



# **Emergency Department**Patient Survey Results

April 2013 to March 2014

For the one-year period April 2013 to March 2014, the Bureau of Health Information (BHI) surveyed almost 26,000 patients from 76 NSW public hospitals on their experiences of care in emergency departments (EDs).

## **Summary**

In NSW, most ED patients reported their overall experience of care as 'very good' (52%) or 'good' (30%). A majority of patients rated the doctors and nurses who treated them as 'very good' (60% and 63% respectively) and around two-thirds (65%) said they would speak highly of their ED experience if asked by family or friends.

At a state level, patients gave more positive ratings for questions about their interactions with ED health professionals, such as being treated with respect and with kindness. Patients also expressed high confidence and trust in ED healthcare professionals and felt they had been provided with the 'right amount' of information about their condition or treatment.

Less positive ratings were generally given for questions focusing on interactions with reception staff and some elements of the physical environment, such as parking availability and comfort in the waiting room. Less positive ratings were also seen for several questions about care provided to children and about patients' ability to access extra help, such as an interpreter, when needed.

The quality of care that patients reported varied depending on the hospital or local health district (LHD) providing their care. In addition, patients in some demographic groups and triage categories were more positive about their care than others. Healthcare Observer provides detailed results from the Emergency Department Patient Survey at www.bhi.nsw.gov.au

- Compare and contrast what patients said about care in NSW emergency departments and across local health districts
- Discover how results vary depending on patient age, gender and triage category
- Explore responses for over 90 questions at a hospital level.



#### Access and timeliness

Almost all patients who attended an ED stayed for treatment, however, not all were positive about the time it took them to access care.

Of the patients who waited for treatment, just under threequarters (72%) reported being treated within one hour of triage, with patients from the more urgent triage categories reporting this more often. However, one in five patients (20%) who waited, felt the amount of time they waited to be treated was 'a big problem'. Few patients (4%) who came to an ED did not stay until they received treatment.

Of those patients arriving by ambulance, 60% went directly to the treatment area while the remainder spent time in the ED waiting room or corridor.

Overall, most patients (82%) said they were not delayed when the time came to leave the ED.

## Physical environment and comfort

Patients were less positive about some aspects of the physical environment, such as parking and comfort in the waiting room.

When asked to rate the comfort of the ED waiting room, 16% of patients who waited for treatment rated the comfort as 'very good' with another 42% saying it was 'good'.

Hospital signage directing patients to the ED was reported to be 'definitely' easy to follow by 80% of patients not taken directly to ED by an ambulance. Finding parking near the ED was a 'big problem' for 26% of those coming by car, although 47% said they had 'no problem'.

A small percentage of patients (12%) who spent time in the waiting room felt that overcrowding was a 'big problem'. Just over a half (54%) rated the waiting and treatment rooms as 'very clean' and another 41% rated them as 'fairly clean'.

When the child was a patient, fewer than half (43%) felt the treatment area was 'definitely' suitable for their age group.

#### Communication and information

Patients were mostly positive about information received during treatment, but less informed regarding processes at the point of entry to the ED and self-care at discharge.

Most patients said the 'right amount' of information about their condition or treatment was provided to them (86%), and to their families or carers (83%). More than three-quarters of patients (78%) who had them, said explanations about the purpose of any tests, x-rays or scans were 'always' provided.

In contrast, lower proportions of patients who waited for treatment received adequate amounts of information from reception staff on what to expect during their ED visit, with 42% reporting they'd received 'not very much' or 'none at all'. When asked if they were given information about how long they would need to wait before being examined, 51% of these patients reported they'd received 'not very much' or 'none at all'.

Just over half of patients (51%) who were discharged reported they were told what signs and symptoms to watch out for when they left the hospital.

## Respect and dignity

The respect and dignity shown to patients was rated highly overall, although patients considered reception staff less polite than doctors and nurses.

