

# Ontario Health atHome Community Engagement Framework

Our collaborative vision for shaping engagement in home and community care







Engaging with home and community care patients, their families and caregivers is an essential component to delivering high quality care. It brings a unique form of insight into our organization and further ensures our services are relevant, beneficial, reflective and supportive of patient needs, priorities and values. It also guides us in the development of patient-centred programs, services and policies that are more reflective of the needs of the communities we serve.

The Community Engagement Framework (the "Framework") defines Ontario Health atHome's vision for engagement that is comprehensive, purposeful, and successful. It is aligned to our Mission, Vision, Values and based on our Drive Excellence in Care and Service Delivery Strategic Priority which states that "we will create new opportunities for patient, family and caregiver co-design to ensure that the patient voice is incorporated in everything we do."

# Process

In April 2022, a steering committee of Ontario Health atHome staff and patients, families, caregivers, led by the Director, Community Engagement, guided the development of our Framework. The input received was essential to developing a collaborative Framework that articulates the expectations and priorities of patients, families, caregivers, staff, leadership and community partners.

Over a two-month period from April to May 2022, the Steering Committee heard from 67 Patient and Family Advisors, 77 staff, 25 leaders and 10 community partners – all of whom provided valuable insight to help define a vision for engagement at Ontario Health atHome.

The Framework also aligns with other influential engagement frameworks and best practices that have improved broader understanding of why and how engagement adds value to health care organizations. In particular, the Ontario Patient Engagement Framework and the Carman Framework served as guiding documents for our work.

# **Overview**

The Framework the fundamental approaches as to what, why, how, and when we will engage people using our services, and community partners.

The Framework is broken out across four key areas. First is the objective – what are we trying to achieve? This statement was co-designed by our staff, leadership, partners and Patients, families, caregivers. This is followed by eight guiding principles - what is important to get us there? Next, we define three areas of focus that will support key strategic and priority setting decision that will guide our organization. Finally, we identify eight enablers – how will we empower participation? that outline the actions required to sustain authentic engagement to ensure active and positive experiences. Below is the vision we are proud to have created together.

	GUIDING PRINCIPLES	AREAS OF FOCUS	ENABLERS
OBJECTIVE To positively shape exceptional patient-centred home and community care programs, services and policies, through purposeful collaboration between patients, families, caregivers, community partners and staff.	Purpose	Program/Service Design and Delivery	Outreach
	Commitment		Relationship Building
	Structure		Communication
	Respect	Personal Care and Health Decisions	Clarity
	Transparency		Training and Coaching
	Diversity	Policy, Strategy, and Governance	Feedback and Impact
	Trust		Resourcing
			Connecting with Partners
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# Objective

To positively shape exceptional patient-centred home and community care programs, services and policies, through purposeful collaboration between patients, families, caregivers, community partners and staff.

# **Guiding principles**

# Purpose

Providing clear direction as to why we are engaging.

# Respect

Valuing the unique insights and perspectives shared. Recognize the background, culture and values that people bring, as well as the personal health journey they are on. Appreciate the time of our volunteers and engage with kindness, empathy, gratitude and compassion.

# Trust

Having mutual respect and seeing each other as essential participants in making programs and services more patient-centred. Ensuring a safe space where people are listening to each other and acting upon what is shared.

# **Co-Design**

Partnering through sharing unique forms of expertise. Working towards a collective goal of developing and delivering high-quality, patient-centred programs, services and policies.

Involving Advisors early in the process so they have a greater impact on shaping outcomes.

### **Diversity**

Hearing from different voices that reflect the diversity of the communities we serve, including Indigenous and Francophone populations. Taking an adaptive and inclusive approach in our processes to enable greater participation. Learning about, and adapting to, the unique needs of different populations to ensure access to equitable programs and services.

### Transparency

Being proactive and forthcoming about our role, scope and legislative requirements.

### Commitment

Commitment throughout the organization that engagement is valued.

### Structure

Creating a consistent, standardized and impactful approach to engagement throughout our organization that utilizes various methods and tools tailored to each project and initiative.

# **Areas of focus**

# **Personal Care and Health Decisions**

Empower patients, families and caregivers to be active participants in their care.

Share information about our programs, services and other relevant community resources.

Educate health system partners on the role, expectations and process for obtaining Ontario Health atHome, while learning about, and supporting, other sectors of care.

For example:

• Promotion of Ontario Health atHome role, how to access, etc. Involving patients, families, caregivers in their own care planning and discharge planning.

# Service Design and Delivery

Involve patients, families, caregivers in provincial and local programs and projects.

Utilize a variety of methods to incorporate the unique voices of patient, family and caregivers into the work of the organization.

