



2018

VCH CEAN Spring Forum Vetting our Values



April 21, 2018
9:00 am – 2:30 pm
SFU Wosk Centre for Dialogue
580 West Hastings Street, Vancouver

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Introduction

Earlier this year, VCH began a journey to change its culture by creating new shared values. The driver for this change was a survey sent to all VCH employees to ask about how people felt about their work environment. This gave VCH's Community Engagement Team a buzzworthy idea to use the CEAN Forum to discuss which values patient and family advisors feel should influence and guide the day-to-day operations and work of VCH staff.

At this year's appropriately bee themed (because we're all buzzin' for better health) Forum we sought input from CEAN members on the future values of VCH and what the practical application of these values would be within VCH. The event also provided an opportunity to dialogue with VCH Leaders on the future values of the organization and how to ensure we are creating an environment where these values are demonstrated in VCH's day-to-day operations.

This report highlights the key activities that took place at the Forum and summarizes the feedback that was received.

The VCH Transformation and VCH Values



During the first half of the day, Darcia Pope, Vice President & Chief Transformation Officer, and Parm Hari, Executive Director, People & Culture gave engaging presentations on VCH's current transformation and values work, and provided attendees with insight on what is guiding leadership and other staff at VCH through its transformation. They spoke about how last fall, VCH leadership conducted an organizational-wide survey to understand VCH culture and how results from that survey showed that

66% of employees felt that the organization didn't have meaningful values that it conducts itself by. The current values that steer VCH are service, integrity and sustainability, but most employees did not connect with these values. Therefore, this year VCH conducted a survey, which gathered 2107 survey responses and engaged over 3000 individuals in person to create a new set of values. Survey results showed that employees wanted to bring heart back into the organization and wanted a workplace that is **caring**, encourages **learning**, and still delivers the **results** that patients, clients and residents deserve.



The presenters also spoke candidly about their own personal experiences in navigating the healthcare system, which attendees appreciated hearing. "I enjoyed meeting with CEAN members and hearing about their experiences with the health care system," said Pope, "It really allowed me to reflect on

why I first became involved in improving healthcare delivery and it was a great opportunity to discuss the values that will support our commitment to improving the patient and family experience moving forward. We are very lucky to have passionate and committed patient advisors engaging with our health authority to improve the delivery of care.”

From this morning discussion it became apparent that all seek healthcare services and a system that has, at its core, the principle of caring, which encourages learning, and delivers the results citizens need.

Engagement Exercise (VCH Transformation & Values)

After the presentation from VCH leadership, Darcia and Parm, along with Sarah Payne, Director, Transformation and Office of Strategy Management, led CEAN members through a values exercise where they delved further into how shared values should be expressed and what they would look like if they guided the delivery of healthcare at VCH. Often times, there are “elephants in the room,” which we don’t like to discuss, but it was emphasized that is important to share these concerns so we can collectively work towards improving healthcare at VCH.

CEAN members were asked to write down on sticky notes three potential barriers that may get in the way of VCH staff and physicians living out VCH’s values. Afterwards, table groups were asked to put these cards in a continuum in order of hardest to tackle and easiest to tackle. CEAN members were then asked to prioritize which of these barriers they would like to have addressed and then were asked to pin them up on the elephant posters labelled “easy” to tackle and “hard” to tackle. Below are some highlights of the hard and easy barriers that were chosen by table groups. A complete and unedited list is available in the appendix of this report on Page 8.



Hard:

Learning

- System needs to open up to new way of operating, inventing and learning.
- Prejudice caused by preconceived ideas.
- Failing to see family members as part of the care team rather than interference or a problem (esp. with frail elders who are patients).
- Knowing cultural differences when there are many cultures in the community.

Patient needs

- Need for compassion.
- Attention to customer service – not making patients wait unnecessarily.
- Be respectful. Not being attentive to patients.
- Communicates towards patients, eg. respect, empathy, etc.
- Lack of understanding of problems patient is struggling with.
- Funding patient-centred care. Educating more proactive ways for patients to take care of themselves.
- Recognition that patients are often neglected experts on our own health challenges!

