

Health Quality Ontario

The provincial advisor on the quality of health care in Ontario

August, 2016

Ontario Patient Experience Measurement Strategy



Ontario

Health Quality Ontario

Qualité des services
de santé Ontario



Ontario

Local Health Integration
Network

Réseau local d'intégration
des services de santé

About Us

About Health Quality Ontario

Health Quality Ontario is the provincial advisor on the quality of health care. We are motivated by this single-minded purpose: better health for all Ontarians.

Who We Are

We are a scientifically rigorous group with diverse areas of expertise. We strive for complete objectivity, and look at things from a vantage point that allows us to see the forest and the trees. We work in partnership with health care providers and organizations across the system, and engage with patients themselves to help initiate substantial and sustainable change to the province's complex health system.

What We Do

We define the meaning of quality as it pertains to health care, and provide strategic advice so all the parts of the system can improve. We also analyze virtually all aspects of Ontario's health care. This includes looking at the overall health of Ontarians, how well different areas of the system are working together, and most importantly, patient experience. We then produce comprehensive, objective reports based on data, facts and the voices of patients, caregivers and those who work each day in the health system. As well, we make recommendations on how to improve care using the best evidence. Finally, we support large-scale quality improvements by working with our partners to facilitate ways for health care providers to learn from each other and share innovative approaches.

About the Local Health Integration Networks

The Local Health Integration Networks (LHINs) are Crown Agencies of the Government of Ontario. Fourteen LHINs were established in 2006 to improve the local patient experience by creating a system of seamless, sustainable health care within each of the 14 specified geographic regions.

Who We Are

The LHINs plan, fund, integrate and monitor health care locally while aligning strategies provincially in key priority areas—for example, palliative care and mental illness. A key LHIN priority is the engagement of health service providers and other partners in planning. Together, LHINs and health service providers examine population health data (the health outcomes and characteristics of people who live in specific communities) and develop strategies to address these needs. The goal is to create a local network of care that can support patients and families through all stages of life, from birth to end of life.

What We Do

LHINS are strengthening patient-centred health care at the local level by:

- Listening to the voice of the patient and caregiver to learn more about areas where we are doing well, and where we need to improve.
- Monitoring and measuring system-wide performance and taking action in identified areas.
- Improving access to care with a focus on providing equitable treatment for as many people as possible.

Table of Contents

Foreword	4
Acknowledgements	5
Executive Summary	7
<i>Vision</i>	7
<i>Recommendations</i>	7
<i>Next Steps</i>	8
Introduction	9
Vision	9
Principles of Patient Experience Measurement	9
Recommendations	10
<i>Section 1: Improving Patient Experience Measurement</i>	11
<i>Section 2: Enablers to Support Measurement</i>	14
<i>Section 3: Improving the Patient Experience</i>	16
Next Steps	18
References	19
List of Terms	22
Appendix I: Patient Experience Measurement Committee—Terms of Reference	25
Appendix II: Approach to Strategy Development and Environmental Scans	28
<i>Approach to Strategy Development</i>	28
<i>Environmental Scan 1: Patient Experience Measurement Frameworks Used Outside Ontario</i>	28
<i>Environmental Scan 2: Standardized Patient Experience Instruments Used in Ontario</i>	29
<i>Key Lessons from the Environmental Scans</i>	36
Appendix III: Recommendations and Enablers—Implementation and Partnership Details	37
<i>Section 1: Improving Patient Experience Measurement</i>	37
<i>Section 2: Enablers to Support Measurement</i>	39
<i>Section 3: Improving the Patient Experience</i>	40

Foreword

On behalf of Health Quality Ontario and the Local Health Integration Networks, we are pleased to share the Ontario Patient Experience Measurement Strategy. This strategy is the first provincial, multi-sectorial initiative of its kind, aimed at improving the measurement of patient experience across the health system.

Improving patient experience is a key priority for Ontario, and we know that many dedicated teams across the province are working tirelessly to improve patient experience. However, Ontario continues to be challenged by a lack of access to consistent and useful information about the experiences of its patients. This is especially true for complex patients who require care from multiple settings. Understanding these challenges, a committee of patient and family caregivers and cross-sector group of health system representatives came together to ask the following question: how can the wide range of existing measurement activities be better coordinated to give us a clearer picture of patient experience in Ontario and how can this be improved?

We worked with partners across the health care system to develop a number of key recommendations for improving patient experience measurement to begin to paint a clearer picture of patient experiences, regardless of where they have received their care. By understanding where those experiences are not optimal, we can begin to address gaps and ultimately bring about better experiences for all patients in Ontario.

We look forward to continued engagement with patients, caregivers, health care providers and system leaders as we work toward implementing this strategy for better measurement and better patient experience.

Anna Greenberg
Vice President, Health System Performance
Health Quality Ontario

Kim Baker
Chief Executive Officer
Central Local Health Integration Network

Acknowledgements

This report was informed by the Patient Experience Measurement Committee. Co-chaired by Health Quality Ontario and the Local Health Integration Networks (LHINs), the committee was convened in March 2015 and includes patient and family caregivers, as well as system, facility, sector, care setting and provider-level representation. Health Quality Ontario and the LHINs would like to thank all members of the committee for their dedication and for generously sharing their guidance and insights.

Committee Member(s)	Organization
Jill Adolphe	Care 2 Collaborate
Simon Akinsulie /Bernard Blais	Bruyère Continuing Care
Kim Baker (co-chair) and Cynthia Damba	Local Health Integration Networks
Thomas Custers/Jillian Paul, Naomi Kasman and Karen Lu	Ministry of Health and Long-Term Care
Lena Cutbertson	Ministry of Health, British Columbia
Barb Farlow	Patients for Patient Safety Canada
Anna Greenberg/Mark Dobrow (co-chair), Sudha Kutty, Laura Williams/ Amy Lang and Gail Dobell	Health Quality Ontario
Lori Hale	The Change Foundation
Sharon Johnston	Department of Family Medicine, University of Ottawa
Anthony Jonker	Ontario Hospital Association
Kira Leeb	Canadian Institute for Health Information
Alies Maybee	Patients Canada
Lesley Moody and Simron Singh	Cancer Care Ontario
Rachel Solomon	Centre for Addictions and Mental Health
Sue VanderBent	Home Care Ontario
Karima Velji	Karima Velji & Associates
Anne Wojtak	Toronto Central Community Care Access Centre

The committee also thanks the following people who graciously shared their perspectives and provided valuable feedback that shaped this work.

- Della Beattie and Coryn Courcelles, Manitoba Health
- Neil Churchill and Dan Wellings, National Health Service England
- Nancy Cooper, Ontario Long-Term Care Association
- Sue Davidson, Ontario Community Support Association
- Cathy Fooks, The Change Foundation
- Ronaye Gilsenan, The Ottawa Hospital
- Laura Gordon and Maureen O'Connor, Accreditation Canada
- Iris Gutmanis, St Joseph's Health Care London
- Lisa Hawthornthwaite, London Health Sciences Centre
- Sarah Hicks and Jessica Hill, Ontario College of Family Physicians
- John Hirdes, University of Waterloo
- Karima Kamali, The Hospital for Sick Children
- Maggie Keresteci, Ontario Medical Association
- Nancy LePlante, Ontario's Community Health Centres
- Samantha MacKinnon, Centre for Addictions and Mental Health
- Michelina Mancuso, New Brunswick Health Quality Council
- Brandi McCormack, Alberta Health Services
- Mary Jane McNally, Central West Community Care Access Centre, Headwaters Healthcare Centre and William Osler Health System
- Carol Mulder, Association of Family Health Teams of Ontario

- Cyrelle Muskat, Baycrest Health Sciences
- Emily Myers, Ontario Hospital Association
- Kathryn Pilkington, Ontario Association of Non-Profit Homes and Services for Seniors
- Anne Marie Plass, Dutch Centre for Consumer Experience in Health Care
- Heidi Schaeffer, Adrianna Tetley from Association of Ontario Health Centres
- Hsien Seow, McMaster University
- Tracey Sherin, Saskatchewan Health Quality Council
- Walter Wodchis, University of Toronto

The committee would like to express its deep appreciation to the many patient, caregiver and provider representatives who filled out surveys, attended discussions, reviewed materials and shared their perspectives. Finally, thank you to Jonathan Lam and Bernadee Koh-Bilodeau for their efforts in the development of this strategy, and to Jeanne McKane for her editing and writing expertise.

Executive Summary

Patient experiences are a rich source of information about how patients assess their care. Measuring patient experience is a form of patient engagement: a way to better understand patients' needs and preferences, and to ensure that patient-centred care is delivered. In Ontario, there are gaps and inconsistencies in how patient experience is measured across and even within care settings. In March 2015, Health Quality Ontario and the Local Health Integration Networks convened the Patient Experience Measurement Committee to help advance the measurement of patient experience in Ontario. We have developed this strategy to improve patient experience measurement as a means of improving health care for all patients.

Vision

Our vision is to improve patient experiences across the health system by working in partnership to enhance patient experience measurement.

Recommendations

This strategy document contains three linked but distinct sets of recommendations: improving patient experience measurement, enablers to support measurement, and improving the patient experience.

Improving patient experience measurement

- Develop a common set of core transitions questions that can be integrated into all existing and new setting- and disease-specific surveys.
- Develop an instrument to measure the experiences of patients who transition across multiple health care settings, starting with complex patients.
- Improve standardization and best practice in patient experience measurement within care settings: primary, home, long-term and hospital care.
- Develop a coordinated, provincial reporting strategy for patient experience within and across sectors.
- Develop best practices and recommendations for benchmarking patient experience measures.

Enablers to support measurement

- Evolve provincial policy to support measurement with a focus on patient-reported experience measures data that can be linked to other data sources.
- Create a standing Patient Experience Measurement Advisory Committee to oversee coordinated measurement, reporting and use of data.
- Develop and promote best practices for patient experience measurement.
- Create publicly available patient experience measurement tools and resources.
- Create data-sharing mechanisms to enable use of patient experience data across organizations and sectors.

Improving the patient experience

- Set provincial standards for patient experience.
- Support the development of best practices for quality improvement of patient experience.

What does success look like?

We will have achieved this vision when measurement in Ontario:

1. Is coordinated and produces data to fulfill multiple requirements (e.g., legislation, Quality Improvement Plans, accreditation requirements etc.) and inform decision-making, quality improvement, accountability and transparency.
2. Captures the patient experience within and across care settings, for different conditions and during transitions.
3. Produces indicators that are meaningful and actionable for patients and providers and that complement other indicators (clinical, financial, patient-reported outcome measures etc.).
4. Continuously evolves to improve the rigor and appropriateness of instruments and data quality.

