niagarahealth

Extraordinary Caring. Every Person. Every Time.

Patient Partner Handbook



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www.niagarahealth.on.ca/NHEN

905-378-4647 Extension 44427 PatientPartners.NHEN@niagarahealth.on.ca

Dear Patient Partner,

On behalf of Niagara Health, thank you for joining us as a Patient Partner with our Niagara Health Engagement Network (NHEN). We look forward to hearing from you as we continue on our path to a healthier Niagara.

Your generosity of time, sharing of experiences and perspectives will help us make meaningful improvements in the quality and safety of our care. And most importantly to enhance the care experiences for our patients to deliver on the commitment of Extraordinary caring. Every person. Every time.

Sincerely,

Linda Boich

Executive Vice-President, Quality, Community Development and Mental Health and Addictions ~ Niagara Health



Niagara Health's Strategic Plan

Niagara Health's strategic plan sets out our vision for A Healthier Niagara. We are in a time of great opportunity and the inspiration behind this is one unifying goal: To provide all of our patients, families, visitors, staff, physicians, students, learners and volunteers extraordinary experiences. By focusing on specific areas – high-quality, safe care; great people and teams; innovations in care; investing in the future and leveraging partnerships – our goal will be an achievable one.

We are working hard to achieve our purpose of Extraordinary Caring. Every Person. Every Time. We understand that caring is more than just delivering healthcare services, it's about how we deliver them. Our vision is about partnering to support people to stay healthy, get better, live well with disease and cope well with end of life.

OUR PURPOSE

Extraordinary Caring.

Every Person. Every Time.

OUR VISION

A Healthier Niagara





Compassion in Action

Our compassionate and respectful culture is one in which we quickly take action to meet the needs of those we serve and to make healthcare better.

We treat each other well.



Driven by Optimism

We are hopeful and optimistic in tackling our challenges. In partnership we accomplish more. We are resilient through change and drive innovation.



Achieving Ambitious Results

We hold ourselves to the highest standards. We are accountable for high-performing, high-quality, sustainable and innovative healthcare. We are transparent about performance and commit to improve.

EXTRAORDINARY

Niagara Health Engagement Network (NHEN)

The NHEN is comprised of a roster of individuals known as Patient Partners. They are patients and families who have received care at Niagara Health (NH) and are willing to share their experiences to improve care and services or community members who want to be involved in local healthcare. The members of this roster will determine how much, when and how they wish to participate. This rostered approach will help us receive advice and input from a diverse group of individuals that genuinely represent the community Niagara Health serves. Patient Partners will be diverse and reflect Niagara in gender, culture, urban-rural mix, socio-economic levels, and other significant ways demographically.

The NHEN Patient Partners will play an active role in shaping the future directions of Niagara Health. We seek your feedback and involvement in a variety of ways. Patient Partners will work alongside NH staff and physicians on committees, working groups, special projects, co-designing programs and other initiatives.

Some examples of these partnership opportunities include:

- Committee Advisors
- Partnering on Quality improvement projects
- Program Evaluators
- Co-designing models of care
- Health Literacy Reviewers
- Focus Group Participants
- Partners delivering education
- Participating in Policy and Procedure Reviews



What are our Guiding Values for the work of the NHEN?

- 1. We believe that people who are affected by a decision have a right to be involved in the decision-making process. A "nothing about me without me" approach.
- 2. We promise that the NHEN's contribution will influence the decision.
- 3. We seek input from Patient Partners about how they participate.
- 4. We provide Patient Partners with the information they need to participate in a meaningful way.
- 5. We communicate to Patient Partners how their input affected the decision.

How will the Niagara Health Engagement Network (NHEN) Work?

Patient Partners will have the opportunity to choose when, how, what and where they want to donate their time. This could include participating virtually using technology or being present on-site.

Patient Partners can participate in as many or as few opportunities as they like. As a Patient Partner, we will keep you connected and will communicate through our webpage, email and newsletter to let you know the when, how, what, where and why of the initiatives you've already chosen to participate in and possible initiatives you may want to join. You will receive the information in advance, allowing you the ability to reflect and see if the required task fits within your timelines and schedule.

Throughout the year there will be opportunities to come together with other NHEN members to receive training, as well as acknowledge and celebrate the work our Patient Partners are involved in. These events will be a great opportunity for NHEN members to share their experiences and provide feedback and ideas back to other Patient Partners and the Patient Partnerships team.

