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FREE REPORT

AUGUST 2014

Patient Experience Transformation:

Engaged Patients, Measurable Standards

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PERSPECTIVE

The Importance of Communication and Coordination for a Positive Patient Experience

Without a doubt, two of the most important elements that will affect the overall financial health of a hospital are the issues surrounding the patient experience and communications. And as this survey by the HealthLeaders Media Intelligence Unit shows us, executive, operational, and clinical leaders agree.

It's not surprising that 92% of the respondents to the survey list patient satisfaction as part of their organization's patient experience initiative, considering it is an important path to better HCAHPS scores and, therefore, directly related to reimbursement for services. Indeed, the HCAHPS survey was identified as the top method to track and measure the patient experience.

Cognizant of the amplified focus on a hospital's responsibility for postacute care extending even 30 days after patients are discharged, many more facilities are implementing systematic post-discharge phone calls, similar to those we provide to our client hospitals through our wholly owned Medical Call Center. Almost 60% of survey respondents listed post-discharge calls as a key method of measuring the patient experience and, very likely, they also will find that process effective at reducing unnecessary readmissions.

A relatively new measurement tool, ED-CAHPS, was listed by more than half of healthcare leaders (55%) as a version of the survey most appropriate for their organization, indicating the continuing importance of the emergency department as the front door to the hospital and the first impression of the patient experience. And with the Accountable Care Act, many believe that even more people may be accessing emergency departments in some geographic areas, adding more incentive for hospital leaders to increase the focus on their EDs as a path to growing inpatient volumes and improving the patient experience. The ED-CAHPS scores will continue to increase in importance.

The HealthLeaders Media survey also indicates that most organizations plan to increase training and education in patient and staff

Perspective (continued)

communication skills. A good place to begin, especially with nurse and physician listening skills, is in the emergency department, where a team trained in rounding and post-discharge planning and phone calls will favorably impact the patient's experience, boost satisfaction, and reduce the likelihood of a readmission caused by miscommunication or misunderstanding about discharge orders.

More leaders selected care coordination inside the healthcare organization as the one patient experience effort expected to produce the biggest improvement in the next three years, and we predict that more and more hospitals will seek the outsourced integrated services of emergency medicine, hospital medicine, and anesthesia to smooth out patient flow issues, reduce costs, and improve quality. Hospitals that coordinate these critical service lines through a multidisciplined care approach are reaping the benefits of both better outcomes and better patient satisfaction.

Greg Roth
CEO
Team Health
Knoxville, Tennessee

About the Premium and Buying Power Editions

This is a summary of the Premium edition of the report. In the full report, you'll find a wealth of additional information. For each question, the Premium edition includes overall response information, as well as a breakdown of responses by various factors: setting (e.g., hospital, health system, physician organization), number of beds (hospitals), number of sites (health systems), net patient revenue, and region.

Available separately from HealthLeaders Media is the Buying Power edition, which includes additional data segmentation based on purchase involvement, dollar amount influenced, and types of products or services purchased.

In addition to this valuable survey data, you'll also get the tools you need to turn the data into decisions:

- A Foreword by Lee Ann Liska, President and CEO of University of Cincinnati Medical Center and Lead Advisor for this Intelligence Report
- Three Case Studies featuring initiatives by Lahey Health in Burlington, Massachusetts; Mountain States Health Alliance in Johnson City, Tennessee; and University of Cincinnati Medical Center
- A list of Recommendations drawing on the data, insights, and analysis from this report
- A Meeting Guide featuring questions to ask your team

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Methodology

The *2014 Patient Experience Survey* was conducted by the HealthLeaders Media Intelligence Unit, powered by the HealthLeaders Media Council. It is part of a series of monthly Thought Leadership Studies. In May 2014, an online survey was sent to the HealthLeaders Media Council and select members of the HealthLeaders Media audience from hospitals, health systems, and physician organizations. A total of 344 completed surveys are included in the analysis. The bases for the individual questions range from 312 to 344 depending on whether respondents had the knowledge to provide an answer to a given question. The margin of error for a sample size of 344 is +/-5.3% at the 95% confidence interval.

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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, print publications, custom reports, white papers, conferences, roundtables, peer networking opportunities, and presentations for senior management.

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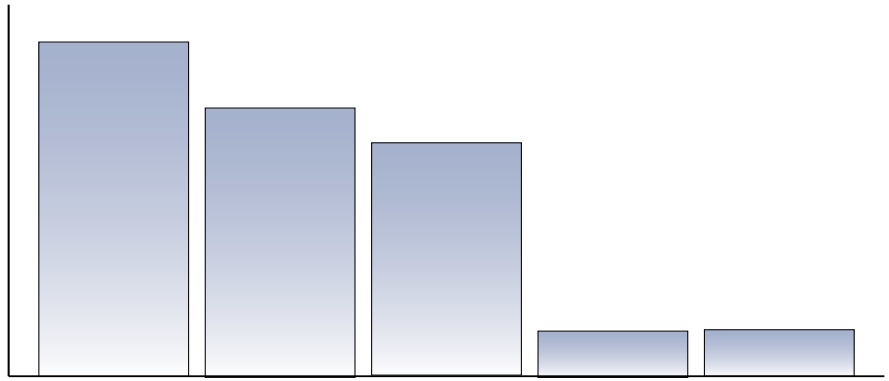
Respondent Profile

Respondents represent titles from across the various functions at hospitals, health systems, and physician organizations.

Title

Base = 344



Senior leaders | CEO, Administrator, Chief Operations Officer, Chief Medical Officer, Chief Financial Officer, Executive Dir., Partner, Board Member, Principal Owner, President, Chief of Staff, Chief Information Officer

Clinical leaders | Chief of Cardiology, Chief of Neurology, Chief of Oncology, Chief of Orthopedics, Chief of Radiology, Chief Nursing Officer, Dir. of Ambulatory Services, Dir. of Clinical Services, Dir. of Emergency Services, Dir. of Inpatient Services, Dir. of Intensive Care Services, Dir. of Nursing, Dir. of Rehabilitation Services, Service Line Director, Dir. of Surgical/Perioperative Services, Medical Director, VP Clinical Informatics, VP Clinical Quality, VP Clinical Services, VP Medical Affairs (Physician Mgmt/MD), VP Nursing

Operations leaders | Chief Compliance Officer, Chief Purchasing Officer, Asst. Administrator, Chief Counsel, Dir. of Patient Safety, Dir. of Purchasing, Dir. of Quality, Dir. of Safety, VP/Dir. Compliance, VP/Dir. Human Resources, VP/Dir. Operations/ Administration, Other VP

Financial leaders | VP/Dir. Finance, HIM Director, Director of Case Management, Director of Patient Financial Services, Director of RAC, Director of Reimbursement, Director of Revenue Cycle

Marketing leaders | VP/Dir. Marketing/Sales, VP/Dir. Media Relations

Type of organization

Base = 344

Hospital	57%
Health system	26%
Physician Org	17%

Number of beds

Base = 196 (Hospitals)

1–199	47%
200–499	32%
500+	20%

Number of sites

Base = 90 (Health systems)

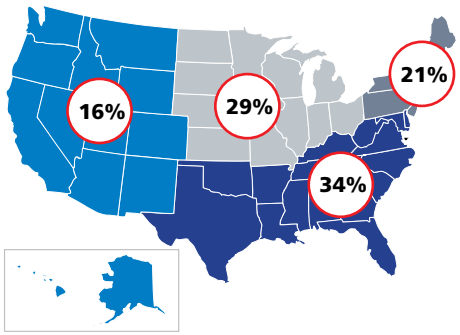
1–5	19%
6–20	34%
21+	47%

Number of physicians

Base = 58 (Physician orgs.)

1–9	31%
10–49	28%
50+	41%

Region



WEST: Washington, Oregon, California, Alaska, Hawaii, Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming

MIDWEST: North Dakota, South Dakota, Nebraska, Kansas, Missouri, Iowa, Minnesota, Illinois, Indiana, Michigan, Ohio, Wisconsin

SOUTH: Texas, Oklahoma, Arkansas, Louisiana, Mississippi, Alabama, Tennessee, Kentucky, Florida, Georgia, South Carolina, North Carolina, Virginia, West Virginia, D.C., Maryland, Delaware

NORTHEAST: Pennsylvania, New York, New Jersey, Connecticut, Vermont, Rhode Island, Massachusetts, New Hampshire, Maine

ANALYSIS

Acknowledging the Role of the Patient on the Care Team

MICHAEL ZEIS

While healthcare has a long-standing tradition of studying medical practices in order to implement clinical improvements, approaching patient experience with similar discipline is new to many. But both clinical care and patient experience are components of patient care. When those responsible for directing patient experience activities improve communications in order to improve their patient experience scores, they begin to move in the direction of acknowledging the patient as a member of the care team, and seek out mechanisms to engage patients in their own healthcare.

Adherence to care plans—patient compliance—is but one benefit to be derived from an engaged patient population. And the interconnection between patient satisfaction and patient care is not merely logical. A majority of respondents to the *2014 HealthLeaders Media Patient Experience Survey* say that patient safety (78%) and clinical quality (72%) are incorporated into their organization's patient experience programs, along with patient satisfaction (92%). Still, we must recognize that the Centers for Medicare & Medicaid Services, by means of requiring public reporting of healthcare performance metrics and linking reimbursement to performance scores, has helped focus the healthcare industry on delivering value and, to an extent, to boosting HCAHPS scores.

WHAT HEALTHCARE LEADERS ARE SAYING

"You need to standardize the process and conduct senior leader rounding to ensure compliance."

—CEO at a large health system

"Making patient experience a priority vs. other competing priorities is a challenge. We have not made that leap of faith yet."

—CFO at a medium health system

"Constant reenforcement by leadership on the importance of patient satisfaction and its relationship to perceptions of safety and quality is important."

—Chief compliance officer at a large hospital

"It all starts with the hiring process. You need the right people to change the culture. A chief experience officer is not going to help any organization if they don't hire the right people."

—Chief medical officer at a medium hospital

"We have a few committed leaders, including physician leaders who are promoting the importance of the patient experience not only for our business but for improved patient outcomes. Peer pressure seems to be working slowly."

—Chief compliance officer at a physician organization

"We replaced the past leader with a leader who will lead the culture change."

—Chief nursing officer at a small hospital

"This has been a slow process and at this time there is not a plan."

—Chief compliance officer at a large hospital

Analysis (continued)

Is patient experience about patient care or about scores? Far and away, providing an exemplary experience for patients is the item mentioned most frequently by survey respondents as the No. 1 goal of patient experience programs, picked by 48%. Improving HCAHPS scores is a distant second, selected as the top goal by only 20%, demonstrating that there seems to be broader support for the broader experience mission. We see two-thirds (65%) agreeing completely that delivering positive patient experiences will lead to better quality, safety, clinical outcomes, and value for the patient, another indication that the objective for many is delivering better care and not necessarily earning better scores.

Advisors to this Intelligence Report suggest that when the discipline underlying regular reporting is taken to heart, it can foster an examination of the establishment's relationship with patients, often with the result of making patient engagement a mechanism by which both patient experience and patient care are improved. Says Mary Anna Sullivan, MD, chief medical officer for Lahey Health Behavioral Services and chief quality and safety officer at Lahey Hospital & Medical Center in Burlington, Massachusetts, a 335-licensed-bed hospital and ambulatory care center serving more than 3,000 patients each day, "Everybody understands that patient experience is a piece of how we're going to get paid. But I think we're moving beyond [considering it something] we have to do because somebody outside is looking at it, or because we are paid on the basis of it. Now the perspective is that we have to get patient experience right because it's the best way to deliver great care."

> "Now the perspective is that we have to get patient experience right because it's the best way to deliver great care."
>
> —Mary Anna Sullivan, MD

Survey responses show that HCAHPS is the method used most often (by 79%) to track and measure the success of patient experience efforts. More than half (57%) use post-discharge phone calls to track success or failure, an increase over the 48% logged last year. Sullivan, an advisor to this Intelligence Report, helps us understand the appeal of post-discharge telephone outreach. "The calls serve two purposes," she says. "You find out how the patient is feeling about the care they got in the hospital. Just as important, you can find out how they're doing medically. Some of the big consultants want to automate this and make the post-discharge contact just a patient experience tool. But I think the phone calls really are about elevating quality across the board."

At some point, you have to hear from the patient. Although virtually all respondents (92%) include patient satisfaction among the concepts their organizations include in their patient experience programs, only 56% say that delivering what the patient values is part of their patient experience program. While that is more than half, it sounds like a low measure considering the high reading for patient satisfaction. One would think that to deliver what the patient values, one must connect with patients to

Analysis (continued)

learn what they value. But only 30% expect to focus on instituting a system to learn patient needs as an area for new or increased emphasis over the next three years. Communication is important when trying to create good experiences, and learning about patient needs and what the patient values relies a great deal on the listening part of communication.

Lee Ann Liska, president and CEO of the University of Cincinnati Medical Center, a 726-licensed-bed academic medical center, insists on hearing the patient's perspective. "In the end," she says, "I don't think it really matters what we think. It's all about the patient's perception and the patient's experience." Among Liska's information sources is the organization's patient relations group. "They are valuable [to help gauge] patient experience because, while HCAHPS gives you some information, it's usually six to eight weeks behind," she says. "This information from patient relations is real time."

Sullivan of Lahey taps patient complaints, as well. "Over the past couple of years, patient complaints seem to be focused around care coordination and communication. That's where patients get lost."

Take action in light of knowing patient needs. Of course we want to know what to do to improve patient experience scores. Sullivan recommends that we be guided by what is learned from patients. "We can say that we want to provide an exemplary experience," she states, "but often we take a paternalistic perspective. We might say, 'We know what that is, we just have to get there. We'll do better care coordination, we'll do better rounding, and then patients will have better experiences.' Instead, if I actually want my patients to have an exemplary experience, I better find out what that means to my patients."

> "In the end, I don't think it really matters what we think. It's all about the patient's perception and the patient's experience."
>
> —Lee Ann Liska

It's ironic, perhaps, that while few patients have a foundation for judging the quality of the care they receive, their status as patients and customers puts them in a position to judge the entire organization. Morris H. Seligman, MD, MBA, CPE, FACP, FACHE, is senior vice president and chief medical officer for Mountain States Health Alliance, a not-for-profit integrated healthcare delivery system based in Johnson City, Tennessee, which operates 14 hospitals in Tennessee and Virginia as well as 21 primary/preventive care centers and numerous outpatient care sites. He observes, "A patient can determine whether their room is clean or whether they were given great care, because they define care according to whether the staff talked to them, kept them updated, and let them know what was going on. Patients may not know that the provider gave them evidence-based treatment."

Analysis (continued)

Why communication is so important. "The most important thing on the outpatient and inpatient side is communication," Sullivan notes. "It's about earning the patient's trust. [Patients want to know,] 'Do people know I'm here? Do people care?' "

One area where communication skills are demonstrated is in patient transfers. Three-quarters of respondents (76%) say that care coordination inside the organization will be an area of new focus or additional attention over the next three years. Care coordination addresses a top source of patient anxiety—the patient not knowing what the next care activity is to be, or when it is to take place. And patients need reassurance that their care team works well as a team.

The patient is reassured when the team demonstrates that it knows what steps to take. The patient is further reassured by being included in communication about scheduling. The pivotal person in such communications is the nurse, and rounding is a way of ensuring regular monitoring and regular communication. Says Liska, lead advisor to this Intelligence Report, "The single most important thing you can do to change your scores is to round on your patients."

Patients know that physicians guide their care, and need reassurance from doctors on the team, as well. Says Sullivan, "Patients need to know that the team has a team leader, a doctor in charge. They need reassurance that their team knows them and knows their needs. That's the most important thing from a medical point of view that patients want when they're in the hospital."

Communication skills can be taught, and more than half of respondents (54%) will place new or additional focus on training in patient communications over the next three years. More than three-quarters (78%) have a patient experience training program in place for nurses. More than half (52%) train physicians in patient experience. Sana Younis Rockwell, director of patient experience for UCMC, acknowledges the importance of teaching about communication, generally, and teaching physicians, specifically.

> "A patient can determine whether their room is clean … . Patients may not know that the provider gave them evidence-based treatment."
>
> —Morris H. Seligman, MD, MBA, CPE, FACP, FACHE

"You can teach somebody how to listen empathetically. It's a skill set," Rockwell says. "You can teach somebody how to talk empathetically. It's a skill set. But it's not easy to put it in a training program. Such soft skills are harder to teach than technical skills."

UCMC's Liska believes in patient experience training for physicians and all associates, with initial reactions one might expect. Says Rockwell, "The doctors were up in arms, saying, 'We don't have time to leave our clinics.' Pulling physicians out of their clinics and out of the OR affects

Analysis (continued)

their bottom line. So you've got to think of it very carefully, and you've got to implement it very carefully. But that doesn't mean you don't do it; it means it takes more thought."

Despite the importance of physician-patient communication and attempts to coach physicians in communication skills, the nursing staff will likely remain in the lead for patient communications because their work assignments often place them on a single floor or ward, with a particular set of patients, for a whole shift. Physicians, on the other hand, are more likely to make only occasional floor visits. Physicians who understand the value of both patient communication and physician-nurse communication learn to schedule joint rounds with nurse leaders.

Patient experience, patient engagement, better care. When one acknowledges that the patient is a partner in the care team, one will seek out ways of optimizing patient involvement in their own healthcare. With an eye on patient discharge, UCMC's Brendan Flanagan, manager of patient experience, says, "There is no end to how engaged we can get a patient prior to the patient leaving the hospital. When we engage the patient, it has dramatic effects on their outcomes, their self-care at home, and the effectiveness of their follow-up care."

Noting that two-thirds (65%) agree completely that delivering positive patient experiences will result in better quality, safety, and clinical outcomes, Flanagan says, "The more we and the patient get on the same page through communication while they're here, the better outcomes we're going to have."

Patient experience scores can be used as confirmation that patient needs are being met and the patient is engaged. Says Sullivan, "We know that when patients rate us highly in terms of their experience, it means that we're meeting the patient's real needs. That includes the softer stuff such as food service, quietness, and cleanliness, as well as items that are important from the healthcare point of view, including whether patients feel like we're meeting their needs and whether they are engaged with us."

> "Over the past couple of years, patient complaints seem to be focused around care coordination and communication. That's where patients get lost."
>
> —Mary Anna Sullivan, MD

Investing for the future. Healthcare leaders expect that technology can contribute to patient engagement. The top two future patient experience infrastructure improvements are related to connecting patients with hospital systems—for medical record access (60%) and for access to appointments and prescriptions (58%). For Sullivan, a system connection offers immediacy that can strengthen engagement. "Automated ways for patients to be able to interact with their healthcare system about appointments, prescriptions, or lab results are some of the ways to engage the patient in real time. That real-time engagement drives a better experience for patients."

Analysis (continued)

Says Seligman, "As patients get used to this, they're going to expect and demand access to their records in ways in which they've never been able to access them before. Online access to health records is going to grow, especially with the younger generation who grew up with computers." While only 32% of survey respondents expect to invest in devices for remote clinical monitoring as part of their patient experience efforts over the next three years, Seligman expects patient preference to fuel growth in this area: "People are going to realize that it will be a plus not having to go to the doctor all the time."

More than one-quarter (28%) expect that analytics that support patient experience monitoring will deliver the biggest infrastructure-based improvements, the item receiving the highest response. Sullivan includes stronger physician support for patient experience efforts among the benefits to be derived from data analysis investments.

"Doctors clamor for hard data," Sullivan says. "It's frustrating when you're getting some of the patient experience data late, or if physicians feel like the data is not robust enough, such as when looking at results for individual physicians. So I think when better analytics provide data that people really trust, it will help get doctors to pay attention."

Care coordination will garner considerable attention over the next three years. As mentioned earlier, three-quarters of respondents (76%) expect to begin to focus on internal care coordination or to give it additional attention. Slightly more than half (57%) expect to focus on care coordination outside of their organizations. According to Sullivan, the trend will be for more emphasis on external care coordination.

> "The single most important thing you can do to change your scores is to round on your patients."
>
> —Lee Ann Liska

"We keep dinging hospitals for readmissions when the most likely causes of readmissions happen someplace outside the hospital," Sullivan says. "Externally, coordination is tricky and difficult, but that's where we're all going to need to focus. We are doing the care coordination inside the organization pretty well now, but outside the organization—that's a daily conversation."

Nearly half of respondents (48%) include outpatient visits among the top three areas where positive patient experience scores are most important. Seligman explains that revenue trends are prompting many to look very closely at outpatient visits. At Mountain States, the revenue split between acute care and outpatient services is about even. "If you have your care coordination down really well and you have a really strong ambulatory component, think of all those former medical admissions that no longer need to be in the hospital. So the stronger and better outpatient gets, the more important [care coordination] will become for those medical patients," he says.

Analysis (continued)

A cultural change? One-third of respondents (32%) say that difficulty changing culture is their biggest patient experience stumbling block, the item mentioned most often. At the same time, 82% agree completely that they must adopt a culture guided by patient needs for progress in patient experience. Advisors help us understand that culture change is the technique, not the objective.

According to Sullivan, "You have to ask yourself, is this just a numbers game, or are we going to understand the patient experience measurement activity as being closely related to everything else we do? Patient experience scores are [the way] our patients [are] telling us we are taking good care of them."

How pervasive should attention be to patient experience? Liska sends a full set of patient experience reports to all whose work responsibilities require that they see the reports, and to anyone else in the organization who wants to be on the distribution list. "You really have to have these metrics in front of everyone all the time," she says. "Patient experience has to be on every agenda. I'm personally passionate about it, and I'm taking my organization on a cultural journey. If that's what gets organizations focused on the patient and their experiences, then I think that's good."

Seligman lists five keys related to developing a culture focused on patient experience:

- Top-level involvement: At Mountain States, the CEO visits facilities to learn firsthand from patients about patient experiences, and the CEO's detailed visit reports go to everyone in the organization.

> "Patient experience has to be on every agenda."
>
> —Lee Ann Liska

- Job candidate scrutiny: Potential employees undergo pre-hire testing with a third party to ensure that Mountain States is hiring individuals who are compatible with the organization's culture.
- Communicate: Mountain States' CEO reminds the team that communication from nurses is a big factor for enhancing patient experience.
- Empowerment: Give staff the tools and processes needed to make the changes.
- Patience: Don't expect fast results. Be prepared to stick to a patient experience strategy.

Apply rigor to patient experience efforts. Survey results indicate that for many, patient experience is a serious pursuit, helped along in part by public reporting of HCAHPS results and having a portion of reimbursements

Analysis (continued)

contingent on patient satisfaction performance. Indeed, healthcare reform will probably continue to foster attention to patient needs.

Sullivan makes the connection: "As we begin taking full risk for the care of patients, we'll be moving way beyond where we are right now to looking at the overall needs of the patient. If you're really looking at the whole patient, you're going to be thinking about all kinds of ways to engage better. We have to do all those things that are going to make financial sense, like reduce ED visits, reduce readmissions, and help patients adhere to their care plans. And to do that, you've got to engage."

Sullivan suggests that a more disciplined approach to patient experience will emerge. "We need to apply the same kind of rigor to understanding and measuring patient experience that we do to understanding and measuring anticoagulation and surgical outcomes and hospital-acquired infections."

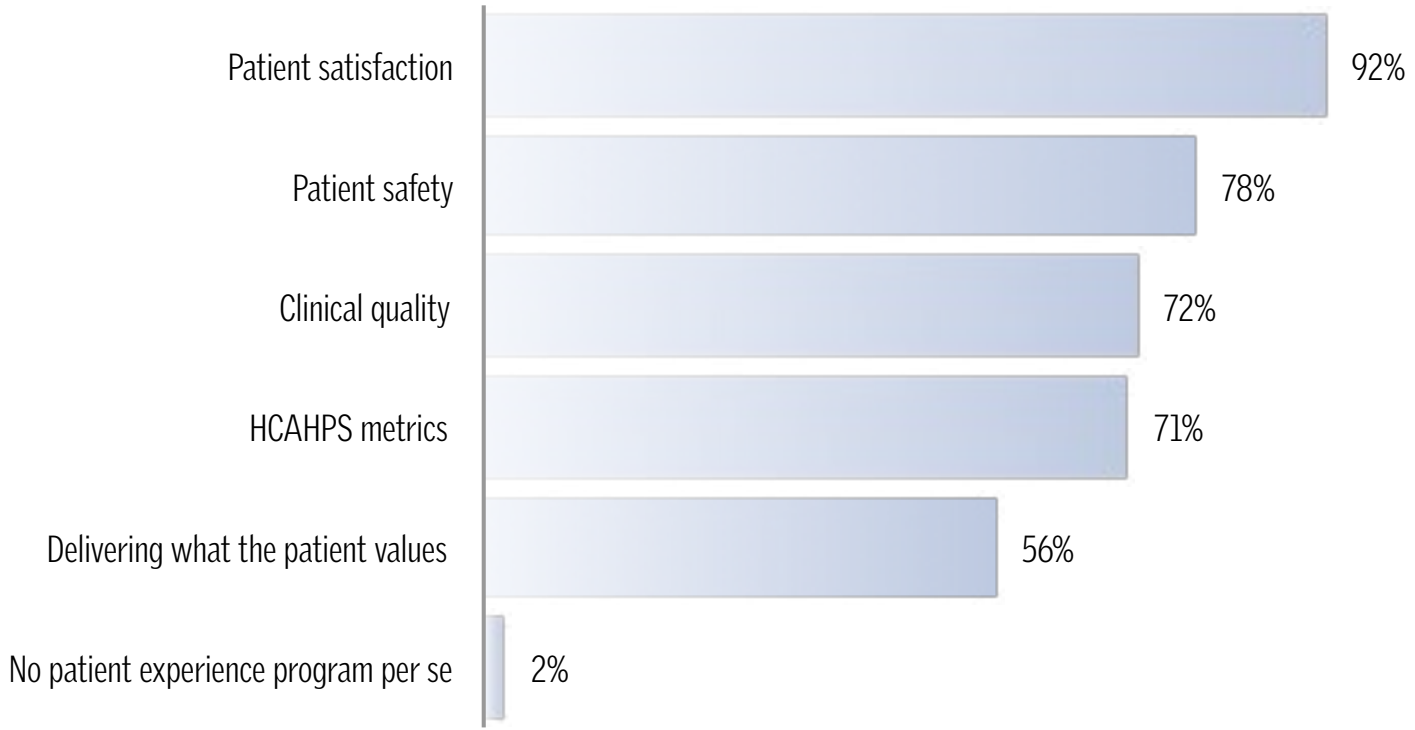
To Sullivan and others who are moving the field forward, the discussion goes beyond satisfaction scores. "If we're only talking about a better customer experience, that doesn't get to the heart of why most of us went into medicine. Instead, we're beginning to see evidence that a patient with better experiences, a more engaged patient, one who feels better about their care, actually is going to do better. That's when you move the discussion beyond patient satisfaction to delivering the greatest care possible."

Michael Zeis is senior research analyst for HealthLeaders Media. He may be contacted at mzeis@healthleadersmedia.com.

FIGURE 1 | Main Concepts of Patient Experience Program

Q | Which of the following are the main concepts incorporated into your organization's patient experience program or initiative?

Total responses

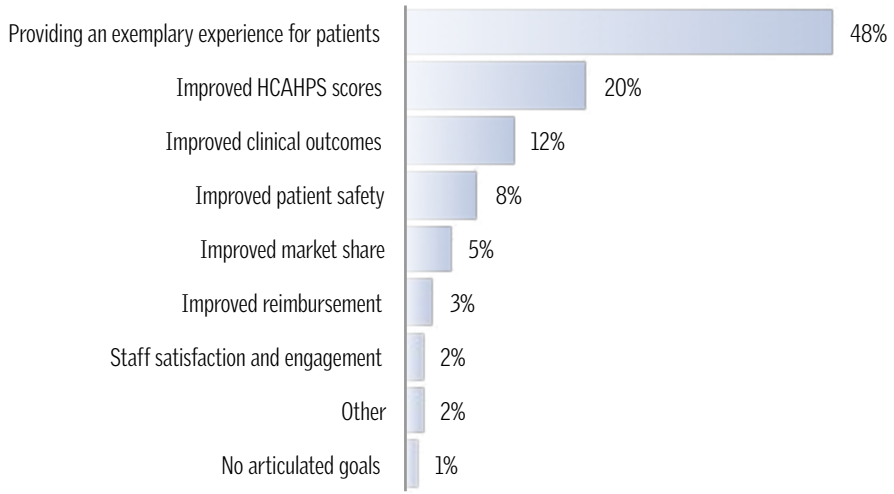


Base = 344, Multi-Response

FIGURE 2 | No. 1 Goal of Patient Experience Efforts

Q | What is the No. 1 goal of your organization's patient experience efforts?

Total responses



Base = 344

TAKEAWAYS

- For almost half of the respondents (48%), providing an exemplary patient experience is the top goal of their patient experience efforts. This level of response is mostly consistent across all settings, making it the top goal overall.
- Almost one-quarter of health systems (23%) and hospitals (22%) identify improving HCAHPS as their top goal, while only 7% of physician organizations say the same.
- Improved clinical outcomes is the No. 1 goal for 19% of physician organizations versus 11% of health systems and 10% of hospitals.
- With only 5% saying improved market share is the No. 1 goal and 3% picking improved reimbursement, financial return seems to be a second-tier motivator.

WHAT DOES IT MEAN?

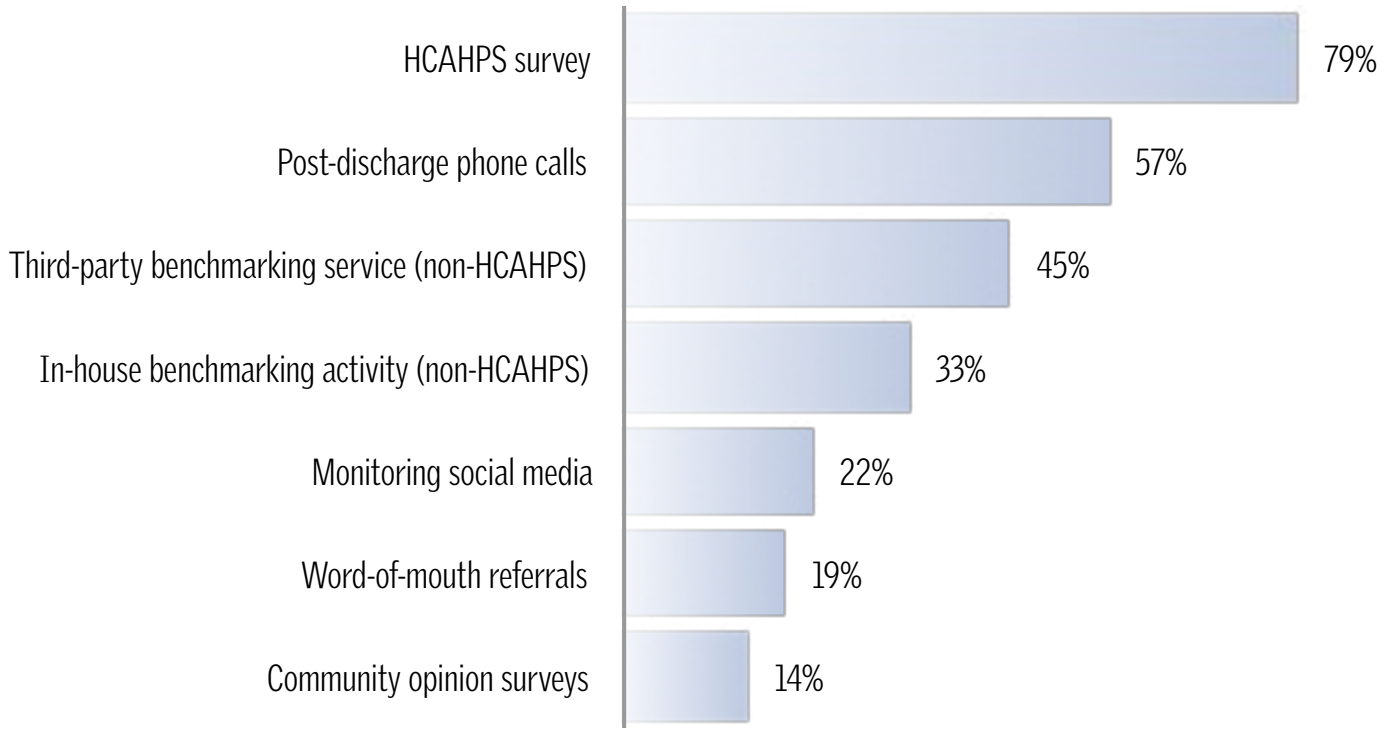
Should we be worried that providing great care (improved clinical outcomes) is the top patient experience goal for only 12%? Probably not. Business concerns such as improved reimbursement (3%) or improved market share (5%) are the No. 1 goal of relatively few respondents. It is noteworthy, however, that the second-highest cited goal is improved HCAHPS scores, a metric that has financial and public-facing implications. Still, at least one advisor is heartened to note that, while it ranks second overall, only 20% identify improved HCAHPS scores as the top goal, which may signal that respondents are taking a broader view of patient experience beyond simply improving the scores they report.

DATA SEGMENTATION TOOL
Click on these icons to dig deeper
VIEW BY SETTING
VIEW BY NUMBER OF BEDS
VIEW BY NUMBER OF SITES
VIEW BY NET PATIENT REVENUE
VIEW BY REGION
MAIN CHART AND TAKEAWAYS

FIGURE 3 | Tracking and Measuring Patient Experience

Q | How do you track and measure the success or failure of your organization's patient experience activity? Among those with specific tracking of PE efforts.

Total responses

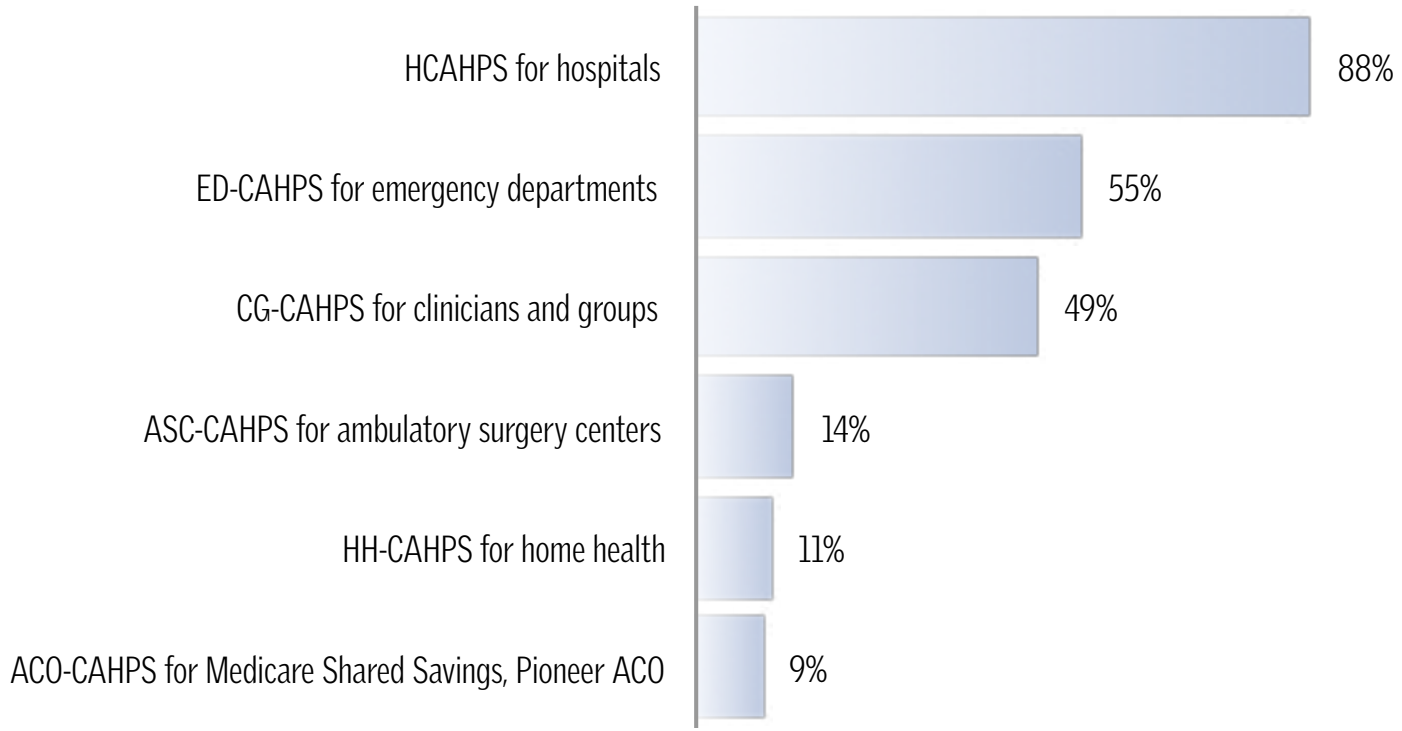


Base = 338, Multi-Response

FIGURE 4 | Most Appropriate CAHPS Surveys

Q | What are the top three versions of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys most appropriate for your organization?

Total responses



Base = 312, Multi-Response

FIGURE 5 | Chief Experience Officer Position

Q | Does your organization have a chief experience officer or individual with a similar title?

Total responses

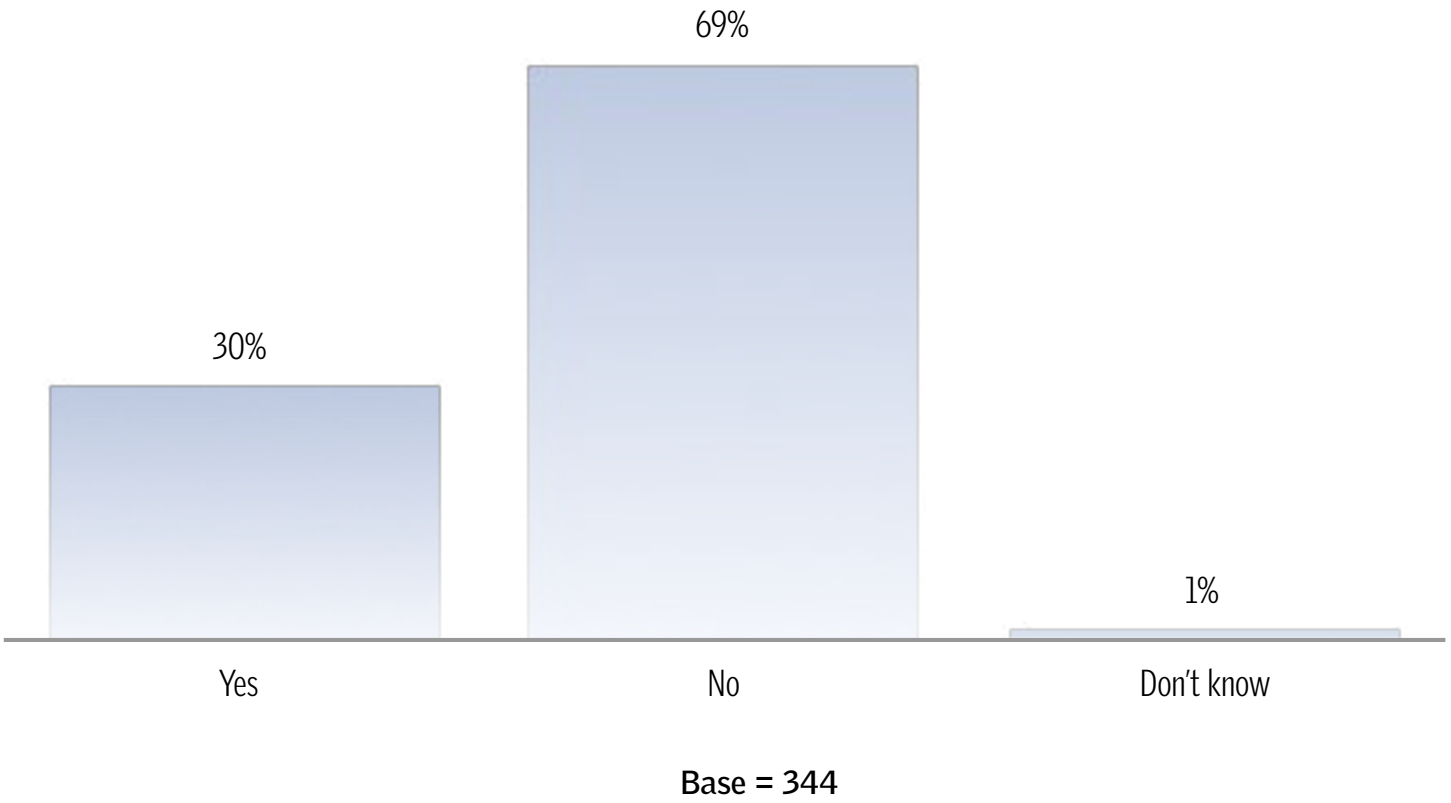


FIGURE 6 | Plans to Create Chief Experience Officer Position

Q | Do you plan to create a chief experience officer position in your organization within the next three years?
Among those that don't currently have chief experience officer.

Total responses

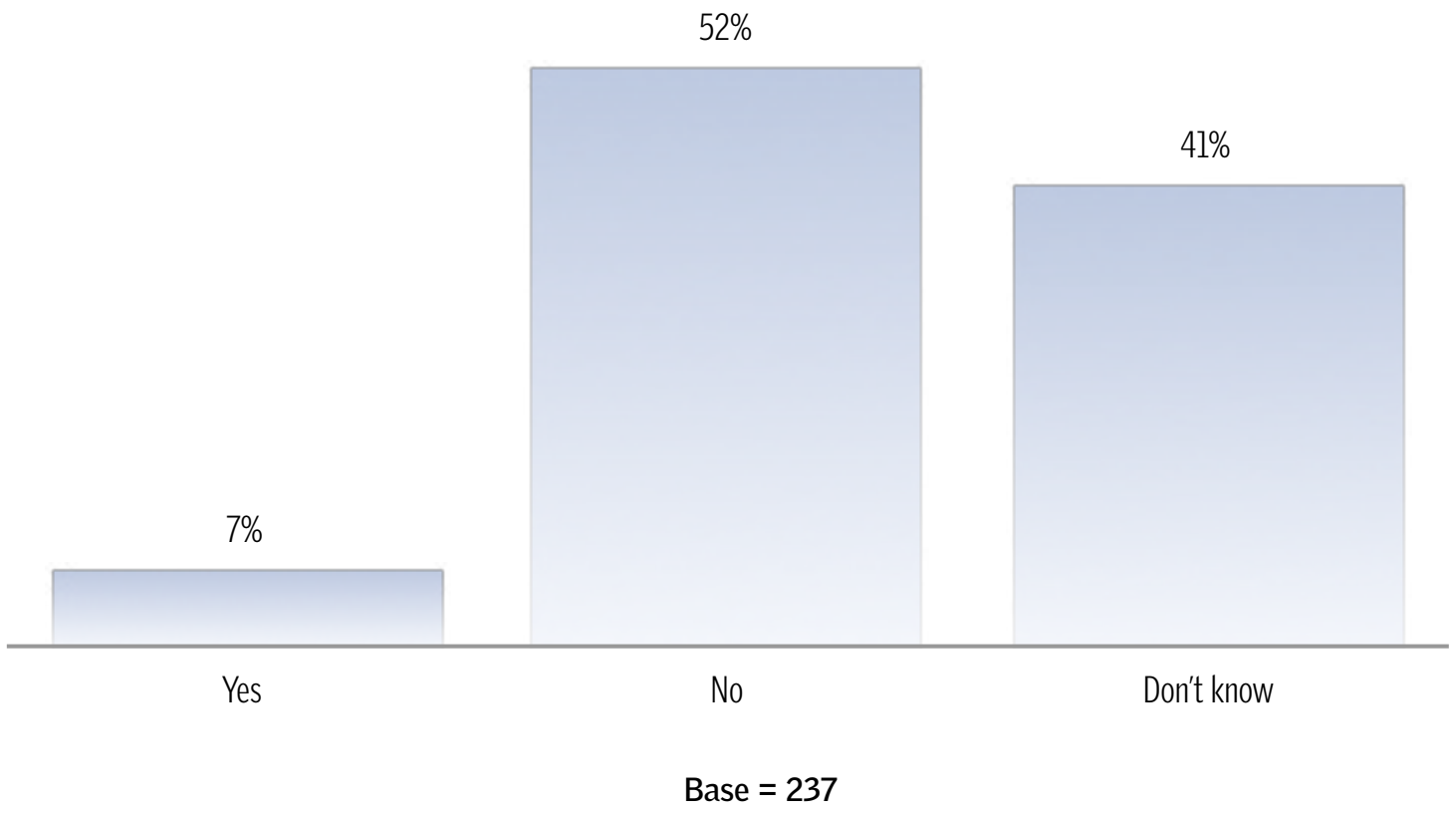
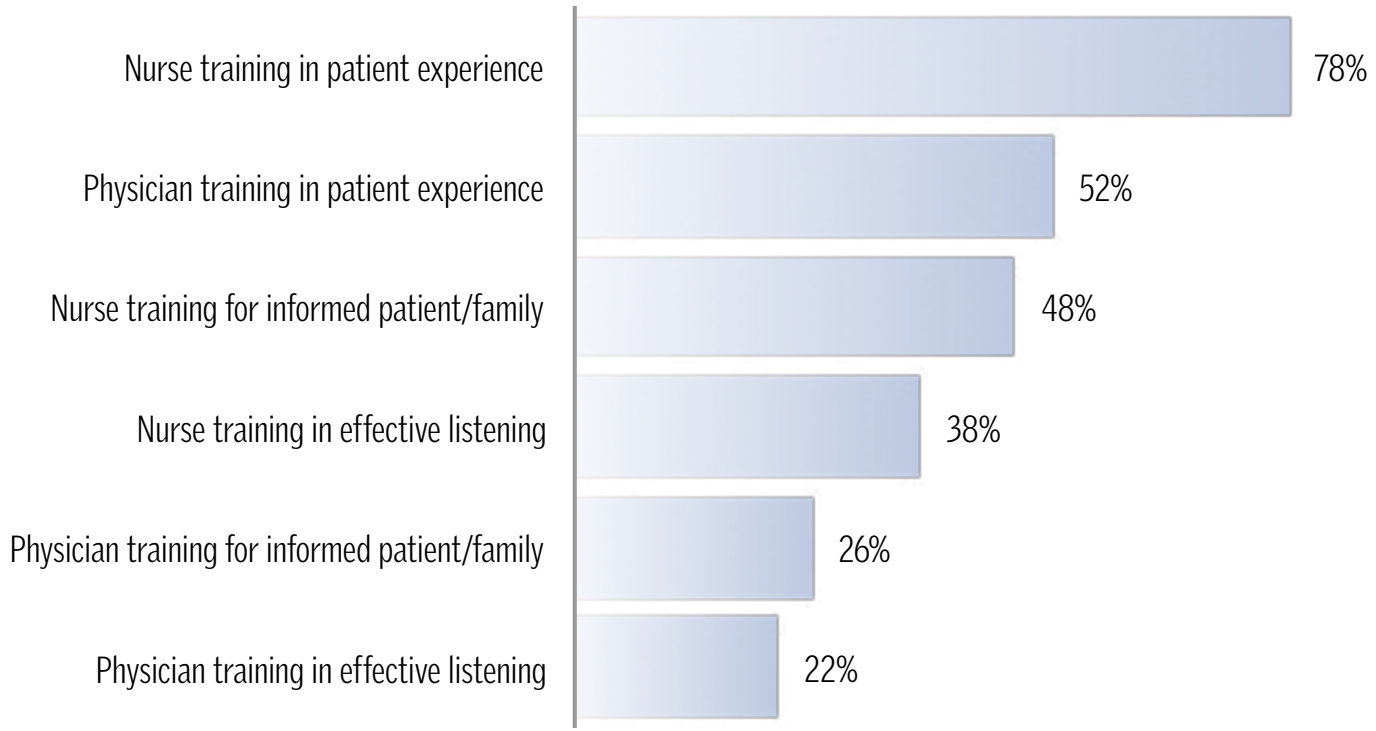


FIGURE 7 | Training Activities to Improve Patient Communication

Q | What training activities does your organization have in place to improve communication with patients?

Total responses



Base = 344, Multi-Response

FIGURE 8 | Patient Experience Improvements Next Three Years

Q | On which of the following areas do you expect your organization to focus, either as new activities or with additional emphasis, over the next three years for patient experience improvements?

Total responses

Base = 344, Multi-Response

FIGURE 9 | Area Expected to Provide Biggest Improvement

Q | Of those areas, which one do you expect will provide the biggest improvement?

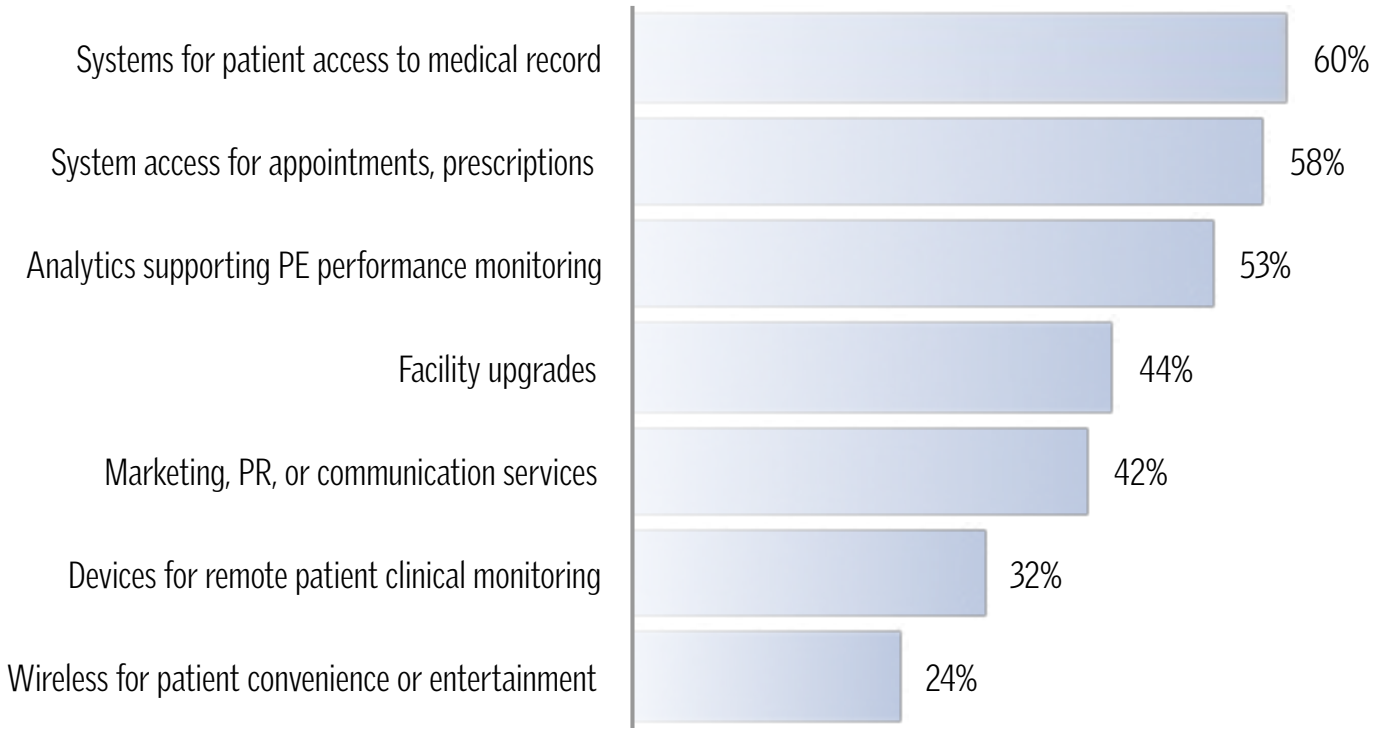
Total responses

Base = 344

FIGURE 10 | Infrastructure Improvements Next Three Years

Q | On which of the following infrastructure elements do you expect your organization to focus, either as new activities or with additional emphasis, over the next three years for patient experience improvements?

Total responses

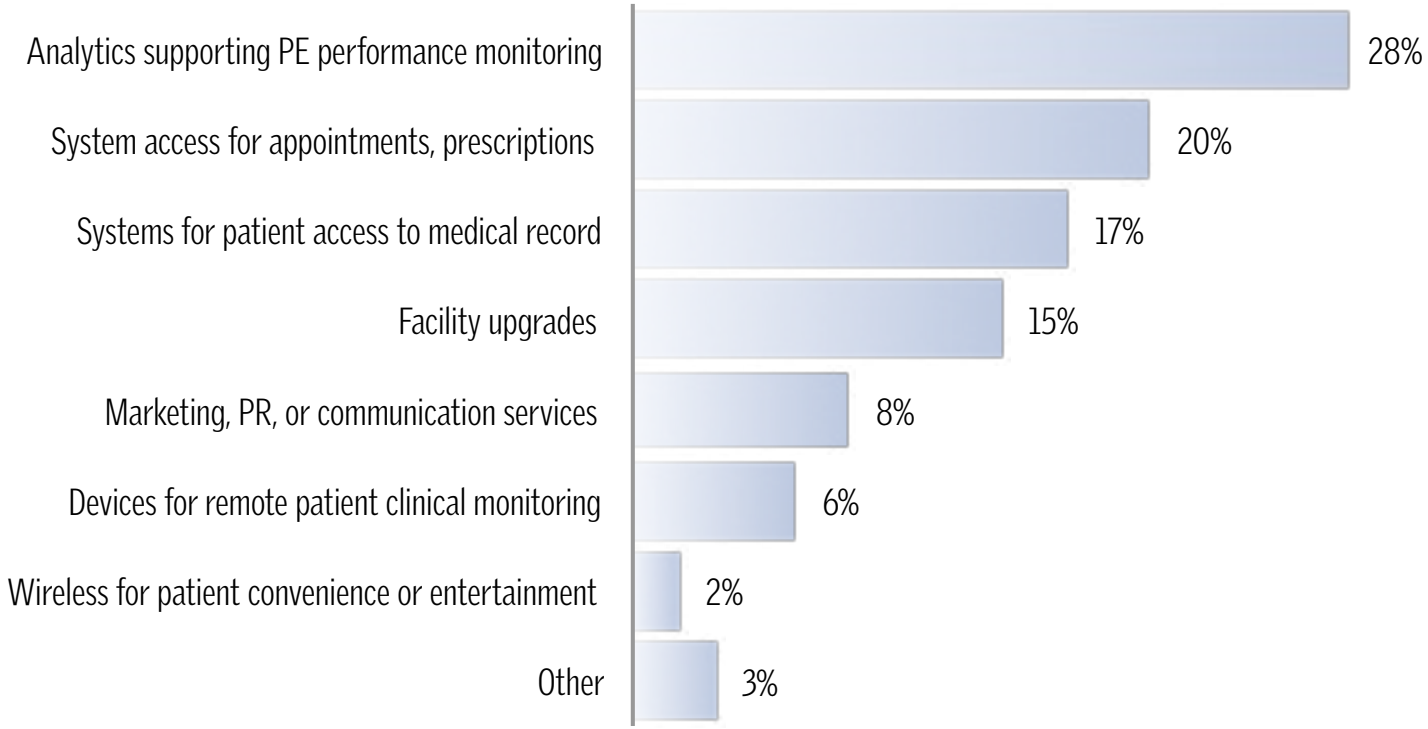


Base = 344, Multi-Response

FIGURE 11 | Infrastructure Expected to Provide Biggest Improvement

Q | Of those areas, which one do you expect will provide the biggest improvement?

Total responses



Base = 344

FIGURE 12 | Patient Experience Agree/Disagree Statements

Q | Please indicate your level of agreement (agree completely, agree somewhat, disagree somewhat, disagree completely) with the following statements.

Total responses

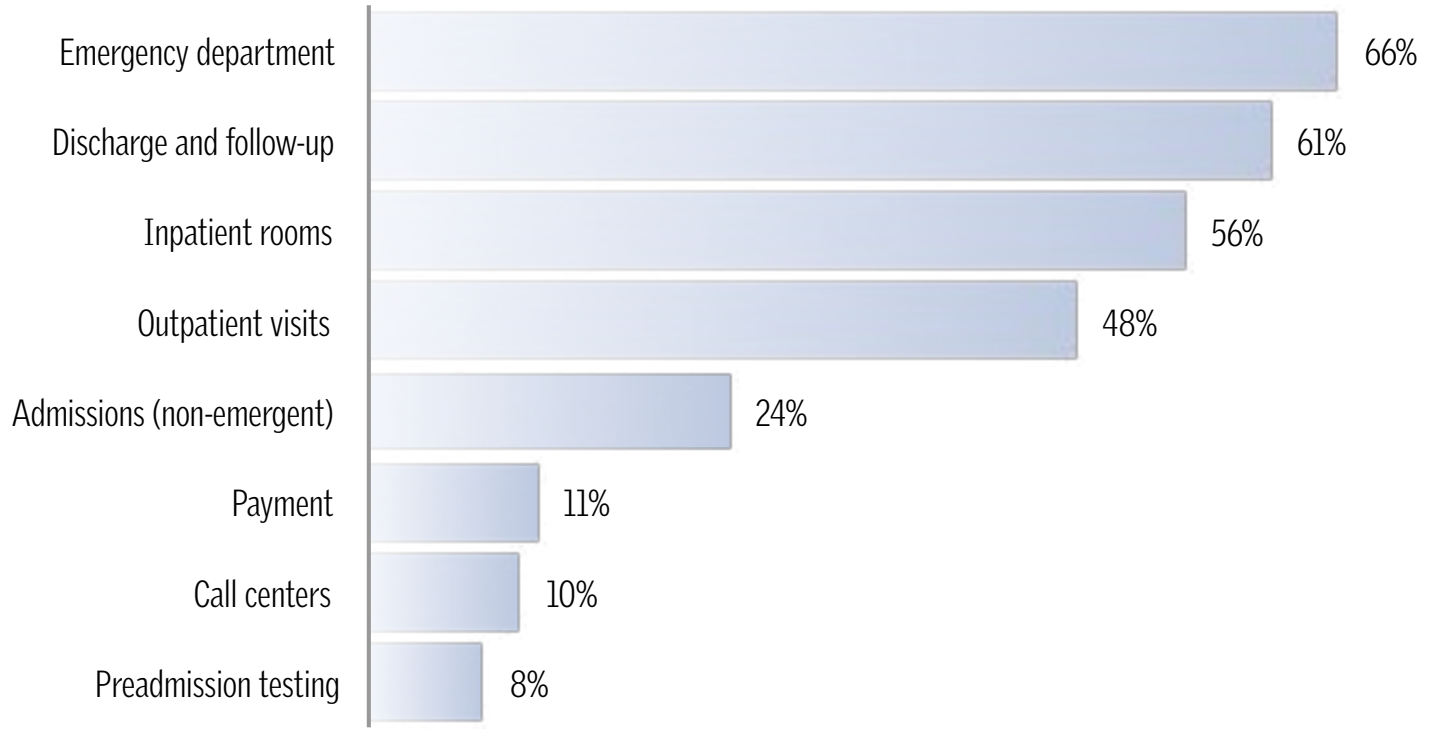
	% Agree completely
For progress in patient experience, an organization has to shift from implementing a series of targeted projects to developing a culture that improves by being guided by patient needs.	82%
Providing better patient experiences will eventually result in increased business.	71%
If our organization is committed to delivering positive patient experiences, then better quality, safety, clinical outcomes, and value for the patient will follow.	65%
The focus of our patient experience effort is mostly aimed at improving HCAHPS and patient satisfaction.	30%
HCAHPS is an insufficient set of metrics for measuring patient experience.	29%

Base = 344

FIGURE 13 | Most Important Areas for Positive Patient Experience Scores

Q | What are the top three areas in which a positive patient experience score is most important for your organization?

Total responses



Base = 344, Multi-Response

FIGURE 14 | Most Difficult HCAHPS Measure Component

Q | With which component of the HCAHPS measures does your organization have the most difficulty?

Total responses

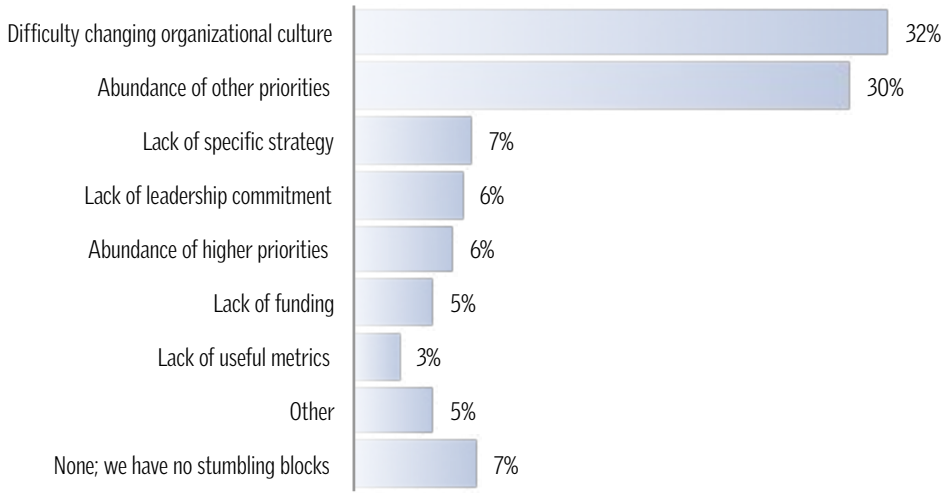
Doctors communicate well	18%
Rating of 9 or 10 on a scale of 0 to 10	15%
Area around room is quiet at night	14%
Help is delivered as soon as patients want	13%
Pain is well controlled	9%
Yes, would definitely recommend	6%
Nurses communicate well	5%
Medicines are explained before being administered	3%
Room and bathroom are clean	3%
Given info about recovery at home	3%
Not applicable	11%

Base = 344

FIGURE 15 | Stumbling Blocks to Effective Patient Experience Program

Q | What is the biggest stumbling block to creating an effective patient experience program in your organization?

Total responses



TAKEAWAYS

- Nearly one-third (32%) say that changing organizational culture is the biggest stumbling block to creating an effective patient experience. Forty percent of respondents from large hospitals say that culture presents the biggest stumbling block.
- An abundance of other priorities—a common lament—is the biggest stumbling block for 30%. But only 6% say that they are held back by an abundance of higher priorities.
- A lack of funding was identified as the biggest stumbling block by only 7% of hospitals and 5% of physician organizations. It was not cited as a stumbling block by any health systems.

WHAT DOES IT MEAN?

Our advisors often speak about the cultural changes that must take place for an effective patient experience program to take root in a hospital or health system. The response here demonstrates the enormity of that task and reinforces the need for top-level support for patient experience efforts. With CEO commitment, a culture that is attentive to patient needs and patient engagement can begin to take hold. The CEO usually has the responsibility to determine priorities and back up that determination with both funding and specific goals or objectives.

FIGURE 15 *(continued)* | Stumbling Blocks to Effective Patient Experience Program

Q | What is the biggest stumbling block to creating an effective patient experience program in your organization?

DATA SEGMENTATION TOOL

Click these icons to dig deeper

Who controls the money? Click on the icons to learn how they think

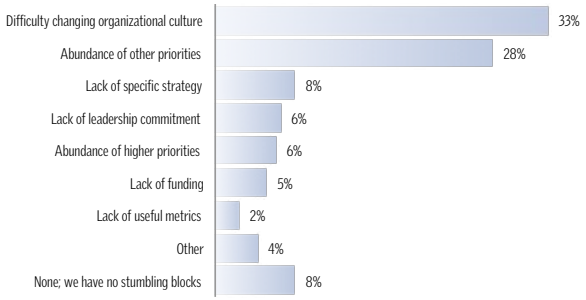
VIEW BY PRODUCTS/SERVICES
Indicates the type of goods or services the respondent is involved in purchasing

VIEW BY INVOLVEMENT
Indicates the role of the respondent in making purchasing decisions

VIEW BY DOLLARS INFLUENCED
Indicates the total dollar amount the respondent influences

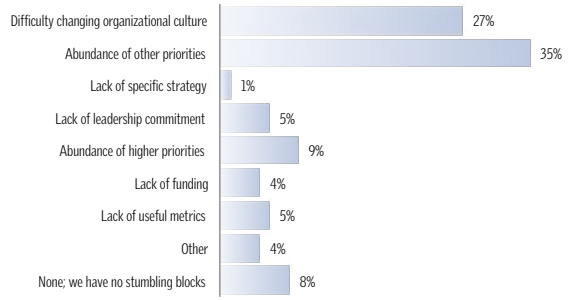
PRODUCTS/SERVICES

Clinical products



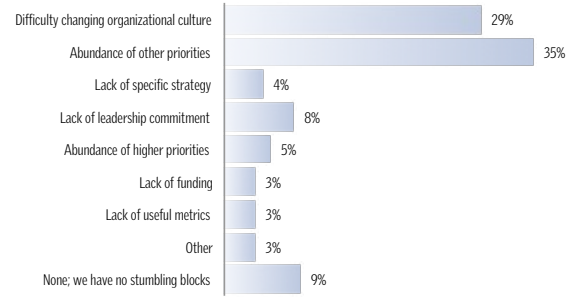
Base = 218

Financial services



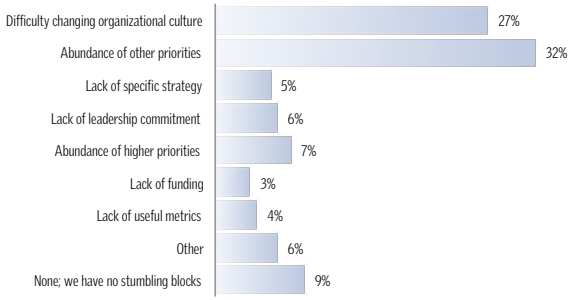
Base = 91

Executive search



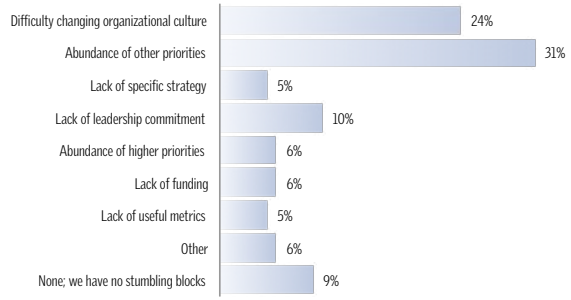
Base = 117

Consulting services



Base = 148

Outsourcing services



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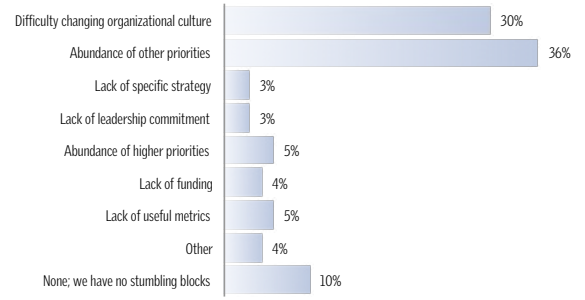
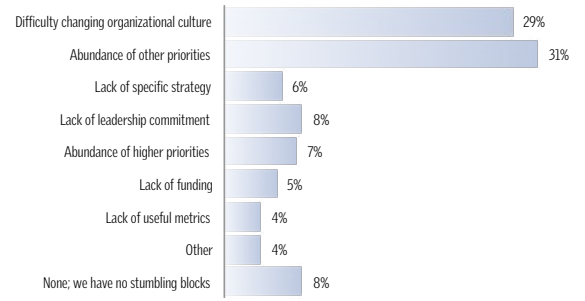
Legal services



Base = 73

Information technology



Base = 196

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