



News Release

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Health Quality Council of Alberta releases findings of follow-up urban and regional emergency department patient experience report

(Calgary, AB) – The Health Quality Council of Alberta (HQCA) today released the results of its second report examining the experience of patients who visited the 12 highest-volume urban and regional emergency departments in the province. The report follows up on one released in 2007, which looked at all urban, regional hospital and community-level emergency departments in Alberta. The purpose of the report is to monitor changes in the performance of emergency department sites with the greatest crowding pressures, longest wait times and poorest patient experience. Where possible, the 2009 report compares results between the two years.

Surveys were sent to close to 11,000 patients who visited selected Alberta emergency department facilities in March 2009. Nearly half (45%) or 4,942 surveys were completed indicating a high level of interest by Albertans. The survey data was combined with emergency department data to further analyze and validate the patient experience of urgency and wait times. For example, the report uses emergency department data to look at time to physician according to guidelines established by the Canadian Association of Emergency Physicians.

On releasing the report results, Chief Executive Officer Dr. John Cowell said, “This is the second provincial study of this kind undertaken in Alberta. Given the timing of the 2009 report, it can now serve as a baseline to measure the impact of recent changes to Alberta’s health system. At the same time, it gives Alberta Health Services, Alberta Health and Wellness, doctors, nurses and other health care providers valuable information that can help improve the quality of emergency department patient care.”

Highlights of the key findings follow:


Wait times, Crowding & Reassessment – The report clearly shows that wait times negatively affect the patient experience. Despite efforts to improve wait times (access) in busy emergency departments, wait times reported in the 2009 study have deteriorated since 2007.

According to emergency department data, overall length of stay in the emergency department for both discharged and admitted patients has increased significantly from 2007.

ED Length of Stay Measures*	2007	2009
Overall length of stay for discharged patients**	3.4 hours	3.6 hours
Overall length of stay for admitted patients**	11.1 hours	14.4 hours

*Based on emergency department data. **Median

- For patients who were ultimately discharged home, the median length of stay to be assessed, seen by a doctor, treated and discharged was 3.6 hours. For the most part, this reflects emergency department processes and performance.
- For the 19% of patients who were ultimately hospitalized, the median length of stay was **an additional 10.8 hours**, resulting in a total length of stay of 14.4 hours. The 10.8 hours



reflects processes and performance beyond the control of the emergency department. The additional time is a consequence of what is happening elsewhere in the system.

- These findings are validated by patient-reported data. For example, 39% of admitted patients in 2007 and 48% in 2009 reported a length of stay greater than 12 hours.
- Overall, the time from triage to physician assessment has increased significantly. Patients who reported waiting over two hours to see a doctor increased from 38% in 2007 to 42% in 2009.

According to emergency department data, for those surveyed, performance against Canadian Association of Emergency Physician guidelines for time to physician has worsened since 2007. The Canadian Triage and Acuity Scale (CTAS) is an emergency department-assigned urgency score that determines the order in which patients are seen (CTAS I being the most urgent and CTAS V the least urgent).

- 14% of CTAS II patients in 2009 were seen in the recommended 15 minutes compared to 15% in 2007.
- 13% of CTAS III patients in 2009 were seen in the recommended 30 minutes compared to 15% in 2007.
- 36% of CTAS IV patients in 2009 were seen in the recommended 60 minutes compared to 43% in 2007.
- 64% of CTAS V patients in 2009 were seen in the recommended 120 minutes compared to 80% in 2007.

Overall Rating of Care - At the provincial level, 65% of those surveyed rated the overall care they received in the emergency department as excellent or very good. This is unchanged from 2007. While the overall rating of care is unchanged between 2007 and 2009, the report findings suggest there remain many aspects of the emergency department patient experience that need improvement.

Staff Care & Communication - Although attention continues to focus on wait times in emergency departments, the 2009 report corroborated the 2007 finding that staff care and communication have the greatest effect on patients' overall care rating.

The fact that the overall rating of care between 2007 and 2009 remains stable suggests that despite increasing wait time stress, emergency department staff have managed to maintain critical care and communication-related practices at 2007 levels. Specific results related to care and communication show little change between 2007 and 2009. As in 2007, there remains room for improvement.

- 40% of respondents reported their condition had either not been explained to them in an understandable way or was only to some extent. This is similar to 39% in 2007.
- 59% reported doctors and nurses either did not discuss their anxieties and fears or discussed them only to some extent. This is an increase from 57% in 2007.
- 37% reported either not having enough time with the doctor or nurse to discuss their health concern or only did to some extent. This is similar to 38% in 2007.
- Communication between staff and patients preparing to leave the emergency department was rated as poor in 2007 and remains unchanged in 2009. For example, 44% of respondents reported they were not told when they could resume normal activities compared to 42% in 2007.



Respect

- With the exception of the courtesy of the triage nurse, there are no significant differences between 2007 and 2009.
- 90% of respondents rated the courtesy of the triage nurse as good, very good or excellent, with a 2% greater proportion rating as excellent or very good in 2009 as compared to 2007.

“It is a credit to emergency department staff that patients’ overall rating of care and specific aspects of clinical communication have been maintained despite increased wait times,” says Cowell. “However, there remains room for improvement in areas such as communicating the patient’s condition and treatment in an understandable way, addressing anxieties and fears, and spending enough time talking with patients about health concerns.”

He adds that the HQCA fully supports Alberta Health Services’ internal efforts to measure and report on their performance. However, beyond that there needs to be an independent body to objectively measure, monitor and report on the performance of Alberta’s health system.

As an independent organization legislated under the *Regional Health Authorities Act*, the HQCA gathers and analyzes information and collaborates with Alberta Health Services, Alberta Health and Wellness, health professions and other stakeholders to translate that knowledge into practical improvements to health service quality and patient safety in the health care system.

The report is available at www.hqca.ca.

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