



Development and validation of an organizational and community resources' self-assessment tool for the active offer and continuity of social and health services: Preliminary results

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Context of the study

- * Follow-up to the GReFoPs' five years of research
- * Best practices of the active offer and the lack of services in the minority official language
- Framework

Research question

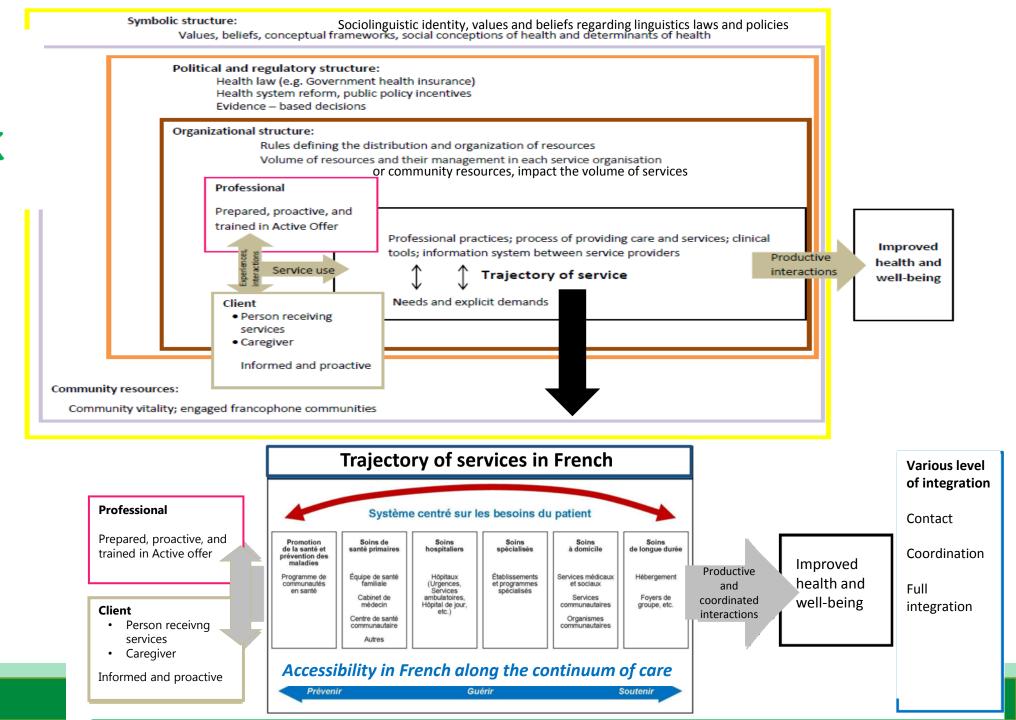
What are the conditions and mechanisms that would help health and social service providers better coordinate and plan services on a continuum in order to ensure the active offer of services in French to Francophone seniors in a minority situation?

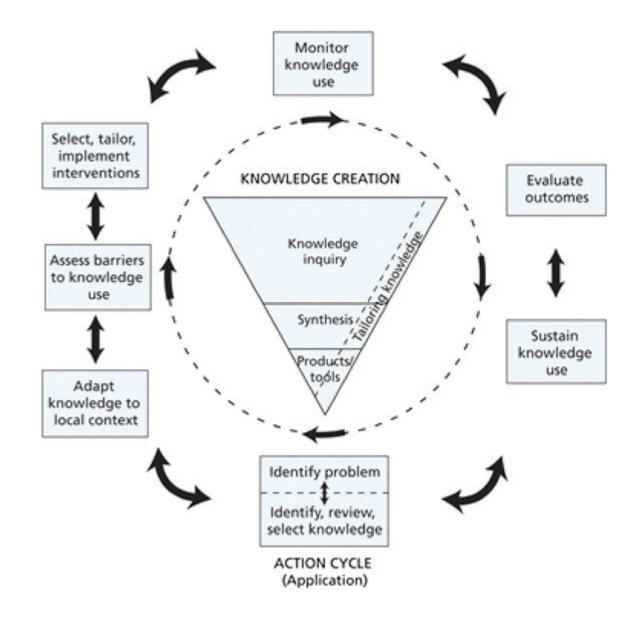
- Refining and validating the model
- Developing knowledge dissemination tools
- Validating these tools
- Accompanying a setting in the implementation of these tools

