The State of Patient Experience: Leadership Insights and Key Strategies

Workforce engagement and workplace culture are top-of-mind concerns of senior patient experience leaders from high-performing health systems across the country. Leaders from across the industry gathered recently to discuss the state of patient experience in the United States and some of the specific strategies their teams are using to drive transformational change.

Executive Summary

Hospitals and health care organizations are on a quest to improve safety, quality, patient experience, and workforce engagement to ultimately transform the way care is delivered. It is an unprecedented challenge in scope, but its core is fundamental to health care.

The interdependent relationships between all of these domains have been well-established.[1] Innovative organizations leverage their interconnectedness to achieve transformational change.[2] The foundational elements of an integrated strategy include a commitment to Zero Harm, meaningful cultural alignment around patient centricity, a robust data strategy and human resources infrastructure, and established systems of accountability that transcend vertical operations.[3]

Accordingly, patient experience should not be perceived as a discrete endeavor separate from clinical safety and quality efforts, human capital initiatives or operational considerations. Rather, it should be approached as a continuous, collaborative process. Many organizations understand this and are making progress toward achieving their transformational goals, as evidenced by the information shared during the 2018 Press Ganey Patient Experience Executive Leadership Summit. The event convened senior patient experience leaders from high-performing health systems to discuss the state of patient experience in the United States, the most pressing challenges they face, and some of the specific strategies their teams are using to overcome them.

This report provides key insights from these discussions and from a pre-event survey designed to capture top-of-mind concerns of patient experience leaders and identify improvement targets.

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Based on the data collected through the qualitative survey and the focused on-site sessions, leadership or organizational redesigns, training programs and curricula, and data governance have been early wins, whereas communication, accountability and physician buy-in continue to be key challenges for those committed to delivering highly reliable experiences of care.

These obstacles are inevitable as organizations hone in on improving workforce engagement and workplace culture, which the surveyed patient experience executives ranked as the topic that is most relevant to their current improvement efforts. The other focus areas—identified by integrating the findings from the survey and session through an interpretive, narrative approach[4]—are related to organizational culture and include the following:

- Engaging leadership in patient experience and other improvement efforts
- Leveraging accountability to ensure execution of strategy
- Building and sustaining a culture of patient-centered care
- Building partnerships with physician leaders
- Instilling and implementing consistency as a core value

To further bolster these insights, this report illustrates how the integrated framework for health care transformation can help leaders align organizational goals, priorities and resources around an integrated plan to ultimately achieve transformational change.

Introduction

Once perceived as a measure of patient satisfaction, the patient experience is now widely understood to encompass all aspects of health care delivery designed to reduce patient suffering and deliver safe, effective, compassionate care. Regulatory and financial considerations reflect this elevation. The Patient Protection and Affordable Care Act of 2010 and the Centers for Medicare & Medicaid Services (CMS) Quality Strategy, launched in 2013, have given rise to a number of policies that tie the patient experience more closely to performance-based compensation systems, practice recognition programs and board certification and licensing.[5, 6]

Linking patient experience to performance and compensation is only one force that is driving the need to improve, but it is secondary to the intrinsic value for patients, who deserve and expect consistently safe, high-quality care, and for caregivers, who chose their professions to help and heal. This is why fulfilling the three components of the patient experience—safety, quality and patient centricity—must be an organizational imperative: Failure in any one component means failing the patient, the family, the care team and the organization overall.

In this regard, achieving the ideal of safe, high-quality, patient-centered care necessitates the engagement of the physicians, nurses and employees responsible for its delivery, as well as the alignment of behaviors, goals and improvement efforts across care domains.[7, 8]

Although many organizations are beginning to understand the interconnectedness of patient experience and safety, quality and engagement, leaders often struggle to turn those insights into actions.

To understand the perceived challenges and how they are being addressed, Press Ganey conducted a qualitative survey and follow up discussions with patient experience experts, asking about the key issues they face and successes they have achieved on their patient experience journeys. Senior patient experience leaders representing a broad cross section of systems, providers and medical groups were asked to reflect, discuss and share their answers to the following two questions.

1. What is holding us back?

2. How can we fix it?

From the survey responses and these reflections, 103 major challenges and impediments were identified, along with 60 suggestions for moving forward and 24 key successes. While the range of responses demonstrates the unique patient experience journeys of these organizations, the key themes outline a road map for addressing common obstacles to successfully move forward.