Next Steps

With an ethos of partnership and dedication to patient-centred care, Ontario can strengthen its approach to patient experience measurement. In the first year (2016/2017), implementation of the strategy will focus on:

- Developing a common set of core transitions questions.
- Developing a standardized instrument to measure the experiences of patients whose ongoing care involves multiple transitions.

In addition to measurement across care settings, ongoing measurement within care settings will continue. By taking steps to build a solid infrastructure for patient experience measurement across the province and across the health system, Ontario can collect and provide access to the data it needs to better understand and improve the patient experience.

Introduction

Patient experiences are a rich source of information about how patients assess their care. Patient experience measurement—collecting, analyzing and reporting data on how patients see their care—provides a basis for performance monitoring, quality improvement and system innovation. Measuring patient experience is also a form of patient engagement: a way to better understand patients’ needs and preferences, and to help ensure that patient-centred care is delivered.¹ And yet, just as in the health system as a whole, fragmentation is a barrier to realizing the full potential of this crucial data source.

A high-quality health system “delivers world-leading safe, effective, patient-centred services, efficiently and in a timely fashion, resulting in optimal health status for all communities.”² The Ontario Ministry of Health and Long-Term Care also has made improving the health care experience the centrepiece of its *Patients First* action plan.³ To better understand and improve patient care, we need reliable, actionable and comparable data about patient experiences.⁴⁻⁷ However, there are gaps and inconsistencies in how patient experience is measured across and even within care settings. For example, we know little about the experiences of patients who receive care in multiple settings, and inconsistencies in how survey tools are used and data are collected make it difficult to compare results and set targets.

In March 2015, Health Quality Ontario and the Local Health Integration Networks convened the Patient Experience Measurement Committee to help advance the measurement of patient experience in Ontario (see Appendix I for terms of reference). The committee included patient and family caregivers, as well as system, sector, facility and provider-level representatives. We have developed this strategy to improve patient experience measurement as a means of improving health care for all patients.

Vision

Our vision is to improve patient experiences across the health system by working in partnership to enhance patient experience measurement.

Principles of Patient Experience Measurement

The following principles form a foundation for this strategy and can be used to guide the strategy’s implementation and future patient experience measurement efforts in Ontario.

1. Everyone who interacts with the health system—patients, caregivers, family members or others—should have an opportunity to provide feedback.
2. Patient experience measurement is important within and across health care settings, throughout the patient journey, during transitions, and for complex conditions, routine care and integrated care.
3. Existing and emerging best practices in patient experience measurement, including design, implementation and analyses, should be used to achieve meaningful and actionable data that informs policy, decision-making and quality improvement.

Terms

In this report, the term **patient** is used to refer to any person who engages with the health care system at any point across the continuum and includes clients, residents, family members, caregivers, substitute decision-makers and health consumers.

This strategy also uses a definition of patient experience based on others from the Beryl Institute, Cancer Care Ontario and Integrated Loyalty Systems.⁸⁻¹⁰ **Patient experience** here refers to the patient’s assessment of their care, starting from when they first connect with the health system. Their assessment is influenced by the processes and physical settings of their care; the relationships they develop with their care providers; and their expectations of care.

Recommendations

The strategy recommendations presented here are essential ingredients for moving Ontario closer to its vision of enhancing patient experience measurement and improving patient experiences across the health system. Development of the recommendations was guided by the principles above, two environmental scans and comprehensive stakeholder engagement (a summary of the environmental scans is provided in Appendix II).

This section contains three linked but distinct sets of recommendations: key recommendations for improving patient experience measurement, enablers to support measurement, and improving the patient experience (Figure 1). Please also see Appendix III for additional details about implementation timelines and the organization(s) identified as key leaders and partners.

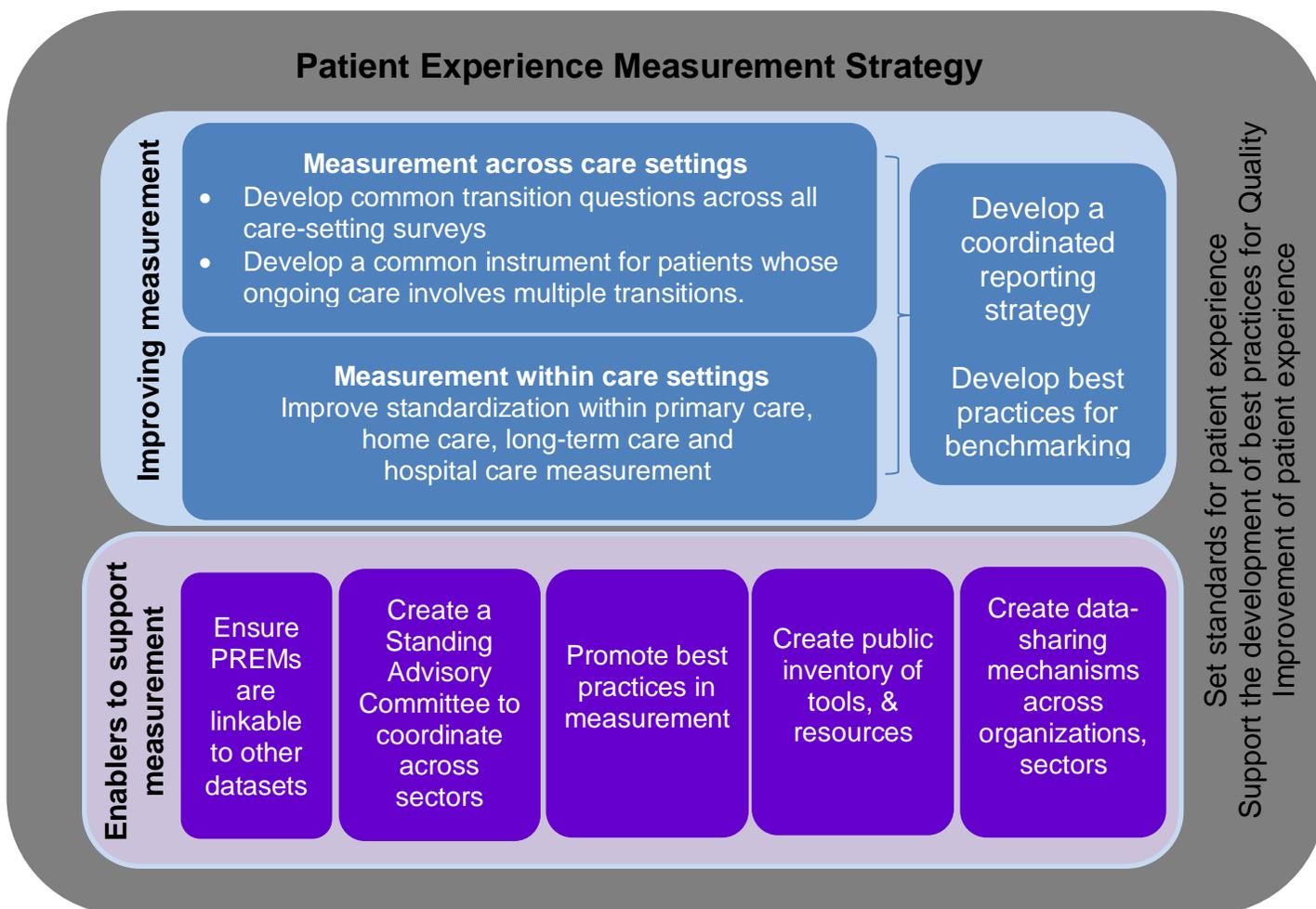


Figure 1. Summary of the Patient Experience Measurement Strategy

Abbreviation: PREM, patient-reported experience measure.

The first set of recommendations relates directly to better measurement of patient experience and improved system-level use of the resulting data. Areas of focus include better measurement across care settings and more standardization within care settings. With better measurement and better data, it will also be important to develop reporting and benchmarking strategies to make optimal use of the findings and improve patient experience. While many of these recommendations are linked to care settings (e.g., primary care), valuable work in condition- or topic-specific areas will continue to be led by various system leaders in the areas of cancer care, renal care, mental health, palliative care, geriatric care, pediatric care, community supports, behavioural supports and measurement at the

system level (surveys include the Ministry of Health and Long-Term Care's Health Care Experience Survey and the Commonwealth Fund Health Policy survey).

The second set of recommendations focuses on enablers to support measurement: the policies, system leadership, partnerships and resources needed to support better measurement of the patient experience and better system-level use of that data.

The third set of recommendations is not measurement-related; rather, it focuses on select areas for development that play an important role in improving the patient experience and could benefit from system-level leadership.

Section 1: Improving Patient Experience Measurement

Measurement Across Care Settings

Patients are most vulnerable to poor quality of care and are more likely to experience care fragmentation during transitions between settings.¹¹ Furthermore, patients' experiences as they move between care settings, locations and care providers are poorly understood in Ontario. No single standardized instrument is available to capture the experiences of complex multimorbidity patients across care settings. Some care setting-specific surveys include questions about care, communication and access for those who transition across settings, but they are used inconsistently and do not give a clear picture of how best to help improve care during transitions.

Recommendations

- Develop a common set of core transitions questions that can be integrated into all existing and new setting- and disease-specific surveys.
- Develop an instrument to measure the experiences of patients who transition across multiple health care settings, starting with complex patients.
- As capability grows, share lessons learned about measuring the care transition experience with other areas that would benefit (e.g., palliative care community supports, behavioural supports, geriatric programs).

Measurement Within Care Settings

Primary Care

Patient experience measurement in primary care has increased over the last few years. Ontario's interprofessional primary care organizations are required to develop and submit Quality Improvement Plans to Health Quality Ontario, which include three patient experience indicators.¹² In collaboration with the Association of Family Health Teams of Ontario, the Association of Ontario Health Centres, the Ontario College of Family Physicians, and the Ontario Medical Association, Health Quality Ontario has also developed the Primary Care Patient Experience Survey¹³ to support Quality Improvement Plan reporting and quality-improvement initiatives. However, there has been no use of a standardized single instrument among practices in Ontario. Improving standardized measurement of the primary care patient experience can provide key information needed to improve the delivery of primary care, which has been identified as a priority for Ontario.⁷

Recommendations

- Across all primary care models, encourage consistent implementation of a standardized practice-level survey that measures high-priority topics (e.g., the Health Quality Ontario Primary Care Patient Experience Survey).
- Develop a centralized data-collection and reporting plan to facilitate quality improvement and decision-making.

Home Care

Home care is one of the few care settings that have already implemented a standardized patient experience survey; it also has a centralized data-collection and reporting mechanism. Community care access centres have used longitudinal data from the Client and Caregiver Experience Evaluation survey to inform decision-making. They have also made strides in publicly reporting patient experience findings and using performance targets in service provider contracts and accountability agreements. However, the only measure that is publicly reported on the Health Quality Ontario website at present is the overall satisfaction indicator, which has little variability; as a result, it is not particularly valuable for identifying quality-improvement opportunities.

