

A REPORT ON THE BERYL INSTITUTE BENCHMARKING STUDY

THE STATE OF PATIENT EXPERIENCE 2017: A RETURN TO PURPOSE

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THE BERYL INSTITUTE

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 EVOLVING FOCUS ON PATIENT EXPERIENCE

There is a saying that once is an accident, twice is a coincidence and three times is a habit. So, what would one call the fourth occasion of something? I suggest it is a commitment. Over the last seven years, The Beryl Institute has worked to establish a community focus and global conversation on patient experience excellence. The milestone of this fourth study on the state of patient experience reflects just that, a commitment to the ideas of collective understanding and the sharing of information foundational to our efforts.

As we look to the State of Patient Experience 2017, we look back at trends that have dictated a rapidly growing and fast expanding movement and underline an intentional effort to move beyond what many deemed would be a healthcare fad to what has emerged as a solid and established profession. In these last seven years, the market's recognition and acknowledgement of patient experience has been significant, too, as we have seen the proliferation of and substantial investment in companies committed to experience efforts.

More so, The Beryl Institute itself has grown into a membership community of over 55,000 members and guests around the world engaging in efforts to improve the experience for all in healthcare. This growth in size and scope reinforced the broader field we have been working to create. This included: the establishment of a community-validated and developed body of knowledge; the expansion of research represented in the submissions to and readership of *Patient Experience Journal* (with articles now downloaded 10,000 times per month in over 190 countries and territories); and with the establishment of an independent entity, Patient Experience Institute, which offers a psychometrically validated, community-supported professional certification, Certified Patient Experience Professional (CPXP), with now almost 500 individuals proudly holding that designation. These framing efforts are being complemented by a new effort to engage the voices of patient experience in

healthcare policy with greater and more intentional purpose. The Patient Experience Policy Forum (PXPF) will formally launch this fall (September 2017) to begin efforts at advocacy and action that support the very findings revealed below.

These efforts are pertinent to review as we start this paper as they both are informed by and have influenced the state of patient experience. It is also fitting that we reflect on where we were in order to provide context for where we now are. As we concluded the State of Patient Experience 2015, we offered:

...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.¹

This fact, that patient experience matters, was reinforced in the very data we share below. It matters to those who are engaged in the delivery of care and to those who receive it. More so, we can also assert it matters to the system, how it operates, what it accomplishes and how it continues to refine its efforts to ensure the best in healthcare for all. In these last seven years, what healthcare was, to what it is now, has fundamentally changed too. People see healthcare as something they should expect, yet many still struggle to access and/or afford the services they need. All of these factors will continue to shape and be shaped by the experience created for all engaged in healthcare. The powerful ideas that all voices matter, that partnership is our fundamental means of operating and that we must be comfortable with the tensions we still face in order to effectively tackle them, are all that will drive our actions. The findings we review below will inform and inspire us on our journey.

THE CONTINUED VALUE OF EXAMINING THE STATE OF PATIENT EXPERIENCE

We continue this exploration for a number of reasons that may be best summed up in this one idea – that the conversation on and focused efforts to address patient experience must never be taken for granted. As in any effort to address wellness or fitness, it is less about the tricks you know and more about the persistence you show. A commitment to patient experience cannot be addressed lightly in a healthcare environment in which distractions and the multiplicity of focal points can overshadow its efforts.

We must also acknowledge that action without reflection (or even adjustment) is a recipe for disaster. It is during these points of reflection, by stopping, inquiring, taking stock and feeding back that we take pause and adjust course as needed. An airline pilot does not fly in a straight line to get from A to B; rather, he/she must make constant adjustments in direction for the variables buffeting the plane. This reality faced by those flying, may be no more pertinent than for those in healthcare. Healthcare is being buffeted by change, regulation, policy, reorganization, etc., all that will cause organizations and systems to make subtle shifts in their trajectory.

The reality for pilots is they know their destination point and therefore can adjust accordingly to stay on target. In healthcare, all too often this target point is not clearly defined (if defined at all). This can cause distraction and/or unintended changes in course that undermine the central commitments we have in healthcare overall. This realization should be deemed an opportunity for clarity, purpose and action. As we will find in the data below, the voices of those working to address the healthcare experience are revealing some very clear choices and actions.

