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From 3 to 30,000 Ditching PFACs and Amplifying Diverse, Activated Patient Voices to Co-Design Care Experiences

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Hospital and patient statistics



646

Licensed beds



83,285

ER visits



954,238

Clinic/office visits



31,953

Admissions*

For year ending June 30, 2022

*Inpatient admissions, does not include 14,520 observation days



2nd largest employer in Sacramento County

>17K employees

Generates nearly \$9B in economic impact each year

Sacramento

Households with a
computer: 95.5%

Population: ~525K

Households with
broadband internet: 91.5%

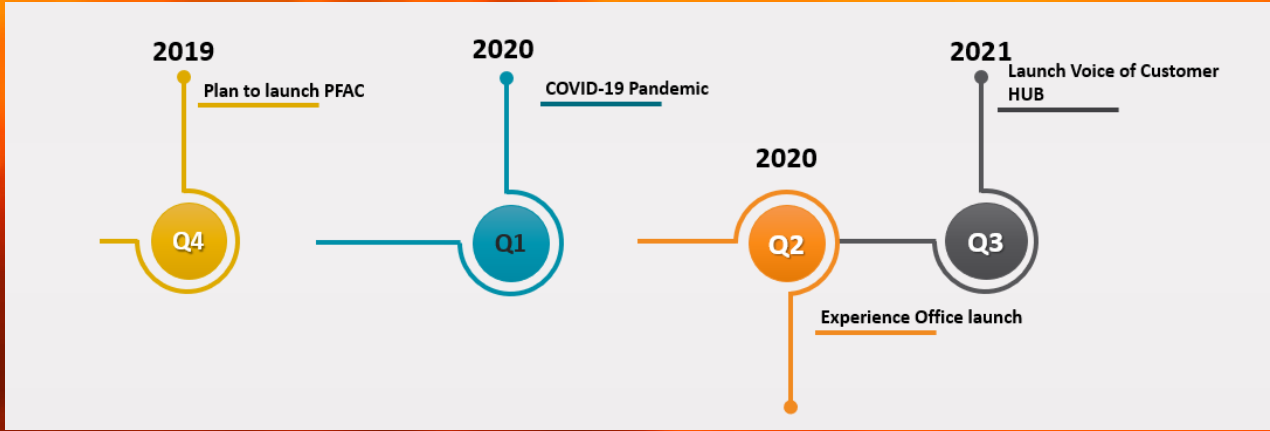
30% White

29% Hispanic

19% Asian

13% Black

9% Other



>34,000



A Leader Talking About Life Before a Patient Feedback Community

“Before this capability was developed, our design for patient-facing software and workflows was insufficient and biased. We only had our leadership’s own experience as patients to go by, which certainly isn’t representative of our diverse community. Beyond that, we could react to patient complaints, and maybe I would ask a few of my own patients. “

Scott MacDonald MD FACP, FAMIA
Chief Medical Information Officer
Clinical Informatics
UC Davis Health

How do you Build a Patient Community?

How do you Build a Patient Community?

1. Ask a question...

“Before you go, would you be willing to join UC Davis Health’s Engagement Community, offering you a way to provide *ongoing ideas and feedback to help us make decisions that impact the care we deliver?*”

