

October 2010

Patient Experience: Help Wanted

by Gienna Shaw



WWW.HEALTHLEADERSMEDIA.COM/INTELLIGENCE

An independent HealthLeaders Media Survey supported by

MEDSEEK 

Powered by **HEALTHLEADERS MEDIA**
Council
Access. Insight. Analysis.



Foreword

THE CEO MUST TAKE OWNERSHIP Attaining strong patient satisfaction scores is a priority for most hospital organizations. But it can be a challenge for some hospitals to reach high-rated satisfaction due to various elements, whether it is cost, lack of time, or unclear expectations of who is accountable for the patient experience. The HealthLeaders Media Intelligence Report *Patient Experience: Help Wanted* explores this important topic, which ultimately affects quality and the bottom line.

Considering results from the annual *HealthLeaders Media Patient Experience Leadership Survey*, many respondents believe that patient experience is the responsibility of a multidisciplinary team of leaders, clinicians, and staff. Although that might be true in some cases, I believe it's also ultimately the role of the CEO. The CEO needs to be fully committed to providing the best patient experience. In addition, the CEO needs to take ownership of the HCAHPS results and use them as a tool for measurement. HCAHPS results are very important to a hospital organization, as leaders should understand what the patient needs and wants and then make appropriate changes. I believe that owning and taking responsibility will improve a hospital organization's patient satisfaction.



Steve Ronstrom

President and CEO, Hospital Sisters Health System Division (Western Wisconsin)

CEO, Sacred Heart Hospital, Eau Claire, WI

Lead Advisor for this Intelligence Report



Perspective

THE PATIENT EXPERIENCE NO LONGER BEGINS AT THE FRONT DOOR

As they do with other industries, patients now go online to gather information about your organization, your physicians, your culture. And when they get to your website, they expect to find the same online experience they've enjoyed in other industries—banking, travel, retail.

Consider the level of personalization and control available in those industries: Amazon recommends books based on previous purchases, your bank reminds you to pay recurring bills (or does it for you), Travelocity knows you prefer an aisle seat. Yet when you visit your physician, you have to fill out the same clipboard every time. This type of patient experience will not be acceptable for much longer.

Based on the results of this year's *HealthLeaders Media Patient Experience Survey*, healthcare executives clearly recognize the increasing importance of the patient experience. Thirty-five percent of those surveyed placed the patient experience as their first priority, and another 58% ranked it among their top five priorities. In fact, nearly 80% of respondents indicated that the patient experience would be a business imperative that drives referrals, volume, and revenue as much as clinical quality.

But as patient expectations continue to shift, questions remain: What do patients want and how can healthcare organizations deliver it? How will the U.S. government's moves toward accountable care organizations and the patient-centered medical home impact the patient experience? And how will all of these things ultimately impact outcomes?

Clearly, healthcare organizations are facing new criteria for patient satisfaction. Patients will no longer be swayed by new construction, spa-like renovations, and other changes that give the appearance of improvement. Access to and control of information will be increasingly important in decision-making, and this is not a new phenomenon. A 2008 Deloitte survey found that 76% of respondents are interested in communicating with their physicians via e-mail, and 23% said they would pay extra for that access (Source: "Are Consumers Interested in Having Online Access to Their Medical Records and Test Results?," Deloitte, 2008.) In addition, 41% of patients surveyed indicated that they would be willing to switch hospitals for a better patient experience (Source: *A Better Hospital Experience*, McKinsey Quarterly, November 2007)

We at MEDSEEK endorse and support HealthLeaders' ongoing efforts—through their publications, the HealthLeaders Media Council, and surveys like this one—to keep a finger on the pulse of healthcare executives. Their ongoing efforts continue to highlight the healthcare issues on the minds of executives across the country, those that impact our hospitals, our industry, and the patients we serve.



