

# NJSHCA



New Jersey Society for Healthcare Consumer Advocacy

Mar. 2015

## President's Pen

Dear Members:

As we all know, the Society for Healthcare and Consumer Advocacy has blended with the Beryl Institute and no longer functions as a professional society. This makes it an exciting and challenging time for our Board and members as we move forward and identify who we are as a state organization. I am very happy to say that 2/3 of the SHCA State chapters have remained active and viable organizations as of this date.

Many have changed their names to more clearly reflect their new identity and purpose and some have remained the same for the time being. I have been in touch with a few of the more active groups and I and my fellow Board members are proud to be able to say that we in NJ are a strong and cohesive group.

With this in mind, we are working on our Bylaws and article 1 pertains to our name and how we identify ourselves. I have suggested The NJ Society for Healthcare Advocacy and the Patient Experience. NJSHAPE I removed the word "consumer" and added "Patient Experience".

Please take some time to think about name suggestions, slogans that you think are best to sum up who we are and email them to any Board member. We will be meeting before our March 20th General Meeting to discuss our Bylaws and would like to be able to begin the work of changing our name if we decide to do so. If you like the suggested name, please let us know as well.

Please join me in welcoming our new Board members as we begin our new term and thanking our outgoing members for their generosity and hard work.

I am looking forward to seeing you on March 20th.



My Best,

*Michelle*



### In This Issue

- Hospitals contribute \$20.9 billion to N.J. Economy
- 2016 Budget Proposal Includes Cut for Charity Care
- Spark Plug
- Retreat Conference information
- Minutes from 11.20.2014
- On the Road series



## **NJHA Report: Hospitals Contribute \$20.9 Billion to N.J. Economy**

New Jersey hospitals contributed \$20.9 billion in jobs, wages and other fiscal benefits to the state economy in 2013, according to the annual 2014 New Jersey Hospital Economic Impact Report developed by NJHA's Health Economics department and shared with members today.

Compiled from 2013 hospital cost reports filed with the state, the report illuminates the value of hospitals as large employers, safety net healthcare providers and contributors to the state's economy. Information in the report is displayed at the state, county and hospital specific level.

Findings from the report indicate New Jersey hospitals provided the following to the economy in 2013:  
\$20.9 billion in total expenditures

- \$2.8 billion in purchased services
- 117,000 full-time equivalent jobs and total employment of 144,000 full- and part-time positions
- \$8.3 billion in total employee salaries
- Close to \$460 million in state income taxes paid by hospital employees
- \$1.3 billion in charity care services to New Jersey's working poor and other uninsured residents.

Roger Sarao, 609-275-4024, [rsarao@njha.com](mailto:rsarao@njha.com)  
Amina Razanica, 609-275-4029, [arazanica@njha.com](mailto:arazanica@njha.com)

## **2016 Budget Proposal Includes Cut for Charity Care, Boost for GME**

Gov. Christie today unveiled a \$33.8 billion budget for fiscal year 2016 which would cut hospitals' charity care reimbursement by \$148 million, while increasing funding for graduate medical education and Medicaid reimbursement for physicians.

Coming one day after a Court ruling requiring the state to increase payments to public workers' pensions, the Governor's budget address focused almost entirely on the need to continue to reform the state's pension and health benefits system. But in a conference call with NJHA and other hospital advocates earlier in the day, Health Commissioner Mary E. O'Dowd and Human Services Commissioner Jen Velez provided some details on healthcare spending:

- Charity care funding will be cut by \$148 million, from last year's \$650 million to \$502 million in 2016. Distribution will be based on 2013 documented charity care claims, and O'Dowd said details of the distribution formula will be released in the coming weeks.
- Graduate medical education will see an increase of \$27.3 million from last year's \$100 million, for a total of \$127.3 million to be distributed among the state's 42 teaching hospitals. Distribution details also are expected "in the coming weeks," according to O'Dowd.
- The Delivery System Reform Incentive Payment (DSRIP) fund will remain funded at last year's level of \$166.6 million.
- The Mental Health Subsidy Fund will be held at the same level as last year of \$24.7 million.
- The state will invest \$15 million for a two-to-one federal match – a total of \$45 million – to increase Medicaid reimbursements to physicians who provide certain types of specialty care. The increased reimbursement rates will take effect in January 2016.

In addition, the Budget in Brief document provided some information on post-acute funding, stating "the fiscal 2016 budget includes increased resources to continue the transition to community-based care through the Managed Long Term Services and Supports (MLTSS) program. It is expected that an additional 14,000 low-income seniors and people with disabilities enrolled in NJ FamilyCare will receive care coordination and enhanced community-based services by the end of fiscal 2016, helping to eliminate or delay the need for institutional care."

NJHA continues to study the budget and its impact on members and will continue its ongoing dialogue with the Administration and the Legislature.

Neil Eicher, 609-275-4088, [neicher@njha.com](mailto:neicher@njha.com)



February 24, 2015

## **Wishful Thinking and Positive Thinking**

Wishful thinking is hoping for something and waiting for someone else to make it happen.

Positive thinking is *expecting* something and doing the work to make it happen.

This Guidebook describes ten steps to transform dreams and wishes into Memories of the Future.

### **[Memories of the Future Guidebook](#)**

email: [joe@joetye.com](mailto:joe@joetye.com)  
phone: 319-624-3889  
web: <http://valuescoach.com>



The NJSHCA conference scheduled for June 5, 2015 is fast approaching. I have attached to the newsletter the list of vendors and the letter sent to each of them. I have not heard back from any of them so I am hoping that if you use any of these vendors and/or see them that you will ask them to join us. The vendors who sponsor us cover the expenses for the conference as well as increase our financial budget.

*Thank you for your help in making this years conference another successful one.*



360 Translations International, Inc.

American Hospitals Publishing Group Int.

ASL Interpreter Referral Service, Inc.

Baptist Leadership Group

CaringBridge

Cintas Corporation

Circles Corporate

Curbell Electronics, Inc.

Cyramcom

Deaf Talk

ExactCare Pharmacy

Genesis HealthCare

GetWell Network, Inc.

HealthStream

Healthy Advice

Language Access Network

Medcalm Corp.

NRC Picker

Optimal Phone Interpreters

Pacific Interpreters

Para Plus Translations, Inc.

Popish Incorporated

Press Ganey

Quantros

RL Solutions

Samaritan Hospice

Sign Language Services

SOFTEQ Development Corporation

Star Specialties Inc.

Stratus Video

Tactus Personalis/Personal Touch

The Beryl Institute

The BioMat Company

The Jackson Group

Vendormate

VitalSmarts



# New Jersey Society for Healthcare Consumer Advocacy

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[www.NJSHCA.org](http://www.NJSHCA.org)

## NJSHCA 9<sup>th</sup> Annual Conference Friday, June 5, 2015

The New Jersey Society for Health Care Consumer Advocacy (NJSHCA) is an affiliate of the New Jersey Hospital Association and a New Jersey chapter of the Beryl Institute, an international organization devoted to improving the patient experience. Our membership is comprised of Patient Advocates, Patient Representatives, and Patient and Guest Relations staff from hospitals and healthcare facilities throughout the state of New Jersey.

The Mission of the NJSHCA is to be the forerunner for the advancement of consumer advocacy, by enriching the healthcare professionals who represent and advocate for New Jersey's patients and healthcare consumers. This mission is achieved by creating a forum for healthcare consumer advocacy through:

- Diversity in Education
- Sharing of Information
- Membership Support
- Resource Conduit

As patient advocates, we bring patients' needs to the center of healthcare while supporting ethical values such as truth, respect and dignity in a changing environment. NJSHCA quarterly meetings include legislative updates, presentations on topics of interest to our members, and an opportunity for our members to connect with each other.

**NJSHCA is hosting its annual conference. It will be held on June 5, 2015 at the Maris Stella Retreat and Conference Center in Harvey Cedars, New Jersey.** Our annual conference is an opportunity for our members to network, exchange ideas and best practices in a relaxed atmosphere.

NJSHCA would like to offer your organization an opportunity to participate at this conference as a presenter and/or exhibitor. We hope you will take advantage of this opportunity to network with the membership of NJSHCA.

**The NJSHCA membership includes representatives from:**

AtlantiCare Regional Medical Center	Raritan Bay Medical Center
Cape Regional Medical Center	RWJ University Hospital at Rahway
Capital Health	St. Mary's Hospital
Carrier Clinic	St. Peters HealthCare System
CentraState Medical Center	The Valley Hospital
Cooper University Hospital	Trinitas Regional Medical Center
Englewood Hospital and Medical Center	University Medical Center of Princeton at Plainsboro
Hunterdon Healthcare	Virtua - Berlin
Jersey Shore University Medical Center	Virtua - Marlton
JFK Medical Center	Virtua - Voorhees
Kennedy University Hospital Medical Center	Virtua - Memorial
Palisades Medical Center	

We are expecting the majority of our membership to attend the annual conference! We also invite you to enjoy a meet and greet during lunch in a tranquil and relaxing environment.

If you are unable to attend our conference, we also offer multiple levels of sponsorships customized to meet your needs. By participating as a sponsor, you will receive some or all of the following benefits:

- recognition as a sponsor at our annual conference and an opportunity to address the attendees
- recognition in the NJSHCA quarterly newsletter and on our website
- opportunity to promote your product to several New Jersey hospital representatives
- NJSHCA member contact list

If you are interested in participating in NJSHCA's annual conference and/or would like to sponsor our organization, please return the enclosed form to:

**Gerry McCloskey**  
Manager, Patient Relations  
Virtua - Voorhees  
100 Bowman Drive  
Voorhees, NJ 08043

Attached are the levels of sponsorships available through NJSHCA. If you have any questions, please call me at (856) 247-3555 or email me at [gmcloskey@virtua.org](mailto:gmcloskey@virtua.org).

Thank you for your consideration. I look forward to meeting you and working with you at our annual conference.

Sincerely,

Geraldine T. McCloskey  
NJSHCA Retreat Coordinator

## **NJSHCA Sponsorship Options**

### **Distinguished Sponsor - \$750**

1. Recognition as a primary sponsor of New Jersey Society for Healthcare Consumer Advocacy
2. Acknowledgement in one issue of the NJSHCA newsletter
3. Acknowledgement of your sponsorship on our webpage for one year (July to July), which will include your logo along with a link to your website.
4. Display table and presentation by company representative limited to 15 minutes
5. NJSHCA member contact list

### **Patron Sponsor - \$500**

1. Recognition as a sponsor of New Jersey Society for Healthcare Consumer Advocacy
2. Acknowledgement in one issue of the NJSHCA newsletter
3. Your company listed on our webpage as a Patron Sponsor
4. Display table and presentation by company representative limited to 15 minutes

### **Advertising Sponsor - \$350**

1. Recognition as a sponsor of New Jersey Society for Healthcare Consumer Advocacy
2. Acknowledgement in one issue of the NJSHCA newsletter
3. Display table throughout the conference (information only).



## EXHIBITOR RESERVATION FORM

NAME OF ORGANIZATION/COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

### PLEASE CHECK ONE

\_\_\_\_\_ DISTINGUISHED SPONSOR AND EXHIBITOR - \$750

\_\_\_\_\_ PATRON SPONSOR AND EXHIBITOR - \$500

\_\_\_\_\_ ADVERTISING SPONSOR AND DISPLAY TABLE - \$350

### EQUIPMENT NEEDED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PLEASE MAKE CHECKS PAYABLE TO NJSHCA AND RETURN TO:

**Helene O'Leary**  
**AtlantiCare Regional Medical Center**  
Customer Relations  
1925 Pacific Avenue  
Atlantic City, NJ 08401

**Helene.O'Leary@atlanticare.org**  
**Tel: (609) 441-8193**



**New Jersey Society for Healthcare Consumer Advocacy**  
**November 20, 2014**  
**Meeting Minutes**

<b>Topic</b>	<b>Discussion/Conclusion</b>	<b>Recommendations</b>	<b>Actions</b>
Patient and Family Engagement Across the Continuum and Across Cultures in New Jersey	Conference sponsored by NJHA		Members attended NJHA conference which served as the educational portion of the meeting.
Welcome and Introductions (10 members in attendance)	Michelle Oleski welcomed members. Meeting was brief and conducted during lunch break due to NJHA conference.		
Legislative Update	Phillip Echevarria - NJHA		
SHCA	Michelle briefly discussed the status of SHCA and Beryl. Two tracks – Patient Advocate, Patient Experience.		
Election Results	<p>Linda Fauteux announced the election results:</p> <p><b>Eileen Smith – Vice President</b>  <b>Teresa Lawlor – President Elect</b>  <b>Tatiana Alcocer – Secretary</b>  <b>Helene (Lee) O’Leary – Treasurer</b></p> <p>Michelle thanked everyone for voting and thanked the outgoing officers for their time and efforts for the past two years. Bank gift cards were presented to the outgoing officers.</p>		
Treasurers Report Eileen Smith	Eileen gave the Treasurer’s report and the current balance is \$7,548.72		
<b>The next meeting is March 20, 2015 at NJHA</b>			



## **Joint Commission Webinar and NJSHCA March Meeting**

DATE: **March 20, 2015**

TIME **9:00 a.m. to 3:00 p.m.**

TITLE **Joint Commission Webinar “Best Practices for the Patient Relations/  
Patient Advocate Departments including**

- Tracking and addressing patient complaints and grievances
- Other areas/concerns under the domain of Patient Relations
- Learning what JC sees as best practices on how hospitals communicate the need and then implement languages services throughout the hospital and more..

SPEAKER: **Anita Giuntoli, RN, BSN, MJ.**  
Ms. Giuntoli is Associate Director, Office of Quality and Patient Safety for Joint Commission.

LOCATION: **NJ Hospital Association Conference Center**  
760 Alexander Road, Princeton, NJ 08543

**Please RSVP by March 13, 2015**

**Helene O’Leary  
AtlantiCare Regional Medical Center  
Customer Relations  
1925 Pacific Avenue  
Atlantic City, NJ 08401**

**Helene.O’Leary@atlanticare.org  
Tel: (609) 441-8193**



## Driving Experience Excellence Through Awareness, Engagement and Implementation

*On the Road with University of Arkansas for Medical Sciences*

Jason A. Wolf, Ph.D.

February 2015

### A Strategy for Success and a Big First Step

This month's on-the-road visit reveals a comprehensive effort to address the patient and family experience and focus on the principles of patient- and family-centered care (PFCC) found at its core. I was honored to spend time with and speak to the team at the University of Arkansas for Medical Sciences (UAMS) in Little Rock, including members of the PFCC team, patient advisors and front line leaders and staff.

My visit began well before I arrived with an introduction to the structures and principles that guide experience efforts at UAMS. Julie Moretz, the institution's first associate vice chancellor for patient- and family-centered care and my host for this journey, helped paint a picture of the efforts at UAMS outlined below. She also shared her excitement for the inaugural Patient Experience Symposium at UAMS where I had the privilege to speak and share thoughts to both individuals on campus and virtually to health care organizations across the state of Arkansas.



The intent of the Symposium was clear and reinforced, from the start, the intention with which UAMS is tackling the importance of patient experience. "Every employee at UAMS, whether clinical or not, has the responsibility for taking care of our patients and families or supporting those who do," Julie said. "This Symposium will challenge us all to identify our personal role and how we are held accountable for improving the patient experience."



Dr. Dan Rahn, UAMS Chancellor, reinforced this message as he welcomed people to the Symposium calling the focus on patient experience a "virtuous undertaking." In his introduction to the event, he underscored a critical point I believe central to experience efforts. "A focus on the experience of patients and families is not an initiative or a program," he shared. "Rather it is essential for our work in bringing value to our society."

This was reinforced in the messages heard through the stories presented at the Symposium, from the exemplars with Food Services to the Emergency Department (which I will share below) and including the launch of a powerful new recognition, The Eli Award. This award honors a patient and his family cared for by UAMS and recognizes a member of the UAMS team for exemplifying a commitment to creating a meaningful experience through their actions. The power of this commitment exemplified in the Symposium, was not just about the messages of the speakers, but more so was about a statement of commitment UAMS is making to ensure all members of the community understand and are supported in their role to provide the best in experience for all in their care. As Julie offered, "The Symposium speaks to front-line staff in all disciplines, health care leaders, physicians, nurses and other clinicians, residents, and students as well as our patient advisors because we are all in this together – we are the patient experience."

In recognizing the critical nature of this broad level of perspective and active engagement from all roles, the team at UAMS has been hard at work building a framework for action.

### A Framework for Leadership – The PFCC Leadership Team

The team at UAMS has been working hard, not just to say experience is central to their work, but they have made a commitment to engaging all the voices central to an effort of this magnitude, including the complexities that arise when working in an academic environment.



The figure, seen here, provides a visual for the comprehensive and integrated nature of an effort focused on effective action. Grounded in the ideas of raising and sustaining awareness and engagement, and ensuring effective and continuous implementation, the team at UAMS has aligned a broad interdisciplinary and cross functional team to move beyond the idea of experience as a program, to one which exemplifies, quite simply, what the organization strives to be and provide every day.

This strategy guides experience efforts from the top, including Julie, the Chancellor, the CEO/Vice Chancellor for Clinical Programs and the Provost of the Institution. Yet, it also purposefully engages a wide range of roles from physician and nurse leaders, to patient and family advisors, from research to communication, human resources to health professions education, and from measurement to setting standards. This comprehensive effort reinforces the importance of the many voices needed to drive successful action in providing a positive patient experience. It also highlights a central point I have shared often.

Experience is truly singular for the "end user" in our care systems, and while we delineate many things in our provision of care – such as quality, safety, service, etc. – we must recognize that together, they represent one experience for the patient or family member. For that reason, we must think as one experience in taking action. This model exemplifies this opportunity brilliantly.

But more than just structure, this integrated strategy is grounded in the PFCC principles of dignity and respect, information sharing, participation and collaboration. More so, powerfully Julie has concentrated on the very transformational nature a focus on experience can provide an organization. Citing Berwick, Clancy, and Conway as shared at the Lucian Leape Institute at the National Patient Safety Foundation, October 2009, the efforts reinforce the point that to become a safe, effective, high reliability organization, health care organizations must implement five major transforming concepts. While other ideas and actions are needed to bring about the changes in the complexity of the health care system, the following ideas rest at its core:

1. Transparency must be a practiced value in everything we do;
2. Care must be delivered by multidisciplinary teams working in integrated care platforms;
3. Patients must become full partners in all aspects of health care;
4. Health care workers need to find joy and meaning in their work; and
5. Medical education must be redesigned to prepare new physicians to function in this new environment.

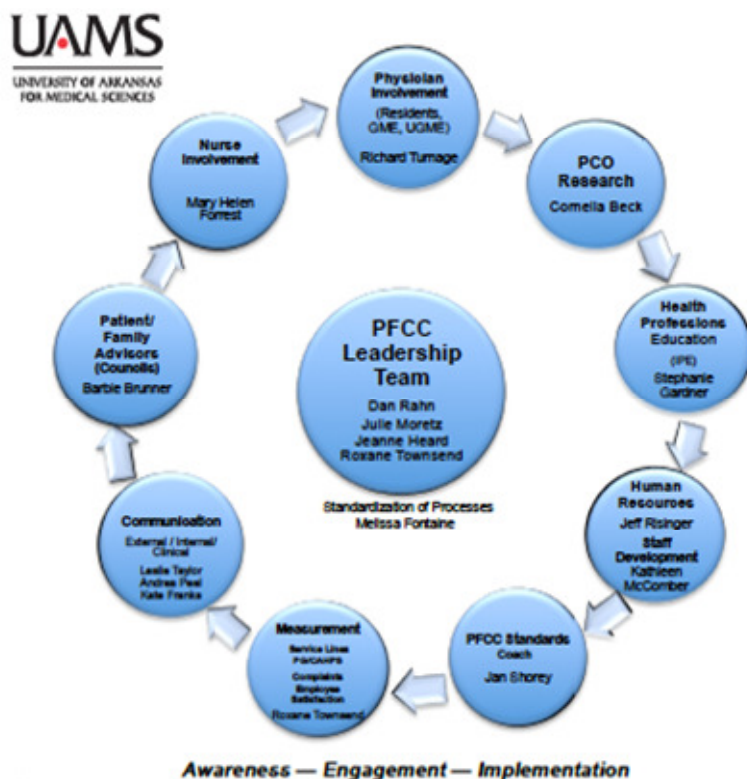
You can see the powerful commitment an effort of this magnitude requires and also the clear accountability an academic institution can feel with not only providing care, but developing the leaders of tomorrow. To ground this commitment in action, UAMS has defined central pillars under which they can focus both intent and effort.

### A Focus on Execution – The UAMS PFCC Pillars

In sharing this structure for execution, Julie reinforced that more than a list of ideas, these pillars represent a statement of purpose and action, and also provide a means by which to gauge progress and overall success. I share these ideas here as written for they provide strong guidance for other organizations looking to structure efforts in a clear and succinct way. I must also note that there is incredibly strong alignment to the very nature of patient experience and the role of effective patient experience leaders we have seen emerge in the final stages of planning for patient experience professional certification.

The UAMS PFCC Pillars, which includes patient and family engagement, are:

*Pillar I – Cultural Integration of Patient- and Family-Centered Care*



- Integrate a patient- and family- centered care philosophy into the mission, values, and strategic plan of UAMS.

#### *Pillar II – Building Partnerships*

- Collaborate with UAMS leadership, direct care providers, staff, administration, and patient and family advisors in understanding the importance and value of partnerships with patients and families.
- Involve Patient and Family Advisors in meaningful roles in health care at UAMS.

#### *Pillar III – Engaging and Empowering Employees (Faculty, Staff, and Students)*

- Development of a comprehensive internal communication and education plan to coincide with external marketing;
- Recognize opportunities to build on employee strengths through education (support, training, awareness);
- Integrate PFCC into HR policies and procedures including hiring practices, orientation, competencies, and evaluation.

#### *Pillar IV – Implementing Processes and Practices*

- Redefine operations to expect partnerships with patients, families and employees as well as meaningful roles in decision-making.

#### *Pillar V – Measuring Outcomes*

- Expand the UAMS definition of effectiveness measures to include outcomes that reflect patient- and family-centered practices.
- Develop tools to track progress in advancing the practice of patient- and family-centered care and its impact on quality and safety.

In these pillars, Julie shared they have created a framework for action. As I have reflected on my previous visits to facilities and organizations around the world, I have seen many strong process models for focusing actions. This example shared by the team at UAMS may be the most powerful, first, for its comprehensive simplicity and clarity, and second, for its clear bias for action and outcome. As Julie shared with me, "Our five pillars are our action plan—this was developed by a diverse, dedicated team that believes strongly in the strength of each pillar. These pillars reflect motivation and commitment and we will and must always be doing these things in support of our patients and families."

### **A Commitment to Voice**

Inherent in my visit with the UAMS team was something we continue to see as central to patient experience excellence – a commitment to voice. That is giving voice to all engaged in the health care experience and then listening and acting on what is heard. During my visit, I had the honor to meet and spend time with some of the direct care providers and leaders and engage with a powerful group of patient and family advisors committed to supporting UAMS in their efforts.

#### *Engaging Patients and Family*

I was privileged to have lunch with a broad section of the patient and family advisors during my visit and was able to learn a great deal about the commitment and engagement of these individuals in the daily workings of UAMS. Not just a council of individuals providing occasional advice, they play a vital role in providing input and direction strategy and direction of the organization. Guided by PFCC team member Barbie Brunner, director of Patient- and Family-Centered Care, patient and family advisors play roles across the continuum of services at UAMS and are engaged in a variety of ways from direct input to advisory councils, and active engagement with events and programs to helping frame organizational strategy. Barbie oversees eight Patient/Family Advisory Councils and works with advisors operationally to ensure their voices are embedded and heard throughout the organization. Patient advisors participate on standing committees, work groups, and in policy reviews--such as a recent effort to revise a Code Blue Policy that now captures the importance of choice if the family wishes to be present during a code and that their needs are respected during this most challenging time.



Larry Taylor, chair of the Hospital Advisory Council, shared, "As patient and family advisors, we all came here with a story and with an intention and we now come together not as tangential to the organizations efforts, but as a central part of all that is accomplished." While I will not lay out the structure UAMS has created for its advisors, I will add that there is an incredible intentionality and purpose for ensuring the voices of patients and families are central to as much of the work of the organization as possible.

With the strong and growing effort to engage patient and family voice, Julie and Barbie shared that it remains an important work in progress. Of special note is that the advisory council is included as part of the formal organization chart, providing it formal recognition in the structure of the organization. But it seems, and rightly so, that the goals of UAMS are to go beyond words on paper to impact through action. The patient and families I spent time with during my visit seemed focused on and vigilant to that cause as well. It may have been summed up best by one of the patient advisors who shared, "I was honored to be asked for my opinion and now I am committed to giving it. And while I am not sure they knew what they were going to get in inviting me, I know they care about what I have to say."

### *Leading at the Front Lines of Care*

Also through my visit, the critical focus on experience was made real through the stories told and experiences shared of those on the front lines of care. From examples provided at the symposium, to a tour of the NICU with Becky Sartini, NICU Clinical Services Manager, I was exposed to efforts being taken on to drive experience excellence across the spectrum of care.

A story shared by Tonya Johnson, Chief Clinical Dietitian, exemplified a call for above and beyond effort. She told one story of an elderly patient who was challenged with eating during her hospitalization. She was on a special diet given her medical condition and a nutritionist noticed that she was not eating. The nutritionist asked her if she could bring her something that she would like to eat. The patient responded that she loves blueberry pie and cheese puffs like she eats at home. Through collaborative efforts of the physician, dietitian, and nutrition services, the patient's dietary restrictions were removed, and these food items, which are not standard menu items, were ordered from the distributor. The patient enjoyed blueberry pie and cheese puffs every day for two weeks until she died. Although patient- and family-centered care is linked with safety and quality of care, this is a great example of recognizing how we can make an impact to improve the patient's experience. What a difference we can make when we listen to the stories and preferences of our patients.



What this story exemplified for me was not service for service sake, but a true effort to understand needs, work within the framework of an experience mindset being mindful of quality, safety and service issues and offer creative solutions with a commitment to exceptional experience. While we cannot provide blueberry pie and cheese puffs in every encounter, what it shows us is we need to listen and work with our patients as appropriate to understand their needs and be open to address when and why we can or cannot meet them. Understanding and addressing expectations in health care are powerful levers in how people gauge us and how we can have a positive impact on everyone in our care.

This idea of understanding expectations was shared by Dr. Tony Seupaul, Chair, Department of Emergency Medicine, who talked about the focus they are taking in the Emergency Department at UAMS. Dr. Seupaul acknowledged an important point we cannot overlook in the experience conversation – that we cannot make everyone happy in every moment, but we can, in each of those moments, work to both understand and help people understand. We need to keep people informed, we need to be willing to ask questions and engage, and we need to be willing to give thoughtful and honest responses.

He talked about how in the ED, as they are working to continually improve their performance, they are focused on some purposeful fundamentals – listen, engage and invest. This model is significant as it helps the team outline what is critical to how they communicate with the people in their care. Listening is fundamental to understanding the perspectives of all involved in any situation. Engaging is a commitment to providing a sense of ownership and clear involvement in the process taking place. It moves us from listening to having people feel that they have been heard. Investing is a powerful concept I have not seen expressed often in health care settings in this way. The idea is that we must also be willing to show our commitment to action. Beyond just a focus on hearing and involving, we need to have a roadmap for moving forward. This outline shared by Dr. Seupaul in many ways framed the ongoing efforts at UAMS overall. That, at its core, was more than just ideas—it is a commitment to action itself.

This may have been no better exemplified than in my final visit of the day with Becky Sartini, NICU Clinical Services Manager. While the small efforts taking place to provide a personal touch for the patients and families receiving care were evident, what Becky shared was a macro strategy; I dare say a philosophy about the critical nature of patient and family involvement. In providing excellence in what I have outlined before as the Three Ps of patient experience – people, process and place – the work happening in UAMS' NICU was striving to address all three elements. Aside from providing a place for patients and families to be part of the care process, the way in which families are being engaged and the individuals who comprise the team are all critical. There was a clear commitment to a comprehensive effort of acknowledging and engaging family where they are and at their point of need as well as providing them with what they need as parents with children in the NICU across the spectrum from information and education, to comfort and compassion.

While these examples only scratch the surface of the myriad of efforts taking hold at UAMS, they do help frame the critical levers central to the work going on every day to drive their experience efforts forward.

### **Driving Experience Excellence**

The team at UAMS will be the first to say, while much is underway, they have much more to accomplish. As I have shared on numerous occasions, I believe it is the high performers who realize and acknowledge they are never truly "there." As Julie shared with me as I was wrapping up my visit, "There is a lot of work going on and a lot that still needs to happen!"

In asking about opportunities and advice for others, Julie offered, first have a plan that is shared, understood and supported across all levels in the organization. She also suggested the value of having experience efforts embedded directly into the human resource processes of the organization. When this occurs, you create the foundation for clear alignment with people to purpose. In reassuring this alignment, she also cautioned about the efforts and intention it takes to develop and share education for all individuals. She stressed, "Creating shared learning is critical as it becomes your foundation for structure and understanding, and provides a process for consistency."



In preparing for the Symposium and in reporting on its success, Julie reminded me of a fundamental "truth" (my word, not hers) on what will help not just UAMS, but any of us driving experience excellence. She noted, "As we know and as we must remember, patient experience and patient- and family-centered care is a journey, not a destination." It is something that requires diligence and unwavering focus. And I know for so many of us, it is a journey worth taking.

Thanks so much to Julie Moretz and the entire team at UAMS for the honor of not only participating in the Patient Experience Symposium, but for the opportunity to spend the day visiting with and learning from them. As Julie so aptly shared with the participants at the event,

"You are the patient experience!"

To learn more about the experience efforts at UAMS, please contact:

**Julie Ginn Moretz**

*Associate Vice Chancellor, Patient- and Family-Centered Care*

Center for Patients and Families

University of Arkansas for Medical Sciences

Office: 501-686-7034

[jmoretz@uams.edu](mailto:jmoretz@uams.edu)