

# PRESELECTED HOSPITALS

## PROJECT HOSPITAL-1

### Respondent Details

Information	
<b>Respondent Number:</b> 1	<b>Respondent ID:</b> 209027961
<b>Date Started:</b> 20/01/2023 21:42:46	<b>Date Ended:</b> 20/01/2023 22:24:17
<b>Time Taken:</b> 41 minutes 30 seconds	<b>Translation:</b> English
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Q2. Choose your SPX Award Category
Hospitals

Q3. Institution Name or Main author's name
Sección de Urgencias Pediátricas. Hospital Gregorio Marañón

Q4. Country
Spain

Q5. Project title
"Bedside Pass": Involving the patient and family in the transfer of information at change of shift.

Q6. Project Description (maximum 10 lines) :
<p>The project consists of the implementation of a new model of information transfer at change of shift ("Bedside Pass"), based on structured communication (using the SBAR tool) and multidisciplinary, with the participation of the different categories of healthcare professionals involved in the care of the patient (assistant doctors and residents, nurses and auxiliary nursing care technicians) and the incorporation of the patient and their parents/carers, who are integrated into the process of information transfer, inviting them to participate actively by providing information, correcting errors, and correcting mistakes, nurses and auxiliary nursing care technicians) and the incorporation of the patient themselves and their parents/carers, who are integrated into the information transfer process, inviting them to participate actively by providing information, correcting errors if they are detected and/or raising doubts. The "Bedside Pass" aims to improve the experience of the patient and their family (EP/F) during the change of shift in a</p>

Hospital Emergency Department (HED), making them an active subject who participates in their care process and who can also act as an element of Patient Safety (PS), verifying in situ that the information transmitted at the change of shift is correct and complete.

Q7. What is the origin of the project ? (maximum 10 lines)

The challenge of improving the Patient-Family Experience (PF/E) requires the implementation of quality improvement strategies based on a spirit of humanisation of healthcare, centred on the patient-family nucleus and focused on improving their perceptions of their interactions with professionals. Such strategies should be aligned with institutional objectives and integrated into clinical practice with a multidisciplinary approach. The transfer of clinical information at shift change is a critical point for EP/F and SP during the ED care process. The particularities of the ED (high patient turnover, time pressure, complexity, stress...) may compromise communication at shift change. Considering that direct and frequent communication between healthcare staff and the family improves their experience and that their integration in the care process contributes to reducing their stress-anxiety, when we approached the redesign of the "change of shift" process, we decided to integrate the patient and their family in this key moment of the care itinerary.

Q8. What is the main objective ? (maximum 10 lines)

The "Bedside Pass" is presented as a strategy focused on a double objective:  
 - To improve the patient/family experience (EP/F) during the change of shift. - Improve SP in the transfer of clinical information at shift change, minimising the risk of adverse incidents/events related to communication problems.  
 To analyse the impact of the project on PD/F, a research study was designed with the main objective of finding out and comparing the perceptions of families in the pre- and post-implementation phases of the "Bedside Pass". A survey based on the CAHPS® questionnaire was designed to explore the following dimensions of PD: 1) The communication/information they have received from professionals; 2) Their participation in the care process (consideration of their point of view); 3) The feeling of continuity of care and organisation in the care of their children.

What are the main results in terms of patient experience? Please explain the indicators used as well. (maximum 10 lines)

The main variable to analyse the impact of the implementation of the Bedside Pass on PD/F was the difference in positive responses in the surveys collected in the pre- and post-implementation phases of the study in the 3 dimensions explored. To unify the results of responses expressed in various formats, responses were grouped into positive ("yes, all the time/yes, partially"; "always/almost always"; "agree/strongly agree") and negative ("no", "never/sometimes", "indifferent/disagree/strongly disagree"). A total of 102 surveys were collected (pre-implementation: 51, post-implementation: 51). 94.1% of respondents in the pre-implantation phase stated that they would have liked to participate in the change of shift. The "Bedside Pass" improved the families' perception of the information received and its clarity, their active participation in the care process and the feeling of continuity and organisation in the care of their children. We consider this to be a useful strategy for improving EP/F at change of shift.

