



BRITISH COLUMBIA
HEALTH QUALITY
MATRIX



**BC PATIENT SAFETY
& QUALITY COUNCIL**

Working Together. Accelerating Improvement.

ACKNOWLEDGMENTS

We acknowledge that the *BC Health Quality Matrix* was published in Coast Salish territories – x^wməθk^wəyəm (Musqueam), Sk̓w̓x̓wú7mesh (Squamish), sə́lilwətaʔt̓ (Tsleil-Waututh) – with support from communities across British Columbia (BC).

The BC Patient Safety & Quality Council also wishes to acknowledge and thank the many members of the province's health system and communities who provided their valuable insights into the development of BC's definition of quality.

We are grateful to the First Nations Health Authority for their leadership in ensuring that our thinking on quality embraces the history of Indigenous peoples in BC. This work highlights the strength of collaboration and connection across our partners, including the BC Academic Health Science Network, the BC Association of Aboriginal Friendship Centres, the BC College of Nursing Professionals, the BC Medical Quality Initiative, BC Patient Safety & Learning System, the Canadian Foundation for Healthcare Improvement, Doctors of BC, the First Nations Health Authority and its Quality Improvement and Safety (QIS) Network,



the First Nations Health Directors Association, Fraser Health, the Government of Yukon's Department of Health & Social Services, Health Standards Organization, Interior Health, Island Health, the Joint Collaborative Committees, knowledge keepers Syexwáliya Ann Whonnock and Te'ta-in Shane Pointe, Métis Nation BC, the Ministry of Health, the Ministry of Mental Health & Addictions, Northern Health, patient partners, Providence Health Care, the Provincial Health Services Authority and Vancouver Coastal Health.

The term **Indigenous** is used throughout this document to refer to First Nations, Métis and Inuit peoples. It is an inclusive and international term to describe individuals and collectives who consider themselves as being related to and/or having historical continuity with "First Peoples."¹

1. Allan B, Smylie J. First peoples, second class treatment: the role of racism in the health and well-being of Indigenous peoples in Canada. Toronto: Wellesley Institute; 2015.

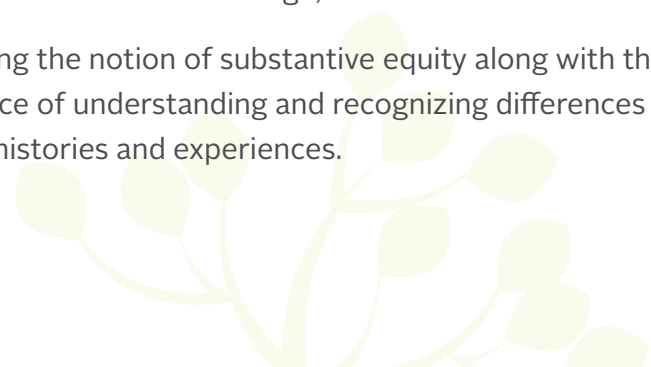
BACKGROUND

The *BC Health Quality Matrix* (the Matrix) provides a common language and understanding about quality. It answers the question: *What do we mean by the “quality” of care?*

The Matrix was first published in 2009 guided by other frameworks published in the literature and dialogue with partners across British Columbia’s health system. In 2019, partners were brought together again to incorporate the latest evidence in an updated version, and to ensure that our definition of quality honours the history and teachings of Indigenous peoples in BC. We embraced the opportunity to translate reconciliation into action by embedding Indigenous perspectives on health and wellness and advancing the “best of both worlds” approach of exploring what is possible when we welcome our Indigenous and non-Indigenous worldviews.

The updated Matrix goes beyond previous frameworks by incorporating new learning and a more representative understanding of quality through:

- Broadening the concept of health quality to include health and wellness, encouraging a focus on the whole person and on promoting wellness in addition to treating illness;
- Reflecting the wellness focus in each of the Areas of Care as well as adding a fifth area to account for the critical role of the early years of life;
- Strengthening the concept of care as relational, along with enhancing core values of cultural safety and humility as well as person- and family-centred care throughout;
- Broadening and strengthening each of the seven Dimensions of Quality, including renaming the Respect dimension (previously Acceptability) and expanding the Safety dimension to include fostering security and trust in addition to avoiding physical, cultural and psychological harm;
- Expanding the concept of evidence to include experiential and traditional sources of knowledge; and
- Reinforcing the notion of substantive equity along with the importance of understanding and recognizing differences in people’s histories and experiences.



INTRODUCTION



The Matrix represents a shared vision of quality for health and wellness to support people and their communities to thrive. This understanding of quality is useful for anyone engaged in the health system – including administrators, practitioners and patient partners – for planning, assessing, improving and teaching at the practice, program, site and system levels.

