



The HQCA: Overview, PREMs, PROMs and Patient Engagement Activities

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Outline

Overview of the HQCA

- Who we are
- How we get engaged and engage others
- How we do our work
- Surveys
- Studies & reviews
- Patient / Family Safety Advisory Panel
- Continuity of patient care project

Who we are

Health Quality Council of Alberta

An independent corporation legislated under the *Health Quality Council of Alberta Act* with a mandate to promote and improve patient safety and health service quality on a province-wide basis.

How we get engaged

Legislated mandate:

- Measure, monitor and assess patient safety and health service quality.
- Identify effective practices and make recommendations for the improvement of patient safety and health service quality.
- Assist in the implementation and evaluation of activities, strategies and mechanisms designed to improve patient safety and health service quality.
- Survey Albertans on their experience and satisfaction with health service quality and patient safety.
- Assess or study matters respecting patient safety and health service quality.
- Appoint a panel and provide administrative support for health inquiries, as directed by the Lieutenant Governor in Council.

How we engage others

Section 13

- The Council shall network ... for the purposes of:
 - sharing information on patient safety and health service quality issues,
 - identifying and assessing patient safety and health service quality issues, and
 - developing and recommending effective practices in patient safety and health service quality

How we do our work

Section 12 – reasonable access to information held by health authorities

- Provincial custodian under HIA
- Administrative health databases e.g., IP, Ambulatory, Physician claims, Vital statistics

Section 16 – enter and inspect any place under the jurisdiction of a regional health authority, community health council or subsidiary health corporation; require the production of any documents or records





Surveys

Satisfaction and Experience with Health Care Services: A Survey of Albertans (2003 – 2014)



Satisfaction with Health Care Services: A Survey of Albertans 2006

In 2003, the Health Quality Council of Alberta (HOCA) released the results of its fluxt Satisfaction with Health Care Services A Survey of Albertane. The population based survey looked at Albertana' perceptions of and actual ore with overall quality, satisfaction and access with specific health services both provincewide and within each of the nine health regions. A second survey followed in 2004.

The HQCA's 2006 survey again measures satisfaction with health care services through the syste of Albertana and identifies areas of success and those that need improvement in the province and within the nine health regions. It also compares the 2006 results with those from 2005 and 2004. Based on small sample sizes and stakeholder feedback, a reacher of areas such as lense term care, home care and surgery ware dropped from the 200 survey. A new section on observatiat services was added and sections on complaints and mental health were supanded.

The information from the survey is critical in identifying what Albertana believe are priority areas affecting the quality, safety and performance of the publicly funded health user system. It also informs health regions, health professions and policynakers responsible for health care service delivery about those issues most important to Albertana.

How was the survey done?

lness Beid, the independent research commany that conducted e HQCAs 2005 and 2004 surveys, was commissioned to do the 2006 survey. In December 2005, they conducted two formapilot tests among 98 Albertans across the province before the ortionnaire was finalized. Once the questionnaire was finalized Ipses Reid conducted 4,780 telephone interviews with Albertan aged 18 years and alder. The interviews took place between January 5 and March 7, 2006. The "most recent birthday" rathed was used to choose the person to be interviewed within each household, Interviews were done in the nine previncial health registus. Fifty per cent (30%) of the intervie each health region were conducted with males and 50% with females. Statistical weights were applied to ensure the data is native of each health region's population. The margin of error for the requirer is #1.42% 19 times out of 20.

Partnering to achieve world-class excellence in all dimensions of quality and safety across Alla



The following highlights those areas Albertans associated with their ownall satisfaction with the health care splem in 2006. Some areas show improvement while others remain virtually the same from 2004. No significant negative changes occurred at a provincial level in 2006 compared to 2004

survey used a 5-point scale. Those who responded with a 4 or 5 were clearly satisfied with the health care services they ceived while those who responded with a 1 or 2 were early dissatisfied.

