Patient and Family Centred Care Resource Kit:
How to Improve the Patient Experience at the Point of Care

Alberta Health Services
Quality and Healthcare Improvement
Engagement and Patient Experience Department
2014
# Table of Contents

1. Introduction ........................................................................................................................................... 4

2. What PFCC Looks, Sounds and Feels Like.................................................................................................. 6, 36, 57, 72

3. Tools
   3.1 Respect and Dignity
      3.1.1 Tools to Enhance Individuals: Practice and Self-efficacy
          » Making Moments Matter.................................................................................................................. 8
          » Compassionate Communication.......................................................................................................... 10
          » Relate-Respond.................................................................................................................................... 12
          » Slowdown........................................................................................................................................... 14
      3.1.2 Tools to Enhance Teams: Process and Consistency
          » NOD (Name Occupation and Duty).................................................................................................... 24
          » AIDET ................................................................................................................................................. 26
          » Comfort Rounds/Intentional Rounding................................................................................................. 28
          » The White Rose Program.................................................................................................................. 30
      3.1.3 Teams to Enhance Leaders: Modeling and Dialogue
          » Care Moments.................................................................................................................................... 33

3.2 Information Sharing
   3.2.1 Tools to Enhance Individuals: Practice and Self-efficacy
          » Teach Back.......................................................................................................................................... 38
          » Three (3) Important Questions to Ask............................................................................................... 40
          » An Intercultural Approach to Care..................................................................................................... 42
      3.2.2 Tools to Enhance Teams: Process and Consistency
          » Creating Patient Information Brochures.............................................................................................. 45
          » Bedside Shift Reports.......................................................................................................................... 47
          » SBAR.................................................................................................................................................. 49
          » Communication Whiteboards............................................................................................................ 51
      3.2.3 Tools to Enhance Leaders: Modeling Dialogue
          » Sharing Your Healthcare Story........................................................................................................... 54
3.3 Participation

3.3.1 Tools to Enhance Individuals: Practice and Self-efficacy

» Helping Patients Make Difficult Decisions..........................................................................................................................59

» The Ottawa Personal Decision Guide...........................................................................................................................................61

3.3.2 Tools to Enhance Teams: Process and Consistency

» Family Presence.................................................................................................................................................................63

» Rapid Rounds........................................................................................................................................................................65

» Safer Together.........................................................................................................................................................................66

3.3.3 Tools to Enhance Leaders: Modeling Dialogue

» From Harm to Healing............................................................................................................................................................69

3.4 Collaboration

3.4.1 Tools to Enhance Individuals: Practice and Self-Efficacy

» Quality Care is in Your Hands...................................................................................................................................................74

3.4.2 Tools to Enhance Teams: Processes and Consistency

» What Patients Want...............................................................................................................................................................77

» Practice Talk..........................................................................................................................................................................79

» Mapping the Patient Journey ....................................................................................................................................................80

» Seeing Through the Eyes of Your Patients to Improve Outcomes........................................................................................82

» Rose Awards...........................................................................................................................................................................83

» Caring Conflict Resolution.....................................................................................................................................................86

3.4.3 Tools to Enhance Leaders: Modeling Dialogue

» Leadership Rounds.................................................................................................................................................................90

» Quality Care is in Your Hands................................................................................................................................................92

» The Essentials of Measuring the Patient Experience.........................................................................................................94

» AIW A3 Template.................................................................................................................................................................96

» The Power of Leadership.......................................................................................................................................................102

» Always Events.......................................................................................................................................................................104

» The IAP2 Spectrum...............................................................................................................................................................105

4. Index........................................................................................................................................................................................................107
Introduction

Welcome to the Patient and Family Centred Care Resource Kit. This Resource Kit was developed by the Engagement and Patient Experience department to help advance patient and family centred at the point of care throughout Alberta Health Services. The Kit is organized around the four core concepts of patient and family centred care as defined by the Institute of Patient and Family Centred Care: Respect and Dignity, Information Sharing, Participation and Collaboration.

The four core concepts are based on research about what matters to patients and families. When asked, patients and families tell us, “they care about their experience of care as much as clinical effectiveness and safety. They want to feel listened to, informed, and supported so that they can make meaningful decisions and choices about their care. They want to be treated as a person and they value efficient processes, timeliness and access.” (NHS Institute for Innovation and Improvement. http://www.institute.nhs.uk/patient_experience/guide/home_page.html)

The Resource Kit provides leading practices and strategies to enhance the effectiveness of individuals, teams, and leaders to improve the patient experience and quality outcomes. (To make it easy to find a practice, they are also listed alphabetically in the index at the end of the Resource Kit.)

Research indicates that consistent practice of Patient and Family Centred Care has a positive impact on several quality indicators, including: patient experience data, patient relations (concerns, complaints) data, patient reported outcome measures, readmission rates, falls, LOS, adverse events, employee and physician engagement and work fulfillment.

The toolkit can be used in many ways; e.g., to start a conversation about patient and family centred care, to introduce a new patient and family centred care practice as a quality improvement initiative, or as part of your core education curriculum. However you decide to use the toolkit, we hope it will be helpful to you on your journey to advance patient and family centred care.

Alberta Health Services is committed to working together with patients and families at the point of care and at the planning table to improve the quality and safety of the services we provide. We are excited to help make this happen. If you have any questions, please contact us at patient.engagement@albertahealthservices.ca. We welcome your questions and feedback.
Respect and Dignity

“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
Respect and Dignity

What PFCC Looks, Sounds and Feels like….

• 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)
Respect and Dignity

Tools to Enhance Individuals: Practice and Self Efficacy
Patient Centred Care happens in moments – small moments of human connection - that make all the difference. Within the first few seconds of meeting us, patients decide whether they can trust us. Patient Centred care is not always about taking more time – it’s about making the most of the few moments we have. Here are the things the people we serve are asking for:

“Please respect me…”
Respect is not something we can pretend to show. Respect must be genuine and sincerely offered. Exactly what it looks like depends on the context, but it involves seeing the person as a human being with their own values, beliefs, emotions and responses.

“Please listen to me…”
Many problems can be solved more quickly, easily and safely, when we make sure we have heard what patients are telling us correctly and completely. Good listening is not passive hearing, but actively seeking to understand.

“Please don’t confuse me…”
Even when we communicate clearly with patients, we may have trouble clearly communicating with each other about patient care. The result can be very confusing for patients and families. Our miscommunication and poor information sharing can sometimes be dangerous!

See reverse for some things you can try today

For support and guidance on how to use this information contact Patient.Engagement@albertahealthservices.ca
“People may forget what you say, but they never forget how you made them feel.”

-Maya Angelou

Engagement Tips to Try Today

The Magic of Body Language: Research shows that over half of the verbal message you send is communicated through your body; and it turns out your body is pretty honest about how you are feeling! What is interesting is that if you change your body language what you are feeling will often shift to align with what your body is doing! Try it now...smile sincerely to yourself and you may find your mood a little brighter!

“Please listen to me...”
Listen for physical comfort: “It hurts when...”
Listen for ideas: “I think I should...”
Listen for feelings: “I got frustrated when...”
Listen for values: “It is important to me that...”
Listen for experiences with system: “The other nurse said that...”
Paraphrase what you heard and ask: “Is that right?”
Use small encouragers – nod and say “Yes. Tell me more...”
Use attentive listening as a way to calm people...Breathe.
Relax the muscles in your face and shoulders. Try leaning your head slightly to one side when listening.

“Please respect me...”
Offer welcoming words and a smile.
Offer a friendly sincere voice.
Turn your body toward your patient.
Introduce yourself and explain your role.
Use formal names and repeat them often.
Let patients who are waiting know they are not forgotten.
Let patients know what to expect (what, how, why)
Offer patients and families choices wherever you can.

“Please don’t confuse me...”
Given that information about changing health status can be overwhelming, offer repeated explanations and opportunities to pose questions. Consider asking:
“Who would you like with you when we are talking about your health?”
“Are we giving you too much (or not enough) information?”
“Just to make sure we are on the same page...can you tell me how you would explain your treatment or procedure to a friend?”

“Please involve me in my care...”
Consider asking:
“What do I need to know about you to take the best care of you that I can?”
“Who would you like to have here to support you?”
“What is your greatest hope? Your greatest fear?”
“Is there anything else you need to help you decide?”
“Is there anything at all that could have gone better today in the care you experienced?”
Compassionate Communication

This practice has been endorsed by Patients Canada & the Alberta Health Services Patient & Family Advisory Group

When we show empathy and respect for our patients their overall experience improves. This can result in better health outcomes, improved patient safety and increased job satisfaction for caregivers.

Use these questions to help cultivate mutual respect and show empathy!

### The Patient’s Explanation

1. “What do you CALL the problem?”
2. “What do you think caused the problem?”
3. “Why do you think it started when it did?”
4. “What makes this a problem for you?”
5. “How severe is the problem?”
6. “What do you hope treatment will achieve?”
7. “What do you fear most about the problem or its treatment?”

### Conveying Empathy

1. **Reflect:**
   “I can see you are feeling...”
2. **Legitimize:**
   “I can understand why you might feel that because...”
3. **Support:**
   “I want to help...”
4. **Partner:**
   “Let’s work together...”
5. **Encouragement:**
   “You’re doing great!”
6. **Presence:**
   Think to yourself: breathe, relax your muscles, focus on the moment.

### Knowing the Patient

1. “What should I know about you to help me take the best care of you that I can?”
2. “What are the things you are most concerned about?”
3. “Who else, or what else, will be affected by what’s happening to your health?”
4. “Who should be here to help support you?” (friends, family, religious or support network)

This Practical Wisdom Adapated From:
**Powerful Questions for Improving Empathy**

As caregivers, we are constantly tending to the needs of others. The costs of this can be high, and signs of our own fatigue and discouragement can creep up on us. This can begin to impact our work because the truth is...we can’t take better care of others than we do ourselves – at least not for long.

### Self Awareness and Self Care

#### Compassion for Others:

1. How would I be feeling in this patient or family member’s shoes?
2. Am I aware of how my own feelings, voice tone or actions may be affecting the patient?
3. Have I checked whether my assumptions are accurate?
4. Could my reaction to this client or family be based on something to do with my own experiences, anxieties or fears?

#### Compassion for Myself:

1. What do I need right now?
2. Do I need a break? The washroom? Food?
3. Am I anxious? What would make me feel more safe?
4. Am I sad? Where can I find comfort?
5. Am I angry? How can I calm down and get organized?
6. Do I need support? Who can I ask for help?
7. Am I having any fun?
8. Is my life outside of work fulfilling? What do I need more or less of? How can I make this happen?

---

Contact Engagement and Patient Experience for support and guidance on how to best use this information at Patient.Engagement@albertahealthservices.ca

This Practical Wisdom Adapted From:
Frankel, R., Stein, T., & Krupat, E. (2003). *The four habits approach to effective clinical communication*. The Permanente Medical Group Inc
Preventing Concerns

Taking the time to connect with our patients is a proactive way to prevent concerns from ever happening. Try first to R.E.L.A.T.E with your patients!