4 STEPS

NHEN Opportunites and Process



WEBSITE

NHEN will have their own webiste that will identify all available opportunities



MATCHING

If an opportunity arises that we believe your skills, interests or experience will effect the outcome, we will call you directly







We will provide you with information on initiatives through email and newsletters



NIAGARA HEALTH TEAMS

Often when you begin parterning with teams they want to continue the relationship and may reach out directly

Every Patient Partner decides when, where and how much

What Type of Engagement is Expected?

We use the International Association of Public Participation or IAP2 Spectrum of participation/engagement to describe the levels of engagement. This model was developed by an international group that seeks to promote and improve the

practice of public participation in relation to individuals, governments, institutions and healthcare systems around the world. The model is divided into five levels of public participation that are clearly defined and ensure consistency.



Each level has a goal and promise to the public which allows for accountability and clarity in expectations (figure below). The spectrum is aligned with Niagara Health's objectives for engagement with Patient

Partners. Some of our processes will use multiple types of engagement. It's our commitment to ensure that we engage often and in ways that make sense.

| | Inform | Consult | Involve | Collaborate | Empower |
|-------------------------------|--|--|--|--|---|
| Public rticipation goal | To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions. | To obtain public feedback on analysis alternatives and/or decisions. | To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered. | To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution. | To place final decision-making ir the hands of the public. |
| Promise the public | We will keep you informed. | We will keep you informed, listen to and ackowledge concerns and asirations, and provide feedback on how public input influenced the decision. | We will work with you to ensure that your conerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision. | We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maxiumum extent possible. | We will implement what you decide. |
| Example echniques | Fact sheetsWebsitesOpen houses | Public commentFocus groupsSurveysPublic meetings | Workshops Deliberative polling | Citizen advisory committees Consenus-building Participatory decision-making | Citizen juriesBallotsDelegated decision |

What is the Matching Process?

Our matching process is based on your interests, the amount of time you can dedicate and what is required for the project. Our patient partnership staff will guide you through the process and will connect you with the NH staff lead of each initiative before you start participating. Each initiative will have unique

requirements and allow for you to select how you wish to volunteer your time.

Who do you call? Get in touch with the Patient Partnership team at patientpartners.NHEN@niagarahealth.on.ca or 905-378-4647 ext. 44427.



What are the different ways to get involved?

Partnership does not always have to be in person or for prolonged periods, below are some different ways you can expect to be partnered with.

VIRTUAL

- 1. Telephone interviews
- 2. Conference calls
- 3. Website postings
- 4. Webinars
- 5. Online surveys and polls
- 6. Online discussions
- 7. Discussion paper
- 8. Video uploads

IN-PERSON

- 1. Interviews
- 2. Pop-up stations, booths or info centres
- 3. Site Visits
- 4. Coffee and chats
- 5. Focus groups
- 6. Breakout groups
- 7. Workshops
- 8. Open space meetings
- 9. Committees, panels or working groups

Patient Partner Roles & Responsibilities:

Your role is being a Patient Partner at Niagara Health, while your responsibility will be what you are helping us with.

Role versus Responsibility

Role is a part played by someone in a particular situation

Responsibility (or function) refers to the purpose or duty of a person

A teacher plays the role of facilitator, mediator, organizer etc.

A teacher's responsibility/function includes organizing lessons, teaching, assessing etc.

An individual can play different roles in different contexts

The different functions associated with roles

Patient Partner Role:

- Bring the patient, family or community member's perspective to the discussion
- Provide input that will create, implement and/or evaluate care and service delivery
- Build partnerships based on mutual respect and open communication
- Focus on improvement opportunities

Patient Partner Responsibilities:

- Bring a positive attitude and respect the opinions of others
- Prepare for and attend meetings as needed
- Focus on the goals and objectives of the specific project
- Actively participate in meetings by sharing your feedback, experiences and opinions

- Support and model Niagara Health's Declaration of Values, Code of Conduct and Privacy/Confidentiality Agreement & scent-free policy
- Respect the privacy of other Patient Partners and ensure confidentiality of any information you receive
- Attend orientation sessions and training as required
- Ask questions for clarification
- Always wear your photo I.D badge
- Support and model the organization's commitment to inclusion, diversity and equality
- If you are not able to attend a meeting, please let your patient partnership specialist and/or project lead liaison know as soon as possible

Characteristics of a Successful Patient Partner:

Our team at Niagara Health is committed to providing you with the tools and support to be an effective Patient Partner. Here are some key attributes that will help you:

- Be respectful of others and their perspectives
- Be comfortable speaking in a group and interacting with others
- Be a good and thoughtful listener
- Be able to use your personal experience constructively
- Be able to see beyond your own personal experience
- Be able to see the "big picture" to help the organization achieve strategic goals

What are the Overall Benefits of Patient Partners?

