

Patient Experience Measurement: The Evolving Landscape in Ontario



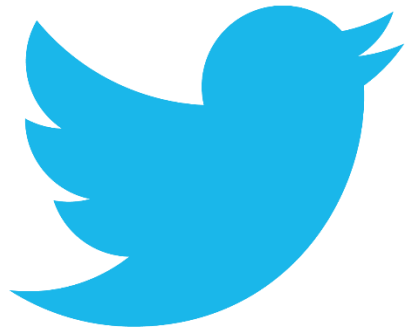
Presenters Disclosure

- **Presenters: Gail Dobell, Alies Maybee, Jennifer Hartwick, Georgina Veldhorst, Kira Leeb**
- **Relationships with commercial interests: None**
 - Grants/Research support
 - Speakers Bureau/Honoraria
 - Consulting fees
 - Other

Disclosure of Commercial Support

- This session has received no commercial support

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Housekeeping

- Kindly reserve questions for the end of the session
- Slides:
 - Slide deck from today's session will be available in English and French on the HQT website
 - Included in the slide deck:
 - Contact information of speakers or projects
 - A list of references and resources

Learning Objectives

- Learn about the importance of patient experience measurement from a variety of perspectives including patient, provider, system and pan-Canadian level and hear how results can be used to improve care.
- Discuss approaches for measuring and reporting patient experience.
- Understand the role of HQO in supporting patient experience measurement activities.

Session Overview and Speakers

- Overview of Patient Experience Measurement
 - Gail Dobell- Director of Performance Measurement, Health Quality Ontario
- Measurement from a Patient Perspective
 - Alies Maybee – Patient Representative, Patients Canada
- Enhancing Quality of Life through the Voice of our Residents
 - Jennifer Hartwick - Director of Business Process Development, Schlegel Villages
- Measuring Patient Experience at a Systems Level
 - Georgina Veldhorst - Senior Director, Planning, Integration and Community Engagement, Central Local Health Integration Network
- Patient Experience Measurement and Reporting Initiative in Canada
 - Kira Leeb - Director of Health System Performance, Canadian Institute for Health Information
- Q&A and Discussion

Overview of Patient Experience Measurement

Gail Dobell
Health Quality Ontario

Interest in Patient Experience is Growing

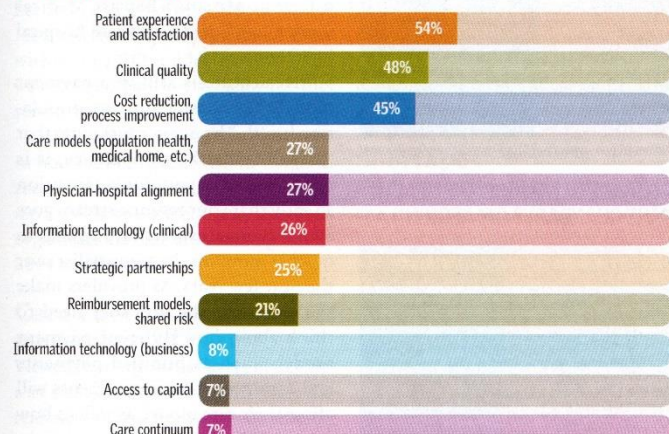
PATIENT EXPERIENCE REMAINS A TOP PRIORITY



Top 3 Priorities for the Next 3 Years

A report on the Beryl Inst Benchmarking Study: The State of Patient Experience in American Hospitals 2013

PLEASE SELECT YOUR ORGANIZATION'S TOP THREE PRIORITIES FOR THE NEXT THREE YEARS.



US HealthLeaders Media Industry Survey 2013

Patient experience

Each patient's experience is the final arbiter in everything the NHS does.

The Health Service Ombudsman's report, *Listening and Learning*¹⁰, set out an inconsistent and at times unacceptable approach by some NHS organisations to complaints handling. Good complaints handling is vital in ensuring a culture in the NHS where patients are listened to and organisations learn from mistakes. NHS organisations must actively seek out, respond positively and improve services in line with patient feedback

The Operating Framework for the NHS in England 2012/13

Canadian Foundation for Healthcare Improvement

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CFHI and IHI Team Up to Improve Patient Experience and Outcomes while Lowering Costs

by Nadine Morris | Sep 09, 2014

Ten Canadian Teams Join IHI Triple Aim Collaborative

Ottawa, Canada – September 9, 2014 –The Canadian Foundation for Healthcare Improvement today announced a new cohort of Canadian teams participating in the Institute for Healthcare Improvement (IHI) *Better Health and Lower Costs for Patients with Complex Needs: An IHI Triple Aim Collaborative*. Over 12 months, the teams will transform how their organizations care for patients living with complex health needs so patients experience better care and improved health, all at a lower cost. Children with complex conditions, patients with mental health and addictions challenges, people with no fixed address, new Canadians without healthcare providers, and the frail elderly with chronic conditions are just some patients who will benefit from this initiative.

Forbes

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America's Most Expensive ZIP Codes

The Most Interesting Man Revolutionizing The Health World

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9 Patient Experience And Satisfaction Secrets For Hospitals And Healthcare

by Michael Solomon Contributor

9/9/2014 @ 7:22PM 2,365 views

As patient satisfaction and the patient experience start to take the spotlight in healthcare, there's a need for straight, useful talk on these subjects. Here are nine points that will keep you on the right track in hospitals and other healthcare environments.

1. **Patient satisfaction isn't the enemy of medical outcomes.** Done right, the work you do on patient satisfaction, on improving the patient experience, will also contribute to improving your medical outcomes. In the hospital, and upon discharge. This should be obvious, but our ingrained conception of win/lose, zero-sum gets in the way.

CMAJ Medical knowledge that matters

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CMAJ March 13, 2007 vol. 176 no. 6 doi: 10.1503/cmaj.070239

News

RateMDs.com nets ire of Canadian physicians

Brad Mackay

Author Affiliations

An American Web site that lets patients post anonymous comments about their physicians online appears to have become wildly popular in Canada in recent months. But it's provoking both fear and threats of legal action from the medical community north of the border.

California-based RateMDs.com allows users in the US and Canada to rank

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doi: 10.1503/cmaj.070239
CMAJ March 13, 2007 vol. 176 no. 6 754

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Defining Patient Experience

- The sum of all **interactions**, shaped by an organization's culture, that influence patient **perceptions** across the continuum of care [Beryl Institute]
- Quality from the **perspective** of the patient [Robert Wood Johnson Foundation]
- Sum of an individual's **perceptions**, **expectations** and **interactions** related to his/her health and care throughout the cancer journey [Canadian Partnership Against Cancer]
- Any process observable by patients, including **subjective** experiences, **objective** experiences and **observations** of physician, nurse or staff behavior [Price, Elliot et al, Medical Care Research and Review, 2014]
- Patient's **judgment** on the quality of care, particularly the **interpersonal** relationships with clinicians and other care providers [Donabedian, 1988]
- **Feedback** from patients on what actually happened in the course of receiving care or treatment, both the **objective** facts and their **subjective** views of it [Dr Foster, *The Intelligent Board* 2010]

Why Measuring Patient Experience is Important to Patients

- The *best source* of information for the patient perspective
- Recognizes each patient as an individual
- Provides a structured mechanism for patient feedback and opportunity to contribute to change



Why Measuring Patient Experience is Important to Providers

- Contributes to a quality-centered, patient-driven culture
- Can influence patient perceptions and choice of providers
- Informs health care quality. Better patient-reported experiences associated with
 - increased patient adherence to physician advice,
 - selected clinical outcomes (e.g. AMI),
 - efficiency (e.g. lower 30 day readmission) and patient safety
- Meets legislative (and other) requirements (e.g. Excellent Care for All, LTC Homes Act)



Why Measuring Patient Experience is Important for the System

- Informs policy development
- Transparency and accountability
- Opportunity to promote faster spread of best practices