Key Challenges

The survey responses and data collected in the sessions revealed ripple effects of the struggle to improve workforce engagement and workplace culture across organizations' patient experience journeys.

- **Leadership engagement—**Engaging leadership in patient experience and other improvement efforts figured prominently in the feedback: Lack of C-suite or leader buy-in was mentioned most often versus a lack of staff engagement. Visible sponsorship from senior leaders sends a clear message that improvement efforts are an organizational priority.[9] Without that sponsorship, the opposite message is sent, and these efforts may be seen by staff as little more than flavor-of-the-month initiatives.

- **Accountability and execution—**Both are dependent on the engagement and oversight of leaders, as reinforced by the group discussion in which one or the other was cited as a major obstacle. Together, these missing pieces can lead to a lack of clear expectations, routine follow-up and validation.[10] Two groups in the session affirmed a lack of cascading and clear communication from the C-suite to the staff as a major impediment on their patient experience journeys. The consequences of disengaged leadership are grave: Research indicates that organizations without informed leaders establishing a clear vision about the direction of change, measuring and monitoring outcomes, and empowering staff are less likely to be successful in their change efforts.[11]

- **Cultural alignment—**Without full leadership support, the challenges of sustaining a culture of patient- and family-centered care multiply. Lack of a truly patient-centered culture was cited as a major concern, and it appears to be having the most significant impact on care delivery. Enhancing communication, courtesy or empathy between staff and patients—caring behaviors that are essential to the patient experience as well as caregiver engagement[12]—was identified most frequently by survey respondents as the greatest challenge organizations are facing in their improvement efforts.

- **Clinician engagement—**Without a patient-centered culture, some members of the workforce may feel like patient experience is not their "problem" or responsibility, and thus may opt out of improvement efforts. The survey supports this premise: Engaging clinicians in the patient experience was considered by the majority of survey respondents to be highly relevant to improvement efforts. Across the industry, lack of buy-in is most acute among physicians who are struggling to keep pace with new organizational structures, payment models and performance goals as the health care system remodels. These changes affect or threaten their autonomy, respect and income, but physicians envision a future of better care and are likely to embrace a change agenda if it has improved patient care at its core.[13]

- **Operational consistency**—Across survey responses and session feedback, there was evidence of a preoccupation with inconsistency, which may be one driver of the aforementioned service failures and lack of consensus. This has serious implications. Research shows that inconsistent clinical care prevents organizations from achieving and sustaining excellence in both quality and safety across services and settings.[14]

As indicated, these challenges are highly interdependent. Without an engaged leadership team and workforce, culture suffers; and without a strong culture, engagement suffers. This is even more important in terms of its impact on the patient experience: When engagement is low, culture is weak, and standards of behavior are inconsistent, the patient suffers.

These challenges seem to emanate from and exacerbate the most significant obstacle standing in the way of transformation: fully aligning leadership and caregivers around shared goals and an integrated plan. In total, some variation of a lack of integration—including competing priorities, silos and lack of leadership or goal alignment—was mentioned repeatedly. A deficiency in resources and infrastructure, including insufficient time, staffing and training or financial constraints, was also frequently mentioned. A fundamental misunderstanding and miscalculation of many leaders seems to be reflected in these data: Addressing interdependencies and converging the system around them is not a "nice-to-do"—it is a requisite for driving sustainable, systemwide improvement, and should be recognized and prioritized as such.

Key Successes and Suggested Fixes

While incremental improvement is possible despite these barriers, organizations hampered by siloed structures and processes will never achieve the sustained, cross-domain improvement they need to remain competitive today. Following are key suggestions for moving forward, along with clear examples of turning these insights into actions.

- **Fostering integration**—Many organizations have begun to socialize the integrated framework of safety, quality, experience and engagement with their workforces, but fewer have begun the work of integrating and aligning their processes, structural relationships and leaders. Specifically, respondents suggested integrating data analytics and reporting, aligning goals and incentives, and incorporating cross-domain questions or leaders into huddles to advance vertical integration. For example, one survey respondent wrote that her organization has restructured its patient experience department to align more closely with employee engagement efforts, most notably by changing the title of Senior Vice President of Human Resources to Chief Experience Officer.