There is strong evidence about the meaningful benefits of contributing and sharing your perspectives. Examples of benefits for Patient Partners include:

- Improves services for patients and families
- Enhances relationships between patients, families and healthcare providers
- Provides the opportunity to contribute to meaningful change within the health system
- Feels good to give back to the community and make a contribution
- Builds knowledge and skills of individuals
- Models community involvement and empowerment for family and friends

Benefits for healthcare providers include:

- Enhances relationships between patients, families and healthcare providers
- Enhances providers' ability to do their job, knowing that it will have a positive impact on the people accessing our services
- Increases responsiveness to patient/ family-identified needs
- Provides a fresh perspective on how services could be delivered to better reflect the needs of patients/family members
- Increases empathy and understanding of patients and families

Benefits for Niagara Health include:

- Helps us to keep improving and working towards our strategic plan goals
- Improves overall quality and safety of programs and services
- Increases responsiveness of programs and policies to the needs of patients, families and visitors
- Brings fresh perspectives to generate solutions
- Enhances cohesiveness and collaboration between staff, patients, families and community members



Tips for How to be an Effective Patient Partner:

Being a Patient Partner (PP) like any other role, requires practice, support and helpful tips. We know from other organizations, which have similar patient and family networks in place, that the role of a Patient Partner can be a deeply fulfilling one. However, the role can also feel challenging and overwhelming at times as well. Learning from those organizations, here are some tips:

- Believe that your investment of time will make a difference for others
- Listen with empathy, curiosity and generosity
- Be honest
- Maintain a sense of humor
- Ask questions, they enrich the conversation
- Be open minded, sometimes there are reasons why things might not be able to change
- Avoid assumptions
- Learn to be comfortable with staff and other patients and families. If you need to meet with a Patient Partner Specialist before the meeting, know that we are here to support you
- Think about the points you want to make before attending a meeting
- Understand that you will need to adapt to different situations and that every interaction may be a little different
- Take responsibility for your own learning
- Give input based on your own experience, but be able to step outside of your individual perspective
- Do not deal with personal issues in your interactions
- When talking about an experience that

- did not go well offer suggestions on how it could've been better
- When talking about an experience that went well, offer up what made that so
- Think carefully about the words you use. Anger is not productive. If you want to tell a story that brings up strong emotions, ask a peer or a Patient Partner Specialist to help develop your story
- Honor commitments when you say you are going to do something, please follow through
- Ask for help or support from other network members when you need it and do the same for others
- Don't take on more than you can handle. If you find that you are having difficulty balancing your personal and family life with network activities, be sure to let us know and we can reevaluate your commitments



Ground Rules for Dialogue



Express disagreement with ideas **not personalities**



We are all equal. Leave rank at the door



Respect others when they are talking



Listen respectfully especially when you disagree. Acknowledge you have heard the others



Stay on topic-connect to what others have said



Look for **common ground**



Understand & learn from each other



Identify & test assumptions

Adapted from: Institute for Patient and Family Centered Care and The Change Foundation

How will Niagara Health Support your Involvement?

We value your commitment and the time you volunteer with us to help improve our services and programs. As you volunteer your time, wisdom and experiences we will provide the following:

- Free parking for all Patient Partners while they are volunteering on site
- Accommodating meeting times that suit your availability when possible

- Teleconferencing for those that cannot attend meetings in person
- Interpretation services for Patient Partners when required
- Support from our staff and/or Patient Partnership and Relations team for Patient Partners

Frequently Asked Questions (FAQs):

We compiled a number of questions that are frequently asked about the Patient Partner role and the Niagara Health Engagement Network. If you have additional questions, please feel free to connect with our Patient Partnership and Relations team at patientpartners.NHEN@niagarahealth.on.ca or at 905-378-4647 extension 44427.

Q: What is the Niagara Health Engagement Network (NHEN)?

