# Community Support Client Experience April to June 2013



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# Community Support Client Experience Background

# **Survey Instrument**

The community based care client experience survey was a validated acute care experience survey modified for the evaluation of community based services throughout Western Health (See Appendix A). The original survey is an Accreditation Canada Client Experience Survey based on the Hospital Care Quality Information from the Consumer Perspective.

#### **Method**

Community based care client experience surveys were mailed to a random sample. This package included a cover letter, survey, and preaddressed and postage paid return envelope. Surveys were colour coded according to program area under the Population Health branch: Community Health and Family Services, Mental Health and Addictions, and Community Support. Acute care mental health clients were also surveyed using the acute care patient experience survey.

#### **Participants**

A list of clients utilizing community based services throughout Western Health from April to June of 2013 was obtained from Information Services. Community Support services included home community nursing, behavior management, home community occupational therapy, and home community social work. Some surveys were returned

unopened as the address was incorrect, incomplete, the person had moved, the envelope was unclaimed, or the post office box was closed.

# **Sample**

Based on community based care visits from the April to June 2013, a 95% confidence level, a 5% confidence interval, and considering a 35% response rate, a random sample was calculated. The total number of those clients receiving Community Support services across the region in this time period was 3181. A random sample of 166 surveys was distributed per month for a total of 498 surveys.

# Privacy, Confidentiality, Data Security

Privacy and confidentiality were achieved as the clients voluntarily completed the survey and returned the completed survey in a postage paid, preaddressed envelope with no identifying information or codes on the envelope or survey to identify the person.

Surveys were colour coded to identify program area and not the individual. Any information that could potentially identify the clients was deleted. The data was stored on a password protected computer and surveys were stored in a locked office in the Western Memorial Health Clinic used by Quality Management and Research staff.

#### **Data Analysis**

A student completed the data entry for all surveys using Statistical Package for Social Sciences. Descriptive statistics were calculated on regional data to obtain a general perspective of client experiences with community based services at Western Health.

Statistics were also calculated for each program area to assist in quality improvement initiatives and planning at a program level. The following section provides Community Support survey results.

#### **Results**

#### **Demographics**

A total of 498 surveys were distributed. Over the three month period, 198 of the 498 surveys were completed for a response rate of 39.8%.

To gain a more thorough understanding of the demographics, respondents were asked to report their age group (See Figure 1) and highest grade or level of school completed (See Figure 2). Nearly 66% of the respondents were over the age of 60. Just over 60% of respondents had not completed high school, 14.6% had high school or equivalent, 15.7% had some college or graduated from college, and 9.6% did not report.

Figure 1. Age of Respondents

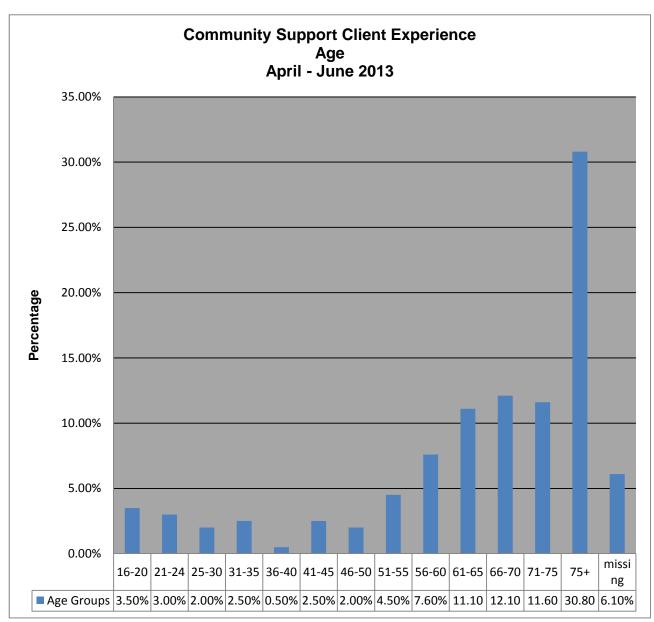
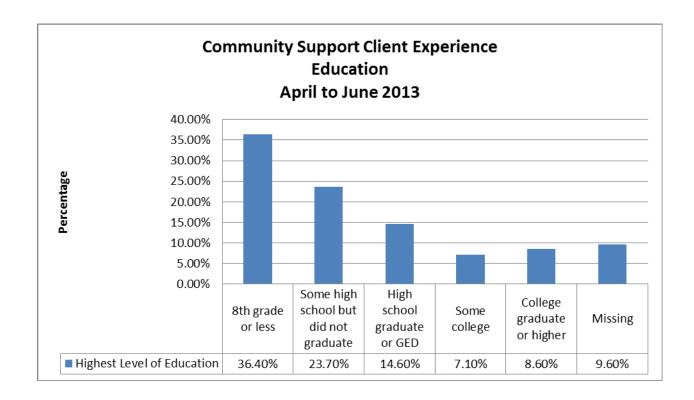


