



## A Canadian environmental scan identifying patient-centred quality indicators

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Keywords:	Health services research, Public health
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Abstract:	<p>Background: Patient-centred quality indicators (PC-QIs) allow healthcare systems to monitor and evaluate Patient-Centred Care (PCC) practices and identify gaps in healthcare quality. Our objective was to understand whether Canadian provinces and territories measure PCC, identify PC-QIs currently being used, and compare Canadian PCC practice and measurement to other international healthcare systems.</p> <p>Methods: An online survey was developed to collect data on demographic characteristics for regional healthcare authorities and quality improvement organizations, PCC practices, and PC-QIs used. The survey was conducted with national and international quality improvement leads. Data was analyzed and reported based on frequency of responses and content analysis methods. PC-QIs were identified and categorized according to the Donabedian framework (structure, process, outcome) for implementation and evaluation of health services and quality of care.</p> <p>Results: We obtained completed surveys from 12/13 provinces and</p>

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	<p>territories across Canada. Most provinces use PCC measures to inform PCC practices. Only 4/12 provinces/territories reported using PC-QIs, 61 unique PC-QIs in total. Most PC-QIs used across Canada assessed aspects related to Donabedian components of Process and Outcome. Findings for Canada were comparable to Sweden, England, Australia and New Zealand, where many measures exist for PCC, but PC-QIs are still in development. Interpretation: This environmental scan provided greater insight into PCC measurement across Canada, Sweden, England, Australia and New Zealand, and helped us to identify PC-QIs currently used. These results will inform the development of a standard set of PC-QIs that can be implemented by healthcare organizations to guide PCC measurement and improve quality of healthcare.</p>

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# Checklist for Reporting Results of Internet E-Surveys (CHERRIES)

<i>Item Category / Checklist Item</i>	<i>Explanation</i>	<i>Location in paper</i>
<b>Design</b>		
Describe survey design	Describe target population, sample frame. Is the sample a convenience sample? (In “open” surveys this is most likely.)	Under Methods section: “Identification and recruitment of participants” (pg 4)
<b>IRB (Institutional Review Board) approval and informed consent process</b>		
IRB approval	Mention whether the study has been approved by an IRB.	Under Ethics Approval section (pg 15)
Informed consent	Describe the informed consent process. Where were the participants told the length of time of the survey, which data were stored and where and for how long, who the investigator was, and the purpose of the study?	Under Methods section: “Identification and recruitment of participants” where the formal letter of invitation included these aspects (pg 4)
Data protection	If any personal information was collected or stored, describe what mechanisms were used to protect unauthorized access.	Respondent information was deidentified. Under Methods section: “Data collection and analysis” (pg 5)
<b>Development and pre-testing</b>		
Development and testing	State how the survey was developed, including whether the usability and technical functionality of the electronic questionnaire had been tested before fielding the questionnaire.	Under Methods section: “Survey development” (pg 5)
<b>Recruitment process and description of the sample having access to the questionnaire</b>		
Open survey versus closed survey	An “open survey” is a survey open for each visitor of a site, while a closed survey is only open to a sample which the investigator knows (password-protected survey).	The survey was open, but the link was only provided to a targeted sample. Under Methods section: “Identification and recruitment of participants” where the formal letter of invitation included these aspects (pg 4)
Contact mode	Indicate whether or not the initial contact with the potential	Under Methods

<i>Item Category / Checklist Item</i>	<i>Explanation</i>	<i>Location in paper</i>
	participants was made on the Internet. (Investigators may also send out questionnaires by mail and allow for Web-based data entry.)	section: "Identification and recruitment of participants" (pg 4)
Advertising the survey	How/where was the survey announced or advertised? Some examples are offline media (newspapers), or online (mailing lists – If yes, which ones?) or banner ads (Where were these banner ads posted and what did they look like?). It is important to know the wording of the announcement as it will heavily influence who chooses to participate. Ideally the survey announcement should be published as an appendix.	The survey was not advertised; we targeted a sample of quality improvement leaders in healthcare organizations. Under Methods section: "Identification and recruitment of participants" (pg 4)
<b>Survey administration</b>		
Web/E-mail	State the type of e-survey (eg, one posted on a Web site, or one sent out through e-mail). If it is an e-mail survey, were the responses entered manually into a database, or was there an automatic method for capturing responses?	Under Methods section: "Data collection and analysis" (pg 5)
Context	Describe the Web site (for mailing list/newsgroup) in which the survey was posted. What is the Web site about, who is visiting it, what are visitors normally looking for? Discuss to what degree the content of the Web site could pre-select the sample or influence the results. For example, a survey about vaccination on a anti-immunization Web site will have different results from a Web survey conducted on a government Web site	Under Methods section: "Data collection and analysis" (pg 5)
Mandatory/voluntary	Was it a mandatory survey to be filled in by every visitor who wanted to enter the Web site, or was it a voluntary survey?	Under Methods section: "Data collection and analysis" (pg 5)
Incentives	Were any incentives offered (eg, monetary, prizes, or non-monetary incentives such as an offer to provide the survey results)?	Under Methods section: "Data collection and analysis" (pg 5)
Time/Date	In what timeframe were the data collected?	Under Methods section: "Data collection and analysis" (pg 5)
Randomization of items or questionnaires	To prevent biases items can be randomized or alternated.	N/A – See Appendix 1 for survey
Adaptive questioning	Use adaptive questioning (certain items, or only conditionally displayed based on responses to other items) to reduce number and complexity of the questions.	Under Methods section: "Survey development" (pg 5)
Number of Items	What was the number of questionnaire items per page? The number of items is an important factor for the completion rate.	N/A – adaptive questioning. Under Methods

<i>Item Category / Checklist Item</i>	<i>Explanation</i>	<i>Location in paper</i>
		section: "Survey development" (pg 5)
Number of screens (pages)	Over how many pages was the questionnaire distributed? The number of items is an important factor for the completion rate.	N/A – adaptive questioning. Under Methods section: "Survey development" (pg 5)
Completeness check	It is technically possible to do consistency or completeness checks before the questionnaire is submitted. Was this done, and if "yes", how (usually JavaScript)? An alternative is to check for completeness after the questionnaire has been submitted (and highlight mandatory items). If this has been done, it should be reported. All items should provide a non-response option such as "not applicable" or "rather not say", and selection of one response option should be enforced.	Under Methods section: "Data collection and analysis" (pg 5)
Review step	State whether respondents were able to review and change their answers (eg, through a Back button or a Review step which displays a summary of the responses and asks the respondents if they are correct).	Under Methods section: "Data collection and analysis" (pg 5)
<b>Response rates</b>		
Unique site visitor	If you provide view rates or participation rates, you need to define how you determined a unique visitor. There are different techniques available, based on IP addresses or cookies or both.	N/A. Survey was provided only to targeted respondents.
View rate (Ratio of unique survey visitors/unique site visitors)	Requires counting unique visitors to the first page of the survey, divided by the number of unique site visitors (not page views!). It is not unusual to have view rates of less than 0.1 % if the survey is voluntary.	N/A. Survey was provided only to targeted respondents.
Participation rate (Ratio of unique visitors who agreed to participate/unique first survey page visitors)	Count the unique number of people who filled in the first survey page (or agreed to participate, for example by checking a checkbox), divided by visitors who visit the first page of the survey (or the informed consents page, if present). This can also be called "recruitment" rate.	N/A. Survey was provided only to targeted respondents.
Completion rate (Ratio of users who finished the survey/users who agreed to participate)	The number of people submitting the last questionnaire page, divided by the number of people who agreed to participate (or submitted the first survey page). This is only relevant if there is a separate "informed consent" page or if the survey goes over several pages. This is a measure for attrition. Note that "completion" can involve leaving questionnaire items blank. This is not a measure for how completely questionnaires were filled in. (If you need a measure for this, use the word "completeness rate".)	Under Methods section: "Data Collection and Analysis" (pg 5). Note that the completion rate was calculated as the number of respondents who reached "End Survey" of the adaptive questionnaire and/or completed the survey up to and including the primary research question, divided by the total number of respondents who

<i>Item Category / Checklist Item</i>	<i>Explanation</i>	<i>Location in paper</i>
		agreed to participate and started the first page of the questionnaire.
<b>Preventing multiple entries from the same individual</b>		
Cookies used	Indicate whether cookies were used to assign a unique user identifier to each client computer. If so, mention the page on which the cookie was set and read, and how long the cookie was valid. Were duplicate entries avoided by preventing users access to the survey twice; or were duplicate database entries having the same user ID eliminated before analysis? In the latter case, which entries were kept for analysis (eg, the first entry or the most recent)?	Under Methods section: "Data Collection and Analysis" (pg 5). No information available on what page the cookie was set to read and how long the cookie was valid
IP check	Indicate whether the IP address of the client computer was used to identify potential duplicate entries from the same user. If so, mention the period of time for which no two entries from the same IP address were allowed (eg, 24 hours). Were duplicate entries avoided by preventing users with the same IP address access to the survey twice; or were duplicate database entries having the same IP address within a given period of time eliminated before analysis? If the latter, which entries were kept for analysis (eg, the first entry or the most recent)?	N/A- The Survey Monkey platform used cookies to prevent users access to the survey twice
Log file analysis	Indicate whether other techniques to analyze the log file for identification of multiple entries were used. If so, please describe.	N/A- The Survey Monkey platform used cookies to prevent users access to the survey twice
Registration	In "closed" (non-open) surveys, users need to login first and it is easier to prevent duplicate entries from the same user. Describe how this was done. For example, was the survey never displayed a second time once the user had filled it in, or was the username stored together with the survey results and later eliminated? If the latter, which entries were kept for analysis (eg, the first entry or the most recent)?	N/A- the survey was an open survey with targeted respondents
<b>Analysis</b>		
Handling of incomplete questionnaires	Were only completed questionnaires analyzed? Were questionnaires which terminated early (where, for example, users did not go through all questionnaire pages) also analyzed?	Under Methods section: "Data collection and analysis" (pg 5)
Questionnaires submitted with an atypical timestamp	Some investigators may measure the time people needed to fill in a questionnaire and exclude questionnaires that were submitted too soon. Specify the timeframe that was used as a cut-off point, and describe how this point was determined.	No time stamp was provided.
Statistical correction	Indicate whether any methods such as weighting of items or propensity scores have been used to adjust for the non-representative sample; if so, please describe the methods.	No statistical approach was used to weight the responses, as it was a scan to identify current PCC practices.

