

Client Experience Survey Results 2017

Board Report

SUMMARY OF FINDINGS

Every year North Hamilton Community Health Centre engages its clients in a survey which asks a range of questions about perceived health status, satisfaction with services and facilities, and awareness of the Health Centre’s services and programs. The survey has been administered on an annual basis since 2012, prior to which surveys were administered every two years. Using a convenience sampling methodology, a total of 218 clients participated in 2017, including 198 English-speaking respondents and 20 Spanish-speaking respondents.

Table 1: Respondent Participation/Usage Rates of Health Centre Services

Department, Service, Program	Number of Clients Who Have Used or Participated in the Service, Program or Department (e.g. responses of ‘YES’ to questions of ‘Have you used...?’)	
	English (N = 198)	Spanish (N= 20)
Primary Care	109	15
Rehabilitation Services	103	14
Foot Care	83	5
Fitness	71	10
Mental Wellness	53	17
Diabetes Education	48	9
Health Promotion	30	3
Senior Services	29	8
Volunteer Services	10	5

Among English-speaking respondents, about 55% of those surveyed had a physician, nurse practitioner, or physician assistant at the Centre, almost 14% of whom came exclusively to see one of these three primary care providers, while about 84% had used at least one Health Wellness service in the past 24 months. In 2016, approximately 82 clients, i.e. about 41%, indicated that they had a physician, nurse practitioner, or physician assistant and also had engaged in at least one Health Wellness service.

Satisfaction with Overall Care

Clients reported very high levels of satisfaction with the services and care received across all Health Centre departments in the 2017 Survey. Client approval ratings of the “overall care” received from various departments ranged from roughly 87% for Health Promotion to almost 99% satisfaction with Foot Care Services, when combining the top two response options of ‘very satisfied’ and ‘satisfied’. In addition, when combining the top two response options of ‘excellent’ and ‘very good’ in a similar question about the primary care team, the approval rating was about 79%, and when the response option of ‘good’ is also included for the primary care response, then the client approval rating for primary care rose to about 95%. Clients were also very satisfied with the level of dignity and respect afforded them by the different teams and departments, with approval

ratings ranging from 95.4% for Primary Care to 100% for Foot Care, Fitness, and Rehabilitation Services as seen in Tables 2 and 3. This is very poignant as “respect” was one of the most commonly chosen words used by clients to describe excellent health care. When questioned about cultural sensitivity, 100% of English-speaking clients and Spanish-speaking clients felt that Health Centre services were sensitive and respectful of their culture, beliefs and traditions.

Table 2: Overall Care and Dignity and Respect for Services other than Primary Care

	2017		2016	
	Overall Care and Services	Treated with Dignity & Respect	Overall Care and Services	Treated with Dignity & Respect
	Very Satisfied/ Satisfied	Very Satisfied/ Satisfied	Very Satisfied/ Satisfied	Very Satisfied/ Satisfied
Foot care Services	98.8%	100.0%	100.0%	98.6%
Fitness	98.6%	100.0%	98.0%	98.0%
Rehabilitation Services	98.1%	100.0%	98.1%	99.1%
Mental Wellness	98.1%	96.2%	92.9%	95.7%
Diabetes Services	95.8%	95.8%	98.3%	98.3%
Seniors Services	93.1%	N/A	93.1%	N/A
Volunteer Services	90.0%	N/A	100.0%	N/A
Health Promotion	86.7%	N/A	91.9%	N/A

Response options include: Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied

Table 3: Overall Care and Dignity and Respect for Primary Care Service

	2017			2016		
	Overall Care and Services		Treated with Dignity & Respect	Overall Care and Services		Treated with Dignity & Respect
	Excellent/ Very Good	Good	Always/ Most of the Time	Excellent/ Very Good	Good	Always/ Most of the Time
Primary Care	78.7%	16.7%	95.4%	89.1%	9.2%	97.5%

Response options for OVERALL CARE include: Excellent, Very Good, Good, Fair, Poor

Response options for DIGNITY AND RESPECT include: Always, Most of the Time, Sometimes, Rarely, Never

