

Better Together



#MoreThanAVisitor

...because loved ones are partners in care

Family presence enables patients to designate partners in care who are welcome in the hospital 24 hours a day.

REPORT OF THE

BETTER TOGETHER POLICY ROUNDTABLE

Canadian Foundation for **Healthcare Improvement**

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

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EXECUTIVE SUMMARY

The Better Together Policy Roundtable took place September 25 and 26, 2017 in Ottawa, moderated and co-chaired by the Canadian Foundation for Healthcare Improvement (CFHI). Forty-nine participants convened, representing 12 provinces and territories. They were a diverse mix of patients, patient and family advisors, caregivers, government leaders, and representatives from healthcare organizations and jurisdictions. The roundtable brought together relevant senior government policy leaders responsible for patient and family-centred care (PFCC), key partners, and patient and family advisors to address ways policy can be used to support PFCC practices across regions, provinces and territories.

Sessions during the two-day roundtable shared:

- the results of the Better Together e-collaborative
- family presence and PFCC innovations from across Canada
- tools for designing and implementing family presence policies
- tools for spreading and sustaining family presence
- best practices for measuring and evaluating the impact

Participants completed an evaluation after the roundtable. Results indicated they were highly satisfied with the event, and that their knowledge regarding the role of patients and families as partners increased. All respondents committed to taking further steps to implement or spread family presence in their jurisdictions or organizations.

BACKGROUND

CFHI 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.

Family presence is a policy innovation that enables patients to designate a family member or loved one who can remain with them 24/7 and be a part of their care team. This approach creates a welcoming environment that enables families and caregivers to participate in care more fully. Families can provide emotional support for patients and be present during many aspects of the healthcare experience, including rounds, procedures and transitions.

In 2014, CFHI adapted the Institute for Patient and Family-centred Care's Better Together: Partnering with Families model to a Canadian context. The campaign aimed to change the concept of families as 'visitors' to families as partners in care in hospitals. Since then, CFHI has led the Better Together campaign in Canada. The campaign calls on hospitals and healthcare delivery organizations to take the Better Together Pledge and begin moving towards implementing family presence policies to foster an environment that improves PFCC. Thirteen Canadian supporting organizations helped raise

awareness about the campaign and encourage healthcare organizations to take the pledge. These organizations included: Accreditation Canada, The Academy of Canadian Executive Nurses, BC Patient Safety and Quality Council, Canadian College of Health Leaders, Canada Health Infoway, Canadian Patient Safety Institute, Health Quality Council of Alberta, Imagine Citizens Collaborating for Health, Manitoba Institute for Patient Safety, Registered Nurses' Association of Ontario, Saskatchewan Health Quality Council, Patients Canada, and Patients for Patient Safety Canada.

In response to growing interest among healthcare organizations to pledge the campaign, CFHI launched the Better Together e-collaborative. This online quality improvement opportunity spanned 11 months, and provided support, coaching, educational content and access to a pan-Canadian network of healthcare organizations pursuing family presence policies and PFCC. The e-collaborative supported 12 organizations as they built capacity to plan, implement, evaluate and sustain family presence, as well as other practices that support PFCC.

ROUNDTABLE PLANNING

CFHI established a steering committee of eight members from organizations or jurisdictions that had already implemented family presence. Two patient and family advisors with experience relevant to the policy roundtable were also included. The steering committee oversaw development of the roundtable's aims and objectives, and its agenda. The committee also identified topics for discussion, speakers, and the patient scholarship process. It met five times over four months leading up to the roundtable.

Each day of the roundtable was co-constructed with patient advisors and steering committee members to maximize engagement and discussion between patients and families, government representatives and healthcare leaders. Day 1 of the roundtable equipped participants with knowledge and evidence explaining why family presence is a priority in healthcare. Day 2 moved into more interactive engagement and group activities to facilitate discussion between different individuals. This gave rise to an engaged group that could share in one another's expertise and lived experience, and explore the various tools for implementing family presence.

A list of steering committee members can be found in [Appendix A.](#)

AIMS AND OBJECTIVES

The meeting brought together leaders from various sectors – including government, partnering e-collaborative organizations, various healthcare organizations and advisors – to learn from provincial jurisdictions that have undergone family presence implementation across multiple healthcare organizations and sites.

The overall objectives for participants included:

- sharing experiences and considering the evidence about family presence policies and practices
- learning from others who have successfully implemented a province-wide family presence policy and practices
- identifying common enablers and barriers, as well as developing strategies to address the challenges that may occur with family presence implementation
- understanding the role of patient and family advisors as partners in all stages of policy change, including development, implementation and evaluation of family presence policies
- learning how to apply family presence policies and practices in participants' own jurisdictions by introducing tools and resources to support policy adoption and practice change, and creating measures to assess the difference it makes

Presentations, discussions and activities were designed to meet the aims and objectives of the roundtable and maximize participant engagement and learning.

Day 1 of the roundtable addressed why family presence is a priority in healthcare. It provided participants with an introduction to the evidence supporting family presence, an overview of the current state of family presence in Canada, a dismantling of the myths and challenges of family presence, and an overview of various provincial case studies of family presence policies. Day 1 also provided participants with knowledge and supporting evidence about why family presence is an important catalyst for patient engagement and PFCC. Select sessions from Day 1 were made available via livestream and can be found on the CFHI website.

