

BETTER TOGETHER: PARTNERING WITH FAMILIES E-COLLABORATIVE PROSPECTUS



Canadian Foundation for
**Healthcare
Improvement**



Fondation canadienne pour
**l'amélioration des
services de santé**



**Better
Together**

Families are more than visitors.
They're partners in care.

The Canadian Foundation for Healthcare Improvement identifies proven innovations and accelerates their spread across Canada by supporting healthcare organizations to adapt, implement and measure improvements in patient care, population health and value-for-money. CFHI is a not-for-profit organization funded through an agreement with Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

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OVERVIEW

Summary

The Canadian Foundation for Healthcare Improvement is inviting expressions of interest from healthcare delivery organizations to participate in a quality improvement e-collaborative focused on the adoption and implementation of family presence policies. Family presence policies enable patients to designate family¹ members to have unrestricted access to them while they are in hospital. This e-collaborative is delivered online through webinars and other modalities conducive to distance learning.

From May 2016 to March 2017, the Better Together: Partnering with Families e-Collaborative will build your organization's capacity to:

- undertake improvement initiatives;
- assess, plan, implement, evaluate and sustain family presence; and
- introduce the practices that support patient- and family-centred care (PFCC) in hospitals with in-patient services² to improve patient and staff experiences and satisfaction.

Organizational teams accepted into this free e-Collaborative will receive support for the development and implementation of these changes through access to CFHI coaching, educational content and a pan-Canadian network of organizations pursuing family presence policy and practices. There is no cost to participate in this e-collaborative.

Informational Webinar

Organizations interested in learning more about the Better Together: Partnering with Families e-Collaborative are invited to participate in one of three informational webinars:

- April 5, 2016: 3:00 – 4:00 p.m. EDT (English only)
- April 6, 2016: noon - 1:00 p.m. EDT (bilingual)
- April 11, 2016: 10:00 - 11:00 a.m. EDT (English only)

During the one-hour webinar, participants will have the opportunity to hear more about the e-collaborative and how their organizations can benefit from CFHI support to adopt and

¹ Family can include relatives and/or other significant people in the lives and care of patient, as determined by the patient.

² "In patient services" refers to services provided by a healthcare organization that has beds as reported to the provincial/territorial health ministry.

implement family presence policy and practices. **It is strongly recommended that the proposed executive sponsor and project manager attend one of these sessions.**

Register now and [learn more](#)

Current State

In Canada and internationally, many healthcare organizations have identified patient- and family-centred care (PFCC) as an organizational priority. However, organizations continue to struggle with translating this philosophy of care into concrete policies and practices. Traditional visiting hours that restrict the presence of family members at the bedside of patients can act as a barrier to patient- and family-centred care, affecting quality, costs and outcomes. Leading healthcare organizations in Canada and other countries are implementing family presence policies, which enable patients to designate family members and loved ones who can stay by their side 24 hours a day, seven days a week.³

While 90 percent of surveyed health sector professionals and the general public are supportive of family presence policies, in 2015 only 25 percent of surveyed hospitals received top marks for having visiting policies that promote family presence and patient-and family-centred care⁴. There is a real opportunity for improvement to better meet the needs of patients and families and to deliver PFCC.

The Family Presence Innovation

A family presence policy enables patients to designate one or more family members to have unrestricted access to them during hospitalization. Patients are free to name relatives or other significant people in their lives and can choose not to designate anyone. This approach allows family members to more fully participate in patient care – including care planning – by being present for physician rounds and helping with transitions in care.

³ AbacusData. (2015). *CFHI Better Together Campaign* [PowerPoint Presentation]; Ipsos. (2015) *Hospital Visiting Hours: Canadian Foundation for Healthcare Improvement* [PowerPoint Presentation]

⁴ Canadian Foundation for Healthcare Improvement (2015). *Much More Than a Visit: A Review of Visiting Policies in Select Acute Care Hospitals*. Ottawa. Accessed from: <http://www.cfhi-fcass.ca/sf-docs/default-source/patient-engagement/better-together-baseline-report.pdf?sfvrsn=10>

Family presence is an innovation at the level of organizational design and service improvement that can have a profound impact on the culture of organizations delivering health services and results in improvement across multiple domains of quality⁵.

