

**Alberta Health
Services**



The Patient First Strategy



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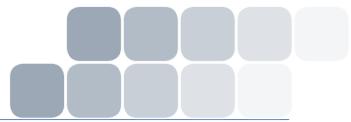
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From the President & CEO



Albertans have told us they want health care that engages patients and families as full partners in their own care that:

- Is focused on their individual health needs.
- Helps them to get better when they need it most.
- Supports them in staying healthy.

Since its inception in 2008, Alberta Health Services (AHS) has focused on health care activities that are centred on welcoming patients and their families as essential members of the health care team.

Patient- and family-centred care is about putting patients' and families' experiences, priorities and trust first.

Over the past seven years, we have established best practices recognized internationally where patients and families are full partners in care. We now need to make this commitment stronger and uniform across the province. It is our responsibility, along with our partners in providing health care, to deliver on the fundamental elements of a patient- and family-centred care culture.

This is not an initiative or a project. This is about establishing a culture of compassion, caring and collaboration, and ensuring that this happens ALWAYS. Everything we do in AHS must reflect a patient- and family-centred care approach.

We want Albertans to know that we are listening, and we will work together to make the decisions that are right for patients, families and communities across the province.

The AHS Patient First Strategy focuses on the priorities already established in the Alberta Health Services 2014-2017 Health Plan and Business Plan and standards from Accreditation Canada.

As we strive to achieve these goals, our work is grounded in our values – respect, accountability, transparency, engagement, safety, learning and performance – which drive quality patient care and guide our decisions.

It is an exciting time for health care in Alberta.

The AHS Patient First Strategy will enable us to advance health care in Alberta by empowering and enabling Albertans to be at the centre of their health care team, improving their own health and wellness.

That is what Albertans have told us they want and this strategy outlines how we will get there together.

This Henry Ford quote accurately reflects the path that we will all embark on: "Coming together is the beginning; keeping together is progress; working together is success."

Join me as we work together for success.

Vickie Kaminski
AHS President and Chief Executive Officer
Alberta Health Services

From the AHS Patient and Family Advisory Group



*We are
committed
to assisting
staff in
helping
the
system
change.*

Systems theory reassures us that systems must change in order to thrive.

In Alberta, we have seen a cultural shift in education to one that includes the parent perspective together with that of the child's.

The Patient First Strategy reflects the same kind of cultural change and inclusiveness.

Patient and family-centred care must permeate the health care system much like child-centred education.

We are stronger as a team when we respect each other's skills and roles.

But to make the cultural shift in health care, we need to increase awareness, helping patients and families realize that they do have a voice and encouraging them to find appropriate ways to communicate their needs.

The members of the Alberta Health Services (AHS) Patient and Family Advisory Group understand the importance of teamwork.

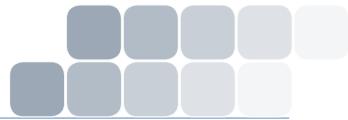
We are committed to assisting staff in helping the system change for the betterment of health care for patients in all aspects of their journeys and in supporting staff without whom we could never make those journeys at all.

We seek to support all who work in AHS in the often-difficult work of making our public health system a safe and just place in which to work, and in addressing the medical needs of Albertans.

Albertans have the gift of possibility, for we grow stronger caring for each other.

Together, we can make the cultural shift toward an environment where mutual respect is evident and where patient-centred care principles are embraced through the Patient First Strategy.

Linda Howitt-Taylor
Co-Chair, AHS Patient and Family Advisory Group
Vice-Chair, AHS Patient First Strategy Steering Committee



*By embracing
the Patient
First
Strategy,
we can
build on our
relationships
and our
humanity.*

When we talk about patient- and family-centred care in the Patient First Strategy, it is built on a foundation of the power of relationships and humanity. That humanity is what truly unites the system, the individuals working within that system, and those seeking care.

As patients, we will be more engaged in our medical care if we trust the providers, if we have a relationship with the care provider, and if we truly understand what this medical experience is going to encompass.

A trusting relationship between care providers and patients will result in more honest conversations.

If we can instill a trusting relationship between patients and care providers that allows the patient to be more involved, conversations will go beyond treating a medical condition to engaging individuals in preventive behaviours when they are outside the medical system.

There will be fewer errors as patients become partners, aware of their care and, if an error occurs, greater potential for healing for all involved.

There has to be a joining together of the medical diagnosis, the medical experience and what each unique patient requires.

Both people in the room – the medical provider and the patient – need to remember that we are all just people and humanity is the one thing we have in common.

That is what will bring us together to realize a cultural shift that is patient- and family-centred care.

It is imperative to recognize those who practise patient-centred care; for truly we need those champions to bottle their stories and share them with others across the system.

By embracing the Patient First Strategy, we can build on our relationships and our humanity – the core of what it means to provide patient- and family-centred care.

Deb Runnalls
Co-Chair, AHS Patient First Strategy Steering Committee
Vice-Chair, AHS Patient and Family Advisory Group

Executive Summary



Full partners in care

Albertans have told us they want to be full partners in their care and to be part of the health care team.

Albertans want what is described by the Institute of Healthcare Improvement as: "Care that is truly patient-centred, considers patients' cultural traditions, their personal preferences and values, their family situations, and their lifestyles. It makes patients and their loved ones an integral part of the care team who collaborate with health care professionals in making clinical decisions."



