



Understanding & Measuring Patient Experience

Spring CEANing 2019
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SFU Harbour Centre Downtown
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Introduction

Understanding a patient's experience, when they receive health care, is integral to improving person-centred care. However, being able to comprehensively measure that experience can be a challenge. At this year's Spring CEANing, 40 members of Vancouver Coastal Health's (VCH) Community Engagement Advisory Network (CEAN) gathered to help us to understand what makes a healthcare experience good, and what makes it poor. What are the important elements that contribute to both good and poor experiences?

Remembering the Quality Gap

After a warm welcome from VCH's VP of Public Health and Chief Medical Health Officer Patty Daly, the CE team presented on a previous CEAN Forum topic: *The Quality Gap* to provide some background for the day. At the CEAN Forum in November of 2012, CEAN members participated in a workshop to identify the key elements that patients and family members felt contributed to quality of care. 11 elements were identified as can be seen below. These elements were then compared to the 8 dimensions that VCH used to conceptualize quality. This comparison helped us to better understand if we were measuring things that were important to the public, and if we were reporting out to the public on quality in ways that were meaningful and accessible to them. Click [here](#) to read the full report from 2012.

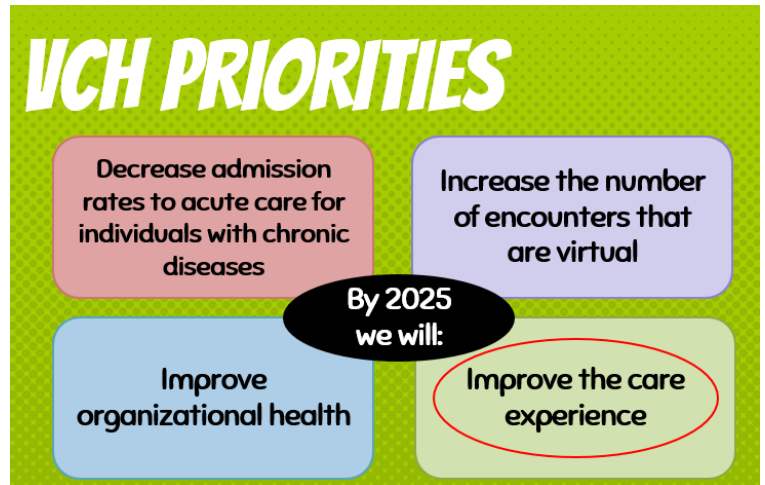
The inner circle of the pie chart shows the public's definition of the **QUALITY OF CARE (11 THEMES)**.

Outside of the circle are the **8 VCH Quality Dimensions** matched as closely as possible to the public's views.



Understanding & Measuring Patient Experience

Two members from VCH’s Quality and Patient Safety team then led CEAN members through a highly interactive workshop on patient experience. Serena Bertoli-Haley (Quality Improvement and Patient Experience Leader) and Kerry Campbell’s (Regional Project Manager, Quality, Patient Safety & Infection Control) first informed CEANs about the patient experience work currently going on at VCH. One of VCH’s 4 top strategic priorities is to improve the care experience of patients and families by 2025. A Patient Experience Steering Committee and Working Group have been formed, which includes VCH and Providence Health Care (PHC) staff as well as members of CEAN. To date the committee and working group have supported the creation of a high-level definition of patient experience as well as an over-arching question – a global, comparable measure of patient experience. We are calling this our Tier 1 metric: a high-level pulse-check for the whole organization, which will be supported by other questions/measures of experience (including department-specific questions) to gather more actionable feedback. These will become Tier 2 and Tier 3 metrics.



VCH/PHC’s Patient Experience Definition:

‘Patient experience’ is what the process of receiving care feels like for the patient, their family and caregivers. It is a key element of quality, alongside providing clinical excellence and safer care.

Click [here](#) to view the presentation from the Patient Experience workshop.

ACTIVITY #1: Best & Worst

Once the context of patient experience work at VCH was set, the first activity had CEANs discussing their best and worst healthcare experiences and what made these experiences good and poor. A pre-forum survey also posed these questions and the word clouds below represent what was shared.



