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1. INTRODUCTION

The Regional Geriatric Programs of Ontario (RPGO) are currently in the process of finalizing a patient experience survey for specialized geriatric services. The name of this survey is the “Older Adult Experience Survey”. This implementation guide is designed to support the consistent implementation of the Older Adult Experience Survey.

The term “older adult” in this guide refers to individuals who are typically over the age of 65 presenting with complex, co-morbid, age related conditions and who have accessed specialized geriatric services (SGS) in Ontario.

The terms “experience survey” and “satisfaction survey” are often used interchangeably; however, there is a difference between them. Satisfaction surveys rate how well a service met with an individual’s expectations of their healthcare experience. Whereas, experience surveys indicate the extent to which an aspect of care happened or did not happen.

A. What is the Older Adult Experience Survey?

The Older Adult Experience Survey (OAES) is a measure to better understand the experience of older adults accessing specialized geriatric services. This open access survey is designed for specialized geriatric services appointment-based programs/clinics and is copyright protected. It was developed collaboratively by members of the provincial Regional Geriatric Programs of Ontario Performance Measurement Committee.

B. Why was this developed for specialized geriatric services?

A review of available patient experience surveys (e.g., regional, provincial, national and international) revealed that a reliable and valid patient experience survey did not exist for appointment-based specialized geriatric programs/clinics. Existing patient experience surveys tended to align with specific health care sectors (e.g., acute care, primary care, home care) or were designed with one condition in mind. As specialized geriatric services are cross sectoral and include patients with comorbid conditions, existing surveys were not fully appropriate.

It was determined that a valid and reliable provincial patient experience survey was required to measure the experience of older adults accessing specialized geriatric programs/clinics and to enable provincial analysis of SGS patient experience outcome data. This will provide specialized geriatric programs/clinics with valuable feedback to identify and support quality improvement initiatives while enabling patient experience outcome data to be analyzed at the program/clinic, regional and provincial levels.
**C. The benefits to using the Older Adult Experience Survey**

The Older Adult Experience Survey is an evidence-informed, collaboratively developed experience survey designed specifically for appointment-based SGS programs/clinics. Current findings support the survey being valid and reliable, and consistent from individual to individual, across settings and at different points of time in care. The survey is designed to support SGS programs regionally and provincially as well as to identify quality improvement initiatives.

**Evidence-informed**
- The development of the core set of items (the minimum number of required survey items), was guided by an evidence-informed framework for measuring the patient experience in primary care (Wong and Haggerty, 2013).

**Collaboratively developed**
- Core items of the survey were developed by clinical and research experts from across the province who participated in a collaborative decision making process. Older adults and caregivers also participated in the development of the core item wording.

**Valid and reliable**
- The pre-release version of the Older Adult Experience Survey has already been through testing and psychometric analysis that supports it being valid and reliable. Following this, minimal revisions were then implemented based on feedback from patients/clients and key stakeholders. Currently, additional testing and analysis is being conducted. The final version of the Older Adult Experience Survey will be made available in the near future once the second validation process is complete.

**Core set of items designed specifically for appointment-based specialized geriatric services**
- This survey is designed to be administered to community dwelling older adults who attend appointment-based SGS programs/clinics (e.g., Geriatric Day Hospitals, GAIN programs, Outreach teams).

**Designed for older adults who are able to provide feedback on the care and services received**
- This survey is designed for older adult patients/clients whose cognition is at a level where they can provide feedback on their experience.

**D. The limitations of the Older Adult Experience Survey**

**Survey pre-release version**
- The version included in the pre-release is currently undergoing additional validation exercises.

**English version**
- Only an English version of the survey has been tested.

**Paper based**
- Only a paper based format of this survey has been tested.

2. PREPARING TO SURVEY

**A. How to access a copy**

A free copy of the Older Adult Experience Survey can be retrieved from the Regional Geriatric Programs of Ontario (RGPO) website: [https://www.rgps.on.ca/resources/](https://www.rgps.on.ca/resources/)
B. Survey wording and formatting that must remain the same

It is imperative that the existing wording and formatting of this survey remain the same. This will ensure that the Older Adult Experience Survey outcome data is consistent across all SGS sites and that the validity of the measure is not compromised.

