



A companion piece to
The Change Foundation's
Survey Review

What do the surveys
suggest about patient/
client and caregiver
experiences in Ontario?

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THE CHANGE FOUNDATION

HEALTH CARE DESERVES
OUR FINEST THOUGHT

INTRODUCTION

This document is a companion to The Change Foundation’s review of existing and planned surveys of patient/client and caregiver experiences in transitions across care providers in Ontario. It summarizes the findings of the surveys that were publicly available (see Table 1.) and includes population-based and targeted client surveys—all looking at patients’ recent experience with the Canadian/Ontario health-care system. Although most of the surveys examined in this brief are geared toward patients/clients and their informal caregivers, it also includes a couple of provider-focused surveys because they touch upon important elements of patient and caregiver experience.

From the two dozen surveys and projects examined in the review, we have selected 12 with publicly accessible findings. Those dozen are identified in Table 1 with an endnote. We probed those surveys for findings related to six elements of patient experience:

1. Clear, consistent, reliable communication and exchange of information
2. Coordinated and connected care
3. Comprehensive care
4. Engaged in own care
5. Respectful, empathetic and considerate care
6. Timely and convenient care

The methodology and sample sizes of these studies vary. Some of them used a single method of data collection, e.g. written/phone surveys, while others opted for a combination of methods, such as surveys, focus groups, and interviews, to explore different dimensions of the patient’s experience. Several studies focus on a specific health-care sector—e.g. Hospital Report Card; Primary Care Access Survey; others explore the overall experience with the health-care system, e.g. National Report Card on Health Care.

Table 1: Selected Surveys of Patient Experience

Category	Sponsoring Organization	Specific Projects (highlighted studies are used in this summary)	Focus
Health-Care Providers	OACCAC	CCAC Client and Caregiver Survey	Experiences within the institution. Usually ongoing with one-time, episodic focus.
	OHA	Hospital Patient Satisfaction Survey ¹	
	CAMH	CAMH Survey of Client Experience	
	CCO	Ambulatory Oncology Patient Satisfaction Survey ²	
	AOHC	Ontario Health Centres Client Survey	
	OHQC	Ontario LTC Residents and Families Survey ³	
Health Information/ Policy Research	Commonwealth Fund	International Health Policy Survey of Adults and Sicker Adults ⁴	Population views or experiences with health-care system and services. Usually ongoing
	MOHLTC	Primary Care Access Survey ⁵	
	Statistics Canada	Cdn Community Health Survey ⁶	
	Statistics Canada	Cdn Survey of Experience with Primary Health Care ⁷	
	Multi stakeholder	Health Care in Canada ⁸	
	CMA	Report Card on Health Care ⁹	
	Saskatchewan	Patients First Saskatchewan Review ¹⁰	
Academic Research	SCCRU	Evaluation of Continuity of Cancer Care	Varies. Usually one-time.
	SCCRU	Effectiveness of Specialist Oncology Nursing Mgmt	
	CCO	Measuring Integration of Cancer Services	
	HSPRN, CHRU, SCCRU	Evaluation of Transitions between Acute and Community Care	
Other	Commonwealth Fund	International Health Policy Survey of Primary Care Physicians ¹¹	
	CFPC, CMA, RCPSC	National Physician Survey ¹²	
	QIIP	QIIP Activity	
	HSPRN	Understanding Target Populations for System Improvement	
	CIHI	Uses of the Home Care Reporting System Avoidable Admissions Initiative	

To check acronyms, go to Appendix 3 of the [survey review](#).

FINDINGS OF SELECTED SURVEYS ON PATIENT EXPERIENCE

Because of differences in methodologies, sample sizes and time frames, the findings of these surveys can not always be compared or generalized. Instead, we offer some observations about the experiences of patients and caregivers interacting with different sectors and services. We've categorized these observations under six characteristics.

1. Clear, Consistent, Reliable Communication and Exchange of Information

Clear communication was identified as a crucial element of patient/caregiver experience in hospitals and in the community.

