TO CARE IS HUMAN:

The Factors Influencing Human Experience in Healthcare Today

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The Beryl Institute is the global community of practice dedicated to improving the patient experience through collaboration and shared knowledge. We define the patient experience as *the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care*.

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A Confluence at the Heart of Healthcare

As one looks at the healthcare landscape today, it is hard to overlook the incredible pressures pushing both from outside and in. This is not a nation-specific phenomenon simply driven by policy or even a reaction to cost constraints or considerations. While those factors are unquestioningly at play, there are even greater issues pushing at the traditional ways of healthcare.

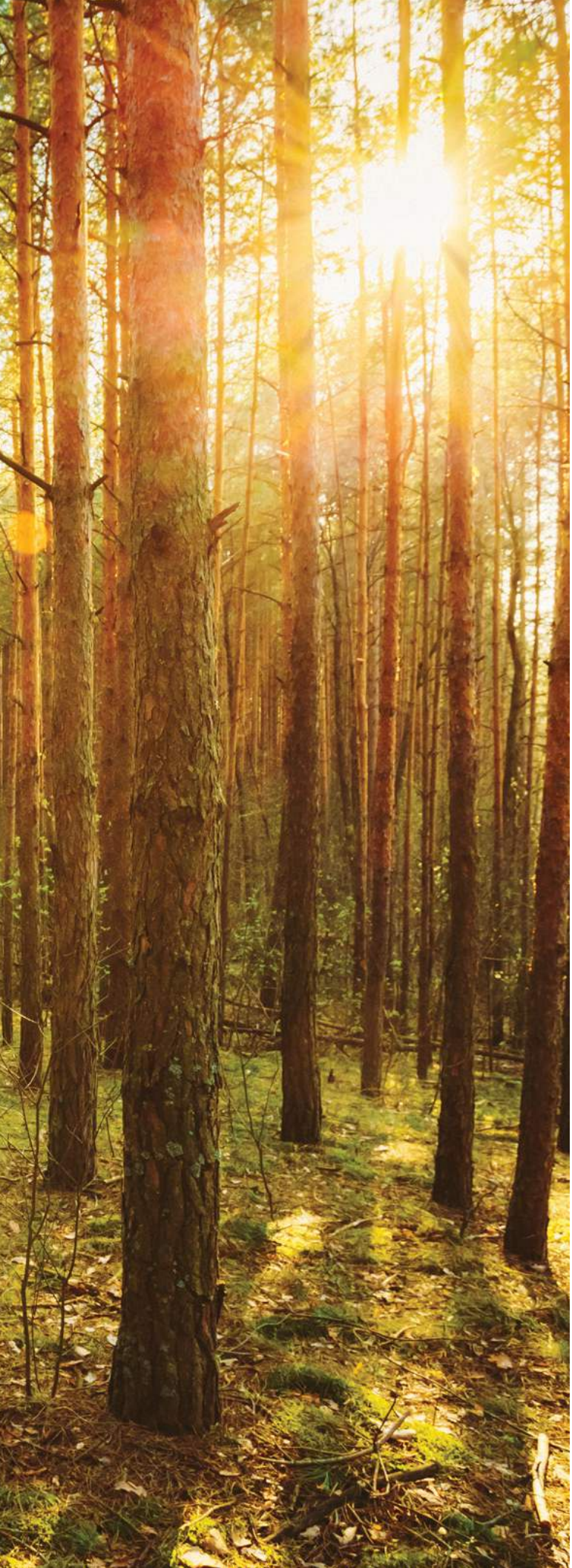
This pressure has given rise to new views on how healthcare can be viewed and the practices through which it can most positively be impacted. It has also given rise to research conducted that has informed the broader global movement on experience in healthcare. In understanding where organizations are focusing to address experience, what consumers have identified as important to their healthcare experience and what key factors are influencing the ability to provide the best in experience, we are reaching a confluence of factors that represent a culmination of history and actions building on the ideas of patients' rights and advocacy, service excellence and now to experience.

This history was not simply linear, but rather, it was expansive and only of late has given rise to broader integrated views of what experience ultimately encompasses in the healthcare environment. This confluence of historical trajectory with expanding perspectives has emerged as the healthcare marketplace itself is facing the very pressures identified above.

In an environment now at a constant tipping point due to the rapidly increasing access to information and a rising tide of consumer awareness and choice, healthcare is being called to act differently, but the system itself was not built for this level of dynamism. Healthcare was built as a transactional business of care delivered by providers to patients. And while these structures and roles reflect the realities of healthcare as it operates, what it missed was the essence of healthcare itself. It is fundamentally grounded in human beings caring for human beings.

This idea then calls for a consideration that healthcare is in fact a relational business. Yet for most of its history, healthcare has built itself on transactions only to be supplemented by the relational aspect of care such as "bedside manner." The fact that these ideas were tangential to the healthcare experience reinforces this point.

In any other industry focused on human beings connecting with human beings, they build the relational construct first only then to be supported by the transactions that are called for. Healthcare has inverted that process to its detriment. For with all the structure and transactional processes healthcare has implemented, the most critical element it has striven to successfully address, quality and safety, remains a challenge today.



From the Roots of a Call to Action

The Institute of Medicine's landmark paper "To Err is Human" released in November 1999 elevated the impact and cost of safety errors in healthcare.[1] It offered, "it is not acceptable for patients to be harmed by the health care system that is supposed to offer healing and comfort." The report acknowledged that errors are most often caused by faulty systems, processes, and conditions that lead people to make mistakes or fail to prevent them, not the recklessness of individuals. This idea that safety was something that could be managed via transactions at that time made sense for the kind of healthcare system that existed. But the causes identified could be seen to have deeper roots.

In 2015, the National Patient Safety Foundation (NPSF, now part of the Institute for Healthcare Improvement) released a study, "Free from Harm: Accelerating Patient Safety Improvement Fifteen Years after 'To Err Is Human'", that reflected on the progress of the safety endeavor since the IOM report. It acknowledged that "the pace and scale of improvement has been disappointingly slow and limited." Adding that patients continue to experience harm in healthcare and calling for more to be done.[2] A similar study conducted by the Health Foundation in the UK at the same time came to the same conclusion for the NHS system as well. This reality, that as much as safety was raised as an opportunity to address, movement was slow at best, was further reinforced by data presented by a follow-up study by IHI, NPSF and NORC at the University of Chicago in 2017 that reported overall, 2 in 5 Americans said they either personally experienced a medical error or had a medical error occur in the care of someone close to them.[3]

This number – 40% of people have some level of experience with medical error – is even more significant recognizing it was an issue that was elevated almost 20 years earlier. While there have been documented improvements in safety, this result raises questions. What does this say about healthcare's capacity to drive improvement overall? Or rather what might it suggest about healthcare's understanding of where it needs to focus in driving lasting and sustained improvement? The reality here raises the question of a transactional response to a relational industry. Is that where opportunity can be found?

In this same time span, The Beryl Institute worked to expand the idea of experience forming as global membership community in 2010 and defining experience as "the sum of all interactions shaped by an organization's culture that influence patient perceptions across the continuum of care." This definition makes explicit the very relational nature healthcare is fundamentally built on. It is the sum of all interactions – human beings to human beings – not transactions. It is grounded in the type of organizations that are built, behaviors espoused, expectations modeled and actions ensured. That is the culture of the organization itself.

The opportunity now is moving healthcare away from simply a focus on error reduction to a focus on care expansion.

And for all healthcare has done to build protocols for success, the initiative mindset hasn't allowed for sustained success. The NPSF report suggests these ideas begin to be reinforced with an acknowledgement of culture. That is the foundation on which any successful endeavor must be built. It must reach across the entire care continuum, meaning if systemic solutions are not identified, we find ourselves in a game of quick fixes, reactionary actions and improvement "whack-a-mole". It is grounded in the support for the care team and partnership with patients and families, reinforcing the importance of interaction and ultimately the perceptions and engagement of those being cared for.

It is this systemic and relational solution that has us look beyond simply a quality/safety mindset to a view on experience held by the users of healthcare every day. That quality, safety, service, cost and the litany of all the other things they encounter before, during and after a clinical experience are ALL part of their experience. It will take the breadth and depth of this perspective to truly drive the needed outcomes called for in the original 1999 IOM report. The opportunity now is moving healthcare away from simply a focus on error reduction to a focus on care expansion.