Peter Kühn
CEO, MEDSEEK, Birmingham, AL



Table of Contents

Foreword	2
Perspective	3
Methodology	5
Respondent Profile	6
Role in the Organization, Type of Healthcare Organization	6
Analysis	7
Survey Results	11
Patient Experience as a Priority	11
Organization's Structural Response to Patient Experience	12
Primary Responsibility for Patient Experience	12
Patient Portal to Meet Meaningful Use Objectives	13
Online Communications Strategy With ePatients	13
Patient Experience Improvement Initiatives	14
Top Motivators for Implementing Patient Experience Strategy	14
Techniques for Generating Patient Experience Ideas	15
Institution's Level of Innovation in Patient Experience Initiatives	15
Stumbling Blocks to Adopting Patient Experience Strategy	16
Tracking and Measuring the Success of Patient Experience Strategy	16
Patient Experience as a Driver of Referrals, Volume, and Revenue	17



Methodology

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 HealthLeaders Media Council members and select members of the HealthLeaders Media audience. 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. A margin of error for a sample size of 303 is +/- 5.6 percentage points at the 95% confidence interval.

ADVISORS FOR THIS INTELLIGENCE REPORT

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

Kathryn Buckingham, MPH
Chief Operations Officer
Tennessee Cancer
Specialists, PLLC
Knoxville, TN

Richard Corder
*Senior Director of
Service Improvement*
Massachusetts
General Hospital
Boston

Bob Humphrey
President and CEO
Evergreen Medical Center
Evergreen, AL

Steve Ronstrom
President and CEO
Hospital Sisters Health
System Division
(Western Wisconsin)
CEO
Sacred Heart Hospital
Eau Claire, WI

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, white papers, conferences, roundtables, peer networking opportunities, and presentations for senior management.

Upcoming Intelligence Report Topics

Mergers and Acquisitions

Reform Readiness

E-Clinical Documentation

*HealthLeaders Media
Industry Survey*



Intelligence Report Editor
GIENNA SHAW
gshaw@healthleadersmedia.com

Publisher
MATTHEW CANN
mcann@healthleadersmedia.com

Editorial Director
RICK JOHNSON
rjohnson@healthleadersmedia.com

Managing Editor
BOB WERTZ
bwertz@healthleadersmedia.com

Intelligence Unit Director
ANN MACKAY
amackay@healthleadersmedia.com

*Senior Director of Sales
Northeast/Western Regional Sales Manager*
PAUL MATTIOLI
pmattioli@healthleadersmedia.com

Media Sales Operations Manager
ALEX MULLEN
amullen@healthleadersmedia.com

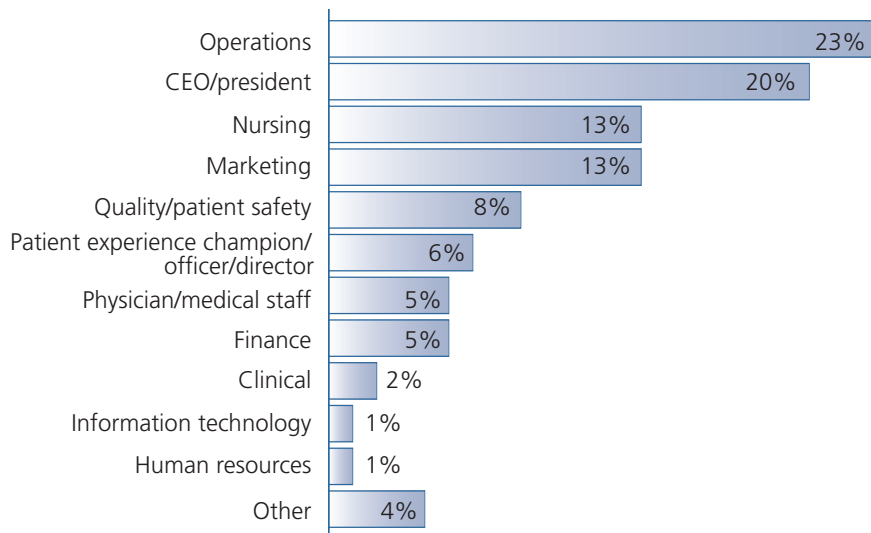
Copyright ©2010 HealthLeaders Media, 5115 Maryland Way, Brentwood, TN 37027 • Opinions expressed are not necessarily those of HealthLeaders Media. Mention of products and services does not constitute endorsement. Advice given is general, and readers should consult professional counsel for specific legal, ethical, or clinical questions.



