

**Regional Community Based Care
Client Experience
April to June 2013**



**Western
Health**

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Community Based Care Client Experience Background

Survey Instrument

Two surveys were utilized in the evaluation of community based care services; acute care and community based care experience surveys (See Appendix A for the Community Based Client Experience Survey and Appendix B for the Acute Care Patient Experience Survey). The acute care patient experience survey was the validated Accreditation Canada Client Experience Survey based on the Hospital Care Quality Information from the Consumer Perspective. This validated Accreditation Canada Client Experience Survey was modified for the evaluation of community based services.

Method

Community based care client experience surveys and acute care patient 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 and Addictions clients were surveyed using the acute care patient experience survey.

Participants

A list of clients utilizing community based care and acute care mental health and addictions services throughout Western Health from April to June of 2013 was obtained from Information Services. Clients receiving child youth mental health and addictions

services were excluded as they can self refer for mental health and addictions services without parental consent. Parents may be unaware that the client is receiving services and therefore there is a potential for a breach of client confidentiality. Community based care services included audiology, cervical screening, child management specialist, behavior management specialist, community health nursing, home community occupational therapy, public health nursing, developmental psychology, mental health and addictions, social work, diabetes education, dietitian, home support, assessment for long term care and speech language. These clients were categorized by Community Health and Family Services, Mental Health and Addictions, and Community Support.

Community Health and Family Services included pre and postnatal care, audiology, diabetes services, health maintenance, special needs, child development, child management, child health clinic, comprehensive school health, developmental psychology, communicable disease, reproductive health, Tuberculin screening, healthy beginnings, healthy beginnings long term, parent caregivers, and speech language.

Mental Health and Addictions included addictions counselling, methadone, early psychosis, family care home services, Humberwood, West Lane, adult mental health, Assertive Community Treatment Team, mental health and addictions case management, and acute care mental health services. Community Support services included home community nursing, behavior management, home community occupational therapy, and home community social work.

For those clients under the age of 16, with the exception of mental health and addictions clients, parents or guardians were sent a survey. 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 and acute care mental health and addictions clients 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 based services across the region in this time period, and excluding the clients as described in the previous section, was 10,898. The total number of those clients receiving acute care mental health and addictions services across the region in this time period was 2113. A random sample of 513 surveys was distributed per month for a total sample of 1539. One hundred and sixty eight surveys were distributed to Community Health and Family Services, 166 to Mental Health and Addictions clients (including acute care mental health and addictions), and 166 to Community Support clients.

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. With the exception of calculating response rates, the acute care mental health services were not included in the regional results given that the survey asked different questions. The statistics for the acute care mental health services were calculated separately and only included in the Mental Health and Addictions specific report. Statistics were also calculated for each program area to assist in quality improvement initiatives and planning at a program level. The following section provides regional survey results.

Results

Demographics

A total of 1539 surveys were distributed. A total of 63 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. Over the three month period, 451 of the 1539 surveys were completed for a response rate of 29.3%.

Surveys were colour coded to determine the number of respondents from each program area (Table 1).

Table 1. Frequency and Percentage of Respondents by Program Area

Program Area	Frequency	Percentage
Community Support	198	43.9%
Mental Health and Addictions (including acute care mental health)	127	28.2%
Community Health and Family Support	126	27.9%
Total	451	100.0%

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). Of all age groups, the 75 and older age group represents the largest percentage of respondents with 15.9%. Nearly 42% had not completed high school, 17.0% had high school or equivalent, 34.5% had some college or graduated from college, and 6.8% did not report.

For those clients under the age of 16 receiving community health and family services, parents or guardians were surveyed. Just over 52% of those completing the survey for Community Health and Family Services were the parents/guardians and 47.6% were the clients.

