
**T H E B E R Y L
I N S T I T U T E**

The State of Patient Experience in American Hospitals

April 13, 2011

Conducted in
collaboration with
 **catalyst**TM
Healthcare Research

Road Map

Purpose, Methodology, Sample

Participant Profile

Key Findings

What's Ahead?

Research Purpose

The overall purpose of this study was to gather information about what American hospitals are actually doing to “improve the Patient Experience.”



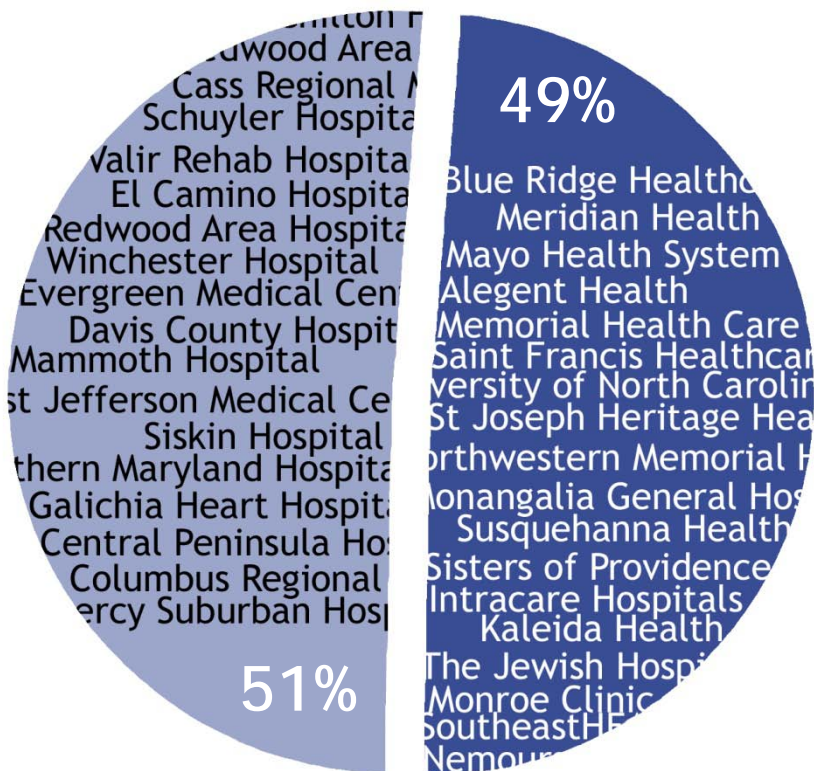
Research Methodology and Sample

- Online survey: 33 questions.
- Survey period: March 7-23, 2011.
- Responses: 790 respondents.
 - Margin of error: +/-3.6% (for n=790).
- All 50 states + DC represented in this study.
- Final Sample represents at least 660 different organizations.
- Largest study, to date, on the issue of Patient Experience.



Who did we hear from?

Type of Organization



Location



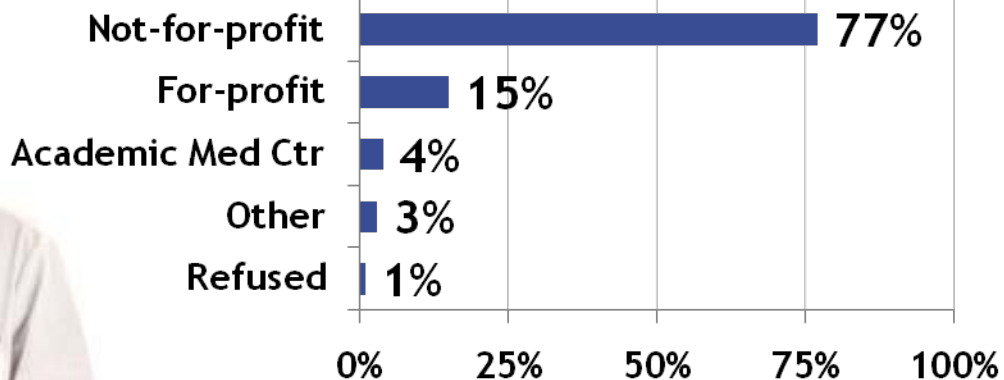
■ Individual Hospital ■ Hospital Group/System

