Patient-centred Measurement in British Columbia

"Statistics without the tears wiped off"

Health Innovation Forum – McGill University Health Centre

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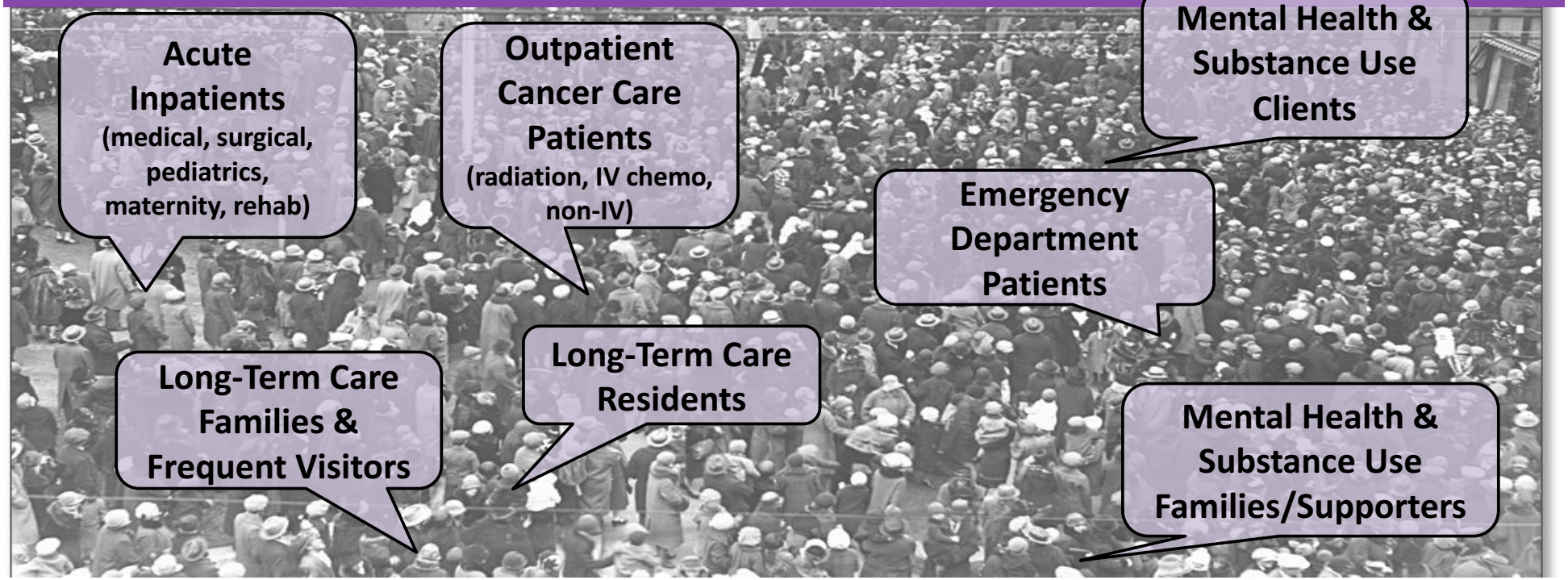
British Columbia Office of Patient-Centred Measurement
October 27, 2017

Our guiding principle:

At the heart of every data point in healthcare

… **is a <u>person</u>!**



Patient-Centred Measurement in BC is…

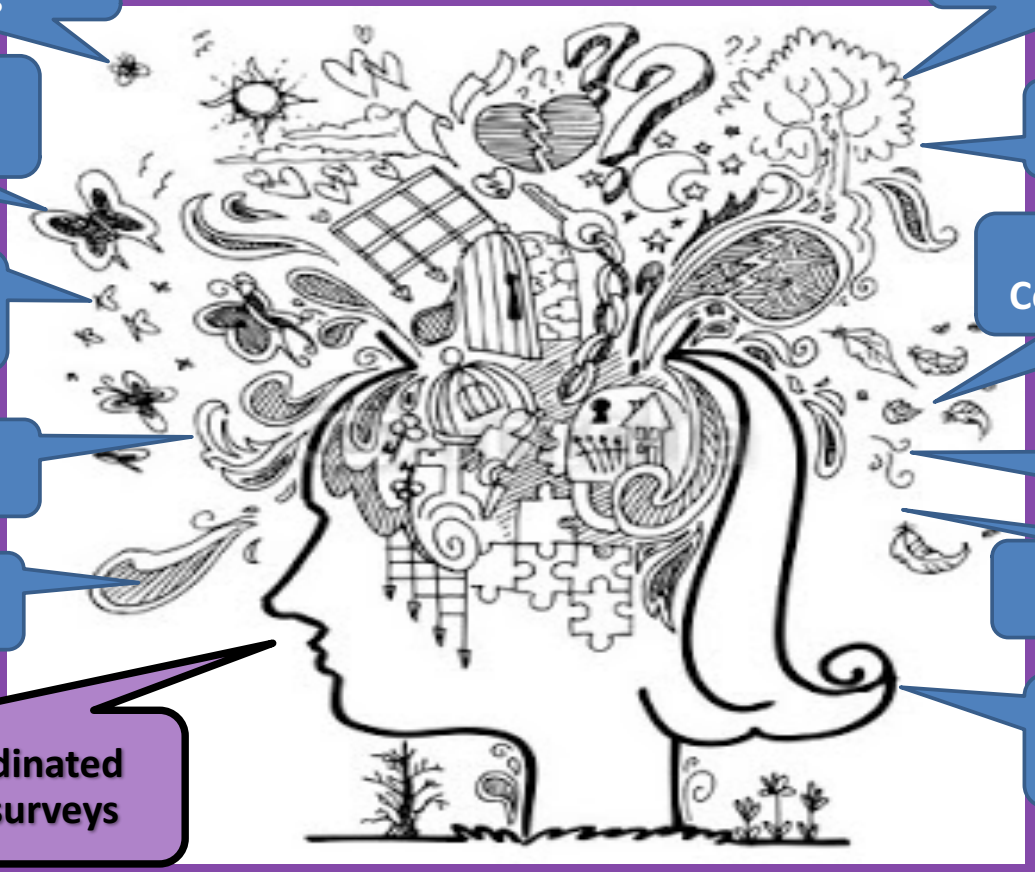
… a coordinated, cost-efficient, and scientifically rigorous, provincial approach to the meassurement of patient and family self-reported satisfaction and experiences and outcomes in order to:

- Enhance Public Accountability
- Support Quality Improvement and Evaluation
- Inform Research

Our Accomplishments: 2002 to 2017

- ✓ Coordination of province-wide, coordinated sector surveys for 15+ 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 results and data for QI, for accountability, and for research
- ✓ Public reporting of results

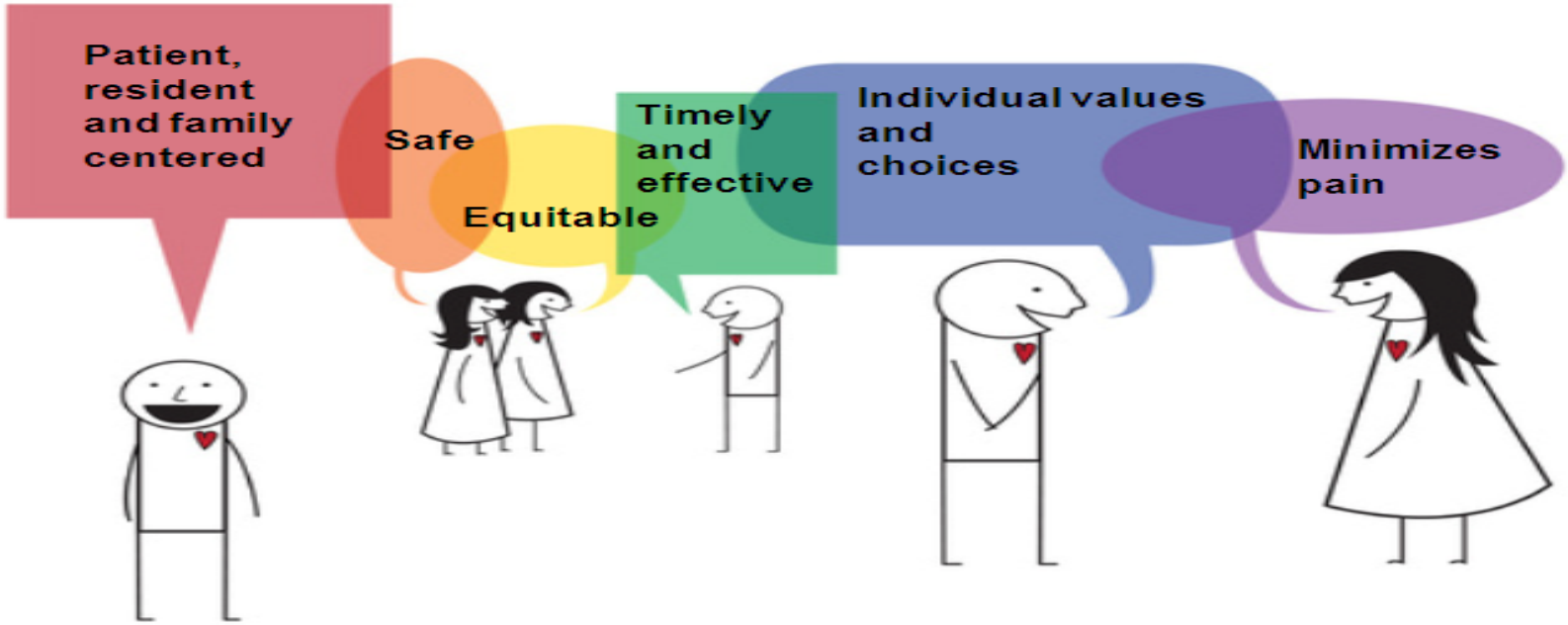
There are so many (good!) ways to listen and learn from our patients!



