

2006

NWT

HOSPITAL

SATISFACTION

QUESTIONNAIRE

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Fort Smith





## OVERVIEW

Measuring client satisfaction is seen as a means of gauging the effectiveness of existing services and guiding future developments. The Northwest Territories (NWT) Hospital Satisfaction Questionnaire was developed to measure consumer's satisfaction with the four hospitals in the NWT. The first hospital satisfaction questionnaire was conducted in the fall of 2004 and summary reports were provided to each hospital in March 2005. The reports were also made available on the Department of Health and Social Services website.

The Department of Health and Social Services and the four hospital authorities decided to conduct the NWT Hospital Satisfaction Questionnaire again in the fall of 2006. By using the same questionnaire and similar methodology, results are comparable between the two questionnaires.

**This report provides a summary of the 2004 and 2006 findings and is specific to the hospital in Fort Smith.**

## PROJECT METHODOLOGY AND DATA LIMITATIONS

A hospital satisfaction working group was established with a project lead from the Department of Health and Social Services and representatives from each hospital. In consultation with senior management, hospital staff, the NWT Bureau of Statistics and staff from the Department of Health and Social Services, the working group developed the NWT Hospital Satisfaction Questionnaire.

The NWT Hospital Satisfaction Questionnaire was distributed at the four hospitals in the Northwest Territories during the month of November 2006. Patients were provided a self-administered questionnaire and encouraged to complete it by front-line hospital staff. Completed questionnaires were returned to the Department where data entry, analysis and the final reports were completed.

The voluntary and self-administered methodology of the questionnaire resulted in valuable feedback from those who responded to the questionnaire, but does not provide a representative sample. As a result, data from each hospital must be interpreted with caution, response rates cannot be calculated and the data cannot be analyzed from a territorial perspective.

**The findings from these questionnaires can be used to:**

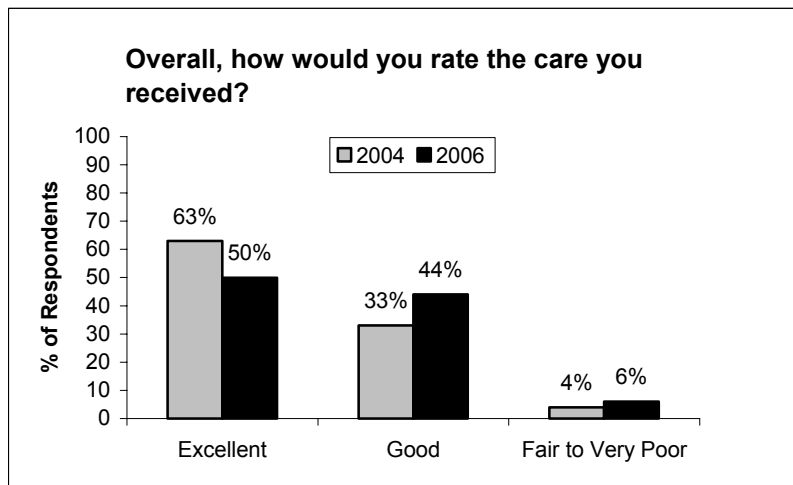
- provide feedback to senior management and hospital staff;
- recognize areas that are working well;
- indicate areas for improvement;
- provide a component of the hospital accreditation process;
- serve as comparison between the 2004 and 2006 client satisfaction measurements.

- A total of 51 completed questionnaires were received from people utilizing the hospital in Fort Smith during the month of November 2006, compared to 66 in 2004.
- Not all respondents answered all questions: n=the number of responses for that particular question.
- Some percentages may not add up to 100% due to rounding.
- **The majority of respondents provided ratings of excellent or good for every question asked on the Hospital Satisfaction Questionnaire in both 2004 and 2006.**

## MEASURES OF HOSPITAL SATISFACTION

### Overall Satisfaction

The question that asked, “Overall, how would you rate the care you received?” provides a concise summary of the overall findings of the NWT Hospital Satisfaction Questionnaire. The vast majority of respondents provided ratings of excellent or good.



