

Sarnia-Lambton Ontario Health Team

Patient, Family & Care Partner Partnership and Engagement Strategy

PURPOSE

This document describes the framework of the Partnership and Engagement Strategy for patient, family and care partners (PFC) within the Sarnia-Lambton Ontario Health Team (SL-OHT). It provides the foundation to guide the development and attainment of our strategic goal to embed effective patient engagement across multiple levels of the healthcare system. This strategy will evolve and may be adjusted over a 5 year timeframe in response to changing circumstances and experience. It provides a model framework that may be applied to the development, improvement, and evolution of effective PFC engagement, with new policies and practices implemented within the partner organizations of the SL-OHT.

STRATEGIC GOAL

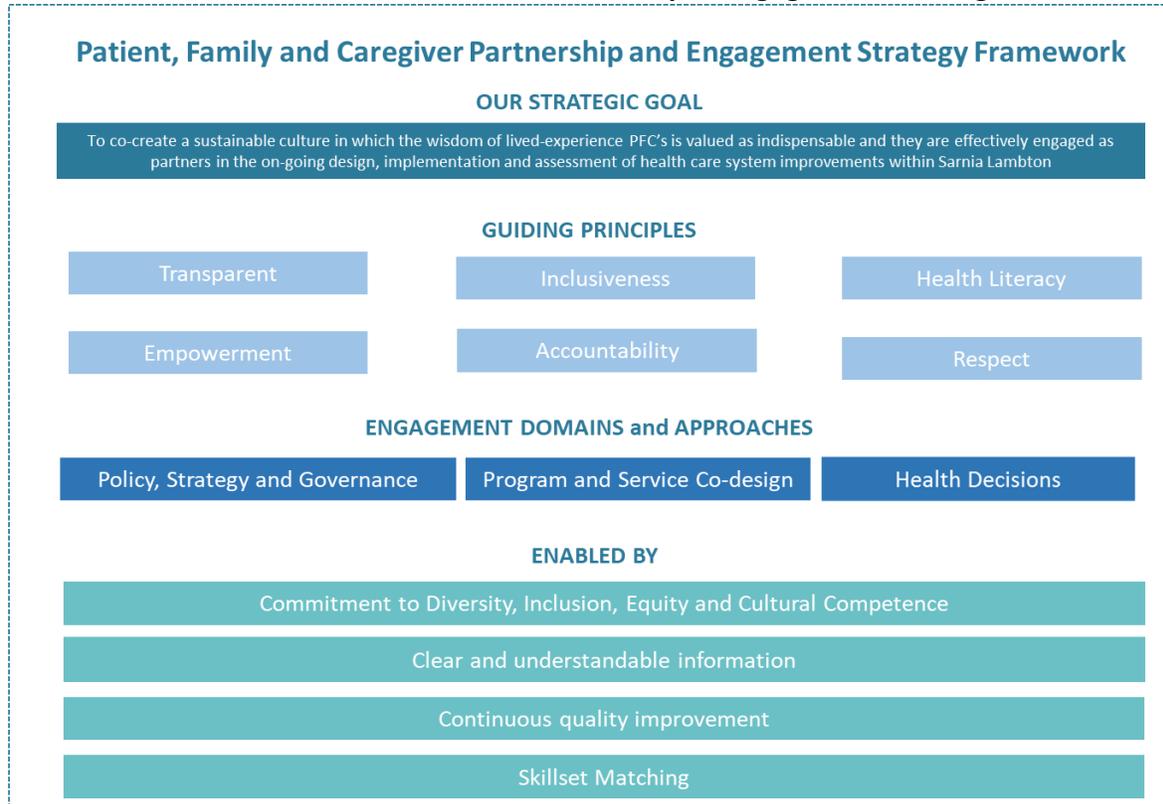
To co-create a sustainable culture in which the wisdom of lived-experience patients, their families and care partners (PFCs), is valued as indispensable and they are effectively engaged as co-partners in the on-going design, implementation, and assessment of healthcare system improvements.

ENGAGEMENT FRAMEWORK

The SL-OHT PFC engagement framework is aligned with the work from Health Quality Ontario (HQO). The HQO framework promotes and supports the drive to active and meaningful patient engagement. It is designed to ensure that patients, families, and caregivers are able to make and influence decisions that affect their lives, through their lived experiences. HQO believes that working together, there is no limit to the quality of care that can be achieved. Working as partners within the SL-OHT, this engagement framework can be the foundation of ensuring our PFC voices will be heard and valued throughout all decision-making processes.

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Sarnia-Lambton Ontario Health Team PFC Partnership & Engagement Strategic Framework*



*¹ Adapted from Health Quality Ontario Ontario's Patient Engagement Framework.

GUIDING PRINCIPLES

The SL-OHT Patient, Family and Care Partner Engagement Strategy is founded on the concept of person-centred care and based on the following guiding principles (*see italicized statements*) which were established and formed on the basis of our original application:

TRANSPARENCY: *"Transparency in all of our planning to build trust."* A commitment by all partners and organizations to openness and honesty about apprehensions, limitations and knowledge gaps when engaging with PFCs. Discuss obstacles for meaningful engagement and within the system candidly & transparently. Remove barriers to participation.

