

# 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)

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October 2006

## Satisfaction with Health Care Services: A Survey of Albertans 2006

[www.hqca.ca](http://www.hqca.ca)

In 2003, the Health Quality Council of Alberta (HQCA) released the results of its first Satisfaction with Health Care Services Survey of Albertans. The population-based survey looked at Albertans' perceptions of and actual experiences with overall quality, satisfaction and access with specific health services both provincially 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 eyes of Albertans and identifies areas of access and those that need improvement in the province and within the nine health regions. It also compares the 2006 results with those from 2003 and 2004. Based on small sample sizes and statistical feedback, a number of areas such as long term care, home care and surgery were dropped from the 2006 survey. A new section on pharmacist services was added and the sections on complaints and mental health were expanded. The information from the survey is critical in identifying what the Albertans believe are the most important factors affecting the quality, safety and performance of the publicly funded health care system. It also informs health regions, health professionals and policymakers responsible for health care service delivery about those issues most important to Albertans.

### How was the survey done?

Jean-Benoit, the independent research company that conducted the HQCA's 2003 and 2004 surveys, was commissioned to do the 2006 survey. In December 2005, they conducted two formal pilot tests among 98 Albertans across the province before the questionnaire was finalized. Once the questionnaire was finalized, Jean-Benoit conducted 4,780 telephone interviews with Albertans aged 18 years and older. The interviews took place between January 5 and March 7, 2006. The "most recent birthday" method was used to choose the person to be interviewed within each household. Interviews were done in the nine provincial health regions. Fifty per cent (50%) of the interviews within each health region were conducted with males and 50% with females. Statistical weights were applied to ensure the data is representative of each health region's population. The margin of error for the province is  $\pm 4.9\%$  19 times out of 20.

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

### Survey Highlights

The following highlights those areas Albertans associated with their overall satisfaction with the health care system 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.

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

57% of those who reside in the past year rate of 5, a significant increase from 45% in 2004.

46% of Albertans who used out of 5 to access health services in 2004.

45% of Albertans rate how well co-ordinated their efforts: excellent or very good as compared to 40% in 2004.

54% of Albertans have reported health care services received a 4 or 5 in 2006.

70% of those surveyed said it was personal family doctor care.

84% of Albertans who have a personal family doctor are clearly satisfied with the service unchanged from 84% in 2004.

52% of those surveyed reported the experienced unexpected harm in a case in Alberta in the past year in 2004.



## Satisfaction with Health Care Services: A Survey of Albertans 2008

July 2009

Why did we do the survey?

In 2003, the Health Quality Council of Alberta (HQCA) released the results of its first Satisfaction with Health Care Services Survey of Albertans. The population-based survey looked at Albertans' perceptions of and actual experiences with overall quality, satisfaction and access with specific health services. We conducted similar surveys in 2004, 2006 and 2008.

Our 2008 survey again measures satisfaction with health care services through the eyes of Albertans and identifies areas of access and those that need improvement in the province and within the nine health regions. It also compares the 2008 results with those from 2003, 2004 and 2006. Based on small sample sizes and statistical feedback, a number of areas such as long term care, home care and surgery were dropped from the 2008 survey. A new section on pharmacist services was added and the sections on complaints and mental health were expanded. The information from the survey is critical in identifying what the Albertans believe are the most important factors affecting the quality, safety and performance of the publicly funded health care system. It also informs health regions, health professionals and policymakers responsible for health care service delivery about those issues most important to Albertans.

What were some of the key findings?

The following are some of the key findings: Albertans identified most their experience with the health care system. Results reflect Albertans' actual experiences with the health care system between February 24, 2009 and May 11, 2010.

60% of those who reported health care services in Alberta in the past year rated their experience as 4 or 5, up from 45% in 2006.



## Satisfaction with Health Care Services: A Survey of Albertans 2012

January 2013

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 2008. Each survey looked at overall quality, access and satisfaction with specific health services at both the provincial level and within each of the nine health regions.

The 2010 survey again measures satisfaction, access and 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 years.

What did we want to learn?

Survey findings show how Albertans rate their health care experience in terms of access, satisfaction and quality. This information can help Alberta Health Services, Alberta Health Services, the health professionals and providers as well as other stakeholders responsible for health care service delivery by identifying those issues most important to Albertans.

Our 2008 survey was conducted prior to amalgamation of Alberta's former nine health regions. The 2010 edition is significant as it is the first to indicate the impact of the new Alberta Health Services model introduced in May 2008.