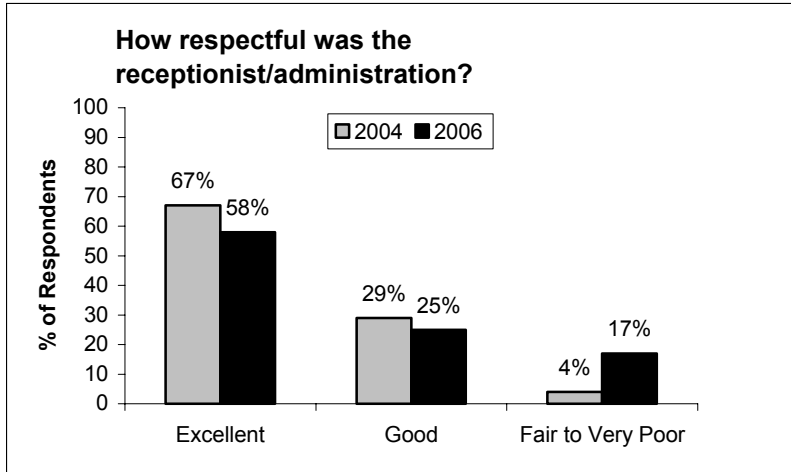
2004 n=60

2006 n=50

- In 2006, approximately 94% of respondents rated the overall care they received as good or excellent, a finding similar to 2004 (96%).
- Excellent ratings declined in 2006.
- In 2006, no respondents gave ratings of very poor and in 2004 one respondent gave a rating of very poor.

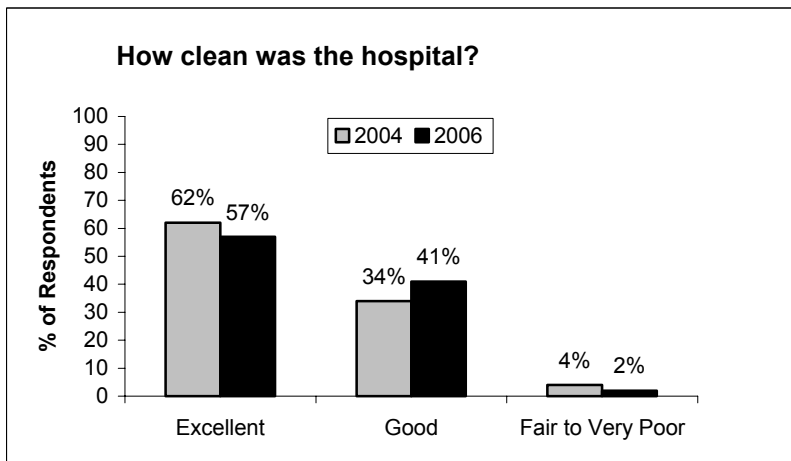
## GENERAL QUESTIONS

This section of the questionnaire asked five questions related to general services provided by the hospital.



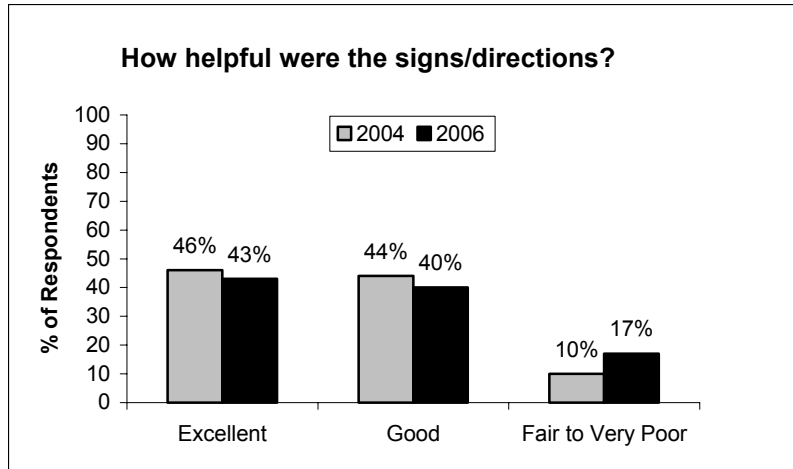
2004 n=49  
2006 n=48

- Excellent and good ratings declined with more respondents selecting fair in 2006 than in 2004.
- In 2006, one respondent gave a rating of very poor and in 2004 no respondents gave ratings of very poor.



2004 n=50  
2006 n=49

- In 2006, excellent ratings declined slightly for hospital cleanliness.



2004 n=48  
2006 n=47

- Respondents from every service area provided fair to very poor ratings for hospital signage (17% in 2006, 10% in 2004.)
- In 2006, one respondent gave a rating of very poor and in 2004 no respondents gave ratings of very poor.

### How was the hospital food?

The low number of applicable responses (11 in 2006, 15 in 2004) prevents a reliable analysis for this question.