Day 2 of the roundtable moved from why family presence is a priority to equipping participants with knowledge about how to implement family presence policies across their organization or jurisdiction. Participants were shown tools for analyzing their jurisdiction's current state of visitation and family presence. They were also provided with information about how to create a change-ready environment; partner with patients effectively; communicate and support policy change; and monitor, evaluate and sustain family presence. Day 2 provided participants with tools to implement family presence policy changes within their own setting. Participants left the second day of the roundtable with clear and actionable steps for beginning the process of adopting family presence policies within their jurisdictions or across their healthcare organizations.

PARTICIPANTS

Forty-nine participants from organizations across Canada, representing 12 provinces and territories, attended the policy roundtable. Ten participants joined via the livestream.

Teams of three were invited from all provinces and territories, and team members included individuals from government and healthcare partner organizations, as well as a patient and family advisor. Three scholarships were offered to patient participants to ensure there was strong and diverse patient representation at the roundtable. An effort was made to ensure balanced representation among the four stakeholder groups. The diverse voices within the room supported the discussion on meaningful and sustainable policy change.

The Better Together Policy Roundtable was co-constructed and co-led with patients and families, resulting in the Patients Included designation. Full Patients Included criteria can be found in [Appendix B.](#)

A full list of participants and their affiliations can be found in [Appendix C.](#)

SUMMARY OF PROCEEDINGS

The Roundtable agenda can be found in [Appendix D.](#)

Day 1 of the policy roundtable commenced with a traditional prayer from local Elder Albert Dumont, who framed his experiences with family presence, and Darlene Dyck (Patient and Family Advisor, Saskatchewan Health Quality Council), who shared what family presence meant to her and her family.

CFHI President Maureen O'Neil further welcomed participants and set the context for the importance of family presence and patient and family-centred care policies in the Canadian healthcare system.

Presentations throughout the day followed various formats, including breakout discussions and case studies. Day 2 was structured as a workshop to facilitate a discussion about implementation methods, learn about tools and resources for family presence policies, and apply these resources for policy change across different scenarios. Presentations and workshops are discussed below.

The event was co-chaired by Malori Keller (Patient Engagement & Empowerment Platform Lead, Saskatchewan Centre for Patient-Oriented Research, Health Quality Council, Saskatchewan) and Christine Maika (Improvement Lead, CFHI).

DAY 1 SESSIONS

The Better Together Campaign and Evidence to Support Family Presence

Carol Fancott (Director, Patient and Citizen Engagement for Improvement) began by sharing evidence to support family presence and evidence-informed policy innovation, including quality indicators such as patient safety. She also shared the preliminary evaluation findings from the Better Together e-collaborative. Reflections from participants included:

- the compelling nature of the evidence, making family presence a “slam dunk”
- the paternalistic attitudes embedded in healthcare, and the long-standing history and professionalized view of healthcare as barriers
- presentation of evidence as crucial for staff support
- family presence is applicable in different areas of healthcare (such as primary care, acute care, mental health, and tertiary care)

The State of Family Presence in Canada

Christine Maika and Malori Keller contextualized the state of family presence in Canada. Christine provided an overview of a family presence baseline study conducted by CFHI in 2015, finding inconsistencies in visiting policies across the country. Breakout discussion followed, with the following points identified:

- Cultural considerations and the legacy of colonialism in healthcare are important in family presence and PFCC.
- All participants had been impacted (personally or professionally) by family presence.
- Everyone in the room had implemented or was on the journey to family presence implementation, with six provinces currently working on or having adopted a family presence policy, four provinces implementing in more regional hospitals and three researching where they can begin implementation.

Myths and Challenges of Family Presence

Eleanor Rivoire (Independent Healthcare Advisor, CFHI Faculty and Coach), Angela Morin (Co-Chair, Patient and Family Advisory Council, Kingston Health Sciences Centre) and Cynthia Phillips (Operational Director, Medicine Program, Kingston Health Sciences Centre) guided participants through a discussion of the potential challenges and barriers that may arise during family presence implementation. The presenters provided solutions grounded in their own experiences with implementation, with an emphasis on the culture shift of family presence, and the leadership required to address the challenges and find solutions.

Challenges and barriers	Solutions
Staff concerns, such as risks and overcrowding	<p>Staff must be educated prior to implementation across a variety of situations, including:</p> <ul style="list-style-type: none"> • communicating changes to families and addressing issues of respect and safety • reviewing policies that support family presence • thinking through and identifying risks beforehand and creating relevant education
Infection control, particularly in specialized settings such as the neonatal intensive care unit	Partner with patients and families in infection control measures, such as handwashing, and communicate why these measures are important.
Information transfer (managing diagnostic information)	Identify a partner in care upon admission to facilitate communication and information transfer.
Respect for the care and needs of all patients when there is potential for complicated family dynamics	Give thought to space design, such as cultural sensitivity for different patient and family requirements, and communicate with patients and families about expectations.
Different perspectives among staff members, such as nurses and physicians	Leadership must align with and support the new policy and strategy, engaging staff in the design of the changes they will be making.

Case Studies: Getting to Large-Scale Adoption of Family Presence

Two case studies – one from Health PEI and the other from Horizon Health Network in New Brunswick – were presented on the theme of large-scale family presence adoption across two different provinces, and the importance of continuing the improvements and sustaining the adoption of family presence policies and practices.

