**Special Thanks to Our Exhibitors**

**PRESENTING**
- pCare by TVR Communications
  - p-care.com

**DIAMOND**
- Huron
  - huronconsultinggroup.com
- Philips*
  - usa.philips.com/healthcare
- GetWellNetwork*
  - getwellnetwork.com

**PLATINUM**
- CipherHealth*
  - cipherhealth.com
- DTA Associates, Inc.*
  - dtaassociates.com
- Integrated Loyalty Systems*
  - wecreateloyalty.com
- Qualtrics
  - qualtrics.com/healthcare
- Talent Plus
  - talentplus.com
- WELL Health
  - wellapp.com
- Elsevier
  - elsevierpatientengagement.com
- Language of Caring*
  - languageofcaring.com
- SMG
  - smg.com
- TruthPoint*
  - truth-point.com

**GOLD**
- BBN
  - theorsiniway.com
- HatchMed
  - hatchmed.com
- Curbell Medical*
  - hellorego.com
- ImageFIRST*
  - imagefirst.com
- LanguageLine Solutions
  - languageline.com
- PatientTrak
  - patienttrak.net
- RL Solutions
  - rlsolutions.com
- The Wellness Network
  - thewellessnetwork.net
- GCX Corporation
  - gcx.com
- Ipsos*
  - ipsos.com/en-us
- Oneview*
  - oneviewhealthcare.com
- Phreesia*
  - phreesia.com
- Sentact
  - sentact.com
- Verge Health
  - vvergehealth.com

**SILVER**
- KwikBoost
  - kwikboost.com/industries/health-care
- Partners in Leadership
  - partnersinleadership.com
- Quality Reviews
  - q-reviews.com
- SmileyAnswers*
  - smileyanswers.com
- Call Box
  - callbox.com
- HealthTalk A.I.
  - healthtalkai.com
- MDM Commercial
  - mdmcommercial.com
- PatientPoint
  - patientpoint.com
- Southcentral Foundation
  - scfnuka.com
- Cast & Hue
  - castandhue.com
- Kestgo Group
  - kestgo.com
- NarrativeDx
  - narrativevx.com
- PatientStyle
  - patientstyle.com
- SpellBound
  - spellboundar.com
- Synova Associates
  - synovaassociates.com
- Creative Healthcare Management
  - chcm.com
- Luma Health
  - lumahhealth.io
- NordicNeuroLab Inc.
  - nordicneurolab.com
- SmartER
  - smart-er.net
- SPH Analytics
  - sphanalytics.com

*Supporting Partners 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.*
Plenary Sessions

Through our keynotes and panel discussion, The Beryl Institute Patient Experience Conference provides the most comprehensive learning opportunity for leaders and practitioners committed to improving the patient experience.

Keynote Speakers & Panel Discussion

ALEX SHEEN
Alex is the Founder of because I said I would, the international social movement and nonprofit dedicated to the betterment of humanity through promises made and kept. Sparked by the loss of his father, Alex began sending Promise Cards to anyone who requested them at no cost. Since his father’s passing on September 4, 2012, because I said I would has sent over 9.81 million Promise Cards to more than 150 countries. Alex’s commitment to the betterment of humanity has inspired millions, and his promises have been shared virtually around the world.

RANA AWDISH, MD, FCCP
Rana is the author of In Shock, a critically-acclaimed, bestselling memoir based on her own illness. A critical care physician and faculty member of Wayne State University School of Medicine in Detroit, Michigan, she completed her medical degree at Wayne State in 2002 where she was inducted into the Alpha Omega Alpha national medical honor society, her residency at Mount Sinai Beth Israel in New York, and her fellowship training at Henry Ford Hospital where she serves as the current Director of the Pulmonary Hypertension Program. She also serves as Medical Director of Care Experience for the entire Health System. After suffering a sudden critical illness herself, she has devoted much of her career to improving empathy through connection and communication.

DAVID ZAAS, MD, MBA
David is the President of Duke Raleigh Hospital and previously served as the Chief Medical Officer for the Duke Faculty Practice, the Private Diagnostic Clinic. He has played a major role in advancing multiple key strategic initiatives for Duke Health, including care redesign, clinical integration and improving access for patients. David shares his story about being diagnosed with leukemia and how important his family was to him during his treatment.

PATIENT & FAMILY PANEL: OPIOIDS, PAIN AND THE PATIENT EXPERIENCE
This interactive session will bring a personal, human voice to the current opioid crisis, help reinforce the concept that every patient has a story and explore the complexities and potential found in managing pain for patients. We invite participants to use this opportunity to reflect on the complex and comprehensive nature of the human experience in healthcare, come prepared to engage the panel in conversation and look for those ideas that will help to strengthen your own actions.
Pre-Conference Workshops

WEDNESDAY, APRIL 3, 8:30 - 11:00 AM

Get even more from your conference experience by attending one of the three concurrent pre-conference workshops held Monday 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).

ASSESSING YOUR PATIENT EXPERIENCE JOURNEY: A FRAMEWORK FOR EXPERIENCE

REUNION A

Shaped by the contributions and learnings of our patient experience community, the Experience Framework includes eight strategic lenses through which organizations can address experience improvement and excellence. The framework offers a practical application to align knowledge, resources and solutions.

Attend this workshop to hear an overview of the Experience Framework and engage in discussion as you evaluate where your organization is excelling as well as identifying specific opportunities for improvement.

Participants will:
• Describe the overall intent of the framework
• Discuss the importance of the eight lenses included in the Experience Framework in leading experience efforts
• Apply the Experience Framework in evaluating (assessing) where your organization is excelling and the areas of opportunity
• Engage in Human Center Design activities to brainstorm ways to address gaps identified in the Experience Framework
• Be equipped to share the Experience Framework within your own organization to align resources and solutions

Presenters:
Tiffany Christensen, Vice President, Experience Innovation, The Beryl Institute
Deanna Frings MS Ed, CPXP, Vice President, Learning & Professional Development, The Beryl Institute

ADVANCING CARE TRANSITIONS: A COLLABORATIVE APPROACH

REUNION B

Sometimes considered the composite late to the HCAHPS party, Care Transitions is an important and not yet tackled one across the country. Three major domains that patients have identified in qualitative studies as critically important to their experience with coordination out of the hospital; namely understanding one’s self-care role in the post-hospital setting, medication management, and having one’s preferences incorporated into the care plan.

Improving the patient’s healthcare experience requires better information transfer between health care providers and patients, as well as increased patient activation and improved workflow processes. A case study will be shared which utilized a series of “Learning Session” webinars and in-person meetings to provide a systematic, comprehensive approach to this multi-faceted problem for multiple hospitals.

Participants will:
• Be introduced to concepts of how care transitions connects with other HCAHPS composites
• Understand key tools and strategies to utilize for effective care transitions.
• Understand the key principles of Lean process improvement and how these can be useful in understanding processes and creating changes in care transitions
• Be given information about partnering with community partners, such as local nursing homes or assisted living areas, to evaluate and improve transitions of care with this patient population

Presenters:
Kevin Campbell, Co-Founder, DTA Associates, Inc.
Janiece Gray, Co-Founder and CEO, DTA Associates, Inc.

LEADING YOUR PATIENT EXPERIENCE STRATEGY TO THE NEXT LEVEL

REUNION C

Based on overwhelming participant feedback, this session is a repeat from Patient Experience Conference 2018. 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:
• 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 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

Presenters:
Jill Golde, SVP, Market Development, Language of Caring, a Branch of Planetree International
Wendy Leebov, SVP, Market Development, Language of Caring, a Branch of Planetree International
Dorothy Sisneros, SVP, Client Services, Language of Caring, a Branch of Planetree International
Community Gatherings

Community Gatherings serve as a virtual connection among healthcare leaders committed to improving the patient experience in an identified area of interest. They offer a venue for sharing ideas, practices, challenges and opportunities.

**WEDNESDAY, APRIL 3**

**8:30 – 11:00 AM**
**PATIENT ADVOCACY COMMUNITY GATHERING**
**REUNION EF**

Each year at Patient Experience Conference, the Patient Advocacy Community gathers to network and share their challenges, successes and best practices. All are invited to come together to engage in a discussion on the emerging role of the patient advocate and state of the community. The annual Ruth Ravich Patient Advocacy Award is presented during this gathering. Breakfast provided.

**8:30 – 11:00 AM**
**PHYSICIAN COMMUNITY GATHERING**
**CUMBERLAND C**

Exclusively for Physicians

The annual physician gathering provides a collaborative space and venue for ongoing peer to peer dialogue, support and influence. Participants will engage in roundtable style discussions sharing ideas, challenges and opportunities walking away with new insights, an expanded network and renewed energy to support experience efforts at their own organizations. Breakfast provided.

**THURSDAY, APRIL 4**

**7:45 - 8:45 AM**
**PEDIATRIC COMMUNITY GATHERING**
**PEGASUS AB**

Exclusively for those working with pediatric patients in a children’s hospital or other care setting

Join your peers for a networking breakfast with facilitated discussion on addressing the unique opportunities to improve experience for patients and families in a pediatric setting. Hosted by The Beryl Institute’s Pediatric Council. Breakfast provided.

**4:00 – 5:00 PM**
**PATIENT AND FAMILY ADVISORS GATHERING**
**REUNION A**

Exclusively for Patient and Family Advisors

Patient and Family Advisors (PFAs) often work in their home organizations isolated from the work of PFAs at other organizations. The Beryl Institute continues to support the gathering of PFAs in connecting, sharing stories and learning from one another. This session is an opportunity for PFAs at the conference to get to know one another and explore ways we can collaborate to produce a stronger patient voice in the improvement of the patient experience.
Supporting Your PX Journey

The Beryl Institute Experience Framework identifies the strategic areas through which any experience endeavor should be framed, provides a means to evaluate where organizations are excelling or may have opportunities for improvement and offers a practical application to align knowledge, resources and solutions.

Shaped by the contributions and learnings of our patient experience community, the Experience Framework includes eight strategic lenses through which organizations can address experience improvement and excellence.

The content of Patient Experience Conference 2019 has been aligned with the strategic lenses of the experience framework to help you identify content of interest or areas you would like to address further. Each session is coded with at least once strategic lens.
## Schedule

### TUESDAY, APRIL 2, 2019

**9:00 AM - CPXP PREP COURSE WORKSHOP**  
REUNION G

**1:00 PM - PXPF POLICY FORUM MEETING**  
REUNION A

**2:00 PM - HOSPITAL TOURS**  
MEET IN HOTEL LOBBY

### WEDNESDAY, APRIL 3, 2019

**8:30 AM - PRE-CONFERENCE WORKSHOPS & COMMUNITY GATHERINGS**

### Pre-Conference Workshops

  REUNION A

- Advancing Care Transitions: A Collaborative Approach  
  REUNION B

- Leading Your Patient Experience Strategy to the Next Level  
  REUNION C

### Community Gatherings

- Physician Community Gathering  
  CUMBERLAND C

- Patient Advocacy Community Gathering  
  REUNION EF

**11:15 AM - FIRST TIME ATTENDEE WELCOME**  
LANDMARK BALLROOM

**1:00 PM - WELCOME & CONFERENCE OVERVIEW: TO CARE IS HUMAN: ELEVATING THE HUMAN EXPERIENCE IN HEALTHCARE**  
LANDMARK BALLROOM

*Jason A. Wolf, PhD, CPXP, President & CEO, The Beryl Institute*

### STRATEGIC LENSES OF THE EXPERIENCE FRAMEWORK

- **CULTURE & LEADERSHIP**
- **INFRASTRUCTURE & GOVERNANCE**
- **STAFF & PROVIDER ENGAGEMENT**
- **POLICY & MEASUREMENT**
- **ENVIRONMENT & HOSPITALITY**
- **INNOVATION & TECHNOLOGY**
- **PATIENT, FAMILY & COMMUNITY ENGAGEMENT**
- **QUALITY & CLINICAL EXCELLENCE**
2:00 PM - KEYNOTE: Alex Sheen  
LANDMARK BALLROOM  

3:00 PM - NETWORKING & BREAK  
FOYERS  

3:10 PM - PX INNOVATION LIVE! - OPTIMIZE EVERY PATIENT AND PROVIDER EXPERIENCE WITH MEDALLIA  
LANDMARK CIRCLE  
Medallia  

3:30 PM - BREAKOUT SESSION 1  

THE ROLE OF RELATIONSHIPS IN PATIENT ENGAGEMENT  
CUMBERLAND EF  
Karen McIntire, Director of Human Resources, Southcentral Foundation  
Steve Tierney MD, Medical Director of Quality Improvement and Chief Medical Informatics Officer, Southcentral Foundation  

THE 1-2 PUNCH: RECOGNITION & ENGAGEMENT AND HOW EMORY HEALTHCARE DOES IT RIGHT  
REUNION B  
Jessica McKenzie, Patient Experience Consultant, Emory Healthcare  
Kristie Simmons-Abney FACHE, CPXP, Sr. Patient Experience Manager, Emory Healthcare  

MEETING THE CONSISTENCY CHALLENGE - INNOVATIVE PATIENT EXPERIENCE STRATEGIES THAT WORK  
LANDMARK BALLROOM  
Rick Evans, SVP and Chief Experience Officer, NewYork-Presbyterian Hospital  

IMPROVE ROUNDED EFFICIENCY TO ACCELERATE PERFORMANCE IMPROVEMENT AND ENHANCE THE PATIENT EXPERIENCE  
REUNION F  
Melissa Bertelson, Nurse Manager, Mayo Clinic Health System  
Amanda Green, Patient Experience Senior Advisor, Mayo Clinic Health System  

PFAC MARKETING AND RECRUITMENT TEAM STRATEGIES THAT ENHANCE COLLABORATION AND PROMOTE PATIENT AND FAMILY ENGAGEMENT  
CUMBERLAND IJ  
Deanna Abrams, Co-Chair, Pediatric PFAC Dana-Farber Cancer Institute  
Renee Siegel, Program Manager, Patient and Family Advisory Councils, Dana-Farber Cancer Institute  

COMMUNICATION ADVISOR PROGRAM: ENGAGING PATIENT & FAMILY ADVISORS TO DIRECTLY PROVIDE FEEDBACK  
PEGASUS AB  
Emily Winslow MD, Medical Director, Patient and Family Experience, UW Health  
Jenna Wright, Program Manager, Patient and Family Advisor Partnership Program, UW Health  

