Saskatchewan
Health Authority

Listening to Patients & Families:

The lasting impact of strengthening ICU capacity

CS-PP-0003 April 14, 2022

Thank you for including the Voices of Patient Family Partners in this process, and in the work leading throughout. It is our privilege to share some insights from a Patient and Family point of view, explaining why this ICU expansion project is so important to us.

Every word in this document comes directly from the six of us on the Critical Care Tiers of Service PFP team, between December 2021 and April 2022.

CRITICAL CARE TIERS OF SERVICE PFP TEAM

Patient Family Partners

Heather D
Bonnie O
Judy M
Candace A
Stacey H
Kevin B

"I was the family care giver helping my parent's understand what was happening, helping them make informed decisions and acting as the liaison between health care providers and two frightened older adults. I was the family caregiver/decision maker because my mother couldn't deal with the stress, trauma and hard decisions on her own".

"I have a family member that has had numerous admissions to hospital and several to the ICU."

"I was diagnosed with a rare neuromuscular disease in 2007. My first ICU admission was in 2016, following an increase in ICU visits over the years."

"My mother-in-law was a Resident of LTC and my dad was a regular visitor to acute care with many varied health issues over the past 10-15 years. Also, at that time, my sister-in-law was in palliative care."

"My parent's journey through the health system; my father's cardiac issues, epilepsy, and normal pressure hydrocephalus and my mother's Alzheimer's have given me insight from a family caregiver perspective as well as my own MS and severe arthritis."

Meet our Patient Family Partners

Candace Abramyk – Central Saskatchewan

The PFP's I met while in the ICU inspired me to work with the SHA to create meaningful work to place patients and family amongst the front-line of care. We have all been through varied, difficult experiences but the cohesion and strength of patients among care providers, researchers, and leaders is what drives my work to better improve patient and family care.

Judy McConnell – West Central Saskatchewan

I volunteered as a PFP as it was opportunity to contribute to Health Care after my retirement. I was involved in the first PFCC Visioning Day in 2017 and have sat on multiple committees. I feel my experiences working in health care and as a support person navigating the health system has given me a perspective that can be advantageous in many areas within the system. I am a strong supporter of rural health care.

Stacey Hilts – Southeast Saskatchewan

I became a PFP one year ago. My purpose is to help by giving feedback to benefit a positive change from my experiences and insight.

Kevin Belitski – Southeast Saskatchewan

I have been a PFP for almost 7 years. I became involved with the health industry to learn more about the corporate side of operations, and assist through my experience in strategy and governance within the Information Technology sector. I was surprised to see many similarities and pain points between Health and IT, and am happy I can make a small contribution to the well-being of staff and patients through this volunteer work.

Bonnie Osicki – Central Saskatchewan

I have been a PFP since 2015. I know how very important it is to have family presence and involvement in all decisions especially when a patient cannot speak for themselves. Being able to receive required treatment in the area you reside is also very important to the patient and family. If patients need to be transferred to other areas for treatment, it is still very important to have that family involvement.

Heather Dyck – Northeast Saskatchewan

I've been a PFP for about 7 years and my background as a medical laboratory technologist helped my knowledge base of our health system. My involvement with family in LTC led to my first PFP role on the PA LTC Advisory council. The SHA has embraced the concept of PFCC where patients and families are partners in their care and partners in co-designing future direction of SHA. I participate on multiple committees and feel that the patient and family voice is vital.

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Themes & Content

What is the LASTING IMPACT of *expanding and strengthening* ICU capacity across the province will have for the people we serve?

Equitable Care Across All Regions

WHAT
HOW
WHY

Result/Outcomes

Processes/Actions

Purpose/Drive

Care Close To Home

Importance of Standard Levels (Tiers of Service)

The Process: How Patient Family Partners have been engaged in the Critical Care Tiers of Service definition

Equitable Care across all Regions

ICU care, delivered through a regional model leads to equitable, safe, consistent, and effective care that utilizes both regional and tertiary centers best. When the regional hospital ICUs are fully equipped, staffed, and have a level of care consistent throughout the province patients benefit. A Tiers of Service framework guarantees a level and standard of care that meets the needs of the people who live in the various areas of the province. This also means that Tertiary Hospitals in Saskatoon and Regina, have the capacity to serve the highest acuity patients that require specialized care with the necessary resources to do so.

