Measuring
Patient Reported Experience of Care
in British Columbia

Performance Anxiety:
CHSPR 2014 - Health Policy Conference
Vancouver
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What are we trying to accomplish?

In British Columbia:

1. …measurement of the quality of the health care system "through the patient's eyes"

2. …translation of *patient-centred* data into information and information into action to improve BOTH experience and outcomes for patients and their families at the point of care AND at the level of the system

What are we trying to accomplish?

Today at this conference:

***Dialogue about* … the science of performance measurement**

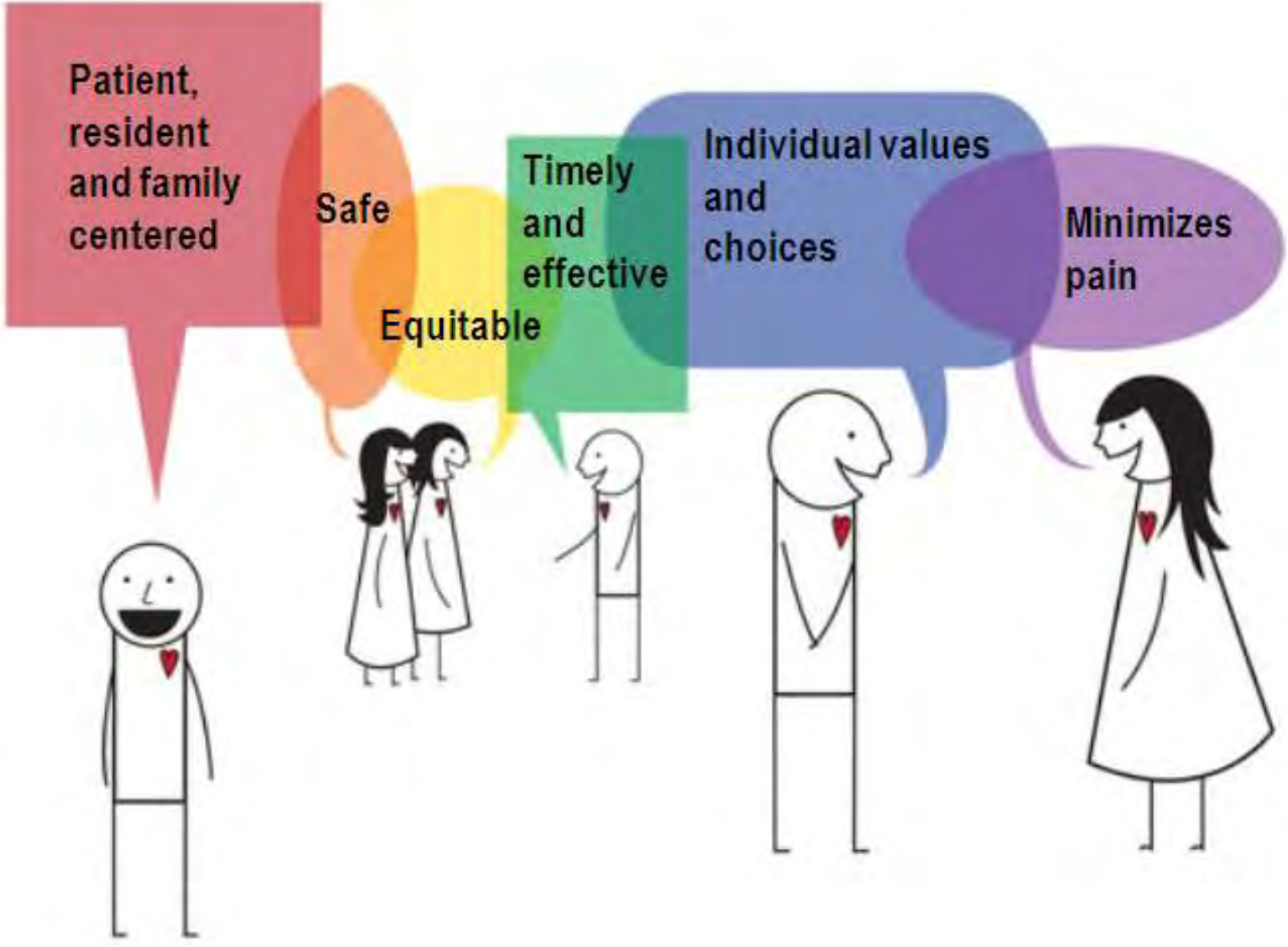
- Share the learnings from a decade of patient-centred data collection and reporting in BC about the science of the measurement (and our evolving understanding) of patient satisfaction, patient experience, and patient-centred care,

***Dialogue about* … best practices for reporting on performance**

- Share promising practices developed in BC for reporting quantitative and qualitative information about the quality of care and services from the perspective of those who have received care (patients and families)

Coordinated, province-wide surveying in BC…
a look back

What people want, when they need care…



(1) In 2000 and 2001, the Institute of Medicine issued two reports, To Err is Human and Crossing the Quality Chasm, documenting a glaring divergence between the rush of progress in medical science and the deterioration of health care delivery.

Through the Patients Eyes (Picker Institute, 1986) (8 dimensions)	Model for Patient & Family Centred Care (IPFCC, 1992) (4 core concepts)	Achieving an Exceptional Care Experience (IHI, 2012) (5 primary drivers)
Respect for patient values & preferences	Respect and Dignity	Respectful Partnerships
Information, Communication & Education	Information Sharing	Evidence Based Care
Coordination of Care	Collaboration	Leadership
Involvement of Family	Participation	
Emotional Support		Hearts & Minds
Physical Comfort		
Preparation for Discharge /Continuity & Transitions in Care		Reliable Care
Access		

Mandate of BC PREMS

(BC Patient Reported Experience Measures Steering Committee)

To develop a coordinated, cost-efficient, and scientifically rigourous provincial approach to the measurement of patient experience in order to:

1. *enhance* public accountability

2. *support* quality improvement

BC PREMS Guiding Principles:

- ✓ Promote a common, scientifically rigorous, province-wide approach to measurement of patient satisfaction and experience;
- ✓ Work towards evidence-based benchmarks that will enable objective comparisons and trending over time;
- ✓ Compliment existing national and/or provincial measurement strategies;
- ✓ Minimize data collection burden for Health Authorities;
- ✓ Provide satisfaction data that
  - ✓ supports and promotes quality improvements efforts at the point of service; and
  - ✓ supports the accountability of the health care system;
- ✓ Recognize that the strategy and process for a complex undertaking such as this will evolve over time

The Role of BC PREMS

BC PREMS' mandate

Survey Design

- Selection of survey tools with strong psychometrics
- Development of tools or custom questions
- Defining methodology (survey design and sampling plan)

Data Collection

- Distributing surveys
- Collecting completed responses/ surveys

Data Processing

- Processing surveys
- Collating results
- Case mix adjustment; weighting for disproportional sampling, if necessary
- Analyzing data

Reporting

- Production of reports
- Quantitative and qualitative
- Graphic and narrative

Sharing Results

- Dissemination of results to all stakeholders
- Public Reporting

Action Planning

- Knowledge sharing
- Promoting "mini surveys or point of service QI initiatives
- Secondary analysis and promoting x-HA collaboration
- Recommending targets for accountability & system level improvement

From data collection…
To dissemination of results…
To acting on results…
REPEAT!

"Only when data has been analyzed, interpreted and presented in a manner that makes it understandable and useful to others does it become information"

Michael Murray, PhD

What are PREMS?

Patient-Reported Experience Measures

Self-report instruments (surveys, questionnaires) used to obtain patients' appraisals of their experience and satisfaction with the quality of care and services.

- Typically address various composites/domains/dimensions of patient-centred care
- Provide information from patients' perspectives without interpretation from a 'middle man'
- Provide quantitative and qualitative feedback to drive service improvement at the local level or for system level improvement
- May or may not include patients' self reports of the outcome of the care experience or self-rated health status

What are PREMS?

