Breaking Barriers to
PATIENT EXPERIENCE
IMPROVEMENT

From Funding to Staff Engagement: What’s Challenging
Healthcare Leaders Today

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Patient Experience has been at the forefront of healthcare improvement over the last few years. However, many healthcare professionals & patients alike see a long way to go before PX is at the most optimal level. Everyday, dedicated teams work to build ways to better engage patients while providing treatment & care.

Healthcare leaders and patients share what they believe are current barriers to improvement & ways to overcome them.
In your opinion, what are two current challenges facing Patient Experience improvement?

BRANDI MCCORMACK,
Director, Outcome Measurement & Strategic Initiatives,
Alberta Health Services – In Consult with PE Team: Kyle Kemp, Rose Patrovic & Nancy Chan

- I would say two of our biggest challenges in such a large and busy provincial healthcare system are engagement of front-line staff and executives to use and act upon the patient experience data that has been collected. Furthermore, with our patient experience survey data there are a multitude of questions. It’s challenging to decide where to focus QI efforts – my team has been looking more into this issue and has published work both on the correlational analyses and qualitative themes to look at this in the adult population.

- Budgetary restrictions and cost of data collection across all sectors of the continuum of care is also challenging.

KARIMA VELJI,
Vice President Patient Care & Quality,
St. Joseph’s Health Care London

- Lack of coherence in nomenclature where many terms such as patient engagement, patient experience, patient partnerships etc. are used interchangeably.

- Patient experience is inclusive of three intersecting circles of: safety (do not harm me), quality (heal me) and service (be nice to me). Yet, we on the health care side tackle these issues in fractured ways. The magic is in harmonizing this integrated approach to patient experience. Patient engagement needs to be replaced with patient partnerships and this is one of several drivers of quality, safety and service (experience).

DIANNE GODKIN,
Senior Ethicist,
Trillium Health Partners

Engaging patients meaningfully in healthcare requires time, money, and commitment—all of these are in short supply. Finding ways to engage patients without placing an additional burden on them requires considerable creativity. Additionally, when engaging with patients, considerable thought needs to be given to ensure that all, including patients, agree on their role—Are they contributing their own perspectives and opinions? Are they representing a particular community of patients and if so, how is that best accomplished? Another question that must be addressed: How do you balance patient perspectives with evidence-based medicine, if the two are divergent?

MICHELE BELLOWS,
Vice President Patient Care Services & Chief Nursing Executive,
Perth and Smith Falls District Hospital

I believe the greatest challenge we face is related to the multi-dimensional nature of the patients’ experience, and staff attitudes/behaviours are factors influencing the patient experience. Organizations have to work towards changing long held beliefs about how staff relate to patients, their mindsets, attitudes and feelings. The Patient Experience is shaped, directly and indirectly, by individual and organizational factors that include existing culture and expectations.
In your opinion, what are two current challenges facing Patient Experience improvement?

**ANNE CAMPBELL,**
**VP Partnerships & Patient Experience,**
Huron Perth Healthcare Alliance

- An organization’s culture must be open to moving from a focus on patient satisfaction to learning more about patient experience. Understanding a patient or family member’s experience helps us learn more about how what we do impacts them verses whether they were satisfied with their visit.

- Competing priorities related to fiscal health and patient flow, create interference with greater understanding of the root cause for issues. Purposeful and meaningful patient and family engagement can guide discussions on continuous improvement with positive outcomes for fiscal health and patient flow.

**KAREN DEENY,**
**Head of Staff Experience,**
NHS England

- It has become increasingly clear staff experience drives patient experience. The NHS England work program for staff experience recognizes that focusing on the relationship between staff and better experience, could be the most important move for the healthcare system to make to improve experiences of care and drive better productivity. A current challenge within the NHS, is that staff and patient experience are most frequently managed, reported and improved, separately. We are currently working to identify, promote and share good practice relating to more integrated approaches to improving experiences of care for all.

- A further challenge relates to the need to drive improvement in experiences for patients and for staff along and across care pathways as well as within organizations.

**MAVIS AFRIYIE-BOATENG,**
**Clinical Nurse Specialist,**
Mount Sanai Hospital

The changes in funding to acute care settings (i.e. hospitals), which has created financial restraints leading to decreased resources. At the same time, the workload, patient volumes and complexity has increased, making it that much harder to really focus on patient experience when organizations are under pressure to improve fiscal responsibility.