### How were the interpreter services you received?

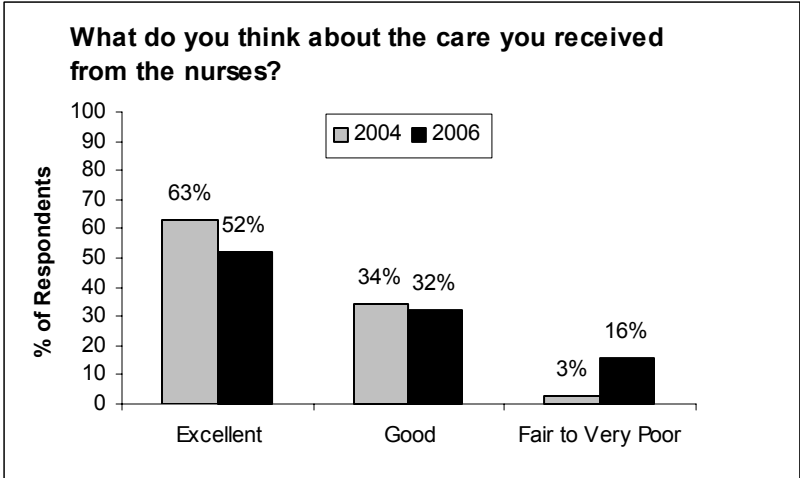
The low number of applicable responses (10 in 2006, 8 in 2004) prevents a reliable analysis for this question.

## HEALTH CARE PROVIDERS

The Health Care Provider section of the questionnaire was divided into nurses, doctors and specialized health care providers. Similar questions were asked of each.

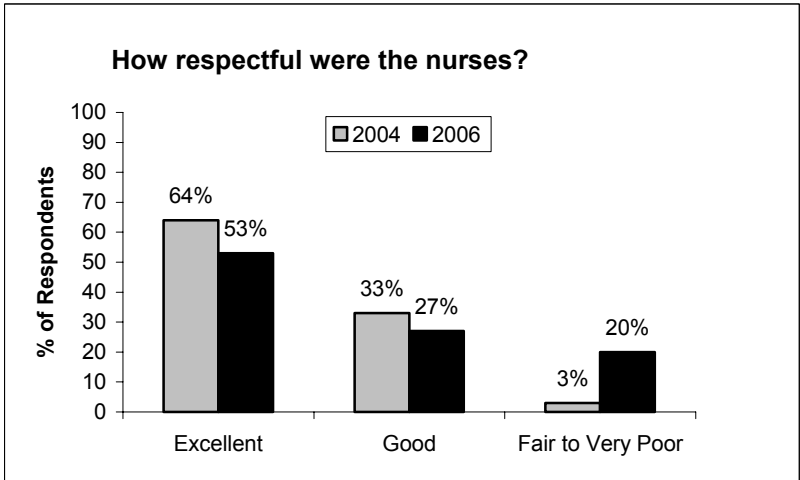
### Nurses

Excellent and good ratings decreased in 2006 for the care, respect and how well nurses answered questions. However, caution should be used in interpreting these results due to the low number of respondents (n=30 or 31 in 2006) and therefore greater variability in the results. For some questions, what may seem like a significant increase or decrease in satisfaction ratings can be attributed to a difference of one or two actual respondents.



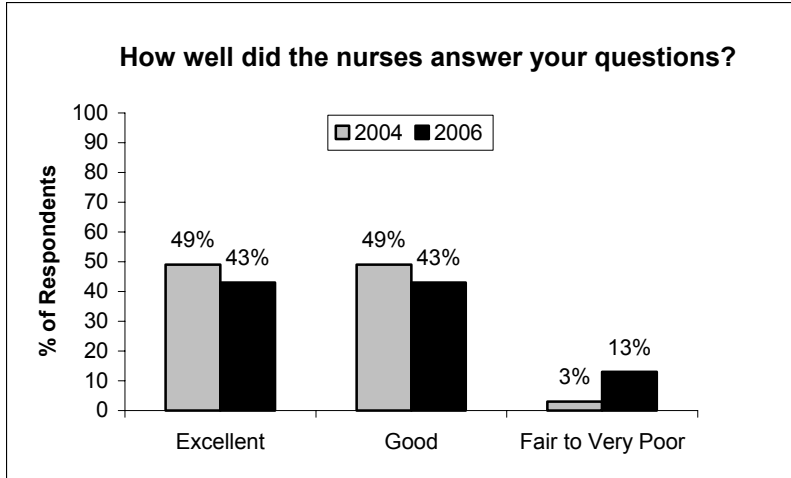
2004 n=35  
2006 n=31

- In 2006, excellent and good ratings decreased while the proportion of respondents selecting fair to very poor ratings increased.
- In 2006 and 2004, one respondent gave a rating of very poor.



2004 n=36  
2006 n=30

- In 2006, excellent and good ratings decreased while the proportion of respondents selecting fair increased.

