EQUIP Health Care

Equipping Health & Social Services for Equity

EQUIP CHANGE PROCESS: WORKBOOK

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Varcoe, C., Bungay, V., Wilson, E., Parker, J., Comber, S., Stones, C. (2022).
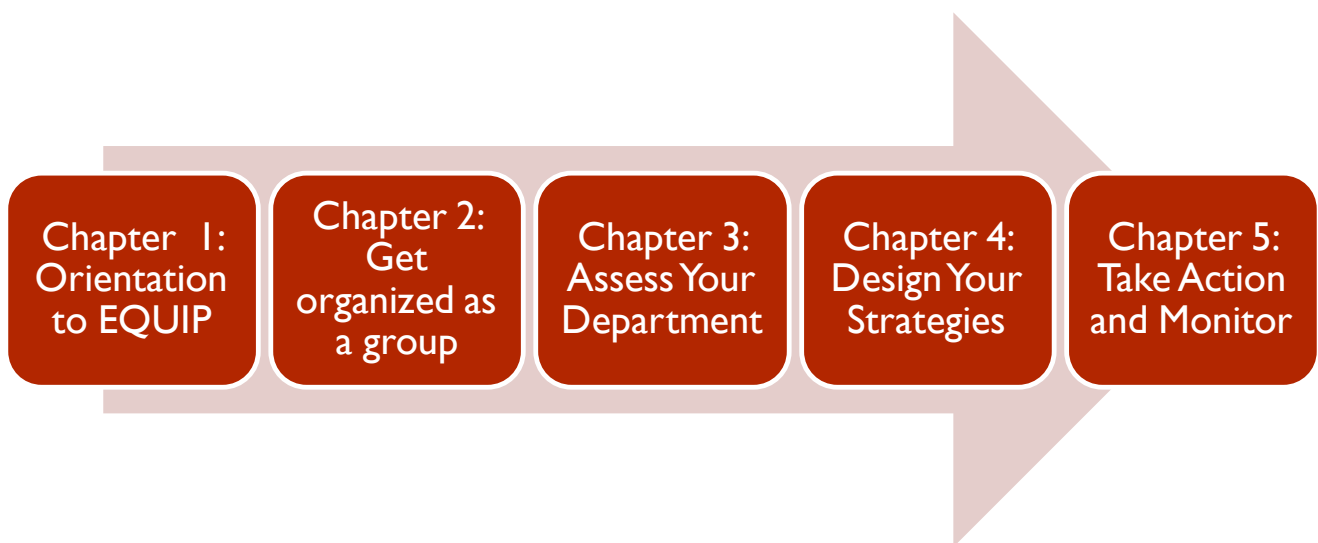EQUIP Change Process:
Workbook for Equity Working Groups.

INTRODUCTION TO THE WORKBOOK

This Workbook is for teams in health and social services, including all levels of staff. This workbook is to help provide your group with some guidelines and recommendations as you work to identify strategies for equity-oriented care in your work.

This Workbook is organized into 5 chapters that walk you through some steps and strategies for your group:

| Chapter 1: Orientation to EQUIP | Chapter 2: Get organized as a group | Chapter 3: Assess Your Department | Chapter 4: Design Your Strategies | Chapter 5: Take Action and Monitor |

CHAPTER 1: ORIENTATION TO EQUIP

In this first chapter we start by sharing with you some information about EQUIP. We then discuss some of the key elements of Equity Oriented Care, and provide background on the resources and supports that can help your group move forward in this change process. We recognize that you also have a lot of knowledge and expertise about patient care.
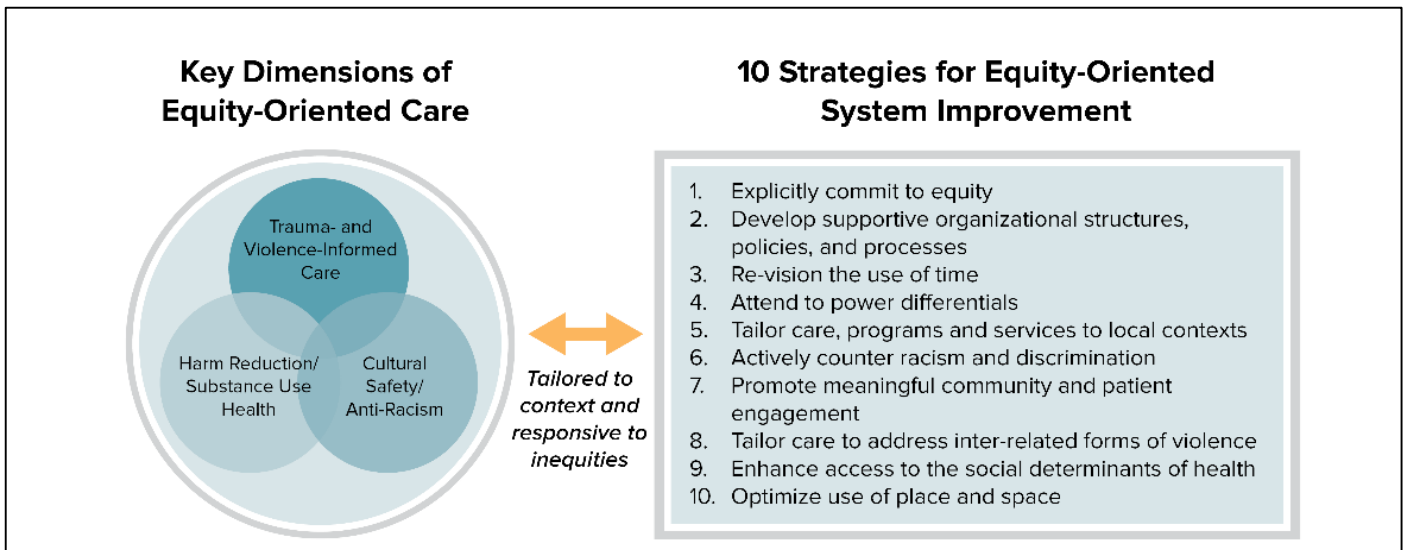
CHAPTER 1 KEY ELEMENTS		
STEP 1	Thinking about Equity	What do inequities look like in your work? What are the key dimensions of equity-oriented care?
STEP 2	Learn about resources available	What supports and resources would you find useful to build on your knowledge and expertise in patient care or service provision, change management, and staff engagement?

STEP 1: THINKING ABOUT EQUITY

The next step is to consider equity, including what equity means and why it is important in the context of your work.

The diagram below shows a framework for equity-oriented care and strategies to enhance capacity for equity-oriented care that have been proven highly effective in other settings. This framework can be used to think through what dimensions of equity-oriented care already exist in your organization or in your own individual practice or work activities.

Key Dimensions of Equity-Oriented Care

- Trauma- and Violence-Informed Care
- Harm Reduction/ Substance Use Health
- Cultural Safety/ Anti-Racism

Tailored to context and responsive to inequities

10 Strategies for Equity-Oriented System Improvement

1. Explicitly commit to equity
2. Develop supportive organizational structures, policies, and processes
3. Re-vision the use of time
4. Attend to power differentials
5. Tailor care, programs and services to local contexts
6. Actively counter racism and discrimination
7. Promote meaningful community and patient engagement
8. Tailor care to address inter-related forms of violence
9. Enhance access to the social determinants of health
10. Optimize use of place and space

Here are some questions you might want to consider:

- What dimensions and strategies you are already familiar with? Are there any that are not familiar? Do you know what phrases like "attend to power differentials" or "tailored to context and responsive to inequities" mean?

- Do you have any questions on how you might implement these strategies?

- Start to think about how your work fits with the dimensions and strategies. Some people find it helpful to keep notes on what is really strong about your team and what areas that might need some improvement.

STEP 2: GET FAMILIAR WITH THE RESOURCES AVAILABLE

Your team already has lots of knowledge and expertise. The EQUIP website has other resources to complement these. As part of your group's initial work, you will explore the strengths and resources within your team already, from people's experiences about how to effectively carry out a change process, to how to work in trauma and violence informed ways, and how to use research to support your work. Below are some resources available through the EQUIP website as you work through this change process:

Type of resource	Details and examples
Information about health inequities and equity-oriented care	For any topic you identify, EQUIP can help you access workshops, online education (e.g., https://equiphealthcare.ca/modules), summaries of evidence for different approaches or issues, and more.
Tools for quality improvement	The team has developed many quality improvement resources, e.g. see our website where you will find EQUIP's Equity Action Kit, best practice guidelines, and many other resources. You may also find or already know of resources you can draw on that are specifically tailored to your context.

