Supporting Your PX Journey

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

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

The content of Patient Experience Conference 2020 has been aligned with the strategic lenses of the experience framework to help you identify content of interest or areas you would like to address further. Each session is coded with at least once strategic lens.
Virtual Session Descriptions

APRIL

HUMAN EXPERIENCE 2020: WHERE WE GO FROM HERE
Jason A. Wolf, PhD, CPXP, President and CEO, The Beryl Institute

SUSTAINING EXCELLENCE WITH ACTION: AN INTERACTIVE SESSION TO EXPLORE OUR KEY CONCEPTS
Join the discussion to share and learn about sustaining a culture of excellence. We will touch on key points in the development of a service culture where sustainability strategies are needed to engrain new standards as an expectation within the culture. Specific strategies will be shared at each stage of developing a culture, as well as a tool that keeps the conversation open and moves people into action at the local level. Come prepared to work in small groups. This is an interactive session that uses experiential learning to gain experience with our Key Concepts tool. Many organizations have begun their journey to establish a culture that consistently delivers and excellence experience. While there is momentum for positive change, it is important to incorporate and plan for sustainability that will perpetuate the strategies to become common practice.

Monica Johnson, MHA, CPXP, Program Director, M. D. Anderson Cancer Center
Judy Overton, Program Manager, M. D. Anderson Cancer Center

MAY

CALL ME BY MY NAME
Utilizing a new electronic health management system, SickKids’ subject matter experts created an education tool kit to support front-line staff on the importance of addressing patients by their preferred name; an initial phase of a greater gender identity education plan that will commence in 2019/2020. The purpose of this education is to ensure that staff understand and respect patients who want to be called by a first name that differs from their legal first name. Various tools were created, including a storyboard animation video, utilization of eLearning management system, development of a policy, FAQs and a facilitator guide for the video to be used in group settings. In this session, attendees will participate in an interactive educational session utilizing the tools in the education kit. They will learn some of the background to this work, how it was developed and how to implement for quality clinical encounters.

Sandhya Parekh BScN, RN, MN, Interprofessional Education Specialist, SickKids Hospital
Karen Sappleton, MSED, MSW, RSW, Senior Manager, Child and Family-Centered Care and Health Equity, SickKids Hospital

ELEVATING PATIENT CARE USING MOVEMENT, MEDITATION, AND MINDFULNESS
Capturing imaginations through yoga-based play benefits the diagnostic and psycho social needs of pediatric inpatients, while serving as a distraction from the typical clinical setting. This presentation explores yoga-based movement, meditation, and mindfulness techniques adapted for children of all ages. Merged with the presenter’s vast experience and uniquely creative approach to pediatric inpatient yoga therapy, attendees will take away valuable tools and techniques they can implement immediately to promote healing, wellness, and a sense of empowerment for young patients and families in the clinical setting.

Lisa Roberts, Yoga Instructor, St. Louis Children’s Hospital

EDUCATION BEYOND THE FOUR WALLS: USING EVERYDAY TECHNOLOGY TO IMPROVE PATIENT EXPERIENCE
At Lovelace Health System, we’ve learned that the best way to engage with patients is not just in the exam room, but throughout the entire care continuum. As part of our Labor of Love program, we’ve implemented targeted, evidence-based digital education for new mothers and their support networks. Recent Deloitte studies show that providing information and education to patients has a high magnitude of association with higher patient experience ratings and better clinical outcomes, and hospitals with higher patient reported experience perform better financially. In this session, we’ll share how we put digital education into practice. Using everyday technology to educate patients, specifically when there are trackable points for feedback, allows our hospital to improve care, follow-ups and satisfaction for a better patient experience. The bottom-line: An interactive, digital connection delivered to patients outside the walls of the hospital or doctor’s office improves cost metrics, patient outcomes and experience.

Kym Halliday Clear MBA, RN, Manager, Community Programs, Lovelace Health System
Debra Zalvan, MBA, Executive VP - Corporate, UbiCare

CAPTURING THE WHOLE PATIENT: USING RACIAL/ETHNIC, SEXUAL ORIENTATION AND GENDER IDENTITY DATA
Collecting more granular racial /ethnic (G-RED) and sexual orientation and gender identity (SOGI) patient data provides needed insight into the social, cultural, and personal factors that shape a patient’s health and health experiences. Asking patients for and then using this data to inform care assists healthcare providers in delivering care that meets the unique patient.

LEGEND - STRATEGIC LENSES OF THE EXPERIENCE FRAMEWORK

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- INNOVATION & TECHNOLOGY
- PATIENT, FAMILY & COMMUNITY ENGAGEMENT
- QUALITY & CLINICAL EXCELLENCE
need of patients and their families, while being foundational for understanding, addressing and mitigating health disparities. Research supports that engaging the patient with respect to their personal and cultural identity improves patient provider communication as well as quality and safety for individuals and population groups. Mount Sinai Health System’s Office for Diversity and Inclusion, in collaboration with patient experience, will share how we have developed and implemented clinician and staff education to effectively collect, document and utilize this data to enable a better patient experience and quality of care.

Pamela Abner, MPA, CPXP, Vice President and Chief Administrative Officer, Office for Diversity and Inclusion, Mount Sinai Health System

Barbara Warren, PsyD, CPXP, Director, LGBT Programs and Policies, Office for Diversity and Inclusion, Mount Sinai Health System

Brought to you with support from:

qualtrics

ENABLING STRATEGIC VICTORIES WITH REAL-TIME AND STAR RATINGS

Quicker and more robust patient feedback can fuel transparency which is necessary to remain competitive. 77% of consumers begin their healthcare search online. One out of three consumers say that looking at online reviews is their first step when searching for a new doctor. You will hear how OrthoNebraska was able to implement NRC Health Real-time and Transparency which lead to an increase in patient reviews is their first step when searching for a new doctor. You will hear how OrthoNebraska was able to implement NRC Health Real-time and Transparency which lead to an increase in patient engagement.