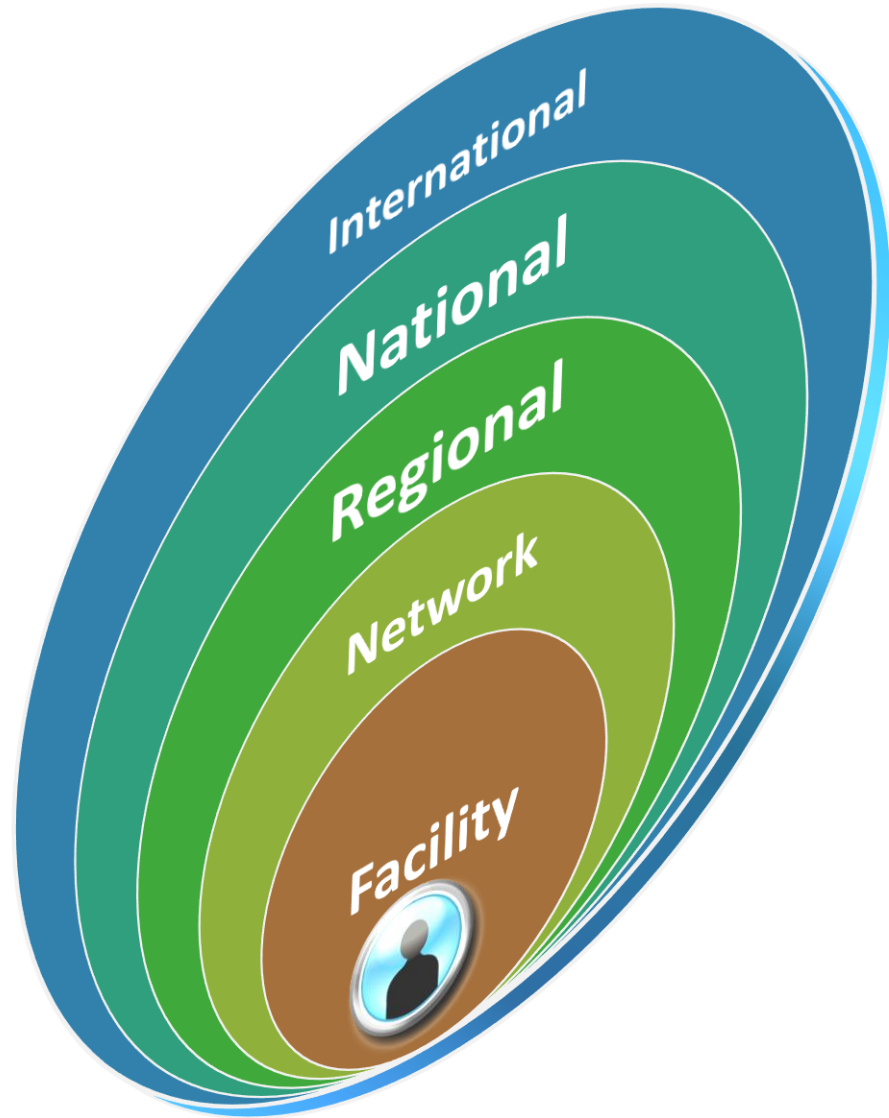
Approaches to Patient Experience Measurement

- Patient surveys (traditional and emerging)
- Focused groups and 1:1 interviews
- Observational studies
- Qualitative analysis of patient stories

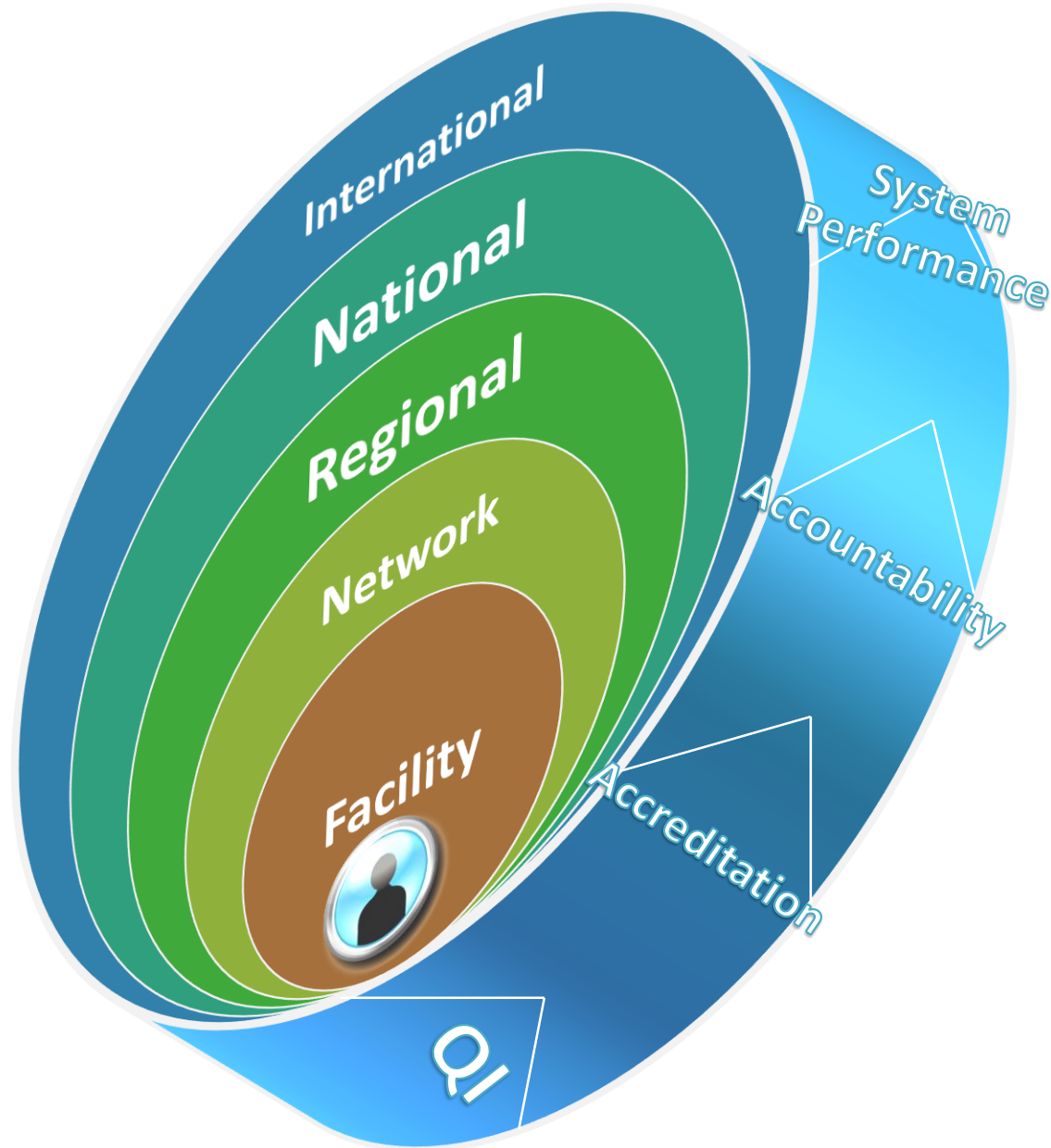
Note:

Measuring patient experience vs user-generated reviews (e.g. rateMDs, Yelp, Angie's List)

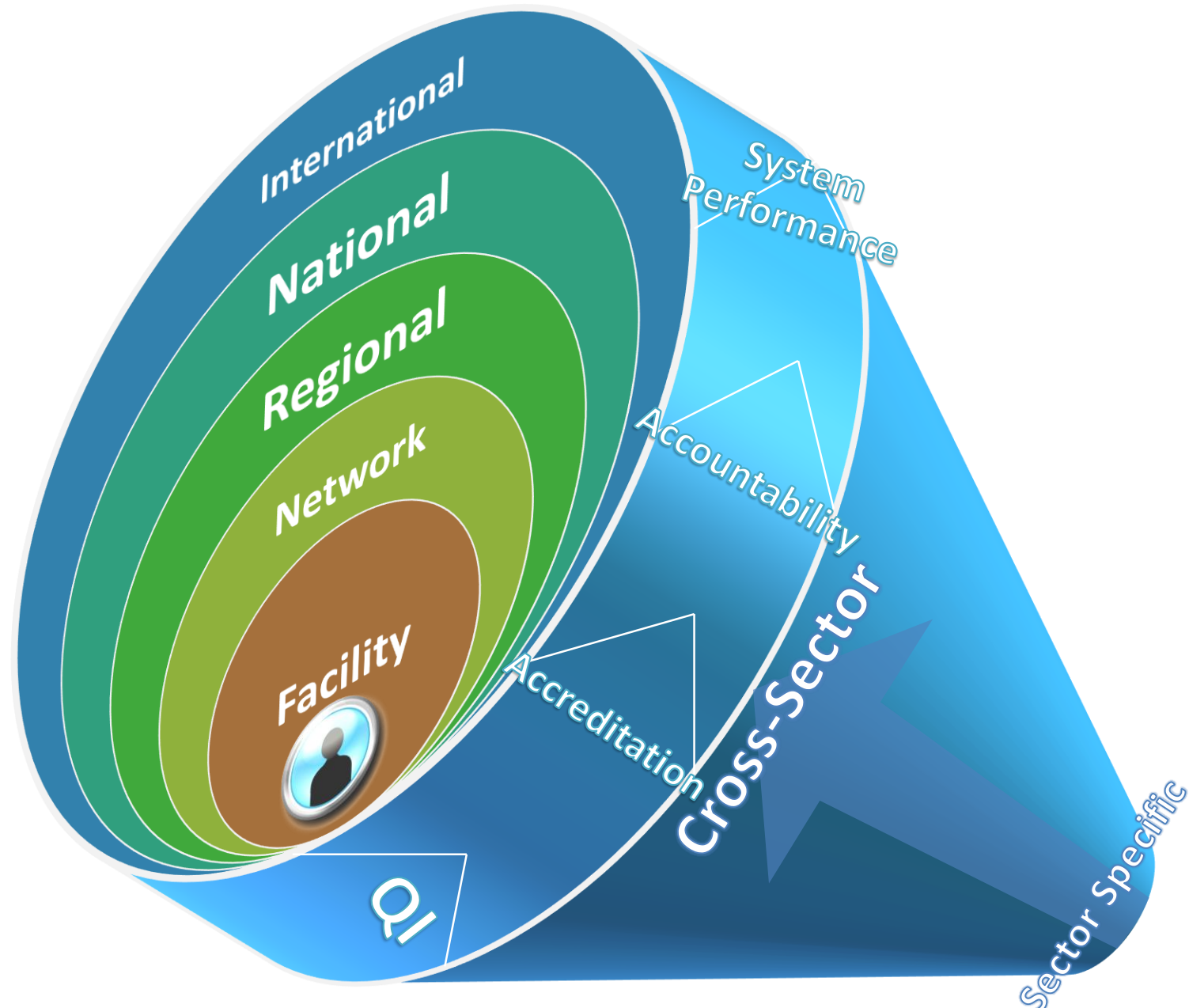
Measurement Activities Across the Healthcare System



