



VCH's New 'People First' Lens

Prepared by Community Engagement

Community Engagement

200 – 520 West 6th Avenue
Vancouver, BC V5Z 4H5
Telephone: 604-708-5320
Facsimile: 604-874-7518

Community Engagement Advisory Network

CEAN Forum: November 27, 2010

VCH's New 'People-First' Lens, and Skills-Building for CEAN Members

Introduction

The Community Engagement (CE) department of Vancouver Coastal Health (VCH) is supported by a group of members of the public, the CE Advisory Network (CEAN), to enhance patient and public involvement in health service planning and decision-making. It is our collective goal to conduct forums each year, providing an opportunity for members of VCH staff and leadership to meet with members of CEAN to discuss health service issues of concern to both VCH and the public. Past forums have covered topics such as cross-cultural health needs, transforming seniors' care in acute care facilities, and advance care planning.

Forum Planning, Agenda and Attendance

Meetings to plan the forum format and agenda were held with CEAN members in October, and it was agreed that the forum would combine short presentations and discussion circles to allow participants to explore priorities for public involvement in healthcare.

20 members of CEAN attended, as well as three members of VCH leadership, and a member of the Patient Voices Network.

Morning presentations and discussions

1) Presentations, Q&A

The morning session started with short presentations by Dr Jeff Coleman (VP, Regional Programs and Service Integration), Dr David Ostrow (CEO) and Lucie McNeill (Director, Community Engagement).

- Dr Coleman welcomed participants, thanked CEAN members for their involvement since the group's beginnings in the summer of 2009, and discussed why active involvement of people in their own care and in the system as a whole is so important.
- Dr Ostrow introduced CEAN participants to the new 'strategic lens' that VCH is now applying to all the work it does – "People First". He told CEANs how this philosophy originated, what it means and how VCH is applying it.
- Lucie McNeill illustrated how VCH is hoping to involve patients, the public and communities in their own health care, and in system-wide decision making.

Dr Ostrow and Lucie's presentations were distributed at the Forum and are available on the CEAN SharePoint site.

Participants had many questions and comments for the presenters and for VCH Chief Financial Officer Duncan Campbell who also took part in the Forum. CEANs focused on the sustainability of our health care system and on the barriers to increased involvement of patients and families in decision-making in their own health. The discussion addressed the pressures of an aging population and rising health care costs, as well as the shifting political and financial environment around Canada's health care system. Dr. Ostrow and Dr. Coleman emphasized the traditional health care culture is slowly changing, because there is recognition that empowered patients take responsibility for their health and this improves health outcomes. Participants also discussed the importance of public participation in hand hygiene in order to increase compliance in VCH facilities.

2) Small group discussions

The focus of the small group sessions that followed was 'People First'. Participants divided into four groups and discussed two main questions, before reconvening and sharing their results. All tables discussed:

- 1. Given the People First lens, what are the priorities for involvement that you are hearing from your community?**
 - a. What supports do people need to be more involved in their own health?**
 - b. What supports do people need to be more involved in the system?**
- 2. If you were VCH, what areas of involvement would you prioritize and why?**

In discussing what they see as **priorities for involvement**, the groups' discussions highlighted the following themes:

- All groups emphasized the need for individuals and families to be more involved in their own health care – in particular in the areas of:
 - o Seniors' care, advance care planning and end of life;
 - o Health literacy around conditions, options for care and system resources;
 - o And through access to one's own health records.
- One group felt the priority for public involvement was regional, system-wide decision making and secondly personal investment in one's own health.

Discussions revealed some of the important **supports** for the public to be more involved, namely:

- For individual involvement in one's own, or one's family's, health care:
 - o There needs to be better access to, and information about physicians
 - o Patients/families need fewer constraints on time spent with physicians or other care providers such as nurse practitioners, RNs etc
 - o Health providers need to show patients respect and encourage their questions
 - o The system needs to demonstrate a holistic approach to care
 - o Health records – ensuring sharing of patient records among professionals
 - o Availability of patient/public information in a variety of formats, languages and through a variety of public sources
 - o Sectors where more information is needed to support involvement highlighted: youth alcoholism, aging in place (care and housing), mental health, how to bridge the gaps caused by health inequities.
 - o For CEAN itself: a more formal process and more structure would enhance CEAN involvement; increased recruitment and profile.

The **VCH involvement priorities** that the groups want tackled first are:

- Open public conversation on "End of Life" choices

- Public education on range of health issues and on VCH services (including community/home health) and facilities
- Outreach / involvement of cultural communities
- Empowering patients to ask questions
- “Give stakeholders a voice” – in part through CEAN.

Afternoon discussions

Based on CEAN members’ feedback at our March forum, and at early planning meetings over the summer, it was agreed that this forum’s afternoon discussions should provide opportunities for CEAN members to network and discuss priorities in their communities.

During planning meetings in October with CEAN members, the following three topics were chosen for small-group discussion tables.

