

Patient Experience: Make It Simple

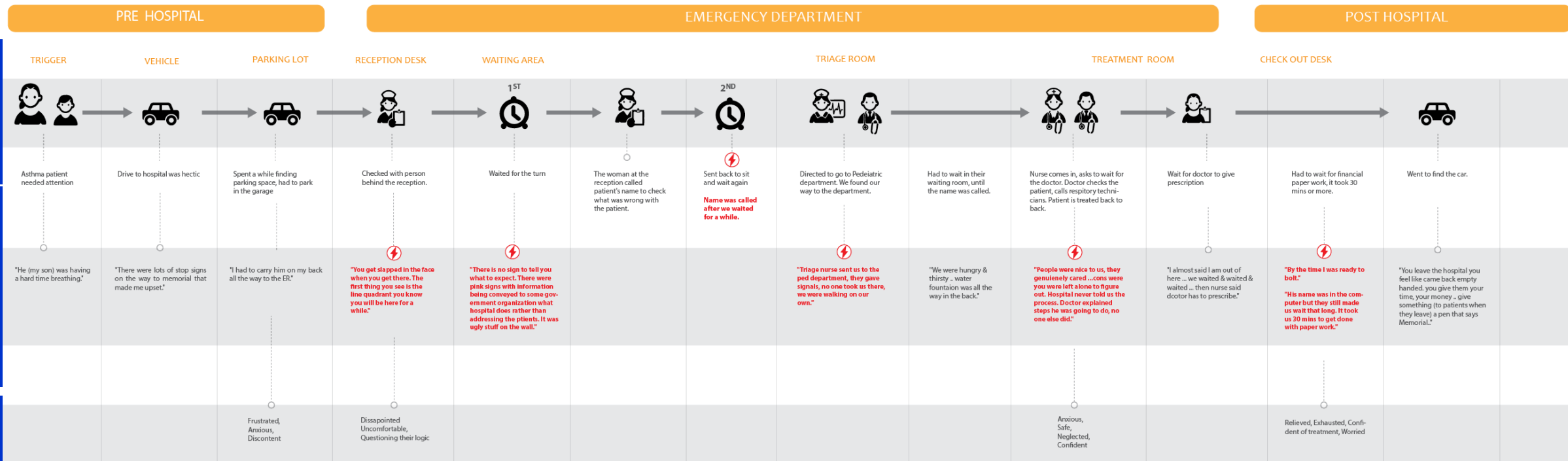
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Why Make It Simple?

A Patient Journey Map. It Looks Good, But...

Journey Map- Recurring Patient

This journey map are an illustrates the user journey of a specific user type, the evidential patient.



Make It Simple

Instead of asking many questions to a few patients

Ask only 2 questions to many patients:

- What is good for you?**
- What would you recommend us to improve?**

Then combine the finding into a Patient Journey Map

Without Asking

Bonding with Excellent Service Behavior (ESB)



Face contact
Eye contact
Smile
Greeting
Offer help

มองหน้า
สบตา
ยิ้ม
ทักทาย
ได้ถาม
ตามส่ง

**Good relationship is an
immune to everyone.**

Change From Jackal Talk to Giraffe Talk

JACKAL TALK !!

language that hurts

- blaming
- criticising
- judging
- demanding



Giraffe Talk

language of the heart

- observing
- connecting
- feeling
- requesting



Make a list of Jackal Talk
Create alternative Giraffe Talk
Practice frequently

	BLAME	EMPATHISE
INTERNAL	Blame yourself	Sense own feelings and needs
EXTERNAL	Blame others	Sense other's feelings and needs
	(Jackal)	(Giraffe)

Momma Test

Will I do as what I'm going to do, if this patient is my mother?



Compassionate Care Bundle: AIDET, Hello My Name Is, My Board

A	Acknowledge	<i>Benefit:</i> Increase safety and Patient loyalty <i>Key message to patient:</i> "You are important."
I	Introduce	<i>Benefit:</i> Decrease anxiety <i>Key message to patient:</i> "You are in good hands."
D	Duration	<i>Benefit:</i> Increase compliance <i>Key message to patient:</i> "I anticipate your concerns."
E	Explain	<i>Benefit:</i> Increase quality of experience <i>Key message to patient:</i> "I want you to be informed and comfortable."
T	Thanks	<i>Benefit:</i> Increase patient loyalty <i>Key message to patient:</i> "I appreciate the opportunity to care for you."