Organizational

- Staff accountability.
- Lack of incentives to change!
- Fear of criticism (confidentiality).
- Healthcare focuses on diagnosis and treatment and neglects importance of broader social determinants of health.
- Not enough doctors and nurses, not having enough time to spend with patients.
- Lack of appropriate technology causing safety concerns. Staff still writing on charts.

Easy:

Communication

- Language used toward patients.
- Doctors willing to communicate more with their patients!
- Empowering everyone to speak and be heard (countering hierarchy).
- Communication between staff members.
- Lack of communication between the health care authorities. Inter-health authority collaboration in the patients' best interest.



Attitudes/treatment

- Attitude of care providers.
- Courtesy and kindness toward each other (staff and patients).
- Treat everyone with dignity and respect. It costs nothing.
- Judgemental labelling/stigma passed on through staff. e.g. difficult wife, demanding patient.
- Inconsistent acceptance of family input and lack of involvement of patient in plan.
- Healthcare professionals need to treat patients as individuals instead of as one of many.

System

- Strong and accountable leadership in the system.
- Need for more diverse patient voices providing feedback.
- Education of patients to be pro-active: access to non-emergency health information.
- Staff untrained re: death issues.
- Lack of funding for resources.
- Not sufficient “cultural competency.”
- Getting medical records available. Difficulty in receiving patients’ treatment record.

Tribute to CEANer Katherine Willett

Time was taken to pay tribute to a CEAN member who recently passed away from cancer. Katherine Willett had been actively engaged and dedicated to bringing the patient voice to VCH for the past several years, using her lived experience to help VCH design better quality programs and services which are patient and family centred. Her life and passion served as a reminder to all that patients and family members are an integral part of the healthcare system and should be given the opportunity to participate in its planning and delivery.

BEEing CEAN Presentation, Accomplishments and Future Focus



After lunch, CEAN members heard directly from Belinda Boyd, Community Engagement Leader

and Saori Yamamoto, CEAN

Coordinator on how the dedication of CEAN members and their commitment to strengthening engagement at VCH has made an impact to the programs and services VCH delivers. CEAN members were also given the opportunity to speak to the larger group about the meaningful contributions they have made by

sitting on VCH advisory committees and being involved in projects. Time was also spent gathering feedback from CEANs on how teams can best support them while they are placed on committees and projects. With over 290 CEAN members and 166 placements on advisory committees, this was a really relevant exercise. Using this feedback, the CE Team will create a tool for staff working with advisors on an ongoing basis which can be added to the CE Toolkit.



How to support you BEEing CEAN Workshop

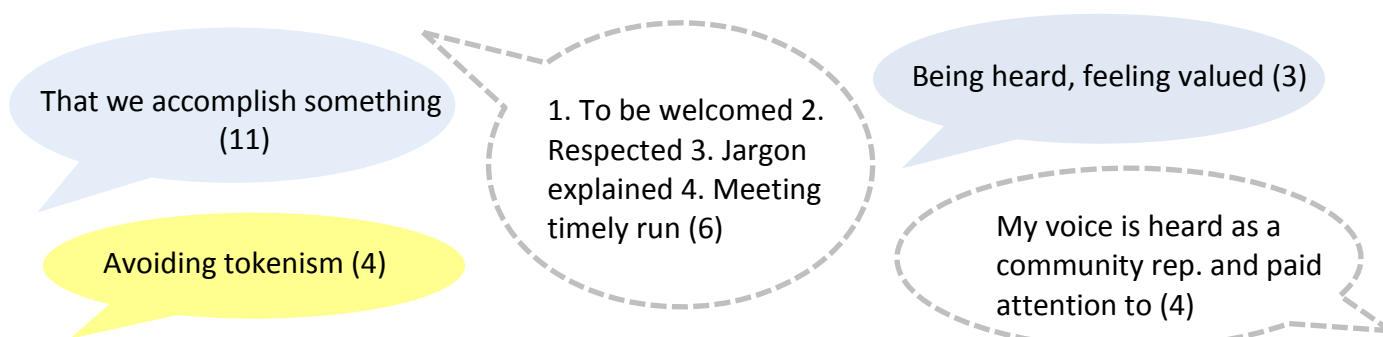


For the last session, CEAN members were asked think about how the Community Engagement team could better support their work and were asked to write down onto sticky notes their responses to three questions:

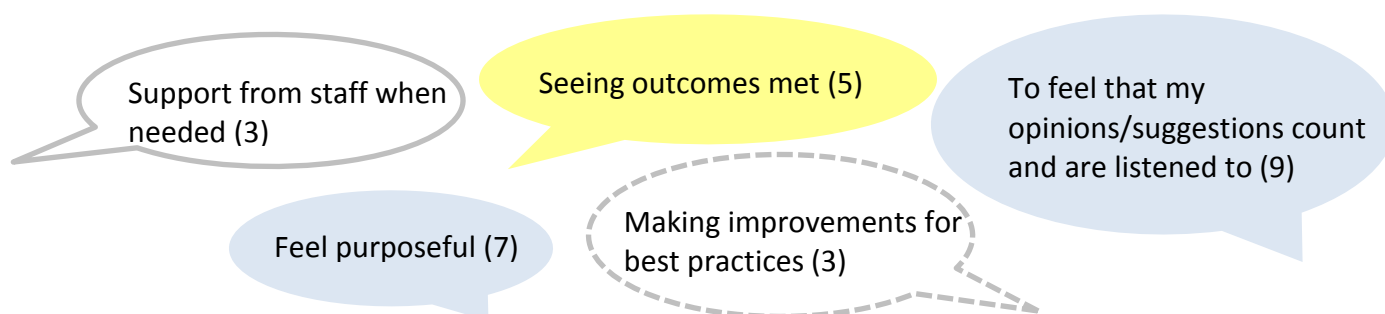
1. What's important to you when sitting on advisory committees/projects
2. What makes engagement meaningful for you?
3. What makes engagement effective?

Afterwards, the responses to each question were placed on a poster with that question and members were asked to place a star beside the one point that stood out and/or which they could relate to the most. Below are the responses to each question which received the most stars. The number of stars each received is indicated in the brackets. Additional responses can be found on Page 10 in the appendix of this report.

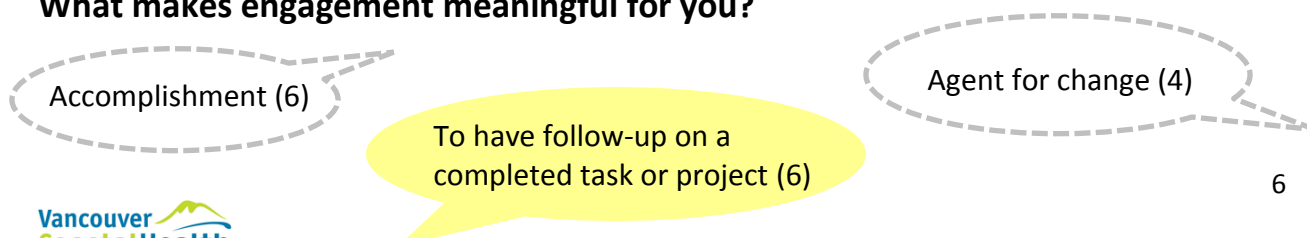
What's important to you when sitting on advisory committees/projects?



What makes engagement effective for you?



What makes engagement meaningful for you?



Meaningful engagement for one would be when changes are made to benefit the system (6)

Seeing results on what the committees recommend (3)

I find out the end result of the work of committee/project i.e. see bricks and mortar or new program in work (4)

Wrap up & Evaluation



At the end of the Forum, CEAN members were asked to complete an evaluation form. We received a total of 34 completed evaluations, which indicated an overall high level of satisfaction for the event. The majority of attendees were satisfied with the topic we discussed, facilitation, the information which was provided, the opportunity for discussion, and the length of the event. The majority also felt that their views were respected and listened to. For a look at all of the feedback from the evaluations please see Page 13 in the appendix, but here are some quotes from the evaluations:

"I was very impressed with such a large variety of people (attendees) who spoke so fluently on care. Most impressive. Would like more. "

"It was good to get the update of what VCH is working on and what CEAN has been involved in."