Good Experience



Poor Experience

And here are word clouds that we created from the group discussions during Activity 1 at the forum:



Good Experience

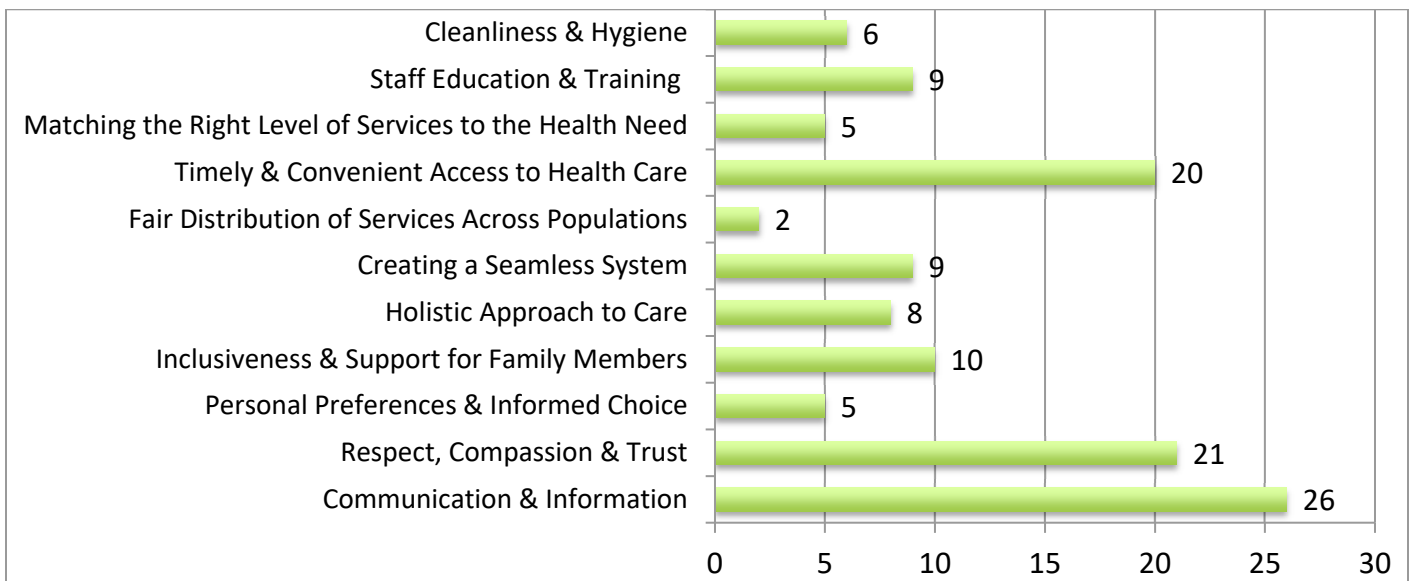


Poor Experience

We can see some common elements emerging from both exercises, primarily around communication, timeliness, information and patient-centeredness which help us to identify the conditions that can lead to good and bad experiences. Click [here](#) to have a look at all the feedback given at the forum on what makes experiences good and bad.

Activity #2: The Top Three Quality Dimensions

The second activity had CEAN members vote on the top 3 quality dimensions that they felt VCH needed to start with to improve patient experience. Although all the dimensions are important, we need to prioritize the dimensions that contribute the most to overall experience, to help determine where to make the most impact. Below are the results of the vote:



The top three quality dimensions identified (by a landslide) were:

1. Communication & Information
2. Respect, Compassion & Trust
3. Timely & Convenient Access to Health Care

This prioritization exercise further helped us to understand the dimensions of quality that patients and families feel most impacts their health care experiences. Looking at other patient experience data that is available provincially, we are seeing some real alignment on what elements contribute to good patient experiences and bad ones.

Activity #3: When it's Done Right

CEAN members were then given one of the top three priorities to discuss at their tables using three scenarios.

1. What does your priority dimension look like when it is done right? Here CEANs were asked to identify how they felt and what the key defining points were when it was done right.
2. Imagine you are training the next generation of health care providers. What observable behaviours would you want to see as the basic standard of care for your dimension?
3. Imagine you are the VCH CEO. What would you want to measure to ensure that we get it right all the time?

Let's take a closer look at the feedback the CEANs gave on the top three quality dimensions based on the questions above.

