

# Achieving Patient and Family Centred Care: Patient and Family Engagement Strategy

January 2016





## 1.0 Introduction

A seismic shift has taken place in our healthcare system – a shift that moves providers from doing something **for** or **to** a patient to partnering **with** the patient in his or her care. This model of service delivery is known as Patient and Family Centred Care, and extends well beyond episodes of care to the planning, design, delivery and improvement of health services.

The benefits of healthcare that puts the patient at the centre are well documented: increased quality of care, enhanced patient safety, higher patient satisfaction, and higher staff satisfaction.

In addition to providing these benefits, Patient and Family Centred Care is also increasingly mandated by the provincial government and our federal accreditation body.

KDH has long been a leader in the delivery of patient-centred care at the bedside, as our consistently high levels of patient satisfaction attest. Now, as the Patient and Family Centred Care movement accelerates internationally, KDH is embracing the opportunity to build on our strengths to transition to full engagement with patients and families.

This document is designed as a roadmap for KDH to achieve Patient and Family Centred Care in its fullest form, both in the care setting and in the planning, design, delivery and improvement of health services.

The Strategy is structured as follows:

Section 2.0 presents the benefits of engagement that accrue to patients, staff, and the public;

Section 3.0 discusses the mandate for effective patient and family engagement to meet provincial regulations and Accreditation requirements;

Section 4.0 presents our goals for patient and family engagement;

Section 5.0 identifies opportunities for engagement;

Section 6.0 describes KDH's current state of engagement;

Section 7.0 presents our desired future state;

Section 8.0 details action steps for getting to the desired future state; and

Section 9.0 identifies measures of success.

## 2.0 The Benefits of Patient and Family Engagement

The Institute for Patient- and Family-Centred Care (IPFCC) describes the following benefits of achieving patient and family centred care through engagement:

- improved patient outcomes;
- improved safety;
- reduced wait times;
- better teamwork to coordinate care; and
- improved staff satisfaction<sup>1</sup>

The Triple Aim, developed by the Institute of Healthcare Improvement, is a framework that describes an approach to optimizing healthcare performance with the goals of simultaneously improving the experience of care, improving the health of populations, and reducing per capita costs of healthcare.

The implementation of patient and family centered care in its fullest form is also “the most direct route to the Triple Aim”<sup>2</sup>, according to Don Berwick, former administrator for the Centers for Medicare and Medicaid Services.

Patient and Family Engagement benefits patients, staff, and the public.

When **patients** are treated as equal partners in their care they feel listened to and better able to make informed decisions about their care. They experience greater confidence, a reduction in anxiety, improved trust, enhanced relationships with providers, and, as a result, positive health effects. Patients participating in the development of health services feel valued and appreciated.

For **staff**, partnering with patients leads to a greater understanding of patients’ health problems, increased trust, improved patient compliance, and an overall sense that their work is rewarding.

For the **public**, patient and family engagement results in improved quality of care within the community. It demonstrates the healthcare organization’s commitment to ensuring its services are patient-focused and responsive to the needs of all segments of the community.

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<sup>1</sup> <http://www.ipfcc.org>

<sup>2</sup> Berwick, D. Keynote Address, *The 5<sup>th</sup> International conference on Patient- and Family-Centered Care*, Institute of Patient- and Family-Centered Care, June 3, 2012 Washington, DC.

## 3.0 The Mandate for Effective Patient and Family Engagement

Both the Ontario government and Accreditation Canada have recently begun to mandate a high degree of patient and family engagement in the planning, design, delivery and improvement of health services.

### 3.1 Ontario Government Requirements for Engagement

New regulations under the Excellent Care for All Act (ECFAA) that came into force September 1, 2015 require Ontario healthcare organizations to engage patients and families in developing their annual Quality Improvement Plans and in designing, reviewing and maintaining their Patient Relations processes.

