

The Effectiveness of Drawing Effective Plans to Improve the Hospital Patient Experience

Ahmed Abdullah Yahya Musawa¹, Fatimah Atiah Yahya Khawaji², Faisal Yahya Ibrahim Sabei³, Hani Mohammed Ibrahim Sabei⁴, Hassan Mohammed Yahya Mathashi⁵, Abdulrahman Ali Hussain Dahhas⁶, Ali Ahmad Yahia Alnaemi⁷, Nabeel Mohamad Ibrahim Sabei⁸, Mohammed Ali Hussain Dahhas⁹, Hussam Damer Falhan¹⁰

1physiotherapy, Abu Arish General Hospital

2family Medicine Specialist, Primary Healthcare - Sabia

3radiography Technician, Edabi Hospital

4public Health Technician, Al-Zabara Primaray Health Care

5radiography Technician, Edabi Hospital

6radiography Technologist, Edabi Hospital

7pharmacy Technician, Edabi Hospital

8specialist-Sociology, Phc Sabya

9family Medicine Specialist, Al Sahaleel Primary Care Center

10pharmacy Technician, Edabi Hospital

1. Introduction

In this paper, we argue that to improve the effectiveness of the response to patient concerns, a more explicit plan with specific interventions to understand, act on, and continuously improve the patient experience is likely to be important. Moreover, while patients are offered interventions that meet their needs, patients at other points of the spectrum of enthusiasm for input are not being proactively engaged. For them, events and outcomes probably fail to meet their needs and desires in a way they may be reluctant or unable to articulate. To be truly patient-centered and offer all patients the care they need, the hospital must find a way to understand, inform, encourage, moderate, notice, and reach out regardless of preference or capability. Drawing and acting on plans rather than slogans that recognize the work already taking place to improve patient experience may make hospitals more effective in this public good.

Methods

There are numerous ways to make improvement plans to enhance the hospital patient experience. Patients and their families, who might not otherwise have a voice, can drive satisfaction with service delivery. The success of improvement plans to enhance the hospital patient experience must draw the commitment of senior managers who are ultimately responsible for results, resources, and staffing across the health system. However, the daily leadership of managers in different work units is also in response to staff feedback, which arguably holds the key to improving the

hospital patient experience. A leader creates work environments that keep people driven to contribute to the business outcome. All healthcare staff must not only be responsible for making the plans, but are also individually responsible for carrying them out. Undoubtedly, planning, the first step, refers to identifying and establishing goals and objectives, which users typically do. It includes forecasting where the hospital patient service needs to be and how it is going to get there. Strategies are typically results-oriented, ready for action, controlled by the nursing team, and provide standards for setting assignments, allocating resources, and providing a framework that aligns the work units and the hospital patient service with the hospital goals of nurturing and health restoration. At the end of the day, the number of means-end radical changes in healthcare depends on the organization-specific ways in which the usual work techniques shift to increase the reliability and availability of the hospital patient service that are feasible.

Conclusion

In conclusion, effective plans lead to achieving an impressive patient experience in healthcare institutions, which may be considered challenging at times in the current competitive healthcare market. As a result, healthcare managers of all healthcare organizations need to develop and implement a strategic marketing plan that focuses on improving the patient experience. Moreover, interpersonal services, physical environment, and ease of access are some crucial elements. Furthermore, one recommendation can be implemented for different types of hospitals. As a result, creating an effective plan to improve both the hospital environment and patient experience can ensure high patient satisfaction rates. Consequently, healthcare managers of all healthcare organizations need to develop and implement a strategic marketing plan that focuses on improving the patient experience in hospitals.

