

Bluewater Health provides exemplary access to care through a patient-centered culture



A PICKER INSTITUTE SERIES

Patient-Centered Care Case Study

October 2015



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Organization Profiled

Bluewater Health, Sarnia, ON, Canada

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Statement of Interest

Hospitals today strive to meet patient needs on many levels. The Canadian patient satisfaction survey documents hospital performance in the inpatient setting in eight areas of patient-centered care: access to care, continuity and transition, coordination of care, emotional support, information and education, involvement of family, physical comfort, and respect for patient preferences. The survey also asks patients to rate the hospital overall and specify whether they would recommend the hospital to family and friends.

Organization Profile

Bluewater Health is located in Ontario within the Erie St. Clair Local Health Integration Network in Canada. It encompasses Bluewater Health in Sarnia and Charlotte Eleanor Englehart Hospital of Bluewater Health in Petrolia. Bluewater Health is a 326-bed community hospital that has close to 2,500 staff members, physicians, and volunteers. The organization provides an array of specialized acute care, complex continuing care, allied health, and ambulatory care services. Its state-of-the-art facilities, which opened in 2010, contribute to Bluewater Health's mission: "We create exemplary healthcare experiences for patients and families every time."



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In each of these areas certain hospitals are excellent performers, with consistent high scores in specific acute care dimensions. Picker Institute case studies explore the ways hospitals achieve these outstanding results, and share examples of best practices.

Communication with Doctors (Composite Measure)

ACCESS TO CARE:

- How would you rate the availability of your doctors?
- How would you rate the availability of your nurses?
- While you were in the hospital, were you able to get all the services you needed?

This case study profiles Bluewater Health, which the Picker Institute has identified as a high performer in delivering patient-centered care based on its exemplary performance in the acute care dimension of Access to Care.

Creating a Positive Culture That Promotes Patient-Centered Care

Leadership and staff have worked collaboratively throughout the last decade to build a culture dedicated to patient-centered care.

In 2008, Bluewater Health was facing financial hardship, and there was hostility due to opposition within the organization and competition among units and staff. A new CEO, Sue Denomy, was brought in to help turn the hospital around. She spent a lot of time talking to employees at all levels, even attending committee and staff meetings, so she could learn as much as possible from everyone. It quickly became clear that employees didn't have a lot of trust in the organization, that many staff members were frustrated and unhappy, and that it was time for change.

Denomy gathered the senior leadership team, and together they decided that three things needed to happen: 1) the workplace culture had to change, 2) frontline staff needed to step up and make improvements, and 3) there had to be a plan in place for sustaining the changes made. All of this needed to start with engaging staff and encouraging a new vision for the organization in which the patient was always kept front and center.

Leadership wanted to hear from employees, so they began encouraging staff to voice their opinions and set up a system to ensure concerns and ideas were acted upon. A first step by leadership was to have each unit within the hospital select

ambassadors to be paired up with managers. Each of these dyads became responsible as a team for bringing forward concerns and making improvements. Now if anyone has an idea or a complaint, the ambassador is the point person among the staff. Employees no longer have a passive voice, and there is shared accountability for making changes and bettering the inner workings of the hospital. "A high level of employee engagement has a positive impact on patient satisfaction and patient outcomes, so we make sure staff are very involved and feel comfortable sharing their thoughts," Denomy said. "Innovation comes from individuals who feel safe bringing forth new ideas to challenge the status quo."

It didn't happen overnight, but over the years, this inclusive leadership style has led to an improved culture in which employees feel dedicated to the organization and interested in its improvement. This, in turn, has helped them deliver upon the mission to "create exemplary healthcare experiences for patients and families every time."

One way they have made changes and helped to nurture positivity throughout Bluewater Health is by weaving Appreciative Inquiry into all aspects of the organization. Appreciative Inquiry is a philosophy for change, in which you search for the best in people and an organization. It includes identifying what is working and analyzing ways to promote that behavior or activity, rather than focusing on weaknesses.

ASSUMPTIONS OF APPRECIATIVE INQUIRY

- In every society, organization, or group, something works.
- What we focus on becomes our reality.
- Reality is created in the moment, and there are multiple realities.
- The act of asking questions of an organization or group influences the group in some way.
- People have more confidence and comfort to journey to the future (the unknown) when they carry forward parts of the past (the known).
- If we carry parts of the past forward, they should be what is best about the past.
- It is important to value differences.
- The language we use creates our reality.

Source: Sue Annis Hammond, *The Thin Book of Appreciative Inquiry*, Third Edition, Thin Book Publishing Company: Bend, OR, 2013.

With Appreciative Inquiry you look at everything through a positive lens and initiate change by asking questions like,

- What is driving scores to be elevated in certain departments?
- What did we do well that has resulted in a positive outcome?

Barbara O'Neil, Bluewater Health's Chief Nursing Executive and Chief of Inter-Professional Practice and Organizational Development, completed her master's thesis on Appreciative Inquiry, and brought up this idea because she saw the long-term benefits it could bring to the organization. In 2009, she began meeting with small groups of key leaders to educate them in Appreciative Inquiry and get them on board. "We started small and rolled this out slowly, and once the idea tipped, it really tipped," O'Neil said. "The timing was right, the message worked, and it didn't cost anything. We were working with really great people who were ready and in a position to make a difference."



They didn't conduct formal training with employees. Instead, leaders spread this approach by modeling "appreciative" behavior with staff through the questions they asked, the thought processes they used, and the recognition they promoted. They strategically shared stories of things employees were doing really well that promoted desired behaviors, rather than telling employees what to focus on. This led the ideas behind the concept to become organic to the organization's culture.

There were two components of Appreciative Inquiry that informed their work. "It was our ability to imagine the outcome we desired by asking ourselves the question, What would it look like if it was the very best it could be?" O'Neil explained.

"When challenged by a response such as, We can't do that, we encouraged each other by asking, What if we could? What would we need to start today to get to the ideal? The second element involved focusing our attention on those areas where we were doing well, and spreading and growing those efforts."

Barbara O'Neil

Chief Nursing Executive and Chief of Inter-Professional Practice and Organizational Development

Bluewater Health used this philosophy to strengthen the organization, using what they were already doing successfully as a foundation for change and hiring new staff with appreciative qualities. Now it has become the way they operate and a part of everything they do, from conducting strategic planning to reviewing patient-satisfaction data, to improving processes throughout the hospital.

The hospital's leaders have made significant strides in showing their appreciation and support for employees. Members of leadership have open dialogue, and take time to get to know what's important to the staff. This has helped leadership identify what's needed by the staff to make them available to their patients. Focusing on the positive and the resources staff need to do their work helps to break down barriers in dialogue. "We are their biggest cheerleaders," O'Neil said. "They know we are watching and cheering them on and that everyone is aligned, not each marching to a different parade."

Employee recognitions and celebrations have become a part of Bluewater Health's culture. Staff are celebrated each year at the annual Employee and Physician Service Recognition Ceremony, where the hospital recognizes service levels for all doctors and staff members at five-year increments.

Bluewater Health also holds a major gala-style event every year called the Bridging Excellence Awards, where staff, physicians, and volunteers are recognized. Individual and team awards are given out for contribution and commitment to excellence. The CEO and board chair give out five awards in three categories—Mission Award, Vision Award, Values Award—and winners receive a trophy and money toward educational development. Focusing on the organization's vision and delivering exemplary service to patients and families within every encounter is not only a top-down focus

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but also an area of reinforcement that is embedded within the organizational reward structure. The allocation of funds toward educational development supports an environment of lifelong learning within the Bluewater Health culture.

Leadership programs have been implemented that support internal talent management and leadership succession planning. Bluewater Health introduced the Innovative Management Program, which provides internal formal training for managers who have been in their roles for five years or less. The formal program helps to build skills within the newer leadership, which strengthens departmental relationships and ensures that new managers are well equipped to support their staff. The organization is also partnering with Lambton College on a new Board of Governors certificate program called Healthcare Management and Leadership Development. A culture of ongoing learning aligns with the concept of Appreciative Inquiry. It fosters a commitment to questioning what more can be done at a personal development level and professionally to promote a culture of excellence for how care is delivered.

By supporting and recognizing staff, leadership have created a workplace that makes employees want to perform their best for Bluewater Health and its patients. “No workplace is without challenge and opportunity,” Denomy said. “An engaged workforce can move through those challenges in a culture of collaboration, teamwork, support, and possibility thinking. Engaged staff go above and beyond with their heads (using knowledge, skills, and resources), hearts (care, caring, and compassion), and hands (performing meaningful work).”

Smart Processes and Teamwork Promote Access to Care

Physicians and nurses at Bluewater Health have a strategically structured workflow and a strong sense of teamwork, making them more accessible to patients and their needs.

A core group of eight intensivists covers the telemetry units. Their schedules are set up so that they cover one full week, allowing them to be dedicated to the hospital during that time without the distraction of being in the clinic. The intensivists can plan for this week well in advance. This creates a smooth experience for both patients and nurses.

Since the length of stay for these patients is usually less than a week, they typically only have one doctor following them during their stay—two doctors at most, depending on when they are admitted. The doctors have time to get to know all of the patients, understand their needs, and build a relationship with them. Patients really appreciate this consistency in care, and it is much easier for them to get what they need at all times. Because there is only one doctor on call during that week, nurses know whom to get in touch with and only have one point

person to contact for answers concerning all of their patients. This streamlines processes for reaching a physician when there are questions about a patient that need to be answered. Also, because the physician isn’t covering his or her clinic during this time, the availability of the physician is increased.

Three hospitalists cover the rest of the inpatient floors together. Patients are split among the team so there is an even balance, based not just on numbers but on factors such as the patient’s condition, ensuring that each hospitalist has a manageable workload.

All of the hospitalists are family practice trained physicians, which is an advantage because accessibility is a mindset that comes with the discipline. Family practice doctors are taught to focus on the “three As” (affability, accessibility, and ability).

“It’s our personality to be accessible; it truly comes from within. You have to have empathy,”

Richard Cheong
M.D., lead hospitalist

They also find it very important to individualize care for each patient and focus on each patient’s mind, body, and soul. This is reflective of how they talk to patients and the questions they ask them to make sure they are getting everything they need. Bal Sharma, M.D., a hospitalist at Bluewater Health, explained how if someone has a bodily ailment, it impacts the mind and soul too. For example, they had a patient with cancer and they took care of his body by treating the cancer. But he ended up going to a nursing home, which was not what he wanted, and this left him feeling very unhappy—so his soul and mind weren’t attended to. The hospitalists believe you have to have all three in focus to truly heal a patient.

The hospitalists make communicating with their patients and patients’ families a top priority. They are on-site from 9 a.m. to 5 p.m. and available to meet with families to discuss any concerns or provide them with any information they need during that time. They also regularly schedule phone calls after hours, if this is more convenient for the family. “We try to really heavily manage expectations,” Dr. Cheong said. “We may say, ‘I don’t have the appropriate amount of time to speak with you right now, so let’s set up an appointment to set aside 30 minutes to talk.’ That way we are not rushing through talking with the family, and are giving them the time and focus needed.” They are also happy to facilitate conversations between specialists and the family when needed, or to hold family meetings with a social worker, a nurse, or anyone else necessary.

This focus on giving patients and families the time they need, and realistically balancing that with their own workload, has increasingly caused the hospitalists to be viewed favorably. Although meetings may not be immediate, families and patients are getting the time they deserve to have their questions answered and concerns relieved. Family members respect and appreciate this, and it supports the perception of physicians as available to handle any concerns.

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M.D., Lead Hospitalist

Teamwork is a common theme at Bluewater Health. The hospitalists have two meetings each day to ensure there is consistent communication and alignment of patients’ treatment plan with any needs known. Every morning they meet to discuss each of the patients on the floor for a good understanding of what’s going on with those patients, which furthers consistency among the team. “If any patient has a concern or needs anything, the other hospitalists already know what is going on with that patient, because we work in a team,” Dr. Sharma said. “There is a lot of coordination and communication amongst us. We help each other out and learn from each other, with the result being that we are all at the same level at all times—and if any one of us is away, we all are in agreement on how to treat the patient.”

