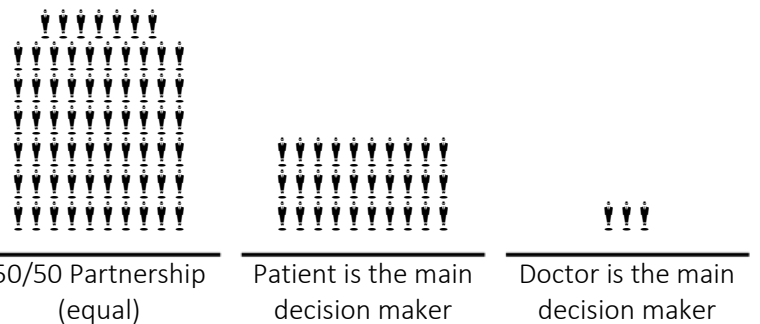


Patient engagement encourages and enables people to participate in their care. It also helps teach providers how to work with patients in managing their own health. It fosters an empathetic culture that recognizes patient, family and public engagement as the centre of improving the quality of care patients receive (Health Quality Ontario) - and it's what patients prefer!

## WHY PATIENT ENGAGEMENT IS IMPORTANT:

Patient perspectives can be powerful enablers of change. For patients, being heard can influence their level of satisfaction with the health care system and may affect their health outcomes (Baker, CFHI August 2014). We need to re-imagine our health care system in partnership with patients and families (Quality Matters).

**67% of patients said they wanted an equal partnership with their physician**



Source: AFHTO-Patients Canada 'patient priorities for the patient-doctor partnership' 2015

## HOW TO GET STARTED WITH PATIENT ENGAGEMENT?

*Start where you're at!* Patient engagement is more than just patient advisory councils. It's about taking small steps to engage patients in your everyday practice. Consider contacting your peers to determine their experience with patient engagement and work with them to either spread any helpful processes or collaboratively test some new changes that might work.

### MORE RESOURCES TO GET STARTED:

- Health Quality Ontario: <http://www.hqontario.ca/Engaging-Patients>
- Change Foundation: <http://www.changefoundation.ca/patient-engagement-overview/>
- Patients Canada: [www.patientscanada.ca](http://www.patientscanada.ca)
- Patient and Family Advisory Council Toolkit: [https://www.cancercare.on.ca/toolbox/pfac/about\\_toolkit/](https://www.cancercare.on.ca/toolbox/pfac/about_toolkit/)
- Patient Experience Surveys: <http://www.afhto.ca/wp-content/uploads/C3-b-Measuring-the-Patient-Experience.-Kinsbury-Kiran-Davie-Slater-Miller.pdf>
- Patient-as-partner competencies (from Patient and Public Partnership Strategy of the QC SRAP SUPPORT Unit (Vincent Dumez and Antoine Boivin, Co-directors): [afhto.ca/wp-content/uploads/patient-as-partner-competencies.pdf](http://afhto.ca/wp-content/uploads/patient-as-partner-competencies.pdf)

## BARRIERS AND ENABLERS TO PATIENT ENGAGEMENT

AFHTO hosted three in-person workshops with QIDS Specialists, patients and staff to learn how to make it easier to engage patients in quality improvement work. Interestingly, sessions *without* patients generated the richest data on *barriers* while sessions *with* patients generated the richest data about *enablers*.

BARRIERS TO ENGAGING PATIENTS?	TRY THESE TIPS!
Already getting patient input via a patient portal (so we don't need to further engage patients).	Incorporate patient engagement as part of solution to a recognized problem such as low access or satisfaction.
Don't want to "wear out our welcome" with patients and lose the opportunity for input on other possibly more important projects.	Use front desk staff to ask patients if they would be willing to stay a few minutes to share their thoughts and accept "no" for an answer
Not sure how to get a representative sample of patients	Representativeness is not critical. Invite patients directly via a poster or invitation to "sign up."
Not sure how to start, which patient to choose, how to deal with logistics	Share stories about what worked in other teams. Consider "competencies" framework from Patient and Public Partnership Strategy ( <i>see link above</i> ).
Concerned about ability to work with patients who may be demanding or difficult.	Ask providers to suggest good candidates or start with asking existing staff to play the role of patient in QI efforts if its too difficult to start by enlisting a patient.
Concerned that patients may ask for something that either we are not prepared or able to answer or give.	Incorporate patient engagement into existing process/programs with defined boundaries. Start with individual phone calls or small focus groups to make it easier to manage expectations.
Providers may resist if they feel this is mandated - more likely to engage if their own decision.	Undertake patient engagement as an internal idea, introducing via a peer.
Physicians might not be confident in working with patients as equals (vs in a care provider role).	Find physicians who are willing to try, and support their development as patient-engagement champions.
Concern about provider-patient boundaries – e.g., meeting patients in public places.	Ask providers for references/suggestions about which patients to invite to better prepare providers
No convincing need or urgency to engage patients more because patient survey results are good.	Focus on any other recognized problem and incorporate patients into the process to improve success of solution.
No formal forum for engaging patients such as a patient advisory council.	Start engaging patients in other ways first. Leverage existing educational resources for physicians to increase interest ( <i>see links above</i> ).
Patients are not able to attend and/or have privacy concerns.	That's OK; keep trying.

### AFHTO MEMBERS ARE TAKING NOTE!

Patient experience surveys are a great way to engage patients! For D2D 4.0, more teams than ever are reporting on data that's important to patients, such as:

- Reasonable wait for appointment (another way to measure access beyond same/next day)
- Satisfaction with courtesy of office staff