Health PEI

Shari MacDonald (Clinical Nurse Educator, Kings County Memorial Hospital, Health PEI) and Paul Young (Administrator, Community Hospitals-West, Health PEI) shared key facilitators to their provincial implementation and participation in the Better Together e-collaborative:

- Identify key leaders and leadership alignment with policy changes.
- Incorporate experienced patient and family advisors in committees responsible for this change.
- Include patients and families in the evaluation and co-design.
- Align across organizations and different communities.
- Ensure ongoing education, communication and engagement.
- Design an adaptable policy that is broad enough to be implemented at different sites.

Horizon Health Network

Margaret Melanson (Vice-President, Quality and Patient Centered Care, Horizon Health Network) discussed the implementation of family presence across the entire health region in New Brunswick. Facilitators included patient and family-centre care (PFCC) as a regional strategic priority, support of senior leadership, partnering with patients in co-design and development, and evaluation of an ongoing working policy.

Lessons learned include:

- It was important to create a separate pet visitation policy to avoid confusion.
- Strong leadership support is integral to success.
- Change-management plans are essential.
- Teams must receive and incorporate feedback from facilities with different cultures.
- Ongoing assessment is key.

Themes from participant discussion included:

- Examples of the supports created to facilitate family and patient access, such as sleeping spaces and meals
- Advice on balancing consistency in policy implementation across different sites with different cultural needs
- Potential budget implications and cost saving considerations in large-scale policy implementation
- The importance of internal dialogue about the policy between staff and patients, and across different sites
- Creating a new staff orientation process that reflects the policy change

Case Study: Holding the Gains – Sustaining Adoption of Family Presence Policy and Practice

Malori Keller, Bernie Doepker (Director of Community Engagement, Five Hills Health Region, Saskatchewan Health Quality Council) and Darlene Dyck provided examples of sustaining family presence policies and practice. Key facilitators included:

- importance of patient and provider stories and patient representation
- continual assessment of the policy and current barriers
- sharing positive and negative patient and family experiences
- culture change

Continuous auditing for compliance, identifying areas of opportunity and assessing the care experience lead to important changes that facilitate sustainability.

Day 1 closing

Alex Harrison (Imagine Citizens Collaborating for Health) and Angela Morin discussed themes that emerged throughout the day:

1. Partnership – If you want to partner with patients and families, you need to let them in.
2. Foundational – Family presence is a game changer, it is the foundation of all other family-centred care activities.
3. Balance – It is important to balance consistency (a consistent policy) with adaptability (one size will not fit all).
4. Culture – Organizations, providers and families have distinct cultures (and contexts) that affect family presence implementation.
5. Fears – The fears that healthcare providers expressed about family presence did not materialize in the practice of the policy, but fears need to be addressed before implementation.
6. Enablers for family presence include – Respect, communication, education and leadership.
7. Win/win – Family presence is good for patients, good for families and good for organizations.



The importance of ongoing education, dedication and thoughtfulness, as well as the importance of stories as an impetus for action were emphasized, with the following conclusion:

“A policy is just a policy; patients and families may not know what is written, they may hear the words ‘family presence,’ but they will feel how it is practised.”

Family presence is brought to life by the people doing the work.

DAY 2 SESSIONS

Christine Maika and Malori Keller shared reflections from Day 1, including:

- the journey of family presence
- diversity of what family presence can be
- this policy is on everyone’s radar

Participants shared key learnings from the previous day, including:

- There are more ways than visitation to support family presence (such as free Wifi or parking).
- It is important to let families in the door to co-design the policy innovation.

- All players must work to humanize the experience of being a patient.
- The patient's perspective and story are important.
- Cultural considerations of patients and families must be taken into account.
- Large-scale change may be daunting, but it can occur incrementally and is sustainable.

Day 2 began with the question: "What will you do by this Friday?" Participants were invited to answer the question throughout the day and in the closing session.

Setting the Stage: Foundational Policy Elements and Supports for Large-Scale Policy Change

Malori Keller discussed the importance of foundational policy elements to support large-scale policy change. Key elements for large-scale implementation included:

- awareness of other provincial policies and provincial frameworks to use for guidance and to develop an applicable decision-making framework
- cognizance of changes in different regions, how this may impact the policy, and a plan to manage these differences
- incorporating education and planning on concern management across regions early as opposed to being reactive later

Participant discussion on supporting large-scale change resulted in the following themes:

- It is important to communicate within stakeholder networks, as well as among staff to address changes that are occurring.
- Stories and patient evidence are important for creating a burning platform.
- Culture change takes time, and it is important to accommodate people as they are working to catch up to or move through organizational changes.
- Implementation strategies and having an appropriate policy infrastructure in place lead to large-scale change.
- Engaging patients in the policy changes the discussion by opening the door and inviting them in. Patients must co-design the policy and implementation throughout the process.

Identifying and Analyzing Your Jurisdiction's Current State of Visitation and Family Presence

Christine Maika and Angela Morin led participants through an exercise to identify and analyze a jurisdiction's current state of visitation and family presence. Using a tool from CFHI's baseline study *Much More than Just a Visit: A review of visiting policies in select Canadian acute care hospitals*, participants evaluated a hospital¹ of their choice through the eyes of a family member seeking information on visiting hours. Participants considered how this evaluation could apply to their own jurisdiction and organization, and implications for their own implementation and family presence communications. Findings were varied, with emphasis put on the accessibility of information and language used.

