

Board Report – Client Experience Survey Results 2015

SUMMARY OF FINDINGS

Number of Respondents

Every year North Hamilton Community Health Centre engages its clients in a survey which asks a range of questions, including perceived health status, satisfaction with services and facilities, and knowledge of the Health Centre’s resources. This is the fourth year in a row in which clients have been surveyed on a yearly basis. Prior to 2012, all surveys were run every two years. In total 198 clients participated in the 2015 survey. The table below describes how participants were recruited. Participation was slightly higher than in previous years, 175 participated in the 2014 and 179 participated in 2013.

Group	Completed Surveys
Random English Selection	162
Random Internet self-administered	5
Random mail out	12
Primary Care—random selection	94
Health Wellness—random selection	68
Spanish—Convenience Sample	19
Total Survey Completed	198

Satisfaction with Service Provider, Interactions, and Facilities

Overall, clients continue to exhibit very high levels of satisfaction with the services and care received across departments. There is a range from 93.8% to 97.1% for satisfaction (‘very satisfied’ and ‘satisfied’) with the overall care received from various departments, and a satisfaction range from 93.2% to 97.1% for being treated with dignity and respect (for Mental Wellness, Rehabilitation, Fitness, Feet First and Diabetes). For Primary Care, the scale for being treated with ‘dignity and respect’ was different: 96.8% of respondents reported that they would rate their provider as treating them with dignity and respect as ‘excellent’, ‘very good’ or ‘good.’ (the percentage for ‘excellent’ was 68.1%). A similar general question was asked about overall services provided at the Health Centre being sensitive and respectful of culture, beliefs, and traditions to which 99.4% of the random English sample answered ‘yes’ and 100% of the Spanish sample and both pilots answered ‘yes.’

There was still a high knowledge of the fact that the Health Centre works in teams (92.6% in 2015 compared to 94.7% in 2014, 83% in 2013 and 72.5% in 2012). 92.5% of individuals reporting liking the team approach to care delivery (compared to 95.7% in 2014). 95.7% of respondents reported that their confidence in their primary care provider was “excellent” “very good” or “good” (63.4% “excellent”).

The Feedback for primary care provider seen most often is summarized in the chart below.

Feedback for primary care provider seen most often: percentage response for “excellent”, “very good” and “good”

	English	Spanish
They listened to your concerns	95.7%	94.8%
They explained things in a way that was easy to understand	95.8%	94.8%
They were sensitive to your needs and preferences	93.6%	93.6%
They encouraged you to talk about your own personal goals or what was important to you during your appointments	89.4%	89.5%
They gave you clear instructions about what you need to do after your visit	97.9%	100%

Combining “always” and “most of the time” for each department (primary care, mental wellness, rehabilitation, fitness, foot care and diabetes), there is a range from 87% to 95.9% for being given the opportunity to ask questions about health and treatment; a range of 81.3% to 92.9% for being helped how best to manage one’s health; a range of 84.4% to 100% for being involved as much as wanted in decisions related to ones own care and health; a range of 84.1% to 98% for feeling that enough time has been spent with the client, and a range of 80.9% to 98.5% for perceiving that appointments begin on time. The chart below shows these results:

‘Always’ or ‘Most of the time’ percentage rate for the questions regarding provider care