INCLUSIVENESS: *"A focus on equity will ensure individuals get the care they need, when and where they need it."* Ensure patient partners have time to respond to requests from the team, include patient partners from the beginning; offer flexibility and different ways for engaging.

HEALTH LITERACY: *"The SL-OHT will build a community of continuous learning and constant improvement."* Commitment to providing appropriate health information/education and training to all SL-OHT partners and PFCs to make informed decisions and recommendations. Implementing a system of

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continuous improvement and sharing of system information and performance in simple language that is understood by all.

EMPOWERMENT: *“Co-design will ensure all future planning supports a holistic-approach to the healthcare system.”* Commitment and openness to meaningful engagement, authenticity, timeliness, and seen as mutually beneficial.

ACCOUNTABILITY: *“Integrity and truth in planning will ensure people’s best interests are central to planning what’s best for patient and care partners.”* Ensure shared accountability between PFCs and all SL-OHT partners to enable meaningful and effective engagement in support of authentic person-centred care.

RESPECT: *“Inclusion of the voice of patients, families and care will be supported.”* Commitment by all SL-OHT partners to consistently demonstrate appreciation for the time, input and lived-experience of PFCs through active listening and embracing the diversity. Provide acknowledgment or reimbursement when appropriate

ENGAGEMENT DOMAINS and APPROACHES

The signatory partner organizations of the SL-OHT are committed to supporting the meaningful and effective engagement of patients, families, and care partners across the following domains:

1. POLICY, STRATEGY & GOVERNANCE

- Embedding more than one lived-experience PFCs in each of governance levels, working groups and project teams of the SL-OHT (goal is minimum two). Establishing PFCs as co-chairs for working groups and project teams (e.g. Patient, Family & Care Partner Engagement Working Group).
- Establishment of a Patient, Family & Care Partners Advisory Council (PFAC) and with representation on the SL-OHT Collaboration Council with focus on system-level changes & improvements, more accountable health priorities and over-arching plans and policies for the SL-OHT.
- Establishing a knowledgeable, dedicated resource to co-lead and provide on-going support for engagement efforts and PFC activities within SL-OHT.
- Expanding the network and build a community of practice for of patient, family & care partner resources to better reflect the experience (“voices”), characteristics and diversity of the population within our region. Relevant information related to lived-experience, additional knowledge & skills and personal interests will be collected.

2. PROGRAM & SERVICE CO-DESIGN

- PFCs engaged as equal partners in collaborative, experience-informed co-design of system and process improvements. This partnership is founded on our commitment to mutual cooperation and shared responsibility/accountability for results.
- Engaged PFC resources will be matched based on their experience, skills and interests to align with the focus of the improvement and process redesign opportunities/teams. Commitment to engaging early and regularly throughout, as well as ensuring that effective feedback

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processes exist to communicate what changes have occurred based on the experience/input shared.

3. PERSONAL CIRCLE OF CARE & HEALTH DECISION-MAKING

- Our engagement philosophy is grounded on the foundation of moving from the current transactional to a relational focus on holistic care; care that the person needs/wants and is culturally appropriate, and is competently delivered/available when and where the person needs it.
- People requiring care, their families and care partners are engaged as partners in the planning and decision-making related to their circle of care ... person-centred care.

Ontario Patient Declaration of Values

The Ontario Patient Declaration of Values (<https://www.ontario.ca/page/patient-declaration-values-ontario>) was originally developed by the Minister of Health's provincial Patient, Family and Caregiver Council in October, 2019. It is aligned with the principles defined in this strategic engagement framework and was endorsed by the signatory partner organizations of the SL-OHT.

We understand that the Declaration is currently under review by the reconstituted provincial Patient, Family and Caregiver Council to ensure it reflects patient expectations with respect to diversity and equity. We are committed to aligning future revisions to this Declaration with our engagement framework and assuring that it reflects the expectations of the patients, families, and care partners and unique characteristics of our region.

OUR STRATEGIC ENABLERS

The following summarizes the key enablers of our strategy which will focus and facilitate the development of meaningful patient, family and care partner partnerships/engagement and collaborative co-design within the SL-OHT.

A. COMMITMENT TO DIVERSITY, INCLUSION, EQUITY AND CULTURAL COMPETENCY

SL-OHT PFCs will be selected to ensure diversity and equity of their voice with a focus on ensuring that at-risk, marginalized and culturally diverse voices and perspectives which are often less represented are heard. This will not only include populations that have been mandated (e.g. Indigenous, LGBTQ2IA) but other racialized or marginalized groups who may be disadvantaged by our current local healthcare system and/or processes. We are committed to continuous learning and understanding together with our healthcare partner organizations in cultural sensitivity training and outreach to these diverse groups in concert with the SL-OHT Communications and Community Engagement Working Group.