Healthcare must be redesigned to ensure that caring is the cornerstone on which it is built. This is not a conversation on experience as a nice thing to do, satisfaction or service. Rather, it is grounded on all that impacts a patient's engagement with the healthcare system, all that consumers are now asking to see, and all the reasons people providing care choose healthcare as a place of work. That is the opportunity on which a new effort in healthcare must be built at the very confluence of factors we described above. It is grounded in the insights collected, the stories so many have shared and the hope that has driven this aspiration for improvement over these last 20 years.

From the State of Experience to a Challenge from Consumers

As we have travelled this journey at The Beryl Institute, we have intentionally and consistently taken the pulse of the healthcare system and its commitment to the experience conversation. In just these last eight years we have been encouraged by an evolution that has elevated the conversation on experience from one focused on addressing satisfaction surveys to one understanding the broader implications for action overall.

It should be made clear up front that this conversation is not about simply improving survey results. It has never been nor will ever be. While surveys driven by policy have motivated or at least pushed some to action in places such as the United States, it is evident in our work that the experience conversation is an epidemic of hope for what is possible in healthcare. This conversation has worked to elevate and expand a conversation on action and priorities. This priority was revealed in data as well.

A commitment to experience in concept has been high on leadership's list of priorities over the last eight years as documented in The Beryl Institute's biennial research into the state of patient experience.[4] But it is how leaders and organizations have shifted their perspective on what experience is and must be that is encouraging. From the transactional ideas of reducing noise as a priority in 2011 to the relational concept of engagement in 2017, healthcare organizations globally identified the fastest growing areas of focus in driving experience efforts as the engagement of their staff, team and/or associates and increasing the means by which they engaged patient and family voice. (Figure 1) They also acknowledge these efforts remain works in progress.

The engagement of staff and associates is being driven by a greater focus on team work, collaborative and interdisciplinary work environments and efforts and greater support efforts for staff in consistently stressful environments. The engagement of patients and families is moving beyond the idea of simply creating patient and family councils for gathering patient input to creating active partnerships reaching from board level contributions to operational endeavors to bedside practices.

FIGURE 1.
Top priorities in addressing PX from 2017 State of PX Study

The recognition of the relational nature of healthcare was further reinforced in the 2018 research into consumer perspectives of patient experience conducted by The Beryl Institute.[5] The answer to the question "Does patient experience matter at all to consumers?" was met with a resounding yes. But more than the question of "if" patient experience mattered, the biggest discovery was in the "what" mattered most to healthcare consumers. The factors that rose to the top were 1) being listened to, 2) being communicated to clearly in a way they could understand and 3) being treated with courtesy and respect. While these top items reinforced the relational nature of healthcare, consumers also shared that this was not simply about being nice to them. Rather, consumers reinforced that their engagement in healthcare was first and foremost

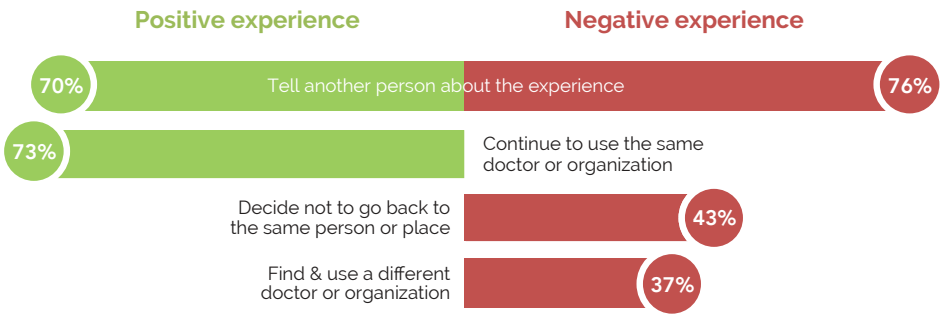


FIGURE 2.
What consumers do as a result of a healthcare experience

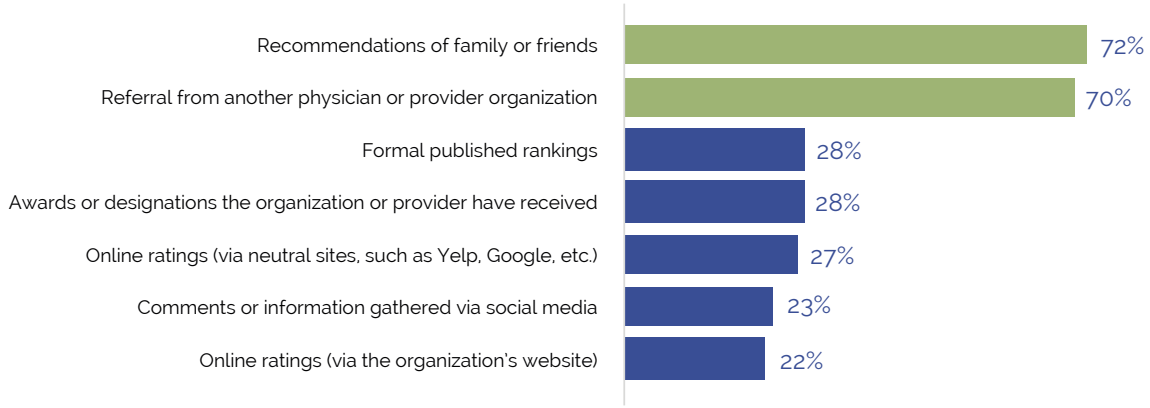


FIGURE 3.
What consumers say drive healthcare decisions

about their own health and well-being. They want and expect healthcare organizations to provide a level of confidence in their abilities. This underlines that consumers expect quality, safe and clinically-sound care. Care that does not harm and care that heals.

The implications of the consumer responses went farther as well. Consumers were clear in not only revealing what was important to their experience, but also in what they would do as a result of the experience they had, good or bad. At the top of the list in both cases is they would share their stories with others. Then, good experiences ensure loyalty in over 70% of the cases with consumers saying they would stay with that particular doctor or organization, with poor experience resulting in 4 in 10 consumers looking elsewhere for care (Figure 2). Ultimately, when asking what would drive consumers' decision-making, the top item they shared was the recommendations they received from others (Figure 3). That is, the stories others have to tell about their own care experience. Bottom line is: the experiences healthcare organizations create either build or erode loyalty and drive consumer choice. The ripple effect is significant and the realization that this is a relational business is only strengthened.