Jodi Gabriel, Patient Experience Coordinator, OrthoNebraska

VA VOICES EXPERIENCE: EXPERIENTIAL TRAINING TO CULTIVATE STAFF AND VETERAN PARTNERSHIPS

VA Voices is a two-day leadership driven, highly experiential training for all Department of Veterans Affairs (VA) employees. The goal of VA Voices is to cultivate a culture of relationships throughout VA that activates staff and Veterans as partners in personalized, proactive and patient driven healthcare. Fully realizing this goal requires an enduring VA culture that promotes constructive and engaged relationships between VA employees and between staff and the Veterans they serve. A relationship centered approach to care facilitates Veteran involvement in their health and health care system. An enduring culture of constructive and engaged relationships includes the following: (1) relationships with the Veteran based upon empathy, respect, and trust that support Veteran self-determination and help achieve the Veteran’s own goals for their health and wellness. (2) Relationships among team members that encourage trust, respect, and mutual growth of the team, and support the team’s positive relationship with the Veteran. (3) Relationships between teams and across the organization that facilitate supportive, transparent use of feedback from Veterans, staff, and other data sources.

Julie Kurutz, MS, National Program Co-Director, Department of Veterans Affairs

Virginia Edingburg, MS, E.D., National Program Co-Director, Department of Veterans Affairs

Jennifer McDonald, MD, Psychiatrist, Department of Veterans Affairs

ELEVATING THE UNIMAGINABLE EXPERIENCE: AN INITIATIVE TO IMPROVE PEDIATRIC END-OF-LIFE CARE

Children die each year – most of whom are touched by healthcare providers in traditional hospital settings or home-health agencies. To date, only two articles in Patient Experience Journal have addressed patient and family experiences at the end of life. Furthermore, most children’s hospitals remove bereaved families from HCAHPS mailings, eliminating a crucial opportunity to better understand the complexities of their care experience. Therefore, this presentation will review current findings on the experiences of bereaved families, positioned alongside institutional practices, reported by healthcare providers. Participants will explore the development of a hospital-wide bereavement committee to implement and improve end-of-life services in a pediatric hospital, in collaboration with hospital leadership, front line staff, bereaved parents, and community partners. Lastly, attendees will review the achievements of this committee while highlighting the importance of collaboration between bereaved families and providers to positively impact the patient experience.

Jessika Boles, PhD, CCLS, Child Life Team Lead, Monroe Carell Jr. Children’s Hospital at Vanderbilt

Annie Duplechain, Graduate Research Assistant, Vanderbilt University

Camille Fraser, MS, CCLS, Certified Child Life Specialist, Monroe Carell Jr. Children’s Hospital at Vanderbilt

Maelie Jones, CMII, Research Contractor, Vanderbilt University

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Medallia

LEGEND - STRATEGIC LENSES OF THE EXPERIENCE FRAMEWORK
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LEGEND - STRATEGIC LENSES OF THE EXPERIENCE FRAMEWORK

POSTER SESSIONS
Hear from authors as they share more details on their work.

TERRITORIAL ORGANIZATION OF THE HEADACHES, INCLUDING CARE ROUTE AND SPECIALIZED UNIT, INCORPORATING THE PATIENT’S EXPERIENCE IN PLANNING, IMPLEMENTATION AND EVALUATION OF RESULTS
Raimon Camps, Physician, Hospital Plató

IMPROVING COMMUNICATION WITH THE PERCEIVED “DIFFICULT PATIENT” IN HIGH-STRESS CARE ENVIRONMENTS
Kate Balzer, LMSW, Program Manager, Office of Patient Experience, Michigan Medicine

A JOURNEY TO ENHANCING CARE DELIVERY, IMPROVING THE PATIENT EXPERIENCE AND INCREASING NURSE RETENTION
Bryan Vest MSN, RN, Service Line Director Inpatient Nursing, Decatur Morgan Hospital

PIONEERING PEDIATRIC PSYCHOSOCIAL EDUCATION
Sarah Patterson, Assistant Professor, McMaster University
Cathy Humphreys, Associate Professor, McMaster University

WHY RECRUITING FOR DIVERSITY IN OUR PATIENT FAMILY ADVISORS MATTERS
An effective group of Patient Family Advisors reflects the diversity of the people that the hospital serves and the broader community. Social and cultural background affects a person’s care experience in many ways - from the language used to speak with a health care provider, to the type of diet and activities they find comforting, and the different roles that family members play in a patient’s life. By engaging in active and targeted recruitment, designing inclusive and accessible recruitment material, showing how we will reduce potential barriers to participation, and implementing a strong internal communication strategy, organizations can garner a large pool of diverse applicants. It is important that the team of Patient Family Advisors can speak to the diversity of lived experiences and provide feedback on how our services, programs, and environment can better serve those needs.
Diane Akai, Patient Family Advisor, Scarborough Health Network
Kristy Macdonell, Manager—Patient and Community Engagement, Scarborough Health Network

MEASURING, REPORTING, AND WINNING ON ROI: UNDERSTANDING THE FINANCIAL SIDE OF PATIENT EXPERIENCE
Hospitals go to great lengths and invest meaningfully to improve their patient experience, but these efforts are in vain if they do not resonate with patients and fulfill the boss’s expectations. This presentation explores the financial side of patient experience and how to amplify the ROI of patient experience efforts. Topics discussed include optimizing contracting for ROI in patient experience studies, triaging interventions, and reinvesting wins. A nationwide health system serves as the base plot documenting $5.9 million in savings through HCAHPS improvement in VBP in under four years. A medium-sized community hospital in a competitive market is featured as a case study, articulating presentation key points, leading to tangible savings ($141k in 12 months) and reinvestment. This is all presented in an interactive workshop format with attendees utilizing a take-home worksheet to help gauge how they’re currently measuring and reporting ROI, along with what could be done to optimize their organization’s patient experience ROI.
Audrey Page CPXP, Senior Consultant, PRC
Karla Cardoza, MPH, Corporate Director, Patient Experience, Prime Healthcare Services
Janell Ross, CPXP, Patient Experience Manager, Garden City Hospital

JUNE
EMBEDDING PATIENT/FAMILY STORIES INTO THE HEART OF THE PRESENTATION
Do you use patient/family stories in presentations? Do you have patients/families, who share their story in three, five, ten, fifteen and thirty minutes? Have you ever used a patient/family story as an add-on instead a crucial part of the presentation? During this workshop you will discover the value of a well planned patient/family story and learn how to develop patient/family stories using a toolkit that will help
patients to develop their story using various strategies.

