HQCA
Health Quality Council of Alberta

www.hqca.ca

Urban and Regional Emergency Department Patient Experience Report Highlights

JANUARY 2010

In 2009, the Health Quality Council of Alberta (HQCA) conducted a survey of patients who visited the 12 highest-volume urban and regional emergency departments (EDs) in the province. The survey data was combined with ED data to further analyze and validate the patient experience of urgency and wait times. The report uses ED data to look at time to physician and patient reassessment according to guidelines established by the Canadian Association of Emergency Physicians. The purpose of the study is to monitor changes in the performance of ED sites with the greatest crowding pressures, longest wait times and poorest patient experience.

This report follows up on one that the HQCA did in 2007, which looked at all urban, regional hospital and larger community-level EDs in Alberta. Where possible, it compares results between the two years. While the overall rating of care is unchanged between 2007 and 2009, there remain many specific aspects of the patient experience that need improvement.

How did we do the study?

As in 2007, the survey questionnaire we used was based on the British Healthcare Commission Survey, which was thoroughly validated in Britain and Alberta prior to use. The rigorous survey methodology of 2007 was replicated in 2009, and the majority of the 2007 analysis repeated with added comparisons between the two survey years. Response rates and survey samples are similar between 2007 and 2009.

The HQCA contracted an independent organization, Prairie Research Associates (PRA), to conduct the survey. PRA also conducted the 2007 survey. Survey packages were mailed to 10,917 Albertans who visited selected EDs from March 15 to 28, 2009. Nearly half (45%) or 4,942 of the surveys were completed and mailed back. The margin of error for the province is ±1.5%, 19 times out of 20. The survey data was combined with ED data to validate the patient experience of urgency and wait times.

What were some of the key findings?

- Overall length of stay in the ED for both discharged and admitted patients has increased significantly from 2007.*
- Overall, the time from triage to physician assessment has increased significantly from 2007.*
- Performance against Canadian Association of Emergency Physicians' guidelines for time to physician and reassessment intervals has worsened since 2007.*
- While long wait times continue to negatively affect patients' overall emergency care experience, more important to their overall rating of care are issues related to staff care and communication and pain management. Issues related to respect, cleanliness and discharge information are also important. These factors are virtually unchanged from 2007.
- The fact that the overall rating of care between 2007 and 2009 remains stable suggests that despite increasing wait time stress, ED staff have maintained critical care and communication-related practices at 2007 levels.

* These measures are based on ED data. Patient-reported wait times are similar to those computed from ED data.

Why did Albertans choose to go to the emergency department?*

* Respondents could choose more than one answer.

- 42% of those surveyed went to the ED because it was the only choice available at the time. This is down from 43% in 2007.
- 48% of respondents said the ED was the best place to go for their medical problem, an increase from 46% in 2007.

What did Albertans say about the overall care they received?

- At the provincial level, 65% of those surveyed rated the overall care they received in the ED as excellent or very good. This is unchanged from 2007.

Wait Times, Crowding & Reassessment

Wait times, especially the time it took to see a doctor, negatively affected patients' overall emergency care experience.

What about wait times?

Despite efforts to improve wait times (access) in busy EDs, wait times reported in the 2009 study have shown little improvement or have worsened since 2007.

- 63% of respondents reported waiting 15 minutes or less to speak to a triage nurse. This improved slightly from 62% in 2007.

- Those surveyed who reported seeing a doctor within 30 minutes decreased from 27% in 2007 to 22% in 2009.

According to ED data, for those surveyed, performance against Canadian Association of Emergency Physician guidelines for time to physician has worsened since 2007. The Canadian Triage and Acuity Scale (CTAS) is an ED-assigned urgency score that determines the order in which patients are seen (CTAS I being the most urgent and CTAS V the least urgent).

- 14% of CTAS II patients in 2009 were seen in the recommended 15 minutes compared to 15% in 2007.
- 13% of CTAS III patients in 2009 were seen in the recommended 30 minutes compared to 15% in 2007.
- 36% of CTAS IV patients in 2009 were seen in the recommended 60 minutes compared to 43% in 2007.
- 64% of CTAS V patients in 2009 were seen in the recommended 120 minutes compared to 80% in 2007.

Overall length of stay in the ED for both discharged and admitted patients has increased significantly from 2007.

