



# The Healthcare Stories Project: A Promising Model to Advance Client-Provider Collaborations in Clinical Quality Management (CQM)/Quality Improvement (QI)

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September 16, 2025, at 3:30 pm EDT

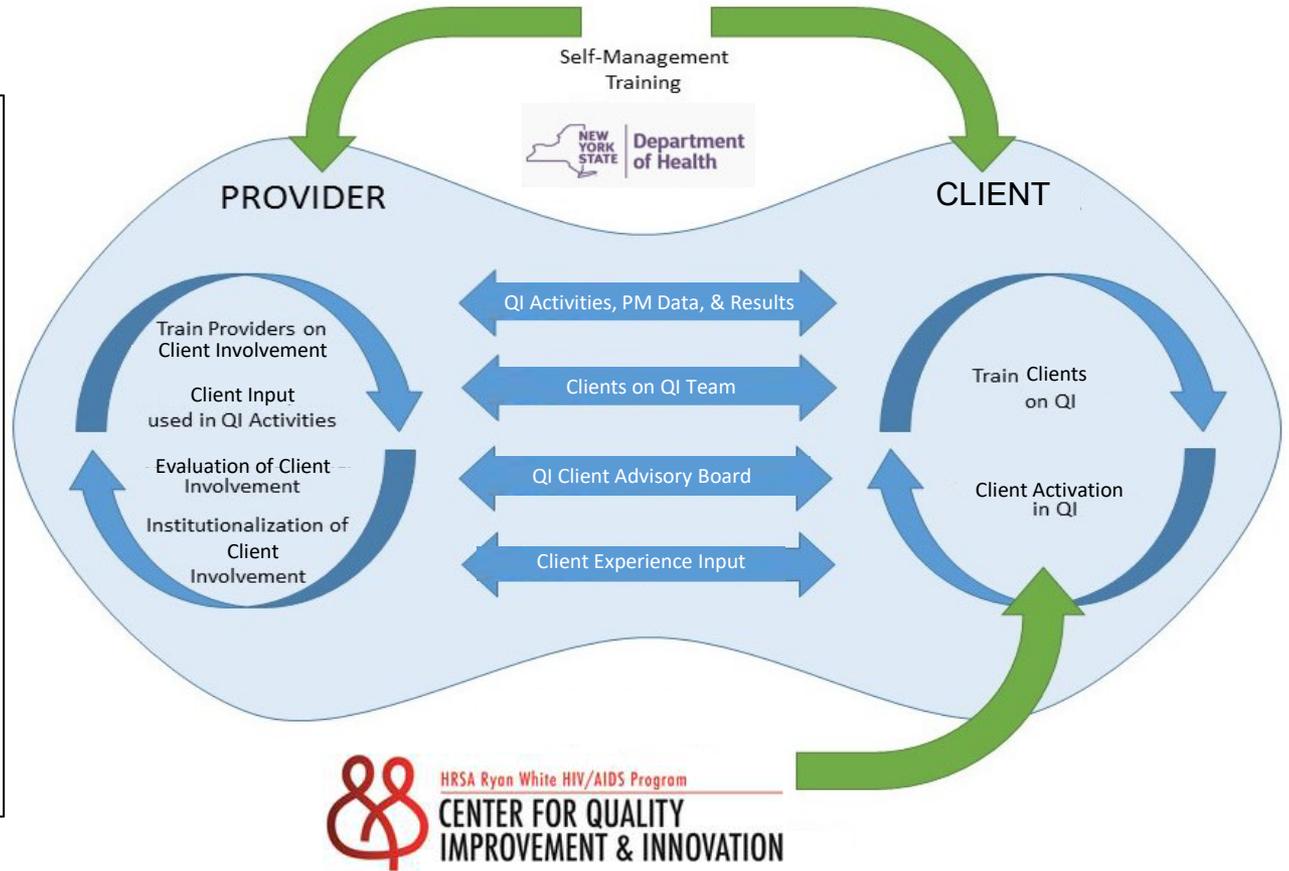
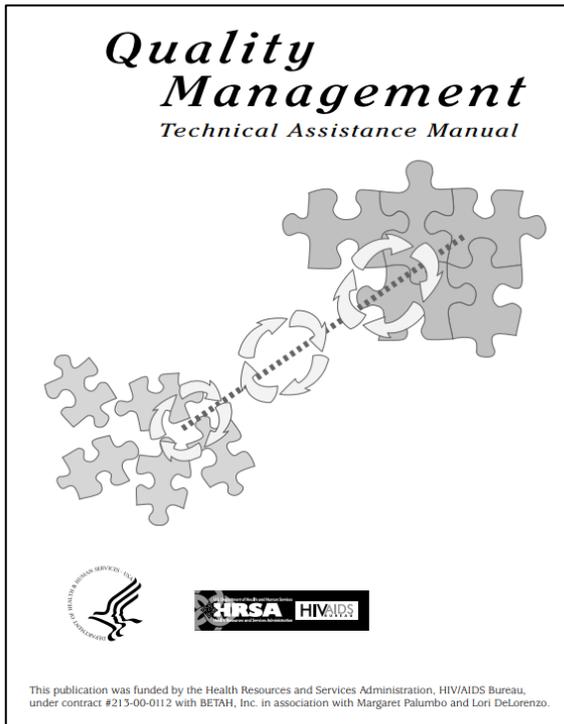


