



Capital Health
EDMONTON AREA

Ethics in Evaluation and Quality Improvement: Emergency Department Patient Satisfaction Survey in Alberta's Capital Health Region

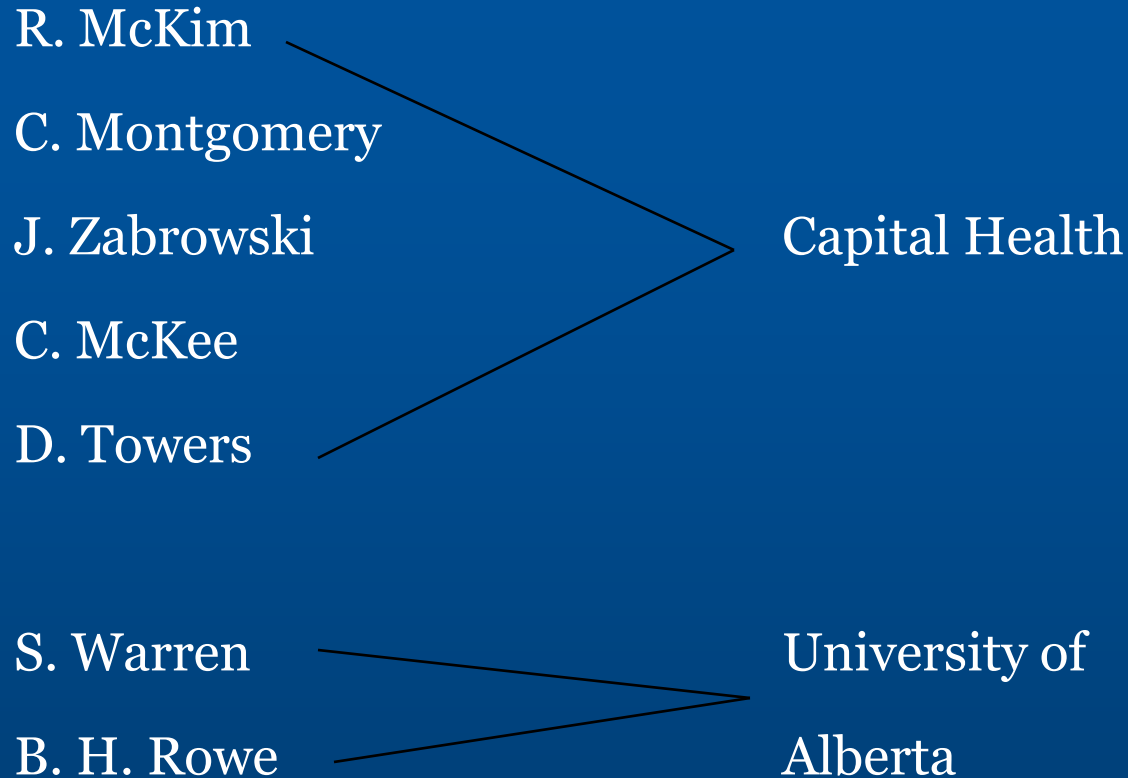
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The Study Team



The Study: Emergency Departments

- In Canada 1 in 4 citizens experience emergency care every year.
- EDs experience overcrowding resulting in increased wait times, premature patient departures, delayed evidence based care, staff frustrations and poor outcomes.
- Important barometer of health care system.
- As such, Capital Health created an ED accreditation team for its 2005 CCHSA accreditation survey.

The Study: Emergency Departments cont'd.

- The ED accreditation team requested patient input into ED services.
- Patient satisfaction survey would meet the requirements of the team.
- Patient satisfaction is buried in a myriad of underlying constructs which are mainly process focused.

The Study: Emergency Departments cont'd.

- Improvement strategies must be directed at patient perception of services in conjunction with quality of care.
- Satisfaction is not a measure of quality of service, it does affect client expectations.
- Hence, patient satisfaction would prove a good measure of how ED patients felt the ED was performing.

The Design

- Capital Health serves approximately 1.6 million people within its catchment area.
- Approximately 436,000 people visit 11 EDs in Capital Health region each year.
- Patients stay on average 4.7 hours and 9.8% are admitted from ED.

The Design cont'd.

- Survey based on 3 sources:
 1. System for Evaluation of Health Care Services.
 2. Health Quality Council of Alberta.
 3. Developed by accreditation team.
- 31 questions in all
- Took an average of 5 to 7 minutes to complete.

The Design cont'd.

- Samples were randomly drawn over a two month period from patients seen in 8 EDs.
- Survey was administered through phone interview by Capital Health Link.
- Calls were made until 100 completed surveys were obtained from each site.

Exclusion Criteria

1. Death
2. Left without being seen.
3. Hospitalized
4. Unable to communicate in English.
5. Patient under 18.
6. Transported to another hospital.
7. Patient identity unknown.
8. No phone number available.

Ethical Considerations Pre-Study

- Privacy Impact Assessment (PIA)
- PIA done because original project meant to meet accreditation needs.

Ethical Considerations: Post-Study

- The results indicated value of publishing.
- Application of ARECCI screen tool was completed.
 - The study was QI/PE project.
 - The risk filter score: 3
 - Therefore project involves minimal risk.

Ethical Considerations: Post-Study cont'd.

- Decision to submit to joint Health Ethics Review Board for Capital Health and University of Alberta.
- HREB didn't review because:
 - It was a QI project.
 - It contained minimal risk.
 - Study already completed.
- Dilemma

Conclusion/Questions

- Should an ethics review be done just in case the the project results are going to be published?
- Does a PIA serve as a proxy review?
- What would have happened if we hadn't completed the PIA?
- Where can we get QI/PE projects reviewed if HREB won't review?

Conclusion/Questions cont'd.

- Who has responsibility for mitigating risk in a QI/PE project.
- Who would have reviewed this project if the risk filter indentified it was high risk?