



We are listening

Engaging patients and families on the Patient, Family, and Community Inclusion Policy and toolkit

A note from the project lead

From May through August 2017, the Provincial Health Services Authority (PHSA), with input from its Patient Experience Council, set out to engage patients and families on developing a Patient and Family Inclusion Policy that would apply to all of PHSA: the services it provides, the programs it delivers, the policies it creates, and the planning it develops. We wanted the stories, experiences, and values of patients and families to be at the centre of the policy. We also knew that we needed to listen to our workforce to understand more about the work they do, and the support they need to engage and include patients and families in that work.

The purpose of the policy is to put into writing PHSA's promise to patients and families regarding their involvement throughout their care, treatment and follow-up, as well as how we will engage with them in ongoing ways to improve the health system. Specifically, the policy will support and enable our workforce in ensuring the patient and family voice is reflected in direct care, and also in PHSA's programs, policies, and strategic plans – to ensure they are improved and delivered in ways that directly reflect the needs of those we serve.

We also plan to build the feedback we gathered into an accompanying toolkit, which will support the policy and the PHSA workforce in delivering health care in partnership with patients and families.

We set off ready to listen, and were humbled by the stories, experiences and insights of patients and families across the province. What we heard is summarized in this report.

To the patients and families who took part – thank you for your honest and heartfelt participation. Your openness and honesty signalled a strong commitment to improving health care for yourselves and others who are or will find themselves in similar situations. Participants in this process gave voice to: families who have sick kids and are under huge emotional and financial burdens, Indigenous families far from home and feeling entirely disconnected from their land and community, Deaf and hard of hearing people who feel oppressed by the lack of support and access, members of the transgender community who are pained in re-telling their story to every provider, and many others from across this province who have been personally impacted by their health care journey and those of their families.

This report is the continuation of an ongoing conversation around how we continue to make health and health care about those we serve, and how we can ensure the patient and family voice, values, and lived experience inform our practice, programs, and policies.

Respectfully,

Shannon Griffin

*Corporate Director, Strategic Planning and Deployment
Chair, PHSA Patient Experience Council*

& The PHSA Patient Experience Council

Background and rationale for the “We are listening” project

In 2016, PHSA updated its mission, vision and values to better reflect the organization and what it aspires to do. Our core values are:

**Respect
people**

**Be
compassionate**

**Dare to
innovate**

**Cultivate
partnerships**

**Serve with
purpose**

As we reflected on these newly-articulated values, we recognized that PHSA does not have a policy, a promise, or a written commitment about how respect, compassion, and service are translated to partnerships in care. Nor are patient and family voices, input, and experience consistently brought into every level of the organization. From care delivery at the individual patient level, to how programs and services are delivered, and ultimately, how policies and organizational planning are developed, we recognize that the patient voice needs to be heard, included, and acted upon in all our programs and services.

The purpose of the “*We are listening*” project was to hear from patients and families, as well as providers and administrators, so that PHSA could draft a policy based on the lived experience, stories, and values of those it serves. In addition to engaging stakeholders on the policy, the project invited participants in the process to help articulate the tools, supports, resources and training they felt may better support them in moving to a more inclusive approach to partnering with patients and families. Providers and administrators, as well as patients and families, were asked about what supports they needed to build inclusion at all levels: from the individual care level, to programs and community, through to policies and system redesign.

It is important to note that this was an engagement process where participants self-selected to provide their input. The engagement findings, and this report, should not be taken as representative or statistically significant, nor do we suggest that they represent the input of all patients, families or workforce. Participants shared important insights of lived experience with us, and this qualitative input will help inform ongoing work in the area of person and family centred care.

Project snapshot:

PHSA engaged patients and families who were receiving care through our many agencies, programs and services, as well as past patients, and members of the public who had not received care through PHSA (though this was a minority). The graphic on the next page shows the diversity of patients and the public who were involved.

ENGAGEMENT & DIVERSITY

THE PURPOSE OF ENGAGEMENT WAS TO LEARN FROM A VARIETY OF PERSPECTIVES, USING A NUMBER OF ENGAGEMENT TECHNIQUES, SO THAT PATIENTS AND FAMILIES WOULD BE AT THE CENTRE OF THE NEW POLICY AND TOOLKIT.



