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Creating a Culture of Patient Engagement Supported by Accreditation Canada's Client- and Family- Centred Care Standards

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Agenda

- Shared Understanding of Core Concepts
- Client-Centred Care Movement
- Accreditation Canada
- Accreditation Canada's Journey
- Best Practice Standards and Expectations
- Learnings from 2016 survey visits
- Resources





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Shared Understanding of Core Concepts

Core Concepts

- Patient engagement:
 - The way in which **individual providers or healthcare organizations solicit patient needs and preferences** to ensure they are delivering patient-centred care
 - Interviews, surveys focus groups, story-telling, advisory councils, board participation, improvement advisors
- Patient experience:
 - **How patients perceive and experience their care.**
 - Involves ability to hear what is being said, measure the experience and develop the capacity to use the information to change practice, policies and rules.
- Patient- or person-centred care:
 - An **overall philosophy and approach** that ensures that everything individual providers or healthcare organizations do clinically or administratively is based on patient needs and preferences
 - Planning care, evaluation of services, research, training, staff recruitment

Fooks, Obarski, Hale and Hylmar, HealthcarePapers, 14(4) January 2015

The Patient Experience in Ontario 2020: what is Possible?



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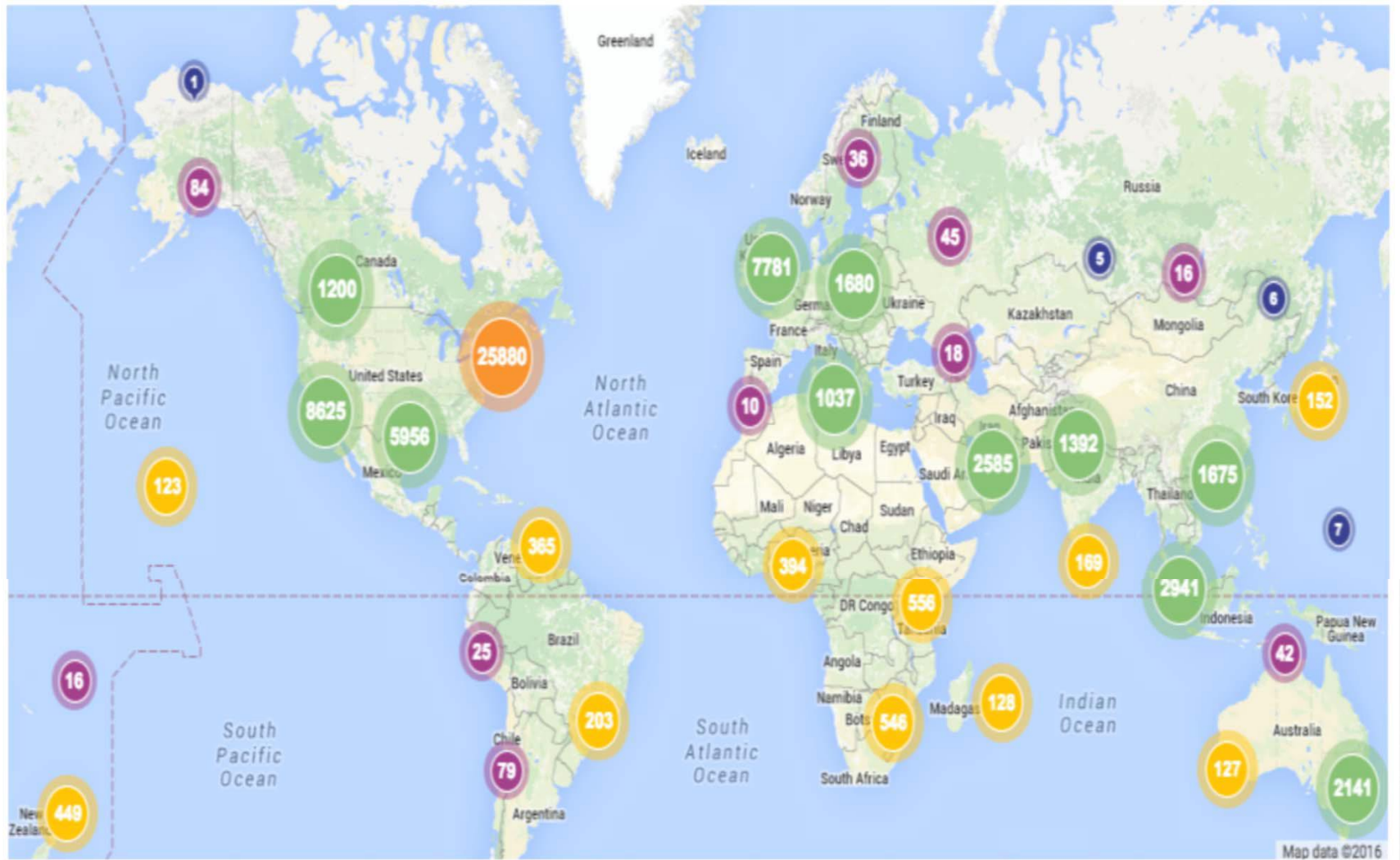
Client-Centred Care Movement