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3 **Appendices:**  
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6 **Appendix 1: Online Survey**  
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11 *Measuring Healthcare System Performance: Developing Patient-Centred Care*  
12 *Quality Indicators*  
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15 **Survey on Quality Indicators for Measuring Patient-Centred Care**  
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19 **I. Health Region/Agency Information**

20 Health Region/Agency: \_\_\_\_\_  
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22 Address: \_\_\_\_\_  
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27 City: \_\_\_\_\_  
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29 Province/Territory: \_\_\_\_\_  
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31 Country: \_\_\_\_\_  
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33 Postal Code: \_\_\_\_\_  
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37 **II. Interviewee Contact Information**

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39 Name: \_\_\_\_\_  
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41 Position/Title: \_\_\_\_\_  
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43 Email: \_\_\_\_\_  
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45 Telephone: \_\_\_\_\_  
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50 **III. Health Region/Agency Characteristics**  
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- 53 1. Your health region/agency serves the following population(s)? (check one or more that apply)  
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- Adults only
- Children only
- Both adults and children

2. What is the population size that your health region/agency serves?

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3. Which of the following *geographical areas* does your health region/agency serve? (check one or more that apply)

- Rural
- Sub-urban
- Urban

4. What type of healthcare facilities does your health region/agency have? (check one or more that apply)

*\*Community services to those that provided non-specialized care serving a local area*

- Acute Care Services (e.g. hospitals)
- Community Health Services (out-patient clinics, primary care, long-term, etc.)
- Other

#### IV. Implementation of Patient-Centred Care

5. Does your health region/agency practice Patient-Centred Care (PCC), as defined by the IOM (Institute of Medicine) as: "Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions?"



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5  Yes -> Skip to Question 8

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7  No -> Proceed to Question 6

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9  No, but PCC is practiced by our health region/agency, and **defined differently** -> Proceed to Question  
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14 Explain briefly why your region/agency does not practice PCC:

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27 ur health region/agency defines PCC differently, how is it defined by your health  
28 region/agency or how would you define PCC (please indicate where the definition comes  
29 from)?  
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45 **V. Quality Indicators for Patient-Centred Care**

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48 8. Do you use Patient-Centred Quality Indicators (PC-QIs) to measure the implementation of  
49 Patient-Centred Care in your region (collect information on how Patient-Centred Care is being  
50 delivered)?  
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52  Yes -> Skip to Question 11

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54  No -> Proceed to Question 9  
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5 9. Are there any PC-QIs that are development in your region or likely to be implemented in the  
6 future?

7  Yes -> Proceed to Question 10

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9  No -> End Survey

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11 10. Would you like to provide more details about your health region/agency's plans for  
12 developing and implementing PC-QIs?

13  Yes -> Our team will follow up with you by email for additional information. End Survey.

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15  No -> End Survey.

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19 11. The main objective of this study is to obtain a list of patient-centric quality indicators that can  
20 be used across the continuum of care. Could you provide us with a list of specific quality  
21 indicators that you use to measure PCC?  
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34 **VI. Collecting, Reporting, and Storing Information**

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37 12. How is the information collected for PCC quality indicators? Obtaining feedback from: (Check  
38 one or more that apply)

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41  Clinicians

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43  Patients

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45  Other (please indicate below):

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13. Feedback if provided (Check all that apply):

- Verbally
- Written surveys or forms
- Online surveys or forms

14. What is the purpose of collecting this information (check all that apply)?

- Quality improvement in your health region/facilities
- Research purposes

15. Is this information reported?

- Yes
- No

16. How do you report the results?

- Quality Improvement Annual Report
  - Dashboards
    - Electronic dashboards
    - Paper – based dashboard
    - At meetings
    - Other (please explain):

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17. Who has access to the reports?

- Quality improvement team
- Hospital directors
- Ministry of Health
- Patients
- Citizens
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(please explain):

18. Do you have stand-alone data reporting for quality improvement/PCC? Or, is data integrated into other clinical and administrative databases?

- Yes, we have stand-alone data reporting -> Skip to Question 21
- No, data is integrated into other clinical and administrative databases -> Proceed to Question 19.

19. If so, which databases?

20. How is the data stored?

21. Do you have any documentation sharing your results?

- Yes -> Proceed to Question 22
- No -> End Survey.

22. Would your program be willing to share any of this information with us? An accurate list of PC-QIs is one of the most important aspects of our project so we can be accurate in our analysis. It will also allow us to share a compiled list of all the PC-QIs among health regions/agencies across Canada, the UK, Sweden, Australia, and New Zealand whom we are surveying. Would you be willing to send a copy of these to us?

- Yes -> Our team will follow up with you by email for additional information.
- No -> End Survey.

Thank you for sharing your time and personal experience with us. I appreciated the richness of your detail and in-depth answers to complex issues.

Do you have any questions or comments for us?

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3 **Appendix 2: Expanded List of PC-QIs**  
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Indicator by Donabedian Category	Province/Jurisdiction/Organization	Sector	Source Measure
<b>Structure</b>			
Patients involved in quality improvement events	Saskatchewan-Prince Albert Parkland Health Region	System-regional	Did not get
Presence of a PFCC Steering Committee	Saskatchewan-Prince Albert Parkland Health Region	System-regional	Did not get
Implementation of interdisciplinary rounds	Saskatchewan-Prince Albert Parkland Health Region	System-regional	Did not get
# personal health information act breeches	Interlake-Eastern Region Health Authority	Unknown	Did not get
PCC project funding and evaluation	Cancer Care Ontario	Cancer care	Did not get
100% of the seven provincial strategic initiatives have a patient engagement plan in place by March 31, 2017	Health Quality Council of Saskatchewan	System-regions	<a href="http://hqc.sk.ca/improve-health-care-quality/patient-and-family-centred-care/">http://hqc.sk.ca/improve-health-care-quality/patient-and-family-centred-care/</a>
100% of health regions and the Saskatchewan Cancer Agency have patients and families involved in Quality and Safety Committees by March 31, 2017	Health Quality Council of Saskatchewan	System-regions	<a href="http://hqc.sk.ca/improve-health-care-quality/patient-and-family-centred-care/">http://hqc.sk.ca/improve-health-care-quality/patient-and-family-centred-care/</a>
100% of health regions have PFCC content included in staff general orientation by March 31, 2017	Health Quality Council of Saskatchewan	System-regions	<a href="http://hqc.sk.ca/improve-health-care-quality/patient-and-family-centred-care/">http://hqc.sk.ca/improve-health-care-quality/patient-and-family-centred-care/</a>
100% of health regions engage patients and families in the 2017-2018 health system planning process to ensure targets are set from the patient perspective	Health Quality Council of Saskatchewan	System-regions	<a href="http://hqc.sk.ca/improve-health-care-quality/patient-and-family-centred-care/">http://hqc.sk.ca/improve-health-care-quality/patient-and-family-centred-care/</a>
<b>Process</b>			
Inclusion of patients in decisions of care they receive	British Columbia-Providence Health Care	Unknown	Did not get
Inclusion of family members to a level they desire, in the	British Columbia-	Unknown	Did not get

Indicator by Donabedian Category	Province/Jurisdiction/ Organization	Sector	Source Measure
care patients receive	Providence Health Care		
Provider coordinates with other providers	New Brunswick-New Brunswick Health Council	Unknown	Did not get
Treated with respect and dignity	New Brunswick-New Brunswick Health Council	Unknown	Did not get
Involved in decision-making	New Brunswick-New Brunswick Health Council	Unknown	Did not get
Explains things in a way that is easy to understand	New Brunswick-New Brunswick Health Council	Unknown	Did not get
Confident in managing health condition	New Brunswick-New Brunswick Health Council	Unknown	Did not get
Patient follow-up with a primary care doctor after leaving hospital for selected conditions (The rate of follow-up visits with a primary care doctor within seven days of discharge after hospitalization for any of the following conditions: pneumonia, diabetes, stroke, gastrointestinal disease, congestive heart failure, chronic obstructive pulmonary disease, heart attack and other cardiac conditions (selected Health Based Allocation Model Inpatient Grouper conditions))	Ontario- Health Quality Ontario	Primary Care	Discharge Abstract Database (DAD); Ontario Health Insurance Plan (OHIP) Claims History Database. <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/7-day-follow-up-after-leaving-hospital/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/7-day-follow-up-after-leaving-hospital/EN</a>
Patient involvement in decisions about their care and treatment (Percentage of people aged 16 or older who report that their primary care provider always or often, involved them in decisions about their care)	Ontario- Health Quality Ontario	Primary Care	Health Care Experience Survey (HCES) <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/Patient-involvement-in-decisions-about-their-care/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/Patient-involvement-in-decisions-about-their-care/EN</a>
Percent discharge summaries sent from hospital to community care provider within 48 hours of discharge	Ontario- Health Quality Ontario	Acute Care/Hospital	Quality Improvement Plans <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/7-day-follow-up-after-leaving-hospital/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/7-day-follow-up-after-leaving-hospital/EN</a>
Percentage of complex home care patients whose wait	Ontario- Health Quality	Home Care	Quality Improvement Plans

