

Commission for
Health Improvement

Accident and emergency (A&E)
patient survey 2003

CHI 文文



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Introduction

A vital step to improving hospitals and other health services so that they meet the needs of the patient is to ask the patients themselves what they think about the NHS. One way of doing this is by carrying out surveys of patients who have recently used health services. The Commission for Health Improvement (CHI) is responsible for carrying out national surveys of the NHS. By running these surveys across the country and publishing the results, CHI is able to provide important feedback about the experience patients have of their local health services.

During 2003 CHI carried out three national surveys asking patients across England about their experiences of **accident and emergency departments (A&E)**, **outpatients** and **primary care services**. CHI has now published three reports summarising the key findings from the surveys and describing the patient's experiences of each of these services.

This report summarises the key findings from the survey of accident and emergency departments (A&E) and describes the experience of patients using emergency departments in today's NHS. All emergency departments who treat adults took part in the survey and we received completed surveys from nearly 60,000 recent patients.

The results of the survey and the patients experience relating to your local NHS hospital trust are available in detailed reports and can be found on the CHI website www.chi.nhs.uk/eng/surveys/nps2003/a&e.shtml

CHI's findings

The patient journey through the emergency department

Emergency departments provide a range of services, from treating people who have major injuries, admitting people to hospital who have fallen ill unexpectedly and seeing people with less serious health problems.

Many emergency departments use a triage system. This is where on arrival a nurse sees the patient. The nurse can then assess their problem or injury and decide how urgently they need to receive care.

- 82% of patients who responded to the survey were assessed by a triage nurse
- 99% were examined by a doctor or nurse
- 56% of patients had tests including x-rays, ultrasounds or scans after being examined

One of the NHS targets is that 90% of patients will be treated within four hours of being in the emergency department. Of the patients who completed the survey:

- 69% spent less than four hours
- 22% spent between four and eight hours
- 5% spent between eight and 12 hours
- 4% spent more than 12 hours in A&E

At the end of their visit to the emergency department, most patients returned home (70%). About a quarter of patients (24%) were admitted into hospital and 2% were transferred to a different hospital or to a nursing home.

he remainder went to stay with a friend or relative or somewhere else.

From the survey results patients who were admitted to hospital from A&E generally spent longer in the emergency department than those who were able to return home. Of those patients who were being admitted to hospital 51% spent four hours or less in the emergency department while 74% of those who went home were discharged within four hours.

Arriving at the emergency department

On arrival at the emergency department:

- 39% of patients were seen and assessed by a triage nurse within 15 minutes
- 24% waited between 16 and 30 minutes
- 11% waited between 31 and 60 minutes
- 7% patients had to wait more than one hour for this assessment

A small number of patients left the emergency department before they were assessed, while some patients (18%) did not have to wait to be assessed, they were seen straight away.

“The problem was the long wait and not knowing what was going on and when I would be seen again – from one department to the other and worrying about whether you are sat in the right waiting room.”



Most patients (93%) were examined by a doctor or nurse practitioner within four hours:

“Prioritisation was awful. The last visit I had with a broken collar bone I was there for 10 hours and then I was told to come back the next day as they were understaffed.”

- 66% were examined by a doctor or nurse practitioner within one hour
- 27% waited between one to four hours to be examined
- 6% waited for more than four hours
- 1% did not see a doctor or nurse practitioner

Most patients (71%) were either: not told how long they might have to wait (58%) or had to wait longer than they had been told (13%). Sixteen percent of patients had to wait about as long as they were told and 13% had a shorter wait than they had been told.

The cleanliness of emergency departments is an important issue for patients. Nationally:

- 49% reported the emergency department to be very clean
- 42% said it was fairly clean
- 8% of patients felt the emergency department was not very clean or not at all clean

“I could have been seen sooner as I was in extreme pain. People who did not appear to be in pain were seen hours before me.”

Fewer patients were impressed with the cleanliness of the toilets.

Eleven percent of patients reported feeling bothered or threatened by other patients whilst in the emergency department.