#### 3.1.1 Engagement in Quality Improvement Plan Development

Regulation 187/15, which came into effect September 1, 2015, requires that –

*“Every health care organization shall engage the patients and former patients of the organization and their caregivers in developing its annual quality improvement plan, and the publicly available version of the annual quality improvement plan must contain a description of the patient engagement activities of the health care organization and of how these activities inform the development of the health care organization’s quality improvement plan.”*

Referencing the accepted ‘Continuum of Engagement’<sup>3</sup>, Health Quality Ontario describes three levels of engagement for meeting the new requirements of the regulation:

1. Consultation: the organization surveys patients about their care experiences;
2. Involvement: the organization involves patients as advisers or advisory council members; and
3. Partnership and shared leadership: patients co-lead safety and quality improvement committees.

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<sup>3</sup> Carman K., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C., and Sweeney, S. Patient And Family Engagement: A Framework For Understanding The Elements And Developing Interventions And Policies. *Health Affairs*, 32, no.2 (2013):223-231

### 3.1.2 Engagement in the Patient Relations Process

Regulation 188/15, which came into force September 2, 2015, sets out a new requirement for Patient and Family Engagement in the Patient Relations process:

*“The health care organization shall engage patients and their caregivers in designing, reviewing and maintaining the [patient relations] processes...”*

Health Quality Ontario recommends using, at a minimum, one of the following three methods to engage with patients and families about the patient relations process:

1. One-on-one debriefs with a sample of those who have gone through the patient relations (complaints resolution) process;
2. An evaluation survey for a larger sample of those who have gone through the patient relations process; and
3. Discussion about the patient relations process with the patient and family advisors council (if there is one in place).

### 3.2 Accreditation Canada Requirements for Engagement

The Accreditation Canada standards for 2016 prescribe the engagement of patients and families in almost every service area. Approximately 350 new criteria have been added to capture the implementation of a Client- and Family-Centred Care approach within a healthcare organization. (Note that Accreditation Canada uses the word ‘client’ rather than ‘patient’ to be inclusive of long-term care residents.)

The new content identifies two levels of patient and family engagement:

1. With **input** from clients, where an activity takes place with feedback from clients and families; and
2. In **partnership** with clients, where healthcare providers collaborate directly with each client and family to deliver care services.

Notably, Governance and Leadership standards also include many new criteria pertaining to Client- and Family-Centred Care, including the following:

- There are established mechanisms for the governing body to hear from and incorporate the voice and opinion of clients and families (2.2);
- The governing body includes clients as members where possible (2.3);

- When developing or updating the mission statement, input is sought from team members and external stakeholders, including clients, families, and partners (4.2); and
- The governing body provides oversight of the organization’s efforts to build meaningful partnerships with clients and families (5.3).

See Appendix 1 for a complete list of the Governance and Leadership standards pertaining to Client- and Family-Centred Care and the changes required to meet them.

## 4.0 Our Goals for Engagement

A high degree of patient and family engagement requires an organizational commitment and a culture that places the quality of the patient experience at the core of everything we do. As we set out to achieve greater patient and family engagement, we outline three goals:

1. Engage with patients and families in the care setting; improve the patient experience by listening to and acting on what they tell us;
2. Engage with patients and families in the planning, design and delivery of health services, working together to improve the patient experience; and
3. Meet Ontario government and Accreditation requirements for engagement.

## 5.0 Opportunities for Engagement

A review of the literature suggests that organizations that are successful at patient and family engagement provide encouragement and support for healthcare providers to partner with patients in the care setting and integrate volunteer Patient and Family Advisors into the work of the organization at all levels.

Patient and family engagement in the care setting includes –

- nurses conducting bedside change-of-shift reporting;
- patients and families participating in rounds; and
- shared clinical decision making.

