

2026 Patient Experience Awards Part A application user guide

Submit Part A: October 3 to November 17, 2025

All applicants will learn the status of their submission in December 2025. Shortlisted applicants will be invited to submit **Part B** applications, due February 23, 2026.

The Patient Experience Awards were created by Health Quality Alberta and its Patient and Family Advisory Committee to help spread knowledge about initiatives in Alberta that improve the patient and family experience, demonstrating 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 patients’ overall satisfaction with their care.

Who can apply?

Any team in Alberta involved in designing, implementing, and evaluating an initiative that promotes positive patient and/or family experiences, consistent with the dimensions of patient experience described on page 4, can apply. Settings can include, but are not limited to, primary care, acute care, home and community care, transitions in care, continuing care homes, community support and outreach, and mental health and addictions (see Award Criteria, page 2).

For the Patient Experience Awards, **patient** refers to a patient, resident, or client who is receiving, or has received, services from your program.

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 are the criteria?

The **Part A** selection panel will include representatives from Health Quality Alberta’s Patient and Family Advisory Committee and staff. They look for evidence of direct input and involvement from patients and/or families and how their voices informed and directed the phases of your initiative.

Follow the ‘Award Criteria’ outline on the next page as you prepare your submission.

Award Criteria

Organize your application under the headings of: 'The Opportunity for Change or Improvement,' 'The Change or Improvement Made,' and 'The Evidence of Success.' References are not required, and **please do not include links**. Not all members of the selection committee have a medical background, so avoid jargon and acronyms as much as possible. **Do not exceed 500 words.**

The selection panel will use a judging rubric that considers how well your initiative meets the criteria below to enhance patient and/or family experiences.

- ☐ The Opportunity for Change or Improvement (25%)
 - Why the change or improvement was needed
 - How you became aware of this opportunity for change or improvement
 - How you knew this was important to patients and families
 - How patients' and/or families' voices informed the opportunity for change or improvement through their input, feedback, validation, etc.
- ☐ The Change or Improvement Made (25%)
 - What change or improvement was made
 - How the change or improvement was chosen
 - What you were hoping to accomplish by making this change or improvement
 - How patients' and/or families' voices were heard in choosing the change or improvement, and how involved they were in making the change or improvement
- ☐ The Evidence of Success (25%)
 - What the impact has been to patient and/or family experiences
 - What evidence have you collected, directly from patients and/or families, that demonstrates the change or improvement has enhanced their experiences
- ☐ An overall subjective evaluation of the change or improvement for the betterment of patient and/or family experiences by the judges (25%)

Your application must also include two items of support from a patient or family member, or patient and family designate (as defined on page 1), only one of which may be from a patient advisor. **The items of support do not count as part of your 500-word limit.** Each needs to convey a specific individual's perspective of how the change or improvement enhanced their experience. The statements may be submitted in a format most comfortable to the patient/designate.^{1, 2} Acceptable formats from patients and/or family include:

- Written letters or emails, a brief video or audio clip (under five minutes), any artform that is shareable and identified as being made by a patient and/or family, and a specific patient/family's response to a survey. (Do not use social media posts.) Contact us with any questions about acceptable formats.

¹ Electronic signatures are acceptable. Video or audio recordings that exceed five minutes may not be viewed. Applicants are encouraged to use a medium that does not cost money nor cause a burden 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.

How and where do I apply?

Part A applications are due November 17, 2025. Refer to the 'Award Criteria' above as you prepare your submission. Applications are [accepted online here](#). If you have any questions, contact info@hqa.ca.

All applicants will learn the results of Part A in mid December. The selection committee will invite shortlisted applicants to move on to Part B.

What does Part B involve for shortlisted initiatives?

By February 23, 2026, shortlisted **Part B** applicants will be asked to submit:

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

Part B submissions are an opportunity for applicants to provide additional details pertaining to:

- ☐ The opportunity for change or improvement
- ☐ The change or improvement made
- ☐ Evidence of success
- ☐ Sustainability and spread

Judges will use all elements of the applicants' Part A and Part B submissions to evaluate the initiatives and make final selections. Applicants will be notified of the outcome by March 31, 2026.

What do award recipients receive?

Up to four selected initiatives will:

- ☐ Work with the Health Quality Alberta to create a video profile (funded and overseen by Health Quality Alberta) that can be used 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 personalized certificates and a glass award to recognize the accomplishment.

Are there any rules or restrictions?

- ☐ To receive the education funds, recipients must submit an education request form by March 2027, outlining their plan to use the funds for an education or professional development event consistent with Health Quality Alberta'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 Health Quality Alberta 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.

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:

Relationship Patients and families are treated with dignity, respect, and empathy, and provided with emotional support in a way that: • 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.	Delivery of services Patients have timely access to safe, reliable, and comprehensive healthcare and services (e.g., food, rehabilitation, social work, psychology) that: • 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.
Planning of services Patients and families are treated as partners in a way that: • 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.	Physical environment Patients are cared for in a physical environment that supports healing and physical comfort that: • Provides a clean, safe, and inviting environment. • Supports a positive patient experience and efficient delivery of services.

References

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- ⁱⁱ Balik B, Conway J, Zipperer L, Watson J. Achieving an exceptional patient and family experience of inpatient hospital care. IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2011. Available from: http://www.ihl.org/education/IHIOpenSchool/Courses/Documents/CourseraDocuments/05_IHI%20Patient%20Family%20Experience%20of%20Hospital%20Care%20White%20Paper%202011.pdf
- 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>
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- ^{ix} The Beryl Institute. Experience Framework. Southlake, Texas, USA. Available from: <https://www.theberylinstitute.org/page/ExperienceFramework>