



# Ministry of Health

## Patients as Partners

### 2017 Provincial Dialogue Report



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# Executive Summary

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The Ministry of Health's Patients as Partners program hosted and funded the Patients as Partners Provincial Annual Dialogue on February 28, 2017 in Vancouver, British Columbia. The purpose of the 2017 Dialogue was to provide a meaningful and authentic engagement process for a diverse group of patients, family caregivers, providers and staff, to exchange ideas and deepen their understanding about patient-and family-centered care, particularly in relation to the Ministry of Health's five strategic priorities. The priorities are:

1. Improve access to primary care through a primary care home model;
2. Reduce demand on hospitals by improving care for seniors;
3. Reduce demand on hospitals by improving care for those with mental illness and substance use issues;
4. Improve access to surgical services and procedures; and
5. Improve delivery of rural health services.

In addition, the Dialogue sought to discuss achievements and learnings, and consider how Patients as Partners could help the Ministry of Health positively impact health system quality improvement efforts to advance patient-centered care. Activities in the Dialogue to achieve these goals included:

- Gathering comments on tip sheets for engaging population groups represented within the five priority areas;
- Providing opportunities for patients and other health sector representatives to ask questions about current health care topics and policies;
- Providing information on the Ministry's strategic direction from senior leaders, and
- Obtaining input to build the Patients as Partners Program's three year strategic plan.

For the first time, the annual event was planned in partnership with the BC Patient Safety & Quality Council. The event took place the day before the Council's annual Quality Forum. The idea behind the partnership with the Council was to provide cost-savings, increase exposure and increase the ability to leverage dual-event participation. Patients and family caregivers were involved in the Dialogue planning that was done by a working group which also included staff from health authorities, the ministry, Quality Council and Patients as Partner funded organizations, including one that specializes in public engagement.

More than 200 people attended the day in Vancouver from each of the five geographic regional health authorities. A diverse representation of patients and family caregivers, along with health care providers, and staff from funded partner organizations, health authorities, Ministry of Health, and other partner organizations participated (page 8).

Based on the International Association for Public Participation spectrum of engagement, the Dialogue was at the level of Involve. The ministry was seeking input from participants on how to enhance patient- and family-centered care in each of the five priorities, and input into the strategic plan for Patients as Partners.

As the name indicates, the Dialogue focused on conversation. Ideas about the ideal future state, current state and activities that would move us closer to the future state of health care were obtained for each of the five priorities and are presented in graphic form in this report (see Appendices A-E). Across the five priorities, participants prioritized the following five actions:

- 24/7 non-emergency clinics,
- provide early and ongoing support to community-level awareness and education,
- ensure people with lived experience are at the decision making table,
- provide resources and time for providers to shift to a patient-and family-centered approach, and
- improve access to information about existing programs and services.

Interestingly, participants' suggestions appeared to indicate that they believed the Patients as Partners Program is a larger program, in terms of staff, scope and reach than it currently is. These findings will be considered when deciding how broad and integrated the Patients as Partners Program should become.

The Dialogue successfully achieved the goal of giving participants an ability to provide their voice and ideas for health care improvement. Based on exit evaluations of participants at the Dialogue, 92% of respondents agreed or strongly agreed that there was a variety of perspectives represented, and 95% of respondents agreed or strongly agreed that they had the opportunity to share their thoughts/ideas. This report summarizes the Dialogue outcomes and identifies consistent and emerging themes across all health priorities as it relates to patient- and family-centered care.

These results demonstrate that the Ministry of Health's Patients as Partners 2017 Provincial Annual Dialogue provided a meaningful and authentic engagement process for a diverse group of patients, family caregivers, providers and staff to exchange ideas and deepen their understandings about patient- and family-centered care particularly in relation to the Ministry of Health's five strategic priorities and the Strategic Plan for the Patients as Partners Program. A diverse group of participants were engaged at the event and numerous and different opportunities were made available for people to share their ideas and experiences.

The one day session allowed participants to share their stories, insights and ideas on how to improve the health care system. The findings that are presented in this report have already been shared with decision makers in the Ministry of Health and Health Authorities who will be shaping policy and work related to the five priorities and the Patients as Partners Program. Together, we can improve the system, realize better health outcomes and experiences, and build a sustainable health care system that puts the patient at the center of their care.





## Introduction

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Patients as Partners is a philosophy and a Ministry of Health program staffed with a Director and a Senior Primary Care Advisor. It is a collaboration between patients and families, health authorities, health-care providers, universities, non-profit organizations with the Ministry of Health. Together, partners are working to advance and integrate patient- and family-centered care at every level of British Columbia's health care system while supporting the Ministry of Health's five strategic priorities.

The motto for Patients as Partners is, “nothing about me... without me”, and the vision is to achieve a health care system in which:

- The patient's voice is anchored in all behaviours and drives all activities in the health system,
- A culture of patient-centeredness is self-evident across the health system and is integrated into existing health care programs, and
- Health care programming is built upon the patient-centered care principles throughout planning, implementation and evaluation.

The Patients as Partners Program holds an annual Dialogue as a way to provide participants with a meaningful engagement process on a decision or decisions that will be made, as well as to review and share accomplishments that have been made in patient- and family-centered care. This year, the Dialogue provided an opportunity for diverse participants to: learn more about the Ministry of Health's commitment to patient- and family-centered care; hear from people with experiences different to their own; engage with others about new ideas for healthcare improvements that they might use; and better understand the five priorities. Moreover, the engagement and Dialogue provided the Ministry with an opportunity to directly engage a diverse range of participants in policy and strategy work, on a large scale, and in a meaningful way.

