





Listening to Patients to Improve Health Care Experiences

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Contributor to *Health Progress*

Hospitals and medical facilities place a strong emphasis on not just medical care, but the whole patient experience around it — including before, during and after a hospital stay — and always look for innovative ways to improve it. This is especially so after the COVID-19 pandemic, which led to high patient dissatisfaction due to staffing shortages, cutbacks and other circumstances.

When health care systems ask patients and their loved ones what they need and take the time to listen, they better respond to what matters to those they serve. Patient experience is such an important part of today's medical landscape that entire organizations, such as The Beryl Institute, have made it their mission to focus on this topic.

"It's not simply what happens in clinical boxes," says Jason Wolf, president and chief executive officer of The Beryl Institute and founding editor of the *Patient Experience Journal*. "Every interaction someone has in a health care system — not just with providers and clinicians, but with the front desk person, the valet person, the person who sends you your bill or calls to collect from you — all of those interactions comprise someone's health care experience, the perceptions they have of you in the community."

As a global community and organization that focuses on patient experience research, The Beryl Institute defines patient experience as "the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care."¹ Improving the patient experience can manifest in many ways, but many health organizations use patient advisory boards

or councils — made up of former patients, families, other community members and sometimes staff — to get the pulse on patients.

Still, there is no single, cookie-cutter approach that works for all institutions — nor should there be, says Wolf. "We know that not everybody can, nor should they, follow the same steps. So we work to ensure people have access to the information that will best help them address the populations they serve, the kind of organizations they are and the challenges they face. These are different for every health care system, depending on where they sit in the world."

WHAT PATIENTS AND FAMILIES REALLY WANT

At Saint Joseph Hospital — part of Intermountain Health — in Denver, one of the approaches to gauge and improve patient experience is the hospital's Patient and Family Advisory Council, which holds monthly in-person meetings. The council is made up of former patients, community members and staff.

"You have a lot of politics in the hospital and budget considerations, but we seem to get it done," says Louie Cohn, a council member and former Saint Joseph patient.

A decade ago, Cohn, 70, suffered a heart attack while running a race. He was rushed to Saint Joseph Hospital, where he ended up having to undergo sextuple bypass surgery and was in the hospital for about a week and cardio rehabilitation for a month. He eventually came out with a clean bill of health but, to be safe — and because he liked the staff so much — he decided to continue to come in to see the rehab team. More than 10 years later, he remains in touch with some of the people who took care of him.

Cohn's hospital and rehabilitation experience was such a positive one that he knew he eventually "wanted to give back." So, when the hospital reached out to him nearly seven years ago and asked if he would like to be a member of its Patient and Family Advisory Council, he jumped at the chance.

Today, Louie Cohn remains a huge advocate of patient advisory councils and easily rattles off numerous examples of how the council has helped bring about positive changes at Saint Joseph. "It's amazing what our little committee gets done: making better signage, making the rooms safer, better communication — just everything, really," he says.

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Before the council made improvements in the emergency department, some patients perceived aspects of it as "kind of a hot mess," according to Cohn. "We went in there and helped reorganize the flow. It was also hard to get out, so we made some better signage so people could get out when they were done." In addition, they added personal

touches to the hospital's neonatal intensive care unit to make it a more inviting place for families experiencing a stressful time.

The council has been around since 2012, according to Sarah Owen, director of service excellence at Saint Joseph Hospital and the council's chairperson. "It's almost like a focus group, where we can just take any of the projects that we're working on as a hospital and get their feedback on it," she says. "It keeps us grounded and thinking of what our patients and our families really want."

The recruiting for the council can be difficult though, says Owen. Former patients often have a lot going on. For example, having a new mother on the council would be helpful — but giving feedback is not high on their priority list due to other obligations as a new mom, says Owen.

The hospital serves a large number of people who are homeless, and Owen had hoped to recruit someone from that population for the council, but she kept running into dead ends. Instead, she recruited someone who works at the Colorado Coalition for the Homeless, which works toward homelessness prevention and solutions for community members throughout the state. "She's great at being a voice for them, advocating for them and even a partner for our hospital, because a lot of our patients go over to them to seek further care when they are done with us," says Owen.

To effectively improve the patient experience, it is vital that hospitals and health care organizations recruit people who reflect the populations they serve, according to The Beryl Institute's Wolf — or at least find innovative ways to reach them and gain their feedback.

"There has always been a struggle to ensure diversity, inclusivity and representation on patient and family advisory councils, which is still a struggle today," says Wolf. "This is a critical piece, because in order to best serve your community, you need to actually hear from the range of voices representing the communities you serve."



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— JASON WOLF

The folks that have to work three jobs and don’t have time to volunteer their time aren’t usually the people that end up in these roles. So that is a challenge.”