Rosie Bartel MA, Patient Advisor, Global Patient and Family Advisory Board
Tanya Lord, Patient Advisor, Global Patient and Family Advisory Board

THE POWER AND IMPACT BEHIND ASKING ONE SIMPLE QUESTION: ‘WHAT MATTERS TO YOU?’

Experience the power of a simple question, and learn about the strategic steps a large health system took to build momentum around patient engagement. You will hear about how we enlisted senior leaders as champions, proactively addressed staff resistance, and motivated care teams to “ask a simple question” to one person, and observe the impact. When shifting the focus of care from, “What’s the matter?” to “What matters to you?”, you ask a person about what really matters to them and discover what truly inspires them. Our data supports that providing person-centered care focused on what “really matters,” results in better outcomes and greater satisfaction with care. MHVC created a movement that demonstrated impact on patient experience metrics and staff joy in work. We will share inspiring stories from diverse stakeholders including patients, family members, leadership and staff and we will highlight the initiative’s engagement and spread strategy.

Joan Chaya, MA, SHRM-SCP, Sr Director Workforce Development and Management, Montefiore Hudson Valley Collaborative
Damara Gutnick, MD, Medical Director, Montefiore Hudson Valley Collaborative

EVIDENCE-BASED PRACTICE FOR PHLEBOTOMISTS & LABORATORY MED: IMPLICATIONS FOR FRONT-LINE PRACTICE

This session describes front-line interdisciplinary research implementation with goals of improving patient experience, reducing pain and anxiety while increasing partnerships across the care continuum. A blood draw is a biopsychosocial experience for a child, rather than only a procedural task performed by the phlebotomist. A research gap exists about the phlebotomist experience, as it relates to providing comfort strategies in practice. Our research team explored the phlebotomist experience and determined their perspectives on knowledge, training, education, stress levels and experience related to performing pediatric blood draws and utilization of comfort strategies to mitigate pain and anxiety of children.

Julie Piazza, MS, CCLS, Senior Project Manager & Primary Investigator, Michigan Medicine, C.S. Mott Children’s Hospital
Robyn Bishop, BA, MBA, Patient-Family Advisor, Pathology PFAC, Michigan Medicine, Office of Patient Experience

POSTER SESSIONS

Hear from authors as they share more details on their work.

FEARS OF PARENTS WHEN THEIR CHILD IS A PATIENT

Mindy G Spigel RN, MSN, CPXP, CP, Director of Patient Experience, CHRISTUS Santa Rosa Health System and the Children’s Hospital of San Antonio

STAFF & PROVIDER ENGAGEMENT

Julie Piazza, MS, CCLS, Senior Project Manager & Primary Investigator, Michigan Medicine, C.S. Mott Children’s Hospital
Robyn Bishop, BA, MBA, Patient-Family Advisor, Pathology PFAC, Michigan Medicine, Office of Patient Experience

PRACTICE MED: IMPLICATIONS FOR FRONT-LINE PHLEBOTOMISTS & LABORATORY MED

Evidence-based practice for elbow for providers & clinicians

A CALL FOR HELP: COACHING AT THE ELBOW FOR PROVIDERS & CLINICIANS

Coaching for staff and providers is a common tool to help improvement in patient experience in many health care organizations. UnityPoint Clinic and UnityPoint at Home utilize an approach to ensure that the call for help is being addressed with a personalized coach. In this session we will cover our ambulatory coaching program that has been developed to, not only improve patient experience metrics, but also enhance provider/clinician engagement, work-life balance, and other concerning areas for those on the care team. We will take you through the expansion of our coaching team, including provider peer coaches, as well as our processes for coaching and follow-up for success of hardwiring these topics well after the coaching relationship has ended.

Kirsten Corley, Director of Patient Experience, UnityPoint Clinic

USING THE PATIENT CENTERED VALUE SYSTEM TO CONNECT FEEDBACK WITH ACTION

From the Consumer Assessment of Healthcare Providers and Systems (CAHPS) family of surveys, to locally driven employee satisfaction and engagement evaluations, healthcare leaders have access to an abundance of data measuring patient, family, and employee experiences. Despite this access to data, a gap exists between large-scale, standardized data collection and local quality improvement efforts that affect patient experiences and outcomes. Barriers to changing patient experiences are well documented, as are the calls to action for structured improvement plans. Yet, there is a universal shortcoming in executing improvement projects that speak directly to experience data. Leaders are challenged with connecting standardized experience feedback with actionable improvement and competing

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CAN HOSPITALITY INDUSTRY BEST PRACTICES ENHANCE THE PATIENT EXPERIENCE?

Robert J. Thompson, PhD, CHA, TMP Chair, Department of Hospitality & Tourism Management, University of South Alabama

STRUCTURING YOUR FAMILY ADVISORY COUNCIL FOR THE LONG HAUL

CHEO’s Family Advisory Council is entering its 29th year of continual existence, the longest lasting FAC known. Through 4 QI models, 3 CEOs, an amalgamation and many, many family advisors, it has developed a structure which has supported its evolution and agility to the ever-changing face of healthcare and community. This session will highlight some well-known best practices as well as the unique processes built over time, which together have formed its recipe for success.

Betsy Rouble, Chair, Family Advisory Council, CHEO
Christine Kouri, Manager, Patient Experience, CHEO
organization-wide initiatives that require prioritization in order to deliver outcomes. With implementation of the Patient Centered Value System (PCVS), leaders support multiple existing initiatives and achieve system, unit, and employee-level goals, while improving experiences – all without overwhelming employees at risk for burnout.

