

Engagement Planning Template

Before completing an engagement request form, we encourage you to complete this engagement planning template so that you can be fully prepared to engage patient partners in your improvement work.

We've included a checklist on engagement readiness and have also created <u>Health Care Partner Commitments</u> to give you insights into your responsibilities moving forward.

Additional resources for your engagement planning include:

- A Guide to Authentic Patient Engagement
- BCCDC Covid-19 Language Guide
- Committee Principles & Guidelines
- Culturally Safe Engagement
- Diversity, Equity & Inclusion Elevating the Voices of All in British Columbia

CHECKLIST - Health Care Partner Engagement Readiness

Including patient partners in your work can provide a unique perspective to any decisions being made. Below are a number of questions you may want to ask yourself before moving forward with engaging patients to ensure that patient partners are prepared and supported to participate in a meaningful way.

- Can you fully articulate the aim and patient roles at this time? Patient engagement opportunities have the most impact when the overall aim of the engagement and roles/ expectations of patient volunteers can be communicated early on
- O Do you have support and buy-in from key leaders, decision-makers, and/or committee members who are directly involved in this opportunity? If not, do you have a plan in place to address and build commitment amongst key stakeholders?
- O Do you have background documents (e.g., Terms of Reference and past meeting minutes) that you can share to allow volunteers to better understand the goals, priorities, and current focus of this work?
- Privacy and confidentiality are important to both patients and health care partners. Do you have a confidentiality agreement that patient volunteers will sign prior to participating? Do you have a way to emphasize to patient partners that their input and perspectives will remain privileged within this opportunity?
- Within your organization, is there a defined 'point person' who will communicate with and support patient partners throughout this engagement? Support may include providing meeting invitations, sending key documents, and initial conflict resolution as appropriate
- o It is expected that patient partners are able to volunteer without incurring extensive out of pocket expenses. What resources do you have available to support patient partners, and which expenses will be covered, including compensation of time?

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Any time sensitivities?

- o Trauma & resiliency informed practice: Patient partners generously give a lot of themselves: time, energy, and the sharing of personal stories or experiences that may be difficult. It is important that this not be done at the expense of their own health/wellbeing. Is there a potential risk that patient partners may face emotional distress through reflecting on and sharing their experiences during your engagement opportunity? If yes, what supports will you provide.
- Will you be engaging with Indigenous patient partners? If yes, how will your team embed cultural safety and humility into the work?
- Are you wanting to recruit diverse voices/perspectives into your work? If yes, what specific outreach strategies will you adopt and how will you tailor the logistics of your engagement to meet the needs of your patient partners/enable them to participate?

<u>Timelines:</u>
When considering the timelines for your engagement opportunity, it's important to factor in the following dates:
Recruitment of Patient Partners (please allow up to 4 weeks for this)
Onboarding of patient partners
Start of engagement
Check-ins (if the work is ongoing)
End of engagement/ Closing the Loop

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Project Team:

Who is on your team? What role will they play and who will be the main contact person for the patient partner(s)?

Name	Role	Tasks/Involvement

Before completing the engagement request form, consider whether being a PVN patient partner is a requirement of your engagement opportunity as postings on the website are public.

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• Members of the public can RSVP

Section 1) Engagement details

Engagement Format:

Please check the technique that you are considering:

Conference

Focus group

• Interview

Survey

Working group/Committee

Workshop

Other: Click or tap here to enter text.

Role of Patient Partner:

Please check the role the patient partner will have in your engagement opportunity:

Advisor

Attendee

© Facilitator/Co-Facilitator

• Interviewee

Member

Participant

Reviewer

Speaker

Other: Click or tap here to enter text.



Engagement Strategy:

We use the International Association of Public Participation (IAP2) Spectrum of Engagement to define the patient partner's role in the decision-making process and to declare what our promise, as a health care partner is to the public.

Please indicate the level of engagement that best fits your initiative:

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The opportunity is at the level of inform on the spectrum of engagement (www.iap2.org). 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 (<u>www.iap2.org</u>). 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 (<u>www.iap2.org</u>). 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 (<u>www.iap2.org</u>). 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 (<u>www.iap2.org</u>). The promise to you is that the health care partner will implement what you decide.

Section 2) Engagement Description

Engagement Name:

Name of the engagement opportunity (e.g., Quality and Safety Council or Quality Academy Patient Panel).

Click or tap	here to	enter	text.
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Aim & Background Information:

Provide a short statement using plain language which explains your overall initiative and how the patient engagement objective will contribute to this. Please consider:

• What is the aim or goal of your initiative? (Why are you doing this?)