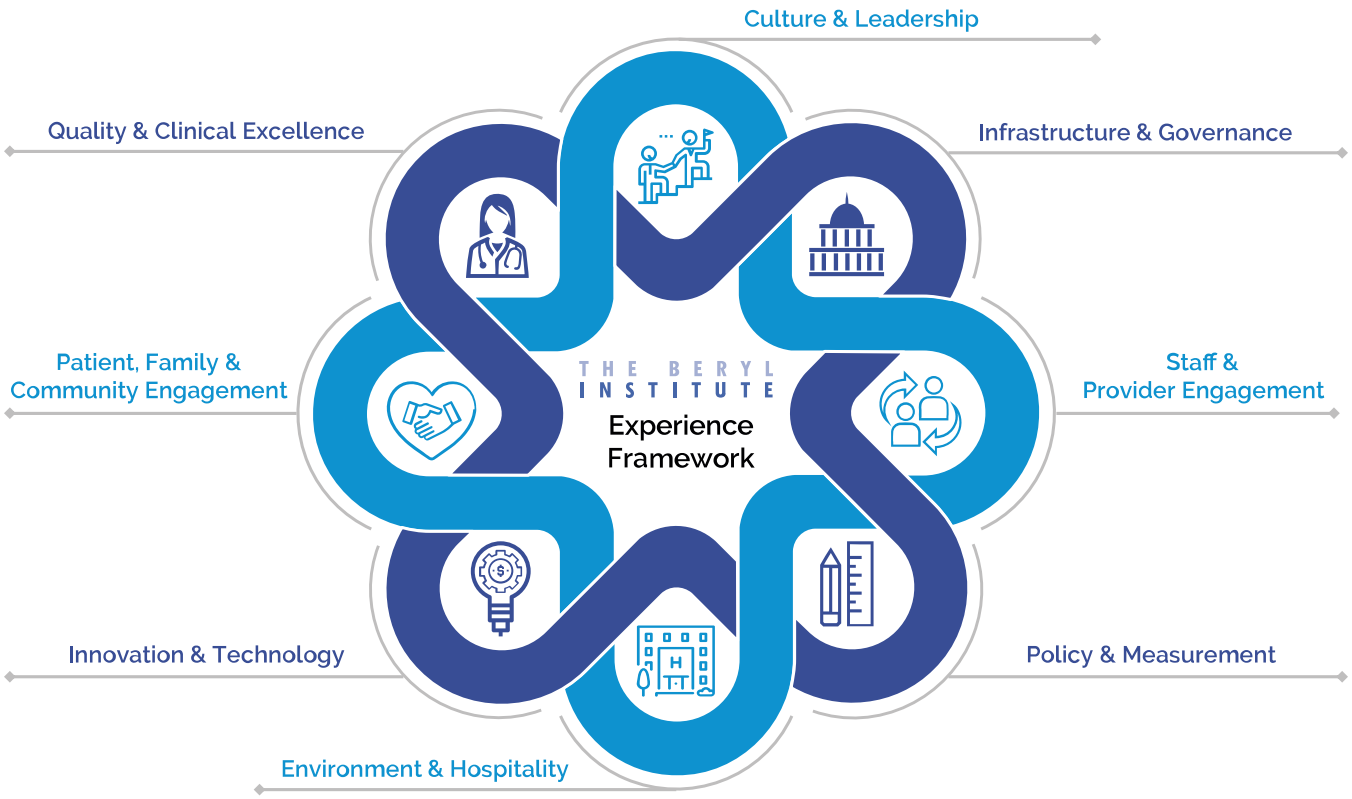


FIGURE 4.
Experience Framework

A Framework for Experience

In reinforcing the relational aspects of healthcare from both the organizational and consumer perspective, we too saw the opportunity to expand the framework for what an integrated view of experience truly encompasses. From stories shared and data collected, and with the voices of those living this work on a daily basis, 8 strategic lenses were identified representing a holistic and integrated view of the human experience in healthcare. This framework represents a reframing of how experience traditionally has been viewed and underlines the relational and systemic perspectives needed to achieve the very outcomes called for in the original IOM report. If we believe to care is human, then a model for all that goes into the care process, the experience one has across the healthcare landscape, becomes foundational in framing strategy and future action.

The 8 lenses of the experience framework (Figure 4) cover the breadth of what an overall healthcare experience encompasses. It pushes past the clinical actions, or the moments framed by the start and end of a clinical encounter, to the broader range of touch points and influencers on the overall experience one has in healthcare. The lenses provide a dimensionality that engages the line of sight of someone encountering the system from the outside in, the relational nature of healthcare, versus built from the inside out as healthcare has historically shaped itself.

For each lens, a statement on why they should be considered strategically as part of the healthcare experience is provided (Table 1). The statement is not intended to define the lens, rather, it underlines the significance each lens contributes to experience overall.

Another value of a framework such as this beyond helping to shape strategic focus is both its capacity to link resources and solutions to strategies and needs and the structure it provides for further exploration and research. It was the experience framework that provided structure for the study of the influence factors on patient experience shared below. The findings of the study reinforce the pattern seen emerging in the current work to address experience in healthcare. The core issue in healthcare is how we engage as people – the interactions we create – based on and enabled by an organization's culture. This is the essence of the definition of patient experience and rests squarely at the heart of any healthcare organization's effort to achieve its desired goals.

Strategic Lenses	Why
Culture & Leadership	The foundation of any successful experience effort is set on who an organization is, its purpose and values, and how it is led.
Infrastructure & Governance	Effective experience efforts require both the right structures and processes by which to operate and communicate and the formal guidance in place to ensure sustained strategic focus.
Staff & Provider Engagement	Caring for those delivering and supporting the delivery of care and reaffirming a connection to meaning and purpose is fundamental to the successful realization of a positive experience.
Policy & Measurement	Experience is driven and influenced by external factors and systemic and financial realities and requires accepted and understood metrics to effectively measure outcomes and drive action.
Environment & Hospitality	The space in which a healthcare experience is delivered and the practices implemented to ensure a positive, comfortable and compassionate encounter must be part of every effort.
Innovation & Technology	As a focus on experience expands, it requires new ways of thinking and doing and the technologies and tools to ensure efficiencies, expand capacities and extend boundaries of care.
Patient, Family & Community Engagement	Central to any experience effort are the voices of, contributions from and partnerships with those receiving care and the community served.
Quality & Clinical Excellence	Experience encompasses all an individual encounters and the expectations they have for safe, quality, reliable, and effective care focused on positively impacting health and well-being.

TABLE 1.
Eight Strategic Lenses of the Experience Framework

Exploring the Influence Factors on Experience

In acknowledging the improvement challenges healthcare has faced, understanding the priorities for healthcare organizations on improving experience and identifying the key drivers for consumers in engaging in healthcare experience, we believed there was one more piece to complete the puzzle. From the perspectives of those driving efforts to positively impact the experience in healthcare, what factors did they believe have the greatest impact on a positive experience? The study, supported by our research partner Siemens Healthineers, was intended to answer a simple question: "To what extent does a comprehensive list of factors impact the patient experience?" In looking to understand what these individuals believed had greatest impact, clear opportunities for action were elevated and broader discoveries on what is most important in efforts to positively impact patient experience were reinforced.

Process and Methodology

The initial foundation for the inquiry was established in a focus group of global healthcare professionals and patient and family members convened in Spring 2018. The group was asked to first reflect on and discuss a framing question, "When you hear the term 'influence factors of patient experience' what does that mean to you? What does it and should it include?" This discussion was further supported by exploring the core elements of the emerging experience framework to identify items in each of the strategic lenses for exploration. From culture to environment, engagement to quality, core ideas were flushed out that would help frame a broader question set for the inquiry.

Part of this effort was also to understand in what way this information, once collected, would be most useful. That initial focus group believed, as this paper attempts to reflect, that a conversation on influence factors needs to be provided in the broader context of the realities of healthcare today. The hope was that the study became not just another means to identify factors but to tell a broader story about the opportunity we have in ensuring a true focus on experience in healthcare.

The survey process itself was conducted online during the month of July 2018. Two pools of respondents were identified. The first, a general response group, was comprised of members of The Beryl Institute's global community. Respondents represented a number of groups including: Healthcare Administration/Senior Leader, Non-clinical Healthcare Team Member, Clinical Provider (Nurse, Physician, etc.), Patient/Family Member/ Healthcare Consumer, Consultant and Vendor/ Resource Provider. Respondents self-identified when completing the survey. The resulting sample of respondents represented 1478 individuals across all roles. The breakdown of titles is represented in Figure 5. The respondents came from 19 countries with non-US responses representing 16% of the sample size.

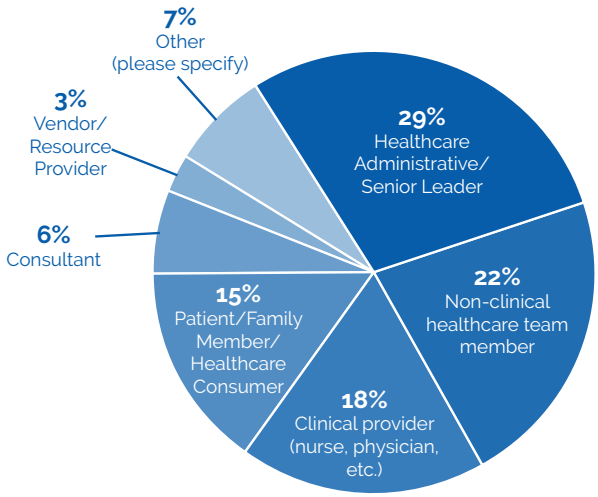


FIGURE 5.
General Response Group Roles

The second respondent group represented high performing healthcare units. Organizations across the United States were invited to identify specific units in their organization who had consistently scored in the top percentage of 9-10 on the overall rating question of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey (or equivalent). The invitation asked for organization's help to "identify a selection of high performing units or departments across your entire organization in which the leader(s) would be willing to respond to a quick 5-minute survey. Acknowledging CAHPS surveys are just one indicator of success, for control purposes, high performing units/departments

were defined as those that have achieved and sustained a score of a '9 or 10' on the CAHPS question regarding 'overall rating' over the last 6 months of data you have collected."