39% Rural 30% Urban 29% Suburban 2% Refused

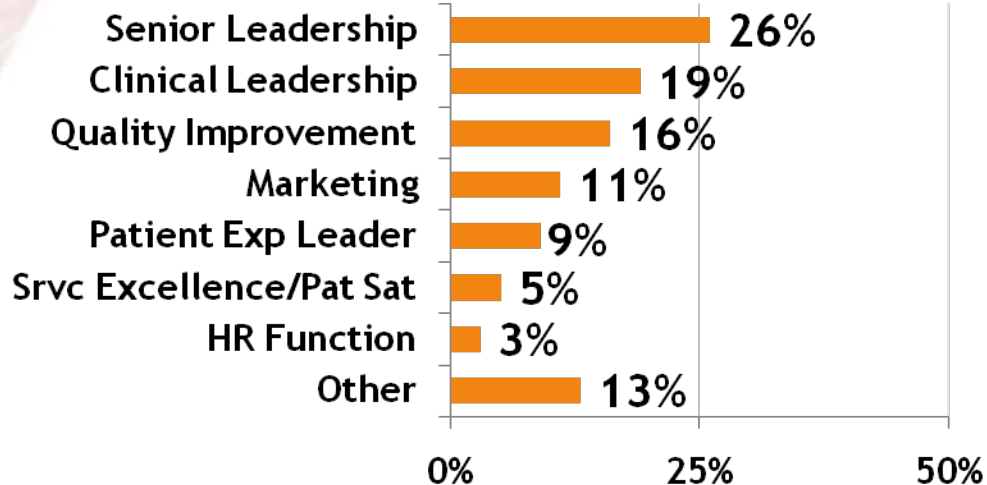
Who did we hear from?



Organization's Status



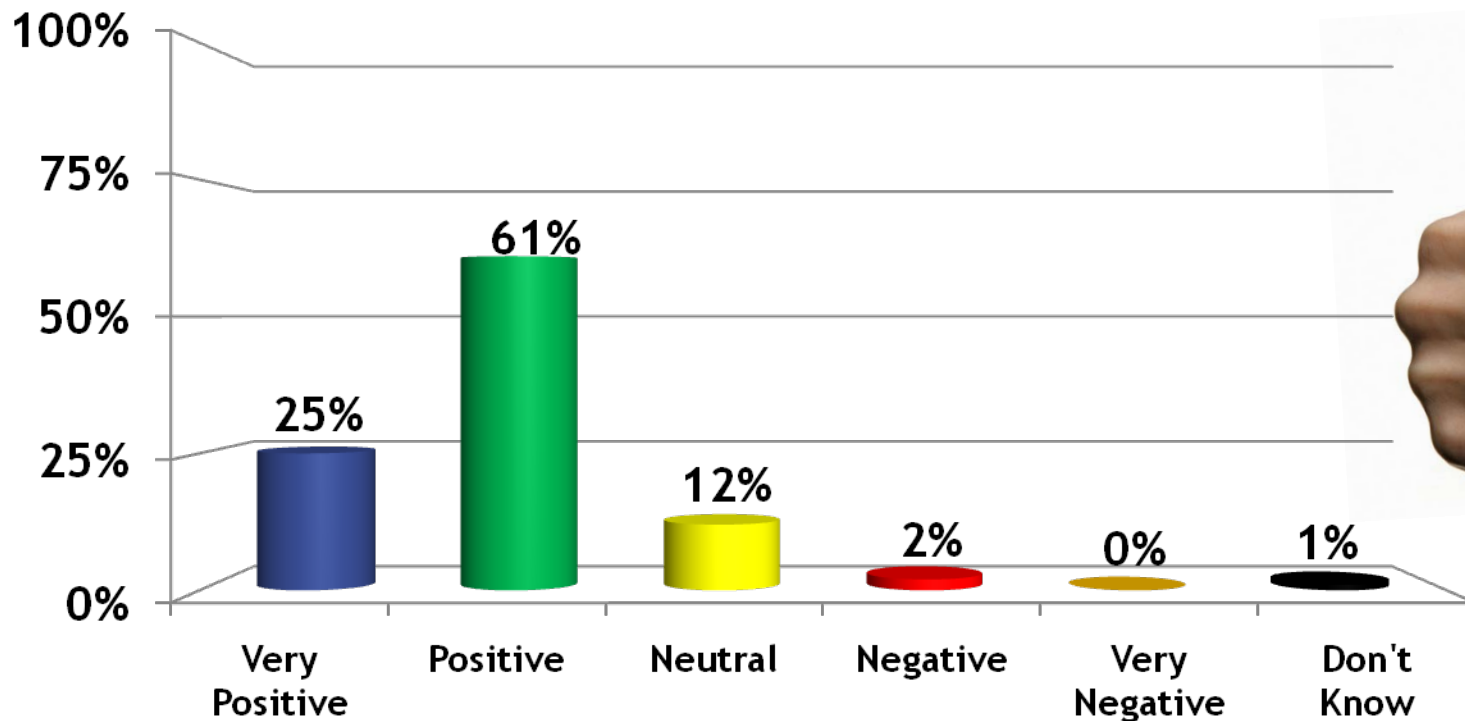
Current Position



Key Findings

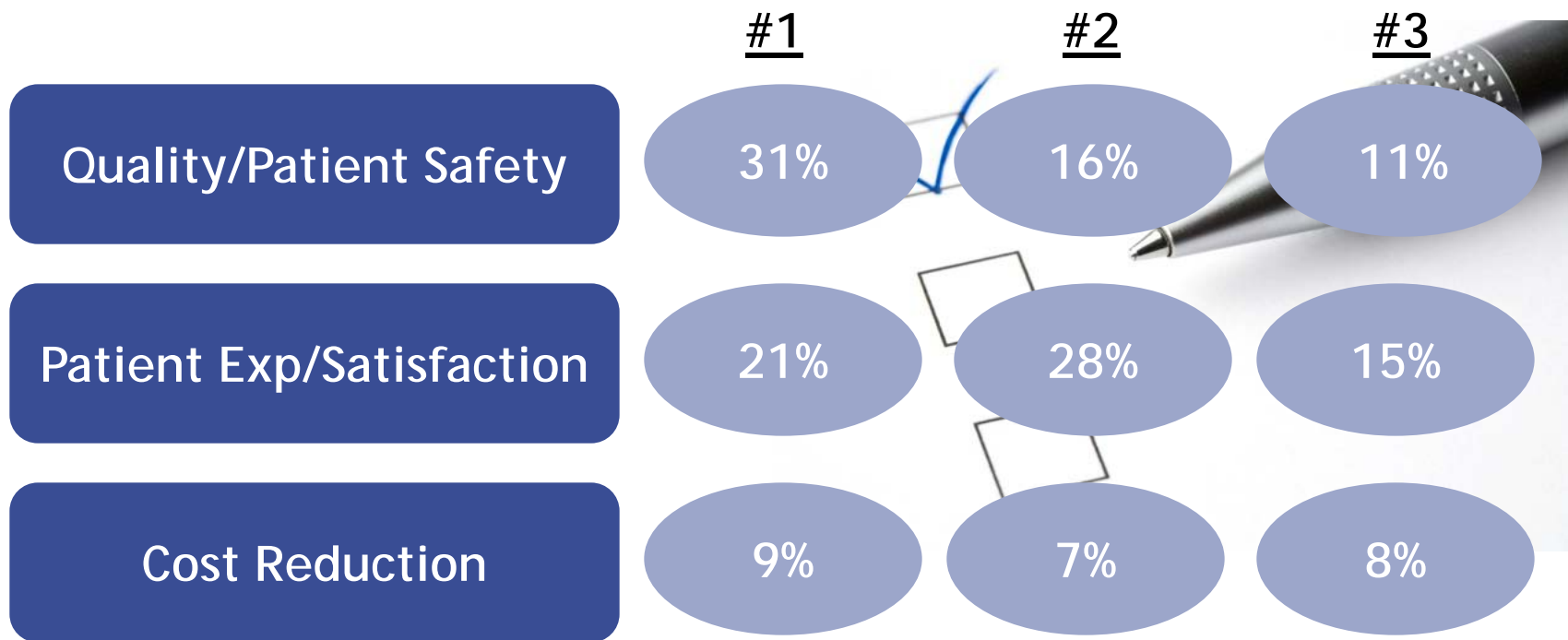
Hospital professionals mostly feel good about their progress to improve the PE.

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



Quality/Patient Safety emerged as the top priority among the 20 tested.

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

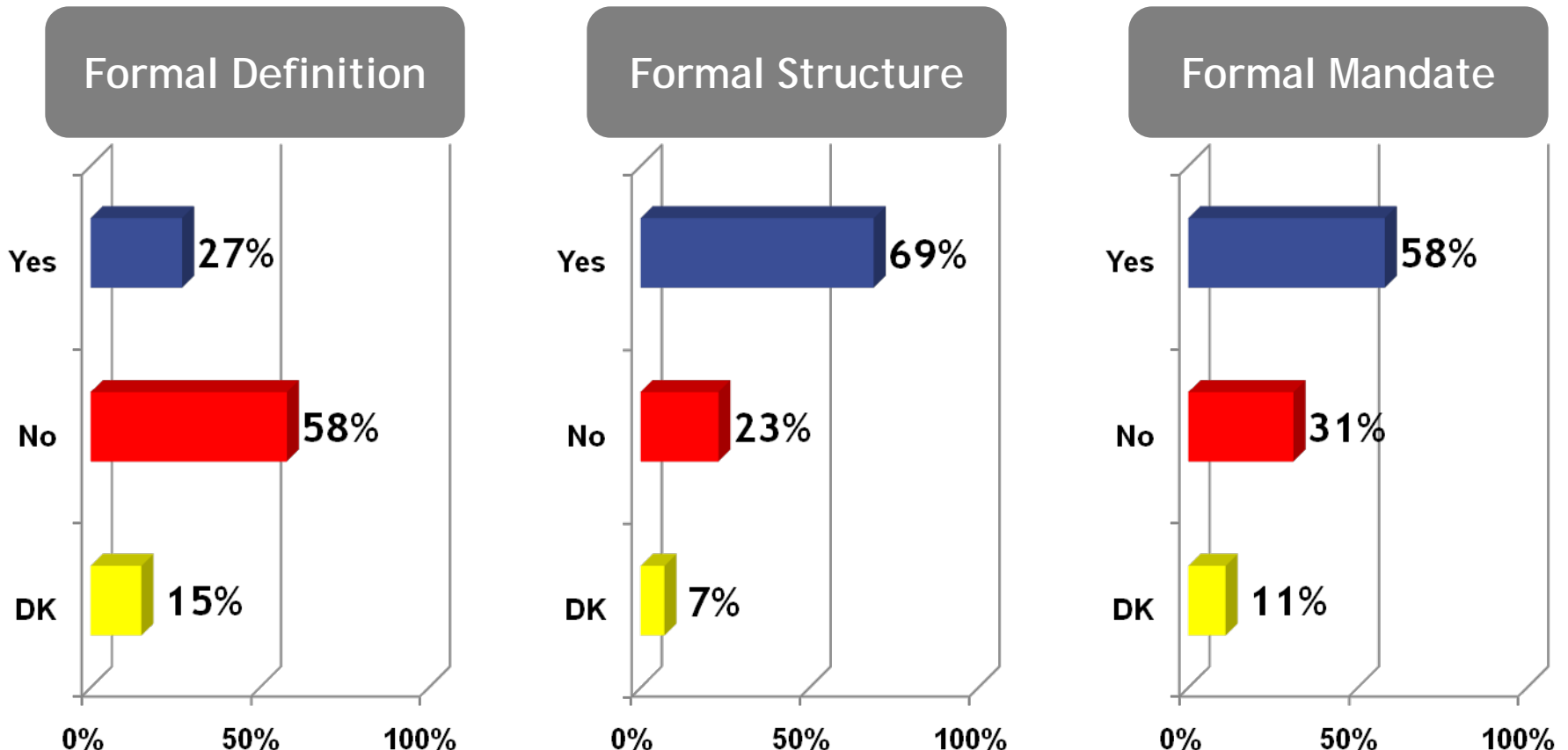


Organizations tend to have a formal structure and formal mandate for PE.

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?

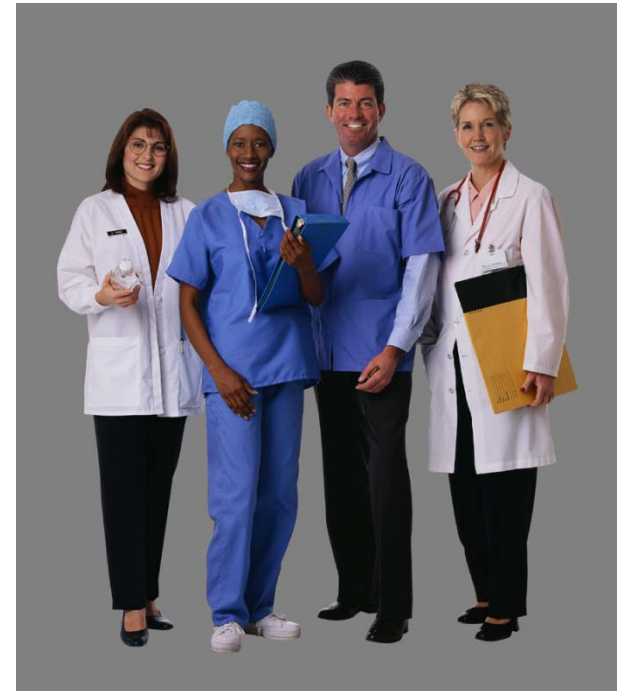
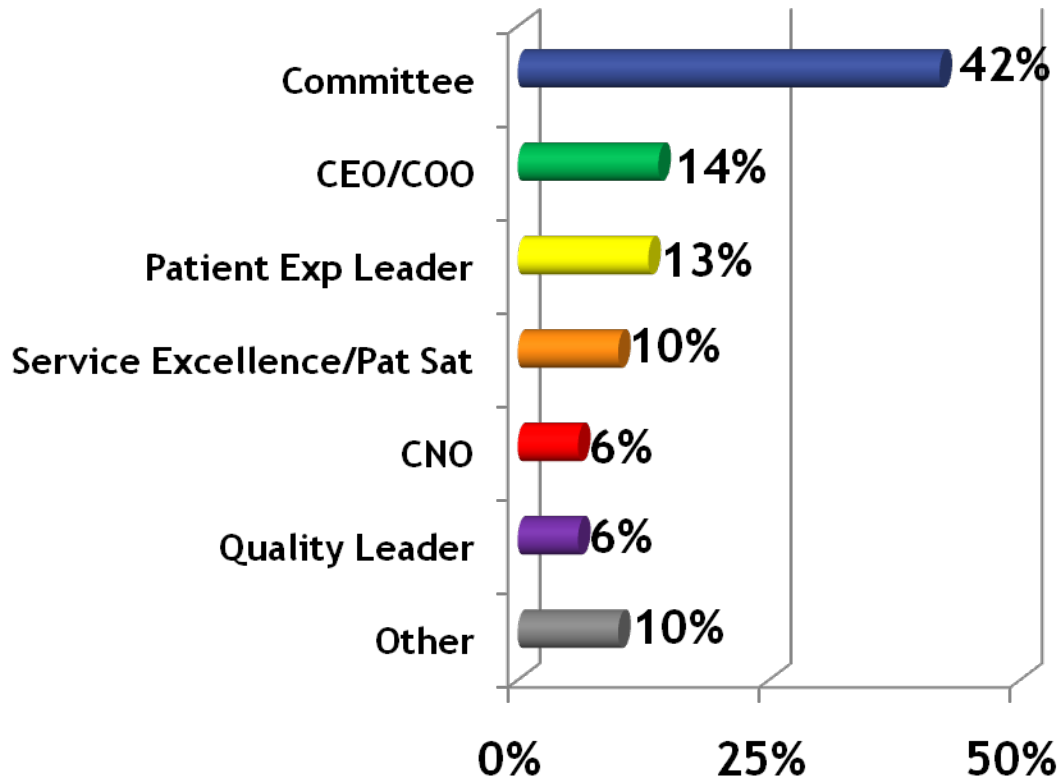


Examples of Formal Mandates/Missions

- *“Create the highest quality patient experience from the perspective of the patient as well as from the family member”*
- *“Every patient, every time with every interaction and every one”*
- *“Provide each patient with a WOW experience”*
- *“Our mandate is to move to the 95th Percentile for HCAHPS and in the 90th Percentile in the Press Ganey All Hospital Database for inpatient surveys”*
- *“Provide a patient experience second to none”*
- *“Provide care in a quality, safe manner and in an efficient timeline with the appropriate documentation”*
- *“Mandate is to have the hospital performing at or above the 90th percentile nationally”*
- *“To be the hospital of choice for patients, physicians, and employees”*
- *“To ensure consistent, patient-centered care by partnering with caregivers to exceed the expectations of patients and families”*

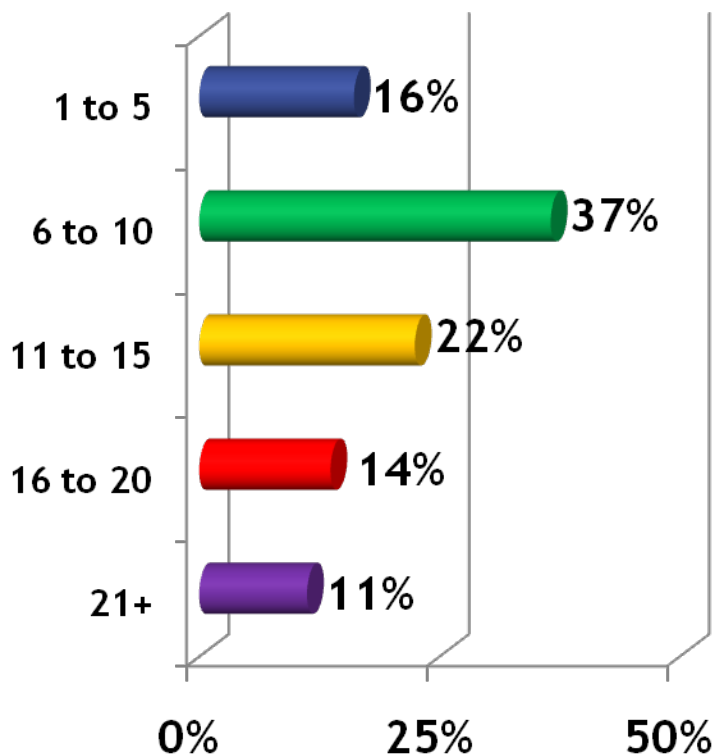
A Committee is the approach that is most widely in use to address Patient Experience.

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

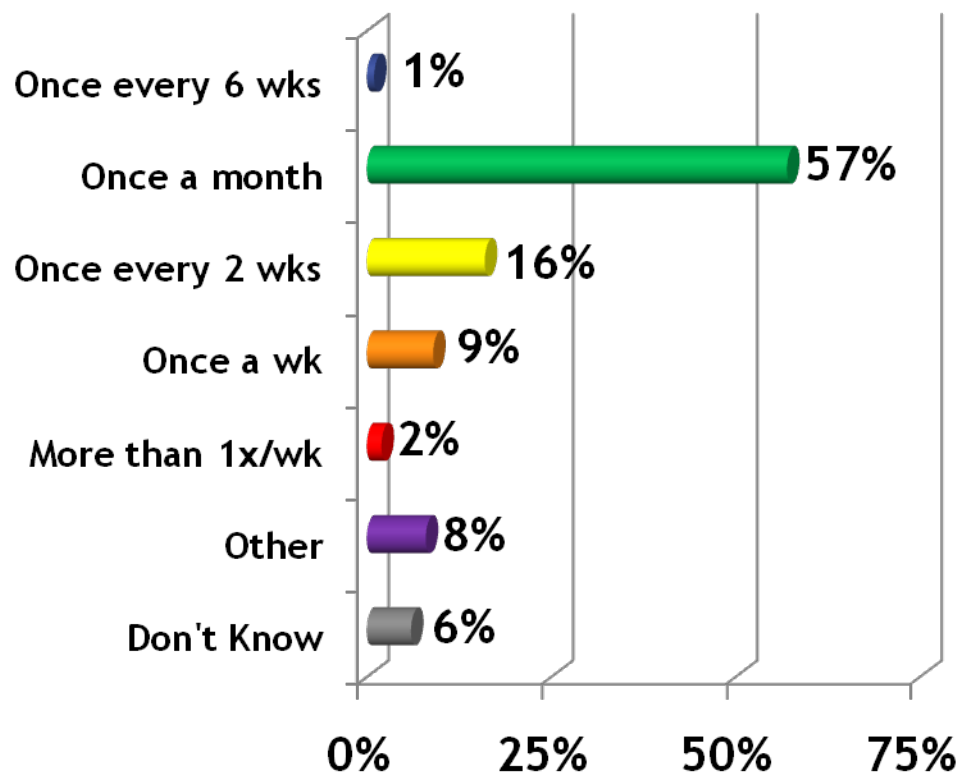


PE Committees typically have fewer than 11 people and meet once a month.

How many people are on this committee?

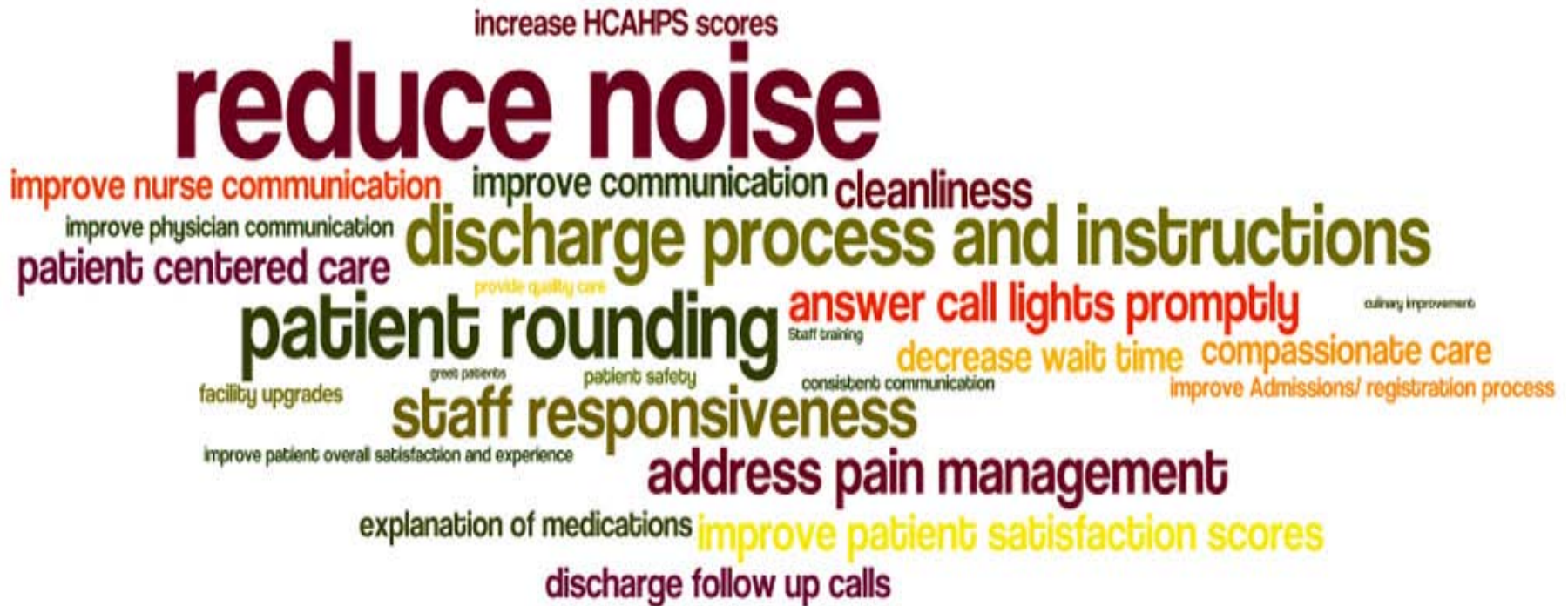


How often does this committee usually meet?



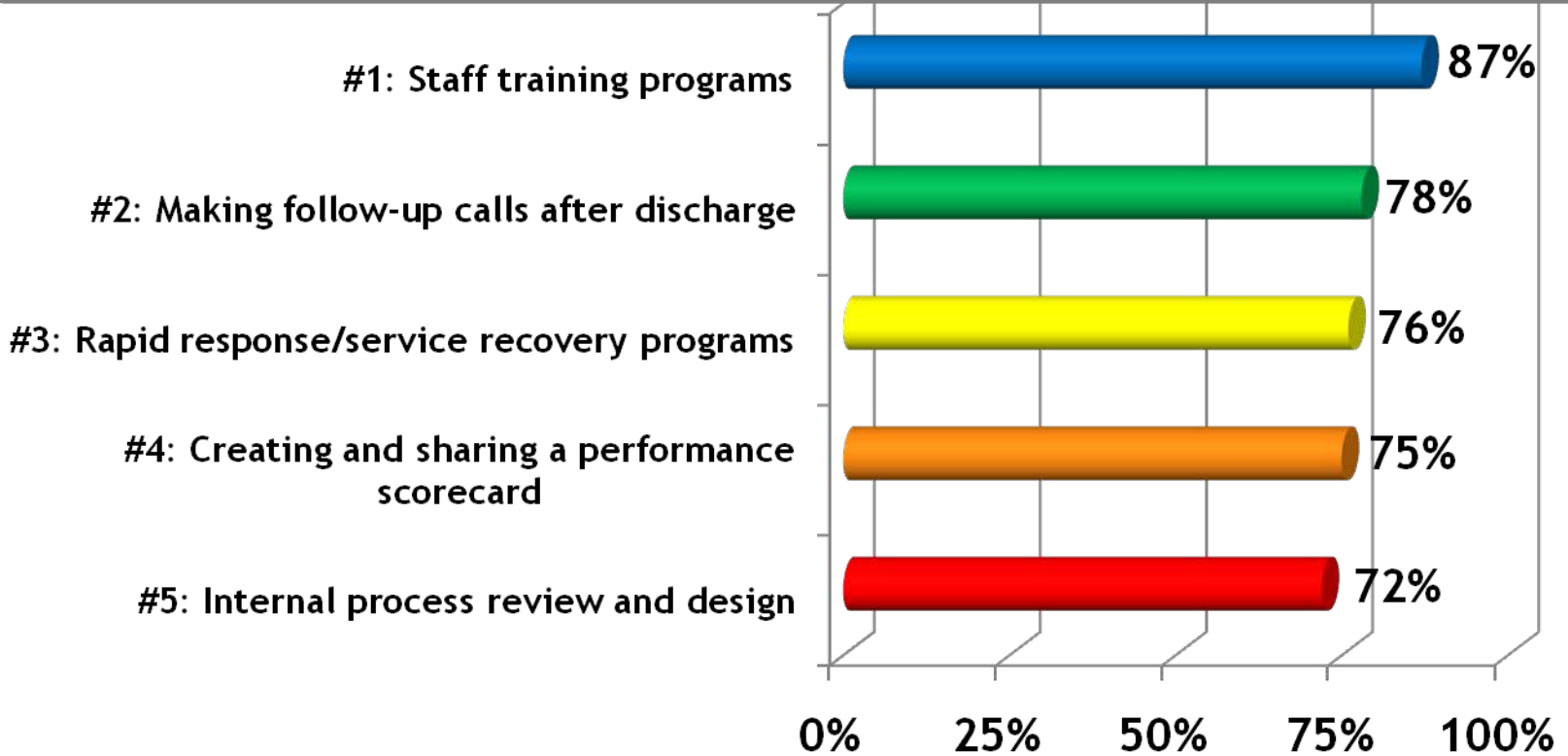
What's being done? Top 3 Priorities

What are your organization's top three priorities for improving the "Patient Experience?"



