



Provincial Health Services Authority



PATIENT & FAMILY PARTNERSHIPS AND EXPERIENCE PROGRAM

A YEAR TOGETHER:

APRIL 1, 2024 – MARCH 31, 2025

MEET THE TEAM



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A MESSAGE FROM THE TEAM

At BC Cancer, we are dedicated to centring each person in their care journey by meaningfully engaging diverse populations in ways that reflect their unique needs and priorities. The Patient & Family Partnerships and Experience (PFPX) Program plays a central role in advancing people-centred care by ensuring that patient and family experiences are embedded in the foundation of care. At the heart of our work is the Patient and Family Partner Network, a dedicated group of individuals whose experiences with cancer care, either as patients or caregivers, provide invaluable insight. By collaborating with our partners on quality improvement and organizational initiatives, we ensure that patient and family priorities are woven into the planning, delivery, and continuous improvement of care.

2024 was an exciting year for our team. We facilitated patient and family partner engagement across 97 initiatives, engaging over 115 partners and onboarding 40 new partners. In an effort to make engagement more low-barrier and inclusive, we began providing honoraria in September to acknowledge the time, expertise, and valuable contributions of the partners. Since its introduction, honoraria was provided for over 22 engagements throughout the year.

¹Coast Salish Teachings

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While this report is anchored to the 2024/25 fiscal year (April 1, 2024 to March 31, 2025), some metrics may reference alternate timeframes (e.g., calendar year 2024 or data through May 2025), which are specified throughout.

Thanks to the funding from the 10-year Cancer Action Plan, our team has grown. We’ve added a director, manager, coordinator, administrative assistant, and four regional leaders. With this expanded team, we’re better positioned to work in close partnership with operations, clinicians, staff, other healthcare organizations, and community partners to broaden our reach, increase our impact, and embed the principles of people-centred care across all BC Cancer centres.

We are fortunate to provide services across the homelands of hundreds of distinct First Nations, Inuit, and Métis communities throughout what is now colonially known as British Columbia. Our work is guided by the teachings of Shane Pointe, Sulksun¹. As our team grows, we reflect on the teaching ‘Tee ma thit’, which means to ‘do your best’. This teaching reminds us to draw upon our collective knowledge and experiences, and to consistently strive to uphold the highest standards of cultural safety, humility, and respect. This report summarizes our team’s work in 2024 and outlines our priorities for 2025-26.

The Patient & Family Partnerships and Experience team

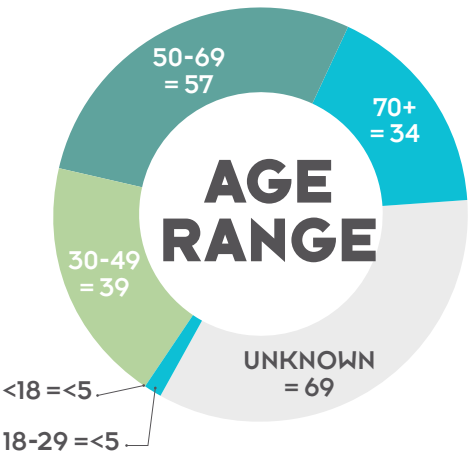
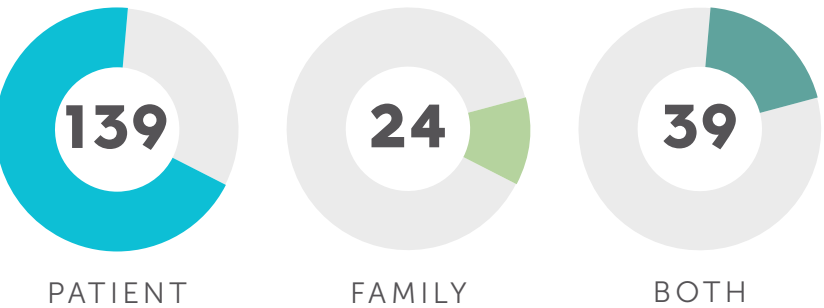
ENGAGEMENT IN ACTION²

The following data summarizes partner membership and demographic information as of May 2025, along with engagement metrics for 2024. Demographic data is collected through a voluntary questionnaire administered during the orientation process. Notably, fewer than five partners self-identified as Indigenous. This, along with other demographic indicators, highlights the ongoing need to diversify our network. In response, we are focused on creating low-barrier engagement opportunities, increasing our visibility, and strengthening outreach through culturally safe and inclusive practices that welcome equity-deserving populations. This work is one of our key priorities for 2025–26.



