



PATIENT ENGAGEMENT  
& EXPERIENCE **SUMMIT**  
A HIMSS EVENT

FEBRUARY 11, 2019  
ORLANDO, FL



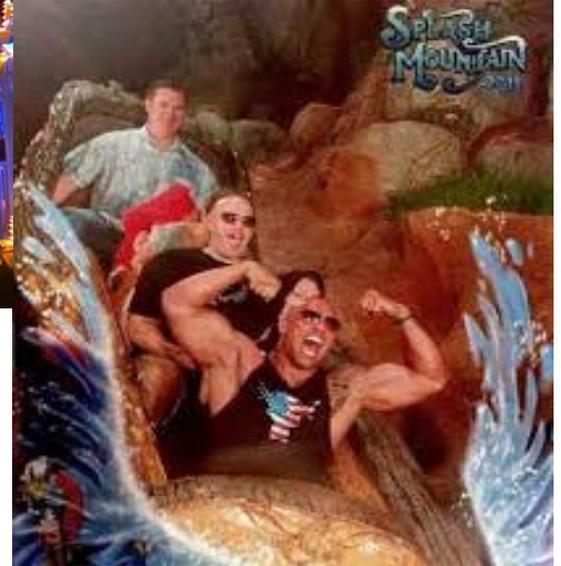
**Patient & Provider Expectations:  
Elevating the Human Experience**

[www.HIMSSConference.org](http://www.HIMSSConference.org) | [#EngageHealth](https://twitter.com/EngageHealth)

# Patient Satisfaction / The Patient Experience Department

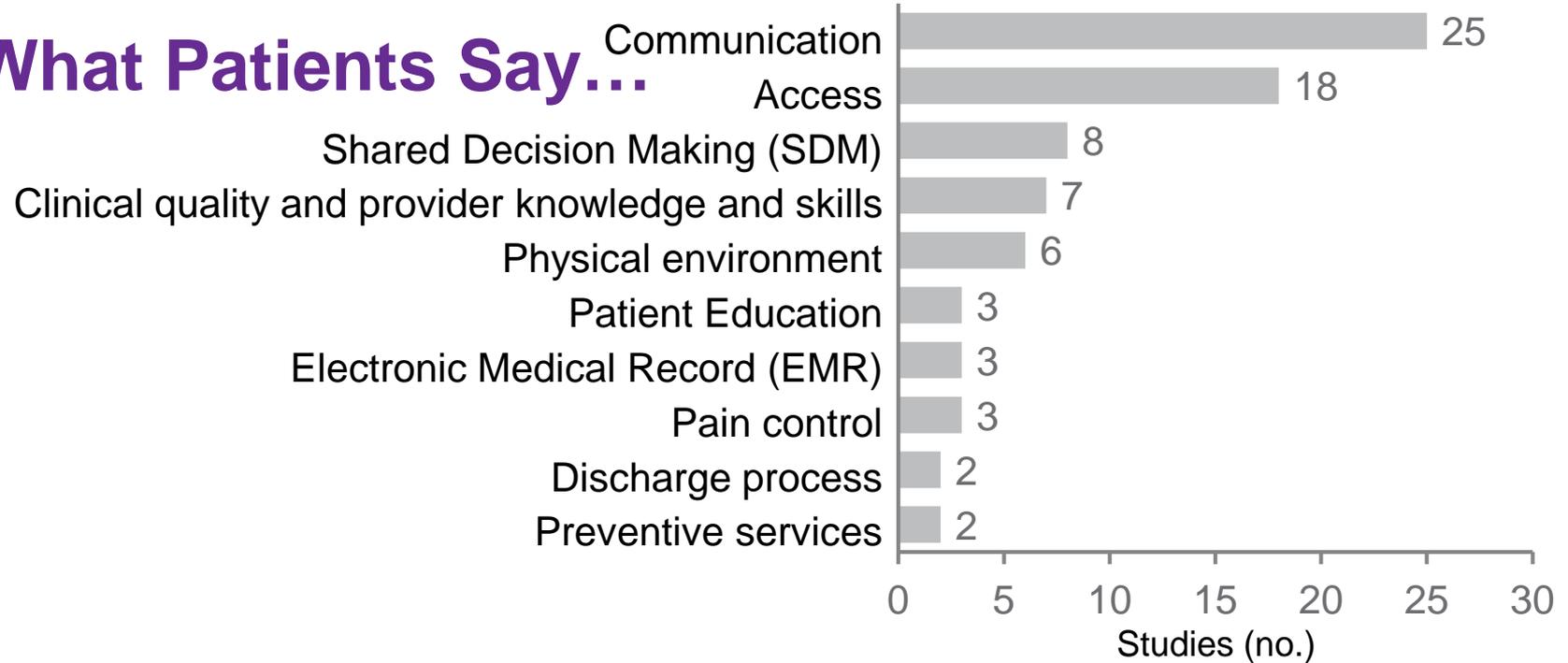
- 1) Complaint department
  - Complaints A-Z
  - Grievances
  - Everything else
- 2) Keepers of the “sacred data”
  - Surveys
  - Comments
  - Complaints (if any decent data exists)