<table>
<thead>
<tr>
<th>Remember</th>
<th>Ideas of things to try saying...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect</td>
<td>“It’s important to me that you feel respected; help me understand what makes you feel respected.”</td>
</tr>
<tr>
<td></td>
<td>“Would you like me to call you by your first or your last name?”</td>
</tr>
<tr>
<td>Empathize</td>
<td>“In this moment, there is space inside my heart for you.”</td>
</tr>
<tr>
<td></td>
<td>“I’m just going to sit quietly with you here for a minute, would that be okay?”</td>
</tr>
<tr>
<td>Listen</td>
<td>“It’s important to me that I understand what’s important to you.”</td>
</tr>
<tr>
<td></td>
<td>“If I have it right, you are feeling ___ because ___. Is that right?”</td>
</tr>
<tr>
<td>Ask</td>
<td>“I’m interested in your perspective on this situation, especially when it differs from mine.”</td>
</tr>
<tr>
<td></td>
<td>“How did you feel when this happened?”</td>
</tr>
<tr>
<td>Try</td>
<td>“I want to do what I can, with what I have, to help address your concern.”</td>
</tr>
<tr>
<td></td>
<td>“What you’ve told me is important. I’d like to talk to my Supervisor about this and get back to you shortly. Would that work for you?”</td>
</tr>
<tr>
<td>Explain</td>
<td>“It’s important to me that you understand.”</td>
</tr>
<tr>
<td></td>
<td>“That is a good question! Let me try and explain it to you.”</td>
</tr>
</tbody>
</table>

For support using this information contact us at Patient.Engagement@Albertahealthservices.ca
If a patient has brought forth a concern R.E.S.P.O.N.D!

<table>
<thead>
<tr>
<th>R E S P O N D</th>
<th>Remember</th>
<th>Ideas of things to try saying...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>r</strong>ecognize the</td>
<td>“I am willing to have my perspective expanded by looking at this through</td>
<td>“Perhaps I’ve misunderstood. Can you please explain that to me again?” “I’m glad you brought...</td>
</tr>
<tr>
<td>others perspective</td>
<td>your eyes.”</td>
<td></td>
</tr>
<tr>
<td><strong>e</strong>stablish</td>
<td>“I see you, and I am interested in who you are and what you need.”</td>
<td>“I understand why that situation made you feel that way.”</td>
</tr>
<tr>
<td><strong>s</strong>tablish</td>
<td>“I want to make sure I understand what is most important to you.”</td>
<td>“Of all the issues you have described, which is the most difficult for you?”</td>
</tr>
<tr>
<td><strong>i</strong>nclude</td>
<td>“It’s important to me that you know that I am taking your concern</td>
<td>“I’m sorry that this has happened.” “I take your concern seriously. I will do ___ to resolve it.”</td>
</tr>
<tr>
<td><strong>n</strong>otify any</td>
<td>“I am going to do what I can, with what I have, to address your concern.”</td>
<td>“I’ve been made aware of something by a patient that they are concerned about. Do you have some...</td>
</tr>
<tr>
<td><strong>p</strong>erationalize</td>
<td>“I have taken action to address your concern because your experience of</td>
<td>“You let me know that _____, and I want to share with you what steps I have taken to address what...</td>
</tr>
<tr>
<td>your plan to address</td>
<td>care is important to me.”</td>
<td>“After we talked yesterday, I spoke with my Supervisor about your concern and what he suggested was...</td>
</tr>
<tr>
<td><strong>i</strong>t<strong>y</strong>fy the</td>
<td>“I may not be able to address this all alone, but I can work with others</td>
<td>Follow up on the steps above (Notify.)</td>
</tr>
<tr>
<td><strong>p</strong>atient when you</td>
<td>for a better result.”</td>
<td></td>
</tr>
<tr>
<td><strong>h</strong>ave acted</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d</strong>iscuss the</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>s</strong>ituation with</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>a</strong>ppropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>p</strong>eople</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Quality listening reduces anxiety, improves satisfaction, enhances compliance and has been correlated with improved health outcomes.

The Art of Active Listening

This practice has been endorsed by Patients Canada & the Alberta Health Services Patient & Family Advisory Group

What is Active Listening?

When a listener intentionally uses body language, tone of voice and word choices to help a speaker feel heard and understood.

Essential Ingredients:

Empathy is understanding, being aware of and sensitive to the feelings and emotions of your patients or a family member.

“It sounds like you’re feeling.....is that right?”

Respect can be shown by hearing the patient and allowing them to express their thoughts thoroughly without interruption.

“What do I need to know about you that will help me take care of you?”

Presence is being attentive to the needs of a patient or family member & offering your whole self to be with them in that moment.

“I’m just going to sit here quietly with you for a moment if that’s okay.”

Contact Engagement and Patient Experience for support and guidance on how to best use this information at Patient.Engagement@albertahealthservices.ca
Active Listening Techniques

| Pay attention | focus solely on the patient, listen to their body language as well as their non-verbal signs - like pauses or facial expression. |
| Show you are listening | tilt your head slightly when listening, nod appropriately, smile when appropriate, and encourage the speaker to continue. |
| Provide feedback | reflect what is being said by paraphrasing, asking questions to clarify and summarizing comments to validate that the message has been understood. |
| Respond when appropriate | allow the speaker to finish speaking without interrupting or formulating your response while the patient is still speaking. |
| Defer judgment | aim to gain information and perspective without jumping to conclusions, treat the speaker as you would wish to be treated. |

The Benefits of Active Listening:

- Helps you learn more from the conversation.
- Helps the speaker be certain that he or she is understood.
- Encourages the speaker share information that may be crucial to outcomes.
- Fosters empathy.
- Builds rapport.
- Helps to establish trust and credibility.
- Validates and helps to de-escalate strong feelings and emotions.

This Practical Wisdom Adapted from:
“Kindness, humanity and respect – the core values of healthcare are easy to overlook in the busy, high tech culture of modern healthcare “ says Dr. Harvey Chochinov. Yet, it is the humanity of healthcare that gives our work its meaning, helps us to work with patients to achieve the best possible health outcomes, and creates a lasting memory for the people we serve. The A, B, C, and D of Dignity Conserving Care, developed by Dr. Harvey Chochinov, is a tool that you can use to help practice the humanity of healthcare. As part of this approach, healthcare providers are asked to consider their attitudes and behaviors as follows:

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Attitude</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduce yourself.</td>
<td>How would I be feeling if I was this person?</td>
</tr>
<tr>
<td>Take time to put the patient at ease and appreciate their circumstances.</td>
<td>Why do I think and feel this way?</td>
</tr>
<tr>
<td>Be completely present.</td>
<td>Do I have the facts I need or am I making assumptions?</td>
</tr>
<tr>
<td>Always include respect and kindness.</td>
<td>Are my attitudes affecting the care I provide and, if so, how?</td>
</tr>
<tr>
<td>Invite a family member to be present.</td>
<td>Are my personal beliefs, values, and life experiences influencing my attitude?</td>
</tr>
<tr>
<td>Use language the patient/family can understand.</td>
<td>Reflect on these questions as part of your everyday practice.</td>
</tr>
<tr>
<td></td>
<td>Discuss provider attitudes and assumptions and how they can influence the care of patients with the care team.</td>
</tr>
<tr>
<td></td>
<td>Challenge and question your attitudes and assumptions as they might affect patient care</td>
</tr>
<tr>
<td></td>
<td>Help to create a culture that questions if and how provider attitudes are affecting patient care.</td>
</tr>
</tbody>
</table>

The A, B, C, D of Dignity Conserving Care

A  
Attitude

Our beliefs about patients may affect them profoundly.

B  
Behaviour

Our care of patients must always be based on kindness and respect.

C  
Compassion

Our feelings about patients must be based on a deep awareness of their suffering and a wish to relieve it.

D  
Dialogue

Our knowledge about patients must include who the patient is as a person.

Contact Engagement and Patient Experience for support and guidance on how to best use this information at Patient.Engagement@albertahealthservices.ca
Emotional Care Pathways
This practice has been endorsed by Patients Canada & the Alberta Health Services Patient & Family Advisory Group

Being sick or in pain can be scary! As care providers, we put tremendous effort into mapping effective clinical & administrative pathways for patients, but we can further improve our effectiveness by understanding how the steps we ask patients to take through our systems can make the experience either more, or less, anxiety producing.

**Step 1**
Map the patient steps through your service.
Engage staff in identifying the steps a patient takes through your service from arrival to departure.

**Step 2**
Identify when anxiety occurs.
Ask patients and families to identify where along the pathway they may feel anxiety/stress and why.

**Step 3**
Get ahead of it!
Engage with patients and families to identify and implement ideas that would prevent or reduce anxiety BEFORE it occurs.

**Step 4**
Check results & make further improvements.
Continue to check with patients about their experience of anxiety to gauge the effectiveness of your efforts.

---

This Practical Wisdom Adapted From:
An emotional care pathway maps the patient journey through your service area, identifies anxiety points, and reduces anxiety as much as possible. *When patients are anxious it can impact their ability to pay attention, remember, and think rationally.* Anxiety can also *increase the experience of pain or irritability.* As caregivers, we can help to improve patient outcomes by decreasing patient anxiety. The following four-step process can be used to develop an Emotional Care Pathway through your service area.

1. **Map patient pathway**
   - Walk through your service from beginning to end as if you were the patient. This can include referral, pre-registration, travel and parking, way-finding, waiting, meeting care providers, departure, and follow-up.

2. **Identify anxiety points**
   - Engage patients and families, using focus groups, surveys or walkabouts, to identify when patients and families may feel anxious when interacting with your service area - and why.

3. **Get ahead of it!**
   - Engage patients and families to identify and implement strategies to prevent or reduce anxiety BEFORE it begins. Be creative! There are many ideas for this, such as sending patients a map in their intake package, or keeping them informed about wait times.

4. **Check for satisfaction**
   - Seek patient & family feedback and make further improvements.

*Contact Engagement and Patient Experience for support and guidance on how to best use this information at Patient.Engagement@albertahealthservices.ca*
EPERC: End-of-Life/Palliative Education Resource Center

The End-of-Life / Palliative Education Resource Center (EPERC), an on-line community for physician educators, was established with funding from the Robert Wood Johnson Foundation in 1999. EPERC provides a range of educational resources for palliative clinicians including educational Starter Kits for palliative care training.

For more information please visit the EPERC website at:

http://www.mcw.edu/palliativecare/EPERC.htm
Respect and Dignity

Tools to Enhance Teams: Processes and Consistency
Introduce Yourself:

<table>
<thead>
<tr>
<th>N</th>
<th>Name</th>
<th>Say your name.</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>Occupation</td>
<td>Say your occupation.</td>
</tr>
<tr>
<td>D</td>
<td>Duty</td>
<td>Say your duty.</td>
</tr>
</tbody>
</table>
NOD to Introduce Yourself
Stating your Name, Occupation, and Duty

Some Tips to Help you Connect

• **Be present.** Take a deep breath and relax the muscles in your face, neck and shoulders.

• **Send the right signal** with your face, body language and voice. Look them in the eye (*if culturally appropriate*) and smile even for a brief moment.

• **Sit/stand beside the patient,** with your head at the same height if you wish to appear warmer, friendlier or more approachable.

• **Use the patient’s last name** *unless invited to use their first name.*

• **Write your name down** to help the patient remember, if you think it would be helpful.

• **Apologize for any excessive delays,** if necessary.

“Hello, Mrs. Smith. My name is Carol. I’m your nurse today and I’m here to check your blood pressure, temperature and pulse.”

Contact Engagement and Patient Experience for support and guidance on how to best use this information at Patient.Engagement@albertahealthservice.ca

This Practical Wisdom Adapted From: Thunder Bay Regional Hospital. (2012). *Patient and family centred care.* Retrieved from http://www.tbrhsc.net/about_TBRHSC/PFCC.asp
AIDET to improve communication and build rapport with patients

**A**cknowledge
the patient by name and greet them with a smile

**T**hank
the patient for their time - foster an attitude of gratitude

**I**ntroduce
yourself, tell them who you are and how you are going to help them – use NOD *

**E**xplain
step by step what will happen, ask the patient if they have any questions and do your best to answer them

**D**uration
keep in touch to ease wait times, give accurate time expectations and apologize for any delays

AIDET is a simple acronym that you can use to remind yourself how to communicate with patients who are often nervous, anxious and feeling vulnerable. Research shows that when this communication approach is used, patient perception of care is improved and quality clinical outcomes are more likely.

