

Health Quality Ontario

The provincial advisor on the quality of health care in Ontario

October 28, 2016

North West LHIN Regional Quality Session Summary



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North West LHIN Regional Quality Session

Summary

On October 28, 2016, the North West Local Health Integration Network (LHIN) partnered with Health Quality Ontario to host its first annual Regional Quality Session in the LHIN. The purpose of this informative and interactive one--day session aimed to:

- Connect the local Quality Community by bringing together regional leaders in quality improvement to support cross sector collaboration
- To have productive discussions around quality and how the local approach to quality intersects with provincial priorities
- To build on existing partnerships and networks to support and actively pursue a common quality agenda
- To demonstrate the collaboration between Health Quality Ontario, LHINs, and health service providers in advancing quality together



Over 80 participants from health service providers around the region attended the in-person Regional Quality Session in Thunder Bay. Plenary sessions and workshops were supported by on-site facilitators from both the North West LHIN and Health Quality Ontario.

Opening remarks were provided by **Susan Pilatzke**, Senior Director Health System Transformation, North West LHIN, and **Lee Fairclough**, Vice President, Quality Improvement, Health Quality Ontario. Susan greeted and recognized participants for their commitment to quality care in the North West and provided an overview of the LHIN's priorities, strategic directions, and plans that inform the Integrated Health Service Plan (IHSP). She announced how the North West LHIN is continuing to advance a culture of quality and introduced the new Chair of the North West LHIN Quality Table, **Dr. Jon Johnsen**, who facilitated the event. Lee briefly introduced the objectives of bringing everyone together and discussed further advancing the partnership between the

North West LHIN, health service providers in the region, and Health Quality Ontario, to promote a culture of quality in our healthcare system for Ontario.

Sabrina Dechênes provided a personal patient story to help set the precedent for the day. Her father was a long-term care resident in the District of Thunder Bay, and she offered to share the story of his cancer journey in our healthcare system. This led as a reminder of how everyone has an instrumental role to play in keeping quality at the forefront of their work.

This report captures the information presented in each of the sessions and workshops, and summarizes the discussion by each Integrated District Networks (IDN) LHIN region. The two main areas of focus for the day were Quality Improvement Plan analysis, and partnering with patients. Please refer to *Appendix A* for a detailed agenda of the event.

Morning Plenary Session

Five Reasons to be Encouraged About Quality in Ontario

The first part of the morning session was a presentation from **Lee Fairclough** (Vice President, Quality Improvement, Health Quality Ontario), who provided an overview of health system improvements and leading practices. She introduced the topic by reviewing Health Quality Ontario's framework, *Quality Matters*, which helps to guide our thinking and quality improvement activities while outlining a common language of quality across the health system. The report [Quality Matters: Realizing Excellent Care for All](#) presents the areas where collective action and focus are required to advance a quality agenda, and a poster summarizing the six domains of quality is shown in *Figure 1*.



Figure 1: Health Quality Ontario's vision for achieving a quality health system¹

¹ Health Quality Ontario. Embrace Health Quality [Internet]. Toronto (Canada): Health Quality Ontario; [cited 2016 Nov 18]. Available from: <http://www.hqontario.ca/Portals/0/documents/health-quality/quality-poster-en.pdf>

Entitled “The Five Reasons to be Encouraged About Quality in Ontario,” Lee outlined the following gains in provincial quality improvement to date:

1. Regularly reflecting on our progress is now the norm
2. There are so many quality improvement activities already underway
3. We are starting to recognize and spread what is known to work
4. The quality community is growing, is more connected, and includes patients
5. Great ideas are spreading—especially through collaboration

Quality in the North West LHIN – Group Discussion

The second part of the morning session was followed by group discussion facilitated by **Dr. Jon Johnsen** (Chair of the North West LHIN Quality Table), who engaged the group in a conversation around quality in the North West LHIN. He presented some of the areas where the region is performing well, and also highlighted some of the issues specific to our geographic LHIN area. A summary of the group discussions are provided in *Appendix B*.

Morning Workshop

Using Quality Improvement Plans (QIPs) to Improve Organization and System Level Care

The first breakout session of the day was a presentation from **Sara Clemens**, Quality Improvement Specialist, Health Quality Ontario. This session included helping participants to develop a Quality Improvement Plan (QIP) that reflects both organizational and system-level priorities, while engaging the patient/resident in the QIP process. Sara provided a brief review of the QIPs, reviewed priority and additional indicators for participants, and provided background context on the progress report, narrative and work plan of a QIP.

Quality improvement objectives are similar across organizations and sectors, and QIPs provide rich information to better understand how to collectively spearhead improvement efforts. With the ultimate goal of improving patient care, the objective of the session was for the groups to identify one important issue in their sectors that would benefit from a partnership with at least one other sector in same Integrated District Network (IDN). See *Figure 2* for a listing of the 2017/18 Quality Issues and Indicators used in this exercise.