# Satisfaction vs Experience





## What Patients Say...



## Study from Beryl, 2018 - What patients expect

My time matters: 45%

I am spending money on this: 38%

I see myself as a customer: 35%

- SMG/The Beryl Institute, 2018

## What Constitutes Quality?

*“The irony is that clinicians tend to take for granted that care is going to be compassionate, whereas patients take for granted that care is going to be technically excellent.”*

An Epidemic of Empathy in Healthcare

Thomas H. Lee, MD

# Medieval Motivation



**Peasants**



**Kings**



**Philosophers**

# Extrinsic vs Intrinsic Motivation

## The German Restroom Story

## Extrinsic Motivation



## Intrinsic Motivation

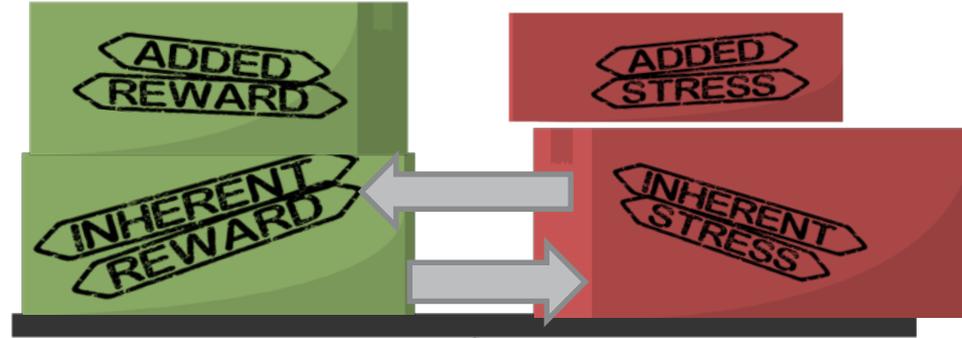








# Some rewards and stresses are inherent to healthcare.



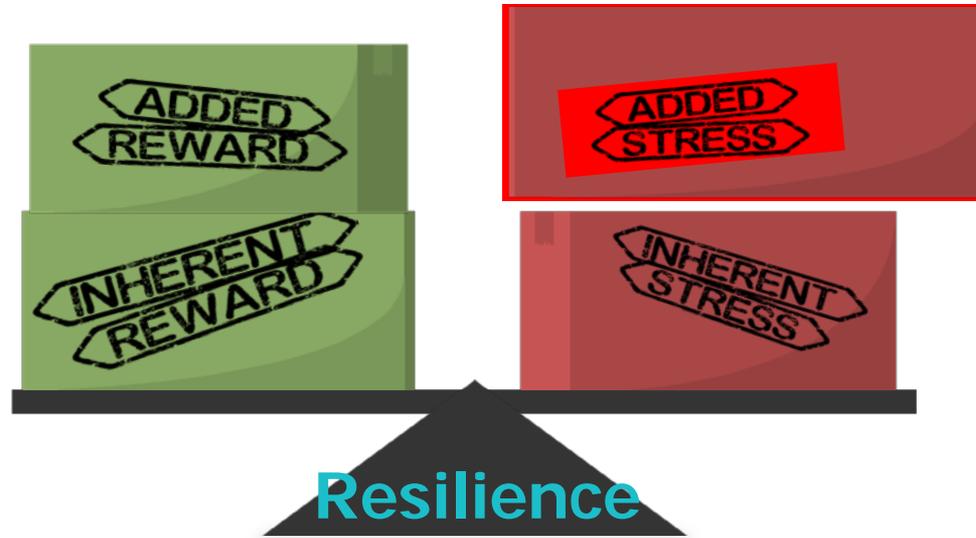
**Resilience**  
Capacity to Cope

Engagement

Burnout



# Added stress burns us out.



Engagement

Burnout



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## **C A R P: a useless fish of no value**

*Complicating*  
*Aggravating*  
*Redundant*  
*Patronizing*



**Problem: HEMODYNAMIC STABILITY**

**Goal:** PATIENT MAINTAINS STABLE VITAL SIGNS WITH NO S/S VOLUME DEPLETION OR OVERLOAD THROUGHOUT HOSPITALIZATION

- Weigh blood loss if excessive, notify provider of variance
- Prepare to initiate post partum hemorrhage order set
- Determine rh compatibility/treat per order
- Monitor trends in vital signs and lab values - intervene as appropriate
- Notify provider of any variance from normal post partum state prior to discharge
- Assess I&O routinely
- Monitor lochia for character, amount, odor, and presence of clots
