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CHANGE FOR THE BETTER

Health Management Institute of Ireland
Annual Conference
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www.hmi.ie



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**Improving Patient Experience
at the Point of Care**



Liam Woods
*National Director, Acute Hospitals Division
Health Service Executive*



The Point of Care



**Over 90% of an
organisation's culture is
invisible, even to its
members.**

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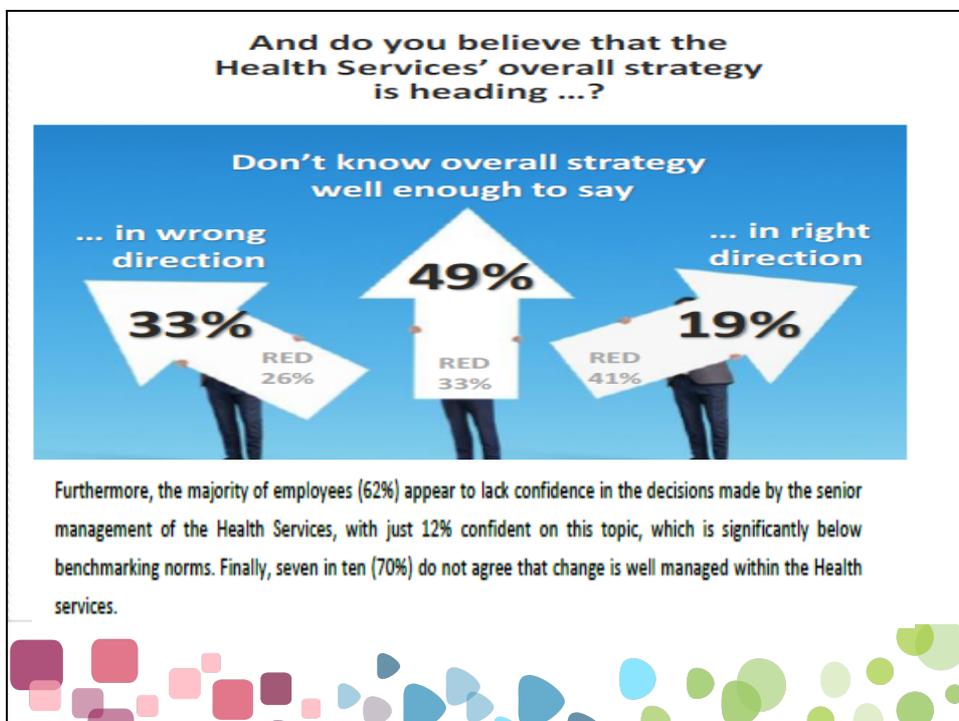
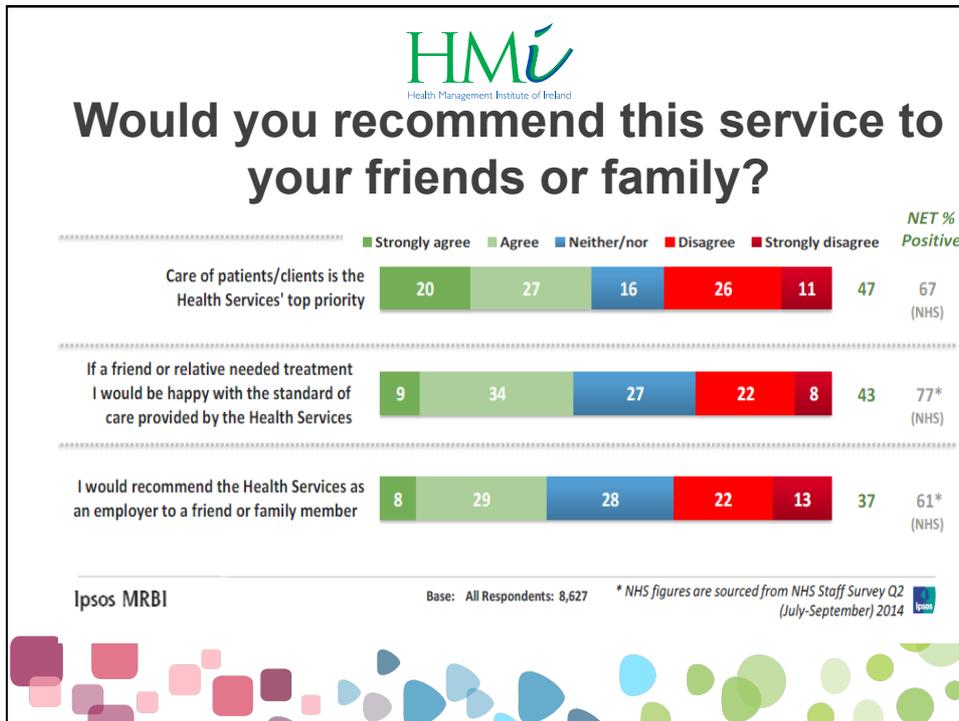


