

**Satisfaction and Experience with Health  
Care Services: A Survey of Albertans 2010**

**December 2010**





## Table of Contents

<b>1.0 Executive Summary .....</b>	<b>1</b>
<b>1.1 Quality of Health Care Services .....</b>	<b>2</b>
<b>1.2 Access to Health Care Services .....</b>	<b>3</b>
<b>1.3 Satisfaction with Health Care Services Received.....</b>	<b>4</b>
<b>1.4 Personal Family Doctors .....</b>	<b>6</b>
<b>1.5 Preventative Care.....</b>	<b>6</b>
<b>1.6 Community Walk-in Clinics .....</b>	<b>6</b>
<b>1.7 Emergency Department Services.....</b>	<b>6</b>
<b>1.8 MRI .....</b>	<b>7</b>
<b>1.9 Public Health .....</b>	<b>7</b>
<b>1.10 Mental Health Services.....</b>	<b>7</b>
<b>1.11 Specialist Services .....</b>	<b>7</b>
<b>1.12 Coordination of Care .....</b>	<b>8</b>
<b>1.13 Patient Safety .....</b>	<b>8</b>
<b>1.14 Serious Complaints .....</b>	<b>8</b>
<b>1.15 Health Link.....</b>	<b>8</b>
<b>2.0 Introduction .....</b>	<b>9</b>
<b>3.0 How to Interpret Provincial and Health Zone Level Results .....</b>	<b>11</b>
<b>3.1 How to Interpret the Weighted Result Graphs.....</b>	<b>11</b>
<b>3.2 How to Interpret the Multivariate Analysis Graphs .....</b>	<b>12</b>
<b>4.0 Characteristics of the 2010 Survey Sample.....</b>	<b>14</b>
<b>4.1 Age and Sex Distributions and Sample Weighting .....</b>	<b>14</b>
<b>4.2 Individual and Household Characteristics of the Sample .....</b>	<b>17</b>
<b>5.0 Contact with Health Care Services .....</b>	<b>21</b>
<b>5.1 Most Recent Contact with Alberta’s Health Care System.....</b>	<b>21</b>
<b>By Health Zone and Year of Survey .....</b>	<b>22</b>
<b>By Demographic Factors.....</b>	<b>23</b>
<b>By Health Service Area .....</b>	<b>25</b>
<b>6.0 Access to Health Care Services.....</b>	<b>26</b>
<b>6.1 Perception of Access to Health Care Services .....</b>	<b>26</b>
<b>By Health Zone and Year .....</b>	<b>27</b>
<b>6.2 Actual Experiences Accessing Health Care Services.....</b>	<b>28</b>
<b>By Health Zone and Year .....</b>	<b>29</b>
<b>6.3 Perceived Access versus Rating of Overall Access for Service .....</b>	<b>30</b>
<b>Specific Health Service Area .....</b>	<b>31</b>
<b>Experience of Accessing Health Care Services in the Past Year, by Demographic Factors and Selected Variables (Multivariate Analysis) .....</b>	<b>32</b>
<b>7.0 Quality of Health Care Services .....</b>	<b>35</b>
<b>7.1 Perceived Quality of Alberta’s Health Care System .....</b>	<b>35</b>

By Health Zone .....	36
7.2 Overall Quality of Health Care Services Actually Received.....	37
Overall Quality of Healthcare Services Personally Received by Health Zone .....	38
Perceived Quality of Health Care Services Received in the Past Year, by Demographic Factors and Selected Variables (Multivariate Analysis).....	39
<b>8.0 Satisfaction with Health Care Services .....</b>	<b>41</b>
8.1 Overall Satisfaction.....	41
By Health Zone .....	43
Summary of Satisfaction with Various Health Care Services Received, by Year of Survey .....	44
Overall Satisfaction with Health Care Services Received in the Past Year, by Demographic Factors and Selected Variables (Multivariate Analysis).....	45
<b>9.0 Coordination of Health Care Services .....</b>	<b>47</b>
9.1 Overall Coordination.....	47
By Health Zone .....	48
9.2 Coordination of Specific Health Care Services .....	49
<b>10.0 Personal Family Doctor Services .....</b>	<b>50</b>
10.1 Respondents Who Currently Have a Personal Family Doctor .....	50
By Health Zone and Survey Year .....	51
By Demographic Factors.....	52
10.2 Length of Time Respondent Has Been with Personal Family Doctor .....	54
By Health Zone and Year .....	55
10.3 Practice Setting of Personal Family Doctor.....	56
By Health Zone .....	57
By Health Zone .....	58
Care for Urgent but Minor Condition When Personal Family Doctor’s Office was Open.....	59
Care for Urgent but Minor Condition When Personal Family Doctor’s Office was Closed .....	60
Do Not Have a Personal Family Doctor.....	61
Health Care Options When Respondent Does Not Have a Personal Family Doctor .....	62
Access to Personal Family Doctor by Year .....	63
Access to Personal Family Doctor by Health Zone and Year .....	64
10.4 Quality of Family Doctor Care .....	65
By Health Zone .....	66
10.5 Satisfaction with Personal Family Doctor Services .....	67
By Health Zone and Year of Survey .....	68
Personal Family Doctor – Satisfaction with Specific Attributes .....	69
10.6 Preventative Care.....	74
Healthy Diet and Healthy Eating Habits.....	75
Exercise and Physical Activity.....	76
Feeling Sad, Empty or Depressed .....	77
Encouraged To Talk About All Your Health Concerns .....	78

**Satisfaction with Health Care Services Personally Received in Alberta from a Personal Family Doctor in the Past Year, by Demographic Factors and Selected Variables (Multivariate Analysis) ..... 79**

**11.0 Community Walk-in Clinics ..... 81**

    11.1 Use of Walk-in Clinics ..... 81

    11.2 Access to Walk-in Clinics ..... 82

        By Health Zone ..... 83

    11.3 Quality of Walk-in Clinic Doctor ..... 84

        By Health Zone ..... 85

    11.4 Satisfaction with Walk-in Clinics ..... 86

        By Health Zone ..... 87

        Satisfaction with Specific Community Walk-in Clinic Attributes ..... 88

        Satisfaction with Community Walk-in Clinic Services in the Past Year, by Demographic Factors and Selected Variables (Multivariate Analysis)..... 92

**12.0 Emergency Department Services ..... 94**

    12.1 Use of Emergency Department Services ..... 94

        Reason for Choosing Emergency Department Services Instead of Somewhere Else..... 95

        Self rated Urgency of Health Problem..... 96

    12.2 Emergency Department Wait Times..... 97

    12.3 Access to Emergency Department Services ..... 99

        By Health Zone and Year of Survey ..... 100

    12.4 Quality of Care in the Emergency Department ..... 101

        By Health Zone ..... 102

    12.5 Satisfaction with Emergency Department Services ..... 103

        By Health Zone ..... 104

    12.6 Re-Assessment ..... 105

        Frequency of Re-Assessment While Waiting For Physician ..... 106

        Ability to Get Staff Member Help..... 107

    12.7 Considered Leaving without Being Seen ..... 108

    12.8 Left Without Being Seen ..... 109

        Factors Associated with Actually Leaving the Emergency Department Prior to Treatment, by Demographic Factors and Selected Variables (Multivariate Analysis)..... 110

**13.0 Specialist Services ..... 112**

    13.1 Use of Specialist Services ..... 112

    13.2 Access to Specialist Services..... 112

        By Health Zone and Year ..... 113

        By Wait Time ..... 114

        By Wait Time at Office ..... 115

    13.3 Quality of Care Received from Specialist ..... 116

        By Health Zone ..... 117

    13.4 Satisfaction with Specialist Services ..... 118

        By Health Zone ..... 119

Satisfaction with Specific Attributes.....	120
Satisfaction with Health Care Services Personally Received in Alberta from a Specialist in the Past Year, by Demographic Factors and Selected Variables (Multivariate Analysis) .....	125
<b>14.0 Hospital Care .....</b>	<b>127</b>
<b>14.1 Quality of Hospital Care .....</b>	<b>127</b>
Inpatient (Overnight) .....	128
Outpatient (Day) .....	129
<b>14.2 Access to Hospital Care .....</b>	<b>130</b>
Inpatient (Overnight) .....	131
Outpatient (Day) .....	132
<b>15.0 Mental Health Services .....</b>	<b>133</b>
<b>15.1 Use of Mental Health Services by Location.....</b>	<b>133</b>
<b>15.2 Access to Mental Health Services .....</b>	<b>134</b>
<b>15.3 Satisfaction with Mental Health Services .....</b>	<b>135</b>
Satisfaction with the Way Health Care Providers Worked Together .....	136
Discrimination.....	137
<b>16.0 Diagnostic imaging .....</b>	<b>138</b>
<b>16.1 Use of Magnetic Resonance Imaging (MRI) Services.....</b>	<b>138</b>
By Public or Private Provider .....	139
<b>16.2 Access to MRI Services.....</b>	<b>140</b>
By Health Zone .....	141
MRI Wait Time.....	142
<b>16.3 Satisfaction with MRI Services.....</b>	<b>143</b>
By Health Zone .....	144
<b>16.4 Diagnostic Imaging Other than MRIs.....</b>	<b>145</b>
<b>16.5 Access to Other Diagnostic Imaging Services .....</b>	<b>146</b>
By Health Zone .....	147
<b>16.6 Satisfaction with Other Diagnostic Imaging Services.....</b>	<b>148</b>
By Health Zone .....	149
<b>17.0 Pharmacist Services .....</b>	<b>150</b>
<b>17.1 Use of Pharmacist Services .....</b>	<b>150</b>
<b>17.2 Satisfaction with Pharmacist Services .....</b>	<b>151</b>
<b>18.0 Public Health.....</b>	<b>153</b>
<b>18.1 Hand Washing – Self .....</b>	<b>153</b>
<b>18.2 Hand Washing &amp; Putting on New Gloves – Health care workers.....</b>	<b>154</b>
<b>19.0 Patient Safety.....</b>	<b>155</b>
<b>19.1 Experience of Harm .....</b>	<b>155</b>
<b>19.2 Experience with Unexpected Harm.....</b>	<b>156</b>
By Health Zone .....	157
Recipient of Unexpected Harm .....	158
Notification of Unexpected Harm .....	159

Description of Unexpected Harm.....	160
Health Care Setting .....	161
<b>20.0 Patient Complaints about Health Care Services .....</b>	<b>162</b>
<b>20.1 Experiences of Serious Complaint.....</b>	<b>162</b>
By Health Zone .....	163
Action Taken to Address Serious Complaint.....	164
<b>20.2 Satisfaction with How Complaint was Handled.....</b>	<b>165</b>
Process and Experience with Lodging Complaint.....	166
Health Care Setting Serious Complaint Referred To .....	167
Focus of Serious Complaint .....	168
<b>21.0 Health Link .....</b>	<b>169</b>
<b>21.1 Awareness of Health Link .....</b>	<b>169</b>
By Health Zone .....	170
<b>21.2 Use of Health Link .....</b>	<b>171</b>
Demographics.....	172
<b>21.3 Satisfaction with Health Link .....</b>	<b>174</b>
<b>21.4 Followed Recommendations by the Health Link Nurse.....</b>	<b>175</b>
<b>In summary .....</b>	<b>176</b>



## 1.0 Executive Summary

Listening and responding to Albertans to continuously improve the quality and safety of Alberta's health system is the mission of the Health Quality Council of Alberta (HQCA). This mission is realized through the HQCA's legislated mandate to survey Albertans on their experience with the health system and the services it provides.

The HQCA conducted our first population-based survey in 2003. Additional surveys followed in 2004, 2006 and 2008. Each survey looked at overall quality, access and satisfaction with specific health services at both the provincial level and within each of the nine former health regions. The 2010 survey again measures satisfaction, access and other experiences with health care services through the eyes of Albertans who actually experienced the system in 2009 and identifies areas that are working well and those that need improvement. Where possible, it compares the 2010 results with those from previous years.

Specific services assessed in the 2010 survey included family doctors, specialist physicians, community walk-in clinics, emergency departments, hospitals, pharmacists, diagnostic imaging, mental health services, and Health Link. In addition, patient safety and patient complaints are examined. This report also looks at the relationships between respondent characteristics and respondents' evaluations of the health care system.

Together, the five surveys provide an assessment of the public's opinion about Alberta's health care system over time. Caution must be used, however, in interpreting differences from one survey year to the next as evidence of trends over time. Differences may reflect actual trends over time or may also reflect sampling error and differences in survey methodology from year to year.

Population Research Laboratory at the University of Alberta conducted the 2010 survey. They did 5,010 telephone interviews with Albertans aged 18 years and older between February 24 and May 11, 2010. With previous surveys, analysis was done according to the nine former health regions. For comparison purposes in 2010, we re-categorized the health regions into the five new zones: South, Calgary, Central, Edmonton and North. The 2010 response rate was 38% and the margin of error was comparable to previous years at approximately  $\pm 1.5\%$  19 times out of 20.

The information in this report is vital in identifying what Albertans views and perceptions are with the quality, safety and performance of the publicly funded health care system. It will also inform the stakeholders (Alberta Health Services, Alberta Health and Wellness and health care professionals) responsible for health care service delivery about Albertans' experience with the health services they receive and the impact those experiences have on their overall ratings of the health system. The 2010 survey was conducted after the creation of Alberta Health Services and the amalgamation of 12 formerly separate health entities in Alberta, including the nine geographically based health authorities, Alberta Alcohol and Drug Abuse Commission (AADAC), Alberta Mental Health Board, and Alberta Cancer Board. The results provide a baseline for measuring future quality improvement initiatives under the new organizational structure.

**Table 1.1 Historical survey timelines**

Year	HQCA Survey Overview
2003-2006	<ul style="list-style-type: none"> <li>• Inaugural survey 2003; 2004; 2006</li> <li>• 9 health regions</li> </ul>
2008	<ul style="list-style-type: none"> <li>• March 10-May 27: survey interviews conducted – last measure of previous health region structure</li> <li>• May 15: Alberta Health Services created</li> </ul>
2010	<ul style="list-style-type: none"> <li>• February 24-May 11: survey interviews conducted</li> <li>• first measure of patient satisfaction and experience with new Alberta Health Services structure</li> </ul>

### 1.1 Quality of Health Care Services

Based on perceptions of the quality of services, 65% of Albertans believe the quality of health care services in the province is excellent or good. Seventy-five percent (75%) of those who actually received services<sup>1</sup> rate the quality as excellent or good.

From the public’s perspective, coordination of health care efforts and whether or not a respondent had a serious complaint were the two most strongly associated drivers of the overall quality rating, based on actual experience. Other factors associated with overall quality of health care services include:

- Not having a serious complaint
- Excellent or good quality of emergency department visit
- Excellent or good quality of walk-in clinic services

Factors associated with poor overall quality of health care services are:

- Having a serious complaint
- Very poor or fair quality of emergency department visit
- Very poor of rail quality of walk-in clinic services

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<sup>1</sup> The other health care services asked about in the 2010 survey include: personal family doctor, other health care professionals at family doctor’s office (e.g. nurse or dietician), community walk-in clinics, specialists (e.g. surgeon, heart doctor, skin doctor), MRI, other diagnostic imaging (e.g. CAT-scan, X-ray, ultrasound, mammogram), pharmacists, emergency departments, inpatient hospital services, outpatient hospital services, and mental health services.

## 1.2 Access to Health Care Services

Forty-eight percent (48%) of Albertans rated access to health care services as easy (4 or 5 out of 5) in 2010. This is relatively unchanged from 46% in 2008 and significantly higher than 42% in 2003.

**Table 1.2 Overall Access to Health Care Services: 2003 - 2010**

	Percent Easy (4 or 5 out of 5)				
	2010	2008	2006	2004	2003
Overall access	48	46	47	46	42*

\* Denotes statistically significant difference compared to the 2010 survey year

From the public’s perspective, ease of obtaining emergency department services is the factor most strongly associated with overall ease of access to health care services. Other factors associated with ease of access to health care services include:

- Ease of access to a personal family doctor
- Excellent or very good coordination of efforts to provide health care services
- Ease of access to specialist services

Factors associated with difficulty in overall access to health care services are:

- Difficulty accessing emergency department services
- Difficulty accessing services from personal family doctors
- Good, fair or poor coordination of efforts to provide health care services

The access ratings for specific health care services are as follows:

**Table 1.3 Access to Health Care Services: 2003 - 2010**

Health Care Service Area	Percent Easy (4 or 5 out of 5)				
	2010	2008	2006	2004	2003
Family doctor	72	73	74	N/A	N/A
Community walk-in clinics	56	53	60	60	54
Emergency department services	54	51	48*	50	46*
Specialist care	62	59	56	47*	42*
Mental health	78	79	74	66*	N/A
MRIs (publicly funded)	58	59	56	51	N/A
Diagnostic imaging	80	79	92*	89*	N/A

\* Denotes statistically significant difference compared to the 2010 survey year

### 1.3 Satisfaction with Health Care Services Received

Sixty-two percent (62%) of respondents were satisfied (4 or 5 out of 5) with the health care services they received in 2010. This is relatively unchanged from 60% in 2008, but significantly higher than 58% in 2006 and 52% in 2004.

**Table 1.4 Overall Satisfaction with Health Care Services: 2003 - 2010**

	Percent Satisfied (4 or 5 out of 5)				
	2010	2008	2006	2004	2003
Overall satisfaction	62	60	58*	52*	N/A

\* Denotes statistically significant difference compared to the 2010 survey year

From the public’s perspective, access – the ease of obtaining health care services – continues to be the most important factor associated with their overall satisfaction with health care services received. In addition to access, other priority themes emerge as associated with overall satisfaction with health care services received:

- Excellent or very good overall quality of health services received
- Satisfaction with personal family doctors
- Excellent or very good coordination of overall efforts of health care professionals to provide health care services

Factors associated with dissatisfaction include:

- Difficult overall access to health care services
- Fair or poor overall quality of health care services
- Dissatisfied with services received from a family doctor

The satisfaction rating with specific health care services received is as follows:

**Table 1.5 Satisfaction with Health Care Services Received: 2003 - 2010**

Health Care Service Area	Percent Satisfied (4 or 5 out of 5)				
	2010	2008	2006	2004	2003
Family doctor	83	83	84	84	81
Community walk-in clinic	58	56	57	60	55
Emergency department services	59	58	51*	50*	50*
Specialist care	79	81	81	74*	70*
Mental health	78	74	72	70	N/A
MRI	85	89	79	76	N/A
Diagnostic imaging	87	89	88	85	N/A
Serious complaint handling	20	19	24	15	21

\* Denotes statistically significant difference compared to the 2010 survey year

## **1.4 Personal Family Doctors**

Major changes have occurred in the past two years when it comes to Albertans' family doctor practice setting. Fifty-nine percent (59%) reported their family doctor was located in an office where they might see other doctors or health care professionals and medical files are shared among practitioners. This is up from 48% in 2008.

The same reasons for not having a family doctor exist in 2010 as in 2008. They include personal family doctor not taking new patients, family doctor left/retired, and people feeling they don't need one.

For the most part, those without a personal family doctor use community walk-in clinics (56%) for the kind of care most people get from a family doctor. Seven percent (7%) said they used the emergency department.

## **1.5 Preventative Care**

Forty-five percent (45%) of Albertans who had visited their personal family doctor in the past year said they and their doctor had talked about a healthy diet and healthy eating habits. This is similar to 46% in 2008.

Fifty-four percent (54%) said they had spoken with their doctor about their exercise or physical activity compared to 58% in 2008.

## **1.6 Community Walk-in Clinics**

Fifty-six percent (56%) of respondents reported it was easy (4 or 5 out of 5) to obtain health care services from a community walk-in clinic. This is unchanged compared to 2008 and similar to 2006, 2004 and 2003.

Forty percent (40%) said the quality of care received from a walk-in doctor seen most recently was very good or excellent.

Satisfaction with health care services received from a walk-in clinic has not changed between 2010 (58%) and 2003 (55%). Fifty-nine percent (59%) of respondents who visited a walk-in clinic were satisfied (4 or 5 out of 5) with the ultimate impact the care received had on their health and lives. This has improved significantly from 49% in 2003.

## **1.7 Emergency Department Services**

Fifty-four percent (54%) of respondents who visited an emergency department rated access as easy (4 or 5 out of 5) in 2010. This is relatively unchanged from 51% in 2008 and significantly higher than 48% in 2006 and 46% in 2003.

In 2010, like 2008, 55% of respondents said they had gone to the emergency department for themselves because it was the only choice available.

Significantly more respondents said they chose to go to the emergency department because it was the most convenient place to go in 2010 (27%) versus 2008 (20%).

Thirty percent (30%) of respondents considered leaving the emergency department before being seen and treated compared to 31% in 2008. Eight percent (8%) said they left before seeing the doctor or before care and treatment was finished.

Some of the best predictors of why a person leaves or stays in the emergency department are staff checking on patients every 15 minutes and staff being available to help.

## **1.8 MRI**

The number of respondents receiving an MRI has increased since 2004. In 2010, 10% said they received an MRI compared to 10% in 2008, 8% in 2006 and 6% in 2004. This is significantly higher than 2006 and 2004 and unchanged from 2008.

Fifty-eight percent (58%) of respondents rated access as easy (4 or 5 out of 5) in 2010. The results have not changed significantly since 2004.

## **1.9 Public Health**

Fifty-six percent (56%) of Albertans said they definitely washed their hands more often in the past year because of concerns about the flu or H1N1. Eighty-nine percent (89%) said they saw health care workers either put on new gloves or wash their hands before they touched or treated them; 11% said they did not see this occur.

## **1.10 Mental Health Services**

Seventy-eight percent (78%) of those respondents who obtained mental health services in the past year said they were satisfied (4 or 5 out of 5) with the services they received. While this number has fluctuated over the years, the differences are not statistically significant.

Seventy-eight percent (78%) reported obtaining mental health services was easy (4 or 5 out of 5). This number has remained stable over the years.

## **1.11 Specialist Services**

Sixty-two percent (62%) of Albertans surveyed said it was easy (4 or 5 out of 5) to obtain specialist services, similar to 2008 (59%) and 2006 (56%), but significantly higher than 2004 (47%) and 2003 (42%).

There has been little change in satisfaction across the survey years regarding the amount of time respondents had to wait after booking an appointment to see the specialist (55.3% in 2010; 54.2% in 2008; and 52.1% in 2006).

All attributes of specialist services (e.g., treating patients with courtesy and respect, spending enough time with patients, specialist's knowledge and competence) remained stable compared to 2008.

### 1.12 Coordination of Care

Regardless of survey year, less than fifty percent (50%) of respondents felt the coordination of health care professionals to serve their needs was very good or excellent. The results have not significantly changed since 2003.

Coordination of care is associated with ease and difficulty of access as well as satisfaction and dissatisfaction with health care services.

**Table 1.6**

	2010 (%)	2008 (%)	2006 (%)	2004 (%)	2003 (%)
Excellent or very good	48	49	46	48	48
Good, fair or poor	52	51	54	52	52

\* Denotes statistically significant difference compared to the 2010 survey year

### 1.13 Patient Safety

In 2010, 9% of Albertans reported they or an immediate family member experienced unexpected harm. This is down from 10% in 2008 and significantly lower than in 2006 (13%), 2004 (13%) or 2003 (14%). There appears to be a downward trend in terms of those experiencing unexpected harm.

Thirty-four percent (34%) reported they were told by their health care provider about the harm. This is the same as 2008 and down from 40% in 2006.

### 1.14 Serious Complaints

Thirteen percent (13%) of Albertans had a serious complaint about health care services received. This is unchanged from 2008 and similar to 2006, 2004 and 2003.

Sixty-one percent (61%) of those that had a complaint were dissatisfied (1 or 2 out of 4) with how the complaint was handled compared to 61% in 2008 and 57% in 2006. Overall, the results have remained stable since 2003 and there is no statistically significant variation.

### 1.15 Health Link

There is an increasing trend in the number of respondents who said they were aware of Health Link. Year-over-year increases are statistically significant from 2006 to 2010 (66% versus 75%).

Satisfaction with Health Link appears to be declining. In 2004, 77% were satisfied with the service compared to 72% in 2010.

## 2.0 Introduction

The mission of the Health Quality Council of Alberta (HQCA) is to assess and improve the quality, safety, and performance of Alberta's health care system. In 2003, 2004, 2006, and 2008 the HQCA conducted a survey of a representative sample of Albertans, 18 years and older, to examine satisfaction with health care services in Alberta. This survey was conducted again in 2010. The results of the 2010 survey are presented in this report along with comparative data, where possible, from the previous surveys from 2008, 2006, 2004, and 2003.

The 2010, 2008, 2006, 2004, and 2003 surveys examine the public's use of the various components of Alberta's health care system, satisfaction with services received, perceived quality of health care, ease of access to health care services, and coordination of care. Specific services assessed included family doctors, specialist physicians, community walk-in clinics, emergency departments, hospitals, pharmacists, diagnostic imaging, mental health services, and Health Link. In addition, patient safety and patient complaints are examined. Together the five surveys provide an assessment of the public's perceptions of Alberta's health care system over time. Caution must be used, however, in interpreting differences from one survey to the next as evidence of trends over time. Differences may reflect actual trends over time but may also reflect sampling error and differences in the way respondents were recruited depending on the survey year.

The public's utilization and evaluation of the health care system may vary with health status, age, gender, income, family composition, and location of residence (for example, by Alberta Health Service zone or rural or urban location). Furthermore, assessments of quality and satisfaction with health care services may be influenced by reported ease of access to health care services, for example, and satisfaction with the health care system overall may be influenced by satisfaction with various component parts. This report examines the relationships between respondent characteristics, reported use of health care services, and respondent's evaluations of the health care system.

In 2010, the HQCA contracted the Population Research Laboratory (PRL) at the University of Alberta to administer the survey by telephone to a representative sample of Albertans 18 years and older living in the former nine regional health authorities. The survey questionnaire is available in a supplemental report as is the detailed survey methodology. A total of 5,010 Albertans were interviewed for the 2010 survey; the response rate was 33.1% and the margin of error was comparable to previous years at approximately  $\pm 1.5\%$  19 times out of 20.

The EuroQol Group's five functional health dimension questions (EQ-5D) were new in the 2010 survey and focused on the following specific areas: mobility, self-care, usual activities, pain and/or discomfort, and anxiety and/or depression. In addition, some questions asked in 2008 were not asked in 2010 because: 1) the questions asked respondents about their perceptions to services and procedures to which they could not appropriately make comments (i.e. could not say if a diagnostic test was appropriate); 2) the questions were perpetually getting high ratings with no variation (i.e. Pharmacist services); and 3) they were poor questions and the response was difficult to interpret (i.e. how many DIFFERENT specialists have you personally seen within the past year? Is the question asking how many different specialist/persons or how many different specialist types?)

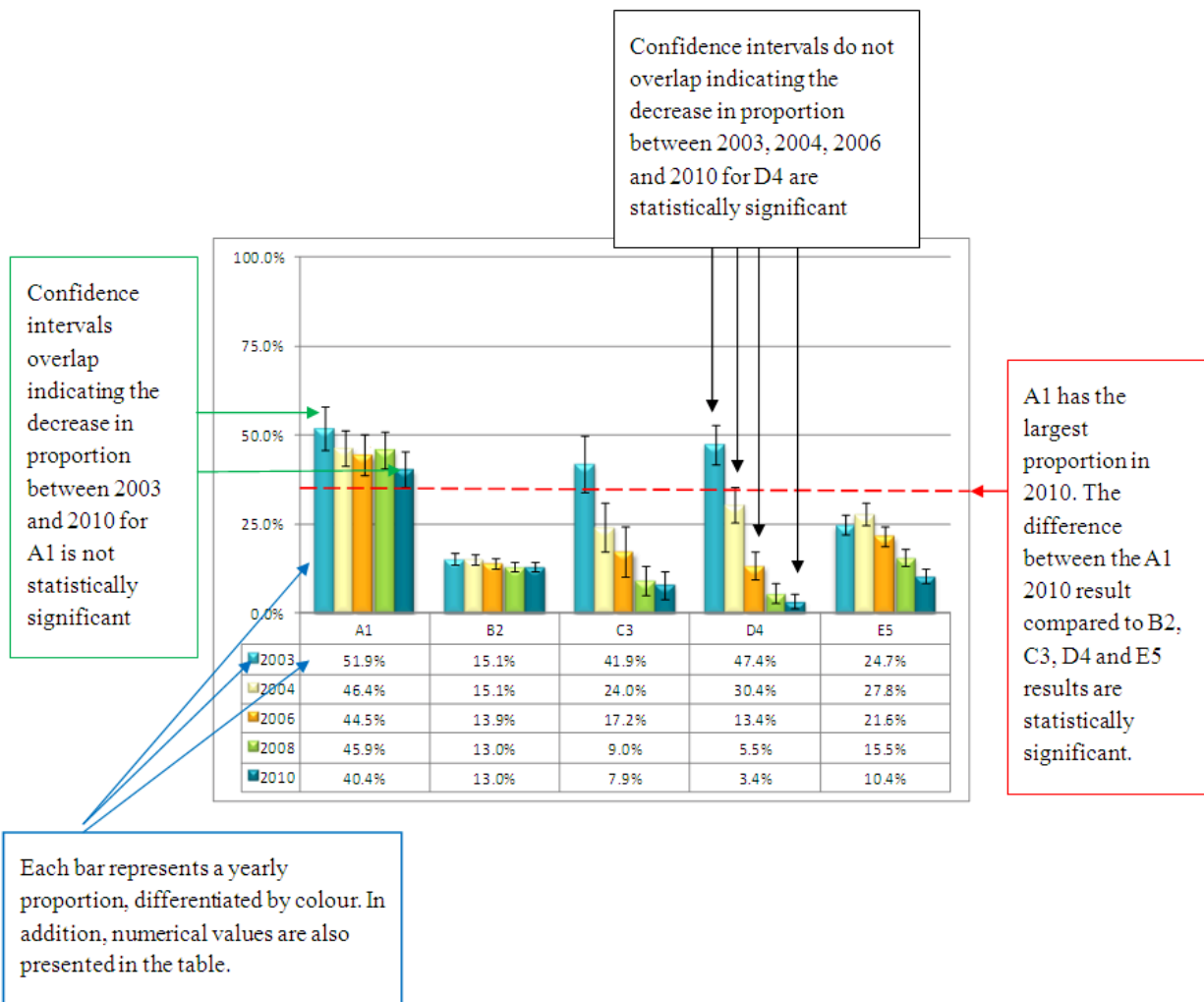
Public Health section questions in the 2008 survey were focused on asking participants whether or not they were aware of signs or posters telling them to wash their hands. In the 2010, we asked participants if they had changed their hand washing habits because of concerns over the flu or H1N1.

The sections in this report cover the following topics: characteristics of the sample, utilization of health care services, access to health care services, perceived quality of health care services, satisfaction with health care services, coordination of health care services, and experiences with the following: family doctors, community walk-in clinics, emergency departments, specialist physicians, mental health care, diagnostic imaging, physiotherapy, pharmacy, public health, patient safety, patient complaints, and Health Link.

### 3.0 How to Interpret Provincial and Health Zone Level Results

#### 3.1 How to Interpret the Weighted Result Graphs

Provincial and health zone level results are presented in graphical format. All graph results include confidence intervals. Where these confidence intervals do not overlap; the difference between the measured proportions of two years or health zones is statistically significant (within 5% error). If the confidence intervals overlap, the proportions denote non-statistical differences.



Year over year health zone results should be interpreted with some caution. Readers can decide which year over year health comparisons provides the most appropriate comparisons. For example: 2010 results are based on AHS' health zones and a new single health system structure, whereas 2003 to 2008 results are based on the nine health regions and the nine health systems. Readers should recognize that there may be differences between the year over year results, their populations, and how the health systems functioned in the broader region/zone. However, when interpreting the graphs and figures, keep in mind

the trends within each graph/figure. If results are similar or follow a consistent trend, then confidence can be had when comparing the 2010 results to the other years.

### 3.2 How to Interpret the Multivariate Analysis Graphs

The multivariate analysis results are presented in a simplified visual graph; only significant odds ratios are presented. The top and bottom of each graph represents two separate logistic regressions where the dependent variable is either satisfaction or dissatisfaction; easy access or difficult access; good quality or poor quality. For interpretation purposes, control variables are not discussed or presented, but information on these is available in a supplemental report.

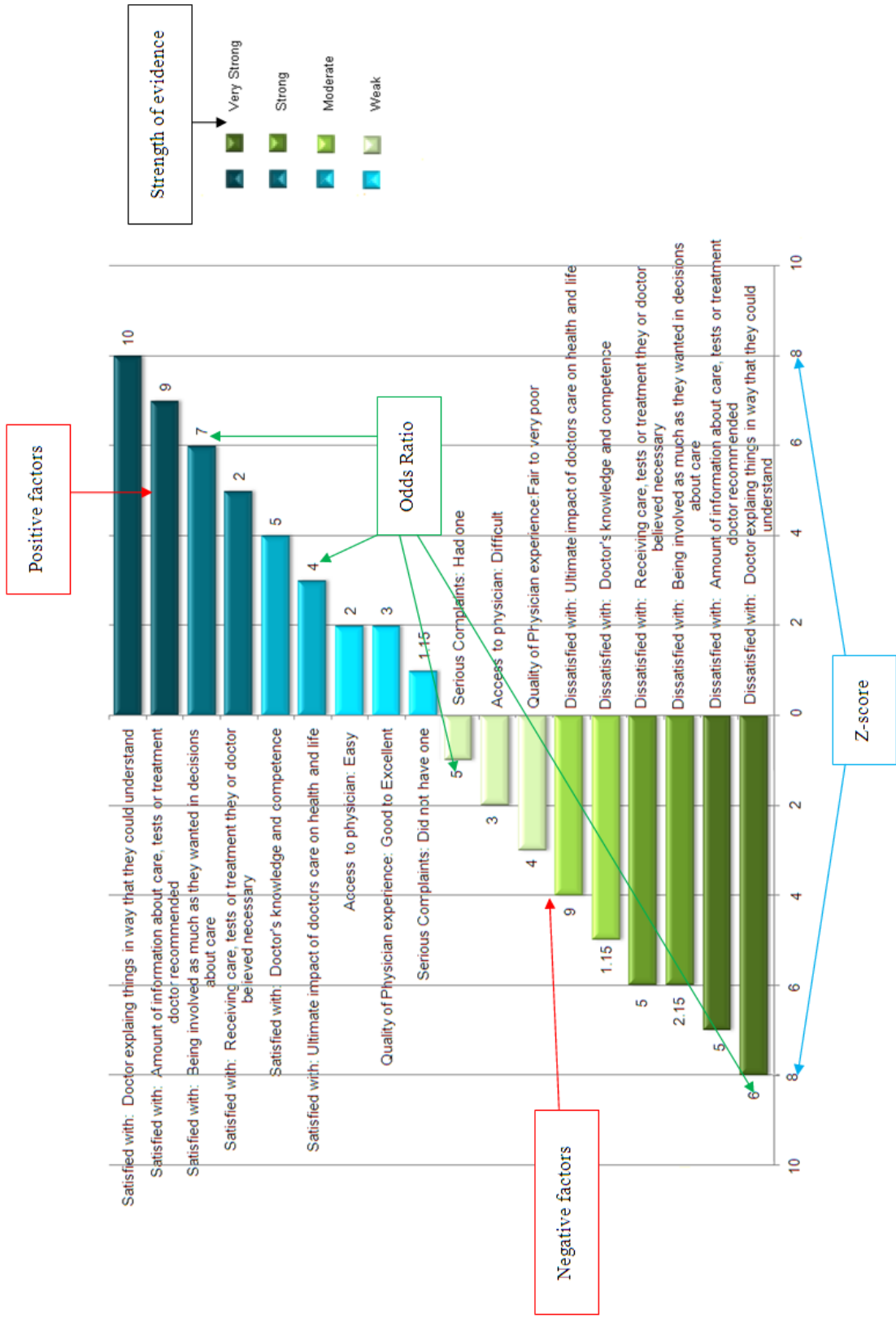
Statistically significant indicators are rank ordered based on their strength of evidence with the strongest indicators on the ends of the graph and the weaker indicators closer to the middle. A colour coded legend is provided for each multivariate graph in order to differentiate indicators' strengths of evidence. As well, the bottom horizontal axis represents the z-value.

HQCA uses the strength of evidence of each indicator in the positive or negative logistic regression to determine its overall strength as a driver of access, quality or satisfaction.<sup>2</sup> For example, an indicator that is very strong at predicting satisfaction and very strong at predicting dissatisfaction is classified as a very strong driver of overall satisfaction. This is because the indicator's effect and its inverse's/opposite's effects are consistent; both are very strong. However, if there are strength differences in an indicator's and its inverse's effects the HQCA adopts a conservative view and categorizes the overall strength of the driver based on the weakest evidence. For instance, if an indicator is very strong at predicting ease of access and weak at predicting difficult access, it will be classified as a weak driver of overall access.

At the end of each bar is an odds ratio. This value represents the effect of the indicator on the outcome measure. The odds ratio is a good way to compare the effects across logistic regression models.

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<sup>2</sup> The HQCA chose to categorize strength of evidence based on differences in Bayesian Information Criterion (BIC) rather than on fully standardized coefficients due to the ambiguity of standard scores or standard units for dummy variables. "With only two values, a standardized dummy variable does not represent a matter of degree and reference to a standard deviation lacks concrete reference" (Pampel, F.C. (2000). *Logistic Regression: A primer* Sage Publications, California).



## 4.0 Characteristics of the 2010 Survey Sample

### 4.1 Age and Sex Distributions and Sample Weighting

The data collection strategy in the 2010 HQCA survey set quotas for four broad age groups and gender within each former health region based on registration data from Alberta Health and Wellness (AHW). Under this strategy, implicit quotas at the provincial level can be derived from the regional quotas, reflecting the representativeness of the sample collected before weighting, compared to the registration data. Table 4.1 shows the provincial distribution by the four age groups and gender for the 2010 survey sample and registration data from AHW.

With respect to gender, the unweighted HQCA 2010 sample was 50.4% male and 49.6% female compared to the registration population where the distribution for males was 50.1% and females 49.9%. As for age, the unweighted sample obtained across the province for males and females is similar (median age 44) to the age 18 and over population data from provincial health care registration data (median age 44). Minor deviations will be adjusted at the provincial level by weighting the data based on the provincial health care registration distributions.

**Table 4.1 2010 HQCA unweighted survey data and 2009 Alberta Health and Wellness health care registration data population age 18 and over, by gender**

Age	2010 Survey		2009 AHW Registry	
	MEN	WOMEN	MEN	WOMEN
18-24	9.1%	9.2%	13.0%	12.7%
25-44	40.0%	37.1%	38.9%	38.0%
45-64	34.8%	38.9%	34.5%	33.3%
65+	16.1%	14.8%	13.6%	16.0%

Table 4.2 shows the unweighted distribution of the four categories of age and gender by each of the five AHS health zones for the 2010 survey sample and for the provincial health care registration data. The five AHS health zones are a re-categorization of the former health regions:

- **South Zone:** Chinook and Palliser
- **Calgary Zone:** Calgary Health Region
- **Central Zone:** David Thompson and East Central
- **Edmonton Zone:** Capital Health
- **North Zone:** Aspen, Peace Country and Northern Lights

**Table 4.2 2010 HQCA unweighted survey data aged 18 and over, by gender and AHS health zone**

AHS Zones	Age	2010 HQCA Survey		2009 Provincial Health Care Registration	
		MEN	WOMEN	MEN	WOMEN
South	18-24	10.4%	8.5%	14.0%	13.1%
	25-44	35.3%	32.9%	35.4%	33.5%
	45-64	34.5%	39.7%	33.4%	33.3%
	65+	19.8%	18.9%	17.2%	20.4%
Calgary	18-24	8.4%	6.5%	12.2%	11.9%
	25-44	42.7%	42.5%	41.1%	40.4%
	45-64	34.7%	38.4%	34.7%	33.4%
	65+	14.2%	12.6%	12.1%	14.3%
Central	18-24	8.1%	7.1%	13.8%	13.1%
	25-44	35.3%	34.3%	34.5%	33.6%
	45-64	36.4%	40.0%	34.8%	34.0%
	65+	20.2%	18.7%	16.9%	19.2%
Edmonton	18-24	10.4%	13.2%	12.9%	12.6%
	25-44	39.0%	35.1%	38.8%	37.4%
	45-64	34.5%	37.5%	34.5%	33.4%
	65+	16.1%	14.3%	13.8%	16.6%
North	18-24	8.5%	10.1%	14.7%	14.8%
	25-44	45.3%	39.4%	39.1%	39.8%
	45-64	34.3%	39.0%	34.1%	32.5%
	65+	11.9%	11.5%	12.1%	12.9%

**Table 4.3 Comparison of age and gender between 2010 HQCA survey data and 2009 provincial health care registration data for AHS health zone**

		2010 HQCA Survey		2009 Provincial Health Care Registration	
Gender	Strata Zones	% of sample age 18 and over	Median Age	% of Population	Median age
Female	South	46.3%	49	50.1%	46
	Calgary	48.0%	45	50.0%	43
	Central	47.4%	48	50.1%	46
	Edmonton	48.1%	45.5	50.1%	45
	North	48.6%	45	46.9%	42
Male	South	53.7%	47	49.9%	45
	Calgary	52.0%	44	50.0%	43
	Central	52.6%	48.5	45.0%	45
	Edmonton	51.9%	45	49.9%	44
	North	51.4%	42	53.1%	42
Total	South	17.8%	48	7.2%	46
	Calgary	19.2%	44	37.0%	43
	Central	17.8%	48	12.2%	46
	Edmonton	19.5%	45	31.3%	57
	North	25.7%	44	11.8%	42

The unweighted sample distributions closely mirror the distributions for broad age groups and gender within each of the five AHS health zones observed from health care registration data as shown in Table 4.3. Minor deviations in the proportion of males and females and age in a health zone compared to the registration populations will be adjusted through weighting by age and gender within a health zone. Furthermore, any distortions in ratio of sample to population due to over sampling will be adjusted with the provincial weights.

## 4.2 Individual and Household Characteristics of the Sample<sup>3</sup>

Tables 4.4 to 4.6 show the distributions of other individual and household characteristics from the weighted sample for the 2010 survey. The median number of years respondents lived in Alberta is 30 years. In the Calgary and North zones, that had experienced relatively high growth in recent years attributable to migration, respondents reported a lower median number of years lived in Alberta. Over half of those surveyed (56.8%) reported at least some university or college education. AHS health zones with large metropolitan areas were more likely to have residents with a completed university degree. Sixty-four percent of the 4,331 respondents that answered the question on household income reported having total household incomes greater than \$60,000 per year. Household income varied by health zone. Those health zones that experienced recent high growth and or had larger metropolitan areas had more respondents reporting a total household income of \$100,000 or more. Approximately, thirty-five percent of respondents had children under 16 living in the household. Similar distributions occur in four of the five health zones, except the North zone where there was a higher proportion of children under the age of 16 living in the household. Most Albertans, age 18 years or older, (88.2%) reported their health to be good to excellent.

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<sup>3</sup> Please be advised some slight variation may occur between the individual and household characteristics presented in this report and the result the HQCA reviewed and approved in Alberta Health and Wellness' (AHW) Key Performance Indicator report. AHW results were based on a sample of 4,341 Albertans (margin of error is 1.5%) received on April 26-27, 2010, whereas the HQCA report values were based on an increased sample quota (5,500 vs. 4,500) and an extended data collection period (May 31, 2010 vs. April 30, 2010). Where results were rounded, values may differ due to rounding rules.

**Table 4.4 Selected individual and household characteristics using weighted data, by health zone**

Characteristics	Alberta	South	Calgary	Central	Edmonton	North
How long have you lived in Alberta? n=5,006						
Median Number of years	30	33	25	35	31	30
What is the highest level of schooling that you have completed? n=4,986						
1. Grade school or some high school	10.4%	12.2%	6.1%	14.5%	9.7%	19.7%
2. Completed high school	20.9%	23.6%	17.5%	29.3%	19.2%	26.5%
3. Post secondary technical school/Trade school	11.9%	11.3%	9.8%	14.3%	13.9%	10.9%
4. Some university or college	14.4%	15.6%	15.1%	12.0%	15.2%	11.3%
5. Completed college diploma	14.6%	16.2%	14.4%	15.4%	13.5%	16.3%
6. Completed university degree	20.1%	15.1%	26.0%	11.9%	20.5%	11.8%
7. Post-grad degree	7.7%	6.2%	10.5%	2.7%	8.0%	3.5%

**Table 4.5 Selected individual and household characteristics using weighted 2010 data, by health zone**

Characteristics	Alberta	South	Calgary	Central	Edmonton	North
What is your total household income before taxes? n=4,331						
1. less than \$30,000	12.5%	17.2%	10.8%	15.4%	12.1%	13.1%
2. \$30,000 to just under \$60,000	22.8%	26.1%	20.9%	27.3%	22.2%	23.2%
3. \$60,000 to just under \$100,000	29.6%	32.0%	30.1%	30.2%	29.0%	27.2%
4. \$100,000 or more	35.2%	24.8%	38.2%	27.1%	36.7%	36.5%
Do you currently have any children under 16 living in your household? n= 5,003						
1. Yes	35.5%	34.3%	36.1%	36.3%	32.9%	40.5%
2. No	64.5%	65.7%	63.9%	63.7%	67.1%	59.5%

**Table 4.6 Selected individual and household characteristics using weighted data, by health zone**

Characteristics	Alberta	South	Calgary	Central	Edmonton	North
Compared to other people your age, how would you rate your health? N = 4,994						
1. Excellent	23.8%	24.1%	24.9%	24.1%	23.5%	20.1%
2. Very good	33.9%	35.7%	33.3%	34.1%	35.5%	29.7%
3. Good	30.5%	28.4%	30.3%	29.2%	29.7%	36.4%
4. Fair	9.1%	8.8%	8.7%	10.3%	8.3%	11.4%
5. Poor	2.8%	3.0%	2.7%	2.6%	3.1%	2.4%

Table 4.6 shows self rated health. In 2010, 58% of Albertans aged 18 to 64 and 57% of Albertans aged 65 or older, rate their health as excellent or very good. There was no statistically significant difference between 2006 (57% and 53%) and 2008 (59% and 54%).

Better self rated health is frequently associated with better ratings of satisfaction or experience with health services and as such was included in multivariate analyses as a control (confounding) variable.

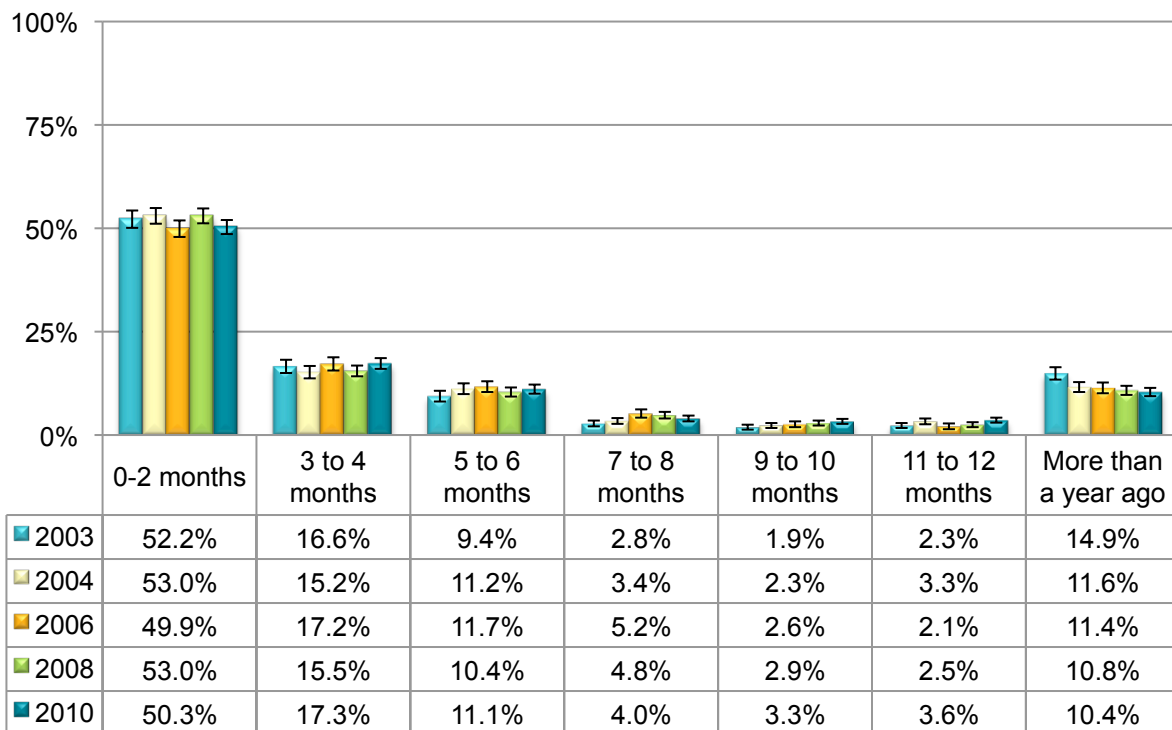
## 5.0 Contact with Health Care Services

### 5.1 Most Recent Contact with Alberta’s Health Care System

*Q16. When was your most recent contact with Alberta’s health care system?*

The information collected for the 2010 survey provides timely and robust data regarding Albertans’ (18 years and older) perceptions of and actual experiences with health care services in Alberta over the past year. The majority of respondents, almost 90%, indicated they had contact with the health care system within the past 12 months; similar results are found across the other survey years. In 2010, slightly more than half of the respondents (50.3%) indicated their most recent contact with Alberta’s health care system was within the past 2 months, with an additional 17.3% indicating their most recent contact with the health care system was in the past 3 to 6 months of the survey date.

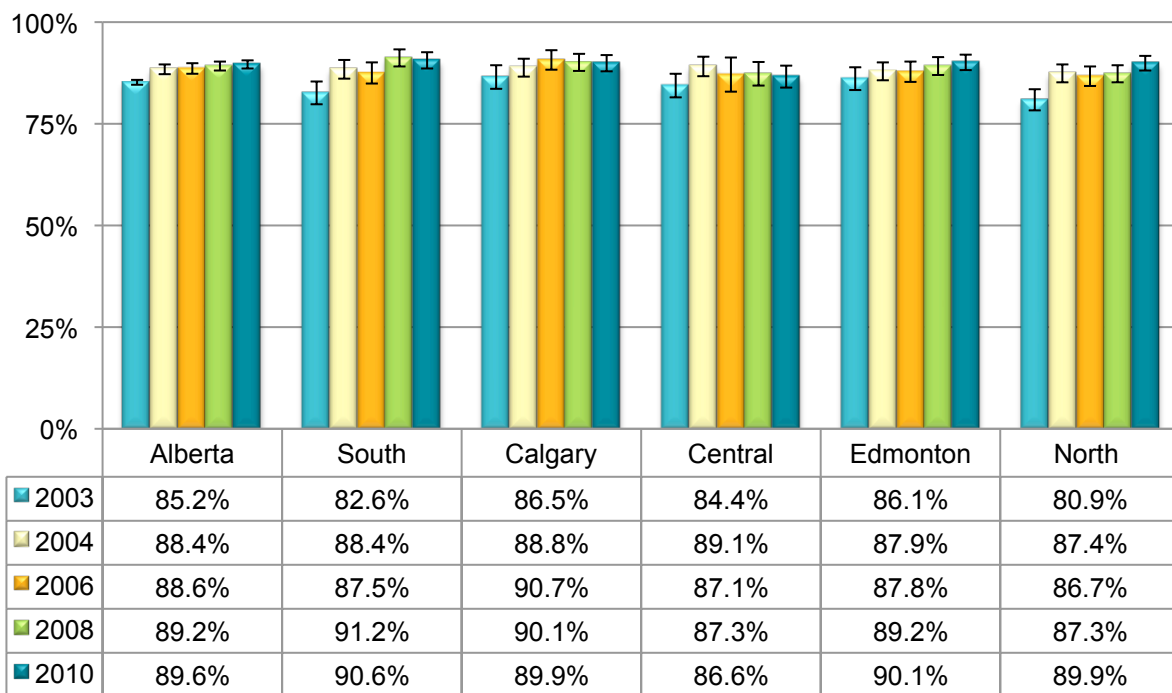
**Figure 5.1 Respondents’ most recent contact with Alberta’s health care system, by year of survey**



### By Health Zone and Year of Survey

Throughout the province, more Albertans in 2010 had contact with Alberta’s health care system than in 2003 ( $p \leq 0.05$ ). The same relationship is found in two of the five health zones as well (South and North). However, compared to the 2008 survey, there were no statistically significant differences between the health zones or the province as a whole.

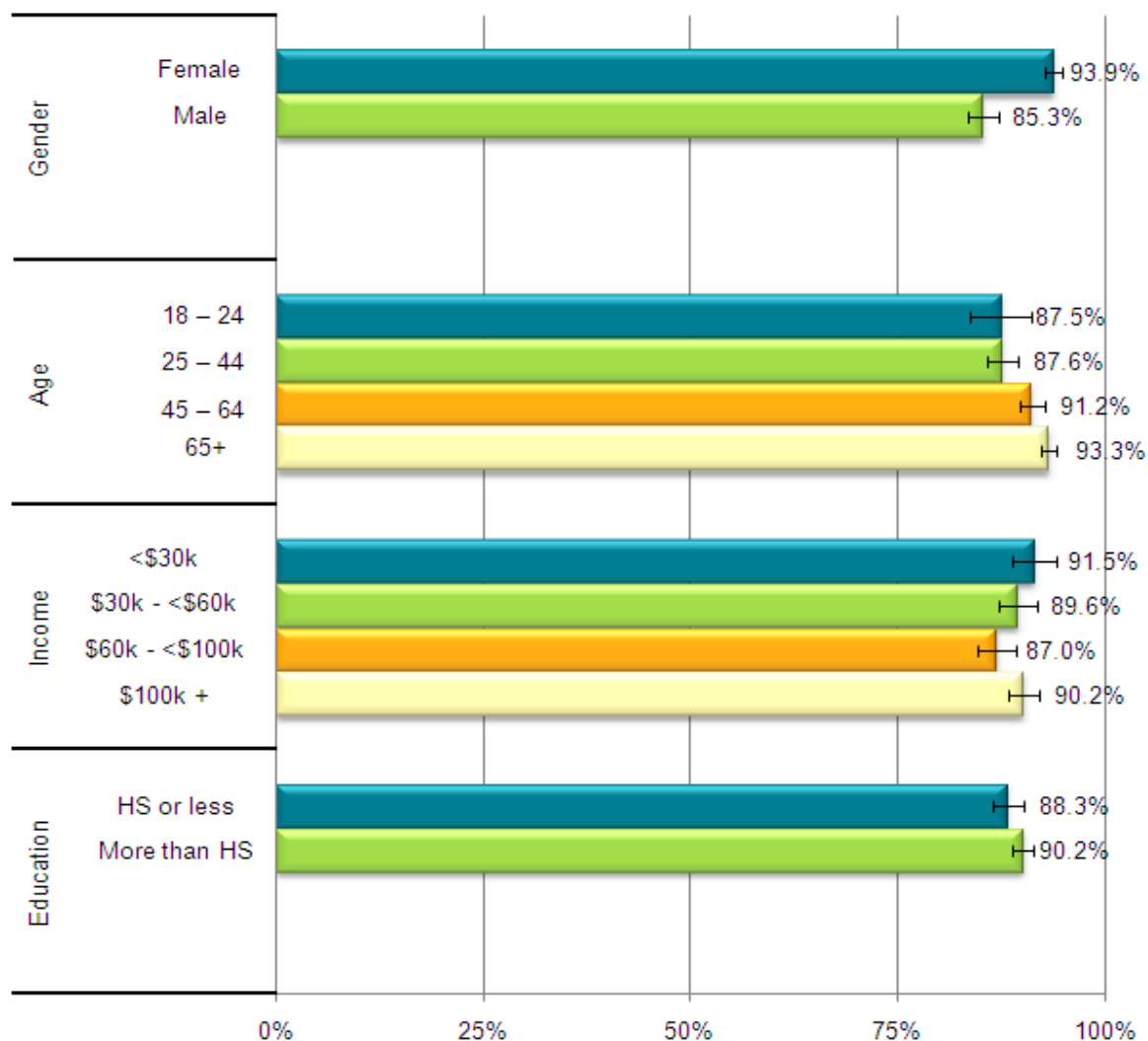
**Figure 5.2 Percent of respondents who have had contact with the Alberta health care system within the past 12 months, by health zones**



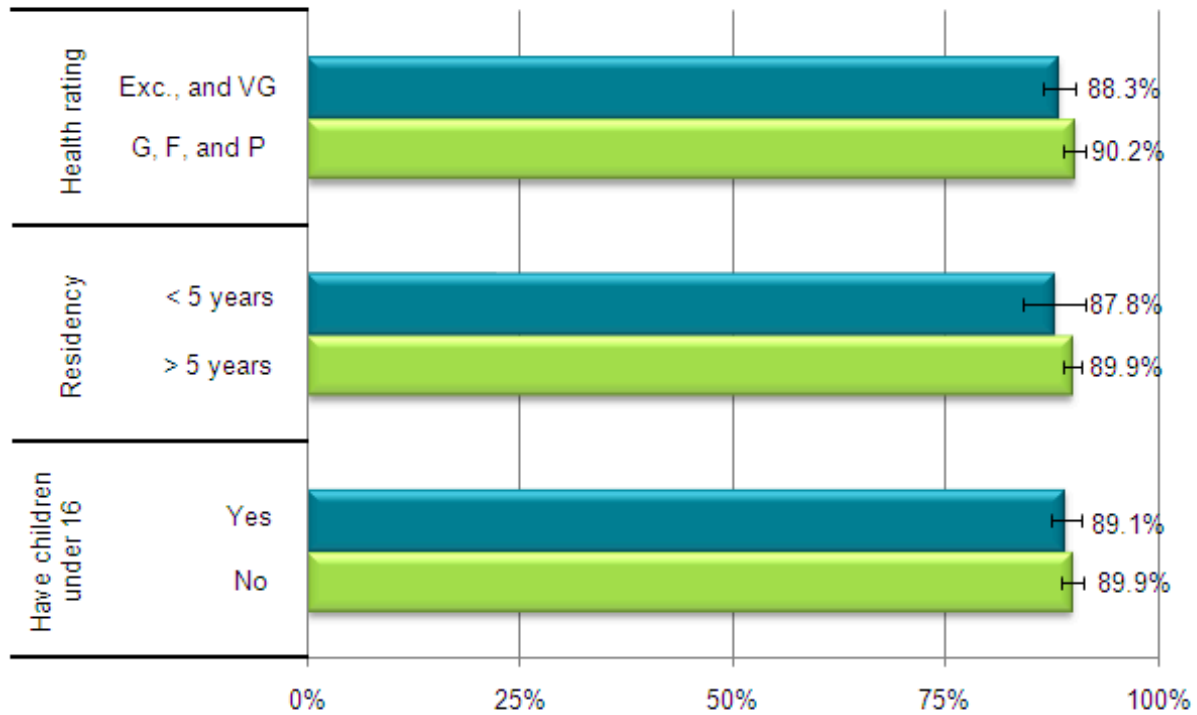
### By Demographic Factors

Respondents were asked when their most recent contact with Alberta’s health care system occurred. Figure 5.3a and 5.3b refers to those whose last contact with the health care system was in the past 12 months. Overall, there was significantly ( $p \leq 0.05$ ) more contact with the health care system for: women versus men; and respondents 65+ as compared to 18–24 year olds and 25-44 year olds.

**Figure 5.3a Percent of respondents who had in contact with Alberta’s health care system in the past 12 months, by demographic factors.**



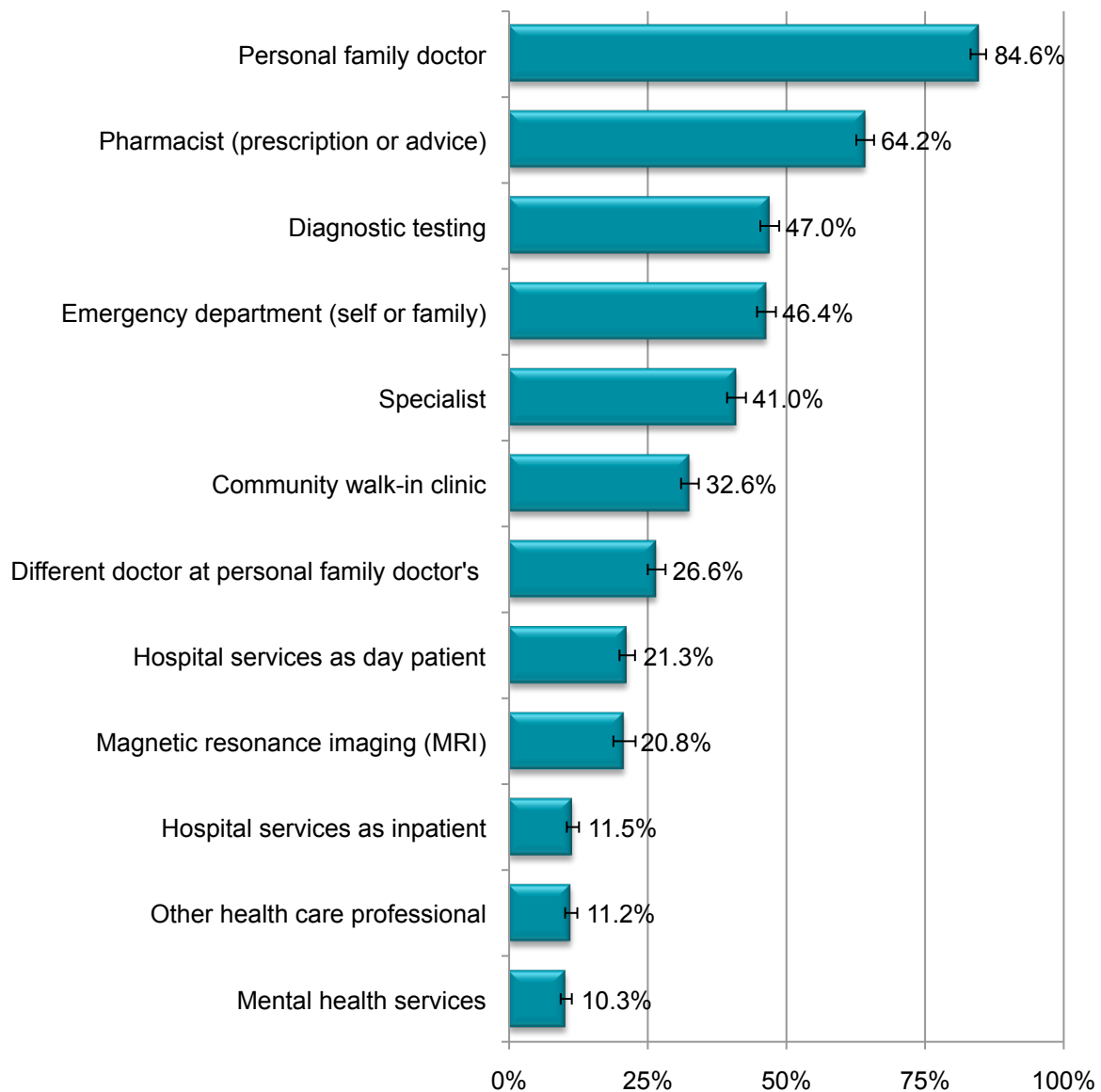
**Figure 5.3b Percent of respondents who had contact with Alberta’s health care system in the past 12 months, by demographic factors.**



**By Health Service Area**

Respondents were asked a series of individual yes/no questions to determine which health care services they had received in the past 12 months. Figure 5.4 provides a description of the proportion of Albertans, (18+) surveyed who used each service.

**Figure 5.4 Proportion of Albertans (18+) receiving various health service within the past 12 months**



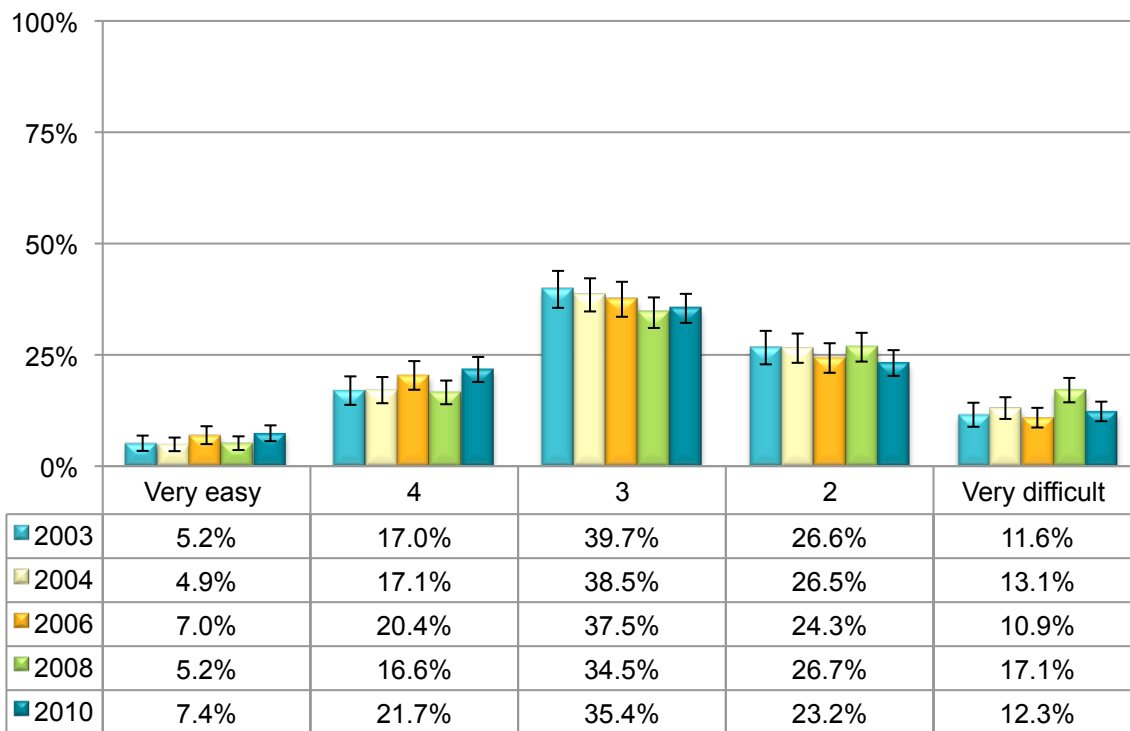
## 6.0 Access to Health Care Services

### 6.1 Perception of Access to Health Care Services

*Q2. Thinking of access and wait times in Alberta’s health care system overall, how difficult or easy do you think it is for Albertans to access the health care services they need?*

As we can see in Figure 6.1 the majority of respondents, regardless of survey year, did not perceive access to be easy or difficult, but somewhere in the middle. Looking at 2010, we find respondents more likely to say access was very difficult than they were to say it was very easy ( $p \leq 0.05$ ).

**Figure 6.1 Respondents’ perception of the difficulty or ease Albertans have accessing health care services, by year of survey**

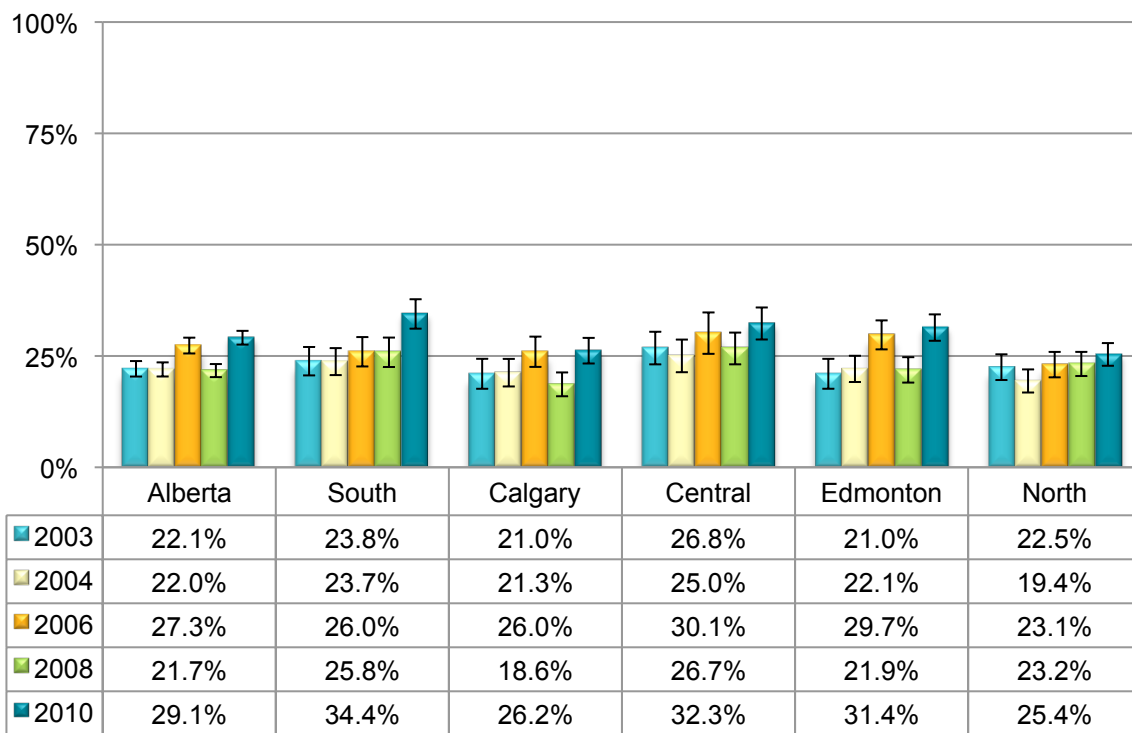


Demographically, significantly more men (32.4%) found access was easy as compared to women (25.8%) ( $p \leq 0.05$ ). However, women were more likely to rate access as difficult (39.1% versus 31.7% of men). Respondents aged 18-24 (39.7%) and 65+ (31.7%) found access easier than those 25-44 (26.9%) and 45-64 (26.4%), while significantly more 45-64 year olds (40.3%) found it difficult compared to the 18-24 year olds (23.4%). Albertans (18+) with excellent or very good self-rated health (32.5%) claimed access was easy, while 24.7% of those who rated self-help as good, fair or poor said access was easy.

### By Health Zone and Year

Figure 6.2 presents the percent of Albertans, 18 and older, who reported perceived access to health care services was easy (4 or 5 out of 5) by health zone and year of survey. Provincially, in 2010, significantly more respondents found access to be easy compared to 2008, 2004 and 2003. In comparing the 2010 results by health zones, it was noted that respondents in the South zone was more likely to have said that access was easy compared to respondents in the Calgary or North zones ( $p \leq 0.05$ ).

