Measuring Cultural Safety in Health Systems

Addendum — List of Indicators

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About this document

This is the addendum to the discussion paper *Measuring Cultural Safety in Health Systems*. That document presents a framework for measuring Indigenous cultural safety in health systems, which consists of 4 categories: Health System Interventions, Experience of Health System, Health System Performance, and Health and Wellness Outcomes. These categories are broken down into a set of themes.

This addendum sets out a list of potentially useful cultural safety indicators for each category and theme. The indicators were primarily drawn from the literature and databases held at the Canadian Institute for Health Information (CIHI). Indicators related to the social and structural determinants of health — although relevant — are out of scope. The focus is on the health system and its performance.

Note that for some of these sample indicators, we have provided information on a potential source for the data (e.g., Canadian Patient Experiences Reporting System [CPERS], Continuing Care Reporting System [CCRS]). The method in which Indigenous data is identified for these indicators may vary both in type and quality. For example, some methods may include using an Indigenous-specific identifier, using contextual information on geographical location, performing linkage to a client registry or other means available to identify First Nations, Inuit and Métis populations. The quality of the data will depend on the method for identifying the population, and also on critical information such as sample size, etc. For a list of acronyms and definitions used in this document, see the Glossary.

Health System Interventions indicators

"Health system interventions" describe actions or activities undertaken by organizations or health systems to enhance cultural safety.

Potential cultural safety indicators by Health System Interventions theme

Indigenous perspectives and practices

- Recognition of unique definition of health and wellness
- Traditional practices integrated in health care services, treatment plans and/or Indigenous-specific programming

Indicators

– Percentage of facilities that support the use of traditional and complementary medicine

– Percentage of facilities where traditional food and/or medicines are available

– Percentage of facilities/service lines with Indigenous approaches/programming and support staff (e.g., Elders, Traditional Healers)

– Percentage of cultural ceremonies and practices supported upon request

Leadership, governance and administration

- Indigenous involvement in governance, leadership, prioritization and decision-making (including reciprocal accountability, budgeting and research)
- Indigenous equity and cultural safety as a lens for all strategic decisions
- Visible leadership commitment and responsibility (including in mission statement)

Indicators

– Percentage of Indigenous representation on governing board

– Retention rate of Indigenous representation on governing board

– Percentage of board decisions to which a cultural safety equity lens was applied

Partnership, communications and engagement

- Formalized partnerships and processes with Indigenous communities and organizations
- Dialogue with Indigenous communities, organizations and people
- Communications strategy to raise awareness about Indigenous Peoples, racism and/or cultural safety, including organizational expectations and tools
- Partnerships and coalitions to increase spread across sector/system
- Cultural competency/safety in print and communications materials
- Tailored outreach and community education initiatives

Indicators

- Percentage of organizations, clients and communities that are satisfied with partnership actions
- Percentage of organizational policies informed by engagement with Indigenous clients and communities
- Percentage of culturally tailored tools and resources informed by engagement with Indigenous clients and communities

Planning

- Indigenous involvement in strategic and service planning
- Cultural safety reflected as a priority in strategic and service planning
- Cultural safety strategies/workplans

Indicators

- Percentage of facilities/organizations with a strategic plan that addresses cultural safety, Indigenous health and equity for Indigenous populations
- Percentage of facilities/organizations with a cultural safety strategy/workplan in place
- Percentage of facilities/organizations that have an engagement process with Indigenous communities, organizations and clients that informs the strategic plan, cultural safety strategy/workplan
- Percentage of facilities/organizations where organizational/corporate planning process embeds considerations for Indigenous clients and communities

Policy and protocol

- Cultural safety and/or equity hardwired into all policies
- System/organization policy or definition of cultural safety
- First Nations, Inuit and Métis protocols are followed
- Policies address racism
- Policy incentives for cultural safety (e.g., compensation, billing)

  Indicators

  – Percentage of meetings and events that incorporate Indigenous protocols, practices and acknowledgements (e.g., recognition of territory)

  – Percentage of organizational policies to which a cultural safety lens has been applied

  – Percentage of policies and practices that address cultural safety and anti-racism

  – Number of cultural safety and anti-racism policies in place

Data and evidence

- Measures are identified, data is collected and monitored; used to inform planning
- Culturally safe ways to assess Indigenous access and experience of services (including identification processes)
- Cultural safety as a lens to evaluation; regular evaluation of cultural safety
- Public reporting, accountability and celebration
- Cultural safety audits and assessments (at organization and provider level**s)**

  Indicators

  – Percentage of initiatives serving Indigenous populations and/or reflecting priorities of Indigenous partners that have been evaluated for cultural safety

  – Percentage of evaluations with a focus on cultural safety and humility that inform decision-making

  – Percentage of new front-line staff trained in self-identification process

  – Percentage of Indigenous respondents who reported they felt safe with the self-identification process

  – Indigenous data governance processes in place to guide data collection, analysis, interpretation and release of Indigenous data and research

  – Percentage of research projects related to Indigenous Peoples that include Indigenous involvement

Incidents, complaints and whistleblowing

- Employee incident reporting on cultural safety
- Complaints, feedback and quality improvement processes are culturally safe (including processes that reflect Indigenous practices/approaches)

Indicators

– Percentage of complaints involving Indigenous Peoples that are offered alternative/ cultural approaches to resolution

– Percentage of complaints/incidents related to cultural safety/racism (comfort/safety to use complaints process)

– Percentage of cultural safety complaints resolved where the complainant is satisfied with the process

– Percentage of complaints from Indigenous individuals resolved within established time frames

– Percentage of cultural safety complaints/incidents resolved in a manner that advances systemic solutions

