



IMPROVING THE PATIENT EXPERIENCE

How to develop a Strategy by using Data and Digital Solutions to advance Person-Centered Care



energesse



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Leading Specialists In Patient Experience



Western Sydney
LHD

South West
Sydney LHD



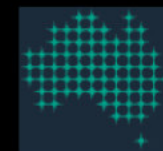
GUHealth

CSIRO Health
& Biosecurity



HCA
Healthcare Australia

phn
EASTERN MELBOURNE
An Australian Government Initiative



Australian
Academy of Health and
Medical Sciences

Apple Consultants
Network

wavelength
INTERNATIONAL



Genea
WORLD LEADING FERTILITY

Bupa

Energisse Experience

70

**Health & Care
Organisations**

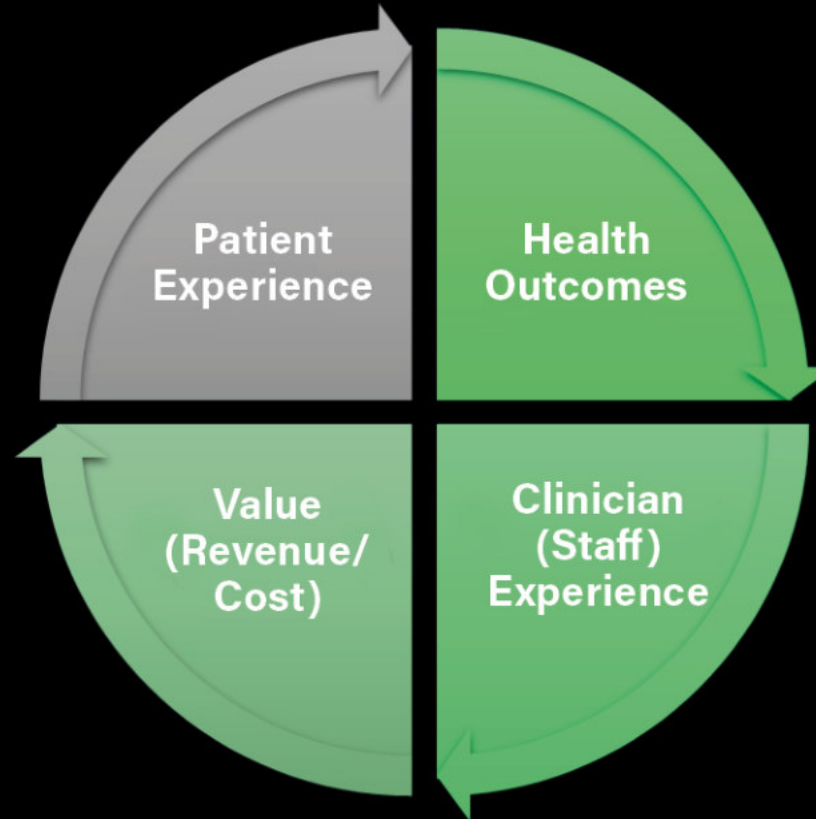
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Countries

6

**Million Lives
Impacted**

Healthcare Quadruple Aims





WHAT IS Patient Experience (PX) ?

The sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care.”

-Beryl Institute



2. Partnering with Consumers

About This Page

Navigate through the criteria and actions that make up the Partnering with Consumers Standard.

ON THIS PAGE



Intention of this standard

Criteria

Clinical governance and quality improvement systems to support partnering with consumers

Leaders of a health service organisation develop, implement and maintain systems to partner with consumers. These partnerships relate to the planning, design, delivery, measurement and evaluation of care. The workforce uses these systems to partner with consumers.

