

Patient Self-Documentation & Quality

CS43.1 - Patient Self-Documentation and the Case for Quality using the BC Health Quality Matrix

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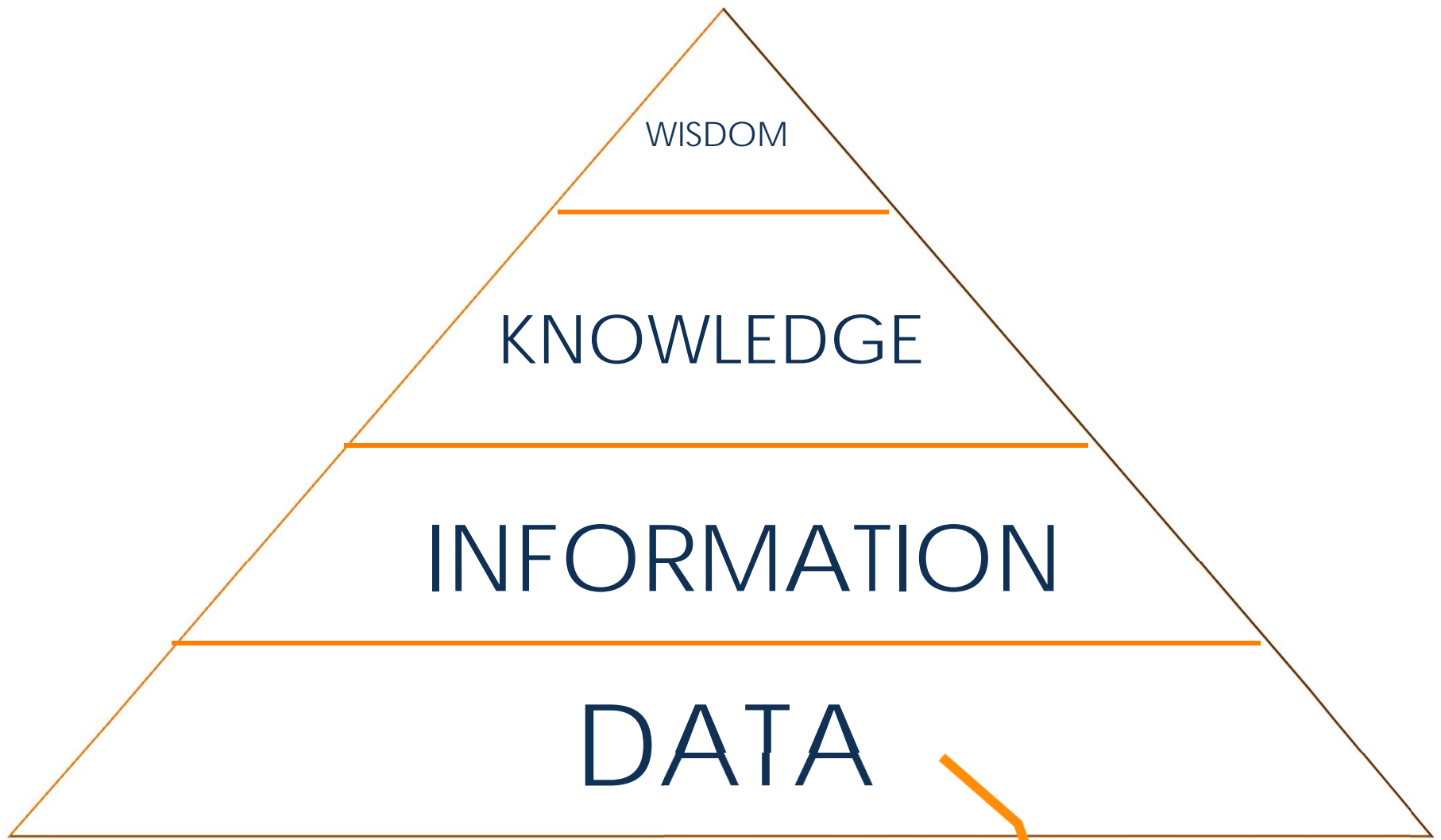
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Purpose/Objective

- ▣ BC Health Quality Matrix provides a framework to evaluate:
 - ▣ How program/initiative is improving the quality of care for patients
 - ▣ Determine what indicators should be used for benefits evaluation
 - ▣ Use the framework to make the case for patient self-documentation and how it can improve a patient's quality of care
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What is patient self-documentation?