Most patients (82%) reported they were 'always' treated with respect and dignity by ED staff and, if they'd arrived by ambulance, by the ambulance crew (95%). More than three-quarters (78%) said the health professionals 'always' introduced themselves.

Around two-thirds of patients (64%) rated the politeness and courtesy of doctors as 'very good' and a similar proportion (65%) said the same for nurses. Politeness and courtesy of reception staff was rated 'very good' by 52% of patients who had waited for treatment.



## Engagement and participation

There is room to improve patient involvement in their ED care.

Of the patients who wanted to be involved in decisions about their care and treatment, 63% reported they were 'definitely' involved as much as they wanted to be. A further 30% felt they were involved to 'some extent'.

## Comprehensive and whole-person care

While most patients felt the staff were kind and caring towards them, care provided to children was not always considered to be delivered in the right way.

Most patients (78%) felt that ED health professionals 'always' showed kindness and caring towards them. When the patient was a child, fewer than two-thirds (64%) felt the staff had 'definitely' provided appropriate care and understanding.

More than half of patients (58%) who were discharged from ED felt staff took their family and home situation 'completely' into account when planning their discharge.

## Coordination and continuity

Patients were positive about the transition of care from the ambulance crew to ED staff, but less so for coordination between ED staff and arrangements when leaving hospital.

Eight in 10 patients (80%) who arrived by ambulance, felt the way the ambulance crew and ED staff worked together was 'very good'. However, just over half of patients (52%) felt the same about the way the ED doctors and nurses worked together. Around three-quarters of patients (74%) reported they did not receive contradictory information from the ED health professionals, although 11% said they 'definitely' had.

Most patients (80%) who were discharged, said they were told who to contact if they were worried about their condition or treatment after leaving hospital. 54% of patients who needed them, said that adequate arrangements had been 'completely' made for any necessary services after discharge.

### Assistance and responsiveness

Provision of assistance while in the ED varied depending on the help required.

For patients who needed attention or advice from a health professional during their visit, 59% said this help was 'always' available or that a staff member was always with them.

Among the 75% of patients who experienced pain during their visit, 60% felt the health professionals had 'definitely' done everything they could to help manage it. Most patients (82%) who needed help going to the toilet were assisted.

Among those who would have liked to have used the services of an interpreter, one-third (33%) said one was 'always' provided.

## Safety and hygiene

Patients' responses to measures of safety reflect some potential for improvement.

Two-thirds of patients (66%) reported feeling 'very safe' during their time at the ED, while 30% felt 'fairly safe'.

ED health professionals were 'always' observed washing or cleaning their hands, or putting on gloves before touching patients by 60% of patients, although almost one in five (19%) didn't remember if this happened.

## Trust and confidence

Trust and confidence in ED health professionals was high.

Over two-thirds of patients (72%) indicated they 'always' had trust and confidence in the doctors treating them and a similar percentage (75%) said the same for nurses.

This BHI Snapshot Report provides summary results from the Emergency Department Patient Survey.

For more detailed results visit Healthcare Observer at

www.bhi.nsw.gov.au



## **Emergency Department Patient Survey Summary**

A selection of key questions for each aspect of care is presented below. For almost all of these questions, the most positive response category is given by a majority of patients. For some questions, there is also a considerable proportion of respondents selecting the second category,

which is in some cases also positive and in others, not so positive. As found in the other surveys conducted in the NSW Patient Survey Program, a minority of patients selected the most negative category.

#### Results





Although ratings are positive for most of these questions, ratings for some questions, such as the cleanliness of the waiting and treatment rooms, politeness of reception staff and ability to get attention from ED health professionals present high proportions of respondents in the second most positive categories.

Questions about finding parking close to the ED, delay in discharge and, for those who were discharged, being told who to contact if worried after they left the hospital had the highest percentage of responses in the most negative response category.

