Health Quality
Alberta

Alberta Quality Dimensions for Health

Defining Quality for an Integrated People-centred Health System in Alberta

QUALITY DIMENSIONS

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Updated May 2026

Understanding quality today

With a mandate to promote and improve patient safety, person-centred care, and health service quality in Alberta, Health Quality Alberta saw a need to update the definition of quality used in the Alberta Quality Matrix for Health (Matrix).

Since its adoption in 2005, the Matrix served as a benchmark for quality and provided a common language used widely across the province to support improvement. As a replacement for the Matrix, this resource revises the common definition of quality as seen at the centre of an integrated people-centred health system.[i]

ALBERTA
QUALITY MATRIX
FOR HEALTH

Such a system prioritizes the wholistic preferences, needs, and strengths of people (care receivers, patient partners, families, providers, citizens, leaders, etc.) and communities[ii] and sees them as agents of change in achieving health and well-being and reducing health disparities.

The aim is to broaden health system planning and priority-setting beyond medical treatment and improved clinical outcomes alone. Seeing social services as part of the health system helps to address more fully what matters to people and communities.

This update brings together input from system partners across Alberta, patient advisors, and communities, along with insights gleaned from leading frameworks in use within and beyond Alberta and elsewhere in Canada.

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[i] Integrated people-centred care is a catch-all term that refers to a type of health system, vision, or strategy for health system improvement or transformation, and a model of care delivery. It is also called a "fundamental design principle"[1] or "set of design principles"[2] because integrated people-centred care is understood as "so much more than the sum of a range of organizational processes acting at different levels".[1] In all forms, it is adopted for a similar reason: to shift thinking and practice in health system planning, decision-making, and care delivery to improve outcomes, quality, experience, and value. In doing so, it advances the Quintuple Aim: enhancing care experience, population health, and the work life of providers, while simultaneously reducing healthcare costs and advancing health equity.[3]

[ii] Communities include groups of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings.[3]

How the quality dimensions have evolved

An environmental scan, interviews, and literature review showed the quality dimensions in the Matrix, while still relevant, were incomplete. Language has evolved over time, and new concepts in quality have been added. Equity and integration are now commonly included as standalone dimensions, and the definitions have deepened — such as what is meant today by safe.

Many quality frameworks now focus on person- or people-centred care. They connect this concept to equity, cultural safety and humility, health and wellness, the social determinants of health, integration across a patient's journey and across sectors and services, the needs of communities and populations, and partnerships. Each of these is embedded in a deeper understanding of quality. See below for the former (left) and new (right) quality dimensions.

Acceptability	→	**People-centred** For the individual receiving care, but also for providers and communities
Appropriateness	→	**People-centred and effective**
Accessibility	→	**Accessible and timely**
Effectiveness	→	**Effective** Based on current scientific evidence and lived experience
Efficiency	→	**Efficient and sustainable** Considers environmental implications, too
Safety	→	**Safe** From all forms of preventable harm, not just medical
		Equitable
		Integrated

Quality dimensions

See pages 7 to 17 for the complete definitions of the dimensions.

People-centred

The wholistic preferences, needs, and strengths of people and communities matter.

Accessible and timely

People can readily access services that meet their needs.

Effective

Decisions are based on current evidence and lived experience.

Efficient and sustainable

Resource use balances individual, population, systemic, social, and environmental factors to benefit current and future generations.

Safe

Trust and feelings of security are fostered, and all forms of preventable harm are avoided.

