

**A**lbertans get emergency and urgent care services in many different ways. People in cities sometimes go to emergency departments in a hospital or use urgent care centres. If you live in a rural area, you might visit your local hospital or a community health centre. This survey focuses on what Albertans who were patients using emergency department services throughout the province told us about their experiences.



### Why did we do an emergency department survey?

A large part of what the Health Quality Council of Alberta (HQCA) does is survey Albertans about their experience and satisfaction with the quality of the health services they receive. In 2003, 2004 and 2006 we did a survey called *Satisfaction with Health Care Services: A Survey of Albertans*. The results told us Albertans are concerned with emergency department services in the province. We also know most other emergency departments in Canada and the United States are facing a similar crisis of crowding, access and related quality issues. These are the reasons the HQCA decided a more detailed study of the emergency department patient experience in Alberta was needed.

### What did we want to learn?

The main reason the HQCA did the survey was to get information about the patient experience that can be used to help health regions, doctors, nurses and other health care providers improve the quality of emergency patient care. We also wanted to:

- Get standardized and comparable information from across the province.
- Provide a beginning point or baseline for measuring new emergency department initiatives to improve quality.
- Look at what affects patients' experiences in the emergency department (e.g., how long people waited, crowding, what time people visited).

### How did we do the survey?

The HQCA formed a working group of experts from the 9 health regions as well as from the universities and government. This group helped determine the survey's scope and design and gave input throughout the process.

The survey used a core set of questions developed for the British National Health Service. Building on this well-validated British questionnaire, additional questions unique to Alberta were developed. The resulting survey tool was extensively evaluated for validity and reliability through a pilot study.

The HQCA contracted an independent organization, Prairie Research Associates, to do the survey. Survey packages were mailed to 46,838 patients who used selected Alberta emergency department facilities from February 10 to 23, 2007. Nearly half (48%) or 22,560 of the surveys were completed and mailed back, indicating a high level of interest by Albertans. This sample has a low margin of error for the combined urban ( $\pm 1.26\%$ ) and rural ( $\pm 0.61\%$ ) sites. The following results reflect the adult population that responded to the survey. The results are either displayed as total adult or are split into urban and rural.

### What were some of the key findings?

#### Wait times and reassessment

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

## Emergency Department Patient Experience Survey Highlights

- Overall, people who waited longer or experienced extreme crowding were less happy with their emergency department experience. Wait time issues were more common with, and had the greatest impact on, urban emergency departments.
- Patients said the overall order in which patients were seen was fair.
- Patients identified that staff were not always checking on them while they were waiting and when they looked for help, they could not always find a staff member to help them.
- The survey showed patients were more likely to leave the emergency without being seen if staff were not regularly checking on them or if patients could not get help from staff when they needed it.

### Staff care and communication

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

- Doctors and staff did not always take the time to respond and listen to patient needs and concerns or explain things like health condition, test results or wait times.
- Patients also said they were not always involved as much as they wanted in decisions about their care or treatment.
- About one-quarter of the patients said they were not treated with dignity and respect while in the emergency department or only were some of the time.
- Upon discharge from the emergency department, many respondents said they were not told or were only told to some extent when they could begin normal activities or what danger signals to watch for at home.
- While pediatric results are not discussed in this report, results for staff care and communication are notably better for pediatric respondents (i.e. parents) compared with adult patients.

In addition, the survey found:

- On average, urban emergency departments saw patients who were sicker and who felt the emergency department was the best place for their health issue.

In contrast, rural emergency facility patients were not as sick and the facilities played a larger role in providing after-hours and routine care versus emergency care.

- The survey also reflected significant challenges facing certain Alberta communities where population growth, community infrastructure issues and access to health care in general have been identified as a problem. Unique capacity issues in these communities appear to be an important factor affecting results.
- The majority of patients rated the courtesy of the triage nurse who first asked them about their health problem as excellent, very good or good.
- The majority of respondents rated their overall care experience as excellent, very good or good.

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

\* Respondents could choose more than one answer.

Many people got advice from someone else before going to an emergency department.