STEP 2: GET FAMILIAR WITH THE RESOURCES AVAILABLE

INFORMATION

The EQUIP website has plenty of resources to help you on your journey. You will decide as a group what kind of resources you are interested in and how you will access them or make them available to other staff in your department. As you assess your team's strengths and areas for improvement, you will probably identify more areas where you need more information.

As an example of the kind of resources you might find useful, "Equipping for Equity" is a series of publicly-available online modules developed by the EQUIP Research Team. You can access these for free at any time. They are aimed at supporting units and organizations to enhance their capacity for integrating the dimensions of equity-oriented care.

Equipping for Equity
Started Apr 23, 2021

Enroll Now

This course is also available in the following program:
EQUIP Health Care

### About the Equipping for Equity Modules

These online modules are aimed at health and social service providers who want to integrate a more equity-oriented approach into their practice or organization.

Each module addresses a specific aspect of equity-oriented health care, including trauma- and violence-informed care (TVIC), harm reduction and cultural safety. In every module you will find videos, activities, and practical tools to help you put the ideas into practice.

Each Module is designed to be quick, taking anywhere from 10 to 30 minutes.

Register for free at:
www.equiphealthcare.ca/modules
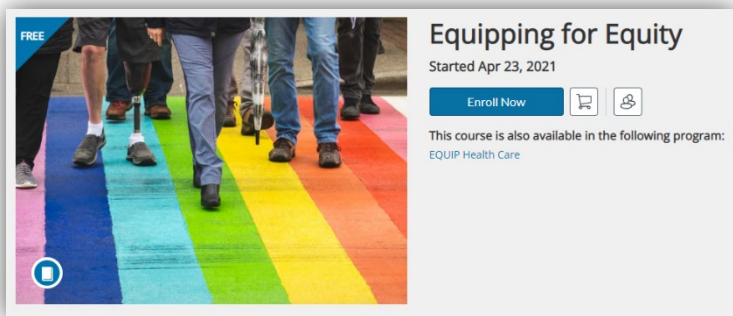
CHAPTER 2: PLAN HOW YOU WILL WORK TOGETHER

This chapter will walk you through some suggestions and guidelines that you may find useful as your group begins to work together. Talking through these things at the start of your work together can set you up for success and prepare you for the work ahead.

The key elements covered in this chaptered are:

CHAPTER 2 KEY ELEMENTS	
STEP 1	Establish structure and processes for your group
STEP 2	Plan ahead to manage decisions and conflict
STEP 3	Plan how you will engage others in your work

What is the Equity Working Group?

A diverse group of direct care staff who **guide a change process** toward great equity in care.

Your group will need to decide how it will best work together. Becoming a team is a process and it is likely that your group will evolve over time. To help think about how you might best work as a group we have developed a checklist of suggestions of things to talk about to determine how your Working Group might works best together as a team.

Working Group Set Up Checklist: Things to Discuss

- ❑ Who are the members of the team?

- ❑ How are decisions made?

- ❑ What are our time commitments?

- ❑ What is our meeting schedule?

- ❑ Who will facilitate? Take notes? (Assign people roles in the team)

- ❑ Do we want to formalize things such as governance structures and terms of reference?

- ❑ How will we manage conflict?

- ❑ Do we want to use templates (agendas, minutes, team list)?

- ❑ How will we share information?

- ❑ How will we engage others?

Step 1: Establish structure and processes

Every group needs to find their own way of operating, and decide on structure and process. To help think through how your group might work, we have included some information about Terms of Reference (ToR). ToR outline the purpose and structures in which a group of people agree to work together to accomplish common goals. It sets up expectations and accountabilities within the team. Whether you develop formal ToR is up to you, but you should at least discuss the following:

Terms of Reference – Things to Consider

Official Name
Official name of the Working Group (it might be helpful to name your team in some way. It gives the group an identity)

Purpose
Define your overarching purpose. Think about why the Working Group formed and what you are ultimately hoping to achieve.

Goals
Goals are the key things that you can achieve that will help you reach your purpose. It can be helpful to think about them in order of priority such as:

1. Primary   2. Secondary   3. Others

Members
Identifying members is a key aspect of your group. Take a look around the room, who is here? Who might be missing? Once you have done that you might find it helpful to discuss and decide upon the following. And remember, these things can change over time depending on how your group evolves.

- Roles and responsibilities for the team as a whole
- Roles of each team member. You may also want to consider the different staff groups on your team (e.g., RNs, LPNs, porters, security, physicians etc.) and what they bring?
- Term: How long are members asked to participate for?
- Define some expectations for the members of the Working Group. For example, do you have suggestions about:
    - The minimum number of meetings a member should attend.
    - Expectations for the work to be done between meetings
    - How to let the Working Group know if you cannot make a meeting
    - How many meetings can be missed before being replaced?

Step 1: Establish structure and processes

Terms of Reference – Things to Consider, continued

Logistics
It can be helpful to think about what engagement looks like. Some things to consider include:
- Frequency of meetings. For example you might want to state that the Working Group will meet at least X times in the next 6 months, or set a fixed schedule. This helps people reach agreement on the expectations.
- Decision-making processes:
    - How will we make decisions?
    - Does everyone have to agree? If we don't all agree, what is our backup decision making process (for example, democratic vote)?
    - Who does the Working Group report to – if anyone?
- Minutes
    - Who takes minutes?
    - When are minutes sent out?
    - Who receives the minutes?
    - How are actions and decision recorded?

Deliverables
Deliverables are the products of the work you do. For example, it might be a new agenda for the next meeting or an update to the leadership. In each meeting there are usually things needed to keep the group moving forward. What are the specific outputs required from the Working Group?

Resources and Budget
Identify resources required to meet the goals of the Working Group.

Step 1: Establish structure and processes

Terms of Reference – Things to Consider, continued

Communications

It is vital to plan how information will be shared within the group so everyone knows how to access information. Will you share information via email? And how will you share information as necessary with other staff or leadership and management?

Sharing of Information and Resources

In addition to figuring out how to communicate it is vital that you know who is responsible for coordinating the information. Some ideas are to have one person responsible or have it shared among several team members. The important point is that there is a consistent way that everyone knows about and can use this to share information.

Relationships to other groups

Most organizations are busy and often have many other groups or projects that are happening. It will be important to consider whether or not your Working Group is related to other committees or working groups. Figuring out what other groups might share in your goal can help you to determine if there are other resources you can tap into or if you can build momentum in many different ways as you plan to initiate your change process.

Step 2: Plan ahead to manage decisions and conflict

Addressing health inequities is almost always disruptive. Your group will be talking about challenging issues such as racism, discrimination, trauma, burnout, substance use and harm reduction. Engaging in these topics can bring up a lot of opinions, differences and challenges within your group and within your larger organization. It is important to know that this is part of the process.

Example from EQUIP Primary Care

In the EQUIP Primary Care study, several of the clinics faced considerable challenges related to approaches to substance use. For example, one clinic had an explicit commitment to harm reduction, but staff didn't really know what it meant, and the idea was not operationalized. In another site, different staff had very different stances ranging from abstinence-only, to seeing harm reduction only as providing clean needles, to advocating for an equity approach to harm reduction. These differences caused tension between staff members and confusion for patients. The problems were worsened by some staff subscribing to racialized stereotypes about substance use. The EQUIP Team was able to help these clinics to work through these challenges and identify strategies to move forward with an equity-oriented approach.

For more information, you might also be interested in this paper by some members of the EQUIP Team, about how disruption is a normal and ultimately productive part of promoting equity:

Browne, A., et al., (2018). Disruption as opportunity: Impacts of an organizational health equity intervention in primary care clinics. International Journal for Equity in Health201817:154 https://doi.org/10.1186/s12939-018-0820-2

On the next page, we highlight some strategies for making decisions as a group and managing conflict that may arise.

Step 2: Plan ahead to manage decisions and conflict

Some groups might find it helpful to think through more fully how decisions will get made, particularly in handling issues of conflict or disagreement that might unfold. Sometimes groups get stuck when they haven't thought about how they might move forward when consensus cannot be reached.

Some groups may choose to make a formal governance structure that clearly outlines roles and responsibilities for each member and creates a step by step process for decision making. This can take the form of a governance structure that relies less on authority and more on clear decision making processes. It might be useful to think about how decisions are regularly made, whether or not those strategies will work best for your group or if you need to make new processes for decision making. It is worthwhile to think about how each person gets to voice their perspectives, to ensure that everyone is heard.

