Inspiring Social Movement Change in Palliative Care: Case Study of Co-Creation with First Nations Communities

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November 17 McMaster University, Hamilton, Ontario, Canada



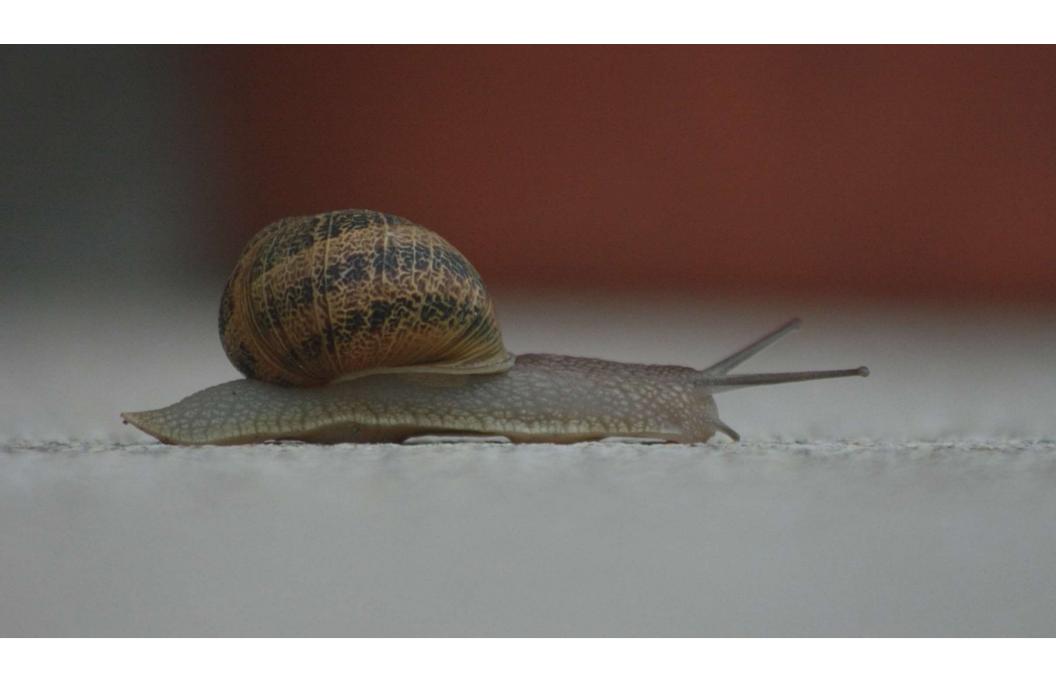






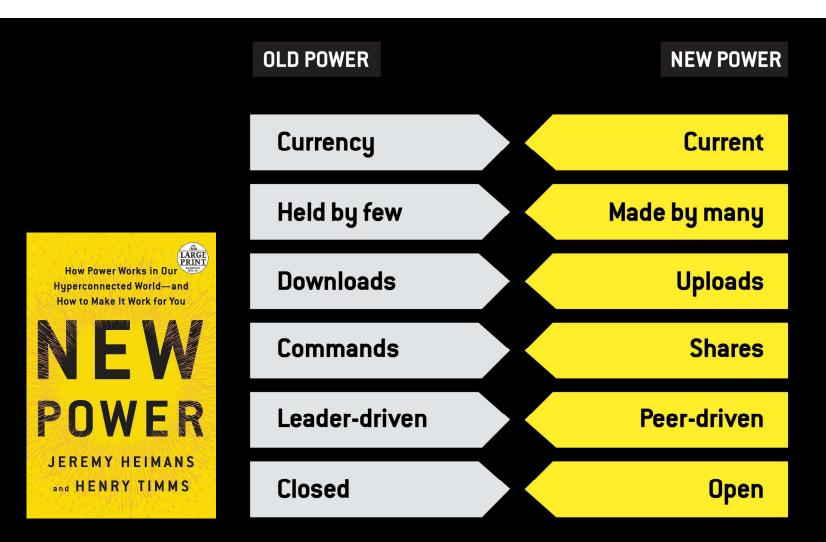
Structure: Health Policy Regulation Accreditation Performance goals Compliance Competition Programme Management Restructuring Incentive systems

Structure



For those trying to make change in a complex system... Q: What is the secret to scaling and spreading?

