

Working with Patient Partners
Effectively Engaging the Patient and Family in QI
Facilitators Lee Cameron & Deanna Danskin, PQI Program
Christina Laberge & Kim Eggers, Patient Partners
Date Nov 7 2023

PQI PHYSICIAN QUALITY IMPROVEMENT
northern health

1

Disclosures & Acknowledgements
We have nothing to disclose.
This program was co-developed between the Physician Quality Improvement Steering Committee and Northern Health and was planned to achieve scientific integrity, objectivity and balance.

PQI PHYSICIAN QUALITY IMPROVEMENT northern health
DISCLOSURE

2

We are gathered to learn together on the traditional territories of the Lheidli T'enneh

3

Learning objectives

- Describe quadruple aim and dimensions of quality
- Recognize importance of meaningful patient and family engagement
- Describe IAP2 spectrum of public participation
- Identify patient partner & healthcare partner resources
- Prepare patient, family and team for meaningful participation

PQI PHYSICIAN QUALITY IMPROVEMENT northern health

4

Digital Resource Booklet

- Useful links, articles, references:

QR Code

- Any Physicians, Nurse Practitioners, or Midwives – please see us at the end of the session for UBC-CME credits

PQI PHYSICIAN QUALITY IMPROVEMENT northern health

5

The Quadruple Aim

Improved patient experience, Better health outcomes, Lower cost of care, Improved staff experience

Quadruple Aim

Equity

6

The Dimensions of Quality

- Respect
- Safety
- Accessibility
- Appropriateness
- Effectiveness
- Equity
- Efficiency
- Planetary health

7

Patient Partners expand our understanding

8

Why Involve Patient Partners?

- It can be challenging for health care professionals to put aside their many years of training & experience to see things through the patients' eyes
- For most of us, our roles/jobs become such an integral part of our identity as we move through life, that it can sometimes be difficult to NOT filter everything through that lens

9

Why Involve Patient Partners?

- Patients know what they have experienced—what works; what doesn't. By bringing on board and authentically partnering with patients, professionals can tap into those visceral, lived experiences since there is deeper understanding that comes from living THROUGH an experience

10

High-quality partnerships can yield great successes!

Have you seen our "Giving Safe and Effective Discharge Instructions" poster?

Kim Eggers
May 17 2022 • 07:00am

Emergency Care BC
Provincial Health Services Authority

11

Why Involve Patient Partners?

This material has been reviewed and approved by the patient partners with the Patient Voices Network.

Emergency Care BC
Provincial Health Services Authority

The BC Emergency Medicine Network:
Evaluation approach and early findings

12

Why Involve Patient Partners?

Falls Prevention: With Patients. For Patients.

In 2021, Northern Health's Rehabilitation Services Program set out to ramp up its prevention efforts.

"The patient partners' suggestions helped to ensure that the core principles of (e) person- and family- centred care approach shaped the clinical practice standard. They really helped us hone in on the importance of collaborative practice, including exploring ways to work closely with the patients/family, physicians and other clinical staff throughout the entire process: assessments and care planning in falls prevention."
-Tysen Leblond, Rehab Exec lead



Young female caregiver helping senior woman walking down stairs at home

13

Why am I a Patient Partner?



14

Keys to ensuring authentic engagement

- Value in lived & living experience
- Safe and accessible spaces
- Recognition and appreciation



15

Keys to ensuring an authentic engagement

"The key to success in patient engagement is in setting and aligning expectations for both the patient partners and your team"

-Health Quality BCs video series guide to authentic patient engagement

"When the healthcare groups I've been a member of engender an atmosphere of trust by being as transparent an inclusive as possible, I'm able to make substantive contributions. It becomes a beneficial, reciprocal partnership"


-Kim Eggers



16

Considerations for Including 'Hard to Reach' Voices


How can we make more effort to reach "elevate the voices of ALL"?



17

Lunch served

15 minutes to get food and return to seat




18

Video – understanding our biases

We don't know what we don't know – but our brains can fill in the gaps = biases

<https://youtu.be/OveDFGo666s?si=ANbwq00XdxYg7xXL>

<https://www.youtube.com/watch?v=dlwkvB0Diz4>




19

Confidentiality and privacy

Respect patient partners confidentiality

Patient Partners are also subject to the confidentiality policies and agreements of the organization



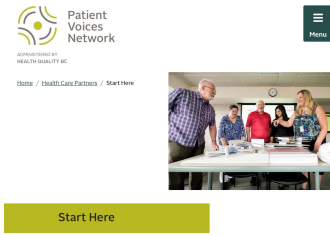
20

Health Care Partners' Resources

Patient Voices Network:
patientvoicesbc.ca

-has step-by-step guide that covers all areas of engaging patient partners for your project or initiative, including their 'Guide to Authentic Engagement'