PARTNER MEMBERSHIP & DEMOGRAPHIC INFORMATION

PARTNER ROLE

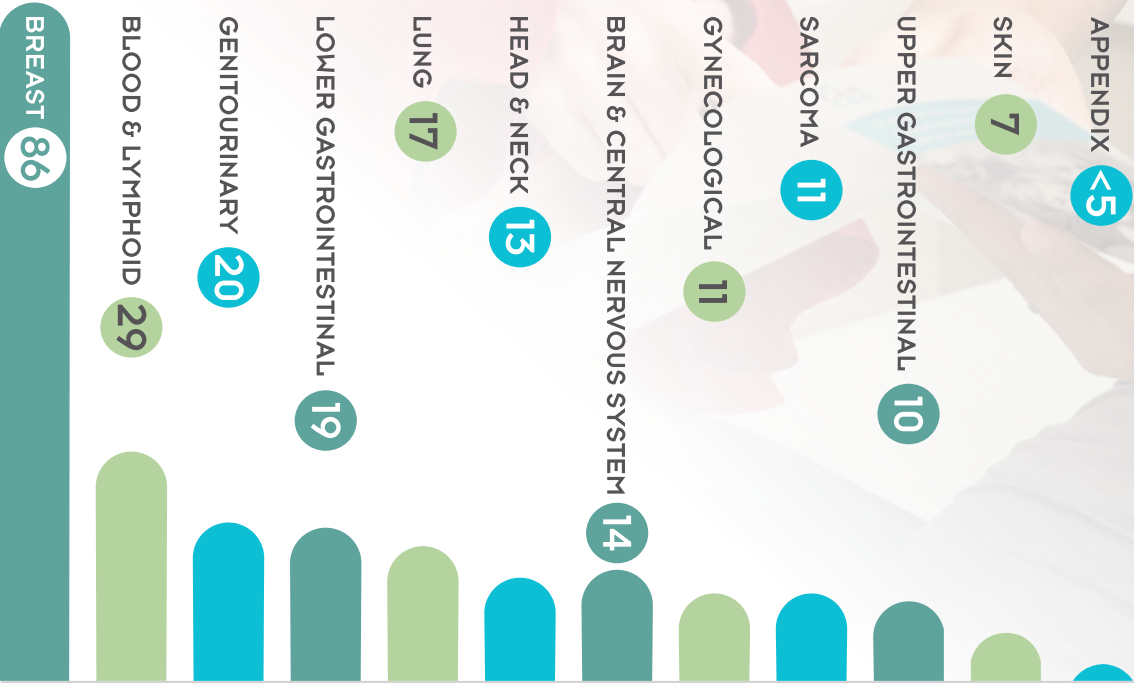


²Demographic indicators are incomplete for some partners, as the information is collected through a voluntary questionnaire.

