Patient Experience Conference is the largest independent, non-provider or vendor hosted event bringing together the collective voices of healthcare professionals across the globe to convene, engage and expand the dialogue on improving patient experience. At this interactive conference, you will identify strategies and discover solutions to help start your journey or to advance your program to the next level. Customize your experience through focused breakout sessions based on your stage of development or area of focus. Come prepared to network and build professional relationships and leave inspired to further your commitment to building the field of patient experience.

Patient Experience Defined:

The sum of all **interactions**, shaped by an organization’s **culture**, that influence patient **perceptions** across the **continuum** of care.

- The Beryl Institute
Who Should Attend

Patient Experience Conference 2019 is designed for leaders and practitioners who are improving the patient experience with roles in such areas as:

• Executive Leadership
• Physician/Nurse Leadership
• Patient Experience/Satisfaction
• Service Excellence
• Patient and Family Advocacy
• Long-Term Care
• Marketing/Community Outreach
• Quality/Safety
• Operations
• HR/Organization Development
• Patient and Family Advisors

Registration Fees

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<tr>
<th></th>
<th>Member*</th>
<th>Guest</th>
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<tr>
<td>Thru Jan. 31</td>
<td>$950</td>
<td>$1100</td>
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<tr>
<td>After Jan. 31</td>
<td>$1,000</td>
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Register online at [www.berylinstitute.org](http://www.berylinstitute.org).

*Not a member? [Join today](http://www.berylinstitute.org).

Questions about Patient Experience Conference 2019?
Contact us at 1.866.488.2379

STAY CONNECTED
Follow #PX2019 and @berylinstitute on Twitter
## Schedule At-a-Glance

**WEDNESDAY, APRIL 3, 2019**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:30 AM</td>
<td>Pre-Conference Workshops &amp; Community Gatherings</td>
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<tr>
<td>1:00 PM</td>
<td>Welcome &amp; Conference Overview</td>
</tr>
<tr>
<td>2:00 PM</td>
<td>KEYNOTE: ALEX SHEEN</td>
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<tr>
<td>3:00 PM</td>
<td>Networking &amp; Break</td>
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<tr>
<td>3:30 PM</td>
<td>BREAKOUT SESSION 1</td>
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<tr>
<td></td>
<td><strong>THE ROLE OF RELATIONSHIPS IN PATIENT ENGAGEMENT</strong></td>
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<tr>
<td></td>
<td>Karen McIntire, Director of Human Resources, Southcentral Foundation</td>
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<td></td>
<td>Steve Tierney, Medical Director of Quality Improvement and Chief Medical Informatics Officer, Southcentral Foundation</td>
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<td><strong>MISSION EXPERIENCE: TRANSFORMING CARE IN THE AMBULATORY SETTING</strong></td>
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<td>CJ Merrill, Patient Experience Officer, Mission Health System</td>
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<td><strong>THE 1-2 PUNCH: RECOGNITION &amp; ENGAGEMENT AND HOW EMBER HEALTHCARE DOES IT RIGHT</strong></td>
</tr>
<tr>
<td></td>
<td>Jessica McKenzie, Patient Experience Consultant, Emory Healthcare</td>
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<td>Kristie Simmons-Abney, Sr. Patient Experience Manager, Emory Healthcare</td>
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<td><strong>MEETING THE CONSISTENCY CHALLENGE - INNOVATIVE PATIENT EXPERIENCE STRATEGIES THAT WORK</strong></td>
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<td>Rick Evans, SVP and Chief Experience Officer, NewYork-Presbyterian Hospital</td>
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<tr>
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<td><strong>IMPROVE ROUNING EFFICIENCY TO ACCELERATE PERFORMANCE IMPROVEMENT AND ENHANCE THE PATIENT EXPERIENCE</strong></td>
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<tr>
<td></td>
<td>Melissa Bertelson, Nurse Manager, Mayo Clinic Health System</td>
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<td></td>
<td>Amanda Green, Patient Experience Senior Advisor, Mayo Clinic Health System</td>
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<tr>
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<td><strong>PFAC MARKETING AND RECRUITMENT TEAM STRATEGIES THAT ENHANCE COLLABORATION AND PROMOTE PATIENT AND FAMILY ENGAGEMENT</strong></td>
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<td>Deanna Abrams, Co-Chair, Pediatric PFAC Dana-Farber Cancer Institute</td>
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<tr>
<td></td>
<td>Renee Siegel, Program Manager, Patient and Family Advisory Councils, Dana-Farber Cancer Institute</td>
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### Categories

- **CULTURE & LEADERSHIP**
- **INFRASTRUCTURE & GOVERNANCE**
- **STAFF & PROVIDER ENGAGEMENT**
- **POLICY & MEASUREMENT**
- **ENVIRONMENT & HOSPITALITY**
- **QUALITY & CLINICAL EXCELLENCE**
- **INNOVATION & TECHNOLOGY**
- **PATIENT, FAMILY & COMMUNITY ENGAGEMENT**
<table>
<thead>
<tr>
<th>Mini-Session 1</th>
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</thead>
</table>
| **Establishing and Utilizing E-Advisors to Increase Patient and Family Engagement**  
Abigail Kozak, Patient Family Experience Consultant, Ann & Robert H. Lurie Children’s Hospital of Chicago |
| **How Patient Complaint/Grievance Root Cause Analysis Can Help Improve the Patient Experience**  
Pamela Segura MBA, CPXP, LSSYB, Director, Patient Relations and Service Excellence, Cook Children’s Health Care System |