Equitable

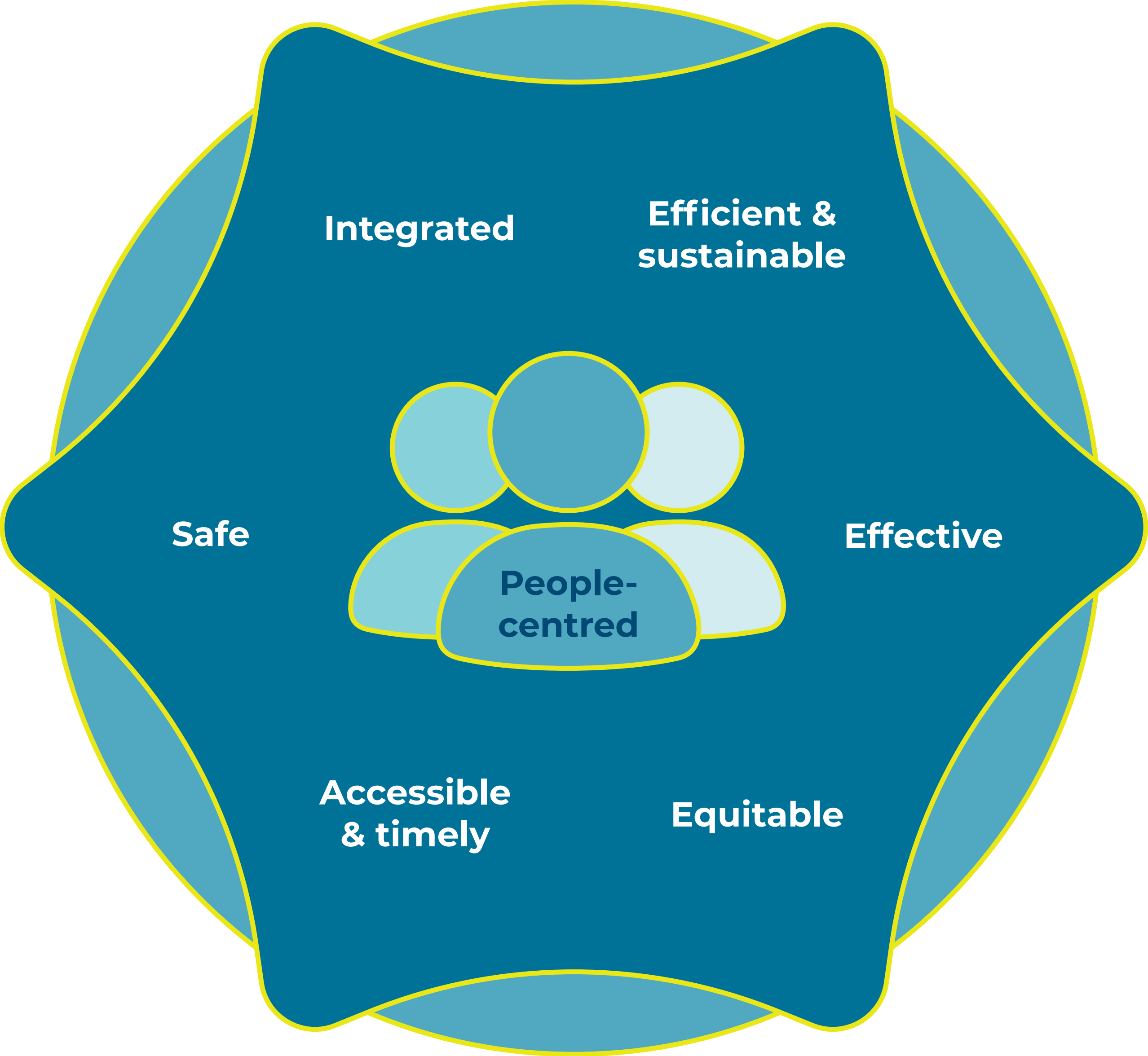
Services see and respond to the preferences and needs of communities to reduce and prevent unfair differences in experiences and outcomes.

Integrated

People, teams, sectors, organizations, and communities are interconnected.

When care is people-centred, the quality dimensions can be seen as interlocking gears. People-centred care is at the core, because it determines how to improve integration, access and timeliness, efficiency and sustainability, equity, effectiveness, and safe care.

When care is people-centred, the wholistic needs, preferences, and strengths of people and communities are paramount, and the other quality dimensions are optimized.



The quality dimensions are interconnecting concepts, which in turn connect with supporting components like enablers and shared responsibilities (see page 6).

Because quality is a multidimensional concept, many factors contribute to improvement efforts. Context will always determine the interdependencies among the dimensions.

How the updated quality dimensions can be used

The dimensions guide the user in reflecting on people's needs and how care should be experienced by people. Thinking about each dimension creates awareness of quality in service delivery and, when supplemented by measures, can reveal opportunities for system and quality improvement.

They are meant for people and organizations accountable for supporting health and well-being for individuals, communities, and the population:

- Policy, governance, and oversight
- Healthcare services, programs, and teams
- Quality improvement specialists
- Community health and social services
- General health and well-being sectors (e.g., recreation)

This includes a variety of roles: policymakers, leaders, administrators, professionals (e.g., physicians, nurses, social workers, community support workers), educators, researchers, improvement facilitators, caregivers, and patient partners.[iii]

The dimensions can be applied at system, organizational, and care-delivery levels, informing policy, strategy, and design for the system and giving organizations and teams a common language that shifts their thinking and practice toward integrated people-centred care. Improvements can be realized in care quality, in quality of life, population health, and the social determinants of health.