Simply put, patients and families ask to be respected, to be listened to, to be involved and not to be confused.

They want these things especially at times of transition and vulnerability – during hellos, goodbyes and transitions of care. We have also heard from staff that they work hard every day to provide the best care to patients and families.

However, the burdens and stressors in complex care environments can be challenging to always ensuring an optimal team-based approach to care.



Staff want to know there are supports available within Alberta Health Services (AHS) to help them optimize their abilities in providing patient-and family-centred care best practices.

Consistent with the AHS 2014-2017 Health Plan and Business Plan, this document outlines strategies and recommendations to ensure patient-and family-centred care is at the forefront of delivering seamless and effective health care to Albertans.

Closely aligned to this is the AHS People Strategy that outlines clear processes for engagement.

Numerous drivers for change and an inclusive consultation process were used in developing this strategy.

Key strategies and recommendations have been identified with one overarching theme followed by four sub-themes.

The recommendations have been prioritized by a steering committee and the top priorities have been outlined under each of the four sub-themes.

It is important to note there were other recommendations under each of the strategies and these details are highlighted in Appendix A.

The overarching theme in developing the AHS Patient First Strategy was very clear:

Everything we do in Alberta Health Services must reflect a patient-and family-centred approach.

The following four sub-themes and prioritized recommendations for each theme are:



Promote respect

- Add empathy as an eighth core value to demonstrate Alberta Health Services' (AHS') commitment to encouraging and promoting respectful interactions between patients (families) and health care providers and administrators, and between providers and their colleagues. Respect is promoted with the goal of creating a culture of safe and collaborative patient-provider interactions where goals of care can be shared, opinions respected without judgment, expectations articulated in a clear and timely way, concerns recognized and addressed from the moment they are expressed, and expectations of care are reasonable and agreed upon by all parties.
- The system supports a focus on the patient and provides environments, policies and procedures that enable health care providers to focus on the direct care of patients and families. An example is to actively hire and recognize individuals who demonstrate patient- and family-centred care skills/characteristics, such as active listening and having a history of engaging patients and their families as active partners in the management of their care.



Enhance communications

- Provide patients and families, health care providers and leaders with ongoing training and education focused on patient- and family-centred care best practices, highlighting ways to enhance communication between the health care provider and patient, between the health care provider and family, and between health care providers.
- Further optimize and maximize technology that supports a clinical information system that is easily accessible by health care providers, patients and families.

Support a team-based approach to care

- Patients (and family/primary support persons as the patient chooses) are full partners in care, collaborating as essential members with their health care teams.
- Support the implementation of patient- and family-centred care standards across all points of care that is continuous throughout the health care journey, and provide team-based care centred on the needs and wants of the patient and family. Team-based care will be inclusive of all – to ensure the needs of the patient and family are at the centre of all care decisions.
- Patient- and family-centred care must be kept at the forefront of Alberta Health Services' (AHS') priorities with efficient and effective strategies, while supported by adequate resources (human, development, infrastructure, and financial).

Improve transitions in care

- Facilitate the development of a standardized, provincial transition process that recognizes the uniqueness of patients and families in order to provide the highest quality of care.
- Establish shared accountability between care providers for discharge and transitions.¹



AHS is committed to continually improving health care for Albertans.

The successful implementation of the AHS Patient First Strategy requires a foundation of respect, listening, empathy, and transparency between our health care providers, patients and their families.

By better supporting communication and care teams, we will improve patient/family experiences and outcomes.

By actively partnering with patients and families in all aspects of AHS, we will continue to make gains in improving our ability to provide high-quality and safe care as defined by patient- and family-centred care standards.

By investing in our staff, we will provide them with the support to bolster exceptional patient-provider experiences in light of the many challenges that staff bear.

Heading into our future together, all Albertans will be full partners in care and welcomed as essential members of the AHS health care team.

¹ Aligns with Accreditation Canada standards and required organizational practices

The Power of Patient- and Family-Centred Care



The stories we've heard



When things go right

"I took my young son to the emergency department because he was congested and having difficulty breathing. The physicians and residents were so caring and provided such great care. They took the time and explained everything to us, including what was happening, the tests that needed to be done, and why they needed to be done."

"Our nurse had an amazing bedside manner and provided excellent care. He was professional and personable; he just made sure that we were comfortable and that my son was comfortable."

"When my son's oxygen stats dropped, the alarm on the machine sounded. His nurse and a couple of residents came into the room and took control of the situation. They communicated with us what was happening."

"The one thing that stood out was, at the end of his shift, our nurse came into our room to say goodbye. He made sure my son was OK and told us who the new nurse was coming on shift. Instead of just going home (because his shift was over), he took the extra time to check on us to make sure everything was good, which was exceptional."

"The entire team of staff was excellent! Their professionalism and caring was much appreciated."



The doctors
and nurses
were very
understanding
of our
culture and
were
respectful
to our ways.

When things go right

"A few years ago, my younger brother — who was 35 at the time — was diagnosed with kidney disease. This disease came on quickly and both his kidneys failed in a short period of time. He had a good family doctor who picked this up quickly and sent him to a renal specialist in Lethbridge. He soon was started on dialysis. He spent long hours, three days a week, at the Fort Macleod dialysis unit, where he was treated very well by the specially trained nurses there."

"His deterioration was very noticeable. He became thin and the colour of his skin became very dark and grey. Mostly, it was his spirit which became very low and he was losing hope. He was sent to renal transplant specialists in Calgary, who began the process for transplant. They asked: if a family member matched him, would we be willing to consider a donation?"