Contact Engagement and Patient Experience for support and guidance on how to best use this information at Patient.Engagement@albertahealthservices.ca
## AIDET

<table>
<thead>
<tr>
<th>Acknowledge</th>
<th>Introduce</th>
<th>Duration</th>
<th>Explain</th>
<th>Thank</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attitude is everything, we want to create a lasting impression.</strong></td>
<td><strong>Give your name, occupation and description.</strong></td>
<td><strong>Let patients know if there is a delay and how long it will be.</strong></td>
<td><strong>Communicate any steps that will be taken.</strong></td>
<td><strong>Let patients know it was a privilege to care for them.</strong></td>
</tr>
<tr>
<td>“Good Morning Mrs Smith, we’ve been expecting you and are glad you are here.”</td>
<td>“My name is Sally, I am the Ultrasound Technologist that will be performing your procedure today. Do you have any questions?”</td>
<td>“The doctor is concerned about you but is running 10 minutes late. Are you able to wait or would you like me to reschedule your appointment?”</td>
<td>“The test takes about 30 minutes to complete. Would you like to read while you wait?”</td>
<td>“Thank you for your question. Is there anything else I can do for you, I have time.”</td>
</tr>
</tbody>
</table>

This Practical Wisdom Adapted From:
Comfort Rounding sometimes known as “Hourly Rounding” or “Intentional Rounding” is a practice that improves patient safety, patient experience and reduces call bells. Check your patients every 1-2 hours for the 4Ps: Pain, Possessions, Positioning and Personal Needs.

**Pain**
Asking patients to describe their level of pain on a scale of 0 to 10, and doing what they can to help.

**Personal Needs**
Scheduling patient trips to the bathroom to avoid unassisted walking, which can lead to falls, and possible embarrassment.

**Possessions**
Make sure that necessary personal items are within easy reach; e.g., fresh water, Kleenex, TV remote control, telephone, and call bell.

**Position**
Making sure the patient is comfortable and assessing the risk of bed sores.

Nursing staff greet patients, explain Comfort Rounds, and answer any patient questions they are able to answer. They let the patient know a nurse will return within a specified time.
Why do Comfort Rounds?

Research shows comfort rounding improves clinical outcomes, patient safety, patient satisfaction, nursing efficiency, and staff satisfaction.

Here is what nurses who were surveyed had to say about comfort rounding:

“With fewer call light interruptions, nurses can better organize their time and reduce stress.”

“What’s so splendid about hourly rounding is its simplicity.”

“The patients love it...I hear them tell their family members during visiting hours when rounds are being done, “Oh, she’s just checking on me to make sure I’m all right.”

“In a finite way, rounding gives some time back to nurses, and they’re not as tired at the end of their shift.”

“Consistent hourly rounding is a key concept for improving patient safety and quality care.”

“It’s a win-win situation on a very large scale.”

Contact Engagement and Patient Experience for support and guidance on how to best use this information at Patient.Engagement@albertahealthservices.ca

This Practical Wisdom Adapted from:

The White Rose Program

Showing respect for dying patients
When a patient is in the process of dying a white rose sign is placed at the entrance of their room. This increases staff awareness and fosters a sympathetic, quiet, and compassionate atmosphere for patients and their loved ones.

How does it work?

- When the physician documents ‘comfort care’ in the patient’s medical record, a white rose sign may be placed at the entrance of the patient’s room.
- The nurse will educate the patient/surrogate(s) and/or family member(s) about the process prior to the sign being placed at the entrance of the patient’s room. If they prefer not to have the sign displayed, respect their wishes.
- The nurse will make a referral to Spiritual Care if the family or patient wishes.
- All support services will perform their duties in a quiet and respectful manner.
- Staff will encourage family and friends to be involved in the patient’s care.
- If available, the patient may be moved to a more quiet room on the unit if the patient or family desires.
- Conversations on the nursing unit should be respectful, quiet and supportive at all times.
- When the patient passes away, the original White Rose sign will be replaced by one that reads, “Please stop at the nursing station prior to entering”.
- White Rose sympathy cards can be given and may be signed by staff to be given to the family.
- To order contact DATA at 403-207-6631 or Chrclientservices@datagroup.ca please quote the following codes: Door posters:R-1361, Sympathy Cards :R-1360
Respect and Dignity

Tools to Enhance Leaders: Modeling and Dialogue
## Creating Care Moments

<table>
<thead>
<tr>
<th>What is a Care Moment?</th>
<th>A patient or families description of a care giving behaviour that made a positive difference to them.</th>
</tr>
</thead>
<tbody>
<tr>
<td>What can it do?</td>
<td>Energize staff through specific appreciation. Help staff see through the eyes of their patients. Educate about specific behaviours that improve outcomes.</td>
</tr>
<tr>
<td>How do I create one?</td>
<td>Ask a patient or family member if they would be interested in sharing a story about a specific encounter that made all the difference in their care.</td>
</tr>
<tr>
<td>What rules do I have to follow?</td>
<td>Ensure that the person’s written consent is obtained for all possible uses.</td>
</tr>
<tr>
<td>Why do it?</td>
<td>Care Moments can be used to demonstrate key quality practices, orient new staff, and to help include the patient perspective at staff meetings.</td>
</tr>
</tbody>
</table>
Creating Care Moments

Things to Consider...

What was the setting and the context of the story?

What *specific behaviours* made all the difference to the patient or family? What would a video camera have seen in that moment?

How does the patient describe the difference this behaviour made to them?

For support using this information contact us at Patient.Engagement@Albertahealthservices.ca
Information Sharing

“Healthcare practitioners communicate and share complete and unbiased information in an affirming and useful way.”

IPFCC
Information Sharing

What PFCC Looks, Sounds and Feels like….

- interactions between the patient and health care providers) are two-way communications
- they are informed honestly about clinical status, progress, prognosis, and processes of care
- their health literacy and language issues are addressed
- they receive health info that uses words and phrases the patient understands and that meets their emotional needs
- information is personalized to the patient’s situation
- written materials are used as an adjunct to interaction with health care professionals (interaction is primary, never replace direct communication)
- written material is easy to read, easy to follow, appropriate for the patient group, uses 6th grade reading level or lower
Information Sharing

Tools to Enhance Individuals: Practice and Self-Efficacy
Use the Teach Back method of communication to ensure patients & families understand important information about their health.

Studies show that patients often leave a health care encounter without really understanding what has been said. It’s important to ensure that patients & families clearly understand what has been explained to them. Ask the patient or family to explain back to you – *in their own everyday words*:

- The diagnosis or problem for which they need care.
- The name & nature of treatment, service or procedure, including what receiving it will entail.
- The risks, benefits and alternatives to the treatment, service or procedure.

Some questions you could ask your patient …

“Just to be sure I've explained this well... can you describe what I’ve said as you would to a friend?”

“Can you show me how you will do this yourself when you leave here, so I’ll know if I’ve explained it clearly?”
CLOSING THE LOOP BY PRACTICING **TEACH BACK**

This practice checks for patient comprehension and can lead to better health outcomes.

1. **Explanation or Description**
   - Explain or describe a new concept, situation or choice to the patient or their family member. This can include treatment options, goals, and plans for follow up.

2. **Repeat**
   - Ask the patient or their family to repeat what you’ve said in their own words.

3. **Clarify**
   - If there is misunderstanding, try to explain it in a different way.

---

**Contact Engagement and Patient Experience for support and guidance on how to best use this information at PatientEngagement@albertahealthservices.ca**

**Practical Wisdom Adapted from:**

3 Important Questions to Ask

Encourage Patients to Ask These 3 Important Questions to Improve Communication In Every Healthcare Interaction.

Encourage Patients to Understand the Answers to These 3 Important Questions to Improve Health Outcomes.

To Promote Conversation Between Healthcare Providers and Patients

1. What is my main health condition?

2. What do I need to do?

3. Why is it important for me to do this?

This Practical Wisdom Adapted From:

When you are answering a patient’s questions, remember sometimes words can cause misunderstandings. Here are some other words that can be more helpful.

<table>
<thead>
<tr>
<th>Problem Word</th>
<th>Consider Using</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benign Growth/Tumor</td>
<td>Not cancer</td>
</tr>
<tr>
<td>Condition</td>
<td>Health problem/ concern, how you feel</td>
</tr>
<tr>
<td>Dysfunction</td>
<td>Problem</td>
</tr>
<tr>
<td>Oral</td>
<td>By mouth</td>
</tr>
<tr>
<td>Procedure</td>
<td>Something done to treat/investigate your problem</td>
</tr>
<tr>
<td>Symptom</td>
<td>What is not feeling right</td>
</tr>
<tr>
<td>Adverse</td>
<td>Bad</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Learning, Thinking</td>
</tr>
<tr>
<td>Hazardous</td>
<td>Not safe; dangerous</td>
</tr>
<tr>
<td>Generic</td>
<td>Product without a brand name</td>
</tr>
<tr>
<td>Support</td>
<td>Help with your needs</td>
</tr>
<tr>
<td>Avoid</td>
<td>Stay away from</td>
</tr>
<tr>
<td>Intake</td>
<td>What goes into your body (eat or drink)</td>
</tr>
<tr>
<td>Option</td>
<td>Choice</td>
</tr>
<tr>
<td>Referral</td>
<td>See another doctor, second opinion</td>
</tr>
<tr>
<td>Wellness</td>
<td>Good health</td>
</tr>
<tr>
<td>Adequate</td>
<td>Enough</td>
</tr>
<tr>
<td>Cautiously</td>
<td>With care; slowly</td>
</tr>
<tr>
<td>Moderately</td>
<td>Not too much</td>
</tr>
<tr>
<td>Routinely</td>
<td>At the same time every day/week/month</td>
</tr>
<tr>
<td>Temporary</td>
<td>For a little while</td>
</tr>
</tbody>
</table>

For more information or support on how to best use this information contact Engagement and Patient Experience at Patient.Engagement@Albertahealthservices.ca
An Inter-Cultural Partnership Approach to Care

We each experience illness in our own way. When we work with patients using this four-step partnership approach, we can determine a treatment plan that includes a **shared understanding** of both the disease (defined as: abnormalities in the structure and function of body organs and systems) and the patient’s experience of illness (such as: personal, interpersonal and cultural reactions to disease or discomfort). This approach has been shown to not only improve health outcomes but also to increase both patient and provider satisfaction.

<table>
<thead>
<tr>
<th>Listen</th>
<th>with curiosity and compassion to the patient’s explanation of the problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share</td>
<td>the medical explanation in a way that is easy for the patient to understand</td>
</tr>
<tr>
<td>Compare</td>
<td>notice out loud the differences and similarities in the explanations</td>
</tr>
<tr>
<td>Negotiate</td>
<td>a care plan that integrates the patient’s experience of illness with the medical explanation</td>
</tr>
</tbody>
</table>

This Practical Wisdom Adapted from:
1. Listen to the Patient’s Explanation
   - What do you think has caused this problem?
   - Why do you think it started when it did?
   - What do you think your sickness does to you?
   - How does it work?
   - How severe is your sickness?
   - Do you believe it will have a short or long course?
   - What kind of treatment do you think you should receive?

   Be curious and non-judgmental

2. Share the Medical Explanation
   - Cause; Symptoms; Pathophysiology (changes caused by injury/disease);
   - Course of illness including type: acute, chronic; and Treatment
   - Use simple and direct terms

3. Compare the Explanations
   - Openly state similarities & differences
   - Uncover any issues from the patient’s perspective.
   - Educate if & when appropriate
   - Identify conflicts in expectations & goals

   Clarify any misunderstandings

4. Negotiate the diagnosis and treatment plan
   - See the patient as a therapeutic ally.
   - Mediate between different cognitive, cultural, and value orientations
   - Mediate between patient and family models if necessary.
   - Negotiate where discrepancies affect care.