Intention of this standard

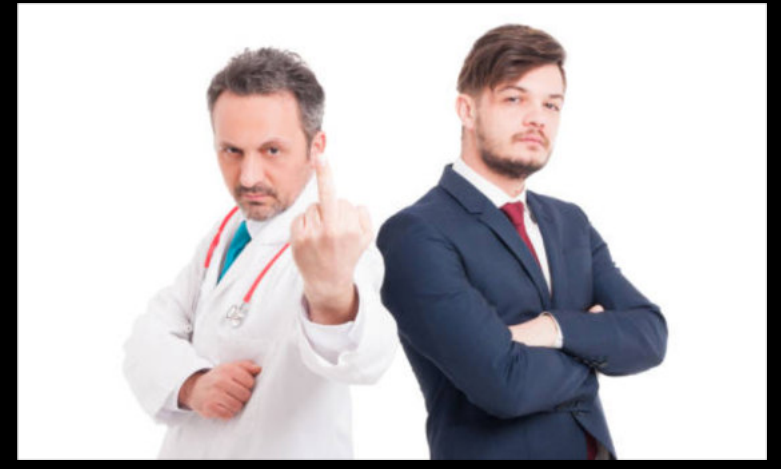
The Partnering with Consumers Standard aims to create health service organisations in which there are mutually beneficial outcomes by having:

- consumers as partners in planning, design, delivery, measurement and evaluation of systems and services
- patients as partners in their own care, to the extent that they choose.

The Partnering with Consumers Standard recognises the importance of involving patients in their own care and providing clear communication to patients. This standard, together with the Clinical Governance Standard, underpins all the other standards.



THE PATIENT'S CHALLENGES



Conclusion: No single solution for PX Improvement

<https://bmjopen.bmj.com/content/6/8/e011907>

BMJ Open Systematic review of approaches to using patient experience data for quality improvement in healthcare settings

Helen Gleeson,¹ Ana Calderon,¹ Viren Swami,² Jessica Deighton,¹ Miranda Wolpert,¹ Julian Edbrooke-Childs¹

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► Prepublication history and additional material is available. To view please visit the journal (<http://dx.doi.org/10.1136/bmjopen-2016-011907>).

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ABSTRACT

Objectives: Explore how patient-reported experience measures (PREMs) are collected, communicated and used to inform quality improvement (QI) across healthcare settings.

Design: Systematic review.

Setting: Various primary and secondary care settings, including general practice, and acute and chronic care hospitals.

Participants: A full range of patient populations from (children through to the elderly) and staff (from healthcare practitioners to senior managers).

Methods: Scientific databases were searched (CINAHL, PsycINFO, MEDLINE and Cochrane Libraries) as was grey literature. Qualitative and quantitative studies describing collection of PREM data and subsequent QI actions in any healthcare setting were included. Risk of bias was assessed using established criteria. Of 5312 initial hits, 32 full texts were screened, and 11 were included.

Results: Patient experience data were most commonly collected through surveys and used to identify small areas of incremental change to services that do not require a change to clinician behaviour (eg, changes to admission processes and producing educational materials). While staff in most studies reported having made effective improvements, authors struggled to identify what those changes were or the impact they had.

Conclusions: Findings suggest there is no single best way to collect or use PREM data for QI, but they do suggest some key points to consider when planning such an approach. For instance, formal training is recommended, as a lack of expertise in QI and confidence in interpreting patient experience data effectively may continue to be a barrier to a successful shift towards a more patient-centred healthcare service.

Strengths and limitations of this study

- This review draws together emerging evidence on the use of patient-reported experience measures for quality improvement in healthcare settings in the USA and Europe.
- It is a relatively new field, so there were a limited number of studies eligible for inclusion.
- Some relevant interventions may not be published or publicly available, for instance being held by National Health Service (NHS) Trusts.
- None of the included studies reported formal quality improvement methods.
- More research is needed in order to get a better understanding of the use of patient experience data in quality improvement.

societies and is frequently cited in national and international health policy.^{1 2} Healthcare organisations in England are required to review patient experience as part of quality and performance reporting and proportions of service funding in some areas are contingent on achieving improvements in patient-reported experience.³ Aside from wanting to provide a healthcare service that considers patient needs, the use of patient experience perspectives in healthcare may also have other benefits. For example, a recent systematic review⁴ found that higher levels of positive patient experience were associated with higher levels of patient safety and clinical effectiveness across disease areas, study designs and self-reported and objective outcomes (eg, mortality, greater adherence to

POLL: YOUR TOP 2 PRIORITIES NOW?

A: DEVELOPING SURVEY

B: ANALYSING FEEDBACK DATA

C: ENGAGING FRONT LINE STAFF

D: ENGAGING LEADERS

E: IDENTIFYING RIGHT IMPROVEMENT ACTIONS

F: IMPLEMENTING IMPROVEMENT SOLUTIONS

G: SUSTAINING IMPROVEMENT

Science Of Patient Experience Improvement



Experience: Capture, Measure & Understand Experience

Emotions: Analyse human factors, stories & expectations

Engagement: Engage front-line, leadership & governance

Execution: Strategy and Solution Implementation - service recovery, quality improvements and policies

Excellence: Accountability & Key Performance Indicators

Evolution: Scale Maturity, Capability & Sustainability



“We’ve Got Your Back”

Chrissan Segaram & Katherine Maka



Project Goal

Improve **ACCESS** to care for adult patients with **BACK PAIN** referred to Westmead Hospital Neurosurgical Clinics through a **COST EFFECTIVE PATIENT CENTRED** service by August 2018.

Cut DNA's
Access
Referrals & Triaging
Enhance comms

*"It was a long-time
waiting for an ap-
pointment...I suf-
fered a lot"*



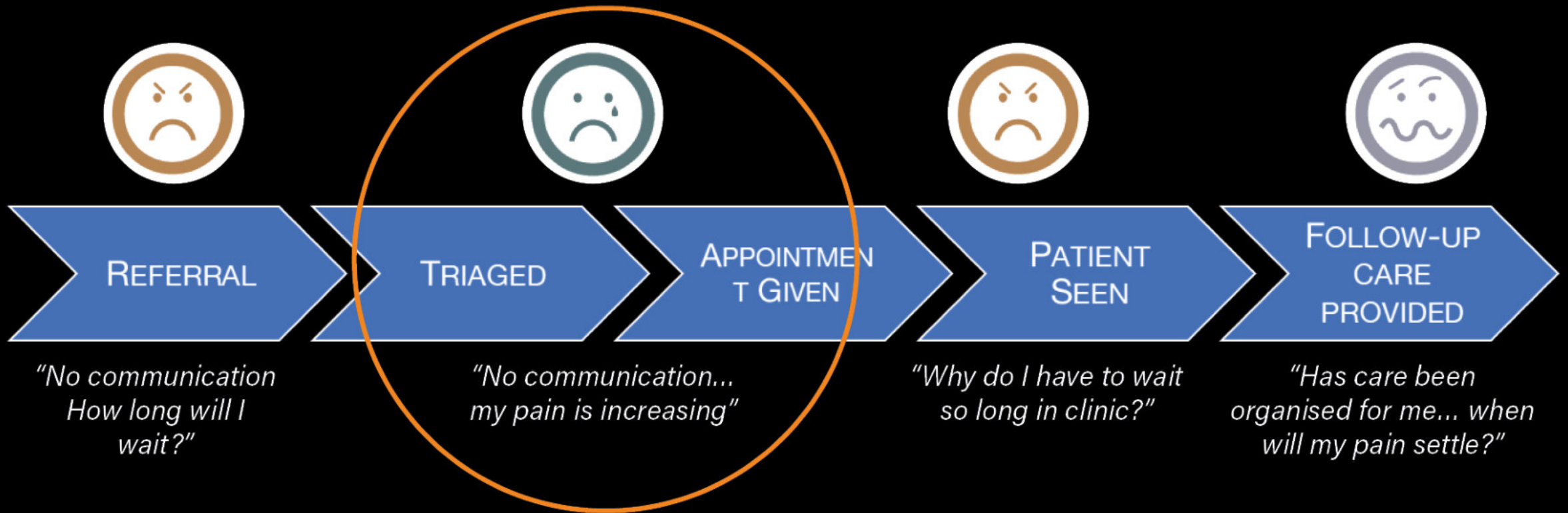
TODAY
1 in 6



2020
1 in 15

Patient Experience – *Current State*

- 62 year old with LBP pain > 2 years
- Currently unable to work
- GP referred to Neurosurgical clinics at Westmead Hospital