– Percentage of facilities with visible culturally tailored complaints materials

Human resources

- Training and ongoing skills development (at all levels, including board)
- Cultural safety competencies built into job descriptions, recruitment and ongoing human resources management/performance
- Recruitment and retention of Indigenous employees

Indicators

Training

– Percentage of board members who have taken cultural safety training

– Percentage of executives who have taken cultural safety training

– Percentage of staff who have taken cultural safety training (progressive levels of training assessed)

– Percentage of clinical staff who have taken cultural safety training (progressive levels of training assessed)

– Percentage of cultural safety training that involves pre- and post-tests, including longitudinal changes in practice as a result of training

Recruitment and retention

– Percentage of Indigenous employees

– Percentage of Indigenous individuals recruited in key positions (e.g., senior executive, navigators)

– Percentage of Indigenous staff registered with health professional college

– Retention rate for Indigenous employees

– Retention rate for Indigenous navigators

Orientation

– Percentage of Indigenous involvement in orientation processes

– Information on historic context of colonialism included

– Information on local Indigenous governments and protocols included

– Cultural safety and humility concepts included

– Organizational goals and policies related to cultural safety included

Staff knowledge

– Percentage of staff reporting good or excellent level of knowledge in cultural safety

– Percentage of staff reporting practising protocols to acknowledge territory

– Percentage of staff regularly connecting Indigenous clients to available services (Indigenous-specific and generally)

– Percentage of staff aware of cultural safety commitments/plans

Indigenous staff supports

– Indigenous staff supports in place (e.g., traditional supports, peer network)

– Exit interview processes for Indigenous staff in place

Assessments and performance appraisals

– Cultural safety goals/objectives/behaviours/actions included in performance planning and appraisal

– Staff self-assessment tool in place with appropriate tie to performance appraisal process

– Supervisor assessment of cultural safety and humility tool in place with appropriate tie to performance appraisal process

– Client assessment of cultural safety and humility tool in place with appropriate tie to performance appraisal process

Workforce

– Percentage of population living in areas of lowest relative clinical workforce supply, by profession

– Per capita rate of clinical workforce by profession in predominantly Indigenous communities/areas

Health services

- Tools and guidelines are developed to support culturally safe services
- Accreditation
- Navigators/navigation
- Registration and intake processes
- Continuity of care/holistic care/integration with community services
- Language interpretation
- Proactive/personalized care

Indicators

- Percentage of relevant Indigenous languages where translation is available for clients
- Percentage of Indigenous patients requesting and receiving translation services
- Percentage of departments or programs with culturally tailored resources available that support Indigenous Peoples' health
- Percentage of facilities supported by navigators and other cultural supports
- Percentage of clients who accessed navigators and other cultural supports (stratified by place/time)
- Percentage of self-identified clients being notified of navigator services
- Percentage of clients using navigators
- Percentage of discharge plans for self-identified Indigenous clients that have considered cultural and/or community services

Physical spaces

- Relates to having or creating safe spaces for Indigenous Peoples, including visual representations and signage of Indigenous culture and language, and healing rooms

Indicators

- Percentage of facilities with Indigenous artwork, welcoming spaces
- Percentage of facilities with spaces available for ceremony/cultural spaces
- Percentage of facilities with visible signage acknowledging territory
- Percentage of facility development/renewal processes designed in collaboration with Indigenous clients and communities

Experience of Health System indicators

"Experience of health system" refers to patients' experiences with individual health service processes.

Potential cultural safety indicators by Experience of Health System theme

Respect

- Feeling valued
- Feeling respected
- Sharing mutual respect
- Encounter free of stereotyping

  Indicators

  Percentage of Indigenous clients who
  – Felt that the organization respects Indigenous Peoples, their culture and traditions
  – Reported that staff acted as though they (the Indigenous client) were dishonest
  – Reported that staff acted as though they (the Indigenous client) were drunk or asked repeatedly about substance use
  – Reported experiencing respectful and courteous treatment from health providers (CPERS version: "Treated with courtesy and respect")
  – Reported that they would return to the same facility or provider
  – Reported that they would recommend the facility or provider to their friends and family
  – Reported that they were blamed for their problem by a health care provider

Empowerment and equity

- Equal partnership
- Client feels empowered and able to exercise self-determination
- Client feels heard/client was not ignored
- Provider does not show an attitude of superiority
- Client as partner in decision-making

Indicators

Percentage of Indigenous clients who

– Felt empowered in their own care

– Participated in shared decision-making about their care (CPERS version: "Involved as much as they wanted to be in decisions about care and treatment")

– Felt that they were as involved as they wanted to be in their care

– Felt that the health providers wanted to work with them to provide safe, quality care

– Felt that they received poorer services than other people (e.g., ignored, unheard)

– Felt equal to their health care provider

– Felt equal to staff

– Reported that they had a very good hospital experience (CPERS)

– Reported that they were helped by their hospital stay (CPERS)

– Were criticized by their health care provider for the way they spoke

– Felt that the health care provider acted as though they (the Indigenous client) were not smart

– Felt that the health care provider acted as though they were better than the client

Safety

- Sense of protection from harm or risk
- Experience free of racism

Indicators

Protection from harm

Percentage of Indigenous clients who

– Felt a sense of personal safety (stratified by settings, health care providers and services)

– Felt a sense of cultural safety

– Felt comfortable in the built health care environment

– Felt comfortable because of the presence of other Indigenous clients, providers or staff (i.e., reduced feelings of isolation)

– Felt that their medical information in the health care system was confidential

– Trusted the health care providers who treated them

– Trusted the explanations provided to them regarding their condition or diagnosis

