What was the opportunity or challenge you were trying to address?

**Katie:** In the coffee shop that day, Mary Kay was explaining the limitations of survey data and how her business plan called for in-depth interviews which might give the hospital a better understanding of what patients and families really want. In that conversation, I shared with her all the comments that the hospital didn’t know what to do with. Specifically, these are comments captured at the close of our short-form surveys that answer the prompt, “Is there anything else you’d like to tell us about your experience?” We receive roughly 500 to 550 of these comments each week, and we were manually searching for common themes and categorizing them into buckets. To be totally transparent, we were not really sure what the big picture items were nor, at the aggregate level, what these comments were telling us.

I felt that if patients and families were writing in response to that prompt, it must be very important to them. It must weigh heavily on them as a high priority if they share it with us. I also felt that there had to be a lot more than just comments like, “the organization is great,” or “my visit was terrible,” or “love the place.” This place is awesome, I know, having read the comments for a number of years. But there had to be a lot more to them. It was just flat out overwhelming.

**Mary Kay:** When Katie passed the data to us, we then had the problem of figuring out what it all meant. And our approach has always been different. We let patients ‘set the table’ if you will. We have a team of analysts who started reading all these comments, and we developed what’s called an ontology, which is the way we classify the data. It is derived from what the patients are talking about. Most vendors today start with what health systems or the federal government are interested in hearing about. Let’s say the survey comment includes words like ‘doctor communication’ or ‘parking.’ We don’t start there. We start by asking, “What are these patients talking about?” We read each comment, and based on what the patient is talking about, we assign a label. And then once we are able to classify and label the comments, we sort them into categories. Based
What's important is it's a perfect example of our In this example, people talk about wait time in Our frontline caregivers, managers, and directors are This case study always comes to mind for me idea in all those comments is wait time. We had to train the waiting room. Then I had to wait in the exam room.” The main “I arrived at 2:00 and left at 6:00,” or “First I had to wait in the Mary Kay: Using wait times as an example, how does your systems are asking the same questions year over year, and What was a surprise was how important certain things were I remember Katie telling me that none of the topics that came up based on analyzing the patient feedback were a surprise. What was a surprise was how important certain things were and certain things weren’t. And I would argue that is because PX teams often don’t have complete information. Health systems are asking the same questions year over year, and when they do, they miss important pieces of the puzzle.

**Using wait times as an example, how does your technology work?**

**Mary Kay:** In this example, people talk about wait time in many different ways, like, “I sat in the waiting room forever,” or “I arrived at 2:00 and left at 6:00,” or “First I had to wait in the waiting room. Then I had to wait in the exam room.” The main idea in all those comments is wait time. We had to train the machine to recognize all the different ways in which people express their frustration about wait time, and that was the challenge.

**Katie:** Our frontline caregivers, managers, and directors are busy. They’re taking care of patients and families. They’re taking care of their teams. They’re filling in when someone can’t show up for work. They’re sent a myriad of different reports containing data that are very cold and not obviously actionable. The competitive advantage that our experience data has is we have context. We have stories. We have examples. And PatientsVoices makes it easy, seamless, almost effortless for us to provide the team with the comments that provide the context as to why this measure is really important.

We don’t have to interpret what wait time means. Here are the examples of what patients and families are saying, the different ways that they mention ‘wait time.’ Here is what we’re talking about. Here’s what patients are mentioning. Here’s how they’re describing wait time. So we don’t have to guess. We don’t have to wonder. The context is provided which, in the data world, is a challenge. We can spit out numbers, but the team doesn’t always have context. The analytics from PatientsVoices are supported by such rich emotional comments, it alleviates the guesswork.

**Mary Kay:** There was a doctor in the ED that said, “When I started working here, I started reading the patient comments every morning. It changed the way I practiced.” Having access to that kind of feedback from patients really does have impact.

**Mandy:** I feel passionate about the comments generated by our patients and families on the survey. I think of them as the conscience of our hospital. When I’m providing education about why we send patient experience surveys or the survey methodology I tell people, “If there’s one report that I can encourage you to subscribe to, this is it. I promise you, it’s something that you won’t regret.”

I’ve never ever had somebody say, “How do I unsubscribe to this? Can you take me off of this list?” Typically, it’s the opposite. Someone will reach out and say, “How do I get on the report that shows all the comments?” I just think it’s the most powerful part of our feedback.