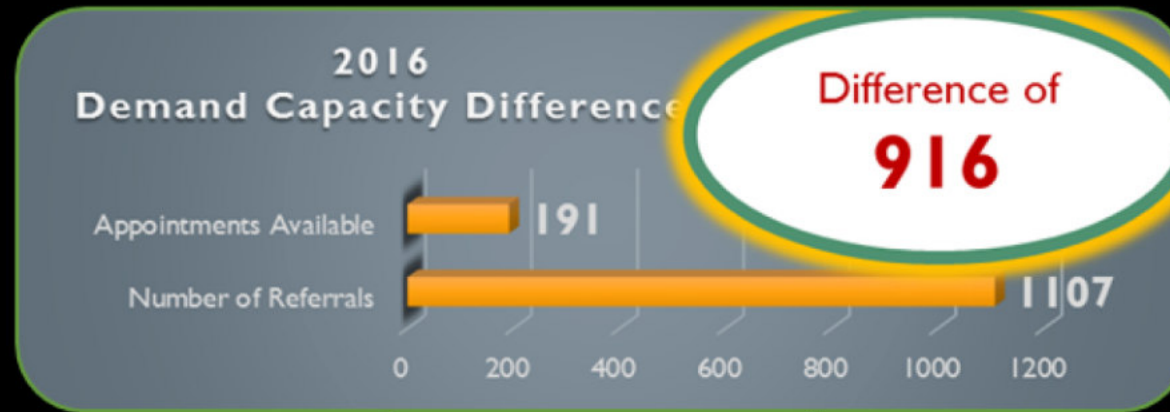
Key Findings

*"I wait for ever...
No customer care...
No one really cares"*

Patient Experience Heat Map

Number of Responses	Kindness & Respect	Involvement in Care	Clear Communication
Pre Implementation	76	60	68
Benchmark	85	85	85

Key Findings



*"9 weeks to be advised...
correspondence
rude"*

5) Cost of DNA
\$400 LOST per 15 min
appointment

2) **15%**
Out of Area

4) **24%**
of patients do not
receive a text
message reminder

3) Only
**1% RECEIVE
LETTER**
for their appointment

Physiotherapy
Led Clinics

Re-Allocation of
Administrative
Staff for Bookings

Solutions

MDT Spinal Case
Conference

PREMS Results – Heat Map

Post Implementation of Solutions *Patient Experience Heat Map*

	Kindness & Respect	Involvement in Care	Clear Communication
September 2017	76	60	68
Benchmark	85	85	85
April 2018	98	97	94
May 2018	87	87	100
June 2018	97	97	97



CASE STUDY:

Impacting patient experience through improved measurement and engagement at Genea Fertility Clinics, NSW

CONFIDENTIAL

PX Challenges



Fertility Provider of Choice, Grow No. Cycles per Year



Unclear strategy for patient retention



Fragmented patient feedback



Staff skill gaps



Patient segment with high expectations and emotions

CASE STUDY: PX IMPROVEMENT IN PRIVATE CLINICS/SPECIALIST GROUP

SITUATION

Needed clear strategy on patient experience
Needed to identify skill gaps in staff
Objective to be provider of choice

IMPLEMENTATION

Measured real-time granular feedback
6e skills workshop to improve staff buy-in
Targeted solutions based on PXme.



