

A REPORT ON THE BERYL INSTITUTE BENCHMARKING STUDY

# STATE OF PATIENT EXPERIENCE 2015: A GLOBAL PERSPECTIVE ON THE PATIENT EXPERIENCE MOVEMENT

JASON A. WOLF, PH.D., PRESIDENT





The Beryl Institute is the global community of practice dedicated to improving the patient experience through collaboration and shared knowledge. We define 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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# INTRODUCTION

## THE STATE OF PATIENT EXPERIENCE MATTERS

We closed the report on the State of Patient Experience 2013, with a reflection on the experience journey to date. I offered:

The state of patient experience is growing stronger every day because the voices committed to this work, and the impact it has grows stronger with it. It remains a top priority and reinforces the point that the patient and their experience - the quality of their outcomes, the safety of their environment, the service they are provided - must be and should remain central to our healthcare conversation. This is about the choice of where an organization and its leadership sets its strategy and invests its resources. The 2013 study helps us see while much has been accomplished, there is much more room to grow. The challenge remains to stay focused on and committed to what we can, and should, accomplish together.

I am excited to say that strong choices have been made, community support has flourished and incredible things have been accomplished in the last two years.

This report, sharing the results of the State of Patient Experience 2015, maintains the biennial tradition of The Beryl Institute started just after our launch in fall of 2010. Its commitment is to take a climate check on how individuals and organizations are engaging in, addressing and ultimately feeling about and acting on the patient experience in their organizations.

This five-year journey has spanned a time of great change globally around priorities for healthcare systems and policy that have tied greater implications for experience performance. Simultaneously it has seen a shift in perspective in healthcare in general from traditional models to a patient/family/consumer line of sight, driven partially by new ideas emerging from healthcare practice and influenced by a rapidly expanding consumer focused marketplace across service industries. We would be remiss not to acknowledge that healthcare does not operate in a vacuum, even as it sometimes views itself as unique beyond compare.

For this reason, we sought to compare and trend progress and perspective on the experience movement overall. In conducting this survey, we have seen trends form and new insights emerge. We have also seen a rapid increase in engagement and input itself in the research, with the respondent pool increasing over 100% from 2011 to 2015, with now over 1500 respondents.



In addition, as we have expanded our line of sight at The Beryl Institute to encompass the full range of perspectives across the healthcare continuum and have also seen incredible global growth, with now almost 60 countries represented in the community, this year's research both included non-US respondents as well as touches on both the physician practice and long-term care segments.

This cross continuum perspective is important as the patient experience is not an issue from one part of healthcare alone, but rather calls from a truly systemic view. As specified in the definition of patient experience itself (See sidebar on defining patient experience), patient experience reaches without question, "across the continuum of care." This viewpoint was explored even further in a recent paper from The Beryl Institute - [\*Dialogue on Improving Patient Experience throughout the Continuum of Care\*](#), in which the perspectives of leaders across healthcare led us to understand and explore the shared ideas, experiences and practices at various points across the continuum. It ultimately reinforced an important point: patient experience is a whole healthcare conversation, issue and opportunity. For this reason, throughout this paper, while terminology might be different across segments, we have defaulted to the terms "patient experience" or "experience" to represent the experience had in all healthcare settings - practices, acute care and long-term care - for patients, residents or elders and families alike.

In this paper, we will explore the data further and provide a call to action in leading the patient experience movement to new levels in the days, months and years ahead. As we begin with the end in mind, I look to frame our

conversation from an unsurprising perspective coming from The Beryl Institute - that patient experience matters and in fact it matters in ways we could not even anticipate just a few years ago. More than just patient experience efforts themselves, the assertion here is that we should not act in a vacuum and our commitment at the Institute is to ensure that. The bottom line is that in no greater way has patient experience mattered in healthcare for the factors that drive its success, the outcomes it is seen creating and the importance and impact it has on the consumer of healthcare, then it does at this very moment and its importance continues to grow daily.

The reason for continuing this research is in support of all in healthcare connected to the patient experience community and committed to the patient experience movement. This data is not just research; it is a gift of shared insight into how we can collectively strengthen the work of patient experience in organizations around the world. We intended and will continue to dream big! And in fact I believe we must, for if we are committed to providing the best in outcomes for all in healthcare, experience is the bedrock on which we can build. This research and the data that comprise it can and should be a tool and resource for each of you to support you on your journeys.

Patient experience as you will see is no longer a fringe issue in healthcare. It will remain important as we continue to explore its efforts, its challenges and its impact in the years ahead. Thanks to all who contributed their own responses to the 2015 study. The results reinforce the very idea motivating this work - that the state of patient experience matters - and it should.

## Patient Experience Defined:

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The sum of all **interactions**, shaped by an organization's **culture**, that influence patient **perceptions** across the **continuum** of care.

- The Beryl Institute

### DEFINING PATIENT EXPERIENCE

The inaugural issue of *Patient Experience Journal (PXJ)* brought us a foundational article framing the patient experience movement. In recent years, perceptions of performance and quality of healthcare organizations have begun to move beyond examining the provision of excellent clinical care, alone, and to consider and embrace the patient experience as an important indicator. There is a need to determine the extent to which clear and formal definitions exist, have common overarching themes, and/or have unique, but important constructs that should be considered more widely.

In this article, a 14-year synthesis of existing literature and other sources (2000-2014) that have been used to define patient experience was conducted. A total of 18 sources (articles or organizational websites) were identified that provided a tangible, explicit definition of patient experience. A narrative synthesis was undertaken to categorize literature (and other sources) according to constructs of the definitions provided. The objectives of the synthesis were to: (1) identify the key elements, constructs, and themes that were commonly and frequently cited in existing definitions of 'patient experience,' (2) summarize these findings into what might be considered a common shared definition, and (3) identify important constructs that may be missing from and may enhance existing definition(s). The overarching premise was to identify and promote a working definition of patient experience that is applicable and practical for research, quality improvement efforts and general clinical practice.

The findings identified several concepts and recommendations to consider with regard to the definition of patient experience. First, the patient experience reflects occurrences and events that happen independently and collectively across the continuum of care. Also, it is important to move beyond results from surveys, for example those that specifically capture concepts such as 'patient satisfaction,' because patient experience is more than satisfaction alone. Embedded within patient experience is a focus on individualized care and tailoring of services to meet patient needs and engage them as partners in their care. Next, the patient experience is strongly tied to patients' expectations and whether they were positively realized (beyond clinical outcomes or health status). Finally, the patient experience is integrally tied to the principles and practice of patient- and family- centered care. As patient experience continues to emerge as an important focus area across healthcare globally, the need for a standard consistent definition becomes even more evident, making it critical to ensure patient experience remains a viable, respected, and highly embraced part of the healthcare conversation.

Wolf, Jason A. PhD; Niederhauser, Victoria DrPH, RN; Marshburn, Dianne PhD, RN, NE-BC; and LaVela, Sherri L. PhD, MPH, MBA (2014) "Defining Patient Experience," *Patient Experience Journal: Vol. 1: Iss. 1, Article 3*. Available at: <http://pxjournal.org/journal/vol1/iss1/3>

See also: *Defining Patient Experience: A Critical Decision for Healthcare Organizations* (<https://theberylinstitute.site-ym.com/store/ViewProduct.aspx?id=3720810>)

## THE FOUNDATION OF OUR WORK

As much as our state of patient experience reports in 2011 and 2013 have been grounded in data, my hope in this work is to not only report data, but have a conversation with you as reader. In our conversation I look to have us explore the numbers presented, but also reflect on the implications of those numbers for our own organizations – either ones in which we work, or with which we engage as patients or families, consultants or community members. My insinuation here to start is that all of us play a role in the patient and family experience and in fact we must operate from this premise – that we must balance both an individual and collective responsibility for ensuring the best in experience for all in healthcare.

