

Presentations by Patients and Family to the Board of Directors¹

Manitoba Institute for Patient Safety

As per board policy GP – 13, at the board’s discretion, the board will meet with individuals, agencies, or groups having an interest in particular matters or having expertise which the board believes would be helpful in its deliberations on particular matters. Individuals, agencies and groups requesting to make a representation to the board will do so in writing to the board secretary, including an overview of the issue, and the purpose of their request to meet with the board e.g. for board’s information, to make a recommendation to the board etc.

The request by patients/families to share the story of their healthcare experience is one example of a request to make a representation to the board that MIPS may experience. In the context of MIPS, sharing patient stories:

- is key to understanding the patient experience of care
- connects us with patients being served in the health system
- informs us of examples of patient expectations and needs
- demonstrates that we believe that patients/families are partners in their care
- influences individual spirit and passion for improvement
- informs the board’s reflection on systemic opportunities for improvement, considering the mandate, vision, mission, and values of MIPS

Board policy indicates that the board may ask questions of the individual, groups or agency making representation and may, at its discretion, adjourn to an in camera session if required for the purpose of debating, deliberating and/or deciding upon the matter at issue. However, in the matter of a patient/family story, special attention to the process of the story telling is required due to the emotion and stress that can be associated with sharing the patient story and from hearing the patient story.

The purpose of sharing a patient’s experience is not a value judgement or an effort to place blame. Patients and families share their stories in hopes that the people who experience care after them have an improved experience. However, it is possible that patients and families who share their stories are seeking a resolution to their specific situation through the Manitoba Institute for Patient Safety. It is important that the board have an opportunity to consider any recommendations according to the mandate, vision, mission, and values of the Manitoba Institute for Patient Safety. In board discussion, the board will focus on systemic implications of the patient’s/family’s situation rather than the individual’s experience. Thorough board discussion may require more than one board meeting to achieve.

The following is a recommended process for meeting and follow-up with patients/families regarding a patient story/experience:

- The Executive Director will clarify the date, time, place and purpose of the presentation in writing (hard copy or electronic) with the patient/family ahead of the meeting
 - Ask the patient/family member if there are any concerns with presenting to the current board of directors

¹ Adapted from In Sixty Patient Participation Advisory Group *Patient Story Guidelines*

- Clarify with the patient/family the purpose of the presentation (e.g. to hear their experience, to hear their recommendations for improvement) and indicate that no decisions will be made by the board during the presentation.
- Ask the patient/family member to identify one spokesperson to lead the patient story presentation (more than one individual may accompany the spokesperson).
- Offer teleconference connection to allow for out of town family members to join the meeting
- Offer up to 20 minutes for the presentation
- Depending on the circumstance, ask presenter to consider if they would be comfortable with questions following their presentation directly or if they would prefer that questions be forwarded following the meeting
- If questions are being taken immediately following the presentation, directors may ask questions for up to 10 minutes for clarification on information provided. If questions are to be forwarded to the patient/family following the meeting, they will be compiled in a timely manner and provided either in writing, by phone or in person. The communication method will be determined on a case by case basis.
- Immediately following the departure of the patient/family from the meeting, directors will take approximately 15 minutes to reflect on the matter. Sample questions for reflection are in appendix 1. Further discussion can occur as determined by majority vote and/or can be continued at a future meeting. Following deliberations, the board will determine any decision that is an outcome of the board deliberations, and what follow-up will be made with the patient/family if any.
- Follow-up with the patient/family will be through the board chair once the board has had an opportunity to consider the matter and if it is felt appropriate to do so.

Director guidelines for listening to patient/family story

In respect of the individual's experience and presentation, please:

- be physically and mentally present by turning off your phone, blackberry and or computer
- provide the presenter with eye contact
- reflect on what systemic opportunities are identified through this individual's experiences
- do not try to "make sense" of this individuals experience or look for explanations of why they experienced what they experienced. Focus on how the experience impacted the individual/family.
- ask questions at the end of the presentation in the time allotted (up to 10 minutes). Questions should be made only to clarify information provided
- do not clap following the patient / family's story
- take up to 15 minutes to reflect on the patient/family story once the patient/family has left the meeting.

Special circumstances:

- A brief summary of the patient/family presentation will be provided to directors ahead of the board meeting so that directors can determine any potential conflict of interest. Directors should refer to board policy GP – 8, board member conflict of interest. Directors who have had previous contact with the patient/family situation should recognize the potential for bias and identify that with the board.
- In general, cases involving the patient/family that are before the courts will not be accepted for presentation to the board but this decision will be made on a case by case basis.

Appendix 1

Patient Story Reflection Questions

In reflection on the individual's/family's story and experience, what systemic opportunities for improvement were identified that can/should be influenced through MIPS (considering mandate, mission, vision, values, and operational objectives and capacity)?

What follow-up, if any, is required with the patient/family or other organization?