- Pneumatic compression antiembolism devices on legs if ordered until ambulatory
- Daily weights on same scale as ordered

**Outcome:** Problem reviewed and goal still appropriate  
I&O continues. Daily weights. Compression devices on legs

**Problem: NEUROLOGIC STABILITY**

**Goal:** PATIENT MAINTAINS BASELINE NEURO STATUS AND SEIZURE FREE THROUGHOUT HOSPITALIZATION

- Administer magnesium sulfate per protocol
- Monitor deep tendon reflexes/clonus and evaluate for headache
- Decrease sensory stimulation when appropriate for condition

**Outcome:** Problem reviewed and goal still appropriate  
No PIH s/s in pregnancy or post delivery

**Problem: GI/NUTRITION**

**Goal:** PATIENT WILL RESUME BASELINE BOWEL FUNCTION AND MAINTAIN REGULAR ELIMINATION HABITS THROUGHOUT HOSPITALIZATION

- Encourage increased oral fluid intake unless contraindicated
- Encourage increased fiber diet
- Administer bowel medications as ordered
- Encourage early and frequent ambulation

**Outcome:** Problem reviewed and goal still appropriate  
Will give bowel meds as prescribed. Encourage early ambulation

**Goal:** PATIENT WILL BE FREE OF NAUSEA AND EMESIS THROUGHOUT HOSPITALIZATION

- Minimize nausea triggers, i.e., smells, movements
- Provide scheduled antiemetics, aromatherapy, and appropriate food choices to minimize nausea
- Provide IV fluids as indicated/ordered

**Outcome:** Problem reviewed and goal still appropriate  
On regular diet w/o nausea post c/birth

**Problem: GU STABILITY**

**Goal:** PATIENT WILL VOID WITHIN 6 HOURS OF CATHETER REMOVAL OR BIRTH AND MAINTAIN BASELINE VOIDING THROUGHOUT HOSPITALIZATION