Figure 1. Age of Respondents

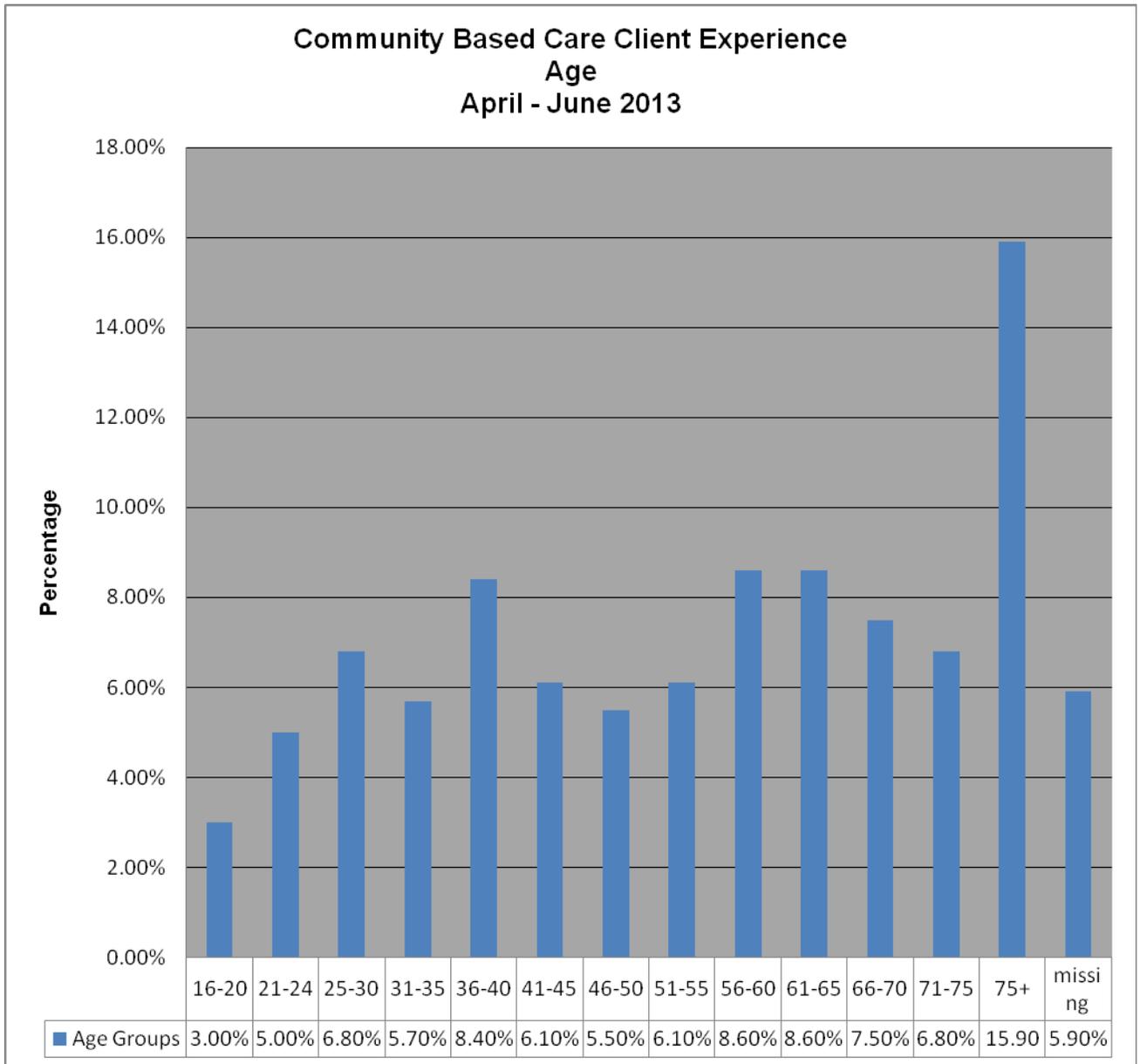