of those who rep in the past year r of 5, a significant i erms of access, those s und it easy to access healt sponded with a 1 or 2 clea

of Albertans who us out of 5) to access h from 45% in 2004. While access is the main factor

satisfaction with health care a also associated with overall as of Albertans rate how y

co-ordinated their efforts excellent or very good as of Albertans have reporter health care services receive of those surveyed said it wa

of Albertans who have a per dearly satisfied with the servi unchanged from \$4% in 2004 of those surveyed reported th experienced unexpected harm care in Alberta in the past year in 2004

HQCA Why did we do the survey? In 2003, the Health Quality Council of Alberta (HQCA) What were some of the key findings? released the results of its first Satisfaction with Health Care The following are some of the key findings Albertan Service A Servey of Albertons. The population-based antropy identified from their superiorses with the beakh care syslooked at Albertans' perceptions of and actual experiences Raudts reflect Albertana' experiences between March 2 with overall quality, satisfaction and across with specific and May 2008. health services. We candidated similar surveys in 2004. ON OF THOSE WHO RECEIVED HE A STATISTICAL

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Our 2008 survey ogain measures satisfaction with header care survices through the eyes of Albertacean of success and thopeasily.



How does the HQCA define quality? In 2004, the HQCA developed the Alferta Quality Matrix for Health, which defines six

Matrix for Health, cooptability, ions of quality: acceptability,

dimensions or sporopristements, effectivement, efficiency and sofety. All of showe dimension focus on how our headhcare system how driver services. The HQCAS Satisfaction

is an important toot for the fIQCA to users how the health system is current, artforming in some of these kay dimensi-

When assessing quality it is important to pin the public/patient perspective on their subfacter experience. This facilitatic patient at of the over-their sub-

part to the overall persons for us at the server to fulfill our mandate to promote and improve health service quality across Alberta.

You can find the Alberta Quality Matrix for

on at www.hqca.ca.

healthcare experience. This feedback population of the overall picture for us as we a

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sience with Houlikeare an important tool for the HQCA to NAMO THE WAY TO MARGYID CARE The Heah Quality Cound of Maters (HOCA) insiders conducting implaints and an encryot on antifaction and aspariance with the heahborar system since 2005. The constituence maintering of patient in patients of the HOCA's commitment to require improvement in the public heahb system in Meets.

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The 2012 survey is of interest because it can be compared again The 2012 survey is of interest because it can be compared against lonchmark results from 2010, which was the first year we measur patient satisfaction and experience since the formation of AHS.

NECESSTREE AND SERVICES PATIENT CATERY AND HEALTH SERVICE COALTY ACTION ALLERGY

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Why did we do the survey?

The Health Quality Council of Alberta (HQCA) conducted our first population-based survey in 2003. Additional surveys followed in 2004, 2006 and 2006. Each survey hooked at overall quality, access and satisfaction with specific health services at both the provincial level and ithin each of the nine former health regions.

The 2010 survey again measures satisfaction, access only other experiences with health care services through the eyes of Albertans who actually experienced the system in 2009. Where possible, it compares the 2010 results with those from previous year

What did we want to learn?

Survey findings show how Albertons rate their health are experience in terms of access satisfaction and quality. This information can help Alberta Health and Wollness, Alberta Health Services, the health professions and siders as well as other stakeholders responsible for health care service delivery by identifying three issues. most important to Albertana

Our 2008 survey was conducted prior to analgumation of Alberta's former nine bralth regions. The 2010 edition of Alberta's sterater time route regime in part of the new a significant as it is the first to indicate the impact of the new Alberta Health Services' madel introduced in May 2008.

How did we do the survey?

Population Research Laboratory at the University of Alberto conducted the 2010 energy. They did 5,010 talephone interviews with Albertans aged 18 years and older between February 24 and May 11, 2010.

With previous surveys, analysis was done according to the ine former bealth regions. For comparison perposes in 2010, we recutoparized the health regions into Alberta Health Services' five new mans: South. Calgary, Central. Edmonton and North.

The 2010 response rate was 58% and the margin of error we comparable to previous years at +1.5% 19 times out of 20.



