



RNAO’s Patient and Public Engagement initiative: An authentic journey of co-creation

THIS FALL, I WAS THRILLED TO BE PART of the launch of RNAO’s [Patient and Public Engagement \(PPE\) initiative](#). This groundbreaking launch was the first formal step in a large-scale initiative co-led by RNAO and members of the public who represent diverse perspectives. Their insights will inform our work and help us move further and faster to deliver policy recommendations and best practice guidelines that advance

news to her husband first. There were also discussions about pragmatic and simple things we can do to enhance care, such as a second chair in hospital rooms, and in every other setting for that matter, so a family member or friend visiting a patient can sit. We also heard the painful experiences of persons with disabilities, and individuals who do not have a home address, who feel discriminated against by

knowledge as professionals and as patients make them uniquely equipped to guide the work of our new council.

The insight that we gather through this PPE initiative will not only inform clinical practice. It will also influence the creation of a framework to formalize a systematic approach and process by which RNAO will capture the perspectives of the public in all we do. This framework will

progressive RNAO, both for nurses and the public we serve. And together, we will advance meaningful change for all.

How do I know this?

I know this because this work will be co-created by people from all walks of life alongside RNs and NPs from different sectors, practice areas and roles. Members of the public and nurses will bring different perspectives to the discussions, just as those with lived experience as patients will see the system through a different lens. The collaboration and the diversity of collaborators is what I find so exciting about this initiative.

In fact, the way I see it, the possibilities are endless, and I can’t wait to see them emerge.

The results of this work will represent an important journey for RNAO that will make our work even more values driven, evidence based and courageous than it already is. This journey will be more authentic than any journey we’ve taken before.

I will keep you fully informed. Meanwhile, I invite you to send me an email with your thoughts on this unique opportunity to help us engage the public, including patients, in shaping the future of health and health care in Ontario (dgrinspun@RNAO.ca). **RN**

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robust evidence while also incorporating the public’s perspective right from the get-go.

Participants at our October meeting shared their lived experiences with homelessness, disability, violence, cancer and more. The meeting included constructive discussion on everything from terminology (do we use the term patient or person?) to specific strategies for health and health-care services that reflect the voices of patients, families and members of the public.

We heard from people who are struggling, and learned how to best help individuals from all walks of life to advance their health. One participant talked about being diagnosed with a brain tumour, but instead of hearing that diagnosis directly, the health-care provider broke the

health professionals.

As your CEO, I’ve been dreaming about a formalized patient and public engagement strategy for RNAO. But we all know it takes special people to make these kinds of dreams a reality. RNAO’s associate director of best practice guideline (BPG) development, Michelle Rey, and IABPG project co-ordinators Jennifer Callaghan and Glynis Gittens are the backbone of this project. I am so proud of this team, which is getting us off the ground alongside our awesome PPE co-chairs, Sholom Glouberman, an associate scientist at Baycrest in Toronto, and Janet Roberts, senior director at RES Consulting. Both of these health professionals have also had profound first-hand experience with the health-care system as patients. Their combined

establish and define key concepts and principles, and identify areas where non-health professionals can actively contribute to shaping RNAO’s future policy, BPG and communications work.

The notion of involving members of the public, patients and families in the way they receive care is not new for RNAO. We’ve included people with lived experience on panels for a number of our BPGs. And, from time to time, we have engaged members of the public in our policy work. That was the case when we released our [Enhancing Community Care for Ontarians \(ECCO\)](#) report. The PPE work, however, will lead us to consistently engage the diverse voices and perspectives of the public in health and illness.

I know this work will lead to an even more vibrant and

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