Patient Partner Review Process

Emergency Care BC Jonah Hartel



Land Acknowledgement

• I would like to respectfully acknowledge that I currently live and work on the traditional, unceded, ancestral territory of the Lheidli T'enneh

Outline

Where This Fits

Importance & Current Literature

Feedback Review Tool

Call to Action

Future Direction

Where It Fits

Abdominal Pain

There are many reasons for abdominal pain, not all of which are easily diagnosed in one visit to the ED. Your healthcare team has assessed you for possible serious or dangerous causes, and currently, it is safe for you to manage your symptoms at home. However, symptoms can change, and it is important to recognize reasons to return to the ED for reassessment



() When to Get Help Go to the nearest Emergency Department or Urgent Care Centre if: Recommended Follow-Up · Your pain is getting worse despite home care, or it is now only in one Follow up in ___ days. specific area. Name of Provider · You have new pain in your chest, neck, or shoulder. Reason You have difficulty breathing and this is new for you. Date/Time · You are throwing up (vomiting) so often that you cannot keep anything Location down, especially if it has what looks like blood or coffee grounds in it. · Blood in the toilet when you poo (have a bowel movement) or when you Contact Info pee (urinate). Blood can also appear as black, tarry stools. You have a fever over 38.5°C (101.3F). · You are having loose/liquid poo (diarrhea) and it is not going away. · Your abdomen is stiff, hard, & tender to touch. · You cannot go poo (have a bowel movement) no matte and you start throwing up. · You notice a new yellow tinge on your skin and in the whites in your eye · For men: sharp pain in the scrotum or testicle. You are not able to go pee (urinate). To Learn More: · Ask your health care provider HealthLinkBC - call 8-1-1 (7-1-1 for deaf or hard of hearing) or go online to www.HealthLinkBC.ca The information in this document is intended solely for the person to 000 EMERGENCY CARE BC whom it was given by the health care team. This information does not eplace the advice given to you by your health care prov Last Reviewed: May 28, 2024 | Page 1 of 2 EmergencyCareBC.ca





Patient Partner Review

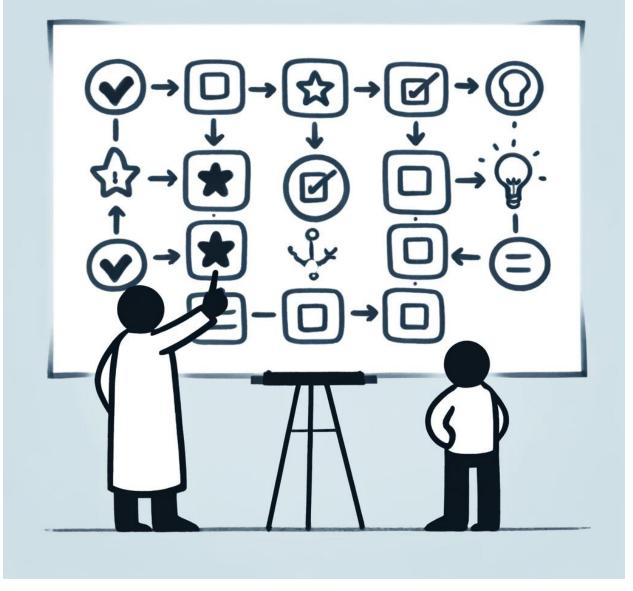


Development of Provincial Emergency Patient Information Resources (PEPIR)

Importance & Current Literature



Feedback Incorporation Tool



Initial Rejection Criteria

- Begin by assessing feedback against the initial rejection criteria before moving to categorization:
 - Scope Limitation: Does the feedback suggest changes beyond the handout's intended purpose or scope?
 - **Conflict with Evidence-Based Practices**: Does the feedback conflict with established clinical guidelines or evidence-based recommendations?
 - **Negative Impact on Usability**: Would the suggested changes reduce the handout's effectiveness for its target audience?
 - **Resource Constraints**: Are the suggested changes impractical due to time, space, or resource limitations?

Categorization

- For feedback that passes the initial rejection criteria, categorize it into one of the following:
 - **Clarity**: Feedback about simplifying language, defining terms, or fixing grammar issues.
 - Actionability: Feedback focused on adding clear steps or improving logical flow.
 - Visual Design: Feedback about enhancing visual elements like layout, bolding, or adding helpful visuals.
 - **Cultural Sensitivity**: Feedback related to inclusivity and relevance for diverse patient populations.
 - **Usability**: Feedback about navigation, format, or overall practicality.
 - Accuracy and Consistency: Feedback ensuring information is up-to-date and uniformly presented.
 - **Engagement and Tone**: Feedback on making the tone more approachable and adding relatable examples.