First tool

Organizational and community resources' self-assessment tool for the active offer and continuity of social and health services

Analysis framework





Creation of practical tools for knowledge dissemination and use

2 tools

- Organizational and community resources' self-assessment tool to promote the active offer and continuity of social and health services
- Best Practices Guide

The Knowledge to Action Framework. From Graham I, Logan J, Harrison M, Strauss S, Tetroe J, Caswell W, Robinson N: Lost in knowledge translation: time for a map? *The Journal of Continuing Education in the Health Professions* 2006, 26, p. 19

Relevance of the tool

- ✓ Review of existing resources in Ontario;
- ✓ These resources intend to:
 - ✓ Raise awareness of the reality of Francophones in a minority situation and the importance of active offer,
 - ✓ Provide social and health service providers with practices that promote active offer,
 - ✓ Initiate reflection on current and desired practices,
 - ✓ Provide examples of partnerships within the Francophone community in minority setting.

L'énoncé de position commune sur l'offre active des services de santé en français en Ontario (2015) Impliquer les communautés francophones (2010) Trousse d'outils sur les services en français (2013)

Trousse d'appui RH: vers un service Bilingue (2012)

✓ Lack of tools to help organizations better integrate services into the user's preferred official language.

Our team's tool development objectives

- ✓ To encourage managers and providers of social and health services to reflect on management practices that could be put in place in their organizations;
- ✓ To allow self-evaluation of existing resources in the organization, prioritization of objectives to be achieved and actions to be undertaken;
- ✓ To help identify action levers, and develop an action plan to implement concrete steps.
- ✓ Set the stage for reflection on the integration of social and health services in the service user official preferred language

EXAMPLE of measures:

- Reception and intake practices for the organization's senior minority population
- Capitalize on key values of the organisation
- Coordination tools (ex.: common intake assessment, repertoires of French services, noted in transfer files, etc.)
- Satellite service points, formal agreements between organizations
- Etc.

Steps

• March-November 2016 **Tool Development** November – December 2016 **Delphi first consultation** Analysis of consultation responses and January-February 2017 adjustments February-March 2017 **Delphi second consultation** Analysis of responses and final March-April 2017 adjustments to the tool Implementation of the tool with April-September 2017 **Southern Ontario partners** • September-November 2017 **Participatory evaluation** • December 2017-April 2018 Tool ready for independent use December 2017-April 2018 **Knowledge transfer**

Tool validation by Delphi test

WHO VALIDATED THE TOOL

Invitation to three groups of about 10 people in each category:

- ✓ Researchers, Research Managers, Knowledge Brokers in health and social services
- ✓ Managers in the health and social services network
- ✓ Decision makers in the health and social services network

Response rate at 1st validation: 36 % (11 participants)

VALIDATION METHOD

Experts were solicited to:

- ✓ Decide on the relevance of the 5 sections and their contents
- ✓ Provide comments or rephrasing for statements or questions
- ✓ Provide an overall assessment of the tool (criteria such as utility, simplicity, completeness, and other aspects)

How is the tool presented to managers and other users?

SECTIONS

- > Five sections based on the analysis framework
 - Values
 - Acts and regulations
 - Resources of the organization including two components:
 - Active offer and coordination tools within the organisation
 - Mechanisms for inter-institutional coordination, liaison and integration
 - Community resources
- At the beginning of each section, a brief explanation with data from the research
- Then, brief statements or questions that managers and decision-makers must answer (numerical categories, Likert scales, etc.)

SECTION 1: Les valeurs

Au cours de dernières années on assiste à des changements dans les valeurs collectives et ces valeurs se reflètent dans les pratiques de gestion organisationnelles. Les changements amènent le système de santé et de services sociaux à se transformer pour favoriser une plus grande collaboration entre la personne, ses proches aidants et les intervenants des services sociaux et de santé (8).