What is our decision making process?

It may not be realistic to assume that you can agree on everything, but you can commit to listening and being open to learning in a way that can influence what the decision might be. So a first step could be to listen to each person's perspective on the issue about which a decision is being made, generate a list of options from the discussion, discuss strengths and weaknesses of different options, and decide upon the option that will best meet the goals you have set for your working group.

How will we resolve conflict?

A great rule of thumb is to keep the goals of your group in mind.

You will need a similar process to resolve conflict. Remember, when in doubt, a change coach can really help with these complex discussions.

Sample Templates (fill in and modify as needed)

We have created some templates for you to use as a starting point. These are just some suggestions; you may already have your own.

Team List

Specify the roles and responsibilities of all team members (e.g. member, contributor, note-taker, meeting chair, liaison to leadership, liaison to a particular staff group, etc.).

Name	Role in ED	Role In Working Group	Main Strength

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Sample Templates, cont.

Agenda

This agenda should start with objective for the meeting. Then a table should be created, item, process, who does it, how much time each agenda item should take.

Working Group Meeting

Location:
Date and Time:
Participants:
Regrets:

_____

Agenda:

1. Review previous minutes
2.
3.
4.
5.

> First agenda item is usually to review/update action items from the last meeting

UPCOMING MEETINGS:

Sample Templates, cont.

Meeting Minutes

Working Group Meeting

Location:
Date and Time:
Participants:
Regrets:

_____

Agenda Item	Documents or materials	Discussion	Action to be taken
Review previous minutes	Minutes Feb 6, 2019	- - - Key decisions:	- Person x will…

List key points of discussion and highlight important decisions

List concrete actions to be taken and assign a person to do them!

STEP 3: PLAN HOW YOU WILL ENGAGE OTHERS

We end chapter two with a few points about how to think about who will be involved with your Working Group. Some people may be Working Group members; others may consultants or advisors. We have generated a series of questions that your group may want to consider in thinking through people you might engage with.

Who needs to be engaged will vary from site to site. You will need to decide based on your own context. At a minimum you need to try to engage PEOPLE COMING FOR CARE and STAFF FROM ALL WORK GROUPS. Consider who is already represented in your working group and who is missing.

Other groups you might also think about engaging could include Indigenous stakeholders, community groups, patient's families, and non-profit organizations in your community.

As you think about engaging people it is worthwhile to consider the goals of engaging with them. For example, if you are engaging with staff as a whole, is the purpose to help ensure that they have increased understanding of equity oriented care? To get their feedback on your ideas? To communicate a new idea or way of doing things?
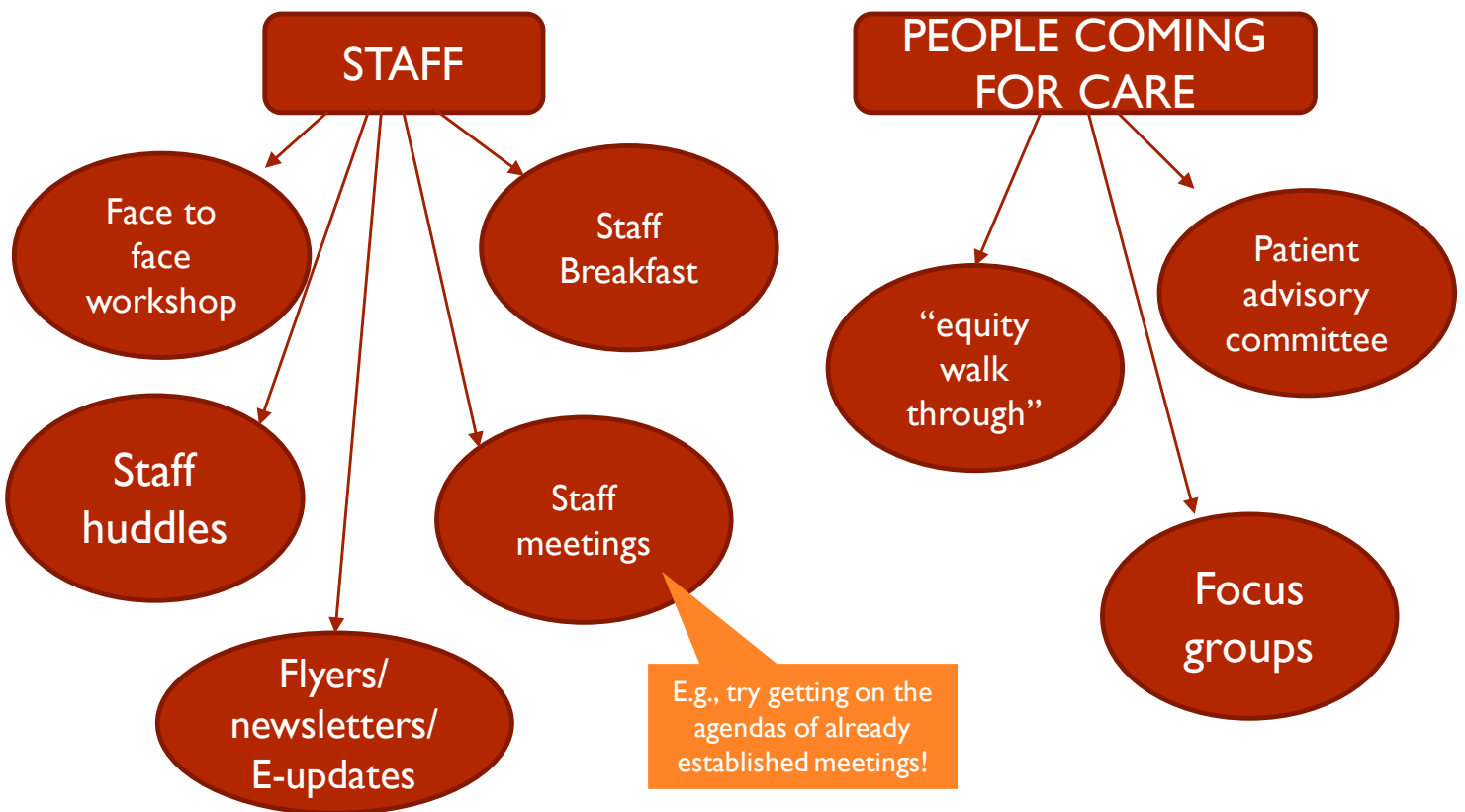
You can also:

■ Get patient , experts and other's input on how to improve care

■ Have those staff groups involved in your changes provide input

■ Define what the Working Group will do to ensure staff support your strategies.

Why are we engaging?

The next important point of engagement is determining when to engage. As you map your group and your activities remember to consider timing for input, especially in decision making. For example, deciding on the purpose of your change project may require that you talk with people coming for care and families before you make the final decision.

STEP 3: PLAN HOW YOU WILL ENGAGE OTHERS

How you engage with staff and people coming for care (and others you identify as important) is up to your Working Group to decide. At this stage you will want to identify some ways you will plan to engage these different groups in your plans and your work as it unfolds. There are many ways to bring people together and to connect with them. Here are some examples:

STAFF

- Face to face workshop
- Staff Breakfast
- Staff huddles
- Staff meetings
- Flyers/ newsletters/ E-updates

E.g., try getting on the agendas of already established meetings!

