



## **OLDER ADULT EXPERIENCE SURVEY**

### **IMPLEMENTATION GUIDE**

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## 1. INTRODUCTION

Provincial Geriatrics Leadership Ontario (formerly the Regional Geriatric Programs of Ontario) developed the Older Adult Experience Survey, a patient experience survey for specialized geriatric services. This implementation guide is designed to support the consistent implementation of the Older Adult Experience Survey.

The term “specialized geriatric services” (SGS) in this guide is defined as “a comprehensive, coordinated system of health services that assess, diagnose, and treat older adults living with complex health concerns. These services are provided across the continuum of care by interdisciplinary teams with expertise in the care of older adults.”

(<https://rgps.on.ca/initiatives/specialized-geriatric-services-asset-mapping-project/>)

The term “older adult” in this guide refers to patients/clients who are typically over the age of 65 presenting with complex, co-morbid, age related conditions.

### 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 who are cognitively able to provide feedback on their experience. This open access survey is designed for appointment-based SGS programs/clinics and is copyright protected. It was developed collaboratively by members of the Regional Geriatric Programs of Ontario (RGPO) Performance Measurement Committee along with patients and caregivers.

**OLDER ADULT EXPERIENCE 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.

Check one box:  
 I am completing this survey on my own  
 Someone is providing physical assistance to help me complete this survey

Today's Date: MM/DD/YYYY

Please read the statements below and circle the number to the right that best describes your experience with this program/clinic:	1 = NO definitely not	2	3	4	5 = YES definitely
1 The time I had to wait for my first appointment was reasonable	1	2	3	4	5
2 Someone was available to talk to me if I needed it	1	2	3	4	5
3 My concerns were addressed	1	2	3	4	5
4 Information was given in a way I could understand	1	2	3	4	5
5 I was treated with respect	1	2	3	4	5
6 I was included in making decisions about my care, as much as I wanted to be	1	2	3	4	5
7 Time was taken to learn about me as a person	1	2	3	4	5
8 I had confidence in the people I saw	1	2	3	4	5
9 I will be able to use the advice I was given	1	2	3	4	5
10 The [add program/clinic name] met my needs	1	2	3	4	5
11 I was referred to other programs / services that I needed	1	2	3	4	5
12 It was clear who would receive information about my care	1	2	3	4	5
13 Overall, at the [add program/clinic name] I had a: (0=poor experience) 0 1 2 3 4 5 6 7 8 9 10 (10=excellent experience)					
14 I would recommend this program to family or friends, if they needed it	1	2	3	4	5

PLEASE TURN THE PAGE OVER FOR REMAINING QUESTIONS

My Age:  
 under 65  65-69  70-74  75-79  80-84  85-89  90-94  95+  
 I prefer not to answer

My Gender:  
 Woman  Man  Gender-fluid, non-binary, and/or Two-Spirit  
 I prefer not to answer

THANK YOU!

[Add directions re: method to return completed survey to the program/clinic]

### 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 SGS 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. What are the benefits to using the Older Adult Experience Survey?**

The Older Adult Experience Survey is a valid, reliable, evidence-informed, collaboratively developed patient experience survey designed specifically for appointment-based SGS programs/clinics. The survey is designed to support SGS programs regionally and provincially to identify quality improvement initiatives.

#### **Valid and reliable**

- Pilot testing and psychometric analysis of the survey were conducted. The survey was found to demonstrate acceptable internal consistency as well as face, content, construct convergent and construct divergent validity.

#### **Evidence-informed**

- The development of the core set (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**

- The core survey items were developed by clinical and research experts along with older adults and caregivers from across the province.

#### **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, Geriatric Assessment and Intervention Network 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. What are the limitations of the Older Adult Experience Survey?**

Only an English paper-based format of this survey was pilot tested.