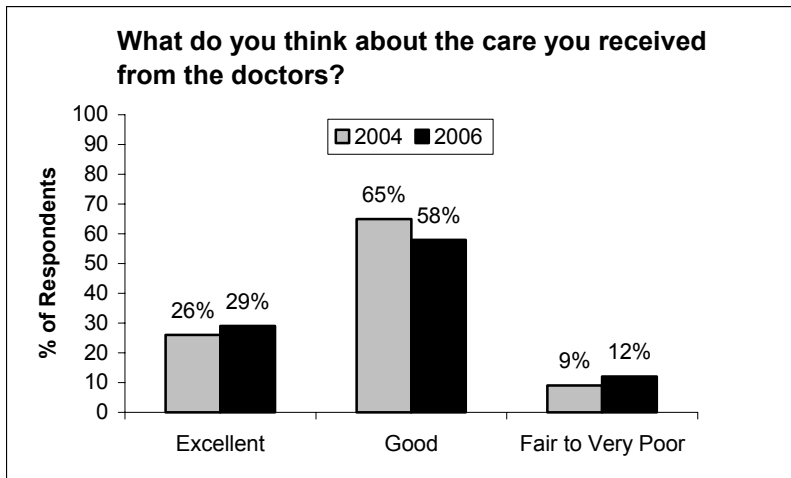


2004 n=35  
2006 n=30

- In 2006, excellent and good ratings decreased while the proportion of respondents selecting fair increased.

### Doctors

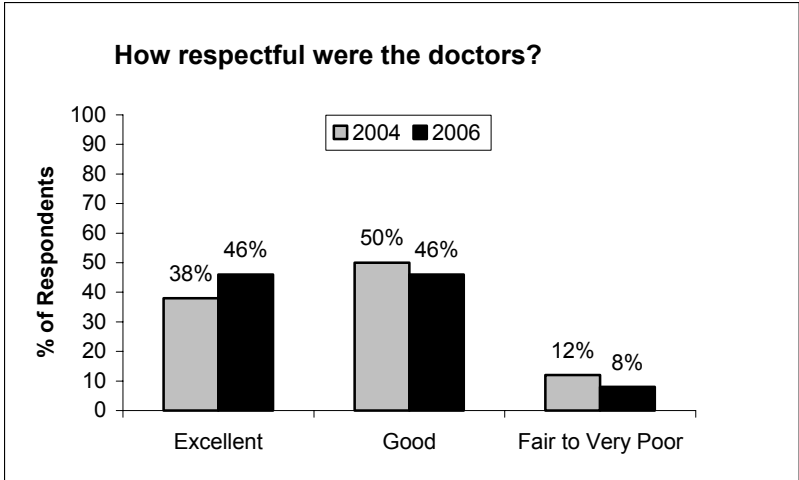
Excellent ratings increased in 2006 for all three questions relating to doctors. However, caution should be used in interpreting these results due to the low number of respondents (n=24 in 2006) and therefore greater variability in the results. For some questions, what may seem like a significant increase or decrease in satisfaction ratings can be attributed to a difference of one or two actual respondents.



2004 n=31  
2006 n=24

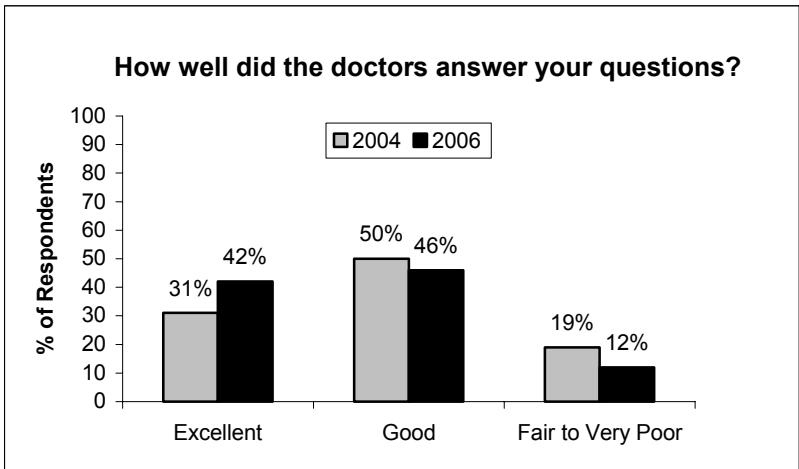
- In 2006, excellent ratings increased slightly.
- In 2006, no respondents gave ratings of very poor and in 2004 one respondent gave a rating of very poor.





2004 n=32  
2006 n=24

- As with all three questions related to doctors, excellent ratings increased in 2006.
- In 2006, no respondents gave ratings of very poor and in 2004 one respondent gave a rating of very poor.