Client-Centred Care Movement

- Idea of person-centred/client-centred/patient-centred care has evolved over several decades
- Social forces:
 - Access to information
 - Demand for transparency
 - Rising costs of health care
 - Change in service expectations by public



Global Perspective



Framing the Field of Patient Experience: Refocusing the Heart of Healthcare
Jason A. Wolf, Ph.D., CPXP, President, The Beryl Institute

Canadian Context

- Unleashing Innovation: Excellent Healthcare for Canada
 - Theme 1: Patient Engagement and Empowerment
- Provincial Strategies
- National Associations (CFHI, HealthCareCAN, RNAO, CPSI, Change Foundation)
- Accreditation Canada rewrote all standards with lens of CFCC



Canadian Context Continued

Setting Priorities for the B.C. Health System

SUPPORTING the health and well-being of all people in a system of responsive and effective health services in British Columbia. | ENSURING value for money



The Manitoba Patient Safety Framework



The Honourable Dustin Duncan, Minister of Health

June 2015

saskatchewan.ca

Patient First Review Update The journey so far and the path forward

Alberta Health Services

The Patient First Strategy

Setting Priorities for the BC Health System

PRIORITY 1: Provide patient-centred care

Patient-centred care will be the **foundational driver in the planning and implementation of all strategic actions in the health system strategy**. The province will strive to deliver health care as a **service built around the individual, not the provider and administration**. We will do this in **collaboration** with our health workforce and with patients. This is not an overnight change, but a promise of a sustained focus that will drive policy, service design, training, service delivery, and service accountability systems over the coming three years. A first key action will be to start to shift the culture of publicly funded health care organizations in B.C., where required, from being provider/administrator centred and/or overly disease-centred to being person-centred. It will require **translating high-level patient-centred care concepts into actionable, attainable and sustainable practices across all sectors of the health system**, including: engaging medical, nursing, allied health and support staff; empowering staff working closest with patients and residents to individualize the experience of care; and using feedback from patients to evaluate and drive change. This approach will be built into governance evaluation, as well as executive and staff performance reviews. A key deliverable will be the **development of a framework for patient centred care**, which sets out key principles, practices and deliverables.

Setting Priorities for the B.C. Health System

SUPPORTING the health and well-being of B.C. citizens. | **DELIVERING**
a system of responsive and effective health care services for patients across
British Columbia. | **ENSURING** value for money.

February 2014



The British Columbia Patient-Centered Care Framework, February 2015

To help guide health care organizations in the pursuit of patient-centered care four patient-centered care practices are presented in this framework:

1. Organization Wide Engagement

- Leadership and health care providers

2. Workplace Culture Renewal

- Shifting from 'medical model' thinking to 'patient as partner' in decision making
- Support for patient centred care activities

3. Balanced Patient-Provider Relationships

- Review of the power imbalances of patient and provider
- Balancing needs of patients and providers to complete the work

4. Tool Development

- Sharing and developing tools to help engage patients in planning, delivering and evaluating programs and put patients and families at centre of care

