HealthLeaders Media | Intelligence

FREE SAMPLE REPORT

August 2013

Patient Experience Beyond HCAHPS:

Care Coordination and Cultural Transformation

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Patient Experience Beyond HCAHPS: *Care Coordination and Cultural Transformation*

Every healthcare provider puts a high priority on patient experience, but few know how best to define, manage, and measure it beyond HCAHPS scores.

- Learn how Cleveland Clinic improved patient experience through peer-driven physician-patient communication skills training
- Discover how Mission Health System transformed its culture to become more patient-centered by promoting relationship-centered leadership to motivate teams, support mentoring, encourage appropriate feedback, and set goals
- Learn how Wheeling Hospital's ED achieved a dramatic turnaround in patient satisfaction scores through electronic patient tracking, alerts, post-ED outreach, and performance incentives
- Deep-dive into over 400 charts with segmented peer data
- Get analysis, takeaways, and actionable recommendations

About the Premium and Buying Power Editions

This is a summary of the Premium edition of the August 2013 HealthLeaders Media Intelligence Report, **Patient Experience Beyond HCAHPS: Care Coordination and Cultural Transformation.** In the full report, you'll find a wealth of additional information, including the results of all the survey questions. 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 James Merlino, MD, Chief Experience Officer for Cleveland Clinic and the Lead Advisor for this Intelligence Report
- Three Case Studies featuring initiatives by Mission Health System in Asheville, N.C.; Wheeling (W.Va.) Hospital; and Cleveland Clinic.
- 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 *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 2013, an online survey was sent to the HealthLeaders Media Council and select members of the HealthLeaders Media audience. A total of 299 completed surveys are included in the analysis. The margin of error for a sample size of 299 is +/-5.7% at the 95% confidence interval.

Each figure presented in the report contains the following segmentation data: setting, number of beds (hospitals), number of sites (health systems), net patient revenue, region, purchase involvement, dollar amount influenced, and types of products/services purchased. Please note cell sizes with a base size of fewer than 25 responses should be used with caution due to data instability.

ADVISORS FOR THIS INTELLIGENCE REPORT

The following healthcare leaders graciously provided guidance and insight in the creation of this report.

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Upcoming Intelligence Report Topics

SEPTEMBER: ***Physician-Hospital Alignment***

OCTOBER: ***Population Health***

NOVEMBER: ***Executive Compensation***

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

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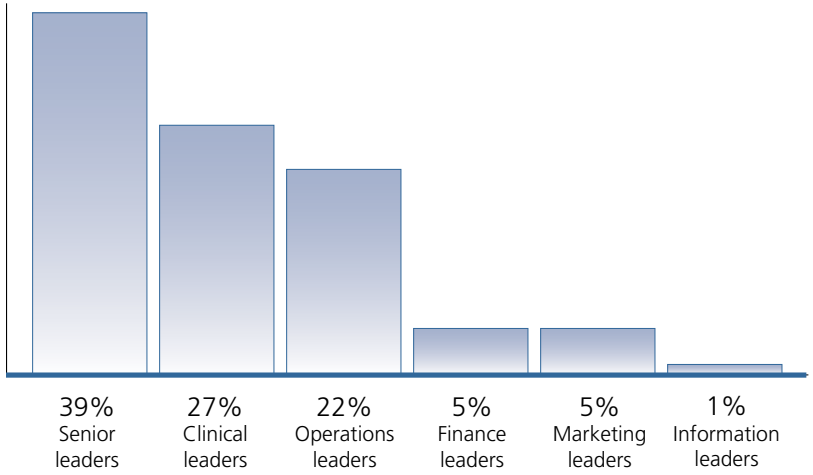
Respondent Profile

Respondents represent titles from across the various functions at healthcare organizations.