Recommendations

- Use additional data from the Client and Caregiver Experience Evaluation survey to increase the number and transparency of publicly reported patient experience indicators, focusing on ones that are actionable and meaningful to providers and patients.
- Improve on the Client and Caregiver Experience Evaluation survey by developing ways to capture closer-to-real-time experience data. Measurement that is more sensitive to changes as they are made can better focus quality-improvement efforts.
- Continue supporting patient experience measurement in areas that require collaboration across care settings, such as palliative care.

Long-Term Care

As per the *Long-Term Care Homes Act*,¹⁴ long-term care homes in Ontario have been required to conduct annual satisfaction surveys of their residents and families since 2007, but there is no single standardized instrument in use in Ontario. Attempts have been made in recent years to move this care setting toward the use of a single instrument, but achieving this goal has been challenging, given the complexities of surveying a population that is vulnerable—many with cognitive impairments—and receiving around-the-clock care. Nevertheless, use of a single standardized instrument would better inform decision-making, quality improvement and accountability.

Recommendations

- Review Resident Quality Inspections interview data to inform use decision until standardized measurement is established.
- Use a phased-in approach to establish standardized measurement and consistent implementation for resident and family experience.
- Develop a centralized data-collection and reporting plan to facilitate quality improvement, accountability and transparency.
- Develop a plan for patient experience measurement in patients with cognitive impairments.

Hospital Care

Patient satisfaction with hospital care has been reported in Ontario since 1999 using the Standardized Hospital Patient Satisfaction Survey.¹⁵ Since then, reporting has shifted to a focus on patient experience rather than patient satisfaction, and the fact that only two-thirds of hospitals use the NRC Picker survey has limited our ability to assess performance across all Ontario hospitals. In recent years, the Canadian Institute for Health Information has worked with an Inter-Jurisdictional Patient Satisfaction Group to develop a new standardized instrument for inpatient medical and surgical care called the Canadian Patient Experiences Survey–Inpatient Care.¹⁶ The Ontario Hospital Association and the Canadian Institute for Health Information have been leading work to encourage adoption of the Canadian Patient Experiences Survey across Ontario. The Ontario Hospital Association has also led conversations about standardizing surveys for other hospital services, such as emergency departments and pediatrics.

Recommendations

- Establish mandatory use, data collection and consistent implementation of standardized, validated instruments for hospital care, starting with the Canadian Patient Experiences Survey–Inpatient Care for medical and surgical inpatient care.
- Support the development of measures of patient experience in other hospital service areas (emergency department, ambulatory clinics and day surgery, rehabilitation, pediatrics, maternity, complex and continuing care, and mental health).
- Develop a plan for centralized data collection and reporting to improve data quality and to support transparency and quality-improvement efforts.

Reporting Strategy

Ontario lacks an overarching reporting strategy for patient experience indicators, particularly for public reporting. In some areas—such as cancer and home care—there are performance-measurement frameworks that include data already in place; in others, because of a lack of standardization, a comprehensive reporting framework is not possible. As measurement advances across health care settings, an overarching reporting strategy will be needed to focus reporting efforts; reduce indicator gaps, duplication and administrative burden; and improve measurement efficiency. A reporting strategy can also help build public trust in the health system and inform discussions about the quality of the patient experience.

Recommendations

- Develop a provincial reporting strategy for patient experience indicators to support accountability, transparency and quality improvement.
- Consider the following when developing a reporting strategy:
 - Include recommendations for a cycle that includes indicator development, implementation, public reporting and retirement (removal of indicators that are no longer relevant or useful).
 - Ensure that publicly reported indicators are public-friendly, timely and readily accessible and aligned with overarching provincial work to advance online public reporting, performance measurement and data advancement, complementing other indicators such as wait times, patient-reported outcome measures, provider experience, etc.
 - Depending on the audience, include an appropriate mix of provider, facility, regional-level, real-time and longitudinal data, as well as qualitative and quantitative data.
 - Identify future needs for measurement and data advocacy (e.g., family and staff experience).
 - Ensure indicators are regularly assessed for continued relevance.
 - As public reporting develops for patient experience data, look for opportunities to consider other patient feedback forums, such as the Friends and Family Test¹⁷ used by the United Kingdom's National Health Service.

Benchmarking

Benchmarks are typically set when measurement is standardized and consistent, and when there are enough data to inform target-setting. As patient experience measurement matures in Ontario, measures should be supported by benchmarking so that organizations can set targets and support quality improvement.

Recommendations

- Develop best practices and recommendations for benchmarking to support patient experience measures as appropriate.
- Consider the following when developing best practices for benchmarking:
 - Develop clear guidelines and appropriate adjustment methodologies to enable fair comparisons across facilities.

Section 2: Enablers to Support Measurement

Policies to Support Linkable Patient-Reported Experience Measures

At present, Ontario has no policies to support the linking of patient-reported experience measures to other data sources. Other provinces (British Columbia and Alberta) and organizations such as Cancer Care Ontario have demonstrated the value of having patient experience data that can be linked with other sources. The ability to link patient-reported experience measures, patient-reported outcome measures and clinical and administrative data can lead to a more comprehensive picture and strengthen quality improvement and care delivery.

Recommendations

- Evolve provincial policy to support linking patient-reported experience measures data with other data sources.
- Support infrastructure development that can link patient-reported experience measures data with other data sources.

Standing Patient Experience Measurement Advisory Committee

The current committee's goal is to develop the Patient Experience Measurement Strategy for delivery to the Ministry of Health and Long-Term Care. After that, a standing advisory committee will be needed to continue dialogue across care settings, ensure successful implementation of the strategy and provide ongoing support for effective and coordinated patient experience measurement.

Recommendations

- Create a standing Patient Experience Measurement Advisory Committee to ensure successful implementation of the strategy and provide ongoing support for patient experience measurement.
- Ensure that the standing advisory committee initiates measurement in areas where no standardized measurement exists (e.g., long-term care, transitions) and helps to ensure that measurement reflects the evolving way health care is delivered in Ontario.
- Consider the following when assembling the standing advisory committee:
 - Ensure that the committee includes patients and caregivers, representatives from all health care settings, groups representing complex conditions, psychometric/survey expertise, academia and system-level organizations.
 - Ensure that committee governance allows for the formation of subcommittees where appropriate (e.g., care setting/condition, across care settings). Subcommittees can be temporary, depending on the scope of work.

Best Practices in Measurement

In Ontario, standardized surveys have been developed, chosen and implemented in different ways depending on the care setting. To ensure consistency, instruments should be selected or refined based on a common set of guidelines and best practices.

Health equity has become an increasingly important topic across all areas of the health system. Organizations that have been working to measure patient experiences in Ontario have noted that some of the most disadvantaged patient groups do not have access to surveys. The experiences of patients in marginalized groups might need to be measured in other ways—for example, ensuring translation into multiple languages or using interviews and focus groups. The findings of alternative approaches should be publicly reported where possible.

Building on the Principles of Patient Experience Measurement (Page 9), the committee also identified the following best practices in patient experience measurement:

1. Engagement: Engage patients, caregivers and staff throughout the measurement process (e.g., measures development, implementation, and refinement). People with lived experiences should also be engaged and may require different engagement strategies.

2. **Instruments:** Use standardized, validated measurement instruments or questions where available. Instruments should yield data which can be used for making decisions at the facility, local and system levels for quality improvement initiatives, program evaluation, policy and research, as well as identify gaps in care.
3. **Measures:** Improve alignment across the system with a review of common measurement domains and questions (e.g., respect and dignity, communication) across care settings. Sociodemographic questions should be included to allow stratification and deeper analyses.
4. **Implementation:** Ensure that measurement has clear methods and guidelines for implementation. (e.g., sample size, timing of surveys.)
5. **Relevance:** Recognize that surveys may need to evolve to meet measurement needs while maintaining standardization.
6. **Other Considerations:**
 - Consider accessibility, equity and cultural competency in measurement design, survey modes, deployment and implementation methods, and sampling frames (e.g., type size, use of plain language, type of delivery, etc.). Design measurement to maximize response rates, streamline and minimize survey fatigue.
 - Consider timeliness, sustainability, comparability, technology enablers and efficiency when choosing instruments and implementing measurement efforts. Design measurement to minimize administrative burden.
 - Consider closer-to-real-time surveying as needed (e.g., in rapid-cycle quality improvement projects).

Recommendation

- Review existing literature and evidence to develop and promote best practices for each stage of standardized patient experience measurement, including the following:
 - Identification and/or development of a suitable standardized instrument and measures.
 - Separate gap analyses for providers, system-level partners and patients.
 - Translations and testing (cognitive, psychometric and pilot testing).
 - Analysis and reporting.
- Develop complementary measurement approaches to capture the experiences of patients from disadvantaged and marginalized populations. These could include a mix of measurement types, such as point-of care, real-time surveys and interviews and focus groups.

Publicly Available Patient Experience Measurement Tools and Resources

During the development of this strategy, as well as in their work, members of the Patient Experience Management Committee have received many questions about patient experience measurement. Queries have centred on which standardized instruments to use in specific care settings. Organizations have also expressed interest in building their capacity to develop real-time tailored surveys to supplement longitudinal data and better inform short-term quality improvement initiatives. Such inquiries point to the need for a central platform for patient experience measurement resources.

Recommendations

- Create a public-facing platform for patient experience measurement resources that includes the following:
 - An inventory of patient experience measurement instruments and questions used in the different care settings. This should include active standardized instruments and questions used in Ontario (e.g., ambulatory oncology, home care, inpatient care, etc.). It should also include a bank of questions and surveying best practices that organizations can use to supplement standardized instruments or in tailored real-time measurement. Additional information (e.g., if the questions have been used in other care settings, have been tested and translated, etc.) should be included if available.
 - A mechanism for sharing new methods or technologies. Possible platforms could include a community of practice for sharing, presentations at conferences, symposiums and webinars.

- A maintenance plan.
- Consider the following when developing the platform:
 - Include a means of evaluating methods and technologies for inclusion.
 - Take privacy design into account for the protection of patient data when making technology choices.
 - Employ easy-to-use checklists to help guide instrument selection.

Data-Sharing Mechanisms

In Ontario, survey data are owned by the organization that commissioned the survey, and this has led to challenges, because system planners (e.g., Local Health Integration Networks) cannot get data from facilities in their region. Interdependent organizations (e.g., long-term care homes, rehabilitation facilities and hospitals in a particular region) are also unable to get data from their partners that could enable better care transition and planning. Some insights are accessible from Health Quality Ontario Quality Improvement Plan reports and analyses, but variability in instruments and methods is also a barrier.

A central data hub would allow for access to information, better communication and more efficient planning. In the long run, data-sharing would also encourage improvements to data quality. Given the resources and time it can take to set up a data portal, Ontario health service providers could be encouraged to share patient experience data with their partners.