PEOPLE COMING FOR CARE

- "equity walk through"
- Patient advisory committee
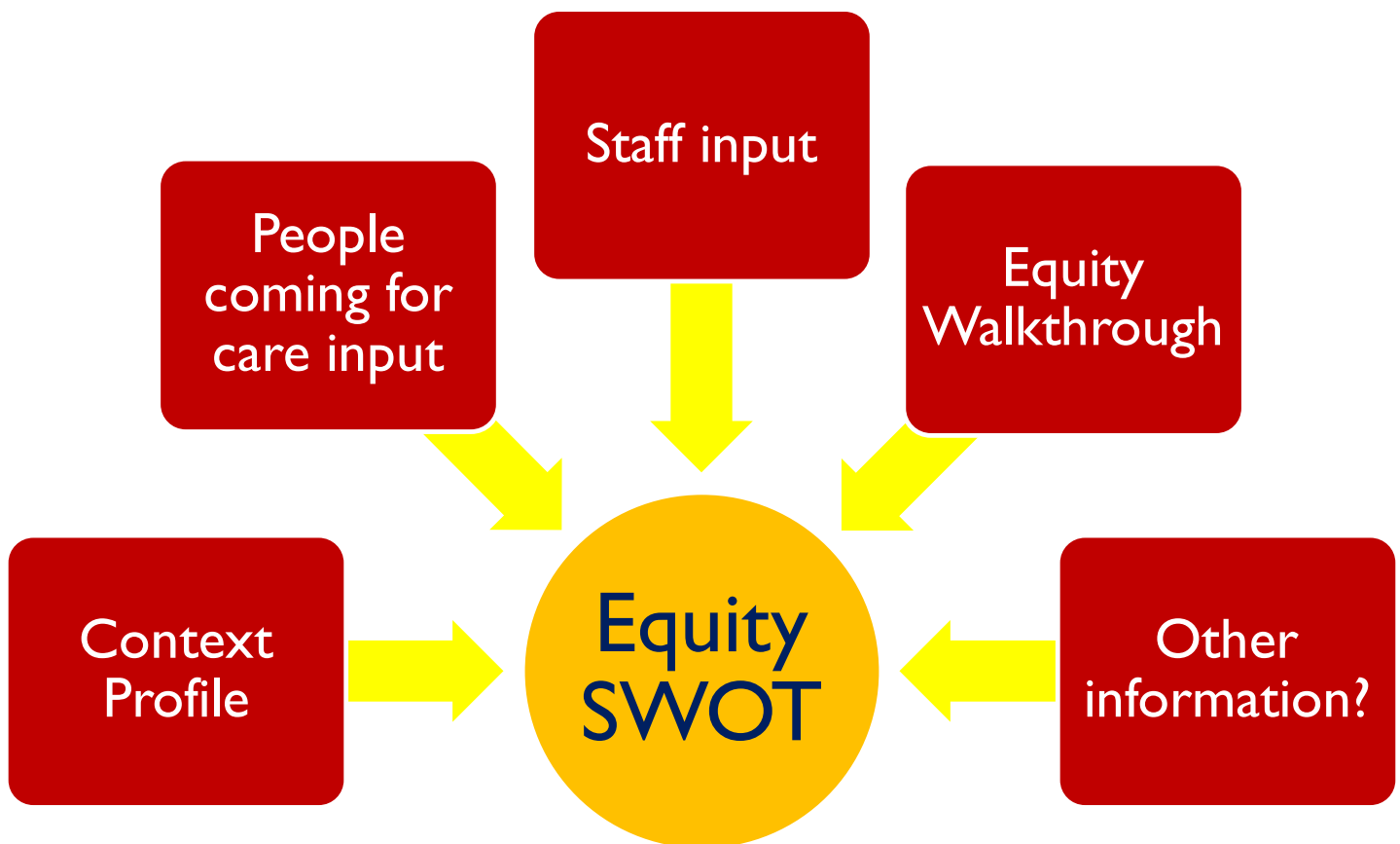- Focus groups

CHAPTER 3: ASSESS YOUR DEPARTMENT

Each organization serves a unique community, and each serves some people more effectively than others. For example, one healthcare organization may have resources for and have developed very effective care for people who use substances; another may be stronger in providing care to people who do not speak English well.

The goal of this chapter is to help you assess your department through an equity lens. In 4 steps, you will look at your practice, who you're serving, what is working well and what could be working better – for staff and for people coming for care.

CHAPTER 3: KEY ELEMENTS

STEP 1	Prepare a Context Profile	Who are we supposed to serve? How are we resourced?
STEP 2	Do Equity walkthroughs	How are we serving various people?
STEP 3	Complete your SWOT analysis	What are the gaps?

OVERVIEW

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                    ┌──────────────┐
                    │  Staff input │
                    └──────────────┘
    ┌──────────────┐                  ┌──────────────┐
    │   People     │                  │   Equity     │
    │ coming for   │                  │ Walkthrough  │
    │  care input  │                  │              │
    └──────────────┘                  └──────────────┘

┌──────────────┐      ╭──────────╮     ┌──────────────┐
│   Context    │ ───▶ │  Equity  │ ◀── │    Other     │
│   Profile    │      │   SWOT   │     │ information? │
└──────────────┘      ╰──────────╯     └──────────────┘
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Each step contributes to identifying the **S**trengths, **W**eaknesses, **O**pportunities and **T**hreats to Equity Oriented Care in your Department. You may identify other information you need.

STEP 1: PREPARE A CONTEXT PROFILE

As a group, think about the context of your work. A Context Profile provides an overview of your organization, including history and contextual factors that have particular significance for equity. Start here to think about how your organization came to be, who it serves, and why things are done the way they are.

As you prepare your Context Profile, consider:

- What is the match between who we are supposed to serve, and how we are resourced? For example, do you serve a large population of Indigenous people and if so, what resources are in place to do so? How many Indigenous staff do you have? What education regarding the local people is in place?

- How has our history positioned us to serve some people better than others?

- What should we pay attention to in the patient and staff surveys and who should be included in the equity walk-throughs?

- The EQUIP "May Your Landscape" tool can help in preparing a context profile.

STEP 2: DO EQUITY WALKTHROUGHS

In this activity you move through your organization and try to see things from an equity perspective and the perspective of someone who comes to your organization for care. You will be prompted to look at and reflect on things such as signage, waiting areas, washrooms, accessibility and how welcoming the setting is.

For further explanation, watch this video:
https://equiphealthcare.ca/resources/equity-walk-through/

What is an 'Equity Walkthrough'?

Staff **'walk through' to evaluate:**

- The physical and social spaces where they provide care or services to patients.

- The processes of care – how people are greeted, directed, treated

- Consider how the spaces and processes are welcoming, culturally and emotionally safe, and reduce harm for everyone

How to conduct an 'Equity Walkthrough'

1. Put yourself in the 'shoes' of people who come to your organization. This works best if you do it WITH people from the groups you are trying to serve.

2. Literally "walk through" your work space. Pay attention to things in this environment that might create feelings of discomfort, stigma or feeling unsafe. Ask partners to walk through with you and tell you how they experience each step of care.

3. Allow at least 2 hours for the first walk through – you may not get as far as you think you will!

4. The following sections give examples of the kinds of questions you should ask yourselves as you move through each area

BEFORE YOU START YOUR WALK THROUGHS…

Aim to do at least two walk-throughs, ensuring one includes people representing those who may face the greatest challenges in accessing care here

Considerations

- A walk through should be disruptive to 'usual' thinking and somewhat uncomfortable;

- Start with a small group, working group members first. You might want a non-staff member to accompany you – to 'tell' them about the setting.

- Next, walk though with people who come for care from identified consultation groups; consider TVIC, CS, HR

- Prepare for disruption. That is, you are looking for places and processes that require change

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Example:

In one ED, the group doing the walk through listened to how people were being triaged. Even though many of them were nurses who worked triage, they heard the interactions differently listening from the perspective of equity. They realized that the routine "what brought you to Emergency today" was said differently depending on circumstances (e.g. how busy the unit was). Sometimes it was said with compassion, sometimes abruptly or with rushed disinterest.

When the staff did a walk through with 2 representatives of a local group of people who use injection drugs, some staff felt quite defensive hearing the stories the representatives told about how they had been treated. However, the representatives were highly appreciative of the invitation to give feedback, and worked with the staff to link them to the group's outreach.

EQUITY WALKTHROUGH: Approaching and Entering the Setting

Think about visiting the setting(s) where you work. As you approach and enter, imagine it's your first visit:

- How easy is it to get here and to find? How much effort have you had to make to get here?

- How do you enter? Is it clear how you are supposed to enter?

- Is it accessible to people with varying mobility needs?

- What do you notice as you approach the building? Enter the building? What does this look and feel like?

- Who is present? Speaking? What do you observe about people?

- What do you notice about people's facial expressions, their posture? What stands out for you?

- Who is communicating with who? How are people communicating? What is their tone of voice?

- Are people making eye contact? And if so, who is making eye contact with whom?

Think about it:

- What is welcoming or unwelcoming as you enter?

- What tone do the signs and posters convey? Who do you imagine decides the signs and posters? What guides those decisions?

- Who would feel welcome or unwelcome here? Do you feel welcome here? Why or why not?

- What things or people in the space might deter people from engaging with who they encounter here?

EQUITY WALKTHROUGH: First Contact with your Organization

Now consider what first contact is like with a staff member:

- Is there a reception area? Where is it located? How do know where it is and how you are supposed to go there? If contact is made by phone, is the telephone system easy to use? How often is the line busy? Are there other physical barrier between you and the staff member (e.g. glass wall)?

- How are you greeted and by whom? Do you know the role of the staff member who greets you?