**Figure 6.2 Respondents' who perceived that accessing health care services was easy (4 or 5 out of 5), by health zone and year of survey**

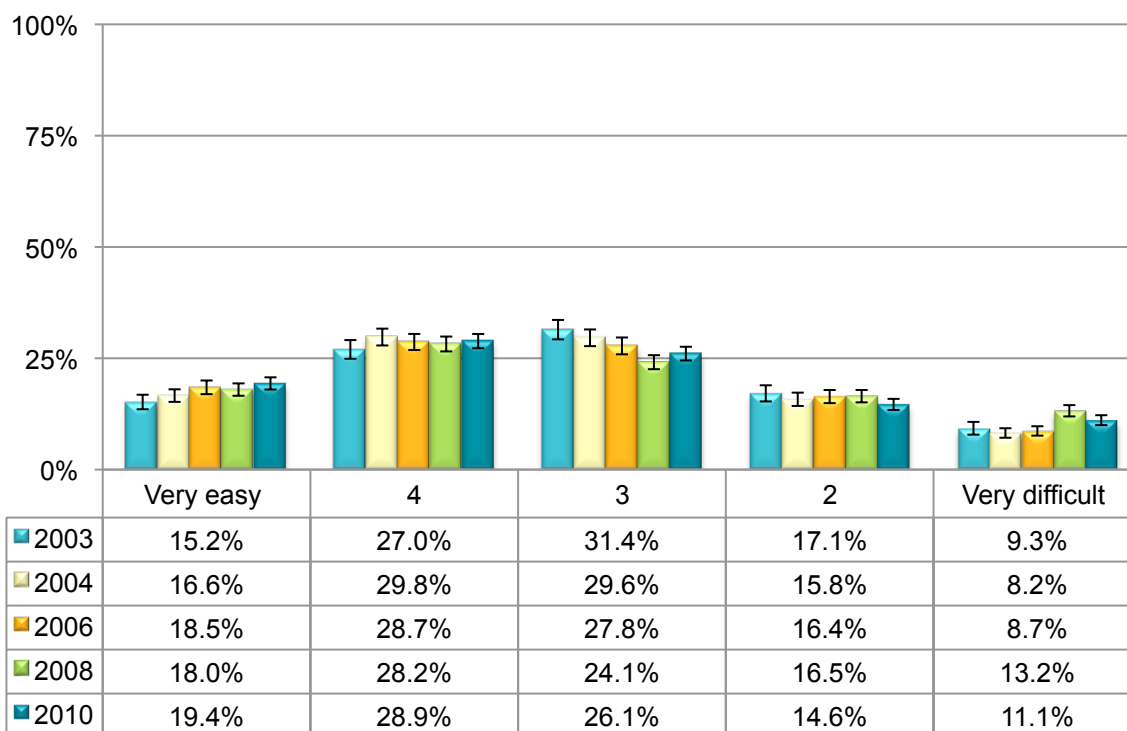


## 6.2 Actual Experiences Accessing Health Care Services

*Q19. Thinking of access and waiting times overall, how difficult or easy was it to actually obtain the health care services you needed in Alberta within the past year?*

The relationship between ease of access to health care services across the different survey years differs statistically ( $p \leq 0.05$ ). The percent of Albertans, 18 years of age and older, who claimed that it was very easy to actually obtain health care services in 2010, was significantly higher than in 2003. In addition, significantly fewer respondents in 2010 said it was very difficult to obtain services, compared to 2008; but significantly more than in 2006 and 2004 ( $p \leq 0.05$ ).

**Figure 6.3 Respondents' opinions on the difficulty or ease they had in accessing health care services, by year of survey**

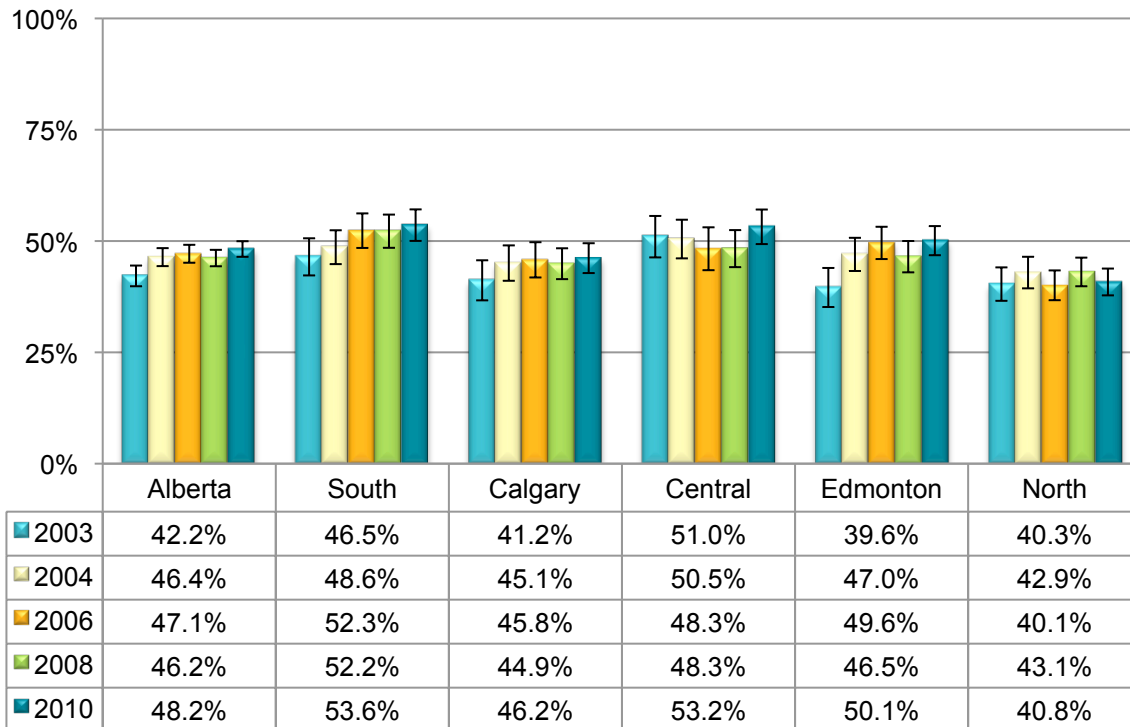


Demographically, a significantly higher proportion of men (32.5%) said access was easy (4 or 5 out of 5) as compared to women (25.8%) ( $p \leq 0.05$ ). Across the different age groups, more respondents 18-24 years old (51.6%) said access was easy versus those 45-64 (46.19%), and 25-44 (44.1%). As well, the majority of Albertans (18+) (32.5%) who self-reported their health as excellent or very good said access was easy compared to 24.7% of those with good, fair or poor health.

### By Health Zone and Year

Figure 6.4 presents the percent of respondents who reported that access to health care services was easy (4 or 5 out of 5) by health region and year of survey. Across the province, significantly more Albertans (18+) found access to be easy (48.2%) than in 2003 ( $p \leq 0.05$ ). Between the zones, the South (53.6%), zone had significantly more respondents rating access as easy (4 or 5 out of 5) than the Calgary (46.2%) and North (40.8%) zones. Additionally, the Central (53.2%) and Edmonton (50.1%) zones had significantly more respondents rating access as easy than the North zone.

**Figure 6.4 Percent of respondents who found it easy (4 or 5 out of 5) to access health care services, by health zone and year of survey**



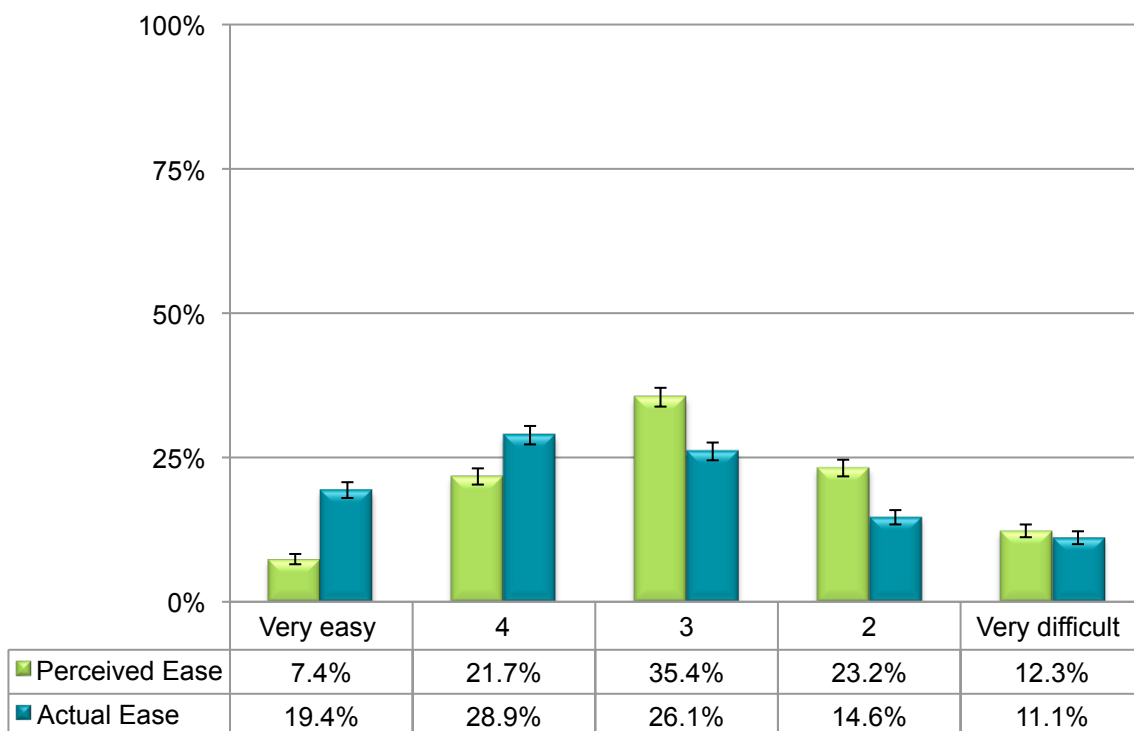
### 6.3 Perceived Access versus Rating of Overall Access for Service

*Q2. Thinking of access and wait times in Alberta’s health care system overall, how difficult or easy do you think it is for Albertans to access the health care services they need?*

*Q19. Thinking of access and waiting times overall, how difficult or easy was it to actually obtain the health care services you needed in Alberta within the past year?*

Generally speaking, respondents were significantly more likely to perceive the accessibility of health care services (Q2) as 3 out of 5 ( $p \leq 0.05$ ). However, when asked how difficult or easy it was to actually obtain health care services (Q19), Albertans, 18 years and older, were significantly more likely to rank access as 4 out of 5 than any other value.

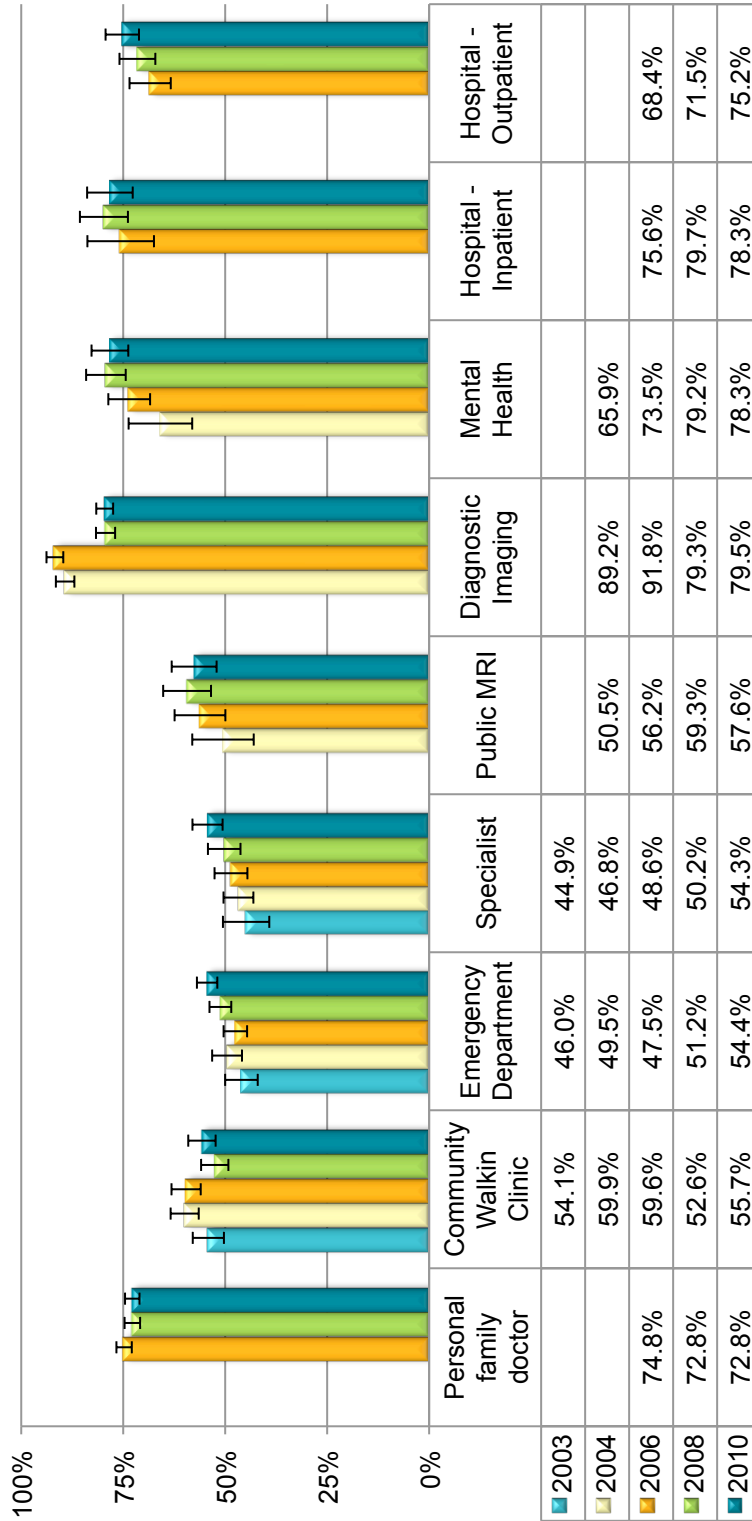
**Figure 6.5 Respondents’ perception of the difficulty or ease of accessing needed health care services versus their experience of obtaining health care services**



### Specific Health Service Area

Figure 6.6 presents the percent of respondents who reported that access to health care services was easy (4 or 5 out of 5) by year of survey. The results remained stable between 2008 and 2010.

**Figure 6.6 Percent of respondents who found it easy (4 or 5 out of 5) to access specific health services**



## **Experience of Accessing Health Care Services in the Past Year, by Demographic Factors and Selected Variables (Multivariate Analysis)**

In this multivariate analysis, the outcome being estimated is ease of actually obtaining the health care services that respondents needed in the past year.

*Q19. Thinking of access and waiting times overall, how difficult or easy was it to actually obtain the health care services you needed in Alberta within the past year?*<sup>4</sup>

Figure 6.7 is a simplified visual representation of significant odds ratios for a logistic regression where the dependent variable is overall ease of access for services received. The top of the figure displays factors associated with easy access, while the bottom displays predictors of difficult access.

For interpretation purposes, control variables will not be discussed or examined. Information on these variables and parameters is provided in a supplemental report.

### **Very Strong Predictors**

For Albertans (18+), in general, the strongest predictors for ease or difficulty of access to needed health care services in Alberta within the past year included access to: emergency departments (ED), family doctors, specialists and walk-in clinics. As well, perceptions of how well all of the health care professionals coordinated their efforts to serve respondents' needs, and whether or not respondents had a serious complaint were also very strong predictors of difficult or easy access.

Difficult access to diagnostic imaging was additionally very strongly associated with difficult access to health services in Alberta. However, its inverse (or opposite) was not a very strong predictor, but rather easy access to diagnostic imaging was weakly related to easy overall access.

Access to EDs, family doctors, specialists and walk-in clinics, as well as coordination efforts of health care professionals were the strongest drivers of overall access because these indicators (and their inverse) were very strong predictors of overall perceptions of access. The indicators associations and strength of evidence with access were consistent; for example, easy access to EDs resulted in very strong evidence for overall easy access, and difficult access to EDs resulted in very strong evidence for overall difficult access. However because access to diagnostic imaging was a very strong predictor of negative access but a moderate predictor of easy access, we concluded that it was not a very strong driver of overall access; if anything it was a moderate driver at best.

### **Strong Predictors**

The perceived ease of obtaining inpatient hospital services and/or outpatient hospital services was strongly related with how easy it was to actually obtain health care services in Alberta within the past year. Inversely, only difficult access to outpatient hospital services was strongly related to difficult access to health services, and based on this result, outpatient hospital access was a strong driver of overall access

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<sup>4</sup> For analytical purposes, the access question was coded as follows: 1=easy (4 or 5 out of 5); 0=difficult (1 or 2 out of 5); and 3 out of 5 was dropped from the analysis.

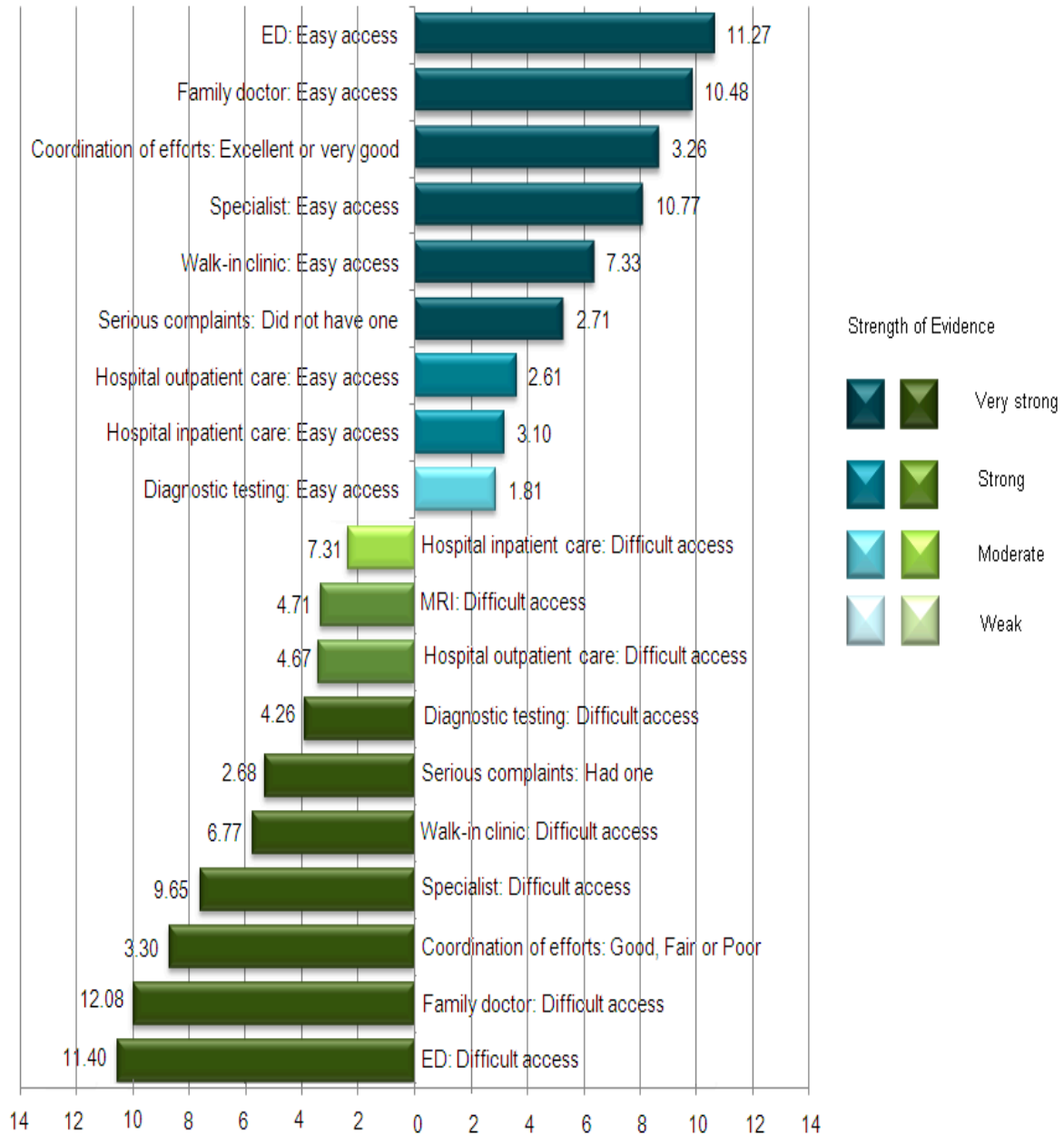
in Alberta within the past year. However, as inpatient hospital services was strongly associated with easy access and moderately associated with difficult access, it is at most a moderate driver of overall access to health care services in Alberta.

### **Moderate predictors**

Easy access to diagnostic imaging was moderately associated with overall ease of access to health care services, and difficult access was very strongly associated with overall difficult access to health care services. Due to the disparity in strength of evidence between easy and difficult overall access to health care services, it is conservative to conclude that access to diagnostic imaging is a moderate driver of overall access.

Access to inpatient hospital care was also concluded to be a moderate driver of overall access to health care services. The reason being, like access to diagnostic imaging, access to inpatient hospital care effects was mixed. Easy access to inpatient hospital care was strongly associated with easy overall access, while difficult access to inpatient hospital care was moderately related with difficult overall access. In order to be conservative with our rating of inpatient hospital care, the HQCA choose to define the driver based on its moderate effect instead of its strong association.

**Figure 6.7 Overall ease of access, multivariate analysis**



## 7.0 Quality of Health Care Services

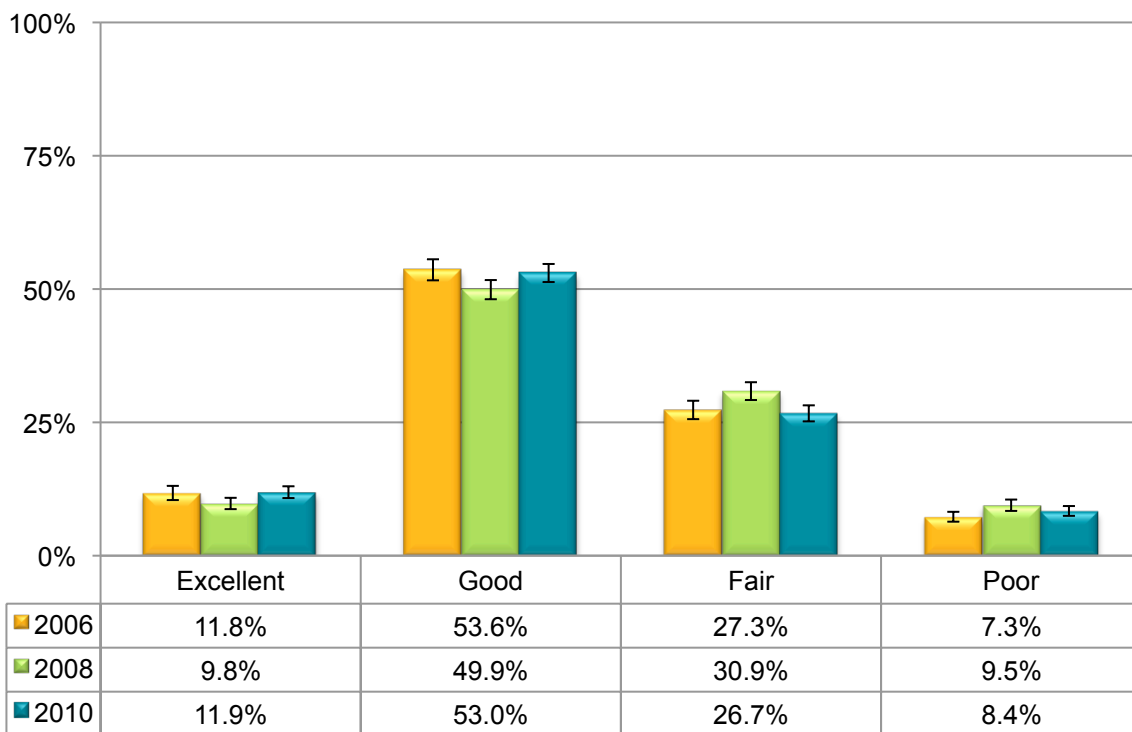
### 7.1 Perceived Quality of Alberta’s Health Care System

*Q1. To begin, thinking broadly about Alberta's health care system and the quality of medical services it provides, how would you describe it overall?*

In 2010, 64.9% of Albertans, 18 years and older, indicated that they felt the quality of services provided by Alberta’s health care system was either good (53%) or excellent (11.9%). The results remained stable from 2006 to 2010.

Significantly fewer 45-64 year olds (59.9%) felt the quality of services provided by Alberta’s health care system was either good or excellent as compared to 18-24 (71.8%) and 25-44 (66.5%) year old respondents ( $p \leq 0.05$ ). Respondents with better self-rated health were significantly more likely to perceive better health care services as good or excellent than those with good, fair or poor self rated health (70.5% versus 57.4%) ( $p \leq 0.05$ ). Albertans (18+) with more than a high school education were more likely to rate health care services as good or excellent compared to those with a high school education or less (66.7% versus 61.5%). For those interviewed, the ones who lived in Alberta for less than five years perceived quality of health care as being better than those who lived in Alberta for more than five years (71.9% compared to 64%) ( $p \leq 0.05$ ).

**Figure 7.1 Perceived quality of health care services overall, in Alberta, by year of survey**

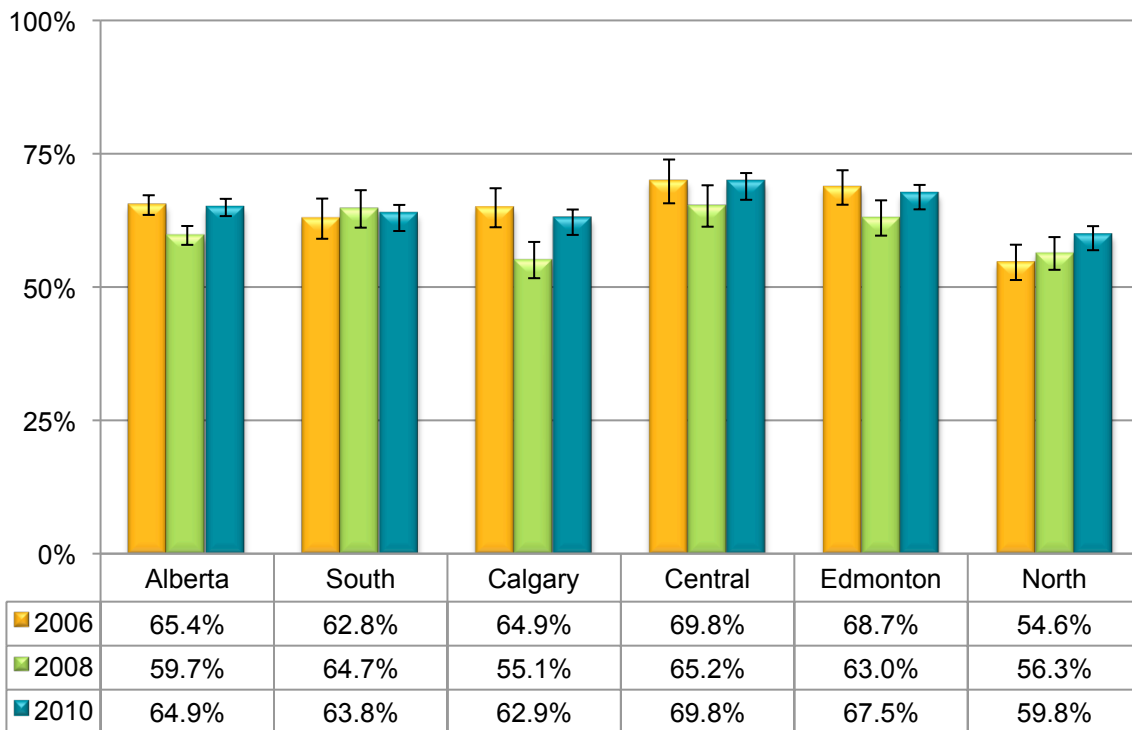


### By Health Zone

In Figure 7.2 the results of Question 1 are broken down by health zones, and year of survey. The figure presents those respondents who reported that the quality of health care services was either excellent or good.

Statistically more Albertans (18+) (64.9%)<sup>5</sup> reported excellent or good quality of medical services in 2010 than in 2008 (59.7%). Across the zones, more respondents in the Central and Edmonton zones reported higher quality of medical services in 2010 than respondents in the North zone ( $p \leq 0.05$ ).

**Figure 7.2 Percent of respondents who reported that quality of medical services was good or excellent, by health zone and year of survey**



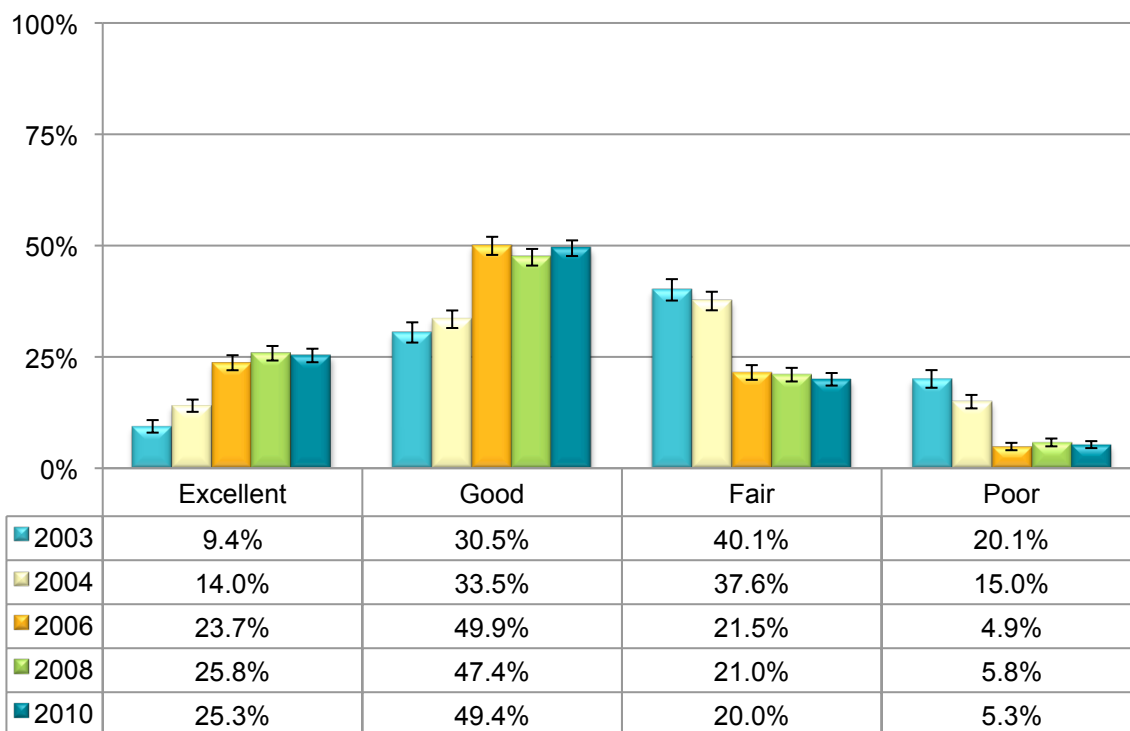
<sup>5</sup> Please be advised some slight variation may occur between the result presented in this report (64.9%) and the result the HQCA reviewed and approved as a Key Performance Indicator for Alberta Health and Wellness (AHW) (64.8%). The AHW result was based on a sample of 4,341 Albertans (margin of error is 1.5%) received on April 26-27, 2010, whereas the HQCA report value was based on an increased sample quota (5,500 vs. 4,500) and an extended data collection period (May 31, 2010 vs. April 30, 2010). Where results were rounded, values may differ due to rounding rules.

## 7.2 Overall Quality of Health Care Services Actually Received

Q18. And again, thinking about all of your personal experiences within the past year with the health care services in Alberta that we just reviewed,<sup>6</sup> how would you describe the overall quality of those services?

In 2010, 74.7% of respondents indicated that the quality of health care services they personally experienced in the last year was excellent (25.3%) and good (49.4%). This rating is virtually the same as reported in 2008 (73.2%). However Albertans' (18+) rating of the quality of service as good is significantly higher in 2010 (49.4%) than it was in 2004 (33.5%) ( $p \leq 0.05$ ).

**Figure 7.3 Overall quality of health care services personally received in Alberta, by year of survey**



Albertans 65+ year olds (82.6%) report significantly higher overall quality of services (excellent or good) than 45-64 (74.7%), 25-44 (72.7%) and/or 18-24 year olds (71.7%) ( $p \leq 0.05$ ). Respondents with higher self-rated health (excellent or very good) were more likely to indicate higher quality of service than those with good, fair or poor self-rated health (79.9% versus 67.7%). Seventy percent (70.2%) of Albertans with less than \$30,000 household income reported overall quality of services as excellent or good versus 76.2% of \$30k-<\$60k, 74% of \$60k - <\$100k, and 78.4% of the \$100k + households; the highest income earners reported significantly higher quality of service than the lowest group ( $p \leq 0.05$ ).

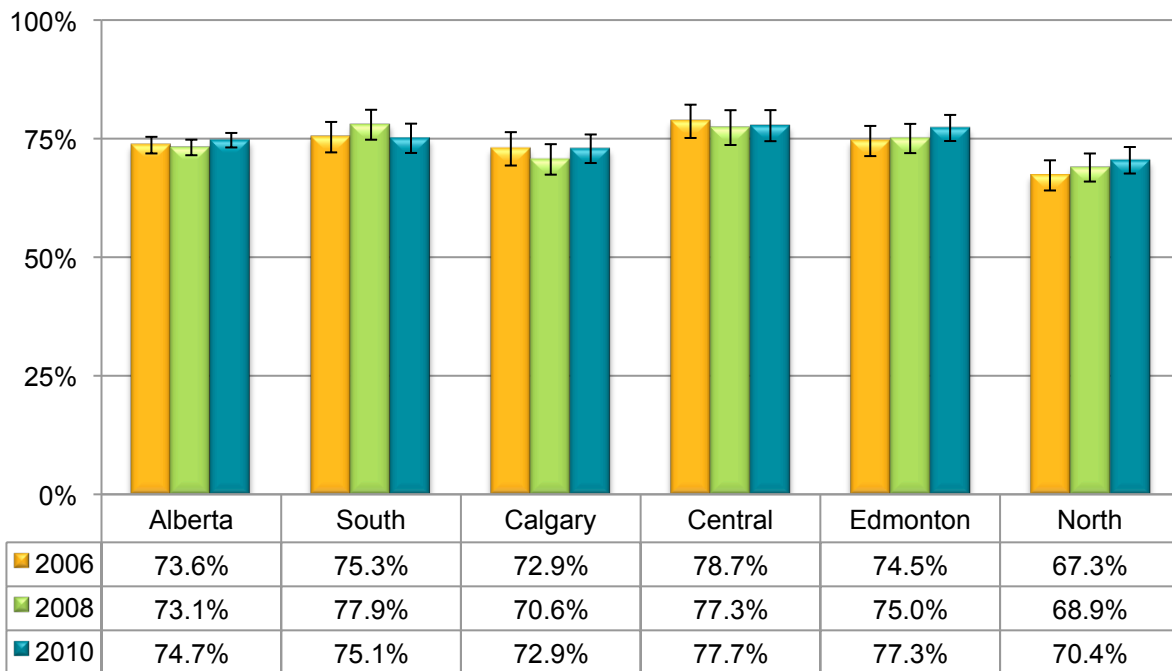
<sup>6</sup> The other health care services asked about in the 2010 survey include: personal family doctor, other health care professionals at family doctor's office (e.g. nurse or dietician), community walk-in clinics, specialists (e.g. surgeon, heart doctor, skin doctor), MRI, other diagnostic imaging (e.g. CAT-scan, X-ray, ultrasound, mammogram), pharmacists, emergency departments, inpatient hospital services, outpatient hospital services, and mental health services.

### Overall Quality of Healthcare Services Personally Received by Health Zone

In Figure 7.4 the results of Question 18 are broken down by health zone and year of survey. The responses to this question were collapsed into a dichotomous variable, (0=Fair or poor and 1 = Good or excellent). The figure presents those respondents who reported that the quality of health care services they received was either excellent or good.<sup>7</sup>

In 2010, all the zones reported statistically similar proportions of respondents who felt that the quality of health care services personally received was good or excellent. Provincially, the results have not significantly changed since 2006.

**Figure 7.4 Percent of respondents who felt that the quality of health care services personally received in Alberta was good or excellent, by health zone and year of survey**



<sup>7</sup> This question differs from what AHW reports as their overall quality rating, which asks Albertans to consider health services from hospitals, physician's clinics, long term care facilities, public health services, home and community health services and regional health authorities. HQCA's overall rating asks respondents to rate overall quality based on their actual experiences with personal family doctor, other health care professionals at family doctor's office (e.g. nurse or dietician), community walk-in clinics, specialists (e.g. surgeon, heart doctor, skin doctor), MRI, other diagnostic imaging (e.g. CAT-scan, X-ray, ultrasound, mammogram), pharmacists, emergency departments, inpatient hospital services, outpatient hospital services, and mental health services.

## **Perceived Quality of Health Care Services Received in the Past Year, by Demographic Factors and Selected Variables (Multivariate Analysis)**

In this multivariate analysis, the outcome being estimated is perceived quality of health care services within the past year.

*Q18. Thinking about all of your personal experiences within the past year with the health care services in Alberta that we just reviewed, how would you describe the overall quality of those services?*<sup>8,9</sup>

Figure 7.5 is a simplified visual representation of significant odds ratios for a logistic regression where the dependent variable is perceived quality of health care services received. The top of the figure displays factors associated with excellent/good quality, while the bottom displays predictors of fair/poor quality.

For interpretation purposes, control variable will not be discussed or examined. Information on these variables and parameters is provided in a supplemental report.

### **Very Strong Predictors**

In regards to overall quality, very strong predictors included Albertans' (18+) perceptions of how well all of the health care professionals coordinated their efforts to serve respondents' needs; whether or not respondents had a serious complaint; and the quality of emergency department visits, and walk-in clinics. In addition, fair to very poor perceived quality of care received from their family physician and/or outpatient hospital services were also very strongly associated with poor overall ratings of quality.

Respondents perceptions of how well all of the health care professionals coordinated their efforts to serve their needs; whether or not respondents had a serious complaint; and the quality of emergency department visits, and walk-in clinics are all very strong drivers of overall quality because the indicators are consistently related to both ends of the quality scale in a very strong manner. In contrast, quality of walk-in clinics and outpatient hospital services, although, were very strongly associated with poorer overall ratings of quality, the indicators were not very strongly associated with ratings of good quality. Therefore, the quality of walk-in clinics and outpatient hospital services were respectively moderate and weak drivers of overall quality.

### **Moderate predictors**

The quality of specialist care was a moderate driver of overall quality.

### **Weak Predictors**

Positive ratings of outpatient hospital services and family physician quality of care were weakly associated with overall good/excellent ratings of health care quality. However, these indicators had

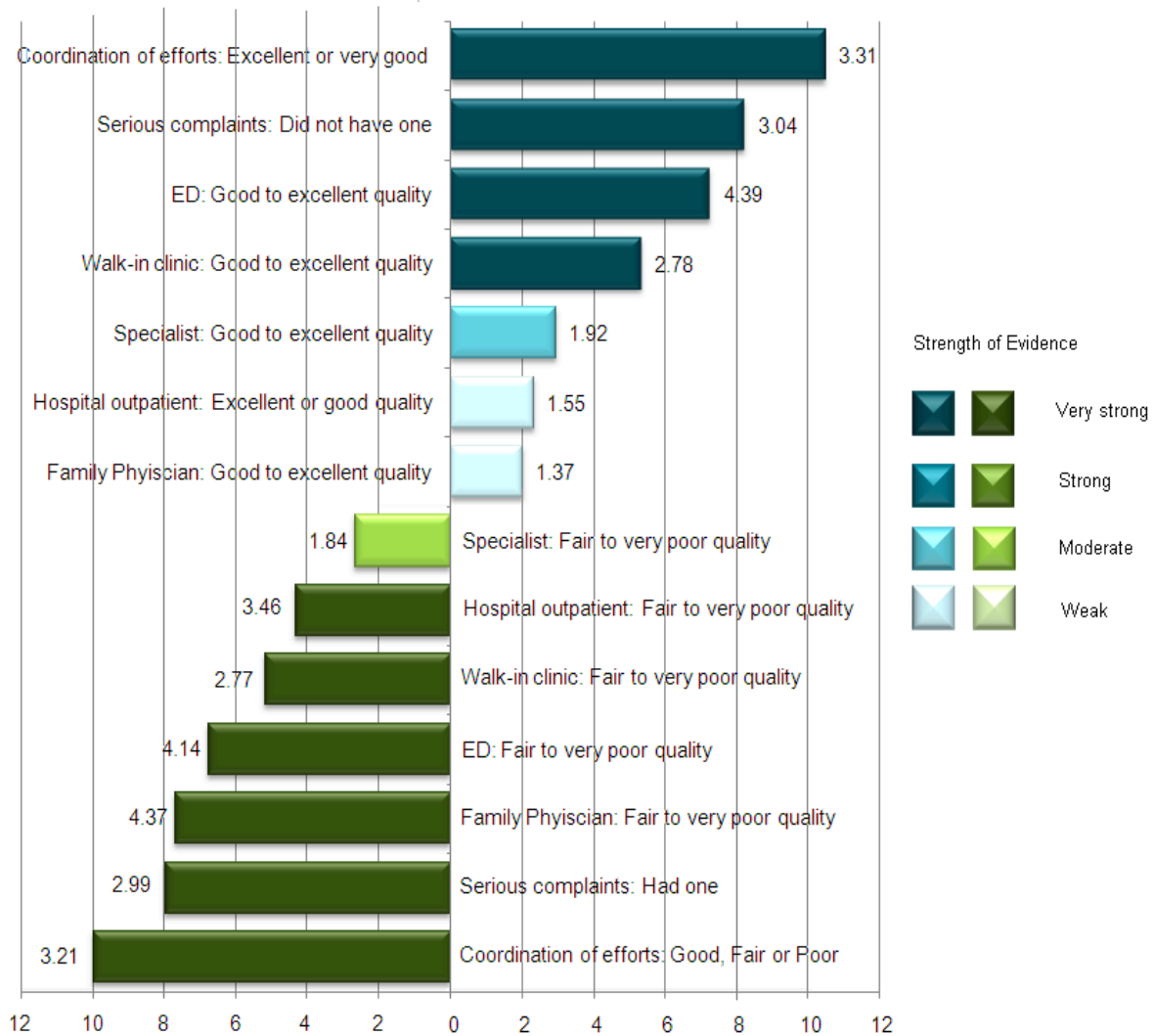
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<sup>8</sup> For analytical purposes, this question was coded as follows: 1= good (excellent and good); 0=fair (fair and poor).

<sup>9</sup> The overall quality of health care services has a long history in the surveys, and any modifications would make year over year comparisons problematic. For this reason the question has remained unchanged. However, the new quality of health care service questions used was an expanded scale (excellent to very poor). For analytical purposes, the dichotomization of the two quality scales was nearly exact, with the exception of the negative end of the scale. In the extended scale, the negative grouping included fair, poor and very poor responses versus fair and poor response as in the overall health care quality scale.

stronger associations with negative ratings of overall health care quality. Due to the inconsistent association between the inverses, the strength of the outpatient hospital service indicator and family physician indicator represent weak drivers of overall quality of health care services.

**Figure 7.5 Overall perceived quality, multivariate analysis**



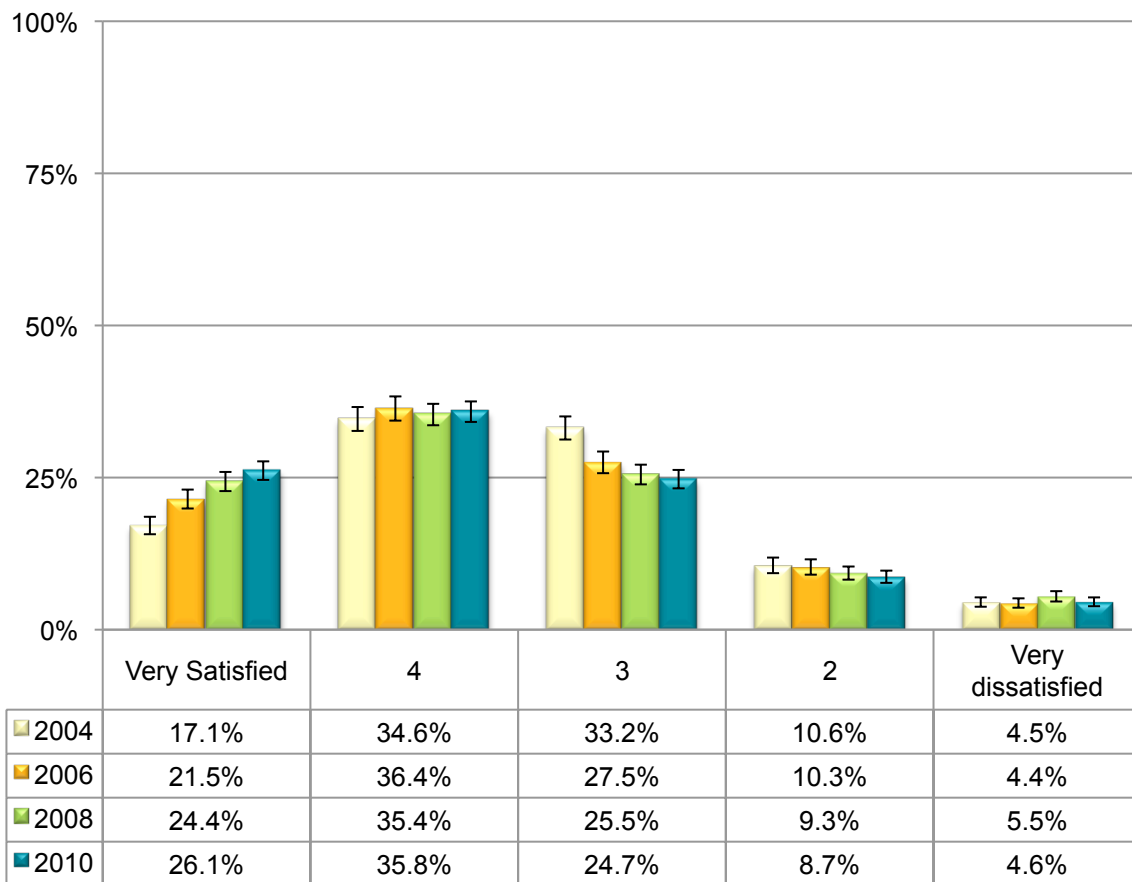
## 8.0 Satisfaction with Health Care Services

### 8.1 Overall Satisfaction

*Q17. Thinking about all of your personal experiences within the past year with the health care services in Alberta that we just reviewed, to what degree are you satisfied or dissatisfied with the services you have received?*

In 2010, the majority of Albertans 18 years and older (61.9%)<sup>10</sup> were satisfied with Alberta’s health care system; 35.8% rated satisfaction as 4 and 26.1% rated it 5 out of 5. The results remained stable in 2010 compared to 2008; however there appears to be an increasing trend within the very satisfied category.

**Figure 8.1 Overall rates of satisfaction for health care services received in Alberta**



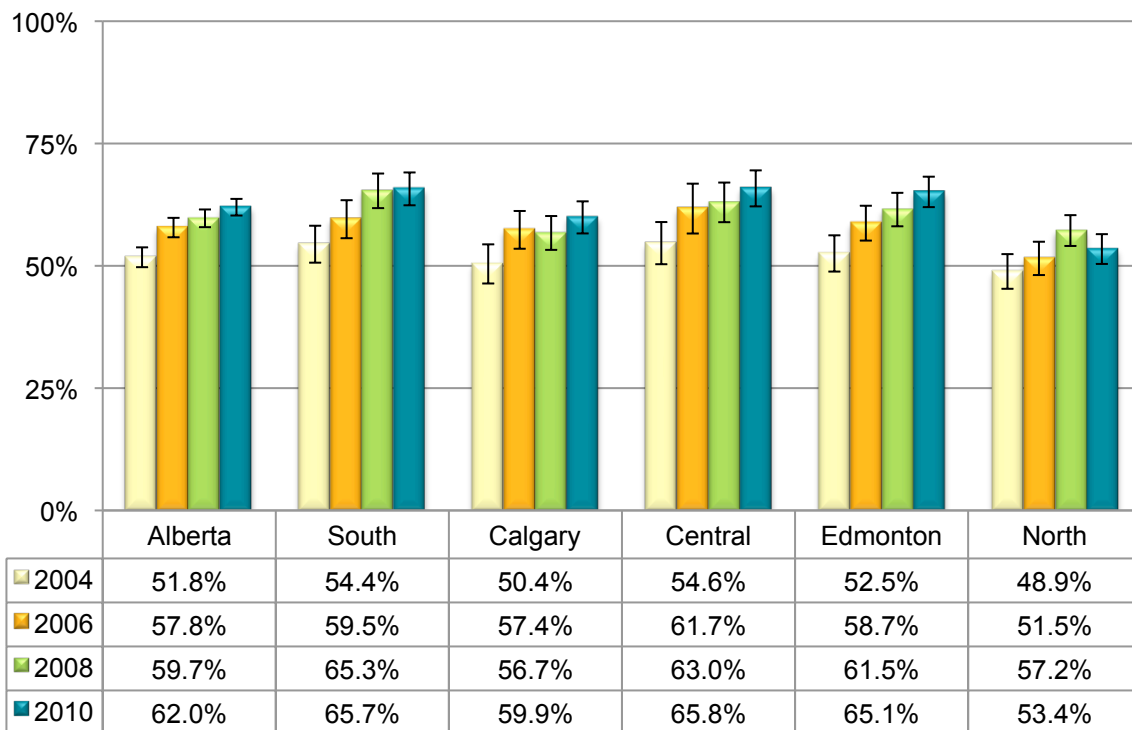
<sup>10</sup> Please be advised some slight variation may occur between the result presented in this report (61.9%) and the result the HQCA reviewed and approved as a Key Performance Indicator for Alberta Health and Wellness (AHW) (61.3%). The AHW result was based on a sample of 4,341 Albertans (margin of error is 1.5%) received on April 26-27, 2010, whereas the HQCA report value was based on an increased sample quota (5,500 vs. 4,500) and an extended data collection period (May 31, 2010 vs. April 30, 2010). Where results were rounded, values may differ due to rounding rules.

The majority of 65+ year olds (73.7%) are satisfied (4 or 5 out of 5) with the health services they have received in the past year, significantly more than the 25-44 year olds (58.1%) and the 45-64 year olds (60.7%) ( $p \leq 0.05$ ). Albertans (18 years and older) with excellent and very good self-reported health were more likely to rate their satisfaction as 5 or 4 as compared to those with good, fair or poor self-rated health (67.3% versus 55%). More respondent's without children under 16 years of age living within the household (64.4%) had were satisfied with health care services versus those with children under 16 years of age (57.5%) ( $p \leq 0.05$ ).

### By Health Zone

Figure 8.2 presents analysis of Question 17, where satisfaction ratings of 4 and 5 were collapsed into a single category, satisfied, by health zone and year of survey. Sixty-two percent (62%) of those who received health care services in Alberta in the past year rated it as satisfactory. Statistically significant changes over time are evident in the province ( $p < 0.05$ ). The 2010 provincial result reflect a continued improvement from the 2003 result, however it is not statistically significant compared to the 2008 result. Between the zones, respondents in the North zone (53.4%) were significantly less likely to be satisfied with health care services as compared to the Edmonton (65.1%), Central (65.8%), and South (65.7%) zones.

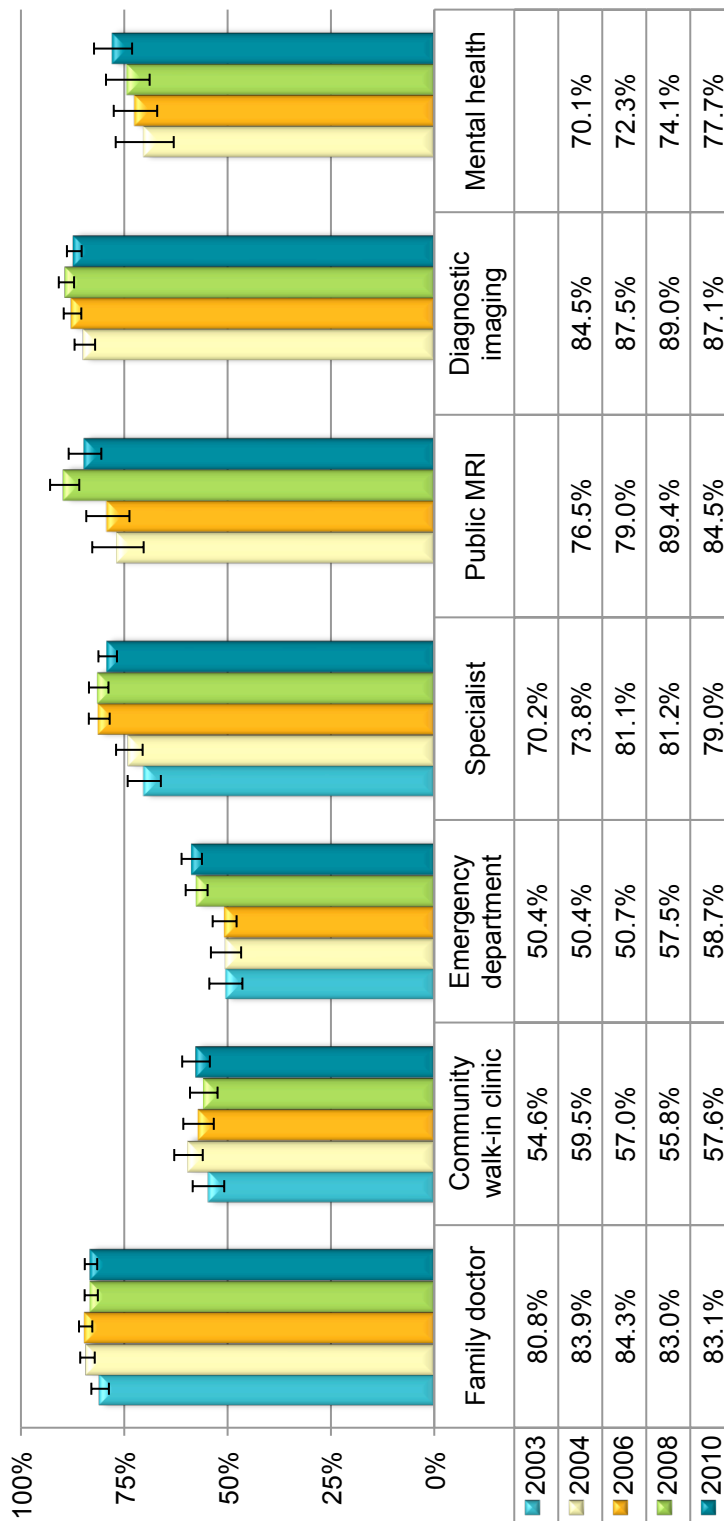
**Figure 8.2 Percent of respondents with satisfied (4 or 5 out of 5) with health care services, by health zone and year of survey**



### Summary of Satisfaction with Various Health Care Services Received, by Year of Survey

Figure 8.3 summarizes Albertans' satisfaction for various health care services received by year of survey. The 2010 results have remained stable and are statistically similar to the 2008 results.

**Figure 8.3 Percent of respondents satisfied (4 or 5 out of 5) with the health care services they received, by year of survey**



## **Overall Satisfaction with Health Care Services Received in the Past Year, by Demographic Factors and Selected Variables (Multivariate Analysis)**

A multivariate analysis using logistic regression was conducted on respondents' overall satisfaction with health care services personally received in the past year. In addition to the standard socio-demographic variables, satisfaction with a variety of specific health care services that the respondent received in the past year were examined as possible predictors of overall satisfaction with health care services.

*Q17. Thinking about all of your personal experiences within the past year with the health care services in Alberta that we just reviewed, to what degree are you satisfied or dissatisfied with the services you have received?*<sup>11</sup>

Figure 8.4 is a simplified visual representation of significant odds ratios for a logistic regression where the dependent variable is overall satisfaction with health care services received in the past year. The top of the figure displays factors associated with satisfaction, while the bottom displays predictors of dissatisfaction.

For interpretation purposes, control variable will not be discussed or examined. Information on these variables and parameters is provided in a supplemental report.

### **Very Strong Predictors**

Very strong predictors of overall satisfaction included: overall access, overall quality, and satisfaction with family doctor. As both the indicator and its inverse were very strongly associated with satisfaction and dissatisfaction with the overall health care system, the indicators therefore were the strongest drivers of overall satisfaction.

### **Moderate predictors**

Overall, Albertans' perception of how well health care professionals coordinated their efforts to serve respondents' needs was moderately related with overall satisfaction, and therefore was a moderate driver of satisfaction.

### **Weak Predictors**

Albertans' satisfaction with emergency department services is a weak driver of overall satisfaction rating. Of note, dissatisfaction with diagnostic imaging was a weak predictor of dissatisfaction with overall health care services received in the past year. All-in-all, it was not a good driver of overall satisfaction because of its non-significant association with being overall satisfied with health care services.

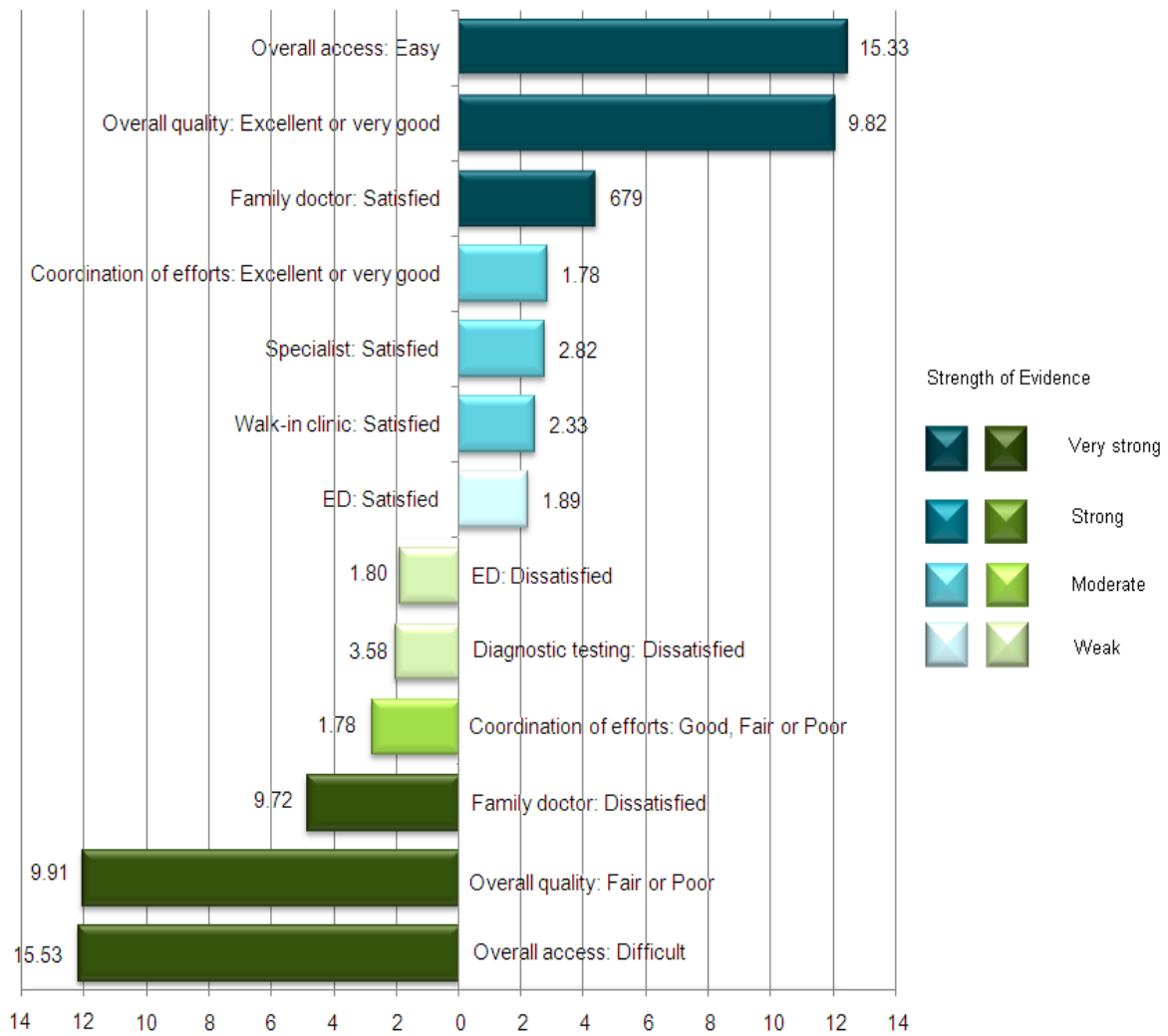
In addition, being satisfied with services received from both specialists and walk-in clinics offered moderate evidence towards predicting being satisfied with the health care system within the past year. However, the indicators' inverses (dissatisfaction with specialists and walk-in clinics services) were not

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<sup>11</sup> For analytical purposes, this question was coded as follows: 1= satisfied (4 or 5 out of 5); 0=dissatisfied (1 or 2 out of 5); response category 3 was dropped for analytical purposes.

significant predictors of dissatisfaction with health care services. The two indicators were not good drivers (or even weak drivers) of overall satisfaction.

**Figure 8.4 Satisfaction with health care services, multivariate analysis**



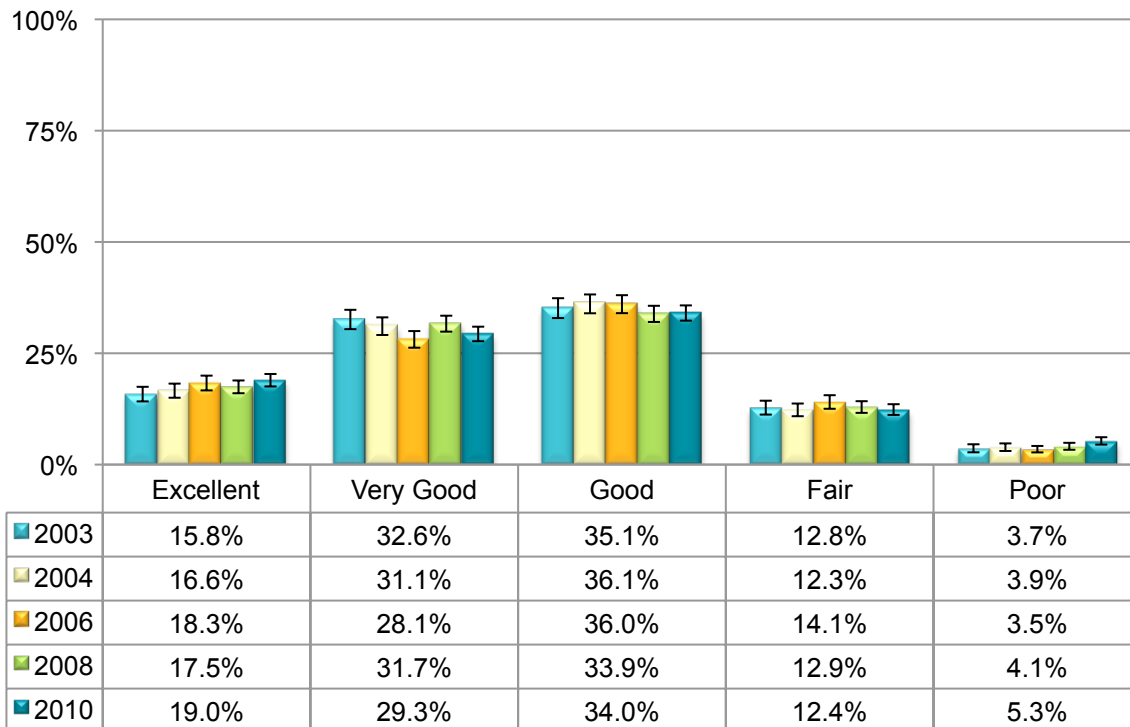
## 9.0 Coordination of Health Care Services

### 9.1 Overall Coordination

*Q126. Thinking about the health care services you have received in Alberta within the past year, how would you describe how well all of the health care professionals coordinated their efforts to serve your needs?*

This question was asked of Albertans who had contact with Alberta’s health care system within the past 12 months. The breakdown of the ratings in 2010 is statistically similar to the 2008 results; they have remained stable over the two survey periods.

**Figure 9.1 Assessment of the coordination efforts of health care professionals in Alberta, by year or survey**



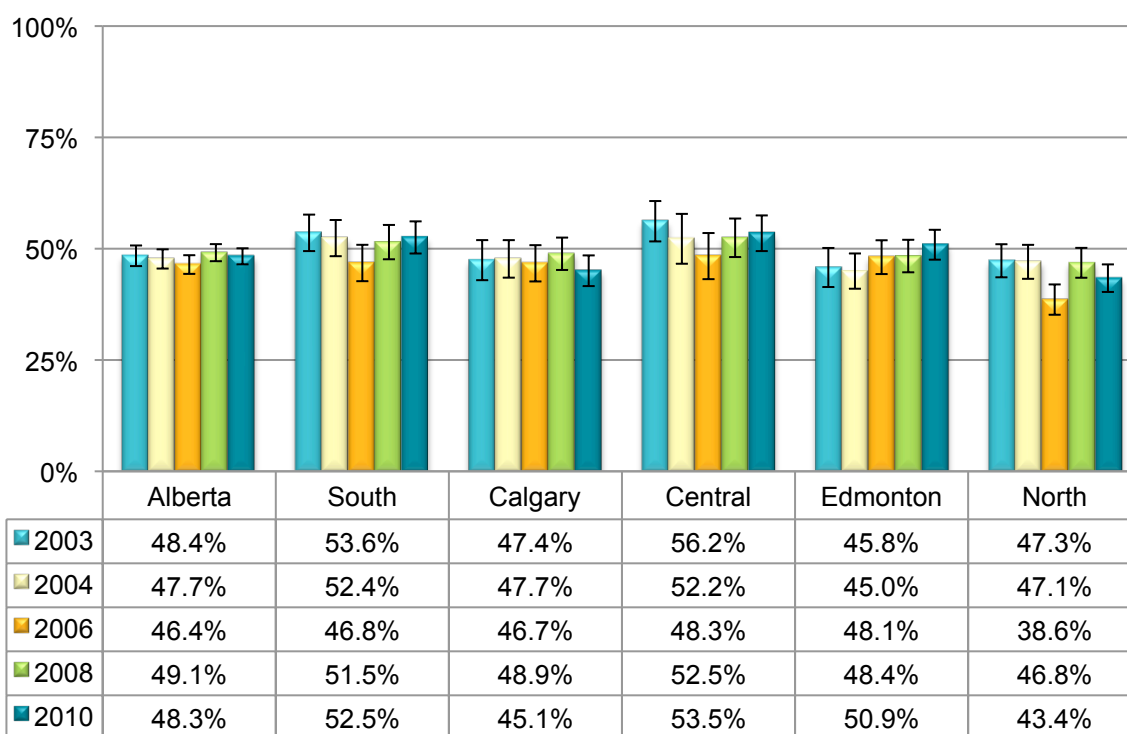
Of Albertans aged 65+, 62.3% felt coordination efforts were excellent or very good, significantly more than 45-64 year olds (50.1%), 25-44 (42.9%) and 18-24 year olds (43.4%). Respondents with excellent and very good self-rated health were more likely to assess coordination as excellent or very good than those with good, fair or poor health (54.9% versus 39.8%). Of those with children under 16 living in the household 44.8% felt coordination efforts were excellent or very good compared to 50.2% of those without children under 16 living in the household ( $p \leq 0.05$ ).

### By Health Zone

In Figure 9.2 the results of Question 126 are broken down by health zone and year of survey. The figure presents those respondents who reported that the coordination of efforts by health care professionals to serve their needs was either excellent or very good.

For the province as whole, no significant changes occurred in 2010 as compared to 2008. Likewise for the zones, there were not significant changes between 2008 and 2010. Between the zones, the South (52.5%), Central (53.5%) and Edmonton (50.9%) had significantly more respondents who reported coordination of health care professionals was excellent or very good versus the North zone (43.4%) ( $p \leq 0.05$ ).

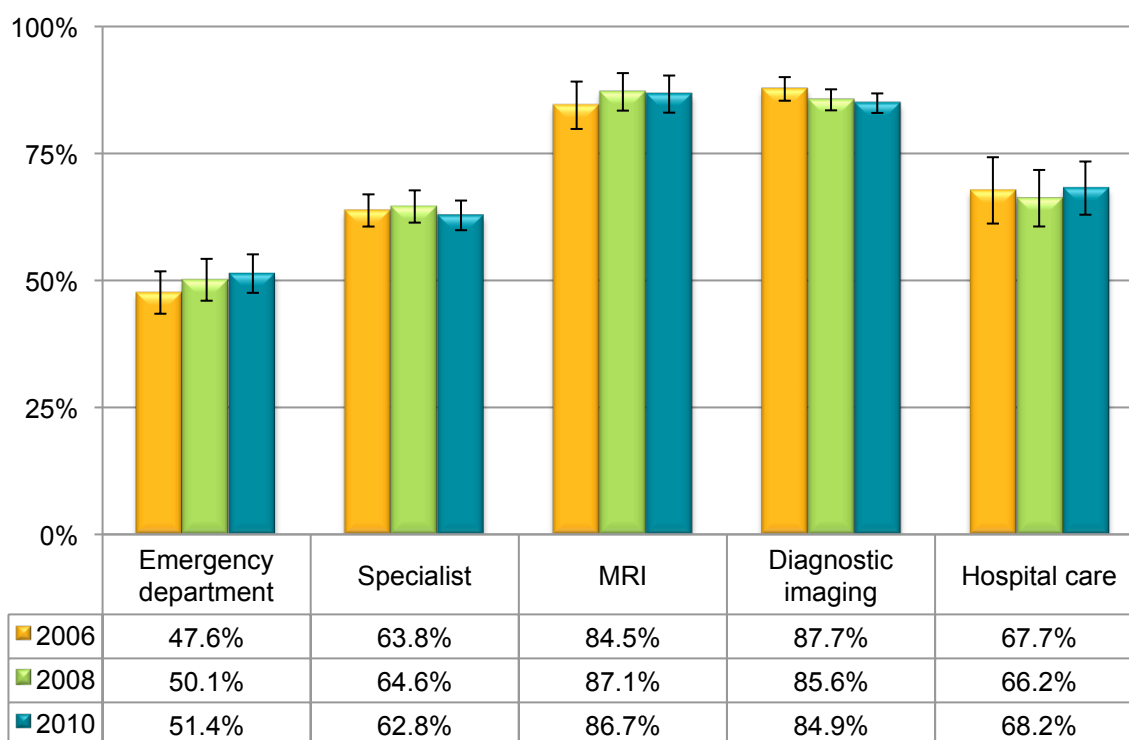
**Figure 9.2 Percent of respondents who reported that the coordination of health care professionals was excellent or very good, by health zone and year of survey**



## 9.2 Coordination of Specific Health Care Services

Figure 9.3 summarizes Albertans' experiences with their personal family doctor being informed about health care services or tests they have received elsewhere in the system. Results are stable between 2008 and 2010 with no significant differences between the years. The most common results reported back to family doctors were results for diagnostic imaging (84.9%) and MRI (86.7%). Visits to specialists and to hospital were less often reported to the personal family doctor (62.8% and 68.2% respectively). Personal family doctors are only informed about emergency department visits half the time (51.4%).