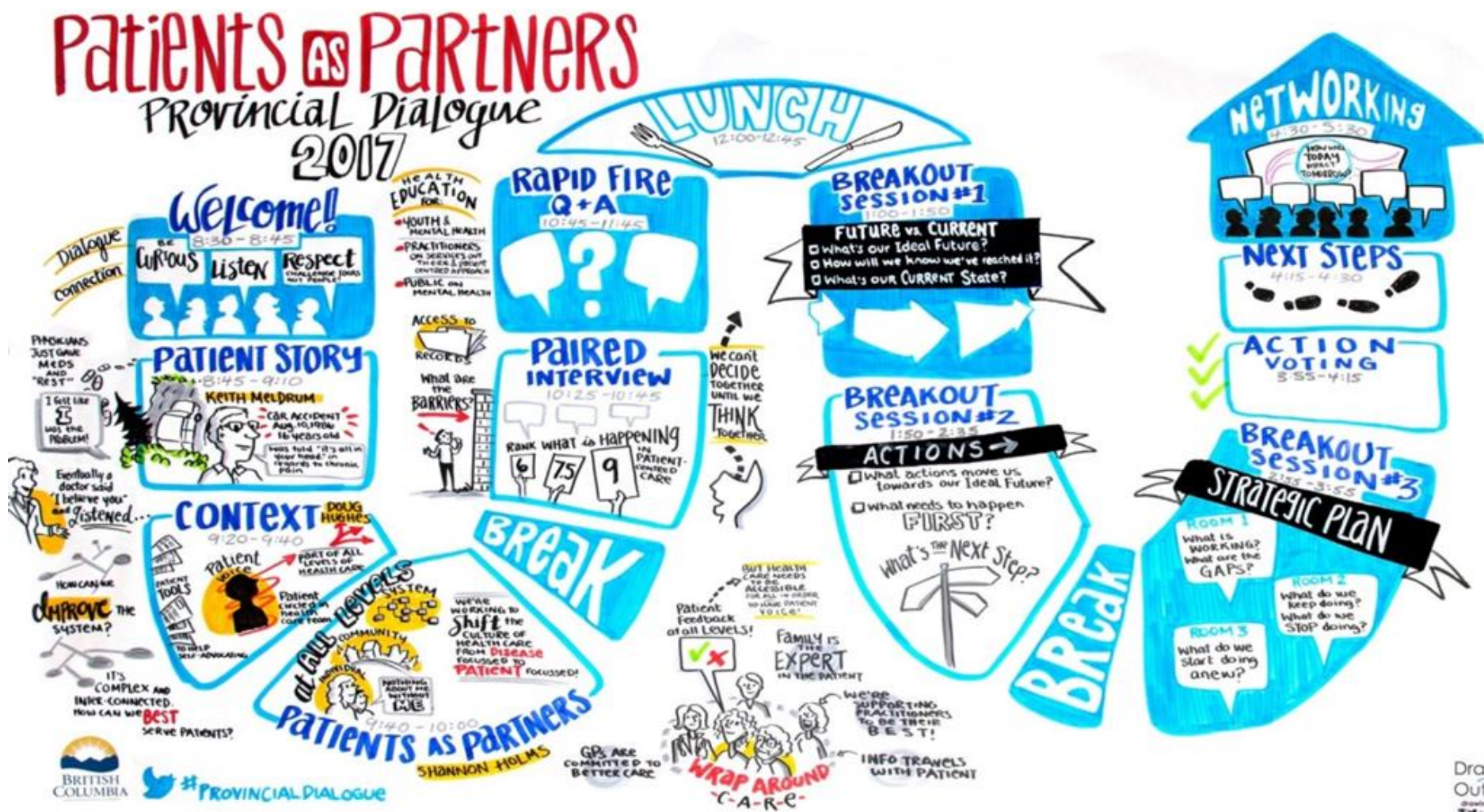


Figure 1 – Visual agenda for the 2017 Dialogue, which was created by a graphic recorder throughout the day.



# Diverse Representation

The Dialogue had diverse participant representation. This included the category of participants (i.e. patient, provider, staff, etc.), age and gender, and geographic representation from across the province. Participants attended from 47 communities in B.C. The information tables provide a snapshot of who participated in the Dialogue.

Success factors in participant recruitment to achieve diversity include:

- Actively promoting the goal of diversity when recruiting participants;
- Increasing the number of first-time participants; and
- Obtaining representation from every health authority in B.C., including the First Nations Health Authority and the Provincial Health Services Authority.

Geographic Health Authority	# of participants
Interior Health	23
Vancouver Coastal Health	76
Fraser Health	42
Vancouver Island Health	44
Northern Health	14

Age Cohort	# of participants
18 - 29	15
30 - 49	74
50 - 69	91
70 - 89	19

Category of Participant	# of participants
Patients	80
Family Caregivers	17
Funded Partner Staff	22
Health Authority Staff	42
Healthcare Providers	13
Ministry of Health Reps	7
Other Organization Staff	15
Facilitation Support	3
Rural / Urban	# of participants
Rural	33
Urban	166





# Engagement Design: Focusing on Dialogue

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The Patients as Partners Provincial Annual Dialogue was developed and organized by a working group made up of: patients and family caregivers and staff from health authorities, Ministry of Health, the BC Patient Safety and Quality Council, Doctors of BC and Patients as Partners funded organizations. The funded organizations are: Delaney and Associates, Pain BC, the Centre for Collaboration, Motivation and Innovation (CCMI), Family Caregivers of BC, University of Victoria Self-Management, and the University of British Columbia intercultural Online Health Network (iCON). For the first time, the annual event was planned in partnership with the BC Patient Safety & Quality Council. Recommendations to maximize participation were provided by Delaney and Associates. The Dialogue took place prior to the Council's annual Quality Forum with the goals of providing cost-saving opportunities, increasing exposure to the events and providing convenience for participants who planned to attend both events.

The working group developed the following design goals for the Dialogue:

- Focus on dialogue and minimize presentation time
- Provide a variety of opportunities and ways for participants to directly engage
- Support participation by focusing on lived experience
- Obtain feedback on the Ministry's five priorities, the Patients as Partners Strategic Plan, Tip Sheets on engagement to support the five strategic priorities and the vision for Patient- and Family-Centered Care.

To support conversations, networking and building connections between participants, an Information Package was sent electronically to participants in advance of the event and hard copies were provided at the Annual Dialogue (Appendix G). The package contained profile pages from the participating partner organizations; the agenda; ministry policy documents including the Patient-Centered Care Framework and five priorities; engagement tips sheets; and a glossary of terms. The information package was a way to reduce presentation time that would have been needed to provide the audience with necessary background information. As well, the information package was a way to engage participants in advance of the event. A briefing session was held through a teleconference call prior to the event for patients and families and other participants whereby they would hear about the goals of the Dialogue, expectations of participant engagement, and have an opportunity to ask questions. Partner organizations were also invited to provide posters at the Dialogue, whereby they organizations could provide information and enter into discussions without requiring presentation time to the entire audience.





Colour coded nametags were provided for three groups: patients and family, health care providers, and administrators. This allowed people to purposefully meet with someone with similar or different name tags during the day to learn about their perspectives.