- What messages do staff convey? Consider usual facial expressions, tone of voice, body language, words.

- What makes you feel comfortable or uncomfortable in this first contact? Who would feel most comfortable? Are different people treated differently and if so in what way and by whom? Based on what?

- What questions are you asked and in what order? [Imagine the questions on your intake form if there is one]. What does it draw attention to? From what does it detract attention?

Think about it:

- When staff engage with peopling coming for care, do you think that they consider what is affecting people's health? For example, do you think that staff account for how hard it might be to even get to your department or call?

- How do staff engage with people who do not speak English as a first language? Does anything about their communication change?

- Do the staff take into consideration age or physical ability? For example, how do they speak with elderly people coming for care? Are people able to sit at reception or are they standing? Are they often put 'on hold'?

- How do staff engage with people who seem to have trouble focusing on questions being asked?

EQUITY WALKTHROUGH: Waiting Area

Waiting area (if applicable):

- If you had to describe the space to someone in two words, what would you say?

- What is the strongest feeling you have as you enter the waiting area?

- What does it look like? What is there for people to occupy waiting time?

- Are snacks, water and washrooms available and accessible? Are the waiting areas and washrooms clean?

- What kinds of chairs are available for people? Do they seem comfortable?

- What do you notice about the other patients waiting here? Do they seem comfortable to you? Are they talking to one another?

- Notice who is helping people in the waiting area. Who is talking to people coming for care? Who is helping if someone appears distressed or uncomfortable? Do some people seem uncomfortable? Why?

- What do you see that is relevant to people's privacy, their identity and/or their health issue(s)?

Think about it:

- Who would feel comfortable in this space? Who wouldn't? Why?

- How is privacy and confidentiality protected in this space?

- How do people know when they will be seen?

- How do people understand how decisions are made regarding who will be seen first? Is this based on order of arrival or some other priority rating?

EQUITY WALKTHROUGH: Examination/Treatment Rooms/Meeting Rooms

Examination/Treatment Rooms/Meeting Rooms

- What is the layout of this space? How would you describe the feel? Warm, cold, cozy, sterile?

- How do you get to these rooms? Who goes with you? Who is allowed to be with you?

- Is a staff person always in the room? If so, what role is the staff person?

- What do you notice about when and how staff talk with people coming for care? How does the encounter begin? End?

- What happens prior to and during any interactions between people coming for care and staff? What are staff doing and saying? What actions do staff take to ensure privacy and comfort?

- Would you feel comfortable in this space? What might make you feel uncomfortable or unsafe?

- How do interactions end? Do the staff check in with people coming for care? Do they provide opportunity for questions?

Think about it

- Are the spaces set-up to best serve people coming for care or staff?

- Who would feel respected in this space? Who would not? Why?

- What small thing could be changed to make the spaces more welcoming?

EQUITY WALKTHROUGH: Other Considerations

Bathrooms:

- Are they available, accessible, well-signed and cleaned/provisioned regularly?

- Is a key needed?

- Is there a safe space to dispose of sharps?

- Is there a non-gendered bathroom?

- A baby-changing/nursing area?

Forms and documentation:

- What language/terminology is used to describe people coming for care?

- What does it draw attention to? What does it overlook?

- How does the form position you in relation to people coming for care? How does it shape your perspective of power/authority?

- What do the forms guide you to say? Whose interests/concerns are prioritized?

- What does the form tell you about the health care system?

- Is the form available in multiple languages?

Charting:

- Where does it happen? Is it designed to protect privacy?

- Can people coming for care see what is being written about them?

STEP 3: COMPLETE YOUR SWOT ANALYSIS

A SWOT Analysis is a simple technique to make sense of all the information you have gathered.

Strengths are assets internal to the department (e.g. people, funding, policies)
Weaknesses are internal characteristics that make equity-oriented care difficult
Opportunities are external initiatives, people or organizations or events for promoting equity
Threats are external factors that inhibit equity
https://www.managementstudyguide.com/swot-analysis.htm
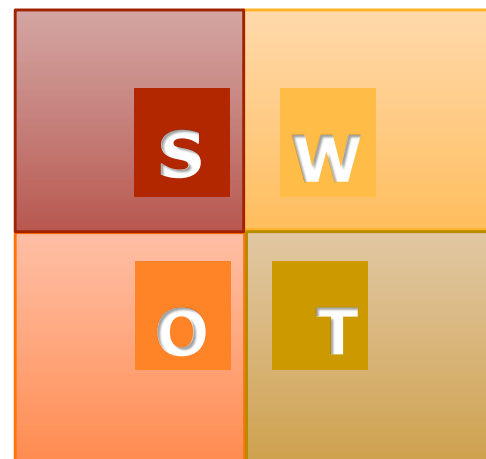
First brainstorm ALL of the strengths of your team you can think of. You will build on these.

Next, work your way through the Weaknesses, Opportunities and Threats, using the questions that follow as guides.

As you go, identify goals for improving equity-oriented care.

EQUITY-ORIENTED SWOT ANALYSIS

S	**Strengths (internal)**
	•Advantages
	•Experience, knowledge
	•Unique caracteristics
	•Resources
	•Geographical advantage, location
	•Competence, capabilities
	•Quality, reputation

W	**Weaknesses (internal)**
	•Disadvantages
	•Gap in experience, knowledge
	•Financial aspects
	•Reliability and trust
	•Loss of key staff
	•Geographical factors

O	**Opportunities (external)**
	•Strategic alliances, partnerships
	•Initiatives aligned with equity goals
	•Innovation and technology development

T	**Threats (external)**
	•Loss af alliances and partners
	•Competition for resources
	•Competiton for attention of staff

EQUITY-ORIENTED SWOT ANALYSIS: EXAMPLE QUESTIONS

Strengths
- Does your organization have an explicit commitment to equity?
- Do staff patient ratios support optimal care?
- Are there processes to link patients with shelter, food, clothing?

Weaknesses
- Do staff have flexibility to spend more time with people based on need?
- Are patients frequently frustrated?
- Do staff bear the brunt of patient frustration?
- Do the spaces available make privacy difficult? Safety?

Opportunities
- Training available about how to counter discrimination
- Harm reduction beyond 'supplies' (e.g. do people have safe spaces to use?)
- Training on TVIC and 'empathy based' de-escalation
- Broader health authority commitment to Indigenous initiatives

Threats
- Is care measured in ways that counter equity (e.g. pressure to discharge prematurely)
- Are their other key priorities in the health authority?
- Is the city facing political challenges related to homelessness or drug use?

S W O T

- Think about both internal and external Opportunities and Threats.
- What external stakeholder are need to ensure success?
- (How) does the Health Authority support equity? Harm reduction? Cultural Safety? Indigenous Health? TVIC, etc?
- (How) does government support?

SWOT ANALYSIS:
Strengths

Current strengths

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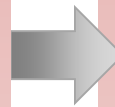
Goals and project plan: strengths

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SWOT ANALYSIS:
Weaknesses

Current weaknesses

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Goals and project plan: weaknesses

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SWOT ANALYSIS:
Strengths

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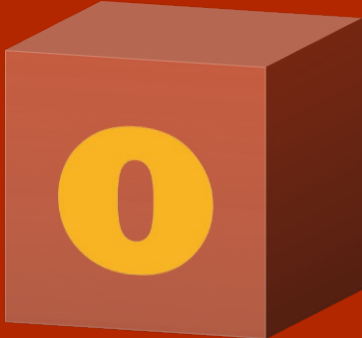
Current opportunities

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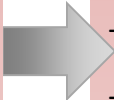
Goals and project plan: opportunities

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SWOT ANALYSIS:
Strengths
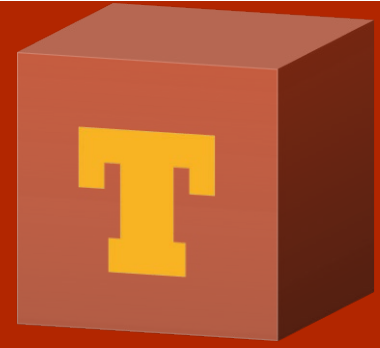
Current threats

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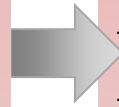
Goals and project plan: threats

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CHAPTER 4: DESIGN YOUR STRATEGIES

At this stage you will use information from the previous chapters to come up with one or more strategies to implement in your work. We suggest implementing and monitoring over the next 6 months from your start date.

■ Create a plan for implementing your strategies and meeting your goals.

