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# EVALUATING THE QUALITY OF PATIENT ENGAGEMENT AND ITS IMPACT ON QUALITY IMPROVEMENT

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# Continuum of patient engagement in the health system



**INFORMATION**



**CONSULTATION**



**IMPLICATION**



**CO-CONSTRUCTION**

**DIRECT CARE  
(micro = clinical)**

Patient receives information (diagnosis, treatment)

Patient is consulted on his/her perception

Shared decision about treatment preferences

Patients accompanied in developing their ability to self-manage their health

**SERVICE ORGANIZATION AND GOVERNANCE  
(meso = organizational))**

Documents given to patients about their disease

Discussion group on specific topics

Creation of committees including patients

Co-construction of service programs and continuous quality improvement programs

**ELABORATION OF HEALTH POLICIES  
(macro = politics)**

Information centre for patients

Discussion group to obtain their opinion

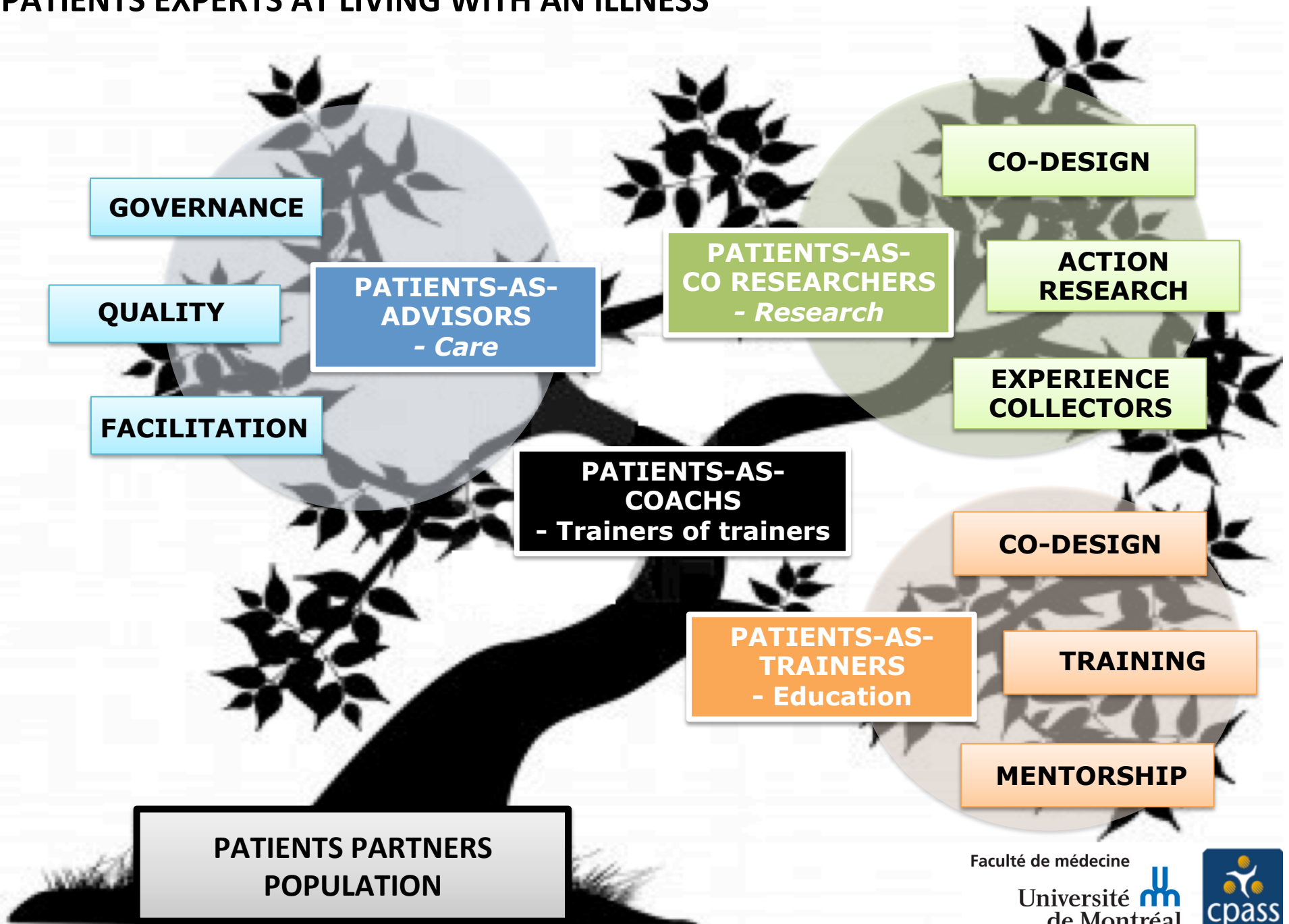
Recommendations made by the patients on health priorities