Many facilities/systems are focusing on the same types of activities to improve PE.

Which of the following, if any, are key components of your organization's "Patient Experience" effort?



The drivers and obstacles to improving PE are clear from this study.

Drivers of Success

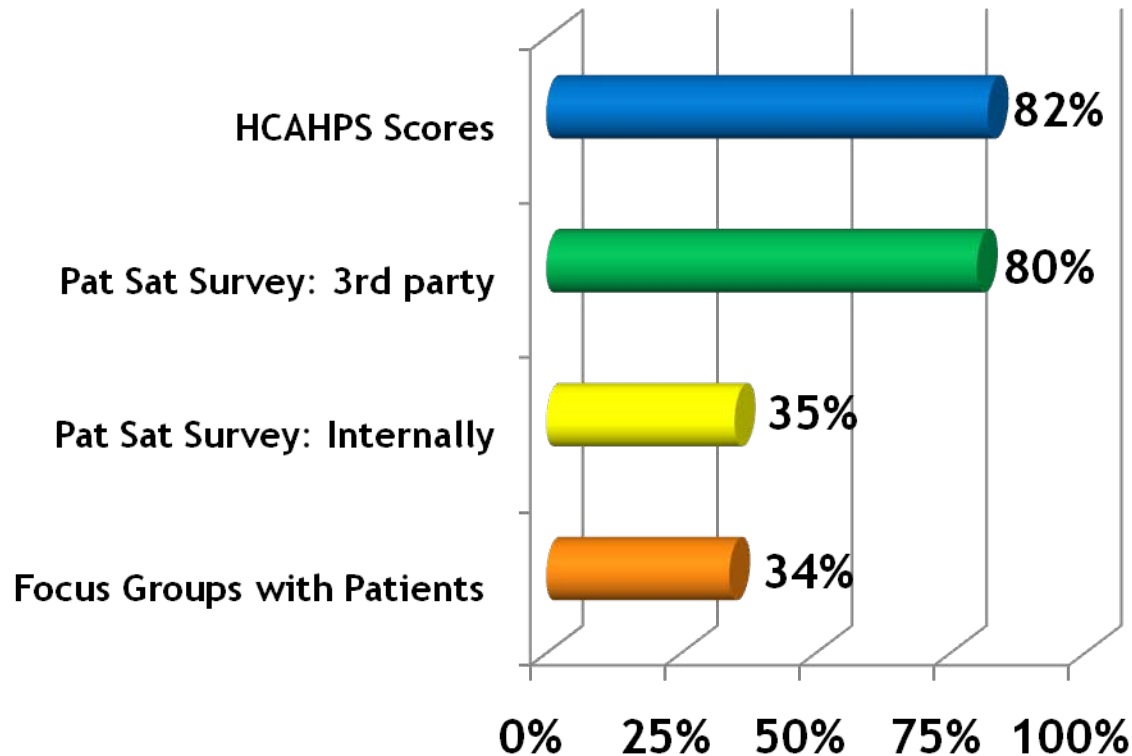


Roadblocks



HCAHPS and Pat Sat surveys done by a 3rd party are being used to measure PE progress.

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



Around 60% reported that actual progress toward PE goals carries a consequence.

Are there any “consequences” associated with the relative degree of success achieved around the “Patient Experience”?

~15%

said PE efforts are tied to Individual Performance Reviews (but not formally to bonuses)

- ***“Patient satisfaction can affect annual evaluations.”***
- ***“It is part of everyone's evaluation.”***
- ***“Consequences are tied to performance reviews. There are no monetary bonuses or penalties.”***

~45%

reported bonuses and incentives being tied to PE scores & measures

- ***“Incentives are given based on Patient Satisfaction scores.”***
- ***“There are consequences related to yearly bonuses.”***
- ***“We have an Employee Incentive Plan that is 100% driven off of patient experience scores.”***

Patient Experience: The 10,000 Foot View

Patient Experience is a top priority among American hospitals and hospital systems.

Hospital professionals are mostly optimistic about the progress being made to improve the PE, but show room to improve

Hospitals are typically addressing the PE with small committees, yet over 1 in 10 have now established a Patient Experience champion role to lead this effort.

Support from senior leadership is the biggest driving force in supporting PE efforts, while cultural resistance stands in the way.

Tactical change is underway and focused on a few key issues, yet there is still a lag in addressing this at the systemic level.

For More Information...

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