

**Community Health and Family Services  
Client Experience  
April to June 2013**



**Western  
Health**

**Prepared by:  
Darlene Welsh  
Regional Manager Research and Evaluation  
Quality Management and Research Branch**

## **Community Health and Family Services 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 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. 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 Health and Family Support services across the region in this time period was 5604. A random sample of 168 surveys was distributed per month for a total of 504 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 Health and Family Services survey results.

## **Results**

### **Demographics**

A total of 504 surveys were distributed. Over the three month period, 126 of the 504 surveys were completed for a response rate of 25.0%.

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). Half of the respondents were between the ages of 25 and 45. Nearly 17% of respondents had not completed high school, 19% had high school or equivalent, 58.7% had some college or graduated from college, and 5.6% did not report.

Figure 1. Age of Respondents

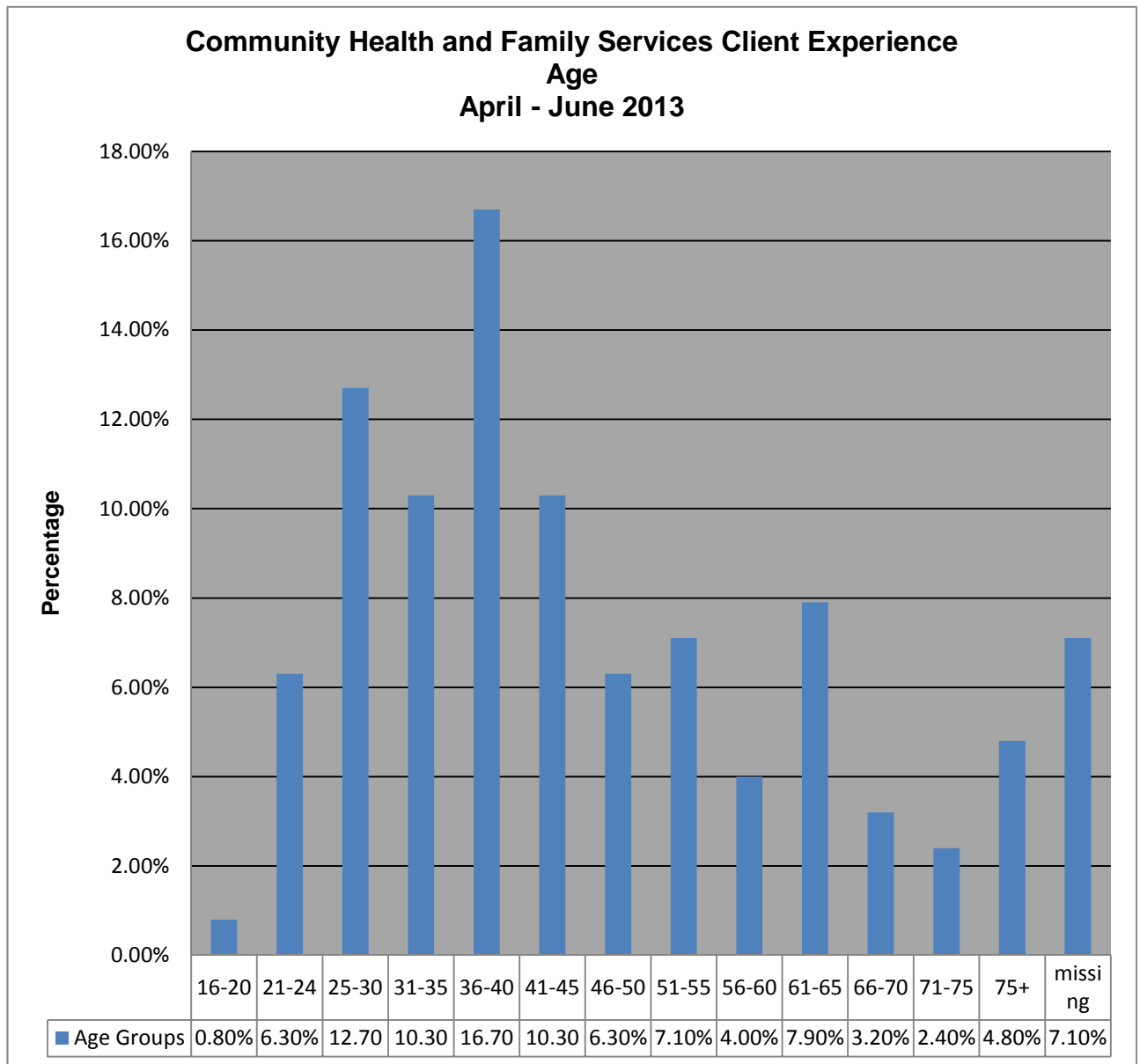
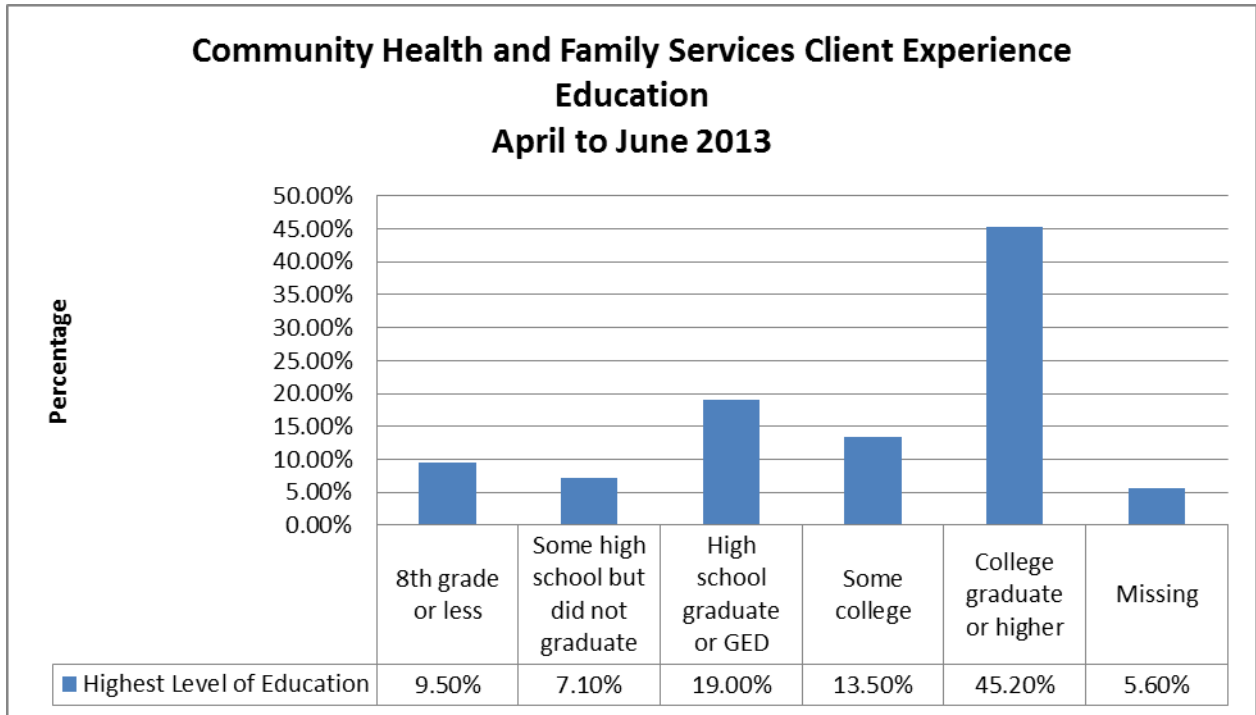