Ultimately, for the full potential of the quality dimensions to be realized within an integrated people-centred health system, they need the support of people and organizations working together. While the dimensions offer a lens through which people's experience in the health system can be viewed, **enablers** and **shared responsibilities** create the conditions for these experiences to be realized.

Enablers are the structural, cultural, and operational levers of change:

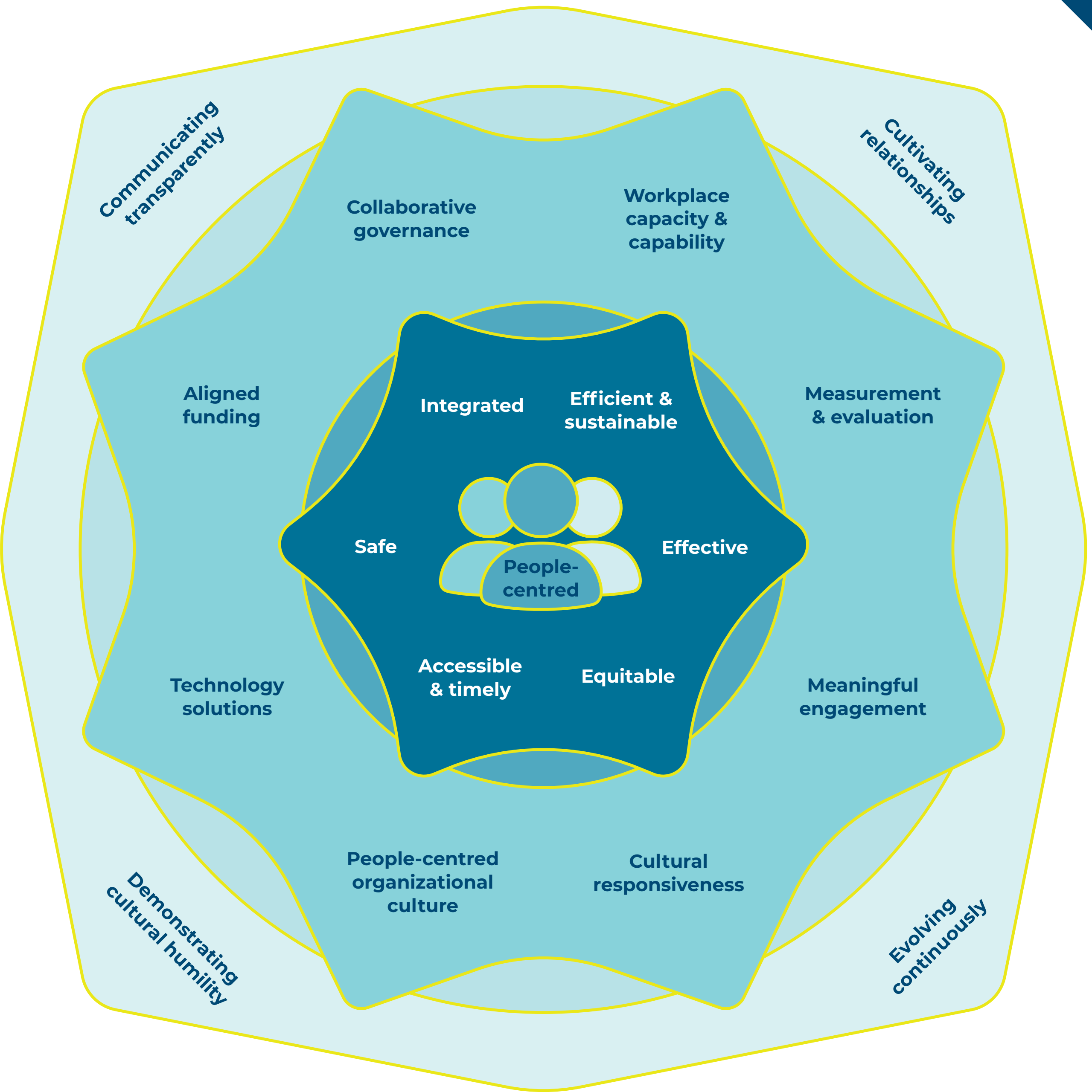
- Collaborative governance
- Aligned funding
- Workforce capacity and capability
- Technology solutions
- Measurement and evaluation
- Cultural responsiveness
- Meaningful engagement
- People-centred organizational culture

Shared responsibilities describe how people show up with and for one another:

- Communicating transparently
- Cultivating relationships
- Demonstrating cultural humility
- Evolving continuously

When used collectively and applied consistently, these interconnected parts — quality dimensions, enablers, and shared responsibilities — support coordinated action towards a more integrated people-centred health system.