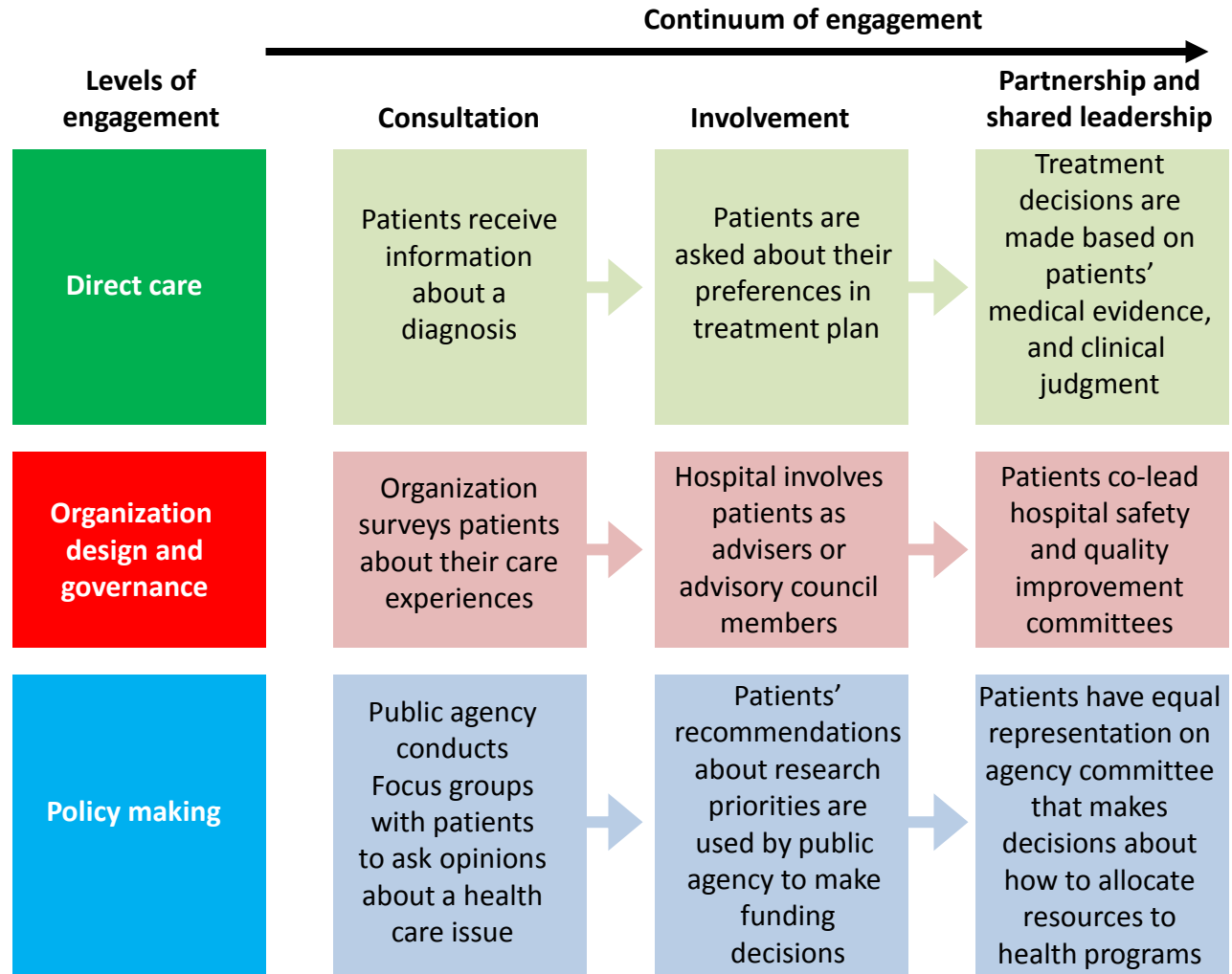
Where are we currently at with engaging clients and families?

- Ocloo 2016 literature review
- Movement for better involvement of patients and the public and to place them at centre of healthcare
- However, progress in doing so is patchy and slow and focused on lowest levels of involvement

Ocloo J, Matthews R. BMJ Quality and Safety 18 March 2016;1-7. From tokenism to empowerment: progressing patient and public involvement in healthcare improvement <http://qualitysafety.bmj.com/content/early/2016/03/18/bmjqs-2015-004839.full.pdf>

A Multidimensional Framework For Patient And Family Engagement In Health And Health Care

Carman Framework



<https://www.communitycarenc.org/media/files/health-affairs-feb-2013-patient-and-family-engagement-framework-unders.pdf>

Reference:
 Carman, K., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C., and Sweeney, J. *Patient and Family Engagement: A Framework For Understanding The Elements and Developing Interventions and Policies.* Health Affairs 32, No. 2 (2013): 223-231.