**5:00 PM - Breakout Session 2**

| **Culture of Joy Fuels Results for a Patient Tragedy**  
Cynthia Sweeney, Executive Director, The DAISY Foundation  
Linda Talley, Chief Nursing Officer, Children’s National Health System |
| **Only You Can Prevent PX Wildfires: Systems Thinking and the Patient Experience**  
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 Iliad: The Un-Initiative for Creating, Executing and Sustaining Patient Experience Excellence**  
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**  
Richard Scarth, Director of Operations, The Royal Free Charity |
| **Physician Engagement: A Unique Approach to Improving Physician Communication Skills**  
Justin Bright MD, CPXP, Physician Champion, Henry Ford Hospital  
Kelley Dillon MA, OD, Director, Office for Physician Communication and Peer Support, Henry Ford Hospital |
<table>
<thead>
<tr>
<th>Time</th>
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<tr>
<td>6:00 PM</td>
<td>Exhibitor Reception</td>
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### THE POWER OF CONNECTIONS: SECRETS FOR MOVING PATIENT EXPERIENCES FROM ORDINARY TO EXTRAORDINARY

Jason Newmark, Vice President - Diagnostic Services, Bay State Medical Center  
Jake Poore, President and Chief Experience Officer, Integrated Loyalty Systems

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

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

### ACCESS FOR ALL: EQUALITY IN HEALTHCARE SERVICES WITHIN YOUR ORGANIZATION

Amy Crowe, Patient Advocacy Program Manager, Novant Health

### WHAT WOULD A PATIENT ADVOCATE DO?

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  
Robert Watkins Jr. MBA, Manager, Concierge Services/Patient Concerns, NorthShore University Health System

### MINI-SESSION 2

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

Elizabeth Clegg, Senior Market Research Associate, The MetroHealth System  
Margarita Diaz RN, Manager, Health Equity, The MetroHealth System  
Jennifer Lastic, Supervisor, Patient Experience, The MetroHealth System  
Shannon Scott-Miller, Patient and Family Advisor, The MetroHealth System

#### PATIENT AND FAMILY ENGAGEMENT IN DESIGNING INFORMED DECISION-MAKING BEST PRACTICES FOR THE EMERGENT TREATMENT OF STROKE

Nilam Patel, Administrative Director, Duke University Hospital
### Thursday, April 4, 2019

**7:45 AM - Networking Breakfast**

**7:45 AM - E-Poster Sessions**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Presenters</th>
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<tbody>
<tr>
<td><strong>Care Experience Valley</strong></td>
<td>Vicky Locey, Chief Operating Officer and Chief Nurse Executive, Kaiser Permanente  &lt;br&gt; Kelly Tirone, Nurse Project Coordinator, Kaiser Permanente</td>
</tr>
<tr>
<td><strong>Co-Design: Why Not Ask the Patient?</strong></td>
<td>Anne Marie Hadley, Chief eXperience Officer, Monash Health</td>
</tr>
<tr>
<td><strong>Compassionate Connections: A Model for Relationship-Based Care</strong></td>
<td>Mary Ann Simcoe, Senior Organizational Effectiveness Consultant, Baystate Health  &lt;br&gt; Deborah Smith, RN, Patient Experience Specialist, Certified Patient Experience Professional, Baystate Health</td>
</tr>
<tr>
<td><strong>Culture: Promote, Support and Educate</strong></td>
<td>Samantha Hall, Coordinator, Employee and Patient Experience, Norton Healthcare</td>
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<tr>
<td><strong>Exploring Interventions to Increase Primary Care Providers’ Use of Self-Management Goals</strong></td>
<td>Nanci Reiland, Assistant Professor, Lewis University</td>
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<td><strong>Exploring the Patient’s Experience of Interprofessional Care</strong></td>
<td>Katherine H. Morgan, Clinical Instructor, University of Tennessee</td>
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<tr>
<td><strong>Implementing Design to Empower Children</strong></td>
<td>Jenny Hastings, Principal, Boulder Associates Architects</td>
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<tr>
<td><strong>Person Centered Care: Definitions and Perceptions of Various Stakeholders</strong></td>
<td>Nancy Kusmaul PhD, Assistant Professor, University of Maryland Baltimore County  &lt;br&gt; Gretchen Tucker, Doctoral Student, University of Maryland Baltimore County</td>
</tr>
<tr>
<td><strong>The 360 View: Capturing ‘Real-Time’ Experiences of Patients, Patient/Family Advisors and Health Care Providers</strong></td>
<td>Dr. Katharina Kovacs Burns, Senior Consultant, Alberta Health Services</td>
</tr>
<tr>
<td><strong>Utilizing Volunteers to Improve Patient/Family Experience in Pediatric Healthcare Settings</strong></td>
<td>Erica Sokol, Founder &amp; CEO, StudentsCare</td>
</tr>
</tbody>
</table>
### 8:45 AM - KEYNOTE: RANA AWDISH, MD, FCCP