EXAMINING THE RELATIONSHIP BETWEEN HIGH-PERFORMING PFE HOSPITALS AND QUALITY AND SAFETY PERFORMANCE  
REUNION C  
Kellie Goodson MS, CPXP, Director, HIIN & TCPI Delivery, Vizient  
Knitasha V. Washington DHA, MHA, FACHE, Principal, ATW Health Solutions
<table>
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<tr>
<th>Session</th>
<th>Title</th>
<th>Presenter(s)</th>
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<tr>
<td>MINI SESSION 1</td>
<td>ESTABLISHING AND UTILIZING E-ADVISORS TO INCREASE PATIENT AND FAMILY ENGAGEMENT</td>
<td>Abigail Kozak, Patient Family Experience Consultant, Ann &amp; Robert H. Lurie Children’s Hospital of Chicago</td>
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<tr>
<td>5:00 PM - BREAKOUT SESSION 2</td>
<td>CULTURE OF JOY FUELS RESULTS FOR A PATIENT TRAGEDY</td>
<td>Cynthia Sweeney, Executive Director, The DAISY Foundation Linda Talley, Chief Nursing Officer, Children’s National Health System</td>
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<td>ONLY YOU CAN PREVENT PX WILDFIRES: SYSTEMS THINKING AND THE PATIENT EXPERIENCE</td>
<td>Tiffany Fortin, Patient Experience Specialist, Munson Healthcare Sheila Moroney, Patient Experience Officer, Hennepin Healthcare Mark VanderKlipp, Founding Partner, Connect_CX</td>
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<td>THE WISDOM OF HOMER’S ILLIAD: THE UN-INITIATIVE FOR CREATING, EXECUTING AND SUSTAINING PATIENT EXPERIENCE EXCELLENCE</td>
<td>Jason Vallee PhD, Vice President, Patient Experience, Cheshire Medical Center/Dartmouth Hitchcock Keene</td>
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**STRATEGIC LENSES OF THE EXPERIENCE FRAMEWORK**

- CULTURE & LEADERSHIP
- INFRASTRUCTURE & GOVERNANCE
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- POLICY & MEASUREMENT
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<tr>
<td><strong>THE NHS AT 70 - HOW A MODERN TEACHING HOSPITAL STILL EMBRACES VOLUNTEERS</strong></td>
<td>Richard Scarth, Director of Operations, The Royal Free Charity, Jenny Todd, Head of Volunteering, The Royal Free Charity</td>
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<td><strong>PHYSICIAN ENGAGEMENT: A UNIQUE APPROACH TO IMPROVING PHYSICIAN COMMUNICATION SKILLS</strong></td>
<td>Justin Bright MD, CPXP, Physician Champion, Henry Ford Hospital, Kelley Dillon MA, OD, Director, Office for Physician Communication and Peer Support, Henry Ford Hospital</td>
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<td><strong>THE POWER OF CONNECTIONS: SECRETS FOR MOVING PATIENT EXPERIENCES FROM ORDINARY TO EXTRAORDINARY</strong></td>
<td>Jason Newmark, Vice President - Diagnostic Services, Baystate Health, Jake Poore, President and Chief Experience Officer, Integrated Loyalty Systems</td>
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<td><strong>IMPROVING HEALTH AND CARE BY LISTENING TO PATIENTS: A VIEW FROM THREE HEALTH SYSTEMS</strong></td>
<td>Michael Bennick MD, Medical Director for the Patient Experience, Yale New Haven Health, Brad Crotty MD, Medical Director of Digital Engagement, Froedtert &amp; the Medical College of Wisconsin, Rob Jennetten, Director of Innovation Partnerships, OSF HealthCare, Gregory Makoul MD, Founder and CEO, PatientWisdom, Inc.</td>
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<td><strong>ACCESS FOR ALL: EQUALITY IN HEALTHCARE SERVICES WITHIN YOUR ORGANIZATION</strong></td>
<td>Amy Crowe, Patient Advocacy Program Manager, Novant Health</td>
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<td><strong>WHAT WOULD A PATIENT ADVOCATE DO?</strong></td>
<td>Linda Cline Raymond MBA, Patient Relations Representative, Northwestern Medicine, Central DuPage Hospital, Stephanie Lewis MS, BA, Director Patient Relations &amp; Interpreting Services, Dayton Children’s Hospital, Elizabeth Mendoza, Patient Experience Supervisor, Advocate Sherman Hospital, Kim Pedersen BA, CPXP, Director Patient Relations, Marianjoy Rehabilitation Hospital, Northwestern Medicine, Rebecca K. Ruckno MSW, MBA, Director Health Literacy and Interpreting Service, Geisinger Health System</td>
</tr>
<tr>
<td><strong>DESIGNING AND IMPLEMENTING A PATIENT EXPERIENCE BUNDLE</strong></td>
<td>Christina Mouradian, Program Manager Clinical Transformation, Northwell Health</td>
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**6:00 - 7:30 PM - EXHIBITOR RECEPTION**
MARSALIS HALL

**7:30 - 9:00 PM - MUSIC & MEMORY MOVIE SHOWING**
LANDMARK BALLROOM
THURSDAY, APRIL 4, 2019

6:00 AM - GUIDED WALK/RUN TOUR
MEET IN HOTEL LOBBY

6:00 AM - YOGA
REUNION D (FOYER)

7:30 AM - AN OVERVIEW OF PX 101
REUNION C

7:30 AM - CERTIFIED PATIENT EXPERIENCE PROFESSIONAL OVERVIEW SESSION
REUNION B

7:30 AM - NETWORKING BREAKFAST & E-POSTER SESSIONS
MARSALIS HALL

CARE EXPERIENCE VALLEY
Vicky Locey, Chief Operating Officer and Chief Nurse Executive, Kaiser Permanente
Kelly Tirone, Nurse Project Coordinator, Kaiser Permanente

CO-DESIGN: WHY NOT ASK THE PATIENT?
Dr. Anne Marie Hadley, Chief eXperience Officer, Monash Health

COMPASSIONATE CONNECTIONS: A MODEL FOR RELATIONSHIP-BASED CARE
Mary Ann Simcoe, Senior Organizational Effectiveness Consultant, Baystate Health
Denise Schoen, Chief Patient Experience Officer, Baystate Health

CULTURE: PROMOTE, SUPPORT AND EDUCATE
Samantha Hall, Coordinator, Employee and Patient Experience, Norton Healthcare

EXPLORING INTERVENTIONS TO INCREASE PRIMARY CARE PROVIDERS’ USE OF SELF-MANAGEMENT GOALS
Nanci Reiland, Assistant Professor, Lewis University

EXPLORING THE PATIENT’S EXPERIENCE OF INTERPROFESSIONAL CARE
Katherine H. Morgan, Clinical Instructor, University of Tennessee

IMPLEMENTING DESIGN TO EMPOWER CHILDREN
Jenny Hastings, Principal, Boulder Associates Architects

STRATEGIC LENSES OF THE EXPERIENCE FRAMEWORK

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STAFF & PROVIDER ENGAGEMENT
PATIENT, FAMILY & COMMUNITY ENGAGEMENT
POLICY & MEASUREMENT
QUALITY & CLINICAL EXCELLENCE
### PERSON CENTERED CARE: DEFINITIONS AND PERCEPTIONS OF VARIOUS STAKEHOLDERS
Nancy Kusmaul PhD, Assistant Professor, University of Maryland Baltimore County
Gretchen Tucker, Doctoral Student, University of Maryland Baltimore County

### THE 360° VIEW: CAPTURING ‘REAL-TIME’ EXPERIENCES OF PATIENTS, PATIENT/FAMILY ADVISORS AND HEALTH CARE PROVIDERS
Dr. Katharina Kovacs Burns, Senior Consultant, Alberta Health Services

### UTILIZING VOLUNTEERS TO IMPROVE PATIENT/FAMILY EXPERIENCE IN PEDIATRIC HEALTHCARE SETTINGS
Erica Sokol, Founder & CEO, StudentsCare

### 8:45 AM - KEYNOTE: Rana Awdish, MD, FCCP
LANDMARK BALLROOM

### 9:45 AM - NETWORKING & BREAK
FOYERS

### 9:55 AM - PX INNOVATION LIVE! - AI AND THE ART AND SCIENCE OF TRANSFORMING THE PATIENT, FAMILY AND STAFF EXPERIENCE
LANDMARK CIRCLE
Kim Beauchamp MSN, RN, Senior Product Manager, Vocera Care Experience
Lori Martin RN, Clinical Account Manager, Vocera Care Experience

### 10:15 AM - BREAKOUT SESSION 3

#### COMPASSIONATE CARE FOR THE FAMILY CAREGIVER
REUNION A
Jill Gottlieb, Replication Coordinator, The Ken Hamilton Caregivers Center at Northern Westchester Hospital
Marian Hamilton, Founder, The Ken Hamilton Caregivers Center at Northern Westchester Hospital
Jerri Rosenfeld LCSW, Director, The Ken Hamilton Caregivers Center

#### THE ART & SCIENCE OF ENGAGING TEAM MEMBERS: A BEST PRACTICE PROGRAM SUPPORTING CAREGIVERS & BEYOND
REUNION H
Jami Busse, (RT)T, Radiologist, Technologist, UChicago Medicine
Kimberly Lenner MBA, Executive Director, Radiology, UChicago Medicine
Sue Murphy RN, BSN, Chief Experience Officer, UChicago Medicine

#### ELEVATING DIVERSITY AND INCLUSION TO STRENGTHEN YOUR EMPLOYEE ENGAGEMENT AND PX STRATEGY
REUNION B
Jessica MacFarlane MPH, Senior Research Associate, Perception Institute
Gieselle Poveromo, National Director Employee Experience & Engagement, Planned Parenthood Federation of America

#### STARTING FROM SCRATCH: DEFINING, DESIGNING AND DEPLOYING THE VETERANS PATIENT EXPERIENCE PROGRAM
CUMBERLAND IJ
Jennifer Purdy, Director in Charge, Veterans Patient Experience Program
Abigail Sanford, Change Manager, Veterans Experience Office

#### BE A ROCK STAR HEALTH SYSTEM - OPTIMIZING OPENNOTES FOR PATIENT ENGAGEMENT AND SAFETY
CUMBERLAND EF
Lisa Danielpour, Patient/Family Advisor, University Hospitals
Kerry Litman MD, CPPS, Physician, SCPMG Physician Lead for Patient and Family Centered Care, Kaiser Permanente Southern California Permanent Medical Group
Liz Salmi, Senior Strategist, Outreach and Communications, OpenNotes and Beth Israel Deaconess Medical Center
THE VALUE OF PATIENT NARRATIVES FOR QUALITY IMPROVEMENT: FINDINGS FROM A PILOT TEST OF THE CAHPS NARRATIVE ELICITATION PROTOCOL
PEGASUS AB
Ingrid Nembhard PhD, Associate Professor of Health Care Management, The Wharton School, University of Pennsylvania
Mark Schlesinger PhD, Professor of Health Policy, Yale School of Public Health
Tara Servati, Patient Centered Care Specialist, New York-Presbyterian Hospital
Dale Shaller, Principal, Shaller Consulting Group

THE ROLE OF NURSE EXECUTIVES IN PATIENT EXPERIENCE
REUNION E
Dale Beatty, DNP, RN, NEA-BC, CNO/VP Patient Care Services, Stanford Health
Jerry Mansfield, Ph.D., RN, NEA-BC, Executive Chief Nursing Officer and Chief Patient Experience Officer, Medical University of South Carolina Health
Laura J. Wood, DNP, RN, NEA-BC, SVP, Patient Care Operations & CNO, Sporing Carpenter Chair for Nursing, Boston Children’s Hospital
Facilitated by: Victoria Niederhauser, DrPH, RN, FAAN, Dean & Professor, UT Knoxville College of Nursing, Co-Chair
Introduction by: Karen Drenkard, PhD, RN, NEA-BC, FAAN, Sr Vice President, Chief Clinical and Nursing Officer, O’Neil Center/GetWellNetwork

SERVICE RECOVERY IN HEALTHCARE: MAKING RIGHT WHAT WENT WRONG
LANDMARK BALLROOM
Carol Santalucia MBA, Director, Service Excellence and Culture/Business Development, Cleveland Clinic Foundation

REVEALED: WHAT HAPPENS WHEN CREATING A CO-DESIGN CULTURE
REUNION F
Charleen Tachibana, DNP, RN, FAAN, Senior Vice President and CNO, Virginia Mason Medical Center
Amy Tufano, Administrative Director, Patient Experience, Virginia Mason Medical Center
Sonja Hampton PhD, Patient Family Partner, Virginia Mason Medical Center
Merrill Meredith, Patient Family Partner, Virginia Mason Medical Center

MOBILE APP DRIVES HCAHPS GROWTH THROUGH PATIENT CARE MAPPING
REUNION C
Luke Poppish, Executive Director of OB/GYN Service Line, South Shore Health System

MINI SESSION 3
REUNION G

TRAINEE PHYSICIAN EXPERIENCING COMPASSION: A STRATEGY TO ENHANCE THE PX OF COMPASSIONATE CARE
Sana Saeed, Assistant Professor, Aga Khan University Hospital
Muneera Rasheed, Senior Instructor, Aga Khan University Hospital

IMPROVING PATIENT EXPERIENCE THROUGH REAL-TIME PHYSICIAN ENGAGEMENT
Terri Young, Senior Vice President, Human Resources and Chief Experience Officer, Nemours Children’s Health System

STRATEGIC LENSES OF THE EXPERIENCE FRAMEWORK
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PATIENT, FAMILY & COMMUNITY ENGAGEMENT
QUALITY & CLINICAL EXCELLENCE
### 11:00 AM - NETWORKING LUNCH
**MARSALIS HALL**
Enjoy a networking lunch in PX Marketplace Hall.

### 11:45 AM - LUNCH AND LEARN SESSIONS
Grab food from one of the foyer buffets and join a sponsored Lunch & Learn session.