A: The Niagara Health Engagement
Network is a roster of individuals within the
community who are patients and families
that have received care at Niagara Health
and are willing to share their experiences
to improve care. Patient Partners can also
be community members who want to be
involved in improving local healthcare.
Patient Partners of the NHEN will have
direct input and play an active role in
shaping policies and program development
at Niagara Health, examples include
working groups, special projects and
documentation development and review.

Q: Am I qualified to be a Patient Partner?

A: In order to be a Patient Partner, you should be a past or current patient, have a loved one who is a current or previous patient, or be a community member who wants to help make a difference. You must be able to work collaboratively with staff and other families with an open and nonjudgmental attitude.

Q: What is the difference between the Niagara Health Engagement Network (NHEN) and other hospital patient and family advisory committees?

A: The NHEN has a rostered approach. This allows individuals to be partnered with NH staff in the areas best suited to their interests and background without having

a formalized committee. There is no right or wrong way for partnering with patients and families, but we feel this will suit our needs as we continue to include patients and families in all that we do. And it will fulfill your needs to contribute and make a difference.

Q: What is the difference between a Niagara Health volunteer and an Engagement Network Patient Partner?

A: Our NH volunteers are members of the community who choose to volunteer their time in a number of areas including auxiliary membership, patient and family care, information and customer service and project based opportunities. Our Engagement Network Patient Partners have different roles/responsibilities and may be involved in various engagement activities throughout the organization. They bring their perspectives and insights to help in quality and safety improvement and decision making.

Q: What will my role be as a Patient Partner?

A: Your role as a Patient Partner will be to actively collaborate with NH staff in a number of different areas. This role gives you the opportunity to share your experience with NH staff. Opportunities include committee advisor, work group advisor, program and policy evaluator, health literacy reviewer, focus group participant etc.

Q: What is the time commitment required for a Patient Partner?

A: It depends. Generally the commitment is 2-4 hours per month, however, this can change depending on what engagement activity you are working on or what committee you're a part of. It also depends on how much time you want to contribute. Some Patient Partners find such enjoyment that they participate in several initiatives.

Q: I was a healthcare provider in the past; can I use that experience and training in my Patient Partner role?

A: No, as a volunteer Patient Partner, the role is to use your experience as a patient, caregiver or community member. While we recognize that your experience has assisted others during your career, the role we are asking of our partners is purely from the lens of the patient/caregiver/community member.

Q: Where do I find the application to become a Patient Partner?

A: You can find the application to become a volunteer Patient Partner at www.niagarahealth.on.ca/NHEN Applications are also available through our Patient Partnership and Relations team or Volunteer Resources.

Q: What is the application process for becoming a Patient Partner?

A: The application process includes an interview, immunization screening, criminal reference check and orientation.

Q: How long will the process take to become a Patient Partner?

A: The process may take 6-8 weeks to complete.

Q: Why do I need to do a criminal reference check with vulnerable sector search?

A: Criminal background checks with vulnerable sector searches are required for the purpose of volunteering. It is intended for volunteer applicants who will be in a position of trust or authority over children or vulnerable persons in Canada.

Q: What are the immunization requirements?

A: If accepted, the applicant receives the Communicable Disease Surveillance Form/CDSP (Health Testing) to be completed. This process requires:

- A two-step TB Skin Test
- A copy of your Immunization Record, or proof of immunity, of MMR and varicella

Q: Am I entitled to free parking as a Patient Partner?

A: Yes, as a Patient Partner you will be entitled to free parking when you are on site as part of your role.

Q: Who can I contact with further questions regarding the Patient Partner role?

A: You can contact the Patient Partnerships and Relations team at: 905-378-4647 ext. 44427 or patientpartners.NHEN@niagarahealth.on.ca

Q: Who do I call for a specific initiative?

A: Once you are oriented and matched, you will be connected with the person you will be working with.

Glossary of Terms

Healthcare, similar to many other industries, has its own language and we realize that can be confusing and overwhelming. As such, we have provided a glossary of terms.