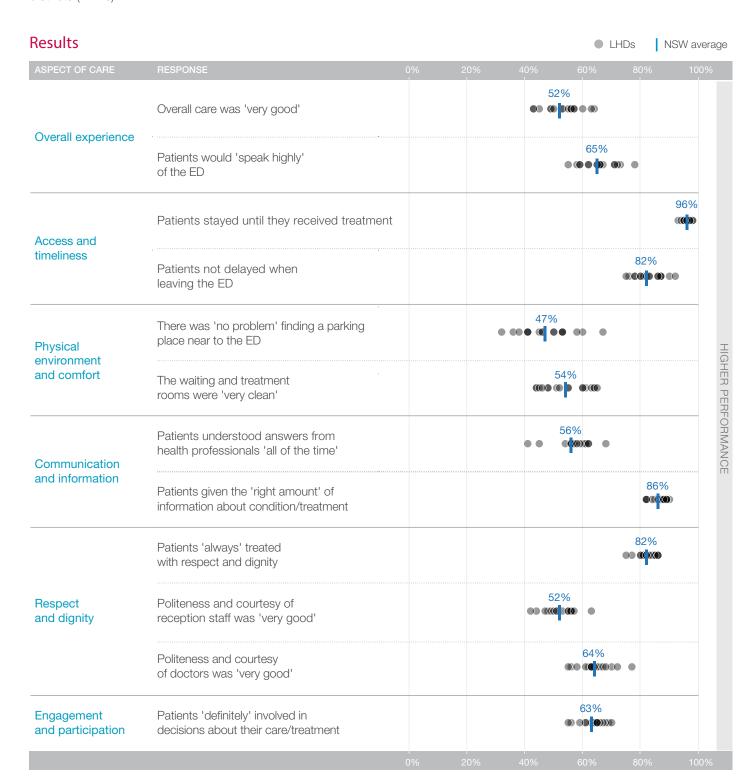




## **Emergency Department Patient Survey Summary**

The graph below shows how ED patients rated aspects of care in NSW public hospitals between April 2013 and March 2014, focusing on the most positive response option. The graph shows average results for NSW and 17 local health districts (LHDs).

The measures that were selected are representative of each aspect of care, and relevant to most patients' experience of ED care. They also relate to state and national standards for high quality care.



The 'Response' column items show a rephrasing of the most positive response option for a question.



As the graph shows, there tends to be considerable variation in the experiences of patients across the LHDs. The questions with the greatest variation were in overall experience, physical environment and comfort, communication and information, and respect and dignity.

In contrast, the proportion of patients who stayed in the ED until they received treatment was high across all LHDs, as was the provision of the 'right amount' of information to the patient about their condition or treatment.

NSW average LHDs RESPONSE 78% Comprehensive and Health professionals were 03000000 'always' kind and caring whole-person care 52% Health professionals worked together in a 'very good' way 74% Patients did not receive contradictory **((((())))** information from ED healthcare professionals Coordination and continuity 65% Patients given 'completely' enough information (CO) about how to manage their care at home 80% Patients told who to contact if worried about •• (()) () condition or treatment after discharge HIGHER PERFORMANCE 60% Staff 'definitely' did everything • ((())) • they could to help manage pain 58% Patients' family or someone close to Assistance and patient 'definitely' had enough opportunity responsiveness to talk to ED staff when needed 59% Patients 'always' able to get attention or advice from health professionals Patients 'always' saw health professionals 60% wash their hands, use hand gel or use clean gloves before touching patient Safety and hygiene Patients felt 'very safe' during their visit to the ED

The 'Response' column items show a rephrasing of the most positive response option for a question.