**KATHY KASTNER,**
**Founder,**
BestEndings

- Patients, being patients, are not at their fighting best: vulnerable, fragile, not feeling well, not having sufficient resources. Stakeholders need to accept cost/benefit of improving patient experience and acknowledge as worthwhile investment.

- While the industry brings many solutions (Rx, devices etc.) engagement could/should include meaningful feedback from patients toward improving the experience (e.g. - relief from side effects, info about drug interactions).
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In your opinion, what are two current challenges facing Patient Experience improvement?

DEBBIE GRAVELLE,
Chief Nursing Executive,
Bruyere Continuing Care

Current challenges facing Patient Experience are lack of human resources, and the provincial funding model that does not include any non-physical or non-direct care. Therefore many of the programs and services to improve experience are not funded.

DANIELLE DORSCHNER,
Senior Director, Programs & Client Engagement,
Accreditation Canada

The 2 current challenges facing Patient Experience Improvement are:

• There are good intentions in healthcare organizations to improve the patient experience but they are challenged by what to do, how to get there, and who the people are that can help them.

• There are pockets of leading and exemplary practices in certain areas of the continuum but these are not necessarily spread or shared throughout the system.

PAT DOBB,
Executive Director,
Regional Care Coordinator Program

Two of the current challenges would be for all providers to work together on:

• Early identification of high-risk older adults so we may all focus on targeted interventions.

• Caregiver well-being and offer supports to relieve stress.

SHOSHANA HAHN-GOLDBERG,
PODS Project Co-Lead,
OpenLab at UHN

Two current challenges facing Patient Experience improvement are communication and integration between silos of care with the patient at the centre, and the ability to engage patients from all cultures and demographics. There are so many patients with chronic diseases and they have to manage a healthcare team that is often not working together, but rather each working individually. This can be a big job, and communication between systems of care and different healthcare professionals is essential, with the patient and their family or caregivers at the centre.

Additionally, there are many patients from differing backgrounds with barriers such as culture and language, which can have a large impact on patient experience. I think there is a long way to go in engaging and truly improving the experience of care for patients in this area.

LESLEY WIESENFELD,
Deputy Psychiatrist in Chief,
Mount Sinai Hospital

• Patients may vary in what they need/want/prefer so being patient-centred means being focused on both general needs and tailored responses.

• Limited resources and strains on healthcare providers who may want to improve the experience, but feel unsure how to mobilize the time or resources to do so.
In your opinion, what are two current challenges facing Patient Experience improvement?

PATIENT CONTRIBUTION:
KEITH TAYLOR,
Patient Advisor,
Thunder Bay Regional Health Science Centre

I believe the most challenging thing for improving the patient experience is the budget. All healthcare providers seem to struggle with staying under budget as costs rise and patient volumes increase. I don’t believe there is a shortage of good ideas and initiatives to improve the patient experience. It is a matter of what we can afford to do and how we can get the best outcomes for the money available.

Another challenge is how accurately we can measure patient experience results. We need to know if the practices we adopt are actually making an impact at the bedside. Sometimes we over-survey and analyze with confusing data.

CAREGIVER CONTRIBUTION:
STACEY RYAN,
Family Carer,
VHA Client & Carer Advisory Council

The barrier of access to information means patients are forced to rely on methods that do not include current technology to communicate with care providers. In a system where healthcare workers are pressed for time, and in many instances there is understaffing, movement has been slow toward using technology to allow patients to access their own files for easier process flow.

The goal of including patient voices in healthcare interactions means more time should be spent by healthcare providers to ensure patients receive the appropriate support to participate as experts of their own health or that of loved ones.

BARBARA CAWLEY,
Vice President Client Services,
VHA Home Health Care

• Being able to manage client expectations related to services, what self-management means and what the system can afford to pay for.

• Training frontline staff to acquire the skills needed to practice in a home care environment with increasing client complexities and acute care procedures now available in the home.

