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"*We Should Talk*"—Moving knowledge into action by learning to engage patients, families, and healthcare staff to communicate for patient safety

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Abstract

Innovation in patient engagement and empowerment has been identified as a priority area in the Canadian healthcare system. This article describes the development and implementation of the *We Should Talk* campaign at an academic pediatric hospital. Through the use of a guiding theoretical framework and a multidisciplinary project team, a multimedia campaign was designed to inspire staff, patients and families to effectively communicate to improve patient safety. The *We Should Talk* campaign provides a case study for how an organization can foster frontline improvement through the engagement of patient, families, and healthcare providers.

Introduction

Innovation in patient engagement and empowerment has recently been identified as an area of significant underdevelopment in the Canadian healthcare system and a priority area to effect sustainable and systematic change.[1] With the release of the Canadian Adverse Events Study in 2004, the incidence rates of adverse event in Canada have become a target for reduction,[2] with further evidence suggesting that adverse events occur in 9.2% of pediatric hospitalizations in Canada.[3] Engaging patients and their families in being advocates for their safety may play a key part in reducing unnecessary healthcare expenditures and improving patient safety.[4,5] However, the role that healthcare providers and organizations play in ensuring patient and family involvement in patient safety is not well understood, with the majority of patient safety strategies characterized by patient-initiated learning and greater emphasis placed on provider-oriented strategies and system risk reduction.[6,7] Patient and family involvement in patient safety requires healthcare organizations and providers to see the importance in partnering with patients and families and actively seeking ways to ensure lines of communication are open.

Additionally, healthcare organizations looking to translate knowledge into practice often encounter significant barriers, including lack of organizational buy in, significant time delays, and motivation to change.[8] Research has shown that even when there is evidence to support good quality care, patients are still receiving suboptimal and sometimes potentially dangerous care.[9] Therefore, a number of steps should be taken to ensure that moving knowledge into practice is successful, including adapting knowledge to the local context, identifying potential barriers, and selecting appropriate intervention strategies.[10] The development and implementation of the *We Should Talk* campaign at the Montreal Children's Hospital—McGill University Health Centre (here referred to as the MCH) provide a case study highlighting how an organization fostered grassroots improvement ideas from frontline clinicians in order to improve patient involvement and patient safety.

This article outlines the development and implementation of the *We Should Talk* Campaign launched in October 2015. The vision of the campaign is to inspire 100% of all staff and

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patients and families to effectively communicate with the goal of eliminating preventable harm. The campaign has brought together a multidisciplinary team to improve patient and family, as well as provider, awareness of the importance of speaking up and listening when concerns are raised and aims to influence both patient and provider behaviour through improved communication. This article describes the development of the campaign, the implementation strategy, lessons learned, and potential for spread.

Developing the *We Should Talk* campaign

Assessing the local context. The idea of creating a patient safety campaign that created and supported an environment for improved two-way communication was brought forward by three physicians who had been championing patient safety in the organization.[11] Each had experienced situations where questions were not asked, where information was not listened to, and where healthcare providers and patients/families felt uncomfortable speaking up. These identified issues were in strong opposition to the core vision and values of the organization, in which the philosophy of care requires that information from all team members, including the patients and families themselves, is used to provide family-centred care.[12] These experiences were further corroborated by surveys that were conducted in 2015 with both MCH staff and families, which revealed that (1) one in eight staff reported it was easy to speak up when noting a safety concern, (2) one in four patients and families reported they were not always listened to, and (3) less than half of patients and families reported they were always encouraged to ask questions.[13] It was clear from these and other findings that the quality and safety of care being delivered may have been impacted by the perceived futility and inability of staff and families to speak up and be listened to, which likely was also hindering the patient experience, decreasing staff satisfaction and psychological safety within the organization. The *We Should Talk* campaign was initiated with the goal of promoting a culture of safety, where all concerns, questions, and input are deemed important and relevant. Safety culture has been defined by the Institute for Health Improvement as a culture where "people are not merely encouraged to work toward change; they take action when it is needed."[14] This definition was adopted to help shape the campaign and to ensure that end products would directly contribute to this goal.

