

# **Supporting Patient Engagement Initiatives through Measurement**

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ISAI Conference

Montreal October 30th 2015

# Plan

- Objectives pursued through measurement
- Measurement examples based on the selected objectives
- Lessons learned

# Knowing why you are measuring

Different objectives require different measurement strategies:

- Improvement (process and outcomes)
- Accountability / Spread

# Measuring for improvement



# Objectifs du projet

## 3. Objectives (SMART)

**Project objective:** Improve by 20% the # of patient's who said they got the help needed every time when they called within 60 days – period of the project (by September 2015 and 40% by January 2016)

*Measured by CAPHS' item #6 ("When you called the MS Clinic, how often did you get the help you needed?" Answer: "Always").*

**Project sub-objective #1:** Improve by 13% people said their call was answered in a timely manner every time in 60 days (by September and 47% by January 2016)

**Project sub-objective #2:** Establish a clear target to « call back » patient depending on the kind of request: 24 hours



# Results from the MS survey: project objective

Project objective: Improve by 20% the # of patient's who said they got the help needed every time when they called within 60 days – period of the project (by September 2015 and 40% by January 2016)

Measured by CAPHS' item #6 ("When you called the MS Clinic, how often did you get the help you needed?" Answer: "Always").

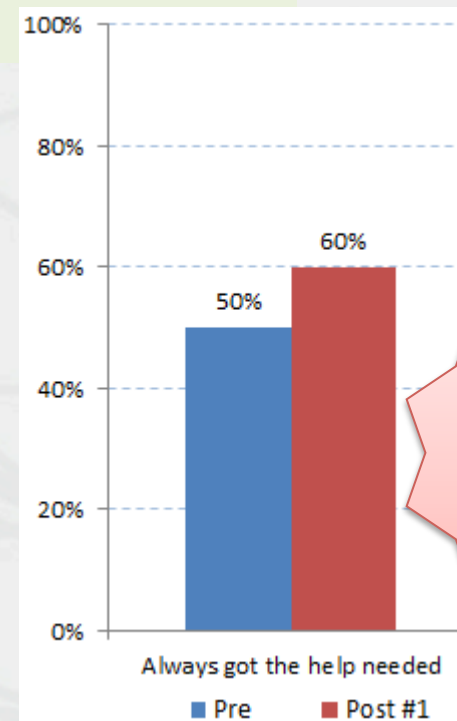
Baseline result (pre; n=119): 50%

Targeted results Phase #1 (Sept '15): 60%

**% of improvement (n=25): 20%**

Targeted results Phase #2 (Jan '16): 70%

**% of improvement: 40%**



Target (60%) reached!  
Process improved by 20%!!

# Measuring for spread / accountability



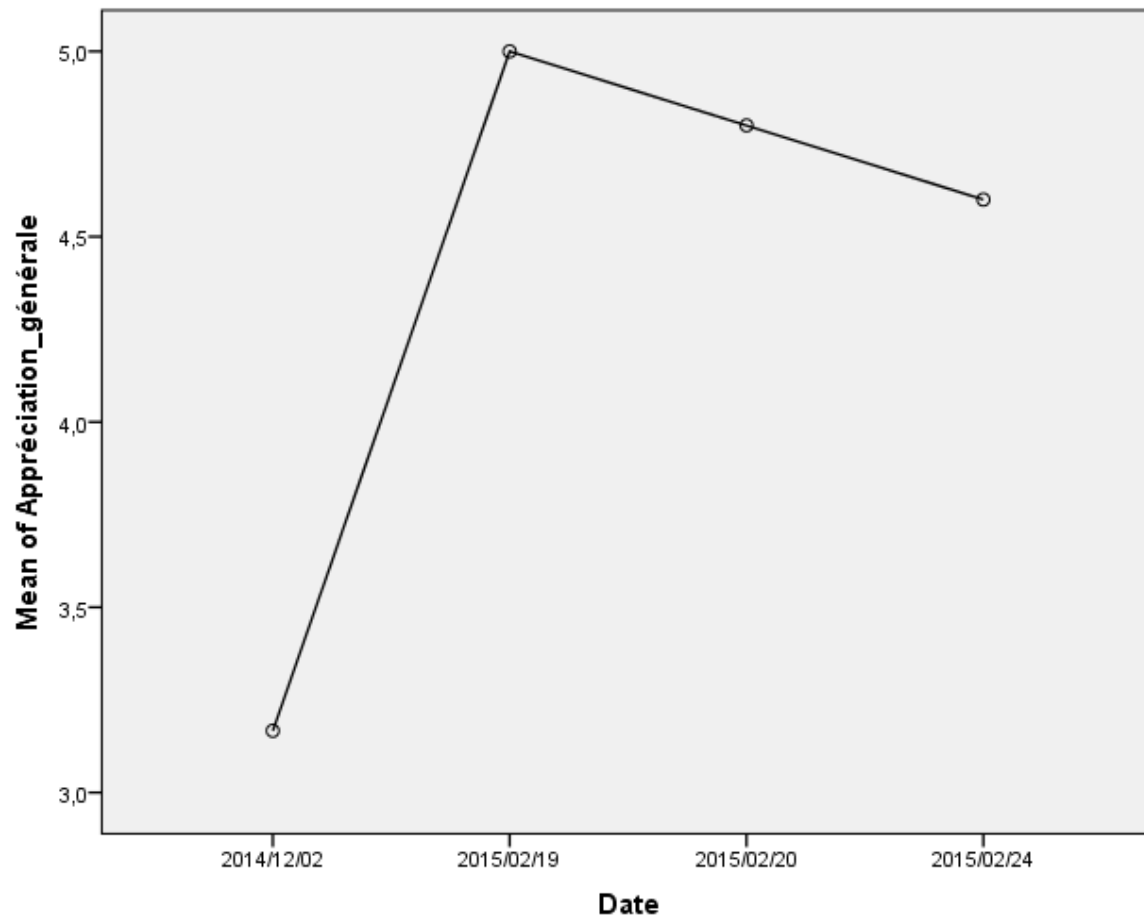
Measure	Data source	Baseline available	When will data be collected		Who will Collect data	How will data be shared with the team/unit staff/ the site
			Start	Frequency		

### OUTCOMES

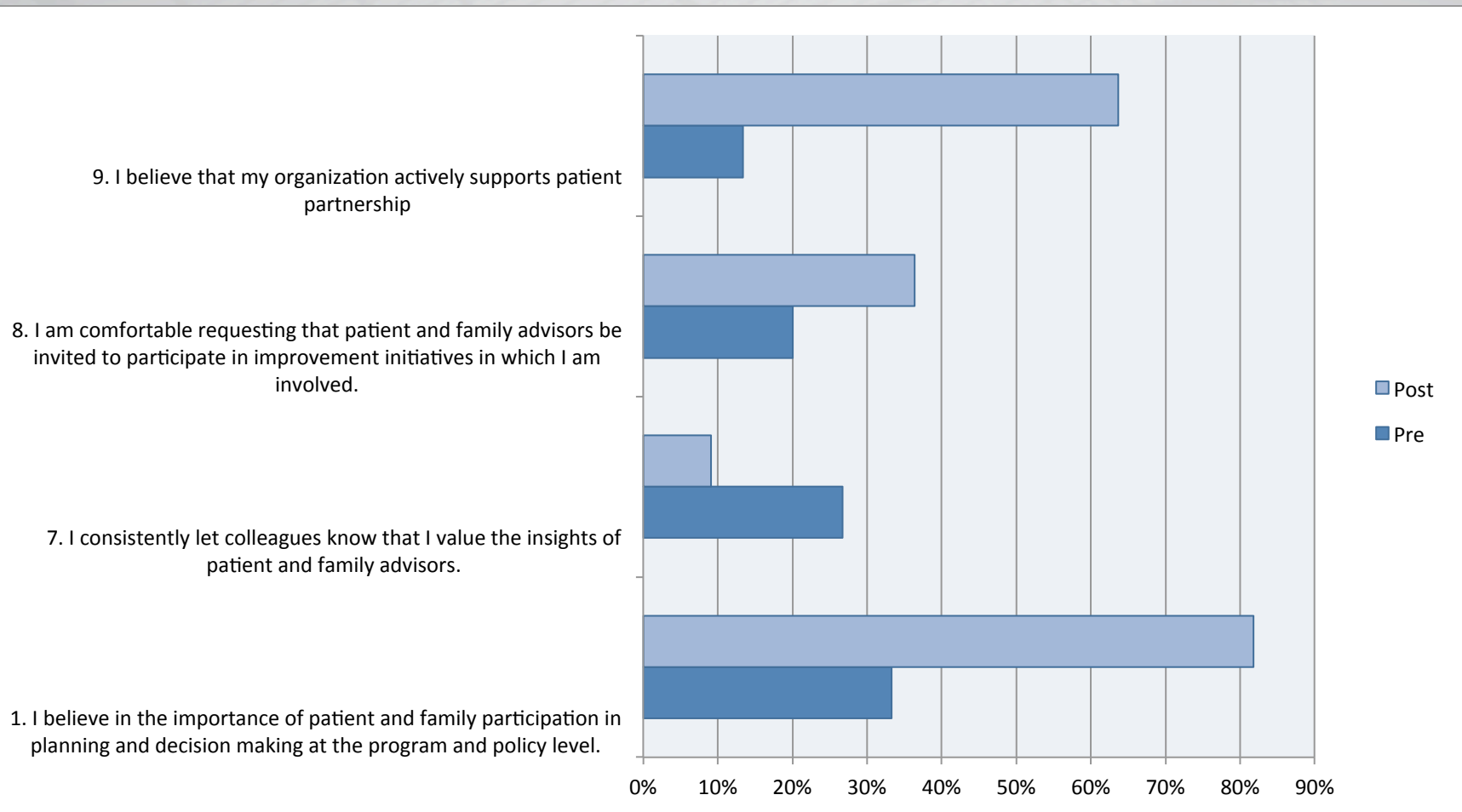
Readiness to partner with patients and family	1- Self-administered questionnaire inspired by AHRQ tool (staff of MS and cancer pain clinics)  2- interviews with MUHC key informants	Yes	Dec. 2014	Pre/post	Research assistant	Update report shared with all MUHC
Team Effectiveness (staff and clinicians)	Self-administered Team Effectiveness Tool (Shortell & al., 2004)	Yes	Before training	Pre/post	Project coordinator	Update report shared with all MUHC
Empowerment (Staff and clinicians)	Self-administered Psychological Empowerment Scale (Spreitzer, 1995)	Yes	Before training	Pre/post	Project coordinator	Update report shared with all MUHC



# Capacity Building: Improving the training on patient engagement



# Capacity to partner with patients in QI

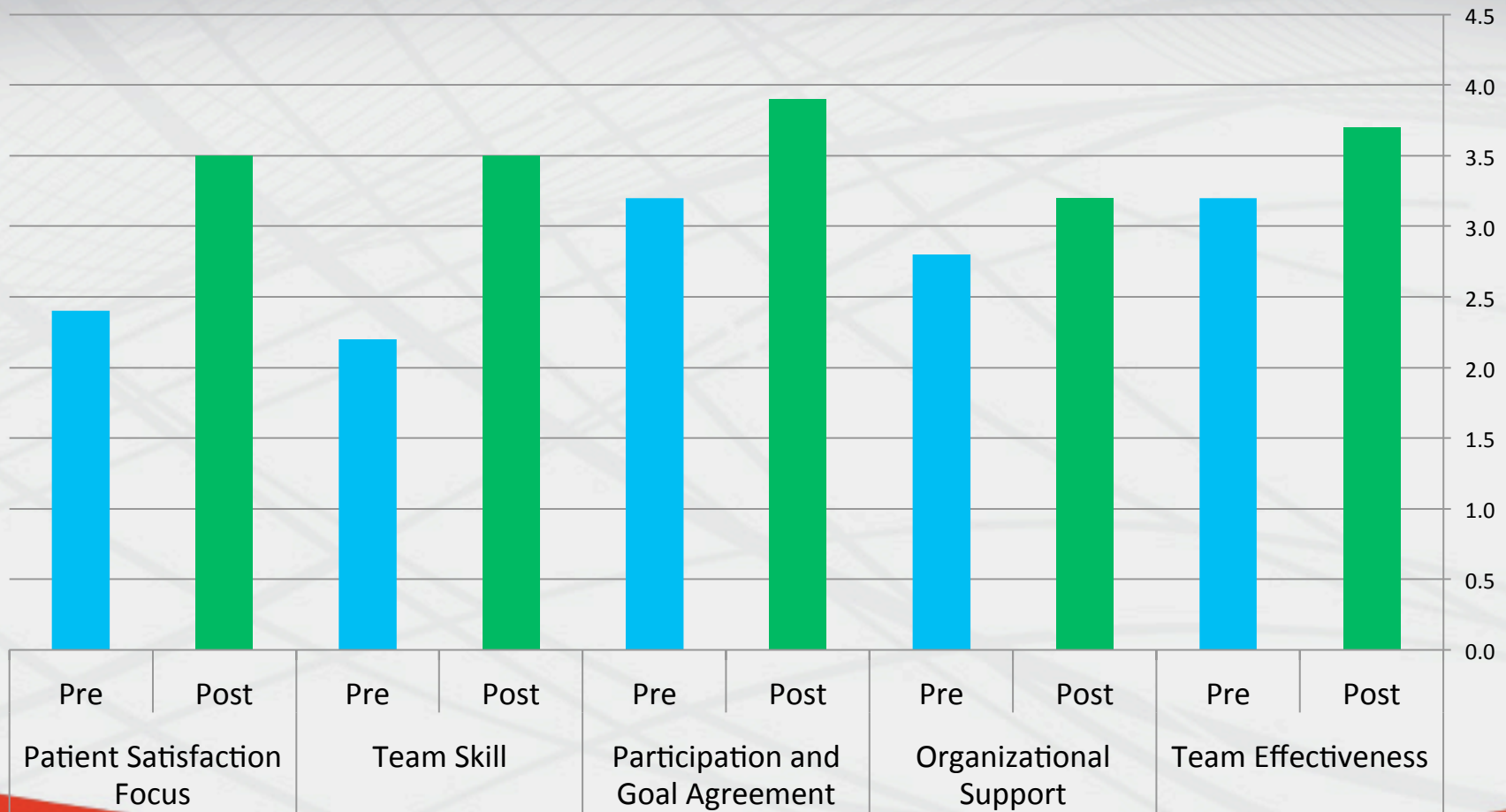


# Capacity to partner with patients

*I feel like good, I felt like “I’m part of this team”. ... be seen as a participant in the solution and then have a professional who is respected for what she does to say [your name] and she includes you two or three times... it really makes you feel like “Yes, there is something that came together.*

- Patient conseiller, équipe de projet

# QI team effectiveness



# Lessons learned on measurement

- Measuring for improvement:
  - Flexibility required
  - Involve patients
  - Measurement plan built by the team with support
- Measuring for accountability / spread:
  - Qualitative data is a must
  - The modified AHRQ Readiness to partner proved to be somewhat useful but better tools needed
  - Measuring QI skills acquisition with the team effectiveness scale (Shortell et al. 2004) not optimal



# References

- Shortell, S., Marsteller, J., Lin, M., Pearson, M., Wu, S.-Y., Mendel, P., Cretin, S., Rosen, M. (2004). The Role of Perceived Team Effectiveness in Improving Chronic Illness Care. *Medical Care*, 42(11), 1040–1048