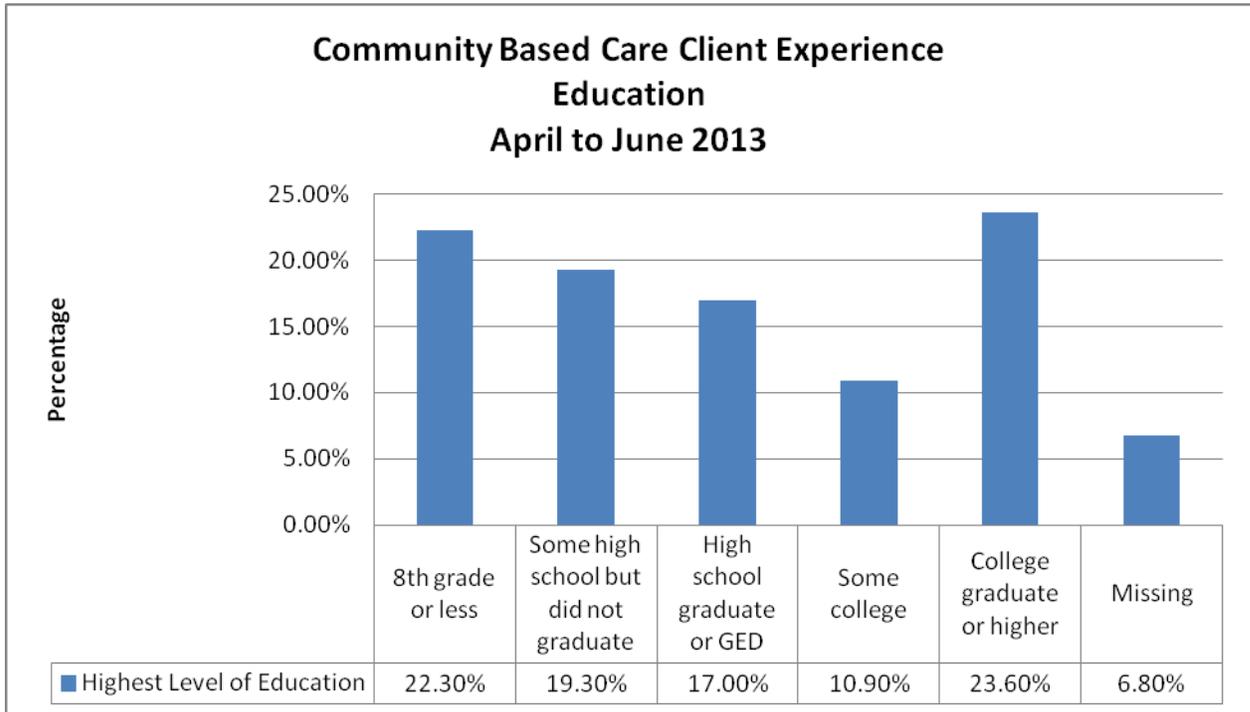