Q: What is the secret to scaling and spreading?... A: Work in new power ways (aka social movement)

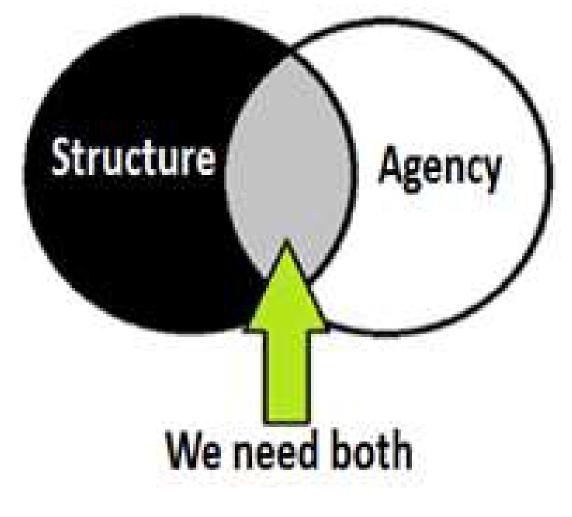


The future belongs to those who can work in "new power" ways



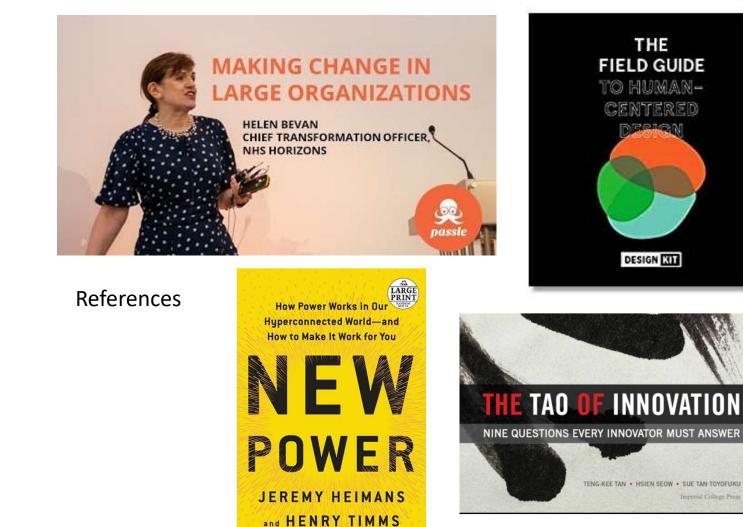
New power





Agency:

Activation Ability to make choices Capability Empowerment Quality Improvement* Leaders everywhere Social action Social movements



The Waiting Room Revolution

Dr. Hsien Seow & Dr. Samantha Winemaker © Seow and Winemaker. 2021. All rights reserved.

6 secrets to scale and spread





Build your community

- 1. Language matters
- 2. Find the superconnectors
- 3. Get investment not buy-in