¹ Canadian Foundation for Healthcare Improvement. (November 2015) *Much More than Just a Visit: A Review of Visiting Policies in Select Canadian Acute Care Hospitals*

The Current State Tool handout can be found in [Appendix E.](#)

Establishing Your Steering Committee (partnering with patients)

Elizabeth Cormier (Regional Director, Volunteers, Auxiliaries and Alumnae, Horizon Health Network) and Nicola Odrowski (Patient/Family Advisor, New Brunswick, Horizon Health Network) provided an overview of how to establish a steering committee in partnership with patients. Key elements included bringing patients and families to the table first, and partnering with them to co-design and implement the steering committee. Participants emphasized the importance of diversity and representation of different groups of patients, and the methods of engagement used to capture diverse experiences.

The afternoon continued with a two-part presentation on communicating jurisdictional policy change and supporting the adoption of family presence.

Part 1 – Communicating Jurisdictional Policy Change

Shari MacDonald and Malori Keller drew on their experience of provincial implementation, sharing lessons learned and best practices on communicating jurisdictional policy change. Facilitators included: communicating the change with patients and citizens, being aware of the type of messaging your organization wants to communicate, being flexible about which communication tools to use for various sectors and managing the messaging in external communication to the media.

Lesson learned included:

- It is important to prepare for challenges/roadblocks along the way.
- Teams must consider the appropriate timing for the organization as well as political timing.
- It can be costly to raise public awareness.
- It is important to develop a comprehensive communication strategy.
- Outdated messaging must be replaced continually.
- Collaboration is key and various perspectives must be incorporated into communication and implementation.
- Staff concerns must be addressed through pre-policy communication.

Participants concluded the session with an exercise in which they devised seven ways to communicate family presence policies within their organization. Representing family presence with inclusive messages for patients and families was a resulting theme.

Part 2 – Supporting the Adoption of Family Presence (training needs, ongoing communication and monitoring for success)

Patricia O'Connor (Healthcare Consultant and Clinical Improvement Advisor, CFHI) provided an overview of how to support the adoption of family presence by facilitating an understanding of the continuum of patient participation. She emphasized the value-add of patient partnerships, co-design and PFCC practices to create engagement-capable environments.

Participants identified various elements of importance, including patient-experience evaluation, methods of engaging patients and families in co-design, standardizing training, and the family presence

bundle as a PFCC practice. The family presence bundle as a PFCC practice includes participating in rounds, using whiteboards for communication, and shift report at the bedside.

Monitoring and Evaluating: How do you know you have made a difference?

Christine Maika and Malori Keller examined different methods of monitoring and evaluation. Key elements included using diverse means of measurement, building the foundation for data collection at implementation, awareness of reporting mandates, and the importance of indirect evidence, experiential evidence and family presence in quality improvement.

The group participated in a creative activity intended to stimulate “outside of the box” thinking about the ways in which families are prevented from visiting loved ones. Examples of the barriers participants discussed included:

- only speaking English with no available translation services
- no cultural sensitivity or awareness of culture
- staff moving patients frequently
- no available staff
- enforcement of quarantines

Although many ideas about barriers were intentionally outrageous (such as covering all windows, having no signage), participants identified that many of these barriers are not far from the realities faced by families, and recognized solutions to these barriers, including culture change and the importance of co-design with patients and families.

Sustaining Change: Holding the gains and spreading family presence

Margaret Melanson and Malori Keller discussed the keys to sustaining change and spreading family presence by sharing the evaluation and audit findings from their respective regional and provincial policy implementations. Key facilitators to spreading and sustaining included:

- co-designing with patients and families
- using data and feedback as drivers for quality improvement
- providing tools for frontline staff
- supporting cultures of family presence by identifying champions
- being flexible
- encouraging continuous communication
- using stories to share why family presence is so important

Day 2 closing

The roundtable concluded with discussions about the power differentials that exist in healthcare. These differentials are hard to overcome when families and patients are not explicitly welcomed or invited by healthcare staff to participate. Participants concluded the roundtable by writing a note to themselves about the importance of family presence and answering the final question: “When is the national policy coming out?” with a goal of the year 2020.

Elder Albert Dumont delivered a closing prayer, followed by closing thanks and acknowledgements.

Evaluation

A survey was administered electronically and in the roundtable packages for participants to complete. There were two survey models: one for patients and patient and family advisors, and another for the remaining participants. Questions specific to patients, and patient and family advisors (PFA) were included. Key informant interviews were conducted with patient scholarship recipients to solicit feedback and identify areas of improvement. A full list of survey questions can be found in [Appendix F](#).

Of the 49 participants, seven patients and PFAs responded, and 16 participants completed the survey, reflecting a 47 percent response rate.

Satisfaction levels were high for all participants on the subjects of event facilitation, presentations meeting learning needs, and the overall quality of the roundtable. Participants further ranked their level of agreement against the roundtable's objectives, and all ranged from neutral to strongly agree, with most participants rating their level of agreement as "strongly agree". Importantly, participants strongly agreed that they gained a better understanding of the role of PFAs as partners in the development, implementation and evaluation of this policy change. Participants agreed or strongly agreed with the new learnings from the roundtable.