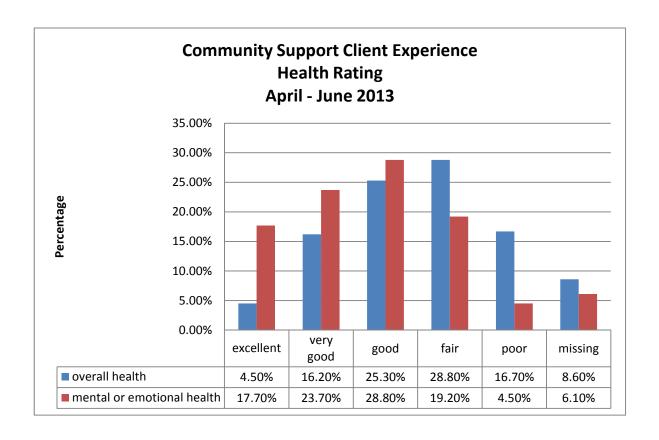
Figure 2. Highest Level of Education



# **Health Rating**

A major indicator of well-being is how a person rates his or her own health status. Respondents were asked to rate their overall health and mental or emotional health (See Figure 3). When asked to rate their overall health, 20.7% reported very good or excellent, 25.3% reported good, 45.5% reported fair or poor, and 8.6% did not indicate. When asked to rate their mental or emotional health, 41.4% reported very good or excellent, 28.8% reported good, 23.7% reported fair or poor and 6.1% did not indicate.

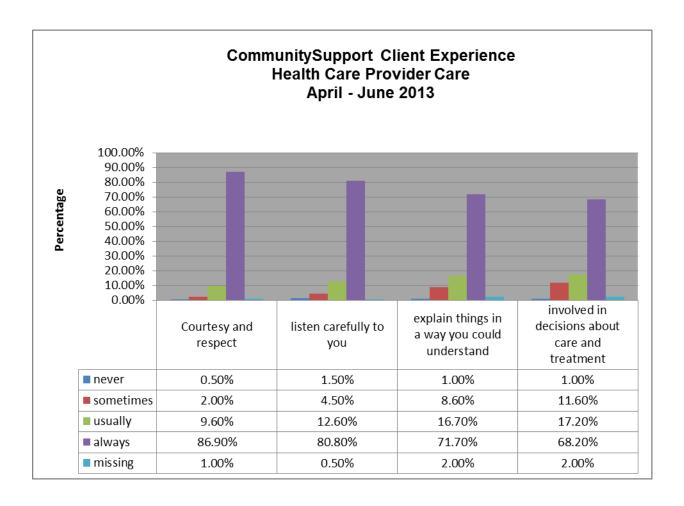
Figure 3. Ratings of Overall Health and Mental and Emotional Health



#### **Health Care Provider Care**

Clients were asked about health care provider care. Most clients reported that health care providers always or usually treated them with courtesy and respect (96.5%), listened carefully to them (93.4%), explained things in a way they could understand (88.4%), and involved them in decisions about care and treatment (85.4%) (See Figure 4).

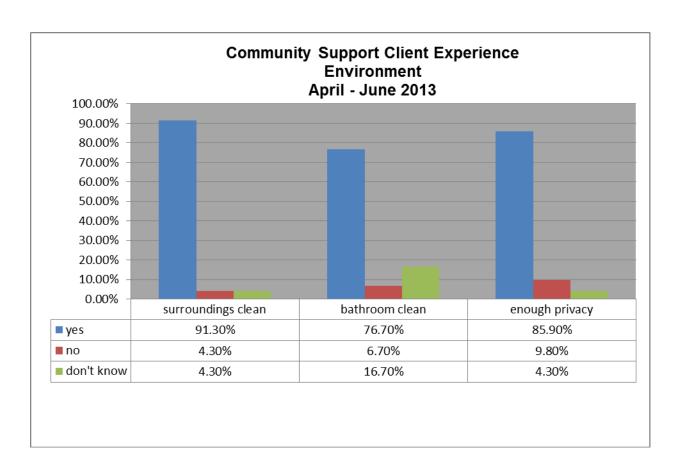
Figure 4. Health Care Provider Care



# **Environment**

Clients were asked if they received the service in their own home and 48% indicated yes, 35.9% reported no and 16.2% did not report. For those clients who did not receive their service in their own home, they were asked if the surroundings and bathroom were clean, and if they felt they had enough privacy (See Figure 5). Just over 91% reported that the surroundings were clean, 76.7% reported that the bathroom was clean (16.7% reported "don't know"), and 85.9% reported that they had enough privacy.

