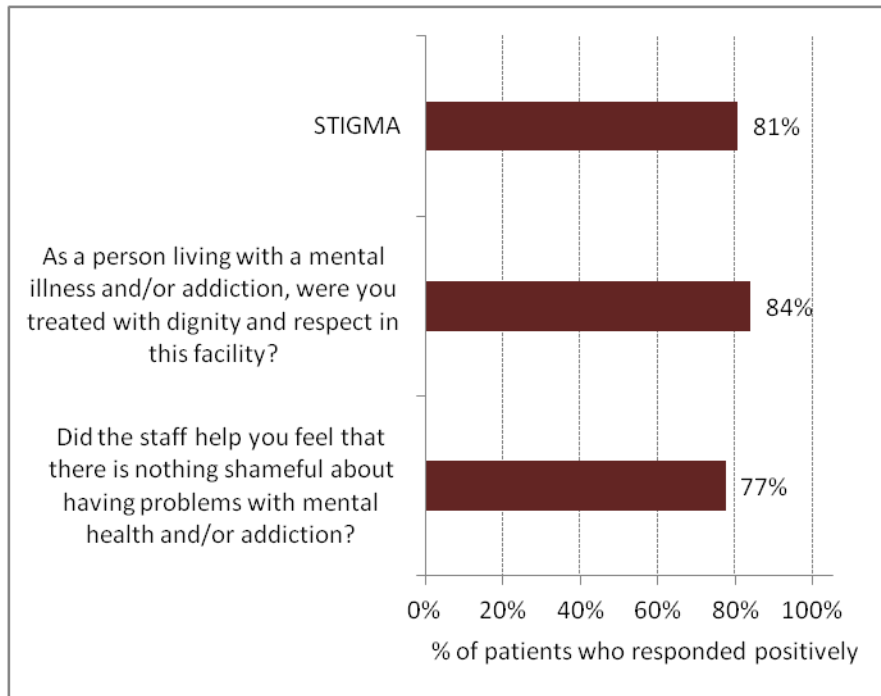
Figure 4.9: Stigma Dimension Ratings for B.C. and Health Authorities: Mental Health Subsector



Source: BCMHSU Patient/Client Experience of Care Survey Q24 – Q25.

Two questions make up the stigma composite score. Results from both questions vary from 77% to 84%. The majority of patients (84%), who participated in the experience of care survey, gave positive ratings when asked if they were treated with dignity and respect at the facility, while 77% reported positive ratings when asked if staff helped them feel that there was nothing shameful about having problems with mental health and/or addiction (Figure 4.10).

Figure 4.10: Stigma Dimension Ratings – Individual Questions: Mental Health Subsector

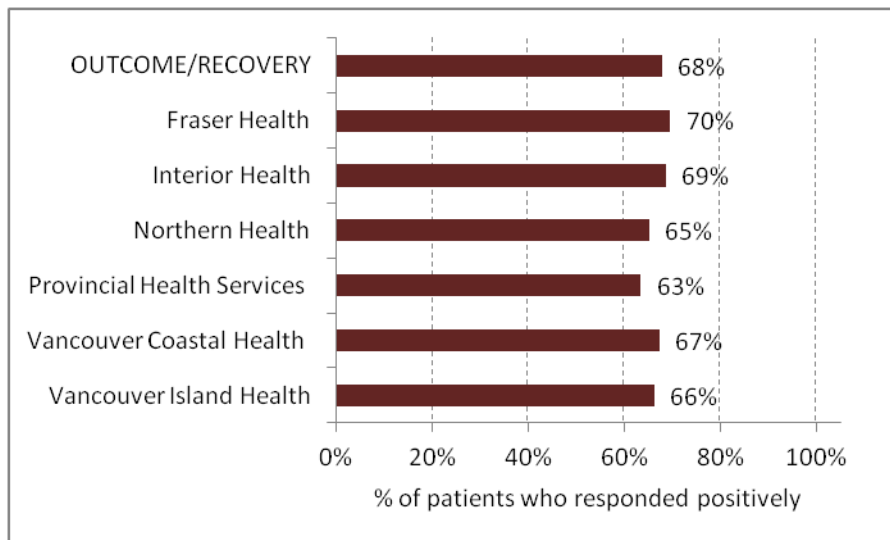


Source: BCMHSU Patient/Client Experience of Care Survey Q24 – Q25.

4.2.5 Outcome/Recovery

The outcome/recovery dimension measures patients' evaluation of the helpfulness of their facility stay in improving their symptoms, as well as the degree to which they feel better able to cope with the difficulties encountered as they resume daily life activities. The overall outcome/recovery score for the province and health authorities vary slightly around the provincial score of 68%, as shown in Figure 4.11.

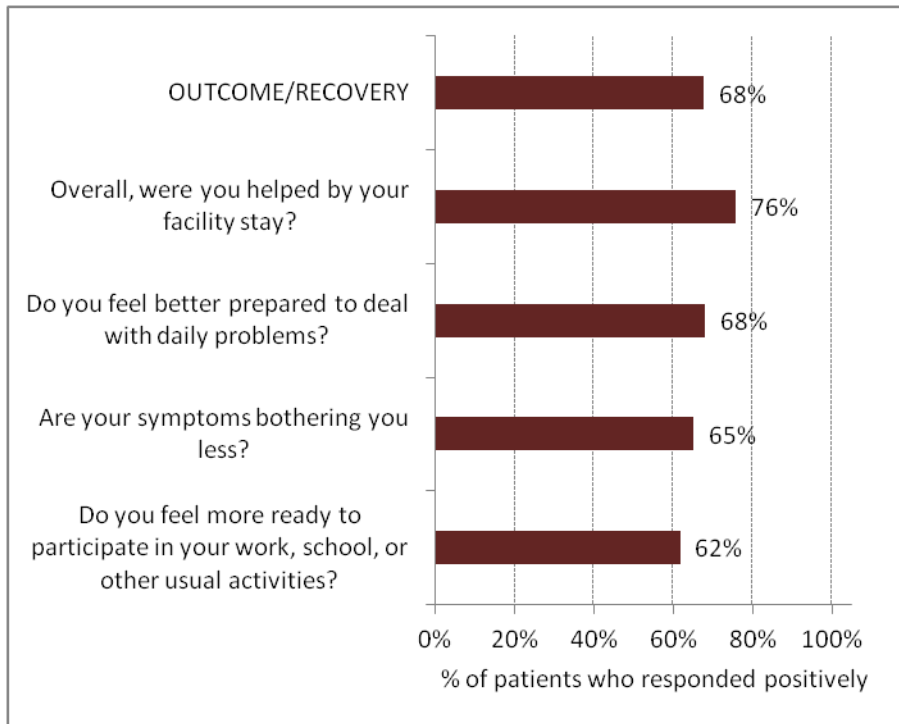
Figure 4.11: Outcome/Recovery Dimension Ratings for B.C. and Health Authorities: Mental Health Subsector



Source: BCMHSU Patient/Client Experience of Care Survey Q38 – Q41.

Performance on the individual questions that constitute the outcome/recovery dimension, as represented in Figure 4.4, show that MH patients' positive ratings on the four areas that make up this dimension varied from a high of 76% positive for helpfulness of facility stay, to a low of 62% positive for readiness to participate in work, school and other routine activities.

Figure 4.12: Outcome/Recovery Dimension Ratings – Individual Questions: Mental Health Subsector

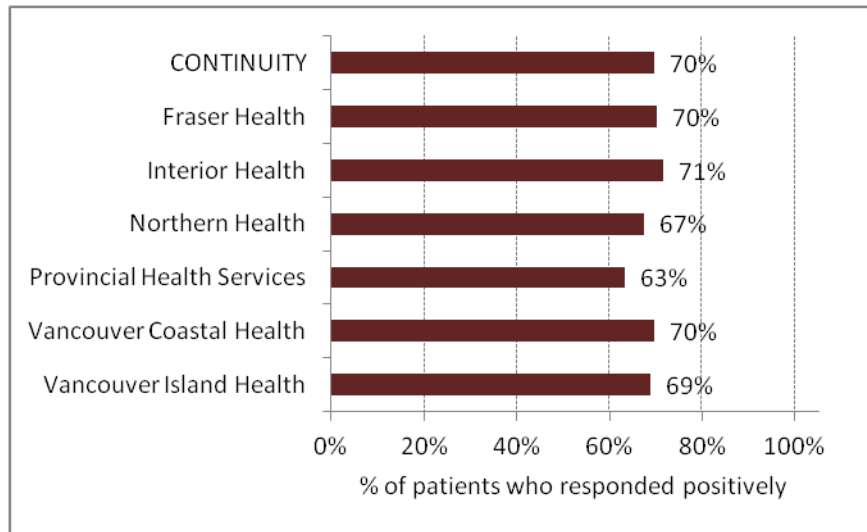


Source: BCMHSU Patient/Client Experience of Care Survey Q38 – Q41.

4.2.6 Continuity

Another dimension of patient-centered care is determining how well patients are prepared for daily activities when they leave the facility and return home. The continuity dimension focuses on these aspects, as well as those related to communication by staff regarding available support services, and contact information. A 70% composite score for continuity was obtained based on positive ratings reported by MH patients (Figure 4.13).

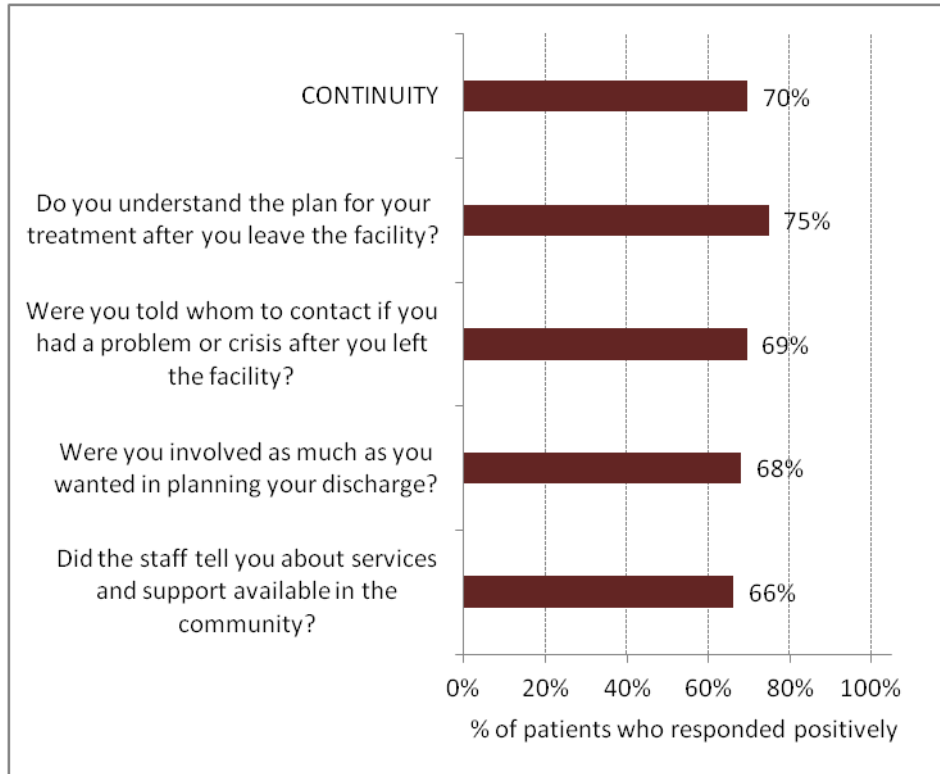
Figure 4.13: Continuity Dimension Ratings for B.C. and Health Authorities: Mental Health Subsector



Source: BCMHSU Patient/Client Experience of Care Survey Q34 – Q37.

Results for the four questions that comprise the continuity dimension are shown in Figure 4.14. The majority of MH participants reported that they understood the plan for their treatment after they leave the facility (75%).

Figure 4.14: Continuity Dimension Ratings – Individual Questions: Mental Health Subsector

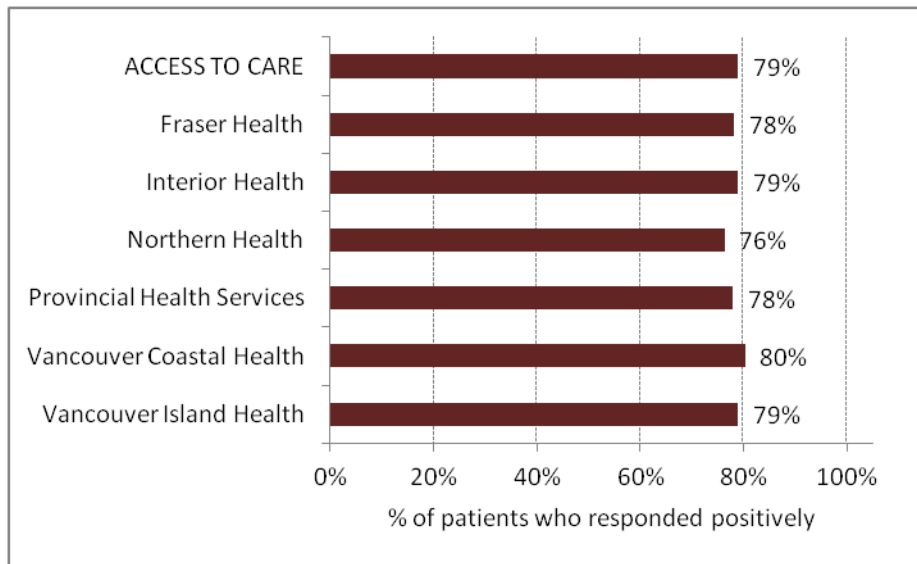


Source: BCMHSU Patient/Client Experience of Care Survey Q34 – Q37.

4.2.7 Access to Care

Access to care measures aspects of patient experience related to accessibility to health care providers, wait times, and organization of the admission process. Figure 4.15 shows provincial and health authority results for the MH subsector. There are no statistical differences and little variation between the provincial and health authority scores in this dimension.

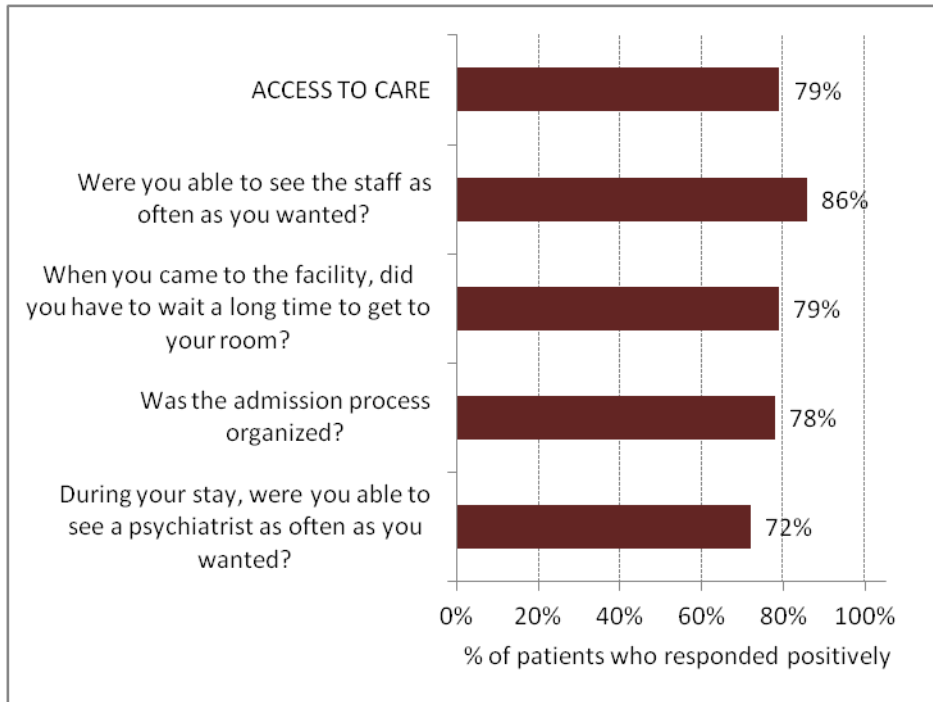
Figure 4.15: Access to Care Dimension Ratings for B.C. and Health Authorities: Mental Health Subsector



Source: BCMHSU Patient/Client Experience of Care Survey Q2 – Q5.

The access to care dimension summarizes patients' care facility experience. Specifically, this dimension captures the degree to which patients reported that they received the services they need, and if they were received in a timely manner. The results of the overall score and the single item scores for the province are represented in Figure 4.16. Of the four questions, MH participants reported particularly high per cent positive ratings (86%) when asked about accessibility to site staff.