#### This session brought to you by: pCare by TVR Communications
**UNCOVERING OPPORTUNITIES AT DISCHARGE: STRATEGIES THAT BENEFIT THE PATIENT & THE HEALTH SYSTEM**
**REUNION B**
- Dwight McBee MBA, BSN, RN, CPXP, Chief Experience Officer, Temple University Health System
- Cassandra Cuesta MHA, CPXP, Senior Manager, Patient Experience, Temple University Hospital

#### This session brought to you by: GetWellNetwork
**THE VOICE OF THE CAREGIVER: LEVERAGING TECHNOLOGY AND POLICY TO SUPPORT FAMILY CAREGIVERS**
**REUNION A**
- Susan Reinhard, RN, PhD, FAAN, Senior Vice President and Director, AARP Public Policy Institute & Chief Strategist, Center to Champion Nursing in America
- Karen Drenkard, PhD, RN, NEA-BC, FAAN, Sr Vice President, Chief Clinical and Nursing Officer, GetWellNetwork
- Katherine Martinko, MPH, Sr. Manager, Patient Engagement Programs, GetWellNetwork

### 1:15 PM - KEYNOTE: PATIENT & FAMILY PANEL - Opioids, Pain and the Patient Experience
**LANDMARK BALLROOM**

### 2:15 PM - NETWORKING & BREAK
**FOYERS**

### 2:45 PM - BREAKOUT SESSION 4

#### POWERFUL PRONUNCIATION: OVERCOMING COMMUNICATION BARRIERS AND IMPROVING PHYSICIAN ENGAGEMENT
**REUNION B**
- Rupesh Ksherti MD, Hospitalist, Geisinger Holy Spirit
- Gretchen L. Ramsey MPS, Director, Patient Experience, Geisinger Holy Spirit
- Judy Ravin, President and Founder, Accents International, LLC

#### IT TAKES A TEAM: ENGAGING FRONTLINE PHYSICIANS TO IMPROVE THE JOURNEY ACROSS THE CONTINUUM OF CARE
**REUNION E**
- Theresa Varughese BSN, RN, Patient Experience Officer, Greenville Health System
- Cedrek L. McFadden MD, Vice Chair of Clinical Affairs, Department of Surgery, Greenville Health System

#### INCORPORATING DIVERSE PERSPECTIVES FROM PATIENTS & FAMILIES TO IMPROVE CHILDREN’S MERCY EXPERIENCE
**REUNION C**
- Sheryl Chadwick, Patient and Family Engagement Program Manager, Children’s Mercy Kansas City
- DeeJo Miller, Patient and Family Engagement Program Manager, Children’s Mercy Kansas City
- Katie Taff CPXP, Manager, Patient and Family Engagement, Children’s Mercy Kansas City
### HOW HOSPITALS CAN ENGAGE PATIENTS AS PARTNERS THROUGH PFACs & A HEALTH INFORMATION SHARING CAMPAIGN

**PEGASUS AB**

Deborah L. Dokken, Coordinator for Patient and Family Partnerships, Institute for Patient and Family Centered Care

Erin Mackay, Associate Director of Health Information Technology Programs, National Partnership for Women and Families

Sharrie McIntosh, Vice President for Programs, New York State Health Foundation

### LEADERS CREATE THE ENVIRONMENT: MOVING CONCEPTS OF CARE EXPERIENCE INTO DAILY PRACTICE

**REUNION H**

Jennifer McClean, Vice President of Strategic Initiatives and Patient Experience, Mercy Health System

Cheryl Throgmorton, Executive Director - Organizational Development and Inclusion, Mercy Health System

### PEDAL TO THE METAL: HOW TO IMPROVE PATIENT EXPERIENCE IN 60 DAYS

**LANDMARK BALLROOM**

Aamer Ahmed, Director of Patient Experience, Froedtert & The Medical College of Wisconsin

Lisa Hare, Manager, Performance Excellence Support Services Froedtert Health

### HOW TO WIN OVER DATA DOUBTERS BY ANSWERING COMMON DATA QUESTIONS AND REFOCUSING ON WHAT MATTERS

**REUNION F**

Stephanie Wells MSN, RN, CPXP, PCCN, Director, Patient Experience, Methodist Health System

Kyndall White CPXP, Project Leader, Methodist Health System

### OPTIMIZING POST-DISCHARGE OUTREACH: ENSURING SAFE DISCHARGES THROUGH A PATIENT-CENTERED TECHNOLOGY

**CUMBERLAND EF**

John Doddi, Program Manager, Office of PX and Engagement, University of Alabama-Birmingham Health

Kristen Noles, Nurse Manager, University of Alabama-Birmingham Health

### EFFECTIVE USE OF BEDSIDE TECH. & HOW IT DELIVERS IMPROVED EXPERIENCE FOR THE PATIENT & CARE TEAM

**REUNION A**

Jacki Moore, Change and Training Manager, Epworth HealthCare

Rhiannon Shortal, Outcomes Manager, Epworth HealthCare

Ben Williams, Sr Clinical Consultant Oneview Healthcare, Oneview Healthcare

### NARRATIVE KINDNESS IN HEALTHCARE: RESULTS FROM GATHERINGS OF KINDNESS IN AUSTRALIA & USA

**CUMBERLAND IJ**

Lorraine A. Dickey MD MBA, Founder and CEO, The Narrative Initiative, LLC

Ann Flood, Parent and CEO, Lauren’s Hope Foundation

Vivian Foulke RNC, BSN, Executive Director, The Narrative Initiative, LLC

### MINI SESSION 4

**REUNION G**

### STRATEGIC LENSES OF THE EXPERIENCE FRAMEWORK
### MANAGEMENT OVERNIGHT PROGRAM: THROUGH THE EYES OF THE PATIENT

**Darol Bates**, Director of Patient & Family Advocacy, Northern Westchester Hospital

### QUANTIFYING YOUR COMMITMENT TO YOUR PATIENT EXPERIENCE STRATEGY

**Lyndsey Newman**, Project Manager, Memorial Hermann-Texas Medical Center  
**Polina Strug**, Director of Patient Experience, Patient Relations & Interpreter Services, Memorial Hermann-Texas Medical Center

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<tr>
<td>4:00 PM</td>
<td>PATIENT AND FAMILY ADVISORS GATHERING</td>
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<td>REUNION A</td>
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<td>4:00 PM</td>
<td>EXPERIENCE FRAMEWORK ROUNDTABLES &amp; TOURS</td>
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<td>6:00 - 9:00 PM</td>
<td>NETWORKING RECEPTION &amp; DINNER</td>
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Shuttles between the hotel and Gilley’s Dallas are available from 5:45 - 9:00 PM.

**FRIDAY, APRIL 5, 2019**

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<tr>
<td>6:00 AM</td>
<td>GUIDED WALK/RUN TOUR</td>
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<td>REUNION D (FOYER)</td>
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<td>7:30 AM</td>
<td>BODY OF KNOWLEDGE OVERVIEW SESSION</td>
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<td>REUNION E</td>
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<td>CERTIFIED PATIENT EXPERIENCE PROFESSIONAL NETWORKING BREAKFAST</td>
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<td>PEGASUS AB</td>
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<td>7:30 AM</td>
<td>NETWORKING BREAKFAST &amp; E-POSTER SESSIONS</td>
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<td></td>
<td>MARSALIS HALL</td>
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**BUILDING A RESPONSIVE CULTURE THROUGH EMPATHY**  
**Gary Jones**, Inpatient Patient Experience Coach, UAB Medicine

**ENHANCING THE PRACTICE OF FAMILY CENTERED ROUNDS FOR PARENTS AND PROVIDERS IN PEDIATRIC HOSPITAL SETTINGS**  
**Debbie Waltermire-Burton DrPH, OTR/L**, Johns Hopkins Bloomberg School of Public Health

**EXPLAINING DIABETES WARNING SIGNS: A PARENTS’ MISSION**  
**Christine Greer**, Care Navigator, The Medical Center, Navicent Health  
**Mary Hoey**, Nurse Researcher, The Medical Center, Navicent Health

**IMPACT OF COMMUNICATION SKILLS TRAINING ON PROVIDER BURNOUT, PATIENT-CENTEREDNESS AND ENGAGEMENT**  
**Agnes Barden DNP, RN, CPXP**, VP, Patient & Customer Experience, Northwell Health  
**Natalie Bashkin**, Specialist, Office of Patient & Customer Experience, Northwell Health
CULTURE & LEADERSHIP

INFRASTRUCTURE & GOVERNANCE

STAFF & PROVIDER ENGAGEMENT

POLICY & MEASUREMENT

ENVIRONMENT & HOSPITALITY

INNOVATION & TECHNOLOGY

PATIENT, FAMILY & COMMUNITY ENGAGEMENT

QUALITY & CLINICAL EXCELLENCE

8:45 AM - BREAKOUT SESSION 5

MISSION EXPERIENCE: TRANSFORMING CARE IN THE AMBULATORY SETTING
REUNION G
CJ Merrill CPXP, Patient Experience Officer, Mission Health System

INNOVATIONS IN PATIENT EXPERIENCE WITH A MOBILE WAYFINDING PLATFORM
REUNION A
Katie Logan, Vice President Patient Experience, Piedmont Healthcare

ED CHAMPS TRAINING: ENGAGING YOUR TEAM. IMPROVING THE PATIENT EXPERIENCE
PEGASUS AB
Leslie J. Moore BSN, RN, CPN, CPXP, ED Specialty Nurse, Arkansas Children’s Hospital
Katrin Wooley BSN, RN, CPEN, Arkansas Children’s Hospital Emergency Department

INNOVATIONS IN PATIENT EXPERIENCE WITH A MOBILE WAYFINDING PLATFORM
REUNION A
Katie Logan, Vice President Patient Experience, Piedmont Healthcare

PUTTING TIME ON YOUR SIDE IN THE WAITING ROOM
REUNION C
Janet Giordano, Clinical Nursing Coordinator, St. Jude Children’s Research Hospital
Diane McGarry, Manager, Patient and Family Experience, St. Jude Children’s Research Hospital

STRATEGIC LENSES OF THE EXPERIENCE FRAMEWORK

IMPROVING RESPONSIVENESS TO CALL LIGHTS
Angelique Brown BSN, RN, CCRN, Nurse Manager, UF Health Jacksonville
Melodie Logue MA, CPHQ, CPXP, Performance Improvement Specialist, UF Health Jacksonville

PATIENT FEEDBACK AND FOLLOW UP IN A VIRTUAL CARE ENVIRONMENT
Michael Adler, Senior Manager, Clinical Service, PWN Health
Lara Goortland, Senior Director, Clinical Operations, PWN Health

RECRUITMENT STRATEGIES FOR PATIENT AND FAMILY ADVISORS
Mary Beth Billick RN, Patient Experience Specialist, London Health Sciences Centre
Alicia Cooper BA, MSW, RSW, Patient Relations Specialist, London Health Sciences Centre

IMPLEMENTATION OF THE NET PROMOTER SCORE AND THE PLATFORM FOR CONTINUOUS MONITORING OF PATIENT SATISFACTION IN CANCER TREATMENT UNITS
Denise Ducco, Patient Experience Manager, Oncoclinicas Group
Marcia Menezes, Medical Director, Oncoclinicas Group

PEDIATRIC PATIENT EXPERIENCE: A MIXED-ED’S JOURNEY WITH CHILD LIFE
Ben Froedge, ED Clinical Operations Manager, IU Health Arnett
Brad Jordan, Administrative Director for Emergency and Trauma Services West Central Region, IU Health Arnett
<table>
<thead>
<tr>
<th>Session Title</th>
<th>Location</th>
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| IMPROVING PATIENT AND FAMILY EXPERIENCE IN THE NICU: A PRACTICAL APPLICATION | REUNION E  | Lori Gunther MS, CPXP, CEO/Partner, Synova Associates LLC; Consultant, March of Dimes  
Stacy Palmer CPXP, Senior Vice President & COO, The Beryl Institute          |
| TECHNOLOGY-ENABLED PATIENT ENGAGEMENT IN A BEHAVIORAL HEALTH SETTING          | CUMBERLAND | Wendy Odell, Director, MH HIS Cluster, Ontario Shores Centre for Mental Health Science  
Sarah Kipping, Team Coordinator, Professional Practice and Clinical Informatics, Ontario Shores Centre for Mental Health Sciences |
| MOONSHOT 2022: OUR CHALLENGING YET MEANINGFUL JOURNEY TOWARD A PATIENT AND    | REUNION B  | Lee Ann Odom, President, Beaumont Hospital, Taylor  
Kelly Parent, Vice President, Patient Family Experience, Beaumont Health       |
| FAMILY CENTERED CULTURE                                                       |            |                                                                                                                                                                 |
| DRIVING VALUE BY DESIGNING OPTIMAL PATIENT EXPERIENCES                       | REUNION H  | Laura Harner, Director, Guest Services, Lehigh Valley Health Network  
Sue Lawrence, Senior Vice President, Operations, Lehigh Valley Health Network |
| MY HOPES FOR AN IMPROVED PATIENT EXPERIENCE - A Pecha Kucha Style Workshop   | REUNION F  | Richard Corder, Managing Director, TiER1 Healthcare  
Gautam Mahtani, Founder & CEO, CareExperience  
Carol Santalucia, Director of Service Excellence and Culture, Cleveland Clinic  
Kathryn Kellogg MD, MPH, Associate Medical Director, National Center for Human Factors in Healthcare, MedStar  
Kenneth Rothfield MD, Chief Medical Officer, Medical City Dallas, Hospital Corporation of America  
Alicia Wierenga, Manager of Patient Advocacy, UMass Memorial Health Care |
| MINI SESSION 5                                                                | CUMBERLAND |                                                                                                                                                                 |
| MERGING SERVICE INTO SAFETY HUDDLE: PROMOTING TEAM COLLABORATION             |            | Sasha Hollman, Director 4 Medical/Case Management, Sarah Bush Lincoln Health System                                                                         |
| UNDERSTANDING COMMUNICATION GAPS IN THE CONSULTATION PROCESS                 |            | Cristina Fischer, Medical Student, University of Wisconsin School of Medicine and Public Health  
Emily Winslow MD, Associate Professor, Department of Surgery, University of Wisconsin School of Medicine and Public Health |
| 9:45 AM - NETWORKING & BREAK                                                  | MARSALIS HALL |                                                                                                                                                                 |
| 10:15 AM - PX INNOVATION AWARDS                                              | LANDMARK BALLROOM |                                                                                                                                                                 |
| 10:45 AM - KEYNOTE: David Zaas, MD, MBA                                       | LANDMARK BALLROOM |                                                                                                                                                                 |
| 11:45 AM - CLOSING THOUGHTS                                                   | LANDMARK BALLROOM |                                                                                                                                                                 |
| 12:00 PM - CONFERENCE CLOSES                                                  |            |                                                                                                                                                                 |
PX Collaborative

The PX Collaborative comprises several organizations who share our commitment to patient experience improvement.