Quality Issues and Indicators for the 2017/18 QIPs				
	Hospital	Primary Care	Home Care	Long-Term Care
Effective	Effective transitions <ul style="list-style-type: none"> Readmission for select conditions (A) Readmission for one of congestive heart failure, chronic obstructive pulmonary disease, or stroke (QBP) (P) Readmission within 30 days for mental health and addiction (A) Patient received enough information on discharge (P) Discharge summaries sent within 48 h of discharge (A) 	<ul style="list-style-type: none"> Hospital readmissions for select conditions (A) 7-day post-discharge follow-up (physician) (P) 7-day post-discharge follow-up (any provider) (A) 	<ul style="list-style-type: none"> Hospital readmissions (P) Unplanned ED visits (P) 	<ul style="list-style-type: none"> Potentially avoidable ED visits (P)
	Coordinating care <ul style="list-style-type: none"> Narrative Identify complex patients (Health Links) (A) 	<ul style="list-style-type: none"> Narrative Identify complex patients (Health Links) (A) 	<ul style="list-style-type: none"> Narrative Identify complex patients (Health Links) (A) 	<ul style="list-style-type: none"> Narrative
	Population health <ul style="list-style-type: none"> Narrative 	<ul style="list-style-type: none"> Narrative Glycated hemoglobin testing (A) Colorectal and cervical cancer screening (A) 	<ul style="list-style-type: none"> Narrative 	<ul style="list-style-type: none"> Narrative
Patient-centred	Palliative care <ul style="list-style-type: none"> Home support for discharged palliative patients (P) 		<ul style="list-style-type: none"> End of life, died in preferred place of death (A) 	
	Person experience <ul style="list-style-type: none"> Narrative Patient experience (P) 	<ul style="list-style-type: none"> Narrative Patient involvement (P) 	<ul style="list-style-type: none"> Narrative Client experience (P) 	<ul style="list-style-type: none"> Narrative Resident experience (P)
Efficient	Access to right level of care <ul style="list-style-type: none"> Narrative Alternative level of care rate (P) 	<ul style="list-style-type: none"> Narrative 	<ul style="list-style-type: none"> Narrative 	<ul style="list-style-type: none"> Narrative
Safe	Safe care <ul style="list-style-type: none"> Pressure ulcers (A), use of physical restraints in mental health patients (A) 		<ul style="list-style-type: none"> Falls for long-stay clients (P) 	<ul style="list-style-type: none"> Pressure ulcers, (A) restraints (A), falls (A)
	Medication safety <ul style="list-style-type: none"> Medication reconciliation (admission) (P) Medication reconciliation (discharge) (P) 	<ul style="list-style-type: none"> Medication reconciliation (A) 		<ul style="list-style-type: none"> Potentially inappropriate prescribing of antipsychotic medications (P)
	Workplace safety <ul style="list-style-type: none"> Narrative 	<ul style="list-style-type: none"> Narrative 	<ul style="list-style-type: none"> Narrative 	<ul style="list-style-type: none"> Narrative
Timely	Timely access to care/services <ul style="list-style-type: none"> ED length of stay (complex) (P) 	<ul style="list-style-type: none"> Timely access to primary care (patient perception) (P) 	<ul style="list-style-type: none"> Wait time for home care (personal support worker, nurse) (P) 	
Equitable	Equity <ul style="list-style-type: none"> Narrative 	<ul style="list-style-type: none"> Narrative 	<ul style="list-style-type: none"> Narrative 	<ul style="list-style-type: none"> Narrative

Legend: (P): Priority indicator (A): Additional indicator (QBP): Indicator related to quality-based procedures

Figure 2: Quality Issues and Indicators for 2017/18

Session Discussion

Following the presentation, each table broke into local discussion groups (assigned by IDN) to participate in a workshop based on the Quality Issues and Indicators for the 2017/18 QIPs (Figure 1). Participants were asked to consider how they can work together to improve health care for their patient populations. The activity was divided into sections.

The first section asked participants to reflect on their own 2016/17 QIP, or use their own quality experiences and select an issue from the Quality Issues and Indicators Matrix (Figure 2) to discuss the following:

1. From your perspective, what issue needs the most improvement in your organization/community?
2. What issue do you think is most important for your IDN?
3. What strengths are evident within your organization/community to help support improvements across your IDN?

Common themes discussed among the five IDNs included: access to the right level of care; transitions of care; and coordinating care across all sectors. Please refer to Appendix C for a full summary of the IDN discussions.

The second section of the workshop asked participants to reflect on how they can work together on one of the issues raised previously (what change ideas can they collaborate on?). Participants were asked to explore what innovative approaches and common practices could be considered to advance local work and think about opportunities to promote patient/client/resident engagement and equity. Common themes included: multidisciplinary meetings to discuss a patient-focused approach to care; better data flow; and coordinating resources in the region. Please refer to *Appendix C* for a full summary of the IDN discussions.

Afternoon Plenary Session

Overview of Patient and Caregiver Engagement

The second plenary session held in the afternoon featured a presentation from **Aman Sium**, Knowledge Transfer and Exchange Specialist, Health Quality Ontario. He provided an overview of patient and caregiver

engagement, best practices, and helpful tools and resources available from Health Quality Ontario, and highlighted how engagement advances quality improvement, supported by recent emerging evidence.

Aman also introduced the new [Patient and Caregiver Engagement Framework](#) (*Figure 3*) in Ontario and outlined how patients can be engaged in developing, testing and implementing quality improvement initiatives. The session explained:

- How the framework can be used to better understand the meaning and key principles for patient and caregiver engagement, and the practices that can be used
- The different levels of care at which engagement can take place (direct care level, organizational level and provincial level)
- The types of engagement and practice models to use at each level
- Key considerations before, during, and after a patient engagement project or activity

