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Key Performance Target Framework

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About Key Performance Targets (KPTs)

How KPTs Came to Be

Over several years, Sholom Glouberman, founder of Patients Canada, evolved the concept of Key Performance Targets (KPTs) and guided us to the development of some initial KPTs.

KPTs come from the idea of harnessing the experiences of patients and caregivers to identify areas of improvement that can lead to more patient centred care.

What Are KPTs

KPTs are not qualitative measures of patient experience. They are a determination of whether or not a particular training requirement or a specific process or environment or a detailed policy is in place.

Such targets can allow for concrete assessment of the movement towards patient centred care.

Source for KPTs

We have been deeply influenced by our own experiences and the experiences of the over 5000 patients in our extended network who have told us their stories at open meetings, through our web site, and at numerous talks and conferences.

KPTs vs Satisfaction Surveys

Commonly, patient satisfaction surveys have been used to assess the patient experience. These surveys gather patient responses to the behaviour of doctors, nurses, to hospital food, and so on. The resulting reports rarely indicate what can be done to improve the situation. Moreover, the results have not changed much over time despite all efforts.

We believe that concrete KPTs will have a far greater impact on patient experience than the satisfaction surveys.

Our KPT Working Group

We are a group of volunteers, primarily patients and caregivers that include young patients with a history of intensive long term interventions; parents of children with serious long term conditions; children of older parents who require on-going treatment; and patients with experience of serious conditions who are also experts in policy, governance, and service delivery in health care.

Group members also include researchers and others that also have professional healthcare backgrounds.

Benefit of Working with Patients and Patient Experiences

Often providers or researchers develop material without patient participation; as a result, it tends to leave out important aspects of the patient experience.

KPT Example for ED Triage

Context

The triage staff is very well qualified to distinguish the very ill patients from those who are not.

The vast majority of visits to Canadian emergency departments are by patients who are not very ill at all. They often wait for fairly modest treatment and are sent home. Many come to the emergency room because they are anxious about their condition or about the condition of their loved one.

Finding

We also found that emergency room staff are not usually trained to deal with patient or family anxiety.

Suggested KPT

The triage staff is trained to be sensitive to patient anxiety and to respond to people’s anxiety in a humane and helpful fashion.
Key Performance Target Framework

Perhaps, because we are so immersed in the issue, we are very quick to see such gaps and are able to point them out and help correct them. Some of these gaps are excellent performance targets for patient centred care.

Our Goal for the KPTs

We have modest expectations for our KPTs.

They are not intended to be indicators of the overall performance of our health care system. Our intent is to concentrate on what it means to be patient centred in various parts of the system.

Our KPT lists will focus on the different areas of health care that directly affect patient and family experience. Some examples are:

- Use of information technology for patients to communicate with providers
- Improvement of the patient and family experience of service delivery
- Participation of engaged patients in policy development.

We do not expect them to be definitive even in those areas -- we expect they will evolve along with the system.

As organizations become more patient centred and patients begin to play an ever larger role in the development of services and policies, there is little doubt that the KPTs will evolve. Our preliminary lists can be useful guides for health care organizations wanting to become more patient centred now. They can help them see strengths that they already have and gaps that can be filled in the near term.

Use of KPTs To Date

We have used our primary care KPTs with HQO (Health Quality Ontario) and AFHTO (Association of Family Health Teams of Ontario) to influence the development of their primary care patient experience surveys.

As we publish our KPTs, we hope that individual organizations will apply them internally to inform the changes they make towards patient centred care.
Key Performance Target Framework

Purpose for KPTs
We gather and learn from our experiences and those of other patients and their caregivers. The information about the healthcare system coming from these experiences is a rich source for what really matters to us as patients and families in our experience of care.

If the healthcare system and providers can make positive changes to what matters to us, then our experiences as patients and caregivers will improve.

Goal of the KPT Framework
This framework sets out how we arrive at KPTs from patient and caregiver experiences. It provides us with a systematic and replicable way for identifying what matters to us.

Summary
We believe patient and caregiver experiences can impact change but only if the insights from the stories can be distilled into specific, actionable and relevant targets for action (KPTs).

The healthcare community can pick them up and use them to implement changes. We see this as a continuous cycle for improvement. Each cycle of change will drive new stories and uncover additional opportunities for change derived from the patient/caregiver experiences.

Arriving at KPTs
A. Receive the narratives
B. Work with the collection of narratives
C. Work with the observations
D. Work with common issues to derive the KPTs
How We Arrive at KPTs from Patient Experiences

A) RECEIVING NARRATIVES
A patient or caregiver experience can come to us as a written story in the words of the person experiencing an encounter (or several encounters) with the healthcare system. In some cases, we also capture the experience as it is related to us verbally.