- Leadership Rounding
- Point of Care Interactions
- Patient Engagement Research
- Patient, Family, Resident Councils
- QI Teams & Committees
- **Provincially coordinated Patient-centred surveys**
- Structured Interviews
- Patient Journey Mapping
- Complaints and Compliments Data
- Comment Cards
- Patient and Family Stories
- Focus Groups, Cognitive Interviews

Our beginnings:

Learning from the literature about what people want, when they need healthcare…

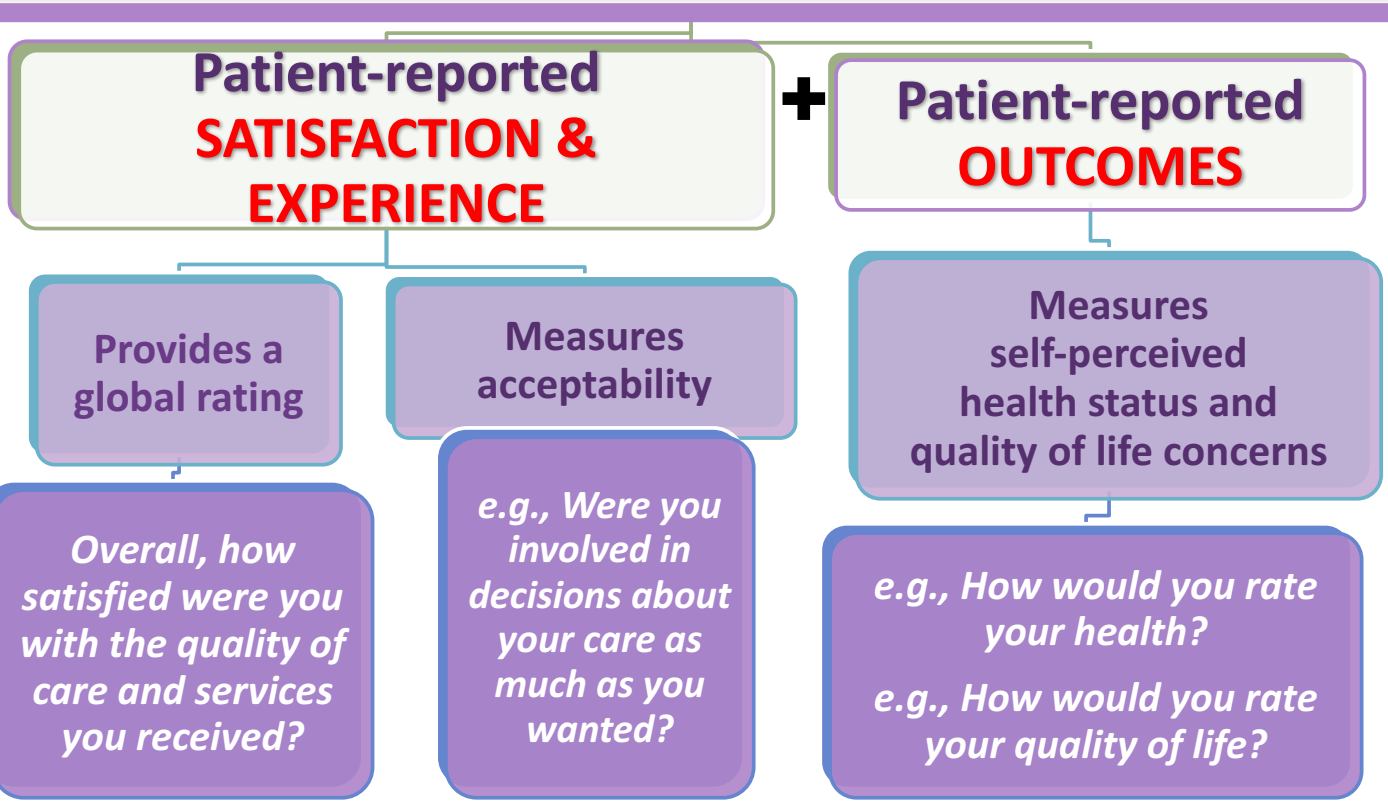


(1) In 2000 and 2001, the Institute of Medicine issued two reports, To Err is Human and Crossing the Quality Chasm, documenting a glaring divergence between the rush of progress in medical science and the deterioration of health care delivery.

BUT … we struggled with deciding what to measure?

Patient Satisfaction, Patient Reported Experiences, Patient Engagement, Patient Activation, Patient Reported Outcomes, Patient Reported Incidents …?

PREMS + PROMS = BETTER TOGETHER



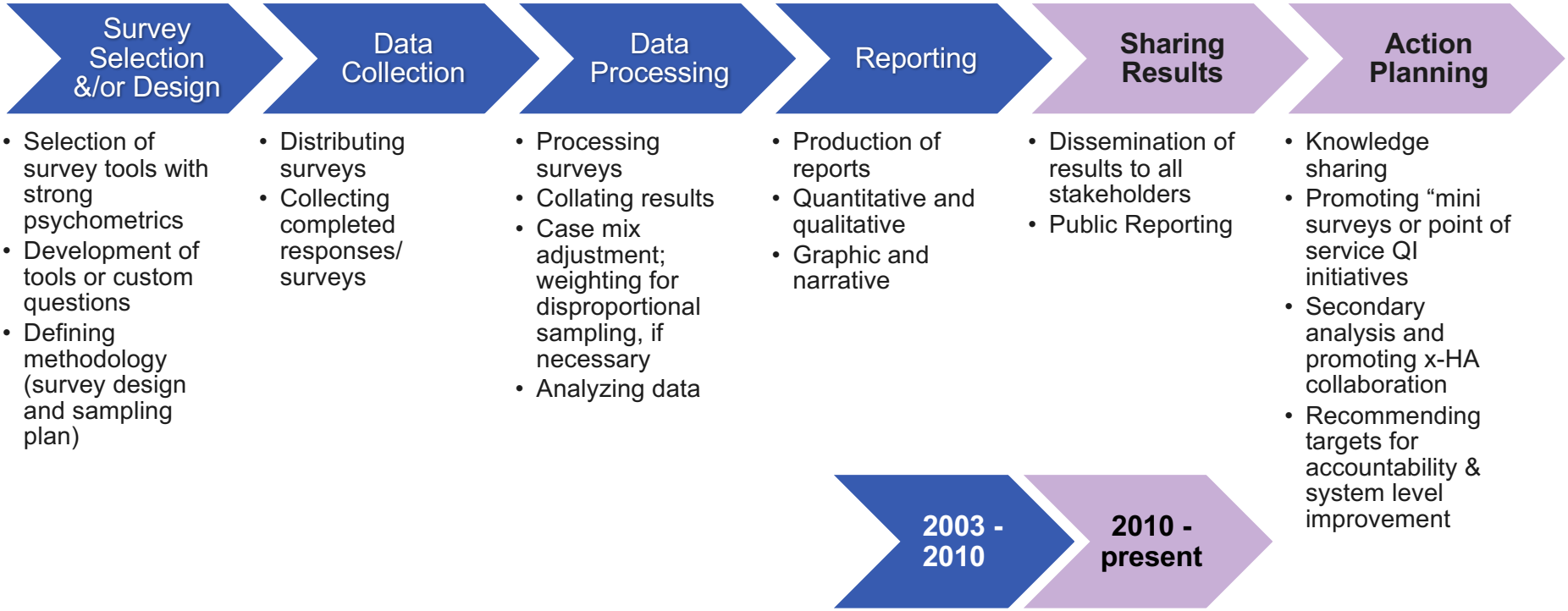
Evolution of our approach to PCM in BC:

	MEASUREMENT OF:	FOCUSING ON:
2002	☑ Patient satisfaction	☑ Sector PREMS
2003	☑ Patient satisfaction ☑ Patient experience	☑ Sector PREMS
2005	☑ As above	☑ Sector PREMS (core tools) ☑ Sub sector PREMS (modules)
2015	☑ Patient-centred care ☑ Patient satisfaction ☑ Patient experience ☑ Patient outcomes	☑ Sector & sub-sector PREMS ☑ Continuity across transitions in care ☑ Generic PROMS
2017	☑ As above	☑ Blended x-sector ☑ Generic & condition specific PROMS

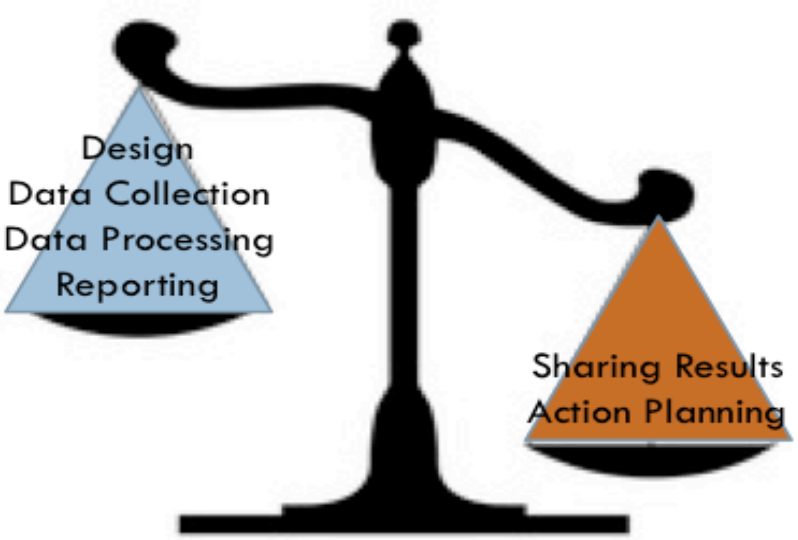
BC Sector Surveys 2003/04 – 2016/17: Large scale projects

Year	Sector	Methodology	Timeframe
2003	**Emergency**	Mail; Random sample 103 ED's	Point in time -- 3 months July 1st to September 30th , 2003
2007		As above 111 ED's	Point in time – 3 months February 1st – April 30th , 2007
2007 to 2015		As above 109 ED's	Continuous May 1st, 2007 to March 31, 2015
2017		Phone and online	March 1st, 2017 to May 31st, 2017
2004	**Long Term Care**	**9K RESIDENTS:** Interview; Census **PLUS A Matched sample of FAMILY/FREQUENT VISITORS:** Mail; Census; 102 facilities	Point in time -- Oct 2003 to March 2004 Point in time – June 2016 to March 2017 All residents and their most frequent visitor (sometimes a family member, but not always) in directly funded and managed facilities (and in 2016/17 also in contracted faciltiies)
2016/17		**27+K RESIDENTS:** Interview; Census **Matched sample of FAMILY/FREQUENT VISITOR:** Mail; Census; 303 facilities	
2005 2008 2011/12 2016/17	**Acute Inpts** **Medical, Surgical, Maternity, Pediatrics** **Freestanding Rehab**	80 hospitals 595 units Mail with online option until 2016/17, now Phone with online option	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 IV) Sept 1st/16 to Feb 28/17
2006 2012/13 2016	**Outpatient Cancer Care**	Mail 5 regional cancer centres 45 community cancer hospitals/services	Point in time I) Nov 15th, 2005 to May 15th, 2006 II) June 15 to December 16, 2012 III) Cancer Survivorship Survey (CPAC) Sept 1 – Oct 25/16
2010	**Mental Health & Substance Use**	**PATIENTS/CLIENTS:** Short stay Inpatient care 71 facilities (102 units) Handout with telephone follow up	Point in time – 6 months Oct 12th/2010 to April 11th/2011
2014		**FAMILY/SUPPORTERS** Development of Survey Tool	Focus groups, cognitive interviews, pilot testing

The Value chain of PCM in BC



The learning continued: How to support clinicians, leaders, policy makers and researchers to understand and to act on survey results



"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

Accepting the Challenge:

Translating data into information!