ACADEMY OF COMMUNICATION IN HEALTHCARE
The Academy of Communication in Healthcare (ACH) is a non-profit academic organization providing education and research to improve communication and patient experience. ACH offers on-site workshops, a train-the-trainer certification, and hosts an annual national course. ACH members can access special resources and event discounts.

THE ARNOLD P. GOLD FOUNDATION
Healthcare and its experience will be dramatically improved by placing human interests, values and dignity at the core of teaching and practice. This vision drives The Arnold P. Gold Foundation. We engage schools, health systems, companies, and individual clinicians in the meaning and joy of humanistic healthcare, so that health professionals and staff have the strength and knowledge to champion and deliver humanistic healthcare and services and so patients and their families can be partners in collaborative, compassionate, and scientifically excellent care. A nonprofit organization founded by Drs. Arnold and Sandra Gold, the Gold Foundation is celebrating its 30th year. Our signature programs include the iconic White Coat Ceremony, the Gold Humanism Honor Society, and Tell Me More®.

ASSOCIATION OF CHILD LIFE PROFESSIONALS
Established as a nonprofit organization in 1982, the Association of Child Life Professionals (ACLP) advances the field of child life by establishing and maintaining professional standards, enhancing the professional growth and development of members, and advancing the credibility of the child life profession by fostering research and promoting the standards of child life practice on a national and international level. The Association represents trained professionals with expertise in helping infants, children, youth, and families cope with the stress and uncertainty of illness, injury and treatment.

CAREGIVER ACTION NETWORK
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 has played a role in elevating awareness, highlighting needs and driving policy efforts to positively impact healthcare’s largest workforce – the family caregiver. By acknowledging the role of family caregivers in the patient experience conversation, we open new avenues for exploration and collaboration.

THE CENTER FOR HEALTH DESIGN
At The Center for Health Design, we’re focused on the connection between design and health. We are a non-profit organization and community of passionate healthcare designers, architects, researchers, policy makers and healthcare professionals, dedicated to improving the quality and experience of healthcare through the design of the built environment.

THE DAISY FOUNDATION
The DAISY Foundation™ is dedicated to recognizing nurses for the compassionate care they provide. Over 3,500 healthcare facilities and schools of nursing in 50 states and 20 countries are honoring their nurses with the DAISY Award for Extraordinary Nurses®.

KEN HAMILTON CAREGIVERS CENTER
The Ken Hamilton Caregivers Center at Northern Westchester Hospital is dedicated to the support and well-being of the family caregiver. Staffed by a team of social workers and trained volunteers, the program provides emotional support, help in navigating the healthcare system and community resource referrals as well as a relaxing oasis to rest and recharge. As experts in the family caregiver arena, NWH has developed a comprehensive program and has helped 17 other healthcare facilities replicate its successful model to date.

MARCH OF DIMES
March of Dimes fights for the health of all moms and babies. We’re advocating for policies to protect them. We’re working to radically improve the health care they receive. We’re pioneering research to find solutions. We’re empowering families with the knowledge and tools to have healthier pregnancies. By uniting communities, we’re building a brighter future for us all.

MUSIC & MEMORY
Music & Memory is an international program striving to restore joy and connection in the lives of those who struggle with cognitive, emotional, and/or physical challenges. We provide training, tools, and support to enable acute and post-acute healthcare settings to improve the patient experience by providing the many benefits of personal music to those in their care.

NOW I LAY ME DOWN TO SLEEP
Now I Lay Me Down to Sleep (NILMDS) unites with the medical community to provide a quality patient experience by offering the gift of healing, hope and honor to parents experiencing the death of a baby through the overwhelming...
power of remembrance portraits. Professional-level photographers volunteer their time to conduct an intimate portrait session, capturing the only moments parents spend with their babies. Through NILMDTS, medical personnel are given a meaningful option to offer bereaved parents by creating remembrance portraiture for their babies.

**PATIENT ADVOCACY COMMUNITY**
The 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.

**PATIENT AIRLIFT SERVICES**
Patient Airlift Services (PALS) is a national non-profit 501 (c) (3) organization, that has flown more than 20,000 flights since inception in 2010. We believe that when someone is experiencing an illness or humanitarian crisis that receiving the best medical care, compassionate support or disaster relief is a basic human right— no matter how far that care, or support is from home. Our team of volunteer pilots, as well as our corporate and commercial partners, enable us to provide families in need with comprehensive door-to-door transportation assistance, including both free air and ground transportation.

**PATIENT EXPERIENCE INSTITUTE**
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.

**PATIENT EXPERIENCE JOURNAL**
Patient Experience Journal is an international, multidisciplinary, and multi-method, open-access, peer-reviewed journal focused on the research and proven practices around understanding and improving patient experience. PXJ is designed to share ideas and research, and reinforce key concepts that impact the delivery of service, safety and quality and their influence on the experience of patients and families across healthcare settings.

**PATIENT EXPERIENCE POLICY FORUM**
The Patient Experience Policy Forum is a broad-based coalition of organizations and individuals engaged in advocacy and action to give a greater voice in health care policy to those working to improve the patient and family experience. We recognize the growing imperative to influence and help shape policy at the national and state levels on issues that directly affect the patient and family experience.

**PLANETREE**
Creating a person-centered organizational culture requires a shared sense of purpose, a systematic approach, and implementation of practices that engage patients, families, and staff. Planetree International partners with organizations around the world to create structures, practices, and partnerships that create results: better care, better outcomes, and better talent.

**THE SOCIETY FOR PARTICIPATORY MEDICINE**
The Society for Participatory Medicine (SPM) is a not-for-profit organization devoted to participatory medicine, a movement in which networked patients shift from being mere passengers to responsible drivers of their health, and in which providers encourage and value them as full partners. The Society brings together patients, caregivers, health professionals, payers, and others to drive provider/patient collaboration, patient empowerment and participatory healthcare education.
**Breakout Sessions**

**Breakout Session 1**

**Wednesday, April 3, 2019**

3:30 – 4:30 PM

**THE ROLE OF RELATIONSHIPS IN PATIENT ENGAGEMENT**

**CUMBERLAND EFGH**

**Southcentral Foundation (SCF)** is an Alaska Native-owned healthcare system responsible for providing care to approximately 65,000 Alaska Native and American Indian people in southern Alaska. In 1998, SCF launched a reform effort, transforming the healthcare system based on feedback from and open communication with the community. The transformation was based on the principles of customer-ownership and relationship-based healthcare, recognizing that healthcare is a shared responsibility between providers and patients. At SCF, customer-owners form strong, long-term relationships with providers, who work to engage them in their own healthcare. SCF provides training and support for providers to accomplish this, and supports relationship-building at an organizational level, all the way from senior leadership to the primary care clinics, where integrated care teams provide care for customer-owners. This session will provide detailed insight into how SCF accomplished this major system transformation.

**Karen McIntire**, Director of Human Resources, Southcentral Foundation

**Steve Tierney MD**, Medical Director of Quality Improvement and Chief Medical Informatics Officer, Southcentral Foundation

**THE 1-2 PUNCH: RECOGNITION & ENGAGEMENT AND HOW EMMORY HEALTHCARE DOES IT RIGHT**

**REUNION B**

Service Week celebration is a highly coveted program designed to bolster engagement and recognize teammates and providers who strive for excellence consistently. Service Week consists of a week-long celebration but our two biggest events are: Service Hero Recognition Luncheon - teammates and providers get recognized and honored by way of a formal nomination process with specific criteria, and are deemed a Service Hero and Engagement Best Practice Forum Sharing - a best practice forum designed to showcase specific engagement or recognition tactics. The forum features different initiatives throughout our Service Week activities. Since its inception in 2012, over 389 teammates and providers have been given the honor of being a ‘Service Hero’. This session will share many toolkits that Emory Healthcare has developed to keep caregivers engaged and show them how much they’re valued.

**Jessica McKenzie**, Patient Experience Consultant, Emory Healthcare

**Kristie Simmons-Abney FACHE, CPXP**, Sr. Patient Experience Manager, Emory Healthcare

**IMPROVE ROUNDDING EFFICIENCY TO ACCELERATE PERFORMANCE IMPROVEMENT AND ENHANCE THE PATIENT EXPERIENCE**

**REUNION F**

Rounding is a vital practice in healthcare organizations and is becoming an ever-more important performance improvement strategy as hospitals compete for market share in an era of rising costs and increasing patient demands. Purposeful rounding is viewed as a key tactic in not only improving the patient experience, but in gaining critical insights into what’s important to patients and families and how the organization is meeting these needs. But, despite its undeniable importance, rounding can be time-consuming, especially for leaders, clinicians, plus front-line staff whose plates are full. This session will highlight how a cross-functional team comprised of committed representatives from Patient Experience, Nursing and IT, came together to plan and implement a technology solution that reduced their data collection time by 80%.

**Melissa Bertelson**, Nurse Manager, Mayo Clinic Health System

**Amanda Green**, Patient Experience Senior Advisor, Mayo Clinic Health System

**PFAC MARKETING AND RECRUITMENT TEAM STRATEGIES THAT ENHANCE COLLABORATION AND PROMOTE PATIENT AND FAMILY ENGAGEMENT**

**CUMBERLAND IJKL**

Dana-Farber Cancer Institute’s Patient and Family Advisory Councils in collaboration with the Institute’s Communications Department established a PFAC Marketing and Recruitment Team that has operated efficiently and successfully for the past three years. During this session, participants will learn how the projects are managed, annual goals/objectives and timelines, guidelines and measured successes. The presenters will also review strategies of appealing to different audiences in a multidisciplinary setting and the variety of opportunities for collaboration that have resulted from this

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**STRATEGIC LENSES OF THE EXPERIENCE FRAMEWORK**

- **Culture & Leadership**
- **Infrastructure & Governance**
- **Staff & Provider Engagement**
- **Patient, Family & Community Engagement**
- **Quality & Clinical Excellence**
- **Policy & Measurement**
- **Innovation & Technology**
- **Environment & Hospitality**
COMMUNICATION ADVISOR PROGRAM: ENGAGING PATIENT & FAMILY ADVISORS TO DIRECTLY PROVIDE FEEDBACK
PEGASUS AB

Session attendees will learn about the development, implementation and outcomes-to-date of a novel program at UW Health to help providers build communication skills and enhance relationships with patients and families. The Communication Advisor Program has been piloted in a range of settings in both ambulatory and inpatient environments, and with residents, faculty physicians, and advanced practice providers. This unique program engages Patient & Family Advisors to directly observe providers in clinical encounters, elicit patient feedback and provide verbal and written feedback using the Communication Assessment Tool developed by Gregory Makoul, PhD. Practical program design elements will be shared, including: Patient and Family Advisor recruitment and training, provider recruitment and orientation, observation data management and program assessment.

Emily Winslow MD, Medical Director, Patient and Family Experience, UW Health

Jenna Wright, Program Manager, Patient and Family Advisor Partnership Program, UW Health

EXAMINING THE RELATIONSHIP BETWEEN HIGH-PERFORMING PFE HOSPITALS AND QUALITY AND SAFETY PERFORMANCE
REUNION C

Implementation of Person/Family Engagement (PFE) practices in the healthcare setting has shifted the paradigm away from driving clinical outcomes through the exclusive reliance of process improvements involving quality professionals and clinicians alone. A more holistic approach is taking hold designed to achieve healthcare quality and safety through the fostering of partnerships with patients, families and caregivers. However, a lack of consensus as well as evidence exists regarding effective ways to increase adoption of PFE practices that help achieve improved outcomes. This study scientifically examined the relationship between PFE and the clinical outcomes of readmissions and falls. This session will share findings between implementation of PFE and the evidence of improvements in clinical quality outcomes and include the specific PFE activities and processes found to most impact improvements.

Kellie Goodson MS, CPXP, Director, HIIN & TCPI Delivery, Vizient

Knitasha V. Washington DHA, MHA, FACHE, Principal, ATW Health Solutions

WHAT EVERY PATIENT ADVOCATE MUST KNOW ABOUT PATIENT COMPLAINTS AND GRIEVANCES
REUNION H

Emphasis on the patient experience has increased, as have the ways in which we receive this feedback. These trends in healthcare make investigating and responding to patient concerns important components of an effective patient grievance process. This session will focus on both the CMS and Joint Commission guidelines for resolving patient complaints and grievances, as well as learning how Duke University Health System has begun to integrate safety, quality, service and employee engagement by working through concerns which have been captured as disrespectful events which may have resulted in emotional harm to the patients and/or their families.

Brenda Radford CPXP, Director, Guest Services, Duke University Hospital

ENHANCING CLINICAL LEADER COMMUNICATION SKILLS THROUGH SIMULATION
REUNION A

Communication is integral to a patient’s overall care and experience; however, educating leaders to improve communication can be challenging. This session will highlight the inclusion of video-recorded simulations with debriefings in an experiential learning opportunity aimed at improving leaders’ ability to communicate with patients, families and staff in difficult situations.

Lorianne Classen, Patient Experience Consultant, Texas Children’s Hospital

Crystal Sallans LCSW, Patient Experience Consultant, Texas Children’s Hospital

HOMEWARD BOUND: ENHANCING THE HOME CARE JOURNEY FOR PATIENTS, FAMILIES AND CAREGIVERS
REUNION E

Home Health and Hospice agencies are reinventing their delivery systems and patient engagement strategies to respond to the ever-increasing shift of care to the home environment. The Care Experience Leadership Academy (CELA) team partnered with nine Kaiser Permanente (KPI) agencies to enhance the home care journey for patients, families and caregivers. The work shifted away from traditional didactic delivery to human-centered design framed by the KP Experience Standards. Learn how patient partners and field staff worked side-by-side with frontline managers to create reliable standard practices along the home care journey.