Q9. What are the main barriers you have encountered? (maximum 10 lines)

- Time pressure in a Hospital Emergency Department. - Peaks in demand for care, which sometimes coincide precisely with shift change periods. - Resistance to change on the part of professionals. -  
 The perception of some professionals that the "Bedside Pass" could affect patient privacy. To address this barrier, a question was included in the survey to find out the perception of families in this respect. In the pre-intervention phase, 17.6% of respondents felt that the "Bedside Pass" could affect their child's privacy. To ensure respect for the opinion of the patient/family, before the

transfer of clinical information "at the bedside", we explain to them what we are going to do and ask for their verbal consent. In the post-implantation phase, only 11.8% considered that the bedside information transfer model could affect their children's privacy.

Q10. Could you please describe the departments involved in the project as well as the collaboration put in place (Max 5 lines)?

Paediatric Emergency Department (Section Coordinator, Head of the Nursing Unit, assistant doctors and residents, nurses and TCAEs). Healthcare Ethics Committee and Research Ethics Committee of the Gregorio Marañón Hospital.

Q11. Is the board of directors involved in the project, and if so, how (Max 5 lines)?

The "Bedside Pass" project was included in the 2021 Objectives Plan for the improvement of Quality and Patient Safety in the Paediatric Emergency Department, as well as in the Objectives Pact signed annually with the management of the institution.

Q12. Does the initiative require a certain cultural change (Max 5 lines)?

Changing the way we do things, when we have been doing things in a certain way for decades, always implies and requires a certain cultural change in the organisation, especially if the new model involves the presence and active participation of the patient and his or her family.

Q13. In which way is your initiative innovative, either from a technological or a social point of view? (Max 5 lines) ?

To our knowledge, this is the first work that simultaneously integrates all healthcare professionals involved in the patient's care in the shift shift and focuses its results on the impact of the intervention on the Patient-Family Experience.

Q14. Can the initiative be applied in other organisations (Max 5 lines) ?

The "Bedside Pass", as a model of clinical information transfer at shift change integrating the patient-family, is a cost-effective strategy, useful for improving PE/F, easily exportable not only to other EDs, but also to other types of clinical units.

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## SPX Awards 2023

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Q18. I have read and I accept the terms and conditions of the SPX Award 2023.

Yes

## PROJECT HOSPITAL-2

### Respondent Details

Information
<b>Respondent Number:</b> 7 <b>Respondent ID:</b> 209616883 <b>Date Started:</b> 30/01/2023 11:47:06 <b>Date Ended:</b> 30/01/2023 12:00:42 <b>Time Taken:</b> 13 minutes 35 seconds <b>Translation:</b> English <b>IP Address:</b> 212.166.30.65 <b>Country:</b> Belgium
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Hospitals
Q3. Institution Name or Main author's name
Groupe Santé CHC
Q4. Country
Belgique
Q5. Project title
Améliorer la qualité de vie et l'expérience des patients pour un accident vasculaire cérébral (AVC)
Q6. Project Description (maximum 10 lines) :
Proposer au patient (ou à son proche) atteint d'un AVC ou hémorragie cérébrale, d'évaluer la perception qu'il a de son état de santé à travers différents indicateurs. Cette récolte sera réalisée dès la sortie de l'hôpital et à différents moments définis. Les professionnels pourront analyser les résultats et ensuite proposer au patient/proche différentes pistes de solutions pour améliorer sa prise en charge, et in fine sa qualité de vie. Ces indicateurs pourront également être comparés avec ceux d'autres institutions ayant mis cette démarche en place, et des partages d'expériences entre institutions de santé pourront être réalisés pour améliorer le trajet de soins des patients avec AVC. Ce suivi s'inscrit dans le cadre du trajet de soin ICHOM (International Consortium for Health Outcomes Measurement)

Q7. What is the origin of the project ? (maximum 10 lines)

Selon l'OMS, l'AVC est la 3ème cause de mortalité dans les pays occidentaux. A long terme, il constitue la principale cause d'invalidité menant à des degrés de dépendance variés. Améliorer la prise en charge de l'AVC repose sur trois piliers : améliorer l'expérience du patient, améliorer les processus de soins qui agissent sur la santé de la population, réduire les coûts des soins. L'ICHOM et la PAQS ont proposé aux institutions de santé, selon une méthodologie standardisée et validée de collecte des données, de suivre une série d'indicateurs pour les patients admis pour un AVC ischémique ou une hémorragie cérébrale afin d'améliorer leur qualité de vie au long cours. Le Groupe Santé CHC a souhaité s'inscrire dans la démarche afin d'améliorer l'expérience des patients en augmentant leur qualité de vie.

