Engagement Request Form

**Please note that this word document is meant to be a tool for you and your team to plan your *Engagement Request Form* responses; it is not a replacement to the online form. You will still need to submit your engagement request online through this** [**Engagement Request Form**](https://patientvoicesbc.ca/forms/engagement-request-form/) **to proceed.**

**If you have an initial idea but need help with creating an engagement plan, want help before you move forward, or are not sure where to start, please complete a** [**Consultation Request Form**](https://patientvoicesbc.ca/forms/consultation-request-form/) **instead.**

By reviewing and completing this form, you are preparing to engage patient partners in your improvement work.  
  
For examples of language used in similar opportunities, and to see how we work with the information you provide, please look at our [current opportunity listings](http://patientvoicesbc.ca/patient-partners/volunteer-opportunities/). We’ve put together a [checklist](https://patientvoicesbc.ca/resources/health-care-partner-readiness-checklist/) of questions you may want to ask yourself before moving forward with engaging patient partners in an initiative to ensure that they are prepared and supported to participate in a meaningful manner.  
  
As you work through the form, you are able to save your work creating a unique link that you and your colleagues can access from any computer.  
  
After submitting the completed form, you will get a copy of it in your email and an engagement leader will connect with you to discuss your initiative and next steps. And if you have any questions about the engagement request forms, this list of [frequently asked questions](http://patientvoicesbc.ca/resources/resources-for-health-care-partners/frequently-asked-questions-engagement-request-form/) may be helpful.  
  
If you encounter any technical difficulties or have any question about the form, please connect with the [Engagement Leader](https://patientvoicesbc.ca/about-us/meet-our-team/) in your region.  
  
*The BC Patient Safety & Quality Council will collect personal information via Word Press under section 26 (c) of the Freedom of Information and Protection of Privacy Act for the purposes of operating the Patient Voices Network. If you have any questions about the collection of your personal information please contact: Tammy Hoefer, Director of Patient and Public Engagement, at 1.877.282.1919*

Geographic Region for your initiative [radio button]:















Are you looking for patient partners from specific cities or facilities (hospitals, clinics, etc.)?

|  |
| --- |
| Open to patient partners from Nanaimo, Parksville, Oceanside, Qualicum |

# Section 1) Engagement

Engagement Name:   
The Engagement name should be the role of the patient partner, and the name of the initiative (e.g., Member, Quality and Safety Council or Patient Speaker, Quality Academy Patient Panel).

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| Member, Island Health’s Nanaimo Oceanside Community Health Services Quality Committee |

Attention-grabbing statement:   
Please draft a 2-3 sentence pitch that will draw attention to the engagement opportunity, thinking of *who* the patient partner is, *what* the opportunity entails and *why* the patient partner would be interested. See [our tutorial](https://patientvoicesbc.ca/resources/crafting-an-attention-grabbing-statement-for-your-opportunity/) for more tips.

e.g., “Island Health is revamping its public website and needs volunteers to attend a one hour in-person session in Victoria to test drive the site. Help ensure the creation of a user-friendly and easy-to-navigate website!”

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| Are you interested in improving Community Health Services, Primary Care and Mental Health and Substance Use services in the Nanaimo/Oceanside area? If yes, consider joining our Quality Committee! |

Aim:   
Short, plain language statement explaining your initiative, and the patient engagement objective. Please consider:

* What is the aim or goal of your initiative? (Why are you doing this?)
* What is the purpose of engaging patient partners in this work? (What can a patient partner offer this initiative?)
* What is the role of the patient partner? (What will the patient partner be asked to do)

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| This committee is looking to improve service delivery for the Community Health Services in Nanaimo and Oceanside. Our focus is person- and family-centred, evidence-based, safety focused, and sustainable care. Patient Partners will be:   * Invited to attend the Quality Committee in Nanaimo/Oceanside * Asked to give input from a patient perspective on quality improvement initiatives * Asked to review any data brought forward |

# Section 2) Engagement Strategy

We use the International Association of Public Participation (IAP2) Spectrum of Engagement to help our health care partners and patient partners to set expectations for involvement with set language for goals and promises.

Please check the level of engagement that best fits your initiative: [radio button]

The opportunity is at the level of **inform** on the spectrum of engagement ([ww.iap2.org](https://www.iap2.org/mpage/Home)). The promise to you is that the health care partner will provide you with clear and objective information.

The opportunity is at the level of **consult** on the spectrum of engagement ([www.iap2.org](https://www.iap2.org/mpage/Home)). The promise to you is that the health care partner will listen to and acknowledge your ideas and concerns and provide feedback on how your input affected the decision.

