The State of Patient Experience
2013 Findings

Improving the patient experience
Road Map

Purpose, Methodology, Sample

Participant Profile

Key Findings

Conclusions & What’s Ahead
The overall purpose of this study was to gather information about what American hospitals are actually doing to “improve the Patient Experience.”
Research Methodology & Sample

• The Beryl Institute (TBI) and Catalyst Healthcare Research (CHR) collaborated on this important research initiative

• Online survey: 44 questions

• Survey period: Feb. 8 – Mar. 6, 2013

• Total US Hospital/Hospital System Responses: 1,072 respondents

• Represents 672 unique organizations

• All 50 states + DC represented in this study
Who We Heard From

Type of Organization

- Individual Hospital: 47%
- Hospital Group/System: 53%

Location

- Hospital: 53%
- Hospital Group/System: 19%
- Overall: 35%

- Rural: 29%
- Suburban: 34%
- Urban: 24%
Who We Heard From

HOSPITALS (Free Standing)
Number of Beds

- Less than 100: 48%
- 100 to 199: 19%
- 200 to 299: 14%
- 300 to 399: 7%
- 400 to 499: 5%
- 500 or more: 7%

HOSPITAL SYSTEMS
Number of Hospitals

- Less than 5: 42%
- 6 to 10: 19%
- 11 to 20: 16%
- 21 to 49: 13%
- 50 to 99: 4%
- 100 or more: 6%

Organization’s Status

- Not-for-profit: 76%
- For-profit: 10%
- Academic Med Ctr: 7%
- Government: 5%
- Other: 1%
- Refused: 1%
Who We Heard From

Current Position

- CXO: 25% (2011: 14%)
- CQO: 14%
- CNO: 14%
- Dr./Nurse/Clinical Staff: 9%
- Director/VP: 8%
- CMO (Marketing): 6%
- CEO: 6%
- COO: 5%
- Mgr./Superv: 3%
- HR: 2%
- CMO (Medical): 2%
- CFO: 2%
- CIO: 1%
- Other: 3%

www.theberylinstitute.org
KEY FINDINGS
Most feel good about their progress to improve Patient Experience (PX); however, not quite as positive as two years ago.

At this point, how do you feel about the progress your organization is making toward improving the “Patient Experience?”

- **Positive**
  - 2011: 61%
  - 2013: 54%

- **Very Positive**
  - 2011: 25%
  - 2013: 17%

- **Neutral**
  - 2011: 12%
  - 2013: 21%

- **Negative**
  - 2011: 2%
  - 2013: 6%

- **Very Negative**
  - 2011: 0%
  - 2013: 1%

- **Don’t Know**
  - 2011: 1%
  - 2013: 0%
PX/Satisfaction, Quality/Patient Safety & Cost Reduction topped the list again

Please rank your organization’s top 3 priorities for the **next 3 years**.

<table>
<thead>
<tr>
<th>Priority</th>
<th>2011 %</th>
<th>2011 Rank</th>
<th>2011 Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Experience/Satisfaction</td>
<td>70</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Quality/Patient Safety</td>
<td>63</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Cost management/Reduction</td>
<td>37</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EMRs/meaningful Use/IT</td>
<td>35</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Employee engagement/satisfaction</td>
<td>22</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>ACO development/implementation</td>
<td>18</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Physician recruitment/retention</td>
<td>17</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Construction/capital improvements</td>
<td>11</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>
More organizations now have a formal definition and formal structure for PX

Does your organization have a formal definition of “Patient Experience?”
Does your organization have a formal structure for addressing “Patient Experience?”
Does your organization’s “Patient Experience” effort have a formal mandate/mission?

Formal Definition

Formal Structure

Formal Mandate

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>58%</td>
<td>55%</td>
</tr>
<tr>
<td>No</td>
<td>45%</td>
<td>55%</td>
</tr>
<tr>
<td>DK</td>
<td>15%</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>69%</td>
<td>81%</td>
</tr>
<tr>
<td>No</td>
<td>23%</td>
<td>19%</td>
</tr>
<tr>
<td>DK</td>
<td>7%</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>58%</td>
<td>52%</td>
</tr>
<tr>
<td>No</td>
<td>31%</td>
<td>36%</td>
</tr>
<tr>
<td>DK</td>
<td>11%</td>
<td>12%</td>
</tr>
</tbody>
</table>
Examples of Formal Mandates/Missions

• To listen, To care, To heal...Together.
• To consistently deliver both the highest quality care and the highest quality caring for every patient and family...
• Accountable to the community to provide high-quality, compassionate health care services.
• Courtesy, compassion and communication must be at the forefront of every interaction.
• Every patient, every interaction, every time.
• Improve the patient experience at every step of the healthcare journey.
• One Team, One Purpose - Caring for You
• To provide every patient an extraordinary experience at every encounter.
A committee approach is most widely used to address PX

Who in your organization has the primary responsibility and direct accountability for addressing “Patient Experience?”

- Committee: 26%
- Chief Exp. Officer, PX Director: 22%
- Chief Nursing Officer: 14%
- CEO, Sr. Administrator: 8%
- Chief Quality Officer: 8%
- Chief Operating Officer: 3%
- Dr, Nurse, Clinical Staff: 3%
- Chief Medical Officer: 1%
- Chief Marketing Officer: 1%
- No one in particular: 1%
- Other: 12%

Note: Only 3% of respondents feel it is important for this person to be a physician.
Those with primary responsibility for addressing PX spend an average of 63% of their time supporting these efforts and staff levels remain small.

What percent of that person’s time is allocated to support PX efforts? How many other FT staff members are designated to these efforts?

- 100%: 23%
- 90-99%: 7%
- 80-89%: 8%
- 70-79%: 9%
- 60-69%: 5% (Average = 63%)
- 50-59%: 10%
- 40-49%: 4%
- 30-39%: 9%
- 20-29%: 11%
- 10-19%: 11%
- <10%: 5%

- None: 28%
- 5 or more: 24%
- 3 to 4: 11%
- 1 to 2: 36%
HCAHPS scores and leadership are key factors in providing great PX

Please rank order the following factors in terms of how important each one is in driving your organization toward providing a great patient/family experience (1=most important; 6= least important).

<table>
<thead>
<tr>
<th>Factor</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCAHPS Scores</td>
<td>2.4</td>
</tr>
<tr>
<td>Leadership’s desire to provide a better experience</td>
<td>2.5</td>
</tr>
<tr>
<td>Becoming provider of choice/community reputation</td>
<td>3.0</td>
</tr>
<tr>
<td>Movement toward value-based payments</td>
<td>3.6</td>
</tr>
<tr>
<td>Opportunity for competitive advantage</td>
<td>4.7</td>
</tr>
<tr>
<td>Shift toward population health (ACOs, Medical Homes, etc.)</td>
<td>4.9</td>
</tr>
</tbody>
</table>
Organizations continue to **focus on key tactics** to improve PX

Which of the following are **key components** of your organization’s “Patient Experience” effort? *(top 5 of 25)*

1. **Sharing patient satisfaction/experience scores** - 52%
2. **Regular/hourly rounding by clinical team members** - 50%
3. **Leadership rounding (by members of senior management)** - 49%
4. **Staff training programs (for customer service or other behaviors)** - 49%
5. **Special initiative(s) to improve specific HCAHPS domains** - 38%
HCAHPS and Patient Satisfaction surveys are being used to measure PX progress

Aside from tracking the success of individual improvement activities, what metrics is your organization using to measure overall improvement in the “Patient Experience?”

- Government mandated surveys (e.g., HCAHPS scores): 86%
- Patient satisfaction/experience surveying: 80%
- Calls made to patients/caretakers after discharge: 70%
- Bedside surveys/instant feedback during rounding: 42%
- Patient/family advisory committee: 32%
- Patient/family member focus groups or individual interviews: 29%
To improve PX, hospitals remain focused on priorities tied to HCAHPS domains

What are your organization’s top 3 priorities for improving the Patient Experience?

2011 Top Priorities
Reducing Noise, Discharge Process, Rounding, Responsiveness of Staff/Communication, Pain Management
Drivers & obstacles to improving PX are consistent & clear

Drivers of Success

- **62%** Strong, visible support “from the top”
- **55%** Having clinical managers who visibly support PX efforts
- **44%** Formalized process review & improvement focused on PX
- **30%** Formal PX structure or role
- **25%** Ongoing “internal communications” push

Roadblocks

- **72%** Leaders appointed to drive PX pulled in too many directions
- **54%** Other organizational priorities reduce emphasis on PX
- **54%** General cultural resistance to doing things differently
- **50%** Lack of support from physicians
- **40%** Lack of sufficient budget or other necessary resources

Top 5 remain the same
The State of Patient Experience Revisited: Positive Trends Continue, But Awareness Needed

Patient Experience remains the top priority among American hospitals and hospital systems...again this year as it was two years ago.

Mandates for action have slipped while formal support structures and formal definitions (targets) are on the rise.

Hospital professionals continue to be optimistic (cautiously & realistically) about the progress being made to improve the PX.

Hospitals typically address the PX with committees or teams, but there is an increasing trend toward delegating this responsibility to a dedicated Leader. Though time commitment still wavers.

Tactical change is underway and focused on a few key issues, including better communication, reduced noise levels, and improving the discharge process.

Support from senior leadership continues to be the biggest driving force in supporting PX efforts, and distracted leadership now the biggest roadblock.
For additional information on this study, contact:

Stacy Palmer
VP, Strategy and Member Experience
The Beryl Institute
817.785.5003
Stacy.palmer@theberylinstitute.org