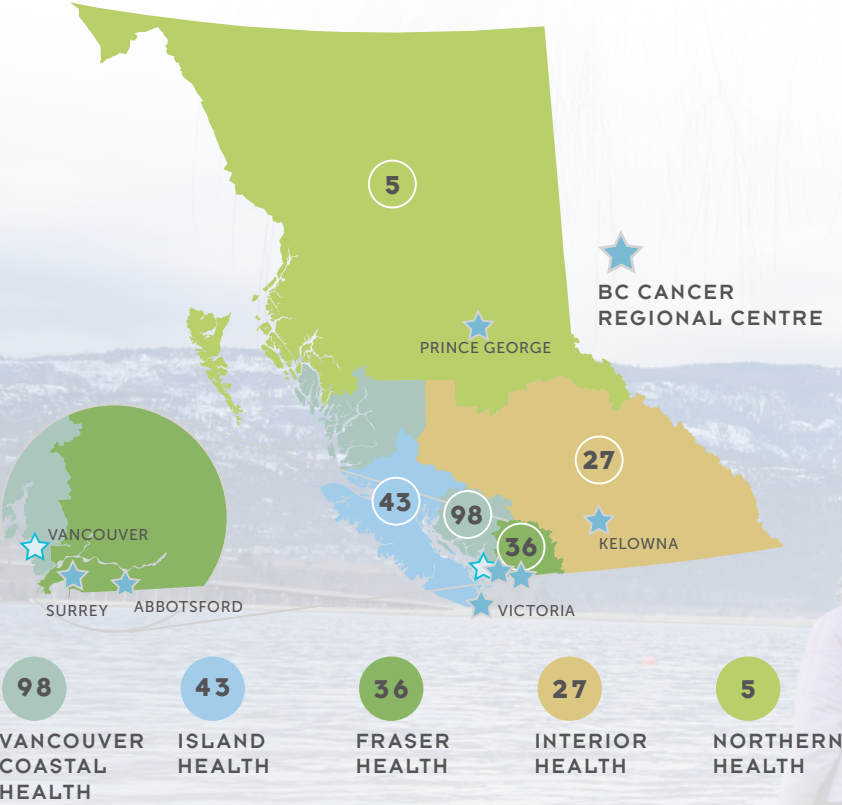
HOW THEY HEARD ABOUT US



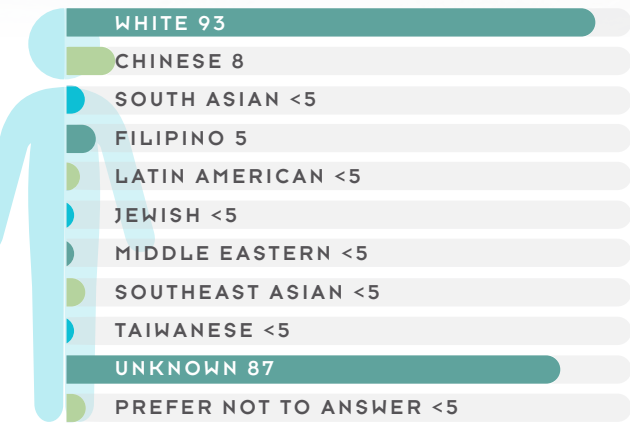
TUMOUR TYPE



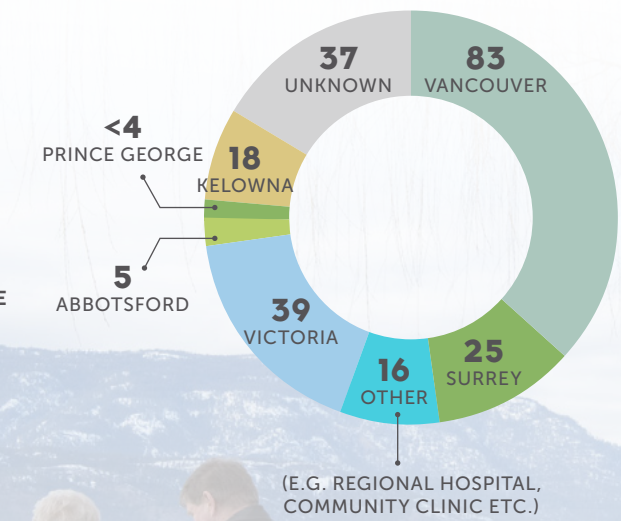
HEALTH REGION



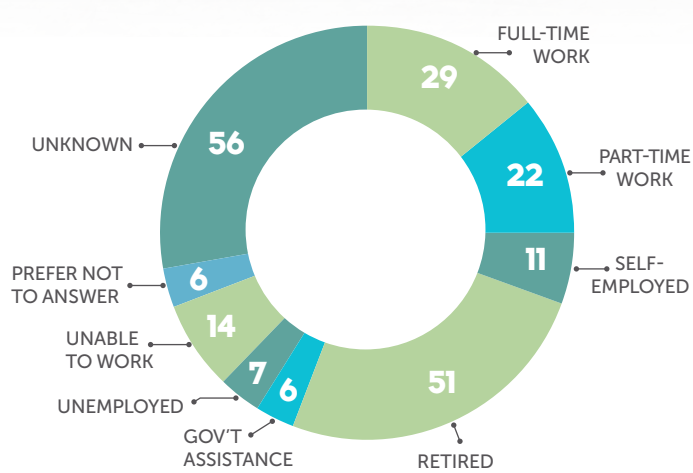
ETHNICITY



BC CANCER CARE LOCATION

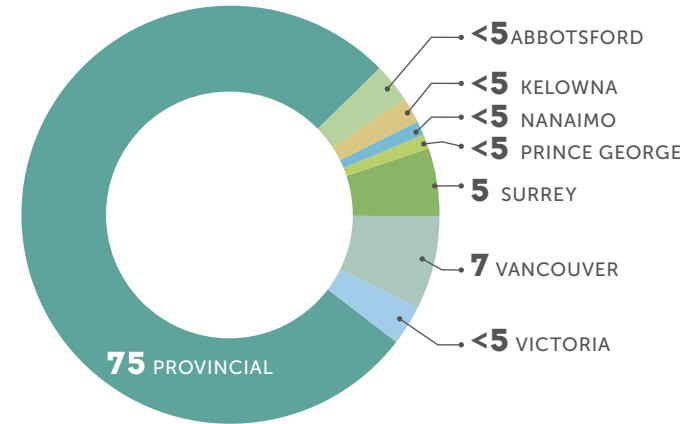


EMPLOYMENT STATUS

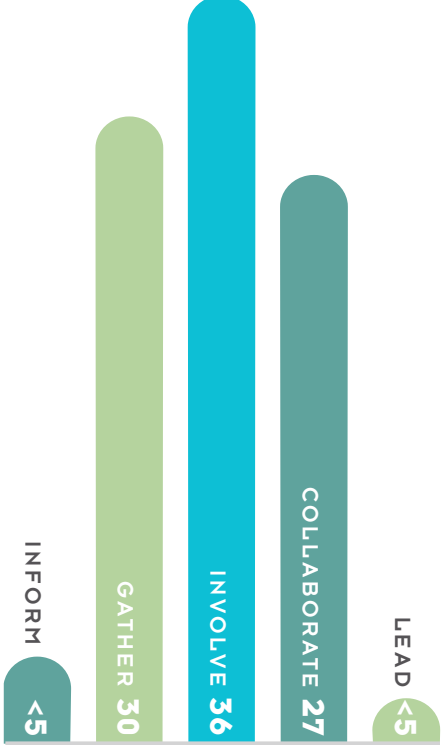


ENGAGEMENT METRICS

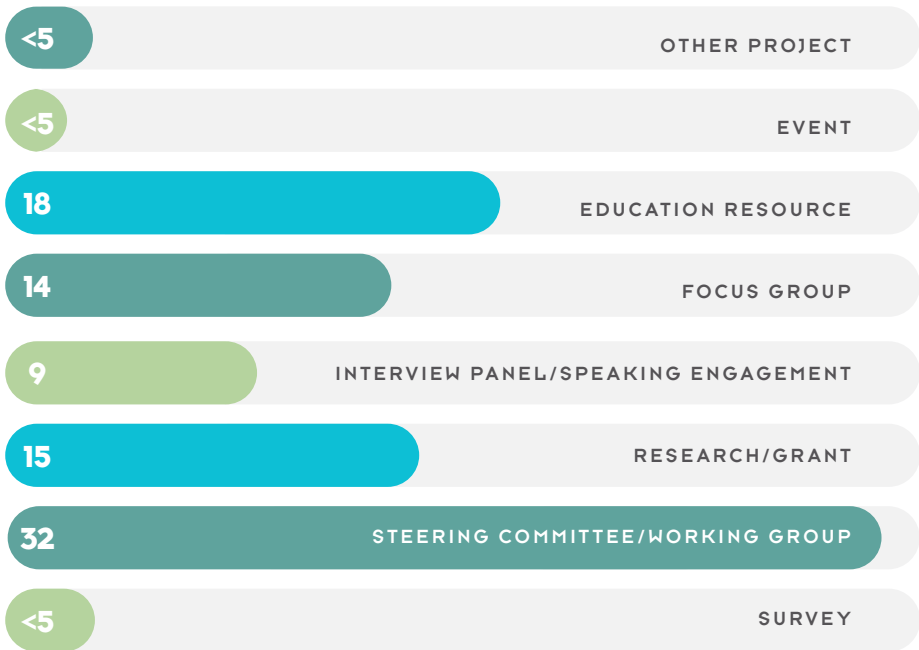
REGION OF ENGAGEMENT



IAP2 LEVEL OF INFLUENCE



TYPE OF ENGAGEMENT



OUR ENGAGEMENT APPROACH

BC Cancer is part of the [Provincial Health Services Authority \(PHSA\)](#). PHSA is responsible for governing, managing and funding BC Cancer, along with 10 other provincially mandated health care agencies. We collaborate with patients, caregivers, and communities to shape care planning, design, and delivery, ensuring a people-centered approach that enhances cancer care across B.C. We engage our patients and families in many ways, including:

- Through co-design - we collaborate with patients and families to plan and design services or improve the experience with services. Co-design recognizes that the patient and family is part of the team, with expertise in their lived experience.
- In partnership - we partner with patients and families to actively involve them in initiatives that support people-centred care delivery.
- With input from - we gather insights from patients and families through advisory committees, surveys, focus groups, and day-to-day conversations. These contributions help shape service improvements and ensure care reflects what matters most to those we serve.

ENGAGEMENT FRAMEWORK:

In spring of 2025, PHSA’s Patient & Family Partnerships and Experience team developed and launched the [Patient and Family Engagement Framework](#). This framework builds upon and integrates existing engagement models and approaches within PHSA, as well as provincial and national best practices for meaningful patient and family engagement. We have aligned our engagement practices with this comprehensive framework to ensure that they are not only evidence-based, but also consistent with broader regional and national standards for authentic engagement.