"In our culture, it is taboo to take out a part of our body. It is not good to be buried without all that the creator has given to us. But our brother's life was dependent on one of us matching and giving a kidney to him."

"After much deliberation with traditional Elders, we learned that by donating a part of our body to keep a family member alive is not taboo but rather courageous. They said it would be considered 'counting coup' against a disease which kills many of our people every year. Fortunately, my tissue was a match, and my brother and I completed all the testing and moved ahead with the transplant."

"Thankfully, the doctors and nurses were very understanding of our culture and were respectful to our ways. Now, my brother has his life back, his spirit is high and I am a Blackfoot Woman Warrior who has counted coup against a silent killer of our people." *

* This is a fictional story based on actual experiences to depict aspects of indigenous culture and their health care journey.

When things could go better

"I have numerous concerns about the care my wife received while a patient at your hospital. The majority of my concerns revolve around the fact that staff did not talk to us and share vital facts and information we required to be partners in our care."

"The staff were less than professional and lacked communication skills. Staff failed to communicate the appointment time my wife's scope was booked for, leading to a delay in the scope being completed as she had not been prepped for the procedure. The following day, a staff nurse seemed confused and interacted with us in an unfavourable manner."

"That same day, my wife was embarrassed because she was criticized in front of other patients and staff for not attending a physiotherapy appointment. She was not aware she needed to attend physiotherapy as she had not been informed of the appointment being booked."

"On top of our health concerns, the process to navigate through the appointments and requirements was incredibly frustrating. I would like to speak with a manager regarding the lack of appropriate communication from unit staff."



When things could go better

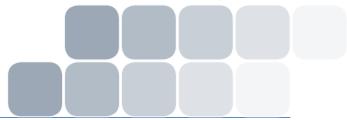
"About 3 p.m., I was waiting for my wife to return from surgery. In the next bed is an 87-year-old lady who doesn't do up the back of her nightie and doesn't close her curtains (nice view!). On the opposite side of the room are two men.

"My wife arrives from the OR, four staff unload her from the cart; two people chat constantly during the manoeuvre. 'Did you have a good time on your vacation?' 'Yes, great. My mom and dad came over and looked after the apartment, too.' 'Do you know...?' And so on, with no regard for my wife's pain or discomfort. It seems Safeway grocery clerks have better bedside manner.

"By this time, the two men opposite have their curtains open and, of course, my wife is not wearing underwear. So, as she is being attended to, I am constantly closing the curtain. On the last night of her hospital stay, my wife was moved to another room with five beds. Also mixed company; she said it was worse.

"Hard to believe! Also hard to believe some of our female politicians or more renowned residents would put up with this kind of treatment."

Better Quality, Outcomes and Value



Respectful. Responsive.

Alberta Health Services (AHS) serves more than four million Albertans who rely on our staff, health care providers and volunteers for quality health care. It is a rapidly changing and always demanding environment – one where the patient and family need to be at the centre of our care plans and our health care teams.

As outlined in the AHS 2014-2017 Health Plan and Business Plan, Alberta's health system is very complex, providing care to Albertans of various ages, cultures and needs across the province in remote, rural and urban areas. Different populations in the province have different health care needs.

We know some Albertans may not be receiving health care when they need it, or where they need it. We also know that some populations are more vulnerable to poor health outcomes than others. For example, people living in poverty experience a disproportionate burden of ill health.

We are listening to Albertans on ways to help improve our health care system.

We want to know what Alberta Health Services (AHS) would look like if it provided patient- and family-centred care, every day and every minute.

It is through this engagement process that we have developed the AHS Patient First Strategy.

Since November 2013, AHS leadership and staff, guided by the patient- and family-centred care steering and working committees, have consulted broadly with patient/ community advisors, patient researchers, key stakeholders and health care providers on this very question.

Patient- and family-centred care means building a culture of health care that arranges care around the patient and their families, not the health system, and this will require a team effort.

Although we have incredible examples of patient- and family-centred care best practices, we need to ensure the transformative change occurs consistently with every patient and family encounter within AHS.



What is patient- and family-centred care?

Patient- and family-centred care see patients and families as integral members of the health care team, and encourages their active participation in all aspects of care, including as partners in planning, implementation and evaluation of existing and future care and services.

Patient- and family-centred care respects and responds to patient and family expressed values, needs, and preferences ensuring clinical decision-making incorporates these values. Knowledge of these attributes is then used to inform care planning and delivery.

Research demonstrates patient- and family-centred care reduces average length of stay and improves patient satisfaction.²

In addition, when patients, families and health care providers engage in a collaborative partnership to plan, deliver and evaluate health care, care quality and safety outcomes improve, along with provider and patient satisfaction.³

Our dedication to this integral work is reinforced through two dedicated performance measures: acute care patient satisfaction and long-term care patient satisfaction.

While these performance measures help standardize the measurement of patient experience at AHS, other measures will also be used to gather a more intimate perspective of patient experience, leveraging, for example, patient and family stories in evaluations.