Patient-Reported Experience Measures

☑ Collected in a uniform manner

- Asking the same questions in the same way so answers are influenced by the respondents' experiences, NOT due to how the questions are worded/asked

☑ Tells us what our patients and families "really think"

- Collected so patients and family members feel no fear of retaliation (confidential and/or anonymous)

☑ Focuses on what is important to patients and their families (not providers)

☑ Provides a "snapshot" or baseline against which to compare progress with improvement efforts over time & against others

☑ Provides information that is representative of the whole population

satisfaction

Results provide a global rating.

"Overall, how satisfied were you with the quality of care and services you received?"

experience

Results provide a measure of acceptability.

"Were you involved in decisions about your care as much as you wanted?"

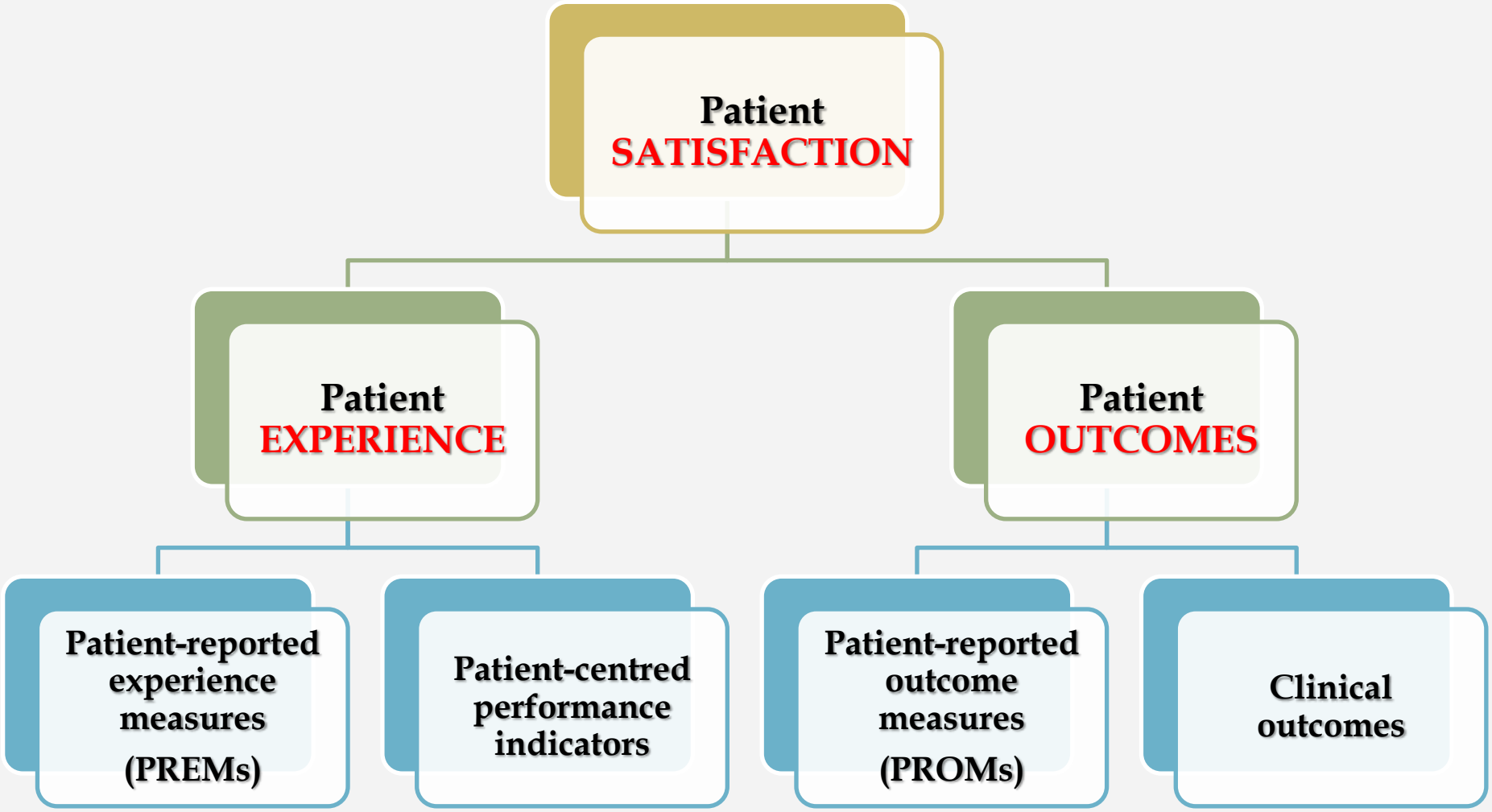
"outcome"

Results provide a measure of self perceived health status and quality of life concerns.

How would you rate your health? How would you rate your quality of life?

PREMs + PROMs = Better Together

Essential building blocks for patient-centered care



To achieve a complete view of the quality of care, it is desirable to combine measures of experience with measures of outcome

Lena Cuthbertson & Rick Sawatzky, Jan 31/2014

Accomplishments of BC PREMS
2003 to 2014

- Coordination of province-wide surveys in BC for 11 years
- Feedback from more than 1million users of health care services across 13 sectors/subsectors and all age groups
- Quantitative AND qualitative reporting and analysis
- Practical support to make effective use of data for QI and for accountability
- Public reporting of results

From whom have we heard?

Acute Inpatients
(medical, surgical, pediatrics, maternity, rehab)

Outpatient Cancer Care Patients
(radiation, IV chemo, non-IV)

Mental Health & Substance Use Clients

Emergency Department Patients

Long-Term Care Families & Frequent Visitors

Long-Term Care Residents

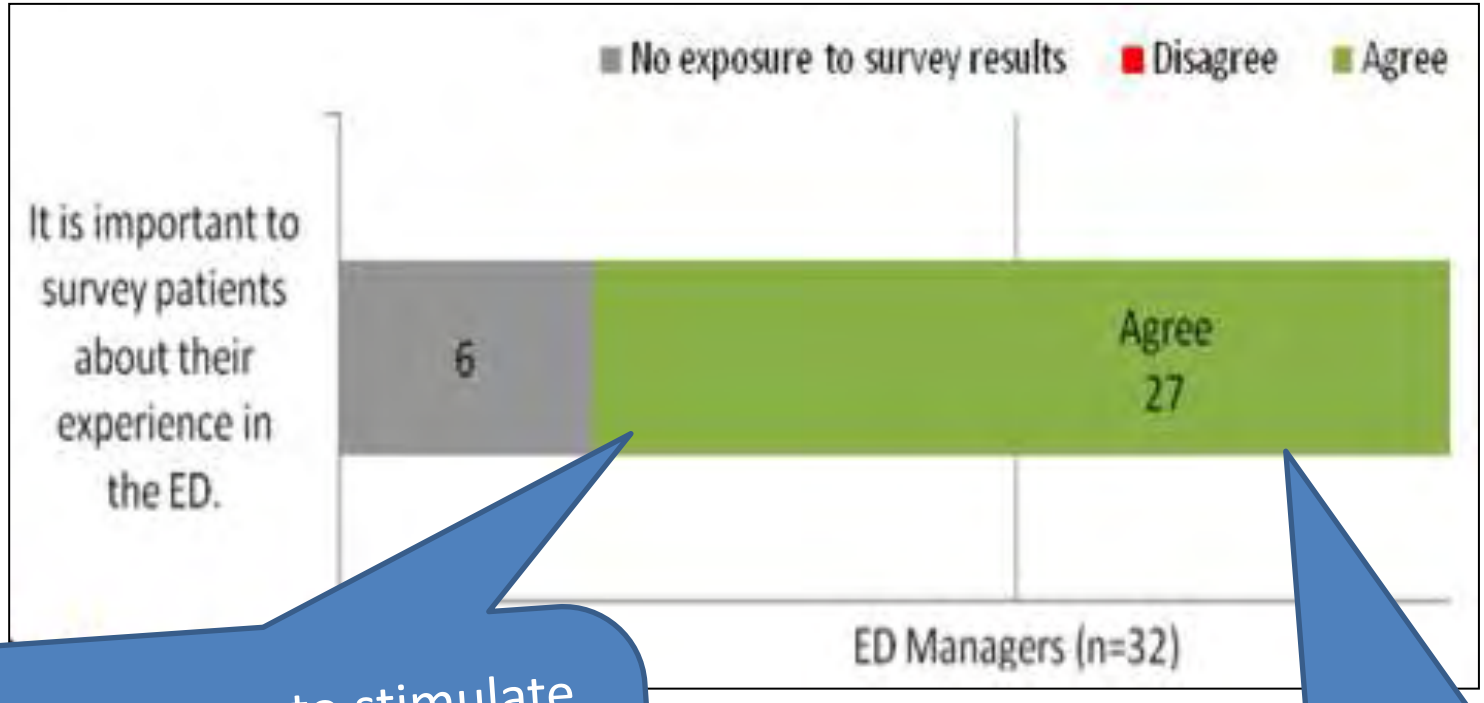
Mental Health & Substance Use Families/Supporters