FOCUS GROUPS



Indigenous Focus Groups



Public Consultations



Cantonese Speaking Community



Deaf and Hard of Hearing Community



Mandarin Speaking Community



Staff Consultations



Punjabi Speaking Community



Illustrations by drawingoutideas.ca



BC Cancer Agency Virtual Focus Group

ONLINE FOCUS GROUP

+ SURVEYS



Public Surveys

PHSA Staff Surveys



WRITTEN PARTICIPATION



Email Input from Patients unable to attend Focus Groups

Indigenous Staff Members Input



INTERVIEWS



Interviews with TransCare BC Patients

Patient interviews by phone



WORKSHOPS



PHSA Workplace Experience Council

PHSA Patient Experience Council



Forensic Psychiatric Hospital



Burnaby Centre Engagement



Indigenous Health Engagement

Youth Advisory Council



Community Paramedics

Children and Women's Hospital Workshop



Heartwood Centre Staff Engagement

Heartwood Centre Patient Engagement



What we heard

Common ground and shared values

Throughout the engagement project, PHSA’s core values were confirmed. This was not the purpose of the project, but it became clear that for PHSA to live its values, they need to be reflected in the policy and supporting toolkit that guide patient and family inclusion. During every session, the words “respect,” “care,” “compassion,” “listening,” “communication,” “trust,” and “transparency” came through directly, or through stories and experiences.

Below is a summary of what we heard from patients and families that directly relates to PHSA’s core values and demonstrates the common ground across diverse sessions with unique stakeholders.

Patients and families said that **RESPECT** is demonstrated by health care providers and a health care system that:

- Believes me
- Shows me dignity
- Strictly manages my privacy
- Understands age-appropriate care

“Treat me as a human being; I’m more than a chart.”

- Doesn’t make assumptions about me
- Doesn’t judge me, my lifestyle choices or my background
- Allows me to decide who my family is

“Be genuine. Kids aren’t dumb; don’t force it. Saying, ‘hi, what’s your name?’ is not cool when I’m 12.”

Respect



“Provide hope. Do not leave someone feeling like they are hopeless in their care.”

“A sense of compassion pushes us (a family member) to consider someone else’s perspective.”

“When I was admitted, the nurse got me a sandwich. She knew I had traveled down from Prince George and said, ‘you must be hungry.’”

Patients and families said that CARE AND COMPASSION include:

- Having a good attitude
- Demonstrating basic manners
- Smiling and working well as a care team
- Being empathetic and understanding
- Giving hope, but never false hope
- Showing kindness
- Removing stigma
- Showing patience
- Helping patients stay calm

Compassion

Patients and families said that **LISTENING AND COMMUNICATION** are about:

- Giving me a voice and understanding my values
- Communicating directly with me – not forgetting who the patient is (particularly in instances with patients who are Deaf or hard of hearing, those whose first language is not English, anyone using an interpreter, or children and youth who may be accompanied by a parent or guardian)
- Not interrupting me, being patronizing or condescending
- Spending time with me and not rushing
- Being prepared ahead of time
- Having open dialogue
- Speaking plainly and clearly
- Understanding my health and life goals
- Validating my concerns and not downplaying them

“Don’t make me start my story from the beginning.”

“They’re the medical expert, but I’m the expert in my body and my pain.”

“Talk to me, not just my mom.”

“The interpreter is there only because the doctor doesn’t know Sign language.”

Communication



Patients and families said **TRUST AND TRANSPARENCY** are about:

- Telling me the whole process/journey, so I know what to expect
- Allowing and enabling me to easily access my lab results
- Having access to my chart and being able to clarify or correct errors in it
- Understanding the care plan and telling me what informs the treatment plan
- Telling me about drug side effects and giving me options
- Respecting traditional medicine and alternative therapies, so that I am not afraid to disclose them to my provider
- Having an informed practice (whether it is trauma-informed or gender-informed), and simply understanding who you are treating

“[What’s important to me?] Transparency. What’s going on? Things are clear around how decisions are made.”

