Community Health Advisory Councils Report

“Compassionate Care: Community Perspectives”

May 2007
Preface

This report contains the issues and ideas generated by the Community Health Advisory Councils over the course of 2 meetings held from January to April 2007.

Council members were asked to provide their perspectives to the Winnipeg Regional Health Authority's Board about the topic of compassionate care. This topic concerns the interaction between a health care provider (doctor, nurse, nurse's aid, nutritionist, mental health counsellor, etc.) and a patient, client or resident and their family and/or other supports.

Council members shared their experiences, as patients, family members, and friends of patients, and some as staff who work in the health care system. Quotes from Council members are dispersed throughout the report. They participated in a prioritization exercise to rank their Council's compassionate care themes/issues and provided suggestions of how the Winnipeg Regional Health Authority could address these issues and support staff across the Winnipeg health region in delivering care that is compassionate.

Section I: Report Summary
The Report Summary includes:

- A regional perspective of compassionate care themes
- Suggestions to address key compassionate care issues

Section II
Section II of the report includes:

- Full individual Council reports of the complete discussions and suggestions that were made at the meetings.

In Appendix A, there is a Compassionate Care Priorities Table.

Appendix B provides lists of Council members, Board liaisons, and staff that support the work of the Councils.

It is hoped that this report will be helpful as the WRHA Board and staff develop strategies to support all staff in their daily interactions with patients and their families and delivery of care that is compassionate.
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Executive Summary

“Compassion should be the foundation of health care.” Members of the Community Health Advisory Councils considered compassion to be crucial and the foundation of a health care system that provides caring, safe, and high quality care.

Compassionate care was described as holistic, non-judgemental, empathetic, respectful, and empowering. Care is compassionate when patients and their families/health care providers are treated with kindness and caring. Many Council members felt that compassion can be measured by looking at the behaviour of health care professionals.

While stresses on the system, especially on health care providers exist, Council members felt that the stresses could not be used as an excuse for not providing compassionate care. Further, members felt that it is necessary to create caring and supportive health care environments for not only patients and families, but for health care providers as well.

Use palliative care model of compassionate care
Members of all of the Councils shared many positive experiences with the health care system, many pointing to the kind of compassionate care that they and family members received by the palliative care program across the region. There are great models of compassionate care delivery and staff who are compassionate already in the system. What is critical is to use their example to encourage a more compassionate delivery of health care across the system – in hospitals, emergency rooms, community health clinics, personal care homes, and community health programs, including home care.

“Please explain what you’re going to do, what’s going to happen.”

What patients and families need:
- Someone to connect with, to acknowledge them, to see them as a person, to have an opportunity to ask questions and to be listened to;
- To have their families and their other supports engaged by health care providers;
• To have health care providers consider their physical, mental, emotional, and spiritual health and needs;
• To feel that they are important, not a burden to health care providers; and,
• To have health care providers understand their social and environmental perspectives, not just a medical perspective of them.

What health care providers and staff need:
• To remember that patients are often vulnerable;
  ▪ To have clear expectations of behaviour -- caring for and interacting with patients and families;
• A compassionate workplace so that they can be compassionate to their patients;
• To have incentives and be rewarded when they provide exceptional care that is compassionate; and,
• To know that "accepting diversity and understanding cultures is fundamental." That it is important for all staff to learn more about cultures and to address stereotypes that are sometimes prejudicial.
Section I

Report Summary
Introduction and Methodology

Priority Issues and the Community Health Advisory Councils
In September 2006, the Board of the Winnipeg Regional Health Authority (WRHA) asked the Community Health Advisory Councils (CHAC’s) to explore the topic of compassionate care. The role of the health advisory councils is to contribute community perspectives and suggestions to issues that are a priority to the Winnipeg Regional Health Authority. This topic of exploration by the Councils is supported by the WRHA Board’s strategic goals to:

“Support individual WRHA staff and teams as they develop a culture of compassionate care”; and

“The deliver(y) of health care in a compassionate and respectful manner...at healthcare facilities or at home by a range of healthcare providers.”

(Winnipeg Regional Health Authority Strategic Plan, April 2005)

“Compassionate care” refers to the human interaction between healthcare providers and patients and their families.

Population Health Framework and Perspectives from their community
The Community Health Advisory Councils use a population health framework when exploring health issues - taking into consideration the social, environmental, economic, and other factors that impact the health of a population. A population health approach helps identify factors that influence health, to analyze them, and to weigh their overall impact on our health.

Health Care Continuum
During the discussions about compassionate care, members of the Councils were encouraged to consider how care is delivered to patients and families across the continuum of health care services - from home care and primary care to acute care delivered in hospital settings and care provided in personal care homes.
The Meetings
At the first meetings of the Councils, the topic of compassionate care was introduced and the context for exploring compassionate care was explained. The concept of compassionate care is usually equated with palliative or end of life care. Another language issue needed to be addressed before asking the Community Health Advisory Councils for their perspectives about compassionate care. Most health care providers are familiar with the “patient or client-centred” approach and less are used to “compassionate” as an approach to delivering care. As such, it was important to get feedback from the Councils on both compassionate and patient-centred care and to identify aspects that were similar and those that they felt were unique to the compassionate care approach.

Council members were asked the following questions in small groups at their first meeting:
• “What does compassionate care mean to you?”
• “Using the language of health care providers, what does client-centred or patient-centred care mean to you?”

Out of these discussions, themes emerged and the comments of Council members were organized by these themes:
• Attitude and behaviour of health care staff towards patients and families
• Treating patients as a whole person
• Need for a caring, comforting, and supportive environments for patients, families, and staff
• Understanding the vulnerability and needs of patients
• Communicating with patients and families
• Respecting the rights of patients and families

At the second meetings of the Councils, members were asked to rank these themes in order of importance to them. An exercise called “dot-mocracy” was used. Members were asked to assign three points to the compassionate care theme they felt was most important to them, two points for the theme that was ranked second, and one point for the theme that they ranked third most important. After points were tabulated for the Council, the top three compassionate care themes for the Council emerged. Council members then
provided their suggestions to one of their Council's priority compassionate care themes in small groups.

**Presentation to the Board of the Winnipeg Regional Health Authority**

Discussions from the meetings of all six Community Health Advisory Councils were then compiled into this report. Chairs and Vice Chairs of the Councils presented this report to the Board of the Winnipeg Regional Health Authority in May 2007.
What is compassionate care?

When Council members were asked to share what compassionate care meant to them, a very thoughtful, insightful, and, at times emotional discussion followed. They shared personal experiences as patients and family members and some as health care providers that were both immensely positive and conversely negative. They considered not only the needs and issues of patients and families but of health care providers as well.

Council members acknowledged that there are staff shortages across the health care system; that health care workers are stressed and work in situations that can be very difficult. But they didn't see that as an excuse for not taking time to get to know patients and to treat them with compassion.

"Compassionate care means being open, welcoming, giving comfort, reassuring the patient, not being threatening. It's an attitude, a manner, an approach."

All of the Councils touched on the care that is provided in palliative care wards across the Winnipeg health region and noted that,

"Palliative care wards are “amazing” and provide compassionate care. Unfortunately, you have to be dying to get that kind of care."

Compassionate care was described as holistic, non-judgemental, empathetic, respectful, and empowering. Care is compassionate when patients and their families and other supports are treated with kindness and caring. Many Council members felt that compassion could be measured by looking at the behaviour of health care professionals. A number of Council members wondered whether or not there is a link between compassionate care and health outcomes; if patients recovered quicker and more fully when they were treated with compassion by their health care providers.
What is patient or client-centred care?

Members of the Community Health Advisory Councils were asked to share their thoughts about what “patient or client-centred care” meant to them. Some members struggled a little with the concept and felt it was somewhat sterile and unfeeling. Others, especially those who worked as health care providers, had no difficulty providing feedback and describing what this approach meant to them and how patient-centred care was delivered across the health care continuum.

“Patient-centred care implies that the person’s entire needs are considered and that all of their treatment requirements are coordinated. It shouldn’t be up to the patient to manage, navigate, and coordinate their own care.”

Council members felt that patient-centred care:

- Is holistic because it considers physical, mental, and emotional health of patient;
- Is happening when providers take into consideration the patient’s concerns, values, and beliefs;
- Means more choice for patients to involve their families more in their treatment decisions;
- Means that patients have authority, understand what is happening, and are involved in the decisions regarding their care;
- Empowers individuals and families to feel in control of their health care experience; and,
- Has an educative function in the care plan for patients.

“Patients should be the centre of compassionate care being delivered by staff.”

Council members felt that in patient-centred care, the patient plays a significant role in the planning and implementation of their treatment and care. This means that they are also responsible for helping with their own treatment, showing respect, and not abusing the system.

“To me, patient-centred care is what my doctor does to make me feel that I am a part of the health care treatment process.”
Ranking of Compassionate Care Priorities to Discover Regional Perspective

A regional perspective of compassionate care priorities was obtained by creating a matrix of priorities by Council and assigning points to how the priorities were ranked by each Council. The higher the number of points for the theme, the higher the priority.

Ranking of compassionate care priorities overall for the region:

1. Attitude and behaviour of health care staff towards patient and family. (26 points)
2. Communicating with patient and family. (18 points)
3. Treating patient holistically respecting culture, language, values, etc. (17 points)
4. Need for a caring and supportive environment for patients, family, and health care staff. (12 points)
5. Understanding the vulnerability and needs of patient and family. (9 points)

(See Appendix A for the Table Format of this information)
1. **Attitude and behaviour of health care staff towards patient and family:**

Members of the Councils felt that the attitude and behaviour of health care providers and other staff towards patients and families was the most important issue in compassionate care.

“Sometimes you feel like you’re imposing on a health care worker’s time. Doctors are often too busy pushing people through, rather than showing any genuine interest.”

**The discussions touched on the following points:**

- The need of patients to feel valued and important;
- That patients should be treated with kindness, gentleness, caring, and respect;
- That health care providers should start thinking of patients as “customers” and that the care they provide is a service that should be meeting or even exceeding expectations;
- The importance of health care providers to try and view the world through their patient’s eyes;
- The importance that providers understand the person and provide care in a way that the patient will find acceptable and that does not take away their self worth;
- That health care providers should take time with patients, and not rush them through an appointment, treatment, etc.; and,
- That physical handling can sometimes hurt, that fast care is not compassionate.

**Councils expressed need of the most vulnerable people for compassionate care.**

- People with mental health issues are at the bottom of the rung and are in most need of compassionate care and to be treated with dignity.
• People receiving home care services are afraid to voice any concerns over the care that they are receiving because they think it will jeopardize getting any care at all.
Attitude and behaviour of health care staff towards patient and family:

Suggestions for addressing:

Set clear expectations of behaviour
- The WRHA should have clear expectations of how health care workers and staff should care for and interact with patients and family.
  - Explain what is happening, what their health care issue is
  - Give patient options and let them decide what treatment option is best for them
  - Do not rush patients out - talk to them about their family, history, etc.
  - Make eye contact and make sure body language indicates interest and concern
  - Actively listen and speak to the patient
  - Respond to patient in a timely manner
  - Provide the patient and family with educated answers to their questions.

Use palliative care model and approach to providing care
- Health care providers and staff should take training in patient-centred care. This should be expanded and be compulsory. Training at Riverview was considered excellent, especially video called, "See Me".

Be a patient for a day
- Staff training should include “Be a patient for a day” so that staff can know and experience what it is like to be a patient, and understand what behaviours are compassionate and those that are not.

Monitor behaviour and make health care workers accountable
- WRHA and health care organizations should monitor the behaviour of staff and make staff accountable for their behaviour. This could be done regularly with performance reviews. Appropriate discipline should be taken.
Communicating with patients and families

Communication is an incredibly important component of delivering compassionate care. It is not only about how health care providers collect and share information with patients and families, but creating an environment where patients can feel comfortable to share information and ask questions.

Communication is more than just words. It’s broad and all encompassing - it is not just the manner of speaking to patients, but the content of what is said as well.

- Touch is an important way of communicating with patients. It is important to recognize if patient is comfortable with this or not.
- Have a sense of humour, laugh with patients.
- Listen to people. Give them an opportunity to express their fears.
- Be careful in the use of medical terminology.
- Understanding and listening underlies everything.

“I am an expert of my own body and of what I am experiencing and feeling”

- Health care providers must have the ability to listen to the needs of the patients -- their physical, emotional and spiritual needs and not let comments go over their head.
- Health care staff should introduce themselves to patient and family and explain what they will be doing.
- Many health care providers, like newer doctors, ask permission before they do anything, like taking blood pressure. This is really helpful.

Many patients and family members have easier access to resources and information about health issues. They come into health care environments more informed with lots of questions to ask. Health care staff can respond negatively to this.

It helps patients and families to have information – like triage information in emergency department waiting rooms so that they can understand why and how long the wait will be.
Communicating with patients and families

Suggestions for addressing:

Health care providers and staff should communicate well with patients and families, especially those patients who are vulnerable (seniors, people with mental illness, etc.)

“Please explain what you’re going to do, what’s going to happen.”