Building the team. In order to create a campaign that inspired a call to action for staff, patients and families throughout the organization, a multidisciplinary team was brought together to ensure a wide-ranging set of skills and ideas. The team included healthcare professionals, communication specialists, organizational leaders, frontline support staff, and a knowledge broker to facilitate the creation, translation, and application of knowledge into practice.[15] A family advisor was asked to join the team to ensure that the campaign not only targeted patients and families but was also informed by their expertise and experience. The team selected a parent who intermittently used the hospital and had previously worked in a similar capacity. There was an added benefit that the family advisor was also a corporate executive, thereby bringing an outside perspective on organizational best practices.

Applying evidence. Previous research has found that patient involvement in safety is influenced by an array of factors associated with illness, provider, and environmental characteristics.[16] However, to date, patient engagement strategies have primarily been theoretical. To ensure greater success and uptake of patient engagement strategies within patient safety, research was conducted to examine the application of the Health Belief Model (HBM)[17] and explore the importance of the provider–patient encounters in engaging patients. Findings identified the importance that patient perceptions of threat, barriers versus benefits (eg, comfort in speaking up and encouragement to speak up by healthcare providers) and self-efficacy play in their decision to engage in patient safety practices.[18] This further highlighted the perceptual differences that occur when patients decide to engage in factual (eg, asking questions about their care) versus challenging (eg, asking their providers to wash their hands) safety behaviours, with patients ultimately more likely to engage in factual behaviours.[18–21]

Perceptions related to feeling in control and connected to healthcare providers were found to be important contextual factors for patient involvement.[22] Therefore, taking a collaborative approach to engaging patients in their care, one where organizational safety culture and provider behaviour are addressed, would help to overcome some of these barriers. This research laid the groundwork for developing an evidence-informed, theory-based communication campaign that was structured to optimize patient and family perceptions of "cues to action" and "perceived barriers versus benefits" of speaking up through an awareness campaign, while promoting "perceived self-efficacy" through a closely linked educational campaign. By delivering an internal communication campaign utilizing change management methodology and a multimedia approach, as well as explicitly targeting both staff and patients together, the campaign aimed to inspire everyone to effectively communicate with the goal of improving patient safety using a tailored and multi-faceted approach.[23] The roll out of the campaign followed an internal launch event, in which key stakeholders delivered speeches related to communication and patient safety. This was followed by campaign posters throughout the hospital, staff communication tools, humoristic and inspirational videos that were released both internally and through social media, and an engagement wall for staff. Patients and family champions were also sought to show support for the campaign, and all communication tools and campaign messages were incorporated into patient and family welcome packages given during registration and admission. Children's activities booklets with messages related to improved communication were also implemented along with a multitude of tools that directed patients and families to the campaign's web site.