Patients and PFA participants rated their satisfaction with separate elements, agreeing and strongly agreeing with the following:

- The purpose of the roundtable was clearly explained.
- Supports were made available.
- Enough information was provided to contribute to the topics.
- They were able to freely express their views, and they felt that their views were heard.

All survey respondents indicated their intention to take steps to further explore the implementation and/or sustainability of family presence policies and practices in their jurisdiction. This included sharing results and resources from the roundtable, working with other patient and family advisory committees and patient groups, pursuing further education, developing and revising policies, and developing communication plans. Graphed responses can be found in [Appendix G](#).

Over the two days, participants were also encouraged to take note of any Aha! moments they had experienced, or anything they had learned. The following themes emerged:

- Patient experience and stories can be a guidepost for practice.
- Family presence extends beyond visiting hours.
- Cultural considerations are an important facet of working with patients and families.
- Healthcare requires a culture shift if it is to embrace PFCC.

Respondents also provided their biggest takeaways from the roundtable, which can be found in [Appendix H](#).

Additional comments from the survey can be found in [Appendix I](#).

NEXT STEPS

CFHI will convene a webinar in Winter 2018 to continue to share best practices on family presence policy implementation, in addition to creating a workshop for staff to share the patient scholarship and Patients Included process.

OVERALL SUMMARY

The Better Together Policy Roundtable spanned the course of two days. It explored family presence innovation throughout different Canadian organizations, equipping participants with the evidence to support family presence and actionable items to begin family presence implementation. It also furnished participants with a growing network of individuals committed to family presence.

Participants shared powerful stories of their times as both patients and caregivers, fostering a sense of community and comfort throughout the room. The roundtable further incorporated patients into the design, delivery and execution and as a result, received the Patients Included designation. Throughout the course of two days of discussion, the following overall themes emerged:

- Patients, families and story have power as catalysts for change.
- It is important to co-design and incorporate improvement with patients and families.
- Policy must be flexible so it can be adapted to different cultural needs, organizational needs or patient and family needs.
- Spread and scale is possible through events such as the policy roundtable, which catalyze discussion and have the potential to bring the right fusion of participants together.
- Diverse participants must be in the room to allow sharing of different stories and co-learning throughout.

APPENDICES

A. STEERING COMMITTEE

Christine Maika (Chair)	Improvement Lead, Canadian Foundation for Healthcare Improvement
Carol Fancott	Director, Canadian Foundation for Healthcare Improvement
Angela Morin	Patient Experience Advisor, Kingston General Hospital, Faculty Member, CFHI's Better Together e-collaborative
Alex Harrison	IMAGINE Citizen Collaborating for Health
Malori Keller (Co-Chair)	Patient Engagement & Empowerment Platform Lead, Saskatchewan Centre for Patient-Oriented Research, Health Quality Council (Saskatchewan)
Isabelle Joncas	Administrative and Program Assistant, Canadian Foundation for Healthcare Improvement
Karen McCaffrey	Quality & Risk Manager, Quality & Patient Safety, Health PEI
Margaret Melanson	Vice President, Quality and Patient Centered Care, Horizon Health Network/ Réseau de santé Horizon

B. PATIENTS INCLUDED CRITERIA

- Patients or caregivers with experience relevant to the conference's central theme actively participate in the design and planning of the event, including the selection of themes, topics and speakers.
- Patients or caregivers with experience of the issues addressed by the event participate in its delivery, and appear in its physical audience.
- Travel and accommodation expense for patients or carers participating in the advertised programme are paid in full, in advance. Scholarships are provided by the conference organisers to allow patients or carers affected by the relevant issues to attend as delegates.
- The disability requirements of participants are accommodated. All applicable sessions, breakouts, ancillary meetings and other programme elements are open to patient delegates.
- Access for virtual participants is facilitated, with free streaming video provided online wherever possible.

C. POLICY ROUNDTABLE PARTICIPANTS

Please see [here](#) for the full list of Policy Roundtable Participants

D. BETTER TOGETHER POLICY ROUNDTABLE AGENDA

Please see [here](#) for the complete policy roundtable agenda

E. CURRENT STATE ASSESSMENT TOOL

Please see [here](#) for the Baseline Study Criteria for Assessing Availability and Usefulness of Web-

F. PARTICIPANT SURVEYS

Patient Advisor Survey

Section 1: Participant information

1. Name: _____
2. a) Institution/organization I'm representing at this event (if appropriate): _____
b) My title or role in that institution/organization: _____
3. Sex: (Choose one)
 - ☐ Male
 - ☐ Female
 - ☐ Prefer not to answer
4. Language(s) used in daily activities (Check all that apply):
 - ☐ English
 - ☐ French
 - ☐ Other(s): Please specify other language(s): _____
5. My primary role in relation to health and/or healthcare is: (Choose one)
 - ☐ Administrator (includes Executives, Senior Leaders, Managers, Directors and Coordinators)
 - ☐ Policy Advisor/Analyst
 - ☐ Quality Improvement Lead
 - ☐ Patient, Caregiver, Community member, Peer Support Worker, or Patient and Family Advisor
 - ☐ Allied Healthcare Professional
 - ☐ Pharmacist
 - ☐ Nurse (includes Registered Nurse (RN), Licensed Practical Nurse (LPN))
 - ☐ Consultant
 - ☐ Physician (includes general practitioners and specialists)
 - ☐ Researcher
 - ☐ Other – please specify: _____

