

Developing & Implementing Key Quality Indicators for Neurosciences, Rehabilitation & Vision in Alberta

Background and Rationale

- Quality indicators (**QI**) are **measurable, evidence-informed items** that allow health systems to **assess, evaluate, and improve quality of health care** systems in a variety of settings. QIs can identify variation in care service delivery, adherence to best-practice guidelines, and underperforming clinical areas throughout the province.
- There are **currently no standardized sets of QIs for care in neurosciences, rehabilitation and vision** in Alberta.
- The development of Key QIs for neurosciences, rehabilitation and vision provincially is a recognized **priority of the NRV SCN Transformational Roadmap (2020-2024)**.

Aim

- The aim of this initiative is to **develop and implement a standardized set of Key QIs for each NRV stream**. These Key QIs will be co-designed, patient-centred, evidence-informed, and system-focused.
- After engagement and discussion with key multidisciplinary, provincial stakeholders from the three NRV streams, the first areas of focus will be **neurosurgery, vision, and inpatient rehabilitation**. Further areas may be targeted after the development of key QIs in these 3 areas.
- The NRV SCN will also support other complementary initiatives, such as provincial stroke rehabilitation QIs developed by the Cardiovascular Health & Stroke SCN and the national initiative led by Dr. Lara Cooke to develop QIs for adult inpatient neurology.

Methodology

The development phase of this initiative involves level-setting and pre-engagement; convening of a provincial steering committee; preparation for and conduct of a modified e-Delphi process; and, preparation of technical definitions and operational frameworks. The implementation phase will involve engagement, needs assessment, co-design of implementation strategies, piloting and evaluating implementation strategies, and then supported spread and scale.



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The steering committee will include patient/family advisors, front line clinicians (e.g. physicians, nurses, and allied health professionals), operational leads, and AHS clinical analytics. The environmental scans were systematic-style reviews consolidating current practices in QI use, best practice guidelines. Level-setting to determine scope and focus involved discussion with the NRV SCN Core Committee as well as targeted focus groups. Steering committees were convened based on level-setting directives. Steering committees will prepare the modified e-Delphi process including determining the potential key QIs to be ranked by consensus; clarifying the ranking criteria for the e-Delphi; as well as identification and recruitment of appropriate e-Delphi participants. This process will ensure widespread engagement and group consensus incorporating evidence, expert opinion, as well as patient and provider experience.

Results to Date

Current progress on this initiative includes completion of **five environmental scans** to identify current practice in QI use; **four focus groups** to identify provincial priority areas of clinicians, operations, patients and family; and, outreach to stakeholders to form steering committees and identify champions. Steering Committees have been convened for neurosurgery and vision; outreach is ongoing for inpatient rehabilitation. For the former, the modified e-Delphis are planned for Spring 2022; the latter is aimed for Fall 2022.

