

### Tool description

Two scales measuring experiences of older patients who have visited the emergency department (ED). These scales were developed using data collected from 412 patients age 75 and over or their family members during the week after they returned home. The questions were about experiences in 6 care domains: interpersonal care, communication, wait times, family needs, physical needs, and transitional care. Two scales emerged assessing these 2 independent dimensions: 1) Personal care /Communication; and 2) Waiting time.

### Administration and scoring

The questionnaires are completed by the patient or by a family member who accompanied the patient to the ED (both versions are provided). They should be completed after the patient has returned home, ideally by the end of first week after the ED visit. In our study, the validated versions of the questionnaires were administered in a telephone interview but they could also be filled electronically. Criteria for scoring are provided for each question. The digital scores are then computed as total number of problems for each scale (0-8 for Personal care/Communication, 0-2 for Waiting time).

### Reference to tool development

McCusker J, Cetin-Sahin D, Cossette S, Ducharme F, Vadeboncoeur A, Vu TTM, Veillette N, Ciampi A, Belzile E, Berthelot S, Lachance PA, Mah R. [How do older adults experience an emergency department visit: Development and validation of subscales](#). Annals of Emergency Medicine 2018;71(6):755-766.

### Other references

Cetin-Sahin D, Ducharme F, McCusker J, Veillette N, Cossette S, Vu T.T.M, Vadeboncoeur A, Lachance P-A, Mah R, Berthelot S. [Experiences of an emergency department visit among older adults and their families: Qualitative findings from a mixed methods study](#). Journal of Patient Experience. April 2019. [doi.org/10.1177/2374373519837238](https://doi.org/10.1177/2374373519837238)

### Contact for further information

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## SCALES MEASURING SENIORS' EXPERIENCES OF EMERGENCY DEPARTMENT CARE PATIENT VERSION

<b>Personal care / Communication</b>
<p>1. Do you think that the emergency room staff did everything they could to ease your pain or discomfort?</p> <p><input type="checkbox"/> Yes, definitely    <input type="checkbox"/> A little<sup>1</sup>    <input type="checkbox"/> No<sup>1</sup>    <input type="checkbox"/> Don't know<sup>1</sup>    <input type="checkbox"/> No pain</p>
<p>2. Did the staff treat you with respect and dignity while you were in the emergency room?</p> <p><input type="checkbox"/> Yes, definitely    <input type="checkbox"/> A little<sup>1</sup>    <input type="checkbox"/> No<sup>1</sup>    <input type="checkbox"/> Don't know<sup>1</sup></p>
<p>3. Was your health problem explained to you in a way you could understand?</p> <p><input type="checkbox"/> Yes, definitely    <input type="checkbox"/> A little<sup>1</sup>    <input type="checkbox"/> No<sup>1</sup>    <input type="checkbox"/> Don't know<sup>1</sup>    <input type="checkbox"/> Being investigated    <input type="checkbox"/> Not needed</p>
<p>4. Did someone explain to you the tests you had to have?</p> <p><input type="checkbox"/> Yes, every time    <input type="checkbox"/> Sometimes<sup>1</sup>    <input type="checkbox"/> No<sup>1</sup>    <input type="checkbox"/> Don't know<sup>1</sup>    <input type="checkbox"/> Not needed</p>
<p>5. If your family member wanted to speak to a doctor, did they have an opportunity to do so?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No<sup>1</sup>    <input type="checkbox"/> Don't know<sup>1</sup>    <input type="checkbox"/> No family present    <input type="checkbox"/> Not needed</p>
<p>6. Before you left, did a staff member give your family member or friend, who was with you in the emergency, all the information they needed to help you recover?</p> <p><input type="checkbox"/> Yes, definitely    <input type="checkbox"/> No<sup>1</sup>    <input type="checkbox"/> Don't know<sup>1</sup>    <input type="checkbox"/> Being investigated    <input type="checkbox"/> Not needed</p>
<p>7. Were you told what signs related to your health problem to watch out for when you got home?</p> <p><input type="checkbox"/> Yes, definitely    <input type="checkbox"/> A little<sup>1</sup>    <input type="checkbox"/> No<sup>1</sup>    <input type="checkbox"/> Don't know<sup>1</sup>    <input type="checkbox"/> Being investigated    <input type="checkbox"/> Not needed</p>
<p>8. Were you given advice about resuming your normal daily activities?</p> <p><input type="checkbox"/> Yes, definitely    <input type="checkbox"/> A little<sup>1</sup>    <input type="checkbox"/> No<sup>1</sup>    <input type="checkbox"/> Don't know<sup>1</sup>    <input type="checkbox"/> Being investigated    <input type="checkbox"/> Not needed</p>
<b>Waiting time</b>
<p>9. Given how you were feeling that day, did you find that the waiting time to be seen by a doctor was short, acceptable, or too long?</p> <p><input type="checkbox"/> Short    <input type="checkbox"/> Acceptable    <input type="checkbox"/> Too long<sup>1</sup>    <input type="checkbox"/> No wait time    <input type="checkbox"/> Don't know</p>
<p>10. Overall, from when you first arrived in the emergency until you left, were the delays and waiting times acceptable to you?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No, a little too long<sup>1</sup>    <input type="checkbox"/> No, much too long<sup>1</sup>    <input type="checkbox"/> Don't know</p>