Jessica Carlson, MSN, RN, Improvement Specialist, University of Pittsburgh Medical Center

Rusty Das, MSN, RN, Improvement Specialist, University of Pittsburgh Medical Center

Stefania Massari, MSLBE, Director, Innovation Center, University of Pittsburgh Medical Center

### A LEAN APPROACH TO MEDICAL PRACTICE PATIENT EXPERIENCE IMPROVEMENT

This session will focus on Medical Practice Patient Experience Lean strategies; however, it can be easily duplicated and operational in all healthcare settings for patient experience improvement models. Our Physician Group Practices has a patient experience actual of 90.3% Top Box. We know that applying Lean principles is essential to our success. At Emory Healthcare Physician Group Practice, we believe in constant and continuous improvement. Our efforts have shown to be solid and sustainable. We also know that you have to use sustainable tactics to continue the momentum. This year, we modified our original PDSA method and transitioned to the A3 methodology. It is imperative that we keep up with new and effective strategies to enhance our process improvement efforts.

Kristie Simmons-Abney, MBA, FACHE, CPXP, Director, Customer and Physician Engagement Emory Healthcare

Isabella Young, Patient Experience Consultant, Emory Healthcare

### MULTI-PRONGED APPROACH TO IMPROVING THE PATIENT, CARER AND STAFF EXPERIENCE

One thing’s for sure. If we keep doing what we’re doing, we’re going to keep getting what we’re getting. Albert Einstein is famously quoted as saying one definition of insanity is to keep doing the same thing and expect different results. Yet, this is what we tend to do. This session will outline an evolutionary and multi pronged approach to improving the patient, carer and staff experience over a short concentrated three months. Creating a powerful and meaningful first impression and warm farewell where key objectives. A patient and health service executive will take attendees on a journey by explaining the WHY? The approach to co-designing the innovative solutions deployed and expose attendees to them to the immersive education and coaching that was rolled out. The impact of the education has been visceral and immediate and an overwhelming desire to rollout.

Anne Marie Hadley, CXO, NSW Health

### LAUNCHING PEER SUPPORT & MENTOR PROGRAMS: THE FAST TRACK TO GETTING STARTED

There is an awakening occurring in healthcare, the support and mentorship of someone who has managed a similar health care journey can provide significant support and practical tips. Healthcare teams and patient advisors are rapidly finding patient support and mentorship to be a necessary and compassionate offering for patients. It comes at a minimal cost to the healthcare organization, yet has significant positive impacts for patients. This session will accelerate the learning, launching, oversight, and spread of peer support and mentor programs for a variety of conditions and health care journeys. A team of seasoned and award winning peer support/mentor champions will help, in a step by step program, orient participants to launching and oversight planning guides. This toolkit includes practical tips and information for starting a program for a solitary department or medical center to larger systems.

Dexter Janet Borrowman, CHIE, CPXP, Director of Care Experience & Peer Support & Mentor Program National Champion, Maui Health System Affiliated with Kaiser Permanente

Sara Flores, Consultant & Peer Support & Mentor Program National Champion, Kaiser Permanente

Judey Miller, Volunteer Peer Support & Mentor Program National Champion, Kaiser Permanente

Marlene Zuehlisdorf, Volunteer Peer Support & Mentor Program National Champion, Kaiser Permanente

### INCLUDING PARENT CONCERNS IN A PEDIATRIC HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT

This session will examine how The Child Health Advocacy and Outreach Department (CHAO) of St. Louis Children’s Hospital provides health-related resources and education to families living in the community to keep them healthy and safe. Through the Qualtrics survey platform, CHAO implemented two parent health concerns surveys. By engaging parents in the community to reflect on the needs of the children every two to three years through the electronic survey, St. Louis Children’s Hospital can implement community benefit programs with input from parents/guardians, thus contributing to positive community level patient experience.

Susan Haufe, Healthcare Category Leader, Qualtrics

Melody Schaeffer, MPH, Supervisor, Community Benefit and Evaluation, St Louis Children’s Hospital

### LEGEND - STRATEGIC LENSES OF THE EXPERIENCE FRAMEWORK

- **CULTURE & LEADERSHIP**
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- **POLICY & MEASUREMENT**
- **ENVIRONMENT & HOSPITALITY**
- **TECHNOLOGY**
- **QUALITY & CLINICAL EXCELLENCE**

Brought to you with support from:
SIMPLY AMPLIFY THE PATIENT EXPERIENCE

In this interactive session, presenters will utilize a series of brief visual scribe clips and exercises. The conversation will open with an overview of patient experience goal setting at UAB Medicine from its inception through 2018. Presenters will share the opportunities that were created at UAB when front line staff and leaders were permitted to weigh in on the goals and messaging of the organization. Attendees will be invited to depict their current patient experience goal structure, and will utilize their outline of current targets and communication channels to perform a similar evaluation of their organizations. Presenters will reveal the changes made in 2019 at UAB that simplified goals while increasing accessibility and focus, and attendees will be invited to share their own ideas within a group and on paper to better connect with all levels of their organization.

Mary Coleman Dobbins, Patient Experience and Engagement, University of Alabama at Birmingham
Gary Jones, Patient Experience Coach, University of Alabama at Birmingham
John Dodd, MSHQS, Director, PXE Operations, Office of Patient Experience and Engagement, University of Alabama at Birmingham

IMPROVING CARE TRANSITIONS

A cohorting model within an acute care in-patient hospital was implemented allowing nurses’ access to physician teams 24/7. The multidisciplinary team provides patient and family centric care through Care Coordination Rounds. This session will share the journey that the hospital undertook to improve care transitions by implementing a unique cohorting model and improving communication and throughput. This session will share the implementation of the cohorting, the education strategy with nursing on implementing Care Coordination Rounds, the collaboration with key teams, sustainability, and the outcome improvements. Several initiatives, and changes were implemented to improve our patient satisfaction scores. This session will share the checklists and processes that ultimately increased information given within care transitions, discharge information and decreased the length of stay.