### 9:45 AM - Networking & Break

### 10:15 AM - BREAKOUT SESSION 3

#### COMPASSIONATE CARE FOR THE FAMILY CAREGIVER
- **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

#### DESIGNING AND IMPLEMENTING A PATIENT EXPERIENCE BUNDLE
- **Christina Mouradian**, Program Manager Clinical Transformation, Northwell Health

#### THE ART & SCIENCE OF ENGAGING TEAM MEMBERS: A BEST PRACTICE PROGRAM SUPPORTING CAREGIVERS & BEYOND
- **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
- **Jessica MacFarlane MPH**, Senior Research Associate, Perception Institute
- **Gieselle Poveromo**, National Director Employee Experience & Engagement, Planned Parenthood Federation of America

#### HOMEWARD BOUND: ENHANCING THE HOME CARE JOURNEY FOR PATIENTS, FAMILIES AND CAREGIVERS
- **Hans Donkersloot MSHA, MBA**, Principal Consultant Kaiser Permanente
- **Evelyn Nodal MPH CPXP**, Principal Consultant, Kaiser Permanente

#### STARTING FROM SCRATCH: DEFINING, DESIGNING AND DEPLOYING THE VETERANS PATIENT EXPERIENCE PROGRAM
- **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
- **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 Permanente 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**

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

**SERVICE RECOVERY IN HEALTHCARE: MAKING RIGHT WHAT WENT WRONG**

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

**MINI-SESSION 3**

**TRAINEE PHYSICIAN EXPERIENCING COMPASSION: A STRATEGY TO ENHANCE THE PX OF COMPASSIONATE CARE**

Babar Hassan, Associate Professor, Aga Khan University Hospital
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

**11:30 AM - BREAKOUT SESSION 4: LUNCH AND LEARN SESSIONS**

Enjoy a networking lunch or grab food from one of the buffets and join a Lunch & Learn session.

**ENHANCING CLINICAL LEADER COMMUNICATION SKILLS THROUGH SIMULATION**

Lorianne Classen, Patient Experience Consultant, Texas Children's Hospital
Crystal Sallans LCSW, Patient Experience Consultant, Texas Children's Hospital

**REVEALED: WHAT HAPPENS WHEN CREATING A CO-DESIGN CULTURE**

Charleen Tachibana DNP, RN, FAAN, Senior Vice President and CNO, Virginia Mason Medical Center
Amy Tufano, Administrative Director, Patient Experience, Virginia Mason Medical Center

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

Catherine Crock MD, Physician, Royal Children’s Hospital
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

**MOBILE APP DRIVES HCAHPS GROWTH THROUGH PATIENT CARE MAPPING**

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

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**CULTURE & LEADERSHIP**

**INFRASTRUCTURE & GOVERNANCE**

**STAFF & PROVIDER ENGAGEMENT**

**POLICY & MEASUREMENT**

**ENVIRONMENT & HOSPITALITY**

**INNOVATION & TECHNOLOGY**

**PATIENT, FAMILY & COMMUNITY ENGAGEMENT**

**QUALITY & CLINICAL EXCELLENCE**
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<th>Session Title</th>
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<td>KEYNOTE: PATIENT &amp; FAMILY PANEL - OPIOIDS, PAIN AND THE PATIENT EXPERIENCE</td>
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<td>2:15 PM</td>
<td>Networking &amp; Break</td>
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<tr>
<td>2:45 PM</td>
<td>BREAKOUT SESSION 5</td>
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<td>POWERFUL PRONUNCIATION: OVERCOMING COMMUNICATION BARRIERS AND IMPROVING PHYSICIANT ENGAGEMENT</td>
<td>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</td>
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<td>IT TAKES A TEAM: ENGAGING FRONTLINE PHYSICIANS TO IMPROVE THE JOURNEY ACROSS THE CONTINUUM OF CARE</td>
<td>Theresa Varughese BSN, RN, Patient Experience Officer, Greenville Health System</td>
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<td>INCORPORATING DIVERSE PERSPECTIVES FROM PATIENTS &amp; FAMILIES TO IMPROVE CHILDREN’S MERCY EXPERIENCE</td>
<td>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, Manager, Patient and Family Engagement, Children’s Mercy Kansas City</td>
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<td>HOW HOSPITALS CAN ENGAGE PATIENTS AS PARTNERS THROUGH PFACS &amp; A HEALTH INFORMATION SHARING CAMPAIGN</td>
<td>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</td>
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<td>LEADERS CREATE THE ENVIRONMENT: MOVING CONCEPTS OF CARE EXPERIENCE INTO DAILY PRACTICE</td>
<td>Jennifer McClean, Vice President of Strategic Initiatives and Patient Experience, Mercy Health System; Cheryl Throgmorton, Executive Director- Organizational Development and Inclusion, Mercy Health System</td>
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<td>PEDAL TO THE METAL: HOW TO IMPROVE PATIENT EXPERIENCE IN 60 DAYS</td>
<td>Aamer Ahmed, Director of Patient Experience, Froedtert &amp; The Medical College of Wisconsin; Donna Lawien MSHA, Director of Performance Excellence, Froedtert &amp; The Medical College of Wisconsin</td>
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<td>HOW TO WIN OVER DATA DOUBTERS BY ANSWERING COMMON DATA QUESTIONS AND REFOCUSING ON WHAT MATTERS</td>
<td>Elizabeth Lindert, Director, Patient Experience, Methodist Health System; Kyndall White, Analyst, Organizational Effectiveness, Methodist Health System</td>
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**Categories:**
- Culture & Leadership
- Infrastructure & Governance
- Staff & Provider Engagement
- Policy & Measurement
- Environment & Hospitality
- Innovation & Technology
- Patient, Family & Community Engagement
- Quality & Clinical Excellence
### OPTIMIZING POST-DISCHARGE OUTREACH: ENSURING SAFE DISCHARGES THROUGH A PATIENT-CENTERED TECHNOLOGY