In using this data point, the study looked for those units consistently scoring high in this "top-box" score. The process also recognized, that as not all organizations were hospitals or participated in the CAHPS survey, this could not be decided simply on a percentile ranking but the assessment of the organization on who best represented these data parameters. From the pool of respondents identified, 294 responses from high performing units representing 175 healthcare organizations were collected.

Survey respondents were asked to rate 37 items based on the question: *"To what extent do you believe the following items have an influence on patient experience?"* The items were short descriptions that were clear and concise leaving some room for respondent interpretation, but it was believed the terms were clear and concise enough to ensure consistency in responses. The items to be rated were also aligned with the Experience Framework and associated to one of the eight strategic lenses (Figure 6). This alignment was not made explicit to the respondents, but rather put in place for analysis and sorting purposes after the data were collected.

Strategic Lenses	Associated Influence Factors
Culture & Leadership	› Commitment of leadership to experience efforts › Previous encounters an individual has with a healthcare organization or care provider
Infrastructure & Governance	› Appointment scheduling process › Billing and payment process › Check-out/discharge process › Ease of access to care › Pre-appointment communication/education › Wait time to see care provider once at appointment
Staff & Provider Engagement	› Clinical team well-being › Engagement level of employees › Teamwork among the care team
Policy & Measurement	› Access to real-time feedback from patients › Experience with/direction from insurance providers › External ratings, rankings or reviews › Government regulations or requirements › Overall cost of a care encounter
Environment & Hospitality	› Amenities (such as valet parking and room service) available › Cleanliness of facility › Clear signage and wayfinding › Comfort of diagnostic/testing experience › Noise level in facility
Innovation & Technology	› Access to digital/electronic interfaces such as phone-based applications or patient portals › Access to patient friendly technology › Access to the newest technology › Electronic access to personal health information › Open access to personal health records
Patient, Family & Community Engagement	› Effective communication with patients/families › How patients/families are personally treated › Opportunity for a patient to ask questions of care provider/organization › Partnering with/engaging patients and families
Quality & Clinical Excellence	› Clinical outcomes of the prescribed treatment/therapy › Communication/education about prescribed medications › Coordination of care during and between encounters › Effectiveness of diagnostic/testing experience › Management of pain in a serious and responsible way › Post appointment/post discharge follow-up › Quality/safety practices evident during a care encounter

FIGURE 6.
Influence Factors Aligned to Experience Framework.

Influence Factors on Patient Experience

To understand what people found to be the most significant influence factors, both the general respondent pool and high performing unit group data sets were reviewed. As each item was individually scored, it is important to note that respondents were not asked to rank the items as one list, but rather respond to and score each item individually. The level of importance reported below was determined by the percentage of respondents identifying an item either of great or greatest importance. With that consideration, a ranking was created to understand what was most important to both pools of respondents, and consistencies and differences were noted. The findings below will provide insights into what was learned through the voices of our contributors.

A clear priority on greatest strategic importance and an opportunity for focus

In analyzing the responses to the factor ratings, the first step looked to determine if there were any trends in how respondents' answers were aligned to the strategic lenses of experience. As each item was aligned to a strategic lens, a general score could be determined to understand which lenses the respondents identified as most influential. What was found was a shared priority between both respondent groups. The lens *Staff & Provider Engagement* led in terms of greatest importance in influencing patient experience followed closely by *Patient, Family & Community Engagement*. This was aligned with the two specific factors rated highest by both groups – "How patients/families are personally treated" and "Effective communication with patients/families."

The deeper alignment of these findings with other recent research conducted from the perspective of healthcare consumers will be explored below, but what these findings were consistent with and reinforced was that staff and employee engagement was also the largest growing and leading priority focus for healthcare organizations addressing patient experience as reported in the study State of Patient Experience 2017. Over a year after those results were released the trend seems to be holding.

In moving beyond the top strategic lens, there was consistency in both the general and high performing respondents in all top 4 strategic lenses (Figure 7), and while they ranked in slightly different orders, the top areas people felt had the greatest impact on experience across all respondents were:

- Staff & Provider Engagement
- Patient, Family & Community Engagement
- Quality & Clinical Excellence
- Culture and Leadership

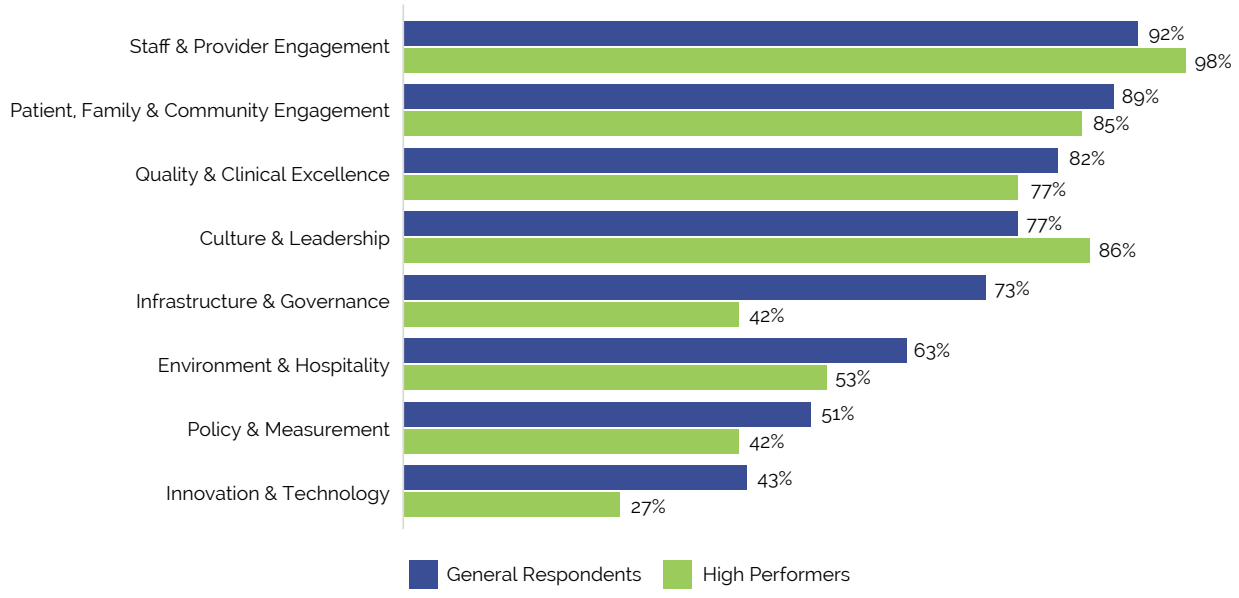


FIGURE 7.
Ranking of all 8 Strategic Lenses

To identify some subtle but important differences, while both groups of respondents rated *Staff & Provider Engagement* on top, high performers rated *Culture & Leadership* as their second most important item at 9 percentage points higher than general respondents. This was closely followed by *Patient, Family & Community Engagement* which was the second highest rated by the general respondent group, while just slightly below *Culture & Leadership* for high performers.

At the other end of the spectrum, there was a significant drop in importance for the last two rated items – *Policy & Measurement* and *Innovation & Technology*. These were the lowest rated strategic lenses for both groups of respondents and they were both significantly lower for the high performing respondents. This raises a critical issue and an opportunity for healthcare. First, policy continues to drive experience decision-making in organizations, primarily in the United States which is where the high performer respondent pool was selected. Also, innovation and technology have in many cases been applied in healthcare as a separate and distinct effort from experience. It is clear that high performers, those individuals operating daily at the point of care, feel removed from the larger strategic implications of both of these items.

The fact that these items are rated low by the general respondent pool is significant, as well as this group includes a broader range of respondents inclusive of healthcare leaders and administrators. This represents a significant opportunity in looking to what it will take to create a comprehensive, integrated and sustained experience effort in organizations in the years ahead. Policy will continue to have its impacts as it dictates how national systems and healthcare organizations prioritize action. Measurement will be critical, not simply in identifying standardized results such as with the collection of Consumer Assessment of Healthcare Providers and Services (CAHPS) surveys in the United States, but more so there should be an expansion in measurement to show the true outcomes from actions taken to drive experience success. This focus will be a must in reinforcing and driving experience efforts forward in the years ahead.

