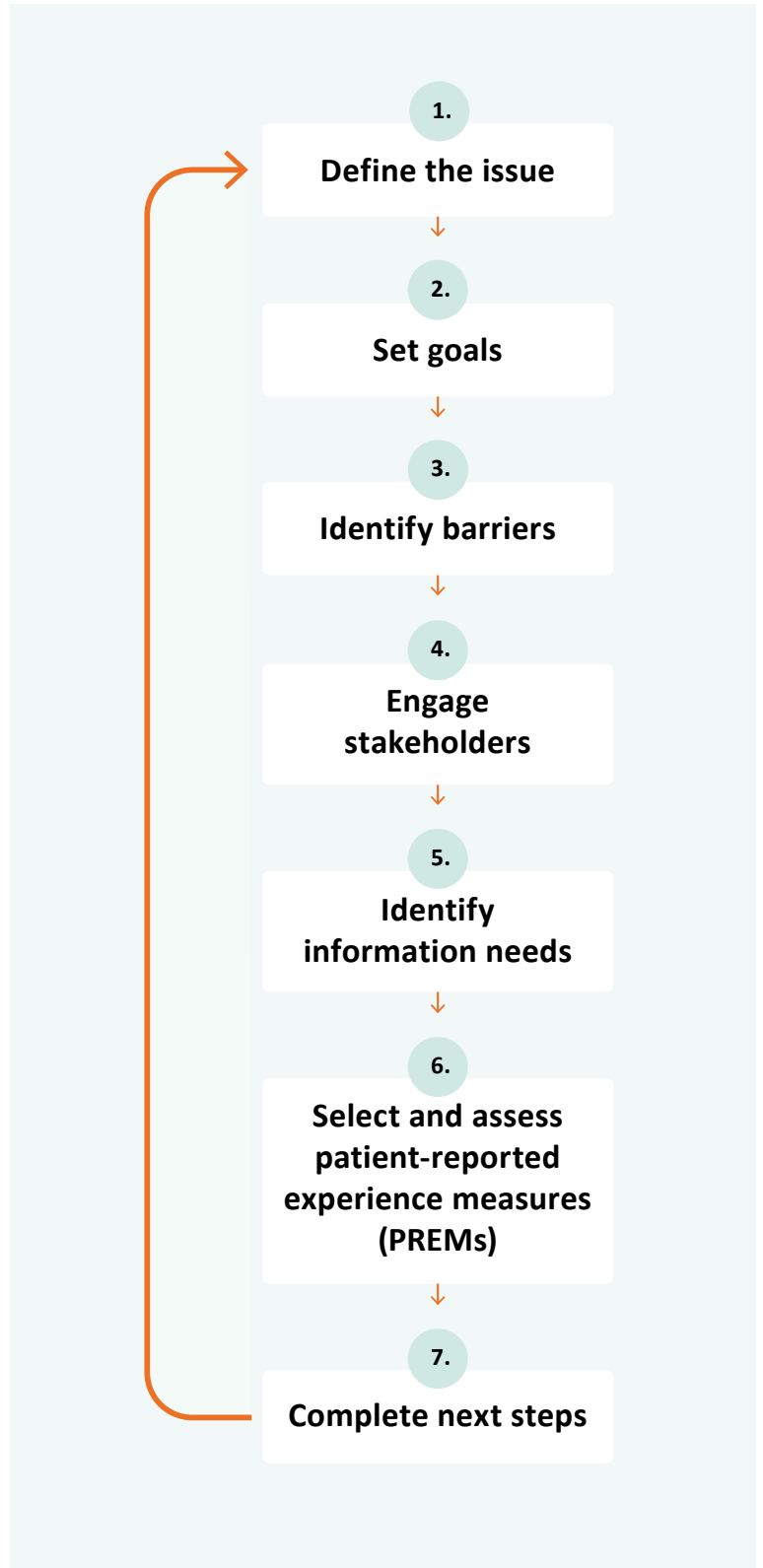# Critical-Thinking Strategy for Improving Patient Experience

This strategy can be used to develop a plan for improving care experiences in your hospital or health region.

Note: This is not an exhaustive list of questions. The process is fluid; it may be necessary to go back and forth between steps before completing them all.

1. **Define the issue**

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2. **Set goals**

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3. **Identify barriers**

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4. **Engage stakeholders**

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5. **Identify information needs**

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6. **Select and assess patient-reported experience measures (PREMs)**

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7. **Complete next steps**

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1. **Define the issue**

Where should we focus efforts to improve patient experience?

What are the key issues we are facing regarding patient experience? Why are these issues important to us?

Is patient experience improvement a priority for our organization?

What is our patient feedback/complaints data telling us?

What is our performance problem or problem statement?

2. **Set goals**

What are 1 or more specific goals that we hope to achieve/change?

Are these goals SMART (specific, measurable, achievable, results-focused and time-bound)?

What actions (short and long term) will lead to improvement?

3. **Identify barriers**

Which barriers should we address so that we can measure patient experience?

How can we address these barriers?

What can a SWOT (strengths/weaknesses/opportunities/threats) analysis tell us?

4. **Engage stakeholders**

Who are our internal and external stakeholders?

What is important to our stakeholders?

How can we engage and communicate with our stakeholders?

How are we engaging with patients, families and caregivers? What is important to them?

Are there patient partners or a committee in place that can help inform the issue?

What conversations might be useful?

5. **Identify information needs**

What information should we know to effect change?

Where/how can we find this information?

Which facilities/hospitals/jurisdictions can we learn from?

What are some patient experience best practices?

How might change management requirements affect our ability to achieve our goals?