Respondent Profile

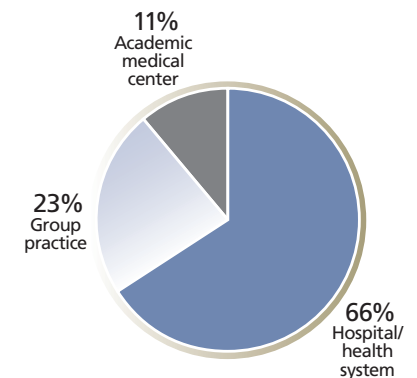
Respondents represent a spectrum of roles including operations, senior management, nursing, marketing, quality/patient safety, patient experience champion, finance, and physician/medical staff. Most are from hospitals or health systems (66%), followed by group practices (23%) and academic medical centers (11%). There is a mix of small (44%), medium (33%), and large (23%) hospitals/health systems. There is almost a 50/50 split between single and multi-specialty group practices.

Role in the Organization



Base = 303

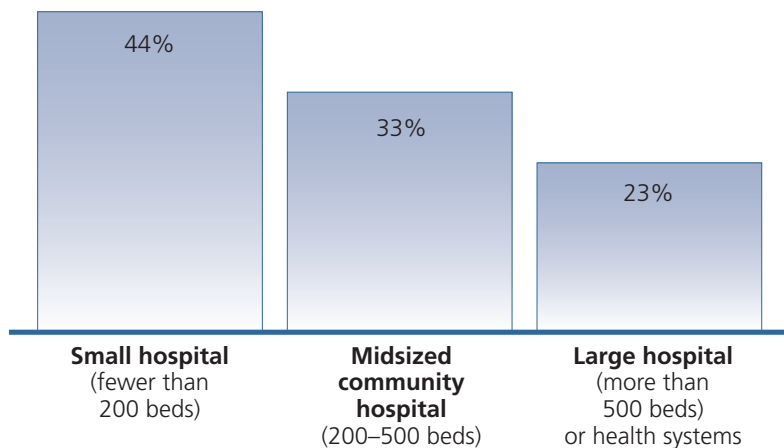
Type of Healthcare Organization



Base = 303

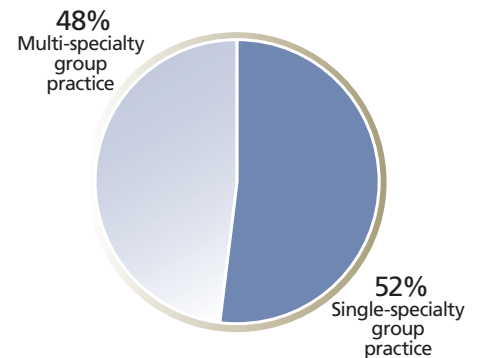
Hospital/Health System Base = 198

Number of Beds



Hospital/Health System Base = 198

Number of Specialties



Group Practice Base = 71



Patient Experience Is Important, but Why Is It So Hard to Do?

ANALYSIS Fully 93% of healthcare leaders say patient experience is among their top five priorities—and they report it has grown in importance in the past year—but many still aren't dedicating sufficient resources to support their efforts. So it should come as no surprise that so many respondents in the annual *HealthLeaders Media Patient Experience Leadership Survey* say they aren't getting the results they'd like to see.

Distractions and confusion

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

What Healthcare Leaders Are Saying

"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*

"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*

"We have to work harder to retain our patients given a growing percentage of PPO patients and the poor economy. Our competition is focused on the patient experience. Improved patient satisfaction will also lead to happier providers and employees."

—*Operations leader, multi-specialty group practice*

"Improving the patient experience is very difficult to get your head around," says Richard Corder, senior director of service improvement at Boston's 900-bed Massachusetts General Hospital. "You hear this confusion between what people say and what people do."

Healthcare reform is a big distraction right now, says Steve Ronstrom, who is president and CEO of Hospital Sisters Health System Division (Western Wisconsin), CEO of the 344-licensed-bed Sacred Heart Hospital in Eau Claire, WI, and who served as lead advisor for this intelligence report. "All of a sudden there are all these political changes we have to go through."



Analysis (continued)

I think the focus is away from direct care at the moment.” But that won’t last forever, he adds. Patient experience is a long-term effort and you can’t let short-term changes push you off course.

One way to sustain success is to put in place the right structure to support patient experience efforts. The survey indicates that, for some organizations, that’s not yet happening.