Patients 'always' had confidence

Patients 'always' had confidence

and trust in doctors

and trust in nurses

72%

0(0)000

Trust and confidence

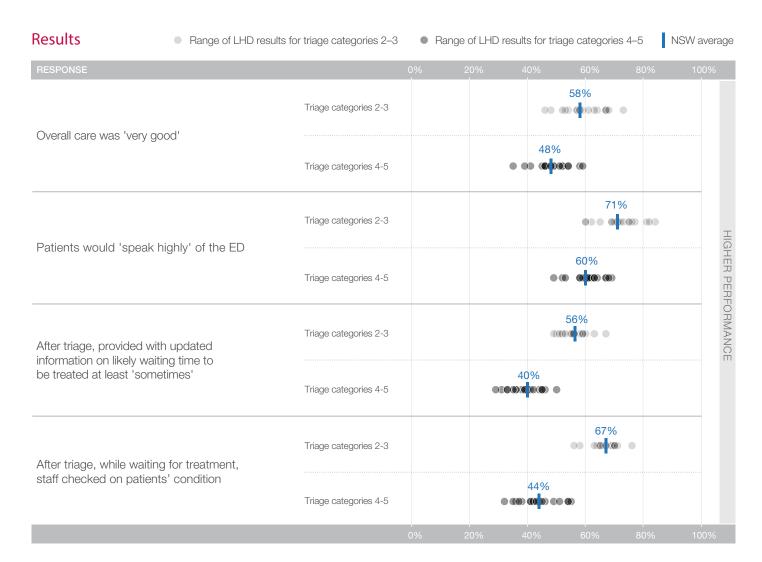


## **Emergency Department Survey Summary**

## Differences between triage categories

On arrival at the ED, all patients are allocated a triage category that tells staff how urgent their medical needs are - 'triage 1' being most urgent and 'triage 5' being least urgent. The results of this survey show that patients from different triage categories respond differently to certain questions.

These graphs show questions for which there was a large difference in the way patients from the more urgent triage categories (2 and 3) rated their care, compared to those in the least urgent categories (4 and 5). Results for category 1 are not shown due to the small number of patients in this group.



The 'Response' column items show a rephrasing of the most positive response option for a question.



The largest differences in the percentage of positive responses were seen for questions about the period before patients received treatment. In particular, questions on whether the patient's condition was monitored while waiting and the time the patient waited before treatment began showed large differences. While triage category is used to determine which patients should be seen first, survey

results also showed some differences between the two triage groups after treatment had begun.

Across most questions in the survey, patients from the more urgent triage categories tended to provide more positive ratings of care, although the differences were generally smaller than those presented below.

Range of LHD results for triage categories 2–3

Range of LHD results for triage categories 4–5

NSW average



The 'Response' column items show a rephrasing of the most positive response option for a question.



## About this survey

The Emergency Department Patient Survey is a paper survey mailed to more than 6,000 patients each month. Depending on when the survey is returned, patients receive the initial survey and up to two reminders. The survey can also be completed online, and in non-English languages, through an interpreter phone service.

In line with international best practice, the survey focuses on patient experience rather than patient satisfaction. Questions are designed to ask patients about what happened to them to better support comparisons between different hospitals. BHI values the patient and stakeholder feedback received during the creation and development of this survey.

Patients have approximately two months to complete and return the survey. The survey responses for performance questions are adjusted via weighting in order to represent each hospital's patient population by age group and service type (i.e. admitted or non-admitted). Full survey results are available on BHI's interactive reporting tool, Healthcare Observer.

#### **About BHI**

BHI is an independent, board-governed statutory organisation that provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system.

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## Healthcare Observer

Healthcare Observer lets you explore, analyse and download information about the performance of the NSW healthcare system.

Access BHI's latest data releases by clicking on the link below or by visiting:

www.bhi.nsw.gov.au/healthcare\_observer



## **Hospital Quarterly**

Hospital Quarterly provides information on hospital performance and patient use of public hospitals in NSW.



## **NSW Patient Survey Program**

The NSW Patient Survey Program asks people across NSW about their experiences with the NSW healthcare system.



## **International Comparison**

The Commonwealth Fund International Healthcare Policy Survey asks patients from around the world about healthcare access, costs and quality.

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The conclusions in this report are those of BHI and no official endorsement by the NSW Minister for Health, the NSW Ministry of Health or any other NSW public health organisation is intended or should be inferred.