



Patient Experience: Help Wanted

Healthcare leaders get it: Delivering an excellent patient experience is important to quality and the bottom line. So why is it so hard to do? **BY GIENNA SHAW**

An independent HealthLeaders
Media Survey supported by

MEDSEEK 

About This Survey. *The Patient Experience: Help Wanted* study was conducted by the HealthLeaders Media Intelligence Unit. It is part of a series of monthly Thought Leadership studies. In August 2010, an online survey was sent to select members of the HealthLeaders Media audience of more than 200,000 healthcare executives. For the purposes of this study, respondents were screened to ensure they work in a hospital, health system, or physician organization setting. A total of 303 completed surveys are included in the analysis. The margin of error for a sample size of 303 is +/- 5.6 percentage points. A detailed report with analysis can be found online after October 15, 2010 at www.healthleadersmedia.com/intelligence/.

DOUG PONTE

Fully 93% of healthcare leaders say patient experience is among their top 5 priorities, but organizations are still having trouble improving satisfaction scores, finding time and money for patient experience efforts, and creating an internal structure to support it.

Most of the leaders who responded to the annual *HealthLeaders Media Patient Experience Leadership Survey* say patient experience is either their first priority (35%) or among their top five priorities (58%). And 71% say it has grown in importance over the past year.

Why? For starters, survey respondents overwhelmingly agree patient experience is a business imperative: 79% strongly agree and 20% somewhat agree that patient experience drives referrals, volume, and revenue as much as clinical quality.

Simply put: “Positive experiences drive volumes,” writes one respondent, an operations leader at an academic medical center.

“Patient satisfaction brings the patient back to the organization,” writes another respondent, a nurse leader at a midsize community hospital. “We know there are choices—we need to be the top choice.”

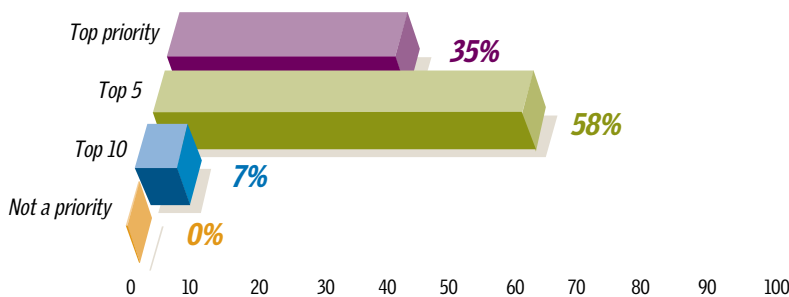
“I don’t see that this can be delegated. The CEO is the one that is the embodiment of the health system mission. If we don’t keep the actual experience paramount in our daily work, it can get lost.”

—Steve Ronstrom

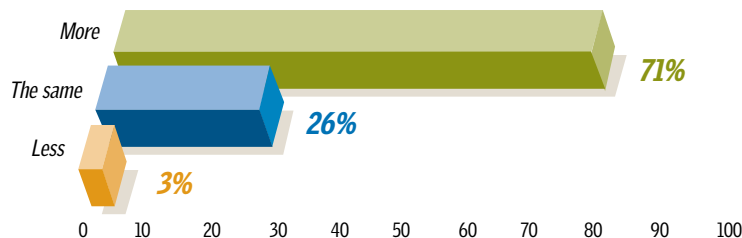
Facing hurdles

When asked to name their biggest stumbling blocks, most leaders cite an abundance of higher priorities (19%) and lack of funding (18%).

RELATIVE TO ALL THE PRIORITIES IN YOUR ORGANIZATION, WHERE DOES PATIENT EXPERIENCE RANK TODAY?



HAS PATIENT EXPERIENCE BECOME MORE OR LESS OF A PRIORITY IN THE PAST YEAR?



What Healthcare Leaders Are Saying

Here are selected comments from the HealthLeaders Media intelligence report, *Patient Experience: Help Wanted*.