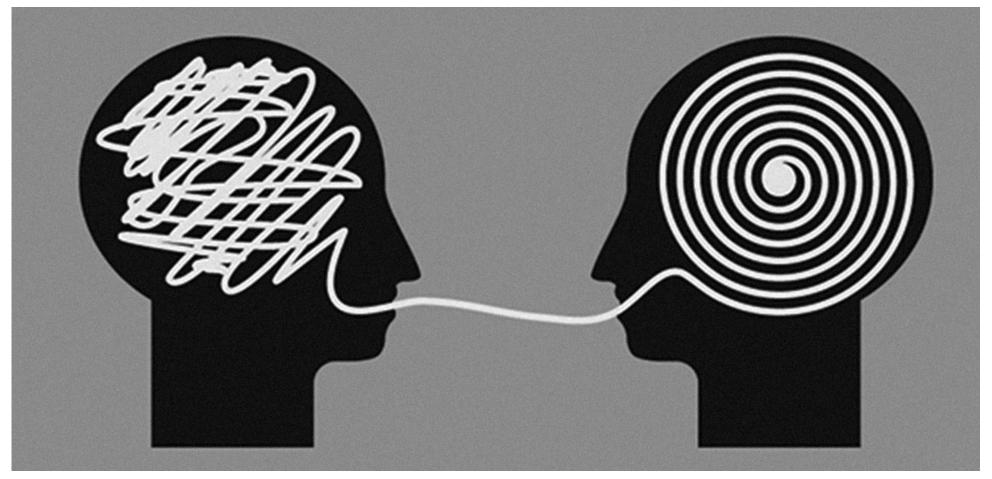
Make ideas spread

- 4. A.C.E.
- 5. Cede Power
- 6. Rapid prototyping 30-60-90

Building your community



Secret # 1: Understand the importance of language: labels, framing, narrative



I have a dream for patients and families to... ...get more access to palliative care and earlier

I have a dream for patients and families... ...to have a better experience when facing serious illness.

"There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they are falling in."

-- Archbishop Desmond Tutu



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The Waiting Room REVOLUTION

is a movement designed for patients and families to transform the illness experience.



Join us!	First Name	Last Name	Email	Submit	
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Naming the movement

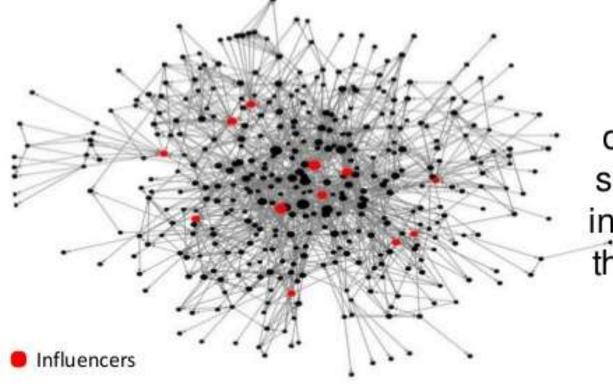
www.waitingroomrevolution.com

Waiting Room Revolution

7 keys to be prepared and hopeful when facing serious illness



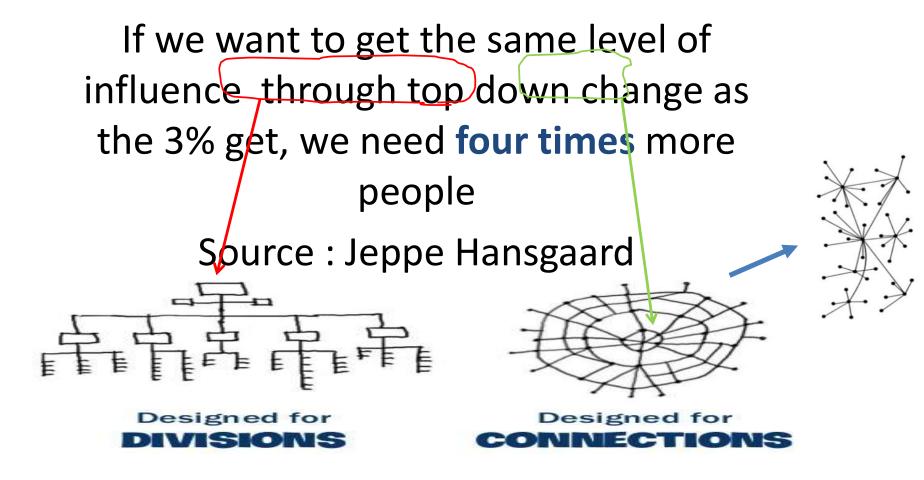
Secret #2. Find the 3% "super-connectors"!



Just 3% of people in the organisation or system typically influence 85% of the other people

Source: Organisational Network Analysis by Innovisor

As senior leaders, we are less influential than we think





Find the 3%: meet Mandy Carney, Head of **Patient Flow at Yeovil Hospital**

- "Knows everyone in the hospital"
- "Everyone follows Mandy on Facebook"
- The go-to person for advice
- Mandy makes sense of things and reduces ambiguity for people
- Mandy presents her own monthly award "the Carney cup"