During a meeting if there is an acronym you didn't see, please speak up and ask for the full name and brief explanation of what it means. Then circle back to our team so we can add it to this list and ensure it's a living document.

| ACRONYM/KEY TERM | WHAT IT STANDS FOR | ADDITIONAL DETAILS |
|--------------------------------|---------------------------|---|
| 5 Whys | | A question-asking method used to explore the relationships between cause and effect underlying a problem to identify the root cause. |
| ABI | Acquired Brain Injury | Damage to the brain that occurs after birth from a traumatic or non-traumatic event. |
| Accountability | | An obligation or willingness to accept responsibility. It's an expectation when responsible for others. |
| Acute Care | | Usually delivered in a hospital-like setting, acute care is what your healthcare team will provide if you are sick, injured or recovering from a treatment such as surgery. When you are admitted to an acute care hospital to receive care, you are usually called an "inpatient". |
| ADE | Adverse Drug Events | An adverse drug event (ADE) is an injury resulting from medical intervention related to a drug. This includes medication errors, adverse drug reactions, allergic reactions, and overdoses. |
| ALC | Alternative Level of Care | An Alternate Level of Care (ALC) patient is someone who is occupying an acute care hospital bed but not acutely ill or doesn't require the intensity of resources or services provided in a hospital setting (e.g. may no longer need treatment or hospital care) |
| Allied Health Professionals | | The most common include: RN (Registered Nurse), RPN (Registered Practical Nurse), NP (Nurse Practitioner), OT (Occupational Therapist), PT (Physical Therapist) and RT (Respiratory Therapist). |

| ACRONYM/KEY TERM | WHAT IT STANDS FOR | ADDITIONAL DETAILS |
|---------------------|---|---|
| Ambulatory Care | | All types of health services that are provided on an outpatient basis, in contrast to services provided in the home or to inpatient care. While many inpatients may be ambulatory, the term ambulatory care usually implies that the patient must travel to a location to receive services. |
| AODA | Accessibility for Ontarians with Disabilities Act | A piece of legislation that ensures the accessibility of individuals related to goods, services, facilities, employment, accommodation and buildings. |
| Assisted Living | | A broad range of residential care services that includes some assistance with activities of daily living and instrumental activities of daily living but does not include nursing services such as administration of medication. |
| ссо | Cancer Care Ontario | The Ontario government's main advisor on health care for cancer and renal systems. |
| C-Diff | Clostridium Difficile | An infectious bacterium that causes a condition called clostridium difficile colitis. Colitis refers to inflammation of the inner lining of your colon, which can produce a range of symptoms. |
| СМНА | Canadian Mental Health Association | An organization that promotes the mental health of all and supports the resilience and recovery of people experiencing mental illness. |

| ACRONYM/KEY TERM | WHAT IT STANDS FOR | ADDITIONAL DETAILS |
|---------------------|--|--|
| Code of Conduct | | A code of conduct is a set of rules outlining the social norms, religious rules and responsibilities of, and or proper practices for, an individual. |
| Confidentiality | | Confidentiality involves a set of rules or a promise usually executed through confidentiality agreements that limits access or places restrictions on certain types of information. |
| COI | Conflict of Interest | A situation in which a person or organization is involved in multiple interests, financial or otherwise, and serving one interest could involve working against another |
| CPSI | Canadian Patient Safety Institute | A health agency that is focused on raising awareness and facilitating the implementation of ideas and bet practices to improve patient safety. |
| CPSO | College of Family Physicians and Surgeons of Ontario | The body that regulates the practices of medicine to protect and serve the public interest. |
| cQc | Clinical Quality Council | Clinical Quality Council is an internal committee at Niagara Health that is accountable for leading the quality/safety and clinical utilization performance and initiating improvement actions to achieve the expected outcomes in our strategic plan. |

| ACRONYM/KEY TERM | WHAT IT STANDS FOR | ADDITIONAL DETAILS |
|-----------------------|--|---|
| DI | Diagnostic Imaging | A department in a hospital that uses medical technology to diagnose and consult on medical illnesses. Also called MI for Medical Imaging. |
| DMH | Douglas Memorial Hospital | Douglas Memorial Hospital site in Fort Erie. |
| ECFAA | Excellent Care for all Act | A piece of legislation that focuses on enhancing every hospital's quality agenda. |
| Emergency Codes at NH | | Niagara Health's emergency codes include Code OMEGA, ONE, Blue, White Silver, Brown, Red, and more. Please refer to your badge card/handbook. |
| ED or ER | Emergency Department or Emergency Room | A department within the hospital. Emergency services are available 24 hours a day in regional and community hospitals across the province. Emergency departments are intended to care for individuals experiencing a health crisis or urgent medical condition. |
| EMR | Electronic Medical Record | A centralized computer system that collects patient clinical and demographic information (Niagara Health examples include Meditech, MOSAIQ, REDS, Intellispace Perinatal). |
| EOL | End of Life | End of life describes the period leading up to death and is often used when discussing the special support and attention given during that period when the goals of care focus on comfort and quality of life. |