BC PREMS Sectors Surveys 2003 - 2014

Year	Sector	Methodology	Timeframe	Response Rate
2003	**Emergency**	Mail; Random sample 103 facilities	Point in time -- 3 months July 1st to September 30th , 2003	37.6%
2007		As above 111 facilities	Point in time – 3 months February 1st – April 30th , 2007	32.5%
2007 to 2015		As above 111 facilities	Continuous May 1st, 2007 to March 31, 2015	31.1%
2004	**Long Term Care**	**RESIDENTS:** Interview; Census 102 facilities	Point in time -- Oct 2003 to March 2004 All residents and their most frequent visitor (who was sometimes a family member, but not always) in directly funded and managed facilities	48.4%
		FAMILY/FREQUENT VISITOR: Mail; Census 102 facilities		69.8%
2005 2008 2011/12	**Acute Inpts** **Medical, Surgical, Maternity, Pediatrics Freestanding Rehab**	Mail 80 hospitals	Point in time – 3 or 6 months I) June 1st to Nov 30th, 2005 II) Oct 1st to Dec 31st, 2008 III) Oct 1st/11 to Mar 31/12	42.2% 52.8% 42.8%
2006 2012/13	**Outpatient Cancer Care**	Mail 5 regional cancer centres and 45 community cancer hospitals/services	Point in time -- 6 months I) Nov 15th, 2005 to May 15th, 2006 II) June 15 to December 16, 2012	60.2% 48.9%
2010	**Mental Health & Substance Use**	**PATIENTS/CLIENTS:** Short stay Inpatient care Handout with telephone follow up	Point in time – 6 months Oct 12th/2010 to April 11th/2011	70% MH 60% SU
2014		**FAMILY/SUPPORTERS** Development of Survey Tool	Focus groups, cognitive interviews, pilot testing – in progress	TBD

What have we learned?

The results from the surveys are VALUED…



"What a better way to stimulate quality improvement than hearing it from patients. Patient satisfaction impacts everything we do."

- ED Manager

"If we didn't have this data, the patient experience may not have been hardwired into the health authority's strategic plan."

- BC PREMS Representative

The Focus of BC PREMS…

Survey results =
The voice of our patients

Results are meant to **complement** other sources of information about the quality of care at the point of care and at the system level

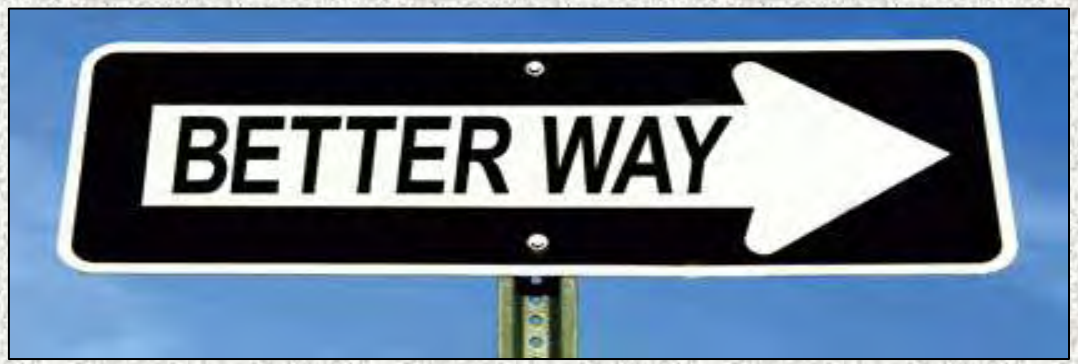
The path travelled for REPORTING BC Patient **Experience Data…**

The journey CONTINUES (2011 and beyond…) How can we ensure that the results add **(more!!)** value to this process? How do we manage within a limited budget? How do we focus on what pts have told us (seamless care)?

The NEXT step (2007)
Information is intended to be used to **support improvement** of the patient experience **at the point of care** and **at the system level;** we begin **continuous** surveying

Our journey BEGINS (2003)
Our PIT survey results yielded **comparable**, **statistically valid measures** of the voice of B.C.'s patients in priority sectors, starting with the Emergency Department

The challenge: to create FASTER, BETTER and EASIER to read reports!



Criticisms

Timeliness: Infrequency of reports meant data geared to system level improvement only

Burden of Data: frontline staff and leaders were overwhelmed by the amount of information

Accountability: frontline staff and leaders were overwhelmed by the amount of information

Our response

FASTER! Introduce more frequent reports that would allow quicker access to the results

BETTER! Introduce reports that are more succinct and focused

EASIER (to read)! Create reports that represent a quick snapshot of patients' experiences and relevant at the facility level

Statistics are people with the tears wiped off.

Prof. J. Selikoff

The solution!
REAL examples,
from REAL people, for REAL stories…

INTEGRATED ***qualitative, quantitative, and annotated*** reports
now provide timely monthly information
to **support** the people who are directly involved in care
to better understand the perceptions of **THEIR patients**
about **THEIR patients' care experiences**.

Components of Monthly Reports

Principle: Frontline leaders and clinical teams should monitor quality of care from the patient's perspective as often as they monitor budgets, labour distribution, overtime, etc.

1. Quantitative Results

Scientifically robust results displayed in run charts with confidence intervals

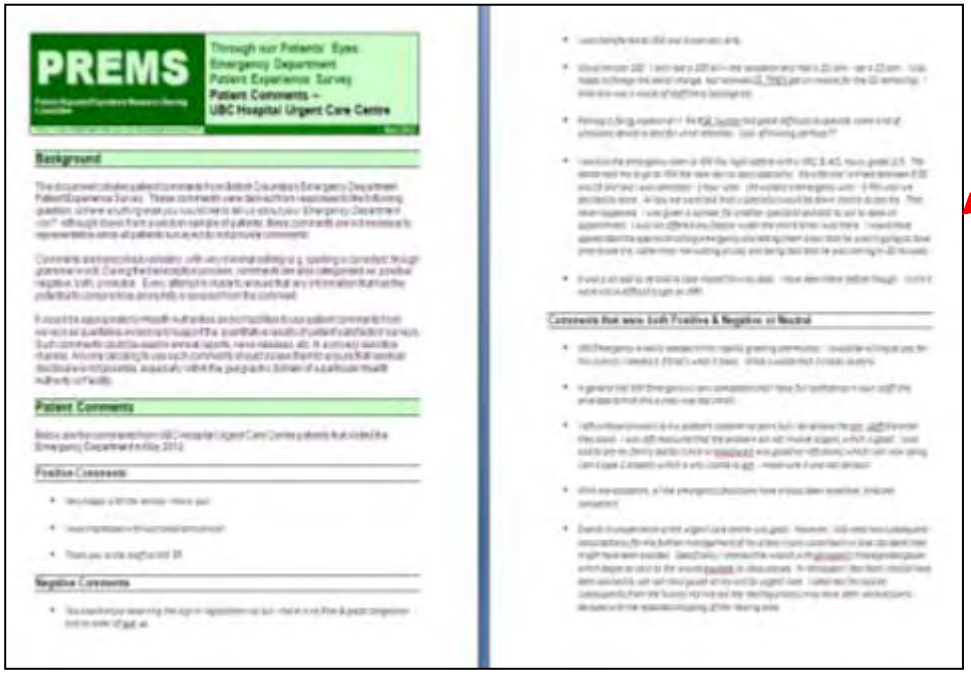
2. Qualitative Results

Patient comments to 'give life' to the numerical data

3. Annotations

Used to explain trends. Add flags in the data and ask prompting questions for those at the point-of-care (front line leaders and clinicians) to consider/answer

