

## Patient Partner Appreciation – NL SUPPORT and Quality of Care NL Guidelines

### Introduction

Patient-Oriented research (POR)<sup>1</sup> is a collaborative approach to research that engages patients<sup>2</sup> as partners<sup>3</sup> in the research process. When patients become partners in research and research-related activities, they dedicate their time and expertise to the betterment of the overall research project just as the other members of the research team, albeit with a different lens.

Canada's Strategy for Patient-Oriented Research (SPOR) encourages researchers and research partners to offer financial compensation to their patient partners.

Effective **from fiscal year 1/4/2021 – 31/3/2022** the following guidelines will govern the appreciation of patient partners ("patients") in the field of Patient-Oriented Research working with NL SUPPORT and Quality of Care NL at Memorial University ("the University").

These guidelines apply to patients who are engaged in NL SUPPORT and Quality of Care NL, related activities. These guidelines do not apply to representatives of patient or community organizations who are engaged in NL SUPPORT and Quality of Care NL related activities as part of their role within their organization.

These guidelines do not apply to patients engaged in research projects. Researchers are strongly advised to discuss appreciation options with each patient partner to determine which option is a best fit. Researchers may use these guidelines when discussing forms of appreciation with patient partners. Researchers who are not employees with the University should confirm patient appreciation rates and guidelines with their employer and/or funder.

*These guidelines were written by NL SUPPORT and Quality of Care NL staff with advice from our Patient Advisory Council and the Human Resources department at Memorial University.*

*Terms are explained in the brief Jargon Buster to be found at the end of the document.*

### Forms of appreciation

There are different forms of appreciation. Some ways can include: thank you cards, acknowledgments, letting patients know how they made a difference, payments etc.

This document outlines the NL SUPPORT and Quality of Care NL guidelines on appreciation payments to patients contributing to the work of NL SUPPORT and Quality of Care NL. All payments offered by NL SUPPORT and Quality of Care NL are honorarium payments as a form of recognition for the contribution that patients make to our work.

The honorarium offered will depend on the level of time and complexity of the engagement opportunity as well as the effort and skill level required of the patient partner.

- Time spent on meeting preparation and travel time is included in the honorarium and will not be compensated separately.
- The honorarium will be in addition to any reimbursement of expenses incurred by patients when attending meetings (such as costs of traveling, accommodation).
- Training and orientation meetings are not eligible for payments, however training should be provided free of charge for patient partners.

The honoraria are described below. For more information, or if you have any questions please contact NL SUPPORT Director [Catherine.Street@med.mun.ca](mailto:Catherine.Street@med.mun.ca)

**Appreciation**

The honoraria below have been agreed with the Human Resources department at Memorial University. The appreciation categories are as follows:

Appreciation	Description	Criteria
\$ 200 per annum  Pro-rated for members who join later in the fiscal year.	This is the standard honorarium offered for preparation, attendance at and follow up activities from the Patient Advisory Council meetings and/or Indigenous Council meetings.	This honorarium will be offered to patient partners who are: <ul style="list-style-type: none"> <li>• Recruited based on NL residency and experiences with the local health care system, requiring a general interest in improving healthcare through Patient-Oriented Research</li> <li>• Attending 75% of the meetings per year</li> </ul>
\$50 per half day (up to 3 hours), \$100 per full day (3 hours and up) up to max \$300 per annum	This is the standard one-time honorarium offered for patient partners involved in specific activities organized by NL SUPPORT and Quality of Care NL. Such as: reviewing funding applications, and being part of a working group, core component committee, steering committee, oversight committee, events and/or funding applications.	This fee will be offered to patient partners who are: <ul style="list-style-type: none"> <li>• Recruited for specific tasks as described in this table, in addition to NL residency and experiences with our health care system.</li> <li>• Patient partners may be involved in multiple activities. Patient partners will be offered a single honorarium up to a maximum of \$300 per annum.</li> </ul>

Other forms	For more involved engagement with NL SUPPORT and Quality of Care NL related activities, the staff patient engagement lead and the patient partner should discuss the most appropriate form of appreciation. This could include a flat rate per day or even contractual arrangements.	This applies to patient partners who are recruited for a skill set or a specific task not described in one of the above categories (such as a patient co-facilitator).
Culturally appropriate appreciation	For Indigenous Peoples and other individuals involved with NL SUPPORT and Quality of Care NL who are interested in a culturally appropriate form of appreciation, this will be discussed.	This applies to Indigenous Peoples and members of other cultural groups from communities in NL recruited based on their experiences with the local health care system.
In-kind appreciation	Patient partners may be offered an in-kind appreciation for example attending a conference.	By invitation only. In addition to the offer of monetary appreciation (if applicable).

**How will patient partners be paid?**

- Patient partners will be offered an honorarium based on their involvement with NL SUPPORT and Quality of Care NL
- To claim the honorarium that has been offered, patient partners and an authorized representative of NL SUPPORT should sign a form at the end of each fiscal year (April 1 – March 31) or at the time of the first requested payment by the patient partner confirming the payment amount. NL SUPPORT will provide this form at the end of the fiscal year or when requested.
- Patient partners will be responsible for tracking and claiming their hours/activities using the standardized form available.
- Memorial University will pay by cheque. In order to do so, the University will need the date-of-birth, address, and SIN number of the patient partner.
- The University will provide a T4 for income tax purposes.

**Reimbursement**

Reimbursement for expenses includes the following:

- Travel expenses e.g. airfare, accommodation
- A per diem for meals that are not included in the engagement activity, without requirement of receipt.