**Figure 9.3 Overall summary of personal family doctor being informed about specific health care services, by year**



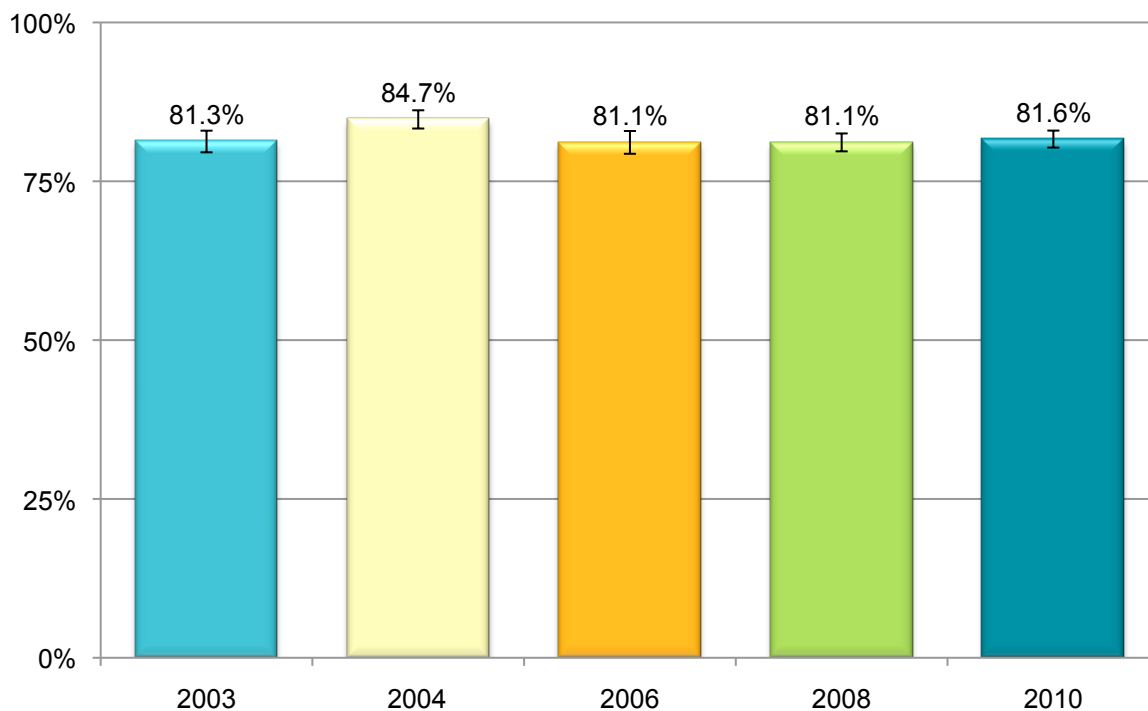
## 10.0 Personal Family Doctor Services

### 10.1 Respondents Who Currently Have a Personal Family Doctor

*Q3. Do you currently have a personal family doctor who you see for most of your health care needs? I'm speaking of a family doctor and not a specialist.<sup>12</sup>*

Results have been relatively stable over time, though a significant increase was noted in 2004 which has not been seen since. The percent of Albertans who currently have a personal family doctor in 2010 is unchanged from 2008, 2006 and 2003.

**Figure 10.1 Percent of respondents who currently have a personal family doctor in Alberta, by year of survey**

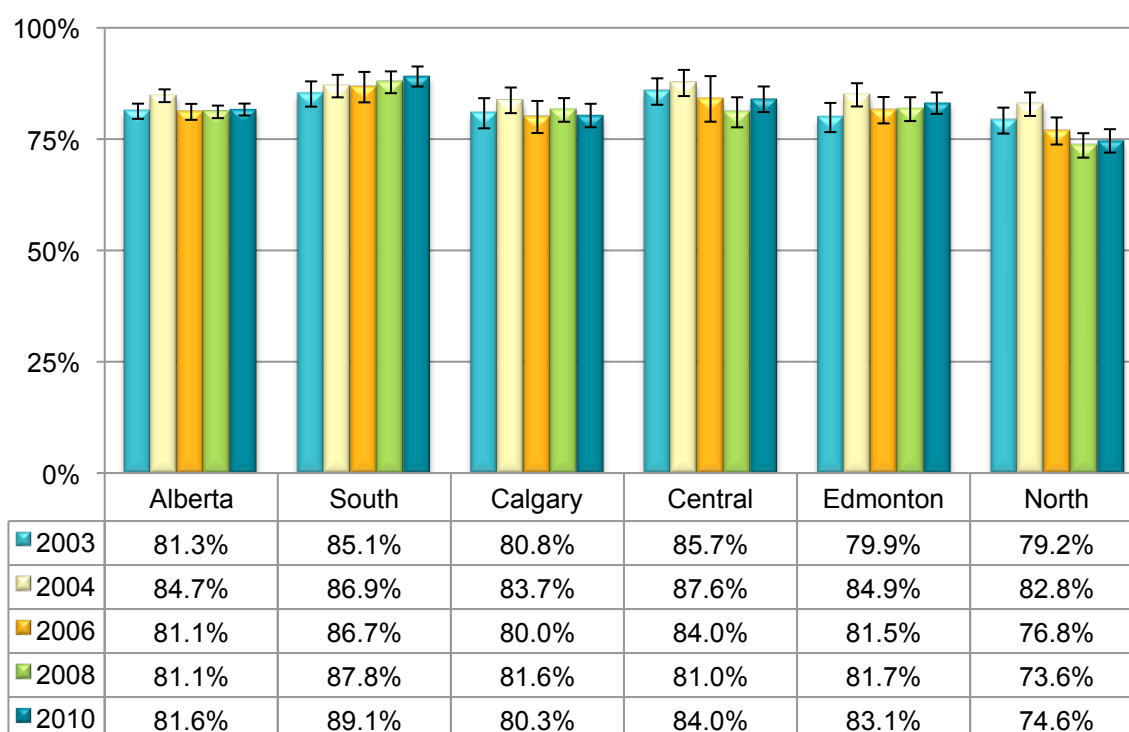


<sup>12</sup> Please be advised some slight variation may occur between the result presented in this report (81.6%) and the result the HQCA reviewed and approved as a Key Performance Indicator for Alberta Health and Wellness (AHW) (81.8%). The AHW result was based on a sample of 4,341 Albertans (margin of error is 1.5%) received on April 26-27, 2010, whereas the HQCA report value was based on an increased sample quota (5,500 vs. 4,500) and an extended data collection period (May 31, 2010 vs. April 30, 2010). Where results were rounded, values may differ due to rounding rules.

### By Health Zone and Survey Year

Between the health zones, the South zone has the most Albertans (18+) with a family doctor (89.1%) in 2010. This is significantly more than the Calgary (80.3%), Central (84%), Edmonton (83.1%) and the North (74.6%) zones ( $p \leq 0.05$ ). The proportion of residents in the Calgary zone with a family doctor is significantly less than all the other zones, with the exception of the North Zone.

**Figure 10.2 Percent of respondents who currently have a personal family doctor, by health zone and year of survey**

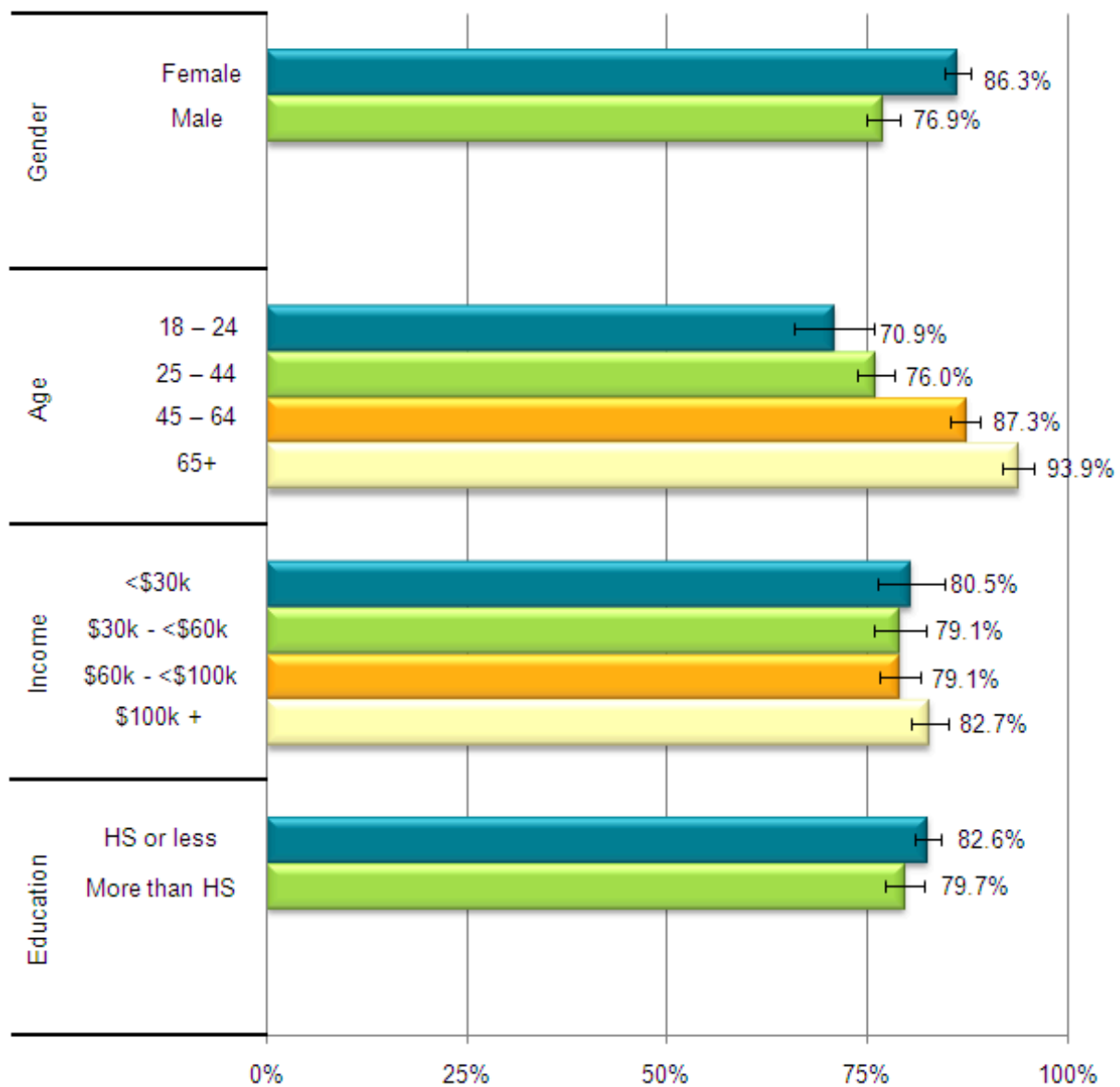


### By Demographic Factors

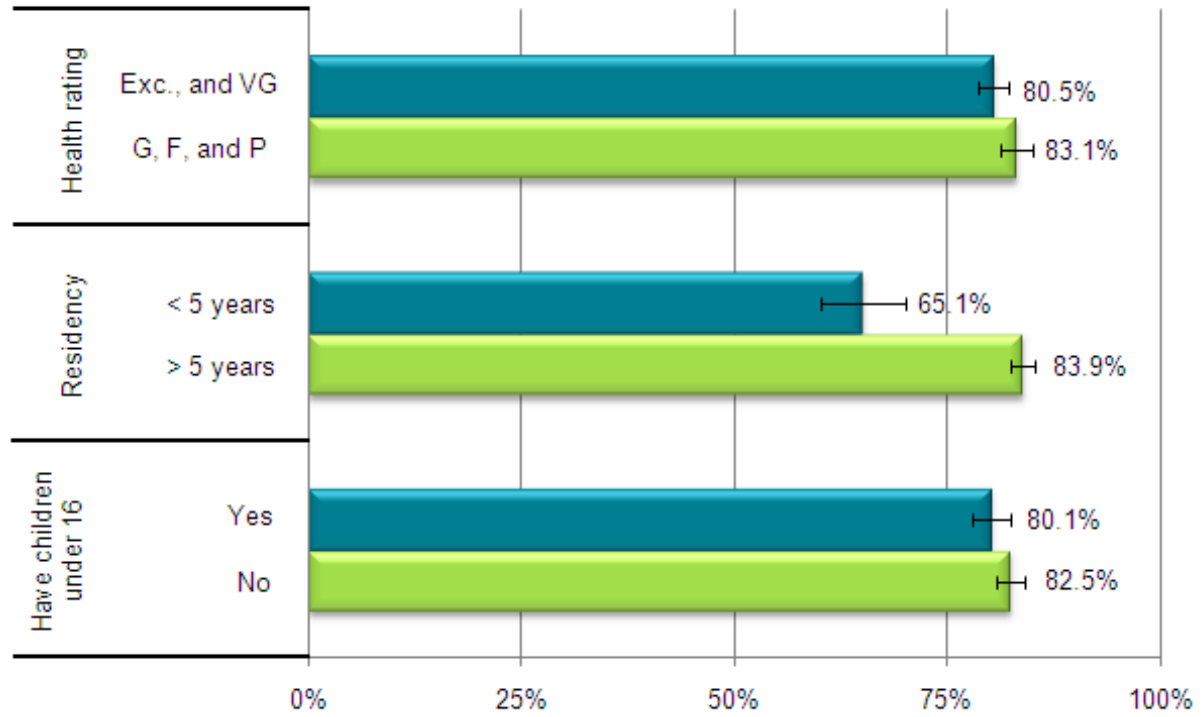
Eighty-six (86.3%) of Albertan women currently have a family doctor; significantly more than Albertan men (76.9%) ( $p \leq 0.05$ ). There are significant differences between the age groups in regards to the proportion who have a family doctor: 70.9% of 18-24 year olds; 76% of 25-44 year olds, 87.3% of 45-64 year olds, and 93.9% of Albertans over the age of 65 have a family doctor.

Fewer people new to Alberta (length of residence is less than 5 years) said they had a family doctor (65.1%) than longer-term residents (5 years plus) (83.9%) ( $p < 0.05$ ).

**Figure 10.3a Percent of respondents who have a personal family doctor, by demographic factors**



**Figure 10.3b Percent of respondents who have a personal family doctor, by demographic factors**

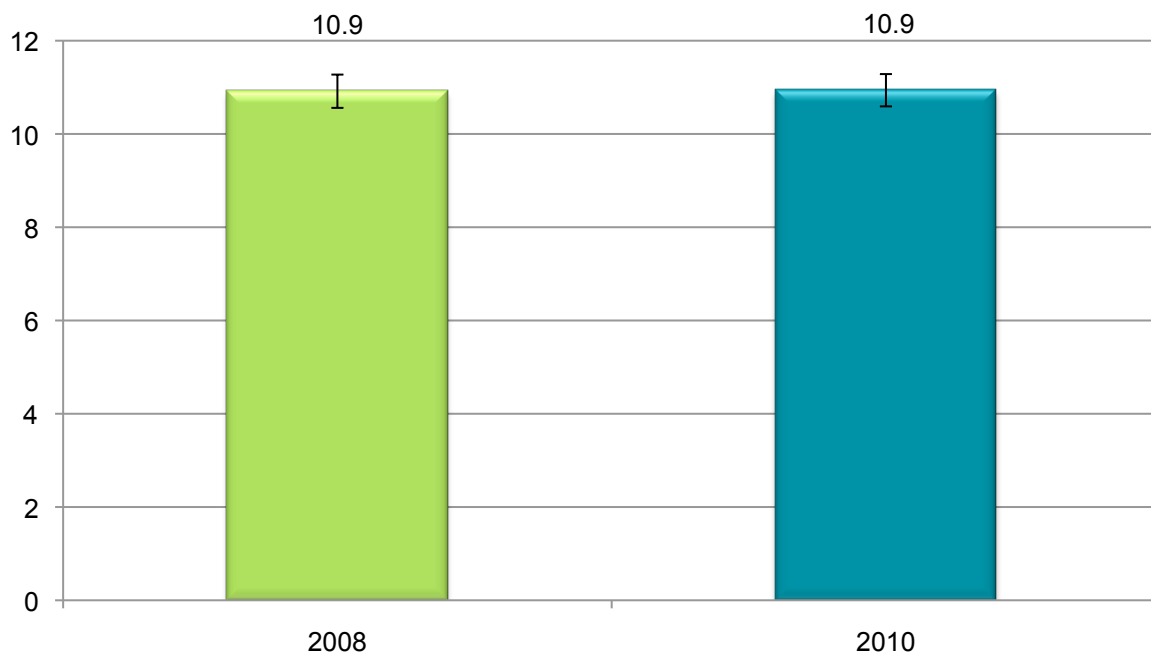


## 10.2 Length of Time Respondent Has Been with Personal Family Doctor

*Q8. How long have you been going to your present personal family doctor's office?*

This question was asked of Albertans (18+) who indicated they had a personal family doctor. Figure 10.4 presents the mean number of years respondents have been going to their personal family doctor's office for 2008 and 2010. On average, Albertans (18+) have been going to their doctor for 10.9 years

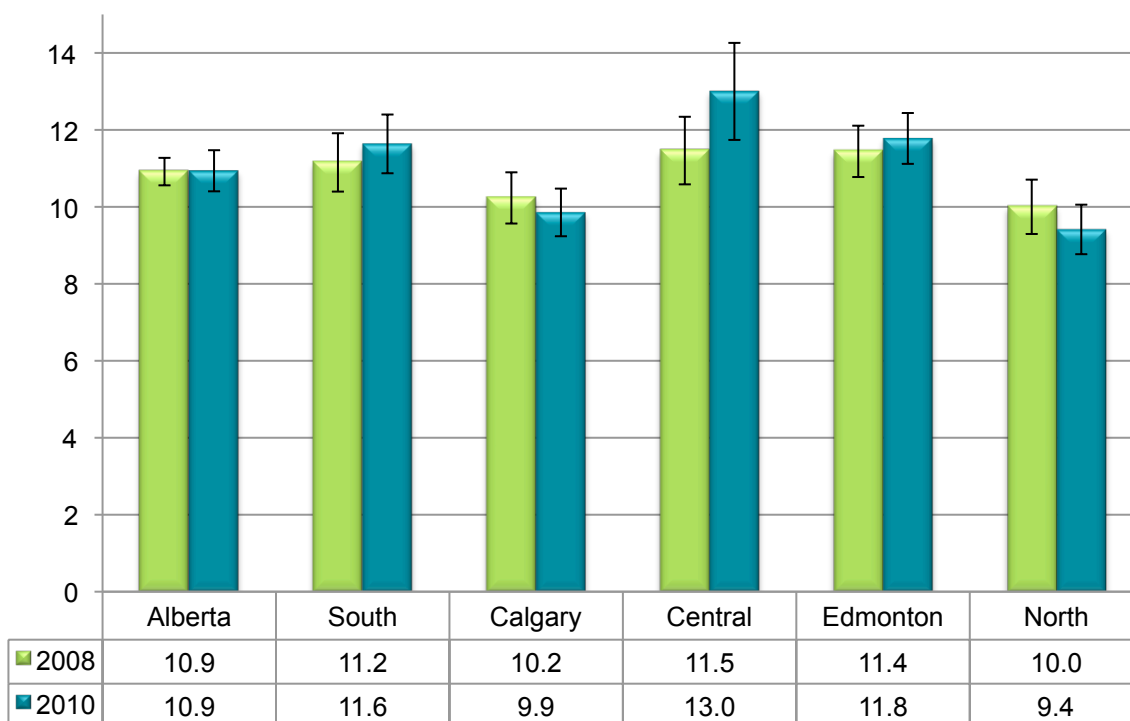
**Figure 10.4 Average number of years respondents have been seeing their personal family doctor, by year of survey**



### By Health Zone and Year

Respondents in the North and Calgary zones have been going to their family doctor for significantly less time than Albertans (18+) in the South, Central and Edmonton zones. This question was asked only of those who reported they had a personal family doctor.

**Figure 10.5 Average number of years respondents have been going to their present personal family doctor's office, by health zone and year of survey**

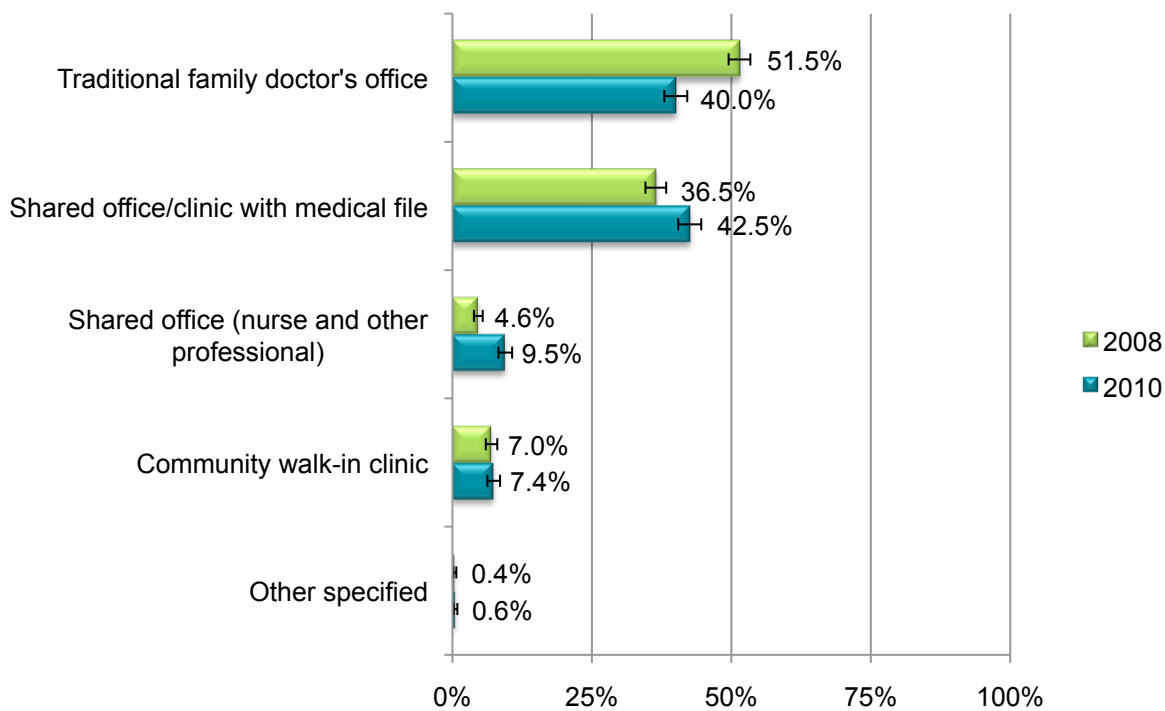


### 10.3 Practice Setting of Personal Family Doctor

Q6. Which of these [office settings where you usually see your family doctor] best describes your family doctor's office?

Significant changes have occurred in the past two years concerning the setting in which Albertan family doctor's practice. In 2008, over 50% of respondents said they attended a traditional family doctor's office. This has significantly dropped to 40% in 2010 ( $p < 0.05$ ). A significant increase occurred in 2010 over 2008 (42.5% versus 36.5%) for Albertans (18+) attending a shared office or clinic where patients see other doctors and medical file available is shared. Additionally, significantly more respondents in 2010 (9.5%) claimed their doctor's office was a shared office or clinic where respondents might see a nurse or other health care professional ( $p < 0.05$ ). The number of Albertans going to community walk-in clinics or other specified settings has stayed stable over the two time periods.

Figure 10.6 Practice setting



## By Health Zone

Figure 10.7 provides a breakdown of the family doctor's practice setting, by health zone for 2010 and 2008. In 2010, the proportion of Albertans within each type of practice setting between the zones was not statistically significant.

A comparison of the 2010 zones to their 2008 selves noted some significant changes. For instance, in 2010 there was an increase in Albertans (18+) in the South zone who attended a shared office or clinic where they could see a nurse or other health care professionals compared to 2008 (11.7% versus 6.7%).

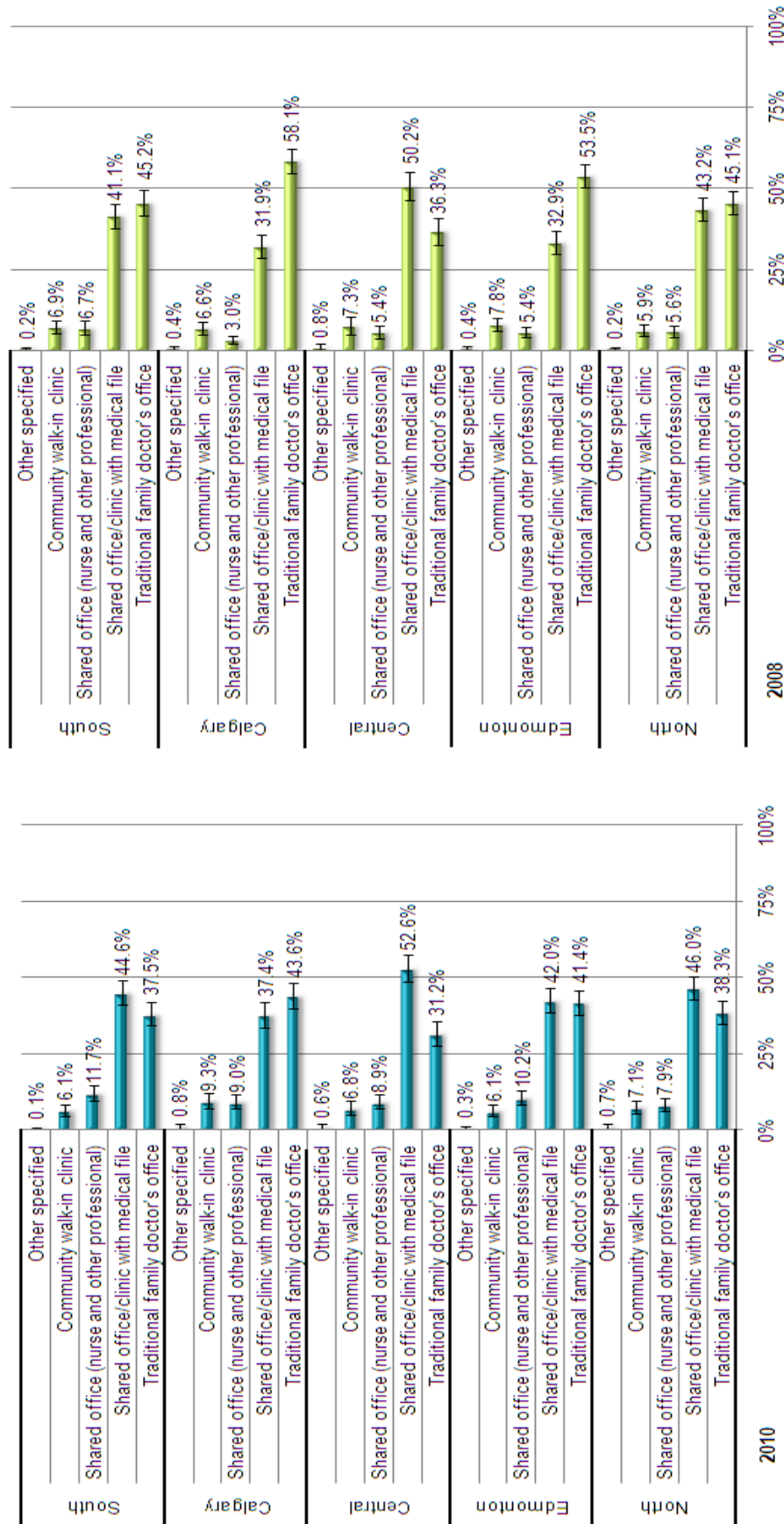
In the Calgary zone, a significant ( $p < 0.05$ ) reduction occurred in the number of respondents who said their doctor practiced in a traditional setting; 58.1% in 2008 and 43.6% in 2010. There was an increase in Albertans (18+) who attended a shared office or clinic where patients might see a nurse or other health care professional compared to 2008 (9% versus 3%).

Respondents in the Edmonton zone less often chose to describe their family doctors office as traditional in 2010 versus 2008 ( $p < 0.05$ ). However, a significant increase occurred, from 2008 to 2010, in the number of Albertans (18+) attending a shared office or clinic where they saw other doctors, and the clinic had their medical file available for which ever doctor saw them results (32.9% and 42% respectively). As well, in 2010, the proportion of respondents describing their family doctor's practice as a shared office or clinic where you might see a nurse or other health care professional if you do not need to see the doctor significantly increased compared to 2008 (10.2% versus 5.4%).

For the other zones, the results remained stable from 2008 to 2010.

### By Health Zone

Figure 10.7 Practice setting, by health zone, 2010 & 2008



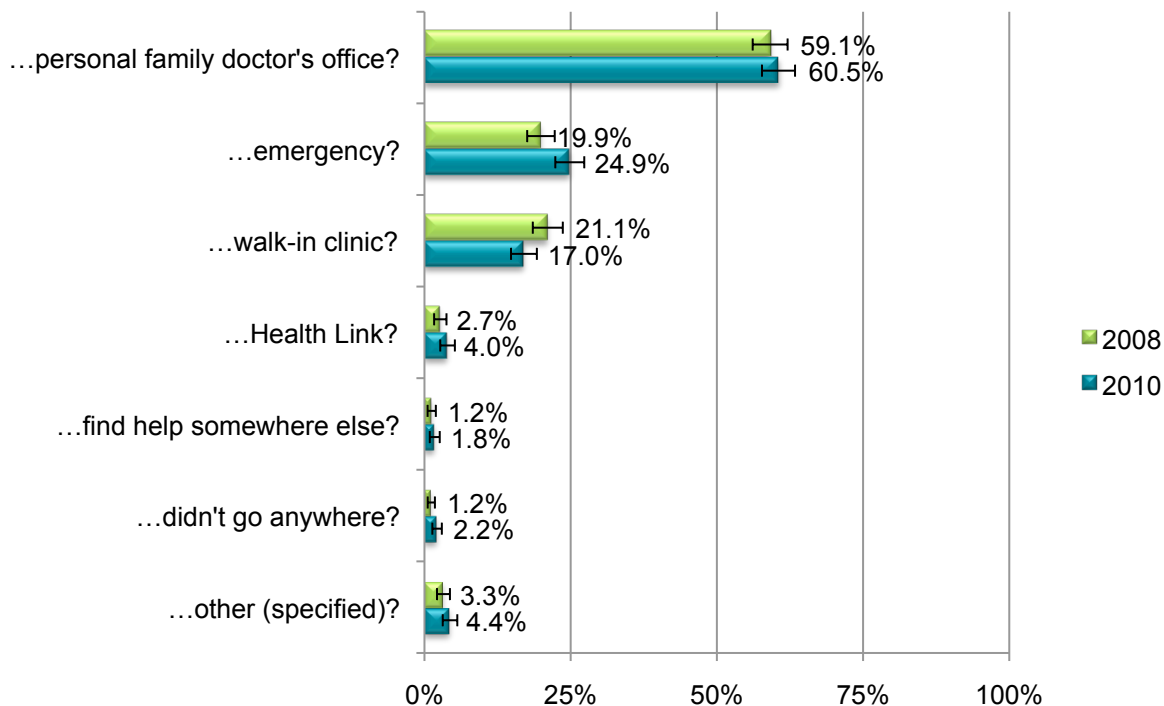
### Care for Urgent but Minor Condition When Personal Family Doctor’s Office was Open

*Q12. [For respondents who had an urgent but minor health problem when their family doctor’s office was open] Where did you end up going the last time you needed care for an urgent but minor health problem and your personal family doctor’s office was OPEN?*

In 2010, Albertans (18+) who did have a family doctor (Q3) or those who indicated that they went to the same family doctor’s office where doctors share patients were asked if they had an urgent but minor health problem when their family doctors office was open. Four in ten (40.1%) respondents indicated that they required care for an urgent but minor health problem when their doctor’s office was open in the past twelve months; this is unchanged from 2008. Among these respondents, 67.4% were able to get an appointment at their family doctor’s office as soon as it was needed (similar to 66% in 2008).

Figure 10.8 displays the results for Question 12. The number of respondents who went to their personal family doctor’s office remained stable in 2010, as compared to 2008. There was a significant increase in those who went to the emergency department in 2010 (24.9%) versus 2008 (19.9%) ( $p < 0.05$ ). All the other results have remained stable over the two years.

**Figure 10.8 Health care services used when respondents had an urgent but minor health problem and their family doctor’s office was open**



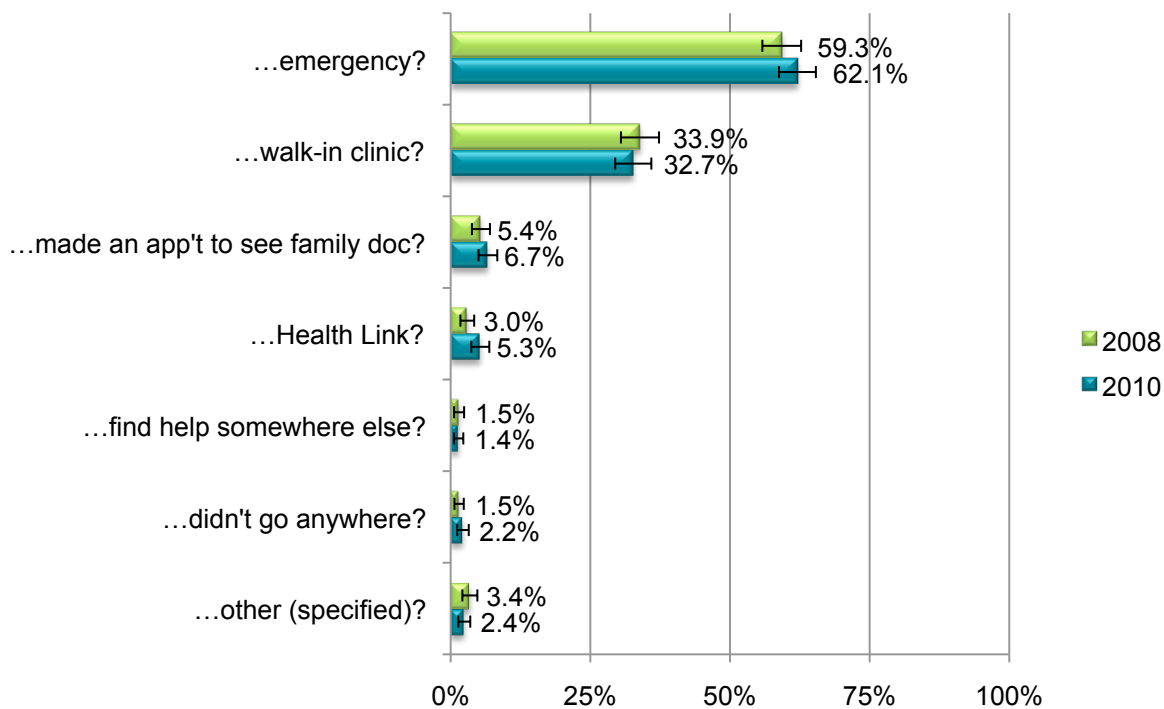
### Care for Urgent but Minor Condition When Personal Family Doctor’s Office was Closed

*Q14. [For respondents who had an urgent but minor health problem when their family doctor’s office was open] Where did you end up going the last time you needed care for an urgent but minor health problem and your personal family doctor’s office was CLOSED?*

In 2010, Albertans (18+) who did have a family doctor (Q3) or those who indicated they went to the same family doctor’s office where doctors share patients were asked if they had an urgent but minor health problem when their family doctors office was closed. Slightly more than twenty-nine percent (29.7%) of respondents indicated they did require care for an urgent but minor health problem at a time when their personal family doctor’s office was closed.

In a following question, respondents who indicated that they required care for an urgent but minor health problem when their doctor’s office was closed were asked where they went for help. Figure 10.9 summarizes the results, which remained stable over the two years.

**Figure 10.9 Health care services used when respondents had an urgent but minor health problem and their family doctor’s office was closed**

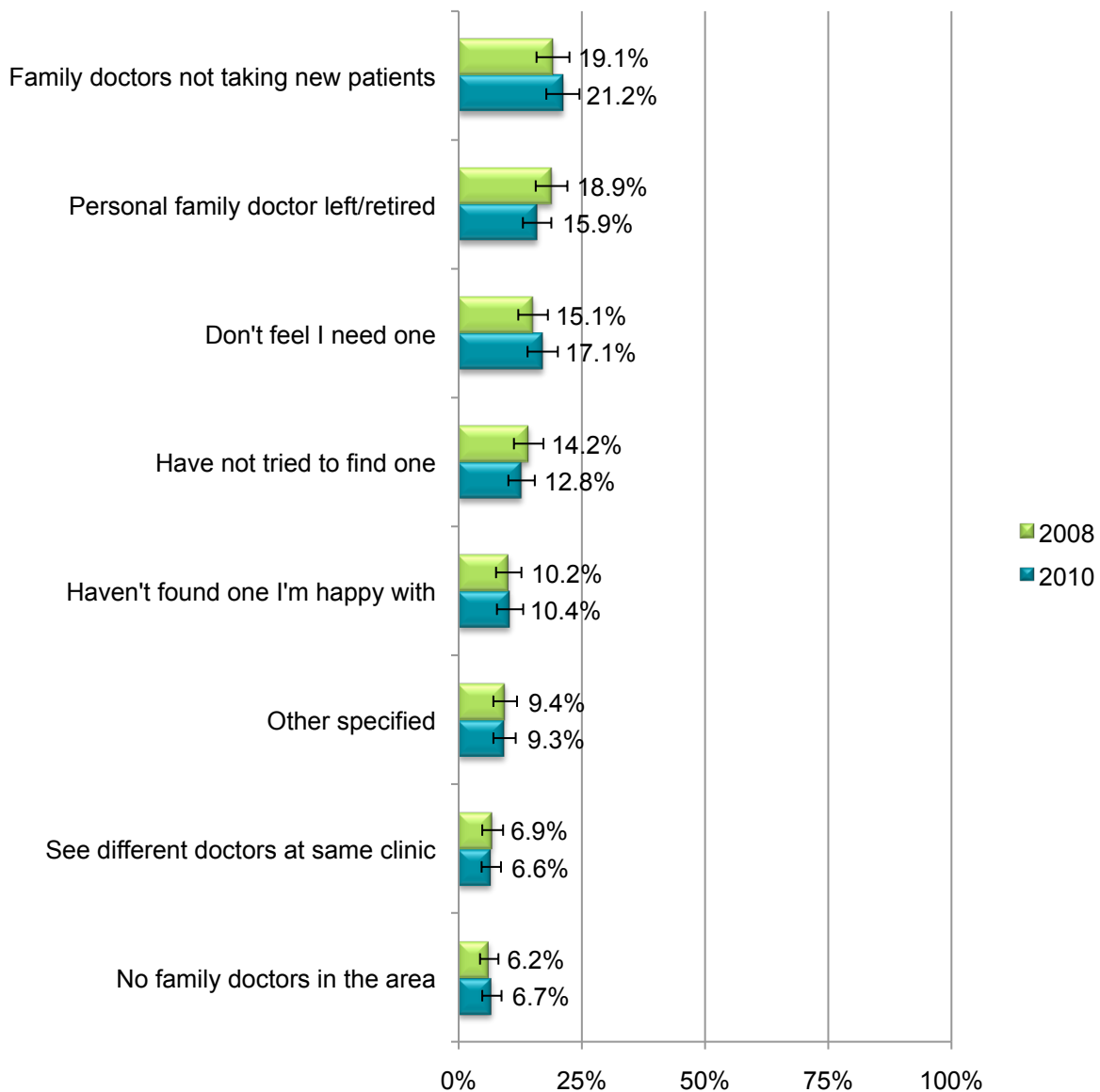


### Do Not Have a Personal Family Doctor

Q7. [For respondents who indicated in Q3 that they do not have a personal family doctor] You mentioned you do not have a personal family doctor. What is the main reason you do not have or choose not to have a personal family doctor?

This question was asked in 2010 of those Albertans who answered that they did not have a personal family doctor (Q3). Respondents indicated that the primary reason they did not have a personal family doctor was because family doctors were not taking new patients (21.2%) or they did not feel they needed a family doctor (17.1%). The 2010 results are not statistically different from 2008.

**Figure 10.10 Respondents' main reason for not having a personal family doctor**

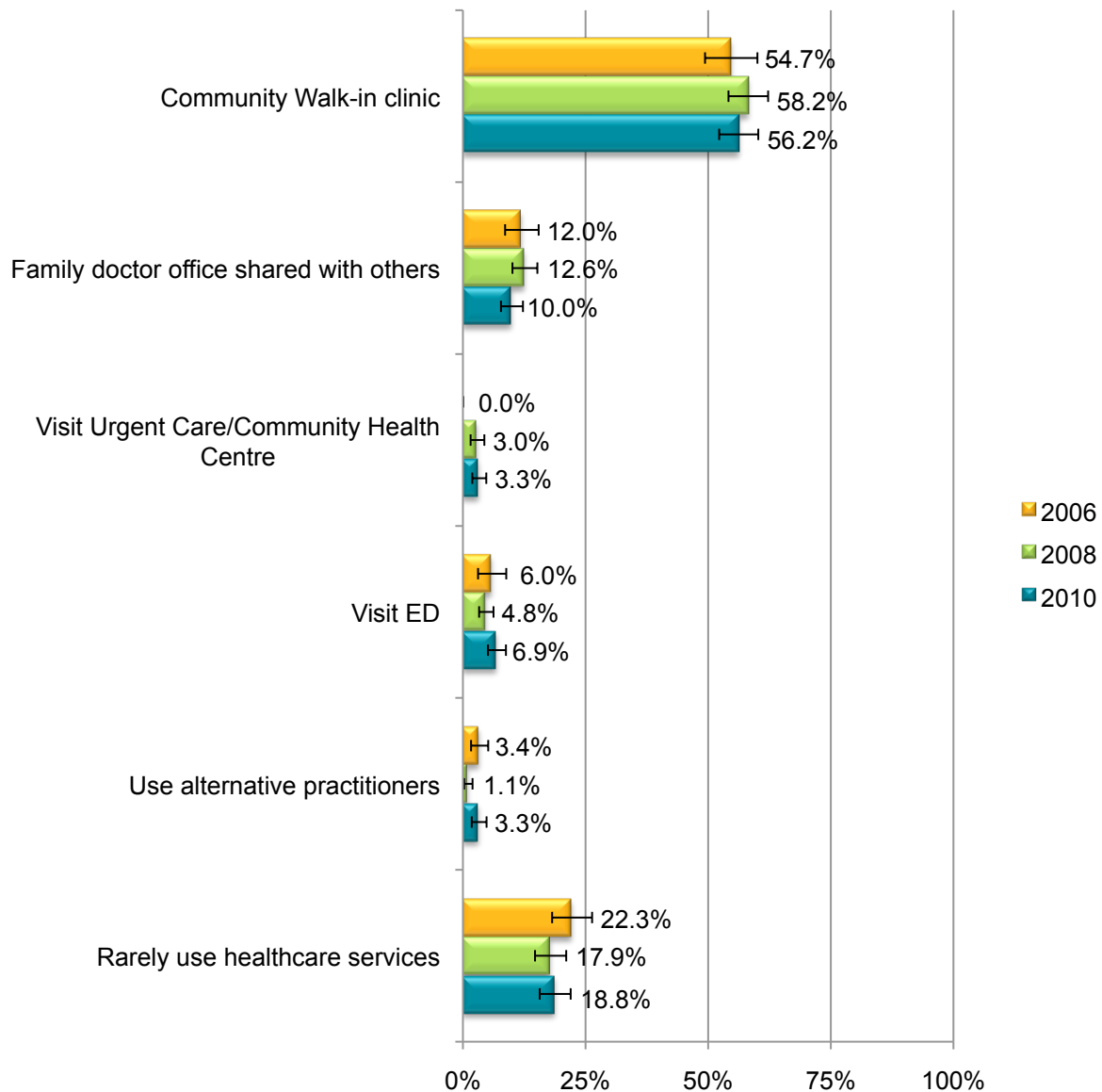


### Health Care Options When Respondent Does Not Have a Personal Family Doctor

Q4. [For respondents who indicated in Q3 that they do not have a personal family doctor] Which one of the following best describes your own personal situation when you need the kind of care most people get from a personal family doctor?

While there are minor differences from 2008 to 2010 for most of the care strategies, in general all other 2010 results are statistically unchanged from 2008.

**Figure 10.11 For respondents who do not have a personal family doctor, health care service used when they needed the kind of care most people get from a personal family doctor, by year of survey**

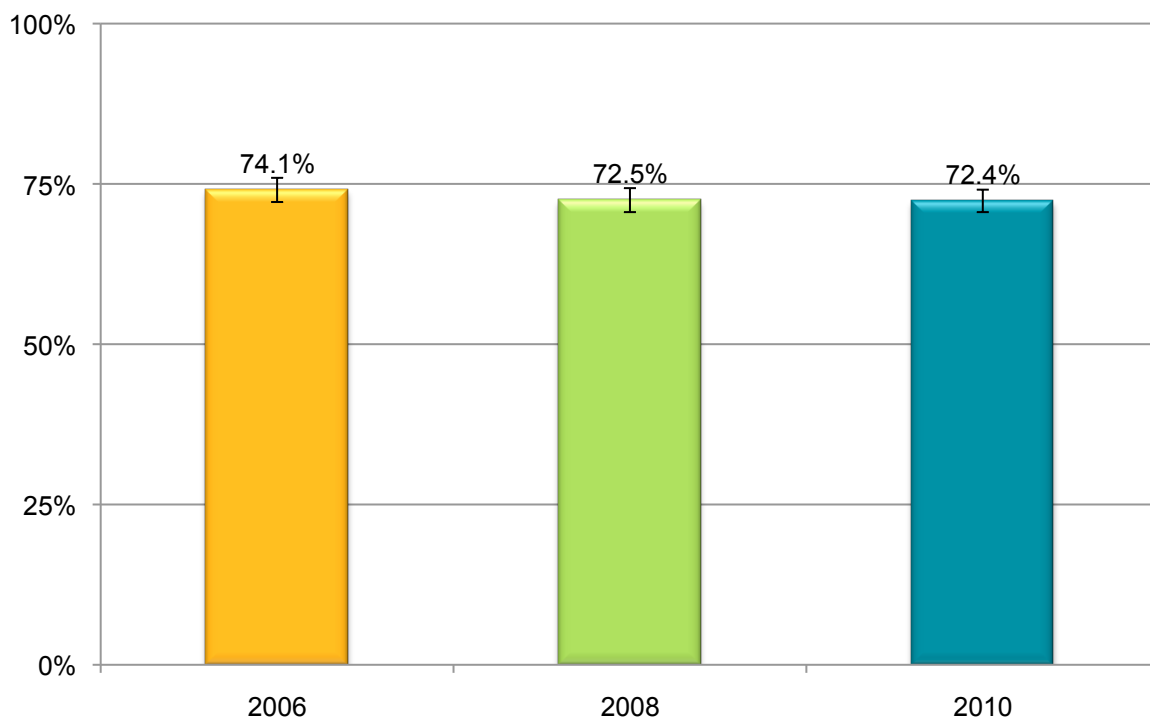


### Access to Personal Family Doctor by Year

*Q20. Thinking of the past year, how difficult or easy was it to actually obtain medical health care services from your personal family doctor or some other doctor at your personal family doctor’s office?*

This question<sup>13</sup> was asked of Albertans who had a personal family doctor. The majority of respondents indicated it was easy to obtain health care services from their doctor; with no significant differences between survey years ( $p > 0.05$ ).

**Figure 10.12 Percent of respondents who found it easy (4 or 5 out of 5) to obtain health care services from their personal family doctor or some other doctor in their personal family doctor’s office, by year of survey**

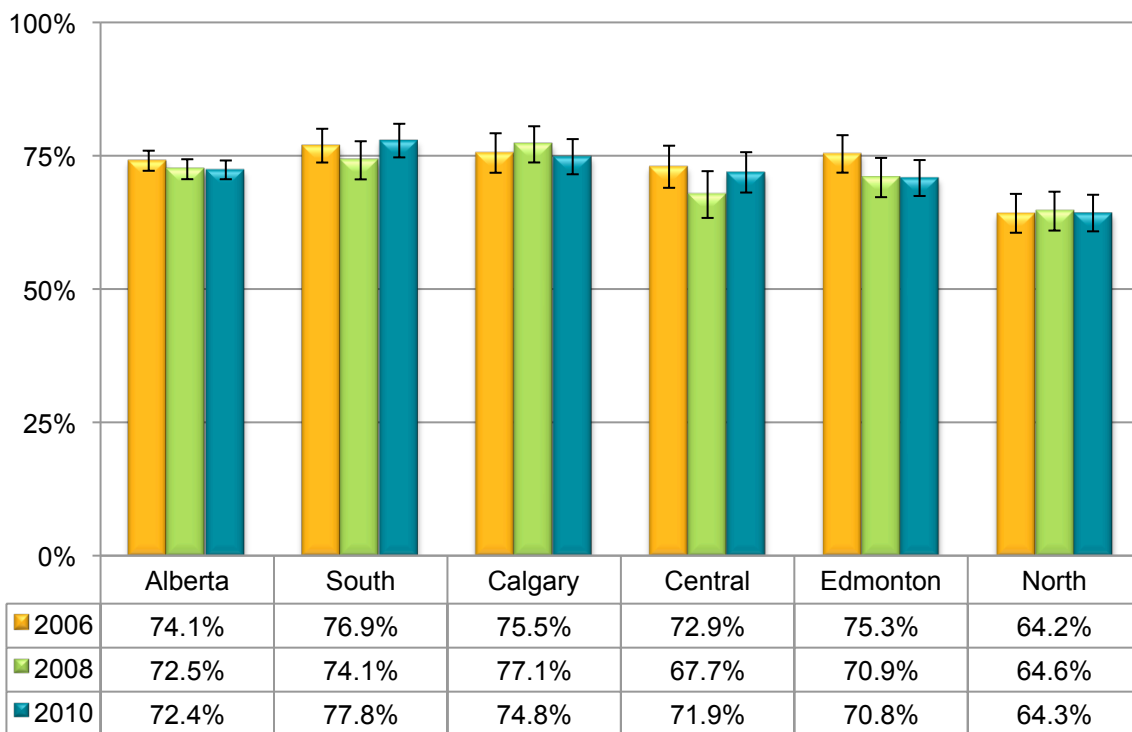


<sup>13</sup> The question HQCA uses to assess ease of access to personal family doctor differs from AHW’s question which asks respondents “how easy of difficult was it for you to obtain this service from your physician? Would you say it was very easy, easy, a bit difficult or very difficult.”

### Access to Personal Family Doctor by Health Zone and Year

In 2010, the South and Calgary zones had significantly more respondents who found it easy to obtain health care services from their personal family doctor or some other doctor in their personal family doctor’s office as compared to the North zone ( $p \leq 0.05$ ). Year over year results were stable for the health zones, as well as for the province.

**Figure 10.13 Percent of respondents who found it easy (4 or 5 out of 5) to obtain health care services from their personal family doctor or some other doctor in their personal family doctor’s office, by health zone and year of survey**

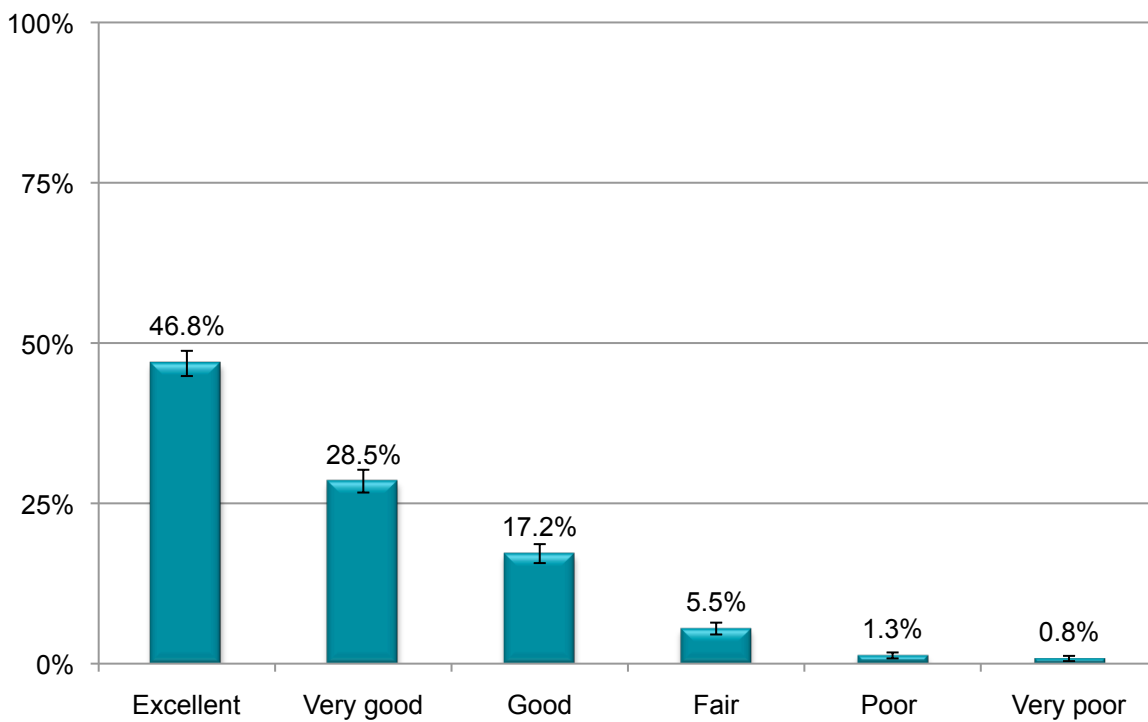


### 10.4 Quality of Family Doctor Care

*Q22q. Overall, how would you rate the quality of care you received from your personal family doctor over the past 12 months?*

In 2010, the majority of respondents (75.3%) rated the quality of care they received from their personal family doctor over the past 12 months as very good (28.5) or excellent (46.8%).

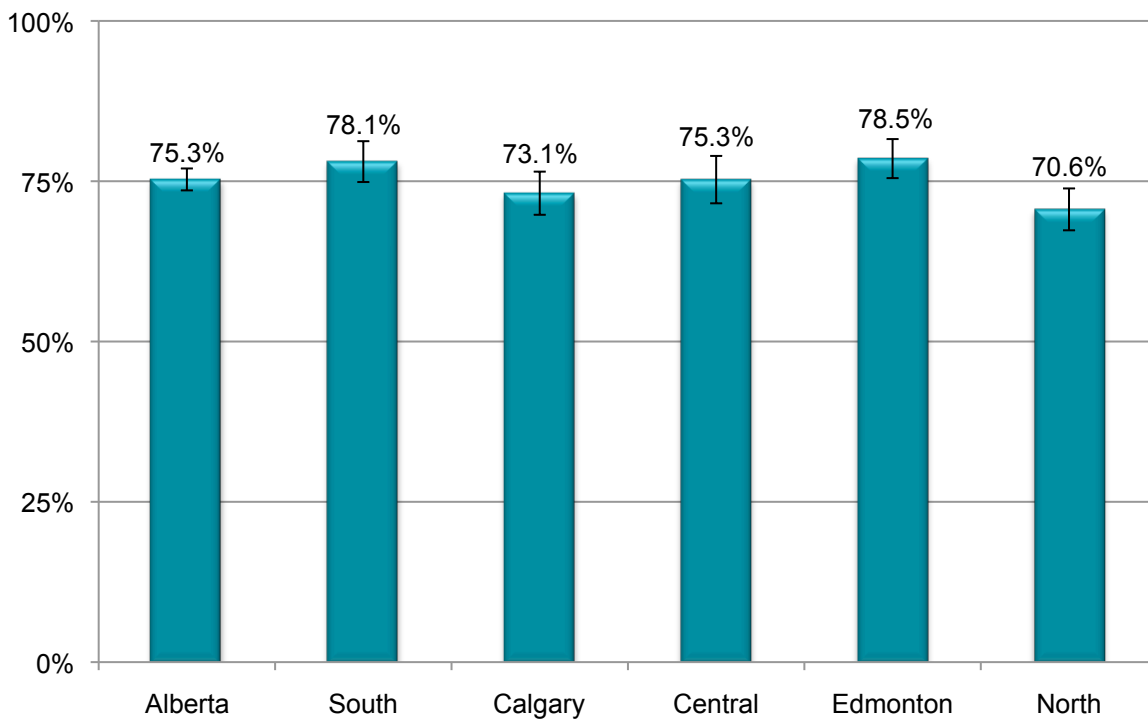
**Figure 10.14 Quality of care respondents received from their family doctor over the past 12 months**



**By Health Zone**

Figure 10.15 summarizes results for very good or excellent care received from personal family doctor over the past 12 months by health zone. In 2010, the South and Edmonton zones had significantly more respondents who rated the quality of care they received from their personal family doctor as very good or excellent, compared to the North zone ( $p \leq 0.05$ ).

**Figure 10.15 Very good or excellent qualities of care ratings for personal family doctor over the past 12 months, by health zone**

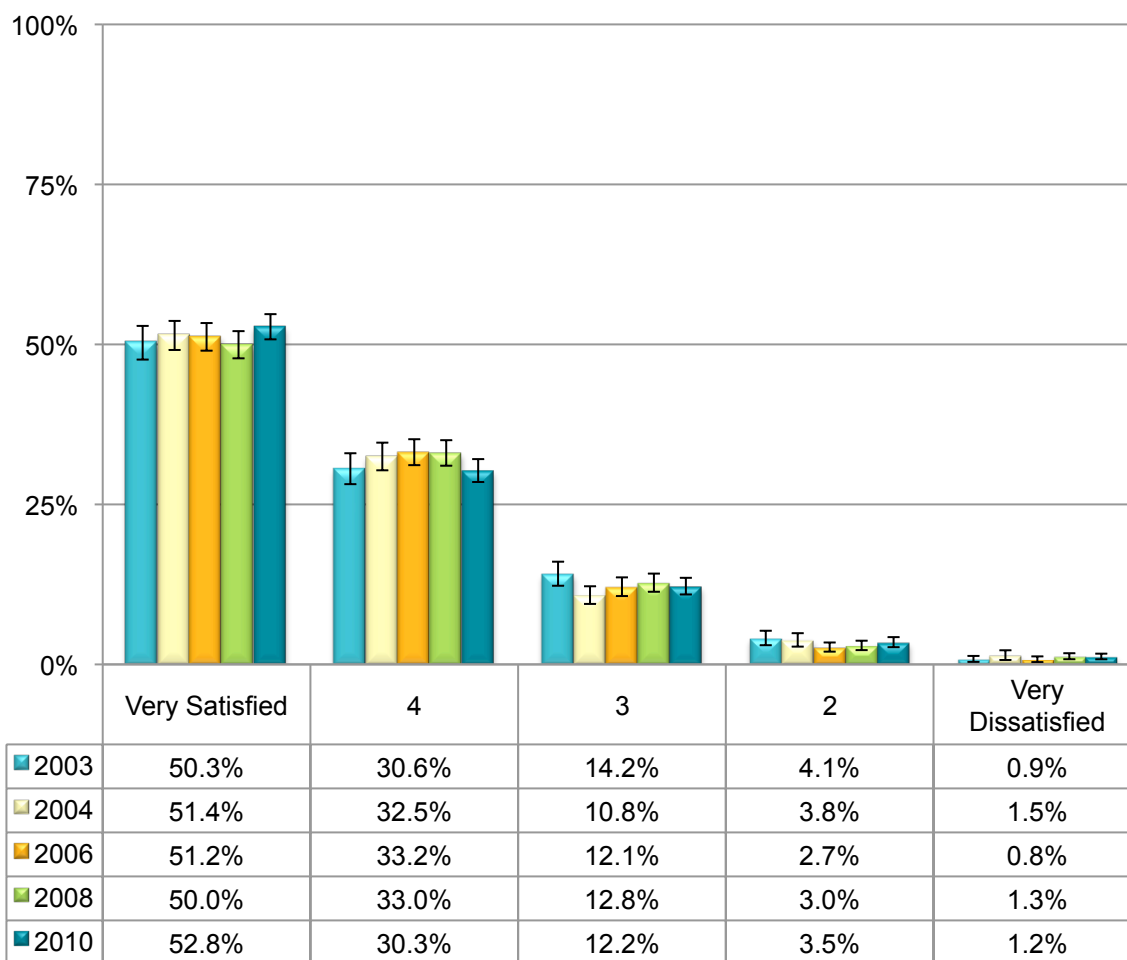


### 10.5 Satisfaction with Personal Family Doctor Services

*Q21. Thinking of the past year, in general how satisfied are you with the health care services you have received from your personal family doctor or some other doctor at your personal family doctor's office.*

Question 21 was asked of Albertans who had a personal family doctor. The majority of 2010 respondents, as in previous years, were very satisfied with the health care services they received from their personal family doctor or some other doctor at their personal family doctor's office.

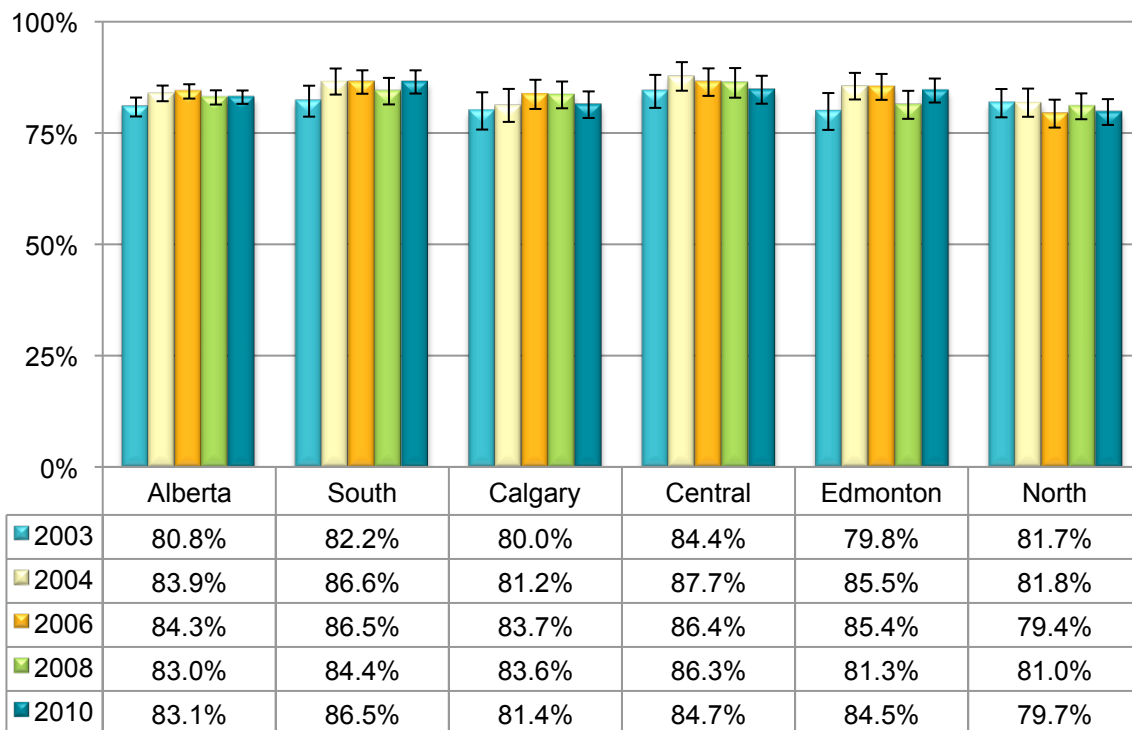
**Figure 10.16 Satisfaction with personal family doctor services or some other doctor at their personal family doctor's office, by year of survey**



### By Health Zone and Year of Survey

The proportion of Albertans who were satisfied (4 or 5 out of 5) with the health care services they received from their personal family doctor has remained stable over the past two years, and since 2003.

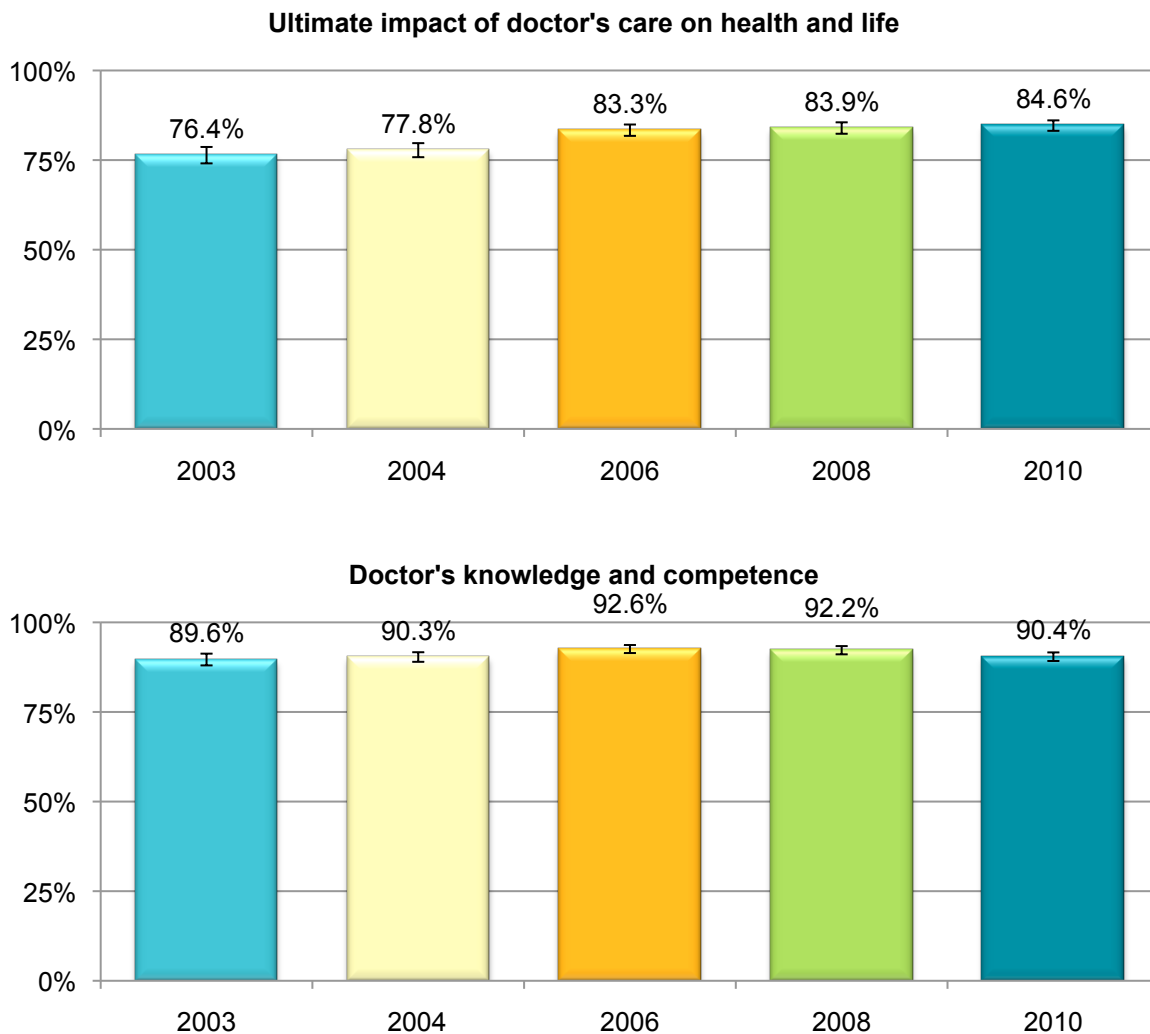
**Figure 10.17 Percent of respondents who were satisfied (4 or 5 out of 5) with health care services they received from their personal family doctor, by health zone and year of survey**



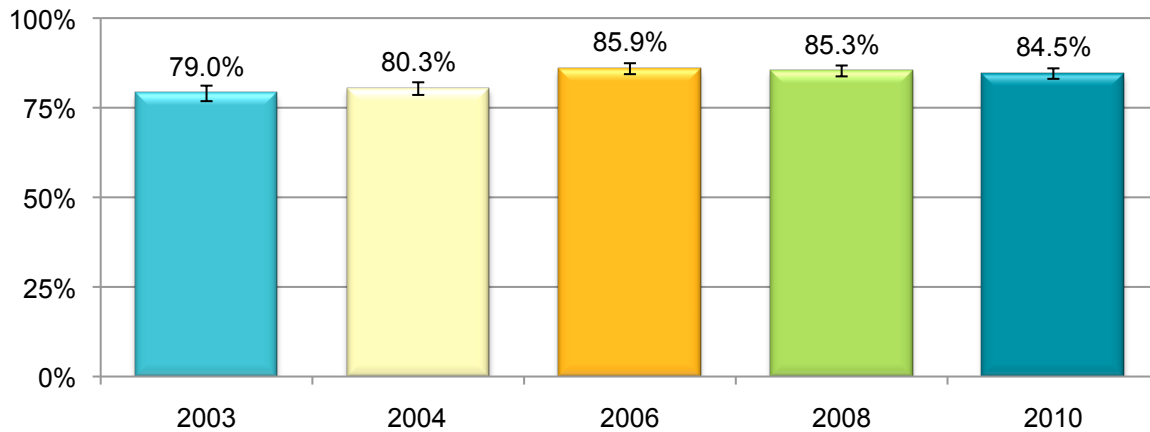
### Personal Family Doctor – Satisfaction with Specific Attributes

The following bar charts depict the proportion of Albertans who were satisfied (4 or 5 out of 5) with specific attributes of care from their personal family doctor. The results have remained stable from 2008 to 2010. However, there were some significant changes between 2010 and 2003 and/or 2004 ( $p \leq 0.05$ ).