Q8. What is the main objective ? (maximum 10 lines)

Mettre en place un outil de mesure centré sur le patient qui permet de collecter des indicateurs de résultats. Cet outil offre au patient l'opportunité d'évaluer la perception qu'il a de son état de santé. Ces données sont injectées dans son dossier médical et permet au médecin qui le suit de lui proposer un suivi personnalisé pour améliorer sa qualité de vie et son bien-être. Le trajet de soin du patient avec AVC pourra être adapté aux besoins et attentes réelles et exprimées par les patients, et ainsi être profitable pour l'ensemble des patients.

What are the main results in terms of patient experience? Please explain the indicators used as well. (maximum 10 lines)

Utilisation de PROMs pour évaluer et améliorer la qualité de vie des patients. Des études soulignent que collecter des PROMs pousse les patients à poser plus de questions en consultation et donc à davantage les impliquer dans leurs traitements. L'amélioration de la qualité des soins se fait au travers une implication plus grande du patient et un suivi plus approfondi de la part du clinicien.  
\*Øvretveit J et al. 2017. Using patient-reported outcome measurement to improve patient care. International Journal for Quality in Health Care. 29(6):874-9. Stroke Outcomes Project

Exemples d'indicateurs de suivi rapportés par le patient/proche :

- Que pensez-vous de votre qualité de vie ?
- Comment évaluez-vous votre satisfaction quant à vos activités et vos relations avec les autres ?
- Dans quelle mesure êtes-vous capable d'accomplir vos activités physiques quotidiennes comme marcher, monter un escalier, porter des sacs de course,...
- Comment évaluez-vous votre fatigue ?
- Comment évaluez-vous votre douleur moyenne ?
- ....

Exemples d'indicateurs à récolter par les professionnels:

- Antécédents médicaux
- Type d'AVC et degré de sévérité
- Traitement- ...

Q9. What are the main barriers you have encountered? (maximum 10 lines)

- Patient non consentant
- Patient non informatisé ou n'ayant pas d'e-mail.
- Patient n'ayant pas de proche ou famille

Q10. Could you please describe the departments involved in the project as well as the collaboration put in place (Max 5 lines)?

Equipe pluridisciplinaire du service de neurologie.  
Service informatique  
AWELL

Q11. Is the board of directors involved in the project, and if so, how (Max 5 lines)?

Le comité de direction est partie prenante dans le sens où l'expérience patient est un des 8 axes de son plan stratégique. Ce projet entre pleinement dans l'amélioration de l'expérience des patients.  
De plus, si celui-ci fonctionne bien en neurologie, il peut être reproductible dans d'autres secteurs et services.  
Etant donné que d'autres institutions internationales participeront à ce projet, des partages d'expériences entre institutions de santé pourront être réalisées en vue d'améliorer le trajet du patient avec AVC.

Q12. Does the initiative require a certain cultural change (Max 5 lines)?

Oui.  
D'une part, les professionnels auront davantage une attitude d'écoute, et ils impliqueront mieux les patients dans leurs traitements. Ces échanges patient/proche/professionnels peuvent également stimuler les décisions cliniques partagées, puisque le professionnel sera plus à l'écoute.  
D'autre part, les patients se sentiront davantage écoutés et entendus, mieux impliqués dans leur suivi thérapeutique, et cela ouvrira à une perspective de co-construction du trajet de soins.

Q13. In which way is your initiative innovative, either from a technological or a social point of view? (Max 5 lines) ?

Au Groupe Santé CHC, une application sera utilisée (AWELL). Le patient/proche recevra de manière sécurisée via smartphone ou tablette, des documents et questionnaires qu'il pourra compléter à son aise. Ces documents seront injectés directement dans le dossier informatisé du patient pour permettre l'accès à l'équipe pluridisciplinaire. Lorsque le professionnel rencontrera le patient en consultation ou en hospitalisation, il pourra discuter des différents indicateurs remplis par le patient/proche de manière à lui proposer un suivi plus approprié et répondant davantage à ses attentes et besoins.  
Toutefois, le patient ne peut répondre qu'après avoir coché le consentement informatisé explicite sur l'application Awell.

Q14. Can the initiative be applied in other organisations (Max 5 lines) ?