As a means to ground the discussion in lived experience, a patient with chronic pain described his ongoing journey in the health care system, particularly focusing on significant experiences, turning points, and patient-centered health care improvements that he experienced. Ministry executive provided presentations on the Patients as Partners program as well as the Ministry's approach to patient- and family-centered care, the Ministry's five strategic priorities, the new primary care system of care and the importance of patient- and family-centered care to the health care system. A senior executive provided examples of how healthcare improvements are occurring in health authorities because of patient and family voices and engagement activities. Examples included: improvement to a surgical patient education website, patients' input being incorporated into an eating disorder strategy, patients participating on hospital hiring committees, and patients' input leading to streamlined transitions from hospital to community care in health authorities all across the province.

After context setting presentations, participants paired with someone in a different group from themselves (patients/families, healthcare providers, administrators) to hear and share a different perspective, get to know one another, and to get the dialogue started at the individual level. Discussion topics were: how well the healthcare system is integrating patient- and family-centered care across the health care system, barriers and big wins. A rapid fire question and answer session followed where participants could ask questions of a panel of health system representatives from the Ministry, health authorities, funded partners, and a patient partner.

Two breakout sessions took place where participants chose one of the Ministry's five priorities (primary care home model; care for seniors; mental illness and substance use issues; surgical services and procedures; and rural health services) to provide comments and insights. In the session, participants discussed and envisioned the ideal future state and the current reality for that priority area. In these facilitated sessions, participants then identified actions that could move individuals, communities and the system closer to bridge the gap to the ideal future state. In each breakout session, participants were also asked to provide input on the engagement tip sheets associated with that priority area. The tip sheets were developed to support patient and family engagement in each of the Ministry's five priorities.

In a World Café-style process participants provided input into the Patients as Partners strategic plan. The suggestions, both narrative and graphic, for the ministry priorities and the strategic plan are presented in the upcoming sections of this report. As the largest proportion of time during the day was spent in engagement processes, this engagement design provided useful information for the ministry and health care partners and allowed participants an ability to hear ideas and share their experiences with a large number of participants over a short period of time.

Since the conclusion of the Dialogue, comments from all participants have already been integrated into the tip sheets as well as the draft Patients as Partners Strategic Plan.

## Focused Dialogue Results on the Five Priorities

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**Primary Care**



**Seniors Care**



**Mental Health  
and Substance  
Use Care**



**Surgical Care**



**Rural and  
Remote Care**

A main focus of the 2017 Dialogue was on engaging participants on the Ministry's five key priorities. Participants commented anecdotally, as well as in the evaluations, that there was an increased awareness of the five priorities and that common understanding among all participants increased as a result of the Dialogue.

Participants self-selected which priority breakout session they wanted to attend. This allowed for participants to truly prioritize where they wanted to spend their time. Breakout sessions ranged in size from 10 participants (surgical), to 25 participants (seniors), and each session was led by a facilitator.

In the breakout sessions for the specific priority, participants worked together with a facilitator to identify:

- Attributes of an ideal future state
- Indicators or measures of success for the future state
- Characteristics of the current state
- Actions or activities that would move the priority closer to the ideal future state

The section below contains highlights of the actions identified in each priority area.



### Priority 1: Improve access to primary care through a primary care home model

The primary care breakout sessions were well attended with two groups of approximately 25 people each. The discussion was lively and interactive. The top actions identified include:

1. Redesign the fee-for-service model.
2. Create time and space to support a proactive shift to patient-centered culture.
3. Create a strategy and stay the course.
4. (Promote) resources available so that people are better able to manage their own health.
5. Coordinate chronic disease prevention protocols. For example: best practices for preventing the development of a condition e.g. diabetes - in the earliest stages, and how to coordinate the various specialties to provide a robust course of accessible treatments.
6. Develop integrated health records.
7. Modify health professional education to include a focus on patient-centeredness, as well as complimentary medical services.

Please see Appendix A for the infographics / recording templates from the primary care breakout sessions.



### Priority 2: Reduce demand on hospitals by improving care for seniors

There were two groups of approximately 25 – 30 people each. The discussion was lively and diverse, with good representations from both patients and staff. The top suggested actions include:

1. Support from government to trial new models of care (with regards to hours of service).
2. Increase usage of navigators, advocates and patient-peer partners.
3. Increase health literacy services.
4. Improve information and awareness of programs for family caregivers (educate family caregivers of services that are available).



5. Identify economic efficiencies with regards to scope of practice and staffing.
6. Invest in an online virtual hub – a one-stop shop for information and available services.
7. Empower and skill-up seniors (provide education and training) to take care of their own health.
8. Introduce 24-hour, non-emergency clinics co-located with emergency departments.
9. Normalize end-of-life planning and provide better education around it.
10. Better engage chronically-ill patients, family caregivers and other stakeholders within the health care system.
11. Improve health promotion and prevention for better and more proactive aging.
12. Utilize health practitioners and peers that could spend more time with patients.

Please see Appendix B for the infographics / recording templates from the seniors breakout sessions.



### Priority 3: Reduce demand on hospitals by improving care for those with mental illness and substance use issues

There were two groups in the mental health/substance use breakout session, with approximately 20 participants in each group. The dialogue was robust and thoughtful. The top actions identified include:

1. Reallocate resources and increase capacity. Distribute health care budgets equitably based on incidence.
2. Develop and deliver early, extensive and ongoing education, awareness and training for health care staff, health professionals and the public.
3. Establish electronic health records across systems of care.
4. Decriminalize substance use.
5. Move all of mental health into one ministry.
6. Expand funded services where capacity exists (i.e. nutrition, psychological services, mindfulness training, etc.).
7. Establish holistic and inclusive improvement collaboratives, including front-line clinicians, youth, family, patients, etc., across the full continuum of health services (i.e. community, acute, residential).

Please see Appendix C for the infographics / recording templates from the mental health / substance use breakout sessions.



## Priority 4: Improve access to surgical services and procedures

The surgical breakout session was the smallest with 10 patient, staff and providers participants. The discussion was grounded in personal stories and lived experience. Participants articulated current gaps and future opportunities to enhance patient-centeredness within surgical care. The top actions identified include:

1. Support patients by providing options regarding approach to care, provider locations, etc.
2. Build communications capacity (having a conversation) so that providers and staff can better communicate with patients (including post-discharge support).
3. Build validating PREMS/PROMS (patient reported experience measures/patient reported outcomes measures).
4. Build community supports and partnerships.
5. Look for technology solutions for emergency care (EHR and ERM).