Logging the Narratives
These stories are entered into our Narrative Form with no changes to the text. Each narrative is given a title and number for tracking purposes. These are entered into the Narrative Log sheet on the KPT Tracking Sheet along with key metadata such as date and other grouping and/or filtering data categories.

B) WORKING WITH A COLLECTION OF NARRATIVES
We start the process of identifying KPTs from the experiences of patients and caregivers in our initial workshop.

Selecting a Collection of Narratives to Workshop
From the Narrative Log, we use the meta data to identify a set of narratives (3-4) that cover particular aspects of the health journey of care, for example, we may consider the experiences in primary care separately.

Workshop Materials
- Narrative Forms for the selected stories

Understanding the Narrative
Working with one story at a time, we read the story through as a whole group.
Then, in smaller groups of 3-4 people, the story is discussed and comments and observations recorded.
Our goal is to further understand the impact of the selected aspect of the journey on us as patients and caregivers. To do this, we look for:

- **Common Journey Patterns**: We identify common patterns of the journey itself, diagramming the movement through the system and identifying the gaps and common issues that may arise from these patterns.

- **Common Experiences**: We identify common experiences recorded by both narrators and readers and unexpressed needs coming out of our insights into the stories and our own related experiences.

- **Common Expressed Needs**: We identify common expressed needs that are reflected in the majority of narratives and appear to be common to most of us.

We come back together to share our observations which are noted on a flip chart.

Recording the Observations
We transcribe these needs, patterns and experiences recorded during this working session as observations, recorded on the flip charts and meeting notes onto each Narrative Form after the workshop. The Narrative Forms now contain the initial story plus the full set of observations from the group.
These are sent to all of us as participants for verification and further feedback.
C) WORKING WITH THE OBSERVATIONS
In this second workshop, we look to understand the common issues across a set of narratives by working with the observations made during the first workshop.

Selecting a Collection of Observations and their Narratives
From the Narrative Log, we use the meta data to identify a set of narratives (4-6) whose Observations are completed covering the particular aspect of the health journey we are exploring.

Workshop Materials
- Narrative Forms with completed Observations for the selected stories

Understanding the Observations
We take a few minutes to briefly review the stories and reacquaint themselves with the Observations. Then in small groups we work on the Observations from the 4+ narratives to distil the Observations to the key ones. These are written on separate Post It notes.

The Post It notes are then placed on flip chart sheets on the walls by each group with a short comment on the Observation.

As the full group, we review all the Observations and identify Common Issues across all the Observations. Each Common Issue is written as a title on a flip chart sheet. We then move each Post It note to their appropriate Common Issue so the Observations are now grouped under their Common Issue.

Recording the Common Issues
We transcribe these Common Issues with their Observations recorded during this working session from the flip charts and meeting notes onto the Common Issues Sheet after the workshop.

Each Common Issue is given a title and number for tracking purposes. Each Observation has the tracking number for the source Narrative recorded. And Each Common Issue is logged on the Common Issues Log on the KPT Tracking Sheet.

These are sent to all of us participants for verification and further feedback.

D) WORKING WITH THE COMMON ISSUES TO DERIVE KPTS
In this final workshop we take the Common Issues and their Observations and work with them to identify draft KPTs.

Selecting a Set of Common Issues
We select a set of Common Issues developed from observations and narratives around an area of healthcare to work with as a group.

Workshop Materials
- Narrative Forms for the related stories
- Common Issues Sheet

Identifying the Key Performance Target Areas
As a group, we discuss and set priorities for which 2-3 areas to tackle. The balance are covered in additional workshops.

In small groups we work on the same set of Common Issues. The goal is to identify what one main thing or things represents an area for change that is specific, actionable, and relevant. We also look for what
would lead to noticeable improvement in the patient and/or caregiver experience. These represent the KPT areas.

In the large group, we share, discuss and finalize the draft KPTs we have identified for each set of Common Issues.

**Recording the KPTs**
We record these Draft KPTs during this working session and transcribe them from the flip charts and meeting notes onto the Common Issues Sheet after the workshop. The Common Issues Sheet now has the Draft KPTs as well as the Observations.

We further hone each identified draft KPT. The Common Issues Sheets with the original Draft KPTs and the revised new versions of the KPTs are sent to all of us participants for verification and further feedback.

**Finalizing the KPTs**
Some of us review the final feedback by the group and finalize the KPTs. We enter the KPTs into the KPT Log on the KPT Tracking Sheet. This represents the final set of this version of the KPTs for the selected focus area.

We send the final set of KPTs to all of us participants ending the process.

**Comparing with Provider and System Perspectives of Patient Needs**
In many situations, providers and health system administrators have identified what they deem important to us as patients and caregivers. These may come in the form of best practices, PROMs, PREMs, and other sorts of directives. There may also be standards for moving the patient through the system or at least common practices. In some cases these may be local; in others they may be jurisdictional.

**Mapping Perspectives of Patient Expressed Needs**

**Needs Commonly Understood:** We anticipate that the healthcare professionals have identified any number of elements that we have also identified as important to patients/caregivers. With our KPTs we can confirm which needs are commonly understood as important. We also identify any differences in degree of importance between the two groups.

**Needs Not Commonly Understood:** We identify expressed needs that are important from our perspective but are not yet seen by healthcare professionals.

**Comparing Perspectives of the Patient Journey**

**Diagramming the Journey:** In our discussions, we take the common pattern for the patient journey through the identified aspect of the health journey and compare it to the pattern for directing patients provided by the healthcare professionals/system. Through these discussions, we identify gaps and discrepancies for the experience of patients/caregivers.
### Appendix A: Narrative Form

#### The Narrative

**Title**
*Create a title and record it here.*

<table>
<thead>
<tr>
<th>Title</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Experience**
*Place the patient/caregiver story in the column on the left breaking the story into units containing one element of the experience. Make more rows as needed. The right column is for comments.*

<table>
<thead>
<tr>
<th>Experience</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Summary of Key Factors

**Care Sites**
*Indicate the Care Sites where the patient/caregiver healthcare experience took place placing one per row.*

<table>
<thead>
<tr>
<th>Care Sites</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Social Context**
*Indicate the family and social supports for the patient; approximate age of the patient and main caregiver, and any pertinent cultural or socio-economic factors.*

<table>
<thead>
<tr>
<th>Social Context</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Diagnoses**
*Indicate the stated diagnoses. Write up one per row.*

<table>
<thead>
<tr>
<th>Diagnoses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Observations

**EXPRESSED NEEDS**  
*Write up one per row.*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

**JOURNEY**  
*Indicate the key triggers and events that outline the patient/caregiver journey. Write up one per row.*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

**REACTION TO THE EXPERIENCE**  
*Write up one per row. Record your reaction to the experience and what you learned.*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
# Appendix B: Common Issues Form

<table>
<thead>
<tr>
<th>Issue Number</th>
<th>CI1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Jun 1, 2015</td>
</tr>
</tbody>
</table>

## Common Issue

**Title**

*Create a title and record it here.*

---

**Observations**

*Place each observation for this Common Issue in a separate row in the column on the left. Put the number of the narrative in the middle column. The right column is for comments. Make more rows as needed.*

<table>
<thead>
<tr>
<th>Draft KPTs</th>
<th>Final KPTs</th>
<th>List Related Narratives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Write up one per row.</td>
<td>Write up one per row.</td>
<td>Enter Narrative Title and number. Write up one per row.</td>
</tr>
</tbody>
</table>
Appendix C: KPT Form

Key Performance Target

KPT
Record final KPT on the left. Enter the care sector on the right.

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
</table>

Related Common Issue(s)
Enter Common Issue Title and number. Write up one per row.

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
</table>
Appendix D: KPT Tracking Sheet
Excel spreadsheet with 3 tabs, one for each log.

**Narrative Log**

<table>
<thead>
<tr>
<th>No.</th>
<th>Date Rec'd</th>
<th>Narrative Title</th>
<th>Source</th>
<th>Author</th>
<th>Keep Anonymous</th>
<th>Narrative Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>0000</td>
<td>01-Jan-15</td>
<td>My trip to the ER</td>
<td>Email</td>
<td>Mary Smith</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

**Common Issues Log**

<table>
<thead>
<tr>
<th>CI No.</th>
<th>Date Worked</th>
<th>Common Issue Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1001</td>
<td>30-Jun-15</td>
<td>Feeling Ignored in the Emergency Department</td>
</tr>
</tbody>
</table>

**KPT Log**

<table>
<thead>
<tr>
<th>KPT No.</th>
<th>Date</th>
<th>KPT</th>
<th>Related CI No.</th>
<th>Care Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000</td>
<td>01-Aug-15</td>
<td>There is a third chair in triage in the ER</td>
<td>1000</td>
<td>ER</td>
</tr>
</tbody>
</table>