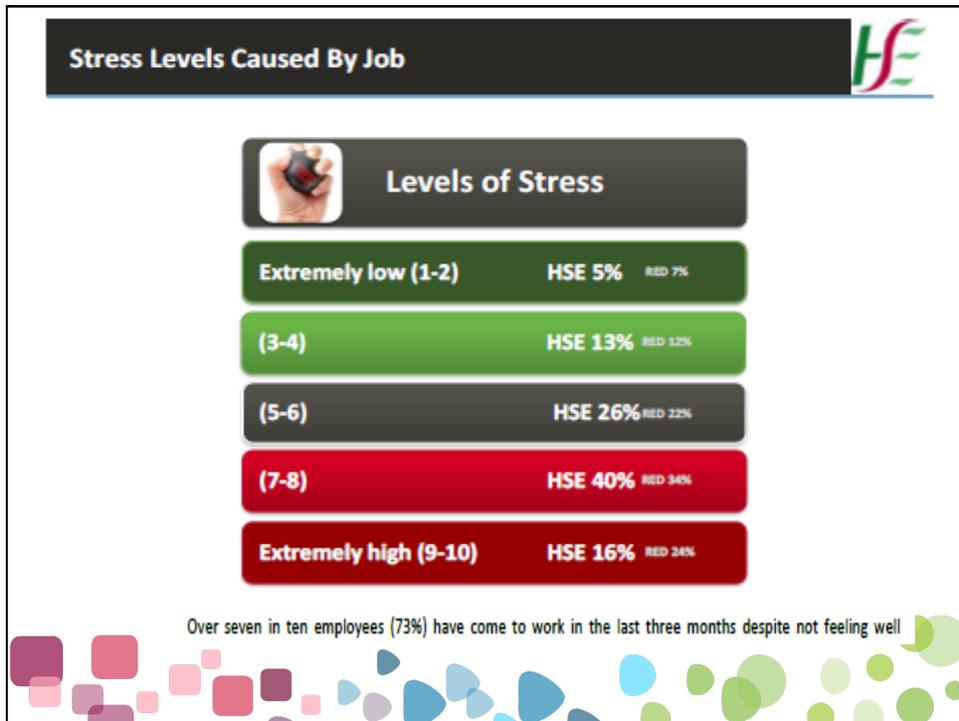
HAVE YOUR SAY 2014

THE HEALTH SERVICES EMPLOYEE SURVEY

- Just over half of HSE employees (52%) are satisfied in their job at present
- The vast majority of employees (89%) feel that their role makes a difference to patients/clients
- (83%) claim to go beyond what is required in their job for the Health Services to succeed
- Levels of advocacy for both the Health Service as an employer and for its standard of care are below benchmark levels





