



**Saskatchewan
Ministry of
Health**

Patient- and Family-centred Care in Saskatchewan: A Framework for Putting Patients and Families First

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Executive Summary

The Patient First Review (PFR), *For Patients' Sake*, released in October 2009, recommended that “the health system make patient- and family-centred Care (PFCC) the foundation and principle aim of the Saskatchewan health system”. This recommendation was endorsed by the health sector leaders in Saskatchewan in November 2009. In order to move forward with PFCC collaboratively as a system, there is a need to create a common understanding of what PFCC is and a shared vision and goals for adopting PFCC. The purpose of this framework is to guide the process of adopting PFCC within Saskatchewan.

1. What is PFCC and How Does This Align with the Health System Goals?

Unlike the traditional healthcare model where services are organized around the needs of the system and those who work in it (i.e. system-centric approach), Patient- and family-centred care is about providing respectful, compassionate, culturally responsive care that meets the needs, values, cultural backgrounds and beliefs, and preferences of patients and their family members in diverse backgrounds by working collaboratively with them. PFCC has the following four core concepts developed by the Institute for Patient- and Family-Centered Care (IPFCC):

<i>Respect and Dignity</i>	<i>Information Sharing</i>	<i>Participation</i>	<i>Collaboration</i>
<ul style="list-style-type: none"> Healthcare providers and staff listen to and honour patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care. 	<ul style="list-style-type: none"> Healthcare providers and staff communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete and accurate information in order to effectively participate in care and decision-making. 	<ul style="list-style-type: none"> Patients and families are encouraged and supported in participating in care and decision-making at the level they choose. 	<ul style="list-style-type: none"> 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.

In the PFCC approach, healthcare professionals provide patients and families with complete, unbiased information on their illness, diagnosis, treatment options and the procedures in a way they can understand and encourage them to ask questions to ensure that they fully understand this information. Patients’ cultural backgrounds and beliefs, health literacy skills, and education levels are taken into account when developing their treatment plans or providing treatment options. Patients and families are also encouraged to participate in their care and decision-making at the level they choose, as well as to partner with healthcare providers, staff and administrators in developing, implementing and evaluating healthcare

policies, services and programs. Family members are recognized as important partners of the patient care team, who advocate for patients, provide emotional support to the patient and often provide care at home. Overall, patients and families are viewed as essential allies and treated as true partners in the PFCC approach.

Research demonstrates that the collaborative partnership between healthcare 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. This indicates that PFCC can support the Saskatchewan health system in achieving the Triple Aim: improving patient experience, improving population health, and reducing the costs.

2. Vision and Goals for Adopting PFCC

Our 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.

Our Goals and Measures: 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 patients' 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.

3. Key Drivers for Successful Adoption of PFCC in Saskatchewan

Patient- and family-centred care is not a “thing” that can be implemented with a definite timeline, but is about a change in mindset of all healthcare providers, including senior leaders and administrators at healthcare organizations, physicians, nurses, other healthcare professionals, frontline staff (e.g. housekeeping, security officers, receptionists, etc.), social workers, and volunteers. This cultural transformation can occur when PFCC values and principles are embedded as core values in the Saskatchewan health system and ingrained in the “fabric” of all healthcare organizations. According to many mature PFCC healthcare organizations, PFCC is a “journey”, which takes time to fully achieve this cultural transformation.

The following eight key drivers may contribute to successful cultural transformation within the Saskatchewan health system:

- Senior leadership commitment, support and accountabilities;
- Education and training of healthcare providers;
- Engagement of patients, families and communities (e.g. shared decision-making, patient & family advisors, and community engagement);
- PFCC champions at all levels of care and disciplines;
- Effective communication with staff, patients and families about the PFCC journey;
- Creating a workplace that supports PFCC adoption;
- Integrating PFCC concepts into every policy, initiative, and program; and
- Performance measurement and monitoring progress.

I. Introduction

In October 2009, independent commissioner Tony Dagnone released the Patient First Review Report, *For Patients' Sake*. The Commissioner made the important point that “Our current health care system has been designed around the people who deliver the care. It is time to realign the values of Saskatchewan’s health system so that the patient is again made the centre of attention... Changes to the health system must serve to meet patients’ needs, and a publicly designed health system must reflect the values of the patients and citizenry, while enabling providers to do their work in a stable, safe, supportive, and collaborative environment”. The report identified 13 recommendations to improve the patient experience, the first and foremost being, “that the health system make patient- and family-centred care (PFCC) the foundation and principle aim of the Saskatchewan health system.”

Patient- and family-centred care is not a new approach to many healthcare providers. It started in the United States in the 1960s as “family-centred care” and has been adopted as an approach to the delivery of quality health care by many healthcare organizations around the world, including Australia, England, New Zealand, and Canada. In Canada, PFCC practices have been adopted by many hospitals, including the Bloorview Kids Rehab (Toronto), the Thunder Bay Regional Health Sciences Centre, the Mont Sinai Hospital (Toronto), Alberta Children’s Hospital, Toronto Sick Kids Hospital, and many more.

In Saskatchewan, PFCC concepts were first explored by the Saskatoon Health Region (SHR) in 2005 with the Maternal & Child Health Services team leading the way. In 2007, the SHR established a Client- and Family-Centred Care (CFCC) Steering Committee comprised of client and family advisors, physicians and their staff. The Steering Committee has played an important role in driving and supporting the regional adoption of patient- and family-centred care through development of a strategic framework, which has been transformed into actions to achieve client- and family-centred care throughout the region.

Patient- and family-centred care has also been endorsed by patient advocacy groups, healthcare professional groups, and medical and nursing societies. In August 2010, the Canadian Medical Association (CMA) endorsed patient-centred care in their policy document, *Healthcare Transformation in Canada: Change that works. Care that Lasts*. In this document, the CMA discusses the need for transforming Canada’s health care system to better meet the needs of patients now and in the future by “Building a Culture of Patient-Centred Care”. In February 2010, the Saskatchewan Union of Nurse (SUN) officially endorsed PFCC with the launch of a new initiative, “*The Patients and Families First Challenge*”, which offers financial incentives to those who come up with innovative ideas to improve patient care through PFCC. The SUN also continues to provide PFCC learning for its members.

With the release of the Patient First Review and the Government of Saskatchewan’s commitment to providing care that is *Patient First*, Saskatchewan healthcare providers are more ready than ever to move forward with PFCC and are enthusiastic about adopting PFCC in their practices.