CHAPTER 4 KEY ELEMENTS	
STEP 1	Prioritize goals and scope
STEP 2	Identify: • Resources needed (time, money, staff, other) • Timeline to meet goals
STEP 3	Create an action plan

FOR INSPIRATION…

WHAT STRATEGIES HAVE OTHER ORGANIZATIONS IMPLEMENTED?

In the EQUIP Primary Care study (2012-2016), 4 clinics took part in a similar change process. They worked with their own data and activities to identify areas they thought they could improve. Here are some of the strategies they came up with:

Staff at one clinic identified...

Tensions and patients feeling unsafe in the waiting room

Staff decided to

- Hire an Indigenous elder to be present in the waiting room
- Create an additional waiting area for families with children

Staff at one clinic identified...

Challenges in providing safe, welcoming care to patients who use substances

Staff decided to

- Bring in an expert facilitator to lead staff workshops about harm reduction
- Develop a harm reduction policy

Staff at one clinic identified...

Their policy of having patients line up outside to register for appointments was contributing to stigma

Staff decided to

- Open the clinic doors 30 minutes early to allow patients to wait inside
- Create a new system to register patients based on the time they arrived to wait

Staff at one clinic identified...

Feeling overwhelmed by patients' stories of trauma and complexity

Staff decided to

- Address provider wellness by implementing a comprehensive vicarious trauma strategy
- Revise hiring practices

CIHR IRSC

STEP 1: PRIORITIZE GOALS AND SCOPE

What problem are we setting out to solve? For whom are we trying to solve this problem?	
What do we think is causing or contributing to the problem? What do we hope to achieve? If we were successful, what would our indicators of success be, look like, etc.	
Which of the factors contributing to the problem will we take action on?	
Who needs to be involved in the change? Who are the most critical people, groups that need to be involved to ensure success? How will we engage them?	
What is needed to sustain this?	
How will we know when we have met our goals?	

STEP 2: IDENTIFY THE RESOURCES YOU WILL NEED

What will you need to achieve your goals? What will others (e.g. other staff in your department) need?

Do you need:
- More information?
    - E.g. education – for your working group or for other staff who will be engaged in the strategy
- Time together or with others?
    - E.g. meetings, workshops
    - Engagement and collaboration with leadership (e.g. to change a policy)?
    - Facilitation for meetings (to track ideas and actions)?
- Materials, supplies, or equipment?
- **What changes or additional skills will need to be in place to ensure success?**

INFORMATION NEEDS	TIME NEEDS	MATERIAL NEEDS

STEP 2: IDENTIFY THE TIMELINE TO MEET YOUR GOALS

■ As the Working Group begins the activities, think about who needs to be involved to sustain the work and your specific goals.

■ Use the table below to map out what you hope will happen during and after the 6 months.

■ <u>List 4-5 milestones that will be needed achieve your goal</u>

Milestone	WHEN?	WHO?	WHAT WILL BE ACHIEVED?

DEVELOP YOUR ACTION PLAN

Step 1:
Months ___

Resources:

Who will take action?

What will they do?

Result:

Step 2:
Months ___

Resources:

Who will take action?

What will they do?

Result:

What information will you use to see if change is happening?

Step 3:
Months ___

Resources:

Who will take action?

What will they do?

Result:

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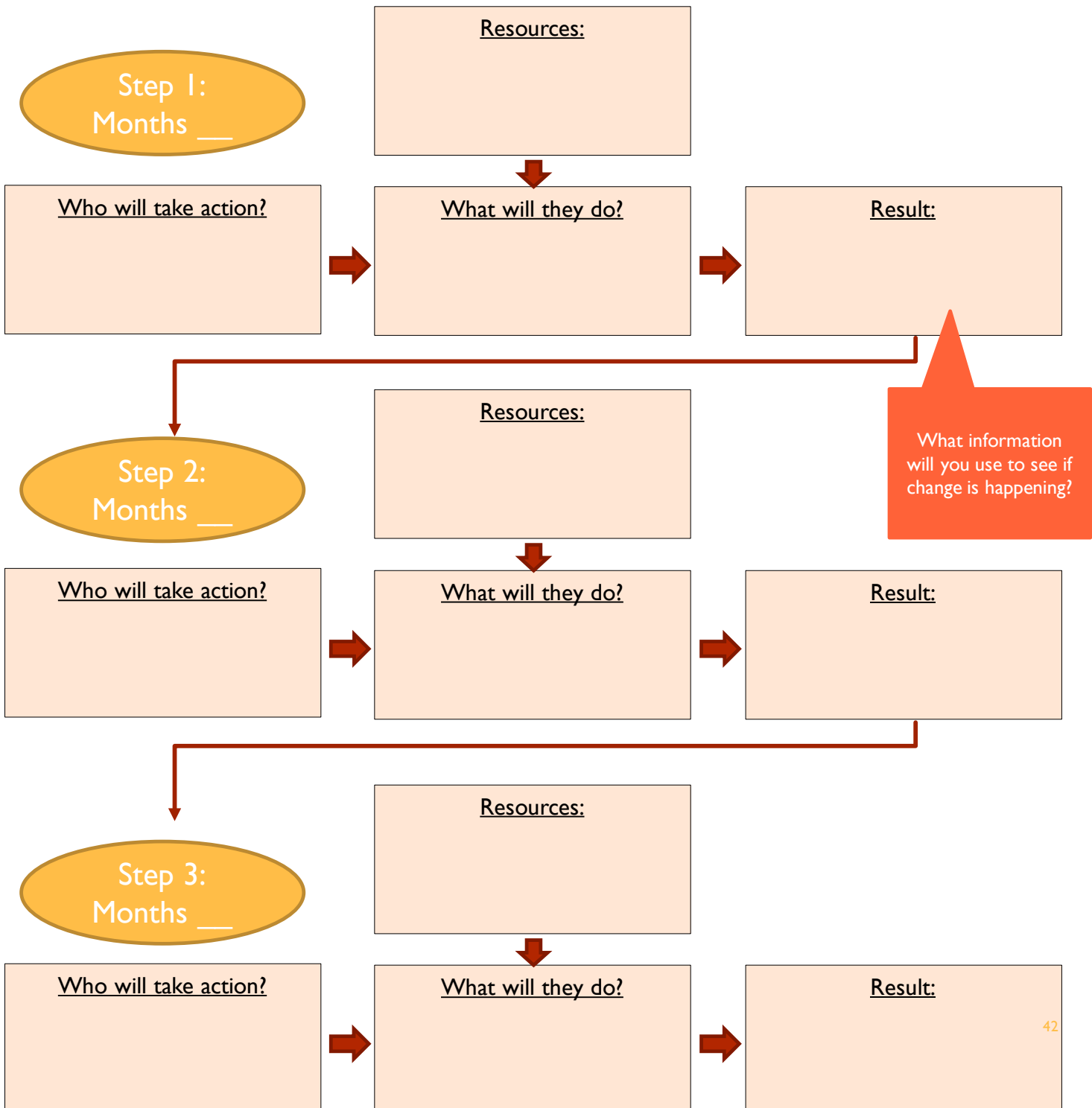
DEVELOP YOUR ACTION PLAN, CONT.

**Step 4:
Months ___**

Resources:

You may not need to break your strategies down into 6 steps. Use as many steps as you need to get to your ultimate goals!