Criticisms

TIMELINESS: Infrequent reports meant data was viewed as being geared to system level improvement only

BURDEN OF DATA: Frontline clinicians and leaders were overwhelmed by the amount of information (number & length of reports)

ACCOUNTABILITY: Little incentive and/or imperative to act on/use the data and results

Our response

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

BETTER! Introduce reports that are more succinct and focused

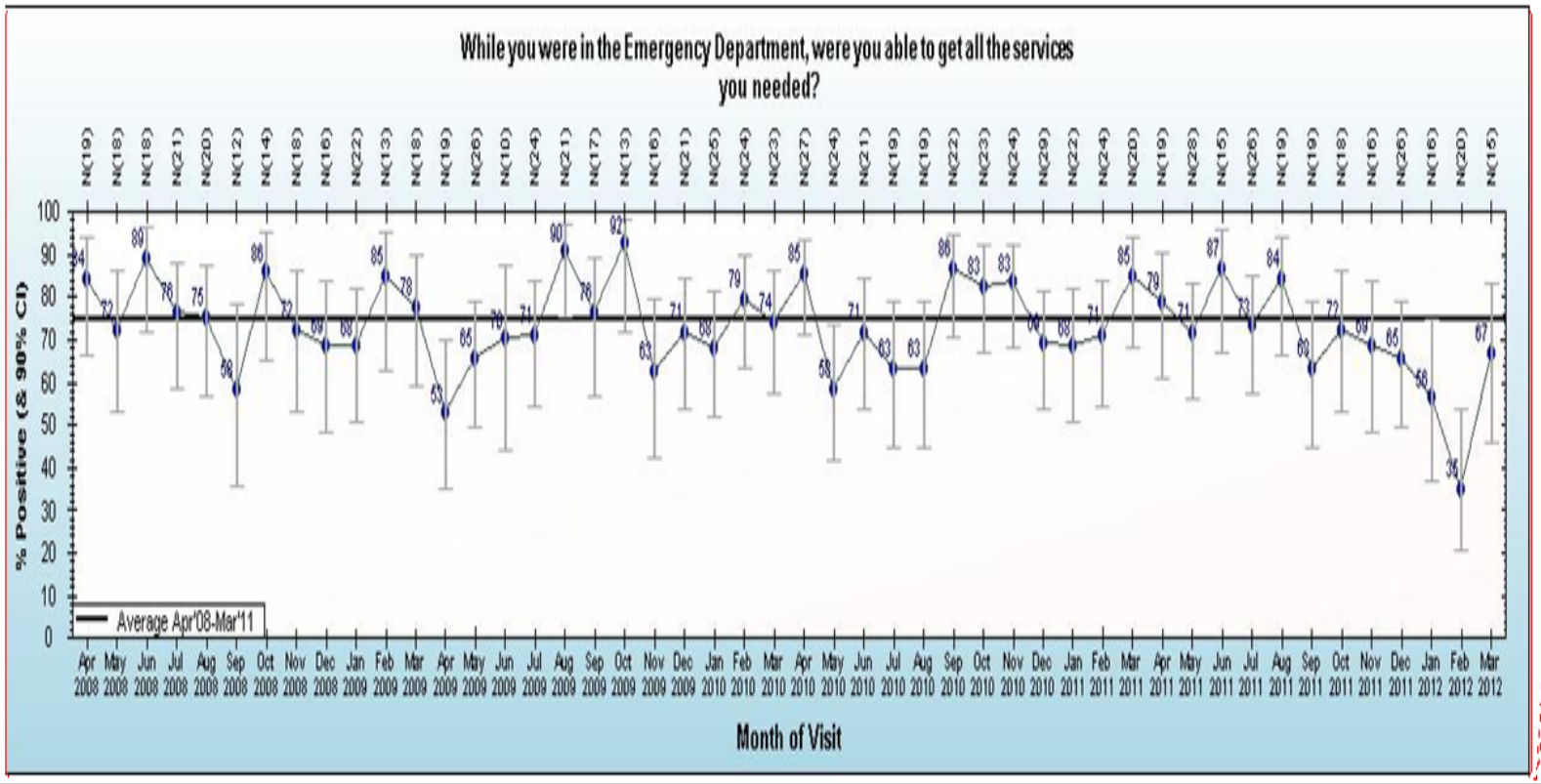
EASIER (to read)! Create a quick snapshot of patients' experiences relevant at the unit level

The Solution!

… we changed our reports to include:

REAL examples, from REAL people, of their REAL stories

Faster, better, easier to read reports…

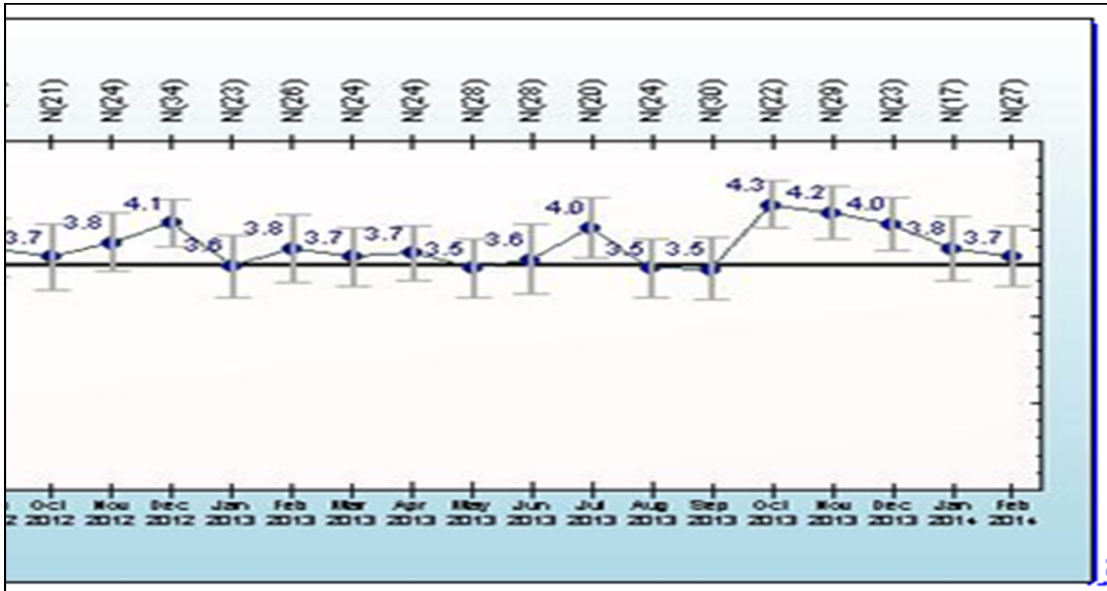


Comment [LP5]:
Observations: After the lowest scoring month to date (Feb 2012), the score for March has returned much closer to the current long-term average (Avg. = 75% positive). This low score was a one-off occurrence.
Questions: Given this variation, do you think this was random or can it be connected to something specific (E.g. a certain service unavailable in Feb)?

Comment [LP6]:
Patient Comment:
"Very impressed. My condition is cardio related and although they were not equipped fully to deal with me, they did. And since my cardiologist works at UBC, they were great in getting me moved up to see him right away." (March 2012)

Example: BC Annotated & Qualy & Quanty Report

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



Comment [LP1]:
OBSERVATIONS: While the score in February is still above the current long-term average (Avg = 3.5), it is also the 4th consecutive month where the scores have incrementally declined from the month prior. This is indicative of a new negative trend (aka a sustained negative change) which started as early as October 2013. All this being said, the scores are still above average!

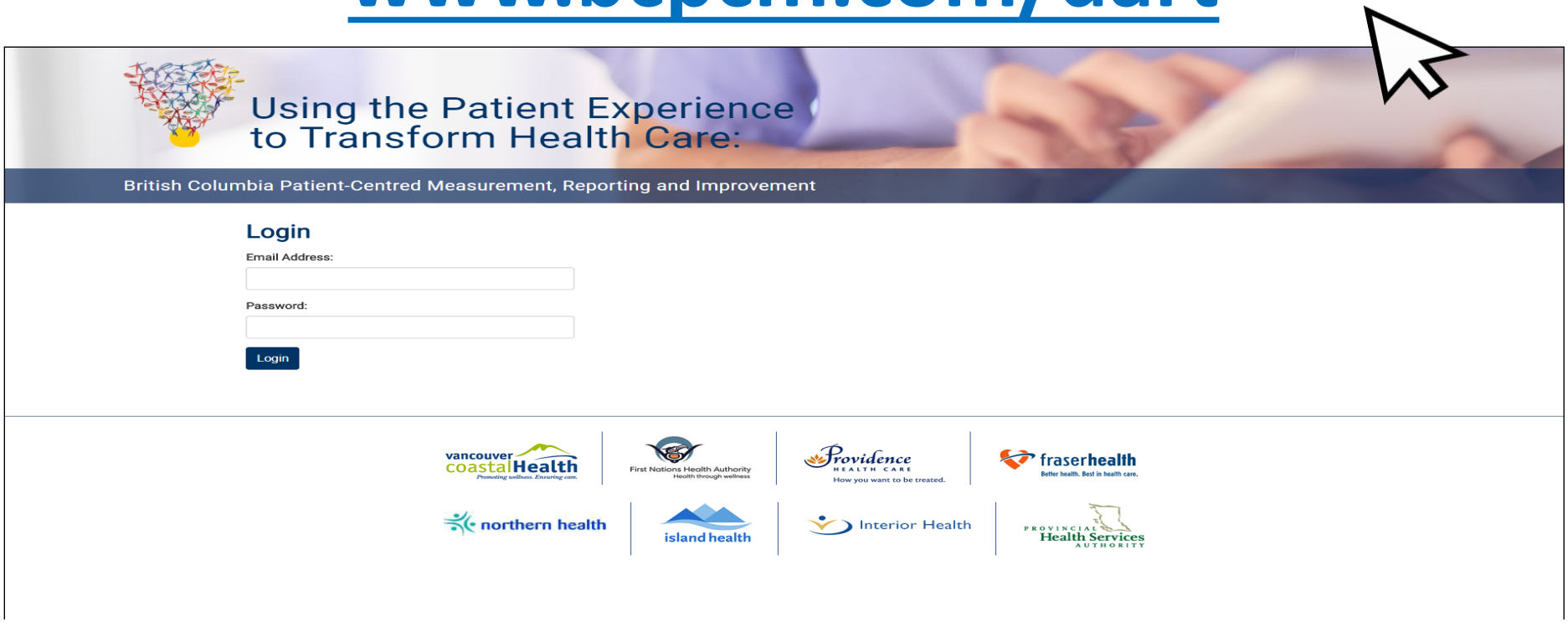
QUESTIONS: Looking through the other 8 indicators in this report, there is no obvious pattern of negative scores over the last few months. Acknowledging that, can you think of any other circumstances (e.g. construction) that could have impacted the Overall Quality score in a negative way? Are these circumstances within your control?