Transparency

Emerging themes

Several major themes emerged across the more than 30 engagement sessions we held. Though heard in different contexts, and through different patient stories, some consistent messages were delivered from nearly all participants. The following are four major themes that will inform the policy and toolkit. These themes incorporate a significant portion of the input received. All input is being considered and will be included in the policy and toolkit to the maximum degree possible.

Theme 1: Know your patient

Across all engagement sessions, PHSA heard stories of extraordinary caring and understanding from some providers, contrasted with a complete lack of familiarity and awareness by others. Some patients and family members directly used the words “informed practice,” while others described common traits of informed practice: treating the whole person, considering and acknowledging how a patient’s past and history impact their current state, and about how providers can be compassionate, caring, and ultimately deliver better care. Some patients specifically told us about trauma-informed care and the role that trauma, including intergenerational trauma, can have on one’s health, perception of the health care system, and ability to achieve one’s own health goals.

Input from specific patient groups, related to this theme, is summarized below. However, across every session, patients and families told PHSA about:

- their need for health care that is kind and compassionate
- providers who listen, explain, and communicate meaningfully
- providers who present them with options and information so patients can make informed decisions
- their expectation for care that is current and provides leading-edge options



What we heard from Indigenous patients and families:

Indigenous patients, families, and staff told PHSA that systemic racism still exists today. We heard that funding or other supports that are in place for everyone are regularly denied to Indigenous peoples by administrators who believe they are not eligible, because “they get everything for free.” There is judgment and a lack of understanding on the part of many providers and administrators when it comes to understanding the history, current reality, and complex relationship Indigenous peoples have with government-led organizations.

Providers and administrators identified the San’yas Indigenous Cultural Safety Training and the Indigenous Cultural Safety Learning Series webinars as beneficial resources to help inform providers and administrators about the history of Indigenous peoples; however, participants also identified a need for broad education and awareness about the history of Indigenous peoples and safe cultural practices.

“Make sure you tell them how First Nations are treated and that we don’t get everything for free.”

“As a Native, I am grateful there are no more residential schools, but I feel very protective of my children because I know what cruelty can be done to children.”

What we heard from complex and chronic care patients and families:

In addition to discussions about trauma-informed practice, there was regular commentary around being an informed provider and not having the patient re-tell their story every time.

“You are always training people how to help you.”

The comment above was made by a mother of a young adult with complex care needs and her role in re-telling their story to new providers, as the daughter transitioned from pediatric care to adult care.

Similarly, a transgender person going through transition spoke of needing to re-tell their story, and potentially facing judgement from a new provider, in order to receive care. Participants told us this can be traumatizing.

From a patient with a chronic condition, we heard of their struggle to receive medical treatment for a diagnosis that they believe is not well treated in BC and lacks informed providers.

“When the patient knows more about their condition than the doctor and the staff, there’s a problem. It has to do with stigma – stigmatized illnesses; conditions at the bottom of the list. Doctors don’t want to deal with us.”

For most patients, comments about their treatment and care revolved around compassion. They want highly competent providers who also demonstrate caring in their practice.

What we heard from the Deaf and hard of hearing community:

We heard stories that indicate a great number of care providers have little or no experience with providing care to Deaf and hard of hearing patients. We also heard of experiences where these patients were denied timely access to an interpreter.

The experiences of these participants also draw a picture of a health care system that has a negative bias against Deafness, and does not embrace or encourage immersion in Deaf culture. For example, when a child is identified as Deaf, the default is for health care providers to recommend cochlear implants and speech therapy, as opposed to exploring options that recognize the value of learning sign language and embracing Deaf culture.

“The information is focused on cochlear implants and speech therapy; there are members of the Deaf Community in the pictures [in PHSA communications/posters/websites], but stories don’t reflect any of this person’s perspectives.”

Participants told us about a tendency for providers to make false assumptions about the abilities and rights of the Deaf and hard of hearing community, as well as the supports needed for Deaf patients to be fully engaged in their own care.

What we heard from mental health and substance use patients and families:

We spent time with patients and families from several programs and facilities focused on mental health and substance use care. Participants in the public focus groups spoke about the reality of being frequently stigmatized by professionals working in mental health. Patients also regularly spoke about a pharmaceutical-driven approach, which they often didn't understand (or necessarily support), coupled with their desire for greater access to mental health support workers.