- Monitor patient for s/s retention
- Notify MD of inadequate output and / or inability to void

- Discontinue catheter when pt no longer is affected by spinal anesthesia and can ambulate to BR to void

**Outcome:** Problem reviewed and goal still appropriate  
Will continue foley until tomorrow

**Problem: EMOTIONAL**

**Goal:** PATIENT/FAMILY PROVIDE & PROMOTE EMOTIONAL SAFETY FOR MOTHER AND INFANT DURING HOSPITALIZATION

**Outcome:** Problem reviewed and goal still appropriate  
Husband and family very supportive. Husband in an RN

**Problem: PAIN/COMFORT**

**Goal:** PATIENT'S PAIN WILL BE LESS THAN OR EQUAL TO STATED ACCEPTABLE LEVEL THROUGHOUT HOSPITALIZATION

- Assess pain and associated symptoms, treat per orders
- Coordinate activity around pain med administration times
- Provide a quiet and minimally disturbed environment with grouped nursing cares to facilitate rest
- Offer non-pharmacologic comfort measure if available, i.e., aromatherapy, massage, soaks
- Advance analgesics from IV to PO as tolerated
- Reassess pain/comfort, and offer alternate interventions as appropriate
- Refer/consult with pain resources for additional pain/comfort measures if pain persists
- Position of comfort, abd binder in place, splint incision with coughing

**Outcome:** Problem reviewed and goal still appropriate  
Will encourage ambulation. Rest as needed. Meds IV as scheduled and to keep pain per pt request <2/10 with meds, ice to area, abd binder is needed

**Problem: SAFETY**

**Goal:** PATIENT SAFETY NEEDS WILL BE MET THROUGHOUT HOSPITALIZATION

- Complete communication of patient status to other caregivers at time of admission, transfer, and discharge
- Instruct patient and family regarding safety and security measures, hand washing and contact precautions
- Implement fall risk interventions if fall risk score >5
- Provide safety measures--bed in low position, light in reach, adequate lighting, unobstructed walkway

**Outcome:** Problem reviewed and goal still appropriate  
Pt encouraged to ask for help once ambulating. Side rails up during night. Husband staying to help care for baby

**Goal:** PATIENT WILL BE KNOWLEDGEABLE REGARDING NEWLY ORDERED MEDS, INTENDED AND SIDE EFFECTS OF EACH

- Provide care notes for each medication, answer any questions about meds

**Outcome:** Problem reviewed and goal still appropriate  
Will go over potential SE's of meds prior to giving



**Resilience**  
Capacity to Cope

Engagement

Burnout

*I am not burned out because my job is too difficult.*

*I am burned out because it is too difficult to do my job.*



## Approach from Values and Priorities

- What 3 things do you want patients to say about you and your care?
- What are your priorities?
- What can the practice do to help?
- What can we do together?

## What we did

How

What

Why

## What we should do

Why

What

How

Will we know we are  
improving: data as a tool

# To Build A Ship



If you want to build a ship, do not send people out with a list of tasks and to gather wood....

Instead, teach them to long for the enormous immensity of the sea.





# Tale of Two TV Shows: or what makes for enduring relevance.

Known actors in cast.  
Established producer.  
Music by John Williams.  
1965-1968.



Lesser known cast  
New producer.  
1966-69.

# United Airlines Debacle

## or how to forget our values and who the customer is

“...the airlines staff reached a point, after perhaps offering whatever dollar amounts their procedures called for, where they simply didn’t know what to do, and nobody was brave enough, or resourceful enough, to come up with something. Summoning the police simply became the easiest way to pass the buck.”