² Health Canada: Interprofessional Education for Collaborative Patient Care Practice. Retrieved from <http://www.med.mun.ca/getattachment/3a9bf92b-c99e-4b5b-9648-4a755604a124/Curran--Research-Synthesis-Paper.pdf.aspx>

³ Health Quality Ontario: Quality and safety governance toolkit: Empowering patients and families. Retrieved from <http://www.oha.com/Services/FOI/Documents/4->

Central features of patient- and family-centred care include:

- **Dignity and respect:** Health care providers proactively listen to, honour, and respect patient and family values, preferences, expressed needs and cultures. Knowledge of these attributes is used to inform care planning and delivery.
- **Information sharing:** Health care providers communicate, listen, educate and share information with patients and families in the manner that is appropriate and acceptable.^{4,5} To enhance informed decision-making and to ensure patients and families are true partners in care, timely, complete and accurate information is provided.
- **Participation of family and friends:** Patients and families, including those identified by the patient as family, are encouraged and supported to participate in care planning and decision-making.
- **Collaboration:** Health care leaders and providers establish a partnership with patients and families to collaborate in policy and program development, implementation and evaluation. Patient and family input informs facility design, professional education and care delivery, to name a few.⁶



Developing the strategy

At the core of developing the strategy was the intent to engage with patients and families, Albertans and our health care providers and staff.

This strategy was developed through an inclusive process that engaged patients, families, the Aboriginal Wisdom Council, Health Advisory Councils, the Children and Youth Advisory Council, Strategic Clinical Networks and many others through formal and informal feedback sessions and surveys.

A comprehensive literature review of patient- and family-centred care was also undertaken and substantiates what we heard from the consultation (see Appendix B: Patient- and Family-Centred Care Summary Report, Phase 1 — Literature Review and Consultation).

To ensure the strategy's core themes and suggested actions resonated with Alberta Health Services stakeholders, a second, broader consultation was conducted, with the results used to inform amendments to the strategy.

A summary report was published that highlights what was learned and recommended for the strategy (see Appendix D: Phase 2 Validation).

⁴ Institute for Alternative Futures on behalf of the Picker Institute: Patient-Centered Care 2015: Scenarios, Vision, Goals and Next Steps. Retrieved from <http://174.120.202.186/~pickerin/wp-content/uploads/2010/06/PCC-2015>

⁵ Aligned with Accreditation Canada Standards and Required Organizational Practices

⁶ Institute for Alternative Futures on behalf of the Picker Institute: Patient-Centered Care 2015: Scenarios, Vision, Goals, and Next Steps. Retrieved from <http://174.120.202.186/~pickerin/wp-content/uploads/2010/06/PCC-2015.pdf>

Our Plan of Action



Focusing on what's key

This strategy is informed by the Alberta Health Services 2014-2017 Health Plan and Business Plan and developed through a patient- and family-centred care literature review and consultation report (see Appendix B). It was amended through a subsequent followup consultation⁷ (see Appendix D). To produce the strategy, input from 186 staff and physicians, along with 134 patient and family advisors⁸, was gathered through a series of focus groups. Additional input was also received from a broad-based public and employee online survey.

⁷ Phase 2 consultations were conducted to validate the results of the original, Phase 1 consultation in informing amendments to the strategy and to provide implementation considerations.

⁸ 186 staff and physicians and 134 patient and family advisors were consulted during the Phase 1 consultation.



Many of those who contributed to the strategy raised the need for a more collaborative model of care.

They referenced the need for patients and families to become active participants who are included in collaborative decision-making, and viewed as part of the health care team.

There was an emphasis on the need to move away from the notion of providing care to patients to actively collaborating with patients on care.

The overarching theme in developing the Alberta Health Services (AHS) Patient First Strategy was very clear:

Everything we do in Alberta Health Services must reflect a patient- and family-centred approach.

Building from this overarching theme, this strategy sets out four sub-themes with key recommendations to support our efforts to improve the health and well-being of Albertans – no matter where they live, or what their health care needs may be – with a clear focus on patient- and family-centred care.

The four sub-themes as suggested in the patient- and family-centred care literature review, consultation and validation reports are:

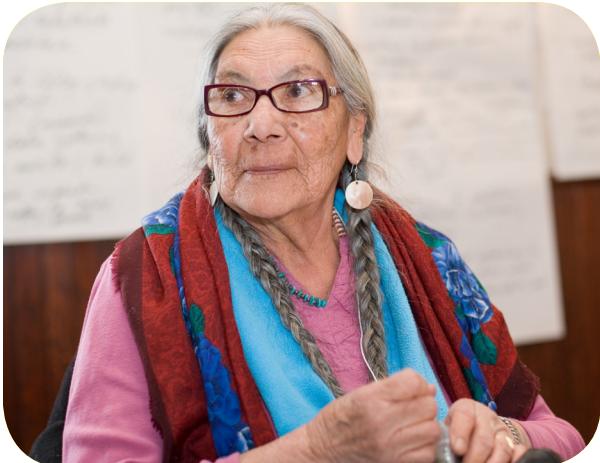
- Promote respect.
- Enhance communications.
- Support a team-based approach to care.
- Improve transitions in care.

In the past, AHS has attempted to focus on too many initiatives and actions at once.

While well-intended, this has not resulted in the organization achieving optimal results.

As such, this strategy has adopted an approach that prioritizes the number of key actions that aligns with the AHS 2014-2017 Health Plan and Business Plan (prioritization was based on feasibility, impact and sustainability).