“Treat each patient as a valuable human being. They are a person with a diagnosis, they are not their disease. She’s not her disease. She’s not defined by her disease. Especially in mental health there’s a lot of stigma. And just because there’s a diagnosis, it doesn’t mean all the symptoms apply. It comes back to education.”

At the same time, PHSA heard stories from patients who have been well supported by staff, often because providers have worked to build a relationship with the patient and to understand them as an individual.

“When healthcare workers play a game with me [like chess], it builds a relationship with me, and engages [me] - this is good.”

“[It’s] nice to have staff who are coming from the same place – they too have recovered from addiction, abuse, etc...”

Patients described two distinct levels of connection with staff and providers: 1. the patient and provider had something in common and could demonstrate mutual empathy or understanding, and 2. the patient believed the provider genuinely cared about them, and this caring may, at times, lead patients to disclose information they wouldn't have shared with other providers. In contrast, we heard many stories about judgment. When patients believed that the provider was judging their lifestyle choices or their history, they did not want to share information with them.



Theme 2: Transitions

Participants in every session identified how transitions in the health care system can lead to disengagement and a lack of inclusion of patients and their families. In contrast, there were also examples of exceptional continuity and the seamless provision of care – for example, through Trans Care BC. However, these positive experiences were the minority.

Participants also shared stories about how being in the pre-diagnosis and admissions stage is very challenging. Patients and families who received care through BC Cancer and BC Transplant noted that when they were “official patients” they had a very positive experience with the care they received. However, the most stressful transition for them was in the time waiting for diagnosis and, in the case of transplant recipients, waiting on the transplant list.

For a family receiving care at BC Children’s Hospital, the challenge was in getting to the hospital from a remote community after failing to get any quick, local action to attend to their daughter’s illness.

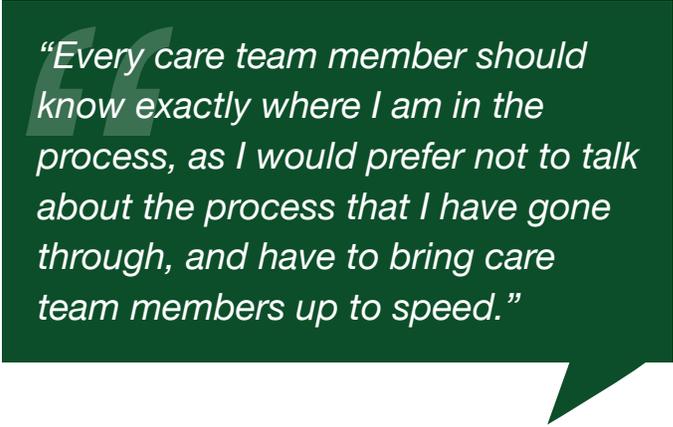
In addition to the challenge of being “pre-diagnosis” and without a care/treatment plan, there were three big transitions that patients and families shared consistently: within a care facility, between care facilities, and between a facility and the community.

While not every patient experienced challenges at each of these transition points, it is important to know that these transition points were where patients identified issues with inclusion, engagement and patient-centred care.

Input related to these transitions is summarized below:

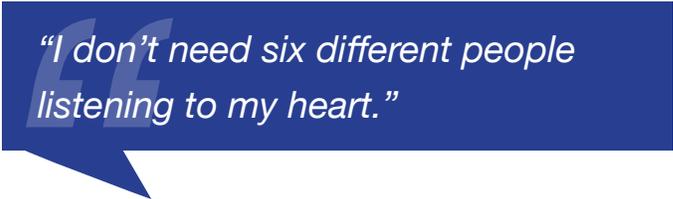
A. Within a care facility

Patients explained how stressful it is to repeat information they have already shared with various doctors and specialists.



“Every care team member should know exactly where I am in the process, as I would prefer not to talk about the process that I have gone through, and have to bring care team members up to speed.”

Some of the young patients we engaged with through the Youth Advisory Council at BC Children’s Hospital mentioned the need for fewer providers (including medical students) examining them.



“I don’t need six different people listening to my heart.”

Patients expect coordination, good communication and collaboration amongst their care team, and they also expect that they are not the only knowledge-holder of all that is taking place in their care.

