

**Regional Community Based Care
Client Experience Survey Results
2017-2018**



**Western
Health**

**Prepared by:
Mariel Parcon
Regional Manager Research and Evaluation
Long Term Care, Rural Health, & Quality**

In collaboration with:
Population Health

Background

Survey Instrument

The validated community based care experience survey that was administered throughout the Western Health region was an approved Accreditation Canada Client Experience Survey based on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). The Accreditation Canada Client Experience Survey was modified to meet the needs of Western Health (see Appendix A).

Method

The survey was available to complete electronically through Google Forms or by paper from October 10 to December 31, 2017. Staff promoted the survey to all clients who received community based 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. Clients were also given the option to complete a paper version of the survey if they preferred.

Participants

The survey was promoted to all clients who received community based care at any Western Health location. This included services from the Community Support and the Community Health programs. For Community Health program, in the case where the service recipient was under the age of consent (16 years), the survey could be completed by a parent or guardian. Clients who were excluded from the survey included those who participated in mass flu shot clinics, school immunizations, and students receiving school health services.

Privacy, Confidentiality, Data Security

Privacy and confidentiality were achieved as the clients voluntarily and anonymously completed the survey online. Clients who completed the survey on paper did so with no

identifying information on the envelope or survey to identify the individual. Any information that could potentially identify the client was deleted. The data was stored on a password protected computer and surveys were stored in a locked office used by Long Term Care, Rural Health, and Quality staff.

Data Analysis

All data was compiled, transferred, and analyzed using Statistical Package for Social Sciences (SPSS). Descriptive statistics were calculated on regional data to obtain a general perspective of client experiences with community based care services at Western Health. Statistics were also calculated separately for the Community Support and Community Health programs to assist in quality improvement initiatives and planning at a program level. The following report provides a combined summary of survey results for both programs within the region.

Results

Demographics

A total of 402 surveys were completed by clients who received community based care across the region. The majority of respondents received services from the Community Health program (55%), while 45% received care from the Community Support program. To gain a more thorough understanding of the demographics and health status of the survey respondents, they were asked to report their age group (see Table 1) and their highest grade or level of school completed (see Table 2). They were also asked to rate their or their child's overall health. The majority of the respondents were in the 76+ age group (22.7%) and were a college graduate or higher (31.2%). When asked to rate their or their child's overall health, 21.1% reported excellent, 27.4% reported very good, 26.3% reported good, 20% reported fair, and 5.1% reported poor. When asked to rate their or their child's overall emotional/mental health, 35.5% reported excellent, 26% reported very good, 26% reported good, 10.1 reported fair, and 2.3% reported poor.

Table 1. Frequency and Percentage of Respondents by Age Group

Age Group	Percent (%)	Frequency
16-20	1.5	6
21-24	1.8	7
25-30	8.2	32
31-35	8.9	35
36-40	4.8	19
41-45	6.4	5
46-50	4.3	17
51-55	6.9	27
56-60	8.7	34
61-65	8.7	34
66-70	8.9	35
71-75	8.2	32
76+	22.7	89

Table 2. Frequency and Percentage of Respondents by Education Level

Education Level	Percent (%)	Frequency
8 th grade or less	14.9	58
Some high school, but did not graduate	13.4	52
High school graduate or GED	26.3	102
Some college	14.2	55
College graduate or higher	31.2	121

Care from Health Care Providers

Respondents were asked about the care they received from their health care providers (see Table 3). The majority of respondents reported that providers usually or always treated them with respect (99.8%), usually or always listened carefully to them (98.8%), usually or always explained things in a way they could understand (97.8%), and usually or always felt involved in decisions about their (or their child’s) care and treatment (98%).

Table 3. Provider Care

Question	Never % (N)	Sometimes % (N)	Usually % (N)	Always % (N)
How often did health care providers treat you with courtesy and respect?	0.2 (1)	0 (0)	3.5 (14)	96.3 (386)
How often did health care providers listen carefully to you?	0.3 (1)	1.0 (4)	6.0 (24)	92.8 (371)
How often did health care providers explain things in a way you could understand?	0.3 (1)	2.0 (8)	7.0 (28)	90.8 (363)
How often did you feel involved in decisions about your (or your child’s) care and treatment?	0.5 (2)	1.5 (6)	6.5 (26)	91.5 (366)

Information and Communication

Participants were asked about the communication and information provided by their health care providers during their visit. The majority of respondents reported that health care providers talked to them about whether they would have the support they needed (93.5%), got information in writing about what to do if there were changes in their (or their child’s) health related to their present issue (65.3%), and health care providers let

them know who to contact if they had a problem (91.7%). Of the 91.7% who reported they were told who to contact if they had a problem, 27% reported they had to contact that person. Of the 27% who reported they had to contact that person, 99% reported their call was returned in a timely manner. The majority of respondents also reported they were aware of the Newfoundland and Labrador HealthLine (88.5%).

