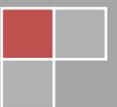


Person-centred Care Quality Indicators Rating Tool – Round 1

**Re-created from Survey Monkey*

Santana MJ, Manalili K, Ahmed S, and the PC-
QI Research Team

December 2017



Given your renowned expertise, we are delighted to invite you to participate in a consensus panel discussion to develop person-centred care quality indicators (PC-QIs) that will be actionable and ready to implement at system level.

We have assembled a strong team including patients, caregivers, researchers with expertise in qualitative and quantitative research, consensus methods, knowledge translation, quality improvement and health policy implementation. Members of the team include providers and policy makers in Canada, England and USA.

The process involves three rounds, two of which will be emailed/an electronic review of PC-QIs, and one face-to-face workshop to discuss the final core of PC-QIs. We kindly ask you to review this initial list of PC-QIs and suggest others/revisions that you feel would be priorities for indicator development. For further information, attached is a summary of the study with relevant definitions, a Person-Centred Care Framework and appendices.

Thank you for taking the time to read this letter and to consider being a part of the consensus panel. Please don't hesitate to contact us, email Maria Jose Santana (mjsantan@ucalgary.ca).

Looking forward to hearing from you,

Sincerely,

Maria J. Santana, MPharm, PhD
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Information to Rate the PC-QIs

Quality Indicator Evaluation- what makes a good indicator? The National Quality Forum considers several criteria when evaluating a new measure:

1. Targets important improvements:

Importance: The PC-QI must be relevant to a large number of individuals including patients.

Validity: The measure must be valid. Validity implies that the indicator measures what it is intended to measure.

Face Validity: The ability of the PC-QI to capture aspects regarded as important by people (healthy and sick), and specialists in quality improvement.

2. It's measurable:

Utilization: Percentage of healthcare organizations and centres that used a specific PC-QI.

Usability: The results of any measure must be understood by the intended audiences (e.g., consumers, healthcare providers, and payers). Measures that are difficult to understand will not be translated into meaningful improvement.

3. It's interpretable:

Usability: Usability assess that the indicator is actionable and interpretable.

Risk Adjustment: The extent to which the influences of factors that differ among groups being compared (e.g., across Canada) can be controlled or taken into account.

4. It's feasible:

Feasibility: Data collection and data for reporting PC-QIs must be feasible to obtain. Some PC-QIs are readily available; others require extensive data collection from medical records. Measures based on data that are difficult to obtain must be extremely valuable or they will result in misspent resources.

PCC Structure Indicators

PCC Structure Quality Indicators includes PCC domains related to the context in which care is delivered and provides the foundation for PCC- the necessary materials, healthcare resources, and organizational characteristics.

S1. Policy on Person-centred Care Culture

Description of Indicator

Relationship to Quality	Medical care should be patient-centred, effective, efficient and equitable
Type of Indicator	Structure, System level
Proposed Data Sources	Policy guiding and supporting the PCC culture
Definition	Provincial/National policy supporting the culture of PCC
Numerator	Number of hospitals and healthcare centres addressing the policy at provincial/national level
Denominator	Number of all audited hospitals and healthcare centres addressing the policy at provincial/national level
Benchmark	Not specified at present
Risk Adjustment	Geographic location (urban, rural), level of care (tertiary) type of healthcare centre (teaching, non-teaching)

Summary

This indicator is intended to identify healthcare organizations that have protocols/policies in place to create and support a PCC culture.

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

S2. Educational Programs on Person-centred care

Description of Indicator

Relationship to Quality	Medical care should be person-centred
Type of Indicator	Healthcare System, Structure level
Proposed Data Sources	Protocol to guide educational programs including the co-development and implementation
Definition	Protocol describing the PCC training programs for all healthcare personnel
Numerator	Number of hospitals and healthcare centres using the protocol that guides educational programs
Denominator	Total number of hospitals and healthcare centres audited
Benchmark	Not specified at present
Risk Adjustment	Not specified at present

Summary

This indicator is intended to promote and support the integration of PCC education programs into healthcare systems to train personnel. The indicator includes three domains: 1) Integration of educational programs into all healthcare sectors (e.g., laboratory, radiology); 2) Professional education and accrediting bodies (e.g., medical and nursing associations); 3) Translating into practice through continued professional education (e.g., continued medical education) and mentorship.

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

S3. Protocol Addressing Discriminatory Care

Description of Indicator

Relationship to Quality	Medical care should be equitable and patient-centred
Type of Indicator	Healthcare System Structure Level
Proposed Data Source	Survey/checklist identifying the protocol to guide anti-discriminatory care
Definition	Protocol addressing anti-discriminatory care and patient rights
Numerator	Number of Healthcare systems - hospitals and healthcare centres- having the protocol in use
Denominator	All healthcare organizations audited that have the protocol in place
Benchmark	Not specified at present
Risk Adjustment	Not applicable

Summary

This indicator is intended to identify healthcare systems with policies including protocols supporting and implementing an anti-discriminatory care and explaining patient rights. The data source to derive this indicator comes from validated surveys that ask patients and healthcare providers about discriminatory care.