B. Between care facilities

Transitions between health authorities and/or health care facilities can be stressful and poorly coordinated.

“At discharge, the message is ‘your GP will tell you what to do,’ but many Indigenous patients, for instance, don’t have a GP, and the patient’s silence is viewed or interpreted as acceptance or understanding because the patient doesn’t [feel comfortable to] ask questions.”

The communication between care agencies, especially in different regions, needs to be documented, and patients need to understand what happens next. Patients shared stories of missing files, having to re-do tests, and the inability to receive their lab results.

“...then with subsequent hospital stays, we didn’t receive the discharge summary. If I wasn’t a physician, the doctors wouldn’t know what had been done, and there are increased risks with that. To me that’s a system communications/relationship problem.”

C. Between care facility and the community

Patients, families, staff, and providers all spoke of the need to have more complete and current information about community health supports – those outside the hospital or doctor’s office. For many patients, particularly those who have been in care for a long time, the question “*what next?*” came up frequently.

The transition back to the community requires information and access to a variety of supports, including those related to peer-support groups, housing, income assistance, food security, transportation, and facilitating follow-up medical appointments.

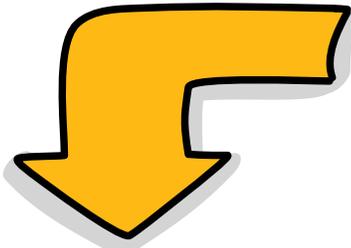
“Empower family with access to information. Families often don’t know what’s out there; social workers have access to ongoing training, but families don’t. How do we provide education/information to families?”

Patients from two different mental health programs described needing greater supports for being “out there” or back in the community once the program was completed.

Participants also expressed the need to have clearly-written communication about discharge and follow-up activities. Patients and families told us that the more time, thoroughness and clear communications that are given at discharge, the more likely the patient will follow the discharge plan. Particularly in the non-English speaking focus groups, participants suggested a discharge checklist, with items such as organizing interpreters, and providing pamphlets and other information to support patients once they return home.

For all transitions, patients and families spoke of the ideal of having a single point of contact – one person to help them understand and coordinate their health care journey, and link them with providers. Patients from Trans Care BC, BC Cancer and BC Transplant spoke of the value of this kind of support, and felt that it would be beneficial to have it more broadly available throughout PHSA and other health authorities.

TRANSITIONS IN CARE



BASED ON AN EXTENSIVE ENGAGEMENT WITH THE PUBLIC, PATIENTS, FAMILIES, AND THE HEALTH CARE PROFESSIONAL COMMUNITY, WE HAVE IDENTIFIED THREE TRANSITIONS THAT CAN BE CHALLENGING FOR PATIENTS AND THEIR FAMILIES. IT IS IMPORTANT TO NOTE THAT OFTEN PATIENTS WILL EXPERIENCE ONLY ONE OF THESE TRANSITIONS, BUT SOME PATIENTS MAY EXPERIENCE MORE THAN ONE.



Once admitted, there may be transitions to multi-disciplinary teams of doctors, nurses, allied health practitioners



REPEATING information to different doctors and specialists is stressful for patients.

Thus, information hand-off is **CRITICAL**

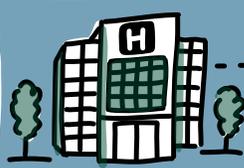
“I would prefer not to talk about the process I have gone through, and have to bring care team members up to speed.”

IDEAL SOLUTION
Single point of contact for patients and families to coordinate & communicate care.

WITHIN A CARE FACILITY

Transitioning to a multi-disciplinary approach

Communication between care agencies needs to be **BETTER** coordinated and documented.



PATIENT EXPERIENCES

- Missing files
- Repeat lab tests
- Inaccessible lab reports



“We didn't receive the discharge summary. To me, that's a communications problem.”

BETWEEN CARE FACILITIES

Transitioning from one care agency to another

BEYOND the FACILITIES



Special considerations need to be made for patients with mental health & substance use diagnoses, non-English speakers and low income populations



A DIFFICULT transition for everyone

What follow-up appointments do I need?
Can they be coordinated so I can make one trip?