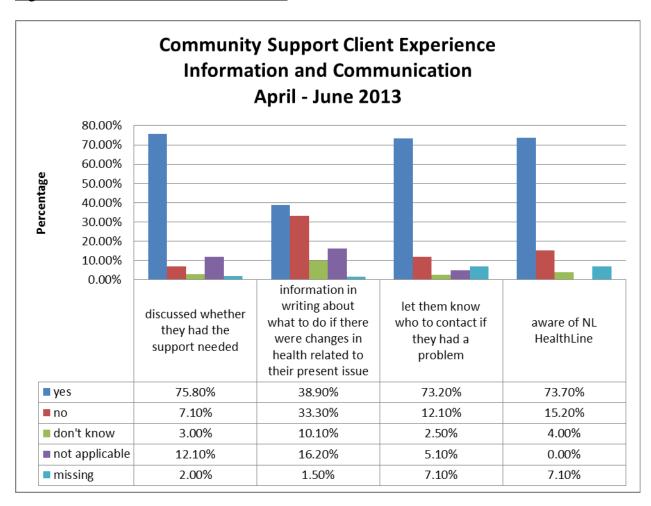
Figure 5. Environment



#### **Information and Communication**

Clients were asked if during their visit, health care providers talked with them about whether they would have the support needed, whether they were given information in writing about what to do if there were changes in their health related to their present issue, whether they were told who to contact if they had a problem, and if they were aware of the HealthLine (See Figure 6). Nearly 76% reported that health care providers talked with them about whether they had the support needed, 38.9% reported that they were given information in writing about what to do if there were changes in their health related to their present issues, 73.2% reported that health care providers told them who to contact if they had a problem, and 73.7% reported that they were aware of the Newfoundland and Labrador HealthLine. It is important to consider the percentage of responses in the "not applicable" category for some of these questions.

Figure 6. Information and Communication



# **Overall Experience**

Clients were asked to rank their visit on a scale of 1 to 10 with 10 being the best and 1 being the worst. On average, clients ranked their visit at 9.72. Clients were also asked whether they would recommend the program or service to friends and family and 61.1% reported definitely yes, 26.8% said probably yes, 1.5% reported probably no, 1.5% reported definitely no and 9.1% did not report.

#### **Opportunities for Improvement**

Overall results indicate that health care providers within Community Support treat clients with courtesy and respect, listen carefully to them, explain things in a way they can understand and involve them in decisions about care and treatment.

Opportunities for improvement within Community Support include:

- Communication with clients, when appropriate, about whether they have the support needed;
- Communication with clients, when appropriate, about who to contact if they have a problem;
- Provision of written information, when appropriate, about what to do if there are changes in their health related to their present issue;
- Communicate the availability of the HealthLine;
- Review and update CRMS to ensure that client addresses are up to date and current.

# Appendix A

**Community Based Care Client Experience Survey** 

# Community Based Parent/Guardian Experience Survey Survey Instructions

- You should only fill out this survey if you were the parent/guardian of the client. Do not fill out this survey if you were not the parent/guardian.
- Answer all the questions by placing an X in the square to the left of your answer.
- Answer all questions based on your last visit from April, May, or June 2013.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

	Yes		
$   \sqrt{} $	No →	If No, Go to Question	1

	M NO 7 If No, Go to Question 1
YOU	IR CARE FROM HEALTH CARE PROVIDERS
	ring this visit, how often did health care providers treat you with courtesy respect?  Never  Sometimes  Usually  Always
2. Du	Never Sometimes Usually Always
	uring this visit, how often did health care providers explain things in a way could understand?
	Never
	Sometimes
	Usually
	Always
	uring this visit, how often did you feel involved in decisions about your
	Never
	Sometimes
	Usually
	Always

	ring this visit, did health care providers talk with you about whether you the support needed?
	Yes
	No
	Don't know
	Not applicable
were	ring this visit, did you get information in writing about what to do if there changes in your child's health related to their present issue?
	Yes
	No
	Don't know
	Not applicable
	ring this visit, did health care providers let you know who to contact if had a problem?
	Yes
	No
	Don't know
	Not applicable
8. Are	e you aware of the Newfoundland and Labrador HealthLine? Yes No
	Don't know

#### **OVERALL RATING OF VISIT** 9. Using any number from 0 to 10, where 0 is the worst visit possible and 10 is the best visit possible, what number would you use to rate this visit? 0 Worst visit possible П 1 2 3 4 5 6 7 8 П 9 П 10 Best visit possible 10. Would you recommend this program or service to your friends and family? Definitely no ☐ Probably no ☐ Probably yes П Definitely yes 11. Did you receive the service in your own home? Yes > If Yes, skip questions 12, 13, and 14 as they are not applicable П No THE ENVIRONMENT 12. During this visit, were the surroundings clean? П Yes П No П Don't know 13. During this visit, was the bathroom clean? П Yes П No

Don't know

14. I	Ouring this visit, did you feel you had enough privacy? Yes No Don't know			
ABOUT YOU There are only a few remaining items left.				
15. \ 	What is the highest grade or level of school that you have completed? 8th grade or less Some high school, but did not graduate High school graduate or GED Some college College graduate or higher			
16. <i>I</i>	16-20 21-24 25-30 31-35 36-40 41-45 46-50 51-55 56-60 61-65 66-70 71-75 75+			
THANK YOU				

Please return the completed survey in the prepaid, preaddressed envelope.