



**ACCREDITATION  
AGRÉMENT  
CANADA**

Better Quality. Better Health.  
Meilleure qualité. Meilleure santé.

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

**Andrea Gregus**  
Program Manager  
PACE Forum  
Nov 29, 2016



# Overview



**ACCREDITATION  
AGRÉMENT**  
CANADA

Better Quality. Better Health.  
Meilleure qualité. Meilleure santé.

- 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
  - <http://www.healthycanadians.gc.ca/publications/health-system-systeme-sante/report-healthcare-innovation-rapport-soins/alt/report-healthcare-innovation-rapport-soins-eng.pdf>
- 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  
<http://www.ipfcc.org/advance/BI-Compendium-Bibliography.pdf>



**ACCREDITATION  
AGRÉMENT**  
CANADA

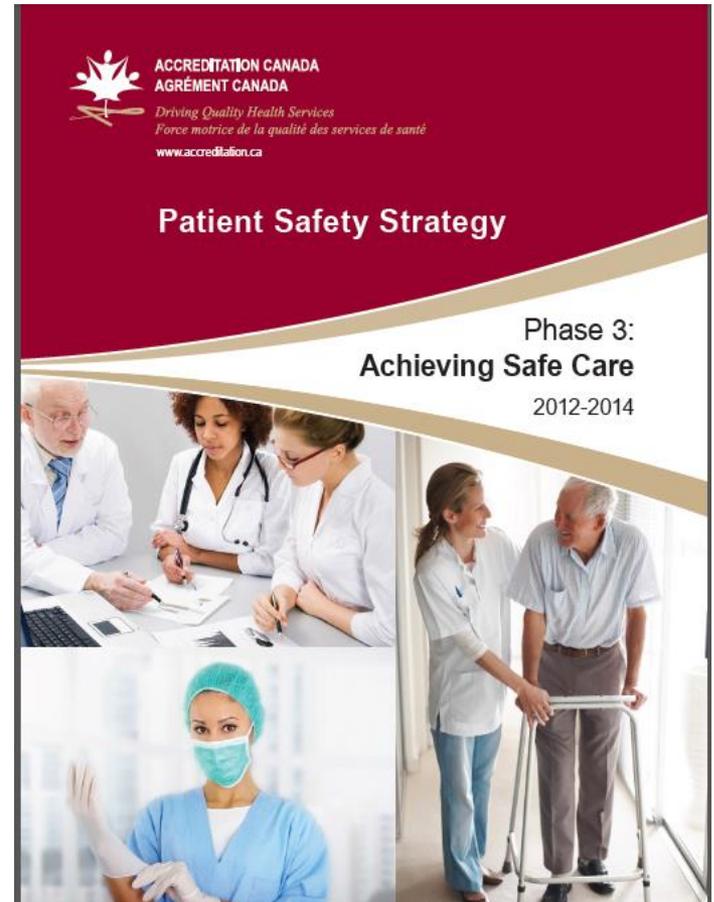
# Accreditation Canada's Journey

# Enhancing the CFCC Focus – Our Journey

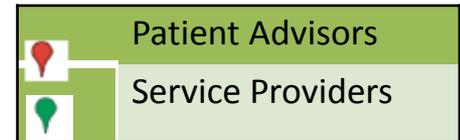
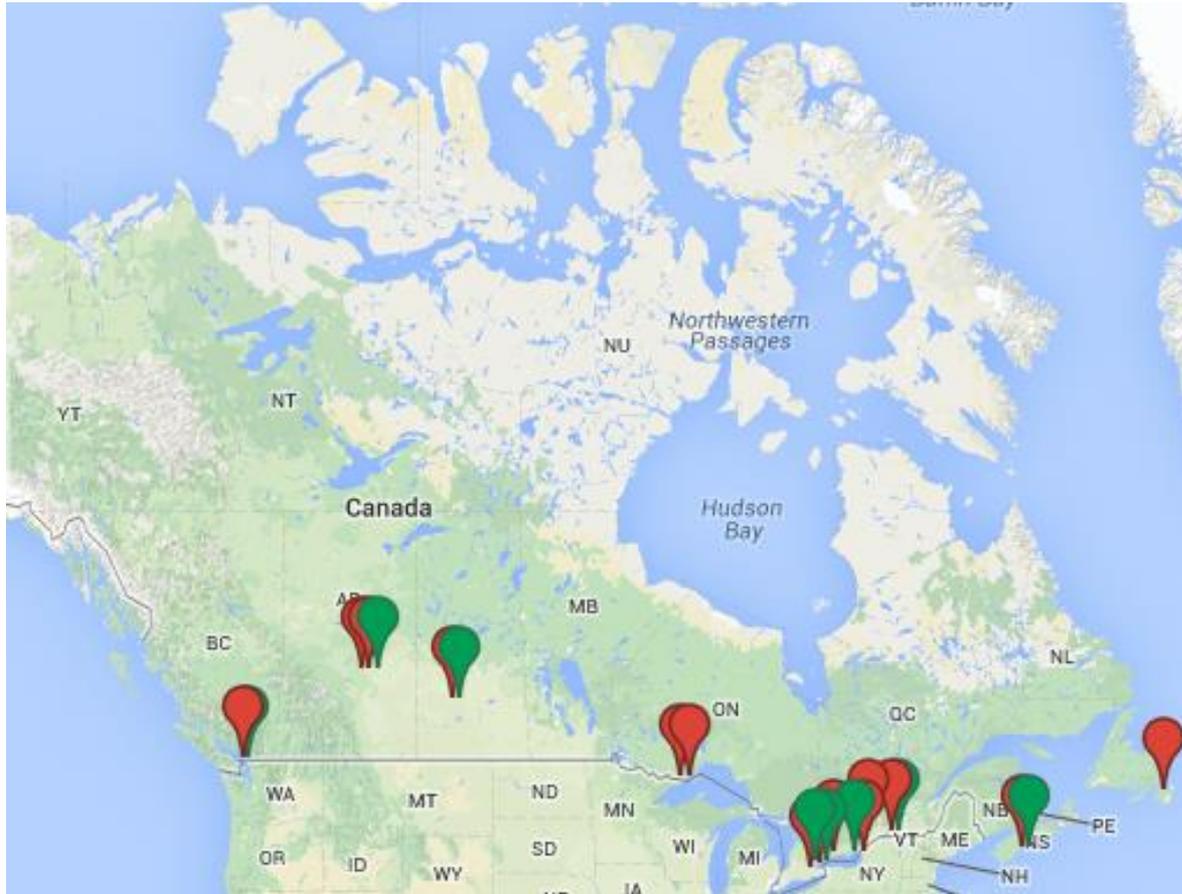
- CFCC priority
- Fostering Meaningful Partnerships

“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



**ACCREDITATION  
AGRÉMENT**  
CANADA

# CFCC Language Changes

Glossary (List of standard terms for all services)

Care delivery model: A conceptual model that broadly outlines the way services are delivered. It is based on a thorough assessment of client needs, involving a collaborative approach and stakeholder input, which considers the best use of resources and services that are culturally appropriate. The benefits of using a care delivery model

## **In partnership with the client and family**

Care plan: May also be known as the service plan, plan of care, or treatment plan. It is developed in collaboration with the client and family and provides details on the client history as well as the plan for services including treatments, interventions, client goals, and anticipated outcomes. The care plan provides a complete picture of the client and their care and includes the clinical care path and information that is important to providing client-centred care (e.g., client wishes, ability/desire to partner in their care, the client's family or support network). The care plan is accessible to the team and used when providing care.

Client: The recipient of care. May also be called a patient, consumer, individual, or resident. Depending on the context, client may also include the client's family and/or support network when desired by the client. Where

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

Client representative or client advisor: Client representatives work with the organization and often individual care teams. They may be involved in planning and service design, recruitment and orientation, working with clients directly, and gathering feedback from clients and team members. Integrating the client perspective into the system enables the organization to adopt a client- and family- centred approach.

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.