Satisfaction and Experience with Health Care Services: A Survey of Albertans 2010

SATELANCING AND EXPERIENCE WITH MEACTH CARE SERVICES A SURVEY OF ALBERTARIS OVERVIEW

2003-2006 > Indugutal survey 2003; 2004; 2006 > 9 health regions

Morch 10-May 27: survey intensitive conducted – last measure of previous has 85 review. Strature

May 12 Alberta Hoolth Services created

2018 Prémiery 24-Map 11: survey interviews conducted Frist reasoure of petient solutionation end apprieries with new Alterta Health Services structure

What are some of the key findings'

In the majority of areas surveyed in 2010, results have remained stable and are composable to those of 2008. Barnits reflect Albertans' actual especiences with the health care system between February 24, 2009 and May 11, 2010.

- 48% OF ALBUMANS WHED ACCESS TO YEAR TH GARE SURVICES AS SAY OLDES OUT OF \$2 91 337 0. THE IS RELATIVELY UNCHANGED FROM IN N 2008 AND SIGNIFICANTLY HIGHLE THAN 42% IN 2003
- 62% OF ALERFANG WORE SATISFIED (4 DR S OUT OF 5) WITH THE HEALTH CARE SOMATISTINGY PLICENED IN 2010, THIS IS FOLLATIVID. UND LANGED FROM KOTS IN 2005 BUT SIGNEREANILY HIGHER THEM 5814 IN 2006 AND 5251 IN 2004.
- SWS INFORTED INCR. FAMILY EDGTOR WAS LOCATED IN AN OFFICE WHERE THEY MIGHT SEE OTHER DOLLTONS OR HEALTH CARE VIOLESSIONALS AND MEDICAL PLUS ME SHARED AMONG PEACTIFICINERS. THIS IS UP FROM 48% IN 2008.

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Satisfaction and Experience Survey

Sample

- RDD Phone protocol
- Age 18+
- Representative of Albertans (n~5000)

Focus

- Patient experience and satisfaction
- Access, coordination, continuity
- Patient safety and complaints
- Self-reported chronic disease
- Self-reported health status (EQ-5D-5L & VAS)
- Periodic supplemental content (i.e. end of life)

Sector Specific Surveys

HQCA sector specific surveys ...

- Use rigorously developed public domain instruments
- Use proven survey protocols with high response rates
- Assess in-depth patient experience in specific sectors
- Generate facility level results with peer comparisons
- Are reported with some administrative data metrics
- Currently include Emergency Department, Long Term Care, Supportive Living, Home Care

Urban and Regional Emergency Department Patient Experience Reports & Highlights (2007 - 2013)

Emergency Department Patient Experience Survey Highlights

Ibertans get emergency and urgent care services in many different ways. People in cities sometimes go to emergency departments in a hospital or use urgent care centres. If you live in a rural area, you might visit your local hospital or a community health centre. This survey focuses on what Albertans who were patients using emergency department services throughout the province told us about their experiences.

Why did we do an emergency department survey?

A large part of what the Health Quality Council of Alberta (HQCA) does is survey Albertans about their experience and satisfaction with the quality of the health services they receive. In 2003, 2004 and 2006 we did a survey called Satisfaction with Health Care Services: A Survey of Albertans. The results told us Albertans are concerned with emergency department services in the province. We also know most other emergency departments in Canada and the United States are facing a similar crisis of crowding, access and related quality issues. These are the reasons the HOCA decided a more detailed study of the emergency department patient experience in Alberta was needed.

What did we want to learn?

The main reason the HQCA did the survey was to get information about the patient experience that can be used to help health regions, doctors, nurses and other health care providers improve the quality of emergency patient care. We also wanted to:

- Get standardized and comparable information from across the province
- · Provide a beginning point or baseline for measuring new emergency department initiatives to improve quality.
- · Look at what affects patients' experiences in the emergency department (e.g., how long people waited, crowding, what time people visited).

How did we do the survey?

The HQCA formed a working group of experts fro the 9 health regions as well as from the unive government. This group helped determine the surv scope and design and gave input throughout the pre-

The survey used a core set of questions developed the British National Health Service, Building on t well-validated British questionnaire, additional que unique to Alberta were developed. The resulting tool was extensively evaluated for validity and relia through a pilot study.