Title

Base = 299



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 Orthopedics, Chief of Radiology, Chief Nursing Officer, Dir. of Ambulatory Services, Dir. of Clinical Services, Dir. of Emergency 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)

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

Information leaders | Chief Medical Information Officer, Chief Technology Officer, VP/Dir. Technology/MIS/IT

Finance leaders | VP/Dir. Finance, HIM Director, Director of Case Management, Director of Revenue Cycle

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

Type of organization

Base = 299

Hospital	55%
Health system	25%
Physician org.	20%

Number of beds

Base = 164 (Hospitals)

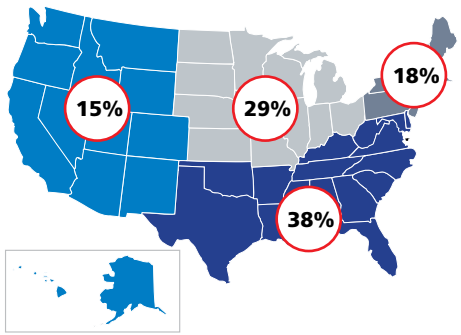
1–199	45%
200–499	37%
500+	18%

Number of sites

Base = 75 (Health systems)

1–5	19%
6–20	28%
21+	53%

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, DC, Maryland, Delaware

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

ANALYSIS

The Patient Experience Challenge: HCAHPS and Beyond

MICHAEL ZEIS

At some point in the pursuit of providing positive patient experiences, one must come to grips with the pivotal role that communication plays. Perhaps considering the rigors of mastering their particular area of expertise and of applying their knowledge to the delivery of care for patients, some might look on communication as being a "soft" skill. But when it comes to becoming patient-centered and delivering excellent patient experiences, both the advisors to this Intelligence Report and the survey respondents alike acknowledge the importance of teaching, learning, and reinforcing communication skills.

Nearly three-quarters of respondents (74%) expect to focus on patient experience training and education over the next three years, and 30% expect to increase their spending on professional trainers or training materials. Says report advisor William Maples, MD, senior vice president and chief quality officer at Mission Health System, a not-for-profit, independent community hospital system serving western North Carolina and the adjoining region, "People may be looking at patient experience in terms of it being soft—the fluffy side of medicine." But he also points out that traditional process improvement efforts won't necessarily translate to patient experience improvement. "For so long, I believed that we thought we could engineer our way into safety/no harm and positive outcomes."

WHAT HEALTHCARE LEADERS ARE SAYING

Here are selected comments by leaders concerning the spending decision that has had the greatest positive impact on patient experience for their organization.

"It really isn't about spending, facilities, amenities, gadgets, technology, wayfinding devices, etc. It's about culture; it's about accountability; it's about connecting to the hearts of our caregivers and about getting them to consistently—with every single patient encounter—deliver an outstanding patient experience each and every time."

—CEO for a medium hospital

"We have two-day off-site overnight retreats for all new employees designed to have employees see the hospital experience through the patient's eyes and one-day off-site renewal retreats for all employees to reinforce the patient-centered culture."

—Administrator for a small hospital

"We related employed physician compensation to quality and patient satisfaction."

—CEO for a small hospital

"We focus on hiring individuals for their behavior and customer service skills as opposed to technical ability."

—Service line director for a small health system

Analysis (continued)

Patient experience: Who's in charge? The success of patient experience efforts depends on support from the top executive in the organization. James Merlino, MD, FACS, FASCRS, chief experience officer at the Cleveland Clinic, a nonprofit academic medical center with 4,450 beds systemwide and facilities in northern Ohio, Florida, Nevada, Canada, and Abu Dhabi, says, "If the president or CEO isn't talking about this topic, then it will not get traction." And yet, just 15% of respondents report that their organization's CEO has primary responsibility for patient experience, and 8% say that lack of leadership support is a stumbling block. "I think that the results are shocking," Merlino says. "People aren't recognizing that this is an executive leadership issue."

Nearly one-fifth (18%) say that the chief nursing officer is responsible for patient experience. Report advisor George G. Couch, FACHE, NHA, MBA, vice president of Wheeling (W.Va.) Hospital, a 276-bed nonprofit Catholic hospital serving residents of the Northern Panhandle of West Virginia and eastern Ohio, suggests that chief nursing officers have a full plate already, and that responsibility for patient experience should be shared organizationwide.

"The chief nursing officer is probably the most important position other than the CEO in the organization," Couch notes. "They are already loaded down with enormous responsibility. They have the largest workforce, so clearly they are the biggest influencer of workforce. On the other hand, if I have housekeepers performing well and maintenance people that are polite and courteous, and lab and radiology techs that treat patients in a responsible, respectable manner, then they are part of creating the whole patient experience. It's not just nurse driven, the assignment should be facilitywide."

> "There is a big movement toward empathy and active listening. Oftentimes, we are the ones doing the talking, when in fact we should be doing the listening."
>
> —George G. Couch, FACHE, NHA, MBA, vice president of Wheeling (W.Va.) Hospital

Organizations need both kinds of commitment concurrently—the whole organization has to understand the patient experience objective and work toward it, and their efforts have to be championed at the highest levels of the organization. One-fifth of respondents (21%) say that a multidisciplinary team has responsibility for patient experience, and an additional 15% say that physicians, nurses, and other clinical staff have primary responsibility. Merlino, the lead advisor for this report, advocates for top-level support for patient experience, with the entire staff responsible for delivering. At Cleveland Clinic, he says, President and CEO Delos "Toby" Cosgrove, MD, "talks about it, and everybody knows it's his initiative. And we've made everybody responsible for making it better."

Analysis (continued)

Couch advises that an organization extend beyond its walls when considering patient experience responsibility. "A big part of patient experience includes the transfer of care from one service to another, including transfers from the ambulance to the emergency department, from the hospital to the nursing home, from the nursing home to the assisted living or the home care."

Patient experience: What is it? To ensure that the organization is in sync with the mission, defining patient experience is a first and necessary step. Cleveland Clinic includes safety and quality in the organization's definition of patient experience, which it calls Patient First: "It's safety, quality, satisfaction, and value, in that order," says Merlino. With a definition in hand, he says, one should have an operations plan that does three things: implements best practices that have a high impact on patient outcomes, develops a culture that focuses on the patient and service, and engages the patient in a way that manages patient expectations and allows them to become a participant in their own care.

HCAHPS and patient experience. HCAHPS gets our attention because it is a reporting requirement for most, the results are public, and the scores influence reimbursement levels. Indeed, 36% of respondents say that the No. 1 goal for their patient experience efforts is to improve HCAHPS scores. And 76% say they measure the success or failure of their patient experience efforts with HCAHPS scores. Report advisors suggest that HCAHPS may be getting undue attention, though.

"Patient experience is not just something that we are doing so that the patients say they like us," says Maples of Mission Health. "We are not doing patient experience work to drive an HCAHPS score and we certainly don't measure the success of our patient experience program on the basis of an HCAHPS score. We know the HCAHPS scores will improve because we are doing the right work."

> "If the president or CEO isn't talking about this topic, then it will not get traction."
>
> —James Merlino, MD, FACS, FASCRS, chief experience officer at the Cleveland Clinic

Observing that only 33% say that improving outcomes is the No. 1 goal of their patient experience efforts, Maples says of the other 67%, "If that's not the No. 1 reason we come to work every day, we've got a problem." Couch of Wheeling Hospital would rather focus on patient outcomes as well: "I would hope that we as a profession will continue to focus more on patient outcomes and patient satisfaction and less on what government drives us to focus on."

Relationships with patients: Appropriateness. Merlino underscores the importance of establishing relationships with patients: "Service standards are not just about making people happier, they are about teaching people how to be consistently appropriate with patients." In a similar

Analysis (continued)

vein, Maples extends the patient experience relationship to the whole work environment. "All of the issues of harm and safety," he observes, "are embedded in the way that each of us comes to work, the conversations we have, which is what really generates patient experience."

More than one-third of respondents seem to understand the importance of culture in delivering positive patient experience—38% expect to launch a cultural transformation plan over the next three years. And many seem to understand how challenging that can be: 49% say that difficulty changing organizational culture is a stumbling block to their patient experience strategy's effectiveness. But Maples has this to say about that response: "Really they should be looking for an opportunity to change the culture rather than use culture as a reason why they can't do the work."

Among other things, HCAHPS and other patient surveys provide insight into communication as an aspect of patient experience, which can provide important inputs for improvement. Says Merlino, "One of the most powerful things we've done is get very transparent with the data and push it out to people. It's recognized in our organization that data is a tool to be used to help them improve."

Not just words—resources, too: With support from the top levels of the organization should come funding for patient experience activities. Only 38% of respondents could cite the specific percentage of the operating budget dedicated to patient experience initiatives. The others either did not know the percentage (34%) or said there is no specific investment for such efforts (28%). But if top administrators accept the importance of patient experience, they will support the program.

> "Patient experience is not just something that we are doing so that the patients say they like us."
>
> —William Maples, MD, senior vice president and chief quality officer at Mission Health System in Asheville, N.C.

"I don't think healthcare leaders understand [patient experience] to the depth that they need to," Maples says. "When they don't understand it, they don't resource it; when they don't resource it, they don't get action." He cautions against too much dependence on process improvement initiatives: "You can make a little bump here; you can have a pretty-smile initiative this month. It may bump things up in a transient fashion, but not in any sustainable way."

Merlino acknowledges that funding has been important in Cleveland Clinic's patient experience success, while reminding us that the focus should remain on basic principles: "We've been fortunate to have the resources to do what we need to do. But a lot of what we have done is to remind people of what they should be doing every day. It's not rocket science. It's management; it's accountability; it's implementing best practices."

Analysis (continued)

More important, perhaps, is to be guided by patient needs—needs that are determined by listening to patients. "There is a big movement toward empathy and active listening," Couch says. "Oftentimes, we are the ones doing the talking, when in fact we should be doing the listening."

Merlino, too, addresses this point. "What do patients think is important? Patients tell us they're interested in how well we communicate with them, and also how well we communicate with each other. They tell us that they want updates on what's going on. They don't want to just know the plan of care while they are in the hospital. If you walk in at 7 a.m. and order a chest x-ray, don't wait eight hours to [report the results], because the patient will be sitting around in bed worrying if there is something wrong."

For many, HCAHPS is the focus of their patient experience efforts. One can examine the scores and design programs to address areas needing attention, fund and launch a performance improvement initiative, and, with effort, move the needle over time. Such activities are important and necessary, but may not be sufficient or sustainable.

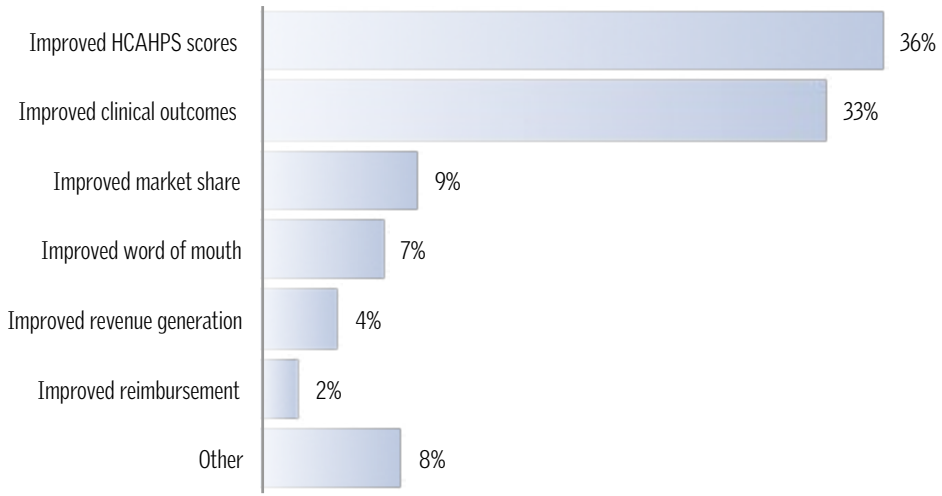
Examining patient experience in a way that extends beyond the required measures should lead one to an understanding that communication is required to hear and internalize patient and family needs, to inform the patient about treatment alternatives and expectations, and to coordinate and collaborate as a care team. Effective communication should allow the organization to deliver better care, and to earn the appropriate recognition for doing so.