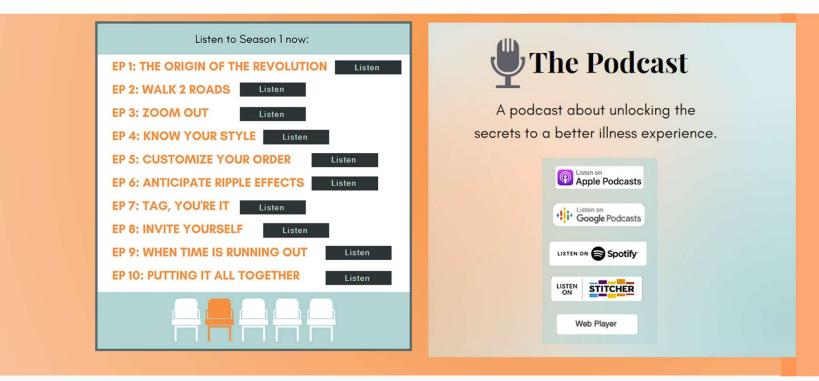
Charlotte Gregory tol. United Kinado





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Podcast: Season 1

We started the podcast to get the message out quickly.

We focused on the 7 Keys in Season 1. We were blown away by the enthusiastic response from listeners.

Fantastic!

1y ago famdockerr

Thank you Sammy and Hsien for a fantastic look at this difficult topic. This will prove a great resource for patients... but I think it should be mandatory listening for all healthcare practitioners involved in caring for people with chronic illnesses. Thanks for simplifying this topic and making it accessible. I will definitely be recommending this to colleagues and patients alike.

Excellent. Practical and useful lesso... 1y ago ***** Jack477418414147148414

I binged the first season of this in a week. It was so practical and easy to listen to despite the challenging subject matter. I

This podcast is essential listening for anyone living with a serious illness and their family members. Sammy and Hsien's message is that if you are brave enought to seek- even demand- information, you can take some control back in a situation where you might feel completely out of contol. So much wisdom here.

A must listen!

1y ago CarlyBrie

KaytheRay

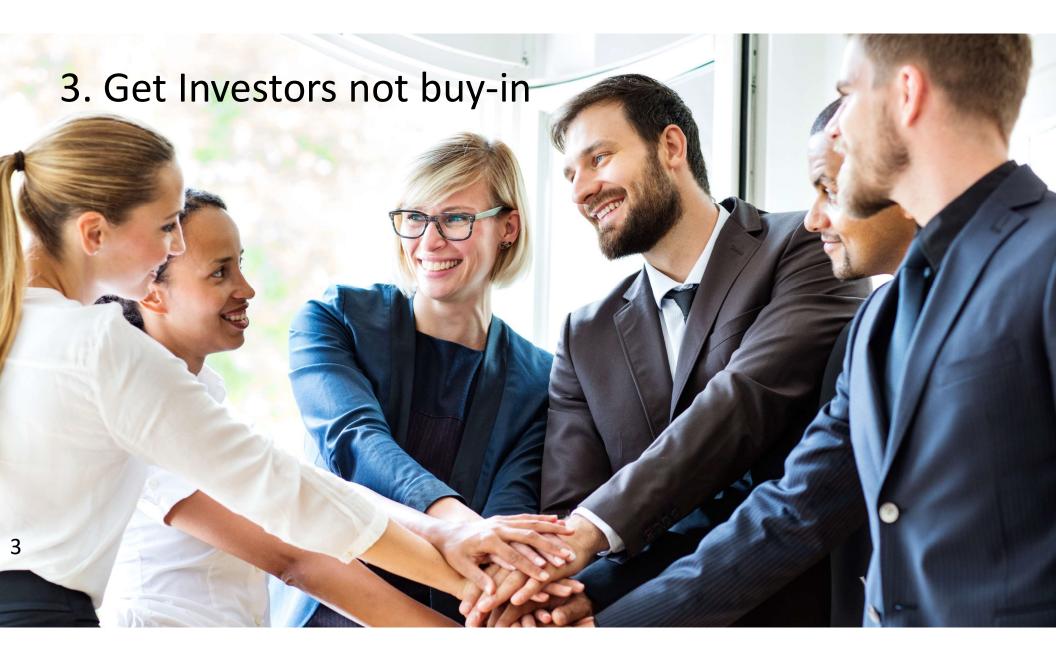
This podcast is a must listen for med students, family doctors and anyone involved in end of life and life limiting illness care! It totally changed my perspective and approach to patients with life limiting illnesses & I think it's also an amazing resource for patients as well!