Recommendations

- In the short term, encourage facilities to directly share patient experience data with system and health service partners (e.g., Local Health Integration Networks and partner health care organizations).
- In the longer term, explore the possibility of creating a central data hub. This could be designed to include appropriate privacy supports; data submission and reporting processes; linkages to other clinical and administrative databases etc.)
- Leverage existing data portals that can be used to share and disseminate provider-level patient experience data (e.g., Health Quality Ontario practice reports, UTOPIAN, Data Safe Haven etc.)

Section 3: Improving the Patient Experience

Best Practices for Quality Improvement of Patient Experience

During the strategy engagement process, the committee received feedback from a range of organizations that expressed interest in learning more about how to use patient experience data to conduct quality improvement. There are many online resources that describe how to improve patient experience; these organizations were specifically interested in best practices to get the most from their data and drive improvements in patient-centred care. Topics of interest included how to improve on big-dot measures such as the overall rating; how to use survey data to inform rapid-cycle quality improvement projects; and how to identify new targets when a new survey instrument is used or survey questions are updated.

Recommendations

Provide supports to assist organizations in their quality improvement efforts, including the following:

- Create an online site with resources that can guide organizations on how to best use their patient experience data to drive quality improvement and enable peer learning.
- Leverage existing resources and lessons learned from other platforms (e.g., Institute for Healthcare Improvement, the United Kingdom National Health Service and Cancer Care Ontario).
- Create communities of practice to exchange best practices on quality improvement (e.g., on private social networks such as Yammer).

Standards for Patient Experience

The committee acknowledged the utility and benefit of concise standards designed to drive quality improvement in patient experience. The example that resonated well with the committee was the United Kingdom's National Institute for Health and Care Excellence guidelines in improving the experience of care.¹⁸ The guidelines were aimed at helping health care providers make decisions based on evidence, and at informing quality-improvement efforts. Such guidelines can also help patients and caregivers find information about the quality of care they can expect to receive and can aid system-level decision-makers in examining performance, helping improve patient-centred care at the regional and provincial levels. Cancer Care Ontario has created person-centred care guidelines, applying an evidenced-based approach, and has aligned its measurements with these guidelines.¹⁹

Recommendation

- Create concise quality statements about the components of a good patient experience and the definitions of high-quality care. Development of these statements might benefit from broad partnerships with multiple organizations at the provincial and national levels.

Next Steps

With an ethos of partnership and dedication to patient-centred care, Ontario can strengthen its approach to patient experience measurement. In the short term, the aim should be to achieve better consistency and validity using standardized instruments. In the first year (2016/2017), implementation of the strategy will focus on the following:

- Developing a common set of core transitions questions.
- Developing a standardized instrument to measure the experiences of patients whose ongoing care involves multiple transitions.

In addition to measurement across care settings, ongoing measurement within care settings will continue. Over the long term, the goal should be to complete the landscape of patient-reported experience measures to complement existing data (e.g., clinical, administrative) and to provide a comprehensive picture of patient experiences across the health system. By taking steps to build a solid infrastructure for patient experience measurement across the province and across the health system, Ontario can assemble the data it needs to better understand and improve the patient experience.

References

1. Fooks, C., Obarski, G., Hale, L., Hylmar, S. (2015). The patient experience in Ontario 2020: what is possible? *Healthcare Papers*, 14(4), [page 8-18].
2. Health Quality Ontario. (2015). *Quality matters: Realizing excellent care for all*. Toronto: Queen's Printer for Ontario.
3. Ontario Ministry of Health and Long-Term Care. (2015). *Patients first: Action plan for health care*. Toronto: Queen's Printer for Ontario. Retrieved from: http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_patientsfirst.pdf.
4. Advisory Panel on Healthcare Innovation, Health Canada. (2015). *Unleashing innovation: excellent healthcare for Canada*. Ottawa: Health Canada. Retrieved from: <http://www.healthycanadians.gc.ca/publications/health-system-systeme-sante/report-healthcare-innovation-rapport-soins/alt/report-healthcare-innovation-rapport-soins-eng.pdf>.
5. Baker, G. R., & Canadian Foundation for Healthcare Improvement. (2015). *Patient engagement: catalyzing improvement and innovation in Canadian healthcare*. Ottawa: Health Canada.
6. Office of the Auditor General of Ontario. (2015). *Annual report*. Toronto: Queen's Printer for Ontario. Retrieved from: http://www.auditor.on.ca/en/reports_en/en15/2015AR_en_final.pdf.
7. Tipper, B. (2010). *A scan of existing and planned surveys of patient/client or caregiver experiences in transitions across care providers in Ontario*. Toronto: The Change Foundation.
8. The Beryl Institute. (2016). *Defining patient experience*. Retrieved from <http://www.theberylinstitute.org/?page=DefiningPatientExp>.
9. Cancer Care Ontario. (2015). *Patient-centred care guideline*. Toronto: Cancer Care Ontario. Retrieved from <https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=340815>.
10. Integrated Loyalty Systems. (2015). *Definition of the patient experience*. Retrieved from <http://www.wecreateloyalty.com/patient-experience-2/definition-of-patient-experience>.
11. Coleman, E. A. (2003). Falling through the cracks: challenges and opportunities for improving transitional care for persons with continuous complex care needs. *Journal of American Geriatric Society*, 51(4), 549–555.
12. Health Quality Ontario. (2015). *Indicator technical specifications: quality improvement plan 2015/16*. Toronto: Queen's Printer for Ontario. Retrieved from http://www.health.gov.on.ca/en/pro/programs/ecfa/legislation/qualityimprove/qip_tech.pdf.
13. Health Quality Ontario. (2016). *Primary care patient experience survey*. Retrieved from <http://www.hqontario.ca/Quality-Improvement/Primary-Care/Patient-Experience-Survey>.
14. Government of Ontario. *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8.
15. Canadian Institute for Health Information. (2001). *Patient satisfaction: measurement in Ontario. CIHI hospital report: acute care*. Toronto: Canadian Institute for Health Information. Retrieved from <https://www.oha.com/Education/Documents/Session%202%20Slide%20Deck%20.pdf>.
16. Canadian Institute for Health Information. (2016). *Patient experience*. Retrieved from <https://www.cihi.ca/en/health-system-performance/quality-of-care-and-outcomes/patient-experience>.
17. National Health Service. (2015). *The NHS friends and family test*. Retrieved from <http://www.nhs.uk/NHSEngland/AboutNHSservices/Pages/nhs-friends-and-family-test.aspx>.
18. National Institute for Health and Care Excellence. (2012). *Patient experience in adult NHS services*. Retrieved from <https://www.nice.org.uk/guidance/qs15/chapter/Introduction-and-overview>.
19. Bidy, R., Griffin, C., Johnson, N., Larocque, G., Messersmith, H., Moody, L., Shamji, H., Stevens, C., Zwaal, C., Singh, S., & Person-Centred Care Guideline Expert Panel, Cancer Care Ontario. (2015). *Person-centred care guideline*. Toronto: Cancer Care Ontario. Retrieved from <https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=340815>.
20. Health Quality Ontario. (2014). *A primary care performance measurement framework for Ontario*. Toronto: Queen's Printer for Ontario.
21. Robert Wood Johnson Foundation. (2012). *Patient experience of care glossary*. Retrieved from <http://www.rwjf.org/en/library/articles-and-news/2012/04/measuring-patients-experience-of-care.html>.

22. Health Quality Ontario. (2013). *Continuity of care to optimize chronic disease management in the community setting: an evidence-based analysis*. Toronto: Health Quality Ontario. Retrieved from <http://www.hqontario.ca/Portals/0/Documents/eds/ohas/full-report-continuity-care-ocdm-130906-en.pdf>.
23. Cross, T., Bazron, B., Dennis, K., Isaacs, M. (1989). *Towards a culturally competent system of care* (vol. I). Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.
24. Haggerty, J. L., Reid, R. J., Freeman, G. K., Starfield, B. H., Adair, C. E., McKendry, R. (2003). Continuity of care: a multidisciplinary review. *BMJ*, 327(7425), 1219–1222.
25. Wong, S., & Haggerty, J. (2013). *Measuring patient experiences in primary health care: A review and classification of items and scales used in publicly available questionnaires*. Vancouver: Centre for Health Services and Policy Research, University of British Columbia.
26. Dillman, D. A., Smyth, J. D., Christian, L. M. (2013). *Internet, telephone, mail and mixed-mode surveys: The tailored design method* (4th ed.). Toronto: Wiley.
27. Wolf, J., Niederhauser, V., Marshburn, D., LaVela, S. (2014). Defining patient experience. *Patient Experience Journal*, 1(1), 7–19.
28. Canadian Patient Safety Institute. (2011). *Canadian disclosure guidelines—being open with patients and families*. Edmonton, AB: Canadian Patient Safety Institute. Retrieved from <http://www.patientsafetyinstitute.ca/en/toolsResources/disclosure/Documents/CPSI%20Canadian%20Disclosure%20Guidelines.pdf>.
29. Patients Canada. (2016). *On the term “patient”*. Retrieved from <http://www.patientscanada.ca/index.cfm?id=54522>.
30. Health Quality Ontario. (2015). *Engaging patients and caregivers about your patient relations process: a guide for hospitals*. Toronto: Queen’s Printer for Ontario.
31. Behn, R. (2003). Why measure performance? Different purposes require different measures. *Public Administration Review*, 63(5), 586–606.
32. Glazier, R., Zagorski, B., Rayner, J. (2012). *Comparison of primary care models in Ontario by demographics, case mix and emergency department use, 2008/09 to 2009/10*. Toronto: Institute for Clinical Evaluative Sciences. Retrieved from <http://www.ices.on.ca/~media/Files/Atlases-Reports/2012/Comparison-of-primary-care-models-in-Ontario/Full%20report.ashx>.
33. Canadian Institute for Health Information. (2016). *Patient-reported outcome measures*. Retrieved from <https://www.cihi.ca/en/health-system-performance/quality-of-care-and-outcomes/outcomes/patient-reported-outcome-measures>.
34. Agency for Healthcare Research and Quality. (2012). *Closing the quality gap series. Public reporting as a quality improvement strategy*. Rockville, MD: Agency for Healthcare Research and Quality. Retrieved from https://effectivehealthcare.ahrq.gov/ehc/products/343/1198/Evidencereport208_CQG-PublicReporting_ExecutiveSummary_20120724.pdf.
35. Smith, P., Mossialos, E., Papanicolas, I. (2009). *Performance measurement for health system improvement: Experiences, challenges and prospects*. Cambridge: Cambridge University Press. Retrieved from <http://www.euro.who.int/en/about-us/partners/observatory/publications/studies/performance-measurement-for-health-system-improvement-experiences,-challenges-and-prospects>.
36. Hailey J., & Sorgenfrei, M. (2009). *Measuring success: Issues in performance measurement*. Oxford: International NGO Training and Research Centre. Retrieved from <http://www.intrac.org/data/files/resources/53/OPS-44-Measuring-Success.pdf>.
37. Hogg, W., & Dyke, E. (2011). Improving measurement of primary care system performance. *Canadian Family Physician*, 57, 758–760.
38. Bornstein, T. (2001). Quality improvement and performance improvement: Different means to the same end? *Quality Assurance Brief*, 9(1), 6–12.
39. Mainz, J. (2003). Defining and classifying clinical indicators for quality improvement. *International Journal for Quality in Health Care*, 15(6), 525–530.
40. Robert Wood Johnson Foundation. (2012). *Measuring patient experience, aligning forces for quality*. Princeton, NJ: Robert Wood Johnson Foundation. Retrieved from

http://forces4quality.org/af4q/download-document/5166/Resource-74242.measuring.pt_experience.0412.pdf.