"Everybody expressed valuable opinions from different regions. Hoping there will be good changes and improvements."

"Reinforcement of future engagement opportunities."

"Great opportunity to network!"



Thank you for attending this year's CEAN Forum and providing your feedback, we will consider it when planning the next forum! We will be sending this report to all VCH staff currently working with advisors. We hope you enjoyed the day and also the honey!

Appendix

“Elephant in the Room” Engagement Exercise (VCH Transformation & Values)

HARD	EASY
<ul style="list-style-type: none"> • System needs to open up to new way of operating, inventing, learning—too much status quo • Continuing education at all levels essential. Doctors included. 70% miss the latest research in med/surg sciences • Pursue comprehensive integrative approach to care, including all types of care providers • Old attitudes – N.M.J. (NOT MY JOB mentality) • Attention to customer service – not making patients wait unnecessarily. Example, technicians playing with their personal phones while a line-up of people wait • Need for compassion – not caring that a patient is in pain. Not offering a solution or looking for a solution if the nurse can’t help. • Be respectful. Not being attentive to patient’s needs (i.e. thirst, food, comfort, privacy, etc.) • Fear of criticism (confidentiality) • Communicates towards patients, eg. respect, empathy, etc. • Use of social media @ the nurses station! • Funding the patient-centred care. Educating more proactive ways for patients to take care of themselves. • Lack of understanding of problems patient is struggling with • Change of the system in order for new medical grads to get into practice their profession. • Not enough Doctors. Doctors not having enough time to spend with the patient. • Not enough Nurses. Nurses not having enough time to spend with the patient. • Staff accountability • Healthcare focuses on diagnosis and treatment and neglects importance of broader social determinants of health. • Stigma. Mental illness. • Ethnicity. Language culture. • Having no control over the drivers that are upstream from the hospital into the community 	<ul style="list-style-type: none"> • Courtesy and kindness toward each other (staff and patients) • Doctors willing to communicate more with their patients! • Strong and accountable leadership in the system. • Language used toward patients • Easy access to health service when needed. • STOP IT – EASY. Judgemental labelling/stigma passed on through staff. e.g. difficult wife, demanding patient • Empowering everyone to speak and be heard (countering hierarchy) • Staff Mantra – do unto others as you would have they do unto you. * golden rule. • Treat everyone with dignity and respect. It costs nothing. • Need for more diverse patient voices providing feedback. • Different priorities i.e. health care system says certain things must be done but some of them may not be a priority for the patient. • NOT feeling “responsible” • Cognitive losses are a common and well-researched aspect of schizophrenia. Except for the BC EPI program, clients don’t learn about these losses and about adaptation and remediation programs. Staff (besides Psychiatrists) haven’t been trained about these losses. This basic education for staff, clients and families is needed. • Poly Pharmacy. Over/unnecessary sedation ie. chemical restraints. Patients discharged with own doses although meds changed in hospital. • Time given per patient • Education of patients to be pro-active: access to non-emergency health information. • Healthcare professionals need to treat patients as individuals instead of as one of many.