**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.

*Community-Based Mental Health Services and Supports 9.11*

*Critical Care 8.15*

*LTC 8.17*

**A 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.



**ACCREDITATION  
AGRÉMENT**  
CANADA

# Best Practice Standards and Requirements

# Governance and Leadership standards

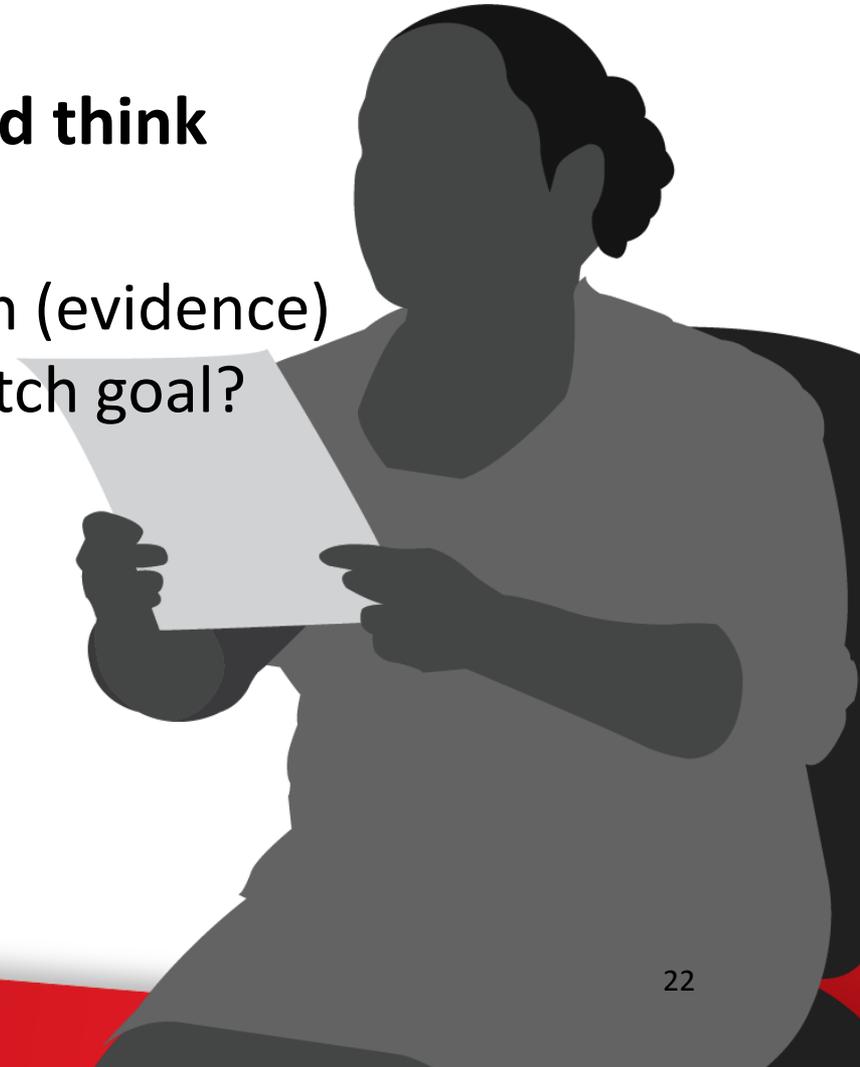
## *... new requirements*

- 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

# Leadership standards

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:  
[http://www.hpoe.org/Reports-HPOE/Patient\\_Family\\_Engagement\\_2013.pdf](http://www.hpoe.org/Reports-HPOE/Patient_Family_Engagement_2013.pdf)

## Self-Assessments:

- Saint Elizabeth Health Care  
<https://www.saintelizabeth.com/Services-and-Programs/PFCC-Institute/PFCC-Preliminary-Needs-Assessment.aspx>
- IHI – Person and Family Centred Care  
<http://www.ihl.org/resources/Pages/Tools/PatientFamilyCenteredCareOrganizationalSelfAssessmentTool.aspx>