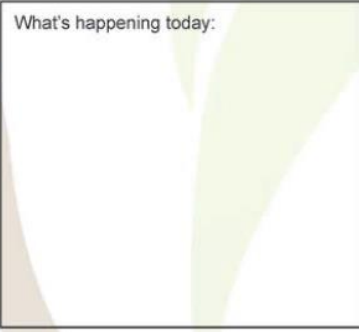
Figure One, AIDET from the Studer Group.

hello my name is...

provides a collaborative first impression and sparks a relationship

Figure Two, Hello my name is...

My Board South West Hospital and Health Service
Building better health in the bush

Day: <input type="text"/>	Date: <input type="text"/>	My care team members: 
<input type="text"/>	<input type="text"/>	
I like to be called: <input type="text"/>		What's happening today: 
What's important to me: 1. <input type="text"/> <input type="text"/> 2. <input type="text"/> <input type="text"/> 3. <input type="text"/> <input type="text"/>		
My questions / My family's questions: <input type="text"/>		
My care instructions: <input type="text"/>		

keep clients updated and provides an avenue for clients and families to stay connected and ask questions

Figure Three, My Board

Compassionate Care Bundle: Purposeful Hourly Rounding

- Policy that has become a standard practice
- Checking on each patient the nurse is assigned and assessing for
 - Safety risk
 - Change in the patient's condition
 - Pain
 - Additional needs they may have

KEY WORDS

"I'm here to do my hourly rounding."

"What can I do to make you more comfortable?"

"I want to make sure you have everything you need."

"Someone will be back in to round on you in about an hour."

"Is it okay if I close the door for your privacy?"

"What else can I do for you while I'm here?"

Compassionate Care Bundle: Clinical Handover at the Bedside



THAI C3THER:

- Care
- Communication
- Continuity
- Team
- HRD
- Environment & Equipment
- Record

Principles for Best Practices in Clinical handover:

- 1 Preparation
- 2 Organization
- 3 Environment awareness
- 4 Transfer of responsibility and accountability
- 5 Patient/care involvement

Figure Four, Clinical Handover at the Bedside.

Compassionate Care Bundle: Telephone Discharge Follow-up

South West Hospital and Health Service

(Affix identification label here)

URN: _____

Family name: _____

Given name(s): _____

Address: _____

Facility: _____

Date of birth: _____ Sex: ☐ M ☐ F ☐ I

Post Discharge Phone Call

Prior to patient discharge, discuss and obtain consent for follow up phone call

Patient consents for follow up phone call ☐ Yes ☐ No Best time to contact ☐ AM ☐ PM ☐ Any

Person to contact: ☐ Patient ☐ Family/Friend/Carer (Relationship): _____

Name: _____ Contact Number: _____

Admission Date: / / Discharge Date: / /

Discharge Diagnosis: _____

Attempt at Contact

Date	Reason not reachable	Action required	Date of next call (24-36 hrs)

Day of follow-up phone call - Introduction and purpose of call

Date: _____ Time: _____

Script: Hello (patient name), My name is (Caller Name) from (Hospital name/ name of service - SWHHS). As part of our service, we are following up on you after your recent admission. Do you have the time to answer a couple of questions about your hospital stay and your discharge? It will take about five minutes. Is this a good time?

Spoke to: _____ May need to call back at: _____

How have you been since discharge? _____

Questions (tick box if questions asked under section heading are relevant to the patient's care)

Do you know what the condition was that brought you to hospital? ☐ No ☐ Yes

During your admission were your tests and therapies explained to you? ☐ Yes ☐ No

Were the discharge instructions clear and understandable? ☐ Yes ☐ No

Do you have any questions about your discharge information? ☐ Yes ☐ No

Are you having any unusual symptoms or problems related to the condition that brought you into hospital (specific problem i.e. dressing, pain) ☐ Yes ☐ No