Figure 4.16: Access to Care Dimension Ratings – Individual Questions: Mental Health Subsector

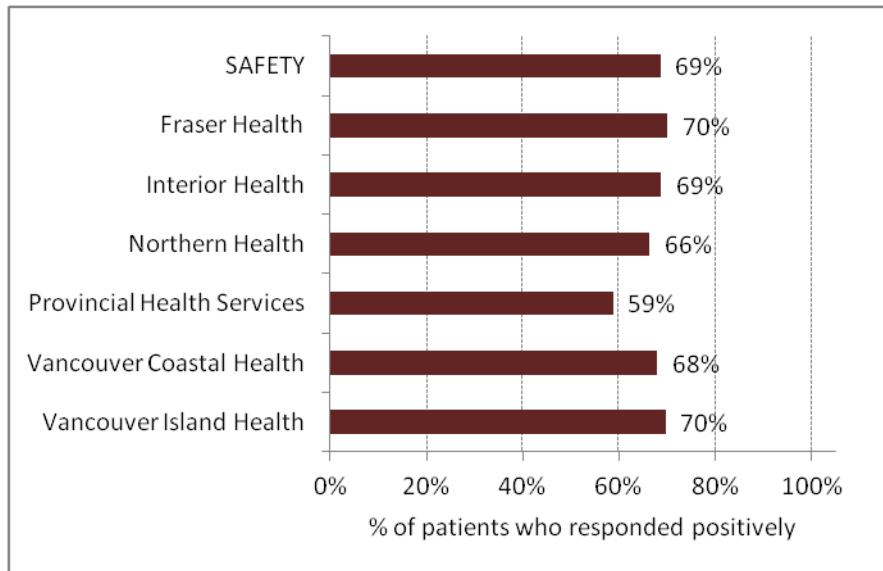


Source: BCMHSU Patient/Client Experience of Care Survey Q2 – Q5.

4.2.8 Patient Safety

Patients are entitled to safe, quality health care at all times. Patient safety is a collaborative goal that requires effort from the patient and all members of the health care team. This dimension includes questions that ask whether MH patients or families believe they suffered personal injury or harm from a medical error or mistake, whether staff checked patient identification prior to administering medications, treatments, counseling and tests, and whether they observed staff washing their hands prior to patient care. Results for the province and the health authorities are presented in Figure 4.17. There are no statistical differences between the provincial and health authority scores in this dimension.

Figure 4.17: Patient Safety Dimension Ratings for B.C. and Health Authorities: Mental Health Subsector



Source: BCMHSU Patient/Client Experience of Care Survey Q18 – Q20.

There was substantial variation in the per cent positive ratings for the patient safety dimension items. Of the MH patients who completed the survey, 81% provided positive ratings when asked “Do you believe you or your family did NOT suffer personal injury or harm which resulted from a medical error or mistake?”, while just over half (53%) of respondents reported positive ratings when asked “Did you notice staff wash or disinfect their hands before caring for you?”.

Figure 4.18: Patient Safety Dimension Ratings – Individual Questions: Mental Health Subsector



Source: BCMHSU Patient/Client Experience of Care Survey Q18 – Q20.

4.3 Patient Comments: Mental Health Subsector

The patient/client experience of care survey also included two open-ended questions. The first asked participants to list the most important change that could be made to the program and the second asked if there was anything else that they would like to tell us about their stay. The results were grouped according to the categories used by B.C.'s Patient Care Quality Office. Results from the first open-ended question: "What is the most important change we could make to the program?" are presented in the following section.

The top five categories of changes identified by respondents are listed in Figure 4.19. Results from open-ended questions are not positive responses; rather they are percentages for each category reported by MH patients.

Issues related to environment (34%) and accessibility (24%) were reported as the most important changes MH patients, who participated in the survey, would like to see made. Environmental changes include all those that pertain to the degree to which the room, facility, and/or resources, including recreational or leisure programs and food services, meet patient expectations in terms of comfort, upkeep, and cleanliness.

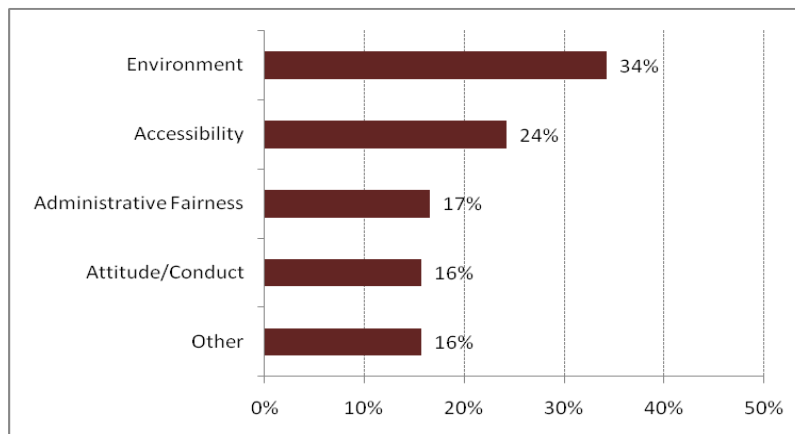
"You could add more exercise equipment like a stationary bike or stepper as well as something available everyday like yoga, art, etc."

"More videos on addiction and recovery, more programming."

Comments to the open-ended questions support some of the areas of improvement identified in Figure 4.21. For example, only 55% of MH patients reported positive scores when asked "Were you satisfied with the food?", a component of the environment category for the qualitative responses.

Accessibility refers to service accessibility and availability including: comments related to care-related programs, provider and staff availability and admission to programs and services. In instances where the comment was not discernible, misinterpreted or simply could not be placed into any of the pre-determined categories, the response was coded as 'other'.

Figure 4.19: Q51: What is the most important change we could make to the program?: Mental Health Subsector

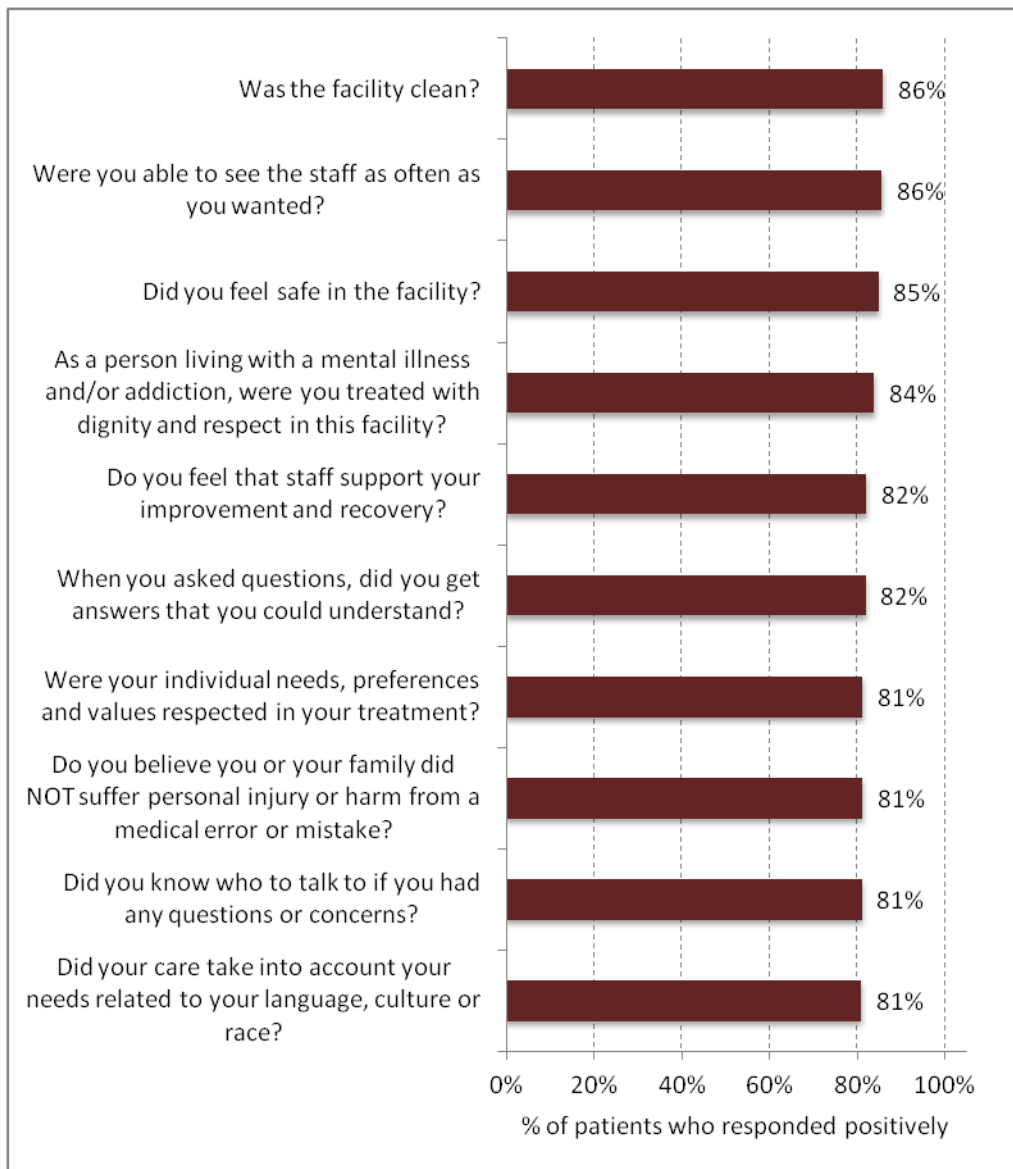


Source: BCMHSU Patient/Client Experience of Care Survey Q51.

4.4 Provincial Level Analysis: Top 10 Performing Items: Mental Health Subsector

Figure 4.20 lists the ten questions mental health patients rated with the highest per cent positive scores. These items reflect areas that respondents saw as “strengths”.

Figure 4.20: Top 10 Performing Items – Mental Health Subsector

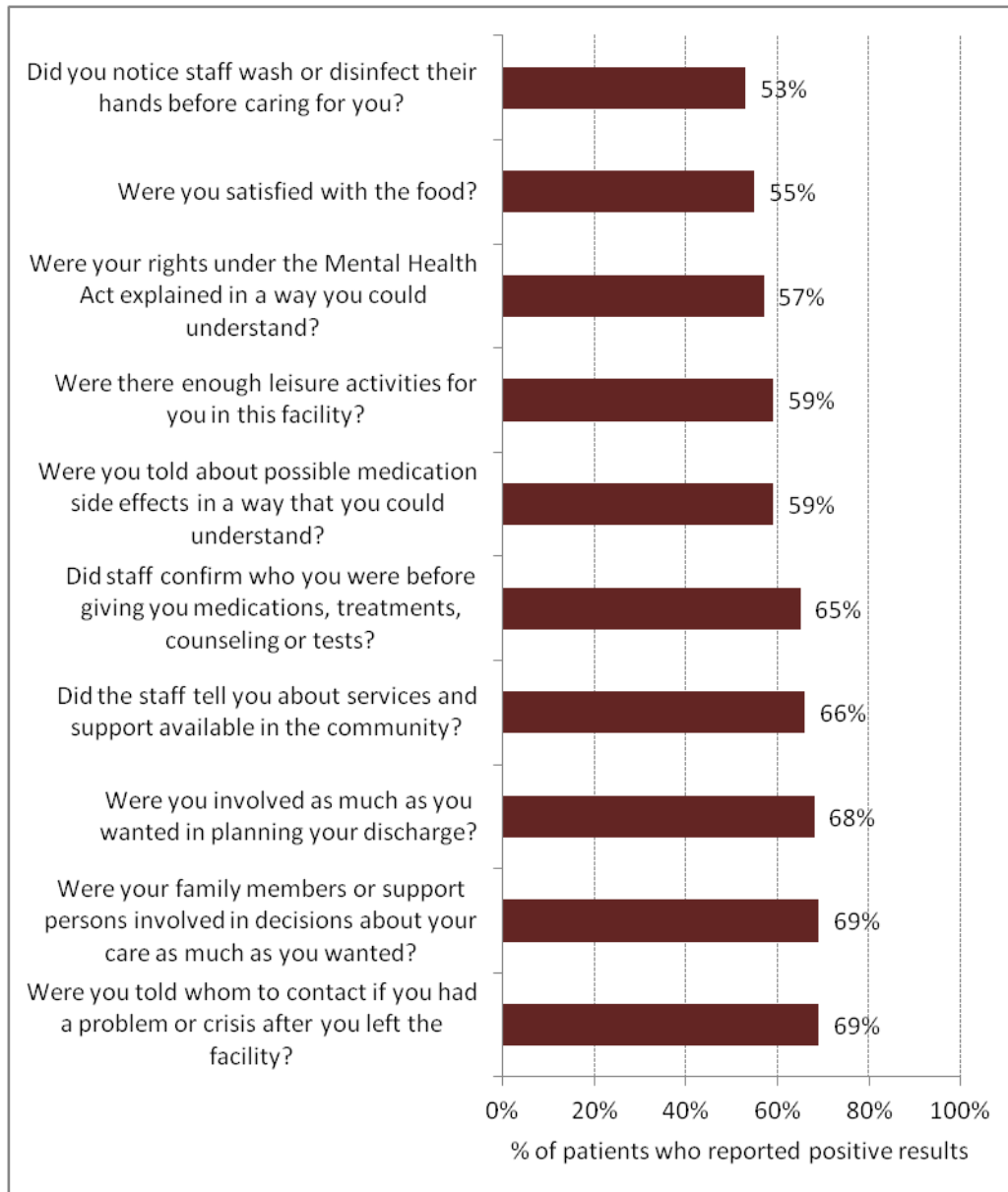


Source: BCMHSU Patient/Client Experience of Care Survey.

4.5 Provincial Level Analysis: Bottom 10 Performing Items: Mental Health Subsector

Figure 4.21 lists the ten questions that patients rated with the lowest per cent positive ratings. These items reflect the areas that survey participants saw as the greatest “opportunity for improvement”.

Figure 4.21: Bottom 10 Performing Items – Mental Health Subsector



Source: BCMHSU Patient/Client Experience of Care Survey.

4.6 Priority Areas: Mental Health Subsector

Figure 4.1 outlines priority areas for improvement. Priority areas are derived from a statistically calculated relationship between each question on the survey and patient ratings of their overall satisfaction with care and services received. The results, shown in Table 4.1, provide direction on what areas, in the eyes of MH patients, have the greatest opportunity for improving their overall satisfaction with the care and services they receive in MH service settings.

Table 4.1: Priority Areas: Mental Health Subsector

Priority Level	Survey Question	Importance (Correlation with Overall Satisfaction)	Performance (Top-Box Response Only)
Priority #1	Were there enough leisure activities for you in this facility?	0.44	29%
Priority #2	Were you involved as much as you wanted in planning your discharge?	0.44	36%
Priority #3	Did you understand your treatment plan?	0.45	37%
Priority #4	Did the staff tell you about services and support available in the community?	0.44	39%
Priority #5	Were you involved as much as you wanted in decisions about your treatment?	0.46	40%
Priority #6	Did the staff help you deal with your problems?	0.57	42%
Priority #7	Did staff explain your treatment options?	0.47	42%
Priority #8	Were your spiritual needs met?	0.41	43%
Priority #9	Do you understand the plan for your treatment after you leave the facility?	0.43	45%
Priority #10	When you asked questions, did you get answers that you could understand?	0.45	47%

Source: BCMHSU Patient/Client Experience of Care Survey Q2-3, 5-7, 9-37, 4

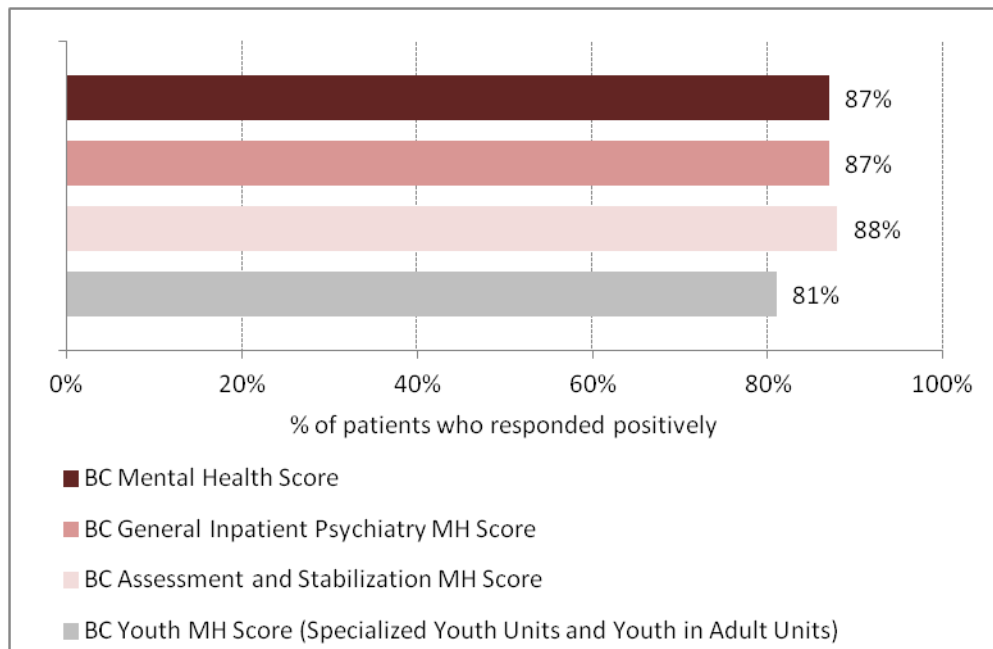
Note: The correlation coefficient (r) measures the direction and the strength of relationship between two variables, in this instance, between a survey item and overall satisfaction. The correlation coefficient ranges from -1.0 to +1.0. The higher the absolute value, the stronger the relationship is between variables (i.e., more important). A zero correlation coefficient implies that the survey item is not linearly related to overall satisfaction; not necessarily that there is no relationship at all.