Figure 2. Highest Level of Education

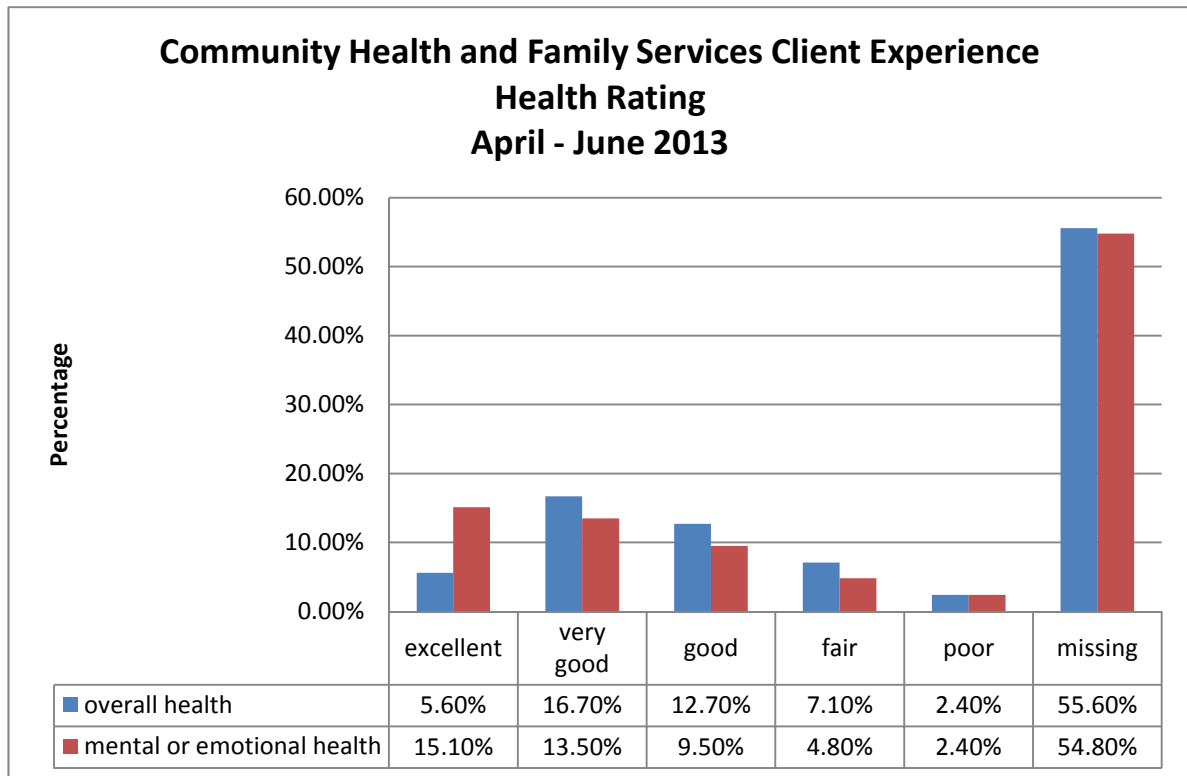


**Health Rating**

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, 22.3% reported very good or excellent, 12.7% reported good, 9.5% reported fair or poor, and 55.6% did not indicate. When asked to rate their mental or emotional health, 28.6% reported very good or excellent, 9.5% reported good, 7.2% reported fair or poor and 54.8% did not indicate. It is important to consider the high percentage of those who did not respond to these questions.

