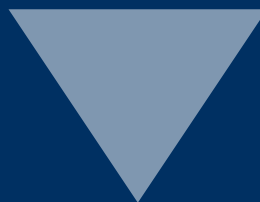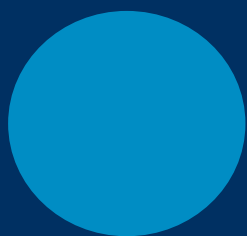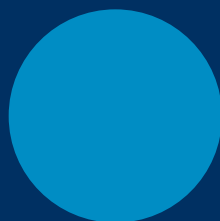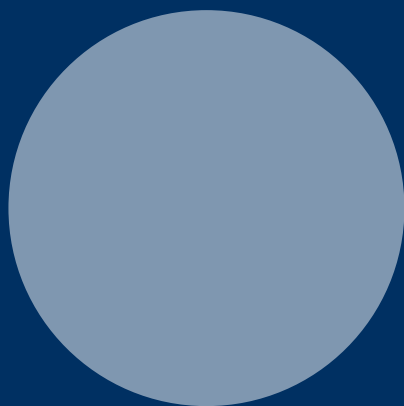October 2025

Blueprint For Better

A Patient Experience Implementation Guide for Psychiatric Facilities

Prepared by:
Yale New Haven Psychiatric Hospital &
Yale Patient Experience Innovation Lab

Yale
NewHaven
Health

Yale New Haven Hospital

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Our Story & Acknowledgments

Created by the team behind the Psychiatric Inpatient Experience (PIX) Survey, this guide emerged from a genuine need. We were tasked with improving the patient experience, but we lacked reliable data to guide us. After struggling to find suitable tools for the inpatient psychiatric setting, we decided to create our own survey. We're deeply thankful to the patients and families at Yale New Haven Hospital who shared their stories and helped shape the survey's content. Their voices ensured that PIX Survey reflects what truly matters in psychiatric care.

We appreciate the support of Yale New Haven Psychiatric Hospital's leadership team, who sponsored the project from the start. We're also grateful to ANCC Magnet for recognizing our work with the Magnet Prize and to Press Ganey for sponsoring that award. The backing of executive leadership at Yale New Haven Health was crucial in overcoming obstacles and keeping the focus on what matters most: patients and families. Finally, while we're committed to implementing patient experience, we recognize that there's still much to learn. We welcome ideas for improving this guide and invite collaboration from institutions sharing our dedication to advancing patient experience in psychiatric care.

Sincerely,

The PIX Development Team

For questions and inquiries, please contact:
YNHPHNursing@ynhh.org

What is the PIX Survey?

» Design & Development

The Psychiatric Inpatient Experience (PIX) Survey is a 23-item survey designed to help organizations systematically assess the experiences of people receiving inpatient psychiatric care. It groups questions under four domains:

- Treatment Team Relationship
- Nursing Presence
- Treatment Effectiveness
- Healing Environment

Development

PIX development began in 2019 at Yale New Haven Psychiatric Hospital in response to the need for a rigorous, validated tool specific to psychiatric inpatient care. An interdisciplinary team — including psychiatry, psychology, nursing, social work, occupational therapy, patients, and families — worked together to design a survey that would be:

- Patient-centered: focused on the aspects of care most important to patients.
- Accessible: brief, clear, and inclusive in content and format.
- Actionable: able to guide organizational improvement and team-based feedback.

Results of this process were published in The Journal of Patient Experience: Continued validation research is being supported in part by the Magnet Award sponsored by Press Ganey.

How to Use This Guide

Beginning January 2026, all inpatient psychiatric facilities participating in the Inpatient Psychiatric Facility Quality Reporting (IPFQR) program will be required by the Centers for Medicare & Medicaid Services (CMS) to administer the Psychiatric Inpatient Experience (PIX) Survey.

This requirement marks a turning point for psychiatric care: for the first time, patient experience will be measured nationally in a standardized way, creating an opportunity to strengthen accountability, equity, and care quality across more than 1,600 facilities.

Many hospitals may be implementing a Patient Experience (PX) program for the first time. Others may need to fine-tune or enhance an existing program. Most will need some kind of guidance or best practices. Existing patient experience vendors may be of service, but this can be a costly endeavor for many free-standing facilities.

We have collaborated with CMS on an official implementation guideline; however, we understand some providers might need additional support. We want to impart our insight and learnings from implementation over the last 7 years.

This guide is a practical blueprint for hospital leaders and teams to implement a sustainable patient experience program built around the PIX Survey. It is not a regulatory manual, and it does not replace official CMS guidelines. Instead, it complements them with field-tested practices, examples, and templates to help hospitals succeed under real-world resource constraints.