In our conversation we're going to take a deeper look at the state of patient experience from our biennial study, exploring not just the trends that are influencing what we see happening but also the stories they represent for the patient experience movement. We will then focus on some fundamentals – a set of guiding principles – with a clear and unwavering call to action.

At The Beryl Institute, we ground our work in the definition of patient experience. The underlying themes that comprise that simple, yet comprehensive phrase – interactions, culture, perceptions and continuum – are all found in the roots of the data revealed in the 2015 study. These terms are not simple words in a definition, but more so represent ideas that came from the very patient experience community itself, as concepts fundamental to our ability to drive excellence in patient experience every day.

From the concepts of creating the best interactions and grounding them in the most vibrant and powerful culture to deliver quality, safe and service-driven care, to the recognition that experience is occurring at all points across continuum, and that ultimately it is the perceptions of patients, families and those working in our care system that matter; what people in healthcare today have and take with them whether we plan for it or not is an experience. That is all that they understand, perceive and remember about their engagement from personal contact to quality outcomes, safety concerns and environment, cost and follow-up, transitions and communication. All of these pieces equate to the experience individuals have. This is

not a nice idea or a soft concept, for it touches on all that is at the foundation of the very work of healthcare. Being cognizant of the power and reach of patient experience and then acting with intent and purpose may be the greatest commitment to be made in healthcare today.

Recognizing both the range that encompasses patient experience and the very outcomes it leads to, I suggest experience is no longer a theoretical concept or a fringe idea in healthcare. As a result it must (and for many it has) moved beyond the idea of a strategic pillar or initiative to the foundation of what organizations do in healthcare to ensure the best in outcomes clinically and operationally. For this reason, people now acknowledge experience as a movement, that being a fundamental shift in thinking and doing that is causing new focus, intent and action across healthcare organizations globally.

The idea of patient experience as a movement is centrally implicit to the findings we see in 2015 and to the trends represented in the data. There is a fundamental shift taking place, not simply due to incentives driven by policy, but what we see is a global focus on a new way of thinking about healthcare. This is beyond provider-focused or even patient-centric to a model understanding that experience is critical to all we aspire to achieve in healthcare.

I have been compelled to reinforce the notion of patient experience as a movement as trends continue to grow in services and solutions provided, leadership expansion and staff investments are seen, a general shift in the way leaders lead is taking place, and what is written across healthcare settings from both practitioner and scholarly perspectives is refocusing the intention in healthcare.

In considering the implications of this movement, I am reminded of a quote by Stephen Biko, the anti-apartheid, activist in South Africa who provided us with very sage words that frame what I see as taking place in healthcare. He stated, "The power of a movement lies in the fact that it can indeed change the habits of people." And the data reveal that is what is happening, habits are changing, decades old processes and systems are transforming, the very behaviors of people and organizations are shifting in the light of this new intentionality and focus on the experience of patients and families and all it encompasses. It is one from which we must not waver.

Being cognizant of the power and reach of patient experience and then acting with intent and purpose may be the greatest commitment to be made in healthcare today.



## PURPOSE, METHODOLOGY AND PROFILE

As noted earlier, the overall purpose of this study was to determine what healthcare organizations are doing to *“improve the Patient or Resident Experience across the continuum of care.”* For the first time, we actively expanded our research to honor the growing reach of the movement and our community. Beyond exploring just the findings in the US Hospital system, we were able to look at both a cross continuum and global perspective. Interestingly enough as you will see in the data, there were far more similarities and significant alignment versus distinctions, reinforcing the central and fundamental nature of experience overall in the global healthcare conversation.

As we have in the previous two iterations of our research, The Beryl Institute collaborated with Catalyst Healthcare Research on this important research initiative. Data collection was conducted via an online survey of approximately 60 questions, delivered in late winter of 2015 over a period of four weeks.

As we looked at who engaged in the survey itself, we far eclipsed previous research participation and in adding

new areas of reach in 2015 garnered enough input in each area to have the ability to draw some general conclusions both within and across the study’s segments (US Hospitals, Non-US Hospitals, Physician Practices and Long Term Care facilities). Over 1500 individuals provided responses to the survey, representing 48 states and the District of Columbia in the United States, and an additional 20 countries covering every continent except Antarctica. The top 5 countries outside of the US included Canada, United Kingdom, Australia, Sweden and Saudi Arabia.

In getting a sense of who was completing the survey for organizations, just over 50% of respondents identified as a Manager/Director, while 10% identified as Senior Leaders. Just fewer than 40% of all respondents identified themselves as the person directly responsible for patient, resident and family experience.

The 2015 research both extended the reach of our data as well as the depth of what we could determine. Both the expanded coverage in respondents, plus now being the top source of trended data on the State of Patient Experience, we found both a reinforcing message and compelling call to action in what our participants revealed.

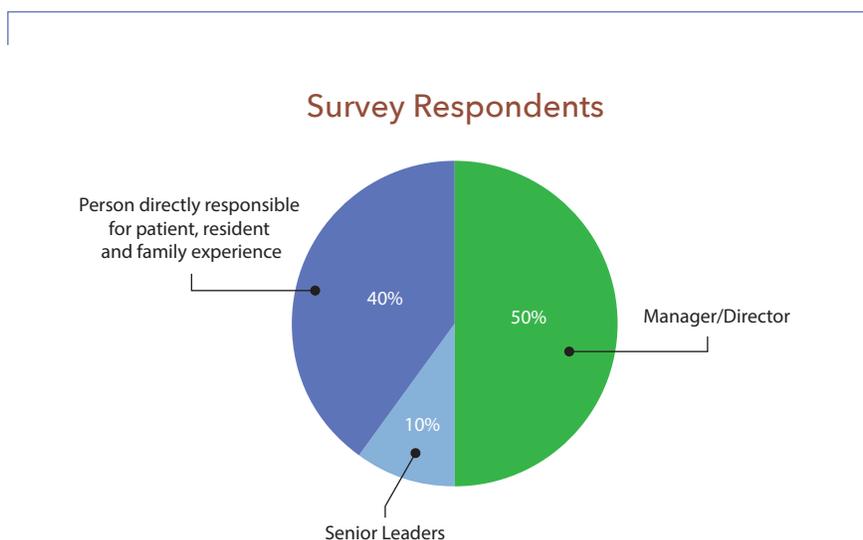


FIGURE 1.



## STATE OF PATIENT EXPERIENCE: FINDINGS AND REFLECTION

As we look at the data and the story it tells, we will present the findings in descriptive headlines with analysis and further contextual reflection. As you review the results, consider for yourself where you and your organization sit relative to this point, or how you as a practitioner or patient could influence organizations with which you engage to continue to evolve their own experience efforts. The hope is as a reader you do not see this as simply a passive reporting of data, but rather a framework for action.

### *Patient experience remains a top priority*

Consistent with what we have seen since we conducted the first study in 2011, patient experience, quality and safety far outpace other major priorities in healthcare today. This is even more significant as was noted above, while distinguished for consistency with our inaugural study in 2011, we have come to recognize and see in practice that experience itself is an integration of quality, safety and service as well as outcomes and cost implications. From the patient and family perspective they do not distinguish quality, safety or service in the way those operating in the dynamic and chaotic healthcare environment do.

