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## **News Release**

## May 13, 2008

## Health Quality Council of Alberta announces findings of its first provincial Emergency Department Patient Experience Survey

(Calgary, AB) – The Health Quality Council of Alberta (HQCA) today released the results of its first survey examining the experience of emergency department patients across Alberta. Overall, 90% of rural and 84% of urban respondents ranked their overall care experience as excellent, very good or good. Wait times in the emergency department, especially the time it took to see a doctor, clearly affected patients' overall emergency department experience. However, what mattered most to patients, and what most influenced their overall rating, was the care and communication they ultimately received.

On releasing the survey results, Chief Executive Officer Dr. John Cowell said, "This is the first provincial survey of its kind undertaken in Alberta and it establishes a baseline for measuring emergency department experience and provides all health regions, doctors, nurses and health care providers with information needed to improve the quality of emergency department patient care."

Surveys were sent to close to 47,000 patients who used selected Alberta emergency department facilities in February 2007. Nearly half (48%) or 22,560 surveys were completed indicating a high level of interest by Albertans.

Highlights of the key findings follow:

**Staff care and communication** - Although recent attention has focused on emergency department wait times, the survey found that what mattered most to patients and what influenced their overall rating most was the care and communication they ultimately received.

- Overall, 90% of patients rated the courtesy of the triage nurse who first asked them about their health problem as excellent, very good or good.
- 72% of urban and 80% of rural respondents said they were treated with dignity and respect while in the emergency department.
- 30% of urban and 24% of rural respondents felt physicians and nurses did not always take the time to listen to what they had to say.
- Overall, 36% reported their condition had either not been explained to them in an understandable way or was only to some extent.
- 43% of urban and 33% of rural respondents said they were not always involved as much as they wanted in decisions about their care and treatment or were only to some extent.
- On discharge, 64% of urban and 55% of rural respondents said they were not told or were only told to some extent when they could begin normal activities.
- 40% overall said they were completely informed about what danger signals to watch for after they went home.

**Accessibility and reassessment** – Overall, people who waited longer or experienced extreme crowding were less happy with their emergency department experience. Wait time issues were more common and had the greatest impact on urban emergency departments.



- The time spent waiting to see a doctor was very important to people. The longer they waited, the more likely they were to be unhappy with their emergency department experience. The shorter the wait, the more likely they were to be happy with their emergency department experience.
- 82% of urban and 92% of rural respondents said the overall order in which patients were seen was fair.
- Overall, 25% of patients identified that staff were not always checking on them while they waited.
- Overall, 41% said they could not always find a staff member when they looked for help or could only some of the time.
- The survey showed patients were more likely to leave without being seen if staff were not regularly checking on them or if they could not get staff help when they needed it.

*Types of health problems* – More than half of survey participants (59%) said that a new illness, condition, injury or accident brought them to emergency while 40% indicated their visit related to a previous health problem.

**Urban and rural** – On average, urban emergency departments saw sicker patients compared with rural departments and urban patients generally felt the emergency department was the best place to address their health issue. Rural emergency departments played a larger role providing after hours and routine care and rural patients were more likely to say that the emergency department was the only choice available to them at the time and that their visit was only somewhat or not urgent.

The HQCA recognizes that solutions to wait times are complex and involve many aspects of the health system. We also acknowledge that numerous initiatives are underway throughout Alberta to help improve the situation.

"Over the next few weeks, we will be meeting with each of the health regions as well as other stakeholder groups to discuss the findings and where to go from here," says Cowell. "The survey results clearly show that regardless of overcrowding and wait-time issues, from the patient's perspective, health care providers need to develop strategies that provide an optimal environment for communication so that patients can fully share information about their condition, have enough time to discuss their health concerns and receive information about treatments, test results and discharge instructions."

As an independent organization legislated under the *Regional Health Authorities Act*, the Health Quality Council of Alberta (HQCA) gathers and analyzes information and collaborates with health regions and boards, professions and government to translate that knowledge into practical improvements to the quality and safety of the health care Albertans receive.

The report is available at <u>www.hqca.ca</u>.

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