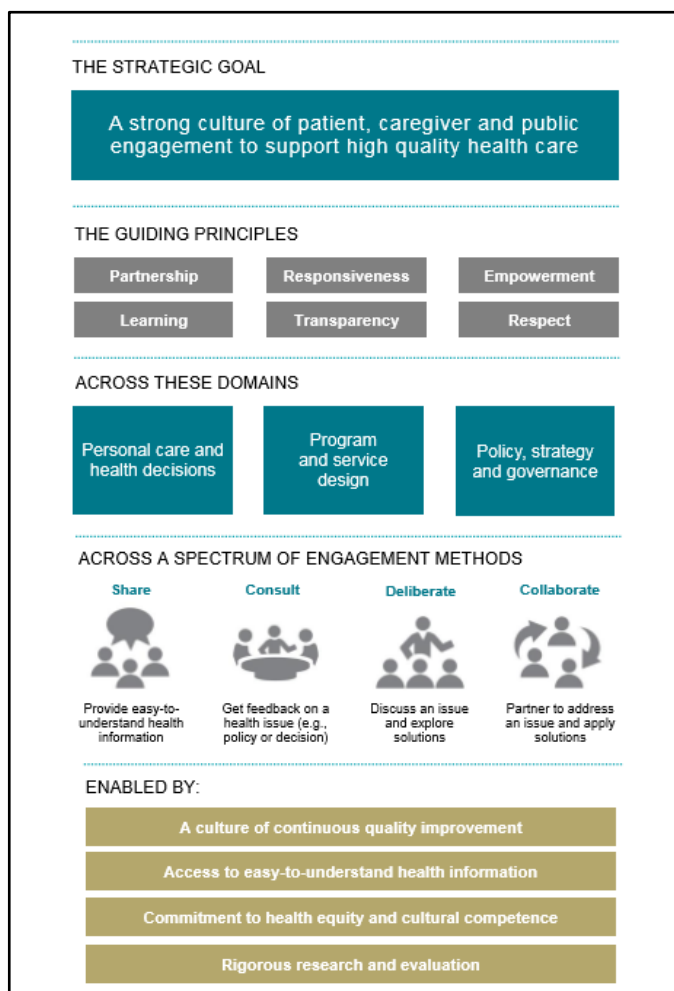


Figure 3: Health Quality Ontario's Patient and Caregiver Engagement Framework

The session concluded with each of the panelists sharing their current engagement activities within their respective organizations. It was evident that patient engagement is an important part of a high-functioning, quality health system, and that effective engagement involves patients, caregivers, families, and health care providers actively collaborating to improve our health system.

Afternoon Workshop

Patient Engagement Challenges and Practice Responses

The second breakout session of the day was also presented by **Aman Sium** of Health Quality Ontario. This session allowed participants to identify challenges with their experience in engaging patients and caregivers in quality improvement initiatives. A summary of these discussions can be found in *Appendix D*, along with responsive practices associated with each of the challenges. Following this activity, participants were asked to identify what types of patient and caregiver engagement initiatives they are involved in/and or have heard of in the NW LHIN region. They were asked to describe this initiative and include the name of the organization/person leading it. A summary of this work is found in *Appendix E*.

Session Discussion

Seated among their respective IDNs, each table participated in a final site-specific workshop to discuss current patient engagement strategies underway in each region. Key themes that emerged included:

- Caregiver engagement
- Community based outreach
- Harm reduction
- Peer-mentorship strategic planning
- Research
- QIP planning
- Patient and family advisory councils/committees
- Hiring committees

The groups collectively identified 18 challenges they encounter when trying to engage with patients and caregivers, which included (but was not limited to):

- Engaging with indigenous communities
- Working in isolation to develop engagement strategies
- Engaging with clients with limited resources
- Engaging already burdened family members and care givers

Appendix D includes a list of tools and resources provided by the Patient, Caregiver and Public Engagement Team at Health Quality Ontario to assist health service providers in overcoming the barriers identified in the session.

Conclusion and Next Steps

Engaging patients, caregivers, and providers in a culture of quality is key to driving a system-wide integrated regional quality plan in the North West LHIN. Focusing on equity will help to create and promote a culture of quality that will enable improved patient outcomes and experience of care. Following such a successful, first time Regional Quality Session in the region, the North West LHIN is committed to engaging and collaborating with the quality network and is exploring opportunities for a Regional Quality Table.

A copy of this report will be shared with the members at the inaugural meeting of the Regional Quality Table, which will help in the planning and development of advancing a quality plan in the North West LHIN. A copy of this report will also be circulated to those who attended the event, and be posted on the respective websites of both the North West LHIN and Health Quality Ontario.

Appendix A: Agenda

North West LHIN | RLISS du Nord-Ouest

Health Quality Ontario | Qualité des services de santé Ontario

Regional Quality Session

Nor'Wester Best Western Hotel – Kaministiquia Room
2080 Highway 61, Thunder Bay, ON
Friday, October 28, 2016

8:00 am Registration and Light Refreshments

8:30 am Welcome and Introductory Remarks
Susan Pilatzke - Senior Director, Health System Transformation, North West LHIN
Lee Fairclough - Vice President Quality Improvement, Health Quality Ontario

8:50 am A Patient's Perspective
Sabrina Dechênes

9:00 am 5 Reasons to be Encouraged about Quality in Ontario
Lee Fairclough - Vice President Quality Improvement, Health Quality Ontario

9:50 am Quality in the North West LHIN – Group Discussion
Dr. Jon Johnsen - Clinical Quality Physician Lead, North West LHIN

10:20 am - Break -

10:35 am Using Quality Improvement Plans (QIPs) to Improve Organization and System-Level Care
Sara Clemens - Quality Improvement Specialist, Health Quality Ontario

12:00 pm Lunch & Networking

12:30 pm Overview of Patient and Caregiver Engagement
Aman Sium – Knowledge Transfer Specialist, Health Quality Ontario

2:00 pm - Break -

2:15 pm Implementing and Spreading Practices that Work – Panel Discussion
Seona Furlong – Diabetes Educator, Dryden Native Friendship Centre
Calvin Young – Patient, HQO Patient, Family and Public Advisors Council
Chantal Bohémier – Planning & Community Engagement Officer,
Le Réseau du mieux-être Francophone du Nord de l'Ontario
Dr. Rhonda Crocker Ellacott – Executive Vice President of Patient Services and Chief Nursing Executive,
Thunder Bay Regional Health Science Centre
Emily Patterson – Director of Approaches to Community Wellbeing,
Sioux Lookout First Nations Health Authority

3:45 pm Wrap up and Reflections
Dr. Jon Johnsen - Clinical Quality Physician Lead, North West LHIN

3:55 pm Closing Remarks
Lee Fairclough - Vice President Quality Improvement, Health Quality Ontario





Appendix B: Quality in the North West LHIN – Group Discussion

Rate your overall level of quality improvement proficiency? (55 Responses)	
None – I’m relatively new to QI	3 People, 5%
Low – I have some very basic knowledge and understanding	12 People, 22%
Moderate – I have quality improvement training	33 People, 60%
High – I live, breathe, and dream quality!	7 People, 13%
Which indicator should be a priority for the North West LHIN to create a better patient experience? (40 Responses)	
Hospital readmission for mental health and addiction	5 People, 13%
Depression in long-term care homes	0 people, 0%
Timely access to primary care	22 People, 55%
Same-day or next-day access to primary care provider	4 People, 10%
Wait time for personal support services among adult complex home care patients	9 People, 23%
Select an issue important to you that could be partnered with another sector to improve care for your patients (41 Responses)	
Effective transitions	12 People, 29%
Coordinating care	7 People, 17%
Population health	0 People, 0%
Palliative care	1 Person, 2%
Person experience	2 People, 5%
Access to right level of care	9 People, 22%
Safe care	1 Person, 2%
Medication safety	0 People, 0%
Workplace safety	0 People, 0%
Timely access to care/services	5 People, 12%
Equity	4 People, 10%

Appendix C: Using Quality Improvement Plans (QIPs) to Improve Organization and System-Level Care

1. Reflect on your 2016/17 QIP and select an issue from the Quality Issues and Indicators Matrix. What issue needs the most improvement in your organization? What issue do you think is most important for your IDN? What strengths are evident within your organization to help support improvements across your IDN?