Developing, implementing and communicating family presence policies with patients and families, and staff⁶ is a practical step towards delivering more PFCC. However, changing visiting policies is not necessarily a simple task. For more accommodating policies to be accepted, a dialogue among staff, patients, families and caregivers, and the broader community is required. Fundamental change is necessary to recognize the key role that patients' families can play in the care of patients and to shift away from the view that families are only 'visitors' rather than partners in care and allies for quality and safety.

Benefits of Family Presence

Many leading hospitals in Canada and the United States recognize that partnering with patients and families is a smart strategy. The benefits of adopting and implementing a family presence policy at hospitals include⁷:

- Improved patient experience of care and satisfaction;
- Improved staff satisfaction and attitudes toward family presence;
- Decreased patient/family anxiety;
- Sustained patient cognitive and motor functions;
- Improved patient safety, quality and patient outcomes;
- Fewer medication incidents and falls;
- Greater organizational efficiencies and outcomes;
- Timely and better informed assessments and care planning;
- Improved transition planning;
- Risk avoidance;
- Reduced lengths of stay, admissions, emergency department visits; and
- Enhanced organizational culture

⁵ Institute for Patient-and Family-Centered Care. (n.d.) "Facts and Figures" About Family Presence. Retrieved from: http://www.cfhi-fcass.ca/sf-docs/default-source/patient-engagement/better-together-facts-and-figures_eng.pdf?sfvrsn=2

⁶ References to "staff" include the organization's employees, credentialed staff (physicians, midwives, extended class registered nurses, and others who are not paid by the organization but have privileges and work on site) and volunteers.

⁷ Institute for Patient-and Family-Centered Care. (n.d.) "Facts and Figures" About Family Presence. Retrieved from: http://www.cfhi-fcass.ca/sf-docs/default-source/patient-engagement/better-together-facts-and-figures_eng.pdf?sfvrsn=2

Conversely, isolating patients at their most vulnerable times from the people who know them best can place them at risk for adverse events, emotional harm and inconsistent care. Patients and families overwhelmingly support family presence policies:

“Having my family with me while I was in hospital not only made the experience more tolerable, it was also an important part of easing my transition back home. They had been with me every step of the way which meant they understood how to support me when I left the hospital.”

Emily Nicholas Angl, Patient Advisor, Patients Canada, and Director of Health Communications, Evans Health Lab

THE IMPROVEMENT OPPORTUNITY

Why You Should Participate

Many leading hospitals in Canada and the United States recognize the benefits of family presence policies and that partnering with patients and families allows staff to gain a more personalized view of their patients through family members.

Effective partnership between patients, providers and management is the most promising way of meeting the challenges of an aging population, an explosion of chronic disease and limited budgets. Involving patients and families in improvement leads to new insights and better results than occur when providers work on their own. Emerging evidence suggests that, "patient and family engagement translates into patient and organizational improvements, primarily in the areas of safety and effectiveness"⁸.

CFHI has a proven track record supporting the creation of engagement capable environments where partnerships with patients and families drive quality improvement. CFHI's support to organizations across the country through our [Patient Engagement Project \(PEP\) initiative](#) (2010-2013)⁹ and our [Partnering with Patients and Families for Quality Improvement Collaborative](#) (2014-15) demonstrate the rewards that come when management, providers and patients work

⁸ Baker, G.R. (August 2014) Evidence Boost: A Review of Research Highlighting how Patient Engagement Contributes to Improved Care. Canadian Foundation for Healthcare Improvement. Accessed from: <http://www.cfhi-fcass.ca/sf-docs/default-source/reports/evidenceboost-rossbaker-peimprovedcare-e.pdf?sfvrsn=8>

⁹ The 2010-2011 PEP initiative was supported by the Canadian Partnership Against Cancer and the Max Bell Foundation

together to improve care, systems and outcomes. The Better Together e-Collaborative is CFHI's latest drive to enable patient and family engagement as a lever for quality improvement.

Join the Collaborative and Benefit from:

- Access to online learning tools and a network of experienced faculty and coaches;
- Guidance and support with the assessment, planning, implementation and evaluation of a family presence policy;
- Support for performance measurement, evaluation and sustainability of the policy change;
- Peer-to-peer networking and exchange to foster cross-team learning and sharing ;
- Guided and self-directed learning opportunities;
- Introduction to other practices that support partnership with patients, families and caregivers; and
- Recognition as a leading Canadian organization in patient-and family-centred care through fulfillment of the Better Together pledge.¹⁰

Objectives and Deliverables

This e-collaborative will support participating teams to achieve the following objectives by completing the associated deliverables:

Overarching Objective	Overarching Deliverables
<ul style="list-style-type: none"> • Adopt and implement a family presence policy 	<ul style="list-style-type: none"> • Formulate a family presence policy that provides unrestricted access to designated partners in care (families and/or loved ones) • Implement a family presence policy and practices

Interim Objectives and Deliverables

Objectives	Deliverables
<ul style="list-style-type: none"> • Understand and assess your organization's current state of 	<ul style="list-style-type: none"> • Complete an organizational environmental scan of the current state of visitation policy

¹⁰ See Better Together Campaign and pledge information at <http://www.cfhi-fcass.ca/WhatWeDo/better-together>.

Objectives	Deliverables
family presence and the connection to patient engagement and patient- and family-centred care	and practice <ul style="list-style-type: none"> • Complete a readiness assessment • Develop a stakeholder engagement plan
<ul style="list-style-type: none"> • Identify structures and processes required to facilitate and sustain engagement capable environments when adopting a family presence policy and practices 	<ul style="list-style-type: none"> • Develop an implementation plan
<ul style="list-style-type: none"> • Explore one or more family presence practices that recognize patients, families and staff as partners in care (e.g. the use of whiteboards, presence at patient care rounds, etc.) 	<ul style="list-style-type: none"> • Identify one or more family presence practices that will become a priority quality improvement initiative (during or subsequent to the completion of the collaborative)
<ul style="list-style-type: none"> • Share and gain knowledge of opportunities and resources to support the adoption, implementation, and sustainability of family presence policies and practices 	<ul style="list-style-type: none"> • Establish connections between leading organizations and other collaborative teams undertaking the change
<ul style="list-style-type: none"> • Use appropriate methods and measures (qualitative and quantitative) to track changes related to the introduction of family presence policy and practice (e.g. staff satisfaction, patient experience of care, etc.) 	<ul style="list-style-type: none"> • Develop an evaluation plan that includes selected method(s) or measure(s) to evaluate the change
<ul style="list-style-type: none"> • Develop a shared understanding at the team and organizational level of how engagement capable environments advance patient- and family-centred care (PFCC), and improved healthcare quality, outcomes and cost. 	<ul style="list-style-type: none"> • Develop a case for change through regular progress reporting

ELIGIBILITY

Who Should Participate?

Canadian healthcare organizations with in-patient services that are interested in adopting and implementing a family presence policy are eligible to register. The e-collaborative is designed to support organizations that score between 0-7 on CFHI's [self-assessment form](#), to be completed as part of the registration process.

For organizations that score 8-10 on the self-assessment, CFHI commends you on your open visitation policy. If you have a family presence policy that welcomes families as partners in care CFHI would welcome your participation as a resource to others who can benefit from your experience. If so, we encourage you to complete the expression of interest.

Eligible organizations include, but may not be limited to: regional health authorities, hospitals/hospital sites, (acute care, continuing care, rehabilitation care, and mental health care). We encourage the participation of teams comprised of individuals from multiple organizations that provide in-patient services across the continuum of care.

This collaborative focuses on spreading policy and practices that apply to in-patient settings. At this time, long-term care facilities and other healthcare settings that do not offer in-patient services, as reported to the provincial/territorial ministry of health are not eligible to participate.