We can set up subscriptions for any reports right through our survey vendor. The feedback ends up in the subscriber’s inbox. Weekly, I push this data to PatientsVoices, and then they run their magic. What’s exciting is that we’ve developed a one-page, digestible, understandable, rich report that contains high-level themes and predictive analytics. As these have become visible to others in the hospital, at the leadership level and beyond, they’re getting sought after. We’re getting more and more requests for these reports.

**What is your staff doing with this information and how are they acting on it? Are you seeing results?**

**Mandy:** There are several ways that it’s influenced projects our teams are involved in. For example, we’ve had a big push on access to Children’s Mercy, obtaining an appointment quickly, making sure it’s in the right location, with the right provider, at the right time. PatientsVoices was integral in running analytics for this specialty project.

**Mary Kay:** The request around access was ‘Can you find samples of comments that signal that patients are being
limited in terms of how they can access the health system? We looked for wait times and frequency of wait times by specific facilities. We also looked for people complaining about scheduling issues and the frequency with which that came up. By mining the data, we could then provide Children’s Mercy with the topics and themes that potentially could influence how they decide to improve access to their facilities.

Katie: Sharing this data at the executive level really tipped the scale. Our organization has five true north metrics: 1) patient experience; 2) people (employee) engagement and experience; 3) finances and stewardship; 4) quality and safety; and 5) care delivery. These things were shaped based on the family feedback that PatientsVoices has been able to provide to the organization. Children’s Mercy now has an extreme and acute focus on families being able to get appointments, and then once they arrive, we’re not “wasting their time,” as families have shared in their comments.

The emphasis and the shift in how that has become a goal of the organization all the way down through individual divisions, teams and projects, show the breadth of how the information is used. We use it at the executive strategic planning level and we use it at the project level. And whenever we feel like we need more information, PatientsVoices has been an immense partner in helping us dig a little deeper.

We talk a lot about the upside opportunity. As we look at the comments in totality over the course of an entire year, PatientsVoices was able to give us targets. They shared the insight, “If you are able to eliminate the negative wait-related comments in your emergency room, you can expect an X percentage improvement in your total hospital performance. That’s where you need to go.” It is those precise analytics – and then the ability to quickly translate what we need to do differently to the frontline – is priceless; you can’t get it anywhere else, honestly.

What kind of changes did you make to improve ED wait time?

Mandy: As part of the management guidance team for the emergency room, I observed firsthand the reports that were provided by PatientsVoices were incredibly crucial and heavily relied upon. One of the changes that has been made as a result of the information gathered includes a new shared staffing model with the intent of improving wait times. We have two emergency department locations. In an effort to become one unified division, we shifted to shared staffing. This change allows providers to more easily flex between locations and go where the need is greater.

There’s also improved transparency about the expected wait times. We have “train track” boards in the exam rooms that offer families more explanation of who they’re seeing. We have learners in our organization – medical students, residents, fellows, and nurse practitioners, so we have a legend of who the patient could possibly see while in the emergency department. The train track shows where the patient will go after triage and roomed. We saw themes in the patient experience comments from families expressing, “We don’t know what’s next. We don’t know who we are waiting to see or how much longer we can expect to wait.” The boards also give an estimated wait time. If you are getting labs or going to imaging, the boards will show “expect to wait about this long.” This offers our patients more transparency and helps manage expectations.

And then lastly, one of the improvement efforts has been with the discharge process in the emergency department. Feedback from our families showed that our discharge process was a major dissatisfier. Patients and families didn’t understand why the provider would say, “Okay, you’re ready to go. We’ll just wait on the discharge paperwork and get you out the door,” and then two hours later, families were still sitting there.

PatientsVoices looked at the data around discharge. Specifically, when the word ‘discharge’ was mentioned in a comment, what is its relationship to the Net Promoter Score? Based on the findings, we piloted a paperless discharge process in our emergency department. When we looked at the data side by side, we were able to see that when paperless discharge was offered and accepted, scores were much higher.

If you were in a room full of your peers who are experiencing similar problems, what would you tell them about lessons learned?