Please see Appendix D for the infographic / recording template from the surgical breakout session.



## Priority 5: Improve delivery of rural health services

The rural health services breakout session was attended by one group of approximately 20 people. Many participants were patients from the north, and included staff and providers. The top actions identified include:

1. Create community health networks.
2. Empower local people to make decisions, and focus on more robust engagement.
3. Develop a targeted recruitment strategy (for providers).
4. Coordinate a services list.
5. Develop the concept and implementation of a patient navigator (single point of contact/coordination for patients).
6. Increase financial support.

Please see Appendix E for the infographic / recording template from the rural breakout session.

# Prioritization of Actions and Engagement Measures

To obtain immediate survey results, iClicker polling was used throughout the 2017 Dialogue. As a tool, iClickers provided real time feedback from participants about the content being delivered, the format of the day, as well as providing important insights into what the group considered as the most important actions to prioritize in advancing patient- and family-centered care in British Columbia.

The top actions from each of the five priorities were grouped into themes. Using the iClicker system, participants voted on actions they felt were most important relative to each other. It should be noted that participants were asked not to vote if they felt that none of the particular priority choices resonated with them. The list below identifies the most voted priorities, as measured by the number of iClicker votes:

1. (72 votes) Access to 24/7 non-emergency clinics.
2. (67 votes) Provide early and ongoing support to community-level awareness and education.
3. (67 votes) Ensure people with lived experience are at the decision making table.
4. (65 votes) Provide resources and time for providers to shift to a patient-and-family-centered approach.
5. (61 votes) Improve access to information about existing programs and services.
6. (55 votes) Provide more financial support for health promotion and prevention.
7. (46 votes) Develop collaborative care plans.
8. (43 votes) Evidence based protocols/best practices to support patient-and-family-centered care.



iClicker polling on the level of participant engagement showed that the goals of providing participant engagement were met at this Dialogue. 70% of participants were more inclined to work with the Patients as Partners program after the event and 93% of respondents agreed that they had opportunities to express their opinions and perspectives. Participants were asked what their hopes were for the Dialogue. 35% selected meeting people and networking, 26% wanted to learn more about the Patients as Partners Program and 17% wanted to contribute their ideas. These findings confirm that a Dialogue event, where participants can meet and engage, is considered important by the group.

# Patients as Partners Program Strategic Planning Input

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Using a World Café style session, participants were asked to provide input to the Patients as Partners Program strategic plan. Participants were asked to

- Provide input on the draft vision;
- Identify what is currently working well, and where there may be gaps;
- Identify activities Patients as Partners should start or stop doing; and
- Brainstorm activities Patients as Partners should start anew

New initiatives suggested for Patients as Partners Program include:

- Help patients understand their own accountability for their own health.
- Provide health providers with access to engagement specialists for their engagement efforts.
- Create mechanisms and support leadership in health care to demonstrate engagement and its impact on the Triple Aim.
- Share best practices.
- Support existing grassroots projects and programs.
- Support effective patient/provider communications/dialogue.
- Provide more education and awareness.
- Better support and awareness for/of family caregivers.

It should be noted that the Patients as Partners Program currently undertakes many of these activities, which suggests that perhaps a review of its communications strategy could be useful in identifying opportunities to increase its reach and awareness or expand the scope of the work.

A broader, more strategic theme appears to emerge around the scope of the Patients as Partners Program. It appears that many participants perceived or believed that Patients as Partners is a larger program, in terms of staff, scope and reach than it is. This theme raises questions around how broad and integrated the Patients as Partners Program should become in the future.

**Vision:** Few suggestions were made on the vision. Some suggested words to consider include: “anchored”, “programming” and “self-evident”.

**Gaps:** Many of the gaps identified by participants are currently not within the scope of influence of the Patients as Partners Program. Within the scope of the Program was the suggestion of increasing awareness of free self-management programs and existing patient resources.

For all infographics / recording templates from the strategic plan session, please see Appendix F.





## What Worked and What Could be Improved

Participants were encouraged to complete a Dialogue exit survey to help with planning future events. The following includes key themes summarized from the evaluations:

### What worked?

- Participants were diverse.
- Focus on dialogue: there were numerous opportunities for engagement.
- Facilitating networking and connections (colour-coded name tags, stickers, long breaks).
- Providing information ahead of time (information package).
- Agenda design (paired interviews, minimal presentations by organizers).

### What could be improved?

- Increase number of health care providers participating.
- More direction around the rapid-fire Q&A and Patients as Partners strategic plan session.
- Send the save-the-date out sooner so more people (particularly providers) can plan to attend.
- More breaks and networking time throughout the day.
- More activities at the plenary tables.

# Conclusion: Dialogue Input and Next Steps

The Ministry of Health's Patients as Partners 2017 Provincial Annual Dialogue provided a meaningful and authentic engagement process for a diverse group of patients, family caregivers, providers and staff to exchange ideas and deepen their understandings about patient- and family-centered care, and provided useful information in relation to the Ministry of Health's five strategic priorities and the Strategic Plan for the Patients as Partners Program. A diverse group of participants were engaged at the event and numerous and different opportunities were made available for people to share their ideas and experiences. The energy of the day was extremely positive.

The Dialogue successfully achieved the goal of providing participants an ability to provide their voice and ideas for health care improvement. Based on exit evaluations of participants at the Dialogue, 92% of respondents agreed or strongly agreed that there was a variety of perspectives represented, and 95% of respondents agreed or strongly agreed that they had the opportunity to share their thoughts/ideas.

On behalf of the entire working group who planned and implemented the Dialogue: patients and family caregivers, along with health authorities, Doctors of BC, Ministry of Health, BC Patients Safety Quality Council and Patients as Partner funded organizations, we extend a sincere thank you to all participants who shared their experiences and remain passionately engaged in patient- and family centered care as well as undertaking numerous patient- and family-centered care activities. The successful implementation of patient- and family-centered care in the health care system can only be achieved through partnerships and collaboration. We look forward to sharing successes and ideas at the next Patients as Partners Annual Dialogue.









# PRIMARY CARE

## CURRENT STATE

- Lack of communication & lack of knowledge about how the system works.
- Limited use of technology.
- Fragmented care

- Physician-based care - lack of accountability - need for patient to accept responsibility.