Seeing a doctor or nurse

Ninety five percent of patients who saw a doctor or nurse felt complete confidence and trust or confidence to some extent in the doctors and nurses examining them. But 5% did not have any confidence and trust in the doctors and nurses.

“The nurse I spoke to had a good sense of humour which helped me relax and that was very important to me.”

Patients' confidence and trust in the staff partly reflects how they perceive the knowledge and competence of the staff this can include the staff's knowledge of the patient's condition or the treatment needed.

“Medical staff were courteous and gave me time to explain my condition and problems surrounding this which was written down and duly passed on to the appropriate doctor on the ward.”



Almost all patients (96%) said that doctors or nurses had listened to what they had to say, but many patients reported some issues around communication that could be improved:

- 63% felt they definitely had enough time to discuss their health or medical problem with the doctor or nurse, 30% felt they had enough time to some extent and 8% felt they did not have enough time

- 49% of patients with anxieties and fears felt they had been able to completely discuss their concerns with a doctor or nurse, 32% had discussed them to some extent and 19% did not discuss their concerns at all
- 10% thought that that staff were deliberately not telling them certain things that they wanted to know
- 10% of patients reported that different members of staff had given them conflicting information to some extent and 6% reported that this had definitely happened to them (84% did not report this problem)
- 10% of patients felt that doctors or nurses had talked in front of them, as if they weren't there to some extent and 5% reported that this had definitely happened (84% did not report this problem)

Health services should be accessible to everyone and for those who do not speak English interpreting services should be available. The results from the survey show that 2% of patients needed help with understanding English. However only 10% received help from staff in the emergency department (6% had a hospital interpreter and 4% had help from someone else on the hospital staff). Sixty one percent had help with interpretation from a relative or friend, but 30% did not have anyone to interpret for them.

Providing patients with basic information can help to alleviate anxieties and fears. It also helps to equip them to make informed choices about their care and treatment. The survey highlighted some gaps in information provided to patients:

“The nurse who looked after me was fantastic. He really helped me and was honest about my condition. I was able to confide in him.”

- 75% of patients felt they were given the right amount of information about their condition or treatment while in the emergency department, 15% felt they were not given enough information and 9% said they were not given any information at all about their condition or treatment
- 65% of patients said they completely understood the explanation given by the doctor or nurse, 27% only understood to some extent and 8% did not understand the explanation given. These figures exclude the 5% of patients who did not need an explanation
- excluding those patients (6%) who did not feel well enough to be involved in decisions about their care, 63% felt that they were involved as much as they wanted to be in decisions about their care and treatment, 27% only felt involved to some extent and 10% reported they were not involved as much as they wanted to be in these decisions

“More privacy when arriving to book into hospital. Emergency people sitting waiting can hear all your details, including address and phone number.”

Privacy is also a very important issue for patients.

- 21% did not feel they definitely had enough privacy when they were being examined or treated
- 30% did not definitely have enough privacy when discussing their condition or treatment.

Tests and treatment

Over half (56%) of patients had tests including x-rays, ultrasounds or scans during their visit to the emergency department. Tests were performed:

- within 15 minutes for 41% of these patients
- between 16 and 60 minutes for 41% of patients
- one to two hours for 9% of patients
- more than two hours for 9% of patients

“I felt the length of time to wait for an x-ray was much too long. I arrived at 7pm and left at 3.30am. I had a four year old with me! I was waiting a long time for results and had to remind them that I was waiting and then they gave me the OK to go home.”



Most patients (70%) experienced pain whilst in the emergency department. Although pain is a common experience for patients, it is important that it is managed effectively by hospital staff. Amongst those patients who experienced pain, just over half (55%) felt the hospital staff had definitely done everything they could to help control their pain. But almost one fifth of patients (18%) did not feel that staff had done everything they could and 27% felt they had to some extent.

Of those patients who experienced pain, 29% requested pain medicine. Twenty one percent of the patients who requested medication received it straight away and 22% received it within five minutes. Ten percent of the patients who asked for pain medicine were not given any.

Leaving the emergency department

Leaving a hospital can be just as daunting as entering one and patients should be given the right information to help them recover at home. The survey highlighted key areas where the information given to patients when they leave hospital could be improved:

- 37% of patients had new medications prescribed or ordered for them before leaving the emergency department. Eighty two percent felt that the purpose of the new medications had been clearly explained to them by staff, but 5% of patients reported that staff had not explained the purpose of the new medications in a way they could understand and a further 13% said their purpose had only been explained to some extent (these figures exclude those patients (7%) who said they did not need an explanation)

- 50% of patients who were given new medications reported that staff did not tell them about any side effects to watch for (figure excludes those patients (23%) who did not need information on medication side effects)
- 37% of patients who required information on the danger signals regarding their illness or treatment were not told what to watch for when they got home. A further 23% said that staff had told them about the danger signals to some extent and 40% said they had been given complete information about the danger signals (these figures exclude those patients, 36% who said they did not need this type of information)
- most patients (78%) felt they needed information on who to contact if they were worried about their condition or treatment after they got home – of these, 17% were not given this information.

A quarter of patients (24%) were admitted to the hospital, and a further 2% were transferred from a different hospital. Patients who were being admitted to hospital sometimes waited in the emergency department until being given a bed in a room or ward. Thirty percent of patients were admitted to a room or ward within one hour. Over one third of patients (35%) waited between one and four hours to get to a room or ward and 34% waited more than four hours. Almost one fifth waited between four and eight hours, 8% waited between eight and 12 hours and 7% waited for more than 12 hours to get a bed in a room or ward.

Overall

Overall, 95% of patients felt they were treated with respect and dignity whilst in the emergency department.

“I was impressed by the care shown by all staff and the care taken to preserve one’s dignity.”

Nationally, 32% of patients rated the care they had received in the emergency department as excellent and 35% as very good. Eighteen percent said their care was good, but 9% rated it as fair and 5% said it was either poor or very poor.

“All I hear on TV news about the NHS is negative – the treatment was excellent.”

About CHI

What is the Commission for Health Improvement?

The Commission for Health Improvement (CHI) was established to improve the quality of patient care in the NHS. It does this by reviewing the care provided by the NHS in England and Wales (Scotland has its own regulatory body, Quality Improvement Scotland, formerly known as the Clinical Standards Board). CHI aims to address unacceptable variations in NHS patient care by identifying both notable practice, and areas where care could be improved. CHI has six operating principles that underpin all of its work:

- the patient's experience is at the heart of CHI's work
- CHI will be independent, rigorous and fair
- CHI's approach is developmental and will support the NHS to continuously improve
- CHI's work will be based on the best available evidence and focus on improvement
- CHI will be open and accessible
- CHI will apply the same standards of continuous improvement to itself that it expects of others

How was the survey undertaken?

Each trust identified a list of patients who attended a main emergency department during either November 2002 or January 2003 not including people who attended minor injuries units, medical or surgical admissions units. Staff at the hospital selected 850 patients from the list, at random. The sampled patients were sent a questionnaire and a covering letter by post and received up to two reminders.

How was the survey developed?

The questionnaire and survey methods were developed for CHI by the NHS Survey Advice Centre at the Picker Institute Europe, who carried out interviews and focus groups with patients to find out the issues, which patients considered to be most important. A full scale pilot survey was carried out in two trusts to test the questionnaire and survey methodology.

Who took part in the survey?

For the national survey, in total over 131,000 patients were sampled. Completed questionnaires were received back from 59,155 – a response rate of 46%, after allowing for some patients who proved to be ineligible. Response rates varied among trusts, from 26% to 61%.

Nationally, of all those patients who returned completed questionnaires:

- 48% were men, 52% were women
- 28% were aged 16-35, 23% were aged 36-50, 22% were aged 51-65, 19% were aged 66-80 and 7% were aged 81 or over
- 94% of respondents were White, 3% were Asian or Asian British, 2% were Black or Black British and 1% were either of mixed race or from Chinese or other ethnic groups



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