Section 2: Satisfaction with the event

1. Please rate your satisfaction with the following:

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A
The venue (accessibility, location, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A
Communication leading up to the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event facilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentations met my learning needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for networking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The overall quality of the roundtable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please share any additional comments about your general satisfaction with the event:

Section 3: Roundtable objectives

1. Please rate your level of agreement against the roundtable objectives.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I feel that the right representatives from my jurisdiction attended this roundtable (i.e. key actors, partners who can drive policy and practice change).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I gained a better understanding of the <u>role of patient and family advisors as partners</u> in the development, implementation and evaluation of this policy change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please share any comments related to the composition of meeting participants attending the roundtable:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I learned new <u>information from the research</u> and practice evidence about family presence policies and practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned new <u>information from others who have successfully implemented</u> family presence policies and practices across their jurisdictions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned new information about <u>how to implement</u> family presence policies and practices in my own jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned new information about <u>strategies to address challenges</u> in implementing province/territory-wide family presence policies and practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned new information about available <u>tools and resources</u> to support family presence policy adoption and practice change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned new information about available <u>tools and resources</u> to measure the difference family presence policies and practices can make in my jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please share any comments related to the information (tools, evidence, resources, etc.) you learned at this roundtable:

2. Do you intend to take steps to further explore the implementation and/or sustainability of family presence policies and practices in your jurisdiction after you leave this roundtable?

☐ Yes ☐ Unsure ☐ No

If you answered “Yes” or “Unsure” to this question:

Please tell us the next steps that you will take to implement and/or sustain family presence policies and practices in your jurisdiction. If you are unsure, please describe what your next steps will be to decide if you will pursue family presence.

a. _____

b. _____

c. _____

Would you consider taking the Better Together Pledge as one of your next steps?

☐ Yes ☐ No ☐ Already done so

If you answered “No”:

Please share what barriers you see that would prevent you from taking further steps to implement family presence policies and practices in your jurisdiction.

3. What were your two greatest takeaways (e.g. lessons, opportunities, connections, etc.) from the roundtable?

a. _____

b. _____

4. Were there any topics or issues that were not addressed at this roundtable that you feel participants will require further information/education/support on?

☐ Yes ☐ No

If yes, please describe:

5. Do you have some additional comments or suggestions to share?

6. Would you be willing to speak with CFHI staff 6–12 months from now to discuss progress on plans to implement family presence policies and practices in your jurisdiction?

- ☐ Yes Contact information: _____
- ☐ No, I prefer not to be contacted.

7. For patient and family participants

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
The purpose of the roundtable was clearly explained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The supports I needed to participate were available (e.g. travel, child care, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had enough information to contribute to the topic being discussed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to express my views freely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that my views were heard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL PARTICIPANT SURVEY

Section 1: Participant information

1. Name: _____
2. a) Institution/organization I'm representing at this event (if appropriate): _____
b) My title or role in that institution/organization: _____
3. Sex: (Choose one)
☐ Male
☐ Female
☐ Prefer not to answer

4. Language(s) used in daily activities (check all that apply):
- ☐ English
 - ☐ French
 - ☐ Other(s): Please specify other language(s): _____
5. My primary role in relation to health and/or healthcare is: (choose one)
- ☐ Administrator (includes executives, senior leaders, managers, directors and coordinators)
 - ☐ Policy advisor/analyst
 - ☐ Quality Improvement Lead
 - ☐ Patient, caregiver, community member, peer support worker, or patient and family advisor
 - ☐ Allied Healthcare Professional
 - ☐ Pharmacist
 - ☐ Nurse (includes Registered Nurse (RN), Licensed Practical Nurse (LPN))
 - ☐ Consultant
 - ☐ Physician (includes general practitioners and specialists)
 - ☐ Researcher
 - ☐ Other – please specify: _____

Section 2: Satisfaction with the event

1. Please rate your satisfaction with the following:

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A
The venue (accessibility, location, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication leading up to the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event facilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentations met my learning needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for networking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The overall quality of the Roundtable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please share any additional about your general satisfaction with the event:

Section 3: Roundtable objectives

1. Please rate your level of agreement against the roundtable objectives.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I feel that the right representatives from my jurisdiction attended this roundtable (i.e. key actors, partners who can drive policy and practice change).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I gained a better understanding of the <u>role of patient and family advisors as partners</u> in the development, implementation and evaluation of this policy change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please share any comments related to the composition of meeting participants attending the roundtable:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I learned new <u>information from the research and practice evidence</u> about family presence policies and practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned new <u>information from others who have successfully implemented</u> family presence policies and practices across their jurisdictions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned new information about <u>how to implement</u> family presence policies and practices in my own jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned new information about <u>strategies to address challenges</u> in implementing province/territory-wide family presence policies and practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned new information about available <u>tools and resources</u> to support family presence policy adoption and practice change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned new information about available <u>tools and resources</u> to measure the difference family presence policies and practices can make in my jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please share any comments related to the information (tools, evidence, resources, etc.) you learned at this roundtable:

2. Do you intend to take steps to further explore the implementation and/or sustainability of family presence policies and practices in your jurisdiction after you leave this roundtable?
- ☐ Yes ☐ Unsure ☐ No

If you answered “Yes” or “Unsure” to this question:

Please tell us the next steps that you will take to implement and/or sustain family presence policies and practices in your jurisdiction. If you are unsure, please describe what your next steps will be to decide if you will pursue family presence.

a.

b.

c.