4.7 B.C. Peer Groups: Mental Health Subsector

MH patients were asked “Overall, how would you rate the quality of care and services you received?” Figure 4.22 compares patient responses based on location of service. Locations that provide similar services (based on service type and annual volume of patients served) are grouped together into three MH peer groups. Figure 4.22 shows the results of the overall quality of care question, presented as a per cent positive score, by peer group.

1. General Inpatient Psychiatry - Includes units/sites providing psychiatric assessment, diagnosis, treatment, stabilization, emergency psychiatric care, and short term rehabilitation of adults with serious mental illness.
2. Assessment and Stabilization - Includes units/sites providing assessment and short-term interventions to address acute mental health issues (e.g. episodic depression, suicidal ideation).
3. Youth - Includes units/sites providing mental health services to youth populations, including service types delineated above.

Figure 4.22: Overall Quality of Care Rating for B.C. by Peer Groups: Mental Health Subsector



Source: BCMHSU Patient/Client Experience of Care Survey Q42: “Overall, how would you rate the quality of care and services you received?”.

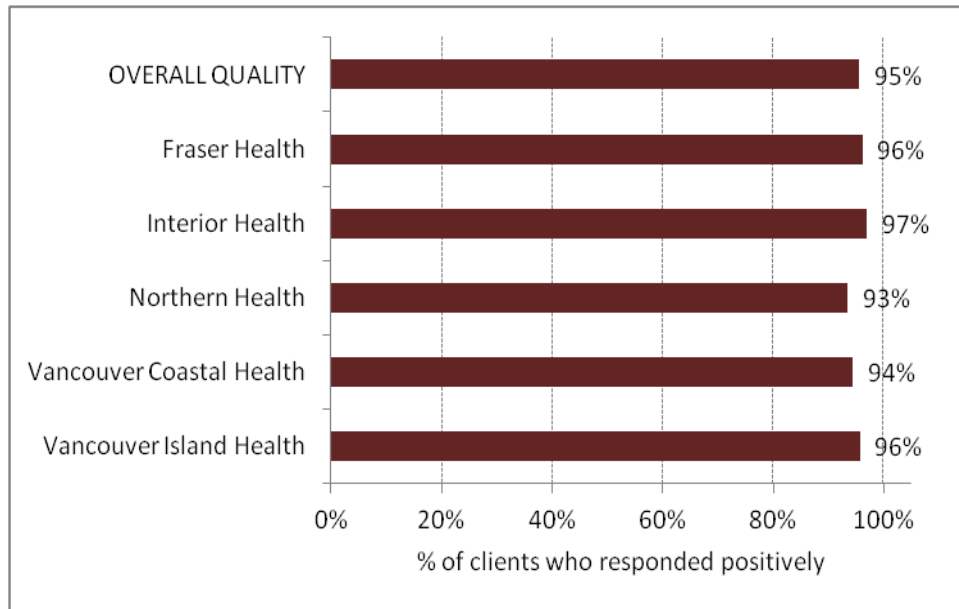
SECTION 5: SUBSTANCE USE SERVICES

Section 5 presents results reported by survey participants who received care/treatment in a short-stay substance use facility in British Columbia. This section begins with a discussion of results for the overall quality of care item, followed by a presentation of results by each dimension of care. The open-ended comments reported by SU clients when asked “What is the most important change we could make to the program?” are also reported in Section 5.3. Finally, the top and bottom ten item scores, key priority areas and overall quality by SU peer groups will be presented.

5.1 Overall Quality: Substance Use Subsector

Substance use clients were asked to rate the overall quality of care and services that they received – with 95% of respondents rating their care positively (Figure 5.1).

Figure 5.1: Overall Patient Quality of Care Ratings for B.C. and Health Authorities: Substance Use Subsector

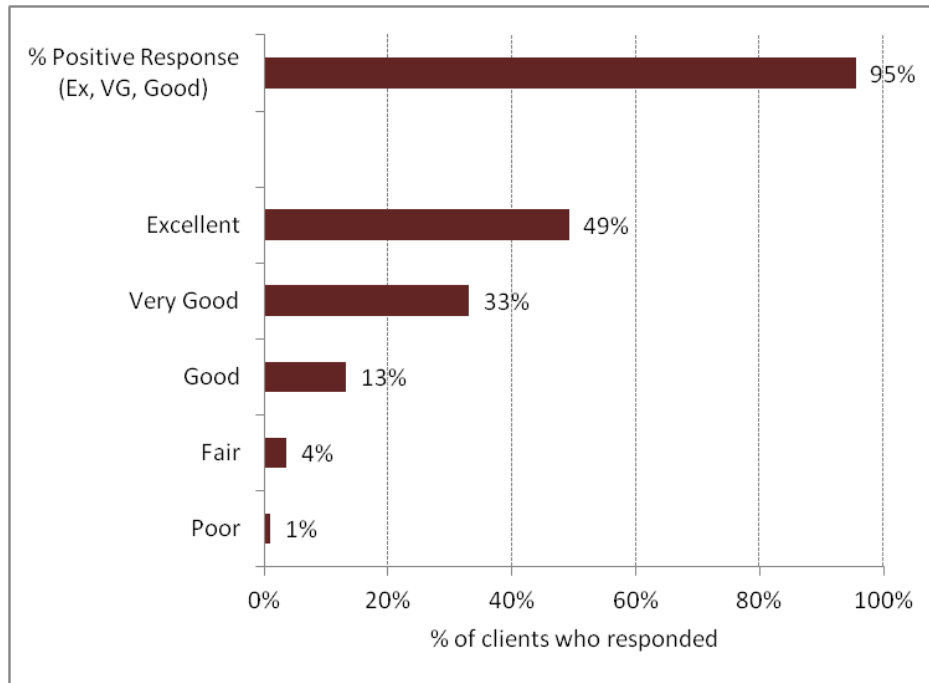


Source: BCMHSU Patient/Client Experience of Care Survey Q42: “Overall, how would you rate the quality of care and services you received?”.

Note: PHSA scores are not included in the Substance Use portion of this report, as only one location in PHSA serves SU clients (Aurora Centre at B.C.’s Women’s Hospital). The responses from the 22 respondents, representing a 79% response rate from patients discharged during the study period from this unit, are included in the provincial scores.

Nearly half (49%) of all SU clients, who participated in the survey, rated their quality of care as “excellent” (Figure 5.2). An additional 46% of participants indicated that their stay was “good” or “very good”.

Figure 5.2: Overall Quality of Care Ratings for B.C.: Substance Use Subsector



Source: BCMHSU Patient/Client Experience of Care Survey Q42: “Overall, how would you rate the quality of care and services you received?”.

5.2 Eight Dimensions of Client-Centred Care: Substance Use Subsector

Dimensions help identify actionable areas for quality improvement initiatives by identifying key themes that may improve patient experience of care. Each dimension score is comprised of several survey questions. In the following section, the responses to each question in the dimension are presented after every dimension score graph for the province as a whole and for each of the health authorities. Dimensions are presented in order of importance based on the statistical relationship of the dimension to patients overall rating of satisfaction for the substance use subsector:

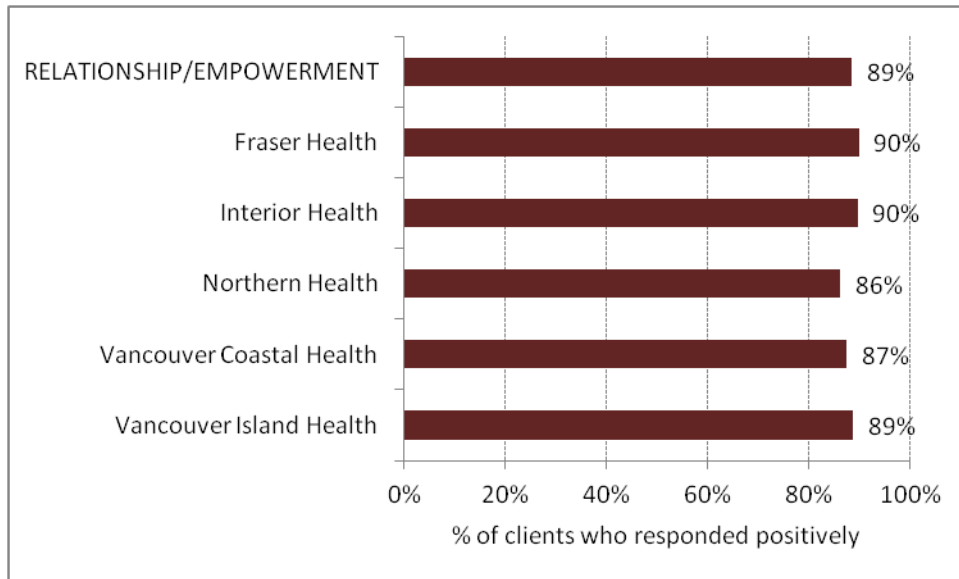
- Relationship/Empowerment;
- Environment;
- Information/Rights;
- Stigma;
- Outcome/Recovery;
- Continuity;
- Access to Care; and
- Client Safety

The highest per cent positive ratings, reported by SU clients who participated in the experience of care survey, were for the access to care (93%) and the stigma (92%) dimensions.

5.2.1 Relationship/Empowerment

Respect for values, culture and needs, as voiced by clients, is also a component of the experience of care. The relationship/empowerment dimension includes both these and additional attributes related to client and supporter partnership with health care providers in treatment and care decisions. Substance use clients, who completed the survey, rated the relationship/empowerment dimension very positively (89%) with little variation from the provincial average; (Figure 5.3). There are no statistical differences and little variation between the provincial and health authority scores in this dimension.

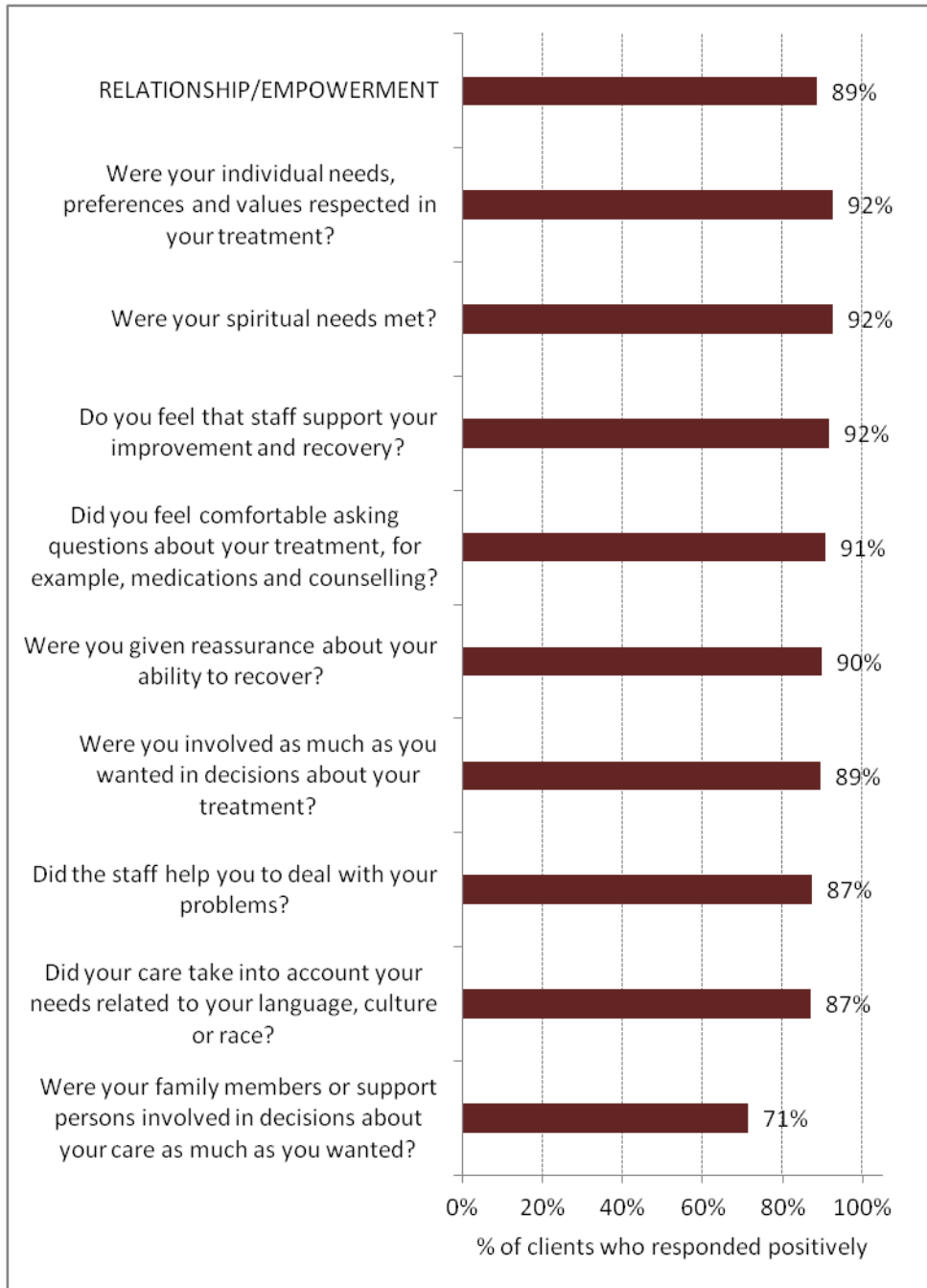
Figure 5.3: Relationship/Empowerment Dimension Ratings for B.C. and Health Authorities: Substance Use Subsector



Source: BCMHSU Patient/Client Experience of Care Survey Q6 - Q7, Q9, Q11, Q15, Q21 – Q23, Q26.

Most (92%) survey respondents, in the SU subsector, reported that their individual preferences and spiritual needs were respected and met in the treatment that they received (Figure 5.4). In addition, most participants (92%) also felt that staff supported their improvement and recovery. The lowest positive ratings (71%) reported by SU clients were for: “Were your family members or support persons involved in decisions about your care as much as you wanted?”

Figure 5.4: Relationship/Empowerment Dimension Ratings – Individual Questions: Substance Use Subsector

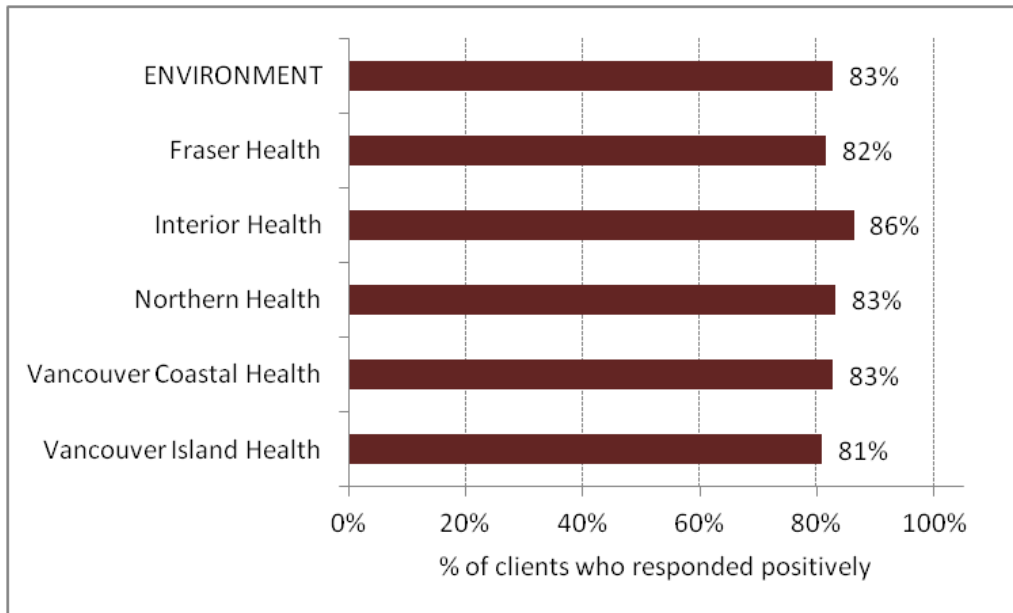


Source: BCMHSU Patient/Client Experience of Care Survey Q6 – Q7, Q9, Q11, Q15, Q21 – Q23, Q26.