| ACRONYM/KEY TERM | WHAT IT STANDS FOR | ADDITIONAL DETAILS |
|---------------------|--|--|
| FD or FP | Family Doctor or Family Physician | A doctor who specializes in family medicine and provides health care to people of all ages. Family Physicians are sometimes referred to as General Practitioners (GPs). |
| FIPPA | Freedom of Information Protection and Privacy Act | The Freedom of Information and Protection of Privacy Act (FIPPA) provides a right of access to information in the custody or under the control of institutions subject to the Act and, provides a right to the protection of personal information under the custody or control of the institution. |
| FY | Fiscal Year | Used for accounting and performance management. The time period from April to March. |
| GNG | Greater Niagara General | Greater Niagara General hospital site in Niagara Falls. |
| GP | General Practitioner | A term used for a family doctor, or a physician in the community focused on family medicine. |
| HIROC | Healthcare Insurance Reciprocal of Canada | Provider of healthcare liability insurance. |
| ноо | Health Quality Ontario | A partner in transforming Ontario's health care system so that it can deliver a better experience of care and better outcomes for Ontarians and better value for money. |
| HR | 1. Human Resources 2. Health Records | 1.A department in the hospital 2.Specific documents within a patient chart |

| ACRONYM/KEY TERM | WHAT IT STANDS FOR | ADDITIONAL DETAILS |
|---------------------|---|---|
| IAP2 Spectrum | International Association for Public Participation Spectrum | The Spectrum of Public Participation was developed by the International Association of Public Participation (IAP2) to help clarify the role of the public in planning and decision-making, and how much influence the community has over planning or decision-making processes. It identifies five levels of public participation including: inform, consult, involve, collaborate and empower. |
| IHSP | Integrated Health Service Plan | A central strategy deployed by each of the 14 LHINs in Ontario. Each focus on the needs of the patients within their catchment areas. |
| ICT | Information and Communications Technology | A department focused on clinical and non-clinical information systems and technology. |
| IP | Inpatient | If you are admitted to a hospital or health care facility to stay overnight (for at least one night or longer), so as to receive the care and treatment you need, you are called an "inpatient". |
| IPAC | Infection Prevention and Control | A department within Niagara Health. |
| IPC | Inter-professional Care | A principle where multiple healthcare professionals work collaboratively to deliver care. |
| MED REC | Medication Reconciliation | Medication reconciliation is a formal process in which healthcare providers work together with patients, families and care providers to ensure accurate and comprehensive medication information is communicated consistently across transitions of care. |

| ACRONYM/KEY TERM | WHAT IT STANDS FOR | ADDITIONAL DETAILS |
|---------------------|--|---|
| MMR Vaccine | Measles Mumps Rubella Vaccination | The MMR vaccine is a vaccine against measles, mumps, and rubella. |
| MOHLTC | Ministry of Health and Long Term Care | The portion of the provincial government that governs healthcare, long-term care and health promotion/prevention. |
| MRSA | Methicillin-resistant Staphylococcus Aureus | MRSA is caused by a type of staph bacteria that's become resistant to many of the antibiotics used to treat staph infections. Most MRSA infections occur in people who've been in hospitals or other health care settings. |
| NE | Never Events | A joint report with the Canadian Patient Safety Institute that educates Canadians on events that should never happen in hospitals, and spurs professionals to take the steps needed to prevent these events. |
| NH or NHS | Niagara Health or Niagara Health System | Niagara Health serves the Regional Municipality of Niagara, including Niagara Falls, St. Catharines, Port Colborne, Fort Erie and Welland. |
| NHEN | Niagara Health Engagement Network | The Niagara Health Engagement Network is a roster of individuals within the community who have had a care experience with Niagara Health. Patient Partners of the NHEN will have direct input and play an active role in shaping policies and program development at Niagara Health (examples include working groups, special projects and documentation development and review). |
| NPAO | Nurse Practitioners Association of Ontario | An organization that advocates for nurse practitioners in Ontario. |