CITY OF THUNDER BAY IDN
<ul style="list-style-type: none"> • Care Coordination “No door is the wrong door” • Team Communication is critical • Client/patient involvement; need family to support patient, respect and empathy • Notion of “navigation” or decision guiding-Term Care: Access to the right level of care (addressing complex issues, Alternate Level of Care ALC indicator) • Coordination with primary care and across all sectors • Timely access to primary care, primary post-acute care/long-term care discharge • Access to the right level of care • Transitions of Care – Hospital <ul style="list-style-type: none"> ○ Not a good job at med rec; improve communication between agencies, providers, systems (information technology) ○ Too physician-focused and not patient-focused (7 day visit required) ○ Concentrate, organize, facilitate discharge/follow-up for both parties (e.g., hospital & primary care) • IDN – connecting systems/programs for communication, better patient care and experience • Strength – willingness to do it and it requires effective tools • Mental Health – Children/Adolescents <ul style="list-style-type: none"> ○ Silos, coordination, referral process/criteria and sharing of information amongst providers • Access to right level of care: strengths <ul style="list-style-type: none"> ○ Collaboratively (surge planning), Large decision support team, Shared hospital EMR (Partial 1 degree care, Partial CCAC, No community support services, Limited LTC, Limited ER) • “Home first” philosophy • Reassess of long-term care residents, when appropriate • Malnutrition <ul style="list-style-type: none"> ○ Population health (in and out of hospital), equity, geography, funding, access to right level of care • Overarching contributor to health and wellness

- Health (length of stay) and management of chronic diseases ALC quality
- Multidisciplinary team needs stronger buy-in from funding agencies (e.g., Ministry of Health and Long-Term Care, Indigenous and Northern Affairs Canada) to emphasize the importance of nutrition in preventative health, requiring:
 - Acknowledgement
 - Education (how nutrition contributes to quality, health, and wellness)
 - Data collection and analysis needed
 - Food security and accessibility
 - Spotlight on healthy eating
 - Tracking of change culture
 - Food services should not be driven by the bottom line
 - Decisions made for quality not quantity

DISTRICT OF THUNDER BAY IDN

- Effective transitions – Collaboration
- Working together/cross sector QIPs
- Multiple different services at the table

DISTRICT OF RAINY RIVER IDN

- Effective transitions in care
- Small group with established partnerships and frequent communication
- Integrated care systems
- Provide outreach in community based care
- Area of need is decision support for all community providers

DISTRICT OF KENORA IDN

- Coordinating care, person experience
- Access and timely access to care
- Provincial and federal integration
 - Knowledge of providers, collaborations, innovation, variety
- Senior access to services (housing, long-term care, primary, homecare, translation, palliative, communication)
 - We know who to collaborate with
 - We recognize the issue and need for change, resourceful and creative
 - Patient focused/personalized issues, communication, escort

NORTHERN IDN

- Organizations developed partnerships

2. What change ideas can you collaborate on? Explore change ideas and what innovative approaches and common practices can be considered to advance local work. Is there an opportunity to promote patient/resident engagement and equity?

CITY OF THUNDER BAY IDN

- Expand on patient-centered care by including: caregivers/family members upon discharge, is caregiver willing, able and trained to look after the patient?
- Coordinating care/access to the right level
- Develop working groups to address systematic issues
- Regional collaboration (geography, language, time)
- Collaboration with multisector agencies
- Create forum to collaborate with community organizations (Quality Improvement Plan, Memorandum of Understanding)
- Patient advisory committee
- Regional group
- Multi-sector representation (Community Care Access Centre, Ministry of Child and Youth Services, Ministry of Health and Long-Term Care, French, Indigenous, Anglophone populations)
- Lack of communication with IT systems
- Concept of “Relay Health” creates double time/work to upload info
- Discharge from summary – e.g., med info, follow up plan, instructions for care faxed to primary care provider upon discharge (innovative approaches)
- Exact day of discharge, the primary care provider has info in real time
- Discharge planner in hospital (community service provider) connecting with community prior to discharge – timely discharge for all patients
- Time of discharge to be in line with availability of services (e.g., pharmacy, transportation, etc.)
- Communication between primary care and mental health providers (in initial stages of requiring care, during care and after care) Change ideas:
 - Meeting between primary care and mental health to better understand issues and barriers
 - Family Health Teams to collaborate, development of change ideas for QIPs, and survey of primary care providers (# of completed/consulted)
 - Share patient stories
 - Share Memorandum of Understandings
- Education/Sharing:
 - Resource packages online
 - Education for primary care providers
 - Revitalize home first sustained
 - Navigator
- Memory Clinic (two starting in Thunder Bay):

- Early intervention
- Collaborative
- Community Teams
- Appropriate use of specialized services
- E-collaborative (resource):
 - To reach out to know who to call
 - E-consult service with Champlain LHIN (Norwest CHC)
 - Specialist connections across all sectors
 - Community paramedic initiatives
 - Revitalize neighbourhood hubs – connections (e.g., churches, Kiwanis, Our Kids Count)

DISTRICT OF THUNDER BAY IDN

- Integrate community nursing services with primary and hospital care
- Multidisciplinary meetings to discuss patient focused approach to care
- Coordinate resources:
 - Family Health Teams to meet with hospitals to work on community care
 - Work with community support services to develop patient focused plans
 - Setup services and discharge planning prior to discharge
 - Increase access to services following request
 - Ensure follow up appointments are in place
 - Health Links

