

# Involving Patients in QI



## Why should we involve patients in our QI efforts?

- Discover what matters to your patients
- Improve patient satisfaction
- Improve patient care and outcomes
- Possibly reduce the risk of malpractice (Building the Business Case article)
- Increase employee satisfaction and retention rates (Building the Business Case article)
- Increase the implementation of trauma-informed care (Best Practices for Trauma-Informed Approaches article)
- Find gaps in care/services (e.g. Is the signage in the facility effective or confusing? Is the menu for patients inclusive of dietary preferences, religions, allergies, etc.? Are there effective translation services available? Do patients feel heard?)
- Follow Joint Commission recommendations for patient engagement

## What are ways to involve patients?

- Interactions while on rounds
- Document and procedure reviews (e.g. Is the language used understandable? Are the directions easy to follow?)
- Interviews and focus groups
- Add Patient Advisors to QI initiative teams
- Form a Patient Advisory Council (For more information see AHRQ Handbook, page 38 - while Patient Advisory Councils may have more initial start-up time and cost, the long-term effects are vast)

## We want to involve patients, how do we find them?

- Email surveys or mail postcards after hospital discharge asking about interest in initiatives
- Hand out brochures in the hospital
- Contact your local Healthy Start Coalition
- Request through an intermediary that trains "patient partners" (e.g. MoMMA's Voices)
- Contact societies that support specific conditions (e.g. Preeclampsia Foundation, AFE Foundation)
- Post requests on local parent group sites
- Ask physicians and nurses to invite patients

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We found interested patients, now what?

- Provide a questionnaire to see if potential advisors are a good fit for the initiative and/or meet criteria to help in areas you wish to improve
- Provide on-boarding and training to your advisors
- Provide expectations, schedule, time requirements, online/in-person
- Support and sustain your advisors
- Consider reimbursing patient advisors for their valuable time
- Continually ask if there are any concerns/comments or anything that can be improved
- Consider hiring a Staff Liaison to coordinate the patient advisor(s)
  - Staff Liaison job description: coordinate scheduling, expectations, work product, payments, etc. (For more information see AHRQ Handbook)
- Have open lines of communication with a defined point-person for questions and updates
- Include and actively engage patient advisors in the conversation
- If someone is quiet during a focus group/meeting/discussion, follow-up to see if they have a concern or issue to discuss

## Resources

- Alberta Health Services Guide to Patient Engagement (**Go Here First**)  
<https://www.albertahealthservices.ca/assets/info/pf/pe/if-pf-pe-voice-patient-families-guide.pdf>
- AHRQ Working with Patient and Families as Advisors Implementation Handbook  
[https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1\\_Implement\\_Hndbook\\_508\\_v2.pdf](https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1_Implement_Hndbook_508_v2.pdf)
- The Joint Commission National Patient Safety Goals (NPSG 16.01.01)  
[https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2024/npsg\\_chapter\\_hap\\_jan2024.pdf](https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2024/npsg_chapter_hap_jan2024.pdf)
- Best Practice Recommendations for Integration of Trauma-Informed Approaches  
<https://doi.org/10.1016/j.midw.2024.103949>
- Building the Business Case for Patient-Centered Care  
<https://pubmed.ncbi.nlm.nih.gov/19097611/>

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