Guiding Principles and Criteria
Continuing Care Quality Indicator Working Group (CC-QIWG)

Guiding Principles and Criteria

This document outlines the agreed upon decision-making elements to be applied in the identification and development of quality metrics for Alberta’s continuing care system; the elements include the AHS Risk Management Framework, guiding principles and criteria.

In the identification and development of continuing care quality indicators, there are two levels of agreed upon guiding principles (i.e. Continuing Care Quality Management Framework Principles) and criteria (i.e. Criteria to Assess the Maturity of a Measure) that should be applied and met in decision-making and implementation. After applying the guiding principles and criteria, the indicators are then classified by the Alberta Health Services’ (AHS) Risk Management Framework which helps to ensure comprehensive risk identification and management. The items in the Risk Management Framework (page 2), principles (pages 2-4) and criteria (pages 4-8) are described in the following pages.

Framework: AHS Risk Management Framework

The following categories are meant to classify risks to provide a consistent approach to risk management from a system perspective:

- Quality and patient safety
- Policy, external environment and public confidence
- Human capital
- Infrastructure
- Finance

The most relevant risk category for quality indicators is the quality and patient safety category.

Level One: Continuing Care Quality Management Framework Principles, which encompass the Health Quality Council of Alberta’s (HQCA) Six Dimensions of Quality

These principles act as the basis for any measurement and reporting initiative:

- Inform multiple stakeholders
- Support strategic priorities
- Optimize performance, including person-centeredness and practice sensitive
- Ensure quality, as defined by the Health Quality Council of Alberta Dimensions of Quality (i.e. accessibility, appropriateness, acceptability, effectiveness, efficiency and safety).

Level Two: Criteria to Assess the Maturity of a Measure

These are the criteria that are used to assess the stage of development/maturity of a measure:

- Name of measure
- Definition
- Domain
- Dimension
- Category of measure
- Type of measure
- Business context
- Rationale
- Notes for interpretation
- Organizational strategy
- Benchmark comparisons

Taken together, the Risk Management Framework, principles and criteria ensure that quality indicators:

- Reflect a holistic definition of quality;
- Are understandable and relevant to Alberta’s continuing care system; and,
- Demonstrate technical validity and strength.

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AHS Risk Management Framework

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(e.g. person-centered and practice sensitive)

Criteria

Figure 1: Continuing Care Quality Indicator Identification and Development Decision-Making Elements Schematic

Risk Categories

Quality & Patient Safety
Events/risks that could affect the provision of key services causing major problems for quality and/or patient safety and could cause significant disruption to health service delivery.

Policy, External Environment & Public Confidence
Results could be inconsistent with political/strategic mandate for health care delivery. Significant legal or contractual risks. Risks to the reputation of AHS.

Human Capital
Risks that could affect the delivery of health service delivery or that could threaten the safety or wellness of AHS personnel.

Infrastructure
Risks that lead to disruption of service affecting patients provincially or in several areas due to absence of appropriate infrastructure.

Finance
Risk resulting from an inadequate or failed internal financial systems and/or from business practices that are inconsistent with generally accepted financial regulations and practices or that would have significant impact on AHS financially.

Guiding Principles
These principles are taken from the Continuing Care Quality Management Framework to act as a foundation for any measurement and reporting initiative.

Inform Multiple Stakeholders
Continuing Care measurement and reporting should support the information needs for key audiences and stakeholders including the following:
- Clients
- Members of the public / continuing care / seniors health organizations
- AHS zones
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- AHS executives and senior leadership
- AHS front-line staff
- Other areas of AHS (Quality and Accreditation, CPSM, etc.)
- Alberta Government including Alberta Health
- Contracted Providers

Support Strategic Priorities
Continuing Care measurement and reporting should be aligned with strategic and operational priorities identified by
- Zones
- Provincial Strategic Units
- The Seniors Health Strategic Clinical Network
- AHS Leadership
- Government

Measurement and reporting should be developed to both enhance understanding of the current state related to these priorities and help move programs, services and initiatives towards the desired future state

Optimize Performance
Measurement and reporting should focus on improving performance. One such model that can support this vision is the Institute for Healthcare Improvement’s (IHI) Triple Aim Framework (IHI, 2014) that focuses on the following three dimensions:
- Improved patient experience
- Improved population health
- Reduced costs of health care

When possible, measurements should focus on those aspects of the health system for which Continuing Care is accountable and can effect change. From a quality perspective, the CC-QIWG has identified that two major principles that should guide the identification and development of quality indicators to optimize quality are:

i) **Person-centeredness:** The measure is directly related to the experiences or outcomes of the resident/recipient of care. This excludes metrics that measure aspects of operations of the system, such as number of clients receiving a certain service, or measures that focus specifically on providers.

ii) **Practice sensitivity:** the metrics that can be impacted or modified through changes in practice, be it nursing, medical, allied or combined interventions.