DISTRICT OF RAINY RIVER IDN

- Information/data flow from one organization to another (e.g., emergency department visits, inpatient discharge, inpatient admissions, overall care coordination). Change idea:
 - Establish a quarterly Health Hub meeting. Include all sectors with representation from high level decision makers within each organization

DISTRICT OF KENORA IDN

- Defining in communities what communication needs to happen and with who
 - Where are the gaps?
 - Who are the go-tos?
- Where can information technology link to provide greater access in less time (including patient access and caregiver access, what can we do when people don't have information technology)

NORTHERN IDN

- Establish better peer support mechanisms (volunteers/client & caregiver/patient and family advisors)
- North West LHIN to coordinate a discussion group (all organizations) by IDN to identify care coordination process
- Develop guidelines for establishing client interest/support groups (Chronic Obstructive Pulmonary Disease (COPD), diabetes, etc.)
- Local publications (papers, online, TV, Radio) to inform community about resources available (e.g., COPD week/Respiratory Therapy week/Mental Health awareness/Physical Therapy and Occupational Therapy month/Diabetes and Dietician month)
- Specialist articles
- Local advertising

Appendix D: Patient and Caregiver Engagement: Challenges and Responsive Practices

This table includes the common challenges to patient engagement that participants shared, the responsive practices they generated as a group, and some supportive tools and resources for each challenge.

	Engagement Challenge	Responsive Practices	Supportive Tools & Resources
1	Recruiting patient and caregiver advisors	<ul style="list-style-type: none"> • Leverage community partnerships beyond health care (e.g., housing and shelters, employment, schools and training centres) • Hold meetings at flexible hours and locations that patients and caregivers prefer (e.g., evenings and weekends, in community settings) • Actively offer financial honorariums (if possible) • Actively offer other compensation that enables participation (e.g., meals, childcare, reference letters, travel and accommodation to and from meetings) • Let participants know there are different methods and degrees they can participate through (e.g., reviewing documents over email, sitting on an ongoing committee, participating in one-time event) • Ask/engage with leading employers in the community to allow their staff to serve as patient, caregiver or public advisors • Meet advisors where they're at (e.g., community centers, schools, apartment building activity rooms, restaurants, libraries, etc.) • Avoid meeting in intimidating spaces, or spaces that may re-traumatize participants (e.g., board rooms or clinics) 	<p>Health Quality Ontario's Creating and Sustaining Patient and Family Advisory Councils: Recruiting for Diversity</p> <p>The Change Foundation's Should Money Come Into It? Deciding whether to pay patient-engagement participants</p> <p>Cancer Care Ontario's Patient and Family Advisory Council Toolkit: Recruitment</p>

	Engagement Challenge	Responsive Practices	Supportive Tools & Resources
2	Finding patients/caregivers to engage in Quality Improvement	<ul style="list-style-type: none"> • Hold “open house” education sessions for all patients and caregivers on “Quality Improvement: What it is, and how it can improve the patient experience” • Avoid engaging patients and caregivers towards the end of quality improvement projects. Engage patients early and often, from identifying quality improvement issues to reporting-back after a project. This way, they’re more likely to feel ownership over the process and stay involved • Add a recruitment message to all patient experience surveys: “If you are interested in taking part in different activities to improve your experience, and the experience of other patients, contact...” • Collaborate with your Patient or Resident Relations department to make sure your quality improvement projects respond to common complaint areas 	<p>Health Quality Ontario’s Engaging with Patients: Stories and successes from the 2015/2016 Quality Improvement Plans</p> <p>Health Quality Ontario’s Get Involved in Quality Improvement: A Guide for Patient and Caregiver Advisors</p> <p>Canadian Patient Safety Institute’s Tips for Patient Engagement in Patient Safety and Quality Committees</p>
3	Educating patients and caregivers on how the health system works	<ul style="list-style-type: none"> • Educate patients and caregivers on all three levels of engagement: start by educating them on how the provincial health system works, then your organization’s mandate and services, and then the nature of the specific engagement activity • Give participants permission to be confused – let them know up-front that the Ontario health system is complex and hard to navigate • Try to pre-empt patient and caregiver questions by offering them ongoing information on the health system • Offer participants opportunities to shadow different health professionals to better understand their functions within the system 	<p>The Ministry of Health and Long-Term Care’s Understanding Health Care in Ontario</p> <p>Health Care Tomorrow’s Understanding the Ontario Health Care System</p>
4	Building support from Senior Leadership	<ul style="list-style-type: none"> • Make the case to Senior Leadership that “engaging patients and caregivers in your work doesn’t mean more work, but working differently” • Make the case to Senior Leadership that engaging patients and caregivers in your work is a legislated expectation (e.g., engaging patients in quality 	<p>American Hospital Association’s A Leadership Resource for Patient and Family Engagement Strategies</p>

	Engagement Challenge	Responsive Practices	Supportive Tools & Resources
		improvement plan development in acute care, supporting the creation and maintenance of Residents Councils in Long-Term Care)	
5	Evaluating the value of engagement	<ul style="list-style-type: none"> • Evaluate engagement meetings and activities in real-time; make process improvements as you go • Offer advisors the chance to share immediate feedback through 1-on-1 check-ins before and after meetings • “Don’t re-invent the wheel, aim to borrow and share it”; adopt and adapt existing evaluation surveys to measure value and impact 	<p>Professor Julia Abelson’s (McMaster University) Public and Patient Engagement evaluation tools</p> <p>Health Quality Ontario’s Measuring Patient Engagement: The basics (video)</p> <p>Institute for Patient-and Family-Centred Care’s Strategies for Leadership: As hospital self-assessment tool</p>
6	Creating accessible and equitable engagement activities (for both sides)	<ul style="list-style-type: none"> • Start engagement activities by articulating a commitment to creating a safe space for all participants (encourage them to ask questions) • Hold meetings at flexible hours and locations that patients and caregivers prefer (e.g., evenings and weekends) • Actively offer financial honorariums (if possible) • Actively offer other compensation that enables participation (e.g., meals, childcare, reference letters, travel and accommodation to and from meetings) • Let participants know there are different methods and degrees they can engage with the health system (e.g., reviewing documents over email, sitting on an ongoing committee, participating in one-time event) • Meet advisors where they’re at (e.g., community centers, schools, apartment building activity rooms, restaurants, libraries, etc.) 	<p>The Ministry of Health and Long-Term Care’s Health Equity Impact Assessment Tool</p>

