

# Development of the Emergency Department Patient Survey 2015-16

Published November 2017

## Background

The Bureau of Health Information (BHI) undertakes reviews of all recurrent surveys before implementing these. The purpose of this review is to ensure the questionnaire is still appropriate for the NSW context and that all questions are working optimally. In April and May 2015, BHI undertook a review of the questionnaire used in the 2014-15 Emergency Department Patient Survey (EDPS) to prepare this for collection of experience data for patients attending ED from July 2015 to June 2016. This document summarises the changes to the EDPS questionnaire from the 2014-15 to 2015-16 survey years.

## Methods

### *Analysis of historic EDPS data*

An analysis of the first two quarters of 2014-15 EDPS survey data was undertaken to support the questionnaire review. This analysis determined the following for each question:

- Response patterns for each question, including rates of item non-response (not answering a question when they should have), invalid responses (selecting more than one answer to a single response question or answering a question they should have skipped past) and non-specific responses, such as 'don't know', 'can't remember' or 'not applicable to me'
- Ceiling and floor effects of response categories (responses where almost all patients are very positive or very negative, with little variation between hospitals) using the scored mean, standard deviation and skewness of responses
- Correlations between questions (using the most positive response category) to understand if any questions appear to be duplicating the same aspect of care (using the Pearson method).

### *Approval of changes*

A final version of the draft questionnaire was approved by the Director, Surveys, and the CEO, BHI. The questionnaire was transferred to design to layout for printing and scanning. Following review of the design file, the CEO gave final approval for the questionnaire to be used and the survey to begin. The questionnaire was then provided to the external contractor for printing and mailing.

## Summary of changes to the Emergency Department Patient Survey

The following lists the changes. Rationale and evidence for changes can be found in the following section.

Q number (2014-15)	Question	Change
8	Were the reception staff you met on your arrival to the ED polite and courteous?	Changed 'I didn't meet the reception staff' to 'I didn't meet any reception staff'
15	Why did you leave the ED before receiving treatment?	Multiple changes to the response categories – see details in following section
33	Were you able to get assistance or advice from an ED health professional when you needed it?	Changed question to 'Were you able to get assistance or advice from ED staff for your personal needs (e.g. for eating, drinking, going to the toilet, contacting family)?'
34	What was this assistance or advice required for?	Deleted
52	Did an ED health professional discuss the purpose of these tests, X-rays or scans with you?	Underlined 'purpose'
60	Were you given or prescribed medication to take at home?	Added 'any <u>new</u> ' in front of 'medication'
61	Did an ED health professional explain the purpose of this medication in a way you could understand?	Underlined 'purpose'
62	Did an ED health professional tell you about medication side effects to watch for?	Underlined 'side effects'
67	What were the main reasons for delay?	Changed response category 'I had to wait for an ambulance/transport' to 'I had to wait for an ambulance or hospital transport'
72	Did you want to make a complaint about something that happened in the ED?	Moved the last response category ('No, I did not want to make a complaint') to the first position
74	While in the Emergency Department (ED), did you receive, or see, any information about your rights as a patient, including how to comment or complain?	Changed to 'While in the Emergency Department (ED), did you receive or see any information about how to comment or complain about your care?'  Note: a typographical error was discovered in the printed questionnaires, whereby 'care' was replaced with 'case'
77	In your opinion, were members of the hospital staff open with you about this complication or problem?	Added 'Not applicable, as it happened after I left' to response set

80	What is the highest level of education you have completed?	Added 'Not yet started school' to the options. Underlined 'completed'
N/A	Did you feel involved in decisions about your discharge from hospital?	New addition
N/A	Did you feel involved in the decision to use this medication in your ongoing treatment?	New addition
N/A	Were you ever treated unfairly for any of the reasons below?	New addition
N/A	Changes to cover letter	Addition of new logo and extra sentence directing respondents to view results on Healthcare Observer. Use of BHI acronym. Reordering of some paragraphs.
N/A	Throughout where relevant	The first question on each page that references ED presents this as 'Emergency Department (ED)', while subsequent questions only use 'ED'. The exception to this is the overarching performance questions about overall rating of care and whether the patient would speak highly of their ED experience to their friends and family. These two questions retained the full wording of the term.

## Details of changes

### Question 8

#### Current question

Were the reception staff you met on your arrival to the ED polite and courteous?

- Yes, definitely
- Yes, to some extent
- No
- I didn't meet the reception staff
- Don't know/can't remember

#### Action

Reworded 'I didn't meet the reception staff' to 'I didn't meet any reception staff'

#### Rationale

This change was made to make the wording of the response category more clearly reference any reception staff rather than the whole reception team.