[iii] Patient partner describes a person with lived experience with the health system who is in a formal role working collaboratively with the system.



● Dimensions ● Enablers ○ Shared responsibilities

A final note

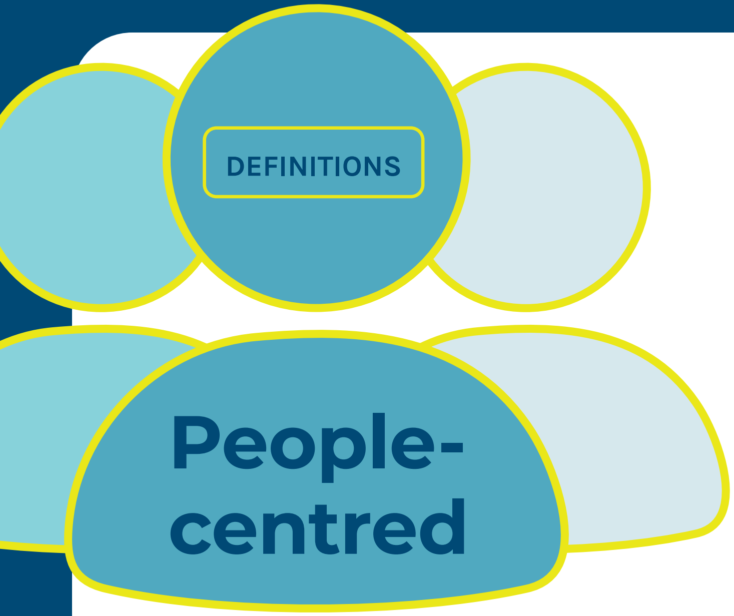
Consistency in how quality was talked about and understood in Alberta is the legacy of the Matrix. This update builds on the former quality dimensions and, over the following pages, provides in-depth definitions showing how these concepts have evolved and how they intersect. They are, by design, written to describe an ideal state. These definitions should be read as an answer to the question, 'What does each concept look like when fully realized?'

A new common definition of quality — one that rightly places people at the centre — offers a foundation from which to strive for an integrated people-centred health system.

QUALITY DIMENSIONS

Definitions

- People-centred
- Accessible and timely
- Effective
- Efficient and sustainable
- Safe
- Equitable
- Integrated



DEFINITIONS

People-centred

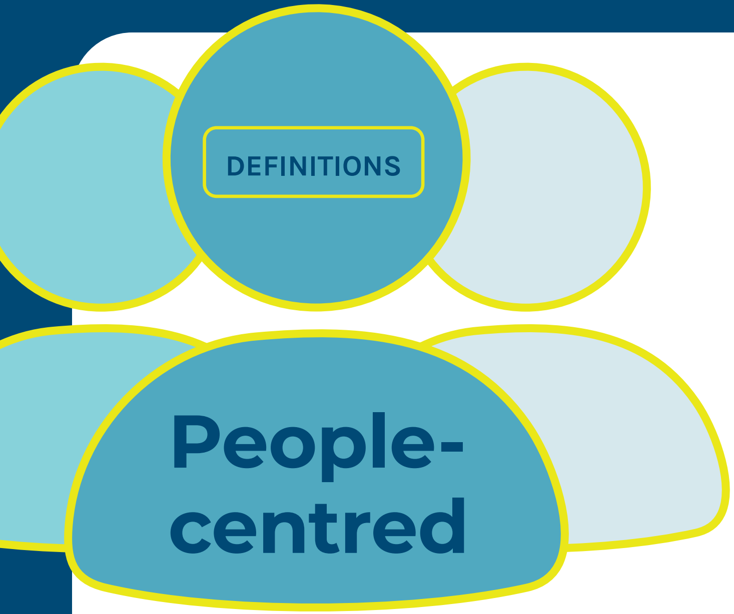
The wholistic preferences, needs, and strengths of people and communities matter.