Brian Bustoz, BS, Project Manager, Harris Health System - Lyndon B. Johnson Hospital
Alicia Hernandez, DNP, RN, BC, NEA-BC, Administrative Director, Harris Health System - Lyndon B. Johnson Hospital

CULTURALLY COMPETENT CARE FOR TRANSGENDER PATIENTS

Healthcare providers often lack training and experience when caring for the transgender population which may result in substandard care due to lack of knowledge and information related to their unique healthcare needs. This program is designed to close the knowledge gap in providers from all disciplines as well as patient advocates.

Dr. Margaret R. Muir, RN, CNML, Patient Experience Officer, Duke Regional Hospital

HOW TO BE A MEMBER OF THE M.O.B.: PROTOCOLS FOR PROVIDING CONSISTENT COMFORT FOR PATIENTS

The Imaging Department performs 125,671 exams annually. We survey patients regarding courtesy and comfort related to radiology. Our scores in February 2019 were 74.7 and 73.6, respectfully. However, patient centered care is more than a percentile ranking. It is about our community and how they experience our care. We brainstormed ways to impact courtesy and comfort and gave artistic freedom to the imaging staff to create meaningful scoreboards in order to track progress towards the goal. The slogan “leave the patient better than you found them” led to the creation of the acronym M.O.B. (Monitor, Oxygen, warm Blanket). This process included hooking the patient back up to the monitor, oxygen, and providing a comfort measure with the offer of a warm blanket, to every patient, every time. Since inception of this program, patient experience scores have improved significantly along with quality, safety and staff engagement.

Lori Chabot, R.T. RM, Director Imaging Services, SCL Health St. Mary’s Medical Center
Janet Tuttle RN, Clinical Nurse Manager, SCL Health St. Mary’s Medical Center

BUILDING ON THE POSITIVES

While multiple business types incorporate employee recognition programs, it is unusual to be able to truly say the awards are generated from the voice of the consumer. In healthcare, recognition programs are often driven by quality metrics or revenue generation. This session will explore how an organization can utilize its patient and family feedback to build a recognition program for health care providers. It will demonstrate how this intervention has been successful in improving the overall rating of a large tertiary children’s hospital. This type of intervention is unique in that it rewards healthcare providers in the joy of medicine – connecting with patients and families.

Amanda Montalbano, MD, MPH, FAAP, Medical Director, Patient and Family Engagement, Children’s Mercy Kansas City
Katie Taff, MBA, MHA, CPXP, Director, Patient and Family Engagement, Children’s Mercy Kansas City

QUIET AT NIGHT: IMPROVING THE PATIENT EXPERIENCE

In this session we will share our story of enhancing our current quiet at night strategies. A quiet environment at night can decrease sleep-wake disturbances and positively impact a patient’s experience during hospitalization. Patients have reported that their sleep has been significantly worse while hospitalized. Direct observations were completed at a large academic medical center using a sound meter to measure decibels at various times of the day. Interventions were developed based on literature and our current quiet protocol, with a goal of achieving the 90th percentile on our Quiet HCAHPS scores. Staff were educated on the Quiet at Night initiatives in order to improve patient experience, stressing the importance of the initiative.

Alicia Hernandez, DNP, RN, BC, NEA-BC, Health System - Lyndon B. Johnson Hospital
Brian Bustoz, BS, Project Manager, Harris Health System - Lyndon B. Johnson Hospital
Janet Tuttle RN, Clinical Nurse Manager, SCL Health St. Mary’s Medical Center

LEGEND - STRATEGIC LENSES OF THE EXPERIENCE FRAMEWORK
availability of resources, and expectations. After education and interventions were completed, post observations were made on the units and the quiet at night patient satisfaction scores were closely monitored.

Andrea Bales MS, RN, CNL, OCN, Nurse Manager, OSUCCC-James Cancer Hospital and Solove Research Institute

NICU APP GIVES PARENTS COMFORT DURING TRYING TIME

Google can be a dangerous place to research medical information, but we know most people do it. The March of Dimes’ Neonatal ICU app – built through the use of an app blueprint – places vetted, reliable information in the hands of those who need it most, when they need it most. The app, which received 10,000 downloads in its first year, features eight learning topics, photo area, breastfeeding and pumping tracker, kangaroo contact (skin-to-skin) tracker, weight trackers for one or multiple babies, and resources from partners. March of Dimes also launched a Spanish language cloned app. For more than 80 years, the March of Dimes has been leading the fight for healthy moms and babies. The speaker will describe how the development of this app and complementary, patient-centric educational program has supported that mission.

Kimberly Paap, Manager, Product Development, NICU Innovation, March of Dimes

POSTER SESSIONS

Hear from authors as they share more details on their work.

IMPROVING THE PATIENT EXPERIENCE, A 1776 PITCH COMPETITION POWERED BY IPSOS

Thomas Sutton, Vice President, Ipsos

SINGHEALTH PATIENT ADVOCACY NETWORK – PATIENTS AND CAREGIVERS AS PARTNERS-IN-CARE

Tallin Ang, Assistant Manager, Group Office of Patient Experience, SingHealth
Sook Mei Chang, Deputy Director, Group Office of Patient Experience, SingHealth
Deputy Director, Corporate Affairs (Patient Relations), Changi General Hospital, SingHealth

IMPLEMENTING THE MOST SIGNIFICANT CHANGE METHODOLOGY: MEASURING THE IMPACT OF PRACTICE-BASED RESEARCH AND INNOVATION THROUGH A SELF-NARRATIVE

Lisa Di Prospero, BSc MSc MRT(T), Director, Practice-Based Research and Innovation and Education Research Unit, Sunnybrook Health Sciences Centre

WHAT WOULD A PATIENT ADVOCATE DO?

In this session, a panel of hospital-based patient advocates will share insights and answer questions regarding patient experience data analysis, elevating service recovery as a collaborative response, patient advocacy and the behavioral crisis, health literacy from a patient right and regulatory perspective and what your organization needs to know regarding patients’ rights around ADA.