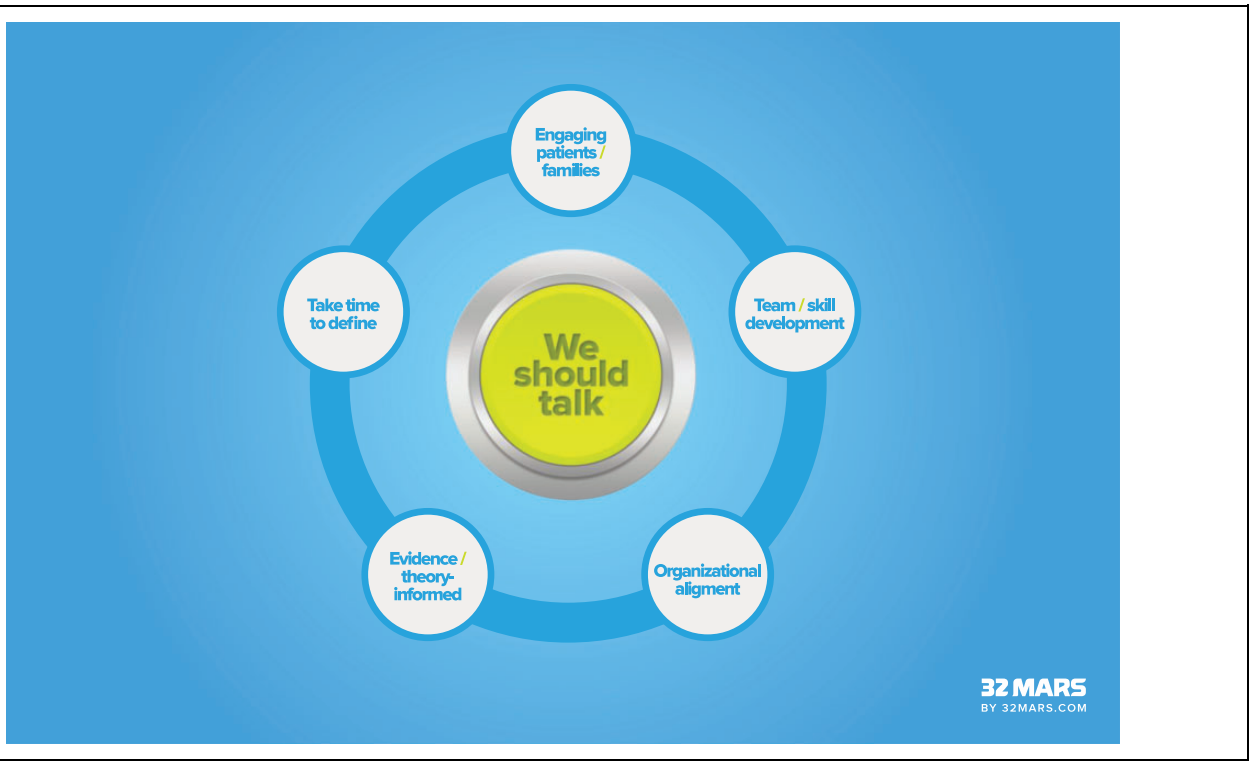

Figure 1. Key factors of *We Should Talk* campaign

Implementation and lessons learned

Overall, five key success factors have been identified by the project team (Figure 1).

Evidence/theory informed. The first key to success identified by the team was to look to the published literature to determine what factors contribute to the perceived problems, what solutions were tried, and whether there was any framework that could guide the project. The modified HBM for patient engagement was selected given it addressed a collaborative approach to patient engagement strategies, where organizational safety culture and provider behaviour are addressed, concurrently with ensuring all parties involved understand the importance of patient involvement for the safe delivery of quality care.[18]

Team/skill development. The second factor was ensuring that all members of the team were equipped with the skills necessary to manage the project. Specifically, although the organizational leaders on the team and the family advisor had ample professional training and experience in project management, none of the healthcare professionals had any such training. To bring all team members up to speed, the team attended two half-day workshops in project management for healthcare teams.[24] Together, the team learned a common language of project management, the importance of identifying deliverables, and adhering to a project charter. With the project management framework laid out, the timeline with key deliverables and milestones defined, the team met regularly with structured meetings.

Taking the time to define. The third key factor of success was taking the time, despite the urge to quickly jump to solutions, to define the problem and brainstorm strategies and solutions. The team struggled with defining what it hoped to achieve and heavily debated every word that went into the project mission statement. There was a lengthy debate over whether this campaign would be an educational or an awareness campaign and which strategy would yield the most impact. The "ah ha" moment was when the team realized that both were needed; the organization first needed to state its expectations for effective communication through an awareness campaign and, second, offer educational tools that would help everyone develop the requisite skills. Because of the deliberate time taken to define and achieve consensus, as well as the constant communication with the hospital's leadership team, this strategy was given the green light by the executive of the hospital.

Organizational alignment. The fourth factor was alignment with organizational priorities and other initiatives. Specifically, the campaign complemented existing workshops aimed at improving healthcare professional capacity to communicate and partner with patients/families. Two of the team members participated in the communication workshop led by the Patient and Family Centered Care coordinator in which The Mutual Learning Mindset was used to educate and coach people to effectively speak up and become better listeners.[25] The Mutual

Learning Mindset is about finding ways to make difficult conversations easier through five core values: (1) transparency, (2) curiosity, (3) informed choice, (4) accountability, and (5) compassion. Moreover, the model offers insight into team effectiveness using shared understanding of purpose and decision-making.[25] After participating in the workshops, the team discussed how it expected to work together and how decisions were to be made. Additionally, a midpoint debrief session was held to determine how the team was doing and where it needed to improve. This alignment of ensuring that the project team itself was communicating, listening, and working together ensured that the team was leading by example.