Care is **wholistic**, respectful, culturally responsive, and appropriate to the circumstances of individuals, families, communities, and the population, while also attending to healthcare providers' needs and circumstances. People-centred care involves caring for the wellness of the whole person. This includes physical, mental, emotional, spiritual, and socio-economic needs, **dimensions of identity**, and social and personal determinants of health.

People-centred care is based on collaboration and shared decision-making. This is supported by meaningful engagement, where individuals, families, communities, and providers are recognized as active partners in care and treated with dignity and respect. Collaboration is needed within and across health and social sectors at individual, organizational, governance, and policy levels. This makes it possible to agree on health and well-being goals with individuals and communities, and for the population as a whole.

For example, for First Nations, Métis, and Inuit Peoples, this calls for the use of an Indigenous-led, distinctions-based approach. Such an approach recognizes that groups and communities are distinct; each has its unique culture, territory, history, governance, and relationship with provincial and federal governments; each holds the solutions to best address persistently inequitable access to high-quality and culturally safe care.[5,6]

People-centred care builds on the concepts of patient- and person-centred care. With people-centred care, we broaden our appreciation of a person's wants and needs, recognize the role and capacity of communities in achieving health and well-being, and acknowledge the importance of seeing and caring for providers as people.



DEFINITIONS

People-centred

The wholistic preferences, needs, and strengths of people and communities matter.

The complexity of identity is key to figuring out what matters to people. What matters to a person is shaped by many **dimensions of identity**. Age, gender identity or expression, nationality, sexual orientation, mental or physical ability, and race/ethnicity are often central to identity and personal experience. However, other external and social factors are also relevant. These include education, political beliefs, family, organizational role, language and communication skills, income, religion, appearance, work experience, and education.[7]

From patient to person to people-centred: What is the intent of this shifting language?

Patient-centred, person-centred, and people-centred are common phrases used to describe health system goals and approaches to care delivery. These terms emerged to shift traditional or dominant views of medicine and care, so that people's preferences and values — not the values of care providers or systems — become the centre of healthcare experiences.

Which term is used, and its meaning, can vary across jurisdictions in Canada and abroad. Although no universal definition exists for these terms, research has identified differences in meaning across these concepts.[8,9,10] They are presented as a spectrum in which the centrality of the person receiving care expands as care moves towards people-centred. The table on the next page captures some of the distinctions the use of these terms is intended to convey.

DEFINITIONS

People-centred

The wholistic preferences, needs, and strengths of people and communities matter.

Term		Patient-centred	Person-centred	People-centred
People, roles, and practices that are emphasized	*Who is the focus?*	The patient; the person sick with disease or experiencing a disorder of the mind or body.	A person, even if they are still called a patient, and the suffering they experience because of disease or illness; the subjective or lived experience of being sick.	People and communities. ‘People’ is used inclusively to capture all the different persons and roles that are part of a health system. This includes people receiving care, people providing care (as professionals or family members), and communities. It sees communities as made up of leaders, organizations, and citizens with shared identities or values.
	What are the needs?	Drugs or diagnostics to help cure or treat a disease.	An array of medical and non-medical needs (e.g., psychological, social, spiritual, financial, etc.).	Many needs matter and depend on the person or role and the community.
	Who are the experts or knowledge holders?	Physicians.	The person needing care, their family members, physicians, and other professionals.	Everyone, particularly communities.
	Who has agency or responsibility?	Physicians are expected to give advice that reflects and meets the clinical needs and values of patients.	Physicians/other professionals and patients mutually participate in the relationship. Care receivers are seen as having knowledge and experience about the person’s illness and life that is crucial to the interaction and decision-making.	Everyone. The goal is to equip people and communities to be involved in their care and health.
	What is the context for decision-making?	Decisions occur within a trusting physician-patient relationship, often within a consultation or single medical encounter.	Decisions occur collaboratively in different situations and places. They unfold over time to meet a person’s needs as they arise throughout life.	Planning and decision-making happens in collaboration with people and communities regardless of the context.

DEFINITIONS

Accessible and timely

People can readily access services that meet their needs.

Health services are equitable, inclusive, appropriate, easy to find, get to and use, and available when needed, without physical, cognitive, geographic, or language barriers. Human resources are proactively matched to the needs of the population.