Survey wording that must remain the same includes:
- survey introduction
- survey instructions
- who completes the survey
- survey items
- survey response scale

Survey formatting that must remain the same includes:
- 14 font
- survey to be on two letter size pages with survey items numbered 1-14 to remain on page 1
- additional site specific survey questions can only be added to page 2

C. Wording that must be added

Each SGS program/clinic must add specific program/clinic information onto the survey form as per the five highlighted sections in yellow below:

i. Add the program/clinic name to the upper top right of the survey.

ii. Add the program/clinic name to the intro paragraph of the survey.

Thank you for taking the time to complete this survey. Your anonymous feedback about your experience as a patient/client with the (add program/clinic name) will help us to improve care and services. Your responses will be kept confidential and will not affect your current or future care.

iii. Add the program/clinic name to survey item #10.

| 10 | The (add program/clinic name) met my needs | 1 | 2 | 3 | 4 | 5 |

iv. Add the program/clinic name to survey item #13.

| 13 | Overall, at the (add program/clinic name) I had a: | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 (10=excellent experience) |

v. At the end of the second page, add the directions about how to return the completed survey.

THANK YOU!

(Add directions re: method to return completed survey to the program/clinic)
D. Survey items that may be added

If leadership requests that additional items be included, these items and/or questions can only be added to page 2 of the survey. Additional items and/or questions should never be added to page 1.

E. Determine a representative sample

Ideally, it is best if all older adult patients/clients have a chance to complete the experience survey. However, if this is not possible, then a representative sample is the next best option. Online sample size calculators can be used to determine the target number of older adults needed to complete the survey in order to have a representative sample. Free online sample size calculators can be found at the following websites: http://www.surveysystem.com/sscalc.htm, http://www.raosoft.com/samplesize.html.

Specify the population

- The “population” is the total number of unique individuals that access a program/clinic in a given year.

Select a “confidence level”

- Select the 95% confidence level for the degree of accuracy required for this survey.

Select a “confidence interval”

- Select the confidence interval of ± 5%.
- The confidence interval, or margin of error, is the plus-or-minus statistic usually reported in opinion poll results.

<table>
<thead>
<tr>
<th>Population (number of unique individuals accessing the program/clinic in a fiscal year)</th>
<th>Representative Sample - Size Estimate Findings (confidence level of 95%, confidence interval of 5%)</th>
</tr>
</thead>
<tbody>
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<td>278</td>
</tr>
<tr>
<td>3000</td>
<td>341</td>
</tr>
</tbody>
</table>

F. Develop a sampling strategy

To ensure that survey findings are representative, it is recommended that a year round rolling survey strategy is developed. Once a representative sample of completed surveys for a fiscal year has been calculated:

- Determine the number of surveys to be completed in each quarter
- Determine when to hand out the survey (e.g., 1-2 weeks each month, 1 month each quarter etc.)
- Develop a random sampling strategy when choosing older adult patients/clients to complete the survey (e.g., the second patient/client on a particular day or all patients/clients attending on a particular day)
- To enable response rates to be calculated, sites are to track the:
  - number of surveys handed out
  - number of surveys returned
- Regularly monitor the number of surveys returned to ensure that the target is reached by the end of the fiscal year
3. CONDUCTING THE SURVEY

A. When to distribute the survey

The survey is designed to be completed by an older adult patient/client at the end of a SGS visit. For example:

- Where SGS programs/clinics only involve 1 visit, the survey should be handed out at the end of that 1 visit.
- Where SGS programs/clinics involve a limited number of visits, the survey should be handed out near or at discharge.
- Where SGS programs/clinics involve an unlimited number of visits, the survey should be handed out at any time during the journey (e.g., at the end of a comprehensive geriatric assessment, at the end of a follow-up visit, near or at discharge) and only once per older adult patient/client during a fiscal year.