“The biggest part of my job is being the patient’s advocate. First and foremost always, you’re always the patient’s advocate” (Cheryl Ottoson, RPN SUN Spots, Vol. 37, Issue 1)

“As a nurse we play a role in positive patient outcomes by allowing patients access to as much information and education they need and want to absorb. A lot of people don’t know a lot of about why they’re there, what their treatments are.... so it’s up to me to ensure they know the best possible options for them so that they can decide what is best for their care and they can help themselves further”. (Charlotte Ousdahl, RN, SUN Spots, Vol. 37, Issue 1)

Currently, there are numerous definitions, core concepts and principles about PFCC that are being used by different healthcare organizations, and different terminologies for PFCC with the similar concepts are currently being used in different care settings(e.g. family-centred care, client-centred care, patient-centred care, resident-centred care, etc.). To move forward collaboratively as a system, there is a need to have a common understanding of what PFCC is and a shared vision and goals for adopting PFCC (i.e. family-centred care at pediatric care and client, resident-centred care at long-term care). The purpose of this PFCC framework is to guide the process of adopting a PFCC approach within Saskatchewan by:

- Fostering a common, shared understanding of PFCC among all healthcare providers, staff, administrators, communities, patients, and families;
- Sharing provincial goals and expectations for adopting PFCC; and
- Providing broad directions on how PFCC will be implemented in the Saskatchewan health system.

II. What is Patient- and Family-Centred Care and How Does This Align with the Health System Goals?

Patient- and family-centred care is about providing respectful, compassionate, culturally responsive care that meets the needs, values, cultural backgrounds and beliefs, and preferences of patients and their family members in diverse backgrounds by working collaboratively with them. It is grounded in mutually beneficial partnerships among patients, families and healthcare providers. In the PFCC approach, healthcare providers provide patients and families with complete, unbiased information on their illness, diagnosis, treatment options and the procedures in a way they can understand. Patients and families are encouraged to ask questions to ensure a full understanding of the information. Patients’ cultural backgrounds and beliefs, health literacy skills, and education levels are taken into account when developing their treatment plans or providing treatment options. Patients and families are also encouraged to participate in their care and decision-making at the level they choose, as well as to partner with healthcare providers, staff and administrators in developing, implementing and evaluating healthcare policies, services and programs. Overall, patients and families are viewed as essential allies and treated as true partners in the PFCC approach.

“(My Doctor) is patient, understanding and very caring. He doesn’t rush you through your appointment and helps us understand the process in which we are going and will be going. He is very thorough.” (Patient, the Patient First Review)

“What was positive was the fact that the staff in the home where my mother was were understanding, updated daily on the patient’s medical condition and are dedicated to making life comfortable for those in long-term care”. (Patient quote from the Patient First Review)

“A couple of nurses went out of their way to help, and REALLY LISTEN to our concerns, and answer our questions. I actually made a list of my questions at one point, and was able to persuade the nurse to bring the chart into the room and take all the time needed to answer each question. After she left, the other patient in the room even remarked about how good that nurse was, to spend the time to actually answer all those questions and explain things.” (Patient quote from the Patient First Review)

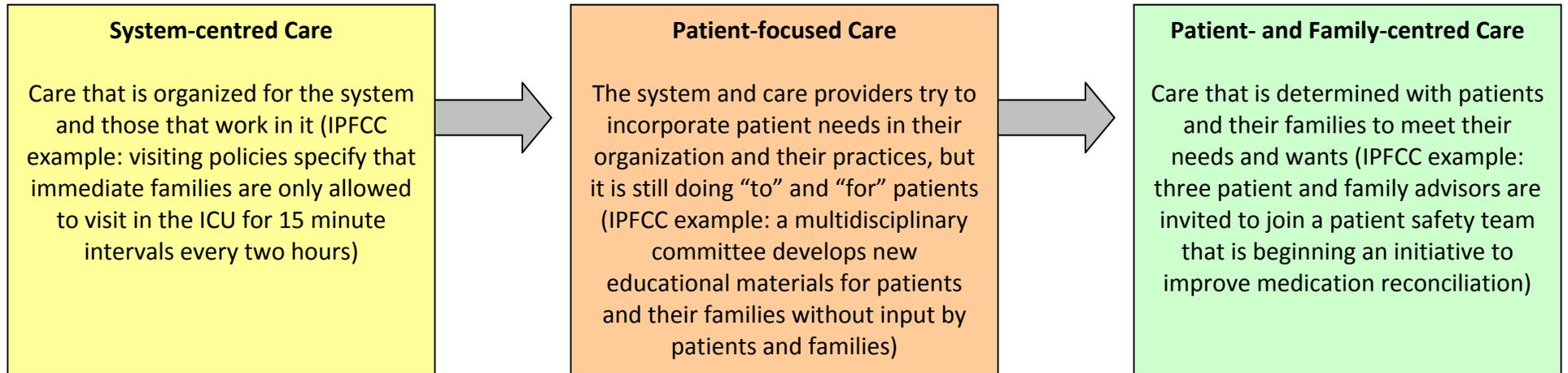
“The hospital has a spiritual room where I was allowed to participate in my cultural practices. I was pleased with my experience because the hospital asked which tribe I belonged to in an effort to identify the right Elder Tribal leader.” (Patient, the Patient First Review)

Patient- and family-centred care also recognizes family members as important partners of the patient care team, who advocate for patients, provide emotional support to the patient and often provide care when the patient is at home, discharged from the hospital. While healthcare practitioners are experts in diagnoses and treatment, patients and their family members are experts in knowing what may work best for their life style. The concept of family in PFCC can include not only bonds created by marriage and blood, but also bonds created by close friendships, commitments, shared households, shared child rearing responsibilities and romantic attachments. However, the definition of family as well as the degree of the family’s involvement in the patient’s care is determined by the patient given that he or she is developmentally mature and competent to make such a decision.

“I encountered many nurses, ambulance attendants, security personnel who were very compassionate in their care for me. I was paralyzed and unable to speak because of a brain tumor and my wife was bedside me 24/7. She often received care and comfort from the staff in the form of warm blankets, bedside chair beds, and emotional support.” (Patient, the Patient First Review)

Patient- and family-centred care is often described as a “journey”, not a “thing” or a project with a definite timeline that needs to be implemented. It requires cultural transformation within the entire system at every level of healthcare delivery. It requires a change in mindset of healthcare providers, including senior leaders and administrators, physicians, nurses, other healthcare professionals, frontline staff (e.g. housekeeping, security officers, receptionists, etc.), social workers, and volunteers.

The Institute for Patient- and Family-Centered Care (IPFCC) identifies three different driving forces for the delivery of healthcare services: *system-centred care, patient-focused care, and patient- and family-centred care*. High performing healthcare organizations, such as the National Health Services (NHS) in England, and the Medical College of Georgia (MCG) have moved away from system-centred care to patient- and family-centred care.



In some respects, the Saskatchewan health system’s PFCC journey began with the release of the Patient First Review Report. The Patient First Review was the first of its kind in Canada and listened to more than 4,000 Saskatchewan patients and families about what they want from the system. In recent years, the Saskatchewan health system implemented a number of “Patient First” provincial and regional initiatives to improve quality of care, patient safety, and the patient experience. Many of these initiatives are likely to be patient-focused (PFC) rather than PFCC in that providers often assume the needs, values, and preferences of patients and families without engaging them in the process of design, development, implementation or evaluation of these initiatives. Currently, there are pockets of excellence in providing PFCC at the individual practice level, which need to be expanded to other areas, so that the system-wide adoption of PFCC— i.e. adoption of PFCC at every level of care across the continuum — is achieved.

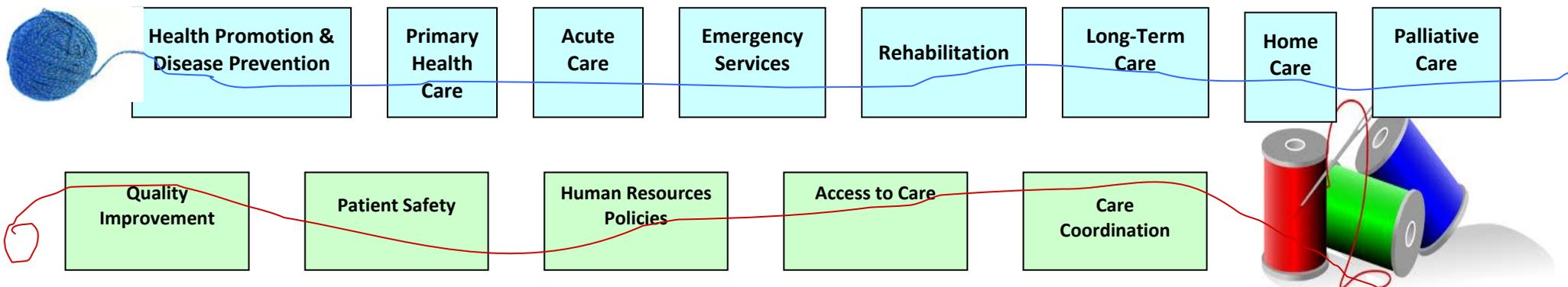
Saskatchewan Examples of PFCC Best Practices – Partnership with Patients and Families

The Saskatoon Health Region Critical Care units are currently seeking to provide more patient- and family-centred care to their patients and families. The staff members seek to partner with the patients and their families by building a relationship with them that extends beyond clinical care. The team has improved the care by listening to patients and families experiences and then using this information to drive changes within their unit. Patients and families are now provided with a welcome package with information about the Unit, business cards with the unit direct phone number, and an invitation to participate in rounds with the care team. Shari Watson, the clinical nurse educator at the ICU said, *“Families then feel more welcome, they sense we’re transparent with what we’re doing; they’re in on the plan ... The other thing we’ve done is make sure they’re welcome at the bedside when care is being done. They have many opportunities to ask questions of the nurse as things are happening”* (The *Sooner, Safer, Smarter* newsletter, the Saskatchewan Surgical Initiative, October 2010). Additionally, the patient and family advisory council members have been involved in updating the look of the unit. All restrictive signage was removed from the entrance to the unit and replaced with signage which politely outlines the instructions for accessing the unit. The waiting spaces were updated and are now called “Family Spaces” rather than waiting rooms.

Saskatchewan Examples of PFCC Best Practices – Culturally Competent and Safe Care

The Aboriginal Home Care (AHC) Project funded through the Aboriginal Transition Fund was an initiative undertaken by the Regina Qu’Appelle Health Region (RQHR) Home Care in partnership with the Eagle Moon Health Office to explore options for providing more culturally sensitive and holistic home care services for First Nations, Métis and Inuit patients. Beginning in 2006, an advisory committee comprised of urban/rural First Nations and Métis community members and Elders, on-reserve home care workers and key regional and federal personnel, was established to hear the voice of the community and to guide development and implementation of this project. Through this process of consultation, it was identified that the project needed to focus on improving access to home care services which were more holistic and culturally sensitive and also on improving screening, early detection and management of chronic disease with a primary focus on Type 2 Diabetes and foot care complications for First Nations and Métis living in North Central Regina. The project team developed and implemented a holistic screening tool, which expands on the current client assessment tool, to determine client worldview of health and wellness as well as to capture an understanding of how client needs can best be met. The key focus of the project was to develop a system of care that is built around the unique needs of each client and not based on system needs. Cultural awareness training was also provided to the home care project staff via a number of cultural teachings and traditional activities. Barriers to clients accessing home care services were addressed with changes in some practices and procedures to address new ways of doing business. Typical scheduling practice within home care allows very little flexibility for last minute changes. The staff on the AHC team were given more autonomy and flexibility to accommodate clients’ needs. The results from a qualitative survey of the AHC team indicates that the project improved the capacity and care for Aboriginal people and health care services. Trust is developing between the team members and the community. All team members were extremely pleased with the outcomes, particularly increased access, culturally sensitive and holistic care, and screening, early detection and management of Type 2 Diabetes, and food care complications.

To achieve system-wide adoption of PFCC, its values and principles must be embedded as core values in the Saskatchewan health system and be ingrained in the “fabric” of all healthcare organizations. This means that PFCC becomes the thread running through every care pathway from health promotion and disease prevention to end of life care. It also runs through all planning and evaluation activities, human resources policies, quality improvement initiatives (e.g. *Releasing Time to Care™* and *Lean*), patient safety initiatives, policies and programs designed to improve access to care and care coordination (e.g. Saskatchewan Surgical Initiative), and other programs and services.



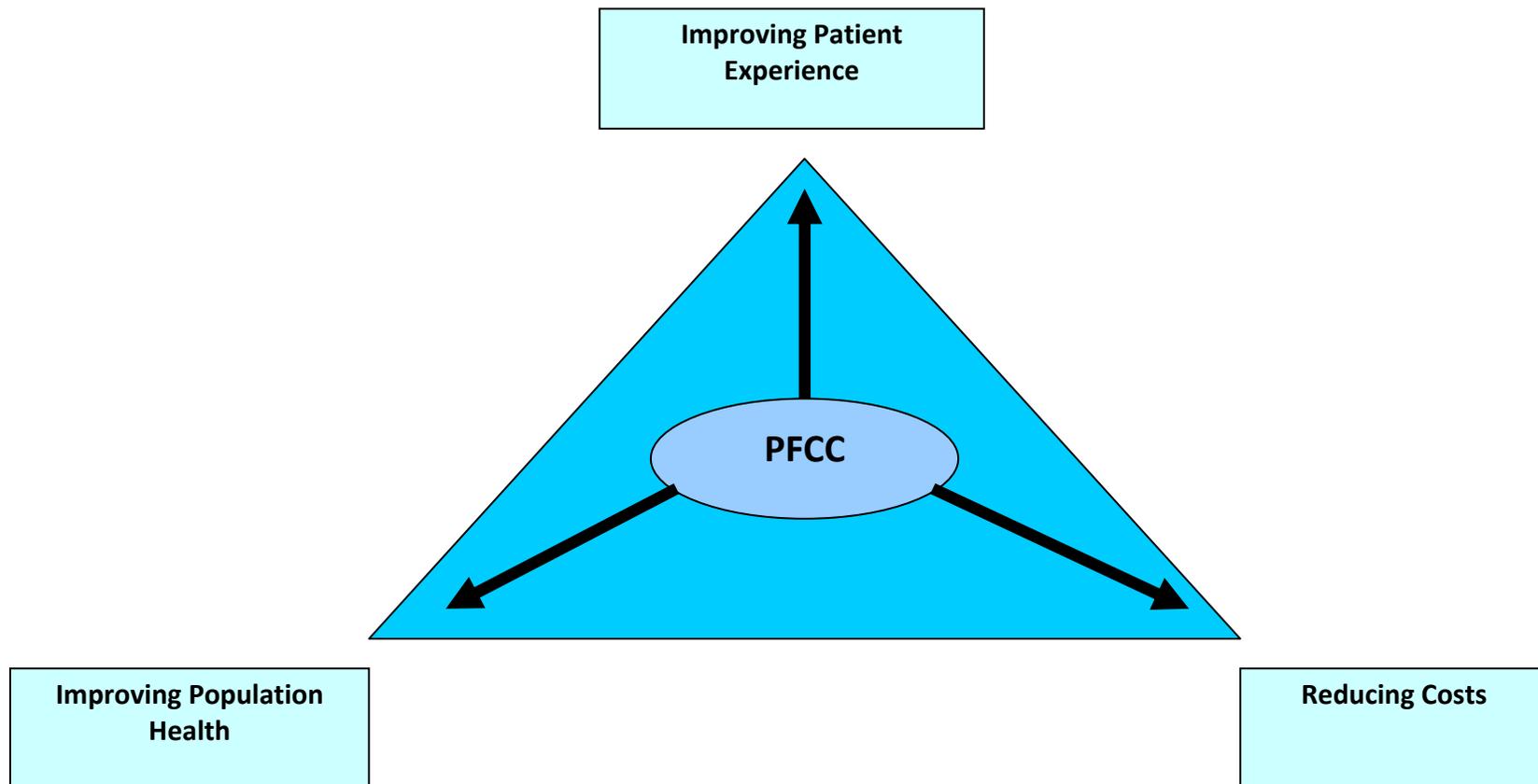
Research demonstrates that the collaborative partnership between healthcare providers, and patients and families has a significant impact on improving the patient and family experience; improving safety and quality; improving provider engagement and satisfaction; and reducing cost. By moving from a system-centric or patient-focused approach to a patient- and family-centred care approach, not only will patients and their families benefit, but also healthcare practitioners, workers and administrators. The following Table shows the potential benefits and outcomes of PFCC gathered from literature reviews.

Benefits/ Outcomes of Patient and Family Engagement	
Patient and families	<ul style="list-style-type: none"> ▪ More knowledgeable patients and families who feel competent in managing their health ▪ Better healthcare experience or improved patient/family satisfaction ▪ Improved patient outcomes, both physiological and functional ▪ Improved pain management by patients ▪ Improved emotional health for patients and families (less anxiety and stress)
Health care providers	<ul style="list-style-type: none"> ▪ Improved satisfaction with quality of work life ▪ Decreased staff vacancy rate ▪ Improved communication among members of the healthcare team ▪ Greater understanding of the family's strengths and care-giving capacity ▪ Increased patient and family adherence to treatment plans ▪ New learning for residents and students
Healthcare organizations	<ul style="list-style-type: none"> ▪ Improved quality of care ▪ Reduced diagnostic tests and referrals ▪ Decreased medical errors and infection rate ▪ Fewer readmissions ▪ Decreased length of stay ▪ More efficient and effective use of professional time and healthcare resources (e.g. more care managed at home, decrease in unnecessary hospitalization and emergency visits, more effective use of preventative care) ▪ Decreased patient/family complaints ▪ Better management of chronic diseases

Source: Frampton and Charmel, Planetree, 2009 ("Putting Patients First": Best Practices in Patient-Centred Care); the American Academy of Paediatrics Committee on Hospital Care, 2003; Stewart et al, 2000; Cooper et al, 2007; Mitchell et al, 2009.

These benefits/outcomes indicate that PFCC can support the Saskatchewan health system and its healthcare organizations in achieving the Triple Aim, an initiative launched by the Institute for Healthcare Improvement (IHI) with the purpose of helping healthcare organizations simultaneously improve patient experience, improve population health, and reduce costs.

The Triple Aim approach enables organizations to improve their programs and services from all three perspectives at the same time without compromising one at the expense of achieving another. The Saskatchewan health system has embedded the Triple Aim concept in its strategic plan. By involving patient and family advisors in all stages of policies and program development, they will not only provide advice on how to improve the patient experience, but also on how to improve the health of the community and how to contain costs. In this way, PFCC is integral in providing success for all three aims.



Scientific Evidence on PFCC Outcomes:

1. The MCG Health System in August, Georgia has committed to PFCC and has partnered with patients and families at all levels of care since 1993. As of April 2008, 155 patient and family advisors served on seven councils and 45 hospital committees and task forces, including the Patient Safety and Medicine Reconciliation Committee. Patient and family advisors guided the development of its Neuroscience Centre for Excellence. The following data represents three years of quality improvement:
 - Patient Satisfaction – 10th to 95th percentile
 - Length of stay decreased 50% in Neurosurgery
 - Reduction in medical error by 62%
 - Discharge volumes increased by 15.5%
 - Staff vacancy rate went from 7.5% to 0%
 - Positive change in perception of the unit by doctors, staff and house staff

2. Studies on the outcomes of implementing patient-centred medical home (PCMH), a team-based care approach in primary care also showed a significant reduction in emergency room visits and hospital admissions, which were translated into cost savings. For example, the Group Health Cooperative of Puget Sound, a large, consumer owned integrated delivery system in the American Northwest, piloted a PCMH redesign at one of its Seattle clinic sites. The redesign emphasized team-based chronic and preventive care, and 24/7 access using modalities including electronic health record (eHR) patient portals. The outcomes of this pilot test are:
 - Better quality: an increase of 4% more of its patients achieving target levels on Healthcare Effectiveness Data and Information (HEDIS) quality measures.
 - Better work environment: less staff burnout, with only 10% of pilot clinic staff reporting high emotional exhaustion at 12 months compared to 30% of staff at control clinics; Group Health has seen a major improvement in recruitment and retention of primary care physicians.
 - Reduction in hospital costs: 29% reduction in ER visits and 11% reduction in ambulatory sensitive care admissions.
 - Better value proposition: an additional investment in primary care of \$16 per patient per year was associated with offsetting cost reductions, with the net result being no overall increase in total costs for pilot clinic patients (Grumbach et al, 2009).

3. A study conducted by Stewart et al on the association between patient-centred communication in primary care visits and subsequent health and medical care utilization found that patients who perceived that their visit was patient-centred (Group A) received fewer diagnostic tests and referrals compared with those who perceived their visit was not patient-centred (Group B): (Stewart et al, 2000)
 - 14.6% of the Group A received diagnostic tests while 24.3% of the Group B received diagnostic tests
 - 8% of the Group A received referrals while 16% of the Group B received referrals.

III. Core Concepts of PFCC

The following four core concepts* have been widely adopted by many Canadian healthcare organizations and providers, including the Saskatoon Health Region, and the Alberta Health Services (AHS). These concepts summarize the key elements required to provide care that is PFCC – i.e. respectful, compassionate care that is responsive to the needs, values, cultural backgrounds and beliefs, and preferences of patients and their family members.

<i>Respect and Dignity</i>	<i>Information Sharing</i>	<i>Participation</i>	<i>Collaboration</i>
<ul style="list-style-type: none"> Healthcare providers and staff listen to and honour patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care. 	<ul style="list-style-type: none"> Healthcare providers and staff communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete and accurate information in order to effectively participate in care and decision-making. 	<ul style="list-style-type: none"> Patients and families are encouraged and supported in participating in care and decision-making at the level they choose. 	<ul style="list-style-type: none"> Patients, families, healthcare providers, staff, and leaders collaborate in policy and program development, implementation and evaluation; in healthcare facility design; and in professional education, as well as in the delivery of care.

*Developed by the Institute for Patient- and Family-Centered Care.

In order for the Saskatchewan health system to fully adopt PFCC, these four core concepts will need to be embedded in every healthcare organization’s core values and principles, which will become the core values of employees of these organizations. According to the Picker Institute, only when employees’ personal values simulate the core values of the organization, the cultural transformation occurs.

These four core concepts also need to be adopted by all healthcare practitioners, providers and staff, including those who have an independent contractual relationship with the Ministry of Health (e.g. physicians and other healthcare professionals in primary care and primary health care), as their core values for providing care that meets the needs of patients and families. Furthermore, they will need to be incorporated into the curricula of healthcare educational institutions so that future healthcare providers are well educated and trained in PFCC.

IV. Vision for PFCC

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.

V. Goals and Measures

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 patients’ 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.
- Patients and families are engaged in the planning, development, implementation, and evaluation of policies and programs; in healthcare facility design; in professional education; and in the delivery of care.

These goals reflect the four core concepts of PFCC discussed in the Section III, and can be measured using indicators collected from patient experience surveys conducted by the Health Quality Council (HQC) on a quarterly basis. Currently, these surveys only cover acute care and are being piloted in the emergency department. Similar surveys on other areas of care, including primary care, long-term care, and mental health will be developed in the future.

	PFCC Goals	Measures
Respect & Dignity	All patients are treated with respect and dignity.	<ul style="list-style-type: none"> • % of patients reporting staff listened and respected them as a partner in their care • % of patients reporting doctor(s) listened and respected them as a partner in their care
	All patients’ knowledge, values, preferences, beliefs and cultural background are honoured and incorporated into the delivery of their care.	<ul style="list-style-type: none"> • % of patients who do not speak English reporting that there was an interpreter at the hospital that could explain everything they needed to know about the care they received • % of patients reporting that staff took their preferences and those of their family or caregiver into account in deciding what their healthcare needs would be when they left the hospital • % of patients reporting that staff treated them in a friendly and courteous manner which respected their individual culture, beliefs, and values • % of patients reporting that doctors treated them in a friendly and courteous manner which respected their individual culture, beliefs, and values

	PFCC Goals	Measures
Information Sharing	All patients and families receive timely, complete, accurate, unbiased information from the providers regarding their diagnosis and treatment options, or have access to information to participate in their care and decision-making.	<ul style="list-style-type: none"> • % of patients reporting doctors explained things in a way they could understand • % of patients reporting staff (nurses) explained things in a way they could understand • % of patients reporting that facts about their health and treatment plans were explained fully, clearly, and in useful way • % of patients reporting that they got information in writing about what symptoms or health problems to look out for after they left the hospital • % of patients reporting that staff described possible side effects of the medicine in a way they could understand before giving them any new medicine • % of patients reporting that staff ask them what medications and supplements they were taking at home • % of patients reporting that staff told them what medicine was for before giving them any new medicine • % of patients reporting that they were told, within their first 2 days in hospital, about what day they would likely to be able to leave the hospital • % of patients reporting that they had a good understanding of the things they were responsible for in managing their health
Participation	All patients and families are involved in their care at the level they choose.	<ul style="list-style-type: none"> • % of patients reporting that their doctors and nurses included them and their family members in treatment decisions • % of patients reporting that it was important to them that they were included in their discharge planning • % of patients reporting that their family/support person was encouraged to participate in their care and treatment plan to the extent that they felt comfortable
Collaboration	Patients and families are engaged in the planning; in development, implementation, and evaluation of policies and programs; in healthcare facility design; in professional education; and in the delivery of care.	<ul style="list-style-type: none"> • Number of patient and family advisors engaged in the planning; in development, implementation, evaluation of policies and programs; in healthcare facility design; in professional education; and in the delivery of care • % of those who participated in the patient and family advisory council, committees, and working groups reporting that they feel they provide a meaningful contribution to the group

VI. Key Drivers for Successful Adoption of PFCC in Saskatchewan

Based on the findings from the Patient First Review report, patients and families in Saskatchewan feel that: they are not always treated with respect and dignity; providers are not always listening to their needs and concerns; they are not engaged in decision-making about their own care when they want to be involved; and the health system is too complex to navigate. On the other hand, healthcare providers feel that: they are overwhelmed by a demanding workload; they don't have time to listen to patients and families; and they are not engaged and empowered. Achieving PFCC means that the health system meets the needs of patients and families as well as the needs of healthcare providers. The following eight key drivers address key elements that the Saskatchewan health system must focus on in order to advance PFCC:

2) Senior Leadership Commitment, Support and Accountability

The role of leadership is critical for transforming the culture of an organization. Inadequate or inappropriate leadership has been identified as a key factor for the failure of cultural transformation (Scott et al, 2003). To create a strong leadership commitment to PFCC, it is important for health sector leaders to:

- Understand first what PFCC is and what it means to their clients, patients and families who are the users of their services;
- Incorporate PFCC concepts and values into their organization's vision, mission, and values and communicate them frequently with staff;
- Remove barriers that may prevent providers from adopting PFCC;
- Set targets for adopting PFCC and hold staff and providers accountable in meeting these targets; and
- Provide adequate resources and support for adopting PFCC.

3) Education and Training of Healthcare Providers and Students

Education and training are key elements for successful cultural transformation within the Saskatchewan health system. To ensure that all healthcare providers and staff at all levels of care have the same shared understanding of PFCC, it is important for organizations to provide their staff with education and training opportunities, supports, and tools.

For sustainability of PFCC within the health system, it is recommended that educational institutions be an integral part of this cultural transformation. Effective ways to educate future healthcare professionals may include:

- Incorporating PFCC values, principles and skills into school curricula;
- Engaging patients and families in educating and training students about important PFCC skills, such as how to deliver difficult news to patients and families, how to compassionately and attentively listen to patients and families, understand what it means to live with illness and disability, how to deal with patients with terminal illness and end of life, etc.; and
- Engaging patients and families in developing curricula that incorporates PFCC skills.

Based on the experience of medical and nursing educational institutions that have adopted PFCC, engagement of patients and families in education helps students value the patients' and families' perspective and learn the types of supports that they could provide to help patients and families manage their health conditions and illnesses.

4) Engagement of Patients, Families and Communities (e.g. shared decision-making, patient & family advisors, and community engagement)

The most important element of PFCC is the development of true collaborative partnership that is based on mutual respect among healthcare policymakers and providers, and patients, families and communities. These partnerships can occur across the care continuum from primary health care to acute care, rehabilitation services, long-term care, home care and palliative care. To engage patients and families at any point of the care continuum, providers will need to encourage patients and families to participate in their own care, including making decisions about their care at the level they choose. Healthcare providers also need to be aware that some patients and families may choose not to engage in decision-making in their own care and may want their care providers to make decisions on their own behalf, or to recommend a course of actions.

In order for patients and families to successfully participate in their own care, they will need to fully understand their diagnosis and treatment options. When healthcare professionals provide information, it is important for them to understand that each patient and family may have a different level of understanding of the information, depending on their cultural background, values, education level (e.g. health literacy level) and language skills. To communicate effectively with patients and families, it is important for providers to:

- Understand the patient's and his or her family member's cultural background, values, health literacy level and language skills;
- Communicate in simple language without medical jargon;
- Encourage them to ask questions about their concerns and issues;
- Use active listening and open questioning;
- Support them in making his or her own decision; and
- Respect his or her decisions.

(Joint Commission on Accreditation of Healthcare Organizations, *Putting the Care in Health Care: Improving the Patient Experience*, 2009; Health Canada, *Talking Tools II: Putting Communication Skills to Work*, 2001; and General Medical Council, *Consent: Patients and Doctors Making Decisions Together*, 2008).

These effective communication skills not only help to forge and sustain relationships between providers, patients and families, but also alleviates anxiety of the patient and their family members, increases their comfort levels, and wins their trust (Joint Commission on Accreditation of Healthcare Organizations, 2009). Well informed patients tend to be more compliant, follow self-care instruction better, and understand when to seek additional counsel about their health concerns (Barrier, 2003).

Shared Decision-Making (SDM) is an evidence-based PFCC practice adopted by leading medical and research institutes around the world, including the National Health Services (NHS) in the UK, the Dartmouth-Hitchcock Medical Centre in the U.S. and the Ottawa Hospital Research Institute in Canada to improve patients' engagement in their own care. SDM is defined as a decision making process jointly shared by patients and their health care providers through two-way communication and information exchange. It can be used primarily in treatments for preference-sensitive care where there are two or more treatment alternatives but no single "best" option, and the choice of treatment involves tradeoffs that should be based on patients' preferences. According to King, "In cases where patient lifestyle, personal preferences, and values are indicative of the most appropriate treatment choice, physicians are not in the best position to make treatment decisions and should not limit disclosure of alternatives" (King et al, 2006). These preference-sensitive areas represent more than one-third of medical care, suggesting that a major proportion of treatment

decisions should include explicit consideration of value tradeoffs to support informed patient choice (O'Connor et al, 2007). The common preference-sensitive areas include hip replacement, knee replacement, spine surgery, prostate cancer, coronary artery bypass grafting, etc. A framework for SDM is currently being developed by the Ministry of Health, in collaboration with physicians, researchers, and staff from regional health authorities (RHAs) for five surgical pathways in: spine, prostate cancer, hip & knee replacement, and gynecology.

The partnership between providers and patients and families can also occur at the organization level through engaging patients, families, and community members in the research, development, implementation and evaluation of policies, programs and services; in orientation of new and existing staff members about PFCC; and in facility design. Patient and family advisors or patient and family advisory councils (PFACs) are effective mechanisms to engage patients and families at the organizational level. The Saskatoon Health Region has adopted these mechanisms. They have client and family advisory councils in four portfolios; Maternal and Children's Health, Critical Care, Heart Health & Oncology, and Neuroscience & Rehabilitation. These councils consistently engage clients and families in the planning and evaluation of policy, programs, and unit/department functions. Membership is comprised of clients, families, physicians and Saskatoon Health Region staff. Many long-term care homes within the Saskatoon Health Region have also established resident councils to help provide care based on the principles of resident-centred care.

To facilitate patient, family and community engagement at the organization level, healthcare organizations may consider:

- Establishing a means to find, screen, train, and assign patient and family advisors to various committees and working groups to bring their voice into discussions about current and future operations of the organization; and
- Providing patients and families with education and training on how to effectively engage and participate in this level, as well as how best to tell their stories in order to inform staff members of their experience, which can contribute to quality improvement in service delivery.

5) PFCC Champions

Mature PFCC organizations have found that the successful day-to-day implementation of PFCC requires the dedicated focus of an individual champion at the operational level (Frampton et al, 2009). For some healthcare providers, it may be difficult to understand how to incorporate PFCC concepts into their practices and may need to “see” what it looks like before they can imagine themselves doing it. To facilitate this cultural change, the leaders of the organization may need to:

- Identify early adopters (e.g. champions) who have successfully adopted PFCC values and principles into their own practices or those who are willing to learn and adopt these values and principles into their practices;
- Create a system of “champions for change” at all levels of care and practice (e.g. physician, nurses, other frontline staff, etc.), which will create the synergy needed for this cultural change; and
- Recognize the PFCC practices and celebrate them with other staff members.