While producing better quality outcomes is the dominant motivation for pursuing a patient experience strategy, **improving patient satisfaction and HCAHPS scores also ranks high.**

	Producing better quality outcomes	Improving our patient satisfaction and experience scores, including HCAHPS
1st ranked choice	30%	20%
2nd ranked choice	23%	26%
3rd ranked choice	16%	19%
4th ranked choice	15%	9%
5th ranked choice	10%	10%
6th ranked choice	5%	10%
7th ranked choice	2%	6%

Structural defects

When asked who in the organization has primary responsibility for patient experience, only 13% say the CEO. Several (34%) answer “a multidisciplinary team of leaders, clinicians, and staff.” The rest of the results are spread out across a variety of titles and roles, including CNOs (11%), clinicians (9%), frontline staff (7%), and COOs (7%). That scattershot approach is not effective,

“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.”

—Steve Ronstrom

says Ronstrom. All of the advisors for this project were adamant: The CEO must be responsible for the patient experience.

“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,” Ronstrom says.

“If the CEO doesn’t get it, understand it, rally around it, speak to it, make it important among his or her team—then it’s not going to work,” Corder says.

The survey results also suggest patient experience efforts suffer from 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%).



Analysis (continued)

“These results suggest that hospitals have not found the right way to structure the patient experience so that each hospital does it the way it should be organized for that particular hospital,” says Bob Humphrey, president and CEO at the 44-bed Evergreen (AL) Medical Center. “There is no industry pattern of organization, particularly of the patient experience.”

“[Patient experience is] all of our responsibility, but **if someone doesn’t have accountability for it, then it doesn’t happen. If it’s everybody’s job, then it’s nobody’s job.**”

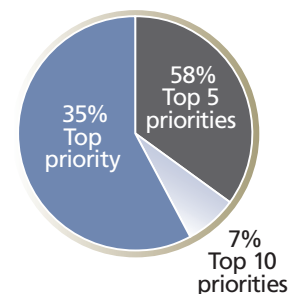
—Kathryn Buckingham

Tennessee Cancer Specialists, a 12-physician practice with six offices in Knoxville, has figured out a model that works. A number of

team members, including Lean engineers, managers, and the operations group, support patient experience efforts. “It’s all of our responsibility, but if someone doesn’t have accountability for it, then it doesn’t happen. If it’s everybody’s job, then it’s nobody’s job,” says COO Kathryn Buckingham, MPH.

One way to ensure that patient experience doesn’t get lost is to make it a functional department with operational responsibilities. “Old-fashioned accountability and execution: That’s how it becomes important,” Corder says. “We have a center for patient experience, and that [has] functionality: Volunteers, process improvement, and data analysis are done in this department, so there’s a function and then there can be a commitment to make sure that everything you do is guided by the patient and their family.”

Ninety-three percent of healthcare leaders say **patient experience is among their top five priorities.**



Lagging performance

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



Analysis (continued)

“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 one respondent, the CEO of a small hospital.

“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 the patient can hear what the nurses are saying and be part of the process.

“Improving the patient experience is **very difficult to get your head around**. You hear this confusion between what people say and what people do.”

—Richard Corder

At Evergreen, HCAHPS scores are shared with all employees, a tactic that can help improve them, says Humphrey. “Patient experience needs to be an essential part of the on-board process and an integral part of the employee evaluation process. We have given our managers copies of all the questions on HCAHPS and instructions to review these questions with their staff and to determine how their department can best meet the needs of the patient,” 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,” Ronstrom says. “You have to know the proven methods and then focus on them and get them instituted throughout your systems.”