Quality is defined through the lens of seven **Dimensions of Quality**. Five focus on individual experiences from both a person as well as a population perspective, and two focus on the performance of systems that support and deliver care. You can learn more about them on page 4.

The seven Dimensions of Quality span the full continuum of care, which in turn is distinguished by five interconnected **Areas of Care**. Each area represents different experiences within a person's journey to physical, mental, emotional and spiritual health and wellness. You can learn more about them on page 8.

While they are not explicitly included within the definition of quality, there are additional considerations which impact the quality of care and are important drivers of health and wellness. For example, many factors must be in place within a health system to enable the delivery of high-quality care, including committed leadership, a healthy workforce, a safe and just culture, and advanced health information systems. Knowing the history of the health system, and how its institutions, relationships and processes came to be, is also necessary to understand people's experience of care. How colonialism in Canada is recognized, represented and addressed profoundly affects the health and wellness of Indigenous peoples and communities. Factors that originate outside the health system, such as the availability of housing, education and employment, are examples of other vital influencers. These determinants and supportive systems shape and influence the health and wellness of individual people and families, as well as populations.

HEALTH AND WELLNESS

British Columbia's definition of quality is grounded in an understanding of health that includes wellness and considers the whole person. The phrase *health and wellness* captures the full continuum of supports for addressing people's needs while also supporting them to stay well, build on their strengths and thrive. Considering the whole person means considering their physical, mental, emotional and spiritual well-being, as well as their past and present familial, social, cultural and environmental context. These are complex and interconnected.

Relationships are at the core of any healing environment or interaction. Strong relationships are based on humility, trust and reciprocal accountabilities in order to understand and support one another. Support looks different for every person, and their needs and desires change over the course of their life. Committing to advancing cultural humility is a way to enable

Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.²



and support this relational nature of care at individual and organizational levels. The term *care* is used in a broad sense to capture the many connections, treatments and services that support people's health and wellness. Care can be relational within one-to-one interactions or among groups and communities.

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



DIMENSIONS OF QUALITY

Quality is made up of multiple Dimensions of Quality. Five dimensions focus on the individual experience from both a person and population perspective: *Respect, Safety, Accessibility, Appropriateness* and *Effectiveness*. Two dimensions focus on the performance of the systems in which health and wellness services are delivered: *Equity* and *Efficiency*.



DIMENSIONS OF QUALITY

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.

ACCESSIBILITY: Ease with which health and wellness services are reached ³

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.

3. Kelley E, Hurst J. Health care quality indicators project: conceptual framework paper. OECD Health Working Papers. No. 23. Paris. Available from: www.oecd.org/dataoecd/1/36/36262363.pdf

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

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

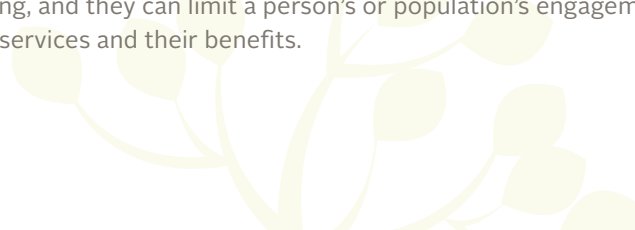
SAFETY: Avoiding harm and fostering security

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 is 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. ⁴

Psychological safety is 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. ⁵

Harm exists in many different forms. Adverse outcomes for people receiving care, such as prolonged pain, suffering, medical complications and death, are examples of clinical harm. Care providers and staff may experience injury, burnout and vicarious trauma. Harm can also be inflicted by limiting a person's autonomy or subjecting them to racism, discrimination or stigma. Other examples of harm include disrupting a person, their family, their caregiver or their community through displacement or separation from supports. The effects of harm can be unique to every individual or wide-reaching, and they can limit a person's or population's engagement with health services and their benefits.



DIMENSIONS OF QUALITY

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 includes knowledge gained through formal academia and clinical research, such as randomized control trials. It also includes knowledge gained through collective expertise and lived experience, such as Indigenous knowledge and practices passed through oral tradition, as well as groups' shared stories and experiences.



DIMENSIONS OF QUALITY

EQUITY: *Fair distribution of services and 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.



The Dimensions of Quality are interconnected. For example, if a person does not have timely access to care, they will not receive effective care. The dimensions may also complement each other. Providing care guidelines in multiple languages is an example of both safe and respectful care. Ultimately, high quality is achieved when all dimensions are optimized and balanced across the continuum of care. A system that is safe but lacks efficiency, for instance, may not yield maximum value.