- In hospital settings¹, experiences varied depending on what types of services the patient received
 - Patients of EDs were less satisfied with the clarity of information (66%) than those in acute care (76%);
 - Informal caregivers reported higher levels of satisfaction with communication and information; 80% of complex care caregivers thought this element of their experience was satisfactory; 84% of pediatric unit caregivers were satisfied with their communication with medical staff.
- Only 64% of ambulatory oncology patients were satisfied with the clarity of communication with medical staff².
- 88% of respondents with chronic conditions have access to the information they need to manage their health⁸;
- Another population-based survey captured additional elements of communication between patients/clients and providers in the community or transitioning to community^{4ab}.
 - 66% were satisfied with doctor-patient communication;
 - 16% reported problems with conflicting information;
 - 33% of doctors provided a written plan for care at home;
 - 42% indicated that medications were not discussed at discharge.

Interestingly, primary care physicians agreed that some of these elements of communication needed improvement. Only 16% reported providing written information for care at home, and another 16%—providing written list of medications¹¹.

- 12% of surveyed Saskatchewan residents reported that communication was a major challenge¹⁰.

2. Coordinated and Connected Care

Coordination and connectedness of care is becoming an important indicator of patient centeredness of care. Many of the selected studies explored the ease of patients' navigation through the health-care system by asking questions about transitions, integration, coordination, and collaboration between providers. Transitions were seen as especially problematic.

- In hospital settings
 - in pediatric acute care units, 74% of parents were satisfied with continuity and transition; and 77% were satisfied with coordination of care¹;
 - 70% of rehabilitation unit patients were satisfied with continuity and transition of their care¹.
- Ambulatory oncology clients reported 66% satisfaction with coordination and continuity of care².
- In a community setting, the level of coordination is tied to the GPs' role in care coordination^{4ab}. As the needs of clients/patients grow, coordination of care involving multiple providers becomes increasingly problematic.
 - Only 67% of surveyed Canadians reported that their care was coordinated by their regular doctors; and 69% said their GPs helped them look for specialists; only 40% said their GPs made follow-up calls^{4ab}.
 - 25% of surveyed adults with chronic conditions reported experiencing problems with tests and records; 16%—with coordination of specialist services; and 50% said there were gaps in hospital discharge^{4ab}.
- A physician survey shed light on some of the fragmentation of the community sector services: 11% of GPs reported that they do not collaborate with specialists, 25% of specialists do not collaborate with other specialists; 30% GPs do not collaborate with other providers; and 29% of specialists do not collaborate with other providers¹².
- In a Saskatchewan study, 53% surveyed residents agreed that problems in transition begin with primary care¹⁰.

3. Comprehensive care

The comprehensive nature of care is not explored extensively in these surveys. Some of the questions related to access to various types of services can be viewed as relevant to this element of patient/client experience.

- A survey found that access to comprehensive services, such as for seniors, children, home care, and mental health are in need of improvement: only 24% were highly satisfied with available services for children; and 21% with services for seniors. Levels of satisfaction with access to home and mental health-care services were even lower at 14% each⁹.

4. Engaged in Own Care

With changing and growing expectations, patient/care-giver engagement in own care is becoming a norm in the health-care sector. However, from the selected surveys we learn more about patients' engagement in their own care in the hospital environment than in the community.

- In the hospital setting:
 - Rehabilitation unit patients were generally satisfied with their engagement in care (77%); their families' involvement (74%) and patient-centered education they receive in hospitals (74%)¹;
 - 82% of caregivers of pediatric acute care units were satisfied with their partnership with medical staff¹;
 - Satisfaction with engagement in their own care among mental health patients varied based on whether they were in-patient or discharged clients. Discharged patients reported higher levels of satisfaction (78%), compared to in-patient clients (66%) perhaps explained by the acuity and complexity of their care needs¹.
- 67% of long-term care clients felt they were encouraged to participate in their own care³.
- In a population-based study, 40% of surveyed Canadians reported that they had never developed a treatment plan with their primary care doctor⁷.
- 93% Canadians agreed that it is their own responsibility to take care of their health; 88% believed they have to work in partnership with their health-care providers and participate in managing their own health; 63% respondents with chronic conditions said they work with their doctors, but only 10%—with the team⁸.

5. Respectful, Empathetic and Considerate Care

Respect, dignity and consideration are also essential elements of patient-centered care. Questions regarding this side of the patient experience were asked in the Hospital Report Card questionnaire and the Ambulatory Oncology Patient Satisfaction Survey.