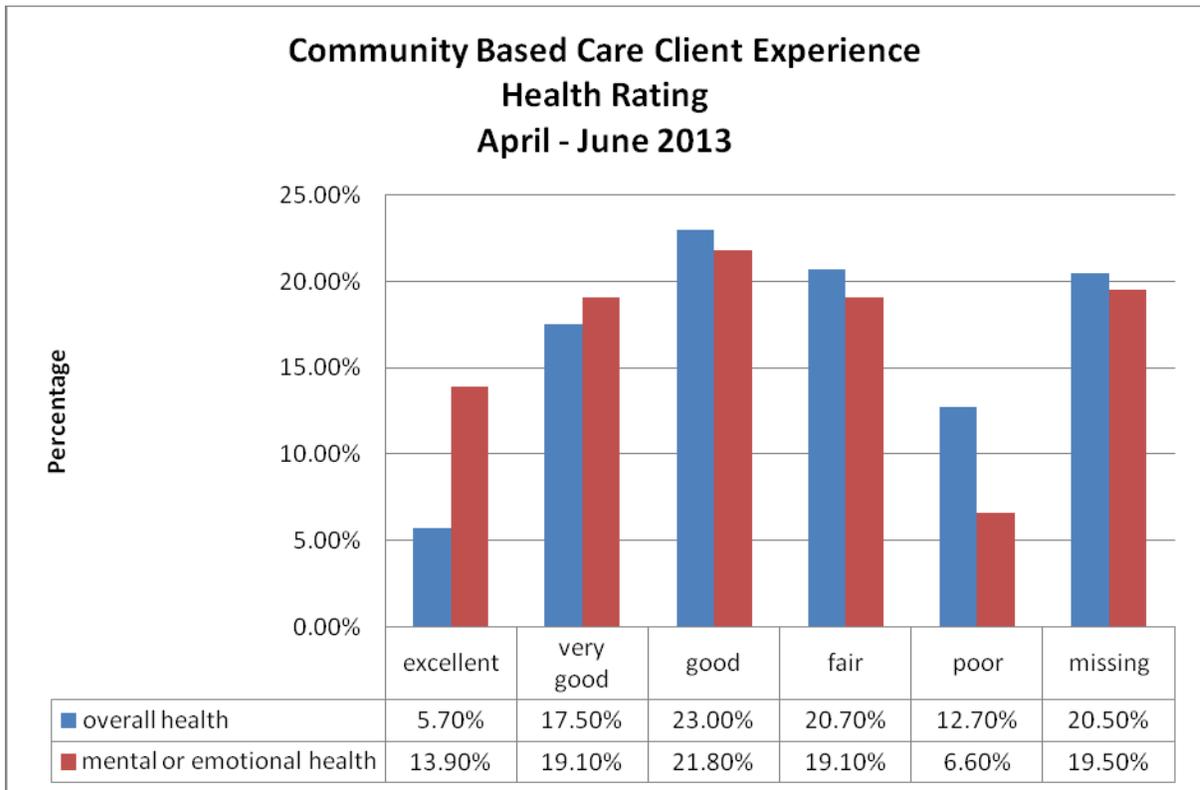
Figure 2. Highest Level of Education



Health Rating

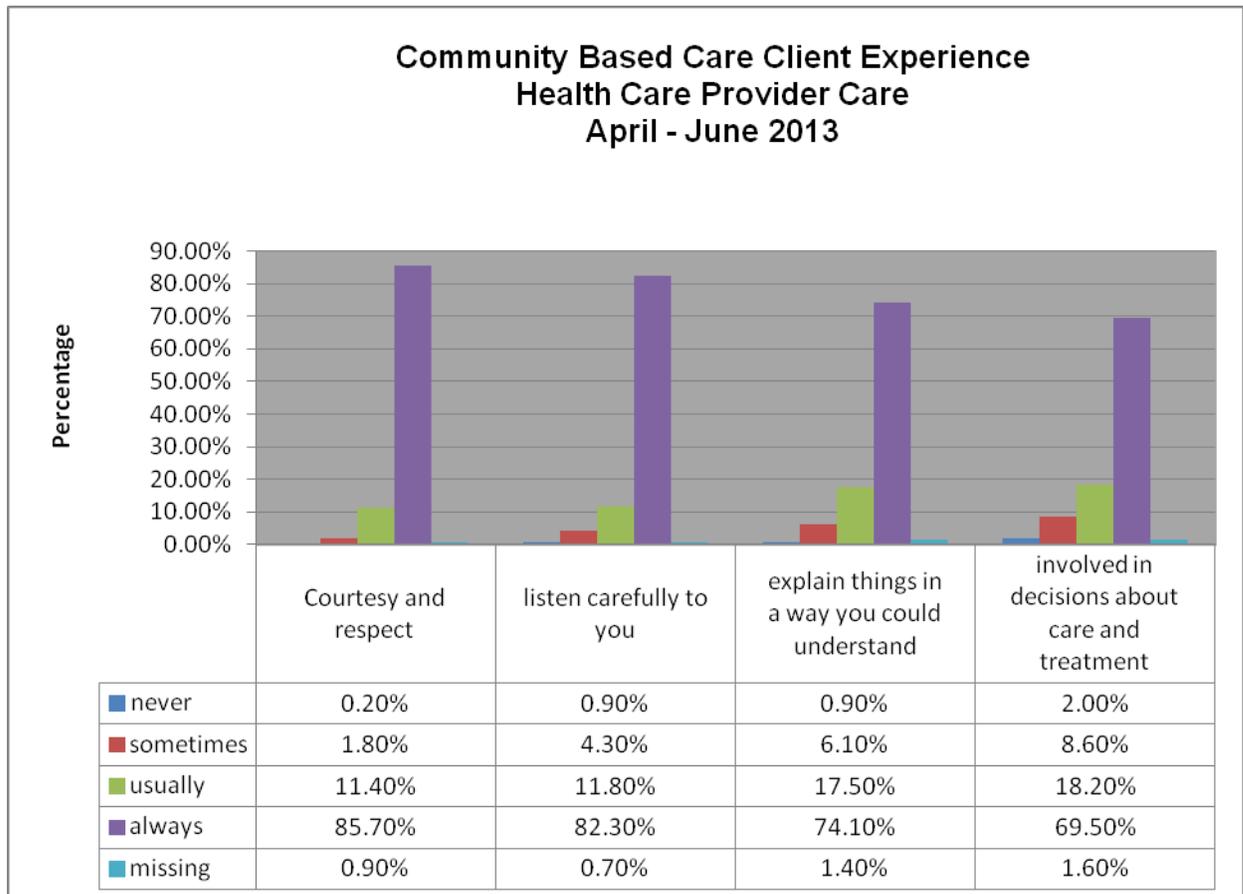
A major indicator of well-being is how a person rates his or her own health status. Respondents were asked to rate their overall health and mental or emotional health (See Figure 3). When asked to rate their overall health, 23.2% reported very good or excellent, 23% reported good, 33.4% reported fair or poor, and 20.5% did not indicate. When asked to rate their mental or emotional health, 33% reported very good or excellent, 21.8% reported good, 25.7% reported fair or poor and 19.5% did not indicate. It is important to note that a high percentage of respondents did not respond to these questions.

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



Clients were asked about health care provider care. Most clients reported that health care providers always or usually treated them with courtesy and respect (97.1%), listened carefully to them (94.1%), explained things in a way they could understand (91.6%), and involved them in decisions about care and treatment (87.7%) (See Figure 4).