The opportunity is at the level of **involve** on the spectrum of engagement ([www.iap2.org](https://www.iap2.org/mpage/Home)). The promise to you is that the health care partner will work with you to ensure that your ideas and concerns are reflected in recommendations and provide feedback on how your input affected the decision.

The opportunity is at the level of **collaborate** on the spectrum of engagement ([www.iap2.org](https://www.iap2.org/mpage/Home)). The promise to you is that the health care partner will look to you for advice in decision making, developing alternatives, and solutions and include your recommendations into the decision as much as possible.

The opportunity is at the level of **empower** on the spectrum of engagement ([www.iap2.org](https://www.iap2.org/mpage/Home)). The promise to you is that the health care partner will implement what you decide.

# Section 3) Eligibility & Logistics

Please detail the following:

Eligibility Criteria:   
List any skills/ experiences/ identifiers that are required or would be an asset (i.e., experience with specific part of the health system, skills, expertise, age, gender, connection to specific communities, etc.).

For example:

* Experience working in large groups
* Comfort telling their story
* Some familiarity with data analysis
* Etc.

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| * Open to patient partners from Nanaimo, Parksville, Oceanside, Qualicum * Experience receiving care, or having a family member receive care from Community Health Services and/or Oceanside Health Centre * Comfortable sharing their health care experiences, and sharing their ideas with a large group of health care partners * Comfortable with using Zoom for virtual meetings, and receiving documents by email * Please note:   + This opportunity, as with all Island Health patient engagement opportunities, is not open to Island Health staff members or patient partners who are currently employed by Island Health. If you have questions regarding this, please email [patient.experience@islandhealth.ca](mailto:patient.experience@islandhealth.ca)   + The placement process for this opportunity *may* include an informal interview between the volunteer and the health care partner   + Applicants must have previously attended a PVN orientation session and completed the [Patient Partner Commitments form](https://patientvoicesbc.ca/patient-partners/get-involved/volunteer-agreement/). If you have not attended an orientation session but you are interested in this opportunity, please contact [Charmaine Niebergall](mailto:cniebergall@bspqc.ca) directly to see if accommodations may be possible |

Number of vacancies (a minimum of two patient partners is recommended):

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| --- |
| 2 |

Location, Date, Time and Frequency (please describe to the best of your ability at this time):   
Please include the first meeting date and time.

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| * Date/Time: Every second Thursday of the month from 8.30-10.30am * Location: Videoconference (via Zoom) * Commitment: 1 meeting per month for 12 months with the possibility of renewal |

Engagement Format:   
Please check the technique that you are considering: [radio button]

Conference

Focus group

Patient speaker

Survey

Working group/ Committees

Workshop

Other: Click or tap here to enter text.

Connection Method: [checkbox]

In-person

Teleconference

Webinar

Other: Zoom

Commitment (how long do you foresee patient partners being involved?): [radio button]

One time

One week to six months

Seven months to a year

Over a year

# Section 4) Reimbursement

There is an expectation that health care partners cover related expenses. Pre-payment and/or expedited reimbursement for out of pocket expenses may be required.

Please list the expenses you are able to cover and estimate reimbursement timeline. Note any limitations or restrictions:

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| No out of pocket expenses are anticipated for this engagement opportunity. However, if you meet the eligibility criteria but have concerns about your ability to participate, please contact Charmaine Niebergall [cniebergall@bcpsqc.ca](mailto:cniebergall@bcpsqc.ca) to see if support options are available. We are always seeking to better understand and reduce barriers to participation. |

# Section 5) Background

Expanding as you can on the short aim statements you identified above, please provide relevant history and background information for your initiative, including:

* Why has this opportunity come about?
* Who else will be involved?
* Are there any potential risks, how might they be mitigated?
* Any background materials relevant to the initiative (e.g., Terms of Reference)?
* What are setting is this most directly related to (e.g., Acute Care, Community care, Residential Care)?

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| A Quality Committee has been developed with the goal of creating an integrated model with other service providers. More specifically, we will be working with a variety of other programs and services that work and function well together. This Quality committee is made up of patient partners and Island Health Leaders from Community Health, Primary Care, Mental Health, and Urgent Care with the intent of improving client and staff experience. Patient partners are invited to share their experiences as it relates to supporting improvement/quality in community care. Patient partners will receive agendas in advanced of meetings for time to ask any questions or for support. An index of commonly used acronyms has also been developed to help patient partners better understand the terminology/acronyms used. |

Would you like to attach any documents like ToR or other materials?