- **Preparing workforces for change through education and standardization**—Virtually all caregivers want to provide the best quality of care, but poor organizational or information systems can disempower staff from participating in improvement efforts or delivering care effectively. The importance of informing staff about the purpose of change efforts, providing them with the appropriate resources and training to implement initiatives, and acknowledging their efforts cannot be overstated.[15] To this end, one organization has implemented a robust training program to bring all 60,000 of its team members and physicians under the same mission, vision, values and service standards. Another has implemented a Service Excellence program to educate and train its 20,000 employees under the same cultural framework. Seven other successful rollouts of training programs or standardization of rounding and other best practices were also mentioned in the survey.

- **Building patient centricity into the culture**—Because patient centricity is an essential pillar of health care that influences outcomes across an organization, its significance must be consistently communicated to patients and caregivers. However, it is for this reason that the term can seem more like a buzzword than a core value. Many leaders in the session indicated anxiety over whether their organizations were really patient-centered, and they offered suggestions for rooting patient centricity into their culture and not just their mission statements. These ranged from centering communications on the patient to involving the patient or patient experience leader in strategic planning. To demonstrate and advance their commitment to patient centricity, many of the organizations have already introduced or reconfigured existing positions into patient experience leadership roles, including one organization that developed a team of officers to focus on bringing the patient and family to the table, and another that aligned the Compassionate Connected Care model with its mission so that it became a cultural norm.

- **Strengthening partnerships with physicians**—The engagement of all caregivers is critical to the strategic objective of improving the patient experience; however, physicians must be engaged and partnered with as key stakeholders in improvement efforts.[16] Because their leadership—whether formal or informal—and alignment with organizational values is carefully watched by the workforce, their ability to influence and drive change is unmatched.[17] The patient experience leaders in the session recognized and identified the need to develop and engage physician leaders as well as physicians on the front lines of care in order to advance their organization's change agendas. Some organizations have succeeded in using data and other educational resources to help providers understand the importance and interconnectivity of patient experience to other care domains and their role in improving it. Sustaining that message, driving those leaders into action and reinforcing accountability will be instrumental to the successful transformation of care delivery.

- **Embracing transparency and integration in data collection and reporting**—To achieve enterprise transformation, organizations must begin building toward an enterprise data strategy that reflects the goal of integration in data planning, collection and sharing. Breaking down data silos requires incentives for data sharing and constant messaging that the end goal is making the organization and all its improvement efforts data-driven.[18] In the session, leaders echoed this call for strategic data to align their teams and organizations as a whole. Some organizations have already advanced their data strategy and improved responsiveness, transparency or communication as a result. One such organization is developing a dashboard to unite leaders, their data and reporting structures across the system.

Preparing to Deal with Complexity

Taken together, these suggestions reflect and align with the principles of the integrated framework for achieving transformational change. To move beyond incremental and domain-level improvement and achieve sustained improvement across domains, organizations must break down the barriers that keep improvement efforts in silos. Rising to this challenge requires integrating and aligning improvement goals and strategies, engaging leadership and staff at the multiple points of intersection between each domain, and demonstrating a true commitment to patient centricity.

This is not check-the-box work. Transforming health care to fully deliver on the patient promise is a mission without an end point. There are steps for moving forward, however. Based on the assessment of these transformational journeys, organizations seem to be using the strategic principles to develop shared goals and an integrated plan. Survey respondents recognized that achieving Zero Harm was the second most relevant topic to their improvement efforts, after improving engagement and culture.

Many leaders provided examples of how their organizations are defining, communicating and integrating patient centricity to drive meaningful cultural alignment, and others cited success in understanding and communicating patient experience as the strategic alignment of safety, quality and patient centricity. That this alignment is yet to be achieved supports the synthesized data from the survey and session: It appears that renewed efforts and additional resources are required in the operational areas of data and transparency, culture and leadership, and accountability and execution.

While a few organizations have had success in monitoring performance, assessing progress with the appropriate benchmarks, and promoting accountability through internal and external transparency, most are considering or are in the process of developing a robust data strategy that drives a culture of continuous improvement. This would not only assist those survey respondents and other organizations that are struggling to engage hospitalists or other care providers in patient experience efforts, but also enable them to "bring the right voices together from across the system to build and deploy consistent patient experience practices into each patient setting," according to one participant.

A human resources infrastructure that reflects the organization's mission in all steps of the talent management life cycle will further strengthen the organizational culture and improve leadership and staff engagement. To begin, organizations can more closely involve Human Resources leadership in the transformational patient experience strategy to set clear expectations for other leaders on their role and responsibilities in supporting the mission, vision and values of the organization. This partnership is indispensable when aligning leadership around an integrated plan, as one survey respondent is currently trying to do at an organization tasked with aligning more than 300 executives around the same approach to patient-centric care.