“Knowing that payment will be tied to patient experience in the very near future, it will become crucial to make the patient experience the best it can be.”

—Finance leader, large hospital

“The economy has affected how patients spend their healthcare dollars. The declining reimbursement has affected bottom line and ability to provide services. The convergence of these two factors has determined that it is mission critical that patients see/perceive value in their experience with us over the other providers in our service area.”

—CEO, single-specialty group practice

“We have a sense of urgency related to improving our patient satisfaction and HCAHPS scores. Though we have been improving our overall mean score year after year, our competition seems to be improving faster.”

—Operations leader, midsize hospital

“Patient experience has become one of our top priorities over the last year because of the increasing competition in our market, the increasing importance of HCAHPS, and the coming changes in reimbursement for inpatient admissions.”

—Patient experience leader, small hospital

“Our facility is trying to improve our patient satisfaction scores so more people will come to our community hospital and not think they need to go to the larger tertiary hospital located about 25 miles from us.”

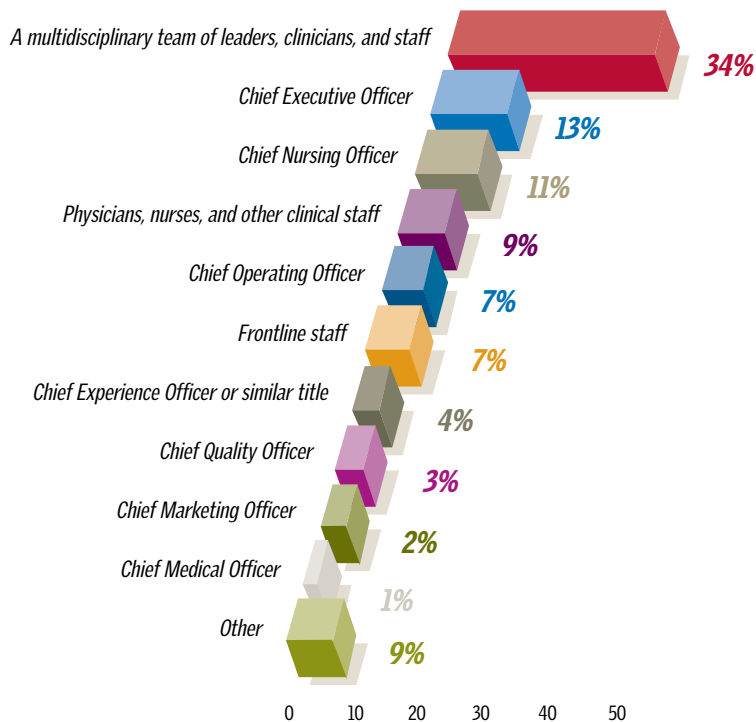
—Marketing leader, small hospital

“It’s very difficult to engage our physician partners, especially those who are employed or thinking about retirement. It’s also been difficult for the old-school members of the C-suite to grasp the importance of consumerism in healthcare. I’m convinced those who don’t will lose market share and revenue.”

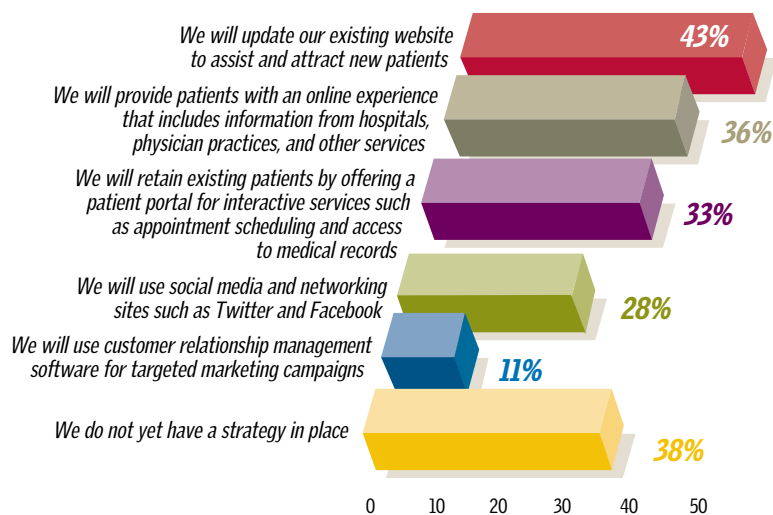
—Operations leader, multispecialty group practice

INTELLIGENCE REPORT: PATIENT EXPERIENCE

IN YOUR ORGANIZATION, WHO HAS THE PRIMARY RESPONSIBILITY FOR PATIENT EXPERIENCE?



WHAT IS YOUR STRATEGY FOR ONLINE COMMUNICATION AND INTERACTION WITH E-PATIENTS TO ENHANCE THE PATIENT EXPERIENCE? (MULTIPLE RESPONSE.)



Healthcare reform is a big distraction right now, says Steve Ronstrom, CEO and president of Sacred Heart Hospital in Eau Claire, WI, who served as editorial advisor for this survey project. “All of a sudden there are all these political changes we have to go through. I think the focus is away from direct care at the moment.” But that won’t last forever, he added.

The survey results also suggest patient experience efforts suffer from a lack of organization, including a lack of cultural fit or employee buy-in (16%), lack of an overall game plan (11%), and lack of management consensus (10%).

One respondent, a nurse leader at a large hospital, puts it this way: “It seems like it is difficult to maintain what we achieve in every avenue. We are able to concentrate on one goal for the short term, but to maintain several goals for the long term seems to be difficult for all to maintain.”

Taking the lead

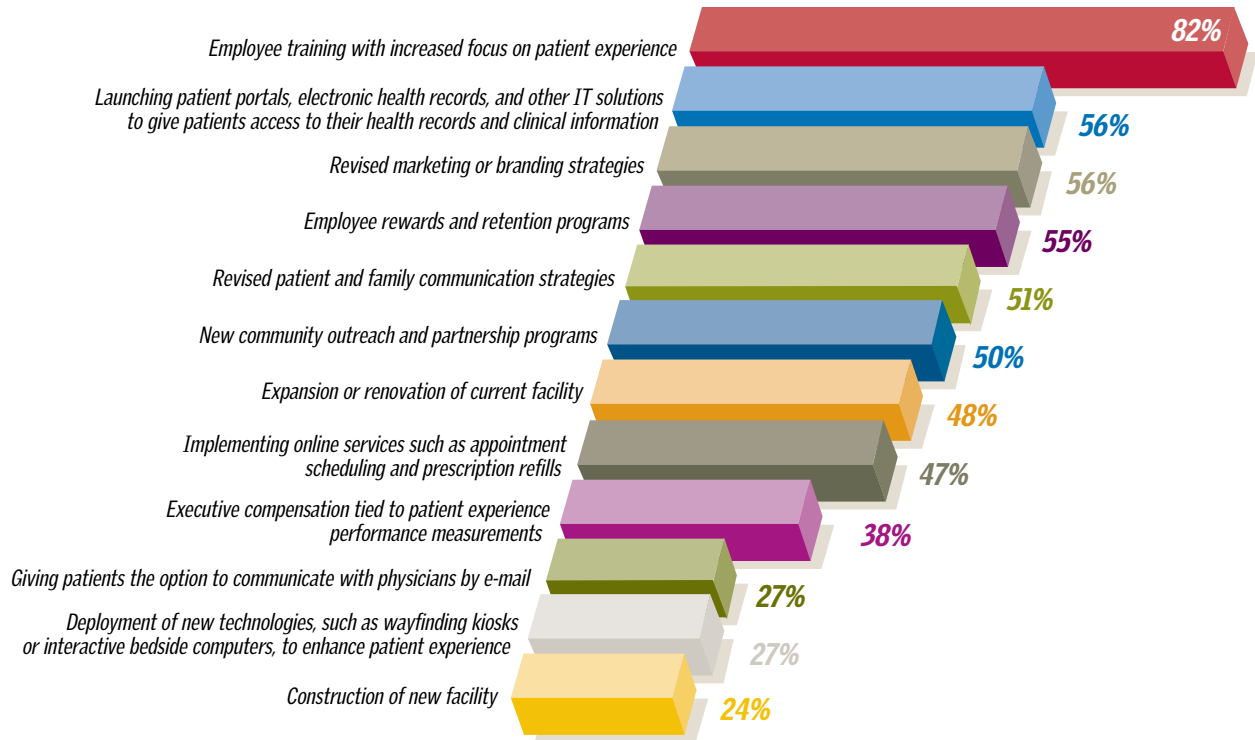
Part of the problem may be a lack of leadership. When asked who in the organization has primary responsibility for patient experience, only 13% say the CEO. Most (34%) answered “a multidisciplinary team of leaders, clinicians, and staff.” The rest of the results were spread across a variety of titles and roles, including CNOs (11%), clinicians (9%), frontline staff (7%), and COOs (7%).

That scattershot approach is not effective, Ronstrom says. “I don’t see that this can be delegated. The CEO is the one that is the embodiment of the health system mission. If we don’t keep the actual experience paramount in our daily work, it can get lost.”

Enlisting employees

Patient experience is, after all, about people. And employees play a big role in

PLEASE IDENTIFY ALL THE INITIATIVES THAT ARE EITHER CURRENTLY UNDER WAY OR THAT YOU WILL BE LAUNCHING WITHIN THE NEXT YEAR TO SUPPORT PATIENT EXPERIENCE IMPROVEMENT.



efforts to improve it: 82% of leaders say their organization conducts employee training with an increased focus on patient experience, 55% say they have employee rewards programs, and 38% tie executive compensation to patient experience performance measurements.

“If you can hire really good people and empower them ... 90% of the time you’re going to be successful,” Ronstrom says. “I think so much of this does come down to honest concern for others, a real interest in service, and [understanding] that service is the road to happiness.”

Turning to technology

Leaders are also looking to technological solutions. Most (43%) say they will update their existing website to assist and attract new patients, and 36% say they will provide patients with

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—Steve Ronstrom

an on-line experience that includes information from hospitals, physician practices, and other services.

More sophisticated initiatives include patient portals, electronic health records, and other IT solutions (56%), and online services such as appointment scheduling and prescription refills (47%).

“As we introduce more technology into the practice, we are concen-

trating on maintaining the quality of the patient experience even while the process changes dramatically,” writes the CEO of a multispecialty group practice.

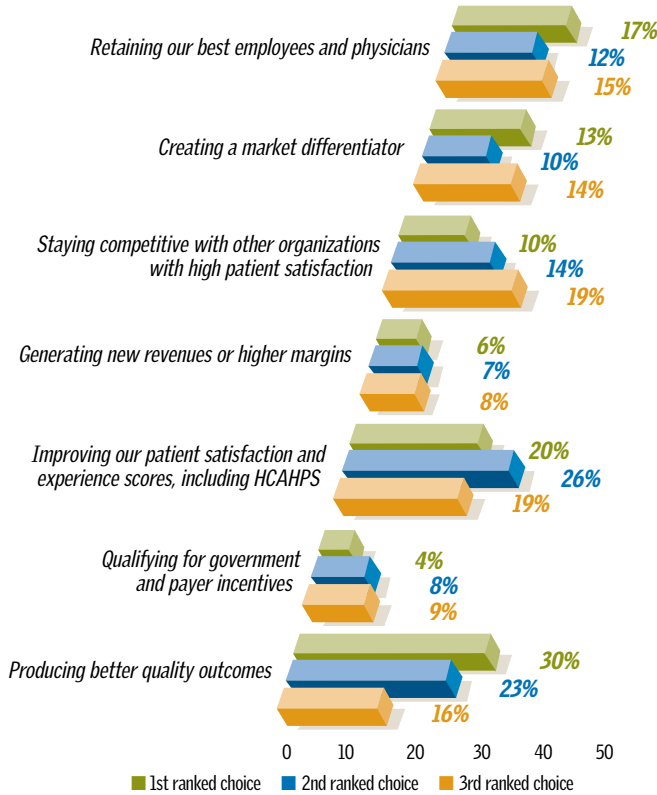
Measuring up

Leaders are motivated by HCAHPS and other quality measurement tools that emphasize patients’ perception of their care (20% say it is their top motivation and 65% put it in their top three). And yet many respondents—from small hospitals to large academic centers—note that they are having trouble improving their scores.

“We’ve historically maintained high patient satisfaction scores, both inpatient and outpatient. But the outpatient scores have slipped and we are struggling with the ‘why,’” writes the CEO of a small hospital.

INTELLIGENCE REPORT: PATIENT EXPERIENCE

WHAT FACTORS WOULD YOU RATE AS YOUR TOP MOTIVATION FOR EXPLORING AND IMPLEMENTING A PATIENT EXPERIENCE STRATEGY? RANK 1 THROUGH 7, WITH 1 BEING THE TOP MOTIVATOR. (RESULTS FOR TOP THREE RANKINGS.)



“Our goal is to be at 90% for all quality measures and we have not reached that goal in patient satisfaction,” writes a nurse leader at a large healthcare organization. “As we get better, so does everyone else. We need to figure out a way to get better faster.”

“Surprisingly, there are some magic bullets—some basic things that need to happen to make those scores move,” Ronstrom says. They include hourly rounding and conducting handoff reports in the patient’s room so that the patient can hear what the nurses are saying and be part of the process.

“You have to know the proven methods and then focus on them and get them instituted throughout your systems,” he says. “HCAHPS is going to be a really important measure of success for CEOs. And we had all better personally own them for our job security.”

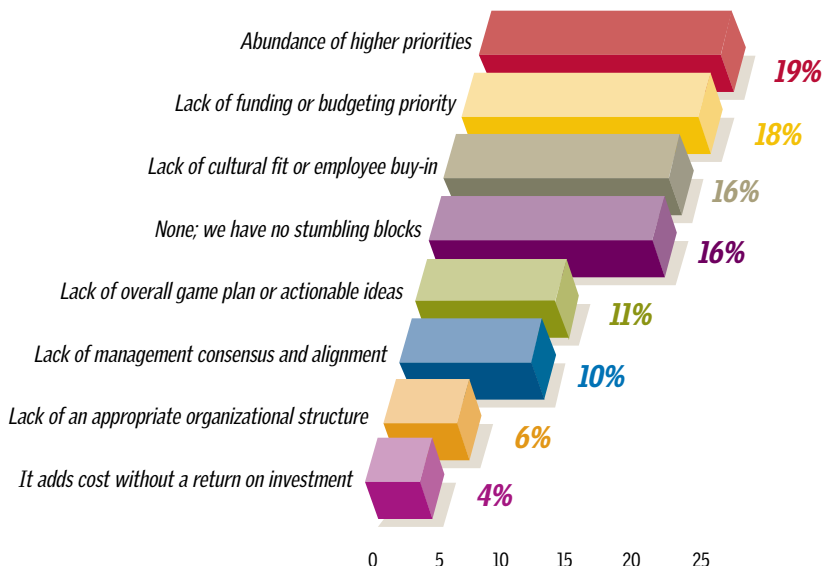
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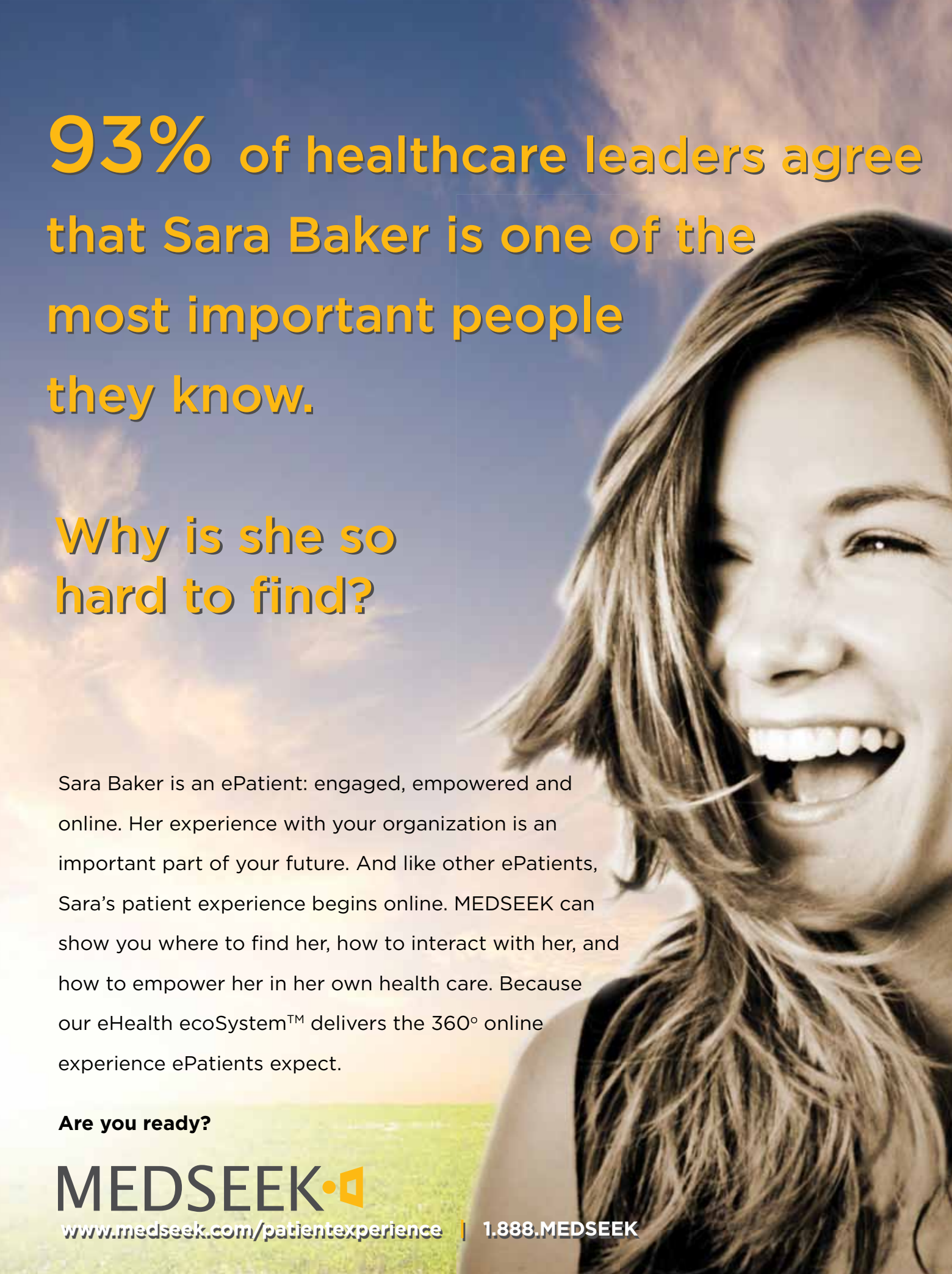


WHAT WOULD YOU SAY IS YOUR BIGGEST STUMBLING BLOCK TO ADOPTING MORE OF A PATIENT EXPERIENCE STRATEGY?



About the HealthLeaders Media Intelligence Unit

The HealthLeaders Media Intelligence Unit, a division of HealthLeaders Media, is the premier source for executive healthcare business research. It provides analysis and forecasts through digital platforms, printed publications, custom reports, whitepapers, conferences, roundtables, peer networking opportunities, and presentations for senior management. The HealthLeaders Media Intelligence Unit is powered by the HealthLeaders Media Council. To learn more about joining the Council, please visit www.healthleadersmediacouncil.com/.



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