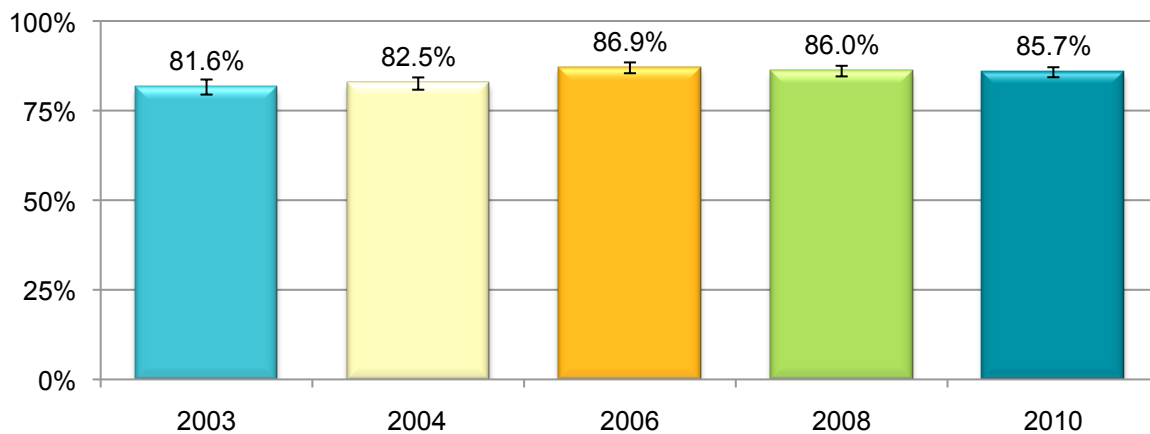
**Figure 10.18 Percent of respondents who were satisfied (4 or 5 out of 5) with specific attributes of care from their personal family doctor, by year of survey**



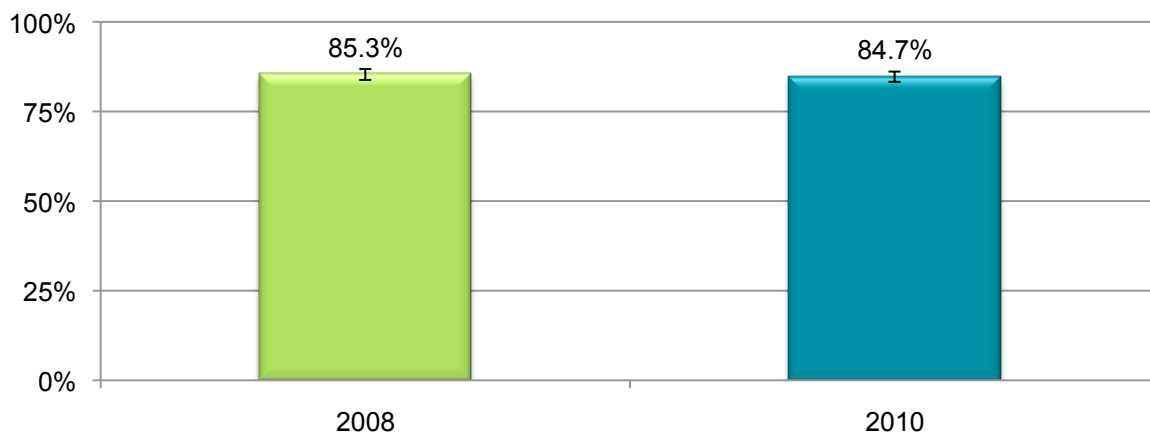
**Receiving care, tests or treatment they or doctor believed necessary**



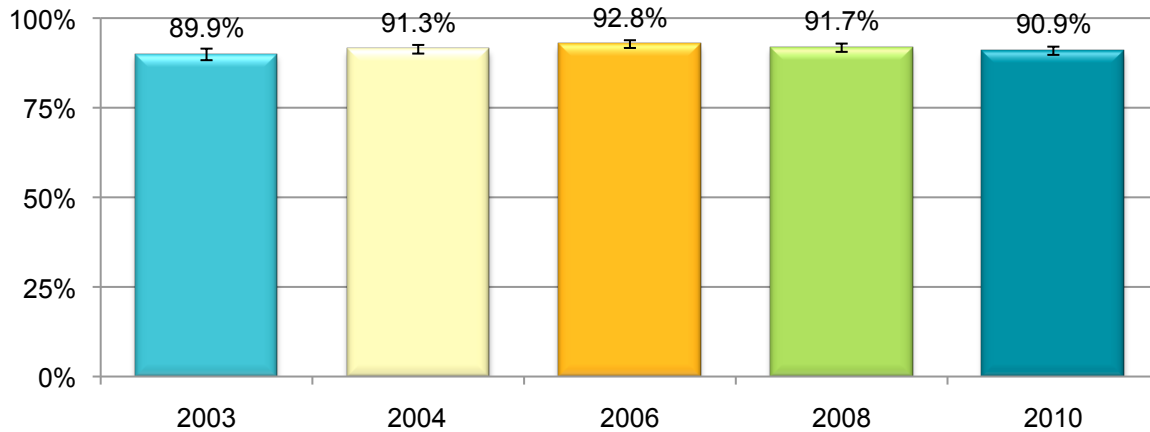
**Being involved as much as they wanted in decisions about care**



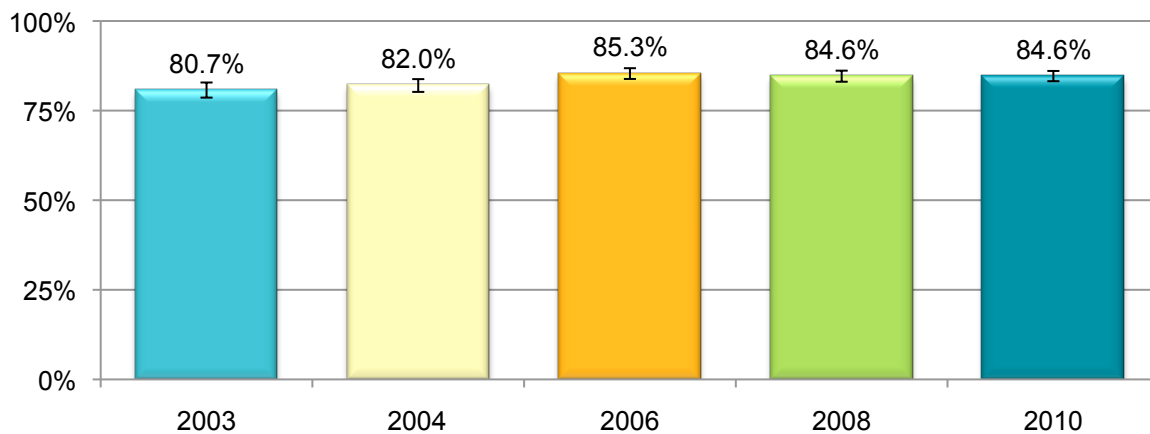
**Amount of information about care, tests or treatment doctor recommended**



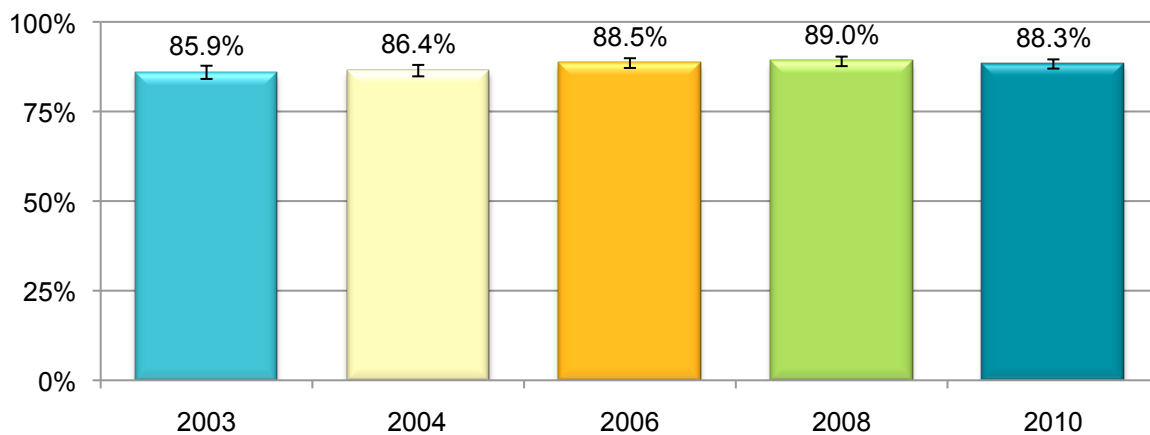
**Doctor explaining things in way that they could understand**

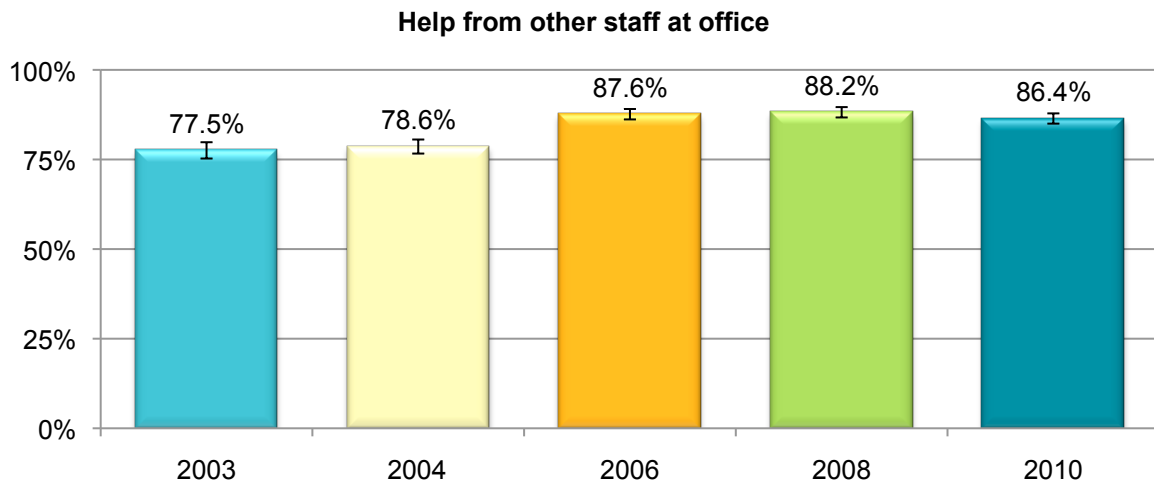
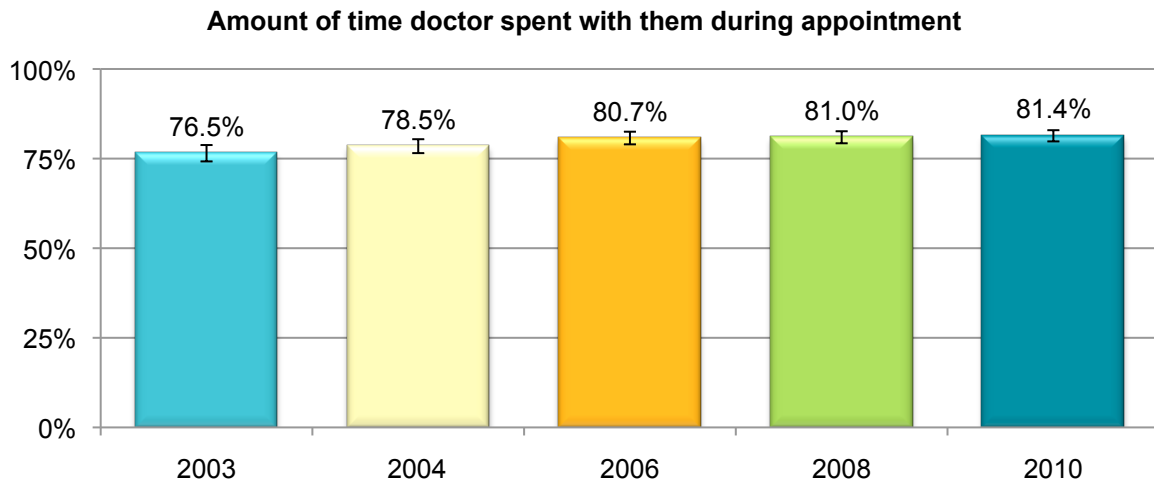
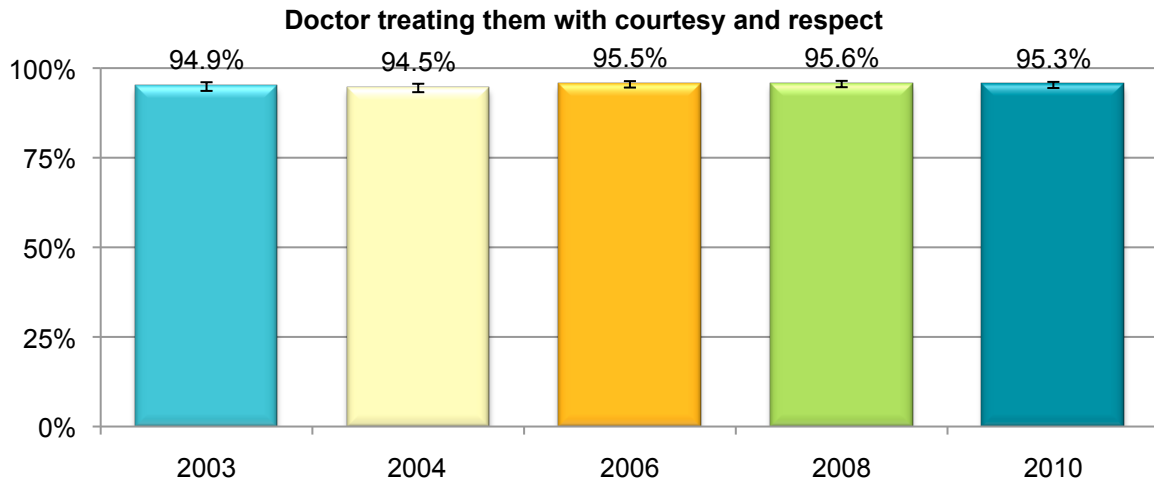


**Thoroughness of the examination by the doctor**

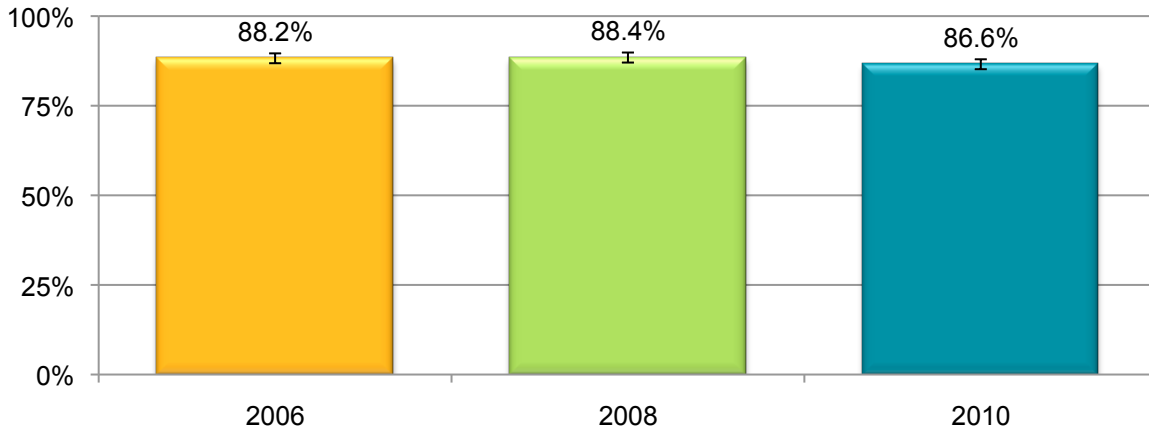


**Doctor listening carefully to them when describing health concerns**

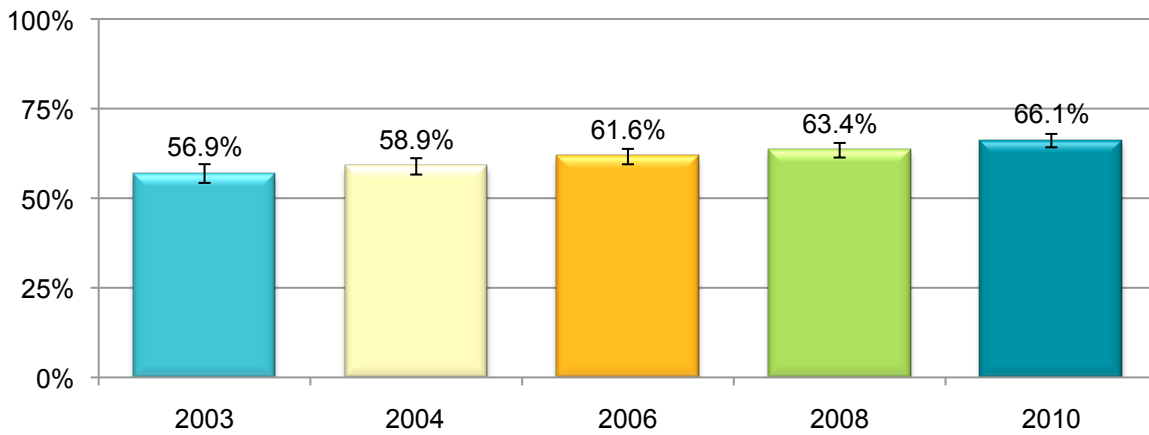




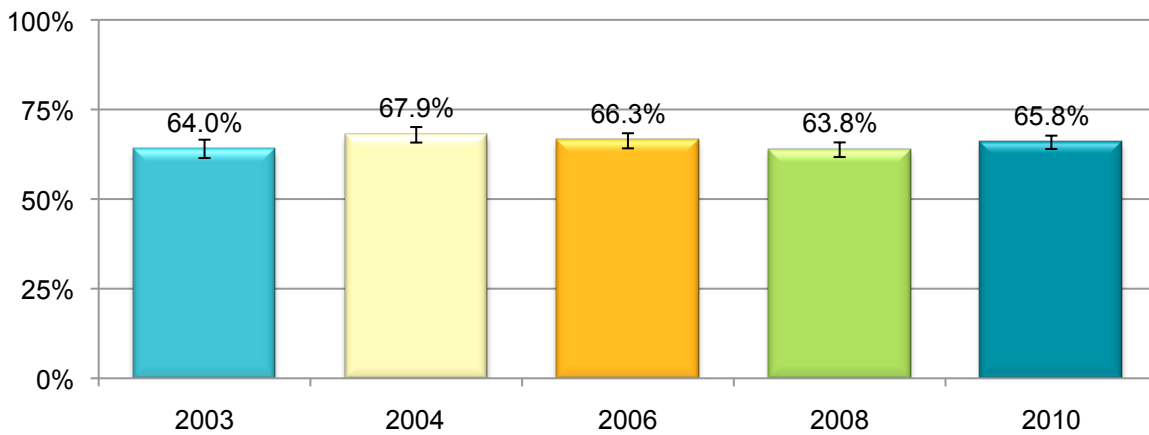
**Courtesy and respect from other staff at office**



**Amount of time waiting in doctor's office**



**Amount of time from booking appointment to seeing doctor**



## 10.6 Preventative Care

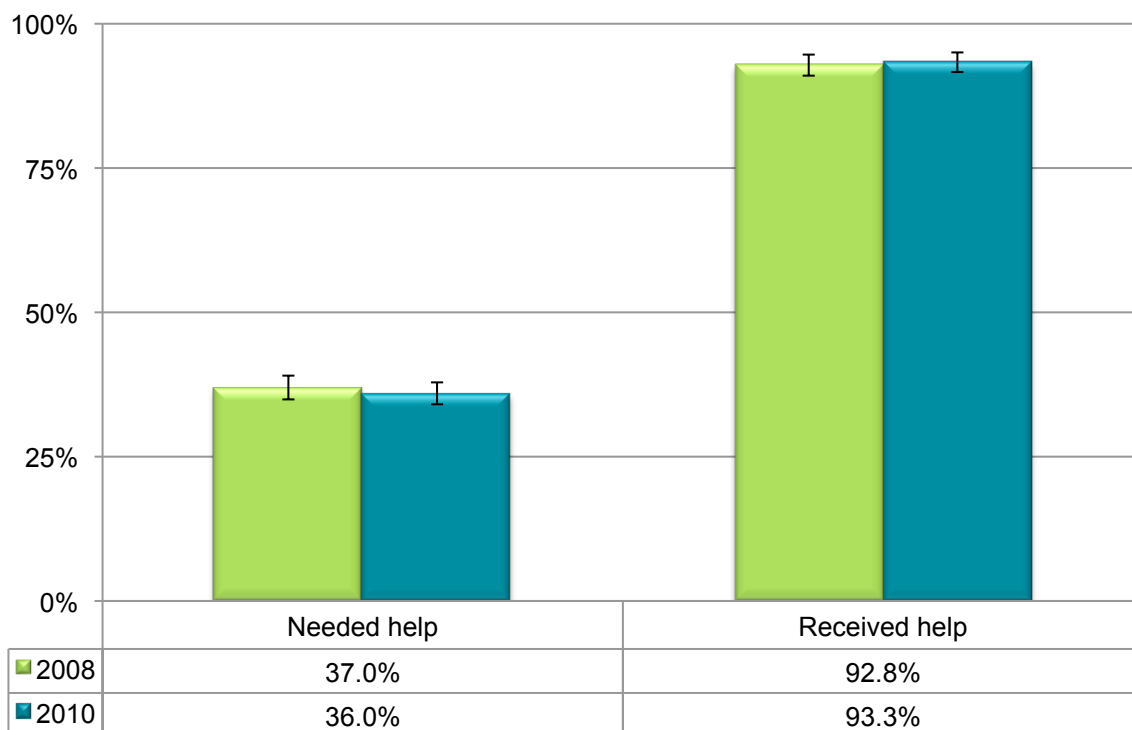
The next few items are about the respondents' personal family doctor working with them to stay healthy and prevent illness. These questions were only asked of respondents who had a personal family doctor. These questions are come from the Consumer Assessment of Health Plans and Systems, Physician and Group Survey supplement items.

*Q27. In the last 12 months, did you need your doctor's help making changes to prevent illness?*

*Q28. [If yes to Q27], in the last 12 months, did this doctor give you the help needed to make changes to prevent illness*

In 2010, 36% of Albertans (18+) who had visited a personal family doctor in the past twelve months said that they needed their doctor's help in making changes to prevent illness; unchanged from 2008. Among those who said they needed help, 93.3% indicated their doctor gave them the help they needed to make changes to prevent illness. The 0.5% increase from 2008 is not statistically significant.

**Figure 10.19 Percent of respondents who needed their doctors' help in making changes to prevent illness and percent of respondents who received the help they needed from their doctor to make changes to prevent illness, by year of survey**

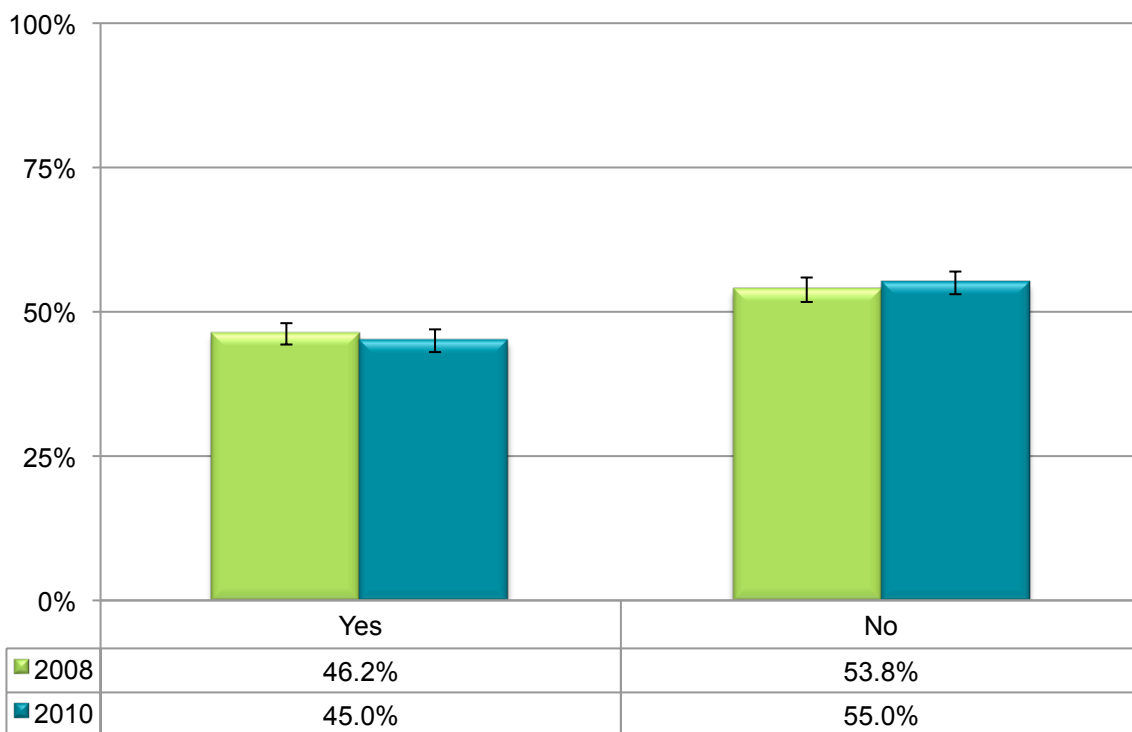


### Healthy Diet and Healthy Eating Habits

*Q29. In the last 12 months, did you and this doctor talk about healthy diet and healthy eating habits?*

In 45% of Albertans (18+) said they had talked to their doctor about diet and eating habits, while 55% had not. The results remained stable from 2008 to 2010.

**Figure 10.20 Percent of respondents who had talked with their doctor about a healthy diet and healthy eating habits, by year of survey**

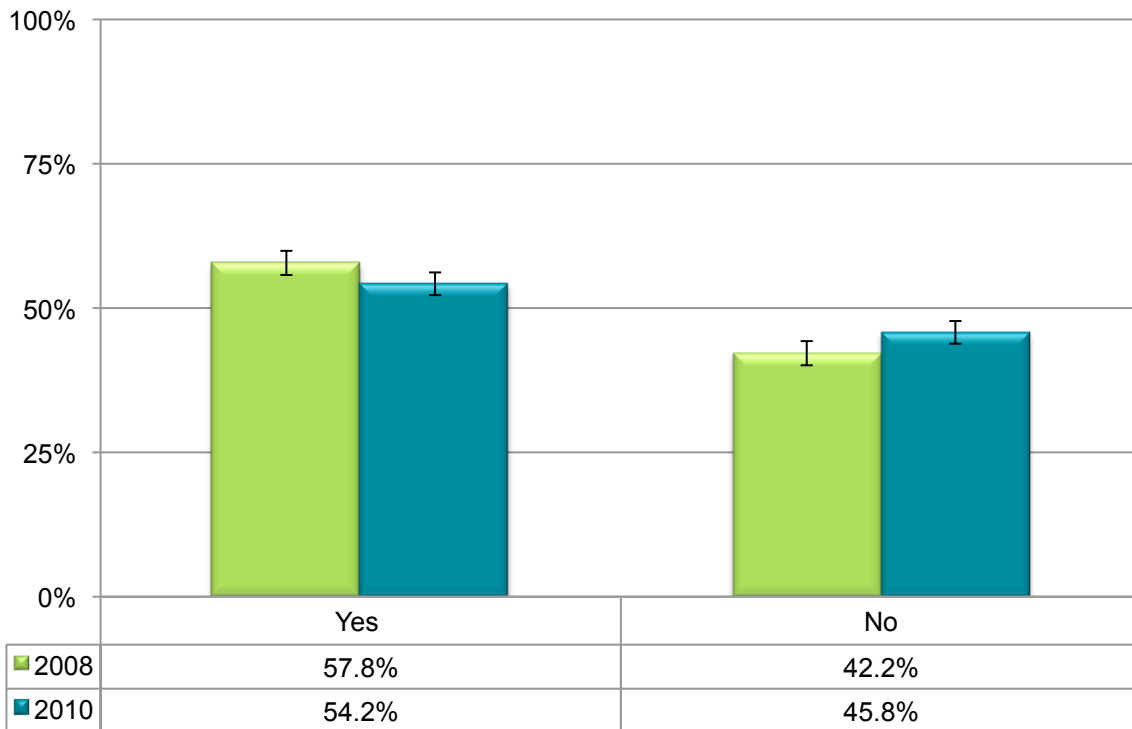


### Exercise and Physical Activity

*Q29. In the last 12 months, did you and this doctor talk about the exercise or physical activity you get?*

In 2010, 54.2% of Albertans (18+) had spoken with their family doctor about the exercise and physical activity they got. This is statistically unchanged from 2008.

**Figure 10.21 Percent of respondents who had talked with their doctor about the exercise and physical activity they got, by year of survey**

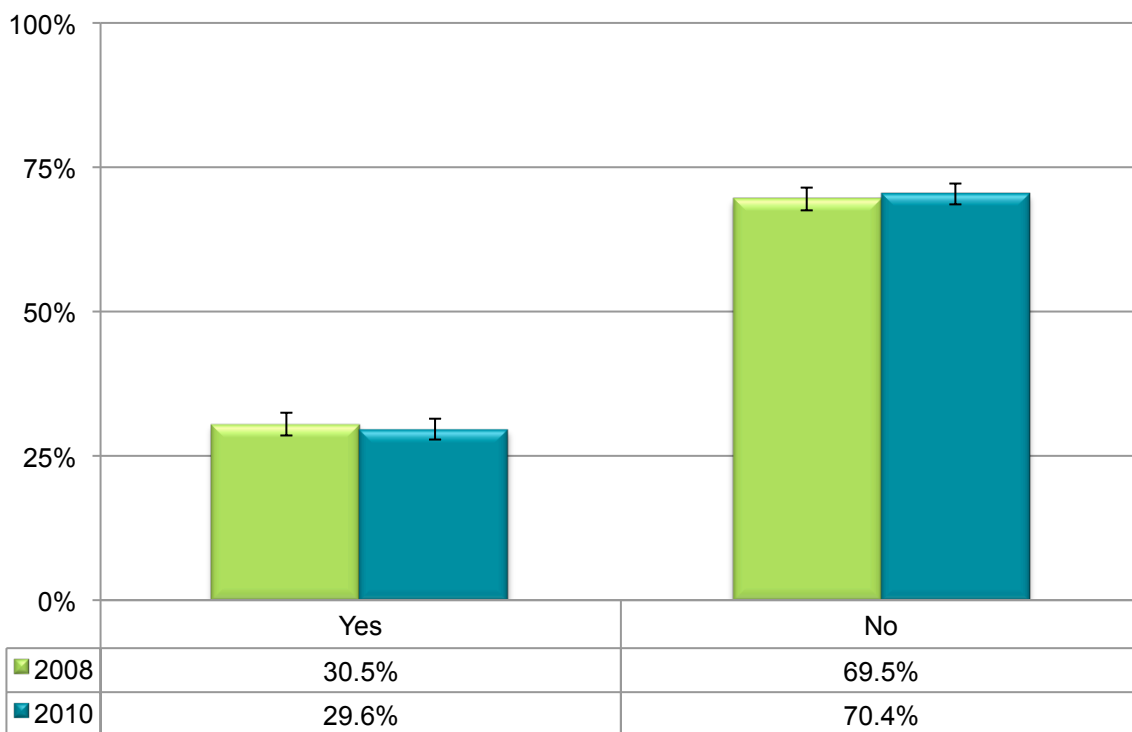


### Feeling Sad, Empty or Depressed

*Q29. In the last 12 months, did this doctor ever ask you whether there was a period of time when you felt sad, empty or depressed?*

Approximately thirty percent (29.6%) indicated that their doctor asked them whether there was a period of time when they felt sad, empty or depressed; unchanged from 2008.

**Figure 10.22 Percent of respondents who had talked to them about whether there was a period of time when they felt sad, empty, or depressed, by year of survey**

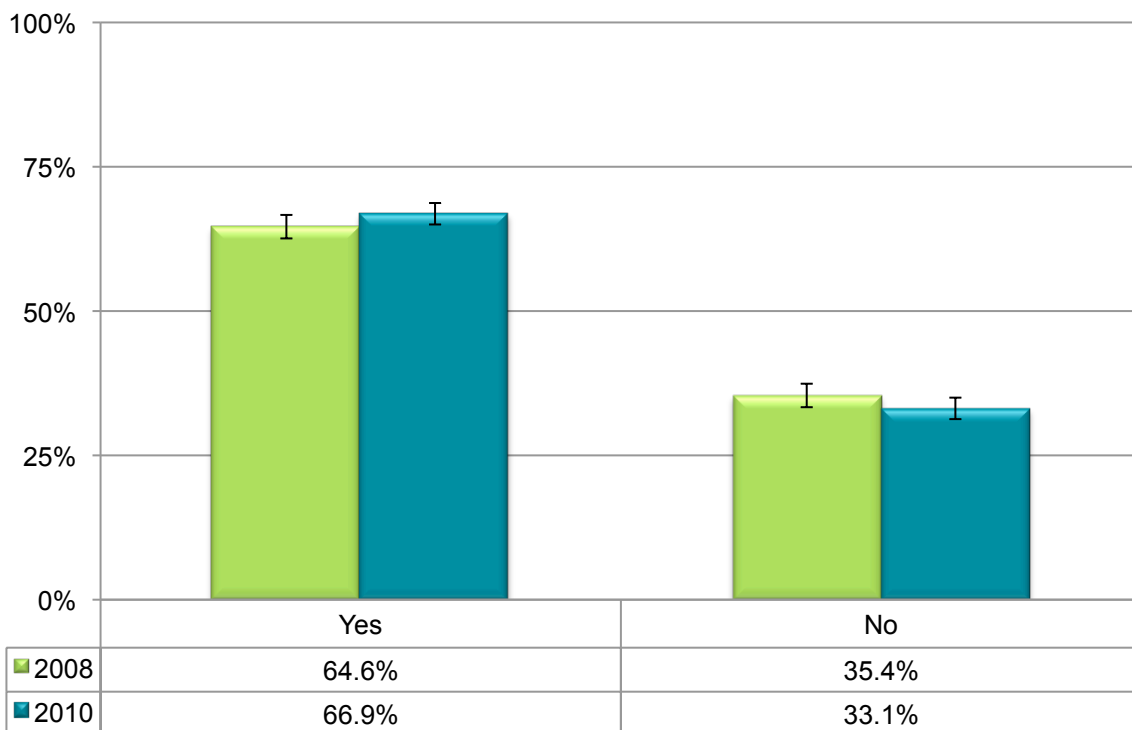


### Encouraged To Talk About All Your Health Concerns

*Q29. In the last 12 months, did this doctor encourage you to talk about all your health concerns?*

In 2010, 66.9% of Albertans said they were encouraged by their doctor to talk about all their health concerns; same as in 2008.

**Figure 10.23 Percent of respondents whose doctor encouraged them to talk about all of their health concerns, by year of survey**



## **Satisfaction with Health Care Services Personally Received in Alberta from a Personal Family Doctor in the Past Year, by Demographic Factors and Selected Variables (Multivariate Analysis)**

A multivariate analysis using logistic regression was conducted on respondents' overall satisfaction with health care services personally received from a personal family doctor in the past year. In addition to the standard socio-demographic variables, satisfaction with a variety of specific family doctor attributes and clinic attributes (family physician attribute index) that the respondent may have come in contact with were examined as possible predictors of overall satisfaction with family doctor services.

*Q21. How satisfied are you with the health care services you have received from your personal family doctor or some other doctor in the past year?*<sup>14</sup>

Figure 10.24 is a simplified visual representation of significant odds ratios for a logistic regression where the dependent variable is overall satisfaction with health care services received from a personal family doctor in the past year. The top of the figure displays factors associated with satisfaction, while the bottom displays predictors of dissatisfaction.

For interpretation purposes, control variable will not be discussed or examined. Information on these variables and parameters is provided in a supplemental report.

### **Very Strong Predictors**

The strongest predictors of being satisfied with the health care services received from a personal family doctor were: access to a personal family doctor, satisfaction with family doctor attributes,<sup>15</sup> and quality of family doctor experience. All these indicators had a very strong relationship with family doctor satisfaction and dissatisfaction, and as such were very strong drivers of overall physician satisfaction. As for the attribute index, the more service areas to which respondents were satisfied the more likely they were satisfied with the overall experience; the inverse held true as well.

### **Weak Predictors**

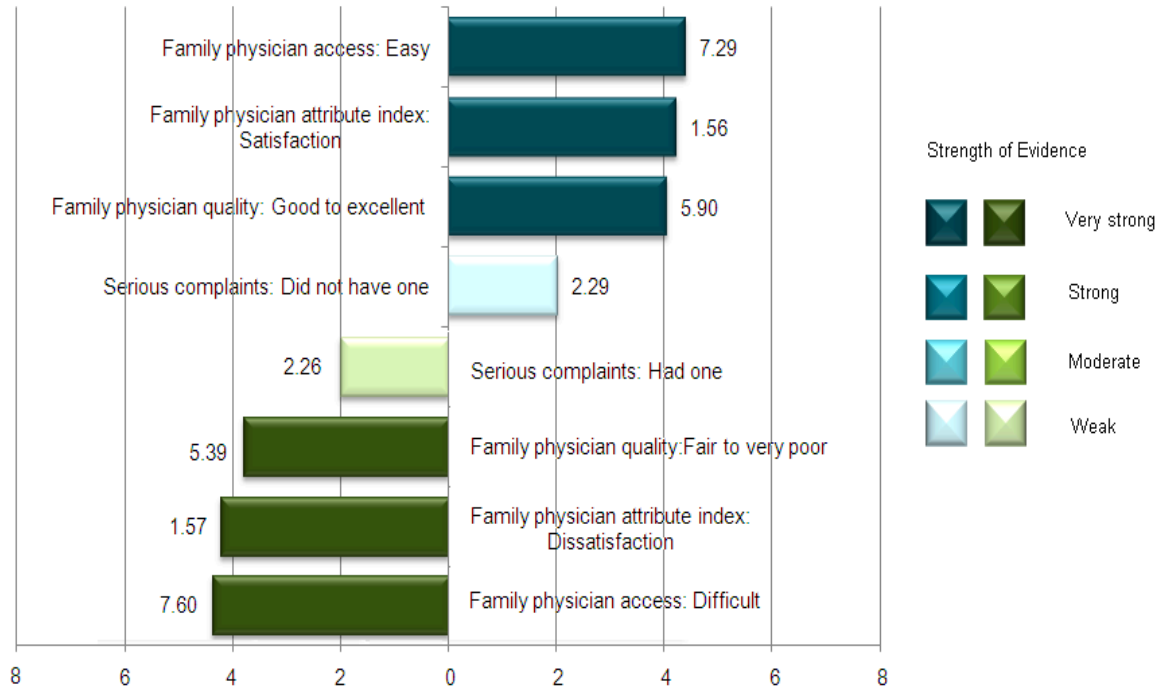
The weakest predictor and driver of family doctor satisfaction was whether or not a respondent had a serious complaint about any health care service received in Alberta within the past year.

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<sup>14</sup> For analytical purposes, this question was coded as follows: 1=satisfied (4 or 5 out of 5); 0=dissatisfied (1 or 2 out of 5); response category 3 was dropped.

<sup>15</sup> The specific attributes are: ultimate impact of doctors care on health and life; doctor's knowledge and competence; receiving care, tests or treatment they or doctor believed necessary; being involved as much as they wanted in decisions about care; amount of information about care, tests or treatment doctor recommended; doctor explaining things in way that they could understand; thoroughness of the examination by the doctor; doctor listening carefully to them when describing health concerns; doctor treating them with courtesy and respect; amount of time doctor spent with them during appointment; help from other staff at office; courtesy and respect from other staff at office; amount of time waiting in doctor's office; amount of time from booking appointment to seeing doctor.

**Figure 10.24 Satisfaction with personal family doctor services, multivariate analysis**



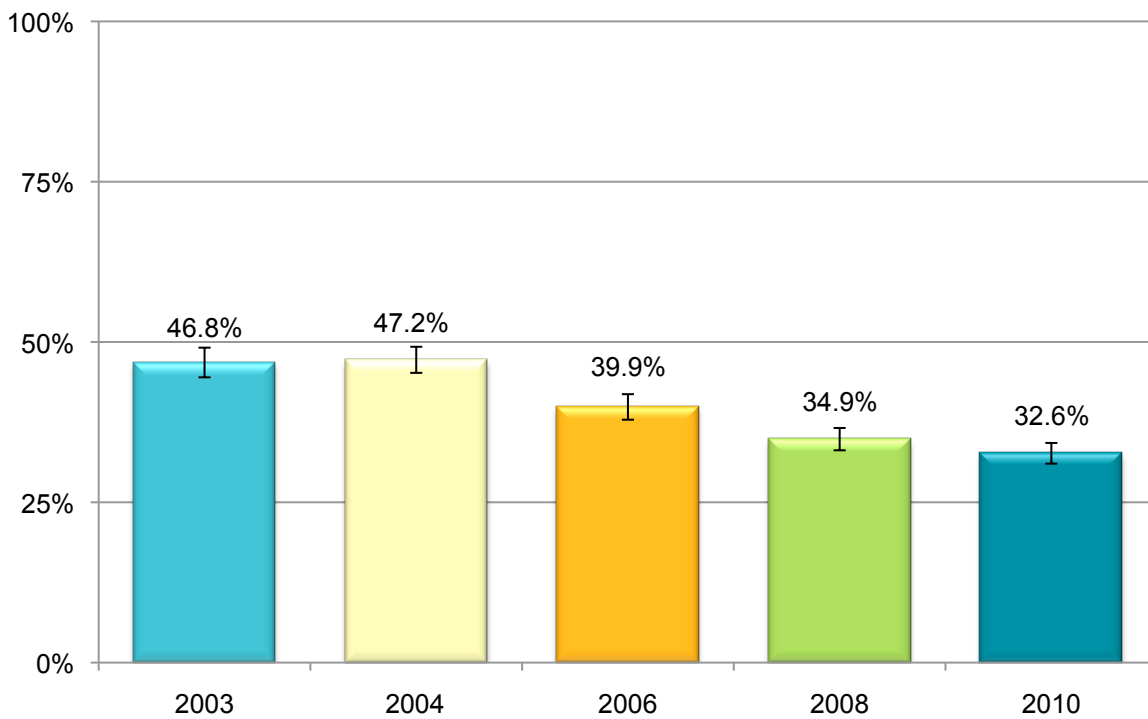
## 11.0 Community Walk-in Clinics

### 11.1 Use of Walk-in Clinics

Respondents were given an initial screening question to determine how many had gone to a community walk-in clinic during the past year (Question 15d). Figure 11.1 illustrates that the use of walk-in clinics has declined over time, and declined significantly from 2004 to 2010 ( $p \leq 0.05$ ).

If respondents answered yes to this question, they were then asked the following subsequent questions about their experience with walk-in clinics.

**Figure 11.1 Percent of respondents who had gone to a community walk-in clinic, by year of survey**

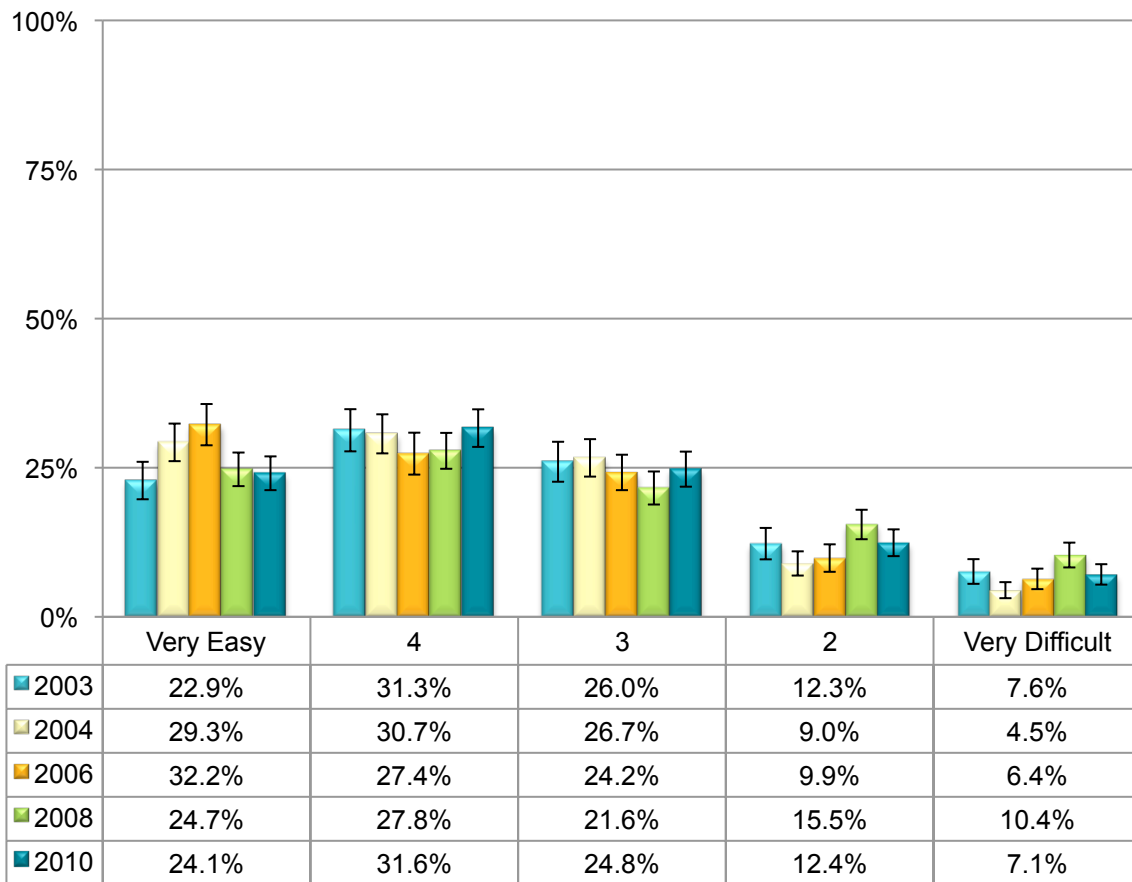


## 11.2 Access to Walk-in Clinics

*Q42. How difficult or easy was it to actually obtain health care services from the community walk-in clinic that you went to most recently?*

As Figure 11.2 shows, the majority of Albertans in 2010 (55.7%) rated access to community walk-in clinics highly (4 or 5 out of 5). The 2010 results compared to 2008 results show no statistical improvement or decline.

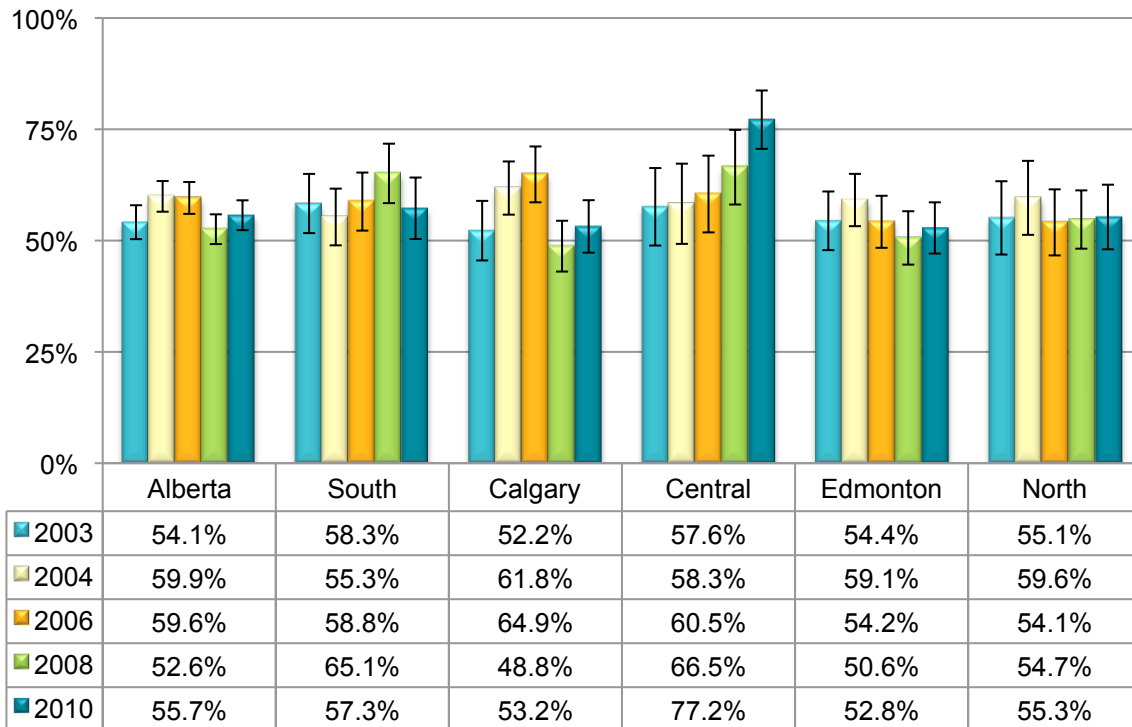
**Figure 11.2 Difficulty or ease of obtaining health care services from the walk-in clinics, by year of survey**



### By Health Zone

In 2010, the Central zone had significantly more respondents rating access as easy (4 or 5 out of 5) than the South, Calgary, Edmonton and North zones ( $p \leq 0.05$ ).

**Figure 11.3 Percent of Albertans who rated access to community walk-in clinics as easy (4 or 5 out of 5), by health zone and year of survey**

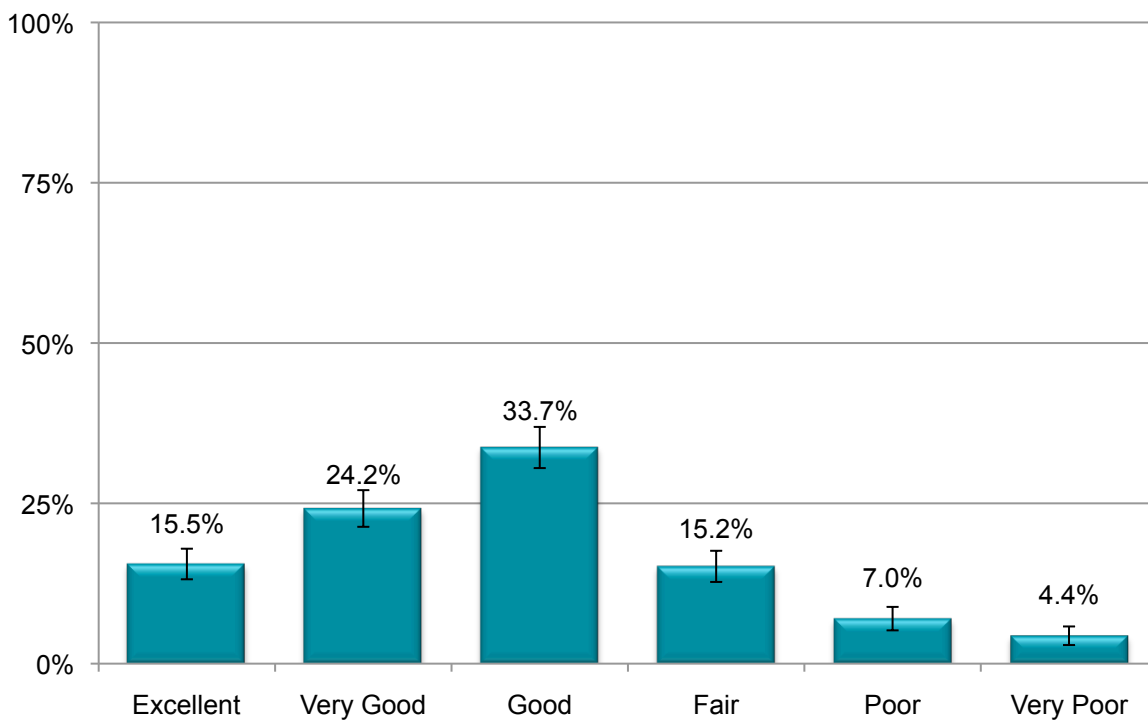


### 11.3 Quality of Walk-in Clinic Doctor

*Q45a. Overall, how would you rate the quality of care you received from the walk-in clinic doctor you saw most recently?*

Over seventy percent (73.4%) of respondents rated their quality of from the walk-in clinic doctor care as good, very good or excellent; the majority of Albertans (18+) rated the care as good (33.7%).

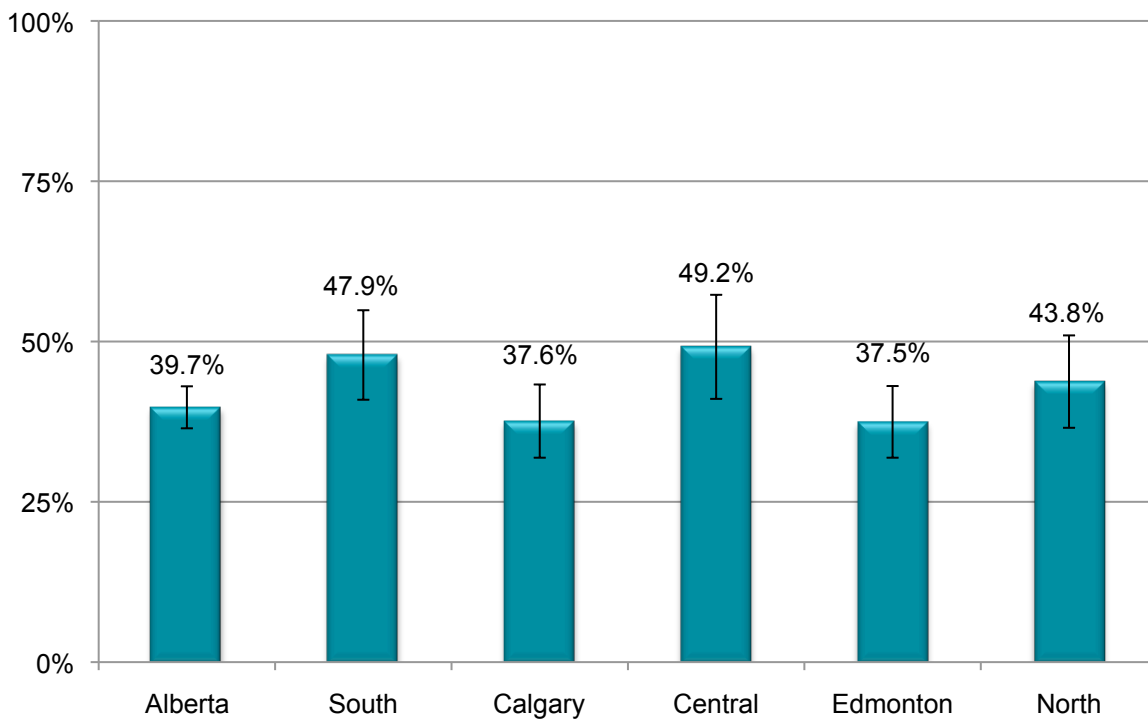
**Figure 11.4 Quality of care received from the walk-in clinic doctor, by year of survey (2010)**



**By Health Zone**

The results in Figure 11.5 are based on a dichotomization of Question 45a (1=excellent and very good; 2 = good, fair, poor and very good). In 2010, there were no significant differences between the zones in the proportion of Albertans (18+) who rated the care they received from the walk-in clinic doctor as excellent or very good.

**Figure 11.5 Excellent or very good quality of care received from the walk-in clinic doctor, by health zone and year of survey**

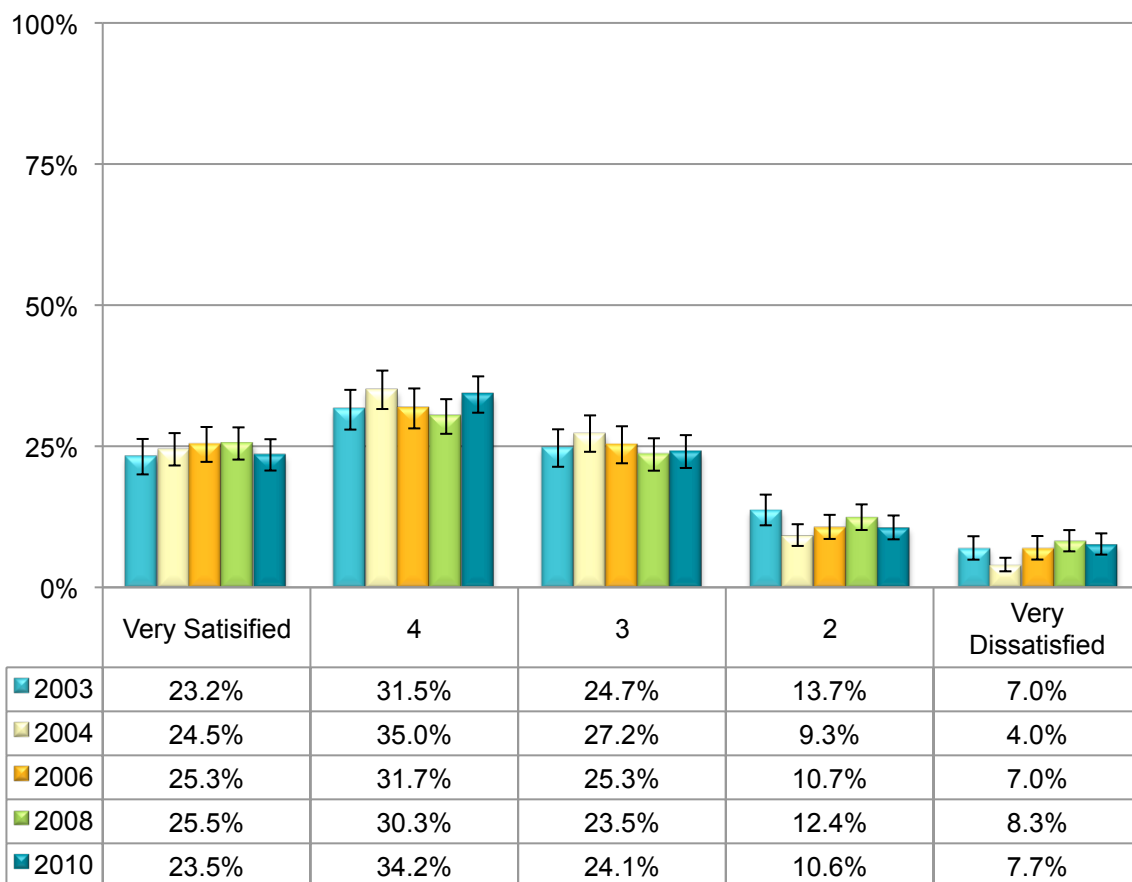


### 11.4 Satisfaction with Walk-in Clinics

*Q43. How satisfied are you with the services you have received from the community walk-in clinic you went to most recently?*

The majority of Albertans (57.7%) rate their satisfaction with the services they have received most recently from the community walk-in clinic as 4 or 5 out of 5 (where 5 represents very satisfied).

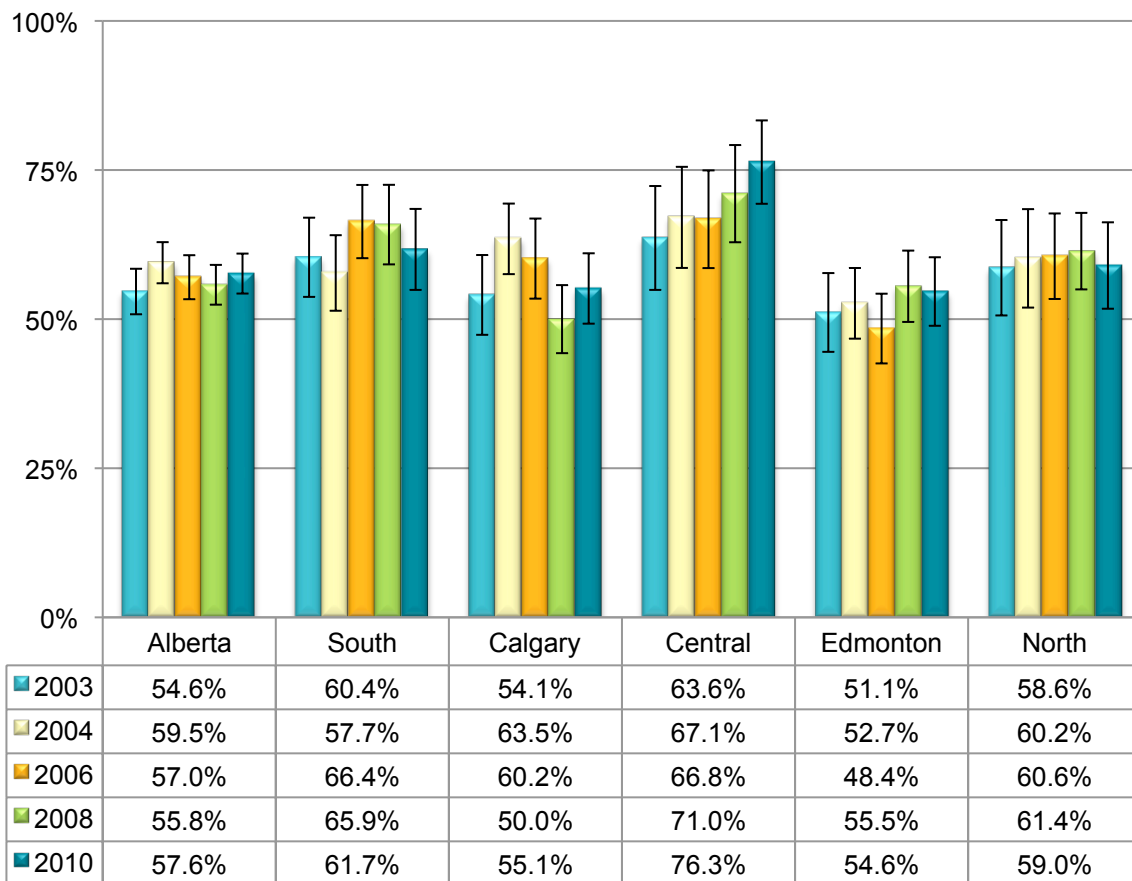
**Figure 11.6 Satisfaction with the services received from the community walk-in clinic most recently visited, by year of survey**



### By Health Zone

The proportion of Albertans (18+) who were satisfied (4 or 5 out of 5) with services received from the community walk-in clinics has remained stable since 2003. In comparing the health zones, the Central zone had significantly more respondents who were satisfied with community walk-in clinics (76.3%) compared to the Calgary (55.1%), Edmonton (54.6%) and North (59%) zones ( $p \leq 0.05$ ).

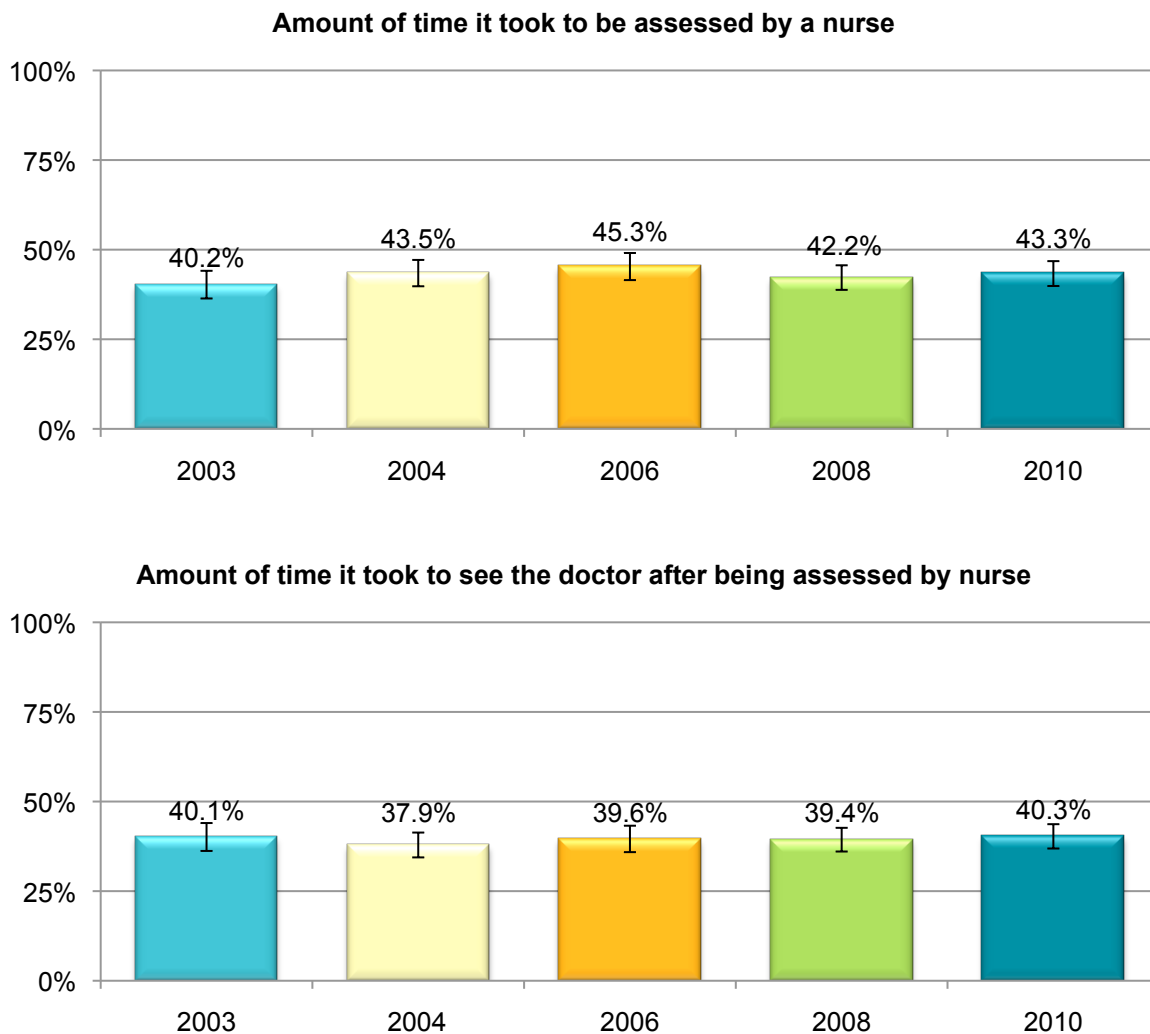
**Figure 11.7 Satisfaction with the services received from the community walk-in clinic most recently visited, by health zone and year of survey**



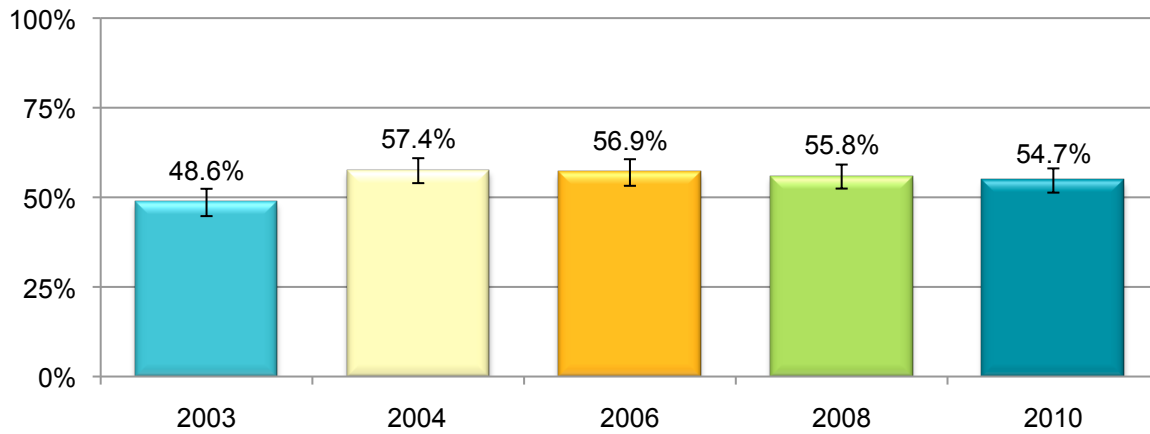
### Satisfaction with Specific Community Walk-in Clinic Attributes

Questions regarding satisfaction (4 or 5 out of 5) with specific attributes of community walk-in clinics were asked of Albertans who visited a walk-in clinic in 2010. Overall, the results remained stable from 2008 to 2010.