5.2.2 Environment

The environment dimension includes various aspects of the facility environment, such as, cleanliness, personal safety, satisfaction with food, privacy and the availability of leisure activities, including equipment and supplies. The dimension is based on responses from five questions. Substance use subsector results for the province and the health authorities are presented in Figure 5.5. Respondents reported an 83% positive rating for the environment dimension.

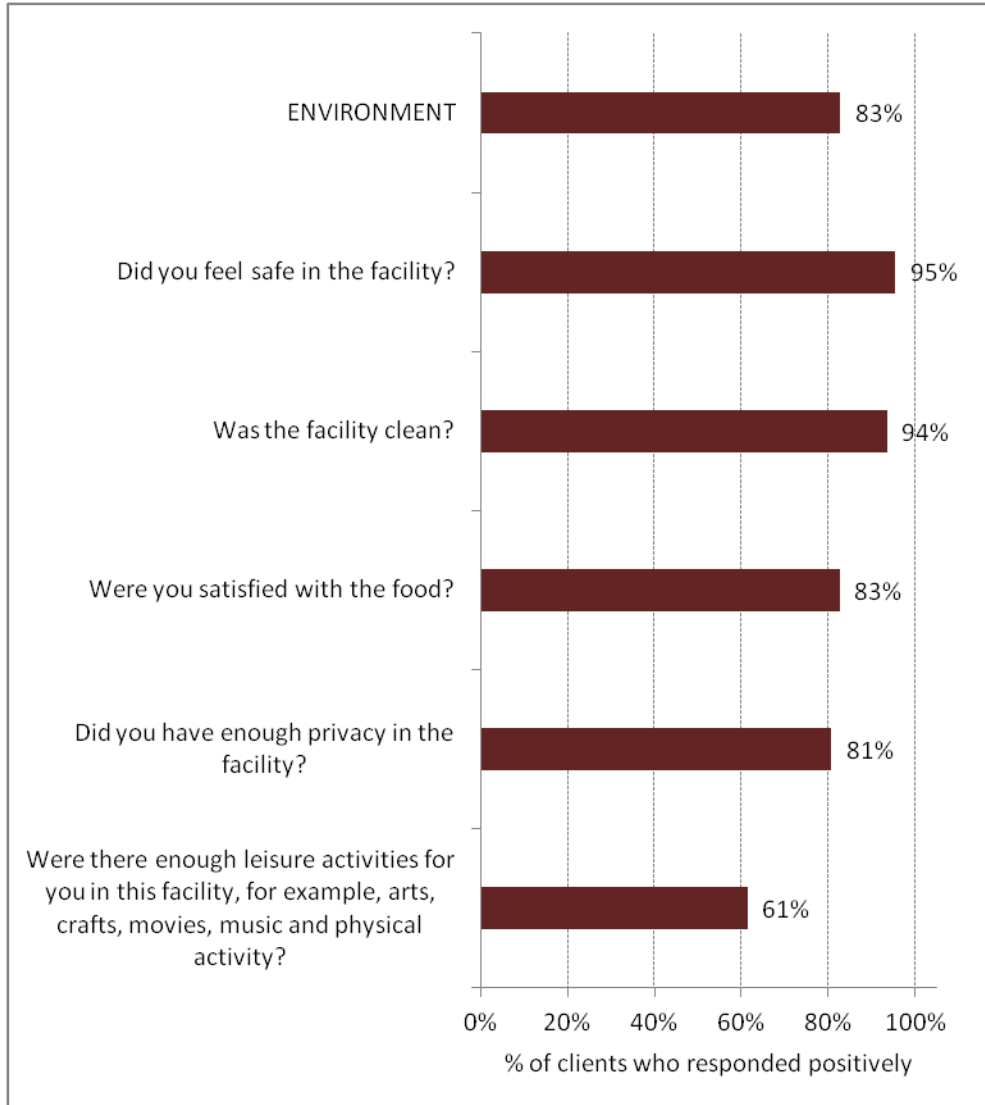
Figure 5.5: Environment Dimension Ratings for B.C. and Health Authorities: Substance Use Subsector



Source: BCMHSU Patient/Client Experience of Care Survey Q29 – Q33.

The ratings for the five questions that make up the environment dimension are presented in Figure 5.6. Facility cleanliness and client safety had very high and virtually identical per cent positive ratings, at around 95%. Most respondents also rated food satisfaction (83%) and privacy (81%) positively. The final item, adequacy and availability of leisure activities (e.g. arts, crafts, movies, music and physical activities), received the lowest per cent positive ratings (61%) by SU participants.

Figure 5.6: Environment Dimension Ratings – Individual Questions: Substance Use Subsector

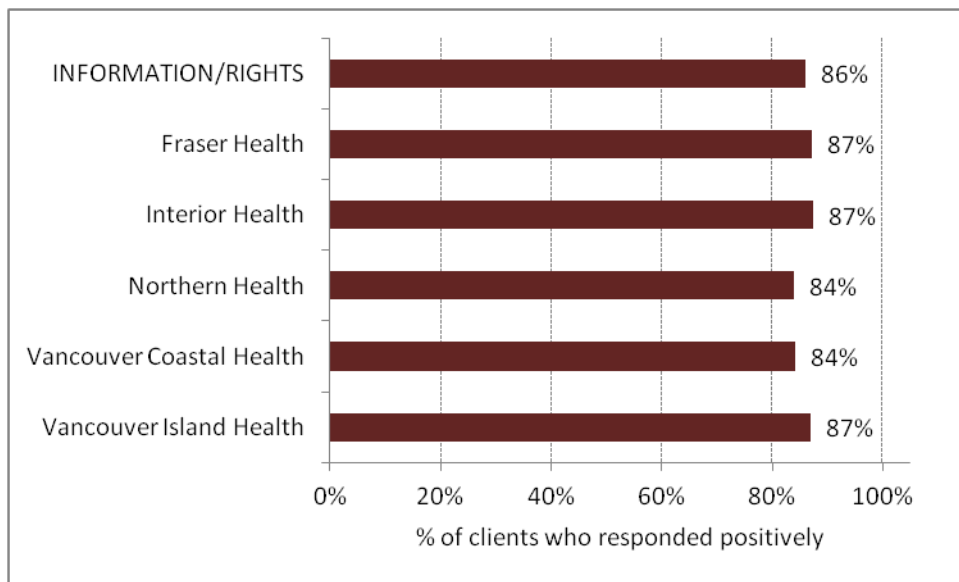


Source: BCMHSU Patient/Client Experience of Care Survey Q29 – Q33.

5.2.3 Information/Rights

Clients should be given information about the treatment that they are receiving, as well as the opportunity to ask questions, and obtain answers in a way that they can clearly understand. The items that comprise the information/rights dimension incorporate these issues, as well as several others. Ratings from SU clients who participated in the experience of care survey resulted in an 86% positive score for this dimension (Figure 5.7). There are no statistical differences and little variation between the provincial and health authority scores in this dimension.

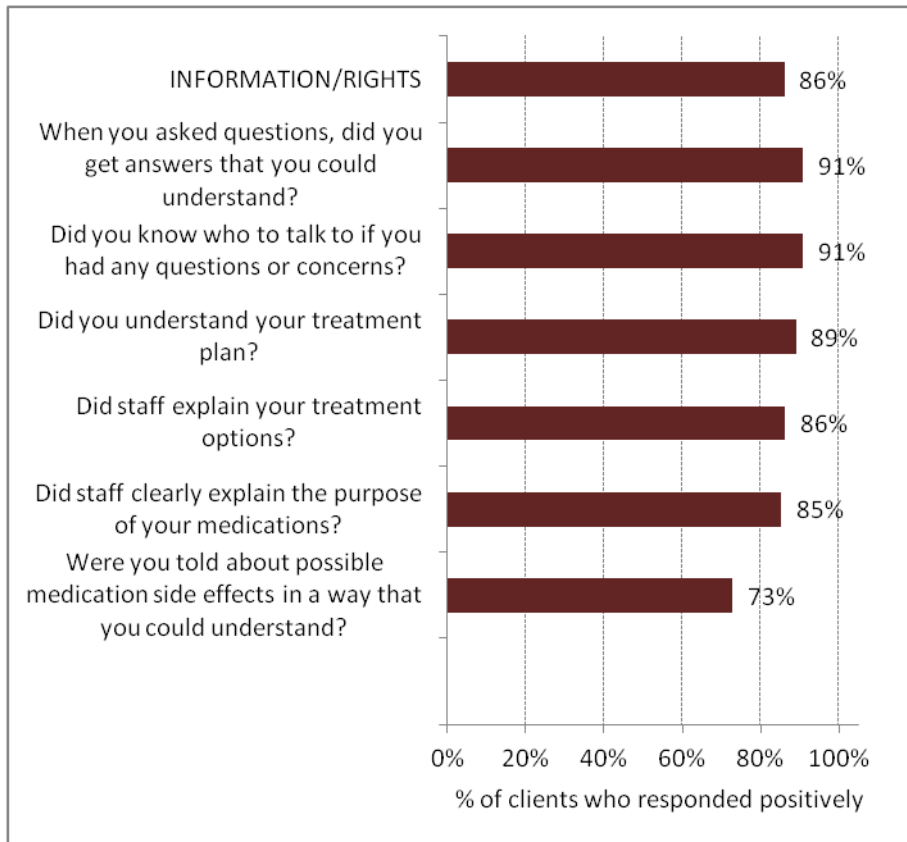
Figure 5.7: Information/Rights Dimension Ratings for B.C. and Health Authorities: Substance Use Subsector



Source: BCMHSU Patient/Client Experience of Care Survey Q10, Q12 – Q14, Q16, Q17.

In terms of information/rights, respondents who received care at a SU facility, reported that they knew who to talk to in case of questions or concerns (91%), and that they not only understood their treatment plans (89%), but that staff explained the treatment options that were available to them (86%); (Figure 5.8).

Figure 5.8: Information/Rights Dimension Ratings – Individual Questions: Substance Use Subsector



Source: BCMHSU Patient/Client Experience of Care Survey Q10, Q12 – Q14, Q16, Q17.

Note: Q28 omitted from provincial substance use subsector results.

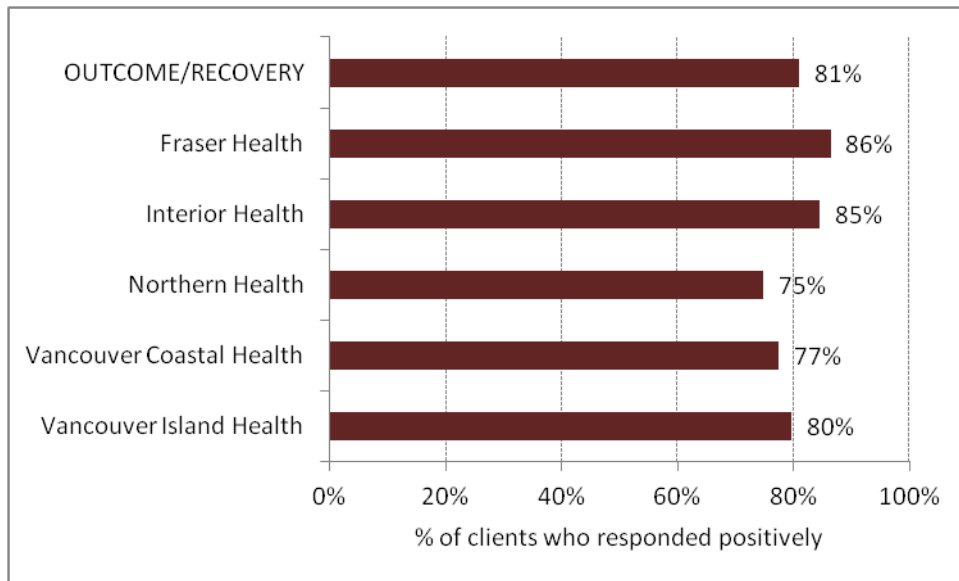
5.2.4 Outcome/Recovery

When clients leave a care facility, it is important that they feel their symptoms are improved and that they feel better equipped to deal with the difficulties associated with resuming day-to-day activities. The client outcome/recovery dimension includes four items. Per cent positive ratings for the province and the health authorities are shown in Figure 5.9.

Per cent positive ratings for FH (86%) were higher than the provincial score (81%), as respondents from this health authority reported strong positive ratings when asked “Do you feel better prepared to deal with daily problems?” (86%), “Do you feel more ready to participate in your work, school, or other usual activities?” (84%) and “Are your symptoms bothering you less?” (83%). NH participants (75%) reported lower per cent positive ratings (than the provincial score) for the same survey questions.

Fraser Health and Interior Health's scores for this dimension are statistically higher than the provincial average, while Northern Health and Vancouver Coastal Health's scores are lower.

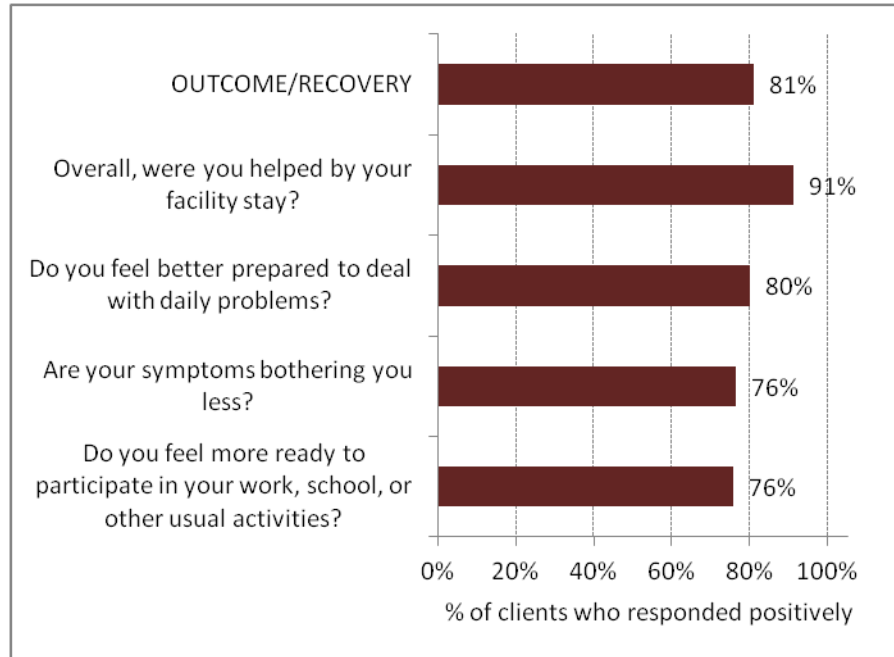
Figure 5.9: Outcome/Recovery Dimension Ratings for B.C. and Health Authorities: Substance Use Subsector



Source: BCMHSU Patient/Client Experience of Care Survey Q38 – Q41.

Responses to the four questions that make up the client outcome/recovery dimension, at the provincial level, are represented in Figure 5.10. Results show that item per cent positive ratings for this dimension varied from 91% positive for respondent ratings of helpfulness of facility stay, to 76% positive for decrease in symptoms bothering clients and readiness of participants to resume work, school and other routine activities.

Figure 5.10: Client Outcome/Recovery Dimension Ratings – Individual Questions: Substance Use Subsector



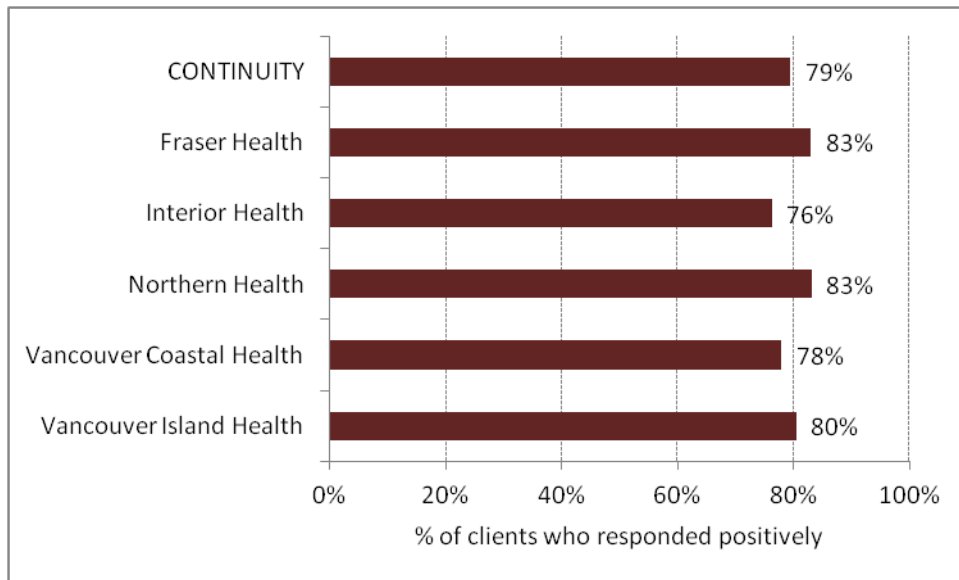
Source: BCMHSU Patient/Client Experience of Care Survey Q38 – Q41.