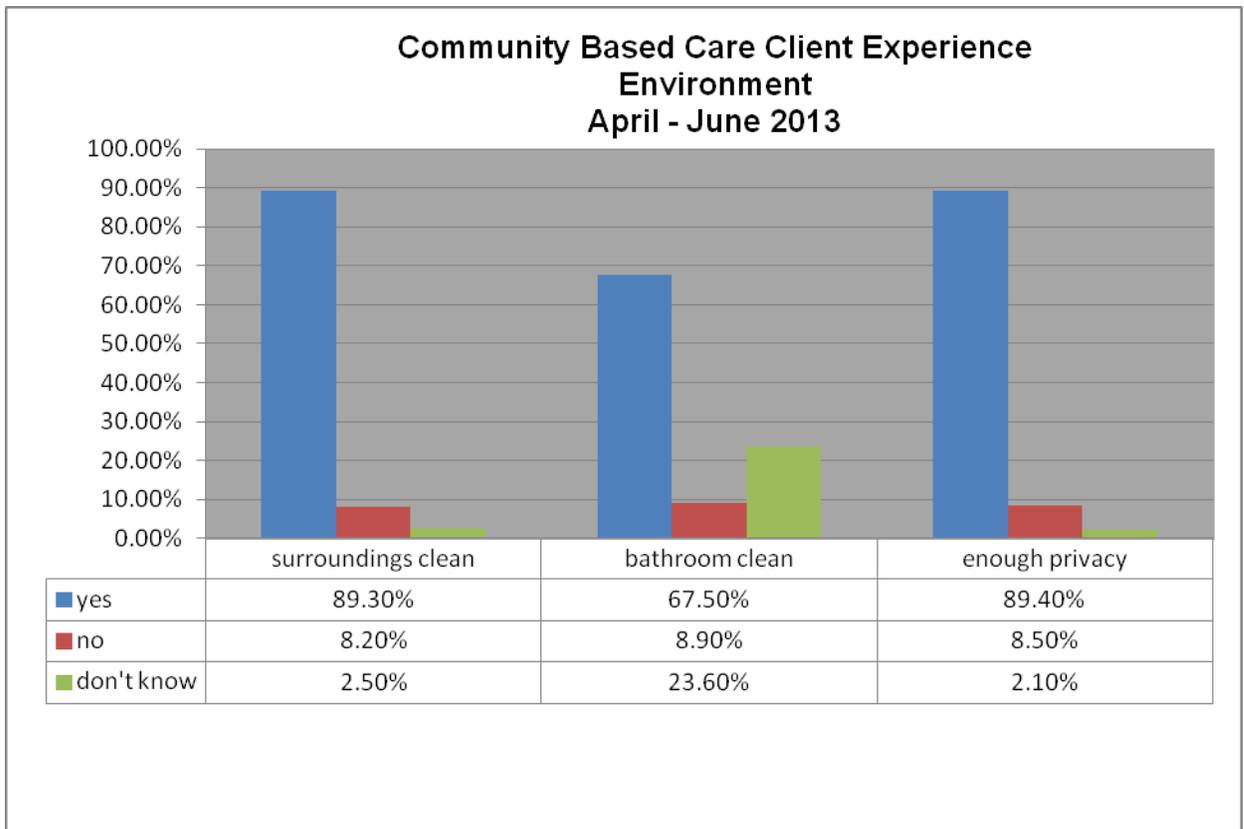
Figure 4. Health Care Provider Care



Environment

Clients were asked if they received the service in their own home and 30.9% indicated yes, 57.3% reported no and 11.8% 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 89% reported that the surroundings were clean, 67.5% reported that the bathroom was clean (23.6% reported “don’t know”), and 89.4% reported that they had enough privacy.