Kate Clarke, MA, LCPC, Manager, Patient Relations and Interpreter Services, Northwestern Medicine, Central DuPage Hospital
Elizabeth Mendoza, BA, CPXP, Manager of Patient & Guest Relations, Advocate Sherman Hospital
Kim Pedersen, BA, CPXP, Director, Patient Relations, Marianjoy Rehabilitation Hospital, Northwestern Medicine
Rebecca Ruckno, MSW, MBA, Director, Health Literacy and Interpreting Services, Geisinger Health System

HUNGRY FOR FEEDBACK: PARTNERING WITH PHYSICIANS TO SHARE FAMILY REVIEWS

Children’s Hospital of Philadelphia recently began publicly sharing feedback about providers. Despite evidence that transparency programs can improve quality of care, experience, and communication skills while increasing physician engagement, receiving and publicly sharing feedback may be threatening to physicians. In addition to introductory communication, as we publicly displayed feedback we recognized the importance of physicians understanding why this matters and how to communicate effectively. Success is more likely if physicians can share their concerns and those concerns are addressed. In this session, we will share the processes we have used to socialize this including data sharing, introductory sessions, group sessions to effectively use feedback and individual coaching. Participants will be asked to share perceived barriers to acceptance and their approaches to partnering with physicians.

Darlene Barkman, Family Consultant, Children’s Hospital of Philadelphia
James M. Callahan, MD, Physician Advisor, Patient and Family Experience, Children’s Hospital of Philadelphia

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- INNOVATION & TECHNOLOGY
- PATIENT, FAMILY & COMMUNITY ENGAGEMENT
- QUALITY & CLINICAL EXCELLENCE
LANGUAGE ANALYSIS TO INTERPRET AND ACT ON WRITTEN PATIENT EXPERIENCE FEEDBACK

Patient experience feedback remains under-used for quality improvement (QI). Free-text within surveys holds rich information and staff can relate to this feedback more so than quantitative responses. The ability to analyze and interpret free-text falls short due to lack of timeliness of feedback and the resource intensity required. From an operational perspective it is frustrating, as time is being invested with little return of insights to improve care. From a patient perspective it is demoralizing, as their input is going unheard and problems persisting for others. It raises an ethical dilemma; patient feedback is being solicited but not addressed. Semi-automated analysis of free-text using Natural Language Processing allows patient feedback to be distilled into meaningful trends to guide QI. In this session, we will explore how we used NLP and machine learning to streamline analysis of free-text patient experience data and use this to develop visualizations, in near real-time, for frontline staff as QI initiative.

Mustafa Khanbhai MBChB, BSc, MRCS, Doctor, Imperial College Healthcare, NHS Trust

USING COMPETITION AND FUN TO IMPROVE THE PATIENT EXPERIENCE IN A LARGE HEALTH SYSTEM

Creating a positive patient experience is foundational to this health care system’s mission and the basis of their brand. Higher patient experience drives clinical outcomes and in this presentation, presenters will share organizational efforts to ensure patients had increased communication with their nurses and more staff responsiveness across 90 nursing units. To move the needle on key nursing-sensitive patient experience outcomes, and in the spirit of healthy competition, excitement and engagement was generated. This led to improvements across the organization. Attendees will learn the rationale for developing the competition, the approach used to manage the competition across 36 hospitals, and activities to help reinforce and highlight successes and strategies. The challenges to overcome will also be covered so that attendees will be able to replicate this fun approach in their own organization.

Sandy Rush, BSN, MA, Sr. Director of Patient Experience, Dignity Health
During the review of the strategic planning (cycle 2019-2023) of Hospital Sírio-Libanês, it was a goal to develop a new way of thinking about the profile of core competencies and skills of the professionals. The previous profile had been designed in 2008 and it contemplated different competencies for each professional category, based on a hierarchical management model. Assuming the premise of building a single team, aligned with the institutional purpose and values, we decided to redesign the model. Based on the principles of Person-Centered-Care Culture, we co-created the new profile of core competencies and skills of the professionals with the leadership, staff, patients and families. This session will present and discuss the strategies that the Patient Experience and Human Resources Team used to co-design with the Patient and Family Advisory Council. We will also describe how we spread the new core competencies to all the staff, by using storytelling, with positive engagement results.

Marcelo Alvarenga, MD, MSc, CPXP, Chief Experience Officer, Hospital Sírio-Libanês
Liliane Simeão, MBA, Corporate Communications Manager, Hospital Sírio-Libanês

YOU HAVE JUST BEEN NAMED CHIEF PATIENT EXPERIENCE OFFICER: WHAT’S NEXT?

Being named the first Chief Patient Experience officer of a large, top-ranked academic health system carries both great excitement and responsibility. This session is a five-year review of what it takes to make this important role relevant in today’s health care environment. Topics covered are developing a strategy, creating an impactful team, building relationships with key players, and linkages to PFAC’s and frontline staff. Also covered is the role of the CPXO in creating a culture change, the time it takes, and how to deal with resistance. Use of performance improvement models to guide the work and the importance of always keeping the focus on the patient, their loved ones and the experience is covered. Through real-life examples, I will share the successes of the past five years since taking the role and why the organization now sits in the 95th percentile for overall rating.

Lisa Allen, PhD, Chief Patient Experience Officer, Johns Hopkins Health System

PATIENT EMOTIONAL SAFETY IN PEDIATRIC HEALTHCARE

As healthcare professionals, we know that it is our professional and ethical duty to keep our patients physically safe while we care for them. What is equally imperative, but hardly addressed, is keeping our patients emotionally safe as well. Children are especially vulnerable to fear and pain when receiving medical care, which can have negative health-related quality of life outcomes. Creating an emotionally safe environment for pediatric patients means incorporating developmental and emotional needs into their treatment plan. In this presentation, we will explore interventions and initiatives that ensure the emotional safety of pediatric patients.

