UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE

Study on Person-Centred Quality Indicators
Santana et al. 2020

> *A Person-Centred Quality Indicator (PC-QI) is the unit of measurement of healthcare system or organizational or individual performance, that quantify patients' and families' experiences with the care received and quantify the experience of any individual who comes in contact with healthcare services*

List of Person-Centred Quality Indicators

I.   Structure Indicators

S1.   Policy on Person-Centred Care
S2.   Educational Programs on Person-Centred Care
S3.   Culturally Competent Care
S4.   Providing an Accommodating and Supportive Person-Centred Care Environment
S5.   Co-designing Care in Partnership with Communities
S6.   Health Information Technology to Support Person-Centred Care
S7.   Structures to Report Person-Centred Care Performance

II.   Process Indicators

P1.   Compassionate Care
P2.   Equitable Treatment
P3.   Trusting Relationship with Healthcare Provider
P4.   Assessing Interpreter Services
P5.   Communication with Healthcare System
P6.   Communication between Patient and Healthcare Provider – Nurse
P7.   Communication between Patient and Healthcare Provider – Physician
P8.   Information about Taking Medication
P9.   Communicating Test Results
P10.   Coordination of Care
P11.   Patient Involvement in Decisions about their Care and treatment
P12.   Engaging Patients in Managing Their Own Health
P13.   Timely Access to a Primary Care Provider
P14.   Patient Preparation for a Planned Treatment Program
P15.   Transition Planning
P16.   Using Patient-Reported Outcome Measures to deliver Patient-Centred Care

III.   Outcomes Indicators

O1.   Overall Experience
O2.   Cost of care – Affordability

IV.   Global Indicator

G1.   Global indicator – Friends and Family Test
"Would you recommend this hospital/health facility to your friends and family?"
[Definitely no/Probably no/Probably yes/Definitely yes]

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How were the PC-QIs developed?

- The Person-Centred Quality Indicators (PC-QIs) were developed between 2015-2019 through a multi-phased process involving patients, community members, healthcare providers, and quality improvement experts.
- The PC-QIs are generic (applicable across health sectors) and classified using the Donabedian model for evaluating the quality of care (1988). PC-QIs related to "Structure" are intended to measure the structural and organizational foundations for person-centred care. "Process" indicators refer to the processes of care (informed by the structures), and "Outcome" indicators measure outcomes of these processes and structures. The PC-QIs are can be used together to provide a comprehensive perspective on measuring the quality of person-centred care (Santana et al. 2018).

- ***Phase 1:*** **39 indicators identified**
  - A review of the literature to identify PC-QIs that have already been developed
  - A survey of 60 provincial/regional healthcare authorities across Canada, England, Australia, New Zealand, and Sweden to identify PC-QIs that are already in use
  - 16 Interviews with healthcare providers and quality improvement experts on their perspectives related to measuring person-centred care
  - 8 Focus groups with 60 diverse patients and community members in Alberta on what their values and needs related to health care ("what matters to patients")

- ***Phase 2:*** **Final list of 26 indicators prioritized, refined, and validated**
  - A 30-member consensus panel comprised of:
    - 15 patients and community members
    - 15 healthcare providers, person-centred care researchers, and quality improvement leads from across Canada, and with representatives from the UK, Sweden, and the US.

Next steps:

- ***Phase 3:*** **Assessing the feasibility of implementing and using PC-QIs**
  - Survey with 33 provincial and regional health care authorities across Canada (ex. Health Quality Councils, AHS, LHINs, etc.) to obtain a system-level perspective on implementing and using the PC-QIs
  - *Interviews to explore the factors that will influence the implementation and use of PC-QIs with:
    - 8-10 Provincial and regional health care authorities (system perspective)
    - 8-10 Primary care clinics in Alberta (clinical perspective)

Current phase of research