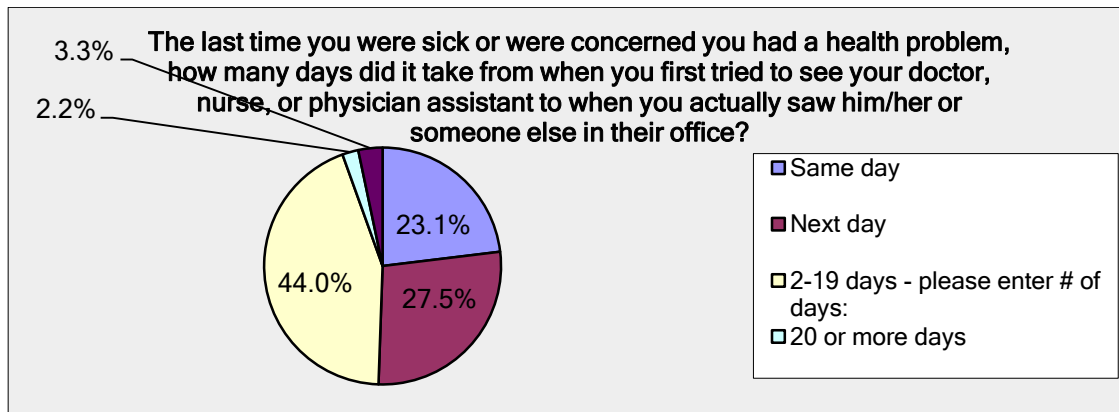
	Primary Care	Mental Wellness	Rehabilitation	Fitness	Foot Care	Diabetes
Give you an opportunity to ask questions about recommended treatment	89.4%	92.9%	95.9%	87.5%	87%	90.9%
Help you to understand how best to manage your health	89.4%	92.9%	91.7%	81.3%	88.4%	90.9%
Involve you as much as you want to be in decisions related to your own care and treatment	90.5%	100%	95.6%	84.4%	88.4%	93.2%
Spend enough time with you	87.2%	96.4%	98%	84.1%	94.2%	90.9%
Begin appointments on time	80.9%	96.4%	98%	N/A	98.5%	90.9%

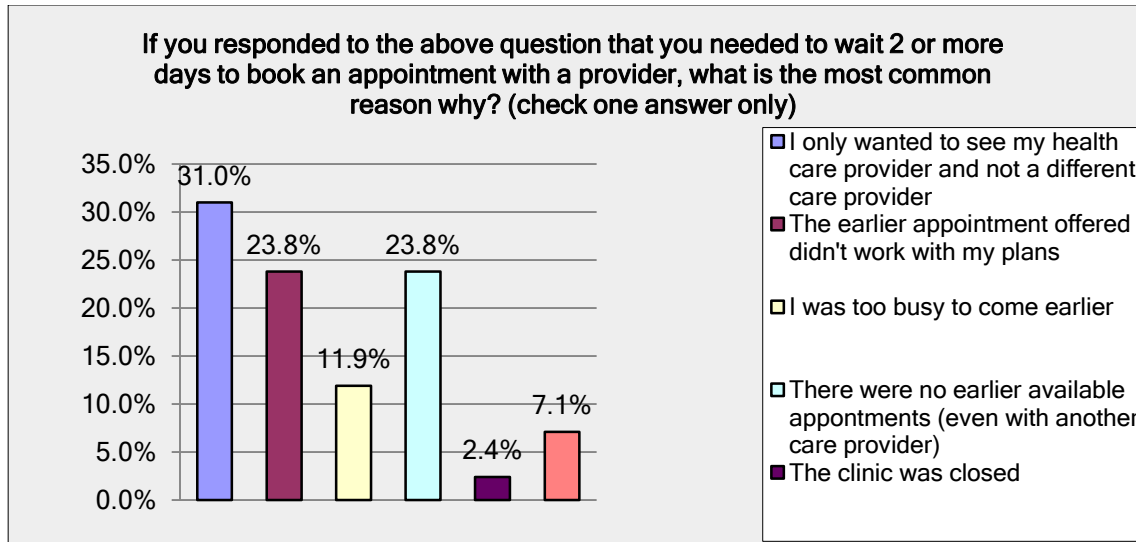
Compared to 2014, where an average of 90.9% of respondents (range 86% to 96.5%) reported that their appointments began on time, in 2015, an average of 92.9% of respondents report that their appointments begin on time (range 80.9% to 98.5%). In contrast, in 2013 76.5% of respondents reported that their appointments began on time and in 2012, 87.9% of respondents reported that their appointments began on time.