Jenaya Gordon, MA, CCLS, NCC, Manager, Child Life Department, Children’s Hospital Colorado

EFFECTIVE AMBULATORY QUALITY INITIATIVE IMPROVES PATIENT EXPERIENCE

Patient experience is a critical health care imperative nationwide. Improving both outpatient and inpatient service provided to patients is vital to health care organizations. Most published patient experience initiatives focus on the inpatient setting. Multiple interactions affect ambulatory patient experience and perceived quality of care. Development of an effective generalizable outpatient training initiative is often difficult. Formulation of a tracking program to demonstrate effectiveness of a program is equally difficult. We present an ambulatory quality improvement initiative employed across a large, diverse health care system. This initiative demonstrated immediate and six-month sustained improvement in patient satisfaction scores in the ambulatory setting. In this session, we will review strategies to successfully negotiate the challenges of implementing a generalizable training initiative across a diverse ambulatory arena. We will share the specific methods and initiative content that can be used in other health care settings.

Mary Washburn, MD, Care Experience Physician Champion, Kaiser Permanente
Natalie Whitlock, MSHCA, Care Experience Leader, Kaiser Permanente

“LISTEN TO ME!”: CENTRALIZING PATIENT VOICES TO IMPROVE HEALTHCARE INNOVATIONS

When evaluating healthcare innovations, surveys and interviews are often used to capture staff, parent, and patient feedback. However, with pediatric patients, completing a lengthy survey or being interviewed by a researcher for 30 minutes often results in low response rates and incomplete data. To overcome this challenge, the presenters gamified an existing data collection tool. Rather than answer a series of questions, pediatric patients play a game where they provide feedback on psychosocial programming and identify gaps in services. To ensure the tool was patient-centered, the organization’s Patient Advisory Council was central in testing the prototype and providing substantive feedback that informed the final tool. This session will demonstrate that when the patient voice is central to the development of data collection tools, it leads to improved patient feedback which ultimately results in more impactful healthcare services and better results for pediatric patients.

Carolyn Schneiders Fung, CCLS, Director of National Programs, Hope for Henry Foundation
Laurie Strongin, Founder and CEO, Hope for Henry Foundation

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LEGEND - STRATEGIC LENSES OF THE EXPERIENCE FRAMEWORK

STATE OF PX POLICY: AN UPDATE FROM THE PX POLICY FORUM
Hear from the leaders of the Patient Experience Policy Forum (PXPF) on the latest issues driving policy in the US that impacts patient experience and the efforts of PXPF to help impact policy makers in ensuring sounds and reasonable policy for healthcare organizations and patients and families alike. As a unique forum representing the combined voices of those delivering and receiving care, PXPF will share updates on its efforts to date and engage participants in a dialogue on the critical issues we hope to address.

Shari Berman, Patient Advisor, Boston, MA
Rick Evans, SVP and Chief Experience Officer, New York Presbyterian
Jason Wolf, PhD, CPXP, President & CEO, The Beryl Institute

ARTS IN WELLNESS: HEALING THE WHOLE PATIENT
This session will describe and demonstrate the benefits of providing Art, Music, Massage Therapy and Guided Imagery to the patients of Stanford Hospital as well as the secondary benefits to family, caregivers, staff, and patient friends. The session will begin with the overall business aspect of Arts in Wellness (Art, Music, Massage Therapy, Guided Imagery) and how it makes for a strong business component of hospital operations. We will then dive into the personal aspects of the program where patients will describe the positive impact this program has had on them and anecdotes described by one of the presenters.

Amanda Felix, Director, Service Excellence, Stanford Health Care
Greg Kaufman, BFA, Manager, Arts in Wellness, Stanford Healthcare

IMPROVING HEALTH PLAN EXPERIENCE THROUGH A MEMBER ADVISORY GROUP
The session will highlight the development, implementation and ongoing benefits of a PFAC-inspired member advisory group for a commercial health plan. The session will include a health plan representative as well as a Member (customer) Advisor who has been part of the group for more than two years. The presentation will highlight how to develop a member advisory group, accomplishments, lessons learned, future direction in co-creation and the experience from the Advisor lens.

Member Advisor, Blue Cross and Blue Shield of North Carolina
Dawn Porter, MPH, Senior Healthcare Program Developer, Blue Cross and Blue Shield of North Carolina

TRANSFORMING YOUR CULTURE TO IMPROVE THE PATIENT EXPERIENCE IN THE AGE OF CONSUMERISM
With the shift to high-deductible and consumer-driven health plans, patients are increasingly involved in their healthcare decisions. Patients are becoming savvy customers, taking an active role in purchasing and consuming the services they receive. Historic standards are now the cost of entry. Hospitals and health systems endeavoring to thrive in this new environment are leveraging the same approach used by the Four Seasons, Disney, and Apple—differentiation based on the customer experience. In this session, you’ll hear how Banner Health began applying these best practices to transform their patient experience, drive caregiver and staff engagement, and reduce burnout—ultimately increasing their NPS and HCAHPS scores and becoming more efficient resulting in positive financial outcomes.

Valerie Monet, MPA, Sr. Director, Customer Experience Strategy & Insight, Banner Health

HUMAN CONNECTION AND HOPE IN HEALTHCARE: USING SOCIAL MEDIA FOR GOOD
Patient experience is shaped by the interactions and perceptions across the continuum of care and social media is an effective tool to enhance these interactions. The most effective social media use is shaped by the needs of the followers rather than the needs of the organization. The content of this presentation will align with the Picker Institute’s Principles of Patient Centered Care. Like patient-centered care, social media is effective in engaging followers in ways that are the most meaningful and valuable to the individual. Social media can reflect an organization’s respect for individual values, preferences and needs; provide emotional support and reduce anxiety; and increase access to care by providing information to inform healthcare decisions. To provide a well-rounded analysis of the tool, the presentation will also cover social media regulatory concerns, strategies for mitigating risk and defining what social media should not be used for in healthcare.