5.2.5 Continuity

This dimension of client-centered care relates to how prepared substance use clients are after they are discharged from the facility. Clients should be informed of their post-discharge treatment plan, and be told of additional services that are available, including support programs offered in their community. Further, as problems may arise after they have left the facility, clients need to be told whom to contact should assistance be necessary.

Survey respondent rated the continuity dimension as 79% positive (Figure 5.11). There are no statistical differences between the provincial and health authority scores in this dimension. Fraser Health's scores in this dimension are statistically higher than the provincial scores, while Interior Health's scores are lower.

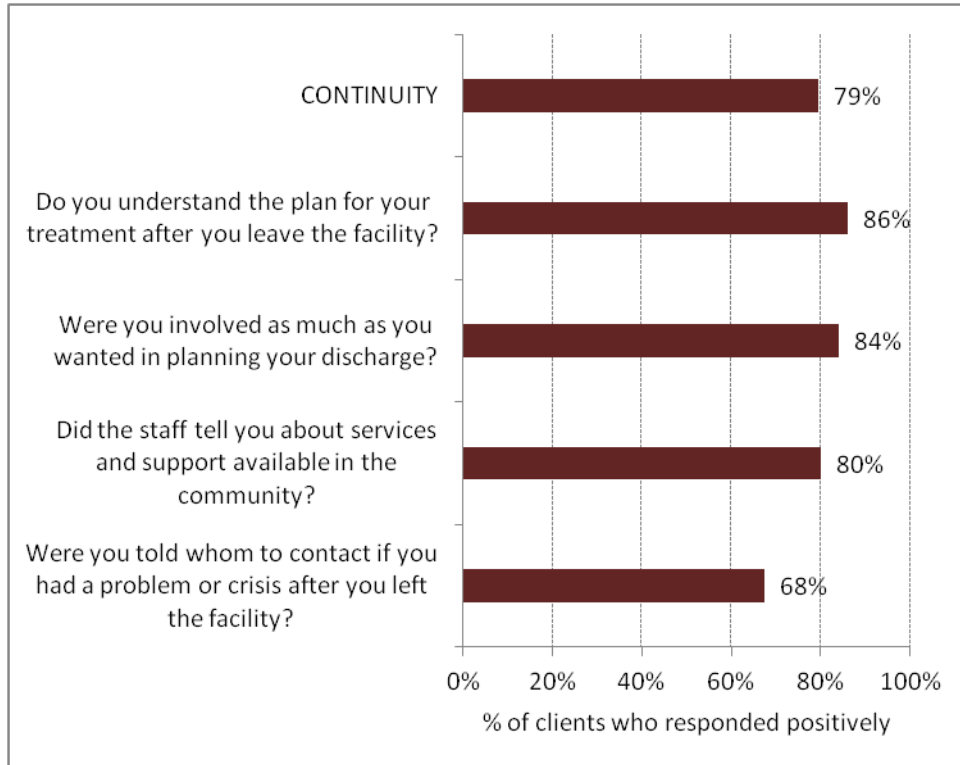
Figure 5.11: Continuity Dimension Ratings for B.C. and Health Authorities: Substance Use Subsector



Source: BCMHSU Patient/Client Experience of Care Survey Q34 – Q37.

Most clients indicated that they were both involved in their discharge planning, and that they understood the plan for their treatment after they left the facility (84% and 86% respectively); (Figure 5.12). More respondents (80%) provided positive ratings with respect to whether they were told about services and support available in their communities, than those that reported that they were told whom to contact in case of a problem or crisis after they left the facility (68%).

Figure 5.12: Continuity Dimension Ratings – Individual Questions: Substance Use Subsector

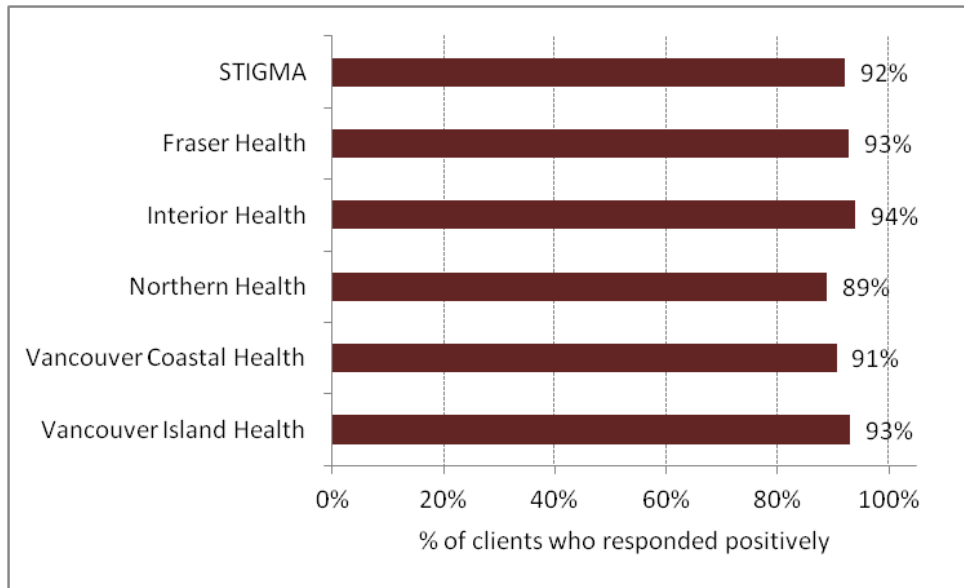


Source: BCMHSU Patient/Client Experience of Care Survey Q34 – Q37.

5.2.6 Stigma

The extent to which SU clients receive care, with the absence of judgment is a key element of delivering SU care and services through the patients' eyes. This was one of the highest rated dimensions of care identified by SU clients who participated in the survey (92%), second only to access to care (93%) – see Figure 5.13.

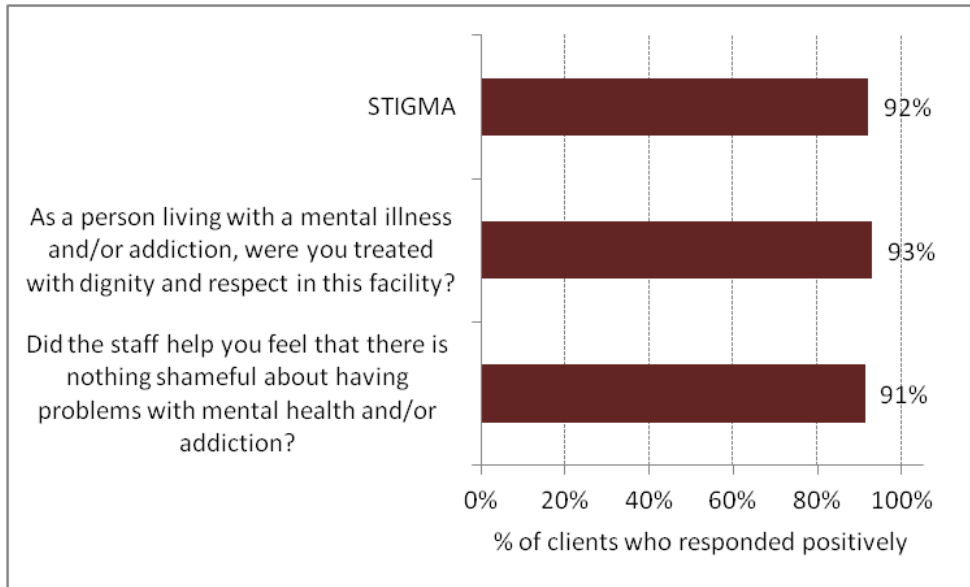
Figure 5.13: Stigma Dimension Ratings for B.C. and Health Authorities: Substance Use Subsector



Source: BCMHSU Patient/Client Experience of Care Survey Q24 – Q25.

The stigma composite score is measured by two indicators: “As a person living with a mental illness and/or addiction, were you treated with dignity and respect in this facility?”, and “Did the staff help you feel that there is nothing shameful about having problems with mental health and/or addiction?” The majority of respondents reported high per cent positive ratings for both survey questions (93% and 91% respectively) – see Figure 5.14.

Figure 5.14: Stigma Dimension Ratings – Individual Questions: Substance Use Subsector

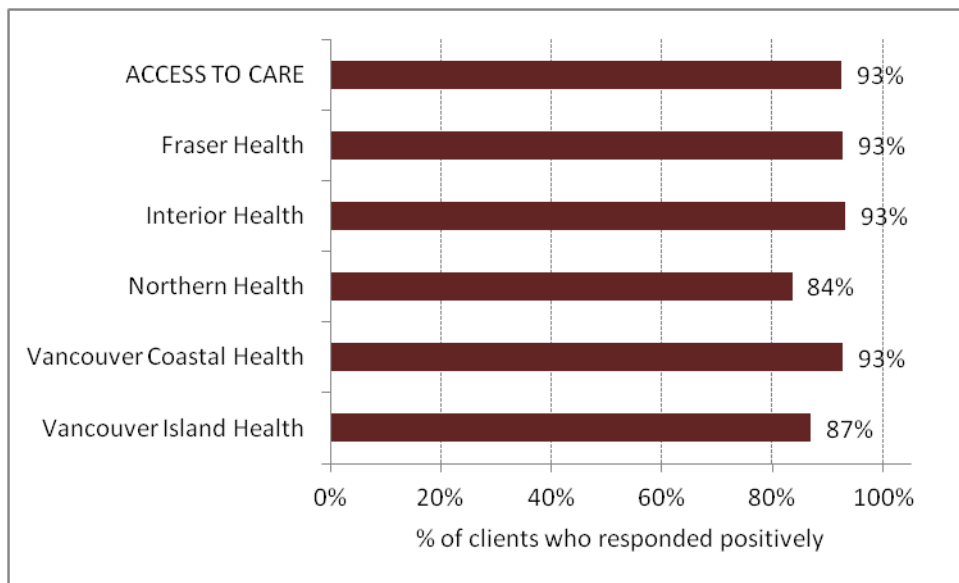


Source: BCMHSU Patient/Client Experience of Care Survey Q24 – Q25.

5.2.7 Access to Care

The access to care dimension, presented in Figure 5.15, captures respondent ratings of access to staff, doctors, as well as wait times to get a room, and facility intake processes for the province and individual health authorities. The provincial subsector score received the highest per cent positive rating out of all eight dimensions of client-centred care (93%). Northern Health and Vancouver Island Health Authority's client's rating on this dimension are statistically lower than the provincial average, while Interior Health's is higher.

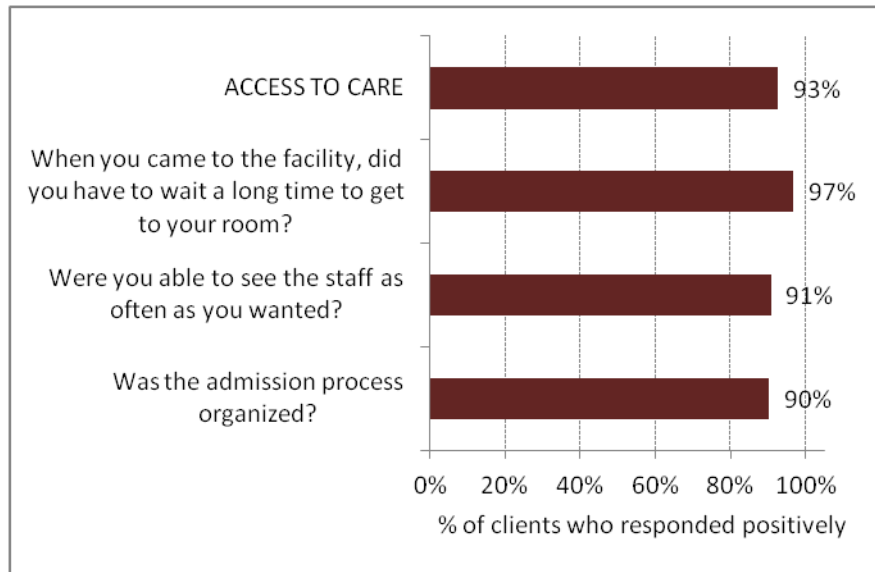
Figure 5.15: Access to Care Dimension Ratings for B.C. and Health Authorities: Substance Use Subsector



Source: BCMHSU Patient/Client Experience of Care Survey Q2 – Q3, Q5.

The results for the provincial subsector score and the three questions that comprise the client access to care dimension are shown in Figure 5.16. Respondents reported high per cent positive ratings for all three items (between 90% to 97%). The highest per cent positive rating (97%) was reported by participants when asked “When you came to the facility, did you have to wait a long time to get to your room?”

Figure 5.16: Access to Care Dimension Ratings – Individual Questions: Substance Use Subsector



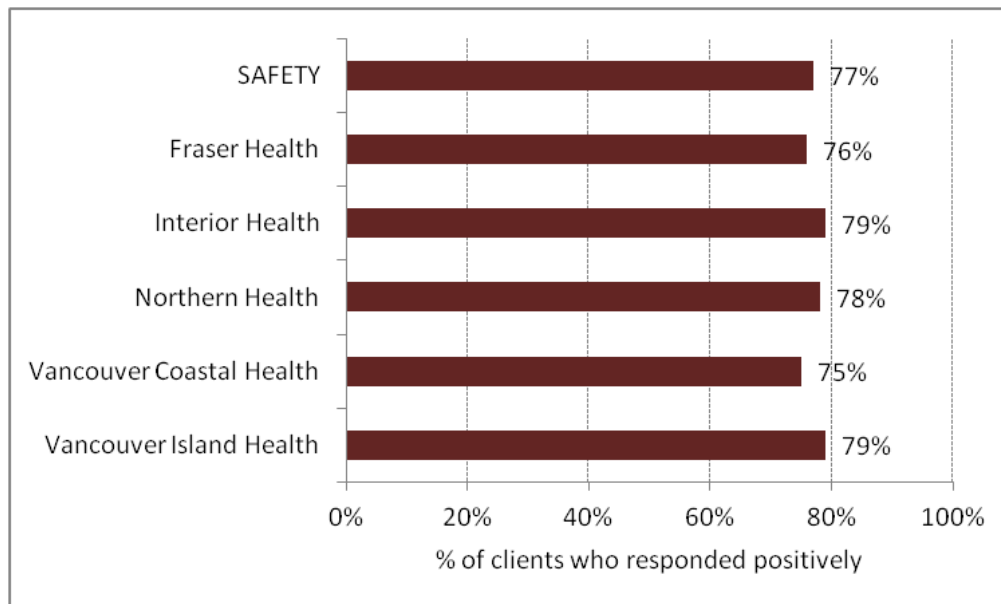
Source: BCMHSU Patient/Client Experience of Care Survey Q2 – Q3, Q5.

Note: Because care models and resources vary across health authorities, Substance Use clients receiving short-stay inpatient treatment may or may not have access to psychiatry services in all SU service locations. Accordingly, the results of Q4: “During your stay, were you able to see a psychiatrist as often as you wanted?” will be reported where these services are available (VIHA and NHA). There will be no results provided where these services are not provided (FHA, IHA, and VCHA). Results for this question will not be reported in province-level reports.

5.2.8 Client Safety

All SU clients have a reasonable expectation of safe, quality health care while receiving treatment at a facility. This dimension includes three questions, including whether clients or families believed they suffered personal injury or harm from a medical error or mistake, whether staff checked patient identification prior to administering medications, treatments, counseling and tests, and whether they observed staff washing their hands prior to client care. Figure 5.17 shows the provincial and health authority scores for the client safety dimension. SU clients reported a 77% positive score for the client safety dimension. There are no statistical differences and little variation between the provincial and health authority scores in this dimension.

