

# PATIENT AND FAMILY ADVISORY COUNCIL

# New Member Orientation Package



*Patients and families remain central to all that we do. As a patient- and family-centred hospital, our Patient and Family Advisory Council (PFAC) is essential to achieving our mission.*

*The insights and personal stories we hear from PFAC members inspire and inform how we respond to the complex needs of individuals and their families, both medically and emotionally.*

*Over the last few years, our PFAC Council has demonstrated an outstanding commitment and has had a positive impact on the development of hospital-led initiatives and the broader healthcare system as a whole, especially during the challenging COVID-19 pandemic.*




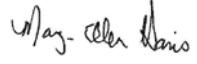
*We are grateful to all members of our Patient and Family Advisory Council for partnering with us to deliver an exceptional patient experience. Your time, talent, energy, passion and drive are greatly appreciated and invaluable to our community hospital.*

*We look forward to your ongoing participation.*

Julia Boudreau  
Chief Executive Officer of SFMH

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   <p><b>Terms of Reference</b></p>	<b>Patient and Family Advisory Council Terms of Reference</b>	Manual PFAC
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## Patient and Family Advisory Council

### Preamble

As experts in Patient and Family experiences, patients, families, and caregivers are in the best position to provide recommendations on improving the planning, delivery, and evaluation of care services within the framework of Patient, Family and Caregiver Centred Care.

The healthcare partners in the Patient and Family Advisory Council are St. Francis Memorial Hospital (SFMH), Madawaska Valley Hospice Palliative Care (MVHPC) and Barry's Bay and Area Senior Citizens Home Support Services (BBAHS).

### Patient & Family Advisory Council Values:

Patient, Family and Caregiver Centred  
Respect  
Integrity  
Pursuit of Excellence  
Learning  
Innovation

### Definitions

The term “patient” is used to describe an individual who receives care from St. Francis Memorial Hospital and/or its partner agencies. The term “family” includes any individuals, defined by the patient, as significant to their health and wellbeing. The term “caregiver” describes any individual who provides or has provided care to a patient or former patient. Caregiving is a role that can be filled by family, professionals, and designated others. Patients and their identified family members are defined by their relationship, whereas caregiving is defined by the role.

### Mandate

The Patient and Family Advisory Council (PFAC), comprised of members of the public and staff of the partners, is dedicated to:

- Improving quality, safety and the healthcare experience of patients, families, and their caregivers.
- Making sure programs and policies reflect patient, family and caregiver needs.
- Improving how patients, families, and their caregiver’s access, understand and use information and services to make healthcare decisions.
- Serving as the community advisor/engagement group for BBAHS, MVHPC and SFMH to ensure

that the local system is responsive and engaged with patients, families and caregivers in ongoing service improvement and co-design efforts.

The Public Members provide the perspective of the patients, family members and caregivers who use the healthcare services, with the goal of helping to provide exemplary patient and family experiences.

### **Council Membership Composition**

The Patient and Family Advisory Council is composed of the following:

#### **Public Members:**

- A minimum of four and maximum of ten members of the public served by the partners. These members represent the patient demographics of those who receive care at from the partners. Public Members must be eighteen years of age or older.
- While participating as volunteers, the Public Members may be reimbursed for some approved expenses incurred while attending meetings.

#### **Staff Members:**

- The hospital Chief Executive Officer or designate.
- The hospital Director of Patient Care Services, who acts as Co-Chair with a Public Member Co-Chair, chosen from and by the Public Members annually at the first meeting of the calendar year. In the absence of one Co-Chair, the other would assume the full responsibilities.
- 1 Continuous Quality Improvement (CQI) Board Member.
- 1 senior administrator or designate from each of MVHCP and BBAHS.
- 1 secretarial support staff. Administrative support is available to both Co-Chairs, as necessary.

Staff members are ex-officio and are non-voting members of the Council.

Prospective members are interviewed by one of the administrators of the partner agencies. Following this, the interviewer reports to PFAC stating whether this candidate would bring an appropriate perspective to the activities of the Council and making a recommendation whether to invite the candidate to join the Council. All members must sign a confidentiality agreement. They will read and agree to the terms in the PFAC orientation package.

### **Quorum**

For a meeting to be held, a quorum must be present. A quorum consists of a minimum of one Staff Member and 51% of the Public Members.

### **Decision Making**

As a practice, decisions are made by consensus. In the event consensus cannot be achieved, decisions are made by making a motion and voting by a show of hands of the Public Members.

### **Terms of Office**

Public Members make a minimum commitment to a two-year term.

### **Ensuring Representation**

As vacancies occur, the Council reviews its membership to assess whether the Council is maintaining diversity and allowing for all views and perspectives.

### **Hospital Representatives**

Staff, physicians and hospital Board of Director members of SFMH and partners may participate and act in an advisory role to the Council, as appropriate to the issue.

### **Responsibilities of the Patient and Family Advisory Council**

Public Council members are consulted and involved in matters where the input of patients their families and caregivers is valued and invited. Members advise on behalf of all patients, families, and caregivers. They work together to think through challenging issues and suggest potential resolutions. The range of matters includes, but is not limited to, the following activities:

1. Be prepared for meetings by reading all documents pertaining to the meeting.
2. Provide recommendations on the identification of health care needs and gaps.
3. Provide input on policy and program development which impact service delivery to patients and families.
4. Review and comment on new or revised materials developed by the partners, including educational and informational materials, forms, policies, and procedures.
5. Contribute to the understanding and improvement of the patient, family, and caregiver experience.
6. Assist in reviewing and providing feedback on patient, family, and caregiver satisfaction.
7. Promote improved partnerships between patients, families, caregivers, staff, and physicians.
8. Participate in education regarding patient, family, and caregiver centred care.
9. Participate in partners' committee work.
10. Work on short-term projects.
11. Ensure that an Annual Report is developed that summarizes the PFAC's activities and achievements for the year.
12. Participate in at least 4 meetings per year; if unable to attend a meeting, advise one of the Co-Chairs of the planned absence.

### **Agendas and Minutes**

The SFMH Director of Patient Care Services or designate prepares the Agendas and Minutes of the meetings of the Council. The SFMH Director of Patient Care Services or designate distributes the meeting documents and follows-up on recommendations made by the Council.

As well as being circulated to the PFAC members, a summary of the Minutes are sent to the hospital's Continuous Quality Improvement Committee, the Medical Advisory Committee, the Management Committee, the Care Team meetings and at requested partner meetings.

### **Meeting Frequency and Duration**

Meetings are held bi-monthly, the dates and times decided by the consensus of the members. Additional meetings may be scheduled at the request of any of the members. Members are notified of such meetings not less than five days before the meeting is scheduled to take place.

### **Terms of Reference Review**

The Council will review these Terms of Reference every year at the first meeting of the calendar year and approve any revisions.

### **Records Retention**

The PFAC's records are subject to the Freedom of Information and Protection of Privacy Act (FIPPA) and are governed by the Records and Retention Policies of the hospital and its partners.

## **PATIENT AND FAMILY ADVISORY COUNCIL PARTNERS**

### **1. ST. FRANCIS MEMORIAL HOSPITAL (SFMH) ([www.sfmhosp.com](http://www.sfmhosp.com))**

St. Francis Memorial Hospital is a 20-bed community hospital located in the village of Barry's Bay. It serves a catchment of approximately 10,000 population dispersed over a large geographic area that includes 1,800 sq. kilometres in Renfrew County, a portion of South Algonquin Township in the District of Nipissing and Algonquin Park and the Highway 60 main corridor. SFMH's mission is "To provide high quality, patient centred care in collaboration with our partners".

Distance to secondary facilities and lack of public transportation has always been the prime consideration in strategic planning for SFMH. The nearest secondary hospital facilities are in Pembroke and Renfrew which are 85 and 95 kilometres respectively. Tertiary services are available in Ottawa, which is 200 kilometres east, and Peterborough, which is 175 kilometres south of Barry's Bay. This distance and the low resident population has earned St. Francis Memorial Hospital the designation of both rural and isolated by the Rural and Northern Health Care Framework benchmark and parameter working group.

SFMH is built on foundation of Integration success: SFMH is continuously seeking strategic partnerships and solutions that will improve the organization's efficiency and patient care across the system. In 2012, SFMH received the Small, Rural and Northern Award of Excellence recognizing its innovative leadership in establishing partnerships to expand and improve health services in the Madawaska Valley.

### **ST. FRANCIS MEMORIAL HOSPITAL PARTNERSHIPS**

#### **1.1. Renfrew Victoria Hospital (RVH)**

SFMH Board established a voluntary partnership with RVH more than a decade ago. Trust, respect and effective governance as well as collaboration between the boards and the CEO are the basis for the tremendous and ongoing success of this partnership. We share such services as kidney dialysis, and physician specialty services.

#### **1.2. Rainbow Valley Community Health Centre (RVCHC)**

Integration with the SFMH is the first full integration of a CHC with a hospital in the Province of Ontario. This integration has provided sustainability and vital primary care services for the CHC through recruitment of family physicians and nurse practitioners. This has been an enormous success for our community. [www.rainbowvalleychc.on.ca/](http://www.rainbowvalleychc.on.ca/)

**1.3. Eastern Ontario Regional Laboratory Association (EORLA)** – SFMH is part of a partnership of 16 hospitals that creates the Champlain region-wide integrated and standardized laboratory services. Over 12 million tests are performed annually.

#### **1.4. The Ottawa Hospital (TOH)**

SFMH and RVH have entered into a partnership with the current 56 radiologists in the Department of Diagnostic Imaging at The Ottawa Hospital (Ottawa Hospital and Region Imaging Associates (OHRIA)). As a result of this partnership, patients are benefiting from enhanced quality care and response time for their Diagnostic Imaging test results.



**1.5. Private Physiotherapy Clinic** – Due to the lack and need of physiotherapy services locally, the SFMH created a partnership with a Physiotherapy company and renovated space in its Health Center for a new clinic. Outcome/Impact: Improved access to services, reduced travel for our clients and increased revenue stream for SFMH.

**1.6. Rural Healthcare Hub (St. Francis Health Centre)**

SFMH built the St. Francis Health Centre, connected to the hospital via a tunnel, to help promote integration and create the rural health care hub model. Clinical integration successes include: Primary care with General Practitioners, Nurse Practitioners, Laboratory Services, Dialysis, Ophthalmology & Optometry, Public Health, Orthopaedics, Geriatric Mental Health, Outpatient Clinics for Internal Medicine, Audiology and Addiction Treatment Services.

**1.7. Madawaska Communities Circle of Health (MCCH)**

SFMH was instrumental in the creation of the first full community integration working group in the Champlain Regional representing health and social service providers in Madawaska Valley and the County of Renfrew to implement integration opportunities. The MCCH definition of “health” is “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”. This definition includes the social determinants of health. SFMH Board Chair is the Co-Chair of MCCH. There are twenty-seven agency members in the MCCH. They include such agencies as SFMH, Valley Manor Long Term Care Home, Barry's Bay and Area Senior Citizens Home Support Services, Champlain Home and Community Care Services, County of Renfrew Paramedic Service, Madawaska Valley Hospice Palliative Care, Killaloe Resource Centre, Madawaska Valley Family Health Team, Moving on Mental Health, Renfrew County and District Health Unit, South Algonquin Family Health Team, Champlain Home and Community Services, and patient and family representatives.

**1.8. Epic Electronic Health Information System**

In 2019, SFMH joined six other healthcare agencies, called the Atlas Alliance in order to share patient information electronically. The Atlas Alliance is made up of Hawkesbury and District General Hospital, Renfrew Victoria Hospital, St. Francis Memorial Hospital, The Ottawa Hospital, The Ottawa Hospital Academic Family Health Team, and the University of Ottawa Heart Institute. As well as facilitating the exchange of needed patient information between the Alliance members, Epic has a My Chart feature that allows patients access to their own healthcare information.

**1.9. St. Francis Valley Healthcare Foundation ([www.sfvhfoundation.com](http://www.sfvhfoundation.com))**

This very active registered charity works in partnership with three local healthcare organizations in the Madawaska Valley to fundraise for medical equipment & services based on the long-term plans for the healthcare needs of the community.

The Foundation raises funds to ensure support for equipment purchases and services at:

- St. Francis Memorial Hospital (including Rainbow Valley Community Health Centre)
- Madawaska Valley Hospice Palliative Care program
- Valley Manor Nursing Home

The government does not provide funding for healthcare equipment. Our local healthcare organizations rely on the generosity of the community to ensure that they have the specialized equipment and support they need to provide exceptional care. The Foundation works with the public and these three organizations to raise the needed funds for the care they provide.

## **VISION, MISSION AND VALUES OF SFMH**

### **MISSION**

To provide high quality, patient centred healthcare in collaboration with our partners.

### **VISION**

To be a leader in health services that are patient centred, integrated and responsive to rural community health needs.

### **VALUES**

Respect

Excellence

Learning and Innovation

Leadership and Accountability

## **2. MADAWASKA VALLEY HOSPICE PALLIATIVE CARE (MVHCP)**

**[madawaskavalleyhospicepalliativecare.com/](http://madawaskavalleyhospicepalliativecare.com/)**

Madawaska Valley Hospice Palliative Care is a free support service for individuals and their families who are faced with a life limiting condition. MVHPC offers support in the home (visiting hospice palliative care), wherever that may be – the patient's home, a family member's home, seniors apartments, long term care home, or in our two bed hospice unit (residential hospice) that is situated on the hospital property and shares some nursing care with the hospital.

Bereavement support is available for a minimum of one year to loved ones following a death.

## **3. BARRY'S BAY AND AREA SENIOR CITIZENS HOME SUPPORT SERVICES (BBAHS)**

**[www.bbahs.org/](http://www.bbahs.org/)**

BBAHS is available to help when seniors or physically challenged people need assistance to remain in their homes by providing the following services:

- Transportation Services
- Meals on Wheels
- Frozen Meals
- Care Calls
- Telephone Reassurance
- Assisted Living
- Seniors' Centre Without Walls

MVHPC and BBAH share a Board of Governance (called a “mirror board”) as well as the Mission, Visionary Goal and Values. They are:

**MISSION OF BBAH and MVHPC**

BBAHS improves quality of life for seniors living at home in our rural catchment area.

MVHPC provides compassionate support to enhance the quality of living and dying.

**VISIONARY GOAL OF BBAH and MVHPC**

Our communities understand, recognize and use BBAHS/MVHPC as the primary resource for home support services.

Our communities understand, recognize and use MVHPC as the primary resource for hospice palliative care and 100% of palliative persons use MVHPC services.

**VALUES OF MVHPC and BBAH**

Person-Centred

Respect

Compassion

Integrity

Pursuit of Excellence

Teamwork

Both MVHCP and BBAH are represented on the PFAC by their Executive Directors.

## Acronyms

The healthcare world uses a lot of acronyms, many of which the members of PFAC need to know. Here is a list of some of the common ones PFAC members will see.

ALC	Alternate Level of Care
ALS	Assisted Living Services
AVS	After Visit Summary
BBAHS	Barry's Bay and Area Seniors Home Support
CHC	Community Health Centre
CIHI	Canadian Institute for Health Information
CMI	Case Mix Index
CQI	Continuous Quality Improvement
DI	Diagnostic Imaging
EMR	Electronic Medical Record. At SFMH we use Epic
EORLA	Eastern Ontario Regional Laboratory Association
GP	General Practitioner, family physician
HCC	Home and Community Care
HHR	Health Human Resources
HQO	Health Quality Ontario
IT	Information Technology
JDR	Joint Discharge Rounds
LHIN	Local Health Integration Network
LOS	Length of Stay
LTC	Long Term Care
MAC	Medical Advisory Committee
MHA	Mental Health & Addictions
MH	Mental Health
MVFHT	Madawaska Valley Family Health Team
MVHPC	Madawaska Valley Hospice Palliative Care
MCCH	Madawaska Communities Circle of Health or "The Circle"
MOH	Ministry of Health
NP	Nurse Practitioner
OTN	Ontario Telemedicine Network
OHT	Ontario Health Team
OVOHT	Ottawa Valley Ontario Health Team
PFAC	Patient and Family Advisory Council
PHIPA	Personal Health Information Protection Act
PRH	Pembroke Regional Hospital
PSW	Personal Support Worker
QA	Quality Assurance
QI	Quality Improvement
QIP	Quality Improvement Plan
QRS	Quality Risk and Safety
RN	Registered Nurse
RPN	Registered Practical Nurse
RVH	Renfrew Victoria Hospital
RVCHC	Rainbow Valley Community Health Centre
SFMH	St. Francis Memorial Hospital
SFVHF	St Francis Valley Healthcare Foundation; raises funds for SFMH, VM and MVHP
TOH	The Ottawa Hospital
VM	Valley Manor Long Term Care home

# Patient, Family and Caregiver Declaration of Values for Ontario

## ACCOUNTABILITY

- We expect open and seamless communication about our care.
- We expect that everyone on our care team will be accountable and supported to carry out their roles and responsibilities effectively.
- We expect a health care culture that demonstrates that it values the experiences of patients, families and caregivers and incorporates this knowledge into policy, planning and decision making.
- We expect that patient, family and caregiver experiences and outcomes will drive the accountability of the health care system and those who deliver services, programs and care within it.
- We expect that health care providers will act with integrity by acknowledging their abilities, biases and limitations.
- We expect health care providers to comply with their professional responsibilities and to deliver safe care.

## EMPATHY & COMPASSION

- We expect that health care providers will act with empathy, kindness and compassion.
- We expect individualized care plans that acknowledge our unique physical, mental, emotional, cultural and spiritual needs.
- We expect that we will be treated in a manner free from stigma, assumptions, bias and blame.
- We expect health care system providers and leaders will understand that their words, actions and decisions strongly impact the lives of patients, families and caregivers.

## EQUITY & ENGAGEMENT

- We expect equal and fair access to the health care system and services for all regardless of ability, race, ethnicity, language, background, place of origin, gender identity, sexual orientation, age, religion, socioeconomic status, education or location within Ontario. We further expect equal and fair access to health care services for people with disabilities and those who have historically faced stigmatization.
- We expect that we will have opportunities to be included in health care policy development and program design at local, regional and provincial levels of the health care system.
- We expect an awareness of and efforts to eliminate systemic racism and discrimination, including identification and removal of systemic barriers that contribute to inequitable health care outcomes (with particular attention to those most adversely impacted by systemic racism).

## RESPECT & DIGNITY

- We expect that our individual identity, beliefs, history, culture and ability will be respected in our care.
- We expect health care providers will introduce themselves and identify their role in our care.
- We expect that we will be recognized as part of the care team, to be fully informed about our condition, and have the right to make choices in our care.
- We expect that patients, families and caregivers be treated with respect and considered valuable partners on the care team.
- We expect that our personal health information belongs to us, and that it remain private, respected and protected.

## TRANSPARENCY

- We expect that we will be proactively and meaningfully involved in conversations about our care, considering options for our care, and decisions about our care.
- We expect that our health records will be accurate, complete, available and accessible across the provincial health system at our request.
- We expect a transparent, clear and fair process to express a complaint, concern, or compliment about our care that does not impact the quality of the care we receive.

Updated: July 2021

Note: The purpose of this Patient, Family and Caregiver Declaration of Values, drafted by the Minister's Patient and Family Advisory Council in consultation with Ontarians, is to articulate patient, family and caregiver expectations of Ontario's health care system. The Declaration is intended to serve as a compass for the individuals and organizations who are involved in health care and reflects a summary of the principles and values that patients, families and caregivers say are important to them. The Declaration is not intended to establish, alter or affect any legal rights or obligations, and must be interpreted in a manner that is consistent with applicable law.

Ontario 







# Ontario's Patient Engagement Framework

Creating a strong culture of patient engagement to support high quality health care

**Health Quality  
Ontario**

*Let's make our health system healthier*



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# Engaging for Quality – A Call to Action

Across Ontario, health care professionals, policy-makers, and organizations are actively engaging with patients, their families, other informal caregivers, and members of the public to understand their needs, experiences and preferences to improve health care quality.

**Patient Engagement** means patients, family members and other informal caregivers, and health care professionals actively collaborating to improve health care quality in Ontario. It includes individual health care professionals, health care organizations and the province partnering with patients and their loved ones in different ways to understand their experiences, preferences and needs, and respond to them.

When we say “patient”, we are referring to patients cared for in hospitals, people being cared for in their homes or through community programs, and residents living in long-term care homes.

Engaging with patients and their caregivers transforms care. From reducing Emergency Department readmissions<sup>i</sup> to increasing patient safety and satisfaction<sup>ii</sup>, involving patients and their loved ones in the conversation about how to improve health care quality generates important results for people receiving care, for health care professionals, and for the health system at-large.

And the momentum for engagement is only growing.

To promote and support the drive for active patient engagement, Health Quality Ontario released the province’s first **Patient Engagement Framework** in the fall of 2016, to define a common approach for engagement across the province. Its purpose is to guide people in planning for, implementing and evaluating patient engagement activities across each of the health system’s domains: in personal care and health decisions, in organizational program or service design, and in health care policy, strategy and governance.

Designed to ensure that patients and members of the public are able to make and influence decisions that affect their lives, the framework is based on active consultation with more than 1,000 patients, caregivers and health care professionals from different regions, sectors and levels of the health system. The framework also recognizes the unique engagement needs and preferences of each of these groups and is based on leading research on patient engagement both within Canada and abroad.

This guide provides a short introduction to each part of the framework, to support patients, caregivers and health professionals to engage effectively with each other.

Working together, there is no limit to the quality of care that Ontario can achieve.

# Ontario's Patient Engagement Framework

## THE STRATEGIC GOAL

A strong culture of patient, caregiver and public engagement to support high quality health care

## THE GUIDING PRINCIPLES

Partnership

Learning

Empowerment

Transparency

Responsiveness

Respect

## ACROSS THESE DOMAINS

Personal care and health decisions

Program and service design

Policy, strategy and governance

## ACROSS A SPECTRUM OF ENGAGEMENT APPROACHES

Share



Provide easy-to-understand health information

Consult



Get feedback on a health issue (e.g., policy or decision)

Deliberate



Discuss an issue and explore solutions

Collaborate



Partner to address an issue and apply solutions

## ENABLED BY:

A culture of continuous quality improvement

Access to easy-to-understand health information

Commitment to health equity and cultural competence

Rigorous research and evaluation



# About the Patient Engagement Framework

Above is a snapshot of what the framework entails, with explanations of each of its four sections to follow.

To begin, the framework starts with its purpose, or strategic goal: **To create a strong culture for patient, caregiver and public engagement in Ontario to support health care quality.**

It then highlights the core principles for success – partnership, transparency, learning, responsiveness, empowerment and respect.