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

S4. Protocol Addressing Cultural Competence

Description of Indicator

Relationship to Quality	Medical care should be equitable and patient-centred
Type of Indicator	Healthcare System Structure Level
Proposed Data Source	Survey assessing that the protocol is in place and practiced ¹
Definition	Protocol addressing cultural competence to avoid discriminatory care
Numerator	Number of Healthcare systems (hospitals and healthcare centres) with the protocol in place
Denominator	All audited healthcare systems (hospitals and healthcare centres)
Benchmark	Not specified at present
Risk Adjustment	Not applicable

Summary

This indicator is intended to identify healthcare systems with protocols supporting and implementing cultural competence. This indicator comes as a package including the protocol to support the practice of cultural competence and its measurement. The protocol will inform the policy adopted by independent healthcare organizations. This protocol includes a training/educational module. The other two indicators included in the package measure cultural competence from the healthcare provider and patient perspectives and are derived from validated measures.

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

S5. Educational Programs Reflecting Cultural Competency and Humility

Description of Indicator

Relationship to Quality	Medical care should be culturally competent and reflect cultural humility
Type of Indicator	Healthcare System Structure Level
Proposed Data Source	Protocol guiding the development and implementation of an educational program
Definition	Protocol describing training programs for patient-centred care that reflects both cultural competence and cultural humility
Numerator	Number of Healthcare systems (hospitals and healthcare centres) using the protocol that guides educational programs
Denominator	Total number of hospitals and healthcare centres audited
Benchmark	Not specified at present
Risk Adjustment	Not specified at present

Summary

This indicator is intended to promote and support the integration of cultural competence and cultural humility education programs into healthcare systems to train personnel. The indicator includes three domains: 1) Integration of educational programs into all healthcare sectors (e.g., laboratory, radiology); 2) Professional education and accrediting bodies (e.g., medical and nursing associations); 3) Translating into practice through continued professional education (e.g., continued medical education) and mentorship.

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

S6. Program/Protocol for Recruitment and Retention of Staff of Diverse Backgrounds

Description of Indicator

Relationship to Quality	Medical care should be culturally competent
Type of Indicator	Healthcare System Structure Level
Proposed Data Source	Program or protocol guiding recruitment strategies
Definition	Healthcare systems should ensure the workforce reflect the culturally diverse communities they are serving by: <ul style="list-style-type: none"> - Recruiting staff of culturally diverse backgrounds - Supporting staff
Numerator	Protocol or program describing recruitment and retention of staff of diverse backgrounds
Denominator	Total number of hospitals and healthcare centres audited
Benchmark	Not specified at present
Risk Adjustment	Not specified at present

Summary

This indicator is intended to guide development of a protocol or program for recruitment and retention of staff of diverse backgrounds. This indicator includes recruitment of healthcare professionals and staff at all levels and supporting them in delivering patient-centred care that is culturally competent.

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

S7. Supporting a Workforce Committed to Person-Centred Care

Description of Indicator

Relationship to Quality	Medical care should be patient-centred, efficient & effective
Type of Indicator	Healthcare System Structure Level
Proposed Data Source	Surveying personnel and Administrative Data
Definition	Healthcare systems should ensure resources for staff to practice PCC by <ul style="list-style-type: none"> • Providing adequate incentives in payment programs • Encourage teamwork and teambuilding
Numerator	All personnel supported to provide PCC in a healthcare system - sector, clinic or healthcare centre audited
Denominator	All personnel working in the healthcare system- sector, clinic or healthcare centre audited
Benchmark	Not specified at present
Risk Adjustment	Personnel and healthcare system characteristics (e.g., socio-demographic)

Summary

Providing a supportive PCC work environment ensures there are adequate resources for staff to practice PCC. Current reimbursement models are one of the main obstacles for promoting and practicing PCC. Physician reimbursement is not typically linked to the importance placed on building and maintaining relationships and level of care quality provided as perceived by patients.

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

S8. Providing a Supportive and Accommodating Person-Centred Care Environment

Description of Indicator

Relationship to Quality	Medical care should be patient-centred, equitable and efficient
Type of Indicator	Healthcare Structure Level
Proposed Data Source	Survey
Definition	Healthcare systems with protocols for guiding supportive and accommodating PCC environment in healthcare facilities.
Numerator	Healthcare systems - hospitals and healthcare centres including protocol
Denominator	Total number of hospitals and healthcare centres audited
Benchmark	Not applicable
Risk Adjustment	Not applicable

Summary

This indicator is intended to identify healthcare systems with protocols for guiding supportive and accommodating PCC environment in healthcare facilities.

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

S9. An Environment that Reflects Diversity and Inclusion

Description of Indicator

Relationship to Quality	Medical care should be patient-centred, equitable and efficient
Type of Indicator	Healthcare System Structure Level
Proposed Data Source	Protocol on the development of a culturally appropriate environment and provision of resources OR self-assessment administered to personnel providing services to patients
Definition	Healthcare systems should ensure the physical environment and resources (posters, printed materials) reflect diversity and promotes inclusiveness
Numerator	Protocol guiding development of a culturally appropriate environment
Denominator	Total number of hospitals and healthcare centres audited
Benchmark	Not specified at present
Risk Adjustment	Not specified at present

Summary

This indicator is intended guide the development of a protocol or assessment of culturally appropriate environment. A culturally appropriate environment consists of the physical design of the healthcare facility and resources available to patients such as posters and printed materials.