How to Use This Guide

» Who is it for

Each section of this guide follows a consistent framework so that you can easily navigate and apply the information. Here's what to expect:

» How To Use

In each section, we'll cover a topic within a similar structure:

- Overview – A clear explanation of the topic in plain language.
- Why It Matters – The importance of the topic and why it deserves your attention.
- Core Concepts and Practices – Key principles and actionable practices that support implementation.
- Risks and Mitigation – Common pitfalls, early warning signs, and strategies to address them.
- Artifacts and Examples – Templates, sample materials, or real-world examples to help you put concepts into practice.
- CMS Cross-Reference – Links to related requirements and resources from CMS, including the PIX Survey Resources.

Use each section as both a reference (to look up specific issues) and a step-by-step guide (to build or refine your program in sequence). Whether you are starting from scratch or improving an existing approach, the structure is designed to be practical, adaptable, and directly tied to CMS expectations.

Getting Started

» Overview

What you need to do:

- Consistently collect patient feedback using a CMS-approved version of the PIX Survey.
- Analyze and make sense of the feedback.
- Integrate the feedback into your existing organizational leadership and communications architecture.
- Respond by making practice changes to improve care.

Easier said than done! There are many ways of breaking down PX program implementation, but we suggest thinking about it in four domains of work:

- Governance & Planning
- Survey Operations
- Data Analytics & Communications
- Performance Improvement & Sustainability

In this section we'll provide an introduction to these domains, and we'll use the subsequent sections to dive deeper into the core concepts and guidance.

» Why it matters

- It's both a requirement and an opportunity.
- It changes the way organizations work.
- It provides actionable insights.
- It sets the stage for improvement.

Getting Started

Governance & Planning:

This is about setting the foundation so the work doesn't drift. Clear ownership, structure, and definitions of success give the program staying power.

- Anchor the program within your existing leadership and program committee structure.
- Assign roles and resources early so responsibilities are clear.
- Define what success looks like with a few process and outcome metrics.

Data Collection:

Collecting patient feedback consistently requires both the right tools and the right workflow. The goal is to make it easy and safe for patients to share their experience.

- Establish a reliable, repeatable workflow first (Wi-Fi, device, staff script).
- Create a patient-friendly experience that encourages honest feedback.
- Start small, learn quickly, and scale your efforts once the basics are in place.

Getting Started

Data Analytics & Communications

Numbers alone don't create change — it's about making the data meaningful to staff and leaders. Good communication ensures valuable feedback which leads to quality action.

- Turn survey data into simple, digestible insights for leaders and interdisciplinary teams.
- Share results regularly through existing communications channels (huddles, digests).
- Highlight patterns and equity gaps, not just scores.

Performance Improvement & Sustainability

- Use results to generate quick tests of change (Plan-Do-Study-Act cycles, Stop/Start/Continue).
- Balance improvements with staff workload, safety, and equity goals.
- Build recognition and feedback loops to keep momentum over time.
- Governance: Integrate your program and initiatives within your existing structure.

» Artifacts / Examples

- Getting started checklist

Blueprint For Better **Artifact** | Getting Started Checklist

1. Sponsorship & Scope

☐ Executive sponsor identified (e.g., CMO, CNO, or COO)
☐ Operational lead identified (unit manager, director, or PX lead)
☐ Confirm "why now" (regulatory requirement, quality goal, culture change)
☐ Consider budget / resource allocation

2. Goverance & Planning

☐ Assess whether existing governance structures can support PX or if new ones are needed
☐ Complete a simple project charter (purpose, scope, milestones)
☐ Draft a high-level implementation timeline

3. Survey Operations & Minimum Kit

☐ Determine Mode / Timing / Sampling
☐ Device procurement (tablet, computer, or paper fallback)
☐ Test survey platform for usability and data flow
☐ Outline plan for analytics and basic reporting

4. Workflow Setup

☐ Map survey process into current discharge workflow
☐ Finalize neutral scripting for staff (voluntary, anonymous, non-coaching)
☐ Train staff using short (10–15 min) micro-modules
☐ Establish secure storage or access controls for devices

5. Data & Reporting

☐ Define key performance indicators
☐ Dashboard/reporting plan set (weekly unit huddle, monthly leadership summary)
☐ Align survey concepts to existing care model or organizational goals

Governance & Planning

» Overview

Governance and planning provide the backbone of a patient experience program. Governance defines who is responsible, who decides, and how accountability is maintained. Planning defines what needs to happen, in what order, and with what resources. Don't skip this step—it prevents drift and confusion later.

» Why it matters

- <u>Clarity</u>: Everyone knows their role and decision-making authority.
- <u>Accountability</u>: Leaders can track whether tasks are being completed.
- <u>Sustainability</u>: A written plan and governance structure keeps momentum beyond the kickoff.
- <u>Alignment</u>: Ensures PX work connects to broader hospital goals.