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Indicator by Donabedian Category	Province/Jurisdiction/ Organization	Sector	Source Measure
time for their first personal support visit was within 5 days from the date they were authorized for personal support services by the CCAC	Ontario		<a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/Waiting-home-care-services-complex-personal-support-services/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/Waiting-home-care-services-complex-personal-support-services/EN</a>
Percentage of home care patients whose wait time for their first nursing visit was within 5 days from the date they were authorized for nursing services by the CCAC (Percentage of home care patients aged 19 and older who received their first nursing visit within five days of service authorization)	Ontario- Health Quality Ontario	Home Care	Quality Improvement Plans <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/Waiting-home-care-services-complex-personal-support-services/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/Waiting-home-care-services-complex-personal-support-services/EN</a>
Percentage of patients/clients identified as meeting Health Link criteria (Percentage of patients identified as meeting Health Link criteria who are offered access to Health Links Approach (Percentage of patients identified as meeting Health Link criteria who are offered access to Health Links Approach)	Ontario- Health Quality Ontario	Acute Care/Hospital, Home Care, Primary Care	Quality Improvement Plans <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/Percentage-patients-meeting-Health-Link-criteria/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/Percentage-patients-meeting-Health-Link-criteria/EN</a>
Same day or next day appointment (Percentage of people aged 16 and older who were able to see their primary care provider or another primary care provider in their office, on the same day or next day when they were sick)	Ontario- Health Quality Ontario	Primary Care	Health Care Experience Survey (HCES) <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/Timely-access-to-primary-care-provider/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/Timely-access-to-primary-care-provider/EN</a>
Same-day response to phone call (Percentage of people aged 16 and older who were always or often able to reach their primary care provider or someone else in the office when they call, or receive a call back the same day)	Ontario- Health Quality Ontario	Primary Care	Health Care Experience Survey (HCES) <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/same-day-response-to-phone-call/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/same-day-response-to-phone-call/EN</a>
Timely follow up with hospital discharged patients, by phone or in-person with any clinician, within 7 days of receiving discharge notification (for patients whom discharge notification was received)	Ontario- Health Quality Ontario	Primary Care	Quality Improvement Plans <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/Timely-follow-up-7-days-receiving-">http://indicatorlibrary.hqontario.ca/Indicator/Summary/Timely-follow-up-7-days-receiving-</a>



Indicator by Donabedian Category	Province/Jurisdiction/ Organization	Sector	Source Measure
			<a href="#">discharge-notification/EN</a>
Client Centred Care (Q8a, 11a) - % Positive score = Strongly Agree, Somewhat Agree Q8a: I was given the information that I needed about CCAC services? Q11a: I felt involved in developing my plan	Ontario- Ontario Association of Community Care Access Centres	Community Care	Ontario Association of Community Care Access Centres Client Survey
Client Centred Care (Appointments) (Q32b,32c, 34) - % Positive Score = Usually, Always Q32b: Were visits from [Servicer Provider] arranged at a convenient time? Q32c: In the last two months of care, the [Service Provider] arrived on time? Q34: How often did this agency or [Service Provider] keep you informed about when the [Service Provider] would arrive?	Ontario- Ontario Association of Community Care Access Centres	Community Care	Ontario Association of Community Care Access Centres Client Survey
<b>Outcome</b>			
Recommendation of area to others	British Columbia- Providence Health Care	Unknown	Did not get
British Columbia Children's Hospital Emergency Department Patient Experience (% positive score for overall care received, emotional support, respect for patient preferences, information and education, physical comfort, access and coordination, and continuity and transition)	Provincial Health Services Authority	Pediatrics	<a href="http://www.phsa.ca/about-site/Documents/BC_ED_Y8_Str ybd_PHSa_BCChildrens.pdf">http://www.phsa.ca/about-site/Documents/BC_ED_Y8_Str ybd_PHSa_BCChildrens.pdf</a> ;
PHSA's Mental Health Patient Experiences of Care (% positive score for overall care received, helped by facility stay)	Provincial Health Services Authority	Mental Health	<a href="http://www.phsa.ca/Documents/phsa_mh_pt_exper_care_survey_results.pdf">http://www.phsa.ca/Documents/phsa_mh_pt_exper_care_survey_results.pdf</a>
Mental Health & Substance Use Patient Experience of Care (% positive score for overall care received)	Provincial Health Services Authority	Mental Health, Substance Use	<a href="http://www.phsa.ca/Documents/mhsusurvey_highlights.pdf">http://www.phsa.ca/Documents/mhsusurvey_highlights.pdf</a>
Acute Inpatient Experience (% positive score for overall care received, emotional support, respect for patient preferences, information and education, physical	Provincial Health Services Authority	Acute In-patient care	<a href="http://www.phsa.ca/Documents/strybdphsa.pdf">http://www.phsa.ca/Documents/strybdphsa.pdf</a>

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Indicator by Donabedian Category	Province/Jurisdiction/ Organization	Sector	Source Measure
comfort, access and coordination, and continuity and transition)			
Timely access to service	New Brunswick-New Brunswick Health Council	Unknown	Did not get
Barriers to health services	New Brunswick-New Brunswick Health Council	Unknown	Did not get
Rating of care experience from worst to best (0 to 10 scale)	New Brunswick-New Brunswick Health Council	Unknown	Did not get
Patient Experience Measurement (from Ontario Renal Network): Proportion of patients and families who are informed about treatment options, including dialysis modality, comprehensive conservative care, dialysis access and transplant	Ontario- Cancer Care Ontario	Cancer Care	PCC year in Review report: <a href="https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=368546">https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=368546</a> PCC Guideline Recommendations: <a href="https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=340815">https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=340815</a>
Patient Experience Measurement (from Ontario Renal Network): Proportion of patients who have the opportunity to participate in the development of their care plans	Ontario- Cancer Care Ontario	Cancer Care	PCC year in Review report: <a href="https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=368546">https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=368546</a> PCC Guideline Recommendations: <a href="https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=340815">https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=340815</a>
Patient Experience (Involvement in own care planning, time to ask questions, language and cultural needs met, perception that care team cares and gives enough time)	Ontario- Champlain LHIN	Mental Health and Addictions	Ontario Perception of Care Tool (for community mental health and addictions)
Positive Patient Experience (Percentage of respondents who responded positively to one of the following general questions- as relevant to hospital- 1. Would you	Ontario-Erie St. Clair LHIN	In-patient, Emergency	HQO Priority Indicators for Patient Experiences (Pg. 10-12) <a href="http://www.hqontario.ca/port">http://www.hqontario.ca/port</a>

Indicator by Donabedian Category	Province/Jurisdiction/ Organization	Sector	Source Measure
<p>recommend this hospital to your friends and family? 2. Would you recommend this emergency department to your friends and family? 3. Overall, how would you rate the care and services you received at this hospital? 4. Overall, how would you rate the care and services you received at this emergency department?</p>			<p><a href="#">als/0/Documents/qi/qip-indicator-specifications-1511-en.pdf</a>            CIHI CPES or Ontario            Emergency Department            Patient Experience Survey            (EDPEC)</p>
<p>Timely Access to Care: (Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed)</p>	Ontario-Erie St. Clair LHIN	Primary Care	<p>HQO Priority Indicators for Patient Experiences (Pg. 21-22)  <a href="http://www.hqontario.ca/portals/0/Documents/qi/qip-indicator-specifications-1511-en.pdf">http://www.hqontario.ca/portals/0/Documents/qi/qip-indicator-specifications-1511-en.pdf</a>            Primary Care Patient Experience Survey (PCPES)  <a href="http://www.hqontario.ca/Quality-Improvement/Quality-Improvement-in-Action/quality-improvement-in-primary-care">http://www.hqontario.ca/Quality-Improvement/Quality-Improvement-in-Action/quality-improvement-in-primary-care</a></p>
<p>Patients' Experiences: Opportunity To Ask Questions (Percentage of respondents who responded positively, using the scale "always, often, sometimes, rarely, never, not applicable (don't know/refused)" for the question: Ask questions: When you see your doctor or nurse practitioner, how often do they or someone else in the office give you an opportunity to ask questions about recommended treatment?)</p>	Ontario-Erie St. Clair LHIN	Primary Care	<p>HQO Priority Indicators for Patient Experiences (Pg. 24)  <a href="http://www.hqontario.ca/portals/0/Documents/qi/qip-indicator-specifications-1511-en.pdf">http://www.hqontario.ca/portals/0/Documents/qi/qip-indicator-specifications-1511-en.pdf</a>            Primary Care Patient Experience Survey (PCPES)  <a href="http://www.hqontario.ca/Quality-Improvement/Quality-Improvement-in-Action/quality-improvement-in-primary-care">http://www.hqontario.ca/Quality-Improvement/Quality-Improvement-in-Action/quality-improvement-in-primary-care</a></p>