Would you consider taking the Better Together Pledge as one of your next steps?

☐ Yes ☐ No ☐ Already done so

If you answered “No”:

Please share what barriers you see that would prevent you from taking further steps to implement family presence policies and practices in your jurisdiction.

3. What were your two greatest takeaways (e.g. lessons, opportunities, connections, etc.) from the roundtable?

a.

b.

4. Were there any topics or issues that were not addressed at this roundtable that you feel participants will require further information/education/support on?

☐ Yes

☐ No

If yes, please describe:

5. Do you have some additional comments or suggestions to share?

6. Would you be willing to speak with CFHI staff in 6–12 months from now to discuss progress on plans to implement family presence policies and practices in your jurisdiction?

☐ Yes Contact information: _____

☐ No, I prefer not to be contacted.

G. SURVEY QUESTIONS

Please tell us the next steps that you will take to implement and/or sustain family presence policies and practices in your jurisdiction. If you are unsure, please describe what your next steps will be to decide if you will pursue family presence.

Participants indicated their next steps to implement and/or sustain family presence policies and practices after the roundtable, n=39 responses were recorded, and the following themes emerged:

- implementing or refining current family presence policies and practices
- education for staff, patients and families on materials and practices

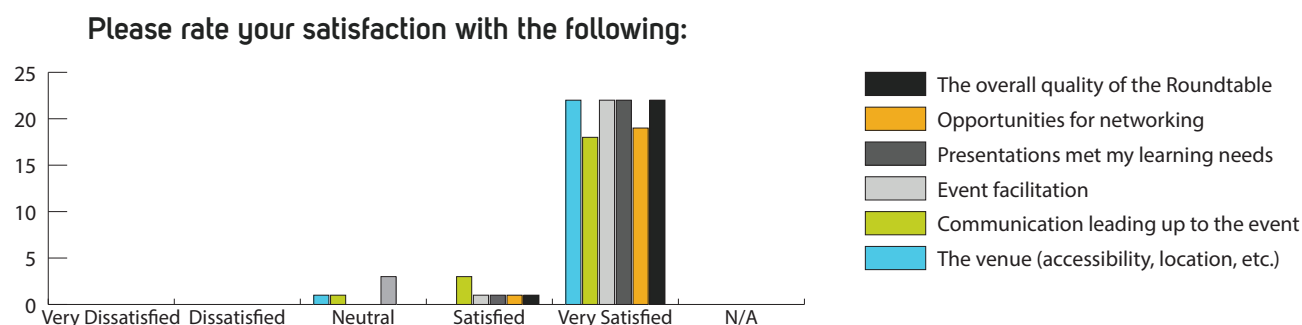
- creating partnerships with patients, families and stakeholders
- disseminating tools and information from the roundtable

Please share what barriers you see that would prevent you from taking further steps to implement family presence policies and practices in your jurisdictions.

N/A. No responses recorded.

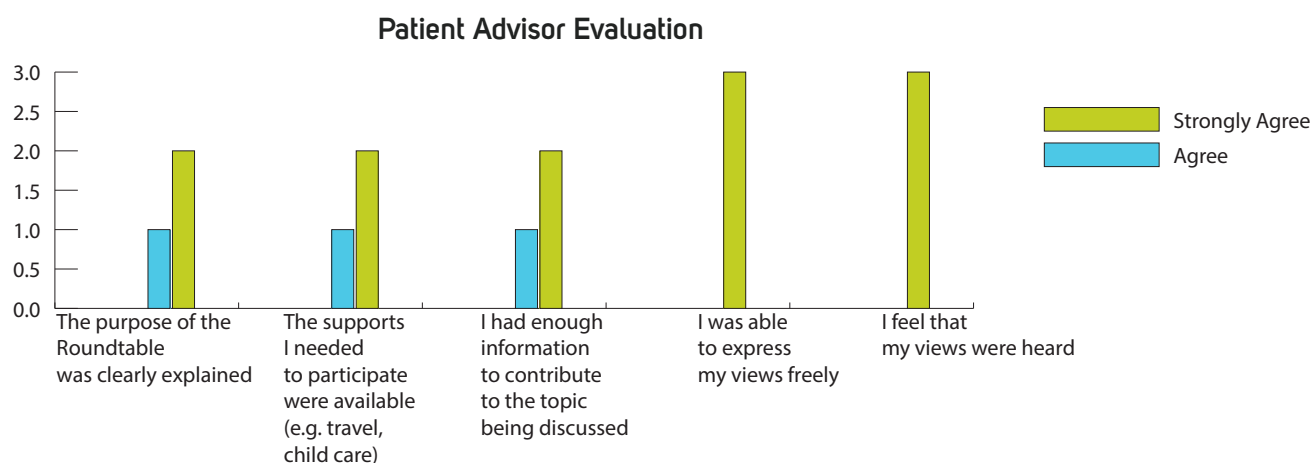
Please rate your satisfaction with the following:

Participants rated their satisfaction across six elements, with n=23 respondents.