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# Learning Objectives

- Become familiar with the background, purpose, and goals of the Healthcare Stories Project (HCSP).
- Gain basic understanding of the three HCSP activities and how to use them.
- Review real world applications.

# Project Origin Story



*“But what do clients think about ‘quality of care’?” asked the AIDS Institute Medical Director one day...*



# 'Through a Client's Lens: Examining Ideas and Experiences of Quality in New York State (NYS) HIV Health Service Programs' Study

- Qualitative study using interviews, observations
- 2010-2011
- 45 participants
- 15 months
- 3 hospital-based HIV outpatient programs across NYS (2 in New York City, 1 in upstate New York)

# Findings

- Clients used familiar quality terms but applied them using stories.
- Quality HIV care went ‘beyond’ what clients expected to receive.
- Clients naturally participated in producing ‘quality’ services.

# Findings

> Qual Health Res. 2016 Jan;26(2):252-63. doi: 10.1177/1049732315569736. Epub 2015 Feb 10.

## Health Care User Perspectives on Constructing, Contextualizing, and Co-Producing "Quality of Care"

Abigail Baim-Lance <sup>1</sup>, Daniel Tietz <sup>2</sup>, Madeleine Schlefer <sup>3</sup>, Bruce Agins <sup>3</sup>

Affiliations + expand

PMID: 25670664 PMCID: PMC4702281 DOI: 10.1177/1049732315569736

### Abstract

Most of the

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Sage Journals  
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> Sociol Health Illn. 2019 Jan;41(1):128-142. doi: 10.1111/1467-9566.12801. Epub 2018 Aug 6.

## Everyday and unavoidable coproduction: exploring patient participation in the delivery of healthcare services

Abigail Baim-Lance <sup>1</sup>, Daniel Tietz <sup>2</sup>, Hazel Lever <sup>3</sup>, Madeleine Swart <sup>4</sup>, Bruce Agins <sup>1 5</sup>

Affiliations + expand

PMID: 30084113 DOI: 10.1111/1467-9566.12801

### Abstract

The financial and capacity pressures facing healthcare systems call for new strategies to deliver high-quality, efficient services. 'Coproduction' is a concept gaining recognition as an approach to create