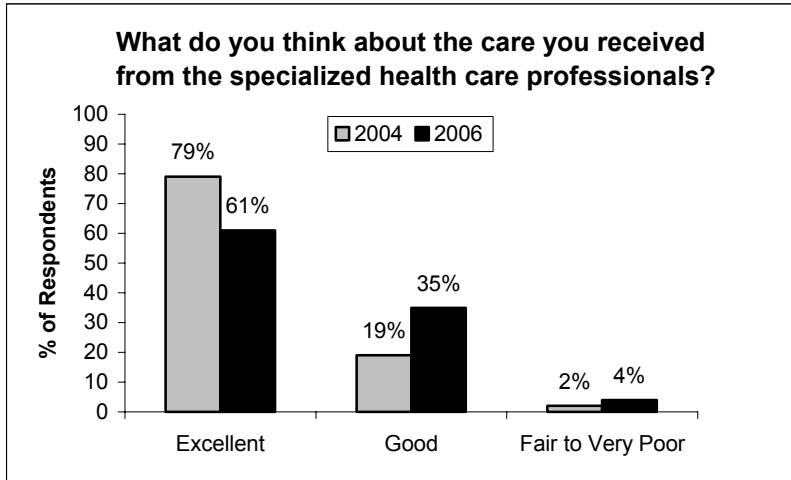


2004 n=32  
2006 n=24

- In 2006, excellent ratings increased compared to 2004 as to how well doctors answered questions.
- In 2006, no respondents gave ratings of very poor and in 2004 two respondents gave ratings of very poor.

### Specialized Care (For example: blood work, x-ray, physiotherapy, stress test etc.)

In both 2004 and 2006, specialized care providers received very high ratings of satisfaction with 93% or higher of respondents selecting good or excellent ratings on the three questions directly related to specialized health care providers. However, excellent ratings declined in 2006 compared to 2004.



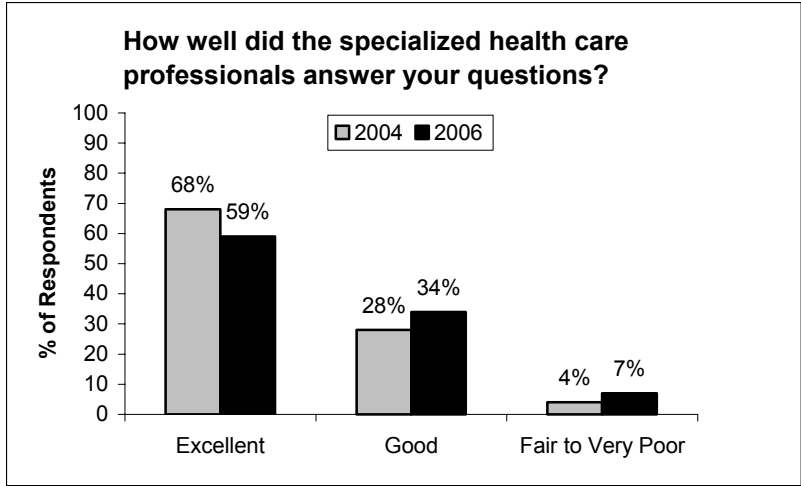
2004 n=58  
2006 n=46

- In 2006, excellent ratings decreased with more respondents selecting ratings of good.



2004 n=59  
2006 n=45

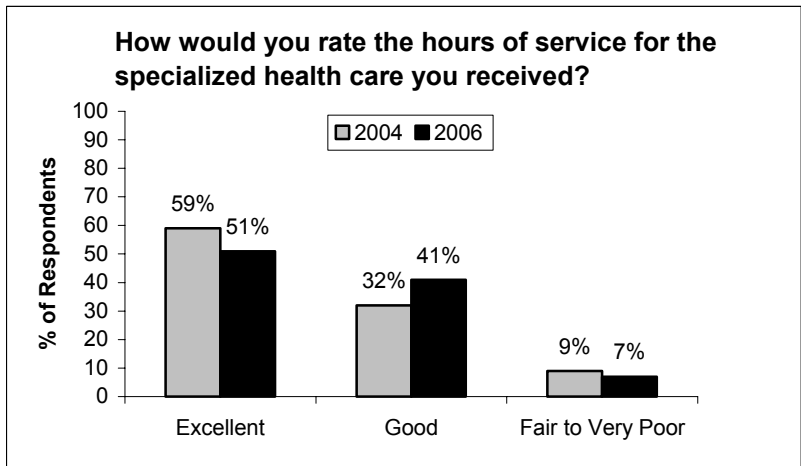
- In 2004, 98% and in 2006, 97% of respondents rated the respectfulness of the specialized health care professional as excellent or good – the highest satisfaction rating of the questionnaire.
- However, excellent ratings decreased in 2006 (64%) compared to 2004 (86%).



