

**Rural Ambulatory Care  
Client Experience Survey Results  
2022-2023**



**NL Health  
Services**

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## **Background**

### **Survey Instrument**

The validated ambulatory care experience survey that was administered throughout the Western region was based on the approved Accreditation Canada Client Experience Survey based on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey utilized during previous surveys, which was modified to meet the needs of the Western Zone of Newfoundland and Labrador Health Services (formerly Western Health) in collaboration with stakeholders in ambulatory care. Modifications were made based on the experiences administering previous versions of the survey, and comparison with the more recent 2021 HCAHPS survey tool, as well as the CAHPS Clinician and Group Survey (CG-CHAPS) and the Canadian Patient Experiences Survey – (CPES-IC) developed by Canadian Institute for Health Information (CIHI). The survey also had the addition of standard questions regarding virtual care experience, which were developed with internal stakeholders (see Appendix A).

### **Method**

The survey was available to complete electronically through the Alchemer survey platform or by paper from October 17<sup>th</sup> to December 11<sup>th</sup>, 2022. Staff promoted the survey to all clients who received ambulatory care services across the region by providing an information letter. The letter contained information about the survey as well as instructions on how to complete the survey electronically via a website link and QR code. Clients were also given the option to complete a paper version of the survey if they preferred. Based on low overall survey response rates, telephone surveys were conducted from January 20<sup>th</sup> to March 3<sup>rd</sup>, 2023. In an attempt to increase the response rate, a random sample of clients who received an identified ambulatory care service during the survey period were called and asked to participate in the survey over the phone. While the electronic survey remained available until March 3<sup>rd</sup>, 2023, the survey was not promoted by ambulatory care staff during this time.

## **Participants**

The survey was promoted to all clients who received ambulatory care services including: blood collection, diabetes services, diagnostic/medical imaging, dialysis, EEG, EKG, endoscopy, fracture clinic, medical day care/outpatient treatment, orthopedic central intake, outpatient physiotherapy, urology clinic, vascular testing and wound care. These services are located across the region at the following facilities: Bonne Bay Health Centre (BBHC) in Norris Point, Calder Health Centre (CHC) in Burgeo, Deer Lake Medical Clinic (DLMC) in Deer Lake, Dr. Charles LeGrow Health Centre (LHC) in Port aux Basques, Rufus Guincharde Health Centre (RGHC) in Port Saunders, Sir Thomas Roddick Hospital (STRH) in Stephenville, Western Memorial Health Clinic (WMHC) and Western Memorial Regional Hospital (WMRH) in Corner Brook.

## **Sample**

Surveys were completed by 912 participants regionally. Of these participants, 274 were from one of the five rural health sites (BBHC, CHC, DLMC, LHC and RGHC). Based on patient volume for these rural sites, this sample size provides a confidence level of 99% that the real values are within  $\pm 3.20\%$  of the surveyed values.

## **Privacy, Confidentiality, and Data Security**

Privacy and confidentiality were achieved as the clients voluntarily and anonymously completed the survey. The majority completed the survey online. Patients who completed the survey on paper or over the telephone did so with no identifying information on the envelope or within the survey to identify the individual. Any information that could potentially identify the clients was removed to maintain anonymity. The data was stored in the Alchemer platform and on password protected computers. Following online entry, paper surveys were destroyed using the approved Western Health grey bins.

## Data Analysis

Survey data was entered directly into Alchemer by the participant or telephone interviewer and transcribed from paper copies by the survey administrators. Reports were developed and analyzed in this survey platform. Descriptive statistics were calculated on regional data to obtain a general perspective of patient experiences with ambulatory care services in the Western Zone. Statistics were also calculated for Corner Brook (WMHC and WMRH), the rural health facilities (BBHC, CHC, DLMC, LHC and RGHC), and STRH, as well as the individual programs, to assist in quality improvement initiatives and planning at a site and program level. The following report provides a summary of survey results for all rural sites within the region.

## Results

### Demographics

A total of 274 surveys were completed by clients who received ambulatory care from rural sites in the region. Participants were asked to indicate which health facility they visited for ambulatory care services and LHC had the largest group of participants (50.7%). The number of participants from each health facility are indicated in Table 1 and the number of participants from each program is displayed in Table 2.

