Enhancing a culture of Client- and Family-Centred Care with the Support of Accreditation Canada’s Qmentum Program

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Overview

• The Context:
  • Client- and Family-Centred Care (CFCC) Movement
  • Accreditation Canada’s Journey

• Best Practice Standards and Expectations – exercises and discussion

• Resources
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-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?
Context

• Idea of Client- and Family-Centred Care (CFCC) 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 Movement
Canadian Context

• Unleashing Innovation: Excellent Healthcare for Canada
  Theme 1: Patient Engagement and Empowerment

• National Associations (CFHI, HealthCareCAN, RNAO, CPSI, CHCA, Patients for Patient Safety Canada)

• Many Provincially led Strategies

• Accreditation Canada rewrote all standards from CFCC perspective
Value of CFCC and partnering with clients and families

- Increases client and staff satisfaction
- Improve morale
- Improvement in meeting client needs
- Reduces frustration
- Improves client experience
- Improves outcomes
- Increases transparency
- Improves quality of care

- Advancing Patient- and Family-Centered Care — a compendium of bibliographies
  
Accreditation Canada’s Journey
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
Changes

• 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 direct care teams
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 Objective

Provide support to foster a culture of client- and family-centred care at all levels of the organization
Accreditation Canada
CFCC language and requirements
CFCC Language Changes
In partnership with the client and family

With input from clients and families
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.

Comprehensive and individualized care plan is developed and documented in partnership with the client and family.
Which approach best meets the intent of the criterion?

A comprehensive and individualized care plan is developed and documented in partnership with the client and family

#1. Provider approach: “I can build a health care plan that will meet your needs”

#2. Provider approach: “Together we will build a plan that will meet your health care needs”

#3. Provider approach: “I’ve written a plan with input from a patient advisor that will meet your health care needs”
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.

Community-Based Mental Health Services and Supports 9.2
Critical Care 8.2
LTC 8.2

The assessment process is designed with input from clients and families.
Which approach best meets the intent of the criterion?

The assessment process is designed with input from clients and families

#1
The Quality Team will review the existing assessment process and use its members’ collective wisdom to streamline the process so as to make better use of staff time in the assessment process.

#2
The Quality Team will review the existing assessment process, will also review the complaints gathered in the satisfaction survey results, and use its members’ collective wisdom to design a process that they feel will provide better service.

#3
The Quality Team convenes a team made up of team leads from across the Centre and a patient/family representative. This team will review the existing assessment process, the satisfaction survey results and convene a patient/family focus group meeting to explore recommendations for improvement to the existing assessment process.
Best Practice Standards and Requirements
Governance and Leadership standards

... new requirements

- Client-centered care an explicit guiding principle
- Create organizational structure and culture to support implementation, spread and success of a client-centered care model
- Client and family representatives on advisory and planning groups
- Support for meaningful partnerships with clients and families and a commitment to co-designing services
Exercise: Implementing CFCC Leadership

Reflect on your organization and think about the following questions

• What does the implementation (evidence) of these criteria look like? Stretch goal?
• Identify the support and resources you would need to meet the criteria
Group discussion: Leadership standards

1.3 Client – and family-centred care is identified as a **guiding principle** for the organization.

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

10.4 Education and training are provided throughout the organization to promote and enhance a culture of client-and family-centred care.

- What does the implementation (evidence) of these criteria look? Stretch goal?
- Identify the support and resources you would need to meet the criteria.
Leadership standards

1.3 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
Leadership standards

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

- Leaders key to culture shift
- How?
  - 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
10.4 Education and training are provided throughout the organization to promote and enhance a culture of client- and family-centred care

- Creates a common understanding of organization’s vision, objectives, approach to CFCC
- Changing culture takes time, resources, perseverance
- How?
  - CFCC education at all levels of the organization – board, leadership, direct care, clients, volunteers
  - Conferences
  - Internal education
  - Staff meetings
Leadership Resources

- IPFCC (Institute for Patient and Family Centered Care)
  http://www.ipfcc.org/tools/downloads.html

- AHA: A Leadership Resource for Patient and Family Engagement Strategies:

Self-Assessments:

- Saint Elizabeth Health Care

- IHI – Person and Family Centred Care
  http://www.ihi.org/resources/Pages/Tools/PatientFamilyCenteredCareOrganizationalSelfAssessmentTool.aspx
Service excellence standards

... new requirements

• Engaging client and families in planning and service design
• Partnering with clients and families throughout their care
• Working with clients for collaborative goal setting and creating care plans based on shared decision-making
• Involving clients and families in evaluating services
Exercise: Implementing CFCC Service Excellence

Reflect on your organization and think about the following questions

• What does the implementation (evidence) of these criteria look like? Stretch goal?
• Identify the support and resources you would need to meet the criteria
## Group discussion: Service excellence standards

Service-specific goals and objectives are developed, with input from clients and families.

Space is co-designed with input from clients and families to ensure safety and permit confidential and private interactions with clients and families.

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.

- What does the implementation (evidence) of these criteria look like? Stretch goal?
- Identify the support and resources you would need to meet the criteria
Service excellence standards

Service-specific goals and objectives are developed, with input from clients and families

- Create shared goals and objectives
- Co-developed goals and objectives ensure client/family/provider voices are heard
- How?
  - Surveys
  - Focus groups
  - Planning committees
  - 1:1 discussions during care
Space is co-designed with input from clients and families to ensure safety and permit confidential and private interactions with clients and families.

- Co-designed space ensures client/family/provider voices are heard
- Captures expressed needs of client/family/provider who use the space
- How?
  - Surveys
  - Focus groups
  - Planning committees
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
Resources


- Accreditation Canada: A Guide to Measurement for Improvement
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?
- Does your organization tell clients and families how their input impacts care and services?
- 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
Resources

- Cancer Care Ontario – Patient and Family Advisory Council Toolkit
  https://www.cancercare.on.ca/toolbox/pfac/


- IPFCC (Institute for Patient and Family Centered Care)
  http://www.ipfcc.org/advance/supporting.html

- IHI – Person and Family Centred Care:
  http://www.ihi.org/Topics/PFCC/Pages/default.aspx and
  http://www.ihi.org/resources/Pages/Tools/PatientFamilyCenteredCareOrganizationalSelfAssessmentTool.aspx


- HQO (Health Quality Ontario) – Patient engagement tools and resources:
  http://www.hqontario.ca/patient-engagement/tools-and-resources
Resources

- The Change Foundation - Rules of Engagement: Lessons From Panorama:
  http://www.changefoundation.ca/2015/insights-on-patient-engagement/ and

- 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

  (assessment on where in the continuum of CFCC your organization is:
Resources


• HealthCareCAN - Patient-Centred Experience & Design Program (PaCED) http://www.healthcarecan.ca/learning/courses/patient-centred-experience-design-program-paced/
Thank you!
Merci!
Challenges and Enablers


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

• **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 direct care 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