

# Bluewater Health Provides Exemplary Access to Care through a Patient-Centered Culture

OCTOBER 2015



## Organization Profiled

### **Bluewater Health, Sarnia, ON, Canada**

*Kim Bossy, Chief Communications & Public Affairs*

*Jill Campbell, H.Ba., M.L.S., Manager of Learning Services*

*Richard Cheong, M.D., Lead Hospitalist*

*Sue Denomy, RN, H.B.Comm., M.B.A., C.Dir., President and CEO*

*Denise Dodman, RN, B.Sc.N., M.Sc.N., GNC(C), Patient Advocate*

*Darren Henderson, RN, Staff Nurse*

*C. Joyce Hodgson, B.A., M.Ed., M.Div., Patient Experience Partner  
and Co-Chair, Patient Advisory Council*

*Lori Jennings, RN, B.Sc.N, M.Sc.N., Manager, Best Practice*

*Madeleine Kerr, Patient Experience Partner Co-Chair*

*Kapil Kohli, M.D., Hospitalist*

*Barbara O'Neil, RN, B.Sc.N., M.Ad.Ed., Chief Nursing Executive and  
Chief of Inter-Professional Practice and Organizational Development*

*Bal Sharma, M.D., Hospitalist*

*Mark Taylor, M.D., M.Sc., M.H.C.M., FRCSC, CHE, Vice President of Medical Affairs,  
Chief of Professional Staff, and Chief of Quality, Patient Safety, and Risk Management*

*Stephanie Vandevenne, RN, COHN, Patient Services Manager,  
Erie St. Clair Community Care Access Centre*





1245 Q Street • Lincoln, NE 68508  
**Toll Free** (800) 388-4264 • **Fax** (402) 475-9061

**F**or 30 years, Picker Institute has been dedicated to developing and promoting a patient-centered approach to health-care. For more information about our services, please call toll free at (800) 388-4264.

Picker Institute endeavors to ensure the accuracy of the information it provides to its members. This publication contains data obtained from multiple sources, and Picker Institute cannot guarantee the accuracy of the information or its analysis in all cases. Picker Institute is not involved in representation of clinical, legal, accounting, or other professional services. Its publications should not be construed as professional advice based on any specific set of facts or circumstances. Ideas or opinions expressed remain the responsibility of the named author(s). In regards to matters that involve clinical practice and direct patient treatment, members are advised to consult with their medical staffs and senior management, or other appropriate professionals, prior to implementing any changes based on this publication. Picker Institute is not responsible for any claims or losses that may arise from any errors or omissions in our publications whether caused by Picker Institute or its sources.

© 2015 Picker Institute. All rights reserved. Reproduction of this publication in whole or part is expressly forbidden without prior written consent.

---

## 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, physicians, and volunteers. The organization provides an array of specialized acute, complex continuing care, allied health, and ambulatory care services. 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."

*Bluewater Health is proud to be designated as a Best Practice Spotlight Organization and has achieved accreditation with exemplary standing. For more information about Bluewater Health, visit [www.bluewaterhealth.ca](http://www.bluewaterhealth.ca).*

---

## 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 how patients rate the hospital overall, and whether they would recommend the hospital to family and friends.

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

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 on the acute care dimension of Access to Care.

## Creating a Positive Culture That Promotes Patient-Centered Care

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



In 2008, labour relations issues, a deficit, and an outstanding capital building project were among the challenges at Bluewater Health. The newly appointed President and CEO, Sue Denomy, began her tenure by spending time talking to employees at all levels and attending committee and staff meetings, so she could learn as much as possible from everyone. It quickly became clear that employees lacked trust in the organization, many staff members and physicians were frustrated and unhappy, and it was time for change.

Denomy gathered the senior leadership team and together they decided that three things needed to be done: 1) create a workplace built on trust and respect; 2) engage frontline staff and physicians, and 3) work towards financial stability. All of this needed to start with a new mission, vision, and strategic plan for the organization in which the patient was always front and center.