**John Dodd**, 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

**Caroline Hynes**, Director of Product Oneview Healthcare, Oneview Healthcare  
**Jacki Moore**, Change and Training Manager, Epworth HealthCare  
**Rhiannon Shortal**, Outcomes Manager, Epworth HealthCare  
**Ben Williams**, Srn Clinical Consultant Oneview Healthcare, Oneview Healthcare

### MINI-SESSION 5

#### 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

#### 4:00 PM - Roundtable Discussions

#### 6:00 PM - Networking Reception & Dinner: Gilley’s Dallas

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**FRIDAY, APRIL 5, 2019**

#### 7:45 AM - Networking Breakfast

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#### 7:45 AM - E-POSTER SESSIONS

#### BUILDING A RESPONSIVE CULTURE THROUGH EMPATHY

**Mary Coleman Dobbins**, OPXE Analyst, UAB Medicine  
**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

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**CULTURE & LEADERSHIP**  
**INFRASTRUCTURE & GOVERNANCE**  
**STAFF & PROVIDER ENGAGEMENT**  
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<tr>
<td>EXPLAINING DIABETES WARNING SIGNS: A PARENTS’ MISSION</td>
<td>Christine Greer, Care Navigator, The Medical Center, Navicent Health</td>
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<td>Mary Hoey, Nurse Researcher, The Medical Center, Navicent Health</td>
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<tr>
<td>IMPACT OF COMMUNICATION SKILLS TRAINING ON PROVIDER BURNOUT, PATIENT-CENTEREDNESS AND ENGAGEMENT</td>
<td>Agnes Barden DNP, RN, CPXP, VP, Patient &amp; Customer Experience, Northwell Health</td>
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<td>Natalie Bashkin, Specialist, Office of Patient &amp; Customer Experience, Northwell Health</td>
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<td>IMPROVING RESPONSIVENESS TO CALL LIGHTS</td>
<td>Angelique Brown BSN, RN, CCRN, Nurse Manager, UF Health Jacksonville</td>
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<td>Melodie Logue MA, CPHQ, CPXP, Performance Improvement Specialist, UF Health Jacksonville</td>
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<td>PATIENT FEEDBACK AND FOLLOW UP IN A VIRTUAL CARE ENVIRONMENT</td>
<td>Michael Adler, Senior Manager, Clinical Service, PWN Health</td>
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<td>Lara Goorland, Senior Director, Clinical Operations, PWN Health</td>
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<td>RECRUITMENT STRATEGIES FOR PATIENT AND FAMILY ADVISORS</td>
<td>Mary Beth Billick RN, Patient Experience Specialist, London Health Sciences Centre</td>
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<td>Alicia Cooper BA, MSW, RSW, Patient Relations Specialist, London Health Sciences Centre</td>
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<td>THE IMPACT OF TEAM HUDDLE DESIGN ON IMPROVING THE COMMUNICATION OF PATIENT SAFETY AND SATISFACTION</td>
<td>Jaclyn Hall, Director of Patient Experience, UnityPoint Health St. Luke’s Hospital</td>
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<tr>
<td>8:45 AM - BREAKOUT SESSION 6</td>
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<td>TURNING TRAGEDY TO ACTION - MOBILIZING A COMMUNITY TOWARDS ACTIONAL MENTAL HEALTH INNOVATIONS</td>
<td>Laura Crooks, Co-Founder, Chad’s Legacy Project; Sr. Director Experience, Seattle Children’s Hospital</td>
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<td>Todd Crooks, Co-Founder, Chad’s Legacy Project</td>
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<tr>
<td>ED CHAMPS TRAINING: ENGAGING YOUR TEAM, IMPROVING THE PATIENT EXPERIENCE</td>
<td>Leslie J. Moore BSN, RN, CPN, CPXP, ED Specialty Nurse, Arkansas Children’s Hospital</td>
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<td>Megan Wheat BSN, RN, CPEN, Emergency Department Staff RNIV, Arkansas Children’s Hospital</td>
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<td>COMMUNICATION ADVISOR PROGRAM: ENGAGING PATIENT &amp; FAMILY ADVISORS TO DIRECTLY PROVIDE FEEDBACK</td>
<td>Emily Winslow MD, Medical Director, Patient and Family Experience, UW Health</td>
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<td>Jenna Wright, Program Manager, Patient and Family Advisor Partnership Program, UW Health</td>
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<td>INNOVATIONS IN PATIENT EXPERIENCE WITH A MOBILE WAYFINDING PLATFORM</td>
<td>Katie Logan, Vice President Patient Experience, Piedmont Healthcare</td>
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<tr>
<td>PUTTING TIME ON YOUR SIDE IN THE WAITING ROOM</td>
<td>Janet Giordano, Clinical Nursing Coordinator, St. Jude Children’s Research Hospital</td>
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<td>Diane McGarry, Manager, Patient and Family Experience, St. Jude Children’s Research Hospital</td>
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<tr>
<td>TECHNOLOGY-ENABLED PATIENT ENGAGEMENT IN A BEHAVIORAL HEALTH SETTING</td>
<td>Wendy Odell, Director, MH HIS Cluster, Ontario Shores Centre for Mental Health Science</td>
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<td>Sarah Kipping, Team Coordinator, Professional Practice and Clinical Informatics, Ontario Shores Centre for Mental Health Sciences</td>
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</table>
MOONSHOT 2022: OUR CHALLENGING YET MEANINGFUL JOURNEY TOWARD A PATIENT AND FAMILY CENTERED CULTURE

