



## Muskoka and Area Ontario Health Team

### Patient, Family, Caregiver Engagement and Partnership Strategy

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#### Introduction:

Muskoka and Area is comprised of a diverse population of residents including: those living year-round; First Nations communities; people living in small towns and rural areas; seasonal residents; and millions of visitors travelling to and through the area annually, all accessing local healthcare in varying ways.

Muskoka and Area Ontario Health Team (MAOHT) is a group of health and social service providers, patients/clients, families, and caregivers (collectively “Partners”) committed to people-centered care and the principles of patient/client, family, and caregiver partnership, community engagement, and healthcare system co-design to meet the needs of this diverse population. This commitment flows from the MAOHT’s goal of achieving the “Quadruple Aim” – Improved Patient and Population Health Outcomes; Improved Patient, Family and Caregiver Experience; Improved Provider Experience; and Improved Health System Value.

The Patient, Family, Caregiver Engagement and Partnership Strategy is a framework consisting of four elements designed to guide MAOHT Partners in ensuring the lived experiences and expertise of patients/clients, families, and caregivers are embedded in all MAOHT processes, practices, and policies to create a more integrated health care system resulting in better health outcomes for our community.

For “definitions” refer to Appendix 1 of this document.

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### Element #1: Strategic Goals

1. To demonstrate meaningful patient/client, family, and caregiver engagement by collaborating with people with lived experience and expertise, and reflecting their values in the way care is delivered.
2. To safeguard diversity, inclusion, accessibility, equity, and cultural competence.
3. To co-design Muskoka and Area healthcare to meet the unique challenges of our community including seasonality and social determinants of health.
4. To work with all Partners in the pursuit of achieving the Quadruple Aim.

### Element #2: Guiding Principles

The following principles guide the MAOHT in achieving various kinds and levels of meaningful engagement.

#### Form and Foster Relationships Built on Trust By...

- Regularly engaging with all communities, diverse groups of people, and vulnerable populations through the lens of health equity and seeking to understand the cause of health inequities;
- Treating people justly, fairly, with courtesy, dignity, civility, and respect, and appreciating uniqueness and diversity;
- Empowering people to openly express their needs, perspectives, and concerns in a safe environment without fear of reprisal;
- Resolving conflicts constructively and respectfully;
- Being respectful of people's time commitments and still finding time for meaningful engagement connections.

#### Champion Meaningful Partnerships By...

- Engaging people in a timely and continuous way from the beginning and throughout the entire healthcare co-design process;
- Communicating and sharing information proactively, early, often, clearly, and transparently;
- Having deliberate and transparent conversations that ensure appropriate, accessible, and meaningful engagement;
- Proactively removing barriers to engagement;
- Inviting and welcoming constructive challenges to the current state of the healthcare system.



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### **Show Purpose and Consistency By...**

- Being transparent and clear about why we are engaging; the goals of engagement; the processes of engagement; the types of input sought and how input will be used to inform decisions;
- Being accountable for letting people know how their input is used;
- Acting upon input in ways that demonstrate positive impact;
- Understanding and embracing the variety of ways to meaningfully engage people;
- Striving for a mutually enjoyable and productive engagement experience.

### **Learn and Reflect By...**

- Being active listeners;
- Taking time to reflect on successes and opportunities for improvement, and then taking appropriate action;
- Being willing to learn from each other collaboratively;
- Embracing continuous learning, ongoing education, improvement, and evaluation to advance knowledge.

### **Promote Accessibility By...**

- Identifying and removing barriers in processes throughout the healthcare journey to improve accessibility;
- Providing an environment in which everyone feels safe and comfortable to express their accessibility requirements.

### **Celebrate and Share By...**

- Communicating successes deliberately, and in language that is clear and meaningful;
- Sharing both positive and constructive lessons learned with appropriate stakeholders;
- Acknowledging and celebrating the impact of people's input and contributions;
- Expressing pride in the entire engagement process as well as the outcomes.



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### Element #3: Engagement Areas and Approaches

#### ENGAGEMENT AREAS:

The MAOHT will partner with persons with lived experience and expertise across the following domains:

- Direct/personal care and shared health decision-making;
- Program and service delivery/design;
- Policy, strategy, and system-level discussions.

#### ENGAGEMENT APPROACHES:

##### Share

- Share balanced and objective information to keep individuals and communities informed and to assist in creating an understanding of issues, options, solutions, and opportunities.

##### Consult

- Gather information and feedback based on analysis and alternatives from a variety of stakeholders for use in MAOHT decision-making.
- Provide feedback to stakeholders on how this information and feedback influenced MAOHT decision-making.