Co-construction of policies favourable to health with patients / citizens



**Factors influencing engagement: patient (belief, literacy, education), actors (beliefs, practices), organization (culture, practices and policies), society (social norms, regulations, policies)**

# PATIENTS EXPERTS AT LIVING WITH AN ILLNESS





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# Patients as partners in care

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## Patient partner - care profile

- *The patient partner (care profile)* is a person who has experienced one or several diseases as a patient or natural caregiver, and uses that experience to help other people who are going through a similar care experience.
- Patient navigators can:
  - Offer empathetic emotional support
  - Help patients negotiate the system to improve their access to appropriate services
  - Examples
    - In oncology, mental health, breast feeding
    - New developments: the hand clinic, transitions from pediatric to adult care, diabetic patients, etc.



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# Patient partners on committees

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# Patient perceptions of their impact on continuous quality improvement (CQI) committees (Pomey et al. 2015)

- Full-fledged team members
- Feel privileged to contribute to improving care
- Give meaning to their experience
- Change their relationship to caregivers
- Better understand the complexity of the organization and of the healthcare system
- Improve communication among practitioners by participating
- However, two challenges were identified:
  - ✓ Availability to attend meetings
  - ✓ Frustration at the slowness of decision-making

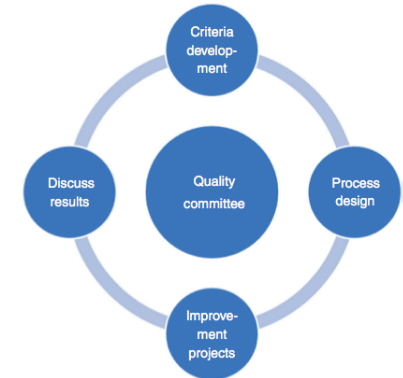


## Provider perception of the impact of patients on CQI committees (Lebel et al. Coming in 2016)

- Decisions are oriented toward the life project (a real revolution!)
- Domino effect between teams
- Reinforces the culture of collaboration between doctors and managers
- Powerful testimonials from patients
- Processes are rethought as they are seen through the patient's eyes
- Importance of the support offered by the OCPP, of leadership support, of the LCE and project lead
- Importance of carefully selecting patient partners and training them as well as team members
- 2 issues:
  - Heaviness of the model
  - Difficulties in matching provider, manager and patient schedules



# Patient involvement in quality management (Groene & Sunol 2015)



- Development of quality criteria (Den Breejen et al., 2014).
  - influence discussions by refocusing on the patient
  - Beneficial to the final project
- Co-design/organization of processes (Ozcan et al., 2013)
  - generated important ideas on how the clinical team and service can improve the care provided
- Quality committee
  - The success of patient involvement may depend largely on being able to recruit patients with the right experience and their ability to express their views constructively and there is a risk of tokenism when patients are present at meetings
- Quality improvement projects
  - Parents and patients bring unique talents, insight and skills that led to clinical process improvement regarding pain management, shared decision-making tools and medication choices (Dewitt et al., 2014).



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# Patients partners in healthcare governance

## On User Committees

- User Committees are focused on defending the rights of patients more than on partnership
- Possibility of links being formed between the mandates of User Committees under new MSSS legislation and patient partnerships in care and services (Pomey et al. 2015)



## CSSS de l'Énergie experience

- Being able to have patient partners at all levels of governance in the establishment
- Recruitment of a patient 2 days per week/ patients on CQI committees, in Lean projects, on working groups, in provider training, etc. Impact is currently being evaluated
  - Culture change: need to establish care partnerships with patients / reflex to include patients on working groups

# Conclusions....

Patient engagement can be accomplished at various levels within a healthcare organization

.

The model is promising but needs to be evaluated; there is still little evidence

A first set of publications shows that patient engagement has an impact on many levels: quality of life, quality and safety of care, costs, etc.