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

S10. Partnership with Communities

Description of Indicator

Relationship to Quality	Medical care should be patient-centred, equitable and efficient
Type of Indicator	Healthcare System Structure Level
Proposed Data Source	Protocol guiding development of partnership with communities in policies, procedures, and programs for the delivery of patient-centred care and culturally competent health services
Definition	Healthcare system should have a protocol guiding development of partnerships with communities
Numerator	Protocol guiding development of partnership with communities
Denominator	Total number of hospitals and healthcare centres audited
Benchmark	Not specified at present
Risk Adjustment	Not specified at present

Summary

This indicator is intended to guide development of a protocol for partnerships with communities, ensuring the community is involved in all aspects of patient-centred care and culturally competent healthcare.

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

S11. Protocol for the Integration of Structures to Support Health Information Technology

Description of Indicator

Relationship to Quality	Medical care should be effective and efficient
Type of Indicator	Healthcare System Structure Level
Proposed Data Source	Survey and operational data from healthcare systems
Definition	Healthcare systems should integrate health information technology to support and monitor PCC
Numerator	Healthcare systems - hospitals and healthcare centres including policy/protocol describing the integration and usage of health information technology
Denominator	All Healthcare systems in the province, city - hospitals and healthcare centres including policy/protocol describing the integration and usage of health information technology
Benchmark	Not applicable
Risk Adjustment	Geographical area (e.g., urban, rural)

Summary

This indicator is intended to identify healthcare systems with integrated structures of health information technology for support PCC – including e-health to support patient-clinician communication, patient self-management and other patient-centred processes.

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

S12. Structures to Report Person-Centred Care Performance

Description of Indicator

Relationship to Quality	Medical care should be safe and efficient
Type of Indicator	Healthcare System Structure Level
Proposed Data Sources	Data on Quality Performance and surveys
Definition	Healthcare systems should report PCC performance based on feedback from patients
Numerator	All healthcare facilities reporting PCC
Denominator	All healthcare facilities
Benchmark	Not specified at present
Risk Adjustment	Geographic location (urban, rural), complements, complaints, patient-reported outcomes

Summary

This indicator is intended to report the measurement of the PCC practice. Healthcare systems are developing innovative programs to collect data from patients and report this information back to patients and healthcare providers in an accurate and timely manner via visual dashboards.

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

PCC Process Indicators

PCC Process Indicators are designed to measure the quality of care associated with the interaction between patients and healthcare providers and any healthcare service personnel. The indicators are intended to examine select domains of PCC and be applicable across healthcare sectors, specialties, conditions and geographical areas.

P1. Compassionate Care

Description of Indicator

Relationship to Quality	Medical care should be patient-centred
Type of Indicator	Healthcare System Process Level
Proposed Data Sources	Survey
Definition	Percentage of patients that reported 'usually or always' to questions responding to patient receiving compassionate care
Numerator	Total number of patients responding, 'always or often' to the question receiving compassionate care
Denominator	Total number of patients responding to the question receiving compassionate care
Benchmark	Not applicable
Risk Adjustment	Not specified at present

Summary

This indicator is intended to measure whether the patient received compassionate care. Tools often focus on the extent to which professional exhibit empathy or compassion, which is the capacity to recognize and respond to the emotions and feelings of others. Compassionate care enhances communication and encourages patient and family engagement, both important factors in the provision of high quality of care.

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

P2. Equitable treatment

Description of Indicator

Relationship to Quality	Delivery of care should be equitable and patient-centred
Type of Indicator	Healthcare System Process Level
Proposed Data Sources	Survey- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Cultural Competence Item Set
Definition	Percentage of patients that reported fair treatment during interaction with healthcare provider and staff
Numerator	Total number of patients responding 'never' to the two questions assessing equitable treatment
Denominator	Total number of patients responding to the two questions assessing equitable treatment
Benchmark	Not applicable
Risk Adjustment	Not specified at present

Summary

This indicator is intended to measure whether the patient received fair treatment when interacting with healthcare provider and staff. This indicator is the average of the following two questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Cultural Competence Item Set.q

1. In the last 12 months, how often have you been treated unfairly at this doctor's office because of your race and ethnicity?
2. In the last 12 months, how often have you been treated unfairly at this doctor's office because of the type of health insurance you have or because you don't have health insurance?