- Lack of functional medicine (education in this area)
- Reactive system - lack of prevention.
- Lack of health literacy

- Burden of coordination is with patient/family.

- Referrals to specialist - lack of consistency - outdated system in general

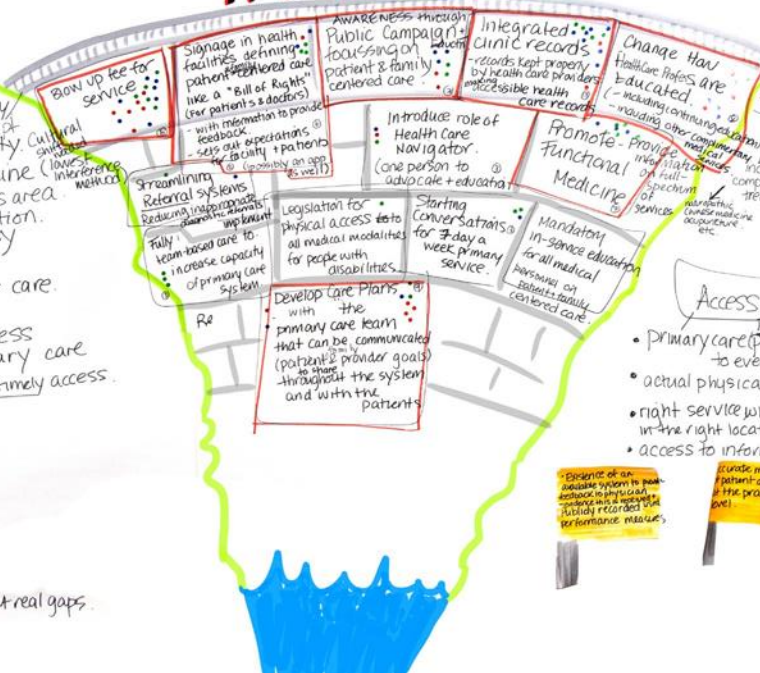
- Lack of Culturally-safer care.

- Lack of Access to primary care - lack of timely access.

### WORKING

- System working for some stakeholders: some providers
- Existence of Doctors that really care
- Awareness of problems/Some segments willing to examine/change.
- Efforts to engage patients and families.
- **FREE!** Principles behind universal care is good. But real gaps.

## ACTIONS



## Future

### \*Continuity of Care

access to files - one-stop shop - for management - simplification

### Broaden Definition of INTEGRATION

including complementary/evidence-based treatments

### one-stop shop

Ability to talk about all needs in one visit

Different funding model to include allied providers

Provider/care team - salaried doctors

Primary care (physician) available to everyone

wait times

actual physical accessibility - 24/7 care

right service with the right provider in the right location

access to information/files

### and Family Patient-Centered

responsive to values, needs preferences

- cultural values

- Shared decision-making at the level that the patient desires if they wish it

- Co-designing systems, delivery, processes

access to info/files

• narrative medicine

- patient's story informs

• better communication between health authorities

• Health Care Navigator

• Better utilization of systems an data

↳ direct/indirect transitions in care

- to maximize resources

- to optimize the journey

Legislation mandating patient access to doctors' office

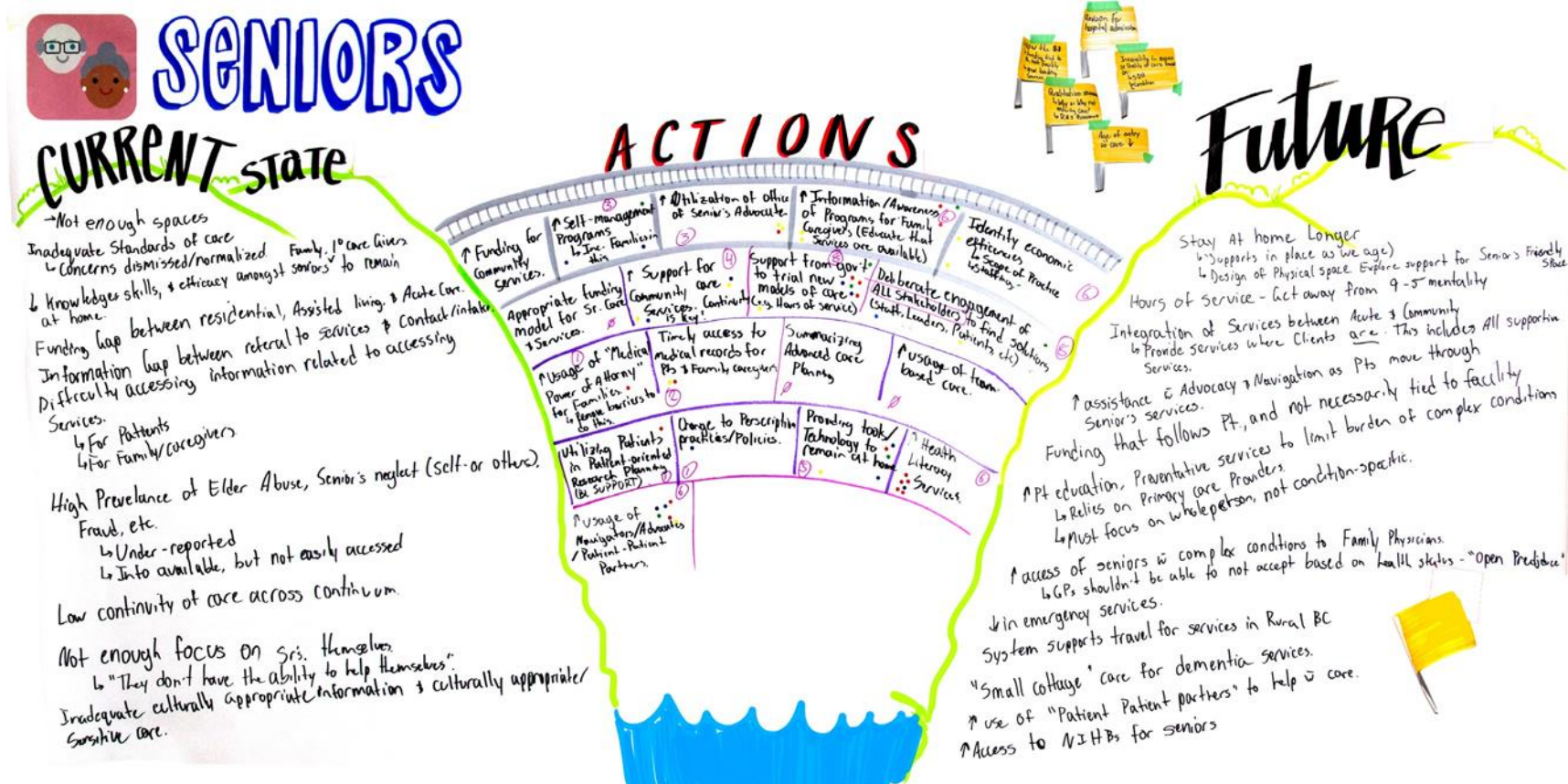
Less Reporting on well-being of patient and family