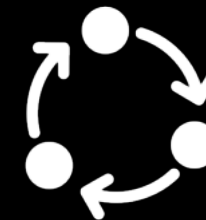
OUTCOMES



Patient Experience
NPS scores
increased by 15%



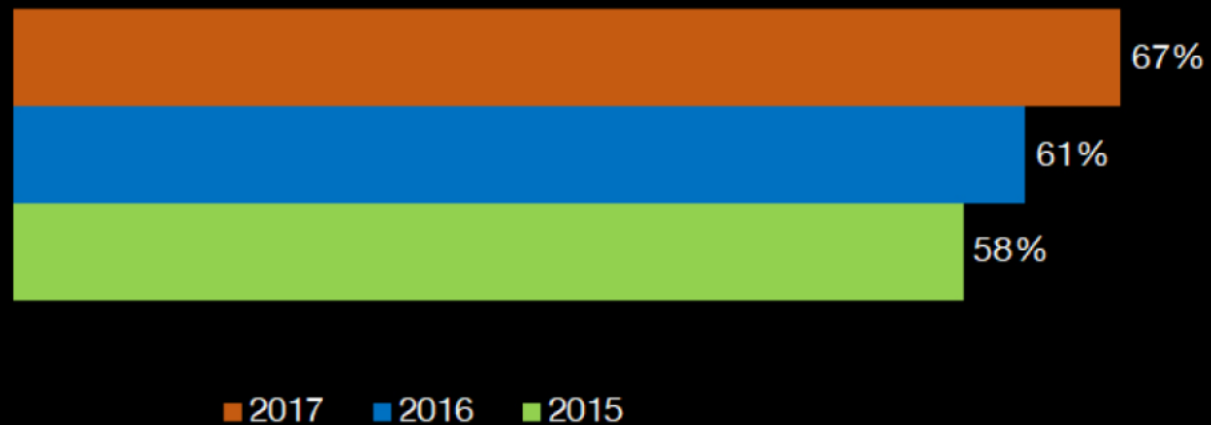
Clinician Experience
Increased overall
patient satisfaction
with doctors



Capability Development
Learned best practices
for improvement

PROGRAM OUTCOMES

I wish I had come to
Genea first



*When sites were compared, patient satisfaction had increased across all clinics by an average of 5%
Patient satisfaction by Doctor had also increased (overall) in 2017*



PATIENT EXPERIENCE MATURITY EVALUATION (PXme)

NEEDS ASSESSMENT & CAPABILITY MODELLING

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GOVERNANCE PROCESS AND MANAGEMENT WORKFLOW FOR PERSON-CENTERED CARE & PATIENT EXPERIENCE

