

**Western Memorial Regional Hospital  
Ambulatory Care  
Client Experience Survey Results  
2018-2019**



**Western  
Health**

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## **Background**

### **Survey Instrument**

The validated ambulatory care client 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 March 14 to June 15, 2018. Staff promoted the survey to all clients who were 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. 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 ambulatory care services including: outpatient physiotherapy, blood collection, diagnostic imaging, EKG, EEG, emergency medical transport, endoscopy, dialysis, medical day care, wound care, urology clinic, vascular testing, fracture clinic, and orthopedic central intake clinic. These services are located across the region at the following facilities: Calder Health Centre (CHC) in Burgeo, Dr. Charles LeGrow Health Centre (LHC) in Port aux Basques, Sir Thomas Roddick Hospital (STRH) in Stephenville, Western Memorial Regional Hospital (WMRH) in Corner Brook, Western Memorial Health Clinic (WMHC) in Corner Brook, Bonne Bay Health Centre (BBHC) in Norris Point, and Rufus Guincharde Health Centre (RGHC) in Port Saunders. It's important to note that for the purpose of this survey, results from WMHC were combined with results from WMRH.

### **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 clients 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 ambulatory care services at Western Health. Statistics were also calculated for WMRH, STRH, and the rural health centres combined (RGHC, BBHC, LHC, & CHC) to assist in quality improvement initiatives and planning at a site level. The following report provides a summary of survey results for WMRH.

## Results

### **Demographics**

Of the 478 surveys that were completed by clients who received ambulatory care across the region, 280 (58.6%) received services from WMRH. 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 overall health, and overall mental or emotional health. The majority of respondents were in the 61-65 age group (15.7%) and were a college graduate or higher (36.4%). When asked to rate their overall health, 14.6% of respondents reported excellent, 32.1% reported very good, 28.6% reported good, 16.8% reported fair, 4.6% reported poor, and 3.2% did not report. When asked about their overall mental or emotional health, 26.1% of respondents reported excellent, 36.1% reported very good, 22.9% reported good, 8.2% reported fair, 1.4% reported poor, and 5.4% did not report.

Table 1. Frequency and Percentage of Respondents by Age Group

<b>Age Group</b>	<b>Percent (%)</b>	<b>Frequency</b>
16-20	0.7	2
21-24	1.4	4
25-30	2.5	7
31-35	2.1	6
36-40	4.6	13
41-45	6.4	18
46-50	12.5	35
51-55	12.5	35
56-60	12.5	35
61-65	44	15.7
66-70	12.5	35
71-75	8.9	25
76+	5.4	15
Missing	2.1	6

Table 2. Frequency and Percentage of Respondents by Education Level

Education Level	Percent (%)	Frequency
8 <sup>th</sup> grade or less	8.9	25
Some high school, but did not graduate	14.6	41
High school graduate or GED	21.8	61
Some college	15.0	42
College graduate or higher	36.4	102
Missing	3.2	9

### **Health Care Providers**

Respondents were asked about their interaction with health care providers (HCPs) from their ambulatory care visit (see Table 3). The majority of respondents reported that HCPs always or usually treated them with courtesy and respect (96.3%), listened carefully to them (96.3%), explained things in a way they could understand (95.9%), and respondents felt they were involved in decisions about their care and treatment (93.3%).

Table 3. Health Care Providers

Question	Never % (N)	Sometimes % (N)	Usually % (N)	Always % (N)
How often did HCPs treat you with courtesy and respect?	0.7 (2)	3.0 (8)	6.7 (18)	89.6 (241)
How often did HCPs listen carefully to you?	1.1 (3)	2.6 (7)	10.6 (28)	85.7 (227)
How often did HCPs explain things in a way you could understand?	1.1 (3)	3.0 (8)	11.4 (30)	84.5 (223)
How often did you feel involved in decisions about your care and treatment?	1.2 (3)	5.5 (14)	14.9 (38)	78.4 (200)

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

Survey participants were asked about the wait time and facility environment during their ambulatory care visit (see Table 4 and Table 5). The majority of respondents indicated they were not told how long they would have to wait to be seen (39.4%), that the surroundings were clean (93.5%), the bathroom was clean (52.5%), and that they had enough privacy (87.7%).

Table 4. Wait Time

Question	Yes, but the wait was shorter % (N)	Yes, and I had to wait as long as I was told % (N)	No, I was not told % (N)	Don't know or can't remember % (N)
Were you told how long you would have to wait to be seen?	33.5 (90)	20.1 (45)	39.4 (106)	7.1 (19)

Table 5. Facility Environment

Question	Yes % (N)	No % (N)	Don't now % (N)
Were the surroundings clean?	93.5 (258)	4.0 (11)	2.5 (7)
Was the bathroom clean?	52.5 (139)	7.9 (21)	39.6 (105)
Did you feel you had enough privacy?	87.7 (236)	10.0 (27)	2.2 (6)

### **Discharge**

The survey asked respondents about support, getting information in writing, and receiving contact information as part of their discharge (Table 6). The majority of respondents' report being talked to about whether they had the help they need after they left (76.6%), they got information in writing about what symptoms or health problems to look out for after your visit (55.4%), and that HCPs told them who to contact if they had a problem after they left (80.8%).

Table 6. Discharge Planning

Question	Yes % (N)	No % (N)	Don't know
Did HCPs talk with you about whether you would have the help you need when you left?	76.6 (105)	18.2 (25)	5.1 (7)
Did you get information in writing about what symptoms to look out for after your visit?	55.4 (77)	40.3 (56)	4.3 (6)
Did HCPs let you know who to contact if you had a problem?	80.8 (134)	16.8 (28)	3.0 (5)

## **Overall Experience**

Respondents were asked to rate their ambulatory care experience on a scale of 0 to 10 with 0 being the worst experience possible and 10 being the best experience possible. On average, clients ranked their experience at 8.9. Respondents were also asked whether they would recommend the service to friends and family 73.7% reported definitely yes, 23% reported probably yes, 2.2% reported probably no, and 1.1% reported definitely no.

## **Opportunities for Improvement**

Overall results indicate that Western Memorial Regional Hospital (WMRH) ambulatory care services have strengths such as the care received from health care providers, including their courtesy and respect to clients, effective communication, and involving clients in their care and treatment. Other strengths include the cleanliness of facility surroundings, bathrooms, client privacy, and the provision of contact information for who to contact if clients' have a problem after their visit..

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).

For WMRH, opportunities for improvement include:

1. Explore ways to better communicate wait times to clients.
2. Ensure all clients are asked if they have the help they need after their visit.
3. Ensure all clients are given information in writing about what symptoms or health problems to look out for after their visit.

## **Appendix A**

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