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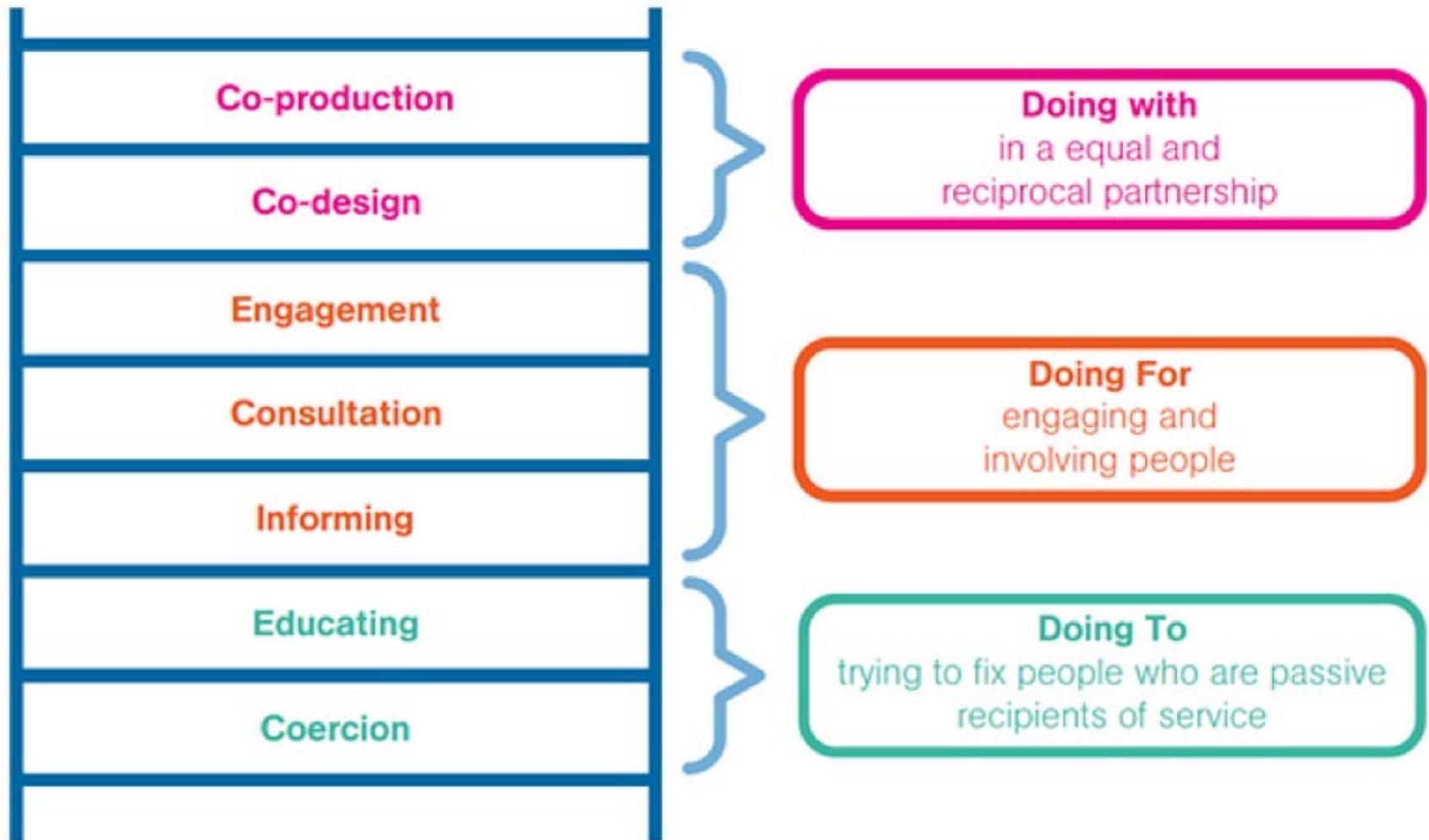
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# Co-production Finding



# Client Lens Co-production Activities

TYPE	<i>Client Lens Co-production Activities</i>
<b>BUILD</b>	Healthcare Treatment and Delivery
	Research Participation
	Client-to-Client Support
	Clinic Protection or Enhancement
	Service Operations
	Client-to-Staff Support
	Service Requests
<b>ACCEPT</b>	Accommodate or Adjust to Treatment, Care, and Operational Procedures
<b>OBJECT</b>	Reject Treatment and Care Procedures