How did we do the survey?

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

With previous surveys, analysis was done according to the nine former health regions. For comparison purposes in 2010, we reorganized the health regions into Alberta Health Services' four new areas: South, Calgary, Central, Edmonton and North.

The 2010 response rate was 58% and the margin of error was comparable to previous years at  $\pm 5.0\%$  19 times out of 20.

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

December 2010

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### Historical survey timelines

YEAR	ASSESSMENT AND EXPERIENCE WITH HEALTH CARE SERVICES: A SURVEY OF ALBERTANS OVERVIEW
2003-2006	<ul style="list-style-type: none"> <li>2003: Survey of Albertans</li> <li>2004: Survey of Albertans</li> <li>2006: Survey of Albertans</li> </ul>
2008	<ul style="list-style-type: none"> <li>Survey of Albertans</li> <li>Survey of Albertans</li> <li>Survey of Albertans</li> </ul>
2010	<ul style="list-style-type: none"> <li>Survey of Albertans</li> <li>Survey of Albertans</li> <li>Survey of Albertans</li> </ul>

### What are some of the key findings?

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

48% of Albertans rated access to health care services in 2010 as 4 or 5, up from 45% in 2008.

62% of Albertans were satisfied in 2010 with the quality of care they received, up from 58% in 2008.

58% reported their family doctor was located in a practice, up from 54% in 2008.

54% of respondents who visited a community health centre reported their experience was good or very good, up from 50% in 2008.



# 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*

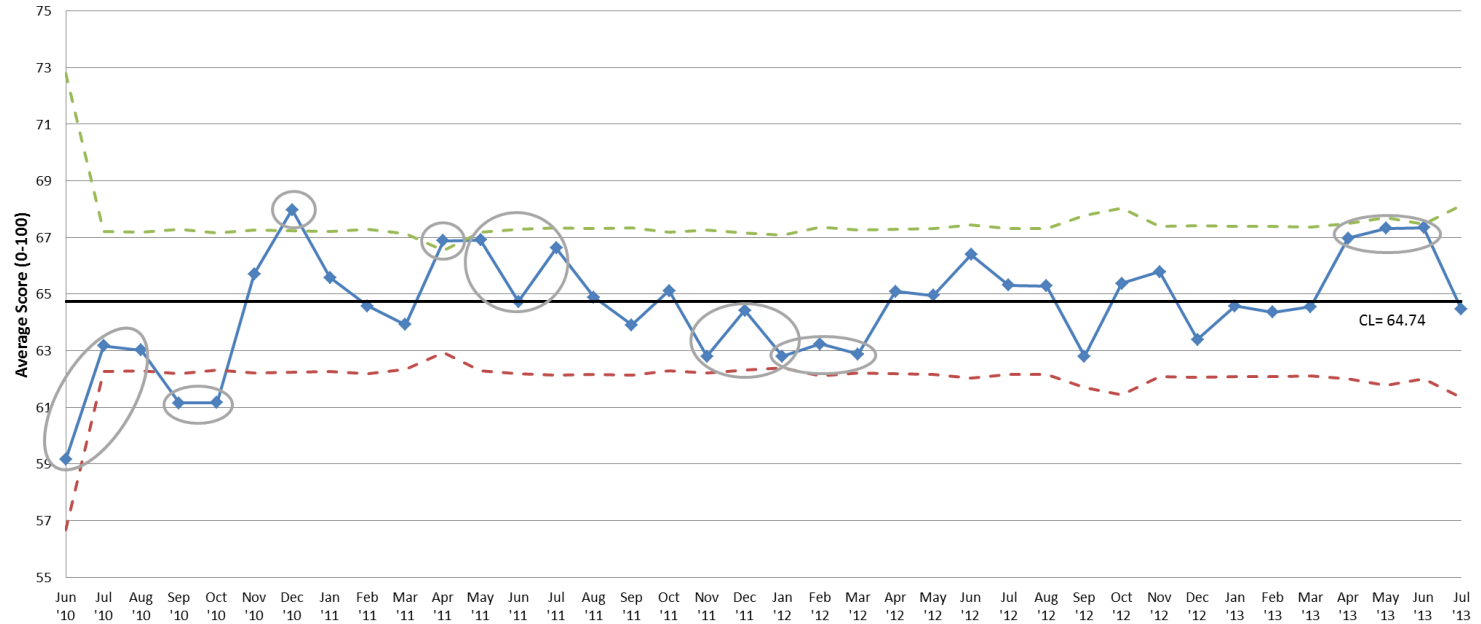
# Urban and Regional Emergency Department Patient Experience Reports & Highlights (2007 – 2013)