Impact Scoring

- For each piece of feedback, assign an Impact Level based on its significance:
 - High Impact (3): Directly affects patient safety, understanding, or critical usability.
 - Medium Impact (2): Improves readability, usability, or aesthetics but is not safety-critical.
 - Low Impact (1): Reflects personal preferences or minor suggestions

Weighted Scoring

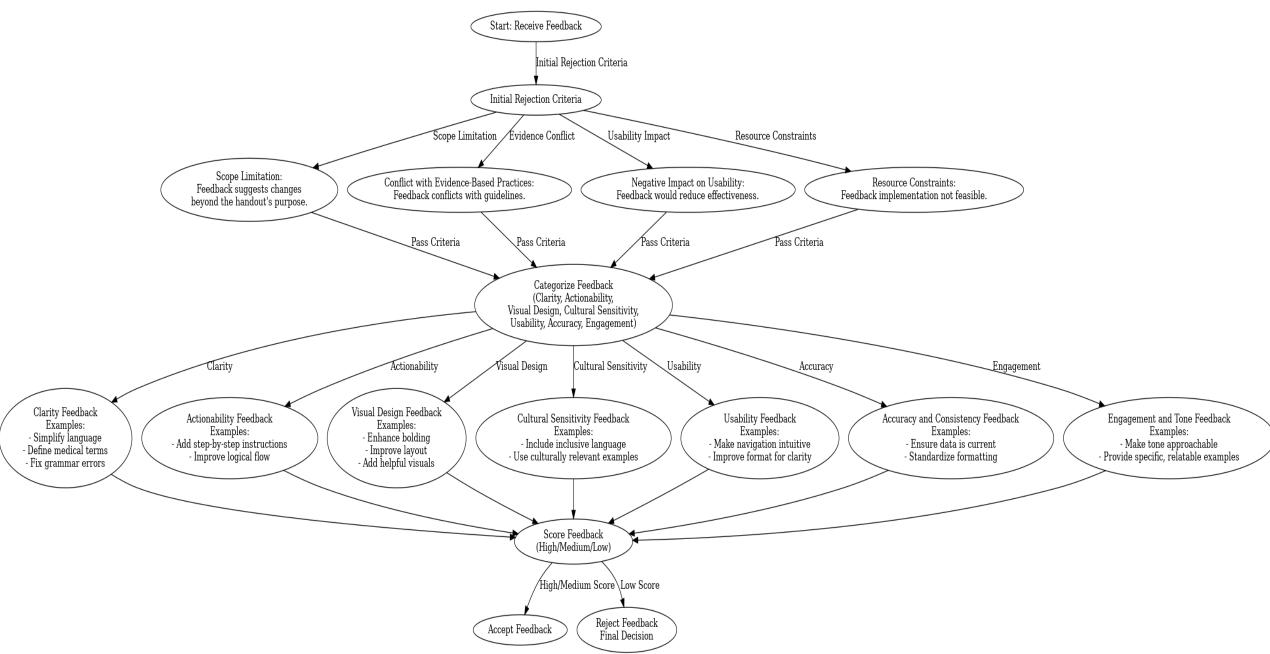
- Combine the impact score with the frequency of similar feedback from other patient partners.
- Calculation:
 - Weighted Score = Impact Level × Frequency

Weighted Scoring

- Example:
 - Feedback: "Patients might not understand the term 'myocardial infarction.'"
 - Categorization: Clarity Feedback
 - Impact Assessment: High Impact (3)
 - Frequency: 2 patient partners
 - Weighted Score: 3×2=6

| Weighted Score | Definition | Action |
|----------------|--|-----------------------------------|
| 6 or higher | Significant impact on safety clarity, or usability; frequently mentioned by patient partners. | , Must Address Immediately. |
| 3-5 | Improves readability, usability, or aesthetics; mentioned by a few patient partners. | Review Later. |
| 1-2 | Reflects personal preferences or minor changes; infrequently mentioned. | Consider for Future Revisions. |

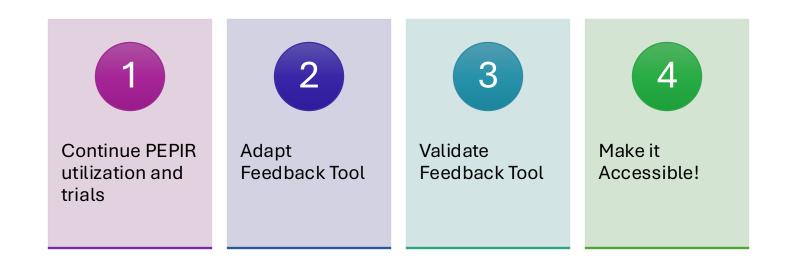
All together now...



Call to Action

- For now..
- Feedback and Suggestions!
- Tool is not yet validated and is in initial trials of PEPIRs
- Keep thinking about our known problems:
 - Bias
 - Inter-rater Reliability
 - Cultural Humility

Future Directions





Thank You!