These leaders can, in turn, reinforce accountability and execution of strategy by setting clear expectations for their team members, providing motivation and coaching, and regularly reviewing progress. This focus on accountability and execution must be an integral part of the multiple communication-focused programs mentioned in the survey, as well as other improvement efforts.

Other health care systems and organizations may fall differently on the transformational spectrum. It is critical that they self-assess to begin determining how much effort will be required, and in which areas, in order to adapt these principles to guide a comprehensive strategy for safety, quality, experience and engagement that works at their individual organizations.

Conclusion

Improving the patient experience should be the goal of every health care organization and provider, but it must be understood as part of the overall performance picture. While improvement in patient experience outcomes may move the needle, organizations that are able to improve in multiple domains will achieve greater overall improvement. This is because performance in safety, quality, experience and engagement is highly interdependent. Accordingly, the teams and processes supporting these areas must be operationally interdependent.

This presents a tremendous challenge—and opportunity—to transform the way health care is delivered. Throughout this journey, it will be important for health care leaders to understand that sustainable, cross-domain improvement is needed to compete in today's era of continuous disruption and to deliver on the promise of safe, high-quality, patient-centered care.

[1] "Achieving Excellence: The Convergence of Safety, Quality, Experience and Caregiver Engagement." 2017 *Strategic Insights* report. Press Ganey Associates, Inc.

[2] "A Strategic Blueprint for Transformational Change." 2018 *Strategic Insights* report, Press Ganey Associates, Inc.

[3] "A Strategic Blueprint for Transformational Change." 2018 *Strategic Insights* report, Press Ganey Associates, Inc.

[4] Dixon-Woods, M., S. Argawal, D. Jones, et al. 2005. "Synthesising qualitative and quantitative evidence: A review of possible methods." *J Health Serv Res Policy* 10: 45–53.

[5] Agency for Healthcare Research and Quality. January 2018. "Section 2: Why Improve Patient Experience?" https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/2-why-improve/index.html.

[6] Berkowitz, B. 2016. "The Patient Experience and Patient Satisfaction: Measurement of a Complex Dynamic." *Online J Issues Nurs* 21 (1): 1.

[7] "Achieving Excellence: The Convergence of Safety, Quality, Experience and Caregiver Engagement." 2017 *Strategic Insights* report, Press Ganey Associates, Inc.

[8] "A Strategic Blueprint for Transformational Change." 2018 *Strategic Insights* report, Press Ganey Associates, Inc.

[9] Cabral, J., and D. Shinsel. 2018. "Workforce Engagement: Building a Sustainable Improvement Culture." Press Ganey Associates, Inc. Sept. 4, 2018. http://www.pressganey.com/blog/workforce-engagement-building-a-sustainable-improvement-culture.

[10] "Accountability in Healthcare Organizations and Systems." Sept. 10, 2014. National Center for Biotechnology Information. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4255571/.

[11] Al-Abri, R. 2007. "Managing Change in Healthcare." *Oman Med J* 3: 9–10.

[12] "Compassionate Connected Care: A Care Model to Reduce Patient Suffering." 2015 white paper, Press Ganey Associates, Inc.

[13] Lee, T.H., and T. Cosgrove. June 2014. "Engaging Doctors in the Healthcare Revolution." *Harvard Business Review*. https://hbr.org/2014/06/engaging-doctors-in-the-health-care-revolution.

[14] Chassin, M.R., and J.M. Loeb. April 2011. "The Ongoing Quality Improvement Journey: Next Stop, High Reliability." *Health Aff* 30 (4).

[15] Dixon-Woods, M., R. Baker, K. Charles, et al. 2014. "Culture and behaviour in the English National Health Service: Overview of lessons from a large multimethod study." *BMJ Qual Saf* 23: 106–115.

[16] "Reducing Suffering: The Path to Patient-Centered Care." 2014 white paper, Press Ganey Associates, Inc.

[17] Cochran, J., G.S. Kaplan, and R.E. Nesse. 2014. "Physician Leadership in Changing Times." *Healthcare* 2 (1): 19–21

[18] Wilder-James, E. 2016. "Breaking Down Data Silos." *Harvard Business Review*, Dec. 5, 2016, https://hbr.org/2016/12/breaking-down-data-silos.

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