From there, it goes on to clearly state that engagement should **occur across each domain of the health system** – when patients are making personal health care decisions with their health care professionals; when organizations are designing new programs and making improvements to existing services; and when it comes to policy, strategy and governance to ensure a balanced patient engagement process within each domain.

The framework also highlights the **spectrum of engagement approaches** – from sharing, to consulting, to deliberating, to collaborating – and recognizes that these approaches should be customized depending on the engagement goals and setting, and that they often happen simultaneously.



And lastly, the Framework highlights the **enablers** that make high quality engagement possible – a dedication to continuous quality improvement; the provision of easy-to-understand information; a commitment to engaging all, including those from under-served populations; and rigorous research and evaluation to constantly learn from our efforts.

Ontario's Patient Engagement Framework is designed to inspire action towards the ultimate goal – a strong culture of engagement that drives continuously towards better care and better health for Ontarians. With patients and caregivers as partners, there is no limit to the quality of care that Ontario can achieve.





# Learn About the Guiding Principles for Engagement

Health Quality Ontario believes that six principles define a strong culture of engagement between patients, their caregivers and health professionals. Each principle and the statement accompanying it are not meant to be comprehensive, but are meant to spark discussion on the com-

mitments necessary to bring about effective engagement. Consider what each of these principles means and how you may be able to bring them to life in your patient engagement work. They will help to ensure engagement activities are meaningful to everyone involved.

## These six principles are:

**Partnership** – Meaningful patient engagement requires authentic, timely and mutually beneficial relationships forged between patients, their family members, other informal caregivers, health professionals and the organizations they work with.

**Learning** – All participants in patient engagement should expect to learn – about each other’s perspectives and experiences, about facts about the issue at hand, and about how things may improve and be better.

**Empowerment** – Patients and their caregivers need to feel empowered to openly express their needs, perspectives and concerns without fear of reprisal, and to make informed decisions with confidence.

**Transparency** – Transparency means that health care professionals and organizations are honest about their apprehensions, resource limitations, and knowledge gaps when it comes to engaging with patients and caregivers.

**Responsiveness** - Being responsive means that health care professionals and organizations act upon the voices of patients, their caregivers and the general public in ways that demonstrate the positive impact of this input.

**Respect:** Health care professionals and organizations demonstrate respect for their patient and caregiver partners by actively showing signs of appreciation for their time, ideas, lived experiences, various worldviews and cultural locations.





# Identify the Different Domains for Patient Engagement

Patients and caregivers should be meaningfully engaged to improve health care quality in different domains of care – in personal care relationships between patients and their health care professionals, in organizational program and service design, and in policy, strategy and governance decisions.

Differentiating between these domains will help to pinpoint priorities for engagement. It is also helpful to consider all of the domains together to develop a comprehensive approach to an organization’s engagement activities, or the health system at large.

## **Domain A: Personal Care and Health Decisions**

Engaging in the domain of *personal care and health decisions* means health care professionals partner with patients and their caregivers in processes of shared decision-making and care.

For example, effective engagement in this domain includes the ways patients, their caregivers, physicians, nurses and allied health professionals partner to ensure care plans best reflect a patient’s needs, wants, and circumstances. It also includes providing support for patients and caregivers to be effective members of a care team, by giving them education and supportive resources.

### **Personal Care and Health Decisions: Using “Teach Back” to Support Patient Care and Health Decision-Making**

Through ongoing health care staff training, Grey Bruce Health Services in Owen Sound empowers clinical staff to use “teach back” as a way of supporting patient. Teach back is a communication method whereby health care staff share health information and medical instructions with their patients, who then repeat it back in their own words.

The hospital is using teach back to support discharge planning, medication reconciliation, and for self-management education. Teach back is helping patients and their caregivers to take on more active roles in understanding and making health decisions based on the information they are given. Teach back increases patient retention of health information and empowers patients to be partners in their own care.

Health care professionals effectively engaging patients in their personal care and health decisions can lead to better and more trusting relationships<sup>iii</sup>, increased patient activation and capacity to manage health conditions<sup>iv</sup>, adherence to a care plan, and ultimately better health outcomes<sup>vi vii</sup>.





### **Program and Service Design: Engaging a Community to Improve Palliative Care**

At Rouge Valley Health System, a community advisory group is involved in discussions at the organizational level to improve the quality of end-of-life care. Group members have played an active role in quality improvement, facilitating nine focus groups with community members, staff, physicians and board members to understand how stakeholders currently experience end-of-life care. The findings are helping the organization place a special focus on palliative care services and to maximize the proportion of palliative care patients discharged from hospital with home support.

### **Domain B: Program and Service Design**

Engaging patients in the domain of organizational *program and service design* means health organizations initiate engagement activities that invite patient and caregiver input for the purpose of improving specific health programs, services, or other organization-wide projects such as quality and safety improvement initiatives.

It's often a specific health care unit, program, project team or working group within the organization that undertakes patient engagement in this domain. For example, a fracture clinic within a community hospital may wish to partner with patients and their caregivers to choose a new layout and seats for their waiting room. Or, staff at a long-term care

home may wish to engage with their residents' council to redesign their home's menu and laundry service.

Engaging patients is an important way for organizations to develop new programs and services, and to determine whether existing programs or services are meeting the needs of the patient and caregiver populations they serve. Engaging patients can also generate ideas that harness patient experiences, concerns and dissatisfaction, and identify possible improvements.



## **Domain C: Policy, Strategy and Governance**

Engaging patients in the domain of *policy, strategy and governance* means health organizations and government partnering with patients and caregivers to identify, and help bring into creation, more accountable health priorities, policies and governance models.

### **Policy, Strategy and Governance: Engaging Family Members in the Hiring Process**

Holland Bloorview Kids Rehabilitation Hospital in Toronto engages the parents and family members of clients on hiring committees. The hospital's senior leadership, front-line staff, and family advisors partner to screen applicants for various positions, conduct interviews, and select successful candidates. Family advisors are supported with ongoing orientation and resources to enable their full participation in this process.

By sharing power and decision-making over the hiring process, the hospital encourages clients and their families to have a sense.

Engagement in this domain ensures that policy priorities and resource allocation reflect the values and priorities of past, current, and future patients. In this domain, patient engagement is a key way that health organizations, health associations, provincial government agencies and policy-makers can demonstrate accountability, promote transparency, and respond to patient needs.

For health care organizations, examples of engagement in this domain include appointing patient representatives to a board or to the hiring committee for the CEO; hosting a public meeting to engage patients in the development of a new strategic plan; or striking a patients' panel to provide advice on an important strategic decision.

Engagement in this domain also includes efforts to engage patients in the development of system-level policy by organizations such as the Local Health Integration Networks, government agencies, or the Ministry of Health and Long-Term Care. This can take the form of individual advisors embedded in policy development teams, patient councils that help to define and offer advice on how to address particular policy challenges, or online surveys requesting feedback about a policy proposal.



# Learn About the Varying Approaches to Patient Engagement

Health Quality Ontario believes patient engagement can be meaningful across a spectrum of engagement activities – and that the most appropriate approach to engagement depends on the issue and the goals for engagement. From sharing great plain language information or resources, to consulting patients staying in hospital on family visitation policy, to co-designing a program – all approaches are beneficial as long as they are done purposefully and in line with best practices.

For these reasons, and consistent with other engagement frameworks<sup>viii ix x xi</sup>, Health Quality Ontario’s Patient Engagement Framework outlines different approaches to engagement along a spectrum. These are:



**Share** – This includes the ways health organizations provide information that is easy for patients and their caregivers to get, understand and act upon, to support personal care decisions, as well to support engagement about a program, service, policy or decision.

**Consult** – This includes the ways health professionals, organizations and system planners get feedback from patients and their caregivers on a health issue, policy, or decision that needs to be made.



**Deliberate** – This includes the ways patients and their caregivers are engaged to discuss a health issue, policy, or decision, and begin to explore solutions with health care professionals.

**Collaborate** – This includes patients and their caregivers, health professionals, planners, and organizations finding and applying solutions together to a health issue, policy, or decision.



There is no “one size fits all” approach to ensure patient engagement is done in meaningful and integrated ways. The same approach may look and feel different depending on the health sector, setting, and region, and may produce varying results. The key to integrated and successful patient engagement is matching the right approach, to the right situation, at the right time – and often using more than one approach to achieve the intended goal.



# Find Out About the Enablers of Patient Engagement

Meaningful engagement depends on having certain enablers in place. Recent research has highlighted that “engagement-capable environments”<sup>xiii</sup> require foundational ethics and values, knowledge and understanding, infrastructure and resource support to develop successful and integrated patient engagement activities.

Health Quality Ontario’s Patient Engagement Framework builds on this research and lists four enablers that specifically support patient engagement to improve health care quality:

## **A culture of continuous quality improvement** –

Meaningful patient engagement requires an ongoing commitment from health organizations, and the staff who lead them, to continuously improve – and to use the experiences, perspectives and needs of patients and their caregivers to inform what needs improving.

## **Access to easy-to-understand health information** –

Patient engagement requires health professionals, organizations, and the whole health system to offer patients meaningful opportunities to learn about their health care, and broader health policy and strategy, through access to patient-friendly health information.

## **Commitment to health equity and cultural**

**competence** – Engaging patients and caregivers for



health equity means health care professionals, planners, and organizations have a responsibility to engage with – and respond to – the unique needs of all patients, including those from social groups that have long been disadvantaged by the health system.

**Rigorous research and evaluation** – Evaluating the process and outputs of patient engagement activities helps to demonstrate its value, and build a case for engaging patients and caregivers in new ways.

All of these enablers support meaningful patient engagement and health system change by integrating patient perspectives into quality improvement efforts.





# Put it all Together – Engage Strategically for Better Quality Care

This framework is designed to support your efforts to engage with patients and caregivers, and to develop your own patient engagement strategy. A comprehensive patient engagement strategy should aim to:

- Achieve a **strategic goal** – a strong culture of patient, caregiver and public engagement to support high quality health care;
- Embed the **six guiding principles** for meaningful engagement in all activities;
- Build and connect engagement activities within, and across, the three **domains**;
- Employ a range of engagement **approaches** from one end of the spectrum, to the other; and
- Actively build on and feed back into the four **enablers** of engagement.

Building a comprehensive patient engagement strategy requires a commitment to ongoing education and learning among health care staff, and the patients and caregivers they partner with. We encourage you to use the Patient Engagement Framework to identify priorities for engagement and ways to build a culture of engagement amongst patients, their caregivers and health professionals.

In strategic discussions it is helpful too, to talk about the common challenges and barriers to engagement that your staff and patient and caregiver partners experience, and lead a discussion on creative supports and solutions.

To help you thoughtfully engage patients and caregivers for better quality care, visit Health Quality Ontario's **Patient Engagement Hub** to get supportive tools and resources to guide your engagement activities.

Patient engagement is an important part of a high-functioning, high-quality health system. We hope you will use the framework to better understand patient engagement and the practices you can use to do it.

For more information contact [engagement@hqontario.ca](mailto:engagement@hqontario.ca)





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<sup>i</sup> In 2016/2016, Mississauga Halton Community Care Access Centre and Trillium Health Partners collaborated through the *Seamless Transitions* initiative to engage patients and their caregivers transitioning from hospital to homecare. As reported in the Mississauga Halton Community Care Access Centre's *2015/2016 Quality Improvement Plan*, patients and caregivers who took part in the initiative were 52% less likely to experience Emergency Department readmissions.

<sup>ii</sup> In 2016/2017, St. Joseph's Health Care London engaged patients and their caregivers as part of a hand hygiene campaign to improve patient safety and satisfaction. As part of the campaign, and to make sure patients and their caregivers are partners in care, they are encouraged to share anonymous feedback on how well health care staff are following hand hygiene practices.

<sup>iii</sup> Dang, B.N., Westbrook, R.A., Njue, S.M., and Giordano, T.P. (2017). Building Trust and Rapport Early in the New Doctor-Patient Relationship: A longitudinal qualitative study. *BMC Medical Education*, 17(1).

<sup>iv</sup> Greene, J., Hibbard, J.H., Sacks, R., Overton, V., and Parrotta, C.D. (2015). When Patient Activation Levels Change, Health Outcomes and Costs Change, Too. *Health Affairs*, 34(3).

<sup>v</sup> Doyle, C., Lennox, L., and Bell, D. (2013). A Systematic Review of Evidence on the Links Between Patient Experience and Clinical Safety and Effectiveness. *BMJ Open*, 13(3).

<sup>vi</sup> Laurence, J., Henderson, S., Howitt, P.J., Matar, M., Al Kuwari, H., Edgman-Levitan, S., and Darzi, A. (2014). Patient Engagement: Four case studies that highlight the potential for improved health outcomes and reduced costs. *Health Affairs*, 33(9).

<sup>vii</sup> Carman, K.L., Maurer, M., Sofaer, S., Adams, K., Bechtel, C., and Sweeney, J. (2013). Patient and Family Engagement: A framework for understanding the elements and developing interventions and policies. *Health Affairs*, 32(2).

<sup>viii</sup> International Association for Public Participation's *Public Participation Spectrum* (2008).

<sup>ix</sup> Canadian Institutes of Health Information's Strategy for *Patient-Oriented Research* (2014).

<sup>x</sup> Health Canada and the Public Health Agency of Canada *Guidelines on Public Engagement* (2016).

<sup>xii</sup> Baker, G. Ross, Judd, M., and Maika, C. (Eds.) (2016). Patient Engagement: Catalyzing Improvement and Innovation in Healthcare.

<sup>xiii</sup> Baker, G. Ross, and Denis, Jean-Louis (2011). Medical leadership in health care systems: From professional authority to organizational leadership. *Public Money & Management*, 31(5).

# Health Quality Ontario

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