<p>and are causing the feeling that nothing can really change.</p> <ul style="list-style-type: none"> • Medicating delirium rather than identifying the reason and stopping it and leaving the patient on antipsychotics after the delirium resolves (even after discharge). • Failing to see family members as part of the care team rather than interference or a problem (esp. with frail elders who are patients). • Lack of funding. Budgetary limitations. • Financial barriers: <ul style="list-style-type: none"> – replacing RNs with “cheaper” LPSs who have less education – more operating rooms open on weekends – not enough staff – high turnover. • Lack of appropriate technology causing safety concerns. Staff still writing on charts. • Proper diagnosis and care. The difficulty in getting a mental health diagnosis and subsequent therapy. A person can get lots of drugs but actual therapy is impossible to get. • Lack of incentives to change! • Lack of humility, including cultural humility, from expert health professionals. • Professionals (docs, nurses, social workers, specialists) moving to Providence Health – adds to shortage of trained professionals in VCH. • Knowing cultural differences when there are many cultures in the community. • Union’s Agenda • Too many rigid work rules (unionization) • Fragmented care – fee for service – departmental isolation • Lots of excuses, no actual accountability – no personal responsibility – always a system problem • Prejudice caused by preconceived ideas • Recognition that patients are often neglected experts on our own health challenges! • Personal Values (their right) and beliefs of HCP (in the way of patient-centered care. • Role of new technology to reduce man power. 	<ul style="list-style-type: none"> • Attitude of care providers • Staff untrained re: death issues • Inconsistent acceptance of family input • Lack of \$ funding re resources • Not sufficient “cultural competency” • Communication among staff is not perfect • human touch = need more staff) • Patient centred-care • Fear Care Love • Move hands-on / bed side care (patient lacking Better discharge planning/information for patients and their families. Involve family members in procedures e.g. ostomy care and peritoneal dialysis • Lack of information from Doctor re: treatment plan. • Lack of involvement of patient in plan. • Lack of communication with health care team. • Communication between staff members • Communicate - public can subscribe to receive announcements about programs and services • Lack of communication between the health care authorities. Can cause duplication and no support – need useful interaction and working on innovative projects together. • Getting medical records available. Difficulty in receiving patients’ treatment record. • Best practice – BC Cancer Agency. Treatment record available a week after appointment. • Inter-health authority collaboration in the patients’ best interest.
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How to support you BEEing CEAN Workshop Responses

1. What's important to you when sitting on advisory committees/projects

- That we actually accomplish something (11)
- 1. To be welcomed 2. Respected 3. Jargon explained 4. Meeting timely run (6)
- Avoiding tokenism (4)
- My voice is heard as a community rep. and paid attention to (4)
- Being heard, feeling valued (3)
- Clinicians and administrators need to be more aware of the presence of CEAN members at meetings – often it seems they are having a discussion among themselves (2)
- All have equal voice (2)
- To feel like I have some knowledge or experience supports project (beyond advocacy) (2)
- Having a very thoughtful committee chairperson who proactively solicits my input throughout the meeting (especially when a CEAN member is new) (1)
- Running workshops to enhance a person's quality of life (1)
- Opportunity to talk with committee lead after meetings regarding concerns or afterthoughts (just a contact number will do) (1)
- Advisory – respect client focus, good communication, knowing the next step (1)
- Moderator takes care to make sure individual voices don't dominate the meetings (1)
- My opinion counts (1)
- Welcome seasoned advisory member together with the new committee members to accomplish good ideas (1)
- Specific to my community of care or me personally/my demographic (1)
- Commitment
- To have adequate preparation time with materials
- To understand the scope of the project involvement time
- Avoid jargon and acronyms on any committee that involves citizens/CEAN's
- That you have a well-defined role
- Regular meetings, so I can work them into my schedule
- To know that by participating it's made a positive difference to the patients
- If the meeting is my teleconference have the moderator check constantly for feedback from those attending by phone
- 1. To be recruited to the committee at the beginning 2. To be kept informed of the progress of the project and the result 3. To feel "listened" to – my opinion matters 4. To provided printed material & links, to continue to learn.

2. What makes engagement meaningful for you?

- Meaningful engagement for one would be when changes are made to benefit the system (6)
- To have follow-up on a completed task or project (6)
- Accomplishment (6)
- I find out the end result of the work of committee/project i.e. see bricks and mortar or new program in work (4)
- Agent for change (4)
- Seeing results on what the committees recommend (3)
- CEAN members have experiences that make our insights important, but our views need to be heard: it's meaningful when there's genuine listening (2)
- To be able to give back to the community (I have been lucky) (2)
- Address relevant issues, to self, needs identified (2)
- Having the opportunity to learn new things via the professionals on the committee (2)
- Making another person's health better (2)
- What makes engagement meaningful—chance to participate on different committees, eg. Medication and safety council, adult psych and tertiary, acute psych (1)
- Making improvement in the health service (1)
- That we relieve suffering and prevent deaths as a result of our work, not just spinning our wheels (1)
- Human factor new ideas (1)
- Respect (1)
- To have ability to present new ideas (1)
- Proper action results if engagement has been meaningful. It is no point of endlessly talk about issues if it does not lead to any practical outcome (1)
- Meaningful – when I can have an impact and get feedback confirming it – what is done with my advice