Table 4. Information and Communication

Question	Yes % (N)	No % (N)	Don't Know % (N)
Did health care providers talk with you about whether you would have the support you needed?	93.5 (302)	2.9 (9)	3.7 (12)
Did you get information in writing about what to do if there were changes in your (or your child's) health related to their present issue?	65.3 (192)	27.9 (82)	6.8 (20)
Did health care providers let you know who to contact if you had a problem?	91.7 (330)	6.1 (22)	2.2 (8)
Are you aware of the Newfoundland and Labrador HealthLine?	88.5 (348)	7.9 (31)	3.6 (14)

Environment

Participants were asked if they received the community based service in their own home and 45.6% reported yes, and 54.4% reported no. Participants who reported they did not receive service in their own home were asked to rate the environment during their visit. The majority of respondents reported the surroundings were clean (99%), the bathroom was clean (58.2%), they had enough privacy (96.9%), and health care providers washed their hands or used hand sanitizer before and after providing care (82.3%).

Table 5. Environment

Question	Yes % (N)	No % (N)	Don't Know % (N)
Were the surroundings clean?	99.0 (200)	0.5 (1)	0.5 (1)
Was the bathroom clean?	58.2 (89)	1.3 (2)	40.5 (62)
Did you feel you had enough privacy?	96.9 (188)	3.1 (6)	0 (0)
Did your health care provider wash their hands or use hand sanitizer before and after providing care?	82.3 (145)	1.1 (2)	16.0 (28)

Overall Experience

Participants were asked if the scheduled appointment met their needs and the majority reported yes (97.2%), while 1.5% reported no, and 1.3% reported don't know.

Respondents were asked if they would recommend the program or service to friends and family and the majority reported probably or definitely yes (94.9%), 0.8% reported probably no, and 1.3% reported definitely no. Participants were also asked to rate their visit on a scale of 0 to 10, where 0 is the worst visit possible, and 10 is the best visit possible, the overall mean was 9.5.

Opportunities for Improvement

Overall results indicate that Western Health's community based services have many strengths including the care received from health care providers, communication from providers, the information provided by health care providers, and the cleanliness of the surroundings.

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 ways to ensure clients are provided with information in writing about what to do if there were changes their/their child's/their family member's health related to their present issue.

Appendix A

Community Based Care Client Experience Survey

Community Health Client Experience Survey

As a client (or parent of a client) who has recently received Community Health services through Western Health, we would like your feedback to help improve your experience. This survey is part of our efforts to understand how clients view their care experience.

This survey should take approximately 10-15 minutes to complete. Your participation in this survey is voluntary and will not affect your health care. The survey is anonymous and will not identify you as a participant. All information gathered from this survey will be treated confidentially and will be reported collectively.

Any information that you decide to share will help us identify areas for improvement. A summary of the survey results will be posted on our website at www.westernhealth.nl.ca.

We hope that you will take the time to complete the survey. Your participation is greatly appreciated. Please answer the questions based on your last visit. If you have any questions about this survey, please contact Ms. Mariel Parcon, Regional Manager Research and Evaluation at (709) 784-6806 or marielparcon@westernhealth.nl.ca. Thank you for helping to improve health care in the Western region.

Service Type

1. What community health service did you (or your child) most recently receive?

Mark only one oval.

- Diabetes Services
- Maternal, Child, and Family Health
- Developmental Services
- Adult Speech and Hearing Services
- Communicable Disease Control
- Medical Clinics (other services)

Care from Health Care Providers

2. Please answer the following questions about your (or your child's) care during your most recent visit:

Mark only one oval per row.

	Never	Sometimes	Usually	Always
How often did health care providers treat you with courtesy and respect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did health care providers listen carefully to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did health care providers explain things in a way you could understand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you feel involved in decisions about your (or your child's) care and treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Please answer the following questions about your (or your child's) care during your most recent visit:

Mark only one oval per row.

	Yes	No	Don't know	Not applicable
Did health care providers talk with you about whether you have the support needed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you get information in writing about what to do if there were changes in your (or your child's) health related to their present issue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did health care providers let you know who to contact if you had a problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Did you have to contact that person?

Mark only one oval.

- Yes *Skip to question 5.*
 No *Skip to question 6.*

5. Did this person return your call in a timely manner?

Mark only one oval.

- Yes
 No

6. Are you aware of the Newfoundland and Labrador HealthLine?

Mark only one oval.

- Yes
 No
 Don't know

Overall Rating of Visit

7. Did the scheduled appointment time meet your needs?

Mark only one oval.