Co-designed reporting of meaningful data

Coordinated privacy legislation



## Appendix B: Seniors Breakout Session Infographics



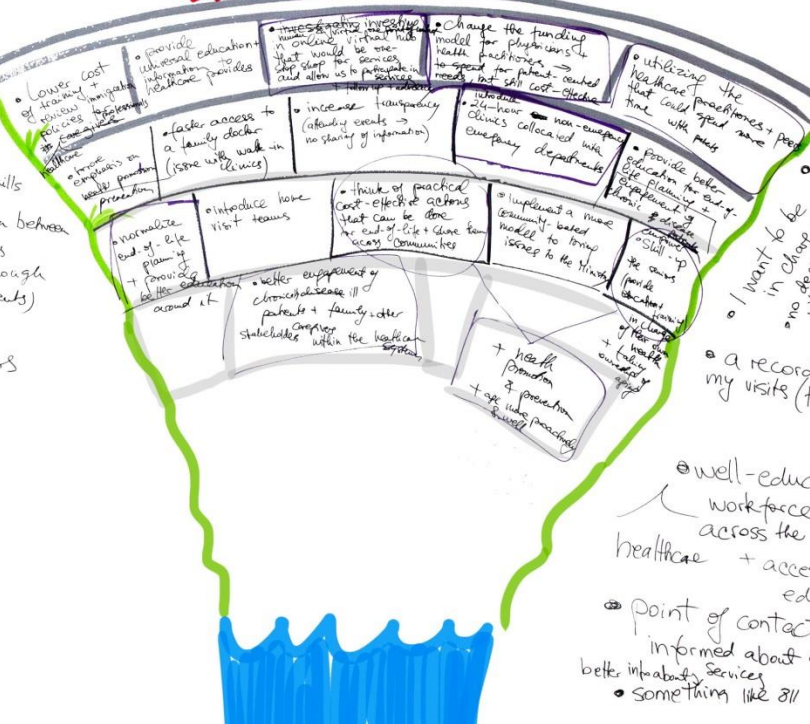


# SENIORS

## CURRENT STATE

- not able to get a family doctor
- wait times too long
- times spent with patients too short
- reporting out & accountability → silos coming together
- lack of utilization of non-primary care providers
- facilities not senior-friendly + ugly
- accessibility is an issue
- too many hoops to jump through to get to what you need
- jargon → not able to understand
- unwillingness and unawareness to deal with end-of-life planning
- shortage of professional caregivers + lack of training, education & skills
- lack of communication between health professionals (focus on tasks; not enough inquisition about patients)

## ACTIONS



## FUTURE

- better integration of formal & alternate medicine
- coordinated care
- simpler system (a health coach)
- more flexible in what is supplied
- more prevention
- I want to be in charge of my own life without it
- a record of self-management my visits (follow-up in writing)
- immediate access
- well-educated workforce across the system + access to education
- point of contact informed about available better-informed services
- something like 811
- advocacy focus on quality of life
- focus of caregivers
- better communication with the healthcare system
- better planning for end-of-life support
- recognizing + valuing support in homes
- more + good resource care
- better support in homes
- cultural safety (change) better access + support + promote active living + better transportation
- create space for stories
- more local care
- better transportation
- health care professionals more important
- no need for a navigator for every senior
- more money invested in longer/higher quality visits w/ physicians



## 2017 Provincial Annual Dialogue Report





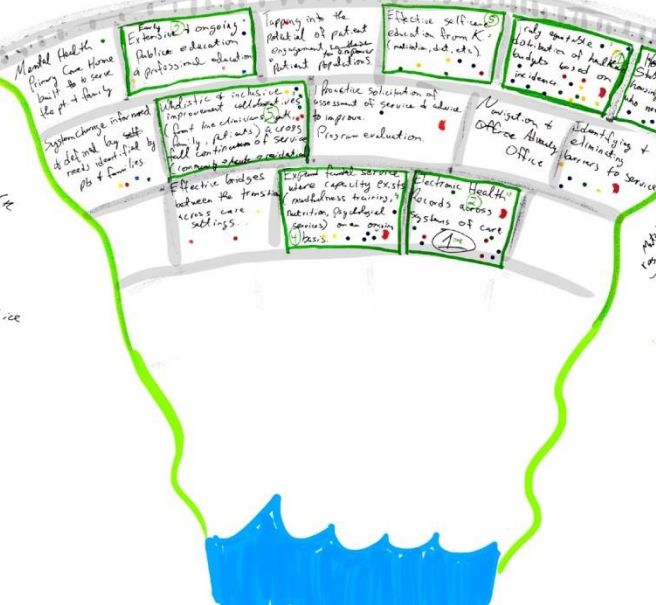
# MENTAL HEALTH/ SUBSTANCE USE

## CURRENT state

- Rapid Access Clinics
- Long wait times for referrals
- ++ Stigma throughout society
- Pockets of excellence (Lots)
- CMHSC Collaborative
- Strength & love of family & community
- Facing Crisis
- Underutilized Psychological Service (funding)
- Sliding Scale access to counsellors based on income
- Silos of Acute/Community/Residential/Justice HA's & Ministry
- Appropriate care settings (Age, etc.)
- Untapped potential of pt. engagement in this area.

