British Columbia Ministry of Health

Patients as Partners Initiative

Tip Sheet for Writing Policy Related to Person- and Family-Centred Care

Purpose: This tip sheet will support policy makers and administration staff to develop policy and communicate with patients, families and caregivers in ways that are consistent with *person- and family-centred care,* a global shift in health care that actively involves patients and families in health-care decision making and the co-design of health care at three levels: individual, community and health-care system.

Rationale: Person- and family-centred care is associated with all aspects of the Triple Aim: better care experiences, better health outcomes and lower costs.

What is person- and family-centred care?
Person- and family-centred care puts patients at the forefront of their health and care, ensures they retain control over their own choices, helps them make informed decisions, and supports a partnership between individuals, families and health-care providers.

How can policy support person- and family-centred care?
Health policy provides crucial support to achieve person- and family-centred care as a means to creating a sustainable health-care system. Policy development, implementation and communication can incorporate the vision, core principles and practices of person- and family-centred care to strengthen efforts that improve health.

How can people with lived experience be included in policy development?
Ideally, people with lived experience will be involved as early as possible in the development of policies, including the definition of terms, desired goals, processes, outcomes and measures. Refer to the Spectrum Assessment Tip Sheet for a description of engagement types: inform, consult, involve, collaborate and empower.

The following tips and resources will support communications to people with lived experience at the 'inform' level on the spectrum of engagement while aligning with person- and family-centred policy and messaging:

1. **Is your policy or communication aligned with the vision of person- and family-centred care?**
    ✓ Does it promote the voice of the patient and family to drive health system activities?
    ✓ Does it promote a culture of person- and family-centredness?
    ✓ Does it promote health-care programming that is built upon the patient-centred care principles throughout planning, implementation and evaluation?

2. **Does your policy or communication promote one or more of the core principles of *person- and family-centred care*?**
   ✓ Does it promote dignity and respect of the public's point of view? (e.g. honouring patient and family decisions, incorporating values, beliefs and cultural norms)
   ✓ Does it promote information sharing that encourages participative and informed decision making? (e.g., conveys useful information for decision making)
   ✓ Does it promote participation of patients and families directly in their own care? (e.g. providing choices for shared decision making, self-management and self-care)
   ✓ Does it promote collaboration of patients and families to improve the care they receive? (e.g. quality improvement, system planning and co-design)

   Try:
   ✓ Asking the public how your policy or communication can help. You can find people like your audience through health authority patient network contacts, non-government health organizations, advertising to the public, or by recruiting patients through the Patients Voices Network. https://bcpsqc.ca/about-the-council/patientvoices-network/
   ✓ Providing information in ways that support decision making. For example:
     • Benefits or pros of the choice – How might this choice make things better?
     • Risks or cons of the choice – How might this choice make things worse?
     • Alternatives – What other options are there?
     • Intuition – How does the choice best fit the person's values and knowledge of themselves and their situation? What does their intuition tell them?
     • Next Steps – What might they do next? Deciding not to choose is still a choice.

3. **Does your policy or communication use language that is consistent with British Columbia terminology and person-centred care principles?**
   ✓ Is it aligned with language used in person- and family-centred care publications?
   ✓ Does it use the International Association of Public Participation (IAP2) definitions outlined in the spectrum of engagement for inform, consult, involve, collaborate and empower?

   Try:
   ✓ Review definitions for the IAP2 spectrum of engagement:
     www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/primary-health-care/patients-as-partners-public-engagement-2011.pdf
   ✓ Review person-, patient- and family-centred care publications including:
     https://www.accreditation.ca/client-and-family-centred-care
     http://www.ihi.org/Topics/PFCC/Pages/default.aspx
     http://www.hin-southlondon.org/system/ckeditor_assets/attachments/41/what_is_person-centred_care_and_why_is_it_important.pdf

http://www.health.gov.bc.ca/library/publications/year/2015_a/pt-centred-care-framework.pdf

4. **Are you communicating in a way that is person- and family-centred?**
   - ✓ Does your policy or communication use plain language?
   - ✓ Is it clearly written (short sentences, a few key points and arranged logically)?
   - ✓ Is it free of jargon? If you use a complex term, define it.

   Try:
   - ✓ Using plain language resources:
     https://www2.gov.bc.ca/gov/content/governments/services-for-government/policies-procedures/web-content-development-guides/writing-for-the-web/plain-language-guide
   - ✓ Asking people without special training to review your message.