Comment [LP2]:
Patient Comments:
"When I was in emergency dept XXX, nursing staff were discussing their household matters really aloud. I had to tell them to stop talking as we, patients in emergency, needed quiet place." (Feb 2014)

"Overall felt well attended, being sick and next to a crying child all night. Also I don't like the way the security personnel behave with emerge patients after first being attended it took 2 1/2 hrs. before seeing a doctor." (Feb 2014)

Increasing access to results:
BC's Dynamic Analysis and Reporting Tool

www.bcpcm.com/dart



Purpose of The DART

- ✓ Allows continual tracking of patient reported experience and health related quality of life measures in "close to real time"
- ✓ Designed to support local quality improvement initiatives
- ✓ Gives 24/7 access to survey results and resource materials
- ✓ Permits custom queries and crosstabs

Caveats:

- ➢ Until a survey study period is closed … scores will change as responses are added into the DART system
- ➢ Scores are **always** unweighted

The DART Directory

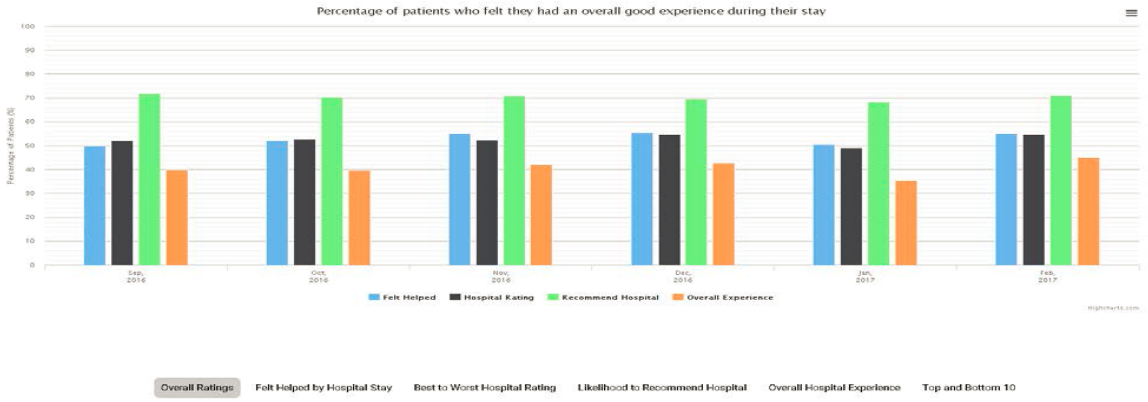
Tab 1: Results at a Glance

Presents results of the 4 Global Rating questions on the survey.

Allows users to track scores from these questions over time.

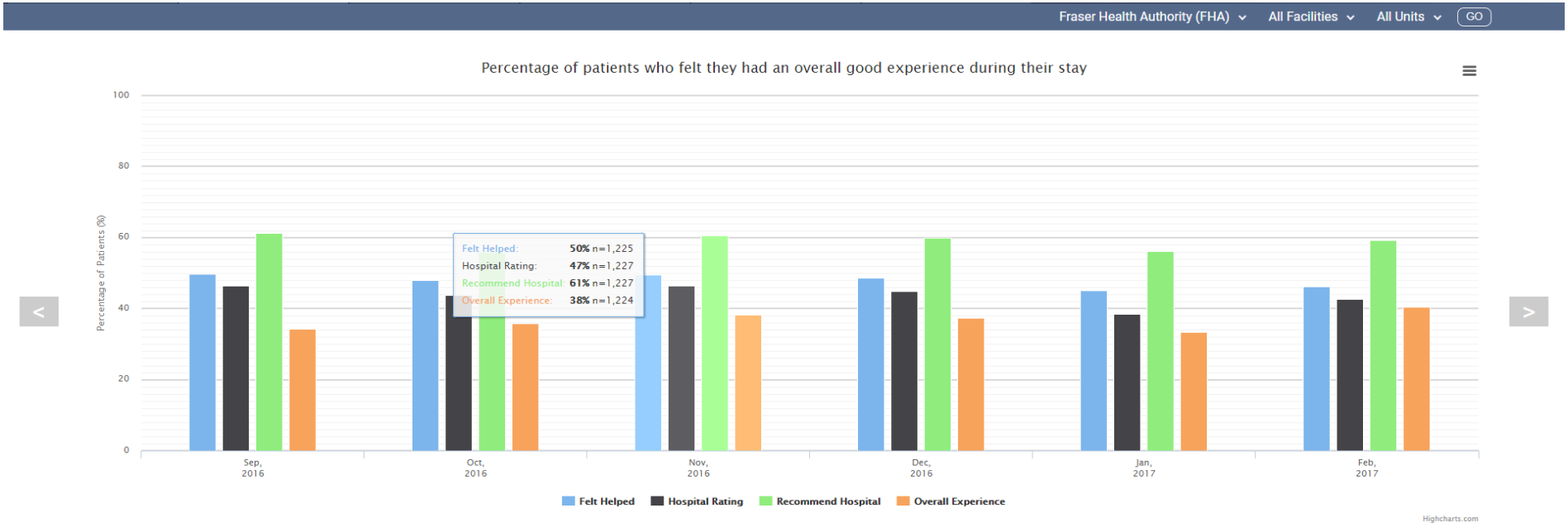
The 4 Global Rating Q's:

- ❑ Felt helped by hospital stay
- ❑ Best to worst hospital rating
- ❑ Likelihood to recommend hospital
- ❑ Overall hospital experience



Global Ratings are presented in the DART on a carousel

Features in Global Ratings



All | Felt Helped by Hospital Stay | Best to Worst Hospital Rating | Likelihood to Recommend Hospital | Overall Hospital Experience | Top and Bottom 10

Top Performing Qs

Top and Bottom 10 Scoring Questions

Showing values for Fraser Health Authority (FHA)

FHA Strengths - 10 Highest Scoring Questions	
Q68. Percentage of patients who reported that they believed they or their family members did NOT AT ALL suffer personal injury or harm which resulted from a medical error or mistake.	85%
Q59. Percentage of patients who reported that when they arrived at the hospital, a doctor, nurse, midwife, or pharmacist, asked them about all the medicines they had been taking at home.	81%
Q5. Percentage of patients who reported doctors ALWAYS treated them with courtesy and respect.	77%
Q1. Percentage of patients who reported nurses ALWAYS treated them with courtesy and respect.	75%
Q72. Percentage of patients who reported that their care providers were COMPLETELY respectful of their culture and traditions.	73%
Q19. Percentage of patients who reported that doctors, nurses or other hospital staff talked with them about whether they would have the help they needed when they left the hospital.	71%
Q25. Percentage of patients who reported their admission into the hospital to be COMPLETELY organized.	70%
QS2. Percentage of patients who reported that hospital staff COMPLETELY explained the risks and benefits of the operation in a way they could understand.	70%
Q14. Percentage of patients who reported hospital staff ALWAYS did everything they could to help them with their pain.	67%
Q61. Percentage of patients who reported that staff ALWAYS checked their identification band before giving them medications, treatments, or tests.	67%

- Shows the **highest** 10 Top Box/Top 2 scoring questions
- Reflects areas of strength, when compared to other questions in the survey

All | Felt Helped by Hospital Stay | Best to Worst Hospital Rating | Likelihood to Recommend Hospital | Overall Hospital Experience | Top and Bottom 10

Lowest Performing Qs

- Shows the **lowest** 10 Top Box/Top 2 scoring questions
- Reflects areas for improvement, when compared to other questions in the survey

Top and Bottom 10 Scoring Questions

Showing values for Fraser Health Authority (FHA)