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

FIGURE 1 | No. 1 Goal of Patient Experience Efforts

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

Total responses



TAKEAWAYS

- Respondents are split just about evenly regarding the top goal of their patient experience program. Slightly more than one-third (36%) say their No. 1 goal is to improve HCAHPS scores, while 33% say their top goal is to improve clinical outcomes.
- That said, nearly half of hospitals (46%) say their top goal is to improve HCAHPS scores, while the percentage of hospitals citing improved clinical outcomes as their No. 1 goal is lower—29%.
- Nearly half of large health systems (46%) say that improving HCAHPS scores is their No. 1 goal, compared to only 29% of small health systems.
- More than half of physician organizations (53%) say their top goal is to improve outcomes.

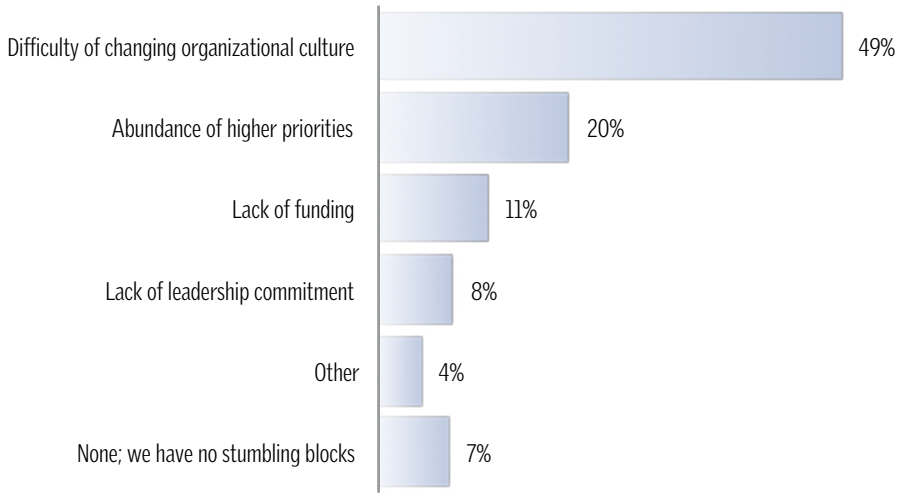
WHAT DOES IT MEAN?

The two items mentioned most often as the No. 1 goal of patient experience efforts are improving HCAHPS scores and improving clinical outcomes. All three report advisors expressed a degree of dismay that HCAHPS scores themselves are cited so often as a patient experience goal.

FIGURE 12 | Stumbling Blocks to Creating Patient Experience Strategy

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

Total responses



Base = 299

TAKEAWAYS

- Difficulty changing culture is seen by nearly half (49%) as the biggest stumbling block to creating an effective patient experience strategy. This level of response is fairly consistent across settings and across organization sizes.
- The position of patient experience relative to other priorities is a problem for higher percentages of respondents in large organizations than in small. For instance, 30% of respondents from large hospitals say that the abundance of higher priorities is a stumbling block, compared to 16% from small hospitals and 25% from medium hospitals.
- Lack of leadership commitment is the No. 1 stumbling block for 8% of respondents. One could argue that 8% reporting lack of leadership support is a high number, although a similar percentage, 7%, say they have no stumbling blocks, which, given the goal, can be seen as quite low.

WHAT DOES IT MEAN?

We observed in Figure 3 that 38% of respondents expect to launch a cultural transformation program over the next three years. Here we see that many expect to face challenges in doing so. However, with cultural transformation topping both the list of intended staff-related patient experience initiatives and the list of expected stumbling blocks, we see broad acknowledgment of the importance of providing positive patient experiences. Organizations are taking patient experience seriously.

FIGURE 12 *(continued)* | Stumbling Blocks to Creating Patient Experience Strategy

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

Click on these icons to dig deeper

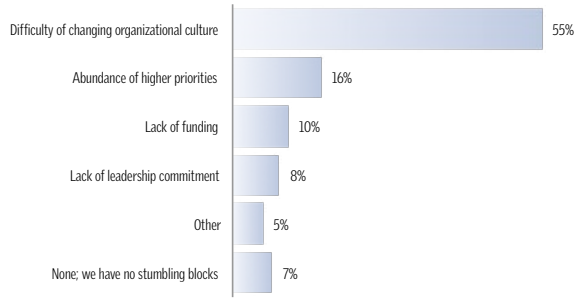
VIEW BY PRODUCTS/SERVICES
Indicates the type of goods or services the respondent is involved in purchasing

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 = 174

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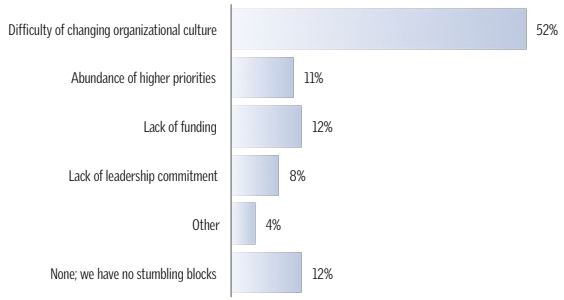

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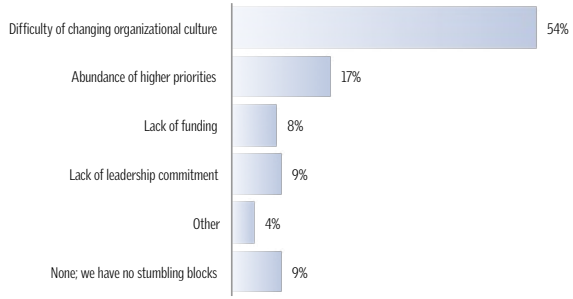
Executive search



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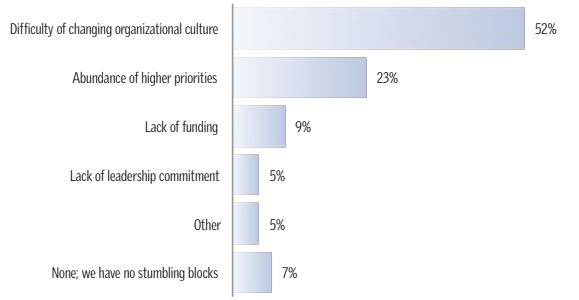

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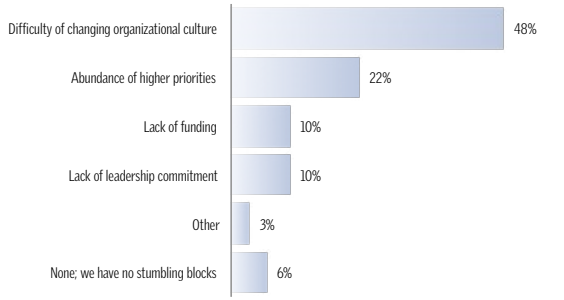
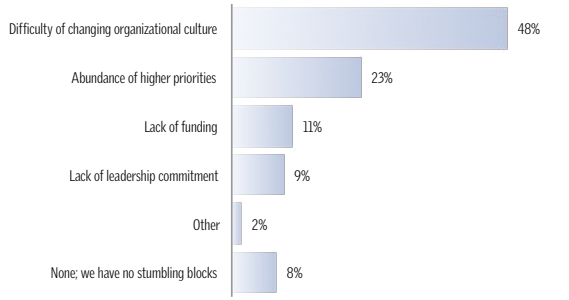
Outsourcing services



Base = 98

Legal services



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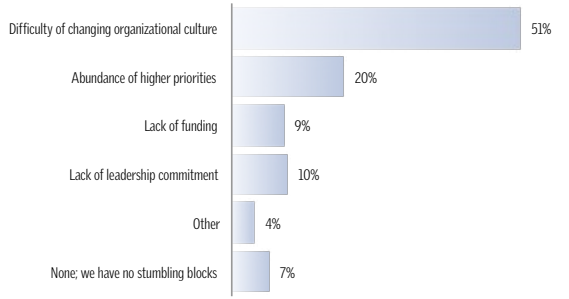
Information technology



Base = 153

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