The Podcast: S7 out now

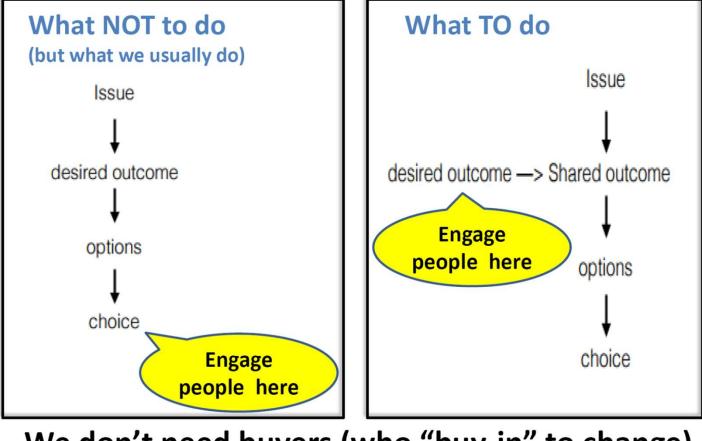
- Co-hosts of The Waiting Room Revolution podcast focused on how a better patient family experience.
- >90 000 downloads
- Rated top 1.5% of global podcasts by ListenNotes.com
- Listened to in 82 countries
- 5 star ratings on Apple Podcast

"What a resource for those in need.. to know that there can be control, hope and bittersweet joy in the journey, both for patients and their families." Apple Podcast Listener









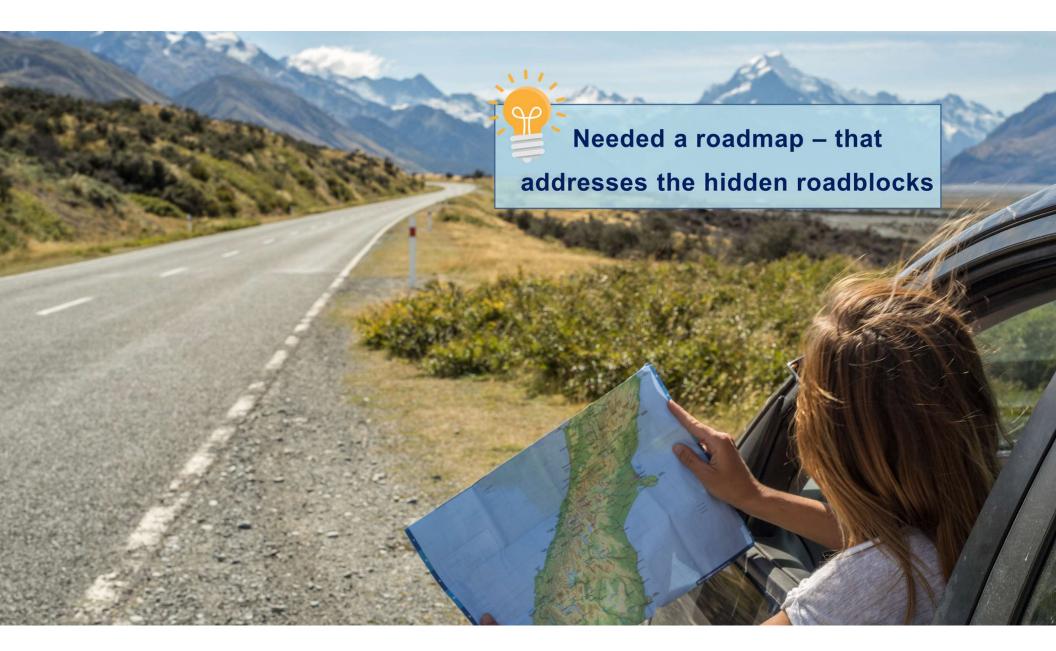
We don't need buyers (who "buy-in" to change) We need investors