A Leadership Resource for Patient and Family Engagement Strategies

July 2013

GORDON AND BETTY  
**MOORE**  
FOUNDATION

**HRET**  
HEALTH RESEARCH &  
EDUCATIONAL TRUST  
in Partnership with AHA

# Service excellence standards

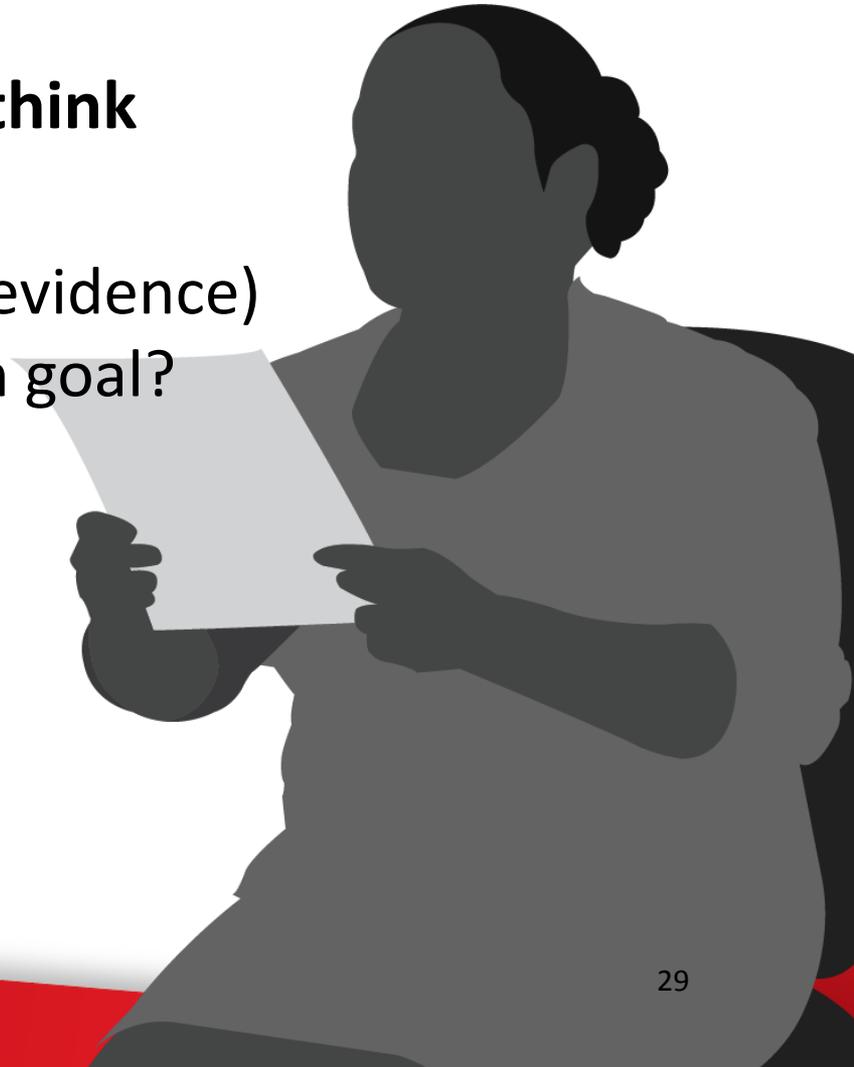
## *... new requirements*

- 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

# Service excellence standards

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

# Service excellence standards

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

- Alberta Health Services – Toolkit for Engaging Patient and Families at Planning Tables:  
[http://www.patientscanada.ca/site/patientscanada/assets/pdf/ahs\\_resource\\_toolkit\\_for\\_engaging\\_patients.pdf](http://www.patientscanada.ca/site/patientscanada/assets/pdf/ahs_resource_toolkit_for_engaging_patients.pdf)
- The Change Foundation:  
<http://www.changefoundation.ca/patient-engagement/reports-patient-engagement/>
- Health PEI Patient Engagement Toolkit:  
[http://www.gov.pe.ca/photos/original/src\\_engagetoolk.pdf](http://www.gov.pe.ca/photos/original/src_engagetoolk.pdf)
- Accreditation Canada: A Guide to Measurement for Improvement

