BRITISH COLUMBIA (BC) 2016/17 ACUTE INPATIENT SURVEY AT A GLANCE

THE SURVEY

The Acute IP survey asked patients about their health-related quality of life and their experiences with the quality of the care and services received as an inpatient in one of 78 acute care hospitals and 2 freestanding rehabilitation hospitals in BC. Patients who were discharged from inpatient acute hospital care between September 1st, 2016 and March 31st, 2017 were eligible to receive a survey consisting of items from the following Patient-Reported Experience Measures (PREMs) and Patient-Reported Outcome Measures (PROMs). Over 24,000 patients completed a survey.

PREMs:

- Canadian Patient Experience Survey – Inpatient Care (CPES-IC)
- BC's Continuity Across Transitions in Care Module
- BC's Patient Safety Module
- 4 modules administered to patients when applicable:
  - BC's Maternity Module
  - BC's Surgical Module
  - BC's Pediatrics Module
  - BC's Rehabilitation Module

Appendix B of the Tech Report contains the Survey Instrument

***PROMs:**

- Veteran's Rand 12 (VR-12) Item Health Survey
  - Includes 8 principles of health domains: general health perceptions, physical functioning, role limitations due to physical problems, role limitations due to emotional problems, bodily pain, energy-fatigue, social functioning, and mental health.
- EUROQOL's EQ5D-5L
  - Assesses 5 dimensions of quality of life: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression

** Scoring protocols for the VR-12 are currently in preparation. The EQ5D data was collected for the purpose of a side-by-side research study and should not currently be reported on.*

Appendix C of the Tech Report contains the Survey Codebook

SAMPLING PLAN

1 *Data Submission*

Every 2 weeks, each hospital securely sent the selected survey vendor records of patients discharged. The survey vendor generated a random sample of patients from the universe of eligible patient records submitted. Eligibility required that records included valid mailing addresses and phone numbers.

To ensure the representativeness of the sample, a random sample of units with large discharge volumes, and a census sample of units with small discharge volumes were carried out.

See Section 2 of the Tech Report for more details on Survey Methodology

2 *Patient Notification*

Prior to being contacted, patients were notified by mail within 2 weeks of discharge that they had been selected to receive a survey. The cover letter included a unique access code and URL for those who preferred to complete the survey online.

3 *Survey Administration*

Surveys were conducted via phone interview or self-completed online. All online and phone surveys were available in multiple languages. Full survey administration began on Oct 7, 2016 with the majority of surveying completed by Apr 30, 2017. Limited calling extended into May (restricted to pre-scheduled appointments).

4 *Data Collation*

Patients' survey responses were entered into a secure database and collated by the survey vendor. Aggregated results and reports were provided to individual hospitals, HAs, and the province in Oct. 2017.

See Appendix A of the Tech Report for details regarding the coding scheme for patient comments.

ANALYSIS & REPORTING

Survey Weights

What: A number value assigned to a participant's response that indicates how much "weight" should be given to the response relative to other responses.
Why: Large surveys often use sampling designs that result in disproportionate representation of the population.
When & How: Weighting should be done when pooling results from two groups (e.g., facilities) that are disproportionately represented. The Acute IP 2016/17 data has 2 columns of expansion and normalized weights included (computed using inverse probabilities). These weights have been computed based on facility volume. It is possible to also weight based on other factors (e.g., individual –level weights based on demographic factors). Consult the **PCM weighting primer** for more info.

Refer to the Toolkit or Tech Report for more information about how weights were calculated.

Missing Data

What: A non-response to a planned observation in a survey.
Why: Missing data might occur when there are no data for a person (unit non-response) or when some answers for a respondent are unknown (item non-response). The reason for the missing data can be completely random, random, or not random.
When & How: Missing data should be dealt with whenever the aim of the analysis is to make an inference about a target population. If not dealt with, it could lead to biased estimates of population values. Potential ways of dealing with missing data include imputation techniques and alternative estimators. Consult the **PCM missing data primer** for more info.

Reports

Provincial, subsector (including Aboriginal report), health authority, facility, and unit level reports and storyboards have been created. All reports had at minimum 2 main sections: Key Findings and Frequency Tables. Unit-level reports also included patient comments which were presented by content theme and valence.

Key Findings include: (a) global rating question scores; (b) key driver question scores [based on correlational analyses]; (c) top 10 top and bottom scoring questions; and (d) dimension scores.

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