Every individual sees the world through their own lens. In healthcare, the perspectives of patients and families are often different from those who deliver care. Anywhere you see the “eyeglass” icon, enjoy a companion resource written through the lens of patients and families.

INTENTION

The intention of reflecting on this white paper through the lens of patients and families is to support patients, families and PFAs by providing a more relatable entry point for The Beryl Institute’s resources. This accessibility through a peer voice enables patients, families and PFAs to be more effective and engaged members of the PX Community.

Each of these reflections fits within the Experience Framework. This reflection falls under the following Strategic Lens:

CULTURE & LEADERSHIP

The “Why”
The foundation of any successful experience effort is set on who an organization is, its purpose and values, and how it is led.

The “Impact”
When an organization’s culture is aligned in its purpose and values, patients and families feel that the entire organization was designed to provide them with best possible experience and find comfort and joy in every interaction across the organization.
ABOUT THE AUTHOR: Denise Durgin

I am a certified executive coach at Back Bay Leadership, where I coach my own clients and serve on the coaches’ cadre at Georgetown University McDonough School of Business. Before coaching, I began my 25+ year career at Marriott International in the Back Bay of Boston. While at Marriott, I earned a reputation for leading high performing sales teams by creating internal cultures where my teams learned, grew and felt safe, which enabled my teams to perform at their best.

In 2018, I was diagnosed with stage IIB breast cancer. I was lucky that I didn’t skip my annual mammogram that year. I underwent mastectomy and reconstruction surgeries the same day and, to avoid infection, my doctor let me return home that night to heal. My cancer treatments were delayed because I had a difficult time with insurance approvals for proton radiation versus the traditional photon treatments. Ultimately, insurance approved these treatments, but only after three appeals and two denials, which delayed my cancer treatments. This unnecessary stress and complication inspired me to do more for patients and families and to pay it forward.

Today, I volunteer as a proton champion with the Alliance for Proton Therapy Access. I also serve as Co-chair for the Global Patient Family Advisory Board at The Beryl Institute and Chair the Inova Schar Cancer Institute’s Patient Family Advisory Council. I also enjoy mentoring hospitality students at my alma mater UMASS, Amherst Isenberg School of Management.

AUTHOR PERSPECTIVE

I was drawn to this white paper because I understand the importance of innovation and integration of the patient and family voice. Through my lifetime, I’ve participated in many meetings - some great, some not so much. The best meetings were created when the leader created an environment where everyone was empowered to speak up, solve problems, think of a new solution, or go at it a different way in order to create a better experience - to create value. I believe this is what culture is all about. When a leader creates the environment where values, beliefs, attitude and connectedness are present, it creates trust, which in turn creates the culture of the team.

The Beryl Institute’s Innovation Awards were awarded through their strategic lens framework. Although culture and leadership is one of the eight strategic lenses, I envision culture and leadership as the overarching theme for all of the award winners. As a patient and professional, I’m so impressed with all of the ideas that were generated and implemented to create value for patients and caregivers. The winners at various healthcare systems created a culture where people felt comfortable to
speak up when they noticed something could be better. Leaders took a stand that the status quo wasn’t good enough. People at all levels listened to the patient. This is leadership. This is excellence.

GENERAL SUMMARY

Innovation isn’t innovation for innovation’s sake. Many times it doesn’t cost a lot of money to make things better. These are some of the themes I heard from reading the Beryl Institute’s 2019 Innovation Awards, as described in the “Innovating the Patient Experience, Trends, Gaps and Opportunities” white paper.

KEY POINTS TO CONSIDER AS A PATIENT OR FAMILY CAREGIVER

As a patient, I want my providers to feel valued and empowered by their leaders so they don’t leave the organization. I want them to be engaged in the work that they do. If my providers left my healthcare organization, I would follow them. I trust my providers. I’ve developed a rapport with them. They listen to me, which is critical for patient healing.

I believe high-quality patient experience happens when high-quality clinicians and staff at all levels work at an organization where they feel valued. There were several examples of how an organization might achieve this throughout this white paper. One that stood out to me came from Gosford Private Hospital in North Gosford, Australia and its Values Project.

Before the launch of the Values Project, “Gosford Private was facing some disengaged staff who weren’t clear on the hospital’s Mission, Vision and Values.” Gosford Private was passionate about creating better service standards for the patient and families. Their leaders and teams understood that accountability, communication and better service behaviors needed to be identified and adopted, so Gosford Private set off to create the Values Project. As part of its creation, they “utilized a patient storyteller to highlight why this was such an important direction to take, giving the project’s emotional impact.