Acknowledging the integrated nature of these concepts as the totality of experience, there is clearly no greater focus in healthcare than on these outcomes. The data remains consistent across all of the settings represented in the 2015 study, which reinforces a simple, yet significant point – patient experience is about not just the individual encounters people have, but about the overall outcomes they experience.

More so this should cause us to explore how in healthcare organizations globally we do not establish competing or disjointed efforts in quality, safety and service. By splitting resources, objectives and therefore efforts, we run the risk of undermining the very focus we are looking to achieve. Coordination and integration must be the new normal. That is operating from not just the perspective of our consumers, but from the realistic idea that in a marketplace strained for resources and focus, alignment at this fundamental, yet comprehensive level can set us on a path for greater success overall.

Yes, patient experience remains a top priority. We must now move to alignment about what this means for each of our individual organizations and most importantly for those we care for and serve.

### What are your organization's top three priorities for the next three years?

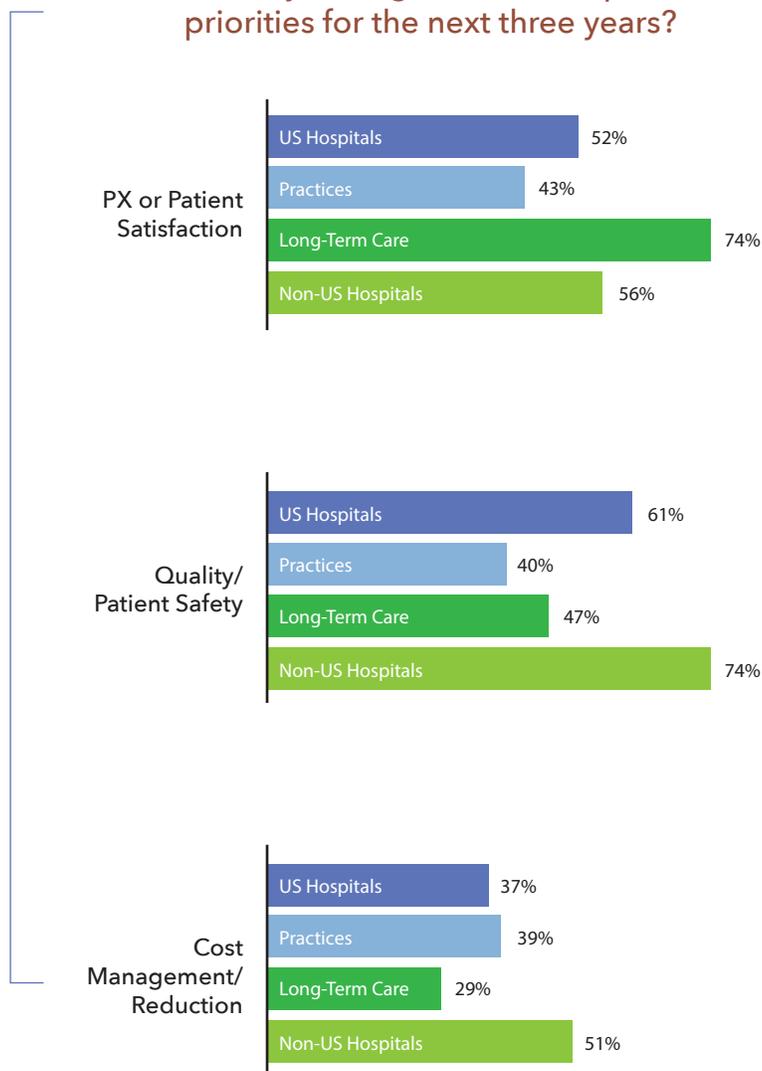


FIGURE 2.

**Structures for addressing patient experience widely present, organizational definition still lags**

In 2015, we continued to explore the fundamental question of formal mandate, structure and definition in addressing patient experience within organizations. What we found is that the numbers are holding relatively steady in all three areas, with a more significant increase from 2011 to 2013, when patient experience efforts were starting to sprout up in greater numbers. It seems now that we have settled into a more steady state environment now, that being we are at a place that those who want to or feel compelled to act will; while those who do not, won't.

What was interesting for us was based on the central idea we at The Beryl Institute espouse and believe wholeheartedly: that having a formal definition of experience for an organization is essential. This definition may not be a string of words in the traditional sense, but rather represents an espoused and shared clarity of purpose, direction and a "where are we going" as an organization and what are we trying to achieve.

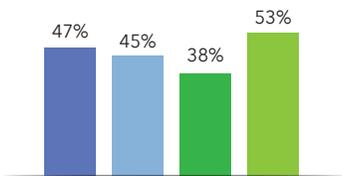
While we saw a significant increase from 2011 to 2013, the growth in definition from 2013 to 2015 was negligible. As we dug into this deeper what we found was that the trends from 2011 to 2013 represented early adopters and perhaps an attraction of those committed to the experience conversation feeling comfortable in participating in this research. As a result, we saw a larger jump.

In conjunction with that, we have seen the size of The Beryl Institute membership community jump over 5 times since the 2013 survey. The community has now moved beyond a pool of early adopters to active explorers. Simply said, we have had an incredible increase in new entrants into the conversation who are new or not yet started on the experience journey. Both an amazing testament for the place experience now has in healthcare and the vast opportunity that still remains for the movement overall. For me, it also explains why the adoption curve has slowed statistically, but perhaps not as much in reality. The volume will continue to grow as new entrants to this work discover the central needs for success.

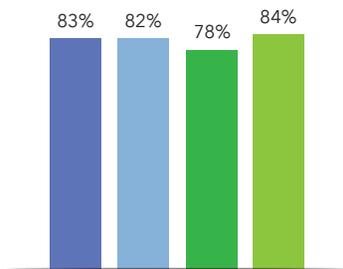
With that, we did see a continued high state of commitment to formal structures in organizations, and again this was consistent across all settings we explored. It seems organizations are good at structuring the effort, whether mandated or not, but then we can predict many still struggle with what to do as they have yet to define for themselves what they want the experience to be in their organization.

These three data points frame a compelling story of the shifting marketplace and a significant opportunity for action in organizations across settings globally. We would not operate healthcare organizations without clearly defined plans (or purpose). This too must hold true for experience efforts overall. Definition still should be a central commitment and priority action for healthcare organizations.

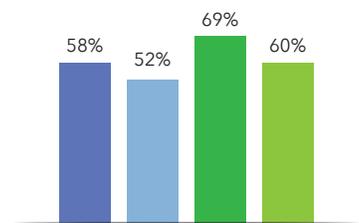
**Does your organization have a formal definition of "Patient Experience?"**



**Does your organization have a formal structure for addressing "Patient Experience?"**



**Does your organization's "Patient Experience" effort have a formal mandate/mission?**



■ US Hospitals ■ Practices ■ Long-Term Care ■ Non-US Hospitals

FIGURE 3.

## Senior patient experience leadership and staff investment growing

As part of the 2015 study, we wanted to ask something we had not yet explored, but seemed pertinent to the trends we were observing in our other work. That being that defined patient experience leadership was on the rise and investment in patient experience efforts was increasing.

What we found was something quite significant. More than half of the respondents in every segment reported having a senior leader for patient experience, someone with accountability or primary responsibility for leading experience efforts. You can see 63% of US hospital respondents identified as having this type of leader and non-US hospitals, reported almost 80% having a senior-level leaders driving the experience conversation.

These numbers represented a few things. First, we saw a significant increase in organizations in the US identifying having a Chief Experience Officer (CXO) related role in 42% of the respondents. While we cannot offer this means 42% of all organizations have a CXO in place, in fact later data will challenge the full commitment these numbers represent, it still shows a large rise in organizations identifying this role as being in place since our 2013 research.