Quality Dimension: Communication & Information

Communication & Information		
When It's Done RIGHT	Observable Behaviours	Measurable Elements
<ul style="list-style-type: none"> • include patient, family in decision making • listen carefully • explain things clearly, ensure understanding • information on what to expect, what happens next • Address fears, anxieties • No discrimination, condescending behaviour • open, honest communication • team-based care, teamwork and communication among care team • cultural safety 	<ul style="list-style-type: none"> • Include family in discussion • Body language, tone, attitude: smiling, good eye contact • pay attention to patient, not computer • use plain language • know how to support patients' mental health • Ask how can I help? • Refer by name, not dx • Consistent point person • Continuity: share story once • Communication + teamwork between care team, no power struggles • cultural humility 	<ul style="list-style-type: none"> • Patient adherence • Readmission rate • Teachback (understanding) • Overall experience • Involved as much as wanted to? • Family involved as much as wanted to? • Do you feel you were listened to? • Do you understand your diagnosis? • Did you get answers you could understand? • Address fears, anxiety? • Treated with courtesy and respect? • Cultural needs respected?

Quality Dimension: Respect, Compassion & Trust

Respect, Compassion + Trust		
When It's Done RIGHT	Observable Behaviours	Measurable Elements
<ul style="list-style-type: none"> • Confident & trusting in care provider • Introductions by name/role • Respectful of privacy, dignity • Encourage my questions • Visible hand hygiene • Meet me where I'm at • Celebrate progress • Ask where I need extra help • Development of a partnership, trust • Feel heard, appreciated, comforted • Makes me more open to guidance 	<ul style="list-style-type: none"> • Introduce yourself by name/role/what you are there to do • Explain why questions need to be asked • Give a "heads up" for conversation • It's okay to be human • Creativity, think outside the box • Be aware of other resources • See patient as individual with spirit/mind/body • Sincere engagement with the patient • Actively listen, paraphrase • What matters to you? • Emotional intelligence • No arrogance • Holistic approach care 	<ul style="list-style-type: none"> • Complaints, compliments • Ratings of care providers • Real-time patient experience: • Confidence and trust in team? • Introduced ourselves? • Address fears, anxieties? • Answer questions understandably? • See providers cleaning hands? • Discuss post-discharge needs? • Respect preferences, cultural/spiritual needs? • Listened carefully? • Involved me as much as wanted? • Open ended questions • Requests for follow-up

Quality Dimension: Timely & Convenient Access to Health Care

Timely + Convenient Access to Health Care		
When It's Done RIGHT	Observable Behaviours	Measurable Elements
<ul style="list-style-type: none"> • Timely access to my GP • Self-management, prevention • Less need for ED • System navigation • Thorough handover and transitions • One health record I can access • Continuity between acute and community • Equity: removing barriers • Telehealth to overcome geographic barriers • Access to MHSU services • Gathering background info/family involvement • OK to wait with adequate support • Providers know available services, referrals • Variety of supports based on needs 	<ul style="list-style-type: none"> • Recruit for future, primary care • Continual training (i.e. MHSU, dementia, cultural safety) • Communication about what to expect • Health promotion and self management • Not limiting visits to 10 minutes/1 issue • Interdisciplinary collaboration, handover • Technology, virtual care options • Know your community, don't make assumptions • Partnership, let patient decide priorities • Know resources available, how to navigate • Harm reduction • Holistic assessment 	<ul style="list-style-type: none"> • # people with GP, Wait to see GP • How consistently self-care is discussed • Time to triage, dx, surgery, specialist, follow-up • Undercover observations/tracers • Community health assessment • Fulfilled referrals • Virtual health care use, experience • Overall experience • Told what to expect next? • Told reason for wait? • Listened carefully? • Confidence in next provider having info? • Would recommend virtual care? • Stigma? Respect preferences, cultural/spiritual needs? • Did you get the care you needed when you needed it? • Care in a format that worked for you?

Next Steps

CEAN members provided great insight into what needs to be done and measured within the top three quality dimensions to improve patient experience. Many of the comments were not surprising, particularly those related to wait times and navigating the system. Some of the comments were unexpected and showed us a different side of the story. They challenged us to “think outside of the box” and supported that healthcare is about caring for the whole person. Feedback from the forum is now being used to inform the larger patient experience work happening at VCH. In particular, themes that CEANs identified in the feedback will help to support the inclusion of specific questions in the Tier 2 and Tier 3 levels of patient experience surveys. The feedback will also provide a basis for two patient experience pilot projects happening in the Summer/Fall of 2019. We will keep CEAN updated on how the feedback will be used as we progress in our patient experience work.