Stage 1: Qualitative & Quantitative Reports


PREMS

Through our Patients' Eyes
Emergency Department
Patient Experience Survey
Patient Comments –
UBC Hospital Urgent Care Centre

Background

Patient Comments

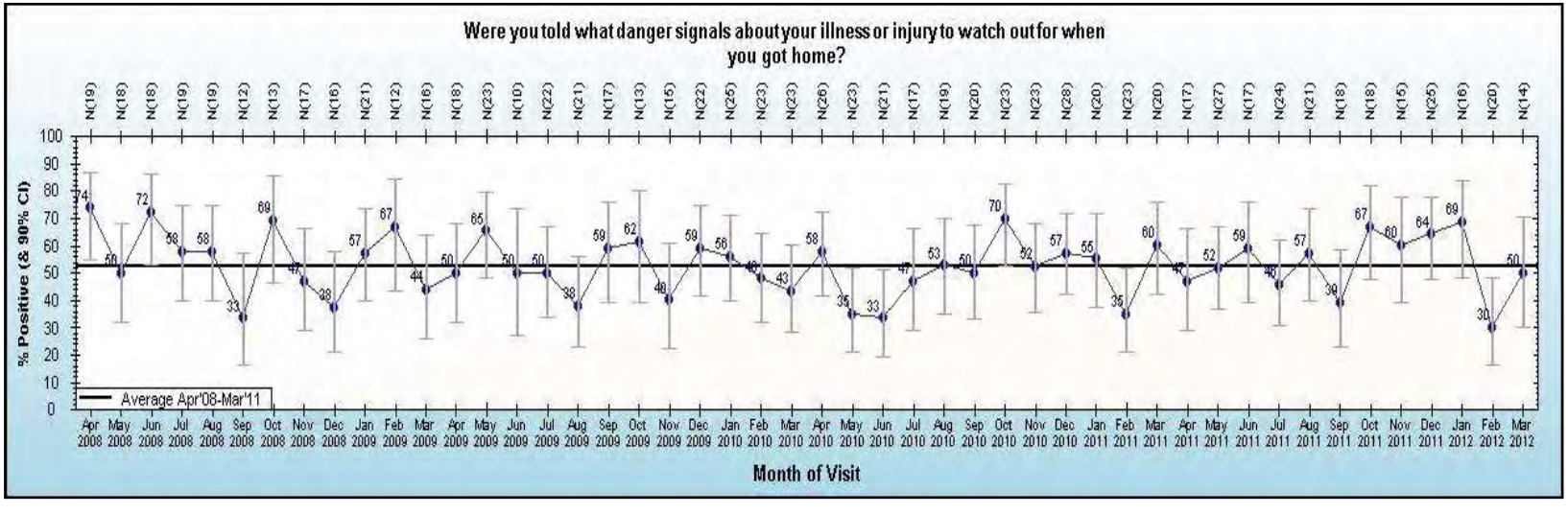
Positive Comments

Negative Comments

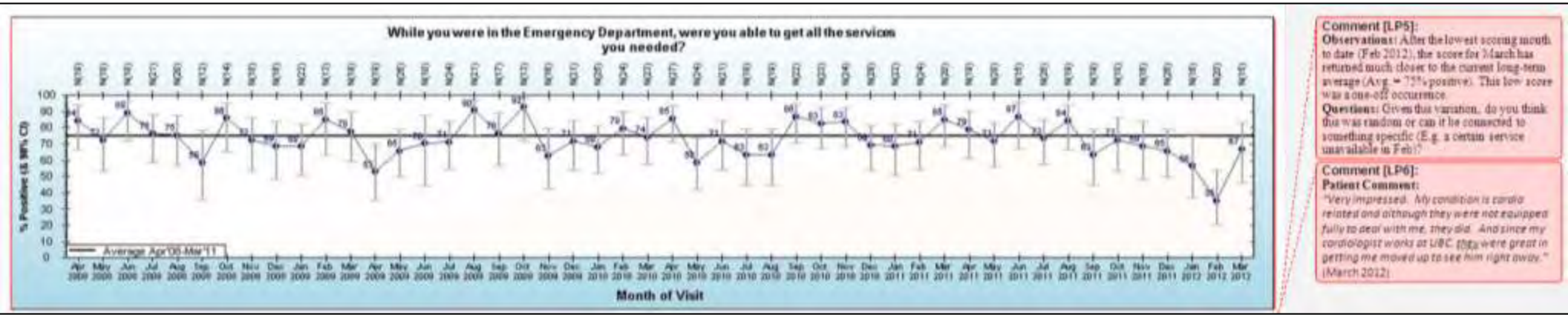
Comments that were both Positive & Negative or Neutral

Patient Comments Reports
Developed from open-text responses to, *"Is there anything else you would like to tell us about your Emergency Department visit?"*

Monthly ED Run Charts
A graphical representation of 9 indicator Qs to illustrate trends by detecting variation and 'flags'