Indicator by Donabedian Category	Province/Jurisdiction/ Organization	Sector	Source Measure
			<a href="#">Action/quality-improvement-in-primary-care</a>
<p>Clients' Experience (Percentage of home care clients who responded “good”, “very good”, or “excellent” on a five-point scale to any of the following survey questions about clients’ experiences:</p> <ul style="list-style-type: none"> <li>· Overall rating of CCAC services</li> <li>· Overall rating of management or handling of care by Care Coordinator</li> <li>· Overall rating of service provided by service provider)</li> </ul>	Ontario-Erie St. Clair LHIN	Community Care	<p>HQO Priority Indicators for Patient Experiences (Pg. 36)  <a href="http://www.hqontario.ca/portals/0/Documents/qi/qip-indicator-specifications-1511-en.pdf">http://www.hqontario.ca/portals/0/Documents/qi/qip-indicator-specifications-1511-en.pdf</a>            Client and Caregiver Experience Evaluation Survey, Ontario Association of Community Care Access Centres</p>
<p>Residents' Experiences: Domain 1: Having a voice and being able to speak up about the home (What number would you use to rate how well the staff listen to you? Responses are coded from 0 – 10, where 0 = worst possible and 10 = best possible); Domain 2: Overall satisfaction (Would you recommend this nursing home to others? Responses are coded from 1 – 4, where</p> <ul style="list-style-type: none"> <li>· 1 = Definitely no</li> <li>· 2 = Probably no</li> <li>· 3 = Probably yes</li> <li>· 4 = Definitely yes)</li> </ul>	Ontario-Erie St. Clair LHIN	Long-term Care	<p>HQO Priority Indicators for Patient Experiences (Pg. 39-40)  <a href="http://www.hqontario.ca/portals/0/Documents/qi/qip-indicator-specifications-1511-en.pdf">http://www.hqontario.ca/portals/0/Documents/qi/qip-indicator-specifications-1511-en.pdf</a>            The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Long-Stay Resident Survey            interRAI’s Quality of Life Survey            Other validated survey about residents’ experiences; or in-house survey</p>
<p>Accessing after-hours primary care (Percentage of people aged 16 and older who reported that getting access to</p>	Ontario-Health Quality Ontario	Primary Care	Health Care Experience Survey (HCES)

Indicator by Donabedian Category	Province/Jurisdiction/ Organization	Sector	Source Measure
care on an evening or weekend, without going to the emergency department, was very difficult or somewhat difficult)			<a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/Accessing-after-hours-primary-care/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/Accessing-after-hours-primary-care/EN</a>
End of life, preferred place of death (Percentage of palliative/end of life patients who died in their preferred place of death)	Ontario-Health Quality Ontario	Palliative Care	Measured as part of Quality Improvement Plans (QIPs) reported by Ontario Association of Community Care Access Centres (OACCAC) via Client Health Related Information System (CHRIS) <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/End-of-life-preferred-place-of-death/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/End-of-life-preferred-place-of-death/EN</a>
Having a primary care provider (Percentage of people in Ontario aged 16 and older who reported having a family doctor or other primary care provider)	Ontario-Health Quality Ontario	Primary Care	Health Care Experience Survey (HCES) <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/Having-a-primary-care-provider/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/Having-a-primary-care-provider/EN</a>
Patient Experience Inpatient Care (Percentage of survey respondents who would definitely recommend this hospital to family and friends)	Ontario-Health Quality Ontario	In-patient care	The Canadian Patient Experiences Survey – Inpatient Care (CPES-IC) <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/Patient-experience-inpatient-care/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/Patient-experience-inpatient-care/EN</a>
Patient experience rate emergency department (Hospital experience percentage of survey respondents who would rate the emergency department during their stay as "9" or "10" out of 10)	Ontario-Health Quality Ontario	Emergency	The Canadian Patient Experiences Survey – Inpatient Care (CPES-IC) <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/Patient-experience-emergency-department/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/Patient-experience-emergency-department/EN</a>

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Indicator by Donabedian Category	Province/Jurisdiction/ Organization	Sector	Source Measure
			<a href="#">nt-experience-rate-emergency-department/EN</a>
Patient experience rate inpatient care (Hospital experience percentage of survey respondents who would rate the hospital during their stay as "9" or "10" out of 10)	Ontario-Health Quality Ontario	In-patient care	The Canadian Patient Experiences Survey – Inpatient Care (CPES-IC) <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/Patient-experience-rate-inpatient-care/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/Patient-experience-rate-inpatient-care/EN</a>
Patient experience: Did you receive enough information when you left the hospital? (Percentage of discharged patients who responded positively to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?)	Ontario-Health Quality Ontario	Acute Care/ Hospital	The Canadian Patient Experiences Survey – Inpatient Care (CPES-IC) <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/Patient-experience-receive-enough-information/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/Patient-experience-receive-enough-information/EN</a>
Patient Experience: Emergency Department (Percentage of survey respondents who would definitely recommend the emergency department (ED) to family and friends)	Ontario-Health Quality Ontario	Emergency	Emergency Department Patient Experiences with Care (EDPEC) <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/Patient-experience-emergency-department/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/Patient-experience-emergency-department/EN</a>
Patient experience: would you recommend inpatient care? (Percentage of survey respondents who answered "yes, definitely" recommend inpatient care to family and friends)	Ontario-Health Quality Ontario	Acute Care/ Hospital	The Canadian Patient Experiences Survey – Inpatient Care (CPES-IC) <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/Patient-experience-recommend-inpatient-care/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/Patient-experience-recommend-inpatient-care/EN</a>
Patients' experience: patient involvement in decisions about care (Percentage of respondents who responded	Ontario-Health Quality Ontario	Primary Care	Quality Improvement Plans <a href="http://indicatorlibrary.hqontario">http://indicatorlibrary.hqontario</a>

Indicator by Donabedian Category	Province/Jurisdiction/ Organization	Sector	Source Measure
"always" and "often" using the exact wording of the following patient or client survey question: Involvement in care decisions: When you see your doctor or nurse practitioner, how often do they or someone else in the office involve you as much as you want to be in decisions about your care and treatment?			<a href="http://o.ca/Indicator/Summary/Patients-experience-patient-involvement-care-decisions/EN">o.ca/Indicator/Summary/Patients-experience-patient-involvement-care-decisions/EN</a>
Patients' experiences primary care providers spending enough time with patients (Percentage of patients who responded "always" and "often" using the exact wording of the following patient or client survey question: Enough time: When you see your doctor or nurse practitioner, how often do they or someone else in the office spend enough time with you? )	Ontario-Health Quality Ontario	Primary Care	Quality Improvement Plans <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/Patients-experiences-primary-care-provider-spend-enough-time/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/Patients-experiences-primary-care-provider-spend-enough-time/EN</a>
Patients' experiences: opportunity to ask questions (Percentage of respondents who responded "always" and "often" using the exact wording of the following patient or client survey question: Ask questions: When you see your doctor or nurse practitioner, how often do they or someone else in the office give you an opportunity to ask questions about recommended treatment? )	Ontario-Health Quality Ontario	Primary Care	Quality Improvement Plans <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/Patients-experiences-opportunity-to-ask-questions/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/Patients-experiences-opportunity-to-ask-questions/EN</a>
Percentage of home care patients who were satisfied with their care from both care coordinators and service providers	Ontario-Health Quality Ontario	Home Care	Quality Improvement Plans; Client and Caregiver Experience Evaluation (CCEE) Survey; Data provided by Ontario Association of Community Care Access Centres (OACCAC) <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/Percentage-home-care-satisfied-care-service-providers/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/Percentage-home-care-satisfied-care-service-providers/EN</a>
Percentage of long stay home care patients who	Ontario-Health Quality	Home Care	Resident Assessment

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Indicator by Donabedian Category	Province/Jurisdiction/ Organization	Sector	Source Measure
experience a communication problem (Percentage of home care patients with a new problem communicating or existing communication problem that did not improve since their previous assessment)	Ontario		Instrument – Home Care (RAI-HC) <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/Communication-problems-home-care-patients/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/Communication-problems-home-care-patients/EN</a>
Percentage of long stay home care patients whose primary informal caregiver experienced distress, anger or depression in relation to their caregiving role or were unable to continue in that role (Percentage of long-stay home care patients with a primary unpaid caregiver whose caregiver is unable to continue in caring activities or expresses feelings of distress, anger or depression)	Ontario-Health Quality Ontario	Home Care	Resident Assessment Instrument – Home Care (RAI-HC) <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/Informal-caregiver-distress/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/Informal-caregiver-distress/EN</a>
Residents' experience: Being able to speak up about the home	Ontario-Health Quality Ontario	Long-term Care	InterRAI Quality of Life Survey <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/Resident-experience-being-able-to-speak-up-about-home/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/Resident-experience-being-able-to-speak-up-about-home/EN</a>
Residents' experience: Having a voice	Ontario-Health Quality Ontario	Long-term Care	Nursing Home Hospital Consumer Assessment of Healthcare Providers and Systems (NHCAHPS) Long-Stay Resident Survey <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/Resident-experienc-having-a-voice/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/Resident-experienc-having-a-voice/EN</a>
Residents' experience: would you recommend?	Ontario-Health Quality Ontario	Long-term Care	InterRAI Quality of Life Survey; Nursing Home Hospital Consumer Assessment of Healthcare Providers and



Indicator by Donabedian Category	Province/Jurisdiction/ Organization	Sector	Source Measure
			Systems (NHCAHPS) Long-Stay Resident Survey <a href="http://indicatorlibrary.hqontario.ca/Indicator/Summary/Residents-experience-would-you-recommend/EN">http://indicatorlibrary.hqontario.ca/Indicator/Summary/Residents-experience-would-you-recommend/EN</a>

\*PFCC – Patient and Family Centred Care; CCAC – Community Care Access Centres; LHIN – Local Health Integration Network; PHSA – Provincial

Health Services Authority; HQO – Health Quality Ontario

### Appendix 3: Measures and Proxies for PC-QIs Used

Measure** by Donabedian Category	Province/Jurisdiction/ Organization	Sector	Source Measure
<b>Process</b>			
Transfer of information process completed	Interlake-Eastern Region Health Authority	Unknown	Did not get
respect as a domain in consumer concern process	Interlake-Eastern Region Health Authority	Unknown	Did not get
Knowing the patient as an individual	Cancer Care Ontario	Cancer care	<a href="https://www.cancercare.on.ca/pcs/person_centred_care/person_centred_care_guideline/">https://www.cancercare.on.ca/pcs/person_centred_care/person_centred_care_guideline/</a>
Essential requirements of care	Cancer Care Ontario	Cancer care	<a href="https://www.cancercare.on.ca/pcs/person_centred_care/per">https://www.cancercare.on.ca/pcs/person_centred_care/per</a>