- 1) **How can we keep our health system sustainable?**
 - What’s working in our health system now, and what’s not working?
 - What role can I play, as a member of the public and as a CEAN member?
- 2) **Advisory Committees**
 - What makes an effective member on a committee?
 - What are the challenges and solutions?
- 3) **CEAN Success Stories**
 - Examples from members of CEAN activities they have been involved in over the last year
 - How they have been proactive in bringing community expertise to VCH planning and decision-making tables

It was agreed to combine topics two and three. CEAN members facilitated these two discussion tables and the following themes arose



1) How can we keep our health system sustainable?

CEAN members discussed aspects of the health system that are working in our region, such as acute care services (hospital emergency departments) but expressed strong concern about the decreasing availability of primary (GP) services, as well as long waits for surgical services. A number of factors contribute to both these problems and, echoing David Ostrow's presentation in the morning, it was acknowledged that the aging population will place increased demands on our already over-burdened healthcare system.

Members discussed several mechanisms for maintaining healthcare services in our national and provincial financial future, for example:

- Should we 'cost' our personal health care (e.g. the individual's annual cost to system)?
- Should billing be provided – with no amount to be submitted – for individuals to gain an understanding of costs related to their use of health care services?
- Improve efficiency on wait times to reduce costs to overall system
- The fees paid each month for BC Medical Services Plan (MSP) need to increase
- MSP costs could be indexed to age

Discussion participants then looked at what role they could play as a member of the public and CEAN member in sustaining our healthcare system:

- Support prevention messaging for healthier aging
- Support education of the public that there are many options available to them in participating in their health outcomes
- Advocate for care provision that is patient-centred
- Divert primary care to other providers – not just GPs – suggest and support initiatives that increase primary care programs and services
- Promote and encourage younger populations to get engaged in healthy system planning
- Share information about patient and community involvement with medical and nursing students

2) CEAN Success Stories, and Being Effective on Advisory Committees

Participants initially shared examples of being involved in effective change efforts, such as community education workshops on health issues, thereby increasing health literacy and patient/public empowerment, as well as work done with VCH leadership on strategic advisory committees to bring about change in our services and systems. CEAN members in this group represented a range of years' experience with VCH advisory committees and other strategic efforts, and realized they held varying perceptions of the CEAN role in influencing VCH. Long-term CEAN members shared some components of their work over the years that they felt had contributed to CEAN success in its work with VCH leadership.

1. Working on *specific* health issues and initiatives (rather than general or non-specific committees).
2. Commitment from both VCH leads and CEAN members needs to be in place so that efforts are effective within VCH and in communities.
3. Working with VCH leadership who are already allies and open to public involvement in shaping health services.
4. Working long-term as a member on a project or advisory committee means there is a long-term relationship developed – and increased trust and credibility – built up between staff and CEAN members. It is not fast or immediate work to understand our role, the VCH system, or the opportunities for change.

5. Where leadership support may not be apparent, CE staff can sometimes use their skills to explore options for community influence.

It was acknowledged that CEAN members can develop increased understanding of VCH and how its systems work, through joining smaller advisory committees in the first year or so, then working on larger regional committees. But discussion participants also pointed out that it can be confusing for CEAN members when they do not have clear examples of how they can use their role at VCH. Newer members often don't know the mechanisms and routes to access strategic planning, and may confuse their CEAN role with individual advocacy.

It was agreed that it would be helpful to have more focused orientation for newer CEAN members, facilitated by longer-term members, describing planning and decision-making processes in VCH, connections to leadership and how/when to use these, and the CEAN role opportunities in strategic guidance.

Networking and Communication in CEAN: What are the various ways CEAN members can maintain links and share information with each other and CE staff?

The wrap-up discussion for the forum focused on how CEAN members can keep in touch with each other, and the following suggestions were offered:

- Post news/ information about workshops on CEAN website
- Set an 'alert' on your CEAN website account to receive notices when others have posted
- Tele-conference very difficult – too many glitches
- May be important to move to quarterly in-person meetings (instead of just twice per year)
- Regular updates on what has been done with suggestions made by CEAN
- Increase diversity of CEAN to allow broader access of community needs and assets
- Find creative ways to facilitate involvement (e.g. child-minding, transport)

Evaluation

Forum evaluation forms were completed by 17 of 20 participants and indicated a high level of satisfaction with the agenda, facilitation, information provided, and length of event. Respondents particularly appreciated having sufficient time to network and discuss common concerns with each other. Suggestions for improvement included having a longer question & answer period, having leadership stay to attend the small group discussions, and more directed discussion on initiatives for CEAN members to work on.