Medicines

Did you have any medication changes while in hospital? ☐ Yes ☐ No

If yes, have you filled your new prescription(s) yet? ☐ Yes ☐ No

Did you receive a Medication Summary on Discharge? ☐ Yes ☐ No

Do you have any questions about your medications or any possible side effects? ☐ Yes ☐ No

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Post Discharge Phone Call

South West Hospital and Health Service

(Affix identification label here)

URN: _____

Family name: _____

Given name(s): _____

Address: _____

Facility: _____

Date of birth: _____ Sex: ☐ M ☐ F ☐ I

Post Discharge Phone Call

Clarification of Appointments

Have you seen your GP since being discharged from hospital? ☐ No ☐ Yes ☐ N/A

If no, do you have an appointment? ☐ No ☐ Yes - when: _____

Are you able to attend? ☐ No ☐ Yes ☐ N/A

Do you have a plan if you are unable to attend? ☐ No ☐ Yes ☐ N/A

Do you have any other appointments planned? ☐ No ☐ Yes - when: _____

Are you able to attend? ☐ No ☐ Yes ☐ N/A

Do you have a plan if you are unable to attend? ☐ No ☐ Yes ☐ N/A

Coordination of Post Discharge Home Services (if applicable)

Do you have other services visiting or appointments made? ☐ No ☐ Yes ☐ N/A
(Community Health Nurses, Physio, Blue Care)

If yes, who with and when? ☐ No ☐ Yes ☐ N/A

Did you require equipment? ☐ No ☐ Yes ☐ N/A

Has it been delivered? ☐ No ☐ Yes ☐ N/A

Have you received the care you were expecting post discharge? ☐ No ☐ Yes ☐ N/A

If not, why? _____

Can I assist you with this issue? ☐ No ☐ Yes ☐ N/A

What to do if a problem arises

If you have an urgent but non-emergency situation, do you know what to do, who to call e.g. GP appointment or ring 13 432 564 (13 Health)? ☐ No ☐ Yes

If you have an emergency situation, do you know what to do, who to call e.g. Triple Zero? ☐ No ☐ Yes

Service Improvement

Do you have any suggestions to improve our service? ☐ No ☐ Yes

Is there anything else I can do for you? ☐ No ☐ Yes

Thank you for taking the time to speak with us about your care and recovery.

Notes

DATE & TIME	Add signature, printed name, staff category, date and time to all entries. MAKE ALL NOTES CONCISE AND RELEVANT

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Figure Five, Telephone Discharge Follow-up

South West Hospital and Health Service (SWHHS), Australia

Capture Voice, Feeling, & Stories of Patients

A shift on a trolley



I (a Junior Doctor) decided to undertake a 'shift on a trolley' in order to understand one small aspect of how it can be for patients when they are waiting on an A+E trolley for a prolonged period of time.

Patient Diary

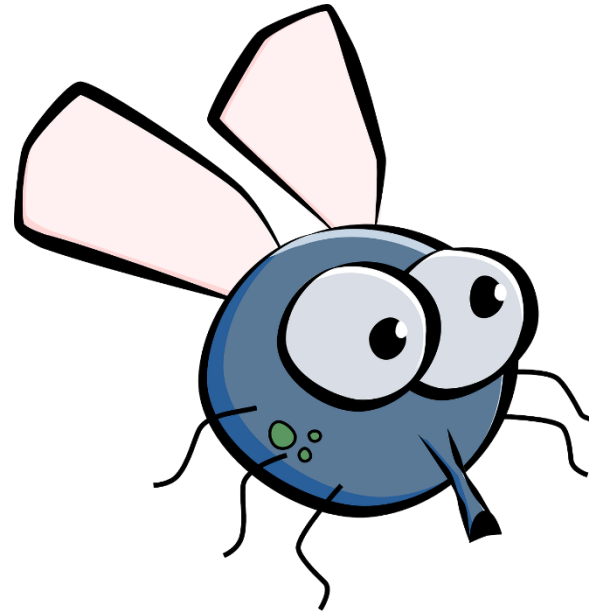
Who writes in the diary?

