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SUMMARY

Learning a patient’s “story”—the background information about their lives, their jobs, their families—can lead to better engagement with them and create a better patient experience.

Key Words

Health care; patient experience; design thinking; health improvement

INTRODUCTION

I attended a conference in September 2019 for radiation oncology administrators. While there, I had the chance to interview Eric LoMonaco, a workshop presenter who had undertaken a patient experience improvement project at his Community Hospital of the Monterey Peninsula in California. He was motivated to take action based on one patient’s “story”: when he called to follow up with the patient about his hospital experience, the curt response was, “If you cared, you would have called me six weeks ago.” The hospital where LoMonaco works, like most in the United States, uses external survey companies that return results six to eight weeks post-discharge. LoMonaco established a QR code system that enables patients to provide feedback in real time. They scan the QR code with their phone, and it takes them to a link where they can answer a question. The response is received and responded to almost in real time, not weeks later. Initiatives such as this one do take time, but they’re inexpensive—and successful. Patient satisfaction has improved at the aforementioned hospital.

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“Could a coffee culture be ruining our health”, an editorial that discusses how eating between meals, now considered the norm, could be contributing to the weight problem evident in many countries globally. Those who opt for caffeinated drinks when socialising between meals are more likely to concurrently consume high energy-dense snacks. The habit of eating for pleasure rather than hunger is strongly implicated in weight

gain—but habitual eating patterns may offer opportunity for feasible lifestyle change when framed appropriately.

“Three changes to make your medical practice more inviting”, a design insight paper, in which an interior designer describes how three small design updates—lighting, painting, and a simple furniture swap—can be done slowly, over time, and can create lasting changes patients will love.

“The use of student narratives as research substrates”, a design insight that describes how a cohort of medical students were encouraged to focus their project ideas on a “story” of someone whose medical problem was of interest to them. By focusing on a story of interest, the students were more engaged and interested in conducting their research.

“Management of Buruli Ulcer/HIV co-infection in a resource-limited setting: A case report”, a case study about a clinically diagnosed WHO Category II Buruli ulcer of left lower limb in an otherwise virologically suppressed 36-year-old person living with HIV (PLHIV), who had completed three years of adherent antiretroviral treatment (ART) in the urban setting of Freetown, Sierra Leone.

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