

# Quality Improvement Through Engagement

Using people-centred data to drive change

## Overview

NL Health Services is structured to support a Learning Health and Social System (LHSS). This means that the organization systematically gathers and applies evidence to improve decision-making and guide care through its pursuit of continuous improvement, as depicted below in the image of a learning cycle. LHSS can lead NL Health Services to the outcomes of the quintuple aim for health care improvement. Development of an effective LHSS depends on engagement of all partners in care.



## Results from CPES-IC Pilot

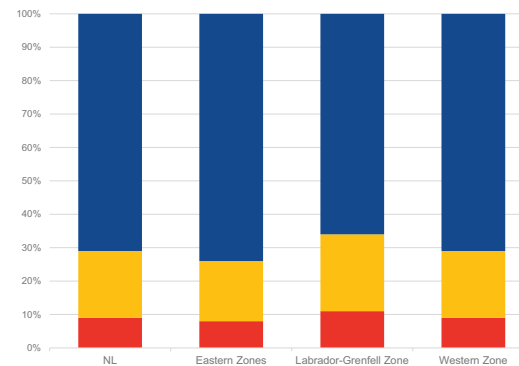
The overall hospital experience measure provides an understanding of the patient's entire experience during their most recent hospital stay. About 71% of patients said that their overall hospital experience was very good. This is a valuable insight, as patients with better experience generally have better health outcomes.

In addition to the overall measures of experience of care for a site or zone, further analysis of the patient experience results by key drivers (factors that influence experience) and by socio-demographic and equity stratifiers (e.g. age, gender, income, Indigenous identity) provide additional insights. They also uncover areas of improvement to ensure equitable care experiences for all patients.

For example, within the CPES-IC responses, the following were identified:

- Key drivers of overall experience of care for one specific site were emotional support, involvement in decision-making and treatment options, and receiving information about condition and treatment.
- The responses of seniors were more positive than those from other age groups.
- Patients who reported a higher self-rating of their overall physical or mental health also responded more positively regarding their patient experience.

### Overall Hospital Experience by Zone



Top Box (%)	71	74	66	71
Middle Box (%)	20	18	23	20
Bottom Box (%)	9	8	11	9

■ Bottom Box (Very Poor) ■ Middle Box (Intermediate) ■ Top Box (Very Good)



## People-Centred Care

NL Health Services' People-Centred Care (PCC) philosophy is an inclusive approach to care that values all who are part of, or interact with the system. The provincial PCC Steering Committee includes patients, clients, residents, family members, and NL Health Services staff, physicians, and leaders. Its purpose is to lead the advancement of meaningful patient, client, resident and family engagement, as well as a culture of people-centred care.

## Patient-Centred Measurement

The office of patient-centred measurement will be responsible for facilitating the standardized collection and reporting of experience and outcomes of care data from health system partners, including patients, clients, residents, staff and health-care providers. The information gathered will support the LHSS and contribute to a corporate culture of continuous quality improvement and health transformation.

In 2023-24, NL Health Services collaborated with the Canadian Institute for Health Information to implement the Canadian Patient Experiences Survey - Inpatient Care (CPES-IC) as part of a national pilot study. The pilot helped NL Health Services to:

- Centralize survey administration;
- Build partnerships across zones;
- Learn what tools and data collection methods work for our patients; and
- Develop processes to align with national reporting requirements.



## Next Steps

The PCC Steering Committee is actively recruiting members. Active engagement will be key to building patient-centred measurement processes and ensuring outcomes are presented in a way that makes sense and are helpful to patients, clients, residents, and families.

Once established, the office of patient-centred measurement will work with leaders across NL Health Services to:

- Identify organizational priorities for patient-centred measurement;
- Identify opportunities to implement standardized measurement tools that support local and national benchmarking; and
- Develop policies and processes for survey requests, data analysis, and outcome reporting.



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