



So What Does Quality Mean, Anyway?

Using the Updated BC Health Quality Matrix

Quality Café
June 17, 2020



**BC PATIENT SAFETY
& QUALITY COUNCIL**
Working Together. Accelerating Improvement.

Plan for Today

Why bother defining quality in health care?

How is quality defined in British Columbia?

What are we supposed to do with it?





BRITISH COLUMBIA
HEALTH QUALITY
MATRIX



How Familiar Are You With the Matrix?

Not at all

Somewhat

Very!



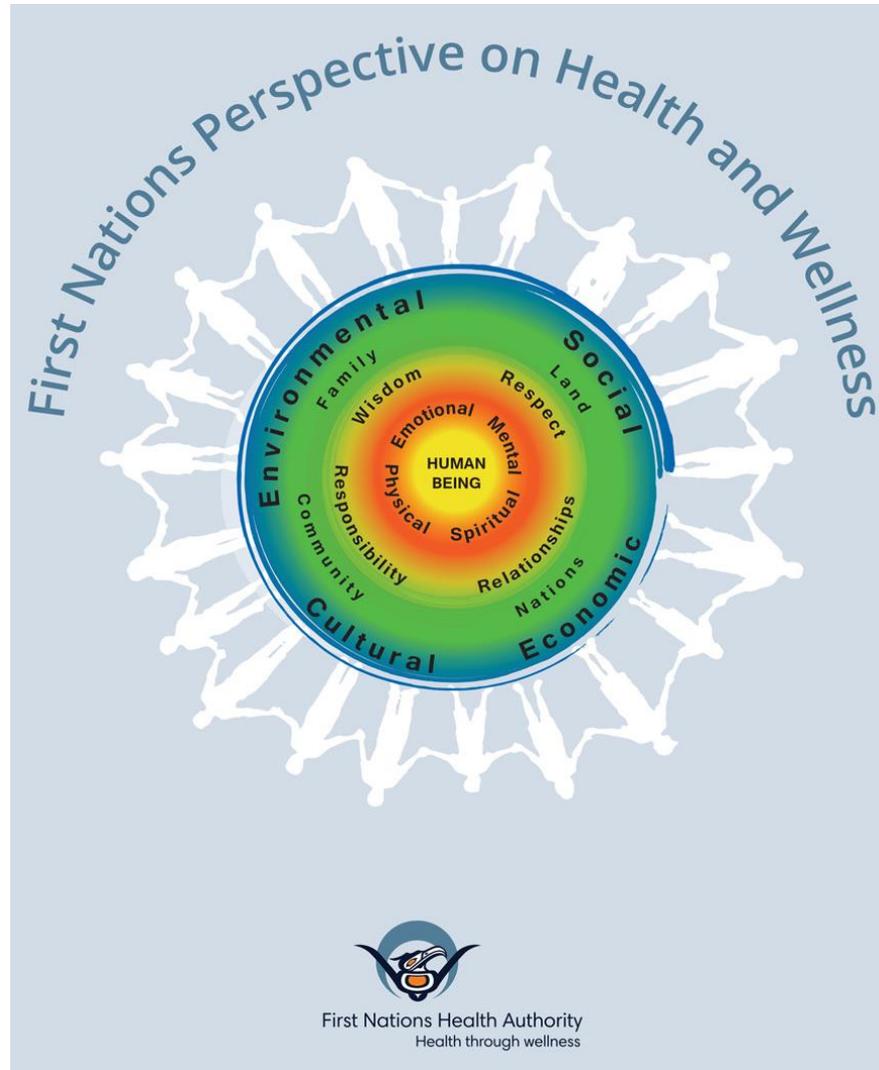
Updating the Matrix

Incorporate latest evidence on key drivers of quality

Ensure our understanding of quality honours the history and teachings of Indigenous Peoples in BC



Updating the Matrix



Updating the Matrix

Wellness

Whole person

Relationships

Cultural safety & humility

Person- & family-centred



How is quality defined?



Health & Wellness

Addressing needs

Supporting people to stay well, build on their strengths and thrive

Holistic

Relational nature of care



Key Questions – Health & Wellness

How are we considering the physical, mental, emotional and spiritual states of the people who are receiving and providing care?

What about this person or community's context may be impacting their health and wellness or their experience of care?

What are the primary relationships involved? How are we fostering these relationships and what more can we be doing to support them?



7 Dimensions of Quality

RESPECT

Honouring a person's choices, needs and values

SAFETY

Avoiding harm and fostering security

ACCESSIBILITY

Ease with which health and wellness services are reached

APPROPRIATENESS

Care that is specific to a person's or community's context

EFFECTIVENESS

Care that is known to achieve intended outcomes

EQUITY

Fair distribution of services and benefits according to population need

EFFICIENCY

Optimal and sustainable use of resources to yield maximum value

INDIVIDUAL PERSPECTIVE

SYSTEM PERSPECTIVE



Respect

Honouring a person's choices, needs and values

This dimension upholds human dignity by minimizing power imbalances and creating space for people to demonstrate agency in their own health and wellness. Respect includes being responsive to and making decisions in partnership with a person, family, caregiver and/or community.