SPECTRUM OF ENGAGEMENT:

To determine the extent to which patient and family partner feedback impacts decision-making in an initiative, we use this spectrum of engagement:

	IMPACT ON DECISION				
	INFORM	GATHER**	INVOLVE	COLLABORATE	LEAD**
Our role/commitment	Keeping you informed	Listening intently	Embedding your insights and perspectives	Collaborating with you and committing to shared decision making	Looking to you for leadership and guidance
Purpose	To share relevant, timely information	To gather patient and family perspectives and feedback	To engage in dialogue with patients & families to understand and consider their insights and perspectives	To partner with patients and families toward a common goal	To recognize and uphold patients and families as leaders, with final decision-making authority
Example techniques	• Fact sheets • Websites • Social media blasts • Emails • Newsletter • Open houses	• 1:1 interviews • Focus groups • Surveys • Public meetings • Storytelling	• Workshops • Working groups • World cafés • Document reviews • Developing survey questions • Interview hiring panel	• Advisory committees • Steering committees • Consensus-building activities • Patient journey mapping • Presentations	• Co-design • Delegated decisions • Leading education for staff or leaders • Board member

Released as part of PHSA’s [Patient and Family Engagement Framework \(internal link\)](#)

In 2024, the majority of engagements were categorized as “involve,” representing 37% of all activities. This was followed by “gather” at 31% and “collaborate” at 27%. The “inform” and “lead” categories represented a smaller portion of engagements, accounting for 3% and 1 %, respectively.