B. How to distribute the survey

- To ensure the survey feedback reflects only the intended SGS program/service, the survey must be handed to the patient/client directly at the end of a visit to be completed and returned prior to leaving. Older adult patients/clients often access multiple services, provided either in the community or in the home. It is often reported that older adult patients/clients do not know which organization the person providing care in the home is from. Therefore, if the survey is mailed out, responses to survey items may not pertain to the actual SGS program/clinic being rated.
- The survey should only be offered to an older adult patient/client once per fiscal year.

C. Develop processes to facilitate confidentiality and limit bias

SGS staff/team members can achieve this through:

- Facilitating the older adult patient’s/client’s understanding of the survey instructions
- Providing the older adult patients/clients with privacy to complete the survey
- Not providing direct assistance to the older adult patient/client to rate the survey answers

4. PROCESSES TO SUPPORT SURVEY IMPLEMENTATION

A. Determine which older adult will receive the survey

- This is an experience survey and is intended for older adult patients/clients whose cognition is at the level that will enable them to provide their feedback on their experience
  - Identify older adult patients/clients who are able to complete the survey independently
  - Identify those patients/clients who require physical assistance to fill in the survey
  - A person accompanying a patient/client can physically assist in filling out the survey but must not influence the patient’s/client’s responses in any way

B. Determine the team member who will interact with the patient/client

- To obtain consent, the SGS staff/team member will:
  - Introduce the survey by providing its rationale (e.g., to improve care) and stating the approximate time it takes to complete
  - Assure older adult patients/clients that a decision to complete or not complete the survey will not impact their current or future care
  - Assure confidentiality of feedback and that current or future care will not be impacted
  - Ask the older adult patient/client to complete the survey and provide it to them if they say “yes”
  - Give the older adult patient/client the time and privacy needed to complete the survey
  - Let the person accompanying the older adult patient/client know that they must not influence the patient’s/client’s survey responses in any way
Just prior to handing the survey to the older adult patient/client the team member will:

- Enter the date (Note: The results of the survey will not be used if the date is not added.)
- Check the appropriate box to identify who will be completing the survey

Note: “Someone is providing physical assistance to help me complete this survey” can be checked off when the patient/client is providing feedback yet someone else is only physically filling in the survey.

C. Determine the method for surveys to be returned

- If the survey is completed at a program/clinic site, provide a confidential method for the completed survey to be returned, e.g., drop box.
- If the survey is completed at the end of a home visit, ask the older adult to insert the survey into an envelope (provided by the care provider), seal it and return it to the care provider. The care provider should then transport the sealed envelope to a secure location in the program/clinic.

5. HOW TO USE THE FINDINGS FROM THE SURVEY

This will provide specialized geriatric programs/clinics with valuable feedback to identify and support quality improvement initiatives while enabling patient experience outcome data to be analyzed at the program/clinic, regional and provincial levels.

Both quantitative and qualitative data should be analyzed independently and then together.

A. Review the quantitative data

- There is a total of 14 core items requiring quantitative analysis.
- For each item (core items and non-core items added by the program/clinic), determine the number and percent of respondents for each level of the Likert scale.

B. Review the qualitative data

- There is a total of 2 core items requiring qualitative analysis.
- For each item (core items and non-core items added by the program/clinic), review the comments provided and group the comments into themes.

C. Review the quantitative and the qualitative data together

To identify quality improvement opportunities:

- Review findings from the analysis of the quantitative and the themed qualitative data
- Integrate qualitative and quantitative data to understand the program’s/clinic’s strengths and challenges
- Identify and implement quality improvement opportunities
- Share findings and celebrate successes
APPENDIX A: ADDITIONAL RESOURCES


Sample Size Calculators

To provide feedback on the pre-release version of the Older Adult Experience Survey and/or the Implementation Guide contact: info@rgpo.ca

The Older Adult Experience Survey was developed by the Regional Geriatric Program of Ontario (“RGPO”) in collaboration with stakeholders. Anyone may copy or distribute this survey for personal or informational use. By using the survey or any content thereof, you agree that the RGPO does not make any warranties of accuracy, completeness, and/or adequacy of the questions/information contained in the survey for any purpose whatsoever, and/or that any of the materials contained within the survey are free from copyright claims or other restrictions or limitations of any intellectual property rights.

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