Patient Advocacy Handbook and Guide

Always remember that if you are an advocate, you are NOT authorized to make decisions for the other person. You are only to represent their wishes. Remember that if you feel that the person you are advocating for is putting themselves in danger, you can obtain assistance from the Compassionate Community Care helpline: 1-855-675-8749.

Patient-Advocate Agreement

The Advocate should discuss the information contained here with the Patient before completing this agreement.

Both Advocate and Patient must review and sign this agreement.

After signing, ensure that each person has a copy of the agreement. Provide a copy for the Patient's healthcare provider and family.

The Advocate should take this document with them when they go with the Patient to a medical facility.

This agreement can be ended at any time by the Patient and/or Advocate.

I, the Patient, give permission to my Advocate to do the following (check all that apply):

- ☐ Access and review my medical health records during my current care (as per the Personal Health Information Protection Act).
- ☐ Arrange medical appointments for me.
- ☐ Attend appointments, tests and treatments with me.
- ☐ Be present when the doctor or healthcare provider speaks with me.
- ☐ Be present in the room after an exam to write down information and instructions.

- ☐ Review the doctor's or healthcare provider's handwritten information to be sure I can read and understand it.
- ☐ Ask questions of my healthcare provider(s) about my healthcare and test results.
- ☐ Check, confirm and keep track of my medications.
- ☐ Get information on my behalf to support my healthcare decisions.
- ☐ Review with me my choices for doctors, tests and treatments.
- ☐ Communicate my needs and requests.

Other:

Disclaimer

The information in this agreement is given to help you. It is not professional, legal or medical advice. Compassionate Community Care is not responsible for any loss, damage, or injury arising from a person acting as a patient advocate.

Signing this agreement means that you have read the entire agreement, and that you accept this disclaimer.

Patient's Name (Please print):______________________________________

Patient's Signature:____

Patient's Ontario Health Insurance Plan # (OHIP):______________________________

Advocate's Name (Please print):___________________________________

Advocate's Signature:____

Today's Date:____________________________________

<u>Before Client's Appointment</u>

Ask them about how they have been feeling and if anything is bothering them. NB. Asking a few separate times over a couple of weeks might help you collect more information as they remember different things.

Patient Information

Patient Name: ___________________________________
DOB:_______________________________ Age: ____________
Address:____
Telephone Number:________________ Alt. Number:_______________________
Email: ______________________________________

Patient Health and Treatment Notes:

Doctor Name: ____________________ Contact Info:____________________

Specialist(s) Name and Contact Info:____________________________________
Date of Appointment/Doctor Visit:___________________________________
Location:______________________________ Time: ________________________

What are the patient's concerns?

Is it about physical symptoms, like pain or shortness of breath, or feelings, such as being sad and worried?

●Is the person seeking information about medication side effects or the outcomes of prescribed treatments?

●Does the person want to report new symptoms or concerns?

Gently discuss how to talk with the doctor about sensitive issues. He or she might prefer that you do not talk to the doctor. Your presence may be support enough.

Find out if the person wants to have some time alone with the doctor.

Good preparation involves being as specific as possible about what you want to achieve and, if possible, what specific actions should occur.

Notes Before Appointment:
Priority Concerns:
1.
2.
3.

Doctor's Recommendations for Treatment or Plans Moving Forward:

Patient's Response/Feedback:

Have the following questions answered:

a. How serious is the condition?

b. How will it impact your client's daily life?

c. Is it chronic? Will it worsen over time, or go away with treatment?

d. What causes the condition?

e. What are signs and symptoms to watch for?

f. Is it contagious?

If new medication is prescribed:

a. How effective is this treatment?

b. How will the medication(s) that your client is currently taking interact in the body?

c. How is the medication taken?

d. How long will your client need to take it?

e. How much will it cost?

f. Does your client's insurance (provincial or private) cover the costs?

g. What are the side effects?

h. Will this affect your client's ability to function independently?

i. How long will it take for the medication to work?

j. Are there any alternative treatments?

k. What if they decide not to take the medication?

l. Read up on any new medications the doctor prescribes.

Tests:

a. What tests do you recommend? (e.g. lab tests, x-rays, CT scans, MRI, etc.)

b. How accurate is the test?

c. When and how will the client get the results?

d. What happens then?

1. Ask the doctor whether he or she has any recommendations with respect to lifestyle factors including diet, stress management, and exercise.

2. Inquire about services that may be offered that may be beneficial to the person (Meals on Wheels, dietitian, outings, etc.) The doctor may be able to refer you to a counselor or community agency to help.

3. Write down all instructions given by the doctor and have him or her review it before you leave the office.

4. Do not have your client sign any consent form until he or she understands it completely and the doctor has answered all their questions.

5. Ask for information sheets that you can take home.

6. Ask when your client should next contact the doctor to monitor progress, get results, determine if the treatment is working, etc.

7. Ask the doctor to do a full medication review at least once a year. This is to ensure that the medications are working well together, being taken at the right times and in the right combinations, and to check if all medications are still needed.

Date and Details of Next Appointment: ________________________________

<u>After the Visit</u>

Make follow-up appointments right away. If necessary, help your client fill any prescriptions. Ask the pharmacist for information on side effects of the medication. They may also have information sheets.

Discuss with your client how the meeting/visit went.

Was the visit a good experience?

What could have been done to make it better?

Did I (the advocate) *ask too many questions?*

Did I let my client speak up for himself or herself?

Did they feel that they had enough time to ask the doctor questions?

Remember, a successful interaction with the healthcare system requires persistence.

Follow-Up After Appointment

Additional information from visits with other doctors or specialists:

List of symptoms:

List of prescriptions:

Bring a list of medicines he or she uses, or put them in a bag to take with you. This includes herbal remedies, creams, supplements, and other over-the-counter medicines.

Test results:

Gather information from visits with other doctors and/or specialists.

Drug allergies:

NB. For every appointment, write the speaker's name, title or position, phone number, date, time, and information obtained from the conversation.

Opportunities for Empowering Solutions

Are there any ways you may assist the patient (Driving needs, organization, work with modern technology, financial needs (e.g. reminder to pay bills on time)?
NB. As an advocate, you can help them find solutions to their daily problems.

Further Info for Future Appointments and Medical Meetings

Old and new symptoms:

Any issues or problems with current treatments:

Significant changes to discuss with the doctor:

Questions for Doctor:

At next appointment, review current medications and make sure all medications and supplements are reviewed on a regular basis.