The HQCA contracted an independent organiza Prairie Research Associates, to do the survey. St packages were mailed to 46,838 patients who u elected Alberta emergency department facilities February 10 to 23, 2007. Nearly half (48%) or 2 of the surveys were completed and mailed ba indicating a high level of interest by Albertans. sample has a low margin of error for the combi urban (a 1.26%) and rural (a 0.61%) sites. The fc results reflect the adult population that responds survey. The results are either displayed as total are split into urban and rural.

What were some of the key findings?

Wait times and reassessment

Wait times, especially the time it took to see a o negatively affected patients' overall emergency

- Overall length of stay in the ED for both discharged and admitted patients has increased significantly from 2007.º
- Overall, the time from triage to physician assessment has increased significantly from 2007.*
- Performance against Canadian Association of Emergency Physicians' guidelines for time to physician and
- reassessment intervals has worsened since 2007.* · While long wait times continue to negatively affect
- related to staff care and communication and pain management. Issues related to respect, cleanliness and

In 2009, the Health Quality Council of Alberta (HQCA) conducted a survey of patients who visited the 12 highest-volume urban and ands, the means young your as or means on energy supported a same your provide a and regions exceptions output to the source of the province, the source value was content out that the bulk output and validate the patient experience of urgency and wait times. The report uses ED data to look at time to phylician and patient reassesment according to guidelines established by the Canadian Association of Emergency Physicians. The purpose of the study is to monitor changes in the performance of ED sites with the greatest crowding pressures, longest wait times

Patient Experience Report Highlights

Urban and Regional Emergency Department

This report follows up on one that the HQCA did in 2007, which looked at all urban, regional hospital and larger communitylevel EDs in Alberta. Where possible, it compares results between the two years. While the overall rating of care is unchanged have use an inductation of the polarized in the stands determine the two parts, where the view of an away to care between 2007 and 2009, there remain many specific appects of the patient experience that need improvement.

How did we do the study?

www.hgca.ca

HQCA

As in 2007, the survey questionnaire we used was based on the British Healthcare Commission Survey, which was thoroughly validated in Britain and Alberta prior to use. The rigorous survey methodology of 2007 was replicated in 2009, and the majority of the 2007 analysis repeated with added comparisons between the two survey years. Response rates and survey samples are similar between

The HQCA contracted an independent organization, Prairie Research Associates (PRA), to conduct the survey. PRA also conducted the 2007 survey. Survey packages were mailed to 10,917 Albertans who visited selected EDs from March 15 to 28, 2009. Nearly half (45%) or 4,942 of the surveys were completed and mailed back. The margin of

error for the province is ±1.5%, 19 times out of 20. The survey data was combined with ED data to validate the patient experience of urgency and wait times. What were some of the key findings?

patients' overall emergency care experience, more important to their overall rating of care are issues

hangement, usues retained to respect, covariances an discharge information are also important. These factors are virtually unchanged from 2007.

Promoting and improving patient safety and health survice quality across Alberta

 The fact that the overall rating of care between 2007 and 2009 remains stable suggests that despite increasing wait time stress, ED staff have maintained critical care and communication-related practices at 2007 levels. ⁴ Three tenances are based on ED data. Patient-reported wait times are similar to those computed from ED data.

JANUARY 2010

Why did Albertans choose to go to the emergency

* Respondents could choose more than one answer

 42% of those surveyed went to the ED because it was the only choice available at the time. This is down from

48% of respondents said the ED was the best place to go

for their medical problem, an increase from 46% in 2007

What did Albertans say about the overall care they

At the provincial level, 65% of those surveyed rated the

overall care they received in the ED as excellent or very good. This is unchanged from 2007.

Wait Times, Crowding & Reassessment

Wait times, especially the time it took to see a doctor,

negatively affected patients' overall emergency care experience. What about wait times?

Despite efforts to improve wait times (access) in busy EDs, wait times reported in the 2009 study have shown little improvement or have worsened since 2007.

