



Emergency Department Experiences in British Columbia

2007 Survey of British Columbia Emergency Department Facilities

British Columbia's Emergency Department Experience Survey

In 2007, British Columbia undertook a survey of emergency department patients at 110 emergency facilities to ask for feedback about their experiences with the care and services they received. The survey is the second of its kind in British Columbia; the first was conducted in 2003.

Emergency department patients can tell us a lot about how we are doing in providing accessible and high-quality health services that meet their needs. Their feedback can provide insight into what is working and where care services can be enhanced. A survey that includes appropriate safeguards for patient consent and confidentiality allows emergency department patients to be more candid than they might be if they spoke directly to a health care professional or administrator.

The emergency department patient experience survey is a "snapshot" of emergency department care in British Columbia. It provides health care providers, hospital administrators, health authorities and the Ministry with valuable information about how British Columbia emergency facilities are performing. The results will assist health authorities and the Ministry of Health in providing quality patient care and making improvements where they are needed.

What the Survey Measured

The survey evaluated emergency department patients' experiences across six areas or dimensions of care:

- access and coordination;
- emotional support;
- respect for patient preferences;
- information and education;
- physical comfort; and
- continuity and transition.

The survey also considered patients' overall impressions of the care they received. Additional questions were asked about health status, demographics, safety, services accessed prior to visiting the emergency department, the reason for the visit, whether there was an appointment for the visit, and the quality of explanation for any transfers.



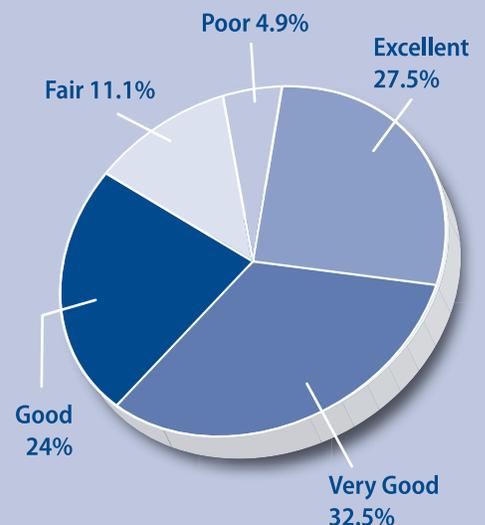
What We Found

Participants

- The survey was mailed to 55,613 emergency care patients who visited one of 110 facilities within B.C.'s Emergency Health Services System including Urgent Care Centres, Diagnostic and Treatment Units, and Outpost Hospitals between February 1 and April 30, 2007.
- The response rate was 33 per cent, with 16,837 patients responding.

Overall Quality of Care

Percentage of British Columbia respondents who rated their overall quality of care as good, very good or excellent (84% of all patients).



How British Columbia Emergency Care Facilities are Doing

The results tell us that, overall, most British Columbia emergency department patients are satisfied with the quality of emergency department services. While there are some areas for improvement, 84 per cent rated the overall quality of their care as good, very good or excellent and 89 per cent would definitely or probably recommend their emergency department facility to family or friends.

After arriving at the emergency department, 69 per cent of patients talked to a nurse within 15 minutes. Once they were moved to a bed or examination room, 75 per cent of patients waited less than an hour to see a physician and 53 per cent spent less than three hours in emergency from the time they arrived until the time they left.

In general, the findings highlight the following about emergency department experiences in British Columbia:

- Patients ratings of satisfaction with PHYSICAL COMFORT in B.C. are significantly higher (average scores: 65 per cent vs. 62 per cent) than in the other provinces in the Canadian benchmark (Ontario, Manitoba, New Brunswick, Nova Scotia and Yukon).
- Patients in B.C. rated RESPECT FOR PATIENT PREFERENCES highest (average score of 75 per cent positive rating), which is consistent with scores in the other Canadian provinces. Patients in B.C. rated INFORMATION AND EDUCATION lowest (average scores of 62 per cent positive rating), which is only slightly lower than scores in the other Canadian provinces.

Top Strengths



Top Areas for Improvement



What the Results Mean

These results represent emergency department patients' voices and experiences. They provide vital information about where B.C.'s Emergency Health Services System is working and what patients think could be improved. For example, patients give high ratings to the courtesy with which they are treated by emergency department doctors, nurses, and staff. They also say that emergency department doctors and nurses work well together. These results testify to the outstanding efforts health care providers make every day.

Many of the areas where emergency department patients tell us that change is desirable relate to information and emotional support. Some changes can be easily made, such as ensuring patients receive more information while waiting for treatment to better prepare them for their experience as patients. Others, such as providing better emotional support, may require further review of best practices in those areas.