» Core Practices

Develop a Charter
- Deliverable: One-page charter including:
- Purpose & Aim – Why the PX program exists
- Sponsors & Leads – Executive sponsor, operational/clinical lead(s)
- Scope & Roadmap – 12-month goals and project milestones
- Define Governance Structure:
    - Executive Sponsor – Sets direction, removes obstacles
    - Steering Group – strategic oversight and high-level decision making (early stage: biweekly)
    - Unit Workstreams – Daily survey operations

Governance & Planning

- Add a Meeting Cadence
    - Executive Sponsor check-in: Quarterly scorecard review
    - Steering Group: Monthly (30 min)
- Weekly check-ins with unit staff
- Building in basic performance checks (KPIs) to monitor whether collection and communication are actually happening.
- Select KPIs

    - By week 6, define 3 simple KPIs with explicit thresholds:
    - Offer Rate: ≥80% of eligible discharges offered a survey
    - Completion Rate: ≥60% of surveys offered are completed
    - Dissemination Rate: 100% of units receive a monthly results

» Risk / Mitigation

Even with a clear plan and strong sponsors, patient experience work is vulnerable to common pitfalls. Naming the risks up front—and pairing each with a simple mitigation strategy—keeps the program realistic and resilient.

- Competing priorities: Secure visible sponsor support; keep PX on the leadership agenda
- Loss of momentum: Build in early wins
- Staff burnout: Keep meetings short; make sure to message positive feedback in addition to opportunities.

» Artifacts / Examples

- Project Charter Template
- Steering Group Agenda Example

Blueprint For Better **Artifact** | Project Charter Template

Project Title:
Project Start Date: [Insert Start Date]
Last Revised: [Insert Revision Date]

- Purpose and Aim: *Define what the PIX is and what outcome you hope to accomplish?

- Goals and Objective: *What are the projected outcomes of the survey?

- Critical Factor for Success: *Identify essential elements that your organization or team

Milestone	Target Date	Assigned Personnel

Process Measures - list the measure(s) you will monitor to determine if the process is being performed

Outcome Measures - list the measures that you want to achieve as a result of the project

Blueprint For Better **Artifact** | Project Charter Template

Project Organization

Sponsors and Leads:

Role	Description	Assigned Personnel

Accountability & Decision-making

RACI Matrix

Activity	Exec Sponsor	Ops Lead	Clinical Lead	Data Lead	Unit Champions
		RC	I	I	

R = Responsible (does the work)
A = Accountable (final decision-maker, owns success)
C = Consulted (gives input)
I = Informed (kept updated)

Blueprint For Better **Artifact** | Steering Group Agenda

Agenda

Item	Purpose	Lead	Time
Welcome	Confirm agenda, review prior minutes/action items	Chair	5 min
Patient Story	Share positive feedback, staff shout-outs, patient stories	Sponsor/Chair	5 min
Sponsor Update	Share executive perspective, highlight organizational priorities	Executive Sponsor	10 min
Program Status Review	Progress against charter milestones, KPIs (offer, completion, dissemination rates)	Operational Lead	15 min
Data Insights & Feedback	Review key survey results (trends, comments, themes)	Data Lead	15 min
Risks & Issues	Identify new risks, barriers, and mitigation strategies	Steering Members	10 min
Decisions & Action Items	Confirm decisions, assign owners, and agree on next steps	Chair	10 min
Next Meeting	Confirm date/time, draft agenda topics	Chair	

Survey Operations

» Overview

Survey operations are the standardized, neutral process of offering and administering the PIX Survey so that every eligible patient has a fair opportunity to provide feedback. This includes deciding when the survey is offered, who administers it, how it is presented, and what safeguards protect confidentiality and security.

In practice, this means:
- Patients are approached up to 24 hours before discharge.
- A trained staff member (who is not part of the patient's direct care team) offers the survey to the patient.
- Patients are given time, privacy, and choice in completing it.
- Survey operations are repeatable, fair, and respectful—producing reliable data over time.

Please see CMS Survey Administration for official guidance

» Why it matters

- Reliability: Standardization produces consistent, trustworthy data.
- Fairness: All eligible patients are offered the same opportunity.
- Trust: Neutral, confidential processes encourage honest responses.

» Core Practices

Please review the latest CMS PIX guidelines, which provide information on:
- Cohort
- Mode & Timing

Survey Operations

» Core Practices

- Anonymity
- Accessibility / Patients Needing Assistance
- Ethical Considerations
- Sampling

Within the guidelines outlined by CMS, our team recommends the following:

- Cohort: As specified by CMS
- Timing: As specified by CMS
  - To minimize distractions, avoid offering right before the patient receives their belongings or is preparing to exit the unit.
- Mode:
  - Electronic survey (Tablet, Laptop)
  - It's easier for patients and simplifies analytics.
- Sampling:
  - All eligible patients (recommended)
  - Set-day sampling: i.e. Mon, Wed, Fri

Other considerations

- Security and access control:
  - Keep device password protected, secured when not in use
  - Limit / Restrict web browsing i.e. use Kiosk Mode, etc.