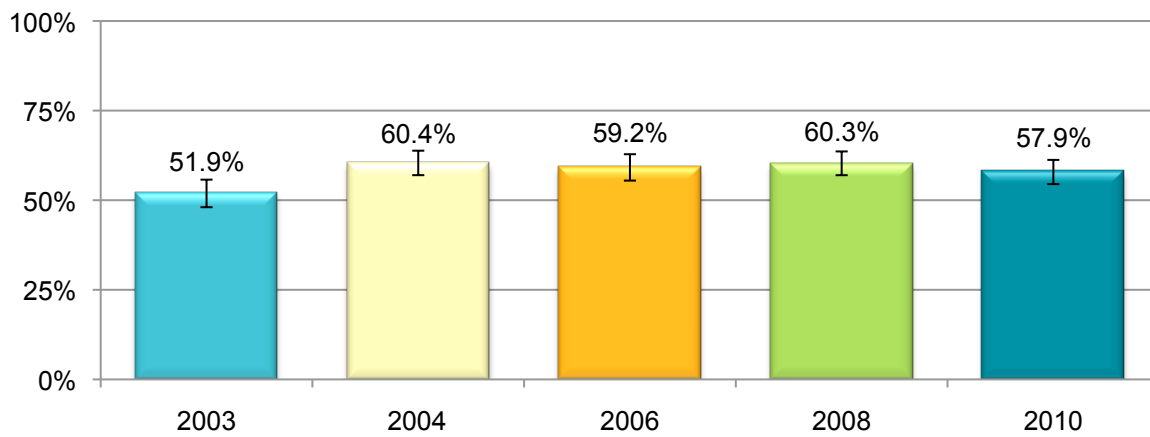
**Figure 11.8 Satisfaction (4 or 5 out of 5) with specific community walk-in clinic attributes, by health zone and year of survey**



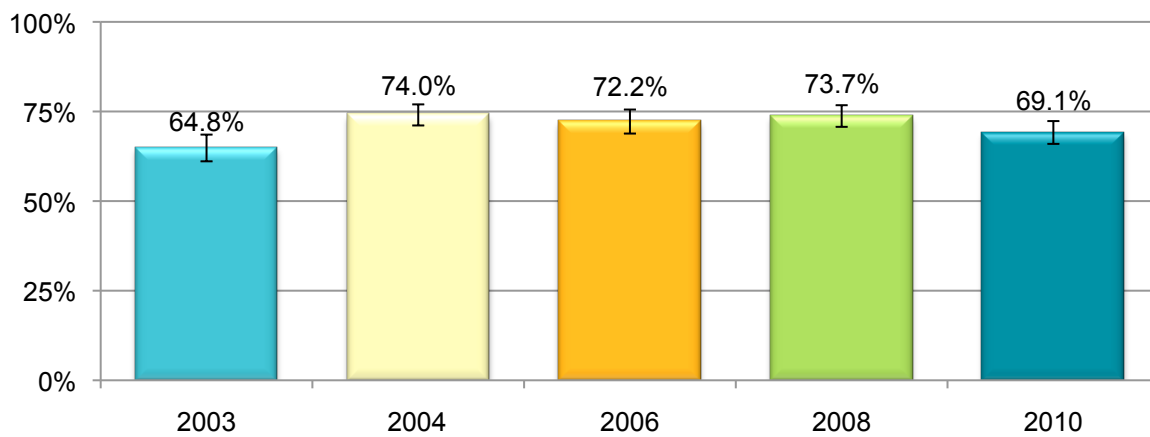
**Amount of time doctor spent with them during appointment**



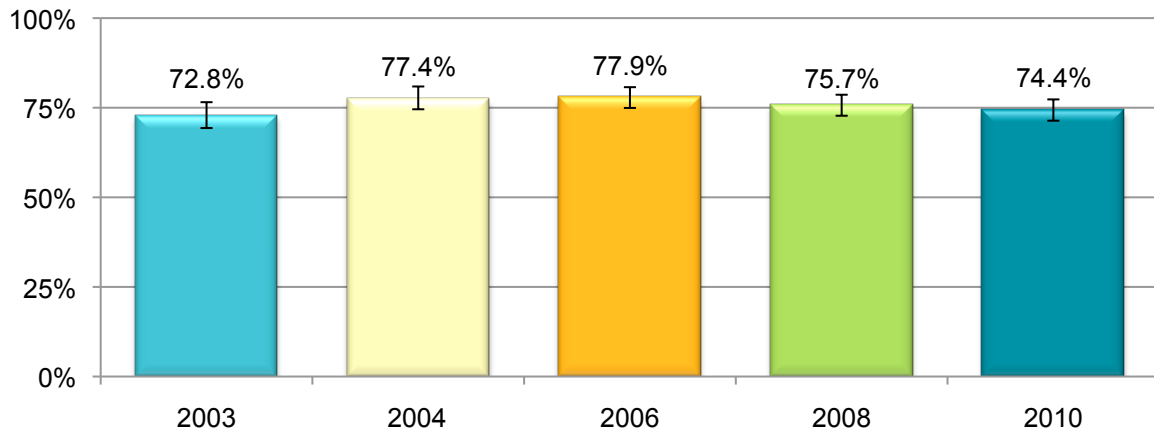
**Thoroughness of the examination by the doctor**



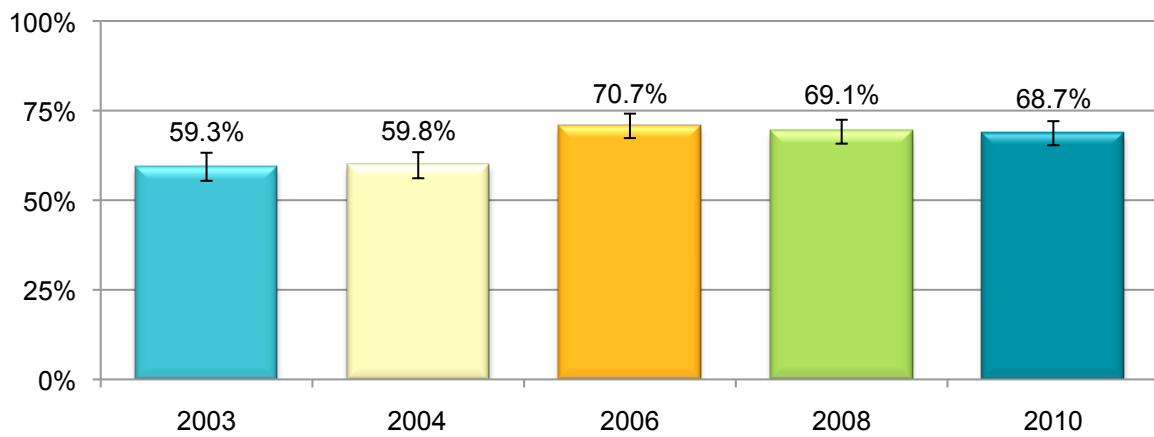
**Doctor's knowledge and competence**



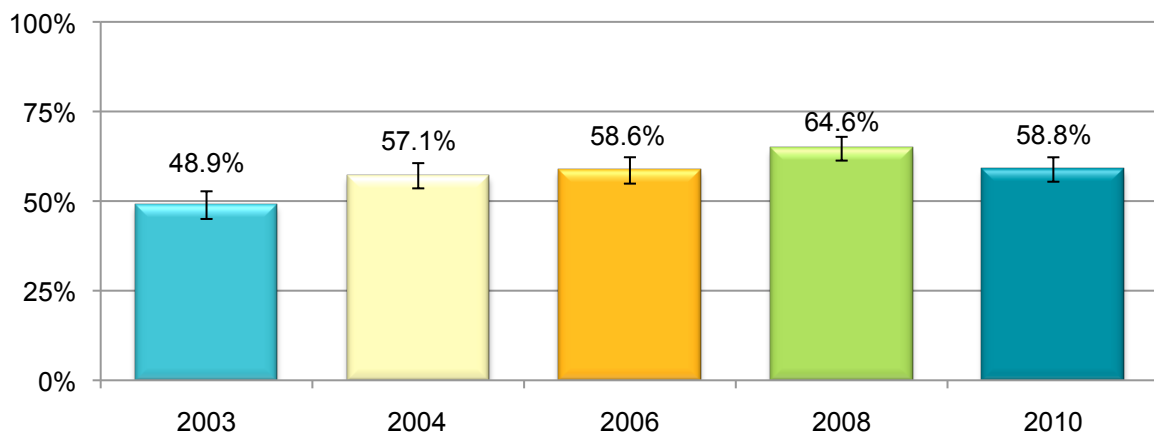
### Courtesy and respect of other staff at office



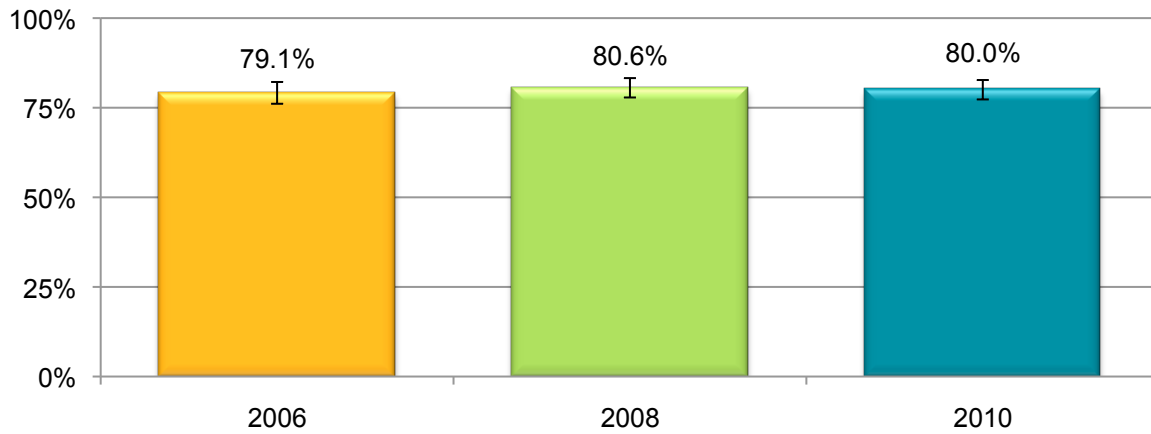
### Help from other staff at office



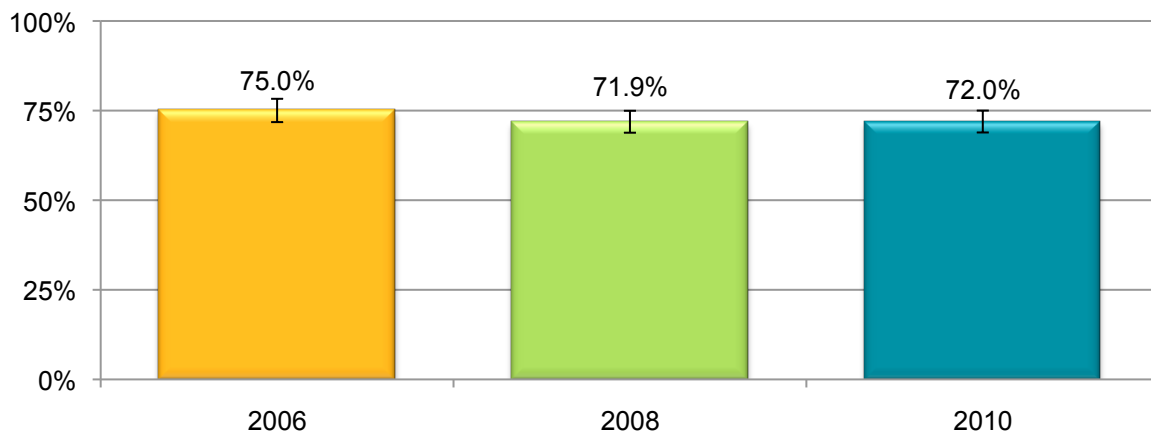
### Ultimate impact of doctor's care on health and life



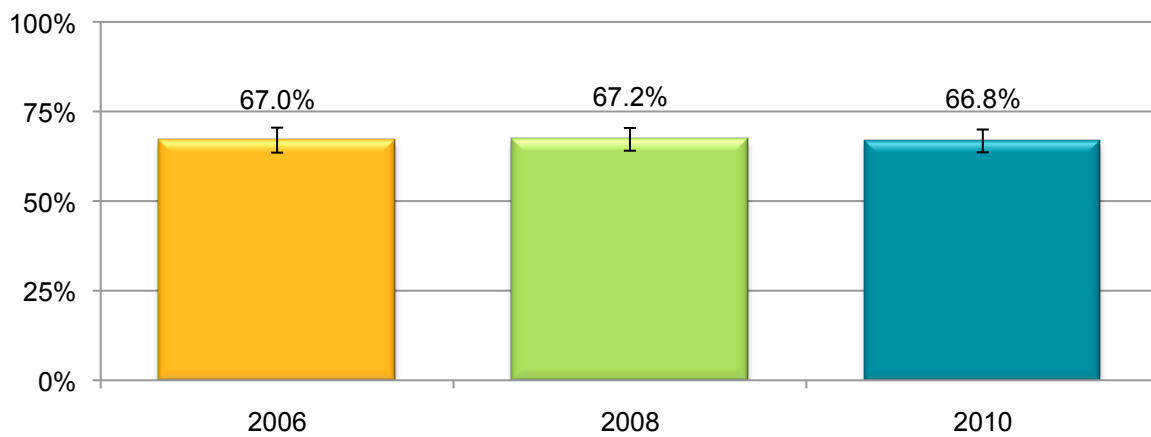
**Doctor treating them with courtesy and respect**



**Doctor explaining things in way that they could understand**



**Doctor listening carefully to them when describing health concerns**



## **Satisfaction with Community Walk-in Clinic Services in the Past Year, by Demographic Factors and Selected Variables (Multivariate Analysis)**

A multivariate analysis using logistic regression was conducted on respondents' overall satisfaction with health care services personally received from a walk-in clinic in the past year. In addition to the standard socio-demographic variables, satisfaction with a variety of specific walk-in clinic attributes and doctor attributes (attribute index) were examined as possible predictors of overall satisfaction with the community walk-in clinic.

*Q21. How satisfied are you with the health care services you have received from the community walk-in clinic that you went to most recently?*<sup>16</sup>

Figure 11.9 is a simplified visual representation of significant odds ratios for a logistic regression where the dependent variable is overall satisfaction with the walk-in clinic most recently visited. The top of the figure displays factors associated with satisfaction, while the bottom displays predictors of dissatisfaction.

For interpretation purposes, control variables will not be discussed or examined. Information on these variables and parameters is provided in a supplemental report.

### **Very Strong Predictors**

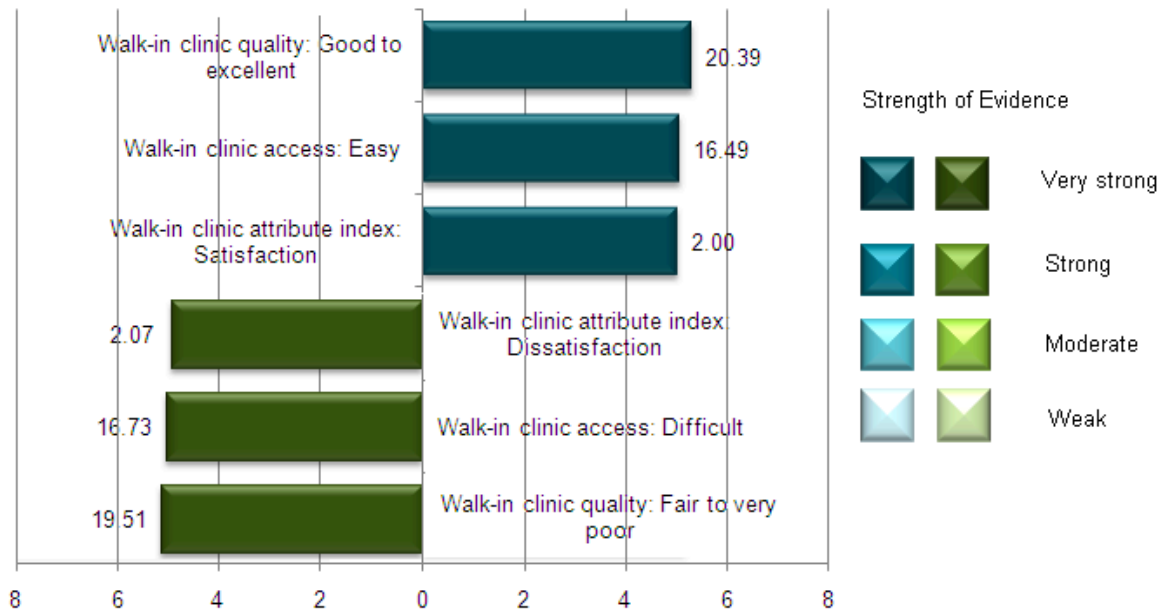
The strongest drivers of satisfaction with walk-in clinic services included: perceived quality of care of the walk-in clinic doctor service; access to walk-in clinic; and satisfaction with walk-in clinic and walk-in clinic doctor attributes.<sup>17</sup> In regards to the attribute index, the more service areas to which respondents were satisfied the more likely they were satisfied with the overall experience; the inverse holds true as well.

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<sup>16</sup> For analytical purposes, this question was coded as follows: 1= satisfied (4 or 5 out of 5); 0=dissatisfied (1 or 2 out of 5); and response category 3 was dropped from the analysis.

<sup>17</sup> The specific attributes are: amount of time it took to be assessed by a nurse; amount of time it took to see a doctor; amount of time doctor spent with them; doctor treating them with courtesy and respect; doctor explaining things in way that they could understand; doctor listening carefully to them when describing health concerns; thoroughness of the examination; doctor's knowledge and competence; courtesy and respect from other staff at office; help from other staff at office; ultimate impact of doctors care on health and life.

**Figure 11.9 Satisfaction with community walk-in clinic services, multivariate analysis**



## 12.0 Emergency Department Services

### 12.1 Use of Emergency Department Services

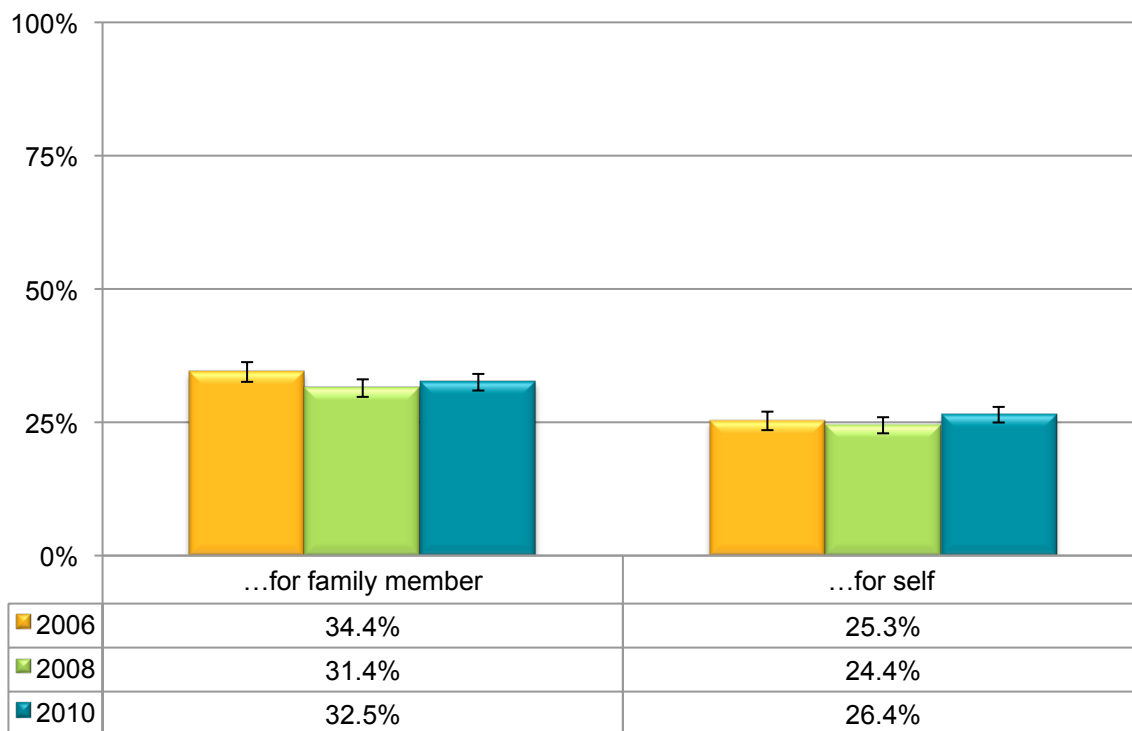
*Q15j. [Have you] gone to an emergency department in Alberta to receive care for an illness or injury for yourself or a close family member [during the past year]?*

Those who answered yes to this question were asked the following questions.

#### Respondent (self) and/or Family Member

The proportion of Albertans (18+) who went to the emergency department for and/or on behalf of a family member remained stable from 2008 to 2010.

**Figure 12.1 Percent of Albertans who went to the emergency department for either themselves or a close family member, by year of survey**



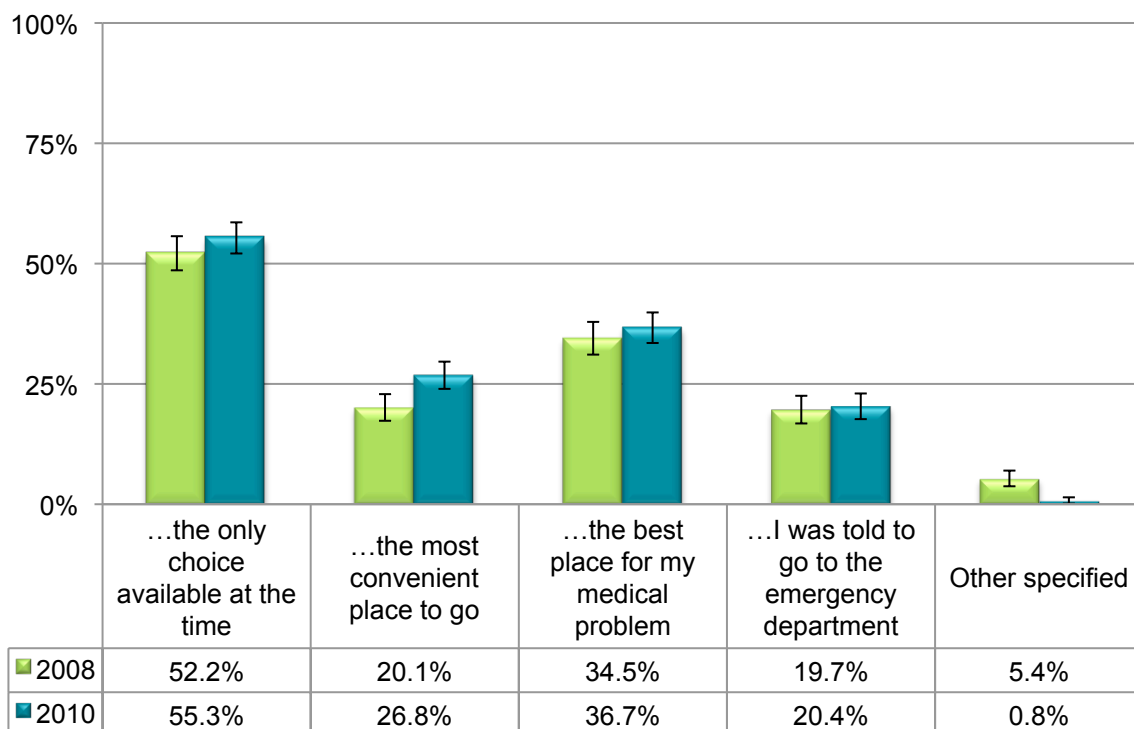
### Reason for Choosing Emergency Department Services Instead of Somewhere Else

The following questions deal only with individuals who had personally gone to the emergency department to receive services in the past year.

*Q50. Why did you choose to go to the emergency department, instead of somewhere else such as a doctor's office?*

In 2010, like 2008, over half of Albertans (18+) interviewed (55.3%) indicated they had gone to the emergency department for themselves because it was the only choice available at the time. Significantly more Albertans (18+) in 2010 said they choose to go to the emergency department because it was the most convenient place to go in 2010 versus 2008 ( $p \leq 0.05$ ). In 2010, as in 2008, the two most popular choices for why a respondent went to go to the ED, instead of somewhere else, were because it was: 1) the only choice available at the time; and 2) the best place for his or her medical problem. These 2010 results have remained stable since 2008.

**Figure 12.2 Percent of respondents who went to the emergency department instead of somewhere else, by specific reason and year of survey**

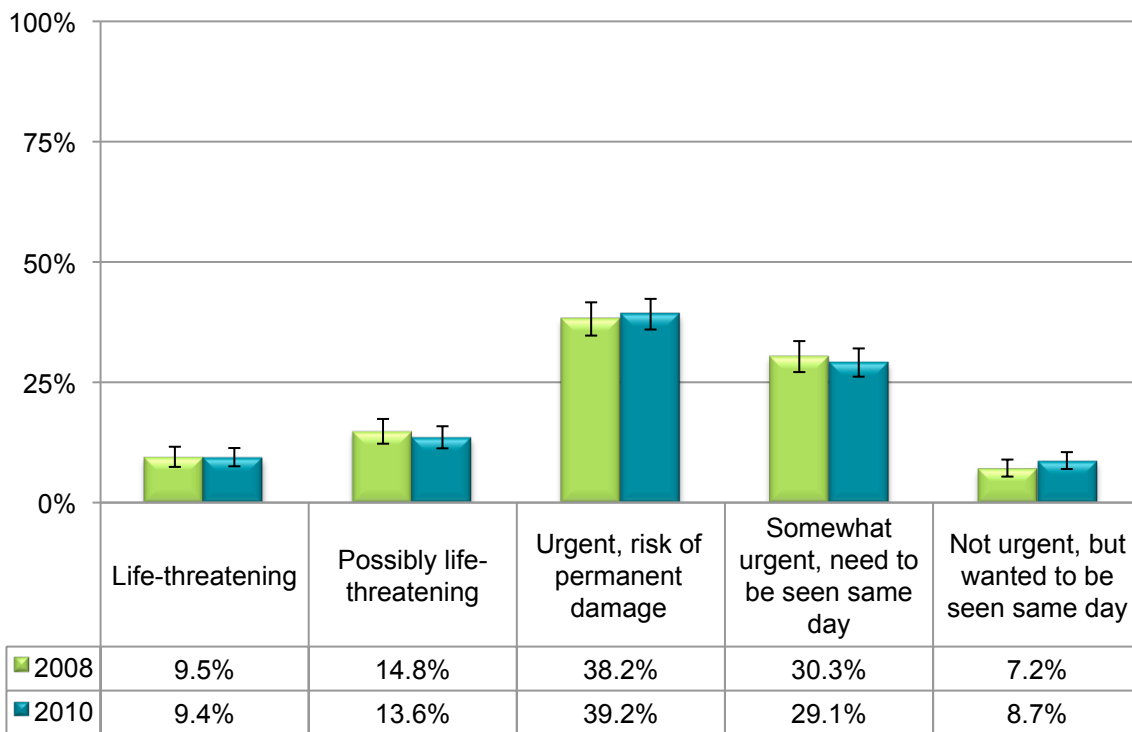


### Self rated Urgency of Health Problem<sup>18</sup>

*Q51. Would you have described your health problem as: life-threatening; possibly life-threatening; urgent, risk of permanent damage; somewhat urgent, needed to be seen on the same day; not urgent, but I wanted to be seen on the same day?*

The number of Albertans (18+) describing their condition across the various categories has remained stable over the past two years. Similar to 2008, the highest proportion of respondents who had visited the emergency department in the past year for themselves described their problem as urgent with a risk of permanent damage.

**Figure 12.3 Percent of respondents who visited the emergency department, by description of their health problem**



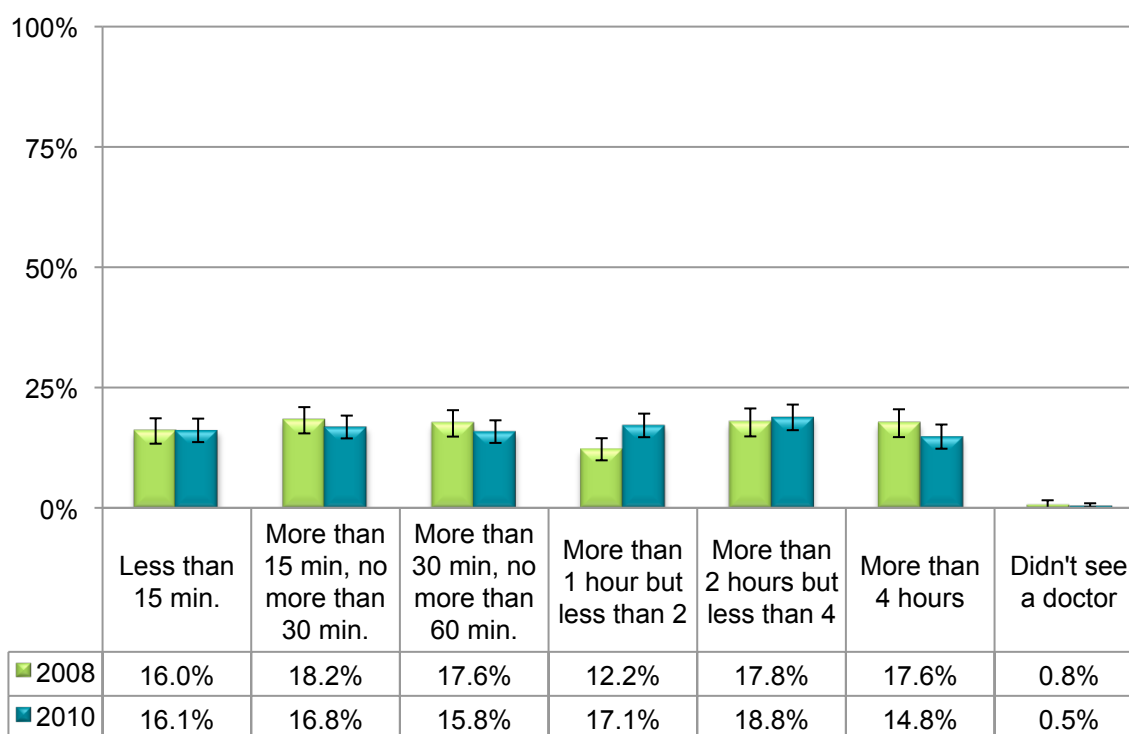
<sup>18</sup> While self rated urgency is not the same as the Canadian Triage Assessment Score (CTAS) recorded by triage nurses upon arrival at an emergency department, it is intended as a proxy and represents similar categories of urgency described from the patient perspective. The HQCA’s 2007 *Emergency Department Patient Experience Survey* compared actual CTAS scores with self rated urgency. Overall findings suggested that a higher proportion of respondents’ under-estimate urgency rather than over estimate it. Self rated urgency is therefore an acceptable proxy for contrasting patient experience information and will be used in subsequent analysis in section 12.2.

## 12.2 Emergency Department Wait Times

*Q57. From the time you arrived at the emergency department, how long did you wait before being examined by a doctor?*

In 2010, 17.1% of Albertans (18+) indicated they had waited for more than an hour, but less than two hours, before being examined by a doctor. The percent of respondents within each choice category remained relatively stable, with one exception. Significantly more Albertans (18+) said they waited more than one hour but less than 2 in 2010 as compared to 2008 ( $p \leq 0.05$ ).

**Figure 12.4 Length of time respondents waited at the emergency department before being examined by a doctor, by year of survey**



As shown in Table 12.1 the green cells represent respondents for whom CAEP CTAS guidelines to physician are likely not achieved. Based on this self reported data, CTAS guidelines are met for less than 50% of patients who visit emergency departments in Alberta (a mix of urban and rural) for CTAS 1-4 categories. The results are similar to what those reported in 2008.

**Table 12.1 Length of time respondents waited at the emergency department before being examined by a doctor, by self-rated urgency and CTAS guidelines**

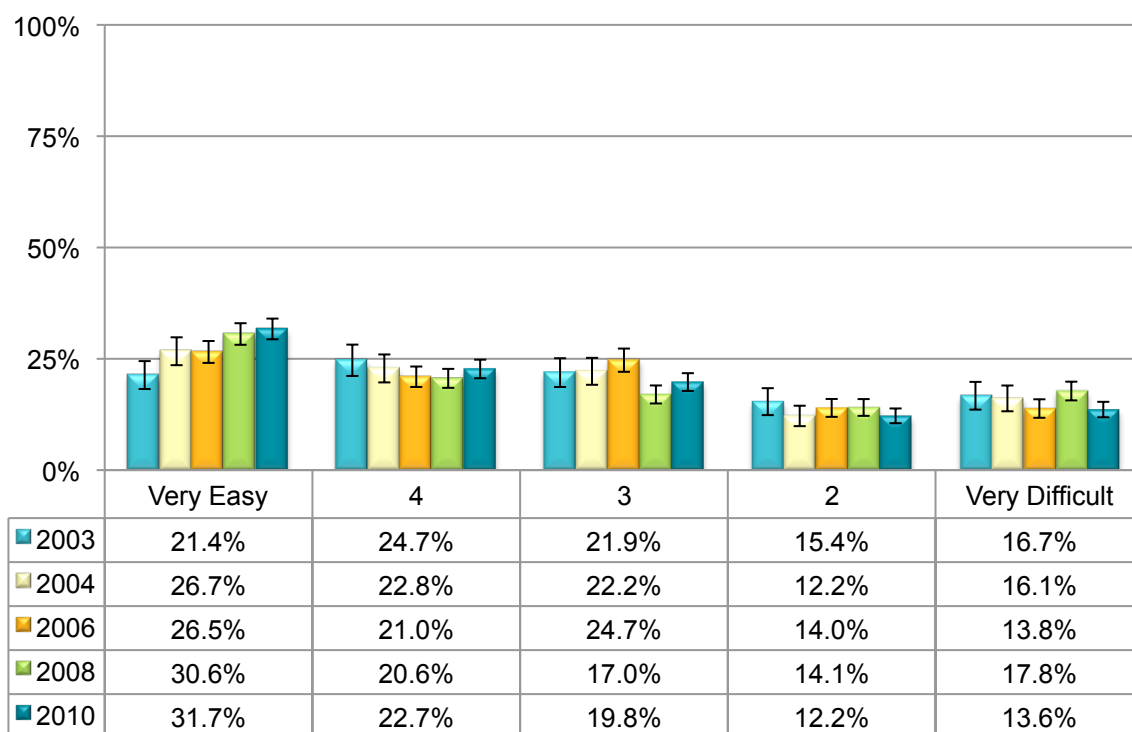
Self reported time to physician	Life-threatening	Possibly life-threatening	Urgent, risk of permanent damage	Somewhat urgent, need to be seen same day	Not urgent, but wanted to be seen same day
<15 Min.	35.2%	20.5%	14.6%	11.1%	13.2%
> 15, ≤ 30 min.	9.8%	15.3%	17.9%	15.4%	26.1%
> 30, ≤ 60 min.	10.4%	12.4%	16.2%	17.7%	19.2%
> 1 hour, ≤ 2 hours	9.5%	20.6%	15.8%	20.3%	15.1%
> 2 hour, ≤ 4 hours	14.9%	14.7%	20.6%	20.2%	18.7%
> 4 hours	19.2%	16.3%	14.7%	14.6%	6.6%

### 12.3 Access to Emergency Department Services

Q48. *How difficult or easy was it to actually obtain the emergency department services you or your close family member needed most recently?*

In 2010, nearly a third (31.7%) of Albertans (18+) said it was very easy to obtain emergency department services. For the majority of 2010 respondents (54.4%)<sup>19</sup> obtaining emergency department services were easy (4 or 5 out of 5). The 2008 results compared to the 2010 results have remained relatively stable for the top four choice categories. However, fewer Albertans chose to rate ease of access as very difficult in 2010 (13.6%) than compared to 2008 (17.8%) ( $p \leq 0.05$ ).

**Figure 12.5 Difficulty or ease of obtaining emergency department services, by year of survey**

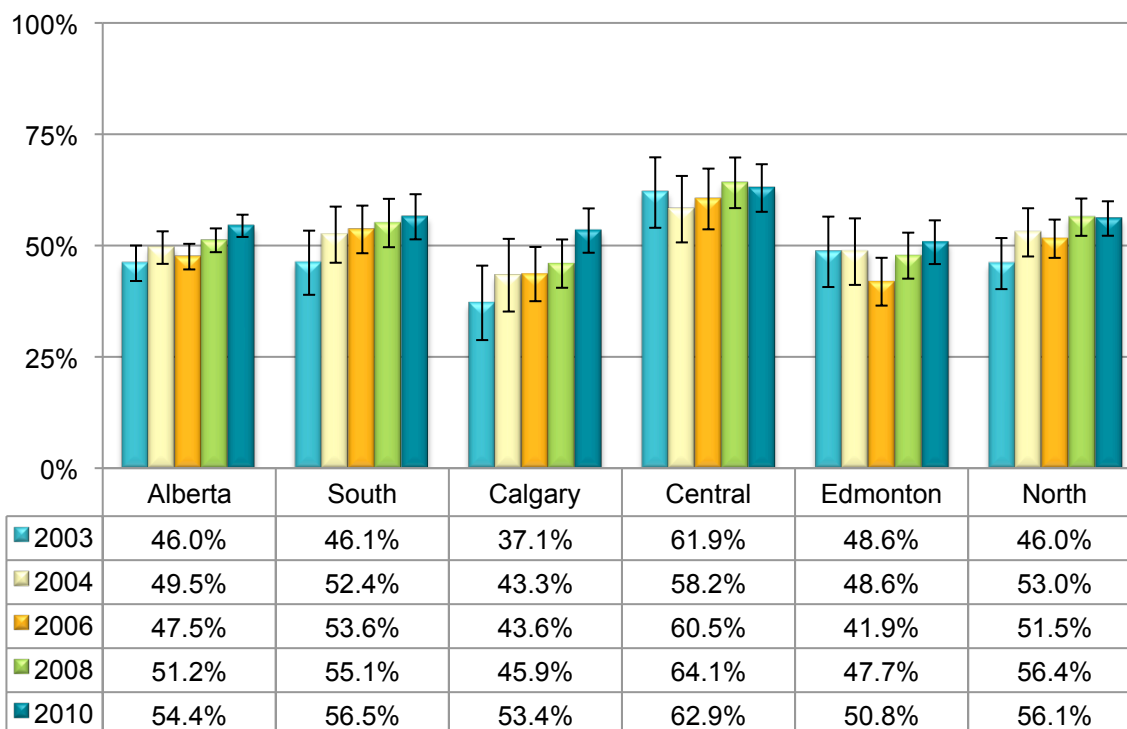


<sup>19</sup> Please be advised some slight variation may occur between the result presented in this report (54.4%) and the result the HQCA reviewed and approved as a Key Performance Indicator for Alberta Health and Wellness (AHW) (55.2%). The AHW result was based on a sample of 4,341 Albertans (margin of error is 1.5%) received on April 26-27, 2010, whereas the HQCA report value was based on an increased sample quota (5,500 vs. 4,500) and an extended data collection period (May 31, 2010 vs. April 30, 2010). Where results were rounded, values may differ due to rounding rules.

### By Health Zone and Year of Survey

Provincially, the percent of respondents who found it easy (4 or 5 out of 5) to obtain emergency department services is unchanged in 2010 compared to 2008, but significantly higher than 2006 and 2003. In the Central zone significantly more respondents rated access to emergency departments 4 or 5 out of 5 (easy) (62.9%) than the Edmonton zone (50.8%) ( $p \leq 0.05$ ).

**Figure 12.6 Percent of respondents who found it easy (4 or 5 out of 5) to obtain emergency department services, by year of survey**

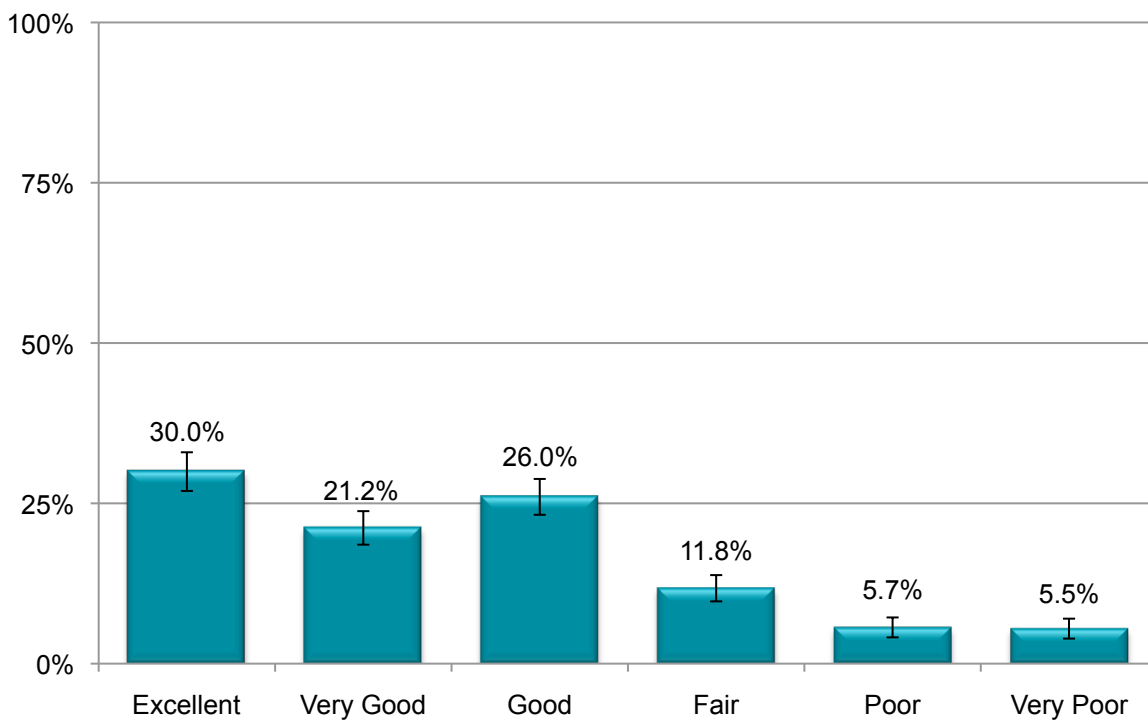


## 12.4 Quality of Care in the Emergency Department

*Q59. Overall, how would you rate the quality of care you received in the Emergency Department you visited most recently?*

The majority of Albertans said the quality of care they received in the emergency department was good, very good or excellent (77.2%). The most common answer was excellent (30%).

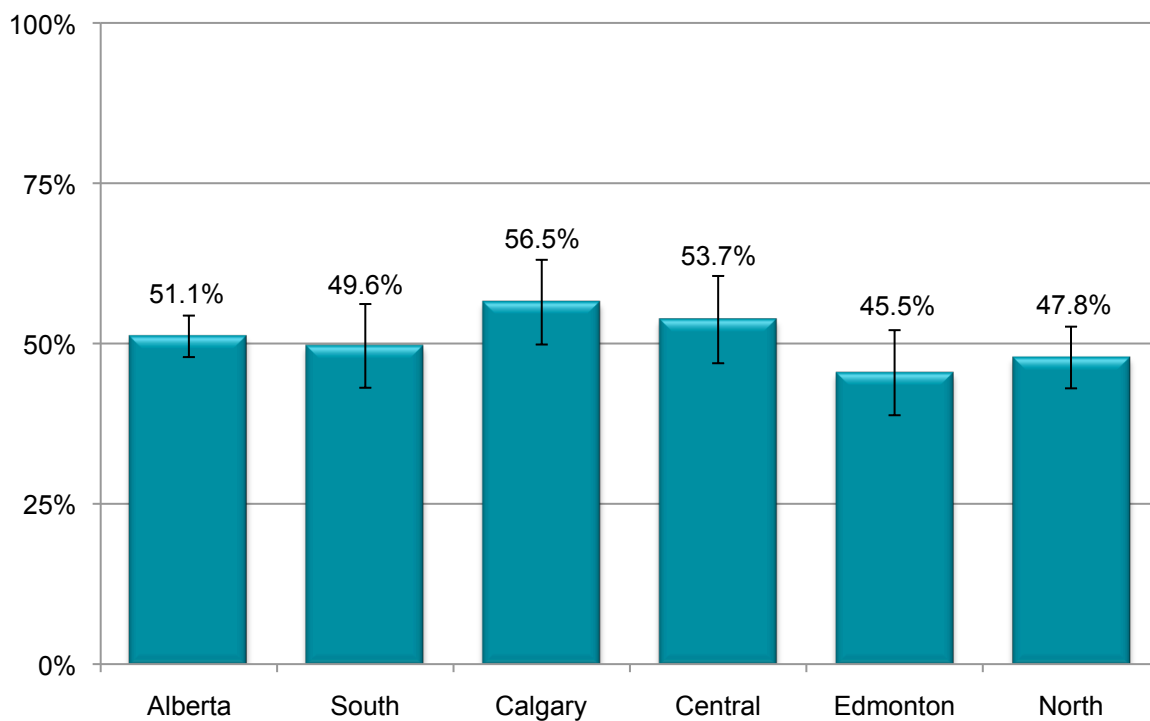
**Figure 12.7 Quality of care received from emergency department, by year of survey (2010)**



### By Health Zone

In 2010, approximately fifty percent (51.1%) of Albertans said the quality of care they received in emergency departments was very good or excellent. Though there is considerable variation in the proportion of respondents who said quality was high (very good or excellent), differences between the zones were not statistically significant.

**Figure 12.8 Excellent or very good quality of care received in the emergency department, by health zone and year of survey**

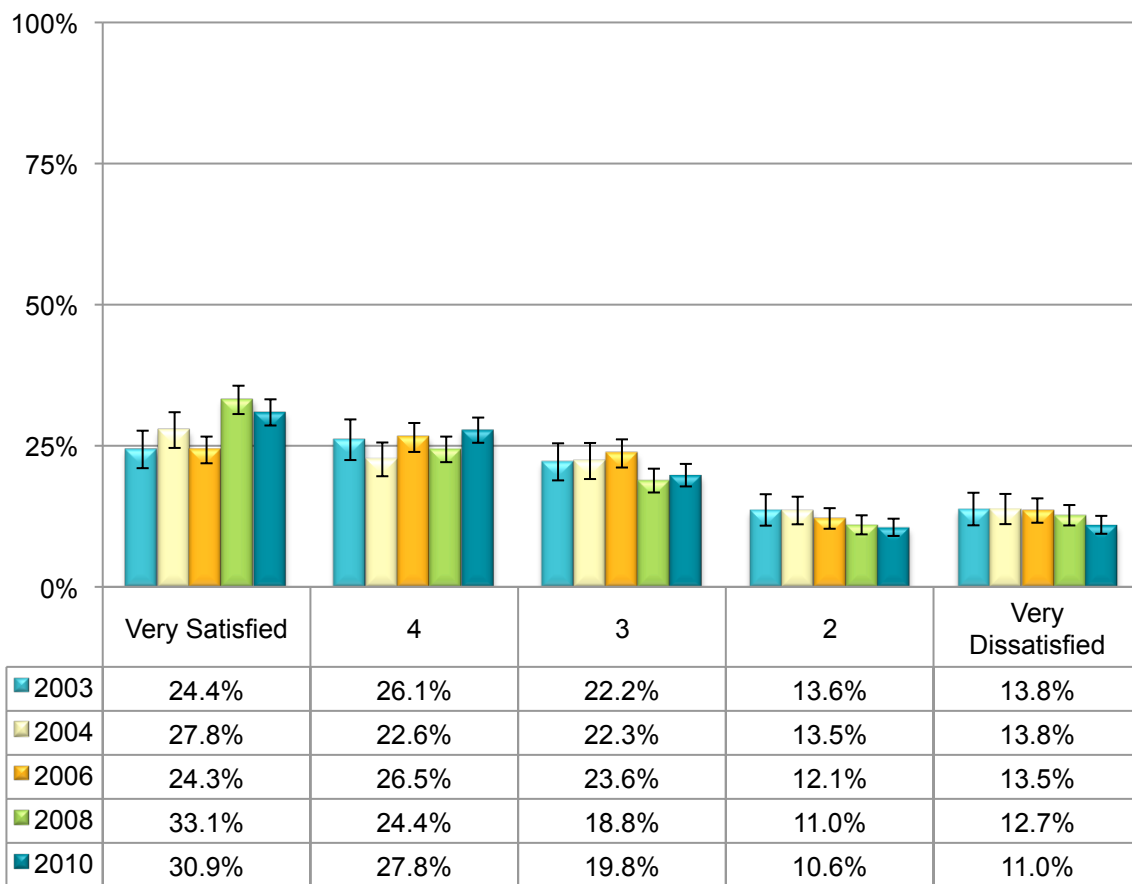


## 12.5 Satisfaction with Emergency Department Services

*Q49. How satisfied are you with the emergency department services you or your close family member most recently received?*

In 2010, more than half (58.7%) reported they were highly satisfied (4 or 5 out of 5) with the emergency department services they received. Compared to 2008, the 2010 results have remained stable.

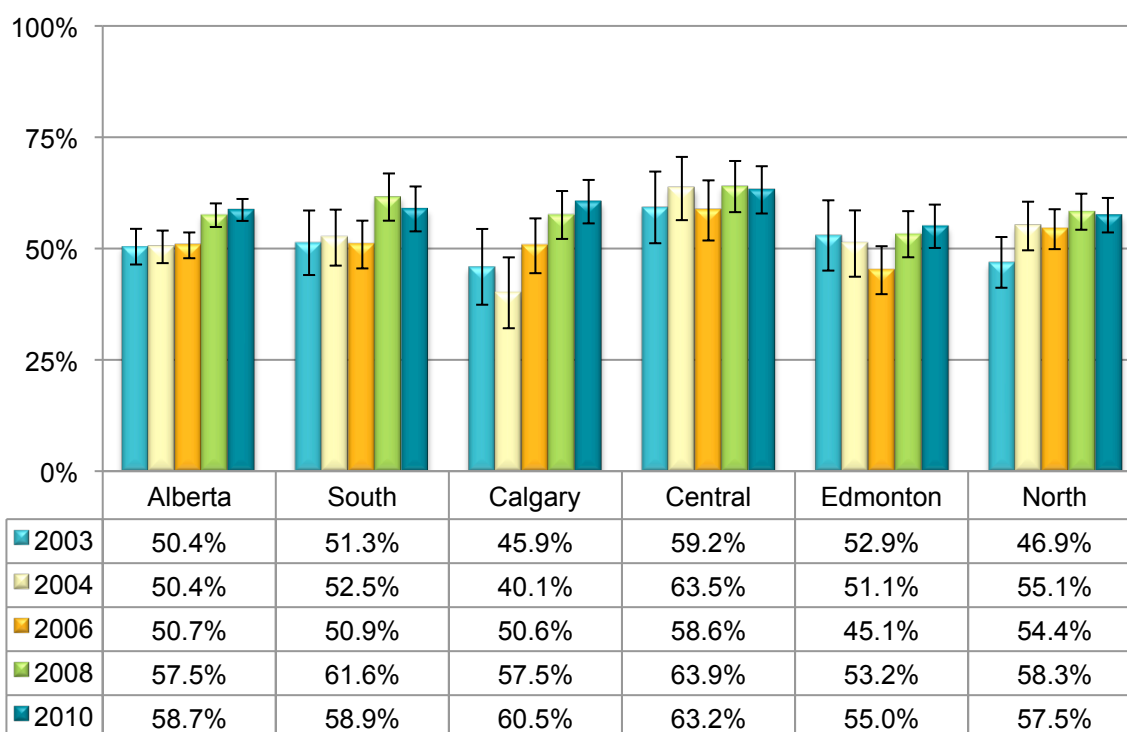
**Figure 12.9 Satisfaction with emergency department services, by year of survey**



### By Health Zone

Question 49 was dichotomized where 1 = ratings 5 and 4, or satisfied. Provincially, the relationship between emergency department satisfaction and year was significant; 2010 results were significantly higher than the 2006, 2004 and 2003 results ( $p \leq 0.05$ ). Between the zones, 2010 results were not significantly different from one another.

**Figure 12.10 Satisfaction (4 or 5 out of 5) with emergency department services, by health zone and year of survey**

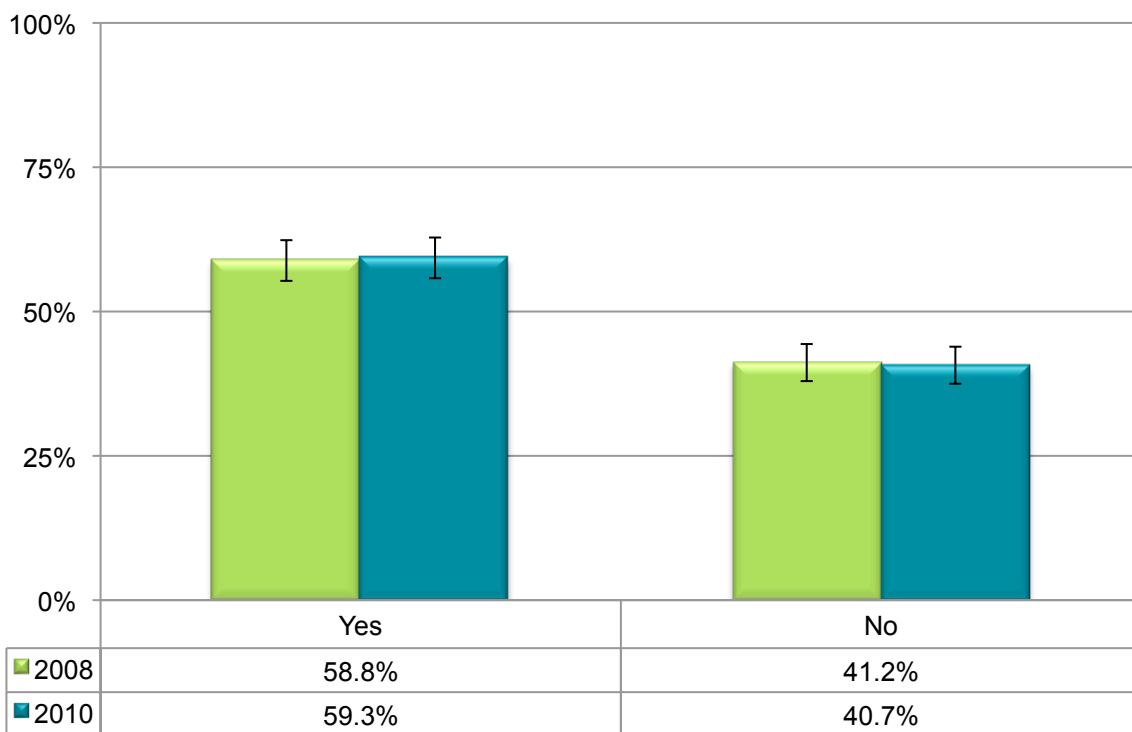


## 12.6 Re-Assessment

*Q54. Did a staff member check on you while you were waiting?*

Among those who visited an emergency department for their own care in 2010, 59.3% reported that staff checked on them while they waited for care. In contrast, 40.7% reported that they were not checked on at any time while they waited. These results are unchanged from what was reported in 2008.

**Figure 12.11 Percent of Albertans who had a staff member check on them while waiting for emergency department services, by year of survey**

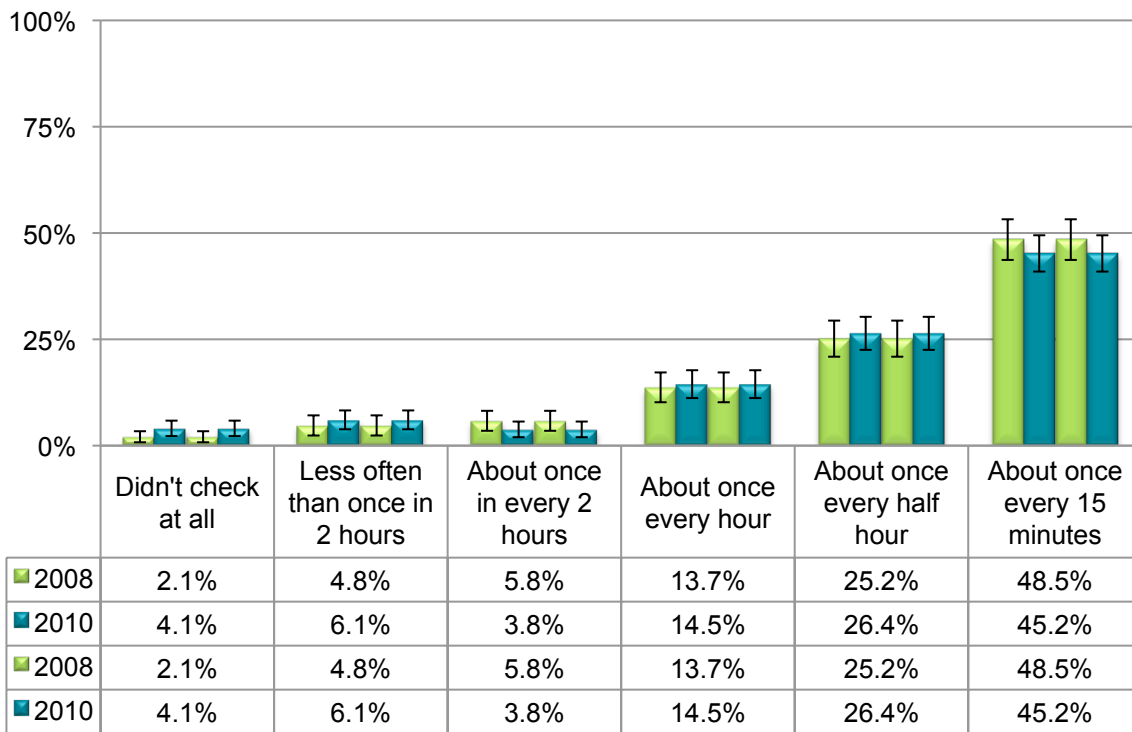


### Frequency of Re-Assessment While Waiting For Physician

*Q55. While you were waiting to see the physician, how often did a staff member check on you to make sure you were okay?*

Among those who indicated that a staff member did check on them while they were waiting, 45.2% of respondents reported that they were checked on by a staff member every 15 minutes. The year over year results have remained stable.

**Figure 12.12 Frequency of a staff member checking on patient while waiting for emergency department care, by year of survey**

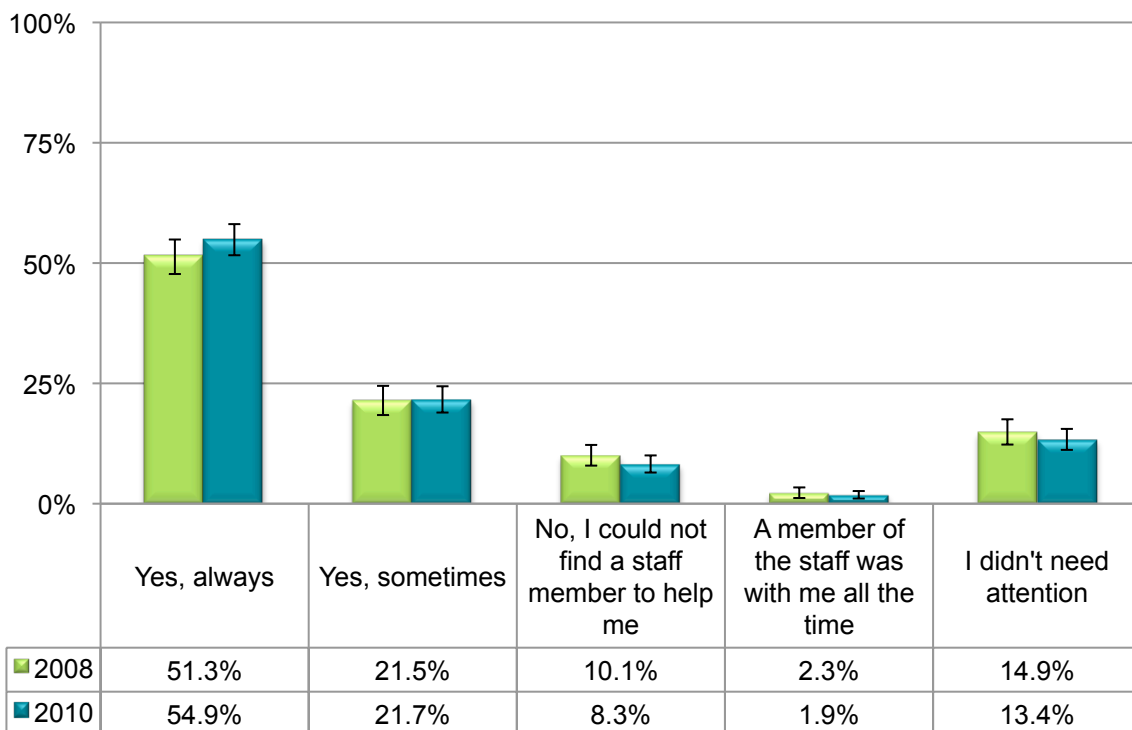


### Ability to Get Staff Member Help

*Q56. If you needed attention, were you able to get a staff member to help you?*

In 2010, slightly more than half of the respondents answered yes, they were always able to get help if they needed it (54.9%). The results have remained stable over the course of the two years.

**Figure 12.13 Percent of Albertans (18+) who were able to get a staff member to help them in the emergency department, by year of survey**

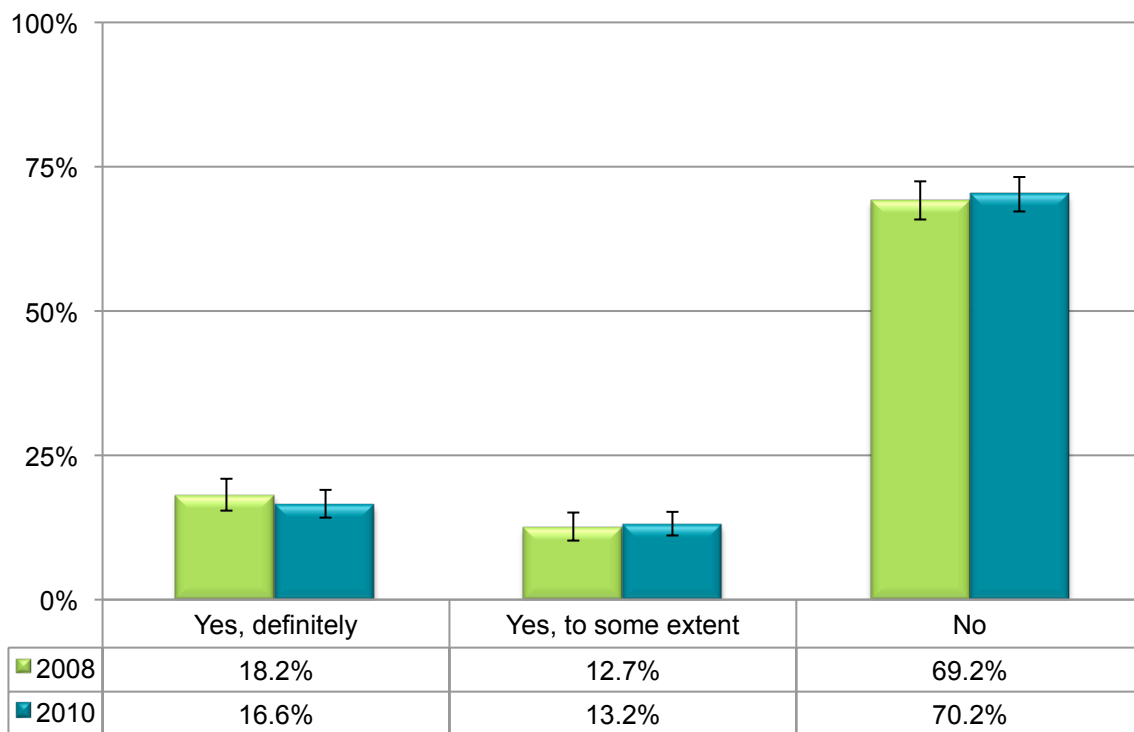


### 12.7 Considered Leaving without Being Seen

*Q52. During your visit to the emergency department, did you consider leaving before you had been seen and treated?*

Question 52 was asked only of those who went to the emergency department for themselves. The majority of Albertans (18+) indicated they did not consider leaving before being treated (70.2%). The differences in the 2010 results compared to the 2008 results were not statistically significant.

**Figure 12.14 Percent of Albertans (18+) who consider leaving before they were seen and treated in the emergency department, by year of survey**

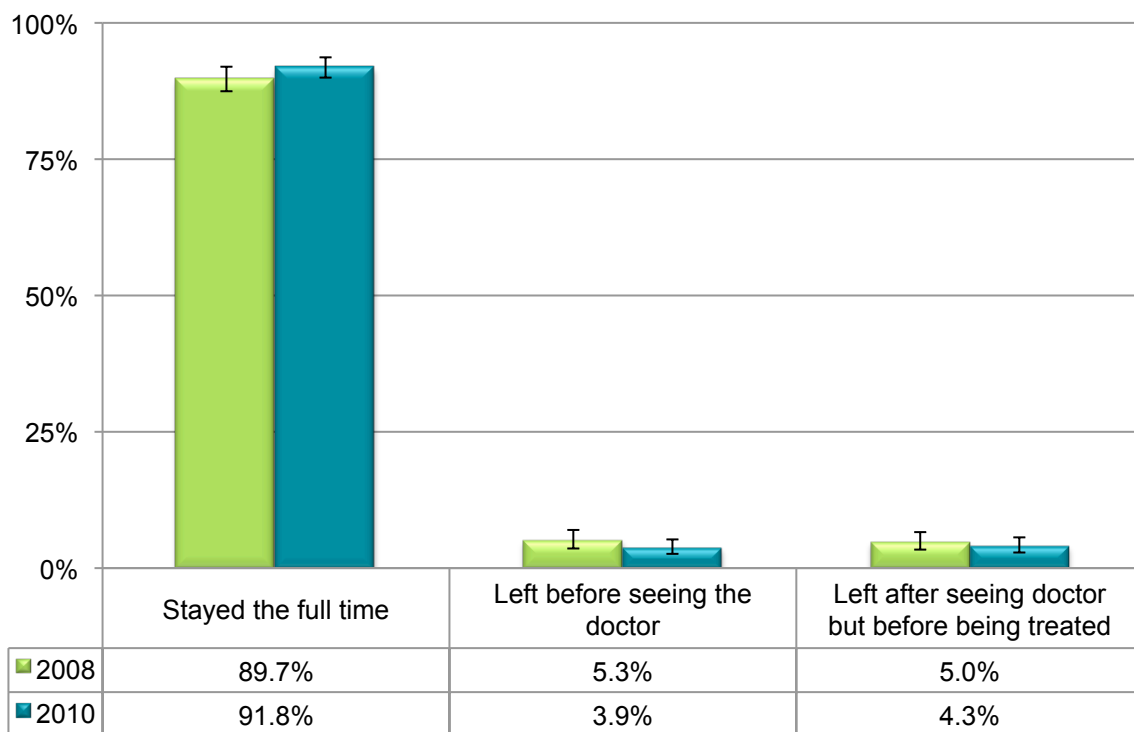


## 12.8 Left Without Being Seen

*Q53. During your visit to the emergency department, did you stay the full time, leave before seeing the doctor, or leave just after seeing the doctor but before care and treatment was finished?*

Over ninety percent (91.8%) of Albertans (18+) indicated they stayed the full time in the emergency department, more than in 2008, but not statistically significant. Of the remaining respondents, 3.9% left before seeing the doctor, and 4.3% left before care and treatment was finished. These 2010 results were not significantly different from the 2008 results.

**Figure 12.15 Percent of Albertans who left before treatment in the emergency department, by year of survey**



## **Factors Associated with Actually Leaving the Emergency Department Prior to Treatment, by Demographic Factors and Selected Variables (Multivariate Analysis)**

A multivariate analysis using logistic regression was conducted to determine factors associated with actually leaving the emergency department prior to treatment. In addition to the standard socio-demographic variables, satisfaction with a variety of specific emergency department services were examined as possible predictors of leaving the ED before treatment.

*Q53. During your visit to the emergency department, did you actually leave before you were seen and treated?*<sup>20</sup>

Figure 12.16 is a simplified visual representation of significant odds ratios for a logistic regression with the patient actually leaving prior to treatment as the dependent variable. The top of the figure displays factors associated with staying, while the bottom displays predictors of leaving prior to treatment.

For interpretation purposes, control variables will not be discussed or examined. Information on these variables and parameters is provided in a supplemental report.

### **Weak Predictors**

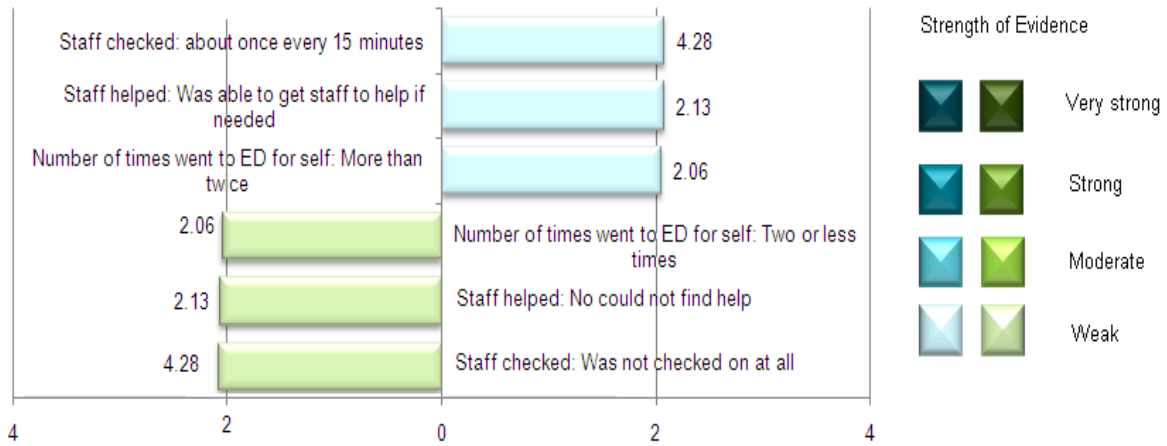
In the analysis, three drivers were found to be significantly related to whether or not a person left the emergency department prior to treatment. Firstly, if respondents were checked on about every 15 minutes by staff, as compared to not being checked on at all, they were more likely to stay. In contrast, not being checked on at all, compared to being checked on every 15 minutes, meant people were more likely to leave prior to treatment. Interestingly, in the analysis frequency of being checked on was an all or nothing scenario. If respondents were less frequently checked on than every 15 minutes, this had no significant effect on staying for treatment; it was essentially the same as not being checked on at all.

A second weak driver was being able to get staff to help if needed. As well, another weak driver was the number of times respondents had gone to the emergency department. Those who had gone more than twice were more likely to stay for treatment, while respondents who had been to the emergency department two or less times were more likely to leave.

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<sup>20</sup> For analytical purposes, this question was coded as follows: 1= left before being treated; 0=did not leave before treatment.

**Figure 12.16 Respondents who reported leaving the emergency department before receiving treatment, multivariate analysis**



## 13.0 Specialist Services

### 13.1 Use of Specialist Services

Albertans (18+) were asked if they “Had an appointment with a specialist, that is, a doctor who specializes in one area of health care, for example, a surgeon, heart doctor, skin doctor [twelve months before the interview date]?” (Q15e). In 2010, 38.2% said they had seen a specialist at least once (1 or more times), significantly higher than the 35.8% in 2008.

*Q60. How many times have you personally seen a specialist in Alberta within the past year?*

The relationship between the number of times one saw a specialist and year of survey is not statistically significant; the results have remained stable since 2006. Overall, 21.7% of respondents saw a specialist two or more times in the past year and 16.5% saw a specialist only once.

*Q61. In which city or town did you visit the specialist you most recently saw?*

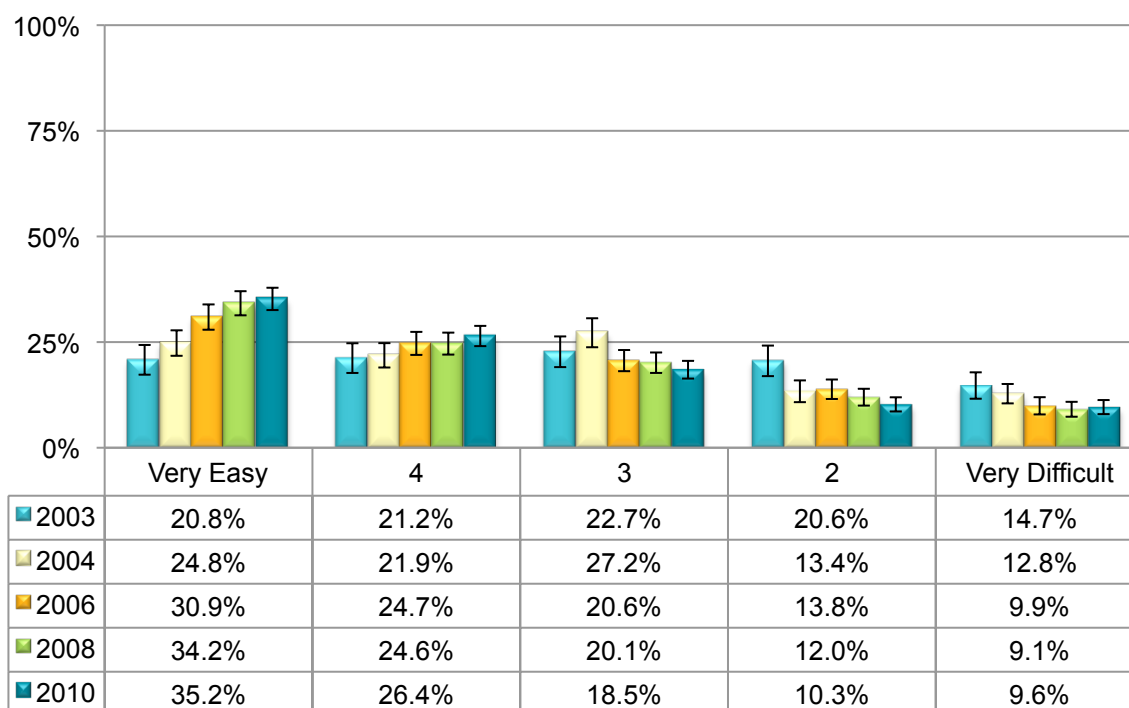
Of those who reported they had seen a specialist in the past year, most saw their specialist in either Calgary (40.3%) or Edmonton (38.1%).