The value of a focus on patient experience is not something just found in this study, but also in research that is surrounding the evolving conversation on value in healthcare and a commitment to what an

experience focus can achieve. In a recent article by Thomas H. Lee, MD, *How U.S. Health Care Got Safer by Focusing on the Patient Experience*², Lee reveals two critical factors relevant to patient experience. The first that there is a positive correlation between better patient experience and quality outcomes, and the second that the common factor driving better performance is culture.

This reinforces the constructs central to what we have believed and espoused at The Beryl Institute for some time. The first is framed in the definition of patient experience³ and reinforced both in practice and research, that experience is “shaped by an organization's culture.” If we maintain that as defined, experience is the sum of all interactions, and interactions happen at the point where one individual encounters another, it is the frame of culture that will dictate that very interaction. The second, that if we are to look at experience from a truly integrated perspective, we must look at experience from the lenses of those having the experience in healthcare. With this perspective, experience is not distinct from quality and safety, rather it is the representation of all one encounters in quality, safety, service, cost implications and more⁴.

The fact that the experience conversation has only strengthened and expanded in the seven years from the first inquiry we conducted reveals that we must continue to explore, inquire and work to understand the value, actions and impact of patient experience. For all that saw patient experience to be a soft concept in the rigorous scientific world of healthcare, it is undeniable that the impact of patient experience now reaches far beyond this original perspective to one where experience is about driving the outcomes we all strive for in healthcare. For this reason, we continue this inquiry and remain committed to reinforcing the value of experience in healthcare and all it ultimately influences and represents.

A commitment to patient experience cannot be addressed lightly in a healthcare environment in which distractions and the multiplicity of focal points can overshadow its efforts.

PURPOSE AND METHODOLOGY

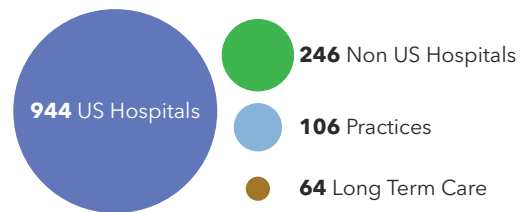
As in previous iterations, the purpose of this study was to determine what healthcare organizations are doing to "improve the Patient Experience across the continuum of care." We again looked beyond just the US Hospital system to engage in both a cross continuum view and global perspective. The data maintains once again that for the differences in structures, purpose and systemic designs and constraints, there remains far more similarities and significant alignment versus distinctions. This reinforces a strong and common foundation for the role experience plays in the global healthcare conversation.

The Beryl Institute again collaborated with Catalyst Healthcare Research on this important research initiative. Data collection was conducted via an online survey of approximately 40 questions. The survey was delivered from January 5 to February 5, 2017.

There were 1644 individuals who provided responses to the survey (Figure 1), representing 49 states and the District of Columbia in the United States, and an additional 26 countries. The top 5 countries in participation outside of the US covered 5 continents and included Canada, United Kingdom, Australia, Brazil and Saudi Arabia. Almost 50% of the respondents represented leadership positions with 36% identifying as managers or directors and 11% representing senior leadership. Of additional interest, 17% of respondents identified themselves in a clinical role such as a nurse or physician.

The 2017 research continued the year to year growth in respondents and reinforced the breadth of participants in healthcare tackling the experience issue. As we reflect on the findings that follow, you will see the segmentation of reporting either as representative of the total respondent pool or the four major segments included: US Hospitals, non-US Hospitals, Physician Practice and Long-Term Care. With this fourth study, relevant trends were discovered and will also be explored.

1644 total respondents including:



Global Perspective



26 countries represented covering 6 continents, including 49 US States and D.C.

Titles of Major Respondent Groups

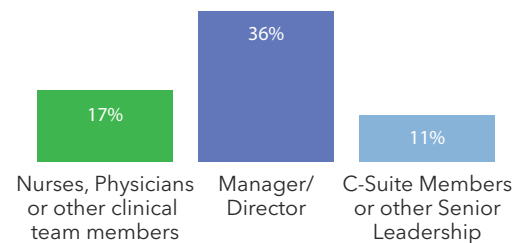


FIGURE 1

STATE OF PATIENT EXPERIENCE 2017: FINDINGS

In reviewing the findings of the study, our intention is to keep the focus on the data and reflections on the implications of what was discovered. We will offer some perspective but encourage your own consideration and applications of how these findings will support you in making decisions on your efforts or even building cases for action. We will discuss the findings in six major sections including: *Stages & Priorities, Defining Patient Experience, Leadership and Structure, Drivers and Focus, Measurement & Impact, and Perspective on Progress.* We will close by offering a viewpoint of the larger picture revealed in this work and providing a call to action in moving a focus on the human experience in healthcare forward.