Introduction

There is a robust growing body of research around the impact that elements of patient experience have on patient satisfaction with the healthcare they receive, around the relationship between patient satisfaction and quality of care, and the overall relationship between patient experience and organizational performance. While other research is less conclusive, there is also some evidence of a clear relationship between the rich and varied efforts designed to improve patient experience and patient experience outcomes in the healthcare industry. While considerable attention is paid to those efforts, this research suggests that limited evidence is reported on the effectiveness of those efforts to those that assure and regulate the delivery of healthcare, with the belief that action in this area is, or at least should be, a priority. This is primarily because patient experience metrics are an important part of the suite of tools used to demonstrate the quality of the care delivered by its member providers. From a patient's perspective, when healthcare is necessary, patient experience can significantly contribute to patient satisfaction. In a Western healthcare system, patient satisfaction can be influenced by numerous different yet interconnected factors, at any of which a single negative experience can cause dissatisfaction. Also, in this age of ratings, patients are increasingly becoming

customers, and customer satisfaction plays an increasingly key role in determining customer loyalty and in determining sustainable customer-patient retention.

1.1. Background and Significance

The widespread adoption of value-based purchasing programs by hospital leaders and policymakers to better align payment with the efficient, high-quality care of patients has created an acute need for hospitals to draw effective plans that reliably improve their performance. A growing body of evidence suggests that those hospitals that successfully create and use effective plans indeed experience large improvements in the outcomes of care. An often overlooked but important "outcome of care" is patients' evaluations of the care received. Although the immediate rewards of relying on patient experience as an outcome of care are less clear than those related to standardized measures of clinical quality, patients' evaluations of care can be used to draw inferences about all aspects of hospital performance. Hospitals and individual hospital units that have improved patient scores consistently experience better financial results, and hospital units that showed continued improvement perform even better. In addition to improved financial results, hospitals with better scores experienced shorter lengths of stay for medical patients, suggesting that in-hospital care will continue to evolve in light of the findings presented.

2. Understanding the Hospital Patient Experience

Changing healthcare and advances in technology, along with an increasingly demanding public and a rapidly evolving marketplace, have led many hospital organizations to take a closer look at customer satisfaction, patient satisfaction, and patient experience. As hospitals and their staff strive to improve the hospital patient experience, they must first understand what that hospital experience is and what the patient, quite naturally, seeks from the experience. Defined in the broadest terms, the hospital patient experience is the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care. These interactions occur between the patient and his or her family and the hospital's doctors, nurses, care assistants, and all others who work with patients in the hospital, including the maintenance staff, clerical, security, administrative, catering, ambulance, and porter services. Notice this definition does not encompass physicians and other healthcare professionals who have chosen to provide private practice services in conjunction with, or within, a hospital.

The word 'experience' signifies that the hospital patient's interactions go beyond the clinical treatment, which is only one component of a patient's experience of care. In further definition, the hospital patient experience is the sum of all collections of interactions and is influenced by the patient's perceptions, individual values, and personal needs. That being said, a positive hospital patient experience does attribute to clinical excellence and patient zero harm. The hospital patient experience also involves patients and family members feeling welcome, informed, and secure. In addition, having a real, positive impact on the hospital patient experience may be dependent on using input from all members of the care team, including administrative and support staff who have equally important roles in terms of the care continuum.

2.1. Key Elements of Patient Experience

The concept of 'patients' experience' was first identified in two major components: the hospital care process and its outcomes. An early definition of quality of care identified three main therapeutic processes through the hospital care process, namely the clinical, or the quality of the medical encounter; the prevention process; and the process required to promote healing during the recovery phase. The principal functions of hospital care are the prevention of nosocomial infections, discharge planning for patients who are ready for discharge, beginning patient health care in the hospital, and associated health care prescriptions, health promotion, and assistance with the recovery process. The provider acts as the patient surrogate or as an agent for his or her care, conveying the patient's concerns and wishes to the hospital. A function improving the hospital-patient/personnel relationship is likely to result in improved patient experience. (Qin et al.2022)(Ye et al., 2021)(Zhang & Zhang, 2020)