Table 1. Frequency and Percentage of Participants by Site

Facility	Percent (%)	Frequency
Bonne Bay Health Centre	10.2	28
Calder Health Centre	10.9	30
Deer Lake Medical Clinic	15.0	41
Dr. Charles LeGrow Health Centre	50.7	139
Rufus Guincharde Health Centre	13.1	36
<b>Total</b>	<b>100</b>	<b>274</b>

Table 2. Frequency and Percentage of Participants by Program

<b>Program</b>	<b>Percent (%)</b>	<b>Frequency</b>
Blood Collection	59.5	163
Diabetes Services	10.9	30
Diagnostic/Medical Imaging	12.8	35
Dialysis	3.3	9
EKG	4.4	12
Endoscopy	0.4	1
Fracture Clinic	1.8	5
Medical Day Care/Outpatient Treatment	12.8	35
Orthopedic Central Intake Clinic	0.4	1
Outpatient Physiotherapy	2.2	6
Urology Clinic	0.7	2
Wound Care	3.6	10
Other – Write In	4.0	11
<b>Total</b>	<b>100</b>	<b>274</b>

To gain a more thorough understanding of the demographics and health status of the survey participants, they were asked to report their gender, cultural or racial background, age group (see Table 3), and their highest grade or level of school completed (see Table 4). They were also asked to rate their overall health and overall mental or emotional health.

The majority of participants identified female (56.7%), 42.2% identified male, and less than 1% identified transgender and two spirit. Participants included representation across all age groups and educational backgrounds, with the majority of the participants being in the 65-74 age group (29.1%) and the most common education level being a college or other non-university certificate or diploma (29.8%). Participants were asked to indicate all of their cultural or racial backgrounds. The majority (93.9%) reported White, 13.4% reported Aboriginal/Indigenous, 1.6% reported Filipino, and less than 1% reported Latin American and West Asian.

When asked to rate their overall health, 12.7% reported excellent, 31.1% reported very good, 30.7% reported good, 17.2% reported fair, and 8.2% reported poor. Clients were also asked about their overall mental or emotional health, 22.8% of participants reported that it was excellent, 40.7% reported very good, 26.5% reported good, 9.0% reported fair and 1.1% reported poor.

Table 3. Frequency and Percentage of Participants by Age Group

Age Group	Percent (%)	Frequency
0-15	2.2	6
16-24	1.9	5
25-34	3.4	9
35-44	6.7	18
45-54	13.8	37
55-64	27.2	73
65-74	29.1	78
75-84	14.6	39
85+	1.1	3

Table 4. Frequency and Percentage of Participants by Education Level

Education Level	Percent (%)	Frequency
8 <sup>th</sup> grade or less	13.6	36
Some high school, but did not graduate	17.0	45
High school graduate or GED	22.6	60
College or other non-university certificate or diploma	29.8	79
Undergraduate degree or some university	11.7	31
Post-graduate degree or professional designation	5.3	14

### **Health Care Providers**

Participants were asked about their interaction with health care providers (HCPs) from their ambulatory care visit (see Table 5). The majority of participants reported that HCPs

always or usually treated them with courtesy and respect (96.7%), listened carefully to them (94.5%), explained things in a way they could understand (95.9%), and participants felt they were involved as much as they wanted to be in decisions about their care and treatment (93.7%). When asked if the HCP had the information they needed about them during their visit, 99.6% of participants indicated yes definitely or yes somewhat, while 0.4% indicated no.

Table 5. Health Care Providers

<b>Question</b>	<b>Never % (N)</b>	<b>Sometimes % (N)</b>	<b>Usually % (N)</b>	<b>Always % (N)</b>
How often did HCPs treat you with courtesy and respect?	0.4 (1)	2.9 (8)	9.2 (25)	87.5 (238)
How often did HCPs listen carefully to you?	1.1 (3)	4.4 (12)	11.9 (32)	82.6 (223)
How often did HCPs explain things in a way you could understand?	1.1 (3)	3.0 (8)	20.8 (56)	75.1 (202)
How often did you feel involved as much as you wanted to be in decisions about your care and treatment?	2.2 (6)	4.1 (11)	15.2 (41)	78.5 (212)

### **Wait Time and Facility Environment**

Survey participants were asked about the wait time and facility environment during their ambulatory care visit (see Table 6 and Table 7). The majority of participants indicated they were not told how long they would have to wait to be seen (45.4%), that the surroundings were clean (96.5%), the bathroom was clean (94.8%), and that they had enough privacy (98.8%).