- Patients record their needs & feelings
 - Paper
 - Electronic
 - IVR-interactive voice response
 - handheld device
 - personal data assistant



- A day kept by nurses, written in the ICU during periods of critical illnesses, which is handed over to the patients when they are considered able to receive it in case of intensive care
- In case of children, either the parents or children under the supervision of parents

Watch and Observe Like a Fly on the Wall



- Who did what, when?
- What did the patient want?
- What did the patient need?
- Did anything delight the patient?
- Did anything disappoint or upset the patient?
- Did the patient experience any problems?
- What was the patient saying? Thinking?
- What did body language say?



“What Matters to You?”

Great care begins with a question.

A simple, but powerful question:

“What matter to you?”

Ask the question for each and every day.

To learn, to discover, to understand what patients need, want and hope for.

Ask what matters.

Listen to what matters.

Do what matters.

It makes a differences: **empowers patient, improve outcomes, build trust, show respect, and strengthens relationships.**

WHAT PATIENTS



**NEED, WANT
AND HOPE FOR**



“What Matters to You?”

Quickly actionable (for free, often)

“My syringe driver keeps getting caught. It’s in my right arm and I’m right handed”



Move access to left arm

“I don’t want my wife to hear I’ve died over the phone”



Arrange family meeting to cover this and work out a solution

“I want to go outside—can I go in the garden?”



Make arrangements for the patient to go outside in their bed

“What Matters to You?” (Patients)



With thanks to Karen Turner

Break the Rules for Better Care



Original Question:

If you could break or change one rule in service of a better care experience for patients or staff, what would it be and why?

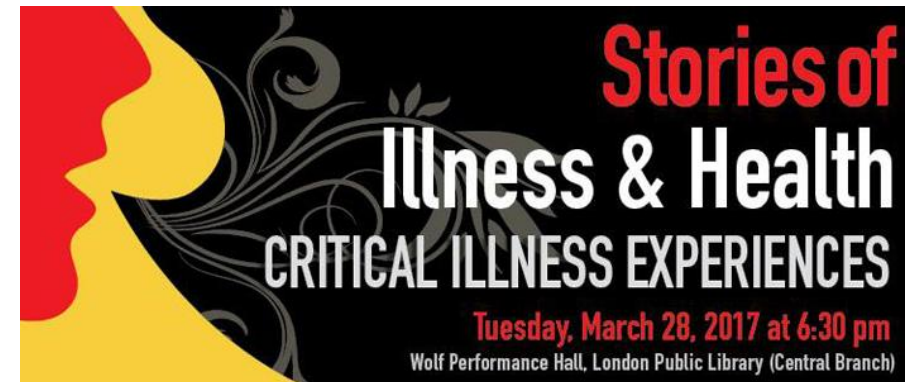
Alternative Options:

- What would you like to see us do differently?
- What would you change to provide a better experience for patients and/or staff at **[Name of Organization]**?
- What is one wish you would make to deliver better care for patients or staff?
- **(For patients/families)** Is there anything our organization has done during your stay that has gotten in the way of your family member's care?
- **(For patients)** What do we do routinely that has made things more challenging for you?

Narrative Medicine

The effective practice of medicine requires narrative competence, the ability to **acknowledge, absorb, interpret, and act** on the stories and plights of others.

The goal is to empower patients to share their stories, because telling their stories will not only accelerate and amplify their own healing process but will also offer valuable first person accounts that doctors and caregivers can learn from.