Patient partners are required to complete a travel request form before any travel arrangements, flights etc. are booked, and at least 1 week in advance. Link to the form:

[https://www.mun.ca/finance/forms/Travel\\_Request.pdf](https://www.mun.ca/finance/forms/Travel_Request.pdf)

Patient partner travel requests must follow the University travel policy which states that “all travel at University expense must occur by the most economical mode of transportation that is available and practical, while considering the purpose and the urgency of the trip. The shortest direct route must normally be chosen.”

Patient partners are required to complete a travel claim form within 10 days after completion of travel, including all receipts (parking, taxi, bus, flight ticket, accommodation). Link to the form:

[https://www.mun.ca/finance/travel/electronic\\_travel.php](https://www.mun.ca/finance/travel/electronic_travel.php)

Reimbursement may take up to 30 – 45 days. Patient partners are advised to contact NL SUPPORT if they have not received their reimbursement from the University within 45 days.

Patient partners may apply for a travel advance. A travel advance form should be completed at least 10 working days prior to the travel date. Link to the form:

[http://www.mun.ca/finance/forms/Travel\\_Advance.pdf](http://www.mun.ca/finance/forms/Travel_Advance.pdf)

For more information on travel reimbursement, please read the University travel policy

<http://www.mun.ca/policy/site/policy.php?id=284>

## Other things that are important

- Patient partners may decline the offer of an appreciation payment; declining will not affect engagement in projects nor any reimbursement for costs incurred. Patient partners may also accept the offer partially e.g. based on their personal financial situation and tax implications.
- Patient partners must be aware that any income received from their involvement with NL SUPPORT and Quality of Care NL must be claimed on their annual Canadian Revenue Agency income tax return. Before confirming that they wish to accept the offer patient partners should consider the impact of the payment on their benefits, pensions etc.
- Patient partners should know that while NL SUPPORT and Quality of Care NL encourages researchers to offer patient appreciations, it is **not mandatory**. The nature of the research project and the level of funding awarded may limit the type of appreciation offered to patient partners.
- Different research teams and institutions will offer different rates for engagement in research. This is because there is **no set guidance** on this and some organizations can afford to pay more than others.

## Brief Jargon Buster

<sup>1</sup>**Patient-oriented research** refers to “research that engages patients as partners, focusses on patient-identified priorities and improves patient outcomes. This research, conducted by multidisciplinary teams in partnership with relevant stakeholders, aims to apply the knowledge generated to improve healthcare systems and practices.” <http://www.cihr-irsc.gc.ca/e/41204.html>

<sup>2</sup>The SPOR Patient Engagement Framework defines the term ‘**patient**’ broadly as: “An overarching term inclusive of individuals with personal experience of a health issue and informal caregivers, including family and friends.” <http://www.cihr-irsc.gc.ca/e/45851.html>

<sup>3</sup>We define the term ‘**partner**’ as a person who is engaged in research including priority-setting, participation in governance committees, consultation on research design and knowledge translation activities to name a few.

## Approval of these guidelines

This document has been viewed and approved by NL SUPPORT and the Human Resources department of Memorial University. The document will be reviewed regularly in order to ensure that it remains current and reflects any local or national changes.



29<sup>th</sup> March 2021

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Date

Catherine Street

Director, Translational and  
Personalized Medicine Initiative,  
Memorial University



29<sup>th</sup> March 2021

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Date

Kim Blanchard

Manager Client and Advisory Services,  
Human Resources Department  
Memorial University



April 1, 2021

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Date

Glen Roberts

Manager Pensions and  
Compensations, Human Resources  
Department Memorial University

## Patient Partner Appreciation Tracking Form

To ensure your hours are accurately logged, we kindly ask that you use this tracking sheet to keep a record of all your activities conducted as a patient partner.

Please submit this form to NL SUPPORT staff so that we can provide you with payment in a timely manner. Memorial University requires the date of birth, address, and SIN number of patient partners to provide payment. Cheques will be mailed to the address provided. Please be advised that it may take up to 30-45 days to process your payment. Please contact a staff member if reimbursement has not been received within 45 days.

***Thank you for your support and contribution to NL SUPPORT, Quality of Care NL, and Choosing Wisely NL.***

### Patient Partner Activity Log:

<b>First and Last Name</b>	
<b>Period of Engagement</b>  <i>(E.g. April 2021 – March 2022)</i>	

#### Engagement Record:

<b>ACTIVITY NAME</b> <i>(e.g.. PAC Meeting April)</i>	<b>DESCRIPTION (optional)</b> <i>E.g. Recurring meeting to discuss business</i>	<b>DATE OF ACTIVITY</b> <i>E.g. August 27, 2021</i>	<b>NUMBER OF HOURS</b>
<b>TOTAL HOURS CONTRIBUTED</b>			

**Please continue on an additional sheet if required**

**Preferred form of payment:**

- I wish to accept payment in the form of cash (cheque) for my total contribution
- I wish to accept payment in the form of cash (cheque)
- I do not wish to receive any form of payment
- Other (please *describe in the text box provided*)

**Special requests**

*Please use the text box below to describe any special requests you may have in receiving payment for your contribution.*

**Please continue on an additional sheet if required**

**Preferred frequency of payment:**

- Please process my payment upon receipt of this submission
- Please keep my hours logged for now; I will inform you when I wish to receive payment. Note payments must be made at least once per year
- I do not wish to receive any form of payment

*By signing below you are acknowledging that you completed the work above and agree to receiving recognition in the preferred form of payment selected above.*

First and Last Name:	
Mailing Address:	
Social Insurance Number:	
Date of birth:	Phone:
SIGNATURE:	DATE:

