

Program Description

The Patient First Review Report, *For Patients' Sake* released in October 2009 recommended that “the health system make patient- and family-centred care the foundation and principal aim of the Saskatchewan health system” (Dagnone 2009).

Patient and family-centred care (PFCC), as defined in the provincial PFCC framework, is an approach to “*providing respectful, compassionate, culturally safe and competent care that is responsive to the needs, values, cultural backgrounds and beliefs and preferences of patients and their family members by working collaboratively with them*”. It has four core concepts: Respect & Dignity, Information Sharing, Participation and Collaboration.

The main role of the Ministry of Health is to provide stewardship to health system partners and to develop health system policies and programs. Therefore, the Ministry has an opportunity through collaboration to engage patients and families in its work.

The purpose of the Patient and Family Advisor (PFA) program is to create a collaborative partnership with patients and families so that Ministry developed policies and programs are truly patient and family-centred.

Goal

Through a collaborative partnership between the Ministry of Health and patient and family advisors, patient and family perspectives and needs will be fully incorporated into the planning, development, implementation and evaluation of health system policies and programs.

Who are Patient and Family Advisors?

Patient and Family Advisors are individuals who have recent experiences with the Saskatchewan healthcare system as a patient or a family member. They volunteer their time to provide perspectives of patients and families to planning, and development, implementation and evaluation of policies and programs that affect the care and services delivered to patients and families in Saskatchewan.

Types of Patient and Family Advisor Engagement

There are two types of patient and family advisor engagement: formal engagement and informal engagement.

Formal engagement refers to on-going participation of PFAs in teams, working groups, committees, task forces and panels as an equal member so that they are fully engaged throughout the process of developing, implementing and evaluating policies and programs where their advice and perspectives need to be incorporated (e.g. engage them

in issue identification, research, consultation, development, implementation and evaluation of policies and programs)

Informal engagement refers to one-time or ad hoc participation of PFAs, including:

- Casual consultation with PFAs on developing a new or changing the existing policies/programs that may potentially affect patients and families (consultation can be in the form of meetings or phone conversations)
- Occasional participation in meetings where perspectives of patients and families are needed for decision making (e.g. Senior Leadership Team meetings, branch meetings, etc.);
- Participation in focus groups and surveys;
- Development and review of audiovisual or written materials (e.g. brochures and pamphlets developed to provide information to patients and families or public); and
- Sharing their stories at meetings, conferences, and events.

Compensation and Reimbursement of PFA Activities

Based on rates set by the Financial Administration Manual (FAM) and keeping with the provincial policy on PFA compensation currently being developed, the Ministry will reimburse PFAs any eligible expenses and provide them with an honorarium in recognition for their time and costs incurred to attend a meeting or event.

Eligible Expenses:

For those who are required to travel out of town to participate, the following expenses may be claimed:

- Transportation costs, including mileage, airfare, and taxi and bus fare;
- Meals during travel; and
- Accommodations (if required).

Note: any expenses associated with non out-of town meetings or events, such as transportation costs (e.g. bus fare or taxi), parking fee, and child and eldercare costs will be covered by honorarium.

Honoraria

Based on the FAM, the honorarium provided to an individual PFA will be as follows:

- Five hours or less: \$35 per day
- More than five hours but less than or equal to 8 hours: \$70 per day
- More than 8 hours: \$70 for first 8 hours + \$8.75 per each additional hour

Recruitment of Patient and Family Advisors

Patient and family advisors will be involved in various activities within the Ministry including planning as well as development of health system policies and programs which will be implemented across the system. Therefore, the Ministry will need to recruit PFAs, where possible, who:

- Reflect the diversity of those served by the Saskatchewan health system – racial, cultural, religious, socioeconomic, age, educational background, geography (e.g. urban, rural, northern, southern) etc;
- Represent a variety of clinical experiences such as type of illness, facilities accessed, and programs utilized;
- Have had a broad range of experiences and skills; and
- Have both positive and negative experiences with the Saskatchewan health system.

Patient and family advisors will be recruited both centrally and by individual branches. It is expected that branches will actively recruit their own PFAs since they know the types of patient and family experiences they need for their projects and often have close contacts with providers, RHAs, other healthcare organizations, and communities who might be able to provide information about patients and families who might be interested in serving as PFAs for the Ministry.

Patient and family advisors will be centrally recruited through the various health websites (e.g. Saskatchewan Surgical Initiative, Primary Health Care, and PFCC currently have their own webpage). The Strategy and Innovation Branch will create a pool for centrally recruited PFAs that branches can access as well.

Note: *The Health Information Protection Act (HIPA) and the Mental Health Services Act* in Saskatchewan prohibits healthcare providers from disclosing patients' personal health information unless individual patients give consent for disclosure. When providers suggest potential PFAs they need to obtain permission from patients and family members to share their information before ministry staff can contact them.

Orientation of Patient and Family Advisors

An orientation of individual PFAs will be provided by branch staff who will work directly with these PFAs. The orientation will need to cover the following items:

- Review of expectations of their participation, including meeting attendance expectations and frequency; time commitment beyond meeting times; and compensation offered;
- Roles and responsibilities as advisors;
- A copy of the PFA program, the Patient and Family Advisor Program;
- Overview of the Ministry of Health (vision, mission and goals, organization chart);
- Overview of the branch projects in which PFAs will participate;

- Overview of the philosophy of PFCC and the importance of the patient and family perspective (PFCC Framework);
- The Health Information and Protection Act and the Mental Health Services Act with the importance of privacy and confidentiality;
- Confidentiality agreement form with expected code of conduct;
- Organizational language;
- Preparing for meetings and how the meetings will be conducted;
- How to share their stories and experience effectively; and
- Communicating effectively for getting their message across.

Appendix A: Definitions

Patient- and Family-centred Care

Patient- and family-centred care is about providing respectful, compassionate, culturally safe and competent care that is responsive to the needs, values, cultural backgrounds and beliefs, and preferences of patients and their family members by working collaboratively with them. In the PFCC approach, patients and families are actively engaged not only in their own care, but also in the planning, delivery and evaluation of healthcare services and programs. Patients and families are no longer viewed as clinical objects or visitors, but viewed as essential allies and treated as true partners. PFCC is grounded in mutually beneficial partnerships among patients, families and healthcare providers.

Patient

The term “patient” means any person who receives services or benefits from a program in the healthcare system. For example, this includes patients in a hospital or rehabilitation facility, clients of mental health and addictions programs, or residents in long-term care facilities.

Family

The term “family” refers to one or more persons who are related in some way – biologically, legally, or emotionally – to the individual receiving care. In the PFCC approach, the definition of family, as well as the degree of the family’s involvement in healthcare, is determined by the patient, provided that he or she is developmentally mature and competent to make such decisions. Family can include not only bonds created by marriage and blood, but also bonds created by close friendships, commitments, shared households, shared child rearing responsibilities, and romantic attachments.

Patient and Family Advisor

Patient and family advisors can be used to engage patients and families at an organizational level, including the planning, development, implementation, and evaluation of health policies and programs; educating healthcare professionals and students; and facility design. They often sit on various committees and working groups as an important part of the team, contributing valuable ideas, information and perspectives to the development and implementation of policies and programs. Most advisors work as volunteers in the health system.