Satisfaction with Specific Aspects of Care and Service

When asked about the specific indicators relating to Quality of Care and Service received at NHCHC, client approval ranged from 89% to 99% for being given the chance to ask questions about care; from 86% to 98% for being helped to understand their own care management; from 88% to 98% for feeling involved in care decisions; from 90% to 98% for having enough time with the provider; and 89% to 98% for appointments beginning on time (Table 4). When asked about the length of time they spent waiting in the examination room before being able to see their primary care provider or physiotherapist at the Centre, almost 95% of English-speaking respondents and 80% of Spanish-speaking respondents felt that exam room wait times were ‘good’ or better when waiting to see a primary care provider, and nearly 98% of English-speaking respondents and 100% of

Spanish-speaking respondents felt that exam room wait times were ‘good’ or better when waiting to see a physiotherapist.

Table 4: Specific Aspects of Care and Service

		Primary Care	Mental Wellness	Rehab	Fitness	Foot Care	Diabetes
Give you an opportunity to ask questions about recommended treatment	2017	89.0%	96.2%	99.1%	94.4%	95.2%	95.8%
	2016	92.4%	92.9%	94.3%	93.1%	94.4%	96.6%
Help you to understand how best to manage your health	2017	86.2%	98.1%	95.1%	94.4%	95.2%	95.8%
	2016	94.1%	94.3%	96.2%	93.1%	93.1%	96.6%
Involve you as much as you want to be in decisions related to your own care and treatment	2017	88.0%	94.3%	94.2%	95.7%	92.8%	97.9%
	2016	94.0%	98.5%	95.2%	93.1%	93.1%	96.5%
Spend enough time with you	2017	90.0%	98.1%	94.2%	93.0%	95.2%	97.9%
	2016	93.2%	92.8%	91.5%	87.1%	93.1%	96.6%
Begin appointments on time	2017	95.4%	98.1%	96.1%	N/A	97.6%	89.4%
	2016	82.2%	88.6%	94.3%	N/A	97.2%	96.4%

Client Focused Care with Primary Care Providers

When asked to rate their confidence in the primary care provider seen most often, approximately 94% of English-speaking survey respondents gave responses of ‘excellent’ (68%), ‘very good’ (15%), or ‘good’ (11%); while 100% (15 out of 15) of Spanish-speaking respondents rated their confidence in the provider seen most often as ‘excellent’, ‘very good’, or ‘good’. Feedback about the primary care provider seen most frequently has been summarized in Table 5. As in previous years’ reports, the response options of ‘excellent’, ‘very good’ and ‘good’ are combined

Table 5: Specific Aspects of Client Focused Care with Primary Care Providers

	English		Spanish	
	2017	2016	2017	2016
Listened to your concerns	92.6%	95.8%	100.0%	93.8%
Explained things in a way that was easy to understand	94.5%	95.8%	100.0%	93.8%
Were sensitive to your needs and preferences	91.7%	95.8%	100.0%	87.5%
Encouraged you to talk about your own personal goals or what was important to you during your appointments	87.2%	85.7%	100.0%	87.5%
Gave you clear instructions about what you need to do after your visit	96.3%	95.8%	100.0%	87.5%

Satisfaction with Team-Based and Interdisciplinary Care

Most survey participants were aware that the Health Centre works in teams. Almost 90% of English-speaking PC clients and 94% of Spanish-speaking PC clients reported having knowledge of the Centre’s team approach. Among English-speakers, this figure was 95% in 2016 and 2014, but just 83% in 2013 and lower still at 73% in 2012. This year, 90% of English speakers and 100% of Spanish speakers reported liking that a team handled their care. Among English-speakers, this figure was 92% in 2016, however, this year’s figure is significantly higher than 2012’s, when only 81% of clients reported liking interdisciplinary care.

