Health Quality Alberta

Shared Responsibilities for an Integrated People-centred Health System

Strengthening how people show up with and for one another

SHARED RESPONSIBILITIES

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Shared responsibilities for an integrated people-centred health system

The aim of jurisdictions around the world is an integrated and people-centred health system that supports the health and well-being of people, communities, and the wider population. In such a system, collaboration thrives. Services are well coordinated, and people, organizations, communities, and governments co-create solutions.

An integrated people-centred health system is one that:

- Adopts a broad understanding of health — and acts on the **determinants of health**.[ii]
- Plans and sets priorities beyond a focus on medical treatment and improved clinical outcomes.
- Prioritizes the **wholistic** preferences, needs, and strengths of people and communities.
- Supports healthcare providers and recognizes the value of unpaid, informal caregivers.
- Sees people and communities as agents of change in achieving health and well-being and reducing health disparities.
- Sees social services as part of the health system to address more fully what matters to people and communities and thus builds partnerships among people, organizations, and communities within and across the health and social sectors.
- Designs for equitable access to health services and strives for equitable health outcomes.

While integrated people-centred care offers a compelling direction for transformation, realizing it requires deliberate shifts in how health systems are organized, governed, and experienced. A whole-system approach emphasizes the many enabling conditions and practices that need to be present to ensure a system is truly equipped to deliver integrated people-centred care.

A whole-system approach sees the improvement opportunities *within* sectors, situations, and care settings. And it also points to *the spaces between* them. That is, between government and healthcare service delivery, health and social sectors, provider roles and professional groups, providers and care receivers, and policy makers and communities.[7] It sees the spaces between all these system elements — and the accountabilities, roles, and relationships that shape and interconnect them — as rich, underdeveloped territory for collaboration and improvement.

[i] **Integrated people-centred care** is a catch-all term that refers to a type of health system, vision for health system transformation, improvement strategy, and a model of care delivery. It is described as 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 — improving 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] Some of the main determinants of health include income and social status, employment and working conditions, education and literacy, childhood experiences, physical environments, biology and genetics, gender, culture, race/racism and colonization.[4] Other determinants include access to health services and social supports, working in partnership,[5] positive coping skills, and healthy behaviours.

For the people working within and across a health system, **shared responsibilities** are the behavioural commitments that help sustain integration and continuous improvement. The shared responsibilities that are the focus of this resource are part of a Framework for an Integrated People-centred Health System.

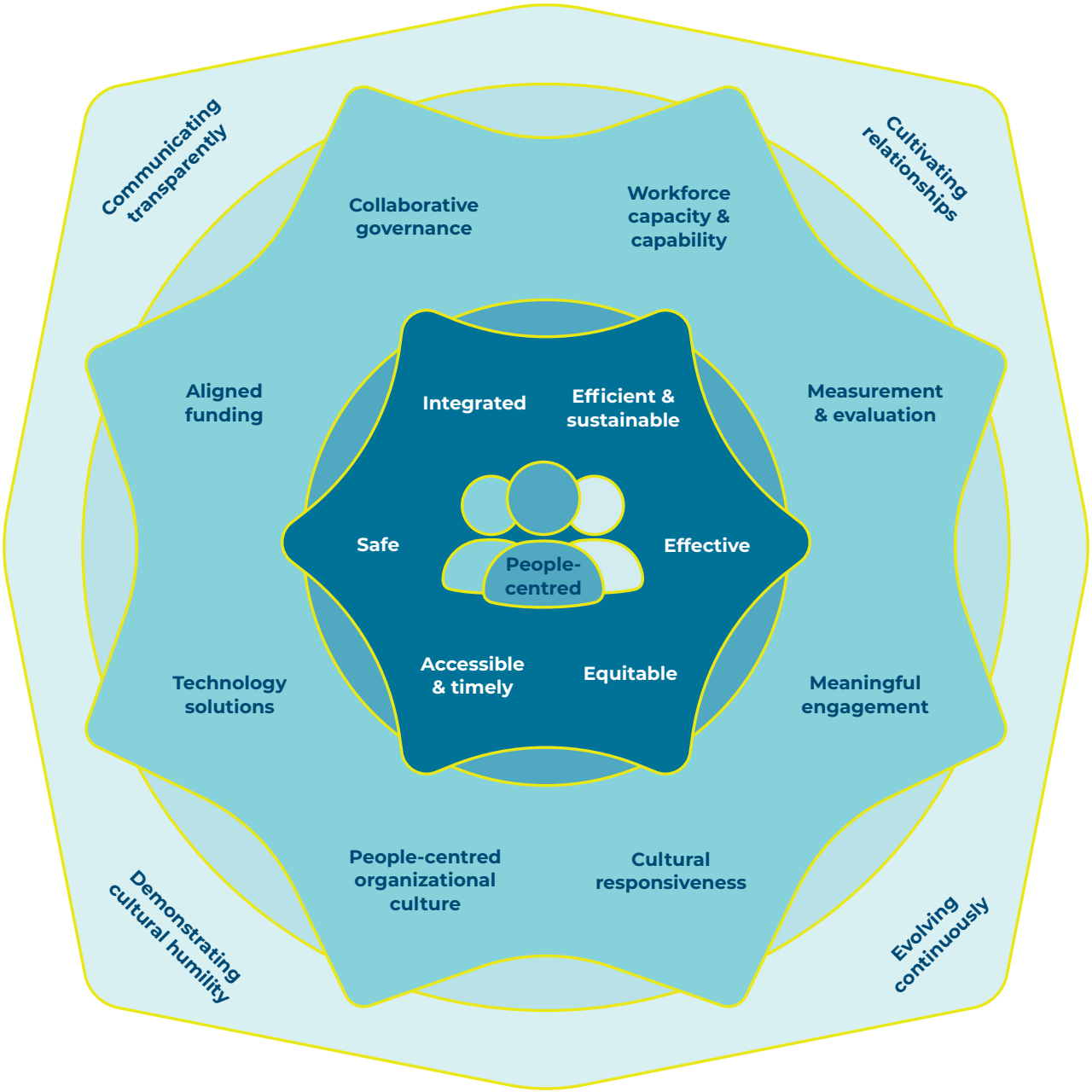
The framework also includes **quality dimensions** that describe what people should expect from an integrated people-centred health system and **enablers** that are the structural, cultural, and operational conditions that support integration and allow improvement to be sustained over time.

As interrelated parts of the framework, the shared responsibilities, enablers, and quality dimensions provide an evidence-based model to move beyond disease-focused approaches toward systems and services organized around the full spectrum of people's and communities' needs.

Each part has its own role, but none works on its own. Their interdependence is what supports progress toward integrated people-centred care. This reflects a well-established understanding in health systems research that high-quality care is more than a clinical intervention. It is shaped by a complex, interconnected, and adaptive system of structures, practices, and contexts that influence people's experiences and outcomes.[9]

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.

The Framework for an Integrated People-centred Health System



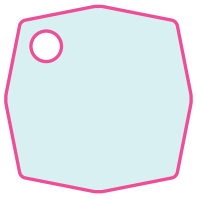
In developing this framework, input was sought from system partners across Alberta, patient advisors, and communities. Jurisdictional reviews were carried out to examine health system frameworks at regional, national, and international levels and definitions of person-centred care, quality, and safety.

Shared responsibilities

Shared responsibilities describe how people show up with and for one another across an integrated people-centred health system. They determine how the quality dimensions and enablers are lived in everyday practice.

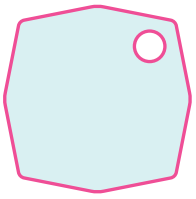
From policy to leadership and care delivery, collective commitment and action to these responsibilities strengthen connection, reinforce shared purpose, and support integrated people-centred care.

When practised consistently, the shared responsibilities knit together the human parts of the system — people, interactions, communities, and networks — into a more cohesive whole.



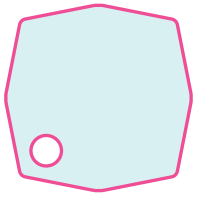
Communicating transparently

Information is shared clearly and accessibly to strengthen trust and accountability.



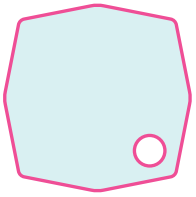
Cultivating relationships

Work is centred on mutual respect, shared knowledge, and co-created goals.



Demonstrating cultural humility

Practice is shaped by ongoing reflection on identity and context.



Evolving continuously

Actions evolve collaboratively in response to feedback and change.

Quality dimensions

The seven quality dimensions at the centre of the framework are interrelated. For example, quality depends on integration, and integration requires a people-centred approach. Each dimension interconnects with others in this way.

Taken together, the dimensions define what is meant by health quality and describe the care experiences, relationships with care providers, and health outcomes people should expect from an integrated people-centred system.

People-centred

Accessible and timely

Effective

Efficient and sustainable

Safe

Equitable

Integrated

Companion resources on the quality dimensions and enablers, as well as the full Framework for an Integrated People-centred Health System, are available at **hqa.ca/dimensions**.

Enablers

Enablers are the structural, cultural, and operational levers of change. They are the conditions needed for realizing health quality and creating an integrated people-centred system. Enablers draw on leading thinking and practice in health system improvement and reflect areas that are widely recognized as shaping the quality of care and outcomes. They offer a shared way of understanding these conditions and can inform planning and improvement across different contexts.

Collaborative governance

Aligned funding

Workforce capacity and capability

Technology solutions

Measurement and evaluation

Cultural responsiveness

Meaningful engagement

People-centred organizational culture

How the shared responsibilities can be used

The shared responsibilities guide the user in reflecting on how people show up with and for one another in support of integrated people-centred care. Thinking about each shared responsibility creates awareness of how people work together and, when supplemented by reflection and feedback, can reveal opportunities for individual, team, organizational, and system 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 shared responsibilities can be applied at system, organizational, team, and interpersonal levels, informing leadership practice, collaboration, engagement, partnership development, team functioning, and quality improvement efforts. They provide people and organizations with a common language for reflecting on how they work together in ways that support integrated people-centred care.

Improvements can be realized in collaboration, trust, communication, partnership, team functioning, learning, and the ability of people and organizations to work together in support of integrated people-centred care.

Ultimately, for the full potential of the shared responsibilities to be realized within an integrated people-centred health system, they need to be demonstrated consistently across roles, settings, and sectors. While the shared responsibilities describe how people work together to support integrated people-centred care, the quality dimensions describe the experiences and outcomes people should expect from the health system, and the enablers describe the conditions that help make those experiences possible.

The shared responsibilities are defined in detail in the pages that follow. They are, by design, written to describe an ideal state. The definitions should be read as an answer to the question, 'What does each practice look like when fully realized?'

[iii] A person with lived experience with the health system working collaboratively with the system in a formal role.

Definitions

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

DEFINITIONS

Communicating transparently

Information is shared clearly and accessibly to strengthen trust and accountability.

Transparent communication strengthens mutual trust and reinforces shared accountability. This occurs across care relationships, teams, organizations, sectors, and levels of the system.[48] It ensures information and decision-making is clear and accessible. People know how and why actions were taken. Information is complete, and communication is timely.

Across different roles and organizations, people have the information and opportunity to participate in decisions, and they feel safe in doing so. They can see how their input affects decisions and outcomes, reinforcing confidence in the process.

In an integrated people-centred health system, timely, transparent communication supports clarity, trust, and credibility among colleagues and in care relationships. People and communities are actively engaged in decisions that affect their health and well-being.