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

P3. Trusting Relationship with Healthcare Provider

Description of Indicator

Relationship to Quality	Medical care should be patient-centred and culturally competent.
Type of Indicator	Healthcare System Process Level
Proposed Data Sources	Survey- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Cultural Competence Item Set
Definition	Percentage of patients that reported high level of trust with their healthcare provider
Numerator	Total number of patients responding “yes” and “usually” and “always” to the five questions assessing trust
Denominator	Total number of patients responding to the five questions assessing trust
Benchmark	Not applicable
Risk Adjustment	Not specified at present

Summary

This indicator is intended to measure whether the patient reported having a trusting relationship with their healthcare provider. This indicator is the average of the following five questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Cultural Competence Item Set:

1. Do you feel you can tell this doctor anything, even things that you might not tell anyone else? (yes-no)
2. Do you trust this doctor with your medical care? (yes-no)
3. Do you feel this doctor always tells you the truth about your health, even if there is bad news? (yes-no)
4. Do you feel this doctor cares as much as you do about your health? (yes-no)
5. In the last 12 months, how often did you feel this doctor really cared about you as a person? (never-sometimes-usually-always)

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

P4. Accessing Interpreter Services

Description of Indicator

Relationship to Quality	Medical care should be accessible for all, patient-centred, and culturally competent
Type of Indicator	Healthcare System Process Level
Proposed Data Sources	Survey- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Cultural Competence Item Set
Definition	Percentage of patients that reported access to interpreter services in health care settings
Numerator	Total number of patients responding “no” and “never” and “sometimes” to the three questions assessing access to interpreter services
Denominator	Total number of patients responding to the three questions assessing access to interpreter services
Benchmark	Not applicable
Risk Adjustment	Not specified at present

Summary

This indicator is intended to measure whether the patient reported having access to interpreter services (if they needed it) at their doctor’s office. This indicator is the average of the following three questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Cultural Competence Item Set:

1. In the last 12 months, did you use friends or family members as interpreters because there was no other interpreter available at this doctor’s office? (yes-no)
2. In the last 12 months, how often did your visit with this doctor start late because you had to wait for the interpreter? Do not include friends or family members. (never-sometimes-usually-always)
3. In the last 12 months, was there any time when you needed an interpreter and did not get one at this doctor’s office? Do not include friends or family members. (yes-no)

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It’s measurable									
It’s interpretable									
It’s feasible									
Globally it’s a good indicator									

Comment/Suggestion

P5. Communication with Healthcare System

Description of Indicator

Relationship to Quality	Medical care should be accessible, safe, timely, efficient and effective
Type of Indicator	Healthcare System Process Level
Proposed Data Sources	Surveys - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)/Canadian Patient Experience Survey – Inpatient Care (CPES-IC)
Definition	Percentage of patients that reported high level of communication between patient and anyone working in the healthcare system, including health-line attendant, office assistants and healthcare personnel at time of accessing healthcare and throughout patient and family interactions with the healthcare system
Numerator	Total number of patients responding, 'always or often' to the overall communication question
Denominator	Total number of patients responding to the overall communication question
Benchmark	Not specified at present
Risk Adjustment	Not specified at present

Summary

This indicator is intended to measure communication between patient and anyone working in the healthcare system, including health-line attendant, office assistants and any healthcare personnel. The percentage is derived from the question specific to surveys Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)/Canadian Patient Experience Survey – Inpatient Care (CPES-IC).

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

P6. Communication Between Patient and Healthcare Provider - Nurse

Description of Indicator

Relationship to Quality	Medical care should be safe, timely, efficient and effective
Type of Indicator	Healthcare System Process Level
Proposed Data Sources	Survey – communication domain from Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)/Canadian Patient Experience Survey – Inpatient Care (CPES-IC)
Definition	Percentage of patients that reported high level of communication between patient and nurses
Numerator	Total number of patients responding, ‘always or often’ to the three questions assessing communication with nurses
Denominator	Total number of patients responding to the three questions assessing communication with nurses
Benchmark	Not specified at present
Risk Adjustment	Socio-demographic characteristics of patients and nurses

Summary

This indicator is intended to measure communication between patient and healthcare providers - nurse. This indicator is the average of the following three questions from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)/Canadian Patient Experience Survey – Inpatient Care (CPES-IC):

- 1) How often did the nurses listen to you? [never, sometime, usually, always]
- 2) How often explain the nurse in a way that you could understand? [never, sometime, usually, always]
- 3) How often did the nurse follow up your concerns and observations? [never, sometime, usually, always]

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

P7. Communication Between Patient and Healthcare Provider - Physician

Description of Indicator

Relationship to Quality	Medical care should be safe, timely, efficient and effective
Type of Indicator	Healthcare System Process Level
Proposed Data Sources	Survey – communication domain from Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)/Canadian Patient Experience Survey – Inpatient Care (CPES-IC)
Definition	Percentage of patients that reported high level of communication between patient and physicians.
Numerator	Total number of patients responding, ‘always or often’ to the three questions assessing communication with physicians
Denominator	Total number of patients responding to the three questions assessing communication with physicians
Benchmark	Not specified at present
Risk Adjustment	Socio-demographic characteristics of patients and nurses

Summary

This indicator is intended to measure communication between patient and healthcare providers - physician. This indicator is the average of the following three questions from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)/Canadian Patient Experience Survey – Inpatient Care (CPES-IC):

- 1) How often did the doctor listen to you? [never, sometime, usually, always]
- 2) How often explain the doctor in a way that you could understand? [never, sometime, usually, always]
- 3) How often did the doctor follow up your concerns and observations? [never, sometime, usually, always]