### 13.2 Access to Specialist Services

*Q64. How difficult or easy was it to actually obtain the specialist services that you most recently needed?*

The differences across the years are statistically significant. In 2003, 20.8% of Albertans (18+) reported that it was very easy to obtain specialist services in contrast to 35.2% of Albertans in 2010 ( $p \leq 0.05$ ). However, 2010 results compared to 2008 results noted no significant difference.

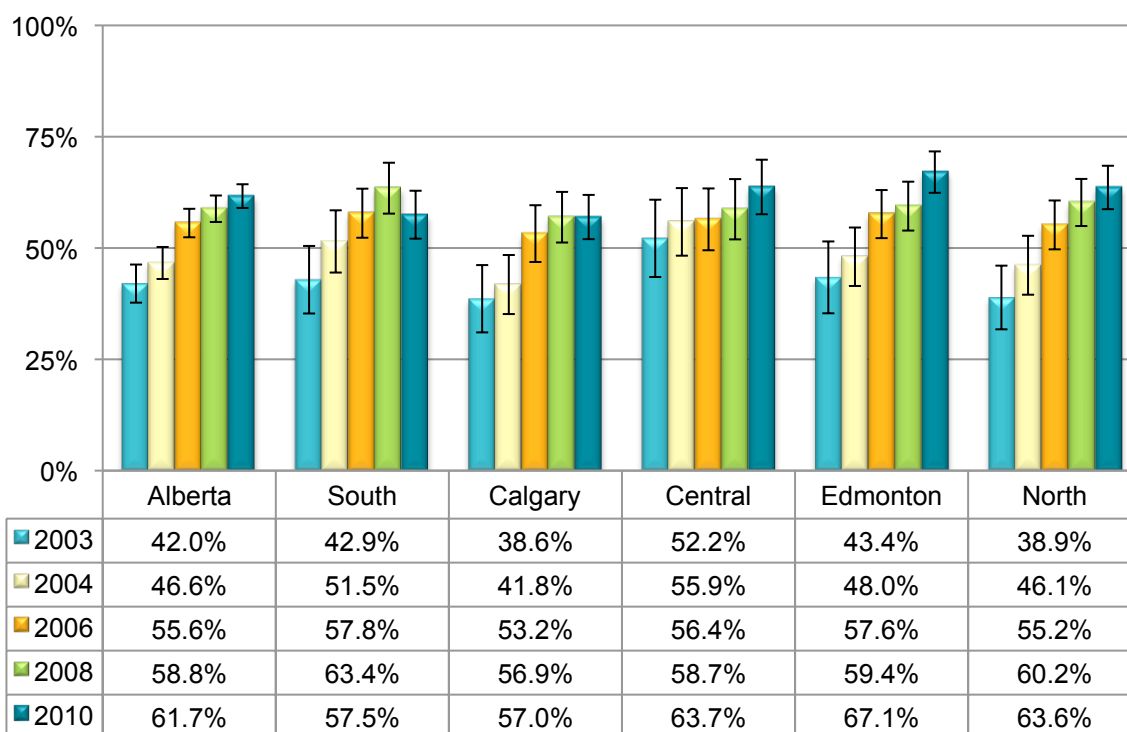
**Figure 13.1 Difficulty or ease of access to specialist services, by year of survey**



### By Health Zone and Year

Figure 13.2 presents the analysis of ease of actually obtaining specialist services by health zone and year of survey. Statistically significant differences over time are seen in Alberta; the 2010 results are significantly higher than the 2004 and 2003 results ( $p \leq 0.05$ ). Between the health zones, the Edmonton health zone had significantly more respondents who rated access as easy (4 or 5 out of 5) in 2010 (67.1%) than did the Calgary zone (57%) ( $p \leq 0.05$ ).

**Figure 13.2 Percent of Albertans who rated access to specialist services as easy (4 or 5 out of 5), by health zone and year of survey**

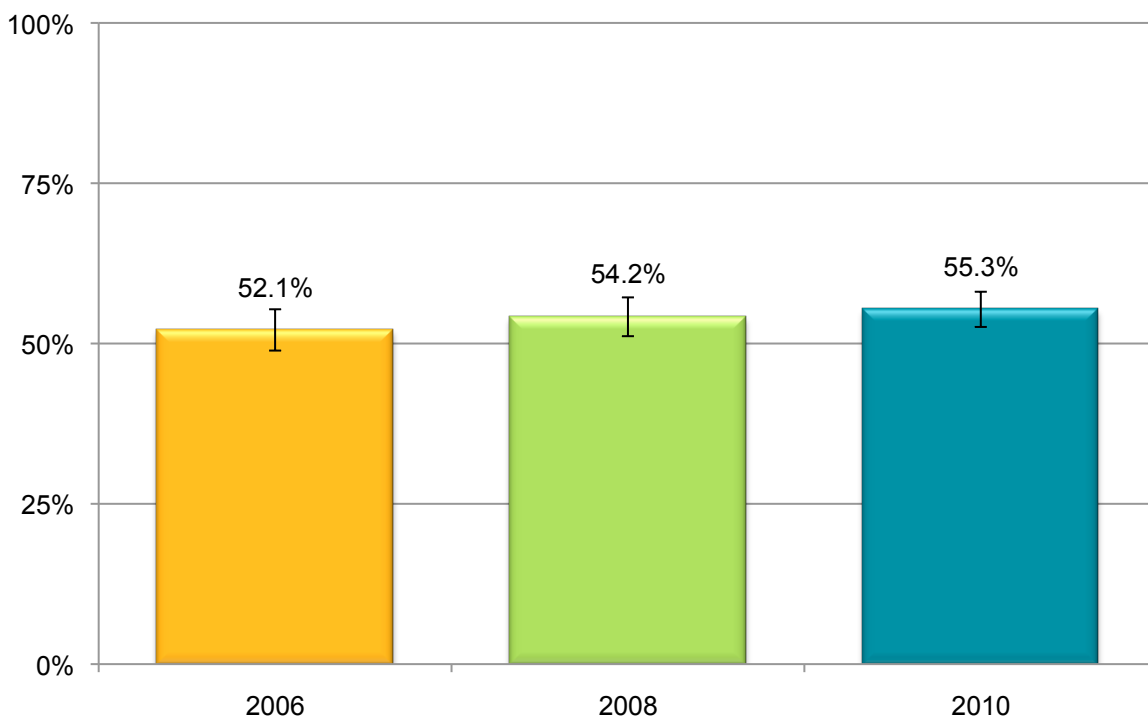


**By Wait Time**

*Q66a. [And thinking of the specialist you visited most recently], how satisfied are you with the amount of time from booking the appointment to actually seeing the specialist?*

The question was dichotomized where 1 = 5 or 4 or satisfied. The relationship between the amount of time one had to wait to see the specialist and year has remained stable since 2006.

**Figure 13.3 Percent of Albertans who were satisfied (4 or 5 out of 5) with the amount of time they had to wait after booking an appointment to see a specialist, by year of survey**

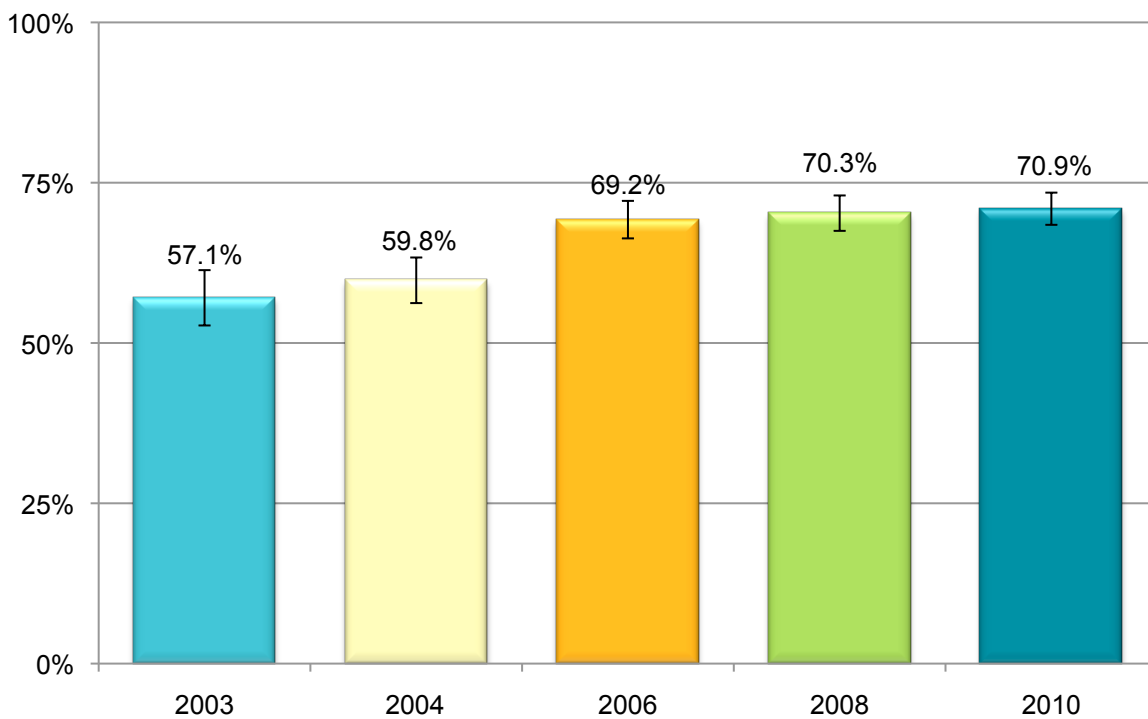


**By Wait Time at Office**

*Q66b. [And thinking of the specialist you visited most recently], how satisfied are you with the amount of time you waited at the specialist’s office before getting in to see him or her?*

The relationship between the amount of time one had to wait at the specialist’s office across the years is statistically significant ( $p \leq 0.05$ ). The proportion of Albertans (18+) satisfied with the amount of time they had to wait in 2010 was significantly greater than in 2004 and 2003.

**Figure 13.4 Percent of Albertans (18+) who were satisfied (4 or 5 out of 5) with the amount of time they had to wait at the office before seeing the specialist, by year of survey**

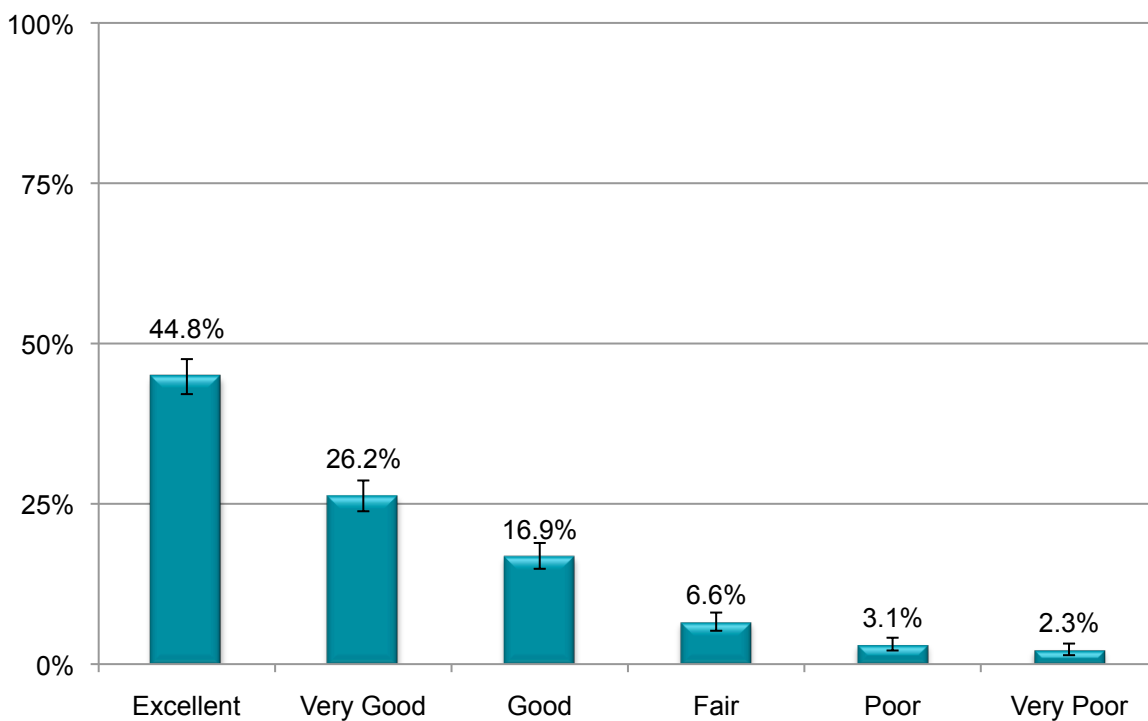


### 13.3 Quality of Care Received from Specialist

*Q68. Overall, how would you rate the quality of care you received from the specialist you visited most recently?*

The majority of Albertans (18+) (71%) rated the quality of care they received from the specialist visited most recently as very good or excellent. Less than six percent (5.4%) rated the quality as poor or very poor.

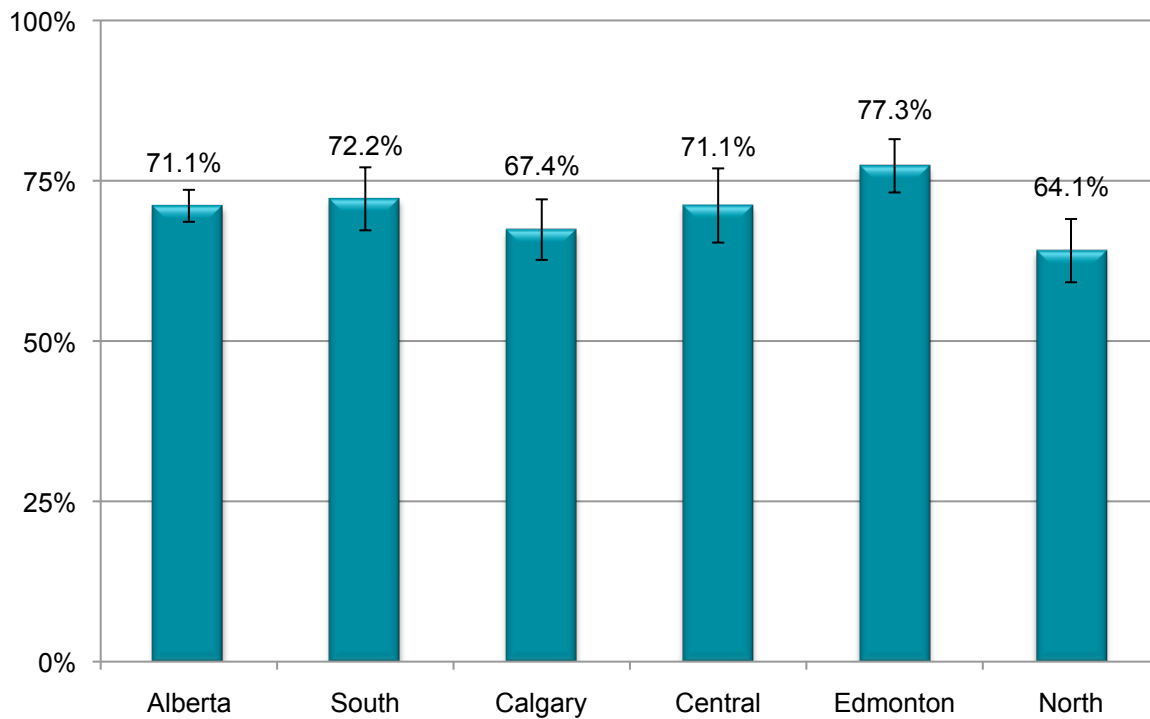
**Figure 13.5 Quality of care received from the specialist, by year of survey**



### By Health Zone

In 2010, the Edmonton health zone had significantly more respondents (77.3%) rate the quality of care from specialists as very good or excellent compared to Calgary (67.4%) and North (64.1%) zones ( $p \leq 0.05$ ).

**Figure 13.6 Excellent or very good quality of care received from the specialist, by health zone and year of survey**

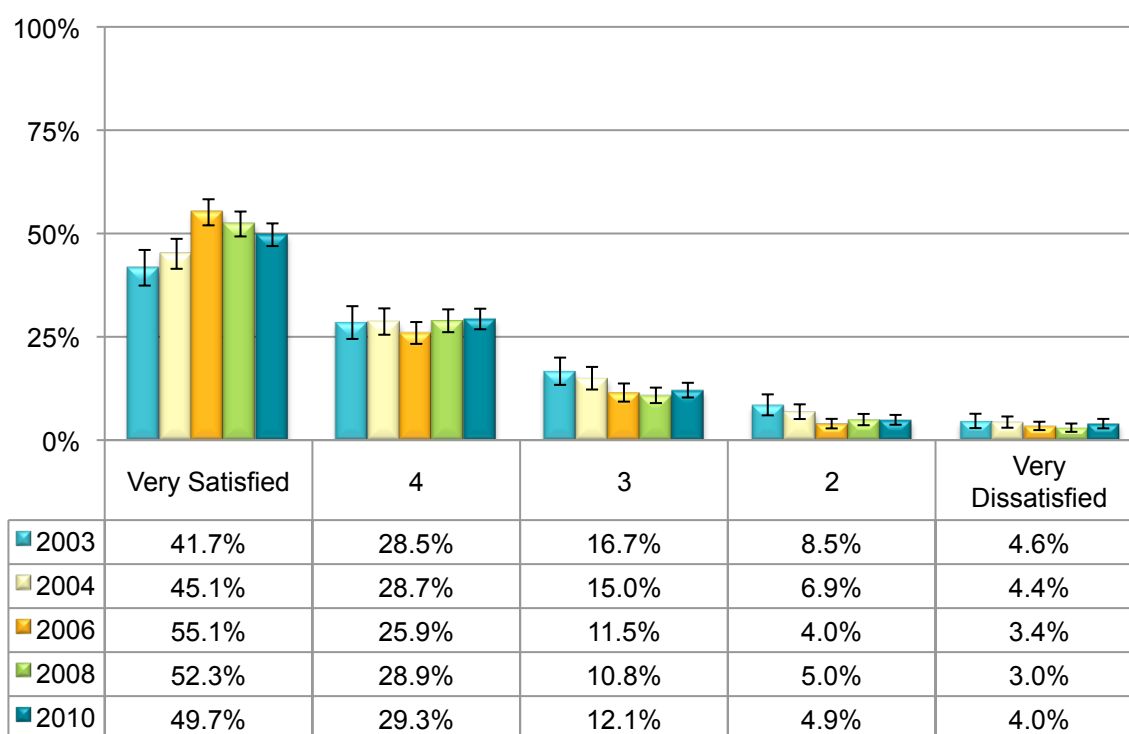


### 13.4 Satisfaction with Specialist Services

*Q65. How satisfied are you with the health care services you have received from the specialist you visited most recently?*

The majority of Albertans (79%) rated their satisfaction with the health care services they received from the specialist as 4 or 5 out of 5 or satisfied. Across time, there has been a significant improvement in the number of Albertans who indicated being very satisfied with specialist services; the 2010 result was significantly higher than the 2004 and 2003 results ( $p \leq 0.05$ ). However, as compared to 2008, the 2010 results have remained stable.

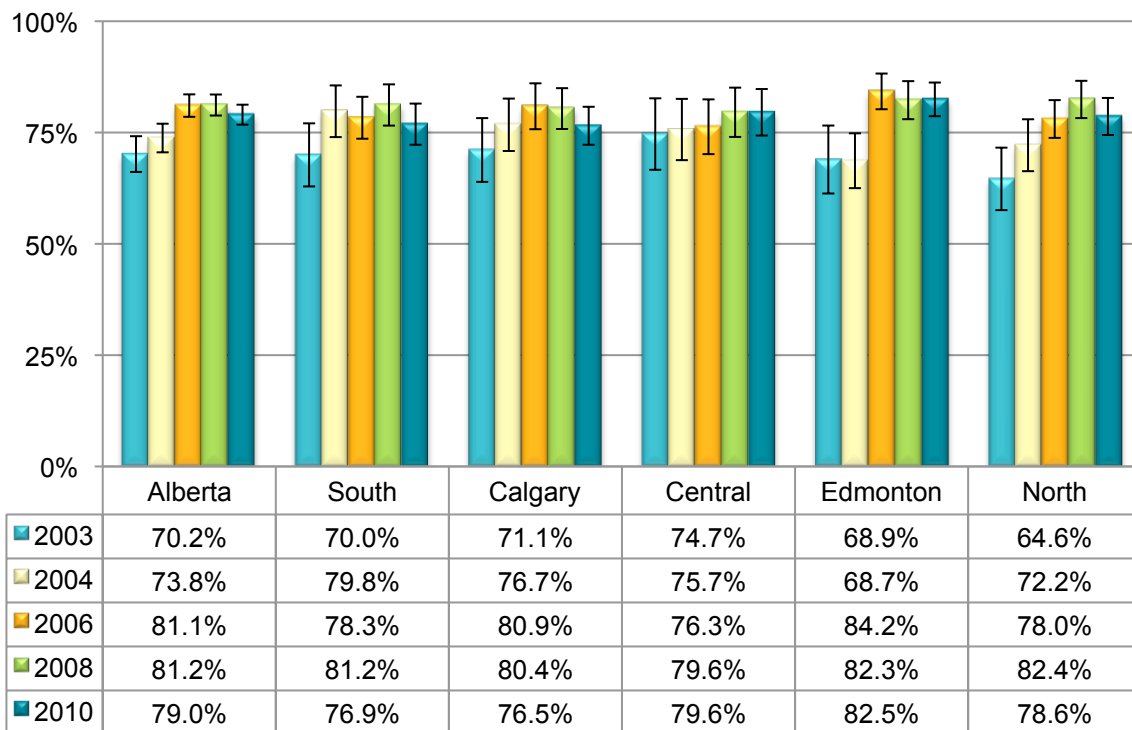
**Figure 13.7 Satisfaction with specialist services, by year of survey**



### By Health Zone

Figure 13.8 reports the dichotomized results by health zone and year of survey. Comparing the health zones to one another, the 2010 results were not statistically significant.

**Figure 13.8 Satisfaction with specialist services, by health zone and year of survey**

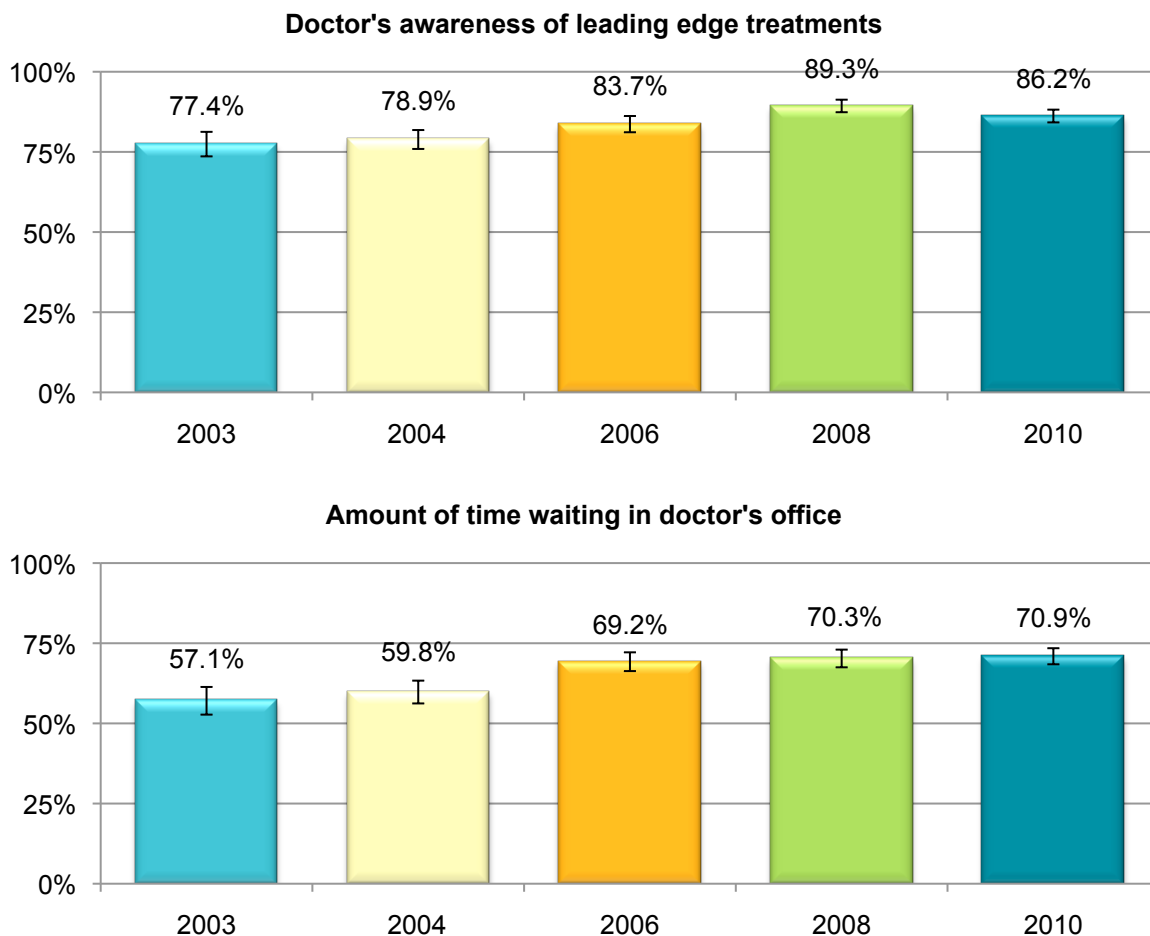


### Satisfaction with Specific Attributes

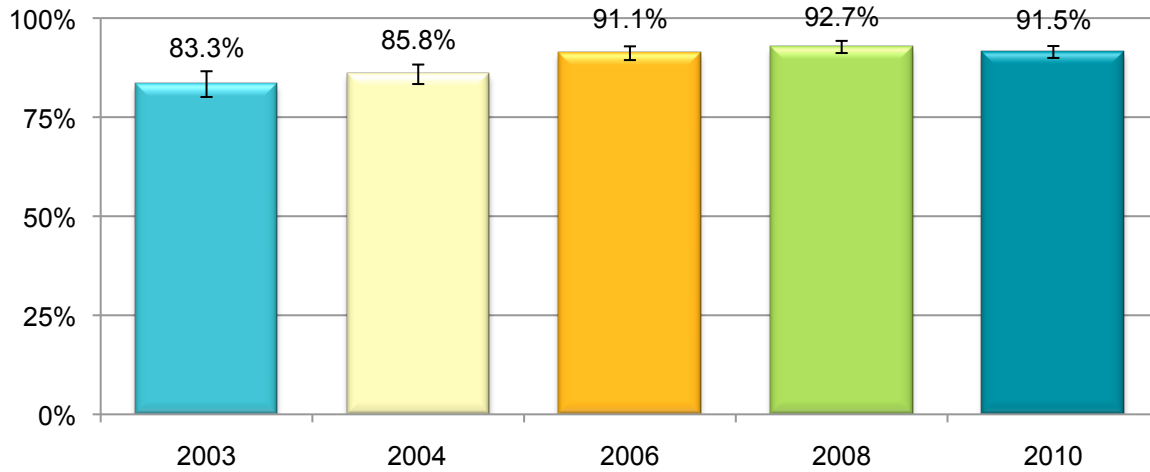
Figure 13.9 reports the dichotomized results for satisfaction with specific specialist attributes by year of survey. There were no significant differences to note in 2010 versus 2008, however, the 2010 results were significantly higher than the 2006, 2004 and 2003 results for satisfaction with specialist’s knowledge of latest treatments ( $p \leq 0.05$ ).

Additionally, the 2010 results were significantly higher than the 2004 and 2003 results for the amount of time a person waited at the office before getting to see the specialist; the amount of time spent with the respondent during the appointment; help from other staff that assists the specialist; being treated with courtesy and respect; listening carefully to the respondent’s health concerns; thoroughness of examinations; explaining things in an understandable way; specialist’s knowledge and competence; ultimate impact the care had upon one’s life; the amount of time needed to wait for the specialist to review any required tests; and being involved in decisions about one’s health care ( $p \leq 0.05$ ).

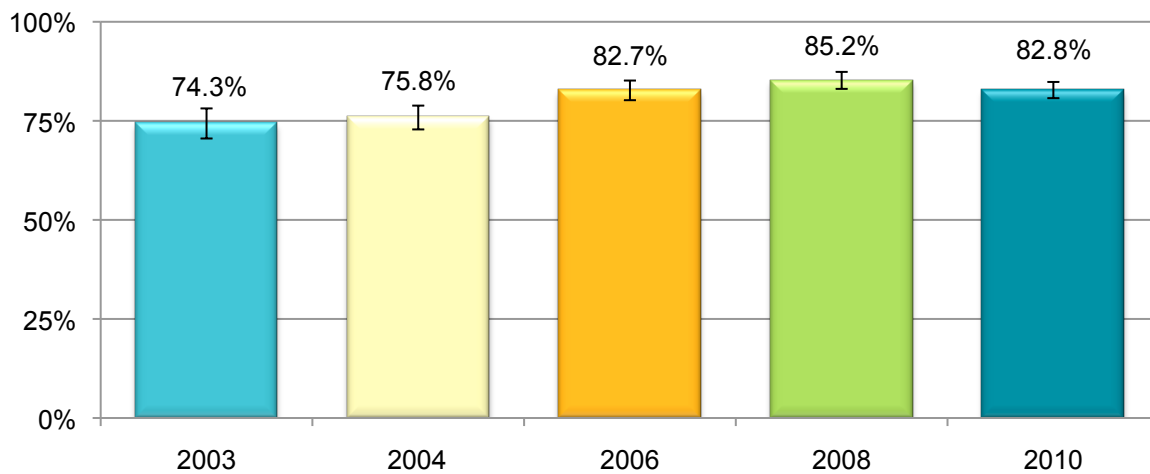
**Figure 13.9 Satisfaction (4 or 5 out of 5) with specific attributes of specialist care, by year of survey**



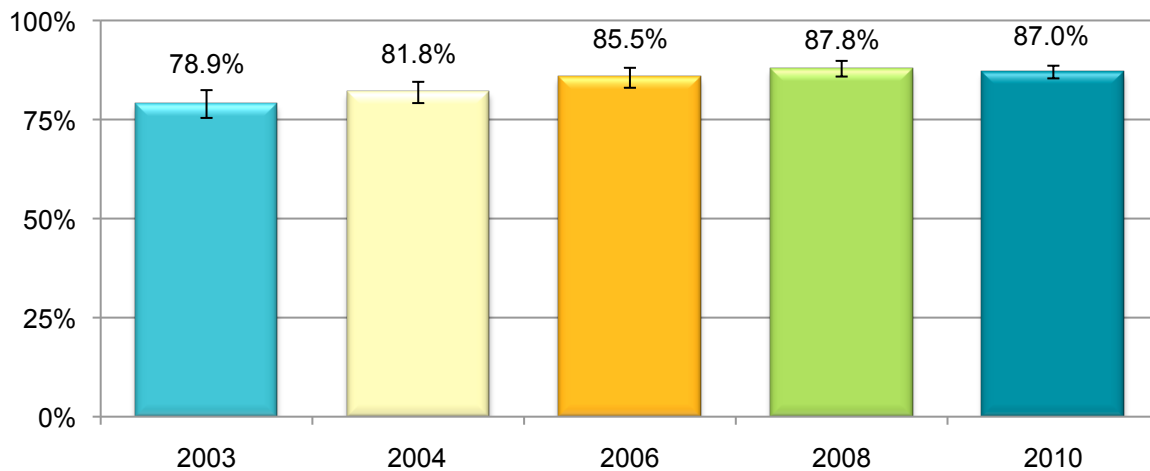
**Doctor treating them with courtesy and respect**



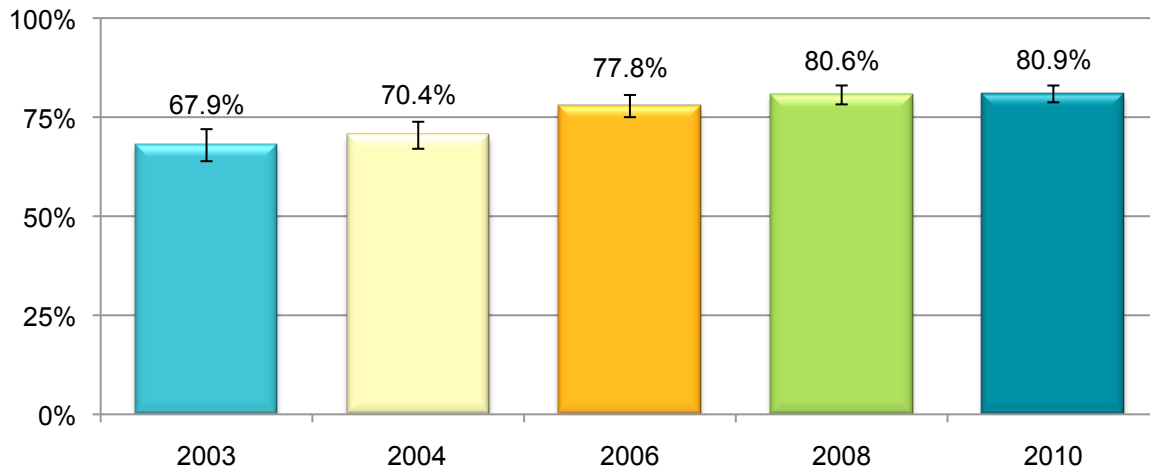
**Doctor listening carefully to them when describing health concerns**



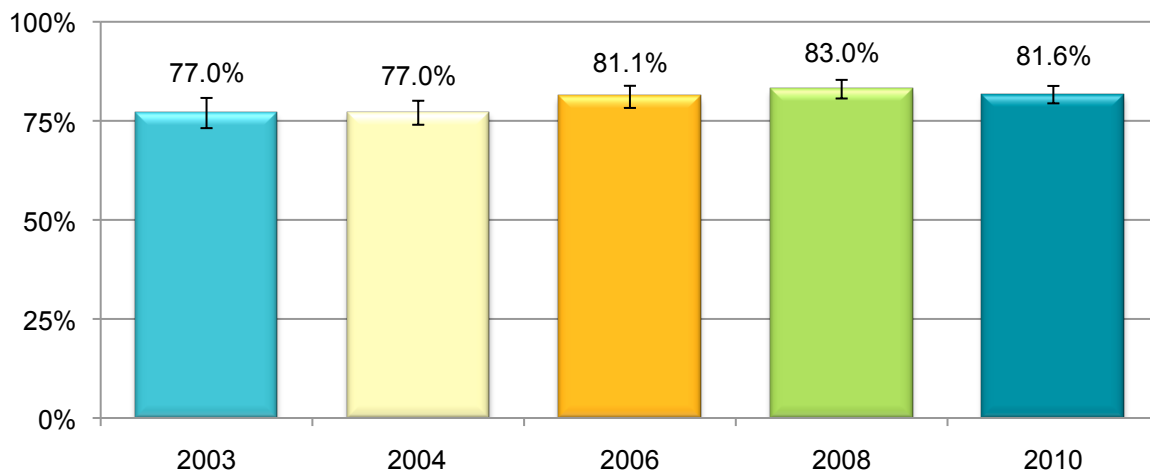
**Doctor explaining things in way they could understand**



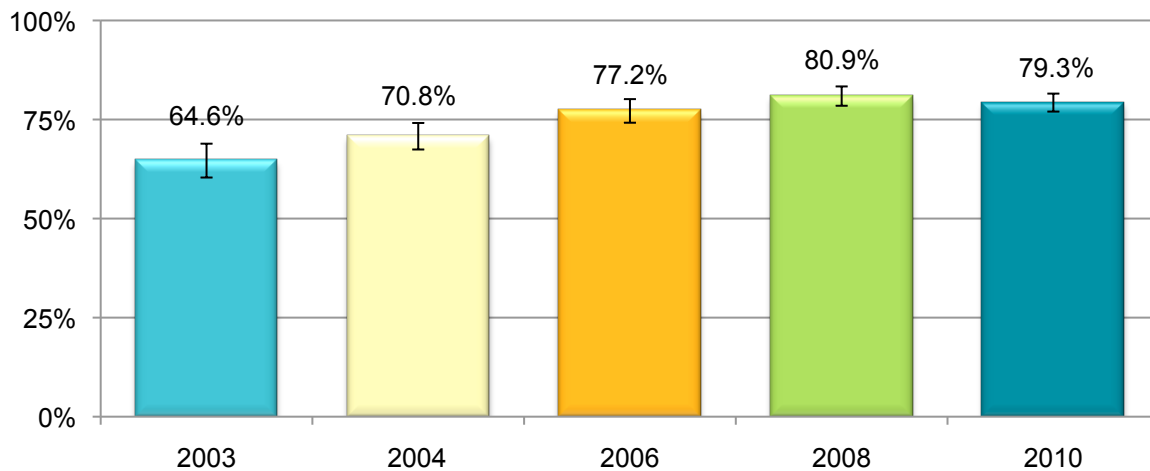
**Amount of time doctor spent with them during appointment**



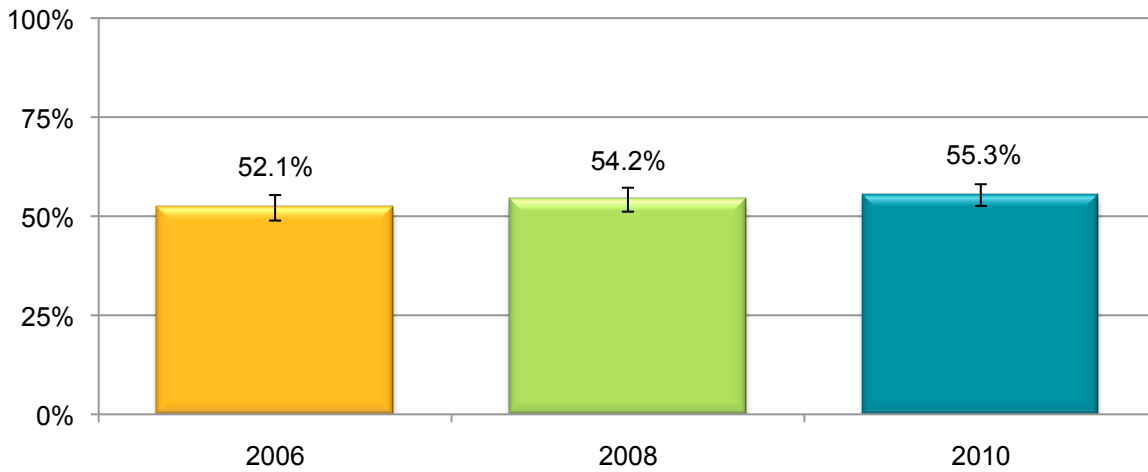
**Help from other staff at office**



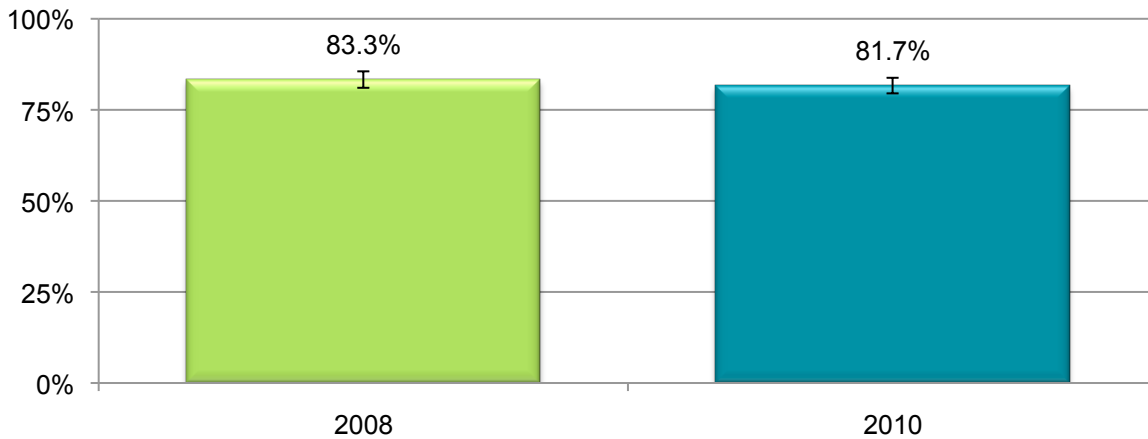
**Ultimate impact of doctors care on health and life**



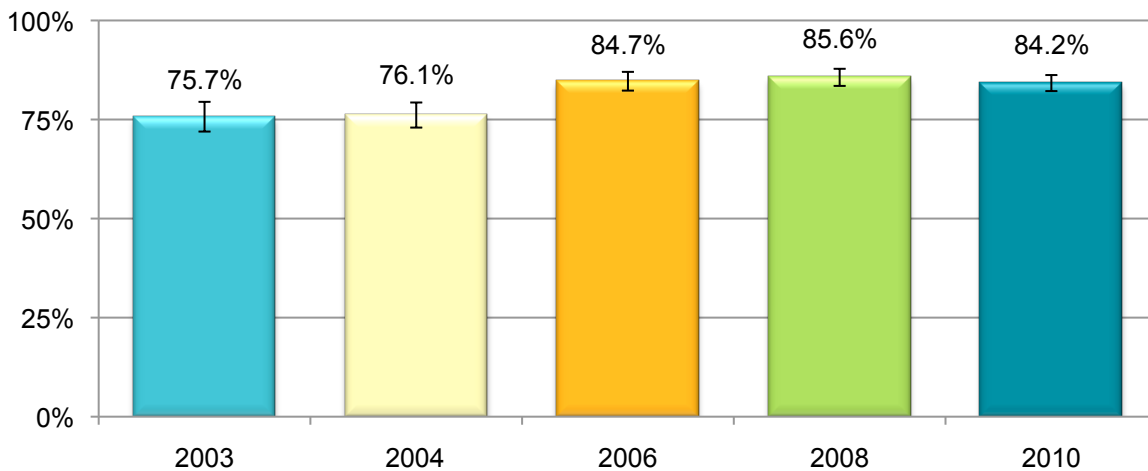
**Amount of time from booking appointment to seeing doctor**



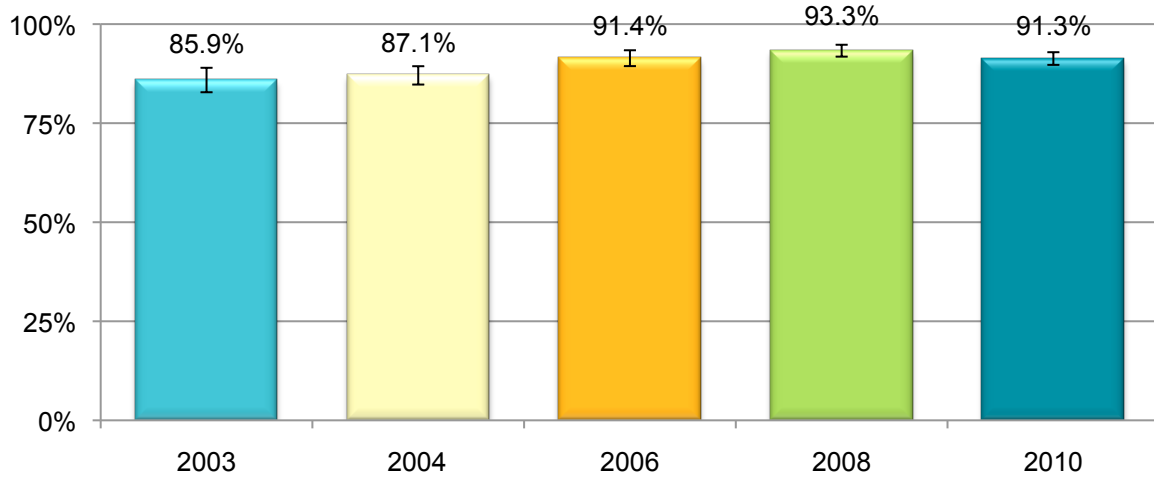
**Amount of information received about recommendations for future treatment**



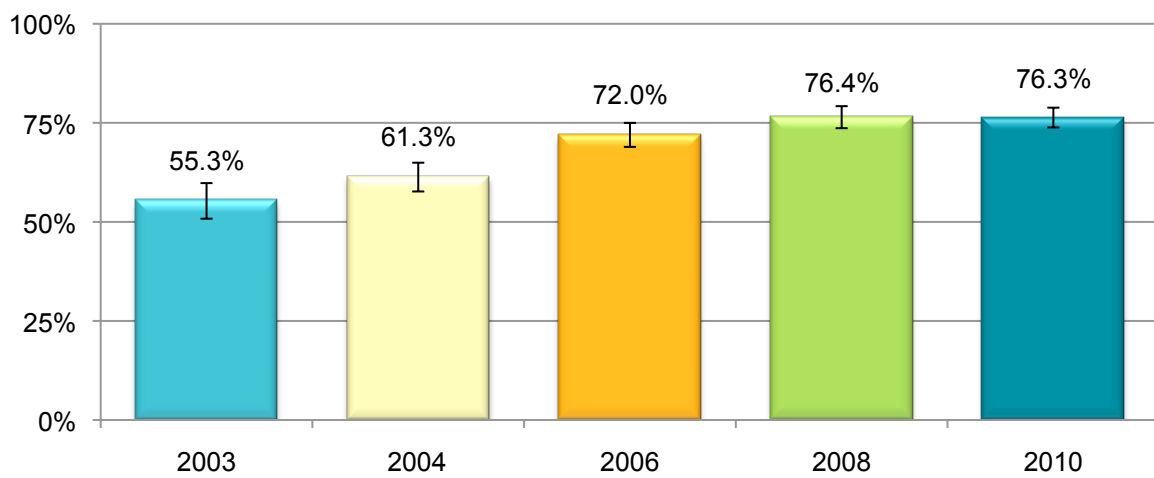
**Thoroughness of the examination by the doctor**



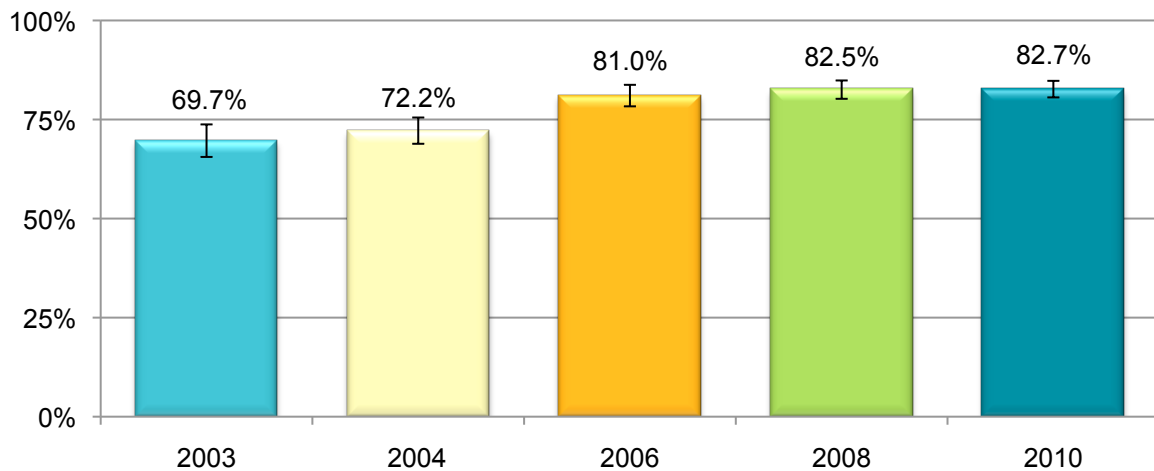
### Doctor's knowledge and competence



### Amount of time they waited for specialist to get test results



### Being involved as much as they wanted in decisions about care



## **Satisfaction with Health Care Services Personally Received in Alberta from a Specialist in the Past Year, by Demographic Factors and Selected Variables (Multivariate Analysis)**

A multivariate analysis using logistic regression was conducted on respondents' overall satisfaction with health care services personally received from a specialist in the past year. In addition to the standard socio-demographic variables, satisfaction with a variety of specific specialist services and attributes (attribute index) were examined as possible predictors of overall satisfaction with specialist services.

*Q65. How satisfied are you with the health care services you have received from the specialist you visited most recently?*<sup>21</sup>

Figure 13.10 is a simplified visual representation of significant odds ratios for a logistic regression where the dependent variable is overall satisfaction with specialist services received in the past year. The top of the figure displays factors associated with satisfaction, while the bottom displays predictors of dissatisfaction.

For interpretation purposes, control variables will not be discussed or examined. Information on these variables and parameters is provided in a supplemental report.

### **Very Strong Predictors**

Very strong predictors and drivers of satisfaction with specialist services include: satisfaction with specialist attributes:<sup>22</sup> and perceived quality of care of the specialist. As for the attribute index, the more areas in which Albertans (18+) were satisfied or dissatisfied the more likely they were to be satisfied or dissatisfied with the specialist service (a 96% increase in satisfaction or dissatisfaction for each additional area/attribute).

### **Moderate Predictors**

Access to specialists was found to be a moderate driver of overall satisfaction with the specialist.

### **Weak Predictors**

How well health care professionals coordinated their efforts to serve respondents' was a weak predictor and weak driver of satisfaction and dissatisfaction with specialist services.

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<sup>21</sup> For analytical purposes, this question was coded as follows: 1= satisfied (4 or 5 out of 5); 0=dissatisfied (1 or 2 out of 5); response category 3 was dropped.

<sup>22</sup> Attributes include: amount of time waiting in doctor's office; doctor treating them with courtesy and respect; doctor listening carefully to them when describing health concern; doctor explaining things in way they could understand; amount of time doctor spent with them during appointment; help from other staff at office; ultimate impact of doctors care on health and life; thoroughness of the examination by the doctor; doctor's knowledge and competence; amount of time they waited for specialist to get test results; being involved as much as they wanted in decisions about care; doctor's awareness of leading edge treatments; amount of time from booking appointment to seeing doctor; amount of information received about recommendations for future treatment.

**Figure 13.10 Satisfaction with specialist services, multivariate analysis**



## 14.0 Hospital Care

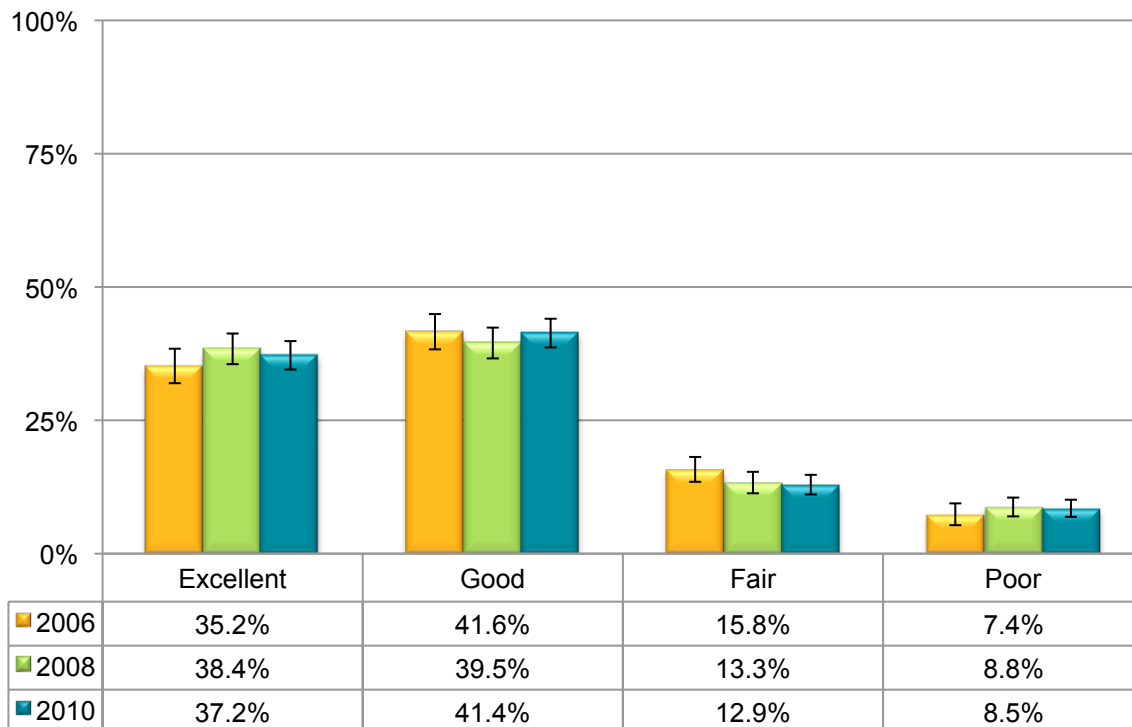
### 14.1 Quality of Hospital Care

*Q 100. What type of hospital service did you receive most recently? Was it overnight, day or emergency?*

*Q101. How would you rate the quality of care you most recently received at the hospital?*

As shown in Figure 14.1 there have been minor fluctuations in the 2010 percentages in each response category; however none are significantly different from the 2008 response rates.

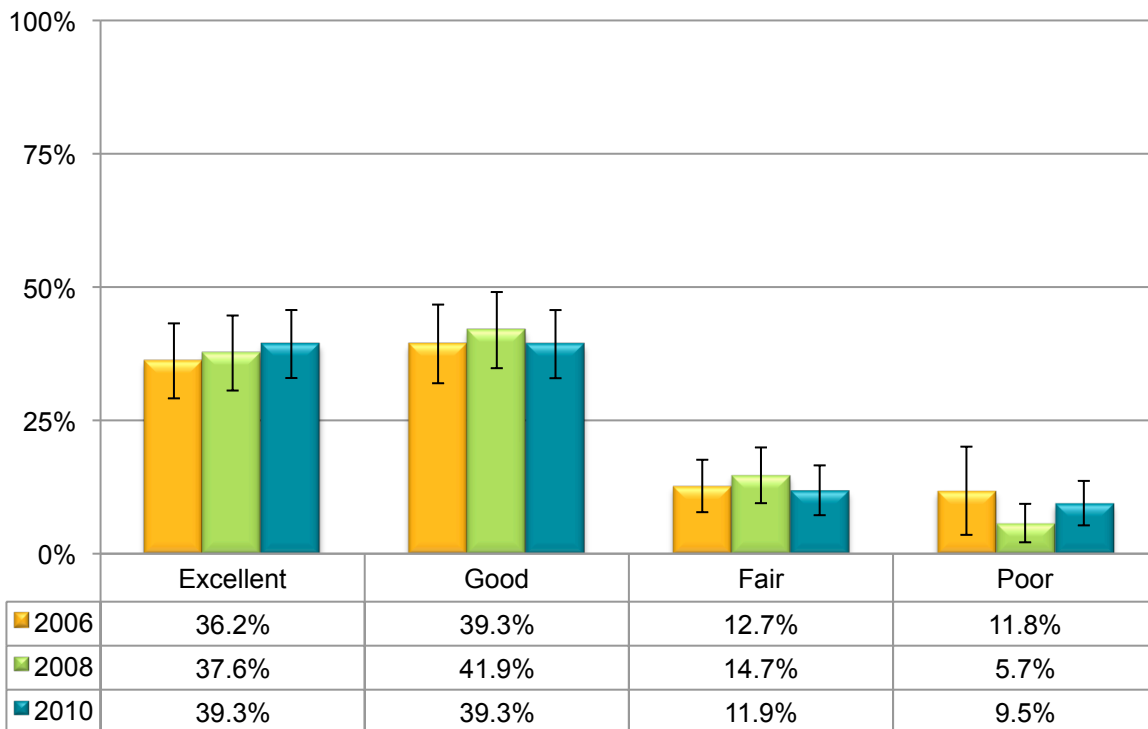
**Figure 14.1 Quality of care for most recent hospital visit (combined emergency department, outpatient and inpatient), by year**



### Inpatient (Overnight)

As shown in Figure 14.2 the proportion of 2010 respondent’s ratings of quality of inpatient care has remained stable since 2008; the differences are not statistically significant. The majority of Albertans, over the three survey periods, rated quality of inpatient care as good or excellent (78.6% in 2010; 79.5% in 2008; and 75.5% in 2006).

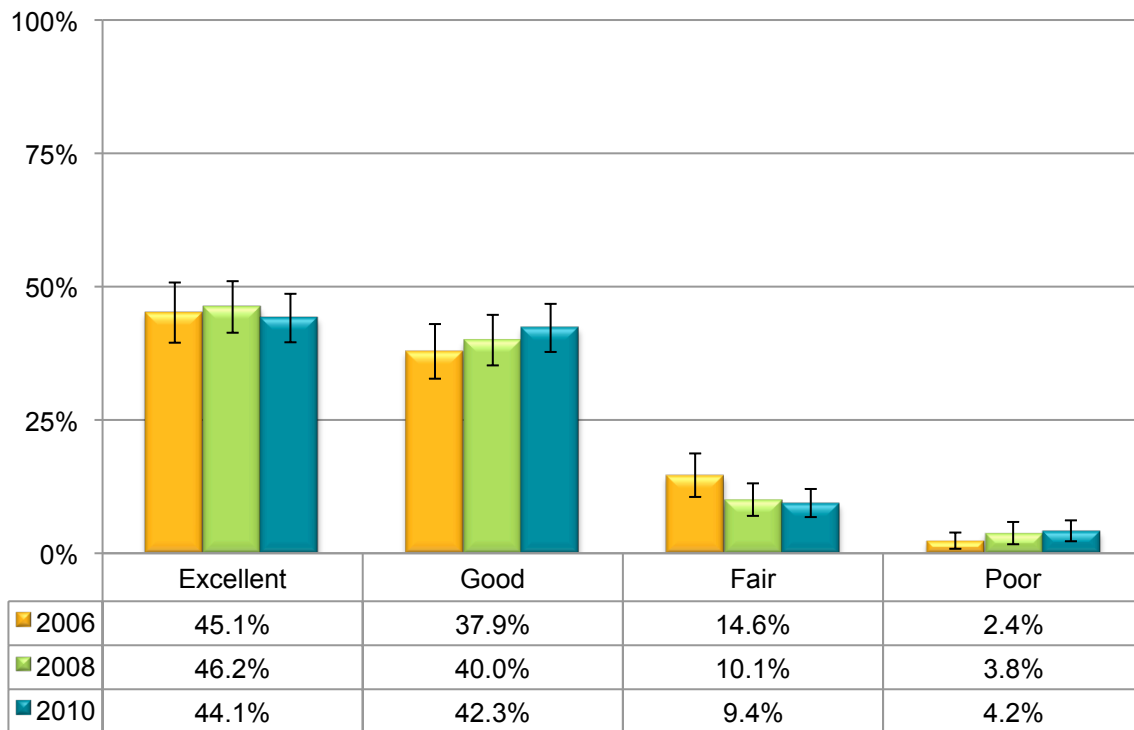
**Figure 14.2 Quality of care for most recent inpatient hospital visit, by year**



### Outpatient (Day)

The 2010 results compared to the 2008 results are not statistically significant different from one another.

**Figure 14.3 Quality of care for most recent outpatient hospital visit, by year**

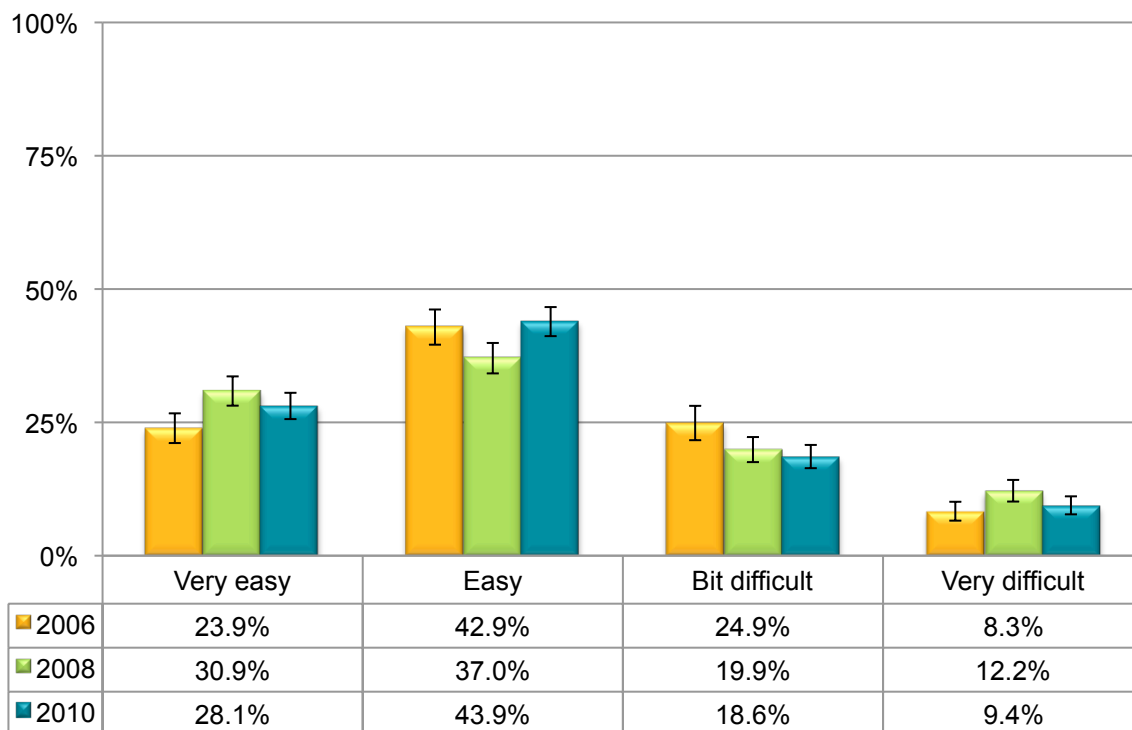


## 14.2 Access to Hospital Care

*Q102. How easy or difficult was it for you to get this hospital service when you needed it?*<sup>23</sup>

As shown in Figure 14.4 below, there was a significant increase in 2010 in the proportion of Albertans (18+) reporting easy (43.9%) compared to 2008 (37%) ( $p \leq 0.05$ ).

**Figure 14.4 Ease of access for most recent hospital visit (emergency department, inpatient, outpatient), by year**

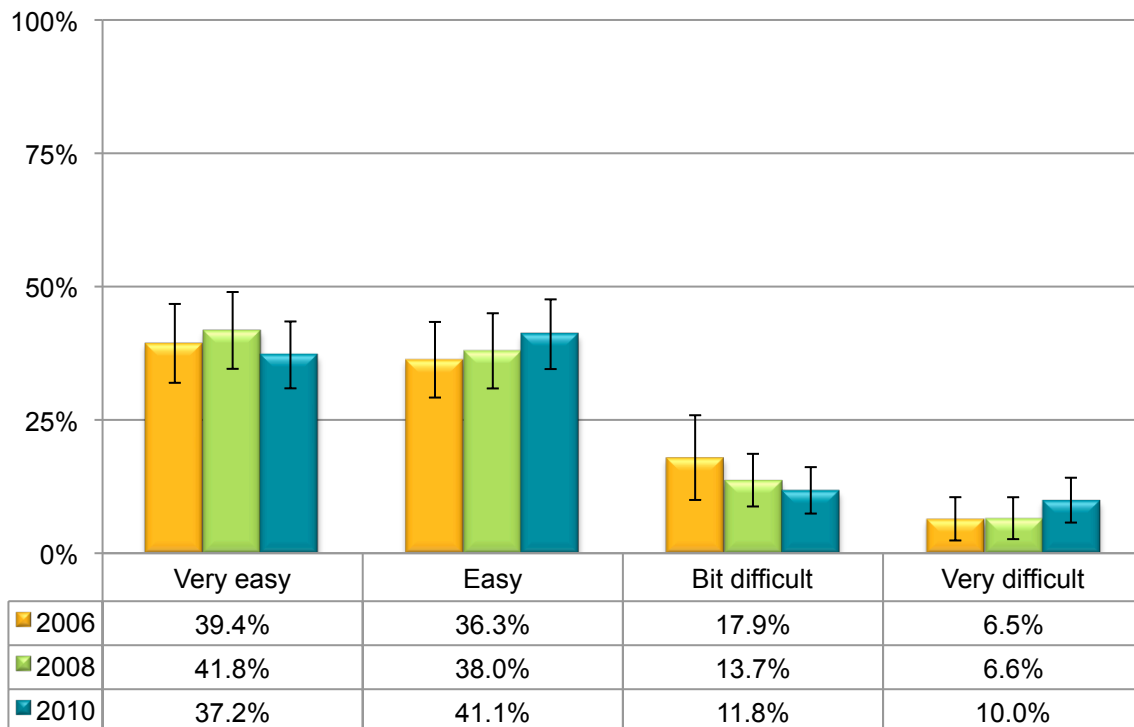


<sup>23</sup> Please be advised some slight variation may occur between the result presented in this report (72%) and the result the HQCA reviewed and approved as a Key Performance Indicator for Alberta Health and Wellness (AHW) (71.5%). The AHW result was based on a sample of 4,341 Albertans (margin of error is 1.5%) received on April 26-27, 2010, whereas the HQCA report value was based on an increased sample quota (5,500 vs. 4,500) and an extended data collection period (May 31, 2010 vs. April 30, 2010). Where results were rounded, values may differ due to rounding rules.

### Inpatient (Overnight)

As shown in Figure 14.5 there have been changes in the proportion of Albertans (18+) rating access to inpatient hospital care as very easy, easy, bit difficult or very difficult; however, the 2010 results are not statistically significant from the 2008 or 2006 results ( $p \geq 0.05$ ).

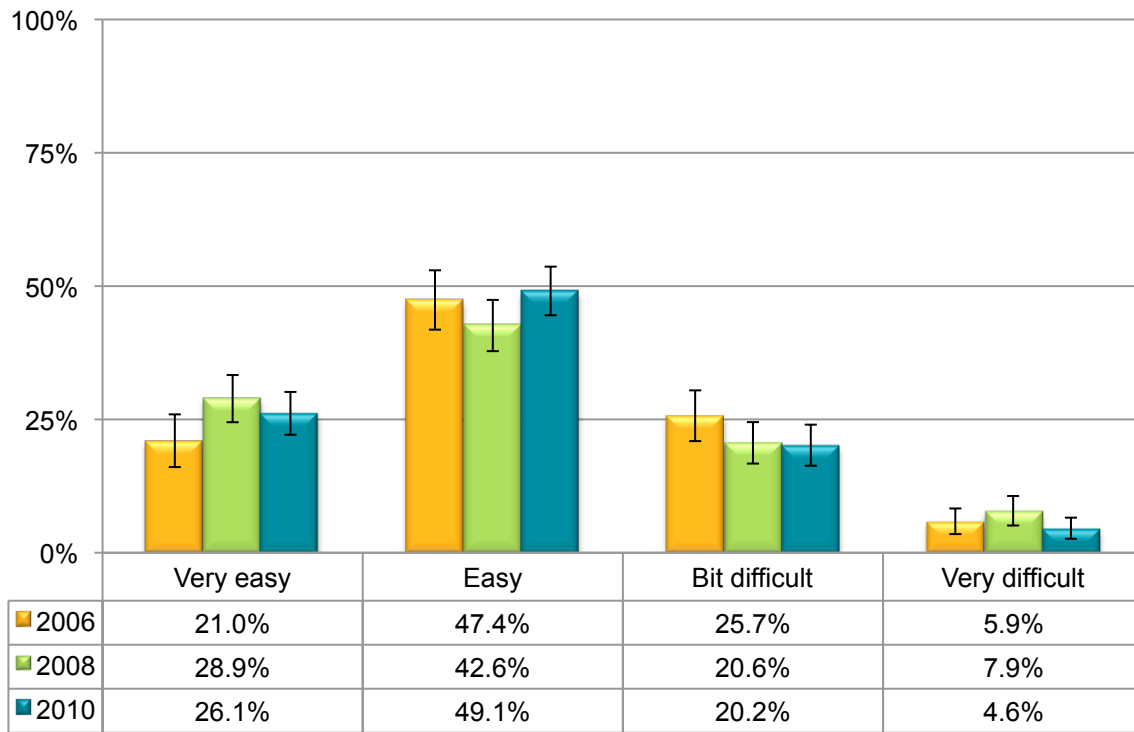
**Figure 14.5 Ease of access for most recent hospital visit, by year**



### Outpatient (Day)

The proportion of Albertans (18+) rating access to outpatient hospital care as very easy to very difficult was statistically similar in 2010 as compared to 2008.

**Figure 14.6 Ease of access for most recent hospital visit, by year**



## 15.0 Mental Health Services

### 15.1 Use of Mental Health Services by Location

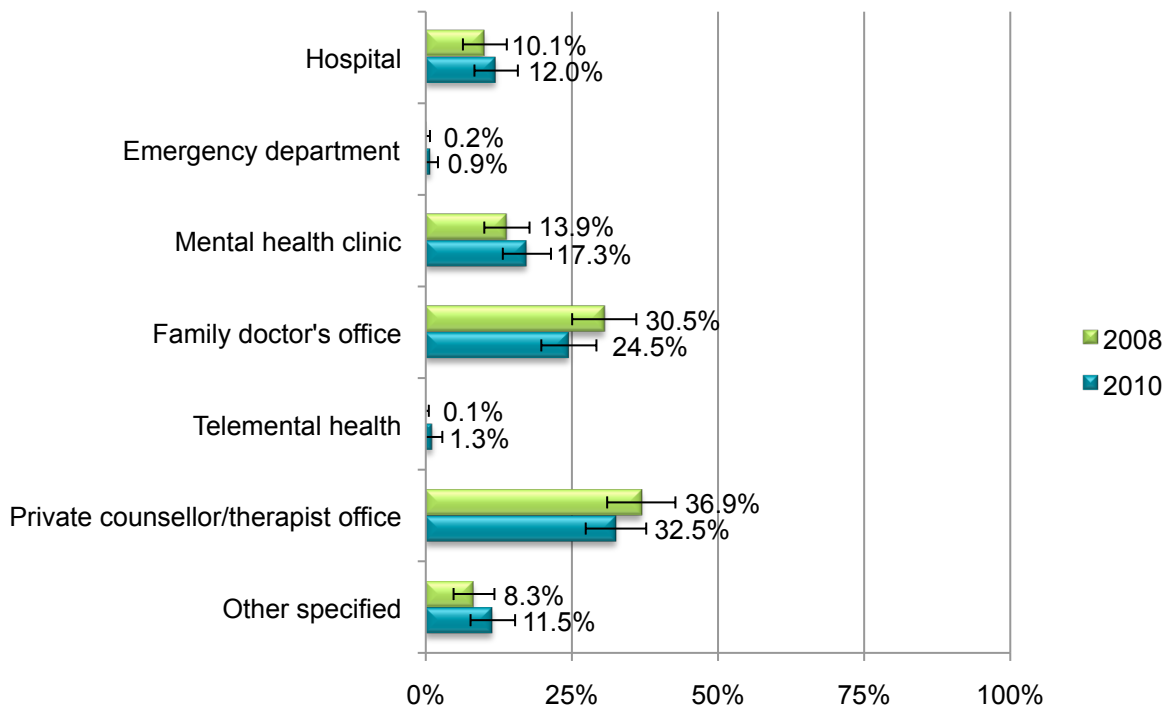
The following discussion is based on the number of individuals who answered yes to Question 15n, *Within the past year, that is since [twelve months prior to interview date], have you personally received mental health services from a therapist, counselor, family doctor, psychologist, or psychiatrist?*

The majority of Albertans (18+), who answered yes to Question 15n, received four or more mental health services in 2010 (47.2%), which was consistent with previous years (45.1% in 2008; 51.5% in 2006; and 54.4% in 2004). In 2010, 24.2% of respondents said they had gone once for mental health services, 16.9% had gone twice, and 11.8% had gone three times; based on the 2008 proportions, the 2010 results remain statistically unchanged.