HONORARIA:

An honorarium is a one-time payment provided as a token of appreciation for the knowledge, lived experience, and perspectives shared by volunteers, patient and family partners, and community members who collaborate with PHSA to improve programs and services. The PFPX Program supports inclusive participation by offering voluntary honorarium(s) to partners in recognition of their time, contributions, and expertise. Since the launch of the honoraria program in September 2024, honoraria have been provided for over 22 engagement activities. The PFPX Program continues to offer honoraria for all engagement activities on a voluntary basis in 2025, following [these rates](#).

THE PATIENT & FAMILY PARTNER NETWORK

Established in 2017, the Patient and Family Partner Network includes 202 members. Of these, 139 have personal experience as patients, 24 as caregivers, and approximately 39 have experience in both roles. Each member brings a unique perspective and contribute to a range of initiatives, including internal quality improvement projects, academic research, and external collaborations.

The network’s demographic profile spans an age range from 27 to over 95 years, with most between 50 and 69 years old. A diverse spectrum of cancer experiences is represented; notably, approximately 42% of members have experience with breast cancer. Other common areas include blood and lymphoid cancers at 14 %, genitourinary cancers and lower gastrointestinal cancers each at 9%, lung cancer at 8%, brain and central nervous system cancers at 7%, head and neck cancers at 6%, and gynecological cancers, sarcomas, and upper gastrointestinal cancers each representing 5% of members.

The network has grown steadily over time, from 136 members in 2022³ to 183 in 2024, and to 202 members in 2025.

³[2022 annual report](#)



ENGAGEMENT SPOTLIGHT

In 2024/25 we facilitated patient and family partner engagement across 97 initiatives, a 52% increase compared to 2022, where we facilitated engagement for 64 initiatives³. The program received engagement requests from 78 healthcare teams, which generated 359 distinct patient and family partner roles that were filled by 115 network members. This growth reflects the increasing recognition of the value of lived experience across BC Cancer and among external partners, who are seeking patient and caregiver perspectives to inform programs, communication materials, and research initiatives.

BC CANCER PATIENT & FAMILY ADVISORY PANEL (PFAP)

The Patient and Family Advisory Panel (PFAP) was established in the winter of 2024 to ensure that the voices of patients and their families are central to the planning, decision-making, and delivery of cancer care services in British Columbia. The panel brings together a diverse group of patient and family partners alongside BC Cancer executive leadership to provide strategic insights that influence planning, care delivery, and system improvement. Since its launch, the PFAP has served as a senior advisory body, deepening the organization’s commitment to patient- and family-centered care.

The four objectives of the PFAP include:

- Provide guidance to help shape initiatives that improve patient and family experiences across BC.
- Offer lived-experience perspectives to better understand the cancer journey for British Columbians.
- Provide actionable recommendations on policy, program development, and service delivery.
- Ensure patient and family perspectives are meaningfully incorporated into the ongoing work of BC Cancer and the broader cancer care system.

The panel has begun shaping organizational priorities by grounding discussions in patient experience data and identifying opportunities for improvement in areas such as care navigation, survivorship, supportive care, and communication. PFAP members have emphasized the importance of peer support, tailored resources for special populations, and improved access to digital tools like the patient portal.

Moreover, the meetings of the PFAP are regularly evaluated and has received a 95% overall satisfaction rating from participating patient and family partners. By contributing lived experience perspectives and co-designing solutions, the PFAP is helping ensure that BC Cancer’s services reflect what matters most to patients and families.

WHAT THE PFAP MEMBERS ARE SAYING:

“After my cancer treatment, I began advocating for patients to be prioritized at every stage of the cancer journey. The Patient and Family Advisory Panel exemplifies BC Cancer’s commitment to patient-centred care by bringing patient voices directly into leadership and decision-making spaces. Being diagnosed with cancer as a young adult is scary, but I have hope in the current advancements and innovations in cancer care, such as precision medicine and immunotherapy. This work reminds me to stay connected and lean on the strength of our communities”

– Matt Sha, Patient Partner, BCC PFAP, Vancouver

“As a survivor and caregiver living in the Northwest it is important that Northwest BC be part of the conversation about cancer care. I’m excited to be a member of the new Patient and Family Advisory Panel which is a collaboration between Executive Leadership and patient/family partners. The impact of partner participation has been realized and will continue to be realized with medical professionals listening to the partners and following through with positive changes to care services. My hope for the future is the continued and expanded important involvement of patient and family partners, from diverse backgrounds and regions of BC, in meaningful, results-oriented collaborations on BC Cancer projects and committees”

– Linda Lee, Patient Partner, BCC PFAP, Terrace



“My motivation comes from both my clinical practice and my personal experience as a patient. As a medical oncologist, I see firsthand that patients are the decision-makers in their care and my role is to support them through what can be an incredibly difficult journey. Having also navigated the health system myself, I understand how complex and overwhelming it can be. I see this panel as an opportunity to design systems that truly meet the needs of those we serve.

We are still very early in the process, but I am already impressed by the level of engagement, interest and insights we have from the panel. I’m looking forward to diving deeper into the work with them —there’s so much potential here.

