CONCEPT

Patient Experience in Hospitals: Journey Mapping, Feedback and Service Recovery

29 March – 2 April 2027
Amsterdam - Zuidas business district hotel



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Ref: 322_12577 **Date:** 29 March – 2 April 2027 **Location:** Amsterdam - Zuidas business district hotel **Fees:** 23500 SAR

Introduction:

Patient experience in hospitals is often managed through a single satisfaction score, while the real causes of poor experience sit in waiting areas, bedside conversations, noisy wards, unclear discharge instructions and complaints that nobody closes. This Core Concept course gives patient services, nursing and quality leaders a practical method to map patient journeys across outpatient, inpatient and emergency care, run feedback systems, recover from service failures at the bedside and co-design improvements with patients and families. Participants build a Patient Experience Improvement Plan for a hospital service line.

Course Objectives:

- Distinguish patient experience from patient satisfaction and assess a hospital unit's current experience performance with a structured baseline
- Map outpatient, inpatient and emergency patient journeys to locate the touchpoints that shape how patients and families judge their care
- Coach clinical and front-desk staff in bedside communication, empathy and information-giving routines that patients notice and report
- Operate a patient feedback system combining HCAHPS-style survey results, real-time feedback and complaints, and turn it into ward-level actions
- Lead service recovery and experience-based co-design with patients, families and staff to fix recurring experience failures
- Build and report a patient experience measurement set and improvement plan for a hospital service line

Target Audience:

- Patient experience and patient relations professionals who manage feedback, complaints and patient advocacy in hospitals
- Nurse leaders and charge nurses responsible for ward routines, bedside communication and discharge information
- Patient services and front-office supervisors accountable for registration, appointments, waiting areas and hospitality services
- Quality and performance staff who analyse patient survey results and report experience indicators to committees
- Outpatient and emergency department coordinators who manage waiting, access and patient information at arrival

Course Outline:

Day 1: Patient Experience Foundations in Hospital Care

- Patient Experience Definition as The Beryl Institute States It: Interactions, Culture and Continuum of Care
- Patient Experience Versus Patient Satisfaction: Reported Care Events Against Expectation-Driven Ratings
- Patient-Centred Care Principles: Dignity, Information, Involvement and Family Presence
- Drivers of Hospital Experience Focus: Public Survey Reporting, Reputation and Clinical Outcome Links
- Unit Patient Experience Baseline Checklist: Feedback Data, Complaints Log and Ward Observation

Day 2: Patient Journey Mapping and Experience Measurement Models

- Outpatient Journey Map: Referral, Appointment Booking, Clinic Waiting and Follow-Up
- Inpatient Journey Map: Admission, Ward Stay, Ward Rounds and Discharge
- Emergency Department Journey Map: Arrival, Triage Waiting, Treatment and Family Updates
- HCAHPS Survey Domains: Nurse and Doctor Communication, Staff Responsiveness, Medicines and Discharge Information
- Picker Patient Experience Questionnaire and CAHPS Family Instruments Compared

Day 3: Bedside Communication, Waiting and the Hospital Environment

- Bedside Communication Routines: Introductions, Sitting Down, Teach-Back and Closing the Loop
- Empathy Statements and Breaking Difficult News Conversations with Patients and Relatives
- Hourly Rounding and Call Bell Response Protocols on the Ward
- Waiting Time Communication: Queue Information Boards, Delay Explanations and Access Scheduling
- Hospital Hospitality Standards: Cleanliness, Night-Time Quietness, Food Service and Wayfinding

Day 4: Feedback Systems, Service Recovery and Co-Design with Patients

- Real-Time Patient Feedback Tools: Bedside Tablets, Short Text Surveys and Discharge Calls
- Patient Complaint Themes Analysis Using Free-Text Coding and Natural Language Processing
- Clinical Service Recovery Protocol: Acknowledge, Apologise, Act and Follow Up at the Bedside
- Experience-Based Co-Design: Patient and Staff Filmed Narratives, Joint Events and Co-Design Groups
- Staff Engagement for Experience: Recognition Schemes, Huddles and Frontline Culture Signals

Day 5: Hospital Case Work and the Patient Experience Improvement Plan

- Case Study: Low Discharge Information Scores on a Medical Ward
- Case Study: Emergency Department Waiting Complaints and Family Communication Failures
- Patient Experience Measurement Set: Survey Composites, Real-Time Scores and Complaint Rates
- Patient Experience Improvement Plan Drafting with Baseline and Accountable Owners
- Patient Experience Committee Presentation and Peer Challenge

Skills You Will Gain:

- Patient Journey Mapping
- Patient Survey Interpretation
- Bedside Communication Coaching
- Real-Time Feedback Management
- Clinical Service Recovery
- Experience-Based Co-Design Facilitation
- Complaint Theme Analysis
- Experience Indicator Reporting

Why Attend This Course:

- Return with a Patient Experience Improvement Plan for a hospital service line, with baseline scores and accountable owners
- Read patient survey results by domain and explain to ward teams which daily behaviours move each score
- Handle upset patients and relatives at the bedside with a recovery routine that keeps trust in clinical care
- Exchange patient experience practice with nursing, patient relations and quality peers from public, private and teaching hospitals

Conclusion:

Patients judge a hospital by what happens to them between clinical decisions: how staff speak to them, how long they wait, how quiet the ward is at night and whether anyone listens when something goes wrong. The course moves from patient experience foundations and journey mapping across outpatient, inpatient and emergency care, through bedside communication and the hospital environment, to feedback systems, service recovery and co-design with patients and staff. The final day produces a Patient Experience Improvement Plan ready for committee review.