



*Client & Family Centred Care*  
**Multi-Year Action Plan**

March 2012  
Prepared By:  
CFCC Working Group

# TABLE OF CONTENTS

➤ <b>Executive Summary</b> .....	3
○ Provincial Targets and Expectations.....	4
○ Sunrise Health Region Client & Family Centred Care Working Group.....	4
○ Sunrise Health Region Multi-Year CFCC Action Plan.....	5
○ Reporting Schedule/Monitoring Progress.....	5
○ References.....	6
➤ <b>Year 1-2 (Red Dots)</b> .....	7
• <b>ACTION ITEM #1</b>	
○ Environment/Signage.....	7
• <b>ACTION ITEM #2</b>	
○ Focus on Name, Occupation, Duty (NOD).....	9
• <b>ACTION ITEM #3</b>	
○ Client & Family Centred Care Food & Nutrition Services.....	11
• <b>ACTION ITEM #4</b>	
○ Recruit Client and Family Advisors.....	13
• <b>ACTION ITEM #5</b>	
○ Client & Family Centred Care Education for Staff, Clients & Families.....	15
• <b>ACTION ITEM #6</b>	
○ Support of Client & Family Centred Care Initiatives Region-wide.....	17
➤ <b>Year 2-3 (Yellow Dots)</b> .....	19
➤ <b>Years 3-5 (Blue Dots)</b> .....	19
➤ <b>Appendix A</b>	
○ Client & Family Centred Care Working Group Participants.....	20

# Executive Summary

The Patient First Review, *For Patients' Sake*, released in October 2009, recommended that “the health system make patient and family centred care the foundation and principle aim of Saskatchewan health system”. This recommendation was endorsed by the health sector leaders in Saskatchewan in November, 2009.

Patient and Family Centred Care has the following four core concepts developed by the Institute for Patient and Family Centred Care:

<p style="text-align: center;"><i>Respect &amp; Dignity</i></p> <p><b>Healthcare providers and staff listen to and honour patient and family perspectives and choices.</b></p> <p><b>Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.</b></p>	<p style="text-align: center;"><i>Information Sharing</i></p> <p><b>Healthcare providers and staff communicate and share complete and unbiased information with patients and families in ways that are affirming and useful.</b></p> <p><b>Patients and families receive timely, complete and accurate information in order to effectively participate in care and decision-making.</b></p>
<p style="text-align: center;"><i>Participation</i></p> <p><b>Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.</b></p>	<p style="text-align: center;"><i>Collaboration</i></p> <p><b>Patients, families, healthcare providers, staff, and leaders collaborate in policy and program development, implementation and evaluation; in healthcare facility design; in professional education; and in the delivery of care.</b></p>

Sunrise Health Region’s Vision, Mission and Values emphasize quality, improvement and collaboration in healthcare. As an organization we are learning more about the importance of engaging our patients, clients, residents, and their respective families in decision-making about their care, as well as the delivery of health services.

Research demonstrates that the collaborative partnership between health care providers, and patients and families has a significant impact on improving the patient and family experience; improving safety and quality; improving provider engagement and satisfaction; and reducing cost. By moving from a system-centric or patient-focused approach to a patient and family centered care approach, not only will patients and their families benefit, but also healthcare practitioners, workers and administrators. (*PFCC in Saskatchewan, Framework: 2011*)

Sunrise Health Region recognizes that Patient and Family Centred Care is not a ‘thing’ that can be implemented with a definite timeline, but is about a change of mindset of all health care staff, providers, and leaders.

*Patient and Family Centred Care is working **with** clients and families, rather than just doing ‘to’ and ‘for’ them.*

With guidance from the Saskatchewan Ministry of Health, Sunrise Health Region commits to embedding PFCC principles throughout our programs and services. We recognize that this cannot be accomplished without a genuine partnership with our patient/clients/residents/families. To really understand what can be improved in the health system, we need health care providers and leaders together with clients and families at the planning table.

***“...patients’ experience should be the fundamental source of any definition of quality.”***

**-Don Berwick, President & CEO, Institute for Healthcare Improvement, 2002**

## **Provincial Targets and Expectations**

The Saskatchewan Ministry of Health PFCC Framework defines the following provincial vision:

*Within 10 years, Patient and Family Centred Care has been adopted by all healthcare practitioners, staff, administrators and organizations at all levels of care as a standard approach for planning, delivering and evaluating healthcare programs and services.*

Through effective and collaborative partnerships with patients and families, the Saskatchewan Health System will achieve the following goals:

- All patients and families are involved in their care at the level they choose
- All patients are treated with respect and dignity
- All patient’s knowledge, values, preferences, beliefs and cultural backgrounds are honoured and incorporated into the delivery of their care
- All patients and families receive timely, complete, accurate, unbiased information from healthcare providers regarding their diagnosis and treatment options, or have access to information to participate in their care and decision making.

**To support the above goals, health regions were asked to meet the following foundational requirements during 2011/2012 fiscal year:**

- 1. The establishment of a Regional PFCC Steering Committee/Working Group**
- 2. The development of a multi-year PFCC Action Plan**

The remainder of this document outlines Sunrise Health Region’s actions to meet the above two requirements.

*Please note: Sunrise Health Region has adapted the term Patient and Family Centred Care to use the word ‘Client’, which encompasses all patients, clients, and residents served by the region’s programs and services. This terminology will be used throughout the remainder of this document.*

## **Sunrise Health Region Client & Family Centred Care Working Group**

As a first step towards engaging clients/families and healthcare providers at a common table, Sunrise Health Region began seeking expressions of interest for a Client and Family Centred Care Working Group on November 8<sup>th</sup>, 2011. Two sets of brochures were circulated in facilities/programs region-wide. One brochure sought interested employees and physicians, and another sought client/family involvement. Individuals who made contact to express

interest were invited to attend one of a few Information Sessions held in December 2011 and January 2012, and from there an informal Working Group has formed based on those interested in participating on a go-forward basis.

As a result, the Client and Family Centred Care Working Group is comprised of client/family advisors and staff members who expressed interest in becoming involved in CFCC initiatives. (see Appendix A for a list of current participants)

## **Sunrise Health Region Multi-Year CFCC Action Plan**

The Client & Family Centred Care Working Group's first task has been to develop a multi-year Action Plan to support the advancement of Client and Family Centred Care in the Sunrise Health Region. Through an intensive and collaborative process, the CFCC Working Group reviewed numerous suggestions, ideas, and PFCC best practices to determine how Sunrise Health Region will begin to implement these principles throughout the organization. As a result of this work, six (6) Action Items have been identified for the Working Group's initial 12-24 month focus, with additional Action Items earmarked for Years 2-3 and 3-5 respectively.

A multitude of opportunities exist to advance the practice of Client and Family Centred Care in the Sunrise Health Region. It is recognized that as understanding of these principles spreads throughout our organization, the longer-term actions within this plan will evolve and become more well-defined. As we gather data and learn with intent about what is working well and what is not, the Action Plan will be refined as we discover better ways to achieve our aim for CFCC through time.

The evolving Action Plan should also continue to take into consideration the following eight key drivers, which may contribute to successful cultural transformation within the Saskatchewan health system:

- i. Senior Leadership Commitment, Support and Accountability
- ii. Education and Training of Healthcare Providers and Students
- iii. Engagement of Patients, Families and Communities (e.g. shared decision making, patient and family advisors and community engagement)
- iv. PFCC Champions
- v. Effective Communication to Spread PFCC across the Health System
- vi. Creating a Workplace that Supports Adoption of PFCC
- vii. Integrating PFCC Concepts into Every Policy, Initiative, and Program
- viii. Performance Measurement and Monitoring the Progress

## **Reporting Schedule/Monitoring Progress**

It is expected that the targets defined within the Multi-Year Action Plan will be monitored by the Client & Family Centred Care Working Group, with regular progress reports provided to Sunrise Health Region's Executive Leadership Team.

Communication about Sunrise Health Region's CFCC initiatives and activities will be further defined under Action Item #5 in the enclosed Plan.

## References

1. Patient- and Family-Centred Care in Saskatchewan: A Framework for Putting Patients and Families First (June 28, 2011, Saskatchewan Ministry of Health)
2. Institute for Patient- and Family-Centered Care  
6917 Arlington Road, Suite 309  
Bethesda, MD 20814  
Ph: 301-652-0281 • Fax 301-652-0186 • [institute@ifpcc.org](mailto:institute@ifpcc.org)  
[www.ipfcc.org](http://www.ipfcc.org)
3. Creating A Strategic Implementation Plan for PFCC: How to guide. Mary Smillie, Smillie & McCreary Consulting: December, 2011
4. [http://www.strategicplantooll.com/Detailed\\_Work\\_Plan.htm](http://www.strategicplantooll.com/Detailed_Work_Plan.htm)

**“We are visitors in our patients’ lives. Somewhere we got lost with the tasks, the *doing for* and *telling to* our patients as opposed to a more collaborative approach of listening to our patients and families. They do know more about what they want or need than we do. We need to remind ourselves of the honour in caring for their needs.”**

- Susan Koskie, Registered Nurse (Intensive Care Unit, Yorkton Regional Health Centre & CFCC Working Group Member)

# Year 1-2 (Red Dots)

## ACTION ITEM #1: Environment/Signage

**Key Team Members: Regional Signage Committee, CFCC Working Group, Facility Managers, Building Services**

<b>Problem Statement</b>	<ul style="list-style-type: none"> <li>• Signage in the Sunrise Health Region does not convey a welcoming atmosphere, and at times has an unprofessional/haphazard appearance</li> <li>• Lack of signage identifying who clients/families should contact if they are having concerns about their care experience</li> <li>• Terminology used in signage can be unclear/not well understood (ie: Primary Health Care vs. Nurse Practitioner)</li> </ul>
<b>Target Statements</b>	<p><b>By September 1, 2012:</b></p> <ol style="list-style-type: none"> <li>1. 100% of ‘Abuse’ signs have been removed from all SHR programs/facilities.</li> <li>2. A minimum of 2 client/family advisors are participating on SHR Regional Signage Committee, with a plan to involve additional clients/families in assessing physical environments.</li> </ol> <p><b>By October 1, 2012:</b></p> <ol style="list-style-type: none"> <li>1. Visual Tours have been conducted in 100% of SHR facilities/programs, using standard assessment questions to evaluate ease of understanding/welcoming atmosphere of signage.</li> </ol> <p><b>By November 1, 2012:</b></p> <ol style="list-style-type: none"> <li>1. Feedback from assessment questions collated and reviewed by CFCC Working Group and Regional Signage Committee.</li> </ol> <p><b>By January 1, 2013:</b></p> <ol style="list-style-type: none"> <li>1. Signage conveying ‘Welcome’ has been implemented in 100% of SHR programs/facilities.</li> <li>2. Department/Facility-specific signage identifying who clients/families should contact re: concerns implemented throughout SHR.</li> </ol> <p><b>By April 1, 2013:</b></p> <ol style="list-style-type: none"> <li>1. Follow up visual tours and/or client surveys are conducted with feedback indicating 25% improvement in Signage/Welcoming Atmosphere</li> </ol>
<b>Metrics</b> (how we measure success)	<p># of Client/Family Advisors on Regional Signage Committee</p> <p>% of SHR Departments/Programs with Visual Tours completed</p> <p>% of SHR Departments/Programs with signage reflecting contact person re: concerns</p> <p># of Abuse Signs in SHR facilities/programs</p> <p>#of Welcome Signs in SHR facilities/programs</p> <p>% improvement in feedback from visual tours</p>

# Implementation Plan

## ENVIRONMENT/SIGNAGE

ACTION	WHO	DATE
Bring forward CFCC Working Group recommendations to Signage Committee	Lisa/Jeanie	Feedback provided to Signage Committee: March 23/12
Recommendation #1: A minimum of 2 client/family advisors be included as members of Signage Committee by September 1, 2012	Lisa/Jeanie	Feedback provided to Signage Committee: March 23/12
Recommendation #2: Signage Committee engage additional clients/families in visual tours throughout Sunrise	CFCC Working Group input to Signage Committee	September 1, 2012
Recommendation #3: 'Abuse' signs be removed from facilities/programs throughout SHR by September 1, 2012	CFCC Working Group input to Signage Committee	Feedback provided to Signage Committee: March 23/12
Recommendation #4: Signage conveying 'Welcome' is implemented in facilities/programs throughout SHR by January 1, 2013	CFCC Working Group input to Signage Committee	Feedback provided to Signage Committee: March 23/12
Recommendation #5: Department/Facility-specific signage identifying who clients/families should contact re: concerns implemented throughout SHR by January 1, 2013	CFCC Working Group input to Signage Committee	Feedback provided to Signage Committee: March 23/12
Assist with recruiting/screening client/family advisors for Signage Committee as necessary	Lisa/Jeanie/CFCC Working Group/ Health Services Managers	July 1, 2012
Assist with developing a Visual Tour schedule with the goal of 100% of tours conducted by October 1, 2012 (recommendation)	Signage Committee	July 1, 2012
Research and/or develop standard assessment questions to be used during Visual Tours to assess Signage/Welcoming Atmosphere	Lisa/Jeanie/CFCC Working Group	September 1, 2012
Research examples of 'Welcome' signage to share with Signage Committee	Lisa/Jeanie/CFCC Working Group	September 1, 2012
Feedback from Visual Tours and/or client surveys collated and reviewed by CFCC Working Group and Signage Committee	CFCC Working Group Signage Committee	November 1, 2012



## ACTION ITEM #2: Focus on Name, Occupation, Duty (NOD)

**Key Team Members: CFCC Working Group, Human Resources**

<b>Problem Statement</b>	<ul style="list-style-type: none"> <li>• Clients/families are not aware of the names &amp; roles of staff members delivering care.</li> <li>• As an organization we have not created accountability for ensuring staff are wearing name tags</li> <li>• There are opportunities to improve communication tools such as automated phone systems (ie: ‘press 1 for...’), individual voice mail box messages, or protocol for answering Sunrise Health Region telephones</li> </ul>
<b>Target Statements</b>	<p><b>By November 1, 2012:</b></p> <ol style="list-style-type: none"> <li>1. Baseline assessment (spot audit) of % of staff/physicians/volunteers wearing name tags completed by Managers</li> </ol> <p><b>By April 1, 2013:</b></p> <ol style="list-style-type: none"> <li>1. General Orientation and/or ACE Training has been adapted to include curriculum on NOD.</li> <li>2. 25% improvement over baseline in name tag compliance has been achieved.</li> <li>3. 80% of clients and families surveyed indicate that employees consistently provide their name and role/responsibility in their interactions.</li> <li>4. Standards/protocols for automated phone systems and individual voice mail box messages have been developed and implemented region-wide</li> </ol>
<b>Metrics</b> (how we measure success)	<p>% of Employees/Physicians/Volunteers wearing name tags (spot audit results)</p> <p>NOD client survey results</p> <p>Standards for automated telephone systems, individual voice mail box messages and answering SHR phones.</p>

# Implementation Plan

## NAME / OCCUPATION / DUTY (NOD)

ACTION	WHO	DATE
Review name tag policy to identify opportunities for improvement (ie: how policy is shared with staff, linkage to CFCC).	CFCC Working Group	July 1, 2012
Review current General Orientation and/or ACE Training and identify adaptations needed to include 'NOD'/ name tags	Lisa/Jeanie Human Resources (Education)	July 1, 2012
Research and/or develop 'NOD' approach for Sunrise Health Region, inclusive of answering SHR phones and personal voice mail messages.	Lisa/Jeanie CFCC Working Group	September 1, 2012
Development of a NOD survey tool to assess client's experience (consider adapting RTC survey)	CFCC Working Group	September 1, 2012
Provide feedback on name tag policy to VP or group responsible for policy	CFCC Working Group	September 1, 2012
Develop communications/education plan re: 'NOD' for current staff, including script/protocol for answering SHR phones and individual voice mail box messages	CFCC Working Group	October 1, 2012
Conduct baseline assessment of % of staff/physicians / volunteers wearing name tags (spot audit)	Managers (designate a week - audit on day of choice)	November 1, 2012
Conduct NOD survey (baseline)	CFCC Advisors	December 1, 2012
Evaluate if adaptations are possible to current name tags	Lisa/Jeanie	February 1, 2013
Involve clients in identifying where improvement is required in automated phone systems.	CFCC Working Group	January 1, 2013
Implement adaptations to General Orientation and/or ACE Training w/NOD/name tags to ensure new employee awareness	CFCC Working Group Human Resources	January 1, 2013
Establish standards for automated phone systems, and implement standards region-wide	CFCC Working Group Facility/Program Managers Information Technology	March 1, 2013

## ACTION ITEM #3: Client & Family Centred Care Food & Nutrition Services

**Key Team Members: CFCC Working Group, Food & Nutrition Services**

<b>Problem Statement</b>	<p>According to one Long Term Care resident, “<i>Good food is like good medicine, and at times we feel we are not getting good food</i>”. Feedback indicates that opportunities for improvement in food and nutrition exist in the following areas:</p> <ul style="list-style-type: none"> <li>• Enhanced menu choice and client/family involvement in menu planning</li> <li>• Taste, temperature, and visual appeal</li> <li>• Support of cultural practices and special occasions</li> <li>• Nutritional support of family members who are assisting with client care</li> <li>• Improved ‘off-hours’ options</li> <li>• Flexibility in facilities to accommodate preferences</li> <li>• Empowerment of front line staff to meet needs</li> </ul>
<b>Target Statements</b>	<p><b>By August 1, 2012:</b></p> <ol style="list-style-type: none"> <li>1. CFCC Working Group has completed a review of available data related to Food &amp; Nutrition Services.</li> </ol> <p><b>By December 1, 2012:</b></p> <ol style="list-style-type: none"> <li>1. Focus groups have been completed in 100% of SHR Facilities.</li> <li>2. Based on data review and focus groups, 3 priority areas for improvement have been identified.</li> </ol> <p><b>By September 1, 2013:</b></p> <ol style="list-style-type: none"> <li>1. Clients/Residents report increased satisfaction regarding 3 priority areas.</li> </ol>
<b>Metrics</b> (how we measure success)	<p>Client/Resident Satisfaction Data</p> <p># of focus groups conducted</p> <p>Dietitian intake audits</p>

**Implementation Plan**

**CLIENT & FAMILY CENTRED FOOD & NUTRITION SERVICES**

<b>ACTION</b>	<b>WHO</b>	<b>DATE</b>
Forward Suggestion to F & N Services to consider forming a Food & Nutrition Advisory Council	CFCC Working Group	June 1, 2012
Review data from LTC Satisfaction Survey 2010 data Review Acute Care Patient Experience Survey data Review Food & Nutrition Satisfaction Survey data Review Dietitian intake audits Review Vending Machine options and ‘off-hours’ ward stock and practices in the region	CFCC Working Group / F&N Services	August 1, 2012
Patient/Resident Shadowing: Invite those interested “Eat like a client/resident for a week”	CFCC Working Group Interested members of F & N Team Interested members of ELT	September 1, 2012
Review Food & Nutrition Policies and Tools/forms to assess/strengthen SHR’s philosophy for supporting preferences, and supporting family presence	CFCC Working Group (including F & N Services rep – Candace)	September 1, 2012
Conduct focus groups with residents, clients, and staff to review Regional Menu, ask/answer questions and identify priority areas for improvement (include an evaluation form @ end sessions).	CFCC Working Group / F & N Services	October 1, 2012
Based on data review and focus groups, identify 3 priority areas for improvement	CFCC Working Group Food & Nutrition Services	December 1, 2012
Provide recommendations for any policy revisions identified by CFCC Working Group	CFCC Working Group (including F & N Services rep – Candace)	December 1, 2012
Provide education to health care providers re: when to initiate a referral to Inpatient Dietitian (potential enhancement to Nursing Orientation)	Dietitians Clinical Educators	January 1, 2013
Review survey data as per Action #1 to identify any improvements	CFCC Working Group Food & Nutrition Services	August 1, 2013

## ACTION ITEM #4: Recruit Client and Family Advisors

**Key Team Members: CFCC Working Group, Communications, Patient Safety & Improvement / Professional Practice, Volunteer Resources**

