

British Columbia Ministry of Health Patients as Partners Initiative

Stories of Engagement

Royal Columbian Hospital Designed by Patients and Families



Subject: Tannis Knutson, one of the clinical planning project leads for the Royal Columbian Hospital Redesign

Interview Date: April 1, 2016

Health Authority: Fraser Health

Topic: Hospital Redesign

What is the project?

Royal Columbian Hospital is kicking off the second phase of one of British Columbia's largest health-care development projects. Tannis Knutson, one of the clinical leads for the project, explains a key component (and favourite part) of her role is to ensure the patient and family voice is heard and incorporated into all aspects of the multi-phase redevelopment project.

Royal Columbian Hospital is a tertiary, referral, teaching, regional and community hospital that provides specialized care to B.C.'s most critically ill and injured. This redevelopment will increase the number of beds from 446 to 675. One of the goals is to ground the new hospital in a culture of person- and family-centred care. To facilitate this, Tannis and her team identify and recruit stakeholders, and host workshops and other engagement events with representatives from the hospital's stakeholder groups. The team then translates the input collected to the architects,

Fast Facts

- **Spectrum:** Consult
- **Number of patients:** 217
- **Type of Patients:** Aboriginal, South Asian, maternal infant, child and youth, interventional, ambulatory, inpatient, emergency, mental health and substance use.
- **Families Involved:** Yes
- **Ministry Priority:** No
- **Health outcomes:** Improved patient experience

designers, program designers and hospital leadership to inform the construct and culture of the new hospital.

Engagement Process and Results

Part of this process is considering the cultural needs of patients and their families in the new design. South Asian, Asian and Aboriginals make up a

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percentage of Royal Columbian's patients. One of the challenges Tannis and her team has faced is reaching the South Asian community. On more than one occasion, they arranged for translators, printed posters and ads on radio and twitter to recruit attendees for consultative groups; they didn't receive a single response.

Using a different approach, Tannis and team set up a booth at Diwali in Surrey and asked members of the South Asian community to complete a survey to be entered into a draw. This new approach resulted in several responses.

One of the most exciting aspects of engaging patients and their families is the unique ideas and perspectives that arise. For example, Tannis heard from a father who, upon seeing that the design of the new Mental Health and Substance Use Wellness Centre's auditorium exited into a busy main lobby, commented his son would never come for treatment there. Tannis and her team listened to his concerns and those of others. Subsequently, the design of the auditorium exit was changed so it connected to a much quieter area of the hospital.



In other circumstances, known challenges are overcome with new and innovative ideas. For example, the team knew wayfinding in the new hospital would have to be simplified and accessible. Focus groups have helped them develop technology, colours and floor designs where the layout itself leads you to where you need to go in the hospital.

Next Steps and Lessons Learned

In using patient and family input, Tannis has a new appreciation for respecting the confidentiality of the contributors. At the same time, she needs to be able to use their stories to inform the architects and designers. She has learned to start out with consent forms and good communication with the privacy department and stakeholders.

"Of course, the staff who work in the hospital are stakeholders too. In the future there are plans for the staff to interact with patients and families to share ideas and experiences about the hospital and its culture," said Tannis. "Our team's objective is that with the new building a new type of patient-centred culture will also thrive."

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The Royal Columbian Hospital redevelopment project will be ongoing for many years. Tannis describes it as, “a completely rewarding partnership, which reinforces that patients and families are what we are here for.”

What was the outcome?

Phases 2 and 3 of Royal Columbian Hospital Redevelopment are still in planning stages and have just recently been approved by the Ministry of Health, so the feedback from patients and families has not yet been fully implemented.

There have been many long-term positive outcomes for the Mental Health and Substance Use Wellness Centre from Phase 1 of the project. The feedback provided the project planning team with points for an evaluation framework for patient experience. It contributed to the detailed design of the patient bedroom – such as the provision of a welcome mat in the doorway of each patient room to delineate patient and staff space, and facilitate the transition into the patient’s private space. It confirmed the principles of patient dignity and autonomy, and it underlined the importance of natural light and the importance of access to the outdoors.



In terms of the Triple Aim strategy, this engagement project will improve patients’ experience of care (including quality and experience), contribute to the ongoing change management strategy of *trauma-informed practice, contribute to the provision of visitor/ patient meeting spaces (e.g., visitor lounge and multiple meeting areas), and improve the provider’s experience of service provision.

The project has also sensitized staff to the patient and family experience in admission and treatment, underlined the importance of a co-ordinated spectrum of care that is responsive and flexible, and has taught everyone involved healthy lifestyles (e.g., meal planning and exercise for physical and mental health). The provision of a holistic model of care that attends to a patients’ physical well-being and mental health (e.g., monitoring for side effects of medication, a program

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dietitian) also teaches alternate ways of stress management and self- management, and it will reduce the per capita cost of health care in the long-term.

How can you get involved with health-care engagements?

Contact: Tannis Knutson at Tannis.Knutson@fraserhealth.ca

*The 2013 Trauma Informed Practice Guide (bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf) defines trauma as experiences that overwhelm an individual's capacity to cope. Trauma early in life, including child abuse, neglect, witnessing violence and disrupted attachment, as well as later traumatic experiences such as violence, accidents, natural disaster, war, sudden unexpected loss and other life events that are out of one's control, can be devastating.