Measurement Activities Across the Healthcare System



Measurement Activities Across the Healthcare System



Measurement from a Patient Perspective

Alies Maybee
Patients Canada



My Patient Experience

- Thanksgiving – severe pain mid chest
- Ambulance > hospital > diagnosis
- Follow up with family doc > specialist #1

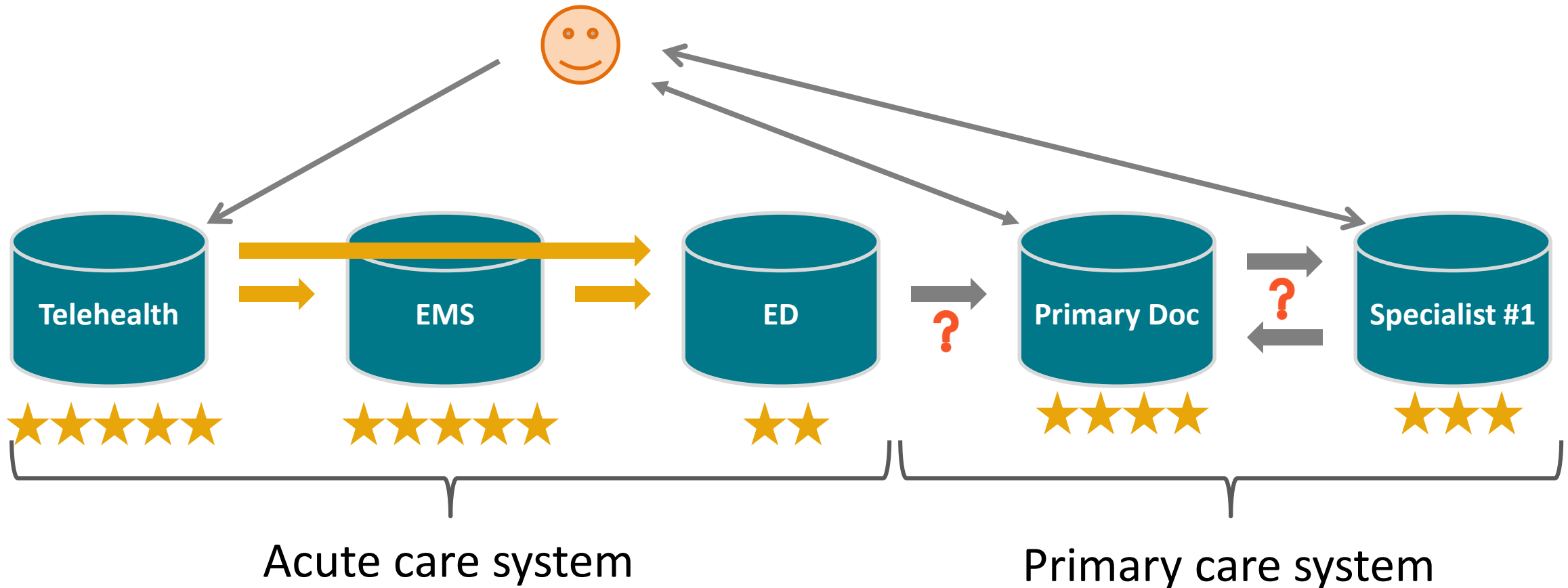
----- 18 months later

- Feel crummy for months
- Severe pain lower right abdomen > Hospital overnight
- 6 wks later: severe pain mid chest
- Ambulance > hospital
- Follow up with family doc > specialist #2 > More tests
- Follow up with family doc > situation still pending



This Experience as I See It

Round one



Involving Patients in Research

As SUBJECTS

- SURVEYS
- INTERVIEWS
- FOCUS GROUPS

As COLLABORATORS

- SELECT/VALIDATE RESEARCH QUESTION
- CO-DESIGN APPROACH

As PARTNERS

- SET RESEARCH STRATEGY
- SET FUNDING PRIORITIES
- EVALUATE PROPOSALS

**“In God we trust.
All others must
bring data”.**

W. Edwards Deming

Do Not Assume ...

THAT

- We don't want to know why the research is of value
- You know what we know
- We don't want feedback
- Caregiver information is not important
- We are only a source of data – a tool

Give us respect for the effort and experience
we contribute to research

Patients and caregivers are the only ones
who experience the system as a system

What is Important to Patients in their Care?

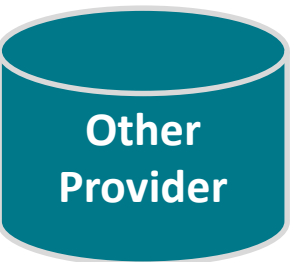
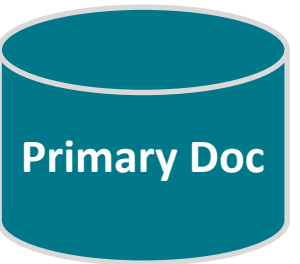
The Practicals

ACCESS

- 24/7 access to care options
- Online scheduling
- Phone and email options

TIME

- Minimal wait time in office and exam room
- Same or next day appointments



What is Important to Patients in their Care?

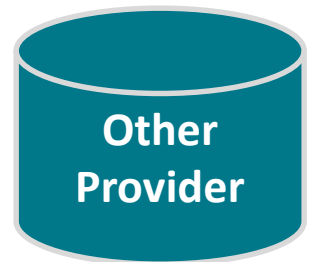
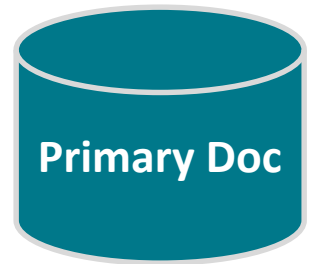
Partnership in Care

UNDERSTANDING

- Full access to my information
- Comfort asking questions
- Clear instructions and validation of understanding
- Support materials
- Option to discuss further by phone, in person or email

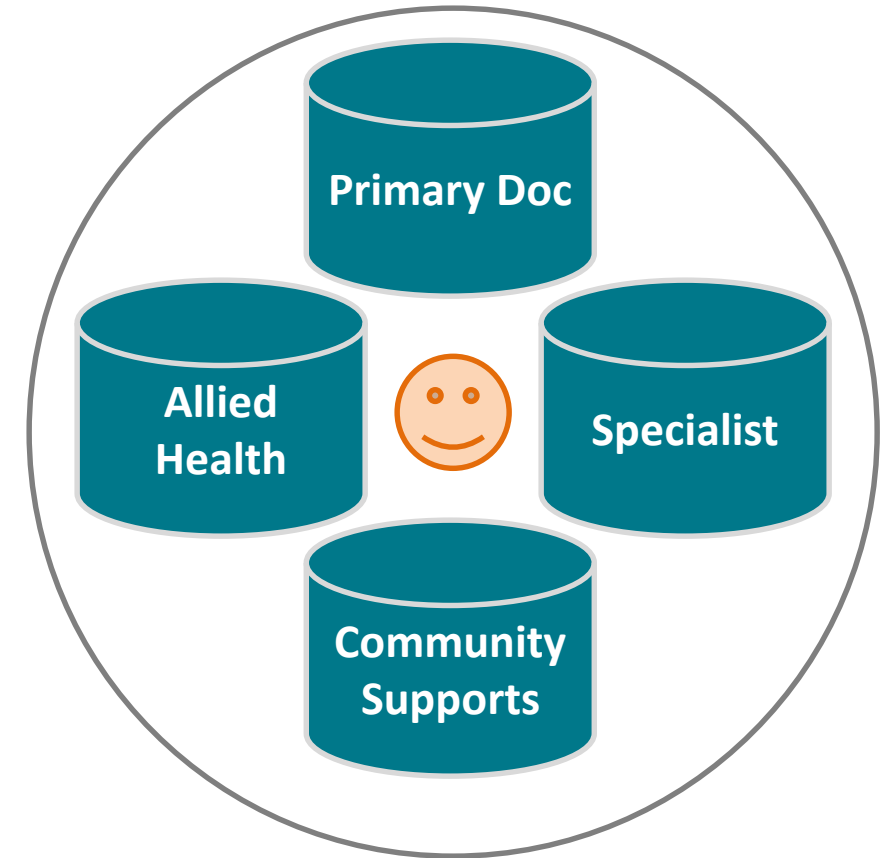
TEAM APPROACH

- Caregiver is considered part of the team
- Know who is in the team
- Team discussions with the patient and caregiver
- Team includes allied health professionals and community supports



What is Important to Patients in their Journey?

- Knowing who is in charge of the team and organizing all care
- Knowing all care options in the system
- Guidance and support to move through the system
- Feeling truly at the centre of the care team



Make Measurement a Public Discussion



Patients Canada

www.patientscanada.ca

Enhancing Quality of Life through the Voice of our Residents

**Jennifer Hartwick MSc.
Director of Business Process Development
Schlegel Villages**





SCHLEGEL VILLAGES

- 13 Villages across South Western Ontario
- 5 Village Continuums which include Long Term Care, Retirement Apartments, Assisted Living, and Independent Living Apartments
- 7 stand alone LTC with plans to expand
- 1 stand alone Retirement home



SCHLEGEL VILLAGES

Riverside Glen

60 Woodlawn Rd E
Guelph, ON N1H 8M8

1

Arbour Trails

32 Bayberry Dr
Guelph, ON N1G 0A2

Wentworth Heights

1620 Upper Wentworth St.
Hamilton, ON L9B 2W3

2

Tansley Woods

4100 Upper Middle Rd
Burlington, ON L7M 4W8

3

Sandalwood Park

425 Great Lakes Dr
Brampton, ON L6R 2W8

4

Erin Meadows

2930 Erin Centre Blvd
Mississauga, ON L5M 7M4

5

Taunton Mills

3800 Brock St. N
Whitby, ON L1R 3A5

6

Humber Heights

2245 Lawrence Ave. W
Etobicoke, ON M9P 3W3

7

Winston Park

695 Block Line Rd
Kitchener, ON N2E 3K1

8

Glendale Crossing

3030 Singleton Avenue
London ON N6L 0B6

9

Aspen Lake

9855 McHugh Street
Windsor ON N8P 0A6

10



Schlegel Villages, Support Office
325 Max Becker Drive, Suite 201
Kitchener, ON N2E 4H5

We Strive to Achieve

5 Key Success Factors

Changing the Culture of Aging

People Development

Product Quality

Customer Experience

Profitability Sustainability

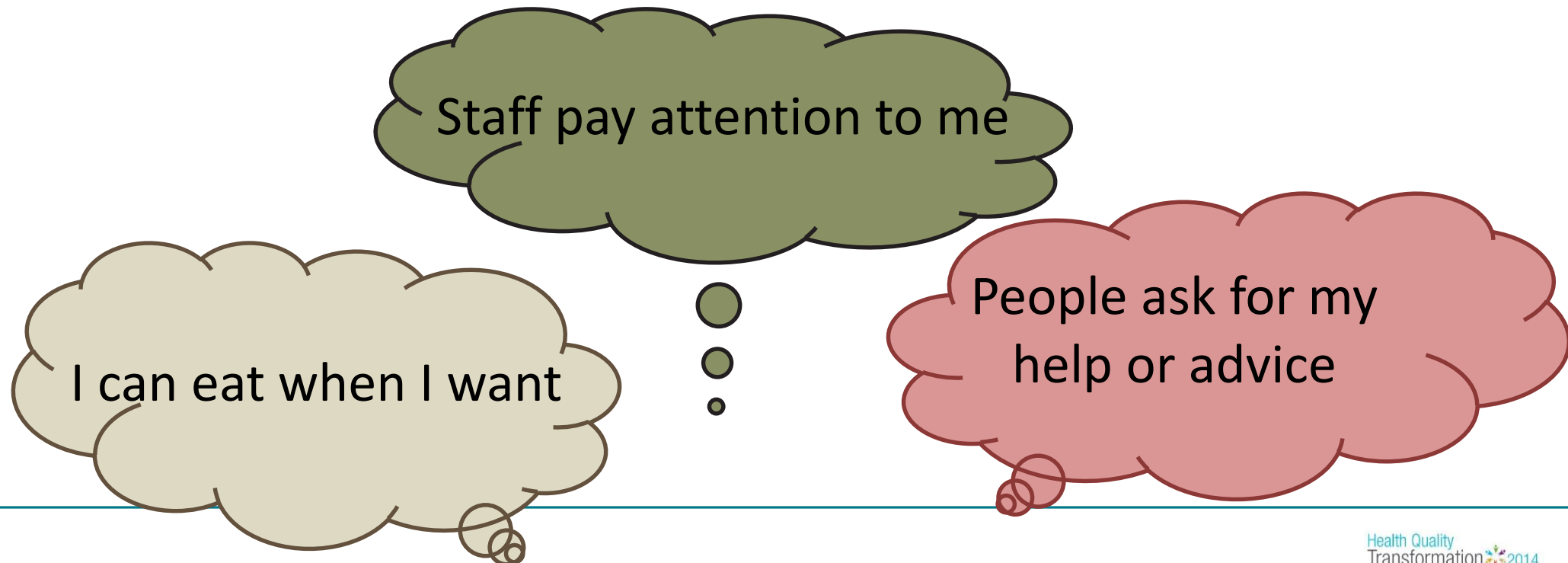


CUSTOMER EXPERIENCE
Our Values

Be Present
Know Me
Walk In My Shoes
Follow Through
Earn Trust

Self Report Quality of Life Satisfaction Survey

- The Long Term Care Self Reporting Quality of Life (QoL) Satisfaction Survey was designed to give persons enrolled in formal care programs the opportunity to share their perceptions on a variety of quality of life domains including relationships, environment, comfort, safety, food, and participation in meaningful activities.





CUSTOMER EXPERIENCE

Our Values

Be Present
Know Me
Walk In My Shoes
Follow Through
Earn Trust



Be Present

- If I need help right away, I can get it

Know Me

- I get the services I need
- I can have a bath or shower as often as I want
- The care and support I get help me live my life the way I want
- People ask for my help or advice

Walk in my Shoes

- My privacy is respected
- This place feels like home to me
- I am treated with dignity by the people involved in my support and care
- Staff respect what I like and dislike

Follow Through

- Staff act on my suggestions
- Staff respond quickly when I ask for assistance

Earn Trust

- I feel my possessions are safe
- I feel safe when I am alone
- I can express my opinion without fear of consequences



ELIGIBILITY

- All residents with a Cognitive Performance Score (CPS) score of 3 or lower are eligible to participate in the survey.
(CPS is generated through the RAI/MDS assessments in LTC)
- All residents in Retirement all eligible with the exception of Memory Care
- Participation is voluntary and anonymous, and verbal consent must first be acquired before proceeding with the survey.
- The QoL survey is conducted by personal interview by a team member who does not provide care for the resident.

ELIGIBILITY



New residents: ~ 3 months after moving in

Annually around the anniversary of their move in date.

**Surveys are conducted as close as possible to residents
RAI/MDS assessment schedule in LTC**

Top 5 Scoring Quality of Life Questions

I feel safe when I am alone	3.57
I am treated with dignity by the people involved in my support and care	3.51
I would recommend this site or organization to others	3.43
My privacy is respected when people care for me	3.40
I feel my possessions are safe	3.35

Bottom 5 Scoring Quality of Life Questions

I participated in meaningful activities this past week	2.29
Another resident here is my close friend	2.22
I have enjoyable things to do here on weekends	2.20
Some of the staff know the story of my life	1.85
People ask for my help or advice	1.41

What information is it providing us with?



- Doing a great job at meeting our contractual obligations

“I feel safe when I’m alone”

“My privacy is respected when people care for me”



- Falling short in the area of adding meaning to life

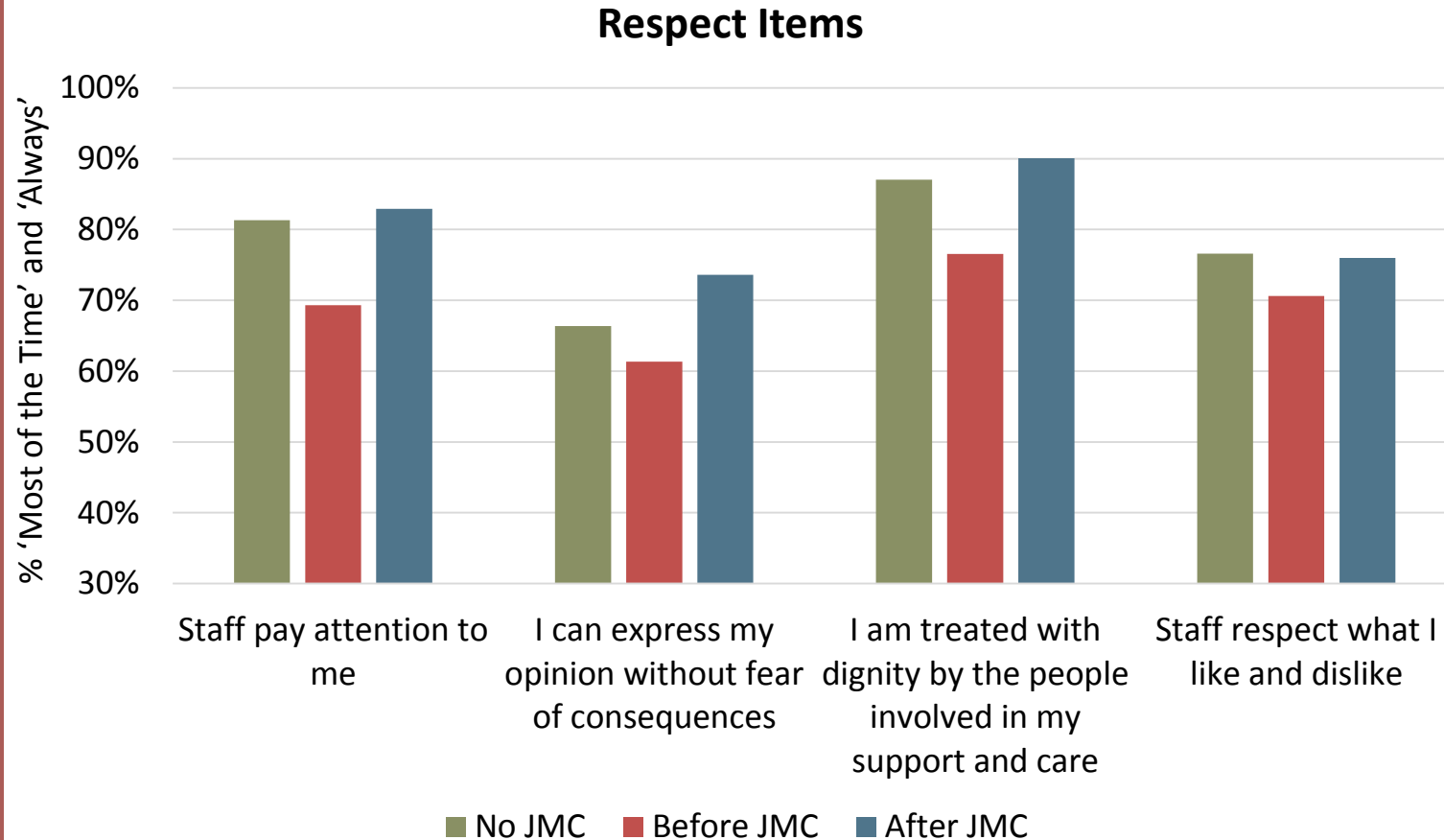
“Some of the staff know the story of my life”

“People ask for my help and advice”

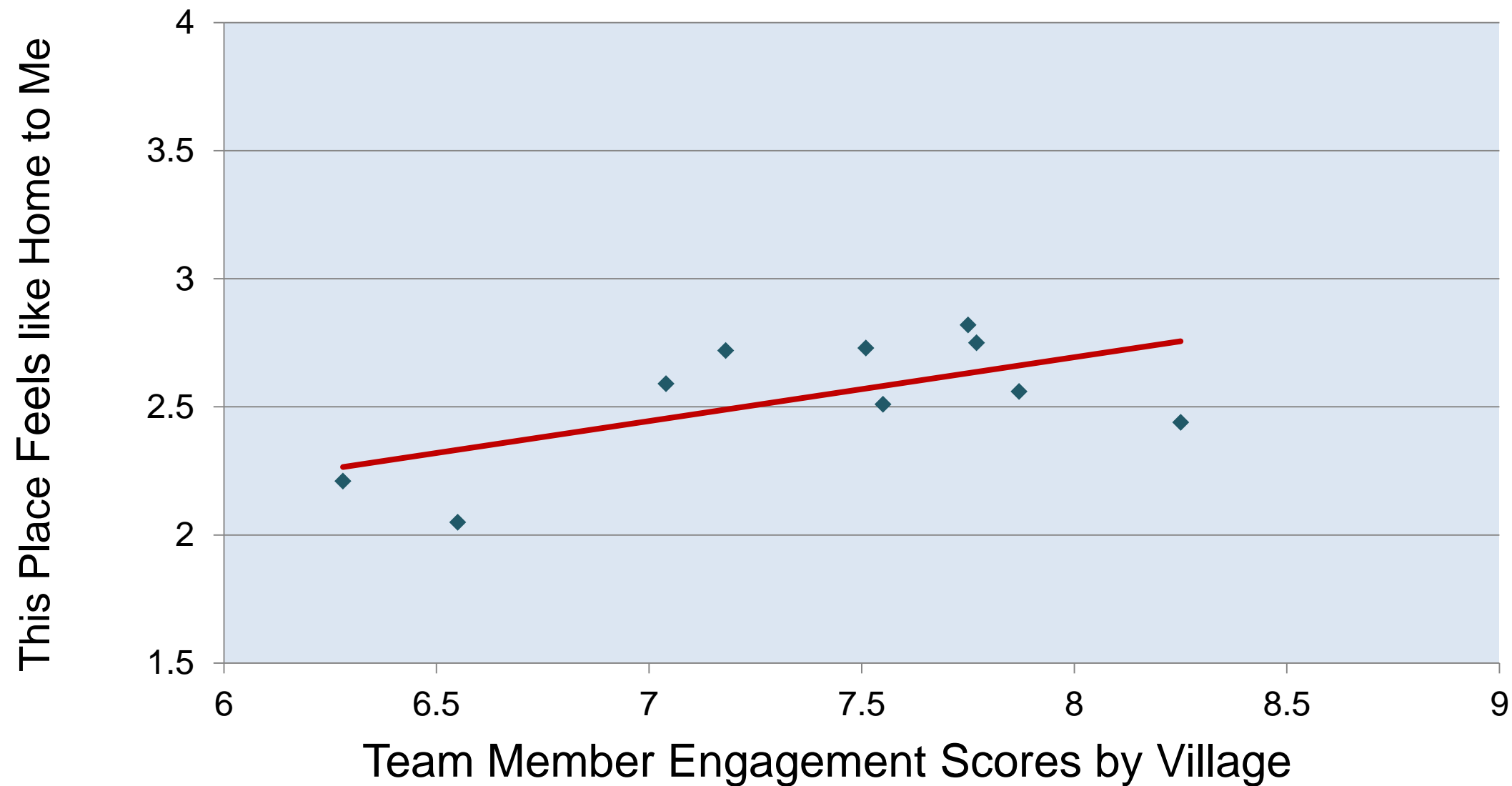
Opportunities for Program Evaluation

QoL survey data were collected and categorized as being either before or after their Java Music Club participation started.

Responses were compared to surveys from residents who never participated in the Java Music Club program.



Positive Engagement Improves the Feeling your Home!



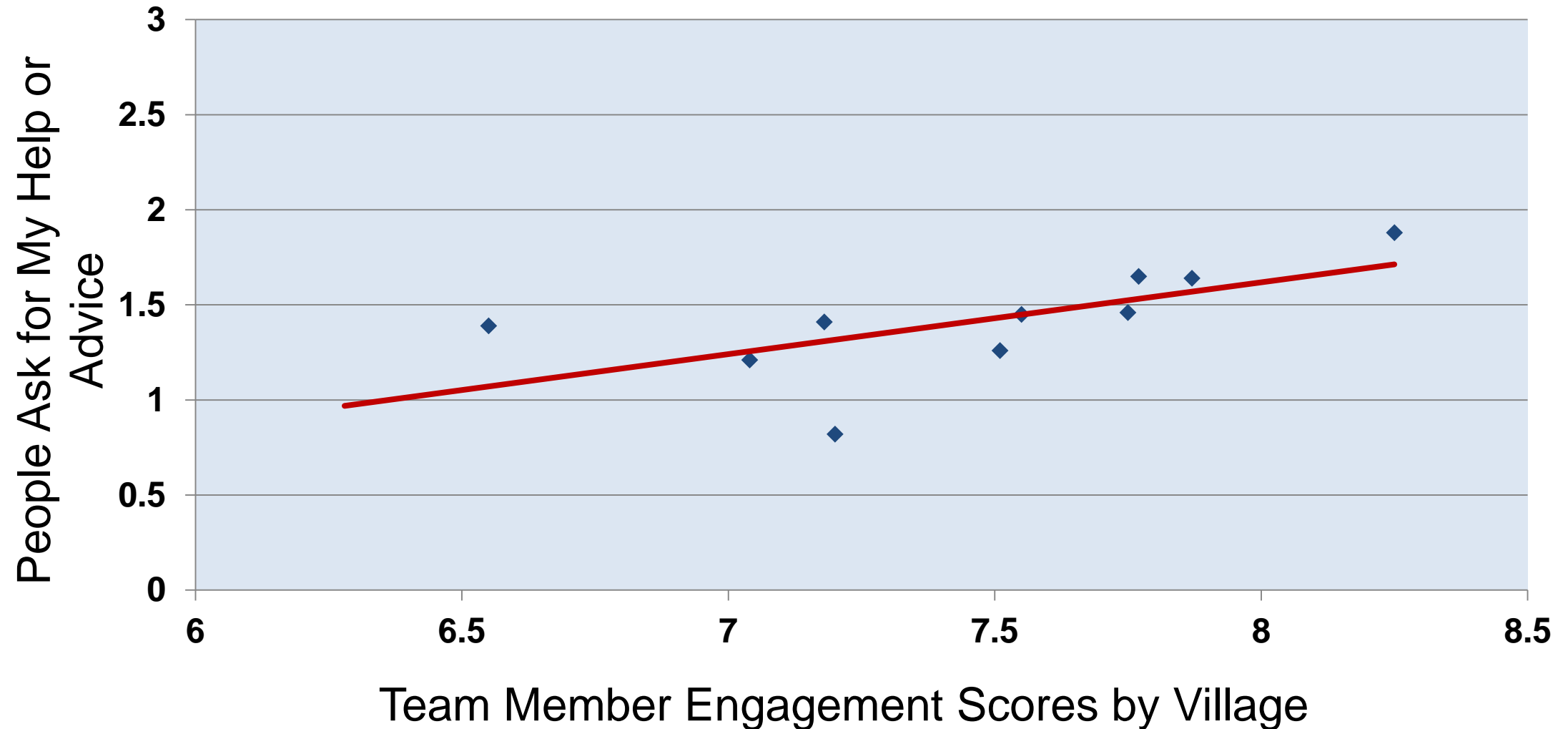


Engagement

=



People ask for
my help or advice





Next Steps...



Online Survey Platform



Quality of Life Surveys

[HOME](#) [RESIDENT SURVEY](#) [FAMILY MEMBER SURVEY](#) [TEAM MEMBER SURVEY](#) [CONTACT US](#)

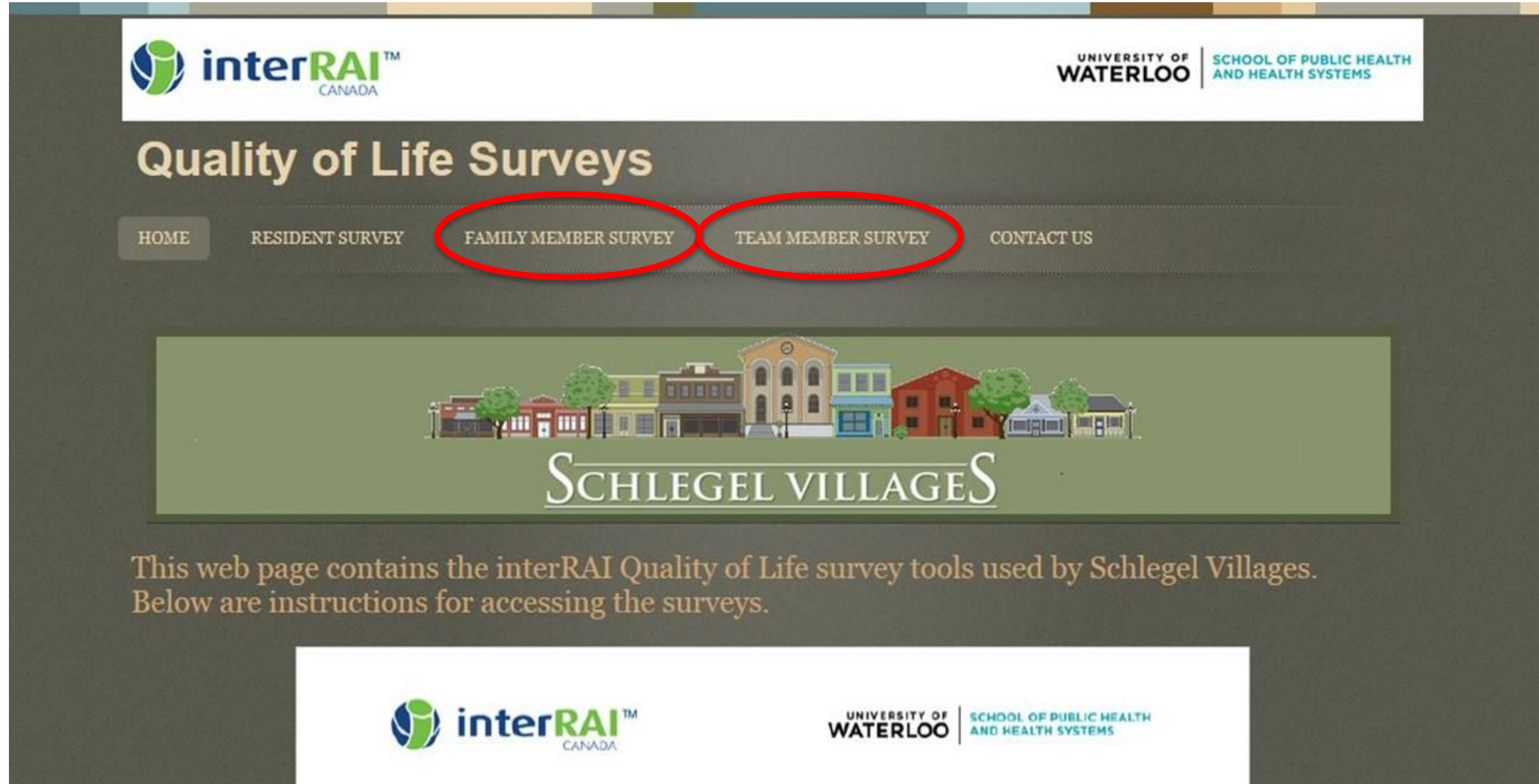


SCHLEGEL VILLAGES

This web page contains the interRAI Quality of Life survey tools used by Schlegel Villages. Below are instructions for accessing the surveys.



Additional Surveying Opportunities




The screenshot shows the interRAI Quality of Life Surveys website. At the top, the interRAI CANADA logo is on the left, and the UNIVERSITY OF WATERLOO SCHOOL OF PUBLIC HEALTH AND HEALTH SYSTEMS logo is on the right. Below the logos, the title "Quality of Life Surveys" is displayed in a large, bold, orange font. Underneath the title is a navigation bar with five links: "HOME", "RESIDENT SURVEY", "FAMILY MEMBER SURVEY", "TEAM MEMBER SURVEY", and "CONTACT US". The "FAMILY MEMBER SURVEY" and "TEAM MEMBER SURVEY" links are circled in red. Below the navigation bar is a banner for "SCHLEGEL VILLAGES" featuring a colorful illustration of a row of houses. Below the banner, a paragraph of text reads: "This web page contains the interRAI Quality of Life survey tools used by Schlegel Villages. Below are instructions for accessing the surveys." At the bottom of the page, the interRAI CANADA logo is on the left, and the UNIVERSITY OF WATERLOO SCHOOL OF PUBLIC HEALTH AND HEALTH SYSTEMS logo is on the right.

interRAITM CANADA

UNIVERSITY OF WATERLOO | SCHOOL OF PUBLIC HEALTH AND HEALTH SYSTEMS

Quality of Life Surveys

HOME RESIDENT SURVEY **FAMILY MEMBER SURVEY** **TEAM MEMBER SURVEY** CONTACT US



SCHLEGEL VILLAGES

This web page contains the interRAI Quality of Life survey tools used by Schlegel Villages. Below are instructions for accessing the surveys.

interRAITM CANADA

UNIVERSITY OF WATERLOO | SCHOOL OF PUBLIC HEALTH AND HEALTH SYSTEMS

It's not about the data... it's the dialogue!



jennifer.hartwick@schlegelvillages.com



www.schlegelvillages.com

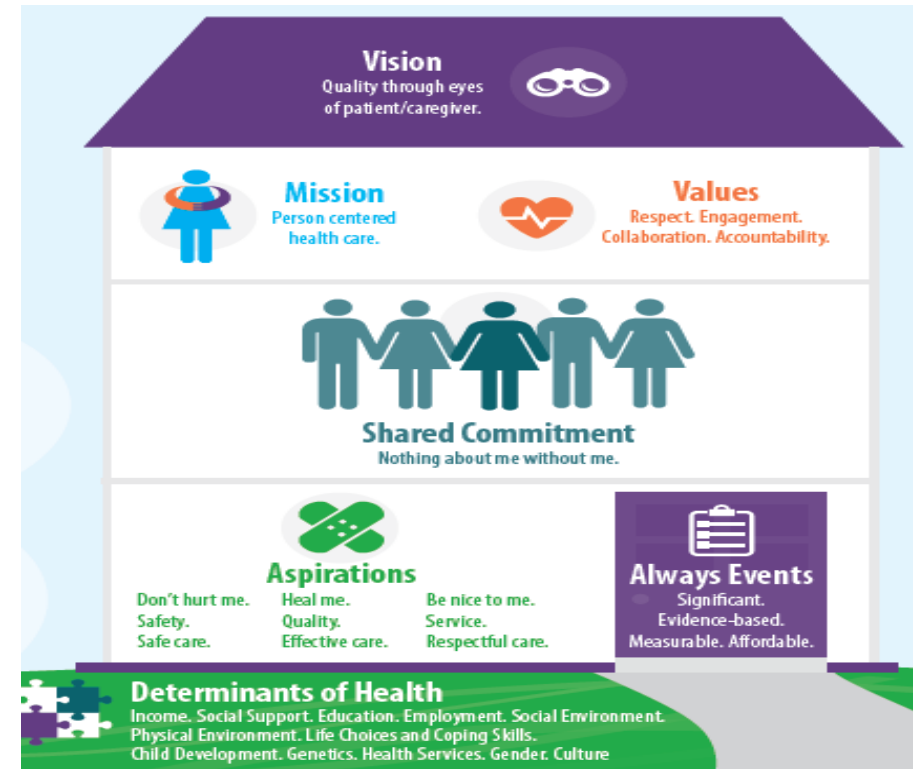
Measuring Patient Experience at a Systems Level



Presented by:
Georgina Veldhorst, Senior Director, Planning, Integration and Community Engagement, CLHIN

Components of the Patient Experience work

- ❖ Development of a framework (draft)
- ➔ Development of a system level patient experience survey
- ➔ Development of a patient, family, and caregiver engagement framework and toolkit



Survey Development Process



- Reviewed and worked from existing patient experience surveys
- Identified questions relevant of many different patients
- Asked for guidance from health evaluation experts
- Selected and modified 36 patient survey questions for inclusion in pilot survey

- 500 Central LHIN Residents + 500 Ontarians
- Importance
- Clarity—struggle to answer
- Collect preliminary results about patient experience to point to where useful findings lie

- 24 residents, representative of the region
- Full day of learning and deliberation
- What's missing?



More Important

Less Important



Ontario

Local Health Integration
Network

Insight for Survey Design

❖ **IMPORTANCE**

- All demographics: ease of access, treated with respect, easy to understand information and well organized care
- Age & gender impact importance
- Quality of health care has most significant impact on prioritization aspects of care
- Immigrant status impacted importance
- Income had very little impact on importance

❖ **CLARITY & ADAPTABILITY**

- Most important also have highest applicability
- High numbers of “Don’t know” or “N/A” often important only for sub-groups

Impact on Final Survey Design

- 32 general questions broadly distributed amongst dimensions based on importance given by participants
- Questions capturing care discrepancies in testing phase given priority
- 10 additional questions only asked of particular sub-group
- Questions on other aspects were added from Review Panel feedback
- Several questions clarified/improved based on feedback from pilot test and Review Panel

Challenges:

- ❖ Limitations of On-line Survey Methodology
 - Provincial differences in on-line presence
 - Specific marginalized populations
 - Language limitations

Next Steps:

- Survey of 6,000 Ontarians every 6 months
- Distribution based on:
 - Size of LHIN
 - On-line presence
 - Diversity profile reflective of the province
- Survey of analysis need of each LHIN
- Integration of analysis findings into LHIN planning: IHSP, ABPs, Initiatives.

CONTACT:

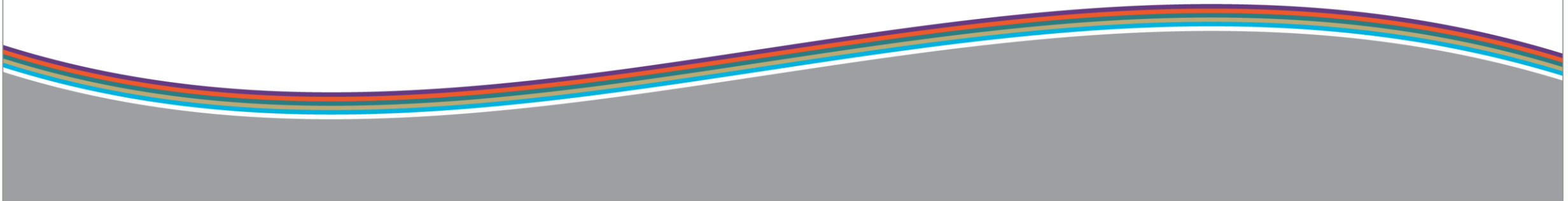
Georgina Veldhorst

Senior Director, Planning, Integration and Community
Engagement

Central LHIN

60 Renfrew Drive, Markham, ON L3R 0E1

Tel: 905 948-1872 ext. 249





Patient Experience Measurement and Reporting Initiative in Canada

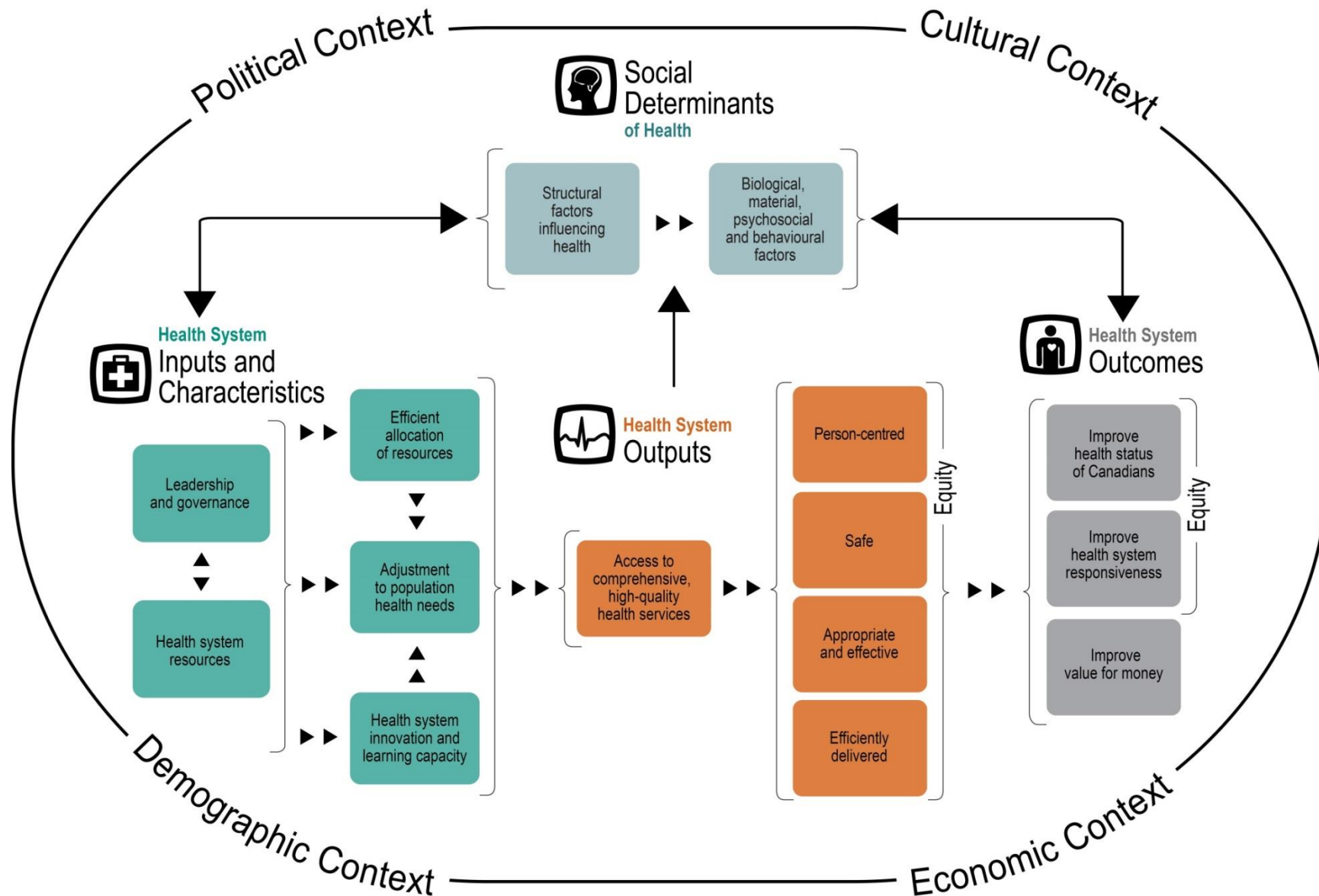
Health Quality Transformation Conference, November
20, 2014

Kira Leeb, Director Health System Performance
Canadian Institute for Health Information

Why Patient Experience Matters

- Quality in medical and health care has two distinct dimensions:
 - Quality of care from the perspective of professional and technical standards
 - *Quality of care from the patient perspective is essential*
- Mandatory for accreditation in Canada as of January 2012
- Performance measurement/quality of care is a key priority in health care and is part of CIHI's Health System Performance (HSP) agenda
 - Framework includes the standard measurement of patient experience
- Jurisdictional variations exist about using tools to measure patient experience
- Recent CIHI/STC Indicator Consensus Conference highlighted the importance of measuring PREMs/PROMs

Background



Canadian Patient Experiences Survey-Inpatient Care Development Process



1. In 2011 several jurisdictions approached CIHI to lead the development of a pan-Canadian acute care inpatient experience survey
2. Standardized questionnaire for acute care setting
 - 23 questions from American Hospital Consumer Assessment of Healthcare Providers and Systems survey (HCAHPS)¹ as a base.
 - 26 questions (new) relevant to Canadian context
 - ✓ Jurisdictions can add up to 10 specific questions
 - ✓ Cognitive and pilot tested (telephone and mail modes)
 - ✓ Minimum Data Set for a pan-Canadian data collection system
3. Early adopter jurisdictions
 - Alberta, British Columbia, Manitoba, New Brunswick and Ontario
4. Endorsed by Accreditation Canada

Source: ¹Questions 1 to 22 and 43 are adapted from the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) questionnaire.

Standard Tools (vendor specs?)

CIHI Products and Services – Non-proprietary, Standard Data Collection Tools Available

1. Canadian Patient Experiences Survey- Inpatient Care
 - English and French (www.cihi.ca)
2. Canadian Patient Experiences Survey- Inpatient Care Procedure Manual (www.cihi.ca)
3. Canadian Patient Experiences Survey- Inpatient Care Minimum Data Set (www.cihi.ca)

Canadian Patient Experiences Reporting System (CPERS)

- Development began in spring 2014
- Technical Working Group informing business and system requirements
- Data submission specifications available vendors@cihi.ca
- CIHI will be ready to receive CPES-IC data from early-adopter jurisdictions in spring 2015.

Potential Use of Patient Experiences Data

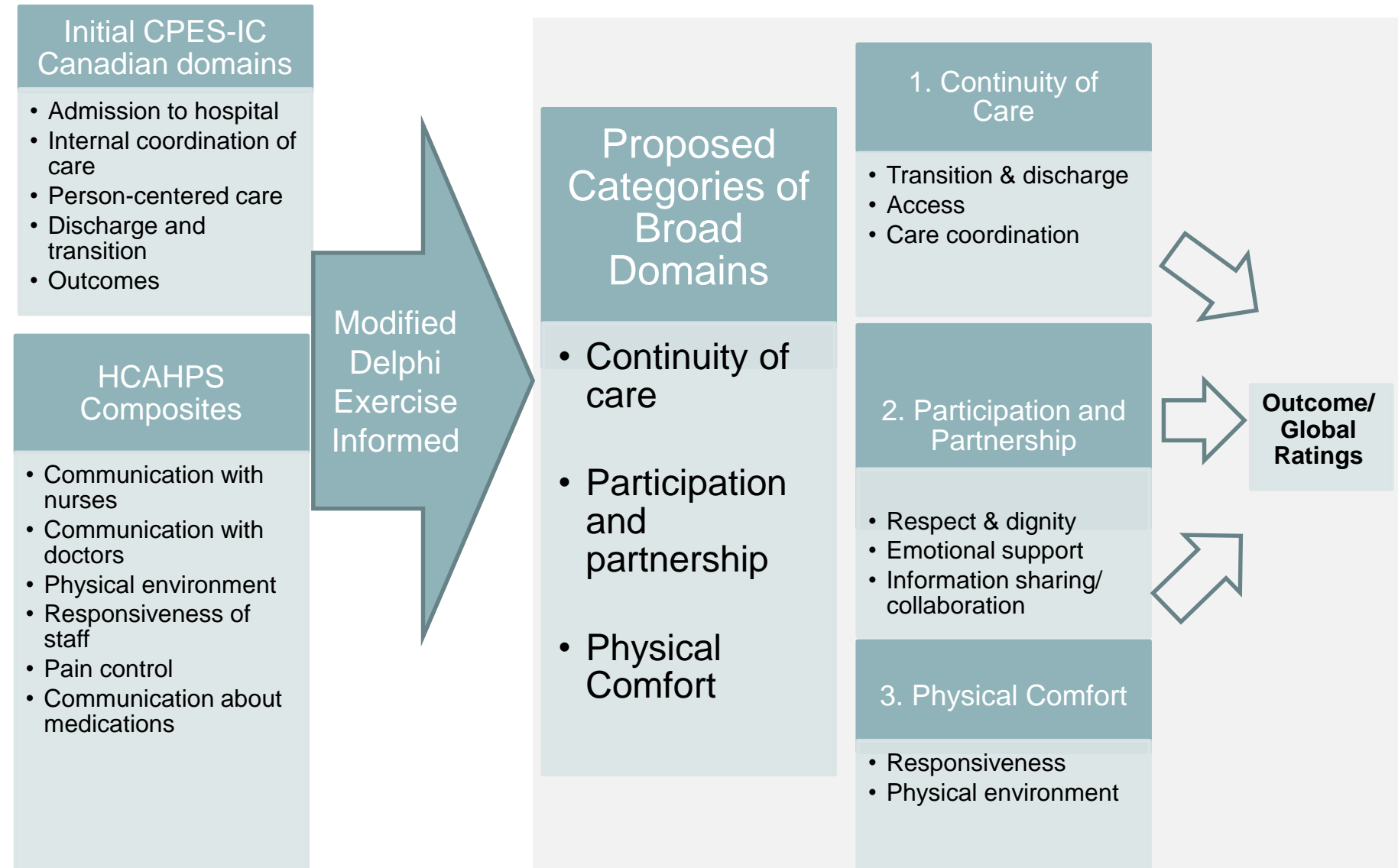
Performance Management and Benchmarking

- Inform and improve patient-centered care (quality improvement)
- Comparisons with national and international agencies
- Access to comparable pan-Canadian benchmarking indicator reports, includes regional and provincial averages

Potential to link to other CIHI databases (inpatient outcomes, and costs etc.) to obtain an even a richer source of health information to target quality improvement

Preliminary CPES-IC Domains Evolving

Work in Progress



Opportunities for International Patient Experience Comparisons



Canadian Community Health Survey (CCHS)

- Population-based survey, data collection in 2015
- Incorporates four OECD questions– focused on the:
 1. Quality of time spent with patients,
 2. Quality of care given to patients,
 3. Involving patients in decision making, and
 4. Communication

Canadian Patient Experience Survey- Inpatient Care (CPES-IC)

- Population-based survey, data collection began in 2014 in some provinces
- Incorporates HCAHPS questions and measures:
 1. Communication
 2. Responsiveness
 3. Safety (e.g., cleanliness)
 4. Overall rating

Current Priorities

FY 2014-2015

- ☐ Technical advisory groups:
 - ☐ Two working groups (Survey Measures and System Development), launched June 2014
- ☐ Stakeholder engagement
 - ☐ Inter-jurisdictional Committee
 - ☐ Jurisdictional specific forums (e.g., to support RFP)
- ☐ Canadian Patient Experience Reporting System (CPERS)
 - ☐ Data submission specifications—October 2014 via vendors@cihi.ca
 - ☐ System implementation—April 1, 2015
- ☐ Develop and finalize patient experience indicator measures
- ☐ Design initial own and comparative reports
- ☐ Explore opportunities for linking patient experience data to other data sources
- ☐ Develop plan to conduct mode study

Future Directions

- Inpatient acute care patient experience data received in CPERS will be analyzed to generate a core set of measures and aggregate comparative benchmarking reports
- Collaborate with jurisdictions across Canada to understand the need to measure patient experience across the continuum of care, beginning with care received in the Long Term Care facilities and Emergency Departments

SUMMARY

The Art and Science of Patient Experience Measurement

- Patient involvement in the process – beginning to end, and back again
- Multiple perspectives - family and staff experience
- Importance of the right dimensions (e.g. Shared Understanding, Access, Continuity)
- The value of PREMS and PROMS
- Patient Experience standards development
- Measurement across the continuum of care
- Timely data
- Increasing use of and new technologies
- Learning from the successes of others:
 - Individual provider/ organization quality improvement
 - Comparisons within and across providers
 - Public Reporting



City of Arts and Science, Valencia, Spain

Next Steps for Patient Experience Measurement

- Need for Ontario-driven, evidence-based body of work to determine impact and advance patient experience measurement
 - Fill gaps
 - Coordinate and align activities
 - Maximize learning
- Leverage opportunities for reporting, comparison, and benchmarking
- HQO commitment to:
 - Reporting on patient experience measurement
 - Provincial Patient Experience Measurement Committee

Q&A AND PANEL DISCUSSION

Audience participation- Keypad

We want to know what you think

- Using the keypad on your chair, answer by choosing only one response
- Answer before the end of the count down
- See the aggregate response instantly



Warm-up question

I am attending HQT in my capacity as a:

1. Patient/ Caregiver
2. Member of the public
3. Nurse/ Nurse Practitioner
4. PSW
5. Allied Health Professional/ Pharmacist
6. Physician
7. Researcher/ Scientist/ Statistician/ Epidemiologist
8. Student
9. Senior Executive/Management/ Administration

Polling Question

- What is the top factor that would enhance the success in your organization's patient experience measurement efforts?
 1. Strong, visible support from the top
 2. Clinical Managers who support patient experience
 3. Formalized process review and improvement focused on patient experience information
 4. Formal Patient Experience structure or role
 5. Ongoing internal communications path
 6. Others

Polling Question

- What is the biggest roadblock facing your organization's patient experience efforts?
 1. Patient Experience efforts pulled in too many directions
 2. Other organizational priorities leading to reduced emphasis on patient experience
 3. Cultural resistance
 4. Lack of support from physicians
 5. Budget constraints
 6. Others

Q&A



FINAL TAKEAWAYS

Next Steps

- **Evaluations:** This session's evaluation survey will be available electronically (link via email) after the conference.
- **3:00 p.m. Travel time (Level 800)**
- **3:15 p.m. Keynote Address (Level 800, Hall G)**
- **Please return your ARS clickers at the door, as you exit**



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Glossary

- **Patient Engagement:**

- Patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system—direct care, organizational design and governance, and policy making—to improve health and health care. [The Center for Patient and Consumer Engagement at the American Institutes for Research]
- Patients are partners in care when they are supported and encouraged to participate: in their own care; in decision making about that care; at the level they choose; and in redesign and quality improvement in ongoing and sustainable ways [Integrated Primary and Community Care Patient and Public Engagement Framework, April 2011]

- **Patient Centredness:**

- Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decision [IOM, Crossing the quality chasm, 2001]
- A comprehensive, coordinated individually focused cancer system that responds to the full range of needs for all Canadians and their families through all stages of the cancer experience [Rebalancing the delivery of Cancer Care, CPAC, 2008]
- Patient- and family-centred care is about providing respectful, compassionate, culturally responsive care that meets the needs, values, cultural backgrounds and beliefs, and preferences of patients and their family members in diverse backgrounds by working collaboratively with them. It is grounded in mutually beneficial partnerships among patients, families and healthcare providers [Saskatchewan Ministry of Health. Patient- and Family-centred Care, 2013]

- **Patient Satisfaction:**

- Satisfaction is defined as the patient's judgment on the quality of care, particularly the interpersonal relationships with clinicians and other care providers [Donabedian 1988]

Audience Response System

Please return your ARS clickers at the door, as you exit.



Thank you!