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Measure** by Donabedian Category	Province/Jurisdiction/ Organization	Sector	Source Measure
			<a href="#">son centred care guideline/</a>
Tailoring healthcare services for each patient	Cancer Care Ontario	Cancer care	<a href="https://www.cancercare.on.ca/pcs/person-centred-care/person-centred-care-guideline/">https://www.cancercare.on.ca/pcs/person-centred-care/person-centred-care-guideline/</a>
Continuity of care and relationships	Cancer Care Ontario	Cancer care	<a href="https://www.cancercare.on.ca/pcs/person-centred-care/person-centred-care-guideline/">https://www.cancercare.on.ca/pcs/person-centred-care/person-centred-care-guideline/</a>
Enabling patients to actively participate in their care	Cancer Care Ontario	Cancer care	<a href="https://www.cancercare.on.ca/pcs/person-centred-care/person-centred-care-guideline/">https://www.cancercare.on.ca/pcs/person-centred-care/person-centred-care-guideline/</a>
PCC self-assessment (bi-annual)	Cancer Care Ontario	Cancer care	Did not get
Patient Engagement Evaluation Measurement	Cancer Care Ontario	Cancer care	Did not get
<b>Outcome</b>			
Patient experience for Prevention Services (Sexually Transmitted Infection/Human Immunodeficiency Virus, Tuberculosis Clinics)	Provincial Health Services Authority	Sexually Transmitted Infection/Human Immunodeficiency Virus, Tuberculosis	<a href="http://www.bccdc.ca/about/accountability/client-stakeholder-surveys/client-experience">http://www.bccdc.ca/about/accountability/client-stakeholder-surveys/client-experience</a>
N/A- Patient experience measures used to serve as an indicator for Patient and Family Centred Care	Alberta Health Services	Pediatric, Inpatient, Emergency	Canadian Hospital Consumer Assessment of Health Care Providers and Systems; Child Canadian Hospital Consumer Assessment of Health Care Providers and Systems; Canadian Patient Experiences Survey—Inpatient Care; Emergency Department Patient Experience of Care Survey
N/A -Patient experience measures used to serve as an indicator	Health Quality Council of Alberta	Pediatric, Inpatient,	Emergency Department Patient

Measure** by Donabedian Category	Province/Jurisdiction/ Organization	Sector	Source Measure
		Emergency, Primary Care	Experience of Care Survey- Admitted Standalone Instrument; Emergency Department Patient Experience of Care Survey- Admitted Standalone Instrument- Children's Hospital Version; Emergency Department Patient Experience of Care Survey- Discharged to Community Instrument; Emergency Department Patient Experience of Care Survey- Discharged to Community Instrument- Children's Hospital Version; Health Quality Council of Alberta Primary Care Patient Experience Survey
N/A- Use patient reported outcome measures and patient reported experience measures, focus groups	BC Provincial Renal Agency	Renal Care	Patient reported outcome measures: the modified Edmonton Symptom Assessment System (mESAS) Patient reported experience measures: Patient Assessment of Chronic Illness Care (PACIC)
Patient experience surveys	Fraser Health	Unknown	Did not get
Patient Experiences with Outpatient Cancer Care	Provincial Health Services Authority	Outpatient cancer care	<a href="http://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/health-authorities/patient-">http://www2.gov.bc.ca/gov/co ntent/health/about-bc-s- health-care- system/partners/health- authorities/patient-</a>

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Measure** by Donabedian Category	Province/Jurisdiction/ Organization	Sector	Source Measure
			<a href="#">experience-survey-results/outpatient-cancer-care-survey-2012-13</a>
Patient Experience (% positive response)	Vancouver Coastal Health	Mental Health	<a href="#">BC Canadian Mental Health Client Experience Questionnaire (CMHCEQ) Patient-Client Survey; Canadian Institute for Health Information The Canadian Patient Experiences Survey (CPES); Inpatient Psychiatric Unit Mini-Survey</a>
Access to services (variety of indicators)	Interlake-Eastern Region Health Authority	Unknown	<u>Did not get</u>
# self-managed home care clients	Interlake-Eastern Region Health Authority	Home care	<u>Did not get</u>
Considering what you know about Patient & Family Centred Care (standard definition provided on survey), please give the IWK an overall rating	IWK Health Centre	Acute care	PFCC annual survey- did not get
Client experience	Nova Scotia Health Authority	Unknown	Client Experience surveys- did not get
Patient Satisfaction	Sunnybrook Health Sciences Centre	Unknown	Did not get
Patient Experience	Sunnybrook Health Sciences Centre	Unknown	Did not get
Patient Experience	Health Quality Council of Saskatchewan	Acute care, Primary Care	<a href="http://hqc.sk.ca/saskatchewan/patient-surveying/">http://hqc.sk.ca/saskatchewan/patient-surveying/</a>
Patient Satisfaction	Prince Albert Parkland Health Region	Acute care, Community	<u>Did not get</u>
Client and resident satisfaction	Yukon Health & Social Services- Continuing Care	Continuing care	Resident Assessment Instrument (RAI) 2.0, Resident Assessment Instrument –

Measure** by Donabedian Category	Province/Jurisdiction/ Organization	Sector	Source Measure
			Home Care (RAI-HC)
<b>Domain Not Defined</b>			
As part of Accreditation Canada process for Client & Family Centred Care (CFCC scan), asked healthcare providers: 1. What are 2-3 ways your program/unit/site currently works in partnership with clients (patients, residents) and families; 2. What are 2-3 ways your program/unit/site currently works with input from clients (patients, residents) and families; 3. What are 2-3 priority areas for CFCC improvement in your program/unit/site?	Eastern Health	Acute and community care, intensive care	Family and Senior Friendly Care Question Card; Staff Feedback Form for Family Presence; Review of Client and Family Centred Care; Family Satisfaction with Care in the Intensive Care Unit
N/A	Health Prince Edward Island	N/A	Accreditation Canada's Client Experience Guide (see shared drive); PC-QIs to align with dimensions for client experience: 1. Respecting client values, expressing needs, and preferences; 2. Sharing information, communication, and education; 3. Coordinating and integrating services across boundaries; 4. Enhancing quality of life in the care environmental and in activities of daily living

\*PFCC – Patient and Family Centred Care

\*\* PCC measures may include guidelines, strategic directions, or instruments that have a collection of items that measure one or more dimensions of care (e.g., physician communication and patient experience)

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Confidential

## A Canadian environmental scan identifying patient-centred quality indicators

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## Abstract

**Background:** Patient-centred quality indicators (PC-QIs) allow healthcare systems to monitor and evaluate Patient-Centred Care (PCC) practices and identify gaps in healthcare quality. Our objective was to understand whether Canadian provinces and territories measure PCC, identify PC-QIs currently being used, and compare Canadian PCC practice and measurement to other international healthcare systems.

**Methods:** An online survey was developed to collect data on demographic characteristics for regional healthcare authorities and quality improvement organizations, PCC practices, and PC-QIs used. The survey was conducted with national and international quality improvement leads. Data was analyzed and reported based on frequency of responses and content analysis methods. PC-QIs were identified and categorized according to the Donabedian framework (structure, process, outcome) for implementation and evaluation of health services and quality of care.

**Results:** We obtained completed surveys from 12/13 provinces and territories across Canada. Most provinces use PCC measures to inform PCC practices. Only 4/12 provinces/territories reported using PC-QIs, 61 unique PC-QIs in total. Most PC-QIs used across Canada assessed aspects related to Donabedian components of *Process* and *Outcome*. Findings for Canada were comparable to Sweden, England, Australia and New Zealand, where many measures exist for PCC, but PC-QIs are still in development.

**Interpretation:** This environmental scan provided greater insight into PCC measurement across Canada, Sweden, England, Australia and New Zealand, and helped us to identify PC-QIs currently used. These results will inform the development of a standard set of PC-QIs that can be implemented by healthcare organizations to guide PCC measurement and improve quality of healthcare.



## Background

In recent years, healthcare systems around the world have moved from processes of care to Patient-Centred Care (PCC) as a model to improve quality of care (1). Indeed, a breadth of evidence has demonstrated that PCC improves patient outcomes and experiences (2-4), interactions and communication between patients, families, and their healthcare providers (5-12), healthcare provider satisfaction, decreases in healthcare utilization and cost, while maintaining high quality care (13-15).

The Institute of Medicine “Quality Chasm” report (2001) identified PCC as one of six aims to achieve high quality healthcare, and defined it as “providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions” (16). The PCC model delivers personalized care, and is sometimes conceptualized as “person-centred care,” emphasizing the importance of delivering holistic care that acknowledges the various dimensions of a patient’s life, including the person’s context and individual expressions (17-21). Quality indicators can help to capture the quality of PCC delivered, from the perspective of what matters to patients. The need for quality indicators for PCC is acknowledged by the World Health Organization: “as of yet there are no universally accepted indicators to measure progress in establishing integrated people-centred health services” (22).

In order to attempt to address this gap, we have embarked on a multi-phase program of research to develop a core set of evidence-based and patient informed Patient-Centred Quality Indicators (PC-QIs) that can be used by healthcare systems across the continuum of care to evaluate patient-centred practice, enable benchmarking, and promote quality improvement.