63% of respondents reported waiting 15 minutes or less

to speak to a triage nurse. This improved slightly from

Emergency Department survey

Dimensions include:

- Overall (global)
- Staff care and communication
- Wait time and crowding
- Pain management
- Respect
- Facility cleanliness
- Wait time communication
- Privacy
- Medication communication
- Discharge communication



Continuing Care Surveys

Highlights of the Long Term Care Resident and Family Experience Surveys

s our population ages, more Albertans are corning into s our population ages, more viole una ere serving e ontact with long term care services. Some people experience them firsthand at residents. Others, like mbers of people living in running homes, provide a sening numbers on people inning in nusing reside, provide a different perspective on the quality of care and service provided. ment perspective on the quanty of care and services provided. Is two surveys focus on what residents and families fold us These one surveys room on what reasons and ranness was as about that experience with the care and services provided in running former actions the province. In this report, was are me tems suring tome and long tem care tacinty interchangeably.

resident cure and services as well as aspects of reside reneme care ana services as wen as quality of life. We also wanted to: Identify areas of sacdimos and opport Identity areas or excension and offer means improvement in the long term care sector. n integral part of the Health Quality Council

8 Get standardised and comparable information from server the province, health regions and service providere. Frenks a beginning point or baseline for mesouring and monitoring new long users care initiatives to improve quality.

How did we do the surveys? The HCCA formed a working group of long term can and quality intercomment compares from the health regime, health preferences and groups and the pre-heiped determine the surveys' ways and design and goes input throwheat the surveys:

Survey, and in integral part of the Health Quelty Council of Albertis (HQC-A), highlight and markets in measure. The subscription of the start and a start of the start of the start of the start and a start of the start of the Survey council. In 2003 and 2014, we did a servery of Albert Survey and Health Care. Survey of Albertan The scalab Health Care. Survey of Albertan time start in the start of the fastly and strainen start in start of the start. tone et tos eans une aceas ou province. In addines, la HOCA, long tera core providere, health are preferencienta des planyeuharesseres et qualty and an addandy experience is a key manares et qualty and an importent adjust of provideg and importing care and services for serving home residents.

Why did we do the surveys?

What did we want to Learn? The noise reason we delake serveys was to get information based the realizer and family experiments that can be used to help Alloreit Holds Services. Long user can operate and reasongneemic, here can providers, bushly polarization and Alloreit Health and Williams improve the quality of

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The surveys were conducted using the CAHPS Noreing The surveys were conducted using the CAHPS Neuring Heat Surveys Testihest and Yanaky Massher Interneuman Interlapid by the U.S.-Isada Ageny for Halaharan Research and Quality (AHEQ): Inform we surveyd mainterin wai famile surveydar we wedward dar throughout the process. Research and Quality (AHRQ) - Belore we surveyed residents and family normbers, we evaluated the questionnaires for reliability and valdity through a pilot

quantonnaras or renatory and vanny men andy conducted in permership with AHRQ. For the resident survey, the HQCA trained a team of people For the resident survey, the HQCA trained a ware of people that conducted face-to-face interviews with residents lining

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2010/2011 Long Term Care Family Experience Survey

Why did we do the survey?

Surveys are an approach part of an Hadah Quality Connect of Alberta (HQCA) is legisland marshes an ansate, meaning mass and apports of Albertan about their experision and statistications with the pushpot hadds were to be reason. In 2007 the second statistication hadds were to be reason. tana acous their expension and saturaction with the quality of a services they receive. In 2007/08, we conducted resident and inano servicos may neuros, in 2010/00, we conducted resident and ánaly esperience surveys in 173 long term care facilities across the a parameter surveys in 4/2 long over the care taking a cross one of these ware the first such surveys conducted at the provincial 3/2 conduction of the conduction of the surveys conducted at the provincial province, these ways the first such surveys conducted at the province level and formed a baseline about residents, and family nearlyse. and formed a transition account removement of the second In 2010/11, the HQCA repeated the family experies In 2020/11, the INCCA reported the family experisons energy in 1257 here terms and heading across the province. When penalish, it compares the results and the family of the The energy we provide a design of family examples of descriptions or approximate with the data are and energy energies, it as the family across family in a set of the set of the set energies, it as the family across family in a set of the energies, it is a set of the anay memour conversions or experiences with the cars and nerves rewrited at the long term cars facility. It is not intended to provide a New did nat conduct the resident sample gain as we found in 2007.02 data for them 20% of residents were capable of completing it. The store a statement of the same same statement of the same statement.