"Fully functioning beds in all the regional ICUs so we can get to a more equitable care model for all of Saskatchewan residents really matters"

"Having an equitable health system, through implementing a shared operational standard that is responsive to the changing needs of the people of Saskatchewan. It means better, consistent care in the case of rural and remote patients and less overcrowding and stress for patients, families, and staff in regional and tertiary ICUs in Saskatchewan"

"The best possible care in a facility capable of giving that level of care consistently, close to home if possible, and knowing that if a larger hospital with more specialized care is needed, there is space available to provide that care when you need it"

"It is knowing from the minute you enter the hospital doors that you or your loved one will get the level of care they need"

"The level of care will be equal and consistent"

"It comes down to the right place, the right care and at the right time and knowing that is available where you are"

"It would include higher level benefits for both staff and patients. I think the messaging that would have the most impact is that the standard and quality of care really goes up and this work will have a greater impact to the citizens of Saskatchewan"

"The top-tier facility may not be required in every rural location, but it should always be available somewhere for the patients that need it. That includes moving a chronic ventilator patient out of an acute setting once their condition is deemed stable, so they can thrive in an environment more supportive to their emotional needs, while still ensuring their physical requirements are met"

Equitable Care across all Regions
(continued)

“As a patient or family member it means the best possible care in a facility capable of giving that level care consistently, close to home if possible, and knowing that if a larger hospital with more specialized care is needed, there is space available to provide that care when you need it. Knowing from the minute you enter the hospital doors, that you or your loved one will get the care they need is vital”

“Consistent care and services across the province are the biggest impacts”

“A system functioning well, with the services available where they are needed. This leads to greater efficiency, less stress on patients and their families, and on the health care workers vital to each one of us, and the possibility that more lives can be saved, and quality of life can be preserved for more people”

“Consistency of care for all hospitals with all the same education and all the same procedures and equipment so people don’t think they want to go to a bigger center for better care. Everything is equal”

“Having an equitable health system that is responsive to the needs of the people of Saskatchewan means better, consistent care. In the case of rural and remote patients it means less overcrowding and stress for patients, families, and staff in tertiary centers”

“As a patient I can feel confident that the staff are telling me that they can successfully treat me in this center vs me having to travel to a tertiary centre. Therefore, I can be confident that I will be taken care of properly and I think that is what is important”

“It is more the staff where the benefits really come in – the staff are more confident, they are telling me (as a patient) that they can successfully treat me in this center vs me having to travel to Saskatoon, so I can be confident too”

“Preparing families is all about open communication. Explaining why their family member no longer needs the level of care that the particular ICU provides, and the information that the patient that doesn’t need that particular level of care can get a better level of care in the next facility for where they are in their journey because of different places in their journey I think that part needs to be explained to families”

Care Close to Home

ICU patients are among those least likely to be able to speak for themselves. Family and loved ones often need to communicate for them and having loved ones close to you is vital to patients, as it makes the journey back to health so much better. When high quality ICU care can be delivered close to home, this makes Patient and Family Centered Care possible for some of the most vulnerable people the SHA serves, leading to better health outcomes, shorter hospital and ICU stays, increased quality of life, fewer errors, and more satisfied front line health care workers, making close to home the best option, for everyone.

"This project is aimed at being able to provide essential ICU services to those families and patients closer to home. This will ultimately help to reduce the burden on the tertiary centers and expand services to rural communities. It also addresses current gaps in ICU services and can help to address potential safety/funding issues"

"The positive impacts this will have for those we serve, is the increased availability of family presence and support for those rural centers that are able to care for ICU patients"

"Will make sure the availability of Critical Care is closer to home for patients with the same standards, equipment and staffing as larger CCU/ICU's across the province"

"I feel that this project aims to better support people in their areas of the province"

"Patients like those on long term ventilators, are currently housed in ICU's in some cases. There needs to be facilities equipped to handle their needs, but in an environment other than ICU. This will allow those individuals a quality of life that can't be achieved in ICU. Ideally this environment would also be closer to home or loved ones as well"