##### Involve

- Work directly with a variety of stakeholders to ensure their concerns and aspirations are understood and considered, or directly reflected in local healthcare alternatives and solutions.

##### Collaborate

- Work in partnership with stakeholders throughout the decision-making process including developing alternatives and recommending and/or assisting in implementing solutions.



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### Empower

- Actively support persons with lived experience and expertise and other stakeholders as equal partners in developing their own processes and structures necessary to identify issues and implement solutions.

### Element #4: Foundations

**Minimize Barriers** – Consider and address barriers to participation to facilitate meaningful engagement with all people/persons.

**Match Skillsets** – Ensure that a range of persons with relevant lived experience and expertise is sought for the diverse spectrum of work that can occur within the MAOHT.

**Orient, Educate, and Communicate** – Ensure ongoing orientation and education of, and communication with, all patients/clients, families, caregivers, and healthcare providers, and leaders, to enable meaningful contribution in their roles.

**Assess and Evaluate** - Assess and evaluate the process, outputs, and impacts of engagement activities to demonstrate value and build a case for new and improved ways of partnering with persons with lived experience and expertise.

**Commit to Continuous Improvement, Innovation, Technology, and to a Sustainable, High-Quality Healthcare System** – Demonstrate an ongoing commitment to continuously improve and innovate, and to use technology and the experiences, perspectives and needs of persons with lived experience and expertise to identify and implement initiatives that build a sustainable high-quality healthcare system.



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### APPENDIX 1: DEFINITIONS

#### Accessibility means:

“The design of products, devices, services, or environments for people who experience disabilities.”<sup>1</sup>

#### Co-design means:

Co-design and engagement are key ingredients to advancing meaningful change. There is a growing body of evidence that shows co-design improves how patients/clients and families experience care, the relationship between patients/clients and providers, and how service is delivered. The Ministry of Health requires a “demonstrated history of meaningful patient/client, family and caregiver engagement” as an essential component for system change to models of integrated care. The Ministry expects Ontario Health Teams to “uphold the principles of patient/client partnership, community engagement, and system co-design.”<sup>2</sup>

“Co-design is an approach that enables health care providers and people with lived experience (or other service users) to co-design care pathways, programs and services, health priorities, policies, and plans, together in partnership.

- **Participation:** Co-design is a collaborative process in which you invite everyone who may impact the person with lived experience or be impacted by their care – the entire care team.
- **Development:** Co-design is dynamic and adaptive. It evolves and adapts for context, environment, and people’s needs.
- **Ownership and Power:** Co-design shifts power and ownership so it is shared and everyone’s voice is equal at the table.
- **Outcomes and Intent:** Co-design has a practical focus. It also recognizes that the process itself will have a collateral impact such as improving relationships and communications. The very act of asking and listening to someone share what matters most to them builds trust.”<sup>3</sup>
- **Value:** For people/persons with lived experience and expertise, providers, patients/clients, families, and caregivers, the perceived benefits, usefulness, and importance of services in the healthcare system.

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<sup>1</sup> [Accessibilitycanada.ca/aoda/definitions](https://accessibilitycanada.ca/aoda/definitions)

<sup>2</sup> The Change Foundation: Engagement & Co-design Inventory of Resources

<sup>3</sup> The Change Foundation, The 101 of Engagement and Co-design, A Step-by-Step Guide, Volume 1, v 2.0, Aug. 2020



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### Community means:

“In the specific context of health and care services, “community” is used to describe a group of people with similar health needs, or a group receiving similar health services, or a group of people who help shape or provide services.”<sup>4</sup> The concept of “communities” is fluid and will change over time. Following are examples:

- “Communities” based on MAOHT organizational/agency affiliation.
- Geographic communities: districts, municipalities, neighbourhoods.
- Non-geographic of common interest based on age, gender, ethnicity, disability, older adults, indigenous people, new immigrants.
- Communities of interest or common experience such as customers of health services who have similar needs.
- The general public (organizations or individuals).
- Communities of shared beliefs.”<sup>5</sup>

### Community Engagement refers to:

The methods by which the MAOHT, interact, share and gather information from and with interested stakeholders. The purpose of community engagement is to inform, educate, consult, involve, and empower stakeholders in both health care and health service planning and decision-making processes to improve the health care system.

