

2024 Patient Experience Awards Part A application user guide

Submit Part A: October 3 to November 17, 2023

All applicants will learn the status of their submission in December 2023. Shortlisted applicants will be invited to submit **Part B** applications, due February 29, 2024.

The Patient Experience Awards were established by the Health Quality Council of Alberta (HQCA), in collaboration with its Patient and Family Advisory Committee, to help spread knowledge about initiatives in Alberta that improve the patient and family experience, reflecting person-/people-centred care. Patient experience is “the sum of all interactions, shaped by an organization’s culture that influences patient perceptions, across the continuum of care.”ⁱ Patient experience plays a major role in a patient’s overall satisfaction with their care. See *page 4*.

Who can apply?

Any team in Alberta involved in designing and implementing an initiative that promotes a positive patient experience in accessing or receiving healthcare services can apply.

A successful applicant:

- Includes evidence from the patient perspective that something needed to be improved.
- Engages patients and/or family members in the process to improve (including the evaluation).
- Acts on patient and/or family feedback.
- Has evidence to show how the patient and family experience has improved as result of making changes.

For this program, **patient** refers to a patient, resident, or client who is receiving, or has received, services from your healthcare organization.

Family refers to a person (relative, friend, caregiver, guardian, agent, or legal representative), chosen by the patient, who is providing support to a patient in your program.ⁱⁱ

What types of initiatives qualify?

Initiatives that improved the patient experience in any healthcare setting qualify, including, but not only, primary care, acute care, home care, transitions in care, and continuing care.

What do award recipients receive?

Up to four selected initiatives will:

- Work with the HQCA to create a video profile (funded and overseen by the HQCA) that they and the HQCA can use to promote the initiative.
- Receive \$2,000 in funding to apply toward attending or hosting a patient experience, quality, or safety education event or professional development opportunity.
- Receive a plaque and personalized certificates to recognize the accomplishment.

Are there any rules to consider?

- ❑ To receive the education funds, recipients will submit an education request form by March 15, 2025, outlining their plan to use the funds for an education or professional development event consistent with the HQCA's Allowable Expense Policy.
- ❑ A submission from a program deemed too similar to a recent winner will not be considered for an award. [Learn about previous award recipients.](#)
- ❑ The decision of the judging panel is final and the HQCA reserves the right to not grant an award. The panel's evaluation of the applications will not be shared.
- ❑ The award recipients may be asked for further information and additional resources, such as photographs and their organization's logo for publishing purposes.
- ❑ For any media files submitted with the application (e.g., video, audio, photo, etc.), the applicant is responsible for obtaining consent from any individuals shown.

What are the award criteria?

Your application must capture the patient's experience. The selection panel will want to see how the patient was considered or engaged in all phases of the initiative.

The **Part A** selection panel uses a framework that considers how you presented the:

- ❑ **Challenge** (*What was the action taken or change made? How did you know the action or change was needed?*) – 25%
- ❑ **Solution/innovation** (*What makes this action or change special or innovative?*) – 25%
- ❑ **Impact** (*What was the positive impact to the patient and/or family experience?*) – 25%

Along with the **overall subjective evaluation** of the judges – 25%.

TIP! Ask yourself, "Where is the patient?" as you answer each section.

How and where do I apply?

Applications are [accepted online](#). We recommend referring to this document before preparing your submission. If you have any questions, contact info@hqca.ca.

When you are ready to begin your Part A application, please be prepared to upload:

- ❑ A 500-word summary. Describe how your initiative positively impacts specific element(s) of patient experience (see page 4) and why you feel it should receive this award. Do not include links; references are not required. Do not exceed 500 words.
- ❑ Two items of support from a patient or family member, or patient and family representative (as defined above), that describe or show how the program delivers a positive patient experience.

The statements can be submitted in a format that the patient/support person feels most comfortable with.^{1,2}

- Acceptable formats include written letters or emails from patients or family, a brief video or audio clip from a patient/family, any artform that is shareable and identified as being made by a patient/family, a specific patient/family's response to a survey.
- Note: We discourage the use of generic social media posts as items of support, as they do not sufficiently convey the experience of an actual patient. The items you submit must show a specific patient's perspective of their experience.

Jargon alert! Not all members of the selection committee have a medical background. Please avoid jargon and acronyms as much as possible.

The panel of judges will include representatives from the HQCA's Patient and Family Advisory Committee, Board of Directors, and staff.

All Part A submissions will be reviewed by the selection committee and a shortlist of nominees will be invited to proceed to Part B. All applicants will learn the status of their application in December 2023. Shortlisted applicants will receive instructions for submitting their Part B applications.

Part A applications are due November 17, 2024.

[Apply online.](#)

What does Part B involve for shortlisted initiatives?

By February 29, 2023, shortlisted **Part B** applicants will be asked to submit:

- a 2,000-word project summary
- supplemental information to help further explain the initiative (optional).

The selection panel's evaluation framework considers how the applicant presented the:

- Challenge – 10%
- Solution/innovation – 25%
- Evaluation – 30%
- Sustainability and spread 15%
- Overall impression (subjective evaluation) – 20%.

Judges will use all elements of the Part A and Part B applications to evaluate the submission and make final selections. Part B applicants, including the selected initiatives, will be notified of the outcome by March 31, 2024.

¹ Electronic signatures are acceptable. Any video or audio recordings included in your submission must not exceed five minutes or they may not be viewed. Applicants are encouraged to use a medium that feels comfortable and does not cost money to prepare. These guidelines are meant to allow applicants flexibility to tell their story in a way that works best for them.

² We will redact patient identifiers to protect privacy. Please contact us with any concerns.

Improving Patient Experience

Relationships, planning of services, delivery of services, and the physical environment – integral to the delivery of person-centred care – can impact the patient experience.^{iii, iv, v, vi, vii, viii, ix}

Examples of how to enhance patient experience include:

<p>Relationship</p> <p>Patients and families are treated with dignity, respect, and empathy, and provided with emotional support in a way that:</p> <ul style="list-style-type: none"> • Enables them to feel acknowledged and respected for their preferences, values, and perspectives. • Encourages and facilitates their participation in the planning and delivery of their care at a level and in a way (e.g., using technology or innovative methods) that is appropriate and that they are comfortable with. • Addresses the patient perspective and uses words and phrases the patient understands. • Is unbiased and provides patients and families with information that is useful and specific to them, builds trust, and addresses their emotional needs. • Encourages and welcomes feedback from patients and families. • Facilitates open communication with disclosure and apology when appropriate. • Welcomes family, friend, and caregiver involvement if wished by the patient. 	<p>Delivery of services</p> <p>Patients have timely access to safe, reliable, and comprehensive healthcare and services (e.g., food, rehabilitation, social work, psychology) that:</p> <ul style="list-style-type: none"> • Provides effective treatment that results in the expected outcomes of care. • Considers leading practices in person-centred care, including the exploration or utilization of current research, infrastructure, or technology. • Coordinates care with smooth transitions. • Is provided by enthusiastic, engaged, and motivated healthcare providers. • Builds a patient's trust and confidence using an individualized care plan that is planned and shared with the care team as well as the patient and family. • Adequately prepares and supports patients to self-manage their care in a way that is appropriate for them and their situation. • Provides opportunities to address a patient's physical and emotional well-being and spiritual needs.
<p>Planning of services</p> <p>Patients and families are treated as partners in a way that:</p> <ul style="list-style-type: none"> • Encourages patients to participate in decision-making, planning and development of policies, services, programs, and professional education. • Focuses on learning and improvement through measurement and transparent patient feedback. 	<p>Physical environment</p> <p>Patients are cared for in a physical environment that supports healing and physical comfort that:</p> <ul style="list-style-type: none"> • Provides a clean, safe, and inviting environment. • Supports a positive patient experience and efficient delivery of services.

References

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- ⁱⁱⁱ Health Quality Council of Alberta. Satisfaction and experience with healthcare services: a survey of Albertans technical report. Calgary, Alberta, Canada: Health Quality Council of Alberta; December 2014. Available from: https://d10k7k7mywg42z.cloudfront.net/assets/54e3b14cc0d6714a57020b51/HQCA_2014_Satisfaction_Report_FINAL.pdf
- ^{iv} Wolf J.A., Niederhauser V., Marshburn D., & LaVela S.L. (2014). Defining patient experience. *Patient Experience Journal*, 1(1), 7-19. Available from: <http://pxjournal.org/journal/vol1/iss1/3/>
- ^v The Beryl Institute. Guiding principles. Southlake, Texas, USA. Available from: <http://www.theberylinstitute.org/?page=GuidingPrinciples>
- ^{vi} Jenkinson C, Coulter A, Bruster S. The Picker patient experience questionnaire: development and validation using data from in-patient surveys in five countries. *Int J Qual Health Care* 2002; 14 (5). Available from: <https://academic.oup.com/intqhc/article/14/5/353/1800673/The-Picker-Patient-Experience-Questionnaire>
- ^{vii} Johnson B, Abraham M, Conway J, Simmons L, Edman-Levitan S, Sodomka P, Schlucter J, Ford D. Partnering with Patients and Families to Design a Patient and Family Centered Health System: Recommendations and Promising Practices. Bethesda, MD. Institute for Healthcare Improvement; April 2008. <http://www.ihl.org/resources/Pages/Publications/PartneringwithPatientsandFamiliesRecommendationsPromisingPractices.aspx>
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- ^{ix} The Beryl Institute. Experience Framework. Southlake, Texas, USA. Available from: <https://www.theberylinstitute.org/page/ExperienceFramework>