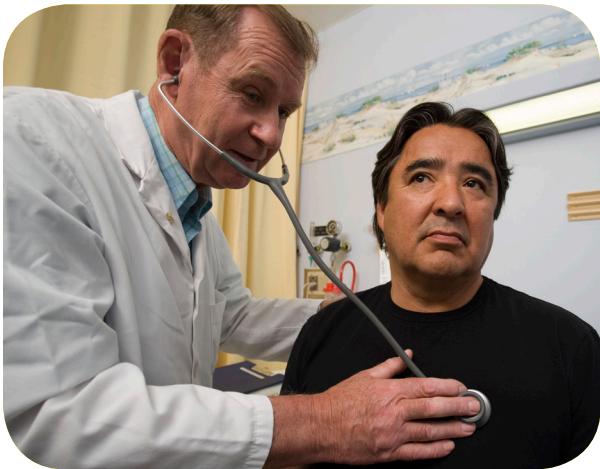
There were numerous other recommendations made through our engagement process, which are also important and attached as Appendix A.





Promote respect

During the consultation process of developing this strategy, patients and family members spoke about their need to be treated with respect and dignity.



They expressed their desire to be listened to and treated as an individual, a whole person, and not a "condition," "body part," or "disease." By treating patients and their families with respect, and including them as part of the health care team, we cannot just improve their health care experience but, hopefully, improve their health outcomes.

It is equally important to treat health care providers and non-clinical staff with respect. Health care providers report it is challenging to work in a system where they don't feel enabled or empowered to provide patient- and family-centred care. To ensure that health care providers are well supported, we need to be explicit in our expectations, clarify roles and responsibilities, and invest in our people to ensure they feel entrusted to providing the best care possible.

This will be addressed, in part, through the Alberta Health Services (AHS) People Strategy.

In addition to the top two recommended actions described below, AHS will continue its efforts to educate patients and families about their rights, responsibilities and behaviors related to patient- and family-centred care. Patients and families need to be encouraged to feel safe in a health care setting where they are free to ask questions as well as being active partners within their own care team.

Add empathy to values

A key recommendation of the Oversight Steering Committee was to add empathy as an eighth core key value to demonstrate AHS' commitment to patient- and family-centred care.

It is equally important to ensure the existing AHS seven organizational values are continually incorporated into patient- and family-centred care work.

This aligns strongly with feedback from consultations where patients and families indicated the empathy received from providers (as evidenced by how they treat/ speak to patients and families) is of utmost importance to them.

These experiences, positive or negative, seemed to stand out most in the patient and family members' memory of their experience with care – at times more than the physical aspects of care. This supports work toward achieving AHS performance measures, acute care patient satisfaction and long-term care patient satisfaction.

Hire/recognize those who demonstrate patient- and family-centred care behaviours

AHS will actively hire and recognize people who demonstrate patient- and family-centred care behavioural principles, such as active listening.

AHS will continue to educate new and existing hires on patient- and family-centred care principles and officially recognize employees across the organization who regularly demonstrate patient- and family-centred care behaviours. The system supports a focus on the patient and provides environments, policies and procedures that enable care providers to focus on the direct care of patients and families.

Enhance communications

The consultation process and the literature review emphasized that patients and families want to be listened to and they don't want to be confused by conflicting messages from different providers.



Good communication and partnership is essential to meeting these two principles of patient- and family-centred care.

Proper and timely communication is an essential component of patient- and family-centred care. In a health care setting, communication can occur between health care provider and patient; between health care provider and family; and between health care providers.

Inadequate or impaired communication can result in poor care, poor transitions and unnecessary duplication of care.

In both formal and informal consultations, patients and families have reported much higher satisfaction levels when health care providers take the time to communicate in ways that ensure the patient and family understand and are fully versed in care activities.

One of the most commonly reported frustrations from patients is having to repeat their story over and over again to multiple health care providers during the same health care encounter, giving the impression that health care providers do not communicate with each other.

Technology also plays a large role in communications.

Patient and families have expressed a desire to have easier access to their personal health information, with the ability to contact health care providers from a distance (for example, sending a photo of an area of concern via text or email).

Communications can also be streamlined through other improved technological modalities. Potential examples include centralized booking services, improved technologies enabling transparency of care processes, and maximizing optimal use of Telehealth technology.

Various Accreditation Canada standards and required organizational practices are specific to these communication processes with the patient and family, and among the health care team. Specific examples include:

- Information Transfer Required Organizational Practice (ROP).
- Medication Reconciliation at Care Transitions ROP.
- Two Client Identifiers ROP.
- Safe Surgery Checklist ROP.
- Dangerous Abbreviations ROP.
- Client and Family Role Safety ROP.

Accreditation Canada has embedded client- and family-centred care concepts into the most recent revision of all standards.

Effective January 2016, the client- and family-centred care aspect of the newly revised standards will be implemented by Accreditation Canada and will apply to all subsequent surveys of Alberta Health Services.

Recommendations in helping to achieve the goal of enhancing communications include:

Provide patient- and family-centred care training

Alberta Health Services (AHS) is known nationally as a health system that has invested in the development of best practice patient- and family-centred care tools, which are emulated across the country. Within our large and complex organization, we have many examples of facilities, programs and units practising patient- and family-centred care.



We must now take this work and disseminate it across the province so patient- and family-centred care best practices are consistently applied throughout the organization.

This includes engagement and alignment with external health care providers in the communities we serve, such as primary care networks.