The objectives of this environmental scan were to understand whether Canadian provinces and territories measure PCC, identify existing PC-QIs used, and compare PCC practice and measurement to

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2  
3 other comparable healthcare systems in England, Sweden, Australia, and New Zealand. The PC-QIs  
4  
5 identified were categorized according to the Donabedian model of health systems (23).  
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## 8 **Methods and Analysis:**

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10  
11 The study was conducted at the University of Calgary, and it is part of a larger program of research that  
12  
13 aims to develop PC-QIs.  
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### 16 *Identification and Recruitment of Participants*

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20 Our study collaborators assisted us in identifying quality improvement leads across Canada. In parallel,  
21  
22 we consulted with our international collaborators to identify experts in PCC measurement in England,  
23  
24 Sweden, Australia, and New Zealand. These countries were chosen because they have health systems  
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26 that are comparable to Canada, and have made great efforts measuring PCC. In addition to consulting  
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28 our networks, we performed a Google search to understand how various healthcare jurisdictions in  
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30 Canada, England, Sweden, New Zealand and Australia were measuring PCC and to identify key  
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32 stakeholders for consultation. Potential participants were contacted via email that included a formal  
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34 letter of invitation.  
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40 A follow-up protocol was developed to achieve the study's target of reaching a 75% response rate. This  
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42 protocol involved snow-ball sampling (24), whereby potential respondents were asked to direct the  
43  
44 researchers to an alternative contact for their organization if they were not the appropriate contact.  
45

46 Confirmed contacts received three initial invitation emails one week apart, after which follow up was  
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48 made by telephone for a maximum of two times. Contact ceased after failure to reach the participant, or  
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50 the survey was not completed after two follow-up calls.  
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### *Survey Development*

The survey was developed and tested with the study collaborators and the study Patient-Partner, to ensure its face validity and focus from the perspectives of patients, healthcare providers, quality improvement, PCC measurement, and data experts (Appendix 1). The survey used adaptive questioning, and was divided into six sections: 1) Health Region/Agency Information; 2) Interviewee Contact Information; 3) Health region/Agency Characteristics; 4) Implementation of Patient-Centred Care; 5) Quality Indicators for Patient-Centred Care; and 6) Collecting, Reporting, and Storing Information. Participants shared additional information regarding PC-QIs used or in development, and information related to PCC measurement using the free-text boxes.

### *Data Collection and Analysis*

Data collection was conducted between July to December 2016. The survey was voluntary and incentives were not offered. Responses were collected automatically through Survey Monkey (an open, free, online survey platform), exported into an excel file, deidentified, and analyzed using STATA (version 13). Respondents were able to use the “back button” to change responses and the survey platform allows respondents to go back and change responses even after the survey is complete. The “web-link collector” option on Survey Monkey used cookies to restrict only one unique response per device to avoid duplicate responses. Responses were also reviewed to confirm that no duplicate responses were collected from the same respondent. Surveys were considered complete and included in analysis if respondents answered all survey questions (until “End Survey”), and/or completed the survey up to and including the primary survey question “Do you use Patient-Centred Quality Indicators (PC-QIs) to measure the implementation of Patient-Centred Care in your region (collect information on how Patient-Centred Care is being delivered)?” Survey completion rate was 63/65 (97%). The frequencies of responses for each of the following were calculated: healthcare organization demographics,

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3 implementation of PCC, use of PC-QIs, as well as for collection, reporting, and storing information.  
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5 Additional information was provided as open-ended question responses, or obtained in telephone  
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7 follow-ups.  
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11 Qualitative data collected from open-ended responses in the survey were analyzed using content  
12  
13 analysis methods and mapped to existing themes represented by items in the survey. A deductive  
14  
15 approach was used: themes included 'other definitions for PCC,' 'plans for developing PC-QIs,' and  
16  
17 'other ways data is reported [30].'  
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### 20 21 *Definition of Patient-Centred Quality Indicators*

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24 A definition or examples of PC-QIs were not provided in order to avoid response bias, as it was  
25  
26 hypothesized by the researchers that there would be great variability in how healthcare organizations  
27  
28 approach PCC measurement. However, in order to identify PC-QIs for extraction and classify them  
29  
30 according to the Donabedian framework (23), a working definition was developed and agreed by the  
31  
32 team. Thus, PC-QIs were defined as a 'unit of measurement of healthcare system performance that is  
33  
34 based on what matters to patients and families, and to any person that has contact with healthcare  
35  
36 services.'  
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41 Any PC-QIs reported by national and international survey respondents and related information  
42  
43 (description, dimensions, related measures, sector used, healthcare organization) were extracted from  
44  
45 individual survey responses and organized using an Excel spreadsheet. Use of surveys and instruments,  
46  
47 guidelines, feedback from patient advisory committees, and patient reports like  
48  
49 complaints/compliments were also captured.  
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### 52 53 *Classifying PC-QIs*

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3 The PC-QIs extracted from the scan were categorized based on the Donabedian model of healthcare  
4 systems (23). PC-QIs were considered 'Structure' if they measured healthcare materials, resources, and  
5  
6 organizational characteristics; PC-QIs were categorized as 'Process' if they measured the interactions  
7  
8 between patients and healthcare providers (e.g., communication, self-care management, transitions of  
9  
10 care); and PC-QIs were classified as 'Outcome' if they measured the outcomes of interactions between  
11  
12 the healthcare system, and healthcare providers and patients (e.g., patient-reported outcomes).  
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17 The research team members reviewed and agreed upon the extraction and classification of PC-QIs.  
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19 Duplicate PC-QIs were removed. PC-QIs that had some variations in wording, but measured similar  
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21 domains, were considered unique PC-QIs (e.g., "client experiences with respect to care" vs. "would  
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23 residents recommend this home to others").  
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## 31 **Results**

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34 Results are presented with a focus on Canada; the comparisons with the international counterparts are  
35  
36 presented separately.  
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### 39 *Demographics of Respondents and Healthcare Structures*

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42 In Canada, 65% (42/65) healthcare agencies and authorities responded to our survey. Additionally, some  
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44 provinces have governing organizations that direct healthcare quality at the provincial level, and we  
45  
46 were able to capture most of these organizations from each province and territory with the exception of  
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48 Nunavut (27/33, 82%). Responses were also obtained from the Australia Commission on Safety and  
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50 Quality in Healthcare, New Zealand Federal Government, the National Health System (NHS) and Point of  
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3 Care Foundation in England, and a sample of Swedish regions including Kronobergs län, Western Region  
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5 in Gothenburg, Småland, Jönköpings län.  
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### 8 *PCC Practice in Canada* 9

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11 Figure 1 depicts the demographics of Canadian participants. These participants represented Canadian  
12  
13 organizations that largely served both adults and children (94%), in urban (89%) and rural (91%) areas  
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15 and mostly provided acute care (85%). Other participants represented a variety of healthcare  
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17 organizations, including long-term care facilities, substance abuse rehabilitation centers, home care  
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19 (nursing, personal support, therapies), ambulance services, provincial coordinating services and  
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21 networks (autism, transplant, renal, cardiac, perinatal), public health, maternity care, dental care, and  
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23 nurse stations.  
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### 32 **Figure 1** 33 34 35 36 37

38 Table 1 displays the demographics of our Canadian participants, where 43/47 (92%) reported practicing  
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40 PCC, with the exception of the Northwest Territories. Some of these healthcare organizations (21/47  
41  
42 (45%)) practice PCC according to the IOM definition: “providing care that is respectful of and responsive  
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44 to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical  
45  
46 decisions” (16). Alternatively, 22/47 (47%) practice PCC, but do not use the IOM definition; and 4/47  
47  
48 (8%) reported not practicing PCC at all.  
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52 Several definitions were used by the Canadian healthcare organizations that practice PCC according to a  
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54 different definition than the IOM. Such definitions emphasize the importance of creating a culture of  
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3 teamwork and engagement between patients, families, and health service providers, emphasizing the  
4 contribution of family members and not only the patients themselves, and treating individuals as  
5 unique while valuing patient diversity.  
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10 Healthcare organizations that were not practicing PCC reported various reasons, including the following  
11 examples:  
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16 *“It is a value and a goal for our organization; we are implementing new tools and supports for staff and*  
17 *patients. Based on trends in complaints and patient feedback I cannot say we are practicing PCC at this*  
18 *time.” – Vice President of Quality Improvement*  
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24 *“It would be the provincial aim to do so, however I would not be confident in stating this is occurring*  
25 *systemically in [our] Regional Health Authorities or facilities. I would suggest that we are on a path*  
26 *towards doing so, but it is not occurring presently.” – Executive Director in Quality Improvement*  
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35 **Table 1**

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41 *PC-QIs Used to Monitor and Assess PCC*  
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45 In total, we identified 61 PC-QIs. Of the nine provinces/territories that practice PCC, only participants  
46 from the province of Quebec reported not using PC-QIs to measure PCC in their healthcare system. Of  
47 those that reported using PC-QIs, many used measures to assess PCC rather than PC-QIs. (See Appendix  
48 3 for PCC measures). Other organizations offered patient advisory groups to provide feedback on PCC.  
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3 Table 2 displays findings from participants using PC-QIs as described in our definition. Out of the 61  
4 identified PC-QIs, 100% were defined and developed to the point of readiness for implementation, with  
5 some still being further developed; 26% describe the domains of measurement/content of PC-QI, such  
6 as “patients/families involved in strategic planning” but the source of measurement was unknown. (See  
7 Appendix 2 for a full version of Table 2).  
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15 Structure indicators were used infrequently (9/61 (15%)), while process (18/61 (30%)) and outcome  
16 (34/61 (56%)) indicators were more commonly used. Currently, Saskatchewan is the only province that  
17 uses indicators that measure structural dimensions of healthcare. British Columbia, New Brunswick, and  
18 Ontario focused on process and outcome indicators.  
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## 29 **Table 2**

