

Using Art as a Method for Collecting Patient and Family Centered Care Feedback From Patients at Alberta Children's Hospital

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Evaluation Background: Our Aim

The Alberta Children's Hospital (ACH) Patient and Family Centered Care (PFCC) Evaluation Committee has two evaluation goals:

- 1) to measure the awareness and perceptions of patients, families, staff and physicians about the delivery of PFCC at ACH and
- 2) to measure the impact of the PFCC strategy on patients, families, healthcare teams and the environment at ACH.

The main focus for 2016/17 was to hear the patient voice by methodically collecting qualitative data from children and youth patients. But how?



Using Children's Drawings as a Data Collection Method

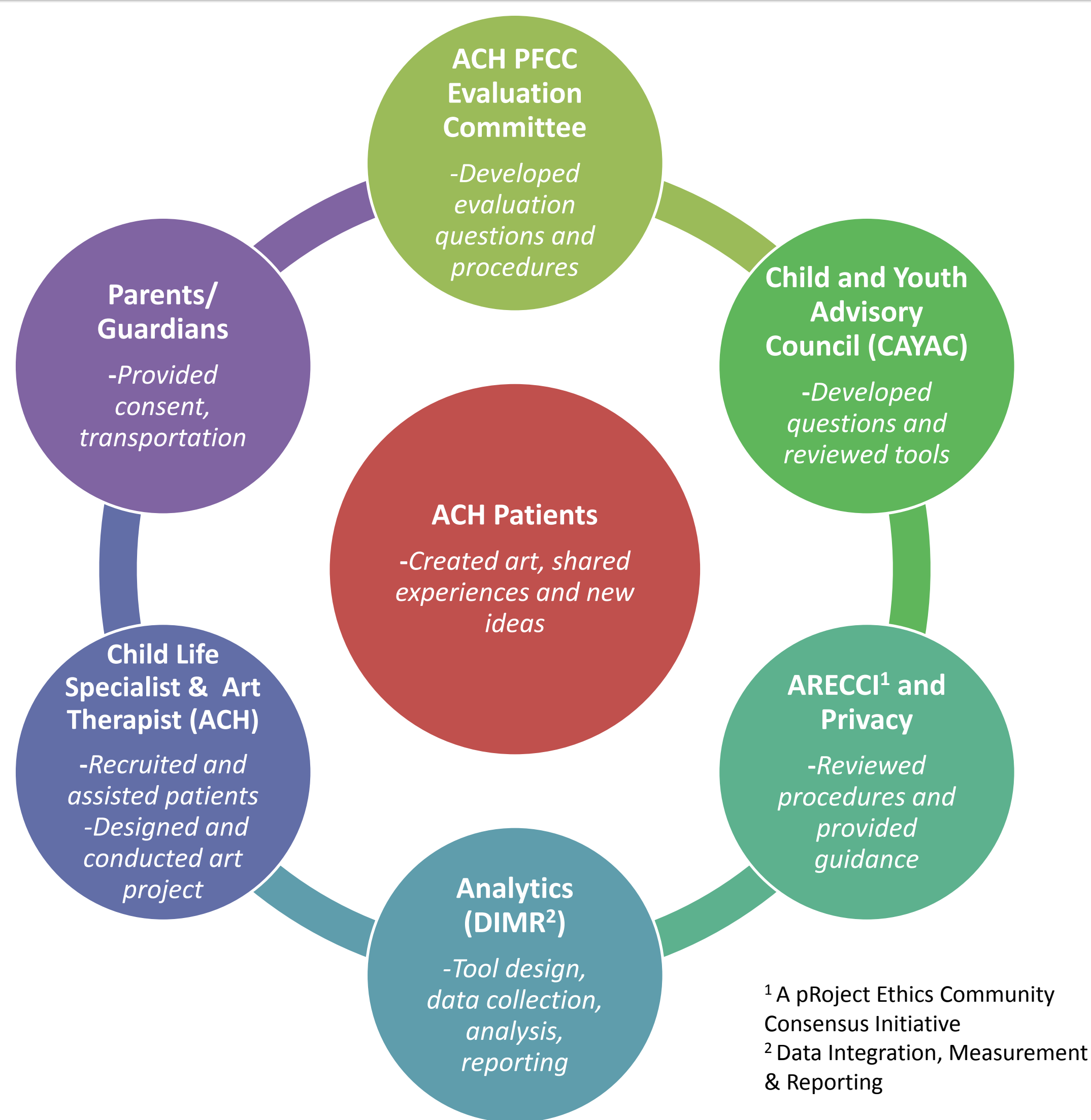
Evaluators often use proxy respondents to collect feedback on behalf of children. Drawings, supplemented by focus group/interviews, were an ideal way to collect data directly from children.

"The simple act of drawing may provide a series of cues that guide a child through an event, simultaneously enhancing retrieval and communication by extending the child's memory search and providing a structure for the child's accompanying or subsequent narrative." Driessnack (2005)

Driessnack, M. (2005) Children's drawings as facilitators of communication: a meta-analysis. Journal of Pediatric Nursing, 20 (6), 415-423.



Our Journey: "Together We're Better"



Contributors to the evaluation's data collection

¹ A pProject Ethics Community Consensus Initiative
² Data Integration, Measurement & Reporting

What We Accomplished

- 4 art project focus groups
- 4 art project individual interviews
- 14 patient participants
- 10 different art supplies
- 238 pages of transcripts
- 16 pieces of art



Patient in a play room with a new friend and a hospital staff member



Patient playing cards with a family member visitor



Patient video gaming with other patients and volunteers

What We Learned from Patients

What Matters to Patients?

- High quality care from physicians, nurses, and staff
- Companionship from family, friends, patients, volunteers and staff
- Relief of boredom, relaxation and distraction
- Connection to the real world

Recommendations from Patients

- Improved outdoor track accessibility
- Increased companionship opportunities
- Emily's Backyard suggestions on age appropriateness
- Oodles of general and specific suggestions

Impact of Our Work

- In partnership with child/youth patients, we were able to hear their voice.
- We discovered what is being done well from the patient perspective and provided recommendations on how to improve PFCC supports, resources, and facility enhancements at ACH (some suggestions have already been implemented!).
- We demonstrated how the PFCC strategy grant impacts patients.
- We used a non-traditional way to collect data from children, which can be used for other projects within AHS.



Lessons We've Learned

- Maximum focus group size of 5 children with similar developmental ages (traditional focus groups have a max. of 12 adults)
- Ask questions during the art project (busy hands lead to a lot of unguarded conversation and enhanced rapport with evaluators)
- "Explain your picture!" The narrative that accompanies the pictures allows us to understand it accurately
- Natural collaborations between children are common
- Expect the unexpected and be flexible (non-participation, controlled chaos, difficult topics requiring debriefing)
- Some patients considered their participation to be part of their journey
- Recruiting within the hospital is difficult (parents/guardians not always available, patients discharged or on day pass)
- Some patients were unable to participate because they were feeling unwell (their perspectives were missed)
- Frequent interruptions occur
- Difficult to transcribe recordings, as children speak over one another and have side conversations
- It's easy to get off topic

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Acknowledgements

- ACH patients for sharing their feedback and artistic talents
- Child and Youth Advisory Council (CAYAC) for providing input
- ACH PFCC Evaluation Committee for guiding the evaluation
- ACH Foundation for funding the evaluation as part of the PFCC strategy