While it is possible that not every dimension applies to every situation, each one should always be thoughtfully examined whenever quality is considered. There may be greater emphasis on a particular dimension at any given time in response to unique circumstances and contexts. For example, we can consider how a person's right to live at risk impacts the dimensions of respect and safety: someone who chooses to stay in their own home rather than enter assisted living may place themselves at a higher risk for falls or other injury, but they are also able to maintain a sense of autonomy and connection to a familiar setting. This shows the trade-offs that can occur between the dimensions.

AREAS OF CARE

The seven Dimensions of Quality span the full continuum of care, which in turn distinguishes between five interconnected Areas of Care. Each area represents different experiences within a person’s or community’s continual journey toward physical, mental, emotional and spiritual health and wellness.



AREAS OF CARE

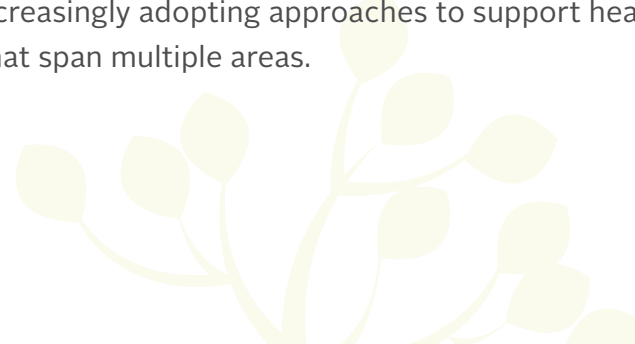
People's health and wellness journeys often involve flow between Areas of Care. For example, they may obtain care for acute illness and then later access community support services while living with a disability. A person may also experience multiple Areas of Care at the same time. For example, a person may receive care for a chronic condition, while also focusing on strengthening their overall health and wellness as well as accessing support for grieving the loss of a loved one.

Some may move through the Areas of Care chronologically, while others may enter and exit at any stage. People do not take this journey alone; family and community can play a role in influencing the journey and outcomes.

Organizations, care providers and individuals should think about their role within each Area of Care, and consider inter-relationships among the services in the health system to support coordinated care.



Some health service providers (organizations and individuals) specialize in one Area of Care, but many provide services within a few or even all five. For example, BC's health authorities provide services within each of the areas through public health programs, hospitals, rehabilitation programs, long-term care homes and palliative care programs. Using available evidence, they are increasingly adopting approaches to support health and wellness that span multiple areas.



USING THE MATRIX

The Matrix provides a common language and understanding about quality for all those who engage with, deliver, support, manage and govern health and wellness services. Having a shared definition facilitates a coordinated approach to thinking and learning about the multiple Dimensions of Quality, how the dimensions relate to one another, and responsibilities throughout a person's journey. It also enables the development of metrics that comprehensively measure quality across the continuum of care, or for a single Area of Care, and across dimensions. The ultimate aim is to promote a high-quality health system that is respectful, safe, accessible, appropriate, effective, equitable and efficient for all.

While all the parts of the Matrix are interconnected, considering the different dimensions and areas is a useful way to think about and measure quality. In addition to the shared understanding of quality described in the preceding sections, the visual on the following page was created as a tool to guide the use of the Matrix in practical ways.

At times, the dashed lines that separate the rows and columns will be more or less relevant, depending on the nature of the work. Those planning across multiple Areas of Care, for example, may choose not to focus on the horizontal lines between them.



COMPANION GUIDE

Refer to the **BC Health Quality Matrix Companion Guide** for more information on applying the definition of quality in your setting. It is available at [BCPSQC.ca/matrix](https://bcpsqc.ca/matrix).

The **Companion Guide** includes expanded examples and case studies to illustrate various ways of using the Matrix for different purposes across the continuum of care. This includes strategic planning, measuring and evaluating a program's impact, leading improvement projects and developing metrics.

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

AREAS OF CARE

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

	RESPECT	SAFETY	ACCESSIBILITY	APPROPRIATENESS	EFFECTIVENESS	EQUITY	EFFICIENCY
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							



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Working Together. Accelerating Improvement.

The BC Patient Safety & Quality Council is a driving force for high-quality health care in British Columbia. We deliver the latest knowledge from home and abroad to champion and support the best care possible for every person in our province.

System-wide impact requires creativity and innovative thinking. Using evidence-informed strategies, we shift culture, improve clinical practice and advance person- and family-centred care.

We understand that meaningful change comes from working together. We are uniquely positioned to build strong relationships with patients, care providers, health leaders, policymakers, senior executives, academics and others. These connections enable us to nurture networks, recognize the needs of our health care system and build capacity where it is needed the most.

If you want to improve BC's health care system, visit [BCPSQC.ca](https://bcpsqc.ca) to access programs and resources that can help you start today.



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How to cite this document:

BC Patient Safety & Quality Council. BC Health Quality Matrix [Internet]. 2020. Available from: <https://bcpsqc.ca/matrix>

MARCH 2020