There is a common acknowledgment that while we use the CXO nomenclature, there still remains a great deal of variance in not only title, but also scope and focus of the role. That withstanding, the acknowledgement of senior leadership for patient experience and having someone to guide the strategy and purpose of this work is fundamental.

To help us more effectively understand the use of experience leaders, we asked how time was being allocated for patient experience efforts. It is perhaps in these numbers that we get the most realistic read of organizations having a truly committed leader. For instance, while 63% of US hospitals reported having a senior level leader, that number drops to 38% when asking if patient experience leaders spend 100% of their time on the role. This data allows us to say more comfortable that just shy of 4 in 10 US healthcare organizations have leaders with full-time commitment to the patient experience and we still cannot declare a common title for this role.

It is in the second grouping, those spending 50-99% of their time in the role, that I would call our emerging leader and organization pool. While not yet ready for full investment, they have recognized the value and importance of experience in so much they assigned someone a segment of their workday to address.

When we look across the survey groups, we do seem some interesting distinctions and in fact one of the places we see the greatest divergence across the continuum. While the hospital responses were consistent globally, it was evident in the physician practice space and to a greater extent the long-term care environment that the investment had yet to be made in leading an experience effort. In fact, in both of those segments around 4 in 10 leaders spent less than

## Survey Respondent Demographic and Role

| Title   | 2013 | 2015 |
|---|------|------|
| Experience Officer (CXO, Director, Manager, etc.)         | 22%  | 42%  |
| Chief Nursing Officer (or equivalent)                     | 14%  | 15%  |
| Committee, Team, Work Group or Multidisciplinary Team     | 26%  | 14%  |
| Chief Executive Officer/Administrator/ Executive Director | 8%   | 4%   |
| Chief Operating Officer (or equivalent)                   | 3%   | 3%   |
| No one in particular                                      | 1%   | 3%   |
| Patient Advocate  | N/A  | 3%   |
| Individual Doctor, Nurse or other Clinical Staff member   | 3%   | 3%   |

FIGURE 4.

50% of their time on experience signifying it was someone's second accountability or diluted accountability in the chaotic healthcare environment. I believe we will see an increase in both awareness and defined action in these segments in the few years ahead.

Additionally, not only is the presence of senior leaders growing and leadership expanding in the space, we're actually seeing an increase in investment in people supporting the patient experience leader. In just the last two years, the number of organizations having patient experience related staff of 3 or more jumped from 35% to over 50%. At the opposite end of the spectrum, almost 1 in 5 organizations still have an effort driven by a single individual only.

This study does not intend to offer that there is one better than another, but rather reinforce this data as both supporting of the growth of patient experience and the willingness to invest that is rapidly growing in organizations.

## What percent of your time is allocated to support Patient/Resident Experience efforts?

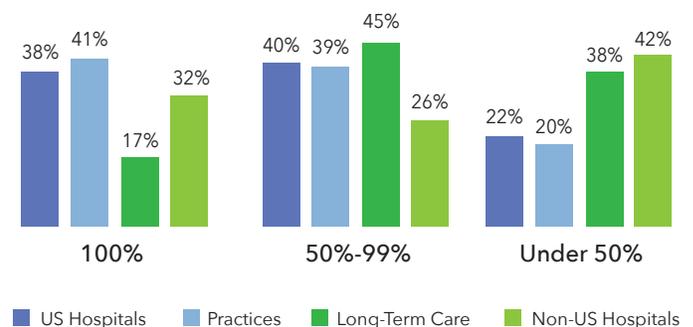


FIGURE 5.



In exploring the growth in staff size as reported, we believe this could be for a couple of reasons. One, simply organizations are now more willing to invest in growing patient experience efforts directly. The second, and where we feel this initial bump is coming from, is also an encouraging sign of the increasing recognition of the integrated nature of experience we discussed above. Rather than bringing on new people, organizations are realigning resources for a more comprehensive experience effort.

We hear stories daily about new groups being brought into experience efforts. While some are bold integrations of quality, safety and service efforts, some are strategic weavings of organizational services such as patient advocacy, spiritual services or volunteer services or even more tangible alignment on things such as food service or housekeeping.

Creating this alignment of effort will be fundamental to our ability to drive success as the experience movement expands. So these are both encouraging numbers for those of us that are looking to build programs in our organizations and for those of us currently leading them. More so, I believe if you're trying to make the case to your own organization as to why this is important, you can show them that today other organizations are clearly taking the time to invest in the experience. And in a competitive market place, it could be the key differentiator for healthcare in the near future and beyond.

### How many other full-time staff members are designated to support Patient/Resident Experience efforts?

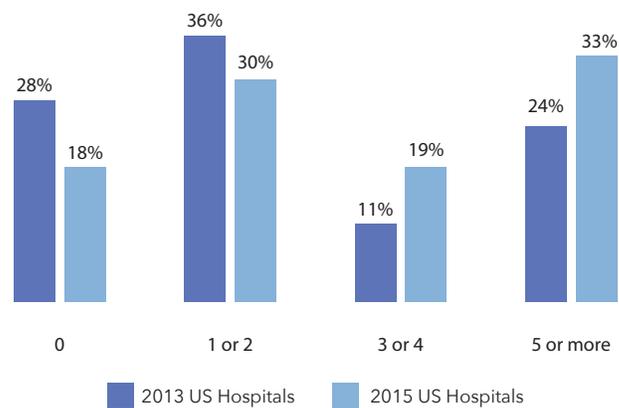


FIGURE 6.



What are the top factors driving your organization toward taking action on Patient/Resident Experience?

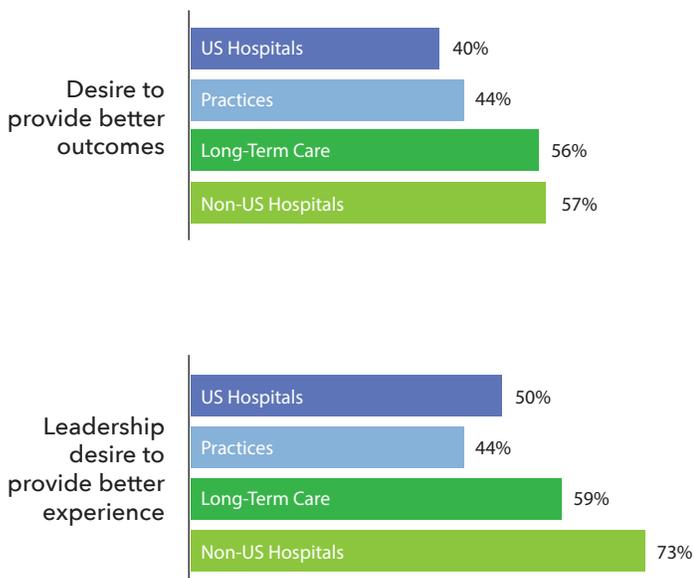


FIGURE 7.

**Mandates and leadership desire continue to lead as motivating factors in addressing patient experience while priorities are evolving**

As we moved from talking about investment, we returned to the question of understanding the motivating factors for organizations. What are the factors driving organizations to action on patient experience? It is here we saw both consistency (in US Hospital results) and contrast, in what motivates US Hospitals versus other segments.

In the US Hospital System, consistent with what we saw in 2013, government mandated measurements led the charge. The CAHPS surveys and the implementation of Value Based Purchasing (VBP) have all driven action. More so now the emergence of the new star rating system in the US may have even greater consequences for action (whether people like and/or agree with them at all).