Intentional efforts are made to design and deliver services so that Indigenous and underserved groups can fully and equally participate and use services without experiencing barriers. This requires planning to ensure individuals and communities have access to a range of resources that improve health outcomes (e.g., food, housing, social support, financial aid).

Addressing differences in access involves more than just providing easy-to-reach services. It requires a commitment to providing meaningful and inclusive ways for people and communities to participate in planning and decision-making that affects their health. This ensures the services provided reflect people's cultural contexts and what matters to them.

Understanding culture more broadly

Culture refers to the values, beliefs, and experiences that shape a person's viewpoint, and which they bring to their work. This can include professional training, work experience, communities of belonging, social position, religion, gender identity, ethnicity or heritage, and more.

DEFINITIONS

Effective

Decions are based

Decisions are based on current evidence and lived experience.

Health services achieve the best possible outcomes by drawing on current information and scientific evidence on clinical appropriateness, other knowledge systems (e.g., Indigenous ways of knowing and being),[11] and lived experience to meet individual, community, and population needs. This involves people — decision-makers, providers, care receivers, community leaders — considering and balancing different perspectives as part of coming to agreement on how to achieve optimal outcomes in a particular situation.

Why lived experience strengthens effectiveness

Recognizing lived experience acknowledges the strengths and capacity of people to make informed decisions about their health and healthcare and to co-produce health solutions. Care decisions are more effective when they reflect individual and community experiences and histories with illness, procedures, medications, and alongside established research and scientific evidence. Together, these perspectives support decisions that are clinically appropriate, responsive to context, and more likely to achieve intended outcomes.

This approach also supports equity in healthcare planning and delivery; inclusive, people-centred practices for measuring and understanding experience broaden the perspectives that inform decision-making.

DEFINITIONS

Efficient and sustainable

Resource use balances individual, population, systemic, social, and environmental factors to benefit current and future generations.

The health system is sufficiently resourced with appropriate management and distribution of resources — including people, funding, time, and materials. Unnecessary waste is avoided while preserving any redundancies needed for safety. Coordination, trust, and role clarity exist across teams and services. This strengthens efficiency and sustainability by reducing duplication, misunderstanding, and avoidable harm.

Sustainability is supported by the ethical balancing of individual and population health outcomes alongside social, economic, and environmental factors to benefit current and future generations.

Environmental sustainability includes reducing ecological harm caused by healthcare delivery. This can arise, for example, from inappropriate prescribing practice and antimicrobial resistance,[12] and supply and drug waste. An integrated people-centred system anticipates the effects of environmental conditions such as wildfires, drought, and floods on the health and well-being of people and communities.[13]

Efficient and sustainable for current and future generations

An integrated people-centred health system looks for opportunities to accommodate the needs and daily lives of people and communities. This perspective invites system decision-makers to consider what becomes possible when efficiency, equity, and people-centredness are considered together. Efficiencies can emerge when services are flexible and responsive to people's needs — for example, by offering appointments outside of traditional operating hours — while also improving access and experience.

Some jurisdictions also understand sustainability as including responsibility for planetary health, recognizing that the long-term health of people is inseparable from the health of the environment.

DEFINITIONS

Safe

Trust and feelings of security are fostered, and all forms of preventable harm are avoided.

People — including individuals, families, health and social service providers, and communities — experience care in ways that support trust, dignity, and a sense of security. An expanded understanding of harm includes not only medical harm, but psychological, emotional, cultural, moral, economic, data-related,[iv] and societal harms, as well as harm arising from the absence or inaccessibility of care.

Safe care is understood as multi-faceted and interpersonal, shaped by people's experiences and the context in which care is received and delivered. This includes attention to patients' physical safety, psychological safety, and cultural safety as distinct, but interconnected, aspects of safe care.