- Yes
- No
- *I’m already a member*

2. Create a method for tracking those who said “Yes”



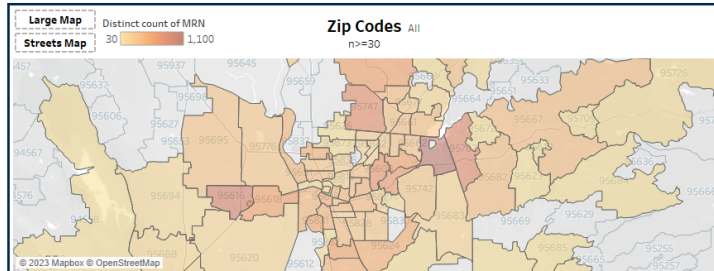
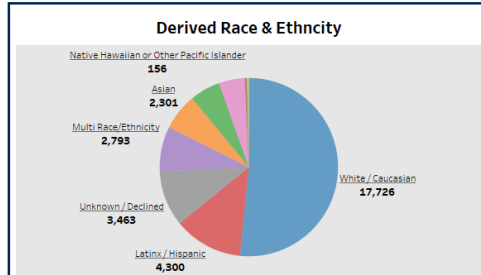
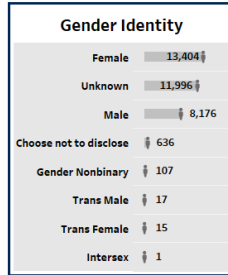
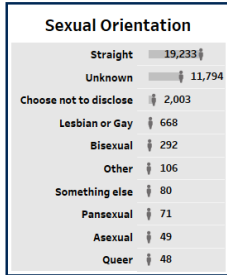
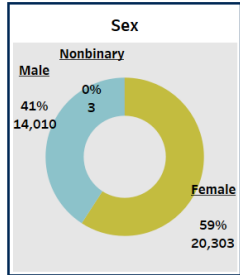
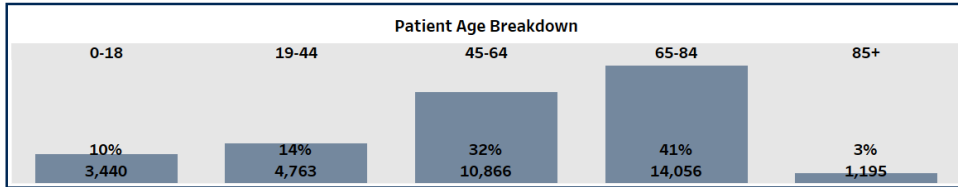
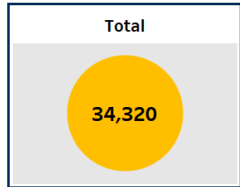
COMMUNITY

Patient Experience Community Panel

Data Source last updated 7/12/2023 12:58:00 PM.

Click a button below to filter based on the service line.

- Ambulatory Clinics
- Ambulatory Surgery
- Behavioral Health
- Emergency Department
- Inpatient Adult
- Inpatient Peds
- Lab
- Orthotics and Prosthetics
- Radiology



	% of Total	Count
White / Caucasian	52%	17,726
Latinx / Hispanic	13%	4,300
Unknown / Declined	10%	3,463
Multi Race/Ethnicity	8%	2,793
Asian	7%	2,301
Black or African American	6%	1,897
Other	5%	1,606
Native Hawaiian or Other Pacific Islander	0%	156
American Indian or Alaska Native	0%	102

UC Davis Health Patient Community Today

How to Leverage Diverse Voices

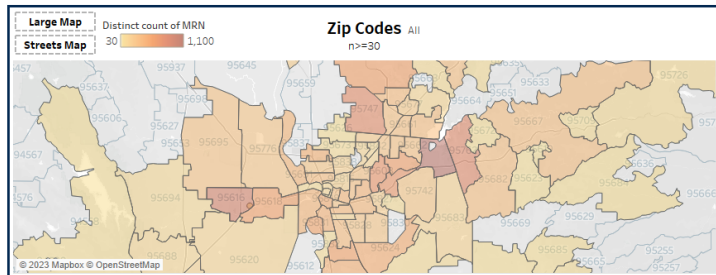
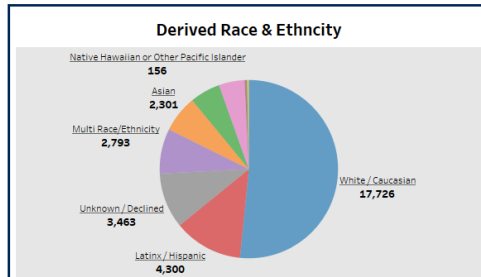
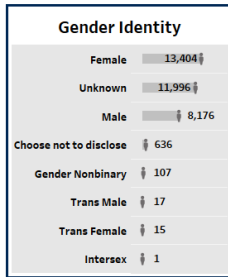
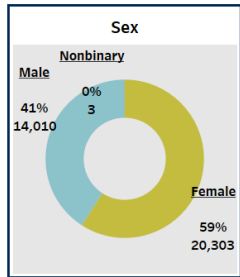
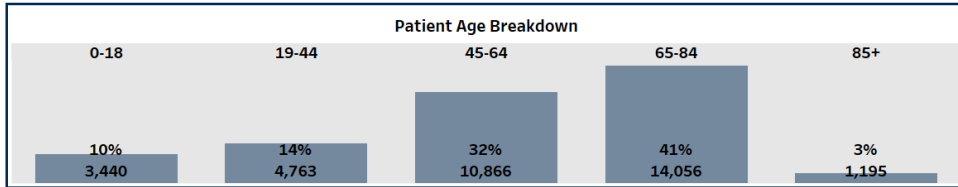
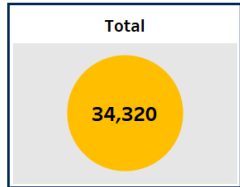