Safety

Avoiding harm and fostering security

This dimension involves processes and environments that ensure both actual and perceived physical, cultural and psychological safety. Safety is the extent to which services prevent or minimize harm that could unintentionally result from the delivery of care, and the extent to which they promote trust.



Cultural safety:

An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

Source: First Nations Health Authority. Cultural Humility [Internet]. 2020 [cited 2020 Jan 1]. Available from: <https://www.fnha.ca/wellness/cultural-humility>



Psychological safety:

Broadly defined as a climate in which people are comfortable expressing and being themselves, sharing concerns and mistakes without fear of embarrassment or retribution, and asking questions when they are unsure about something.

Source: Edmondson A. The fearless organization: creating psychological safety in the workplace. Hoboken, NJ: John Wiley & Sons; 2018.



Harm:

Exists in many different forms. Examples include:

Adverse outcomes

Injury, burnout and vicarious trauma

Racism, discrimination and stigma

Displacement or separation from supports



Accessibility

Ease with which health and wellness services are reached

Accessibility is the extent to which people can readily obtain care when and where they need it. This dimension aims to overcome physical, financial, cultural and psychological barriers to receiving information and care. It includes a welcoming entry and seamless transitions between and within services.



Appropriateness

Care that is specific to a person's or community's context

Appropriate care is informed by evidence and best practice to optimize care to achieve a specific person's health and wellness goals. It weighs the benefits and risks of interventions to prevent the overuse or underuse of treatments or services.



Effectiveness

Care that is known to achieve intended outcomes

Effective care is informed by evidence and best practice to achieve the best possible outcome for people's or populations' health and wellness. A commitment to effectiveness is demonstrated by continuously studying the results of care as well as promising new methods that may improve health and wellness for all.



Evidence:

Quality relies on using best available evidence to inform decisions. This includes evidence gained through formal academia and clinical research, as well as collective expertise and lived experience.



Equity

Fair distribution of services & benefits according to population need

Equity involves understanding the people being served, focusing on the social determinants of health, overcoming structural barriers and eliminating systemic oppression to address gaps in experience and outcome. Equity is demonstrated when every person has the opportunity to achieve their health and wellness goals regardless of social, economic or geographic location. Equity does not mean the exact same care for everyone because individuals have different circumstances, histories and needs.



Efficiency

Optimal and sustainable use of resources to yield maximum value

A commitment to efficiency is demonstrated by the thoughtful use of financial, environmental and human resources to deliver health and wellness services today and in the future. This includes maximizing capacity to deliver more or better services by minimizing and eliminating waste throughout health systems, such as unnecessary energy, materials and money spent.



Examples



Key Questions – Dimensions of Quality

Have we considered how our work relates to each of the seven Dimensions of Quality?

Which dimension(s) are we focusing on?

How might changes in one dimension affect the other Dimensions of Quality?

Have we focused too much on a single Dimension of Quality at the expense of other dimensions?