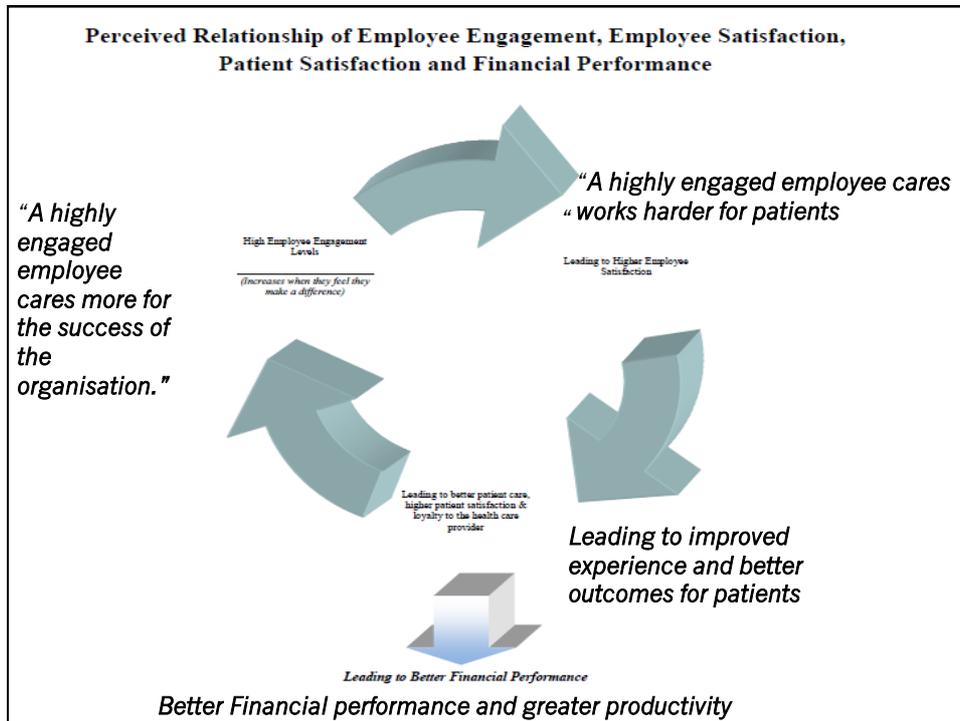



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Priority areas, identified by staff

- Address uncertainty
- Reconnect with leadership
- Improve poor advocacy
- Enhance communications
- Demonstrate staff value
- Maximise potential
- Recognise diversity





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Effects of employee engagement on patient satisfaction and financial performance

Table 1:
Reported Relationships & Outcomes from Literature Review

Effects of Higher Employee Engagement Levels on Employees	Effects of Higher Employee Engagement & Satisfaction on Patients	Effects of Higher Employee Engagement/Satisfaction on Financial Performance
<ul style="list-style-type: none"> • Improves employee productivity • Improves relationships with management • Reduces job stress • Increases employee satisfaction • Increases retention & turnover 	<ul style="list-style-type: none"> • Improved care quality • Increased patient satisfaction • Increased patient loyalty 	<ul style="list-style-type: none"> • Lower employee recruitment/retention and training costs • Higher patient loyalty to organization • Possibly lower costs related to the delivery of patient care (because of shorter patient stays)



Reported methods to impact employee engagement

Table 2:
Reported Methods to Impact Engagement from Literature Review

- Empowerment in decision making
- Management accessibility & leadership styles
- Recognition programs
- Workplace culture
- Organizational communication
- Trust & respect
- Company reputation
- Access to resources, training, information, & opportunity



Acute hospitals committed to making a difference

- **1) Leadership**
 - Appointing group leads –patient experience
 - Accountability plans for improving patient experience
- **2) Insight**
 - Measuring patient experience
 - Supporting the implementation of a real-time patient feedback system
 - Establishing robust patient engagement structures
- **3) Influence and Interventions**
 - Using patient feedback to inform quality and patient safety initiatives and evaluate progress



Practical Commitment to Creating a Culture which Puts Patients' **First**



- Leadership at Hospital Group Level
- Accountability plans for improving patient experience
- Investing in a real-time patient feedback system
- Using intelligence gathered from patients to inform priorities, identify patients needs and improve quality



The Dinner



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Putting Patients First

- Exemplar plan developed by CUH. Designed to promote a culture of patient partnership
- Demonstrating the role of all staff from Board to Ward
- The complexity of this agenda is absorbed across the whole organisation. The role and responsibilities of each staff member is articulated.

Doing it with us, not for us:
Strategic direction 2015-2018



Cork University Hospital Group
Staff guide to patient and public participation
April 2015

Key contact: Celia Cronin, Clinical Governance Manager, CUH

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“One Size Fits None Plan”



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Three incompatible business models in hospitals

- The impact of disruptive innovation in healthcare
- Decentralisation
- Reducing reliance on acute services
- Supporting the activated patient

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Who's condition is it anyway?

Person: Life with a long-term condition – the path from a person's perspective (**8,758 hours per year**).

Support services: The stripes represent the planned and unplanned interactions with services (**2 hours per year**).

Problem solving: Time limited consultation/s providing motivational support

Diagnosis ————— **End-of-Life**

Care Planning: A system of regular scheduled appointments, providing pro-active structured support

Care Pathways: Providing specific interventions

Person may be accessing other supports eg. from within the community

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“We don't see things as they are, we see them as we are.”



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