41. Velji, K. (2013). *Patient experience*. Toronto: Ministry of Health and Long-Term Care.
42. Toronto Central LHIN. (2014). *Patient experience measurement initiative: Challenges to measuring patient experience and recommendations from the quality table*. Toronto: Toronto Central LHIN.
43. Cancer Care Ontario. (2013). *Environmental scan: Patient & family experience*. Toronto: Cancer Care Ontario. Retrieved from <http://www.csqi.on.ca/common/pages/UserFile.aspx?fileId=287150>.

List of Terms

A common language to discuss patient experience measurement is still evolving. This strategy has content and terms specific to patient experience measurement that may not be familiar to all readers. Some terms (e.g., *patient-centred care*) have no universally accepted definitions. Please see the following list of terms that this report uses.

Availability of data: Generally refers to province-wide (vs. care-setting) data availability.²⁰

Cognitive testing: “Cognitive testing uses one-on-one personal interviews to explore respondents’ comprehension of the questions, their ability to answer the questions, and the adequacy of the response choices. Testing also helps identify words that can be used to describe health care providers accurately and consistently across a range of consumers and explores whether key words and concepts work equally well in different languages” (definition used with permission).²¹

Composite measure: “A set of survey items measuring similar topics that are grouped together to produce a score that is easier for users to interpret than individual survey items” (definition used with permission).²¹

Continuity: Continuity is a complex topic and is associated with various definitions. In this document, continuity is recognized as the degree to which a series of discrete health care events is experienced as coherent, connected and consistent with the patient’s medical needs and personal context.²¹ An evidence-based analysis²² conducted by the Evidence Development and Standards Branch at Health Quality Ontario about continuity of care also relates to both the quality of care delivered over time as well as the experience of care as it relates to satisfaction and coordination of care between providers.

Cultural competence: A set of congruent behaviours, attitudes and policies that come together in agencies or among professionals and enable them to work effectively in cross-cultural situations.²³

Data-collection mode: “The method used to collect survey responses. Modes include mail, telephone, IVR (interactive voice response), web completion, and email administration with web completion” (definition used with permission).²¹

Health equity: Allowing people the opportunity to reach their full health potential and receive high-quality care that is fair and appropriate to them and their needs, no matter where they live, what they have or who they are.

Integration of care: Coordination of services that are planned, managed and delivered by a range of health care professionals and informal carers between different organizational units.^{22, 24, 25}

Longitudinal surveys: Surveys in which individuals are asked the same or similar questions periodically over months or years to track trends.²⁶

Patient: An individual engaging in the health care system at any point across the continuum. The term *patient* can include clients, residents, family members, caregivers, substitute decision-makers and health consumers.²⁷⁻²⁹

Patient-centred care: Care that is respectful of and responsive to individual patient preferences, needs and values, where patient values guide all clinical decisions.⁴

Patient engagement: The way in which individual providers or health care organizations solicit patient feedback about needs and preferences to ensure they are delivering patient-centred care.¹

Patient experience: The patient’s assessment of their care continuum, starting from the time they first connect to the health care system. That assessment is influenced by the processes and physical settings of their care, and by the relationships that develop with their care providers; it is also shaped by their own expectations of the health care system.⁸⁻¹⁰

Patient relations: Engaging patients and caregivers in improving how health care settings gather and respond to feedback, concerns and complaints (hospital care, home care, community care and long-term care) for a range of populations (patients, residents, clients, family members and friends).³⁰

Performance measure: Measurement of a care process or outcome that is useful at one or more levels of the health system (organization, regional, province) to support planning, management or quality improvement.³¹ Performance measures focus on desired outcomes or processes of care that are evidence-based. Performance measures are also referred to as performance indicators.²⁰

Performance-measurement framework: A set of care domains, measurement priorities and specific measures that capture those measurement priorities.²⁰

Primary care models: In Ontario, these include community health centres, family health groups, family health networks, family health organizations, family health teams, combined models, as well as those who do not belong to a model.³²

Psychometric testing: “Analyses of data collected using the questionnaire to examine certain properties such as response rates, missing data, completion rates, internal reliability and site-level reliability” (definition used with permission).²¹

Patient-reported experience measures (PREMs): Measurement instruments that capture the patient’s views about his or her experiences while receiving care. They are designed to allow comparative performance measurement and to support quality improvement in health care services across Canada.¹⁶

Patient-reported outcome measures (PROMs): Measurement instruments that capture information on aspects of patients’ health status that are relevant to quality of life, including symptoms, functionality and physical, mental and social health.³³

Public reporting: Data (publicly available or available to a broad audience free of charge or at a nominal cost) about a health care structure, process or outcome at any provider level (individual clinician, group or organization [e.g., hospital, nursing facility]) or at the health plan level.³⁴ Public reporting of organizational performance can help motivate providers to improve performance and also potentially help patients choose between different providers.³⁵ Public reporting of performance-measurement data can enable comparisons over time and between organizations or systems and can help identify the key features of the best-performing systems.³⁶⁻³⁷ Public reporting is also a form of transparency to stakeholders and the public, and supports a culture of accountability regarding the use of public resources and the impact of publicly funded health care services.²⁰

Quality improvement: Efforts that address system deficiencies and improve the effectiveness and efficiency of health care processes.³⁸⁻³⁹ Performance monitoring identifies gaps between current and desired performance, which can then become a focus of quality improvement. Benchmarking against performance standards (or the achievements of high performing organizations or systems) helps establish performance targets and quantify the potential for improvement. Ongoing performance measurement tracks the impact of quality improvement initiatives.¹⁸

Reliability: “The extent to which a survey item will produce consistent results” (definition used with permission).²¹

Sample: “The set of patients to be surveyed, selected randomly from the survey frame and in enough quantity to statistically approximate the experience of all patients eligible to be surveyed” (definition used with permission).²¹

Sample frame: “The complete list of all patients who are eligible to be surveyed based on specifications, from which the sample will be drawn” (definition used with permission).²¹

System level: The collection of organizations that combine to deliver health care services at the community, regional or provincial level.

Transitions: A set of actions designed to ensure the coordination and continuity of health care as patients transfer between different locations or different levels of care within the same location.¹¹

Validity: “The extent to which a survey item measures what is intended to be measured” (definition used with permission).²¹

Appendix I: Patient Experience Measurement Committee—Terms of Reference

I. Background

Patient experience is a key element of the Institute for Healthcare Improvement Triple Aim and an increasing focus for health care providers in Ontario. The Robert Wood Johnson Foundation describes patient experience measurement as reflecting “quality from the perspective of patients by capturing observations and opinions about what happened during the process of health care delivery.”⁴⁰

Consistent with the increasing focus on patient experience, a growing number of measurement and quality improvement activities are taking place in Ontario. However, in the absence of an overarching strategy and coordinating structure, opportunities to share knowledge and best practices may be missed, gaps may remain unaddressed and duplication may occur.

II. Objective

The overall aim of the Patient Experience Measurement Committee is to work together in partnership to help stimulate superior patient experience measurement within and across all sectors and care transitions, for all patients in Ontario.

The primary goal is to develop an inclusive plan to support patient experience measurement for the purposes of quality improvement, public reporting and research, within and across all sectors and care transitions in Ontario.

The secondary goal is to make recommendations to Health Quality Ontario and other health system stakeholders about what approaches might be used to develop standards for patient experience measurement in Ontario.

Early tasks of the Patient Experience Measurement Committee may include:

- Cataloguing existing environmental scans of provincial and regional patient experience measurement activities in Ontario and other jurisdictions.
- Identifying evidence-based instruments, methodologies and processes.
- Identifying perceived gaps in measurement.
- Working with sector leaders to propose solutions to identified gaps.
- Striking working groups to focus on particular sectors and/or a cross-sectoral approach.

III. Responsibilities

In support of the role of the Patient Experience Measurement Committee, members are collectively responsible for the following:

- Providing advice to Health Quality Ontario and system partners.
- Striving to achieve alignment and consensus.
- Keeping members of relevant committees (e.g., Performance Monitoring and Reporting Advisory Committee, Health System Indicator Initiative Advisory Committee) apprised of its activities.

Under the Director, Performance Measurement, Health Quality Ontario will provide secretariat support to the Patient Experience Measurement Committee. In this role, Health Quality Ontario will prepare drafts of documents, support meetings and provide administrative support. To promote alignment, the Director of Patient, Caregiver and Public Engagement will also participate in planning and be invited to all meetings.

IV. Membership

Anna Greenberg (previously Mark Dobrow) from Health Quality Ontario and Kim Baker from the Central Local Health Integration Network will co-chair the Patient Experience Measurement Committee. Members with relevant patient experience measurement knowledge, expertise and experience from the following sectors or organizations will be sought, including:

- Patient/public/caregiver representatives
- Patient experience measurement subject matter expert(s)
- Canadian Institute for Health Information
- Local Health Integration Networks
- Ministry of Health and Long-Term Care
- Individual(s) with expertise in the acute care sector
- Individual(s) with expertise in the primary care sector
- Individual(s) with expertise in the long-term care sector
- Individual(s) with expertise in the home and community care sectors
- Individual(s) with expertise in mental health
- Individual(s) with expertise in cancer care
- Health Quality Ontario

At the discretion of the co-chairs, membership may be reviewed to ensure that the goals and objectives of the committee are being met. Guests will be invited as required to support Patient Experience Measurement Committee activities.

V. Attendance and Member Alternates

To maintain continuity and consistency in discussion and group composition, members will strive to attend all meetings. If they are unable to attend a meeting, members are encouraged to provide written feedback if required.

VI. Decision-Making Authority

Members will strive to make decisions by consensus. Health Quality Ontario's Performance Monitoring and Reporting Advisory Committee will be asked to comment on all recommendations that fall within its mandate.