   Check for mutual understanding and agreement

“The development of appropriate and effective strategies needs to include a negotiated understanding between the culture of biomedicine, within which health care providers work, and the patient’s cultural experience of illness – culture in the broad sense of the word that includes not only ethnicity but also class, gender and other social attributes.” (Gerteis, 1999).

For support using this information contact us at Patient.Engagement@albertahealthservices.ca
Information Sharing

Tools to Enhance Teams: Processes and Consistency
Creating Patient Information Brochures

Brochures are often used to share information with patients and families

For more effective brochures consider involving patients in their creation!

The Process

1. Assess the need for a brochure.
2. Review current literature & other brochures.
3. Engage patients as formal advisors to participate in the process.
4. Define your audience, key messages, structure & relevant data.
5. Create the brochure!
6. Seek some preliminary patient feedback.
7. Revise based on feedback.
8. Distribute the brochure.
9. Evaluate the impact.

Research shows that when patients were involved in the process of designing and creating brochures, patient satisfaction increased, patient anxiety decreased, the information was considered more practical and simpler language was used.

Before you begin!
Engage patients as formal advisors, through focus groups, surveys or interviews to help determine what and how information should be shared.*

Remember: When involving patients in the creation and design of brochures, always be sure to explain their role, your expectations, and be clear about what you intend to do with the feedback received.

Contact us for support and guidance on how to best use this information at Patient.Engagement@albertahealthservices.ca
Creating Patient Information Brochures

Techniques and tips for great brochures!

**Techniques**

1. Develop 2-3 simple key messages per brochure, use these as headings to help organize the information.
2. Be sure the *who, what, where, when, why* have all been answered if and when relevant.
3. Use conversational language when possible, e.g. “How can I prevent further complications?” This helps patients quickly identify what is relevant to them.
4. Use illustrations or diagrams to communicate actions or processes. This is one of the best ways to communicate a step-by-step process.
5. Choose images to communicate emotions or ideas. Be sure to adhere to policy for the licensing of images.
   (ie: Microsoft Office images or those purchased through a stock photo company.)

**Avoid these common pitfalls!**

- Avoid complex language (write for a Grade 6 reading level).
- Provide references if appropriate, to demonstrate that the information is credible.
- Give full contact information if patients will need to contact someone.
- Balance the amount of information since too much is overwhelming and too little creates uncertainty.
- Engage patients! They are the experts on what information they need and how they want to receive it!

This Practical Wisdom Adapted from:


Bedside Shift Report
Improving Patient Safety During Shift Change

To help prevent “dropping the baton” during change-of-shift, health care providers are moving shift reports to the bedside. There are many benefits but the most important one is patient safety.

Although bedside shift reports can vary from facility to facility and even unit to unit, successful implementation provides a real-time exchange of information between the incoming and outgoing care providers and the patient and family. Many providers have developed their own communication tool for change of shift at the bedside. A method called “SBAR” can also be used effectively (see sample on reverse side).

It is also helpful to let the patient and family know ahead of time that, with their permission, change of shift occurs at the bedside – what it is, why it is important and how their privacy is protected.

“‘If YOU were the patient, wouldn’t you want to know? Who is more interested in safe patient care than the PATIENT themselves!’”

Respiratory Therapy Department, RAH

Benefits:
- Patient safety.
- Builds trust as the patient is part of the care team.
- Patients are seen sooner and more holistically.
- Providers are better able to prioritize patient care.
- Staff, patient, and family know the treatment plan.
- Patient and family information aids diagnosis and treatment.
- Mentoring opportunity for new nurses.
- Educational opportunity for everyone involved.
- Increased patient satisfaction.
- Aids communication between care providers and between care providers and the patient and family.
- Less time – only takes 3 to 5 minutes.

“THERE is a troubling lag-time between presentation of evidence and implementation of practice. Effective handover is a National Patient Safety Goal of Accreditation Canada. We’ve known for a long time that face-to-face handover at the patient’s bedside increases patient safety and transparency – let’s just do it!”

A. Vanderklaaux, Clinical Safety Leader, RAH

Contact Engagement and Patient Experience for support and guidance on how to best use this information at Patient.Engagement@albertahealthservices.ca

This practice has been endorsed by Patients Canada & the Alberta Health Services Patient & Family Advisory Group
## Using SBAR for Bedside Shift Report

<table>
<thead>
<tr>
<th>S</th>
<th>Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outgoing Provider</strong></td>
<td>&quot;I am leaving now and Jane will be taking care of you next shift. Jane is____ so I am leaving you in good hands.&quot;</td>
</tr>
<tr>
<td><strong>Incoming Provider</strong></td>
<td>Introduces self using NOD (name, occupation and duty). Updates whiteboard (if available). Asks patient for their name and date of birth, while checking the patient’s ID tag.</td>
</tr>
</tbody>
</table>

### B Background

| **Outgoing Provider** | Include the patient – “It’s time for me to give my report to Jane and we would like to do this at your bedside so that you can be included. This will give you a chance to ask questions and to add information, which will help Jane to take care of you. Because we need to do this for all of our patients, we only have a few minutes. If you need more time, Jane will come back later.” |
| **Incoming Provider** | “Do we have your permission?” |

### A Assessment

| **Outgoing Provider** | Provide information – provide a brief status update including the patient’s primary complaint and what treatment/medications have occurred to date with a focus on the last shift and any follow-up that needs to occur. |
| **Incoming Provider** | Review chart/check documentation. Conduct a quick physical exam (if necessary) and check all IV sites/pumps for accuracy. Assess patient’s pain using a pain scale. |

### R Recommendation

| **Outgoing Provider** | Review all orders and the plan of care with incoming provider (tests, treatments, medication therapy, IV sites/meds). Include relevant medications that have been ordered and any ancillary or support services; e.g., physiotherapy, radiology. Ask the patient, “Do you have any questions? Is there anything else Jane needs to know at this time?” |
| **Incoming Provider** | Validate treatment orders/plan of care. Asks outgoing provider and patient/family if they have any additional comment/questions. Thank the patient. Checks to ensure the patient understands the plan of care and is comfortable. |

---

This Practical Wisdom Adapted from:

A standardized approach to improving communication between all coworkers.

<table>
<thead>
<tr>
<th>S</th>
<th>Situation</th>
<th>State the facts about what is happening at the present time that is of importance to communicate.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Background</td>
<td>Explain circumstances leading up to this situation. Put the situation into context for the reader/listener.</td>
</tr>
<tr>
<td>A</td>
<td>Assessment</td>
<td>What do you think the problem is?</td>
</tr>
<tr>
<td>R</td>
<td>Recommendation</td>
<td>What would you do to correct the problem?</td>
</tr>
</tbody>
</table>

This Practical Wisdom Adapted From:

SBAR promotes safe, efficient, effective, equitable, timely, and patient-centred lines of communication.

Benefits of Use:

- Improves communication among clinical caregivers and other members of the team
- Provides spread of timely and accurate information
- Education concepts relative to teams can be extended to others
- Improves efficiency, timeliness and effectiveness of team interventions

Ways to Implement:

- Clinician to Clinician briefings
- Shift report hand-offs
- Incident reports
- During transfers to other departments
- Case review descriptions
- Strategic goal reports
- Reporting of opportunities for improvement

Examples:

1. Medication Reconciliation: Use of SBAR could result in improved use of the medication reconciliation process.
2. Adverse Patient Events: Use of SBAR could improve the efficiency and effectiveness of teamwork to reduce all types of adverse events.
What is the goal?

Without clearly identifying a goal, whiteboards can run the risk of becoming just another task for your team. A well-considered and interactive patient-centred whiteboard can:

- Create two-way communication with patients, families and the entire healthcare team, cultivating mutual respect and dignity.
- Inform the healthcare team of the patient’s & family’s needs, preferences and priorities.
- Enhance the potential to engage patients & families in their care and increase the possibilities for partnership.
- Improve communication and teamwork among providers, increasing job satisfaction.
- Save staff time in identifying the healthcare team at a quick glance.
- Help coordinate and integrate the plan of care, leading to smooth discharge.

A truly patient-centered whiteboard means asking our patients & families what they would like to see on their whiteboard and collaborating together on goals!

When we consistently communicate with our patients and families using whiteboards we increase our opportunities for engaging them in their care.

Communication Whiteboards

Tips:

- Place the board in clear view of your patients where they can see and reach it. Write in large letters so that all patients can read it.

- Encourage patients to create goals and add information on the whiteboard. Respect patient privacy.

- Consider finding a translator for patients who speak English as a second language. Write at about a grade 6 reading level, and avoid jargon and acronyms.

- Use a template that works for your care environment and patient population (see reverse for suggestion). Structured formats ensure that the specific, important and accurate information is included for the needs of your area. Use digitally imprinted headings on the board, if possible, for easier cleaning.

- Buy and fasten erasable pens to the whiteboards themselves (fastening them being most important!). Keep a supply of erasable pens at the nurse’s station.

- Infection Prevention & Control recommends: ensure the whiteboard and accessories (pens and fasteners/holders) are cleanable using AHS-approved low level disinfectants and develop a schedule to establish who is responsible for cleaning. Contact your local Infection Control Professional or email infectionpreventioncontrol@albertahealthservices.ca if you have questions.

- Develop a schedule and establish who is responsible for updating. Encourage staff to update whiteboards at the same time each day (i.e. when changing shifts and introducing themselves to the patient & family).

- Walk around the unit and see how staff are actually using the boards (weekly recommended). Consider celebrating and recognizing staff for ongoing usage, as a way to encourage consistency.
This communication board is for patients, families and the healthcare team to use. Be aware that anyone will be able to read the information, speak to your health care team about private matters.

**Preferred Name:**

Protect confidentiality.
Adhere to FOIP guidelines.

**Date:**

Today’s date & time
(provides a reminder to ensure daily updates).

**Nurse’s Name:**

**Doctor’s Name:**

**Anticipated Date of Discharge or Discharge Goals:**

Choose one daily based on your department’s discharge communication process. Although this will change, there are benefits to having our patients and families thinking about discharge rather than feeling surprised by it when it comes.

**Patient’s Goal for the Day:**

Ask your patient “What is your goal for today?” and write their response. Patients should always help guide the creation of the goal of the day in collaboration with nurses and physicians.

**Question(s) & Notes for Your Care Team:**

Encourage patients and families to write comments and questions. This space allows family members to leave their contact information, personal notes and requests for care providers if they need to step away from the bedside.

- Less is more!
- Whiteboards are not a substitute for face-to-face interactions between care providers.
- Leadership and team support is critical to the successful use of whiteboards.
- Provide training across all departments as part of your implementation plan.

Contact Engagement and Patient Experience for support and guidance on how to best use this information at Patient.Engagement@albertahealthservices.ca

This Practical Wisdom adapted from:
Information Sharing

Tools to Enhance Leaders: Modeling and Dialogue
Sharing Your Health Care Story to Improve Quality
This practice has been endorsed by Patients Canada & the Alberta Health Services Patient & Family Advisory Group

Your story can help to improve the quality of healthcare!
Sharing your experience with others in a meaningful way can help to educate, inform & inspire positive change.

Powerful patient & family stories answer these three questions: **What? How? Why?**

<table>
<thead>
<tr>
<th>WHAT happened?</th>
<th>HOW did the actions of the healthcare providers affect your experience?</th>
<th>WHY does your story matter to your well-being?</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I have been living with a chronic illness for 35 years without a diagnosis. I saw countless doctors and very few shared information with me or helped me to manage my condition.”</td>
<td>“The healthcare providers who took the time to listen and explain things to me, answer my questions and share information and education made my experience manageable.”</td>
<td>“My ability to manage my own care has been essential to my health and quality of life. Because of this I know when my condition is serious enough to go to the hospital or when to contact my doctor.”</td>
</tr>
</tbody>
</table>

**Before you decide to tell your story:**

**Ask others:**
- When, where and for how long do you want me to share my story?
- Who is the audience? How many people will be there?
- How will my confidentiality be ensured?
- What is the theme or topic within which my story will be shared?
- What part of my story do you want me to share?
- Is there anything else you want me to do?