Leadership wanted to hear from employees so they began encouraging staff to voice their opinions, both directly and through an engagement survey. In response to survey results, together with staff, they selected the

three most important organizational priorities to improve worklife. Each unit within the hospital chose voluntary ambassadors and paired them up with a manager. As a team, this dyad became responsible for bringing forward concerns and making improvements. Now, if anyone has an idea or a concern, the ambassador is the point person among the staff. Employees have an active 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."

---

## 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?
- 

It didn't happen overnight, but over the years, this inclusive leadership style has led to an improved culture where employees feel dedicated to the organization and are 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 made changes and have helped nurture positivity throughout Bluewater Health is by weaving Appreciative Inquiry into all aspects of the organization. Appreciative Inquiry is a philosophy for change where you search for the best in people and the organization. It includes identifying what is working and then analyzing how to promote the behavior or activity, rather than focusing on weaknesses. 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?

---

## Assumptions of Appreciative Inquiry

1. In every society, organization, or group, something works.
2. What we focus on becomes our reality.
3. Reality is created in the moment, and there are multiple realities.
4. The act of asking questions of an organization or group influences the group in some way.
5. People have more confidence and comfort to journey to the future (the unknown) when they carry forward parts of the past (the known).
6. If we carry parts of the past forward, they should be what is best about the past.
7. It is important to value differences.
8. 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.

---

Barbara O'Neil, Chief Nursing Executive and Chief of Inter-Professional Practice and Organizational Development, completed her Master's thesis using the methodology of 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, teaching and practicing Appreciative Inquiry to 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 methodology worked, and it didn't cost anything. We were working with really great people who were ready and in a position to make a positive difference."

Instead of formal training with employees, leaders spread this approach by modeling "appreciative" behavior with staff, through the questions they were asking, the thought processes they were using, and the recognition they were promoting. They strategically shared stories of things employees were doing really well that promoted desired behaviors rather than *telling* employees what to focus on. The ideas behind the concept soon became 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 to spread and grow those efforts."

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.

Leadership has 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 and their patients. One way is through regular rounding at Lean huddle boards. Focusing on the positive, and the resources needed 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."

Employee recognitions and celebrations have become a part of Bluewater Health's culture. They celebrate staff each year at the annual Recognition Ceremony, where they recognize service levels for all physicians, staff members, and volunteers at five-year increments. At this event, the coveted Bridging Excellence Awards are bestowed to outstanding staff, physicians, and volunteers. Individual and team awards are given out for their contribution and commitment to excellence in their work. The CEO and board chair give out five awards in three categories—Mission Award, Vision Award, and Values Award—recipients receive a glass plaque, a scholarship toward educational development, and a DVD in which they are featured. Focusing on the organization's mission and delivering exemplary service to patients and families within every encounter is not only a strategic priority, it is also embedded within the organizational reward structure. The allocation of funds towards

educational development supports an environment of life-long 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 role for five years or less. The program helps to build skills within the newer leaders, which strengthens the departmental relationships and ensures 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 in that 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.

Through supporting and recognizing staff, they have created a workplace that makes employees want to perform their best for patients and Bluewater Health. "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 healthcare providers at Bluewater Health have a strategically structured workflow and a strong sense of teamwork, making them more accessible to patients and their needs.

For example, eight physician internists support the telemetry unit. 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 their clinic. The internists plan for these weeks well in advance. This creates a smooth experience for both patients and staff.

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 the most, depending on when they are admitted. The doctors have time to get to know each patient and family, understand their needs, and build a relationship with them. Patients and families 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, the care team knows who to get in touch with and only have one point person to get answers for all of their patients. It 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 their clinic during this time, the availability of the physician is increased.

Three hospitalists cover the remaining medical floors, along with family physicians who wish to care for their patients while in hospital. Patients are split among the team so there is an even balance, based not just on numbers but factors such as the patient's condition, so 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," said Richard Cheong, M.D., Lead Hospitalist.