Areas of Care



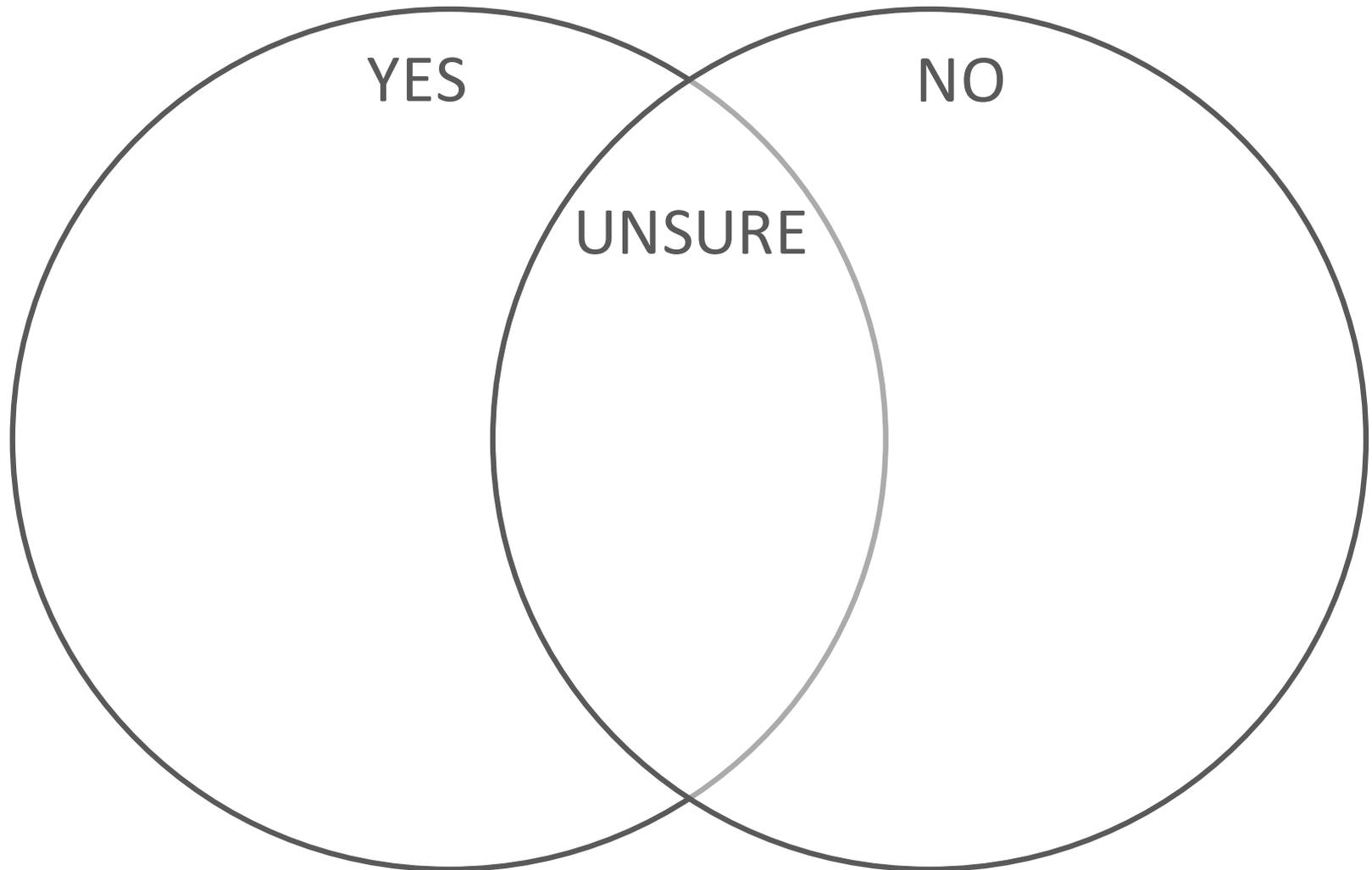
Key Questions – Areas of Care

What Area(s) of Care does our work touch?

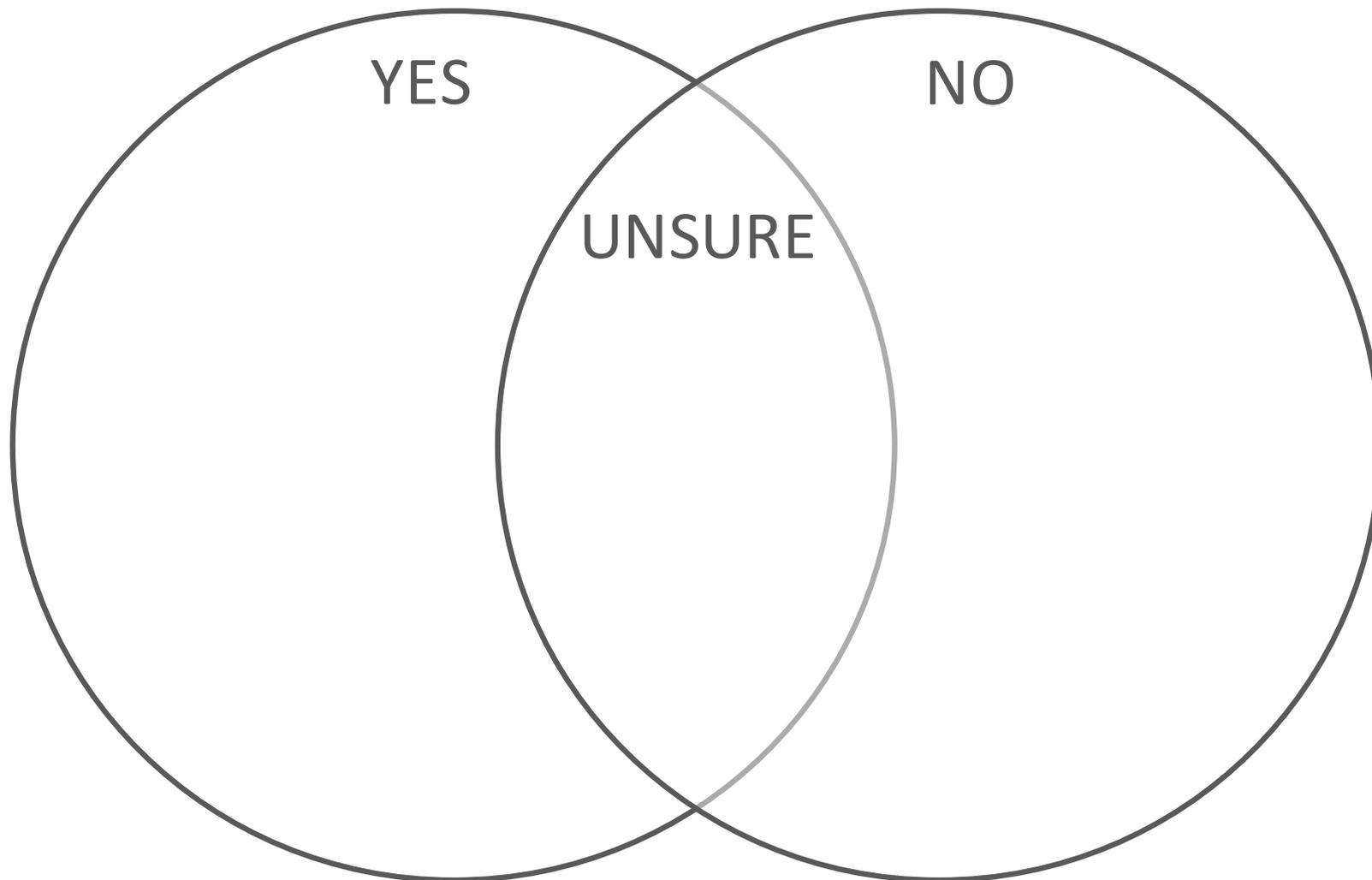
How does our work impact other related Areas of Care?
Or, alternatively, how do other areas impact our work?