6. **Select and assess patient-reported experience measures (PREMs)**

What type of patient-reported experience data is currently being collected?

Why are these measures important?

How can we assess the performance of a measure?

What factors are strongly associated with the priority area we are trying to improve (i.e., key drivers)?

Where can we find PREMs results?

How can we drill down to further understand measure results?

What can we learn about positive patient-reported experiences?

What can we learn about negative patient-reported experiences?

7. **Complete next steps**

What are some opportunities to improve quality of care?

What specific interventions are proposed? What strategies (short and long term) will be implemented?

How are we evaluating the impact of these strategies?

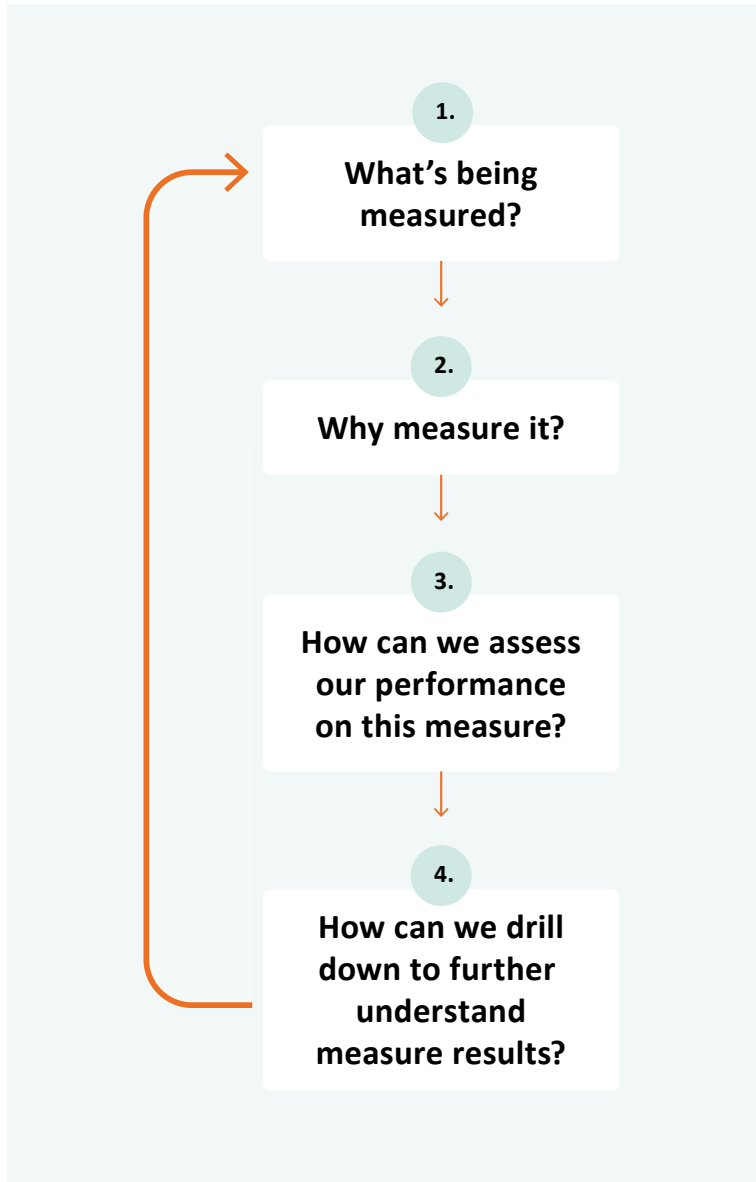How will we monitor improvement strategies?

What do we hope to see?

What time frame will be used to evaluate success?

Who will we share our results and learnings with?

What action plan can we develop to drive quality improvement?

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Consider these additional questions when drilling down to **select and assess PREMs**.

1.

What's being measured?

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2.

Why measure it?

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3.

How can we assess our performance on this measure?

↓

4.

How can we drill down to further understand measure results?

Job Aid

1. **What is being measured?**

   What is the definition of this PREM (e.g., scope, sector, population coverage)?

   What does this measure capture/not capture?

   What is the intended use of this measure?

   Is it a single-question or composite measure?

   Are both Top Box and Bottom Box results reported for this measure?

   What adjustments are applied to this measure?

   What is the desirable directionality for this measure?

   Is this measure linked to a priority issue and/or performance dimension in your hospital or health region?

2. **Why measure it?**

   What is the relevance of this measure?

   Why do we care about what's being measured (e.g., sense of impact to health systems)?

   Is what's being measured informing the why?

   Is this measure linked to evidence (e.g., best practice or clinical guidelines)?

3. **How can we assess our performance on this measure?**

   Are we performing as well as we want to be? What do we want it to be?

   What tools are available to help assess our performance?

   How is our organization performing relative to the region, province/territory, Canada as a whole and internationally?

   How does our organization compare with peer organizations?

   What is our performance over time?

   What strategies can we apply in cases of limited or non-comparable data (e.g., review previous year's results, review best practice guidelines and literature, consult with subject matter experts, identify qualitative aspects of performance)?

   What health system performance indicators can help identify targeted and patient-centred opportunities for improvement?

4. How can we drill down to further understand measure results?

What are some of the performance drivers to investigate?

What tools are available to help understand and identify performance drivers?

What contextual factors might be considered? Are these in/out of our control?

Who might we share the information with to help shed light on performance drivers?

How does patient experience differ across socio-demographic groups?

Who is the audience for the measure results (e.g., public, facility, region)?

Who can we learn from?

What does the literature tell us?

Are there associated best practices or clinical practice guidelines being effectively implemented?

Are there other relevant/connected indicators that we can look at to understand the issue?