"Families will have better access in the communities that they know and are the most comfortable with while visiting their loved ones closer to their home location"

"It is the SHA's responsibility to not only be concerned with an individual's visible, physical health, but to also support their mental well-being. Within the ICU capacity expansion initiative specifically the mental health component, includes a consideration of a patient's wishes for the type of environment they wish to live their life in, which often would not be as a long-term resident of an ICU for long term ventilated patients"

"It was so reassuring to hear that patients would be kept and treated in their area as must as possible, that was really reassuring to me"

"At present, Saskatchewan people have often had to travel to Saskatoon or Regina for ICU care either by flight or ground ambulance. The smaller ICU's in P.A., North Battleford, Yorkton, Swift Current, Estevan, and potentially Lloydminster have varied staffing models, infrastructure, equipment, training and support staff. To achieve a model of care that includes closer to home in an appropriate facility, healthcare dollars need to be directed in a way that ensures that all ICU's are operating at a level of service, consistent with their Tier designation"

Importance of Standard Levels (Tiers of Service)

By having a Regionally delivered, Robust Tiers of Service Framework, all Saskatchewan people, urban, rural, and remote are within a reasonable distance to ICU care in a facility that has the equipment, well trained staff, and capacity to benefit health outcomes and quality of life. Through a Provincial "Shared Operational Standard" regional ICUs have access to specially qualified, high acuity physicians and services that would not be feasible to have on site in Regional ICUs. Having one Provincial Health Authority, and advances in Virtual Care, technology, and Wi-Fi coverage mean Saskatchewan residents, no matter where they live, can have access to the care they need, when they need it, and this is what matters to patients and families.

"A shared operational standard is valuable to me because I am in the right place for my care and that I should receive the same level of care in any comparable ICU"

"Enabling the SHA to best work together as a collaborative organism that can respond to and meet the needs of the patients it supports"

"What I noticed as I took in several of the sessions was the variation in how each site does their work. They work hard and make do to get the end outcome kind of the same but the process in which this done varies"

Tiers of Service

"From the first meeting with the tiers of service team, I thought what a wonderful concept. It's sort of like I am in the right place for the care that need, and I think that is what needs to be published to the public. Just because Saskatoon University Hospital is a Tier 6, doesn't mean I need to go there because I have a broken leg. It's the concept that I am getting the care that I need in the facility that can best give it to me. Allowing me to stay closer to home and not having to travel half way across the province to get it"

"To me the Tiers are the important part. Each ICU has a tier and if it's a tier 5 ICU then it needs to be staffed equipped in order to operate as a Tier 5 site. The public needs to know that your not getting less care however, you are getting the same quality of care with the same quality of staffing and equipment for your specific needs"

"Will help maximize staff, beds & education"

"At a high level, the Tiers of Service initiative is completing an environmental scan of all former Health Regions and sharing those findings between networks. To further move away from the variation between prior Regions, it is necessary to establish common definitions and standards for departments and staff, in order to increase the overall knowledge"

"It is only once the organization as a whole can quickly see what and where its resources are, informed decisions can be made on how to efficiently distribute those resources across the province during regular operation and how to best respond to unexpected events. Considering the trade-offs of settling for lesser standards (ie. Tier 3 instead of Tier 4 ICUs) if appropriate funding was not available, one must ask, why we have a "standard" at all? There is a reason the standards have been created, as they reflect different levels of care"

Importance of Standard Levels (Tiers of Service)
(Continued)

Training/Education

“For the safety of myself when I’ve been in ICU, education is the biggest component. I’ve seen as one of the larger themes and one of the most under budgeted is continuing education. I think education would be my top priority for the staff, mainly because when I have been in ICU, I’ve seen that area struggle the most”

“Ongoing training and support needs to be built into the system to achieve the best equipped, most prepared staff that are fulfilled and happy in their jobs”

“The staff would really get behind the concept especially when they see it in their own facility. Extra training supports available and seeing the black and white requirements for all the different tiers, they can then understand that yes I am confident that our facility meets this specific standard. With staff feeling confident and positive with the services they can offer it then translates directly back to the patient through the care that is provided”