- Patient self-documentation includes any data about an individual's health that is collected and documented by the individual (or their guardian).
 - ▣ Structured/unstructured/images/...
 - Includes patients across the continuum of care, throughout a lifetime, with varying health care needs.
 - Patient self-documentation can improve the quality of care patients receive, through improved information, communication, and engagement in their care
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Patient Self-Documentation

Why patient self-documentation?

- ❑ “Nothing about me, without me”
- ❑ Objective, longitudinal, quantified data
- ❑ Benefits:
 - ❑ Patient empowerment
 - ❑ Provider-patient conversations
 - ❑ Clinical decision support
 - ❑ Diagnosis
 - ❑ Outcomes/behaviour change
 - ❑ Side effect tracking
 - ❑ Monitoring/intervention
 - ❑ Support patient education
 - ❑ Application of patient’s knowledge
 - ❑ Analytics

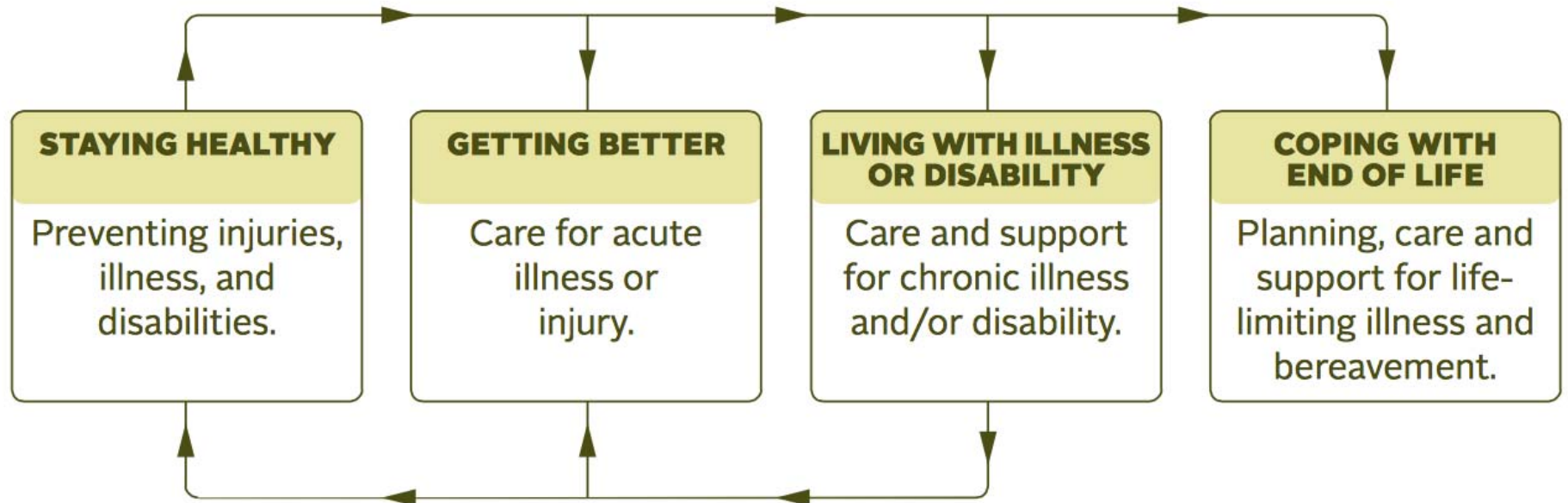
BC Health Quality Matrix

- ▣ Developed by the BC Quality Council
 - ▣ Purpose: “strategic planning, quality improvement program planning, measurement and evaluation at a program, facility and system-wide level”
 - ▣ Scope: Patient/client, population, system perspective
 - ▣ Evaluate quality of service and value
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BC Health Quality Matrix

		DIMENSIONS OF QUALITY				
		←				→
		ACCEPTABILITY	APPROPRIATENESS	ACCESSIBILITY	SAFETY	EFFECTIVENESS
		Care that is respectful to patient and family needs, preferences, and values	Care provided is evidence based and specific to individual clinical needs	Ease with which health services are reached	Avoiding harm resulting from care	Care that is known to achieve intended outcomes
AREAS OF CARE	STAYING HEALTHY					
	Preventing injuries, illness, and disabilities					
	GETTING BETTER					
	Care for acute illness or injury					
LIVING WITH ILLNESS OR DISABILITY						
Care and support for chronic illness and/or disability						
COPING WITH END OF LIFE						
Planning, care and support for life-limiting illness and bereavement ⁴						
		EQUITY Distribution of health care and its benefits fairly according to population need EFFICIENCY Optimal use of resources to yield maximum benefits and results				
		← DIMENSIONS OF QUALITY →				