3. What makes engagement effective for you?

- To feel that my opinions/suggestions count and are listened to (9)
- Feel purposeful (7)
- Seeing outcomes met (5)
- Making improvements for best practices (3)
- Support from staff when needed (3)
- Effective engagement is when your voices are heard and acted upon (2)
- When suggestions made/talked about actually come to fruition (2)
- Meetings are well run ie. On time start/end, agenda, minutes complete and out before next meeting, chance to talk (2)
- To have input valued (2)

- Feedback on impact (moving beyond tokenism) (1)
- Convenience/friendly atmosphere (1)
- Senior executives involved in meeting to make things more effective and time effective (1)
- There is follow through by the organizers and feedback to the patient partners (1)
- To get feedback on progress and next steps (1)
- Listen (1)
- New ideas (1)
- Effective- my commitment has impact – I am effective in communicating my view and been listened to (1)
- Proper onboarding – including with the administrative professional who circulates agendas etc. they assume all members have Sharepoint or can open documents embedded in a Microsoft word agenda (we can't – especially Mac users) (1)
- Open-mindedness and objectively on the part of all involved in engagement process.
- Feel validated when problem is recognized and addressed
- We need mental health staff to receive up to date education in their training programs, this isn't occurring- many haven't received science based education about psychotic disorders. Pro D could address the resulting problems.
- Ensuring committee members use the plain language or full names of medical terms initially – ie traumatic brain injury (TBI). When they assume we know the jargon, it makes it difficult to engage.
- Reading input in minutes. Suggestion put in agenda for next meeting.
- Seeing the change
- Goal as to what committees keep track results focus

CEAN Fall Forum 2018 Evaluation Form

Total number of evaluations received: 34

1. Are you participating today as a (please tick one):

- ☒ Member of CEAN
☐ VCH Staff member
☐ VCH Board members

2. Please indicate your level of satisfaction with the following:

	Very low ☹		No opinion ☺		Very high 😊
Topic discussed	1	2	1	16	13
Facilitation			2	14	18
Information provided			6	12	15
Opportunity for discussion		1	2	17	14
Length of event		1	4	14	15
My views were respected and listened to			2	11	21

3. What did you like about this event?

Learning and meeting others

- Meeting VCH staff – their involvement. Sharing experience and ideas with other CEAN members.
- Good location, good presentations, chance to meet other CEAN & FAC members.
- Reconnecting with CEAN staff and members.
- It was good to get the update of what VCH is working on and what CEAN has been involved in.
- Nice to see everybody and share our points of view.
- Meeting other like minded people.
- The presenters and the opportunity to learn about other CEAN's activities.

- Personal stories.
- Nice to meet a network.
- I learned about the various projects the CEAN volunteers are involved in.
- Learned what others were doing.
- Discussion of projects that CEAN members are involved in.
- Meeting a variety of people.
- Great opportunity to network!
- Good “hive” interaction at the tables!
- Excellent networking.
- Learning the “work” other volunteers are involved in.
- To know how CEAN is involved.
- Everybody expressed valuable opinions from different regions. Hoping there will be good changes and improvements.
- Discussion of values in healthcare.
- Exchanging ideas.
- I met some great people and for that this event was informative and empowering.
Thank you!

Event logistics

- Interactive.
- Participatory at table.
- Lunch was good.
- All aspects.
- Good food.
- Good CEAN insight.
- Discussions, lunch!, table mates, being warmly welcomed, the “bee-hive” theme, great location!
- On time on each topic.
- Everything.
- Well organized.
- Schedule followed fairly closely.
- Excellent topics.
- Excellent location for me. Great meeting in city. Comfortable chairs.
- Good admin support, great food and snacks and lots of water available.
- Thank you for providing play materials!
- Lots of information on helping the people.
- Nice culture & nice food.