There are a multitude of opportunities for Patient and Family Advisors to make a meaningful contribution to the work of the organization, including the following:

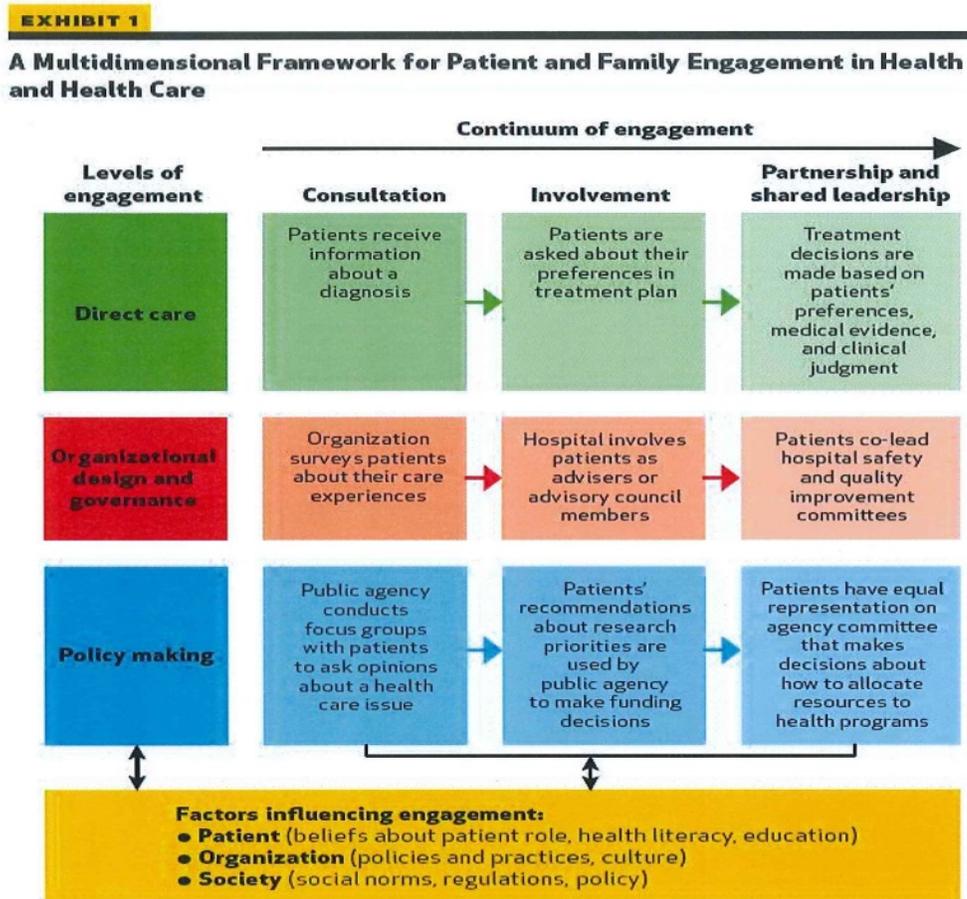
- telling their stories;
- consulting and advising on committees;
- being part of the important conversations and contributing to the key decisions;
- reviewing existing services and co-designing new services;
- monitoring services for appropriateness;
- identifying barriers to service;
- having a voice in policy making and hiring decisions;
- defining gaps in care; and
- providing patient support .

Many hospitals provide a committee framework for their Patient and Family Advisors, forming Patient and Family Advisory Councils co-chaired by a senior staff member and a Patient and Family Advisor.

Engagement can be in person, by telephone, email, video, survey responses and more.

## 6.0 Current State

The Continuum of Engagement referenced in Section 2.2.1, also known as the Carman Framework, describes the following levels of engagement in the care setting and in decision-making processes:



**SOURCE** Kristin L. Carman, Pam Dardess, Maureen Maurer, Shoshanna Sofaer, Karen Adams, Christine Bechtel, and Jennifer Sweeney, "Patient and Family Engagement: A Framework for Understanding the Elements and Developing Interventions and Policies," *Health Affairs* 32, no. 2 (2013): 223–31. **NOTE** Movement to the right on the continuum of engagement denotes increasing patient participation and collaboration.

**In the care setting**, our engagement with patients currently varies from Consultation, to Involvement, to Partnership, depending on the service area and the health care providers involved.

Our Chief of Staff reports that many of our physicians consistently take the approach of partnering with patients in their care. On the nursing side, it is clear from patient feedback

that nursing staff routinely are at the Involvement level with patients, if not the Partnership level.

**On the organizational, decision-making side** of engagement, we have until recently been at the Consultation level, where patients are surveyed about their care experiences (e.g., ongoing National Research Corporation Canada satisfaction surveys) and provide feedback through the Patient Relations process. As this document was being developed, we have begun to engage with patients at the Involvement level, having invited several newly-minted Patient and Family Advisors to participate on committees.

## 7.0 Desired Future State

Our desired future state is to attain the highest level on the Continuum of Engagement: Partnership and Shared Leadership. This denotes an organization that is fully engaged with patients and families, both in the care setting and in the planning, design, delivery and improvement of health services. It denotes an organization providing Patient and Family Centred Care in its fullest form.

**What this means during episodes of care.** In the care setting, Partnership means that treatment decisions are made based on the patient's preferences combined with medical evidence and clinical judgment.

**What this means on the organizational, decision-making side.** In day-to-day operations, Partnership and Shared Leadership means embedding Patient and Family Advisors at every decision-making table.

## 8.0 How We Will Get There

Transitioning to providing Patient and Family Centred Care in its fullest form is a journey. We are working toward embedding a culture of Patient and Family Centred Care in each internal stakeholder, and inviting Patients and Families to be at the table wherever decisions are made which materially impact the patient experience.

For KDH, this is not a journey that we are going to take slowly. Inspired by, and building on, our longtime commitment to patient-focused care, we are taking giant strides toward our desired future state.

The first step in the process is to **identify Patient and Family Centred Care as a guiding principle for the organization.** (Leadership standard 1.3 for 2016 Accreditation.)

We outline the following near-term action steps that will kick-start this journey and help us meet provincial and Accreditation requirements for Patient and Family Centred Care.

## 8.1 Action Steps in the Care Setting

1. Encourage all staff to embody the Patient and Family Centred Care approach by adopting and promoting the following four standards in the care setting:
  - Identify ourselves and our role whenever we walk into a room where patients are;
  - Wear our badges at chest level so our names are easy to read;
  - Ensure the white boards that are used as communications tools at every bedside are updated at the end of every shift; and
  - Ensure hourly rounding is taking place to make certain that each patient is comfortable.
2. Provide ongoing education for our nurses, physicians and other frontline staff on involving patients as equal partners in their care. These sessions will be offered through our online learning application and in person at departmental meetings. In addition, we will communicate on an ongoing basis about Patient and Family Centred Care in our staff and CEO newsletters, on the intranet and at Open Forum. Further, the theme of all of our communications around Accreditation 2016 is 'Client- and Family-Centred Care'.
3. Engage with Patient and Family Advisors to share their experiences at KDH – positive and negative – with frontline staff in order to personalize the patient experience. This may be in person or by video.

## 8.2 Action Steps on the Health Service Planning, Design and Delivery Side

### 1. Establish a Patient and Family Advisory Council

As mentioned in Section 6.0, we have already engaged with several Patient and Family Advisors. In the near term we will be recruiting approximately 15 more to form a Patient and Family Advisory Council (PFAC), which will be co-chaired by an Advisor and a senior manager.

Recruitment will be accomplished by means of articles in our Health Matters community newspaper, our website, social media, a recruitment pamphlet in our lounges, and physician recommendations. Our Advisors will be recent patients or family members of recent patients. We will endeavor to achieve a group that reflects a range of experiences within the hospital.

We have adopted the following list of qualities to look for in Patient and Family Advisors, developed by the Institute for Patient- And Family-Centered Care:<sup>4</sup>

- Ability to share insights and information about their experiences in ways that others can learn from them;
- Demonstrated concern for more than one issue or agenda;
- Ability to listen well;
- Respect for the perspectives of others;
- Ability to speak comfortably and candidly in a group;
- Ability to interact well with many different kinds of people;
- Ability to work in partnership with others; and
- Ability to see beyond their own personal experience.

Like our other volunteers, our Patient and Family Advisors will receive training and orientation to prepare them for the important contributions they will be making. It will be vital for us to support them and ensure they feel they are being heard and adding value.

A description of Patient and Family Advisors' roles and responsibilities, an expression of interest form, and an interview guide are attached as Appendices 2, 3 and 4.

## **2. Consult, Involve and Partner with our Patient and Family Advisors**

To meet Accreditation requirements and ECFFA regulations governing the Quality Improvement and Patient Relations processes, we will work toward the following:

- Invite Patient and Family Advisors to share their experiences of care at KDH (in person, by video or letter at Board meetings, Open Forum, etc.);
- Recruit a Patient and Family Advisor to sit on the Board of Directors;
- Recruit a Patient and Family Advisor to sit on our Senior Management Team;
- Recruit a Patient and Family Advisor to sit on the Board Fiscal Advisory Committee;
- Recruit a Patient and Family Advisor to sit on Medical Advisory Committee;

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<sup>4</sup> <http://www.ipfcc.org/faq.html>

- Invite a Patient and Family Advisor to participate in the development of our 2016/17 QIP;
- Review the Patient Relations Process with Patient and Family Advisors;
- Seek input from Patient and Family Advisors on updating our mission statement and values;
- Engage with Patient and Family Advisors to review the results of patient satisfaction surveys, including comments;
- Engage a Patient and Family Advisor to participate in User Group meetings for our clinic modernization project;
- Engage Patient and Family Advisors to review this Patient and Family Engagement Strategy;
- Seek input from Patient and Family Advisors on policies addressing the rights and responsibilities of clients;
- Seek Patient and Family Advisor input on a review of our Ethics Framework;
- Engage a Patient and Family Advisor to participate on our Accessibility for Ontarians with Disabilities Act (AODA) Committee;
- Engage a Patient and Family Advisor to participate in a review of a proposed 24-hour access (visiting) policy for family and friends of inpatients; and
- Engage Patient and Family Advisors to assist with specific projects.

Senior staff will be able to request one or more Patient and Family Advisors from our bank to advise on a specific project.

## 9.0 Success Metrics

What does successful Patient and Family Engagement look like? There are a number of ways we can measure the success of our efforts to achieve Patient and Family Centered Care. We will start with the following measures; they will continue to evolve in the years ahead:

1. Adapt the questions on our patient satisfaction surveys to capture delivery of Patient and Family Centred Care and set targets for year-over-year improvement. For example, new questions could measure –

- the degree to which patients and their families felt they were able to participate in decisions about their care;
  - how well staff explained their roles in the patient's care;
  - the degree to which the staff involved/supported the patient's family in planning and managing care;
  - the degree to which staff respected the patient's choices to have family members with him or her during care; and
  - the degree to which staff respected the patient's family's cultural and spiritual needs.
2. Measure Patient and Family Advisors' satisfaction with their engagement. An annual report on Patient and Family Engagement will be produced by the Patient and Family Advisory Council in cooperation with our Patient Relations Officer. The report will document how Patient and Family Advisor contributions were used to effect change. Key measurements included in that report will be –
- the number of Patient and Family Advisors and the number of hours each one spends annually in fulfillment of their role;
  - the number of committees with Patient and Family Advisor participation;
  - the number of staff involved in collaborative endeavours with Patient and Family Advisors; and
  - the percentage of Patient and Family Advisors who agree that they are being engaged at a shared decision level.
3. Survey people who have gone through our Patient Relations process about the degree to which they felt they experienced Patient and Family Centred Care.
4. Introduce a new feedback form to learn about patient and family perceptions of care. The form will be placed at various locations around the hospital, as well as on the website, in each issue of Health Matters, and posted quarterly on social media. The feedback form will ask patients to share one positive example from a recent hospital experience; one example of something that could have been improved; and a suggestion for one change to the care he or she received.

Down the road, this feedback could also be collected by Patient and Family Advisors by telephone or email.

## Appendices

- 1 Governance and Leadership Accreditation Standards pertaining to Client- and Family-Centred Care
- 2 Roles and Responsibilities of Patient and Family Advisors
- 3 Patient and Family Advisor Expression of Interest
- 4 Patient and Family Advisor Interview Guide
- 5 Plan for Communications around Patient and Family Engagement (included within overarching KDH Communication Plan)
- 6 Patient and Family Engagement Strategy Workplan

Appendices available upon request.