– Were willing to share information with health care providers

– Had restraints used in long-term care (CCRS)

– Experienced physical abuse from a health care provider (e.g., rough or aggressive physical contact)

– Experienced sexual abuse from a health care provider (e.g., inappropriate sexual contact)

– During hospital care, received help as soon as needed after pressing the call button (CPERS)

– Would recommend the hospital where they were treated to family and friends (CPERS)

Percentage of caregivers who

– Experienced distress (HCRS)

Experiencing racism or discrimination

Percentage of Indigenous clients who

– Reported experiencing racism in a health care interaction, by provider type

– Reported experiencing racism in a health care interaction, by setting or service type

– Reported experiencing racism in a non–health system environment

– Delayed seeking care because of previous health care experiences

– Left care without being seen, by reason (e.g., discrimination, disliked service/professional, did not trust provider, felt it would be inadequate)

– Were refused care

– Felt discomfort being in a hospital environment, such as when there were long wait times

– Felt safe to make a complaint or express concerns if treated poorly or unfairly when using a health care service

– Would not make a complaint (can list potential reasons, such as not being believed, did not feel it would make a difference, would be treated unfairly or treated worse in the future, or submitted a complaint before and it did not make a difference)

– Reported that the health staff stared, whispered or pointed

– Felt shame or judgment by providers and staff

– Reported that they had been treated as though they were a bad parent

– Felt insulted or harassed

– Attributed negative health care experiences to their ancestry or origins

– Felt comfortable identifying as an Indigenous person

– Had their medical concerns ignored or discounted

Percentage of Indigenous staff who

– Have personally experienced racial prejudice or discrimination at work because of their Indigenous identity

– Have experienced tokenism (e.g., on committees)

– Reported having experienced discriminatory acts (e.g., hurtful comments; relegated to caring for Indigenous patients preferentially; turned down for education needed for advancement whereas others were not; excluded or isolated from coworkers; had information needed for work deliberately withheld)

– Reported having experienced racial prejudice or discrimination, by type of position (e.g., co-worker, instructor or mentor, volunteers or clergy, patients or residents, family members of patients)

– Have experienced effects of racism (e.g., mental, physical, emotional, spiritual impacts; impact on self-esteem; lowered standing with colleagues; diminished chances for promotion; diminished job satisfaction)

Witnessing racism or discrimination

Percentage of Indigenous clients who

– Reported observing racist or discriminatory behaviour

Percentage of Indigenous staff who

– Reported having observed racist or discriminatory behaviour at work (e.g., patient was ignored, assumed to be intoxicated, discharged prematurely, not allowed to use traditional medicine, not allowed to access cultural protocols, discharged without proper support, laughed at)

– Feel that systemic racism exists in their workplace

Relational

- Sense of dignity
- Experience of connection with a health care provider
- Provider is open-minded
- Health care providers demonstrating care, compassion and empathy
- Involvement of client's family

Indicators

Percentage of Indigenous clients who

– Reported that their personal dignity was respected by providers

– Felt cared for by the staff

– Felt cared for by their health care provider

– Reported that their families were welcome to visit

– Reported that they could involve their family in their care to the extent desired

– Felt that providers recognized the importance of not being limited by time restrictions

– Received the emotional support needed to help with anxiety, fear or worry during a hospital stay (CPERS)

Identity

- Positive acknowledgement or affirmation as an Indigenous person or part of a diverse Indigenous culture
- Cultural identity and teachings acknowledged and valued
- Provider recognizes diversity among Indigenous Peoples

Indicators

Percentage of Indigenous clients who

– Felt that their Indigenous identity was positively viewed by (1) the organization;
(2) health providers/professionals; (3) staff

– Reported that they had the resources, supports and spaces available to support their
holistic wellness

– Felt that the diversity of Indigenous cultures was understood by the organization

– Reported that their health care providers were open to hearing about traditional medicine

– Reported that health care providers were knowledgeable about available health services
in their community

– Felt that there were enough Indigenous health providers

– Had been allowed to practise traditional medicine (i.e., the health care provider allowed it)

– Had access to an Indigenous patient navigator or liaison

– Had access to Traditional Healers or Elders

– Were prevented from accessing a cultural ceremony

Reciprocity

• Two-way or shared learning

• Curiosity, interest and effective communication

• Communication facilitated by an understanding of colonialism and its impacts on
Indigenous Peoples

Indicators

Percentage of Indigenous clients who

– Felt that the organization was knowledgeable about the history of Indigenous Peoples

– Felt that providers (or staff) were knowledgeable about the history of Indigenous Peoples

– Felt listened to by their health care provider (or staff)

– Felt that their health care provider(s) (or staff) were interested in them

– Understood their health care provider (or staff)

– Reported that the organization met their needs

– Felt that they had enough time with their health care provider (related to stronger and
more trusting relationships)

– Experienced barriers to understanding and being understood because of language

– Felt comfortable asking questions of or expressing concerns to their health care provider

– Felt comfortable asking questions of or expressing concerns to staff

– Felt confident that they knew the questions that should be asked of their provider

    – Were unsure why they had been admitted

    – Received information they could not understand because of medical jargon

    – Received information that was not culturally safe

    – Received enough information about what was going to happen during the admission process (CPERS)

    – Felt that there was good communication about the required care between doctors, nurses and other hospital staff (CPERS)

    – Reported that they understood what a medication was for before receiving it (during a hospital stay) (CPERS)

    – Before discharge, had a clear understanding about all prescribed medications (CPERS)

    – Received enough information about their condition and treatment when (1) in the emergency department; (2) in the hospital (CPERS)

