# From Bedside to Boardroom: Exploring Patient Engagement Opportunities in Rehabilitation

**Presenters:**

**Paul Kocher, Siobhan Donaghy & Jennifer Shaffer**

Sunnybrook
ST. JOHN'S REHAB

CAOT Professional Development
Practice Evidence Webinar
December 10, 2019

Canadian Association of Occupational Therapists | CAOT - ACE | Association canadienne des ergothérapeutes

## WHO WE ARE

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Professional Practice Leader – OT

Lecturer, Department of OS&OT,
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Professional Practice Leader – PT

Lecturer, Department of PT,
University of Toronto

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## WHO WE ARE

- Rehab program of Sunnybrook Health Sciences Centre
- Fully affiliated teaching hospital with the University of Toronto
- 178 beds
- Inpatient and outpatient interprofessional specialty rehabilitation teams

## LEARNING OBJECTIVES

To identify the principles of client engagement and explore how they apply to both:

- Direct client care
- Broader organizational contexts

To share strategies and resources for applying these principles in a rehabilitation context

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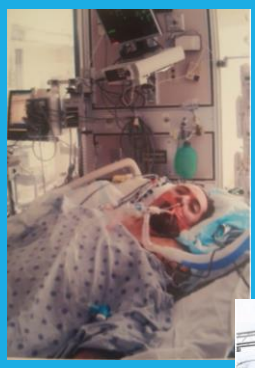
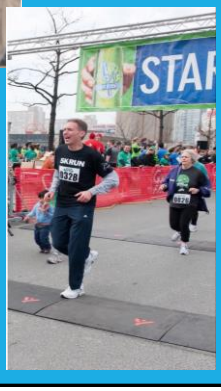
## PAUL'S JOURNEY

*Though we tremble before uncertain futures, may we meet illness, death and adversity with strength, may we dance in the face of our fears*

Gloria E. Anzaldua






## WHAT DOES

## PATIENT ENGAGEMENT

## MEAN?

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## WHAT IS PATIENT ENGAGEMENT?

The relationship between patients and care providers to:

- Promote and support **active** patient and public involvement in health and health care
- To strengthen their **influence** on healthcare decisions, at both the individual and collective levels

(Carmen et al., 2013)

## MODEL OF PUBLIC ENGAGEMENT

James Conway

Institute for Healthcare Improvement

(Carmen et al., 2013)

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# WHAT IS THE IMPACT?

**Patients:**
- Enhanced health outcomes

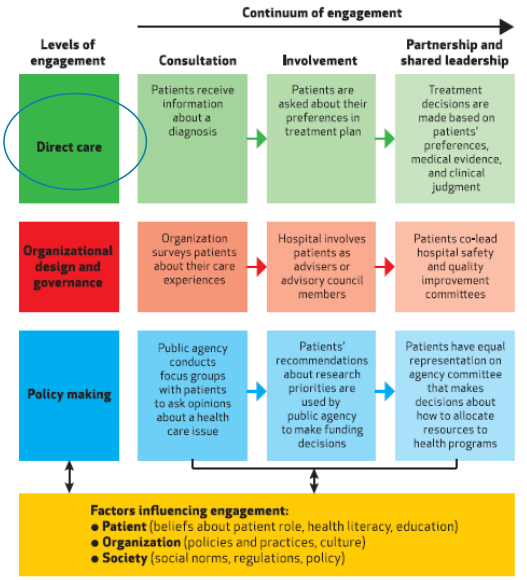
**Hospital management:**
- Reduced lengths of stay
- Decreased adverse events
- Reduced operating costs

**Clinicians:**
- Increased satisfaction and retention
- Reduced malpractice risk

(Institute of Medicine, 2011)

**EXHIBIT 1**

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




SOURCE Authors' analysis. NOTE Movement to the right on the continuum of engagement denotes increasing patient participation and collaboration.

# FRAMEWORK FOR PATIENT & FAMILY ENGAGEMENT

(Carman et al., 2013)

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## 6 PRINCIPLES OF PATIENT ENGAGEMENT

HEALTH QUALITY ONTARIO

**1. 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.

**2. 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.

(Health Quality Ontario, 2017)

## 6 PRINCIPLES OF PATIENT ENGAGEMENT

HEALTH QUALITY ONTARIO

**3. 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.

**4. 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.

(Health Quality Ontario, 2017)

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## 6 PRINCIPLES OF PATIENT ENGAGEMENT

HEALTH QUALITY ONTARIO

**5. 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.

**6. 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.

(Health Quality Ontario, 2017)

## WHERE DO WE SEE PATIENT ENGAGEMENT AT A SYSTEM LEVEL?

- Advisory & Advocacy Networks
- Accreditation
- Education
- Research
- Quality and Patient Safety
- Recognition