	Engagement Challenge	Responsive Practices	Supportive Tools & Resources
		<ul style="list-style-type: none"> • Avoid meeting in intimidating spaces, or spaces that may re-traumatize participants (e.g., board rooms, or clinics) • Keep track of ongoing demographics for your advisors; think about who's engaged and who's missing 	
7	Developing engagement strategies in isolation	<ul style="list-style-type: none"> • Avoid meeting in intimidating spaces, or spaces that may re-traumatize participants (e.g., board rooms, clinics) • Reach out to the patient/community engagement teams at system-level health organizations (e.g., LHIN, Health Quality Ontario, Cancer Care Ontario), and provincial associations (e.g., Ontario Hospital Association, Ontario Long Term Care Association), to learn about similar engagement strategies in your sector • Connect with other health providers responsible for engagement through online forums 	<p>Canadian Patient Safety Institute's Canadian Patient Engagement Network</p> <p>Institute for Patient-and Family-Centered Care's Patient and Family Advisory Council Network (online forum)</p>
8	Being careful not to just bring forward personal agendas (on either side)	<ul style="list-style-type: none"> • Clarify what you're asking for from advisors: they're invited to be advisors (focus on general issues), <u>not</u> advocates (focus on single issue) • Keep participants focused on positive/constructive criticism • When participants are focused on a narrow/single issue that is distracting the group, introduce them to other organizations or engagement activities that better match that focus 	Health Quality Ontario's Chairing Meetings with Patient and Caregiver Advisors: A best practice checklist for health care professionals
9	Managing advisor expectations	<ul style="list-style-type: none"> • Start engagement activities with clear and ongoing orientation on the scope and mandate of: a) your organization; b) your team/program; and c) the engagement project/committee • Be transparent about the commitment you're asking for from advisors, and the limitations of their influence • Include key parameters of patient and caregiver roles and shared guidelines in a Terms of Reference for engagement committees, councils, etc. • Make personal/professional boundaries clear to advisors 	<p>Health Quality Ontario's Creating and Sustaining Patient and Family Advisory Councils: Creating an Effective Terms of Reference</p> <p>Health Quality Ontario's Chairing Meetings with Patient and Caregiver Advisors: A best practice checklist for health care professionals</p>

	Engagement Challenge	Responsive Practices	Supportive Tools & Resources
10	Engaging clients with limited resources	<ul style="list-style-type: none"> • Use students and volunteers to help build capacity and lead engagement projects • Start with activities that focus on process improvement, not on structural issues that require funding • Large-scale engagement isn't always better; start small and expand 	<p>Health Quality Ontario's Choosing Methods for Patient and Caregiver Engagement: A guide for health care organizations</p> <p>Health PEI's Engagement Toolkit</p>
11	Staff burn-out	<ul style="list-style-type: none"> • Provide staff responsible for engagement with training and resources on burnout and compassion fatigue • Form "community of practice" for staff who have accountability for engagement within the organization (across the North West LHIN) – use as peer-support space • For senior leadership: you have the responsibility to do routine debriefs with staff doing engagement, ask about their needs and find out what supports you can offer them 	<p>Tend Academy's in-person training on Compassion Fatigue: Train the Trainer, Supporting Survivors and Resilience in Trauma-Exposed Workplaces</p> <p>Compassion Fatigue Awareness Project's Resource Hub</p> <p>Tend Academy's The Basics: Understanding compassion fatigue and vicarious trauma (video)</p>

	Engagement Challenge	Responsive Practices	Supportive Tools & Resources
12	Engaging advisors in meaningful ways that they prefer	<ul style="list-style-type: none"> • Make sure each engagement activity has at least two patient and caregiver advisors involved • Whenever possible, take direction from advisors on meeting times and locations, how to structure agendas, and what projects to focus on • Start by using a diverse range of methods to learn about what matters most to patients and their caregivers (e.g., patient experience surveys, anonymous drop-boxes, anecdotal patient/caregiver feedback, complaints submitted to your patient relations team) • Provide enough pre-reading and education so participants feel connected to, and have influence over, the activities they are engaged in • Be accountable! Ensure that every idea is engaged with and responded to, even if it's not used in final product (this helps to avoid tokenism) • Follow-up on concerns promptly 	<p>Health Quality Ontario's Choosing Methods for Patient and Caregiver Engagement: A guide for health care organizations</p> <p>Health PEI's Engagement Toolkit</p> <p>Health Quality Ontario's Creating and Sustaining Patient and Family Advisory Councils: Choosing Meaningful Projects</p>
13	Engaging Northern communities in crises	<ul style="list-style-type: none"> • Engagement isn't always possible – “communities living in crisis don't always have time to engage with the system” • Make engagement meaningful – choose engagement activities that respond to the most urgent, practical challenges • Wherever possible, streamline engagement activities with cross-sectoral needs (e.g., housing, employment/training, food security) 	
14	Overcoming large geography/remote communities	<ul style="list-style-type: none"> • Use technology (e.g., Ontario Telemedicine Network, telehealth) • For commuter health organizations: think about creating train-the-trainer programs that allow advisor “ambassadors” to lead focus groups and other engagement meetings in their local communities, and report-back • Build engagement into the care process so patients/caregivers can participate during their commute (e.g., on-the-spot focus groups or town halls planned around clinical appointments) 	