Increasing interaction of patients in decision making  
- Persistent inequity in the social determinants of health

## ACTIONS



## Future

Whole Person

- Equitable distribution of resources (use the body)
- Education & ambassador from K → to reduce stigma in society of ~~substance~~ patients. Early diagnosis of ~~substance~~ disorder, high quality care
- Fill gaps for support of family caregivers (navigation, physical & emotional support)
- Pt. Directed Service (psychiatric service after a suicide attempt)
  - access to rehab facilities
  - linked psychological service
- Open access & transparency for ppl receiving services
- Examine our restrictions of paternalism (pt. safety or provider convenience)
- Community Outreach
- EHR's that talk to each other
- Mandatory reporting to and by 1% of those after suicide plan
- Education: Mental Health
- Self-report by pts of being noticed
- Mental Health: Primary Care, where the pt. is already
- Early Intervention: Ongoing: Public education & professional education
- Lapping into the: Political of patient engagement, improve patient
- Effective self-help: Education from K: (nurses, etc.)
- Early response: Distribution of public budgets based on incidence
- Humanity: Subsidy of mental health services all who need it
- Navigation & Office: Already Office
- Identifying & eliminating barriers to service
- Effective bridges: between the transition across care settings
- Significant services: where capacity exists (nutrition, psychological services) and other
- Electronic Health: Records across systems of care

Patient Health Satisfaction

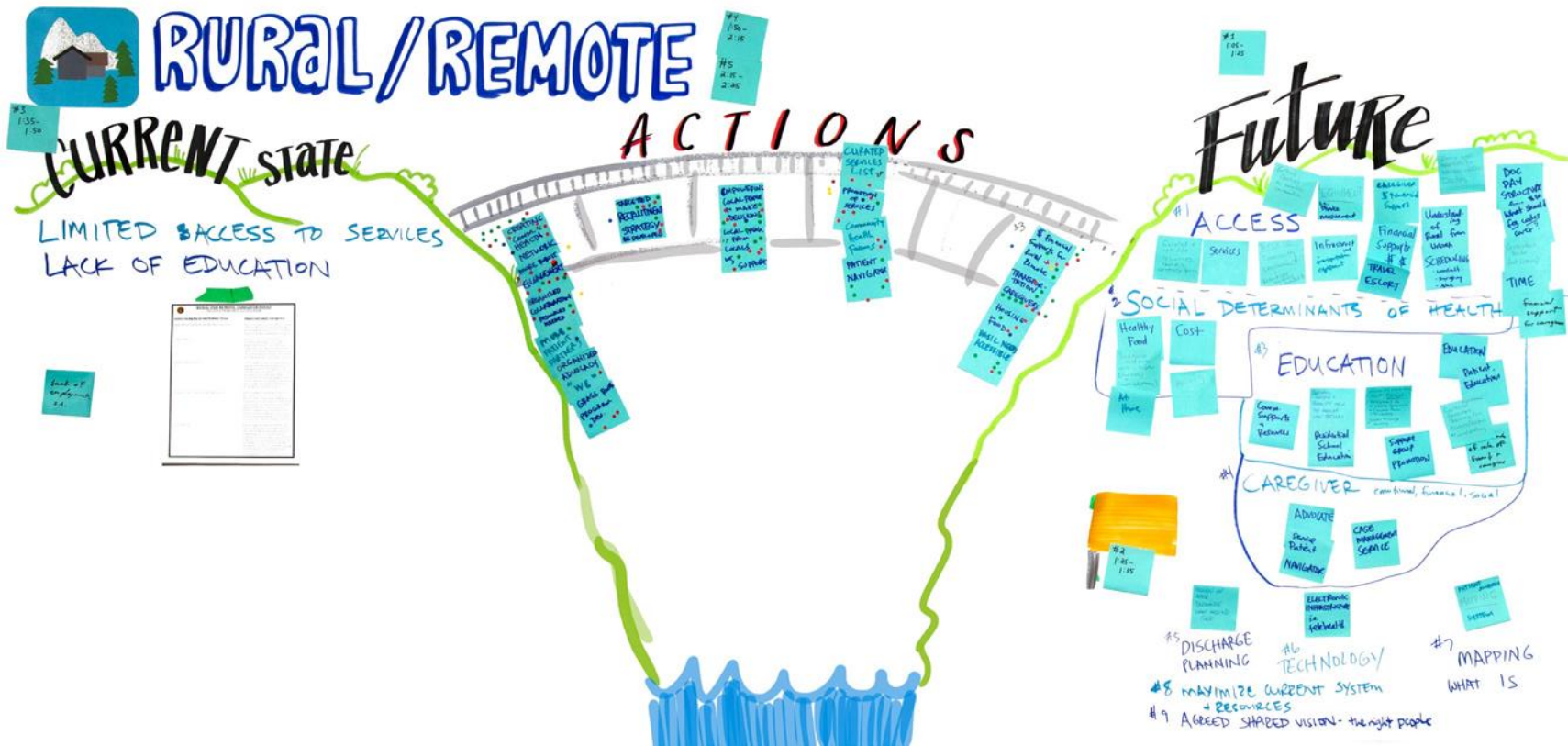
Mental Health: Primary Care, where the pt. is already