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A patient community opens a very wide door to learning where and how to improve your organization.

What A Patient Community Provides



Many Voices

- An effective feedback community can deliver hundreds or thousands of voices to a single topic.



True Inclusive Voices

- It is possible to bring in statistically valid perceptions by race/ethnicity, gender, age, SOGI, and more.



Experience Specific Insights

- It is possible to get hundreds of opinions about singular experiences within your organization.

Solutions You Can Provide

Common Requests

Patient Feedback on Initiatives Underway

- Identifying ways to improve existing initiatives.

Humanizing Initiatives to Drive Change or Priority

- Understanding “how it feels” to be a patient in your care.

Needs Assessments

- Understanding what patients want/need/desire/hope from your organization.

Patient Feedback on Initiatives In Development

- Capturing feedback while initiatives are being designed.

Journey Mapping

- Using human-centered design – mapping where patients experience friction points within a service or experience.

The Types of Requests You Want

Structuring Engagements

The process for an engagement is simple and is often four steps!

- 1** Scoping the Engagement
 - Identifying the objective, timeline, who needs it, target patients
- 2** Developing the Questions
 - Developing the questions you will ask patients
- 3** Fielding the Research
 - Seeking patient feedback by pushing questions to patients
- 4** Analyzing the Results
 - Creating a deliverable

How to Engage the Community



Methods and Capabilities



Basic Studies

- Brief electronic surveys that are between 10 and 20 questions.



Focus Groups

- Hosting a small group of patients and facilitating seeking feedback on a given topic.



Concept Testing

- Presenting patients concepts, visuals, messaging, experiences and seeking perception feedback on the target topics.



IDIs

- IDIs (In-Depth Interviews) lasting 10 to 15 minutes with patients to seek detailed insights.

Patient/Family Advisory Council Development

- Developing a panel of patients that can provide ongoing patient perspectives on a variety of topics for the group/team/service in question



Patient Feedback Videos

- Seeking patient feedback via videos that are used for internal feedback sessions, celebrations, or humanizing experiences

Evolution of the Capability

Efforts & Capabilities

Start with Basics

- The community will start small – focus on a small number of big goals.
- Offer surveys & focus groups

Expand Your Capabilities

- Expand service offering to include:
 - IDIs
 - PFACs
 - Patient Advisors

Fill the Gaps

- Start to problem solve for panel gaps – likely DEI topics

Expand the Community

- What other voices can you bring to the table?
 - Family Members
 - Employees
 - Less-represented communities
 - Non-Customers?



People & Technology

- Develop automated process to recruit community members
- Leverage analytics support to see and recruit from the panel
- **Resource** to manage community and requests
- **Resource** to create surveys and analyze outcomes

- Increased analytical support for study outcomes

- Consider organizing staff by capability:
 - Focus Groups/Patient Engagement
 - Survey Design & Analysis
- Adding Language Services/Capabilities

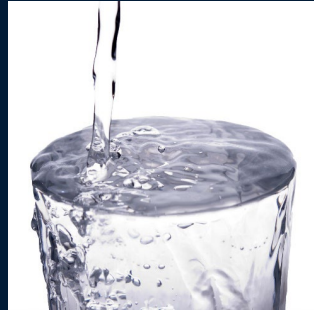
- Identify ways to replicate panel infrastructure for other voices and communities.