Participation Requirements

Canadian healthcare organizations that meet the following requirements will be considered for inclusion in the e-collaborative:

1. Take the [Better Together pledge](#)¹¹
2. Complete the expression of interest and self-assessment by April 22, 2016
3. Score between 0-7 on CFHI's self-assessment tool
4. Identify an Executive Sponsor from senior management (see "Preparing for Success: Assembling an Improvement Team" section below)
5. Identify a project manager (see "Preparing for Success: Assembling an Improvement Team" section below)

CFHI will select teams based on the requirements outlined above and on considerations of overall composition of the cohort of teams in terms of setting and context.

¹¹ See Better Together Campaign and pledge information at <http://www.cfhi-fcass.ca/WhatWeDo/better-together>.

Preparing for Success: Assembling an Improvement Team

For best results in implementing family presence policies and practices, each organization accepted into the e-collaborative will form a Steering Committee to oversee the planning and implementation of the family presence policy. This Steering Committee will be responsible for ensuring:

- 1) There is adequate infrastructure support for advancing the initiative. (For example, sub-groups can be formed to support education, communication, policy approval, quality improvement and measurement, as required.)
- 2) The appropriate amount of time, resources, and accountability are in place to promote performance measurement and the overall success of the policy and practices changes.
- 3) Staff are liberated to attend all the webinars, self-directed and online learning activities; and to prepare and submit regular progress reports.
- 4) They commit to participation in the e-collaborative's overall evaluation and performance measurement plan.

Members of the ideal Steering Committee will include:

A) Roles that must be named on the application

- **Executive Sponsor:** An Executive Sponsor will provide top-level organizational direction and will be accountable for ensuring connections to the executive team (CEO, senior executive committee, and board of directors) and management on all aspects of the design, implementation, evaluation and sustainability of the family presence policy and practice(s) to be implemented. They will ensure that the voice of the patient/family/caregiver and staff are considered throughout the policy change and implementation. The executive sponsor may be a CEO, COO, Chief Nursing Officer, VP of Quality or VP responsible for patient relations.
- **Project Manager:** The Project Manager will directly oversee the planning, implementation and tracking of the adoption and implementation of family presence. This oversight includes ensuring there is a detailed workplan that identifies the sequence and schedule of activities, as well as the resources and responsibilities required to assure objectives and deliverables are met. The PM will monitor and facilitate reports on all aspects of the progress of the initiative.

B) Recommended additional areas of accountability/expertise that will strengthen the Steering Committee

Organizations are strongly encouraged to consider representation from areas of accountability and/or expertise when formulating their Steering Committee described below. It is expected that Steering Committee membership be established prior to the

commencement of Phase 1 pre-work if accepted into the e-collaborative. Multiple roles and areas of expertise may be fulfilled by one individual.

Recognizing that participating organizations will differ in size and capacity to support quality improvement projects, it is expected that as a minimum each organization will create one team to provide oversight for the planning and implementation of this initiative from outset to completion (Steering Committee). Organizations that have greater infrastructure and capacity may choose in addition to have an implementation team that accepts some of the responsibilities that in other organizations might remain exclusively as responsibilities of the Steering Committee. This may result in a smaller Steering Committee that meets less frequently but has direct connection and communication with a sub-group. If sub-groups are formed, the Executive Sponsor will commit to being briefed on a regular basis on the status of the initiative to enable activities and overcome barriers and challenges.

Additional Steering Committee membership may include the following roles/areas of expertise:

- **Patient and Family Advisors:** who have experienced in-patient services within your healthcare organization. They advise the team on patient experiences of care and provide the patient/family/caregiver voice in the design and implementation of your family presence policy and practice(s). It is strongly recommended that the Steering Committee include more than one advisor. Your organization's patient/family advisory committee or patient relations department may be able to connect you with some advisors.
- **Nurse Champion:** to bring an understanding of nursing practice to the design and implementation of the family presence policy. Nurses are directly involved in supporting family presence.
- **Allied Health Champion:** While not all allied health professions will be represented at the steering committee level, ideally the allied health person will have established communication channels to other allied health professions. Not all allied health professionals will be directly involved in the implementation of family presence, but they are key to family engagement as well as understanding and supporting the policy.
- **Communications and Public Relations:** to ensure the family presence policy change is supported through internal and external communications with leadership, staff and the public.
- **Patient Relations:** to facilitate the meaningful engagement of patients and families as partners and allies for quality improvement
- **Education:** to support onboarding of staff, patients, and families when implementing family presence policy
- **Evaluation and Measurement:** to identify existing and new measures support the tracking of results over time.

- **Quality and Safety:** to support the team in undertaking quality improvement including: adopting and implementing family presence policy and desired patient- and family-centred care practices; documenting the learning; and managing quality improvement PDSA cycles.

HOW THE COLLABORATIVE PROGRAM WORKS

Content Themes

For this e-collaborative, CFHI faculty and staff, with input from organizational teams, will design content and facilitate exchange on key topics for implementing patient-and family-centred policies and practices including:

- Organizational readiness for change;
- Leadership and change management;
- Measurement, evaluation, and sustainability;
- Rapid cycle improvement processes;
- Communication and stakeholder engagement;
- Practices that support patient- and family-centred care;
- Creating environments that support partnerships in care and improve quality; and
- Topics identified by teams such as: safety, infection control, security and governance, conflict resolution

Learning Methods

CFHI will deliver this content through the following methods:

- Educational webinars, which will focus on how to assess, plan, implement and evaluate family presence policy and practices within in-patient care at healthcare delivery organizations.
- Regularly scheduled team progress reporting: at midpoint and end of each module in the form of a one-page report.
- Scheduled quarterly coaching calls with experienced leaders in patient- and family-centred care and family presence to support a rapid pace for testing change and to troubleshoot any barriers encountered.
- Affinity calls to network and exchange information with e-collaborative teams and leading organizations on topics selected by teams.
- Access to online learning tools and activities.

Timeline

The Better Together: Partnering with Families e-Collaborative will run from May 2016 to March 2017. Please note the following key dates:

DATE	ACTIVITY
March 14, 2016	Prospectus and Expression of interest available
April 5, 2016 – 3:00-4:00 p.m. EDT	Information webinar #1- English call
April 6, 2016 – 12:00-1:00 p.m. EDT	Information webinar #2 – Bilingual call
April 11, 2016 – 10:00-11:00 a.m. EDT	Information webinar #3 - English call
April 22, 2016	Close of e-Collaborative expression of interest
May 3, 2016	Teams notified of acceptance into e-Collaborative
May 9, 2016	Phase 1 pre-work begins
Phase 1	
May 25, 2016 – 12:00-2:00 p.m. ET	Phase 1 content webinar
June – August 2016	Team Action Period: Assessment and initial visitor hours policy review
June 16, 2016 – 12:00-2:00 p.m. ET	Phase 1 coaching call
July 5, 2016 – 12:00-1:00 p.m. ET	Affinity call #1 – <i>topic tbd</i>
July 6, 2016	Mid-Phase progress report submission
July 19, 2016 – 12:00-1:00 p.m. ET	Affinity call #2 – <i>topic tbd</i>
August 29, 2016	Phase 1 progress report submission
Phase 2	
September 15, 2016 – 12:00-2:00 p.m. ET	Phase 2 content webinar
September – December 2016	Team Action Period: Formulation of family presence policy and practices
October 13, 2016 – 12:00-2:00 p.m. ET	Phase 2 coaching call
November 3, 2016	Mid-Phase progress report submission
November 8, 2016 – 12:00-1:00 p.m. ET	Affinity call # 3 – <i>topic tbd</i>
November 22, 2016 – 12:00-1:00 p.m. ET	Affinity call # 4 – <i>topic tbd</i>
December 12, 2016	Phase 2 progress report submission
Phase 3	
January 16, 2017 – 12:00-2:00 p.m. ET	Phase 3 content webinar
January - onward	Team Action Period: Implementation and ongoing monitoring of impact of family presence policy and practice changes. Sustaining patient- and family-centred care practices.
February 16, 2017 – 12:00-2:00 p.m. ET	Phase 3 coaching call
February 20, 2017	Mid-Phase progress report submission

DATE	ACTIVITY
March 7, 2017 – 12:00-1:00 p.m. ET	Affinity call # 5 – <i>topic tbd</i>
March 14, 2017 – 12:00-1:00 p.m. ET	Affinity call # 6 – <i>topic tbd</i>
March 27, 2017	Final report submission
September 2017	Follow-up on e-collaborative team progress

Free Program

Registration for the Better Together: Partnering with Families e-Collaborative is free.

HOW TO APPLY

To apply, complete the Better Together: Partnering with Families e-Collaborative [online expression of interest](#) . Expressions of interest can be submitted in either English or French.

By completing the online expression of interest, the organization and team members confirm that they understand and will abide by [CFHI's Conflict of Interest Policy](#), including the rules regarding eligibility of Foundation employees, directors and agents.

In completing the online expression of interest, you and all members of your team must fully disclose relationships with any current member of the [CFHI Board of Directors](#).

The deadline for expression of interest submission is April 22 2016 at midnight EDT. All registered organizations will be notified of the results of our review on Tuesday, May 3, 2016.

For more information, please contact info@cfhi-fcass.ca

Appendix A: CFHI Core Faculty and Staff

Angela Morin: Angela has been partnering with healthcare professionals providing input in policy and facility design, quality improvement and program development as a patient and family experience advisor since 2011. She is currently the Co-chair of the Kingston General Hospital Patient and Family Advisory Council and is a member of the Southeast Regional Cancer Centre PFAC. She sits on the Board of Health Quality Ontario, is a Client and Family Advisor to Accreditation Canada and Co-Chaired the Quality of Care Information Protection Act Review Committee. A graduate of Queen's University, Angela has extensive experience motivating and coaching professionals as a Career Transition Consultant. Her experience supporting a close friend through her cancer journey continues to motivate her to bring the patient and family voice to all levels of healthcare.

Patricia O'Connor: Patricia is a Clinical Improvement Advisor at CFHI and the Senior Advisor, Patient Engagement, at the McGill University Health Centre (MUHC), where she also served as the Director of Nursing and Chief Nursing Officer. An assistant professor in the Ingram School of Nursing at McGill, she is a Certified Health Executive and Past President of the Academy of Canadian Executive Nurses. She has completed CFHI's EXTRA Fellowship (2004-06), CCHL's Fellowship (2007-09), and in 2008-09, a U.S. Commonwealth Fund Harkness Fellowship in Health Policy and Practice. She has expertise in leading large scale initiatives that engage patients and frontline staff in co-designing care delivery system improvements, as well as in the development of high performing, interprofessional teams, and in health services research.

Eleanor Rivoire: Eleanor is an Independent Patient Engagement and Healthcare Advisor and former Executive Vice-President and Chief Nurse Executive, at Kingston General Hospital, and an Assistant Professor, School of Nursing at Queen's University. She is a senior healthcare executive with more than 30 years of experience within the clinical, education and administrative domains of professional practice. She has a keen interest and expertise in transforming the patient experience with a focus on patient- and family-centred care, as well as with models of interprofessional practice and education. She is engaged in managing changes that bring about policy and process improvements within healthcare and professional practice, and result in improved quality and safety outcomes.

Maria Judd: Maria is Senior Director, Patient Engagement and Improvement at CFHI and in this role is responsible for developing and implementing strategies, programs and activities in support of CFHI's mission, with a particular focus on engaging patients and families in healthcare improvement work. Maria's passion for healthcare improvement has evolved from her diverse roles within the health system, such as a community health centre board member, clinician, program manager and researcher. She has extensive experience in knowledge transfer and exchange, establishing and promoting new ventures, creating education programs, developing clinical practice guidelines and convening expert groups.