I believe the Values Project works at Gosford Private Hospital because it’s not a flavor of the day or a slogan. Their values are embedded into the behaviors, attitudes, language and beliefs and in other words, it’s their culture. After the creation of the Values Project, staff retention rate was at 90 percent, and 90 percent of the staff say they are “proud to work at Gosford Private.” These are impressive results! The innovation to align with mission and improve staff satisfaction has an effect on staff retention, which benefits patients and the institution alike.

Another innovation that improved culture and the patient experience came from New York City Health + Hospitals. With an understanding that lagging metrics “don’t lead to real time changes and represent a reactive culture,” New York City Health + Hospitals, Bellevue piloted “Happy or Not” meters in the Ambulatory Care Division. After implementing the “Happy or Not” meters in a busy area with over 500,000 encounters annually, patient satisfaction rose from 84% to 86%. This simple meter used a red or green measure to show whether patients
were satisfied or not. I’d welcome this type of simplistic feedback. I believe it has potential across the entire patient experience continuum.

The “Happy or Not” meters proved that leadership cared about real-time patient feedback. They developed successful processes that were implemented without spending a lot of money, and without creating complexity for the providers. Instead, the providers asked a simple question during the patient’s visit: “Are you happy or not?” If the patient wasn’t happy, they were able to turn around the situation and provide a better experience. These meters were also implemented after staff meetings - Bravo! Again, leadership created a culture where feedback was celebrated for patients, the providers and employees at all levels. Well done!

“Yuma Regional Medical Center (YRMC) consistently ranks high for clinical quality and maintains accreditations and recognitions from numerous national and international agencies. However, an employee engagement survey revealed that staff didn’t perceive the care they collectively delivered every day as being “high quality.” The team decided to ask everyone, at every level, to contribute feedback on how things can be better for patients and families. The organization created an “Innovation Day,” and at the conclusion of this event, over “1,500 employees actively contributed to some 2,000 new ideas to improve quality in the organization.” This is wonderful, and I wonder if YRMC could invite patients to their next Innovation Day to create even more sustainable ideas that create value.

Concepts, ideas or practices worth sharing with your organizations as a PFA:

If the staff is engaged and happy, the patient feels it. If they’re empowered to take care of the patient and think outside of the box, the patient sees it. This white paper had multiple examples of innovating practices for engaging staff and clinicians and increasing joy at work.

- As a PFA, you may find you’re a great source of innovation for the organization(s) you work with. As a patient or family member, you will see things very differently than the professionals around you. It’s imperative that you share your observations and ideas for innovation with the PFAC or PFA Program Director(s), and that you collaborate to create new opportunities for patient involvement in innovation. Change occurs when there’s a process for it. First, figure out what needs to be improved. Think in terms of moving x to y and how long this might take.

Listed below are some ideas to create a guiding coalition around change that’s innovative and focused on the patient experience.

- Create an Innovation or New Idea suggestion link within a monthly or quarterly newsletter that the organization creates. People can contribute their ideas anonymously, and the process is ongoing.
- List Innovation or New Ideas on monthly or quarterly meeting agenda’s. Ask: What should we be working on to improve x or y within our organization?
• Attend daily huddles and observe problem solving and new idea generation, and recognize people for sharing their thoughts.
• Include senior leaders at meetings so they hear what’s happening on the front lines and see firsthand how easily some problems can be solved.
• During rounding, what’s consistently working well, and why is it working well? On the other hand, what isn’t? What are the common themes?

Here are a few questions you can use to get you and your organization focused on the key takeaways from this white paper and begin using the partnership you’ve created for innovation:

• What are the current practices for engaging staff/clinicians and increasing joy at work within my organization? How can PFAs contribute to creating new innovative practices? How can PFAs better support existing practices?
• How are other healthcare systems and organizations using innovation to improve the patient and family experience?
• How can leaders in this organization create a culture where people can speak up and leaders listen, and then create sustainable change by acting on new ideas?
• How can leaders in this organization speed up change and be more nimble without sacrificing quality, versus accepting the status quo that “healthcare takes a long time to create change.”
• How can leaders enlist patients/customers in the innovation process other than patient surveys which are lagging metrics?

FINAL THOUGHTS

Innovation happens when leadership creates a culture where all voices matter and people aren’t afraid of speaking up, but it can’t stop there. Leaders must close the gap from talking about problems and challenges and actually implement processes to solve problems. As the award winners demonstrate, when leaders listen to their teams and customers by creating this type of culture, actionable items and new business processes are formed and innovation and change are born. It seems so easy to do, but if it was that easy, everyone would be doing it.