- In the hospital setting:
 - 80% of caregivers of pediatric acute care units appear to be satisfied with respect, empathy and consideration; 84% were also satisfied with physical comfort¹;
 - ED patients were less satisfied with consideration (72%), compared to general acute care patients (79%)¹;
 - 79% rehabilitation unit clients reported satisfactory levels of physical comfort; and emotional support (78%)¹;
- In ambulatory oncology care, although the levels of satisfaction with physical comfort and respect for

preferences were high (77% and 79%); emotional support was reported to be lacking (51%)².

- In long-term care facilities, only 39% were placed in their first choice of a home the first time; 83%—felt they could speak up if unhappy with care³.

6. Timely and Convenient Care

Timeliness and convenience of care came up in a number of the selected surveys. Most of them were categorized under 'access to services' particularly in the primary care sector. Some common themes included access to: after-hours care, walk-in clinics, diagnostic tests, primary care physician, and specialist.

- In the hospital setting, patients were generally satisfied with access to care and services (78%)¹.
- In a separate survey slightly less satisfaction is reported on ambulatory oncology services (70%)².
- Timeliness—this element is mostly process related and refers to the way services are organized in the primary care sector.
 - 16% of surveyed Canadians reported high satisfaction with access to a family doctor; 20%—with diagnostic tests; 18%—with their access to specialists; 21%—care for seniors; 14%—with home care; another 14%—with mental health services⁹;
 - 10% of surveyed Ontarians thought they waited too long to see their primary care physician; almost half (45%) said the waiting lists for an appointment was too long⁷;
 - People with chronic conditions who did not have regular care providers were more likely to go to emergency departments for treatment⁶.
 - Long-term care clients also end up in emergency departments for conditions that could be managed elsewhere³.
 - In a population-based survey, 39% of Canadians believed that timely access to health care worsened over the last 5 years; 49% said access to family doctors deteriorated; 46%—access to specialists; 19%—access to home care; 33%—access to long term care; another 33%—access to diagnostic tests⁸.
- Convenience
 - Only 34% of surveyed Canadians were positive about their access to walk-in-clinics; 17% were highly satisfied with their access to after-hours care⁹;
 - 48% reported problems booking same-day appointments with regular doctors; and 20% used ED services for non-emergency care⁵;
 - 32% had difficulty booking an appointment with the primary care physician; and 18% could not contact the physician⁷.

SUMMARY

Although the results of these surveys are not comparable, a few observations can be made based on this summary:

- Patient/caregiver satisfaction with communication and coordination appears to decline as they move from a structured hospital environment to the community;
- Satisfaction with experience depends on patient/caregiver needs and the ability of the health-care system to meet these needs; patients with more complex needs appear to be less satisfied with their experience;
- In the community, the role of primary care physician in coordination of care is identified as critical to patients' ability to navigate the health-care system, yet is one of the areas patients score at the lower end.

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Read our Strategic Plan 2010,
*Hearing the stories,
 changing the story*

THE CHANGE FOUNDATION

The Change Foundation is an independent policy think tank, intent on changing the health-care debate, health-care practice and the health-care experience in Ontario. It leads and leverages research, policy analysis, quality improvement and strategic engagement to enable a more integrated health-care system in Ontario designed with individuals and caregivers top of mind.

VISION

To be Ontario's trusted advisor advancing innovative health policy and practice.

GOAL

- To improve the experience of caregivers and individuals as they move in, out of, and across the health-care system over time.
- The Foundation will adopt a participatory approach to the following four methods: research, policy analysis, quality improvement, and engagement.

MISSION

- To make caregivers and individuals in need of health care part of the health-care discussion about how to find solutions to improve their experiences.
- To stimulate new ways of thinking, behaving, and interacting to foster improved health care for people, especially when they are in transitions.
- To generate robust and independent research and policy analysis of health-care issues related to improving the experience of individuals and caregivers as they navigate the health-care system.
- To lead informed discussion and strategic engagement with the stewards, stakeholders and users of the health-care system.

MANDATE

To promote, support and improve health and the delivery of health care in Ontario.

VALUES

Excellence. We strive for excellence in all we do. **Innovation.** We take innovative approaches in developing new ideas.

Collaboration. We work in partnership with others to achieve success. **Inclusivity.** We strive to include all voices and views.