

Algoma OHT

Community Partnership Toolkit

**STAFF**

**HANDBOOK**

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**Thank you for being a champion of community partnership and engagement in Algoma.**

Community partnership and engagement have recently become focused priorities across the health system. Research shows that when community members are involved in decision-making processes, it will result in the best outcome/service.

In Fall 2021, our team submitted our **Patient, Family and Caregiver Partnership and Engagement Strategy** to the Ministry of Health outlining a commitment to embedding community voices in all levels of AOHT work. This means including patients, clients, family members, caregivers, people with lived and living experience, and other citizens in leadership and working groups. This work ensures that our health system is actively planned in partnership with those who experience it.

In this spirit, we’re thrilled that you’re going to be actively partnering with community members in your role to improve care in Algoma. It’s important to have champions at every table that facilitate opportunities for participation, story sharing, and shared discussion. We hope that as part of your role, you will join us in welcoming new voices to the table and celebrate shared successes.

As you jump in, we hope you’ll take a few minutes to flip through this handbook that we’ve put together to provide some supporting information and best practices for community partnership and engagement. If you have any questions, comments, or additions to this material, please don’t hesitate to reach out to our team at any time. We look forward to learning, growing, and working with you!

# What is Community Partnership and Engagement?

Community partnership and engagement can refer to any activity where community members are consulted or involved in a project, policy, decision, etc. In health and social services, engagement with patients, clients, families, caregivers, and people with lived experience is the key to delivering services that are tailored to the needs of the community. Community partnership and engagement can include low commitment activities like surveys and group discussions, or high commitment activities like long-term working group or leadership participation. At the Algoma OHT, we are working to provide a range of opportunities for partnership and engagement across leadership and operations.

**“Nothing about me, without me.”**

You will often hear this phrase used amongst community partners. This philosophy is about working **with** individuals rather than **doing things to** or **for** individuals. In essence, if community members are affected by decisions being made, they should be at the table.

## The Importance of Language: “Patient” vs. “Community”

You may notice that when speaking broadly about our partnership and engagement activities, we use the term “community” partnership and engagement instead of the more traditional “patient” partnership and engagement. Across OHTs, you will hear many different names for engagement work – including patient and family engagement; patient, family, and caregiver (PFC) engagement; patient/client, family, and caregiver engagement.

Our use of “community” engagement is meant to be holistic and inclusive. This language acknowledges that not everyone who is involved in health system work identifies strictly as a patient; we also work with clients (used often in social services/mental health and addictions fields), family members, caregivers, and people with lived or living experience. However someone might identify, they are welcome on our team!

## Guiding Principles for Engagement

The following principles guide how we engage with the community.

|  |  |
| --- | --- |
|  | **Collaborative**The AOHT will ensure that all engaged voices will have space toshare ideas and lived experiences without fear of judgment. Healthand social system professionals will have the opportunity to learn alongside patients/clients, families, and caregivers and engage in/co**-**designproject work in an environment that is welcoming, respectful, and open to growth. |
|  | **Culturally Safe**The AOHT will provide culturally safe engagement opportunities atevery level. We expect that all citizens in the region will be treatedwith respect. |
|  | **Accessible**The AOHT will remove barriers to participation and create engagement opportunities that are transparent and easy tounderstand for participants of all backgrounds. |
|  | **Accountable**The AOHT will create and embed evaluative structures intoengagement work to ensure that community voices are being actedupon and outcomes are consistent and continuously on track to meetour strategic engagement goal. |

# Assessing Readiness to Work with Community Partners

When working with community partners, it’s important to create a welcoming environment to foster positive and meaningful partnerships. Before moving forward with community engagement activities, ensure that partners will be valued for their contributions to the health system. Meaningful engagement stems from a commitment to honour perspectives and experiences of others in order to co-design improvements.

**Consider moving forward with partnership and engagement when:**

* I am confident that leaders within my organization have demonstrated a commitment to the inclusion of community voices.
* I believe in the importance of community participation in planning and decision-making at the program and policy level.
* I believe that the perspectives and opinions of community partners are valid in planning and decision making at the program and policy level.
* I believe that community partners bring a perspective to a project different than those of internal stakeholders.
* I believe that community members can look beyond their own experiences to come up with practical ideas and solutions that are representative of the community at large.
* I am willing to listen to the experiences of community partners to hear suggestions, ideas, and potential solutions that will help improve health and social services.
* I feel comfortable listening and respectfully responding to both positive and negative care experiences that community partners may share.
* I am committed to working with people who are different from me.
* I can actively facilitate conversations to ensure that community partners are included in the discussion.
* I am a champion for the inclusion of community perspectives and let my colleagues know that I value the insights provided by the community.
* I am comfortable requesting that community partners be invited to participate in improvement initiatives in which I am involved.