6) Effective Communication to Spread PFCC across the Health System

Having a common, shared understanding of PFCC (e.g. definition, core concepts, vision and goals) among all healthcare providers, staff members, patients and families will be critical for successful adoption of PFCC in Saskatchewan. This may be achieved through effective communication at

the system level as well as at the organizational level. At the system level, the Saskatchewan Ministry of Health will create a strategy to communicate broadly about the PFCC framework, including the health system PFCC vision and goals, with all stakeholders, including health sector stakeholders, different levels of government, other ministries (e.g. Social Services), and the public. A webpage will be created to provide information about PFCC, including the framework, resources and tools for adopting PFCC (e.g. PFCC best practices, how to get started, etc.). At the organizational level, leaders of healthcare organizations may consider creating a communication plan to communicate frequently with their staff, patients, and families about the organization's vision and goals for achieving PFCC and their expectations.

6) Creating a Workplace that Supports Adoption of PFCC

Research suggests that PFCC has a positive impact on staff satisfaction, which in turn has a direct impact on employee turnover rates and patient satisfaction. From the patient's perspective, quality of care is not just about receiving state of the art healthcare treatments, but also about receiving genuine caring from providers who listen to and understand their anxiety and fear about their health conditions, as well as provide emotional support (Frampton et al 2008).

Patient- and family-centred healthcare organizations do not only strive to meet the full range of patient and family needs, but also those of staff by creating a healthy, supportive work environment where they feel empowered to deliver quality of care based on PFCC values and principles and where their efforts and dedication to putting patients and families first are recognized and rewarded. To create this PFCC work environment, it is recommended that the leaders of healthcare organizations:

- Engage employees, particularly physicians and frontline workers, in the process of adopting PFCC;
- Empower staff to provide PFCC in their own practices;
- Recognize and acknowledge the efforts and dedication made by employees in putting patients and families at the centre of care;
- Incorporate PFCC principles and standards into human resource policies (e.g. recruiting, hiring, orientation, training, assessing performance, etc.)

7) Integrating PFCC Concepts into Every Policy, Initiative, and Program

To make PFCC a reality, the health system and healthcare organizations will need to ensure that patients' and families' perspectives are reflected in every policy, initiative and program by engaging patients and families and integrating the four core concepts of PFCC into new and existing policies and initiatives (e.g. safety, quality improvement, prevention of illnesses, health promotion, electronic health record, etc.)

For example, PFCC concepts can be adopted in "**Lean**". **Lean** is a culture and approach to quality improvement that aims to empower staff to innovate and change work processes that do not produce immediate value to patients, families, residents, clients, and those with whom we collaborate to provide services. Since 2008, Lean has been implemented across the Saskatchewan health system in a number of different areas such as long-term care, day surgery, the hip and knee surgical pathway, surgical discharge planning processes, cancer services, medication reconciliation, patient registration, and a patient flow through acute care. One way to incorporate PFCC into Lean is to use "*patient and family shadowing*" in the value stream mapping process. The University of Pittsburgh Medical Center (UPMC) have been using this method to improve patient experiences and exceeding the needs and desires of patients and family members. Patient and family shadowing simply involves having a

committed and empathic observer follow a patient and his/her family members throughout a selected care experience to view and capture the details of the entire care experience from the point of view of the patient and family. Too often, healthcare providers assume that they know what their patients and families experience, but without properly observing, recording and evaluating the experience from beginning to end. They do not truly know what the experience feels like to those going through it. According to the study conducted by DiGioia and Greenhouse, patient and family shadowing at the UPMC eliminated staff resistance to change and defensiveness as it removed blame from care givers by placing focus on transforming the patient's and family's care experience. Also, it created a sense of urgency as staff gain an appreciation for the care experience through the eyes of the patient and family (DiGioia and Greenhouse, 2011).

8) Performance Measurement and Monitoring the Progress

Performance measurement and reporting on progress toward short- and long-term goals are key elements for achieving sustainable cultural transformation. In order to measure impact or outcomes of PFCC, organizations, departments, or units that wish to adopt PFCC may need to develop a performance measurement framework that includes desired outcomes and indicators. A reporting system to track progress on a regular basis may also need to be in place before beginning adoption of PFCC. Also, it is important to communicate the results with staff and celebrate the successes.

VII Conclusion

Patient- and family-centred care is not a “thing” that can be implemented within a short time period, but is about changing the mindset of healthcare providers and staff from the traditional healthcare approach to an approach that focuses on providing compassionate, respectful care that is responsive to the needs, values, beliefs, and cultural backgrounds of patients and families through creating collaborative partnerships between providers, patients and families. Achieving this cultural transformation within the Saskatchewan health system will take time and will require a system-wide buy-in and commitment.

Patient- and family-centred care is not a new approach to many healthcare organizations in Saskatchewan. There are pockets of excellence in providing PFCC throughout the province. However, for every patient, client, resident and family member to receive the same level of PFCC in a similar fashion, all healthcare organizations, providers and staff will need to consider how they contribute positively to the patient journey.

PFCC is not just “nice things to do”, but is “essential” for improving the experience of patients and families and their health outcomes; improving provider satisfaction; and reducing the costs. The Saskatchewan health sector has endorsed the Patient First Review recommendation on PFCC and is ready to move forward with PFCC. Moving toward PFCC collectively will create a “win-win” situation for everybody, including patients and families, healthcare providers, and healthcare organizations.

Cultural Transformation from System-Centric Care Toward Patient- and Family-Centred Care

CURRENT STATE

System-Centred Care where patient care is organized around the needs of the system and providers rather than the needs of patients and their family members

Patients and Families Perspectives from the Patient First Review

- I feel that I am not always treated with respect and dignity.
- My cultural values and beliefs are not always respected.
- I feel that providers are not listening to my needs and concerns.
- I would like to engage more in decision making about my care.
- Information regarding my care is not shared in a way I can understand.
- I feel lost in the system.

Provider Perspectives

- I don't always have time to listen to my patients and their families' concerns.
- I don't always know how to communicate effectively with patients and their families.
- I am not always provided with enough training, support or education to do the best possible job.
- I am not always engaged in any decision-making affecting my work.
- My work is not always valued and recognized.
- Creativity and innovation is not always valued in my work.
- I am often overwhelmed with a heavy, demanding workload.

Health System Performance Outcome Indicators

- Overall patient Experience at acute care
- Medication Errors
- Hospital Infection Rate
- # of Falls at LTC
- Sick Leave Hours
- Annual physician turnover rate
- Annual health employee turnover rate



FUTURE STATE

Patient- and Family-Centred Care where patient care is provided in response to patients' needs, values, and preferences through collaborative partnership between patients, families and providers.