	Engagement Challenge	Responsive Practices	Supportive Tools & Resources
		<ul style="list-style-type: none"> Support staff to travel into surrounding communities to conduct face-to-face interviews and hold meetings 	
15	Engaging Indigenous communities	<ul style="list-style-type: none"> Start with education on the past and present – provide staff with training on the history of exclusion and marginalization of Indigenous peoples in Ontario (e.g., residential schooling and its impact on health), cultural competency, cultural safety, etc. Invite local Indigenous elders/leadership to advise on engagement activities, even if they function outside health care Whenever possible, support Indigenous staff to take part in engagement activities so participants can see themselves reflected Try to build presence and trust on familiar ground (e.g., physically travel to – and try to meet in - Indigenous communities and social sites outside of health care) 	<p>Northern School of Medicine's Walking the Vision</p> <p>Cancer Care Ontario's Aboriginal Relationship and Cultural Competency (e-Learning courses)</p> <p>Perinatal Services' Circle of Engagement Model: A cultural guidebook to help build trust and collaboration between health planners, health trainers, health service providers, educators and First Nations</p> <p>Thunder Bay Regional Health Sciences Centre and Northwestern Ontario Regional Stroke Network's A Guide to Working with Aboriginal People of Northwestern Ontario</p>

	Engagement Challenge	Responsive Practices	Supportive Tools & Resources
16	Selecting patients to share their stories	<ul style="list-style-type: none"> • Select patients who have enough distance from their care experience to share without being re-traumatized • Get consent (e.g., waiver form) from patients <u>before</u> they share their story • Allow participants to share their stories at their own pace, in the detail they prefer (being forceful or overly-questioning may re-traumatize participants) • Let patients know where their stories will be shared, and the product it will appear in 	<p>Health Quality Ontario's Supporting Patients and Caregivers to Share Their Stories: A best practice checklist for health care professionals</p> <p>Cancer Care Ontario's Storytelling Toolkit</p>
17	Common health language free of jargon and acronyms	<ul style="list-style-type: none"> • Give participants a tailored reference sheet with popular health acronyms and their definitions • Move away from written/text-based products only — use art-based engagement, such as graphic facilitators (e.g., Stanley Wesley) who can draw ideas as they come up; helps participants see that feedback is seen, heard, and captured in real-time 	<p>Health Quality Ontario's A List of Ontario Health Care Acronyms: For Patient and Caregiver Advisors</p> <p>Health Quality Ontario's Communicating Clearly with Patient and Caregiver Advisors: A plain language checklist for health care professionals</p> <p>Harvard's School of Public Health's Developing Clear Health Materials</p>

	Engagement Challenge	Responsive Practices	Supportive Tools & Resources
18	Engaging with queer or transgender communities	<ul style="list-style-type: none"> Avoid making assumptions about sex and gender identities; when unsure, ask how patients and caregivers would like to be addressed 	<p>The Gender Variant Working Group's Working with Gender Variant People: A guide for service providers</p> <p>The Centre for Addiction and Mental Health's Asking the Right Questions 2: Talking with clients about sexual orientation and gender identity</p> <p>The National LGBT Health Education Center's Transgender Health & Engagement Webinars</p> <p>The Fenway Institute's Improving the Health Care of Lesbian, Gay, Bisexual and Transgender People: Understanding and eliminating health disparities</p>
19	Engaging already-burdened caregivers and family members	<ul style="list-style-type: none"> Make clear that engaging with the health system is not an obligation Make engagement meaningful – choose engagement activities that respond to the most urgent, practical challenges When you're having difficulty recruiting advisors, try to streamline recruitment of advisors with other local organizations, Family Health Teams, Health Quality Ontario, Long-Term Care Homes, etc. 	<p>The Change Foundation's Caregiver Resource Hub</p> <p>The Ontario Caregivers Coalition's website</p> <p>Health Quality Ontario's Caregiver Distress Report: The reality of caring</p>

Appendix E: Directory—Patient and Caregiver Engagement in the North West LHIN

This directory acts as a “yellow pages” for patients, caregiver and community engagement initiatives throughout the North West LHIN, and can be used to:

- Adopt and/or adapt ideas for your future engagement activities
- Contact engagement leads to share experiences and best practices
- Connect with other engagement leads to streamline future engagement activities

Caregiver Engagement

North West LHIN Regional Palliative Care Program

- *Initiative:* Caregiver-specific recruitment for Advisory Committee and Working Groups for Regional Palliative Care Program
- *Contact:* Jill Marcella, RPCP Coordinator, marcellj@tbh.net

Canadian Foundation for Healthcare Improvement

- *Initiative:* Better Together Campaign
 - Nation-wide campaign to encourage hospitals to review visitation policies, and support them to be more caregiver and family-friendly
- *Contact:* 613-728-2238

Community-Based Outreach

Gizhewaadiziwin Health Access Centre

- *Initiative:* Annual Community Visits/Engagement
- *Contact:* Shana Weir, 807-274-3131

Sioux Lookout Meno Ya Win Health Centre (SLMHC)

- *Initiative:* Community Visits/Consultations
 - Doing community visits to do patient and caregiver engagement on their hospital experiences, and how to improve it
- *Contact:* Heather Lee, Vice-President Health Services & Chief Nursing Executive, hlee@slmhc.on.ca

Sioux Lookout First Nations Health Authority

- *Initiative:* Approaches to Community Well-Being Working Group
 - Engages Indigenous communities (12+) and leaders/elders (e.g., Eagle Lake, Wabigoon Lake, Wabauskang)

North West **LHIN** Regional Quality Session

- Provides guidance on approaches to engagement methods, preferred customs and language, arts-based youth engagement, and oversees traveling radio show
- Steers development of overall program
- *Contact:* Emily Paterson, Director of Approaches to Community Well-Being, Emily.paterson@slfnha.com

Sioux Lookout Meno Ya Win Health Centre (SLMHC)

- *Initiative:* Situational Table
 - Engages staff, community members and key partners on issues and responses to homelessness
- *Contact:* 807-737-3030

Dryden Native Friendship Centre

- *Initiative:* Elders visitation (KO = Keewaytinook Okimakanak)
 - Via Ontario Telemedicine Network, partnership with KO, elders gathering, starts with education module on health education topics; 13-20 communities typically northern reserves after presentation then can connect with other patients and friends
 - One Thursday per month
- *Contact:* Sally Ledger, Executive Director, dnfc@drytel.net

Sioux Lookout First Nations Health Authority

- *Initiative:* Youth engagement at schools to plan for youth programs
- *Contact:* Emily Paterson, Director of Approaches to Community Well-Being, Emily.paterson@slfnha.com