Have You Ever Used the Matrix?



Would You Like to Use the Matrix?



Using the Matrix



Strategic planning

Developing metrics

Evaluating program impact

Leading improvement projects



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INDIVIDUAL PERSPECTIVE

SYSTEM PERSPECTIVE

OPTIMIZING THE EARLY YEARS

Advancing early development and maternal health and wellness

STRENGTHENING HEALTH & WELLNESS

Promoting well-being and preventing injury, illness and disability

RETURNING TO HEALTH & WELLNESS

Getting better when faced with acute illness or injury

LIVING WITH ILLNESS OR DISABILITY

Care and support for living with chronic illness and/or disability

COPING WITH TRANSITION FROM LIFE

Planning, care and support for life-limiting illness and bereavement

AREAS OF CARE

CASE STUDY #2

Leading an Improvement Project

DIMENSIONS OF QUALITY

RESPECT	SAFETY	ACCESSIBILITY	APPROPRIATENESS	EFFECTIVENESS	EQUITY	EFFICIENCY
Honouring a person's choices, needs and values	Avoiding harm and fostering security	Ease with which health and wellness services are reached	Care that is specific to a person's or community's context	Care that is known to achieve intended outcomes	Fair distribution of services and benefits according to population need	Optimal and sustainable use of resources to yield maximum value
INDIVIDUAL PERSPECTIVE				SYSTEM PERSPECTIVE		

OPTIMIZING THE EARLY YEARS

STRENGTHENING HEALTH & WELLNESS

Promoting well-being and preventing injury, illness and disability

Being informed about the risks and benefits of medications

RETURNING TO HEALTH & WELLNESS

Getting better when faced with acute illness or injury

Maintaining independence in daily activities

Identifying and being guided by the individual's goals of care

LIVING WITH ILLNESS OR DISABILITY

Care and support for living with chronic illness and/or disability

Maintaining independence in daily activities

Identifying and being guided by the individual's goals of care

Reducing risk of falls
Minimizing adverse drug events
Considering the impact of mistrust of institutions due to colonizing practices and policies

Increasing level of comfort with questioning health care providers

Making information available through different mediums (e.g., oral narrative/stories, electronically, hard-copy)

Using medications only when the benefits outweigh the potential risks
Considering complex co-morbidities rather than a single condition

Reducing risk of hospitalization
Increasing medication adherence

Recognizing the higher prevalence of many chronic conditions experienced by Indigenous people
Addressing stigma and systemic racism that impacts people's and systems' ability and awareness to provide culturally safe and humble care

Reducing unscheduled emergency room visits and hospital stays

COPING WITH TRANSITION

AREAS OF CARE

Case Study



Clear

Improving care for seniors living
with dementia in long-term care



Case Study

Clear Wave 3 aim statement:

To reduce the rate of potentially inappropriate antipsychotic use from baseline (32.7%) to the national average (21.8%) amongst participating care homes by April 30, 2019, through evidence-based management of Behavioral and Psychological Symptoms of Dementia (BPSD).



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COMPANION GUIDE



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Available at bcpsqc.ca/matrix



Questions?



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Thank you!

Please complete the evaluation.