2004 n=57  
2006 n=41

- Excellent ratings decreased in 2006 for how well specialized health care providers answered questions.
- In 2006, no respondents gave ratings of very poor and in 2004 one respondent gave a rating of very poor.

The specialized health care provider section of the questionnaire also asked respondents to rate the hours of service for the specialized health care they received (for example, blood work, x-ray, physiotherapy, stress test, etc.).

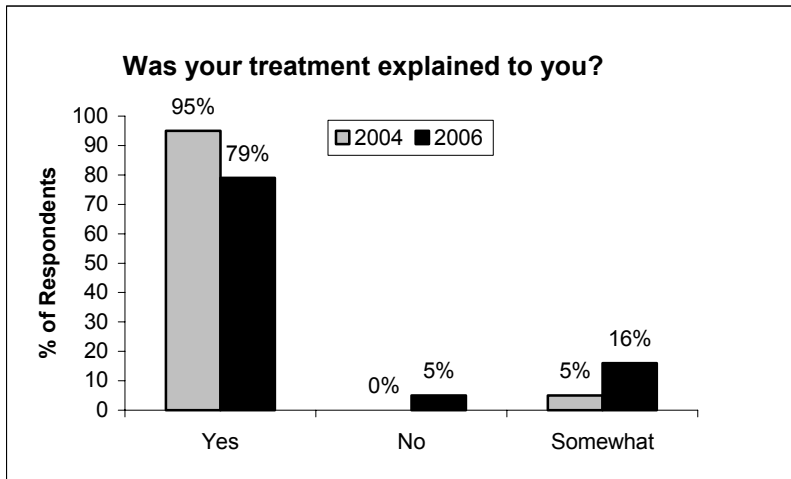


2004 n=59  
2006 n=41

- Excellent ratings decreased slightly in 2006 for the hours of service provided by specialized health care.
- In 2006, no respondents gave ratings of very poor and in 2004 one respondent gave a rating of very poor.

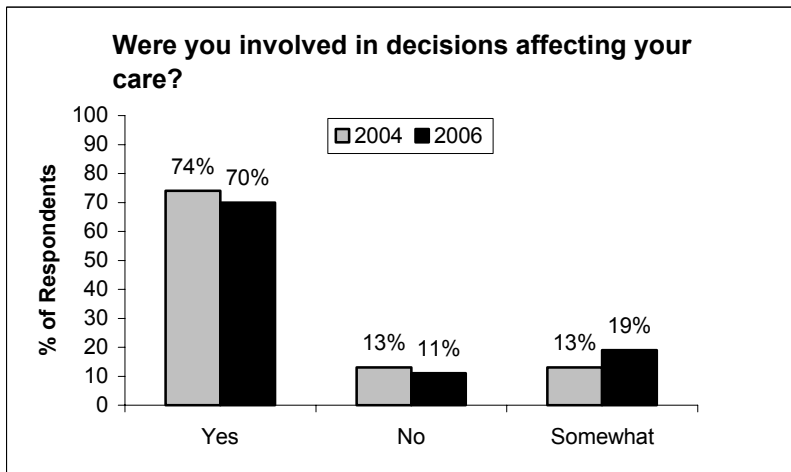
## TREATMENT/PROCEDURE

The questionnaire asked respondents three questions related to their treatment/procedure. Respondents in 2006 were less likely to feel their treatment had been explained, that they were involved in decisions affecting their care, or that they were kept informed about the care planned for them than respondents in 2004.



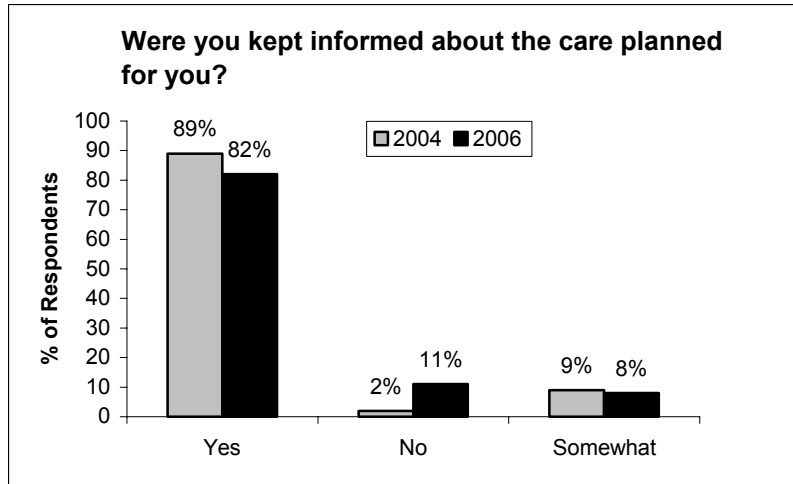
2004 n=56  
2006 n=43

- In 2006, 79% respondents indicated their treatments/procedures were clearly explained compared to 95% in 2004.