During lunch, the hospitalists also get together and talk about the care being provided and any challenges faced. This is an informal time to bounce ideas off of each other and talk through situations in which a hospitalist may be doing something differently. The hospitalists can also decide if there is a solid rationale for any difference in care among the team, which promotes best practice sharing and consistency. They drill down to the details to ensure the focus is always on finding the best way to provide care for the patient. If there are times when one of the hospitalists is away, such as during a conference or on vacation, the consistency of practice protocols through the team review fosters continuity of the services provided to all patients at Bluewater Health.

Bluewater Health has hardwired processes and created an environment that supports nurses in their efforts to respond quickly to patient requests. Nurses are actively involved in making their work processes more efficient and making themselves more available to the patients they serve. The manager/ambassador dyad has made it easy for nurses to voice concerns and create positive changes. Nurses work on improvement projects, which are aligned with the corporate level. This high level of involvement has helped put the resources and structures in place for staff to do their job most effectively.

Nurses work 12-hour shifts, which allows for a longer period of time to know and anticipate patient needs. Because the nurses get to know patients well through the longer shift, they can create a more efficient workflow. They are aware of what is required through their shift, and are able to increase their availability. It also helps ensure that additional services needed during the hospital-to-home transition have been arranged prior to a patient’s discharge.



The staff members at Bluewater Health connect with patients right away by stating their name, occupation, and duty, and having a warm presence that makes patients feel comfortable. The patient introduction sets the tone for the remainder of the shift. The acronym NOD (name, occupation, duty) was developed as a reminder prompt for staff so that they always make a good first impression on patients. All staff work as a team and have made it their culture to go in and help if a patient needs something, rather than just walking past the door. Staff availability is further strengthened by using cell phones and overhead pages to communicate. (Personal pagers are perceived as only allowing one person to get a message, while these other forms of communication make it easier to call for help with a patient.)

Lean techniques are used throughout the hospital to make sure processes are streamlined and that staff are working

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smarter, not harder. For example, if a nurse needs to place an intravenous line in a patient, the tubing, IV bag, and medicine are centralized in one room, so no one needs to travel to different locations. The nurses use visual aides to quickly see what is going on with a patient. On the hospital-unit discharge board, color-coded magnets designate patient status: green indicates that a patient is scheduled for discharge that same day, yellow indicates a next-day discharge, and red indicates that a patient has deviated from the expected discharge date. The color-coding of discharge status provides a rapid visual indicator of any exceptions to the expected patient timeline and the volume of patients being discharged. It also supports teamwork among the disciplines for identifying which patients will be leaving soon, ensuring that all services needed are provided.

To guarantee smooth care transitions and continuity of care, Bluewater Health works closely with community partners and agencies, such as the Canadian Mental Health Association of Lambton-Kent, the Erie St. Clair Community Access Centre, and the Local Health Integration Network. Stephanie Vandevenne, Patient Services Manager at Erie St. Clair Community Care Access Centre, and her team—including a care coordinator and a social worker—work with nurses and staff to get patients the extra services they qualify for and the resources they need for a smooth transition after they leave the hospital. “Once patients know when they are going to be discharged, we ask them, ‘What can we do to make you safe at home?’” Vandevenne said. “It’s important to not tell patients what they need, but ask them what they need. And if they are not eligible for those services, we seek out services that are available in the community to make sure no need goes unmet.”

This could include outreach to volunteer organizations like the Red Cross or Meals on Wheels to provide outside services, such as setting up a free ride to a doctor’s appointment so a patient doesn’t end up back in the hospital, or finding someone who will bring a patient groceries or meals if they aren’t able to do it on their own. It is all about creating a unique plan for each patient so that they have the necessary support in place. By providing these services, Bluewater Health can ensure that the patient’s requirements are fulfilled within the hospital and everything is aligned for patients when they leave. This also helps patients remain in their homes or return to their homes as quickly as possible after a stay at the hospital.

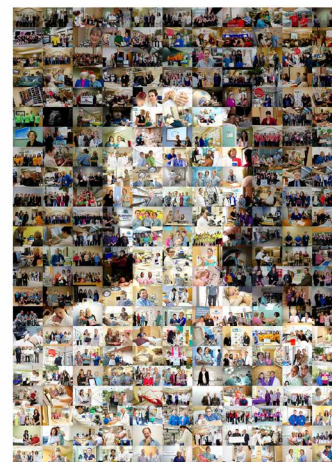
Putting Patient Experience in the Spotlight

Another way that Bluewater Health focuses its efforts on patient and family-centered care is through the “Emily” concept. Emily represents the voice of the patient. She is every patient and family member whom Bluewater Health has cared for, is caring for, and will care for in the future.

The Emily concept goes beyond just asking what would be important to consider for the patient. It promotes questions at a deeper level within the organization, such as,

- What questions would Emily ask?
- Why would this be important to Emily?
- What more could we be doing in support of her?

Her image, which is a visual composite of individual photos of patients and family members, is displayed in both the Sarnia and Petrolia hospitals, within all strategic plan communications, and at meetings, as a reminder that the patient is the focus of all decisions. Emily is an active part of the culture, and she has a seat reserved in every meeting from the board level down through the organization. This serves as a visual reminder to consider the perspective of Emily, and remain diligent in asking the questions that Emily would ask if she were sitting at the table.



For Emily... every time.

Mark Taylor, M.D., Bluewater Health’s Vice President of Medical Affairs, Chief of Professional Staff, and Chief of Quality, Patient Safety, and Risk Management, initiated this approach out of a desire to move away from the healthcare industry’s focus on the physician-hospital compact and shift it to Bluewater Health’s commitment to everything patient-centered. The physician–hospital compact was viewed as an agreement model that created an “us vs. them” mentality among physicians and administration, when everyone really needed to be working in alignment to improve patient care. Emily helped bring the groups together and improve the culture. “Emily has had a tremendous impact on staff,” Dr. Taylor said. “We were pleasantly surprised that the vast majority of our doctors embraced the concept. Emily provided a new focus and commitment to everything patient-centered, and she personalizes what we do.”

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Now Emily is embedded in the organization. Whether the board is strategically planning for the future, a nurse is spending extra time with a patient to make them more comfortable, or physicians are meeting to discuss their patients, Emily is always top of mind. The focus on Emily has brought additional support to the Access of Care dimension, “While you were in the hospital, were you able to get all the services you needed?” Proactively asking what Emily would want or do in a situation, and the care she would expect to receive, leads to ensuring that patients obtain the services they should.

Recently, the hospital pulled together over 200 employees—nurses, physicians, environmental services, allied health partners, and patient-experience partners—and created focus groups. In these focus groups they worked on a series of “I will” statements that centered on what would personally be done for Emily. The “I will” statements, having been signed off on by the CEO, board chair, and Dr. Taylor, are now being rolled out to the organization. Leadership wants this to be deeply engrained into the culture. “There is a clear commitment from the CEO down to work in the best interests of patients,” Dr. Taylor said. “Leadership is very dedicated to Emily. It’s the tone set at the top that has really made a difference.”

Patient Experience Partners (PEPs) also play a large role in ensuring that the patient is always heard and the patient/family voice is represented. In December 2012, Bluewater Health put together a Patient Experience Partner Council to provide patient and family perspectives on everything in the hospital and “give a voice for positive change.”

Bluewater Health has a full-time Patient Advocate, Denise Dodman, who works with PEPs and is in charge of responding to patient and family issues, questions, suggestions, compliments, and complaints, and facilitating and teaching successful strategies for patient and family interactions. “The first PEPs

Patient Experience Partner Pledge

Under the direction of the Patient Advocate or his/her designate, as a Patient Experience Partner of Bluewater Health, I pledge to embrace the principles of, and will continue to learn about, patient and family-centered care.

I WILL UPHOLD THE INTEGRITY OF THE PATIENT EXPERIENCE PARTNERS AND BLUEWATER HEALTH BY:

- Bringing the perspectives of patients and families forward for the benefit of future patients
- Sharing my healthcare experiences in a manner that is helpful to others, remembering that my Patient Experience Partner work is never about only my experience
- Respectfully collaborating with other Patient Experience Partners and hospital staff to bring any concerns forward with the goal of resolution
- Encouraging people I meet to share feedback they have with managers, directors, and the Patient Advocate
- Maintaining the confidentiality of personal healthcare information and Bluewater Health business, focusing on the strategic plan

were recruited from the 700 volunteers at Bluewater Health and from patients who called with a desire to ‘make it better for the next patient,’” Dodman said. “The desire to make a difference for future patients is the first essential quality we are looking for, and the second qualification is that each PEP must have been a patient or family member of a patient. What keeps PEPs committed to their role is the worthiness of this work. They tell me that making it better for Emily is significant, and a satisfying use of their time and talents.”

PEPs are involved in various initiatives and activities throughout the hospital. They talk with patients, join task teams for improvement projects, and are members of committees and patient programs. The PEP Council has meetings every month to share their opinions, address items for further improvement, and discuss what they are currently working on.

PEPs also meet once a month to review the forms that are used within the hospital. Using their expertise from having been a patient, or a loved one of a patient, they are able to inform staff on patient communications. Patients and families are presented information in a way that is meaningful to them

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and will resonate at a personal level. As a result, materials more proactively address what patients want to know, and better explain the services that are being provided. Evaluating forms and handouts is a critical way that PEPs contribute to the goal of patients and families receiving the information they need while in the hospital.

“Being around the hospital shows that patients have a voice and we are there for them. We have also found that employees want this same thing—to feel like someone is beside them, helping them improve their work. The PEPs are advocating for resources that both the staff and patients need in the voice of the patient.”

Madeleine Kerr
Patient Experience Partner Co-Chair

One major area of focus and revision by the PEPs was Bluewater Health’s forms on patient aggression and violence. The current form had verbiage that could result in a patient further escalating their behavior, due to the language and labeling that was being used. The PEPs revamped the handout, referring to aggressive actions as “responsive behaviors” and softening the language to let patients and families know that everyone is screened with “the goal to ensure that everyone’s safety, dignity, and respect is maintained through what might be a difficult time.” It is now a much more patient-centric form, with simpler wording and a compassionate tone.

Patients have been really receptive of the PEPs, and the staff appreciates having them around as well. “Being around the hospital shows that patients have a voice and we are there for them,” said Madeleine Kerr, Patient Experience Partner Co-Chair. “We have also found that employees want this same thing—to feel like someone is beside them, helping them improve their work. The PEPs are advocating for resources that both the staff and patients need in the voice of the patient.” In this capacity, the PEPs are acting on the staff’s and patients’ behalf, to bring forward recommendations that make nurses more available.

The PEPs have worked with staff on several projects geared toward making sure patients receive necessary services within the comforts they would have at home. For example, some of the PEPs had family members with continuing complex care. It was clear that certain patients weren’t getting comfort foods from home that they liked, so the hospital brought together a team to improve and standardize this process across units. The PEPs drove the whole process, from bringing in infection control to figuring out logistics, such as food expiration and where the food would go, and creating a process whereby any physician-ordered dietary restrictions could be maintained. It was a big win for the PEPs, as well as for patients.

PEP members are constantly developing new ideas and ways of looking at things that would improve access to care, which further promotes the hospital’s environment of learning and Appreciative Inquiry. “There’s always a gentler, nicer way of doing things, and the PEPs bring forward ideas we may not have thought of on our own,” Dodman said. “Giving that voice shows patients and families that someone in the hospital is here for them, and that we are caring for them as a person, not a patient or number, and with a kind heart.”

At Bluewater Health, the spotlight is always on the patient experience. It is this type of thinking that has led to an environment where patients continuously have access to the services and resources they need, and nursing staff and physicians are available and committed to making sure patients receive the best care possible throughout their entire care journey.



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**NRC Health helps healthcare organizations
better understand the people they care for and
design experiences that inspire loyalty.**