In their assessment of the team approach to care, 85.3% of English-speaking and 86.8% of Spanish-speaking PC clients reported that primary care providers ‘always’ or ‘most of the time’ seemed to know about their medical history; while, 91.7% of English-speaking and 100% of Spanish-speaking PC clients felt that primary care providers ‘always’ or ‘most of the time’ seemed to have recent tests or exam results; 94.4% of English-speaking and 93.3% of Spanish-speaking PC clients stated that primary care providers were ‘always’ or ‘most of the time’ consistent in what they were telling their clients about their care and treatment; and 90.6% of English-speaking and 100% of Spanish-speaking PC clients said that primary care providers ‘always’ or ‘most of the time’ seemed to work well together in caring for their clients.

Access to Primary Care Services, Weekend Appointments, and the On-Call Medical Service

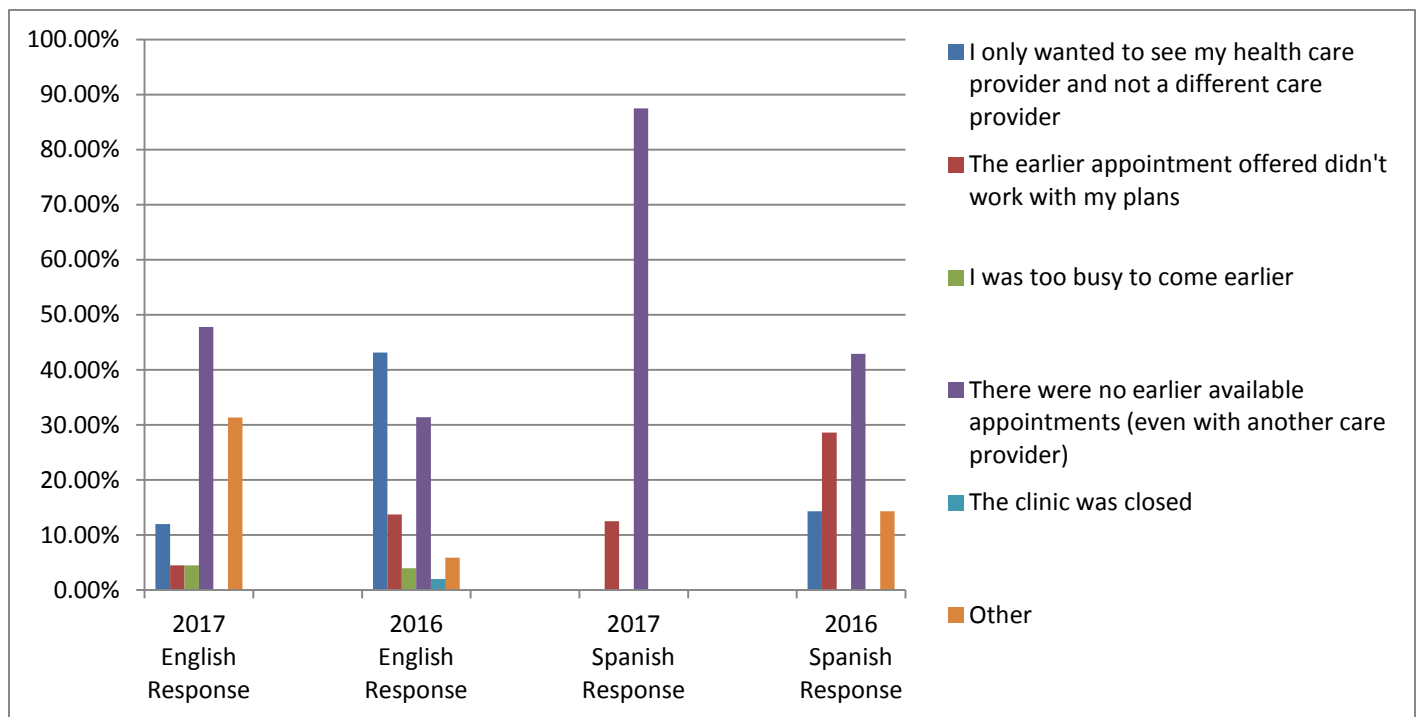
In 2017, approximately 39.0% of English-speaking survey respondents and 40% of Spanish-speaking respondents reported being seen either the same day or the next day. These figures show that there has been little change in provider access, in terms of availability, compared to 2016, when 47.0% of English-speaking survey respondents and about 38% of Spanish-speaking respondents reported being seen either the same day or the next. Among English-speakers, in 2017, 53% of clients described waits of 2-19 days, with only 3 out of 29 who specified the length, saying the wait was 2 days. Approximately 6.6% of respondents who receive their primary care services at the Health Centre described a wait of more than 20 days. Seven of the eight Spanish-speaking individuals who reported having to wait more than 2 days for an appointment specified that it took 2-3 days