2004 n=47  
2006 n=37

- Results were similar as to how respondents felt they were involved in decisions affecting their care (70% in 2006, 74% in 2004).



2004 n=46  
2006 n=38

- In 2004 and 2006, 82% or more of respondents indicated that they were kept informed about the care planned for them.

## FEEDBACK

The NWT Hospital Satisfaction Questionnaire asked two open-ended questions to gather more detailed information from respondents:

- **Tell us about the things we are doing well; and**
- **Tell us about the areas in which we could improve.**

In response to the question “Tell us what we are doing well”, comments addressing staff appeared the most often. General comments included praise for things like staff being friendly, professional, knowledgeable, caring and helpful.

Praise was also directed towards staff in specific service areas as well as towards specific staff members. Respondents included the names of individual doctors and nurses in noting exceptional service.

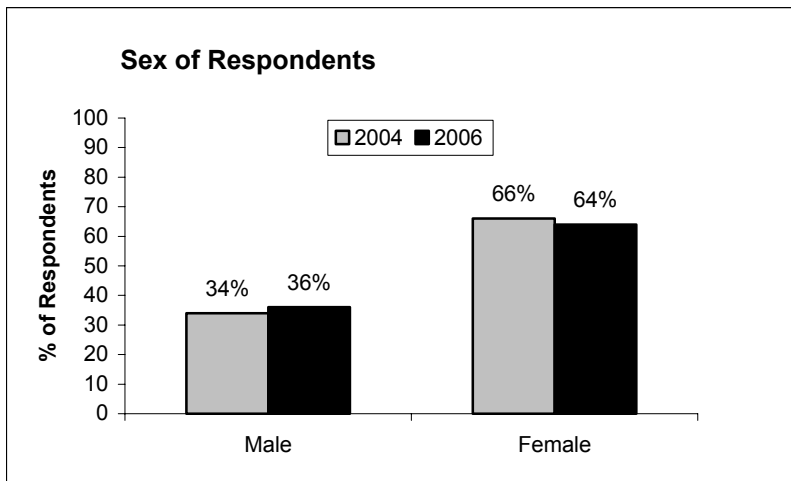
In response to, “Tell us what we could improve”, comments addressing wait times and the need for long-term health professionals appeared most often. This was a theme that appeared from the 2004 questionnaire in Fort Smith and remained in 2006.

## DEMOGRAPHICS

Demographic questions were asked in order to provide more detailed analysis and comparisons of responses where applicable. The demographic section also provided information on the 51 respondents who completed questionnaires in Fort Smith in 2004 and the 66 who completed it in 2006.

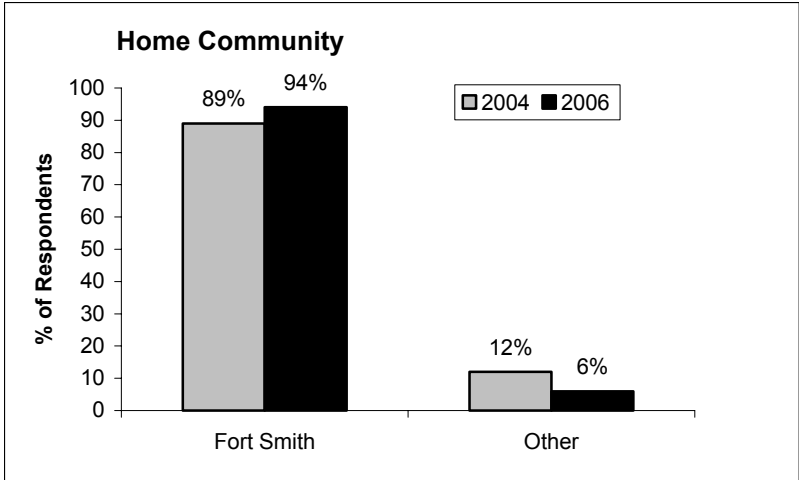
Comparisons between the two years indicate similar respondent demographics in 2004 and 2006.

Respondents were asked to indicate their sex, home community, ethnicity and age.