Communication Checklist:

- Staff need to listen and be genuine
- Need to be present and available
- It includes the tone of voice
- Talking “with” not “at” patients
- Facial expressions and body language also need to be respectful
- Beyond listening is the need for acknowledgement - active listening, affirming what is being said
- Provide clear explanation of the “what, where, when, why, and how” of treatment, etc.
- Provide specific instruction and directions about additional care resources for patient and family.

Consider literacy, language, and culture

- Health care providers should be aware of and learn about the communication styles of various cultures. This should be an expectation for all staff.
- Create access to first language health care. Ensure that translators or interpreters are available for patients for whom English is not their first language -- Aboriginal and immigrant populations.
- Be aware of potential literacy barriers that patients may experience with written forms, etc. - without judgment or discrimination offer assistance
- Develop electronic media (like video, photos on computer, etc.) that provide visual references to help with communication, especially for those experiencing language barriers.
Engage family and other supports

- Health care providers need to acknowledge what a resource the family is for the patient. The patient has the right to identify who their “family” is and that they have a right to access medical information about the patient and be involved in their care.

Check in with home care clients

- WRHA needs to understand how vulnerable home care clients are. Home care workers need to have a basic level of communication.
  - Home care supervisors should phone and check in with clients on a regular basis to ask how the home care service is going.

Provide ways for patients and families to provide feedback about their care that will not compromise their care

- WRHA should have complaint/feedback cards that patients can fill out after using health care services.
  - Patients should know that there is someone who will listen to them after they have an experience with the system that they would like to share with a delegated staff.
  - Patients should be told that they can give feedback and that there will not be negative consequences.
- WRHA should make positive experiences known and share with the public. Public should hear about good outcomes, not just negative ones.
3. **Treating patients holistically respecting culture, language, values, etc.**

**Need to consider physical, mental, emotional, and spiritual health and needs of patients**
- Means looking at whole person and all of their needs - mental, physical, emotional, spiritual and family’s needs as well.
- Patient should feel they are important, not a burden to health care staff
- Spirituality component needs to be considered.

“**Accepting diversity and understanding cultures is fundamental.**”
- Health care staff should take sensitivity training to address attitudes that are negative and sometimes prejudicial and stereotyping.
  - Experience of Council member who is Aboriginal where a health care staff made a judgment about him regarding his medical condition. He was lectured by a health care worker that he had no right to be there. This kind of treatment was rude and dangerous, in that they made a judgment about his health condition that was inaccurate and could have had serious consequences for his health. (Council member is diabetic)
- Health care providers should be knowledgeable of the values and culture of the patient.
- Most Aboriginal languages have no word for “he” or “she”; seeing people as human beings and not in gender terms. Many Aboriginal people are judged because others don’t know this. It is important to know and understand differences in languages.
- Health care providers must be informed by an understanding of the people they are dealing with. There is a need for cultural awareness.

“**Health care staff see patients with the same health care issues over and over again, but for the patient, it’s the first time, it’s them.”**
- Health care providers should understand the patient and provide care in a way that they will find acceptable; that does not take away their self worth.
- Should view the patient as a person with feelings and not treat them as a number.
• No more cookie cutter approaches to providing care - trying to make everyone fit into one mould regardless of each patient’s individual situation.
Treating patients holistically respecting culture, language, values, etc.

Suggestions for addressing:

Health care providers need to be more aware of and trained to become culturally sensitive
- Health care staff should not make assumptions about culture, values, etc. of patients - for example, not all Aboriginal people follow traditional ways
- Need to accept that it is impossible to know everything about every culture, that it is okay to ask the person in a respectful way. Perhaps staff could ask, “Is there anything you want me to know about you?”
- Health care staff should develop “cultural literacy or competency”.
- Health care staff should take sensitivity training to address attitudes that are negative and sometimes prejudicial and stereotyping.
- WRHA should create cultural liaison positions to do outreach work in cultural and newcomer communities. This would help the WRHA address cultural and language barriers and increase cultural awareness.

Delivering holistic care that is coordinated between health care providers
- Health care professionals and volunteers should provide care based on quality, love, and respect and the client’s physical, emotional, and spiritual needs.
- Care should be delivered by a team of professionals and volunteers under the direction of the patient’s physician. There should be a personalized plan for physical, emotional, and spiritual care.
- Need for easier access to all specialists that a patient needs to see. Doctors, specialists, and other health care staff that are providing care should be communicating more with each other about the patient’s needs, treatment, etc.
- Health information and records about a patient should be more easily accessed by other health care professionals who provide care to them - like an electronic health record.
- WRHA should continue to develop Access Centres - they make it easier for people to access health and other services that they need.
- Community health centres like Nor’ West Coop are great for people to access and receive health care services. There is a real sense of
community, everyone knows you, and everything you need is offered there. Doctors and other staff can look at all of your needs.

• WRHA should look into “Well Woman” checklist that some primary care doctors use - an overall review of a person’s physical and mental health and life situation that can help health care staff consider all needs and aspects of a patient
  o WRHA should consider ways to make/adapt this checklist so it can be more flexible and provide it in a variety of languages.
4. **Need for a caring and supportive environment for patients, family, and health care staff**

“Compassionate care includes the environment, where you discuss issues and communicate with patients is important.”

- At emergency departments, when people are in pain, they can't get comfortable.
- A comfortable environment includes respecting privacy needs of patients.
- Compassionate care is not interrupting the sleep of patients in hospital settings when it is not necessary.

**Some health care settings are caring but not all**
- There seems to be a difference between being cared for in emergency department compared to a labour ward. There seems to be a big range of care and of how patients are treated. It is not okay to be treated compassionately or not depending on what illness or health issue you have.
- When you go to a hospital and other health care settings, you expect to be treated with compassion. But, there is a huge range of care from one hospital and health care site to another - even from one day to the next.
- Many people want to go hospitals and other health care organizations that are faith-based because they feel comfortable there. When health care organizations become more generic (not faith based) do they become less compassionate?
- The type of pay structure (salaried versus pay per use) of health care professionals seems to make a difference in the kind of care you get. Salaried physicians are in less of a hurry to see as many patients as possible.

“The better you support your caregivers, the more compassionately they can give care to patients.”

- Professionals need a compassionate workplace so that they can be compassionate to their patients.
- Have to consider how patients treat health care staff.
- Many health care workers have stressful working conditions and burnout can happen.
Need for a caring and supportive environment for patients, families, and health care staff

Suggestions for addressing:

Physical and social components of a caring and supportive environment

• Emergency rooms should be comfortable - have televisions, coffee, food to purchase, blankets, etc.
• Working conditions and burnout; need funds to alleviate stress on workers to aid their mental health and support them in caring for others.
• Needs to be support for people giving care
• Bring in animals - animal therapy in health care settings.
• Bring in children for visits - like the "adopt an elder" program at Deer Lodge Centre.
• Bring art, music, dance, etc. into healthcare settings. St Boniface Hospital has artists in health care program, where artists work with individual patients.

WRHA needs to address staffing and funding issues

• Nurse practitioners and other health care staff should be assisting doctors in their role of delivery comprehensive and compassionate care.
• Some nurses are working 2 to 3 part time positions to make up a full time job. This needs to be addressed.

“The better you support your caregivers, the more compassionately they can give care to patients.”

• Need to create a compassionate and caring environment for health care staff as well. Address stress, fewer staff, and dealing with difficult patients. Health care workers have their own problems as well.
• Have to consider how patients treat health care staff. Health care staff must be trained to deal with these situations
• Require more training in how to handle these stresses and situations - how to respect and treat people under very difficult circumstances.
  • Who is going to support the caregiver?
  • Should know their limit
  • Should be able to vent/get support from co-workers
Reward health care workers who provide compassionate care

- It is important to reward staff who are compassionate. What incentives (to provide compassionate care) currently exist?
- Like, individual awards for staff member who provides exceptional “compassionate” care or health care program units or “team” awards for excellence - like emergency departments, ambulance/paramedics, and mental health.
5. **Understanding the vulnerability and needs of patients and families**

“Remember that the patient is incredibly vulnerable. Health care practitioners need to really understand this.”

- When you go to receive health care services, you might be vulnerable, scared.
- The position of power makes the health care provider more responsible and the patient more vulnerable.
- Patient with mental health issues may require more sensitive treatment.
- Isolated individuals rely more heavily on personal interactions for good mental health and positive feelings about themselves.
- One of the biggest fears for elderly patients is wetting or soiling themselves in bed. Health care workers sometimes have an attitude when patients ask for assistance to get to the washroom. That, it’s not my problem; an orderly will clean it up. Without assistance, patients may try and get to washroom on their own and could fall and injure themselves.

“We sometimes forget how vulnerable we are as patients. Health care providers need to be reminded of this.”

- Individuals with special needs should receive special treatment from the health care team. There should be a support system in place.
- People admitted to hospitals or personal care homes for long periods of time really need their caregivers to be compassionate, personable, and genuine.
Understanding the vulnerability and needs of patient and family

Suggestions for addressing

Health care providers need to understand social and environmental perspectives of patients, not just a medical perspective.
- There should be understanding beyond immediate care, but the context of the patient’s lived experience.
- Health care providers need to consider the social determinants of health when providing care - for example, patient’s income, social support networks, level of education/literacy, and state of their housing.
- Health care providers need to seek to more fully understand the patient and their level of vulnerability and needs by asking questions.

Caring for vulnerable patients
- If communication is clear, the health care provider will understand the needs of the patient
- Health care providers should identify barriers faced by patient for different treatment options.
- Health care providers need to be aware of the types of pain that patients may experience and educate families about it.
- It is important for professionals to pay attention to and be patient with vulnerable patients. They are often in care for long periods of time. Special “extras” should be offered.
- Set standard of level of communication
  - Checking in regularly with patient - how they are doing, warm hello, update their status, be respectful of how vulnerable the patient is while receiving care (for all healthcare environments - hospital, home, etc.)
- Health care staff should consider and address the needs of family caregivers and family members.
- Being aware of the types of pain that patients may experience and educating families about it.

How the WRHA should address caring for vulnerable patients
- Health care providers need to critically reflect on the current processes of interaction with patients to be able to more adequately understand
vulnerability of patients and then deliver care that more fully addresses vulnerability and needs of patients
- Staff need to be educated about treating patients with disabilities
- There needs to follow-up step with patients post care which could include completing a survey and/or evaluation of care they received
- Need to increase public awareness of patient advocates.
- Need for the appropriate number of staff to provide care who are adequately trained to deliver care that is compassionate to vulnerable patients.
- Connections between care agencies and health care sites needs to be improved.
- The impacts of PHIA (Personal Health Information Act) needs to be explored and addressed - for example, how PHIA is a barrier to communication between health care providers and family of the patient
Compassionate Care Priorities Ranked by each Council

Council members were asked to rank the compassionate care themes in order of importance to them. An exercise called "dot-mocracy" was used. Members were asked to assign three points to the compassionate care theme they felt was most important to them, two points for the theme that was ranked second, and one point for the theme that they ranked third most important. After points were tabulated for the whole council, the top three compassionate care themes for the Council emerged.

For complete discussion notes of each Council, refer to section II.

Downtown/Point Douglas Council
1. Communicating with patient and family. (18 points)
2. Treating patients holistically (physical and mental health) and respecting their culture, language, values, and perspectives. (9 points)
3. Attitude and behaviour of health care staff towards patient and family. (8 points)
4. Understanding the vulnerability and needs of patients. (7 points)
5. Need for a caring and supportive environment for patients, families, and health care staff. (7 points)

River East/Transcona Council
1. Attitude and behaviour of health care staff towards patient and family. (18 points)
2. Communicating with patient and family. (13 points)
3. Understanding the vulnerability and needs of patients. (8 points)
4. Need for a caring and supportive environment for patients, families, and health care staff. (8 points)
5. Treating patients holistically (physical and mental health) and respecting their culture, language, values, and perspectives. (1 point)
River Heights/Fort Garry Council
1. Communicating with patient and family. (19 points)
2. Need for a caring and supportive environment for patients, families, and health care staff. (14 points)
3. Attitude and behaviour of health care staff towards patient and family. (14 points)
4. Treating patients holistically (physical and mental health) and respecting their culture, language, values, and perspectives. (9 points)
5. Understanding the vulnerability and needs of patients. (4 points)

Seven Oaks/Inkster Council
1. Attitude and behaviour of health care staff towards patient and family. (19 points)
2. Treating patients holistically (physical and mental health) and respecting their culture, language, values, and perspectives. (15 points)
3. Need for a caring and supportive environment for patients, families, and health care staff. (12 points)
4. Communicating with patient and family. (6 points)
5. Understanding the vulnerability and needs of patients. (6 points)

St. Boniface/St. Vital Council
1. Attitude and behaviour of health care staff towards patient and family. (19 points)
2. Treating patients holistically (physical and mental health) and respecting their culture, language, values, and perspectives. (14 points)
3. Need for a caring and supportive environment for patients, families, and health care staff. (13 points)
4. Communicating with patient and family. (8 points)
5. Understanding the vulnerability and needs of patients. (6 points)
St. James-Assiniboia/Assiniboine South Council

1. Attitude and behaviour of health care staff towards patient and family. (21 points)
2. Communicating with patient and family. (17 points)
3. Need for a caring and supportive environment for patients, families, and health care staff. (15 points)
4. Treating patients holistically (physical and mental health) and respecting their culture, language, values, and perspectives. (9 points)
5. Understanding the vulnerability and needs of patients. (6 points)

(See Appendix A for the Table Format of this information)
Section II

Reports by Councils*

*This section contains the actual comments noted by each Council during their deliberations
Meeting One: What does “compassionate care” mean to you?