Shelly Galvin, Consultant, Wellspring Communications
Sarah Gilstrap, MS, CPXP, Patient Experience Strategy Leader

PX MARKETPLACE SPONSORED SESSION
COMPASSIONOMICS: THE REVOLUTIONARY SCIENTIFIC EVIDENCE THAT CARING MAKES A DIFFERENCE
Caregivers have always felt in their hearts that compassionate care is the best care; and now there’s irrefutable evidence to back it up. In a review of more than 1,000 scientific abstracts and 280 research manuscripts, there is strong evidence that compassionate patient care can improve health outcomes and reduce workplace stress and burnout. This session reviews the evidence while recommending specific practices that can be employed to demonstrate compassion with our...
patients, our colleagues and, perhaps most overlooked, ourselves.

Craig Deao, MHA, Senior Leader, Managing Director, Author and National Speaker, Studer Group, A Huron Solution

SEPTMBER

OPPORTUNITIES AND CHALLENGES OF INTEGRATING EXPERIENCE INTO A COMMUNITY-BASED HEALTHCARE PROGRAM

This session begins with a description of the Lady Health Worker program in Pakistan, a community-based initiative for maternal and child health. This is followed by a situational analysis for integrating experience of compassion for the community. Participants will be able to realize how experience strategy can be implemented beyond the healthcare facilities into a community-based program, which serves a majority of the population in the developing world for child health services. Focusing on community experience enables improved staff experience, which can increase both staff and community engagement and ultimately lead to improved program outcomes. Individuals in leadership roles in the community-based programs and public health experts can benefit from the session as they will recognize novel pathways to achieve greater outcomes. We believe experience focused strategies hold promise for tackling engagement issues in the community-based programs in the developing world.

Zahra Hoodbhoy, Physician, Aga Khan University
Ayesha Hussain, Project Associate, Charter for Compassion
Zahra Nayyer, Senior Research Assistant, Aga Khan University Hospital
Muneera Rasheed, MS, Aga Khan University

INAUGURAL PXJ AWARDS: VOICES OF RESEARCH PANEL

Join us for a panel of the inaugural Patient Experience Journal (PXJ) award recipients to learn about their research, engage in discussion on their articles and learn more about how to contribute to PXJ as well. The award categories and topics include:

- Article of the Year: Anyone can co-design? A case study synthesis of six experience-based co-design (EBCD) projects for healthcare systems improvement in New South Wales, Australia
- Best Article - Emerging Scholar: Engaging under-and/or never-engaged populations in health services: A systematic review
- Best Article - Practitioner: Using experience-based design to understand the patient and caregiver experience with delirium
- Most Impactful Article: Patient partnership in quality improvement of healthcare services: Patients' inputs and challenges faced

Tara L. Dimopoulos-Bick, Agency for Clinical Innovation, New South Wales, Australia
Amy London, Virginia Mason
Lesley Moody, University Health Network
Marie-Pascale Pomey, University of Montréal
Jason Wolf, PhD, CPXP, President & CEO, The Beryl Institute

A CONVERSATION ON COMPASSION AND HUMAN EXPERIENCE

In looking to the future of healthcare, at its heart will remain a commitment to the human experience and what it means to care for yourself and others. Join The Beryl Institute and The Schwartz Center for Compassionate Healthcare for an interactive conversation on an integrated view of experience and the importance of workforce resilience, well-being and engagement today. Presenters will also discuss the current state of affairs and where they see things heading as we face the ever-changing circumstances of the COVID-19 pandemic together.

Jason Wolf, PhD, CPXP, President & CEO, The Beryl Institute
Beth A. Lown, MD, FACH, Chief Medical Officer, The Schwartz Center for Compassionate Healthcare

WHAT THE MEDIA DOES NOT TELL YOU: HOW MARTINSBURG VAMC IMPROVED EXCELLENCE IN PATIENT CARE

Today, it is rare to hear positive media coverage concerning the Department of Veteran Affairs. While no health system is perfect, the VA provides exceptional care to our nation’s Veterans who have made extraordinary sacrifices protecting our freedom. The Martinsburg VAMC is one of the VA’s leaders, with their consistent pursuit of excellence, especially in the eyes of the 31,000 Veterans who receive care from the Primary Care Service. In this session, participants will learn how a team of Primary Care leaders, with unwavering dedication to excellence and continuous improvement, have achieved tremendous outcomes in patient satisfaction. They have accomplished this by obtaining patient feedback at the point of care that aligns with VHA patient satisfaction key drivers, providing continuous sharing of the patient feedback data and holding everyone accountable for action. Through this well-established performance improvement model, the Primary Care Service has achieved breakthrough performance and sustainment of key satisfaction outcomes.

Jonathan Fierer, MD, Chief, Primary Care Service and Emergency Department, Martinsburg VA Medical Center

REBOOT OF HOURLY ROUNDING: A COLLABORATIVE APPROACH WITH MEASURABLE OUTCOMES

Across a 35-hospital organization hourly rounding witnessed a reboot through standardization and the collaboration of our front-line clinical co-workers. This session will explore the journey of our Chief Nursing Officers who identified nursing leads that would become the change agents of this nursing practice of excellence. With their expertise, we synchronized the standard work for how rounding would be administered throughout our hospitals at no additional costs of tools or technology. This alliance has allowed our teams to return to a “target condition” where nurses have predictable cadence to their day that is not disrupted by call lights and unscheduled erroneous tasks or follow-up to falls or

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patient/family concerns. The continued focus around the standardization will positively impact Quality and Safety events, Patient Experience scores, Hospital Star Ratings and Reimbursement.

Dea Geujen, Chief Nursing Officer, Mercy
Kyle Leonard, MBA, Patient Experience Manager, Mercy
Debra Pender, MS, MBA, NE-BC, FACHE, Chief Nursing Officer, Mercy
Jessica Austin, RN, BSN, Director-Nursing, Mercy

CONFERENCE CLOSING SESSION
Jason A. Wolf, PhD, CPXP, President and CEO, The Beryl Institute