

# Saskatchewan Health Quality Council and Saskatoon Health Region

SASKATOON, SK

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## **Background**

The Saskatchewan Health Quality Council (HQC) works collaboratively with a provincial Patient- and Family-Centred Care (PFCC) Guiding Coalition to advance and transform the structure and processes required to embed principles of patient- and family-centred care and patient engagement across the province. The Saskatoon Health Region is a prime example of a region that has emerged as an early adopter of engagement work within this context, systematically enabling patient and family engagement in its improvement work.

For more than a decade, the HQC's mission has been to “accelerate improvement in the quality of health care throughout Saskatchewan.” The first province-wide health council in Canada, the HQC was created in 2002 in response to a recommendation from Ken Fyke in his report *Caring for Medicare: Sustaining a Quality System* (Fyke 2001). Since its inception, the HQC has introduced transparent reporting on health system quality; built

capacity among healthcare clinical and administrative leaders; and developed a variety of working groups and quality networks to enable learning and sharing across the province.

Following the release of Tony Dagnone's Patient First Review in October 2009, Saskatchewan's Ministry of Health set its sights on developing a culture of patient- and family-centred care to enhance the engagement of patients and families. The ministry – in collaboration with health system stakeholders, patients and families – established the PFCC Forum (now called the PFCC Guiding Coalition) in 2011 with broad representation across the province. Since then, the group has been instrumental in sharing experiences, ideas and tools, as well as identifying provincial priorities for adopting PFCC.

By 2011, Saskatchewan's healthcare organizations had agreed that the way forward to developing a patient- and family-centred health system needed to include sharing a common methodology for managing and improving healthcare across the province. Saskatchewan became the first Canadian province to adopt Lean as its healthcare management system and province-wide method for process improvement. The goal of Lean is to continuously improve the quality and safety of care and services by having leaders, staff and patients focus their efforts on eliminating waste in processes and environments, thus increasing value. Over the past five years, hundreds of administrators, clinicians and patients across Saskatchewan have been trained in Lean methodology, with a strong emphasis on learning-by-doing.

The Saskatoon Health Region has been a leader of both the adoption of Lean and of PFCC in Saskatchewan (and Canada). The largest health region in Saskatchewan, the Saskatoon Health Region, serves approximately 336,000 residents in more than 100 cities, town, villages and First Nations communities over a geographic area of 34,000 square kilometres. It is an academic, integrated health delivery agency providing a comprehensive range of services and programs in over 75 facilities, including 10 hospitals, 30 long-term care facilities and numerous primary healthcare sites, public health centres, mental health and addictions centres and community-based settings. Saskatoon Health Region is the largest employer in the province, with over 1,000 physicians and approximately 14,000 employees, including a wide range of healthcare professionals, support workers and leaders.

### **Patient Engagement**

In 2014, a formal governance structure – the PFCC Guiding Coalition – was created to provide a stronger voice for, and more coordinated action on, PFCC across the province. This group includes executive sponsorship from all health regions, agencies/organizations. Membership includes PFCC leads and patient and family advisors across the province.

The PFCC Guiding Coalition works collaboratively to determine the goals and priorities for PFCC across the province and to standardize the work across regions for patient and family engagement. In its first year as the Guiding Coalition, a primary goal was to enact an open family presence policy in all health regions by March 2016 in order to eliminate restrictive hospital visiting policies. Saskatchewan is the first province to eliminate set visiting hours across all health facilities. This Guiding Coalition also set a target to ensure that each health region has a PFCC steering committee to ensure patients and families are engaged in each organization..

To support this work, the HQC and the Prince Albert Parkland Health Region (with grant funding from the Canadian Foundation for Healthcare Improvement) have created recruitment and onboarding tools as well as training programs to support patient and family engagement. An education program for staff was also created by the PFCC Guiding Coalition working group as an orientation to patient- and family-centred care and to the principles of patient engagement. This program will enable the development of patient and family advisors across the province and inform the work they do with staff.

With the release of the Patient First Review, which clearly highlighted how the healthcare system was not meeting the needs of Saskatchewan residents, along with a number of other internal and external factors, the Saskatoon Health Region took the lead on adopting a client- and family-centred care approach (CFCC)<sup>1</sup> across the region. Since 2010, the Saskatoon Health Region has developed a strategic framework to support its journey.

### **Key Strategies to Support Patient Engagement**

A key strategy adopted by the provincial PFCC Guiding Coalition, and one that had been first implemented at the Saskatoon Health Region, was the development of a PFCC steering committee, which includes patient and family advisors. At the Saskatoon Health Region, the CFCC philosophy of care forms the foundation for all patient-engagement strategies. At the core of their patient-engagement strategies have been two main enablers: the Client- and Family-Centred Care Regional Steering Committee, including patient representatives along with leaders and staff who provide clear direction for CFCC across the region; and the development of a robust client and family advisor network.

Currently, approximately 165 advisors work together across the region with staff and leaders on program development, implementation and evaluation, policy development and review, facility design, surveying of patient experience and strategic planning. Advisors carry out this work as members of various committees, working groups and councils, and through participation in quality improvement events. Leaders at all levels have been essential to setting the tone for CFCC, and for welcoming the patient voice. As one senior leader noted, “So it might be my VP challenging me: Have you gotten a patient voicing that? It might be me challenging my managers or physicians

I work with: Come on you guys, we need to have a patient voice here, right? ... So, it's really setting the expectation at each level and kind of filtering that down. And then the people on the front line also push us as leaders. ... And how can we hear from our patients, not just assume we know what they think.”