They also find it very important to individualize care to each patient and use a holistic approach. This is reflective of how they talk to patients and the questions they ask them to make sure they are getting the care they need. Bal Sharma, M.D., a hospitalist at Bluewater Health, explained how if someone has a physical 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. On discharge, he went to a nursing home, which was not what he wanted and this left him feeling very unhappy, so the soul and mind wasn't attended to. The hospitalists believe you have to have all three in place—mind, body, and soul—to truly heal a patient.

The hospitalists make communicating with their patients and 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 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 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 hold family meetings with a social worker, nurse, and anyone else necessary.

This focus on giving patients and families the time they need, and realistically balancing that with their own workload, has increased the hospitalists being 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 being available to handle any concerns.

---

"We try to really manage expectations. 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."

—Richard Cheong, M.D.,  
Lead Hospitalist

Teamwork is a common theme throughout Bluewater Health. The hospitalists have two meetings each day to ensure there is consistent communication and alignment of the patient's 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 where 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 of how they are providing care to ensure the focus is always on the best way to provide care for the patient. If there are times when one of the hospitalists is away, 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 potential deterioration using the Early Warning Scoring System. Nurses have been actively involved in making their work processes more efficient and make themselves more available to the patients they serve. The manager/ambassador dyad has made it easy for them to voice concerns and create positive changes. Nurses work on improvement projects, which are aligned with goals at 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 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 ability to be available. 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 at Bluewater Health connects with patients and families right away by stating their name, occupation, and duty, with 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 to help staff members make a good first impression on patients. All staff members work as a team and have made it their culture to help if a patient needs something.

Lean techniques are used throughout the hospital to make sure processes are streamlined and that staff is working smarter, not harder. For example, if a nurse needs to place an intravenous line in a patient, the tubing, IV bag, and medicine is centralized in one room without needing to travel to different locations. The nurses use visuals to quickly see what is going on with a patient. On the hospital unit discharge board, color-coded magnets designate the patient status. Green indicates the patient is scheduled for discharge that same day, yellow indicates a next-day discharge, and red indicates a patient has gone off track from the expected discharge date. The color-coding of discharge status provides a rapid visual cue of any exceptions to the expected patient timeline and volume of patients being discharged. It also supports teamwork among the disciplines for identifying which patients will be leaving soon for ensuring all the 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, Erie St. Clair Community Access Centre, Local Health Integration Network, and others. 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 the nurses and staff to get patients 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?’ 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,” Vandevenne said.

This could include outreach to volunteer organizations like Red Cross or Meals on Wheels to provide outside services such as setting up a free ride to a doctor’s appointment so they don’t end up back in the hospital or finding someone who will bring them 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 make sure patient requirements are fulfilled within the hospital and everything is aligned for them when they leave. This also helps patients remain in their homes or return to their homes as quickly as possible after being at the hospital.

### Putting Patient Experience in the Spotlight

Another way Bluewater Health focuses its efforts on patient and family-centered care is through the concept of Emily. Emily



*For Emily... every time.*

represents the voice of the patient. She is every patient and family member Bluewater Health has cared for, is caring for, and will care for in the future.

The concept of Emily 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?

Her image, which is a visual composite of individual photos of patients, family members, and staff, is displayed throughout the Sarnia and Petrolia hospitals, within corporate 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 serves as a reminder to consider the patient perspective and remain diligent to asking the questions Emily would ask.

Mark Taylor, M.D., Vice President of Medical Affairs, Chief of Professional Staff, and Chief of Quality, Patient Safety, and Risk Management, stressed that the basis of this is a desire to move away from the healthcare industry focus on the healthcare provider and shift it to Bluewater Health’s commitment to everything patient-centered. 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.”

Now Emily is embedded into 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 the 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 promotes ensuring patients obtain the services they should for excellent care.

---

“Emily has had a tremendous impact on staff. 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.”

