

EDITOR'S NOTE

I went in for a routine screening as a patient years ago, having just written for CHA about the latest electronic medical record advances, to have a care provider write some of my details on a sticky note and slip it in her pocket to add to my files later. Strapped for time, she was undoubtedly doing the expedient thing, if not perhaps the one with the greatest likelihood of making sure the right information went into the right file.



**BETSY
TAYLOR**

More recently, I had an allergic reaction to a shot in my arm and returned home with my eye swelling shut. I tried calling the doctor's office located in a major health care center several times, and no one picked up. I drove back over (once again navigating a parking garage, elevator and hallways to a high-rise) and tried to explain to the front desk what was happening, but it took a while as the woman at check-in seemed unwilling to look up from her electronic devices to look at me — the patient.

Minor issues, barely worth mentioning, except that this is an issue about Improving the Patient Experience, and I suspect we all, as patients, have experiences like these. It has been several years since physicians and authors like Abraham Verghese and Atul Gawande so clearly described how technology needs to be designed to be in service to care providers and patients, and not the other way around. If you're a health care executive, clinician or support staffer, frequent adjustment may be the norm. Get used to one system, and it's bound to change — hopefully, but not always, for the better.

The patient experience in a health care setting involves data, and of course, much can be learned from that data and related research. Multiple articles in this issue explore how effective communication, data analysis and improved processes can improve quality, safety and outcomes.

But it's striking, too, what cannot entirely be

quantitatively measured: how we care for everyone as God's children; the reassuring hand of a nurse on a patient's shoulder; the chaplain who stops by to listen and offer a blessing. The article written by CHA's Director of Mission Services, Jill Fisk, delves into theology related to blessing and what that divine affirmation for self and others means to build the culture of a Catholic ministry.

We've made several technology changes in-house at CHA, and I joked with a colleague in the hall, borrowing a title from an old *Terminator* movie, that our current age strikes me as *The Rise of the Machines*. I, perhaps like some of you, have a love-hate relationship with technology. It's grand when it makes my life easier, and it's astonishing the libraries of information we have at our fingertips. Writer Kelly Bilodeau's article on how Extended Medical Reality is used in health care is a thoroughly intriguing look at some of the ways the doors of technology are opening wider, expanding our vistas and the ways we experience the electronic and broader world.

But as ethicist Johnny Cox with the Alliance of Catholic Health Care explores in his essay on resisting the medical-industrial complex and its tendency toward depersonalization, it is in the sometimes hard-to-measure ways we deliver care that distinguishes Catholic health care. The Holy Spirit dwells among us in the work we do, Cox reminds us. May we remember every day that honoring the human dignity of one another is a choice, a choice well-made when it grounds our work and our interactions with each other.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, Fall 2023, Vol. 104, No. 4
Copyright © 2023 by The Catholic Health Association of the United States