In practice, communicating transparently includes:

- Sharing information clearly, honestly, and in plain language people can understand and act on
- Disclosing uncertainty, limitations, risks, and trade-offs
- Clarifying decisions and processes and providing context
- Inviting questions, feedback, and input in an ongoing, two-way communication loop
- Owning mistakes, repairing gaps, and communicating about next steps

DEFINITIONS

Cultivating relationships

Work is centred on mutual respect, shared knowledge, and co-created goals.

In an integrated people-centred health system, people understand care depends on relationships. They rely on one another across teams, professions, organizations, sectors, and communities. They work together to support people and improve care. Attention is paid to how systems, structures, and everyday interactions affect people's experiences receiving, delivering, coordinating, and planning care — especially across differences in role, identity, and power.

Instead of short, task-focused exchanges, people build longer-term connections based on mutual respect, shared knowledge, common goals, and collaboration.[49] Everyone is part of a wider network of relationships stretching across time, setting, and context.

In an integrated people-centred system, the quality of these relationships is foundational to quality itself. Strong relationships help people coordinate their efforts, work through tension constructively, and build the collective capacity to manage complexity together.

In practice, cultivating relationships includes:

- Recognizing that care depends on relationships and is shaped by interactions
- Listening actively and valuing lived experience
- Being mindful of how actions, words, and decisions affect others, especially across differences in role, identity, and power
- Fostering mutual trust through respectful and ongoing interactions, not just one-off conversations
- Strengthening collaboration across roles, professions, teams, organizations, sectors, and communities

DEFINITIONS

Demonstrating cultural humility

Practice is shaped by ongoing reflection on identity and context.

People show an ongoing openness to learning how identity and lived experience, as well as history, institutions, culture, and power, affect experiences for people and communities. They apply this learning in their practice.

Cultural humility understands culture broadly. It 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.

People demonstrate cultural humility by accepting the limits of their own perspective and expertise and by approaching others with curiosity and respect, not assumption. This includes seeing oneself as a learner when it comes to the experiences of others. They think about which positions and perspectives have influence within care spaces and in health system planning, decision-making, and coordination. Efforts are made to shift these dynamics so that more perspectives and experiences are considered and practices are changed.

In an integrated people-centred health system, demonstrating cultural humility supports equity, deepens trust, and contributes to a culturally safe and inclusive health system.

In practice, demonstrating cultural humility includes:

- Examining one's own assumptions, biases, and social background
- Acknowledging power imbalances and historical and ongoing inequities
- Seeking and being guided by the experiences of people and communities and how they define 'safe'
- Embracing (un)learning and changing practice in response to feedback and lived experience
- Changing actions, communication, and decisions when experiences reveal harm, exclusion, or inequitable treatment

DEFINITIONS

Evolving continuously

Actions evolve collaboratively in response to feedback and change.

Across the health system, organizations, individuals, and teams stay open to learning and adjusting in complex and changing environments. People accept that uncertainty, new information, and unexpected outcomes are a normal part of a health system. Rather than reacting defensively or sticking rigidly to old ways of doing things, people and organizations remain alert to emerging evidence, lived experience, and changing community needs. Sustained efforts are supported by shared purpose.

A responsive approach relies on open reflection, shared problem-solving, and a commitment to learning together.[50] These practices help teams balance consistency with flexibility, sustain progress over time, and strengthen trust. They also build capacity across roles, teams, and organizations to handle complexity with integrity and confidence.

In practice, evolving continuously includes:

- Accepting feedback and changing an approach as the needs of individuals, communities, and contexts change
- Reflecting on and learning from experience, evidence, and outcomes over time
- Approaching concerns or unintended outcomes with curiosity and openness rather than defensiveness or blame
- Balancing consistency with flexibility when working in complex or uncertain situations
- Sharing successes, challenges, and uncertainties openly to support learning, improvement, and trust

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