### 30 *Collecting and Reporting Information*

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35 Information of PCC measurement was collected from more than one source, for example Canadian  
36 organizations, collected information from patients (97%), clinicians (48%), and other sources (55%)  
37 including families, caregivers, administration, and healthcare organizations (e.g., the Institute for Clinical  
38 Evaluative Sciences, and the Canadian Institute for Health Information). Data on PCC was often collected  
39 by paper-based surveys (86%) or online surveys (72%).  
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50 Overall, PCC data are reported in 90% of health regions, and 88% have stand-alone data reporting  
51 systems; for example, Alberta uses a software program, Tableau, that allows for visual display and  
52 reporting. Most of the reporting is presented at meetings (81%), included in annual reports (61%),  
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3 electronic and paper-based dashboards (50%), and other platforms such as public reports with websites  
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5 (58%).  
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#### 8 *PCC Measurement in International Countries* 9

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11 Australia (Australian Commission on Safety and Quality in Healthcare; NSW Clinical Excellence  
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13 Commission), New Zealand (Health Quality and Safety Commission), Sweden (Kronobergs län, Western  
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15 Region, Småland, Jönköpings län), and England (National Health Service (NHS), Point of Care Foundation)  
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17 have similar healthcare systems to Canada, in that healthcare services are available to all their citizens.  
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21 Our results revealed that the healthcare system in Australia has not yet implemented PCC into the  
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23 healthcare system, and has not yet developed PC-QIs. However, the Australian Commission on Safety  
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25 and Quality in Healthcare reported that Australia is in the process of developing a patient-reported  
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27 experience and outcome measure that will be implemented systematically at the national level. New  
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29 Zealand uses PC-QIs that measure patient-reported experiences of care to assess PCC in the healthcare  
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31 system.  
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36 Four regions in Sweden reported that their healthcare system practiced PCC; 75% of the regions are  
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38 developing PC-QIs, and one region reported using a PC-QI. This PC-QI measured the “percentage of  
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40 organizations that have descriptions of PCC processes in early planning.” Finally, England uses some PC-  
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42 QIs to measure PCC in their healthcare system including the PC-QI Friends and Family Test (mandated by  
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44 NHS England- NHSE) England also uses instruments to assess PCC including the National In-Patient  
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46 Survey, the National Cancer Patient Experience Survey, and the Survey of Bereaved Carers (also  
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48 implemented by the NHS). The measures are used to inform PC-QIs). All of the PC-QIs and measures in  
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50 England were considered to measure outcomes of healthcare.  
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## Discussion

This environmental scan provides insight into PCC practices and measurement efforts in healthcare organizations across Canada, and compares Canadian measurement efforts to those in England, Sweden, Australia, and New Zealand. In general, the findings showed that PCC practices in Canada are comparable to the international countries included in the study. Nationally and internationally, the PC-QIs used focused on measuring healthcare processes and outcomes, with an emphasis on measuring patient experiences with care received and delivered.

Our comprehensive approach in capturing PC-QIs exposed the variation in PCC measurement across Canada. While some healthcare organizations use PC-QIs, others use PCC measures (e.g., surveys), guidelines for PCC, or review PCC practice through patient advisory boards. Many organizations reported that they use a mixture of methods to evaluate PCC, and found value in measuring PCC using a variety of approaches (e.g., use of patient-reported outcomes, feedback from Patient Advisory groups, and self-assessments from healthcare providers). Further, there was inconsistent PC-QI and PCC measurement use within and across organizations in each country.

The variety of definitions and PC-QI use across Canada may lead to inconsistent and unstandardized PCC measurement in Canada, suggesting the need for a uniformly accepted definition of PC-QIs. The current environmental scan revealed the complexity of measuring PCC. Although the benefits of PCC are evident in the literature, PCC is a broad concept, and current measures may not capture its comprehensive nature. For example, PCC measurement should not only include patient-reported outcomes, but also measure PCC in healthcare structures and processes as well (25). Further, we also suggest that PCC measurement include the various time points throughout a patient's interaction with the healthcare system (i.e., prior to provision of care, during patient care, and outcomes of patient care).

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3 At the national level, the Canadian Institute for Health Information (CIHI) has made important  
4 contributions in synthesizing various measures used to measure PCC (26). These measures and  
5 indicators can be used by healthcare organizations to measure PCC, or for further development of PC-  
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At the national level, the Canadian Institute for Health Information (CIHI) has made important contributions in synthesizing various measures used to measure PCC (26). These measures and indicators can be used by healthcare organizations to measure PCC, or for further development of PC-QIs. The initiative from CIHI can help develop national, standardized measurements that establish benchmarks for patient-centred quality improvement.

The current study compiles a list of candidate PC-QIs, which healthcare organizations can use to monitor and evaluate PCC, and inform the development of new indicators. For a more complete overview of PCC measurement in Canada, we assessed PCC measurement in as many healthcare sectors as possible rather than focusing on a specific subset. We enriched the generalizability of our findings by sampling countries with comparable healthcare systems to Canada, including Sweden, England, Australia, and New Zealand.

Limitations exist in the current study. While we identified quality improvement leads in each province in Canada, as well as in Sweden, England, Australia, and New Zealand, finding the appropriate respondents was challenging. The use of snowball sampling (24) can be challenging, as it requires referral from potential contacts. Non-response can be an issue, particularly when the initial contacts are not the appropriate respondents for the survey. Another limitation is the potential for missing information, although we strived to obtain information from all relevant national and international organizations through a follow-up protocol. Despite this, we are confident that the Canadian landscape was well captured and were supported by our collaborators. Further, we did not include the United States as their healthcare system was very different from that of Canada, however they are one of the global leaders in PCC. Future research should be done to understand the American PCC measurement landscape. The current study did not formally assess the quality of the indicators or provide information on what was considered a “high quality” indicator (i.e., the indicator is important to patients, reliable,

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3 valid, feasible, and easily understood by the target audience) (27). However, because this was not a part  
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5 of our study objectives, we suggest that future research assess the quality of PC-QIs.  
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9 Finally, the comprehensive approach of the current study allowed us to capture the broad PCC  
10  
11 measurement across Canada. However, additional details on PC-QI descriptions, dimensions, definitions,  
12  
13 and examples would have provided more detail to respondents and reduced the variation in how quality  
14  
15 improvement leads defined PC-QIs. There is a need to develop a more comprehensive framework to  
16  
17 capture the various dimensions of PCC; therefore, our research team has recently published our own  
18  
19 framework for PCC (28), grounded in Donabedian's model, which will be used for the duration of our  
20  
21 current research program to describe and classify PC-QIs.  
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25 These findings will inform our research program that includes the development and implementation of  
26  
27 PC-QIs ([Project-at-a-Glance](#)). Furthermore, and in line with PCC, there is a need to capture the  
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29 personalized experiences of patients. Individual narratives provide a glimpse into the complexity of  
30  
31 experiences and help us to understand context and meaning. Patient and caregiver narratives can  
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33 complement the quantitative data derived from PC-QIs, while presenting a more complete picture of  
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35 PCC.  
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### 43 **Conclusions**

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46 In general, the scan revealed that there is a growing interest in implementing a PCC model of care across  
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48 Canada and internationally, and revealed the complexity in measuring PCC. The current study will inform  
49  
50 the future development of a standard set of PC-QIs that will be implemented at system level, provide  
51  
52 benchmarks for healthcare systems to target and to improve care and service delivery that reflects  
53  
54 patient preferences, needs, and values.  
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## Contributors

KM, RJ, and MJS participated in the design of the study and obtaining ethics approval. CD and KM were responsible for data collection, with MJS and KM overseeing study procedures. CD and KM carried out analysis. CD, KM, RJ, EG, MLU, HQ and MJS drafted and reviewed the manuscript. All authors contributed to the interpretation of the data and revised the manuscript critically for important intellectual content. All authors read and approved the manuscript.

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8 Board in June 2016. The Ethics ID for the study is REB15:2846.  
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11 **Provenance and peer-review:** Not commissioned; externally peer-reviewed  
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14 **Data sharing statement:** No additional data are available  
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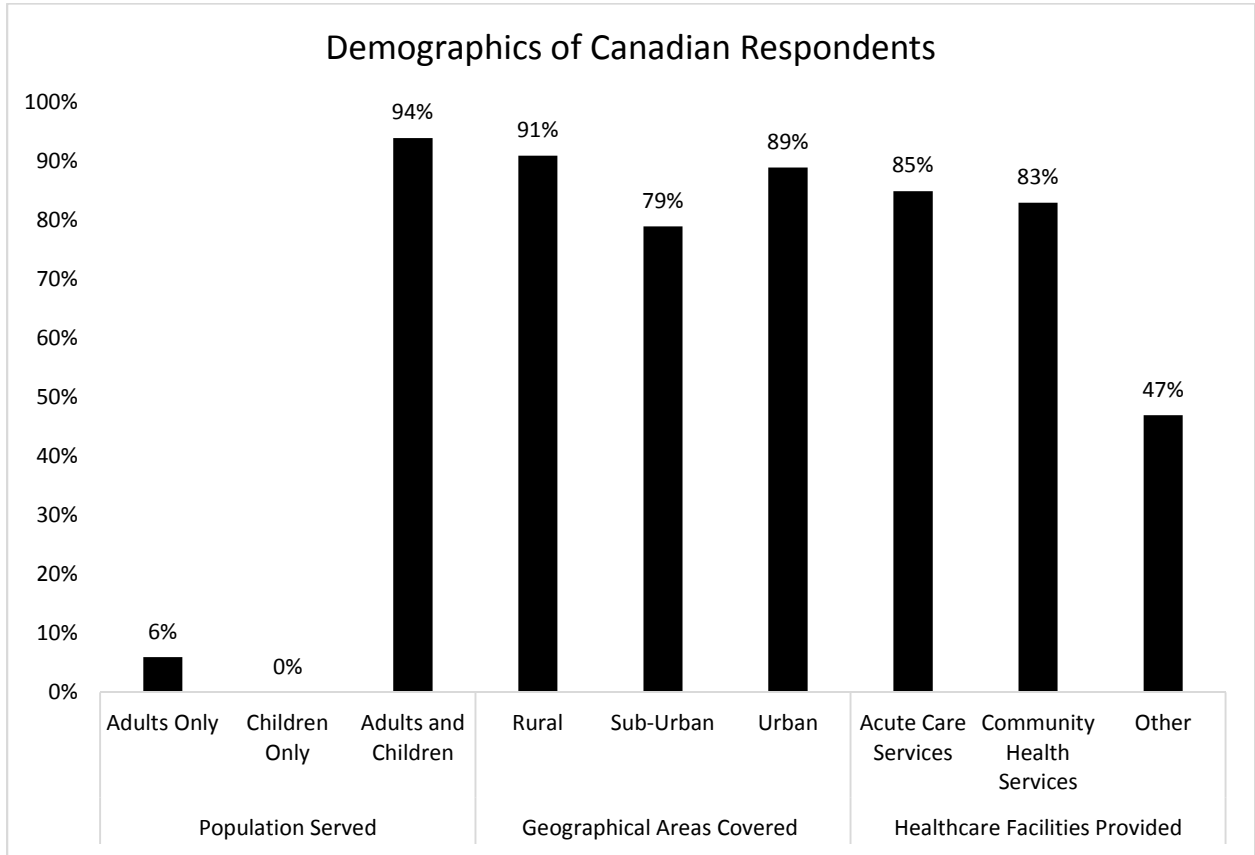
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Figure 1. Demographics of Canadian Participants.