STAGES AND PRIORITIES

For the first time in our efforts, we asked at what stage people found themselves in their patient experience journey. In setting this context and asking about top priorities, a major theme for our overall discovery was immediately established. First, it was evident that the focus on patient experience is growing and a commitment to experience overall is taking hold.

Across all segments, 26% of respondents identified themselves as having "well established" experience efforts, while just 1% offered they had "not yet started." The majority of respondents, 56%, replied they had an established effort that was "making some progress," while the remaining 18% said they were just getting underway. These numbers reveal that organizations are no longer thinking about efforts to address experience, but are downstream in considering what they need to do to address it. The questions, as a result, will now be less about how to get started in setting up experience efforts to what priorities and practices lead to sustained success. This distribution reveals a new and significant dynamic for patient experience efforts to consider in both how they maintain focus and commitment as well as reinforce relevance and show impact. (Figure 2)

The Current Stage of Organization's Patient Experience Efforts

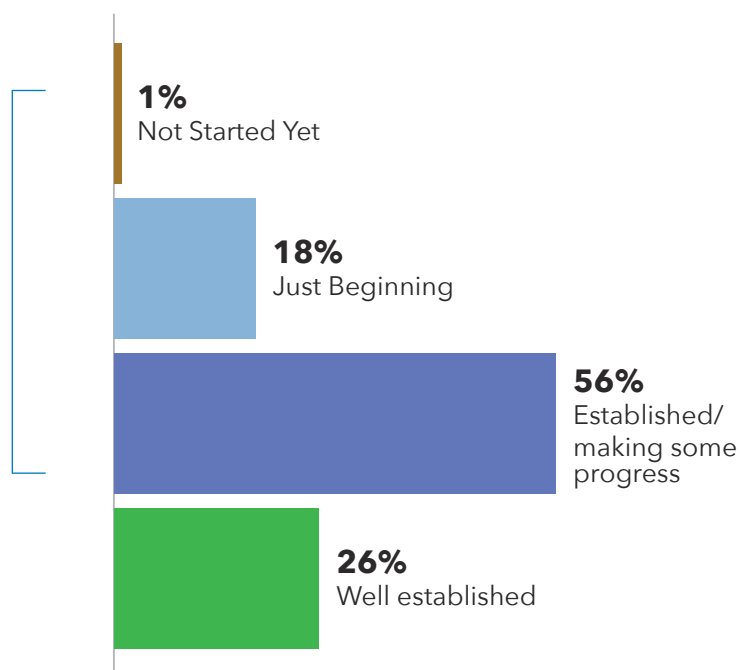


FIGURE 2

Top 3 Priorities in Organization's Patient Experience Efforts for the Next 3 Years

In this move towards more established efforts, we also saw both consistent and surprising results as we asked about the overall focus and priorities for healthcare organizations today. In asking the question, *what do you believe will be your organization's top 3 priorities for the next 3 years*, for the first time we provided a response choice in line with the integrated view of experience discussed above (identifying patient experience as encompassing quality, safety and service). In previous years, patient experience and patient safety/quality tended to report first and second overall with cost management tending to report at number three. This year, the combined response for "patient experience" garnered top spot with 82% of respondents identifying it as a top priority, and "cost management/reduction" held on to the third spot in 37% of responses. (Figure 3)