Lee Ann Odom, President, Beaumont Hospital, Taylor
Kelly Parent, Vice President, Patient Family Experience, Beaumont Health

DRIVING VALUE BY DESIGNING OPTIMAL PATIENT EXPERIENCES

Laura Harner, Director, Guest Services, Lehigh Valley Health Network
Sue Lawrence, Lehigh Valley Health Network

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

Richard Corder, Chief Experience Officer, Wellesley Partners, Ltd.
Rick Evans, Chief Experience Officer, New-York Presbyterian
Gautam Mahtani, Founder & CEO, CareExperience
Carol Santalucia, Director of Service Excellence and Culture, Cleveland Clinic

MINI-SESSION 6

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
Victoria Rendell MD, Resident, Department of Surgery, 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

10:15 AM - PX INNOVATION AWARDS

10:45 AM - KEYNOTE: DAVID ZAAS, MD, MBA

11:45 AM - Closing Thoughts

12:00 PM - Conference Closes
THE ROLE OF RELATIONSHIPS IN PATIENT ENGAGEMENT

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, Medical Director of Quality Improvement and Chief Medical Informatics Officer, Southcentral Foundation

MISSION EXPERIENCE: TRANSFORMING CARE IN THE AMBULATORY SETTING

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, Patient Experience Officer, Mission Health System

MEETING THE CONSISTENCY CHALLENGE - INNOVATIVE PATIENT EXPERIENCE STRATEGIES THAT WORK

Many organizations implement patient experience improvement best practices and strategies that achieve short term success. Far fewer can demonstrate sustained improvement over the long term. Healthcare’s complexities and other organizational barriers can make achieving consistent long term improvement in patient experience metrics very challenging. This session will share strategies successfully implemented at a large and complex academic medical center that have resulted in sustained and constantly improving patient experience performance for over two years.

Rick Evans, SVP and Chief Experience Officer, NewYork-Presbyterian Hospital

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

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, Sr. Patient Experience Manager, Emory Healthcare

IMPROVE ROUNding EFFICIENCY TO ACCELERATE PERFORMANCE IMPROVEMENT AND ENHANCE THE PATIENT EXPERIENCE

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

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 work. Lastly, participants will learn the impact the PFAC marketing/recruitment team has had on the overall patient experience and how to adapt patient-family centered marketing for the changing/evolving healthcare landscape.

Deanna Abrams, Co-Chair, Pediatric PFAC Dana-Farber Cancer Institute
Renee Siegel, Program Manager, Patient and Family Advisory Councils, Dana-Farber Cancer Institute

HEALING THE WHOLE PATIENT: BUILDING AN ARTS IN WELLNESS PROGRAM

This session will provide an overview of the value an Arts in Wellness Program and what it brings to a healthcare organization in terms of patient, family, and staff stress/emotional relief and support, as well as good business practice. It will further describe the methods for finding funds both internally as well as from community to support this program. It will continue to explain how to procure talented facilitators, develop pilot programs and provided quantifiable evidence to further grow these programs.