Can we develop a project to provide **concrete tools** for healthcare organizations to use **client stories** and treat clients as **co-producers** of **quality HIV care and its improvement?**

# Introducing... The Healthcare Stories Project

- Uses 'Quality Improvement' framework
- Tools/methods for practice
- 'Learn by doing'
- Step-wise learning
- 'Trial-able'
- Integrates into existing infrastructure
- Flexible and adaptable





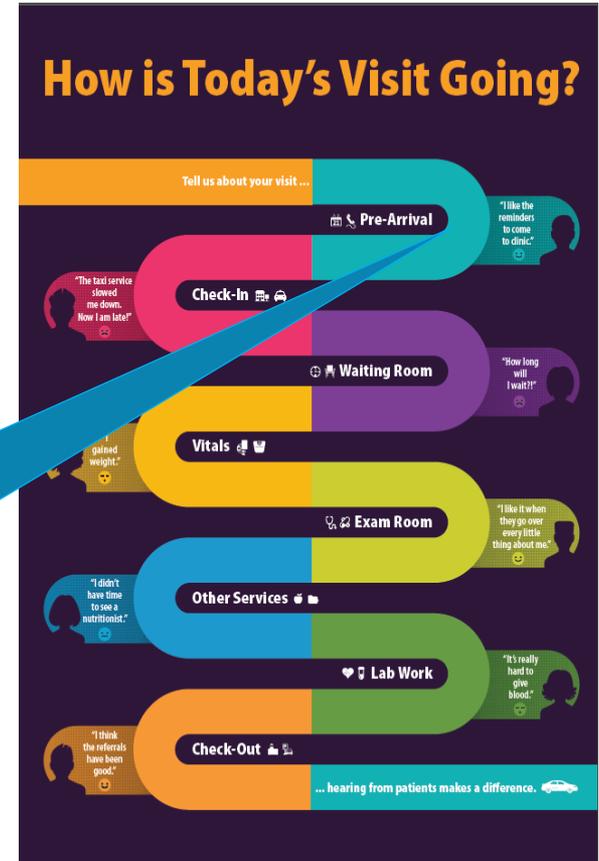
# Activity Two: Visit Experience Maps

**Goal:** Gain information about how service elements are experienced by clients.

**How:** Map experience elements and interpret patterns.

**Activity Product:** Ideal client visit map.

I really like the reminders to come to clinic.



# Activity Three: What are we doing together?

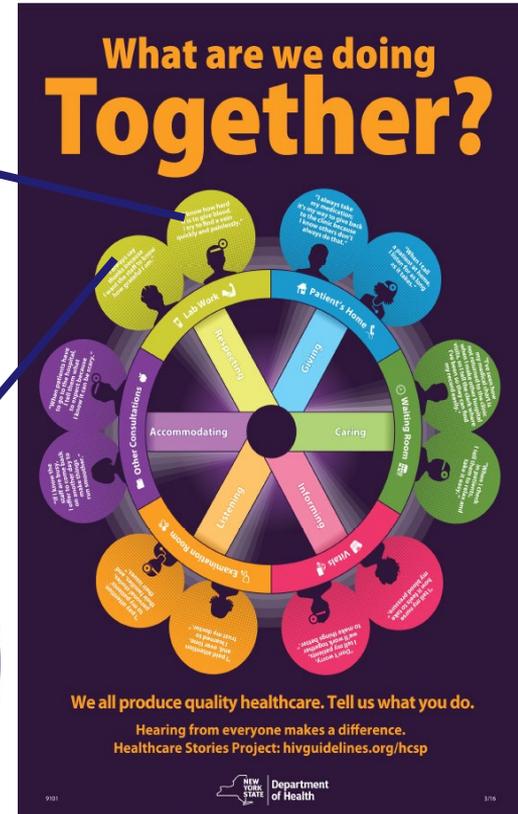
**Goal:** Identify how healthcare is delivered by providers and clients.

**How:** Survey clients and providers about what, where, and how they deliver healthcare and map overlaps.

**Activity Product:** Clinic-Level coproduction wheel.

I try and find a vein quickly and painlessly.