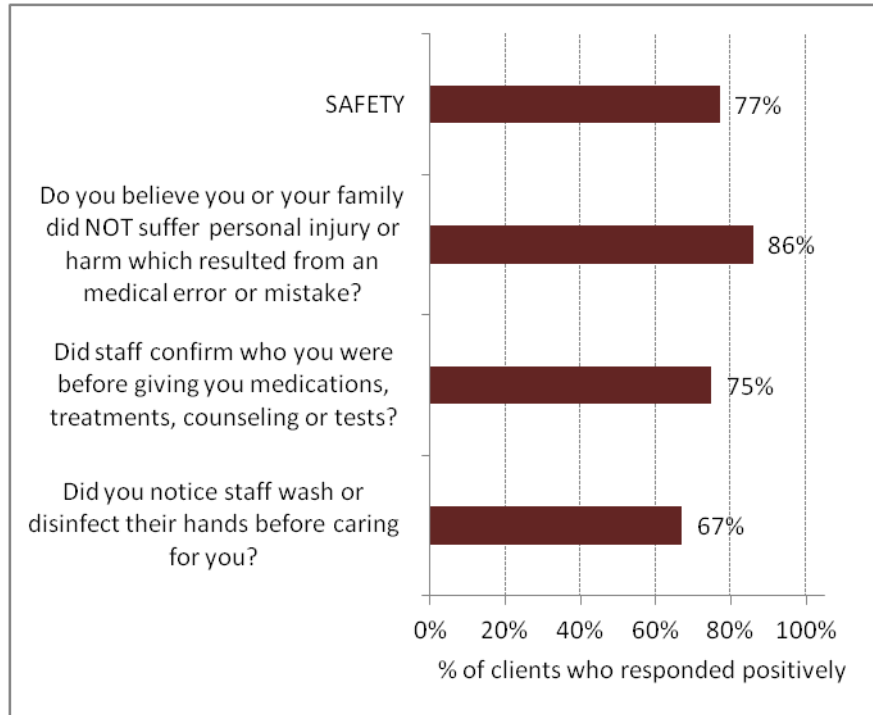
Figure 5.17: Client Safety Dimension Ratings for B.C. and Health Authorities: Substance Use Subsector



Source: BCMHSU Patient/Client Experience of Care Survey Q18 – Q20.

Per cent positive ratings for the questions making up the client safety dimension are presented in Figure 5.18. In response to the question of whether clients or families did not suffer personal injury or harm due to a medical error or mistake, 86% reported that neither they, nor their family members suffered personal injuries or harm due to a medical error/mistake. With respect to identification verification, 75% of respondents reported positive ratings, while 67% of respondents indicated observing hand washing procedures by site staff.

Figure 5.18: Client Safety Dimension Ratings – Individual Questions: Substance Use Subsector



Source: BCMHSU Patient/Client Experience of Care Survey Q18 – Q20.

5.3 Client Comments: Substance Use Subsector

The experience of care survey also included two open-ended questions. The first asked participants to list the most important change that could be made to the program, and the second asked if there was anything else that they would like to tell us about their stay. The results were grouped according to the categories used by B.C.'s Patient Care Quality Office. For the purposes of this report, results from the first open-ended question: "What is the most important change we could make to the program?" are presented in the following section.

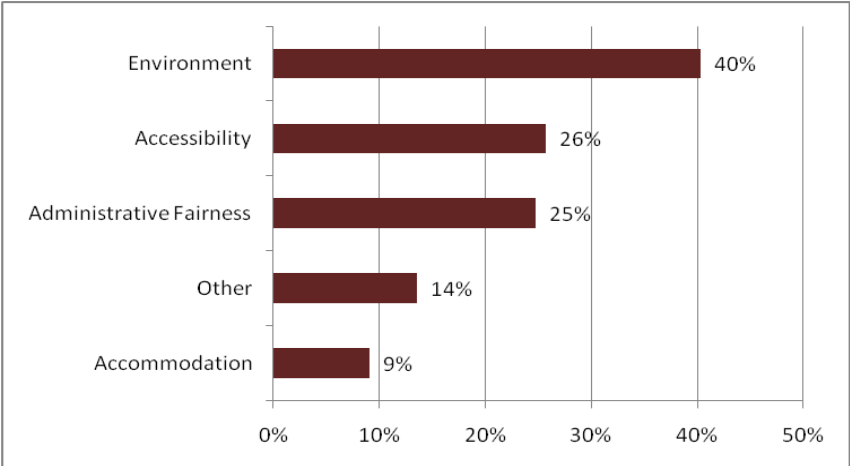
The results from open-ended questions are not positive responses. Rather, they are percentages for each category reported by SU clients. The categories with the most comments reported by SU clients, who completed the questionnaire, are shown in Figure 5.19. The most important changes fell into the environment (40%) and accessibility (26%) categories. The environment category also includes leisure activities, a specific area of care that clients reported lower per cent positive ratings for. Specifically, when asked "Were there enough leisure activities for you in this facility?" SU respondents gave a per cent positive rating of 61% (Figure 5.21). Substance use participants also reported that accommodation was an area where modifications could benefit the program. Accommodation includes comments related to placement, privacy and capacity.

"More physical activities, exercise, healthier food"

"Have more activity funding. Make the age out-of-range higher. I won't be allowed back after 22 years."

Administrative fairness was another category for improvement that was identified by SU respondents (25%). Comments related to administrative fairness include any issues related to the facility rules/procedures and provincial legislation. It should be noted that many of comments in this category were in reference to the need for regulation changes to permit smoking on facility premises.

Figure 5.19: Q51: What is the most important change we could make to the program?: Substance Use Subsector

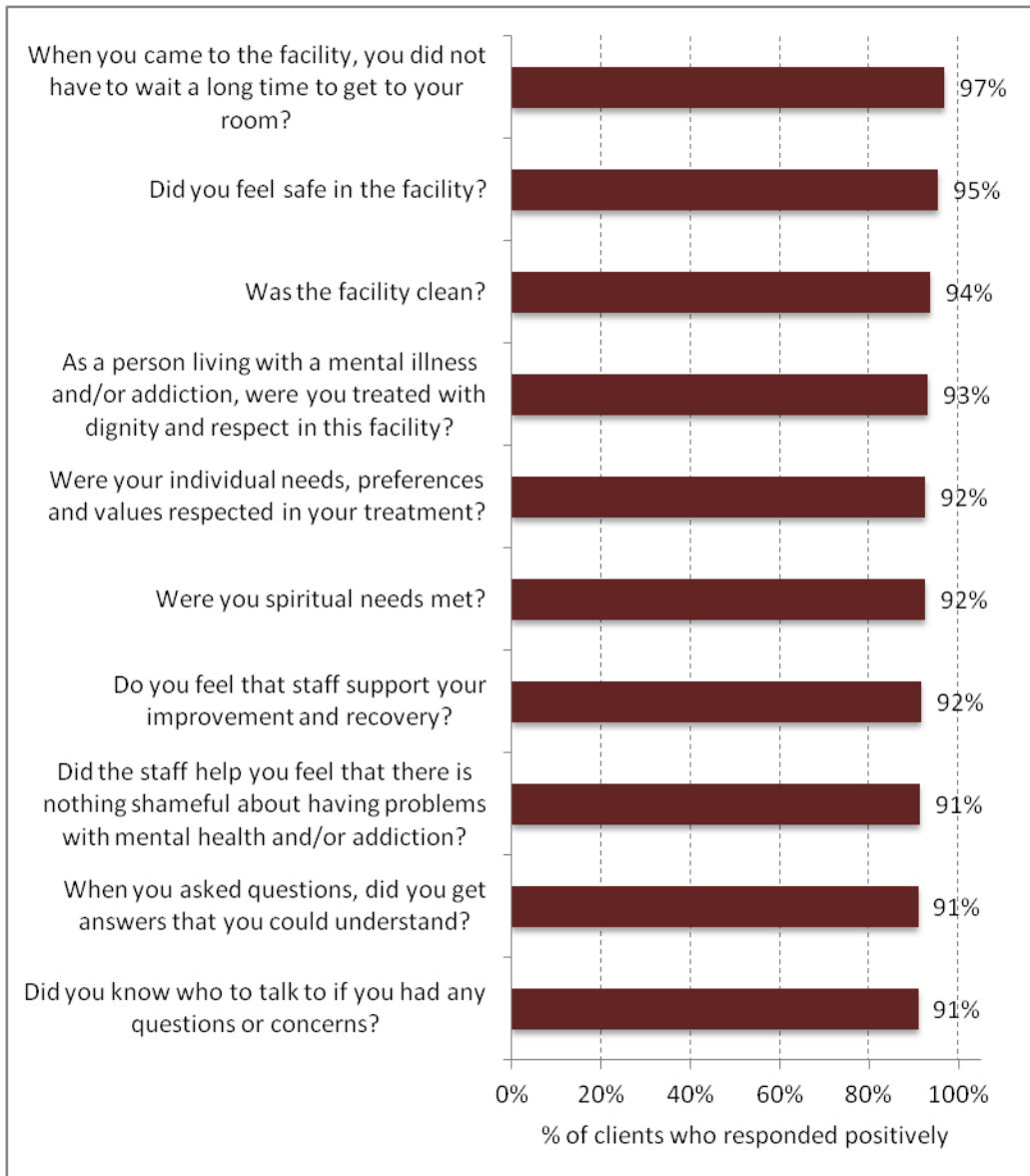


Source: BCMHSU Patient/Client Experience of Care Survey Q51.
 Note: The total percentage does not add up to 100% as each patient/client can make more than one type of comment.

5.4 Provincial Level Analysis: Top 10 Performing Items: Substance Use Subsector

Figure 5.20 lists the ten questions substance use patients, who completed the survey, rated with the highest per cent positive ratings. These items reflect areas that respondents saw as strengths.

Figure 5.20: Top 10 Performing Items: Substance Use Subsector

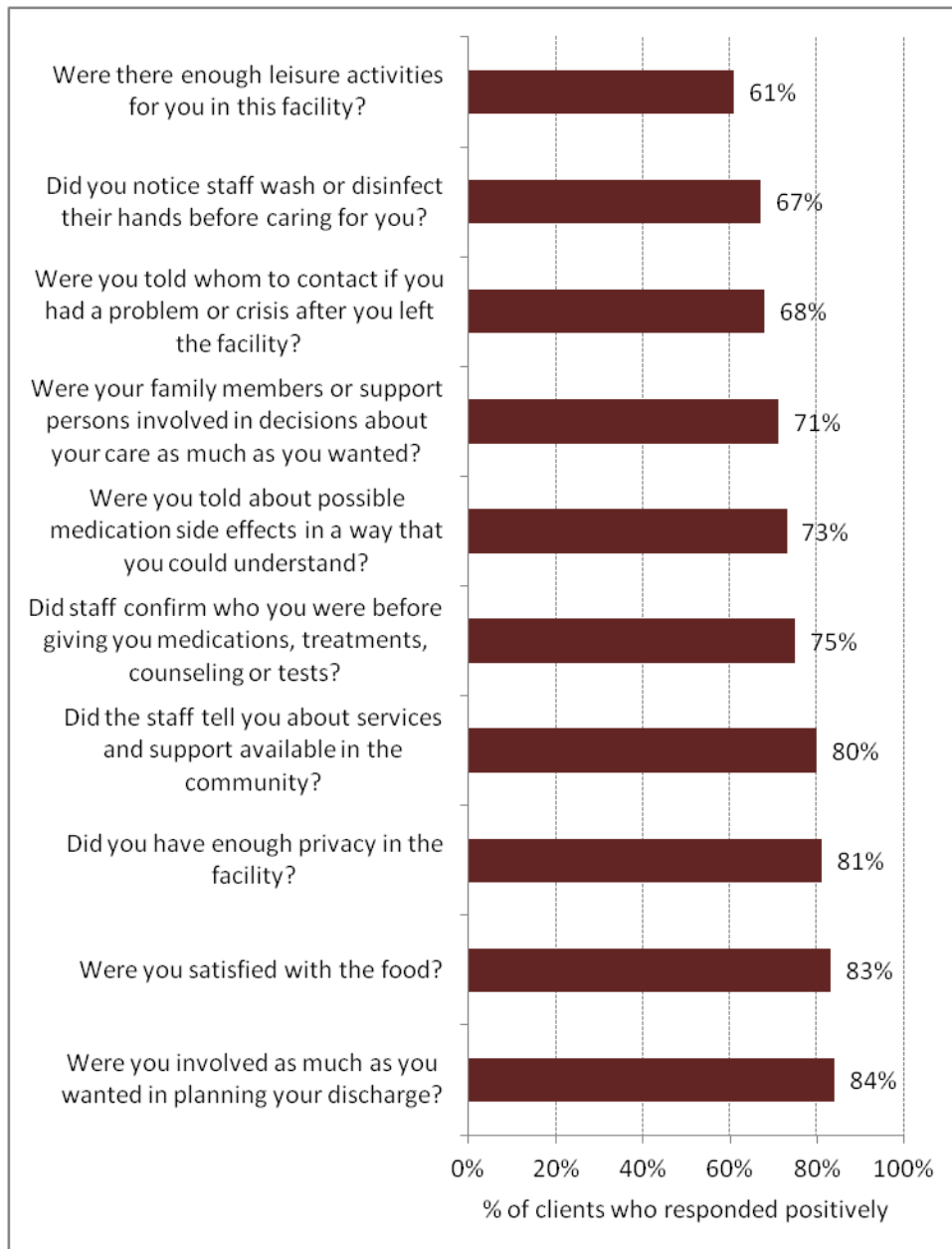


Source: BCMHSU Patient/Client Experience of Care Survey

5.5 Provincial Level Analysis: Bottom 10 Performing Items: Substance Use Subsector

Figure 5.21 lists the ten questions that clients, who completed the survey, rated with the lowest per cent positive ratings. These items reflect the areas that survey participants saw as the greatest opportunity for improvement.

Figure 5.21: Bottom 10 Performing Items – Substance Use Subsector



Source: BCMHSU Patient/Client Experience of Care Survey

5.6 Priority Areas: Substance Use Subsector

Figure 5.1 outlines priority areas for improvement. Priority areas are derived from a statistically calculated relationship between each question on the survey and patient ratings of their overall satisfaction with care and services received. The results, shown in Table 4.1, provide direction on what areas, in the eyes of SU patients, have the greatest opportunity for improving their overall satisfaction with the care and services they receive in SU service settings.

Table 5.1: Priority Areas: Substance Use Subsector

Priority Level	Survey Question	Importance (Correlation with Overall Satisfaction)	Performance (Top-Box Response Only)
Priority #1	Did the staff tell you about services and support available in the community?	0.43	55%
Priority #2	Were you involved as much as you wanted in planning your discharge?	0.40	57%
Priority #3	Did the staff help you deal with your problems?	0.50	59%
Priority #4	When you asked questions, did you get answers that you could understand?	0.42	60%
Priority #5	Did staff explain your treatment options?	0.41	61%

Source: BCMHSU Patient/Client Experience of Care Survey Q2-3, 5-7, 9-27, 29-37,

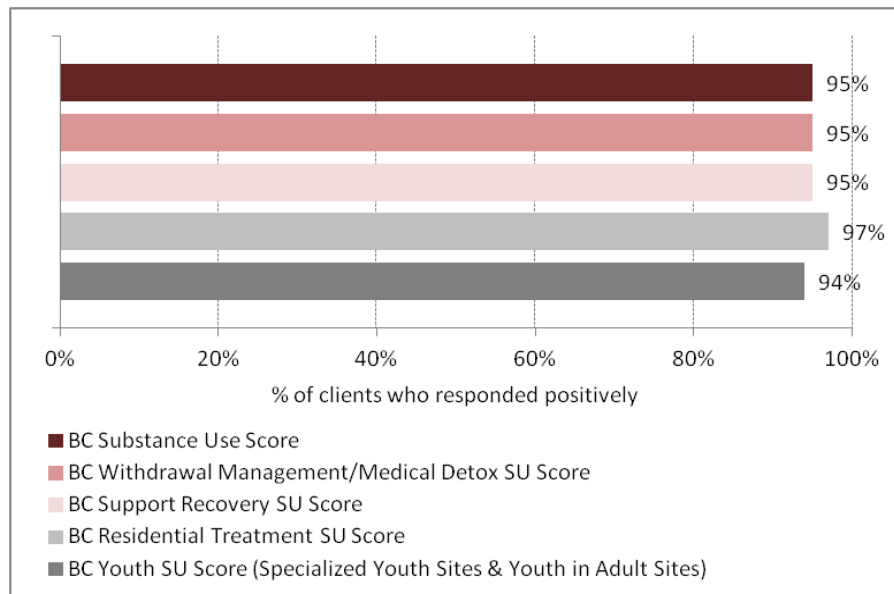
Note: The correlation coefficient (r) measures the direction and the strength of relationship between two variables, in this instance, between a survey item and overall satisfaction. The correlation coefficient ranges from -1.0 to +1.0. The higher the absolute value, the stronger the relationship is between variables (i.e., more important). A zero correlation coefficient implies that the survey item is not linearly related to overall satisfaction; not necessarily that there is no relationship at all.

5.7 B.C. Peer Groups: Substance Use Subsector

Substance use clients were asked “Overall, how would you rate the quality of care and services you received?” Figure 5.22 compares client responses based on location of service. Locations that provide similar services (based on service type and annual volume of patients served) are grouped together into four SU peer groups. Figure 5.22 shows the results of the overall quality of care question, presented as a per cent positive score, by peer group.

1. Support Recovery - Includes units/sites providing temporary residential, substance-free safe supportive environment for individuals who are experiencing drug and alcohol related problems through low to moderate, time-limited supports and services for clients. Programs generally range from 30-90 days.
 - i. Support Recovery sites/units discharging 1-99 (14 sites)
 - ii. Support Recovery sites/units discharging 100+ (5 units)
2. Withdrawal Management/Medical Detox - Includes units/sites providing treatment and support for adults going through the acute stages of withdrawal from alcohol or other drugs.
 - i. WMMD units/sites discharging from 1-499 (5 sites)
 - ii. WMMD units/sites discharging 500+ (5 sites)
3. Residential Treatment - Includes units/sites providing safe, structured substance-free settings, usually licensed under the *Community Care and Assisted Living Act* providing time-limited intensive treatment for individuals who are experiencing drug and/or alcohol related problems, and whose assessment indicates that they will be effectively served through intensive treatment. Programs generally range from 30-90 days.
 - i. Residential Treatment sites/units discharging 1-1199 (7 sites)
4. Youth - Includes units/site providing Substance Use services to youth population including service types delineated above.
 - i. Youth sites/units discharging 1-799 (6 sites)

Figure 5.22: Overall Quality of Care Rating for B.C. by Peer Groups: Substance Use Subsector



Source: BCMHSU Patient/Client Experience of Care Survey Q42: “Overall, how would you rate the quality of care and services you received?”

SECTION 6: SPECIAL FOCUS: INTEGRATED VS. MENTAL HEALTH AND SUBSTANCE USE SUBSECTORS

The British Columbia Ministry of Health takes an integrated approach in developing best practices for individuals and families that are affected by mental illness and substance disorders. In order to aid in the development of future evidence-based programs and services, which are specific to the population that utilizes them, this report examined the experiences of mental health patients and substance use clients separately. The intent was to focus on areas of care that each group identified based upon their experience at facilities throughout the province. Examining each subsector dimension score by province and health authority, followed by the items that comprise each dimension, identify not only areas of improvement, but areas where mental health and substance use care are excelling – areas that may not be the same for both subsectors; allowing for a more targeted initiative.

There was significant overlap amongst both subsectors in the top 10 performing items (Table 6.1) and the bottom 10 performing items (Table 6.2). For example, patients/clients in both subsectors who completed the survey reported high per cent positive ratings when asked “Was the facility clean?” (MH patients: 86%, SU clients 94%) and “Did you feel safe in the facility?” (MH patients: 85%, SU clients 95%).

Table 6.1: Top 10 Performing Items – Mental Health Subsector and Substance Use Subsectors

Mental Health Subsector		Substance Use Subsector	
Survey Questions	% Positive	Survey Questions	% Positive
Q31. Was the facility clean?	86%	Q3. When you came to the facility, you did not have to wait a long time to get to your room?	97%
Q5. Were you able to see the staff as often as you wanted?	86%	Q30. Did you feel safe in the facility?	95%
Q30. Did you feel safe in the facility?	85%	Q31. Was the facility clean?	94%
Q24. As a person living with a mental illness and/or addiction, were you treated with dignity and respect in this facility?	84%	Q24. As a person living with a mental illness and/or addiction, were you treated with dignity and respect in this facility?	93%
Q21. Do you feel that staff support your improvement and recovery?	82%	Q6. Were your individual needs, preferences and values respected in your treatment?	92%
Q12. When you asked questions, did you get answers that you could understand?	82%	Q9. Were your spiritual needs met?	92%
Q6. Were your individual needs, preferences and values respected in your treatment?	81%	Q21. Do you feel that staff supports your improvement and recovery?	92%
Q19. Do you believe you or your family did NOT suffer personal injury or harm from a medical error or mistake?	81%	Q25. Did the staff help you feel that there is nothing shameful about having problems with mental health and/or addiction?	91%
Q10. Did you know who to talk to if you had any questions or concerns?	81%	Q12. When you asked questions, did you get answers that you could understand?	91%
Q7. Did your care take into account your needs related to your language, culture or race?	81%	Q10. Did you know who to talk to if you had any questions or concerns?	91%

Note: Survey questions highlighted in blue represent items that overlap across both subsectors.

The bottom 10 performing items reflect areas that patients/clients see as the greatest opportunities for improvement, eight of the same survey questions were identified by MH patients and SU clients who completed the survey (Table 6.2).

Table 6.2: Bottom 10 Performing Items – Mental Health Subsector and Substance Use Subsectors

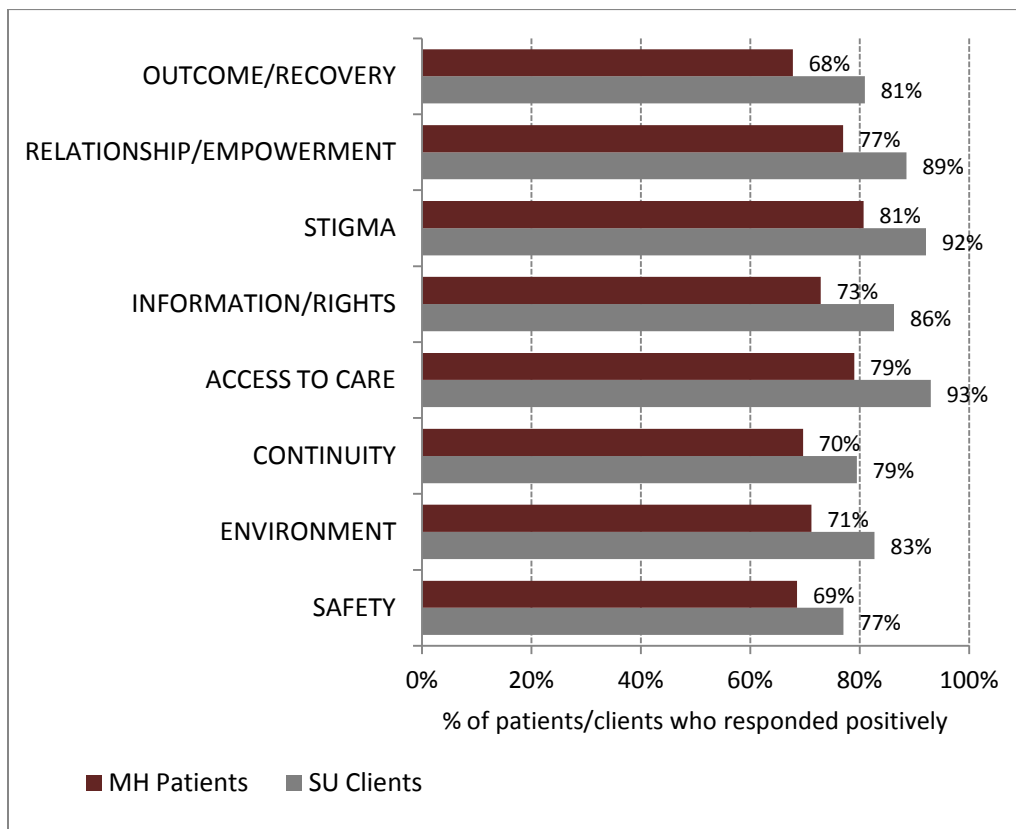
Mental Health Subsector		Substance Use Subsector	
Survey Questions	% Positive	Survey Questions	% Positive
Q20. Did you notice staff wash or disinfect their hands before caring for you?	53%	Q33. Were there enough leisure activities for you in this facility?	61%
Q32. Were you satisfied with the food?	55%	Q20. Did you notice staff wash or disinfect their hands before caring for you?	67%
Q28. Were your rights under the Mental Health Act explained in a way you could understand?	57%	Q36. Were you told whom to contact if you had a problem or crisis after you left the facility?	68%
Q33. Were there enough leisure activities for you in this facility?	59%	Q26. Were your family members or support persons involved in decisions about your care as much as you wanted?	71%
Q17. Were you told about possible medication side effects in a way that you could understand?	59%	Q17. Were you told about possible medication side effects in a way that you could understand?	73%
Q18. Did staff confirm who you were before giving you medications, treatments, counseling or tests?	65%	Q18. Did staff confirm who you were before giving you medications, treatments, counseling or tests?	75%
Q35. Did the staff tell you about services and support available in the community?	66%	Q35. Did the staff tell you about services and support available in the community?	80%
Q34. Were you involved as much as you wanted in planning your discharge?	68%	Q29 Did you have enough privacy in the facility?	81%
Q26. Were your family members or support persons involved in decisions about your care as much as you wanted?	69%	Q32. Were you satisfied with the food?	83%
Q36. Were you told whom to contact if you had a problem or crisis after you left the facility?	69%	Q34. Were you involved as much as you wanted in planning your discharge?	84%

Note: Survey questions highlighted in blue represent items that overlap across both subsectors.

As seen in Figure 6.1, all eight dimensions of care had exceptionally high per cent positive ratings. Respondents from both subsectors reported the highest per cent positive ratings for the access to care (MH patients: 79%, SU clients: 93%) and stigma (MH patients: 81%, SU clients: 92%) dimensions.

Of interest is the observation that the per cent positive ratings for SU participants are approximately 11% higher than for MH patients on average, per dimension. Additional analysis of the variance in responses between subsectors may be warranted.

Figure 6.1: Patient/Client Dimension Ratings for B.C.: Mental Health and Substance Use Subsectors

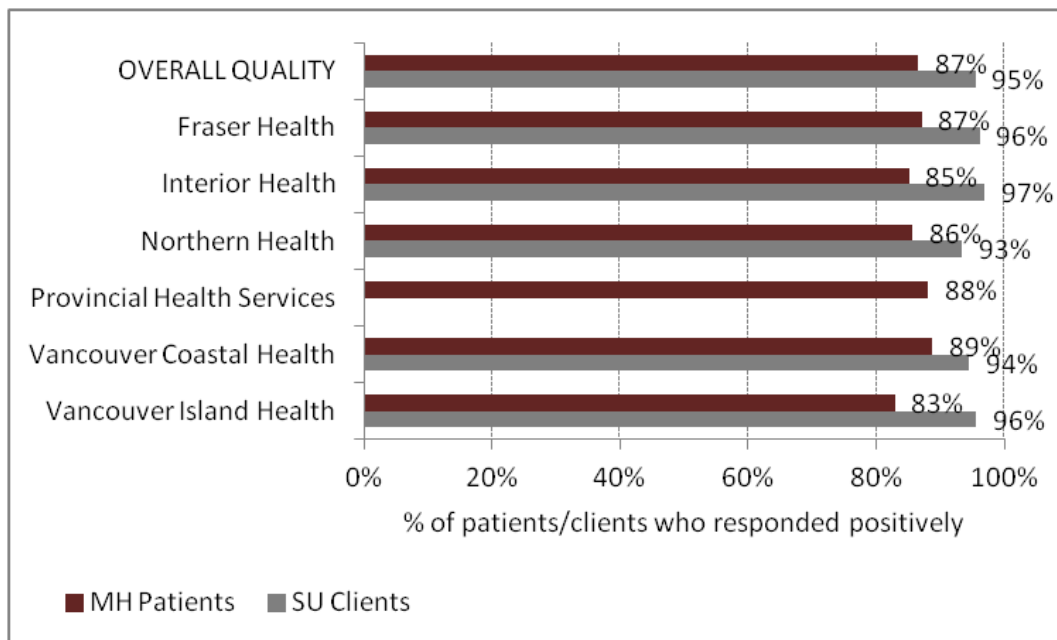


Source: BCMHSU Patient/Client Experience of Care Survey

SECTION 7: SUMMARY OF RESULTS

Patients/clients who participated in the 2010 B.C. Mental Health and Substance Use Short-Stay Experience of Care Survey reported a high per cent positive rating when asked to provide an overall quality rating about the care and services that they received during their stay. Most MH (87%) and SU (95%) respondents rated the quality of care they received as “good”, “very good” or excellent.

Figure 7.1: Overall Quality of Care Item for B.C. and Health Authorities: Mental Health and Substance Use Subsectors



Source: BCMHSU Patient/Client Experience of Care Survey

In order to get a more detailed understanding of patient/client experiences with mental health and substance use facilities, the survey was comprised of an additional 38 closed-ended questions that were grouped under eight dimensions of care that were based upon work by the Canadian Mental Health Consortium and the B.C. MHSU consultation group:

- Outcome/Recovery;
- Relationship/Empowerment;
- Stigma;
- Information/Rights;
- Access to Care;
- Continuity;
- Environment; and
- Client Safety

The stigma (87%) and access to care (85%) provincial composite scores received the highest per cent positive ratings. The stigma dimension includes the extent to which SU clients and MH patients received care, with the absence of judgment, based upon their illness, and is a key element of delivering care and services through the patients' eyes. Both dimensions were closely followed by the relationship/empowerment dimension, which received an 83% positive rating by respondents. Although, the lowest ratings were reported for client safety (73%), outcome/recovery (74%), and continuity (75%), composite scores for all dimensions were strong.

The aim of this report was to provide a snapshot of the experiences of the 6,615 respondents who received care at a mental health or substance use facility in B.C. between October 12, 2010 and April 11, 2011.

The analysis provided is a summary at the provincial and health authority level. MH units and SU sites that participated in the study will receive their own reports that will provide them with a more detailed account of patient/client responses, enabling units and corresponding facilities (where applicable) to introduce initiatives that will promote local level changes at the point of care and service.

In addition, reports have been produced at the program, health authority, health service delivery area, subsector, peer group and provincial level to help ensure that the data gathered through the experience of care survey can be utilized at all levels.

APPENDICES

APPENDIX A: List of Facilities/Units

Fraser Health

Abbotsford Regional Hospital & Cancer Centre - BAKER
Burnaby Hospital - Inpatient Psychiatric
Charlford House Society for Women
Chilliwack General Hospital – Inpatient Psychiatric
Creekside Withdrawal Management Centre
Hannah House (Innervisions Recovery Society)
Innervisions Recovery Society
Kingshaven Treatment Centre (Kingshaven Peardonville House Society)
Langley Memorial Hospital – Inpatient Psychiatric
Last Door for Youth Recovery Society
Last Door Recovery Centre - Adults
Maple Ridge Treatment Centre
Peace Arch Hospital - Inpatient Psychiatric
Peardonville House (Kingshaven Peardonville House Society)
Phoenix Drug and Alcohol Recovery and Education Society
Ridge Meadows Hospital & Health Centre - Antalek Family Psychiatric
Royal Columbian Hospital – Inpatient Psychiatric SP1
Royal Columbian Hospital – Inpatient Psychiatric SP2
Path to Freedom Drug and Alcohol Treatment Centre
Valley House (Kingshaven Peardonville House Society)
Mollie's Place (Kingshaven Peardonville House Society)
Ellendale (Elizabeth Fry Society of Greater Vancouver)
Surrey Memorial Hospital - Inpatient Psychiatric
Surrey Memorial Hospital – Adolescent Psychiatric
Westminster House Recovery Centre for Women

Interior Health

Crossroads Treatment Centre
Crossroads Withdrawal Management
East Kootenay Boundary Regional Hospital - IPU
Kelowna General Hospital - McNair Unit
Kootenay Boundary Regional Hospital - Daly Pavilion
Penticton Regional Hospital - IPU
Phoenix Centre Withdrawal Management
Round Lake Treatment Centre
Royal Inland Hospital - 1S
Vernon Jubilee Hospital - IPU

Vancouver Coastal Health

Central City Lodge
Chrysalis Society
Family Services of Greater Vancouver Youth Detox
Homestead Salvation Army
Lions Gate Hospital - A2 Psychiatry
Mount St. Joseph Hospital - M1S
Pacifica Centre
Peak House
PLEA Youth Detox Family Care Homes and Youth Support Recovery
Powell River General Hospital
Richmond Hospital - Psychiatric Emergency Unit
Richmond Hospital - R2W Psychiatry
St. Mary's Hospital
St. Paul's Hospital - PASU 2E
St. Paul's Hospital - 2N
St. Paul's Hospital - 4N/W
St. Paul's Hospital - 8C
St. Paul's Hospital - 9A
Together We Can
Turning Point Recovery Society (Richmond)
Turning Point Recovery Society (Vancouver)
UBC Hospital - Detwiller 1E - Mood Disorders
Vancouver Detox
VGH-HC East 1 - General Psychiatry and Early Psychosis Intervention
VGH-HC East 2 Brief Intervention Unit
VGH-HC West 1 General Psychiatry and Concurrent Disorders
Intervention Unit
VGH-Jim Pattison North Psychiatric Assessment Unit
Harbour Light Salvation Army

Northern Health

Dawson Creek and District Hospital - Adult Psych Program
G R Baker Memorial Hospital - QUESST
Mills Memorial Hospital - Adult Psychiatric Program
Nechako Centre (UHNBC) - Adult Withdrawal Management Unit (Detox)
Nechako Youth Treatment Centre
University Hospital of Northern B.C. - Adolescent Psychiatric
Assessment Unit
University Hospital of Northern B.C. - Adult Psychiatric Program

Vancouver Island Health Authority

Clearview

Comox Valley Recovery Centre

Cowichan District Hospital in Duncan- 4S

Nanaimo Regional General Hospital

New Beginnings (North Island Crisis & Counseling Centre Society)

Queen Alexandra Centre for Children's Health, Ledger Unit

Royal Jubilee Hospital - STABI, 30 day stabilization unit

Royal Jubilee Hospital - Eric Martin Pavilion - EM3A

Royal Jubilee Hospital - Eric Martin Pavilion - EM3B

Royal Jubilee Hospital - Eric Martin Pavilion - EM4B

Royal Jubilee Hospital - Eric Martin Pavilion - EM5A

Royal Jubilee Hospital - Memorial Pavilion KEN2 Kenning

Royal Jubilee-Psychiatric Emergency Service Short-Stay beds P1-4

Second Chance Recovery House (North Island Support Recovery Society)

St. Joseph's General Hospital

The Grove

Provincial Health Services Authority

Aurora Centre

B.C. Children's Hospital - Adolescent Inpatient Unit (P2)

B.C. Children's Hospital - CAPE Child & Adolescent Psychiatric Emergency

B.C. Children's Hospital - Eating Disorders Program

APPENDIX B: BCMHSU Experience of Care Questionnaire

Your visit to our facility...