Lessons Learned



Metaphors	Debate about using the p-word or the d-word; ultimately we didn't shy away from it, but let the patient-family guide us with their comfort level.		
Language matters	Language, which was easy and sticky, allowed us to make alliances and partnerships easily.		
Provider Reaction	Health care provider reaction has been extremely positive; There is an pent up desire to broach this topic not just among palliative care providers.		
Upstream & Hopeful	Ultimately, these helped remove some of the stigma about palliative care being negative and depressing to positive, upstream, and hopeful.		
Sharing Power	The movement helped to break down the power differential between patients-families and providers. It helped activate them and their voice		



Making ideas spread

Secret #4. ACE principle for spreading change in the new era



ACTIONABLE: The idea is designed to make you do something. It might start with sharing but it's a call to action

CONNECTED: The idea promotes a closer connection with people you care about or share values with. It makes you feel part of a community and the network effect creates further spread

EXTENSIBLE: The idea can be easily customised, remixed, reshaped by people taking part. It's structured with a common stem that encourages communities to alter and extend it

Jeremy Heimens, Henry Timms <u>New Power: How it's</u> changing the 21st Century and why you need to know (2018)

Waiting Room Revolution

7 keys to be prepared and hopeful when facing serious illness



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Have you listened yet? 🞧 Check out our new episode with eCEDoughertyMSW, available on all podcast players now! **1** https://t.co/5qLQH1Wzcy

"In any role, I think about how we might be able to just hold that silence or that space a little bit longer." -. https://t.co/V66LOg2U8F

Today is Green Shirt Day in Canada and regist...

New #waitingroomrev ! We chat with social worker eCEDoughertyMSW about the role of social work in #palliativecare,... https://t.co/9hyt2YGvjf

RT eCarersCanada: On #NationalCaregiverDay, listen to the Prime Minister of Canada, Hon eJustinTrudeau's, remarks on the valuable contribut...

in honour of the Logan Boulet Effect to support organ donor awareness https://t.co/NQupaPUted

RT eCarersCanada: Learn how to support working caregivers here: https://t.co/fpeybCJ8Vx

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Social Media &

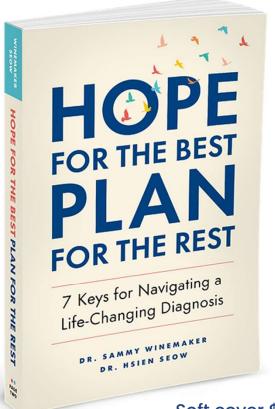
Presentations

Check out our very own Dr. Sammy on TikTok! edr.sammywinemaker 5 e LTC Chronick trainfratest trains The LTC UNG CANCER Chronicles VOICES The LTC Chronicles Podcast - Dr. Hsien Seaw, PhD & Dr. Samantha Winemaker - Talk On Palliative Care Ep 36- Lung Cancer Voices Podcas x 🖣 🕨 🕨 😅 ≫ ◀◀ 🕨 🛱

Winemaker; @WaitingRoomRev **(C)**@dr.sammywinemaker **O** asammy.winemaker

Media, Presentations, Other podcasts

Videos



"Kind, clear, and system-changing: a clarion call for a patient-led revolution in health care." KATHRYN MANNIX, MD, Sunday Times-bestselling author of With the End in Mind

"A lightning bolt of hope! A palliative care tour de force and essential reading for all who feel overwhelmed and alone in the health care system." THERESA BROWN, RN, New York Times-bestselling author of Healing

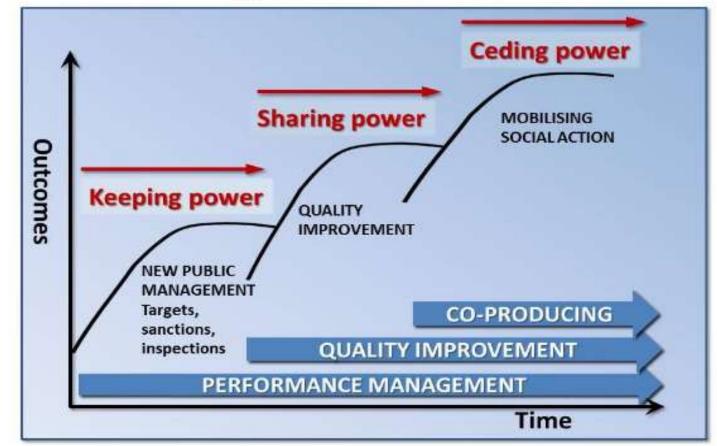
"Succinct, practical tips for getting the best care and living well through the course of your illness." IRA BYOCK, MD, bestselling author of *The Four Things That Matter Most*