<sup>1</sup>Presence of a problem [remove for self-administration version]

## SCALES MEASURING SENIORS' EXPERIENCES OF EMERGENCY DEPARTMENT CARE FAMILY CAREGIVER VERSION

<b>Personal care / Communication</b>
<p>1. Do you think that the emergency room staff did everything they could to ease your relative's pain or discomfort?</p> <p><input type="checkbox"/> Yes, definitely    <input type="checkbox"/> A little<sup>1</sup>    <input type="checkbox"/> No<sup>1</sup>    <input type="checkbox"/> Don't know<sup>1</sup>    <input type="checkbox"/> No pain</p>
<p>2. Did the staff treat your relative with respect and dignity while you were in the emergency room?</p> <p><input type="checkbox"/> Yes, definitely    <input type="checkbox"/> A little<sup>1</sup>    <input type="checkbox"/> No<sup>1</sup>    <input type="checkbox"/> Don't know<sup>1</sup></p>
<p>3. Was your relative's health problem explained to you in a way you could understand?</p> <p><input type="checkbox"/> Yes, definitely    <input type="checkbox"/> A little<sup>1</sup>    <input type="checkbox"/> No<sup>1</sup>    <input type="checkbox"/> Don't know<sup>1</sup>    <input type="checkbox"/> Being investigated    <input type="checkbox"/> Not needed</p>
<p>4. Did someone explain to you the tests your relative had to have?</p> <p><input type="checkbox"/> Yes, every time    <input type="checkbox"/> Sometimes<sup>1</sup>    <input type="checkbox"/> No<sup>1</sup>    <input type="checkbox"/> Don't know<sup>1</sup>    <input type="checkbox"/> Not needed</p>
<p>5. If you wanted to speak to a doctor, did you have an opportunity to do so?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No<sup>1</sup>    <input type="checkbox"/> Don't know<sup>1</sup>    <input type="checkbox"/> No family present    <input type="checkbox"/> Not needed</p>
<p>6. Before you left, did a staff member give you all the information you needed to help your relative recover?</p> <p><input type="checkbox"/> Yes, definitely    <input type="checkbox"/> No<sup>1</sup>    <input type="checkbox"/> Don't know<sup>1</sup>    <input type="checkbox"/> Being investigated    <input type="checkbox"/> Not needed</p>
<p>7. Were you told what signs related to your relative's health problem to watch out for when s/he got home?</p> <p><input type="checkbox"/> Yes, definitely    <input type="checkbox"/> A little<sup>1</sup>    <input type="checkbox"/> No<sup>1</sup>    <input type="checkbox"/> Don't know<sup>1</sup>    <input type="checkbox"/> Being investigated    <input type="checkbox"/> Not needed</p>
<p>8. Were you given advice about your relative resuming his/her normal daily activities?</p> <p><input type="checkbox"/> Yes, definitely    <input type="checkbox"/> A little<sup>1</sup>    <input type="checkbox"/> No<sup>1</sup>    <input type="checkbox"/> Don't know<sup>1</sup>    <input type="checkbox"/> Being investigated    <input type="checkbox"/> Not needed</p>
<b>Waiting time</b>
<p>9. Given how your relative was feeling that day, did you find that the waiting time to be seen by a doctor was short, acceptable, or too long?</p> <p><input type="checkbox"/> Short    <input type="checkbox"/> Acceptable    <input type="checkbox"/> Too long<sup>1</sup>    <input type="checkbox"/> No wait time    <input type="checkbox"/> Don't know</p>
<p>10. Overall, from when you first arrived in the emergency until you left, were the delays and waiting times acceptable to you?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No, a little too long<sup>1</sup>    <input type="checkbox"/> No, much too long<sup>1</sup>    <input type="checkbox"/> Don't know</p>

<sup>1</sup>Presence of a problem [remove for self-administration version]