Attitude and behaviour of health care staff towards patient and family
• Impartial
• To be kind to patients
• Honest/doing your job with passion
• To view your actions through your patients’ eyes
• Acknowledge your limitations/don’t be shy to ask for assistance
• To try and view the world through your patient’s eyes/their world view
• Provide continuity in their care - something that they can rely on.
• Timely and effective care is compassionate.
• Having patients sit around for hours is not compassionate.
• Hallway medicine is not compassionate.
• Deal with people’s problems rather than following a rigid set of rules
• Non-judgmental
• Include families and encourage family involvement
• Health care professionals should be committed to providing the highest quality of care to patients, their families and close friends
• Care delivered by a team of professionals and volunteers under the direction of the patient’s physician - personalized plan for physical, emotional, and spiritual care

Treating patient as whole person with own culture, values, and perspectives
• To be knowledgeable of the values and culture of the patient
• Most Aboriginal languages have no word for “he” or “she” - see people as human beings not in gender terms - many Aboriginal people are judged because others don’t know this -- it is important to know/understand differences in languages
• Spirituality component
• Understand the person, provide care in a way that the patient will find acceptable - do not take away their self worth.
• Must be informed by an understanding of the people you are dealing with
  - need for cultural awareness
• Care plan should be continually reviewed and adopted to meet the
  patient’s needs most importantly

Need for a caring, comforting and supportive environment (for
patient, family and health care staff)
• Bring in animals - animal therapy in health care settings
• Bring in children for visits - “adopt an elder” program at Deer Lodge
  Centre - very good program
• Bring art, music, dance, etc. into healthcare settings - at St Boniface
  Hospital they have artists in health care program - work with individual
  patients

Understanding the vulnerability and needs of patients
• To see people and all of their needs - for example, seniors in personal
  care homes - have physical (sexual) needs as well.
• People need touch to heal - even just a foot massage, back rub, etc.
• Patients nearing the end of their life - may need to be reflective of what
  they’ve done in their life/what they’ve contributed
• Health care professionals and volunteers should provide care based on
  quality, love, and respect and client’s physical, emotional, and spiritual
  needs.
• Care provided to patient/client - safely and based on qualities of love,
  respect under the direction of professionals - meeting physical, 
  emotional, and spiritual needs

Communicating with patient and family
• To be an active and empathetic listener
• Speaking in simply understood language - not too much medical
  terminology
• Doctors need to talk with a member of the family - especially if the
  patient cannot speak for themselves - and let them know what is
  happening - maybe identify one of the family to share information with
• “Touching” patients - gentle, humane, important - making the connection -
  important to recognize if patient is comfortable with this or not
• Have a sense of humour, laugh with patients
• Listening to people - giving an opportunity for people to express fear.
• Explain process – give patient options/choices of treatment.
• Having to re-tell your “story” to nurses and doctors multiple times is not compassionate.
• Listen to family’s intuition about needs and concerns of patient.

**Getting the information and access for treatment options, additional supports and health services**
• Care over and beyond the patient’s illness.
  o Financial supports, supports for children of the patient.
• Loving care and assistance to make life easier for patients and families and their peace of mind

**Respecting patients and family and their rights**
• To be respectful to the needs of the patient – respect needs to go both ways

**What does “patient-centred” or “family centred care” mean to you?**
• End of life - harder for many people who aren’t spiritual - might not have faith or religion to give them strength or help them find peace.
• Apply principles of compassionate care to the patient and their family
• Do not leave people in hallways where they feel in the way
• Patient and family should not feel that the hospital is a negative place
• Include an educative function in the care plan for patients
• Compassionate care - seeks understanding of patient and delivers information based on patient’s needs and ability to comprehend
• Including the patient and their family in care design and delivery
• Shared decision making
• Holistic care
• Providers should take into consideration the patient’s concerns, values, and beliefs
• Benefits - enhanced disease prevention and health promotion and improved relationship between care provider and patient/family
Staff see impacts of health issue on patient in broad sense

- Example of 2 brothers who were both terminally ill - shared a room at Deer Lodge Centre - for end of life care

Involve and support patient and family in care and treatment

- Letting family members be at hospital, etc. at any time the patient needs them.
- Make cots/overnight fold down beds more comfortable for family members.
- More choice for patient to involve the family more in their treatment decisions.

Respecting patient and family/giving over control

- “Living Will” - health care directives - patient can decide what happens with their care when they can no longer communicate their perspective.
- Being treated as a human-being - bring up the level of compassion to the level of that of palliative care.
- Patient has authority, understands what is happening, and is involved in the decisions regarding their care.
- Family-centred - would require informed consent from the patient, allow patient to define who their family is.

Information for and opportunity to receive additional supports and resources for patient are provided

- Care providers should explore patient’s reason for visit to health care provider, and their concerns and the needs they have for information.
Meeting Two: What compassionate care themes are most important to you?

Priority themes:
1. Communicating with patient and family. (18 points)
2. Treating patients holistically (physical and mental health) and respecting their culture, language, values, and perspectives. (9 points)
3. Attitude and behaviour of health care staff towards patient and family. (8 points)
4. Understanding the vulnerability and needs of patients. (7 points)
5. Need for a caring and supportive environment for patients, families, and health care staff. (7 points)

How do you think they should be addressed? (Council members then provided their suggestions on the top 3 compassionate care themes)

1. Communicating with the Patient and Family
   - Need to increase the amount of time that health care providers spend with the patient and their family
   - Need to ensure that any communication that is extremely sensitive (like diagnosis) is delivered to patient with privacy and compassion.
   - Patients and families need proper information regarding patient’s condition and treatment and sufficient time to ask questions
   - Authoritarian attitude of some health care professionals needs to be addressed – as patients and families become more interested and able to research health conditions, etc. this power imbalance needs to change.
   - To be an active and empathetic listener
   - Speaking in simply understood language – not too much medical terminology
   - Doctors need to talk with a member of the family - especially if the patient cannot speak for themselves - and let them know what is happening - maybe identify one of the family to share information with
   - “Touching” patients - gentle, humane, important – making the connection - important to recognize if patient is comfortable with this or not
• Have a sense of humour, laugh with patients
• Listening to people - giving an opportunity for people to express fear.
• Health care professionals need to respect a patient's choice not to take medication.
• Currently, medical professionals do not take herbal or natural medicine seriously. This needs to be addressed.
• Health care professionals need to provide more health education for patients and their families. Health education and health promotion should be an important part of any visit with a health care professional. Increase patient's “health literacy”.
• Health care professionals need to respect and value the patient’s inherent knowledge for their own body and sense and perception of their health condition - it is disrespectful when patients are not believed.
• Health care sites need to promote patients' rights more. These rights need to be extended to all types of community health care as well.
• Any policies that are developed that promote compassionate care and treatment of patients need to be communicated carefully to the front-line staff.
• Health care staff, patients, and front-line workers should play a role in informing the development of policies.
• Need to develop an easier way for patients, family members, and front-line staff to share their concerns and issues regarding care.
• Nurses should be able to share x-ray and other test results with the patient. (Instead of patient waiting for many hours to see doctor)
• Every patient should be able to easily obtain a copy of the patient's bill of rights.
• Patients have the right to hear what the steps will be in their diagnosis and options for treatment.
  o Health care professionals/staff should talk to the patient about the process that is taking place.
• WRHA should use electronic health records so that health care professionals and others who are working with a patient/client can communicate with each other. Need to look at how the Personal Health Information Act would impact on this.
• Need to develop patient coordinator/navigator position.
• The development of a “central clearinghouse” for information would be beneficial for patients and families.
• The WRHA should consider employing additional patient advocates who would assist patients with navigating the health care system.

2. Treating patient holistically - physical and mental health - and respecting their culture, language, values, and perspectives
• Health care staff should not make assumptions about culture, values, etc. of patients - for example, not all Aboriginal people follow traditional ways
• Care delivered by a team of professionals and volunteers under the direction of the patient's physician - personalized plan for physical, emotional, and spiritual care
• To be knowledgeable of the values and culture of the patient
• Most Aboriginal languages have no word for “he” or “she” - see people as human beings not in gender terms - many Aboriginal people are judged because others don’t know this -- it is important to know/understand differences in languages
• Spirituality component
• Understand the person, provide care in a way that the patient will find acceptable - do not take away their self worth.
• Must be informed by an understanding of the people you are dealing with - need for cultural awareness
• Care plan should be continually reviewed and adopted to meet the patient’s needs most importantly
• Need to accept that it is impossible to know everything about every culture, that it is okay to ask the person in a respectful way. Perhaps staff could ask “Is there anything you want me to know about you?”
• Health care staff need to develop “cultural literacy or competency”.
• WRHA should look into “Well Woman” checklist that some primary care doctors use - an overall review of a person’s physical and mental health and life situation that can help health care staff consider all needs and aspects of a patient
  o WRHA should consider ways to make/adapt this checklist so it can be more flexible and provide it in a variety of languages
• Health care staff should use a team approach when meeting with a patient.
• To try and view the world through your patient’s eyes/their world view
• Provide continuity in their care - something that they can rely on.
• Health care staff should take advantage of informal caregivers - for example, assisting with translation.
• Patient should be able to identify who they want for support and health care staff should then communicate with this person re: patient’s condition and needs, etc.
• Care plans for patients should be continually reviewed - the timeframe for this would depend on each individual patient’s circumstances.
  o A mechanism should be developed so that patient and family can inquire about care plan at other times as well.

3. **Attitude and behaviour of health care staff towards patient and family**
• Health care staff must see patients as people not as “cases”
• Staff should regularly check in with patient - making eye contact and paying attention to body language.
• WRHA must address systemic problems such as inadequate staffing and processes that are out of date
• Staff need to communicate reasons for wait times, etc. to patient and family
• Staff should always be respectful of patients, families, and other staff
• Increasing wages results in inability to increase the number of staff - how is this being addressed by the WRHA?
• Standards of Care should be reviewed and ensure that respectful behaviour/compassionate behaviour is included.
• WRHA should ensure that front line staff are adequately paid and increase number of staff in this category.
River East and Transcona
Community Health Advisory Council

Meeting One: What does “compassionate care” mean to you?

Terminology
- Some council members had problems with the term, “client” – should be “patient” – because when someone is in a health care setting, they are there to have their physical, mental, and emotional needs met.
- But, what about in a multi-disciplinary health setting where there are doctors, social workers, and health educators? “Patient” seems to have less power, and “client” connotes shared power/decision-making.
- We need to consider how language impacts on people using the system.

What does “compassionate care” mean to you?
- Making the patient the integral part of care
- Kind care
- Compassionate care is – patient, holistic, non-judgmental
- It is the care given at the palliative care program at Riverview Health Centre
- It is not – insensitive, i.e. “you’re lucky to be alive!” post surgery
- It is an attitude that should be there from the specialist to the person who’s washing the floor.
- Good experiences with some health care providers, but shouldn’t be “one in 100” – should happen all of the time – it is their job to provide compassionate care

Attitude and behaviour of health care staff towards patient and family
- Engaging in interactions with an open heart and mind
- Advocacy
- Provide well rounded care
- Care should be informative and empowering
- Timely care response – for example, if I leave a message, I want a call back within a reasonable time – I want to feel valued and important
- Older more experienced doctors seem to write off patients, newer doctors take time to hear patient’s concerns
• Generally, people are having better experiences with family doctors - re: waiting times, having extra time to spend with patients
• Patients should not feel rushed, should be treated like a person
• Caregiver should give empathy, be trustworthy, respectful, and empower the patient
• Doctors are often too busy pushing people through, rather than showing any genuine interest
• More individualized - truly patient centred
• Supporting family members - work around their schedules to come up with date/time for appointments
• Be followed up/follow through
• Need to distinguish needs of “patient” and health care provider’s needs - for example the patient’s needs - need to understand why and what is happening to them and treatment, provider - their needs - to finish quickly and go onto next patient
• Means an informative, educational, ethical, and considerate approach to giving health services
• Means that patient should be treated with - kindness, gentleness, caring, and respect

Treating patient as whole person - with own culture, values, and perspectives
• Understanding the patient’s perceptions and perspectives
• Means looking at whole person and all of their needs - mental, physical, emotional, spiritual - and family’s needs as well
• Patients should feel they are important, not a burden to health care staff
• “I am an expert of my own body and what I am experiencing/feeling”
• Patient should be centre - you’re part of it, understand what is happening, no surprises, no secrets - please be willing to talk with me
• Not only based on the needs of patients, also concerns of patient - explain to the patient - not the family member
• Shouldn’t make patients feel they are unimportant - need to look after all these other patients first