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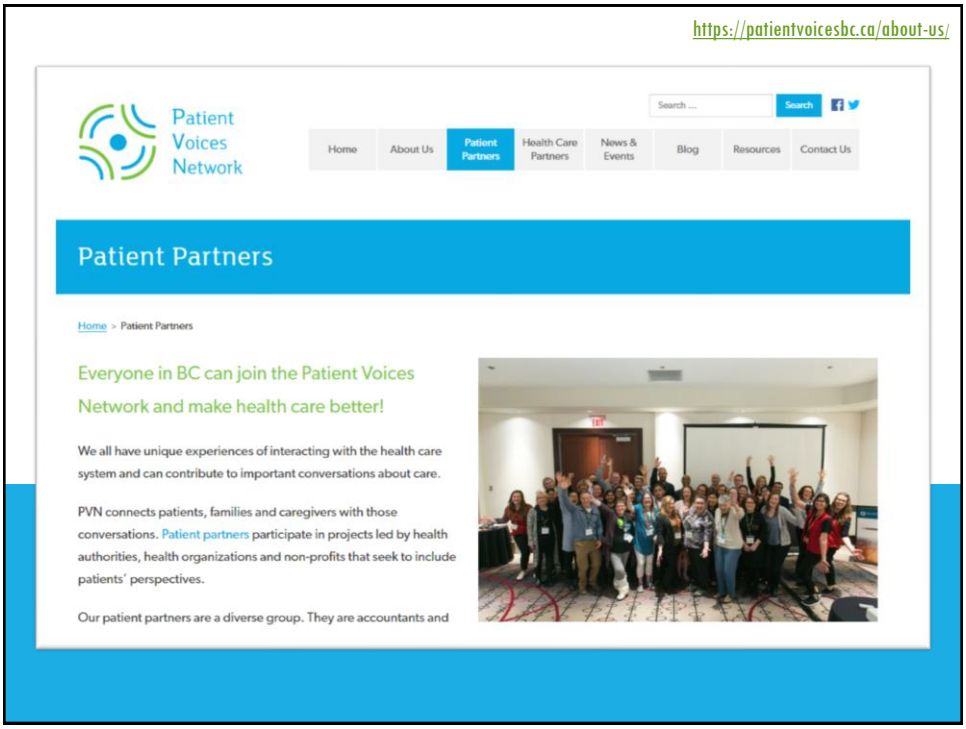
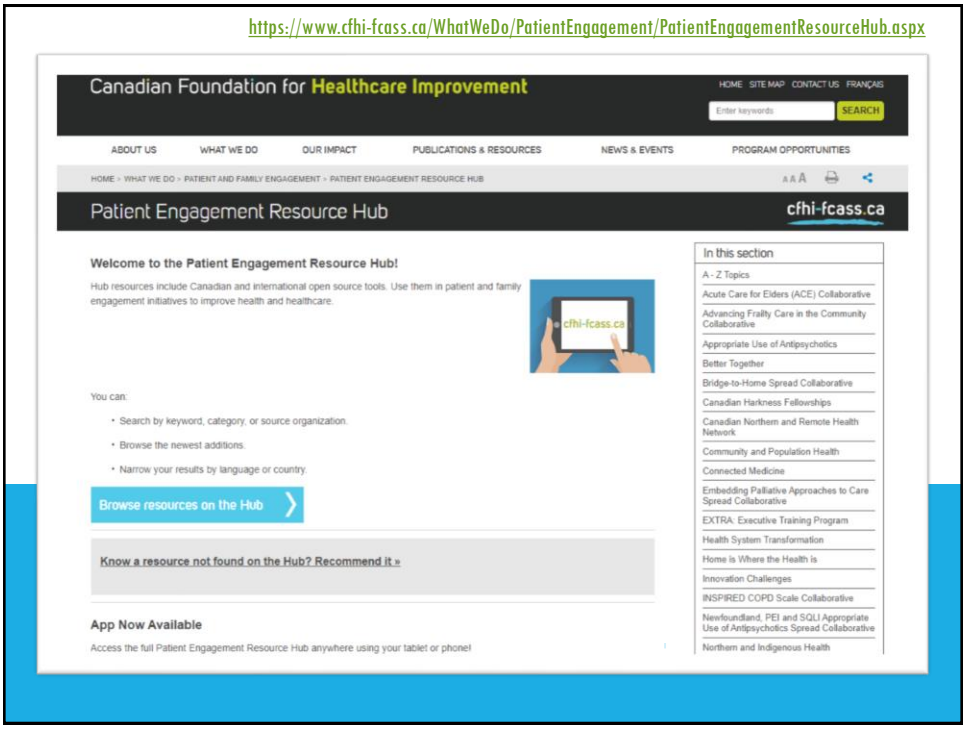
https://patientvoicesbc.ca/about-us/




https://www.cfhi-fcass.ca/WhatWeDo/PatientEngagement/PatientEngagementResourceHub.aspx