## EASTMAN KODAK

1888

Avoid >72% market share

Had first Digital Cameras

Waited for perfection

Chapter 11: 2012



# Standard vs Excellent Experience

“We should fear mediocrity more than failure.” ~2014 Notre Dame Commencement

***The enemy of excellence is not failure, its acceptance of mediocrity***

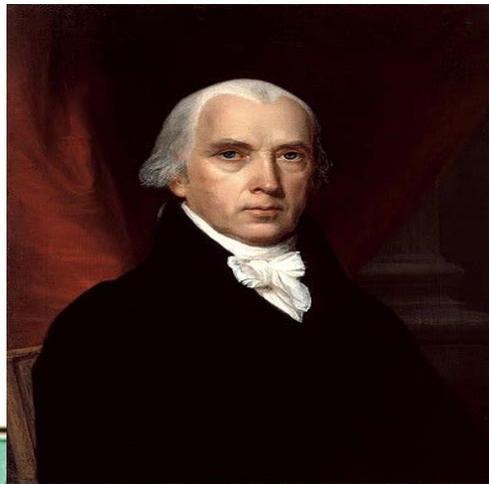
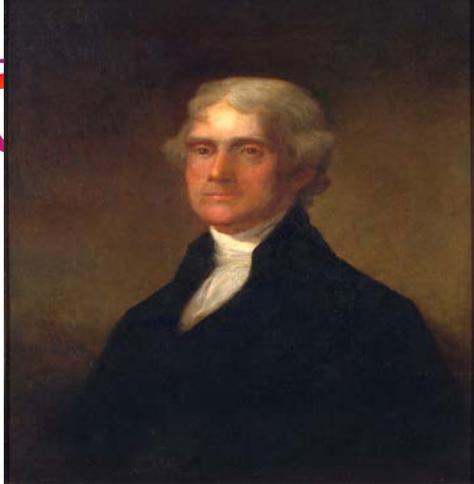


# New expectations from consumers

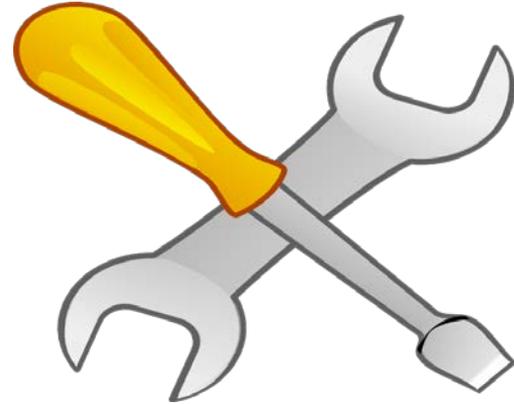




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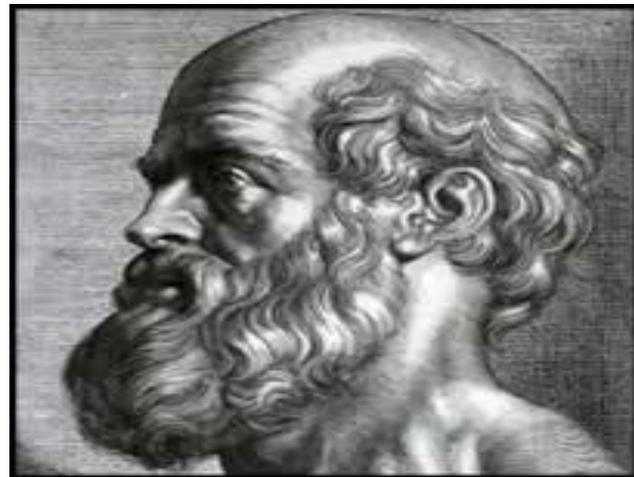


## Be a Gardener not a Mechanic



# Hippocrates

“I will remember that there is an art to medicine and that warmth and empathy may be more important than the surgeon’s knife.”



A nighttime photograph of a city skyline reflected in a body of water. The scene is illuminated by city lights, with several palm trees in the foreground on the right. The sky is dark blue, and the water shows clear reflections of the buildings and lights.

**Thomas Howell**

**Mayo Clinic**

@twitterhandleplaceholder