

## British Columbia Ministry of Health

### Patients as Partners Initiative

# Surgery Engagement Tip Sheet

*Our health system works well, but there are challenges – such as an aging population, more chronic diseases and an over-reliance on hospitals. As the health care system develops initiatives to address these challenges, the need to engage patients, families and caregivers in specific population groups can be anticipated. With this in mind, we have developed a series of tip sheets on engagement processes and for engaging patient population groups including: people who receive primary care services, caregivers, older adults that have complex medical conditions or are frail, people experiencing mental health or substance use, people who will receive surgical services, people in rural or remote locations, and multicultural populations. These tips apply to all three domains of health-system engagement: individual care; program and community services; and system redesign.*

***The purpose of the tip sheets is to provide guidance and support to health-care organizations in their patient, family and community engagement activities. The tip sheets are intended for use by engagement staff, health service practitioners, program managers, community development officers, and any health-care staff across the B.C. health system who works on engagement projects related to the co-design of health care.***

## Engaging Patients Needing Surgery

### What is the rationale?

With an increasing and aging population, demand for surgery continues to grow in British Columbia. Improved surgical procedures and access to previously unavailable options are also contributing to the increased demand for surgery. Wait times for surgery continue to be a challenge. This aim of services for this population is to improve timely access to scheduled surgery. The goal is for the entire process of surgical care to be improved across the province, resulting in a better experience and better health outcomes for patients and families as they go through the surgery process.

### Who are the stakeholders?

- ✓ All surgery patients in B.C., with a particular focus on patients who undergo scheduled surgery
- ✓ Primary and community care service providers, including GPs, nurses and other practitioners
- ✓ Family and other informal caregivers
- ✓ Surgeons
- ✓ Surgery team at hospital, including anesthesiologists, nurses, etc.
- ✓ Post-operative care and therapy providers (i.e. physiotherapists)
- ✓ Health authorities
- ✓ Private surgery clinics

\* Note: Each of these stakeholder groups includes multiple sub-groups that should be considered as you design and undertake engagement activities related to this population. For example, surgery patients who have a chronic condition may need to be engaged differently than those who are generally healthy and are only interacting with the health system for surgery.

*While other stakeholder groups are identified, the barriers, tips and techniques below are specific to engaging the patient and family/informal caregiver populations related to surgery services.*

### **Barriers to engagement**

- Physical and cognitive limitations due to health status, especially during post-op recovery:
  - Impaired mobility
  - Fatigue
  - Chronic disease
- The process for surgery is complicated and often overwhelming for patients and family caregivers; therefore, capacity for engagement may be limited
- Patient fear and anxiety
- Multiple practices and separate points of contact for patients as they move through the surgery process. For example, starting in the GP's office (primary care), referral to a surgeon (specialist), and then the hospital experience (health authority), back to primary care for follow-up, and potentially on to other service providers such as physiotherapists during recovery
- Lack of patient understanding / health literacy of the surgical process, including lack of information / communication provided to patients through the surgical process
- Impacts of long surgical wait times on patients' mental state
- Barriers to family access during the surgical experience
- Additional challenges reaching patients who live in rural/remote areas, as their surgical experience will be different than patients in urban/metro regions

### **Tips and tools for effective engagement**

- Design engagement that is participant-centred and considers the capacity and needs of individual patients as well as their support team (usually family members).
- Ask patients how they want to be engaged, and seek their direct input on the best points in the surgical process for them to participate in engagement.
- Avoid engaging patients when they have just been released from hospital, or at other overwhelming points in the surgery process.
- Engage multiple surgery stakeholder groups together (GPs, surgeons, hospital staff, patients) to help bridge the gaps between different areas of the health system.
- Family members and informal caregivers often have a very different perspective of the surgical experience than the patient. Engage family members as a distinct stakeholder group and do not expect them to provide input on behalf of the patient, and vice versa, unless the patient so directs.
- Consider implementing peer-led engagement processes to help patients have the confidence to speak up and share their ideas.
- Include a number of patient members, with a range of demographics and perspectives, on surgery-related committees. Be sure to include patients from rural/remote communities.
- Compensate patients and family members for any direct costs related to their participation in engagement – i.e. travel costs, parking, etc.
- Clearly communicate to participants how their input will be used.

- Seek input from a broad range of patients, with the understanding and expectation that different demographics, health status, location and circumstances will garner different perspectives and highlight different needs.
- Recognize that surgical experiences can be very different, and consider whether your engagement design is appropriate for widely different sub-groups of stakeholders.
- Keep information short, clear and in plain language. Use multiple methods of communication, including verbal, written, electronic, etc.
- Co-develop surgical information and learning tools with patients to ensure they are easily understood, applicable and patient-centred. In addition, when appropriate, identify mechanisms of receiving ongoing feedback on surgical information and learning tools to support continuous improvement. Once co-developed with patients, pilot / test any new processes or information materials with patients to gather additional feedback.

### Recommended engagement techniques

- Patient journey mapping (a graphic representation of a patient's first-hand process and experience through the health system)  
[https://www.divisionsbc.ca/CMSMedia/WebPageRevisions/PageRev-2738/Patient%20Journey%20Mapping\\_1%20pager\\_Qi%20resource%20library\\_DofBC.pdf](https://www.divisionsbc.ca/CMSMedia/WebPageRevisions/PageRev-2738/Patient%20Journey%20Mapping_1%20pager_Qi%20resource%20library_DofBC.pdf)
- Multi-stakeholder group workshops
- Peer-led engagement
- Focus groups
- Interviews (in-person and by phone)
- Surveys (online surveys and polls)
- Patient representation on Health Authority surgery committees (more than one patient member per committee)
- Patient representation on quality committees and councils (more than one patient member)
- Patient and family advisory councils