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

P8. Information About Taking Your Medication

Description of Indicator

Relationship to Quality	Medical care should be safe, timely, efficient and effective
Type of Indicator	Healthcare System Process Level
Proposed Data Sources	Survey - Canadian Patient Experience Survey – Inpatient Care (CPES-IC)
Definition	Percentage of patients responding ‘usually’/’always’ to that healthcare provider explained to them about medicines, including the purpose and the side effects
Numerator	Total number of patients responding, ‘always or often’ to that healthcare provider explained to them about medicines, including the purpose and the side effects
Denominator	Total number of patients responding to the question
Benchmark	Region, province/territory, national and international levels
Risk Adjustment	Socio-demographic characteristics of patients and nurses

Summary

This indicator is intended to measure communication related to medication information between patient and healthcare providers. This indicator is the average of the following two questions included in Canadian Patient Experience Survey – Inpatient Care (CPES-IC) and could potentially be modified to be used across healthcare sectors:

Q16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? (Never / Sometimes / Usually / Always)

Q17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? (Never / Sometimes / Usually / Always)

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

P9. Communicating Test Results

Description of Indicator

Relationship to Quality	Medical care should be patient-centred
Type of Indicator	Healthcare System Process Level
Proposed Data Sources	Survey - Clinical & Group Survey – Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS)
Definition	Percentage of patients that reported ‘usually - always’ to questions responding to patient receiving information about their test results
Numerator	Total number of patients responding, ‘always or often’ to the question receiving information about their test results
Denominator	Total number of patients responding to the question receiving information about their test results
Benchmark	Not specified at present
Risk Adjustment	Not specified at present

Summary

This indicator is intended to measure whether the patient received information about their test results. From the Clinical & Group Survey – Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS): At last visit, when your doctor sent you for a blood test, x-ray or other test, how often did someone from your doctor office follow-up to give the test results. (never, almost never, sometimes, usually, almost always, always)

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

P10. Coordinating Your Care

Description of Indicator

Relationship to Quality	Medical care should be safe, timely, efficient and effective
Type of Indicator	Healthcare System Process Level
Proposed Data Sources	Survey - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)/Canadian Patient Experience Survey – Inpatient Care (CPES-IC)
Definition	Percentage of patients responding ‘usually’/’always’ to – after referral to a specialist, how often did your family doctor seem informed and up-to-date about the care you received from the specialist doctors?
Numerator	Total number of patients responding, ‘always or often’ to – after referral to a specialist, how often did your family doctor seem informed and up-to-date about the care you received from the specialist doctors?
Denominator	Total number of patients responding to the survey
Benchmark	Region, province/territory, national and international levels
Risk Adjustment	Socio-demographic characteristics of patients and nurses

Summary

This indicator is intended to measure coordination of care between specialist doctors and family doctors.

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

P11. Patient Involvement in Decisions About Their Care and Treatment

Description of Indicator

Relationship to Quality	Medical care should be patient centred, safe and efficient
Type of Indicator	Healthcare System Process Level
Proposed Data Sources	Survey - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)/Canadian Patient Experience Survey – Inpatient Care (CPES-IC)
Definition	The percentage of patients that reported that their care provider (i.e., a family doctor, in-hospital doctor, or nurse practitioner) ‘always or often’ involves them as much as they want in decisions about their care and treatment.
Numerator	Number of survey respondents who reported that their care provider always or often involves them as much as they want in decisions about their care and treatment.
Denominator	Number of respondents who answered the survey question on involvement in decisions about their care and treatment.
Benchmark	Not specified at present
Risk Adjustment	Not specified at present

Summary

This indicator is intended to measure whether the patient and family received the information needed about condition and treatment, and whether or not healthcare providers responded to patient and caregiver needs; discussed treatment or interventions with possible outcomes and adverse events/side-effects; discussed while building capacity of patients for self-management and self-care; acknowledged and discussed uncertainties; and created a shared understanding.

In general, this indicator is derived from the question included in the quality improvement guidance document: *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?*

At hospital level, this indicator is derived from Canadian Patient Experience Survey – Inpatient Care (CPES-IC) – two questions:

Q35. Were you involved as much as you wanted to be in decisions about your care and treatment? (Never / Sometimes / Usually / Always)

Q36. Were your family or friends involved as much as you wanted in decisions about your care and treatment? (Never / Sometimes / Usually / Always / I did not want them to be involved / I did not have family or friends to be involved)

Clinical & Group Survey – Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS): “Making Decisions About Your Care” (response options – Yes/No)

Q20- At your last visit, did your doctor recommended a treatment for a health problem that was bothering you?

Q21- At your last visit, did your doctor ever say there was more than one treatment option to consider for your care?

Q22- At your last visit, when there was more than one treatment to consider, did your doctor give you enough information about each option?

Q23- At your last visit, when there was more than one treatment to consider, did your doctor ask which treatment option you preferred?

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

P12. Engaging Patients in Self-Management

Description of Indicator

Relationship to Quality	Medical care should be safe, effective and efficient
Type of Indicator	Healthcare System Process, Individual Level
Proposed Data Source	Survey - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)/Canadian Patient Experience Survey – Inpatient Care (CPES-IC)
Definition	Percentage of patients that report being engaged in self-managing their condition
Numerator	Total number of patients that responded, ‘always or often’ to the question -- When you see your healthcare provider, how often do they support you in your self-management?
Denominator	Total number of patients completing the question
Benchmark	Not applicable
Risk Adjustment	Socio-demographic characteristics

Summary

This indicator is intended to describe how patients are engaged in managing their health. Communication between patient, family representative and healthcare providers is the foundation for engagement, and includes co-designing care. This indicator has the following sub-domains:

- 1) Shared decision-making;
- 2) Goal-setting;
- 3) Supporting self-care management;
- 4) Care plans can be accessed by patients and healthcare providers. The measure is the final overall score of these four sub-domains.