Factors influencing engagement:

- **Patient** (beliefs about patient role, health literacy, education)
- **Organization** (policies and practices, culture)
- **Society** (social norms, regulations, policy)

Carman Framework

- **Consultation**

- Clients receiving information
- Surveys
- Focus groups asking opinions

- **Involvement**

- Clients asked preferences/opinions
- Direct care or advisory panels
- Clients involved in policy reviews, incident reviews, QI projects

- **Shared Leadership (Partnership)**

- Clients' preferences/opinion has same weight as organization's staff
- Client's co-lead projects/committees
- Clients have equal representation on projects/committees



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Our vision

Excellence in quality health services for all

Our mission

Driving quality through innovative approaches to accreditation

1100 + organizations

6000+ locations

All sectors of health care

All provinces and territories

Qmentum Standards (2016)

System-wide

Governance • Leadership • Infection Prevention and Control • Managing Medications

Service Excellence

- Aboriginal Community Health and Wellness
- Aboriginal Integrated Primary Care
- Aboriginal Substance Misuse Services
- Acquired Brain Injury Services
- Ambulatory Care Services
- Assisted Reproductive Technology (ART) Services
- Biomedical Laboratory Services
- Cancer Care
- Case Management
- Child Welfare Services
- Community Health Services
- Community-Based Mental Health Services and Supports
- Correctional Service of Canada Health Services Standards
- Critical Care
- Developmental Disabilities
- Diagnostic Imaging Services
- Emergency Department
- EMS and Interfacility Transport
- Health Care Staffing Services
- Home Care Services
- Home Support Services
- Hospice, Palliative, and End-of-Life Services
- Independent Medical/Surgical Facilities
- Long-Term Care Services
- Medical Imaging Centres
- Medicine Services
- Mental Health Services
- Obstetrics Services
- Organ and Tissue Donation and Transplant
- Perioperative Services and Invasive Procedures
- Point-of-Care Testing
- Primary Care Services
- Provincial Correctional Health Services Standards
- Public Health Services
- Rehabilitation Services
- Remote/Isolated Health Services
- Reprocessing of Reusable Medical Devices
- Residential Homes for Seniors
- Spinal Cord Injury
- Substance Abuse and Problem Gambling
- Telehealth
- Transfusion Services