Specific best practice examples include NOD, a practice by which all health care providers introduce themselves to patients and families by stating their name, occupation and duty; as well as whiteboards in patient rooms for use as a communication tool between health care providers, patients and their families. Bedside shift reports are another example where patients and families become part of the discussion around their health care plan.

Training will include Accreditation Canada standards and required organizational practices that facilitate patient and family engagement in communication processes while ensuring communication of critical information among health care providers.

Cultural competency is an area that needs to be strengthened within AHS for staff and volunteers. Although the beginnings of a program is being developed in the area of Aboriginal health, there is still much to be done and will require further input/engagement from our communities and stakeholders in the province.

AHS will explore stronger partnerships with post-secondary institutions and professional bodies to collaborate on the development of health care curriculum that includes patient- and family-centred care as a key educational competency.

As well, there will be strong links to strategies and recommendations in the AHS People Strategy once it is formally announced.

Visual cues to highlight patient- and family-centred care

In a campaign to promote patient- and family-centred care, under the banner of "Code Pink," a range of communication materials will be published that could include pocket cards that identify patient- and family-centred care cues and suggestions for health care providers, non-clinical staff, and patients and their families.

With the aim of highlighting the patient (family) and provider relationship, the key message to be relayed to health care providers and health administrators will be "please respect me, please listen to me, please involve me, and please don't confuse me."

Better utilization of technology

In working with Alberta Health, Alberta Health Services (AHS) is in the process of developing an Information Management and Information Technology (IMIT) and Clinical Information System (CIS) strategy and road map that will inform and be influenced by the AHS Patient First Strategy and the AHS People Strategy.

In transitions of care, work being done on the CIS, Personal Health Portal and other technology initiatives will enable health care providers to better understand the full picture of a patient's health.

This recommendation from the AHS Patient First Strategy highlights the need for AHS to further optimize and maximize technology that supports a clinical information system (such as email, mobile applications, etc.) that puts information at the fingertips of health care providers and, where appropriate, patients and families.

Providing patients with access to their personal health information via an electronic portal is a known priority for the Government of Alberta and its use will optimize the interconnectedness of the health care team.



Support a team-based approach to care

A team-based approach to care is at the heart of patient- and family-centred care. Having all team members – health care providers, staff, patients and families – working together toward common goals is essential in generating positive outcomes.

This creates a jointly supportive environment for patients, families, staff and health care providers to promote health, wellness and teamwork.

All participants (health care providers, staff, patients and family) involved in the patient- and family-centred care strategy consultation noted the importance of a team-based approach, and that negative outcomes can occur when a member of the team works in a silo.

Based on this feedback, AHS will undertake actions to ensure resources are in place to support a positive team culture and a team-based approach to care.

Some resources to support this work are already underway in initiatives such as CoACT and TeamCARE.

Key to ensuring success in promoting a team-based culture is clarity in identification of roles and responsibilities and the common goals of care for each team member.



Support a team-based approach to care

Focus on patient- and family-centred care from the outset

Ensure the patient- and family-centred care approach is implemented at all points of care and is continuous throughout the health care journey, and provide team-based care centred on the needs and wants of the patient and family.

Team-based care will be inclusive of all partners – collaboration between patients, families, staff and health care providers – and ensure the needs of the patient and family are at the centre of all care decisions.⁹

Patients and families will be actively engaged as partners in care and quality improvements at all levels at the point of care: in planning, operations and evaluation, and at strategic, organization-wide levels.

See Appendix C: AHS Patient Engagement – How to Improve the Patient Experience at the Point of Care

Allocate resources as appropriate

Alberta Health Services (AHS) is working to ensure the health care system is as efficient and as effective as possible. That means making every dollar count while improving efficiency. It is understood the financial resources to operate the health care system are not limitless, which is why AHS has to make decisions around prioritizing strategies and recommendations.

In order to succeed, patient- and family-centred care must be supported at all levels by staff/patients/families with the need for it to remain at the forefront with adequate resources: human, infrastructure and financial.

Improve transitions in care

Ensuring a seamless transition in care is essential in providing quality health care to Albertans. Transitional care is defined as a series of actions designed to ensure the co-ordination and continuity of health care as patients transfer between different locations or different levels of care within the same location.

Representative locations include (but are not limited to) hospitals, sub-acute and post-acute nursing facilities, the patient's home, primary- and specialty-care offices, and long-term care facilities.¹⁰ Participants in the patient- and family-centred care consultation discussed the challenges of transition of care, including lack of communication systems to facilitate seamless transitions and lack of processes to safeguard transitions. They also linked poor transitions of care to poor health outcomes.

Patients, families and health care providers want to improve the ways providers share information with patients during transitions, such as checking assumptions, providing both written and verbal information, and ensuring patients know who to contact, when, and for what reasons.

⁹ This approach is supported within many Accreditation Canada standards for various clinical services areas.

¹⁰ Coleman EA, Boult CE on behalf of the American Geriatrics Society Health Care Systems Committee: Improving the Quality of Transitional Care for Persons with Complex Care Needs. Journal of the American Geriatrics Society. 2003;51(4):556-557.

Patients, families and health care providers also want improved communication between providers at transitions of care.¹¹

In addition to the actions below, we will learn from what is already working well with transitions in the organization and share best practices across the province.

This includes the work of CoACT, an Alberta Health Services (AHS) initiative that examines the way we practise together as professionals.

This initiative is committed to enabling high-performing teams and using quality processes and measures to ensure patient-centred, collaborative care and smooth transitions between levels of care.