Not surprisingly, the leadership theme remained strong, again reinforcing the role leadership plays in not just focus, but action in the patient experience efforts taken on by organizations. A secondary group of replies touched on a combination of operational and clinical outcomes, i.e. becoming a provider of choice and providing better outcomes and the philosophical concept of being the right thing to do.



FIGURE 8.  
Top Patient Experience Priorities

As we expand our look beyond US Hospitals, we see leadership remains a top factor, but then there is slight divergence from these standard ideas. The desire to provide better outcomes emerges in both the non-US and practice spaces. This makes sense, as these still remain clinically driven organizational settings so this simply is displacing the government mandates to their ultimate purpose of providing better outcomes.

Interestingly enough in long-term care, the top-driving factor stood out as unique among the groups – becoming a provider of choice. This reinforces the distinction of the other settings as being much more clinically minded or focused, where in long-term care there is an expansive range of services or support that can be deployed organizationally. Secondarily, while for instance the US hospital system is 80% non-profit to 20% for profit, the long-term care community is almost the opposite. With a large portion of providers living in competitive marketplaces where the ability to attract and retain residents and/or elders is critical to success, being the provider of choice is not just the nice to do, it is a fundamental business decision directly linked to organizational success.

In moving from motivating factors, we also asked people what their priority and focus was as they continued to think about efforts on patient experience. In asking the open-ended question, what are the top three (3) areas of focus or action for your organization’s current patient experience effort, we have been able to trend visually where focus has evolved.

The 2013 results unquestioningly represented words and ideas directly responsive to the HCAHPS questions. From the idea of reducing noise, pain management, rounding and communication, the focus was on “working to pass the test.” But since the arrival of HCAHPS, organizations have begun to explore their own success factors and strategies in broader terms.

The shift in responses suggests there is an increasing awareness that broader strategic efforts such as a focus on patient, employee and physician engagement, communication, involvement of patient voice, etc. are actually more significant and more comprehensive means to outcomes success, both in addressing the immediacy of a publically reported survey system and the desire to build sustainable efforts focused on outcomes.

### Engagement of patient and family voice on the rise

Moving from motivating factors, we wanted to understand how organizations were measuring their performance as well. The top responses were not surprising and continued to reinforce the trends that we have seen over the last two studies, that surveys, both mandated and via outreach to patients directly remain at the forefront of data collection for organizations across segments.

What we didn't expect to find, was an encouraging and enlightening result. Across all segments there was a strong response to the use of patient and family advisory committees as a means for gauging performance. This is significant in that it reflects a shift in the movement itself. As in quoting Biko earlier, we spoke of a shift in habits; here is one tangible example of where that was taking place.

For example, with U.S. Hospital respondents that increase in the use of patient/family advisory committees increased well over 20 percentage points. The largest increase of any trended answer choice with no close second. Across all segments this option held on to the number two spot in almost all instances.

The analysis here is simple, while mandated processes must be completed and standard efforts have staying power, there is a shift in the patient experience conversation overall that is driving an increase in the engagement of patient and family voice, not just for input, but to the very point of the question asked, as a means to measure success.

### Which metrics are your organization using to measure overall improvement in the Patient/Resident Experience?

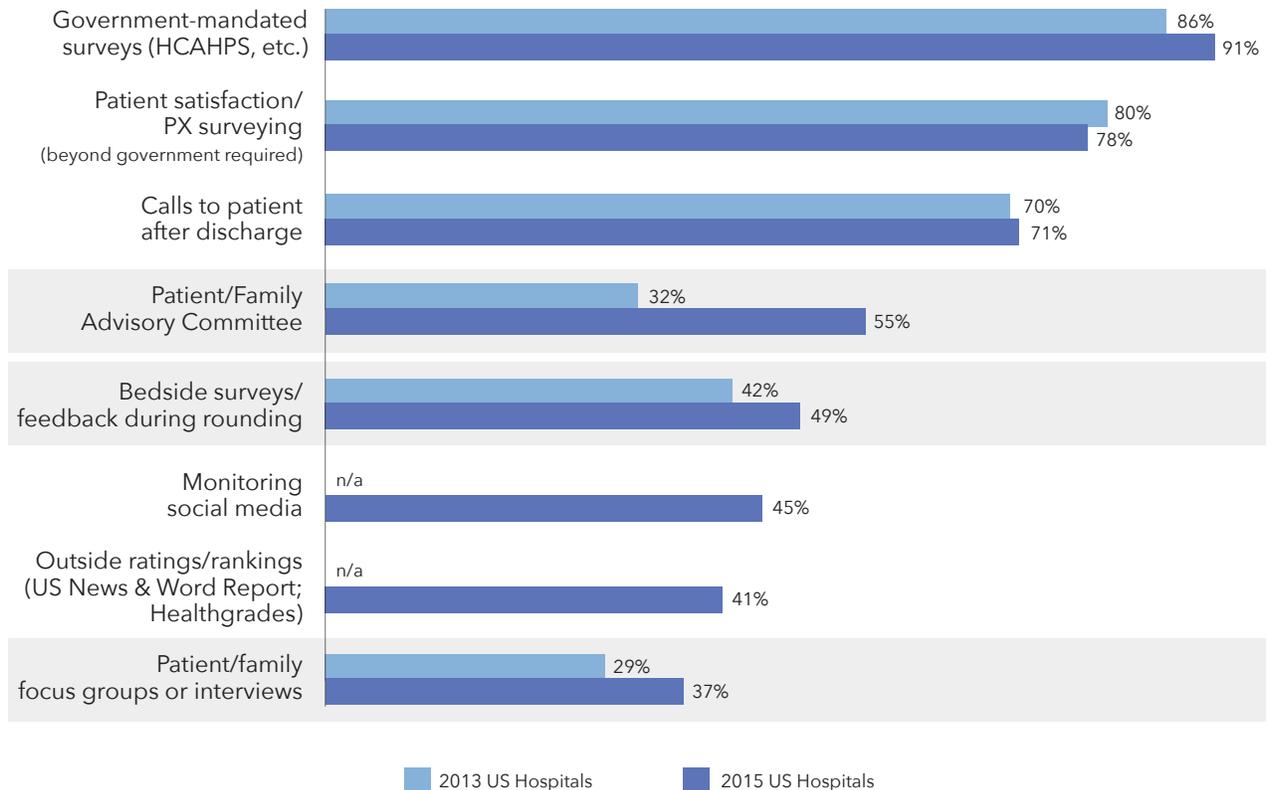


FIGURE 9.

**Top drivers remain leadership across levels; roadblocks remain competing priorities and resistance**

As we explore the ideas of what motivates organizations, where they focus efforts and what influences action, we return to a question that has been central to our study since 2011. The examination of drivers and roadblocks has enabled us to get to the fundamental levers impacting the reality of patient experience as part of organizational life in healthcare.

At the macro level, two themes continue to emerge as critical levers to patient experience success. Though not identified this way when we first asked the question in 2011, what we have seen is that these ideas remain at the foundation of the entire experience conversation: leadership and culture. These ideas can serve either as support or roadblock to experience success and therefore have to be considered and nurtured very carefully.