### Cultural Competence is:

“A set of values, behaviors, attitudes, and practices within a system, organization, or among individuals and which enables them to work effectively cross-culturally.”<sup>6</sup>

### Health Equity is:

“Created when individuals have the fair opportunity to reach their fullest health potential. Achieving health equity requires reducing unnecessary and avoidable differences that are unfair and unjust. Many causes of health inequities relate to social determinants of health including income, social status, race, gender, education, and physical environment.”<sup>7</sup>

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<sup>4</sup> Communities and Health – David Beck, Lillie Wenzel, Jake Beech – February 2018

<sup>5</sup> Muskoka Algonquin Healthcare (MAHC) Community Engagement Framework, April 2015

<sup>6</sup> Nccc.georgetown.edu 2021

<sup>7</sup> Public Health Ontario 2021



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### **Interdisciplinary Healthcare Professionals (IHP) are:**

Healthcare professionals from different professional disciplines who manage the physical and psychological needs of the patient. IHP's may include but are not limited to: Physicians, Nurses, Social Workers, Physical Therapists, Occupational Therapists, Dietitians, Pharmacists, etc.

### **Lived Experience means:**

People/persons experiencing different impacts depending on the setting, and those accessing services or supporting those who are accessing services. The individual experience (e.g., social determinants of health, etc.) of all people/persons cared for in any/all aspects of the healthcare system.

### **Lived Expertise means:**

The skill and/or knowledge people/persons acquire through lived experience.

### **Partners of the MAOHT are:**

Signatories to the MAOHT Alliance Agreement, and their organizations.

### **Patient/Client means:**

A current user/consumer of the healthcare system, or people who are not yet users/consumers of the healthcare system, but could or should be.

### **Patient/Client Engagement means:**

- “Patients/clients, family members, and other informal caregivers, and health care professionals actively collaborating to improve health care quality. It includes individual health care professionals, health care organizations, and the province partnering with patients/clients and their loved ones in different ways to understand their experiences, preferences, and needs, and respond to them.”<sup>8</sup>

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<sup>8</sup> Health Quality Ontario: Ontario's Patient Engagement Framework



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- “The act of involving the patient/client and their family in decision-making, design, planning, and delivery and evaluation of health services. When patients/clients are actively engaged, they can become informed decision-makers in their own care and help improve the overall health care system. When health care providers listen to and work with patients/clients and family members, programs, service delivery, and policy can be improved by their first-hand knowledge, insight, and experience.”<sup>9</sup>

### **Patient/Client Partnering means:**

- “Patients/clients, families, caregivers, and health providers actively collaborating to improve the MAOHT’s health system. This includes the many ways that health providers work with patients/clients, families, and caregivers to understand their needs, and respond to them.”<sup>10</sup>
- “Patient/Client Partners are community members who want to be involved in improving health care systems. Many patient/client partners have extensive experience either as a patient/client, family member, or caregiver; others have been part of the health system in a professional manner. They are a diverse group with an array of backgrounds and experiences, but all of them are passionate about improving the quality of care.”<sup>11</sup>

### **People-Centered Care means:**

- “People-centered care extends the concept of patient/client-centered care to individuals, families, communities, and society – a full continuum. Whereas patient/client-centered care is commonly understood as focusing on the individual seeking care — the patient/client. People-centered care encompasses these clinical encounters and also includes attention to the health of people in their communities and their crucial role in shaping health policy and health services.

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<sup>9</sup> BC Patient Safety & Quality Council: Patient Voices Network

<sup>10</sup> Health Quality Ontario – What is Patient Partnering?

<sup>11</sup> BC Patient Safety & Quality Council: Patient Voices Network



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- In a people-centered circle of care, everyone is as important as anyone else. There is no hierarchy; everyone involved, from patients/clients to health care providers to families, power of attorneys, substitute decision-makers, advocates, etc. contributes to a coordinated effort in the delivery of care and services. People-centered care is about everyone in the continuum of care having an equal voice.”<sup>12</sup>
- People-centered care includes people who are not yet patients/clients, but could or should be because they may have barriers to accessing the healthcare system.

### **Stakeholders are, but not limited to:**

- Patients/clients, families, and caregivers;
- Indigenous Nations;
- Government including but not limited to the Ministry of Health, Ontario Health, Ministry of Long-Term Care, Ministry of Mental Health and Addictions, Attorney General, etc.;
- Francophone Groups;
- Non-MAOHT Member providers including but not limited to mental health service providers outside the MAOHT region;
- Professional Associations/Organizations;
- Police, Fire, and Paramedic Services;
- Regulated Inter-disciplinary health care providers;
- Specific non-regulated providers;
- Inter-disciplinary healthcare professionals’ educational institutions;
- Inter-disciplinary healthcare professional students;
- Community groups;
- Business and the private sector;
- Local municipalities;
- Donors and other health care agencies and funders;
- Health workers associations and provider networks.

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<sup>12</sup> Health Standards Organization, Patient vs People-Centred Care: What’s the Difference? Jan 12, 2020