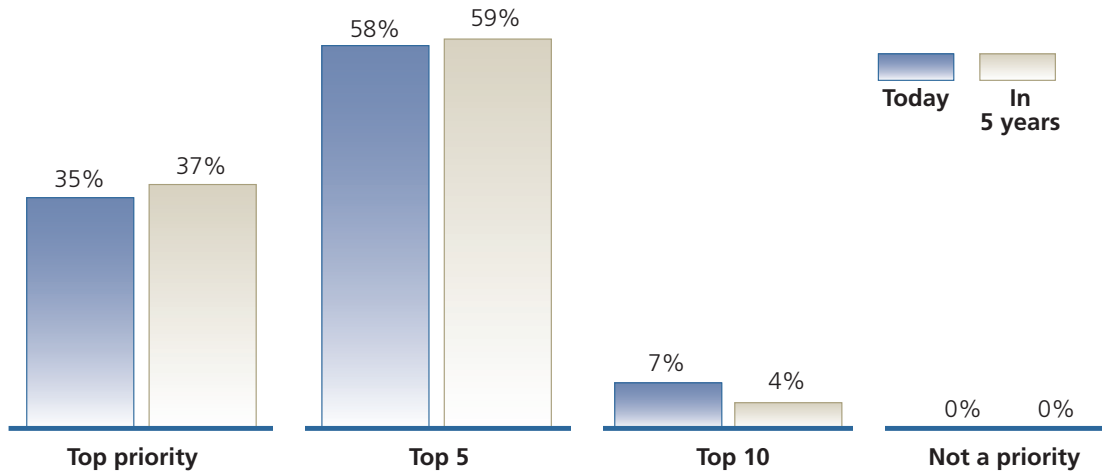
Gienna Shaw is senior technology editor for HealthLeaders Media. She may be contacted at gshaw@healthleadersmedia.com.



Survey Results

FIGURE 1 | Patient Experience as a Priority

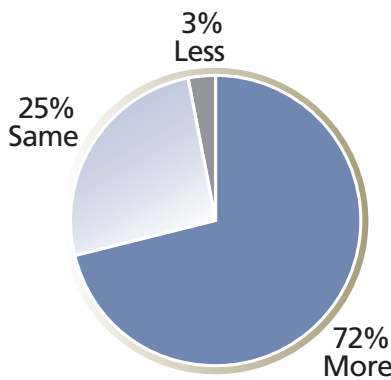
Q | Relative to all the priorities in your organization, where does patient experience rank today? In 5 years?



Base = 303

FIGURE 2 | Patient Experience More or Less of a Priority in Past Year

Q | Has patient experience become more or less of a priority in the past year?



Base = 303



Survey Results (continued)

FIGURE 3 | Organization's Structural Response to Patient Experience

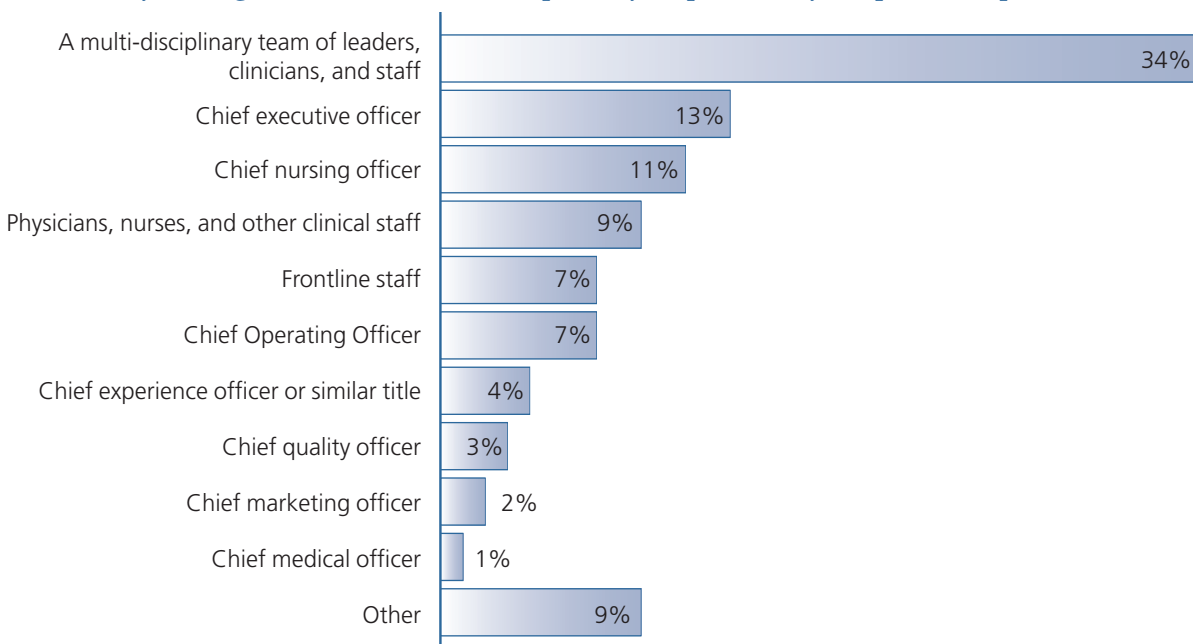
Q | Which most closely approximates your organization's structural response regarding patient experience initiatives?