Katie: What we’ve learned along the way has far exceeded what I ever thought we were capable of, and I think it’s a testament to two things. First, the richness of the comments that exist in the feedback that the patients and families provide us holds more insight and value than we initially gave credit. Second, the usability of the information that comes back from PatientsVoices far exceeded my greatest expectations. Making it usable at all levels of the organization, making it tangible, was beyond my wildest dream. And the way it’s provided to us is so easy to understand and so easy to share with executives or a frontline provider. It provides insight for both groups.

Also, you don’t know what you don’t know, and everybody has comments. Patients and families are telling us something, and I think the effort that you put into listening is matched with what you’ll get out of it. If you can pay attention, you will get more

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Project Gratitude

Project Gratitude came on the heels of the Omicron spike and the great resignation. Our teams were more than ever needing love and recognition. We know that patients and families love our people. They make really lovely connections with our people. The majority of our comments are heartwarming and bucket-filling. Oftentimes, they’re not seen by the people who need their day made.

Through the help of our communications and marketing team and PatientsVoices, we now provide a steady rotation of these beautiful comments, positive sentiments (minus personal health information) on our internal intranet. The comments regularly rotate, so our staff can have this constant reminder of the difference that they’re making in the lives of patients and families every day. The whole intent is to make someone’s day, fill people’s buckets, and show gratitude.

-- Katie Taff

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insight out of them than you ever thought possible. Remember, we’re not asking more and we’re not asking differently. We just use innovative technologies to better understand what is already in front of us. You will get out of it what you decide to put into it.

**Mandy:** I can’t imagine having the responsibility of reading all of the comments without having PatientsVoices alongside me. They are tremendous at what they do, having their expertise to validate and personalize the data for each division; it’s priceless. It makes such a difference with our leaders who feel confident when they share patient experience data with their teams. The comments bring color and context to an otherwise black-and-white graph, and the reports created by PatientsVoices ensure our leadership feels confident directing change.

**About the Authors**

**Katie Taff, MBA, MHA, CPXP, Senior Director, Office of Patient Experience, Children’s Mercy Kansas City**

Katie is responsible for the growth and development of programs and systems that improve the patient and family experience at Children’s Mercy. These responsibilities include oversight of teams managing the measurement and improvement of patient experience, the health system’s complaints and grievances process, as well as the Family Advisory Board, Patient Family Advisory Councils and activities of the organization’s Patient Family Advisors. Katie has a Bachelor of Arts in Human Biology from the University of Kansas and master’s degrees in Business Administration and Healthcare Administration from Bellevue University. She is a Certified Patient Experience Professional and an incoming Co-Chair of the Pediatric Council for The Beryl Institute.

**Mandy Riemer, Manager, Patient Experience**

With 20 years of experience in the healthcare arena, Mandy serves as Manager, Patient Experience at Children’s Mercy Kansas City and is committed to improving the patient and family experience through leveraging the data collected from the patient experience surveys. She is responsible for the strategic direction and coordination of continuous performance improvement endeavors impacting patient experience and family centered care. Additionally, she is a member of the Aligning Support Across Professionals Committee, which offers a trauma-informed care approach with non-clinical debriefings to staff after a traumatic or stressful event.

**Mary Kay O’Connor, Founder & CEO, PatientsVoices**

For over 25 years, Mary Kay O’Connor’s expertise and passion has been using insight from customer stories to launch products that create new markets and improve financial performance. Her focus has always been understanding the problems and opportunities that customers express in their stories. Early on Mary Kay recognized the problems in health care — sparse, incomplete patient feedback, long surveys and dated text analysis tools. PatientsVoices was founded to make it easier for health systems to improve patient experiences. Today, the company’s solution asks patients to tell their stories. Their real time feedback is captured and analyzed by next generation AI technology. Their stories are converted into ready-for-action analytics and ROI predictions. Mary Kay is a serial entrepreneur and former Monsanto executive that managed a $350 M division before, during and after patent expiration.

**About The Beryl Institute**

The Beryl Institute is a global community of healthcare professionals and experience champions committed to transforming the human experience in healthcare. As a pioneer and leader of the experience movement and patient experience profession for more than a decade, the Institute offers unparalleled access to unbiased research and proven practices, networking and professional development opportunities and a safe, neutral space to exchange ideas and learn from others.

We define the patient experience as the sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care. We believe human experience is grounded in the experiences of patients & families, members of the healthcare workforce and the communities they serve.