

# Including a Patient Partner on an Improvement Team

Patient and family advisors are individuals who volunteer their time and experience to improve the quality, safety and experience of healthcare services. Each patient and family advisor bring their lived experience of being a patient, or a patient's family member to help us understand what matters most to patients and families, and how we can effectively design programs that meet the needs of those we serve.

This resource is for teams who are looking to partner with a patient, family member and/or caregiver in quality improvement and engage them as a full participant in their Improvement Team.

## Benefits of Engaging Patient Partners on Improvement Teams

- Improve the quality and safety of care provided
- Gain a broader, different or fresh perspective
- Help to address the “most important” issues and objectives
- Validate good practices and what matters most to patients
- Create innovative solutions
- Help to achieve better outcomes that are patient-centered
- Increase empathy for understanding patients and families

## Benefits for the Patient Partner

- A chance to improve the quality and safety of care
- The opportunity to make a contribution
- The opportunity to be a part of meaningful change
- Expand knowledge and understanding of patient- and family-centered care, the Patient's Medical Home and Health Neighborhood
- Opportunity to share knowledge and information with other patients and families

## Goals of Engaging a Patient Partner

- Patients and patient advocates should have a voice in all stages of the initiative.
- Patient partners should be prepared and supported to have the full opportunity to contribute like any member of the Improvement Team.

## Tips for Engaging Patient Partners

- When recruiting a patient representative, think about the experiences and/or expertise for which you are looking. Sometimes those with specific experiences are limited in their ability to provide innovative input; other times, a patient with a particular experience may be of most value to your planning team. Be open to anyone interested in participating regardless of specific experience.
- Name one individual for the patient partner to connect with and provide phone/email addresses.
- Help the patient partner to understand their role on the Improvement Team. Please see attached on page 6 of this document, “Being a Patient Partner on an Improvement Team”.
- Provide a list of common terms (and all the acronyms we use!) and plan to review this with the patient partner. Please see example attached.
- Advise other members of the clinic/team about the patient partners and what their function is so that the patient partner position is fully understood and utilized by everyone.
- Plan to have telephone (or other) conversations before and after team meetings between the person named above and the patient partner to help explain new processes, terminology and hear feedback from their perspective.

### Additional resources:

- Patient Engagement Action Team. 2017. *Engaging Patients in Patient Safety – a Canadian Guide*. Canadian Patient Safety Institute. Last modified December 2019. Available at: [www.patientsafetyinstitute.ca/engagingpatients](http://www.patientsafetyinstitute.ca/engagingpatients)
- *A Guidebook for Engaging Patient and Family Advisors*, September 2020, Alberta Health Services: <https://www.albertahealthservices.ca/assets/info/pf/pe/if-pf-pe-guidebook-for-engaging-patient-family-advisors.pdf>

# Common Acronyms/Terms Used in Improvement Discussions

<b>ASaP</b>	The Alberta Screening and Prevention Initiative (an improvement initiative for primary care practices in screening healthy people for common conditions like high blood pressure or cancer)
<b>CDM</b>	Chronic Disease Management. Some of these also have acronyms: <ul style="list-style-type: none"> <li>• <b>COPD</b> – Chronic Obstructive Pulmonary Disease</li> <li>• <b>CV and CVR</b> – Cardiovascular (disease) and Cardiovascular Risk</li> <li>• <b>DM</b> – Diabetes Mellitus</li> </ul>
<b>CPG</b>	Clinical Practice Guideline: a way of collecting all the medical evidence and communicating it to physicians so they know how to best diagnose, treat and manage clinical conditions; sometimes a broader term “Clinical Decision Supports” is used
<b>EMR</b>	Electronic Medical Records: the computerized chart in the physician’s office
<b>IF/PFs</b>	Improvement Facilitators / Practice Facilitators: staff hired by Primary Care Networks to support clinical improvements
<b>PaCT</b>	Patients Collaborating with Teams: PaCT takes a proactive approach to enable patients to manage their care when they have, or are at risk for having, multiple chronic diseases or other complex health needs.
<b>Panel</b>	A panel is a list of patients assigned to each care team in a medical practice. The care team (e.g., a physician, a medical office assistant, and chronic disease management nurse) is responsible for preventive care, disease management, and acute care for all the patients on its panel.
<b>PHC</b>	Primary Health Care; PC – Primary Care
<b>PMH</b>	Patient’s Medical Home: an internationally recognized model for promoting comprehensive care in response to the public’s needs – now widely adopted in Alberta Family Physician practices.
<b>QI</b>	Quality Improvement it a systematic approach that uses specific techniques to improve quality. One important ingredient in successful and sustained improvement is the way in which the change is introduced and implemented. Taking a consistent approach is key.
<b>Health Neighbourhood</b>	The Health Neighbourhood includes the key services which together represent the health journey. It includes the Patient’s Medical Home and other health and social care services such as specialists, hospitals, laboratory, emergency medical services, home care, continuing care.