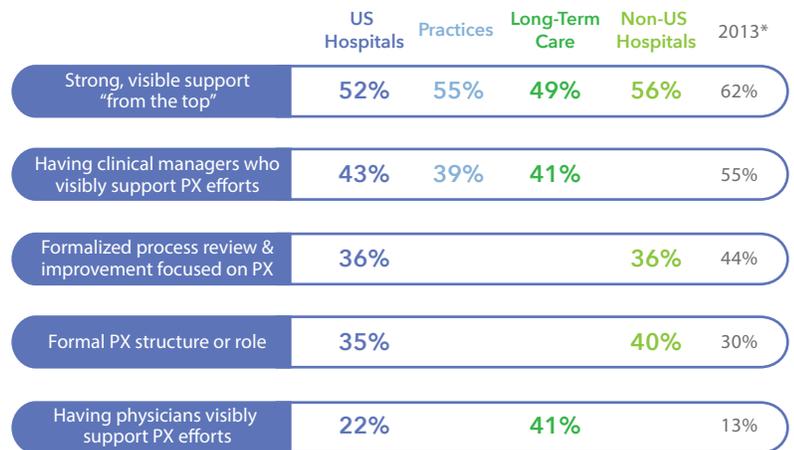
Across all segments, leadership, specifically at the top, was identified as the key driver for success, followed closely by managerial level leadership - or I would offer, leadership at all levels matters. In the trended data, the story line continued to evolve showing an increasing influence on a formal PX role and physician involvement to ensure success. These drivers reflect the expanding perspective on what drives strong experience and recognition that it is an integrated set of efforts that will ultimately result in the best outcomes.

As we look to the identified roadblocks in particular, the greatest concern seen year after year remains that of competing priorities. This is followed closely across all segments by budget concerns and resource constraints. These roadblocks reinforce a fundamental challenge seen across healthcare. In a dynamic industry, driven by multiple requirements, comprised of countless moving parts we run the risk of diluting any effort, which we choose to undertake. This competition for priority also puts a strain on resources and the capacity to both budget for and execute on efforts.

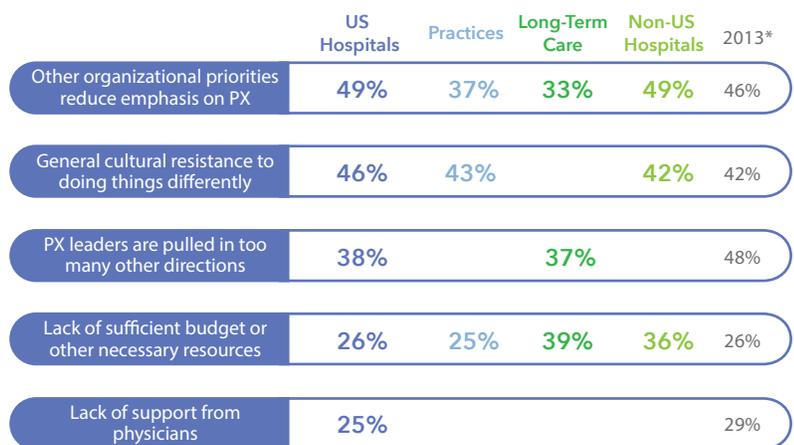
This very roadblock touches on the concern, or shall I say opportunity, I mentioned above. If we begin to see experience as an integrative effort of the many pieces and parts touching patients and families, caregivers and providers alike, then we do not need to fight for resources. We can and should take a more broad and systemic perspective on how we address experience overall. In beginning to see the fundamental nature of experience as what it is we do in healthcare - providing the best in quality, safe and service driven encounters, aware of the cost issues and committed to outcomes, we can begin to think strategically about our investments in a way that aligns purpose and investment overall. This in an opportunity we must not overlook.

Again this returns us to a general theme emerging over the five years of this research, leadership and culture matters. The realization of these factors and the acknowledgment of their impact continue to grow every day.

**What drivers are most successful in supporting your organization's Patient/Resident Experience?**



**What factors are roadblocks in supporting your organization's Patient/Resident Experience?**



■ US Hospitals ■ Practices ■ Long-Term Care ■ Non-US Hospitals

\* 2013 data is based on US Hospitals only.

FIGURE 10.

**Purposeful leadership and a strong culture seen as critical in achieving great patient experience**

To the previous point in fact, when we asked people what were the most critical factors in driving and achieving great patient experience, it reinforced this very idea. Purposeful and visionary leadership and a healthy, positive and strong organization culture rose to the top of the list in terms of their importance in achieving a positive patient experience.

The reiteration of this finding from this direct perspective reinforces an important point we raise consistently at The Beryl Institute. Patient experience success is driven by a strategic perspective and unwavering commitment, not by tactical actions alone. Survey respondents clearly reinforced we must commit to key organizational strategies before we can ever effectively execute on and sustain tactical action.

We do need visionary leadership and we do need strong culture on which we can build. These are not just nice concepts in management theory; they are foundational principles on which strong and vibrant organizational efforts are built.

**Staff development and culture change efforts are top areas of investment with an increasing focus on patient and family engagement**

Our 2015 research found that organizations are still focusing and intend to focus their investments over the next three years on training and development. This reinforces an idea central to our conversation on the critical elements of experience being the interactions between people. The priority for staff development was seen across all settings

Training serves as a double-edged sword though in this regard. While organizations do need the skills and knowledge to ensure positive experience efforts, there has yet to be an organization I can name that has simply trained their way to success alone. The behaviors of individuals are key and require more than learning to both ensure, such as through solid selection processes, and reinforced through the proper mechanisms of reward and recognition.

That is why the acknowledgement of culture change efforts as a top investment in the coming years is also a critical finding. As much as it can be said, and it is now said often, that the culture of an organization is at the heart of its ability to provide the best in experience, the data is now showing, especially in the US, that organizations are acting on this idea. A culture change effort is more about ensuring not only the right people are in place, but also that the right purpose, process, and mechanisms are in place as well. I would offer

**What are the top three items in which you expect your organization to invest over the next three years to advance Patient/Resident Experience improvements?**

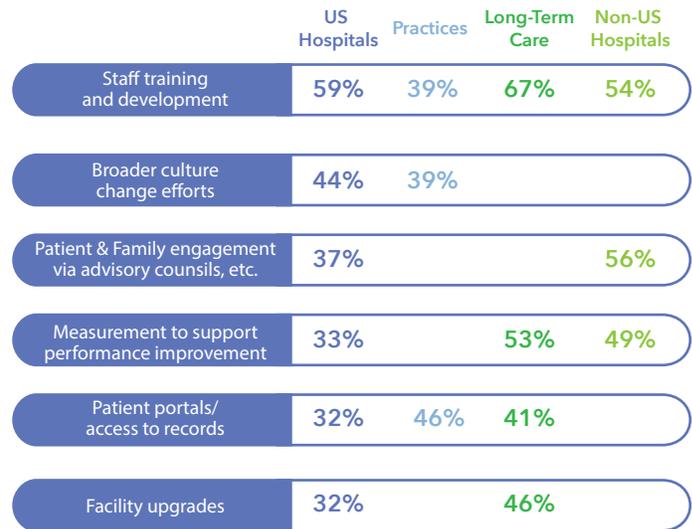


FIGURE 11.

that moving an organization to a state of strong and sustained patient experience performance may well be one of the greatest culture change efforts a healthcare organization can and should take on.

Of interest as well in the findings is the acknowledgement that the engagement of patient and families is a key and growing component of experience efforts. We see in other research that engagement drives better outcomes, we also know that involvement of patient and family voice helps organizations make better decisions overall. This finding also underlines a point key to the experience conversation, that engagement is a resource and a process in providing the best in experience. Patients and families don't have "engagement." They do have an experience and engagement can help ensure that experience is stronger and better overall. We can and must use processes of engagement to involve these important voices not only in decisions personally, but systemically as we work to drive the best in outcomes in healthcare. These results again show that in the five years since we first began this exploration that there is a growing and active recognition that patient and family voice is not just a nice thing to do, but a must thing to do to ensure the right focus and the best results.