Ce que les données probantes montrent: Les soins centrés sur la personne ou le patient [9], la satisfaction des usagers [10] et l'accès aux soins pour les personnes vulnérables et la sécurité des patients [11] sont des valeurs importantes dans le système de santé et de services sociaux canadien. On constate également des efforts visant à offrir des soins adaptés culturellement et linguistiquement ce qui constitue pour certaines organisations une valeur au même plan que les autres [12].

[8] Bodenheimer et al., 2002.

[9] AMC et AlIC, 2011 ; Lévesque et al., 2013.

[10] Fondation canadienne pour l'amélioration des services de santé, 2012

[11] Institut canadien pour la sécurité des patients, 2016; Organisation mondiale de la santé, 2009

[12] AIIC, 2010; Campinha-Bacote, 2002; Office of Minority Health, 2001.

Voici certaines valeurs que les organisations de santé priorisent. Sur une échelle allant de 1 à 15, (1 étant la valeur la plus faible et 15 la plus importante pour votre organisation), comment votre organisation classe les valeurs suivantes:

(Cliquez longuement sur la valeur, la déplacer selon son classement et la rapprocher de sa valeur numérique)



How is the tool presented to managers and other users?

- > Summary appraisal sections are included at the end of each section
- > A global summary can be completed by the user at the end of the self-assessment

Bilan de la SECTION 2. Les lois, les règlements et les politiques publiques

Sur quelles forces votre organisme peut-il s'appuyer dans un plan d'action visant à optimiser l'offre de services sociaux et de santé intégrés en langue officielle en contexte minoritaire?	Écrire ici
Comment ce plan d'action pourrait-il corriger les faiblesses?	Écrire ici

Dans quelle mesure considérez-vous que les lois et politiques constituent une force ou une faiblesse pour favoriser l'offre de services en langue officielle en situation minoritaire dans votre organisation ? (Déplacer le curseur sur l'encadré ci-dessous)

Faiblesse

Force

An evidence-based tool

EVIDENCE

- Each component of the tool is justified by evidence
- ➤ A Best Practices Guide accompanies the tool:
 - Provides best practices based on research.
 - Also includes innovative initiatives implemented in some organizations.

SECTION 4: Les usagers des services et les professionnels

SOUS-SECTION 4.1. LES USAGERS DES SERVICES

Les usagers des services et les professionnels constituent les acteurs principaux dans la trajectoire de services. En outre, dans le contexte de vieillissement de la population canadienne, les proches-aidants deviennent des acteurs essentiels au système de santé et de services sociaux [1]. Ce que les données probantes montrent: Des interactions positives entre tous ces acteurs ainsi qu'une pratique centrée sur le patient génèrent des retombées importantes sur l'amélioration de la santé et du bien-être des usagers [2].

[1] Silverman, 2013. [2]Bouchard, P. et al., sous presse

Les usagers de vos services sont des personnes informées de : Q54. a) leurs droits linguistiques	○ Jamais	Rarement	Souvent	○ Toujours
Q54. b) l'importance de la communication pour la sécurité des soins	Jamais	Rarement	Souvent	○ Toujours
Q54. c) la possibilité d'obtenir des services dans leur langue	Jamais	Rarement	Souvent	○ Toujours
Q55. Les usagers ou leurs proches aidants demandent des services dans la langue officielle en contexte minoritaire	Jamais	Rarement	Souvent	Toujours

Next steps

Validate and implement the tool jointly with two partner organizations:

- Local Health Integration Network (LHIN) of Erie St-Clair (Ontario),
- French Language Health Planning Entity (Entity 1)

Next steps

Funding application filed at the end of 2016 with SSHRC (Partnership Development Program) to:

Validate and implement the tool in four organizations within four Canadian provinces:

- Actionmarguerite (Manitoba),
- Townshippers' Association (Québec),
- Local Health Integration Network (LHIN) of Erie St-Clair (Ontario),
- Horizon Health Network (New Brunswick).

Different legislative and demographic contexts (official language minority population)

Conclusion

By promoting the integration of health and social services into the language preferred by the user, we hope the tool will help to achieve results such as:

- Improving the health and safety of Canadian seniors.
- Improving service user satisfaction

while maintaining administrative simplicity and economic efficiency.

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