Please fill in the circle that best reflects your opinions about your recent stay in this facility. Please mark only one circle for each question unless otherwise requested. You may write any comments you have in the space provided at the end of the survey.

Accessing the facility and staff...

1. **Did you come to the facility through the emergency department?**
 - Yes
 - No
2. **Was the admission process organized?**
 - Not at all
 - Somewhat
 - For the most part
 - Definitely
3. **When you came to the facility, did you have to wait a long time to get to your room?**
 - Not at all
 - Somewhat
 - For the most part
 - Definitely
4. **During your stay, were you able to see a psychiatrist as often as you wanted?**
 - Never
 - Sometimes
 - Usually
 - Always
 - I did not need to see a psychiatrist
 - Not applicable
5. **Were you able to see the staff as often as you wanted?**
 - Never
 - Sometimes
 - Usually
 - Always

Participating in your treatment...

6. **Were your individual needs, preferences and values respected in your treatment?**
 - Never
 - Sometimes
 - Usually
 - Always
7. **Did your care take into account your needs related to your language, culture or race?**
 - Never
 - Sometimes
 - Usually
 - Always
 - Not applicable
8. **Do you feel your spiritual needs are an important part of your overall care?**
 - Yes (Go to question #9)
 - No (Go to question #10)
 - Not Applicable (Go to question #10)
9. **Were your spiritual needs met?**
 - Yes, Completely
 - Yes, Somewhat
 - No
 - I did not want spiritual care
10. **Did you know who to talk to if you had any questions or concerns?**
 - Not at all
 - Somewhat
 - For the most part
 - Definitely

11. **Did you feel comfortable asking questions about your treatment, for example, medications and counselling?**

- Never
- Sometimes
- Usually
- Always

12. **When you asked questions, did you get answers that you could understand?**

- Never
- Sometimes
- Usually
- Always

13. **Did staff explain your treatment options?**

- Not at all
- Somewhat
- For the most part
- Definitely
- Treatment options not explained

14. **Did you understand your treatment plan?**

- Never
- Sometimes
- Usually
- Always

15. **Were you involved as much as you wanted in decisions about your treatment?**

- Never
- Sometimes
- Usually
- Always
- Someone else makes my decisions for me

16. **Did staff clearly explain the purpose of your medications?**

- Never
- Sometimes
- Usually
- Always
- I have not been prescribed medication

17. **Were you told about possible medication side effects in a way that you could understand?**

- Never
- Sometimes
- Usually
- Always
- I have not been prescribed medication

18. **Did staff confirm who you were before giving you medications, treatments, counseling or tests?**

- Yes, always
- Yes, sometimes
- No
- I do not know

19. **During your most recent inpatient stay, do you believe you or your family members suffered personal injury or harm which resulted from a medical error or mistake?**

- Yes
- No
- I don't know

20. **Did you notice staff wash or disinfect their hands before caring for you?**

- Yes, always
- Yes, sometimes
- Never
- I did not notice
- I could not see any facilities for washing/disinfecting hands

21. **Do you feel that staff support your improvement and recovery?**

- Never
- Sometimes
- Usually
- Always

22. **Were you given reassurance about your ability to recover?**

- Never
- Sometimes
- Usually
- Always

23. **Did the staff help you to deal with your problems?**

- Never
- Sometimes
- Usually
- Always

24. **As a person living with a mental illness and/or addiction, were you treated with dignity and respect in this facility?**

- Never
- Sometimes
- Usually
- Always

25. **Did the staff help you feel that there is nothing shameful about having problems with mental health and/or addiction?**

- Never
- Sometimes
- Usually
- Always

26. **Were your family members or support persons involved in decisions about your care as much as you wanted?**

- Not at all
- Somewhat
- For the most part
- Definitely
- I did not wish them to be involved
- I did not have family or support persons to be involved

27. **Were you involuntarily committed under the Mental Health Act?**

- Yes (Go to question #28)
- No (Go to question #29)
- Do not know (Go to question #29)

28. **Were your rights under the Mental Health Act explained in a way you could understand?**

- Not at all
- Somewhat
- For the most part
- Definitely
- Rights not explained

In this facility...

29. **Did you have enough privacy in the facility?**

- Never
- Sometimes
- Usually
- Always

30. **Did you feel safe in the facility?**

- Never
- Sometimes
- Usually
- Always

31. **Was the facility clean?**

- Never
- Sometimes
- Usually
- Always

32. **Were you satisfied with the food?**

- Never
- Sometimes
- Usually
- Always

33. **Were there enough leisure activities for you in this facility, for example, arts, crafts, movies, music and physical activity?**

- Never
- Sometimes
- Usually
- Always

Preparing for discharge...

34. Were you involved as much as you wanted in planning your discharge?

- Not at all
- Somewhat
- For the most part
- Definitely

35. Did the staff tell you about services and support available in the community?

- Not at all
- Somewhat
- For the most part
- Definitely

36. Were you told whom to contact if you had a problem or crisis after you left the facility?

- Yes
- No
- I do not know

37. Do you understand the plan for your treatment after you leave the facility?

- Not at all
- Somewhat
- For the most part
- Definitely

As a result of your stay...

38. Do you feel better prepared to deal with daily problems?

- Not at all
- Somewhat
- For the most part
- Definitely

39. Do you feel more ready to participate in your work, school, or other usual activities?

- Not at all
- Somewhat
- For the most part
- Definitely

40. Are your symptoms bothering you less?

- Not at all
- Somewhat
- For the most part
- Definitely

41. Overall, were you helped by your facility stay?

- Not at all
- Somewhat
- For the most part
- Definitely

42. Overall, how would you rate the quality of care and services you received?

- Poor
- Fair
- Good
- Very Good
- Excellent

About you...

43. What is your gender?

- Male
- Female
- Other → Please specify:

44. In what year were you born?

Example:

1	9		
1	9	6	2

45. The following question will help us to better understand the communities that we serve. Which of the following groups do you consider yourself to be a part of? (Please select as many as you wish.)

- White
- Aboriginal (e.g., North American Indian, Métis, Inuit)
- Arab/West Asian
- Black (e.g., African, Haitian, Jamaican, Somali)
- Chinese
- Filipino
- Latin American
- Japanese
- Korean
- South Asian
- Southeast Asian
- Other → Please specify: _____
- None

46. What were you told is your diagnosis? (Please mark all that apply.)

- Anxiety Disorder (e.g., Post Traumatic Stress, Obsessive Compulsive)
- Cognitive Disorder (e.g., Delirium, Dementia, Alzheimer's Disease)
- Mood Disorder (e.g., Depression, Bipolar)
- Psychotic Disorder (e.g., Schizophrenia)
- Eating Disorder (e.g., Anorexia, Bulimia)
- Personality Disorder (e.g., Borderline Personality Disorder)
- Substance Related Disorder (e.g., Drug or Alcohol Dependence)
- Other → Please specify: _____
- Do not know/Unsure
- I do not wish to answer

47. What living situation are you going to?

- Living with family or spouse
- Living alone in a private home, apartment or room without support
- Living alone in a private home, apartment or room with support (home or community living support)
- Mental health residential care facility (24 hour on-site care)
- Addictions facility (residential treatment or support recovery)
- Group Home for children and youth
- Foster Care
- Supported Housing
- Emergency Shelter
- Homeless
- Other → Please specify: _____

48. Do you have a regular family physician/ general practitioner who you see when you have health problems?

- Yes
- No

49. In general, how would you rate your physical health?

- Poor
- Fair
- Good
- Very Good
- Excellent

50. In general, how would you rate your mental health?

- Poor
- Fair
- Good
- Very Good
- Excellent

51. What is the most important change we could make to the program?

52. Is there anything else you would like to tell us about your stay? All responses are confidential. Please do not provide personal information such as your name or telephone number in your comment.

When you have finished completing the questionnaire, put it in the enclosed envelope and notify staff you have completed it so you can obtain your \$5 Safeway gift card or a \$5 Telus Prepaid phone card. Then, put the envelope in the drop box located in your facility (see staff for location). The questionnaire may also be returned by placing it in the enclosed, pre-paid envelope addressed to R.A. Malatest & Associates Ltd., 858 Pandora Ave, Victoria BC V8W 1P4 and dropping it in a Canada Post mail box.

**Thank you for taking the time to complete this survey!
Your feedback will be used to improve how we provide care**

If you would like to make a formal complaint regarding the quality of care that you have received, please contact _____ Health Authority's Patient Care Quality Office at _____.

You may remove this page from the survey and keep it for your information.

Insert applicable HA above

Fraser Health

Telephone: 1 877-880-8823

Interior Health

Telephone: 1 877-IHA-2001 or 1 877-442-2001

Northern Health

Telephone: 1 877-677-7715

Provincial Health Services Authority

Telephone: 1 888-875-3256

Vancouver Coastal Health

Telephone: 1 877-993-9199

Vancouver Island Health Authority

Telephone: 1 877-977-5797

APPENDIX C: Survey Methodology

Statistical Accuracy of Results

In order to help ensure that the respondents to the experience of care questionnaire were representative of the short-stay patients and clients in B.C., it was imperative that a sound sampling strategy, a validated questionnaire, and appropriate data processing techniques were employed throughout the survey process. One such indicator of survey accuracy is the sample size which is used to make statistical inferences about the larger population.

A census sampling approach was used in this study. At this level, the survey had a $\pm 1.2\%$ margin of error at the 95 per cent confidence level, thus the results are accurate within + or – 1.2%, 19 times out of 20. The margin of error for both the mental health subsector ($\pm 1.7\%$) and substance use subsector ($\pm 1.7\%$) was the same.

Response Rates

The overall response rate to the experience of care survey was 65%. Table A1 below shows the response rate for each respective health authority.

Table A1: Response Rate by Health Authority

	Completions (All Survey Modes)	Response Rate
B.C. MH & SU TOTAL	6,615	65%
B.C. Mental Health Subtotal	3,292	60%
B.C. Substance Use Subtotal	3,323	70%
FHA MH & SU TOTAL	1,654	63%
Mental Health	971	58%
Substance Use	683	72%
IHA MH & SU TOTAL	1,181	74%
Mental Health	560	63%
Substance Use	621	87%
NHA MH & SU TOTAL	589	71%
Mental Health	339	75%
Substance Use	250	67%
PHSA MH & SU TOTAL	93	46%
Mental Health	71	40%
Substance Use	22	79%
VCHA MH & SU TOTAL	1,994	60%
Mental Health	956	60%
Substance Use	1,038	61%
VIHA MH & SU TOTAL	1,104	66%
Mental Health	395	57%
Substance Use	709	72%

Explanations of Terms

MH = Mental Health Facility/Unit, *SU* = Substance Use Facility/Unit.

Completions (All Survey Modes): All questionnaires returned, regardless of method, with at least one valid answer.

Response Rate: The percentage of the valid sample who returned a completed survey.

Sample Characteristics

Additional information on sample characteristics collected in the survey is provided below. Please note that although 6,615 mental health patients and substance use clients completed the questionnaire, not all respondents chose to answer every question. A larger proportion of men than women completed the survey; this was particularly true for substance use facilities (Table A2).

Gender

Table A2: Gender Structure of Survey Respondents

	MH Patients	SU Clients	Total
Male	48.0%	64.4%	56.3%
Female	51.5%	35.2%	43.2%
Other, please specify:	0.5%	0.4%	0.5%

Living Situation

Table A3: Living Situation of Survey Respondents (after treatment)

	MH Patients	SU Clients
Living with family or spouse	45.6%	32.5%
Homeless	1.8%	4.9%
Living alone in a private home, apartment or room without support	20.8%	16.6%
Living alone in a private home, apartment or room with support	10.1%	10.3%
Mental health residential care facility (24 hour on-site care)	4.2%	1.0%
Addictions facility (residential treatment or support recovery)	2.6%	18.2%
Group Home for children and youth	0.8%	0.5%
Foster Care	0.7%	0.2%
Supported Housing	3.7%	6.2%
Emergency Shelter	1.7%	4.2%
Other	6.2%	8.5%
Total	3,291	3,322

Ethnicity

Table A4: Ethnicity of Survey Respondents

	MH Patients	SU Clients
White	71.1%	71.0%
South Asian	2.6%	1.3%
Southeast Asian	2.5%	1.1%
None	1.5%	0.8%
Aboriginal	12.7%	25.6%
Arab/West Asian	2.1%	0.7%
Black	3.3%	2.8%
Chinese	5.6%	1.2%
Filipino	2.9%	0.5%
Latin American	2.5%	1.5%
Japanese	1.7%	0.7%
Korean	1.6%	0.6%
Other	7.8%	5.7%
Total	3,292	3,323

Age

Table A5: Age Structure of Survey Respondents

	MH Patients	SU Clients
Under 18	6.0%	2.3%
18 to 24	13.6%	13.4%
25 to 34	20.8%	24.4%
35 to 44	20.9%	25.7%
45 to 64	32.4%	32.1%
65 and over	6.4%	2.2%
Total	3,088	3,190

Inclusion Criteria

The inclusion criteria for this study were used to define the valid universe of the target population. Patients within this population of interest were invited to participate within 24 hours in advance of the point of discharge and received (were handed) a survey, if they provided expressed consent to participate.

For the purposes of this study, a mental health patient was defined as “a patient over the age of 13, who received care and was subsequently discharged from one of the following settings designed to complete treatment within 30 days”:

1. Inpatient psychiatric units
 - Generalized psychiatric units
 - Specialized psychiatric units (e.g., eating disorders units, mood disorders units)
2. Inpatient short-stay beds
 - Brief assessment/stabilization units/beds (e.g., psychiatric assessment unit, etc.)
 - Designated observation rooms

For the purposes of this study, a substance use client was defined as “a client over the age of 13, who received care and was subsequently discharged from one of the following contracted or directly funded and managed settings designed to complete treatment within 90 days”:

1. Residential treatment settings
2. Support recovery settings (e.g., units, centres or homes) that provide in-house treatment
3. Withdrawal management units (e.g., detoxification and stabilization units)

Ineligibility Criteria

The following patients were ineligible to participate in the survey:

1. Those 12 years of age or younger (the survey tool was not validated for use with youth under the age of 13 years of age);
2. Those who were deceased prior to discharge;
3. Those who were transferred to another site/unit within the same facility (these patients/clients were subsequently invited by staff of the site/unit of final discharge to complete the survey); and
4. Those who were not discharged by end of day on April 11th, 2011 (end of the study period).

Exclusion Criteria

The following patients were excluded from the survey:

1. Those with a demonstrated cognitive impairment (based on the clinical judgment of staff made at the time of discharge);
2. Those who were unresponsive or unable to approach for consent;
3. Those who were transferred/discharged to another facility;
4. Those with language barriers not addressed by the eight languages into which the survey had been translated);
5. Those who left the facility against medical advice and were not “captured” to offer a survey; and
6. Those who were “missed” (including those for whom the data entry sheet not filled out, patient/clients not given a survey, and/or were asked to leave).