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

P13. Timely Access to a Primary Care Provider

Description of Indicator

Relationship to Quality	Medical care should be timely, safe, efficient and effective
Type of Indicator	Healthcare Process
Proposed Data Sources	Surveys – Quality Improvement Plans from Health Quality Ontario
Definition	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed
Numerator	The number of respondents who responded, "same day" and "next day" using the exact wording of the following patient and client survey question: The last time you were sick or were concerned you had a health problem, how many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually saw him/her or someone else in their office?
Denominator	The number of respondents who registered an answer using the exact wording of the following patient and client survey question: The last time you were sick or were concerned you had a health problem, how many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually saw him/her or someone else in their office?
Benchmark	Not specified at present
Risk Adjustment	None

Summary

The present quality indicator is derived from: The last time you were sick or were concerned you had a health problem, how many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually saw him/her or someone else in their office?

- Same day
- Next day
- 2 - 19 days (enter number of days: _____)
- 20 or more days
- Not applicable (don't know/refused).

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

P14. Patient Preparation for a Planned Admission to Hospital

Description of Indicator

Relationship to Quality	Medical care should be timely, safe, efficient and effective
Type of Indicator	Healthcare Process Level
Proposed Data Sources	Survey - Canadian Patient Experience Survey – Inpatient Care (CPES-IC)
Definition	This indicator measures the percentage of patients reporting that they had ‘Quite a bit’/‘Completely’ enough information about the admission process into the hospital
Numerator	Number of patients reporting that they had ‘Quite a bit’/‘Completely’ enough information about the admission process into the hospital
Denominator	Number of patients admitted into the hospital under a planned admission
Benchmark	Region, province/territory, national and international levels
Risk Adjustment	None

Summary

This indicator is describing one of the transitions phases across healthcare sectors. It is derived from one question of the CPES-IC:

Before coming to the hospital, did you have enough information about what was going to happen during the admission process?

Four response categories:

Not at all/Partly/Quite a bit/Completely.

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

P15. Time to Unplanned Admission Through Emergency Department

Description of Indicator

Relationship to Quality	Medical care should be timely, safe, efficient and effective
Type of Indicator	Healthcare Process Level
Proposed Data Sources	Survey - Canadian Patient Experience Survey – Inpatient Care (CPES-IC)
Definition	Percentage of patients, admitted through emergency department into hospital, reporting that they waited too long before moving to an inpatient hospital bed
Numerator	Number of patients, admitted through emergency department into hospital, reporting waiting too long before moving to an inpatient bed
Denominator	Number of total patients, admitted through emergency department into hospital
Benchmark	Not specified at present
Risk Adjustment	Geographical location (e.g., urban, rural); level of hospital

Summary

This indicator is derived from the question from the Canadian Patient Experience Survey – Inpatient Care (CPES-IC):
 After you knew that you needed to be admitted to a hospital bed, did you have to wait too long before getting there?
 Yes/No

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

P16. Discharge Planning

Description of Indicator

Relationship to Quality	Medical care should be timely, safe, efficient and effective
Type of Indicator	Healthcare Process Level
Proposed Data Sources	Surveys - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)/Canadian Patient Experience Survey – Inpatient Care (CPES-IC)
Definition	Percentage of patients reporting on receiving information before discharge and discussing needs for help after discharge
Numerator	Number of patients reporting on receiving information before discharge and discussing needs for help after discharge
Denominator	Total number of patients answering the survey
Benchmark	Regional, provincial/territory, National
Risk Adjustment	Not available

Summary

This indicator is intended to monitor processes to support patients and their families as they transition across the continuum of care. This indicator is derived from two questions from the Canadian Patient Experience Survey – Inpatient Care (CPES-IC):

Q19. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital? (Yes / No)

Q20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (Yes / No)

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

P17. Post-Discharge Planning

Description of Indicator

Relationship to Quality	Medical care should be timely, safe, efficient and effective
Type of Indicator	Healthcare Process Level
Proposed Data Sources	Surveys - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)/Canadian Patient Experience Survey – Inpatient Care (CPES-IC)
Definition	Percentage of patients reporting being prepared to manage their condition after discharge
Numerator	Number of patients answering, ‘Quite a bit’ ‘Completely’ when reporting on receiving information before discharge and discussing needs for help after discharge
Denominator	Total number of patients answering the survey
Benchmark	Regional, provincial/territory, National
Risk Adjustment	Not available

Summary

This indicator is intended to monitor processes to support patients and their families as they transition across the continuum of care. This indicator is derived from three questions the Canadian Patient Experience Survey – Inpatient Care (CPES-IC):

Q37. Before you left the hospital, did you have a clear understanding about all of your prescribed medications, including those you were taking before your hospital stay? (Not at all / Partly / Quite a bit / Completely / Not applicable)