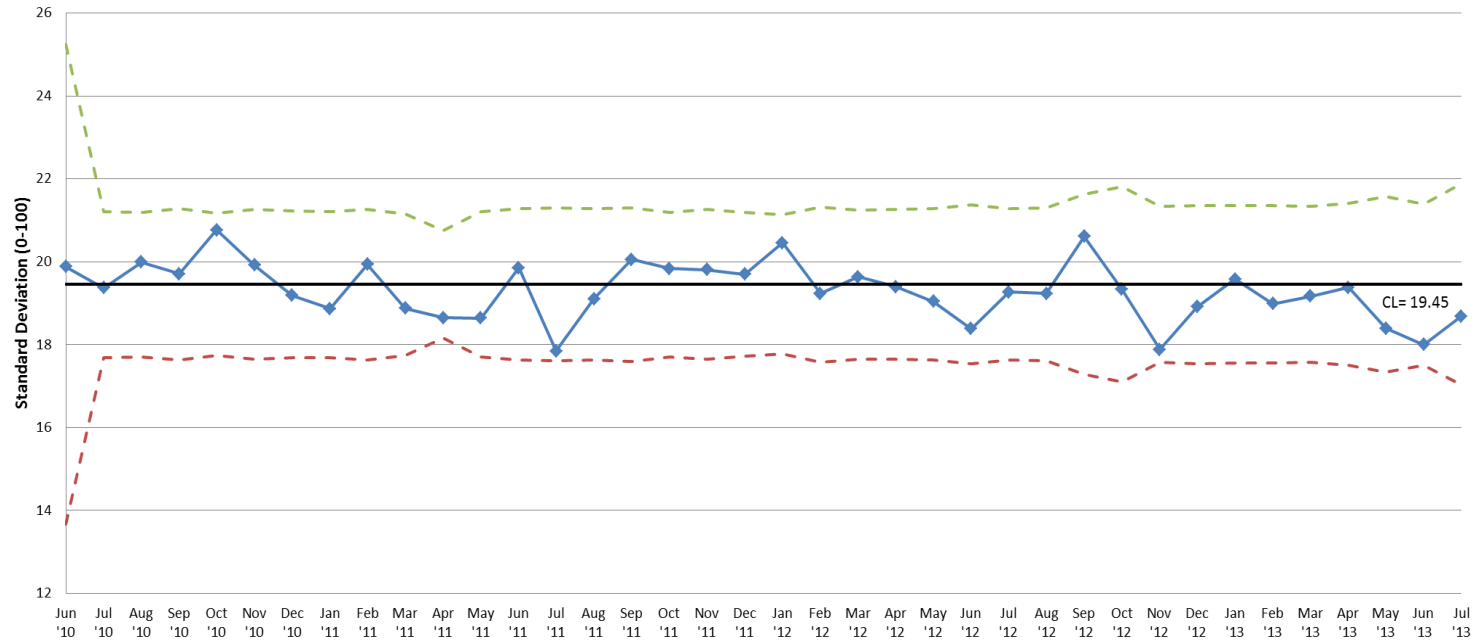
# Emergency Department survey

- 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

Wait Time and Crowding Composite (FXwait) - X-bar Chart



Wait Time and Crowding Composite (FXwait) - S Chart



# Continuing Care Surveys



Health Quality Council of Alberta

## Highlights of the Long Term Care Resident and Family Experience Surveys

December 2008

www.hqca.ca



**As our population ages, more Albertans are coming into contact with long term care services. Some people experience them firsthand as residents. Others, like family members of people living in nursing homes, provide a different perspective on the quality of care and services provided. These two surveys focus on what residents and families told us about their experience with the care and services provided in the nursing homes across the province. In this report, we use the terms nursing home and long term care facility interchangeably.**

### Why did we do the surveys?

Surveys are an integral part of the Health Quality Council of Alberta's (HQCA) legislated mandate to measure, monitor and report to Albertans about the quality and safety of health services they receive. In 2003 and 2004, we did a survey called *Satisfaction with Health Care Services: A Survey of Albertans*. The results told us Albertans are concerned about long term care services in the province. We also know that while many long term care providers and some health regions have done resident and family surveys, these are the first family and resident experience surveys of their kind to be done at the same time across the province.