- Slightly fewer than 4 out of 10 (37%) respondents decided on their own to go to the emergency department.
- About 1 out of 3 (36%) went because a family member or friend advised them to go.
- About a third (34%) went at the suggestion of a health care provider such as their family doctor, a nurse from the Health Link telephone service, a doctor at a walk-in clinic or a specialist doctor.

The following were the most common reasons people chose to visit the emergency department:

- Just over half (53%) said the emergency department was the only choice available at the time.
- Almost 4 out of 10 (38%) said the emergency department was the best place to go for their medical problem.
- 1 out of 7 (14%) said the emergency department was the most convenient place to go.
- Nearly one quarter (23%) said they were told to go to the emergency department instead of somewhere else.

Those respondents that visited a rural emergency department (6 out of 10 people or 62%) were more likely

## Emergency Department Patient Experience Survey Highlights

than those who visited an urban emergency facility (4 out of 10 or 44%) to say the emergency department was the only choice available at the time.

### How did patients view their health concerns?

Respondents were asked how they assessed the seriousness of their health concern.

- 2 out of 10 people (21%) believed the health problem that brought them to the emergency department did, or possibly could, threaten their life.
- One quarter (26%) said their visit was urgent and there was a risk of permanent damage.
- Rural site respondents were more likely (6 out of 10 or 61%) than urban (4 out of 10 or 42%) to say their visit was only somewhat or not urgent. This may reflect more limited options for rural respondents seeking urgent care for minor health concerns.

### What health problem brought them to the emergency department?

More than half of those surveyed (59%) said the health problem that brought them to the emergency department was a new illness or condition or a new injury or accident. 4 out of 10 people (40%) said their visit was related to a previous health problem including:

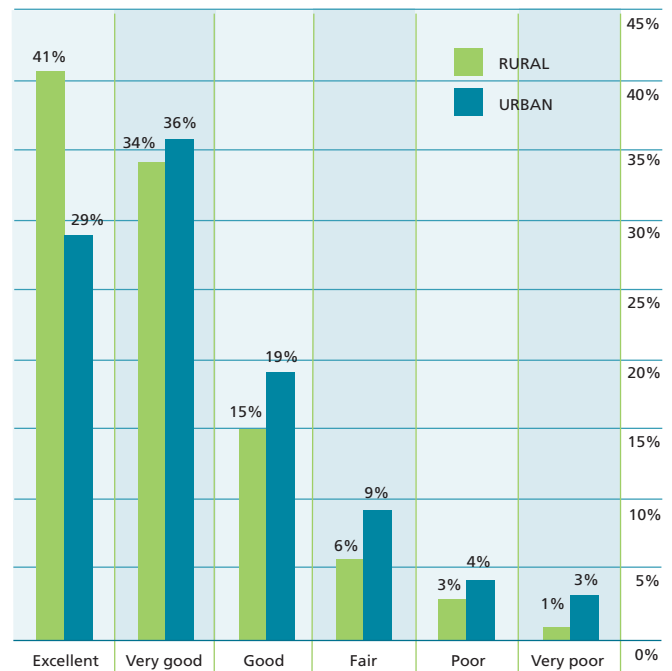
- A pre-existing chronic condition or illness that got worse (21%).
- Problems or complications following recent medical care (11%).
- Routine care of a pre-existing chronic condition or illness (4%).
- Follow-up care to be received in the emergency department (4%).

### What did Albertans say about the overall care they received?

9 out of 10 people (90%) who visited a rural emergency facility reported their care as good, very good or excellent compared with about 8 out of 10 (84%) visiting urban facilities.

- 1 in 10 adults (10%) who visited a rural emergency department said the care was fair or worse compared with about 2 in 10 (16%) in an urban facility.

### Global rating of emergency department care: rural and urban sites



### Reason for their visit dealt with to patient's satisfaction

About 7 in 10 (68%) rural respondents reported the main reason for their visit was completely dealt with to their satisfaction compared with 6 in 10 (59%) from the urban group. Nearly 1 person out of 10 or 9% overall said their health concern was not handled to their satisfaction.

### Treated with respect and dignity

The majority of patients that visited both urban (72%) and rural (80%) emergency departments said they were treated with respect and dignity during their visit.

### What did they say about the care staff provided?

Although recent attention has focused on wait times in emergency facilities, the survey found what mattered most to patients, and what most influenced their overall rating, was the care they ultimately received from staff.