Hans Donkersloot, MSHA, MBA, Principal Consultant Kaiser Permanente

Evelyn Nodal MPH CPXP, Principal Consultant, Kaiser Permanente

Teresa A. Mountain, Director of Patient Care Services for Home Care, Kaiser Permanente

MINI SESSION 1 20-MINUTE PRESENTATIONS WITH A COMBINED Q&A

ESTABLISHING AND UTILIZING E-ADVISORS TO INCREASE PATIENT AND FAMILY ENGAGEMENT
REUNION G

The Patient Experience team at Ann & Robert H. Lurie Children’s Hospital successfully established an E-advisory Board that allows them to easily engage a broad representation of patients and families. Many patients and families want to share their thoughts and ideas outside of the patient experience surveying process and are unable to participate on other hospital committees due to time, distance or resources. E-advisors can co-develop improvements by providing feedback exclusively online through e-mail. As an E-advisor, patients and families contribute with minimal time commitment involved, and participation for each request is voluntary. By leveraging technology, we continuously recruit new members and solicit feedback that can be quickly analyzed and distributed. E-advisors also receive regular updates to learn how their feedback has led to improvements. This session will provide the audience with the keys to success to create their own group of E-advisors.

Abigail Kozak, Patient Family Experience Consultant, Ann & Robert H. Lurie Children’s Hospital of Chicago
**CULTURE OF JOY FUELS RESULTS FOR A PATIENT TRAGEDY**

**REUNION B**

A healthcare team used creative solutions to provide a patient in an unthinkable situation with extraordinary safe and compassionate care. This initiative, honored by IHI/NPSF as an exemplar, will be deconstructed to provide the foundation for its development and will include the patient/family voice. Meaningful recognition will be discussed as an integral strategy to drive positive outcomes and sustain a joy-filled work environment, supporting patient safety and team dynamics. Perspectives from leadership and the patient will be shared.

Cynthia Sweeney, Executive Director, The DAISY Foundation

**ONLY YOU CAN PREVENT PX WILDFIRES: SYSTEMS THINKING AND THE PATIENT EXPERIENCE**

**PEGASUS AB**

In 2017, the US Forest Service spent over $2.5 billion fighting fires. As a nation, we tend to focus on what the flames destroy: property, habitat and communities. But research suggests that proactive steps can mitigate the damage caused by naturally occurring wildfires: focusing on the fuel, rather than the fire, is key. The fires that PX professionals fight every day are the outcome of decades of cultural undergrowth, providing ample fuel: siloed organizations, disconnected communication systems, unclear lines of authority, disagreement on shared measurements. Cost constraints and compliance requirements only add to the tinder-dry conditions. The victims? Staff, patients, families. The answer: systems thinking. Using examples from frontline experiences, this session will share stories of patient experience in flames, their underlying causes and the systems that have been designed to prevent them. Participants can submit their own stories in advance, then engage in panel discussion with the expert speakers.

Tiffany Fortin, Patient Experience Specialist, Munson Healthcare
Sheila Moroney, Patient Experience Officer, Hennepin Healthcare
Mark VanderKlipp, Founding Partner, Connect_CX

**THE WISDOM OF HOMER’S ILLIAD: THE UN-INITIATIVE FOR CREATING, EXECUTING AND SUSTAINING PATIENT EXPERIENCE EXCELLENCE**

**REUNION E**

Most organizations approach patient experience improvement by kicking off an initiative without addressing the underlying culture and behaviors that can make or break the experience for patients and their families. This session will share their journey, methods, tools and results allowing participants to conceive of and design their own journey. Like many other organizations, we approached this process as an initiative. The initial energy was exciting, but, the energy soon dissipated. What we learned from this experience was that we needed an ‘uninitiative‘ to create cultural change over time, rather than the ‘big bang’ approach. The session will share a menu of specific tools and methods, and time will be spent allowing participants to begin to outline ways they can integrate the patient experience strategy into the organization’s strategy, as a catalyst for cultural change.

Jason Vallee PhD, Vice President, Patient Experience, Cheshire Medical Center/ Dartmouth Hitchcock Keene

**THE NHS AT 70 - HOW A MODERN TEACHING HOSPITAL STILL EMBRACES VOLUNTEERS**

**CUMBERLAND EFGH**

This session will feature different parts of the patient journey that are made better by volunteers in four areas: 1) Where hospital volunteering has come from, charting from medieval days of volunteer led hospitals, leading to an overview of our current activity and how today we have 900 volunteers supporting an 800 bed hospital. 2) A film that takes the viewer to the hospital and sees first-hand how we make today feel better for every one of the patients and staff. It is also hoped to bring one of our volunteers to tell their own personal story. 3) How it’s
imperative to support, engage with and challenge a volunteer team to truly make it work for everyone and how we lead the way in younger persons schemes. 4) What you can achieve if you’re prepared to push the boundaries of what is considered the ‘normal’

Richard Scarth, Director of Operations, The Royal Free Charity
Jenny Todd, Head of Volunteering, The Royal Free Charity

PHYSICIAN ENGAGEMENT: A UNIQUE APPROACH TO IMPROVING PHYSICIAN COMMUNICATION SKILLS

REUNION H

Henry Ford Hospital established an office of Physician Communication & Peer Support to serve the needs of its physicians. Its major purpose is to provide growth in the realm of communication and partnership between patient and physician. This session will share how Henry Ford Hospital successfully implemented purposeful physician shadowing, and developed multiple tiers of communications training for our physicians. A physician and a non-clinician work in pairs as communication course instructors. Physicians willingly engaged, enhanced their skill set, found greater fulfillment in the workplace, and were better able to connect with their patients as a result.

Justin Bright MD, CPXP, Physician Champion, Henry Ford Hospital
Kelley Dillon MA, OD, Director, Office for Physician Communication and Peer Support, Henry Ford Hospital

THE POWER OF CONNECTIONS: SECRETS FOR MOVING PATIENT EXPERIENCES FROM ORDINARY TO EXTRAORDINARY

LANDMARK BALLROOM

To a patient and their family, the healthcare journey is filled with moments that matter. Moments that can unintentionally add more anxiety and stress to their experience or opportunities that can make a meaningful connection and actually drive loyalty. But why are some experiences memorable and others forgettable? Patients say, for an experience to be memorable, it must be remarkable. Whether the experience is remarkably good or remarkably bad, is determined by the emotional connection it makes and most importantly, how it makes them feel. This is the Law of Memorable Moments. Random acts of kindness are good. But the real key to improving patient experiences and earning loyalty lies in your ability to empower employees to intentionally and consistently orchestrate meaningful connections, and then hardwire those moments - those connections - so they become business as usual.

Jason Newmark, Vice President - Diagnostic Services, Baystate Health
Jake Poore, President and Chief Experience Officer, Integrated Loyalty Systems

IMPROVING HEALTH AND CARE BY LISTENING TO PATIENTS: A VIEW FROM THREE HEALTH SYSTEMS

REUNION C

Three very different health systems were looking for an innovative, reliable, scalable way to learn what matters to patients. Each system had a unique reason: wanting to create a more ‘outside-in’, customer-obsessed organization, seeking to reinforce standards of professional behavior in everyday practice and using digital innovations to improve interpersonal relationships and experience. All three systems chose the same digital solution, which focuses on what matters to patients as people. Before clinical encounters, patients (or caregivers) are invited to sign up and share stories about themselves, their health and their care. This innovation runs analytics on the information collected, distilling it into meaningful, actionable insights delivered via the EHR to improve clinical encounters and via aggregated reports to drive organizational improvement. Presenters will discuss the problem they were trying to solve, the process of implementing and scaling a digital innovation, results to date and plans for the future.

Michael Bennick MD, Medical Director for the Patient Experience, Yale New Haven Health
Brad Crotty MD, Medical Director of Digital Engagement, Froedtert & the Medical College of Wisconsin
Rob Jennetten, Director of Innovation Partnerships, OSF HealthCare
Gregory Makou MDI, Founder and CEO, PatientWisdom, Inc.

ACCESS FOR ALL: EQUALITY IN HEALTHCARE SERVICES WITHIN YOUR ORGANIZATION

REUNION A

This session will cover what it means to prohibit discrimination based on race, age, sex, national origin and disability within healthcare. Presenters will focus specifically on language access for LEP patients and guests, incorporating processes and policies for transgender patients, how to deal with service animals and emotional support animals and support for patients with disabilities. Practical approaches that can be implemented within any hospital or practice to ensure you’re providing equal access to healthcare services for everyone. This includes policies to consider, aids and devices to have available, your language access plan and partnerships across the system that are important to success.

Amy Crowe, Patient Advocacy Program Manager, Novant Health

WHAT WOULD A PATIENT ADVOCATE DO?

REUNION G

A panel of patient advocates will provide information and answer questions on key topics including grievances and complaint response, managing difficult patient/family interactions, handling social media complaints.

Linda Cline Raymond MBA, Patient Relations Representative, Northwestern Medicine, Central DuPage Hospital
Stephanie Lewis MS, BA, Director Patient Relations & Interpreting Services, Dayton Children’s Hospital
Elizabeth Mendoza, Patient Experience Supervisor, Advocate Sherman Hospital
Kim Pedersen BA, CPXP, Director Patient Relations, Marianjoy Rehabilitation Hospital, Northwestern Medicine
Rebecca K. Ruckno MSW, MBA, Director Health Literacy and Interpreting Service, Geisinger Health System

ENGAGING THE PATIENT, FAMILY AND COMMUNITY TO IMPROVE CARE FOR TRANSGENDER PEDIATRIC PATIENTS

CUMBERLAND IJKL

This session will share a case study and roadmap for how one essential healthcare system (The MetroHealth System) focused on building relationships and partnerships in order to improve care for pediatric patients who are transgender and/or questioning, and their families; with an emphasis on creating respectful, welcoming and affirming approach and how every voice matters in the delivery of exceptional and equitable care.

Elizabeth Clegg, Senior Market Research Advisor, The MetroHealth System
Margarita Diaz RN, Manager, Health Equity, The MetroHealth System
Jennifer Lastic, Supervisor, Patient Relations, The MetroHealth System
Stephanie Lewis MS, BA, Director Patient Relations, Marianjoy Rehabilitation Hospital, Northwestern Medicine
Jennifer Lastic, Supervisor, Patient Experience, The MetroHealth System
Shannon Scott-Miller, Patient and Family Advisor, The MetroHealth System
COMPASSIONATE CARE FOR THE FAMILY CAREGIVER

REUNION A

Learn about an innovative program focused on the unmet needs of families whose loved ones are inpatient, outpatient or in the community. The Ken Hamilton Caregivers Center was the brainchild of a community member who lost her husband, after a long struggle with cancer. She envisioned what would have been helpful to her during her ordeal. Since 2005, our team connects with family caregivers and offers emotional support, assistance with navigating complex health issues and referrals to community resources. The program is 100% funded through philanthropy and is run by a Social Worker and extensively trained volunteers. Join this session to learn how the center has become a jewel in the hospital system supporting families and achieved the added benefit of supporting professional caregivers.

Jill Gottlieb, Replication Coordinator, The Ken Hamilton Caregivers Center at Northern Westchester Hospital

Marian Hamilton, Founder, The Ken Hamilton Caregivers Center at Northern Westchester Hospital

Jerri Rosenfeld LCSW, Director, The Ken Hamilton Caregivers Center

THE ART & SCIENCE OF ENGAGING TEAM MEMBERS: A BEST PRACTICE PROGRAM SUPPORTING CAREGIVERS & BEYOND

REUNION H

At UChicago Medicine, a focus on cultivating a culture where exceptional experiences occur for everyone, every time, is transforming care and team member engagement. UCM’s coaching engagement program focuses on nurturing communication skills and positively influencing patient encounters, connecting to The Beryl Institute’s recent findings that a ‘distance from purpose is a cause for burnout.’ Through this work, individuals are paired with an internal coach who focuses on highlighting only the positive, impactful actions, attitudes and behaviors that lead to meaningful experiences for patients and families. This is a departure from traditional approaches to team auditing, where attention is given primarily on what could be improved, with minimal on the individual’s own strengths and subsequent impact on the patient’s well-being. Learn how this connection also ultimately serves to maximize trust and collaboration among teams as individual strengths of all are highlighted and celebrated through on-going team dialogue and huddle/team meetings.

Jami Busse, (RT)T, Radiologist Technologist, UChicago Medicine

Kimberly Lenner MBA, Executive Director, Radiology, UChicago Medicine

Sue Murphy RN, BSN, Chief Experience Officer, UChicago Medicine

THE VALUE OF PATIENT NARRATIVES FOR QUALITY IMPROVEMENT: FINDINGS FROM A PILOT TEST OF THE CAHPS NARRATIVE ELICITATION PROTOCOL

PEGASUS AB

This session will build on our highly rated session from Patient Experience Conference 2018 and encore webinar presentations to assess the feasibility, value and utility of the new CAHPS Patient Narrative Elicitation Protocol (NEP) in New York-Presbyterian (NYP) ambulatory care practices. The NEP is a structured sequence of 5 open-ended questions that can supplement CG-CAHPS or other patient experience surveys, in order to elicit complete and balanced accounts of ambulatory care from a representative sample of patients. The session will first explore how clinicians, staff and practice administrators assess the value of patient comments at baseline. It will then present the results of our pilot test showing: 1) the value of the NEP content compared to conventional open-ended questions; and 2) the effectiveness of an enhanced feedback reporting method for making the narrative information compelling, easily understood, and useful to practice leaders and clinicians for improving patient experience.

Ingrid Nembhard PhD, Associate Professor of Health Care Management, The Wharton School, University of Pennsylvania

Mark Schlesinger PhD, Professor of Health Policy, Yale School of Public Health

Tara Servati, Patient Centered Care Specialist, New York-Presbyterian Hospital

Dale Shaller, Principal, Shaller Consulting Group

STARTING FROM SCRATCH: DEFINING, DESIGNING AND DEPLOYING THE VETERANS PATIENT EXPERIENCE PROGRAM

CUMBERLAND IJKL

The Veterans Experience Office will share the process and outcomes of their efforts to define, design, and deploy enterprise-wide patient experience program for a large, diverse, and geographically disparate system of hospitals. Participants will learn how the VA Office developed a definition and framework that were specific to their enterprise, rooted in research and tied to their mission. Participants will also learn how developed
foundational tools to set the tone for patient experience across the enterprise, including a customer experience workshop and leadership rounding tools intended to work together to focus employees and leadership on the same goals, as well as tools establishing a visibly branded experience.