*Q93. Thinking of the mental health services you received most recently, where did you obtain this service? Was it at a hospital, an ED, a mental health clinic, a family doctor's office, through telemental health, a private counselor's office or somewhere else?*

Figure 15.1 summarizes responses to Question 93. Compared to 2008, no significant increases or decreases occurred among the 2010 response categories.

**Figure 15.1 Percent of respondents who received mental health services in specific locations, by year of survey**

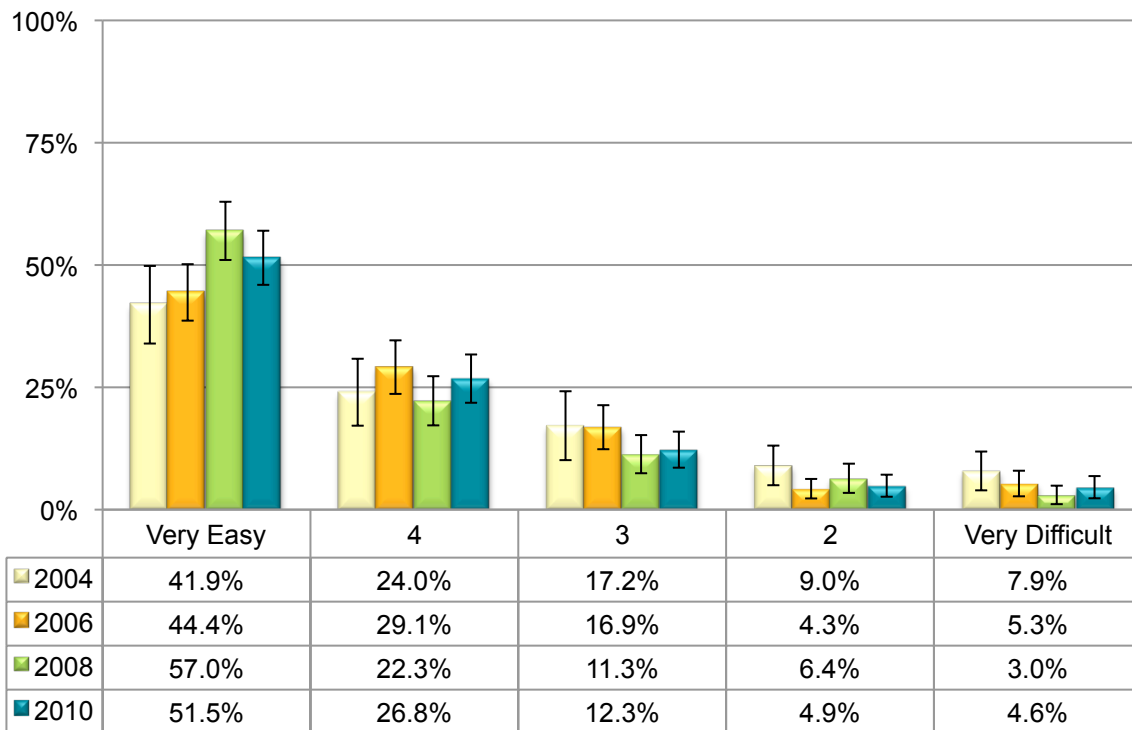


## 15.2 Access to Mental Health Services

*Q91. How difficult or easy was it to actually obtain the mental health services you most recently received?*

In 2010, 51.5% of Albertans rated access to mental health services as very easy compared to 57% in 2008; the difference is not statistically significant. For the majority, over seventy-eight percent (78.3%), obtaining mental health services was easy (4 or 5 out of 5), which is significantly higher than in 2004 (65.9%) ( $p \leq 0.05$ ), but not statistically different from 2006 (73.5%) or 2008 (79.3%).

**Figure 15.2 Ease of access to mental health services, by year of survey**

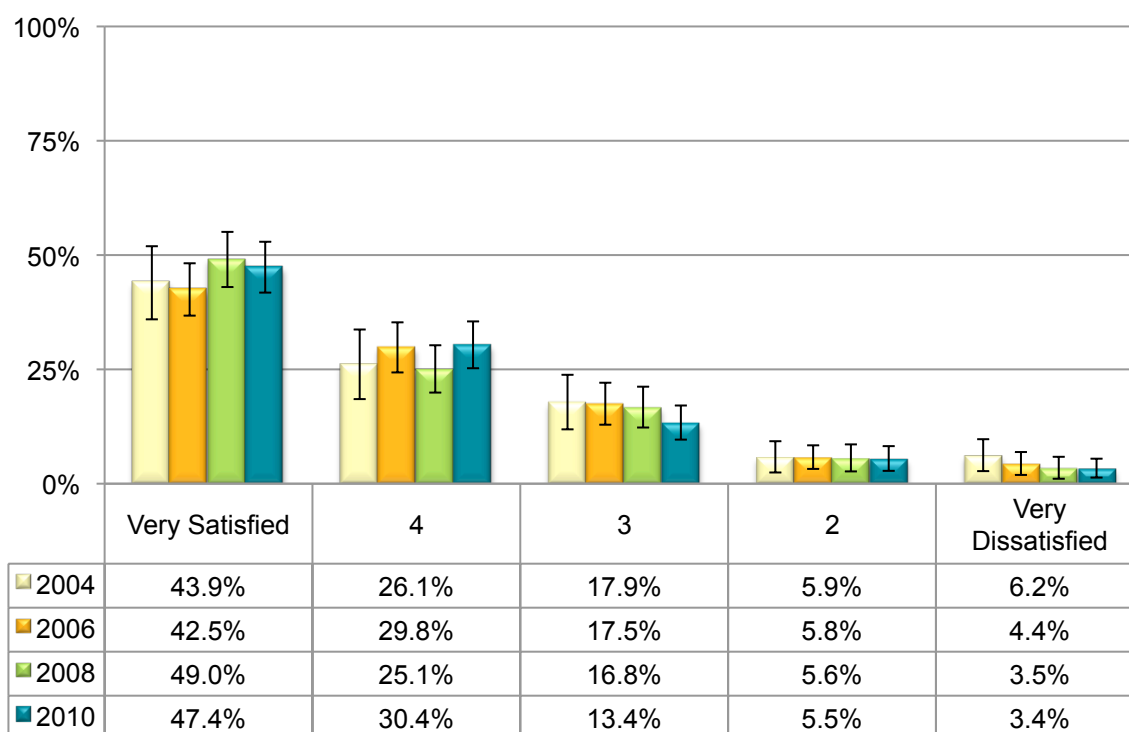


### 15.3 Satisfaction with Mental Health Services

*Q92. How satisfied are you with the mental health services you most recently received?*

In 2010, 47.4% of Albertans were very satisfied with the mental health services they most recently received. Statistically the 2010 value is unchanged from the 2008, 2006 and 2004 result. Overall, the majority of respondents (77.8%),<sup>24</sup> reported high levels of satisfaction (4 or 5 out of 5) in 2010.

**Figure 15.3 Satisfaction with mental health services, by year of survey**



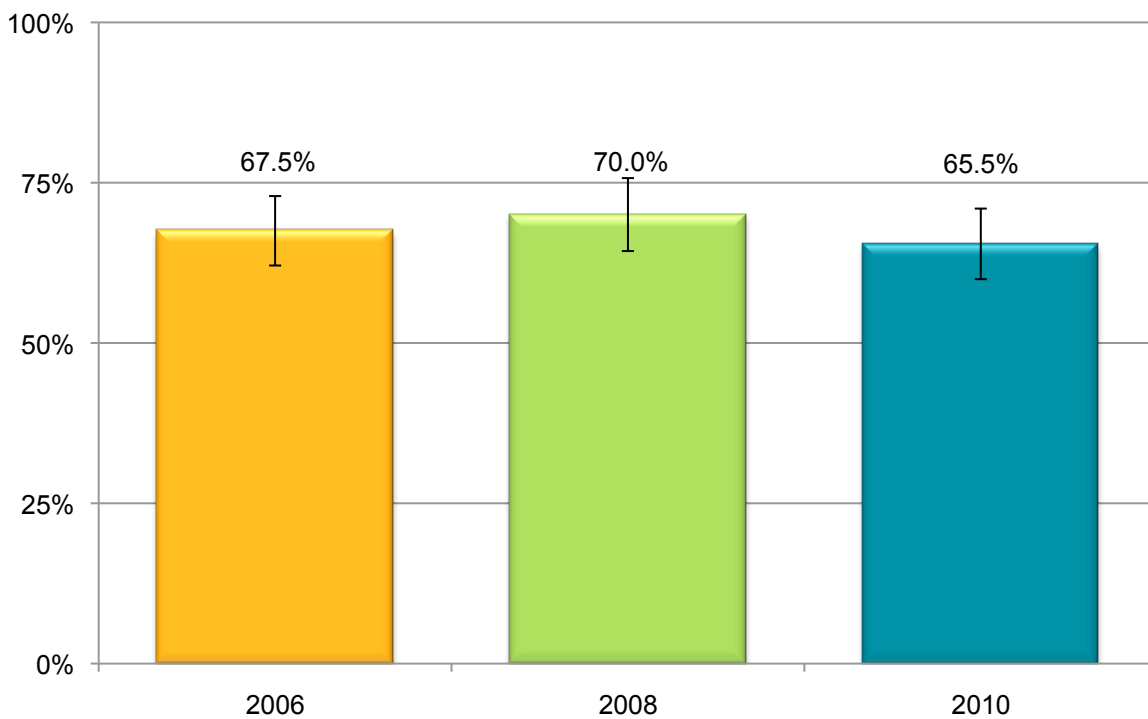
<sup>24</sup> Please be advised some slight variation may occur between the result presented in this report (77.8%) and the result the HQCA reviewed and approved as a Key Performance Indicator for Alberta Health and Wellness (AHW) (76.8%). The AHW result was based on a sample of 4,341 Albertans (margin of error is 1.5%) received on April 26-27, 2010, whereas the HQCA report value was based on an increased sample quota (5,500 vs. 4,500) and an extended data collection period (May 31, 2010 vs. April 30, 2010). Where results were rounded, values may differ due to rounding rules

### Satisfaction with the Way Health Care Providers Worked Together

*Q94. How satisfied are you with the way health care providers worked together, to provide the mental health care you needed?*

This variable was dichotomized. The majority of Albertans, 18 years or older, (65.5%), were satisfied (4 or 5 out of 5) with the way health care providers worked together to provide mental health services. Over the years the value has fluctuated, however the differences are not statistically significant.

**Figure 15.4 Percent of respondents were satisfied (4 or 5 out of 5) with the way health care providers worked together to provide mental health services, by year of survey**

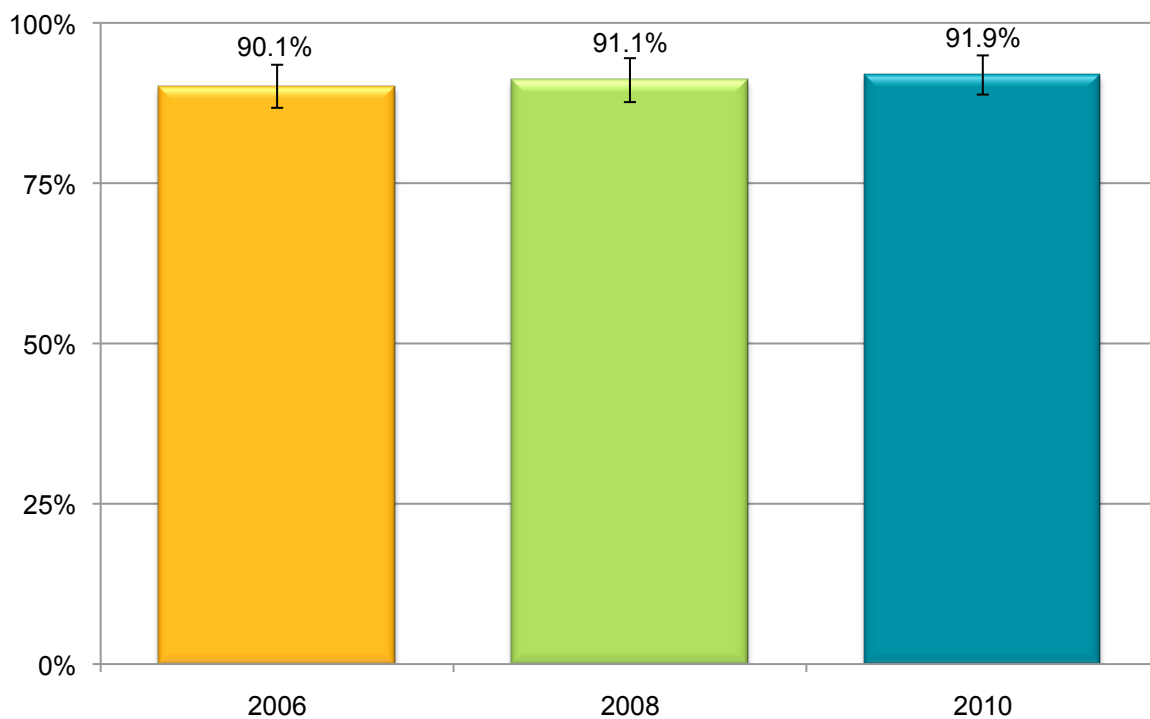


**Discrimination**

*Q95. Did you at any time feel that health care professionals discriminated against you because you had a mental health concern or problem?*

In general, most Albertans (18+), who have personally received mental health services from a therapist, counselor, family doctor, psychologist, or psychiatrist, did not feel that health care professionals discriminated against them because of their mental health concerns or problems. The difference across the years was not statistically significant.

**Figure 15.5 Percent of respondents who did not feel health care professionals discriminated against them because of their mental health problem, by year of survey**



## 16.0 Diagnostic imaging

### 16.1 Use of Magnetic Resonance Imaging (MRI) Services

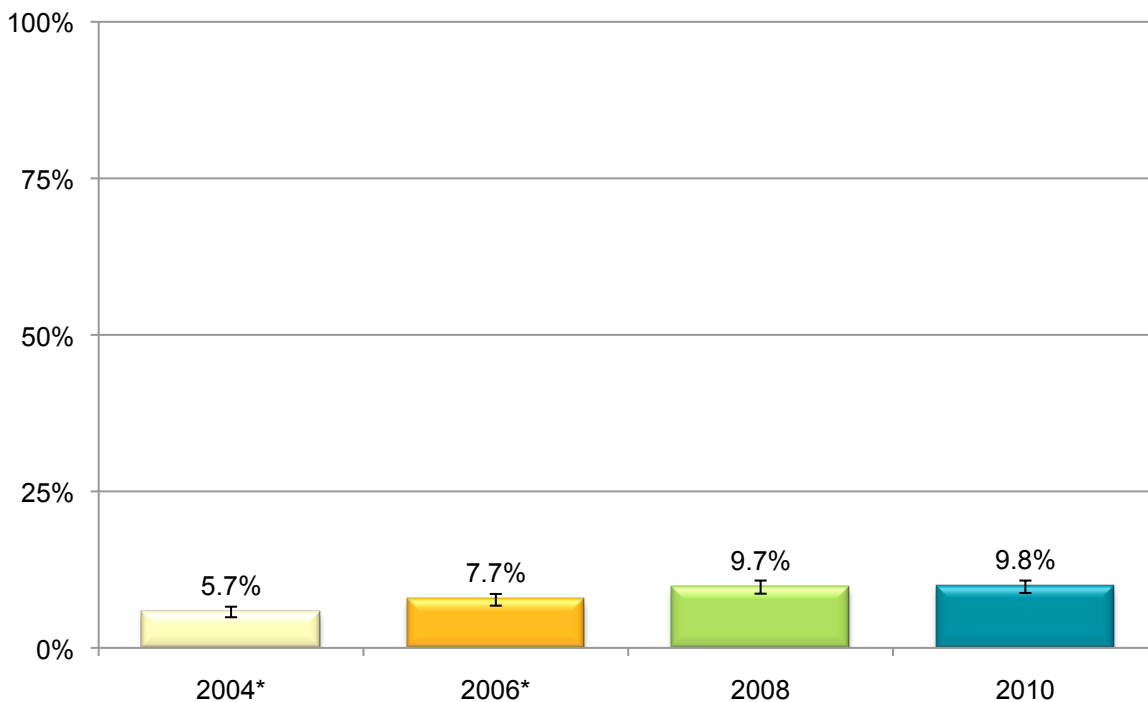
*Q69. Within the past year, have you received an MRI in Alberta?*

In 2010, 9.8% of Albertans (18+) indicated that they had received an MRI; compared to 9.7% in 2008, 7.7% in 2006 and 5.7% in 2004. The 2010 result is statistically significantly different compared to the 2006 and 2004 results ( $p \leq 0.05$ ), but is unchanged from the 2008 result.

For 2010, the majority of respondents who had an MRI in the past year received their MRI in Edmonton (42%) followed by Calgary (35.9%).

New in the 2010 survey, was Question 49d, which asked respondents about their MRI experience. Over ninety percent (91.6%) reported their MRI experience was like the description<sup>25</sup> read by the interviewer.

**Figure 16.1 Percent of Albertans (18+) who received an MRI, by year of survey**



<sup>25</sup> The Magnetic Resonance Imaging (MRI) machine looks like a tunnel that has both ends open. You lie down on a movable table that slides into the opening of the tunnel. A technologist monitors you from another room. You can talk with him or her by microphone.

The MRI machine creates a strong magnetic field around you, and radio waves are directed at your body. You don't feel the magnetic field or radio waves, and there are no moving parts around you.

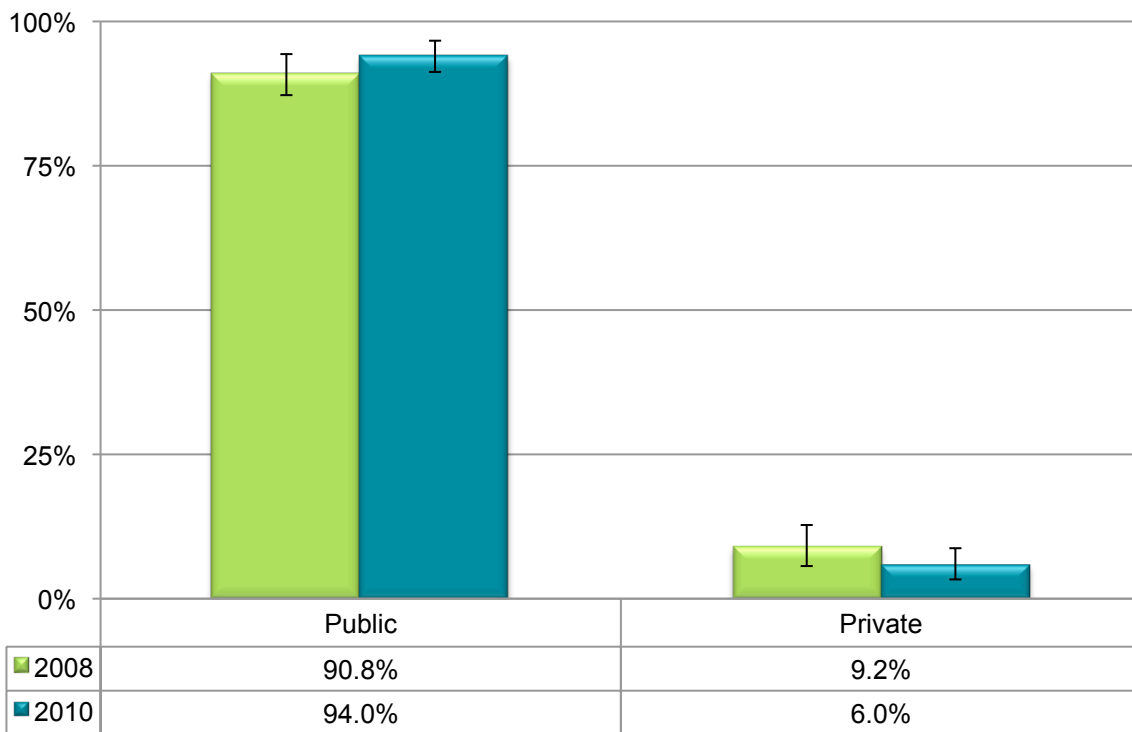
During the MRI scan, the internal part of the magnet produces repetitive tapping, thumping sounds and other noises. Earplugs or music may be provided to help block the noise.

**By Public or Private Provider**

*Q70. Was the MRI provided by the public health care system or did you pay for it privately?*

In 2010, of those Albertans (18+) who had an MRI, the vast majority (94%) said it was provided by the public health care system. The 2010 increase compared to the 2008 result was not statistically significant.

**Figure 16.2 Percent of respondents who had a publicly funded or privately funded MRI in the past year**

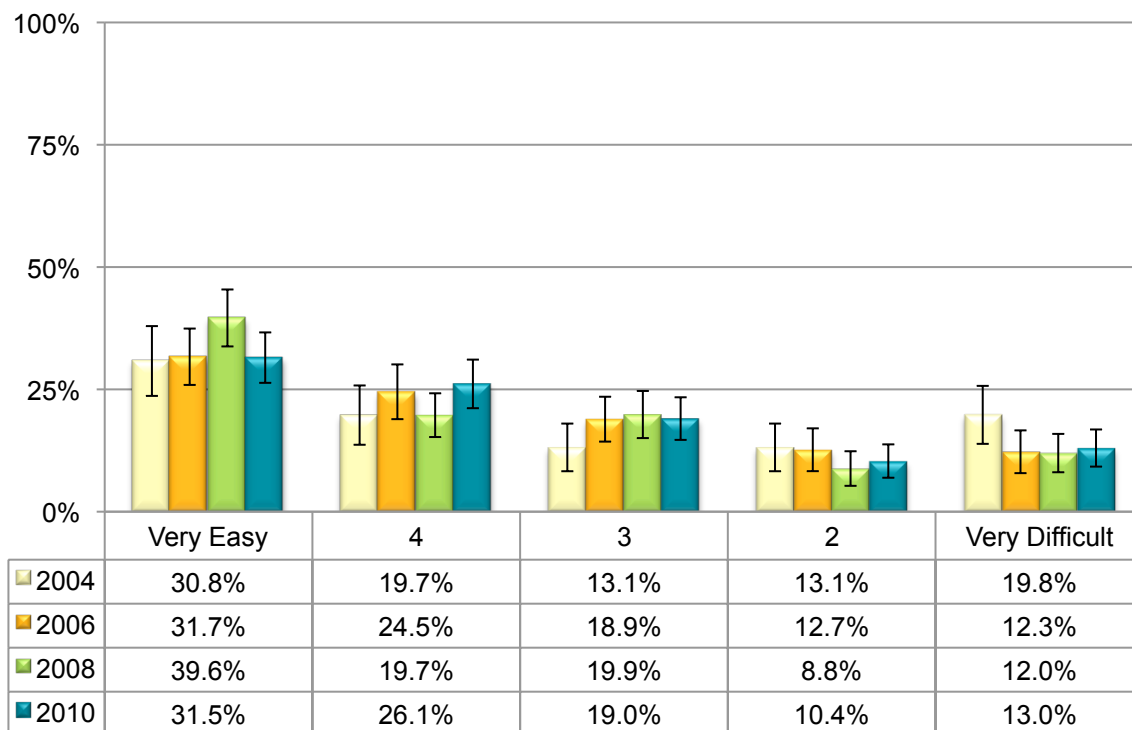


## 16.2 Access to MRI Services

*Q72. In the past year, how difficult or easy was it to actually obtain the MRI?*

In 2010, 31.5% of Albertans (18+), who had an MRI in the past year, indicated that they found it very easy to obtain a MRI; this was not a statistically significant difference compared to 2008. Overall, the majority of respondents (57.6%) rated access as easy (4 or 5 out of 5) in 2010.

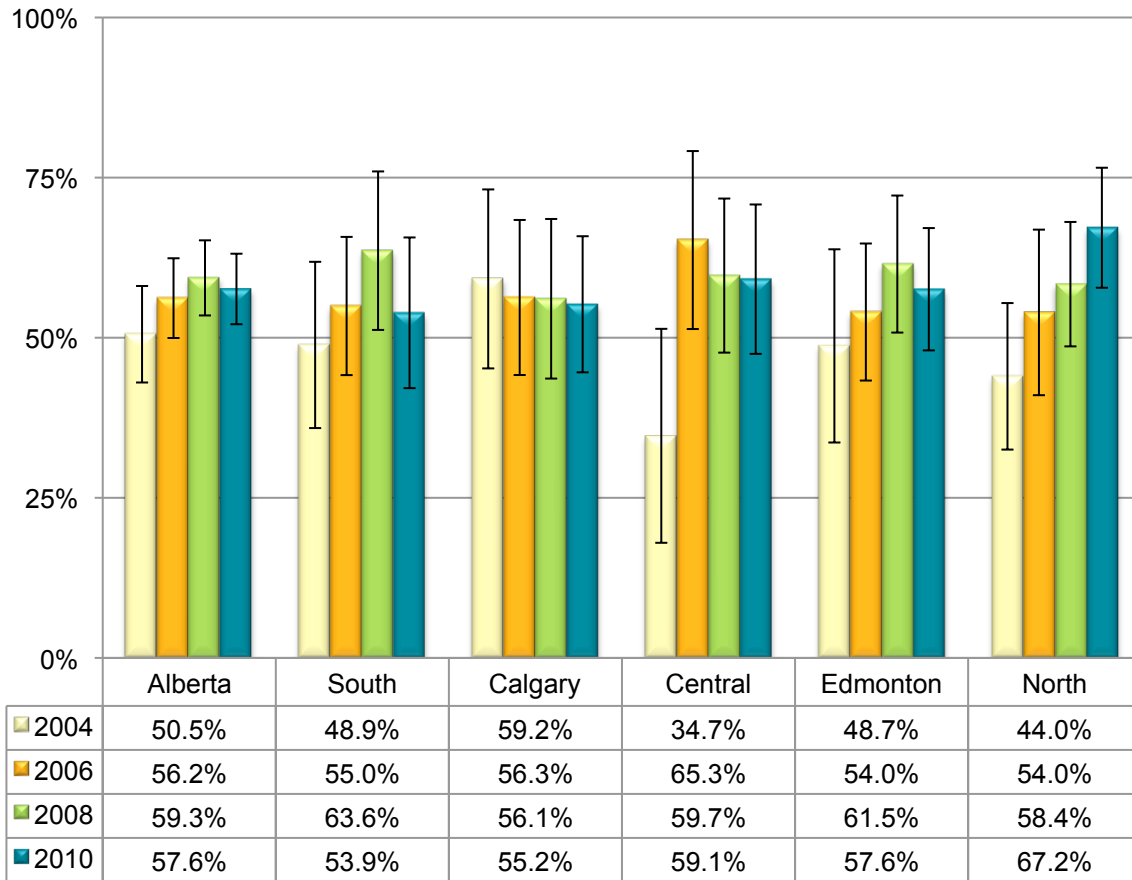
**Figure 16.3 Ease of access to MRI, by year of survey**



### By Health Zone

The 2010 variation between the health zones regarding easy access (4 or 5 out of 5) to MRIs is not statistically significant.

**Figure 16.4 Easy (4 or 5 out of 5) access to MRI, by health zone and year of survey**

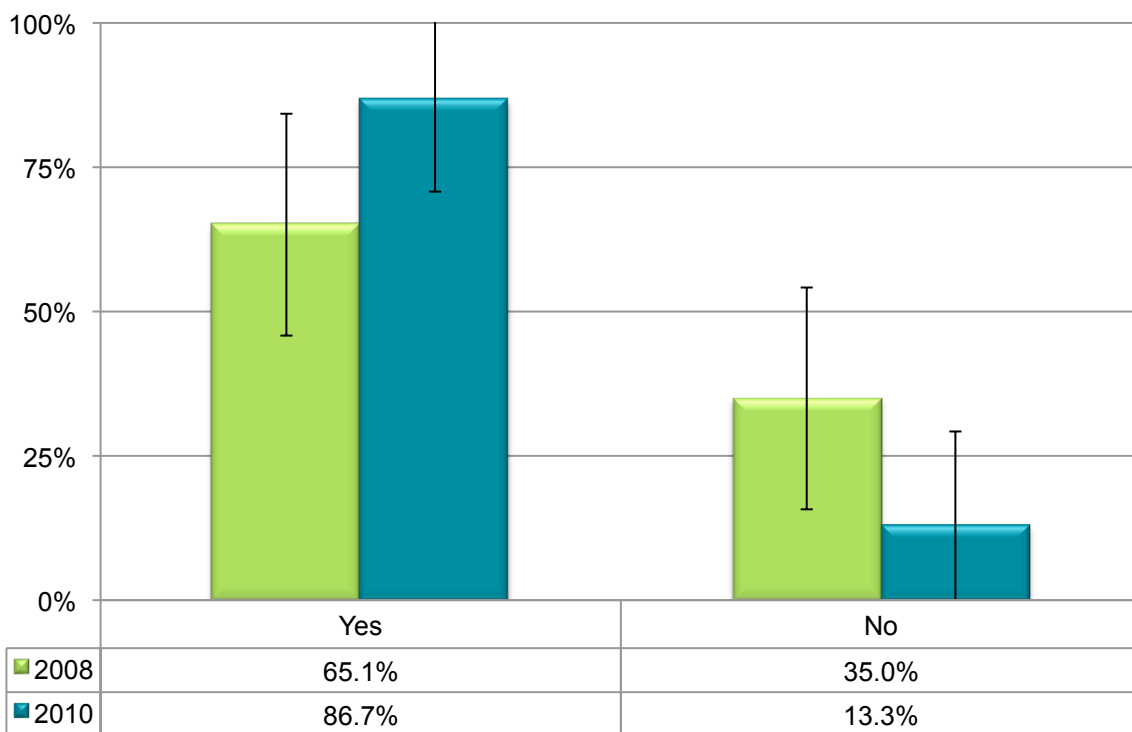


### MRI Wait Time

*Q73. Did you get a private MRI because you felt the wait time for a publicly funded MRI was too long?*

Among Albertans (18+) who received a private MRI, 86.7% agreed that they went to the private sector because the wait time for a publicly funded MRI was too long. The 2010 values are not statistically significant compared to the 2008 values. As well, the small numbers make it difficult to infer provincial level results with much confidence.

**Figure 16.5 Percent of respondents who got a private MRI because the wait time was too long**

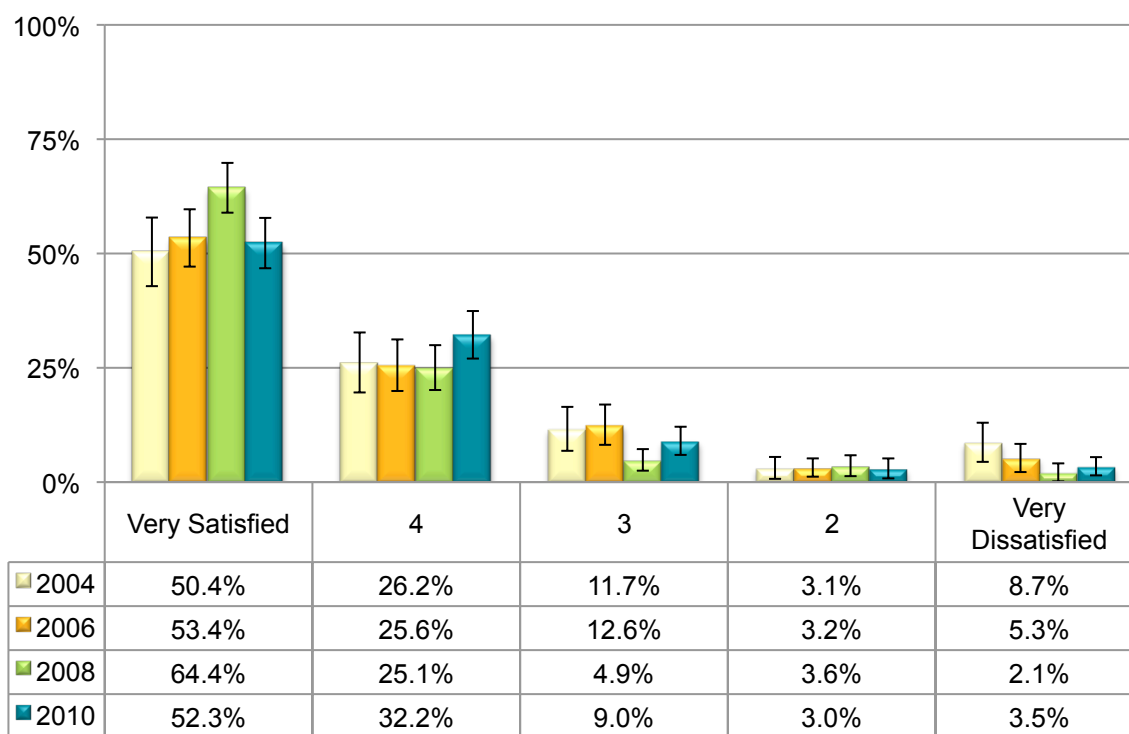


### 16.3 Satisfaction with MRI Services

*Q74. Generally speaking, how satisfied are you with the MRI you have received within the past year?*

Question 74, was asked of Albertans (18+) who had received an MRI in the past year. In 2010, 52.3% indicated they were very satisfied with their MRI compared to 64.4% in 2008, which represents a significant decline ( $p \leq 0.05$ ) but is consistent with findings from 2004 and 2006. The vast majority of respondents, regardless of the year of survey, reported satisfaction ratings of 4 or 5 (out of a 5 point scale). In 2010, 84.5% rated satisfaction as 4 or 5 versus 89.5% in 2008, 79% in 2006 and 76.6% in 2004 (2010 is not statistically different compared to the other years).

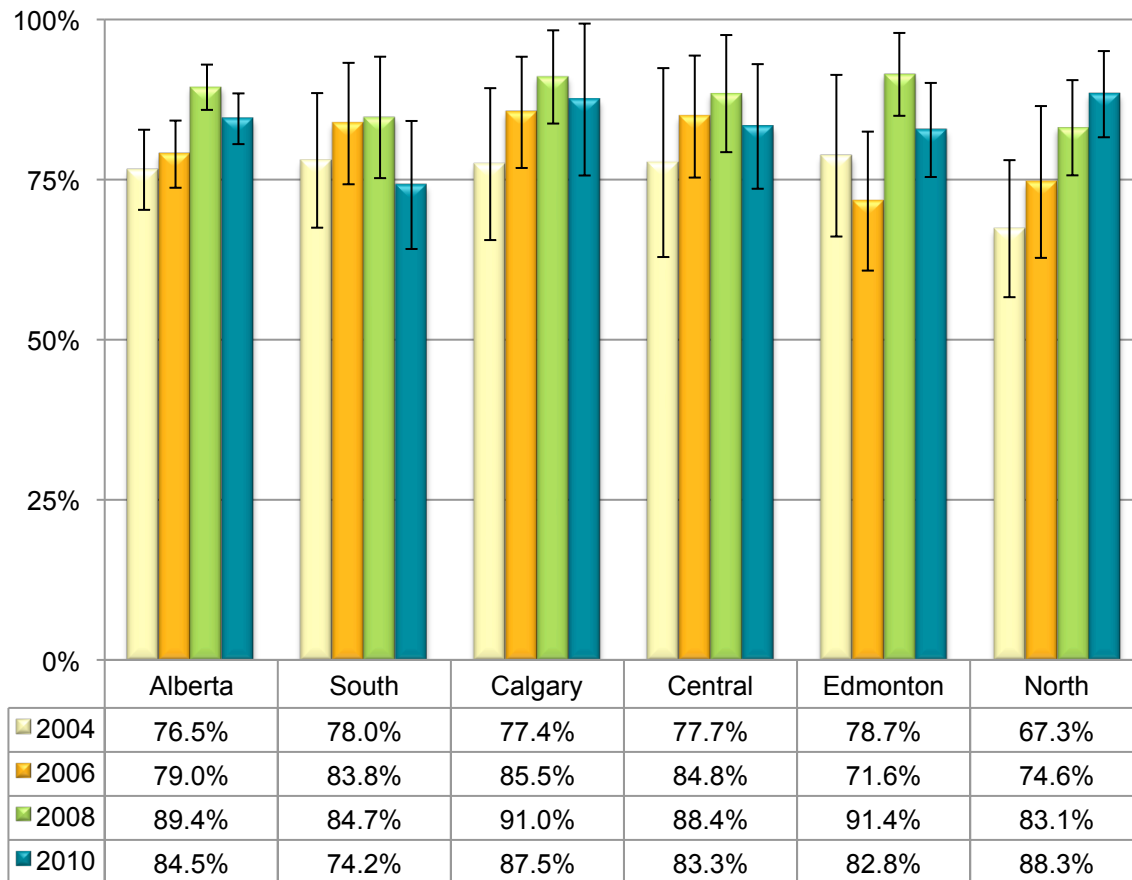
**Figure 16.6 Satisfaction with MRI services, by year of survey**



### By Health Zone

The 2010 variation between the health zones and satisfaction (4 or 5 out of 5) with MRIs is not statistically significant.

**Figure 16.7 Satisfaction (4 or 5 out of 5) with MRI services, by health zone and year of survey**



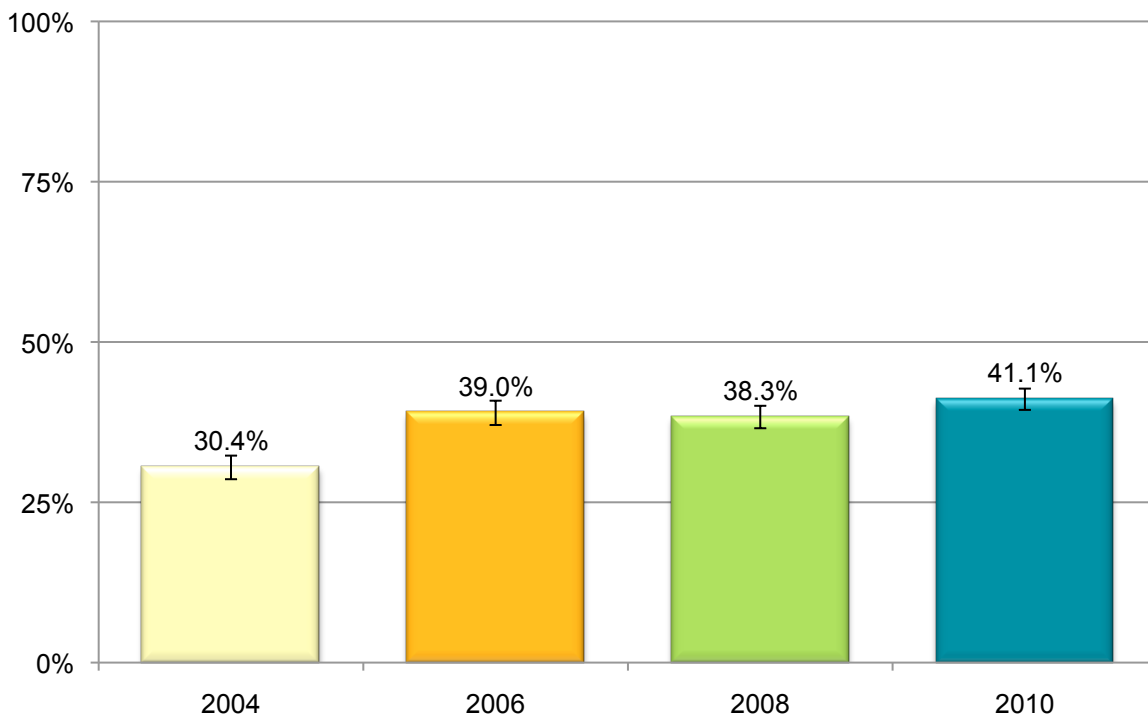
### 16.4 Diagnostic Imaging Other than MRIs

*Q76. Within the past year, have you received other diagnostic imaging such as CAT-Scans, X-rays, [FEMALE: mammograms] or ultrasounds in Alberta?*

The proportion of Albertans who have received some form of diagnostic imaging other than an MRI in the past year increased between 2010 and 2008, but is not statistically significant.

Of those who received some form of diagnostic imaging, most said they received their diagnostic imaging in Calgary (34.6%), followed by Edmonton (28.7%).

**Figure 16.8 Percent of respondents who received other diagnostic imaging, by year of survey**

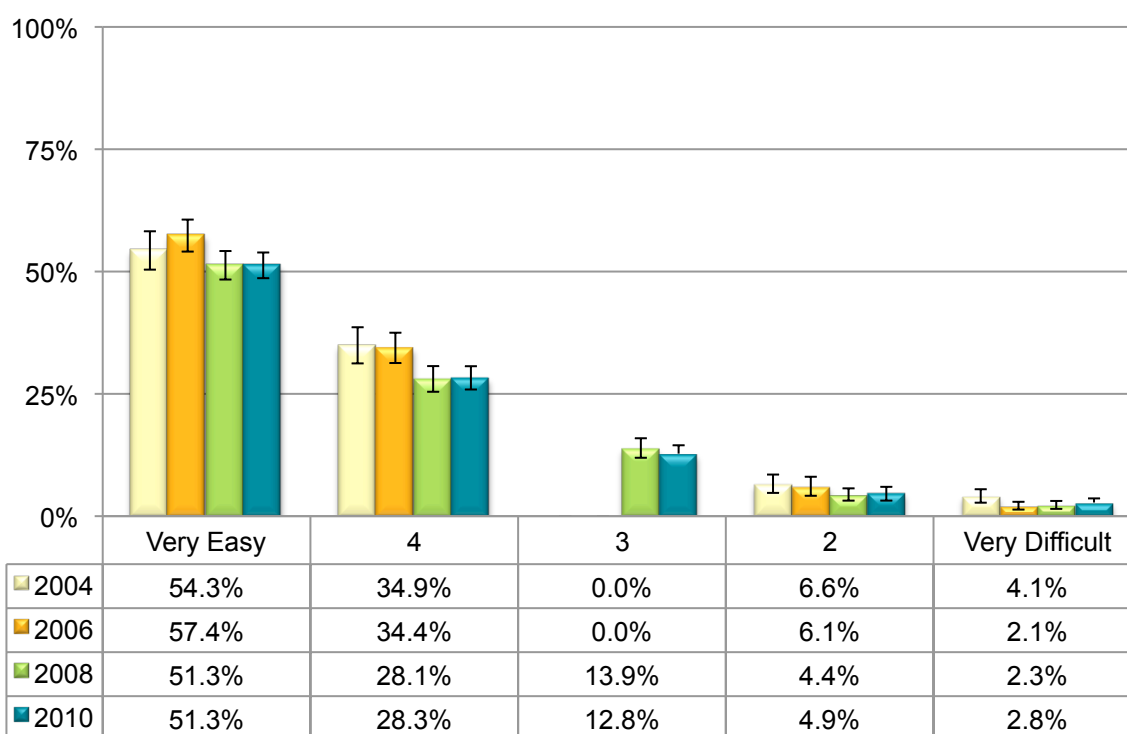


### 16.5 Access to Other Diagnostic Imaging Services

*Q78. In the past year, how difficult or easy was it to actually obtain the diagnostic imaging?*

In general, the majority of Albertans (18+) who had received diagnostic imaging other than an MRI, indicated it was very easy to obtain these services. The proportion of Albertans who rated ease of access to diagnostic imaging as very easy has remained stable over the four survey periods; the results are not statistically significant.

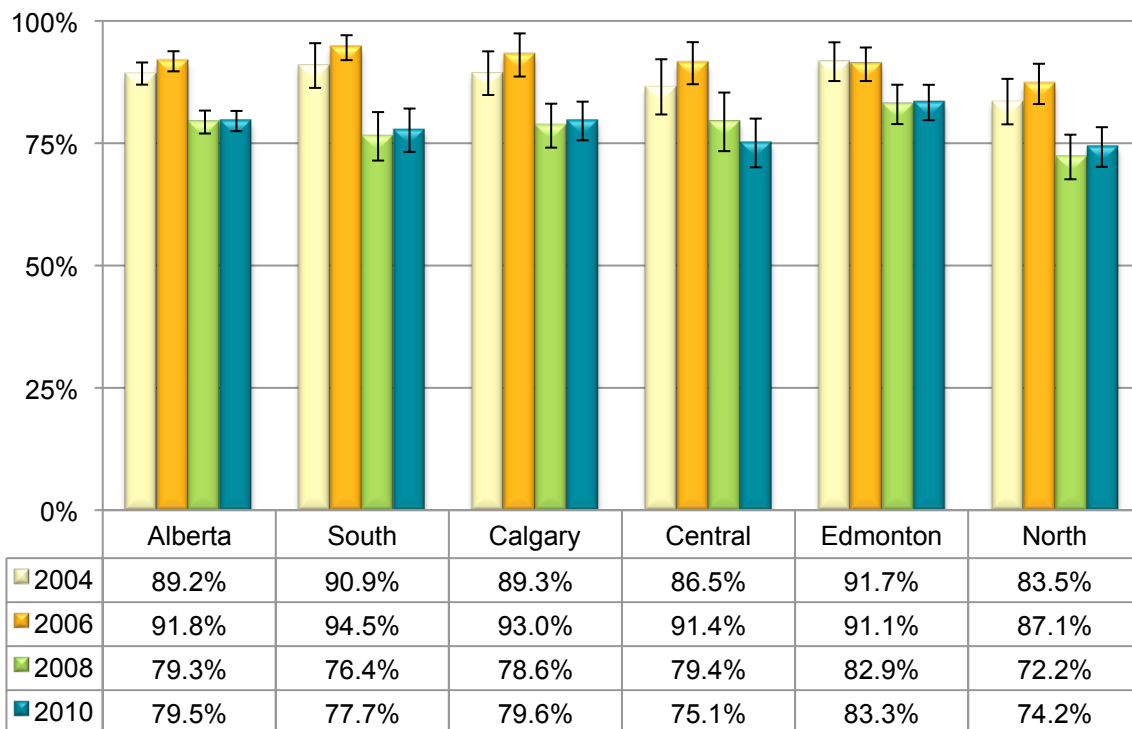
**Figure 16.9 Ease of access to diagnostic imaging, by year of survey**



### By Health Zone

The proportion of Albertans (18+) who rated access to other diagnostic imaging as 4 or 5 out of 5 or easy, has significantly decreased since 2006 and 2004 ( $p \leq 0.05$ ). Between the health zones, the Edmonton zone had significantly more respondents rating access as 4 or 5 (83.3%) compared to the North zone (74.2%) ( $p \leq 0.05$ ).

**Figure 16.10 Percent of respondents who rated access to other diagnostic imaging as easy (4 or 5 out of 5), by year of survey**

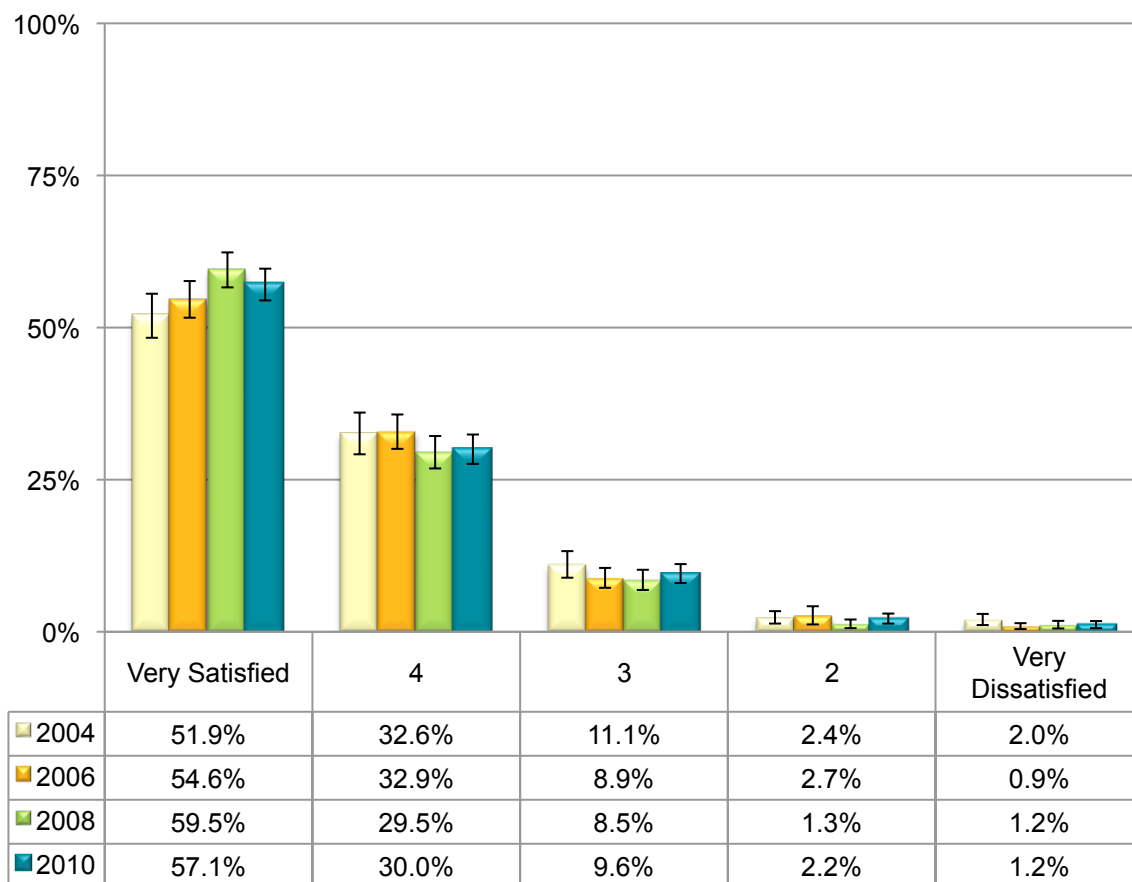


## 16.6 Satisfaction with Other Diagnostic Imaging Services

*Q79. Generally speaking, how satisfied are you with the diagnostic imaging you have received within the past year?*

Albertans (18+) were asked Question 79 if they had received diagnostic imaging other than an MRI. The difference in the proportion of respondents, in 2010, who were very satisfied with the diagnostic imaging they received, is not statistically significant in comparison to the proportion of respondents in 2008, 2006 or 2004. In all the years, the vast majority of respondents (87.1% in 2010; 89% in 2008; 87.5% in 2006; and 84.5% in 2004) were satisfied (4 or 5 out of 5) with the services they received; the results remained stable from 2008 to 2010.

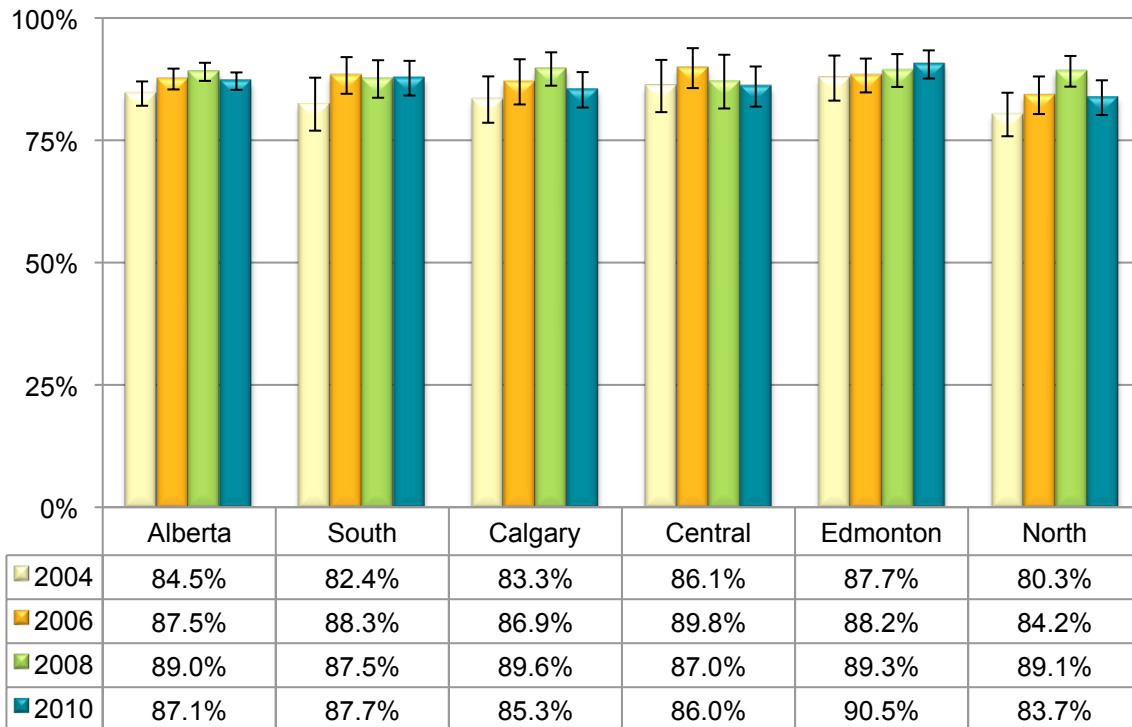
**Figure 16.11 Satisfaction with diagnostic imaging services, by year of survey**



### By Health Zone

The Edmonton zone had significantly more respondents who were satisfied with diagnostic imaging services than the North zone (90.5% versus 83.7%) ( $p \leq 0.05$ ).

**Figure 16.12 Percent of Albertans satisfied (4 or 5 out of 5) with diagnostic imaging, by health zone and year of survey**

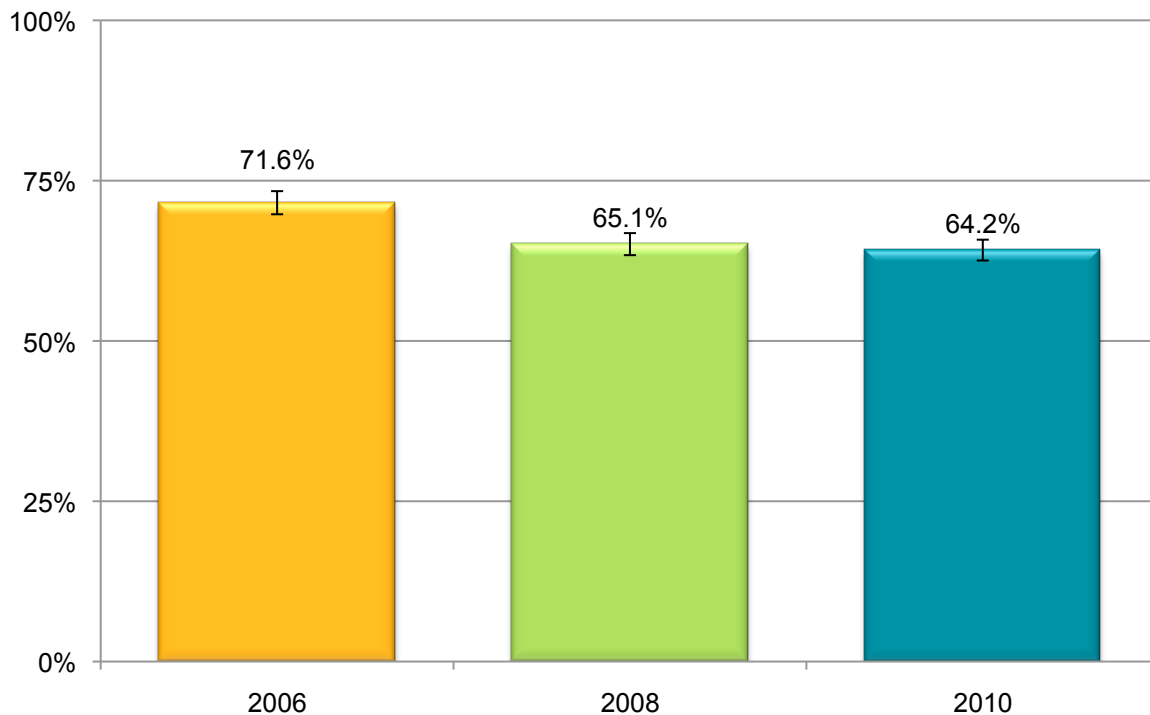


## 17.0 Pharmacist Services

### 17.1 Use of Pharmacist Services

Respondents were asked an initial screening question (Q15i) on whether they had, “*Received advice from a pharmacist or received prescription medication from a pharmacist for your own use [during the past year]?*” In 2006, 71.6% of Albertans (18+) had either received advice or medications from a pharmacist compared to 65.1% in 2008 and 64.2% in 2010. The 2010 result is unchanged from the 2008, but is statistically lower than the 2006 result ( $p \leq 0.05$ ). Respondents who answered yes to this question were then asked the subsequent questions.

**Figure 17.1 Percent of Albertans (18+) who received advice or prescription medication from a pharmacist, by year of survey**



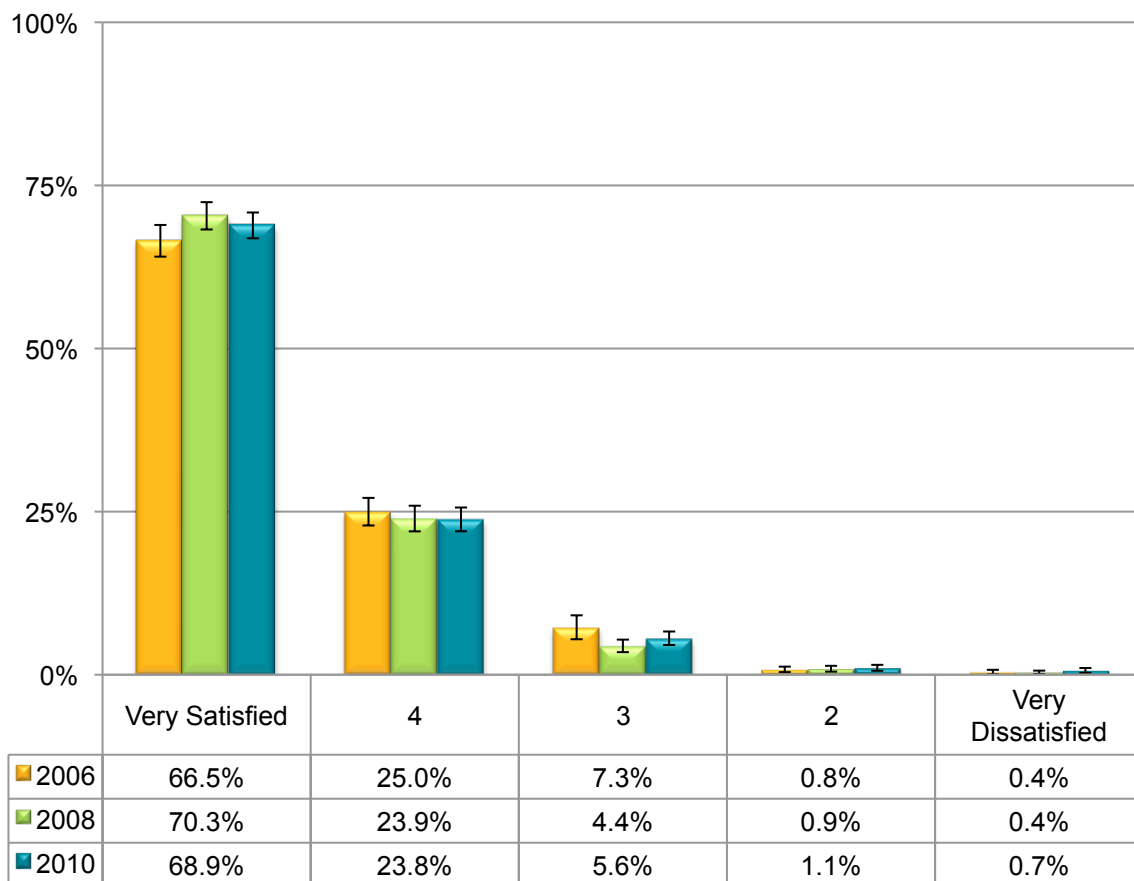
## 17.2 Satisfaction with Pharmacist Services

The following questions were asked of persons who had received at least one prescription from a pharmacist in the past year.

*Q86a. And thinking of the past year, how satisfied are you with your pharmacist making sure you understand how to take your prescription medication properly?*

The majority of Albertans (68.9% in 2010; 70.3% in 2008; and 66.5% in 2006) were very satisfied with pharmacists making sure they understood how to take their prescription medication properly. The slight differences across the three survey periods were not statistically significant. In general, over ninety percent of Albertans rated their satisfaction with pharmacist services as 4 or 5 out of 5 in 2010 (92.7%), 2008 (94.2%) and 2006 (91.5%); the results are stable and not statistically significant from one another.

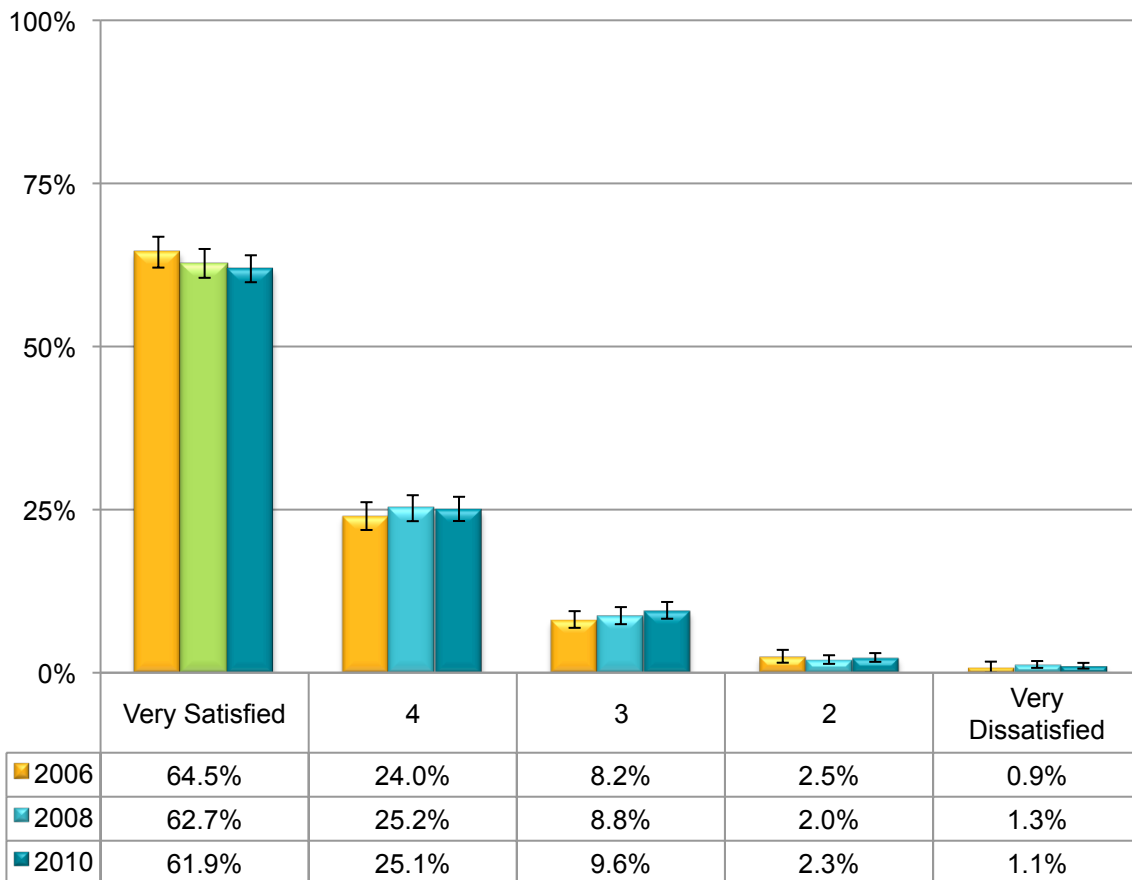
**Figure 17.2 Satisfaction with pharmacist making sure you understand how to take medication, by year of survey**



*Q86b. And thinking of the past year, how satisfied are you with your pharmacist making sure you understand what results you might expect from your medication including any side effects or drug/food interactions that may occur?*

In general, the majority of Albertans (18+) who received at least one prescription from a pharmacist in the past year were very satisfied (61.9%) with their pharmacist making sure they understood what results they might expect from their medication. There were no statistically significant differences between those who reported being very satisfied with their pharmacist’s performance across the three time periods. In general, over eighty-five percent (87% in 2010; 88% in 2008; and 88.5% in 2006) of respondents were satisfied (4 or 5 out of 5) with the pharmacist making sure they understood what results they might expect from their medication.

**Figure 17.3 Satisfaction with pharmacist making sure you understand side effects or drug/food interactions, by year of survey**



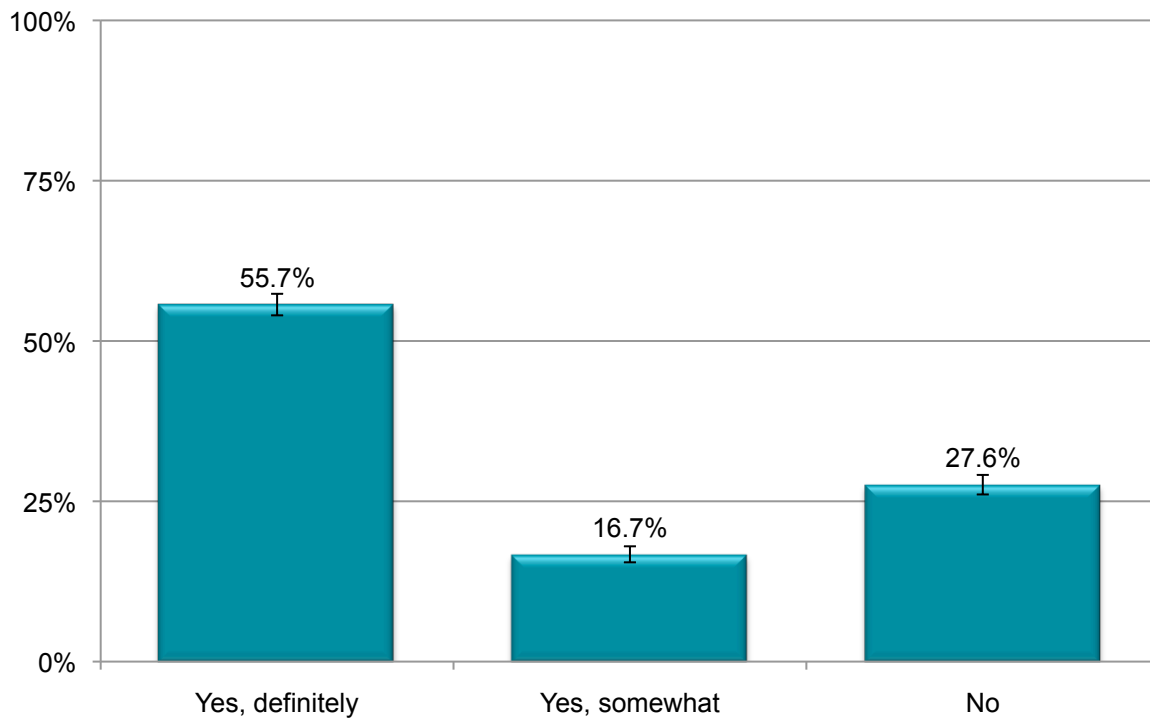
## 18.0 Public Health

### 18.1 Hand Washing – Self

103a. Over the past 12 months, have you been washing your hands more often because of concerns about the flu or H1N1?

The majority of Albertans (72.4%) said they were washing their hands more often because of concerns about the flu or H1N1.

**Figure 18.1 Percent of respondents who have washed their hands more often because of concerns about the flu or H1N1**



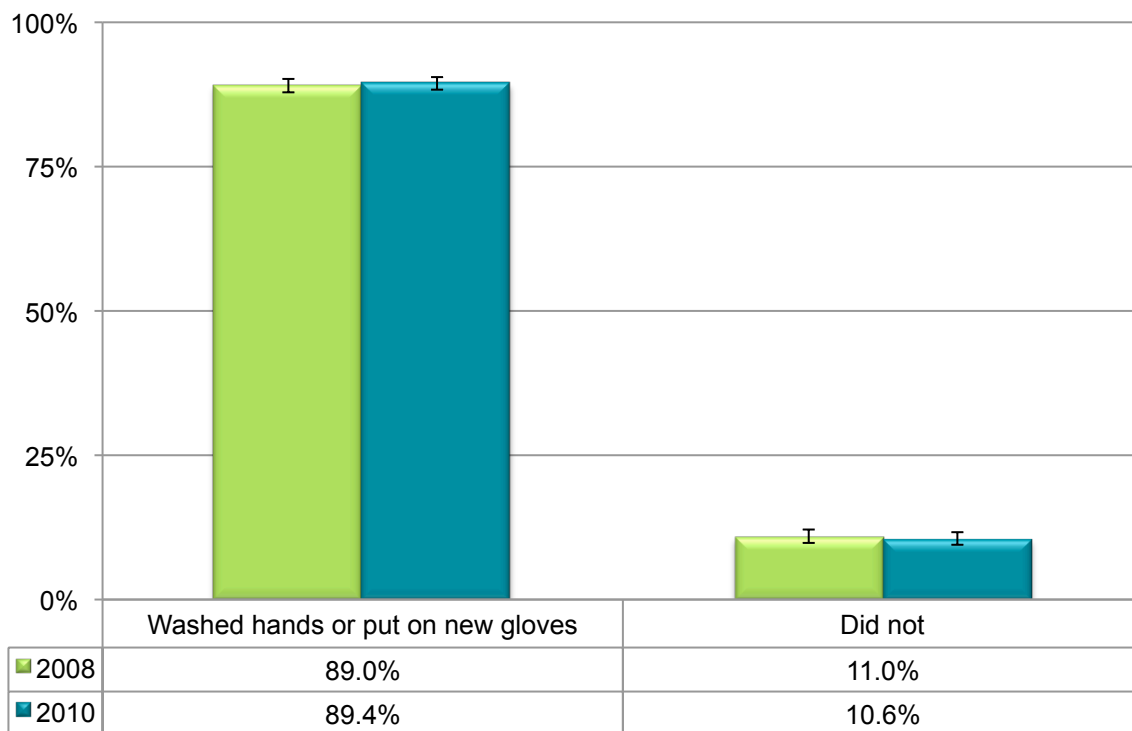
## 18.2 Hand Washing & Putting on New Gloves – Health care workers

Q106. In the past 12 months, did you see health care workers wash their hands before they touched or treated you?

Q107. In the past 12 months, did you see health care workers put on new gloves before they touched or treated you?