Need for a caring, comforting and supportive environment (for patient, family and health care staff)
• It is being supportive, caring, generous with time, always ready and willing to help patient and family
- Very different than the environment in hospitals right now
  - Includes the environment – a nice, comfortable setting – spacious, nice grounds

**Understanding the vulnerability and needs of patients**
- Focusing on the patient’s needs
- Being aware of the types of pain that patients may experience and educating families about it
- Need to adjust care for patient on individual basis and understand their desires and their needs – difference between those of child vs elderly vs family member
- Need to give patients what they want/need, not what health care provider needs to give
- Understanding beyond immediate care and context of lived experience

**Communicating with patient and family**
- Speak and listen at patient’s level (includes physical aspect of this)
- Careful use of terminology/language
- Create environment of open discussion at all levels of education
- Create access to first language health care - i.e. Aboriginal and immigrant populations
- Need to understand the needs of the patient - ask questions to understand
- Need to be sensitive, listen, take time, don't rush patients - doctors still overbook, too common to wait one or more hours
- Being able to communicate with your health care provider
- Should tell you to have someone with you - i.e. post surgery
- Health care provider should listen to what patients tell them
- No guessing game - clear and inclusive communication - including when my next appointment will be
- Please explain what you're going to do, what's going to happen

**Getting the information and access for treatment options, additional supports and health services**
- Hook up patient and family to community resources - all options should be shared
• Offer information and education and follow through - so informed decisions can be made

**Respecting patients and family and their rights**
• Ensuring respect, dignity and understanding patient and their family
• Being flexible to family dynamics and broad definition of the patient's family

**What does “patient-centred” or “family centred care” mean to you?**
• Use of various methods of communication skills and tools
• Having realistic expectations - both the patient and health care provider
• Adequate funding of the system
• Informative, ethical, educational, and considerate delivery of health services
• Adjust care for each individual
• Could have patient centred care without compassion - but could not have compassionate care without it being centred on the patient
• Patient centred care focuses on the science, the facts, and the structure of the patient through the dissection of the problem versus the person
• Sensitivity is the most important quality
• People accessing the health care system are not the same as they were 50 years ago - health problems are more complicated, sometimes patients come with more information and have more questions and greater expectations - is the system ready for this? Do we need to start preparing health professionals differently?

**Involve and support patient and family in care and treatment**
• Involving the person receiving care in the decisions about their care and finding out who is all involved
• Speaking in the language that is clear and understandable to patient and family
• Empower individuals and families to feel in control of their health care experience
• It’s about “them”
• Understanding the needs of the patient
• Distinguishing needs of patient
• Where does confidentiality fit here? Patients have the right to choose who they want to share information about their health and treatment with

Respecting patient and family/giving over control
• Person is at the centre and everything is coordinated around them, not the other way around.
• Respecting the patient's definition of their family
• Respecting the decisions about their care that the patient and family have made versus the health care providers' decision
• Family should be kept in the loop/understand what the patient needs
• Patient has enough information so that they can go out and manage their own life

Information for and opportunity to receive additional supports and resources for patient are provided
• Family members need supports, information so that they can help and support the patient
• If doctor doesn’t have knowledge of patient’s issue, then refer to a doctor who does know
• Need to have enough support in the system and outside the system for patients - such as mental health -- a system that is compassionate and patient centred would have these supports

Concerns about some care that is provided
• Homecare - reflections on compassionate and patient centred care
• Semi-skilled workers, working by themselves could be making mistakes, provide poor care, who would know?
• Good or bad, some very wonderful people, but most don’t know what "compassionate care" is the necessary evil
• Difficult to provide feedback - if you complain, you might not get the service -- sometimes you have to scream and yell - this sometimes works, but clients are very vulnerable
Meeting Two: What compassionate care themes are most important to you?

Priority themes:
1. Attitude and behaviour of health care staff towards patient and family. (18 points)
2. Communicating with patient and family. (13 points)
3. Understanding the vulnerability and needs of patients. (8 points)
4. Need for a caring and supportive environment for patients, families, and health care staff. (8 points)
5. Treating patients holistically (physical and mental health) and respecting their culture, language, values, and perspectives. (1 point)

How do you think they should be addressed? (Council members then provided their suggestions on the top 3 compassionate care themes)

1. Attitude and behaviour of health care staff towards patient and family
   - Health care providers must treat patient with kindness and respect and be professional, open-minded, warm, empathetic, and trustworthy
   - Response to patients should be timely and health care staff should provide the patient and their family with educated answers to their questions
   - Need to distinguish needs of “patient” and health care provider’s needs - for example the patient’s needs - need to understand why and what is happening to them and treatment, provider - their needs - to finish quickly and go onto next patient
   - Health care providers and all staff must be accountable for their behaviour towards the patient and their family
   - Health care staff need to be supported in order to provide compassionate care
   - Staff need sufficient equipment and supplies in order to provide care
• Health care staff need to advocate for and be facilitative of the treatment and care of the patient
• Health care staff need on-going and appropriate training in order to provide care that is compassionate
• Health care staff need to follow through
• Managers of health care staff need to pay close attention to staff morale
• Care should be uninterrupted and patient-focused
  • Expectations of health care workers’ interactions with patient and family should be clear
  • Need to maximize time spent with patient - for example, during time when patient is waiting to see a health care professionals would be spent wisely - filling out forms, gathering information, educating the patient, etc.

2. Communicating with the Patient and Family
• Healthcare providers should ask questions to more fully understand condition, needs, etc. of the patient
• Please explain what you’re going to do, what’s going to happen
• Provide clear post-surgery instruction/description of what their condition will be
• Provide clear explanation of the “what, where, when, why, and how” of treatment, etc.
• Provide written explanation/description as well
• Speak and listen at patient’s level (includes physical aspect of this)
• Careful use of terminology/language
• Create environment of open discussion at all levels of education
• Create access to first language health care - i.e. Aboriginal and immigrant populations
• Need to understand the needs of the patient - ask questions to understand
• Develop electronic media (like video, photos on computer, etc.) that provides visual references to help with communication - especially for those experiencing language barriers
• Be aware of potential literacy barriers that patients may experience with written forms, etc. - without judgment or discrimination offer assistance
• Staff should watch for needs of patient and family and be ready to offer assistance
• Staff need to be aware/learn about the communication styles of various cultures - should be an expectation that all staff can do this
• Provide specific instruction/directions about additional care resources for patient and family
• Staff should ask the "right" questions to invite greater communication with the patient and family
• Staff need to be aware of religious and cultural preferences (for example, that women of a particular culture may be very uncomfortable receiving care from a male health care provider)
• Need to address "over booking" and/or the amount of time doctors and other health care providers give for appointments with patients - the current amount of time gives patients the impression that there is not adequate time to ask the questions they need to
• Provide care to meet the cultural needs of the provider and recipient of care (patient/family)
• Expectations of staff/patient interactions needs to be clear
• Need for more of a client-centered approach - for example, taking into consideration the schedule of the patient (need for more flexibility)
• Change the mentality from top-down to down-up
• Health care providers need to acknowledge what a resource the family is for the patient - and, patient has the right to identify who their "family" is and that they have a right to access medical information about the patient and be involved in their care
• Hook up patient and family to community resources - all options should be shared
• Offer information and education and follow through - so informed decisions can be made

3. Understanding the Vulnerability and Needs of patients
• If communication is clear, the health care provider will understand the needs of the patient
• It's okay to admit that the care provider does not know what's wrong but indicate that together the solution will be found
• Set standard of level of communication
  o Checking in regularly with patient - how they are doing, warm hello, update their status, be respectful of how vulnerable the patient is while receiving care - (all healthcare environments - hospital, home, etc.)
• Need for the appropriate number of staff to provide care who are adequately trained to deliver care that is compassionate
• Patient should feel they are important, not a burden to health care staff
• “I am an expert of my own body and what I am experiencing/feeling”
• Patient should be centre - you're part of it, understand what is happening, no surprises, no secrets - please be willing to talk with me
• Not only based on the needs of patients, also concerns of patient - explain to the patient - not the family member
• Equipment used in treatment of patient needs to be available and functioning
• Staff need to have up to date knowledge and training and be culturally competent
• Staff need to be educated about treating patients with disabilities
• Health care providers need to consider the social determinants of health when providing care - for example, patient's income, social support networks, level of education/literacy, and state of their housing
• Health care providers need to seek to more fully understand the patient and their level of vulnerability and needs - using questions
• Health care providers need to critically reflect on the current processes of interaction with patients to be able to more adequately understand vulnerability of patients and then deliver care that more fully addresses vulnerability and needs of patients
• Patients need to be empowered to ask question - the “safe to ask” zone needs to be reinforced
• Health care staff need to consider and address the needs of caregivers and family
• Connections between care agencies and health care sites needs to be improved
• There needs to be a follow-up step with patients post care which could include completing a survey and/or evaluation of care they received
• The impacts of PHIA (Personal Health Information Act) needs to be explored and addressed - for example, how PHIA is a barrier to communication between health care providers and family of the patient
• The information that the patient provides during interactions with health care providers should be facilitated and used
• Being aware of the types of pain that patients may experience and educate families about it
• Understanding beyond immediate care and context of lived experience
River Heights and Fort Garry
Community Health Advisory Council

Meeting One: What does “compassionate care” mean to you?

- Does not mean lack of privacy for patients and their family
- Not assisting patients when they need help - either by helping them into wheelchair or contacting family members when they need physical and emotional support - is not compassionate
- Patient comes first
- Can measure compassion by looking at behaviour of health care professional
- Health care staff can get focused only on their role - ie. Nutrition, can miss other aspects
- Have positive experiences most of the time - health care staff working hard to show compassion/doing a great job
- People should always go with someone when they go to the doctor - for support and advocacy if they need it. This should be shared with people.
- Emphatic; put yourself in another’s place/position (empathy for another; the ability to be empathetic)
- What behaviours are associated with compassionate care expected by the patient/client/family?
  - Tone/voice/delivery
  - Empathy - follow-up; avoiding feelings of isolation and abandonment
  - Listening
  - Patience
  - Professionalism
  - Respect
  - Flexibility
  - Humane treatment; time spent with individual; make them feel they are individuals rather than just a number
  - Taking time with patients, not rushing through appointment, treatment, etc.
- Is there a link between compassionate care and health outcomes?
- Look at other successful practices/institutions/businesses to learn how to apply their principles to care of individuals
• What policies/standards actually exist that support delivery of compassionate care?
• Is it the same/coordinated all across the province/Canada, etc?
• Standards should be uniform and not differ regionally
• Must be addressed from the policy side
• Average consumer will be weary of the term “compassionate care” as it is a buzz word
  • Cannot treat as “customers” (clients) because they have no choice in where they go for care
• Compassionate treatment required for extra-extraordinary circumstances
• How flexible is the healthcare system under special circumstances?
• What kind of training does each health care member have in being compassionate care

Attitude and behaviour of health care staff towards patient and family
• Video for orientation at Riverview called “See Me” - is amazing and a good resource for staff that explores compassionate care
• Not rushing, taking the time to get to know patient is critical even though lack of time is a reality

Treating patient as whole person, with own culture, values, and perspectives
• Sensitive to people’s needs - not just physical - the whole person
• Accepting diversity and understanding cultures is fundamental.