Table 6. Wait Time

<b>Question</b>	<b>Yes, but the wait was shorter % (N)</b>	<b>Yes, and I had to wait as long as I was told % (N)</b>	<b>Yes, but the wait was longer % (N)</b>	<b>No, I was not told % (N)</b>
Were you told how long you would have to wait to be seen?	25.6 (53)	19.8 (41)	9.2 (19)	45.4 (94)

Table 7. Facility Environment

<b>Question</b>	<b>Yes % (N)</b>	<b>No % (N)</b>
Were the surroundings clean?	96.5 (251)	3.5 (9)
Was the bathroom clean?	94.8 (165)	5.2 (9)
Did you feel you had enough privacy?	98.8 (254)	1.2 (3)

### **Virtual Care Experience**

Virtual care is defined as any health care appointment which was conducted by telephone (landline or cell phone) or video (on a computer/laptop, Telehealth unit, or mobile device such as iPad/tablet). Participants were asked if they had accessed any services through virtual care during their most recent ambulatory care (outpatient) experience and 19.1% reported yes. Those who reported utilizing virtual care were asked additional questions to further understand their experience with virtual care. When asked what type of virtual care they received, the majority (70.6%) reported telephone, 17.6% reported video (computer/laptop, Telehealth unit, or mobile device such as an iPad/tablet), and 11.8% reported another service. When asked to indicate all of the reasons why they accessed virtual care, the majority reported that they preferred not to travel (35.7%), while 28.6% reported that the service was not available in-person at their facility, 28.6% reported that the service was available more quickly from another facility/site, 7.1% reported that they preferred to receive service from a provider at another facility/site.

Participants were also asked to provide feedback regarding their virtual care appointment (see Table 8). All of the participants strongly or somewhat agreed that they received the support that they needed to connect and participate in the virtual care appointment (100%), and the majority strongly or somewhat agreed that the appointment was effective in meeting their health care needs (93.8%).

Table 8. Virtual Care Support and Effectiveness

<b>Statement</b>	<b>Strongly disagree % (N)</b>	<b>Somewhat disagree % (N)</b>	<b>Neither agree nor disagree % (N)</b>	<b>Somewhat agree % (N)</b>	<b>Strongly agree % (N)</b>
I received the support that I needed to connect and participate in the virtual care appointment/ service	0 (0)	0 (0)	0 (0)	25.0 (4)	75.0 (12)
The virtual care appointment/ service was effective in meeting my health care needs	0 (0)	0 (0)	6.3 (1)	12.5 (2)	81.3 (13)

### **Discharge**

The survey asked participants about support, getting information, and receiving contact information as part of their discharge (Table 9). The majority of participants reported being talked to about whether they had the help they needed after they left (87.5%) and that HCPs let them know who to contact if they had a problem after they left the facility (74.7%). It is important to note that while 58.0% of participants indicated they were verbally told the information about what symptoms or health problems to look out for after they left the facility, an additional 22.7% indicated they were given the information in writing. Participants were asked if they had received enough information from their HCP about what to do if they were worried about their condition or treatment after they had left the facility. Most participants (48.5%) indicated they had received completely enough or quite a bit of the information needed from their HCP, 36.4% reported not at all enough information received, and 15.1% indicated they partly received enough information.

