

2027 Patient Experience Awards Part A applicant user guide

Submit Part A: October 1 to November 16, 2026

Patient experience is “the sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.”ⁱ Patient experience plays a major role in patients’ overall satisfaction with their care.

The Patient Experience Awards were created by Health Quality Alberta and its Patient and Family Advisory Committee (PFAC) to help spread knowledge about initiatives in Alberta that improve patient and family experience, demonstrating person-/people-centred care. The Part A selection panel includes PFAC members and staff with expertise in health system improvement.

Who can apply?

Any team in Alberta involved in designing, implementing, and evaluating a publicly funded initiative that promotes positive patient and/or family experiences. 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 3).

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 do the award recipients receive?

Up to four selected initiatives will receive:

- ☐ A video profile (funded and overseen by Health Quality Alberta) to promote the initiative
- ☐ A \$2,000 education grant to apply toward attending or hosting an education event or professional development opportunity
- ☐ Personalized certificates and an etched-glass award for the team

How and where do I apply?

Part A applications are due by November 16, 2026. Refer to the ‘Award Criteria’ on page 3 as you prepare your submission. Applications are [accepted online here](#) beginning Oct. 1, 2026. If you have any questions, contact info@hqa.ca.

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

What does Part B involve for shortlisted initiatives?

In late February 2027, those shortlisted from Part A will be asked to submit for Part B:

- ☐ 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 about:

- ☐ 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 final outcome by March 31, 2027.

Are there any rules or restrictions to be aware of?

- ☐ The recipient's plan for the education funds must follow Health Quality Alberta's Allowable Expense Policy.
- ☐ A submission from a program deemed too similar to a recent winner may not be eligible for an award. [Learn about previous award recipients.](#)
- ☐ The decision of the judging panel is final, and Health Quality Alberta reserves the right not to grant an award. The panel's evaluation of the applications will not be shared.
- ☐ For any media files submitted with the application (e.g., video, audio, photo, etc.), the applicant is responsible for obtaining consent from any individuals who are shown.



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 hyperlinks**. Avoid jargon and acronyms as much as possible. **Do not exceed 500 words.**

The selection panel will use the following criteria, point for point, to judge and score your initiative.

- ☐ The Opportunity for Change or Improvement (25%)
 - Why was a change or improvement needed to enhance patient/family experience?
 - Did you identify the need for this change or improvement based on patient/family input, or did you rely on other factors, such as clinical data or insights, research, or operational circumstances?
 - If you relied on other factors, how did you know this need was important to patients/families?
- ☐ The Change or Improvement Made (25%)
 - What change or improvement was made to enhance patient/family experience?
 - Did patients/families have a role in choosing, planning, and implementing the change or improvement, or did you rely on other factors, such as clinical data or insights, research, or operational considerations?
 - If you relied on other factors, how did you know this change was the right one for patients/families?
- ☐ The Evidence of Success* (25%)
 - What evidence proves the change or improvement made has enhanced patient/family experiences?
 - Did patients/families using your services provide direct evidence to you, or did you rely on other factors such as clinical data or insights, research findings, or operational metrics?
 - If you relied on other factors, how do you know that your efforts improved patient/family experience?

*Different types of evidence or data are accepted as valuable evidence of success, from metrics to anecdotal lived experience.

- ☐ The judges overall subjective evaluation (25%)

Your application must also include two items of support from patients or family members/designates (these do not count as part of your 500-word limit). Ensure at least one of your two statements is from a patient/family who experienced the change you made. Only one of your statements can come from a patient advisor, if you involved one. If the patient population you serve makes it difficult to obtain statements of support, contact us to talk about options. The statements may be submitted in a format most comfortable to the patient/designate.^{1,2} Acceptable formats include:

- Written letters or emails, a letter of commendation, 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.

¹ 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.

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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- 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>