-easy to access and navigate



21

Types of Engagements




22

IAP2 Spectrum of Public Participation

	Inform	Consult	Involve	Collaborate	Empower
Public Participation Goal	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public through the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision-making process including the development of alternatives and the identification of the preferred solution.	To place final decision-making in the hands of the public.
Promise To The Public	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.
Example Techniques	<ul style="list-style-type: none"> • Fact sheets • Web sites • Open houses 	<ul style="list-style-type: none"> • Public comment • Focus groups • Surveys • Public meetings 	<ul style="list-style-type: none"> • Workshops • Deliberative polling 	<ul style="list-style-type: none"> • Citizen advisory committees • Consensus-building • Participatory decision-making 	<ul style="list-style-type: none"> • Citizen juries • Ballots • Delegated decision

Adapted from International Association for Public Participation, Canada



23

Your commitment as a Healthcare Partner

Expand on Healthcare partner PVN service user agreement

- familiarize yourself with your responsibilities and expectation of you as a healthcare partner
- share this with your project team



24

Getting organized to Apply for a Patient Partner

Planning canvas is a useful tool

Patient Engagement Planning Canvas

The tool will help you work through the main considerations you need when planning to engage with patient partners. Use this as a space to reflect, generate ideas, and refine your thinking.

<p>Why Engage?</p> <p>Engagement Aims What are the main reasons for wanting to engage patient partners? What do you hope to learn? What are the beneficial outcomes for your work?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>How Are You Engaging?</p> <p>Level of Engagement Circle the appropriate level of engagement based on your aims. Adapted from the International Association for Public Participation, Canada.</p> <p>IAP2 Spectrum of Public Participation</p>	<p>How do you intend to partner?</p> <p>What role will the patient partner have in your engagement opportunity? (e.g., advisor, member, participant, speaker, etc.)</p>	<p>Realization</p> <p>What decisions have already been made? What's open for discussion? How are you making the information and activities available? Will you be engaging with long-term patient partners? If yes, how will you integrate them into the work? Is there a plan for patient partners to be involved in decision-making by sharing their experience? If yes, what supports will you provide?</p>
<p>Background Information</p> <p>What is the relevant history and background information for your engagement opportunity?</p>	<p>Who? (Eligibility Criteria)</p> <p>What are the characteristics of the people you want to engage with? What skills/experiences/expertise/interests or would be an asset?</p>	<p>Resources Required</p> <p>What things (staff, money, external supports, etc.) do you need to make this happen? What resources do you have to support patient partners, and expenses will be covered, including compensation of time?</p>	<p>How Will You Evaluate?</p> <p>Evaluation Questions: What sources based on engagement aims? When will you track the information?</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

Adapted from The Transatlantic Council on Engagement Planning Canvas

25

Why Engage?

What are your engagement aims?

“To improve recreation and social activities of long-term care residents. We want to learn what matters most to residents and their families in regards to social activities”

Why Engage?

Engagement Aims

What are the main reasons for wanting to engage patient partners? What do you hope to learn? What are the beneficial outcomes for your work?

1. _____

2. _____

3. _____

26

Background

Background Information

What is the relevant history and background information for your engagement opportunity?

A recent survey sent out to long-term care contacts showed dissatisfaction with social/recreational activities in LTC. This shows a need for further understanding of the patient perspective

27

Level and Method of Engagement; Role of Patient Partner

How Are You Engaging?

Level of Engagement

Circle the appropriate level of engagement based on your aims. Adapted from the International Association for Public Participation, Canada.

IAP2 Spectrum of Public Participation

Role of the Patient Partner

What role will the patient partner have in your engagement opportunity? e.g., advisor, member, participant, speaker, etc.

Patient and family partners will have the opportunity to consult on defining the problem, developing change ideas, reviewing trials of changes

METHODS OF ENGAGEMENT

What methods will you use to engage patient partners?

Survey and focus groups; workshops to develop change ideas

28

Eligibility Criteria and Resources Required

<p>Who? (Eligibility Criteria)</p> <p>What are the characteristics of the people you want to engage with? What skills/experiences/expertise is required or would be an asset?</p> <p>Family member of long-term care resident that resides in a Northern Facility. Should be comfortable sharing in a group setting</p>	<p>Resources Required</p> <p>What things (staff, money, external supports, etc.) do you need to make this happen? What resources do you have to support patient partners & what expenses will be covered, including compensation of time?</p> <p>Coordinator to act as point of contact for the patient partner. Need for standard intake process. We have small grant to cover catering for 2 in-person focus groups</p>
--	--

29

How will you Evaluate?