Oui, elle peut effectivement être reproductible facilement dans d'autres établissements de santé de n'importe quel pays.

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Yes

# PROJECT HOSPITAL-3

## Respondent Details

Information
<b>Respondent Number:</b> 9 <b>Respondent ID:</b> 209655413 <b>Date Started:</b> 30/01/2023 17:33:18 <b>Date Ended:</b> 30/01/2023 17:46:56 <b>Time Taken:</b> 13 minutes 38 seconds <b>Translation:</b> English <b>IP Address:</b> 84.78.249.50 <b>Country:</b> Spain
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Hospitals
Q3. Institution Name or Main author's name
Hospital Clinic Barcelona
Q4. Country
Spain
Q5. Project title
ENDOMWAY - Participation in the improvement of healthcare services: the case of endometriosis.
Q6. Project Description (maximum 10 lines) :
Endometriosis is a chronic and inflammatory disease characterized by the presence of endometrial tissue outside the uterine cavity, which can cause various symptoms; chronic pain being one of the most prevalent and disabling. This disease affects 10% of women, however, it continues to be an invisible disease, since on average it takes about 8 years to reach a diagnosis. Therefore, in addition to the physiological symptoms, women also suffer affectations in their social and family spheres. The Endomway project, led by the gynecology service together with the Patient Experience Observatory of the Hospital Clínic Barcelona (HCB) and in active collaboration with the patients, has as its main objective to assess the unmet needs of patients and caregivers in order to improve quality of care, as well as prioritizing the research agenda.

Q7. What is the origin of the project ? (maximum 10 lines)

The Endomway project is born from the needs observed during the clinical practice of gynecology service professionals, in patients with endometriosis, to address different aspects related to their intervention, follow-up, monitoring and self-management of the disease. Following these initial observations, the healthcare team contacted the HCB Patient Experience evaluation unit to design and carry out a study to analyze the needs of these patients and implement cocreated improvement actions to better meet and respond to those needs.

Q8. What is the main objective ? (maximum 10 lines)

The main objective of the project is to identify and take into account the unmet needs of patients, in order to later co-produce with them innovations in the provision of services. To identify and address these needs, various evaluation methodologies have been used, such as interviews, focus groups, surveys or co-creation workshops. Through this patient experience evaluation work, priority needs were identified that were later reformulated into improvement actions and that are currently being worked on and implemented in the service. These needs are related to the objectives of improving the quality and accessibility of the information provided to patients, creating a technological platform that helps to monitor patients; as well as collecting indicators of clinical experiences and outcomes reported directly by the patients themselves (PREMS and PROMS), designing a training course aimed at primary and hospital care professionals to improve the care network at a territorial level, promoting activities of emotional support and, lastly, creating a training course for patients and relatives that helps promote self-management of the disease.

What are the main results in terms of patient experience? Please explain the indicators used as well. (maximum 10 lines)

The main results obtained so far can be grouped into three different aspects, related to (1) information, (2) long-term follow-up, and (3) the impact of the disease. In terms of information, the information received by patients in the first contact with the Hospital's gynecology unit has been expanded, as has the information they receive on the appointment sheet and that available on the hospital's website. All the informative contents have been co-created and validated together with the patients. Regarding the follow-up of the patients, work is currently underway on the implementation of a digital monitoring tool to facilitate said follow-up, as well as having the capacity to collect PREMS and PROMS data, incorporating an automatic analysis, facilitating its use by all both healthcare professionals and patients. Regarding the huge negative impact that the disease has on different spheres of the lives of the patients, we will co-create an innovative course of self-management of the disease using art-therapy techniques and technology, with the aim of improving the self-management of the patients in their illness.

Q9. What are the main barriers you have encountered? (maximum 10 lines)

One of the main problems encountered during this project is related to the lack of training and knowledge at a social level about endometriosis. Endometriosis is a minority and little-known disease, which makes it difficult to raise awareness of the need to apply improvements in patient care. Due to this lack of training and specialization in endometriosis, much of the care of patients with endometriosis is centralized in our hospital, which makes it difficult to provide quality care and long-term follow-up. It is for this reason that the Hospital Clinic Barcelona is committed to training primary care teams, as well as other hospitals, to increase and better coordinate the healthcare offer between the institutions that are part of the public healthcare system of Catalonia.

Q10. Could you please describe the departments involved in the project as well as the collaboration put in place (Max 5 lines)?