FHA Areas of Improvement: 10 Lowest Scoring Questions

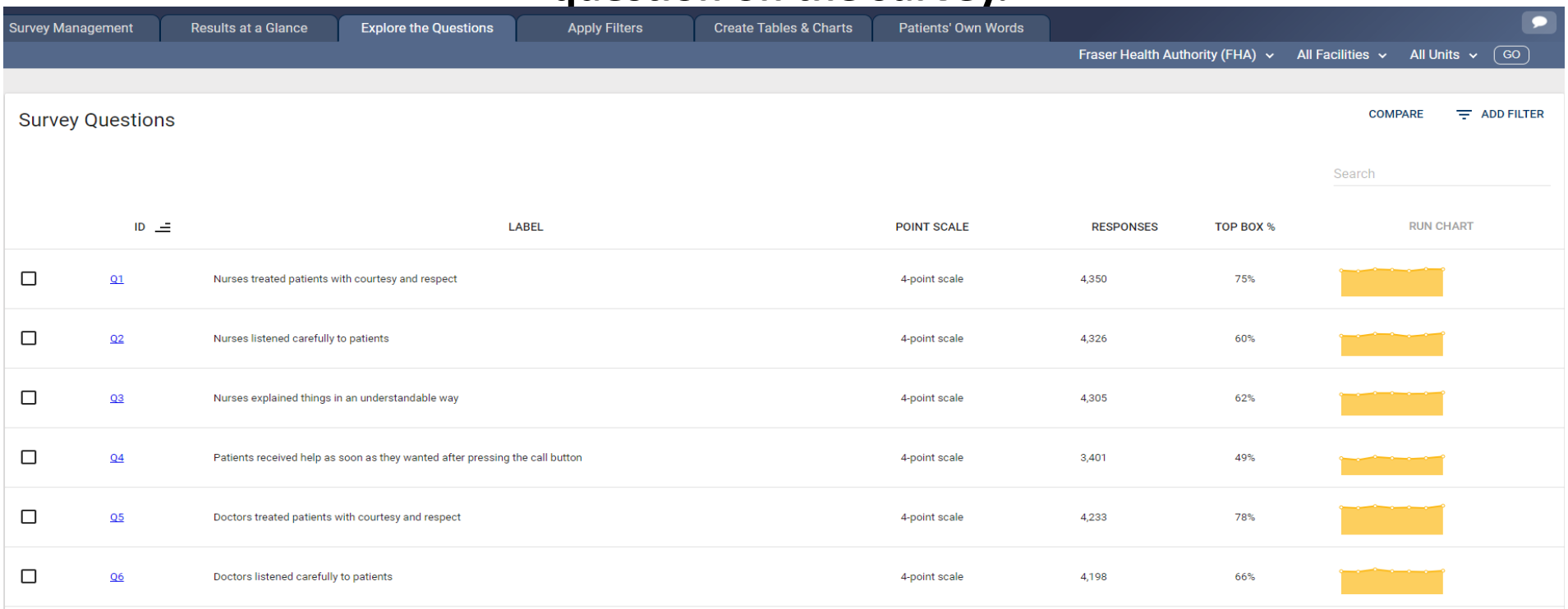
Q65. Percentage of patients who reported that hospital staff ALWAYS showed them how to properly clean their own hands.	9%
Q66. Percentage of patients who reported that hospital staff ALWAYS told them about products available for them to wash or clean their own hands.	11%
Q67. Percentage of patients who reported that they would ALWAYS have been comfortable asking their care providers if they had washed or cleaned their hands before caring for them.	27%
Q64. Percentage of patients who reported that hospital staff COMPLETELY told them about the importance of washing or cleaning their own hands.	28%
Q17. Percentage of patients who reported that hospital staff ALWAYS described possible side effects of any new medicine before giving the medicine to them.	31%
Q45. Percentage of patients who reported that when their doctors changed, the next doctor ALWAYS seemed up-to-date on their care.	31%
Q26. Percentage of patients who reported receiving COMPLETELY enough information about their condition and treatment while in the Emergency Department.	33%
Q46. Percentage of patients who reported that when their doctors changed, they ALWAYS had confidence in the care the next doctor provided.	33%
Q27. Percentage of patients who reported receiving COMPLETELY enough information about what was going to happen during their admission to the hospital.	34%
Q9. Percentage of patients who reported that the area around their room was ALWAYS quiet at night.	35%

All | Felt Helped by Hospital Stay | Best to Worst Hospital Rating | Likelihood to Recommend Hospital | Overall Hospital Experience | Top and Bottom 10

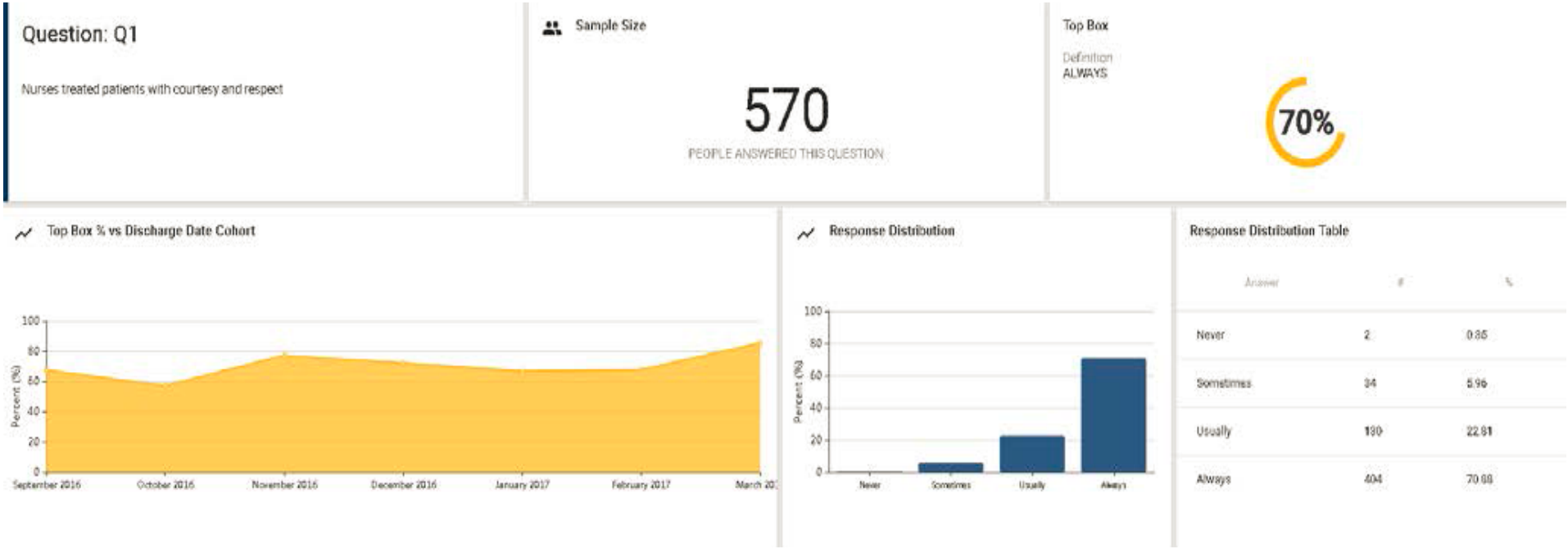
Printing & Saving Graphs

Tab 2: Explore the Questions

In-depth information about scores and number of responses for each question on the survey.

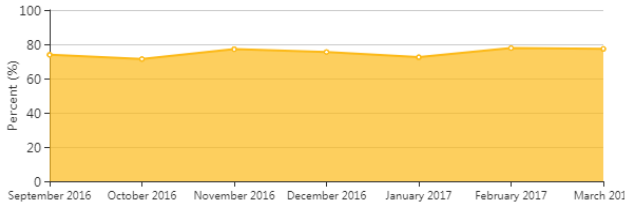
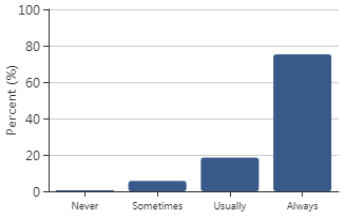
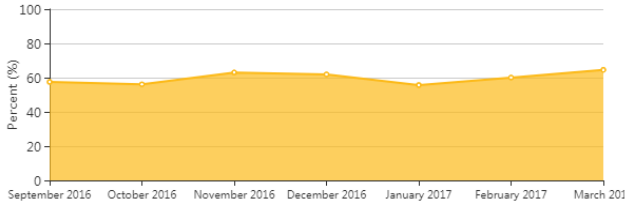
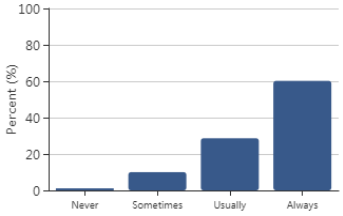


Exploring One Question



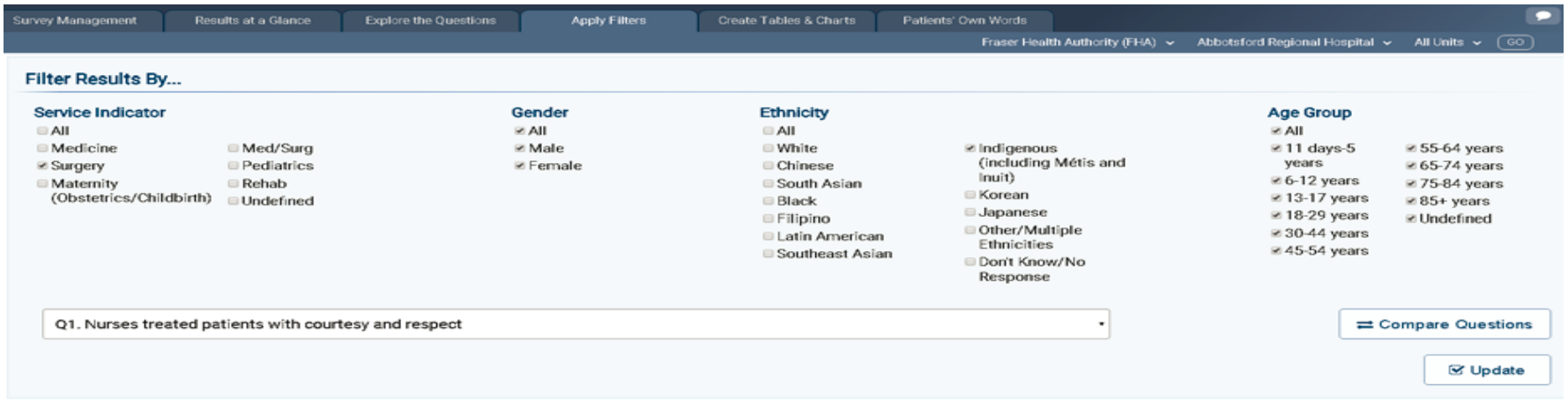
Comparing Multiple Questions

Comparison View

ID	LABEL	RESPONSES	TOP BOX %	TOP BOX % VS DISCHARGE DATE COHORT	RESPONSE DISTRIBUTION
Q1	Nurses treated patients with courtesy and respect	4,350	75%		
Q2	Nurses listened carefully to patients	4,326	60%		

Tab 3: Apply Filters

Provides category breakdowns for each question to perform response category roll-ups, side-by-side comparisons, and filtering of results by sector.