Need for a caring, comforting and supportive environment (for patient, family and health care staff
• Professionals need a compassionate workplace so that they can be compassionate
  o Need to know how to take care of themselves
  o Create this boundary so that you don’t get overwhelmed
  o Healthcare staff carry other stresses/worries - not meaning to be curt/rude - but don’t get second chance/can’t redeem yourself
• Have to consider how patients treat health care staff - health care staff must be trained to deal with these situations
• Time constraints may hinder compassionate care delivery
• Working conditions and burnout; need funds to alleviate stress on workers to aid their mental health and support
• Give awards/incentives to health care workers to support these efforts - supports efforts and motivates all others
• Don’t harp on negative experiences
• It is important to reward staff who are compassionate -- what incentives (to provide compassionate care) currently exist?
  o Like, individual awards for staff members who provide exceptional “compassionate” care or health care program units or “team” awards for excellence - like in emergency departments, ambulance/paramedics, and mental health.
• When training health care individuals, they need to be told honestly about working conditions
• Must be ready to encounter clients
• Must be professional under all situations
• Require more training in how to handle these stresses and situations - how to respect and treat people under very difficult circumstances
  • Who is going to support the caregiver?
  • Should know their limit
  • Should be able to vent/get support from co-workers
• Some situations - i.e. Norwalk virus at PCH - need extra staff to help those who are ill get to the bathroom
• Need to work to predict - situations and extra needs

**Understanding the vulnerability and needs of patients**
• Should recognize barriers faced by patient to different treatment options
• Tuning into not only the “patient” - but the “person” - personhood - acknowledging who that person is
• Sometimes forget the vulnerability of the patient - need to remind staff of this
• Mental Health issues may require more sensitive treatment
• Isolated individuals would rely more heavily on personal interactions for mental health and positive feelings about themselves
• Position of power makes the health care provider more responsible and the patient more vulnerable
• Do individuals with special needs receive special treatment from the health care team; is there a support system in place?
Communicating with patient and family
- Tuning into patient
- Sit with individual when delivering difficult news - don’t leave
- Staff need to take the time to communicate with the patient - can’t always meet demands but should be able to meet the need
- Give time to ask questions
- Needs to be sincere - build trust
- Pick up cues of body language “the silent language”
- Telling patient they have a tumour in a waiting room - is not compassionate.
- Understanding and listening underlies everything
- Expectations play an integral role in the perception of compassion and the level of expectation for compassion depends on what is happening at that moment, and perhaps the need of the patient/family member for compassion from health care workers.
- Helps to have information - like triage information in ER waiting rooms - to understand why/how long the wait will be.
- Wait lists and compassion
  - No one has a good understanding of why they have to wait
  - Need an explanation for why
  - Individual may or may not understand the reasons

Getting the information and access for treatment options, additional supports and health services
- Compassionate leave; government strategy and support system compassionate care -> empowering families to care for one another
- Access to drugs not typically given -> compassionate access policies

Respecting patients and family and their rights
- Family members sometimes receive harsh treatment by health care workers - for example, isolating them from treatment of patient
- There should be more family involvement.
- Include individual support system (family and friends)
Need to monitor behaviour and attitude of health care staff towards patient and family

- Don’t become a doctor, nurse, etc. if you are not compassionate - can become desensitized - need to be reminded of experience of patients
- Health care staff can take things personally (i.e. don’t tell me how to do my job”) when family asks for help
- Healthcare staff - need to stay aware of escalating stress - will have good days and bad days - need to acknowledge
- At Cancer Care - they videotape the appointment
- What happens when you do not receive compassionate care?
  - Who do you go to and what do you do?
  - The process of "complaint" filing is also not compassionate
  - What is the structure of dealing with complaints? Is it a “dead-end” process? Is anything done; how is it dealt with?
- Council members like more information on this (delivery of compassionate care) as it is now and how it could be changed to improve the situation
- What standards exist regarding providing compassionate care?
- What are the complaints about; more information is needed to determine how big the problem is
- What health care profession has the most complaints against them? (Doctors, nurses, ambulance attendants)
- What area has more complaints (paediatrics, surgery, ER, palliative care)?
- Which area does best and why? Any information available to us/public
- Is there a complaint system on the Internet like a blog that people can voice their concerns if and when the health care system fails to address their complaints about care and treatment?
- Independent complaint system required to avoid complications and ensure the issue is addressed
- Need a system to weed out frivolous complaints

What does “patient-centred” or "family centred care” mean to you?

- Patient-centred describes a compassionate approach to care
- "Patient-centred” is more descriptive than compassionate - one can imagine a list of behaviours that would be expected with this type of an approach.
- What “behaviours” should be expected?
Tuning into the patient -- recognizing whole person and needs -- physical, mental, emotional, and spiritual.

- Some people like to be touched/some don’t - need to respect their wishes
- Need to address power issues that exist in health care environments - those with higher positions have more power, the patient is at the other end of the spectrum, often with no power.
- Need to consider gender issues -- do men and women have different expectations, need different things from health care providers?
  - For example, men want skilled doctor/care less about treatment by them
- Do patients and family trust anyone with a white coat? Healthcare staff has an obligation to introduce themselves and explain their role.
- The experience of many people is that certain specialists show less compassion.
- Health care workers are all individuals. Some are very compassionate.
- Not forgetting about the person’s dignity
- Privacy
- Inform/speak to them before procedures
- "Nothing about me without me"
- Open communication - it’s OK for patient to say no
- Putting yourself in the other person’s shoes
- A self-checking mechanisms
- Patient plays significant role in planning and implementation of their treatment and care
- Is the health care worker working for you/the patient?

Involve and support patient and family in care and treatment

- We've been taught not to be a bother
- Patients should be told that it’s OK to ask for what you need/ I am here for you
- This isn't really happening
- Not just patient or resident - but the family too

Respecting patient and family/giving over control

- Communicating with the patient so they can tell the healthcare staff how they should interact with them.
• Sometimes patients and family feel uncomfortable asking for something, they feel that the staff is in control, they want to be liked by the staff, so that will receive good care.
Meeting Two: What compassionate care themes are most important to you?

Priority themes:
1. Communicating with patient and family. (19 points)
2. Need for a caring and supportive environment for patients, families, and health care staff. (14 points)
3. Attitude and behaviour of health care staff towards patient and family. (14 points)
4. Treating patients holistically (physical and mental health) and respecting their culture, language, values, and perspectives. (9 points)
5. Understanding the vulnerability and needs of patients. (4 points)

How do you think they should be addressed? (Council members then provided their suggestions on the top 3 compassionate care themes)

1. Communicating with the Patient and Family
   • Patient and family expectations regarding how health care staff will respond/interact with them can be extremely high. This may be unrealistic in some situations, especially in hospital environment. Asking staff how to communicate (very specifically) might be too much to ask.
   • WRHA needs to understand how vulnerable home care patients/clients are. Home care workers need to have a basic level of communication.
   • Home care supervisors should phone and check in with clients on a regular basis to ask how the home care service is going.
   • Training of health care staff/professionals should focus on new nurses and doctors, etc., with the realization that it is hard to change behaviours of staff who have been in the system for many years. Communication training should include what staff should communicate with patients - explaining treatment process (what to expect and why) and what they will experience as a result.
   • Health care staff should let patient and family know if something in their condition changes and explain why it is happening.
• WRHA should partner with universities and colleges that train health care professionals and staff to develop training specific to providing care that is compassionate.

• WRHA should work with the College of Physicians and Surgeons and nurses unions, etc. It is important for staff to see the benefits of providing care that is compassionate, not only to the patients (better outcomes) but to them as well.

• WRHA should have more patient advocate positions.

• Compassionate care can be measured by the amount of time a health care professional spends with a patient.

• There is a need for more multi-disciplinary teams with nurse practitioners and to move away from fee for service doctors to more who receive salaries.

• There is too much of a focus on "medical interaction". More focus needs to be placed on communicating with and engaging the patient.

• Doctors and nurses need to be brought into this discussion and need to see the benefits of providing compassionate care.

• Health care jobs are difficult and everyone has good and bad days. The public needs to be educated and have realistic expectations of the health care system.

• Patients and families should be able to share good and bad experiences with the system - perhaps through a patient advocate.

• WRHA should develop (or purchase) generic communication tools for staff - like pamphlets and videos (that explain procedures like what to expect after an operation). Need to consider literacy and languages. WRHA should provide communication courses for health care professionals.

2. Need for a caring can supportive environment for patients/families/healthcare staff

• Review first notes for additional suggestions

• Should develop multi-disciplinary teams. Health care workers will know their boundaries and this would alleviate stress and workload.

• Need for more patient advocates who can step in and deal with situations that develop between health care staff and patients.

• Awards for health care staff should be more well known by the public.
  • Perhaps, private companies could sponsor awards. WRHA should do more in the area of rewarding staff excellence.
• Health care staff should know how to diffuse situations where patients become stressed, rude, and potentially abusive.
• Should identify and deliver staff training that will build and caring environment.

3. **Attitude and behaviour of health care staff towards patient and family**
• Health Links/Info Santé attitude was very positive and helpful - they anticipated questions and concerns and addressed issues - this approach should be the standard for all interactions of health care staff and patients
• Staff should be empathetic - spend time with patient
• Differences in personalities of health care staff - some who are empathetic and those who are not
• Staff should reflect on their own experiences (as a patient or family of a patient) so that they can address issues and concerns of patients
• Patient should feel that the health care provider is doing a good job - this makes the patient feel secure and confident
• Staff should listen and be able to read body language of patient and their family
• Staff should be non-judgmental of patients and their families
• Health care workers need to be supported in their job, especially in relation to the amount of time they are able to spend with patients
  • They should have more time to spend (un-interrupted by phone calls, etc.) with each patient and time for them to relax
• Staff should make the patient feel that they are equal and respected as an individual
• Correct diagnosis is dependent upon good communication (detailed) with the patient
• Staff should follow-up with the patient and have a caring relationship with the patient
• Nurse practitioners and other health care staff should be assisting doctors in their role of delivering comprehensive care
• It is important that the doctor spend time with the patient
• Need to address the different attitude that health care workers have in different environment - hospital staff appear more rushed and often see the client as their condition/disease, whereas community-based staff seem to see the broader picture and see the patient as a human being
• The system must address the issue of patients feeling powerless
• Health care staff should:
  • Ask the patient if they are comfortable with physical contact;
  • Smile and have a soft voice when interacting with patients;
  • Introduce themselves to the patient;
  • See the patient as a consumer of health care services and approach with that kind of mind-set;
  • Spend time and not be rushed with the patient so that they feel that they are worthy of the health care worker’s time; and,
  • Get to know the patient (their background and needs).
• Need to address home care issues - for example, some home care workers seem to be just putting in their time (the minimal effort) and not supporting the client - should be helping and putting in maximum effort
• The complaints system needs to be more accountable
• Patients/clients should be able to provide feedback/evaluate the work of health care staff - this should be anonymous so patients are assured that providing feedback will not jeopardize their care/have negative repercussions
• Staff should take training - patient-centred care courses should be expanded and compulsory (training at Riverview Health Centre was better than WRHA training - video called "See Me" was excellent)
• Health care staff need to be accountable for poor and/or inappropriate behaviour - there is a sense that being unionized gives them a sense of protection from this
  • The WRHA needs to promote, support, and reward positive behaviour of health care staff
• Health care managers and employers need to support compassionate treatment of their employees.
• Health care organizations and the WRHA need to attract and foster individuals who do a good job and provide continuous positive feedback to those employees.
• Staff training should include “Be a Patient for a Day” so that staff can know and experience what it is like to be a patient, and understand what behaviours are helpful and compassionate and those that are not.
• A reward system should be developed to provide feedback to staff who do a good job.
• Improved hours and pay would be a positive way to attract and support staff to provide more compassionate care to patients. This would show patients that health care workers are important and valued and need to be respected as well. Staff will feel more positive about their work and then do a good job because it makes them feel good about themselves.
• Need to teach staff how to treat patients and other staff.
• Employers and managers should support health care staff who are open to change.
• Not all people who get into the health care profession should be there.
• There should be staff training about interacting with patients and family. This should include looking at behaviours and attitudes that are discriminatory and judgmental. Staff should learn how to identify and change this behaviour that should not be accepted as the status quo. This training should include sensitivity training and cultural sensitivity as well.
Meeting One: What does “compassionate care” mean to you?

Attitude and behaviour of health care staff towards patient and family
- Sincerity, empathy
- 50% of care should be compassion - taking time to explain to the patient
- Where does compassion come in when you're in a health care setting?
- Should be compassionate if you are a health care worker - compassion should be the foundation of health care
- Medical students are learning about compassion and ethics, etc.
- You can be busy and still be compassionate
- Salaried doctors can spend more time
- Equal, fair and non-judgmental treatment
- Health care staff should be responsive to individual needs
- Having sympathy, understanding, being tender-hearted
- Health care workers are taught to be objective and distance themselves from the patient
  - Might be appropriate at times - for example, during surgeries
- Takes the same amount of time to be pleasant as it does to be impolite
- Home care staff - some like their jobs and lots don’t (and they are pretty cold) - there is a big range of attitude towards clients
- Compassionate system - would cover financial costs of prosthesis (after mastectomy) and wigs, etc.
  - Media could play a role in making health care system more compassionate - patients are the V.I.P.'s when they come into a health care setting - and should be treated as such

Treating patient as whole person
- Need to recognize not just physical but emotional, psychological aspects of patient as well
- View the patient as a person with feelings, do not treat as a number
- No more cookie cutter approaches, trying to make everyone fit into one mould regardless of the patient's individual situation
• Health care staff see patients with different health care issues over and over again, but for the patient, it’s the first time, it’s them
• Special needs of people with different health conditions – for example in cancer care, patients should be followed up by oncologist, not family doctor – need to recognize special needs and issues
• Empathy, variety of approaches based on the needs of the patient

Need for a caring, comforting and supportive environment (for patient, family and health care staff)
• When you go to a hospital, etc. you expect to be treated with compassion - a huge range of care from one hospital/health care site to another - even from one day to the next
• One person can change an environment - for better and worse
• Compassion is most lacking in emergency department
• At emergency departments, when people are in pain, they can’t get comfortable
• Personal care homes - residents often seem to be uncared for, food gets cold, etc.
• Hospitals and other health care organizations that are faith-based - people want to go there because they feel comfortable there - when health care organizations become more generic (not faith based) do they become less compassionate?
• Rural hospitals provide good care, they’re a smaller health care setting, and treat people with more compassion
• Home - compassionate care should start at home first
• Environment - family physician versus specialists, Health Sciences Centre or St Boniface Hospital versus community hospitals - philosophies and values of care givers have a big range
  o Type of pay structure - salaried versus pay per use (walk-in)
• Range of personalities - some more compassionate than others
• Some staff feel uncomfortable, don’t know how to be compassionate

Understanding the vulnerability and needs of patients
• When you go to receive health care services, you might be vulnerable, scared
• People don’t know about patient advocates - do personal care homes, health clinics - do they have patient advocates?
• Biggest fear for elderly patients – wetting or soiling themselves in bed - nurses sometimes have attitude - not my problem - an orderly will clean it up - patients may try and get to washroom on their own and could fall
• People admitted to hospitals or personal care homes for long periods of time - it's really important to be compassionate, to be more personable, genuine
• What about people who can't advocate for themselves?