Develop a structured and thoughtful approach to capture a diverse range of experiences, aligned with our commitment to working as one overarching organization across 14 geographies.

For example:

 Involving patients, families, caregivers in work across the organization through various engagement methods, (i.e. surveys, focus groups, virtual sessions, town halls, working groups, committees, etc.)

# Policy, Strategy, and Governance

Involve patients, families, caregivers in foundational initiatives, priority setting and overall direction.

Ensure the Vision of our organization stays aligned with the needs, expectations and values of the people we serve.

For example:

- Involving patients, families, caregivers in key strategic decisions and priority setting of the organization such as drafting the Annual Business Plan
- Development of key Frameworks, reporting and accountability, through more formal, engagement methods, including a Provincial Advisory Council, Committees of the Board, Hiring Panels, etc.

# **Enablers**

# Outreach

- Inform patients, families and caregivers about our programs and services.
- Take an active approach to recruitment by sharing engagement opportunities in a variety of ways
- Explain how engagement is different from our complaints process and experience surveys.
- Meeting patients, families, caregivers and key partners in their own communities.

# **Relationship Building**

- Establish trust with patients, families, caregivers and create a safe environment so they feel comfortable sharing their experiences and perspectives.
- Tailor engagement opportunities to match the specific skills, expertise and experiences of each Advisor.
- Listen to the ongoing needs of Advisors in order to adjust processes and shift culture over time.

# Communication

- Ensure background, necessary information, and questions for input are provided in advance.
- Focus on the qualities and skills of two-way communication, active listening and empathy to receive and translate insights into realistic improvement opportunities.

# **Clarity of Purpose**

- Manage expectations by providing clear guidance on the purpose of the program, service or policy being discussed, why engagement is being done and what we hope to accomplish.
- Define expectations in advance to ensure patients, families, caregivers are clear on their roles.
- Share timelines for the broader initiative and where the engagement fits in.

# **Training and Coaching**

- Provide orientation, training and resources to patients, families, caregivers on the background of the organization, how our role fits within the broader health care system our scope and legislative requirements that are relevant to each engagement activity.
- Provide training, coaching and resources for staff to build buy-in for engagement and capacity for delivering different methods across the engagement spectrum.

# **Feedback and Impact**

 Help patients, families, caregivers understand the value of their contributions and sustain engaged membership by sharing how their participation positively affects programs, services, policies and decisions.

# Resourcing

• Provide appropriate budget, staffing and resources to sustain a program that supports meaningful engagement across the organization.

# **Connecting with Partners**

• Work with health system partners to develop shared training, tackle common engagement challenges and share best practices.

# **Going forward**

This vision, outlined by the Framework creates a tangible way forward for our engagement practices across the organization. To work towards this goal, we have identified four areas of focus across in the short term, including:

# **Building Structure**

We will:

- Build a provincial engagement team, network, and program to work collaboratively across the province, including supporting Ontario Health atHome
- Establish a provincial community of patients, families, caregivers to support engagement opportunities that will inform the work of the organization
- Develop an online platform for patients, families, caregivers that enables navigation and participation in engagement opportunities and supports staff matching, tracking, and reporting
- Create a provincial council of patients, families, caregivers to advise on strategic issues and priorities

# **Building Awareness**

We will:

- Broadly share information about our provincial engagement program to share how we listen to, and partner with, people with lived experience and how they can be involved
- Promote our engagement program broadly (externally and internally) to improve understanding of what engagement is and how it adds value to our programs and services

# **Building Relationships**

We will:

- Reconnect with existing Advisors to better understand their skills, experiences, interests and future involvement
- Recruit patients, families, caregivers from across the Province, with an emphasis on dedicating time and resources to build relationships with underrepresented communities
- Ensure that the provincial community of patients, families, caregivers has opportunity to network with each other and learn about the people who work in our organization
- Connect with key partners to build relationships, working towards shared best practices and supporting each other to recruit diverse audiences

# **Building Capacity**

We will:

- Coach and support staff across the organization to engage on various projects, programs, and policies through a variety of creative engagement methods.
- Train staff on engagement best practices and how to engage with purpose. We will support their active listening skills and empower their ability to engage underrepresented communities
- Develop resources to make engagement practices within reach for every staff member across the organization.
- Educate patients, families, caregivers on the work of Ontario Health atHome where we are situated within the broader health care system, and support their skills to participate effectively and authentically.

# Exceptional care – wherever you call home.

Ontario Health atHome coordinates in-home and community-based care for thousands of patients across the province every day.

For information and referrals related to home and community care or to learn more about long-term care home placement services, please call 310-2222. No area code is required.

www.ontariohealthathome.ca