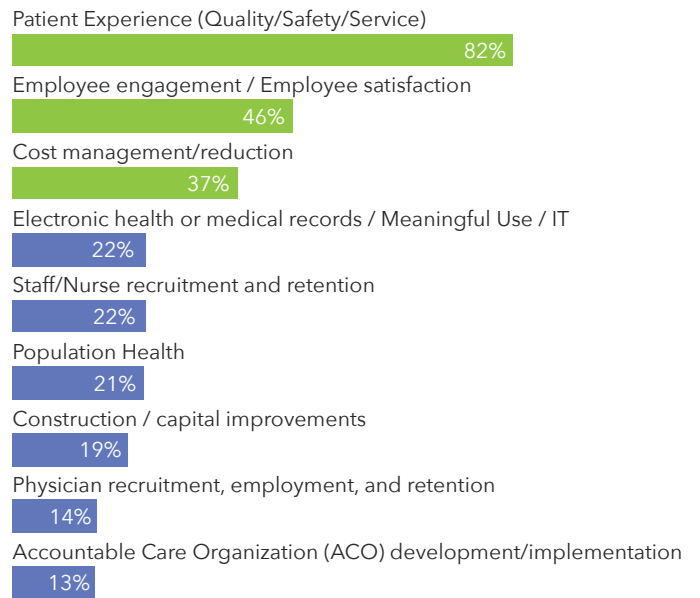


FIGURE 3

Employee Engagement as a Priority in Organization's Patient Experience Efforts

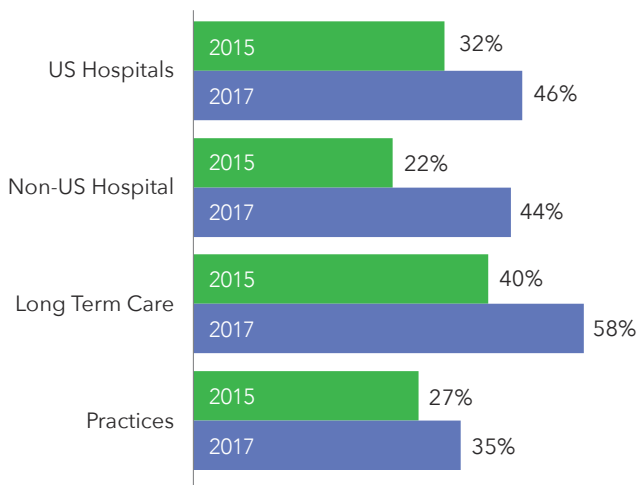


FIGURE 4

The most significant discovery was the rapid rise of employee engagement as a top priority. This is not to say it was not significant in prior years; it reported as fourth overall in 2015 with 32% of respondents. In 2017, it jumped over cost management to the number two ranking, being identified as a top priority by 46% of respondents.

This rise in engagement has some interesting implications, as it reveals a stronger commitment to the people addressing the delivery of care as central to addressing the experience of those receiving it. This shift also reinforces a common realization that happy people beget good experiences and shows a clear commitment to action in addressing this idea. In fact, across all four segments employee engagement was the fastest growing priority since 2015. (Figure 4) The implications of this trend are felt throughout the study.



FOR CONSIDERATION: STAGES AND PRIORITIES

A commitment to patient experience must include a commitment to the people delivering it. The experience of those who healthcare serves is directly dependent on the engagement of those who serve; therefore, the two ideas cannot be operated as disjointed or distinct efforts. Rather, they must be linked for maximum results.



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

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DEFINING PATIENT EXPERIENCE

Without a target or purpose, you have little basis for action. For patient experience, this is illustrated in how an organization defines experience and then builds its efforts around fulfilling or achieving that definition. The trends over the last few years, especially as seen in the 2013 and 2015 research, was a focus on reinforcing that the mandate for action needed to move beyond the initial rush to action we saw in 2011. This mandate was overshadowed in those same two years by extensive commitment to formal structures to drive experience efforts, all the while a focus on definition was flat, growing only slightly, for example, in US Hospitals from 45% having a formal definition in 2013 to 47% in 2015.

The data in 2017 revealed a different tact, one you could see as connected to the movement in engagement discussed above. A commitment to purpose and clarity by having a formal definition took a leap across all segments. (Figure 5) For example, in the US Hospital segment, from the 47% that responded in 2015, 65% now reported they had a formal definition in 2017. While structure and mandate were both relatively flat and slightly down, a commitment to defining experience was a focus for organizations (Figure 6), and for the first time a majority of organizations were reporting they had a formal definition of patient experience. This is a significant statement for reinforcing focus and a commitment to purpose. In addition, in exploring how people were defining experience, the definition provided via The Beryl Institute community in some iteration was the most cited by participants.