When we talk about care, we are talking about the following key areas that patients have been shown to associate with good emergency department care.

## Emergency Department Patient Experience Survey Highlights

### Communication about the patient's health concern

- 3 in 10 (30%) people who visited an urban emergency department said the doctors did not listen to them or only listened to a certain extent. This is slightly higher than people who visited an emergency in a rural area (24%).
- Almost 4 out of 10 (36%) respondents reported their condition had either not been explained to them in an understandable way or was only to some extent.
- About 4 in 10 (38%) urban respondents said they did not have enough time with the doctor or nurse to talk about their health concern or only did to a certain extent. This compares with about 3 out of 10 (28%) for the rural group.

### Being involved in decisions; staff knowledge; trust

- About 4 in 10 (43%) urban respondents said they were not involved as much as they wanted in decisions about their care or treatment or were only involved to some extent. About 3 in 10 (33%) rural respondents had this issue.
- About 9 out of 10 (88%) urban respondents reported all or most doctors and nurses knew enough about their condition or treatment. This was similar to rural groups (85%).
- 3 in 10 people (30%) overall said they did not have confidence and trust in the doctors and nurses treating them or only did to some extent.

### Receiving information; explaining test results; getting staff to help

- More than 8 out of 10 of both urban (80%) and rural (86%) respondents said a family member or someone close to them had received the right amount of information about their condition. About 2 out of 10 (19% urban and 14% rural) said they had not received enough information.
- For patients who had tests, about 4 out of 10 respondents (41% urban and 37% rural) said staff either did not explain the results to them or only explained them to some extent.

- Of those people who looked for help from staff during their visit, nearly 5 out of 10 (47%) urban respondents and 3 out of 10 (33%) rural respondents reported they either could not find a staff member to help them or could only some of the time.

### Did patients feel staff treated them with respect?

Treating patients with respect was the second most important factor influencing how Albertans rated their overall care.

- About 2 out of 10 (19%) urban respondents said the doctors or nurses talked in front of them as if they were not there or did so to some extent, slightly higher than for the rural group (15%).
- Almost 2 in 10 (18%) urban respondents reported staff provided conflicting information compared with about 1 in 10 (13%) rural respondents.
- About 8 in 10 (82%) urban respondents said the order of being seen was fair compared with 9 in 10 (92%) of the rural group.
- 9 in 10 (90%) of those surveyed rated the courtesy of the triage nurse who first asked them about their health problem as excellent, very good or good.

### What did those surveyed say about managing pain?

Overall, more than 6 out of 10 (64%) people reported they were in pain while in the emergency department. About 6 out of every 10 (55%) respondents who had pain agreed emergency department staff definitely did everything they could to help control it.

For those people who asked for pain medication:

- About 5 out of 10 (46%) got the pain medication within 10 minutes.
- About 1 out of 5 (19%) waited more than 30 minutes.
- An additional 1 out of 10 (12%) said they did not receive the pain medication they asked for.

## Emergency Department Patient Experience Survey Highlights

### What about wait times and crowding?

For most people, the amount of time spent waiting to see a doctor was the most important factor related to waiting. From the patient perspective, it was even more important than the total wait time in the emergency department.

- Nearly 6 in 10 (58%) rural respondents said the waiting room was not at all crowded compared with 3 out of 10 (29%) urban respondents. However, about 4 in 10 (37%) urban respondents found the waiting room extremely or very crowded compared with about 1 out of 10 (13%) in the rural group.
- 9 out of 10 rural respondents (88%) found a comfortable place to sit compared with 7 out of 10 (72%) urban respondents.
- There was very little difference in the time urban and rural respondents spent waiting for a nurse to do the initial assessment.

People in urban emergency facilities waited the longest to see a doctor.

- 2 out of 10 (20%) urban respondents said they waited 2 to 4 hours to see a doctor. Another 2 out of 10 (19%) said they waited longer than 4 hours. 1 in 10 (9%) rural respondents said they waited 2 to 4 hours to see the doctor. An additional 2% said they waited longer than 4 hours.
- Half of those that visited a rural emergency department (49%) said they saw a doctor within 30 minutes compared with 3 out of 10 urban respondents (27%).
- About 6 in 10 (57%) from the urban group reported their total emergency visit was longer than 4 hours. This contrasted sharply with only 1 in 10 (11%) from the rural group.