<b>Problem Statement</b>	<ul style="list-style-type: none"> <li>• Currently the Sunrise Health Region has conducted limited outreach to ask clients and families to be involved in advancing the practice of Client and Family Centred Care. These efforts will need to be expanded and continue on a go-forward basis to support client and family involvement at all levels of the organization.</li> <li>• Our goal is to have a CFCC Working Group/Steering Committee with membership comprised of 50% clients and family members, and to have the Group's membership reflective of the diverse client population we serve.</li> </ul>
<b>Target Statements</b>	<p><b>By June 1, 2012:</b></p> <ol style="list-style-type: none"> <li>1. Recruitment brochures/posters updated and re-circulated broadly to public and staff.</li> </ol> <p><b>By November 1, 2012:</b></p> <ol style="list-style-type: none"> <li>1. Sunrise Health Region web site and Staff Intranet includes CFCC information.</li> </ol> <p><b>By January 1, 2013:</b></p> <ol style="list-style-type: none"> <li>1. A pool of 25 Client/Family Advisors is available for consultation/feedback.</li> </ol> <p><b>By April 1, 2013:</b></p> <ol style="list-style-type: none"> <li>1. CFCC Working Group/Steering Committee membership comprised of 50% clients and family members, and group is representative of the diverse client population we serve.</li> </ol>
<b>Metrics (how we measure success)</b>	<p>CFCC Working Group/Steering Committee Membership</p> <p># of active Client/Family Advisors</p> <p># of committees with client/family representation</p> <p># of Advisory Councils in place</p>

<b>Implementation Plan</b>	<b>RECRUIT CLIENT &amp; FAMILY ADVISORS</b>		
	<b>ACTION</b>	<b>WHO</b>	<b>DATE</b>
	Conduct and maintain an inventory of initiatives with client/family involvement (ongoing)	CFCC Working Group	ongoing
	Enhance database for tracking advisors & CFCC activities	Lisa/Jeanie	June 1, 2012
	Review current CFCC Recruitment posters/brochures, and Expressions of Interest forms @ CFCC Working Group	CFCC Working Group Communications	May 1, 2012
	Update/re-circulate CFCC Recruitment posters/brochures, and Expressions of Interest forms	Lisa/Jeanie	June 1, 2012
	Targeted advisor recruitment for assistance with Action Plan items (ie: specific posters for Signage, Food/Nutrition)	CFCC Working Group	June 1, 2012
	Develop strategies for public awareness (ie: newspapers, radio, web site, Community Educator, and other mechanisms) and staff awareness	CFCC Working Group Communications	July 1, 2012
	Identify any public awareness that may be coordinated provincially.	Lisa/Jeanie	June 1, 2012
	Re-circulate brochures to Registered Volunteers via Volunteer Resources	Volunteer Services	June 1, 2012
	Contact LTC Directors/Managers/ Recreation Departments to request contact with Long Term Care Resident Councils	Director of LTC Central Directors of Health Services North/South	June 1, 2012
	CFCC Presentation to CHAC Committees	Lisa/Jeanie	May 10 & 11, 2012
	Consider recruitment of and Client and Family Advisors from Aboriginal and other diverse backgrounds	CFCC Working Group	June 1, 2012
	Consider involvement of youth (ie: high school students, post secondary students)	CFCC Working Group	January 1, 2013
Consider enhancements to current committees where client /family involvement could be enhanced (ie: QI Teams)	CFCC Working Group	January 1, 2013	
Focus on establishment of program/department/initiative – specific Advisory Councils	CFCC Working Group	March 1, 2013	

## ACTION ITEM #5:

# Client & Family Centred Care Education for Staff, Clients & Families

**Key Team Members: CFCC Working Group, Staff Services – Education Department, Communications, Patient Safety & Improvement/Professional Practice**

<b>Problem Statement</b>	<ul style="list-style-type: none"> <li>• It is anticipated that healthcare providers have different perceptions about Client and Family Centred Care. To ensure that all healthcare providers and staff at all levels of care have the same shared understanding of CFCC, it is important to provide staff with education and training opportunities, supports, and tools. Education and training for healthcare providers are key elements for successful cultural transformation within the Saskatchewan health system.</li> <li>• Engaging clients and families in developing and providing education to healthcare providers will support better understanding of the client experience and ensure our training efforts appropriately include the client/family perspective.</li> <li>• Cultural transformation will also be supported through community education/awareness, as it will create increased expectations from our clients regarding their experience of care.</li> </ul>
<b>Target Statements</b>	<p><b>By June 1, 2012:</b></p> <ol style="list-style-type: none"> <li>1. CFCC Presentations to CHAC Committees and request for assistance in engaging client/family advisors.</li> </ol> <p><b>By April 1, 2013:</b></p> <ol style="list-style-type: none"> <li>1. CFCC content has been incorporated into General Orientation (ACE), Nursing Orientation, New Manager Orientation, Volunteer Orientation, and the Physician Orientation Manual.</li> </ol>
<b>Metrics</b> (how we measure success)	<p># of CFCC presentations provided</p> <p># of regional orientation programs/resources with CFCC content</p> <p># of CFCC activities inventoried</p> <p>Employee Engagement survey results (PFCC Dimension)</p>

<b>Implementation Plan</b>	<b>CFCC EDUCATION FOR STAFF, CLIENTS &amp; FAMILIES</b>		
	<b>ACTION</b>	<b>WHO</b>	<b>DATE</b>
	Develop strategies for public awareness (ie: newspapers, radio, web site, Community Educator, and other mechanisms) and staff awareness	CFCC Working Group Communications	June 1, 2012
	Presentations at staff meetings/Manager Information Sessions – consider multiple interactions over time (ie: Sharing CFCC success stories at shift report/staff meetings on a weekly basis for a period of 4-6 weeks )	Clinical Care Coordinators CFCC Champions PSI/PP	September 1, 2012
	Seek out Sunrise examples/stories of Client and Family Centred Care (Perhaps with a contest/prize?)	CFCC Working Group Communications Department	May 1, 2012
	CHAC Committees (initial presentation, and seek feedback on how to engage public)	Lisa/Jeanie	June 1, 2012
	Use Access Communications to capture CFCC stories – showing CFCC in action (not just focusing on the “wrong” way)	CFCC Working Group Communications	February 1, 2013
	Identify enhancements to General Orientation, Nursing Orientation, New Manager Orientation sessions, Volunteer Education, Physician Orientation Manual, and department-specific orientation programs	Human Resources Professional Practice/PSI Medical Services Volunteer Services	April 1, 2013
Targeted Education for Breakthrough Initiatives Teams working on provincial Hoshins/priority areas	Lisa/Jeanie CFCC Working Group	As requested	



## ACTION ITEM #6:

# Support of Client & Family Centred Care Initiatives Region-wide

**Key Team Members: CFCC Working Group, Patient Safety & Improvement/Professional Practice**

<b>Problem Statement</b>	<p>As awareness of Client and Family Centred Care broadens within the Sunrise Health Region, we expect that the CFCC Working Group will support the organization in the following ways:</p> <ul style="list-style-type: none"> <li>• Review/recommendations on policies &amp; procedures</li> <li>• Assistance with identifying Client/Family Advisors for various projects, committees, and working groups</li> <li>• Maintain an inventory of identified CFCC activities/initiatives in the Sunrise Health Region</li> <li>• Provide input/recommendations on organizational decisions that impact clients and families</li> </ul> <p>Examples of issues that have been brought forward to CFCC Working Group for review include:</p> <ul style="list-style-type: none"> <li>• Visiting Hours</li> <li>• Signage Committee</li> <li>• Client fees and charges</li> <li>• Access to health records policy and practice</li> <li>• Primary Nursing vs. Team Nursing</li> </ul>
<b>Target Statements</b>	<p><b>By September 1, 2012:</b></p> <ol style="list-style-type: none"> <li>1. CFCC Steering Committee Terms of Reference developed and approved.</li> </ol> <p><b>By January 1, 2013:</b></p> <ol style="list-style-type: none"> <li>1. A pool of 25 Client/Family Advisors are available for consultation/feedback.</li> </ol>
<b>Metrics</b> (how we measure success)	<p># of active Client/Family Advisors</p> <p># of CFCC initiatives inventoried</p>

<b>Implementation Plan</b>	<b>SUPPORT OF CFCC INITIATIVES REGION-WIDE</b>		
	<b>ACTION</b>	<b>WHO</b>	<b>DATE</b>
	Conduct and maintain an inventory of initiatives with client/family involvement (ongoing)	CFCC Working Group	ongoing
	Enhance database for tracking advisors and CFCC activities	Lisa/Jeanie	June 1, 2012
	CFCC Steering Committee Terms of Reference developed by CFCC Working Group and approved by Executive Leadership Team	CFCC Working Group Executive Leadership Team	September 1, 2012
Develop a pool of CFCC Advisors to provide input on regional initiatives (via Action Item #4)	CFCC Working Group	January 1, 2013	

<b>Year 2-3 (Yellow Dots)</b>		<b>Years 3-5 (Blue Dots)</b>	
April 2014 – March 2015	April 2014 – March 2015	April 2015 – March 2016	April 2016 – March 2017
<p>Client Conferences at Family/Client Request (proactive vs. reactive)</p> <ul style="list-style-type: none"> <li>-public awareness</li> <li>- welcome packages</li> <li>- ward/unit orientation checklists</li> <li>- potential action for facilities/units to consider when addressing client concerns</li> </ul>	<p>Bedside Nursing Shift Report</p> <ul style="list-style-type: none"> <li>- ?trial on a defined # of units where primary nursing is in place by April 1, 2015</li> </ul>	<p>Navigation of the System (Guidance &amp; care coordination for clients and families)</p> <p>? Role of:</p> <ul style="list-style-type: none"> <li>-Social Work</li> <li>- Clinical Care Coordinators</li> <li>- PSI</li> <li>- Front line staff (orientation)</li> </ul>	
<p>Caregiver Compliments /Suggestion Boxes</p> <p>Peer Recognition ‘Pay it Forward’</p>	<p>Primary Nursing (as opposed to Team Nursing)</p>	<p>Local Advisory Committees</p>	
<p>Focus on the client, not on the task</p> <ul style="list-style-type: none"> <li>-recognition of CFCC in action</li> <li>-Manager training and support</li> </ul>	<p>Physician Engagement and Primary Care</p>	<p>Profession-Specific Uniforms</p> <ul style="list-style-type: none"> <li>-coloured uniforms to identify professions, roles and responsibilities</li> </ul>	
<p>Clients/ Families involved with Policy</p>	<p>Mental Health – Consider Advisory Committee</p> <ul style="list-style-type: none"> <li>-process for MH inpatients to be seen in ER</li> </ul>		
<p>CFCC in Job Interviews, Performance Appraisals (support/reinforce standard expectations regarding interactions with clients and families)</p>		<p>CFCC in Job Descriptions (support/reinforce standard expectations regarding interactions with clients and families)</p>	

## APPENDIX A

<b>CFCC Working Group Participants (January-March 2012)</b>	
Jeanie Werner	Clinical Nurse Instructor <b>(Co-Lead)</b>
Lisa Alspach	Patient Safety & Improvement Manager <b>(Co-Lead)</b>
Mary From	Client/Family Advisor
Carol Hozjan	Client/Family Advisor
Curt McCoshen	Client/Family Advisor
Deb Coleman	Continuing Care Coordinator, Mental Health
Sharon Buchinski	Registered Nurse, Preeceville & District Health Centre (Acute)
Roxane Brown-Rayner	Palliative Care Coordinator
Susan Koskie	Registered Nurse, Intensive Care, Yorkton Regional Health Centre
Edith Belesky	Recreation Coordinator, Preeceville & District Health Centre (LTC)
Deanna Bartok	HIV Strategy Coordinator
Louise Belanger	Community Educator
Angela Moore	Assessor-Coordinator, Licensed Practical Nurse
Kim Bucsis	Manager, St. Peter's Hospital, Melville
Bev Pacey	Director, Long Term Care (Central)
Jacquie Holzmann	Director of Therapies
Roberta Wiwcharuk	Vice President, Health Services <b>(Executive Lead)</b>