- Yes
 No
 Not applicable

8. 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?

Mark only one oval.

	0	1	2	3	4	5	6	7	8	9	10	
Worst visit possible	<input type="radio"/>	Best visit possible										

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

Mark only one oval.

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

10. Did you or your child receive the service in your own home?

Mark only one oval.

- Yes Skip to question 14.
- No Skip to question 11.

The Environment

11. Please answer the following questions about the environment during your most recent visit:

Mark only one oval per row.

	Yes	No	Don't know	Not applicable
Were the surroundings clean?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the bathroom clean?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel you had enough privacy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your health care provider wash their hands or use hand sanitizer before and after providing your (or your child's) care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall Health

12. In general, how would you rate your (or your child's) overall health?

Mark only one oval.

- Excellent
- Very good
- Good
- Fair
- Poor

13. In general, how would you rate your (or your child's) overall mental/emotional health?

Mark only one oval.

- Excellent
- Very good
- Good
- Fair
- Poor

Demographics

14. Are you completing this survey on behalf of:

Mark only one oval.

- Yourself
- Your child

15. What is the highest grade or level of school that you have completed?

Mark only one oval.

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college
- College graduate or higher

16. What is your age?

Mark only one oval.

- 16-20
- 21-24
- 25-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51-55
- 56-60
- 61-65
- 66-70
- 71-75
- 76+

Community Support Client Experience Survey

As a client (or parent/caregiver of a client) who has recently received Community Support services through Western Health, we would like your feedback to help improve your experience. This survey is part of our efforts to understand how clients view their care experience.

This survey should take approximately 10-15 minutes to complete. Your participation in this survey is voluntary and will not affect your health care. The survey is anonymous and will not identify you as a participant. All information gathered from this survey will be treated confidentially and will be reported collectively.

Any information that you decide to share will help us identify areas for improvement. A summary of the survey results will be posted on our website at www.westernhealth.nl.ca.

We hope that you will take the time to complete the survey. Your participation is greatly appreciated. Please answer the questions based on your last visit. If you have any questions about this survey, please contact Ms. Mariel Parcon, Regional Manager Research and Evaluation at (709) 784-6806 or marielparcon@westernhealth.nl.ca. Thank you for helping to improve health care in the Western region.

Care from Health Care Providers

1. Please answer the following questions about your (or your child/family member's) care during your most recent visit:

Mark only one oval per row.

	Never	Sometimes	Usually	Always
How often did health care providers treat you with courtesy and respect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did health care providers listen carefully to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did health care providers explain things in a way you could understand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you feel involved in decisions about your (or your child/family member's) care and treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please answer the following questions about your (or your child/family member's) care during your most recent visit:

Mark only one oval per row.

	Yes	No	Don't know	Not applicable
Did health care providers talk with you about whether you have the support needed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you get information in writing about what to do if there were changes in your (or your child/family member's) health related to their present issue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Don't know	Not applicable
Did health care providers let you know who to contact if you had a problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. **Did you have to contact that person?**

Mark only one oval.

- Yes *Skip to question 4.*
 No *Skip to question 5.*

4. **Did this person return your call in a timely manner?**

Mark only one oval.

- Yes
 No

5. **Are you aware of the Newfoundland and Labrador HealthLine?**

Mark only one oval.

- Yes
 No
 Don't know

Overall Rating of Visit

6. **Did the scheduled appointment time meet your needs?**

Mark only one oval.

- Yes
 No
 Not applicable

7. **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?**

Mark only one oval.

	0	1	2	3	4	5	6	7	8	9	10	
Worst visit possible	<input type="radio"/>	Best visit possible										

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

Mark only one oval.

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

9. Did you receive the service in your own home?

Mark only one oval.

- Yes Skip to question 11.
- No Skip to question 10.

The Environment

10. Please answer the following questions about the environment during your most recent visit:
Mark only one oval per row.

	Yes	No	Don't know	Not applicable
Were the surroundings clean?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the bathroom clean?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel you had enough privacy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your health care provider wash their hands or use hand sanitizer before and after providing your (or your child's) care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

About You

11. What is the highest grade or level of school that you have completed?
Mark only one oval.

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college
- College graduate or higher

12. What is your age?

Mark only one oval.

- 16-20
- 21-24
- 25-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51-55
- 56-60
- 61-65
- 66-70
- 71-75
- 76+

13. In general, how would you rate your (or your child/family member's) overall health?

Mark only one oval.

- Excellent
- Very good
- Good
- Fair
- Poor

14. In general, how would you rate your (or your child/family member's) overall mental/emotional health?

Mark only one oval.

- Excellent
- Very good
- Good
- Fair
- Poor