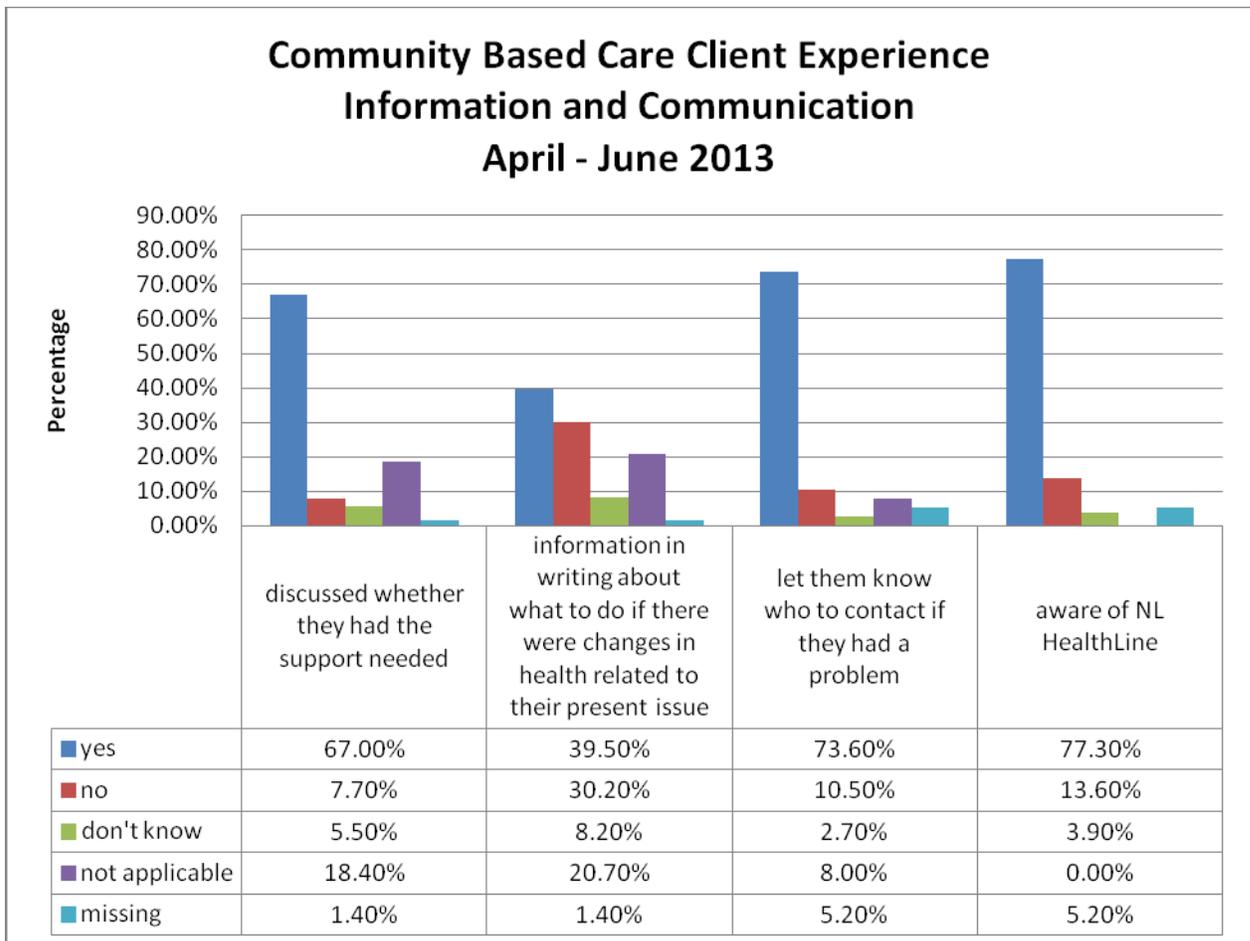
Figure 5. Environment



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). Sixty seven percent reported that health care providers talked with them about whether they had the support needed, 39.5% reported that they were given information in writing about what to do if there were changes in their health related to their present issues, 73.6% reported that health care providers told them who to contact if they had a problem, and 77.3% reported that they were aware of the Newfoundland and Labrador HealthLine. It is important to consider the percentage of “not applicable” responses 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 9.70. Clients were also asked whether they would recommend the program or service to friends and family and 63.6% reported definitely yes, 27.0% said probably yes, 1.4% reported probably no, 1.6% reported definitely no and 6.4% did not report.

Opportunities for Improvement

Overall results indicate that health care providers 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.

Regionally, opportunities for improvement 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;
- Communication of 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
 - No → ***If No, Go to Question 1***

YOUR CARE FROM HEALTH CARE PROVIDERS

1. During this visit, how often did health care providers treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

2. During this visit, how often did health care providers listen carefully to you?

- Never
- Sometimes
- Usually
- Always

3. During this visit, how often did health care providers explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

4. During this visit, how often did you feel involved in decisions about your child's care and treatment?

- Never
- Sometimes
- Usually
- Always

5. During this visit, did health care providers talk with you about whether you have the support needed?

- Yes
- No
- Don't know
- Not applicable

6. During this visit, did you get information in writing about what to do if there were changes in your child's health related to their present issue?