Organizations with a Formal Definition of "Patient Experience" is Increasing

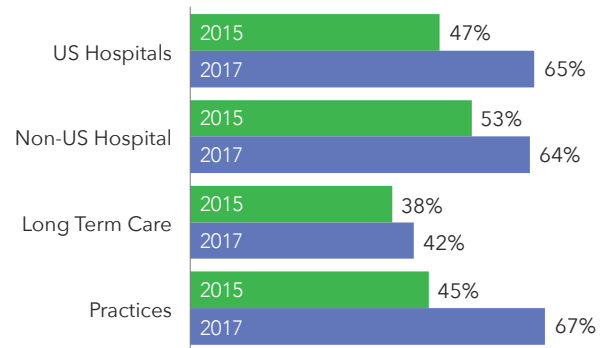


FIGURE 5

U.S. Hospitals with a Formal Definition and Structure

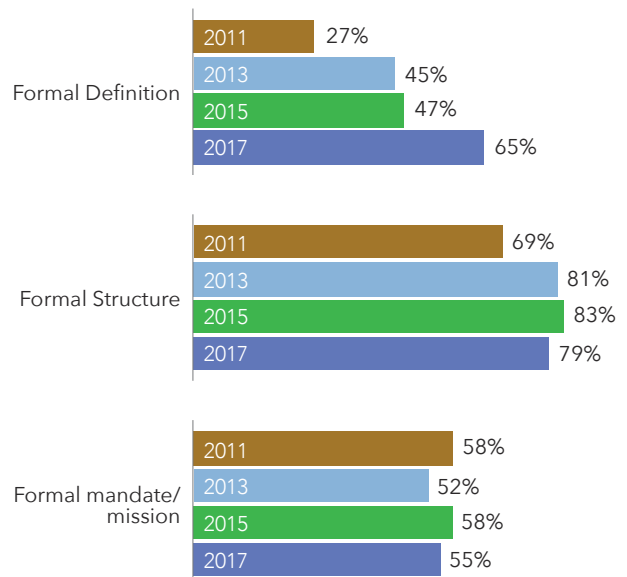


FIGURE 6

In the 2017 study, we also looked to validate the integrated perspective on experience discussed above (Figure 7) by asking “to what extent” are certain points of focus in healthcare encompassed by patient experience. Respondents suggested that quality, safety and service were clearly part of experience with over 85% of respondents reporting “to a great extent”; they also identified patient/family engagement and employee engagement as part of patient experience. (Figure 8)

The results in this new question reinforced an emerging trend where people are seeing patient experience not as something else to be done, but an encompassing effort an organization must undertake. While philosophically we have stressed this for some while and we believe organizations are still methodically moving in this direction, the data show that most believe this is the right perspective to have and a basis from which to drive more integrated and therefore focused action.

The response to this question also called us to reflect on and evolve our own model with identifying the core engine of experience to be both patient/family and employee engagement. This integrated perspective, driven by the rapid growth in formal definitions for organizations, represents a significant stage in the patient experience movement overall. With a majority of organizations having greater clarity on shared purpose and a more integrative view of patient experience overall, they reinforce the value this focus and commitment brings to all engaged in or by a healthcare organization. (Figure 9)

An Integrated Perspective on Patient Experience



FIGURE 7

Patient Experience Encompasses the Following Points of Focus

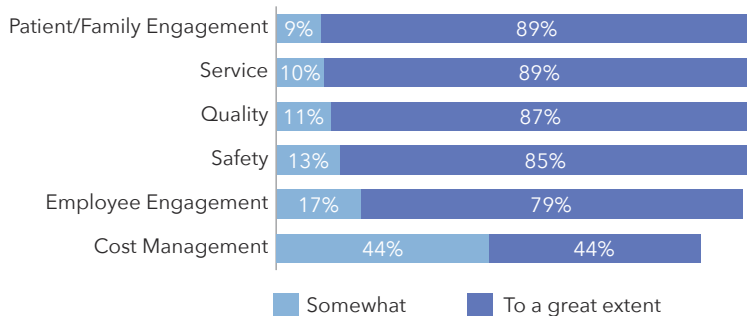


FIGURE 8

An Expanded Perspective on Patient Experience



FIGURE 9



FOR CONSIDERATION: DEFINING PATIENT EXPERIENCE

While a majority of healthcare organizations now claim to have a formal definition of experience, many still have this critical opportunity in front of them. Success in experience must be framed by the target you set and the purpose you define. Without a clear and understood definition, there is no basis for action or shared targets for achievement. This purpose aligned with a broadened integrated view provides organizations a solid footing on which to design, structure and implement experience efforts, not as short-term initiatives, but as central, sustained efforts to provide for excellence overall.