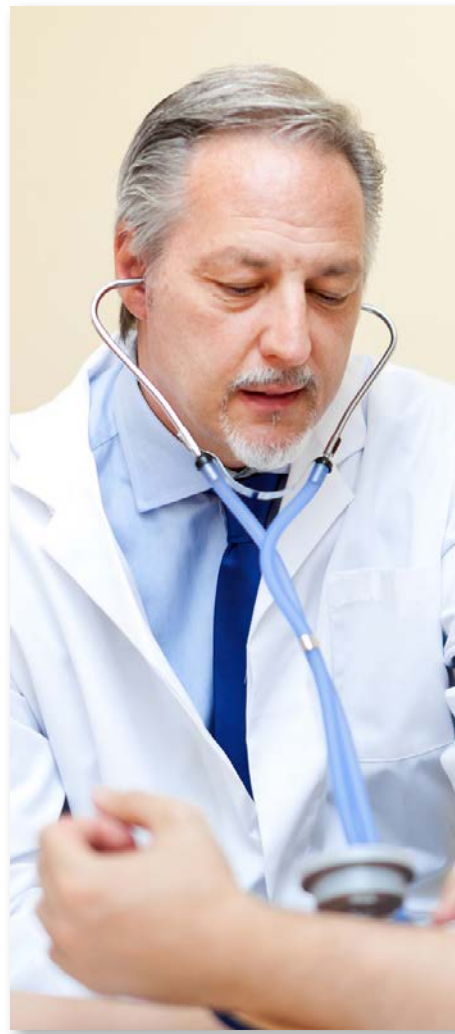
—Mark Taylor, M.D., Vice President of Medical Affairs, Chief of Professional Staff, and Chief of Quality, Patient Safety, and Risk Management

Recently, 14 multidisciplinary focus-group sessions were held with more than 100 individuals from diverse roles including nurses, physicians, allied health professionals, management, support staff, volunteers, and patient experience partners. Participants were asked to recall a time when they were Emily, and moments of exemplary care. Together they drafted a series of “I will” statements that center on personal commitments to or for Emily. These statements support the principles of patient- and family-centred care—dignity and respect, information sharing, participation, and collaboration. The “I will” statements comprise *My Promise to Emily*. “There is a clear commitment from the CEO and across the organization to work in the best interest of patients,” Dr. Taylor said.

Patient Experience Partners (PEPs) also play a large role in ensuring 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 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.”



---

## 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 collaborate with other Patient Experience Partners and hospital staff to bring any concerns forward with the goal of resolution
- Encourage 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

---

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.

The PEPs also meet once a month to review forms used within the hospital. Using their expertise from having been a patient, or a loved one of a patient, education is better communicated. Patients and families are presented information in a way that is meaningful to them and will resonate at a personal level. As a result, materials more proactively address what patients want to know and explain the services that are being provided. Evaluating forms and handouts is a critical way that the PEPs support patients and families receiving the information they need while in the hospital.

One major area of focus and revision by the PEPs was Bluewater Health's policy and supporting documents 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 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 simple wording and a compassionate tone.

The patients have been really receptive to the PEPs and the staff appreciates them as well. "Being around the hospital shows that patients and families 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."

The PEPs have worked with staff on several projects geared toward making sure patients receive services that are necessary and within the comforts they would have at home. For example, some of the PEPs had family members with continuing complex care. The hospital had a desire to have a policy on safe handling of food from home. The PEPs had an equal desire to ensure comfort foods from home were allowed. This led to a

photo tour of the patient kitchenettes by the PEPs, Infection Control, and Nutrition Services. The photos clearly illustrated the lack of standardization in the use of the kitchenettes and in food handling. Together the team improved and standardized this process across units. The PEPs brought their outside perspective and expressed concern for safe storage of staff lunches too. Working together, they determined logistics such as food expiration, where the food would go, and created a process in which any physician-ordered dietary restrictions could be maintained. It was a big win for the patients, families, and staff.



---

"Being around the hospital shows that patients and families 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*

The PEP members are constantly developing new ideas and ways of looking at things that would improve access to care, which further promotes an 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 the healthcare providers are available and committed to making sure patients are receiving the best care possible throughout their entire care journey.