ED Length of Stay Measures*	2007	2009
Overall length of stay for discharged patients**	3.4 hours	3.6 hours
Overall length of stay for admitted patients**	11.1 hours	14.4 hours

** Based on ED data. **Median*

- For patients who were ultimately discharged home, the median length of stay to be assessed, seen by a doctor, treated and discharged was 3.6 hours.
- For the 19% of patients who were ultimately hospitalized, the median length of stay was an additional 10.8 hours, resulting in a total length of stay of 14.4 hours.

These findings are validated by patient-reported survey data. For example, 39% of admitted patients in 2007 and 48% in 2009 reported a length of stay greater than 12 hours.

Are reassessment guidelines for waiting patients being met?

As in 2007, the 2009 report shows patients are not being reassessed while they are waiting as frequently as they should be according to guidelines established by the Canadian Association of Emergency Physicians.

In fact, the 2009 study found that achieving these guidelines for reassessment has deteriorated from 2007. This raises the potential for safety issues for patients who could be at risk from their medical condition as a result of waiting.

- 33% of CTAS II patients who waited longer than 15 minutes to see the doctor should have been reassessed at least once but reported they were not checked on while they waited compared to 28% in 2007.
- 45% of CTAS III patients who waited longer than 30 minutes to see the doctor should have been reassessed at least once but reported they were not checked on compared to 41% in 2007.

Did patients know how long the wait would be and why they were waiting?

- 69% of those surveyed reported they were not told how long they would have to wait to be examined. This is up from 64% in 2007.
- 53% reported they were not told why they had to wait, up from 51% in 2007. These respondents also said they would have liked an explanation.

What did they say about crowding?

- 42% found the waiting room very crowded or extremely crowded. This has increased from 37% in 2007.

Did some patients consider leaving before getting treated?

- 15% of respondents who were ultimately admitted to hospital either definitely considered leaving or considered leaving to some extent. This is up from 12% in 2007.

Respondents were less likely to consider leaving before being treated if:

- Staff checked on them while they were waiting.
- They were able to get the attention of staff.

Staff Care & Communication

Although attention continues to focus on wait times in EDs, the 2009 report corroborated the 2007 finding that staff care and communication have the greatest effect on patients' overall care rating.

The fact that the overall rating of care between 2007 and 2009 remains stable suggests that **despite increasing wait time stress, ED staff have managed to maintain critical care and communication-related practices at 2007 levels**.

What did patients say about staff care and communication?

Specific questions related to care and communication show little change between 2007 and 2009. As in 2007, there remains room for improvement.

- 40% of respondents reported their condition had either not been explained to them in an understandable way or was only to some extent. This is similar to 39% in 2007.

- 28% said they either did not receive any information about their care or treatment or did not get enough. This is down from 29% in 2007.
- 59% reported doctors and nurses either did not discuss their anxieties and fears or discussed them only to some extent. This is an increase from 57% in 2007.
- 28% of respondents said doctors either did not listen to what they had to say or only listened to some extent. This is down from 30% in 2007.
- 37% of those surveyed reported either not having enough time with the doctor or nurse to discuss their health concern or only did to some extent. This is similar to 38% in 2007.
- 32% reported they either did not have confidence and trust in the doctors and nurses treating them or only did to some extent. This is similar to 31% in 2007.

How effective was communication when patients left the emergency department?

Communication between staff and patients preparing to leave the ED was rated as poor in 2007 and remains unchanged in 2009.

- 44% of respondents reported they were not told when they could resume normal activities compared to 42% in 2007.
- 36% of those surveyed in both 2007 and 2009 said they were completely informed about when they could resume usual activities.
- 36% said they were completely informed about danger signals to watch for after they returned home. This number was unchanged from 2007.
- 40% of respondents reported being completely informed about what to do if they were worried about their condition or treatment after they left. This number was unchanged from 2007.

How well did staff explain test results and help patients when needed?

As in 2007, those surveyed continued to rate communication in these areas as poor.

- For patients who had tests, 43% said staff either did not explain the results of tests or only explained the results to some extent. This number is similar to 42% in 2007.
- Of those individuals who sought help from staff during their ED visit, 46% reported they either could not find a staff member to help them or only could sometimes. This is down from 47% in 2007.
- Finding staff to help had a relatively large effect on the overall rating of care, which suggests the importance of this single item to overall patient experience in the ED.

What about communication related to medication?

- 75% of those surveyed reported receiving a complete explanation of what the medication was for. This is down from 78% in 2007.
- 70% said staff completely explained how to take the medication, down from 74% in 2007.
- 34% reported they were told about possible side effects, down from 38% in 2007.

