

Asking, Listening and Doing What Matters in Kidney Care

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Territorial Acknowledgement

We are hosting this session on the unceded and ancestral territory of the Coast Salish peoples, including the territories of the Musqueam, Squamish, Tsleil-Waututh Nations, and the Métis Chartered Community of the Lower Mainland Region.

Learning Objectives

- 1. Apply "What Matters to You?" in daily conversations and routine patient care
- 2. Understand what matters most when setting collaborative goals for health between health professionals and patients
- 3. Explore cultural considerations of having "What Matters to You?" conversations









WHAT MATTERS TO YOU?

Ask what matters.

Listen to what matters.

Do what matters.



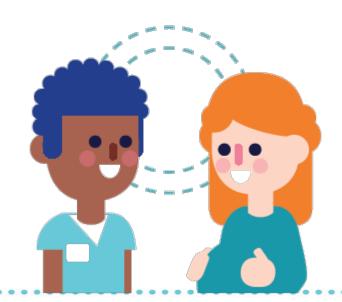
"What Matters To You?"



What Is It?

Health care providers across BC are invited to add this one simple question to every patient interaction, each and every day, in order to improve care.

That question is, "What matters to you?"



A three step process

- 1. Ask what matters
- 2. Listen to what matters
- 3. Do what matters

Cultural Considerations

- Set the context
- Cultural humility
- Building relationships/trust
- Dignity and respect
- Recognition of identity
- A human connection

Addressing the Myths!

I do not have the time to ask "What Matters To You?"

- Patients usually need only 90 seconds or fewer at the beginning of a conversation to state their concerns
- Saves time in the long run by strengthening the provider-patient partnership

Addressing the Myths!

What if I cannot do anything about what I hear?

- You do not need to have a solution to every patient response - just talking about concerns can help
- You can connect them to other helpful resources

Healthcare Improvement Scotland

A multiple case study evaluation from Scotland identified the following enablers to asking "What Matters To You?"

- 1. Adopt a flexible, non-prescriptive approach;
- 2. Embed the question in your work;
- 3. Keep track of the impact; and
- 4. Feel supported by leadership and your peers

Practical Implications for Different Care Settings

- Acute Care
- Primary Care
- Residential Care
- Community Care

"What Matters To You?" Activities Across BC

- Sharing of stories
- Development of online learning modules
- Community/facility information booths
- Asking the question to aid with goal setting
- Proclamation of International WMTY Day

"What Matters To You?" in a time of Virtual Care

- Continue to create the space for these conversations
- Relationships can still be created/maintained virtually
- Ground your work in the principles of PFCC
- Offer a choice
- Provide supports with technology
- Prepare patients for the question

Taking Part is Easy!

Taking part is easy! Order resources and share your stories with us at www.whatmatterstoyoubc.ca to show your commitment to person and family centred care.

International resources can be found at:

https://wmty.world/#

REFLECTION

Do you now feel prepared to have "What Matters To You?" conversations?

What additional supports can we provide?

THANK YOU!

WhatMattersToYou@bcpsqc.ca

Terrance Chan

What matters to you: A Chinese patient perspective





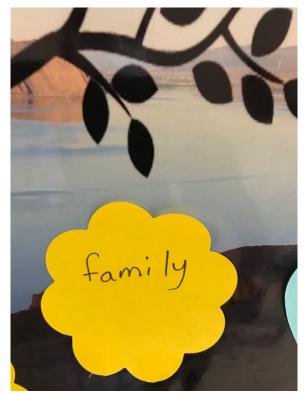


September 11, 2020

BC Renal Province Wide Rounds Lois Neufeld – Reflecting on Penticton Experience



Family and Friends



- Not for dialysis but what it gives them with the friends and family
- Lots of questions with COVID
- Swab results/Doing Swabs
- Travel
- Discussions of treatment choices always include family

Health and Happiness

StayingStrong

Peace

Happiness



Peace of Mind

Good Health

Feeling Well

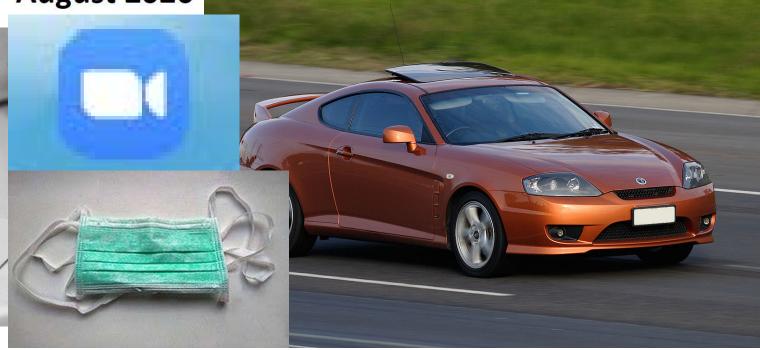






COVID Update for Kidney Patients – August 2020







What matters to you?