Bryanna Gallaway CPXP, Director, Service Excellence, Stanford Healthcare
Greg Kaufman, Arts in Wellness Manager, Stanford Healthcare

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

Implementation of Person/Patient and 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

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, Director, Guest Services, Duke University Hospital

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

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

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

HOW PATIENT COMPLAINT/GRIEVANCE ROOT CAUSE ANALYSIS CAN HELP IMPROVE THE PATIENT EXPERIENCE

Today’s healthcare organizations are challenged with meeting the needs of patients who have a variety of expectations with regards to their care. This session will provide a tool for investigating patient complaints and grievances that also help to identify useful action plans to help improve the patient experience. We will also provide examples of root cause analysis for patient complaints that pulls every team member together to help identify barriers in the patient care so processes could be improved for future
CULTURE OF JOY FUELS RESULTS FOR A PATIENT TRAGEDY

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

Linda Talley, Chief Nursing Officer, Children’s National Health System

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

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

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

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, 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

PHYSICIAN ENGAGEMENT: A UNIQUE APPROACH TO IMPROVING PHYSICIAN COMMUNICATION SKILLS

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

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

BREAKOUT SESSION 2
WEDNESDAY, APRIL 3, 2019
5:00 – 6:00 PM

CULTURE & LEADERSHIP

ENVIRONMENT & HOSPITALITY

INFRASTRUCTURE & GOVERNANCE

INNOVATION & TECHNOLOGY

STAFF & PROVIDER ENGAGEMENT

PATIENT, FAMILY & COMMUNITY ENGAGEMENT

POLICY & MEASUREMENT

QUALITY & CLINICAL EXCELLENCE

patients.
Pamela Segura MBA, CPXP, LSSYB,
Director, Patient Relations and Service Excellence, Cook Children’s Health Care System
THREE HEALTH SYSTEMS LISTENING TO PATIENTS: A VIEW FROM IMPROVING HEALTH AND CARE BY

Jake Poore, President and Chief Experience Officer, Integrated Loyalty Systems

Jason Newmark, Vice President - Diagnostic Services, Bay State Medical Center

Improving Health and Care by Listening to Patients: A View from Three Health Systems

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 and using digital innovations to improve 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, Medical Director for the Patient Experience, Yale New Haven Health

Brad Crotty, Medical Director of Digital Engagement, Froedtert & the Medical College of Wisconsin

Rob Jennetten, Director of Innovation Partnerships, OSF HealthCare

Gregory Makoul, Founder and CEO, PatientWisdom, Inc.

ACCESS FOR ALL: EQUALITY IN HEALTHCARE SERVICES WITHIN YOUR ORGANIZATION

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?

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

Robert Watkins Jr. MBA, Manager, Concierge Services/Patient Concerns, NorthShore University HealthSystem

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

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 Associate, The MetroHealth System

Margarita Diaz RN, Manager, Health Equity, The MetroHealth System

Jennifer Lastic, Supervisor, Patient Experience, The MetroHealth System

Shannon Scott-Miller, Patient and Family Advisor, The MetroHealth System

PATIENT AND FAMILY ENGAGEMENT IN DESIGNING INFORMED DECISION-MAKING BEST PRACTICES FOR THE EMERGENT TREATMENT OF STROKE

In large academic centers, neurology residents respond to stroke codes in the emergency department, provide assessments and obtain consents from caregivers and/or patients under strict time-frames. Urgency and individual variation pose significant inconsistencies in the delivery of vital information, which may impact the patient’s or caregiver’s understanding of a diagnosis and risk-benefits of treatment. As part of an ongoing quality improvement effort, we partnered with the Emergency Department and Neurosciences Patient and Family Advisory Councils to evaluate the existing consenting process. Join this session to learn how the Advisory councils provided signification input in creating a three-step approach using different methods of teaching (video, verbal content in script form, and reference materials).
Role playing with patient and family advisors in the simulation lab, a method for improving patient-family-provider communication, will also be explained and preliminary results shared.

Nilam Patel, Administrative Director, Duke University Hospital

**BREAKOUT SESSION 3**
**THURSDAY, APRIL 4, 2019**
**10:15 – 11:15 AM**

**COMPASSIONATE CARE FOR THE FAMILY CAREGIVER**
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

**DESIGNING AND IMPLEMENTING A PATIENT EXPERIENCE BUNDLE**
Only the most highly compliant processes will ensure that all patients receive a high quality experience. When we operate in silos, 90% reliability at 4 individual process step would appear to be highly reliable (ex. communication, logistic, comfort, environment). However when considered from a complete experience, 35% of the patients will not receive the intended experience. Teams need real-time feedback, collaboration and data to adjust processes. By creating the Patient Experience Bundle, Northwell Health has developed a method applicable to all units within a healthcare facility which focuses around meeting the most fundamental needs of the patient. This proactive approach for patient satisfaction captures patient experience at the time of service and links it process improvement.

Christina Mouradian, Program Manager Clinical Transformation, Northwell Health

**THE ART & SCIENCE OF ENGAGING TEAM MEMBERS: A BEST PRACTICE PROGRAM SUPPORTING CAREGIVERS & BEYOND**
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, (RTT), 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**
This session will describe Planned Parenthood’s bold strategy aimed at improving employee engagement and patient experience through an emphasis on diversity, inclusion, and equity. Planned Parenthood has partnered with researchers at Perception Institute to develop the Mind Sciences on Difference: Featuring Our Brains On Race Training Program, where employees learn how brains respond to racial difference in ways that can undermine employee engagement and patient experience. This session will present core concepts from the Mind Sciences program including implicit bias, racial anxiety, and stereotype threat. Additionally, we will review and discuss strategies to align behavior with values of inclusion and equity.