**Ask yourself:**
- What do I hope for as a result of telling my story?
- What am I willing to share? What do I feel is too private to share?
- Am I still feeling too emotionally charged to tell my story?
- What does my family not want me to talk about?
- How will I handle the emotional impact that I or my audience may feel as a result of my story?
- What support do I need to tell my story?
- How do I feel about my story being shared via video, word of mouth or in written form?
Telling Your Health Care Story

Telling your story can be both an emotionally challenging and rewarding experience. The more comfortable and clear you are in the way you tell your story the more impact it will have!

Stories really ‘stick’ when they are:

**Simple**
Be sure that your story has 2 or 3 main points and will fit within the time allotted. The simpler it is the easier it will be for the listeners to understand.

**Unexpected**
Just by telling your story you are doing something unexpected and unique in healthcare. Your unique story is memorable!

**Emotional**
Consider the emotional impact of your story and any images. Highlight both the challenging and uplifting interactions you had with health care staff.

**Concrete**
Be clear and direct about why your story matters. Don't leave anything unclear for your audience, it will just confuse them. Be as specific as possible.

**Credible**
Tell your story in your own words! Express how your feelings and emotions. The more authentic the story is the greater the impact it will have.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Write out your ideas on paper.</td>
<td>Tell your story to someone with whom you are comfortable.</td>
<td>Ask the listener if your story sends the message you intended, then ask for suggestions for improvement.</td>
<td>Rework your story to include the feedback.</td>
</tr>
</tbody>
</table>

Contact Engagement and Patient Experience for support and guidance on how to best use this information at Patient.Engagement@albertahealthservices.ca

This Practical Wisdom Adapted From:
Participation

“Patients and families are encouraged and supported in care and decision making.” IPFCC
Participation

What PFCC Looks, Sounds and Feels like…. 

• patients (and families) are involved in medical decisions and their plan of care and setting daily goals (inpatients)

• they are encouraged and supported to participate in care at the level they choose

• patients are asked to identify a support person

• informed consent processes are tailored to meet individual patient needs

• patients/families are involved in care rounds/discussions (e.g. on inpatient units)

• patient strengths are built on to educate and support their ability to act on health information for self-care and self-management

• patients and families are involved in transitions (discharge and transfers) planning and instruction

• the health care team work together and is well coordinated for every patient.
Participation

Tools to Enhance Individuals: Processes and Consistency
Helping Patients Make Difficult Decisions

Patients are sometimes required to make difficult or complex decisions about their care. Patient decision aids are tools to help identify the potential benefits and harms of treatment options, while eliciting the patients’ personal values to guide the process.

You can empower your patients during challenging and complex times!

What are patient decision aids?

Patient decision aids are pamphlets, videos or web based tools that help guide patients’ decision making process by helping them to assess their needs and values, prepare for next steps and gauge where they are in the decision making process.

What does the research say about patient decision aids?

- They can improve patient knowledge about their options.
- Patient expectations about potential benefits & harms become more realistic.
- Patients’ choices become more consistent with their values.
- Allows patients to participate more actively in their care.
- Reduces elective surgeries.
- They can facilitate improved communication with health practitioners.

When can patient decision aids be used?

- When there is no clear option or course of treatment.
- Each option has potential benefits and harms attached to it.
- Patients’ values or personal preferences may influence their course of treatment.

Contact Engagement and Patient Experience for support and guidance on how to best use this information at Patient.Engagement@albertahealthservices.ca
Important Things to Consider When Creating Patient Decision Aids

Patient decision aids act like a map to help patients think through each option.

**Patient Decision Aids:**

- Use a step-by-step process.
- Are written using plain language (i.e. limited medical terminology.)
- Employ a rating system such as numbers or stars to help give weight to each option.
- Provide information on best next steps.
- Are user-friendly enough that a patient can utilize them independently or with their family.

<table>
<thead>
<tr>
<th>Identify the decision</th>
<th>Explore Options</th>
<th>Identify needs</th>
<th>Explore Personal Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>The patient clearly defines what it is that they need to decide.</td>
<td>Various options are identified and the potential benefits/risks of each option are listed.</td>
<td>Information and supports that the patient needs for each option are explored.</td>
<td>The patient identifies their values and determines the impact they have on their decision.</td>
</tr>
</tbody>
</table>

To view examples of patient decision aids go to [http://decisionaid.ohri.ca/decaids.html](http://decisionaid.ohri.ca/decaids.html)

This Practical Wisdom Adapted From:
The Ottawa Hospital Research Institute defines patient decision aids as “tools that help people become involved in decision making by making explicit the decision that needs to be made, providing information about the options and outcomes, and by clarifying personal values. They are designed to complement, rather than replace, counseling from a health practitioner.”

For more information about the decision aids that are available through the Ottawa Hospital Research Institute, please visit their website at:

https://decisionaid.ohri.ca/index.html
Participation

Tools to Enhance Teams: Processes and Consistency
Family Presence

This practice has been endorsed by Patients Canada & the Alberta Health Services Patient & Family Advisory Group

‘Family’ means something different to every patient. Discovering who patients define as their family or primary support people, helps us know who is available to partner with us in their care. We frequently interact with families and support people as we care for our patients, but what is the value of including family & support people as care giving partners?

<table>
<thead>
<tr>
<th>Improves:</th>
<th>Reduces:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research shows that the presence and participation of family members:</td>
<td>Research shows that isolating patients from the people who know them best places patient at risk for:</td>
</tr>
<tr>
<td>• improves management of chronic or acute illnesses</td>
<td>• medical error</td>
</tr>
<tr>
<td>• provides cost savings</td>
<td>• emotional harm</td>
</tr>
<tr>
<td>• enhances the patient &amp; family experience of care</td>
<td>• inconsistencies in care</td>
</tr>
<tr>
<td>• enhances continuity of care</td>
<td>• costly unnecessary care</td>
</tr>
<tr>
<td>• prevents hospital readmissions</td>
<td></td>
</tr>
</tbody>
</table>

• Family members are often viewed as passive visitors. We can encourage their support and involvement in the ways we interact with them.

• Take the lead! Don’t wait for them to show initiative. Find ways to include them from the start!

• Ask them, “How would you like to support the care of your family member?”

• To avoid confusion, clearly communicate the parameters & possibilities for family or support people who wish to support the care of the patient.
Let’s Discuss Family Presence

Within AHS, various practices already exist around family presence.  
*You can start the conversation* about family presence practices with your team!  
*Here are some key questions to get you started:*

### Questions for frontline staff to discuss:

- In what ways do we currently involve families?
- What concerns do we have about embracing families as partners in care? What do we need in order to address this?
- In what areas could we work with families in providing quality care? How can we support them to take on these roles?
- How do we document and communicate a patients preference around family presence on our unit?
- How do we connect with family members in discharge planning?
- In what ways do we communicate with families about the expectations and parameters of family presence?

### Questions for Leaders to discuss:

- When have our family presence practices last been revisited?
- Do our current family presence practice reflect the seven AHS core values?
- How do we currently receive feedback about our family presence practices?
- How do we encourage or discourage families to become involved in the care of patients?
- What are the current attitudes, concerns and needs of the staff around family presence? How can we address these?
- What types of stories are common in our area around family presence?
- What are the current & future implications for staff around family presence?
- How can we include other frontline staff, such as Food Services or Housekeeping in our approach to family presence?

Contact Engagement and Patient Experience for support and guidance on how to best use this information at Patient.Engagement@albertahealthservices.ca

This Practical Wisdom Adapted From:

Rapid rounds is a brief, daily meeting with doctors, nurses and members of the allied health team to quickly review each patient’s: working diagnosis, if new or changed; plan for the day, plan for the stay; referral status; and estimated discharge date (usually one minute per patient).

The goal is to increase efficiency and return the patient to the comfort of their own home as soon as possible.

Rapid Rounds is increasingly being implemented in AHS. Feedback from staff and management on Unit 22 of the Red Deer Regional Hospital has been very positive:

- Patient discharge delays dropped from 50% to 20% - Dec/10 to Feb/11. (Sylvia Barron)
  
  - With input from different areas, we can put the information together in the broad perspective. (Shelley Davies)
    
    - Sometimes the discharge barrier is simple, but with Rapid Rounds we are aware of it sooner. (Lynn Lee)

- It’s a benefit to have everyone, especially the discharge planner, included in Rapid Rounds. Knowing what the patient’s plan of care is allows us to get patients discharged more quickly and efficiently. (Shelley Davies)
  
  - It helps to improve communication, which improves overall staff morale. (Blaire Ironside)

- Rapid Rounds also increases staff engagement and relationship building. As a director, I would rarely have had the chance to speak to a charge nurse. Now I know each person by name and I get to see the issues first hand. It makes me feel like part of the team. (Sylvia Barron)
Prevent Falls
Falling can result in serious injury, but most falls are preventable. You are at greater risk of falling when you are feeling unwell or are in unfamiliar surroundings. Reducing falls is everyone’s responsibility: patients, family, friends and all health care staff.

To Reduce Your Risks of Falling:
• Look around, slow down, hold onto something, ask for assistance, and be cautious.
• Tell staff if you are unsteady on your feet or if you have ever fallen.
• Use supports when getting up such as a cane, walker or crutches. If you need help, ask, don’t take a chance.
• Take your time, especially when getting out of bed or a chair.
• If you are asked to wait for assistance before getting out of bed or standing, please listen. Do ask for assistance; don’t risk falling.
• Report spills right away. Wet floors can cause accidents. Tell a staff member if the floor in your area is wet, and use caution if you see a “wet floor” sign.
• Avoid wearing clothing that is too loose or too long.
• Wear footwear that fits well and has good traction. Indoor shoes with a low heel and rubber soles are best.

Making Health Care Safer, Together
Everyone wants health care to be as safe as possible — patients, their families and friends, health care providers, staff and health care leaders.

We invite you to partner with us to help ensure that your care is safe. Be aware, be informed, and be involved.

Health Advice Information
Health Link Alberta is a 24-hour a day, seven day a week telephone health advice and health information service answered by Registered Nurses.

Health Link Alberta
Call toll free:
1-866-408-LINK (5465)
Edmonton: 780-408-LINK
Calgary: 403-943-LINK

A Safety Guide for Patients, Their Family and Friends
Prevent Falls
Falling can result in serious injury, but most falls are preventable. You are at greater risk of falling when you are feeling unwell or are in unfamiliar surroundings. Reducing falls is everyone’s responsibility: patients, family, friends and all health care staff.

To Reduce Your Risks of Falling:
- Look around, slow down, hold onto something, ask for assistance, and be cautious.
- Tell staff if you are unsteady on your feet or if you have ever fallen.
- Use supports when getting up such as a cane, walker or crutches. If you need help, ask, don’t take a chance.
- Take your time, especially when getting out of bed or a chair.
- If you are asked to wait for assistance before getting out of bed or standing, please listen. Do ask for assistance, don’t risk falling.
- Report spills right away. Wet floors can cause accidents. Tell a staff member if the floor in your area is wet, and use caution if you see a “wet floor” sign.
- Avoid wearing clothing that is too loose or too long.
- Wear footwear that fits well and has good traction. Indoor shoes with a low heel and rubber soles are best.

Making Health Care Safer, Together
Everyone wants health care to be as safe as possible — patients, their families and friends, health care providers, staff and health care leaders.