**Communicating with patient and family**
- Full disclosure - both good and/or bad - in writing
- Importance of touch to show care and compassion
- Discuss/include the family in what's going on
- PHIA can be used in a misguided manner
- Treat patients and family with respect, tone of voice is important
- Want someone to listen to you (sometimes health care staff roll their eyes)
- Health care staff should introduce themselves to patient and family and explain what they will be doing
- New doctors ask permission to do anything - take blood pressure, etc.
- Giving people information about what to expect after a procedure, etc.
- Active listening by all staff and volunteers
- Non-judgmental, listening, acknowledge what patient is saying

**Getting the information and access for treatment options, additional supports and health services**
- Important to make sure that patient is given enough information to make decisions about their care

**Respecting patients and family and their rights**
- Respect and cultural awareness
- Privacy is an important aspect of compassion
- Unfortunately, it does make a difference who you are and how you end up being treated
Need to monitor behaviour and attitude of health care staff towards patient and family

- Accountability - health care groups should be accountable re: being compassionate
- Staff should be expected to do their jobs well with compassion
- Codes of conduct for staff should describe compassionate behaviour - but does it happen? If it doesn't, what are the consequences?

What does “patient-centred” or “family centred care” mean to you?

- What does "patient-centred care" mean to a health care practitioner, it means nothing to me
- Use humour when appropriate
- Patients are also responsible for helping with their own treatment, show respect, and do not abuse the system
- A hospital is not a place for socializing, (social services required other than tertiary care)
- Person-centred, where the team meets around the person and develops the plans around their individual needs
  - For example, home care needs for someone leaving hospital - meeting with doctors, family members, dieticians, caregivers, etc. (Not as in “Home care” the program, rather supports and resources to utilize in the home)
- Hospital environments don't seem like a place where you can heal - home is more comfortable environment
- Home care worker pool is not adequate to put right home care worker with the patient - not happening/compassionate care is not happening
- “Compassionate leave” available to take care of terminally ill family member
- “Patient-centred” sounds like a business relationship
- The word “compassion” is very subjective - patient-centred approach terminology is more objective/straightforward
- Doctors are becoming more cautious because of potential law suits
- Patient-centred care - what my doctor does to make me feel I am a part of the health care treatment process
  - Explains issue
o Gives me a few choices/options and lets me decide what treatment option is best for me
o Does not rush me out - talks to me about my family, history, etc.
o Eye contact, body language
o Actively listens and speaks to patient
o Why?
o During physical examinations, the doctor actually touches you - importance of human contact as part of the relationship between doctors and patients

- Attitudes, personalities of all involved impact on interactions between health care staff and patients/families
- Try thanking someone or even smiling
- Staff see impacts of health issue on patient in broad sense
- Health problem impacts a person's whole life - may not be able to work, for example

**Involve and support patient and family in care and treatment**
- Involving family in care - from admission, explaining what will happen, etc. - to discharge planning
- Support for patient
- Family centred peer support groups are great resources - for example, "Getting Better Together" program at Seven Oaks Wellness
- Involving spouse, sibling, etc. in treatment process with consent of the patient
- When family comes into the city to provide support for patient - they may have needs for housing and food, etc.
- Let family know what is going on
- If possible, should get health care at home - home care and family working together to care for person
- Many European countries will help family members to take care of the elderly

**Respecting patient and family/giving over control**
- Respect patient's wishes - health care staff listen/adhere to wishes of the family
- Patients should be the ones who are controlling their own health care (assuming they are competent)
Information for and opportunity to receive additional supports and resources for patient are provided

- Family-centred care could include spiritual and culturally sensitive care
  - For example, Nor’West has interdisciplinary care - tertiary care/social services/daycare - so health issues - including psychological aspect and family issues are identified and dealt with that day.
Meeting Two: What compassionate care themes are most important to you?

Priority themes:
1. Attitude and behaviour of health care staff towards patient and family. (19 points)
2. Treating patients holistically (physical and mental health) and respecting their culture, language, values, and perspectives. (15 points)
3. Need for a caring and supportive environment for patients, families, and health care staff. (12 points)
4. Communicating with patient and family. (6 points)
5. Understanding the vulnerability and needs of patients. (6 points)

How do you think they should be addressed? (Council members then provided their suggestions on the top 3 compassionate care themes)

1. Attitude and behaviour of health care staff towards patient and family
   • Health care workers must treat patients and families with respect and compassion.
   • Patients and families must be acknowledged, not judged, listened to, and treated as an individual.
   • Health care workers must be responsive to the needs of the family, not just the needs of the patient.
   • WRHA should provide education and training to health care workers about personal ethics, communicating with patients, etc.
   • WRHA and health care organizations should monitor the behaviour of staff and make staff accountable for their behaviour. This could be done regularly with performance reviews. Appropriate discipline should be taken.
   • Health care workers should take advantage of the Employee Assistance Program when they need counselling, etc. This program must be effective.
   • Politics must be removed from health care.
2. **Treating patient holistically - physical and mental health - and respecting their culture, language, values, and perspectives**

- Need for easier access to all specialists that a patient needs to see. Doctors, specialists, and other health care staff that are providing care should be communicating more with each other about the patient’s needs, treatment, etc.
- Health information and records about a patient should be more easily accessed by other health care professionals who provide care to them - like an electronic health record.
- WRHA should continue to develop Access Centres - they make it easier for people to access health and other services that they need.
- Community health centers like Nor’ West Coop are great ways for people to access and receive health care services. There is a real sense of community, everyone knows you, and everything you need is offered there. Doctors and other staff can look at all of your needs.
- Need to address issue of some doctors only allowing their patients to share one health issue per visit.
- Health care staff should be listening to the patient’s concerns and spend enough time to hear the whole story.
- Health care staff should take sensitivity training to address attitudes that are negative and sometimes prejudicial and stereotyping. Experience of council member who is Aboriginal was that health care staff made a judgment about him regarding his medical condition and was lectured by a health care worker that he had no right to be there. This kind of treatment was rude and dangerous, in that they made a judgment about his health condition that was inaccurate and could have had serious consequences for his health. (Council member is diabetic)
- Health care workers need to be sensitive to patients and their needs.
- WRHA should have complaint/feedback cards that patients can fill out after using health care services.
  - Patients should know that there is someone who will listen to them after they have an experience with the system that they would like to share with a delegated staff.
  - Patients should be told that they can give feedback and that there will not be negative consequences.
- WRHA should make positive experiences known and share with the public. Public should hear about good outcomes, not just negative ones.
• WRHA managers and health care staff should spend more time in training, especially in communicating with patients and families.
• WRHA should monitor negative interactions between health care providers and patients and families.
• WRHA should promote patient advocates more so that patients and health care providers will know more about their role and use them.
• One experience of a council member involved getting an elderly parent into a nursing home. They recounted a very positive experience where by they were warmly greeted and the elderly parent was able to spend time there before moving in. They stated, “It felt like coming home.”
• Patients can help health care workers get to know them. How patients present themselves can make a difference in their experience.
• There should be a code of expectations for patients too, not just for health care staff.
• Need to recognize that there is not a lot of time for health care workers to build relationships with patients (especially in emergency departments) because length of stay in hospitals over all has decreased so much.
• WRHA should have television information campaign to share information about compassionate care, what kind of care you should expect, and what to do if you don't get good care.
• WRHA should create cultural liaison positions to do outreach work in cultural and newcomer communities. This would help the WRHA address cultural and language barriers and increase cultural awareness.
• Health care providers should provide patients with options for treatment, not just a prescription.
• Health care staff should be accountable for their behaviour, especially if they have been rude, etc. to patients and/or families.
• WRHA should develop a policy about engaging the families of patients more in their care, etc. Patient should have the right to identify their “family” or support.
• WRHA should educate health care providers more about the Personal Health Information Act (PHIA) because it appears that many do not really understand it and this impacts greatly on communication and overall care.
• Patients should be able to authorize a family member to be able to get information about them.
• WRHA should encourage the medical profession to attend conferences, get training, etc. on specialty areas. For example, family doctors receiving more training about oncology, heart disease, etc.
• Health care staff should ensure that a patient’s wishes are followed, even if the family does not support those wishes. (for example, a do not resuscitate order)
• Health care staff should be reviewing and sharing information about patient advocate, patient rights, and how to provide feedback with patients and families.

3. Need for a caring and supportive environment for patients/families/healthcare staff
• Health care staff need to be healthy - emotionally, physically, and spiritually.
• Health care staff should feel valued and recognized for the good work that they have done.
• WRHA should develop recognition programs.
• WRHA management should communicate effectively with health care staff.
• WRHA and health care organization should develop wellness programs for staff.
• The number of health care staff should be increased to reduce workloads for those currently employed.
Meeting One: What does “compassionate care” mean to you?

Attitude and behaviour of health care staff towards patient and family
- Professional, kind
- Instincts about what patient and family need
- Compassionate care provided at palliative and cancer care wards at St Boniface Hospital
- It is a humanist approach to providing care
- Patient/client/family centred care includes compassionate care
- Need to provide health care workers with the tools to provide “compassionate” care
- It includes patience - not just the length of time
- Physical handling can sometimes hurt - fast care is not compassionate - important with patients who are physically fragile - like the elderly, children (fast care can be compassionate, but needs to be respectful, explained, and sensitive)
- It means treating people with dignity - health care environments can be intimidating - staff need to take the time to explain things clearly
- Compassionate care is especially needed when a patient’s health issues are serious
- Staff have a clinical list of duties - need to take that extra step - like physically taking a patient and family to another department in the hospital, for example
- Palliative home care - good experiences with this program
- Take time with patients - patients understand that you are there to listen
- It is about “comfort” including immediate physical comfort - ie warm blankets in cold areas

Treating patient as whole person
- Put person first and their needs, then their illness
- Patient should feel valued
- Should look at whole person - physical and mental health needs
Need for a caring, comforting and supportive environment (for patient, family and health care staff)

- When people enter a hospital, they should be treated with compassion
- There seems to be a difference between being cared for in emergency department compared to a pre-natal/labour ward - there seems to be a big range of care/how patients are treated - it is not okay to be treated depending on what illness/health issue you have
- Grace and St Boniface Hospitals - good experience for patients and families
- Seems to be a lack of compassion in emergency departments - when people go and don't have a health care emergency - staff are frustrated - but maybe they are being as compassionate as they can be in those circumstances
- Fire fighters, paramedics, etc. need attention too
- Needs to be support for people giving care
- The better support you provide caregivers, the more compassionately they can give care to patients.
- It includes the environment, where you discuss issues and communicate with patients is important.

Understanding the vulnerability and needs of patients

- Knowing what patients need
- Important for professionals to pay attention/be patient to vulnerable patients - they are often in care for long periods of time - this is hard work for health care providers, should also be provided "extras" like cancer care - for example, hair and make-up for women with cancer
- Compassionate care is also anticipating patient's needs - proactive care
- Need to go beyond just the physical needs, seeing the mental and emotional needs as well.
- Need to recognize those with special needs
- Understanding the personality of patients and often the many issues facing them
- It is going about and beyond - customizing care even when it is not typically done - exploring all options
Communicating with patient and family

- Communication, interpersonal relations especially for patients who are vulnerable, seniors, people with mental illness
- Staff need to listen and be genuine
- Need to be present and available
- It includes the tone of voice
- Talking “with” not “at” patients
- Facial expressions and body language also need to be respectful
- Beyond listening is the need for acknowledgement - active listening, affirming what is being said
- Compassionate care means not disclaiming what the patient says - not being dismissive - people’s reality is important
- Not saying “everything will be all right” if it is not - do not be falsely positive - that is artificial
- Communication needs to be appropriate - not all older people are deaf, not all children should be talked to like a two year old. Health care providers need to be sensitive to adolescent patients.
- Ability to listen to the needs of the patients - physical, emotional and spiritual - not to let comments go over your head
- Listening and compassionate care are not just about a disease, it is about the person, about quality of life

Getting the information and access for treatment options, additional supports and health services

- Compassionate leave is a federal income program
- Providing supports for caregivers
- Should be follow-up after hospital care - for example, bereavement experienced by family members
- Service for women who miscarry - a compassionate service provided by the St Boniface Hospital

Respecting patients and family and their rights

- Age, cultural, and gender sensitivity
- It is about dignity; respect
- Non-judgmental attitudes - treating people respectfully - like those with addictions
What does “patient-centred” or “family centred care” mean to you?