Health system utilization

- Patients' experiences with health services provided

- Equitable treatment

- Appropriate treatment

Indicators

Percentage of Indigenous clients who

    – Reported being properly diagnosed

    – Were given medication, including for pain, when it was needed or asked for (CPERS version: "Reported how often pain was well controlled")

    – Waited the same length of time as other people to be seen by a doctor or other health care provider, when it seemed that there was the same need for health care

    – Reported being properly referred (e.g., to another doctor, specialist, program or service)

    – Reported a complete discharge process (e.g., follow-up plan, home care)

    – Felt that their needs and concerns were taken seriously (e.g., received the care needed in the emergency department)

    – Were not informed of the purpose of a medical procedure before it was performed

    – Were prevented from accessing the health care needed

    – Felt that they waited too long in the emergency department for a hospital bed (CPERS)

    – Reported that their transfer from emergency department to hospital bed was well organized (CPERS)

    – Were asked whether they had all the help they needed after being discharged from hospital (CPERS)

Health System Performance indicators

"Health system performance" refers to the capacity of the health system to provide care and describes the quality of that care.

Potential cultural safety indicators by Health System Performance theme

Effective, appropriate and efficient

- Care, intervention or action achieves the desired outcome
- Care, intervention or action provided is relevant to the client's needs and based on established standards
- Achieve desired results with most cost-effective use of resources

Indicators

Antenatal period

– Percentage of women who attended at least one antenatal care session in the first trimester

– Percentage of pregnant women who had 8 or more antenatal visits

– Percentage of deliveries by duration of pregnancy at first antenatal visit

– Percentage of women who gave birth at 32 weeks' gestation or more, by number of antenatal visits

– Percentage of deliveries that were attended by (1) an obstetrician; (2) a family doctor; (3) a midwife

– Percentage of deliveries by women who accessed midwifery care

– Percentage of deliveries at home

– Percentage of deliveries by women with pre-existing diabetes

– Percentage of deliveries by women with pre-existing hypertension

– Percentage of deliveries by women who use (1) substances; (2) tobacco; (3) alcohol

– Percentage of births with neonatal transfer to higher levels of care

– Percentage of live births

– Epidural rate for vaginal deliveries (DAD, HMDB)

– Primary Caesarean section rate (age <35 years, 35+ years) (DAD, HMDB)

Immunization

– Percentage of children fully immunized at age 1, 2 and 5 years

– Percentage of people age 50 and older who had been immunized against influenza in the last 12 months, by age

– Percentage of people age 50 and older who had been immunized against invasive pneumococcal disease in the last 5 years, by age

– Percentage of teenagers receiving HPV vaccine

Health promotion

– Health expenditure on core public health services (in relation to a comparator non-Indigenous population)

– Percentage of people who discussed healthy lifestyle issues with their doctor or health professional (age 15 and older)

– Percentage of Indigenous primary health care organizations that provide health promotion, by type of program/activity

Early detection and early treatment

– Percentage of female population with breast screening performed (mammogram, other diagnostic testing)

– Percentage of females age 20 to 69 reporting whether they have had a Pap test with the frequency recommended by their jurisdiction

– Percentage of people reporting having done a fecal occult blood test for colon cancer screening (self-reported or administrative data)

– Percentage of males who have had a rectal exam or PSA test

– Average length of time between positive colorectal screen and assessment

– Percentage of people who received the following tests in the past 12 months: cholesterol, blood pressure, vision, blood sugar

– Percentage of people who received a full physical examination in the past 12 months by a doctor, nurse or complementary health practitioner

Hospital procedures

– Percentage of hospitalizations (excluding dialysis) with a procedure recorded that is affiliated with a primary diagnosis (e.g., coronary heart disease procedures, digestive tract procedures)

– Hysterectomy rate (DAD, HMDB, NACRS)

– Percentage of people undergoing dialysis prior to first kidney transplant (CORR)

– Prevalence rate for patients on dialysis or with a functioning transplant (CORR)

Hospitalization

– Discharge rate

– Number of hospital admissions during the last year of life (CVSD, DAD, HMDB, OMHRS)

– Hypertension admission rate (DAD, HMDB)

– Number of patients admitted to intensive care unit during the last 30 days of life (among patients who died in the reference year) (CVSD, DAD, HMDB, OMHRS)

– Average acute length of stay: total number of days the patient received acute care (DAD, HMDB)

– Average acute length of stay for (1) hip replacement; (2) knee replacement (DAD, HMDB)

– Ratio of total length of stay to expected length of stay, in days (HMDB)

– Rehabilitation length of stay and active rehabilitation length of stay (NRS)

– Primary and secondary reasons for waiting for discharge from rehabilitation (NRS)

– Average number of days between client date ready for discharge and actual discharge date (NRS)

– Percentage of day surgery cases by Comprehensive Ambulatory Classification System group

– Ratio of day surgeries to inpatient admissions

– Ratio of intensive care unit days to total acute care admissions

– Percentage of alternate level of care cases (DAD, HMDB)

– Average length of stay of alternate level of care (DAD, HMDB)

Management of conditions and selected potentially preventable hospital admissions

– Ambulatory care sensitive conditions hospitalization rate (DAD, HMDB)

– Admission-based diabetes lower extremity amputation rate (DAD, HMDB)

– Rate of admissions for aggregate conditions, excluding

  ○ Vaccine-preventable conditions (e.g., influenza, tetanus, whooping cough, chicken pox, measles)

  ○ Acute conditions — including cellulitis (skin infections), urinary tract infections, convulsions/epilepsy, dental conditions, and ear, nose and throat infections