Similarly, the rating of *Innovation & Technology* should be considered only partly a story of importance and partly cause for reflection. Today's rapidly changing healthcare environment calls for new ways of being, acting, thinking and engaging and will require innovation and new technologies to elevate and expand the experience landscape.

This data point reveals an opportunity and a point of caution for healthcare. Where technology, particularly in recent years, has been associated with ideas such as electronic medical records and large technology implementations that had care providers feel pushed away from those they cared for, innovation and technology will soon become the primary driver and significant means by which healthcare consumers will connect with consumers of care as it has already done in many other consumer-facing industries. Healthcare should proceed with caution, consider what the data reveal and, in particular, work to recognize how technology and innovation will be part of healthcare experience into the future.

Top rated influence factors recognize both sides of the care equation

In comparing those items rated as the most important influence factors by both respondent groups, as mentioned above, the top items focused on how people are treated and how they are communicated with. Not only were the factors – 'How patients/families are personally treated' and 'Effective communication with patients/families' – the top two for both groups, they were rated much higher than most of those items that followed.

From that point, the order of the top ten items (Figure 8) diverged slightly between the groups, but seven items were aligned in the top ten for both groups. The remaining five found in both respondent groups included:

- Teamwork among the care team
- Engagement level of employees
- Opportunity for a patient to ask questions of care provider/ organization
- Partnering with/engaging patients and families
- Management of pain in a serious and responsible way

In looking at the composition of these additional five, you see three main themes that build on the previous insights. The first, a focus on the needs of those being served, the second, the culture of the care team, and the third, an awareness of the personal, clinical health needs of the patient. This reinforces the thematic discoveries seen in the strategic lens analysis where staff engagement, patient and family engagement, culture and quality and clinical excellence were top priorities.

Where the two groups diverge in the top ten are reflective of the composition of the groups themselves. As the high performers represented the viewpoints of those leading at the point of care, their focus on team well-being, leadership engagement and an evident commitment to quality and safety make sense. Likewise, for the general group, which

GENERAL RESPONSES

Factor Description	Great + Greatest %	Greatest %
How patients/families are personally treated	97%	81%
Effective communication with patients/families	97%	81%
Opportunity for a patient to ask question of care provider/ organization	95%	58%
Coordination of care during and between encounters	93%	54%
Teamwork among the care team	92%	54%
Engagement level of employees	92%	55%
Ease of access to care	90%	44%
Management of pain in a serious and responsible way	88%	42%
Partnering with/engaging patients and families	88%	50%
Cleanliness of facility	84%	35%

HIGH PERFORMER RESPONSES

Factor Description	Great + Greatest %	Greatest %
Effective communication with patients/families	99%	79%
How patients/families are personally treated	99%	89%
Teamwork among the care team	98%	83%
Engagement level of employees	97%	77%
Clinical team well-being	96%	56%
Quality/safety practices evident during a care encounter	93%	57%
Opportunity for a patient to ask questions of care provider/ organization	92%	57%
Commitment of leadership to experience efforts	92%	57%
Partnering with/engaging patients and families	91%	62%
Management of pain in a serious and responsible way	84%	35%

FIGURE 8.
Top ten rated influence factors per respondent group

GENERAL RESPONSES

Factor Description	Great + Greatest %	Greatest %
Communication/education about prescribed medications	83%	34%
Quality/safety practices evident during a care encounter	81%	41%
Commitment of leadership to experience efforts	79%	42%
Appointment scheduling process	79%	28%
Clinical outcomes of the prescribed treatment/therapy	78%	34%
Effectiveness of diagnostic/ testing experience	78%	27%
Check-out/discharge process	77%	30%
Previous encounters an individual has with a healthcare organization or care provider	76%	27%
Wait time to see care provider once at appointment	75%	27%
Clinical team well-being	75%	26%

HIGH PERFORMER RESPONSES

Factor Description	Great + Greatest %	Greatest %
Coordination of care during and between encounters	88%	45%
Clinical outcomes of the prescribed treatment/therapy	82%	33%
Access to real-time feedback from patients	79%	36%
Cleanliness of facility	78%	30%
Communication/education about prescribed medication	77%	33%
Ease of access to care	76%	30%
Check-out/discharge process	72%	27%
Previous encounters an individual has with a healthcare organization or care provider	70%	21%
Effectiveness of diagnostic/ testing experience	64%	21%
Comfort of diagnostic/testing experience	60%	18%

brought perspectives of leadership and other healthcare roles, the remaining top items were more process-oriented including coordination of care, ease of access and cleanliness. It should be noted that the three items specific to each group's top ten items all appeared in the next ten items identified as a priority by both groups.

In continuing the review of the findings to the remaining items, there continues to be relative alignment to priorities. For the items rated by both groups as 11 to 20 overall (Figure 9), they represent a greater amount of process-focused factors, such as communication about medications, discharge process and effectiveness of the diagnostic process. In contrast, the focus on process items versus personal items continues to distinguish the groups as well, with the general group elevating process issues such as scheduling and wait time, while those high performers at the point of care focused more on access to real-time feedback and comfort issues. The trend reinforced here is that those closest to the point of care are reflecting greater importance for those items most related to the interactions they have, while those farther removed from the point of care identify with the processes that ensure better care.

This distinction is important to note and perhaps an unintentional finding in this work. For those who administer healthcare there is a focus on process and effectiveness, while for those directly delivering care, it is a focus on connection and comfort. This does not suggest one is better than the other, but it does elevate the opportunity for each group to understand the lenses by which the other most often approaches this work. It also helps create a shared understanding of priorities and perhaps even bridge the gaps of disconnect that may often appear from those leading and delivering care in the day-to-day work of healthcare.

FIGURE 9.
Influence factors rated 11-20 per respondent group

GENERAL RESPONSES

Factor Description	Great + Greatest %	Greatest %
Post appointment/post discharge follow-up	75%	23%
Comfort of diagnostic/ testing experience	74%	23%
Clear signage and wayfinding	69%	24%
Pre-appointment communication / education	68%	19%
Billing and payment process	62%	19%
Access to real-time feedback from patients	61%	22%
Access to patient friendly technology	56%	17%
Overall cost of a care encounter	54%	17%
Noise level in facility	53%	12%
Electronic access to personal health information	43%	9%
Open access to personal health records	42%	11%
Experience with/ direction from insurance providers	40%	9%
Access to digital/ electronic interfaces such as phone-based applications or patient portals	40%	9%
Access to the newest technology	37%	8%
Amenities (such as valet parking and room service) available	36%	8%
External ratings, rankings or reviews	30%	5%
Government regulations or requirements	28%	6%

HIGH PERFORMER RESPONSES

Factor Description	Great + Greatest %	Greatest %
Noise level in facility	50%	13%
Wait time to see care provider once at appointment	46%	16%
Post appointment/post discharge follow-up	45%	13%
Pre-appointment communication / education	43%	12%
Clear signage and wayfinding	39%	11%
External ratings, rankings or reviews	38%	7%
Amenities (such as valet parking and room service) available	37%	11%
Access to the newest technology	36%	8%
Access to patient friendly technology	36%	12%
Appointment scheduling process	30%	8%
Access to digital/ electronic interfaces such as phone-based applications or patient portals	23%	4%
Electronic access to personal health information	22%	4%
Overall cost of a care encounter	21%	5%
Billing and payment process	20%	4%
Government regulations or requirements	19%	3%
Open access to personal health records	18%	2%
Experience with/ direction from insurance providers	17%	4%

FIGURE 10.
Influence factors rated 21-37 per respondent group

This trend holds true through the remainder of the factors explored (Figure 10) and reinforces the overall scoring determined in evaluating the strategic lenses of experience. The lower rated items tended to be about infrastructure (such as wayfinding), process focused communication (such as post discharge follow-up) and technology (e.g., access to patient-friendly technology).

What stands out in the evaluation of these ratings is the divergence in scored level of importance between the two groups. The general group went much deeper in the list, though 29 of 37 items before the combination of "great + greatest %" scores dipped below 50% of respondents. For the high performers, this threshold was reached after the first 21 items. This could be interpreted as a clearer focus on what is important for those at the point of care perhaps due to the nature and scope of their work.