### Question 15

#### Current question

Why did you leave the ED before receiving treatment? *Please X all the boxes that apply to you*

- I decided to go to my GP
- I did not feel comfortable waiting in the ED
- The waiting time was too long
- I decided my condition was not serious
- I decided my condition did not need immediate treatment
- Other (Please specify)
- Don't know/can't remember

#### Action

The response categories were changed to:

- I decided to see a GP
- I decided to go to another hospital
- I did not feel comfortable waiting in the ED
- The waiting time was too long
- I decided I no longer needed emergency treatment for my condition
- Other
- Don't know/can't remember

#### Rationale

An analysis of the data from the first 6 months of 2014 found that a large number of the 'Other (please specify)' responses could be readily recoded to the existing response categories (with some minor tweaking) and fell broadly into a new category of going to another healthcare facility.

It was also seen that many respondents were inappropriately using the free text box as an opportunity to voice disapproval of the services received. The two free text boxes at the end of the survey are the appropriate place for this information. The free text box as part of the 'Other' category was removed to address this issue.

The two response categories 'I decided my condition was not serious' and 'I decided my condition did not need immediate treatment' measured similar concepts and were thus combined into 'I decided I no longer needed emergency treatment for my condition'.

### Questions 33 and 34

#### Current questions

33. Were you able to get assistance or advice from an ED health professional when you needed it?

- Yes, always
- Yes, sometimes
- No
- I didn't need assistance or advice

34. What was this assistance or advice required for?

*Please X all the boxes that apply to you*

- Going to the toilet
- Eating or drinking
- Taking medication
- Something else

#### Action

Q33. Reworded to 'Were you able to get assistance or advice from ED staff for your personal needs (e.g. for eating, drinking, going to the toilet, contacting family)?'

Q34. Deleted question.

#### Rationale

Evidence from survey results, patient comments and question testing supports that Q33 (getting assistance/advice when needed) is not consistently measuring what it was intended to measure (i.e. receipt of assistance unrelated to the medical treatment sought). In the revision to the 2013-14 EDPS, attempts were made to make the question clearer and less about the medical help sought, by changing 'attention' to 'assistance'. To help assess how people were responding to the question, a follow-up question (Q34) was added in 2014-15 about what the assistance was sought for.

Based on the analysis of 2014-15 EDPS data, it seems many respondents were still answering Q33 based on assistance for their presenting condition. This is evidenced by (a) the fact that the results were correlated with overall care measures (>0.6), (b) that only 20% said they did not need any assistance or advice (it's unlikely 80% needed assistance outside of their treatment needs) and (c) for those who said they did need assistance, around half said they needed it for 'something else' in Q34 (so not related to toileting, eating, taking medication).

Hence, Q33 was revised to be more specific to assistance or advice that does not relate to the medical assistance patients come to the ED seeking. Q34, having served its purpose in better understanding Q33, was deleted in the 2015-16 questionnaire.

**Question 52**

## Current question

Did an ED health professional discuss the purpose of these tests, X-rays or scans with you?

- Yes, always
- Yes, sometimes
- No
- Don't know/can't remember

## Action

Underlined 'purpose'.

## Rationale

Review of the survey results has provided evidence that underlining key words in questions does have an impact on how people respond, specifically, decreasing the proportion of missing responses. Hence, this change was made throughout the survey program. Although the missing rate for this question in EDPS 14-15 was low, it may help to distinguish the focus of the question, as it appears in a series of three questions on the subject of tests.

**Question 60**

## Current question

Were you given or prescribed medication to take at home?

- Yes
- No

## Action

Added 'any new' in front of medication.

## Rationale

Changes in line with changes to other surveys in the program, as new medication considered more relevant to subsequent questions about whether the patient had the purpose and side effects explained to them.

**Questions 61 and 62**

## Current question

61. Did an ED health professional explain the purpose of this medication in a way you could understand?

- Yes, completely
- Yes, to some extent
- No

62. Did an ED health professional tell you about medication side effects to watch for?

- Yes, completely
- Yes, to some extent
- No

## Action

Underlined 'purpose' and 'side effects' in these two questions.

## Rationale

While these questions performed well in testing of results, the underline will help distinguish the focus of each question and improve consistency to other BHI surveys, where this change was also made.

**Question 67**

## Current question

What were the main reasons for delay? *Please X all the boxes that apply to you*

- I had to wait for medicines
- I had to wait to see the doctor
- I had to wait for an ambulance/transport
- I had to wait for the letter for my GP
- I had to wait for test results
- I had to wait for a bed in a ward
- Some other reason
- Don't know/can't remember

## Action

Changed category from 'ambulance/transport' to 'ambulance or hospital transport'.

## Rationale

To make the response category more relevant to the hospital performance and prevent people from responding in relation to waiting to be picked up by a relative, etc. This change was made throughout survey program, when appropriate.

**Question 72**

## Current question

Did you want to make a complaint about something that happened in the ED?

- Yes, and I did complain
- Yes, but I did not complain
- No, I did not want to make a complaint

## Action

Changed order of response categories so that the 'No' option is first.

## Rationale

This question had difficult routing instructions due to the ordering of the response categories. Reordering was intended to make the instructions clearer for respondents. This change was made throughout the survey program, when appropriate.