Pitfalls to Avoid in the First Year



Too Many Requests Too Fast

- Start slowly
- Expand as your panel grows
- Your response rate will dictate how many projects you can handle at first



Over Surveying

- Try to limit research to 2 engagements per month
- Asking for participation is almost the same as “completes”
- The larger the panel, the more options you will have



Low-Impact/High Risk Engagements

- Ease of gathering insights can create “less than ideal” requests:
 - Checkbox Requests – going through the motions but not acting on the results
 - Using research to validate one’s own idea

Persistent Challenges



Panel Diversity

Your panel will never be perfect!



Project Complexity

Know your limits!



“I Want to be Published”

Manage expectations!



Survey Burnout

Add space between requests & provide feedback to patients!

Outputs & Examples

Patient Feedback on Initiatives Still In Planning Stages	Patient Feedback on Initiatives Underway	Humanizing Initiatives to Drive Priority
<p>Value Feedback Experience, Design, Insights & Capabilities – Dec. 2021</p>	<p>Mental Health Visits Versus Video Psych & Behavioral Science – Nov. 2021</p>	<p>Quiet Time Assessment Experience, Design, Insights & Capabilities – April 2022</p>
<p>California Tower: Room Design Focus Groups Facilities Planning & Development – March 2022</p>	<p>MyUCDavis Health Feature Update Clinical Informatics – Jan 2022</p>	<p>Nurse Response Time Experience, Design, Insights & Capabilities – May 2022</p>
<p>California Tower: Family Shower Room Facilities Planning & Development – March 2022</p>	<p>Test Card Results Change Clinical Informatics – Feb 2022</p>	<p>Workplace Violence Focus Groups Experience, Design, Insights & Capabilities – July 2022</p>
<p>48X Ambulatory Surgery Center: Room Design Focus Groups Facilities Planning & Development – July 2022</p>	<p>Surgery Updates for Caregivers Ambulatory Surgery – August 2022</p>	<p>Lung Cancer VOC Strategic Deployment – Oct. 2022</p>
<p>Hospital/Campus Signage Focus Groups Facilities Planning & Development – August 2022</p>	<p>Find My Way Focus Groups IT – August 2022</p>	<p>Pavilion Pharmacy Perceptions Strategic Deployment – Nov. 2022</p>
<p>Hospital Signage Focus Groups Facilities Planning & Development – August 2022</p>	<p>Service Recovery Feedback Experience, Design, Insights & Capabilities – Feb. 2023</p>	<p>DRA Feedback Focus Groups Strategic Deployment – Jan. 2023</p>
<p>Mobile O&P Clinics Physical Medicine and Rehabilitation – Jan 2023</p>		<p>Defining Staff Work Together Experience, Design, Insights & Capabilities – March 2023</p>

Our Leaders on the Benefits and Impacts of a Patient Feedback Community

“Now we can quickly get a large amount of feedback from patients on specific questions and have used the feedback community several times to make decisions clearly in line with the needs of our customer base.”

Scott MacDonald MD FACP, FAMIA
Chief Medical Information Officer
Clinical Informatics
UC Davis Health