(n=1), 5 days (n=2), 7 days/a week (n=2), 15 days (n=1), or 15-30 days (n=1) before they were able to get an appointment.

Among the English-speaking sample who described the reason for having to wait more than two days to book an appointment (n=67), approximately 21% of respondents gave a client-driven explanation for the wait, including only wanting to see their own provider (11.9%), earlier appointments not working with plans (4.5%), or being too busy to come earlier (4.5%). The majority gave reasons that can be seen as Health Centre-driven and outside of the control of the client. For example, 47.8% of respondents said that “there were no earlier appointments available (even with another care provider)”, and another 31.3% choose the “other” response option, and cited reasons related to provider scheduling, and absence or busyness of providers. This stands in contrast to 2016 when 61% of the reasons were client-related and only 33% were Health Centre-driven reasons.

Among PC Spanish-speakers who reported having to wait 2 or more days (n=8), 87.5% reported that this was due to there being no earlier appointments available at the Health Centre, while one individual gave a client-driven reason, saying that the earlier appointment did not work with their plans.

Figure1: Client Reasons for Waiting 2 or More Days for a Primary Care Appointment



Actions taken when the Health Centre is closed to treat a Cold

Participant decision making about what to do if the Health Centre was closed was assessed to evaluate client decision making when their presenting problem might not have required urgent attention. Clients were asked what they would do if the Health Centre were closed but they needed help for a cold. Table 6 illustrates responses from English-speaking respondents:

Table 6: Managing your cold when the Health Centre is closed.

Response Options	2017 (n=109)	2016 (n=118)	2015	2014
Wait until the next day	46.8%	56.8%	52.7%	44.7%
Call the Health Centre's after hours phone number	15.6%	11.9%	20.4%	12.8%
Visit a Walk-in clinic	12.8%	9.3%	9.7%	18.1%
Go to the Emergency Department	3.7%	6.8%	3.2%	9.6%
Other	21.1%	15.25%	14%	14.9%

As in previous years, the majority of clients reported that they would wait until the next day to seek care for their cold (47%) rather than go to a walk-in clinic (13%), and only a small percentage would go to the Emergency Department for a cold (4%). A fair percentage of clients said that they would use the after-hours feature if they required help for a cold when the Centre was closed. It should be noted that the survey was re-worded in 2015 to ask about a 'cold' rather than a 'bad cold' as in 2014.

Seniors Programs and Health Promotion

Approximately 15% of English-speaking respondents had used either Health Promotion or Seniors Services and about 5% of the English population surveyed had volunteered at the Health Centre. Adults over 55 years old accounted for 63% of English-speakers surveyed. The level of participation in Seniors Services among the Spanish-speaking cohort was higher; 55% of Spanish-speakers were 55 years or older, and therefore eligible for use of NHCHC's Seniors Services, and 40% had participated. A quarter of Spanish-speakers had volunteered at the Centre. Results indicated that participation in Health Promotion activities was low among Spanish-speakers and English-speakers, with both at 15% participation. Awareness levels may play a role in participation rates as the percentage of clients who reported being aware of NHCHC's volunteer services in Table 7 indicated that 29% of respondents were unaware of Health Promotion Programs and approximately 56% of respondents were unaware of Volunteer opportunities at the Health Centre.