“Education that will impact the comfort of the staff around the quality of service they can offer is huge and the investment into the A/B/C of phase 1 & 2 is the most important aspect. You can’t just have the beds, you need the critical care network, the shared operational standard and those 3 aspects together are what it will take to get to the next level”

“There could be an educator that floats around and gives knowledge to every ICU as well in a different role, so everyone is on the same page or have a specialty team if needed. Recruit those people, train those people and when in need they disperse to the place needed”

“Education component – how do you educate any of your staff if there’s no budget for it”

Importance of Standard Levels (Tiers of Service)
(Continued)

Long Term Ventilator Strategy

“I have a friend in long term care that could potentially require a ventilator in the future. she is currently 60 however, she has been in long term care for way to long in a facility that does not cater to younger people. My suggestion is having three facilities in the province, one in the south, one in the central and one in the north”

“I think there is a big lack of services in the north and if your travelling to Prince Albert and if you happen to live in Montreal Lake or La Ronge it’s a shorter distance to travel than having to go to Regina or Saskatoon”

“I do believe we need a provincial wait list because long term ventilated patients should not be in ICU any longer then they have to be. ICU is for ICU patients and because of lack of facilities and beds we are keeping individuals way too long in ICU. I believe this is one area that would benefit from extra beds”

“Prince Albert is part the building project and in the next couple of years it may be a logical place to incorporate long term ventilated patients because it serves so much of the north. If the beds aren’t occupied, those beds should be filled with other patients. However, when those patients go into those beds, they need to know that if something happens and someone requiring that particular room they will be moved”

“I was really conflicted with this too. I know close to home would be first choice for everyone who had someone, that needed long term ventilation, however I also worked in long term care and know that if you are a younger client especially on a vent the opportunities for a quality of life are limited especially in the smaller long term care facilities. Therefore, I think 3 units within the province and one in the north, Saskatoon and Regina would be my preference as well”

“I think lots of times families think of themselves when they are placing their loved ones. They think about their travel time and opportunity to visit and I think once they see the validity and opportunities for someone on a long term vent in a ward or in a unit that is set up for them then you don’t think about yourself. You don’t worry about the travel and it’s more about the client and the family member then it is about the person that has to do the travelling”

Importance of Standard Levels (Tiers of Service)
(Continued)

Critical Care Network

“The structure of increasing ICU capacity through the implementation of a shared, operational standard, and the building of a provincial, Critical Care network is genius. As long as the direction will be to keep expanding beyond "ICUs" and to eventually encompass all of the SHA. This Tiers of Service vision should grow, and grow rapidly to see benefits”

“There seems to be an excellent opportunity to grow the program further into a "Critical Care Network“

“Without knowing what's out there and with an provincial intensivists program in particular being able to direct the smaller centers on where the appropriate care is available I think that’s a huge thing we really need to expand on”

Importance of Standard Levels (Tiers of Service)
(Continued)

Communication

“Communication, whenever possible needs to be frequent, correct, and honest, considering the principles of Patient and Family Centered Care. There should be no decisions made regarding moving patients to a different facility for any reason, without proper communication delivered in a timely manner”

“Communication is so important. There is nothing worse then if you are in the ICU and you have been told you are going to be there for a while and then all of a sudden they need the bed for somebody else. You and your family are prepared for your stay in ICU then in a split second there are saying your going to have to move, that’s tough a strain on the family and I am speaking from experience for this example”

“Whose responsibility in the ICU is to be in contact with the ICU patients’ families, is it social work, nurses? If the health care providers are confused about these roles there needs to be clarification and communication about those roles moving forward. That’s the biggest barrier I see. For example if nurses don’t have the capacity or time to reach out to family members, or sometimes when family members call and the nurses are on break or they have no updates on the patient therefore, those roles need to be identified”

“Also when you are being transferred to an acute unit, information need to be thoroughly transferred so the receiving unit knows exactly what they are getting and what to expect”

“Future strategies around communication and future tools are needed. I think one good thing that COVID has brought us is the technology aspect and the user ability of the technology. We can start/continue utilizing technology in ICUs to connect virtually”

Importance of Standard Levels (Tiers of Service)
(Continued)

Interdisciplinary Rounding

“From a communication perspective, rounding is extremely important”