HQCA

nam ner can ove or recenter were capaon or completing it. the HQCA is looking at different ways to collect this important fuelback. In this report, we use the terms long term care locity, long term care course in our apport, we use the terms into point care taking in the term care centre, and surving know inter-fragraphy. When we use the term family member, naring kana unarchangashy. Wasa we use na oara canay oonoos saan banif maakse or die parson nou invoked in the resident i oare. What did we want to learn? Ar in 2007/04, the main rooms we did the sorry was to got information show the family expression because this is a key maximum of paulity and the source of the source of

In our the example experiments to constant that is a new measure or quanty on a important aspect of providing and improving case and services for

This information can be used to help long turn care providers, hash The solormanos can be used to help long tome one providers. Insuin professionals Alberts Holds Survive and Alberts Holds and Widness to references, Alexen Hodde Service and Alleren Hodde and Wed - Ingroves the pully of our and services for residence. The prove signates of pully of the for residence. Munally serve of excellence and opportunities for ingroves

We also wanted to:

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 Can standardined and comparable data series also province. Allowed the data for the provider.
 Can share facilities serving also also 2007.00 and 2016.01 data occurs waves to data next. ¹⁰ Urro More Rocking surveyed in both 2007 for and 2016/01 the symperically in compare results from our survey years to do near. ²⁰ Help Imp Strass in Available matchine reproductions of Alexens' Continuing Case Heakh Survey Standards.

www.hqca.ca

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Central Zone Calgary Zona

South Zone

ember 2011

Supportive Living Resident

Resident survey topics - Global Overall Care rating and 11 dimensions of care

- 1. General Satisfaction
- 2. Meals and Dining
- 3. Resident Environment
- 4. Activities
- 5. Relationship with Employees
- 6. Facility Environment
- 7. Communication
- 8. Choice
- 9. Care & Service
- 10. Employee Responsiveness
- 11. Laundry

Supportive Living Family

- Family survey topics Global Overall Care rating, four dimensions of care, and a food rating scale
 - 1. Staffing, Care of Belongings, and Environment
 - 2. Kindness and Respect
 - 3. Food Rating Scale
 - 4. Providing Information and Encouraging Family Involvement
 - 5. Meeting Basic Needs

Long-term care

- The family survey has been extensively validated and used in Alberta in the long-term care context.
- Instrument covers a number of themes related to the family's experience including:
 - Care and services
 - Visits
 - Staff relations
 - Staff responsiveness
 - Communication
 - Meals
 - Laundry
 - Medication, and
 - Environment

Home care

- Focus on Long Term and Maintenance
- Initial survey based on Home Health CAHPS
- Expanded focus to include non-professional home care (home health Aids) and case management
 - Additional content based on a number of surveys and literature
 - Content expert and client feedback on items development
 - Initial Cognitive testing phase 2013 cognitive able home care
 - Revision and second round of testing with cognitively limited

Primary Care

 QualicoPC study (Quality and Cost in Primary Care)

- National / International collaboration
 - -8 provinces, 30 countries
 - Canadian Primary Healthcare and Research Network
 - Canadian Foundation for Health Improvement
- What practice characteristics yield better quality and cost?
- Patient Experience Survey
- Practice and Provider Surveys
- Administrative Data





Studies & Reviews

Continuity of patient care study: Background

- Over the years, the HQCA has heard from many Albertans about their concerns with breakdowns in the continuity of care
 - people contacting the HQCA with their stories
 - through surveys
 - < 50% felt their coordination of their healthcare by professionals was excellent / very good
 - $\sim 50\%$ reported their physician not informed by ED care
 - ~ 35% reported their physician not informed by specialist or hospital care
 - 10 to 15% report their physician not informed about DI results and MRI scans they had undergone

The study: Greg Price's care

- In depth study of an individual's care
 Info from:
 - Patient health records
 - Interviews
 - Detailed flow mapping
 - Literature review
 - Review of leading patient portal practices

(Mayo, Geisinger, Kaiser)

- Information technology experts
- Published documents (e.g., CPSA Standards of Practice)
- Analysis reduces broadly inform recommendations that will improve continuity of patient care
 Focus is the system



Patient Engagement?

