BUILDING FAMILY/RESIDENT ENGAGEMENT IN ALBERTA

Sharla King, Steven Friesen, Emily Dymchuk, Sandra Woodhead Lyons

19 October 2018
Canadian Association on Gerontology



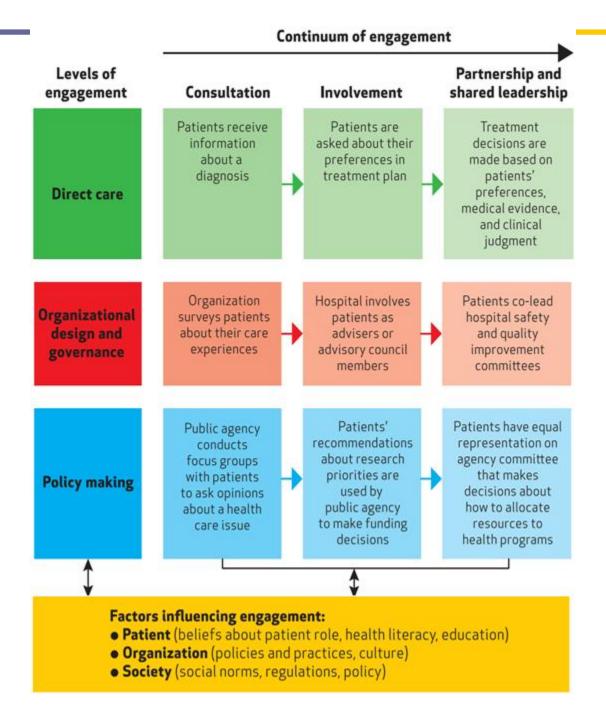
The Need for Family/Resident Engagement in CC in Alberta

- National and provincial health care standards
 - Accreditation Canada
 - Continuing Care Health Standards effective January 2016 (revised June 2018)
- Provincial legislation
 - Resident and Family Councils Act (enacted 2018)

Basis for an Engagement Framework

 Carman KL, Dardess P, Maurer M, Sofaer S, et al. Patient And Family Engagement: A Framework For Understanding The Elements And Developing Interventions And Policies. Health Affairs Vol. 32, No.2.

https://www.healthaffairs.org/doi/citedby/10. 1377/hlthaff.2012.1133



Continuum of engagement

Levels of engagement	Consultation	Involvement	Partnership and shared leadership
Direct care (bedside) level	Residents/families receive information about a diagnosis	Residents/families are asked about their preferences in treatment plan	Treatment decisions are made based on resident/family preference, medical evidence & clinical judgment
Organizational design & governance level	 Health quality or internal surveys Face-to-face interviews, focus groups Social media, online forums Family onboarding working 	 Engage ment workshops (e.g. sensitivity lunches) Family/resident involve ment in board meetings Resident/family councils Resident/family surveys 	 Resident/family involvement in hiring committees Channel of communication between board & residents/ families Resident/family involvement
Policy making level	 Discussing policies with residents/families Organize events with policy makers and residents/ families Education sessions 	 Ask residents/families to review new policies before implementation Share strategic planning with frontline staff Forums, meetings, etc. with government/policy makers 	 Resident/family can provide reason/rationale for when they don't agree with a policy/standard Resident/family on board committees, meetings, retreats

Highlights

- Confirmation of experiences across engagement levels was consistent with all stakeholders.
- There tends to be more clarity for engagement for direct care across the continuum.
- Organizational and governance levels of engagement tend to emphasize factors contributing to consultation as there is a lack of processes for effective engagement beyond the direct care level.

Highlights continued

- Lack of common understanding and definition of engagement limits organizational and governance levels of consultation. This prevents current approaches of engagement from being considered at the policy level.
- Awareness and consistent agreement that application of the continuum of engagement does not clearly define appropriate levels of engagement for all circumstances (i.e. shared decision making does not define appropriate engagement for all stakeholders in all circumstances).

Factors Influencing Engagement

Resident/Family

- Lack of availability and/or interest of residents/families
- Unrealistic expectations of residents/families on service & engagement
- Residents/families unable to understand medical terminologies
- Concern/fear of consequences to care in response to speaking up
- Language barriers

Proposed Solutions

Resident/Family

- Involve families in different ways (e.g. using technology)
- Build rapport & trust (e.g. social events)
- Tie meetings to social gatherings
- Use of family onboarding checklists
- Organize equipment demos with residents/families
- Pamphlets & orientation packages for residents/families
- Use plain language
- Educate residents/families about policies & standards
- Document resident/family responses to questions

Factors Influencing Engagement

Care Providers

- Staff too busy
- Staff image with families negative
- Staff resistant to change
- Language barriers
- Staff giving up power to residents/families

Proposed Solutions

Care Providers

- Person and family centered care questions included in recruitment interviews and evaluations (e.g. performance reviews)
- Person and family centered care education and supports to be provided to care providers

Organizational Level

Factors Influencing Engagement

Organization

- Executive leadership has limited/no experience at front-line
- Management too busy
- No specific engagement team or strategies among staff
- No communication channel between leadership & residents/families
- Time & resource constraints (e.g. staffing levels)
- Lack of clarity on which topic(s) are most appropriate for engagement
- Lack of clear structure or processes to support engagement beyond direct care level

Organizational Level

Proposed Solutions

Organization

- Provide clarity & formalize the engagement process
- Provide sources of communication to staff & residents/families
- Appoint staff dedicated to engagement
- Include engagement in staff training
- Include residents/family in staff orientation
- Create "care fair" (e.g. demonstrate equipment)
- Create a "Buddy system" for staff when communicating with family (i.e. HCAs & RNs/LPNs)
- Change HCA role to include communication with families
- Create opportunities for shared decision making (e.g. allocation of fund raising proceeds)

Societal Level

Factors Influencing Engagement

Society

- Lack of understanding on what "engagement" means
- Current definition of engagement does not link clear process with evidence of impact/outcomes
- No common clarity for effective engagement
- No forum for collaboration between government & residents/families
- Funding constraints
- Lack of positive publicity for LTC in the media

Societal Level

Proposed Solutions

Society

- Organizations host interaction forums between government & residents/families
- Encourage families to lobby
- Increase fundraising activities
- Ask family members where to direct their donations

Where to Next?

- Our framework will provide support for continuing care provider organizations to build better engagement with residents and family members.
- It will also assist staff members better understand the concepts of family/resident engagement and support education around the concepts.

Contact Us

Sandra Woodhead Lyons, ICCER 780-248-1504 sandra@iccer.ca

Emily Dymchuk, ICCER 780-248-5634 emily@iccer.ca

Steve Friesen 403-210-4685 steven.friesen@bethanyseniors.com

Further information

www.iccer.ca

- Twitter (@ICCER_AB)
- **f** Facebook

(https://www.facebook.com/iccer.ca/)

in LinkedIn (http://tinyurl.com/p9eabah—
Group) or (http://tinyurl.com/oo6kjmd—
Company page)