Jennifer Purdy, Director in Charge, Veterans Patient Experience Program
Abigail Sanford, Change Manager, Veterans Experience Office

BE A ROCK STAR HEALTH SYSTEM - OPTIMIZING OPENNOTES FOR PATIENT ENGAGEMENT AND SAFETY
CUMBERLAND EFGH
This session will touch on the basics of OpenNotes, and then move to a focus on lessons learned related to the dissemination of OpenNotes and evaluation of implementations over the last 3 years. Presenters will spend time on factors contributing to a successful implementation from the perspectives of patients/families and healthcare professionals, and will share patient/family and healthcare provider stories to illustrate this impact. The session will take a close look at recent research results with a particular focus on the impact of OpenNotes on patient safety, vulnerable populations and the experience of patients using patient portals. Finally, we will look at the future of OpenNotes and transparency in healthcare. The session will include time for attendees to share their experiences with OpenNotes, as patients/family members and/or as healthcare professionals, and brainstorm together how to spread effective implementations.

Lisa DanieIpoor, Patient/Family Advisor, University Hospitals
Kerry Litman MD. CPPS, Physician, SCMPG Physician Lead for Patient and Family Centered Care, Kaiser Permanente Southern California Permanente Medical Group
Liz Salmi, Senior Strategist, Outreach and Communications, OpenNotes and Beth Israel Deaconess Medical Center

SERVICE RECOVERY IN HEALTHCARE: MAKING RIGHT WHAT WENT WRONG
LANDMARK BALLROOM
The importance of Service Recovery in Health Care cannot be overstated. It is critical that we listen to what our patients and their families are saying to us and do all we can to turn any negative situations into positive ones. It is not only good for our reputation and our bottom line, but most importantly, it is the right thing to do. This session will explore the Cleveland Clinic’s Service Recovery Program, and outline the importance of equipping all caregivers with the communication skills to respond to issues in the moment.

Carol Santalucia MBA, Director, Service Excellence and Culture/Business Development, Cleveland Clinic Foundation

MOBILE APP DRIVES HCAHPS GROWTH THROUGH PATIENT CARE MAPPING
REUNION C
Healthcare has long struggled with the standardization of care, which is one of the reasons why the measurement of a positive care experience is the cornerstone of HCAHPS. The ubiquity of smartphones creates an opportunity for healthcare providers to standardize care coordination and patient journey mapping across patients, providers, health systems and caregivers. In this session, South Shore Health System details how it has been able to increase HCAHPS scores for its OB/GYN department with the help of a mobile app that provides uniform, current information to expectant mothers to manage appointments, track fetal development, learn what to expect in the hospital, discharge instructions and more. Additionally, it will discuss cost savings and mobile app deployment strategy that hospitals can employ in their own organizations to differentiate their facilities.

Luke Poppish, Executive Director of OB/GYN Service Line, South Shore Health System

REVEALED: WHAT HAPPENS WHEN CREATING A CO-DESIGN CULTURE
REUNION F
Wondering what happens to organizations when habits of patient and family involvement to improve services and care processes occur across the system? This session will include examples illustrating Virginia Mason’s strategy to create a culture where side-by-side co-design is becoming the norm. Presenters will cover the organization’s strategy, and share methods, pitfalls and epiphanies when involving customers directly in improvement work.

Charleen Tachibana  DNP, RN, FAAN, Senior Vice President and CNO, Virginia Mason Medical Center

IMPROVING PATIENT EXPERIENCE THROUGH REAL-TIME PHYSICIAN ENGAGEMENT
REUNION G
As pediatric healthcare leaders, we know that patient satisfaction is an important metric that improves patient outcomes and the safety and quality of the care we provide. Improving patient satisfaction doesn’t happen overnight and requires constant innovation. A pilot program is underway, focusing on allergy patients and measuring patient expectations and experiences in real-time. As patients check into the allergy clinic, they take a quick online survey that measures their expectations for the visit. This information is then shared with the physician and team assigned to the patient, so they can see what that patient’s specific goals and priorities are for the appointment. If expectations aren’t met, as reported in the
UNCOVERING OPPORTUNITIES AT DISCHARGE: STRATEGIES THAT BENEFIT THE PATIENT & THE HEALTH SYSTEM

As health systems strive to improve strategic outcomes, effective patient engagement has become a critical component to achieving success. Temple University Hospital executives will discuss how effective patient engagement at discharge led to improved outcomes through meds-to-beds, baby box and other strategic initiatives. This interactive session will include a Q&A session with the presenters.

Dwight McBee MBA, BSN, RN, CPXP, Chief Experience Officer, Temple University Health System
Cassandra Cuesta MHA, CPXP, Senior Manager, Patient Experience, Temple University Hospital

This session brought to you by: pCare by TVR Communications

THE VOICE OF THE CAREGIVER: LEVERAGING TECHNOLOGY AND POLICY TO SUPPORT FAMILY CAREGIVERS

Join industry leaders as they discuss the needs of family caregivers and the current state of the Caregiver Advocate, Record, Enable (CARE) Act. Learn about the work that AARP is spearheading to advocate for family caregivers as well as how Interactive Patient Care (IPC) technology is helping organizations meet the requirements by providing education specifically for caregivers. This unique partnership is directly impacting patients and their families as they navigate the healthcare system.

Susan Reinhard, RN, PhD, FAAN, Senior Vice President and Director, AARP Public Policy Institute & Chief Strategist, Center to Champion Nursing in America
Karen Drenkard, PhD, RN, NEA-BC, FAAN, Sr Vice President, Chief Clinical and Nursing Officer, GetWellNetwork
Katherine Martinko, MPH, Sr. Manager, Patient Engagement Programs, GetWellNetwork

This session brought to you by: GetWellNetwork

POWERFUL PRONUNCIATION: OVERCOMING COMMUNICATION BARRIERS AND IMPROVING PHYSICIAN ENGAGEMENT

CUMBERLAND IJKL

All too often physicians and patients are divided by a common language: English. While provider’s diverse accents add richness to our healthcare systems and communities, the complexities of English pronunciation can make communicating medical expertise a challenging experience, for both the physician and the patient. Presenters will provide an overview of the challenges facing non-native English speakers within the Geisinger Holy Spirit hospitals team. Attendees will learn how an online, 12-session linguistics class, ‘Powerful Pronunciation’, helped 12 physicians for whom English is a second language speak with greater clarity and ease. Participation in the ‘Powerful Pronunciation’ program minimized communication barriers while maintaining each physician’s unique cultural identity. A physician participant will explain how this effort increased his confidence, and the patient’s confidence in the health system.

Rupesh Ksherti MD, Hospitalist, Geisinger Holy Spirit
Gretchen L. Ramsey MPS, Director, Patient Experience, Geisinger Holy Spirit
Judy Ravin, President and Founder, Accents International, LLC

INCORPORATING DIVERSE PERSPECTIVES FROM PATIENTS & FAMILIES TO IMPROVE CHILDREN’S MERCY EXPERIENCE

REUNION C

Patient experience survey results are vague and do not adequately represent diverse perspectives making it challenging for hospital administrators to implement meaningful change. Children’s Mercy (CM) shares several strategies to complement survey feedback and strengthen family engagement. Learn how the Family Experience Tracer program provided a unique opportunity to hear from patients and families in the midst of their experience - its flexibility allowed the organization to learn from populations who are underrepresented and provides rich, qualitative information to better understand the expectations of all patients and families. This session will also
share how CM expanded their advisory council structure from one central board to 14 unique councils that represent distinct populations and how the expansion of the advisory councils solidified a foundation for continued growth and sustainability to engage patients and families.

Sheryl Chadwick, Patient and Family Engagement Program Manager, Children’s Mercy Kansas City
DeeJo Miller, Patient and Family Engagement Program Manager, Children’s Mercy Kansas City
Katie Taff CPXP, Manager, Patient and Family Engagement, Children’s Mercy Kansas City

HOW HOSPITALS CAN ENGAGE PATIENTS AS PARTNERS THROUGH PFACS & A HEALTH INFORMATION SHARING CAMPAIGN

REUNION B

Description Outline: This session will describe New York State Health Foundation’s Empowering Health Care Consumers program and two projects they supported as part of a Patients as Partners strategy. One project examined the landscape of Patient and Family Advisory Councils (PFACs) and identified characteristics of a high functioning PFAC that ensure that PFACs are a mechanism to meaningfully engage patients and families, and not window dressing. A second project supported the Get My Health Information Sharing Campaign, which works with hospitals on changing attitudes and practices to improve patient and caregiver access to their own health information. Presenters will discuss barriers to meaningful access and use of health data, as well as tips for creating a culture that supports meaningful patient information access and sharing. Attendees will learn about concrete, actionable tactics and processes for engaging “patients as partners” through PFACs and patient-centric information sharing policies and procedures.

Deborah L. Dokken, Coordinator for Patient and Family Partnerships, Institute for Patient and Family Centered Care
Erin Mackay, Associate Director of Health Information Technology Programs. National Partnership for Women and Families
Sharrie McIntosh, Vice President for Programs, New York State Health Foundation

LEADERS CREATE THE ENVIRONMENT: MOVING CONCEPTS OF CARE EXPERIENCE INTO DAILY PRACTICE

REUNION H

Much like other organizations, Mercy invested significant resources in understanding the voice of the customer, journey mapping and defining specific behaviors/processes that create great care experiences. We struggled gaining consistency between our facilities, care settings and caregivers in demonstrating those behaviors or improving processes that enable those behaviors. Committed to providing exceptional care, Mercy realized that variation in performance was driven by three areas: Front line: role specific behavioral expectations paired with measurement and process improvement tools to ensure delivery; The daily practices of leaders and subsequent influence at each level (supervisor to chief executive) needed to hardwire processes and behaviors; and a need for structured accountability and forum to address systemic process issues across the continuum of our services contributing to the overall experience of our patients. This session will share their journey, a change management approach, that moved concepts of care experience into daily practice.

Jennifer McClean, Vice President of Strategic Initiatives and Patient Experience, Mercy Health System
Cheryl Throgmorton, Executive Director-Organizational Development and Inclusion, Mercy Health System

PEDAL TO THE METAL: HOW TO IMPROVE PATIENT EXPERIENCE IN 60 DAYS

LANDMARK BALLROOM

This session will highlight how Froedtert & The Medical College of Wisconsin, an 800+ bed academic health system, reached the 90th percentile in patient satisfaction by deploying the 60 day rapid improvement initiative. Learn how the program marries consumer analytics, design thinking and lean methodologies to develop a frontline-driven improvement model that has improved both patient and staff engagement. The model is built upon four components: 1) Regression analytics using segmented patient satisfaction data by diagnosis 2) Customer discovery through shadowing the patient and tracking their journey 3) Root-Cause through front-line kaizen workout and development of trial interventions 4) Improve and sustain through frontline-led work groups.

Aamer Ahmed, Director of Patient Experience, Froedtert & The Medical College of Wisconsin
Lisa Hare, Manager, Performance Excellence Support Services Froedtert Health

HOW TO WIN OVER DATA DOUBTERS BY ANSWERING COMMON DATA QUESTIONS AND REFOCUSING ON WHAT MATTERS

PEGASUS AB

For patient experience data to serve as a foundation for improvement, healthcare staff must trust the data. By candidly addressing questions of bias, reliability, validity and accuracy, health systems can build their capacity for improvement and empower patient experience champions to translate data into action. Methodist Health System has committed itself to establishing data management and use practices that eliminate data questions from staff and leaders so that resources are devoted to innovative improvement efforts. This session will share how Methodist Health System leverages training sessions, meeting cadences, and dashboards to support staff and leaders in understanding their data and positively impacting their patients’ experiences.

Stephanie Wells MSN, RN, CPXP, PCCN, Director, Patient Experience, Methodist Health System
Kyndall White CPXP, Project Leader Methodist Health System

OPTIMIZING POST-DISCHARGE OUTREACH: ENSURING SAFE DISCHARGES THROUGH A PATIENT-CENTERED TECHNOLOGY

CUMBERLAND EFGH

A hospital admission and discharge is a significant event in a person’s life. Unfortunately, the transition home often involves patients trying to comprehend multiple pages of instructions while feeling exhausted, eager, and nervous. While these transitions remain a key challenge for hospitals, one organization has leveraged innovative technology to help enhance the process and improve patient outcomes. This organization, by recording components of a patient’s discharge plan, provides a way for patients to re-listen to their clinical course in a digestible format. These audio instructions are sent out to patients via phone 24 hours after discharge and can be accessed for 30 days. During this session, the presenters will convey: challenges related to the discharge process, key strategies in implementing new technology into nurse’s workflows, successes in engaging stakeholders, their PDSA iterations and positive results realized.

John Dodd, Program Manager, Office of PX and Engagement, University of Alabama-Birmingham Health
Kristen Nolte, Nurse Manager, University of Alabama-Birmingham Health

EFFECTIVE USE OF BEDSIDE TECH. & HOW IT DELIVERS IMPROVED EXPERIENCE FOR THE PATIENT & CARE TEAM

REUNION A

Epworth will present an overview of the problems they wanted to solve. Patients were reporting inconsistent experience scores, and staff were spending
too much time away from the bedside. In addition, our non-clinical team did not feel that they were a part of the patient care team. We will outline our vision for solving the problem, which was aimed at improving the patient experience by allowing our staff to focus their time on caring for the patient. This session will provide an overview of the technology solution, including the features that assisted in achieving the vision. Participants will have an opportunity to experience the technology first hand. We will discuss benefits, both intended and unintended, we have seen for both our patients and staff, and how we are measuring the outcomes.

Jacki Moore, Change and Training Manager, Epworth HealthCare
Rhiannon Shortal, Outcomes Manager, Epworth HealthCare
Ben Williams, Sr Clinical Consultant
Oneview Healthcare, Oneview Healthcare

**MINI SESSION 4**

**20-MINUTE PRESENTATIONS WITH A COMBINED Q&A**

**MANAGEMENT OVERNIGHT PROGRAM: THROUGH THE EYES OF THE PATIENT**

**REUNION G**

Northern Westchester Hospital expects each manager to spend at least one night in the hospital in the role of a patient. Managers are paired in teams and assigned a time frame in which to complete the overnight. During their overnight stay, managers check-in, wear gowns, are transported by stretcher or wheelchair, sleep in hospital beds or care partner pull-out couches, tour waiting rooms and key departments, eat in the cafeteria and order patient room service, and document their findings using structured feedback tools including completing the HCAHPS survey for internal comparison. The insights gained from the management overnight program are compiled, analyzed and used for continuous improvement. Participants can expect to learn about our management overnight program with a focus on the goals of the program as well as planning and logistics. Participants will hear lessons learned and suggestions made and implemented as a result of participant feedback.