The 'System'







Patient / Family Safety Advisory Panel

Patient / Family Safety Advisory Panel

Established in 2010

 Mandate: identify, study, review, advocate, and advise the HQCA on patient safety & quality issues from a citizen, patient, and family perspective







Continuity of Care Experiences in Alberta

Background

- Repeated population survey issues
 - Information continuity
 - Continuity and coordination
 - Access (associated with continuity)
 - Greater need >> more negative experience
 - Importance of family doctors
- Primary Care Measurement Initiative
 - Degree of attachment to GP (continuity)
 - Associated with lower ED and Hospital Use
 - Associated with lower GP use

Stages

Extensive literature review on continuity

- Concepts and dimensions of continuity
- Conceptual model / interview guide
- Involvement of patient advisory council
- 40 in depth qualitative interviews
 - Purposeful sampling diverse experiences and context
 - Themes by levels of need / use characteristics

Stages

Feedback

- Patient advisory council
- Provider interviews and focus groups
- Patient focus group
- Survey Item Development
 - Scales developed from initial work
 - Traditional psychometric testing / IRT
 - Inclusion in provincial population survey
- Structural Equation Modeling
 - The impact of continuity in patient experience







Support of PROMS in Alberta

Support of EQ-5D / PROMS

- "Patient Reported Outcomes in Alberta and the EQ-5D": Collaborative Planning Workshop – 2010 Edmonton
 - Presenters from UK, Netherlands, Spain, Canada, Alberta
 - Meeting with Euroqol Foundation on potential collaborations
- "Patient-Reported Outcome Measurement in Alberta: Potential of the EQ-5D" – 2012 Canmore
 - Organized by HQCA, IHE, and AHS
 - Presenters from UK, Netherlands, USA, Canada, Alberta
 - PROM, Economic, Population Health Applications

http://www.ihe.ca/research/knowledge-transfer-initiatives/-methodology-forum/patient-reported-outcome-measurement-inalberta-potential-of-the-eq-5d-symposium/

EQ-5D Norms

Data from HQCA Population Survey

See: http://hqca.ca/studies-and-reviews/health-outcomes-measurement/

Publications

(related to HQCA population data set)

- Multi-morbidity prevalence in the general population: the role of obesity in chronic disease clustering. BMC Public Health. 2013 Dec 10;13:1161. M Agborsangaya CB, Ngwakongnwi E, Lahtinen M, Cooke T, Johnson JA.
- Multi-Morbidity prevalence and patterns across socioeconomic determinants: a cross-sectional survey: BMC Public Health, 2012, 12: 201: Agborsangaya, C, Lahtinen M, Cooke T, Johnson JA.
- Multi-morbidity prevalence in the general population: the role of obesity in chronic disease clustering: BMC Public Health 2013, 13: 1161: Agborsangaya, C Ngwakongnwi, Cooke, T Lahtinen, M and Johnson, J.
- Health related quality of life and healthcare utilization in multi-morbidity: Results of a cross sectional survey: Qual Life Res 2013; 22 (4) Agborsangaya C, Lau D, Lahtinen M, Cooke T, Johnson JA.

PROMS unit

- Proposal to establish PROMS unit in Alberta
- Collaboration with School of Public health, UofA
 - Joint funding / governance by HQCA, AHS, AH & SPH
 - Support research agenda around EQ5D instruments
 - Support related PROMS work (including other tools)
- Agreement with Euroqol Foundation
 - Negotiation stage
 - Provincial agreement to use EQ5D instruments in Alberta
 - Collaborative research with Euroqol Fellows and working groups
 - Funding to commence 4th Quarter

Questions

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Promoting and improving patient safety and health service quality across Alberta