B. MINIMIZING BARRIERS/FACILITATING PARTICIPATION

We recognize that it is vitally important to identify and implement effective means of facilitating the participation of individuals who wish to be engaged as SL-OHT PFCs. This will include consideration of existing systemic barriers (e.g. frequency/length of meetings, time of day, processes for collecting input and providing feedback) as well as other limitations to participation (e.g. inability to participate due to

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lack of backup support as an essential care partner). Implementation of technology solutions (e.g. video & teleconferencing) and supporting access to these tools where required, provision of administrative supports, training and education together with consideration of monetary & non-monetary supports will be utilized as enablers.

C. ON-GOING ORIENTATION, EDUCATION & COMMUNICATIONS

To ensure PFCs are enabled to effectively and meaningfully contribute to their role as partners in the initiatives of the SL-OHT, a suite of key resources will be developed to support orientation and on-boarding, clarity of roles & responsibilities and on-going training/education (e.g. story-telling). Related training and education will also be developed and delivered to SL-OHT partners and their members within SL-OHT working groups/project teams to support the maintenance of respectful, inclusive engagement of PFCs. A shareable database of supporting resource & educational materials (leveraging existing resources, e.g. RISE materials, OHT Communities of Practice, HQO, CFHI to name just a few) will be developed to support PFCs and all OHT partner organizations

D. SKILL SET MATCHING

During the recruitment and expansion of the “pool” of PFC resources, in addition to consideration of inclusion and reflecting the cultural, socio-demographic, regional diversity that exists within the SL-OHT region, information will be collected from individuals’ specific lived-experiences, knowledge, related advisory experience, skills and how they choose to be involved. Together with the individual PFC specific interests and availability, this information will be utilized to identify the opportunities for the best fit/most appropriate role within the various levels of engagement and committees, working groups, and project teams of the SL-OHT.

E. CONTINUOUS QUALITY IMPROVEMENT

In support of the SL-OHT guiding principle, *creating a culture of continuous learning and continual quality improvement*, our strategy is to ensure PFCs are trained and participate (both via the SL-OHT PFAC as well as individual project teams and working groups) in the on-going review and evaluation of SL-OHT system re-design and process improvement initiatives to confirm these activities achieve the SL-OHT quadruple aim. In addition, appropriate evaluation measures/metrics (egg. PFC experience and satisfaction) and data collection processes will be defined to assess the impact and progress of this engagement strategy

DEFINITIONS:

- **Patient** is a term which encompasses persons requiring care, patients, clients, residents, families, caregivers and/or care partners as a broad spectrum of people who interact and intersect with the health care system.
- **Care Partner** is a term to denote an individual who provides critical, on-going personal, social, psychological and/or physical support and care, without pay, as deemed important to a person requiring care. The term connotes a two-way relationship with a mutual sense of purpose.
- **Person-Centred Care** is an approach that influences the way in which health care is delivered at the system, organizational and point of care levels. This approach acknowledges the expertise

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and experience that both those receiving care and care providers bring to the relationship, to ensure care reflects people’s individual needs and goals. Services and supports are “designed and delivered in a way that is integrated, collaborative, and mutually respectful of all.

- **Patient Experience** is a patient’s assessment of the care, starting from the time they connect with the health care system. That assessment is influenced by the processes and the physical setting of the care and by the relationships developed with their care providers. It is also shaped by their expectations of the healthcare system.
- **Personal health literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- **Experienced-based co-design (EBCD)** is an approach that enables staff and patients (or other service users) to co-design services and/or care pathways, together in partnership.
- **Quadruple Aim** – Internationally recognized framework adopted by the Ontario Ministry of Health focussed on: improving the patient & caregiver experience, improving population health, improving provider well being, and reducing the per capita cost of health care.
- **R.I.S.E.** -- Coordinated by the McMaster Health Forum supported by a grant from the Ontario Ministry of Health to provide resources for rapid learning and improvement to support OHTs.

ACRONYMS:

- **PFC** – used to identify **P**atients, **F**amilies and **C**aregivers collectively or separately.
- **PFAC** – **P**atient, **F**amily & **C**are Partner **A**dvisory **C**ouncil
- **SL-OHT** – **S**arnia-**L**ambton **O**ntario **H**ealth **T**eam
- **HQO** – **H**ealth **Q**uality **O**ntario
- **CFHI** – **C**anadian **F**oundation for **H**ealthcare **I**mprovement
- **RISE** – **R**apid **I**mprovement and **S**upport **E**xchange

REFERENCES:

1. Health Quality Ontario; Ontario’s Patient Engagement Framework. Creating a strong culture of patient engagement to support high quality health care.
<https://www.hqontario.ca/Portals/0/documents/pe/ontario-patient-engagement-framework-en.pdf>
2. Government of Ontario; Ontario Health Teams - Patient, Family and Caregiver Partnership and Engagement Strategy: Guidance Document March 2021
https://health.gov.on.ca/en/pro/programs/connectedcare/oht/docs/OHT_PFC_partner_engagement_strat_guidance.pdf
3. Ontario Patient Declaration of Values, Updated August 20, 2021.
<https://www.ontario.ca/page/patient-declaration-values-ontario>