More so, this raises an interesting insight if you were to prioritize what items have the greatest potential impact from those providing care in both groups. Only seven of the 37 items in the general group have a majority of respondents rating it of greatest importance." For the high performers, nine of the 37 are rated above 50% (See Figure 9 above). Of all the items rated, only four between both groups had at least 75% of respondents rating it "of greatest importance." Again, they are:

- Effective communication with patients/families
- How patients/families are personally treated
- Teamwork among the care team
- Engagement level of employees

What this reinforces is a fundamental, often overlooked influencer in healthcare: that the things often relegated to "soft" stuff may be the most influential factors overall in the outcomes healthcare organizations look to achieve. This inquiry wasn't about what made people happy, but what ensured the best in experience. The responses collected reinforce a shared understanding across over 1500 individuals representing hundreds of organizations. What they are saying is that these concepts are not just nice to do, but they are truly the fundamental influencers in a positive patient and family experience.

A linkage to consumer perspectives

Of significant importance in this inquiry is also what the findings reinforce. The top items identified as influence factors by practitioners of healthcare, that is, the things they know are both right to do and have an impact on those they serve, were the very items consumers have raised as important as well. What this shows is something powerfully simple in its discovery: that the things those delivering healthcare believe are important to a positive experience are the very things those engaging in healthcare seek to receive. Perhaps it is the simplicity of this idea that gets in the way of its success. Those in healthcare know what is right and needed. They now just need the space to ensure it can happen.

The study *Consumer Perspectives on Patient Experience 2018*[5] found that top-rated items of importance to consumers were, in order, 'listen to you', 'communicate clearly in a way you can understand' and 'treat you with courtesy and respect'. The most significant realization in this finding in comparison to what were identified as top influence factors was that not only were the top items nearly identical, in essence effective communication and respectful treatment, but also that these items scored significantly higher response percentages in both studies having them stand out clearly on top in both surveys and from two very distinct respondent groups.

This consistency in responses didn't end in the top items either. In comparing the top ten items by rating for both respondent groups in the influence factors study and the consumer perspectives study, eight items were aligned between general respondents and the consumer ratings and six between high performer respondents and the consumer ratings. Among these items appear quality excellence and expectations, care coordination, a clean and comfortable environment and effective processes such as access and scheduling.

This alignment between voices on both sides of the care equation reinforce a key point discussed earlier. That is, if healthcare is about human beings caring for human beings, then the assumption would be that perspectives shared, regardless if from those receiving or delivering care, should be aligned to some extent. As human beings in relationships, all individuals seem to have the same wants and needs and possess an inherent understanding that those are the wants and needs of others.

GENERAL RESPONSES		HIGH PERFORMER RESPONSES		CONSUMER RESPONSES	
Factor Description	**Great + Greatest %**	**Factor Description**	**Great + Greatest %**	**Factor Description**	**Great + Greatest %**
How patients/ families are personally treated	97%	Effective communication with patients/families	99%	Listen to you	95%
Effective communication with patients/families	97%	How patients/ families are personally treated	99%	Communication clearly in a way you can understand	95%
Opportunity for a patient to ask questions of care provider/organization	95%	Teamwork among the care team	98%	Treat you with courtesy and respect	95%
Coordination of care during and between encounters	93%	Engagement level of employees	97%	Give you confidence in their abilities	94%
Teamwork among the care team	92%	Clinical team well-being	96%	Take your pain seriously	93%
Engagement level of employees	92%	Quality/safety practices evident during a care encounter	93%	A healthcare environment that is clean and comfortable	94%
Ease of access to care	90%	Opportunity for a patient to ask questions of care provider/organization	92%	Provide a clear plan of care and why they are doing it	93%
Management of pain in a serious and responsible way	88%	Commitment of leadership to experience efforts	92%	Ask questions and try to understand your needs and preferences	92%
Partnering with/ engaging with patients and families	88%	Partnering with/ engaging patients and families	91%	The ability to schedule an appointment or procedure within a responsible time period	93%
Cleanliness of facility	84%	Management of pain in a serious and responsible way	89%	A discharge/check out process in which your treatment plan and/or next steps in care are clearly explained	92%

FIGURE 11.
Top ten influence factors compared to top priorities for consumers[5]

An evolving opportunity

It remains evident that those in healthcare have still struggled to consistently achieve the outcomes they strive for in healthcare today. It may be that the work of healthcare has created processes and protocols that have led the system further from the simple reality discovered here. That is, if healthcare let people do what they clearly know others want, it may find the clearest path with the least resistance to achieving all healthcare aspires to achieve. Could this be, in essence, what has been undermining the roots of the very calls to action for safety discussed to open this paper? As some improvement has been realized in recent years, the results remain unsatisfactory to most. While there is little disagreement about what is important, the results remain disappointing for many. So again, has the simplicity of what this moment affords in understanding the aligned perspectives captured here been missed? If people are allowed to do what they know is right and are provided the freedom to do so willingly, will healthcare be better served overall? And what will it take to improve the whole of experience as expressed – an integrated effort to address the quality, safety, service, cost and outcomes that matter to all engaged?

This discovery may be perhaps better identified as a reinforcement of what has been understood to be true at the core of healthcare from the start before it was over-designed, over-processed, and over-managed. This discovery also provides an opportunity to cut through the complicated and dynamic state of healthcare to frame a clear set of actions that can help realize desired results.

This realization has been seen both in the work of The Beryl Institute in the last eight years as the issues of culture and people have risen steadily in recognized importance as seen in the series of State of Patient Experience studies[4] and in cases, proven practices and shared stories from high performing organizations. With this, it is also fair to suggest that process improvement can and will only be as successful as the foundation on which the improvements are enacted. Without a strong foundation of people and culture, improvements have no place to ultimately stand, take root and grow.

> The things those delivering healthcare believe are important to a positive experience are the very things those engaging in healthcare seek to receive.

Implications for Healthcare and the Human Experience

This shift in perspective brings this conversation full circle, to the report mentioned to open this paper, "Free from Harm: Accelerating Patient Safety Improvement Fifteen Years after '*To Err Is Human*'" published by the National Patient Safety Foundation (NPSF).[2] The paper acknowledged that by some measures safety improved in the fifteen years since *To Err is Human* was first published in 1999, but also recognized the short-comings elevated in the rapidly changing and dynamic healthcare environment faced today. More importantly, the paper began to address a needed shift in perspective if healthcare is to really tackle its systemic problems.

It should be made clear that the focus and intent of the NPSF paper remained on what can be done to address the safety issue in healthcare. This is an item that most would support is in need of attention. Yet the question remains: Is this solo focus alone going to change the fundamental issues first raised now almost 20 years ago? As the paper mapped out what it suggested are the lessons learned and opportunities discovered since the 1999 report, it offered eight recommendations to accelerate progress:

1. Ensure that leaders establish and sustain a safety culture
2. Create centralized and coordinated oversight of patient safety
3. Create a common set of safety metrics that reflect meaningful outcomes
4. Increase funding for research in patient safety and implementation science
5. Address safety across the entire care continuum
6. Support the health care workforce
7. Partner with patients and families for the safest care
8. Ensure that technology is safe and optimized to improve patient safety

What stands out in these recommendations is both the opportunity for impact and the challenge of scope. This suggests that progress has been too little, but not due to too little effort. In these recommendations broader ideas were raised about culture, measurement, workforce support and patient and family partnership. Interestingly enough, these are the same critical concepts elevated by the participants in the Influence Factors study. And in that, perhaps, is where the real opportunity for improvement and experience excellence is found.

The pathway to the best outcomes in experience – inclusive of quality, safety, service, cost and more – requires a broader lens focused on the fundamentals of what healthcare organizations know they need to do. The effort must also work to address both the needs of those healthcare organizations serve and reinforce what these organizations and the people that comprise them know are the right and good things to do. The findings in this study provide a culmination of research efforts that frame those very actions.

A roadmap for excellence in human experience

In reviewing the history, the research and this new data, perhaps the fundamental opportunity is in returning to the idea of the humanity at the heart of healthcare. From this foundation, building a plan of action becomes easier and clearer. In the data from the study and the alignment with consumer voices, a set of concepts have been elevated that are designed not only at improving safety and quality outcomes but are actions offered to build the kind of healthcare organizations that will deliver on the safe, quality and person-centered care all people expect and deserve.

From the data, items were aligned with the strategic lenses of the experience framework to offer both structure and the opportunity for prioritization and focus. The call to action is framed by an intentional and integrated view of healthcare experience, of the human experience in healthcare, from a combination of all the strategic areas of focus it takes to deliver the best in outcomes and is grounded in the type of healthcare organizations we expect, build, operate and sustain that can deliver on those outcomes.

The critical factors revealed in the data and in aligning the perspectives of those delivering and receiving care are not surprising, but rather

they offer a powerful simplicity in returning to the humanity in healthcare and provide clarity on a comprehensive set of elements that can guide organization effectiveness and success on the path to sustained improvement.

The core elements of a roadmap for excellence in human experience include (aligned by strategic lens):

Actions aligned with Patient, Family & Community Engagement

- Establish clear **communication** processes
- Treat people with **courtesy and respect**
- Provide opportunity for a patient to ask **questions**
- Commit to **understanding patients' needs** and preferences

Actions aligned with Quality & Clinical Excellence

- Take **pain** seriously and manage in a responsible way
- Clear plan and **coordination of care** during and between encounters
- **Quality/safety** practices evident reinforcing confidence in abilities

Actions aligned with Environment & Hospitality

- Ensure a healthcare environment that is **clean and comfortable**

Actions aligned with Staff & Provider Engagement

- **Teamwork** among the care team
- **Engagement** level of employees
- Clinical **team well-being**

Actions aligned with Culture & Leadership

- **Commitment of leadership** to experience efforts

Actions aligned with Infrastructure & Governance

- **Ease** of access to care
- The ability to **schedule** an appointment or procedure within a reasonable time period
- A **discharge/check-out process** in which your treatment plan and/or next steps in care are clearly explained

While each of these items offer an actionable concept, there may be multiple ways in which to implement each action. The choices should fit the determined needs, culture and capacity of an organization to drive results. These items are not offered as a check list of all things organizations must do, but rather a playbook to drive integrated and sustain improvement. Healthcare organizations must take time to assess their own strengths and needs as they prioritize where to act and what to address. (To support this effort, a series of practical case studies have been collected and will be published as complementary resources to this paper to support organizations in identifying practices that are driving measurable outcomes.[6]

In addition, as discussed earlier, two strategic lenses are missing here - based on but not diminished by - the data collected. The respondent groups acknowledged the role that technology and innovation will play in the future that healthcare already finds itself, but it is still an unknown requiring great focus and energy to capitalizes on it effectively and with clear value. Also, it is evident to all that policy, regardless of the national system in which one operates, will dictate efforts.

What should also be considered in this work is that a commitment to the fundamental actions driving positive experience and a focus on the tangible results this focus can produce may perhaps be the most influential lever in influencing broader policy efforts into the future. A broad example of positive outcomes and how they have been achieved will go farther in dictating good policy than policy alone can do in driving good outcomes. And while measurement is not central to these foundational ideas, it is fundamental to any effort that there is a means to understand what caused movement, improvement and ultimately outcomes. This too will significantly influence the decisions of healthcare now and into the future.

These ideas for action are offered as a means by which to gauge current state efforts, identify strengths and gaps and plan actions for improvement. They are not intended to diminish recommendations such as offered by the NPSF in 2015. Rather, the opportunity the ideas offer is to set a true integrated foundation on which to build any improvement success. It is in the influence factors of experience and in the aligned voices of consumers that the path to healthcare excellence can be found.

An opportunity for further conversation and a consideration for rewiring healthcare

No study can provide a full picture of the landscape nor should it assume to, but at the same time research can expand thinking and refine actions.

This work was intended to do just that. In ensuring that happens, a good exploration will be designed to open new questions and not be afraid to be questioned or challenged. A good study and the basis on which this project was launched was to push at the status quo, reignite the conversation on excellence and move people to action around the realities and opportunities founded in a commitment to human experience in healthcare. In moving from this initial cornerstone of exploration and conversation, their remains additional opportunities for research and connection.

One opportunity may be to look deeper at the identified factors to understand which are most influential when it comes to more specific outcomes in healthcare overall. Can certain factors help drive specific measures? And can they then be used to help organizations pinpoint actions based on the specific measures they look to improve upon? Remaining open to what is possible will only help to extend a process of improvement that too often gets lost in a simple checklist mentality. Inquiry leads to innovation, innovation to positive change and positive change to a healthcare system that every human being caring and human being who is being cared for deserves.

For this reason, it is hoped that this study serves as a catalyst for connection as well. An opportunity to connect in person or virtually around these findings and the strategic lenses that frame them should be supported. These connections can and should be used to share and elevate proven practices around the suggested actions, to celebrate successes and share lessons learned from mistakes.

Ultimately, in coming together with these expanded and newly filtered perspectives, the hope is an elevated sense of confidence to challenge the historical operating expectations of healthcare. This is not a claim of difference for the sake of being different, but rather a necessary evolution for the sake of all who engage in the healthcare ecosystem. In creating the space for new conversations or the reframing of older ones there is a chance to create lasting systemic change that will drive towards the realization of outcomes healthcare was challenged to tackle almost twenty years ago. While yes, to err is human, more central to our very human existence is the capacity, first, to care.

> A broad example of positive outcomes and how they have been achieved will go farther in dictating good policy than policy alone can do in driving good outcomes.

This capacity of caring in some respect was left out of the very way in which healthcare was historically structured. It is also important to acknowledge while some might not like the word consumer in healthcare, healthcare is perhaps the largest consumer-facing industry in the world. Yet unlike many of those consumer-facing industries who have built themselves as relational experiences supported by the transactions needed to support them, healthcare has evolved very differently. Healthcare has been built as a series of transactions, of processes and protocols, that tried to inject relational processes along the way to "soften" the overall experience.

While it is understood that much of what is encompassed by healthcare and what makes it a unique industry is the science of medicine, the resulting engineering of care and care processes has in its own way dampened the humanity in healthcare itself. This is illustrated in burnout and compassion fatigue, workforce shortages and reduction in the number of new physicians. For an industry that is built on human interaction, those interactions have often been addressed as secondary thoughts at best. Perhaps that is the opportunity revealed to healthcare in this exploration as well.

If healthcare was redesigned as a series of relational encounters and then these relational encounters were bolstered by formal transactions created to sustain them, would this change the operational perspectives that could have been the very impediments to addressing the challenges laid out in *To Err is Human* almost 20 years ago? There is an opportunity here, as revealed in the data, to rethink healthcare as a relational industry. And while it is clear that people in healthcare would suggest the process of healthcare is relational, this reinforces the very point that healthcare uses relational efforts to move process along. The opportunity is seeing the influence factors roadmap as an example of where the relational foundations can help elevate the human connections and ensure the right transactions then follow to ensure quality, safe, efficient and effective care. These ideas should not be the end point, but rather the means to achieve the ultimate outcome in healthcare as a human endeavor committed to caring.

To Care is Human

The human capacity to care for others isn't something trivial or something to be taken for granted. Rather, it is something we should cherish. Compassion is a marvel of human nature, a precious inner resource, and the foundation of our well-being and the harmony of our societies. If we seek happiness for ourselves, we should practice compassion: and if we seek happiness for others, we should also practice compassion.

- Dalai Lama

In thinking about the opportunity healthcare has in front of it, from where this paper started exploring the lack of progress in the critical issue of safety, to the factors that people identified would influence the experience they have in healthcare, perhaps the first step is in reframing the very ideas of what it takes to achieve the best in outcomes in healthcare. By operating healthcare as something that is done, i.e., "providers" who provide, a sense of the humanity in these interactions with people has been removed from the equation.

Part of this potential evolution has been found in the elevating of the conversations of compassion and empathy in care. But there are some important distinctions to be considered here. According to The Greater Good Science Center at the University of California, Berkeley, it offers, "Compassion literally means 'to suffer together.' Among emotion researchers, compassion is defined as the feeling that arises when you are confronted with another's suffering and feel motivated to relieve that suffering. Compassion is not the same as empathy or altruism, though the concepts are related. While empathy refers more generally to our ability to take the perspective of and feel the emotions of another person, compassion is when those feelings and thoughts include the desire to help."[7]

This idea that compassion is a marvel of human nature that includes not just feelings, but a desire to help, may no better describe what is right and best at the heart of healthcare. With that there remains an expanse of efforts focused on applying empathy and compassion to the transactions comprising care. Yet based on the description of compassion shared above, compassion itself may very well be the action central to the reframing of healthcare as relational.