The departments involved are: the Clinical Institute of Gynecology, Obstetrics and Neonatology of the Hospital Clinic (ICGON), an area related to the health of women and newborns; Athenea solutions, a company specialized in consulting and digitization projects for centers in the health sector; and finally, the Hospital Clínic Patient Experience Observatory, a unit designed to evaluate the Patient Experience in order to identify the unmet needs of patients and co-create proposals for improvement in healthcare services.

Q11. Is the board of directors involved in the project, and if so, how (Max 5 lines)?

The direction of this project consists of a great involvement of the clinical service in question. The heads of the gynecology area, as well as other gynecologists and nurses from the service, are actively participating. The Hospital Clínic Patient Experience Observatory reports directly to the general director of the hospital, so the commitment to the Patient Experience is very firm.

Q12. Does the initiative require a certain cultural change (Max 5 lines)?

"Since we have started working with your unit (the XPA unit), I have changed my way of thinking", verbatim of a gynecologist involved in the project. It is clear that any Patient Experience project requires a cultural change on the part of both professionals and patients. Professionals have to understand and accept that patients become active actors and participate in decision-making. Patients also need to understand that they can have this more active role and influence these decisions.

Q13. In which way is your initiative innovative, either from a technological or a social point of view? (Max 5 lines) ?

As mentioned, endometriosis is a minority and socially unknown disease, therefore, improving patient care is a very important step to publicize the disease and the needs expressed by patients. Therefore, our project is innovative in the first place by emphasizing a completely invisible disease of women. Then, work is being done to obtain a digital monitoring tool that will improve long-term patient follow-up, as well as facilitate the collection of PREMS and PROMS data to improve follow-up and care, as well as increase the data available so that both the patients and the healthcare teams can incorporate more evidence into decision-making. In addition to this aspect of technological innovation, it is also innovative because our project has the active participation of patients in all its phases.

Q14. Can the initiative be applied in other organisations (Max 5 lines) ?

The Patient Experience Observatory of the Hospital Clínic Barcelona is a unit that works transversally to the hospital. In addition, the action-research protocol used by the unit is well detailed. In short, it consists of the following 6 steps: problem identification, stakeholder mapping, patient journey, archetypes, choice of evaluation methodologies, evaluation, analysis, and design and implementation of new initiatives. It is not a linear process but an iterative one that consists at all times in the involvement of healthcare teams and patients. Thus, this work philosophy, the methodology used and even the results co-created in the project itself, can be perfectly applied in any other area of the organization.

## SPX Awards 2023

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Yes

## PROJECT HOSPITAL-4

### Respondent Details

Information
<b>Respondent Number:</b> 20 <b>Respondent ID:</b> 210696394 <b>Date Started:</b> 09/02/2023 06:08:08 <b>Date Ended:</b> 09/02/2023 06:14:51 <b>Time Taken:</b> 6 minutes 42 seconds <b>Translation:</b> English <b>IP Address:</b> 46.24.141.246 <b>Country:</b> Spain
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Q2. Choose your SPX Award Category
Hospitals
Q3. Institution Name or Main author's name
Hospital Sant Joan de Déu
Q4. Country
Spain
Q5. Project title
Co-design of the New Neonatal Care Unit SJD
Q6. Project Description (maximum 10 lines) :
<p>Patient- and family-centred care has always been one of the characteristics of the care model of the Hospital's Neonatal Unit, through the promotion of a Unit open 24 hours a day, individualised baby care focused on development and the family (NIDCAP method), the promotion of breastfeeding, skin-to-skin contact (kangaroo method) or the high awareness of environmental factors that may influence the well-being and comfort of patients and families (light, noise, sleep...).</p> <p>The possibility of making further progress in this model of care has been a challenge due to the limitations of the structure and architecture of the Unit. In 2019, the construction of the new Unit is planned, which pursues the great challenge of guaranteeing a balance between offering individualised and humanised care and the application of the most cutting-edge technology to respond to highly complex clinical care.</p>

Q7. What is the origin of the project ? (maximum 10 lines)

The old Neonatal Unit had architectural limitations that prevented progress towards an open model (we were starting from a compartmentalised model from the 1980s), more active participation of families in the care process, improved safety, more comfortable facilities and technological renovation.  
The hospital's works plan includes the construction of the new unit, which was a great opportunity for its modernisation and adaptation to the specific needs of patients, families and professionals.