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

More than 6 in 10 of those surveyed or 62% overall said they were not told how long they would have to wait to be examined.

- An additional 1 in 10 (12%) were told how long they would have to wait but ended up waiting longer.

- About 1 out of 10 (12%) urban respondents reported being told how long they would have to wait and the wait was actually shorter compared with 2 out of 10 (18%) for rural respondents.
- About half (51%) of urban respondents said they were not told why they had to wait compared with nearly 4 out of 10 (38%) rural respondents. Those who were not told why said they would have liked an explanation.
- 6 out of 10 (60%) in the urban group and about 7 out of 10 (73%) in the rural group said staff definitely checked on them while they were waiting. An additional 1 in 10 or 9% overall said while staff did check on them, they would have liked to have been checked more often.

### Reassessment guidelines for waiting patients

The study showed patients with health conditions at various severity levels were not being reassessed as often as they should have been according to guidelines established by the Canadian Association of Emergency Physicians. This is a potential safety issue for patients who could be at risk of harm from their medical condition because they are often not being reassessed while they wait.

### How effective was communication when patients left the emergency department?

In general, communication between staff and patients preparing to leave the emergency department could be improved.

- More than 6 out of 10 (64%) urban respondents and almost 6 in 10 (55%) in the rural group said they were not told or were only told to some extent when they could start normal activities.
- 4 out of 10 or 40% overall said they were completely informed about danger signals to watch for at home and knew what to do if they were worried about their condition or treatment after they left.
- 4 out of 10 or 40% overall said staff asked them how they were getting home and 39% reported staff asked if there was someone at home to help them.

## Emergency Department Patient Experience Survey Highlights

### What about communication related to medication?

About half (50%) of those surveyed said they were prescribed or given new medications during their emergency department visit.

- Of those who received a medication, close to 8 out of 10 people or 79% overall said they received a full explanation of what the medication was for and more than 7 out of 10 or 74% said staff explained how to take it.
- More than 4 out of 10 (45%) of those needing information about medication said they did not get any information about possible side effects and nearly 2 out of 10 (17%) said they received only limited information.

### Is privacy an issue?

Overall, most Albertans surveyed were not concerned about the level of privacy they were given during their emergency department visit. However, there is room for improvement.

- More than 6 out of 10 (64%) urban respondents said they definitely had enough privacy when discussing their condition or treatment compared with more than 7 out of 10 (74%) for the rural group.
- Nearly 8 out of 10 (76%) urban respondents said they had enough privacy when being examined or treated compared with about 8 out of 10 (84%) in the rural group.

### Why did some patients consider leaving before getting treated?

We asked respondents if they considered leaving the emergency department before being treated.

- Respondents were **more** likely to consider leaving before being treated if:
  - they waited more than 60 minutes for a nurse to assess them.
  - they waited more than 4 hours to see a doctor.

- Respondents were **less** likely to consider leaving without being treated if:
  - staff checked on them while they were waiting.
  - staff were available to help them.
- Of respondents who were ultimately admitted to hospital, more than 1 in 10 (13%) from the urban group considered leaving compared with less than 1 in 10 (8%) from the rural group.
- Almost 2 in 10 (15%) urban and rural respondents assessed at the 2 most urgent categories considered leaving before being treated. For these patients, leaving may have put them at considerable risk.
- Of respondents not checked on by staff, nearly 4 in 10 (37%) in the urban group and almost 3 in 10 (29%) in the rural group considered leaving; this dropped to 19% (urban) and 10% (rural) for respondents who were checked on by staff.
- Of respondents who could not get help from staff, nearly 6 in 10 (57%) in the urban group and more than 6 in 10 (62%) in the rural group considered leaving; this dropped to 14% (urban) and 9% (rural) for respondents who could always get help from staff.

### In summary

The survey highlights several quality of care issues as areas for focus and improvement. Looking at the findings through the lens of the HQCA's *Alberta Quality Matrix for Health* ([www.hqca.ca/index.php?id=35](http://www.hqca.ca/index.php?id=35)), the following dimensions of quality are particularly important from the perspective of the patient experience in the emergency department.