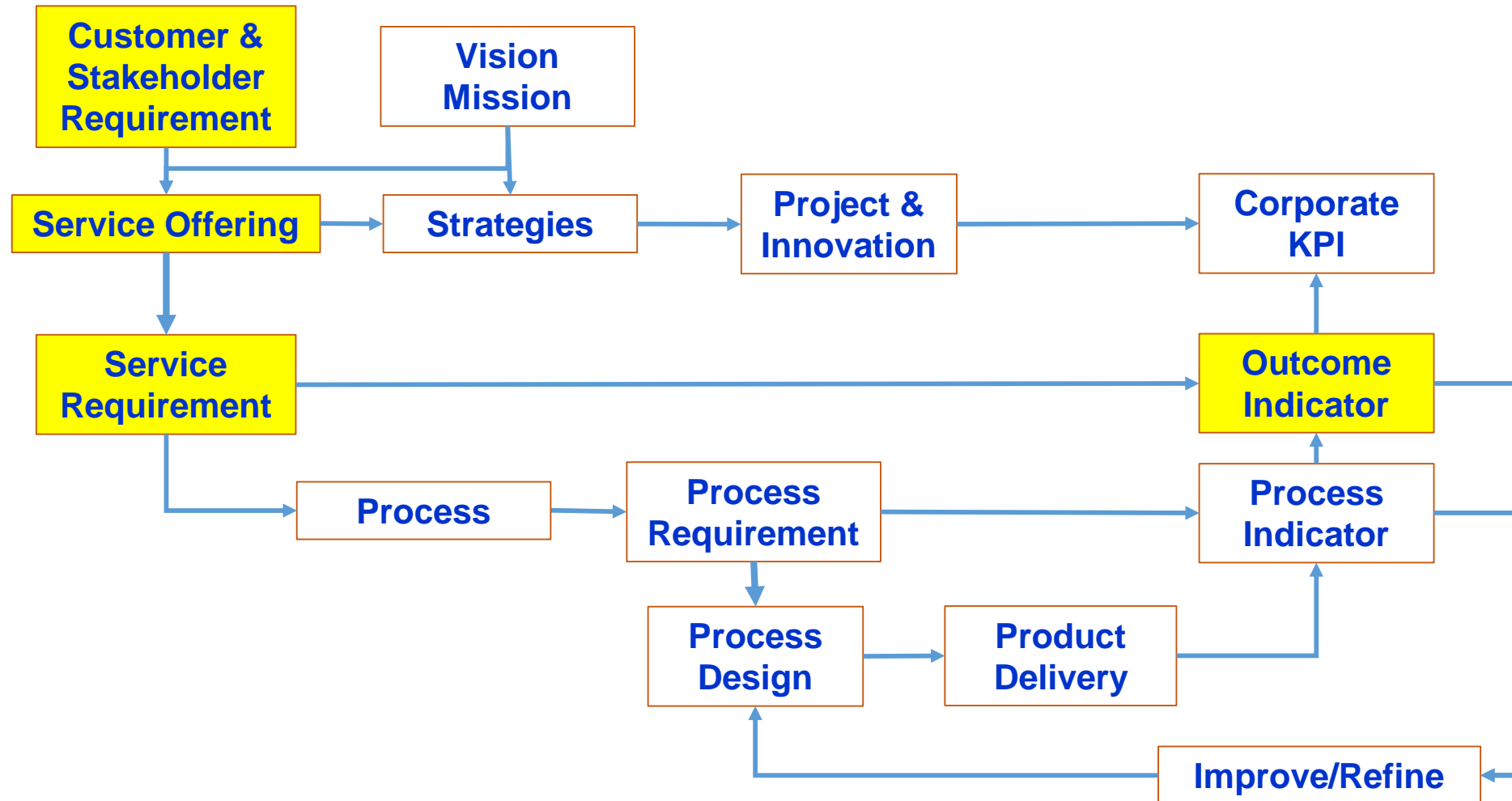
Putting Voice of Patients into the Work Process

From customer requirement to service offering & service requirement at the micro-system level (unit level)

Customer Group	Customer Requirement	Service Offering	Service Requirement
Organ transplant candidate	Timely, safe, effective care Fair organ allocation Being informed Family involvement Convenient Warm & kindly interaction	Reliable Organ Transplant Co-ordination Service	-CPG compliance -Thai Red Cross compliance -Shared decision making -Effective & efficient coordination -Service mind

**Make consistent
Monitor**

From customer requirement to process design & management



Point-of-View (POV) and “How Might We.....?” (HMW)

"How Might We create a baby warming device that helps parents in remote villages give their dying infants a chance to survive?"