Jessica MacFarlane MPH, Senior Research Associate, Perception Institute

Gieselle Poveromo, National Director Employee Experience & Engagement, Planned Parenthood Federation of America

**HOMEWARD BOUND: ENHANCING THE HOME CARE JOURNEY FOR PATIENTS, FAMILIES AND CAREGIVERS**
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 (KP) 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

**STARTING FROM SCRATCH: DEFINING, DESIGNING AND DEPLOYING THE VETERANS PATIENT EXPERIENCE PROGRAM**
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
This session will build on our highly rated session from Patient Experience Conference 2018 and encore webinar presentations to assess the feasibility, value and use 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, Associate Professor of Health Care Management, The Wharton School, University of Pennsylvania
Mark Schlesinger, 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

**SERVICE RECOVERY IN HEALTHCARE: MAKING RIGHT WHAT WENT WRONG**

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, Cleveland Clinic Foundation

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

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 Permanente Medical Group
Liz Salmi, Senior Strategist, Outreach and Communications, OpenNotes and Beth Israel Deaconess Medical Center

**TRAINEE PHYSICIAN EXPERIENCING COMPASSION: A STRATEGY TO ENHANCE THE PX OF COMPASSIONATE CARE**

The session will describe the development of this framework informed by a baseline survey of trainee physicians regarding the challenges they face that affects their capacity to provide quality patient experience of care. The analysis revealed that core components to create an enabling environment for provision of high quality care include: transparency and objective performance measurement on a regular basis, clear learning opportunities and teaching sessions in alignment with their fellowship requirements and, the most important piece is, the need for emotional support via compassionate mentorship. The presenters will also explain how specific platforms to communicate compassion have been created e.g. Wellness Wednesday session. The session will provide the ideas and processes of designing a trainee physician supportive mentorship program with the eventual intention of improving outcomes of patient experience of care by a more engaged physician.

Babar Hassan, Associate Professor, Aga Khan University Hospital
Sana Saeed, Assistant Professor, Aga Khan University Hospital
Muneera Rasheed, Senior Instructor, Aga Khan University Hospital

**IMPROVING PATIENT EXPERIENCE THROUGH REAL-TIME PHYSICIAN ENGAGEMENT**

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 satisfaction. The program involves assessing patients and their families’ experience with the care they receive. The analysis of the results will be shared in this session, including lessons learned and the impact on patient outcomes.
BREAKOUT SESSION 4
LUNCH AND LEARN
THURSDAY, APRIL 4, 2019
11:30 AM – 12:30 PM

ENHANCING CLINICAL LEADER COMMUNICATION SKILLS THROUGH SIMULATION

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
Crystalsallans LCSW, Patient Experience Consultant, Texas Children’s Hospital

REVEALED: WHAT HAPPENS WHEN CREATING A CO-DESIGN CULTURE

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
Amy Tufano, Administrative Director, Patient Experience, Virginia Mason Medical Center

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

This session will provide participants an opportunity to experience a specific form of narrative exchange shown by research to enhance their ability to listen without judgment or expectation, enhance personal and professional resilience and can be immediately applied to enhance their critical patient-physician relationships. It is possible to transform the culture of healthcare though the exchange of personal stories about the effects of kindness, or lack of kindness, in healthcare.

Catherine Crock MD, Physician, Royal Children’s Hospital
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

MOBILE APP DRIVES HCAHPS GROWTH THROUGH PATIENT CARE MAPPING

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 fetus 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

POWERS PONUNCIATION: OVERCOMING COMMUNICATION BARRIERS AND IMPROVING PHYSICIAN ENGAGEMENT

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 hospitalists 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

IT TAKES A TEAM: ENGAGING FRONTLINE PHYSICIANS TO IMPROVE THE JOURNEY ACROSS THE CONTINUUM OF CARE

This session will describe how our journey to improve our HCAHPS scores at our academic medical center developed into a more comprehensive strategy that impacted the surgical service line performance in the medical practice, ambulatory, as well as, inpatient settings. By engaging physicians
to view their performance in all three settings we were able to activate them to partner in the improvement behaviors recommended for that setting. In the Medical practice, “commit to sit, listen and teach back.” Ambulatory: “update on delays and manage expectations”, Inpatient: “Nurse/Physician Rounding”. Presenters will share stories of how they engaged physicians by using patient stories of success and disappointment. Learn how Physician Champions led the change efforts with the support of the Patient Experience team to create change.

**Theresa Varughese BSN, RN, Patient Experience Officer, Greenville Health System**

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

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, Manager, Patient and Family Engagement, Children’s Mercy Kansas City**

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

**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 Data 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**

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**

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**

**Donna Lawien MSHA, Director of Performance Excellence, Froedtert & The Medical College of Wisconsin**

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

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.

Elizabeth Lindert, Director, Patient Experience, Methodist Health System

Kyndall White, Analyst, Organizational Effectiveness, Methodist Health System

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

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 Noles, Nurse Manager, University of Alabama-Birmingham Health

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

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.