Ensure Quality
Measurement and reporting should support quality care. Continuing Care should strive to balance measurement and reporting across multiple aspects of quality using a model such as the Alberta Quality Matrix for Health (HQCA, 2005).

Health Quality Council of Alberta (HQCA) Dimensions of Quality

**Acceptability**
Health services are respectful and responsive to user needs, preferences and expectations. This dimension includes qualities such as compassion, empathy and
responsiveness and refers to care and service that establishes a partnership between providers, patients/clients and their families (when appropriate) to ensure decisions respect patient/client wants, needs and preferences. It also means patients/clients have the information and support they need to make decisions and participate in their own care.

**Accessibility**
Health services are obtained in the most suitable setting in a reasonable time and distance. This dimension is characterized by smooth and continuous flow through the areas of need and stages of care within an area and by coordination across services and providers for specific or diverse problems. It means getting needed care and minimizing unnecessary delays.

**Appropriateness**
Health services are relevant to user needs and are based on accepted or evidence-based practice. This dimension is viewed primarily from the user’s perspective but is also viewed from that of the health care provider. Quality health care includes selecting the intervention that is most likely to produce the optimal results. It is based on individually assessed needs, risk factors and costs. It requires that providers of care avoid overuse (i.e. providing a service in circumstances where the potential for harm exceeds its potential benefit) as well as underuse (i.e. failure to provide a service when it would have produced a favourable outcome for a patient/client). It means that “people get the care they need” and “need the care they get”.

**Effectiveness**
Health services are provided based on scientific knowledge to achieve desired outcomes. This dimension is viewed primarily from the provider’s perspective but is also viewed from that of the user. Health care services are provided using evidence-based science and accepted practices that lead to improved outcomes in terms of health status and quality of life. It requires continuous monitoring and evidence of the results of care to know which services are likely to be effective and to use this information to improve care for all patients/clients.

**Efficiency**
Resources are optimally used in achieving desired outcomes. Efficiency is about using resources wisely, including eliminating or avoiding waste. Concern for efficiency addresses short- and long-term value for money, and includes both the resources of the individual, family or community and the health system.

**Safety**
Mitigate risks to avoid unintended or harmful results. Patients should not be harmed by the care that is intended to help them. Safety means designing and implementing health care service delivery processes to avoid, prevent and improve preventable adverse outcomes.
Criteria to Assess Maturity of Measure

Name of Measure
Specify the full name of the performance measure.

Example: Emergency Department Length of Stay: Percent of patients treated and admitted to hospital from Emergency Department within 8 hours.

Definition
Describe what is being measured. Additional information may be added to provide clarity to terms within the definition as well.

Example: The percentage of Alberta youth 12 to 19 years who reported that they smoke daily or occasionally.

Daily smokers include people who smoked at least one cigarette per day for each of the 30 days preceding the survey. Occasional smokers include people who smoked at least one cigarette during the past 30 days but not every day.

Domain
The domain of population health or health system performance to which the measure is conceptually linked (i.e. population health; health services delivery, health system sustainability; governance and community engagement), as described in the Alberta’s Health System Measurement Framework, may be identified here if applicable (see Appendix for further detail).

Example: Health System Performance.

Dimension
The dimension(s) of health system quality related to a domain, as described in the Alberta’s Health System Measurement Framework, may be identified here if applicable. The dimensions in relation to each specific domain are as follows:

- **Population Health** domain - dimensions include well-being, health conditions, human function, death, health behaviours, living and working conditions, personal resources, environmental factors;
- **Health Services Delivery** domain- dimensions include acceptability, accessibility, appropriateness, effectiveness, efficiency, and safety;
- **Health System Sustainability** domain- dimensions include health technologies, health workforce, information management/ information technology, and fiscal efficiencies;
- **Governance and Community Engagement** domain - dimensions include governance, community engagement, and accreditation. (See Appendix for further detail)

Example: Accessibility

Category of Measure
Measures are determined according to the following categories (select one):

- **Health System Outcomes**: Measures used to assess health system performance from an outcomes perspective. Used to report publicly on health system performance.
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- **Strategic**: Measures performance of key priority areas requiring improvement so as to close the gap between current and targeted performance. Reflects government’s health care vision, agenda, priorities; actionable, with targets and clear lines of accountability; used to report publicly on health system performance.

- **Emerging-Strategic**: Measures performance in a priority area of rising importance, but requires further development, understanding, and use before being approved as a strategic measure. Reflects emerging or existing strategic health system priorities; actionable, with clear accountability; targets are preferred but discretionary during measure development; may not be publicly reported while under development.

- **Tactical**: Informs on the performance of an operational area, or reflects the performance of key drivers of a strategic measure. Contributes to balanced performance monitoring and reporting within a performance domain at a tactical or operational level; provides a link between strategic and transactional measures; is generally used for internal performance monitoring and reporting, but may be selected for public reporting.