In addition, the HQCA, long term care providers, health care professionals and policymakers recognize that resident and family experience is a key measure of quality and an important aspect of providing and improving care and services for nursing home residents.

### What did we want to learn?

The main reason we did the surveys was to get information about the resident and family experience that can be used to help Alberta Health Services, long term care operators and management, direct care providers, health professionals and Albertans Health and Wellness improve the quality of

resident care and services as well as aspects of residents' quality of life. We also wanted to:

- Identify areas of excellence and opportunities for improvement in the long term care sector.
- Get standardized and comparable information from across the province, health regions and service providers.
- Provide a legitimate point or baseline for measuring and monitoring new long term care initiatives to improve quality.

### How did we do the surveys?


The HQCA formed a working group of long term care and quality improvement experts from the health regions, health professions and government. This group helped determine the surveys' scope and design and gave input throughout the process.

The surveys were conducted using the CAMPS Nursing Home Survey: Resident and Family Member Involvement developed by the U.S.-based Agency for Healthcare Research and Quality (AHRQ).<sup>1</sup> Before we surveyed residents and family members, we evaluated the questionnaire for reliability and validity through a pilot study conducted in partnership with AHRQ.

For the resident survey, the HQCA trained a team of people that conducted face-to-face interviews with residents living in long term care facilities across the province.

1. CAMPS stands for Consensus Assessment of Medication Prescribing and Systems. The family of survey instruments has been developed by the Agency for Healthcare Research and Quality (AHRQ) to measure consensus prescribing of health care services. All instruments have been thoroughly validated and pilot tested in the target population.

Promoting and improving patient safety and health service quality across Alberta




Health Quality Council of Alberta

## Highlights of the 2010/2011 Long Term Care Family Experience Survey

December 2011

www.hqca.ca



**Surveys are an important part of the Health Quality Council of Alberta (HQCA)'s legislated mandate to measure, monitor, assess and report to Albertans about their experience and satisfaction with the quality of health services they receive. In 2007/08, we conducted resident and family experience surveys in 173 long term care facilities across the province. These were the first such surveys conducted at the provincial level and formed a baseline about residents' and family members' experiences when a loved one is living in a long term care centre.**

In 2010/11, the HQCA requested the family experience survey in 167 long term care facilities across the province. Where possible, it compares the results with those from 2007/08. The survey was designed to capture family members' observations or experiences with the care and services provided at the long term care facility. It is not intended to provide a proxy for residents' experiences.

We did not conduct the resident survey again as we found in 2007/08 that less than 30% of residents were capable of completing it. The HQCA is looking at different ways to collect this important feedback.

In this report, we use the terms long term care facility, long term care centre and nursing home interchangeably. When we use the term family member, we mean family member or the person most involved in the resident's care.

### What did we want to learn?

As in 2007/08, the main reason we did the survey was to get information about the family experience because this is a key measure of quality and an important aspect of providing and improving care and services for long term care residents.


This information can be used to help long term care providers, health professionals, Alberta Health Services and Alberta Health and Wellness to:

- Improve the quality of care and services for residents.
- Improve aspects of quality of life for residents.
- Identify areas of excellence and opportunities for improvement.

We also wanted to:

- Get standardized and comparable data across the province, Alberta Health Services zones and service providers.
- Give those facilities surveyed in both 2007/08 and 2010/11 the opportunity to compare results from one survey year to the next.
- Help long term care facilities meet the requirements of Alberta's Continuing Care Health Service Standards.

### Alberta Health Services Zones



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# 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

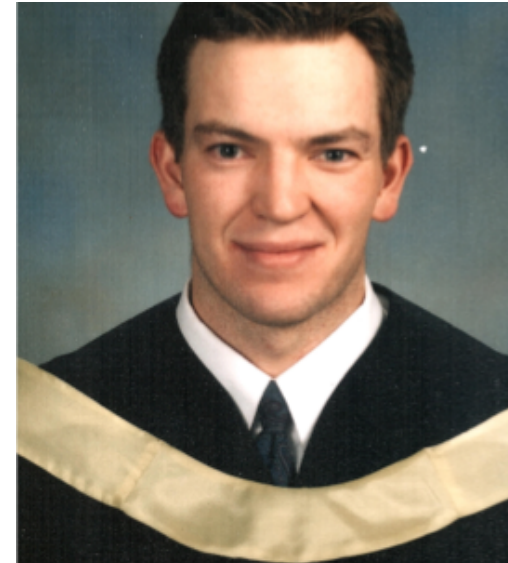
# **Studies & Reviews**

# 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
    - ~ 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 🖱 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