Caroline Hynes, Director of Product Oneview Healthcare, Oneview Healthcare

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

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

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.

Lyndsey Newman, Project Manager, Memorial Hermann-Texas Medical Center

Polina Strug, Director of Patient Experience, Patient Relations & Interpreter Services, Memorial Hermann-Texas Medical Center

BREAKOUT SESSION 6
FRIDAY, APRIL 5, 2019
8:45 – 9:45 AM

TURNING TRAGEDY TO ACTION - MOBILIZING A COMMUNITY TOWARDS ACTIONAL MENTAL HEALTH INNOVATIONS

Our son Chad was diagnosed with schizophrenia in 2015, and we lost him 9 months later to suicide after he lost hope. Left wondering how this could happen, the focus quickly became how could we make sure other families don’t experience same painful loss. In talking to people from throughout many sectors influencing delivery of care to those living with mental illnesses, we found many ways in which he fell through the cracks of a fragmented system. Through that discovery, we created the Washington
State Mental Health Summit, bringing together providers, payers, educators, government officials, parents and community activists to create actionable items to effect change throughout our state. Our goal to move from a ranking of 47th in the nation, to a top tier state for mental health and wellness. Learn how we brought people together, created effective collaborations, and moved from tragedy to action.

**Laura Crooks**, Co-Founder, Chad’s Legacy Project; Sr. Director Experience, Seattle Children’s Hospital

**Todd Crooks**, Co-Founder, Chad’s Legacy Project

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

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

**Megan Wheat BSN, RN, CPEN,** Emergency Department Staff RNIV, Arkansas Children’s Hospital

**COMMUNICATION ADVISOR PROGRAM: ENGAGING PATIENT & FAMILY ADVISORS TO DIRECTLY PROVIDE FEEDBACK**

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

**INNOVATIONS IN PATIENT EXPERIENCE WITH A MOBILE WAYFINDING PLATFORM**

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’s $3.5 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**

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

**TECHNOLOGY-ENABLED PATIENT ENGAGEMENT IN A BEHAVIORAL HEALTH SETTING**

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
PATIENT EXPERIENCES

Driving Value by Designing Optimal Culture

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, Lehigh Valley Health Network

MOONSHOT 2022: OUR CHALLENGING YET MEANINGFUL JOURNEY TOWARD A PATIENT AND FAMILY CENTERED CULTURE

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

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

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, Chief Experience Officer, Wellesley Partners, Ltd
Rick Evans, Chief Experience Officer, NewYork Presbyterian
Gautam Mahtani, Founder & CEO, CareExperience
Carol Santalucia, Director of Service Excellence and Culture, Cleveland Clinic

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

MERGING SERVICE INTO SAFETY HUDDLE: PROMOTING TEAM COLLABORATION

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 4 Medical/Case Management, Sarah Bush Lincoln Health System

UNDERSTANDING COMMUNICATION GAPS IN THE CONSULTATION PROCESS

In this session, we will review the literature on the consultation 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
Victoria Rendell MD, Resident, Department of Surgery, 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
E-Poster presentations are graphic presentations visually highlighting proven practices, sharing successful ideas, offering problem-solving solutions or explaining an innovative program. Research ranges from a variety of patient experience topics illustrating key points, findings and outcomes in graphics, photos, and diagrams.

THURSDAY, APRIL 5, 2019
7:45 – 8:45 AM
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.

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.

Mary Ann Simcoe, Senior Organizational Effectiveness Consultant, Baystate Health
Deborah Smith, RN, Patient Experience Specialist, Certified Patient Experience Professional, 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

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.
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 (Cacioppo & 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

FRIDAY, APRIL 5, 2019
7:45 - 8:45 AM

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 Imaginatic 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.

Mary Coleman Dobbins, OPXE Analyst, UAB Medicine
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 64.65%, which was below the hospital goal of 70.2% and below the Value Based Purchasing Achievement Threshold of 65.0%. 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.

Angeliique 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 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

THE IMPACT OF TEAM HUDDLE DESIGN ON IMPROVING THE COMMUNICATION OF PATIENT SAFETY AND SATISFACTION

Standard Huddle content was designed to improve communication within healthcare teams, as well as enhance the leader’s ability to implement and hold in place new and changed work. The implementation of team huddles was done in a new and different way. We provided initial training, including observation and traditional classroom training. In addition, we assigned each new huddle leader a “technical advisor” who observed and provided structured coaching on the facilitation of huddles. The pre and post data demonstrates statistically significant improvement for several dimensions of team communication that ultimately impacts patient care.

Jaclyn Hall, Director of Patient Experience, UnityPoint Health St. Luke’s Hospital
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REGISTRATION FEES:

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<td>Thru Jan. 31</td>
<td>$950</td>
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Includes Monday exhibitor reception, Tuesday breakfast, lunch, networking reception and dinner and Wednesday breakfast.

HOTEL INFORMATION:

Hyatt Regency Dallas
Dallas, Texas

Special Conference Rate: $219 per night single/double available until March 4, 2019 or until room block is sold out. Click here to make reservations.