• Need to gain better understanding of patient’s family, who they are - for example, interpersonal dynamics, culture, etc
• Need to recognize that not all family members may agree on treatment
• Compassionate care should be non-judgmental
• Includes the family
• Includes compassionate care
• Patient, family input - compassionate, meaningful involvement into care plans - patient choices
• "Ownership" of information is complex - compounded by new acts/legislation as well as by attitudes about sharing information with patients and family - this is even more complex
• Sensitivity to language is important - for example, patient/client/resident/participant/constituent, etc - important in various settings
• Services uniquely tailored and from hospital → home - including follow up care
• Services should fit for patients rather than patients fit for services
• Having choices
• Involvement of community members - family councils, CHAC’s
• Understanding individual needs; professionals need to be sensitive to this - timing is sometimes very important
• Age, gender, culture, religion are very important for patient and family centred care
• Sensitive use of medical students
• Asking questions about personal information, providers need to provide this information if patients request it - entitlement of information
• Patient and family work with medical staff and also take responsibility for being part of the cure.

Involving and supporting patient and family in care and treatment

• Allowing the family that is supporting the patient to be involved in medical discussions (especially for patients with mental health issues) - because of privacy legislation, this is not happening as much as it should - but it is getting better
• Family values being incorporated into care.
• Sensitivity to patients/family anxiety in a variety of health care situations
Respecting patient and family/giving over control

- Ability to reject or back out of care/treatments - quality of life is important
- Options - includes changing the environment - for example, outings, fresh air, family visits to palliative care
- Patient advocate and advocacy role is important - this is a “cultural shift” in health care

Information for and opportunity to receive additional supports and resources for patient are provided

- There should be education for families about the specific health problems faced by the patient - need to learn a new way to relate or care so that family members can still be involved.
- Important to provide end of life counselling for families
- Being able to provide help or direction for services that the patient needs
St Boniface and St Vital  
Community Health Advisory Council

Meeting Two: What compassionate care themes are most important to you?

Priority themes:
1. Attitude and behaviour of health care staff towards patient and family.  
   (19 points)
2. Treating patients holistically (physical and mental health) and respecting their culture, language, values, and perspectives. (14 points)
3. Need for a caring and supportive environment for patients, families, and health care staff. (13 points)
4. Communicating with patient and family. (8 points)
5. Understanding the vulnerability and needs of patients. (6 points)

How do you think they should be addressed? (Council members then provided their suggestions on the top 3 compassionate care themes)

1. Attitude and behaviour of health care staff towards patient and family
   • WRHA should increase the number of health care staff, especially in the area of nursing and to address the shortage of doctors, in order to reduce stress and increase time that they can spend with patients.
   • WRHA should support good mental health of health care workers.  
     o Mental wellness programs should be developed for staff and training to handle stress and developing coping skills.
   • WRHA should develop staff incentives like bonuses, prizes, and availability of health support services for staff in order to provide a supportive working environment that encourages compassionate care of patients.
   • Care provider should be sensitive to patient’s emotional state as the mechanics (IV changes, medicating, etc.) of health care are applied.
     o Be considerate that patient may be afraid/disoriented
     o Be respectful of patient’s physical privacy when others are in the room.
• With our senior population increasing so dramatically due to the baby-boomer generation, care facilities should educate all staff on the issues of aging with mandatory gerontology courses. This would help reduce discrimination of seniors.
• It includes patience - not just the length of time
• Physical handling can sometimes hurt - fast care is not compassionate - important with patients who are physically fragile - like the elderly, children (fast care can be compassionate, but needs to be respectful, explained, and sensitive)
• It means treating people with dignity - health care environments can be intimidating - staff need to take the time to explain things clearly
• Compassionate care is especially needed when a patient's health issues are serious
• Staff have a clinical list of duties - need to take that extra step - like physically taking a patient and family to another department in the hospital, for example
• Staff need to communicate well with patients and families, especially those patients who are vulnerable (seniors, people with mental illness, etc)
  o Staff need to listen and be genuine
  o Need to be present and available
  o It includes the tone of voice
  o Taking “with” not “at” patients
  o Facial expressions and body language also need to be respectful
  o Beyond listening is the need for acknowledgement - active listening, affirming what is being said

2. Treating patient holistically - physical and mental health - and respecting their culture, language, values, and perspectives
• Put person first and their needs, then their illness
• Patient should feel valued
• Should look at whole person - physical and mental health needs
• Health care workers must put their own biases aside and just look after the patient.
• WRHA should implement cultural sensitivity training for all levels of staff.
• WRHA should develop special training for family caregivers with information about procedures, etc.
• Health care workers should be more thorough when they get basic information from patient beyond their immediate health condition - for example, their job, their level of physical activity (like a long distance runner), etc.
  o Health care workers must treat each patient as a person, and take time to hear the person's real needs.
  o Looking at the whole person requires a team approach to providing care.
  o Health care workers need to take into account all the aspects of the patient - mental, physical, and emotional.
  o Health care workers should be warm, smile, and make eye contact with each patient.
• Health care providers should take part in mock patient training - be a patient for a day, putting themselves in the position of a patient to get a real understanding of what patients experience.
• Training in cultural sensitivity should be developed.
• Health care workers should communicate better with other care providers.
• WRHA should provide incentives for staff to develop skills and expertise through participating in training, attending conferences, etc.
• Relaxation and exercise rooms should be provided for health care staffs at all health care sites.
• WRHA should consider shorter shifts for health care staff.
• Health care staff should have a safe place and process to debrief (vent) difficult interactions with patients.
• WRHA should develop system for positive feedback for health care workers, for example, providing “post cards” for patients to thank staff who have provided care for them.

3. Need for a caring can supportive environment for patients/families/healthcare staff
• Should include fire fighters and paramedics in this category.
• What does a model health care environment look like?
  o Accessible for all - staff and patients (includes physically, socially, and emotionally
  o Differences are respected - people feel accepted and welcomed (even people who can’t communicate in English - can be smiled at)
  o Waiting areas should have enough room, shouldn’t be crowded
- Should be good customer service - welcome people, be polite
- People waiting should get information - how long they may have to wait, keep them informed of any changes (this could be about a home care worker that may be late too)
- WRHA should promote the “It’s Safe to Ask” pamphlets (What is my health problem? What can I do about it? Why am I doing it?) - have them available at all health care sites.
- Should consider - what do health care workers need so that they can give compassionate care?
  - Recognition of the stress, etc. of their job and be given additional time off the more stress they have.
    - Recognition could include getting “rewards for so many smiles” - a reward concept for travel agents - smiles symbolize positive comments and feedback from patients and families
  - Have a reward and recognition program (when workers get positive comments, they should be rewarded)
  - There should be a quiet area that staff can go to during breaks. (Health Links-Info Santé has quiet rooms for staff)
  - Access to stress management approaches like massage, reiki, employee assistance program (free counselling, etc) Staff should be reminded of these programs on a regular basis.
- WRHA needs to address issues of health care workers who are out in communities, working on their own. Isolation could be an issue.
  - These staff should receive newsletters - to remind them that they shouldn’t forget to take care of themselves and ideas for decreasing stress.
  - Should have some down time from one appointment to the next.
  - Should have group support - where they can meet with other staff to debrief, socialize.
  - Regular check-in with supervisor and vice versa - “is everything okay? How did your day go? Should feel that supervisors care about their welfare.
  - Supervisors should ask workers what they would like and for their ideas of how to create a caring, supportive environment for them.
  - Workers should be able to fill out comment cards that supervisors will read and respond to.
  - They should have flexible hours wherever possible.
  - Free workshops and in-services should be available.
- On-line initiatives like "bulletin boards" should be created - many younger staff would be comfortable getting information and checking in this way
- Work sites should be as safe as possible for staff
  - It is important to identify that different kinds of staff need support and should be supporting one another.
  - Should recognize stress of clerical and reception staff - that people are asking the same questions over and over day in day out.
  - Incorporate some hospice care philosophies into the system.
  - What do patients and families need?
    - Care includes seeing to the patient's comfort by ensuring dietary needs are communicated to the kitchen (to avoid bringing heavy, strong-smelling meals to a patient who's health condition cannot tolerate it), offering warmed blankets, extra pillows, soothing massage, and having family/waiting rooms that provide soothing atmospheres.
    - WRHA should use palliative care environments as a model of a caring and compassionate environment for all other health care settings.
    - WRHA should adapt the palliative care principles to all other health care environments.
    - Health care workers to introduce themselves, their role, and what they are there to do.
    - Waiting areas should be quiet, physical needs should be addressed (bathroom, warm blankets for people who may need them)
    - Families should be included in the care of the patient and in the decisions made regarding their care. Families may need support as well.
    - Families should be kept informed, comfortable, and safe.
  - Health care is complex yet at the same time really simple. Attitude, consistency, trust - once there is a trusting relationship between health care workers and patient and/or family, there is a connection and comfort.
St. James-Assiniboia and Assiniboine South Community Health Advisory Council

Meeting One: What does “compassionate care” mean to you?

Attitude and behaviour of health care staff towards patient and family
- Means, being treated by health care workers like they would want to be treated
- Health providers need to have more of a “service” orientation - patients are guests not inmates
- Needs to be more of an equitable perspective between health care provider and patient/client
- Palliative care does do a better job at compassionate care
- Sometimes health care staff can have an approach - to just get it done, and don’t have time to engage the patient - but should be able to squeeze a little compassion in there
- It is acknowledgement
- Health care staff - can have own fears, afraid of making a mistake and how it will impact on them.
- Health care staff should be thinking - how do my actions affect patients?
- We’re customers - it’s a service and the health service you get should be meeting or even exceeding expectations
- Sometimes you feel like you’re imposing on a health care worker’s time
- Means having passion for what they are doing - its subjective, you do see how people are being treated differently
- Means being open, welcoming, giving comfort, reassuring patient, not being threatening - it’s an attitude, a manner, an approach
- It shouldn’t be related to how a particular health care worker is feeling or whether or not they’re having a good or bad day.
- There is quality assurance but haven’t gone far enough in terms of how patients are being treated.
- Home care staff are not trained in customer service

Treating patient as whole person
- Treating patients as people, not as numbers
• This should be extended to how the family of the patient is treated as well.
• Maintain identity - not just a “patient”

Need for a caring, comforting and supportive environment (for patient, family and health care staff)
• Palliative care wards are “amazing” and provide compassionate care - unfortunately, “you have to be dying to get that kind of care”
• Means kindness - compassion shouldn’t be limited to palliative (end of life) care environments
• It is creating a comfortable environment - which includes respecting privacy needs
• It is not - interruption of sleep in hospital settings that are not legitimate/needed
• Environments are important too - for example, emergency rooms should be comfortable - have televisions, coffee, food to purchase, blankets
• Staff need adequate resources so that they don’t feel stressed
• Means caring
• We don’t have a lot of choice with who we go to for our healthcare
• There are “cold” but excellent practitioners (often surgeons/specialists) who have poor bedside manner
• Compassionate care should be given in any kind of community care
• Need to create a compassionate and caring environment for health care staff as well -- stress, fewer staff, difficult patients, and health care workers have their own problems as well.
  o Nurses - some are working 2 to 3 part time positions to make up a full time job.

Understanding the vulnerability and needs of patients
• We want anyone providing healthcare to treat us with compassion
• Patients need - someone to connect with, to acknowledge them, to see them as a person, to have an opportunity to ask questions and to be listened to.
• Staff should advocate and support patients
• Remember that the patient is incredibly vulnerable - health care practitioners need to really understand this
• People with mental health issues are at the bottom of the rung and are in most need of compassionate care and to be treated with dignity.
• Communication – understand circumstances
• Social and environmental perspective, not just a medical perspective – need emotional comfort and understanding why people feel afraid/unsafe
• What is the social/psychological support that people need when they are feeling vulnerable?