Gizhewaadiziwin Health Access Centre

- *Initiative:* Joint Elder's Council
 - Appointed by Chief and Metis Council
 - Represents ten First Nation communities and Metis communities
 - Makes recommendations on service delivery, points of access to communities and traditional customs
- *Contact:* Ashlee Grimard, Program Manager, 807-274-3131

Waasegiizhig Nanaandawe'Iyewigamig Health Access Centre

- *Initiative:* Quarterly Elder's Gathering
 - Representatives are from ten communities (two reps each), and twelve areas of service
- *Contact:* Phyllis Pinesse/Ken Nash, Administrative Assistant, 807-467-8770

Harm Reduction

Sioux Lookout First Nations Health Authority

- *Initiative:* Needle Distributions Service Evaluations
 - Engaging communities at injection drug users to evaluate service
- *Contact:* Emily Paterson, Director of Approaches to Community Well-Being, Emily.paterson@slfnha.com

Hiring Committees

St. Joseph's Care Group

- *Initiative:* Client & Family Partner Program
 - Supports clients and families to share input through committees, advisory councils, hiring panels, etc.
- *Contact:* Jessica Saunders, 807-346-5238, saunderj@tbh.net

Patient & Family Advisory Councils/Committees

Thunder Bay Regional Health Sciences Centre

- *Initiative:* Patient & Family Advisory Council
 - Helped to achieve an organization-wide philosophy of Patient-and Family-Centered Care “that’s at the centre of everything we do”
- *Contact:* Bonnie Nicholas, Patient & Family-Centered Care Lead, 807-684-7322, pfcc@tbh.net; Keith Taylor, Co-Chair, Patient & Family Advisory Council, taylorke@tbh.net

Réseau du mieux-être francophone du Nord de l'Ontario

- *Initiative:* [Carrefour Sante](#) (Health Hubs)
 - Sub-regional, community-based planning tables where Francophone leaders/representatives identify health needs within their community
- *Contact:* Chantal Bohémier is the Planning and Community Engagement Officer, cbohemier@rmefno.ca

North West CCAC

- *Initiative:* Patients & Family Advisory Committee
 - A group of patients and family members across the North West working/helping to identify quality improvement opportunities in community care
- *Contact:* Nicole Brown, Nicole.brown@nw.ccac-ont.ca

Riverside Health Care

- *Initiative:* Patient & Family Advisory Committee
 - Four members of the public/community selected to provide feedback/lived-experiences insights into hospital policies, program development and developing Quality Improvement Plan
- *Contact:* Carley McCormick, Patient Experience and Flo Coordinator, c.mccormick@rhcf.on.ca

St. Joseph's Care Group

- *Initiative:* Stroke Rehabilitation Intensity Committee
 - Recruiting and supporting stroke patients and caregivers to participate on a committee that shapes the kind of rehabilitative care they receive
- *Contact:* Denise Taylor, Physiotherapist, taylord@tbh.net

Peer-Mentorship

George Jeffrey Children's Centre

- *Initiative:* Parent Support Group – parents work together to identify their needs to re-focus therapy needs
- *Contact:* 807-623-4381

Fort Frances Community Clinic (Family Health Team)

- *Initiative:* Patient Advocacy Service – including staff and clients
- *Contact:* Liz Parent, Office Manager, Phone: 807-274-3287 ext. 232

George Jeffrey Children's Centre

- *Initiative:* Peer Adolescent Leadership Skills (PALS) Program
 - Focuses on youth working together to identify therapy activities
- *Contact:* 807-623-4381

Quality Improvement Planning

Thunder Bay Regional Health Sciences Centre

- *Initiative:* Engaging patients and caregiver advisors in developing Quality Improvement Plans
- *Contact:* Bonnie Nicholas, Patient and Family-Centered Care Lead, 807-684-7322, pfcc@tbh.net

North West CCAC

- *Initiative:* Supporting patients on quality improvement project teams
 - (e.g.,) Falls prevention, medical supply requests for proposals, health links
- *Contact:* Nicole Brown, Nicole.brown@nw.ccac-ont.ca

Riverside Health Care

- *Initiative:* Patient & Family Advisory Committee
 - Four members of the public/community selected to review and provide feedback on Quality Improvement Plans
- *Contact:* Carley McCormick, Patient Experience and Flo Coordinator, c.mccormick@rhcf.on.ca

Riverside Health Care

- *Initiative:* Quality Committee
 - Engage and support patient and community representatives to actively contribute to a range of quality committees

Contact: Cindy Cole, c.cole@rhcf.on.ca

Research

Ontario Hospital Association

- *Initiative:* Ambulatory & Day Survey Patient Experience Survey
 - Partnering with patients and their caregivers to design a province-wide experience survey

Dryden Area Family Health Team, Dryden Regional health Centre

- *Initiative:* Patient and caregiver focus groups
 - Designed and facilitated discussions with patients and caregivers embedded in different communities in their caregivers on a range of initiatives/issues
- *Contact:* Kim Vares, Director, Stakeholder Engagement & Relations, 807-223-8201, ext. 2260, kvares@drhc.on.ca

Wasegiizhig Nanaandawe'Iyewigamig Health Access Centre

- *Initiative:* Patient Satisfaction Survey and Consultations
- *Contact:* 807-543-1065

Dilico Anishinabek Family Care

- *Initiative:* Patient Satisfaction Surveys (add to required QIP questions)
- *Contact:* 807-626-5200

Harbourview Family Health Team

- *Initiative:* Patient focus groups *Contact:* Michele Krasnichuk, 807-346-1240

Strategic Planning

Nodin Child and Family Intervention Services, Sioux Lookout First Nations Health Authority

- *Initiative:* Mental Health Strategy
 - Community and Tribal Council members are invited to planning sessions to develop content and dissemination of strategy
- *Contact:* 807-737-4011

Thunder Bay Regional Health Sciences Centre

- *Initiative:* Engage patients/caregivers in developing strategic plan
 - Committee includes 5 stakeholders: community (patients and caregivers), health professionals, health managers, academics and policy-makers
- *Contact:* Bonnie Nicholas, Patient and Family-Centered Care Lead, 807-684-7322, pfcc@tbh.net