In looking at the data, what the study into the influence factors of experience shows is that people in healthcare see themselves and acknowledge those they serve as humans, as people, first. In the end, it is the things that speak to people as human beings that have the greatest impact in healthcare – communicate clearly, treat others with respect and elevate the capacity to work together. In addressing these items, the opportunity to realize lasting outcomes across healthcare will ultimately be elevated. While to err is human, it is but one of many things humans can "do". Therefore, it can be something that can be undone as well.

This may come from no more powerful place than one of caring, which is the essence of humanness itself. If the objective of healthcare is to achieve the best results possible for those it serves, it must fully care for those individuals and ensure as well that there is care for those that serve as well. In this business of human beings caring for human beings there is one universal truth that will reframe the opportunity for healthcare now and into the future – to care is human. It has been and always will be. It is the job of all in healthcare now to ensure that this truth is the foundation of all it can and will do, and it will be the foundation on which excellence will ultimately be realized. That is all that everyone engaged in and with healthcare desires and deserves.

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To care is human: The factors influencing human experience in healthcare today

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President & CEO, The Beryl Institute

Introduction to the Report

Since the 1999 release of The Institute of Medicine's landmark paper "To Err is Human," the conversation on patient safety has remained central to healthcare. Subsequent studies suggest that while some progress has been made, there are still significant opportunities for improvement. The questions that remain are "What has hampered our progress" and "How do we continue to move forward." Supported with in-depth research and consumer insight in partnership with Siemens Healthineers, *To Care is Human* dives into the exploration of moving healthcare away from simply a focus on error reduction to a focus on care expansion. It explores the view that improvement may lie in looking beyond quality and safety to include ALL encounters that are part of healthcare users' experience. As such, the study was intended to answer a simple question: "To what extent does a comprehensive list of factors impact patient experience?" The findings identify these influence factors, telling a broader story about the opportunities we have for transforming healthcare from a transactional business to a relational one.

GENERAL DEMOGRAPHICS

Capturing the insights of respondents from 19 countries, this paper takes a deeper look at the key influencers affecting healthcare and the human experience. Developed as a two-phase inquiry, *To Care is Human* shares findings from focus groups and surveys comprising global healthcare professionals and patient and family members, garnering responses from 1,478 individuals across diverse roles. In addition, the paper compares results from a general response group to the responses of 294 high-performing healthcare units determined by common experience metrics across 175 healthcare organizations. Aligned with the strategic lenses of the Experience Framework, responses were synthesized into an influence factor roadmap offering structure and opportunities for prioritization and focus to improve healthcare experience overall.

Key Takeaways

As one looks at the healthcare landscape today, it is hard to ignore the incredible pressures confronting its traditional processes and practices. The pathway to the best outcomes in experience, inclusive of quality and safety, requires a broader lens – beyond transactions – focused on the fundamentals of what healthcare organizations must do in an effort to be more relational. This study outlines three headlines that can lead the experience effort forward:

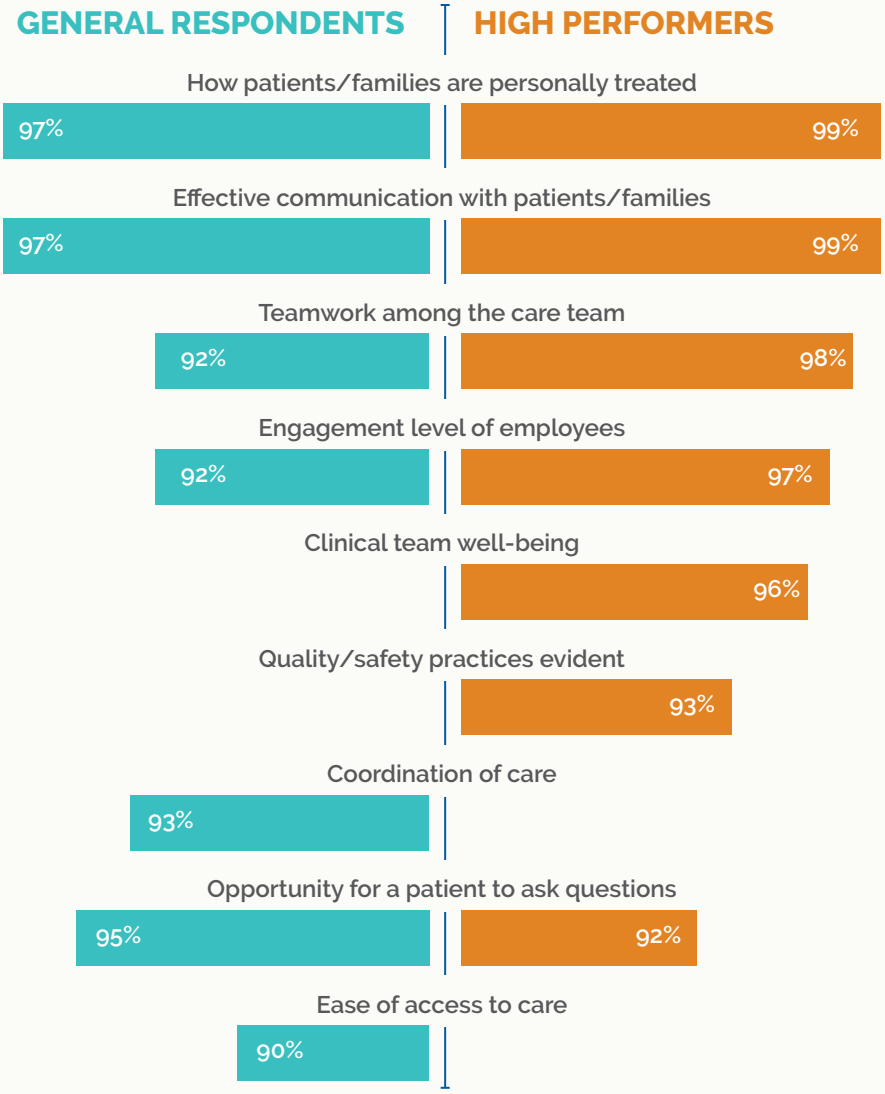
1. We must see and operationalize patient experience with an integrated focus that ties together the many facets impacting how human beings on both sides of the care equation experience healthcare.

2. We must move beyond simple transactions and embrace that fact that experience excellence is about the relational interactions we have in healthcare, grounded in the kind of organizations we build to sustain quality, safe and effective healthcare for all engaged.

3. We must join the complex science of medicine with the art of the human experience, a merger that when successfully achieved can lead to magnificent outcomes for patients. This must be the rallying cry for all in healthcare.

TOP TEN RATED INFLUENCE FACTORS PER RESPONDENT GROUP

(% Great + Greatest)



Strategic Considerations

For over 20 years, healthcare has been called to act differently due to the rapidly increasing access to information and consumer awareness and choice. This paper brings to bear the lessons learned since the issues about safety were first discovered and addresses a needed shift in perspective if healthcare is to really tackle its systemic problems. To accelerate progress, below are eight strategic considerations for healthcare leaders:

1. Ensure and sustain a culture of safety
2. Create centralized and coordinated oversight of safety
3. Create safety metrics with meaningful outcomes
4. Increase funding for research in patient safety
5. Address safety across the continuum of care
6. Support your healthcare workforce
7. Partner with patients and families for the safest care
8. Optimize technology to improve patient safety

Data from the study culminates to a roadmap designed not only to improve safety and quality outcomes but also serve as the cornerstones for building healthcare organizations that embrace human experience excellence. Supported by the Experience Framework, calls to action include:

1. Patient, Family & Community Engagement – Communicating clearly, treating with courtesy and respect and understanding needs and preferences.
2. Quality & Clinical Excellence – Taking pain seriously, coordinating care and reinforcing confidence in quality and safety.
3. Environment & Hospitality – Ensuring cleanliness and comfort.
4. Staff & Provider Engagement – Elevating teamwork, engagement and team well-being.
5. Culture & Leadership – Committing to experience efforts.
6. Infrastructure & Governance – Ensuring ease of access to care including timely scheduling and clearly explained discharge instructions.

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ADDITIONAL RESOURCES

Consumer Perspectives on Patient Experience 2021	15 MIN
Human Experience 2030: A Vision for the Future	15 MIN
Concern for the Patient's Experience Comes of Age – PXJ	5 MIN