Population Health and Wellness

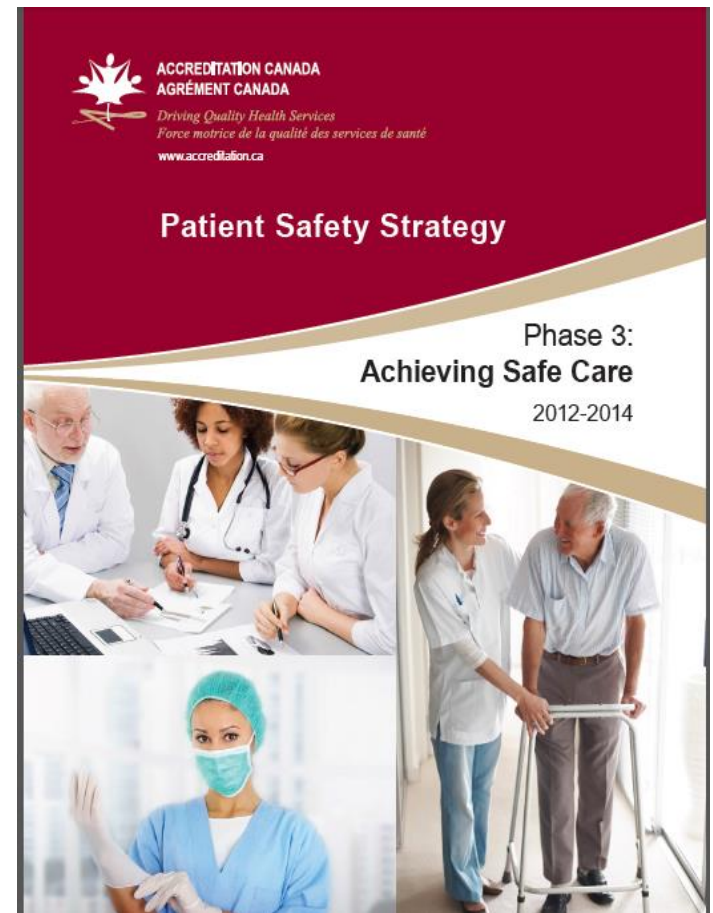
Accreditation Canada's Journey of CFCC

Enhancing the CFCC Focus – Our Journey

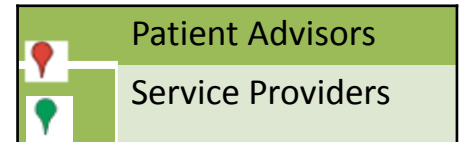
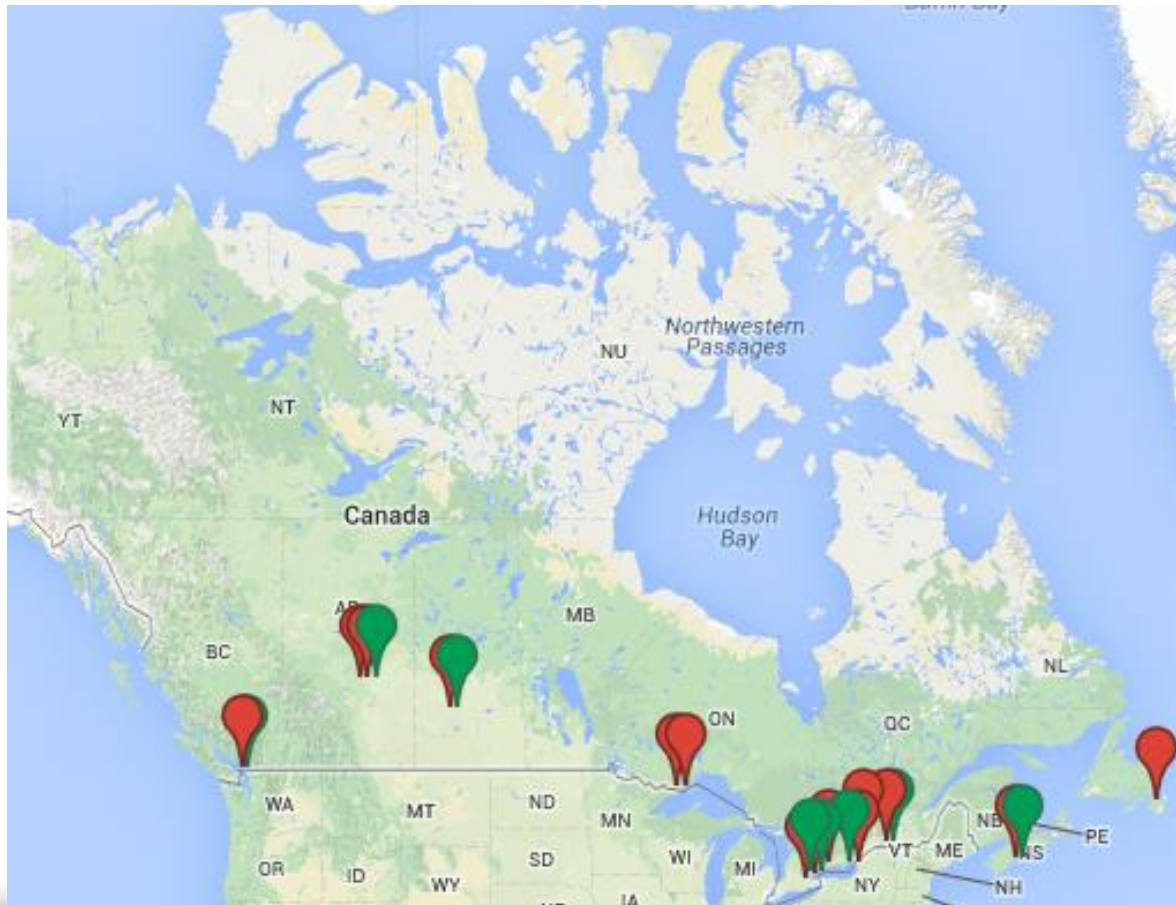
- CFCC priority
- Fostering Meaningful Partnerships