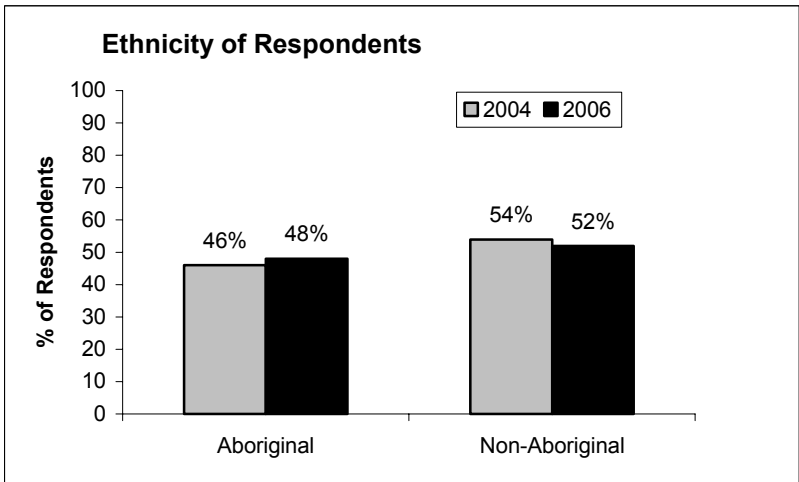
- Similar proportions of males and females completed the questionnaire in 2004 and 2006.

2004 n=62  
2006 n=50



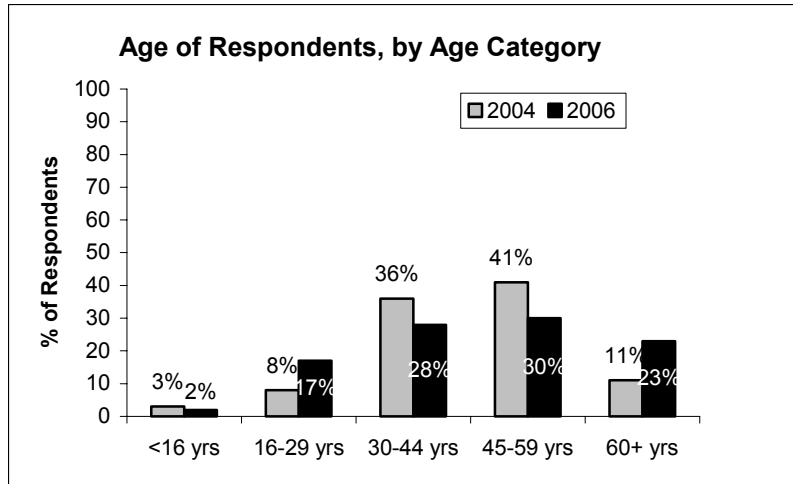
2004 n=63  
2006 n=50

- Slightly lower numbers of people from “other” communities completed the questionnaire in 2006.



2004 n=52  
2006 n=42

- The proportion of Aboriginal and Non-Aboriginal responses was similar in 2004 and 2006.



2004 n=61  
2006 n=47

- The original intent of the questionnaire was that it only be distributed to those over the age of 16. However, questionnaires were received with the age filled in under 16 years. In some cases, parents completed the questionnaire on behalf of a child receiving the hospital services and put in the child's age (for example 1 year old).
- All completed questionnaires were included in the analysis.

## SERVICE AREA

Each NWT Hospital Satisfaction Questionnaire had a space provided for Service Area. In most cases, hospital staff filled in the service area prior to questionnaire distribution. The breakdown of completed questionnaires by service area for Fort Smith is as follows:

Service Area	2006	2004
Rehabilitation Services*	15	25
Diagnostic Imaging	19	24
Emergency	4	6
Ultrasound	4	6
Acute Care	8	5
Lab	1	0
<b>Total</b>	<b>51</b>	<b>66</b>
*Labeled as Physiotherapy in 2006		



## CONCLUSION

The NWT Hospital Satisfaction Questionnaire asked respondents general questions relating to reception/administration, hospital cleanliness, signage, hospital food and interpreter services. Respondents also provided ratings relating to the care, respect and communication experienced in their treatment/procedure and dealings with health care professionals.

In all of these sections of the questionnaire – General, Health Care Providers and Treatment/Procedure – the majority of the respondents were satisfied with the care they received from the hospital in Fort Smith. This satisfaction was evident with the first questionnaire in 2004 where 96% of respondents said that overall, the care they received was excellent or good. Similar results were present in the 2006 NWT Hospital Satisfaction Questionnaire with 94% of respondents saying the overall care they received at the hospital was good or excellent.

Excellent ratings did drop in 2006 for all questions with the exception of those related to doctors where excellent ratings increased from 2004 results.

The majority of comments provided by respondents reflected the quality of service provided. Hospital staff in particular received numerous comments praising their professionalism and caring attitudes. While some respondents offered suggestions for change and the need for improvement, the majority of comments reflected the high levels of satisfaction found in every question.

The main area for improvement cited in 2004 remained in 2006 – the need for continuity of care provided by long-term doctors and nurses.