- Neutral communication: Provide a script to ensure the offer is consistent, respectful, and voluntary. (see our sample script)
- Language and accessibility: Consider translated surveys; provide interpreter support when needed.
- Training: Deliver brief training on confidentiality, neutrality, device care, and survey hand-off (see our brief staff training module).

Survey Operations

» Risk / Mitigation

- Staffing challenges: are inevitable; cross-train staff where possible, assign backups.
- Device loss/damage: use a locked case or holder for tablet, add to environmental checks.
- Low response rates: monitor response rates and be willing to adjust
- Privacy breaches: Use locked storage and restricted access; audit periodically.
- Staff bias/influence: Use neutral scripts; reinforce with staff the importance of receiving honest feedback

» Artifacts / Examples

- Sample Brief Training Module
- Survey Process Map
- CMS Fact Sheet, Implementation Guide, FAQ

Blueprint For Better **Artifact** | Staff Brief Training

Psychiatric Inpatient Experience Survey

Purpose:

By offering the PIX Survey, you are helping us hear our patients' honest feedback. What patients share will be used to celebrate what's working and to make care better where it's needed. Every survey you offer strengthens our ability to improve care for future patients.
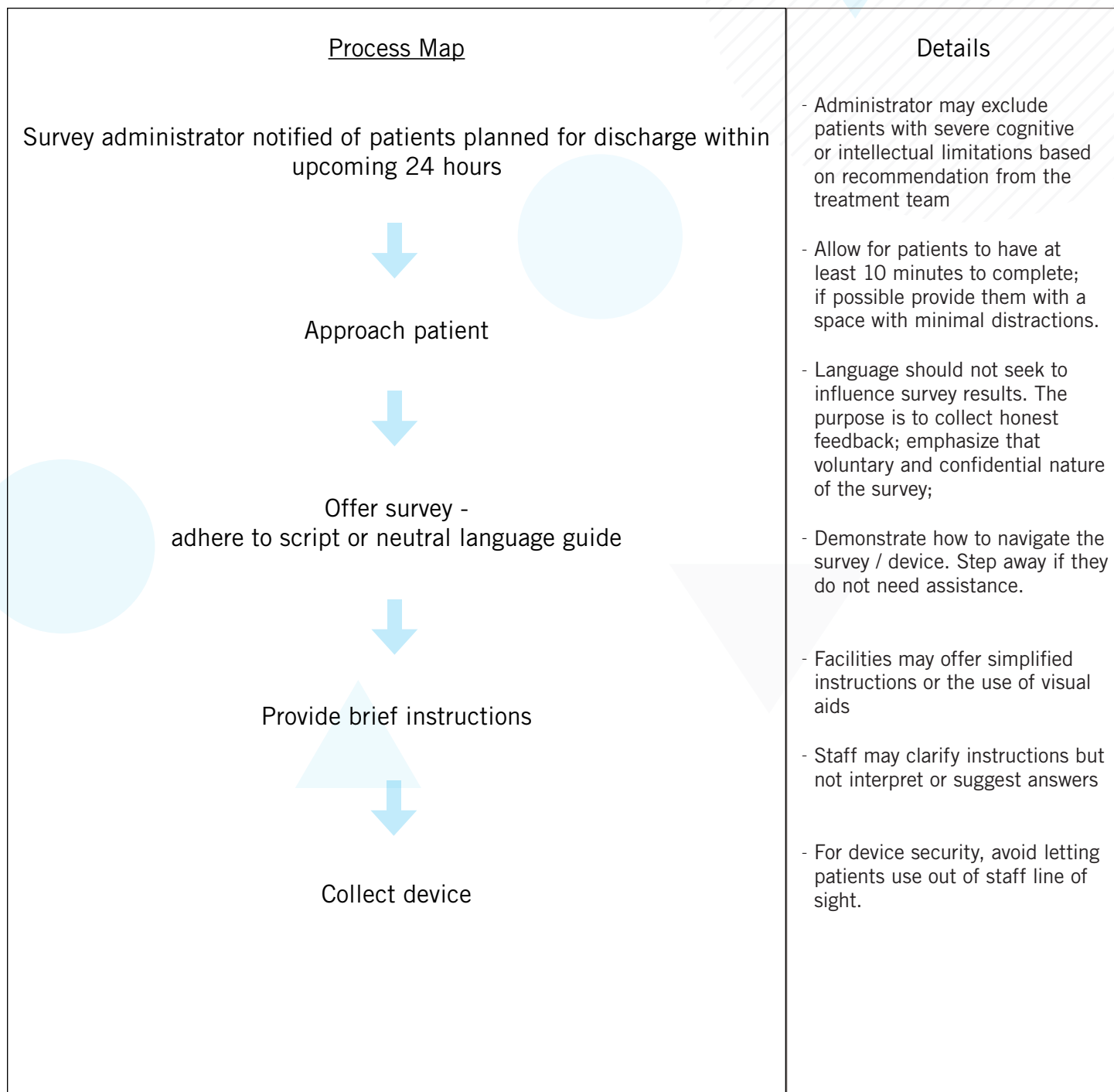
Overview:

The PIX Survey is offered to patients within 24 hours prior to discharge. Staff play a key role in ensuring every eligible patient is invited in a respectful, consistent, and confidential way. This training outlines how to introduce, offer, and document the survey.

Core Steps

1. Identify Eligible Patients
   - Check discharge calendar or with clinical staff.
   - Confirm patient is clinically stable and able to participate.

2. Document - optional
   - Record each offer in the Patient Experience tracker (offered, accepted, declined, deferred).

3. Introduce Yourself
   - Use a warm, respectful tone. Example:
   - "Hello, my name is [Name], and I work with the team here at [Institution / Department]."

4. Explain the Purpose
   - "We're inviting patients to complete a short survey about their stay. It takes about 10 minutes. Your feedback helps us improve care."

5. Ask for Consent
   - Emphasize voluntary and confidential nature.
   - If declined, thank them and document. Ask if you may check back later.

6. Demonstrate How to Use
   - Briefly show how to navigate the device/survey.
   - Remind: Staff should step away unless the patient requests help.

7. Wrap-up Script
   - "Thank you for considering sharing your experience. Your voice helps us improve care for future patients."

Blueprint For Better **Artifact** | Survey Process Map

Process Map	Details
Survey administrator notified of patients planned for discharge within upcoming 24 hours	- Administrator may exclude patients with severe cognitive or intellectual limitations based on recommendation from the treatment team
Approach patient	- Allow for patients to have at least 10 minutes to complete; if possible provide them with a space with minimal distractions.
Offer survey - adhere to script or neutral language guide	- Language should not seek to influence survey results. The purpose is to collect honest feedback; emphasize that voluntary and confidential nature of the survey;
	- Demonstrate how to navigate the survey / device. Step away if they do not need assistance.
Provide brief instructions	- Facilities may offer simplified instructions or the use of visual aids
	- Staff may clarify instructions but not interpret or suggest answers
Collect device	- For device security, avoid letting patients use out of staff line of sight.

Processing & Propagating Feedback

» Overview

Collecting surveys is only the first step; the real value comes from processing and sharing feedback in ways that people can understand and act on. This means reading both numbers and comments, distilling key themes, and tailoring results for different audiences—from frontline staff to executive leadership.

» Why it matters

Interpretation shapes action: Poorly analyzed results can mislead or hide meaningful issues. Engagement grows with clarity: Staff and leaders are more likely to use the data when it arrives in a digestible, relevant format. Communication channels matter: Consistent reporting builds trust and momentum; inconsistent channels breed disengagement.

» Core Practices

- Automate where possible: Use dashboards or scheduled reports to reduce manual effort and ensure timeliness.
- Read all comments: Patient narratives often reveal drivers of experience that numbers alone cannot.

Example themes:
- Environment (cleanliness, safety, noise)
- Respect & Dignity (staff attitude, trust)
- Communication (clarity, listening, information sharing)
- Teamwork & Coordination (handoffs, consistency of care)
- Autonomy & Involvement (shared decision-making)
- Transitions (discharge planning, follow-up)

Processing & Propagating Feedback

» Core Practices

- Tailor to audience:
    - Frontline staff: Specific comments + unit-level trends (weekly huddles).
    - Managers: Monthly summaries with themes, trends, and improvement opportunities.
    - Executives/Board: High-level trends, benchmarks, and equity gaps
- Integrate into existing channels: Add PIX Survey results to established meetings, newsletters, or dashboards instead of creating new silos
- Close the loop: Always show staff how patient feedback was used to drive change; link comments to visible improvements.

» Risks / Mitigations

- Too much data: avoid 'paralysis by analysis'. Limit your focus to items aligned with your goals, tailor reports for audience.
- Feedback is siloed or not acted upon: Commit to transparency, change, and accountability
- Handle small-N data carefully: When sample sizes are small, highlight results as preliminary and avoid over-interpretation. Use ranges or "signal only" language until more data accumulates.