5

Soft cover \$24.95

Also available in ebook & audiobook

Secret #5. Getting to the Third Curve



Source: Jason Leitch and Derek Feeley

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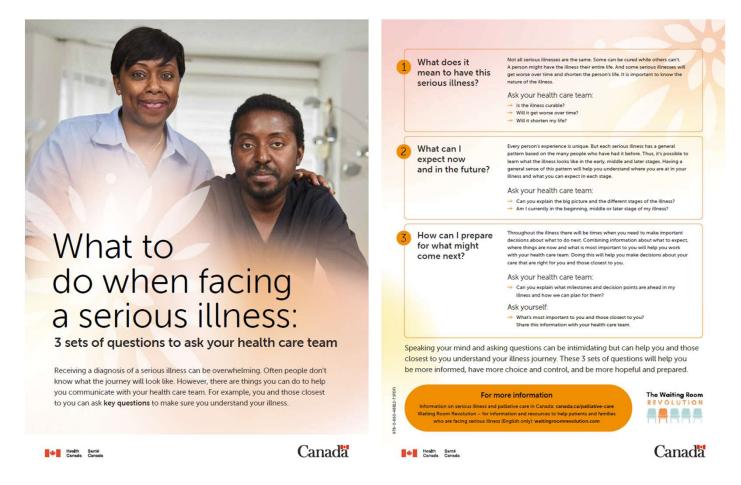
WHAT DO PEOPLE WITH SERIOUS ILLNESS NEED?

How do we support our people to change a harmful experience of serious illness to a

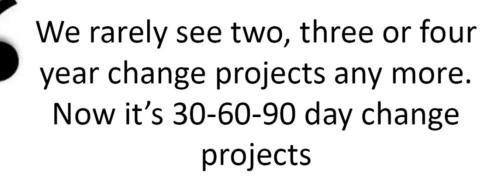
healing experience, that is grounded in sovereignty, dignity and self-determination?

Harmful experience Changi		the experience	Healing experience	
REACTIVE	Re	The ability to swim the river – hoping for the best and being prepared for the different currents - outcomes that may require you to adjust your swimming style. Realise that if you are still swimming, you have hope and this hope changes throughout the illness journey, but it never needs to be lost.	HOPEFUL	
			• • • • • • • • • • • • • • • • • • • •	
UNAWARE		Understand the typical pattern or storyline of your illness. Knowing what to expect about how the illness will affect your life as things progress.	INFORMED	
	•••••		• • • • • • • • • • • • • • • • • • • •	
UNSURE	Too S	Know your usual strategies for coping and facing challenges in life, so that you can better understand how you will cope with this challenge.	CONFIDENT	
******			***********	
GENERIC NON-INDIGENOUS	-0	Be aware that you don't have to accept the care and treatment options that are offered as standard care. You can customise a holistic plan that meets your own	CULTURALLY SAF	
APPROACH		needs, beliefs and preferences.	AND RESPECTE	
			• • • • • • • • • • • • • • • • • • • •	
		Expect that your illness will have ripple effects on your family and community.		
OVERWHELMED	<u>رف</u>	Ensure that your family, carers and community are supported so that you and your support system stay strong.	SUPPORTED	
••••••			•••••	
FRUSTRATED	p	Start conversations with healthcare staff about what to expect, rather than waiting for them to tell you.		
AND SCARED		You have a right to know about anything that involves you.	PREPARED	

Adapted from: Seow H & Winemaker S (2021) The Waiting Room Revolution: Unlocking the keys to a better illness experience, https://www.waitingroomrevolution.com/season-1-one-pager Used with permission.



https://www.canada.ca/en/health-canada/services/healthservices-benefits/palliative-care/awareness-tools.html Secret #6. 30-60-90 day cycles; rapid prototyping; collective action