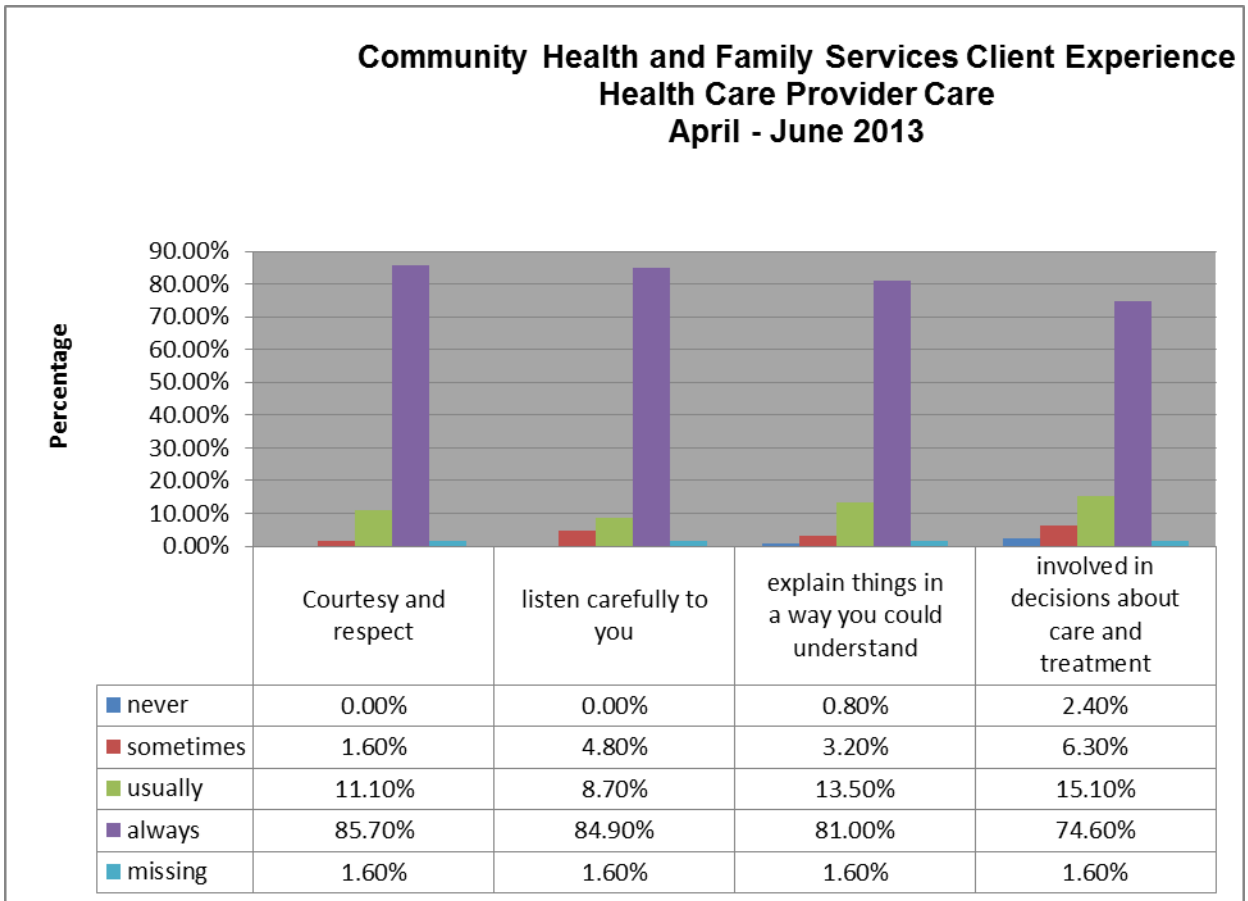
**Figure 3. Ratings of Overall Health and Mental and Emotional Health**



**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 (96.8%), listened carefully to them (93.6%), explained things in a way they could understand (94.5%), and involved them in decisions about care and treatment (98.7%) (See Figure 4).