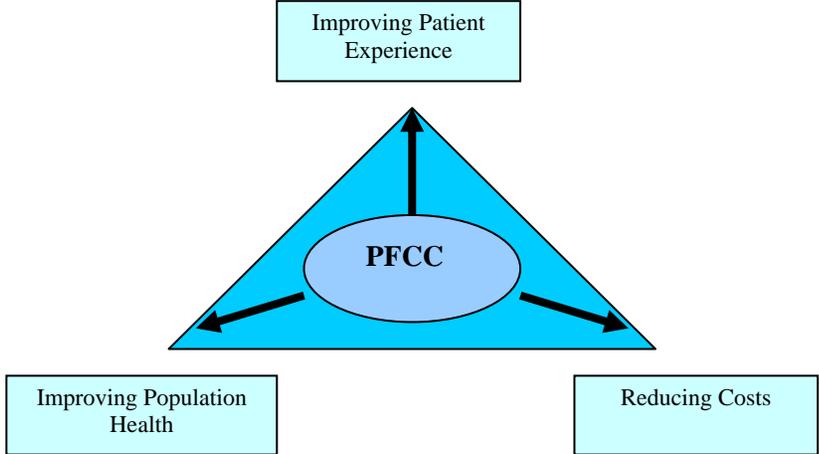
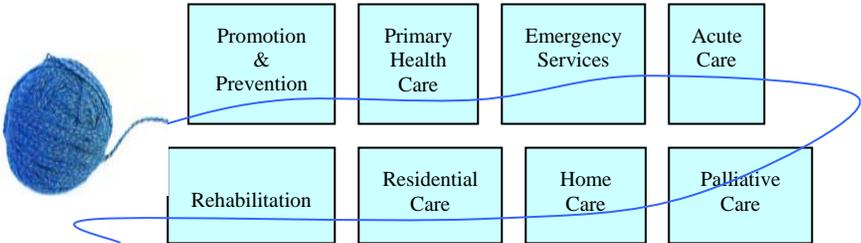
Patients and Families Perspectives

- I am treated with respect and dignity
- My cultural values and beliefs are respected;
- Providers are listening to my needs and concerns;
- I am a member of my care team;
- Information regarding my care is shared in a way I can understand;
- I know how to navigate the system.

Provider Perspectives

- I spend more time listening to my patients and their families' concerns;
- I communicate effectively with patients and their families;
- I receive enough training, support and education to do the best possible job;
- I am fully engaged and have ownership of my work;
- My work is valued and recognized;
- Creativity and innovation is valued in my work;
- I am satisfied with my workload.

PFCC Concepts			
Respect & Dignity	Information Sharing	Partnership	Collaboration



Key Drivers for Cultural Transformation

- PFCC Champions
- Education and training
- Senior Leadership Commitment, Support Expectations and Accountability
- Effective Communication
- Engagement of Patients, Families, and Communities
- Supportive Workplace and Staff Engagement
- PFCC integrated into existing policies and initiatives
- Performance Measurement

Health System Performance Outcomes in 2021

- Better overall patient experience
- Reduced Medication Errors
- Reduced Hospital Infection Rate
- Reduced # of Falls in long-term care
- Reduced Sick Leave Hours
- Reduced Annual physician turnover rate
- Reduced Annual health employee turnover rate

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Appendix A

Definitions

System-centred Care

System-centred Care provides care that is organized and prioritized around the needs of the health system and those who work within it rather than the needs of patients and families

Patient-Focused Care

The patient is the focus or unit of care. Interventions are done to and for him/her, instead of with the patient. The patient is not viewed within the context of family or community.

Patient- and Family-Centred Care

Patient- and family-centred care is about providing respectful, compassionate, culturally safe and competent care that is responsive to the needs, values, cultural backgrounds and beliefs, and preferences of patients and their family members by working collaboratively with them. In the PFCC approach, patients and families are actively engaged not only in their own care, but also in the planning, delivery and evaluation of healthcare services and programs. Patients and families are no longer viewed as clinical objects or visitors, but viewed as essential allies and treated as true partners. PFCC is grounded in mutually beneficial partnerships among patients, families and healthcare providers.

Patient

The term “patient” means any person who receives services or benefits from a program in the healthcare system. For example, this includes patients in a hospital or rehabilitation facility, clients of mental health and addictions programs, or residents in long-term care facilities.

Family

The term “family” refers to one or more persons who are related in any way – biologically, legally, or emotionally – to the individual receiving care. In the PFCC approach, the definition of family, as well as the degree of the family’s involvement in healthcare, is determined by the patient, provided that he or she is developmentally mature and competent to make such decisions. Family can include not only bonds created by marriage and blood, but also bonds created by close friendships, commitments, shared households, shared child rearing responsibilities, and romantic attachments.

Patient and Family Advisor

Patient and family advisors can be used to engage patients and families at an organizational level, including the planning, development, implementation, and evaluation of health policies and programs; educating healthcare professionals and students; and facility design. They often sit on various committees and working groups as an important part of the team, contributing valuable ideas, information and perspectives to the development and implementation of policies and programs. Most advisors work as volunteers in the health system.

Patient and Family Advisory Council

Healthcare organizations that are committed to patient- and family-centred care often implement *Patient and Family Advisory Councils* in order to discuss opportunities for improvement from the patient and family perspective. Such a council creates opportunity for patients and families who represent the constituents served by the organization to become members of a permanent group that meets regularly with senior leaders. While they do not function as boards, patient advisory councils can play a vital role in problem-solving, since they often identify opportunities or solutions that decision makers may overlook. Furthermore, this can also be a very valuable group for gauging reactions to patient-centred initiatives prior to their roll-out, and for soliciting input for the refinement of existing programs.

Shared Decision-Making

Shared decision making (SDM) is defined as a decision making process jointly shared by patients and their healthcare providers through two-way communication and information exchange. The purpose of SDM is to help patients play an active role in decisions concerning their health. It is used primarily in cases where there are several treatment alternatives but no single “best” option, so patients’ values and preferences will play a significant role in making a decision. It is not the ideal model for every case.

Primary Health Care

Primary health care involves providing services to individuals, families, communities and populations and involves a proactive approach to preventing health problems before they occur and ensuring better management and follow-up once a health problem has occurred. Since many of the factors that affect health occur outside of the health system, primary health care proactively works with intersectoral partners and community groups to address broader community needs. Primary health care encompasses preventive, promotion, curative, supportive and rehabilitative services. Primary health care serves as the umbrella for many basic health programs and services, which include home care, public health, mental health, addiction and drug abuse services, primary medical care, long term care, emergency services, end of life care, laboratory and X-ray services and therapy services (Saskatchewan Ministry of Health <http://www.health.gov.sk.ca/primary-health>).

Primary Care

Primary care is that care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern (the "undifferentiated" patient) not limited by problem origin (biological, behavioral, or social), organ system, or diagnosis. Primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings (e.g., office, inpatient, critical care, long-term care, home care, day care, etc.). Primary care is performed and managed by a personal physician often collaborating with other health professionals, and utilizing consultation or referral as appropriate. Primary care provides patient advocacy in the health care system to accomplish cost-effective care by coordination of health care services. Primary care promotes effective communication with patients and encourages the role of the patient as a partner in health care (American Academy of Family Physicians).