<p>Survey Results</p> <p>Respondents were surveyed about their emergency department patient experiences across six aspects or “dimensions” of their care. Each dimension of care consists of a series of questions. The responses to each of these questions were averaged to provide an overall score for the dimension. Overall, the survey has a ± 0.8 per cent sampling error at the 95 per cent confidence level, which means the results at the provincial level are accurate within + or - 0.8 per cent, 19 times out of 20.</p>	<p>B.C. Average</p>
<p>1. Respect for Patients’ Preferences</p> <p>Includes questions on patients’ perceptions about whether they were treated with dignity and respect and whether they had sufficient involvement in their own care.</p>	<p>75%</p>
<p>2. Access and Coordination</p> <p>Includes questions on patients’ perceptions about the timelines and logistical ease of accessing B.C.’s emergency care services.</p>	<p>68%</p>
<p>3. Physical Comfort</p> <p>Includes questions on patients’ perceptions of the ability of emergency care providers to control pain and discomfort associated with their condition and to mitigate adverse effects of their treatment.</p>	<p>65%</p>
<p>4. Continuity and Transition</p> <p>Includes questions on patients’ perceptions about the efficiency of communications between those involved in the provision of care during the course of the patients’ treatment (nurses, attending physicians, family physician, etc.) and how such communication affected the delivery of care.</p>	<p>63%</p>
<p>5. Emotional Support</p> <p>Includes questions on patients’ perceptions of their emergency care providers’ willingness, ability and availability to listen to and discuss anxieties and fears and provide sufficient emotional support over the course of their treatment.</p>	<p>62%</p>
<p>6. Information and Education</p> <p>Includes questions on patients’ perceptions about whether physicians and nurses provided sufficient information on issues related to the patients’ treatment in a way that was easily understood.</p>	<p>62%</p>

How British Columbia Compares to Other Provinces

British Columbia emergency department patients' views of their experiences were remarkably similar compared to the average for other Canadian provinces that comprise the Canadian benchmark (Ontario, Manitoba, New Brunswick, Nova Scotia, and Yukon). Their overall rating of the quality of British Columbia's emergency department services is also on par with the benchmark.

How the Results Will Be Used

The Ministry of Health and health authorities are committed to acting on the survey results. Health authorities will work to enhance emergency department care and share information about best practices among British Columbia emergency department care facilities. This survey will be used as a baseline for performance monitoring as the ER survey transitions into continuous surveying.

Who Participated

All six health authorities and 110 facilities from British Columbia's emergency health services system participated including urgent care centres, diagnostic and treatment units, and outpost hospitals.

With some exceptions, all emergency department patients who received services at a British Columbia emergency department facility between February 1, 2007 and April 30, 2007 were eligible to receive the survey. The survey does not include information about patients who died during the survey period, opted out or:

- were infants less than or equal to 10 days old;
- had no fixed address;
- had a miscarriage;
- were coded as "do not announce";
- presented sensitive issues (sexual assault/abuse, suspected or confirmed domestic violence, therapeutic abortions).

Sample Size

A total of 55,613 surveys were mailed out between February 1, 2007 and April 30, 2007. The response rate was 33 per cent, with 16,837 completed surveys returned, just exceeding the targeted response rate of 30 per cent (the desired response rate based on experiences with similar surveys across Canada).

Survey Method

A self-report questionnaire was mailed to the patients' home addresses. Translated questionnaires were available in French, Mandarin, Cantonese and Punjabi via a toll-free phone line. Patients could also complete the survey online through a secure website (in English only).

Survey Tool

The Province used the emergency department survey developed by the Picker Institute and National Research Corporation (NRC) Canada, a leader in measuring patient experience.

Survey Administration

NRC Canada's Emergency Department tool was chosen because it had been used in similar surveys in Ontario, Manitoba, New Brunswick, Nova Scotia and the Yukon. This meant that in addition to meeting the Province's survey requirements, NRC Canada was able to provide comparative data for similar emergency department patient populations.

Cost

The total cost of the survey is estimated to be about \$556,000, or about \$10.00 per survey.

Comparing the 2003 and 2007 Emergency Department Experience Surveys

A number of changes were made to the 2007 survey. As a result, these two surveys are not directly comparable. These changes consisted of:

1. Including youth (ages 12-19) in the sample population.
For example, although the overall satisfaction of patients was slightly higher in the 2003 survey (85 per cent compared to 84 per cent in 2007), when youth are excluded from the 2007 sample, overall satisfaction rises to 85 per cent (see table one for more non-youth comparisons).
2. Sampling patients during the winter season as opposed to the summer.
3. Including outpost and other small hospitals in the population that was sampled.
4. Weighting the data.

Table 1: Comparison between 2003 and 2007 (weighted) results for Non-Youth Respondents (patients aged >12 and < 19 years of age)

	2003	2007
Overall quality	85%	85%
All dimensions combined	69%	67%
Access and coordination	70%	69%
Respect for patient preferences	77%	76%
Physical comfort	68%	66%
Emotional support	64%	63%
Information and education	64%	62%
Continuity and transition	67%	64%



Strengths in B.C.'s Emergency Health Services System

Emergency department patients felt most positive about:

- courtesy of emergency department doctors, nurses and staff;
- how well emergency department doctors and nurses worked together;
- emergency department doctors and nurses not talking as if the patient was not present;
- explanation of what the emergency department did; and
- amount of pain medicine received in the emergency department.

Opportunities for Improvement

Emergency department patients felt improvements could be made in:

- appointments for treatment being made before leaving the emergency department;
- explaining reason(s) for the emergency department wait;
- emergency department nurses and doctors discussing with patients any fears or anxieties emerging from the patients' conditions and treatment;
- emergency department explaining danger signals to watch for; and
- reducing the wait to see the emergency department doctor.

Opportunities