Who will take action?	What will they do?	Result:

**Step 5:
Months ___**

Resources:

Who will take action?	What will they do?	Result:

**Step 6:
Months ___**

Resources:

Who will take action?	What will they do?	Result:

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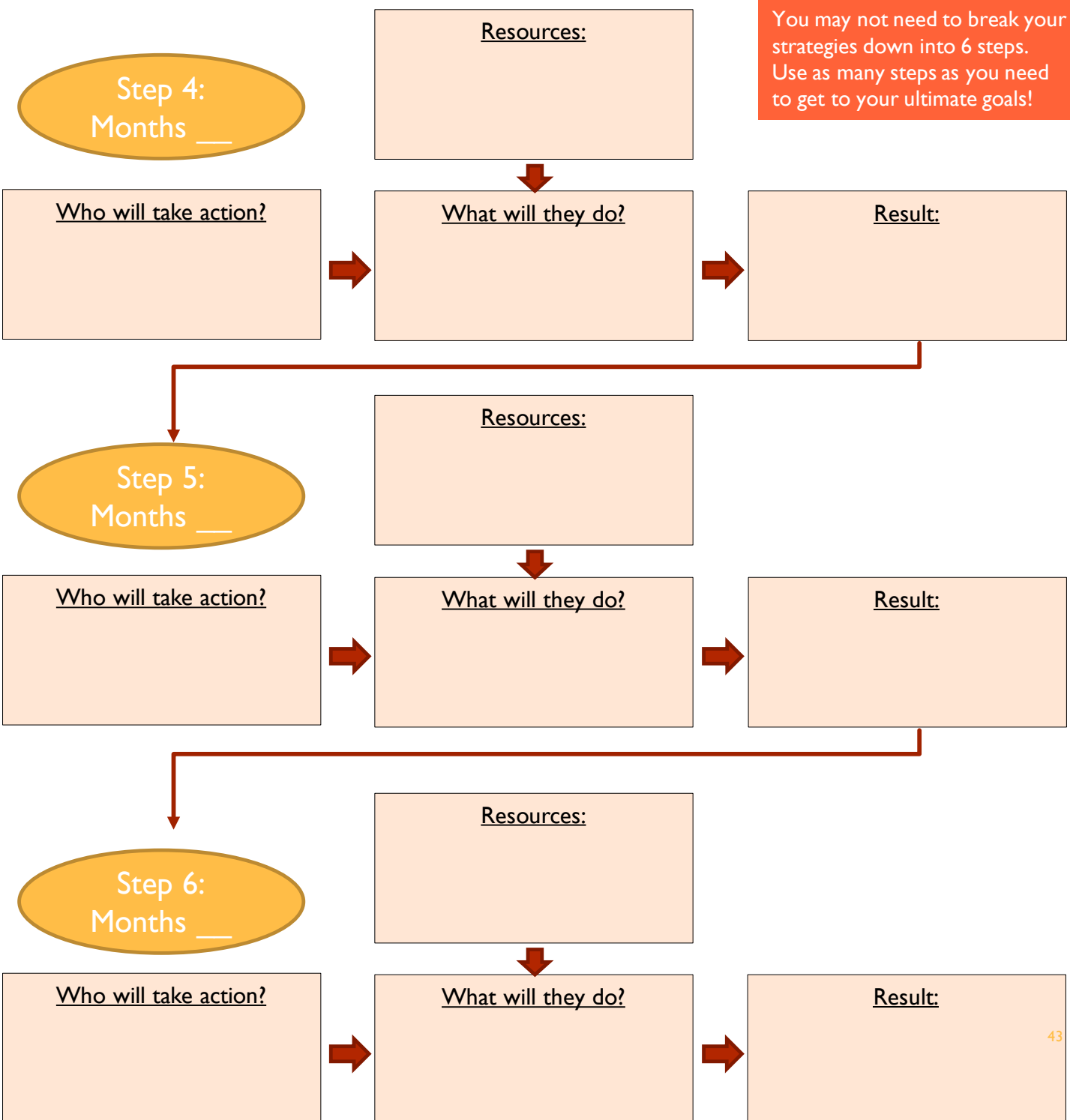
DEVELOP YOUR BUDGET

If you department is providing you with a budget to launch your strategies, you can estimate how you will spend your budget based on the identified resources.

WHEN?	ITEM + Rationale for why this is needed	AMOUNT

If you will need additional resources, either now or to sustain your strategies over time, where will they come from?

WHEN?	ITEM	SOURCE

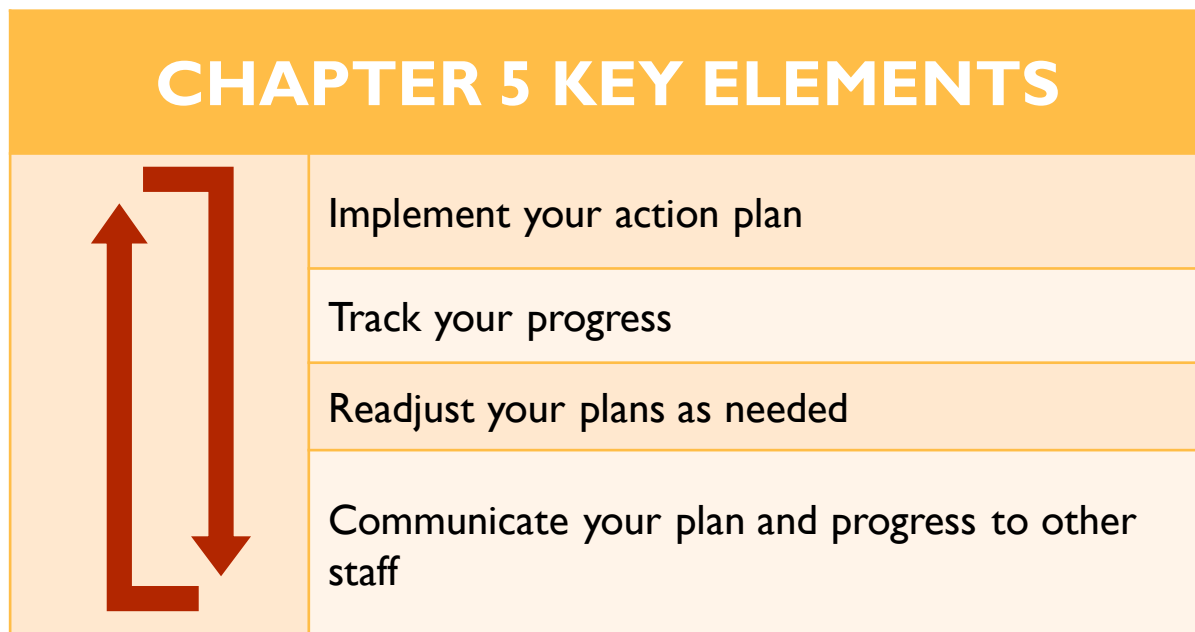# CHAPTER 5: TAKE ACTION AND MONITOR PROGRESS

In this stage you will carry out your action plan and track your progress to see if your plan is working. You will continue to engage with department leadership, people coming for care and other staff to help put your plan into action and to see if it is working for others. You will also develop plans to have your peers evaluate your strategies and sustain the changes after the 6 months are up.
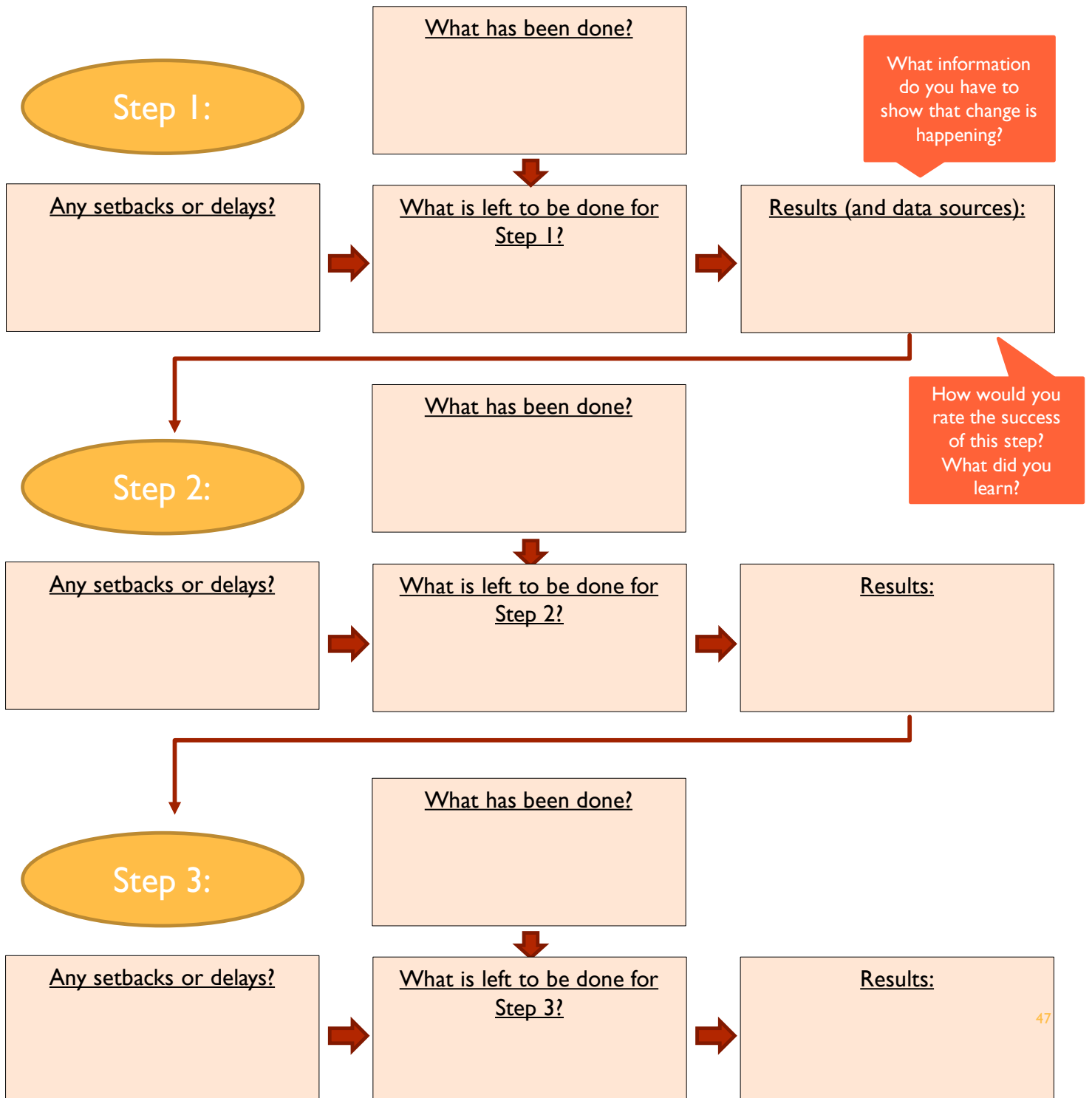
The key pieces in this stage do not necessarily happen one after another. It is a cyclical process where you will continue to implement, adjust, update, and report back.