Q8. What is the main objective ? (maximum 10 lines)

Establish the requirements for the architectural design and define the initiatives to be developed to advance the care model of the Neonatal Unit, in order to achieve the best experience for families and professionals.  
Secondary: - Advance the care model, incorporating knowledge of national and international benchmarks, new care practices that improve results, new training and empowerment model, multidisciplinary care with psychosocial and spiritual approach, among others. - Facilitating care and support spaces that guarantee optimal conditions for the wellbeing of the baby, privacy and rest for families and where professionals can carry out their activity with guarantees.

What are the main results in terms of patient experience? Please explain the indicators used as well. (maximum 10 lines)

We highlight 3 results linked to the space and model that have an impact on the experience: (1) Construction of 24 individual boxes (Single Family Room) that enable more active participation of families, improve privacy, increase the quality of the baby's sleep, improve patient safety and clinical outcomes and reduce hospital stay. (2) Construction of the Koala Room for families (with showers, lockers, microwave, TV, play area for siblings, work space, terrace) (3) Implementation of the individualised nursing training programme "Amb tu". A questionnaire is carried out, sent systematically after discharge, where indicators are collected: NPS (Net Promoter Score), CSAT (Customer Satisfaction Score) and % of satisfaction related to information, care and stay in the unit and the discharge process. Results (31/01/2023): NPS = 77.7 and CSAT = 4.70.

Q9. What are the main barriers you have encountered? (maximum 10 lines)

Time to conduct fieldwork with patients and professionals, and to document all information, adjusted to the schedule of the works project.  
Capacity of the team to make all changes in response to the improvements identified during the research phase.  
Training of the team (more than 200 professionals) in the new model and management of change due to the new compartmentalised space and the incorporation of technology for patient monitoring.

Q10. Could you please describe the departments involved in the project as well as the collaboration put in place (Max 5 lines)?

The project involved 32 families and 27 professionals from the Neonatal Unit.  
In addition, the Patient Experience Area, Processes Area, Engineering, Systems, Procurement, Purchasing, Simulation, and other care support departments also participated. There was no external collaboration.

Q11. Is the board of directors involved in the project, and if so, how (Max 5 lines)?

The project is developed in a core team in which professionals from different care and support areas participate (mainly doctors and nurses, quality and patient experience, engineering, information systems, economics, etc.) Various types of monitoring are carried out:

- Monthly by the Hospital's Care Works Committee, with the participation of various directors and management.
- Quarterly by the Care Operations Committee (GOA)
- Half-yearly by the Hospital Management Committee.

Q12. Does the initiative require a certain cultural change (Max 5 lines)?

The hospital has been committed for years to putting the patient and family at the centre. In 2015, the Patient Experience Department was formalised, making a firm and strategic commitment to the direct involvement of the patient and family in the design of various initiatives. Since then, work has been carried out on various improvement projects, service design, works, etc. with this vision and this has favoured the gradual creation of a culture in the care and support areas. The challenge lies in the more technical and support areas, far removed from care, which are adapting and significantly changing their way of working, which until now was more autonomous.

Q13. In which way is your initiative innovative, either from a technological or a social point of view? (Max 5 lines) ?

The initiative presented is innovative both in the application of design thinking methodology in the design of the spaces and the care model of the new unit and in the results that represent an incremental and radical innovation in some aspects incorporated in them. For example: simulation box in the unit, individualised monitoring with a predetermined alarm system per patient, bed for a family member in the box, adjustable lighting system, early training programme to promote the autonomy of the family, etc.

Q14. Can the initiative be applied in other organisations (Max 5 lines) ?

The participation of patients, families and professionals in the detection of needs that help us to improve and innovate in spaces and services can be applied in all organisations. We recommend a small methodological base that helps to give more solidity to the proposals and changes proposed.

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## SPX Awards 2023

Q18. I have read and I accept the terms and conditions of the SPX Award 2023.