Table 7: Awareness of Volunteer and Health promotion Programs among eligible survey participants

Department, Service, Program	Number of Clients Who Were Aware or Had Knowledge of the Service, Program or Department (responses of 'YES' to questions of 'Did you know/Are you aware...?')			
	2017 English Response (N=198)	2016 English Response (N=199)	2017 Spanish Response (N=20)	2016 Spanish Response (N=20)
Health Promotion	140 (70.71%)	141 (70.85%)	15 (75.00%)	13 (65.00%)
Volunteer Services	80 (40.40%)	88 (44.22%)	14 (70.00%)	14 (70.00%)

It should be noted that the period of time over which the convenience sampling took place may have played a role in participation rates as programs are seasonable and more children's programs occur in Summer when the survey was carried out. Clients who use Health Promotion programming a lot and who were on a summer break from programming may be underrepresented by virtue of simply not being present during the survey period.

Despite the lower levels of participation in some areas, satisfaction was high across the board among those who did participate in the programs.

Weekend Appointments

A question about the use of weekend appointments was originally added to the 2013 survey and asked clients “Would you use weekend appointments?” This question was asked in all successive years up to 2016. It was followed up by the question “If YES, for which services”. However, in 2017, these questions were modified to reflect expected frequency of use. Clients were asked “If weekend appointments were available for the following services, how often would you use them.”

In 2016, 76% of English-speaking respondents and 75% of Spanish-speaking respondents reported that they would use weekend appointments if they were available. Then asked to specify which services they would use, 64% said Physician/Nurse Practitioner/Physician Assistant, 45% said Physiotherapist, 54% said Fitness, 28% said Chiropracist, nearly 28% said Social Worker/Mental Wellness Worker, 25% said Diabetes Education Services, 23% said Group Programs, and the rest said “Other”.

Although changing the format of the question to indicate frequency in 2017 did not much change the order of popularity of the services, it did serve to show what the usage levels may be for each area, therefore, enhancing interpretability and decision-making ability. For example, in 2017, only 37.9% of clients would ‘often’ or ‘very often’ use a PC provider (and this changes to 58.1% if ‘occasional’ use were to be considered), but when this question was the simple ‘yes’ or ‘no’ in 2016, 64% of clients indicated that “yes” they would visit PC provider on the weekend. Therefore, being able to gauge expected usage of services may change our assessment of the necessity of adding weekend services.

Combining responses of ‘often’ or ‘very often’ (and including the ‘occasional’ percentage in brackets) we see that the most likely used service based on 2017 results was Primary Care as already stated with almost 38% (58%) reporting they would use this service if offered on weekends, followed by Fitness/Gym at 36.4% (51.8%), then Physiotherapy at 35.2% (54.1%), and Diabetic Foot Care at 34.0% (47.2%), then Mental Wellness/Social Worker at 30.1% (41.8%), and finally Diabetes Education Services 29.2% (41.0%).

On-Call Medical Service

Although awareness of North Hamilton Community Health Centre’s on-call after-hours medical service has increased among English-speaking primary care clients from 62% in 2016 to almost 69% in 2017, it still remains below target. Additionally, among English-speaking respondents who knew of the on-call service’s existence, only 44.4% were familiar with when the service was available (same as in 2016). Additional efforts to increase awareness and knowledge of the program are warranted, as is the potential to offer the on-call service in other languages (e.g. Spanish); 40% of Spanish-speaking respondents in 2017 (a decrease from 2016’s 62.5%) knew about the on-call service, but 5 of the 6 (i.e. 83%) who knew of its existence, also knew when it was available.

The impetus for further promoting this service may be highlighted by previous discussions of what clients would do if the Health Centre were closed and they needed help for a ‘cold’, as only 16% of English-speaking Primary

Care clients and 13% of Spanish-speaking Primary Care clients would avail themselves of the after-hours medical call in service.

Self-Reported Emergency Department (ED) Visits

In 2017, almost 42% of Primary Care clients indicated having visited the ED within the last 12 months. A similar figure was reported in 2016 at 41%. Among Spanish-speaking respondents, 33% (n=5) had been to the ED in the past 12 months, compared to only 18.8% (n=3) in 2016. Smaller sample sizes limits interpretability of the Spanish-speaking sample, as percentages can fluctuate widely with only small changes in respondent numbers, e.g. 2 of 15 clients equals 13%, while 3 of 15 clients equals 20%, 2 and 3 do not seem so far apart, but 13% versus 20% does.