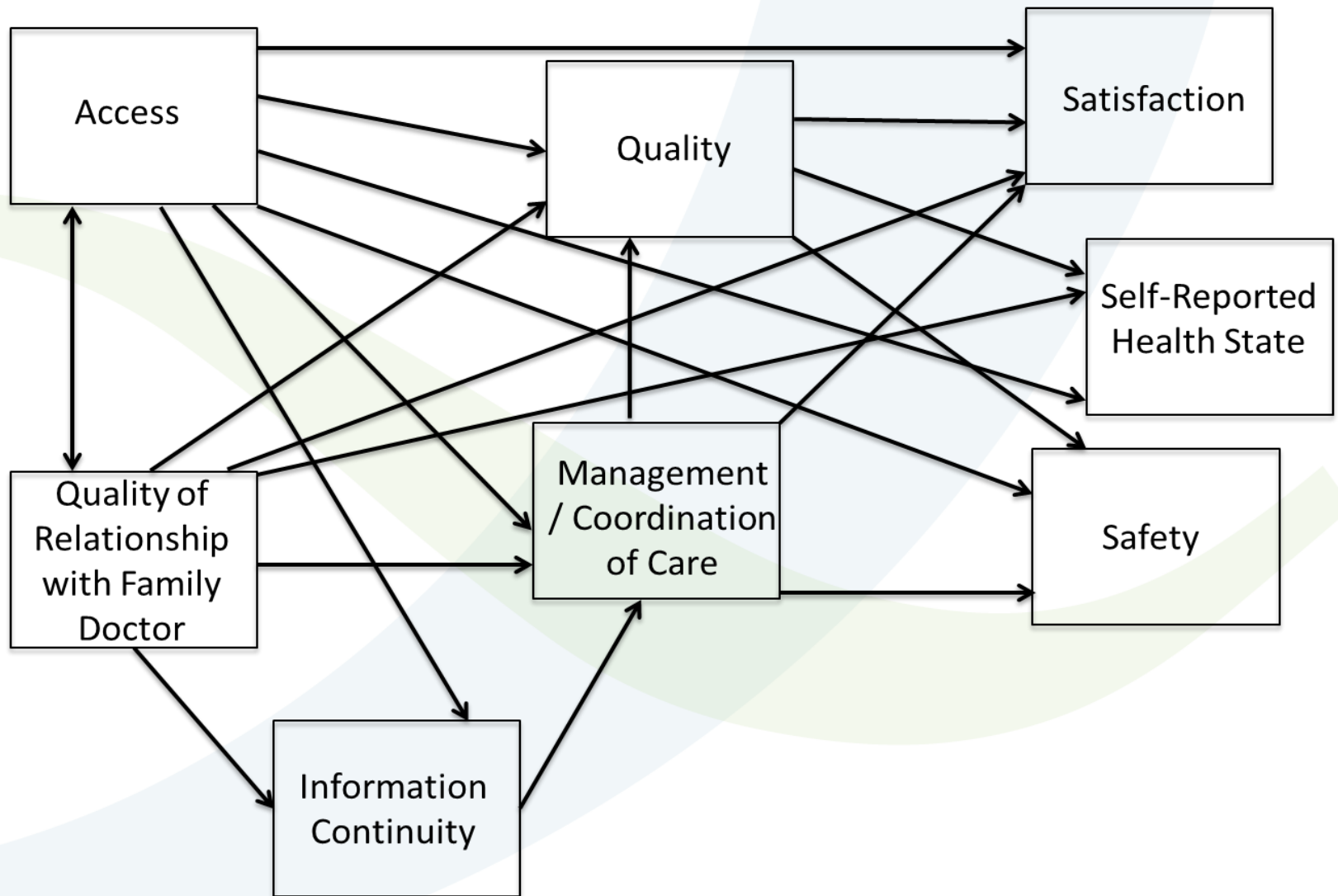
- Patient advisory council
- Provider interviews and focus groups
- Patient focus group

## ■ 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-in-alberta-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 4<sup>th</sup> Quarter

# Questions

[hqca.ca](http://hqca.ca)



Promoting and improving patient safety and health service quality across Alberta