



2020

Patient Experience Journal Awards: Celebrating our 2019 Recipients

Patient Experience Journal

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Recommended Citation

Journal P. Patient Experience Journal Awards: Celebrating our 2019 Recipients. *Patient Experience Journal*. 2020; 7(1):110-112. doi: 10.35680/2372-0247.1446.

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Abstract

In association with The Beryl Institute, *Patient Experience Journal* introduced the inaugural *Patient Experience Journal (PXJ)* Awards. The annual awards celebrate important contributions to the literature and articles of impact in research and practice. They also introduce groundbreaking authors who are working to expand evidence and insights on patient experience and the human experience in healthcare. The winners are selected from the articles published in *PXJ* and chosen by the Editorial Board of the journal. The award categories are shared and recipients introduced.

Keywords

Patient experience, co-design, experience-based design, person-centered care, marginalized populations, patient partnership

Introducing the PXJ Awards

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The award categories and criteria are:

- **Article of the Year.** Selected from the previous year's volume, in this case Volume 6.
- **Best Article: Emerging Scholar.** Selected from the previous year's volume and lead author has earned PhD degree within five years prior to the publication year.
- **Best Article: Practitioner.** Selected from the previous year's volume and lead author must be a professional/non-academic in their primary role for a healthcare delivery organization.
- **Most Impactful Article.** This article must have been published in the last five volumes. It is the top cited article in the five-year period and must be cited in at least three different journals.

The central evaluation criteria for the Article of the Year and Best Articles include a clear contribution to the theoretical development of Patient Experience, has direct and positive implications on the practice of Patient Experience and best exemplifies intellectual and methodological rigor. Congratulations to our 2019 PXJ Awards recipients. You can learn more about the winning papers below.

Article of the Year

"Anyone can co-design?": A case study synthesis of six experience-based co-design (EBCD) projects for healthcare systems improvement in New South Wales, Australia

Tara L. Dimopoulos-Bick, Agency for Clinical Innovation, New South Wales, Australia

Claire O'Connor, Agency for Clinical Innovation, New South Wales, Australia

Jane Montgomery, Agency for Clinical Innovation, New South Wales, Australia

Tracey Szanto, Agency for Clinical Innovation, New South Wales, Australia

Marion Fisher, Agency for Clinical Innovation, New South Wales, Australia

Violeta Sutherland, Agency for Clinical Innovation, New South Wales, Australia

Helen Baines, Hunter New England Local Health District, NSW, Australia

Phillip Orcher, Agency for Clinical Innovation, New South Wales, Australia

John Stubbs, Agency for Clinical Innovation, New South Wales, Australia

Lynne Maher, Ko Awatea Counties Manukau Health, Auckland, New Zealand
Raj Verma, Agency for Clinical Innovation, New South Wales, Australia
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Experience-based co-design (EBCD) is a quality improvement approach that is being used internationally to bring service users and health professionals together to improve healthcare experiences, systems and processes. Early evaluations and case studies of EBCD have shown promise in terms of improvements to experience and organisational processes, however challenges remain in participation around shared power and decision making, mobilisation for implementation, sustainment of improvements and measurement of outcomes. The objective of this case study was to explore the emergent issues in EBCD participation and implementation in six quality improvement projects conducted in mental health, rehabilitation, blood and bone marrow transplant, brain injury rehabilitation, urinary incontinence and intellectual disability settings by the Agency for Clinical Innovation (ACI), New South Wales, Australia (2015-2018). Methods: A two stage process of analysis was employed. The first stage involved a case to case synthesis using a variable-oriented approach. In this approach themes were identified within individual cases and compared across cases in workshops with all project leads. In the second stage the case themes were synthesised within an overarching thematic that was identified as the main challenge in effective participation and implementation in these EBCD projects. The results: themes identified in the first stage of analysis related to different methods for gathering experiences and the activities used for the co-design of improvements. Variability in service user participation within co-design workshops was also discussed. Four out of the six projects implemented improvements in full. The prominent thematic overarching all six EBCD cases was the need for guidance on capability development and co-design preparedness for all participants in co-design not only project leads. In conclusion, variability in EBCD implementation makes it difficult to identify which component parts are essential for improving experiences and services, and which of these lead to sustained changes and benefits for service users and health professionals. One way to address this is to develop a model for co-design capability and preparedness that is closely linked with a set of eight mechanisms that have been previously identified as essential to achieving change in healthcare improvement initiatives.