I know my veins are scarred so I guide my provider to the right ones.

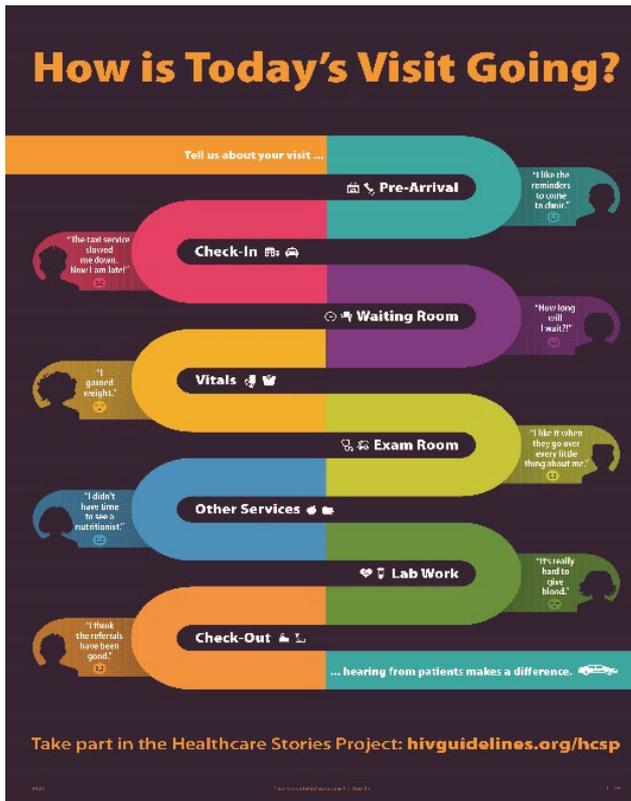


# 6 Steps over 16 Weeks

<b>Step One (wk. 1)</b>	<b>Hang activity poster</b>
<b>Step Two (wk. 2)</b>	<b>Assemble and hold team meeting</b>
<b>Step Three (wk. 3-11)</b>	<b>Distribute activity forms</b>
<b>Step Four (wk. 12 -13)</b>	<b>Map and make activity product</b>
<b>Step Five (wk. 14-16)</b>	<b>Learn and share with staff and clients</b>
<b>Step Six (wk. 16)</b>	<b>Develop QI projects</b>

# Step One (Week 1)

## Identify Space to Display the Enclosed Poster



Designate space to display the Client Experience Map Poster.

You can hang it in the waiting room, or anywhere easily viewed by clients, visitors and staff.

# Step Two (Week 2)

## Assemble HCSP Team & Convene Planning Meeting

Assemble (or reconvene) HCSP planning team (include client and clinic staff).

Choose meeting times and format that suits your organization.

The team should plan how to implement Client Visit Experience Mapping, develop a timeline, and assign member responsibilities to:

1. Inform and generate support among staff to implement;
2. Distribute, collect, display, and analyze Experience Mapping Forms; and
3. Create an ideal Visit Map to share with clients and staff.

# Step Three (Weeks 3-11) Distribute Client Experience Mapping Forms

## Form Completion Guidelines:

1. Ask clients to write down meaningful reactions from the moment they feel their visit starts and until it ends (explain that reactions can be **anonymous**).
2. Comments can be positive, express challenges, or provide observations.
3. Users can use icons (😊, 😞, 😐).

**ATTACHMENT 1: Experience mapping form**  
Your experiences are valued as a patient of this healthcare program. Use words and faces to tell us about each part of your visit today that makes a difference to you.

Date: \_\_\_\_\_

The form consists of five horizontal rows, each representing a station. Each row has a 'Station:' label on the left and a 'Station:' label on the right. The rows are color-coded: orange, pink, yellow, blue, and orange. The top row has a row of eight smiley face icons (😊, 😞, 😐, 😐, 😐, 😐, 😐, 😐) above the orange bar. The bottom row has a row of eight smiley face icons (😊, 😞, 😐, 😐, 😐, 😐, 😐, 😐) below the orange bar. The form is designed for clients to write down their experiences at each station.

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# Step Four (Weeks 3-11)

## Display Experience Mapping Forms

- Designate space to display forms so users and staff become aware of the activity.
- Take pictures to immortalize the display over the 8-week period.
- After 8 weeks, take down the forms and get ready to map!

# Step Five (Weeks 12-13)

## Mapping and Discussion

- Convene HCSP team meeting to map user experiences captured through the activity.
- During first meeting, team leader should place completed mapping forms around the room for members to view.
- Members should split up into subgroups to review positive experiences, challenges, and observations.
- Subgroups should read all individual mapping forms and begin completing subgroup worksheets.
- Feel free to adapt all worksheets to better fit your healthcare program.

# Tasks for Subgroup One Information Subgroup

Record in column three on *Worksheet 1: Mapping Touch Points* the ‘observations’ client made about their visits at each station.

[https://quality.aidsinstitute.ny.org/Areas/ConsumerInvolve/Files/Activity\\_3/d\\_20190315/3-15-19-1.a.9100-Booklet\\_Project6\\_R14\\_PrinterSpreads\\_HR.pdf](https://quality.aidsinstitute.ny.org/Areas/ConsumerInvolve/Files/Activity_3/d_20190315/3-15-19-1.a.9100-Booklet_Project6_R14_PrinterSpreads_HR.pdf)

## Worksheet 1

**WORKSHEET 1: Mapping Positive, Challenging, and Observational Touch Points**  
 Record touch points by type (Positives, Challenges, Observations).

STATION	POSITIVE EXPERIENCES	CHALLENGING EXPERIENCES	OBSERVATIONS
Pre-registration			
Registration			
Waiting Room			
Vitals			
Exam Room			
Support & Specialty Services			
Lab Work			
Check Out			

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# Tasks for Subgroup One Information Subgroup

On *Worksheet 2: Common Observations*, determine how responses are alike, and record the three most common at each station.

## Worksheet 2

**WORKSHEET 2: Common Observations Touch Points**

STATION	TOP THREE OBSERVATIONS
Pre-registration	1. _____ 2. _____ 3. _____
Registration	1. _____ 2. _____ 3. _____
Waiting Room	1. _____ 2. _____ 3. _____
Vitals	1. _____ 2. _____ 3. _____
Exam Room	1. _____ 2. _____ 3. _____
Support & Specialty Services	1. _____ 2. _____ 3. _____
Lab Work	1. _____ 2. _____ 3. _____
Check Out	1. _____ 2. _____ 3. _____

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# Tasks for Subgroup Two Challenges Subgroup

On *Worksheet 1*, record in column two the challenges listed by users and at the stations where they occurred.

## Worksheet 1

**WORKSHEET 1: Mapping Positive, Challenging, and Observational Touch Points**  
Record touch points by type (Positives, Challenges, Observations).

STATION	POSITIVE EXPERIENCES	CHALLENGING EXPERIENCES	OBSERVATIONS
Pre-registration			
Registration			
Waiting Room			
Vitals			
Exam Room			
Support & Specialty Services			
Lab Work			
Check Out			

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# Tasks for Subgroup Two

## Challenges Subgroup

On *Worksheet 3: Touch Point Challenges*, fill in the five most common concerns at each station, and the medical visit date to look at what might have happened on that date.

## Worksheet 3

**WORKSHEET 3: Touch Point Challenges**  
Investigate what factors influenced the challenges users recorded during their visits. Use extra sheets if necessary.

CHALLENGES	STATION	DATE	WHAT HAPPENED THAT DAY?
1.			
2.			
3.			
4.			
5.			

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# Tasks for Subgroup Three Positive Experiences Subgroup

On *Worksheet 1* record in column one all the positive responses and the station where they occurred.

## Worksheet 1

**WORKSHEET 1: Mapping Positive, Challenging, and Observational Touch Points**  
Record touch points by type (Positives, Challenges, Observations).