People also had suggestions for future initiatives, including:

- a full session on how to improve one's effectiveness when meeting with VCH staff (e.g. on advisory committees)
- formal orientation on the role of CEAN members
- promotion of and recruitment for CEAN

Next Steps

Feedback generated from this forum will be used by VCH's CE team as follows:


- To inform the further development of the 'People First' lens at VCH
- To bring back to CEAN members the feedback from VCH Senior Executive Team with regard to how CEAN input was used for the 'People First' initiative
- To inform development of an orientation program for new CEAN members, facilitated by long-term CEAN members

Appendix One: Dr. David Ostrow's PowerPoint Presentation

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CEO Update

Dr. David Ostrow
President & CEO
Vancouver Coastal Health
CEAN FORUM
November 21st, 2010




Where does "People First" come from in health care?

- "People First" is the term that our CEO uses to describe how we make decisions by our Board President, as the term is clear. But we didn't know how to make progress, for it is people first, not.
- How do we do it? "People First" is the term used by the Board President in 2008.
- In 2008, the Institute of Medicine issued a report entitled "Ensuring the Quality of Care".
- Patients and their families should not only be involved in decisions, but also be seen as the focus for improving the health system. "Making it all work, without me".
- The World of Health 2010, has an explicit focus on the role of the patient in the health system.
- At VCH the "People First" is the focus of all of the top of our 20 strategic priorities.

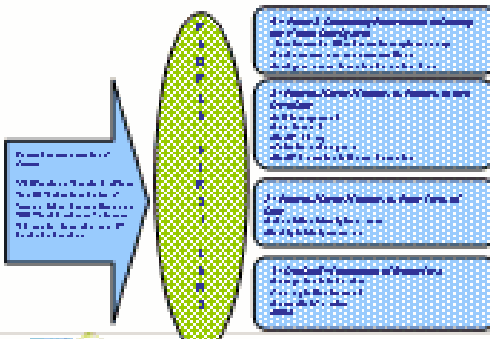


Why did VCH determine to put "People First" at the top of our Strategic Framework?



People First lens

- Our People First motto in time at the lens:
 - As a patient/client/recipient: *Let me as you want to be treated*
 - As a family member, as a community: *Let me, or let my, be involved*
 - As an employee: *Let me contribute to my full potential*





1 - **People First** is the focus of our Strategic Framework. It is the focus of our Strategic Framework. It is the focus of our Strategic Framework. It is the focus of our Strategic Framework.

2 - **People First** is the focus of our Strategic Framework. It is the focus of our Strategic Framework. It is the focus of our Strategic Framework. It is the focus of our Strategic Framework.


3 - **People First** is the focus of our Strategic Framework. It is the focus of our Strategic Framework. It is the focus of our Strategic Framework. It is the focus of our Strategic Framework.

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"My Right Knee"

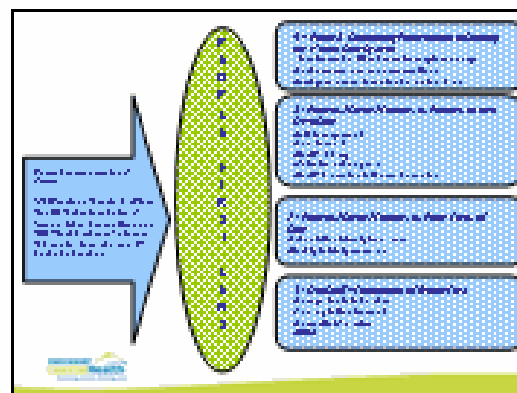
- Article by Don Berwick that illustrates what "People First" means.
 - **Exception 1:** No needless deaths
 - **Exception 2:** No needless pain
 - **Exception 3:** No helplessness
 - **Exception 4:** No unwarranted waiting
 - **Exception 5:** No waste



Appendix Two: Lucie McNeil's PowerPoint Presentation

**People First &
Patient, Public and Community
Involvement**


Nov. 27th 2010 – CEAM Forum
 Lucie McNeill, Community
 Engagement

Value Statement = Explicit Commitment


Involvement:

"We will encourage and support shared responsibility with people in their own care and in the improvement of our services, fostering respectful collaboration among health care professionals, staff, the people we serve, and our communities."



Patient/ Public & Community Involvement
What does PCI look like now?

PCI areas	Opportunities for patient, public, communities
P.3 – Improving Performance <i>Individual care</i>	<ul style="list-style-type: none"> • Community health literacy, patient self-management, help in navigating the system • Self-management, patient support, self-education • Disease management, patient support, self-education
P.4 – Shaping the system <i>Local and regional</i>	<ul style="list-style-type: none"> • Involvement in consultation, planning, policy • Feedback through surveys and • Community capacity building, patient participation, delivery of services




How would we evaluate this involvement of the public?

What we're doing now:

- Every activity is evaluated for:
 - Outcome: (e.g., health, patient experience) – leading to improvement that can be sustained (if not sustained)
 - Process: (e.g., participation, respect, meeting goals)
- Report on the evaluations

How we might strengthen this:

- Anti-Social – work in progress



Small Group Discussion

- Given the 'People First' lens, what are the priorities for involvement that you are learning from your community?
 - What supports do people need to be more involved in their own health (#3)? And in the system (#4)?
- If you were VCH, what are as of involvement would you prioritize and why?