# How to Engage Community Partners

Community partnership and engagement can look different for each organization based on their specific needs. One of the very first steps in approaching community partnership and engagement activities is choosing a model that is right for your team based on size, resources, capacity, and goals.

While traditional Patient, Family, and Caregiver Advisory Councils (PFACs) are common in the health system, they are not the only way to effectively partner with community members. Examples of some other approaches can be found in the graphic below for your consideration. This work is not “one size fits all”, and can evolve over time as the organization grows.

**Patient and community surveys or focus groups**

**Story sharing to ground priority work in experience**

**Representation in working groups, committees, projects, process improvements, etc.**

**Patient, Family, Caregiver Advisory Council (PFAC; program or organizational focus)**

**Representation on boards and leadership teams**

**Representation on interview panels**

The level of engagement with community partners can fall on a spectrum ranging from share to collaborate (see following diagram). At each level of engagement, more decision-making power is given to the community to best inform practices affecting their care. Where possible, it’s ideal to have a range of opportunities available to the community so that individuals with different levels of interest and time availability can be involved.



# Partnering with the Community: What is my Role?

Staff and clinicians often work with community partners to listen and learn from the experience of those who access health and social services. Guided by partner recommendations, staff can work to create meaningful solutions to improve the patient experience. Collaboration and co-design with community partners is an integral piece of the health system improvement process.

When it comes to community partnership and engagement, the primary role of staff is to support the partner by listening, creating opportunities for discussion, receiving and implementing feedback and recommendations, and promoting the role of community partners throughout the AOHT.

## Roles and Responsibilities:

* Create opportunities and space for partner engagement
* Champion the role of the partners as part of your team
* Provide adequate background information to ensure effective participation
* Avoid the use of acronyms and complicated medical terminology
* Ensure partners have all relevant meeting materials in advance of the meeting
* Ensure partners have meeting details including date, time, and connection details in advance of the meeting
* Actively encourage partner participation through facilitation and engagement techniques
* Act as a clinical subject matter expert to answer partner questions and/or respond to feedback
* Champion and advocate for the role of partners in your daily work

## Ideal Characteristics of Staff and Clinical Partners:

* Respectful of partners and their perspectives and experiences
* Demonstrates a non-judgmental and positive attitude
* Promotes and advocates for the role of partners
* Works collaboratively with partners
* Strives to co-design meaningful change

## 10 Tips and Tricks for Effective Engagement

1. Identify priority work that impacts patients and families and partner with them early.
2. Include partners in all meeting materials and relevant project communications.
3. Use clear language, avoid acronyms and create a friendly atmosphere.
4. Be transparent.
5. Create space for partners to share their experiences and stories.
6. Avoid token engagement or rubber stamping.
7. Remove any barriers to engagement. Reach out to underserved or socially marginalized groups to ensure their voices are represented.
8. Check in regularly and maintain open lines of communication.
9. Close the loop and let partners know the impact of their contributions.
10. Thank partners for their contributions to the project. Recognize their efforts.

# Post-Engagement and Evaluation

Following community partnership and engagement activities, it is best practice to close the loop on any outstanding actions associated with an initiative. This involves reaching out to the community partners who have volunteered their time to provide updates after a project has been completed. Sharing progress and successes of the project will help partners understand the true impact of their work.

If an initiative does not go as planned and can no longer proceed, it is important to be transparent with community partners about the reasons why. This helps to build trust within the community by providing transparency in decision-making processes.

Evaluation of community partnership and engagement should also be strongly considered when beginning this work. It is important to collect information that will help drive quality improvement within your engagement practices.

# Additional Resources

1. Institute for Patient and Family Centred Care: <https://www.ipfcc.org/>
2. Health Quality Ontario Patient Partnering Framework: <https://www.hqontario.ca/Patient-Partnering/Patient-Partnering-Framework>
3. Ontario Hospital Association Patient and Family Engagement: <https://www.oha.com/quality-safety-and-patient-and-family-centred-care/patient-and-family-engagement>
4. Ontario Caregiver Organization: <https://ontariocaregiver.ca/authentic-engagement-and-co-design-are-the-key-ingredients-to-meaningful-change/>

**Time to dive in!**

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