“Doing for”
“Doing to”

“Doing
with”



Advisory Committee - Geography



Vancouver
Edmonton
Saskatoon
Thunder Bay
Toronto
Markham
Peterborough
Kingston
Ottawa
Montreal
Halifax
St. John's

Framework for Collaboration

Objective: Foster culture shift
toward CFCC in health care orgs

Dignity and Respect

Information Sharing

Partnership and
Participation

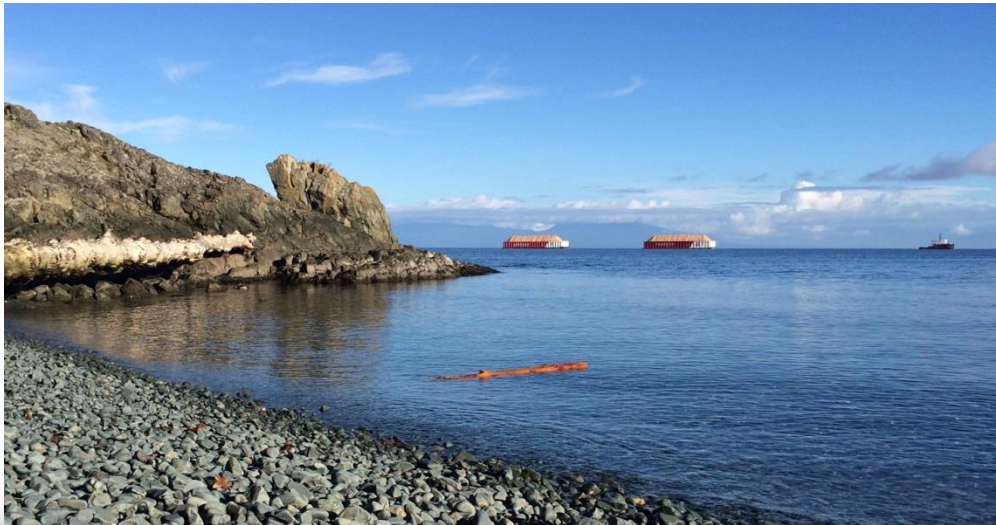
Collaboration

Definition: An approach to care that guides all aspects of planning, delivering and evaluating services, with the foundation being mutually-beneficial partnerships between patients, families and service providers.

Definition: Client-and Family-Centred Care

“An approach to care that guides all aspects of planning, delivering and evaluating services, with the foundation being mutually-beneficial partnerships between patients, families and service providers.”

(Adapted from Institute for Patient- and Family-Centred Care 2008
Saskatchewan Ministry of Health 2011)



What You'll See in the Standards

- Language
 - Emphasis on what is being done
 - “in partnership with the client and family”
 - “with input from clients and families”
- Additional criteria
 - For boards of directors
 - For leadership teams
 - For front-line teams



In partnership with the client and family: The team collaborates directly with each individual client and their family to deliver care services. Clients and families are as involved as they wish to be in care delivery.

Home Care Services 8.1

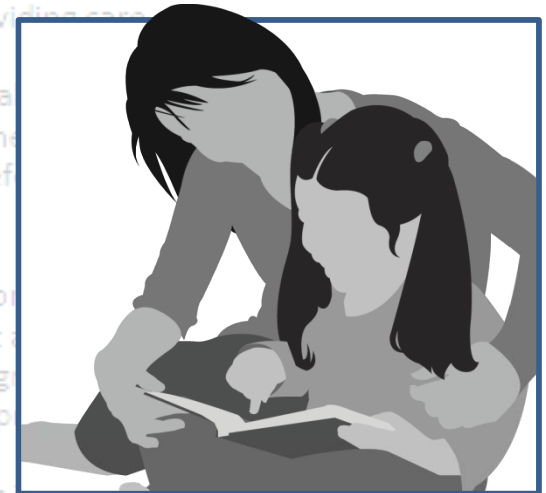
Each client's physical and psychosocial health is assessed and documented using a holistic approach, in partnership with the client and family.