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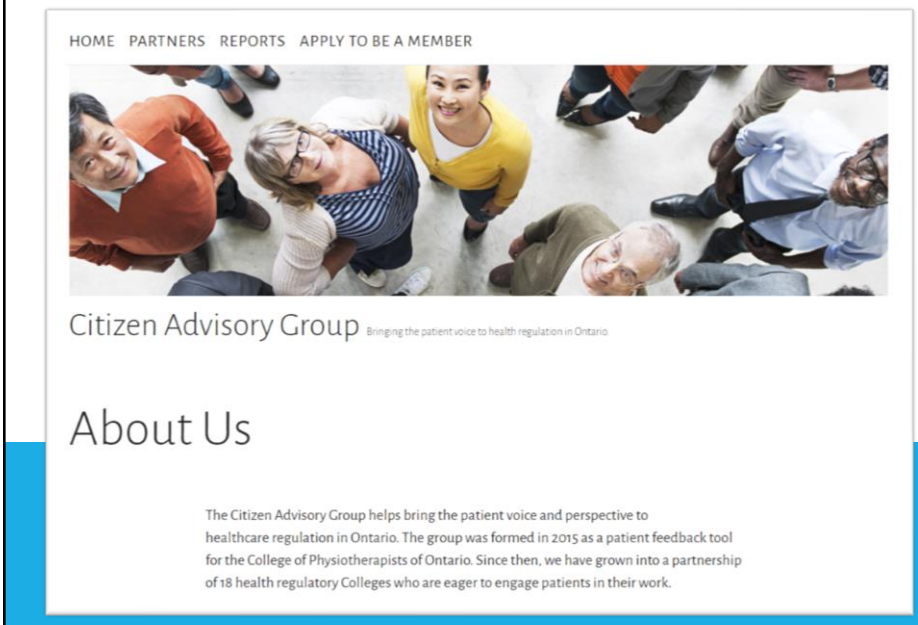
https://citizenadvisorygroup.org/




# PATIENT AND FAMILY ADVISORY COUNCILS

*"I fear that the existence of patient and family advisory councils may . . . unconsciously allow health system staff members to think that being patient-centered is like an item you can check off a to-do list instead of an ongoing pursuit"*

**Christina Gunther-Murphy,**

Executive Director - Institute for Healthcare Improvement

(Tepper, 2017)

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## 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

## With **input from** clients and families:

- Input is sought **collectively** through advisory committees or groups, formal surveys or focus groups, or informal day-to-day feedback
- Input can be obtained in several ways and at various times, and is utilized across the organization

## ACCREDITATION CANADA STANDARDS

(Accreditation Canada, 2019)

## RELEVANCE FOR OCCUPATIONAL THERAPISTS

- Engagement is key to fostering client-centred care
- Creating partnerships in decision making with our clients is foundational
- Yet gaps exist in what occupational therapists and their clients perceive as client participation in care

(Kjellberg et al., 2012; Polatajko, Townsend, & Craik, 2007; Maitra & Erway, 2006)

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# PATIENT PARTNERS IN EDUCATION

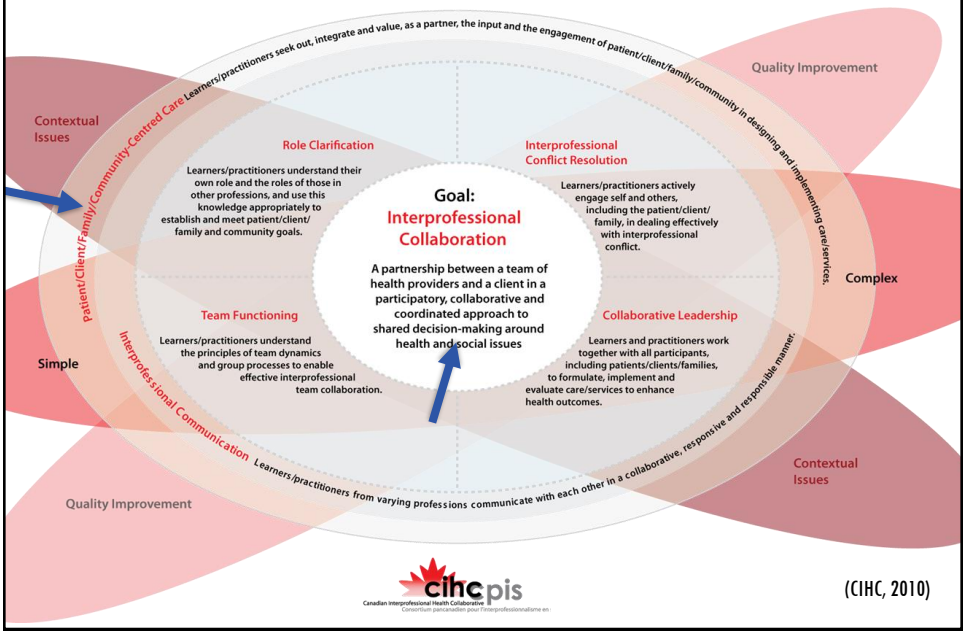
ARTHRITIS SOCIETY

## Patient Partners in Arthritis

- People with arthritis provide health care students and clinicians with valuable, hands-on experience to increase their skills when working with people with arthritis
- Arthritis is a chronic condition and people living with it are often the most knowledgeable about many aspects of the disease