We invite you to partner with us to help ensure that your care is safe. Be aware, be informed, and be involved.

Health Advice Information
Health Link Alberta is a 24-hour a day, seven day a week telephone health advice and health information service answered by Registered Nurses.

Health Link Alberta
Call toll free:
1-866-408-LINK (5465)
Edmonton: 780-408-LINK
Calgary: 403-943-LINK

A Safety Guide for Patients, Their Family and Friends

Thank you to our patients and their families for assisting in the creation of this brochure.
Participation

Tools to Enhance Leaders: Modeling and Dialogue
Partnering with patients and families who have experienced harm in the healthcare system can provide important opportunities to deliver safer care.

Involving patients and families who have experienced harm in our system can help us:

- Identify possibilities for safety and quality improvements by encouraging patients to share their experiences.
- Understand how we can mitigate the impact of harm on the lives of patients.
- Deepen our understanding and improve our collaborative capacity to provide safer care.
- Live our values of transparency, accountability, learning, safety, respect, engagement and performance in action.

Unique considerations for partnering after a harmful event...

- Give permission to patients, their families and health care staff to step away with dignity if they need a break.
- Utilize a service recovery model like HEART: Hear, Empathize, Apologize, Resolve and Thank.
- Consider if there is a plan in place for engaging all patients, family or community members involved.

For more information on engaging patients and families, contact AHS Engagement and Patient Experience (patient.engagement@albertahealthservices.ca)

- Ensure that open discussion about the events that took place between patients and/or family members and the healthcare organization have been had.

For more information on Disclosure of Harm Policies and Procedures, visit http://www.albertahealthservices.ca/3916.asp

For support using this information contact Patient.Engagement@albertahealthservices.ca
Are we ready to partner for healing from a harmful event?

Patients, families, health care providers & leaders may all need support after a harmful event.

Remembering that everyone has part of the right answer will help both healing & improvement to occur.

Fit, Timing & Motivation
In collaborative relationships, partners often begin by assessing each other's personal qualities.

Think about:
- Has enough time passed since resolution with the patient, family or staff member for them to be involved in this type of work?
- Does readiness to start this work require further forgiveness? What would help?
- Are there signs that staff and leaders genuinely want to listen and include patients’ perspectives?
- Arranging to meet with each person in advance to understand & plan how to address potential fears or barriers to participation.

Plan for Emotion
It is important to plan to engage both the heart and mind in this journey.

Think about:
- Sharing power. Emotions can serve as signal points in building new understandings.
- Will re-telling traumatic details lead to secondary harm for some people? Are there other ways to tell aspects of the story?
- Will certain skills or human resources be required to respectfully address the effect that some conversations may have for patient & family, or for staff & leaders?
- Determining fit for collaborative quality improvement initiatives may be an ongoing process for all involved.

The Promise
Being clear about the promises that have been made in advance and keeping them.

Think about:
- How the program or service is demonstrating commitment and progress to patients.
- Have the senior leaders stated their endorsement and support?
- Communication should demonstrate support system wide, and potentially to the public, where possible.
- Informally checking in with patients and staff to see if initiatives are working and helpful.
- Measure and provide feedback on the results. (For more information and resources call Patient Engagement at 1-877-735-1102.)

This Practical Wisdom Adapted From:
“Patients and families are also included on an institution-wide basis. Healthcare leaders collaborate with patients and families in policy and program development, implementation and evaluation; in healthcare facility design and in professional education, as well as in the delivery of care.” IPFCC
Collaboration

What PFCC Looks, Sounds and Feels like….

• care is constantly viewed through the patient’s eyes

• patients and families are connected, engaged and contribute their ideas to improve care processes.

• health care teams are connected, engaged and contribute their ideas to improve care processes.
Collaboration

Tools to Enhance Individuals: Practice and Self Efficacy
Quality Care is in Your Hands
(For Leaders)

Your hands help you deliver quality care through the work they do everyday. They can also help by reminding you about five domains that are key to supporting quality patient care.

**Family & Relationships**
Ring Finger – sometimes used for a wedding ring.

**Spirit**
Middle Finger – reaches the farthest.

**Decisions**
Pointing Finger – indicates what we want.

**Teamwork**
Thumb – makes it possible for all the other fingers to work together.

**Information**
Pinky Finger – used to make the letter “i” in sign language.

---

This Practical Wisdom Adapted From:
Questions that can improve quality
Questions to ask yourself

Family & Relationships

“Are my staff currently feeling supported by me to provide the best care they can?”

“What really keeps my staff feeling happy and valued - how can I enhance this?”

“Where do I feel supported at this moment and where do I have the chance to support others?”

Information

“Do my staff have easy access to the information they need to provide quality care?”

“What support do my staff need to make good decisions that include the patient & family perspective?”

“Do I need in order to care better for my own emotional or spiritual needs?”

Decisions

“Where do I feel supported at this moment and where do I have the chance to support others?”

“Am I working in a coordinated way with my team?”

Teamwork

“Do I have all the information I need to provide quality leadership right now?”

“Do my teams have what they need to work in a coordinated fashion?”

For guidance and support using this information contact us at Patient.Engagement@albertahealthservices.ca
Collaboration

Tools to Enhance Teams: Processes and Consistency
What matters to Patients & Families?

“Please respect me.”

“Please listen to me.”

“Please involve me.”

“Please don’t confuse me.”

When do they want this most?

At moments of vulnerability…

When we say “hello”…

When we say “goodbye”…

(transitions)

This Practical Wisdom adapted from:
Institute for Healthcare Improvement http://www.ihi.org/Pages/default.aspx
The Picker Institute has broken down what matters to patients and families further:

**Relationships and Communication:**

1. **Respect** for patient's values, preferences, and expressed needs (including impact of illness and treatment on quality of life, involvement in decision making, dignity, needs and autonomy)

2. **Information, communication, and education** (including clinical status, progress and prognosis, processes of care, facilitation of autonomy, self-care and health promotion)

3. **Emotional support and alleviation of fear and anxiety** (including clinical status, treatment and prognosis, impact of illness on self and family, financial impact of illness) **Access** (including time spent waiting for admission or time between admission and allocation to a bed in a ward)

**The Healthcare Service/System:**

1. **Coordination and integration of care** (including clinical care, ancillary and support services, and 'front-line' care)

2. **Physical comfort** (including pain management, help with activities of daily living, surroundings and hospital environment)

3. **Involvement** of family and friends (including social and emotional support, involvement in decision making, support for care giving, impact on family dynamics and functioning)

4. **Transition and continuity** (including information about medication and danger signs to look out for after leaving the hospital, coordination and discharge planning, clinical, social, physical and financial support)

Practice Talk sessions allow us to:
- Share a personal experience or story about a particular practice issue/theme/activity.
- Describe your perceptions and feelings about the experience.
- Promote trusting and meaningful dialogue that leads to new insights, perspectives, ideas and solutions.

Traditional Meetings allow us to:
- Discuss best practices.
- Express opinions.
- Address specific tasks related to operations.

Here’s How:

Share an Example of:
1. Successes at work:
   - What makes you feel good about your work and why?

2. Frustrations at work:
   - Challenges about your work and your perceptions about the causes.

3. Needs at work:
   - Tensions between what you currently do and what you need or would like to do better.

Reflect on the Story: You or someone in your group asks questions about the example to stimulate deeper reflection.

Ask about Perceptions:
- What did you think about ______.
- Were there any surprises?
- What stood out for you?

Ask about Emotions:
- What did you feel when ______.
- Why was this significant?
- What does this mean to you?

Create a Call For Action:
- I think we can apply this lesson by ______.
- We can do more/less of this by ______.
- The implications of this are ________.
Mapping the Patient Journey

Begin to understand what patients experience by mapping out the journey they take while in your care. Identify needs, problems, and develop solutions by seeing the care through the eyes of your patients.

What to look for:

- How do the expectations of patients and their family members compare to what actually happens?
- When do delays occur?
- How many steps occur for the patient? Can any of them be eliminated?
- Are patients coming prepared for the next step in their care?
- What are the recurring questions, concerns or challenges that patients and families voice?
- Are things being done multiple times?
- Do patients and families have the information they need at the right times?
- How are patients and families being involved in the care provided?
- What are patients and families complaints or concerns throughout their care experience?
- How are patients being supported and informed during transitions or other times of vulnerability?
- What are the main challenges for staff?
- Does the map change depending on the time of day?

How do I do this?

There are a number of ways that a patient’s journey can be mapped. Start by partnering with patients and families by:

- Organizing a focus group
- Holding a structured interview
- Inviting them to a committee or special meeting to complete the exercise
- Shadowing them as they move through their care

Watch this video for a great example of how shadowing can happen:

http://www.youtube.com/watch?v=u5vhYBVpZ4w

For support and guidance using this information contact us at Patient.Engagement@albertahealthservices.ca

But don't I already know how my patients experience & move through their care?

As healthcare providers we can sometimes make well-meaning assumptions. When we take the time to check-in with patients and families about what they actually experience we can:

- Understand, anticipate and better react to critical points of contact for patients and families
- Solve problems collaboratively
- Identify priorities for improvements in quality or efficiency
- Focus on activities that are most valued by patients and their families
**Tips for Mapping**

- Map what actually happens, not the ideal situation
- Involve patients, families, and all levels of healthcare providers. Everyone has their own unique perspective.
- Use sticky notes or a whiteboard to identify the activities of the patients and care providers.
- Consider mapping the patient journey as part of a larger quality improvement process. For example as part of a Plan, Do, Study, Act cycle.  
  [http://www.ihi.org/knowledge/Pages/HowtoImprove/default.aspx](http://www.ihi.org/knowledge/Pages/HowtoImprove/default.aspx).

---

**What's the Process?**

1. **Collect Data**  
   Select your methods for gaining the patient and family perspectives (see the front page) and then collect the information.

2. **Map The Patient Journey**  
   Create a process map outlining the points of contact in the patient’s journey.

3. **Analyze**  
   Look at the map and determine what the critical points of contact are, areas where patients are at risk or other areas where problems begin.

4. **Redesign**  
   How can this information better anticipate the needs of patients? Take steps to change the journey, implement them and then evaluate the impact the changes are actually having by checking in with patients & families.

---

**According to the Institute for Healthcare Improvement** Patients decide when they are receiving quality care at 3 key times in the healthcare journey. Consider starting here when mapping a patient journey.

<table>
<thead>
<tr>
<th>Moments of Contact</th>
<th>What did the patient expect?</th>
<th>What actually happened?</th>
<th>Gap (area of improvement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>When we say “hello” (ex: way finding, admission, scheduling, change of shift etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At moments of vulnerability (ex: receiving a diagnosis, discussing treatment options, difficult procedures etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When we say “goodbye” (ex: transfers, discharge etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This Practical Wisdom Adapted From:

Seeing Through the Eyes of Patients to Improve Outcomes

There are many ways to gain the valuable insights of patients and families! From the point of care to the planning table, seeing your work through the eyes of patients and families has been shown in the research to improve patient safety, improve health outcomes and reduce costs. Start small or consider more extensive action depending on your needs!

Informal

• Keep it simple and just ask! We don’t always need formal surveys or statistics – simply ask and listen for the perspective of your patients and families as you interact with them!
  
  ❖ “What do I need to know about you to take the best care of you that I can?”
  ❖ “Is there anything at all that could have gone better today in the care you experienced?”
  ❖ “How are we doing with caring for you today?”

• Put a patient and family suggestion box, index cards and pens in your waiting or treatment areas and regularly share and discuss ways to incorporate some of the suggestions at staff meetings.

• Include a patient or family volunteer in a walkabout with a few staff and leaders and ask for their perspective on how services in your area ‘flow’ from the patient’s perspective.

• Conduct a patient focus group on a particular topic related to care in your area.

• Invite a few patients or family members to sit on any new or existing committees in your area. Ensure they are welcomed and their input is included by having a staff liaison support them.

Formal

For support using this information contact us at Patient.Engagement@albertahealthservices.ca
Caring Conflict Resolution

In order to provide compassionate care to our patients we need to feel safe in our own work environments. This problem solving approach is for teams to use when faced with interpersonal conflict so that members can feel *safe enough to be kind!*

1. Take time to settle your mind. Reflect upon: What are you feeling? Why?

2. Approach the other person directly and respectfully. *See script provided on reverse.*

3. Listen to each others perceptions with curiosity. Breathe. Afterward, share any new understandings and make a plan for the future. *See tips provided on reverse.*

4. If you are having difficulty preparing for steps 1 and 2 seek the assistance of a leader to help you prepare- then follow through.

5. If you follow steps 1-3 and are still struggling- request a meeting with the appropriate leader and all stakeholders on the issue.
Let the other person know you have an issue to discuss, and book a mutually convenient time.

**Possible Script for Step 2**

State your issue

*When you ____________, (describe actual behaviour – what would a video camera have seen?)*

*I felt _____________, (describe your exact feeling)*

*because _____________. (describe the actual consequence of the behaviour.)*

Examples:

“When you interrupted me in the meeting, I felt hurt, because I did not get a chance to contribute something that was important to me”

“When you forgot to check Mrs. Smith’s temperature, I felt worried, because regular checks are key to monitoring her safety.”

“When you were late for your shift again this week I felt annoyed, because it meant that I had to stay longer and missed my bus.”

**Possible Script for Step 3**

Listen to the others person’s perceptions:

*Note: Be curious! Resist the urge to defend or react. Instead, ask questions that allow you to better understand the other persons feelings and experience. Check for understanding by asking:*

“Okay, if I have this right you felt ____________, when ________, is that right?”

Examples:

“Okay, if I have it right, you felt hurt because my interruption meant that you did not have a chance to contribute at the meeting, is that right?”

“It seems that, you felt worried about Mrs. Smith’s safety when I forgot to check her temperature, is that right?”

“If I’m hearing your correctly, you felt annoyed when I was late because it caused you to miss your bus, is that right?”

This process will help you *begin* a caring resolution process which will help to set a positive tone for future dialogue.

For support and guidance using this information contact us at Patient.Engagement@albertahealthservices.ca
Collaboration

Tools to Enhance Leaders: Modeling and Dialogue
Survey Data

Collaborating at the Planning Table

- Patient & Family Councils
- Quality Teams & Committees
- Patient and Community Engagement Researchers
- Patient and Family Advisors
- Leadership Rounds
- Care Giver interactions
- Shadowing
- Mapping the Patient Journey

The Voice of Patients and Families

Collecting Feedback

- Concerns Data
- Comment Cards
- Interviews
- Focus Groups
- Patient and Family Care Stories

Real Time Encounters

The Voice of Patients and Families
Leadership Rounding

Connect with Patients, Families and Staff for Valuable Insights

This practice has been endorsed by the National Patients' Association of Canada & the Alberta Health Services Patient & Family Advisory Group

Leaders routinely highlight how personally satisfying it is to get out and connect with patients! Speaking with patients and families helps leaders gain valuable insights as to how patients are experiencing their care.

**WHY Round on Patients and Families?**

- Long term outcomes include, improved patient satisfaction, decreased patient complaints and reduced rates of “left without being seen” in emergency departments.

**WHY Round on Staff?**

- Speaking with staff helps leaders identify improvement opportunities and recognize staff achievements. Immediate benefits include increased staff morale, improved communication flow, and strengthened trust and teamwork!

- Long term outcomes include improved employee satisfaction and reduced staff turnover.

**WHAT Is required?**

**Who:** Consider rounding with a group of leaders from all leadership levels (but speak with patients and families individually so as to not overwhelm them). For example the program director, nurse clinician and manager go out to an area as a group and then debrief together. Consider letting the charge nurse know that you will be coming!

**Commitment:** Make a regular appointment in your calendar to get out of your office and round! For the best results, aim at doing it a minimum of once a week for 30 minutes (for example 15 minutes talking to patients, 15 minutes debriefing).

**Observation:** Try to watch and listen differently than you usually would. Be intentional about seeing and experiencing things the way your staff, patients and families do.

**Approachability:** Be open and curious, be aware of your body language and leave your phone at your desk. Say your name, occupation and what you are there to do!

**Building Trust:** Develop relationships by asking open ended questions and try to listen without judgement.

**Debrief:** If you round as a leadership team it is important to spend a few minutes after rounding to talk about what you heard and also determine if there is any necessary follow up as a result (concerns, praise, themes, etc.).
How to Round on Patients, Families and Staff

Questions to Ask Patients and Families:
• ‘How are we doing with caring for you today?’
• ‘Tell me about your experience of being admitted?’ (i.e. from the ER)
• ‘Are you feeling prepared for your ____?’ (discharge, surgery, transition to another unit etc.)
• ‘Is there anything that we could be doing better from your point of view?’
• ‘Are we involving your family in the ways you would like us to?’
• ‘Are the staff giving you the information you need?’
• ‘Is there something else you would like me to know?’

Questions to Ask Staff:
(Tip: Speak with staff and physicians immediately after speaking with patients to relay any immediate feedback)
• ‘What’s working well today?’
• ‘Are there any individuals I should be recognizing?’
• ‘Do you have the tools and equipment you need to do your job today?’
• ‘Is there anything we, the leaders, could do better?’
• ‘Is there something else you would like me to know?’

This Practical Wisdom Adapted from:


Quality Care is in Your Hands
(For Leaders)

Your hands help you deliver quality care through the work they do everyday. They can also help by reminding you about five domains that are key to supporting quality patient care.

**Spirit**
Middle Finger – reaches the farthest.

**Decisions**
Pointing Finger – indicates what we want.

**Teamwork**
Thumb – makes it possible for all the other fingers to work together.

**Family & Relationships**
Ring Finger – sometimes used for a wedding ring.

**Information**
Pinky Finger – used to make the letter “i” in sign language.

---

This Practical Wisdom Adapted From:
Questions that can improve quality
Questions to ask yourself

**Family & Relationships**
“Are my staff currently feeling supported by me to provide the best care they can?”
“Where do I feel supported at this moment and where do I have the chance to support others?”

**Spirit**
“What really keeps my staff feeling happy and valued - how can I enhance this?”
“What do I need in order to care better for my own emotional or spiritual needs?”

**Decisions**
“What support do my staff need to make good decisions that include the patient & family perspective?”
“What do I need in order to make a good decision in this situation?”

**Teamwork**
“Do my teams have what they need to work in a coordinated fashion?”
“Am I working in a coordinated way with my team?”

**Information**
“Do my staff have easy access to the information they need to provide quality care?”
“Do I have all the information I need to provide quality leadership right now?”

For guidance and support using this information contact us at Patient.Engagement@albertahealthservices.ca

See reverse for guide
The Essentials of Measuring Patient Experience

“Ensuring that you are measuring the things that matter most to patients is an essential component of a successful strategy for improving patients’ experience.” - Coulter et al.

1. Define *what* type of patient experience needs to be measured.
   Example: Do you want feedback on a patient’s experience of communication with their physician?

2. Determine *why* there is a need to measure this patient experience.
   Example: Do you need to track the progress of a patient centred initiative over time?

3. Clarify *who* should be asked for feedback.
   Example: Is there a particular demographic of patient you need to ask for feedback?

4. Identify *when* should the feedback be gathered.
   Example: Should the patient be asked during care or weeks after care?

5. Establish *how* will this information be useful to your site.
   Example: Will the data be incorporated into quality improvement initiatives?

Answering these five essential questions will help determine which feedback tools are the most appropriate for measuring patient experience in your facility.

There are many ways to collect feedback from patients and families about their care experience. Consider using **multiple** ways of measurement to ensure patient and family centre practices are happening throughout your facility.

- **Surveys** are the most frequently used tool for collecting patient experience. The design and administration of surveys depends on the measurement initiative.
- **Patient interviews** provide rich and detailed information about patient experience and make patients feel engaged in improving healthcare initiatives.
- **Focus groups** can help to draw out patient experience themes and spark ideas for potential improvements.
- **Comment cards** provide a written alternative for people uncomfortable with verbally raising issues about their care.
- **Online ratings** provide overall scores for services experienced.
- **Patient stories** provide a ‘whole care’ perspective and describe the patient experience from start to finish.
- **Leadership rounding** offers ‘real time’ patient impressions of the care they are receiving.
- **Complaints and compliments** can identify what needs improving and what people feel particularly passionate and/or concerned about.

**Note** – a patient’s language, literacy, physical ability or physical impairment are factors to consider when choosing a method of measurement. Some methods of measurement are not suitable for certain groups of patients and may lead to exclusion of important patient perspectives.

For guidance and support on using this information contact us at Patient.Engagement@albertahealthservices.ca

AHS Improvement Way (AIW) A3 Template

**Background, Problem Statement, Goal Statement:** (A good description of what the issue is – focused on the problem not blame or solutions. Include a concise description of the pain, gap, challenge including observable evidence and impact. Include the targeted benefit – “How much by when?”)

**Things to Think About:**

While assessing any opportunity for improvement, **always** consider how the opportunity will impact patients and families. These are the dimensions of quality that are important to patients and families as identified by the extensive research of NRC Picker [http://www.pickereurope.org/]:

**Relationship and Communication:**
- involvement in decisions/respect for preferences
- clear information and support for self-care
- emotional support, empathy, respect

**The Healthcare Service/System:**
- fast access to reliable healthcare service
- effective treatment by trusted professionals
- attention to physical and environmental needs
- involvement of, and support for family/caregivers
- continuity of care and smooth transitions

It is important that the quality improvement process include the patient/family perspective. **You will not know this information unless you ask the patient or family!** It is also essential to find out what the frontline care providers understanding is of patient engagement. This will help the project team understand their readiness and commitment.

**Try Using this Gem!**

What Matters to Patients and Families?

Ways to include “the voice of patients and families” in quality projects developed by Patient Engagement, AHS July 4, 2013
**Process Assessment, Cause Analysis:** *(Understand current state to determine why the problem exists. Pictures, process maps, graphs, and data analysis are encouraged. Ask “why” enough times to establish root cause. Adjust goal as needed.)*

**Things to Think About:**
To understand the specific problem, **always** consider how the problem affects patients and families. Here are some ways to get a sense of how the patient and family are experiencing the current situation.

- **What data/feedback is already available?**
  - HCAHPS
  - Concerns Data
  - Safety Incidents
  - Patient Outcome Indicators (eg. Falls, Infection Rates)

- **What is the current process that a patient/family would experience?**
  - Map the patient journey showing critical points in the process of giving service/care.
  - Are there gaps in what should happen vs. what actually happens?

- **What do healthcare providers at the point of care think about what is working and what could be improved?** What do they hear from patients and families?

- **What do patients and families think is working and what could be improved?**
  - Round on patients/families while they are in the hospital (Leadership Rounds)
  - Focus Group
  - Short Survey

- **Could a patient/family story be shared?**

*Try Using this Gem!*
Mapping the Patient Journey

Ways to include “the voice of patients and families” in quality projects developed by Patient Engagement, AHS July 4, 2013
**Stakeholder & Communication Strategies:** (Identify key groups or individuals who may impact, influence or be affected by the change and actions required to build their engagement and support.)

**Things to Think About:**
Are patients and families going to be affected by the change? What can you do to engage with patients and families to learn what they think, feel and experience?

- Look at the “Voice of Patients and Families Wheel” and see which engagement feedback methods would work best for you and your team.
- Have patient and families join and advise the quality improvement team.
  - Use the “International Association of Public Participation” IAP2 spectrum to decide how the patient/family member will be involved in the quality improvement team.
- Engage with the frontline clinicians. Healthcare providers and patient/family advisors need to be supported and mentored throughout the improvement project.

**Try Using this Gem!**
Pathway for Patient Engagement at the Planning Table

Ways to include “the voice of patients and families” in quality projects developed by Patient Engagement, AHS July 4, 2013
Improvement Selection & Implementation Plan:  *(Brainstorm potential solutions, evaluate and select options, create implementation plan, assess and plan for potential risk.)*

**Things to Think About:**
How do you ensure that the ideas that you are generating will make a difference to and will benefit patients and families?
One source of identifying change interventions is to look at leading proven patient experience practices such as:

- NOD (Name, Occupation, Duty)
- Comfort Rounds
- Teach Back
- Family Presence

- For more ideas, contact Engagement and Patient Experience ([patient.engagement@albertahealthservices.ca](mailto:patient.engagement@albertahealthservices.ca))
- Go back to the “Voice of Patients and Families Wheel” for other ways to engage patients and families.
- Connect and interact with healthcare providers and ask them if what they think could be a potential solution to the problem.  Ask the healthcare providers what they are hearing from patients and families.
- Engage with the frontline clinicians.  They need to be supported and mentored throughout the improvement project.
- Use direct interaction and run some ideas by patients and families who are currently receiving healthcare services and care.  State the change ideas and ask the patients and families what they think.

**Try Using this Gem!**
Visit the Patient Engagement Website (above) and click on ‘Practical Wisdom’ to see the proven practices
Reinforce Ownership, Measurement & Continuous Improvement: (Include key performance indicators, visual controls, job descriptions, procedures, standard work, ownership clarification, etc.)

Things to Think About:

You are not going to know if the change intervention benefitted the patient unless you ask. Always seek the voice of patients and families to assess what difference the intervention made to patients and families. There is a need to monitor the application of the intervention to ensure reliable care.

- Use various engagement feedback methods from the “Voice of Patients and Families Wheel” such as:
  - Leadership Rounds
  - Surveys
  - Concerns Data
  - Leadership Supporting the Uptake of PFCC Initiatives

- Measure the uptake of change on an ongoing basis (audit)

Try Using this Gem!
The Power of Leadership
Lessons Learned: *(Identify and share with groups who may benefit from your experience – inside and outside of your team.)*

Things to Think About:
Meet regularly to keep up the momentum, share progress and lessons learned, celebrate successes, make improvements and spread effective practices.

- Have patients share an experience related to the change initiative.
- Have a care provider share an experience related to the change initiative.
- Share your successes and challenges with other areas that can learn from your experience.

Try Using this Gem!
Share Your Healthcare Story
The Power of Leadership
To Support the Use of Patient & Family-Centred Care Practices

This practice has been endorsed by Patients Canada & the Alberta Health Services Patient & Family Advisory Group

Inspire your staff
Model the behaviors that reflect Patient-Centred Care values and goals. Be kind, compassionate, empathetic, respectful, informative, efficient, and professional.

Involve your staff
Create the vision together for what an optimal patient experience would look like. Staff participation is crucial to generating commitment that leads to action and lasting success.

Include the voice of patients & families
Look at the care you provide through the eyes of patients & families. How do patients want their families involved in decisions about care?

Implement a leading practice
Visit Patient Engagement on AHS Insite, click on Practical Wisdom, and work with staff to choose and implement a leading Patient & Family-Centred Care practice.

Connect with staff
Ask staff to share how implementation of the practice is going. Try asking “What is the hardest and/or the best part of this new practice?”

Connect with patients
Do a regular ‘walk-about’ to ask patients about their experience of the practice. Try saying: “We have started a new practice called _____.
Have you noticed staff doing _____?”

Monitor progress
Keep it simple. Ask 10 patients on a regular basis to monitor progress on the new practice. Meet with staff to share progress, review results and plan next steps. Keep the momentum by celebrating and recognizing improvement to the patient experience. (See the assessment tool on the back page.)

Be part of a learning community
Share your successes and challenges. Innovate with others in your area and throughout AHS by joining the Patient and Family Centred Care Community of Practice by emailing: patient.engagement@albertahealthservices.ca
Measuring the uptake of a leading practice can be done formally or informally. One of the simplest methods is to ask ten (10) patients about their experience of the new practice on a regular basis. Track how often the new behaviors occur. Use this information to discuss with your staff what is working, what isn’t, and what they might need.

Here is a sample tracking tool:

<table>
<thead>
<tr>
<th>Behaviors</th>
<th>How often did this behavior occur</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviour 1</td>
<td>Always</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Usually</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behaviour 2</td>
<td>Always</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Usually</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Aim:** To increase the percentage of patients responding “Always” for each question consistently over time

**Progress to Date:**
- Behaviour #1: % Always =
- Behaviour #2: % Always =

What is working? Why?
What isn’t? Why?
What will we do differently?

“People don’t do what you tell them you expect… they do what you actually expect.” - Dr. Gordon Neufeld

For support using this information contact us at Patient.Engagement@Albertahealthservices.ca
“Always Events are aspects of the patient experience that are so important to patients and families that health care providers must perform them consistently for every patient, every time. IHI (Institute for Healthcare Improvement) created the Always Events Getting Started Kit to help providers at the front lines of care understand what an Always Event is, how to select a set of practices for an Always Event initiative, and the steps for implementing the initiative.”

To learn more please go to the IHI webpage below:

http://www.ihi.org/resources/Pages/Tools/AlwaysEventsGettingStartedKit.aspx
One of our AHS values is engagement, **but what does it mean to engage patients & families?** Consider where on this spectrum you would like to engage patients & families in your project or service.

### IAP2’s Spectrum of Engagement – Increasing Levels of Patient Involvement

<table>
<thead>
<tr>
<th></th>
<th>Inform</th>
<th>Consult</th>
<th>Involve</th>
<th>Collaborate</th>
<th>Empower</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal</strong></td>
<td>To provide the patient with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.</td>
<td>To obtain patient feedback on analysis, alternatives and/or decisions.</td>
<td>To work directly with the patient throughout the process to ensure that patient concerns and aspirations are consistently understood and considered.</td>
<td>To partner with the patient in each aspect of the decision - including the development of alternatives and the identification of the preferred solutions.</td>
<td>To place final decision-making in the hands of the patient.</td>
</tr>
<tr>
<td><strong>Promise to the Patient</strong></td>
<td>“We will keep you informed.”</td>
<td>“We will keep you informed, listen and acknowledge your concerns and aspirations and provide feedback on how patient feedback influenced decisions.”</td>
<td>“We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how patient input influenced the decision.”</td>
<td>“We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into decisions to the maximum extent possible.”</td>
<td>“We will implement what you decide.”</td>
</tr>
<tr>
<td><strong>How Can This Be Done?</strong></td>
<td>• Pamphlets • Brochures • Websites</td>
<td>• Focus groups • Surveys • Comment box</td>
<td>• Workshops • World Cafes</td>
<td>• Citizen/patient Advisory Committees • Participatory Decision Making</td>
<td>• Citizen/patient Advisory committees • Delegated Decision Making</td>
</tr>
</tbody>
</table>

Adapted from: International Association for Public Participation (2006). *IAP2’s Public participation spectrum (pp. 4).* In *Planning for effective public participation: Student manual.* Thornton, CO: International Association for Public Participation.
For more information about this Toolkit or the work of the Engagement and Patient Experience Department, please contact us at patientengagement@albertahealthservices.ca.

Some other resources you might find helpful:

- HQCA-Health Quality Council of Alberta [http://www.hqca.ca/](http://www.hqca.ca/)
- Institute for Health care Improvement [http://www.ihi.org/](http://www.ihi.org/)
- Institute for Patient and Family Centered Care [http://www.ipfcc.org/](http://www.ipfcc.org/)
- Always Events [http://www.ihi.org/resources/Pages/Publications/AFocusonAlwaysEvents.aspx](http://www.ihi.org/resources/Pages/Publications/AFocusonAlwaysEvents.aspx)
- OHRI/IRHO (Ottawa Hospital Research Institute) [http://decisionaid.ohri.ca/](http://decisionaid.ohri.ca/)
- Picker Institute for Advancing Patient Centered Care [http://pickerinstitute.org/](http://pickerinstitute.org/)
- The Schwartz Center for Compassionate Care [http://www.theschwartzcenter.org/](http://www.theschwartzcenter.org/)
<table>
<thead>
<tr>
<th>Index</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDET Communication</td>
<td>26/27</td>
</tr>
<tr>
<td>AIW A3 Template</td>
<td>96/97/98/99/100/101/102</td>
</tr>
<tr>
<td>Always Events</td>
<td>104</td>
</tr>
<tr>
<td>An Inter-cultural Partnership Approach to Care</td>
<td>42/43</td>
</tr>
<tr>
<td>Bedside Shift Reports</td>
<td>47/48</td>
</tr>
<tr>
<td>Care Moments</td>
<td>33/34</td>
</tr>
<tr>
<td>Caring Conflict Resolution</td>
<td>86/87</td>
</tr>
<tr>
<td>Comfort Rounds/Intentional Rounding</td>
<td>28/29</td>
</tr>
<tr>
<td>Communication Whiteboards</td>
<td>51/52</td>
</tr>
<tr>
<td>Compassionate Communication</td>
<td>10/11</td>
</tr>
<tr>
<td>Creating Patient Information Brochures</td>
<td>45/46</td>
</tr>
<tr>
<td>Family Presence</td>
<td>63/64</td>
</tr>
<tr>
<td>From Harm to Healing</td>
<td>69/70</td>
</tr>
<tr>
<td>Helping Patients Make Difficult Decisions</td>
<td>59/60</td>
</tr>
<tr>
<td>IAP2 Spectrum</td>
<td>105</td>
</tr>
<tr>
<td>Leadership Rounds</td>
<td>90/91</td>
</tr>
<tr>
<td>Making Moments Matter</td>
<td>8/9</td>
</tr>
<tr>
<td>Mapping the Patient Journey</td>
<td>80/81</td>
</tr>
<tr>
<td>NOD (Name, Occupation, Duty)</td>
<td>24/25</td>
</tr>
<tr>
<td>Ottawa Personal Decision Guide</td>
<td>61</td>
</tr>
<tr>
<td>Practice Talk</td>
<td>79</td>
</tr>
<tr>
<td>Power of Leadership</td>
<td>102/103</td>
</tr>
<tr>
<td>Quality Care is in Your Hands</td>
<td>74/75, 92/93</td>
</tr>
<tr>
<td>Rapid Rounds</td>
<td>65</td>
</tr>
<tr>
<td>Relate-Respond</td>
<td>12/13</td>
</tr>
<tr>
<td>Rose Awards</td>
<td>83</td>
</tr>
<tr>
<td>Seeing Through the Eyes of Your Patients to Improve Outcomes</td>
<td>82</td>
</tr>
<tr>
<td>Safer Together</td>
<td>66/67</td>
</tr>
<tr>
<td>S-Bar</td>
<td>49/50</td>
</tr>
<tr>
<td>The Essentials of Measuring the Patient Experience</td>
<td>94/95</td>
</tr>
<tr>
<td>Sharing Your Healthcare Story</td>
<td>54/55</td>
</tr>
<tr>
<td>Index Cont’d</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>• Slow Down</td>
<td>14/15</td>
</tr>
<tr>
<td>• Teach Back</td>
<td>38/39</td>
</tr>
<tr>
<td>• Three (3) Important Questions to Ask</td>
<td>40/41</td>
</tr>
<tr>
<td>• What Patients Want</td>
<td>77/78</td>
</tr>
<tr>
<td>• White Rose Program</td>
<td>30/31</td>
</tr>
</tbody>
</table>