

# Why relevant patient-reported experience measure (PREM) data matters to improved aging care: Development of a survey for integrated home and community care in Ontario, Canada

Valentina Cardozo, MSc<sup>1</sup>, Justine Giosa, PhD<sup>1,2</sup>, Celina Carter, RN, PhD<sup>1</sup>, & Paul Holyoke, PhD<sup>1</sup>

<sup>1</sup>SE Research Centre; <sup>2</sup>School of Public Health Sciences, University of Waterloo | [presenting author underlined](#)

Email: [research@sehc.com](mailto:research@sehc.com) | Website: [research.sehc.com](http://research.sehc.com)

## BACKGROUND

- Over 80% of Canadian home care clients are 65+ years of age.<sup>1</sup>
- Integrating home care with community-based services is key for supporting aging Canadians to live well, with dignity and safety, in their communities.<sup>2</sup>
- Gathering reliable and valid self-reported data through patient-reported experience measures (PREMs)<sup>3</sup> leads to improved health outcomes, increased adoption of safe practices and better communication.<sup>4-5</sup>
- Existing PREMs are insufficient for measuring integrated home and community care experiences.

## PURPOSE

To develop a PREM for integrated home and community care with the aim of optimizing evidence-informed healthcare system improvements in the context of aging care.

## METHODS

Guided by Streiner et al.'s (2015) method<sup>6</sup> a four-phase approach was used:

- Phase 1:** Develop a matrix of relevant domains and item-concepts based on literature review (>550 PREM items) and healthcare leader interviews (n=6).
- Phase 2:** Assess relevance, and coverage of item-concepts through focus groups with client and caregiver experts-by-experience (n=17); and interviews with home care providers (n=15).
- Phase 3:** Test usability and clarity of items through cognitive testing interviews with client and caregiver experts-by-experience (n=11).
- Phase 4:**
  - Administer revised PREM to Ontario home care clients at two time points (n=191 at T1; n=21 at T2).
  - Explore test-retest reliability and construct validity for use of the new PREM with home and community care clients and caregivers in Ontario.
    - Internal Consistency (Cronbach's alpha)
    - Intraclass Correlation Coefficients (ICC 2, A1 two-way mixed effects, absolute agreement, single rater)
    - Exploratory Factor Analysis
    - Hypothesis testing using Pearson product moment correlations

## PARTICIPANT CHARACTERISTICS (PHASE 4)

- 184 participants from T1 and 20 from T2 met the missing data cutoff of having answered >30% of PREM (Table 1).
- 75% of T1 participants identified as clients, 17% as caregivers and 8% as substitute decision makers.