Some of the main ways safe care is understood — as distinct but interconnected aspects:

Aspect of safe	How it is understood	What it asks
Patient safety	Focuses on preventing physical and clinical harm arising from care delivery, including errors, adverse events (i.e., injury, infection, etc.), and system failures. It involves both reactive safety management (learning from incidents after they occur) and proactive safety management (anticipating risk and designing safer systems to prevent harm before it happens).[16,17]	"How do we prevent clinical error and physical injury?"
Psychological safety	Refers to team environments where people feel safe to speak up, ask questions, raise concerns, and acknowledge mistakes without fear of blame, punishment, or humiliation.[18] It reduces interpersonal risk so that learning, improvement, and accountability can occur.	"Can people speak up without fear?"
Cultural safety	Focuses on the lived experiences of people who receive and provide care, especially those who have faced unfair treatment or harm in the past and continue to today.[15] It looks directly at issues like power imbalances, racism, discrimination, and the lasting effects of colonial systems in health systems. It is defined by the people experiencing care, not by providers or organizations. It asks health workers and systems to look honestly at their own practices and change anything that may cause harm. When cultural safety is present, people's identity, dignity, rights, and ability to make decisions about their own care are respected and protected.	"Is this environment set up in a way that notices and addresses power differences, protects people's dignity, and feels safe for both the people receiving care and the people providing it — especially for those who have experienced harm in the past or still do today?"

DEFINITIONS

Safe

Trust and feelings of security are fostered, and all forms of preventable harm are avoided.

When something goes wrong, the response prioritizes compassion, openness, and fairness for all those affected. The focus is not on placing blame, but on understanding contributing factors, learning from experience, and strengthening systems and practices to prevent future harm. Individuals are treated fairly. The system learns and improves.

An integrated people-centred health system actively works to prevent harm that may occur during care delivery and harm that arises from the settings, structures, and processes through which care is provided. It addresses system-level inequalities and gaps in care that undermine trust and contribute to harm, including those related to racism, discrimination, and exclusion. This helps people feel safe when delivering and receiving care or when asking for their needs to be met.[15]

[iv] Both health data use and non-use, or loss of health data integrity (e.g., accuracy, completeness, reliability, relevance, and timeliness) can result in harm to individuals, populations, and the health system.[14] Data-related harm includes breach of personal health data, deliberate misuse of data to deceive or promote discrimination and/or inequities; and failure to optimize health system function and efficiency due to poor data design, misuse, non-use, or lack of data integrity.[14]

DEFINITIONS

Equitable

Services see and respond to the preferences and needs of communities to reduce and prevent unfair differences in experiences and outcomes.

Health services are inclusive and attentive to people's diverse circumstances, identities, and lived realities. An integrated people-centred health system recognizes that inequities in health outcomes and experiences are shaped by historical, social, and structural conditions. Equitable care addresses both existing and emerging differences in access, experiences, and outcomes. It acknowledges these differences are not random but reflect uneven distributions of resources, opportunity, and influence.

To respond to these inequities, a strengths- and needs-based approach is used. Individuals and communities facing persistent, avoidable, and unjust health inequalities can access and receive services appropriately. This approach occurs at the interpersonal and system level. The aim is not only to prevent inequities in the future but to address those that exist today, so everyone has the same chance to achieve their "full health potential."[19]

Equitable care addresses the historic and current factors that have created unequal access to care. It addresses differences in care experiences across communities. This includes how health system policies, practices, and decision-making can contribute to inequity. Cultural responsiveness is practised as a key part of equity-oriented care.[20] Equitable care includes coordinated attention to the broader conditions across the health system that influence all of the other dimensions of quality.

An integrated people-centred health system also attends to inequities within the health workforce. It recognizes how organizational culture, professional structures (i.e., role design, compensation practices, etc.) and pathways into and through health professions can benefit some groups and constrain others. Addressing inequities within the workforce strengthens working conditions. It supports team functioning and organizational learning, and it contributes to the quality and equity of care experienced by people and communities.

DEFINITIONS

Integrated

People, teams, sectors, organizations, and communities are interconnected.

Care is coordinated across many levels, processes, people, teams, and communities. This supports continuity and smooth transitions that contribute to better care experiences and improved outcomes. People across sectors and organizations, with different roles, expertise, accountabilities, and professional cultures, work together to create people-centred and well-organized models of care delivery. Such models bridge policy, administrative, informational, and funding gaps to meet the needs of individuals, communities, and the population. Integration occurs across:

- Policy-making, management, and operations
- Types of care (e.g., health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation, palliative care, and end-of-life) within a single visit and over time across different care experiences to support an individual's needs throughout their life
- Care settings, including hospitals, emergency and urgent care services, primary care, continuing care, people's homes, community, etc.
- Sectors, such as health and social services

Integrated care is supported through meaningful engagement with patient partners at all levels, teamwork and interprofessional collaboration, community engagement,[21] health literacy, and interoperability of data and information. Together, these conditions promote collaboration and collective action across sectors and organizations.

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