2015 was the first year for asking about continuity/interdisciplinary care. The following are the percentages for 'always' and 'most of the time' combined:

- Primary care provider knowledgeable about client medical history – 88.2%
- Primary care provider seemed to have recent tests or exam results – 87.2%
- Primary care providers were consistent in what they were telling their clients about their care and treatment – 91.5%
- Primary care providers seemed to work well together in caring for their clients – 90.3%

73.4% of respondents report that when they are sick they are able to get an appointment on the day that they want, and 50.6% of survey respondents report being seen the same day or next. In comparison, in 2014, the majority of primary care respondents (54.8%) reported that if they were sick they would need to wait 2-19 days before being seen by a provider at NHCHC. In 2015, among individuals who had to wait 2-19 days for an appointment, 71.5% reported that this was due to client-driven factors (as opposed to clinic-driven factors) such as only wanting to see a specific provider; being too busy to come earlier, or having other plans that didn't allow for an earlier appointment.





In 2015 a question about length of time having to wait in the examination room before seeing your health care provider as added for Primary care and Rehabilitation. Overall, 95.7% of Primary Care users and 97.9% of Rehabilitation users would rate the length of time they needed to wait in the examination room prior to seeing their provider as “excellent” “very good” or “good.”

Length of time having to wait in examination room before seeing care provider

	Primary care	Rehabilitation
Length of time having to wait in examination room before seeing your health care provider	95.7% (excellent, very good & good) 51.6% (excellent)	97.9% (excellent, very good & good) 64.6% (excellent)

As in 2014, respondents were asked what they would do if the Health Centre were closed and they needed help for a cold. The following chart illustrates the results.

Comparison of what clients would most likely choose to do if the Health Centre were closed and they needed help for a cold (2014 and 2015)

	2015	2014
Wait until the next day	52.7%	44.7%
Call the after hours phone	20.4%	12.8%
Visit a walk-in clinic	9.7%	18.1%
Go to the emergency department	3.2%	9.6%

95.1% of respondents replied that reception staff were helpful ‘always’ or ‘most of the time’ and 97.6% of respondents replied that reception staff were polite ‘always’ or ‘most of the time.’ 97.5% of

respondents rated their ability to speak with reception staff (rather than to leave a phone message) as ‘excellent’, ‘very good’, or ‘good.’

As in 2013 and 2014 Health Centre accessibility was rated high with 90.6% reporting that the health centre was accessible (slightly lower than the 92.9% who reported that it was accessible in 2014). The design or layout of the Health Centre was also positive with 99.4% reporting that they were able to move around the building easily (compared to 98.1% in 2014).

Questions about Centre cleanliness and the physical comfort were added to the 2015 survey. 100% of respondents would rate the cleanliness and physical comfort as ‘Excellent’, “very good” or “good” while 74.8% of respondents and 68.8% of respondents would rate cleanliness and physical comfort as “excellent” and 95.6% and 93.6% as “excellent” or “very good” respectively.

Areas in Need of Attention

While satisfaction with Health Promotion programs was high, less than 70% of respondents reported being knowledgeable about HP programs and less than 10% of those who were aware of programs actually participated 2015. The number does increase to 74% (awareness) and 17% (participation) when analysed for Primary care patients only. These numbers are low, even taking into account that a large number of Health Promotion programs are targeted at children who were not included in the survey.

Below is a summary of program knowledge & participation

Knowledge of Program	English	Spanish
Health Promotion in general	68.8%	57.9%
Seniors services	Not asked	Not asked
Volunteer services	42.8%	47.4%
Participation in Program		
Health Promotion in general	6.9% (or 10% of those aware of programs)	26.3% (or 45.5% of those aware of programs)
Seniors services	8.8% (or 8.2% of those aware of HP programs)	26.7% (or 36.4% of those aware of HP programs)
Volunteer services	3.8% (or 8.8% of those aware of volunteer services)	10.5% (or 22.2% of those aware of volunteer services)

As in 2014, only a small percentage of English-survey respondent seniors responded to using NHCHC services specifically for an elderly population. This may be due to a lack of knowledge of services and programs or other barriers that prevent the senior population from accessing our services. It is also possible that these individuals do not self-identify as seniors or are already engaged in programs for seniors elsewhere. As in 2014, the demographics of our sample are not reflected in this response. Approximately 64 of the 162 individuals who responded to the standard English survey in 2015 are 60 years of age or older. As individuals age and as seniors are comprising a larger proportion of the population than they did in the past, it is important to understand what services they require or would like to use and how best to deliver these services to them