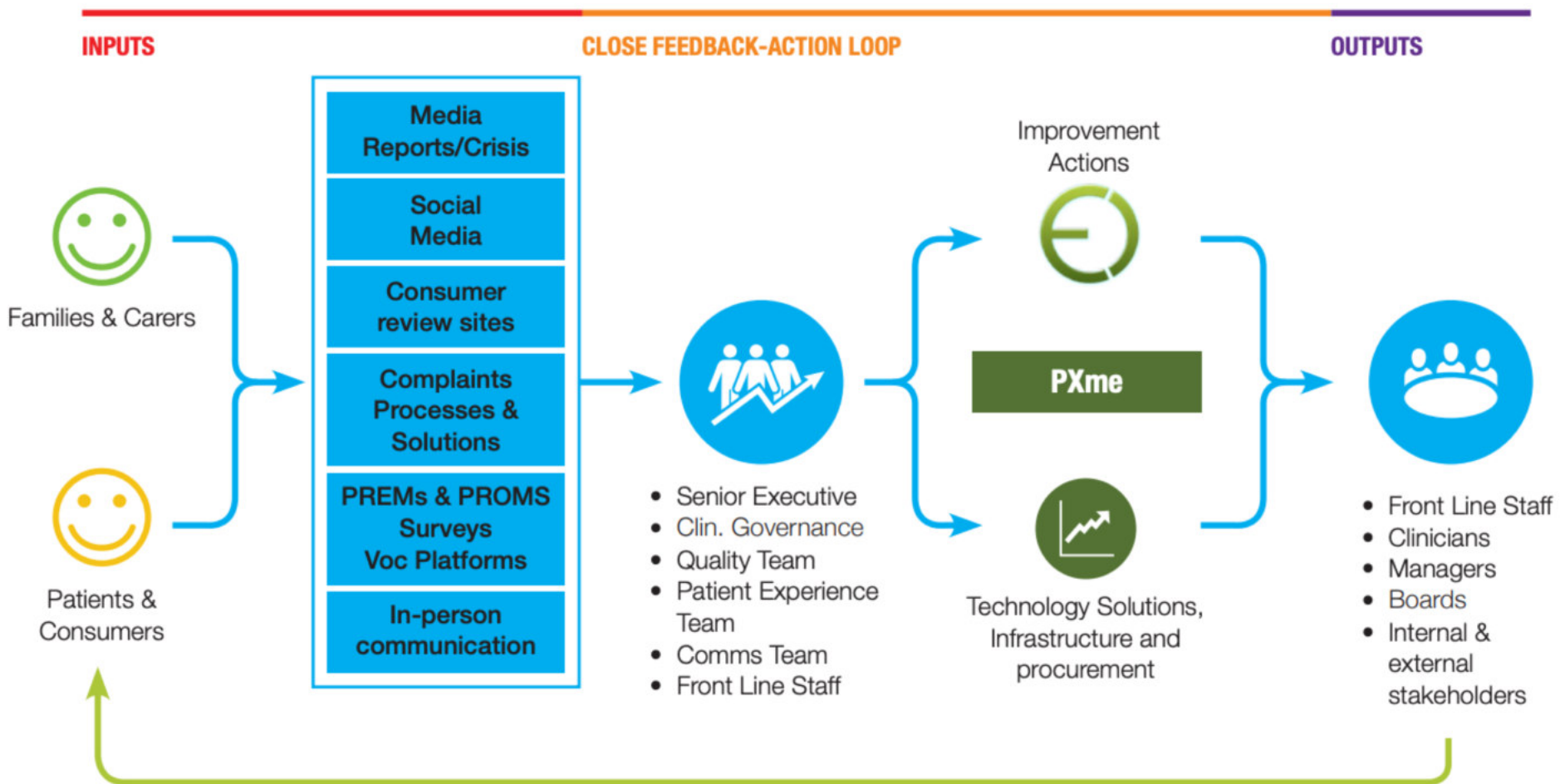
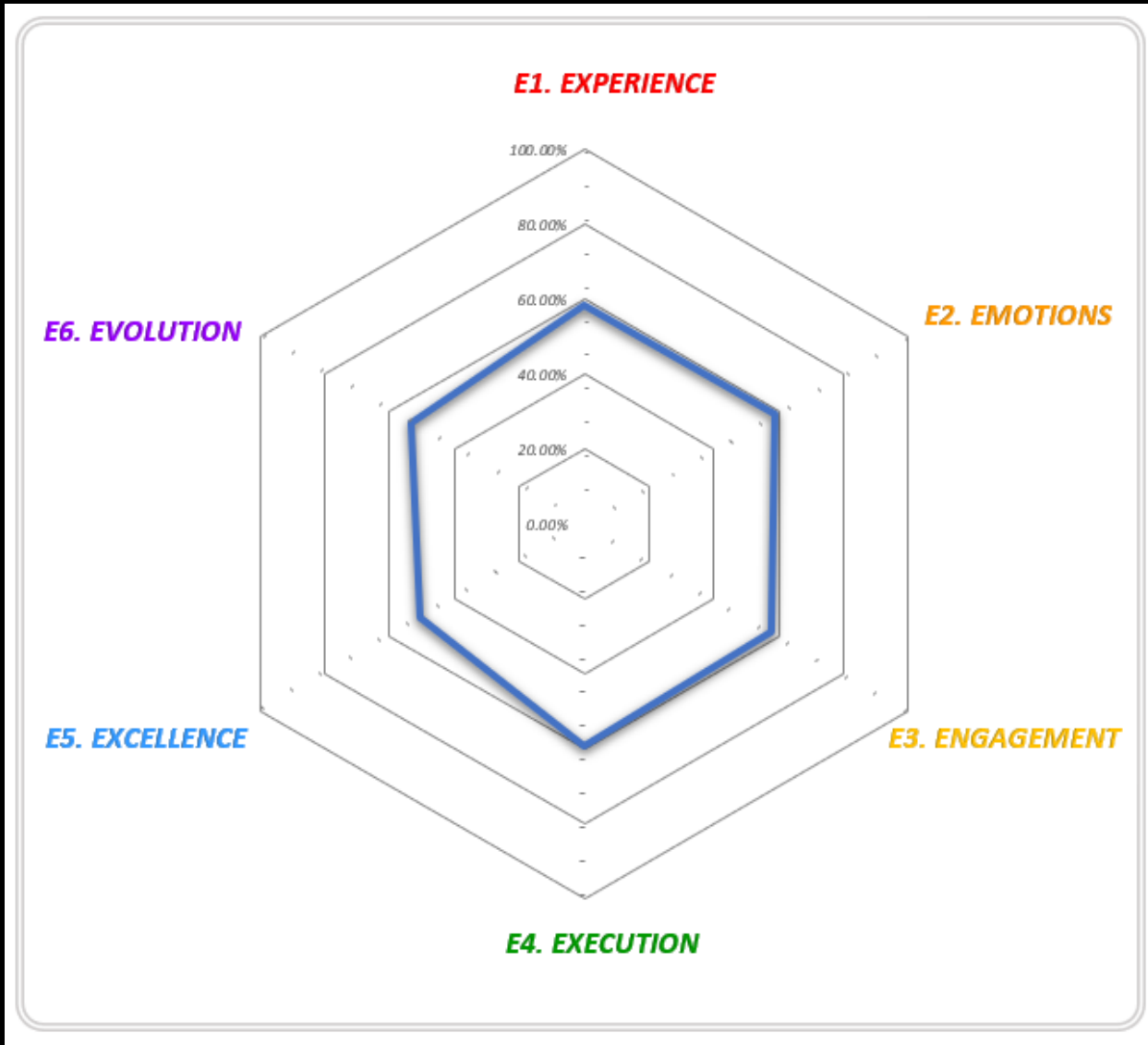