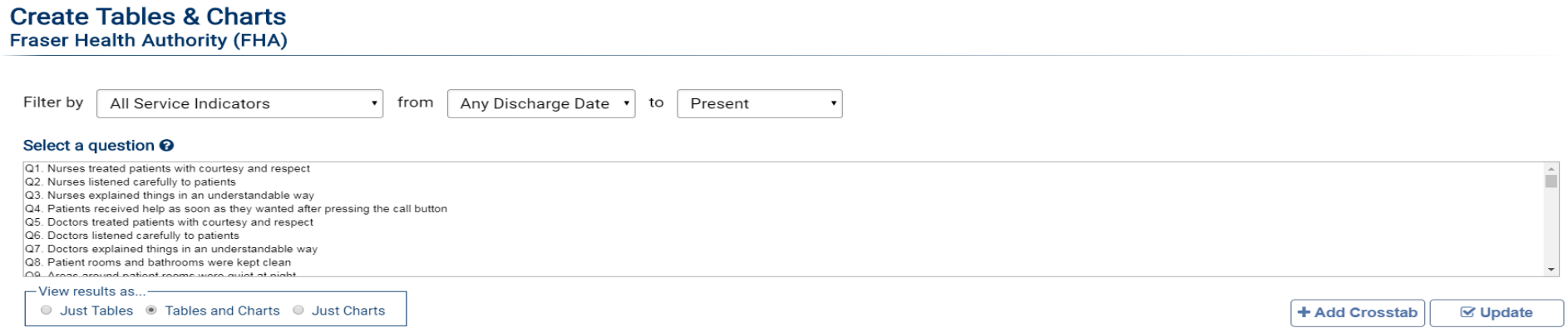


Q1. Nurses treated patients with courtesy and respect — Roll Up By 2

Label	N	%
Always	19	76%
Usually	2	8%
Sometimes	4	16%
Never	0	0%
Total	**25**	**100%**

Tab 4: Create Tables & Charts

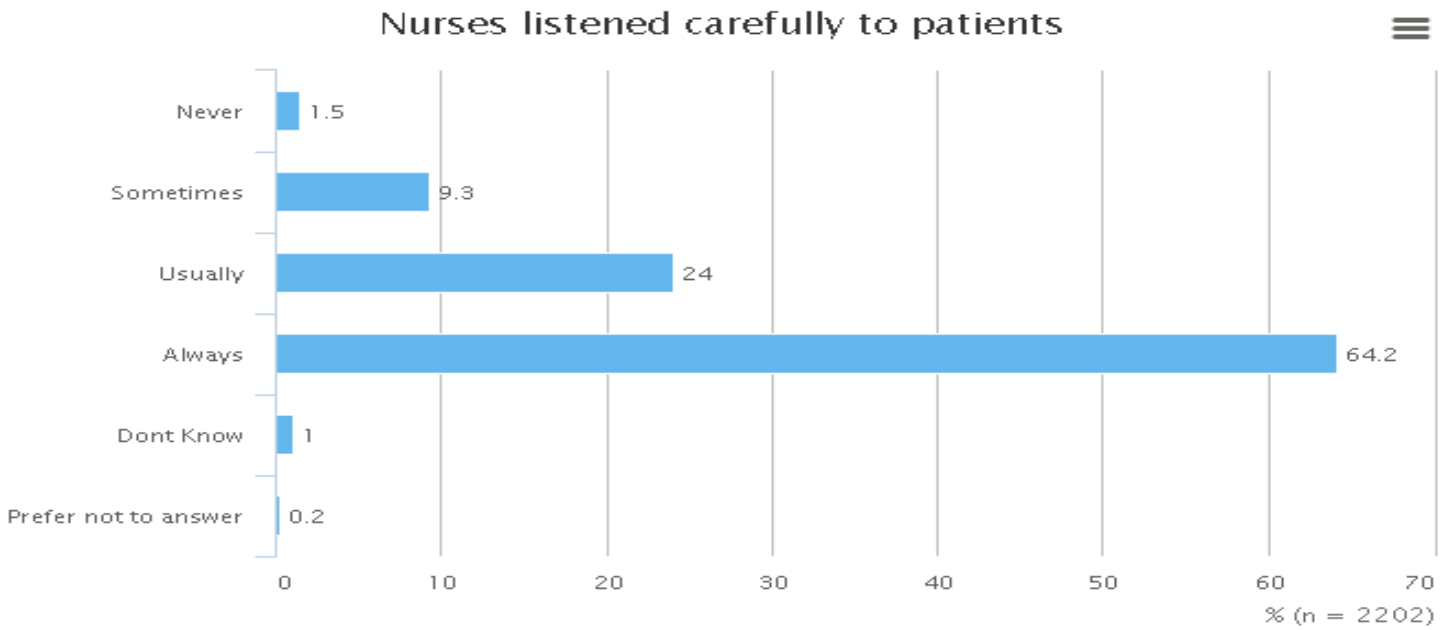
Generate comprehensive reports by selecting multiple Qs or producing crosstabs.



Q25
Patients experienced an organized admission process.

Label	Count	% with missing	% without missing
Completely	985	22.6 %	69.6 %
Quite a Bit	213	4.9 %	15.1 %
Partly	105	2.4 %	7.4 %
Not At All	39	0.9 %	2.8 %
Dont Know	65	1.5 %	4.6 %
Prefer not to answer	8	0.2 %	0.6 %

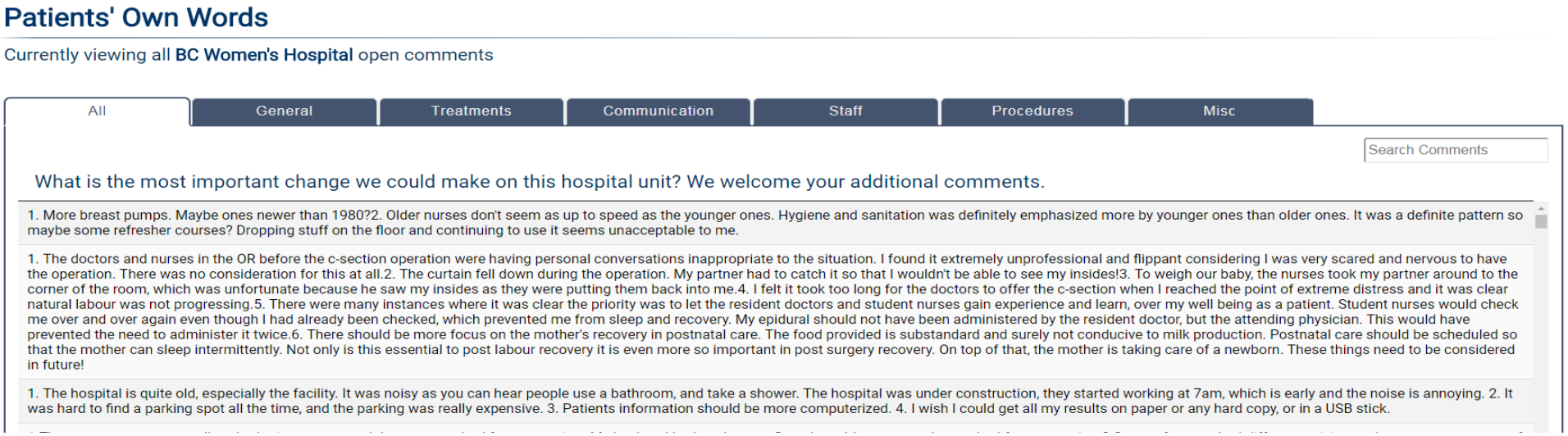
Reading the Chart



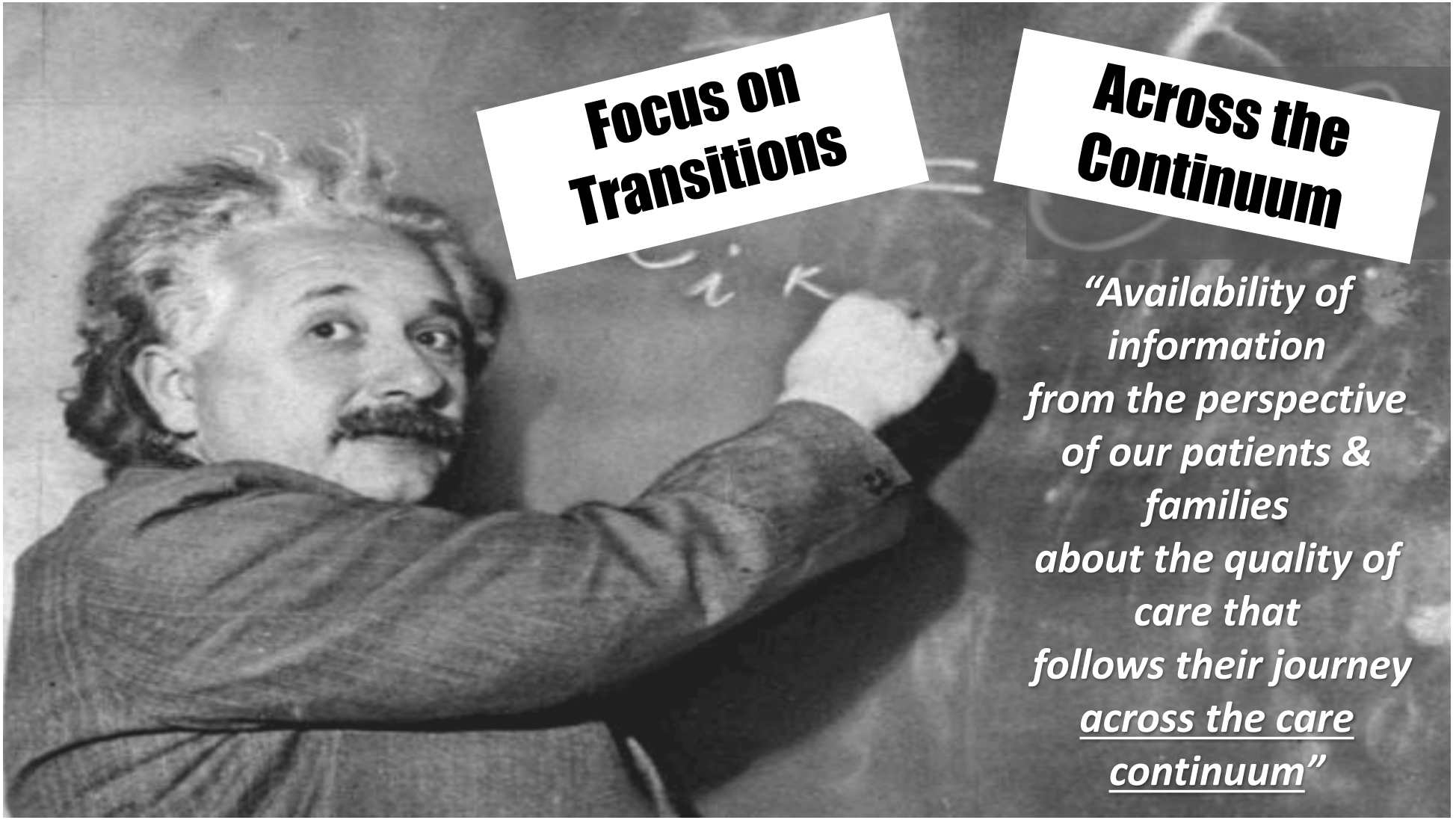
Displays the number and proportion of patients who provided a valid response (% <u>without</u> missing)