With input from clients and families: Input from clients and families is sought collectively through advisory committees or groups, formal surveys or focus groups, or informal day-to-day feedback. Input can be obtained in a number of ways and at various times and is utilized across the organization.

Home Care Services 8.2

The assessment process is designed with input from clients and families.

Family: Person or persons who are related in any way (biologically, legally, or emotionally), including immediate relatives and other individuals in the client's support network. Family includes a client's extended family, partners, friends, advocates, guardians, and other individuals. The client defines the makeup of their family, and has the right to include or not include family members in their care, and redefine the makeup of their family over time.



Co-design: A process that involves the team and the client and family working in collaboration to plan and design services or improve the experience with services. Co-design recognizes that the experience of and input from the client and family is as important as the expertise of the team in understanding and improving a system or process.

Accreditation Canada Objective

**Support to foster a culture of client-
and family-centred care
at all levels of the organization**



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Best Practice Standards and Expectations

At the Board Level

There are established mechanisms for the governing body to **hear from** and **incorporate the voice and opinion** of clients and families

High value in hearing the client's story in the clients own words – motivation to implement change sometimes comes from emotion that is related to

- Client or Family presentations to board describing their experiences
- Videos
- Written letters from clients/families
- Board members shadowing staff to speak with clients

At the Board level

The governing body **provides oversight** of the organization's efforts to build meaningful partnerships with clients and families

Board oversight demonstrates organization wide commitment to CFCC

- Board receives training on principles of CFCC
- Board monitors strategies for CFCC
- Board makes resources allocation decisions around CFCC

At the Leadership level
Client- and family-centred care is identified as a **guiding principle** for the organization

- Strategic plan
- Mission statement
- Vision statements
- Values statements
- Job descriptions
- Website
- Written onto name tags

At the Leadership level

Teams **are supported** in their efforts to partner with clients and families in all aspects of their care

- Resources – training, education, time
- Celebrating when partnerships are being done well
- Proactive policy reviews to remove barriers to partnering with clients and families
- Modeling by board, leadership

At the Leadership level

Input is sought from clients and families during the organization's **key decision-making processes**

Clients can have a very different perspective about the key decision making processes

- Strategic planning
- Policy reviews and new policy development
- Office or programs moving to different location
- Quality improvement initiatives
- Critical incident reviews
- Hiring of staff

At the Leadership level

Education and training is provided throughout the organization to promote and enhance a **culture of client- and family-centred care**

- CFCC education at all levels of the organization – board, leadership, front line, clients, volunteers
- Conferences
- Internal education
- Staff meetings

At the Service level

Strategies are developed and implemented to address identified safety risks, **with input from clients and families**

Clients and families may identify examples of risks and how to mitigate risks that are different from staff's

- 1:1 discussions with individual clients
- Clients at risk team meetings
- Quality improvement committees
- Clients at incident review meetings

At the Service level

Information and feedback is collected about the quality of services to guide quality improvement initiatives, **with input from clients and families, team members, and partners**

- Client experience surveys
- Focus groups
- Complaints
- Interviews
- Kiosks

On-site Surveyors' May Ask

- How does your organization hear the patient and family voice?
- How do you gather input from patients and families?
- How does your organization use the input?
- Does your organization tell patients and families how their input has impacted care/services/policies?
- Are your patients and families engaged throughout the organization and at all levels where appropriate?
- Is your organization providing training/education/support to patient and family advisors?
- Is your organization providing training on the opportunities/benefits and challenges of participating on committees to patients/families? What about to staff?
- Are there programs and services based on or developed from patient or family input?
- How is the client or family perspective included in evaluating programs or services?