**THE CHANGE FOUNDATION**  
 CHANGE. TOGETHER. BETTER.

**RULES OF ENGAGEMENT: LESSONS FROM PANORAMA**

**panorama**

**Should money come into it?**  
 A tool for deciding whether to pay patient-engagement participants

**ACCREDITATION AGREEMENT CANADA**  
 Better quality. Better health. Better care. Better lives.

**A Guide to Measurement for Improvement and Quality Indicators**

**Alberta Health Services**  
 Produced by Patient Engagement

**A RESOURCE TOOLKIT FOR ENGAGING PATIENT AND FAMILIES AT THE PLANNING TABLE**

	Think about...	Tools
<b>Awareness of the Concept</b> <i>The Value and the Benefits</i>	<ul style="list-style-type: none"> <li>The alignment with AHS values and priorities.</li> <li>The benefits of partnering with patients and families.</li> <li>The levels, methods and definitions of patient engagement (discuss the IAP2 Spectrum).</li> </ul>	<ul style="list-style-type: none"> <li>The Value of Engaging Patients and Families</li> <li>What does the Evidence Say?</li> <li>The Foundations of Engagement</li> <li>The Levels of Engagement and the IAP2 Spectrum</li> <li>Collaborative Relationships Build a Strong Foundation</li> </ul>
<b>Understanding the Context</b> <i>The Background and Purpose</i>	<ul style="list-style-type: none"> <li>The aim, scope and timeline of the project, initiative, committee, or activity.</li> <li>Why your team wants to have the patient/family "voice" at the table.</li> <li>Leadership support and resource requirements.</li> </ul>	<ul style="list-style-type: none"> <li>Avoiding Engagement Pitfalls</li> </ul>
<b>Assessing the Group's Readiness</b> <i>The Intention and Promise</i>	<ul style="list-style-type: none"> <li>The past experience of the team, if any, with engaging patients and families.</li> <li>What is the perception of risk related to engaging patient and family advisors?</li> <li>What may get in the way of engagement and how will you manage potential barriers and challenges?</li> <li>What is the promise to advisors to ensure meaningful involvement (see IAP2 spectrum).</li> <li>What is the advisor's potential role?</li> </ul>	<ul style="list-style-type: none"> <li>Making the Decision To Engage</li> <li>Are you Ready to Engage?</li> </ul>
<b>Recruiting Patient and Family Advisors</b> <i>Finding Potential Advisors</i>	<ul style="list-style-type: none"> <li>What are the general qualities and characteristics of effective advisors, and what experience is required for this project?</li> <li>The benefits of patient engagement for advisors.</li> <li>The type of experiences and characteristics required for the group's engagement initiative.</li> <li>Ways to recruit potential advisors to ensure diversity and a range of perspectives.</li> <li>Involve Volunteer Resources to assist.</li> </ul>	<ul style="list-style-type: none"> <li>Recruiting Patient and Family Advisors?</li> <li>Finding Potential Family Advisors</li> <li>Thinking of Becoming an Advisor?</li> <li>Is the Advisory Role is a 'Good Fit' for You?</li> <li>What Does it Take to be an Advisor?</li> </ul>

# 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/>
- 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.ihf.org/Topics/PFCC/Pages/default.aspx> and  
<http://www.ihf.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>

# 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=Rules+of+Engagement+launch&utm\\_medium=email](http://www.changefoundation.ca/library/rules-of-engagement/?utm_source=PANO+Report+Announcement&utm_campaign=Rules+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](http://apps.who.int/iris/bitstream/10665/155002/1/WHO_HIS_SDS_2015.6_eng.pdf?ua=1&ua=1)
- Saint Elizabeth Health Care - A Guide for implementing PFCC education across health care sectors: [www.saintelizabeth.com/pfcc](http://www.saintelizabeth.com/pfcc)

(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>)

# Resources

- Health PEI Patient Engagement Toolkit:  
[http://www.gov.pe.ca/photos/original/src\\_engagetoolk.pdf](http://www.gov.pe.ca/photos/original/src_engagetoolk.pdf)
- Health Quality Ontario Patient Engagement Framework:  
<http://www.hqontario.ca/Engaging-Patients/Our-Framework-for-Engagement-in-Ontario>
- 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](http://www.patientscanada.ca/site/patients_canada/assets/pdf/ahs_resource_toolkit_for_engaging_patients.pdf)
- HealthCareCAN - Patient-Centred Experience & Design Program (PaCED)  
<http://www.healthcarecan.ca/learning/courses/patient-centred-experience-design-program-paced/>

**Thank you!**  
**Merci!**

Accredited by  
Agréé par



# 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

- **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