Darol Bates, Director of Patient & Family Advocacy, Northern Westchester Hospital

**QUANTIFYING YOUR COMMITMENT TO YOUR PATIENT EXPERIENCE STRATEGY**

**REUNION G**

This session will explain the concept of measuring effectiveness, taking into account the activities being completed and the individual's level of commitment to those activities. We will provide a self-assessment tool that includes a list of patient experience activities (strategies) and a scale to represent the individual's level of commitment. After the self-assessment is explained and scored, we will provide a range explaining the individual's level of commitment, and thus effectiveness of the patient experience strategy.

Lorraine A. Dickey MD MBA, Founder and CEO, The Narrative Initiative, LLC
Ann Flood, Parent and CEO, Lauren’s Hope Foundation
Vivian Foulke RNC, BSN, Executive Director, The Narrative Initiative, LLC

**BREAKOUT SESSION 5**

**FRIDAY, APRIL 5, 2019**

8:45 – 9:45 AM

**MISSION EXPERIENCE: TRANSFORMING CARE IN THE AMBULATORY SETTING**

**REUNION G**

Like many hospital systems, Mission Health has been focused on patient experience in the inpatient setting. However, as they have grown to be the sixth largest healthcare system in North Carolina and expanded their reach to include over 120 family, pediatric, OB/GYN and specialty clinics, we have become acutely aware of the importance of the human experience across the continuum of care. As a result, we developed Mission Experience Best Practices. The purpose of this model is to facilitate culture change in our system and expand the focus of patient experience improvement to the ambulatory setting. In this session, we will share the process of developing, implementing and evaluating this model, including the significance of lessons learned. We will explain how we utilize this model to set expectations, establish consistency, maintain accountability and improve performance by disseminating leading practices to all ambulatory clinics.

CJ Merrill CPXP, Patient Experience Officer, Mission Health System

**ED CHAMPS TRAINING: ENGAGING YOUR TEAM. IMPROVING THE PATIENT EXPERIENCE**

**PEGASUS AB**

This session will discuss the development of a fun and highly interactive educational program at Arkansas Children's Hospital that focuses on engaging Emergency Department staff to positively influence the patient and family experience by providing excellence to every single patient, every time, during every interaction. The program is entitled CHAMPS,
(Connect, Humble, Aware, Mindful, Pathos/ Empathy, and Sincere), an acronym for how the team works together and approaches the patient experience. The session will detail how the patient experience is defined and how that is applied in an academic children’s hospital’s emergency department. Videos, case studies and interactive participation techniques will be used to highlight the perceptions of the patients and families. The session will engage the audience in understanding how to apply patient experience and engagement with soft skills to improve job satisfaction, patient experience and clinical outcomes.

Leslie J. Moore BSN, RN, CPN, CPXP, ED Specialty Nurse, Arkansas Children’s Hospital
Karin Wootley BSN, RN, CPEN, Arkansas Children’s Hospital Emergency Department

INNOVATIONS IN PATIENT EXPERIENCE WITH A MOBILE WAYFINDING PLATFORM

REUNION A

As the consumerization of healthcare grows, more patients expect healthcare systems to offer convenient, personalized experiences. Having a system-branded mobile platform is a first step in that direction - but it’s important to ensure the mobile platform delivers distinctive, ongoing opportunities for adoption and engagement and real-time analytics that directly measure the value of a system’s mobile patient engagement efforts. Piedmont Healthcare, a $3.6 billion, seven-hospital system in Georgia, developed a mobile wayfinding platform allowing patients to use smartphones to get from home, to the right parking garage and step-by-step guidance to their destination to improve patient experience and address additional patient experience challenges of the growing health system. This session features best practices for developing a hospital-branded mobile platform including prioritizing patient experience, improving access to care and evaluating real-time analytics to measure business performance KPIs of digital patient engagement efforts.

Katie Logan, Vice President Patient Experience, Piedmont Healthcare

PUTTING TIME ON YOUR SIDE IN THE WAITING ROOM

REUNION C

St. Jude Children’s Research Hospital has spent nearly 18 months tackling the issue of wait times for the infusion clinic. This session will briefly share why we started this project then go in depth on the “how”, including lessons learned. We’ll start with a brief introduction, discuss the “why” and a brief review of the in-depth literature review that we completed. Then, we’ll divide the session into two primary pieces: 1. how we decreased actually wait times and 2. how we improved the perception of wait times.

We will conclude with a summary of our results and outcomes.

Janet Giordano, Clinical Nursing Coordinator, St. Jude Children’s Research Hospital
Diane McGarry, Manager, Patient and Family Experience, St. Jude Children’s Research Hospital

IMPROVING PATIENT AND FAMILY EXPERIENCE IN THE NICU: A PRACTICAL APPLICATION OF THE EXPERIENCE FRAMEWORK

REUNION E

Lori Gunther MS, CPXP, CEO/Partner, Synova Associates LLC; Consultant, March of Dimes
Stacy Palmer CPXP, Senior Vice President & COO, The Beryl Institute

TECHNOLOGY-ENABLED PATIENT ENGAGEMENT IN A BEHAVIORAL HEALTH SETTING

CUMBERLAND UKL

Studies indicate that patients suffering from mental illness will experience better outcomes if they become active participants in their care. Yet providers have traditionally struggled to keep this population engaged. To bridge the disconnect, Ontario Shores Centre for Mental Health Sciences pursued a multifaceted patient engagement strategy that was tailored specifically for behavioral health patients. In this session, presenters will give an overview of the methods used to increase patient engagement, including the design of an EMR-integrated patient portal, implementation of a mobile app and the piloting of a virtual clinic providing e-therapy to victims of traumatic stress. They will also describe how Ontario Shores underwent a culture shift to promote stronger provider-patient partnerships, as well as increased autonomy. Participants will learn how to measure outcomes, as well as align patient engagement goals with corporate objectives to gain executive support.

Wendy Odell, Director, MH HIS Cluster, Ontario Shores Centre for Mental Health Science
Sarah Kipping, Team Coordinator, Professional Practice and Clinical Informatics, Ontario Shores Centre for Mental Health Sciences

DRIVING VALUE BY DESIGNING OPTIMAL PATIENT EXPERIENCES

REUNION H

This session will focus on how to use patient satisfaction data to analyze the current state of patient experience across outpatient diagnostic test and treatment settings to gain insights and strategically focus scarce resources for the greatest return as measured by patient satisfaction scores. Participants will then learn how to apply data to prioritize where to invest limited resources to develop standardized operational improvements to accelerate the rate of experience improvements. Cultural conditions to sustain success for the long term will also be addressed including the importance of colleague engagement, goal alignment, teamwork, collaboration and leader standard work will also be covered.

Laura Harner, Director, Guest Services, Lehigh Valley Health Network
Sue Lawrence, Senior Vice President, Operations, Lehigh Valley Health Network

MY HOPES FOR AN IMPROVED PATIENT EXPERIENCE - A PEECHA KUCHA STYLE WORKSHOP

REUNION F

This Pecha Kucha Workshop will provide the audience with a completely different conference session experience. Pecha Kucha (Japanese for chit-chat) is a presentation style in which 20 slides are shown for 20 seconds each (6 minutes and 40 seconds in total), on ‘auto-play’ (presenter does not control the slides). The format keeps presentations concise and fast-paced. This session includes seven different inspirational ‘voices’ that will represent the perspectives and hopes of patients, family members, physicians, nurses, caregivers, administrators and vendors. Participants will leave this session energized, engaged and re-thinking your hopes for an improved experience of care.

Richard Corder, Partner, Wellesley Partners, Ltd.
Gautam Mahtani, Founder & CEO, CareExperience
Carol Santalucia, Director of Service Excellence and Culture, Cleveland Clinic
Kathryn Kellogg MD, MPH, Associate Medical Director, National Center for Human Factors in Healthcare, MedStar
Kenneth Rothfield MD, Chief Medical Officer, Medical City Dallas, Hospital Corporation of America
Alicia Wierenga, Manager of Patient Advocacy, UMass Memorial Health Care
MOONSHOT 2022: OUR CHALLENGING YET MEANINGFUL JOURNEY TOWARD A PATIENT AND FAMILY CENTERED CULTURE

REUNION B

This session will include an overview of Beaumont Health as well as a detailed description of our Moonshot 2022 goal with identifiable strategies to create patient and family centered care transformation. Presenters will describe corporate strategy to recognize the importance of patient and family partnerships, unify efforts across a multi-hospital system, align and integrate PFCC philosophy with other institutional initiatives and engage patient and family advisors strategic planning and policy revisions. The session will also summarize how Beaumont sites and service lines have operationalized corporate strategy. Leader roles and responsibilities will be defined and a description of specific efforts that establish site and service line goals and priorities, provide necessary resources, support to overcome barriers, recognize best practices and hold staff accountable toward achieving PFCC culture transformation will be shared. Practical examples of patient and family engagement and partnership will be provided.

Lee Ann Odom, President, Beaumont Hospital, Taylor

Kelly Parent, Vice President, Patient Family Experience, Beaumont Health

IMPROVING PATIENT AND FAMILY EXPERIENCE IN THE NICU: A PRACTICAL APPLICATION OF THE EXPERIENCE FRAMEWORK

REUNION B

This session will share results of the recent NICU patient experience benchmarking study conducted by The Beryl Institute, March of Dimes and Synova Associates. Using the eight lenses of the Experience Framework as a means to best illustrate the power of a holistic view of experience, we will examine strengths and opportunities in each lens through the reflections of NICU leaders. While the focus on the NICU does offer some unique perspectives, the lessons of this initiative are universal.

Lori Gunther MS, CPXP, CEO/Partner Synova Associates LLC, Consultant, March of Dimes

Stacy Palmer CPXP, Senior Vice President &

MINI SESSION 5
20-MINUTE PRESENTATIONS WITH A COMBINED Q&A

MERGING SERVICE INTO SAFETY HUDDLE: PROMOTING TEAM COLLABORATION

REUNION E

This session will focus on adopting a practice during safety huddles that incorporates individual unit patient experience scores and individual unit action plans. Supporting departments, such as Food and Nutrition, Environmental Services, and Pharmacy will report combined scores for the organization as it relates to their area. This allows for awareness and accountability for all and gives areas that are struggling weekly access to others who have implemented different methods to engage staff and improve the patient experience. This takes place weekly in the Daily Safety Update, and the majority of management and administration team is present. This method promotes collaboration between areas and increases awareness to all. Each week a report is sent showing the different individual scores. The management team then sends this to their individual units for further explanation and awareness to their staff.

Sasha Hollman, Director of Medical/Case Management, Sarah Bush Lincoln Health System

UNDERSTANDING COMMUNICATION GAPS IN THE CONSULTATION PROCESS

REUNION E

In this session, we will review the literature on the consult communication process, its vulnerability to communication gaps, and its negative impact on patient satisfaction. We will highlight that there is a gap in research that does not identify what the underlying communication issues are that lend weaknesses to the consult process. Following the introduction of the issue, we will present our findings from a qualitative content analysis of 782 communication related inpatient event reports submitted by clinician and staff. We will explain that the event reports, as well as the literature findings, guided our development of an intervention we implemented that was aimed to improve communication within the consult process. We will end the session by discussing the outcomes of this intervention.

Cristina Fischer, Medical Student, University of Wisconsin School of Medicine and Public Health

Emily Winslow MD, Associate Professor, Department of Surgery, University of Wisconsin School of Medicine and Public Health

QUALITY & CLINICAL EXCELLENCE

STAFF & PROVIDER ENGAGEMENT

PATIENT, FAMILY & COMMUNITY ENGAGEMENT

INNOVATION & TECHNOLOGY

INFRASTRUCTURE & GOVERNANCE

CULTURE & LEADERSHIP

ENVIRONMENT & HOSPITALITY

POLICY & MEASUREMENT

COO, The Beryl Institute
CARE EXPERIENCE VALLEY

Our 150-bed community hospital reviewed eight years of HCAHPS data and found patients provided higher ratings with a hospital stay of 1-3 days or 8-10 days, and lower ratings with a hospital stay of 4-7 days. We asked, “can we explain the relationship between length of stay and patient satisfiers in the patient care experience?” Focus group and survey methodology were used to try to assess why there were differences between the length of stay (LOS) groups. Six focus group members and 73 survey respondents reported on the influence of twenty variables distinct from HCAHPS questions and composites. In this sample, patient experience was rated greater for LOS 1-3 days and lesser after that, not replicating the pattern of our HCAHPS results. Overall satisfaction was quite high, especially with nursing care. Lower ratings were explained by patient-reported development of complications and patient perception of too short or too long of a hospital stay. Other associations will be reported. This was a Beryl Institute funded study to analyze the relationship between Length of Stay (LOS) and patient satisfaction.

Vicky Locey, Chief Operating Officer and Chief Nurse Executive, Kaiser Permanente
Kelly Tirone, Nurse Project Coordinator, Kaiser Permanente

CO-DESIGN: WHY NOT ASK THE PATIENT?

Co-design is an important part of a process to engage humans at the heart of healthcare; patients, consumers, careers, family and staff, capture their experiences and ideas, organise the learning that it brings to create new understanding and insight from the perspective of the care journey and emotional journey, come together in partnership to review learning and ideas, plan and implement improvements then finally, review what difference that has made.

Dr. Anne Marie Hadley, Chief eXperience Officer, Monash Health

COMPASSIONATE CONNECTIONS: A MODEL FOR RELATIONSHIP-BASED CARE

“Compassionate Connections” is a model designed for all members of the Baystate Health organization to promote an organizational culture in which we never miss an opportunity to connect with kindness and compassion. We will present the 4 elements of our “Compassionate Connections” framework and the key components of introducing it throughout our multi-site, 12,500 employee health system.

Denise Schoen, Chief Patient Experience Officer, Baystate Health
Mary Ann Simcoe, Senior Organizational Effectiveness Consultant, Baystate Health

CULTURE: PROMOTE, SUPPORT AND EDUCATE

This session is designed to present innovative and educational communication tools that promote great work with real results within Norton Healthcare. Attendees of this poster session will be able to grasp a concept that has engaged and educated staff at all levels on organizational culture and behavior expectations for the past two and a half years. Attendees will be able to visually learn how Norton Healthcare appeals to staff and leadership and shares patient experience best practices that can be adapted system-wide through strategic and creative info graphics and case studies.