The fact that 4 out of 10 NHCHC PC clients have visited the EDs may be due in part to the convenience sampling methodology, which may capture a somewhat less healthy cohort compared to a random sampling methodology. All clients surveyed had an appointment at the Health Centre at the time of being surveyed and so were likely managing some health complaint at the time of visit.

It is note-worthy that although client's self-reported health status may further indicate that the 2017 sample perceived themselves to be in poorer health compared to 2016, the ED visit rate remained the same as it was in 2016, at least for the English-speaking group. Compared to 2016, a lower percentage of clients described their health as 'excellent' in 2017 (9% in 2016, 3% in 2017), and there was an increase in those who would describe their health as just 'fair' (31% in 2016, 37% in 2017). In 2017, only about 47.5% of individuals ranked their health as 'good', 'very good' or 'excellent', which is less than the approximately 54.0% of individuals ranked their health as 'good', 'very good' or 'excellent' in 2016.

Satisfaction with Reception Staff and the Health Centre

Satisfaction with reception staff at the Centre remained high in 2017 when compared to 2016. Among English-speaking respondents, 98% reported that reception staff were helpful 'always' or 'most of the time' (similar to 2016's 97%), while 95% of Spanish-speaking respondents to the 2017 survey reported that receptionists at the Health Centre were 'always' helpful, which is an improvement over last year, when 85% reported that reception staff were helpful at least 'most of the time'. Almost 99% of English-speaking respondents found reception staff to be polite at least 'most of the time' (similarly, 98% in 2016), and 95% of Spanish-speaking respondents found reception staff to be polite at least 'most of the time' (90% in 2016).

Approximately 98% of English-speaking respondents rated their ability to reach and speak to a receptionist as 'excellent', 'very good' or 'good' in 2017 (similarly to 2016's almost 98%). There was a significant improvement among Spanish-speaking respondents when rating their ability to reach a receptionist when calling in to the Health Centre. 90% reported their ability to reach a receptionist as 'good' or better compared to only 58% in 2016. Again the small number of Spanish-speakers sampled means that caution must be taken when interpreting the data, however the increased approval among Spanish-speakers is reassuring as this was highlighted as an area for improvement following last year's results.

Satisfaction with Health Centre Location and Layout

The Health Centre accessibility was highly rated in the 2017 Survey with 92% of English-speaking respondents and 90% of Spanish-speaking respondents reporting that the Health Centre was located in an accessible location. The layout of the building at 438 Hughson Street North continues to be viewed positively with 99% of English-speaking respondents and 100% of Spanish-speaking respondents reporting that they were able to move around the building with ease. The overall cleanliness of the Health Centre was also rated highly with 99.0% of English-speaking respondents and 100% of Spanish-speaking respondents rating the Centre's cleanliness as 'good' or better. Furthermore, clients rated the overall physical comfort of the Health Centre highly with 99.5% of English-speaking respondents and 100% of Spanish-speaking respondents giving ratings of 'good' or better for comfort.

Website Awareness and Usage

There was a marked increase in the percentage of English-speaking respondents who reported knowing of the Health Centre's website compared to 2016 (49% in 2017 versus 37% in 2016). Results from 2017 percentage came closer to previous years at around 50% of clients. This remains an area for ongoing work to improve client awareness about the availability of the website and also to ensure the website is useful and attractive to clients. Four percent of English-speaking respondents indicated using the website 'often' or 'very often', and another 13% reported using it 'sometimes'. The remaining respondents used it 'rarely' (19%) or 'never' (64%). When asked what would encourage use of the website, themes emerged in client responses, and while for many clients there was a lack of interest behind their low levels of website use, others suggested a need for increased awareness via website promotion, a need to be taught how to use a computer or the internet, and for many clients lack of access to a computer or the internet played a role. Some clients suggested that having program calendars and the ability to book appointments online would encourage them to use the website.