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- What is the purpose of engaging patient partners in this work? (What can a patient partner offer this initiative?)
- What is the relevant history and background information for your initiative?

For examples of an aim statement please refer to the following engagement opportunities: <u>Committee</u>, <u>Focus Group</u>, <u>Interview</u> & <u>Working Group</u>

Click or tap here to enter text.
Section 3) Eligibility & Logistics
Please detail the following:
Geographic Region for your engagement opportunity
Provincial
○ Fraser
O Interior
○ Northern
C Vancouver Coastal
C Vancouver Island
Outside BC
If not looking for patient partners across the whole region, please indicate which geographical areas/communities are specific to your engagement opportunity:
Click or tap here to enter text.



Eligibility Criteria:

ist any skills / experiences / expertise that is required or wou	d he an asset Check all that apply
□ Willing & comfortable to share health care experiences □ Experience and or comfort with public speaking and/or □ Specific health care experiences [please provide details □ Previous committee/working group experience □ Have access to technology and the internet to participat □ Comfortable using technology to attend online/virtual r □ An interest in quality improvement and/or previous exp e.g., IHI Open School Basic Certificate □ The time to participate in the engagement opportunity (□ Other: Click or tap here to enter text.	in a group setting giving presentations in "other" below] te in the engagement opportunity neetings erience/ training in Quality & safety
Will informal meet & greets form part of your selection proce to get to know the patient partners by having a conversation you both to decide if this will be a good fit moving forward.	

Number of vacancies:

Yes No

We recommend at least two patient partners per opportunity, for a few reasons:

- Diversity Patient partners can't be expected to speak on behalf of all patients. Inviting two or more patient partners to participate ensures at least two different perspectives are included.
- Safety and Comfort Participating as a sole patient partner in a group of health care partners can feel uncomfortable or intimidating. Inviting two or more patient partners can help to level the playing field and provide opportunities to support each other.
- Support and Coverage Patient partners may be navigating personal health care challenges, so they may miss meetings now and then. Having two or more patient partners can help ensure at least one patient partner is in attendance.



• Date & Time: Click or tap here to enter text.

Date, Time, Frequency, Location and Commitment of engagement opportunity (please describe to the best of your ability):

	□TBD
•	Frequency: Click or tap here to enter text.
•	Location:
	© Teleconference
	C Virtual participation (Zoom, MS Teams, WebEx etc.)
	O Hybrid (a blend of in-person and virtual participation)
•	Commitment: One time One week One month Up to six months
	C 12 months
	© Longer term (>12 months)
ectio	on 4) Reimbursement

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Please cover related out-of-pocket expenses. In some cases, pre-payment and/or expedited reimbursement may be required.

Please list the expenses you can cover from the options below. Check all that apply:

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 [insert health care partner name] to see if support options are available. We are always seeking to better understand and reduce barriers to participation





The following RSVP questions are recommended to help create safe and accessible engagement opportunities:

- What support do you need to make this a safe, positive and meaningful space and experience for you?
- It is important to hear the voices of many perspectives in this work. Engagement opportunities seek to have an inclusive approach and encourage 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:
- Person of colour
- > Person with disabilities
- Indigenous (First Nations, Metis, Inuit)
- Newcomer to Canada
- ➤ LGBTQIA2S+
- > None of the above
- > Prefer not to answer
- Custom. Please specify below
- Other

Section 6) 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, it is important to give ample notice when scheduling meetings and to ensure that materials and meeting requests are circulated in a way that is compatible with the patient partner's preferences. It is also important to provide frequent updates and feedback on how patient partner input is making a difference, particularly for long-term engagements where months may pass between meetings.

impact of their participation.					



Section 7) Evaluation and Closing the Loop

Evaluating patient engagement efforts helps to identify and document the benefits of including patient partner voices in health system initiatives. Evaluation activities can also help everyone to reflect on their experiences and identify areas for improvement. Consider the following prompts as you develop your evaluation plan.

Engagement process:

- Was the engagement well designed and executed?
- Are patient partners satisfied and did they have a good experience?

Engagement Outcomes:

- Were the engagement objectives met?
- What was the result of this engagement?
- How was it applied to the broader initiative?
- What new skills, awareness or relationships were built?

Evaluation Plan:



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 a helpful communication tool to complete and send via email, you can also host a Closing the Loop meeting. This 10 Tips for Closing the Loop resource may also assist you.

What is your plan for Closing the Loop?					