Organizations Reporting a Specified Senior-Level Leader(s) Role with Primary Responsibility and Direct Accountability for Addressing Patient Experience

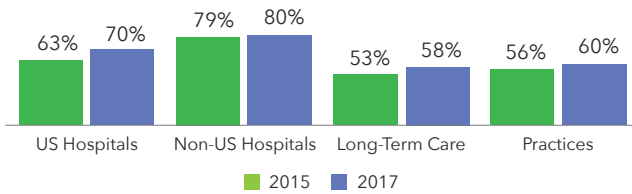


FIGURE 10

Individuals with Primary Responsibility and Direct Accountability for Addressing Patient Experience

TITLES	US Hospitals		
	2013	2015	2017
Experience Officer (CXO, Director, Manager, etc.)	22%	42%	58% ↑
Chief Nursing Officer (or equivalent)	14%	15%	11%
Chief Executive Officer/ Administration Executive Director	8%	4%	10%
Committee, Team, Work Group or Multidisciplinary Team	26%	14%	6% ↓
Chief Operating Officer (or equivalent)	3%	4%	5%
Individual Doctor, Nurse or other Clinical Staff member	3%	3%	2%
No one in particular	1%	3%	0%

FIGURE 11

Percentage of Individual's Time Allocated to Supporting Patient Experience Efforts

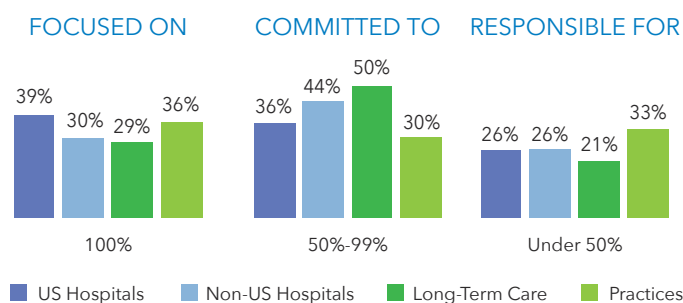


FIGURE 12

LEADERSHIP AND STRUCTURE

In line with having a focused and shared purpose, it too has long been our belief that a committed leader is (and in some cases co-leaders are) key to experience success. It has been less about what you call this role and more about organizations taking a stand in having identified leadership committed to ensure a strategic focus and sustained effort to address experience overall.

Senior Patient Experience Leadership

In asking, *does your organization currently have a specified senior-level leader(s) role with primary responsibility and direct accountability for addressing Patient Experience*, we saw increases again across all segments. Most significant, the growth in committed leadership of over seven percentage points in the US reflects that seven in ten organizations now identify as having a senior leader with responsibility for experience. (Figure 10)

This was reinforced by an even more significant data point that showed the rapid trend away from experience being led by committees since 2013 to being led by senior experience leaders. (Figure 11) While most other responses remained flat, US hospitals revealed that from 2013 to 2017, a committee having primary responsibility dropped from 26% to 6% of organizations. In contrast, the presence of a senior experience leader grew from 22% of organizations to a majority, with 58% reporting in the US that they have some variation of experience leader in place.

With that trend, a challenge identified in the 2015 study remains. While we believe a committed leader is critical, only an average of 34% of those individuals with primary accountability for experience leadership spend 100% of their time committed to experience efforts. This means that even with a commitment in percentage of people, the dilution of focus caused by all the pressures in healthcare today provide a challenge for anyone looking to lead experience efforts forward. They are being called to spread attention and, therefore, are at risk of lacking full attention to the critical impact of experience these same organizations identified as crucial to their efforts. (Figure 12)



Patient Experience Teams

This issue is being slightly offset by some new discoveries in this year's study, namely that we are seeing greater commitment to growing teams of people engaging in patient experience efforts. The data in 2017 is interesting in that it reveals across all segments about one-third of all organizations have teams of five or more people and another third have teams of one to two people. The remaining third is split roughly between teams of three to four people or no teams at all.