Yes

## PROJECT HOSPITAL-5

### Respondent Details

Information
<b>Respondent Number:</b> 40 <b>Respondent ID:</b> 211402366 <b>Date Started:</b> 20/02/2023 16:39:43 <b>Date Ended:</b> 20/02/2023 16:43:28 <b>Time Taken:</b> 3 minutes 44 seconds <b>Translation:</b> English <b>IP Address:</b> 83.247.136.49 <b>Country:</b> Spain
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Q2. Choose your SPX Award Category
Hospitals
Q3. Institution Name or Main author's name
Servicio de Urgencias- Hospital Universitari de Bellvitge
Q4. Country
Spain
Q5. Project title
Assessment of patient experience in an Emergency Department and implementation of new areas for improvement based on it.
Q6. Project Description (maximum 10 lines) :
<p>Patient experience is considered one of the three pillars of quality, along with safety and effectiveness. The assessment of patient experience is done using several tools, the best known of which is the Patient journey Map. Incorporating this experience and translating it into improvement plans for the care service is the fundamental purpose of this project.</p> <p>To this end, the Design Thinking Methodology (creative thinking) has been used. A multidisciplinary group of 9 professionals was formed and 9 training sessions were given by a team of specialists in Citizen Services. Subsequently, two patient populations were selected, obtaining 12 telephone interviews with the subsequent addition of 2 face-to-face focus groups of patients and professionals. Several experiences were obtained from these interventions that support the next projects and the framework for the improvement of the care service.</p>

Q7. What is the origin of the project ? (maximum 10 lines)

Based on the results of the satisfaction surveys and the analysis of complaints, it was decided that it was necessary to review and address certain requests made by the population to the Emergency Department. However, it was decided to do this in a different way to what had been done in previous situations, and it was decided to incorporate the patient experience into the project.

Q8. What is the main objective ? (maximum 10 lines)

The work carried out in the emergency department of Bellvitge University Hospital aims to be the starting point for the development of a service strategy, focused on person-centred care and which, within its purposes, will manage to turn critical moments for patients into experiences with a less negative emotional impact.

Thanks to this project, new areas and points for improvement have been identified that will make the experience of our patients more satisfactory, such as training in communication tools and in the transmission of information to our patients or the generation and implementation of humanisation models through the adaptation of spaces in our service.

What are the main results in terms of patient experience? Please explain the indicators used as well. (maximum 10 lines)

From the joint work between professionals and patients, 16 projects have been identified that aim to improve the patient experience in the Emergency Department. At the moment, work has begun on some of them, and the next official provider surveys (PLAENSA) to be carried out at the end of 2023 will show whether they have met the objective of improving the patient experience.

On the other hand, the objective of generating a culture of patient experience among professionals has been achieved. At the end of the project, the professionals answered satisfaction surveys on their participation and assessment of the project and the result was an average of 8.8, and 100% considered that the hospital had to incorporate patient experience in its projects.

Q9. What are the main barriers you have encountered? (maximum 10 lines)

The main barriers have been those usually encountered in the implementation of this type of project:

- Difficulty in recruiting patients to participate in both interviews and focus groups.
- Overcoming the initial resistance of the professionals. However, once the project has been completed, it is usually the professionals themselves who pass on the benefits obtained from the project and from this working methodology.

Q10. Could you please describe the departments involved in the project as well as the collaboration put in place (Max 5 lines)?

The project has involved professionals from the Emergency and Citizen Services.

Q11. Is the board of directors involved in the project, and if so, how (Max 5 lines)?

The management of the centre supports the project and provides resources for the development of the project, such as:

- training of some professionals in Design Thinking methodology and Patient Experience.
- facilitating the participation of the professionals in the work sessions
- providing resources to carry out some of the prioritised projects.

Q12. Does the initiative require a certain cultural change (Max 5 lines)?

Yes, because until now centres and professionals were used to planning the circuits and then asking patients for their satisfaction. In this case, we are incorporating patients in the planning of the changes.

Q13. In which way is your initiative innovative, either from a technological or a social point of view? (Max 5 lines) ?

The initiative is innovative on two points: firstly, in the fact of incorporating the voice of the patient/caregiver to gather first-hand their impressions and contributions in actions within the new improvement plans and secondly, to highlight that it has been carried out from the Hospital Emergency Department, a service with specific characteristics and different from the rest of the services (greater stress, care load and emotional impact), a fact that gives it a certain degree of innovation with respect to other evaluations previously carried out on patient experience.

Q14. Can the initiative be applied in other organisations (Max 5 lines) ?

Yes, this project can be implemented in any centre that has an Emergency Department, always taking into account the specifications of each service.

Q15. Your name and surname

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Q18. I have read and I accept the terms and conditions of the SPX Award 2023.

Yes