It is also important to engage with patients who might not agree with everything a hospital does, says Sammy Twito, Montana regional director of service excellence at Intermountain Health. “It’s really easy if we choose people who are going to tell us what we want to hear,” she says. “So we do also look for individuals who are going to bring a new perspective and maybe challenge the way that we think of our practice and how we do our work. And it’s so important when we can think about how we can engage them. We ideally would love our patients to be involved in policy development and having a seat at the table in all decisions that are made within our organization, because they really, truly are the primary focus for who we serve and what we do.”

TAKING A DIFFERENT APPROACH

For Dr. Ghazala Sharieff, corporate senior vice president and chief medical and operations officer of acute care with Scripps Health in San Diego, her own experience with a young patient and his grandmother at a children’s hospital many years ago made her take an innovative approach to improving the patient experience.

A seven-year-old boy was complaining of rotating leg pain and fever and had been to three different community emergency departments in the span of a couple of weeks. The X-rays kept coming back negative, but Sharieff decided to ask the grandmother a simple question before letting them leave the ER: “What is your greatest concern?” The grandmother said, “That he has can-

cer.” Sharieff listened and had a blood test performed. It turned out the boy had leukemia. Listening to the patient and their family made all the difference.

When Sharieff came to Scripps in 2018 as the first chief experience officer, she brought this interaction with her, and the experience led to the creation of Scripps’ One Thing Different campaign. “It’s where the staff gets to decide what they’re going to do differently than what they’re already doing to help our patients in their journey in health care,” explains Sharieff.

When it comes to patient feedback, Scripps has decided to not use an advisory council with regularly scheduled meetings but focus instead in other areas, such as patient satisfaction surveys and a group of current patients who have signed up to answer questions, when asked, around patient experience or quality through the “Scripps Listens” program (the program was paused during the pandemic but the health system hopes to resume it). Scripps invited comments through a notice on its patient portal homepage and by putting out postcards in common areas at its locations.

For example, Scripps was redoing some of its billing, specifically bills mailed to patients. While staff may think it’s clear and easy to understand, others may not, says Sharieff. “Who better to ask than our patients? So, we asked, ‘What would be helpful for you? How do you want to see it organized?’ And we made changes that way,” she says.

Since Scripps has five hospital campuses and numerous outpatient centers and clinics, Sharieff prefers this approach because she can reach more people at once whenever she needs to get a question answered or patients’ thoughts or opinions on a topic.

Hospital board members spend time in the community, which is another way Scripps gauges patient satisfaction. “They get feedback about what’s going well, what we can improve, what they are hearing, and they bring that back and report to me. So, we’ve got multiple different ways for getting the voice of the patient into our organization without having just a separate advisory board.”

Scripps also uses patient satisfaction surveys, but Sharieff’s goal is always to get to the patients before they fill out the surveys. For those patients staying at the hospital overnight, she does this by having them visited once every hour (even during sleep hours to monitor patients but without waking them) to reduce the need for patients to use their call buttons and to get their feedback in real-time.

Sharieff’s staff constantly adjusts, whether from an interaction with a patient or comments from surveys that show areas of potential improvement. “We will pivot and start focusing some initiatives around those,” she says.

MORE THAN JUST ‘CHECKING A BOX’

The best way patient advisors can be engaged and help improve the patient experience is to not “use them to check a box,” says The Beryl Institute’s Wolf. It’s not enough to simply have a council but to engage that council and the people on it as partners to help make actual change. By engaging with current and former patients, says Wolf, “you see people truly listen to and honor the voices of patients and their families in a way that really matters.”

ELIZABETH GARONE is a freelance writer who has covered a wide range of health, business and human interest topics. Her writing has appeared in *The Wall Street Journal*, *The Washington Post*, *BusinessWeek* and *The Mercury News*, among other publications.

NOTE

1. The Beryl Institute, <https://theberylinstitute.org>.

QUESTIONS FOR DISCUSSION

Writer Elizabeth Garone takes a look at several ways that health care systems solicit feedback from patients and how they learn from this information to adjust patient experiences.

1. How does your health care system gather feedback from patients? And in health care, where plenty of data is gathered, how is this feedback analyzed and shared with care providers in meaningful ways?
2. When your system or setting asks for opinions and ratings from patients, does it conduct follow-ups to let patients know their concerns are considered and taken into account? If so, how does it do this?
3. This article makes the point that situations such as being sick, busy or without a lot of resources can be some of the greatest challenges preventing individuals from joining patient advisory councils and for hospitals getting feedback when trying to gauge the patient experience. What more can be done to reach these populations? Is there a way to get their responses while also making sure it’s easy for them to do?
4. When engaging in the healing ministry of health care in Catholic facilities, it can be challenging to respond to every patient as a child of God. How are you called in the ministry work to respond with compassion and care to every person you encounter? What can you do if you are tired, overwhelmed or have a particularly difficult experience with someone to recharge and reset, so you don’t carry that negative interaction forward?

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