» Artifacts / Examples

- Unit huddle agenda with PIX Survey feedback section
- Automated email digest of patient comments
- Multi-level dashboard (unit + enterprise views)

Blueprint For Better Artifact | Unit Huddle Agenda Sample

Agenda

Item	Purpose	Time
Patient Story	Share one short patient comment (positive or improvement-focused).	2-3 min
Current Initiatives	Quick check-in on ongoing unit projects (PX, safety, quality). Highlight progress, blockers, or upcoming actions.	2-3 min
Initiaive Performance	Share 1–2 key PX metrics (offer rate, completion rate, dissemination). Keep visuals simple (traffic-light colors or arrows for trends).	2-3 min
Comment Themes	Summarize top 1-2 recurring themes, read salient comments	2-3 min
Discussion & Action Items	Review key survey results (trends, comments, themes)	5 min

Tips

- Keep it short & predictable: 10–15 min max.
- Visual anchor: A one-page handout or dashboard snapshot helps staff follow.
- Loop back: At the next huddle, show how last week's input led to change.

Blueprint For Better **Artifact** | Email Digest Example

PIX Weekly Digest – Unit A
Date: September 1, 2025
Prepared by: Patient Experience Team

Current Focus:

Evening and Weekend Activities:
I was satisfied with the services available on the weekends 36% Strongly Agree (3% above average)

Highlights from This Week's Patient Comments

1. Respect & Dignity
"The staff treated me like a person, not just a patient. I felt heard and respected."
[Positive reinforcement for staff behavior and communication.]

2. Healing Environment
"The unit was clean and quiet, which helped me feel safe."
[Environmental Services shout-out opportunity.]

3. Communication
"Sometimes I didn't understand what was happening with my meds. More explanation would help."
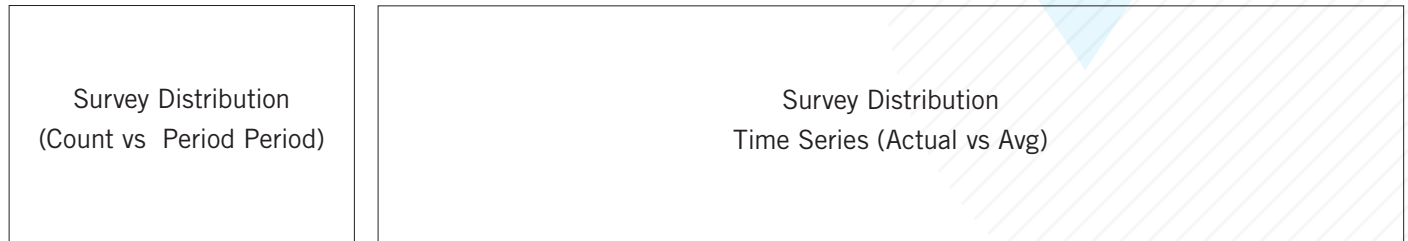[Opportunity for improvement in medication education.]
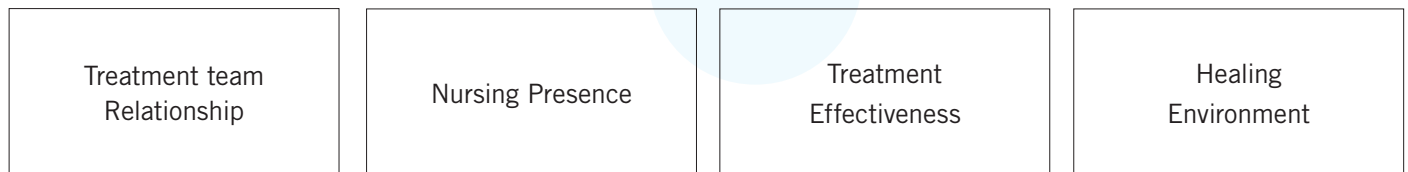
Survey Distribution Snapshot

  - Offer Rate: 82% (Target: ≥80%)
  - Completion Rate: 58% (Target: ≥60%)

Blueprint For Better **Artifact** | Multi-level Dashboard Example

Survey Distribution Metrics

Survey Distribution (Count vs Period Period)	Survey Distribution Time Series (Actual vs Avg)

Domain scores (top box , avg)

Treatment team Relationship	Nursing Presence	Treatment Effectiveness	Healing Environment

Question Scores vs Trend

Question	Score	Trend

Comments and Textual Analysis

Comments	Sentiment	Theme

Performance Metrics

» Overview

Performance measurement and analytics ensure your patient experience program produces data that is understandable, actionable, and trusted. This means deciding what to measure, how to report it, and how to keep results aligned across the organization.