Celebrating 10 years

This July marks the 10th anniversary of CEAN! Over the past 10 years, CEAN has grown to over 320 people and worked on over 425 engagement processes! Our numbers have consistently gone up every year, which has supported the practice and culture of engagement at Vancouver Coastal Health. We were very happy and honored to take time at the forum to celebrate this milestone with many CEAN members who have been there since the very beginning. Thank you for being CEAN!



CEAN members and staff celebrating their 10th anniversary



Storytelling Workshop

In the afternoon the CE team focused on a project they are doing this summer with their practicum student, Natalie Buglioni from Simon Fraser University's Masters in Public Health Program.



Stories can be a powerful way to influence change. While statistics are often used to inform decision making in healthcare, numbers can mask individual patient experiences. Many other health entities have begun collecting patient stories to help improve the quality of health care. The CE Team at VCH sees this as a great opportunity to include the patient voice in decision making, and is developing a toolkit that will help inform staff how to collect and use patient stories for quality improvement within VCH.

In our afternoon brainstorming session, CEAN members had the opportunity to discuss and respond to four key questions by writing directly on, or placing post-it notes on, posters dispersed throughout the room. The four key questions included:

1. What are the important elements of a story to affect change?
2. What needs to exist in order for you to tell your story? What does VCH need to provide to make it safe and supportive?
3. How would you want to tell your story? E.g. video, in person, via peer interview, other?
4. How should stories be presented to affect change? E.g. to the board, senior leadership, frontline staff?



What we heard

Six main themes emerged from the responses provided by CEAN members:

- Story structure
 - Stories should be well organized, not too long, and include take-home messages.
- Story qualities
 - Stories should be truthful, passionate, include recommendations, and use emotion to connect with the audience, while avoiding anger and aggression.
- Ways to use stories
 - Some ways to use stories include: conferences, education and staff training and workshops.
- Ways to tell stories
 - Some ways to tell stories include: interviews, peer interviews, email, phone or voicemail, and online engagement platforms.

- Requirements for a safe storytelling environment
 - To create a safe storytelling environment, staff need to: listen and be open-minded, supportive, patient, and accepting of patient experience as their truth. Protocol must be in place to ensure that patients don't experience any negative repercussions from sharing their story.
- Logistical considerations for staff
 - Some considerations include: consent and ownership of stories, transparency in how stories will be used and/or edited, provision of emotional support for storytellers, and ensuring stories will be used and listened to.

Storytelling Mind Map

Natalie created this mind map based on all the feedback to show the elements that emerged for each of the 6 themes. You can click [here](#) to view the Storytelling Mind Map online.



Next Steps

The responses provided at the CEAN forum will help to inform what will go into the Storytelling Toolkit. Specifically, CEAN member concerns will be addressed in the section which will inform staff on how to collect patient stories. The next step in this project will be developing a template that can be used to help patients write their stories. An additional engagement will be held to pilot test the template before the toolkit is finalized.

Spring CEANing 2019 Evaluation

We received a total of 35 evaluations. Overall, satisfaction for the day was high to very high, with top marks going to facilitation and attendees views being respected and listened to. As usual, we received some great and useful feedback for when we are planning our future forums. Click [here](#) to view the evaluation summary.

Here are some quotes from the evaluations:

“Great opportunity for connections with others, good structure & facilitation”

“I liked reconnecting with dedicated individuals who are passionate about supporting and making continuous changes to our health system”

“It would improve the event to have clear information about the steps and timelines, how the feedback provided will be used by healthcare providers, how it will be enforced, evaluated, etc....”

“One thing participants wonder about is do their suggestions get heard/read by decision makers? I’ve heard much frustration over this. Some indication that “the top” received the ideas would be great”

“Thank you for organizing this and also for catering to special dietary requirements. You are extremely appreciated and valued!!! It was a pleasure to celebrate your 10th anniversary with you!”

“Best forum ever”

Thank you for your feedback and support around the forums.



To see more photos from the event please click [here](#).