This work is underway in all five zones.

Develop better support for transitions

There are multiple examples where care transitions can go well or go poorly: from the family doctor to the specialist, between units or areas of care within a site, or between sites.

AHS will facilitate the development of a standardized transition process, potential examples including a 'transition passport' and/or transition checklist, that supports the transition of the patient from area to area (e.g., acute to continuing care, to home care, etc.).

These materials will include information such as care history, medication history, and more.

Clearly outline shared responsibility

Establish shared accountability and responsibilities among patients, families and health care providers, and between health care providers for discharge and transitions (e.g., clearly outline step-down approaches and shared planning between providers and facilities).

We all own the patient journey.

This will also link with the CoACT initiative and the AHS People Strategy in the need for identifying clear roles and responsibilities.



¹¹ Improved communication will be facilitated through adherence to Accreditation Canada required organizational practices.

Measuring Our Success



Let's make it happen

Alberta Health Services (AHS) will implement ongoing measurement and evaluation to ensure the success of the AHS Patient First Strategy.

Although details are yet to be defined, examples of potential measures could include:

- Improved quality and patient safety as defined by the Alberta Quality Matrix.
- Improved health outcomes of patients.
- Improved team culture environment.
- Higher levels of patient and family satisfaction and experience.
- Higher levels of staff, physician and volunteer satisfaction.
- Return on investment in patient- and family-centred care initiatives.
- Improved Hospital Consumer Assessment of Healthcare Providers (HCAPH) scores in the areas of communication and discharge.
- Higher levels of patient/citizen engagement throughout the organization

Identification and determination of these measures will be part of the go-forward work required when planning the strategy's implementation. In considering measurement and evaluation criteria for the strategy, collaboration with patients and families will be integral to ensure what we are measuring translates to optimal patient- and family-centred care performance.

Next Steps



All in this together

As this strategy is realized, it is vital all partners model the behaviours and principles that underpin a patient- and family-centred culture.

Once the Patient First Strategy is accepted and endorsed, a steering committee will be formed and tasked with the development and execution of an implementation road map, which will define timelines for actions and activities and accountabilities related to the strategy. All plans that are developed around the Patient First Strategy must align with the existing AHS Health Plan and Business Plans. Acknowledging the need for this alignment upfront and then moving it forward will model respect and collaboration – two core principles and behaviours we must uphold.

The proposed timeline for the continued work on the Patient First Strategy will not impede in any way with patient- and family-centred care-related activity currently ongoing. There is already much progress being made in the various zones and programs that are helping to realize the goals outlined in this strategy.

Further development and implementation of the Patient First Strategy will be supported by the Engagement and Patient Experience team within Quality and Healthcare Improvement. The AHS Patient First Strategy will also need to remain aligned with the other three concurrent strategies that are underway: AHS Research, Innovation, and Analytics Strategy, AHS IMIT Strategy, and the AHS People Strategy.

Questions regarding the strategy can be directed to: patient.first@albertahealthservices.ca

Appendix A: Other recommendations from the Consultation Report



Other vital feedback

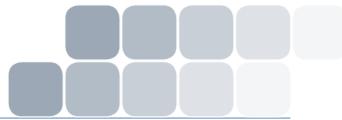
The following recommendations were brought forward during the consultation process. While not specifically identified in the main body of the Patient First Strategy, it was made clear by all participants in the patient- and family-centred care Literature Review and Consultation Report that these recommendations were also important.

It was felt they should be embedded in health care activities regardless of the strategy; however, they are not an immediate priority compared to the specific recommendations noted in the main body of the Patient First Strategy.

Alberta Health Services (AHS) will endeavour to move on these actions in the future.

Identification and determination of these measures will be part of the go-forward work required when planning the strategy's implementation.

In considering measurement and evaluation criteria for the strategy, collaboration with patients and families will be integral to ensure what we are measuring translates to optimal patient- and family-centred care performance.



Promote respect

- **Provide training and collaborate with other professional bodies:** Collaborate with educational programs/institutions, professional organizations and unions to embed patient- and family-centred care principles into their training.
- **Educate patients:** Educate/empower patients about their rights, responsibilities and behaviours related to patient- and family-centred care. Ensure they are encouraged to ask questions about their care, get involved, and be part of the care team.



Enhance communications

- **Greater involvement for the patient:** Increase patient involvement in relevant day-to-day work at Alberta Health Services (AHS), such as including patients on relevant working groups and committees (e.g., certain policy and procedure consultations, HR processes [i.e. search committees], review and provide input on key strategies, etc.)
- **Create a feedback loop:** Create AHS measurement tools and feedback loops that inform progress on patient- and family-centred care activities. Tools could include surveys, patient feedback forms, debrief sessions with AHS staff, etc. Patients, families, staff, physicians, volunteers and leadership would be invited to participate in providing formal and informal feedback.
- **Include patient- and family-centred care principles in staff performance reviews:** Include patient- and family-centred care standards/behaviors in AHS staff performance reviews, similar to how staff performance is currently measured against the AHS values. As well, make staff aware of their job expectations