Although close to ¾ of English respondents report being able to get an appointment on the day they wanted (73.4%), only 68.4% of Spanish respondents report being able to get an appointment on the day they desired. Likewise while 50.6% of English respondents report being seen the same day or next, 15.8% of Spanish respondents report being seen the same day or next. Of those who had to wait 2 or more days, 71.5% of English respondents report that this is due to client factors but only 43.9% of Spanish respondents report that this is due to client factors. 56.1% of Spanish respondents report no earlier appointments even with another provider. It is important to remember that the Spanish sample is incredibly small (n=19) and thus results may be biased due to low representation. At the same time, it is important to remember that monolingual Spanish speakers likely face more barriers that result in their being unable to get appointments on the day required (such as interpreter availability, family-member assistance, Spanish-speaking provider availability and so forth).

As in 2014, there is still a high demand for weekend appointments. 75.2% of English respondents and 64.7% of Spanish respondents report that they would use a weekend appointment. Among English-speaking Health wellness users only, 75.2% report wanting to use weekend appointments. Among English-speaking Primary Care users only, 100% report wanting to use weekend appointments. The top three services desired for weekend appointments are: primary care, fitness/gym, and physiotherapy.

While on-call knowledge has increased from 2014, up to 63.4%, it still remains low (in 2014 on-call knowledge was 56.4%). At the same time, it is important to recognize that only two on-call blitz weeks had taken place prior to the administration of this survey and that as our campaigning continues, it is likely that knowledge of this service will increase.

While 63.4% of respondents knew about the on-call medical service only 59.4% knew about its availability, highlighting the importance of promoting both knowledge of system as well as knowledge of system availability.

Self-reported emergency department visits within the last 12 months was high. Among English-speakers, 30.1% report visiting the ER (34.4% in 2014) and among Spanish-users 42.1% report visiting the ER (25% in 2014). However, given that such a low percentage of individuals responded that they would visit the ER for a cold, it may be that actual visit rates reflect a far more serious complication. Further exploration is required, including into factors that result in non-English speakers visiting the ER.

While website awareness has increased to 55.3% in 2015 from 47.4% in 2014 it still remains low. Among Spanish speakers, 31.6% reported being aware of the website (compared to 38.1% in 2014). 29.7% of English respondents and 5.3% of Spanish respondents report using the website “sometimes” or “frequently.”). Suggestions to improve website awareness include: increased website advertising, offering computer instruction sessions, expanding website language availability and increasing website applicability, e.g. being able to book own appointment through website. 70% of English-speakers and 79% of Spanish-speakers report having internet access.

Awareness of the complaints process continues to remain low. Only 42.9% of English respondents (compared to 44.5% in 2014) were familiar with the process. Among Spanish-speakers there has been an

increase in awareness from 28.6% in 2014 to 36.8% in 2015. Despite this increase, awareness among both groups remains below target.

Respondents were asked about a change they would like to make to the Health Centre. Most common responses were for: a) increase physician continuity of care/retention/hire more physicians; b) increase services/resources; and c) longer of different hours.

Regarding services clients would like to see offered, clients proposed: dental care, eye care, alternative health care providers, increased types of programs offered (e.g. Alzheimer's society, cooking class for young adults, support groups for women who suffer from violence etc.)

Conclusion

As in previous years, the Health Centre continues to exceed its standard and has an over 80% satisfaction rate with all services and providers. Clients continue to tell us that they are happy with our model of care and that they feel strongly our organization respects their culture and traditions. They report that the health centre is easy to access and that the design allows them to move around easily.

Areas requiring further attention include, knowledge and participation in Health promotion programs (including seniors programs and volunteer programs); barriers preventing Spanish-speaking clients from obtaining same day or next day primary care appointments; knowledge of on-call medical service and service availability; factors resulting in Emergency department use among English and non-English clients of the Health Centre; website awareness and use; and knowledge of complaints process.

Clients also report wanting to use weekend appointments and have provided suggestions in areas of health centre change and service expansion.