### Acceptability

By acceptable, we mean “were the health care services they received respectful and responsive to the patient’s needs, preferences and expectations?”

- The care and communication staff provides is the most important factor influencing how patients rate their overall emergency department experience. Critical to this care and communication is the ability of emergency department staff and doctors to:
  - enable two-way communication.
  - listen to patient concerns.

## Emergency Department Patient Experience Survey Highlights

- spend enough time with patients.
- show respect for patients.
- In a health care setting that is stressed and over-crowded, these elements of patient care are sometimes compromised.

### Effectiveness

Not addressing these care and communication issues can also have an impact on the effectiveness of the care staff and doctors provide. Effectiveness is about providing care that achieves positive outcomes for the patient. This can be difficult in an environment that does not adequately encourage communication between patients and health care providers.

- An optimal environment for communicating is one where patients:
  - can fully share information about their condition.
  - have enough time with their care providers to talk about health concerns.
  - have their condition, treatment, test results and discharge instructions explained to them in a way they understand.

Health care providers need to develop strategies that address these aspects of acceptable and effective patient care. This is an important objective for emergency department care regardless of overcrowding and wait time issues.

### Appropriateness

Appropriateness is defined as health services that are relevant to the patient's needs and are based on evidence-based practice.

- A significant number of people with chronic illnesses or previously existing problems visited the emergency department. While many such visits are necessary and unavoidable, there may be potential to manage some of these problems better, reducing emergency department visits. In some cases this may reflect limited access to alternate care options that might be more appropriate or better suited to treat ongoing medical conditions.
- In many rural communities the emergency department may be the only choice available at the time because of limited access to family doctors or other alternate care options.

### Accessibility and Safety

The *Alberta Quality Matrix for Health* defines accessibility as receiving services in the most suitable setting in a reasonable time and distance.

- For many patients and especially those visiting the more crowded urban emergency departments, long wait times are often an issue. The survey clearly shows wait times negatively impact the patient experience in many ways.
- Patients are more likely to leave the emergency department without being seen:
  - if staff are not regularly checking on patients while they are waiting.
  - if patients cannot get help from staff when they need it.
- Leaving without being seen may put some patients at increased risk. Reducing the risk of harm is what safe patient care is all about—mitigating risks to avoid unintended or harmful results.

We recognize solutions to emergency department wait time and crowding issues are complex and involve many aspects of the health system. Therefore, it is important to develop system-wide strategies that ultimately reduce emergency department wait times. We also acknowledge there are many initiatives underway throughout the province to improve emergency department wait times.

Until such strategies are developed, there are things that can be done in the interim:

- When it is difficult to access emergency department services (e.g., long wait times), patients should be reassessed while they are waiting to reduce the risk of harm that may occur from their medical condition.
- Patients can partner with health care providers and play an important safety role by:
  - not leaving before being seen.
  - communicating with emergency department staff if their condition worsens.
  - communicating fully with staff even if they appear to be busy.

### What happens next?

The HQCA did this survey to get information to help health regions, doctors, nurses and other health care providers improve the quality of emergency patient care in Alberta. We gave a detailed report to every emergency department and urgent care facility in the province that participated in the survey so they can see what they are doing well and where they can make things better.

The HQCA's next step is to create a working group of doctors, nurses, health care professionals and other people from the 9 health regions, universities and government to set priorities for new initiatives that can improve the quality of emergency and urgent care services in Alberta. The HQCA has also launched new educational initiatives to help Alberta health professionals strengthen their communication skills. For more information visit [www.hqca/index.php?id=121](http://www.hqca/index.php?id=121).



### Acknowledgements

The HQCA thanks those Albertans who participated in this survey and provided us with valuable information. We also thank our working group for their time and expertise.

### Want more details about the survey?

For a copy of the technical reports and results for specific facilities in your health region, go to [www.hqca.ca](http://www.hqca.ca).

### Tell us what you think

Please take a moment to tell us what you think. You may also do this on our web site at [www.hqca.ca](http://www.hqca.ca).

1. How did you hear about the *Emergency Department Patient Experience Survey*?

---



---

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, AB T2N 2A4  
403.297.8162

*Thank you for completing and returning this survey.*