Tab 5: Patients' Own Words

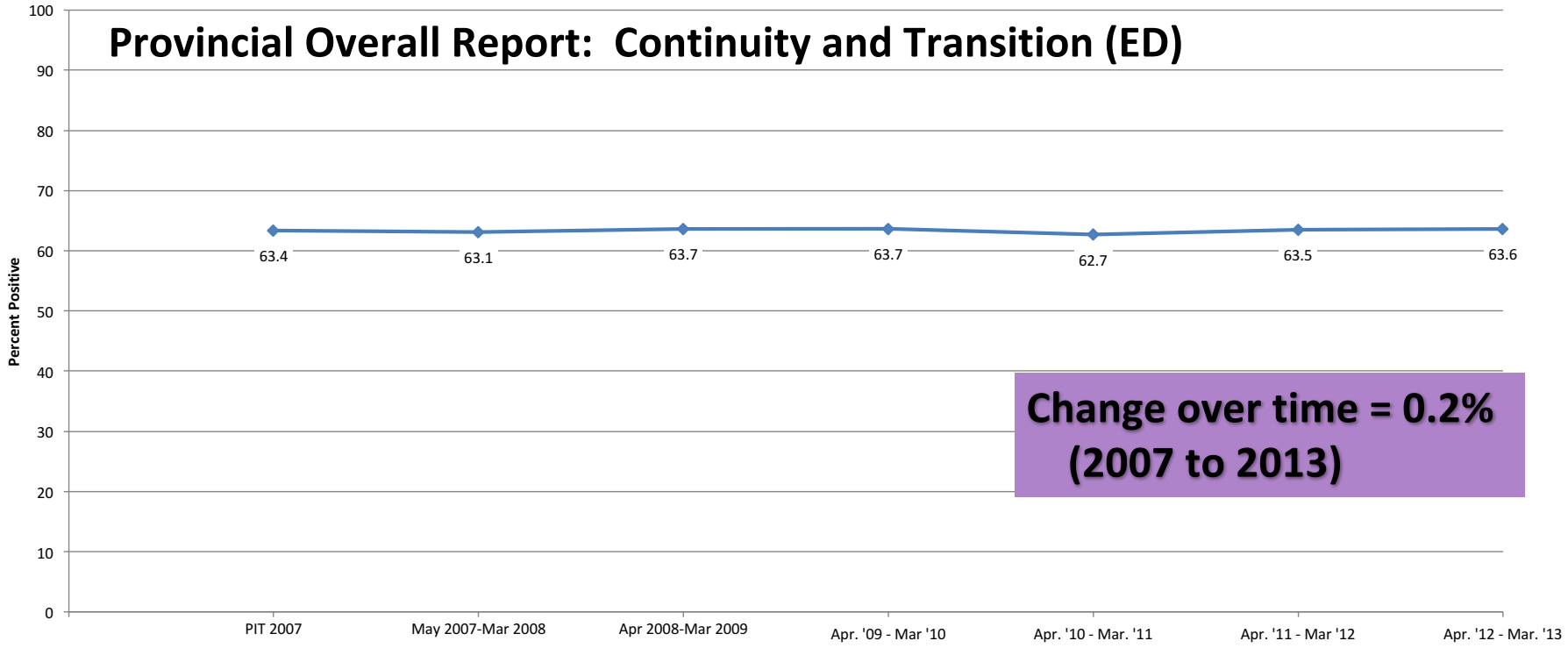
Verbatim comments from patients in response to the open-ended question,
"What is the most important change we could make on this unit?"



- Comments are coded into 6 different categories
- All personal identifiers have been redacted
- Contains a search function and can be printed as a report


Focus on Transitions
Across the Continuum
"Availability of information from the perspective of our patients & families about the quality of care that follows their journey across the care continuum"

Continuity and Transition scores over time … were flat!



"To put it bluntly….

….. in trying to achieve continuity, it is the patient who goes through the transitions, we are the packages that are handed from GP to ED, from ED to hospital bed, etc. If nothing else, we are the ones who experience the errors and we are the ones stuck with the consequences. Interestingly, a lot of (mostly informational) errors occur precisely during the transitions; errors always cost money and cause harm and pain."

Patient Advisor
Vancouver Island Health Authority

Made-in-BC Definition

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 providers.**	**…is managed over time, place and providers:** **Ensures the experience of the patient is seamless across: changing care needs, care providers, time, and settings.**

Developing BC's Continuity across Transitions in Care module:

1. Items were ***conceptually*** assigned to type of continuity
2. Some items were included in >1 type (noted in RED)
3. Cognitive testing with patients
4. Statistical testing of pilot results before fielding

	Relational Continuity	Informational Continuity	Managerial Continuity	Other
Items in the core US HCAHPS Tool:		Items: 19, 20		Items: 18, 23 (Info on transition type)
Items of Cdn content added to US HCAHPS Tool:	Items: 35, 36	Items: 24, 27, 30, 37, 38, 39	Items: 25, 28, 29, 30, 31, 32	
New BC items to be added to the US/Cdn HCAHPS Tool:	Items: 45, 47	Items: 42, 43, 44, 46, 48, 49, 50, 52, 53	Items: 45, 46, 48, 49, 51, 52, 54	

	Relational Continuity
Items in the core US HCAHPS Tool:	
Items of Cdn content added to US HCAHPS Tool:	35. Were you involved as much as you wanted to be in decisions about your care and treatment? 36. Were your family or friends involved as much as you wanted in decisions about your care and treatment?
New BC items to be added to the US/Cdn HCAHPS Tool:	45. During this hospital stay, when your doctor changed, did you have confidence in the care the next doctor provided? 47. During this hospital stay, when your nurse changed, did you have confidence in the care the next nurse provided?

	Informational Continuity
Items in the core US HCAHPS Tool:	19. 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? 20. 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?
Items of Cdn content added to US HCAHPS Tool:	24. Before coming to the hospital, did you have enough information about what was going to happen during the admission process? 27. Were you given enough information about what was going to happen during your admission to the hospital? 30. Do you feel that there was good communication about your care between doctors, nurses and other hospital staff? 38. 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?
New BC items to be added to the US/Cdn HCAHPS Tool:	42. During this hospital stay, did doctors tell you what would happen next during your care? 43. During this hospital stay, did nurses tell you what would happen next during your care? 44. During this hospital stay, did you get consistent information from doctors, nurses and other hospital staff? 46. During this hospital stay, when your doctor changed, did the next doctor seem up-to-date on your care? 48. During this hospital stay, when your nurse changed, did the next nurse seem up-to-date about your care? 49. Before you left the hospital, did someone confirm you knew how to get the care you needed when you got home? 50. Before you left the hospital, did the doctors or nurses give your family or someone close to you all the information they needed to help care for you? 52. Before you left the hospital, did you get enough information from hospital staff about appointments and tests you needed after you left the hospital? 53. Before you left the hospital, were you told when you can resume your usual activities, such as when to go back to work or drive a car ? 55. After you left the hospital, did the doctors where you usually get medical care seem informed and up-to-date about the care you received in the hospital?

	Managerial Continuity
Items in the core US HCAHPS Tool:	
Items of Cdn content added to US HCAHPS Tool:	25. Was your admission into the hospital organized? 28. After you knew that you needed to be admitted to a hospital bed, did you have to wait too long before getting there? 29. Was your transfer from the Emergency Department into a hospital bed organized? 30. Do you feel that there was good communication about your care between doctors, nurses and other hospital staff? 31. How often did doctors, nurses and other hospital staff seem informed and up-to-date about your hospital care? 32. How often were tests and procedures done when you were told they would be done?
New BC items to be added to the US/Cdn HCAHPS Tool:	45. During this hospital stay, when your doctor changed, did you have confidence in the care the next doctor provided? 46. During this hospital stay, when your doctor changed, did the next doctor seem up-to-date on your care? 48. During this hospital stay, when your nurse changed, did the next nurse seem up-to-date about your care? 49. Before you left the hospital, did someone confirm you knew how to get the care you needed when you got home? 51. Before you left the hospital, did hospital staff take your home situation into account when planning your discharge? 52. Before you left the hospital, did the hospital make arrangements or make sure you had follow-up visits with a doctor or other health care professional? 54. After you left the hospital, did someone from the hospital contact you to see how you were doing? 55. After you left the hospital, did the doctors where you usually get medical care seem informed and up-to-date about the care you received in the hospital?

The results are in! Acute IP 2016/17 (n = 24, 279) questions with highest correlation to global measures…

	QUESTION
Q45 Continuity Module	During your hospital stay, when your doctors changed, did the next doctor seem up-to-date on your care
Q46 Continuity Module	During this hospital stay, when your doctors changed, did you have confidence in the care the next doctor provided
Q52 Continuity Module	Before you left the hospital, were you told when you could resume your regular daily activities?
Q51 Continuity Module	Before you left the hospital, did you get enough information from hospital staff about appointments and tests you needed after you left the hospital?
Q50 Continuity Module	Before you left the hospital, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you went home?

Please join us:

November 28, 2017
1130 to 1300 EST

Webinar registration via link below:

https://www.eventbrite.com/e/continuity-across-transitions-in-care-what-do-older-adults-tell-us-tickets-38012702015

After 15 yrs of asking pts for feedback we have a RICH data set!