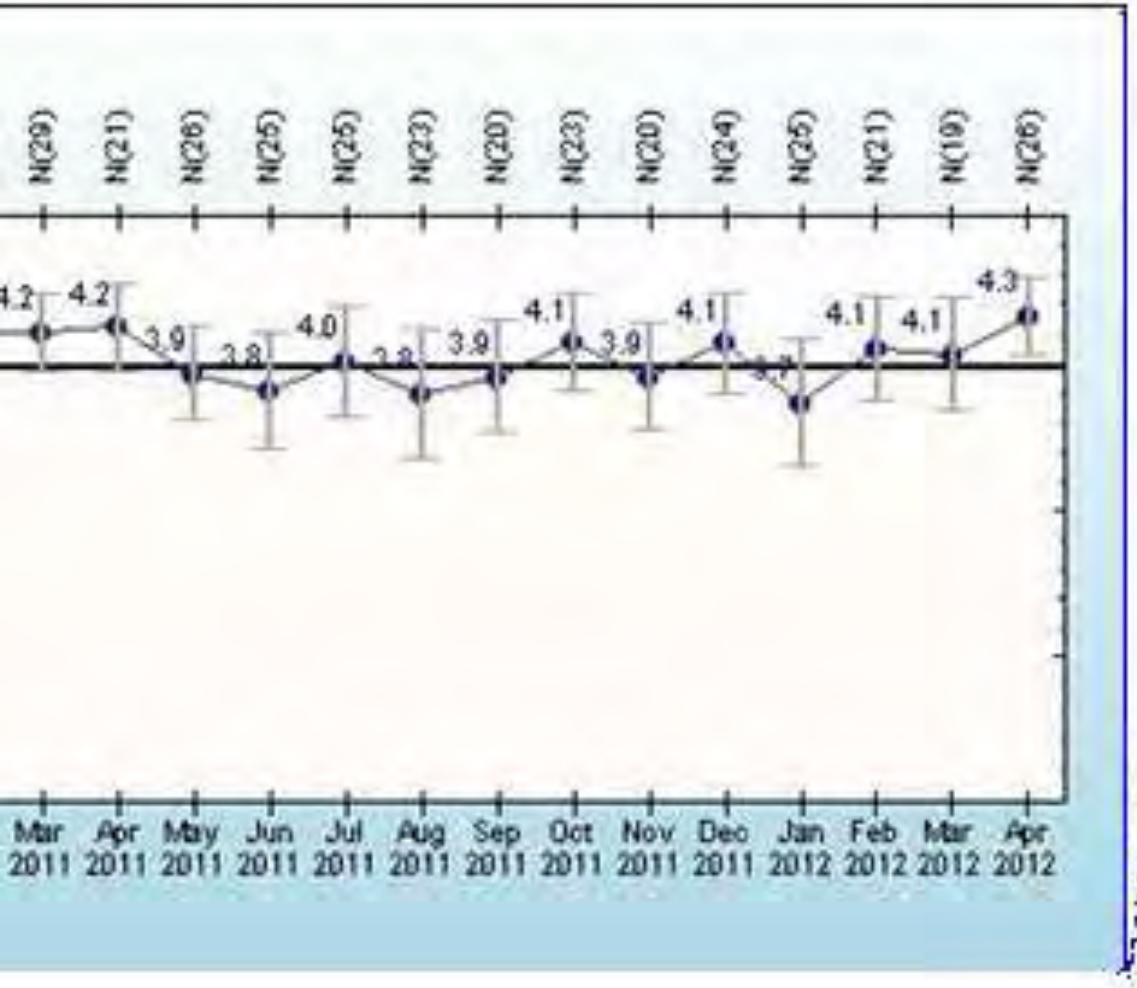


Linking Qualitative & Quantitative Feedback



Sample of an annotated **MONTHLY** ED Report

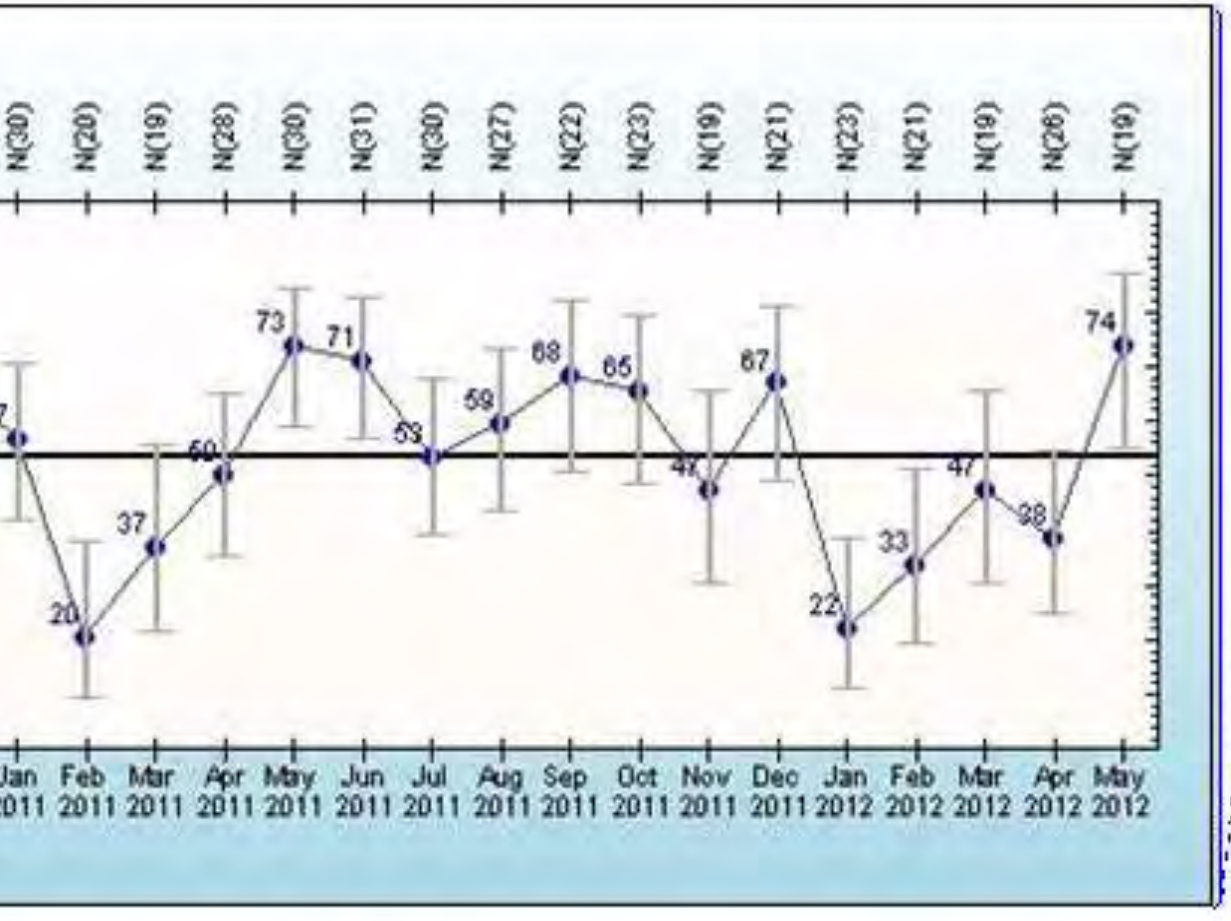
"Overall, how would you rate the quality of care you received in the ED?"



Comment [LP1]:
OBSERVATIONS: The score for April is not only above the current long-term average (Avg. = 4.0) but is also the HIGHEST score to date! Congrats!!
QUESTIONS: Although St. Paul's has a very high overall score, do you think there was anything or any area that particularly excelled in the Spring?
ACTIONS: Watch this indicator over the next few months to see if the scores continue to be above-average.

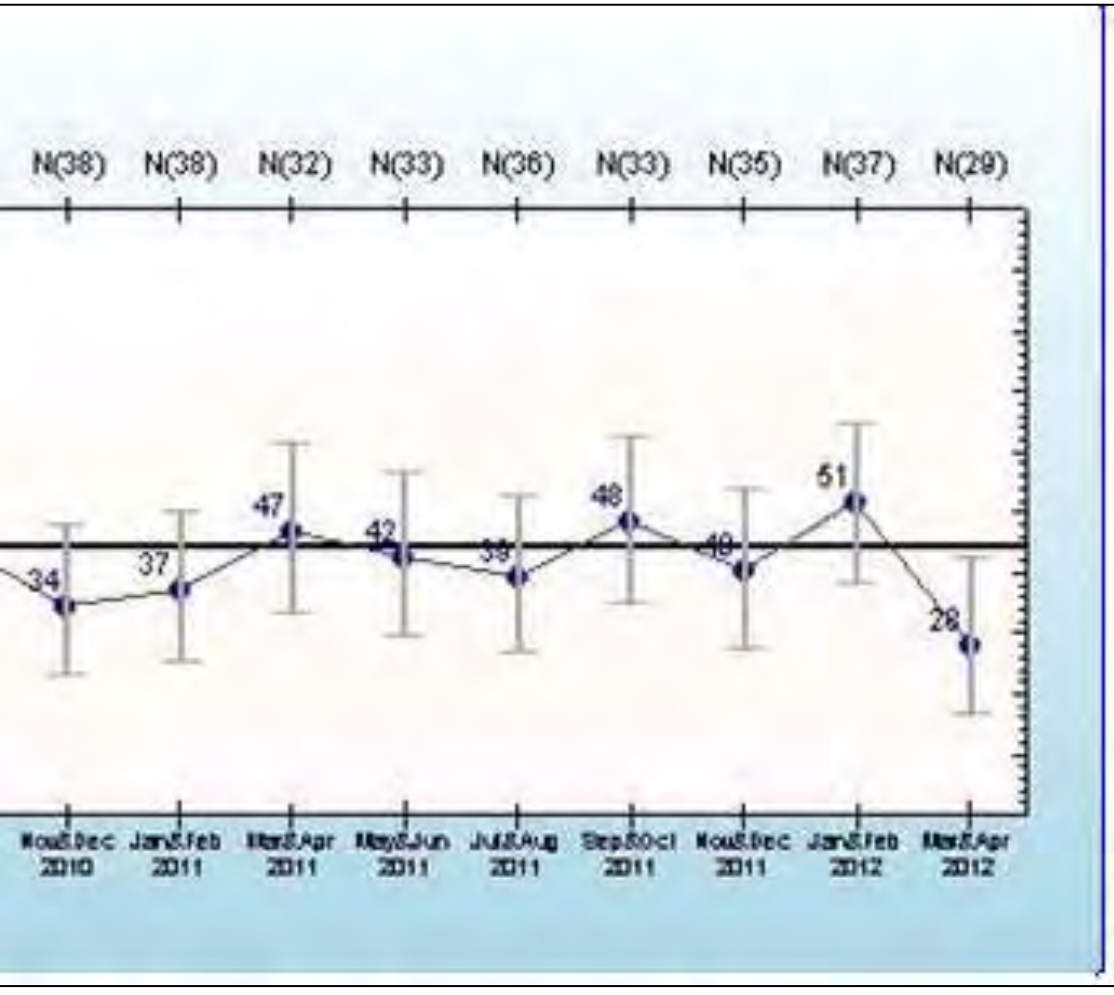
Comment [LP2]:
Patient Comment:
"Very thankful for the calibre of care and the caring attitude of all the staff!" (April 2012)

“Did you have to wait too long to see a doctor?”



