



Ingredients for successful patient engagement: The power of relationships

KEY MESSAGES:

- » Recognize the role of relationships: Relationships provide the foundation for building effective patient/client engagement.
- » Lose the jargon: Plain language communication and open dialogue provide the basis for collaboration in relationship building.
- » Level the playing field: All participants, whether patients/clients or healthcare providers, have equal voice in patient/client engagement.

INTRODUCTION

Hearing the voices of patients, families and caregivers is essential to transforming healthcare. In 2010, the Canadian Foundation for Healthcare Improvement began funding teams to investigate methods of improving the quality of care and the effectiveness and efficiency of health services by engaging patients in their design, delivery and evaluation. Funded teams were required to evaluate their intervention's patient engagement processes, outputs and outcomes, including its impact on the quality of services. In May 2012, six months prior to the end of their two-year funding cycle, the first cohort of the teams came together to begin to articulate lessons learned from these projects. This series of briefs presents the themes that arose and shares lessons learned to date in each of these areas.

One of the key themes that emerged from this discussion is the power of relationships for laying the foundation of any engagement efforts. Relationships build trust and encourage open dialogue to address complex issues. They foster collaboration and promote understanding of all perspectives. They encourage the development of connections for effective team building towards the common goal of transformational healthcare. This brief will highlight different elements of relationships including what makes an effective relationship, how to build and foster relationships and the need to establish indicators for measuring the quality of relationships. We highlight a number of key strategies that organizations can use to optimize the engagement of patients and families and build relationships for improved health.

The Canadian Foundation for Healthcare Improvement is dedicated to accelerating healthcare improvement and transformation for Canadians. The Patient Engagement Projects initiative supports project teams to improve the effectiveness and efficiency of health services by engaging patients and families in their design, delivery and evaluation.

PROMISING PRACTICES FOR BUILDING RELATIONSHIPS

1. ESTABLISH EFFECTIVE COMMUNICATION CHANNELS AND OPPORTUNITIES FOR ONGOING DIALOGUE

Connection must precede content. Communication that is built on trust and confidence, dignity, respect and mutual participation sets the table for meaningful engagement. When communication is free of jargon, it encourages active listening and assists all participants in developing their “voice.” It creates a culture of possibilities. Building on lived experiences, of both the provider and patient/client, allows for shared understanding and future development of goals that align priorities. Developing ground rules and building on basic active listening skills between participants lay the foundation for trust in sharing and the belief that this engagement will be different. It is that belief that fosters innovation in patient/client engagement.



Strategy in action

At the BC Forensic Psychiatry Hospital¹ (FPH), patients have a mechanism in the Patient Advisory Committee (PAC) by which they can bring forward concerns and effect change. The chair of PAC has monthly meetings with the Clinical Services Director and has now begun to attend the monthly meetings of the clinical services committee. Management members at the hospital regularly make presentations to the PAC. The patients feel heard, relationships between patients and management have been cultivated and real changes have been produced, demonstrating that the patients have a legitimate voice that extends beyond tokenistic inclusion.

2. CREATE A STRUCTURE THAT PROVIDES SHARED LEADERSHIP AND OWNERSHIP BETWEEN PATIENTS/CLIENTS AND PROVIDERS

To establish a clear path towards shared leadership, you need a structure that sets the tone. This level of relationship building for leadership needs to involve all—decision-makers, front-line staff, patients and the public. Shared leadership increases the likelihood that engagement will be embedded in efforts to improve patient outcomes, increase job satisfaction in staff and enhance the organization’s ability to truly be “patient-centred.” It identifies that all sides of the equation are necessary to truly reflect the values of respect, caring and trust, which in turn helps to cultivate and spread great practices. Shared leadership, however, is not without its limitations. Clarity in the relationship and roles, while respecting professional boundaries, is also necessary to create a level playing field.



Strategy in action

In the BC Ministry of Health Your Voice Counts project², project leaders created the space and opportunity for all participants, including provincial government and health authority representatives, patients, providers and members of the non-profit sector, to develop, plan and implement joint patient/provider training. The Joint Management Committee (JMC)

¹See “Simulating, studying and sustaining patient engagement in a forensic psychiatric hospital” at the BC Forensic Psychiatric Hospital www.cfhi-fcass.ca/WhatWeDo/Collaborations/PatientEngagement/Projects2010.aspx

²See “Your Voice Counts: Training patients to be effective in designing the system” BC Ministry of Health Services www.cfhi-fcass.ca/WhatWeDo/Collaborations/PatientEngagement/Projects2010.aspx

provides strategic oversight for the project and all decisions are part of a shared leadership model. It is an illustration of shared leadership and vision that contributes to the mantra “nothing about me without me.”