The data show us a few things. There are organizations that are significantly committed to patient experience teams, while some are still trying to determine the best investment in people to accomplish their goals. (Figure 13) Perhaps of greatest significance overall is the trend seen in the US Hospital numbers that show from 28% of organizations having no committed staff in 2013 to just 12% in 2017. This represents a clear increase in some level of investment in now almost 90% of these organizations. (Figure 14)

Full-time Staff Members Designated to Supporting Patient Experience Efforts

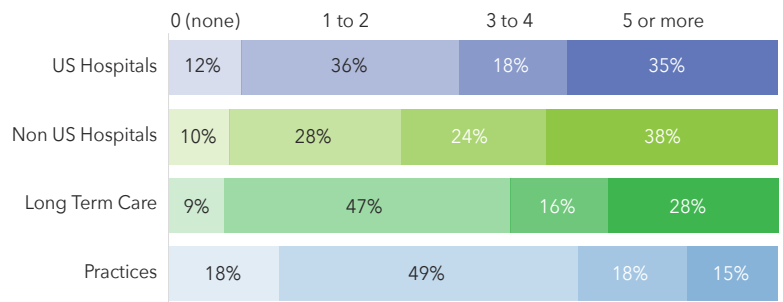


FIGURE 13

US Hospital Trends in Full-time Staff Members Designated to Supporting Patient Experience Efforts

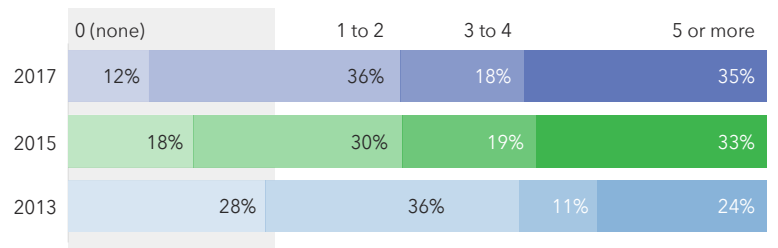


FIGURE 14



Organizations Engaging Patient & Family Advisors/Patient & Family Advisory Council(s)

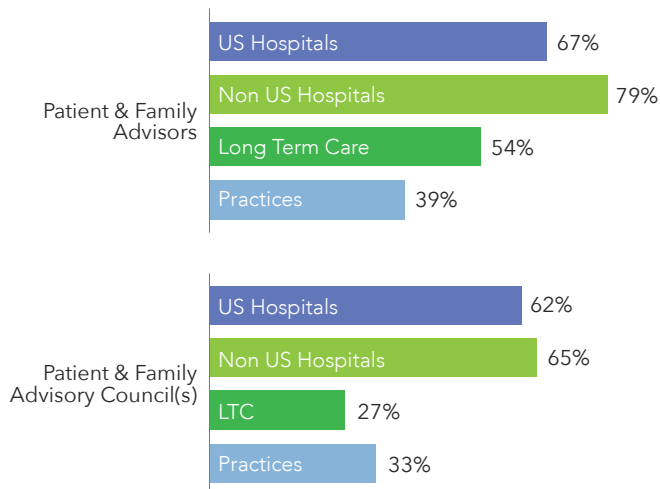


FIGURE 15

Engaging Patient and Family Advisors

Another positive finding in 2017 is the engagement of patient and family advisors across all segments (Figure 15). Yet, the data reveal that hospitals, both in the US and around the world, have a commitment to engaging patient and family advisors much more than do long-term care or physician practice organizations. Perhaps of greatest interest here is that in just under two-thirds of hospital settings, there is some form of patient and family advisory council in place. More so, the use of patient and family advisors exceeds the existence of councils which shows us organizations are looking at new and unique ways to engage patient and family voice from boards and committees to work groups and task forces. This engagement of the consumer of care brings important perspective and many times the opportunity for more direct and impactful solutions.