Moving an organization to a state of strong and sustained patient experience performance may well be one of the greatest culture change efforts a healthcare organization can and should take on.

This identification of the top investment priorities in the years ahead also shows how the conversation on patient experience has evolved. While segments show some variation in focus, for example long-term care is looking to measurement and facility issues and physician practices are working on the access issues they face, there is an across the board recognition that experience is more than just a set of skills or tactics, but rather represents who and what an organization is and aspires to become.

If we focus on experience, we do what we intend to do in healthcare even better.

**Patient experience now recognized for the outcomes it drives, not just the practices it comprises**

In speaking to organizational aspiration, I would suggest there is no greater goal in healthcare than to provide the best in outcomes for those receiving care. Whether it is the most comprehensive healing process on a path to recovery or the most dignified and respectful process to live through situations in which healing is not possible, healthcare’s commitment first and foremost is to the outcomes it provides. It is why quality and safety have been so central to the healthcare conversation and why service now too graces the discussion on what people deserve in terms of outcomes overall.

When we step back again to the idea that experience from a patient and family perspective is all they encounter in care –in the clinical setting, transition points and the spaces in between – experience itself then becomes the primary systemic driver of overall outcomes. Yes, we need quality efforts, safety checklists and service requirements, but each of those in isolation will not provide the totality we look to achieve. This idea, in which experience has an ultimate impact on the broader outcomes someone faces in their healthcare situation, is now unquestionably identified as the top impacted area across all the segments we explored.

Far and above the top identified item impacted by a positive patient and family experience by hospital organizations globally and significant to both long-term care and physician practices, this finding reflects a profound shift in experience as a tangential idea about amenities, being “nice” or the “soft-stuff,” to a healthcare reality that drives real tangible and critical results.

This supports the important premise that patient experience matters and people believe it does in greater numbers than ever before. It also provides a platform for those still working to make the case on the important work of patient experience and the impact it can have as a whole new data point on which to reinforce their intention. The significance of this result for the patient experience conversation cannot be overlooked. People are saying across healthcare and around the world that if we focus on experience we do what we intend to do in healthcare even better. Patient experience is not just a nice thing to do anymore; there are actual outcomes we are seeing as a result.

**What is most impacted by a positive Patient/Resident Experience in an organization?**

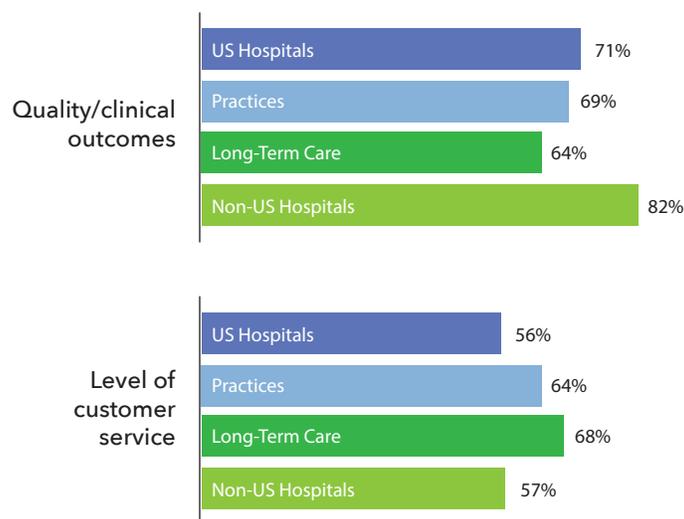


FIGURE 12.

## A realistic view of success taking hold as focus expands

As we have in each cycle of this study, we again took the temperature about how people feel about progress they are making and in particular how positive they are feeling about their progress in addressing patient experience. The results are not surprising, if you acknowledge the operational realities of effective experience efforts, an expanding and increasingly realistic view of success and then maintain what I call the optimist's perspective. As from 2011 to 2013, we again saw a drop in the numbers of organizations reporting a positive or very positive sense of their progress in improving the patient experience.

From the optimist's perspective, and from our observations of the work being done in the field, I offer this drop isn't an indication of how positive we are in terms of accomplishing the things that we're doing. Rather, it's the recognition that tackling and improving the patient experience takes work. Early on, I believe people, and we've seen this, thought that this was going to be the easy thing to address - we'll answer the survey questions, we'll get things done - but the reality people quickly encountered is that improving the patient experience is not a simple checklist activity or a smile campaign. It takes hard, focused and intentional work. It requires investment of time and resources, it faces the roadblocks we identified above, the results may not come as quickly as we'd like.

Why is this? Because of all the things we do in healthcare, experience is perhaps the messiest and unpredictable, as at its core it is about human beings caring for human beings. As much as we look to "lean" ourselves to success, every interaction will be unique, every situation will be one unlike we've experienced before. Yes there will be standard processes that support our intentions, but the players are not the same, reactions will be different and it means that every effort in some way is a starting over.

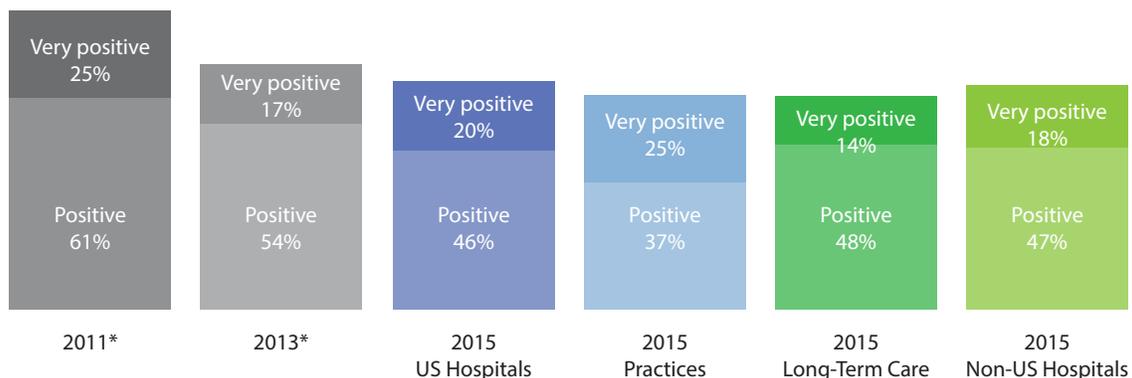
The reality people quickly encountered is that improving the patient experience is not a simple checklist activity or smile campaign. It takes hard, focused and intentional work.

Actually this unpredictability is the rationale some use to say that the experience effort and the measurements (whether seen as good or bad) that comprise it, are too much of a burden or should not be a point of focus in healthcare today. I would counter that by saying because of this uniqueness and our ultimate intent in healthcare, we should have no greater priority than ensuring we get experience right.

This downward trend slowed substantially, but continued to bend lower again in 2015, with the other segments studied holding consistent in their reporting. The bottom line being that people now see this as hard, but virtuous work that entails commitment, energy, a willingness to be frustrated and even fail, but a fortitude to move on, try new things and ultimately impact the lives that entrust themselves to our systems of care. That to me may be the most fundamental cause and central purpose to all we do in healthcare.

In returning to the optimist's perspective, we have not yet gotten to the point that we living in the rosy world that everything is wonderful or easy in patient experience. We now acknowledge that we do have to do the work, that it's not that easy and it shouldn't be, because it is essential to all we do in healthcare each and every day.

### How do you feel about the progress your organization is making toward improving the Patient/Resident Experience?



\* 2011 & 2013 data is based on US Hospitals only.

FIGURE 13.