  ○ Chronic conditions — including many forms of cardiovascular disease, chronic obstructive pulmonary disease (COPD), diabetes complications, asthma, iron deficiency and hypertension

Readmissions

– Readmission rate for (1) all patients; (2) all medical patients (DAD, HMDB, NACRS)

– 30-day readmission rate for (1) mood disorders; (2) mental illness (DAD, HMDB, NACRS, OMHRS)

– Rate of repeat hospital stays for mental illness (DAD, HMDB, NACRS, OMHRS)

– 30-day all-cause readmission rate after (1) percutaneous coronary intervention; (2) coronary artery bypass graft (DAD, HMDB, NACRS)

– 30-day readmission rate for (1) acute myocardial infarction; (2) surgical patients (DAD, HMDB, NACRS)

– Readmission rate for (1) pediatric patients; (2) obstetric patients (DAD, HMDB, NACRS)

– All-cause and disease-specific readmission rate within 365 days for (1) ischemic stroke; (2) hemorrhagic stroke; (3) congestive heart failure (CVSD, DAD, HMDB)

– Number of 30-day hospital readmissions during the last year of life (DAD, HMDB)

– Number of follow-up clients who were hospitalized since discharge (NRS)

Health professional contact, self-reported rate

– Percentage of people who had contact with a dental professional in the past year

– Percentage of people who talked to a health professional about emotional or mental health

– Percentage of people receiving treatment for their chronic health condition

– Percentage of main treatment types used to manage diabetes

– Percentage of people who received care (e.g., by a physician or nurse practitioner) within the past 2 years, by number of health conditions

– Percentage of people who received a mental health service (e.g., counselling, psychological testing) within the past 2 years

Responsive

• Service provides respect for persons and is client oriented, including respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks and choice of provider

Note: This domain includes some concepts that overlap with those related to Experience of Health System indicators (e.g., participation in choices, respect for dignity).

Indicators

Access to primary care, self-reported rate

– Percentage of people who required health care (e.g., from a doctor, nurse or other health professional) in the past 12 months

– Percentage of people who received all the health care that was needed

– Percentage of people reporting barriers to receiving health care, among those who required health care in the past 12 months (numerous possibilities, setting-dependent)

– Percentage of people receiving dental care, by last time of care

– Percentage of people accessing a Traditional Healer within the past 12 months

– Percentage of people reporting barriers to receiving traditional medicine

Primary care utilization

– Percentage of users of physician services: (1) general practitioner; (2) specialist

– Ambulatory primary care visit rate

– Ambulatory specialist visit rate

– Percentage of users of nurse practitioner services

– Percentage of people who saw or spoke on the phone with a family physician or nurse in the last year

– Rate of health services claimed for after-hours care

– Rate of general practitioner (GP) encounters, by whether the GP has after-hours arrangements in place

– Non-admitted patient emergency care episodes for Canadian Triage and Acuity Scale (1) category 4 (semi-urgent); (2) category 5 (non-urgent), by time of day

Discharge against medical advice

– Percentage of hospitalizations where patients left against medical advice/were discharged at own risk (excluding dialysis and mental and behavioural disorders)

– Percentage of emergency department visits where clients left at their own risk or did not wait

Mental health services

– Percentage of people with mental health–related problems managed by general practitioners

– Percentage of people who visited physicians for mental health reasons

– Rate of community mental health care service contacts

– Frequent emergency department visits for mental health or substance use (NACRS)

– Mental health general hospital inpatient separations as a percentage (pan-Canadian) of all general hospital inpatient separations (HMHDB)

– Rate of total days stayed in general hospital for mental health reasons per population by diagnostic category (HMHDB)

– Percentage of full admission, short stay, discharge or quarterly assessments that reported not using acute control mechanisms or physical restraints (OMHRS)

– Separations per 100,000 population for hospitalizations due to self-harm (HMHDB)

– Percentage of discharges reporting attempted self-harm that was not suicidal in nature (OMHRS)

Alcohol and drug services

– Percentage of distribution of most important social and emotional well-being issues reported by substance use services in terms of staff time and organizational resources

– Rate of closed treatment episodes for alcohol and other drug treatment

– Rate of hospitalization with principal diagnosis related to alcohol use and substance use

– Percentage of problems reported by general practitioners related to mental health

– Percentage of clients receiving pharmacotherapy treatment for opioid dependence

– Single opioid dispensation rate (excluding opioid addiction treatment and inpatient dispensations)

– Repeated (3 or more) opioid dispensation rate (excluding opioid addiction treatment and inpatient dispensations)

– Rate of opioid antagonist treatment for opioid disorder

– Percentage of clients treated for alcohol use/addiction in the past 12 months

– Percentage of population who use opioids on a chronic basis (NPDUIS)

– Separation rate (discharges or deaths) for selected substance-related disorders (HMHDB)

– Separations per 100,000 population for hospitalizations entirely caused by alcohol (HMHDB)

– Incidence of illicit drug overdoses

– Mortality rate due to illicit drugs

Wait times

– Wait times for home care (provincial and territorial data collection systems)

– Days waiting for admission to inpatient rehabilitation (NRS)

– Wait times for community mental health counselling (provincial and territorial data collection systems)

– Wait times for coronary artery bypass surgery (provincial and territorial data collection systems)

– Wait times for radiation treatment (provincial and territorial data collection systems)

– Wait times for joint replacement: (1) knee; (2) hip (provincial and territorial data collection systems)

– Wait times for cataract surgery (provincial and territorial data collection systems)

– Self-reported wait time to see physicians and other health professionals

– Wait times for (1) breast cancer surgery; (2) colorectal cancer surgery; (3) lung cancer surgery; (4) prostate cancer surgery; (5) bladder cancer surgery (provincial and territorial data collection systems)

– Wait times for intravenous chemotherapy (between referral and consult with an oncologist)

– Number of patients waiting for a single organ transplant (CORR)

– Wait times for home care services (provincial and territorial data collection systems)

Surgeries

– Hip fracture surgery within 48 hours (DAD, NACRS)

– Rate of procedures for (1) knee replacement; (2) hip replacement (CJRR, DAD, NACRS)

Pharmaceuticals

– Percentage of people with diabetes who receive first-choice antihypertensive medication (defined daily dose/day) (NPDUIS)

– Number of prescriptions in the last year of life (NPDUIS)

– Adequate use of cholesterol-lowering treatment in people with diabetes (defined daily dose/day) (NPDUIS)

– Long-term use of benzodiazepines and related drugs in older people (NPDUIS)

– Proportion of people age 65 and older prescribed antipsychotics (NPDUIS)

– Prescribed antihypertensive medication between 12 and 18 months after (1) ischemic stroke; (2) hemorrhagic stroke (note: Canada cannot currently measure this indicator)

– Prescribed medicines to persons between 12 and 18 months after heart failure (note: Canada cannot currently measure this indicator)

Accessible

- Ability of people to obtain health care at the right place and right time regardless of income, cultural background or physical location

Indicators

Access to services compared with need

– Percentage of ratings (self-reported) of level of access to health services compared with Canadians generally (same, less, better, don't know)

– Percentage of ratings of availability of health services in community (excellent, good, fair, poor, don't know)

– Cumulative percentage changes for the number of Indigenous primary health care organizations in a defined area

– Rate of elective surgery

– Rate of emergency department visits

– Total time spent in emergency department for all non-admitted, admitted patients (NACRS)

– Emergency department wait time for (1) physician initial assessment; (2) inpatient bed (NACRS)

– Percentage of people seen on time in emergency department, by Canadian Triage and Acuity Scale score

– Median wait time in emergency department

– Percentage of patients admitted through the emergency department (NACRS)

– Admitted emergency department length of stay (1) overall; (2) by Canadian Triage and Acuity Scale level (NACRS)

– Average number of emergency department visits per patient, for patients admitted from the emergency department (NACRS)

– Number of emergency department visits for patients who are discharged, transferred out or leave the emergency department (NACRS)

– Asthma emergency department visits: (1) rate per population; (2) median length of stay (NACRS)

– Rate of emergency hospitalizations

– Self-reported need for home health care by type of care/service

– Percentage of persons using traditional medicine in the past 12 months

– Rate of (1) percutaneous coronary intervention; (2) coronary artery bypass graft; (3) cardiac revascularization (DAD, HMDB)

– Transplantation rate by organ type (CORR)

– Total transplantation rate (single/combination) (CORR)

– Mother's travel time (minutes) to the delivery facility, determined by maternal resident postal code

Continuous

- The ability to provide uninterrupted, coordinated care or service across programs, practitioners and organizations over time

Indicators

Regular general practitioner or health service

– Available sources of health care by type (e.g., hospital, doctor, clinic) and geography

– Patient's usual source of health care by type (e.g., percentage of patients who usually access a clinic)

– Preferred source of health care by type (e.g., percentage of patients who prefer a doctor's office)

– Access to mental health professionals by mode of communication and type of professional (e.g., percentage of population accessing psychologist services in person)

– Access to informal supports (e.g., friends, family) for mental health needs

– Percentage of people with change in primary care practitioner in past 12 months, by number of changes

– Percentage of people who have a regular (1) general practitioner; (2) general practitioner and nurse practitioner

Care planning for chronic disease

– Percentage of clients with (1) general practitioner management plans;
  (2) team care arrangements

– Percentage of clients with (1) reviews; (2) case conferences

– Percentage of Indigenous regular clients with type 2 diabetes who had (1) general
  practitioner management plans; (2) team care arrangements in the last 2 years

– Percentage of clients with asthma reporting having a written asthma action plan

Capable

• An individual's or service's capacity to provide a health service based on skills and knowledge

Indicators

– Number of domestic higher education Indigenous students enrolled in and completing
  health-related courses

– Number of Indigenous undergraduate domestic health-related course completions, by field
  of education

– Number of Indigenous graduates per year (dentists, pharmacists, midwives, nurses) (HWDB)

Sustainable

• System or organization capacity to provide infrastructure such as workforce, facilities and
  equipment, and to be innovative and respond to emerging needs (research, monitoring)

Indicators

Indigenous health expenditures compared with need

– Expenditures on Indigenous-specific health programs over time

– Health expenditure per person on primary and secondary/tertiary health services by
  major category

– Ratio of per capita hospital expenditure to physician/primary care expenditure

– Workforce by urban/rural/remote designation (HWDB)

– Rate of physicians (full-time equivalent–based) working as clinicians in a given geography
  (also rate of nurses)

– Average acute care resource use intensity (Resource Intensity Weight) (DAD, HMDB)

– Workforce supply of providers (nurse practitioners, licensed practical nurses, registered
  psychiatric nurses, occupational therapists, physiotherapists, pharmacists) in their jurisdiction
  of registration (HWDB)

– Workforce supply of providers (nurse practitioners, licensed practical nurses, registered
  psychiatric nurses, occupational therapists, physiotherapists, pharmacists) (1) by primary
  employment category; (2) by position; (3) by area of responsibility/practice (HWDB)

– Number and rate of providers per 100,000 population (for 30 groups of professionals),
  by jurisdiction (HWDB)

Health and Wellness Outcomes indicators

"Health and wellness outcomes" are a fundamental goal of health systems and include the health and well-being of both individuals and populations.

Potential cultural safety indicators by Health and Wellness Outcomes theme

Life expectancy and well-being

• Broad measures of physical, mental and social well-being of individuals

Indicators

Life expectancy

– Life expectancy at (1) birth; (2) age 65 (DAD, CVSD)

– Potential years of life lost

Well-being

– Perceived physical health status

– Perceived mental health status

– Social and emotional well-being (how often in balance physically, emotionally, mentally and spiritually)

– Human Development Index, United Nations Development Program

Death

• Age- and/or condition-specific mortality rates

Indicators

– Infant and child mortality

– Perinatal mortality

– Neonatal mortality (younger than 28 days)

– Suicide

– All-cause age-standardized death rates

– All-cause mortality within 365 days after discharge (CVSD, DAD, HMDB)

– Leading causes of mortality (e.g., cardiovascular disease, diabetes, respiratory, cancer by type, unintentional injury)

– Avoidable and preventable deaths

– Potential years of life lost

– Avoidable deaths from treatable causes (CVSD)

– Avoidable deaths from preventable causes (CVSD)

– Avoidable deaths (CVSD)

– Illicit drug overdose deaths

– Hospital standardized mortality ratio (DAD, HMDB)

– Hospital deaths following major surgery (DAD, HMDB)

– 30-day in-hospital mortality after (1) percutaneous coronary intervention; (2) isolated coronary artery bypass graft; (3) isolated aortic value replacement (DAD, HMDB, NACRS)

– Congestive heart disease case fatality within 30 days after discharge (CVSD, DAD, HMDB)

– 5-year net survival for (1) breast cancer; (2) colon cancer; (3) rectal cancer

– Survival rates (3 months; and 1, 3 and 5 years) in (1) dialysis; (2) peritoneal dialysis patients; (3) adult kidney transplants; (4) pediatric kidney transplants (CORR)

– 5-year survival in end-stage kidney disease patients on dialysis (1) with diabetes; (2) without diabetes (CORR)

– Survival rates, first kidney transplant, by donor type (CORR)

– Survival rates by renal replacement therapy (CORR)

– Death from suicide within (1) 30 days; (2) 1 year, after discharge among patients discharged with a mental disorder

– Death at home/not in hospital (CVSD)

– Facility mortality trend for incident dialysis patients (CORR)

Health conditions

- Prevalence of disease, disorder, injury or trauma or other health-related states

Indicators

Perinatal and early childhood

– *Maternal*

  ○ Women who met the recommended gestational weight gain by pre-pregnancy body mass index

  ○ Severe maternal morbidity (e.g., antepartum hemorrhage necrotizing enterocolitis, puerperium complications [necrotizing enterocolitis and others])

– *Low birth weight*

  ○ Percentage of live births less than 2,500 grams, singleton births only (low birth weight), if between 500 and 2,500 grams (CAD)

  ○ Rate of live singleton newborns classified as small for gestational age (DAD, HMDB)

  ○ Rate of live singleton newborns classified as large for gestational age (DAD, HMDB)

  ○ Premature birth rate (DAD, HMDB)

— *Early Development Index*

   ○ Children vulnerable in least one domain of early development

— *Developmental disabilities*

   ○ Prevalence of attention deficit disorder/attention deficit hyperactivity disorder

   ○ Prevalence of autism spectrum disorder

   ○ Prevalence of fetal alcohol spectrum disorder

Rehabilitation and continuing care

— Number of follow-up clients reporting (1) the same general health status; (2) improved general health status at the follow-up assessment, compared with the discharge assessment (NRS)

— Number of clients reporting pain on admission who reported either less pain or no pain on the discharge assessment (NRS)

— Number of clients reporting greater pain on discharge than was reported on admission (NRS)

— Number of clients returning home on discharge who were living at home prior to admission (NRS)

— Percentage of residents with (1) improved self-performance; (2) worsened self-performance on locomotion (CCRS)

— Percentage of residents whose cognitive ability (1) improved; (2) worsened (CCRS)

— Percentage of residents whose ability to communicate (1) improved; (2) worsened (CCRS)

— Number of clients who completed a follow-up assessment in a given period (NRS)

— Percentage of residents whose bladder incontinence (1) improved; (2) worsened (CCRS)

— Percentage of residents whose bowel incontinence (1) improved; (2) worsened (CCRS)

— Percentage of residents with a urinary tract infection (CCRS)

— Age at admission to a rehabilitation facility (NRS)

— Percentage of residents with 1 or more infections (CCRS)

— Percentage of residents who developed a respiratory infection or have not improved (CCRS)

Acute and chronic conditions

— *Chronic conditions*

   ○ Prevalence and incidence: Number per 1,000 population (various chronic diseases)

   ○ Prevalence of chronic conditions by weight status (e.g., underweight, overweight)

   ○ Prevalence of self-reported chronic conditions ("Have you ever been told by a health professional . . .")