What this means for Clients and Families

Clients and/or families are asked to engage at different scope than they have in the past

- Continues to be about:
 - Partnering in care, service planning, and goal setting
- Also about:
 - Participating in advisory committees
 - Providing input into policies and procedures
 - Working with staff on quality initiatives, incident analysis, designing services

Challenges and Enablers



Conway et al; IPFCC: Partnering with Patients and Families to Design a Patient- and Family-Centred Health Care System: A Roadmap for the Future, June **2006**

<http://www.ipfcc.org/pdf/Roadmap.pdf>

Challenges

- **Attitudinal**

- Fear that clients suggestions will be unreasonable or confidentiality will be compromised
- Belief that we're already client- and family-centred
- Belief that there is not evidence for benefits of CFCC
- Belief that CFCC is costly and time consuming
- Belief that clients are too poor, too aggressive to be engaged

- **Educational**

- Lack of understanding of CFCC at all levels of the organization
- Lack of skills for collaboration
- Organization unprepared to provide training/support to clients/families to participate effectively

- **Organizational**

- Lack of vision for CFCC
- Competing resources/priorities
- Implementing top-down approach or front line approach without leadership support/commitment

Enablers

- Having leaders who are knowledgeable and committed to collaborating with clients and families
- Designating staff member(s) with CFCC knowledge and skills as lead(s)
- Creating variety of ways clients/families can contribute in meaningful ways to decision making
- Recruiting clients/families continually for various time frames
- Investing in orientation and training for staff and clients/families to develop trusting relationships
- Supporting the development of client and family leaders
- Provide ongoing support and mentoring
- Measuring outcomes
- Celebrating accomplishments and efforts



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Learnings From 2016 Survey Visits



Learnings

- Importance of assessing where your organization is currently at with CFCC
- Strategy to engage clients and families
- Multi pronged strategies
- Sharing learnings across locations, programs
- ‘in partnership’
- ‘with input from’
- Sector challenges
- Measuring outcomes
- Celebrate successes

Accreditation Canada Next Steps

- Q1 and Q2 evaluations
- Patient advisor position
- Further analyzing how to engage patients and families in our own processes
 - Standards development
 - On-site survey process
 - Strategic planning



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Resources

Resources

- CFHI - Patient engagement resource hub: <http://www.cfhi-fcass.ca/WhatWeDo/PatientEngagement/PatientEngagementResourceHub.aspx>
- IPFCC (Institute for Patient and Family Centered Care) <http://www.ipfcc.org/advance/supporting.html>
- IHI – Person and Family Centred Care: <http://www.ihl.org/Topics/PFCC/Pages/default.aspx> and <http://www.ihl.org/resources/Pages/Tools/PatientFamilyCenteredCareOrganizationalSelfAssessmentTool.aspx>
- CPSI <http://www.patientsafetyinstitute.ca/en/toolsResources/Pages/Tips-for-patient-family-engagement-with-health-authorities-to-improve-patient-safety-and-quality-of-care.aspx>
- HQO (Health Quality Ontario) – Patient engagement tools and resources: <http://www.hqontario.ca/patient-engagement/tools-and-resources>
- Alberta Health Services – Toolkit for Engaging Patient and Families at Planning Tables: http://www.patientscanada.ca/site/patients_canada/assets/pdf/ahs_resource_toolkit_for_engaging_patients.pdf

Resources

- The Change Foundation - Rules of Engagement: Lessons From Panorama: <http://www.changefoundation.ca/2015/insights-on-patient-engagement/> and http://www.changefoundation.ca/library/rules-of-engagement/?utm_source=PANO+Report+Announcement&utm_campaign=Rule+of+Engagement+launch&utm_medium=email
- WHO (World Health Organization) - WHO global strategy on people-centred and integrated health services: http://apps.who.int/iris/bitstream/10665/155002/1/WHO_HIS_SDS_2015.6_eng.pdf?ua=1&ua=1
- HealthCareCAN - Patient-Centred Experience & Design Program (PaCED) <http://www.healthcarecan.ca/learning/courses/patient-centred-experience-design-program-paced/>
- Saint Elizabeth Health Care - A Guide for implementing PFCC education across health care sectors: <https://www.saintelizabeth.com/getmedia/144219e8-748e-4224-92d1-0887cdf364ad/SE-PFCC-Education-Implementation-Guide-March-2016-Online.pdf.aspx> and an assessment on where in the continuum of CFCC your organization is: <https://www.saintelizabeth.com/Services-and-Programs/PFCC-Institute/PFCC-Preliminary-Needs-Assessment.aspx>

Thank you! Merci!



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