Other Feedback

- Being involved- friendly atmosphere.
- Reinforcement of future engagement opportunities.

- VCH staff all there are so welcoming.

4. What are one or two things that would have improved this event?

Managing time

- More time connecting with each other at table.
- Trim exercises to meet time allocated.
- More time for discussion.
- Make time during exercises to discuss/share.
- If we had more time to ask questions from the presenters.
- Morning break.
- Not enough time to have group discussions. The day unfortunately felt very rushed!
- ½ hour shorter.
- Better communication/facilitation of group discussion on keeping to time available and getting exercises done.
- Should have scheduled more time for people to share- they did share, but I feel that this was not planned (i.e. in the schedule).
- More time to meet some of the participants. Design an exercise that promotes this.

Clearer direction

- More concrete roadmap for what happens now!
- A little more (maybe a keynote) on mission/vision.
- Have a clearer objective. Creating a value, vision and mission statement for CEAN itself would have been a great initiative.
- More articulated connections between VCH survey and CEAN Forum info. How will this brainstorming be taken up by VCH? What levels, etc?
- More info on VCH survey: methods, discussion of survey within VCH, how was survey taken up within VCH first? A lot of the terms “caring,” “respect,” etc seem like motherhood terms but how are they operationalized?
- More in depth content. Less marketing talk, more ways and means and their concrete examples.
- Lean on content. It seemed you were not sure what level your participants were at and that the whole day could have been more challenging.

Event logistics

- More small groups (one on one).
- Better control over some of “the speeches”.
- Sound system- too much feedback sound.
- Foods/more choices instead of too much sandwiches.
- Move games.
- Top executives can be around to answer questions effectively providing idle promises.

- More on Parm's and Darcia's roles would be useful. What do they do?
- There seemed to be a great interest in a general Q & A session. I think this was important, but maybe with a bit more structure on the agenda, prompt to send in questions in advance, etc..

Additional improvements

- Some learning about new projects/direction beyond excellent work done by CEAN.
- Patient presentation as part of programs.
- Have CEAN have more power with implementation of ideas.
- I am concerned that there is a shortage/lack of marginalized voices- many of the examples given by speakers reflected on affluent background. Also, urgent need for indigenous people to be involved.
- Our involvement on subcommittee and hearing about different committees.
- I was very impressed with such a large variety of people (attendees) who spoke so fluently on care. Most impressive. Would like more.

5. Do you have any additional suggestions or comments?

Forum was excellent

- Thanks for an excellent day! It was good to learn about the projects ongoing at CEAN
- Less jargon more plain language.
- My first CEAN experience- excellent! Thank-you!
- Keep up the good work.
- Thank-you!
- It was lovely. Thank you.
- Well run, on time, terrific food!
- Thanks well done.
- Thanks CE Team!
- It was wonderful!
- I am generally impressed with the organization of the Forum.

Room for improvement

- Have CEAN members bring forward subjects for further discussion/feedback.
- More time next time please, even an extra 2 hours.
- I got so much out of this day, as did others who talked about their experience, and we would ask that such an event be held more frequently.
- Be careful about "going to the well" too often! Some volunteers can overload/overcommit.
- Provide name labels, so that we can put around our necks. The sticky label is easy to lose.
- Well organized.

- The session from 10-12 was too long: two hours without a break?
- Very small comment...I thought that the bee/hive metaphor was done to death! Please see also the wasp and the orchid!
- Sometimes advocates can't speak of anything outside their agenda.
- Timekeeping is tough, but it was very annoying to get cut off before completing all introductions at our table at the beginning of the day. Later, I noticed a better approach with a "5 minute" or "2 minute" warning bell before the activity is complete. I'd like to recommend a "5 minute" or "2 minute" warning for all activities at the next CEAN forum- thank you!!
- Thanks for all your hard work getting us together! (I thought the Fall Forum was more substantive, but this was good to touch base on the latest project).
- Speakers who present and information. Both challenges and successes - less good sound bites, more reporting and goal setting. Problems = solutions.