A Commitment to Experience Must Reach Across the Continuum of Care

Jason A. Wolf PhD

Follow this and additional works at: https://pxjournal.org/journal

Part of the Business Administration, Management, and Operations Commons, Health and Medical Administration Commons, Medical Education Commons, Public Health Commons, and the Social and Behavioral Sciences Commons
EDITORIAL

A Commitment to Experience Must Reach Across the Continuum of Care

Jason A. Wolf

The Beryl Institute / Patient Experience Journal

ABSTRACT

A conversation on patient experience is not restricted to one care setting, nor should it be. People's healthcare journeys are not singular instances, but most often a series of encounters that while perhaps separate operationally from the delivery side of care, all weave together to frame one experience for a patient, their family members and care partners. This special issue purposefully takes us outside the traditional conversation space for experience, looking at segments of the care continuum including primary care, ambulatory care, free clinics and even dental care and the use of non-traditional care methods such as telehealth and app-based technologies to reinforce positive experiences. While this issue explore experience in the non-acute setting, we also offer a call to action on how we continue to ensure the best in experience for all across the continuum of care. In the end, we all know a commitment to experience in healthcare is not isolated to one idea, one organization, or one segment of healthcare. It is an accountability we all share, an opportunity we all must take, and ultimately a promise we all must make to one another and all we serve in healthcare.

Keywords: Human experience, Patient experience, Continuum of care, Ambulatory care

1. Across the continuum of care

As we release our 8th special issue for Patient Experience Journal (PXJ), we return to a foundational idea shared since the very first days of The Beryl Institute as a global experience community – experience happens at all touchpoints across the continuum of care – and as I often add, in all the spaces in between. A conversation on patient experience is not restricted to one care setting, nor should it be. People's healthcare journeys are not singular instances, but most often a series of encounters that while perhaps separate operationally from the delivery side of care, all weave together to frame one experience for a patient, their family members and care partners.

This idea is reflected in the closing words of the definition of experience itself, the sum of all interactions, shaped by an organizations culture that influence patient perceptions, across the continuum of care. In the seminal work Defining Patient Experience, this idea was further described as, “The orchestrated touch-points of people, processes, policies, communications, actions, and environment.” Key here to this idea, and ultimately this special issue, is that while experience conversations and actions may have been motivated by policy implications or a commitment to doing the right thing, so much of the experience focus has been, and in many ways remains, on the acute care, hospital setting. The reality of the healthcare system though is that a significant majority of care today happens outside of hospitals. One data point saying almost 90% of care is delivered in non-acute settings. This alone underlines the importance of focusing on experience beyond the hospital setting as the original definition calls on us to do. That is our intent in this special issue.

This acknowledgement and focus on non-hospital settings also reinforces the broader focus on human experience in healthcare, where the workforce experience and the community experience provided are...
also integral to the overall experience people have in healthcare. This has significant strategic and operational implications as well as leaders build experience efforts and engage their teams in executing on their key strategies. In fact, I would suggest it is those organizations that are committed to a focus on experience “across the continuum of care” that will ultimately realize the greatest value of their investment in experience efforts overall.5

2. Inside our issue

This special issue purposefully takes us outside the traditional conversation space for experience, looking at segments of the care continuum including primary care, ambulatory care, free clinics and even dental care and the use of non-traditional care methods such as telehealth and app-based technologies to reinforce positive experiences. In each of these areas we have seen foundational conversations started.

It calls on us now to be willing to dig deeper and reach more broadly into each of these segments of care to identify the experience connections, opportunities for shared ideas and learning, and reaffirm the need to ensure connection and continuity. While this issue will not cover each area with great depth, we hope it will inspire all to think about and act on experience with a broader lens and a wider framing for action.

The recent paper from The Beryl Institute, Improving Outcomes: The Impact of Experience in Ambulatory Care, looked at experience in the ambulatory care setting.6 It reaffirmed this very point and offered some clear action items that are critical to ensure experience excellence. While these ideas come from a conversation with ambulatory organizations, we can see consistent and common themes that ground any experience effort across the continuum of care. They include:

- Build a workforce that embraces experience as a core focus area
- Provide onsite, hands-on, continual education and training for sustained change
- Ensure continuity of the care experience
- Increase convenience for patients
- Improve efficiency of appointments
- Be transparent with scores and patient
- Approach healthcare holistically

The fundamental point here is that in a commitment to experience in healthcare we must engage the workforce, ensure continuity, and focus holistically. This underlines the key ideas shared in this issue and in our broader commitment to a focus on experience across the continuum of care. It reminds us, as we hope this issue will, that experience does not happen in isolation, or in solely single moments. Yes, individual moments do impact an experience, but it is the connection of these moments that shape someone’s full healthcare journey – across the continuum of care.

3. From concept to action

While each of our issues in PXJ bring together personal stories, rigorous evidence, and proven practices, they too are designed with an intent to push our thinking forward in ways we may not have considered. That is the nature of this issue as we look at expanding our own view of experience itself. In looking at experience from the view that considers the full continuum of care we are called to act in new, more comprehensive and intentional ways.

This has implications for researchers and healthcare practitioners alike. To move us from concept to action I offer four thoughts as we step into this issue. While these do not speak to specific non-hospital settings, it is intended to reinforce that most of the experiences people have in healthcare are not in a hospital at all.

1. A human experience lens helps us break down the silos of how we have traditionally viewed experience. When we move beyond experience as just a measure of how someone responded in a survey after a care encounter, to understanding all it takes to care for patients, family members and care partners, the healthcare workforce and the communities healthcare serves, we create a significant shift in perspective. A human experience lens supports us in looking beyond simple process to the implications and impact of our efforts. How we engage our people in healthcare influences the experience, the stories people tell in our communities about our organization are the experience, and all frame the next experience someone has. This is an underlying premise in this issue. If we focus on experience solely in one setting or build our plans to stop at the boundaries of the setting in which we work, then we can never truly fulfill our broader commitment to the human experience at the heart of healthcare.

2. When planning for experience we must be as aware of what happens at the edges of the experience we provide as we are of what happens at its heart. We often find ourselves focusing on the experience at the heart of our
core processes or offerings. Focusing on the big things we do in our work leads to a tendency to overlook the first steps in an individual’s experience with us, their warm welcome, and the last actions someone takes before they transition away, the fond farewells. Our willingness and capacity to provide for effective entry and thoughtful closure to the experience we provide, while also building bridges to the next is critical. That leads me to my next point.

3. **The space in between what one individual, team, unit or setting might provide and what another does, cannot be taken for granted and MUST be owned by both.** Building bridges between the individual steps in an experience journey and ensuring we do not lose people in the space in between is essential. This means we must work with intention to collaborate with people up or down stream from us in the healthcare continuum to ensure the best in transition for people on their care journey. It is NOT someone else’s responsibility, but a collective effort to ensure the experience one segment of the continuum provides complements and transitions effectively to another.

4. **We must be willing to learn from other segments of the care continuum to improve our own.** While some process and procedures may vary by healthcare setting, primary care to ambulatory, long term care to home health, the commonalities should be sought if we are to truly transform experience. I often share, in healthcare we are human beings caring for human beings. This is something that is true no matter on what part of the care continuum you find yourself. It could be a clinical encounter, trying to set an appointment, or dealing with a billing issue. All these interactions shape our experience. And, more often than not, what we face in each segment of the care continuum from an experience standpoint is not vastly different or at least can be adopted in our own settings to great effect. We must be open to reaching out, listening to, and learning from, and then implementing ideas and practices we learn from those across the healthcare ecosystem. It is in that willingness to seek, share, and act that we can collectively transform the human experience in healthcare.

While this issue touches on how experience plays out across the care continuum, it also reveals we have more opportunities to share what we learn, to explore practices, and gather more evidence. I encourage our colleagues in settings throughout healthcare to dig into the experience practices that matter, the actions that have impact, the strategies that add value. For in the end, we all know a commitment to experience in healthcare is not isolated to one idea, one organization, or one segment of healthcare. It is an accountability we all share, an opportunity we all must take, and ultimately a promise we all must make to one another and all we serve in healthcare.

**References**