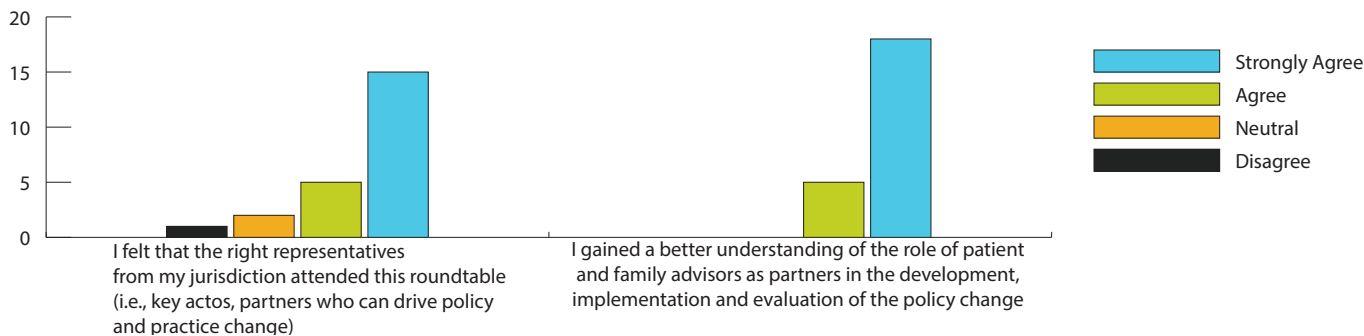
Please rate your level of satisfaction against the following statements:

Patients and patient and family advisors were asked the following additional questions. It is important to note that out of seven patient participants, only n=3 responded.

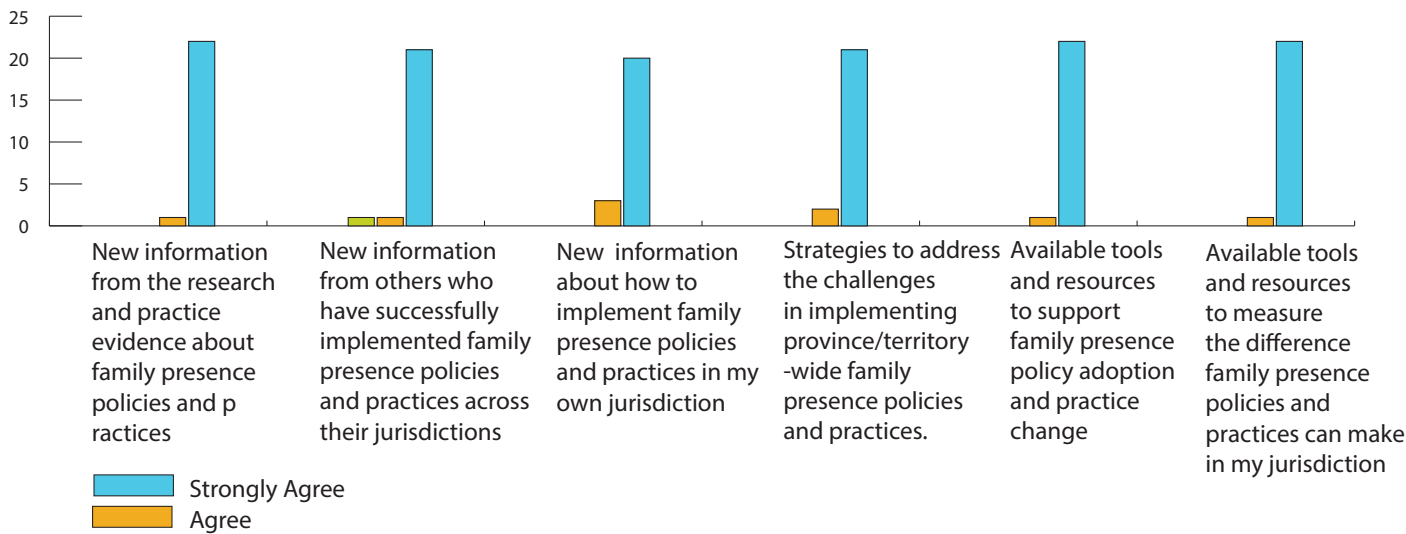


Please rate you level of agreement against the roundtable objectives

Participants were asked to rate their agreement against two of the roundtable objectives: having the right representatives from various jurisdictions, and whether they gained a better understanding of the role of patient and family advisors as partners. N=23 respondents reported. Participants were also asked to report on whether their self-reported learnings matched the roundtable objectives, with the majority indicating they strongly agreed.



Roundtable Knowledge Objectives



H. PARTICIPANT TAKEAWAYS

What were your two greatest takeaways (e.g. lessons, opportunities, connections, etc.” from the roundtable?

Participants were asked to provide their two greatest takeaways from the roundtable, n=36 responses were recorded, with the following themes emerging:

- the power of patient and family stories
- importance of ongoing communication
- ability to network and learn from other organizations and jurisdictions
- the importance of developing and refining the associated policy and tools for implementation

I. ADDITIONAL COMMENTS

Do you have any additional comments or suggestions to share?

Participants were also asked to provide any additional comments or suggestions. N=13 responses were recorded, with comments and suggestions revealing the following themes:

- increased opportunities for networking throughout the day with other participants and jurisdictions
- value of the evidence and tools provided by CFHI, other participants, healthcare organizations and jurisdictions
- importance of the topic of the roundtable and the topics presented

ABOUT CFHI

The Canadian Foundation for Healthcare Improvement is a not-for-profit organization funded by Health Canada. CFHI 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.

The views expressed herein do not necessarily represent the views of Health Canada.

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