STATION	POSITIVE EXPERIENCES	CHALLENGING EXPERIENCES	OBSERVATIONS
Pre-registration			
Registration			
Waiting Room			
Vitals			
Exam Room			
Support & Specialty Services			
Lab Work			
Check Out			

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# Tasks for Subgroup Three Positive Experiences Subgroup

Go to *Worksheet 4: Touch Point Positive Experiences* and explore how your program supports and produces positive touch points (group should discuss ways to harness such experiences).

## Worksheet 4

**WORKSHEET 4: Touch Point Positive Experiences**  
*Investigate how your program enables positive touch points. Use extra sheets if necessary.*

POSITIVE EXPERIENCES	STATION	QUALITY SERVICES ALREADY: WHAT DID WE DO?	QUALITY SERVICES ALREADY: CAN WE DO MORE OF IT?
1.			
2.			
3.			
4.			
5.			
6.			

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# Tasks for All Groups

Work on *Worksheet 5: Discussion Questions* in subgroups and as a HCSP team

## WORKSHEET 5: Discussion Questions

### For Observations Touch Points Subgroup:

1. What new information about your services have you learned from healthcare users?
2. What strategies would you use to solicit users' observations on a regular basis?
3. What steps can you take to improve services, based on the feedback users have provided?

### For Challenges Subgroup:

1. What do you think are the central challenges users are facing, and at what points in delivery? How do the findings require you to rethink user expectations and interpretations of your services?
2. Were you able to identify factors that may have influenced user experiences? If so, what's causing them and are they common?
3. What can be done to minimize health user challenges? Identify a few critical points and/or strategies to intervene and improve experiences based on user feedback.

### For Positive Experiences Subgroup:

1. How do you think your health program has been able to deliver the services users identify as positive?
2. How has your program been able to concretely generate positive feelings about services, and in what ways do you think you can enhance what you are doing?
3. In answering question 2, consider: Is it more helpful to focus on improving services in a particular way (for example, building in more flexibility across services), or at a particular stop (for example, the check-in desk is the most important stop for patients so focus efforts there)? How will you go about implementing your chosen improvement strategy?

### For All Groups:

1. Compare findings and consider: What are the main principles that you would like to see guiding the design of an ideal healthcare user visit, and how can you concretely develop each stop in a visit to go along with these principles? Go to *Worksheet 6: Action Steps – Making Ideal User Visits*, to develop your action plan.

# Tasks for All Groups

Work on *Worksheet 6: Action Steps – Making Ideal User Visits* to determine what improvements you want to make at each station in a healthcare visit, and how you will go about doing it.

## WORKSHEET 6: Action Steps - Making Ideal User Visits

Use extra sheets for additional stations.

Station	Positives to Achieve	Concerns to Minimize
<b>Assessment</b> This station is generally considered _____ by users; we'd like to be _____.		<b>Action Plan</b> Consider improvement strategies and steps to implementation.

Station	Positives to Achieve	Concerns to Minimize
<b>Assessment</b> This station is generally considered _____ by users; we'd like to be _____.		<b>Action Plan</b> Consider improvement strategies and steps to implementation.

Station	Positives to Achieve	Concerns to Minimize
<b>Assessment</b> This station is generally considered _____ by users; we'd like to be _____.		<b>Action Plan</b> Consider improvement strategies and steps to implementation.

# Step Six

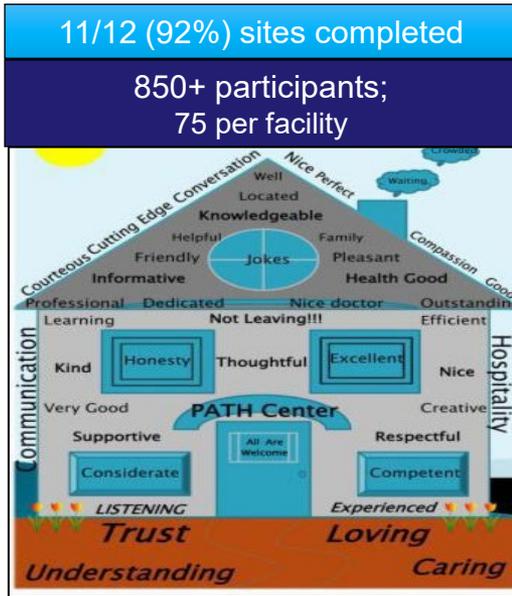
## Create and Share an Ideal Client Visit Map

Create an organization-level ideal visit map using an editable mapping form on [www.hivguidelines.org/hcsp](http://www.hivguidelines.org/hcsp).