Areas of Care



BC Health Quality Matrix

← DIMENSIONS OF QUALITY →					
	ACCEPTABILITY	APPROPRIATENESS	ACCESSIBILITY	SAFETY	EFFECTIVENESS
	Care that is respectful to patient and family needs, preferences, and values	Care provided is evidence based and specific to individual clinical needs	Ease with which health services are reached	Avoiding harm resulting from care	Care that is known to achieve intended outcomes
AREAS OF CARE	DIMENSIONS OF QUALITY:				
STAYING HEALTHY Preventing injuries, illness, and disabilities					
GETTING BETTER Care for acute illness or injury	Share with providers to enable communication and empowerment. Customizable to preferences.	Clinician and patient can specify elements of evidence based document to align with individual clinical needs	Support communication to navigate health services and reduce barriers from symptoms or needs	Use patients to document own care to monitor self and prevent or minimize unintentional harm	Use event documentation to support measurement and correlation with outcome documentation
LIVING WITH ILLNESS OR DISABILITY Care and support for chronic illness and/or disability					
COPING WITH END OF LIFE Planning, care and support for life-limiting illness and bereavement ⁴					
EQUITY Distribution of health care and its benefits fairly according to population need EFFICIENCY Optimal use of resources to yield maximum benefits and results ← DIMENSIONS OF QUALITY →					

Cases

- 1) **Case 1:** Health Maintenance & Patient Self-Documentation
- 2) **Case 2:** Acute Care Patient Self-Documentation
- 3) **Case 3:** Advanced Care Planning

BC Health Quality Matrix

		DIMENSIONS OF QUALITY					
		ACCEPTABILITY	APPROPRIATENESS	ACCESSIBILITY	SAFETY	EFFECTIVENESS	
		Care that is respectful to patient and family needs, preferences, and values	Care provided is evidence based and specific to individual clinical needs	Ease with which health services are reached	Avoiding harm resulting from care	Care that is known to achieve intended outcomes	
AREAS OF CARE	STAYING HEALTHY	<p>Case 1: Health Maintenance & Patient Self-Documentation</p>					
	Preventing injuries, illness, and disabilities						
	GETTING BETTER						- Fitness mobile applications
	Care for acute illness or injury						
	LIVING WITH ILLNESS OR DISABILITY						
Care and support for chronic illness and/or disability							
COPING WITH END OF LIFE							
Planning, care and support for life-limiting illness and bereavement ⁴							
		<p>EQUITY Distribution of health care and its benefits fairly according to population need</p> <p>EFFICIENCY Optimal use of resources to yield maximum benefits and results</p>					
		DIMENSIONS OF QUALITY					

BC Health Quality Matrix

DIMENSIONS OF QUALITY

← ACCEPTABILITY APPROPRIATENESS ACCESSIBILITY SAFETY EFFECTIVENESS →

Care that is respectful to patient and family needs, preferences, and values Care provided is evidence based and specific to individual clinical needs Ease with which health services are reached Avoiding harm resulting from care Care that is known to achieve intended outcomes