“Only one facility mentioned multi-disciplinary rounds [during the site assessments]. After COVID, when we can actually visit in person in the ICU, it is important especially for families to actually know the times of rounds and that they are multi-disciplinary. One of the biggest issues that I have found with family members not just ICU but even in observation wards is trying to talk to the doctors or find the right time to be in ICU to catch the doctors”

“Even though I am a patient in the ICU I can still hear what is going on to a certain extent, therefore it is also good for me to know intubated/non intubated, what is coming next and what the treatment plans are. Doing the rounding inside the room instead of outside with the door closed is also very beneficial for the patients as well”

“My experience with the rounding and the interdisciplinary teams that goes around is it is a life line to the families to be able to take a part and it was very consistent and gave assurance to me as the parent to have that communication with the care team”

Importance of Standard Levels (Tiers of Service)
(Continued)

Staffing

“Recruitment and retention is a dominant theme across all of Saskatchewan”

“I like the fact that those standards for staffing are set out. I would hope that they are adhered to because I think managers of facilities have gotten really good at moving funding and resources from one provider or department to another because there short. There needs to be standards in place in order to maintain that tier of service”

“Staffing is chronic underfunding therefore chronic understaffing. I think the guidelines for the tiers is what they should be to actually function at those tiers you need those people. You need pharmacy, lab, RTs, dietary, you need all of those disciplines in place. If some of those pieces were available to some of the smaller centers when they needed them like the internal medicine piece was during COVID, you could contact you could have coverage at least to tell you what to do that is one measure that would help in the short term and it would be one measure to help these ICUs stabilize, treat to the point they could and then potentially transfer because I don’t think we are going to get the staffing we need in the rural remote smaller places whichever you want to call them”

“I think some weekend coverage is legitimate but maybe not 24 hour coverage. In that case we could access the provincial model and not have someone filling other duties when they are supposed to be in the ICU. We could have a provincial dietician available at night in the rural places. There are gaps so big that just a provincial plan will not fill them, but I think it could fill part of them and I think it could fill some of it now while the hiring recruitment/retention is dealt with.”

“When I was listening to all the different areas, it was interesting when they talked about areas where they are not up to par, where they don’t feel they are up to par because of recruitment issues. The sites talked about how they do things to make it work, but are they actually working in those areas?”

“I think there are definitely gaps and historically every facility has just made do with the money and resources they had. For example, if you can make do with no charge nurse in the ICU and leave only 1 ICU nurse in the unit at a time while the other one is out doing codes then that’s how they manage it because they didn’t have the money or resources to do it any other way. But that is a big gap and a high risk gap”

“There are no pharmacy staff on 24 hours a day in quite a few of the smaller sites and weekend coverage is an issue and if nursing is having to mix medications, they are not proving patient care. There needs to be manpower strategies. Either sharing of staff or using virtual care to staff the smaller sites. There is a huge opportunity virtually that some of these resource issues could be filled in with. We need a lot more work there”

“When pharmacy is not available and nurses are mixing medications, my concern is – does this lead to medication errors”

“The other elephant in the room in all the rural areas though is staff retention, especially in the specialties. If you have the equipment and you have the patient need and you have the potential for utilizing all that stuff quite well you still have to find the staff”

Importance of Standard Levels (Tiers of Service)
(Continued)

Staffing (Continued)