[attach file, max file size: 110MB]

# Section 6) RSVP

Are there particular questions that you would like to ask patient partners to help you select the appropriate people for your engagement?   
(e.g., why are you interested, do you have experience with xx health department/ organization, please describe your skills and education such as data analysis, public speaking, etc.)

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| --- |
| 1. Do you have experience receiving care, or having a family member receiving care from Community Health Services or Oceanside Health Centre? Yes, No, Unsure 2. Are you comfortable sharing your health care experiences, and sharing your ideas with a large group of health care partners? Yes, No, Unsure 3. Please share with us why you are interested in being a patient partner with the Nanaimo Oceanside Community Health Services Quality Committee. 4. Are you comfortable using Zoom and receiving documents by email? Yes, No, Unsure 5. What support do you need to make this a safe, positive and meaningful space and experience for you? 6. **Diversity**   It is important to hear the voices of many perspectives in this work. This opportunity seeks to have an inclusive approach and encourages diverse representation from across the province including people from different ethnic, economic, and social backgrounds. If comfortable doing so, please indicate if you identify with any of the following groups. This information will be respected and only privy to those involved in the engagement selection process. Check all that apply:    a. Person of colour  b. Person with disabilities  c. Indigenous (First Nations, Métis, Inuit)  d. Newcomer to Canada  e. LGBTQIA2S+  f. Custom. Please specify: \_\_\_\_\_\_\_\_\_\_\_  g. None of the above  h. Prefer not to answer |

Please note that the following question is included in all invitations as part of our shared commitment to creating safe and accessible opportunities: *What support do you need to make this a safe, positive and meaningful space and experience for you?*

# Section 7) Communication Plan

Frequent and fulsome communication with patient partners is a key success factor in patient engagement. In addition to ensuring there is one primary contact person available to support patient partners, giving ample notice when scheduling meetings and ensuring that materials and meeting requests are circulated in a way that is compatible with the patient partner’s computer systems and preferences, it is important to provide frequent updates and feedback on how patient partner input is making a difference. This is particularly important for long-term engagements where months may pass between meetings.

Please describe how you will keep patient partners updated on the initiative’s progress and the impact of their participation throughout the engagement.

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| Patient partners will be regularly communicated with throughout the lifespan of this project. |

# Section 8) Closing the Loop

Closing the loop is a critical step in the engagement process. At the end of an engagement, it involves communicating three key components:

1. **Appreciation:** Acknowledge the end of the engagement and thank patient partners for their participation
2. **Engagement Outcome/Impact:** Share how the contributions and participation of patient partners influenced the initiative.
3. **Initiative Outcome/Impact**: Share if the initiative met its aim, its outcome, impacts or progress made to date.

**Make a Closing the Loop plan now**. While it may seem early, we ask that you give some thought now, as to how you will ‘close the loop’ at the end of the engagement, or when a patient partner completes their involvement with your work. Further, we recommend that you review (and modify!) your Closing the Loop plan with your patient partners at the start of your engagement, so that everyone shares the same understanding of what will be occur at the end.

**We recommend that Closing the Loop be completed within 90 days of an engagement ending.** For many initiatives, part 3 may not be feasible for quite some time after the event or meetings with patient partners have ended. However, it’s important that you communicate those constraints to patient partners, and provide a prompt Closing the Loop communication, even if it is limited to parts 1 and 2. You can send additional updates later when they are available.

**How you Close the Loop with patient partners is up to you.** You may find the [PVN Closing the Loop template](https://patientvoicesbc.ca/wp-content/uploads/2022/02/Closing-the-Loop-Template-Final.docx) a helpful communication tool to complete and send via email. If you choose to host a Closing the Loop meeting, Engagement Leaders are available to facilitate if requested. This [10 Tips for Closing the Loop](https://patientvoicesbc.ca/wp-content/uploads/2022/02/Top-Ten-Tips-for-Closing-the-Loop-Feb-2022.pdf) resource may also assist you.

Do we have your commitment to Close the Loop? [radio button]

Yes

No

When would be a good time to connect with you regarding closing the loop (estimated end date of engagement)?

[2023-04-30]

# Section 9) Consent

Do you consent to have this engagement posted on our website, which is publicly available? [radio button]

Yes

No

Do you consent for us to share your contact details with PVN Patient Partners and/ or other health care partners who might have questions related to this engagement? [radio button]

Yes

No