Q38. 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? (Not at all / Partly / Quite a bit / Completely)

Q39. When you left the hospital, did you have a better understanding of your condition than when you entered? (Not at all / Partly / Quite a bit / Completely)

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

P18. Timely Follow-up with Hospital Discharged Patients

Description of Indicator

Relationship to Quality	Medical care should be timely, safe, efficient and effective
Type of Indicator	Healthcare Process Level
Proposed Data Sources	Surveys – Quality Improvement Plans, from Health Quality Ontario
Definition	This indicator measures the percentage of patients for whom discharge notification was received who were followed up within 7 days of discharge by phone or in-person, visit with any clinician.
Numerator	Number of patients for whom discharge notification was received and who had an encounter (by phone or in-person visit) within 7 days of discharge from hospital.
Denominator	Number of discharged patients for whom discharge notification was received.
Benchmark	Not specified at present
Risk Adjustment	None

Summary

This indicator considers 7 days as the time to follow-up after hospital discharged. It could be derived from data and or from survey asking patients whether they had timely follow-up.

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

P19. Discharge Summaries Available to Community Care Provider Within 48 Hours of Discharge

Description of Indicator

Relationship to Quality	Medical care should be timely, safe, efficient and effective
Type of Indicator	Healthcare Process
Proposed Data Sources	Surveys – Quality Improvement Plans, from Health Quality Ontario
Definition	This indicator measures the percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider within 48 hours of patient's discharge from hospital.
Numerator	Number of patients discharged from hospitals for whom a discharge summary is sent to primary care provider within 48 hours of discharge (electronically or by fax) for the time period.
Denominator	Number of inpatients discharged for the time period.
Benchmark	Not specified at present
Risk Adjustment	Geographical location (e.g., urban, rural)

Summary

This indicator intends to measure and improve patient safety by delivering information on patient hospital stay to other healthcare providers in the community. It includes inclusion and exclusions.

Inclusions: Acute and post-acute hospital inpatient discharge summaries sent electronically to primary care provider with access to the hospital electronic platform, or by fax to those without electronic access.

Exclusions: 1) Discharges of inpatients who do not have a documented primary care provider; 2) Emergency Department patients; 3) Newborns, deaths, and delivery summaries.

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

P20. Noise During Hospitalization

Description of Indicator

Relationship to Quality	Medical care should be safe
Type of Indicator	Healthcare System Process Level
Proposed Data Sources	Survey- Canadian Patient Experience Survey – Inpatient Care (CPES-IC)
Definition	Percentage of patients reporting quietness at night around their room as ‘usually or always’
Numerator	Total number of patients reporting quietness at night around their room as ‘usually or always’
Denominator	Total number of patients responding to the question assessing the quietness
Benchmark	Region, provincial/territory, national/international
Risk Adjustment	Not available

Summary

This indicator is intended to measure noise at night. High noise levels can have a negative impact on both patients’ well-being and staff health.

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It’s measurable									
It’s interpretable									
It’s feasible									
Globally it’s a good indicator									

Comment/Suggestion

PCC Outcome Indicators

PCC Outcome Indicators are designed to measure the quality of care associated with the delivery of PCC. The indicators are intended to examine select domains of PCC and be applicable across healthcare sectors, specialties, conditions and geographical areas.

O1. Overall Rating

Description of Indicator

Relationship to Quality	Medical care should be timely, safe, efficient and effective
Type of Indicator	Healthcare Outcome Level
Proposed Data Sources	Surveys- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)/Clinical & Group – Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS)/Canadian Patient Experience Survey – Inpatient Care (CPES-IC)
Definition	Percentage of patients rating of the clinic/hospital as the best clinic/hospital possible
Numerator	Number of patients rating of the clinic/hospital as the best clinic/hospital possible
Denominator	Total number of patients rating the clinic/hospital
Benchmark	Regional, Provincial/territorial, national
Risk Adjustment	Not available

Summary

This indicator measures the overall experience during their clinic/hospital visit/stay. Patients answer one of the questions included in the Canadian Patient Experience Survey – Inpatient Care (CPES-IC):

Using any number from 0 to 10, where 0 is the worst clinic/hospital possible and 10 is the best hospital possible, what number would you use to rate this clinic/hospital during your stay?

Patients rating of the clinic/hospital, from worst clinic/hospital possible to best clinic/hospital possible on a scale to 0 - 100

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

O2. Overall Experience

Description of Indicator

Relationship to Quality	Medical care should be timely, safe, efficient and effective
Type of Indicator	Healthcare Outcome Level
Proposed Data Sources	Surveys- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)/Clinical & Group – Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS)/Canadian Patient Experience Survey – Inpatient Care (CPES-IC)
Definition	Percentage of patients reporting their overall experience within the facility (from very poor to very good)
Numerator	Number of patients rating their overall experience within the facility as very good
Denominator	Total number of patients rating the hospital their overall experience within the facility
Benchmark	Regional, Provincial/territorial, national
Risk Adjustment	Not available

Summary

This indicator measures the overall experience their overall experience within the facility, obtained from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)/Clinical & Group – Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS)/Canadian Patient Experience Survey – Inpatient Care (CPES-IC):