In addition to health care professionals, the hospital has a variety of ancillary employees to assist patients: technicians, housekeepers, aides, counselors, social workers, case managers, clergy, and volunteers. They also perform their tasks on behalf of the patient, at least in theory. Intuitively, it seems likely that hospital processes can enhance the patient experience and promote healing, as well as the provision of physical care and support the treatment process. However, the private and personal processes apparent in the act of caring in regard to patient privacy and dignity, being kind and gentle when providing the patient with any necessary care, and using any means or aid so that patients can rest should also be considered important health care approaches influencing the patient experience, if intended. In their work of trying to address these potentials, the design of a hospital environment or digital support can be used as a catalyst tool to put them at the core of considerations of quality care, with the patients' human needs elevated to a prominent position in provider practice.

3. Importance of Drawing Effective Plans

Drawing effective plans will enhance the employee experience, which will improve the patient experience during acute patient engagements to be more compassionate. The effectiveness of one employee could be one of the most important elements in embracing the hospital's mission statement of improving the patient experience during a hospital visit. The top two reasons why patients assign hospital staff a low rating on the patient experience scale are related to a perceived lack of compassion. It is not a lack of compassion; however, it is the non-alignment of the practices toward compassion-driven behavior. Colored drawings can be translated quickly and easily by everyone who sees them from language to language, reducing the amount of time needed in verbally discussing hospital processes and practices that produce results.

The benefits of using colored drawings include improved comprehension, improved satisfaction, an observable interest in patient experience data, enhanced reflections of hospital practices, and ideas on how to use experience data to rebuild your

infrastructure. This paper is focused on a proven game plan to improve the perceived human experiences to help hospitals interpret the data and then figure out what to do. The patient experience models help to outline the reflections against the best practices with a summary to improve the patient experience, consisting of five colored practice models called Quadruple Best Practices, to allow actions to come to life in every hospital. Once practices and performance results are aligned, public health quality can improve. The quality of the hospital work environment strengthens impactful alignment, which directly affects patient experience levels with high ratings. Our patients hope for a rewarding, stress-free hospital experience.

3.1. Benefits of Strategic Planning

The chapter has sequenced the determination of the effectiveness of drawing plans to improve the hospital patient experience into seven categories based on the benefits of strategic planning. Strategic planning initiatives are important elements of long-range strategic formulation. However, most strategic challenges that hospitals experience today derive from poor strategic planning practices. One benefit of drawing plans is to devote a long-range view considering the entire hospital rather than piecemeal. Patient satisfaction surveys are critical tools to assess the effectiveness of drawing plans. Percentile rank identification is inadequate and diminishes informativeness about the actual score when evaluating only the scores in patient surveys. Therefore, the major aim of this paper is to define strategic planning and then rank the types of initiatives based on the task at hand. It walks through a hospital patient objective from planning to implementation, focusing on the relationship among strategy planning and the dynamics of hospital patient experiences.

Effective strategic planning provides predictive capability on the long-term impact of plans, supports an action plan designed for the hospital, and implements a feedback mechanism. There are organizational calls for a clearer representation of the strategic planning process. A weakness of the top-down decision-making process can be financial planning. Financial planners, in general, cannot increase revenues, but they can recommend programs to attract new business to the hospital. The most appropriate action for hospital senior management when facing the decision about attempting to alter customs to provide nursing care should be grounded in an assessment of how existing or new programs would fit with the institution's mission. An overriding major goal of strategic planning should be to formulate an overall master plan for the hospital. As specialists in operational matters, planners cannot successfully address the question of whether a suggestion should be implemented. If unavoidable new constraints emerge, explanations of how they might work and have an influence are needed to support the strategic planning process. This is typically done through a matrix. Providing a consistent emphasis on the future rather than short-term reflection can improve or simplify strategic planning. The packet of mechanisms also suggests that the emphasis in the planning process ought to shift from the current short-term to the horizon over an extensive period, thereby encouraging a long-term view of strategic planning, which is a basis for strategic questions in health care.