Support a team-based approach to care

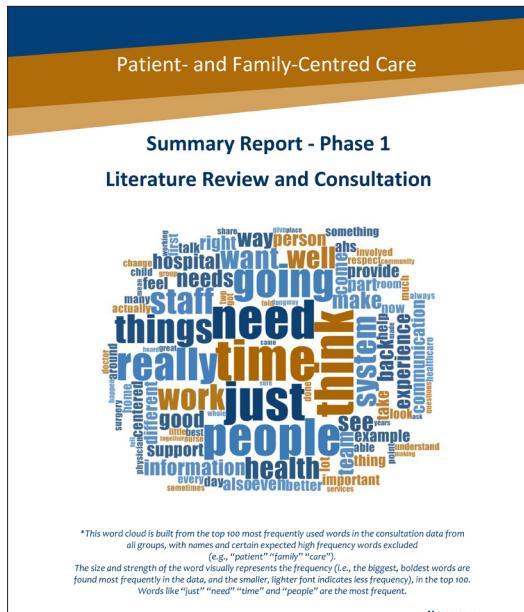
- **Identifying common goals, member responsibilities:** Ensure care teams – which include the patient and family – identify a common goal, and identify the roles and responsibilities of each member of the team. A key component of this idea is to identify a point person to communicate with the patient and family.

Appendices B, C and D



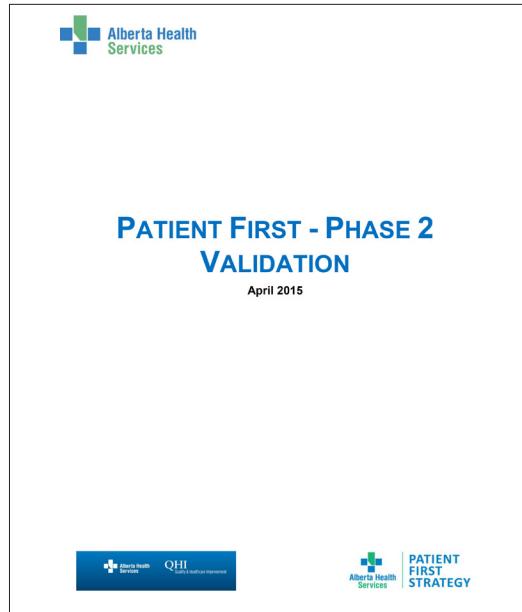
Appendix B

Patient- and Family-Centred Care Summary Report (Phase 1): Literature Review and Consultation



Appendix D

Phase 2 Validation



Appendix C

AHS Patient Engagement — How to improve the patient experience at the point of care



AHS Patient Engagement – How to Improve the Patient Experience at the Point of Care

This matrix explains the four core concepts of patient and Family Centred Care (PFCC) from the Institute for Patient and Family Centered Care. As well, we have articulated the behaviours that patients tell us matter to them and their families. The Engagement and Patient Experience Department has created a collection of tools designed to efficiently provide staff and leaders with leading practices and strategies that help to improve the patient experience and outcomes. For more information on PFCC please contact us at patient_engagement@albertahealthservices.ca or visit our website <http://institute.albertahealthservices.ca/patientengagement.aspx>.

Guiding Principles of PFCC	What PFCC Looks, Sounds, and Feels like...	Tools to enhance Individuals: practice and self-efficacy	Tools to enhance Teams: processes and consistency	Tools to enhance Leaders: modeling and dialogue	Outcomes
Respect & Dignity  <p><i>"Health care professionals listen to and honour patient and family perspectives and choices and cultural backgrounds are incorporated into the planning and delivery of care." IPFCC</i></p>	<ul style="list-style-type: none"> - the patient and family (as defined by the patient) feels they are truly listened to - their perspectives and concerns are elicited - they are treated with empathy and understanding of their needs as individuals - their emotional needs (especially their fears and anxieties) are responded to - their values are respected - their diversity, cultural and spiritual needs are identified and responded to - their medical needs are anticipated and responded to (e.g. access to timely care, safe evidence-based care, physical comfort, pain control, call bells, noise levels) 	<p>Making Moments Matter The basics of effective communication, active listening and building relationships with patients and family.</p> <p>Compassionate Communication Tips to convey empathy and understanding of the patient beliefs and cultural interpretation of illness to help create a treatment plan together.</p> <p>Relate-Respond Techniques for preventing and addressing patient and family concerns and complaints.</p> <p>SLOW DOWN Offers tips from an AHS staff to help ensure a PFCC perspective when communicating with patients and families.</p>	<p>NOD (Name, Occupation, Duty) An acronym to enhance consistent communication by all health care staff when they encounter a patient/family.</p> <p>AIDET Communication An acronym to enhance consistent communication between patients, staff and colleagues (<i>Acknowledge-Introduce-Duration-Explanation-Thank</i>).</p> <p>Comfort Rounds/Intentional Rounding A tool to hardwire the nursing practice of regularly checking on patient needs using the 4 Ps (<i>Positioning, Personal needs, Pain, Possessions</i>).</p> <p>The White Rose Program This program was developed</p>	<p>Care Moments Care Moments are true patient stories that exemplify PFCC practice and serve as a source of inspiration for employee recognition. They help make PFCC behaviours normative.</p>	<p>Patient Experience/Satisfaction Survey Data (HCAPHS)</p> <p>Patient Relations Patient Feedback Report</p> <p>Quality Indicators – e.g. infection rates, readmission rates, falls, pressure sores, reduced call lights, LOS</p> <p>Decreased rate of adverse events that may occur during transitions (e.g., change of shift handovers)</p> <p>Full employee and physician engagement and fulfillment</p>

Notes





The Patient First Strategy

Updated May 1, 2015