Figure 4. Governance Process and Management Workflow in closing Feedback-Action Loop.

PX MATURITY SCORE



Stage of PX Maturity by E	Score	Stage
E1. EXPERIENCE	58.29%	<i>Organised</i>
E2. EMOTIONS	58.72%	<i>Organised</i>
E3. ENGAGEMENT	57.92%	<i>Organised</i>
E4. EXECUTION	59.47%	<i>Organised</i>
E5. EXCELLENCE	50.45%	<i>Organised</i>
E6. EVOLUTION	53.40%	<i>Organised</i>
OVERALL	56.97%	Organised

- The Overall PX Maturity Score is 56.97%.
- This places the organisation at the Early Organised (Stage 3) stage of maturity.

Recommendations

PXme Action Matrix and Solution Matrix

TECHNOLOGY RECOMMENDATIONS: Maps the Gaps to the Apps



Internet of Things (IoT), Artificial Intelligence (AI),
Augmented & Virtual Reality, Big Data, Blockchain & Mobility

E1. Experience: Measurement & Complaints

Gaps	Actions	Solution Tools, Techniques and References
<p>Formalised real-time measurement for quicker results</p>	<ul style="list-style-type: none"> • Identify ideal automated platform to measure patient and staff experience in real-time so improvements can be implemented quickly. • Ideal solutions will have (inclusive): <ul style="list-style-type: none"> ✓ Customised daily dashboards ✓ NPS, PX Scores, Granular ward-level scores & Heat Maps ✓ Highly actionable results ✓ Best-practice survey domains and questions ✓ Emotional/sentiment automated analysis <p>Other measurement activities on pg 46 of this handbook: https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/Patient-Experience-Guidance-and-Support.pdf</p>	<p><i>Suitable measurement Platforms to consider:</i></p> <p>BHI surveys: http://www.bhi.nsw.gov.au/nsw_patient_survey_program</p> <p>MES: https://www.energesse.com/patient-experience/</p> <p>Patient Opinion: https://www.patientopinion.org.au/</p> <p><i>Survey domains/questions – best-practice:</i></p> <p>Picker Institute: https://primarycaremeasures.ahrq.gov/care-coordination/downloads/ccatlas/instruments/CC_Instrument_35.pdf</p> <p>AHPEQS Question Set (Australia): https://www.ahpeqs.safetyandquality.gov.au/about/w hat-ahpeqs</p>

CASE STUDY: PX MATURITY IMPROVEMENT IN A HOSPITAL GROUP/ HEALTH DISTRICT

SITUATION

- Needed more meaningful survey system.
- Limited recognition for good patient care

IMPLEMENTATION

- Specific PX measurement needs mapped.
- Introduce the right real-time feedback measurement solution
- Leadership and Staff buy-in.



OUTCOMES



Patient Experience
10-15% increase
in PX scores



Quality & Safety
32 QI projects



Reward & recognition
Winner 2
District Quality
Awards 2017



Culture
PX Superstar
Award



Governance
Board level
KPI

FREE DOWNLOAD



FREE TRIAL OF PXme TOOL



Stage of PX Maturity by E	Score	Stage
E1. EXPERIENCE	58.29%	Organised
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