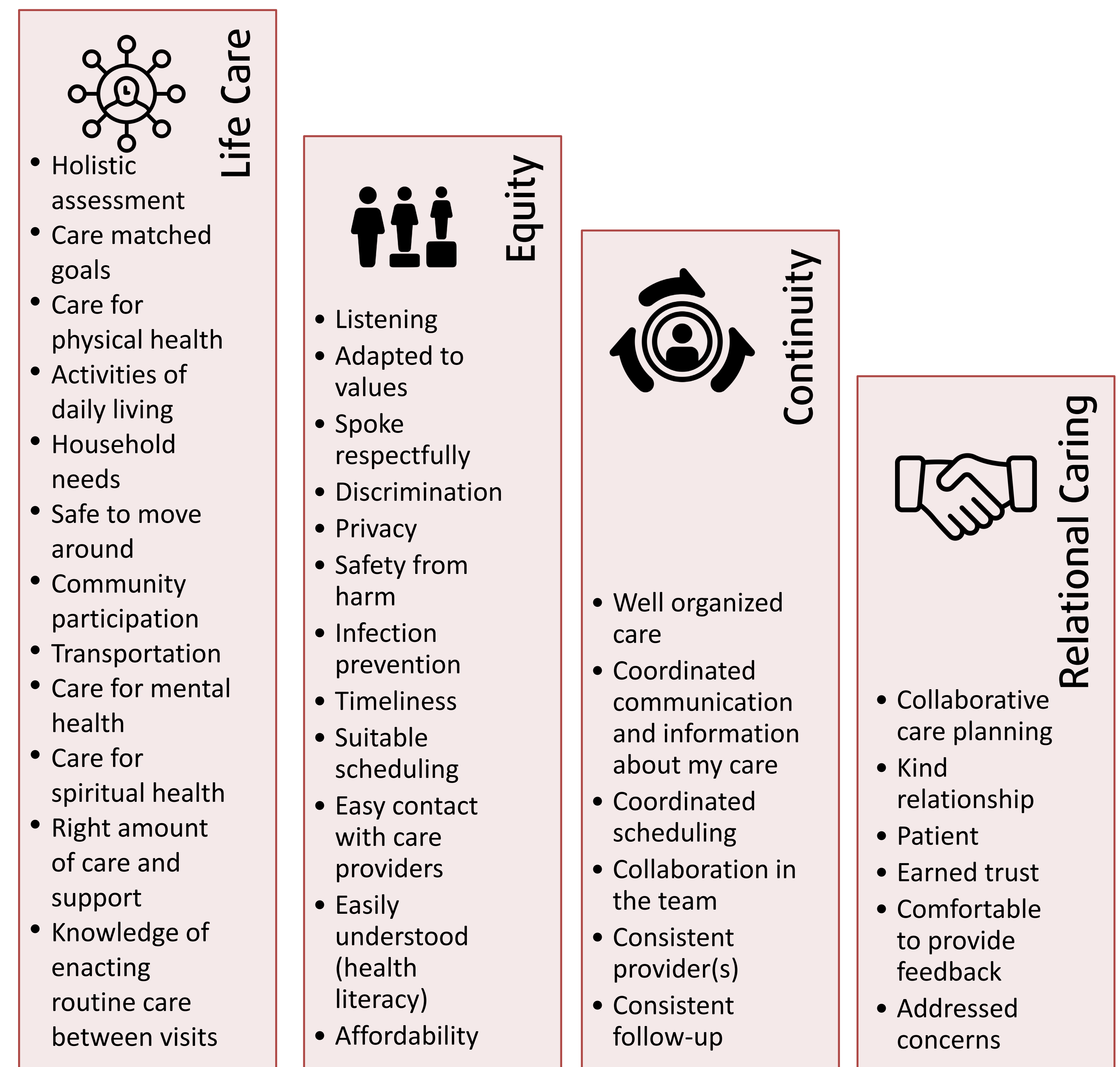
Table 1: Participant Characteristics

| Characteristic                | T1 (n=184)                     |
|-------------------------------|--------------------------------|
| Age Mean                      | 71.4                           |
| Gender Identity               | Woman 65%, Man 32%, Skipped 3% |
| Disability                    | 72%                            |
| Visible minority              | 19%                            |
| First Nations, Inuit or Métis | 3%                             |

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Figure 1: Overview of integrated home and community care PREM



## RESULTS

- After phase 3: the PREM consisted of 4 domains and 36 items (Figure 1).
- Preliminary phase 4: proposed domains showed excellent internal consistency according to Kline criteria<sup>7</sup> and moderate reliability according to Fleiss criteria<sup>8</sup> (Table 2).

Table 2: Internal consistency and test-retest reliability of domains

| PREM Domain       | # of Items | Internal Consistency ( $\alpha$ ) (n=184) | ICC 2, A1 (95% Confidence Interval) (n=20) |
|-------------------|------------|---|--|
| Life Care         | 12         | 0.95                                      | 0.65 (0.51-0.80)                           |
| Equity            | 12         | 0.94                                      | 0.67 (0.52-0.81)                           |
| Continuity        | 6          | 0.90                                      | 0.71 (0.57-0.84)                           |
| Relational Caring | 6          | 0.91                                      | 0.74 (0.61-0.86)                           |

## DISCUSSION

- Designing and testing a new integrated home and community care PREM in partnership with experts-by-lived-experience exemplifies community-engaged research.
- The newly developed PREM focuses on care experience elements that are important to an individual person (e.g., trust) and not system processes alone (e.g., discharge).
- Transformative healthcare system change to support ageing Canadian should be guided by reliable and valid patient experience data, as an essential component of the Quintuple Aim.<sup>9</sup>

## NEXT STEPS

- Additional reliability and validity testing (see Phase 4 methods).
- Further adaptation(s) to the PREM according to psychometric testing results.
- Implementation by a Canada-wide home care service provider organization in 2023—starting in Ontario, then plans for further testing and implementation in other provinces and territories.

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