4. Strategies for Improving Hospital Patient Experience

Life is full of lessons and opportunities for learning. Any negative experience provides a chance to learn how to draw effective plans with the message "Look at it this way and improve." Hospital patients deserve service superstars who enjoy providing quality care characterized by knowing, understanding, caring for and about, relating to and respecting them, and who are appreciative of the quality care they receive as well. A client with a person-centered, caring PSW may conclude, "There are angels in this world who hide their wings under a nurse's cap and apron." As with any milieu that forms an institution with an established culture, there is no room for complacency or stagnation in the use of same-olds, same-olds, or a "Let's not bother fixing what isn't broken" attitude because there is always something that can be improved. Hospital patient experience effectiveness can be improved by first improving patient engagement, communication, and the employee engagement-customer satisfaction-service quality link internally. (Newman et al.2021)(Tobiano et al.2021)(Marzban et al.2022)(Wong et al., 2020)

That is, if hospitals hope to improve patient experience, the non-punitive, open discussion culture of safety approach to patient safety, patient experience of care should be to satisfying health care provider-client interactions. The implementation of safe and effective care begins and ends with effective team communication and the patient as an integral part of the team because to ensure patient safety, clients must always be kept in the loop. Employees who handle client complaints require continuous training, support, and encouragement from management as well as from their peers. Also, staff at all levels who attend a positive customer relations workshop on how to handle difficult client service situations can put an end to the confrontational and adversarial type of client complaints made by the same few clients because service excellence, empathy, understanding, and support keep customer peace of mind, demystify and unravel medical mysteries. Encouraging clients to voice concerns can directly contribute to preventing a potentially disastrous scene in the courtroom at their expense much later.

4.1. Training and Development Programs

Training and development programs are planned to improve the organization by designing new policies, guidelines, and conducting regular classes for all individuals in the organization. These may include teaching nurses new tools, offering training on interaction, or enhancing leadership within the various divisions throughout the hospital. For those who use them, resources such as assessment strategies or technological tools can also be provided. The process of hiring and developing qualified individuals is referred to as human capital planning.

As patient expertise becomes a priority, many managers from the upper levels are being proactive in terms of developing patient navigation for their future. Higher work condition rankings can also result from recruitment and retention, explaining why registered nurses are satisfied with their work, which is extremely advantageous to organizations in terms of service quality and client satisfaction. The earlier a patient gets to a nurse through their hospital encounter, the more peaceful and worry-

free they are. This improved treatment process has been apparent with the findings of the analysis on seven nursing units throughout Toronto.

5. Evaluating the Impact of Implemented Plans

Effectiveness is defined as the ability of a plan to affect a patient's perspective and willingness to return to the same facility. Although the ideal outcome would be for a facility to be able to construct a plan that had a benchmark quality patient experience and that immediately differentiated its facility from others in the patient's mind, perhaps just closing the gap between perception and expectation would be a satisfactory outcome. Since it is impossible for anyone other than a patient to make such determinations, the patient post-discharge survey is the appropriate tool to use to make such evaluations. Survey questions will have a range of responses from "highly satisfied" to "highly dissatisfied" on the various ranges and scales of agreement or disagreement. High levels of satisfaction or positive levels of agreement from survey respondents could be used as evidence of an effective plan. Results from the in-service questionnaire, if available, would be used to compare the actual practices of a department with the specified best practices. High levels of correspondence would be considered a high level of validation of a plan.

Unsafe situations would include informing a patient that her baby was beautiful only to realize that there were no large laboratory results in print. If survey scores directly or indirectly measuring satisfaction were low, and in-service examples were available, those patients would be the initial basis for evaluations. For high satisfaction scores around issue-specific questions, the roles of included ward employees must be more active. If comfort items were frequently mentioned in patient-written comments, unit contacts would be identified for special attention with the goal of identifying and improving the status of unit deficits. Good leisure reading material was the easiest fix: download material from the local public library and add a Volunteer Services staff position to deliver materials with other deliveries. Discharge medications and knowledge of those medications must be addressed in the nursing assessment, particularly as it relates to disabled patients. Interview methods used to gather satisfaction information are important to the respondent and the usefulness of the information. Materials provided to respondents and scripting used by interviewers are in an appendix. With the last two points, the process of assessing and improving the patient experience while still in the hospital or just after discharge becomes clear.