There is an expectation that for all program initiatives brought forward to the senior team, clients and families have been consulted on their development. Front-line managers and senior leaders stress the importance of client engagement, role model the behaviours and set the expectation of including patients and their feedback into decision-making processes. In the words of one manager, “And the staff see me doing it [walking about on a unit talking with patients]. And the staff know as a leader that patient voice is one of my primary focuses. It means a lot, I think, [and is] crucial for any type of culture change.”

The Saskatoon Health Region has developed structures and processes to support its CFCC philosophy. Client and family advisors are actively recruited throughout the organization, and they complete an application process to consider how they may best contribute. Orientation processes are in place for new advisors, as well as for staff regarding the principles of CFCC. The region's CFCC leader also provides ongoing education and training for teams on the principles and behaviours associated with CFCC, and for the development and support of unit advisory councils.

A critical feature to embedding CFCC within the Saskatoon Health Region has been linking the philosophy explicitly to the organization's quality and safety structures, whereby client and family feedback is fed directly into quality and safety efforts and reviewed along with other performance measures. In this regard, advisors are also directly involved in quality improvement processes. For example, with the adoption of Lean management across the Saskatoon Health Region (and the province), an improvement team that undertakes Kaizen (improvement) events cannot proceed unless there is at least one client or family representative involved on the team. This rule sets the expectation that the perspectives of clients and families are valued and important when working on improvements. The advisors play a key role as part of the team, and report at the end of the week-long process along with the rest of the team members.

The development and design of the new Children's Hospital of Saskatchewan also demonstrates Saskatoon Health Region's commitment to engaging with clients and families from the ground up. That hospital's project charter explicitly maps out engagement opportunities throughout the entire design process, and clients and the community at large were engaged in a number of design events that actively sought out feedback and ideas from children and their families that helped to create not only the design of the building and the layout of rooms, but also influenced patient flow. Having clear strategic directions, along with the use of external facilitators and role

modelling by senior leaders, were key enablers for the consistency with which children and families were engaged in the process, and to the level of engagement that occurred throughout. The new pediatric hospital, slated to open in 2017, will be a testament to how CFCC lives within the region and the collaboration and partnerships that are possible as a result.

### **Impacts**

To date, the evaluation of patient and family engagement at the HQC (with input from the provincial PFCC Guiding Coalition) has focused on process measures related to engagement, and less so on outcomes that have resulted from engagement. In the future, however, with the implementation of the family presence policy across Saskatchewan's health regions, process audits will be conducted to determine whether and how the policy has been implemented. In an effort to support the policy's implementation and sustainability, audits will also examine how patients, families and staff perceive this new policy as well as their understanding of it and of the organizational context.

More broadly, health regions across Saskatchewan also are looking to measure patients' experiences. Brief, standardized patient-experience surveys have been developed by provincial working groups led by the HQC for use in acute care units and primary care clinics. However, these tools have not yet been implemented across the province, which makes it difficult to compare patient experience outcomes across regions. With the transition to Lean and a focus on daily continuous improvement, the previous approach to patient satisfaction/experience surveys (paper-based surveys mailed to a sample of discharged patients) are no longer seen to be useful because of lack of timeliness.

Beyond the usual survey measurement of patient experience, the Saskatoon Health Region is also intending to gain real-time feedback from patients regarding their experience of care. At present, the region makes concerted efforts to link patient experience information with other performance indicators on their "wall walks," performance measures that are monitored by senior leaders across the organization as a whole, as well as by managers on their individual units. These measures help to guide the organization in its daily work, and they point to improvement opportunities. The Saskatoon Health Region also seeks feedback from client and family advisors on a regular basis regarding their engagement activities. This is done in order to determine advisors' comfort level in being part of the process, their ability to voice their opinions and their perceptions of their influence on decision-making processes.

### **Summary**

Saskatchewan's HQC is making concerted attempts to facilitate and coordinate patient and family engagement efforts at a provincial level by working with health regions, agencies/organizations and patients and families to create more robust and accountable structures to embed patient and family advisors in all improvement work. As the HQC looks to implement

provincial policies for family presence and patient and family steering committees within all health regions, the council provides resources for patients, families and staff to enable engagement, and it is beginning to see much more interest from health regions in engaging patients and families. The challenge the HQC continues to face as it seeks to enhance broad-spectrum engagement across the province is to ensure that the level of engagement is meaningful and rich, and not merely the token involvement of patients and families.

The Saskatoon Health Region is a strong example of an organization that has made concerted efforts over the last five years to entrench CFCC across the entire region. A strategic plan and the CFCC leader have helped to focus activities aimed at achieving this goal. Developing the role of client and family advisors, and embedding them into activities across the region, have been instrumental to putting a face to CFCC, as have leaders' role-modelling behaviours and setting expectations. Structures and processes that gather clients' perspectives on their experiences, and that explicitly feed that information into quality and safety innovations, further embed the client voice into improvement activities.

This case study was researched in 2012 and 2015 and written in 2015 as part of research commissioned by the Federal Advisory Panel for Healthcare Innovation to inform their report: *Unleashing Innovation: Excellent Healthcare for Canada* (<http://www.healthycanadians.gc.ca/publications/health-system-systeme-sante/report-healthcare-innovation-rapport-soins/index-eng.php>).

### Note

1. Client- and family-centred care is the terminology adopted by the Saskatoon Health Region. This phrase is interchangeable in meaning with patient- and family-centred care.

### Reference

Fyke, K.J. 2001. *Caring for Medicare: Sustaining a Quality System*. Regina, SK: Commission on Medicare. Retrieved June 14, 2016. <<http://www.qp.gov.sk.ca/documents/misc-publications/CaringForMedicare.pdf>>.