**Table 1.** PC-QIs and PCC Measure Use in Organizations that Practice PCC.

Organization by Country	Use PC-QIs	Use Measures to Inform PC-QIs**
<b>Canada</b>		
<b>Alberta</b>		
Alberta Health Services		X
Health Quality Council of Alberta		X
<b>British Columbia</b>		
British Columbia Provincial Services Health Authority	X	X
Provincial Renal Agency		X
Providence Health Care	X	
Vancouver Coastal Health	X	X
Island Health	X	
Fraser Health	X	X
<b>Saskatchewan</b>		
Sunrise Health Region	X	
Cyprus Health Region	X	
Prince Albert Parkland Health Region	X	X
Health Quality Council of Saskatchewan		X
<b>Manitoba</b>		
Interlake- Easter Regional Health Authority		X
Winnipeg Health Region		X
<b>Ontario</b>		
Health Quality Ontario	X	
Champlain Local Health Integration Network	X	
Erie St. Clair Local Health Integration Network	X	
Muskoka Local Health Integration Network	X	
North Simcoe	X	
Cancer Care Ontario	X	X
Ontario Association of Community Care Access Centre	X	
Sunnybrook Health Sciences Centre	X	X
<b>Nova Scotia</b>		
Nova Scotia Health Authority		X
IWK Health Centre		X
<b>New Found Land and Labrador</b>		
Eastern Health		X
<b>New Brunswick</b>		
New Brunswick Health Council	X	
<b>Prince Edward Island</b>		
Health Prince Edward Island		X
<b>Yukon</b>		
Yukon Health and Social Services- Continuing Care		X

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3 \* No data was available from Nunavut. Some organizations within the provinces of Saskatchewan and  
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5 Manitoba do not practice PCC; 'X' means that the organizations practice PCC.  
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9 \*\* PCC measures may include guidelines, strategic directions, or instruments that have a collection of  
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11 items that measure one or more dimensions of care (e.g., physician communication and patient  
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13 experience)  
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**Table 2:** Examples of PC-QIs Identified in Canada.

Indicator by Donabedian Category	Province/Jurisdiction/Organization
<b>Structure</b>	
Patients involved in quality improvement events	Saskatchewan-Prince Albert Parkland Health Region
Presence of a PFCC Steering Committee	Saskatchewan-Prince Albert Parkland Health Region
Implementation of interdisciplinary rounds	Saskatchewan-Prince Albert Parkland Health Region
# personal health information act breeches	Interlake-Eastern Region Health Authority
PCC project funding and evaluation	Cancer Care Ontario
100% of the seven provincial strategic initiatives have a patient engagement plan in place by March 31, 2017	Health Quality Council of Saskatchewan
100% of health regions and the Saskatchewan Cancer Agency have patients and families involved in Quality and Safety Committees by March 31, 2017	Health Quality Council of Saskatchewan
100% of health regions have PFCC content included in staff general orientation by March 31, 2017	Health Quality Council of Saskatchewan
100% of health regions engage patients and families in the 2017-2018 health system planning process to ensure targets are set from the patient perspective	Health Quality Council of Saskatchewan
<b>Process</b>	
Inclusion of patients in decisions of care they receive	British Columbia-Providence Health Care
Inclusion of family members in the care patients receive	British Columbia-Providence Health Care
Provider coordinates with other providers	New Brunswick-New Brunswick Health Council
Treated with respect and dignity	New Brunswick-New Brunswick Health Council
Involved in decision-making	New Brunswick-New Brunswick Health Council
Explains things in a way that is easy to understand	New Brunswick-New Brunswick Health Council
Confident in managing health condition	New Brunswick-New Brunswick Health Council
Patient follow-up after leaving hospital within 7 days of discharge	Ontario- Health Quality Ontario
Patient involvement in decisions about their care and treatment	Ontario- Health Quality Ontario
Discharge summaries from hospital to community care within 48 hours of discharge	Ontario- Health Quality Ontario
Patients whose wait time for their first personal support visit was within 5 days from date authorized for personal support services by the CCAC	Ontario- Health Quality Ontario
Patients whose wait time for their first nursing visit was within 5 days from the date they were authorized for nursing services by the CCAC	Ontario- Health Quality Ontario
Patients identified as meeting Health Link criteria who are offered access to Health Links Approach	Ontario- Health Quality Ontario
Same day or next day appointment	Ontario- Health Quality Ontario
Same-day response to phone call	Ontario- Health Quality Ontario

Indicator by Donabedian Category	Province/Jurisdiction/Organization
Timely follow up within 7 days of discharge from hospital	Ontario- Health Quality Ontario
Given the information needed about CCAC services Felt involved in developing care plan	Ontario- Ontario Association of Community Care Access Centres
Visits arranged at a convenient time In the last two months of care, the provider arrived on time? How often kept informed about when the provider would arrive?	Ontario- Ontario Association of Community Care Access Centres
<b>Outcome</b>	
Recommendation of area to others	British Columbia-Providence Health Care
British Columbia Children's Hospital Emergency Department Patient Experience (% positive score for overall care received, emotional support, respect for patient preferences, information and education, physical comfort, access and coordination, and continuity and transition)	Provincial Health Services Authority
PHSA's Mental Health Patient Experiences of Care (% positive score for overall care received, helped by facility stay)	Provincial Health Services Authority
Mental Health & Substance Use Patient Experience of Care (% positive score for overall care received)	Provincial Health Services Authority
Acute Inpatient Experience (% positive score for overall care received, emotional support, respect for patient preferences, information and education, physical comfort, access and coordination, and continuity and transition)	Provincial Health Services Authority
Timely access to service	New Brunswick-New Brunswick Health Council
Barriers to health services	New Brunswick-New Brunswick Health Council
Rating of care experience from worst to best (0 to 10 scale)	New Brunswick-New Brunswick Health Council
Proportion of patients and families informed about treatment options	Ontario- Cancer Care Ontario
Opportunity to participate in the development of their care plans	Ontario- Cancer Care Ontario
Involvement in own care planning; time to ask questions; language and cultural needs met; perception that care teams cares and give enough time	Ontario- Champlain LHIN
Recommendation of hospital/ emergency department to others Overall, rate of care and services received at hospital Overall rate of care and services received at emergency	Ontario-Erie St. Clair LHIN
Timely Access to Care- same day or next day	Ontario-Erie St. Clair LHIN
Patients' Experiences: Opportunity To Ask Questions	Ontario-Erie St. Clair LHIN
Overall rating of CCAC services Overall rating of management of care by Care Coordinator Overall rating of service provided by service provider	Ontario-Erie St. Clair LHIN

Indicator by Donabedian Category	Province/Jurisdiction/Organization
Having a voice and being able to speak up about the home Overall Satisfaction- recommendation to others	Ontario-Erie St. Clair LHIN
Accessing after-hours primary care	Ontario-Health Quality Ontario
End of life, preferred place of death	Ontario-Health Quality Ontario
Having a primary care provider	Ontario-Health Quality Ontario
Recommendation of hospital to others	Ontario-Health Quality Ontario
Patient experience: rate emergency department	Ontario-Health Quality Ontario
Patient experience: rate inpatient care	Ontario-Health Quality Ontario
Receive enough information when left the hospital	Ontario-Health Quality Ontario
Recommendation of Emergency Department to others	Ontario-Health Quality Ontario
Recommendation of inpatient care to others	Ontario-Health Quality Ontario
Patient Experience: Patient involvement in decisions about care	Ontario-Health Quality Ontario
Patient Experience: Provider spending enough time with patient	Ontario-Health Quality Ontario
Patient experience: Opportunity to ask questions about treatment	Ontario-Health Quality Ontario
Satisfaction: care from both care coordinators and service providers	Ontario-Health Quality Ontario
Patients who experience a communication problem	Ontario-Health Quality Ontario
Patients whose primary informal caregiver experienced distress, anger or depression in relation to their caregiving role or were unable to continue in that role	Ontario-Health Quality Ontario
Residents' experience: Being able to speak up about the home	Ontario-Health Quality Ontario
Residents' experience: Having a voice	Ontario-Health Quality Ontario
Residents' experience: would you recommend?	Ontario-Health Quality Ontario

\*PFCC – Patient and Family Centred Care; CCAC – Community Care Access Centres; LHIN – Local Health Integration Network