I’m incredibly proud of the care we provide at BC Cancer but there’s always room to improve. True improvement starts by understanding what better looks like from a patient’s perspective. This was a key recommendation from the Institute for Patient- and Family-Centered Care’s review. By including patient and family partners and our executive leaders on the PFAP, we’re ensuring their voice is heard at all levels of BC Cancer.

My hope and expectation is that the PFAP will ensure the patient voice is embedded at the earliest stages of our strategies, programs, and policies. That’s where real, lasting change begins.

I’m genuinely excited to see this panel come together. I am very confident that all our leaders and staff value engaging with patients and families and want to do better for them.”

– Dr. Kim Chi, Former Chief Medical Officer, BC Cancer and Engagement Lead for the BC Cancer PFAP

BC CANCER SUMMIT

On November 21, 2024, the BC Cancer and PHSA Patient & Family Partnerships and Experience programs hosted a world café at the BC Cancer Summit. Colleen Foran, a BC Cancer patient partner, co-facilitated the session. The session focused on the recommendations from the review of BC Cancer conducted by the [Institute for Patient- and Family-Centered Care \(IPFCC\)](#) in early 2024. Over 50 people attended the session including BC Cancer staff, patient and family partners, health authority staff, and others.

The world café invited participants to discuss three questions:

1.

What does exemplary person-and family-centered care look and feel like to you?
2.

Which of the IPFCC recommendations are you most passionate about and why?
3.

What key actions and resources are essential to advance person- and family-centered care at BC Cancer?

Each participant had the opportunity to discuss two of the questions, moving to a new group for the second round of discussions.

This year, 20 patient and family partners from across the province attended the Summit, with funding provided by BC Cancer.

WHAT THE WORLD CAFÉ PARTICIPANTS ARE SAYING:

“

I had a wild idea one day. What if patients and staff, especially medical staff at BC Cancer got in the same room to talk about their experiences and work? The staff of the Patient & Family Program and I worked together to create a World Cafe, which together we presented BC Cancer Summit 2024. This was truly an example of the Team of P&FE Program living the ideals of the Types of Engagement, partnering with me at the level of empower. It is incredibly important to me that dialogue between patients/family and all levels/members of BC Cancer is encouraged to make everyone’s experience there better and with this experience I have great hopes and expectations of further collaborations with BC Cancer employees.

”

– Colleen Foran, Patient Partner, BC Cancer Summit

“

Our world café was a powerful reminder of what can happen when we make space for real conversations between patients, families, and staff. Co-designing and co-facilitating the session with Colleen was a personal highlight. Looking around the room that day, I saw an energy that was hopeful—pointing us toward a future where partnership is just how we do things.

”

– Sophie Bannar-Martin,
PFPX Manager & Engagement Lead,
BC Cancer Summit World Café

MAiD Policy Working Group

Medical Assistance in Dying (MAiD) is a process through which a doctor or nurse practitioner assists an individual, at their request, to intentionally end their life. The MAiD Policy Working Group aims to develop:

- Resources to support patients and families, including a referral pathway to existing BC Cancer and community supportive care and MAiD care services.
- Standard education and other supports for front-line care providers and staff.
- Recommendations to support ethical practice when providing access to MAiD.
- In collaboration with the Indigenous Cancer Control team, recommendations to ensure a culturally safe approach for members of indigenous and other underserved communities.

So far, the group has developed:

- A care pathway for patients and family members who have made inquiries about MAiD.
- Undertaken an assessment of educational needs of frontline nurses for use as team-based care is further developed.
- An educational slide deck for physicians and nurse practitioners at BC Cancer to enable first assessments of patients making formal MAiD requests.