**Figure 4. Health Care Provider Care**

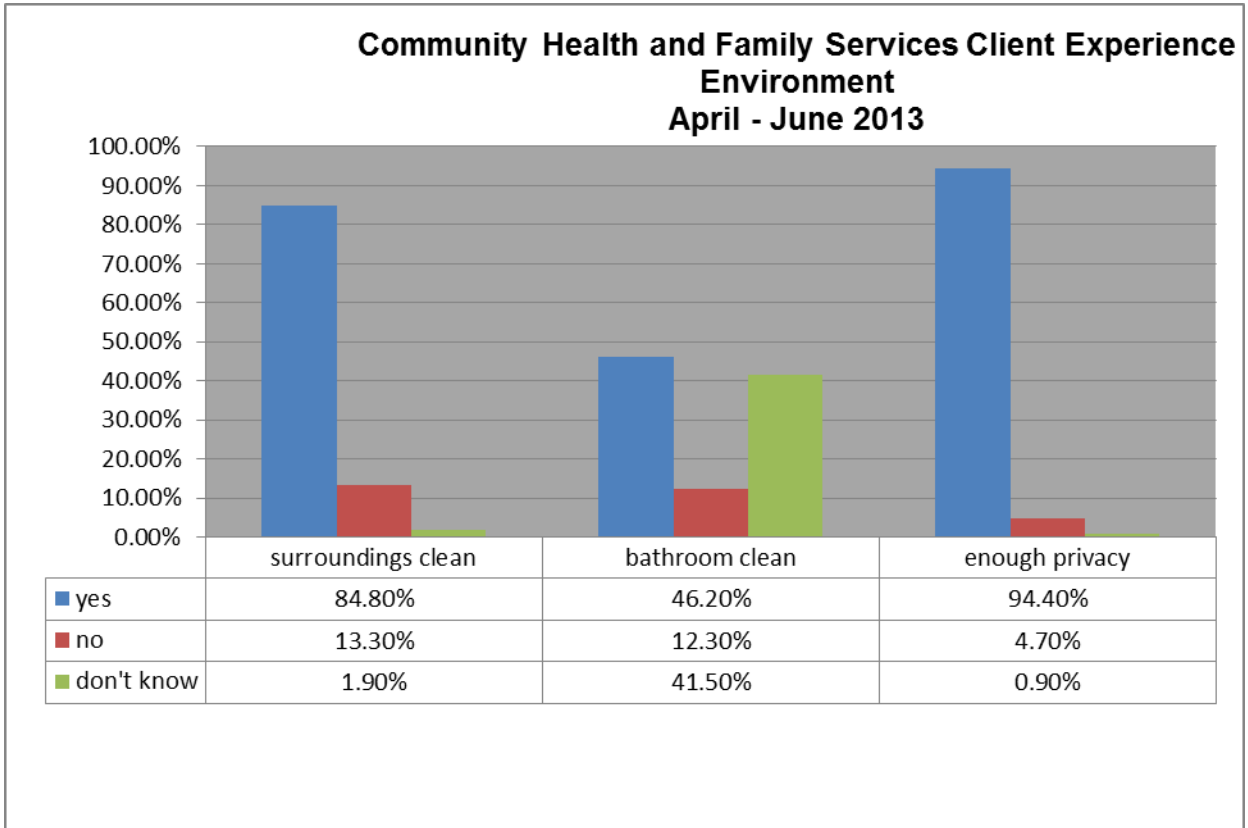




## Environment

Clients were asked if they received the service in their own home and 12.7% indicated yes, 82.5% reported no and 4.8% 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). Nearly 85% reported that the surroundings were clean, 46.2% reported that the bathroom was clean (41.5% reported “don’t know”), and 94.4% reported that they had enough privacy.