Respect

There continues to be some opportunities for improvement when it comes to treating patients with respect.

Did patients feel staff treated them with respect?

With the exception of the courtesy of the triage nurse, there are no significant differences between 2007 and 2009.

- Overall, 90% of respondents rated the courtesy of the triage nurse as good, very good or excellent, with a 2% greater proportion rating as excellent or very good in 2009 as compared with 2007.
- 20% of respondents reported doctors or nurses either talked in front of the patient as if they were not there or did so to some extent.
- 18% said staff either provided conflicting information or did so some of the time.
- 20% reported that family was either not allowed to join the patient or was only allowed to join to some extent.
- 19% of respondents believed the order of being seen was not fair.

Pain Management

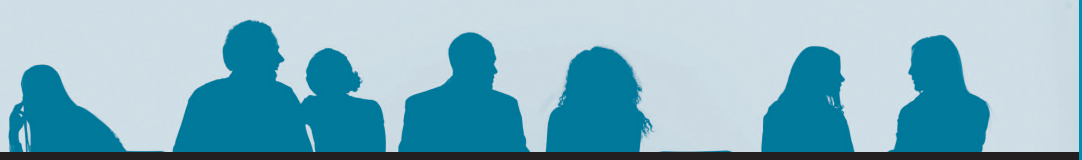
What did those surveyed say about managing pain?

Overall, about 70% of respondents reported they were in pain during their ED visit. For those patients who experienced pain:

- 49% said ED staff definitely did everything they could to help control pain, down from 52% in 2007.

Of those who reported pain in 2009, 37% requested pain medication. Among those who requested medication for the pain:

- 42% were given the pain medication within 10 minutes, down from 45% in 2007.
- 18% waited more than half an hour for pain medication, down from 21% in 2007.
- 14% said that they did not receive any pain medication even though they requested it. This is similar to 13% in 2007.



Urban and Regional Emergency Department Patient Experience Report Highlights

In summary

Despite efforts to address the complicated issues impacting ED crowding and wait times, wait times have increased for sampled patients between 2007 and 2009.

While it is acknowledged that the clinical impact and risks associated with waiting to see a doctor or not being reassessed according to guidelines set by the Canadian Association of Emergency Physicians are poorly defined, it is a remaining concern that waiting patients may be at increased risk of harm from their medical conditions.

While wait times remain a challenge, facilities should consider implementing strategies to:

- Reassess patients according to guidelines established by the Canadian Association of Emergency Physicians.
- Improve communication with waiting patients regarding changes in their condition, the status of their wait and the risks of leaving before treatment.
- Educate patients regarding their role in communicating with staff if their condition deteriorates.

It is a credit to ED staff that patients' overall rating of care and specific aspects of clinical communication have been maintained despite increased wait times. However, there remains room for improvement in areas such as communicating the patient's condition and treatment in an understandable way, addressing anxieties and fears, and spending enough time talking with the patient about his/her health concerns.

Given the many changes occurring in EDs and throughout the health care system, it is critical to have a rigorous and structured approach to monitoring quality and performance in the ED.

What happens next?

As we did in 2007, we gave a detailed report to every ED in the province that participated in the study. We also gave copies to Alberta Health Services, Alberta Health and Wellness and the regulated health professions.

Given the timing of the 2009 report, it can now serve as a baseline to measure the impact of changes to Alberta's health system.

Over the next few months, we will work with our stakeholders to determine new initiatives that can help improve the quality of emergency department care in Alberta. The HQCA continues to offer educational programs that focus on helping health care professionals learn to communicate more effectively with patients. More information about these programs is available at **www.hqca.ca**.

Acknowledgements

The HQCA thanks those Albertans who participated in this survey and provided us with valuable information. We also thank the ED staff throughout the province that supported this project and provided invaluable assistance.

Want more details about the study?

For a copy of the technical report and results for specific facilities, go to **www.hqca.ca**.

Tell us what you think

You may also do this on line at **www.hqca.ca**.

1. How did you hear about the *Urban and Regional Emergency Department Patient Experience Report*?

2. Did you find the information useful? Yes ☐ No ☐

3. How could we improve future publications?

4. What other topics would you like to see the HQCA focus on?

5. Other comments?

Fax your comments to **403.297.8258** or mail to:

Health Quality Council of Alberta
210, 811 – 14 Street NW, Calgary, Alberta T2N 2A4

Thank you for completing and returning this survey.