https://arthritis.ca/healthcare-professionals/patient-partners-in-arthritis

## National Interprofessional Competency Framework

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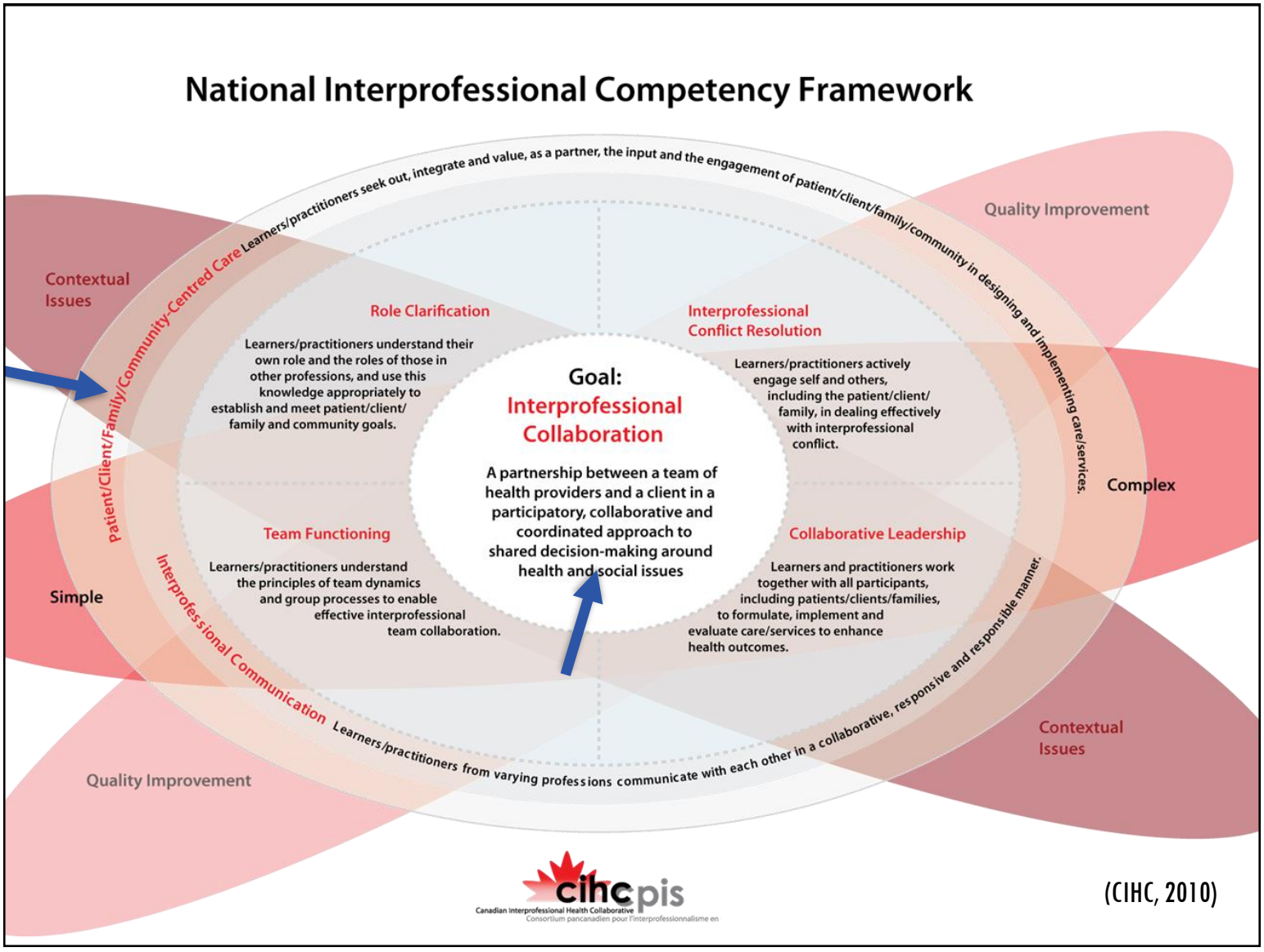


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# PATIENT-ORIENTED RESEARCH

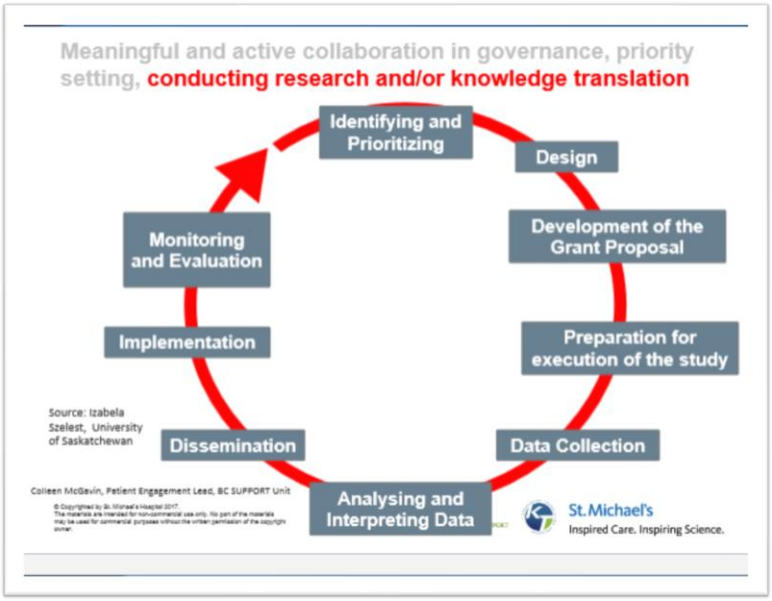
Patient-oriented research occurs when patients meaningfully and actively collaborate in:

- The governance, priority setting, and conduct of research
- The summarizing, distributing, sharing, and applying its resulting knowledge

**Why?**

- Moral argument
- More accountable and transparent
- New insights lead to discovery & innovation
- Ensures research is relevant to patients
- Leads to better results

(Canadian Institutes of Health Research, 2019)




(Moore et al., 2017)

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## RELEVANCE FOR OCCUPATIONAL THERAPY RESEARCH

- Few occupational therapy researchers seek clients' perceptions of the client-centred nature of their occupational therapy services
- Occupational therapy research is not consistently undertaken in a collaborative manner in partnership with clients
- Evaluations of occupational therapy service delivery do not consistently seek clients' viewpoints

(Hammell, 2013)

## PATIENT PARTNERS IN QUALITY IMPROVEMENT TEAMS

**Patients:**

- Recognized for their experiential knowledge
- Treated as full members of the team
- Bring a structured and thoughtful vision of their experience

(Pomey et al., 2015)

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# RECOGNITION

**2015 Partner in Health Award**

The College and Association of Registered Nurses of Alberta

www.amywilliams.com

# WHERE DO WE SEE IT IN OUR ORGANIZATION?

- Policy, Process & Strategy
- Clinical Care
- Education
- Quality Improvement
- Research

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# ORGANIZATIONAL POLICY & PROCESS

POLICY CREATION

COMMITTEE MEMBERSHIP

RECRUITMENT

PERFORMANCE REVIEW PROCESSES

STRATEGIC PLANNING

## Patient and Community Engagement Policy

| Sunnybrook Health Sciences Centre | | Policy No: | ADM-119 |
|---|---|---|---|
| Title | Patient and Community Engagement Policy | Original: *(mm/dd/yyyy)* | 07/21/2011 |
| Category | Administration | Reviewed: *(mm/dd/yyyy)* | |
| Sub-Category | Corporate Policies | Revised: *(mm/dd/yyyy)* | 10/25/2016; 03/15/2017 |
| Issued By: | VP Communications & Stakeholder Relations | | |
| Approved By: | Senior Leadership Team | | |

The Sunnybrook Intranet document is considered the most current.
Please ensure that you have reviewed all linked documents and other referenced materials within this page.

### POLICY STATEMENT

It is the policy of Sunnybrook Health Sciences Centre to engage patients, families and communities in organizational activity, including patient care, education, research and corporate decision-making. This engagement ensures that Sunnybrook makes decisions with the confidence that patients, families and communities have been included in decisions that affect them.

### RATIONALE

Engagement strengthens communication, collaboration, transparency, and trust between the Hospital and our patients, families and communities.

Involving patients, families and communities in planning and decision-making processes will facilitate the development and delivery of health services, policies and programs that are better informed, more responsive to patient and community needs and more likely to achieve better outcomes.

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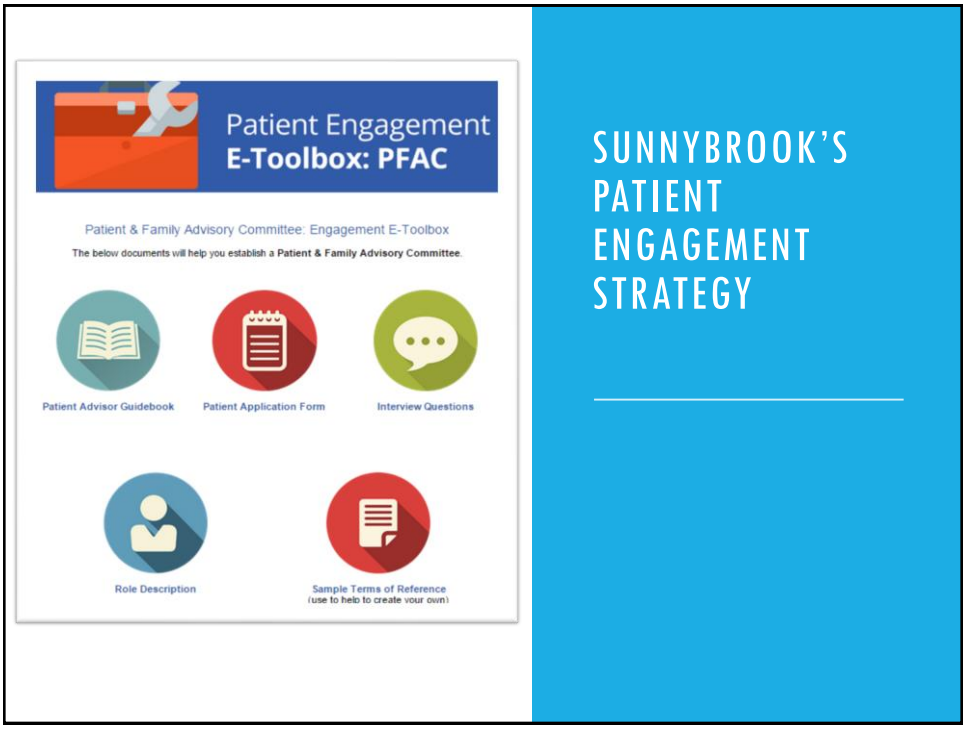


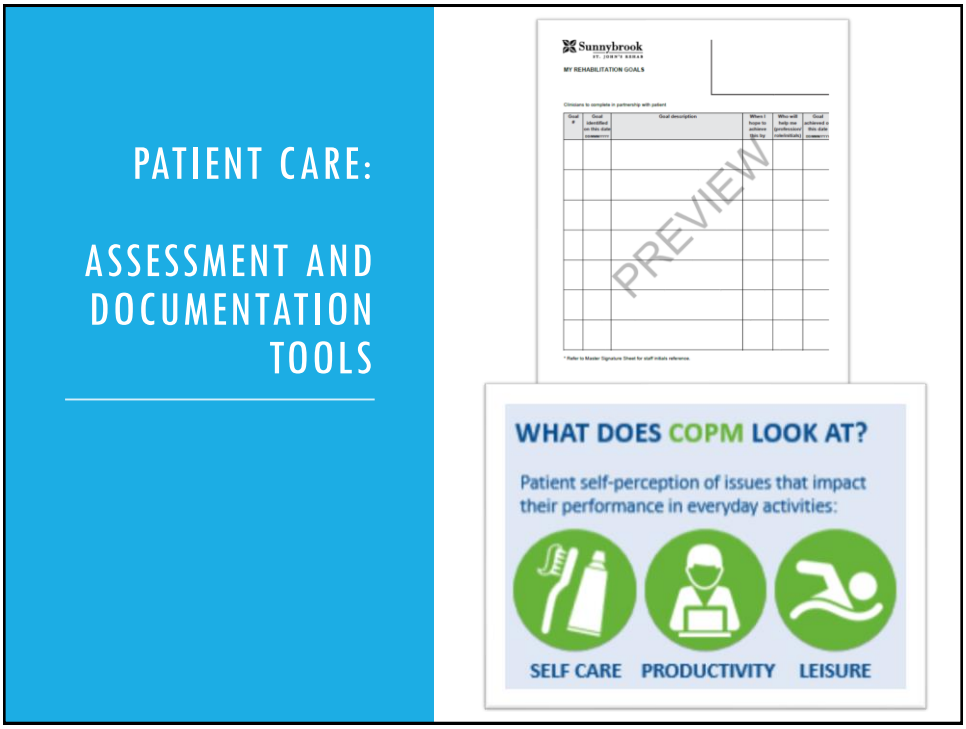


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## PATIENT CARE:

## HEALTH LITERACY

- Slow down
- Focus on main points
- Use plain language (grade 5 level, avoiding professional jargon and acronyms)
- Check for understanding

(Schwartz & Filipov, 2018)

## EDUCATION

### Strategic Priorities

- Strategic Priority 1: Patient as Educator
- Strategic Priority 2: Team-Based Learning
- Strategic Priority 3: Learner Experience and Culture
- Strategic Priority 4: Education Scholarship

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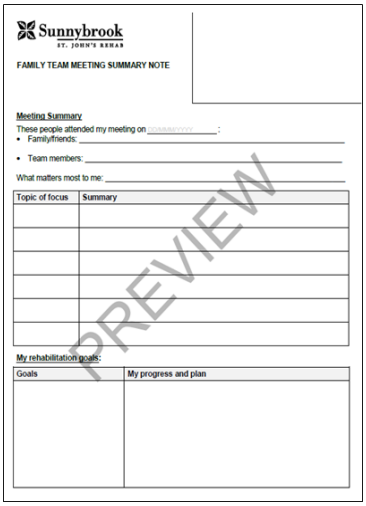
# SUNNYBROOK'S QUALITY FRAMEWORK

## QUALITY IMPROVEMENT AND RESEARCH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FAMILY TEAM MEETING SUMMARY NOTE

Meeting Summary

These people attended my meeting on DD/MM/YYYY:

- Family/friends:
- Team members:

What matters most to me:

| Topic of focus | Summary |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

My rehabilitation goals:

| Goals | My progress and plan |
|---|---|
| | |

PREVIEW

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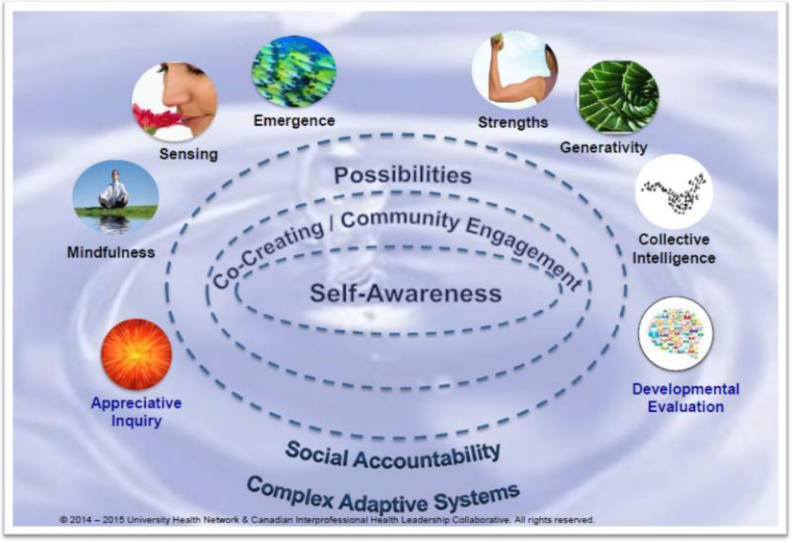
## TIPS FOR SUCCESSFUL CLIENT ENGAGEMENT