Patients, families & health care providers need more **COMPLETE UP-TO-DATE INFORMATION** around community and social support.

EMPOWER family with access to information. Families often don't know what's out there; social workers have access to on-going training, but families don't.

Transitioning from in-patient to out-patient care in the community



Theme 3: Technology

Patients and families provided significant input on how technology can support and foster engagement, particularly at the direct care level. Some common tools and practices that participants suggested include:

- One electronic medical record, which they could freely access
- Communicating with their care team by text and email
- Scheduling software to coordinate appointments at discharge
- Text and email appointment reminders
- Online access to labs and results
- A database for information about drug side-effects and interactions

“It is difficult to return missed calls from doctors as phone numbers display only the switchboard.”

- Peer mentorship, having “someone I could email with a question,” and “encouraging patients to join good online communities”
- Virtual health services such as having an email exchange, texts, or doctors doing appointments by phone, Skype, or video conferencing, i.e. through Telehealth
- Generally, technology that enables patient-centred communication

“[For] an 11-min appointment in Vancouver, [my sister] had to fly from Prince George, then transit to St. Paul’s, and then meet with the cardiac-oncologist. If you question anything they say, are you declining the consult?”

Overall, we heard that employing very basic technological tools would greatly improve patient access to information, and their ability to engage with their care team.

Theme 4: Partnership and accountability

Patients and families told PHSA they want true partnership and shared accountability: what are they (patients) accountable for, and what is their health care team accountable for? The term partnership was referenced in more than half of all engagement sessions (patients/family and staff/providers), and we heard many emotional stories from patients who felt their care team had not been accountable to them.

Patients and families spoke about how documentation supports both partnership and dual accountability.

They want information in a written form so they can have a record, be able to reference information, and be able to follow up. By providing written communication, patients and families are better able to follow their care plan and act as engaged partners in their own care. This was particularly highlighted by engagement participants who accessed interpreters. Patients want the information written in plain language and with the necessary information for follow-up.

“What can I do to optimize my own health? Stuff you can do when discharged? What might happen? Who is your point of contact? When you’re admitted, when they take a history, maybe have that shared – who you live with, situation, etc. Make it as clear as possible.”

Patients and families also spoke of the need for a formal complaint process that is confidential and results in their complaints being taken seriously and addressed.

They also wanted to have the chance to ask questions and ask for a second opinion without being penalized or denied, or having other care providers “cover for each other.” We heard that this can manifest in care and/or treatment plans that patients do not believe are appropriate, provider/staff actions that are inappropriate, or the denial of access to a second opinion.

While it was not the purpose of the “*We are listening*” project to educate stakeholders on the PHSA complaint process, it should be noted that one does exist through the Patient Care Quality Office (PCQO). Most participants were not aware of this process. Those who were said it needs to be widely communicated to PHSA patients, families and caregivers.

In addition, members of the Deaf and hard of hearing community stated that the complaints process should also be explained in a video log in American Sign Language.

Patients are unclear of their options when it comes to registering complaints, but we also heard that patients are often fearful of making a complaint, as there is a perception it will negatively impact access and/or quality of care. Based on what we heard through this process, this fear is greatest amongst those living in the north, and non-English speakers.

For example, we heard from one group of staff that those who witness racism in the workplace do not have a straightforward way to report colleagues, and many have low confidence that appropriate action will be taken by management.

“There is no mechanism for non-patients to report racism. For example, a nurse sees a racist exchange, but there is no way to report it. There’s a code that they cover each other. You have to tell your manager, or confront them to their face. There’s no safe way to report their colleague.”

Some patients shared stories about being denied a second opinion.

“I have access to one specialist and that’s it. I can’t get a second opinion. In the clinic they all work and consult as a team; therefore, the treatment would be the same, is their reasoning. I basically feel that people would be covering each other.”

Related to the theme of partnership and accountability, participants also spoke to the role that families play in a patient’s journey. All staff and provider participants, and many patients and family members, said patients determine who their family is, and that the family of choice needs to be supported in the patient’s journey. The involvement of the family always needs to be at the choosing of the patient, and should never be mandated.

“True partnership is getting them [family] involved early, not just at the end [of treatment].”