AREAS OF CARE

STAYING HEALTHY

Preventing injuries, illness, and disabilities

GETTING BETTER

Care for acute illness or injury

LIVING WITH

- Dietary preferences
- ADLs
- Questions/concerns

COPING WITH END OF LIFE

Planning, care and support for life-limiting illness and bereavement⁴

Case 2: Acute Care Patient Self-Documentation

- Patient documents care/interventions received

- Patient documents their medications

- Patient documents discharge planning

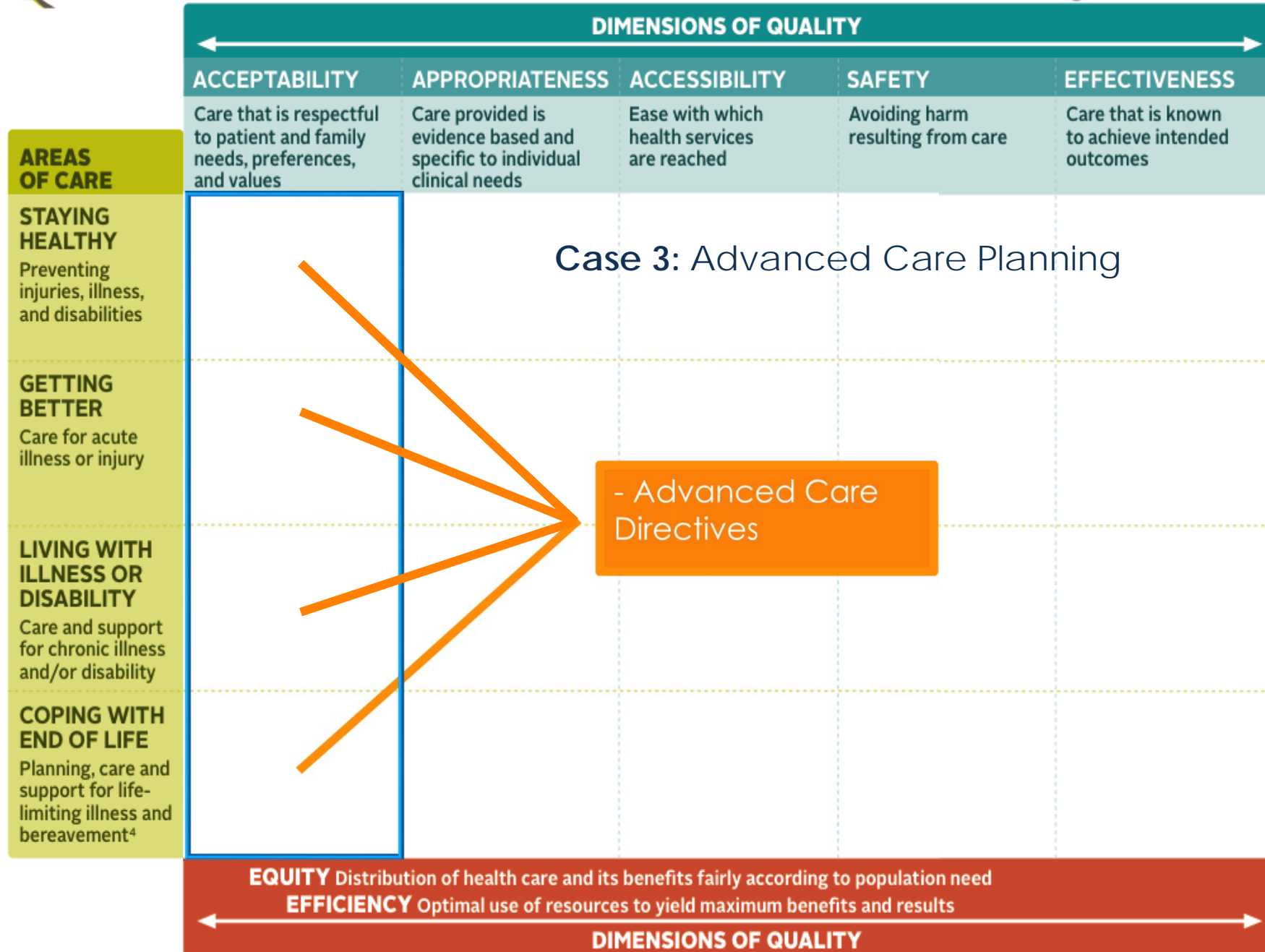
- Self-assessments: pain, emotion, control, vitals...

EQUITY Distribution of health care and its benefits fairly according to population need

EFFICIENCY Optimal use of resources to yield maximum benefits and results

DIMENSIONS OF QUALITY

BC Health Quality Matrix



Findings/Results

- ▣ Move towards patient-centered care
- ▣ Patient self-documentation shifts/shares the power
 - ▣ clinicians and clinical documentation
 - ▣ patient and self-documentation
- ▣ Patients as they are now able to bring their own data to the discussion with their care providers.
- ▣ Framework illustrates how patient self-documentation is *not* just for patients who have acute or chronic health challenges, but is also for those who are healthy who can use these tools to maintain their health, and also supports those coping with end of life.

Limitations:

1. More research needed in the area
 - ▣ Minimal research available
 - ▣ Best practices are unknown – structured/unstructured/other
 - ▣ Terminologies/Standards
 - ▣ Organizational evaluation metric – HIMSS
 - ▣ Data overload
2. More education for clinicians needed:
 - ▣ Assess patients for clinical documentation
 - ▣ Adapt tools for patient needs
 - ▣ How to analyze patient's information

Conclusions/Implications/Recommendations:

1. Use of Matrix to Demonstrate Alignment of Patient Self-Documentation and Quality
 2. Evaluate New Programs
 3. Cross Comparison of Programs
 4. Justify/Allocate Funding: research, design, implementation
 5. Develop Indicators
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References

- Council, B. P. (2008). *BC Health Quality Matrix*. Retrieved May 2015, from BC Patient Safety & Quality Council: <https://bcpsqc.ca/blog/knowledge/bc-health-quality-matrix/>
 - HIMSS Analytics. (n.d.). *Provider Solutions*. Retrieved May 29, 2015, from HIMSS Analytics: <http://www.himssanalytics.org/provider-solutions>
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