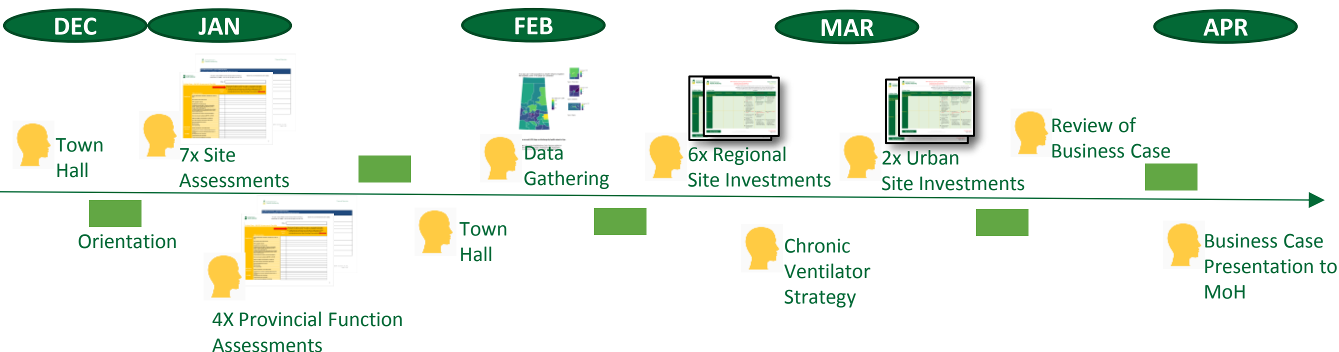
“Lots of the sites were almost apologetic for some of the things they didn’t have in their ICUs. Staffing is the major issue for every ICU in the province, not just RNs but RTs and Dieticians and every profession and it almost sounded to me that some of them felt that if they implemented some of the changes they would have to cut programs elsewhere so they were sort of leery to even tell you what they wanted in case that meant they had to give up something else. I think almost every ICU in the province is understaffed and that’s a big risk in my mind”

“Recruitment was the thread that went through all of it. I was really surprised with Prince Albert when they said they have an internist that commutes from Ontario, that was something I thought wow that’s really something to have to deal with that”

“If they didn’t have RT at a certain time or if they had them 5 days a week rather than the 7 days a week, the sites were trying to make do with what they had and work it out the best they could and that’s great if it does work out that way but it would be sad to hear that maybe in some areas you didn’t get the care as quickly or as much as you needed. That would be a real concern from the patient families partner lens”

Dedicated Feedback Sessions with PFPs

PFP Participation in Key Project Activities



JAN 27
Dedicated Feedback Sessions with PFPs

"I think it would have helped to have a little more information on the facilities ahead of time. For instance how many ICU beds they had, was there also a cardiac care unit, are there also observations beds? Those make a difference in how those unit operate and sometimes those questions were answered during the interviews but not always. Therefore, that might have helped to have that information a head of time and helped us better understand where those folks were coming from"

"Would have appreciated more of a heads up with what other questions could have been provided from the PFPs. For example what is currently in place for communicating with family members in the ICU setting, if it was a non-covid environment how do we encourage more participation with family members who maybe can't make it? Having a little more discussion around what some of the other advisors would have liked to address the different groups would have been nice"

"The one thing stuck out the most for me during the site assessments was that all of them were basically ended up rushed at the end, a lot of sections were glossed over and some of those were important questions. Especially the other questions that came up for the various sites, hardly every got to them and there were some very important questions in there. It also would have been really nice to know some of those things in advance, not know anything about the questions and not knowing anything about the specific sites in advance was really hard to form any sort of informed opinion in an hour when you don't have the background"

"I appreciated the opportunity to be in on as many as I possibly could. Other commitments definitely got in the way of some of them and technology got in the way for me once but having the option to be at as many as possible rather then being assigned to certain ones, I liked that a lot"

"I appreciated being able to be involved live rather than just getting an update after the fact. I learned a ton about the different ICUs within the province and the way they are operated differently throughout the province as well. I also liked being able to be involved in as many as I could be live. I wouldn't just want to be assigned to certain ones"

PFP Engagement throughout the Process

JAN 27

Dedicated Feedback Sessions with PFPs

"[The site assessments] were run really well. The fact that we were able to take in as many as we could and I am familiar with Saskatoon but not familiar with the other sites across the province therefore, it was interesting to see how all the ICUs run"

"Within some teams you are made to feel like part of the team and some teams they don't know what to do with you as a PFP so they put you on a shelf and occasionally water you and that's about it"

"Being ask to attend but please don't ever open your mouth says our importance as a partner. If we are to be partners on teams we need to be partners on teams and whether our particular input is adapted, taken to heart or just listened to and maybe stuck on a back burner. If we are invited to actually take part then patient and family centred care is going to happen. If we are not and just be a plant then it's not going to happen and I think to get satisfaction out of patients and to get the best out of staff will happen with satisfied patients then partnership has to happen"