## Appendix D: Surgical Breakout Session Infographic



## Appendix E: Rural/Remote Breakout Session Infographic



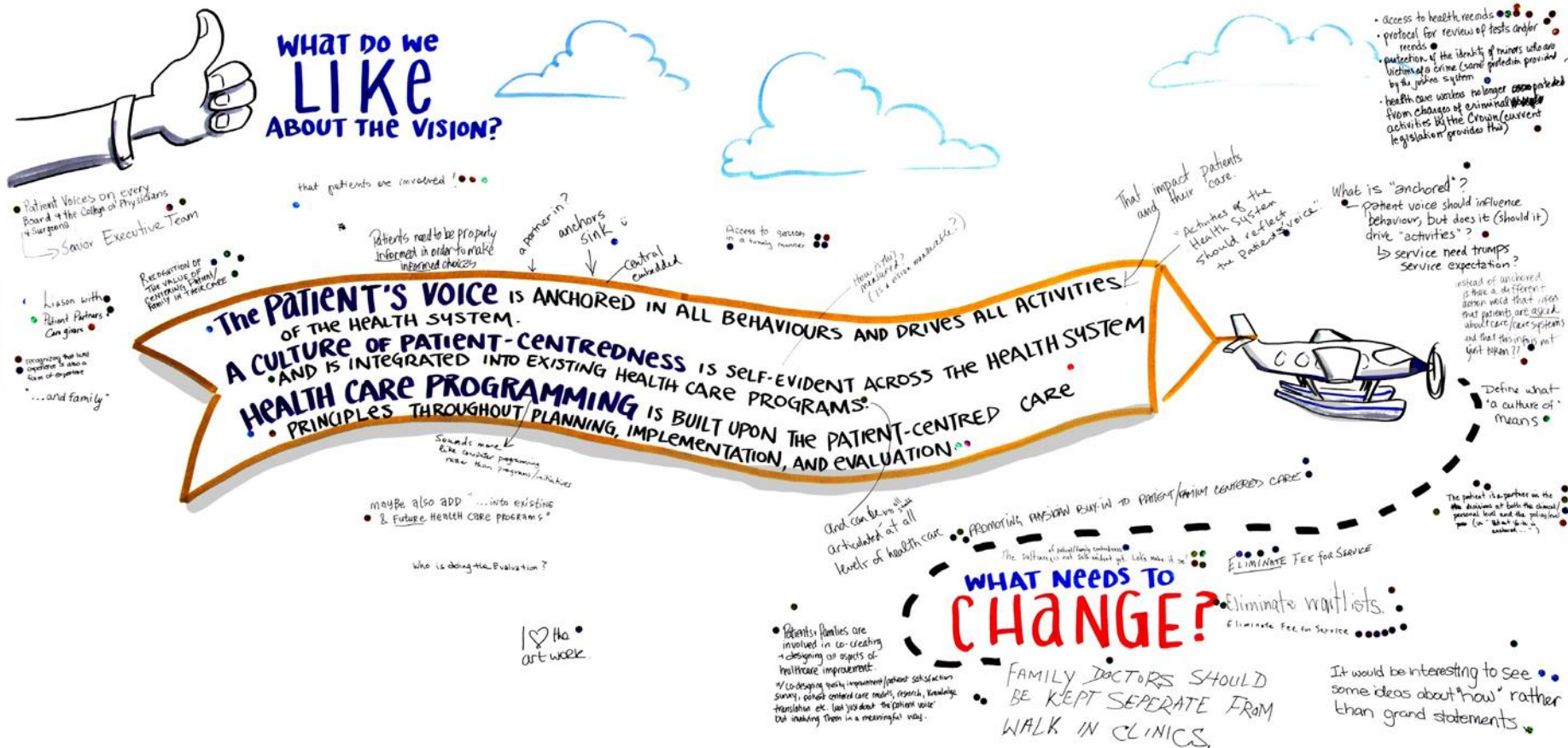
## Appendix F: Patients as Partners Strategic Plan Infographics

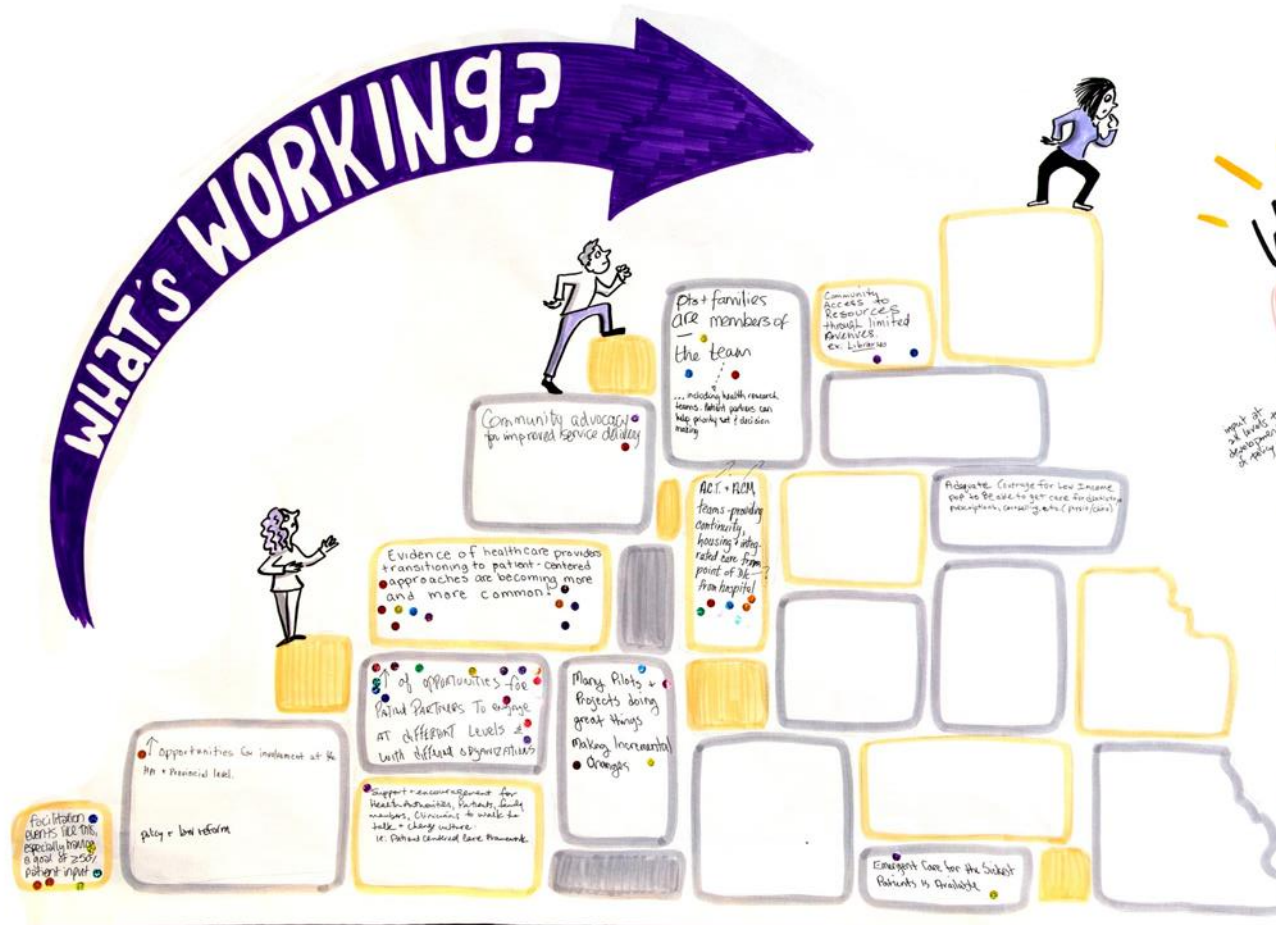












# **2017 Provincial Patients as Partners Annual Dialogue**

INFORMATION PACKAGE