- Yes
- No
- Don't know
- Not applicable

7. During this visit, did health care providers let you know who to contact if you had a problem?

- Yes
- No
- Don't know
- Not applicable

8. Are 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
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best visit possible

10. Would you recommend this program or service to your friends and family?

- Definitely no
- Probably no
- Probably yes
- 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*
- No

THE ENVIRONMENT

12. During this visit, were the surroundings clean?

- Yes
- No
- Don't know

13. During this visit, was the bathroom clean?

- Yes
- No
- Don't know

14. During 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. Age

- 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.

Appendix B

Acute Care Patient Experience Survey

**Acute Care Patient Experience Survey
Survey Instructions**

- **You should only fill out this survey if you were the patient named on the envelope. Do not fill out this survey if you were not the patient.**
- **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 during January, February and March of 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
 - No → ***If No, Go to Question 1***

YOUR CARE FROM NURSES

1. Please indicate at which hospital you last stayed:

- Western Memorial Regional Hospital
- Sir Thomas Roddick Hospital
- Rufus Guinchard Health Centre
- Bonne Bay Health Centre
- Calder Health Centre
- Dr. Charles L. LeGrow Health Centre

2. During this hospital stay, how often did nurses treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

3. During this hospital stay, how often did nurses listen carefully to you?

- Never
- Sometimes
- Usually
- Always

4. During this hospital stay, how often did nurses explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

5. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

- Never
- Sometimes
- Usually
- Always
- I never pressed the call button

YOUR CARE FROM DOCTORS

6. During this hospital stay, how often did doctors treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

7. During this hospital stay, how often did doctors listen carefully to you?

- Never
- Sometimes
- Usually
- Always

8. During this hospital stay, how often did doctors explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

9. During this hospital stay, how often did you feel involved in decisions about your care and treatment?

- Never
- Sometimes
- Usually
- Always

THE HOSPITAL ENVIRONMENT

10. During this hospital stay, how often were your room and bathroom kept clean?

- Never
- Sometimes
- Usually
- Always

11. During this hospital stay, how often was the area around your room quiet at night?

- Never
- Sometimes
- Usually
- Always

12. During this hospital stay, how often did you feel you had enough privacy?

- Never
- Sometimes
- Usually
- Always

THE HOSPITAL MEALS

13. During this hospital stay, how often were the meals the right temperature?

- Never
- Sometimes
- Usually
- Always

14. During this hospital stay, how often were you able to eat the meals provided to you?

- Never
- Sometimes
- Usually
- Always

15. If you answered never or sometimes to question 14, why?

16. During this hospital stay, how would you rate the quality of the food?

- Very good
- Good
- Barely acceptable
- Poor
- Very poor

EXPERIENCES

17. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

- Yes
- No → If No, Go to Question 19

18. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

- Never
- Sometimes
- Usually
- Always

19. During this hospital stay, did you need medicine for pain?

- Yes
- No → If No, Go to Question 22

20. During this hospital stay, how often was your pain well controlled?

- Never
- Sometimes
- Usually
- Always

21. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

- Never
- Sometimes
- Usually
- Always

22. During this hospital stay, were you given any medicine that you had not taken before?

- Yes
- No → If No, Go to
Question 25

23. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

- Never
- Sometimes
- Usually
- Always

24. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

- Never
- Sometimes
- Usually
- Always

WHEN YOU LEFT THE HOSPITAL

25. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?

- Own home
- Someone else's home
- Another health facility → If Another, Go to Question 27

26. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?

- Yes
- No

27. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

- Yes
- No

OVERALL RATING OF HOSPITAL

28. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

- 0 Worst hospital possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best hospital possible

29. Would you recommend this hospital to your friends and family?

- Definitely no
- Probably no
- Probably yes
- Definitely yes

ABOUT YOU

There are only a few remaining items left.

30. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

31. 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

32. Age

- 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.