PATRICIA O’CONNER,
RN, MSCN, CHE, FFCHL, Independent Consultant, Clinical Improvement Advisor,
Canadian Foundation for Healthcare Improvement

• I look forward to when evaluation of patient experience is measured systematically in all organizations and discussed at the local levels with frontline care providers to determine how to improve service delivery. The new Canadian Patient Experience Survey (CPES) is an excellent survey tool. We need the ability to benchmark our performance internally and in comparison to other Canadian centres.

• Another challenge is the need to accelerate co-design work where patients are partners at the quality improvement tables alongside providers, and are testing new ideas informed by patient experience and other evidence.
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In your opinion, what are two current challenges facing Patient Experience improvement?

**ANDREA MOSER,**
*Family Physician, Medical Director, Baycrest Centre*

The healthcare system is very complex and difficult for patients and caregivers to navigate, particularly during transitions of care. Energy and attention is focused on navigating the system, and opportunities to inform and bring the patient voice and experience forward are not always readily available.

**NANCY SAVAGE,**
*EVP Patient & Family Experience, Royal Victorian Health Centre*

Two challenges that can impede Patient Experience improvement are:
- Culture
- Lack of strategic direction

**REV. C. JOYCE HODGSON,**
*Patient Experience Partner Co-Chair, Bluewater Health*

There is always a challenge for staff that find change the most threatening. Our Patient Experience Partner program lifts up Appreciative Inquiry to appeal to the strengths of the organization and especially to the giftedness and commitment of the staff and volunteers to making sure each “Emily” or each patient and family member receives exceptional care, every time.

The second challenge is updating our Family Presence Policy so that families will be able to freely accompany their loved ones on their healing journey, something we hope to accomplish by the end of October.

**TARA SAMPALLI,**
*Assistant Director Research, Quality and Knowledge Management, Nova Scotia Health Authority*

A patient’s experience of care can be very multi-dimensional and driven by a multitude of factors within the healthcare system. We talk about complex patients, but often times it is the system (us) that is complex. Some challenges that can impede the process can be:

- Absence of engagement - If we truly want to make a difference, we need to reach out and understand from those that can identify the opportunities and solutions, namely, our patients.
- Lack of infrastructure - Implementing and sustaining patient experience improvement strategies often requires system-level supports such as education, training and leadership, which require time and commitment at all levels.
In your opinion, what are two current challenges facing Patient Experience improvement?

KOWSIYA VIJAYARTNAM,  
Patient, Family & Public Advisory Council Co-Chair,  
Health Quality Ontario

- Feedback loop: No known system exists where patients (including family, and caregivers) are able to provide instant feedback (i.e. Yelp, etc.). A concept like this would go a long way in improving quality and holding systems/people accountable.

- Transparency: Healthcare facilities (i.e. long-term care, hospitals, CCACs) at bare minimum should have patient representatives at decision-making level, and priorities should be explicitly shared. Lack of transparency makes the system very mysterious resulting in minimal improvement.

VANESSA REDDITT,  
Family Physician,  
Crossroads Refugee Clinic

ROSEANNE HICKEY,  
Primary Care nurse practitioner,  
Crossroads Refugee Clinic

Financial constraints within the health system can limit the provider’s ability to facilitate timely access to resources. Long waits and other obstacles disproportionately affect marginalized patients, who may have neglected health needs, especially in the domains of mental health and chronic disease. Additionally, patient-provider encounters are often compressed into brief visits, with limited time for comprehensive discussions regarding patient priorities, values, and concerns and to ensure optimal understanding and collaborative decision-making.

The lack of coordination among services and specialties, even across major urban centres, is another significant challenge. Patients may need to travel to multiple clinics and hospitals, which can be disorienting and inconvenient, particularly for newcomers. Furthermore, records are not always integrated across sites, which can lead to duplication or gaps in care (however, this is gradually improving).

RHONDA ELLACOTT,  
EVP Patient Services and Chief Nursing Executive,  
Thunder Bay Regional Health Sciences Centre

Challenges in patient experience improvement begin with the defining of patient experience; from beyond patient satisfaction to a definition that is all encompassing and includes safety, access, equity, effectiveness, patient/family centred perspective, timeliness and efficiency.

JOANNE BROWN,  
Client Services Manager,  
South East CCAC

- Financial constraints and human resources.
- Capacity to respond to preferences.
- Ability to generalize input from a few to all patients.
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