Asked as separate questions, 55.6% of Albertans (18+) reported that they always saw health care workers wash their hands before they touched or treated the respondent; and 66.2% reported that they had always saw a health care worker put on new gloves before they were touched or treated. As Figure 18.2 shows, respondents observed health care workers wash hands or put on new gloves 89.4% of the time in 2010 and 89% in 2008; the results were not statistically significantly different.

**Figure 18.2 Percent of Albertans (18+) who saw a health care worker wash their hands OR put on new gloves before the respondent was touched or treated**



## 19.0 Patient Safety

### 19.1 Experience of Harm

The following questions were asked of respondents who had indicated that they had used Alberta’s health care system within the past 12 months.

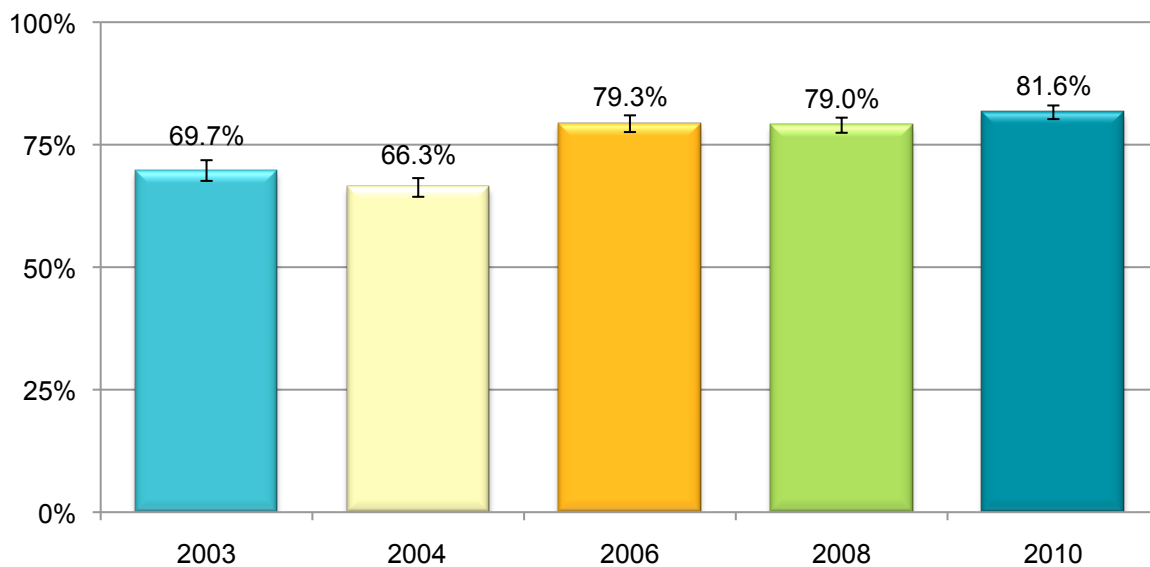
*Q108. As a result of your personal experience in Alberta’s health system within the past year, to what degree are you personally concerned that unexpected harm<sup>26</sup> could occur in the course of your care and treatment as a patient?*

This variable was collapsed into two categories coded as 0 = Not at all concerned or Not very concerned, or 1 = Concerned or Very concerned.

In 2010, 81.6% of Albertans (18+) indicated that they were not at all concerned or not very concerned that unexpected harm could occur in the course of care and treatment as a patient compared to 79% in 2008. The slight increase in 2010 compared to 2008 is not statistically significant.

*\*NOTE: Question wording was changed in 2006 to reflect current definitions of unexpected harm versus medical error. This may have impacted results between 2004 and 2006.*

**Figure 19.1 Percent of Albertans (18+) who were concerned that unexpected harm could occur in the course of care or treatment as a patient, by year of survey**



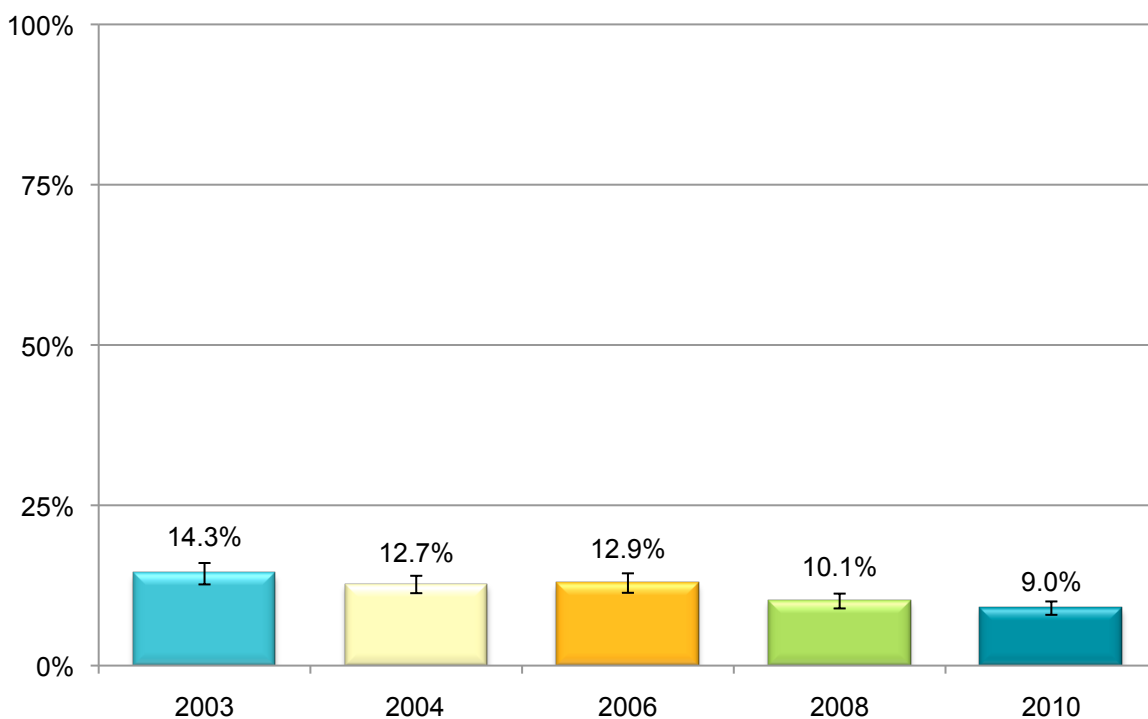
<sup>26</sup> Definition: Sometimes when people receive health care, unexpected harm can occur as a result of that care. Such unexpected harm is different from complications which may occur as an expected risk of some treatments. Unexpected harm may affect the patient’s health and/or quality of life and may result in additional or prolonged treatment, pain or suffering, disability or death.

## 19.2 Experience with Unexpected Harm

*Q109. To the best of your knowledge, have you, or has a member of your immediate family experienced unexpected harm while receiving health care in Alberta within the past year?*

In 2010, 9%<sup>27</sup> of Albertans (18+) indicated that they or an immediate family member experienced unexpected harm; significantly less than in 2006, 2004 or 2003 ( $p \leq 0.05$ ). However, the 2008 and 2010 results were not statistically significant from each other.

**Figure 19.2 Percent of Albertans (18+) who indicated that they or an immediate family member experienced unexpected harm while receiving health care in Alberta, by year of survey**

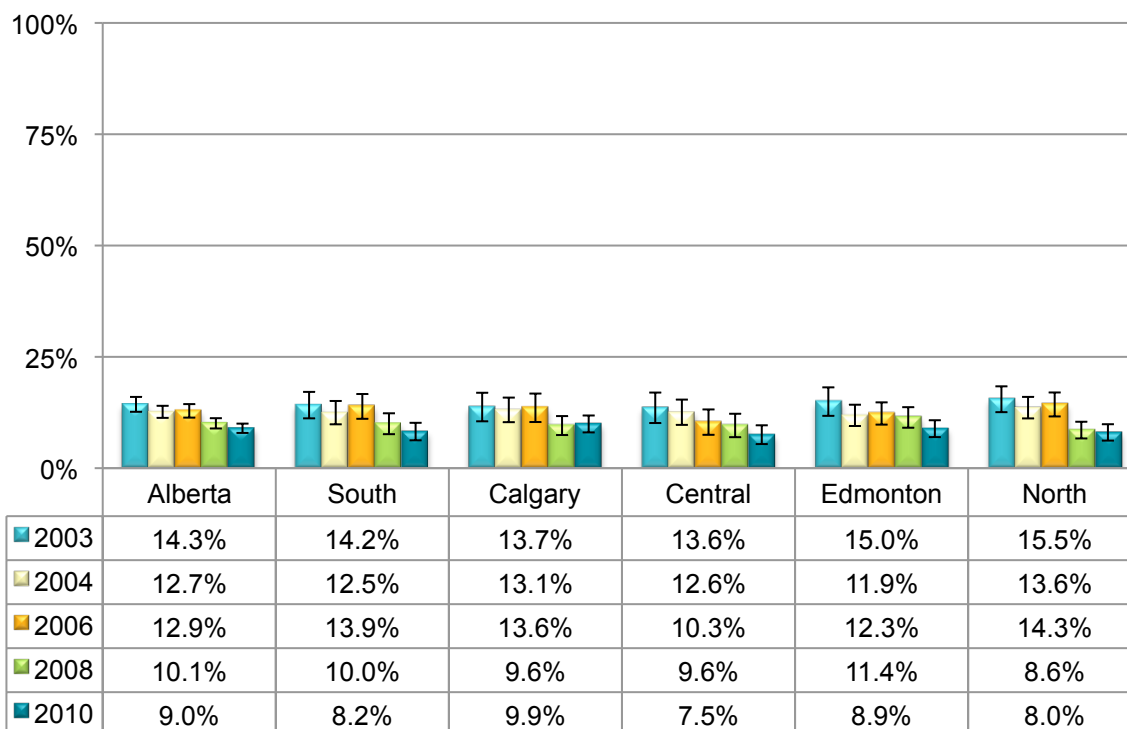


<sup>27</sup> Please be advised some slight variation may occur between the result presented in this report (9%) and the result the HQCA reviewed and approved as a Key Performance Indicator for Alberta Health and Wellness (AHW) (8.7%). The AHW result was based on a sample of 4,341 Albertans (margin of error is 1.5%) received on April 26-27, 2010, whereas the HQCA report value was based on an increased sample quota (5,500 vs. 4,500) and an extended data collection period (May 31, 2010 vs. April 30, 2010). Where results were rounded, values may differ due to rounding rules.

### By Health Zone

The reported incidence of unexpected harm has remained stable across the health zones in 2010 compared to 2008. However, it has significantly declined, compared to the 2003 results, for the South, Central, Edmonton, and North zones ( $p \leq 0.05$ ).

**Figure 19.3 Percent of Albertans (18+) who indicated that they or an immediate family member experienced unexpected harm while receiving health care in Alberta, by health zone and year of survey**

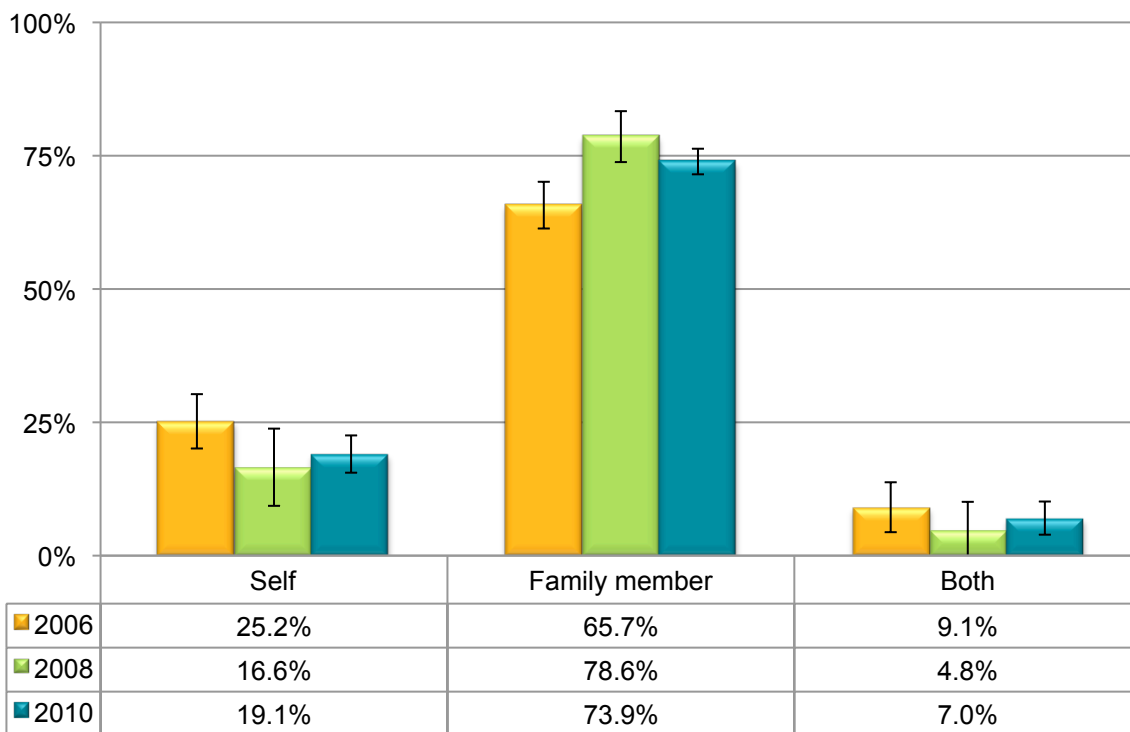


### Recipient of Unexpected Harm

Q110. Did this unexpected harm happen while receiving care for yourself, a family member or both?

The following questions were asked of Albertans (18+) who answered yes to Q109. The majority of respondents, regardless of year, said that the unexpected harm happened while receiving care for a family member, followed by self and then both. The difference in proportions within each choice category remained stable from 2008 to 2010; the results were not statistically significant over the two years.

**Figure 19.4 Percent of Albertans (18+) or immediate family members who experienced unexpected harm while receiving health care in Alberta in the past year, by year of survey**

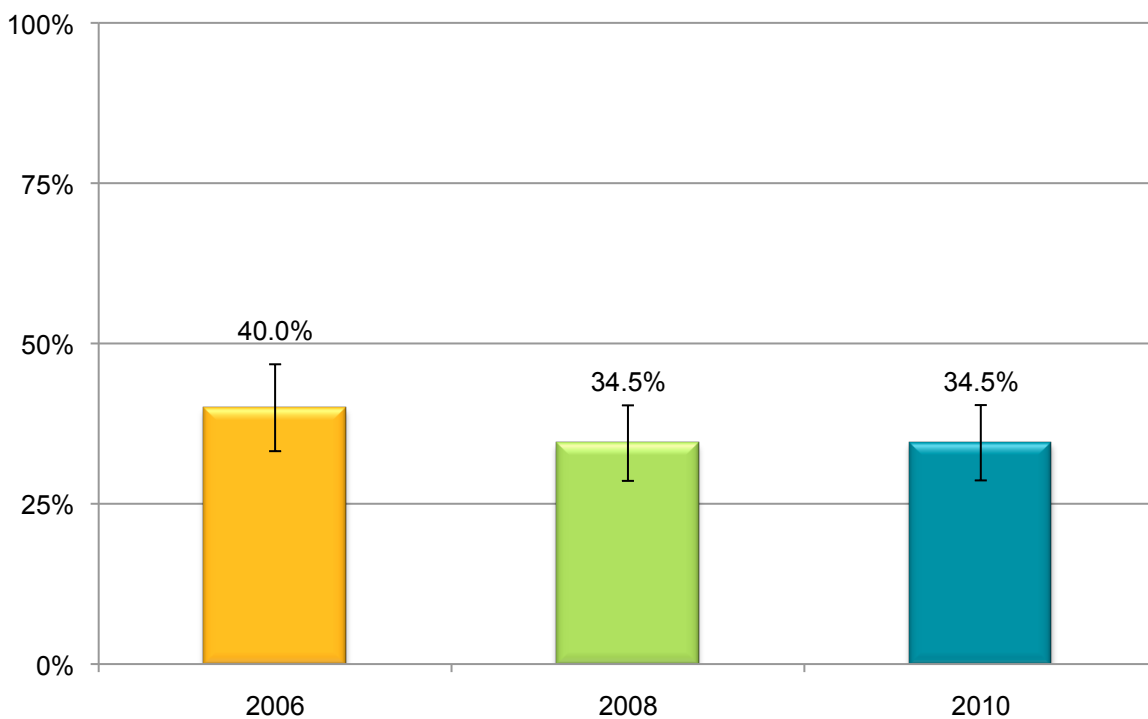


### Notification of Unexpected Harm

*Q111. Did the doctor or health professional involved tell you that unexpected harm had occurred during your (or your family member's) care or treatment?*

This question refers to the unexpected harm that occurred most recently, if more than one incident had occurred. The proportion of respondents who were informed by a doctor or health care professionals that unexpected harm occurred has remained stable since 2006; the proportions are not statistically significant or different from one another.

**Figure 19.5 Percent of Albertans (18+) who were told by their doctor or health care professional that unexpected harm had occurred during care or treatment, by year of survey**

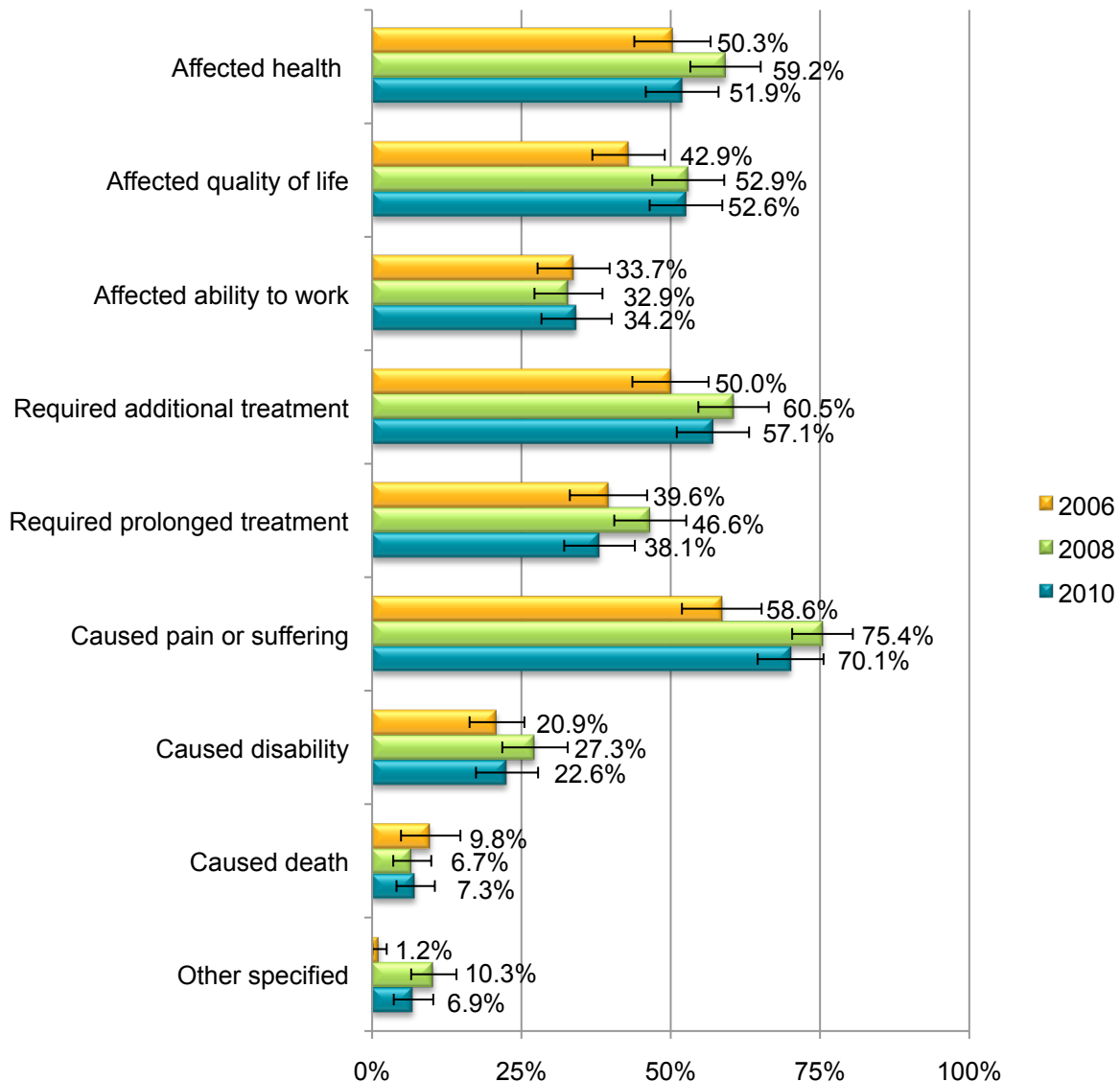


### Description of Unexpected Harm

Q113. Which of the following best describes the unexpected harm that you or your family member experienced?

To determine the impact of perceived harm, Albertans (18+) were asked a series of specific yes/no questions regarding different impacts. The three most common consequences of unexpected harm were: 1) causing pain and suffering (70.1%); 2) requiring additional treatment (57.1%); and 3) affecting quality of life (52.6). As shown below, the proportion of respondents reporting these and other impacts has remained, for the most part, stable in the 2010 survey compared to the 2008 and 2006 survey.

**Figure 19.6 Percent of Albertans (18+) who experienced unexpected harm and how it affected their health, by year of survey**

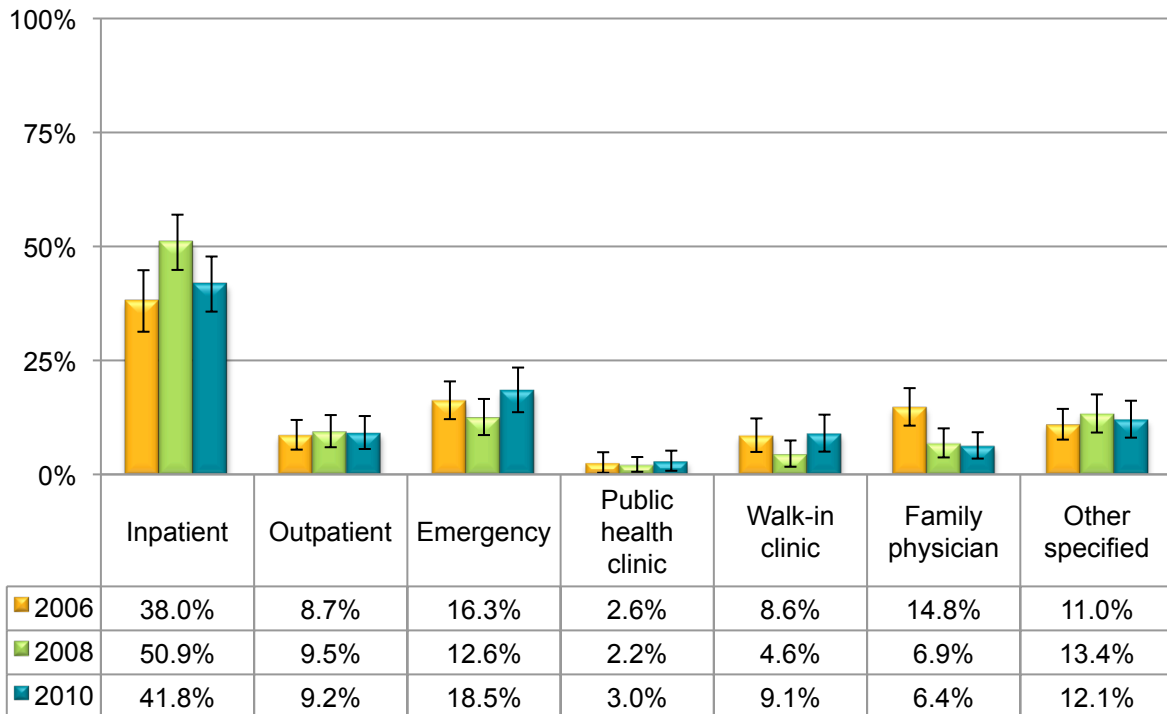


## Health Care Setting

*Q114. In what health care setting did this unexpected harm occur?*

The majority of Albertans, 18 years and older, who said that they or a family member had experienced unexpected harm in the past year, indicated that the harm occurred while in the hospital as an admitted inpatient (41.8% in 2010; 50.9% in 2008; and 38% in 2006). In general, the 2010 results were not statistically significant from the 2008 and 2006 results, with the exception of the family physician setting. The percent of respondents who had experienced unexpected harm in the past year, and the harm occurred while in the family physician office, in 2010 and 2008 were both significantly less than in 2006 ( $p \leq 0.05$ ).

**Figure 19.7 Percent of Albertans (18+) who experienced unexpected harm, by location where harm occurred and year of survey**



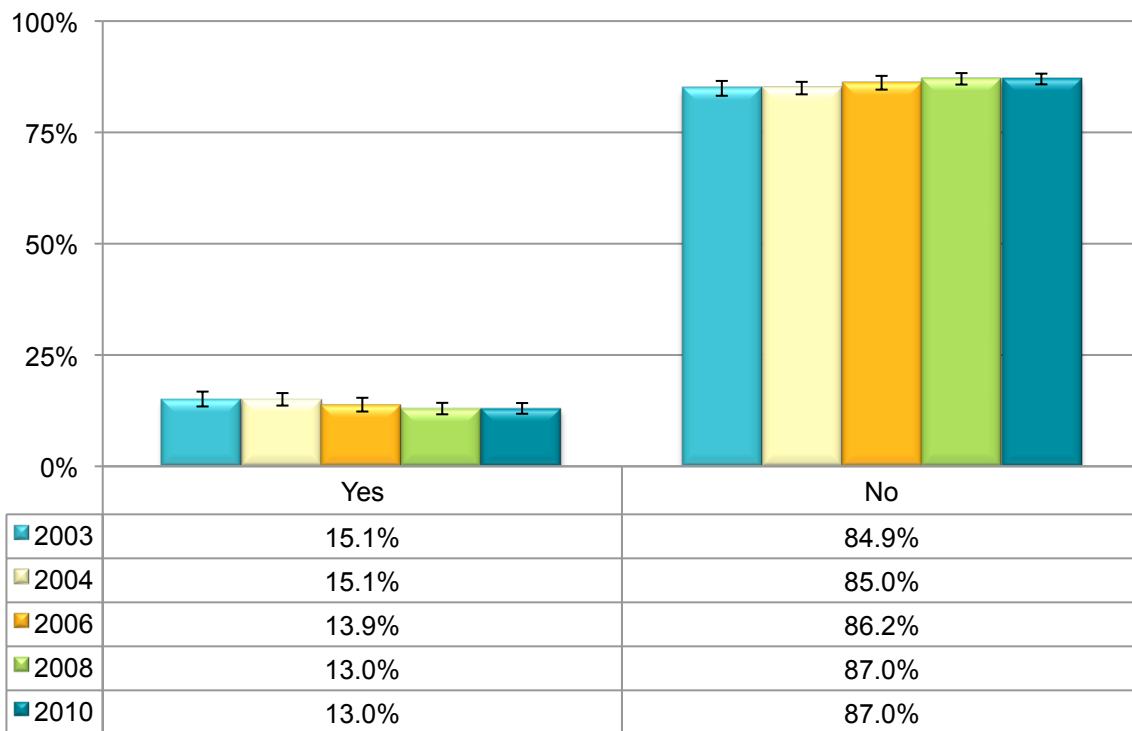
## 20.0 Patient Complaints about Health Care Services

### 20.1 Experiences of Serious Complaint

*Q115. Have you had a serious complaint about any health care services you have received in Alberta in the past year?*

This question was asked of Albertans (18+) who said they had contact with the health care system in the past year (Q16). As we can see in Figure 20.1 the majority of respondents did not have a serious complaint about the health care services they received. The differences across the years for those who did not have a complaint are minor and are not statistically significant.

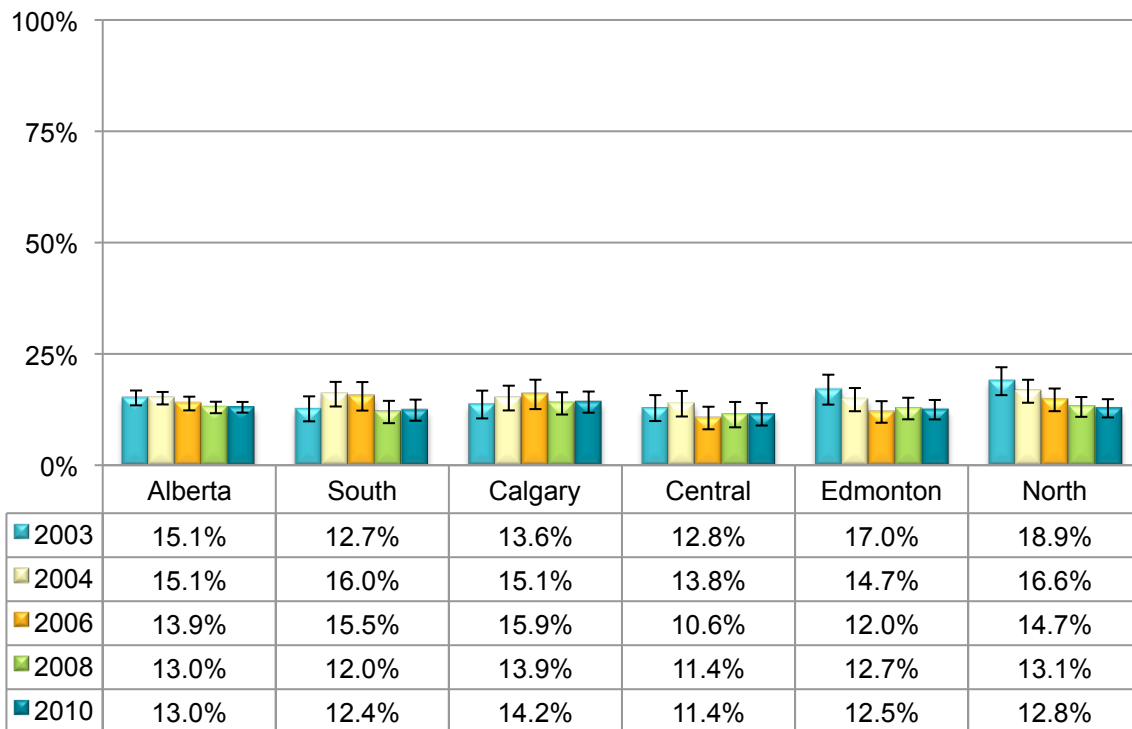
**Figure 20.1 Percent of Albertans (18+) who had or did not have a serious complaint about health care services, by year of survey**



### By Health Zone

In 2010, the number of Albertans (18+) who had a serious complaint about health care services did not vary significantly; the results were similar across the health zones.

**Figure 20.2 Percent of Albertans (18+) who had a serious complaint about health care services, by Health Zone and year of survey**

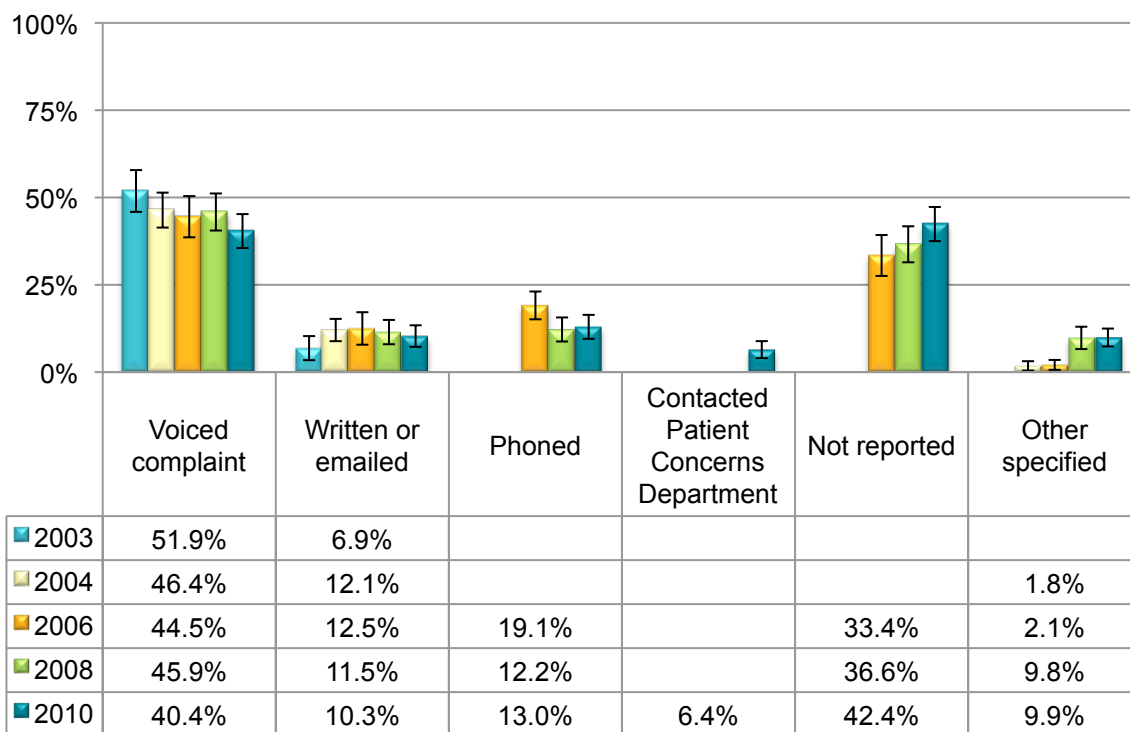


### Action Taken to Address Serious Complaint

Q116. Which of the following best describes what you had done to date about your (most recent) serious complaint?

Of the 575 Albertans (18+) who had contact with the health system during the past year and had a serious complaint in 2010, most did not report their complaint (42.4%), followed by those that directed their complaint to a health care professional (40.4%). However, the 2% difference between the two results was not statistically significant.

**Figure 20.3 Percent of Albertans (18+) who had a complaint about health care services and what they did about the complaint**

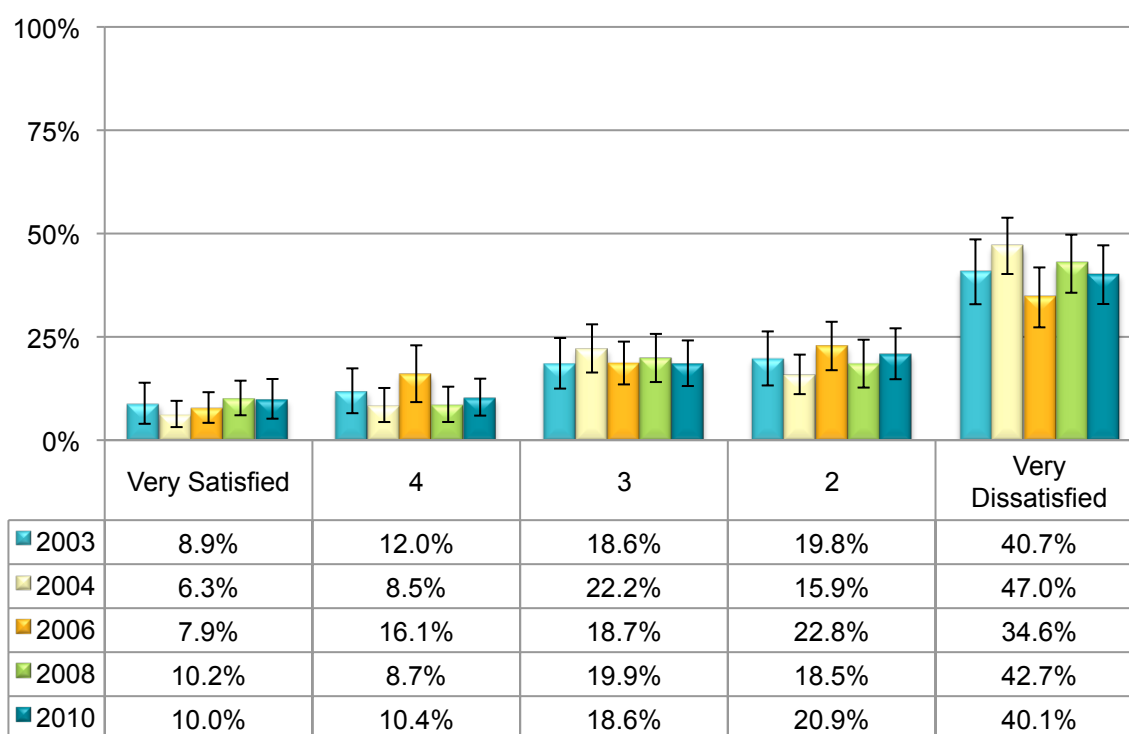


## 20.2 Satisfaction with How Complaint was Handled

*Q117. And to what extent were you satisfied or dissatisfied with how your complaint was handled and addressed?*

Of those Albertans (18+) who had contact with the health system during the past year and had a serious complaint, 10% were very satisfied with how their complaint was handled. Overall, the results have remained stable since 2003; no statistically significant variation exists by year and satisfaction rating.

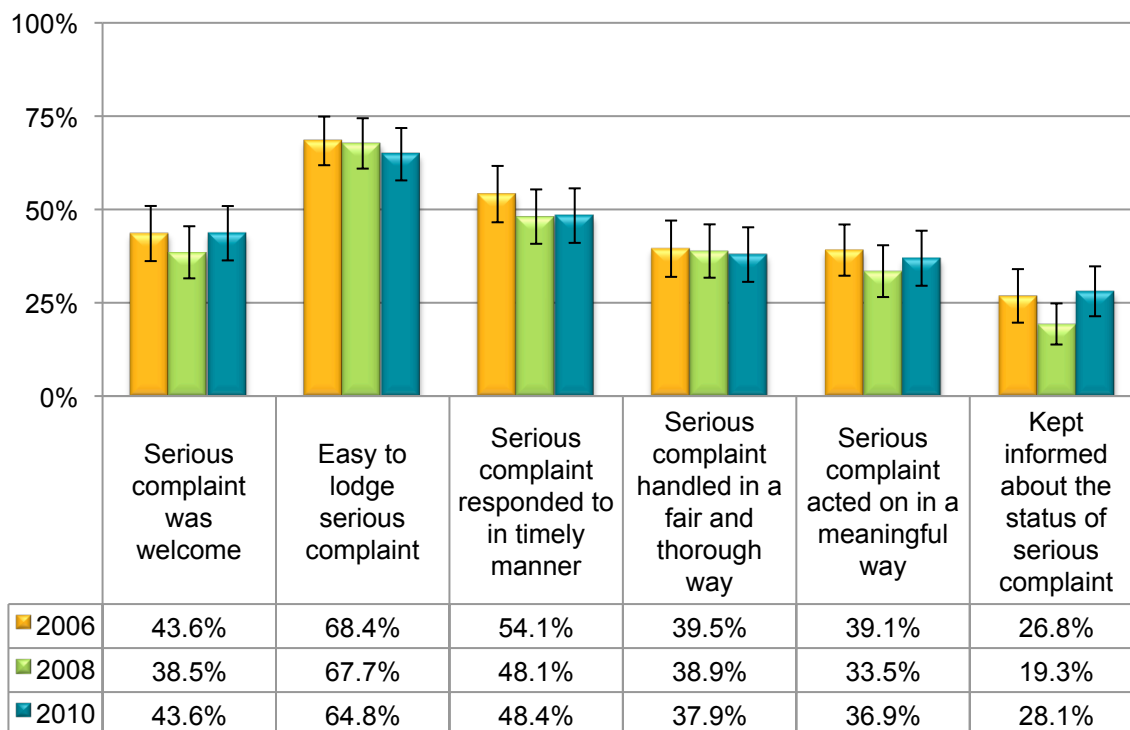
**Figure 20.4 Albertans' (18+) satisfaction with how their complaint was handled, by year of survey**



### Process and Experience with Lodging Complaint

Figure 20.5 summarizes yes responses to questions concerning the process and experience of lodging a complaint. Almost two-thirds of respondents in 2010 felt it was easy to lodge a serious complaint (64.8%), however less than half of the respondents reported it was handled in a timely manner (48.4%), and approximately one in three indicated they were kept informed about the status of their complaint (28.1%). Slightly more than forty percent (43.6%) felt their complaint was welcome, and less than forty percent felt it was handled fairly (37.9%) or acted upon in a meaningful way (36.9%). Overall, there was no statistically significant relationship between question and year of survey: the results have remained stable over time.

**Figure 20.5 Albertans’ (18+) experience of lodging a complaint about health services received (percent who answered yes)**

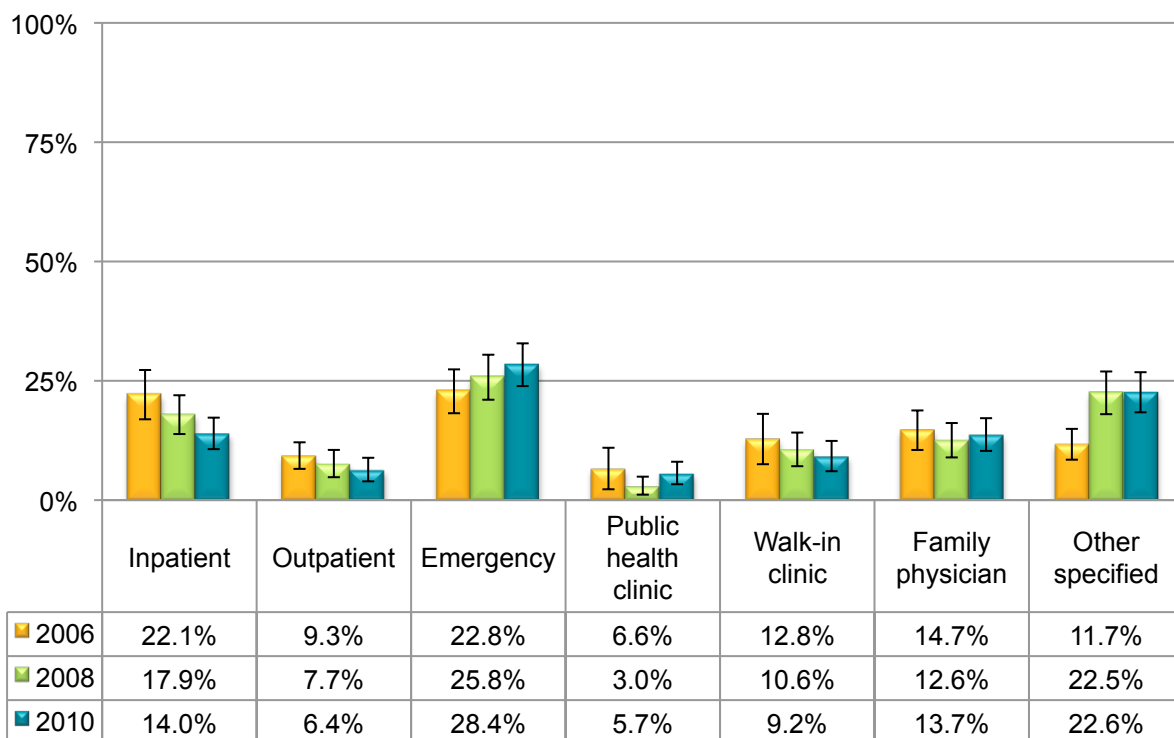


### Health Care Setting Serious Complaint Referred To

*Q124. What health care setting did your serious complaint refer to?*

The highest proportion of complaints referred to the emergency department (28.4%) or the hospital as an admitted patient (14.0%). For the most part the results have remained stable over the three survey periods, with one exception. A statistically significant increase in the proportion of Albertans (18+) reporting other specified setting occurred from 2006 to 2008 ( $p \leq 0.05$ ); however, the 2010 result is not statistically significant compared to the 2008 result.

**Figure 20.6 Percent of Albertans (18+) who had a complaint about specific health services, by health care setting and year of survey**

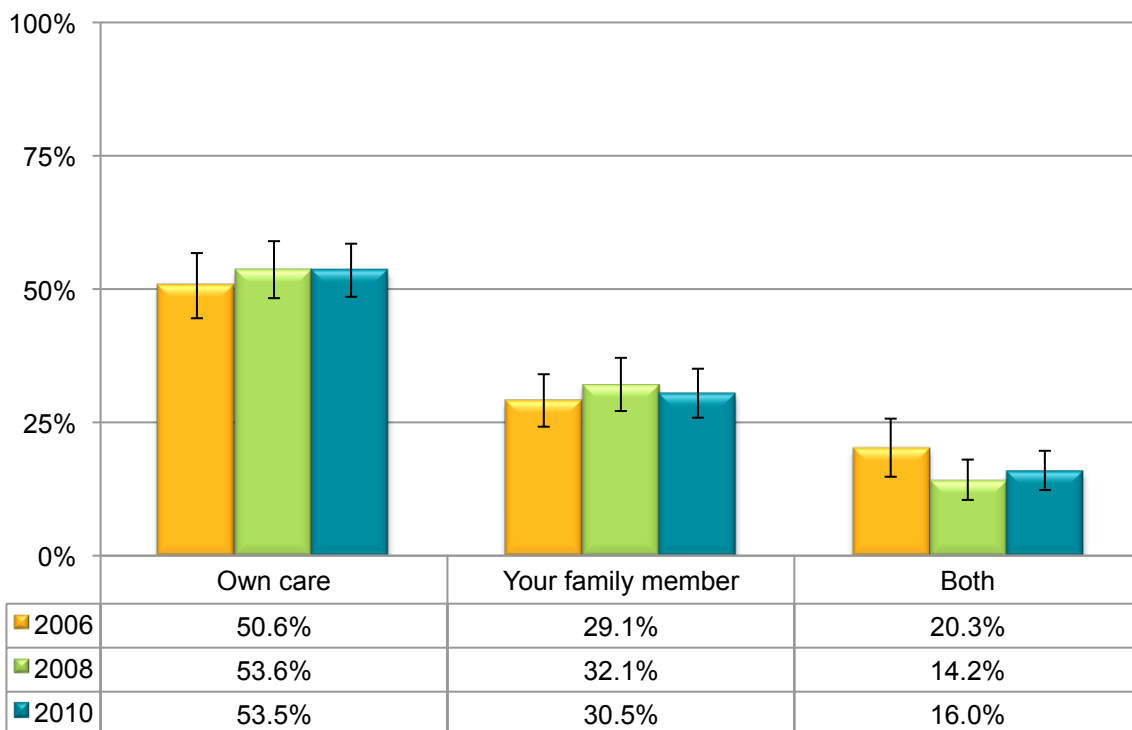


### Focus of Serious Complaint

*Q125. Was your serious complaint about your own care, a family member's care, or both?*

Of the Albertans (18+) who reported they had a serious complaint regarding health care services they or a family member received, the majority of respondents (53.5%) stated that the complaint was made about their own care. Over the course of the three surveys, the results have remained stable.

**Figure 20.7 Focus of respondents' complaints, by year of survey**



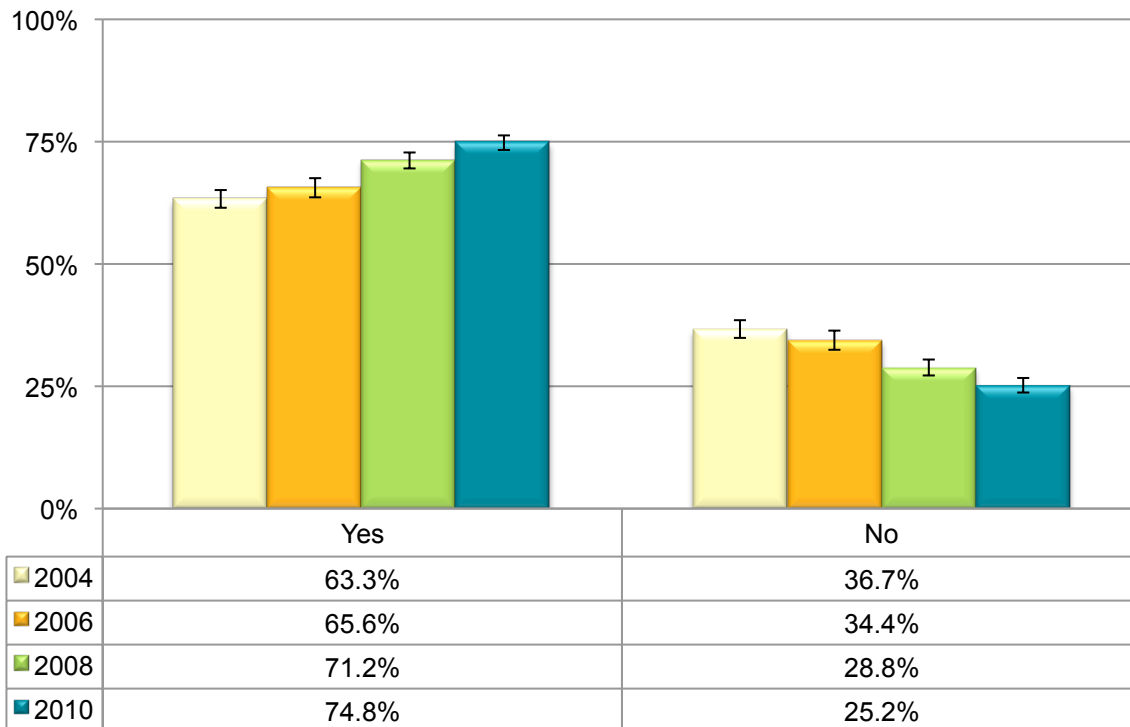
## 21.0 Health Link

### 21.1 Awareness of Health Link

*Q127. Alberta has a province-wide service called "Health Link" which provides Albertans with toll-free access to nurse advice and general health and services information, 24-hours a day, 7 days a week. Were you aware of the Health Link service before today?*

Albertans (18+) have increasingly become aware of Health Link over time; the year over year increases were statistically significant from 2006 to 2010 ( $p \leq 0.05$ ). The majority of Albertans (18+) in 2010 (74.8%)<sup>28</sup> were aware that Health Link provides toll-free access to nurse advice and general health and services information, 24-hours a day, 7 days a week.

**Figure 21.1 Percent of Albertans (18+) aware of Health Link, by year of survey**

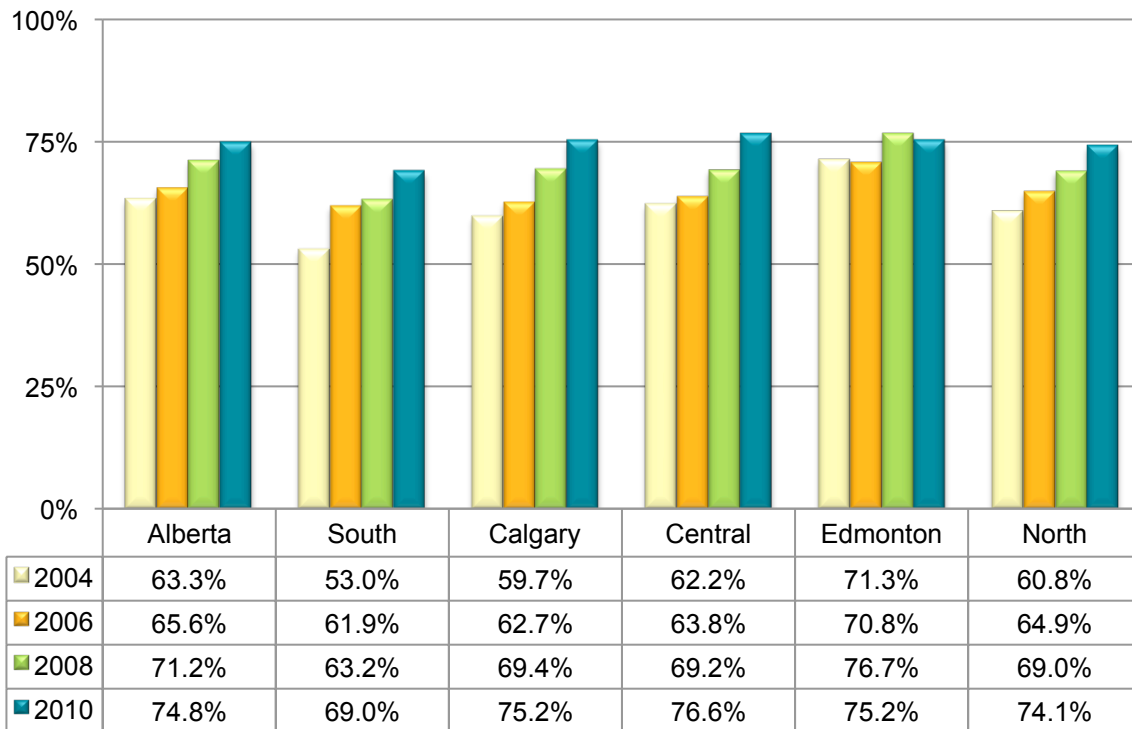


<sup>28</sup> Please be advised some slight variation may occur between the result presented in this report (74.8%) and the result the HQCA reviewed and approved as a Key Performance Indicator for Alberta Health and Wellness (AHW) (75.6%). The AHW result was based on a sample of 4,341 Albertans (margin of error is 1.5%) received on April 26-27, 2010, whereas the HQCA report value was based on an increased sample quota (5,500 vs. 4,500) and an extended data collection period (May 31, 2010 vs. April 30, 2010). Where results were rounded, values may differ due to rounding rules.

### By Health Zone

Between the zones, the Calgary, Central and Edmonton zones had more respondents aware of Health Link than the South zone ( $p \leq 0.05$ ). In most zones, with the exception of the Edmonton Zone, the 2010 results were not statistically different compared to 2008, but there were significant increases compared to the 2004 and 2006 results ( $p \leq 0.05$ ). The Edmonton zone results have remained stable since 2004.

**Figure 21.2 Percent of Albertans (18+) aware of Health Link, by health zone and year of survey**

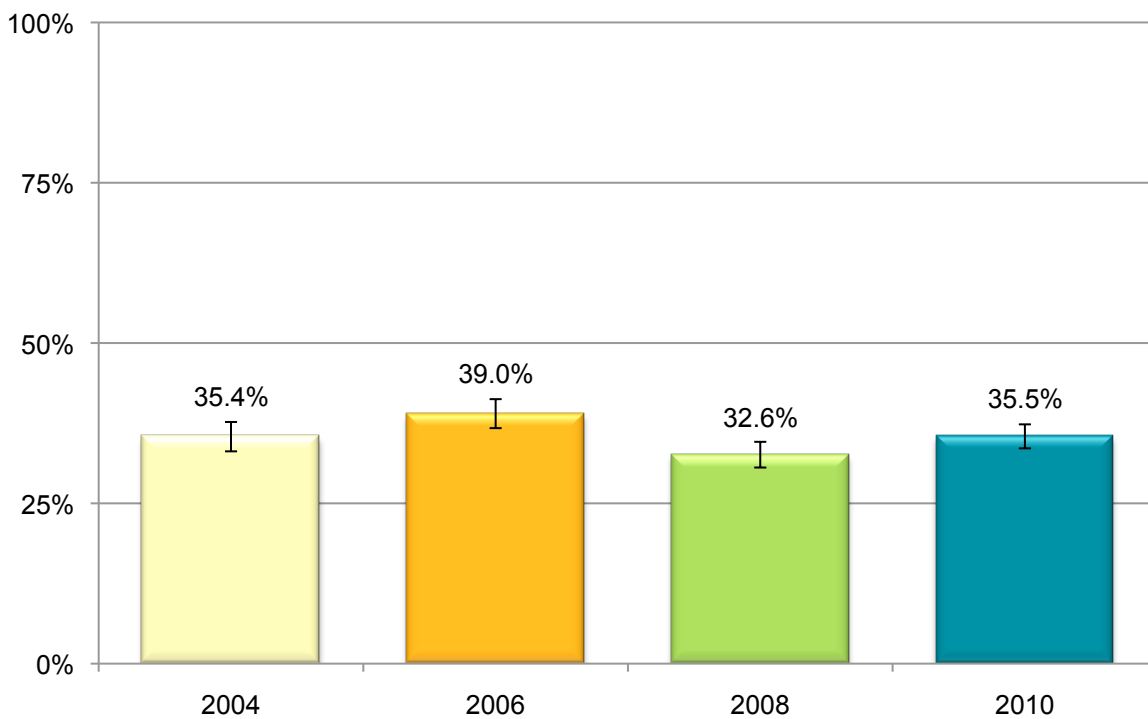


## 21.2 Use of Health Link

*Q128. Have you called Health Link within the past year?*

The following analysis includes all individuals who reported they were aware of Health Link. In 2010, 35.5% of Albertans (18+), compared to 32.6% in 2008, had called Health Link in the past year; the slight increase was not statistically significant.

**Figure 21.3 Percent of Albertans (18+) who called Health Link, by year of survey**

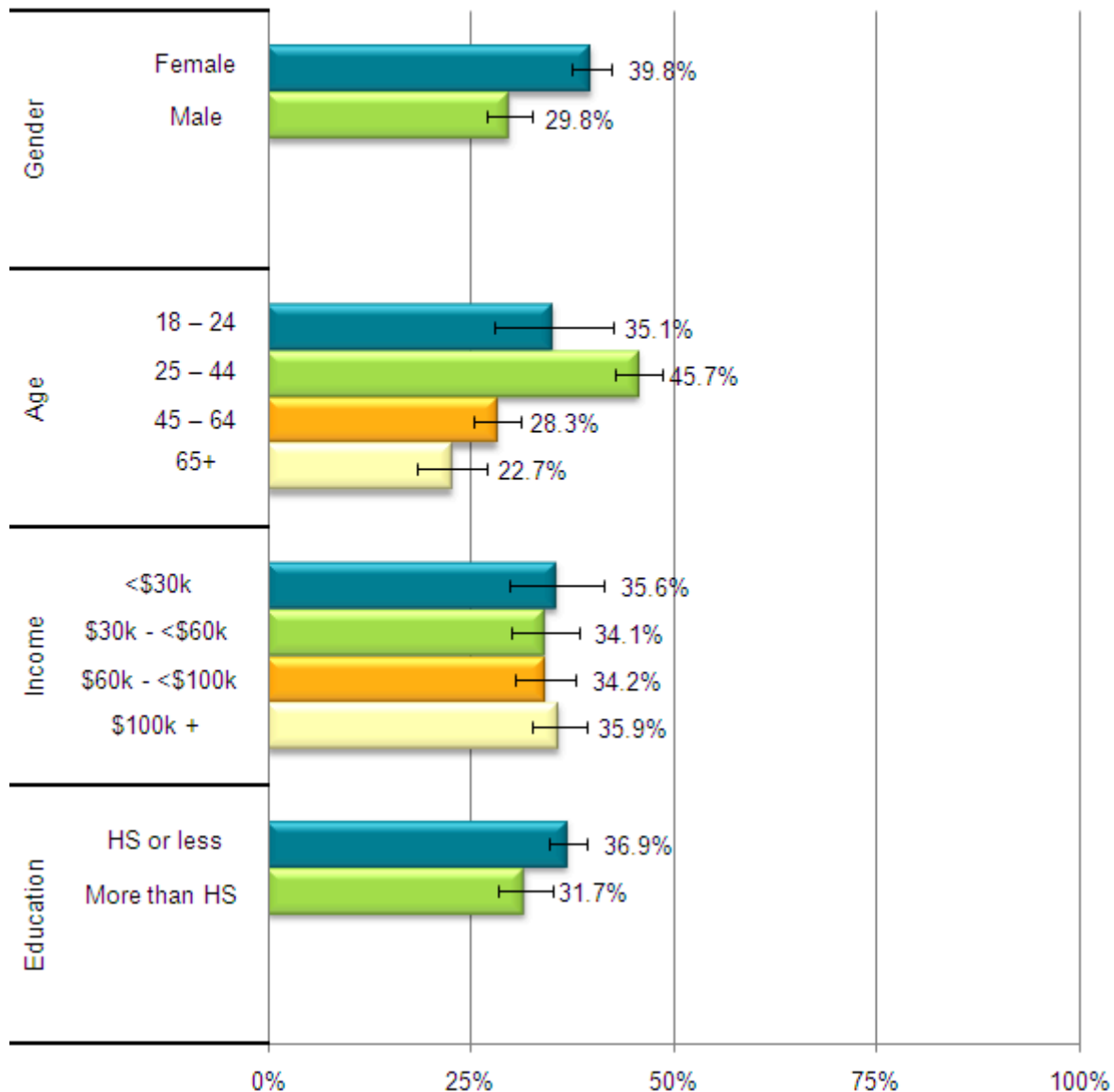


### Demographics

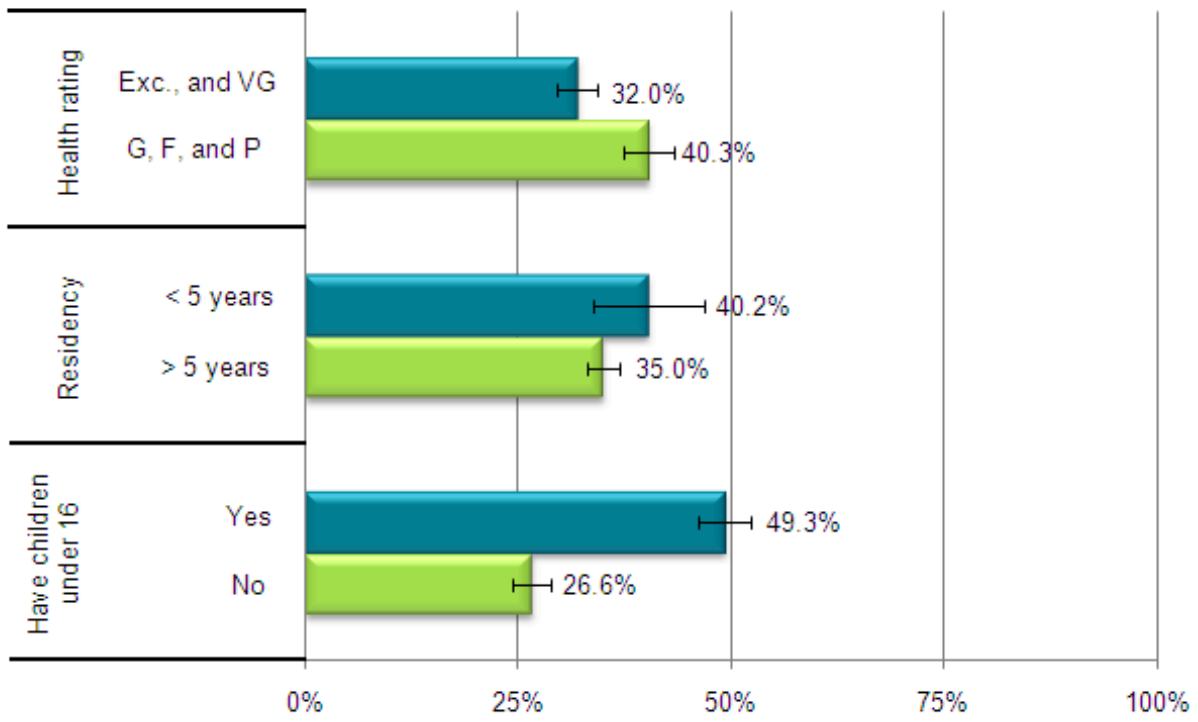
In 2010, significantly more women had called Health Link versus men ( $p \leq 0.05$ ). Additionally, more 25-44 year olds called the service than 45-64 and 65+ year olds. As for income and education, there was no statistically significant variation amongst income groups, or for those with a high school education compared to persons with more than a high school education.

Amongst Albertans (18+), in 2010, those with excellent and very good self-rated health were less likely to call Health Link than persons with good, fair or poor self-rated health ( $p \leq 0.05$ ). As well, having any children under 16 living within the household significantly increased the likelihood of calling Health Link, compared to not having children under 16 within the household ( $p \leq 0.05$ ).

**Figure 21.4a Percent of Albertans (18+) who called Health Link, by demographic factors**



**Figure 21.4b Percent of Albertans (18+) who called Heath Link, by demographic factors**

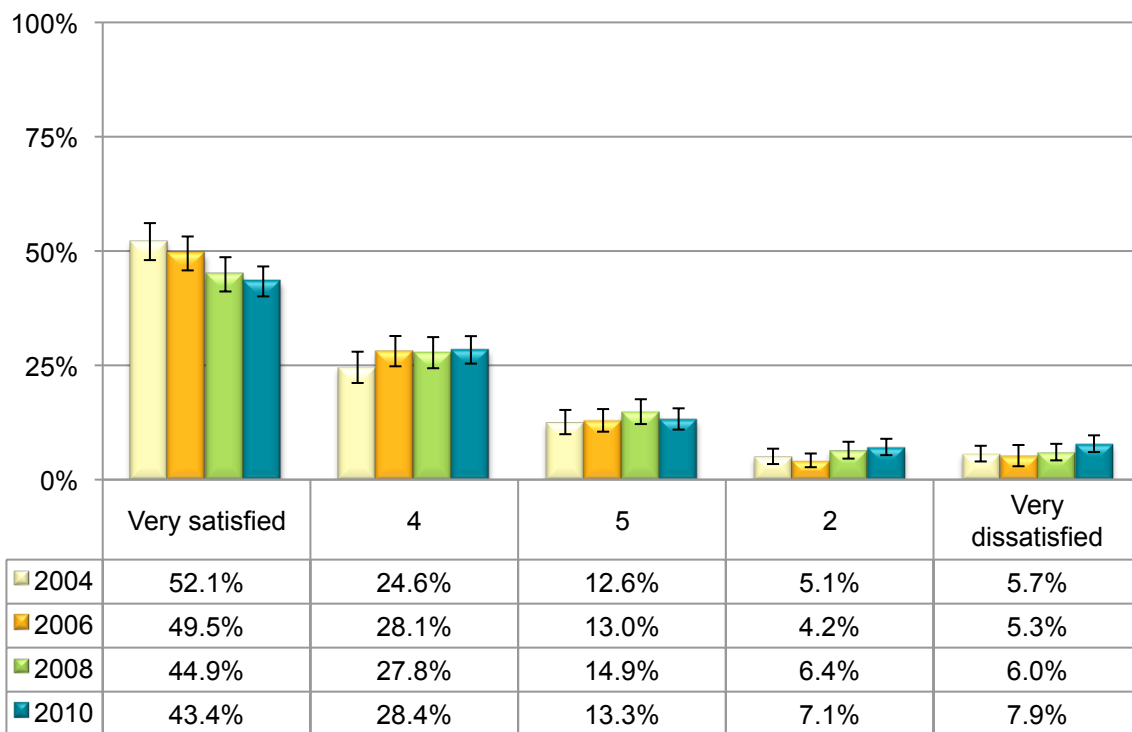


### 21.3 Satisfaction with Health Link

*Q129. To what degree are you satisfied or dissatisfied with you experience with Health Link?*

This question was asked of persons who had called Health Link in the past year. For the most part, Albertans (18+) were satisfied with their experience with Health Link; 71.8% rated their satisfaction as 4 or 5 out of 5. The year over year satisfied results (4 or 5 out of 5) for 2010 compared to the 2008 were not statistically different; however, the 2010 results were significantly lower than the 2004 result pointing to a potential decreasing trend.

**Figure 21.5 Albertans’ (18+) satisfaction with their Health Link experience, by year of survey**

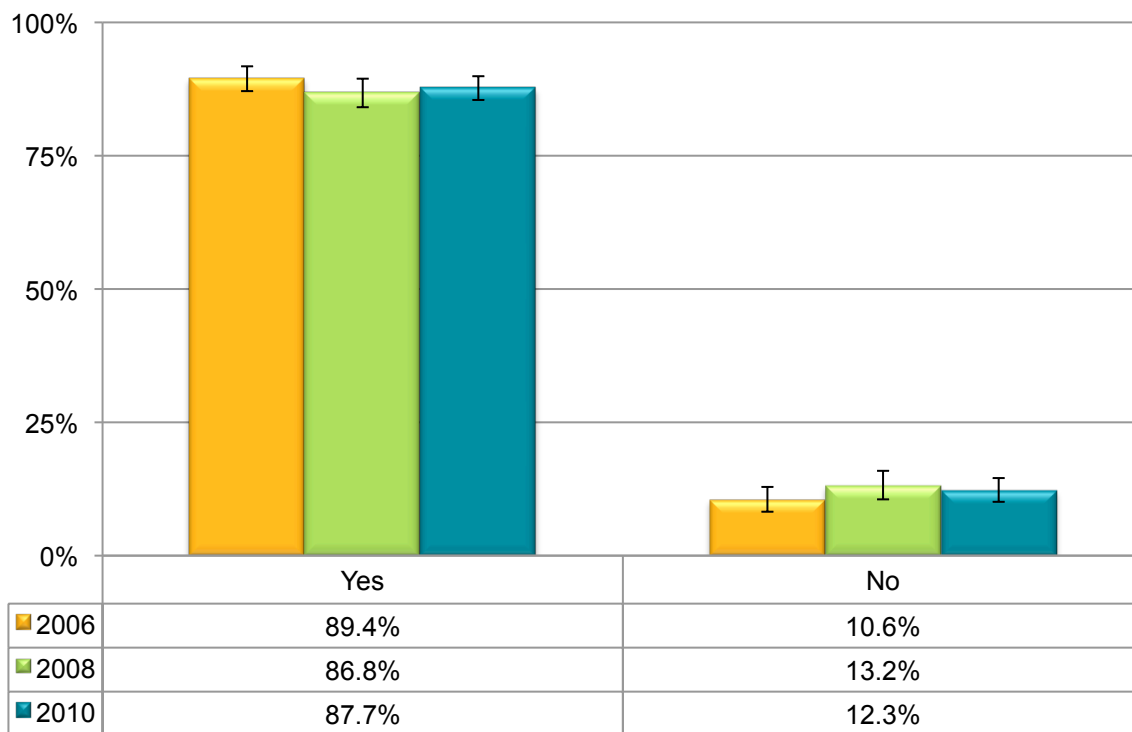


## 21.4 Followed Recommendations by the Health Link Nurse

*Q130. Thinking about the advice you got from Health Link, did you do exactly as recommended by the Health Link nurse?*

Albertans (18+) who had called Health Link were asked this question, and the majority reported that they did do exactly as recommended by the nurse. The slight variation over the years was not statistically significant.

**Figure 21.6 Percent of Albertans (18+) who followed the recommendations of the Health Link nurse, by year of survey**



## **In summary**

From 2003 to 2008, the HQCA survey findings showed signs of improvement in several areas. The 2010 results are relatively unchanged from 2008.

The key factors Albertans associated with overall difficulty or ease of access to the health care system are how easy or difficult it is to access emergency department services and family doctors as well as how well their care is coordinated.

Overall access, quality of care and satisfaction with family doctors are the key factors influencing Albertan's overall satisfaction. Clearly from the perspective of Albertans, improving access and coordination of care will improve their overall health care experience.

As we do every time we conduct a survey, we provide this detailed technical report to Alberta Health and Wellness, Alberta Health Services and the regulated health professions so they can see how Albertans rate overall quality, access and satisfaction in terms of their health care experience. In addition, we will continue to work with our stakeholders to use the survey results to determine province wide initiatives that focus on areas of safety and quality improvement.

Finally, the HQCA thanks those Albertans who participated in this survey and provided us with valuable information.





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