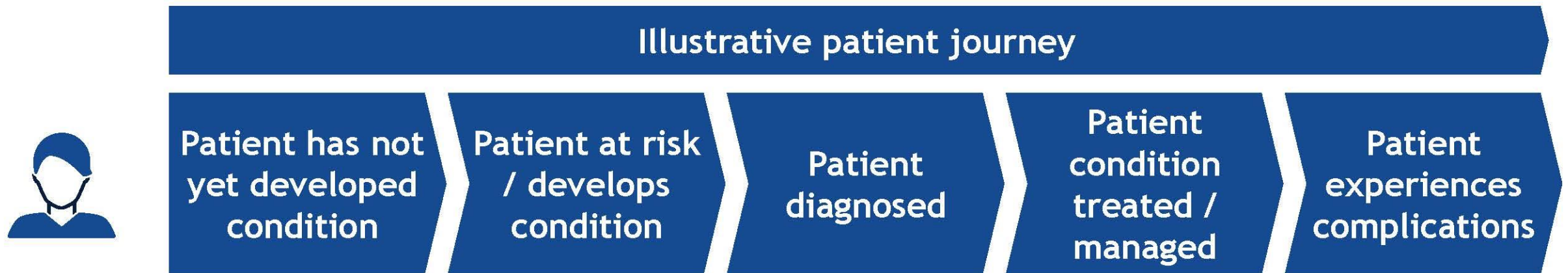
For example, if your POV is:

“Teenage girls need... to eat nutritious food... in order to thrive and grow in a healthy way.”

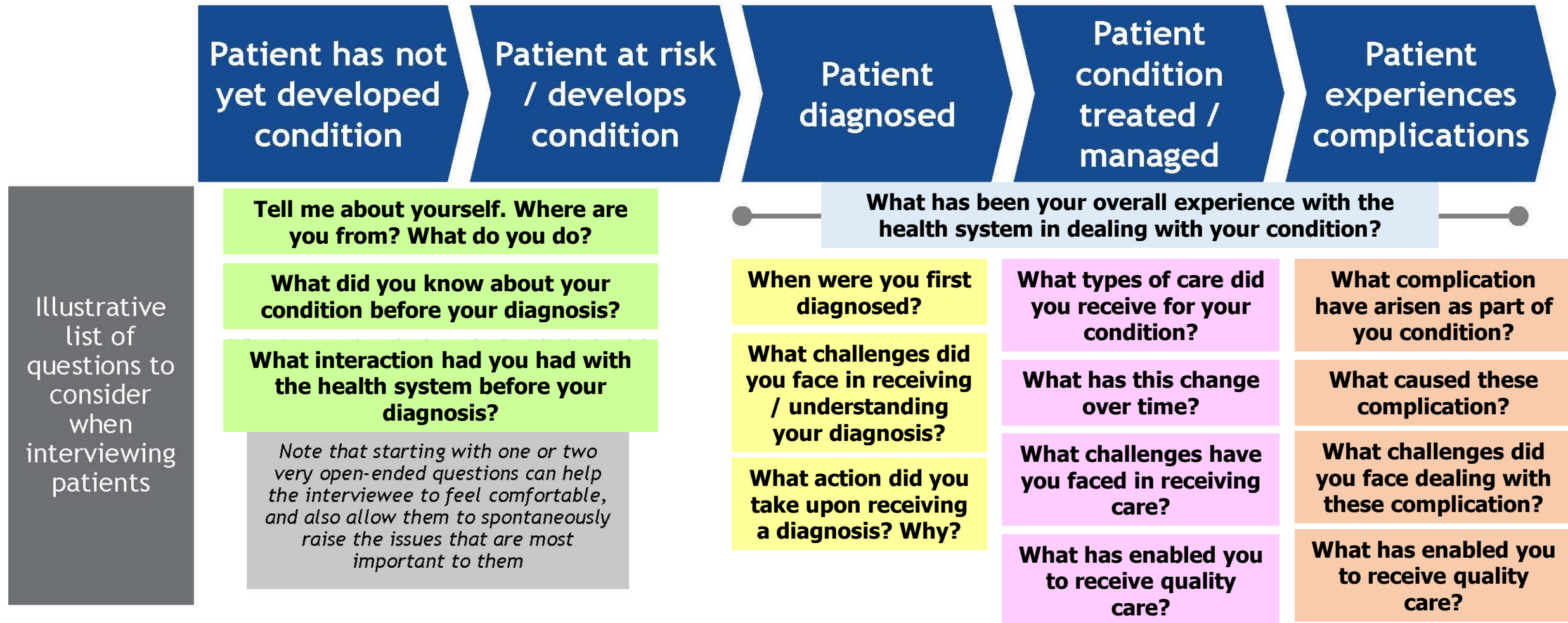
The HMW question may go as follows:

- **How Might We make healthy eating appealing to young females?**
- **How Might We inspire teenage girls towards healthier eating options?**
- **How Might We make healthy eating something, which teenage girls aspire towards?**
- **How Might We make nutritious food more affordable?**

The “patient journey” is a useful starting point to understand problems in the health system -> value-based healthcare



Interview with a broad array of patients will reveal how they experience care in the current system



These interviews should highlight patient pain points driving the overarching problems of our health system

Illustrative
problem
statement

Patients with a specific chronic disease experience high rates of complications and early mortality (especially when compared to benchmarks from patients with the same diagnosis from other systems)

Patient has not
yet developed
condition

Patient at risk
/ develops
condition

Patient
diagnosed

Patient
condition
treated /
managed

Patient
experiences
complications

Illustrative
list of
patient pain
points
contributing
to the
overall
problem
statement

Low patient awareness / education meant that patient did not realize s/he was at risk; Diagnosis occurred late

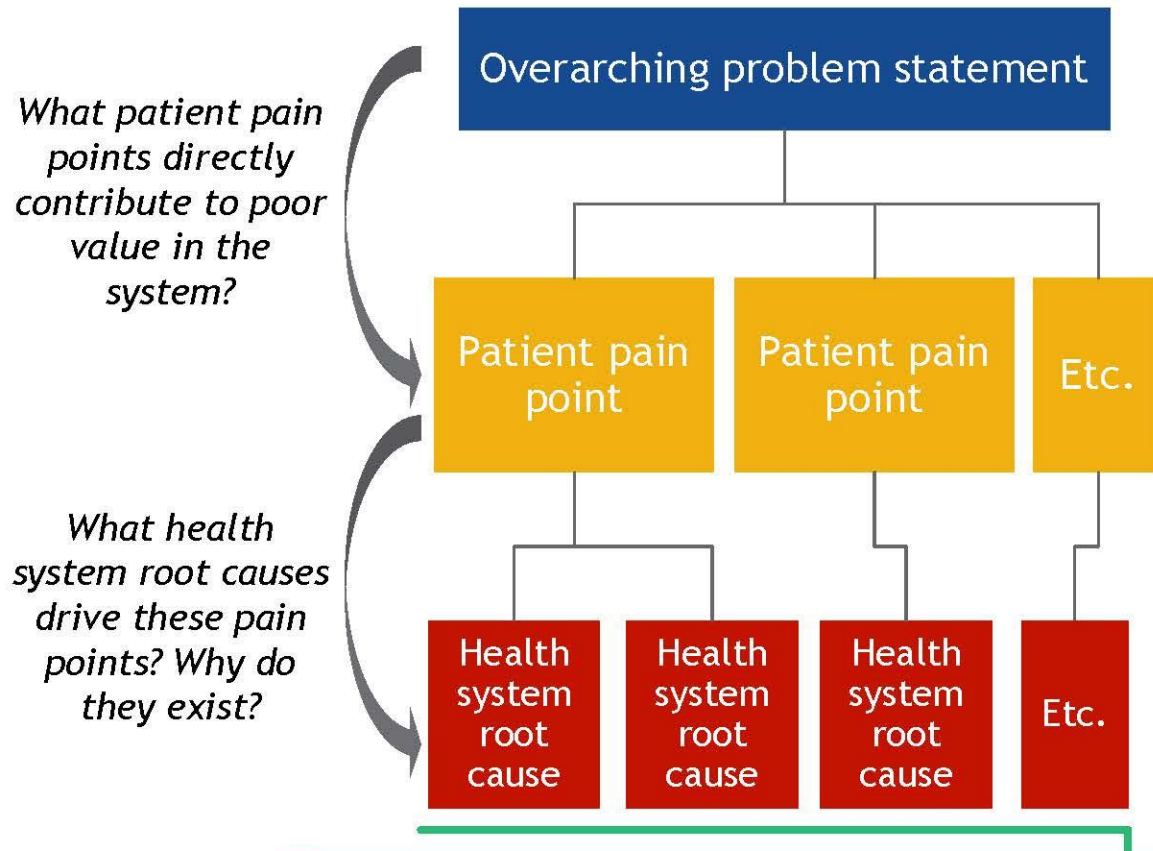
Provider did not proactively screen for condition