Engaging patients/families. The fifth and most critical factor was engaging with patients and families. To this end, a family advisor became a fully integrated member of the project team through participation in team meetings. The advisor was able to ensure that the family perspective was consistently applied to all decision-making processes. As members of a healthcare organization, the team sometimes took for granted things that could have been barriers had it not considered outside-the-box thinking by the family advisor. Additionally, given his background, the family advisor shared information with the team regarding corporate best practice that complemented the training received and also helped each member develop new skills.

Midway through the project, an additional three patient and family advisors (former patient and her parents) joined to help develop the media portion of the project in order to provide a balanced view of how to effectively reach patients/families with this campaign. Having four patient and family advisors on the team helped to establish a balanced perspective on the media campaign as well as ensure that it would resonate with an audience that included child and adolescent patients and a multicultural population.

To add to the knowledge gained through the family advisors, the team sought and developed both qualitative and quantitative tools to assess and validate problems and possible solutions from patients and families. For example, data were obtained via a locally modified version of the Consumer Assessment of Healthcare Providers and Systems Child Hospital Survey conducted in the pediatric emergency department and inpatient pediatric units to validate the perceived problems/issues and identify possible solutions.[26] This survey captures information about healthcare provider communication, safety, and patient experience and was modified to include other measures related to patient safety such as hand hygiene. This brought in a wealth of information that strengthened the project by providing validation of the team's discussions and clarifying the perceptions and needs of the hospital's patients and families. The team has used selected questions of the deployed surveys as key indicators of campaign success thus far. Specific key indicators include the proportion of respondents reporting that (1) it is easy to speak up if healthcare providers were not observed washing their hands; (2) doctors and nurses were always listening and encouraging families and patients to ask questions; and (3) informing patients/families how to report if they had any concerns about mistakes in their child's healthcare. To ensure sustainability, the project team successfully integrated these key performance indicators into the hospital's executive dashboard, as well as collaborated with the hospital's quality and performance department, to develop and deploy a hospital-wide *We Should Talk* dashboard for frontline teams to track their performance over time.

Challenges. Although the above-mentioned five key factors contributed to the successful development and implementation of the campaign, two additional challenges placed the project at risk at different time points. First, the bureaucracy of organizational decision-making led to delays in the project's timeline. Patience and persistence among the project team were paramount to overcoming these obstacles and ensuring that the project was moving along. Second, as this was a frontline-initiated project, most team members participated in the project as an "add-on" to their daily jobs. Depending on team members' other hospital responsibilities or scheduling conflicts, this contributed to challenges of coordinating meetings and/or deliverables. In order to overcome this, proactive long-term planning was needed, and explicit communication strategies were needed when members could not attend a meeting or unexpected delays in their tasks occurred. An on-line file sharing system was implemented to ensure all team members had access to project documents and working files.

Spreading innovation

Although the *We Should Talk* campaign is an internal multimedia change campaign, aiming to address a very serious matter in a modern, fun, and impactful way, the concept, the team-based learning mindset, and the communication tools are applicable across other Canadian jurisdictions. The main concept of addressing barriers to communication using a theory-based approach with both staff and patients concurrently is of utmost importance to ensuring success in other jurisdictions; it is impossible to ask patients and families to speak up when healthcare providers and organizations are unwilling to listen. The team-based learning mindset that was utilized throughout the project ultimately helped to minimize hierarchal barriers and produce a true collaboration where everyone was engaged and contributing. Although much has been written in the corporate literature on best practice of creating a learning organization, in which psychological safety and willingness to communicate leads to improved performance,[27] healthcare providers need to capitalize on lessons learned and breakdown silos utilizing a mutual learning mindset. Finally, when grassroots improvement ideas emerge from frontline clinicians, healthcare organizations need to support newly forming teams through support from executive sponsorship, encouraging the presence of patient and family advisors, ensuring that actions are evidence informed, and providing opportunities for gaining project management skills.

Conclusion

The development and implementation of the *We Should Talk* campaign at the MCH provides a case study highlighting how an organization fostered grassroots improvement ideas from frontline clinicians in order to improve healthcare delivery. Ensuring patient and family involvement in the setting of healthcare priorities and in the design of patient- and family-centred strategies is necessary to ensure that healthcare organizations are responding to the needs of their population and promoting a culture of safety.

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