VII. Frequency of Meetings and Manner of Call

The Patient Experience Measurement Committee will remain active for a period of one year with the possibility to terminate early should the goals be achieved. Alternatively, the committee may remain active for longer if there is consensus from committee members. Meetings will be held approximately four to six times for two hours. The chairs reserve the right to call or cancel meetings, as appropriate. Meetings may be held in person or via tele-/videoconference.

VIII. Communications

Agendas will be distributed approximately one week prior to meetings, and members may add agenda items through the co-chairs.

Official discussion of the Patient Experience Measurement Committee with media or at conferences or other external events should be done only when the co-chairs have given authorization.

IX. Indemnification

All members serve on the committee on a volunteer basis and by virtue of acting on behalf of Health Quality Ontario, the members are afforded a statutory indemnification under Section 11 of the *Excellent Care for All Act, 2010* (c.14, s.11), ensuring no personal liability.

X. Conflict of Interest

Members must ensure that any actual or potential conflict of interest arising in regard to any matter under discussion by the committee is drawn to the attention of the co-chairs. The co-chairs will determine what action, if any, is required arising from the conflict of interest and will take appropriate action.

Members may not use any data or information obtained as a result of their membership on this committee for their personal financial benefit or gain, or for the benefit or gain of any entity or corporation in which they have a financial interest or in which they have an interest as an employee or officer.

XI. Confidentiality

Members are encouraged to share information discussed at the Patient Experience Management Committee meetings with their sectors, associations and colleagues. However, there may be some information shared at the meetings that should remain confidential (e.g., vendor procurement). Members agree not to disclose or in any way use information identified as confidential.

Members are requested to refer media inquiries about the committee and its work to Health Quality Ontario.

Appendix II: Approach to Strategy Development and Environmental Scans

Approach to Strategy Development

Guided by its vision and principles, the Patient Experience Management Committee shaped its strategy by evaluating environmental scans and engaging with stakeholders inside and outside the committee.

Two environmental scans were conducted in May and June of 2015 to help inform strategy development. The first scan focused on frameworks used in other jurisdictions that have more mature patient experience measurement systems. The second looked at the landscape of standardized instruments currently used in Ontario.

The committee then engaged with constituents to ensure that the strategy was robust, relevant and consistent with their priorities. Engagement activities were as follows:

- A survey conducted to prioritize the strategy building blocks and disseminated via the committee members in August 2015 (53 complete responses).
- Presentations of the strategy's building blocks:
 - National Forum on Patient Experience, September 30, 2015 (191 registered attendees).
 - Health Quality Transformation, October 14, 2015 (346 registered attendees).
 - OHA Patient-Centred Care Conference, February 23, 2016 (60 registered attendees).
- Strategy outline engagement with Ontario stakeholders from December 2015 to February 2016.
- Individual engagement with more than 30 different stakeholders via email, phone calls and in-person meetings from December 2015 to March 2016.

Environmental Scan 1: Patient Experience Measurement Frameworks Used Outside Ontario

The first environmental scan reviewed patient experience measurement frameworks outside of Ontario. This scan also built on previous scans conducted by Brenda Tipper for the Change Foundation,⁶ Karima Velji for the Ministry of Health and Long-Term Care,⁴¹ the Toronto Central Local Health Integration Network⁴² and Cancer Care Ontario.⁴³ Other frameworks were included via literature reviews, Internet searches and email and telephone exchanges with various jurisdiction representatives.

In reviewing these systems, we found that some features were instrumental in helping to advance patient experience measurement:

- **Coordination:** Decisions were coordinated and centralized in one body, which might provide assistance with instrument review, gap analysis, data collection, coordination, analysis and/or reporting.
- **Areas of measurement:** Areas of measurement included, care setting-specific and condition-specific measurement.
- **Transitions:** Some systems coordinated care transitions well, embedding an atlas of questions on transitions in various care setting- and condition-specific instruments.
- **Balanced scorecard:** Patient-reported experience measures were seen as a priority in the balanced scorecard of many systems, alongside others such as patient-reported outcome measures and clinical and administrative measures.
- **Mix of measurement:** Systems had a mix of longitudinal data from standardized surveys, along with real-time surveying to better measure quality-improvement efforts. They also used a mix of quantitative and qualitative data. However, many were in the early stages of using qualitative data, especially given the exponential growth of user-generated review websites and patient use of social media.
- **Single measurement, multiple uses:** Like Ontario, many systems faced challenges in balancing the different needs of measurement. For example, while an instrument might meet

funding, accountability and public reporting requirements, it might not be meaningful to patients or be actionable for providers. Many identified the need for close collaboration between system-level leaders, providers and patients in the planning of experience measurement.

Environmental Scan 2: Standardized Patient Experience Instruments Used in Ontario

Standardization is the first step toward effective measurement, and it can inform quality improvement, accountability and public reporting. It also supports peer-group comparisons, benchmarking and target-setting. This scan of Ontario instruments, conducted in June 2015, focused on the use of validated surveys that had standardized or majority use in the different care settings. This scan built on and complemented previous scans by Brenda Tipper for the Change Foundation,⁶ Karima Velji for the Ministry of Health and Long-Term Care,⁴¹ the Toronto Central Local Health Integration Network⁴² and Cancer Care Ontario.⁴³ In addition to reviewing the instruments identified in these scans, we added other instruments via literature reviews, Internet searches and email and telephone exchanges with survey lead organizations.

Quality Improvement Plans, funding opportunities (such as the Ontario Emergency Department Pay for Results program) and Accreditation Canada’s client experience requirements have slowly coaxed health care organizations toward the use of validated and standardized surveys. However, apart from cancer and home care, we found no complete standardization in other care settings.

An ideal landscape of patient-reported experience measures should include data at various levels to ensure a representative picture of performance. It should feature data at the system level, across care settings, at the condition-specific level, and at the care setting level. Where appropriate, it should be complemented with point-of care surveying to produce real-time data and better inform quality-improvement efforts. Patient-reported experience measures, used with patient-reported outcomes measures and clinical and administrative data, can provide comprehensive information for evaluating care quality. This landscape is illustrated in Figure A1, below.

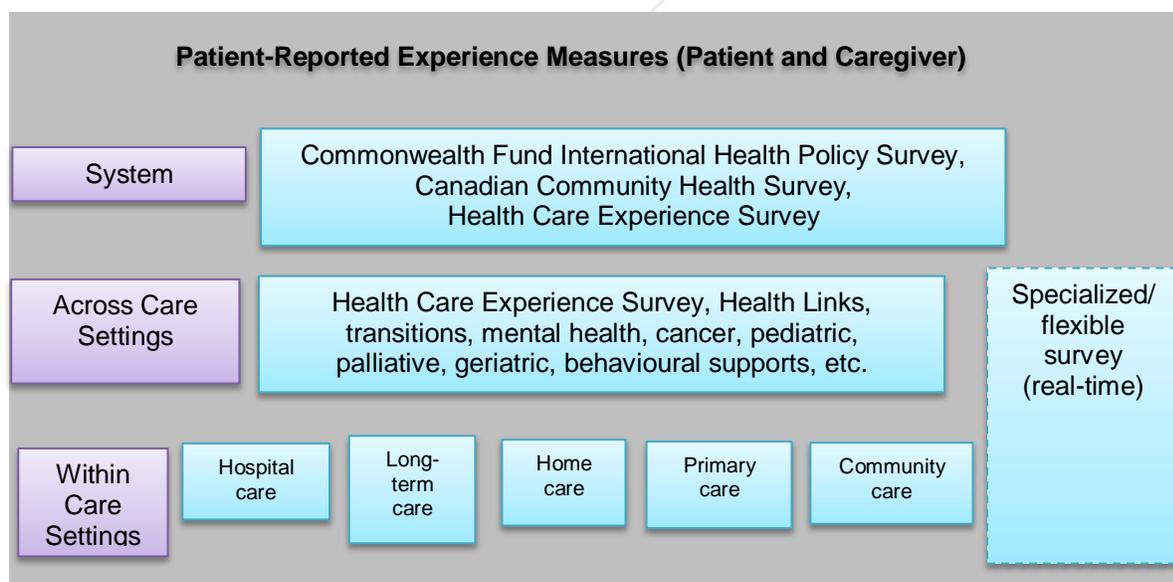


Figure A1. Landscape of Patient-Reported Experience Measures in Ontario

In total, we identified 33 different instruments active in Ontario in the summer of 2015; a list is provided in Table A1.

Table A1. Summary of Standardized Patient Experience Instruments Used in Ontario

Care Setting	Name of Instrument	Population	Proprietary or Non-proprietary	Languages Offered	Sampling Frame	Administration	Most Granular Reporting Level	Reporting Frequency	System-Level Use of Data	Benchmarks or Targets
Hospital	National Research Council Canada Adult Inpatient Survey (until March 2016)	Medical and surgical inpatient	Proprietary	English and French	Varied by hospital	Mail and handout	Facility	Typically continuous but varied by hospital	Quality Improvement Plan	Quality Improvement Plan targets (self-selected by hospitals)
Hospital	Canadian Patient Experience Survey- Inpatient Care (starting April 2016)	Medical and surgical inpatient	Non-proprietary	English and French	Varied by hospital	Mail, online and phone	Facility	Typically continuous but varied by hospital	Quality Improvement Plan	Quality Improvement Plan targets (self-selected by hospitals)
Hospital	National Research Council Canada Emergency Department Patient Experience Survey (until March 2016)	Emergency department	Proprietary	English and French	Varied by hospital	Mail and handout	Facility	Typically continuous but varied by hospital	Quality Improvement Plan	Quality Improvement Plan targets (self-selected by hospitals)
Hospital	Ontario Emergency Department Patient Experience of Care (starting April 2016)	Emergency department	Non-proprietary	English and French	Varied by hospital	Mail, handout, online and phone	Facility	Typically continuous but varied by hospital	Quality Improvement Plan, pay for results	Quality Improvement Plan targets (self-selected by hospitals)
Hospital	National Research Council Canada Pediatric Inpatient Patient Experience Survey (until March 2016)	Pediatric inpatient	Proprietary	English and French	Varied by hospital	Mail and handout	Facility	Typically continuous but varied by hospital	Quality Improvement Plan	Quality Improvement Plan targets (self-selected by hospitals)
Hospital	Ontario Child Hospital Consumer Assessment of Healthcare Providers and Systems Survey (starting April 2016)	Pediatric inpatient	Non-proprietary	English and French	Varied by hospital	Mail, handout, online and phone	Facility	Typically continuous but varied by hospital	Quality Improvement Plan	Quality Improvement Plan targets (self-selected by hospitals)
Hospital	National Research Council Canada deployed Rehab Patient Experience Survey (until March 2016)	Rehabilitation inpatient	Non-proprietary	English and French	Varied by hospital	Mail and handout	Facility	Typically continuous but varied by hospital	Quality Improvement Plan	Quality Improvement Plan targets (self-selected by hospitals)
Hospital	Canadian Patient Experience Survey- Inpatient Care plus rehabilitation module (starting April 2016)	Rehabilitation inpatient	Non-proprietary	English and French	Varied by hospital	Mail, handout, online and phone	Facility	Typically continuous but varied by hospital	Quality Improvement Plan	Quality Improvement Plan targets (self-selected by hospitals)
Hospital	National Research Council Canada Maternity Patient Experience Survey (until March 2016)	Maternity inpatient	Proprietary	English and French	Varied by hospital	Mail and handout	Facility	Typically continuous but varied by hospital	None	To be confirmed