“For a partnership in this [mental health program] experience in care, we need to have shared meaning and understanding. Did we reach a similar place in this?”

Toolkit input: how to support the policy

During the engagement process, PHSA asked participants what tools, resources, and supports they would need to better participate in their care, in shaping PHSA programs, and in organizational decisions. There were suggestions of tools for patients and families, and for providers and staff. Below is a sample of the most-referenced tools:

1. Patient journey maps: Tell me where I'm going and what's next; limit the number of surprises I will have (this was heard from many participants but was particularly referenced in relation to mental health and substance use treatment)
2. Tips on how to optimize my own health
3. Tips for post-discharge and follow-up contacts
4. Training on interview skills for providers (communication skills and how to engage patients in telling their story)
5. Posters and postcards for patients on questions they might ask their providers (i.e. five questions to ask your doctor); *"I get in the office and sometimes my mind goes blank."*
6. Information to navigate services that already exist (important for all patients and referenced by the Deaf community wanting broader awareness among providers of how/when to call for an interpreter)
7. Tools to explain traditional medicine and alternative approaches that patients commonly use
8. Resources about how to talk to health professionals about symptoms, including mental health symptoms
9. Patient- and family-friendly definitions of diagnosis (easy-to-understand language)
10. Establish advisory committees with specific areas of expertise that include staff and patients so that inclusion, engagement, and culturally-appropriate care practices become more broadly known

Patients, families, and staff, both Indigenous and non-Indigenous, also identified the need for greater tools, resources, and education around the history of Indigenous people in Canada, and how those experiences may have an impact on today. Understanding the impact of residential schools, systemic racism, and intergenerational trauma is critical to improving the delivery of care and increasing inclusion.

"Native people like us have suffered all the traumas, and have felt the second wave of the residential school tsunami. It has resulted in us feeling ugly, feeling dumb. For healing, the people need to know that it is not our fault. We are beautiful human beings, always."

We recognize that the policy-supporting toolkit needs to be developed in partnership with patients, families and the PHSA workforce, and needs to be open to review and updates based on experience and best practice.

PHSA also recognizes that the toolkit and policy are part of a broader culture shift in delivering care in partnership with patients and families. Based on what was heard from staff and providers through this process, there is support and recognition that this shift needs to happen. However it will take time, resources and support to be successful.

What's next?



This summary documents and reports back on what PHSA heard through the engagement process. Through the next steps we will continue to involve patients, families and our workforce.

In the spring of 2018, a draft policy will be developed based on the findings of this engagement, as well as a literature review, and current best practice. We will release the draft policy and ask for comments and suggestions. After the draft is updated based on this input, and the policy adopted by PHSA, a phased approach to developing the toolkit will take place in 2018/19.

We are committed to developing an effective policy and toolkit that truly engages patients and families. That means not being afraid to update, change and adapt over time, so that the policy remains current, relevant, and informed by best practice.

We recognize that reaching out to patients, families and our workforce is not a one-time activity. We will continue to connect and communicate openly and honestly with those we serve to make sure the policy and toolkit are meaningful and appropriate.

This conversation will be ongoing, and part of a much larger journey towards partnering with patients and families in their care and experiences. We all want a health care system that works for patients and families, and supports providers and staff in delivering exceptional care to all those we serve.

Connect with us:



[@phsaofbc](https://twitter.com/phsaofbc)



www.youtube.com/provhealthservauth



www.linkedin.com/company/provincial-health-services-authority



www.facebook.com/provincialhealthservices

Agencies

BC Cancer Agency
BC Centre for Disease Control
BC Children's Hospital and Sunny Hill
Health Centre for Children
BC Emergency Health Services
BC Mental Health and Substance Use
Services
BC Renal Agency
BC Transplant
BC Women's Hospital + Health Centre
Cardiac Services BC
Perinatal Services BC

Programs & services

BC Autism Assessment Network
BC Early Hearing Program
BC Surgical Patient Registry
Health Emergency Management BC
Indigenous Health
Lower Mainland Pathology and Laboratory
Medicine
Mobile Medical Unit
Provincial Infection Control Network of BC
Provincial Language Service
Services Francophones
Stroke Services BC
Trans Care BC
Trauma Services BC