Share the map with your healthcare community, including how you will test your action steps using QI tool: Plan-Do-Study-Act (PDSA) small tests of change.



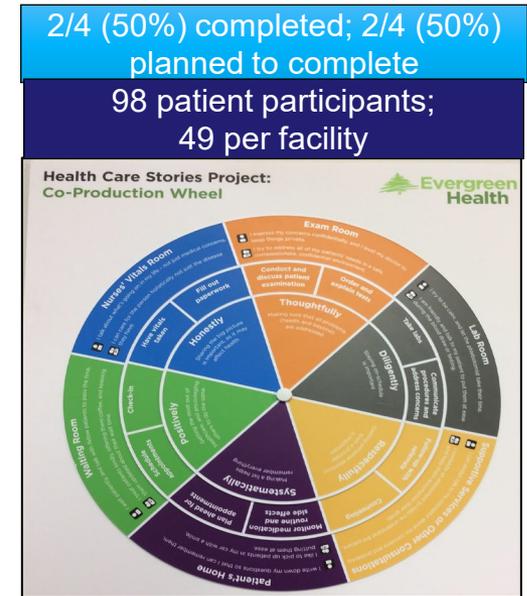
# HCSP Evaluation



8/10 (80%) sites completed

647 participants;  
80 per facility

Pre Appointment	<ul style="list-style-type: none"> <li>me know when I have an appointment</li> <li>assistance with setting up transportation</li> <li>convenient parking</li> <li>bus passes</li> </ul>
Transportation	<ul style="list-style-type: none"> <li>friendly service</li> <li>patient focused</li> </ul>
Check In	<ul style="list-style-type: none"> <li>short wait time</li> <li>clean and comfortable</li> <li>feel listened to</li> </ul>
Exam Room	<ul style="list-style-type: none"> <li>my questions are answered</li> <li>support when needed</li> <li>courteous and confidential</li> <li>shorter wait times</li> <li>experienced lab draws</li> </ul>
Provider Visit	<ul style="list-style-type: none"> <li>shorter wait times</li> <li>reminders when my meds are ready</li> </ul>
Other Staff	
Lab	
Pharmacy	



## Activity 1 QI Activities

- New support group
- Training staff on client ideas of stigma
- ‘Customer service’-style immediate feedback
- Word Cloud thank you cards made and presented on Staff Appreciation Day (also a PDSA)
- Circulating client understandings of ‘quality’ within and outside clinic (newsletters, presentations)

## Activity 2 QI Activities

- Timed study of wait times (PDSA)
- Mitigates wait-time anxiety by offering other locations to receive services
- Text message/voicemail appointment reminder check-in discussions at clinic
- Feedback on busy times when scheduling appointments
- Automated calls to increase client portal use

## Activity 3 QI Activities

- Teaching tool on ‘coproduction’ and endorsement

# Changes to QI Process

- Elevates status of client advisory boards.
- Builds client skills to participate.
- Formalizes client roles on QI and CQM committees.
- Raises awareness that all voices matter to QI (clients *and* frontline staff).
- Establishes information pathways to inform management committee decisions.

# Lessons Learned from Evaluation

- HCSP was largely able to be implemented, particularly Activities 1 and 2 which had high adoption and completion rates.
- There was some drop-off in Activity 3 uptake, suggesting that 'co-production' is a harder concept to implement via QI techniques.
- HCSP advanced client involvement by changing QI practices.
- HCSP generated new, client-centered improvement projects.

**Thank You/Any Questions?**



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# Contact Information

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**Thank You :-)**

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