Learning Objectives:

1. Identify three areas of priority for patient experience
2. Discuss the purpose and process for utilizing storytelling for quality improvement initiatives
3. Discuss two strategies to support improved communication between families and staff

Defining Patient Experience

Without a target or purpose, you have little basis for action. For patient experience, this is illustrated in how an organization defines experience and then builds its efforts around fulfilling or achieving that definition.

https://modimes-my.sharepoint.com/personal/ckehnle_marchofdimes_org/layout/s/15/guestaccess.aspx?docid=139e9a37ba34ec4a338a9618143afca3e&authkey=AzgK5YChwW43fJe14wi0mMc
Patient Experience

We define patient experience as the sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.

-The Beryl Institute

Patient- and family-centered care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families.

-Institute for Patient and Family Centered Care

NICU Innovation seeks to improve the long term health outcome of NICU graduates by focusing on improving the families’ NICU experience.

We do this through implementation of an established set of resources designed to advance communication, collaboration and partnership between families, health care organizations and the March of Dimes.

Patient Experience

Family-Centered Care

Patient- and family-centered care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families.

“The Philosophy and Approach to Healthcare Relationship”

“It’s truly our culture. It’s not any one thing we do; it’s everything we do. It’s what we do, it’s how we do, and it’s why we do it, because our employees, our physicians, and our patients want and deserve to have the experience that we profess to provide.”

Lynn Skoczelas
Chief Experience Officer
Sharp HealthCare

Evolving Focus on Patient Experience

What is your organization’s current stage of patient experience efforts?

Not started yet - 1%
Just beginning - 18%
Established, making some progress - 56%
Well established - 26%

www.theberylinstitute.org
Patient Satisfaction, Patient Safety and Clinical Excellence

Evolving Focus on Leadership & Structure

Who in your hospital has the primary responsibility for addressing patient experience?

- CXO, Experience Officer
- PX Committee

The Consumer is Speaking: PX Matters

How important is the patient experience in your healthcare?

- Extremely Important
- Somewhat Important

Evolving Focus on Patient & Family Advisors and Councils

Does your hospital engage patient & family advisors?

- US Hospitals: 67%
- Non-US Hospitals: 79%

Does your hospital engage a patient & family council?

- US Hospitals: 62%
- Non-US Hospitals: 63%

Who are we listening to?
“The single most important principle in the field of interpersonal relations is this: Seek first to understand, then to be understood. Most people listen, not with the intent to understand, but with the intent to reply.”

Steven R. Covey (1991)
The Seven Habits of Highly Effective People

Four Rules of Active Listening
1. Seek first to understand
2. Be non-judgmental
3. Give your undivided attention to the speaker
4. Use silence effectively

By using real stories as you communicate your improvement work, you can:
1. demonstrate there is a need for the work and challenge complacency
2. make the potential benefits or outcomes feel tangible to the people you need to influence
3. ensure the patient’s voice and/or the experience of individual staff members is heard
4. get a message across – good stories are remembered and can be passed on.

Telling good stories is a skill, but it is a skill that anyone can learn if you follow a few working principles.

The best stories:
1. Involve only a few people.
2. Engage emotions or curiosity in a way that makes people care and/or want to know more
3. Paint a picture in words through the use of a few descriptive details
4. Lead to some form of resolution – barriers overcome or a transformation made
5. Carry a central message.

Telling someone else’s story
1. Choose a story that conveys a message
2. Delivery of that story is key to the impact you want to have
3. Include a good opening that grabs attention and a strong ending.
4. Make sure you discuss with those involved how you will be representing them, by name or anonymously, and agree with them what you will share and how the information will be used.
5. If you are involving and identifying patients, you will need to record their signed consent.
Feedback Best Practices

Feedback is the food of champions

Specific Immediate Honest Actionable

Communication breakdown

- Verbal – 7%
- Paraverbal – 34%
- Nonverbal – 59%

Body language plays an extremely important part in sending an effective message. One study found that 93% of a message is conveyed through body language and tone of voice.

Sitting vs. Standing & the Perception of Care


<table>
<thead>
<tr>
<th></th>
<th>Standing</th>
<th>Sitting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual time doctor spent at bedside</td>
<td>1 min, 28 sec</td>
<td>1 min, 4 sec</td>
</tr>
<tr>
<td>Perceived time doctor spent at bedside</td>
<td>3 min, 44 sec</td>
<td>5 min, 14 sec</td>
</tr>
</tbody>
</table>
Strategies for Effective Communication

Create an environment for questions:

Physician: “As we are talking, you may think of questions or you may have concerns that you would like to talk about. Please feel free to ask me about anything that concerns you.”

Use Open Ended Statements

Parent: “His surgeon never listens to me when I have concerns about his care.”
Nurse: “What are your concerns? Would you like me to share those with him.”

Essential Communication Skills for Pediatric Practitioners; Tellerman; Maryland Chapter AAP, 2014

Third Person Approach

Surgeon: “Some parents are concerned that their child will be scared in the operating room after you have left. What are your concerns?”

Social Worker: “We’ve had families with a similar situation. Would you like to hear how we have supported others through this journey?”

Essential Communication Skills for Pediatric Practitioners; Tellerman; Maryland Chapter AAP, 2014

An Expanded Perspective on Patient Experience

FIGURE 9

2017 Benchmark report, Beryl Institute

Questions?

Perinatal Leadership Forum: The Experience is Everything
Tuesday, November 7, 8:30am – 4:30pm
Megan West King, MSN RN, CPXP
Lori Gunther, MS, CPXP
Susan Clifford, BA, CPXP
http://www.synovaassociates.com