**Communicating with patient and family**
• It’s broad and all encompassing – not just manner of speaking to patients, but content of what is said as well
• System of patient advocacy – especially in emergency rooms – staff should be reaching out to and acknowledging people
• Needs to be increased sensitivity training, staff should be encouraged to explain and communicate more with patients
• Need to reach out and listen to patients and family
• More informative to questioning
• If there is a language barrier, the patient will not be treated with compassion – may need to get a translator
• Different staff come in and ask the same questions over and over - before surgery
• It is not talking to patients like they are not there or with health care lingo, that is not understandable
• Use “accessible” language – so that patients and family can understand
• Home care - workers often don’t speak very much English, experiences have been poor – example of money being stolen.
• People have access to more resources, information about health issues - they come into health care environments with more information, asking questions - can be responded to negatively by health care staff

**Getting the information and access for treatment options, additional supports and health services**
• What about follow-up? Especially at emergency, what happens after you leave the hospital - no one ever follows up
• Lots of times there are services available but we don’t know about them - for example, public health nurse follows up after baby is born
• We have to do lots of work to find out about services
• It would be helpful to be given options by health care staff
• Means giving people what they need, when they need it
  o Staff need to ask the patient and their family
- Need appropriate information - so they know what their options are/consequences of different options
- Patients and families need help navigating the system

**Respecting patients and family and their rights**
- Patients have a right to see information - all levels of staff should know this and facilitate access - PHIA demystification
- Means respect
  - Not only for the patients, but for their wishes -- health care staff take it personally when patient makes a decision that they don't agree with - they should respect what they patient wants
- There needs to be more understanding of disability issues
- Issue of privacy is important
- Staff need to be respectful of all aspects of person
- Means the rights of the individual - it's a right to get good health care
- It does not mean - placing our values on others
- Means respecting patients' rights, a balance - still need to care for them

**Need to monitor behaviour and attitude of health care staff towards patient and family**
- Should follow-up with client satisfaction surveys - would be an opportunity to share both good and bad experiences

**What does “patient-centred” or “family centred care” mean to you?**
- “Compassionate” vs “Patient-centred” care - sound different - compassion is a heart thing, a feeling - patient-centred is a skill set, clinical, and sterile
- Patient should be the centre of compassionate care being delivered by staff
  - Patient-centred still doesn't sound warm or like it will be a positive experience or a caring one.
- Focused on patient - on the whole person
- Looking at family unit as a whole - especially if there are genetic issues
• Patient-centred and family-centred are not one in the same – patient is at the centre of things
• Includes family – what happens to a person impacts on their family and their immediate community
• Especially the elderly – need a nurse in the family to advocate for them
• Implies that the person’s entire needs are considered – the adequate coordination of all requirements – it shouldn’t be up to the patient to manage/navigate/coordinate their own care

Ideas to create a compassionate and patient-centred approach
• Should have “family rooms” where relatives can stay, bulletin boards with information about resources and “how to’s”, health care, etc.
• Nurses and other health care staff should introduce themselves to the family – important to have personal contact
• All health care staff should introduce themselves and explain what they will be doing. For example, “Hi, I’m… I’m here to… (the who, the what, the why, and the how)”
• Respond to people who are waiting – need to be acknowledged, not ignored – if I don’t make eye contact I won’t have to respond to them
  o Some health care workers don’t know that it is the polite thing, the right thing to do.
• Home care visits should be seen as a privilege – being invited into someone’s home – many home care clients are afraid to complain, are worried about how they’ll be treated afterwards
• Health care staff need to be prepared to hear what people will say
• Training should include – listening to patients’ perspectives and understanding the impact that health providers have on patients and families, should spend a day as a patient – experiential learning
• Should have “case managers” especially when there are specialists involved
• Need better standards of care
• If doctor moves away, patients should be notified

What can be done to foster compassionate/patient-centred culture and approach:
• Training and orientation – things have to start at the professional training level – medical and nursing schools – needs to be greater focus on people skills not just academic/technical skills
• Schools should use more psychometric measures when screening

• Incentive based system - health care staff should be given positive feedback - based on evaluations from patients - should reward staff with good skills

• Need to be more understanding of behavioural component - re: chronic disease management - with support for psychosocial aspects

• Need to broaden holistic care philosophy

• Should monitor atmosphere/cultures in health care environments/settings and ensure there are mechanisms for complaints without retribution

• Need to foster good middle management - customer service mentality and focus

• Need to assist and support staff to think creatively outside of the box

• Need to look at the rigidity of the system and be more creative in the interpretation of the rules

• Need to incorporate a “social” perspective
Meeting Two: What compassionate care themes are most important to you?

Priority themes:
1. Attitude and behaviour of health care staff towards patient and family. (21 points)
2. Communicating with patient and family. (17 points)
3. Need for a caring and supportive environment for patients, families, and health care staff. (15 points)
4. Treating patients holistically (physical and mental health) and respecting their culture, language, values, and perspectives. (9 points)
5. Understanding the vulnerability and needs of patients. (6 points)

How do you think they should be addressed? (Council members then provided their suggestions on the top 3 compassionate care themes)

1. Attitude and behaviour of health care staff towards patient and family
   • Palliative care programs are providing compassionate care (is this because of their budget?) - should use them as a standard of care for all health care programs and settings
   • Health care staff need to treat patients with dignity and respect; should genuinely care for patients.
   • Should treat patients as “people” not as problems.
   • Should treat patients with kindness and intelligence and provide details about their condition and care
   • Staff should take time with patients and their families.
   • Increased training of health care staff will result in a more positive attitude towards patients.
   • Staff should respect privacy of patients.
   • Training and orientation - things have to start at the professional training level - medical and nursing schools - needs to be greater focus on people skills not just academic/technical skills
Schools should use more psychometric measures when screening

- Incentive based system - health care staff should be given positive feedback - based on evaluations from patients - should reward staff with good skills
- Nurses and other health care staff should introduce themselves to the family - important to have personal contact
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- Respond to people who are waiting - need to be acknowledged, not ignored - if I don’t make eye contact I won’t have to respond to them
  - Some health care workers don’t know that it is the polite thing, the right thing to do.
- Home care visits should be seen as a privilege - being invited into someone’s home - many home care clients are afraid to complain, are worried about how they’ll be treated afterwards
- Health care staff need to be prepared to hear what people will say
- Training should include - listening to patients’ perspectives and understanding the impact that health providers have on patients and families, should spend a day as a patient - experiential learning
  - Staff should attend workshops like the Aboriginal Health Services workshops - in providing care to the elderly and to people with disabilities.
- Shouldn’t blame health care staff for their behaviour as there are system issues that impact on them and their ability to provide compassionate care.
  - Health care staff are stressed, overworked, and sometimes lose patients which impacts on how they treat patients and families.
    - WRHA should monitor this and provide supports for staff when they need them.
- Maybe public expectations are too high. The public thinks that health care staff should be all things to all people. They are expected to be professional, but they have their own stresses and problems in their own lives.
- WRHA should provide information to the public about what they should expect in health care environments or settings.
2. **Communicating with the Patient and Family**
   - The stress of overworking can create problems for staff in communicating with patients and families.
   - Expectations of patients and families may not always be realistic. They need to get a better understanding of the stresses and difficulties faced by health care staff.
   - Health care staff should meet the basics of communication - confidentiality, respect, and see the person behind the health condition.
   - Staff should provide information that is specific to the needs of the patient and should provide opportunities for patients and families to ask questions.
   - Reasonable notice of cancellation of appointments and procedures by both health care staff and patients if they are unable to make appointment. Both patient and health care worker need to communicate well in this respect.
   - Should have politicians experience health care environments first hand so that they have a better understanding of the issues.
   - System should have objective measurements (that are transparent) so health care staff and the public will know whether or not good care is being delivered.

3. **Need for a caring can supportive environment for patients/families/healthcare staff**
   - WRHA should develop waiting/family rooms that are dedicated to the needs of patients and families.
   - Characteristics of a good waiting area:
     - Include phones for local cards, and supply calling cards that can be purchased to make long distance calls
     - Could include a system for ordering food from cafeteria - people waiting could be buzzed when their food order is ready
     - Computer with internet and games for kids - also have Encompass directory of health services on screens, ready to use
     - Interior design should create comforting and warm environment
     - Have some vending machines - like coffee, easy to access and include maps that people can use to find cafeterias, etc.
   - Should have “family rooms” where relatives can stay, bulletin boards with information about resources and “how to’s”, health care, etc.
• Hospitals, clinics, personal care homes, etc. are all unique and this uniqueness must be considered when developing approaches to deliver care that is more compassionate.

• Need to look at the rigidity of the system and be more creative in the interpretation of the rules

• Should address the issue of uniforms of health care providers - they are very similar and it is difficult for patients and families to recognize the different roles of providers.

• It is important to monitor the atmosphere of health care sites - patients and families should be able to provide feedback about their experiences without fear of retribution

• WRHA should ensure that health care employees have reasonable workloads so that they can be more effective and feel supported

• All environments in health care sites should be clean and hygienic - the budget in this area may need to be increased

• Health care staff should be more easily identifiable. Currently, many health care staff where long white jackets that used to identify doctors. Now, it is difficult to figure out roles of staff because uniforms do not differentiate staff roles.

• WRHA should ensure that all health care staff have somewhere that they can go to share their concerns about work related issues.

• Home care clients should be able to have some control over which staff is assigned to them. For example, having same sex home care worker. There should be more client control over care provided to them - for example, scheduling of visits that more closely matches the needs and routine of the client. It is important that home care workers are reliable and accessible to their clients.

• Respite care for caregivers should be more available and accessible within a shorter time period.

• WRHA needs to address issue of having four patients in one room - hospitals and personal care homes. The maximum should be two patients - semi-private rooms.

• WRHA needs to create incentives for staff to be positively rewarded when they provide compassionate care.

• Need for “customer service” attitude of health care staff towards patients.

• System of following up with patients after they have received care (for example, using services of an emergency department) should be
developed – both to ensure patient is following through with additional
treatment, etc. and to provide opportunities for patients to provide
feedback about their use of the health care system.

- Politicians should use health services anonymously to see what care
  provided by the system is really like.
- The WRHA should establish data collection that has objective
  measurement tools to measure outcomes and compassionate care
  behaviours of staff. Could include something for public to use that is
  similar to “Rate your Doctor” – for them to rate the care they received.
- WRHA needs to find ways to motivate staff to deliver a certain standard
  of care.
- Patients and families should treat health care staff as people too, not
  just as someone who provides a service to them.
- WRHA should review rules that may inhibit compassionate care; that are
  too rigid for staff.
- Should monitor atmosphere/cultures in health care
  environments/settings and ensure there are mechanisms for complaints
  without retribution

4. **Understanding the Vulnerability and Needs of patients**
- WRHA should create more patient advocate positions.
- Need to create a safe environment for patients and families to give
  feedback about their care – both positive and negative. Need to address
  fear that patients have regarding this. Many feel that their care will be
  affected if they complain.
- All health care staff should increase their understanding of the needs of
  patients with disabilities and see the person behind the disability.
- When home care clients have problems, they are afraid it will affect the
  care that they get.
- There should be more patient advocates in hospitals, community, etc. and
  the WRHA should promote them more.
- WRHA needs to understand the different needs of the disability
  community more.
- There shouldn’t be more than 2 people sharing rooms in personal care
  homes. Should ensure that if a couple wants to share a room in a personal
  care home that they can.
What would a compassionate health care system look like?

- It would be fully (adequately) staffed
  - Staff would respect the dignity of patients
  - Patients would be given privacy and their health information would be confidential, except to family and other supports they identify as having access to their health information.
  - There would be good communication between health care providers and patients and families.

- The system should meet the basic needs of patients and patients should have realistic expectations of what the system will provide for them.

- Would provide opportunities for patients and families to evaluate their experience and provide feedback.
Appendix A
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<th>Priority #1</th>
<th>Downtown/Point Douglas</th>
<th>River East/Transcona</th>
<th>River Heights/Fort Garry</th>
<th>Seven Oaks/Inkster</th>
<th>St. Boniface/St. Vital</th>
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Acknowledgements

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Board Liaisons to the Councils
Support Staff for Councils
Members of Community Health Advisory Councils
2006-07

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Gerri Hamilton  
Lydia Pronyk  
Chris McCarrville  
Cheryl Starr

St. Boniface/St. Vital Council
Stephan Dorge  
Audrey Gordon  
Cindy Pizzi  
Kathleen Clouston  
Sandy Bell  
David Patton  
Jerry Ross  
Dr. Chandu Shah (Co-Chair)  
Steven Hennessey  
Chris Friesen  
Darlene Newton  
Thierno Diallo  
Evan Murray (Co-Chair)  
Andrée Lussier  
Glenda Pickell

St. James-Assiniboia/Assiniboine South Council
Tim McIsaac  
Jody Bersheid  
Ashley Hinther  
Joyce MacMartin (Vice Chair)  
Bob Robinson  
Vijay Sankar  
Jason Sneath  
Reesa Tennenhouse  
Rene Weinstein  
Gwen Greig  
Nicolette Ardita  
Mona Goomansingh  
Doreen Pattie  
Rhea Yates (Chair)  
Adam Chrobak  
Sheila Billinghurst
Volunteer Assistants to Councils
Kathleen Clouston              River Heights/Fort Garry
Allison Beckett               St. Boniface/St. Vital
Denise Savard                 St. Boniface/St. Vital
Jan Miller                    Downtown/Point Douglas
Chasity Remillard             Seven Oaks/Inkster
Henry Kraft                   River East/Transcona
Tara Carpenter                St James-Assiniboia/Assiniboine South
and other Councils when available

WRHA Board Liaisons (non-voting members of Councils)
Belinda VandenBroeck          Downtown/Point Douglas
Herta Janzen                  River East/Transcona
Allan Fineblit                River Heights/Fort Garry
Ben Zaidman                   Seven Oaks/Inkster
Gail Wylie                    St. Boniface/St. Vital
Carolyn Strutt                St. James-Assiniboia/Assiniboine South

Support Staff for Councils
Karen Cyr                     Manager, Volunteer Program
Jeanette Edwards              Regional Director, Primary Health Care
Janina Jedrzejewski           Administrative Assistant
Colleen Schneider             Manager, CHAC's

Community Area Directors (non-voting members of Councils)
Joan Dawkins                  Downtown/Point Douglas
Debra Vanance                 River East/Transcona
Elliette Alec                 River Heights/Fort Garry
Carmen Hemmersbach            Seven Oaks/Inkster
Susan Stratford               St. Boniface/St. Vital
Anita Moore                   St. James-Assiniboia/Assiniboine South