	Percent
We have an organized management approach and our executive team is accountable for patient experience	51%
Patient experience is handled through existing patient satisfaction functions or initiatives	30%
We are assessing the need to reorganize certain functions around a patient experience strategy	17%
We have no plans to organize current or future functions around patient experience	2%
Other	1%

Base = 303

FIGURE 4 | Primary Responsibility for Patient Experience

Q | In your organization, who has the primary responsibility for patient experience?



Base = 303



Survey Results (continued)

FIGURE 5 | Patient Portal to Meet Meaningful Use Objectives

Q | Does your organization plan to use a patient portal to meet meaningful use objectives such as providing lab results and discharge instructions?

	Percent
Yes, we plan to implement a patient portal	49%
Yes, we already have a patient portal in place	18%
No, we plan to provide electronic records in another format, such as on a CD or flash drive	8%
No, we plan to send electronic records via secure e-mail	8%
No, other	18%

Base = 303

FIGURE 6 | Online Communications Strategy with ePatients

Q | What is your strategy for online communication and interaction with ePatients to enhance the patient experience?

	Percent
Strategy:	62%
We will update our existing website to assist and attract new patients	43%
We will provide patients with an online experience that includes information from hospitals, physician practices, and other services	36%
We will retain existing patients by offering a patient portal for interactive services such as appointment scheduling and access to medical records	33%
We will use social media and networking sites such as Twitter and Facebook	28%
We will use customer relationship management software for targeted marketing campaigns	11%
Other	5%
No Strategy	38%

Base = 303 (Multiple Response)



Survey Results (continued)

FIGURE 7 | Patient Experience Improvement Initiatives

Q | 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.

	Percent
Employee training with increased focus on patient experience	82%
Launching patient portals, electronic health records, and other IT solutions to give patients access to their health records and clinical information	56%
Revised marketing or branding strategies	56%
Employee rewards and retention programs	55%
Revised patient and family communication strategies	51%
New community outreach and partnership programs	50%
Expansion or renovation of current facility	48%
Implementing online services such as appointment scheduling and prescription refills	47%
Executive compensation tied to patient experience performance measurements	38%
Giving patients the option to communicate with physicians by e-mail	27%
Deployment of new technologies, such as wayfinding kiosks or interactive bedside computers, to enhance patient experience	27%
Construction of new facility	24%
Other	3%

Base = 303 (Multiple Response)

FIGURE 8 | Top Motivators for Implementing Patient Experience Strategy

Q | What factors would you rate as your top motivation for exploring and implementing a patient experience strategy? (Rank 1 through 7, with 1 being top motivator)

	Rank						
	1	2	3	4	5	6	7
Producing better quality outcomes	30%	23%	16%	15%	10%	5%	2%
Improving our patient satisfaction and experience scores, including HCAHPS	20%	26%	19%	9%	10%	10%	6%
Retaining our best employees and physicians	17%	12%	15%	18%	15%	12%	10%
Creating a market differentiator	13%	10%	14%	12%	17%	15%	18%
Staying competitive with other organizations with high patient satisfactions	10%	14%	19%	17%	14%	14%	12%
Generating new revenues or higher margins	6%	7%	8%	17%	20%	23%	18%
Qualifying for government and payer incentives	4%	8%	9%	12%	13%	21%	34%

Base = 303



Survey Results (continued)