Access the full article: <https://pxjournal.org/journal/vol6/iss2/15/>

Best Article: Emerging Scholar

Engaging under- and/or never-engaged populations in health services: A systematic review

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Erica Bridge, Cancer Care Ontario
Vidhi Thakkar, McMaster University
Naomi Peek, Cancer Care Ontario
Tanvi Patel, Cancer Care Ontario
Suman Dhanju, Cancer Care Ontario
Simron Singh, Sunnybrook Health Sciences Centre

Patient engagement is a mechanism used to facilitate person-centred care, however, has not been realized in all patient populations. Often, many marginalized populations still remain under- and/or never-engaged. The purpose of this systematic review was to: 1) identify methods or interventions that have been used to engage under- and/or never-engaged populations in health services and 2) identify outcomes that are associated with engaging under- and/or never-engaged populations in health services. A comprehensive search using the Ovid MEDLINE, EMBASE and CINAHL databases was conducted to examine literature between January 2002 and January 2015. Twenty-nine studies met the inclusion criteria. Data was extracted from these studies and findings are synthesized based on discrete themes that map to the research objectives. The majority of studies were quantitative, repeated-measures designs and concentrated in the United States. Hispanic and Latino/a populations were most frequently included in these studies. The main methods of recruitment included: 1) referral from a healthcare provider, 2) patient self-referral after seeing advertisements on mass media or targeted media, 3) directly approached by researcher in-person or telephone, and 4) administrative databases. Interventions occurred primarily at the individual-level, however some system-level interventions were identified. Five main outcomes resulted from the interventions, including: 1) behavioural change, 2) physiological, 3) psychosocial, 4) system and 5) process. Finally, culture-specific components were embedded in the interventions, both as surface and deep structures. This study provides future direction for patient engagement related projects, as it relates to under-and never-engaged population in healthcare.

Access the full article: <https://pxjournal.org/journal/vol6/iss3/4/>

Best Article: Practitioner

Using experience-based design to understand the patient and caregiver experience with delirium

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 Jennifer Phillips, Virginia Mason
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 Logan Kendall, University of Washington - Seattle Campus
 Craig Blackmore, Virginia Mason

Hospital-acquired delirium negatively affects clinical outcomes and the care experience for patients and family caregivers. Following the qualitative methods of experience-based design, we completed observations of hospital units and interviews of patients, caregivers (including family members and other companions), and hospital nurses and other staff regarding their experiences with delirium. In addition, we administered an experience-based design questionnaire to another 130 subjects from the same groups. Key findings included: there is a need for preparation of the patients and family caregivers for the possibility of delirium (particularly before surgery), and patients and caregivers lack understanding of delirium and its potential prolonged aftereffects. We identified that caregivers may both contribute and detract from delirium care as they: (1) often identify delirium early; (2) are invaluable for supporting patients during re-orientation after delirium episodes; (3) frequently lack the preparation and skills for adequate delirium detection and response; (4) may not be present at critical times; (5) can be challenging for the delirium management team, and (6) are frequently discussed as the person who best understands the patients' baseline cognitive state and behavior. Experience-based design is an innovative framework to increase our qualitative understanding of the patient and caregiver experience during and following episodes of hospital acquired delirium.

Access the full article: <https://pxjournal.org/journal/vol6/iss1/7/>

Most Impactful Article

Patient partnership in quality improvement of healthcare services: Patients' inputs and challenges faced

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 André Néron, University of Montréal
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This research focuses on the perception of patients who participated in Continuous Quality Improvement Committees (CIC) regarding their contribution, lessons learned, and challenges encountered. The committees are engaged in a care partnership approach where patients are recognized for their experiential knowledge and treated as full members of the clinical team. Based on patient interviews, we conclude that they bring a structured and thoughtful vision of their experience. They identify themselves as real partners in the care process and are grateful for the opportunity to improve the care provided to other patients by using their own experience and by bringing changes to the patient-professional relationship, particularly in terms of communication. They also become better acquainted with the complexity of the health system and its organization. However, their participation in CICs raised two challenges. The first was their availability, as their professional schedules did not always allow them to participate in meetings. The second was their frustration with the slow decision-making process and implementation of necessary measures for quality improvement of healthcare and services. This study highlights the contribution of successful patient participation to quality of care improvement.

Access the full article: <https://pxjournal.org/journal/vol2/iss1/6/>