- **Transactional**: Measures program, practice, or organizational service delivery performance priorities at the site, clinical, or administrative level.

Useful in setting performance expectations and monitoring performance at a local program, work unit or individual level. Provides a site, clinical, or administrative link to related strategic and tactical measures. More granular extension of strategic and tactical measures.

**Type of Measure**
Select the primary type which the indicator falls under. (based on the "Logic-Model" approach, which depicts the relationship between resources, activities, outputs and outcomes - the linking of activities to outcomes)

- **Input Measure**: describe the type and amount of resources used to deliver programs or services.
- **Process Measure**: describe the activities and tasks undertaken to achieve program or service objectives.
- **Output Measures**: describe the results of processes that were completed to address program or service objectives.
- **Outcome Measures**: measure changes in health status or health determinant, which are attributed to health services and programs (the outputs) (provide information on progress towards desired results in key areas).

*Example: Prevalence of Smoking is an Outcome measure.*

**Business Context**
Provide the business context in which the measure may be used.

*Alberta’s 5-Year Health Action Plan 2010-2015.*

**Rationale**
This field should answer the following questions: "Why is this measure important?" and "What is the measure intended to show?". Include the relevance of the measure to health policy and strategic priorities to improve the health status of the population and health system.
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performance or Office of the Auditor General (OAG) requirements for reporting. This section may also provide a plain language description of the measure, and a brief background on the development of measure and/or the historical use of the measure.

Example: Primary Care Networks (PCNs) are a province-wide, comprehensive service delivery model to improve access to, and better co-ordinate, primary health care for Albertans. In a PCN, family physicians work with Alberta Health Services and other health professionals as a multi-disciplinary, integrated team to increase Albertans’ access to the right care, from the right provider, at the right time.

Determining the number of Albertans enrolled in a Primary Care Network will identify gaps in access and ensure that primary health care programs and services are available to all Albertans.

According to research conducted by the Canadian Institute for Health Information (CIHI), access to a broad spectrum of services including health promotion and disease prevention (offered by PCNs), as well as comprehensive, multi-disciplinary and coordinated care, are markers of health care service delivery excellence.

Notes for Interpretation
Provide any additional details that may assist in understanding the application of the measure.

Example: Variation in complexity of patients, site capacity limitations and access to other primary care options (urgent care centres, family physicians, walk-in clinics) in a community vary and can contribute to significant variation in demand for Emergency Department Services.

Some emergency departments use a ticketing system that patients pull on arrival; this is not what is used as the start time. The triage date and time or registration date and time we capture may be between 1 to 30 minutes after a patient walks in the door.

The same methodology is applied at all sites in calculating the Emergency Department or Urgent Care Centre Length of Stay.

This indicator captures the entire time spent in the ED for admitted patients. This time reflects care provided by the Emergency Department, including both diagnostic and treatment, waiting to be seen in ED for an inpatient treatment (for example operating theatre readiness) or space (unit bed). Therefore, this is a metric whose performance is not singularly attributable to one area.

Organizational Strategy
Outline the plan or method used to achieve results/targets.

Example: The Alberta Sexually Transmitted Infections (STI) and Blood Borne Pathogens (BBP) Strategy and Action Plan 2011-16 focuses on reducing and minimizing the risk of STI and BBP in Alberta. The strategy also aims to decrease the health, social and economic impacts of these diseases.

The Syphilis Prevention Campaign is a key part of the Strategy. In collaboration with AHS, the province-wide awareness campaign called “Don’t You Get It” was released, followed by the
campaign called “PlentyofSyph”. Using interactive website, television and radio advertisements, the purpose of the campaign was to educate the public about the risks of syphilis and other STIs and how to take preventive measures to protect themselves.

**Benchmark Comparisons**
Outline the availability and source(s), of benchmarks (external best practice/ "gold standard") against which results for the performance measure may be compared.

*Example: National or International comparisons available:*
Canadian Nosocomial Infection Surveillance Program – surveillance in about 45 hospitals showed overall rates in adult ICUs have declined from 2.30 per 1,000 CVC-days in 2006 to 1.30 in 2009.
Safer Health Care Now for CVC-BSI rate in 2010 was 1.5 per thousand CL days
St. Michaels Toronto Between Jan 2010 and June 2011: Range 1.11 to 2.4 per thousand CL days in a quarter.

http://www.saferhealthcarenow.ca/EN/events/PreviousEvents/Pages/CLA-BSI-Action-Series-Towards-Zero-Infections.aspx

http://www.stmichaelshospital.com/indicators/index.php
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ii Source: AHS Provincial Continuing Care Reporting Framework, Appendix to the Continuing Care Quality Management Framework.
iii Source: Alberta Quality Matrix for Health User Guide (http://hqca.ca/about/how-we-work/the-alberta-quality-matrix-for-health-1/)
iv Source: Institute of Medicine, 2001.