   ○ Prevalence of chronic condition by age of diagnosis (self-reported)

○ Percentage of persons with a chronic condition who are receiving treatment (self-reported)

○ Management of diabetes by treatment or measure (self-reported)

○ Incidence of gestational diabetes

○ Percentage of persons with diabetes who have an amputation

○ Incidence of end-stage renal disease by primary diagnosis (CORR)

○ Final treatment modality for end-stage renal disease (CORR)

– *Acute conditions and infectious disease*

○ Prevalence and incidence: Number per 1,000 population (e.g., gastroenteritis/dehydration, pneumonia, cellulitis)

○ Prevalence: Number per 100,000 with active tuberculosis disease

○ HIV diagnosis rate (per 100,000 population)

○ Percentage of people with an upper respiratory tract infection in the past 12 months, by frequency

○ Percentage of people with a lower respiratory tract infection in the past 12 months, by frequency

○ Percentage of people with a history of a sexually transmitted disease

○ Prevalence of chlamydia, gonorrhea

○ 30-day stroke in-hospital mortality (DAD, HMDB)

○ Rate of tuberculosis (latent and active)

○ Percentage of people diagnosed with a new active or re-treatment case of tuberculosis who had completed treatment

○ Prevalence rate of positive COVID-19 tests

– *Childhood*

○ Prevalence of otitis media

○ Prevalence of upper and lower respiratory (bronchiolitis and viral pneumonia) infections

○ Rate of dental-related hospital admissions per 1,000 population

– *Multi-morbidities*

○ Percentage of people with 5+ health conditions (identified through Population Grouper clinical groupings)

– *Mental health and substance use*

○ Stage of psychological distress/mental disorder using the Kessler Psychological Distress Scale

○ Percentage of residents with symptoms of delirium (change from previous assessment) (CCRS)

○ Severity of depression via Depression Severity Index (OMHRS)

○ Percentage of admissions reporting an activities of daily living decline from 90 days previous (OMHRS)

– *Past experiences, abuse and trauma*

  ○ Percentage of people with health and well-being impacts from attendance at residential school

  ○ Percentage of people with perceived health and well-being impacts as a result of family members attending residential school

  ○ Percentage of people with a close friend or family member who committed suicide

  ○ Percentage of people with thoughts of suicide

  ○ Percentage of people attempting suicide

– *Top reasons for hospitalization (separations per 100,000)*

  ○ Proportion of the population, by principal diagnosis, for top ICD-10-CA categories

End of life

– Number of cancer patients who received chemotherapy in the last 30 days of life (of patients who died in the reference year) (CVSD, DAD, HMDB)

– Number of visits to emergency department during the last 30 days of life for persons who died in the reference year (CVSD, DAD, HMDB, OMHRS)

– Rate of palliative care admissions (note: Canada cannot currently measure this indicator)

Oral health

– Dental pain or discomfort, past month

– Inability to chew

– Decay–missing–filled teeth index

– Missing teeth (person has fewer than 21 teeth)

Nosocomial (institution acquired or during hospital admission)

– Hospital harm (DAD)

– Potentially inappropriate medication prescribed to seniors (NPDUIS)

– Worsened pressure ulcer in long-term care (CCRS)

– Obstetric trauma: (1) vaginal delivery with instrument; (2) vaginal delivery without instrument (DAD, HMDB)

– Experiencing worsening (1) pain; (2) functioning in long-term care (CCRS)

– Falls in the last 30 days in long-term care (CCRS)

– Potentially inappropriate use of antipsychotics in long-term care (CCRS)

– In-hospital sepsis (DAD, HMDB)

– Post-op sepsis (DAD, HMDB)

– In-hospital infections due to *Clostridium difficile* (DAD, HMDB)

– Percentage of residents who had a newly occurring stage 2 to 4 pressure ulcer (CCRS)

– In-hospital hip fracture among acute care patients age 65 and older

Human function and behaviour

- Alterations to body structure or function (impairment), activities (activity limitation), behaviours and participation (restrictions in participation)

Indicators

Disability and activity limitation

– Percentage of people with functional health, severe or moderate functional impairment (e.g., limitations in the kinds or amount of activity at home, work or otherwise because of a physical or mental condition, or a health problem)

– Percentage of people who are limited by an injury

– Percentage of people experiencing discomfort when walking (e.g., chest pain, wheezing, whistling breathing)

– Percentage of people experiencing joint pain that affects normal activities

– Percentage of people with activity limitation due to mental health reasons

– *Pe*rcentage of people with blindness or serious vision problems that cannot be corrected

– Percentage of people with hearing impairment (i.e., need a hearing aid or have problems hearing when there is background noise)

– Improved physical functioning in long-term care (CCRS)

Action (behaviours)

– *Breastfeeding*

  ○ *Breastfeeding initiation*

  ○ *Sustained breastfeeding*

– *Smoking*

  ○ Percentage of people exposed to smoke in utero who have 2 or more health conditions

  ○ Percentage of people who smoke, by frequency

  ○ Percentage of women who smoked during pregnancy

– *Substance use*

  ○ Percentage of people consuming alcohol, by frequency and intensity (number of drinks per occasion)

  ○ Percentage of women who drank alcohol during pregnancy

  ○ Percentage of people using illicit drugs, by frequency

  ○ Percentage of women who used illicit drugs during pregnancy

  ○ Average age of first using substances to get high

– *Gambling*

  ○ Percentage of people who gamble

Glossary

CAD: Clinical Administrative Databases

CCRS: Continuing Care Reporting System

CJRR: Canadian Joint Replacement Registry

CORR: Canadian Organ Replacement Register

CPERS: Canadian Patient Experiences Reporting System

CVSD: Canadian Vital Statistics Death Database, Statistics Canada

DAD: Discharge Abstract Database

HCRS: Home Care Reporting System

HMDB: Hospital Morbidity Database

HMHDB: Hospital Mental Health Database

HWDB: Health Workforce Database

NACRS: National Ambulatory Care Reporting System

NPDUIS: National Prescription Drug Utilization Information System

NRS: National Rehabilitation Reporting System

OMHRS: Ontario Mental Health Reporting System