| ACRONYM/KEY TERM | WHAT IT STANDS FOR | ADDITIONAL DETAILS |
|---------------------|--|--|
| OCFP | Ontario College of Family Physicians | An association that represents family physicians in Ontario |
| ОНА | Ontario Hospital Association | Supports hospitals across the province by providing hospital staff and leadership with high-quality products and services, education opportunities, and championing health system innovation and policy. |
| ОМА | Ontario Medical Association | Represents the political, clinical and economic interests of the province's medical profession. |
| ONA | Ontario Nurses Association | A proactive union committed to improving the economic welfare and quality of work-life for its members, to enable them to provide high-quality health care. |
| OPSEU | Ontario Public Service Employee Union | A trade union that represents about 120,000 employees in the broader public service of the Province of Ontario, Canada. |
| ОР | Outpatient | When a person is not admitted to the hospital for an overnight stay, but still comes to a physician's office, clinic, hospital, day surgery office or other health care facility for diagnosis, treatment or to receive care, that patient is considered an "outpatient". |
| P&P | Policies & Procedures | Policies and procedures are designed to influence and determine all major decisions and actions, and all activities take place within the boundaries set by them. Procedures are the specific methods employed to express policies in action in day-to-day operations of the organization. |

| ACRONYM/KEY TERM | WHAT IT STANDS FOR | ADDITIONAL DETAILS |
|--------------------------------|--|--|
| Palliative Care | | Care and supports for patients and families who are dealing with a progressive, life-limiting illness. |
| Patient Relations Ombudsman | | The Ombudsman is an independent officer of the Legislature who investigates complaints from the public about Ontario public sector bodies within his jurisdiction, recommending improvements for governance and resolving individual issues. |
| PR | Patient Relations | The term used to describe the structure and/or process that organizations see to handle and resolve patient and family concerns and complaints. |
| PCG | Port Colborne General | Port Colborne hospital site. |
| PFCC | Patient-& Family Centered Care | An approach to the planning, delivery and evaluation of health care that is grounded in mutually beneficial partnerships among patients, families and health care. |
| PHI | Personal Health Information | A term used to generalize all health information related to a patient. |
| PHIPA | Personal Health Information Protection Act | PHIPA provides a set of rules for the collection, use and disclosure of personal health information. |

| ACRONYM/KEY TERM | WHAT IT STANDS FOR | ADDITIONAL DETAILS |
|---------------------|--|---|
| PHU | Public Health Unit | The science and practice of protecting and improving the health of a community according to the public health principles of disease prevention, health promotion, and public policy. |
| QA | Quality Assurance | A term used to describe activities that are undertaken to ensure the quality of any task performed s at an acceptable level. |
| QCIPA | Quality of Care Information Protection Act | Under the legislation, information provided to hospital quality of care committees and other designated quality of care committees that deal with quality improvement would be shielded from disclosure in legal proceedings. |
| QIP | Quality Improvement Plan | A government mandated annual strategy to improve quality. |
| QPSR | Quality, Patient Safety & Risk | Department within Niagara Health. |
| QS | Quality Standard | A defined and measurable standard of care that someone should be able to expect from the health system for a particular health condition. |
| REB | Research Ethics Board | The REB helps ensure that research meets the highest ethical standards, and that the greatest protection is provided to participants who serve as research subjects. |

| ACRONYM/KEY TERM | WHAT IT STANDS FOR | ADDITIONAL DETAILS |
|---------------------|--|--|
| RN | Registered Nurse | A nurse who has graduated from a nursing program at a college or university and has passed a national licensing exam to obtain a nursing license. |
| ROP | Required Organizational Practice | ROPs are evidence-based practices identified by Accreditation Canada as vital to patient safety. |
| SBAR | Situation, Background, Assessment, Recommendations | SBAR stands for Situation, Background, Assessment, Recommendations, and is a method of framing conversations, especially critical ones, as it allows clarification of information to be communicated between team members. |
| SCS | St. Catharines Site | St. Catharines hospital site |
| SLT | Senior Leadership Team | A group of health administrators consisting of the organizations CEO and VPs. |
| VRE | Vancomycin-Resistant Enterococci | Enteroccocci are bacteria that are normally present in the human intestines and are often found in the environment. These bacteria can sometimes cause infections. Vancomycin is an antibiotic that is used to treat some drug-resistant infections caused by enterococci. In some instances, enterococci have become resistant to this drug and thus are called vancomycin-resistant enterococci (VRE). |
| WHS | Welland Hospital Site | |

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