After initial diagnosis, patient did not see specialist until serious complication arose

Poor care coordination between primary care and specialists

High out-of-pocket costs for critical drugs / devices limits access to treatments

Root causes -> patient pain point -> overarching problems



Description

- Defined at outset of initiative
- Describes a problem in terms of patient outcomes and costs for a specific population segment

Example

- Patients with a specific chronic disease have high rates of complications / early mortality (especially compared from patients with same diagnosis in other systems)

- Describe more detailed problems / factors that contribute to the overarching problem
- Often described from the patient's perspective, using qualitative and quantitative data

- After initial diagnosis, patients often do not see a specialist until serious complications arise

- Describe the root causes driving these contributing factors / problem from a health system perspective, using qualitative and quantitative data

- Patients would have had to travel far to see specialist, and do not have time in schedule
- No clinician in system has financial incentive to prevent complications

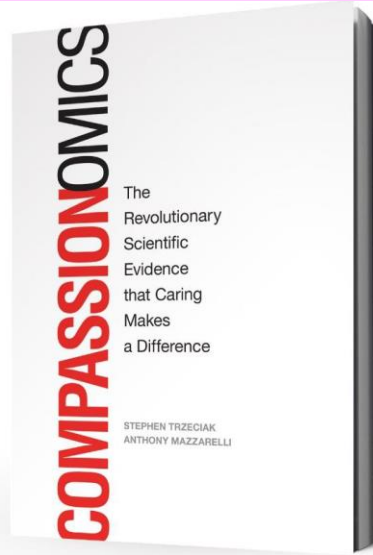
Key message

Identifying root causes of the problem will allow the initiative to design targeted solutions that address these root causes, rather than addressing more superficial challenges in the system

Spirituality and Patient Experience

COMPASSION OMICS

The Revolutionary Scientific Evidence That Caring Makes a Difference



- Compassion has vast benefits for patients across a wide variety of conditions.
- Missed opportunities for compassion can have devastating health effects.
- Compassion can help **reverse the cost crisis** in health care.
- Compassion can be an **antidote for burnout** among health care providers.
- Forty seconds of compassion can **save a life**.

Kind Care (L Berry)

- Deep listening
- Empathy
- Generous acts
- Timely
- Gentle honesty
- Support for family caregivers

Kindness Bundle

Opening and closing interactions with patients in a structured way

Warm personal introduction *“What would you like me to call you?”*

Shared decision making *“What matters to you?” “What about today?”*
What would make today a good day?”

Warm close-out

“Is there anything we can do to make you more comfortable?”

Providing compassionate healthcare is beneficial for healthcare providers

Domain	Mechanism	Outcome Measure
Psychological and neurobiological	<p>Activates pleasure centers in the brain (“helper’s high”)</p> <p>Promotes neurobiological concordance between HCPs and patients (“mirror neurons” and autonomic nervous system activity)</p> <p>Shifts self-focus perspective to other-focus perspective</p> <p>Stress-buffering for HCPs</p> <p>Promotes HCP perception of time affluency</p>	<p>provider experience</p> <p>burnout</p> <p>resilience</p> <p>well-being</p> <p>self-esteem</p> <p>depressive symptoms</p> <p>anxiety</p> <p>positive affect</p>
Physiological	<p>Down-regulates systemic inflammation</p> <p>Improves ANS activity (parasymp > sympathetic activity)</p>	<p>longevity</p> <p>risk of CV events</p> <p>immune function</p>
Professional	<p>Promotes HCP compassion satisfaction (vs. compassion fatigue)</p> <p>Generates high esteem for HCPs among their peers</p>	<p>practice environment</p> <p>prof. satisfaction</p> <p>career longevity</p>

Spirituality as an inner resource of healing

**Response to patient's spiritual need
Strengthen their spiritual power
With our peaceful mind**