CHAPTER 5 KEY ELEMENTS
Implement your action plan
Track your progress
Readjust your plans as needed
Communicate your plan and progress to other staff

PUTTING YOUR PLAN INTO ACTION

- In this stage you will work with the plans you developed in Chapter 4 and the insights you gained from your assessments in Chapter 3.

- As you go, you will learn new things about what is working and what isn't. Prepare to adjust your action plan, budget, and engagement strategies throughout this step.

- You will figure out the best ways to share updates or address concerns from staff, leaders, or people coming for care.

- You will monitor and record progress towards your stated goals – with the intention of capturing outcomes that can be included in a project report after 6 months of intervention activities

- You will plan and complete peer evaluation to see how the strategies are working for others in your department. You will also plan a team evaluation to think about how effective your Working Group has been.

UPDATE YOUR ACTION PLAN

Step 1:

What has been done?

Any setbacks or delays?

What is left to be done for Step 1?

Results (and data sources):

What information do you have to show that change is happening?

How would you rate the success of this step? What did you learn?

Step 2:

What has been done?

Any setbacks or delays?

What is left to be done for Step 2?

Results:

Step 3:

What has been done?

Any setbacks or delays?

What is left to be done for Step 3?

Results:

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UPDATE YOUR ACTION PLAN, CONT.

Step 4:

What has been done?

Any setbacks or delays?

What is left to be done for Step 4?

Results:

Step 5:

What has been done?

Any setbacks or delays?

What is left to be done for Step 5?

Results:

Step 6:

What has been done?

Any setbacks or delays?

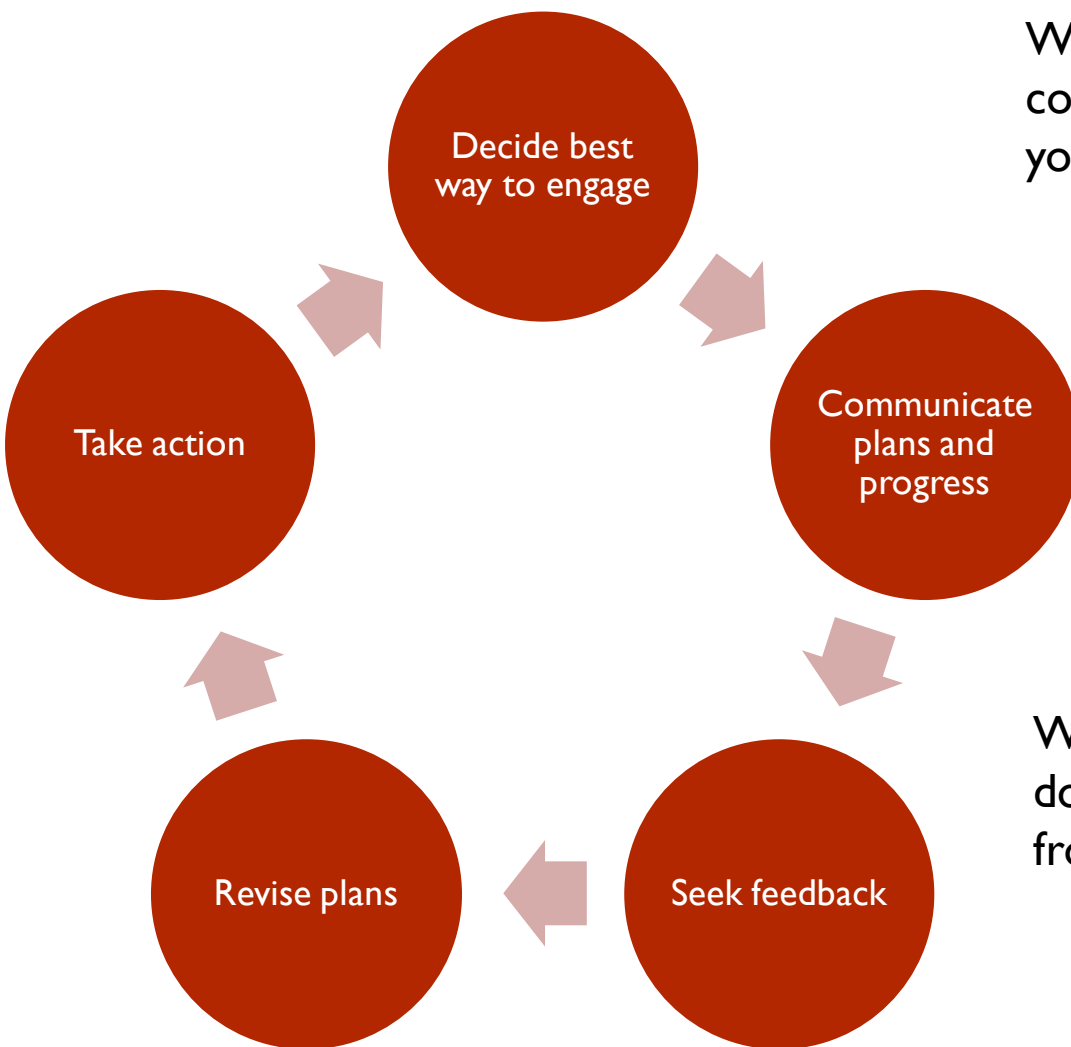What is left to be done for Step 6?

Results:

48

UPDATE YOUR BUDGET AND RESOURCES

As you work through your plans, you will likely identify additional needs, steps or processes that you will need to achieve your goals. In this space you can document some of the decisions you have made around new needs and changing plans.

DATE	NEW RESOURCES REQUIRED – AND WHY	WHERE WILL THESE RESOURCES COME FROM?

ENGAGE WITH YOUR CO-WORKERS

You will probably want the impacts of your strategies to last longer than 6 months. That means that leadership and other staff you work with will need to get on board and integrate the strategies into their own practices and procedures over the long term. Front Line Ownership says that just as you have developed these strategies yourself, others working at the point of care will need to be directly involved if they are expected to own the changes and make them happen. You can expect to engage with them in a kind of cycle:

Decide best way to engage

Communicate plans and progress

Seek feedback

Revise plans

Take action

What are the 3 key consistent messages that you plan to communicate?

_____
_____
_____

What people or groups do you need feedback from?

_____
_____
_____

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ENGAGE WITH YOUR CO-WORKERS

Use the table below to track your engagement with other staff in your team or organization, with leadership, and with other groups or individuals. How did you engage or communicate with them? What was the outcome?

DATE	WHO? (e.g. leadership, other staff, patient group, expert stakeholder)	FORMAT (meeting, email, flyer, poster, huddle)	OUTCOME (What feedback was received? What will you do with it?)

PEER EVALUATION

Plan peer evaluation
- Who will assess your strategies' success?
- How will you get their feedback?
- What questions will you ask?

Conduct peer evaluation
- Develop tools (survey, focus group questions, etc., data needed from other sources)
- Collect your data!

Summarize findings
- What did peers like about the strategy?
- What did not work?
- What can we do now?

EQUIP has evaluation and discussion tools that can be used to support your evaluation work.