



2017

The patchwork perspective: A new view for patient experience

Jason A. Wolf PhD

The Beryl Institute / Patient Experience Journal, jason@pxjournal.org

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

 Part of the [Health and Medical Administration Commons](#), [Health Policy Commons](#), [Health Services Administration Commons](#), and the [Health Services Research Commons](#)

Recommended Citation

Wolf, Jason A. PhD (2017) "The patchwork perspective: A new view for patient experience," *Patient Experience Journal*: Vol. 4 : Iss. 3 , Article 1.

Available at: <https://pxjournal.org/journal/vol4/iss3/1>

This Editorial is brought to you for free and open access by Patient Experience Journal. It has been accepted for inclusion in Patient Experience Journal by an authorized editor of Patient Experience Journal.

The patchwork perspective: A new view for patient experience

Jason A. Wolf, PhD, CPXP, *The Beryl Institute/Patient Experience Journal*, jason@pxjournal.org

Abstract

As *Patient Experience Journal* has continued to contribute to the expanding patient experience conversation, we too recognize this has been a significant year of progress for the patient experience movement. This progress has emerged in a number of ways in research, practice and programs that reveal a comprehensive and integrated approach is now more than ever a central consideration in a commitment to experience. This idea of interwoven efforts, begins to frame an image – a patchwork of clear, critical and comprehensive pieces that while operating distinctly each have value, yet when bringing them together have an exponential opportunity to impact healthcare. The case here in raising the imagery of a patchwork is to acknowledge both the chaos and beauty of healthcare, recognize the individuality of various efforts and their power in coming together and to make the case that under this umbrella of experience we can create powerful alignment and purposeful grounding for focused action in moving forward. The idea that experience is the soft stuff of healthcare must come to an end for as intricate and challenging as the science of healthcare is, there may be no more complex opportunity than that of tackling the human experience in healthcare overall.

Keywords

Patient experience, patient experience structure, state of patient experience, healthcare policy, human experience, *To Err is Human*

The Patchwork Perspective

Welcome to Volume 4, Issue 3 of *Patient Experience Journal* (PXJ). As PXJ has continued to contribute to the expanding patient experience conversation, we too recognize this has been a significant year of progress for the patient experience movement. This progress has emerged in a number of ways in research, practice and programs that reveal a comprehensive and integrated approach is now more than ever a central consideration in a commitment to experience. Organizations, while still building muscle to approach their experience needs, are showing themselves to have widened their lenses not to diminish the intricacy of the work of healthcare, but rather to better integrate and align efforts for greater success.

First, data show that efforts to improve experience are expanding to include wider involvement and broader focus and reaching beyond the traditional functions such as service excellence and patient advocacy. Experience efforts are now including functions that touch on a range of the human encounters crucial to healthcare experience such as spirituality, organization development and training, volunteer and language services, quality and access.¹

The recent study on the state of patient experience revealed that experience is being seen with this integrated lens now more than ever, encompassing quality, safety, service, cost and outcomes. More so what respondents to that inquiry shared was that those areas could not be

tackled effectively without also including the critical role of both patient and family engagement and employee engagement. In fact, a focus on employee engagement to drive patient experience excellence was the fastest growing priority across all healthcare segments studied.² This data strengthened the realization that experience efforts are more broadly a commitment to human experience and require a wider line of sight overall to drive outcomes.

I was also encouraged to see the evolution and launch of the Patient Experience Policy Forum (PXPf) this year with a clear and unwavering intent to elevate the collective voices of those committed to experience in the broader healthcare policy sphere. This evolution beyond practice to engaging in the processes that define policy represent a significant opportunity for awareness, influence and expansion of the experience conversation overall.

These triangulating efforts, along with many of the direct practices and successes shared over the year show the integrated, multidimensional and influential realities now at the core of the patient experience conversation. The efforts represent not just a distinct set of focal points that could push at healthcare from different perspectives, but rather they present themselves as clearly unique, but interwoven efforts to drive significant change in healthcare for the better. Key in this realization is that while all of these different influences bear individual opportunities, together they form the most formidable effort yet in pushing the patient experience movement forward.

This idea of distinct, yet interwoven efforts, begins to frame an image – a patchwork of clear, critical and comprehensive pieces that while operating distinctly each have value, yet when bringing them together have an exponential opportunity to impact healthcare. The idea of a patchwork – defined in one way as a thing composed of many different elements or incongruous parts – may seem strange to some in the healthcare world where the focus is most often on order, compliance and assimilation. But yet as the breadth of what experience encompasses expands it is important to understand that the parts we have traditionally not seen as related in healthcare are becoming critically interwoven as revealed in the structure study earlier this year.

As in a patchwork, where all the parts are clearly delineated and maintain their own look and feel, in coming together they form something much greater. It is in this connection of seemingly incongruous parts (from a traditional viewpoint) where we can actually begin to shift the very thinking of healthcare itself. As in a patchwork while each individual part has its own role and maintains its distinction, when woven together they become collectively functional in ways they might never otherwise achieve. This integrated idea – this patchwork perspective – can drive the achievement of significant things.

The Implications for Experience

The idea of where the patchwork perspective may play out can be seen in some of the more recent milestones on the evolution to the experience era³ in which we currently find ourselves. From the early revelations in *To Err is Human*,⁴ healthcare has attempted to focus efforts on safety and quality in explicit and intentional ways like no time before. Yet, with this elevated effort, expanded conversation and concentrated focus, the needle for improvement may have not moved in ways in which we ultimately hoped. In a recent study by NORC at the University of Chicago⁵ over 40% of individuals have reported having an experience with a medical error.

This reinforces a potential opportunity found in the progress outlined above. If we have only moved the needle to some extent with a direct focus on items such as safety, have we missed the opportunity for more comprehensive solutions. For instance, driving quality improvement processes or introducing new protocols in an environment where people are not engaged or do not take ownership for their work or more so the overall outcomes their organization looks to achieve, undermines your capacity to achieve the results you desire. Bottom line, improvement efforts driven on process alone without addressing the underlying and foundational issues lead to less than desired results. It means organizations must think bigger about what they can accomplish, but this can only be done with a focus on the foundations on which they look to build.

The measurable results of a focus on integrated experience was revealed in a study by Lee⁶ earlier this year in which he shared that areas with stronger experience outcomes (as measured by HCAHPS survey results) also showed greater clinical quality results. This finding raises a few critical realizations and opportunities:

1. Experience must be approached in a comprehensive manner in which culture – the kind of organizations we build and maintain in healthcare – and as found at the center of the definition of patient experience⁷ itself – serves as the foundation on which all healthcare performance is driven.
2. A focus on process improvement alone will not achieve the long-term and sustained results we desire if built on a weak foundation.
3. A commitment to experience excellence must first include a focus on the people IN your organization or you may fall short in providing the best for those you serve.

The implications for experience, and more so healthcare, are no clearer than today in which our strengths in focusing on individual pinpointed problems could ultimately undermine our capacity to create comprehensive and lasting results. This calls on a shift in perspective as we reassert our shared commitment to the best in outcomes for all engaged in each and every healthcare encounter.

A Look at Volume 4, Issue 3

This case for a patchwork perspective and the value of an integrated view of experience is no better exemplified than on the pages of our latest issue of *Patient Experience Journal* (PXJ). Volume 4, Issue 3 marks the end of our fourth full year of publication. As a rigorous, double-blind reviewed and globally open access publication, we have seen over 97,000 article downloads this year alone, from over 5000 institutions in almost 200 countries and territories. The breadth and scope of PXJ's topics and reach support the assertion of the patchwork perspective itself.

Issue 3 starts with a view of the expanding global patient experience efforts with a commentary⁸ from the President of Albert Einstein Hospital in Sao Paulo, Brazil, Dr. Sidney Klajner, who reinforces the organizational fundamentals needed to drive success. Tiffany Christensen, a powerful voice balancing patient and professional perspectives (and the new Vice President of Experience Innovation at The Beryl Institute) shares an insightful reflection on where patient experience has been and the opportunities it has in moving forward.⁹ We continue the commitment to sharing stories from the voices of those impacted by healthcare with two thoughtful and revealing narratives. Janell Ross¹⁰ shares a compelling personal evolution from bedside family champion to patient experience leader and Royal and

Kedrowicz¹¹ help to reinforce some of the fundamentals of communication overlooked in the dynamic and chaotic environment of healthcare today.

Research pieces in this issue take us around the world of healthcare literally and figuratively with perspectives from Canada, England and Turkey and tackle broad issues such as understanding survey responses, to relationships and information, and communication skills development. We also find growing contributions touching on policy implications and the implementation of government programs and powerful perspectives that help us see experience through the lenses of various disease states while searching for the integrated ideas in all we do.

What the pages of this issue reinforce is that the commitment we bring to both breadth such as exemplified by our cross-continuum reach, and depth as seen in explorations into specific disease states or powerfully moving personal experiences, is fundamental to moving the broader patient experience conversation forward. If, as the trends show us, experience is only expanding, we too must push the edges of what can and should help frame the broader patient experience conversation. We remain committed to doing that as we move to Volume 5 and beyond.

A New View for Patient Experience

The case here in raising the imagery of a patchwork is to acknowledge both the chaos and beauty of healthcare, recognize the individuality of various efforts and their power in coming together and to make the case that under this umbrella of experience we can create powerful alignment and purposeful grounding for focused action in moving forward. The idea that experience is the soft stuff of healthcare must come to an end for as intricate and challenging as the science of healthcare is, there may be no more complex opportunity than that of tackling the human experience in healthcare overall. Yet, if we remain vigilant in a connective versus distributed conversation, look for linkages and opportunities for alignment and in doing so are willing to give up a little at the edges of our own turf in order to share those spaces with others, it is hard to imagine anything less than great things happening.

A new view for patient experience is not a complex one, but it must be a comprehensive one. As we evolve our healthcare efforts to a commitment to the human experience, to the shared revelations of the power of our healthcare cultures and a refocusing on the needs of those working in healthcare itself, we provide for a new way of looking at experience overall. But this new way of seeing things cannot be our end point. Rather it is a jumping off point for where the real work begins. For in building the

best in healthcare organizations we will ensure the best for healthcare overall.

We must remain vigilant in ensuring the patchwork we frame for healthcare moving forward isn't driven by how the pieces look together, but ultimately how they work together. That is why so many chose this noble work and why so many depend on all it provides each and every day.

I hope you enjoy the pages that follow, the thoughts they raise and the edges they push. I too hope they inspire you to share your own experience, your current research or call you to ask questions to expand our conversation. It is in all we see in personal stories, practice and research that will ensure our collective and connected efforts remain an unwavering commitment at the heart of healthcare.

References

1. Wolf JA. *Structuring Patient Experience: Revealing Opportunities for the Future*. The Beryl Institute; 2017.
2. Wolf JA. *The State of Patient Experience 2017: A Return to Purpose*. The Beryl Institute; 2017. <http://www.theberylinstitute.org/?page=PXBENCHMARKING2017>.
3. Wolf JA. The experience era is upon us. *Patient Experience Journal*. 2016;3(2):1-4.
4. Kohn LT, Corrigan JM, Donaldson MS. *To err is human: building a safer health system*. Washington, DC: National Academy Press; 2009.
5. NORC at the University of Chicago and IHI/NPSF Lucian Leape Institute. (2017). Americans' Experiences with Medical Errors and Views on Patient Safety. CHICAGO, IL. http://www.ih.org/about/news/Documents/IHI_NPSF_Patient_Safety_Survey_2017_Final_Report.pdf
6. Lee TH. How U.S. Health Care Got Safer by Focusing on the Patient Experience. *Harvard Business Review*. May 2017.
7. Wolf J, Niederhauser V, Marshburn D, Lavela S. Defining Patient Experience. *Patient Experience Journal*. 2014;1(1):7-19.
8. Klajner S. Accelerating patient experience performance: Collaboration and engagement as drivers for success. *Patient Experience Journal*. 2017; 4(3):4-5
9. Christensen T. Rebalancing the patient experience: 20 years of a pendulum swing. *Patient Experience Journal*. 2017; 4(3):6-8
10. Ross J. From darkness to hope: A journey through patient experience. *Patient Experience Journal*. 2017; 4(3):9-11
11. Royal K, Kedrowicz A. Turning a blind eye: How lack of communication with ER nurses nearly cost a patient permanent vision loss. *Patient Experience Journal*. 2017; 4(3):12-14