"[Other SHA] Town halls would be beneficial to have an open invite to even if you have the ability just to view them I think that information is really important for people to have especially from a PFP perspective. When we are involved with some of these other committees and decisions happening, it would be nice to see how staff respond to some of the decisions that are being made and hearing some of the feedback first hand from staff is very important. We really miss out on a lot of the information going on behind the scenes even just not being on site regularly. It's difficult to keep up to date with everything and then when you join the next committee meeting and you hear as it was discussed at the town hall, it's kind of common knowledge but not for the people that are removed from the situation"

"We were invited to meetings with the sites which is great but we didn't have any of the prior information. We weren't involved at all before that like as to what questions were being asked, how are the sites being asked and who at the sites are being asked"

"Moving forward, a patient family partner should be a member of the team that goes to the sites [on site visits] and has a look from the patient perspective, there are lots we are willing and able to do"

FEB 15

Dedicated Feedback Sessions with PFPs

"lots and lots of information gathered and lots stats. I was impressed with the stats that were compiled from all that information in such a sort time"

"I really appreciated the graphs showing which areas tended to be over-utilized or under-utilized for the amount of beds there are. Just population doesn't necessarily say everything, it is the type of population you have and all that contributes to use. I really liked those graphs in particular really put it into perspective for a few of the areas in particular that may need the expansion more than other areas"

"I just wanted to thank you for all the information and for keeping us informed. It really makes us feel like were part of the process and I would like to thank you for that"

"I wanted to say too, thank you very much because when you went through the Tiers of Service information, it's one thing reading it off the email vs when you explained it in person. It that was helpful"

PFP Engagement throughout the Process

MAR 31

Dedicated Feedback Sessions with PFPs

"I am really impressed with how well everything is laid out, even I could understand most of it. It was impressive and it is obvious there was a ton of research that went into [the business case]. There were so many stakeholders involved and that the due-diligence has been done. That should make people feel really comfortable that this is still aligned with the government direction of creating more ICU beds but with a practical approach"

"There is a lot more background that has been done to really understand what the asks means and entails and it lays out a good plan on how to get there. Even with the financials, it is all laid out in front of you with what is being asked for and what is needed and what's required"

"In my opinion, there aren't any other viable methods. All the stakeholders have been engaged. This is an excellent summary of everyone's opinion and this is what the group consensus is to move forward with this project"

"I think this project has laid out an excellent foundation for future work outside of ICU. I really like the idea of the potential to dig deeper into the health system and see where other benefits can be had"

"I really like the idea of having a communication plan and getting that information out to the public. Picking a few topics each week and have something we want to send out to the public. For example sharing stories is always impactful and getting the faces of our PFPs out there and letting the public know we have been listening to them and they have been part of our team"

"I want to thank you for engaging us to this point. This is the first project other then my research project with SCPOR with this amount of involvement. The leadership and team are so personable and I want to thank you. Being involved and getting our feedback one on one, I have never seen that from a leader before so kudos to you and the team"

MAR Q&A ***by email***

How can PFPs help tell the story and emphasize the importance of this project?

"Patient ideas, concerns, and suggestions often come too late in the process to be fully integrated and don't hold the same weight as paid decision makers and staff. Patient and Family Centered Care, not just at the bedside, but throughout the health system, leads to patients, families, and the broader public embracing change because the changes reflect what matters to them. Right now, PFP's are often just consulted, and their ideas may be deemed as insignificant. When PFP's are invited to the table to co-design change, that has meaning to the people of Saskatchewan and where buy-in happens"

"Patients and families need to be part of the team, at the table with the Ministry of Health, and when the broader public knowledge translation piece is written and presented"

How do you want to be engaged in Phase 3?

"Virtual meetings allow us to have larger PFPs groups with the flexibility and can accommodate as many do not like in person meetings as it will require travel re. costing money and time etc."

"The same as PFP's have been involved in the previous phases, a job well done by the Tiers Team"

"I want to continue to be actively involved in this very important work"

"I would like to see the PFP's as part of the teams making the decisions. Stakeholder input is vital to designing what the province needs. Town Halls with Saskatchewan residents from all walks of life, ethnic backgrounds, geographic locations, and ages would be a valid stating point. Personally, I would like to involved at the highest level PFPs can be involved"