5.1. Quantitative and Qualitative Measures

Data will be collected for both quantitative and qualitative measures to evaluate the effectiveness of this interdisciplinary approach for continuous process improvement, impact on patient experience, length of stay, and care transition points (reducing readmissions, risk of injury, risk of infection), collaborative communications, collaboration, and overall responsiveness. The data and time measures will be determined based on the patient's diagnosis, acuteness/severity, and level of care. Most patient input used to develop the 'Vision of a Perfect Visit' plan was derived from letters written by the patients themselves to the hospital, discussing their experiences and offering suggestions for ways the hospital might improve their experiences. Further data will be obtained from patient satisfaction surveys and

internal patient hotline reports, such as calls made or received by the Department of Service Excellence and the Spiritual Care Services Department. The former would provide call reason and outcome pairings, while the latter would indicate the disposition of the calls and whether they were related to patient experience, problems, or complaints. Other data will come from the hospital's patient satisfaction reports. The project data are for FY 2008-2010. The internal measures are somewhat limited due to the project's late inclusion as part of the initial scope roll-out. The correlation between positive patient experience and hospital financial success has been well documented. However, the linkage between the various elements of the total patient experience, length of stay, and transition points is not widely known or explored. The effectiveness of systems that incorporate compassionate care aspects, input from both patients and families, and effective communication in a continuous process to plan for and achieve a shared vision of the patient visit are also not widely studied. This study will help to close the knowledge gap. The resulting incorporation and standardization of multidisciplinary collaborative rounds for shift-to-shift continuity for physicians, nursing, patient care, family care, case management, and discharge planning, as well as a roadmap to the partnership of medical decision-making discussion with patient and/or family engagement and care transition, will therefore be unique.

References

- Marzban, S., Najafi, M., Agolli, A., & Ashrafi, E. (2022). Impact of patient engagement on healthcare quality: a scoping review. *Journal of patient experience*, 9, 23743735221125439. [sagepub.com](https://www.sagepub.com)
- Newman, B., Joseph, K., Chauhan, A., Seale, H., Li, J., Manias, E., ... & Harrison, R. (2021). Do patient engagement interventions work for all patients? A systematic review and realist synthesis of interventions to enhance patient safety. *Health Expectations*, 24(6), 1905-1923. [wiley.com](https://www.wiley.com)
- Qin, S., Xiao, W., Zhou, C., Pu, Q., Deng, X., Lan, L., ... & Wu, M. (2022). *Pseudomonas aeruginosa*: pathogenesis, virulence factors, antibiotic resistance, interaction with host, technology advances and emerging therapeutics. *Signal transduction and targeted therapy*, 7(1), 199. [nature.com](https://www.nature.com)
- Tobiano, G., Jerofke-Owen, T., & Marshall, A. P. (2021). Promoting patient engagement: a scoping review of actions that align with the interactive care model. *Scandinavian Journal of Caring Sciences*, 35(3), 722-741. [marquette.edu](https://www.marquette.edu)
- Wong, E., Mavondo, F., & Fisher, J. (2020). Patient feedback to improve quality of patient-centred care in public hospitals: a systematic review of the evidence. *BMC health services research*. [springer.com](https://www.springer.com)
- Ye, Y., Dai, Q., & Qi, H. (2021). A novel defined pyroptosis-related gene signature for predicting the prognosis of ovarian cancer. *Cell death discovery*. [nature.com](https://www.nature.com)
- Zhang, Y. & Zhang, Z. (2020). The history and advances in cancer immunotherapy: understanding the characteristics of tumor-infiltrating immune cells and their therapeutic implications. *Cellular & molecular immunology*. [nature.com](https://www.nature.com)