How Will You Evaluate?	
Evaluation Questions Based on engagement aims	Data Source Where will you find the information?
1. Satisfaction with social activities	Annual LTC survey, additional surveys
2. _____	_____
3. _____	_____

30

Readiness Considerations

- Inclusivity and accessibility
- Cultural safety for Indigenous patients
- Will there be a risk of patient partners facing emotional stress – what supports will you provide?

31

Lack of readiness: What could go wrong?

Statements Describing Patient Engagement Gone Wrong	Explanation	Questions for the Research Team to Ask Themselves
Patient Partners as a Check Mark	Also known as tokenism, inviting someone's participation but not wanting them there or listening to their perspectives, and therefore not acknowledging their insights, contributions, or ideas.	1. How do we accept feedback from patient partners and integrate it into our work?
Unconscious Bias Towards Patient Partners	Lived experiences are often not viewed as true expertise and given less credence and respect. This may be unintentional and often related to ageism. Unconscious bias contributes to power imbalances on the team.	2. How can we ask more thoughtful questions of patient partners about their lived experiences?
Lack of Support to Fully Include Patient Partners	Failure to provide physical and other supports to patient partners so they may fully participate as team members.	3. How can we create safer and more inclusive spaces for real and meaningful discussions?
Lack of Recognizing the Vulnerability of Patient Partners	Failure to appreciate that patient partners often re-live emotional or even traumatic parts of their lives for the sake of a project. This means being vulnerable, sometimes in spaces with people with whom they are not very familiar.	4. How can we share our power and privilege with patient partners?

32

Roadmap & Team

Your Roadmap For Engagement & Closing The Loop
 What are the timelines and phases of your engagement work? Are there specific activities within each phase? After each activity, how might you follow up with patient partners to share information back with them and Close the Loop (e.g., by demonstrating the meaningful impact that resulted from their participation)?

Overall timeline is 6 months starting December 1, 2023. Surveys and focus groups will occur in the first 2 months and results will be shared back with patient/family partners by their preferred methods (email, mail, phone). In February and 2024 we will hold a workshop to develop change ideas. In March and April the project team will trial the ideas in several LTC facilities. Successes and Challenges will be reported back to patient/family partners by their preferred methods (email, mail, phone). Project celebration to be held May 2024, patient/family partners will be invited to attend. Project will be completed

Project Team
 Who is on your team? What role will they play? And who will be the main point person for the patient partner(s)?

Carole Smith – coordinator and point of contact for patient/family partner
 Dr. Phil Brown – physician project lead
 Angie Leifsen – LTC manager
 Lisa Dunn – recreation coordinator LTC
 Andrew Johnson – analyst/evaluator
 Deanna Danskin – QJ Coach

33

Patient Engagement Planning Canvas Activity

10 minutes to work on and ask questions

Patient Engagement Planning Canvas

This tool will help you work through the main considerations you need when planning to engage with patient partners. Use this as a space to reflect, generate ideas, and refine your thinking.

Why Engage? Engagement aims: What are the main reasons for wanting to engage patient partners? What do you hope to learn? What are the beneficial outcomes for your work? 1. 2. 3.	How Are You Engaging? Level of Engagement: Circle the appropriate level of engagement based on your aims. Specify the method(s) you intend to use for each level. IAP's Spectrum of Public Participation Inform Consult Involve Collaborate Empower Methods of Engagement: What methods will you use to engage patient partners?	Risks of the Patient Partner: What role will the patient partner have in your engagement opportunity (e.g., sponsor, member, participant, speaker, etc.)? Risks/Benefits: What decisions have already been made? What are the risks/benefits of this engagement opportunity? How are you ensuring the engagement with Indigenous patient partners? If you have not prioritized cultural safety & humility into the work? Is there a role that patient partners may have in the project, by sharing their experiences? If yes, what supports will you provide?
Background Information: What is the research history and background information for your engagement opportunity?	Who? (Eligibility Criteria): What are the key characteristics of the people you want to engage with? What skills/experiences/expertise is required or would be an asset?	Resources Required: What things (and/or money, external supports, etc.) do you need to make this happen? What resources do you have to support patient partners & what resources will be needed, including compensation of time?
How Will You Evaluate? Evaluation Questions: What will you use to evaluate the engagement? When will you have the information?		1. 2. 3.

34

Closing

Questions?

Reminder - Any Physicians, Nurse Practitioners, or Midwives – please see us at the end of the session for UBC-CME credits

35