» Why it matters

- <u>Clarity:</u> Different metrics serve different purposes—what a nurse needs at a unit huddle is not what the CEO needs in a quarterly dashboard.
- <u>Motivation</u>: Timely, visible feedback helps staff connect their daily work to patient experience outcomes.
- <u>Accountability</u>: Reliable metrics allow leaders to track progress, allocate resources, and prioritize improvements.
- <u>Equity</u>: Stratified results prevent blind spots and ensure all patient voices are heard.

» Core Practices

- Track Survey Collection KPIs: Monitor response rate, % discharges approached. Segment by operational concepts if possible (i.e.weekday)
- Report Quantitative and Qualitative Together: Pair scores (top-box, domain means) with comment themes.
- Push Data to the Frontline:
- Share results weekly in unit huddles or staff meetings.
- Highlight stories and comments alongside numbers

Performance Metrics

» Core Practices

- Tailor Reporting to Audience:
    - Frontline: simple, unit-level metrics and comment highlights
- Leadership: trends, benchmarksUse Dashboards:
    - Automate where possible; keep a single "source of truth."
    - Include filters (unit, time period, domain) to drill down.

» Risk / Mitigation

- Overemphasis on survey scores without context: Connect survey results to your care model or to concepts already used in staff training.
- Metrics are confusing or overly technical: Use plain language and simple visuals (e.g., run charts, traffic-light colors). Translate statistical terms into everyday language.

» Artifacts / Examples

- Selcting KPIs in the First Year
- Data Storytelling / Communications Plan

Blueprint For Better **Artifact** | Selecting KPIs in the First Year

Purpose

In the first year, focus on getting the process stable before overloading with complex goals. Start with implementation metrics, then layer in patient feedback, and finally assess progress to set future targets.

Timeline & Focus

Months 1 to 3: Implementation KPIs

- Offer Rate: % of total discharges offered a survey.
- Complete Rate: % of offers completed.
- Analyze along operational dimensions: weekday, day of week, duration to complete.
- Aim: hardwire distribution into daily practice.

Months 3 to 9: Taking Stock & Alignment

- Analyze quantitative scores; aggregate to domain and question levels.
- Analyze qualitative themes.
- Conduct leadership rounding: validate themes with staff and patients.
- Select 2-3 KPIs tied to current hospital priorities or emerging consensus priorities.
  - 1 "achievable" KPI (build early success).
  - 1 "stretch" KPI (signal ambition and culture change).

Months 9 to 12: Review & Adjust as Needed

- Assess progress on implementation.
- Re-analyze performance; adjust or refine KPI set; plan for annual review and goal-setting.
- Integrate PX KPIs into leadership scorecards, dashboards, update communication plan.

Tips

- Keep it simple: No more than 3-4 KPIs in year one.
- Balance process & outcomes.
- Align with existing initiatives or hospital care concepts.

Blueprint For Better **Artifact** | Data Communications Plan

Audience & Needs

Audience	What They Need
Frontline Staff	Meaning-focused feedback: scores always aligned to values, care concepts; comments
Unit Managers	Trends, Comments, THemes, iniative-focused
Executives / Board	Enterprise KPIs, benchmarks, high-level stories tied to strategy

Channels & Cadence

Channel	Frequency	Audience	Guidance
Email digest	Weekly / bi-weekly	Frontline Staff & Managers	Highlight 2-3 themes, iniative-aligned KPIs
Unit Huddle	Weekly	Frontline staff	Share 1 patient story, 1 comment theme, 1 KPI. Keep to 10–15 min.
Manager Summary	Monthly	Unit managers	Unit-level trends with insights; 1-page snapshot.
Executive Dashboard	Quarterly	Executives	Enterprise KPIs + benchmarks; pair with 1–2 patient narratives.

Tips

- Pair numbers with stories. Never show data without a patient voice.
- Keep it simple. 3–4 KPIs per audience; use trends not single points.
- Close the loop. Always show how feedback   action   change.
- Embed in existing channels. Use huddles, newsletters, standing meetings (no new silos).

Continuous Improvement

» Overview

With stable survey collection and consistent feedback channels in place, the next step is turning insights into action. Continuous improvement is about running small, structured tests of change, learning quickly, and spreading what works. It creates a sustainable rhythm of improvement at the unit level.

» Why it matters

- Closes the loop: Data only creates value when it drives change
- Focuses effort: Prioritization helps staff tackle the few improvements that matter most.
- Builds culture: Regular testing fosters a mindset of curiosity and problem-solving.
- Prevents harm: Balancing measures ensure new changes don't add risk or undue burden.

» Core Practices

- Prioritize wisely: Use tools like a Pareto chart or an effort–impact grid to select changes with the greatest potential payoff.
- Run PDSA cycles:
  - Standard cadence: 30-day sprints
  - Target: 1–2 tests per unit per month
- Maintain project hygiene: Each test should have a clear aim, measure, owner, and defined start/stop date.
- Build a change-idea library: Capture and catalogue tested ideas, with notes on outcomes, to avoid reinventing the wheel.

Continuous Improvement

» Core Practices

- Capture and share stories: Pair metrics with short narratives (e.g., before/after result + 40-word story)

» Risk / Mitigation

- Too many projects at once   Limit each unit to 1–2 active PDSAs; use effort–impact grid to choose.
- Unclear ownership   Assign one named owner for each test and log in the charter.
- Failure fatigue   Celebrate learning, not just success; highlight early, easy wins.

» Artifacts / Examples

- PDSA worksheet templatew
- Priority matrix (impact vs. effort grid)
- Change-idea library template

Blueprint For Better **Artifact** | Plan Do Study Act Outline

Plan

- Define the aim: What do we want to improve?
- Pick a change idea: One small, concrete action (e.g., revise survey script, adjust time survey is offered).
- Decide measures: How will we know if it worked? (simple counts, % change, quick observation).
- Set timeline: Keep it short (1–4 weeks).

Do

- Run the change: Put the new idea into practice on a small scale (one shift, one day, one staff member).
- Keep notes: Document what happened, what was easy, what was hard.

Study

- Review results: Did the measure change? Did staff/patients notice a difference?
- Compare to expectations: was it better, worse, the same?
- Capture stories: include staff or patient quotes alongside numbers

Act

- Decide next step:
  - Adopt it it worked well
  - Adapt if it showed promise but needs tweaks
  - Abandon if it didn't help
- Plan next cycle

Tips

- Keep it small: One unit, one shift, one change.
- Go fast: Weeks, not months.
- Pair numbers with stories: Data + staff/patient voice.
- Celebrate learning: Even "failed" tests are useful.

Blueprint For Better **Artifact** | Prioritization Matrix

Brainstorm and prioritize change ideas using a prioritization matrix.
X-axis: Effort required (low --> high)
Y-axis: Impact (low --> high)

Easy Wins

Major Projects

Fill-Ins

Hard Slogs

Blueprint For Better **Artifact** | Change Idea Library

Purpose

The Change-Idea Library is a simple repository where units capture small improvement ideas, track what was tried, and record outcomes. Over time, it becomes a menu of tested changes that staff can draw from, adapt, and spread.

Idea	Domain	Description	Outcome	Notes

Sustain & Grow

» Overview

Once a patient experience program is running reliably, the focus shifts to making it last and expanding responsibly. <u>Sustainment</u> means embedding processes into daily routines so they survive staff turnover and shifting priorities. <u>Growth</u> means spreading the program to additional units or facilities without losing quality, equity, or momentum.

» Why It Matters

- <u>Durability</u>: Early wins fade without standardization and continued attention.
- <u>Equity</u>: Scaling ensures all patients benefit, not just those in pilot units.
- <u>Culture</u>: Recognizing staff and patients signals that PX is "how we do business."
- <u>Resource alignment</u>: Responsible growth requires intentional planning for staffing, technology, and budget.

» Core Practices

- Standardization: Develop SOPs (standard operating procedures) for survey operations.
- Recognition Ladder:
    - Unit-level: shout-outs in huddles
    - Service-level: highlights in monthly newsletters
    - Enterprise-level: board reports, patient letters, digital badges

Sustain & Grow

» Core Practices

- Scale plan:
    - Define next-unit wave plan (who, when, why).
    - Assess readiness (stable processes, adequate resources) before spreading.
    - Use a staged rollout with clear milestones and risk checks.

» Risk / Mitigation

- Loss of focus as priorities shift: Build PX metrics into annual planning and accreditation.
- Staff turnover disrupting processes: Bake PX training into onboarding; use SOPs as "playbook."
- Unequal scaling (some units left behind): Check whether the metrics and initiatives fit the unit's context. Assess resource needs—staff time, training, translation, devices—and provide support before expecting full adoption.

» Artifacts / Examples

- Sustain checklist

Blueprint For Better **Artifact** | Sustain Checklist

Purpose

Use this checklist to confirm the core elements of your PX program are embedded into daily operations so they will survive beyond initial implementation.

Readiness Areas

1. Standardization
    - Core SOPs documented and accessible (survey distribution, device care).
    - PX steps integrated into standard discharge workflow.
    - Device safe storage practices.

2. Training & Orientation
    - PX process included in new staff orientation.
    - Neutral scripting posted / available for staff reference.

3. Resource Allocation
    - Devices assigned and secured
    - Time protected in staff schedule to offer survey
    - Staff cross-trained to cover absences
    - Consider budgeting needs

4. Feedback & Recognition
    - Adhere to communications plan
    - Recognize performance successes and opportunities, shout-out individual staff
    - Consider including survey distributions in performance evaluations

Contributors & Citations

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