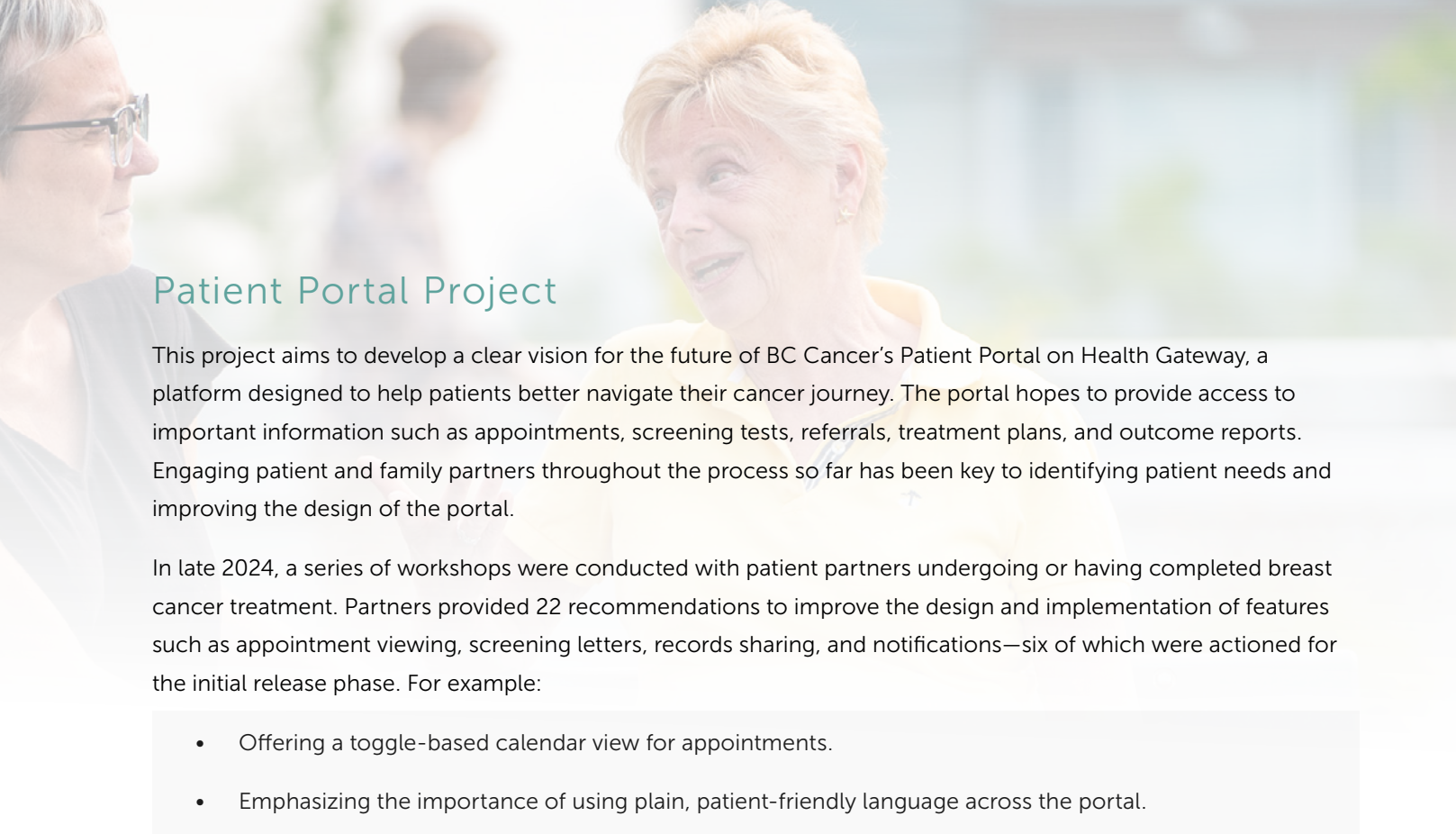
WHAT THE MAID WORKING GROUP MEMBERS ARE SAYING:

“Of the many projects I have worked with BC Cancer as a PFA, I have valued the MAiD Working Group as it addresses an issue I care about very much. Every member of the group is fully invested in BC Cancer doing its very best in this area. The group is led by Dr. Michael McKenzie, who always ensures that the Patient Partner voice is heard. I feel that the Patient Partner voice is taken into consideration throughout the processes of the working group. I believe that BC Cancer will act on the MAiD Working Group plans and suggestions and incorporate our thoughts into the ongoing care of patients and families”

– Penelope Hedges, Patient Partner,
MAiD Policy Working Group

“Engaging in the MAiD work has been a meaningful experience. Partner participation has been essential in shaping a well-rounded approach, ensuring that diverse perspectives are considered in this important, challenging area of healthcare. Working alongside our partners has reinforced the importance of collaboration in enhancing patient and family experiences. It is important the lived experiences of those directly impacted by MAiD is woven into the conversations and those learnings are reflected as MAiD evolves. By strengthening these relationships, we can enhance the quality of care and create meaningful improvements that benefit patients and families”

– Tracey Rannie, Executive Director,
BC Cancer Vancouver & Engagement Lead,
MAiD Policy Working Group MAiD Policy Working Group



Patient Portal Project

This project aims to develop a clear vision for the future of BC Cancer’s Patient Portal on Health Gateway, a platform designed to help patients better navigate their cancer journey. The portal hopes to provide access to important information such as appointments, screening tests, referrals, treatment plans, and outcome reports. Engaging patient and family partners throughout the process so far has been key to identifying patient needs and improving the design of the portal.

In late 2024, a series of workshops were conducted with patient partners undergoing or having completed breast cancer treatment. Partners provided 22 recommendations to improve the design and implementation of features such as appointment viewing, screening letters, records sharing, and notifications—six of which were actioned for the initial release phase. For example:

- Offering a toggle-based calendar view for appointments.
- Emphasizing the importance of using plain, patient-friendly language across the portal.

The team hopes that the remaining recommendations are incorporated into future phases of the provincial patient portal, ensuring it meets the diverse needs of all patients, including those navigating cancer care.

WHAT THE PATIENT PORTAL PROJECT MEMBERS ARE SAYING:

“I have been receiving care from BC Cancer for six years, and I have seen significant improvements in how information is shared. My medical chart used to be a thick paper binder, but now it is part of a faster and more efficient online system. As someone with advanced cancer, I have many appointments, and managing the mix of phone calls, letters, and emails was sometimes challenging. When I joined the Patient Portal Project, I was able to share my experiences alongside other patients. It felt meaningful to see our suggestions, such as personalized appointment notifications, being implemented.”