Overall, I had a very poor experience to 10 I had a very good experience

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

03. Cost of Care - Affordability

Description of Indicator

Relationship to Quality	Medical care should be affordable to patients
Type of Indicator	Healthcare Outcome Level
Proposed Data Sources	Surveys – affordability Affordability cost = individual mean healthcare cost/household income
Definition	Percentage of patients reporting that can afford the cost of their healthcare treatment
Numerator	Number of patients reporting that can afford the cost of their healthcare treatment
Denominator	Total number of patients reporting the cost of their healthcare treatment
Benchmark	No available
Risk Adjustment	Not available

Summary

This indicator measures whether or not the cost of care is affordable to individuals and their families. A question could be asked to patients yearly. This question could be part of the Canadian Patient Experience Reporting System. Data collected on affordable care could be used to adjust and inform local and national budgets, identify inequality gaps, compare jurisdictions across Canada – who is doing better? Why?

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

O4. Patient-Reported Outcomes – General Health

Description of Indicator

Relationship to Quality	Medical care should be safe, effective and efficient
Type of Indicator	Healthcare Outcome Level, Patient-Reported Outcome
Proposed Data Sources	Self-rated Health
Definition	Percentage of patients answering to the question: how would you rate your health today? And answer that their health was 'excellent-good'
Numerator	Number of patients answering to the question: how would you rate your health today? And answer that their health was 'excellent-good'
Denominator	Total number of patients answering the self-rated health question
Benchmark	National, provincial, jurisdictional
Risk Adjustment	Not available at the present

Summary

This indicator measures the general health status of individuals.

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

O5. Patient-reported Outcomes – Multi-attribute

Description of Indicator

Relationship to Quality	Medical care should be safe, effective and efficient
Type of Indicator	Healthcare Outcome Level, Patient-Reported Outcome
Proposed Data Sources	Surveys – national generic preference-based measure – EQ-5D
Definition	Percentage of patients displaying an EQ-5D mean overall score of 'x' (within the national norm)
Numerator	Number of patients displaying a normal EQ-5D mean overall score of 'x' (within the national norm)
Denominator	Total number of patients completing EQ-5D
Benchmark	National, provincial, jurisdictional
Risk Adjustment	Not available at the present

Summary

This indicator measures the health-related quality of life of individuals. Another patient-reported outcome measure could be used. The EQ-5D was suggested as it's commonly used in the UK, Australasia and Canada.

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

O6. Patient-Reported Outcomes – Mental Health

Description of Indicator

Relationship to Quality	Medical care should be safe, effective and efficient
Type of Indicator	Healthcare Outcome Level, Patient-Reported Outcome
Proposed Data Sources	Surveys – national generic mental health measure – Patient Health Questionnaire (PHQ-9)
Definition	Percentage of patients in an accountable care organization whose depression score as measured by the PHQ-9 improved
Numerator	Number of patients displaying a normal PHQ-9 overall mean score of < 5
Denominator	Total number of patients completing PHQ-9
Benchmark	National, provincial, jurisdictional
Risk Adjustment	Not available

Summary

This indicator measures the mental health using a specific patient-reported outcome measure for mental health. In this case, the PHQ-9 is proposed. This measure can be used in primary care settings as screening measure and also to monitor progress.

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

Global Indicators

The Global Quality Indicators are designed to measure the overall quality of care provided to patients. The indicators are intended to examine global experience with care.

G1. Global Indicator – Friends and Family Test

Description of Indicator

Relationship to Quality	Medical care should be timely, safe, efficient and effective
Type of Indicator	Healthcare Outcome Level
Proposed Data Sources	Surveys- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)/Canadian Patient Experience Survey – Inpatient Care (CPES-IC), National Health Service Friends and Family Test (FFT)
Definition	Percentage of patients reporting recommending the hospital/health facility to friends and family
Numerator	Number of patients answering, ‘Definitely yes’ when recommending the hospital/health facility to friends and family
Denominator	Number of patients answering the question recommending the hospital/health facility to friends and family
Benchmark	region, province/territory, national
Risk Adjustment	Not specified at present

Summary

This indicator is a global indicator of overall experience with care.

From the Canadian Patient Experience Survey – Inpatient Care (CPES-IC):

Q22. Would you recommend this hospital/health facility to your friends and family? (Definitely no / Probably no / Probably yes / Definitely yes)

Health facility includes out-patient clinics, general family clinic and any community-based care including specialty care.

Please indicate your rating 1-3 (Disagree); 4-6 (Neutral); Agree (7-9) based on the following criteria:

Criteria	Disagree	2	3	4	Neutral	6	7	8	Agree
Targets important improvements									
It's measurable									
It's interpretable									
It's feasible									
Globally it's a good indicator									

Comment/Suggestion

Thank you for completing the Person-Centred Quality Indicators survey (Round 1 of the Consensus Process). Your feedback is greatly appreciated.

If you have any overall comments about the consensus process, or any of the indicators presented, please let us know in the comments box below.

Please feel free to contact Sadia Ahmed (sadahmed@ucalgary.ca) if you have any questions.

Comments/Suggestions: