April 13-15, 2016
Sheraton Dallas Hotel
Dallas, Texas

www.theberylinstitute.org
Welcome to Patient Experience Conference

As we come together at Patient Experience Conference, we remain inspired by all our community has accomplished together. These three days exemplify a year of significant work since we have last gathered and represent a milestone of major accomplishments for our field. These efforts reflect both the purpose and passion that each of you contributes in leading our patient experience movement forward.

This last year has reinforced the power of community at the core of all we do at The Beryl Institute. With over 45,000 members and guests around the globe now engaged in the patient experience conversation, we have included new voices, broadened our focus and expanded our reach to all segments of the globe. There is no other place or organization in which this is happening. Focusing on strong partnerships with peer organizations and global efforts to extend our work, we have worked to align and focus the patient experience conversation. We have also expanded our efforts in including the voices of patients and families with the recent addition of our Patient and Family Advisor Community and, as you will hear in the days ahead, the PX2016 keynote stage includes four powerful voices and patient stories.

We have also worked to solidify the profession of Patient Experience (PX) since we were last together. With the full complement of PX Body of Knowledge courses now available, hundreds are now engaged in our certificate programs. We have also seen the reach of patient experience grow globally with Patient Experience Journal (PXJ) being read in over 110 countries. Finally our sister organization, Patient Experience Institute just awarded the first Certified Patient Experience Professionals (CPXPs) earlier this year.

As we remain the primary independent community gathering for people committed to experience excellence, from bedside caregivers to patients and families and physicians to executives to resource providers, Patient Experience Conference will provide a place for both recharging and for learning. We continue to hear for many this is their professional family reunion, and for those that are new to this experience - Welcome to the family! This reinforces perhaps the most important opportunity of all in being together; the opportunity to build lasting connections with your fellow travelers on the experience journey.

These few days together reinforce a simple, but important point. The conversation on experience improvement cannot and should not happen in isolation. It must be built through dialogue, through the sharing of ideas and, most importantly, with the commitment that together we can achieve incredible things for those we care for and serve AND for one another. Here is to what these three days together represent and for what they will provide us in energy, ideas and possibilities as we move forward together.

Jason A. Wolf, Ph.D. , CPXP
President
The Beryl Institute
@jasonawolf
NEW TO PATIENT EXPERIENCE CONFERENCE?
Join us Wednesday 11:15 AM - 12:00 PM for a First Time Attendee Welcome in Lone Star C1 & C2. Learn more about The Beryl Institute and hear past attendees discuss how to get the most from your conference experience.

WEDNESDAY EVENING EXHIBITOR RECEPTION
Our conference exhibitors invite you to enjoy beer, wine and hors d’oeuvres in the foyers from 5:00 – 6:30 PM on Wednesday evening. Spend time networking with colleagues and learning more about services and resources available to help expand your patient experience efforts.

MORNING YOGA
Take time to increase your flexibility and improve your energy from 6:30 - 7:30 AM Thursday and Friday in the Atrium with a Hatha Yoga session. Hatha is a traditional practice of yoga, in which you will have the space to calm your mind and learn the basics of concentration. The sessions will focus on three parts: warm up with gentle movements, strengthening and stretching and a cool down to set the focus for your day.

BREAKFAST TABLE TOPICS
Choose from a variety of patient experience table topics during breakfast Thursday and Friday mornings to enhance your learning and connect with other participants. Selected tables will be marked and hosts will be at each table to help guide conversations.

GETTING THE MOST FROM YOUR MEMBERSHIP SESSION
Grab your breakfast and join us Thursday from 7:30 - 8:15 AM in Austin 1. Whether you are a new member, a long-time member or you’re considering joining the Institute, this session will provide an overview of the benefits of membership. We will answer your questions and share valuable information about the resources and connections available through the Institute.

BODY OF KNOWLEDGE OVERVIEW SESSION
Grab your breakfast and join this session Thursday or Friday from 7:30 - 8:15 AM in Austin 2 to learn more about how you can enhance your knowledge and skills in the field of patient experience. The sessions will include a detailed overview of the Patient Experience Body of Knowledge, its course offerings and available certificate programs. We will answer your questions and equip you with the understanding of this comprehensive learning framework that provides a clear path to delivering superior patient experience performance.

WI-FI
Complimentary internet access is provided to all conference participants.

Network Name: PX2016
Password: PTEXPCONF

DINNER AND NETWORKING RECEPTION AT THE MARGOT AND BILL WINSPEAR OPERA HOUSE
Enjoy networking, dining and live music at The Margot and Bill Winspear Opera House on Thursday evening from 6:00 - 9:00 PM. Included with your conference registration and transportation provided. Additional guest tickets available for $100. Visit the registration and information desk for more information.

CONTINUING EDUCATION
Patient Experience Continuing Education Credit (PXE), Continuing Nursing Education (CNE), Continuing Medical Education (CME), NAHQ and Social Work continuing education credits are available to qualifying participants. You can find approved sessions designated in the program descriptions. Please review the information sheet in your registration packet for details on contact hours and claiming your credits.

POSTER SESSION
Be sure to visit the PX Poster area behind the exhibitor space to see graphic presentations highlighting proven practices, successful ideas and innovative programs. Posters will be on display Wednesday and Thursday. Authors will be at posters to answer questions and share more details on their work Thursday from 4:00 – 5:00 PM. Details on each poster session is included in the program descriptions.

MOBILE APP
Put all the Patient Experience Conference details in the palm of your hand with the PX2016 mobile phone app. Take advantage of this app to plan ahead, learn about the hotel, view your selected sessions, mark agenda items and exhibitors you do not want to miss and connect with your fellow attendees. Simply search in the App Store or Google Play Store for The Beryl Institute PX2016.

#PX2016 TWEETUP
Meet up with your Twitter colleagues! #PX2016 Tweetup is an opportunity for you to connect and engage with other Twitter users in person while at the conference. Whether you’re new to Twitter, interested in learning more or wanting to meet new tweeters, find the blue balloons and join us during Wednesday evening’s Exhibitor Reception.

COMPLIMENTARY SHUTTLES BACK TO THE AIRPORT
We are pleased to offer complimentary shuttles on Friday, April 15 at 12:30 PM and 1:00 PM from the Sheraton Hotel to both DFW and Love Field Airports. Please sign up at the information desk by 12:00 PM on Thursday to reserve your spot.
Special Thanks to Our Exhibitors

PRESENTING
Oneview Healthcare*
oneviewhealthcare.com

DIAMOND
Optum*
optum.com
RL Solutions
rlsolutions.com

SONIFI Health
sonifihealth.com

TruthPoint*
truth-point.com

PLATINUM
HealthStream
healthstream.com

Optum*
optum.com

GetWellNetwork*
getwellnetwork.com

CipherHealth
cipherhealth.com

MyRounding
myrounding.com

Hill-Rom
hill-rom.com

Language of Caring*
languageofcaring.com

The C.A.R.E. Channel
healinghealth.com

PatientPoint
patientpoint.com

SPH Analytics
sphanalytics.com

Impark Health
imparkhealth.com

The Ritz-Carlton Leadership Center
ritzcarltonleadershipcenter.com

Avator
avatarsolutions.com

Talent+*
talentplus.com

Amplion
amplionalert.com

BD
bd.com

Baird Group
baird-group.com

ImageFIRST*
imagefirst.com

Care Experience
careexperience.com

PeopleFluent
peoplefluent.com

CarePacs
medline.com

Cooper Signage & Graphics
carefinding.com

CipherHealth
cipherhealth.com

Gozio Health
goziomedical.com

Emerald Health
emeraldsolutions.com

LanguageLine Solutions
languageline.com

Medcalm Corp
medcalm.com

Professional Research Consultants, Inc.
prccustomresearch.com

Sentry Group
sentrigroup.com

Taylor Healthcare
taylorcommunications.com

Swank Motion Pictures, Inc.
hospitaldigitalcinema.com

Stericycle Communication Solutions
stericyclecommunications.com

Siemens America
siemens.com

Taylor Healthcare
taylorcommunications.com

Swank HealthCare
swankhealth.com

ViewMedica
viewmedica.com

TeleHealth Services
telehealth.com

Towne Health
townehealth.com

SILVER

ABM Healthcare
abm.com/healthcare

Cooper Signage & Graphics
carefinding.com

Creative Health Care Management
chcm.com

Gozio Health
goziomedical.com

Healthwide Solutions
healthwidesolutions.com

Medcalm Corp
medcalm.com

Nobl Health
noblhealth.com

Sentry Group
sentrigroup.com

PatientStyle
patientstyle.com

Stericycle Communication Solutions
stericyclecommunications.com

Swank Motion Pictures, Inc.
hospitaldigitalcinema.com

Sweeney Healthcare Enterprises
patientfears.com

ViewMedica
viewmedica.com

Window Channel Network
windowchannelnetwork.com

SILVER

*Organizational sponsors have contributed to the future of the field by supporting the continued growth of The Beryl Institute as the global community of practice on improving the patient experience.
## Schedule at a Glance

### WEDNESDAY, APRIL 13

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
<th>Location</th>
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<tbody>
<tr>
<td>8:30 AM</td>
<td><strong>PRE-CONFERENCE WORKSHOPS</strong></td>
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<td></td>
<td>The Environment of the Patient Experience: Proactive Design in Practice</td>
<td>AUSTIN 3</td>
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<td></td>
<td>Coaching and Feedback to Enhance Communication</td>
<td>LONE STAR C4</td>
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<td></td>
<td>Leading Your Patient Experience Strategy to the Next Level</td>
<td>LONE STAR C3</td>
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<td><strong>PRE-CONFERENCE COMMUNITY GATHERINGS</strong></td>
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<td></td>
<td>Patient Advocacy</td>
<td>AUSTIN 2</td>
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<td></td>
<td>Pediatric</td>
<td>AUSTIN 1</td>
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<tr>
<td>11:15 AM</td>
<td><strong>FIRST TIME ATTENDEE WELCOME</strong></td>
<td>LONE STAR C1 &amp; C2</td>
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<tr>
<td>1:00 PM</td>
<td><strong>WELCOME &amp; CONFERENCE OVERVIEW - THE PX STORY: THE ROAD AHEAD</strong></td>
<td>LONE STAR AB</td>
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<tr>
<td>2:00 PM</td>
<td><strong>KEYNOTE: RONAN TYNAN - HITTING THE HIGH NOTES: LIVING LIFE TO THE FULLEST</strong></td>
<td>LONE STAR AB</td>
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<tr>
<td>3:15 PM</td>
<td>Networking &amp; Break</td>
<td>FOYERS</td>
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<tr>
<td>3:45 PM</td>
<td><strong>BREAKOUT SESSIONS I</strong></td>
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<td><strong>ANTIDOTES FOR BURNOUT: HEALING ENVIRONMENTS AND TEAMMATE ENGAGEMENT</strong></td>
<td>LONE STAR C1</td>
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<td>Carolinas HealthCare System</td>
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<td><strong>THE PATIENT IS NOT A CONSUMER - HERE’S WHY</strong></td>
<td>LONE STAR C2</td>
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<td>Center for Advanced Design Research and Evaluation, HKS Inc., JE Dunn</td>
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<td><strong>SETTING THE PATIENT EXPERIENCE WITH NEW ADMISSION ORIENTATION AND POINT OF CARE ROUNDS</strong></td>
<td>LONE STAR C3</td>
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<td>Georgia Regents Medical Center</td>
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<td><strong>PEOPLE / PROCESS / PLACE: ENHANCING THE PATIENT EXPERIENCE THROUGH THE BUILT ENVIRONMENT</strong></td>
<td>SEMINAR THEATER</td>
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<td>JumpGarden Consulting, LLC, American Society for Healthcare Engineering, Enviah</td>
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<td><strong>LEVERAGING PHYSICIAN ENGAGEMENT IN PATIENT EXPERIENCE IMPROVEMENT EFFORTS</strong></td>
<td>AUSTIN 2</td>
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<td>Marshfield Clinic</td>
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<td><strong>MEASURING &amp; USING PATIENT EXPERIENCES: SURVEYING ADULT AND CHILD PATIENTS</strong></td>
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<td>Picker Institute Europe</td>
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<td><strong>AFTER MEDICAL ERRORS, DISCLOSURE, TRANSPARENCY &amp; COLLABORATION CAN MEET THE NEEDS OF EVERYONE</strong></td>
<td>AUSTIN 3</td>
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<td>Stanford Health Care</td>
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<td><strong>IMPROVING THE PATIENT EXPERIENCE THROUGH KEY NURSING PRACTICES AND AUTHENTIC PATIENT CONNECTION</strong></td>
<td>LONE STAR C4</td>
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<td>University of Pennsylvania</td>
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<td><strong>EVOLVING TO A PATIENT-CENTERED TEAM-BASED CULTURE – ENGAGING THE HEALTHCARE TEAM FOR EFFECTIVE PALLIATIVE CARE</strong></td>
<td>LONE STAR AB</td>
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<td>The Institute for Healthcare Excellence</td>
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<td><strong>MINI SESSION I:</strong></td>
<td>ATRIUM</td>
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<td><strong>IMPLEMENTING PATIENT LED FEEDBACK FORUMS</strong></td>
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<td>Kingston General Hospital</td>
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<td><strong>AUTHENTIC PUBLIC PARTICIPATION IN STRATEGIC PLANNING</strong></td>
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<td>St. Joseph’s Health Centre, Toronto</td>
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<td><strong>INTRODUCING THE CHIEF EXPERIENCE OFFICER INTO LONG-TERM CARE: TRANSLATING ORGANIZATIONAL VALUES INTO LIVED AND EXPERIENCED BEHAVIORS</strong></td>
<td>FOYERS</td>
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<td>The New Jewish Home</td>
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<td>5:00 PM</td>
<td><strong>EXHIBITOR RECEPTION</strong></td>
<td>FOYERS</td>
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<td>6:30 PM</td>
<td><strong>PHYSICIAN COMMUNITY GATHERING</strong></td>
<td>ATRIUM</td>
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## THURSDAY, APRIL 14

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>6:30 AM</td>
<td>Yoga</td>
<td>ATRIUM</td>
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<tr>
<td>7:30 AM</td>
<td>Breakfast</td>
<td>LONE STAR AB</td>
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<td></td>
<td><strong>GETTING THE MOST FROM YOUR MEMBERSHIP SESSION</strong></td>
<td>AUSTIN 1</td>
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<td><strong>BODY OF KNOWLEDGE OVERVIEW SESSION</strong></td>
<td>AUSTIN 2</td>
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<tr>
<td>8:30 AM</td>
<td><strong>KEYNOTE: CYNTHIA MERCER - CREATING A CULTURE OF EXCELLENCE</strong></td>
<td>LONE STAR AB</td>
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<td>9:45 AM</td>
<td>Networking &amp; Break</td>
<td>FOYERS</td>
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<td>10:15 AM</td>
<td><strong>BREAKOUT SESSIONS II</strong></td>
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<td><strong>SO YOU’RE THE NEW PATIENT EXPERIENCE LEADER. NOW WHAT?</strong></td>
<td>LONE STAR C1</td>
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<td>Baird Group</td>
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<td><strong>MARRIAGE OF NECESSITY: PX MEETS HRO</strong></td>
<td>LONE STAR C3</td>
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<td>Dimensions Healthcare System</td>
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<td><strong>STORYTELLING STRENGTHENS PATIENT EXPERIENCE AND BUILDS SAFETY CULTURE</strong></td>
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<td>Intermountain-Primary Children’s Hospital</td>
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<td><strong>BUILDING A MAGNETIC CULTURE IN HEALTHCARE</strong></td>
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<td>Kevin Sheridan LLC</td>
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<td><strong>DELIVER VALUE BY DESIGN: PFCC PROJECTS THAT WILL IMPROVE EXPERIENCES, OUTCOMES AND REDUCE COSTS</strong></td>
<td>LONE STAR C4</td>
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<td>PFCC Innovation Center of UPMC</td>
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<td><strong>REMOVING COMPLEXITY FROM THE POST-ACUTE PATIENT EXPERIENCE</strong></td>
<td>SEMINAR THEATER</td>
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<td>Siegelvision, The New Jewish Home</td>
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<td><strong>PARTNERS ACTIVELY TRANSFORMING HEALTHCARE</strong></td>
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<td>The Change Foundation</td>
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<td><strong>USE OF IMPROV TO ENGAGE CLINICIANS IN COMMUNICATION SKILLS TRAINING</strong></td>
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<td>The Cleveland Clinic</td>
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<td><strong>MINI SESSION II:</strong></td>
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<td><strong>CREATING PHYSICIAN CHAMPIONS: 5 STEPS TO IMPROVING HCAHPS, CG-CAHPS</strong></td>
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<td>HealthStream Engagement Institute</td>
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<td><strong>USING HIGH RELIABILITY AND THE KANO MODEL TO IMPROVE THE PATIENT EXPERIENCE</strong></td>
<td>LONE STAR C3</td>
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<td>Medical University of South Carolina</td>
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<td></td>
<td><strong>VOLUNTEERS: HELPING TO BUILD A BETTER PATIENT EXPERIENCE</strong></td>
<td>Shore Medical Center</td>
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<td>11:45 AM</td>
<td><strong>LUNCH - Enjoy a networking lunch in Lone Star AB or grab food from one of the foyer buffets and join a Lunch &amp; Learn session:</strong></td>
<td>LONE STAR C1</td>
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<td><strong>METRICS: THE PFACS KEY TO SUCCESS</strong></td>
<td>LONE STAR C2</td>
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<td>Joan’s Family Bill of Rights, Kaiser Permanente, Stanford Hospital &amp; Clinics, Vizient, Inc.</td>
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<td><strong>THE INTERACTIVE CARE MODEL: EFFECTIVELY ENGAGING PEOPLE IN THEIR CARE</strong></td>
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<td>GetWellNetwork</td>
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<td><strong>THE PRIVILEGE OF BEING BUSY: BALANCING PRODUCTIVITY AND PATIENT EXPERIENCE</strong></td>
<td>SEMINAR THEATER</td>
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<td>UW Health</td>
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<td><strong>SUCCESS OF DISCHARGE CALLS TO TRANSITIONAL CALL CENTER</strong></td>
<td>LONE STAR C4</td>
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<td>White Plains Hospital</td>
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<td><strong>A GLOBAL PERSPECTIVE: ENGAGING AND IMPACTING PATIENTS ACROSS THE GLOBE</strong></td>
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<td>Oneview Healthcare, Epworth HealthCare</td>
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<td><strong>THE ROLE OF THE BUILT ENVIRONMENT IN IMPROVING PATIENT EXPERIENCES AND OUTCOMES</strong></td>
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<td>The Center for Health Design</td>
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<td><strong>COMMUNICATING WITH EMPATHY: A CRITICAL NURSING STRATEGY</strong></td>
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### RELATED CONTENT CATEGORIES

- **CARE EXPERIENCES**
- **RESOURCES AND TOOLS**
- **EMPLOYEE ENGAGEMENT**
- **PATIENT & FAMILY ENGAGEMENT**
- **PEDIATRIC**
- **CULTURE AND LEADERSHIP**
- **LONG-TERM CARE**
- **PATIENT ADVOCACY**
- **PHYSICIAN ENGAGEMENT**
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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>1:00 PM</td>
<td><strong>KEYNOTE: MONTEL WILLIAMS - OVERCOMING THE ODDS</strong></td>
<td>LONE STAR AB</td>
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<tr>
<td>2:15 PM</td>
<td>Networking &amp; Break</td>
<td>FOYERS</td>
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<tr>
<td>2:45 PM</td>
<td><strong>BREAKOUT SESSIONS III</strong></td>
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<td></td>
<td><strong>CREATION AND EFFECTS OF A DAILY PATIENT EXPERIENCE HUDDLE</strong></td>
<td>LONE STAR C1</td>
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<td>Cheyenne Regional Medical Center</td>
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<td><strong>DIGITAL ENGAGEMENT OF DISCHARGED ED PATIENTS IS A MUST</strong></td>
<td>SEMINAR THEATER</td>
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<td>Edward-Elmhurst Health</td>
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<td><strong>THE IMPACT OF CULTURAL DIVERSITY ON PATIENT EXPERIENCE</strong></td>
<td>LONE STAR C3</td>
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<td>Geisinger Health System</td>
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<td><strong>STEPS TO SUCCESS: LAUNCHING AND SUSTAINING A PATIENT FAMILY ADVISORY COUNCIL</strong></td>
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<td>MD Anderson Cancer Center</td>
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<td><strong>ENHANCING PATIENT EXPERIENCE WITH VOLUNTEERS</strong></td>
<td>AUSTIN 1</td>
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<td>Rochester General Hospital</td>
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<td><strong>MAKING IT BETTER FOR THE NEXT PATIENT: HOW TO BRING DATA TO LIFE BY APPLYING ETHNOGRAPHIC METHODS</strong></td>
<td>AUSTIN 2</td>
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<td>Seattle Children’s Hospital</td>
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<td><strong>IMPLEMENTING EXPERIENCE-BASED CO-DESIGN: LESSONS FROM THE TRENCHES</strong></td>
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<td><strong>A WALK ALONG AN ENGAGED CULTURE</strong></td>
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<td><strong>MINI SESSION III:</strong></td>
<td>LONE STAR C2</td>
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<td><strong>NOTHING ABOUT ME WITHOUT ME: A PATIENT AND FAMILY PARTNERSHIP PROGRAM</strong></td>
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<td></td>
<td>Allina Health</td>
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<td><strong>PATIENT AND FAMILY ADVISORS AND TEAMSTEPPS: A CULTURAL TRANSFORMATION</strong></td>
<td>MetroHealth Medical Center</td>
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<td>MetroHealth Medical Center</td>
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<td><strong>PARTNERING WITH PATIENT/FAMILY ADVISORS IN PATIENT EXPERIENCE RESEARCH</strong></td>
<td>Vanderbilt University Hospitals and Clinics</td>
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<td>Vanderbilt University Hospitals and Clinics</td>
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<tr>
<td>4:00 PM</td>
<td>Poster Session Presentations</td>
<td>FOYERS</td>
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<tr>
<td>6:00 PM</td>
<td><strong>NETWORKING RECEPTION &amp; DINNER AT THE MARGOT AND BILL WINSPEAR OPERA HOUSE</strong></td>
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<td>Buses to depart for The Margot and Bill Winspear Opera House at 5:45 PM from the Sheraton Dallas Hotel directly outside of the doors in front of the Registration &amp; Information desk and return to Sheraton Dallas Hotel approximately every 30 minutes from 7:00 - 9:00 PM. You can also take a half-mile walk to the venue, approximately 11 minutes.</td>
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### FRIDAY, APRIL 15

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
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<tbody>
<tr>
<td>6:30 AM</td>
<td>Yoga</td>
<td>ATRIUM</td>
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<tr>
<td>7:30 AM</td>
<td>Breakfast</td>
<td>LONE STAR AB</td>
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<tr>
<td>8:30 AM</td>
<td><strong>BODY OF KNOWLEDGE OVERVIEW SESSION</strong></td>
<td>AUSTIN 2</td>
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<tr>
<td>8:30 AM</td>
<td><strong>BREAKOUT SESSIONS IV</strong></td>
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<td><strong>INITIATIVE TO PROMOTE LGBTQ INCLUSION IN THE PATIENT AND FAMILY EXPERIENCE</strong></td>
<td>AUSTIN 1</td>
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<td>Children's Hospital of Philadelphia</td>
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<td></td>
<td><strong>UH OH! NOW, WHAT DO I SAY? USING YOUR PFAC MEMBERS AS COACHES</strong></td>
<td>LONE STAR C3</td>
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<td>CHRISTUS Santa Rosa</td>
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<td></td>
<td><strong>CREATING A RESIDENT FEEDBACK PROGRAM THAT WORKS</strong></td>
<td>ATRIUM</td>
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<td>Ebenezer Ridges, TruthPoint</td>
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<td><strong>THE PATIENT FINANCIAL EXPERIENCE: A LINK TO SATISFACTION, PAYMENT AND MORE</strong></td>
<td>AUSTIN 2</td>
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<td>Simplee, Lancaster General Hospital</td>
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<td><strong>ENHANCING PATIENT EXPERIENCE AND ENGAGEMENT THROUGH TECHNOLOGICAL INNOVATION</strong></td>
<td>LONE STAR C4</td>
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<td>University of Chicago</td>
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<td><strong>ARTS, HEALTH &amp; WELL-BEING: LESSONS FROM A PILOT PROJECT</strong></td>
<td>SEMINAR THEATER</td>
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<td>VHA Office of Patient Centered Care &amp; Cultural Transformation, Americans for the Arts</td>
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<td><strong>CHANGING THE CONVERSATION: THE FUTURE OF THE TREATMENT CONSULT</strong></td>
<td>AUSTIN 2</td>
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<td>UCLA School of Medicine, UNC Lineberger Comprehensive Cancer Center, WiserCare, NorthShore University Medical Center</td>
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<td><strong>MINI SESSION IV:</strong></td>
<td>LONE STAR C1 &amp; C2</td>
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<td><strong>ENGAGING PROFESSIONAL NURSES AS LEADERS IN PATIENT EXPERIENCE</strong></td>
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<td>Mayo Clinic</td>
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<td><strong>EMPLOYEE CULTURE: ENGAGING WITH THE NEW GENERATION</strong></td>
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<td>Norton Healthcare</td>
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<td><strong>PATIENT VIDEOS: EMPOWERING THE PATIENT VOICE TO TRANSFORM CARE</strong></td>
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<td>Toronto East General Hospital</td>
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<tr>
<td>9:45 AM</td>
<td>Networking &amp; Break</td>
<td>FOYERS</td>
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<tr>
<td>10:15 AM</td>
<td><strong>KEYNOTE: KELLY CORRIGAN - THE MIDDLE PLACE: A PATIENT AND FAMILY PERSPECTIVE</strong></td>
<td>LONE STAR AB</td>
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<tr>
<td>12:00 PM</td>
<td>Conference Closes</td>
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### RELATED CONTENT CATEGORIES

- CARE EXPERIENCES - RESOURCES AND TOOLS
- EMPLOYEE ENGAGEMENT
- PATIENT & FAMILY ENGAGEMENT
- PEDIATRIC
- CULTURE AND LEADERSHIP
- LONG-TERM CARE
- PATIENT ADVOCACY
- PHYSICIAN ENGAGEMENT
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PX Collaborative

The PX Collaborative comprises several of the Institute’s sister organizations who share our commitment to patient experience improvement including: American Academy on Communication in Healthcare (AACH), Caregiver Action Network (CAN), Patient Advocacy Community (PAC) of The Beryl Institute, Patient Experience Institute (PXI) and The Center for Health Design.

**AACH** - The American Academy on Communication in Healthcare, is a non-profit organization with a mission to improve healthcare by enhancing communication skills between clinicians and patients, and across healthcare teams and systems. Inspired by a commitment to relationships as the fulcrum of healthcare delivery, AACH faculty devote time outside their regular positions as clinicians and medical educators to conduct on-site training for healthcare institutions.

**CAN** - The Caregiver Action Network is the nation’s leading family caregiver organization working to improve the quality of life for the more than 90 million Americans who care for loved ones with chronic conditions, disabilities, disease, or the frailties of old age. CAN serves a broad spectrum of family caregivers ranging from the parents of children with special needs, to the families and friends of wounded soldiers; from a young couple dealing with a diagnosis of MS, to adult children caring for parents with Alzheimer’s disease. CAN (formerly the National Family Caregivers Association) is a non-profit organization providing education, peer support, and resources to family caregivers across the country free of charge.

**PAC** - Patient Advocacy Community of The Beryl Institute fosters relationships by giving you the opportunity to meet new people and exchange best practices, facilitates advancement to keep you abreast of the latest developments in healthcare patient advocacy while honing your professional skills and inspires leadership that allows you to distinguish yourself as a trusted healthcare patient advocate.

**PXI** - Patient Experience Institute is an independent, non-profit 501(c)(3) organization committed to the improvement of patient experience through evidence-based research, continuing education and professional certification.

**THE CENTER FOR HEALTH DESIGN** - The Center for Health Design advances best practices and empowers healthcare leaders with quality research that demonstrates the value of design to improve health outcomes, patient experience of care, and provider/staff satisfaction and performance. Through design research, education, and advocacy, they’re leading the way in transforming hospitals, clinics, wellness centers, doctor’s offices, and residential care facilities for a safer, healthier tomorrow.
Exhibitor Locations

Skywalk to hotel

Lone Star C1
Lone Star C2
Lone Star C3
Lone Star C4

LOUNGE

1 2 3 4 5 6

21 17 22 18 23 19 24 20
31 28 30 27 30 26 29 25
43 37 42 36 41 35 40 34
45 39 33 34 29 25 30 26
48 42 36 43 37 30 27 30
44 38 32 29 25 30 26 30
*Organizational sponsors have contributed to the future of the field by supporting the continued growth of The Beryl Institute as the global community of practice on improving the patient experience.
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Pre-Conference Workshops

WEDNESDAY, APRIL 13, 8:30 - 11:00 AM

Get even more from your conference experience by attending one of the three concurrent pre-conference workshops held Wednesday morning before the general conference session. Limited space still available in some sessions. Stop by the conference registration desk for more information or to register ($300).

THE ENVIRONMENT OF THE PATIENT EXPERIENCE: PROACTIVE DESIGN IN PRACTICE
AUSTIN 3

From the work of Florence Nightingale to today, the built environment in which patients are treated and await recovery has been identified as critical to patient morbidity and mortality. Looking at a multi-disciplinary approach to understanding environmental theory, current trends, and the patient experience, this workshop will be interactive, engaging participants in assessing their own hospitals and healthcare setting, designing interventions that will improve HCAHPS scores as well as the lived patient experience.

The workshop will focus on the practical/lived role of the environment of care in defining the patient experience and staff experience.

Participants will:
- Define the patient experience as informed by the patient environment
- Understand the elements of Restorative/Supportive Design
- List three symptoms that are directly related to environmental stressors
- Assess the environmental quality of their work setting in terms of qualitative and quantitative measures

Lorissa MacAllister PhD, AIA, EDAC, President, Enviah
Susan E. Mazer PhD, President, CEO & Co-Founder, Healing HealthCare Systems

CE Credits: CNE, CME, PXE, NAHQ, Social Work

COACHING AND FEEDBACK TO ENHANCE COMMUNICATION
LONE STAR C4

Communication skills comprise a high priority area of healthcare with direct impact on patient experience. Coaching individuals to achieve their potential in interpersonal communication requires a firm understanding of fundamental communication skills and a learner-centered and motivational approach towards learners. Excellent coaching and mentorship empowers providers to realize their potential and to maximize their performance and attitudes about caring. As healthcare systems strive toward improving patient experiences and clinical outcomes communication coaching techniques become valuable resources. This workshop will introduce and provide opportunities to practice a model for coaching healthcare providers, teams and staff toward effective communication.

Participants will strengthen their ability to coach effectively by:
- Building skills related to forming strong coaching relationships
- Diagnosing and assessing an individual’s specific needs
- Developing and implementing effective coaching strategies
- Emphasizing key communication and coaching skills related to feedback, empathy and facilitating adult learning practices

Calvin Chou MD, Associate Professor of Clinical Medicine, University of California, San Francisco
Laura Cooley PhD, Director of Education and Outreach, American Academy on Communication in Healthcare

CE Credits: CNE, CME, PXE, NAHQ, Social Work

LEADING YOUR PATIENT EXPERIENCE STRATEGY TO THE NEXT LEVEL
LONE STAR C3

Based on overwhelming participant feedback, this session is a repeat from Patient Experience Conference 2015.

This session will guide you in assessing your current patient experience effort and identifying the critical steps that will lead your strategy to the next level. The result: strengthened and sustained impact on HCAHPS scores, patient outcomes and employee and physician engagement. Participants will learn to critically evaluate existing plans and build a strong road map for continued success.

Highlights of the session will include lessons on how to:
- Engage in strategy mapping; Shaping your strategy, from past, to present and future
- Conduct effective program audits; Recognizing, acknowledging and addressing key accomplishments, barriers to success, employee and physician engagement, the impact, of current strategies, and your goals going forward
- Identify and evaluate strategic options: Achieving both breadth and depth and learning to overcome the five most common barriers to strategy implementation and sustainability
- Shape a refreshed or revised plan: Building a road map that best fits your strategy’s needs, developmental stage, and organizational objectives

Wendy Leebiov, Partner, Language of Caring
Jill Golde, Partner, Language of Caring
Dorothy Sisneros, Partner, Language of Caring

CE Credits: CNE, CME, PXE, NAHQ, Social Work
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*Limited quantities of ChromeCast devices available. Some restrictions apply. ChromeCast is a registered product of Google Inc.
Community Gatherings

Special Interest Communities of The Beryl Institute serve as a virtual connection among healthcare leaders committed to improving the patient experience in an identified area of interest. Communities foster collaboration and learning for individuals at all stages of progress and all touch-points in the patient experience continuum. If you are part of the Institute’s Patient Advocacy, Pediatric or Physician communities or are interested in being involved with one of these groups, make plans to attend their community gathering. Each community will meet for an opportunity to network and engage in facilitated discussion with peers. Visit the registration desk for more information.

**WEDNESDAY, APRIL 13**

**8:30 - 11:00 AM**

**PATIENT ADVOCACY COMMUNITY**

**AUSTIN 2**

In this networking and education session, Patient Advocacy Community leaders will provide an update on the state of the community as well as lead a discussion on the importance of advocates alignment with their organizations’ overall patient experience strategy. In addition, Lou Lacey, Director of the Emotional Wellness at Children’s of Alabama, will present on compassion fatigue, sharing strategies to address and prevent caregiver burnout. The 2016 Ruth Ravich Award will be presented during this gathering.

Breakfast provided and participation is free and open to all Patient Experience Conference participants.

**PROVIDED BY:**

[RL software for safer healthcare](#)

**WEDNESDAY, APRIL 13**

**6:30 - 9:00 PM**

**PEDIATRIC COMMUNITY**

**AUSTIN 1**

The gathering of the Pediatric Community of The Beryl Institute will bring together individuals and leaders committed to improving the patient and family experience in pediatrics. Participants will share their challenges, successes and best practices. All are invited to come together to network, learn from current leading practices and engage in a discussion on the future of the community.

Breakfast provided and participation is free and open to all Patient Experience Conference participants.

**PROVIDED BY:**

[TRUTHPOINT](#)

**PHYSICIAN COMMUNITY**

**ATRIUM**

The Physician Community Gathering will offer a time to network with your colleagues and discuss key patient experience topics top of mind for many physicians. The intent is to collect ideas, practical tools and resources illustrating patient experience improvement. At the end of the evening, there will be an opportunity to vote on topics you would value further discussing over the next 12 months. By joining the discussion, you become part of a patient experience peer community for continued dialogue, support and influence.

Dinner provided and participation designed specifically for physician attendees.

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Patient comment received via GetWellNetwork
**Keynote Speakers**

**RONAN TYNAN**  
**HITTING THE HIGH NOTES: LIVING LIFE TO THE FULLEST**

Dr. Ronan Tynan is truly a modern day “Renaissance Man.” Faced with numerous challenges throughout his well-documented life, he has persevered with enormous passion and determination. He attributes his success to his faith and the knowledge that the Man Above guides him through every door he opens. Introduced to international audiences as a member of the Irish Tenors, Tynan quickly became known for his unique voice and irresistible appeal. Tynan was born with lower limb disability that threatened to sideline him throughout his childhood. When he was twenty, his legs had to be amputated below the knee after an auto accident caused serious complications. Within a year of the operation, he was winning gold medals in the Paralympics. Between 1981 and 1984, Tynan amassed eighteen gold medals and fourteen world records of which he still holds nine. Ronan is one of the most sought after motivational speakers in the U.S., presenting speeches annually for major international corporations and organizations. Ronan also continues to travel all over the world to perform concerts.

_Ce Credits: CNE, CME, PXE, NAHQ, Social Work_

**MONTELL WILLIAMS**  
**OVERCOMING THE ODDS**

Montel Williams earned his media celebrity status as an inspirational Emmy Award-winning television personality whom Americans invited into their homes for more than 17 years. He is a decorated former naval officer, inspirational speaker, author, entrepreneur and advocate for patients worldwide. Before and after the success of his television show, Williams has been passionately involved in many projects that he has transformed into major initiatives with the aim of helping others. Williams’ main focus is his Living Well campaign, which encourages and supports people trying to live their best lives with a focus on their physical, mental, emotional, spiritual and financial health. Williams hosted The Montel Williams Show for 17 years, taping over 3,500 shows and interviewing more than 30,000 guests focusing on key social issues involving ordinary people coping with extraordinary circumstances. Williams is a passionate snowboarder, traveling the world heli-boarding whenever his schedule allows. He is the proud father of four adult children and resides in New York City with his wife Tara.

**CYNTHIA MERCER**  
**CREATING A CULTURE OF EXCELLENCE**

Cynthia Mercer brings over 25 years of business and human resources experience with proven competencies in talent acquisition, organizational and talent development, co-worker relations, total rewards, public relations, communication and strategic planning to her position as Senior Vice President and Chief Administrative Officer. Throughout her over four years of service, Cynthia has elevated the role of the human resources function; collaboratively developed Mercy’s People Promise model; introduced science and rigor to sourcing, selecting and succession planning talent; and aligned a team of functional experts who serve as key strategic partners. In addition to leading the traditional areas within HR, Cynthia took on the transition and elevation of our patient experience measurement and analytics. Cynthia received the Senior Professional in Human Resources designation from the Society of Human Resource Management (SHRM) and a certification in Organizational Development from DePaul University. Cynthia is a member of the Society for Human Resources Management. She holds a Masters in Business Administration from the University of Phoenix and a Bachelor of Science degree in Broadcasting and Film from the University of Central Missouri. A breast cancer survivor and mother of two, Cynthia’s passion to bring hospitality to healthcare is a very personal mission.

_Ce Credits: CNE, CME, PXE, NAHQ, Social Work_

**KELLY CORRIGAN**  
**THE MIDDLE PLACE: A PATIENT AND FAMILY PERSPECTIVE**

Fearlessly tackling subjects as wide ranging as caregiving, death, childhood, and motherhood, New York Times best-selling author Kelly Corrigan humorously and poignantly shares her most personal stories in order to inspire readers across the nation. A decade of nonprofit work has shaped Corrigan’s worldview and she continually tries to compensate for her good fortune by raising money for people who have not shared the luck she has had in life. She started the Circus of Cancer foundation to help friends and family of cancer patients cope and learn how to help and support the patient. Her recent focus has been in education through the YMCA, and children’s health through the Oakland Children’s Hospital where she volunteers every week. Speaking with humor and compassion to groups at hospitals, corporations, and nonprofits, she recounts the many experiences she has written about in her books and urges her audiences to be civically engaged by sharing her guide for finding important work, the value of participation, and the rewards of deep community involvement. With the firm belief that philanthropy and volunteerism lead to personal happiness and self-esteem, she motivates audiences to find the very best way to support their communities.

_Ce Credits: CNE, CME, PXE, NAHQ, Social Work_
Visit the TruthPoint team and learn how you can put data to work with a complimentary Patient Experience Assessment and a pilot of our rounding solution.

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Of nurturing and healing relationships.
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Minneapolis, Minnesota

TruthPoint rounding and feedback solutions plus industry-leading coach advisors provide real-time insights and rapid cycle performance improvement.

―Fairview Health Services
Minneapolis, Minnesota

“Fairview Health Services—a leading health care system in the Midwest—was able to exceed its customer satisfaction goals by over 20% using TruthPoint’s data-driven approach. By implementing our rounding solution, Fairview was able to identify areas for improvement and make real-time adjustments to their patient care process. This not only helped them achieve their goals but also fostered a culture of accountability and patient-centered care.”
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The PX Compare™ app from SPH Analytics is an HCAHPS analytic tool that provides visual comparison of hospital patient experience performance metrics including Top Box, Net Promoter Score, and comparison to state and national averages. Measure, analyze, and take action for better performance with SPH Analytics.

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Results:
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- Gratified Staff & Physicians
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- Higher CAHPS

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How Does Your PX Compare?
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2) what expectations do patients have from their this presentation, participants will discuss survey prevalent today of the patient as a consumer. In study was investigating the theory that is find out what prompted patients to choose and clinic for the first time, this study intended to LONE STAR C2 HERE’S WHY THE PATIENT IS NOT A CONSUMER - Experience, Carolinas HealthCare System and Education, Carolinas HealthCare System for teammates and create healing environments. Compassion Champions at each site to watch out Participants will learn a model for identifying then “Code Lavender” is the antidote. the 40 hospitals and 900+ physicians. If invites structure at a grassroots level in each of phenomena across Carolinas HealthCare System. Through an organic approach, this program has been created to “call out” this devastating Experience with Chaplain Services, an initiative how through a unique partnership of Patient Experience with Chaplain Services, an initiative has been created to “call out” this devastating contagios is to pretend it is not there and to not address it head-on. This session will highlight how through a unique partnership of Patient Experience with Chaplain Services, an initiative has been created to “call out” this devastating phenomena across Carolinas HealthCare System. Through an organic approach, this program invites structure at a grassroots level in each of the 40 hospitals and 900+ physicians. If “burnout/compassion fatigue” is the problem, then “Code Lavender” is the antidote. Participants will learn a model for identifying Compassion Champions at each site to watch out for teammates and create healing environments. David Carl, Executive Director of Pastoral Care and Education, Carolinas HealthCare System Patrick Ratchford, Vice President, Patient Experience, Carolinas HealthCare System THE PATIENT IS NOT A CONSUMER - HERE’S WHY LONE STAR C2 • Based on a survey focused on baby boomer and millennial patients who had visited a clinic for the first time, this study intended to find out what prompted patients to choose and stay loyal to a clinic. A key component of the study was investigating the theory that is prevalent today of the patient as a consumer. In this presentation, participants will discuss survey findings on 1) how patients perceive themselves; 2) what expectations do patients have from their clinics; 3) what factors predict patient satisfaction; 4) what factors predict patient loyalty; and finally 5) how the design of a facility help patients get an ideal experience. The team presenting the study will consist of PhD researchers, medical planners, lean strategists and contractors. Content shared will be purely from the research study findings.

Upali Nanda PhD, Vice President, Director of Research and Executive Director, Center for Advanced Design Research and Evaluation Tom Harvey, Principal, HKS Inc Jessica Bellman, Director of Business Development, JE Dunn Phil Macey, National Director of Collaborative Project Delivery, JE Dunn

CE Credits: CNE, CME, PXE, NAHQ, Social Work PEOPLE / PROCESS / PLACE: ENHANCING THE PATIENT EXPERIENCE THROUGH THE BUILT ENVIRONMENT SEMINAR THEATER The healthcare facility and campus sets the stage for every patient and family member’s experience and can improve the quality of that experience by support of positive interactions and efficient operations. Studies have shown that the perception of experience of care is higher in a newer, well designed facility. However a well-designed facility cannot stand on its own. It’s the integration of the people, the processes and the place that impact experience of care. This session will share what aspects of the built environment are proven to enhance the patient and family experience, including what decisions made the biggest difference. As a panel discussion, members of the American Society for Healthcare Engineering (ASHE) Patient Experience task force will explain a suggested plan of action for incorporating attention to the patient experience into facility related activities, including case studies on how a team approach incorporating clinicians and facility managers can bring tangible results.

Sheila Cahman, Healthcare Architect and Planner, JumpGarden Consulting, LLC Lynn Kenney, Senior Analyst, Advocacy Team, American Society for Healthcare Engineering Lorissa MacAllister PhD, AIA, EDAC, President, Enviah

CE Credits: CNE, CME, PXE, NAHQ, Social Work SETTING THE PATIENT EXPERIENCE WITH NEW ADMISSION ORIENTATION AND POINT OF CARE ROUNDS LONE STAR C3 • The family of CAHPS surveys are the newest tools used to measure the patient experience. Organizations are confusing the patients perception of care with the actual experience of care. The key to providing an exceptional patient experience is through patient engagement and patient- and family-centered care. In 2014, GRHealth took a patient and family centered approach to improving the CAHPS surveys and the patient experience by introducing New Admission Orientation and Point of Care rounds in the Adult Medical Center and Children’s Hospital of Georgia. Lessons learned from the pilot have helped us to develop meaningful information and education for setting expectations at arrival and preparing for discharge with the patient and family. Patient advisors are involved in all aspects of the improving the Rounds Project and participates in the planning and education processes. Patient advisors are energetic members of the rounding teams and really provide vital input to improving the patient experience. This session will focus on how quality improvement initiative measures various key components and touch points that affect or influence the overall patient experiences, which impact patient safety, patient and family satisfaction, interdisciplinary care team performance and medical education.

Bernard Roberson, Administrative Director, Patient and Family Centered Care, Georgia Regents Medical Center Erica Steed, Manager of Patient and Family Engagement, Georgia Regents Medical Center Donna Adams, Patient Advisor, Georgia Regents Medical Center

CE Credits: CNE, CME, PXE, NAHQ, Social Work LEVERAGING PHYSICIAN ENGAGEMENT IN PATIENT EXPERIENCE IMPROVEMENT EFFORTS AUSTIN 2 • Marshfield Clinic has actively worked to engage its physicians in improving patients’ experiences at its 50+ outpatient and inpatient locations. In this session, a unique approach to physician engagement will be presented. A key differentiator of this model is
that physicians voluntarily participated in one-on-one coaching with a patient experience educator over a six month project mutually identifying areas of focus and tools to utilize. Physicians could use this project to receive up to 20 continuing medical education (CME) credits and/or credit for a Part IV Maintenance of Certification (MOC) module recognized by their American Board of Medical Specialties certification board. Progress was measured through patient experience surveys and external benchmarking. Individual physician participation often ignited department participation pulling in other physicians, providers, and clinic staff. Participants will be able to describe the tactics used to develop physician engagement in voluntary patient experience improvements at Marshfield Clinic and identify at least one tactic used to improve patients’ experiences.

Brandon Parkhurst MD, Assistant Medical Director, Marshfield Clinic
Theresa Dionne, Patient Experience Educator, Marshfield Clinic
Jami Kaiser, Patient Experience Educator, Marshfield Clinic

**CE Credits:** CNE, CME, PXE, NAHQ, Social Work

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**MEASURING & USING PATIENT EXPERIENCES: SURVEYING ADULT AND CHILD PATIENTS**

**AUSTIN 1**

- The session will look at the use of surveys to measure and improve patient experience, drawing particularly on our experiences from the national NHS patient survey programs in England. We will share knowledge about survey approaches and give participants an understanding of how patient experience measurement can be used as part of an improvement strategy. The session will cover the design and methods for surveys to give a sense of how they can be employed, results analyzed and findings used to inform and test improvement. Participants will understand the strengths and weaknesses of surveys, understand the key design issues that need to be considered in developing or reviewing surveys of adults or children and feel confident in using patient experience data from surveys to direct improvements.

Chris Graham, Director of Research and Policy, Picker Institute Europe
Andrew McCulloch, Chief Executive Officer, Picker Institute Europe
Bridget Hopwood, Director of Health Experiences, Picker Institute Europe

**CE Credits:** CNE, CME, PXE, NAHQ, Social Work

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**IMPROVING THE PATIENT EXPERIENCE THROUGH KEY NURSING PRACTICES AND AUTHENTIC PATIENT CONNECTION**

**LONE STAR C4**

- In the spring of 2013, nursing leadership determined that a leadership focus on the patient experience was a top priority. Nationally reported scores for Nurse Communication were at the 25th percentile. In this session, participants will understand the four part practice bundle, Safety Huddle, Bedside Handoff, Patient Concern, Visible Quality Board, that was implemented to improve the patient’s perception of care in a meaningful and sustainable way, verbalize understanding of the value of both operational changes to care practices and the emphasis on relationships and meaningful connections with all patients and understand the structures required to sustain practices and achieve sustained gains in patient experience over time.