Ontario Patient Experience Measurement Strategy

Care Setting	Name of Instrument	Population	Proprietary or Non-proprietary	Languages Offered	Sampling Frame	Administration	Most Granular Reporting Level	Reporting Frequency	System-Level Use of Data	Benchmarks or Targets
Hospital	Canadian Patient Experience Survey– Inpatient Care plus maternity module	Maternity inpatient	Non-proprietary	English and French	Varied by hospital	Mail, handout, online and phone	Facility	Typically continuous but varied by hospital	None	To be confirmed
Hospital	National Research Council Canada Day Surgery Patient Experience Survey (currently used under Ontario Hospital Association contract) (Note: Non-proprietary Instruments for day surgery patients are under review and may replace the National Research Council Canada survey in the future)	Day surgery	Proprietary	English and French	Varied by hospital	Mail and handout	Facility	Typically continuous but varied by hospital	To be confirmed	To be confirmed
Hospital	National Research Council Canada Ambulatory Clinics Patient Experience Survey (currently used under Ontario Hospital Association contract) (Note: Non-proprietary instruments for ambulatory clinic patients are under review and may replace the National Research Council Canada survey in the future)	Ambulatory clinics	Proprietary	English and French	Varied by hospital	Mail and handout	Facility	Typically continuous but varied by hospital	To be confirmed	To be confirmed
Hospital	National Research Council Canada deployed Long Stay Resident Experience Patient Experience Survey (currently used under Ontario Hospital Association contract) (Note: Alternate non-proprietary instruments for complex continuing care patients are under review and may replace the National Research Council Canada survey in the future)	Complex continuing care	Non-proprietary	English and French	Varied by hospital	Mail, handout and in-person Interview	Facility	Typically continuous but varied by hospital	To be confirmed	To be confirmed

Care Setting	Name of Instrument	Population	Proprietary or Non-proprietary	Languages Offered	Sampling Frame	Administration	Most Granular Reporting Level	Reporting Frequency	System-Level Use of Data	Benchmarks or Targets
Hospital	National Research Council Canada deployed Mental Health Long Stay, Short Stay and Outpatients Surveys (currently used under Ontario Hospital Association contract)	Mental health	Non-proprietary	English and French	Varied by hospital	Mail, handout and in-person interview	Facility	Typically continuous but varied by hospital	Quality Improvement Plan	Quality Improvement Plan targets (self-selected by hospitals)
Hospital	Ontario Perception of Care–Mental Health and Addictions (to be used at a future date after further hospital consultation)	Mental health	Non-proprietary	English and French	Varied by hospital	To be confirmed	Facility	Typically continuous but varied by hospital	Quality Improvement Plan, public reporting	To be confirmed
Cancer	National Research Council Canada Ambulatory Oncology Patient Satisfaction Survey	Ambulatory oncology: outpatient setting in all regional cancer centres	Proprietary	English, French, Chinese, Punjabi	Patients currently receiving cancer treatment or having received treatments in last 6 months	Mail	Provincial, regional, facility	Quarterly and annual	Public reporting through Cancer System Quality Index and regional scorecards; patient-reported experience measures data is linkable to administrative and patient-reported outcomes measures data	Targets available for three indicators; real-time measurement in development
Cancer	Ontario Cancer Symptom Management Collaborative Symptom Assessment Satisfaction Survey	Outpatient setting in all regional cancer centres	Non-proprietary	English and French	Information unavailable	Mail and handout	Provincial, regional	Annual	Public reporting through Cancer System Quality Index and regional scorecards	Information unavailable

Ontario Patient Experience Measurement Strategy

Care Setting	Name of Instrument	Population	Proprietary or Non-proprietary	Languages Offered	Sampling Frame	Administration	Most Granular Reporting Level	Reporting Frequency	System-Level Use of Data	Benchmarks or Targets
Cancer	Registered Nurse Flexible Sigmoidoscopy Patient Experience Survey	Clients who have received colorectal cancer screening through the Registered Nurse Flexible Sigmoidoscopy program	Non-proprietary	English and French	Information unavailable	Electronic and handout	Information unavailable	Information unavailable	Information unavailable	Information unavailable
Cancer	Diagnostic Assessment Program Patient Experience Survey	Patients who have received care through the Diagnostic Assessment Program	Non-proprietary	English and French	Information unavailable	Information unavailable	Provincial, regional	Annual	Public reporting through Cancer System Quality Index and regional scorecards	Information unavailable
Cancer	Your Learning Matters	Outpatient oncology	Non-proprietary	English and French	Outpatient oncology	Paper in-person	Facility	Annually	Public reporting, regional accountability	To be confirmed
Cancer	Your Voice Matters	Outpatient oncology	Non-proprietary	English and French	Real-time/point-of-care outpatient oncology patients	Electronically via kiosk in centre	Facility	Real-time/monthly	Public reporting, regional accountability	To be confirmed
Palliative care	Caregiver Voice Survey	Bereaved caregivers	Non-proprietary	English (and French by 2016)	Bereaved caregivers of patients in home care, hospices, long-term care, hospitals (4 to 6 weeks after bereavement) ; deployed quarterly	Handout and online	Facility	Annual (proposed)	Quality Improvement Plans, public reporting, quality improvement, accountability	No (standardization currently in development)
Long-term care	interRAI Quality of Life	Long-term care residents	Non-proprietary	English	Varied by home	Handout, in-person interview	Facility	Annual for Quality Improvement Plan	Submitted by homes for Quality Improvement Plans	Quality Improvement Plan targets (self-selected by homes)
Long-term care	Nursing Home Consumer Assessment of Healthcare Providers and Systems	Long-term care residents	Non-proprietary	English	Varied by home	Handout, in-person interview	Facility	Annual for Quality Improvement Plan	Submitted by homes for Quality Improvement Plans	Quality Improvement Plan targets (self-selected by homes)

Care Setting	Name of Instrument	Population	Proprietary or Non-proprietary	Languages Offered	Sampling Frame	Administration	Most Granular Reporting Level	Reporting Frequency	System-Level Use of Data	Benchmarks or Targets
Long-term care	Resident Quality Inspection Resident Interviews (used by the Ministry of Health and Long-Term Care for compliance inspections, not resident experience measurement)	Long-term care residents	Non-proprietary	English	by home	Handout, in-person interview	Facility	Varied by facility	Submitted by homes for Quality Improvement Plans	Quality Improvement Plan targets (self-selected by homes)
Long-term care	National Research Council Canada Long-Term Care Survey	Long-term care residents	Proprietary	Information unavailable	Information unavailable	Information unavailable	Facility	Varied by facility	Submitted by homes for Quality Improvement Plans	Quality Improvement Plan targets (self-selected by homes)
Long-term care	abaqis Nursing Home Survey	Long-term care residents	Proprietary	Information unavailable	Information unavailable	Information unavailable	Facility	Varied by facility	Submitted by homes for Quality Improvement Plans	Quality Improvement Plan targets (self-selected by homes)
Home care	Client and Caregiver Experience Evaluation	All active or discharged clients receiving services for: nursing, personal support, occupational therapy, physiotherapy, speech therapy, social work, nutrition/dietetics	Developed by the Ontario Association of Community Care Access Centres and partners	Multiple	Patients who received service for more than 6 months and were discharged within 3 months; school-based and palliative programs excluded	Phone	Service provider	Annual	Quality Improvement Plans, public reporting; quality measures are also included in the service provider contracts with Community Care Access Centres	Yes
Community support	Community Navigation and Access Program Client Experience Survey	Community support services clients	Non-proprietary	Multiple	Community support services adult day and enhanced day program, and supportive housing clients	Mail, handout, and in-person interview	Facility (program)- level	Annual	In development	In development
Primary care (practice-level)	Primary Care Patient Experience Survey	Primary care	Non-proprietary	English and French	Varied	Paper	Practice	Varied by practice	Quality Improvement Plans	Quality Improvement Plan targets (self-selected by practices)

Ontario Patient Experience Measurement Strategy

Care Setting	Name of Instrument	Population	Proprietary or Non-proprietary	Languages Offered	Sampling Frame	Administration	Most Granular Reporting Level	Reporting Frequency	System-Level Use of Data	Benchmarks or Targets
Primary Care (population health level)	Health Care Experience Survey	Focus on primary care	Developed by the Ministry of Health and Long-Term Care and partners	English and French	Ontarians aged 16 and above with valid Ontario Health Insurance Plan card	Phone	Provincial, regional (Local Health Integration Network and selected communities/ municipalities) and by primary care enrolment models (e.g., family health groups, family health organizations, etc.)	Quarterly and annual	Public reporting	No
Health policy (population health level)	Commonwealth Fund International Health Policy Survey	Ontario and Canada	Proprietary	English, French, Dutch, German, Norwegian, Swedish, Italian, Spanish	Nationally representative sample of respondents, age 18 and older	Phone (landline and mobile)	Provincial	Triennial	Public reporting	No
General (population health level)	Canadian Community Health Survey	Ontario and Canada	Proprietary	24 languages	Aged 12 years and over, living in the 10 provinces and 3 territories	Phone	Local Health Integration Network	Annual	Public reporting, public health surveillance	No

Key Lessons from the Environmental Scans

Below are some of the key lessons gleaned from the two environmental scans.

1. “Right Tools, Right Method and Right Time”

Using validated patient surveys provides a systematic method of accessing the patient experience using a representative sample of the patient population, and is one of the best and most reliable ways of assessing the quality of their care.³ In patient experience measurement, there are standardized validated surveys that provide the ability to trend and compare across organizations and time. There are also real-time surveys, which are more sensitive and help to focus quality improvement initiatives quickly. Organizations have been encouraged to supplement their data from standardized surveys with data from real-time survey where needed (e.g. rapid-cycle quality improvement pilot projects). A number of Ontario organizations have also, expressed interest in building their capacity to design their own real-time surveys for quality-improvement initiatives.

Note on surveys versus user-generated content: Properly conducted surveys can produce reliable information for comparing providers on common metrics that are important to providers and meaningful to patients. Using randomized, probabilistic sampling methods can yield information on provider performance. It is this ability to randomly select patients for the sampling frames that makes surveying a more valid measure of performance than user-generated comments submitted without the benefit of sample control.³ While user-generated reviews can be helpful and should also be used to inform improvement, it is the representative and reliable assessment of provider performance that this strategy hopes to target.