3. DEVELOP SKILL SETS WITH PARTICIPANTS FOR ALL VOICES TO BE HEARD

Good quality patient/client engagement is a relatively new undertaking that requires well-thought-out strategies for success. It is clear that in order to build relationships, it is necessary to build capacity and knowledge in those participating on how to do this successfully. Skill development and knowledge transfer is important for all participants, including patients/clients and healthcare providers. Many healthcare providers, through their daily exposure, already have skills in patient/client engagement; when tasked with being involved in system re-design, however, this requires a differing level of skill than what they practice daily. For that reason, most projects have built into their development some type of skill-building and/or knowledge transfer orientations/workshops for both providers and patient/clients.



Strategy in action

The Cancer Care Ontario³ team developed a two-day skill-building session as a means to ensure that Patient and Family Advisory Council (PFAC) members were effective in their role and empowered to share their experiences and voice their opinions. These sessions included:

- » Telling your story;
- » Group dynamics;
- » Shared leadership;
- » Consensus building; and
- » Continuous improvement.

In addition, a staff package was developed to help staff members present effectively to PFAC members, giving them clear guidance on preparing briefing notes and questions for members to consider and discuss during PFAC meetings.

4. ORGANIZATIONS MUST LIVE THE VALUES AND PRINCIPLES OF “NOTHING ABOUT ME WITHOUT ME”

From the top down and the bottom up, organizations need to demonstrate their resolve towards patient/client-centred care through their actions. Relationships are built through trust and possibilities of change. By organizations living the values, front-line health professionals see organizational endorsement of engagement initiatives, which allows those trailblazers to demonstrate their own commitment to true, authentic engagement.

³See “Engaging survivors to improve patient experiences throughout the cancer journey” at Cancer Care Ontario www.cfhi-fcass.ca/WhatWeDo/Collaborations/PatientEngagement/Projects2010.aspx



Strategy in action

The Glenrose Rehabilitation Hospital in Alberta⁴ leads by example. Families in the Glenrose Family Advisory Network (GFAN) identified the need for connecting with other families and so Glenrose staff, administrators, physicians and family members worked together to design and implement the program. Development of the Family-to-Family program was based on input from over 100 families and has led to increased connections and mutual support among parents whose children attend the hospital.

CHALLENGES TO ESTABLISHING RELATIONSHIPS IN THE ENGAGEMENT PROCESS

Relationship building can be time-consuming and often difficult but the benefits of spending the time and energy in this area can lead to increase capacity in patient/public engagement. Key considerations are:

- » Professional distance: While building relationships it is critical not to mistake these relationships with being fused to the patients/clients. Keeping a professional distance is important to build credibility with all participants.
- » Power differential: Depending on the engagement strategy it may be unavoidable to have differing levels of power in the relationship. Experience demonstrates that allowing for that to be discussed upfront and developing rules of engagement among all participants can help manage that differential.
- » Learning from each other's experience for shared understanding: Both providers and patient/clients have great insight from their experience that can contribute to a successful engagement process.

CONCLUSION

Relationship building can be tricky but important in the world of patient/client engagement. Through the CFHI-funded patient engagement projects, it has been realized that without relationships as the foundation of quality engagement practices, involvement risks being artificial, which in turn could lead to a lack of focus and, ultimately, to disengaged participants. However, focusing on clarity of purpose, connection before content, realistic boundaries and a focus on both practitioner and patient/client experience will most likely yield success. As organizations become more sophisticated in their approach, the quality of, and capacity for, engagement will improve. Patients/clients will truly see the value in contributing; system change and a culture of “nothing about me without me” will result. At that point, organizations will have truly achieved a partnership for better health.

⁴See “Multifaceted parent-to-parent support program within a Family Support Network” at the Glenrose Rehabilitation Hospital, Alberta Health Services www.cfhi-fcass.ca/WhatWeDo/Collaborations/PatientEngagement/Projects2010.aspx

Authors:

Jami Brown: Manager, Healthy Living/Healthier Communities, Fraser Health Authority

Sarah Lapsley: Peer Support Counsellor, Community Representative, BC Forensic Psychiatric Hospital

Jamie Livingston: Researcher, Forensic Psychiatric Services Commission, BC Provincial Health Services Authority

Velvet Martin: Patient Representative, Glenrose Rehabilitation Hospital, Alberta Health Services

Sara Urowitz: Manager of Educational Informatics and ELLICSR: Collaborative Centre for Health, Wellness and Cancer Survivorship, Princess Margaret Hospital/University Health Network

Primary Contact:

Mireille Brosseau: Program Lead, Patient and Citizen Engagement, Canadian Foundation for Healthcare Improvement