## Healthcare Organizations Involved:

<b>AH</b>	Alberta Health: Sets policy and direction to achieve a sustainable and accountable health system to promote and protect the health of Albertans. The primary funder of healthcare in Alberta.
<b>AHS</b>	Alberta Health Services: The province wide organization responsible for community services and hospital/long term care, population health (not responsible for private physician practices) – Organized into 5 zones.
<b>ACTT</b>	<p>Accelerating Change Transformation Team: Part of the Alberta Medical Association, providing support to Primary Care Networks and their physician members.</p> <p>ACTT’s mission is to enable system transformation in four ways:</p> <ol style="list-style-type: none"> <li><b>1. Content:</b> Find, curate and build materials that help members and partners understand and implement the transformative changes.</li> <li><b>2. Capacity:</b> Help members and partners build the skill sets they need to implement the transformative changes.</li> <li><b>3. Support:</b> Help partners (especially PCNs) in their organizations to do the hard work of leading and implementing change.</li> <li><b>4. Influence:</b> Influence policy, practice, funding and services of other groups (funder, AHS, HQCA, etc.) to maximize the chances of successful transformative change.</li> </ol>
<b>AMA</b>	Alberta Medical Association: The Alberta Medical Association is a provincial affiliate of the Canadian Medical Association providing its physician members with advocacy, leadership and support for provision of quality health care.
<b>PCNS</b>	Primary Care Networks –Primary Care Networks (PCNs) are a made-in-Alberta approach funded by Alberta Health to improve and better coordinate patient access to primary health care. There are currently 40 PCNs in the province with the majority of family physicians belonging to one PCN. Primary health care is the first point of contact most people have with the health system. In each PCN, a group of family doctors works with Alberta Health Services to deliver quality services to patients.
<b>HQCA</b>	Health Quality Council of Alberta: The HQCA is a provincial agency that pursues opportunities to improve person-centred, patient safety and health service quality for Albertans. The HQCA gathers and analyzes information, monitors the healthcare system, and collaborates with Alberta Health, Alberta Health Services, health professions, academia, and other stakeholders to translate that knowledge into practical improvements to health service quality and patient safety in the healthcare system.
<b>SCN</b>	Strategic Clinical Network: Groups within Alberta Health Services that focus on specific illnesses or conditions and provide clinical leadership. SCNs are creating improvements within focused areas of health care. To get the most out of our health care system, AHS has developed networks of people who are passionate and knowledgeable about specific areas of health, challenging them to find new and innovative ways of delivering care that will provide better quality, better outcomes and better value for every Albertan.

# Being a Patient Partner on an Improvement Team

This resource is for patients, family members and/or caregivers who have been asked to help a health team improve their programs or services.

## How you can bring value to the Improvement Team

- Be honest with your perspective and opinions.
- Ask questions and expect to answer questions from others about your perspective.
- Be open-minded and willing to take on another perspective to gain understanding.
- Tell your own story or clearly indicate if you are telling someone else's.
- Contribute to the vision of success as well as the progress toward it.
- Get comfortable educating others about your perspective.
- Be a willing partner to staff, clinicians, PCN contacts and other patients and family members.
- Help to set goals for the role.
- Take on responsibility for learning.
- Offer suggestions for how things could be improved if they didn't go well.
- Ask for help and use the supports available to you.
- Honor commitments.
- Practice self-care, and if you've over committed, share some responsibilities and take a break if needed.
- Appreciate that you don't speak for all patients and that other patients will have different experiences and different perspectives.

*List adapted from, Tips for How to be an Effective Patient or Family Advisor: A Beginning List, Institute for Patient and Family-Centered Care, 2010*

## Ask questions

Your questions will help everyone learn. If you do not understand something, ask questions to help with understanding. A team member should provide you with a list of commonly used acronyms and terms when you start this role.

If something does not seem right, lead with your questions to help clarify, or to address the issues that could stop things from moving forward. It can be intimidating to answer questions from health care "experts" but understanding that your wisdom and expertise as a patient, family member, or caregiver is required for the best result.