Samantha Hall, Coordinator, Employee and Patient Experience, Norton Healthcare

EXPLORING INTERVENTIONS TO INCREASE PRIMARY CARE PROVIDERS’ USE OF SELF-MANAGEMENT GOALS

This poster will summarize a program evaluation project that was implemented at a local FQHC. The purpose was to increase primary care providers’ use of documented self-management goals through training opportunities in motivational interviewing and accompanying content. Online and face-to-face sessions were developed and delivered to staff with pre and post-implementation data collection focused on primary care providers who see patients with diabetes and hypertension. Although preliminary results did not reflect an increase in goal documentation, awareness and visioning was identified from staff, especially primary care providers. Further study is being done to involve nursing students trained in MI as coaches at the same FQHC.

Nanci Reiland, Assistant Professor, Lewis University

EXPLORING THE PATIENT’S EXPERIENCE OF INTERPROFESSIONAL CARE

The prevalence and severity of chronic health conditions are on the rise worldwide. Persons living with chronic and complex conditions face serious
sequelae necessitating new approaches to prevention and treatment. This study explored how persons living with chronic conditions in two medically underserved areas in Appalachia locate value in an experience of a new model of care: team-based interprofessional collaborative practice (TBICP). Open-ended responses indicated acceptance and the desire to have TBICP again; these were quantified in categories. Thematic analysis of interviews identified the overarching theme, Two minds are better than one, and sub-themes included: 1. They listened to everything I had to say, 2. Let’s go through the whole process, 3. There was [sic] minds coming together, and 4. I felt more confident that it would work for me. This study presents evidence that TBICP offers powerful inquiry and problem-solving capacity, while placing the patient at the center of the team, practicing collaboratively, and building consensus on goals and planning. Patients said that the ICP plan of care addressed “all of my concerns,” offered “more options,” was more likely to be “accurate,” and made them “feel better.” Patients reported increased confidence in their individualized TBICP plan of care. This study provides insights into the patient experience of ICP in a rural, underserved population and offers a preliminary model of TBICP for application and testing in other studies and populations. Perhaps most importantly, this study lays the groundwork for exploring potential links between the increased confidence patients experienced in the TBICP plan of care and improved health outcomes.

Katherine H. Morgan, Clinical Instructor, University of Tennessee

IMPLEMENTING DESIGN TO EMPOWER CHILDREN

In healthcare environments, patients need to be provided opportunities to be empowered and help drive their personal healthcare experiences. At this children’s outpatient facility, a wayfinding program was designed to allow pediatric patients the ability to guide themselves to their exam pod for treatment. This level of engagement in the care center was supported by interesting flooring designs, architectural elements, lighting, and coordinated artwork and signage elements. An “under-the-sea” theme was used to guide the colors and materials, and fun sea creatures were designed by an artist and used in the signage and artwork to bring the facility to life. All these elements were tied together through the design team’s efforts to create a positive environment for pediatric patients and staff.

Jenny Hastings, Principal, Boulder Associates Architects

PERSON CENTERED CARE: DEFINITIONS AND PERCEPTIONS OF VARIOUS STAKEHOLDERS

This poster describes our findings of a qualitative study that explored concepts of patient choice and autonomy from the perspective of different stakeholders who interact in patient care. Qualitative interviews were conducted with residents, family members, direct care staff, and management staff in a long term care community.

Nancy Kusmaul PhD, Assistant Professor, University of Maryland Baltimore County
Gretchen Tucker, Doctoral Student, University of Maryland Baltimore County

THE 360° VIEW: CAPTURING ‘REAL-TIME’ EXPERIENCES OF PATIENTS, PATIENT/FAMILY ADVISORS AND HEALTH CARE PROVIDERS

With its values of compassion, accountability, respect, excellence and safety, Alberta Health Services commits to having the delivery of care framed around Patient and Family Centred Care (PFCC) principles of respect and dignity, information sharing, participation and collaboration. More efforts have been placed on embedding PFCC across AHS, with emphasis not only on engaging patients and families in their care decisions but also collaborating with them in all aspects of program, policy and quality improvement co-design, implementation and evaluation. Working with five zone-based units/sites or program areas within AHS (three acute and two community-based care sites), a one-year funded pilot study explored care providers partnering with Patient/Family Advisors or Volunteers to co-design patient experience measurement tools and gather ‘real-time’ patient experiences which identified practices needing improvement as well as measured the impacts of applied quality practice improvement interventions. Results of each zone-based initiative clearly indicates the interest, commitment and appreciation for ‘walking through’ the process of co-designing strategies and tools to measure the experiences of patients.

Dr. Katharina Kovacs Burns, Senior Consultant, Alberta Health Services

UTILIZING VOLUNTEERS TO IMPROVE PATIENT/FAMILY EXPERIENCE IN PEDIATRIC HEALTHCARE SETTINGS

StudentsCare was initiated to improve the hospital experience and promote positive coping for pediatric patients and their families by providing trained college student-volunteers who offer consistent emotional support during long hospital stays. This program follows the psychosocial standard of care recommendation for children with cancer to be provided opportunities for socialization during treatment (Kazak, et al., 2015) Studies have also shown social support is linked to improvements in physical health, including positive effects on aspects of the cardiovascular, endocrine, and immune systems (Cacioppa & Kiecolt-Glaser,1996). StudentsCare programs aim to foster compassion and empathy among the student volunteers in the program,-- the majority of whom are aspiring healthcare professionals. In the long-term, this impact could lead to better patient care. We will present our Buddy System model, selection and training methods, along with the positive effects the program is having on college students, and pediatric patients and families across the country.

Erica Sokol, Founder & CEO, StudentsCare

STRATEGIC LENSES OF THE EXPERIENCE FRAMEWORK
BUILDING A RESPONSIVE CULTURE THROUGH EMPATHY

Participants will engage in our process of assembling a multi-pronged strategy to enhance responsiveness through empathy. We will walk them through our selection process for multidisciplinary Task Force members as well as our charter and goals. We will simulate the Imaginative challenge posed to the front line staff as well as outline the agenda and outcomes of our Strategic Summit. These techniques could be applied in a variety of institutions to address any patient need.

Gary Jones, Inpatient Patient Experience Coach, UAB Medicine

ENHANCING THE PRACTICE OF FAMILY CENTERED ROUNDS FOR PARENTS AND PROVIDERS IN PEDIATRIC HOSPITAL SETTINGS

This poster will present the results of a study that describes the practice of Family Centered Rounds (FCR) and parents’ experiences with FCR in a pediatric setting. Family centered rounds are especially significant in a pediatric setting because parents are typically the proxy decision makers for their dependent children. Results from 304 patient encounters during FCR and interviews with 31 parents identified strengths and weaknesses of FCR. In addition, recommendations for ongoing improvement of family centered rounds, along with physician education and training, especially related to interactions and engagement with families and pediatric patients will be presented.

Debbie Waltermire-Burton DrPH, OTR/L, Johns Hopkins Bloomberg School of Public Health

EXPLAINING DIABETES WARNING SIGNS: A PARENTS’ MISSION

This poster will describe the steps taken to develop educational material to raise awareness on the warning signs of type 1 diabetes in children. The steps included formation of an interdisciplinary healthcare team to co-ordinate the management of diabetes across the continuum of care, using the “voice of our customer” (parents/family of diabetic children). The human-centered design framework guided this initiative. Parents/other family members were involved in each stage: empathize, define, ideate, prototype and testing the educational material. A schematic of the framework will be included. The education material: a flyer illustrating a dog called Scent using his NOSE as the acronym to teach the 4 warning signs of diabetes: N - Need to pee frequently; O - Ongoing thirst; S - Sudden weight loss; E - Extra thirsty, will be outlined. The poster will conclude with information on new app development for this patient population.

Christine Greer, Care Navigator, The Medical Center, Navicent Health
Mary Hoey, Nurse Researcher, The Medical Center, Navicent Health

IMPACT OF COMMUNICATION SKILLS TRAINING ON PROVIDER BURNOUT, PATIENT-CENTEREDNESS AND ENGAGEMENT

Effective communication is the cornerstone of healthcare. Northwell Health has partnered with the Donald & Barbara Zucker School of Medicine at Hofstra/Northwell and the Academy on Communication in Healthcare (ACH) to create a unique communication skills training program specific for providers. The program is called Relationship-Centered Communication (RCC). The evidence-based curriculum explores the importance of effective and relationship-centered communication skills using a 3 function approach, grounded in expressing empathy. In small groups, subjects actively participate and practice learned skills under coaching and mentoring of trained faculty. This research poster explores the impact of the RCC course on provider burnout, patient-centeredness and engagement.

Agnes Barden DNP, RN, CPXP, VP, Patient & Customer Experience, Northwell Health
Natalie Bashkin, Specialist, Office of Patient & Customer Experience, Northwell Health

IMPROVING RESPONSIVENESS TO CALL LIGHTS

One of the strategic goals for the hospital is to improve our HCAHPS scores. Our fiscal year 2017 Staff Responsiveness domain score was 64.55%, which was below the hospital goal of 70.2% and below the Value Based Purchasing Achievement Threshold of 65.05%. A Lean Six Sigma Green Belt Team focused on improving Call Button Responsiveness scores because this was the greatest opportunity for improvement within the domain. Seven root causes were identified and interventions were developed. These included: establishing a new standard response time, implementing the “buddy system” and “no pass zone”, increasing accountability for wearing pagers, providing training for clerks on answering call lights, providing Patient Experience Simulation Training for all nursing staff that included purposeful hourly rounding techniques, and increasing leader rounding. As a result, HCAHPS Call Button Responsiveness scores increased from an average of 65% to 70% which showed an improvement in staff responsiveness.

Angelique Brown BSN, RN, CCRN, Nurse Manager, UF Health Jacksonville
Melodie Logue MA, CPHQ, CPXP, Performance Improvement Specialist, UF Health Jacksonville

PATIENT FEEDBACK AND FOLLOW UP IN A VIRTUAL CARE ENVIRONMENT

The healthcare market has clearly indicated its desire for expanded access to care and personalized services. One of the key developments in meeting this demand has been the growth of virtual care and telemedicine. This session will highlight how to ensure these technologies are implemented in a way that meets the same standard of care and continuum of experience for patients to ensure complete symptom resolution. Besides the clinical components, when executed properly these programs offer potential for higher patient satisfaction based on convenience, privacy, and

STRATEGIC LENSES OF THE EXPERIENCE FRAMEWORK

CULTURE & LEADERSHIP
INFRASTRUCTURE & GOVERNANCE
STAFF & PROVIDER ENGAGEMENT
POLICY & MEASUREMENT
ENVIRONMENT & HOSPITALITY
INNOVATION & TECHNOLOGY
PATIENT, FAMILY & COMMUNITY ENGAGEMENT
QUALITY & CLINICAL EXCELLENCE
cost. Offering numerous routes for re-engagement when necessary ensures telemedicine is not a simple transactional experience, but one with full patient engagement and clinical resolution. Additionally, this information is only made actionable when connected to meaningful and timely post session surveying.

Michael Adler, Senior Manager, Clinical Service, PWN Health
Lara Goorland, Senior Director, Clinical Operations, PWN Health

RECRUITMENT STRATEGIES FOR PATIENT AND FAMILY ADVISORS

In order to support all units and programs, the Patient Experience Office at London Health Sciences Center significantly revised and refined the recruitment and onboarding process of patient and family advisors. This included simplifying the application process and providing a fillable version of the document. The interview tool was also modified to be more interactive and now includes three open ended questions. New posters and brochures were distributed to leadership with the goal of unit specific recruitment. The Patient and Family Engagement Leader Guide was updated to support leaders and their teams to successfully integrate patients and families into existing quality councils. Corporate communications assisted with recruitment via internal web features, external web features, and social media. As a result of this and the above strategies the number of Patient and Family Advisors has increased from approximately 100 in November of 2017 to 200 at this time.

Mary Beth Billick RN, Patient Experience Specialist, London Health Sciences Centre
Alicia Cooper BA, MSW, RSW, Patient Relations Specialist, London Health Sciences Centre

IMPLEMENTATION OF THE NET PROMOTER SCORE AND THE PLATFORM FOR CONTINUOUS MONITORING OF PATIENT SATISFACTION IN CANCER TREATMENT UNITS

The expectation of a patient is to have a good receptivity and a humanized interaction with health institutions. For a good experience factors such as receptivity, waiting time, quality, safety and reliability are essential. Thinking about knowing the needs of the patients, the Oncoclinicas Group adopted the NPS (Net Promoter Score) as a measurable tool of patient satisfaction. The NPS made it possible to know the reasons for patients’ dissatisfaction and to plan new projects aimed at improving the patient’s experience.

Denise Ducco, Patient Experience Manager, Oncoclinicas Group
Marcia Menezes, Medical Director, Oncoclinicas Group

PEDIATRIC PATIENT EXPERIENCE: A MIXED-ED’S JOURNEY WITH CHILD LIFE

This presentation will illustrate the benefits of a child life specialist in a mixed emergency department or any clinical setting.

Ben Froedge, ED Clinical Operations Manager, IU Health Arnett
Brad Jordan, Administrative Director for Emergency and Trauma Services West Central Region, IU Health Arnett
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patient + family
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POST DISCHARGE

provider
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patient + family
Helps patients self-manage and recover quickly

93% of patients expect digital tools that facilitate patient-provider interactions

80% of Medicare patients seek 30% of their care outside of their home system

50% of patients would leave their current physician for a better customer experience

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Ipsos focuses on health services research to improve patient experience and health outcomes, particularly those that are patient-reported. We provide solutions to address these issues, including continuous data capture systems, data-driven insights, and tailored process improvements in order to drive change focused on the human experience.

Patient Experience Expertise
Implementing patient feedback systems for continuous measurement and improvement

Over the past five years, Ipsos has pinpointed the largest drivers impacting patient experience in both inpatient and outpatient settings for the following clients:

- 150+ VA Medical Centers
- 100+ Military Treatment Facilities
- Public and private health plans and providers across all 50 states

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for more information contact: Jill Yarberry jill@q-reviews.com

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