FIGURE 9 | Techniques for Generating Patient Experience Ideas

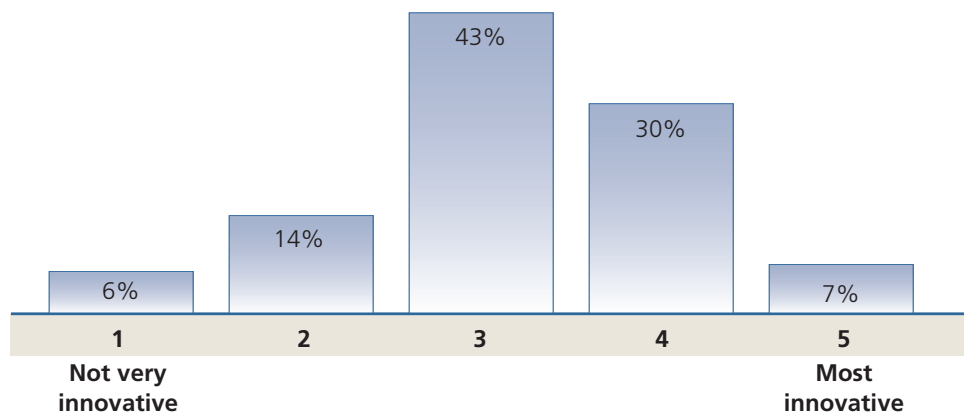
Q | About how often do you practice each of the following techniques for generating patient experience ideas?

	Rank			
	Always	Very often	Occasionally	Never
Observe others in healthcare and adopt proven best practices for our use	23%	53%	23%	1%
Conduct and facilitate internal brainstorming sessions	22%	48%	29%	2%
Study organizations outside of healthcare to learn innovative customer experience strategies	12%	42%	43%	4%
Hire outside consultants or strategists for counsel and perspective	5%	20%	59%	16%

Base = 303

FIGURE 10 | Institution's Level of Innovation in Patient Experience Initiatives

Q | On a scale of 1 to 5, with 5 being most innovative and 1 being not very innovative at all, how would you evaluate your institution's level of innovation in patient experience initiatives?



Base = 303



Survey Results (continued)

FIGURE 11 | Stumbling Blocks to Adopting Patient Experience Strategy

Q | What would you say is your biggest stumbling block to adopting more of a patient experience strategy?

	Percent
Abundance of higher priorities	19%
Lack of funding or budgeting priority	18%
Lack of cultural fit or employee buy-in	16%
Lack of overall game plan or actionable ideas	11%
Lack of management consensus and alignment	10%
Lack of an appropriate organizational structure	6%
It adds cost without a return on investment	4%
None. We have no stumbling block	16%

Base = 303

FIGURE 12 | Tracking and Measuring the Success of Patient Experience Strategy

Q | How do you track and measure the success or failure of your patient experience strategy?

	Percent
HCAHPS survey	66%
Vendor survey or other measurement tool	59%
Dashboards that display up-to-date patient satisfaction data for all staff	57%
Quality outcomes	57%
Anecdotal evidence such as positive letters or social media mentions	55%
Post-discharge phone calls	48%
Word-of-mouth referrals and reputation	42%
Community opinion surveys	25%

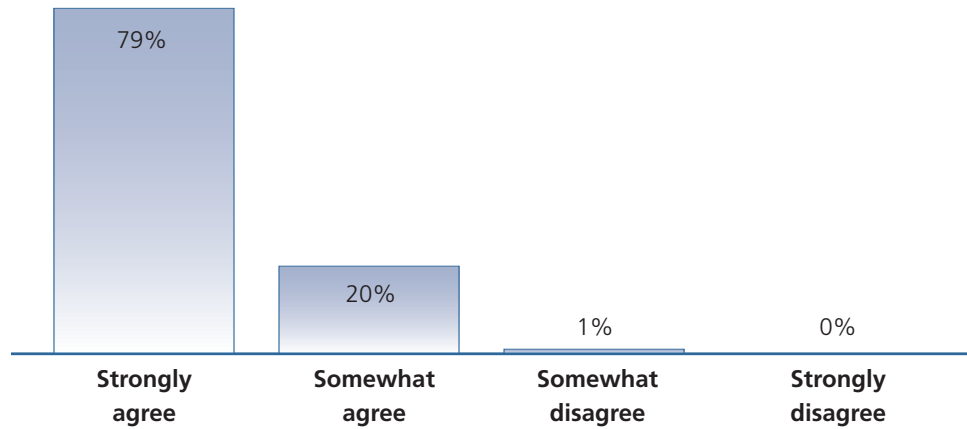
Base = 303 (Multiple Response)



Survey Results (continued)

FIGURE 13 | Patient Experience as a Driver of Referrals, Volume, and Revenue

Q | How strongly do you agree with the following statement?
“Patient experience drives referrals, volume, and revenue as much as clinical quality.”



Base = 303