ISLAND HEALTH RENAL SERVICES

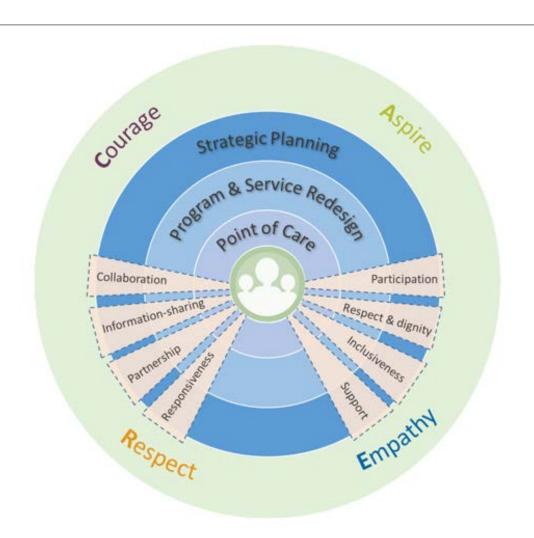
Patient Engagement Framework

Guiding Principles

Patients and families are at the centre of everything we do, from bedside to boardroom.

To enable authentic and meaningful patient and family engagement, we will embrace the core concepts of person- and family- centred care along with the guiding principles for engagement endorsed by BC Renal in their Patient and Family Engagement Framework⁵.

These principles, together with our organizational C.A.R.E. values, will guide our work across Kidney Services in Island Health. Kidney Services will use the International Association for Public Participation (IAP2)'s Spectrum of Public Participations, to plan and define expectations of engagement with our patient partners.



Patient Engagement Standards

Point of Care

- We will embrace person- and family- centred care principles, and partner with patients and families to support meaningful participation in care planning and delivery.
- We will co-create a culturally safe environment for our patients, families, caregivers, and healthcare team.

Program & Service Co-Design

- We will engage with patient partners in all projects, initiatives, and ongoing work.
- We will engage with patient partners in evaluating our program and services.

Strategic Planning

We will engage with patient partners in policy development and strategic planning activities.

HD Run Sheets

Affix Pt ID Label

HEMODIALYSIS TREATMENT

□ Re	port received from	n	PRE-DIALYSIS ASSESSME	NT	*If YES, describe*		
CNS:	Confusion	□ No □ Yes,	Sleep	difficulty	□ No □ Yes,		
	Weakness	□ No □ Yes,	Restle	ess Legs	□ No □ Yes,		
CV5:	Chest pain	□ No □ Yes,	Dizzir	ness	□ No □ Yes,		
	Edema	□ No □ Yes,					
	Bleeding	□ No □ Yes,		_ □ Hepa	rin held		
Resp:	Dyspnea	□ No □ Yes,	SpO ₂ :		O ₂ Therapy:		
	Cough	□ No □ Yes,					
GI/Diet	Poor appetite	□ No □ Yes,	Const	ipation:	□ No □ Yes,		
	Nausea/Vomiting	g 🗆 No 🗆 Yes,	Diarri	nea:	□ No □ Yes		
GU:	Output change	□ No □ Yes,					
Skin:	Wounds	□ No □ Yes, Location:			Wound care ☐ Yes, see PPR ☐ HCC Consult		
	Itchiness	□ No □ Yes,					
Pain:	Score (0-10)	(If ≥7 must complete F	ain Assessment Tool) Location				
Influen:	a-like-Illness/CO	VID-19 positive screen	□ No □ Yes (If yes, complete)	ILI/COVID (questionnaire & tracking tool)		
Mobilit	: Ambulatory	□ Cane □ Walker	□ Wheelchair □ Motorize	d Scooter	□ Stretcher □ Hospital bed		
	Recent Fall		mplete Fall Risk Assessment	t			
Other H	ealth Care Provid	er visits: No - Yes (hangosi				
	otters to you tod	ay?					
What m							

Time o	n:	0	ff time			Piele up	times		= Diele		aregod	VP a	200ml/	/min		
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UF Vo	Total:		UF Net:		DB	V:	_L 🗆	Dry Hydr	ophobic	Filter	Clott	ting Clear	Light	Mod	Heavy	Clotte
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Nurse (Take-off) Pri	int:			Sign	ature:_				он	leat D	isinfection	Post	Nurs	e Initial:	

Island Health Hemodialysis Committee – Last update: June 2020

Other Health C	are Provider visits: □ N	o □ Yes. Changes:	
What matters t		o 🗆 res, enanges.	
ADDITIONAL CO	OMMENTS:		
Time on:	Off time:	Pick-up time:	□ Pick-up Arranged

Opportunities for feedback

	tient Experience: How are we doing?	
	are your experience to help us improve our services to you. (Today's date):	
Over the last month, my overa		
	9998	
The reason I am feeling this wa	ny:	
What are we doing well?		
What can we improve on?		

Within the Department



What matters to our staff?



Modelling within leadership