- MUTUAL RESPECT & TRUST
- ROLE CLARITY
- APPRECIATION & SUPPORT
- AVOIDING 'TOKENISM'
- CREATIVITY AND FLEXIBILITY
- AWARENESS OF POWER AND HIERARCHY
- COLLABORATIVE LEADERSHIP
- CREATIVE QUALITY IMPROVEMENT APPROACHES

## COLLABORATIVE CHANGE LEADERSHIP




http://www.ipe.utoronto.ca/initiatives/interprofessional-education

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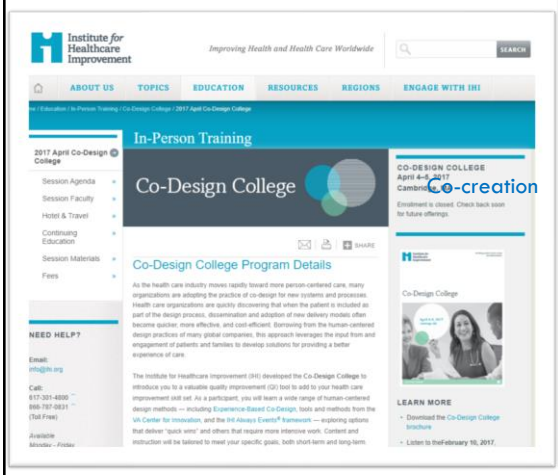
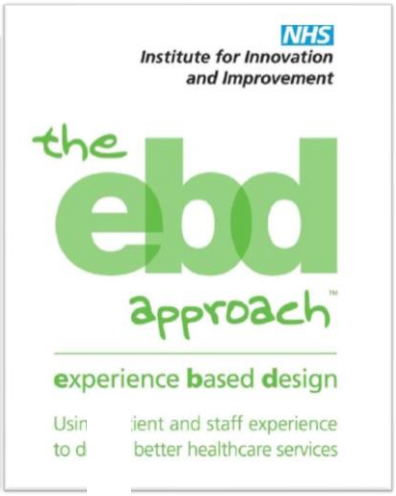
# CO-CREATION




http://www.ihi.org/education/InPersonTraining/Co-Design-College/2017-April-Co-Design-College/Pages/default.aspx




https://improvement.nhs.uk/documents/1486/ebd_guide___toolkit.pdf

# TORONTO STROKE NETWORKS

## PATIENT AND FAMILY EXPERIENCE QUESTIONNAIRE

| | Interaction with staff during care | | How things were communicated to you | | Knowing what was going to happen next/ feeling prepared | |
|---|---|---|---|---|---|---|
| How did you feel? | *I felt ....* | *I felt ....* | *I felt ....* | *I felt ....* | *I felt ....* | *I felt ....* |
| | ☐ Empowered | ☐ Afraid | ☐ Empowered | ☐ Afraid | ☐ Empowered | ☐ Afraid |
| | ☐ Grateful | ☐ Angry | ☐ Grateful | ☐ Angry | ☐ Grateful | ☐ Angry |
| | ☐ Hopeful | ☐ Disrespected | ☐ Hopeful | ☐ Disrespected | ☐ Hopeful | ☐ Disrespected |
| | ☐ Optimistic | ☐ Embarrassed | ☐ Optimistic | ☐ Embarrassed | ☐ Optimistic | ☐ Embarrassed |
| | ☐ Satisfied | ☐ Frustrated | ☐ Satisfied | ☐ Frustrated | ☐ Satisfied | ☐ Frustrated |
| | ☐ Supported | ☐ Hopeless | ☐ Supported | ☐ Hopeless | ☐ Supported | ☐ Hopeless |
| | ☐ Valued | ☐ Ignored | ☐ Valued | ☐ Ignored | ☐ Valued | ☐ Ignored |
| | ☐ Safe | ☐ Sad | ☐ Safe | ☐ Sad | ☐ Safe | ☐ Sad |
| | ☐ Sense of accomplishment | ☐ Worried | ☐ Sense of accomplishment | ☐ Worried | ☐ Sense of accomplishment | ☐ Worried |
| | What else did you feel? Add here: | | What else did you feel? Add here: | | What else did you feel? Add here: | |
| Why? What happened? | | | | | | |

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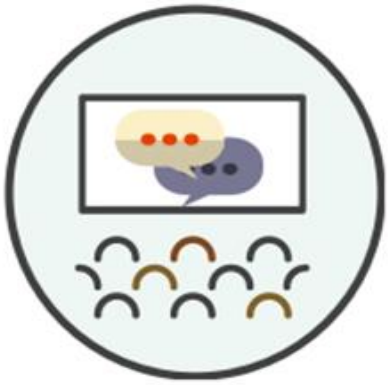
## WHAT ARE THE POSSIBILITIES FOR YOU AND YOUR TEAMS?