2. Importance of Patient Engagement

Numerous reports have advocated for the active engagement of patients and their families in planning patient experience measurement.^{1,2} Patients have also expressed a desire for integrated care in which their needs are respected and they are engaged as partners in all decision-making processes related to their health care.³ These needs should be reflected in the meaningful engagement of patients in all patient experience measurement work (from review of instruments to measures development) and inclusion of domains, which measure how much patients are engaged in decision-making related their care.

3. Move Toward Integration

As health service delivery moves from care setting- or silo-based approaches to a more integrated-based approach, it is important for measurement not only to evolve with the delivery of services, but also to help identify gaps in experience. To do this successfully, it is important to follow patients throughout their continuum of care and across different health care settings. British Columbia has made advances on this front, being able to follow and measure experiences across care settings, from ambulance to emergency department, and from acute inpatient care to home care.

4. Need for a Coordinated, Streamlined and Consistent Approach to Measurement

Standardized surveys used for specific care settings should be streamlined to fulfill multiple purposes, such as legislative requirements, accountability, Quality Improvement Plans, accreditation and public reporting. They also need to be meaningful to patients and actionable to inform quality improvement. Processes to review, select, test and implement the different instruments should be aligned for consistency and will help ensure that best practices for measurement are adopted more widely.

Appendix III: Recommendations and Enablers—Implementation and Partnership Details

Section 1: Improving Patient Experience Measurement

A key goal of the committee is to ensure consistent and efficient measurement across the entire health care system, especially in the area of care transitions (e.g., going home with home care services after leaving the hospital). To achieve this, the committee recommends standardized measurement of the transition experience while continuing to strengthen measurement within care settings to ensure comparable longitudinal data and encourage real-time measurement for rapid-cycle quality improvement initiatives.

Table A2 summarizes the strategy's first steps to advance standardized measurement, reporting and benchmarking of patient experience starting with the priority areas of transitions, primary, home, long-term and hospital care. It also identifies the organization(s) identified as key leaders and partners.

Table A2. Key Recommendations for Improving Patient Experience Measurement

Measurement Area/Topic	Brief Description of Scope	Rationale	Lead(s)	Partners	Timeline
Measurement across care settings	<ul style="list-style-type: none"> Develop a common set of core transitions questions that can be integrated into all existing and new setting- and disease-specific surveys. Develop an instrument to measure the experiences of patients who transition across multiple health care settings, starting with complex patients. As capability grows, share lessons learned about measuring the care transition experience with other areas that would benefit (e.g., palliative care community supports, behavioural supports, geriatric programs). 	No instrument is available to capture the experiences of patients who cross care settings. Inconsistent measures in current care-setting surveys. Multiple instruments are sometimes used within a single Local Health Integration Network	Ministry of Health and Long-Term Care/Health Quality Ontario	Health Quality Ontario, Patient Experience Measurement Committee	2016–2018
Measurement within care settings	<p><i>Primary care</i></p> <ul style="list-style-type: none"> Across all primary care models, encourage consistent implementation of a standardized practice-level survey that measures high-priority topics (e.g., the Health Quality Ontario Primary Care Patient Experience Survey) Develop a centralized data-collection and reporting plan to facilitate quality improvement and decision-making 	Improve consistency of measurement within care settings	Ministry of Health and Long-Term Care	Health Quality Ontario, Patient Experience Measurement Committee, primary care associations and provider and patient representatives	2016–2020
	<p><i>Home care</i></p> <ul style="list-style-type: none"> Use additional data from the Client and Caregiver Experience Evaluation survey to increase the number and transparency of publicly reported patient experience indicators, focusing on ones that are actionable and meaningful to providers and patients Improve on the Client and Caregiver Experience Evaluation survey by developing ways to capture closer-to-real-time experience data. Measurement that is more sensitive to changes as they are made can better focus quality-improvement efforts Continue supporting patient experience measurement in areas that require collaboration across care settings, such as palliative care 	Improve consistency of measurement within care settings	Local Health Integration Networks/Community Care Access Centres	Ministry of Health and Long-Term Care, Health Quality Ontario, client and provider associations and representatives	2016–2018

Measurement Area/Topic	Brief Description of Scope	Rationale	Lead(s)	Partners	Timeline
	<p><i>Long-term care</i></p> <ul style="list-style-type: none"> Review Resident Quality Inspections interview data to inform use decision until standardized measurement is established. Use a phased-in approach to establish standardized measurement and consistent implementation for resident and family experience Develop a centralized data-collection and reporting plan to facilitate quality improvement, accountability and transparency Develop a plan for patient experience measurement in patients with cognitive impairments 	Improve consistency of measurement within care settings	Ministry of Health and Long-Term Care/Health Quality Ontario	Canadian Institute for Health Information; home and resident and family representatives; and associations	2016–2018
	<p><i>Hospital care</i></p> <ul style="list-style-type: none"> Establish mandatory use, data collection and consistent implementation of standardized, validated instruments for hospital care, starting with the Canadian Patient Experiences Survey–Inpatient Care for medical and surgical inpatient care Support the development of measures of patient experience in other hospital service areas (emergency department, ambulatory clinics and day surgery, rehabilitation, pediatrics, maternity, complex and continuing care, and mental health) Develop a plan for centralized data collection and reporting to improve data quality and to support transparency and quality-improvement efforts 	Improve consistency of measurement within care settings	Ontario Hospital Association	Ministry of Health and Long-Term Care, Health Quality Ontario, and hospital and patient stakeholders	2016–2018
Reporting Strategy	<ul style="list-style-type: none"> Develop a provincial reporting strategy for patient experience indicators to support accountability, transparency and quality improvement 	A reporting strategy will help focus measurement and reporting efforts, better enabling quality improvement, data advancement, accountability and transparency	Health Quality Ontario	Ministry of Health and Long-Term Care, Patient Experience Measurement Committee	2016–2017
Benchmarking	<ul style="list-style-type: none"> Develop best practices and recommendations for benchmarking to support patient experience measures as appropriate 	Support target-setting and quality improvement	Health Quality Ontario	Ministry of Health and Long-Term Care, Patient Experience Measurement Committee	2016–2020

Section 2: Enablers to Support Measurement

The committee also recommends these enablers, which will play crucial roles in supporting the key recommendations and measurement.

Table A3. Enablers to Support Measurement

Enabler	Brief Description of Scope	Rationale	Lead(s)	Partners	Timeline
Policies to support linkable patient-reported experience measures	<ul style="list-style-type: none"> Evolve provincial policy to support linking patient-reported experience measures data with other data sources. Develop a plan for infrastructure development to link patient-reported experience measures data with other data sources 	Provide more comprehensive information to strengthen quality improvement and care delivery	Ministry of Health and Long-Term Care	Health Quality Ontario, Patient Experience Measurement Committee	To be determined
Standing Patient Experience Measurement Advisory Committee	<ul style="list-style-type: none"> Create a standing Patient Experience Measurement Advisory Committee to ensure successful implementation of the strategy and provide ongoing support for patient experience measurement. Ensure that the standing advisory committee initiates measurement in areas where no standardized measurement exists (e.g., long-term care, transitions) and help ensure measurement reflects the evolving way health care is delivered in Ontario. 	Provide a forum for continued dialogue across care settings on patient experience measurement	Health Quality Ontario with system partner	Ministry of Health and Long-Term Care, current Patient Experience Measurement Committee members	June 2016
Best practices for measurement	<ul style="list-style-type: none"> Review existing literature and evidence to develop and promote best practices for each stage of standardized survey selection, methodology and implementation, including the following: <ul style="list-style-type: none"> Identification and/or development of a suitable standardized instrument and measures. Separate gap analyses with providers, system-level partners and patients. Translations and testing (cognitive, psychometric and pilot testing). Analysis and reporting. Develop complementary measurement approaches to capture the experiences of patients from disadvantaged and marginalized populations. These could include a mix of measurement types, such as point-of care, real-time surveys, and interviews and focus groups. 	Improve data quality, advocacy and comparability. Support performance measurement and benchmarking	Health Quality Ontario	Patient Experience Measurement Committee	March 2017
Publicly available patient experience measurement tools and resources	<ul style="list-style-type: none"> Create a public-facing platform for patient experience measurement resources that includes the following: <ul style="list-style-type: none"> An inventory of patient experience measurement instruments and questions used in the different care settings. This should include active standardized instruments and questions used in Ontario (e.g., ambulatory oncology, home care, inpatient care, etc.). It should also include a bank of questions and surveying best practices that organizations can use to supplement standardized instruments or in tailored real-time measurement. Additional information (e.g., if the questions have been used in other care settings, have been tested and translated, etc.) should be included if available. A mechanism for sharing new methods or technologies. Possible platforms could include a community of practice for 	Improve standardization and narrow information gap. Supports efficiency in patient experience measurement efforts and keeping methods up to date	Health Quality Ontario	Patient Experience Measurement Committee	March 2017

Enabler	Brief Description of Scope	Rationale	Lead(s)	Partners	Timeline
	<ul style="list-style-type: none"> sharing, presentations at conferences, symposiums and webinars ○ A maintenance plan. ○ 				
Data-sharing mechanisms	<ul style="list-style-type: none"> • Evolve provincial policy to support linking patient-reported experience measures data with other data sources. • Develop a plan for infrastructure development to link patient-reported experience measures data with other data sources 	Improve data access and data quality	To be determined	To be determined	To be determined

Section 3: Improving the Patient Experience

In the development of the strategy, the committee identified select areas that are broader than measurement, and play overarching and important roles in improving patient experience.

Table A4. Select Areas for Development

Area	Brief Description of Scope	Rationale
Best practices for quality improvement of patient experience	<ul style="list-style-type: none"> • Create an online site with resources that can guide organizations on how to best use their patient experience data to drive quality improvement and enable peer learning • Leverage existing resources and lessons learned from other platforms (e.g., Institute for Healthcare Improvement, the United Kingdom National Health Service and Cancer Care Ontario) • Create communities of practice to exchange best practices on quality improvement (e.g., on private social networks such as Yammer) 	Help providers to get the most from their data to improve patient-centred care
Standards for patient experience	<ul style="list-style-type: none"> • Create concise quality statements about the components of a good patient experience and the definitions of high-quality care. Development of these statements might benefit from broad partnerships with multiple organizations at the provincial and national levels 	Clear standards will guide measurement planning and improve patient experience

Health Quality Ontario
130 Bloor Street West
10th Floor
Toronto, ON M5S 1N5

Tel: 416-323-6868
Toll Free: 1-866-623-6868
Fax: 416-323-9261
www.hqontario.ca

© Queen's Printer for Ontario, 2016