While website content is mostly in English, almost half of the Spanish-speaking respondents knew about the website, and as recorded below one Spanish-speaking respondent 'sometimes' used the website. The proportion of Spanish-speakers who reported being aware of the website increased from 37% reported in 2016 (45% in 2017). Among Spanish-speakers, suggestions to increase website use included increased promotion and making Wi-Fi available, but also a request for Spanish-language content that advertised Health Centre programs.

Awareness of North Hamilton's Complaint Process

The response to the question around complaints processes continues to indicate a need to educate clients about how they can provide their feedback when they have a concern about service delivery or other issues important to them. One third of respondents from the 2017 survey reported they were aware about the Centre's complaint process which was down significantly from 53% in 2016.

Client Suggestions for the Health Centre

Two survey questions asked respondents about what changes they would like to see at the Health Centre. This year, the most common suggestion from English-speaking respondents centred around having more parking (n=15), and also making parking more accessible (n=3), e.g. wider spots. Clients also made comments about the

Centre's location, asking for more branches/satellites, e.g. on the mountain (n=4), or in the East End (n=1). Several comments pertained to providers, e.g. having more doctors or more time with doctors/providers (n=10), or concerns with providers (n=3). There were a some requests for a children's play area (n=3) and varying suggestions to improve amenities at the Centre, e.g. serving breakfast, or lunch, or expanding the reception area and expanding gymnasium space (n=2) and programming (n=5) and adding a pool (n=2). There were also requests for varied programs and services, e.g. art classes, nutrition classes, computer classes, and a number of clients requested on-site diagnostic services, including blood lab (n=5 English; 2 Spanish). Spanish-speaking clients' comments also focused on gym improvements (n=5), as well as the need for language services (n=4), provider concerns (n=2), and improving wait times (n=2). One Spanish-speaking client suggested that NHCHC be open 24/7 similarly to hospitals. Senior-specific suggestions also included comments on access including transportation (n=4), parking (n=2), hours (n=1) and location (n=1), as well as for more senior-specific services, groups and programs, including counselling (n=3), seniors' advisory (n=1), and social and recreational programs (n=6).

Conclusion

In general, the 2017 survey results show similar trends to previous years. Health Centre clients who participated in the 2017 survey were very satisfied for the most part with the care and services they receive at the Health Centre. Both the organization and its staff received excellent satisfaction and approval rating across all services and provider types. Respondents were highly satisfied with the helpfulness and politeness of reception staff and were very pleased with their ability to connect with reception staff when they phoned the Health Centre. Survey participants told us that Centre staff highly respect their culture and traditions, and that the Health Centre is clean, comfortable, easy to access, with a design that allows them to move around the building easily. Participants did provide responses that require attention and follow-up. Levels of awareness of the Centre's complaints process and medical on-call system continue to fall below acceptable criterion levels. Awareness and usage of our website also remains low, as does utilization of health promotion, seniors services and volunteer services. As in 2016, respondents to the 2017 survey were recruited using a convenience sampling method. In using this approach, the survey mostly captures clients who had scheduled an appointment during the 8-week survey period. Clients who were not attending Health Centre services or programs because they were feeling too healthy or were managing their chronic conditions effectively would not be represented in the survey as are clients who stopped coming to the Health Centre because they were unhappy with the service they experienced. It is possible that this may have systematically impacted on survey results such as perceived health status, which was lower this year (52.5% reported 'fair' to 'poor' health in 2017, 46.0% in 2016), or on how clients in general answered survey questions, e.g. skewing it positively by leaving out those who were not coming to the Health Centre for reasons of disaffection or negatively for clients who were managing well because of the effective care they received from Health Centre staff. It should be noted that demographic comparisons with previous surveys did not show significant differences with respect to age, gender, level of education and household income. Household composition did differ from 2016, with more single parent family households (female-headed) and fewer 'mother, father, and children households being reported'. The 2017 Client Engagement Survey identified several issues that require follow-up however, the overall survey results indicate that the vast majority of clients who were surveyed are very satisfied with NHCHC and the care they receive.