## **2. PREPARING TO SURVEY**

### **A. How to access a copy**

A free copy of the Older Adult Experience Survey can be retrieved from Provincial Geriatrics Leadership Ontario (PGLO) website: [https://rgps.on.ca/wp-content/uploads/2019/10/Older-Adult-Experience-Survey.2021.logo\\_.docx](https://rgps.on.ca/wp-content/uploads/2019/10/Older-Adult-Experience-Survey.2021.logo_.docx)

### **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
- copyright details

**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. Any logo added must stay within the size of the text box provided to ensure that the paging remains the same.**



- 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.

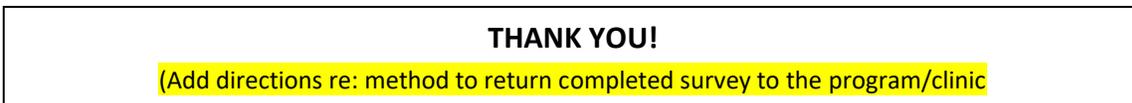
- iii. **Add the program/clinic name to survey item #10.**

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=poor experience) 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.**



**D. Survey items that may be added**

Additional items and/or questions may be added to page 2 of the survey only. 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 who are able to provide feedback on their experience have a chance to complete the 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 SGS program/clinic in a given year who are cognitively able to provide feedback on their experience.
  - For example:
    - 100 unique individuals attend the program/clinic in a given year
    - Of those 100 unique individuals, it is roughly estimated that 70% would be at a cognitive level that would enable them to complete the survey. Enter 70 as the population size
- **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.

Population	Representative Sample - Size Estimate Findings
(# of unique individuals accessing the program/clinic in a fiscal year who are cognitively able to provide feedback)	<ul style="list-style-type: none"> <li>▪ confidence level of 95%</li> <li>▪ confidence interval of 5%</li> </ul>
70	59
100	80
200	132
300	169
400	196
500	217
600	234
1000	278

#### 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 appropriate 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 # of surveys handed out and the # returned
- Regularly monitor the number of surveys returned to ensure that the target for each quarter is reached

### 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 should 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 surveyed.
- 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:
  - Explaining the survey instructions to the older adult patient/client
  - Providing the older adult patients/clients with privacy to complete the survey

# 4. PROCESSES TO SUPPORT SURVEY IMPLEMENTATION

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

## B. 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 complete the survey
  - A person accompanying a patient/client can physically assist in completing the survey but must not influence the patient's/client's responses in any way

## C. Steps involved in the survey process

- 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
- Ask the older adult patient/client if they would like to complete the survey and if yes, provide the survey to them
- 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.)

<b>Today's Date</b> <hr/> MM/DD/YYYY
--

- Check the appropriate box to indicate how the survey will be completed

Check one box:	<input type="checkbox"/> I am completing this survey on my own
	<input type="checkbox"/> Someone is providing physical assistance to help me complete this 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.

#### **D. 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 completed 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 at the program/clinic.

### **5. HOW TO USE THE FINDINGS FROM THE SURVEY**

This survey will provide specialized geriatric programs/clinics with valuable feedback to support existing aspects of the program/clinic and to identify quality improvement initiatives. It will also 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.
- Further potential analysis could include analysing the core items based on the quantitative demographic items found at the end of the survey (e.g., age, gender).

#### **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**

- 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

**Health Quality Ontario. (2015).** Primary Care Patient Experience Survey: Support Guide.

Retrieved from: <http://www.hqontario.ca/Portals/0/documents/qi/primary-care/primary-care-patient-experience-survey-support-guide-en.pdf>

**Health Quality Ontario. (2016).** Ontario Patient Experience Measurement Strategy

Retrieved from: <https://www.hqontario.ca/System-Performance/Measuring-System-Performance/Measuring-Patient-Experience>

**Wong ST, Haggerty J. (2013).** Measuring Patient Experiences in Primary Health Care

Retrieved from: <https://open.library.ubc.ca/cIRcle/collections/facultyresearchandpublications/52383/items/1.0048528>

### Sample Size Calculators

Retrieved from: <http://www.surveysystem.com/sscalc.htm>

Retrieved from: <http://www.raosoft.com/samplesize.html>

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