Kathryn Farrell, Professional Practice Implementation Consultant, Pennsylvania Hospital, University of Pennsylvania
Mary Del Guidice, Chief Nursing Officer, Pennsylvania Hospital, University of Pennsylvania

**CE Credits:** CNE, CME, PXE, NAHQ, Social Work

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**EVOLVING TO A PATIENT-CENTERED TEAM-BASED CULTURE – ENGAGING THE HEALTHCARE TEAM FOR EFFECTIVE PALLIATIVE CARE**

**LONE STAR AB**

- This interactive skills based session will introduce new approaches to engage physicians, caregivers, and administrative leaders as the healthcare teams learns and develops skills that are necessary to navigate the healthcare transformation upon us. Skills which are necessary to evolve from a physician-centric to a patient-centric, team-based culture will be explored and practiced. In addition, sufficient didactic information to accompany the skills based work will be introduced, including rationale for the approach and results that have been experienced at healthcare institutions engaging in this work. The impact on outcomes, safety, efficiency and experience/engagement will be highlighted.

William J. Maples MD, Executive Director, The Institute for Healthcare Excellence
Sandy Argenio MD, Physician Lead, The Institute for Healthcare Excellence
Harvey Cassidy, MD, Faculty, The Institute for Healthcare Executives
Linda Scaz, RN, PhD, FCN, Faculty, The Institute for Healthcare Executives

**CE Credits:** CNE, CME, PXE, NAHQ, Social Work

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**AFTER MEDICAL ERRORS, DISCLOSURE, TRANSPARENCY & COLLABORATION CAN MEET THE NEEDS OF EVERYONE**

**AUSTIN 3**

- Nine years ago, Stanford Health Care formally launched a communication and resolution program, PEARL, to respond to the needs created after medical errors. Since then, a patient representative has been fully integrated into the team responding to these critical events. Many hospitals stand behind the principals of disclosure and transparency – they are morally and ethically easy to support as a policy. But transforming a policy into practice is not straight forward. There are many people and issues involved – patients, families, care teams, administrators, risk managers and regulators all have concerns and motivations. Collaboration and an understanding of the whole ecosystem surrounding errors are vital for keeping a terrible event from getting worse. The patient or family member is essentially left alone in the wilderness, gaining information only if it is given to them or if they gather their own legal team. Stanford Health Care fully integrated a patient representative into the risk management/legal department to better understand and respond to patient and family needs. This session will include discussions of data illustrating the financial benefits of Stanford’s communication and resolution program, case studies to illustrate the “non-measurable,” but equally important impacts of apology and transparency on patients, families and care providers and the method and motivations for the integration of physician peer support within our critical event review process.

Leilani Schweitzer, Assistant Vice President, Communication & Resolution, Stanford Health Care
Abdul Hamamsy, Assistant Vice President/Sr. Litigation Specialist, Stanford Health Care

**CE Credits:** CNE, CME, PXE, NAHQ, Social Work
MINI SESSIONS I
Three 20-minute presentations with a combined Q&A

ATRIUM

IMPLEMENTING PATIENT LED FEEDBACK FORUMS

This session will provide a tool whereby staff learn from patients/families what the patient experience is really like. The tool encourages inter-professional education, and collaboration through the engagement of patients and families with the goal being the best patient experience. The session will focus on enabling organizations to create a vehicle by which patients/family members return to a unit/clinic/practice where they have recently had an experience to share that experience directly with staff. They share those things which went well from a patient/family perspective and those things which could have been better. This allows for timely direct face to face relating rather than anonymous statistics gathered through patient surveys. A patient who has actually led one of these forums will be a central part of the session and will share her experience and the improvements she has been made aware of.

Daryl Bell, Lead for Patient- and Family Centred Care, Kingston General Hospital
Angela Morin, Patient Experience Advisor, Kingston General Hospital

CE Credits: CNE, CME, PXE, NAHQ, Social Work

AUTHENTIC PUBLIC PARTICIPATION IN STRATEGIC PLANNING

36 residents, representing various neighbourhoods and population demographics in the local community, participated in an authentic engagement process and co-designed the most recent strategic plan at St. Joseph’s Health Centre in Toronto. The panel of residents participated in a ‘backstage’ experience that involved a three full day and one evening program including education about the hospital services, the future of healthcare and facilitation of a Public Roundtable meeting involving 150 additional community members. This approach demonstrates the capacity of the public to play a more informed role in health policy and priority setting, and has influenced the patient and community engagement approaches going forward. In this session, one member of the Reference Panel will share his story of participating in the planning process. This session will also share St. Joseph’s Health Centre’s journey from previous models to designing an approach that allowed for more meaningful contribution by patients, families and community members and how the hospital will sustain its new model of community engagement.

Heather Russek, Director, Corporate Strategy & Strategic Initiatives, St. Joseph’s Health Centre, Toronto
Mike Heenan, Vice President, Quality, Strategic Information & Performance Systems, St. Joseph’s Health Centre, Toronto
Andy Harris-Cartwright, Member of Reference Panel, St. Joseph’s Health Centre, Toronto

INTRODUCING THE CHIEF EXPERIENCE OFFICER INTO LONG-TERM CARE: TRANSLATING ORGANIZATIONAL VALUES INTO LIVED AND EXPERIENCED BEHAVIORS

The role of Chief Experience Officer has primarily been implemented in large hospital systems whose key business strategy was to promote Mission and quality care through minding the experience of their clients. The Cleveland Clinic was one of the first to introduce this concept as part of their refocusing and restructuring process. The New Jewish home is taking this forward thinking into the field of ageing and long term care. We will share what we have learned from implementing Person Directed Care practices, education, employee engagement and technology into The New Jewish Home. Though organizational development and the client experience does not belong to one person, we will share how introducing the concept of an Experience Officer in Long Term Care has improved outcomes for both the Elders we serve and those who care for them.

Tammy L. Marshall, Chief Experience Officer, The New Jewish Home

CE Credits: CNE, CME, PXE, NAHQ, Social Work

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SO YOU’RE THE NEW PATIENT EXPERIENCE LEADER. NOW WHAT?

LONE STAR C1

Since most organizations have not had a patient experience position in the past, there is often a steep learning curve not only for the individual but for the organization as a whole. Defining the role, forging key relationships and setting the direction for the patient experience are just a few of the key responsibilities whether stated in the job description or not. In this session, we will review the most essential actions for ensuring success while managing expectations from the C-suite to the frontline. Success and sanity lies in understanding the difference between influence and control, then learning to be an inspired, influential and systematic leader. Among the key determinants of success is the ability to set and control, then learning to be an inspired, influential and systematic leader. Among the key determinants of success is the ability to set priorities and keep their efforts on task. Participants will examine how to set priorities and keep their efforts on task.

Kristin Baird, President/CEO, Baird Group

CE Credits: CNE, CME, PXE, NAHQ, Social Work

MARRIAGE OF NECESSITY: PX MEETS HRO

LONE STAR C3

The Marriage of Necessity is a concept that marries two key critical components around the PX Journey – High Reliability Organization (HRO) and Compassionate Service. The marriage of these two concepts provides a solid foundation as you build and enhance your Patient & Guest Experience. In today’s healthcare environment, patients are well informed and engaged in their healthcare decisions. It is no longer about meeting the patient and family needs; you need to anticipate and exceed their expectations. Therefore, it is critical that healthcare providers are educated on the importance of caring communication and compassionate service. HR0s are not a new concept, but one that should receive more attention especially in healthcare. Participants will learn the definition of an HRO and explore the application of its five principles. This session will provide participants with an innovative perspective for transforming their organization into a patient/family-centered, high reliability organization. In addition to understanding the nature and principles of an HRO, participants will understand the importance and benefits of creating collaboration, reducing fragmentation, encouraging transparency and leadership development.

Brenda Johnson, Vice President, Experience & Service Excellence, Dimensions Healthcare System

CE Credits: CNE, CME, PXE, NAHQ, Social Work

STORYTELLING STRENGTHENS PATIENT EXPERIENCE AND BUILDS SAFETY CULTURE

AUSTIN 1

This session will describe one institution’s journey to improve the culture of Speaking Up! Giving staff, patients and families the clear message that everyone has the obligation to speak up in order to keep patients and families safe and informed of the plan for care. This session will focus on discussing various ways to enhance story sharing to improve the awareness and partnership for a safe patient experience and share strategies utilized to move the Speak Up culture for staff, patients and families.

Joy Cutler, Patient Experience Director, Intermountain-Primary Children’s Hospital

Judy Geiger, Chief Nursing Officer, Intermountain-Primary Children’s Hospital

CE Credits: CNE, CME, PXE, NAHQ, Social Work

BUILDING A MAGNETIC CULTURE IN HEALTHCARE

AUSTIN 3

To become the best in the industry, it is essential to employ the best people. But how do employers build a staff that is ready and able to take an organization to its next level? This session will focus on how to attract talented employees to the workplace, empower them and sustain an environment in which they are more likely to stay. Drawing on years of research and real-world examples, participants will learn strategies and tactics needed to transform an organization by creating and maintaining a Magnetic Culture. Participants will be able to leverage the best practices on each of the top drivers of employee engagement, discover the secrets to recruiting and vetting through only the best, engaged and magnetic candidates for employment and apply specific techniques to instill fun into the workplace and culture.

Kevin Sheridan, Chief Engagement Officer, Kevin Sheridan LLC

CE Credits: CNE, CME, PXE, NAHQ, Social Work

DELIVER VALUE BY DESIGN: PFCC PROJECTS THAT WILL IMPROVE EXPERIENCES, OUTCOMES AND REDUCE COSTS

LONE STAR C4

Taking a patient- and family- centered approach to care delivery has many organizational benefits over the long term. Adopting the PFCC Methodology and Practice (PFCC M/P) will engage patients and families in real-time, break down organizational silos and caregivers will become reinvigorated and rediscover their mission. In this session, we will explore several projects that, together, achieve all aspects of the Triple Aim of improved patient experiences, improved health of populations and reduced cost of care. In this session, participants will identify specific examples of improved experiences, outcomes and reduced costs using the PFCC Methodology and Practice, learn how incorporating PFCC into workflows reinvigorates and engages caregivers and explore strategies for improving the health of populations and flipping focus from “What’s the matter?” to “What matters to you?”

Patty Embree, Senior Director, PFCC Innovation Center of UPMC

CE Credits: CNE, CME, PXE, NAHQ, Social Work

REMOVING COMPLEXITY FROM THE POST-ACTUE PATIENT EXPERIENCE

SEMINAR THEATER

Patients and healthcare providers are overwhelmed by the complexity and bureaucracy that has resulted from insurance policy changes, increasing regulatory requirements and proliferating treatment options. Nursing homes, in particular, are just beginning to consider how they can use the lens of “Clarity” to improve patient experience. True simplification comes from matching patients experience to patients expectations. The first 72 hours of a patients stay in post-acute rehab at a healthcare facility can make or break the entire patient experience. Examining every touch point from admission through the first three days of post-acute care revealed many opportunities for The New Jewish Home to change the tone, method and frequency of interaction between patients and employees. This session will discuss how frequently overlooked brand touch points admissions agreements, menus, rehab schedules, signs, bills, correspondence and patient portals can affect the post-acute patient experience. The session will also focus on ways to shift the mindset of risk-averse healthcare facilities in a highly regulated environment, techniques for improving content, design and wording institutionalizing communication improvements measuring outcomes such as increases in post-acute admissions and decreased length of stays.

Irene Etzkorn, Chief Clarity Officer, Siegelvision

Tammy L. Marshall, Chief Experience Officer, The New Jewish Home

CE Credits: CNE, CME, PXE, NAHQ, Social Work

PARTNERS ACTIVELY TRANSFORMING HEALTHCARE

ATRIUM

Partners Advancing Transitions in Healthcare (PATH), funded by The Change Foundation, is a community partnership of patients, family caregivers, health and community care providers and a technology company, making local process changes to improve healthcare transition experiences. Care transition miscues result in poor patient experiences, sub-optimal outcomes and inefficient use of health resources. PATH partners collectively identified four issues contributing to miscues: care transitions are provider-, not person-, centered, critical health and personal
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information often does not transition with patients, seniors are not intrinsically valued, not provided opportunities for having their needs addressed and community and providers lack knowledge about the aging process and available supports. The partners collectively designed interventions for these issues. Experience based co-design (EBCD) and person centered care (PCC) are embedded into all PATH processes. Participants will learn how to partner with patients/family to create a patient centered culture and lead to sustainable improvement.

Genevieve Obarski, Assistant Vice President, Communication & Resolution, The Change Foundation

CE Credits: CNE, CME, PXE, NAHQ, Social Work

USE OF IMPROV TO ENGAGE CLINICIANS IN COMMUNICATION SKILLS TRAINING

AUSTIN 2

Effective communication is vital for improving the safety, quality and experience of healthcare. Clinicians must practice and reflect on communication skills to become more effective using them. Communication skills facilitators have recognized that learning is often accelerated in a safe, supportive environment that fosters participant spontaneity and honesty and many improv techniques are being incorporated into training a multitude of professions. This session focuses on the use of improv exercises throughout foundational and advanced communication skills curriculum at a large academic medical center as an innovative technique to further engage adult learners. Participants will recognize the purpose and value of improv techniques in facilitating experiential communication skills training and be able to identify facilitation strategies for future application in communication skills training.

Amy Windover PhD, Director of Curriculum, CEHC and Psychologist, The Cleveland Clinic
Nathan Houchens MD, Internal Medicine Residency Associate Program Director for Communication, The Cleveland Clinic
Katie Neuendorf MD, Medical Director, CEHC, The Cleveland Clinic

CE Credits: CNE, CME, PXE, NAHQ, Social Work

MINI SESSIONS II
Three 20-minute presentations with a combined Q&A
LONE STAR C2

CREATING PHYSICIAN CHAMPIONS: 5 STEPS TO IMPROVING HCAHPS, CG-CAHPS

Many leaders in healthcare work to engage patients; however, when we engage staff and physicians, we in turn affect patients positively. This session was developed to enhance the progress you’ve already made at your facility with five practical steps to improve CG-CAHPS and HCAHPS by engaging your current physicians. Participants will be able to identify the 2015 dynamics and trends for physicians, create the case for collaboration and alignment, build awareness and accountabilities for HCAHPS and CG-CAHPS, define two patient-centered tactics for all physicians and build physician engagement by creating and celebrating champions.

James L. Lonquist MD, FACS, Physician and Physician Coach, Cardiology Consultants, HealthStream Engagement Institute
Katie Owens, VP, Practice Leader, HealthStream Engagement Institute

USING HIGH RELIABILITY AND THE KANO MODEL TO IMPROVE THE PATIENT EXPERIENCE

MUSC, as part of the South Carolina Safe Care collaborative with The Joint Commission Center for Transforming Healthcare, has been moving toward becoming a high reliability organization (HRO). HROs are organizations which operate in inherently complex and risky environments, but which consistently avoid catastrophic errors. One core concept of HROs is “deference to expertise”: the acknowledgement that the person with the most expertise in a situation may not be the highest ranking or most educated person. MUSC selected the Kano Model of Attractive Quality Creation as the framework for their improvement journey. It stresses the voice of the customer in determining critical to quality characteristics (CTQs), and complements the HRO principle of deference to patient expertise. In this session, participants will learn how to describe the necessity of and how to engage patients (Voice of the Customer) in improvement projects and describe the application of Attractive Quality Creation (the “Kano Model”) to an inpatient pediatric psychiatric unit to improve the patient experience.

Jennifer Hooks MBA, Manager Performance Improvement, Medical University of South Carolina

VOLUNTEERS: HELPING TO BUILD A BETTER PATIENT EXPERIENCE

The challenges of today’s healthcare environment are numerous. Volunteer Administrators are in a unique position to further the mission and vision of their organization through the generosity of volunteers and support a multitude of programs and services, while facing the unique challenge of managing an unpaid workforce. The goal of this session is to invite volunteer administrators and anyone who interacts with volunteers to showcase the innovative ways they leverage the talents of their volunteers. This session will share best practices that enhance the patient and family experience and include ways volunteers help impact the patient centered culture and contribute to the organizations operational success. Through the highlighting of successful programs, leveraging the advice of peers to help grow new programs and an innovative approach leveraging the resources we have in the community members who volunteer within our organizations, participants will gain valuable information to take back to their organizations.

Lisa DiTroia CAVS, Director of Advocacy, Experience and Volunteer Services, Shore Medical Center

CE Credits: CNE, CME, PXE, NAHQ, Social Work
Further enhance your conference experience by joining one of these additional learning sessions during Thursday’s lunch. Designed to offer a blend of information, participants engage in captivating study and dynamic conversation. Lunch provided.

**METRICS: THE PFACs KEY TO SUCCESS**
**LONE STAR C1**

Although slightly more than 50 percent of hospitals have Patient & Family Advisory Councils (PFACs), metrics can provide the tipping point for increased PFAC adoption, as well as solidify the PFAC as a valuable voice. Unfortunately, some PFACs have disappeared when CEOs change. One of the most important factors in PFACs success is using metrics to prove the project’s impact on finance, safety, operations, patient experience, etc. This session will describe measurement techniques that PFACs can use, explain how to implement a project with before and after metrics and highlight case studies on successful projects that used metrics that were impactful. Every PFAC is at risk of deletion unless council members prove the value of patient and family engagement. We’re making great strides in implementing PFACs, now it’s time to prove the value with important and needed metrics.

Barbara Lewis, Founder, Joan’s Family Bill of Rights
Kerry Litman MD, Medical Director and Assistant Medical Director, Kaiser Permanente
Joan Forte-Scott RN, MBA, Administrative Director, Patient & Community Engagement, Stanford Hospital & Clinics
Kellie Goodson, Director, Program Administration, Vizient, Inc.

**THE INTERACTIVE CARE MODEL: EFFECTIVELY ENGAGING PEOPLE IN THEIR CARE**
**LONE STAR C2**

This session will discuss the clinician’s leadership role in engaging patients and families in their health and transforming care delivery to impact patient and community outcomes. Participants will learn about the O’Neil Center’s Interactive Care Model, which describes the interactions between providers and people in all care settings, and provides a roadmap to deliver care in a more person-centric, interprofessional way.

Karen Drenkard PhD, RN, NEA-BC, FAAN, Sr. Vice President, Chief Clinical and Nursing Officer, GetWellNetwork

**THE PRIVILEGE OF BEING BUSY: BALANCING PRODUCTIVITY AND PATIENT EXPERIENCE**
**LONE STAR C3**

After our organization moved to provider-level sampling and reporting of patient experience data, one of the most common concerns we heard was how to manage the two seemingly incongruent demands of high productivity and high patient satisfaction. In many cases, clinicians assume that productivity and patient satisfaction are mutually exclusive, or that improving in one area requires sacrifice in the other. We wanted to better understand the relationship between patient satisfaction and productivity in the ambulatory setting, in order to address clinicians’ concerns and share best practices. This session will identify specific techniques even the “busiest” clinicians can use to connect with patients and improve patient satisfaction performance, understand the relationship between volume and patient experience at one academic medical center and understand how to use quantitative and qualitative data to address clinicians’ questions and concerns around patient experience.

Margaret Leaf, Senior Patient Experience Analyst, UW Health
Gregg Heathley MD, MMM, Vice Chair, Department of Ophthalmology and Visual Sciences, UW Health

**CE Credits: CNE, CME, PXE, NAHQ, Social Work**

**SUCCESS OF DISCHARGE CALLS TO TRANSITIONAL CALL CENTER**
**SEMINAR THEATER**

The first 24 to 48 hours after discharge is when most patients have questions and need reassurance, advice and reinforcement of the information provided. Statistics show that a substantial number of hospitalizations are re-admissions within 30 days. With this knowledge, we decided to build a call center to address not only patient satisfaction issues but the area of readmissions and medical regime compliance as important factors to consider in providing exceptional healthcare. The White Plains Hospital Discharge Transitional Care Program evolved from a very basic courtesy to contact our discharged inpatients and emergency room patients. Many patients leave a hospital scared, vulnerable and uncertain about next steps. If we are to be patient-centered, then we need to dedicate time and attention to the patients’ needs. Discharge follow-up calls can improve compliance and, ultimately, clinical outcomes. In this session, participants will discover our hospitals transformation of Discharge Call Center to Discharge Transitional Care Program, identify improved clinical outcomes including increased patient satisfaction, continuity of care, and decreased readmission rates to benefit patients and your facility and learn ideas or meeting goals and transparency throughout your organization.

Renee Mann, Manager, Patient Advocacy, White Plains Hospital
Elizabeth Zimmermann, Discharge Call RN, White Plains Hospital
Myrinda Mitchell, Discharge Call Clinician, White Plains Hospital

**CE Credits: CNE, CME, PXE, NAHQ, Social Work**

**A GLOBAL PERSPECTIVE: ENGAGING AND IMPACTING PATIENTS ACROSS THE GLOBE**
**AUSTIN 1**

As we go through a healthcare consumer revolution, it is clear that it is not just limited to our borders. The patient experience and how we engage our patients to take active roles in managing their healthcare has become a global mission. It has also become apparent that technology has to play a vital role in changing and forming the culture of healthcare we consume. This session will present views from hospitals in three different parts of the globe: Australia, United Arab Emirates and the US. These case studies will showcase how innovation for a healthcare provider more than ever has to be based on the people, the process and forward thinking technology. The presenters will share how these providers focused on understanding and studying their population’s needs and how they designed their processes, trained their staff and deployed relevant technologies to help meet their mission of enhancing the patient experience while providing an engagement launching pad. In addition, you will see and hear what patients from these areas are feeling about how their experience has been impacted.

Samir Batra, Vice President of Patient Engagement, Oneview Healthcare
Louise O’Connor, Executive Director, Epworth HealthCare
Isobel Smith, Epworth Excellence Group Coach, Epworth HealthCare

**CE Credits: CNE, CME, PXE, NAHQ, Social Work**
THE ROLE OF THE BUILT ENVIRONMENT IN IMPROVING PATIENT EXPERIENCES AND OUTCOMES

LONE STAR C4

For over 20 years, The Center for Health Design has been creating, collecting, organizing and sharing the largest compendium of industry-changing healthcare design research, best practices, resources and tools. While today’s healthcare issues are more challenging and complicated than ever before, the built environment can provide key solutions to improve patient experiences and outcomes. During this session, we will unveil newly created toolboxes that contain a library of expert insights, case studies, research data, strategies and tools that offer different perspectives and fresh ideas to address some of the tough problems (noise, infections, cleanliness, etc) in today’s complicated healthcare environment. Participants will understand the relationship between the built environment and patient satisfaction, learn about the tools and resources available that address a range of healthcare design challenges and discover facility design solutions that can be implemented in a variety of different healthcare settings.

Carolyn Glaser MA, EDAC, Director of Operations, The Center for Health Design

COMMUNICATING WITH EMPATHY: A CRITICAL NURSING STRATEGY

AUSTIN 3

The impact that nursing has on the patient experience and clinical outcomes is undeniable. Focus on clinical excellence, documentation and other important tasks may cause nurses and nursing leadership to lose sight of the importance of empathetic communication as a strategy to enhance the patient experience and improve clinical outcomes. Attend this session to learn best practices in empathetic education for nurses, to answer the question “Can you teach empathy?” and to learn how teaching nurses the skills to communicate with empathy has far reaching, tangible results.

Carol Santalucia MBA, Founder and President, Santalucia Group, LLC
Dawn Gubanc Anderson MSN, RN, NE-A, BC, CHEP, FACHE, President, Gubanc and Associates, LLC
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by uncovering missed diagnoses, treatment failures, dangerously rapid progression of disease, prescription noncompliance and aftercare obstacles. Compliments shared with staff were very empowering and complaints lead to opportunities for constant improvement. In this session, participants will learn from case studies that automation in reporting next-day clinical concerns can be seamlessly incorporated into existing workflows for ED charge nurses and how digital engagement is an effective way to elicit feedback.

Tom Scalella MD, ED Chair and PX Medical Director, Edward-Elmhurst Healthcare
Julie Danker, Director of Patient Experience, Edward-Elmhurst Health

CE Credits: CNE, CME, PXE, NAHQ, Social Work

THE IMPACT OF CULTURAL DIVERSITY ON PATIENT EXPERIENCE
LONE STAR C3

A sense of urgency needs to be established across the healthcare continuum. Not only are the patients we serve more diverse, but we are also seeing a change in our workforce. This session will address cultural competence that will include the recognition of the value and building respect for individual differences, understanding the basics of racial/ethnic distinctions and disparities and improving communication skills of our healthcare professions. Through the examination of our own cultural competence, we will address the impact upon the patient experience. By doing this, we can provide higher quality of care, encourage patient engagement, strive for patient compliance and improve patient outcomes. Improvement strategies will be examined so we will be better equipped to empower patients as partners in their own care and utilize communication networks as tools to expand awareness. This session will explore Intent vs. Impact, review the elements of cultural competence, the power of influence and why we should be aware of our implicit biases. Participants will discuss factors that influence the patient provider relationship and learn how the caregiver can enhance the interpersonal relationships with the patient to attain optimal patient experience.

Rebecca K. Ruckno, Director, Patient and Family Advocacy and Interpretive Services, Geisinger Health System

Arthur Breese, Director of Diversity, Geisinger Health System

CE Credits: CNE, CME, PXE, NAHQ, Social Work

STEPS TO SUCCESS: LAUNCHING AND SUSTAINING A PATIENT FAMILY ADVISORY COUNCIL
LONE STAR C4

This session will include the steps and barriers to implementing a Patient Family Advisory Council (PFAC). Equal in importance is how to sustain and grow the Patient Family Advisory Council after the first year. Included will be defining patient experience in your organization, steps for implementing a Patient Family Advisory Council in your organization, steps for engaging leadership to include the voice of the patient on strategic committees, steps to include the voice of the patient on institutional initiatives to educate employees and improve processes and steps to sustain the PFAC membership. This session will also include how we organized the monthly PFAC meetings and how we determined the format of the meetings to meet the needs of our members and of our projects teams who wanted to include the patient voice in the decision making process. This session will also include a description of the impact and results we have seen at an institutional level due to the PFAC and participants will leave with a toolkit of steps to launch a PFAC.

Kathy Denton, Associate Director of Patient Experience, MD Anderson Cancer Center
Debbie Schultz, Assistant Director, Volunteer Services, MD Anderson Cancer Center
Kay Swint, Director, Patient Experience, MD Anderson Cancer Center
Amy Hall, Patient Family Advisor, MD Anderson Cancer Center

CE Credits: CNE, CME, PXE, NAHQ, Social Work

ENHANCING PATIENT EXPERIENCE WITH VOLUNTEERS
AUSTIN 1

Running out of strategies for improving the patient experience? Research shows that organizations that proactively manage their volunteers can enhance bottom line outcomes and the patient and family experience. Participants in this session will review some of the evidence linking volunteers to improved patient experience (satisfaction, safety and quality), examine a few best practices, patient experience enhancing volunteer roles, learn how to use a simple assessment tool to determine your organization volunteer program’s patient- and family-centeredness and hear about a few key steps to take to leverage volunteers to improve the patient and family experience.

Doug Della Pietra, Director, Customer Services & Volunteers, Rochester General Hospital

CE Credits: CNE, CME, PXE, NAHQ, Social Work

RELATED CONTENT CATEGORIES

CARE EXPERIENCES - RESOURCES AND TOOLS
EMPLOYEE ENGAGEMENT
PATIENT & FAMILY ENGAGEMENT
PEDIATRIC
CULTURE AND LEADERSHIP
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MAKING IT BETTER FOR THE NEXT PATIENT: HOW TO BRING DATA TO LIFE BY APPLYING ETHNOGRAPHIC METHODS

AUSTIN 2

Through the implementation of a qualitative, ethnographic protocol called Patient Tracers, we have been able to objectively collect, analyze and thematically represent the patient and family experience in various clinical settings. While family experience survey (FES) scores are routinely reported to staff, we have found that they are more motivated by stories from the patients and families. Consequently, tracers have expanded the conversation around the patient and family experience in tangible ways. Ultimately, patient tracers have created an avenue to open up conversations around patient- and family-centered improvement efforts. Leaders have helped their teams be more successful in improvement work by using patient tracer results to personalize the FES scores. This session will discuss how to encourage the team, bring meaning to data in a way that prompts action, how to effectively coach and inspire staff and participants will learn how to describe the value of the patient tracer process and understand how the findings are contributing to local and organizational change.

Julia Wignall MA, Qualitative Business Data Analyst, Seattle Children’s Hospital
Stephanie Hillman MNPL, Director, Patient and Family Experience, Quality Improvement, Seattle Children’s Hospital
Alicia Docter MS, RDN, CD, Manager, Clinical Ambulatory & Regional Services & Wellness Clinics/Programs, Seattle Children’s Hospital

CE Credits: CNE, CME, PXE, NAHQ, Social Work

IMPLEMENTING EXPERIENCE-BASED CO-DESIGN: LESSONS FROM THE TRENCHES

AUSTIN 3

Studying the emotional impacts and collecting stories from our patients and families about their experiences with our care processes can be incredibly powerful. And yet, there can be pitfalls. How do we respectfully handle triggering negative memories and feelings? How do we ensure the information fuels improvement? And how do we involve our customers in constructive, rewarding ways? This session will use brief case examples to illustrate how Virginia Mason Medical Center is studying patient-family and team experiences, what we are learning matters in the data collection process and how we are striving to ensure we really listen and act on what our customers are teaching us.

Jennifer Phillips, Innovation Director, Virginia Mason Medical Center
Joy Hanson, Administrative Director, Care Coordination, Virginia Mason Medical Center

CE Credits: CNE, CME, PXE, NAHQ, Social Work

A WALK ALONG AN ENGAGED CULTURE

ATRIUM

Talent Plus believes that every person has talent. Talent’s expression is dependent upon the opportunity to express it. It is the goal of Talent Plus to help clients and their employees to express this talent to the mutual benefit of the individual and organization. To build a great place to work, the foundational basis is the individuals selected consistently over time. Each piece of culture and each practice that is added is layered upon that foundation. By focusing on the talent of the individuals an organization selects, by placing them in a job where they can achieve their potential and by having them work for a manager/leader who will invest in them - the outcome for the individual and the company can be exponential growth. Participants will have an opportunity to walk through trends that exist in the work place today and consider using a set of lenses that are talent focused. For many, this is a shift from a traditional paradigm (knowledge and skills) to a strength paradigm (where the component of talent is added). For those building great places to work, they will see many “ahas” in this session.

Kimberly Rath, Co-Chairman and Co-Founder, Talent Plus, Inc.

CE Credits: CNE, CME, PXE, NAHQ, Social Work

PX POSTER SESSION

FOYERS

Visit the PX Poster Sessions behind the exhibitor space to see graphic presentations highlighting proven practices, successful ideas and innovative programs. Research ranging from a variety of patient experience topics, authors will be at their posters to answer questions and share more details on their work Thursday from 4:00 – 5:00 PM.

Poster topics and organizations include:

**From Frustrated to Elated: A Patient Satisfaction Intervention That Works!**
Baylor Heart and Vascular Hospital

**Can Purposeful Hourly Rounding REALLY Improve HCAHPS results?**
Mount Sinai Health System

**Building a Better Patient Experience Through Staff Engagement**
Shore Medical Center

**Engagement Empathy to Encourage a Culture of Understanding and Caring**
Stanford Health Care

**Does the Availability of Seating for Healthcare Partners Improve the Patient’s Perception of Effective Listening and Create an Environment for Patient-Centered Care?**
Medical University of South Carolina Medical Center

**An Incentive Walking Program to Reduce Postoperative Complications, Decrease Length of Hospital Stay and Promote Wellness for the General Surgical Patient**
WellSpan York Hospital

**The Effectiveness of a Spiritual Care Toolkit to Facilitate Spiritual Care Needs**
University of Southern Indiana
NOTHING ABOUT ME WITHOUT ME: A PATIENT AND FAMILY PARTNERSHIP PROGRAM

Patient experience staff and a member of the Patient and Family Partnership Program will share our journey of developing a program that incorporates the patient and family voice in planning and decision-making across our health system, and the ongoing process of cultural shift towards comfort with patient and family involvement in operational and strategic work. We will describe our Partner recruitment process and model of tiered participation levels that allow patients and family members various ways to engage in the Partnership Program. Participants will understand key elements of a road map to make a patient and family advisory program successful from both the patient/family and organizational perspectives, receive examples of forms and tools to facilitate a patient and family advisory program and learn about a tiered model that allows patients and families options for how they participate and can enable inclusion of patient and family voice across an organization with varying levels of readiness.

Sarah Arnold, Patient Experience Advisor, Allina Health
Tracy Laibson, Patient Experience Director, Allina Health
Lisa Keitel, Patient/Family Advisor, Allina Health

CE Credits: CNE, CME, PXE, NAHQ, Social Work

PATIENT AND FAMILY ADVISORS AND TEAMSTEPPS: A CULTURAL TRANSFORMATION

This session will provide an in-depth understanding of how The MetroHealth System integrated Patient and Family Advisors with their TeamSTEPPS program. TeamSTEPPS is a research based system to promote effective leadership, communication, situation monitoring and mutual support. The emphasis of this program is to build high quality, interdisciplinary medical teams. Staff are given tools and strategies to work more effectively together and to address issues that can compromise patient safety and quality of care. The incorporation of Patient and Family Advisors within the TeamSTEPPS program is an innovative and invaluable approach to ensuring that the Patient becomes part of the Clinical Team. This session will focus on how TeamSTEPPS improves patient safety by enhancing leadership, communication, situational monitoring and mutual support among interdisciplinary medical teams. Learn how TeamSTEPPS Action Councils are the vehicle to utilize TeamSTEPPS tools and strategies to enhance patient safety, patient outcome and patient experience.

Jennifer Lastic, Program Coordinator, Patient and Family Advisors, MetroHealth Medical Center
Robert Smith PhD, Director, TeamSTEPPS Regional Training Center, MetroHealth Medical Center
Mary Ann Hagans, Patient and Family Advisor, The MetroHealth System

CE Credits: CNE, CME, PXE, NAHQ, Social Work

PARTNERING WITH PATIENT/FAMILY ADVISORS IN PATIENT EXPERIENCE RESEARCH

Patient Centered Outcomes Research Institute (PCORI) grants include a requirement that patients serve on the grant steering committees. This is a relatively new phenomenon and there has been little reported outside of PCORI research circles as to exactly how patients and family members are being utilized and how their involvement is making a difference. This session will review how an academic medical center utilized members of their patient and family advisory councils serving on a steering committee to advise the researchers on focus group questions and how to approach patients and families during a care experience.

Terrell Smith, Director, Patient and Family Engagement, Vanderbilt University Medical Center
Jason Morgan, Member, Patient and Family Advisory Council, Vanderbilt University Hospitals and Clinics

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LONE STAR C3

CREATING A RESIDENT FEEDBACK PROGRAM THAT WORKS

ATRIUM

- From independent living and assisted living to adult day care and skilled nursing care for short and long term stays, Ebenezer strives to help seniors make their living situations more independent, healthful and meaningful. To better understand the unique needs of each resident they serve, and to understand where service levels aren’t met, Ebenezer utilizes an innovative feedback solution to pro-actively interview their residents at the point of care with the outcome of collecting relevant, actionable, and timely insight. This real-time solution allowed Ebenezer to obtain targeted feedback in areas that are most important to their residents and increased awareness of resident perceptions of care and service and when service levels aren’t met. In this interactive joint session, participants will learn how one senior living organization incorporated resident feedback into their daily operations. Participants will also learn how Ebenezer used real-time resident feedback to address immediate resident concerns, but also to drive sustained improvement in resident care and service.

Erin Hilligan, Campus Administrator, Ebenezer Ridges

Michal Benson, Senior Performance Improvement Coach, TruthPoint

CE Credits: CNE, CME, PXE, NAHO, Social Work

THE PATIENT FINANCIAL EXPERIENCE: A LINK TO SATISFACTION, PAYMENT AND MORE

AUSTIN 2

- Improving the patient experience has long been a priority at leading hospitals and healthcare providers, but it has recently taken on renewed urgency. Driven by growing patient expectations and a retail-style battle in healthcare for patient revenue and loyalty, innovative providers are looking for ways to extend the patient experience to engagement points beyond just clinical interactions. As a result, cutting edge hospitals systems are redefining the patient financial experience to better serve their patients. This session will explore innovations reshaping patient revenue cycle performance. Supported by an internal charge to increase patient satisfaction and engagement metrics, Lancaster Health deployed a new integrated engagement and payments platform that connects the patient financial experience from their first hospital interaction through to their last. In addition to highlighting the changing emphasis on patient financial experience through real world results and best practices, this session will help participants learn how to assess their own patient financial experience, and ways to clearly improve and measure innovative new tools.

John Adractas, Chief Marketing and Growth Officer, Simplee

Corey Meyer, Director of Patient Access and Virtual Health, Lancaster General Hospital

CE Credits: CNE, CME, PXE, NAHO, Social Work
ARTS, HEALTH & WELL-BEING: LESSONS FROM A PILOT PROJECT

SEMINAR THEATER

The Veterans Health Administration, the VA NY/NJ Veterans Healthcare Network (VISN 3), the Americans for the Arts, Johnson and Johnson and the National Center for Creative Aging worked together to hold an Arts in Healing Symposium, which launched a pilot for individual facilities to expand and collaborate with community partners to foster Arts in Healing. The overall goal of the Arts in Health pilot in VISN 3 aimed to advance the policy, practice and quality use of arts and creativity as tools for health; raise visibility, understanding, and support of arts and health; and acknowledge the arts as tools for health available to patients, staff and potentially family. Presenters will provide an overview of this collaborative pilot that began with the two-day Arts in Healing Symposium held in March 2015 to provide information and education on how to develop and/or expand local VA/Community Arts Partnerships to support Arts in Healing and will also review the team action plans and implementation strategies of the Mental Health and CLC teams.

Cynthia Wilson MS OTR/L, VHA-CM, VA Field Implementation Team Partner, VHA Office of Patient Centered Care & Cultural Transformation

Laurie Krejci, VA Associate Director, Research, Innovation and Communications, VHA Office of Patient Centered Care & Cultural Transformation

Marete Wester, Community Partner, Americans for the Arts

CE Credits: CNE, CME, PXE, NAHQ, Social Work

CHANGING THE CONVERSATION: THE FUTURE OF THE TREATMENT CONSULT

AUSTIN 2

This session will highlight the centrality of the patient’s values on their goals and preferences for treatment in producing a satisfying consult and reaching a high quality decision. While we in healthcare all strive to put this belief into practice, research has repeatedly shown that providers and patients are often misaligned on goals for treatment. In today's rushed clinic environment, we often don't have the time, specialized skills or deep relationships we need to get aligned before a decision must be made. This session will outline a method for implementing shared decision making and preference assessment into clinical practice in a way that works with rather than against today's practice realities, including: introducing the decision tool at the appropriate workflow stage, assessing values to yield both priority and degree of preference, providing insights to providers and patients at the appropriate time and level of detail and incorporating values into the decision alongside the evidence to arrive at an evidence-based and highly personalized decision.

Christopher Saiqal MD MPH, Vice Chairman, Department of Urology, David Geffen UCLA School of Medicine

David Cerino, CEO, WiserCare

Kristian Novakovic MD, Attending Physician, NorthShore University Medical Center

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Of the multiple ways that we can learn from our patients, the role of the nurse in the patient experience is one of the most valuable and influential positions. Mayo Clinic Department of Nursing (DON) identified this critical relationship and recognizes this as a valuable asset in improving the overall patient experience, both in the inpatient and outpatient settings. Proactive efforts towards improving patient experience, through a partnership between nurse leaders, front line nursing staff and dedicated Office of Patient Experience team members is at the forefront of this multidisciplinary group. This relationship of trust and vulnerability between patient and nurse has the potential to significantly impact satisfaction survey outcomes, while maintaining the highest standards for nursing clinical practice. Recognizing and celebrating the work that is already done by nursing staff each and every day reinforces and promotes nurse accountability. Reinforcing training and education, encompassing patient experience through AIDET, LEAD, empathic communication and de-escalation techniques is an on-going process in staff development. This session will share early successes of this team, focusing on the impact that nursing has on the patient experience.

Erin Fairchild, Patient Experience Coordinator III, Mayo Clinic
Carrie Wise, Nurse, Mayo Clinic
Lisa Bungum, Nurse Manager, Mayo Clinic

EMPLOYEE CULTURE: ENGAGING WITH THE NEW GENERATION

New approaches to training utilizing pop culture references to engage staff and keep momentum going. Engagement approach led to employee driven training and programs, making it possible for employees to directly impact and “own” their successes. The use of crowd-sourcing and looking outside of the healthcare industry (internal and external talent) is a way to inform new ideas and ways of doing things - understanding and targeting the employee audience, particularly how to reach the Millennial generation. This session will focus on understanding the impact of social media, gamification and pop culture on employee engagement and how to gain staff level engagement/buy-in to make “change” more fun.

Andrea Hill, Program Coordinator, Patient Experience, Norton Healthcare
Jason Coffey, Director, Employee and Patient Experience, Norton Healthcare

PATIENT VIDEOS: EMPOWERING THE PATIENT VOICE TO TRANSFORM CARE

This session provides a highlight video of samples of patient experiences shared on camera and staff perspective on positive impact these videos has had on them and/or their department. Key steps in implementing a patient video include: identifying an “ideal patient”, filming the video, sharing with our senior leadership and other key corporate meetings, discussion and reflection, identifying opportunities for improvement, tracking and sharing back on action items. This session will also share the evolution of the patient video journey at our hospital over the past four years including lessons learned, measures of success and sample improvement outcomes that have resulted from patients sharing their experiences. Participants will discover factors that have contributed to its sustained success resulting in strong staff engagement scores, positive feedback from our patients and community partners as well as more formal recognition in form of awards and accolades from industry associations.

Mari Iromoto, Director, Improvement and Innovation Office, Toronto East General Hospital

RELATED CONTENT CATEGORIES

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Speaker Index

Adams, Donna .............................................. 21
Adractas, John ............................................. 36
Alvarez, Cindy ............................................. 36
Argenio, Sandy ............................................. 22
Arnold, Sarah ............................................. 34
Baird, Kristin ................................................ 25
Batra, Samir ................................................. 28
Bell, Daryl .................................................... 23
Bellman, Jessica ........................................... 21
Benson, Micah .............................................. 36
Biblow, Rachel ............................................. 36
Breese, Arthur ............................................. 31
Bungum, Lisa ............................................... 38
Cahnman, Sheila .......................................... 21
Carl, David ................................................... 21
Cassidy, Harvey .......................................... 22
Cerino, Harvey ............................................. 22
Chou, Calvin ............................................... 13
Cimato, Leanne .......................................... 36
Coffey, Jason .............................................. 38
Cooley, Laura .............................................. 13
Corrigan, Kelly ............................................ 18
Cutler, Joy .................................................... 25
Danker, Julie ................................................ 31
Del Guidice, Mary ....................................... 22
Della Pietra, Doug ....................................... 31
Denton, Kathy .............................................. 31
Dionne, Theresa .......................................... 22
DiTroia, Lisa ................................................. 27
Dobler, Lonny ............................................... 31
Docter, Alicia ............................................... 33
Drenkard, Karen ........................................... 28
Embree, Patty .............................................. 25
Etzkorn, Irene .............................................. 25
Fairchild, Erin ............................................. 38
Farrell, Kathyn ............................................. 22
Forte-Scott, Joan ......................................... 28
Geiger, Judy .................................................. 25
Glaser, Carolyn ............................................ 29
Golde, Jill ..................................................... 13
Goodson, Kellie .......................................... 28
Graham, Chris ............................................. 22
Gubanc Anderson, Dawn ............................. 29
Hagans, Mary Ann ....................................... 34
Hall, Amy ..................................................... 31
Hamamsy, Abdul ........................................ 22
Hanson, Joy .................................................. 33
Harvey-Cartwright, Andy .............................. 23
Harvey, Tom ............................................... 21
Hawkins, Linda ............................................ 36
Heatley, Gregg ............................................. 28
Heenan, Mike .............................................. 23
Hill, Andrea .................................................. 38
Hilligan, Erin ................................................ 36
Hillman, Stephanie ....................................... 33
Hobbs, Deon ................................................ 36
Hooks, Jennifer ............................................ 27
Hopwood, Bridget ....................................... 22
Houchens, Nathan ....................................... 27
Iromoto, Mari .............................................. 38
Johnson, Brenda .......................................... 25
Kaiser, Jamie .............................................. 22
Keitel, Lisa ................................................... 34
Kenney, Lynn ............................................... 21
Krejci, Laura ................................................ 37
Laibson, Tracy ............................................. 34
Lastic, Jennifer ............................................ 34
Leaf, Margaret ............................................. 28
Leebov, Wendy ............................................ 13
Lewis, Barbara ............................................. 28
Litman, Kerry .............................................. 28
Lonquist, James L ........................................ 27
Lovato, Danielle .......................................... 31
McCallister, Lorissa ..................................... 13, 21
Macey, Phil ................................................... 21
Mann, Renee ............................................... 28
Maples, William J ........................................ 22
Marshall, Tammy L ....................................... 23, 25
Mazer, Susan .............................................. 13
McCulloch, Andrew ..................................... 22
Mercer, Cynthia .......................................... 18
Meyer, Corey ............................................... 36
Mitchell, Myrinda ....................................... 28
Morgan, Jason ............................................. 34
Morin, Angela ............................................. 23
Murphy, Sue ............................................... 36
Nanda, Upali ............................................... 21
Neuendorf, Katie ......................................... 27
Novakovich, Kristian ................................... 37
Obarski, Genevieve ....................................... 27
O’Connor, Louise ......................................... 28
Owens, Katie .............................................. 27
Parkhurst, Brandon ....................................... 22
Phillips, Jennifer ......................................... 33
Ratchford, Patrick ....................................... 21
Rath, Kimberly ............................................ 33
Roberson, Bernard ....................................... 21
Ruckno, Rebecca K ....................................... 31
Russek, Rebecca K ........................................ 23
Saigal, Christopher ...................................... 37
Santalucia, Carol ......................................... 29
Scalella, Tom ............................................... 31
Scas, Linda ................................................... 22
Schultz, Debbie ............................................ 31
Schweitzer, Leilani ....................................... 22
Sheridan, Kevin ........................................... 25
Sisneros, Dorothy ......................................... 13
Smith, Robert .............................................. 34
Smith, Terrell ............................................... 34
Smith, Isobel ............................................... 28
Spigel, Mindy ............................................... 36
Steed, Erica ................................................... 21
Swint, Kay .................................................... 31
Tothy, Alison ............................................... 36
Truman-Allen, Kristen .................................. 31
Tynan, Ronan ............................................... 18
Wester, Marete ............................................ 37
Wignall, Julia .............................................. 33
Williams, Montel ......................................... 18
Wilson, Cynthia .......................................... 37
Windover, Amy ............................................. 27
Wise, Carrie ............................................... 38
Wolf, Jason A ............................................... 3
Zimmermann, Elizabeth ............................... 28
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