## REFERENCES

Accreditation Canada. (2019). Retrieved from https://accreditation.ca/standards

Carmen, K.L., Dardess, P., Maurer, M., Sofaer, S., Adams, C., & Sweeney, J. (2013). Patient and family engagement: A framework for understanding the elements and developing interventions and policies. Health Affairs, 32(2), 223-231. https://doi.org/10.1377/hlthaff.2012.1133

Canadian Institutes of Health Research. (2019, May 27). *Patient engagement.* Retrieved from http://www.cihr-irsc.gc.ca/e/45851.html

Canadian Interprofessional Health Collaborative. (2010, February). *A National Interprofessional Competency Framework*. Retrieved from https://drive.google.com/file/d/1Des_mznc7Rr8stsEhHxl8XMjgiYWzRIn/view

Gomes, T., Calvert, M., McGavin, C., McKinnon, A., Maybe, A., Tadrous, M., Tricco, A., Dinyarian, C., Jassemi, S., Straus, S.E. (2017). *Partners in Research Course, Knowledge Translation Program*. Toronto, ON: St. Michael's Hospital.

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## REFERENCES

Hammell, K.R. (2013). Client-centred practice in occupational therapy: critical reflections. *Scandinavian Journal of Occupational Therapy, 20(3),* 174-181. http://dx/doi.org/10.3109/11038128.2012.752032

Institute of Medicine. (2011). *Patients Charting the Course: Citizen Engagement and the Learning Health System: Workshop Summary*. Washington, DC: The National Academies Press. https://doi.org/10.17226/12848.

Kjellberg, A., Kåhlin, I., Haglund, L., & Taylor, R. (2012). The myth of participation in occupational therapy: reconceptualizing a client-centred approach. *Scandinavian Journal of Occupational Therapy, 19(5),* 421-427. http://dx.doi.org/10.3109/11038128.2011.627378

Maitra, K.K. & Erway, F. (2006). Perception of client-centred practice in occupational therapists and their clients. *American Journal of Occupational Therapy, 60*, 298-310. https://doi.org/10.5014/ajot.60.3.298

## REFERENCES

Moore, J. E., Bayliss, L., Wilhelm, L., Courvoisier, M., Gomes, T., Calvert, M., McGavin, C., McKinnon, A., Maybe, A., Tadrous, M., Tricco, A., Dinyarian, C., Jassemi, S., Straus, S.E. (2017). *Partners in Research Course, Knowledge Translation Program*. Toronto, ON: St. Michael's Hospital.

Polatajko, H.J., Townsend, E.A. & Craik, J. (2007). Canadian Model of Occupational Performance and Engagement (CMOP-E). In E.A. Townsend & H. J. Polatajko (Eds.), *Enabling Occupation II: Advancing an Occupational Therapy Vision of Health, Well-being, & Justice through Occupation* (pp. 22-36) Ottawa, ON: CAOT Publications ACE.

Pomey, M., Hihat, H., Khalifa, M., Lebel, P., Néron, A., & Dumez, V. (2015). Patient partnership in quality improvement of healthcare services: Patients' inputs and challenges faced, *Patient Experience Journal (2)1,* Article 6.

Tepper, J. (2017, Feb 10). *Health Quality Ontario's Patient, Family and Public Advisors Council: A year of engagement*. Retrieved from https://www.hqontario.ca/Blog/patient-engagement/health-quality-ontarios-patient-family-public-advisors-council-a-year-of-engagement

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# RESOURCES

**Arthritis Society**
https://arthritis.ca/healthcare-professionals/patient-partners-in-arthritis

**Creating "Engagement-Capable Environments" in Healthcare**
https://www.longwoods.com/content/24908/books/creating-engagement-capable-environments-in-healthcare

**Engaging Patients in Patient Safety**
http://www.patientsafetyinstitute.ca/en/toolsResources/Patient-Engagement-in-Patient-Safety-Guide/Documents/Engaging%20Patients%20in%20Patient%20Safety.pdf

**Experience-Based Design**
https://improvement.nhs.uk/documents/1486/ebd_guide___toolkit.pdf

**Health Quality Ontario**
http://www.hqontario.ca/Patient-Engagement/Health-Quality-Ontario-and-Patient-Engagement

# RESOURCES

**The King's Fund**
https://www.kingsfund.org.uk/projects/ebcd

**Minister's Patient and Family Advisory Council**
http://www.health.gov.on.ca/en/public/programs/pfac/default.aspx/

**Ontario Hospital Association**
https://www.oha.com/Documents/Patient%20and%20Family%20Engagement%20Requirements%20for%20Accreditation%20with%20Appendix.pdf

**Partners in Research**
https://knowledgetranslation.net/education-training/partners-in-research/

**Patients Canada**
www.patientscanada.ca

**University of Toronto - Centre for IPE**
http://www.ipe.utoronto.ca/

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# Questions?

THANK YOU



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Registrants will receive a certificate of attendance by email with the feedback form, which may be completed with their name in order to attest their participation in this webinar and to keep for their records.

**Only those that have registered for this webinar should complete the certificate of attendance.*



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