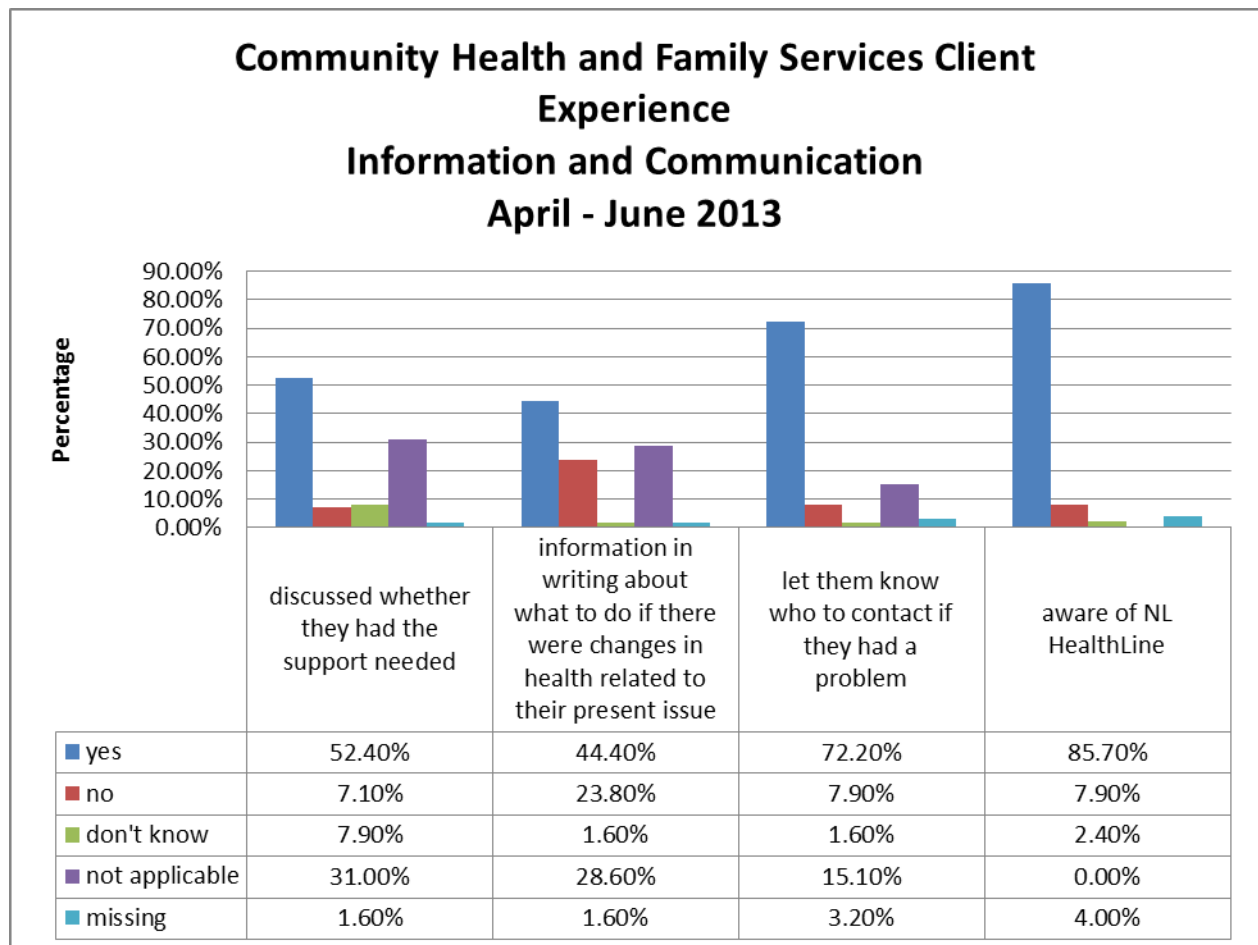
Figure 5. Environment



## 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). Just over 52% reported that health care providers talked with them about whether they had the support needed, 44.4% reported that they were given information in writing about what to do if there were changes in their health related to their present issues, 72.2% reported that health care providers told them who to contact if they had a problem, and 85.7% reported that they were aware of the Newfoundland and Labrador HealthLine. The “not applicable” responses must be considered given that the percentages in this category were high for some 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 9.87. Clients were also asked whether they would recommend the program or service to friends and family and 70.6% reported definitely yes, 23.8% said probably yes, .8% reported probably no, .8% reported definitely no and 4% did not report.

## **Opportunities for Improvement**

Overall results indicate that health care providers within Community Health and Family Services 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 Health and Family Services 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;
- 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.**