### ***The consumer is speaking: patient experience matters***

For the first time in 2015, we asked a question for and from the consumer perspective on two key variables. We asked to what extent patient experience was important to consumers in healthcare and how significant experience would be in making healthcare decisions. The results were overwhelming. Almost 90% responding from the consumer perspective said patient experience was extremely important. This reflects a growing awareness of the consumers' role as active participant and partner versus a traditionally passive perspective.

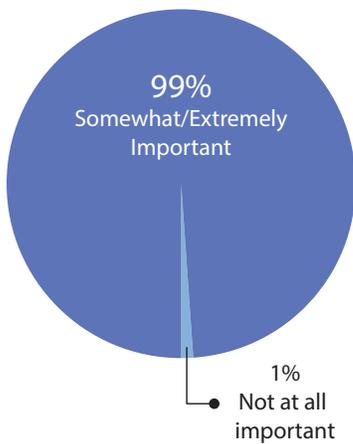
To underline this importance, consumers also offered patient experience would be extremely significant to their healthcare decisions almost 70% of the time while almost the remaining respondents acknowledged it would have some significance. The bottom line: 95% of individuals said that experience matters not just in the moment, but as they make choices for the future.

Yes, consumers themselves have said patient experience matters and we're going to see this now play out in so many different ways across the industry. For this very reason and in this new finding, we now see even greater need for and action around the ideas the study revealed. This is a call to action, it is a reinforcement of priority and a realization that healthcare itself is changing in significant ways. The state of patient experience 2015 provides no more simple, yet significant message than that. It now calls us to take the continued steps on this journey to push the movement forward.



### **The consumer is speaking: Patient Experience matters**

Importance of PX



Significance in Decisions

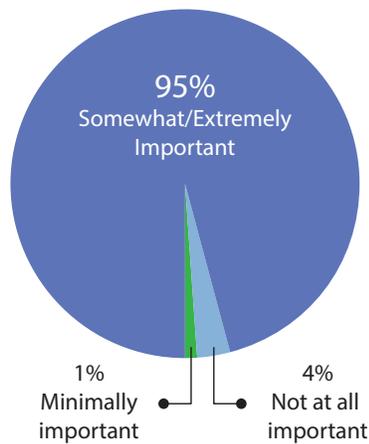


FIGURE 14.



## LEADING FORWARD: A CALL TO ACTION

The data revealed in the 2015 study truly is a gift to members of the patient experience community and to those committed to the movement. It also serves as both valuable evidence for those making the case for experience efforts in their organizations or as the motivating catalyst to call others to action. The data not only revealed more compelling insights into the state of patient experience, but it also reinforced the emerging trends we have observed from The Beryl Institute perspective in recent years.

It is from those observations and the sharing and contributions of the over 35,000 individuals globally who are engaged in The Beryl Institute community that we have framed a clear and concise stand on what we now believe is essential to leading forward in the patient experience movement. These guiding principles for moving organizations forward in patient experience excellence are not big, unwieldy ideas, but rather simply profound fundamentals that don't require much more than intention, commitment and a little investment. From the data now collected over the last 5 years, the emerging industry views, the integrated view of what experience truly is, we believe these can be essential to experience excellence.

This stand for patient experience excellence - for how we believe individuals and organizations can lead forward in the patient experience movement - comprises eight essential actions. The intention is to serve as aspirational and affirmative statements about where we as individuals, organizations and collectively as the patient experience movement should focus our efforts. We offer these as aspirational - as 'wills', not 'shoulds' - for as the data show so many of us are just starting or are in the midst of our patient experience journey. In fact, if we believe experience is a continuous effort, then the journey truly never ends.

With that, we strongly encourage healthcare organizations globally to claim their own stand in leading forward and to consider and commit to these guiding principles:

### **We believe organizations and systems committed to providing the best in experience WILL:**

- Identify and support accountable leadership with committed time and focused intent to shape and guide experience strategy
- Establish and reinforce a strong, vibrant and positive organizational culture and all it comprises
- Develop a formal definition for what experience is to their organization
- Implement a defined process for continuous patient and family input and engagement
- Engage all voices in driving comprehensive, systemic and lasting solutions
- Look beyond clinical experience of care to all interactions and touch points
- Focus on alignment across all segments of the continuum and the spaces in between
- Encompass both a focus on healing and a commitment to well-being

You will see in these very ideas, the story of the state of patient experience and what it calls us to do is reinforced and a potential path for action is revealed. And as we look at the potential we have in a focus on excellence in patient experience, we find an unquestionable opportunity to reinforce the great value of all who participate in the healthcare conversation and all who are touched by it.

These are not just concepts, but rather they are commitments to action - for our organizations, for our people, for all those we care for and serve and for the kind of healthcare world we have the desire, and the capability, to create. We invite you, encourage you and call on you to join us in taking a stand for all we can do for experience excellence.

Commitments as strong as they may seem, or as aspirational as they may be, are only of impact if they are moved from words to action. That is the call to lead forward to you as the patient experience community and as the healthcare community in whole. This also moves the state of patient experience work from passive data to be reviewed, to active information that can and should guide us in moving forward together. As I noted when we began, this study and paper is not simply an article to digest; our hope is it becomes a guide for action moving forward.



## THE STATE OF PATIENT EXPERIENCE: FROM THE FRINGES TO THE HEART OF HEALTHCARE

The title of our conclusion may say all that is needed in summarizing what we discovered in the 2015 study. As we look to the trends from 2011 to 2015, in just a short 5-year period the patient experience conversation has blossomed and most importantly has moved from the fringes to the heart of healthcare. Major corporations have taken root with this as their core business, products and services have shot up and at its foundation, healthcare has begun a fundamental shift in its very nature beyond a conversation of provider or even patient centric, to one in which the experience of those engaged is the fundamental measure of success.

That again reinforces the message that experience itself is all one encounters in the care experience, both clinical and non-clinical, and the outcomes they ultimately achieve. Some might even be bold enough to say experience is now what healthcare is about. It is a top priority and quickly emerging beyond the scope of an initiative to a way of being for healthcare organizations globally, senior leaders are emerging, experience teams are growing and more importantly people throughout healthcare organizations are recognizing they are the patient experience (this may be no better exemplified than through the continued number of [“I am the Patient Experience” videos](#) organizations are creating around the world).

We also see the broader inclusion of patient and families in this year’s data acknowledging the simple philosophy so central to effective healthcare - nothing about me

without me. And leadership and culture sit squarely at the center of ensuring a successful and sustained experience effort. Perhaps most significant in the data is the strong acknowledgement by participants that experience drives outcomes and that consumers not only see the importance of patient experience, but the influence it will have on how they engage in healthcare in the future.

This brings us back to the words of Stephen Biko, that in our patient experience movement and in the data that frame its efforts, we are not just seeing incremental movement, but fundamental shifts in behavior, practice and perspective. We are experiencing a shift in the very habits of the people and organizations in healthcare. We are seeing an alignment around the idea that patient experience matters.

And at the end of the day we must recognize that even with this positive perspective, the work of patient experience is tough, it can be tiring and even trying, but that should not and cannot be the reason to give up. In recognizing the fundamental truth in healthcare that we are human beings caring for human beings, we can come to no other conclusion than we are all the patient experience.

The state of patient experience is strong, even as it experiences its own growing pains. It has outlasted the predictions it would be the next fad or be lost in a sea of soft ideas in the hard-edged world of healthcare. Our hope in your own review of this data and reflection on your own organizational circumstance is that you find the ideas and identify the priorities that will move you forward. This shared global journey to experience excellence is a noble cause and there is much more work to do. Safe travels and know there are many along the road to support you in your success. You are the patient experience.

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I N S T I T U T E**

Improving the Patient Experience



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