- The legacy records of patient encounters, with **raw survey data** where available, in 13 sectors and subsectors from 2003 to 2015 are being transferred to BC's central data warehouse, *HealthIDEAS*, hosted at the Ministry of Health,
- All contracts with survey vendors now include the requirement for submission of **raw survey data** with identifiers to *HealthIDEAS* at the close of collection and reporting

HealthIDEAS

- HealthIDEAS is the BC Ministry of Health's integrated data warehouse environment that provides access to administrative and service event data to authorized users for analysis.
- The overall goal of HealthIDEAS is to support secure access to a wide range of Ministry data sets either to users within the ministry or to external users for approved purposes

Data Inventory

Sector Survey Patient Record Level Data Inventory (MHSU excluded)	Health Authority	# of records	# of records sampled	# of surveys returned
Emergency Department (2003, 2007 - Current)	FHA	4,546,444	94,263	25,152
	IHA	6,183,970	132,102	41,907
	NHA	1,136,099	99,488	21,924
	PHSA	309,526	9,945	2,796
	VCHA	2,374,643	84,018	23,750
	VIHA	2,677,306	81,928	25,132
Inpatient (2005, 2008, 2011)	FHA	90,506	27,519	12,197
	IHA	73,964	28,357	14,306
	NHA	65,989	13,044	5,144
	PHSA	16,269	4,691	2,139
	VCHA	78,135	26,755	12,390
	VIHA	52,295	20,338	10,754

Sector Survey Patient Record Level Data Inventory (MHSU excluded)	Health Authority	# of records	# of records sampled	# of surveys returned
Long Term Care * (2004) * Availability of MRN TBD	FHA	5,419	3,954	3,388
	IHA	4,498	6,731	4,305
	NHA	1,518	1,458	1,105
	PHSA	N/A	N/A	N/A
	VCHA	16,564	5,721	3,781
	VIHA	19,880	3,289	2,902
	Arbutus	2,767	55	55
	Central Ok	2,767	648	648
	Heather	2,767	47	47
	Tillicum	727	717	649
Oncology / Outpatient Cancer Care (2005/06, 2012)	FHA	40,929	1,887	854
	IHA	43,415	3,390	1,836
	NHA	40,275	1,437	693
	PHSA	63,274	14,621	7,664
	VCHA	41,850	2,666	1,223
	VIHA	41,883	2,262	1,266
Totals:		**17,933,670**	**671,331**	**228,007**

Working Definition: Raw Survey Data **

"…all the patient records that have been extracted according to the PIA protocols from individual facilities or Health Authority Discharge Abstract Database (DAD) and Admitting Discharge Transfer (ADT) systems, including data dictionaries, patient records with identifiers and the survey results for those patients who responded to a survey (all surveys are included). It also includes a flag on the record showing whether or not the patient responded to the survey, which allows a comparison of the respondent population with the non-respondent population. Within the BCPREMS Data is qualitative Data, captured as patient's comments in free form text fields. All personal information within these types of Data fields is masked (replaced with "XXX") at the source, but the fields themselves form part of the record that is attributable to a defined individual."

** Source: BCPREMS to HealthIDEAS Phase 1a PIA

Data currently in HealthIDEAS

- Dispensing Event History and Claims
- Client Registry (CRS)
- Registration and Premium Billing (R&PB)
- P.E.O.P.L.E (Population Estimates Supplementary data)
- Census (True numbers from Stats Canada public website)
- Lab Orders and Result History (in progress)
- PREMS and PROMS (in progress)

Types of Information in HealthIDEAS

Client Identifiable

- Client Identifiers
- Name
- Telephone Number
- Address
- Postal Code
- Birth Date
- Age
- Death Date
- Days to Death
- Gender

Practitioner Identifiable

- Business Identifiers
- Name
- Telephone Number
- Address
- Postal Code
- Birth Date
- Age
- Death Date
- Gender
- Specialty

Event Information

- Identifiers (Personal and Business)
- Service Date
- Financial Date
- Diagnosis
- Service / Procedure / Product
- Third Party Insurer

Strategy for Patient-Oriented Research

As defined by the Canadian Institutes of Health Research (CIHR):

- Conducted by multidisciplinary teams in partnership with stakeholders
- Engages patients as partners, focuses on patient-identified priorities, and improves patient outcomes
- Aims to apply knowledge generated to improve healthcare systems and practices

Linkages to Patient Centred Measurement:

- Supports expansion and combined collection of patient-reported experience and outcomes measures (PREMs and PROMs) across BC
- Broadens scope of patient outcome and experience measurement from sector-specific to transitions in care
- Links individual PREMs and PROMs data with other healthcare data in the Provincial Data Platform for better research insights

After 15 yrs of PCM…we continue to learn and evolve!

Been there, done that ….

- ✓ From PREMS only data collection … to PCM (**PREMS + PROMS = Better Together**)
- ✓ From presenting only numbers… to numbers illustrated with stories
- ✓ From data collection & reporting only…to supporting action and tests of change
- ✓ From data collection for QI & accountability… to making linkable results available to researchers (SPOR funding) and analysts for 2^{O} analysis in a central warehouse

On the horizon …

- ➢ Changing from a sector/location of care focus …to asking patients about their experiences across their episode/the continuum of care
- ➢ Making available "close to real-time" and retrospective feedback
- ➢ Supporting/collecting point of care vs province-wide feedback
- ➢ Using/responding to social media (Quora, yelp, Rate my MD, etc)
- ➢ Building provincial capacity for PCM via SPOR Methods Cluster and PCM website


Statistics are people with the tears wiped off.
Prof. J. Selikoff
Statistics can be people **without** the tears wiped off.
Lena N. Cuthbertson

Further reading about our BC PCM work:

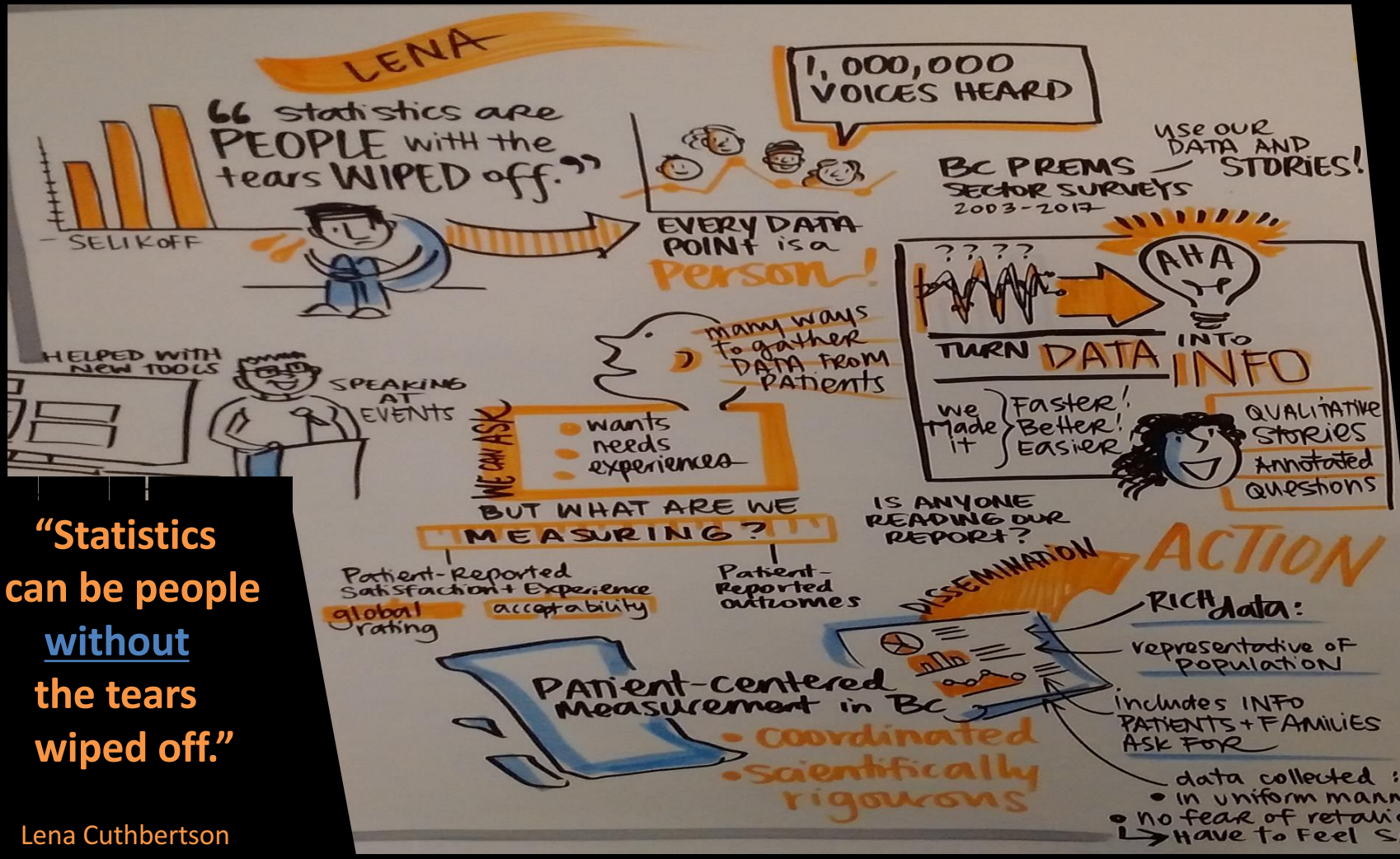
HealthcarePapers, 14(4) January 2015: 46-54.doi:10.12927/hcpap.2015.24345

Patient-Centred Measurement in British Columbia:
Statistics without the Tears Wiped Off

Lena Cuthbertson

Abstract

At the heart of every data point in healthcare is a person. British Columbia's (BC) province-wide, coordinated survey program, established in 2002, gives people who use BC's healthcare services a voice in improving the quality of the care and services they receive. Survey data or statistics are presented without the tears wiped off by integrating quantitative results along with a "human" voice or story annotated directly into reports to illustrate the numerical feedback. In this way the data represent the true lived experiences of people who use our healthcare services and allow us to evaluate our progress towards providing truly patient-centred care. After over a decade of measurement and reporting of patient experiences, BC will pioneer a new approach. People who receive healthcare services in BC will be asked to provide feedback across their entire episode of care. And, because routine measurement of patient experiences and patient outcomes in healthcare is a provincial strategic objective, patients will be asked to assess both their experiences of care (patient self-reported experiences) and their outcomes of care (patient self-reported outcomes). This change in measurement strategy builds on 13 years of continuous improvement in patient-centred data collection, reporting and action based on feedback from BC's patients and families.



"Statistics can be people without the tears wiped off."

Lena Cuthbertson

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