Table 9. Discharge Planning

<b>Question</b>	<b>Yes % (N)</b>	<b>No % (N)</b>
Did HCPs talk with you about whether you would have the help you needed when you left?	87.5 (91)	12.5 (13)
Did you get information about what symptoms or health problems to look out for after you left the facility?	80.7 (96)	19.3 (23)
Did HCPs let you know who to contact if you had a problem after you left the facility?	74.7 (148)	25.3 (50)

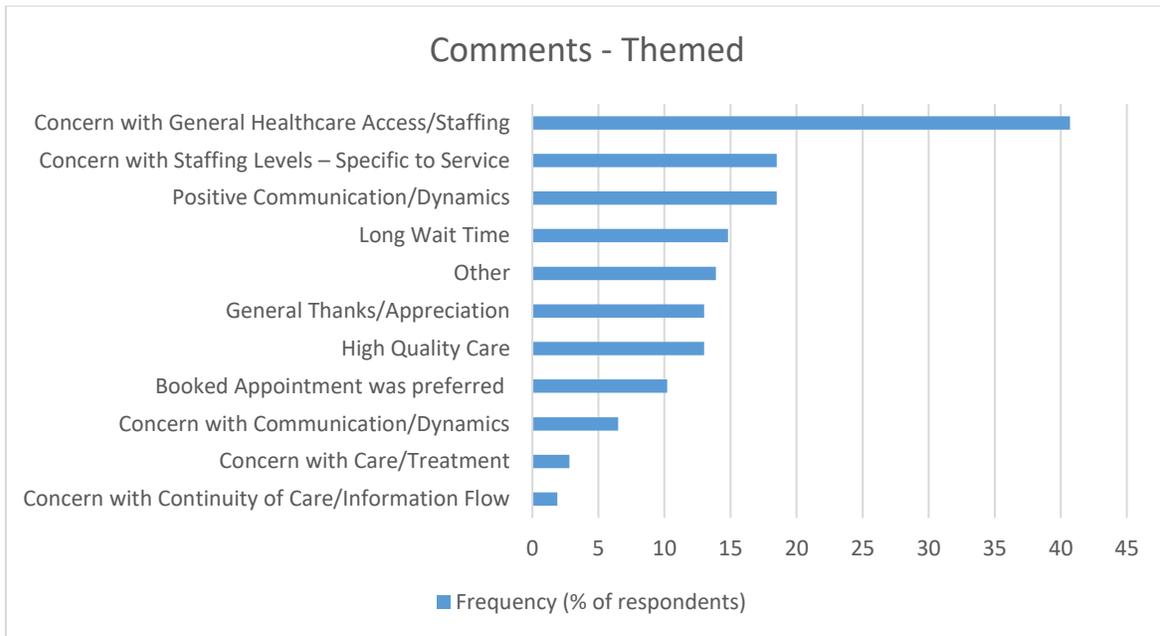
### **Overall Experience of Care**

Participants were asked to rate their ambulatory care experience on a scale of 0 to 10 with 0 being the worst care possible and 10 being the best care possible. On average, clients ranked their experience at 9.1. Participants were also asked whether they would recommend the service to friends and family 79.1% reported definitely yes, 17.2% reported probably yes, 1.5% reported probably no, and 2.2% reported definitely no.

### **Overall Comments**

Survey participants were given the opportunity to comment on their overall experience and 166 participants provided additional comments (see Figure 1). Participants provided comments related to one or more themes. The most common theme in the responses was concern with general healthcare access and staffing across all health services, rather than specific to ambulatory care. This was followed by concerns related to staffing levels specific to an ambulatory care service. There were also common themes pertaining to positive communication and dynamics, long wait times for some services, and general thanks and appreciation for the staff and services provided.

**Figure 1: Participant Comment Themes (% of all comments)**



### **Strengths and Opportunities for Improvement**

Overall results indicate that the rural health facilities ambulatory care services have many strengths such as the care received from health care providers, including their courtesy and respect, and ensuring that they have the necessary medical information about clients during their visit. Other strengths identified were discharge planning including education and supports, the cleanliness of facility surroundings, bathrooms, and client privacy.

Opportunities for improvement were identified for those questions that had less than 80% of respondents reporting a positive response (i.e., always and usually combined or yes).

Regionally, opportunities for improvement include:

1. Explore opportunities and methods to better communicate wait times for clients.
2. Explore opportunities and methods to ensure all clients are given adequate information about what symptoms or health problems to look out for after their visit.
3. Facilitate ways to provide clients with the appropriate contact information in the event they have concerns after their visit.

## **Appendix A**

### **Ambulatory Care Client Experience Survey**