**Question 74**

## Current question

While in the Emergency Department (ED), did you receive, or see, any information about your rights as a patient, including how to comment or complain?

- Yes
- No
- Don't know/can't remember

### Action

Removed the reference to 'your rights as a patient' and changed question wording to:

'While in the Emergency Department (ED), did you receive or see any information about how to comment or complain about your care?'

Note: a typographical error was discovered in the printed questionnaires, whereby 'care' was replaced with 'case'. While this was unintended, it was not presumed to be too serious, given that the semantics of the sentence are still very similar.

### Rationale

The question has a very high proportion of 'don't know' responses (~40%). Cognitive testing indicates that the term 'rights' is not one that many respondents are familiar with in regards to their patient experience, causing some uncertainty in responding. Also, while respondents may have seen signs posted in the hospitals, many did not read them or failed to register the connection between those posters and this question. Often, posters promoting patient rights are lost among other posters and pamphlets on the ward.

The modified version of the question has been cognitively tested and no issues were identified in the understanding of this new version.

## Question 77

### Current question

In your opinion, were members of the hospital staff open with you about this complication or problem?

- Yes, completely
- Yes, to some extent
- No

### Action

Added 'Not applicable, as it happened after I left' option.

### Rationale

For those people who experience a complication after leaving hospital, this question was not appropriate in its original format. This is likely to be contributing to the high rate of missing responses for this question (6%).

## Question 80

### Current question

What is the highest level of education you have completed?

- Still at primary or secondary school
- Less than Year 12 or equivalent
- Completed Year 12 or equivalent
- Trade or technical certificate or diploma
- University degree
- Post graduate/higher degree

### Action

Underlined 'completed' in the question text and added a new option at the start of the list - 'Not yet started school'.



### Rationale

This survey includes all ages and the question responses currently don't account for children who are too young to have started school. This may be contributing to the high missing rate for this question (10%), although it is typically a question with a higher missing response rate. To be consistent with other BHI surveys, 'completed' as used in the question wording has been underlined.

### Involvement question additions

#### Action

The following questions on patient involvement were added to the questionnaire, as used in the AAPS: one on involvement in decisions about discharge was inserted immediately after Q54 (i.e. what happened at the end of visit to keep routing the same) and one on involvement in decisions about new medication was inserted immediately after Q62 (i.e. about information provision on medication side-effects to reflect the order in AAPS). Note, the proposed medication involvement question is slightly different from that in AAPS (where 'yes, completely' is used) to ensure consistency of the three involvement questions in the EDPS.

Q. Did you feel involved in decisions about your discharge from hospital?

- Yes, definitely
- Yes, to some extent
- No, I did not feel involved
- I did not want or need to be involved

Q. Did you feel involved in the decision to use this medication in your ongoing treatment?

- Yes, definitely
- Yes, to some extent
- No, I did not feel involved
- I did not want or need to be involved

### Rationale

The previous EDPS surveys contained only one question about involvement (i.e. if a patient was involved in their care and treatment as much as they wanted to be). As patient engagement is a key aspect of care, this question area required expansion. Involvement in medication decisions and decisions around discharge are key safety issues for ED patients, as they are for admitted patients and questionnaires for the latter group includes these questions.

### Unfair treatment question addition

#### Action

Added the following (modified NHS UK) question on unfair treatment, as now used in Victoria. Placed question immediately after Q74 (i.e. whether patient saw information on how to comment or complain about their care).

Were you ever treated unfairly for any of the reasons below? *Please x all the boxes that apply to you*

- Your age
- Your sex
- Your ethnic background
- Your religion
- Your sexual orientation
- A disability that you have
- Marital status
- Something else
- I was not treated unfairly

### Rationale

There is evidence from the UK that sexual orientation that is non-heterosexual is associated with a poorer experience of care. This question is a less direct (perhaps less confronting) method of addressing sexual orientation and its impact on care, with the added advantage of capturing other potential sources of discrimination. Comparisons can be made in future with Victoria, who recently added this to their patient experience surveys. This question was cognitively tested during development of the Small and Rural Hospitals Survey. This question has been added to other surveys across the survey program.

### Changes to cover letter

#### Action

Three main changes to the cover letter were made.

- Addition of an extra line directing respondents to view the results of the surveys on *Healthcare Observer*
- Addition of new logo and use of the acronym BHI instead of 'the Bureau'
- Reordering of some paragraphs.

#### Rationale

Changes made in line with changes for BHI and survey branding and to make the reference to the completion of the survey online more obvious (to encourage uptake of this mode). As far as the reference to *Healthcare Observer*, there is evidence that directing respondents to results of surveys they participate in increases uptake of future surveys. Now that BHI has *Healthcare Observer* live, we are able to direct respondents to the results. Additionally, healthcare consumers are one of BHI's stakeholder groups and to date we have not actively promoted our survey results to them.