Engaging Patients and Families as Partners: A Canadian Approach to Developing, Implementing, and Evaluating Hospital at Home

S. Spina^{1,5}, T. Hainstock², J. Cartwright², R. Haddadi¹, S. Tierney³, S.K. Mukai¹, M. Riddle¹, B. Bourke⁴, L. Thompson⁴, C. Harder¹, E. Borycki⁵, D. Forbes¹, S. Huffman¹, A. Kushniruk⁵, T. McKelvey¹, M. Zeron Mullins³, T. McMillan^{1,2}. ¹Island Health, ²BC SUPPORT Unit Vancouver Island Centre, ³Hospitalist, ⁴Patient Partner, ⁵University of Victoria





Hospital at Home (HaH) models are naturally patient-centered; patients and their families are crucial stakeholders in the provision of homebased care. However, patients and family caregivers (PFCs) are rarely included in decisions that influence how HaH programs are structured. We believe that PFC input into HaH is not only valuable, but is essential to the success and sustainability of such programs; therefore, we completed a robust public engagement process.



In order to develop a prototype HaH program in British Columbia, Canada, Island Health's Alternative to Traditional Hospital Care Offered in Monitored Environments (AT-HOME) team collaborated with PFC Partners to:

- 1. Explore the potential impact of both hospital and in-home acute care on PFC's experiences
- 2. Identify health, economic, social, and practice outcomes that matter to PFCs
- 3. Examine the social and environmental factors which may impact delivery of HaH
- 4. Inform an evaluation framework for the HaH program that includes PFC priority measures related to experience and outcomes



Process

Guided by best practices in public participation and Patient-Oriented Research, we:

- Partnered with PFCs as equal members of the AT-HOME team
- Collaborated with PFCs to inform the overall engagement process
- Involved PFCs in identifying key measures for evaluating the patients experiences and health outcomes

Engagement techniques:

- Publicly accessible online survey
- Key stakeholder interviews

What We Heard

Patient-identified priorities:

- Robust safety measures
- Effective and reliable communication channels
- Recognition of the importance of caregiver roles
- Provision of supports to reduce caregiver burden

Family caregiver-identified priorities:

- Creation of supports (mental, technical, clinical) to enable effective patient care in the home
- Hospital level quality and responsive services
- Clear understanding of roles and expectations



Patient and Family Caregiver engagement resulted in:

- The development and implementation of a virtual call bell
- Integration of a comprehensive communication platform (voice and text messaging)
- A HaH evaluation framework grounded in PFC priorities
- Shifts in organizational culture; more inclusive and respectful of PFC voices
- A less hierarchical decision making process

Challenges/Barriers

- Resistance to incorporating PFC perspectives
- Lack of familiarity/understanding of how to incorporate PFC perspectives
- Time stresses and delays due to pandemic
- Overlap with provincial election
- Lack of dedicated support/funding for evaluation

Next steps

- Ongoing consultation with PFC Partners in program improvement
- Integrated knowledge translation activities
- Evaluation of HaH, patient experience and patient health outcomes
- Share learnings with global HaH community