– Rosilene Kraft, Patient Partner,
Patient Portal Project

PRIORITIES FOR 2025 – 2026

NEW HORIZONS: IMPROVING SUPPORTIVE CARE SERVICES AT BC CANCER

In January 2025, BC Cancer, in collaboration with the Health Design Lab⁴ at Emily Carr University, launched a survey to gather insights from patients and families about their experiences with supportive care services. More than 500 individuals from across British Columbia—including patients, family members, caregivers, and supporters—responded to this survey. The survey results helped us understand current awareness levels, barriers to access, and areas for improvement in service delivery. Two patient advisors from our network were involved throughout, offering their expertise. Through this ongoing collaboration, Health Design Lab staff gained valuable, hands-on experience in person- and family-centred engagement, advancing our shared goal of building sustainable capacity for this work across sectors.

Building on what we learned, the project team recently hosted two virtual workshops and one in-person session. More than 35 patient and family partners took part to explore these questions together:

- What support services did they use?
- What services did they need but couldn’t access?
- How did they learn about and access services?
- What made access easier or harder?
- How can we improve awareness and access to supportive care?

We have themed the data from the workshop and will host two validation sessions with participants in June 2025 to ensure transparency and continued collaboration. During these sessions, participants will have the opportunity to reflect on how their input is shaping our next steps and to offer any additional comments or feedback. The results will help us identify and action areas for improvement, and we’re excited to share more in our 2025/26 progress report.



⁴[Health Design Lab](#)

Inspired by Sulksun’s teaching, *‘Whax hooks in shqwalowin’*, our team stepped into 2025 with open hearts and minds. For the year ahead, we have identified the following priorities:

GROWING OUR TEAM

In early 2025, we welcomed regional leaders for the Vancouver, Victoria, and Prince George centres. They have been instrumental in identifying key areas for improvement within their regions by conducting comprehensive environmental scans, fostering meaningful partnerships with centre leaders, providers, staff, patients and families, and facilitating changes that improve the regional patient and family experience. Building on this foundation, our focus for 2025/26 is to strengthen and expand this regional model. Leaders will continue to drive improvements by deepening relationships with leaders, providers, staff, and patients to surface centre-specific priorities and co-creating initiatives that enhance the patient and family experience. A key priority will be ensuring regional perspectives shape our provincial strategies and that our work is informed by the distinct cultural, geographic, and service realities across BC Cancer centres. This year, we will also explore opportunities to grow the team further and support capacity-building across regions to embed people-centred approaches in everyday practice. Overall, the regional leaders will play a vital role in deepening our understanding of and responsiveness to the unique local needs, priorities, and cultural contexts of each BC Cancer centre.





DIVERSIFYING OUR PARTNER NETWORK

Another priority is growing the Patient and Family Partner Network so it better reflects the diversity of people and communities in BC. We will work with key partners—including members of the network—to co-create ‘Cultural Safety and Diversity, Equity and Inclusion Plans’ for our program. Our goal is to create more equitable, low-barrier, and culturally safe opportunities for participation—particularly for people from equity-deserving groups, such as Indigenous Peoples (First Nations, Inuit, and Métis), 2SLGBTQIA+ communities, racialized communities and people living in rural and remote communities.

Regional Leaders will be actively engaged in this work to ensure that the plan remains dynamic and adaptable to the evolving local needs and priorities of patients and families, while also reflecting the unique contexts of each BC Cancer centre.

‘WE TREASURE WHAT WE MEASURE’

To ensure the voices of patients and families meaningfully inform care delivery, we will develop and implement a standardized, equity-informed Patient-Reported Experience Measures (PREMs) strategy. This strategy will enable consistent collection, analysis, and most importantly, use of experience data to drive tangible improvements in care. By identifying inequities and acting on what matters most to patients and families, we aim to ensure the cancer care journey is responsive to the diverse needs of all people across BC.

BUILDING CAPACITY

A core objective of our team is to build capacity among BC Cancer providers and staff to lead engagement initiatives in a meaningful way. In 2025, we plan to offer engagement training to 24 BC Cancer and PHSA staff. This training will equip participants with best practices for planning and facilitating both in-person and virtual engagement sessions. By the end of the training, participants will have developed a robust foundation in designing and delivering meaningful and inclusive engagement experiences.



VISIT OUR WEBSITE:

www.bccancer.bc.ca/about/accountability/patient-family-experience



CONTACT US:

patientexp@bccancer.bc.ca

REVIEW THE 'PATHWAY FOR ENGAGING PATIENTS AND FAMILIES' IN YOUR WORK:

Pathway for Working with Patient & Family Partners

REQUEST AN ENGAGEMENT:

Request Form

SIGN UP TO BECOME A PATIENT OR A FAMILY PARTNER:

<https://redcap.bccrc.ca/surveys/?s=3KTDRFADXYNJ4XA3>



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