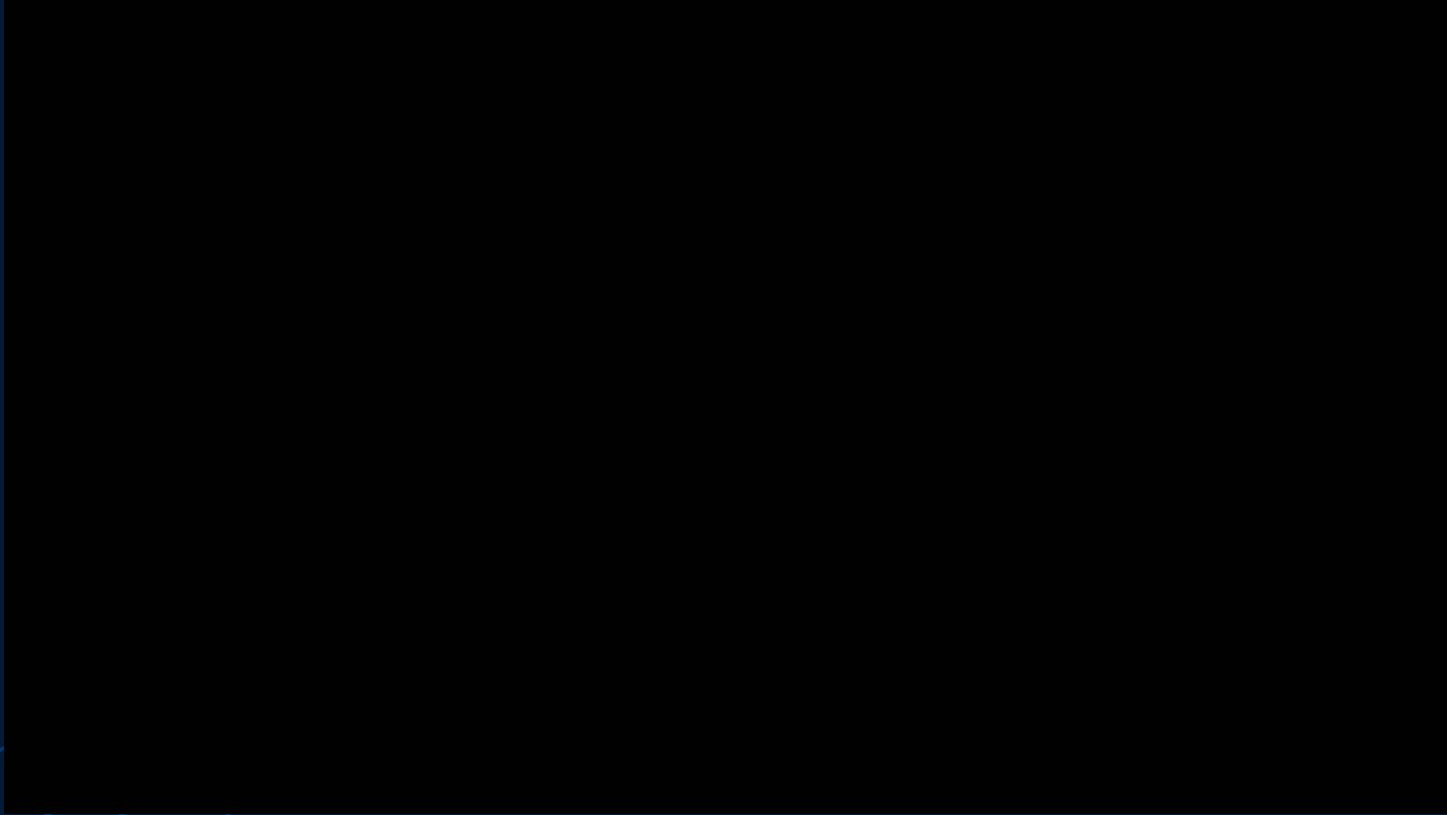
“The feedback received was invaluable. We were able to pinpoint solutions that we were able to integrate into the signage program.”

Myrna Saldaña
Project Manager
Facilities Planning and Development
UC Davis Health

“We were able to glean many additional insights [how to greet patients, improving privacy] that we used to help make sure that patients felt more cared for in our discharge reception area. We plan to capture insights on an ongoing basis to make sure feedback shows improvement or things have not changed.”

Jennifer S. Erickson, MBA, MSN, RN, CSSGB
Director
PCS Patient Flow Management Center
UC Davis Health

Our Leaders on the Benefits and Impacts of a Patient Feedback Community



Questions?



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