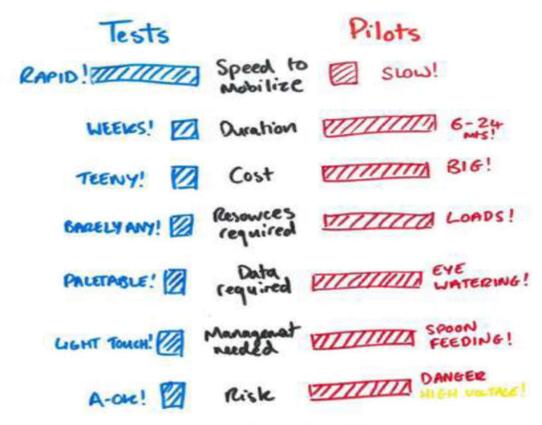
Kinthi Sturtevant, IBM

<u>13th annual Change Management</u> <u>Conference</u> June 2015



🤝 @HelenBevan #womenlead

Pilots are being replaced by rapid tests and prototypes



Source: Bromford P (2015), "<u>What's the difference between a test and a pilot?</u>" **@HelenBevan #womenlead**

Post



L I I KERI

Cancer Canuck (Jason Manug... ♀ · 23h ···· Congrats to @SammyWinemaker and @HSeowPhD on the release of Hope for the Best, Plan for the Rest!

I'm a few chapters in and can already tell this is a must-read for folks unsure how to navigate their illness.

An empowering read.

#ColonCancer #StageIV #PalliativeCare



I also had a good face-to-face with my medical oncologist, talking about return to work and zooming out on my situation to look at the big picture.

Leaving today's appointments with a much better handle on what's likely to happen next, where I am in my life with cancer, and a plan for pain management.

#palliativecare #advancecareplanning
#cancer #coloncancer #StageIV #mCRC





6 secrets to scale and spread





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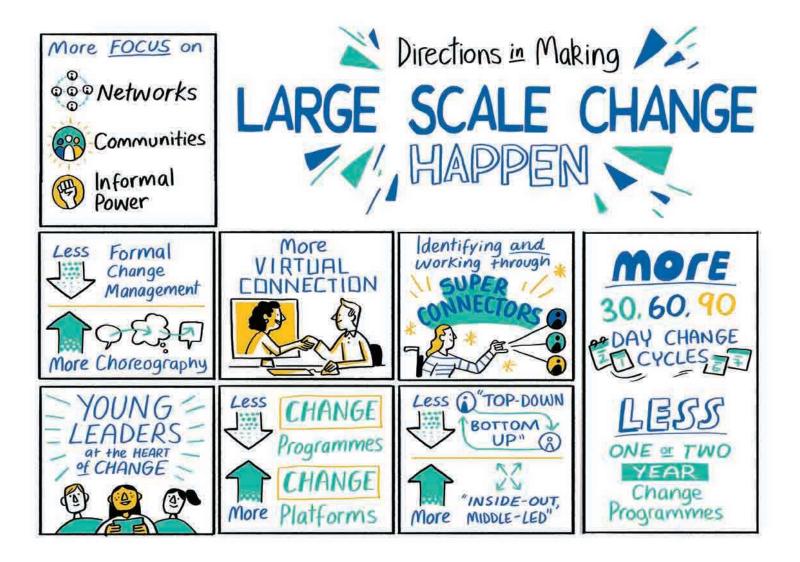
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Principles taken from Myron Rogers: "Myron's Maxims



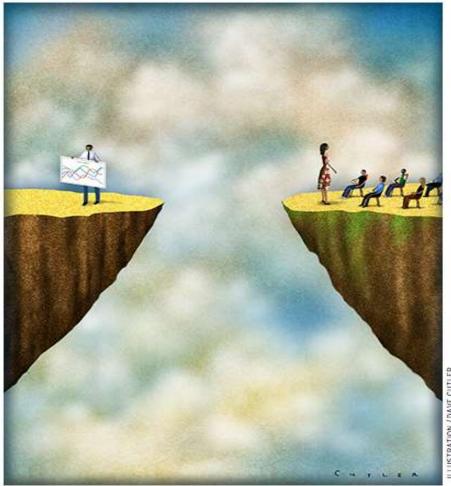


ILLUSTRATION / DAVE CUTLER