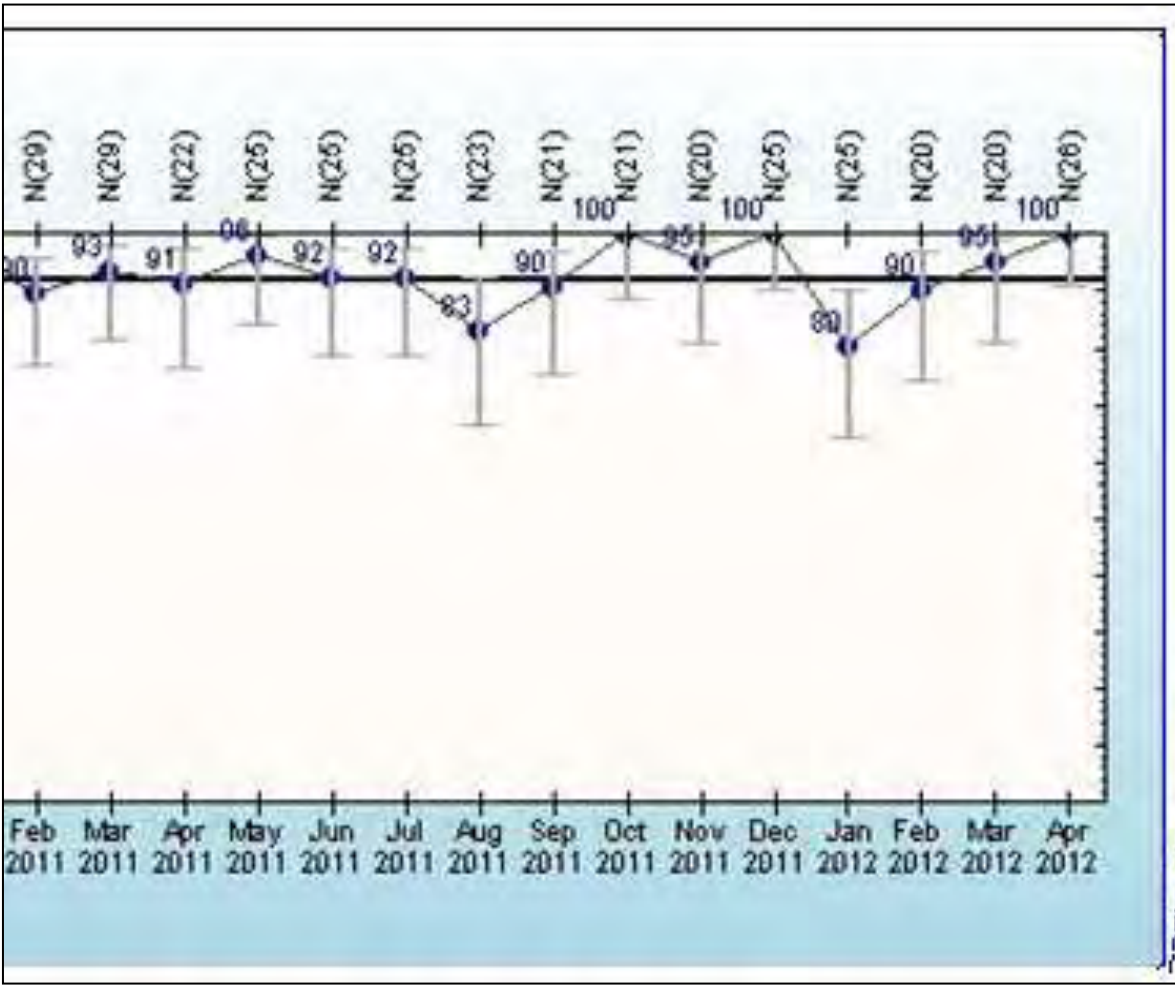
Comment [LP3]:
OBSERVATIONS: The score in May is not only well above the current long-term average (Avg = 53% positive) but is also one of the higher scores to date! Awesome!
ACTIONS: Watch this indicator in the coming months to see if the extremely high scores continue or if the scores move back down to the average benchmark.

"Were you told what danger signs about your illness or injury to watch out for when you got home?"



Comment [LP4]:
OBSERVATIONS: The score in Mar/April is not only below the current long-term average (Avg = 44% positive) but is also the LOWEST bimonthly score to date.
QUESTIONS: While this score is NOT indicative of a sustained negative change, can you brainstorm any reasons why the score could have dipped so low?
ACTIONS: Watch this indicator in the next reporting period to see if the score returns closer to the long-term average or remains low.

"How would you rate the courtesy of the ED staff?"



Comment [LP5]:
OBSERVATIONS: PERFECT SCOOOOOORE!!

Comment [LP6]:
Patient Comment:
"The visit was much quicker than we expected. Dr XXXXX had an excellent bedside manner and was extremely caring + helpful" (April 2012)

Now, a look forward …

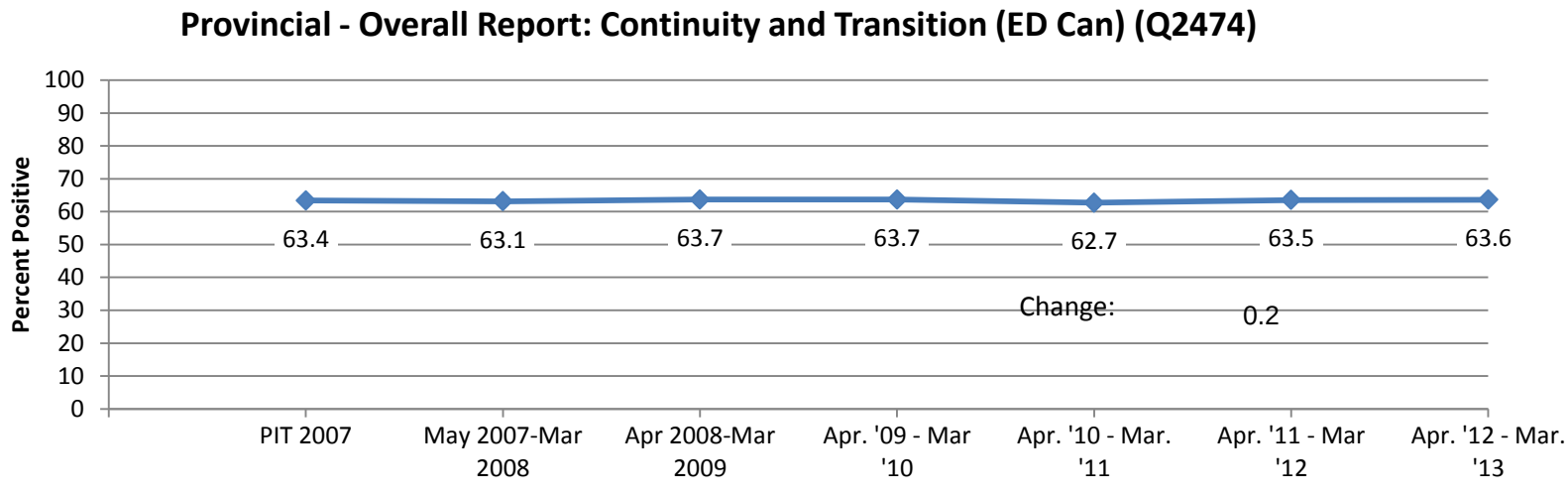
….a(nother) change in direction

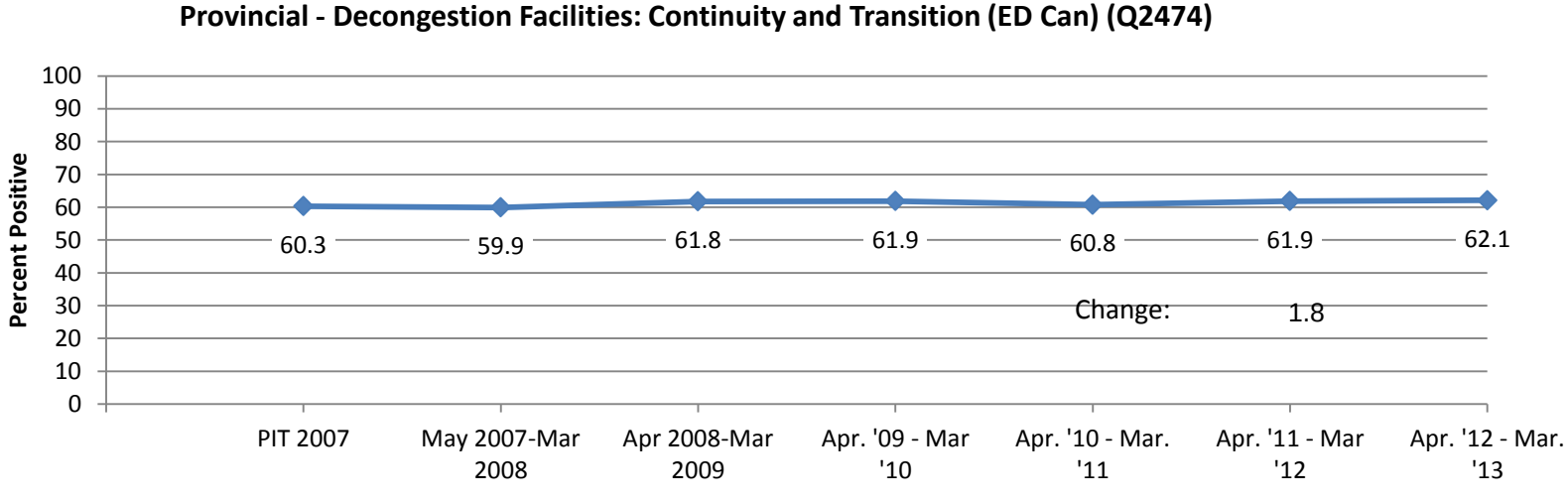
Definition of Patient experience …

"The sum of all interactions, shaped by an **organization's culture, that** influence patient perceptions across **the continuum of care**."

The Beryl Institute

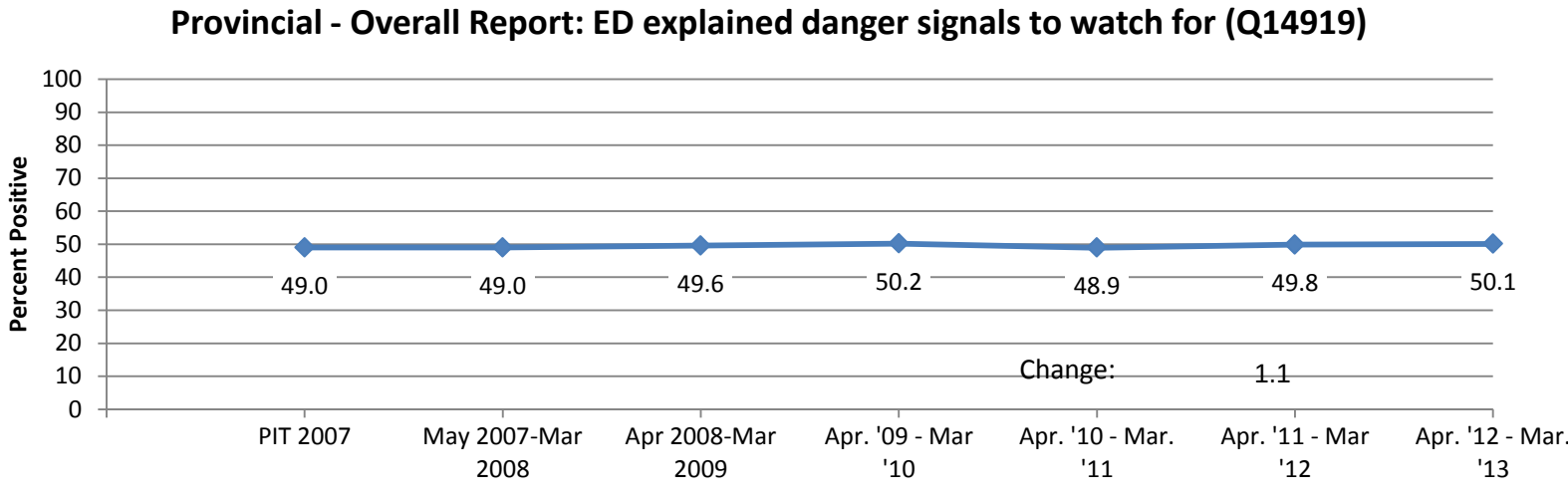
BC ED: Continuity and Transition

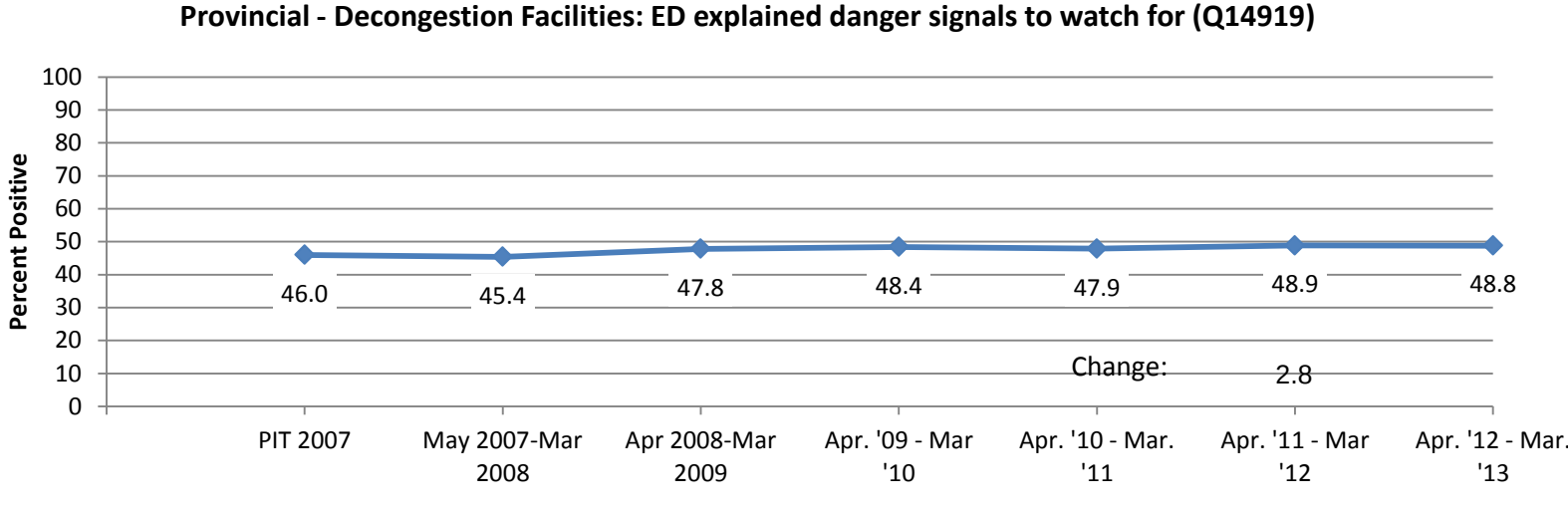




ED explained danger signals

Were you told what danger signals about your illness or injury to watch out for when you got home?





"Did they tell you when you could resume your usual activities, such as when to go back to work or drive a car?"

Sub-Sector	2005	2008	2011/12
All Sectors Combined	47.5%	45.8%	44.5%
Pediatrics	54.5%	55.8%	60.0%
Maternity	43.4%	44.7%	48.0%
Rehab	N/A	N/A	32.7%
Inpatients	47.9%	45.7%	43.6%

- This question is in the **CONTINUITY & TRANSITION** Dimension
- Lowest performing item in BC …
- 4 of 5 items in this Dimension show a decline for Med/Surg Inpatients and Rehab is lowest of all subsectors

VISION 2014 and beyond
Continuum of Care Surveys

Availability of information
from the perspective of patients
about the quality of their care that …
follows their
"JOURNEY" across the CARE CONTINUUM

- Ambulance Care/Transfer Services → ED
- Emergency Department Care → Acute IP
- Emergency Dept Care → Home/Home Care
- Acute Inpatient Care → Home/Home Care

Findings from the Literature (Dec 2013)*

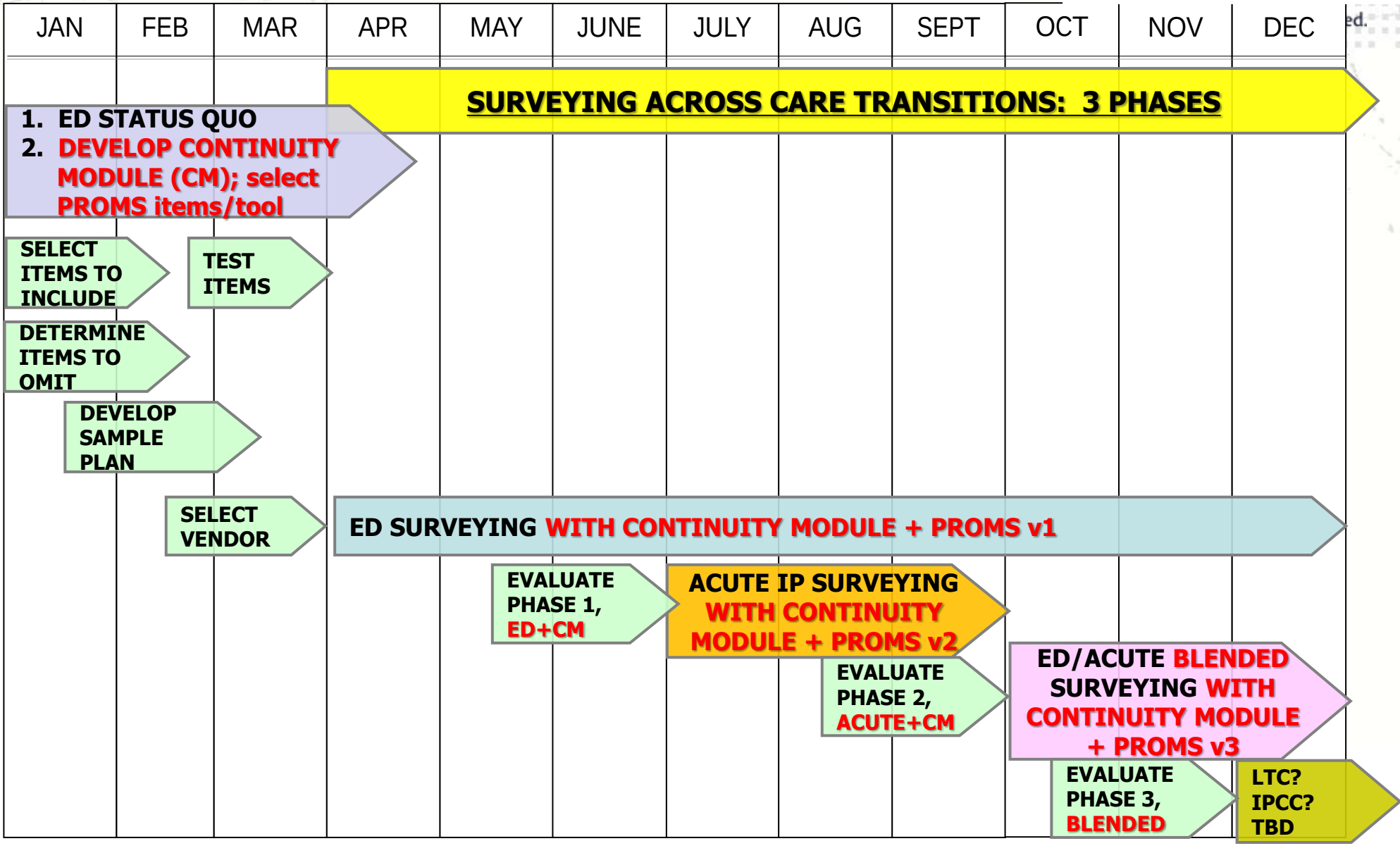
- Continuity of care is an active area of interest
- Since 2011: Move from setting / condition specific to multidimensional tools (i.e., tools covering multiple transitions and types of patients)
  - Multidimensional usually means primary and outpatient physician specialist care with limited inclusion of hospital care (generally with no differentiation between ED and AC)
  - Absolutely no mention of ambulance / transfer service
- Conclusion, this field is young
  - Several tools are still undergoing development
  - Most have limited use / testing
- Language is an issue: Not all tools have been tested in English
- Promising questions, but no "ready to wear tools"
- Most of the domains that have been found fit into the three types of continuity: relational, informational, and managerial

*** A Review of the Literature: Measuring the Patient Experience Across a Continuum of Care Transitions By: Faye Schmidt, Ph.D. For: BC PREMS and the BC Continuum of Care Surveying Consultation Group December 12th, 2013**

***CONTINUITY ACROSS TRANSITIONS OF CARE** is the experience of consistent, connected, coordinated care that…*

Relational Continuity (BC PREMS, 2014)	Informational Continuity (BC PREMS, 2014)	Managerial Continuity (BC PREMS, 2014)
Includes meaningful relationships: **Builds confidence and trust between the patient and his/her key support person(s) and care provider(s)**	**Is supportive of information sharing:** **Ensures the information needs of the patient and, where appropriate his/her family/ supporter(s) are met. Ensures timely and accurate flow of relevant information to the patients' key care**	**Is managed over time, place and providers:** **Ensures the experience of the patient is seamless across: changing care needs, care providers, time, and settings.**

BC PREMS WORKPLAN 2014



So, what are we most proud of?

- **Engagement of patients and professionals in expert Consultation Groups to plan every aspect of every survey in BC**
- **Development of questions, modules, and survey instruments that focus on:**
  - The patient perspective on Patient safety
  - Self-reported ethnicity
  - The patient perspective on how well we address Emotional Distress and Support for Outpatient Cancer Care
  - The Family/Supporter experience while a loved one is receiving short stay Mental Health & Substance Use Care; the patient perspective on stigma
  - The patient and provider perspective on Surgery, Maternity, Pediatrics, Rehab
- **Development of indicators that are added to Health Authority Balanced Scorecards, including Mission indicators for faithbased facilities**
- **Development of processes to permit return of raw data WITH identifiers for all surveys**
- **Building of capacity to use baseline data to develop real time patient and family feedback for QI that … translates data into information, and information into action**
- **Engagement of non-clinicians**

Using the Patient's Experience to Transform Healthcare.

1. Measuring patient experience is NOT an amateur sport.
2. Measuring patient experience is a science…and an art.
3. Patients are integral in survey design, defining what is important <u>and</u> ensuring that questions measure what we intend them to measure.
4. Patient experience reports should be available as readily and frequently as other management reports.
5. Like accountability for patient safety, accountability for positive patient experience should rest with everyone.
6. Without accountability frameworks, action on results takes a back seat to other issues.
7. Improving the performance of one location will not improve the system as a whole.

For further information….

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Link to BC PREMS survey results:

http://www.health.gov.bc.ca/socsec/surveys.html