The Role of Governance in Patient Experience

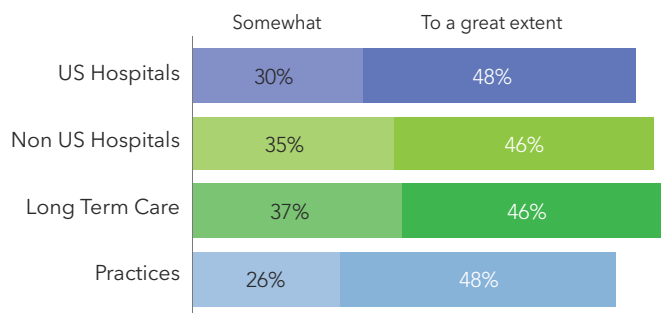
In 2017, we asked a new set of questions specifically exploring the role and engagement of governance structures, namely formal boards. We sought to understand both to what extent boards were aware of experience efforts, meaning they were informed of efforts and to what extent these boards actually guided or influenced experience efforts. The data here also revealed an opportunity to further engage, involve and align boards with experience efforts to provide opportunities for sustained and supported efforts. (Figure 16)

First, in just under 50% of organizations across all settings was there a "great extent" of board level awareness of experience efforts. While approximately 80% of organizations reported a combination of "somewhat" and a "great extent", that still shows a significant opportunity

for awareness and engagement. Board awareness is the first means by which to drive understanding, and understanding is the avenue to show and exemplify value. In doing this, boards can and must become advocates for, and champions of, experience efforts. This remains a big opportunity for most.

In fact, as the data show, most interestingly in hospital settings, well less than 25% of boards are engaged in efforts to guide or influence experience efforts. While most organizations would not want their boards leading experience efforts, it is shown that boards that have a level of investment beyond awareness tend to show more support, provide greater encouragement and therefore are more willing to ensure experience efforts are structured, sourced and sustained effectively. For as much as we scratched the surface on governance here, there is much more to be discovered and discussed on how boards can be key players in experience success.

Extent to which an Organization's Board is AWARE of Patient Experience Efforts



Extent to which an Organization's Board GUIDES or INFLUENCES Patient Experience Efforts

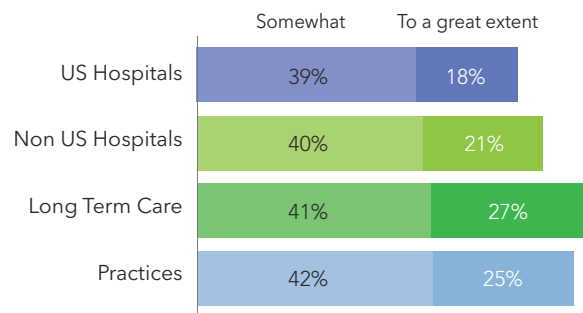


FIGURE 16

FOR CONSIDERATION: LEADERSHIP AND STRUCTURE



Leadership is a must in patient experience and not simply as a figurehead or as a slice of an executive's already stretched responsibilities. Organizations committed to experience must commit to focused leadership to drive experience efforts from framing strategy to implementation. With the growing complexity of experience efforts and the expanding scope of what encompasses patient experience work, the increased investment in patient experience teams must also be a priority, much as organizations staff other core functions. To understaff (or not staff at all) experience teams could have broader implications than the cost associated with establishing the resources needed to provide for effective experience. In addition, a growth in team engagement must expand to understand all voices and players critical to patient experience success. This includes an unwavering commitment to the value of patient and family voice in order to understand the perspective of those being served, as well as the engagement of governance, of organizational boards, to involve those who can champion the strategic value of experience. When you think of leadership in patient experience today, it must be in this multidimensional perspective. In doing so, you establish the best opportunity to reap the greatest results.

DRIVERS AND FOCUS

Motivating Factors

In 2017, we continued to look at what was motivating overall commitment to patient experience for organizations. Across most segments we discovered the top two motivating factors included "leadership's desire to provide a better experience" and "becoming a provider of choice/community reputation." Of interest in the non-US Hospital Segment the "provider of choice" response didn't make the top four answers instead replaced by desire to provide better outcomes. This may be reflective of the systemic designs in those countries

represented who operate more centralized national or state led delivery models where outcomes supersede choice. (Figures 17-18)

Of note in the US Hospital data is that for the first time we saw a decline in government mandates and policy as a driving factor. While still a major factor for action, this shift represents a subtle point. Organizations are seeing value and recognizing the potential impact of a focus on experience beyond just being seen as a required action. This shift we believe also represents a maturity in patient experience as a strategic foundation for organizations. No longer is it a "must do" required by someone else. Rather it is now something "we must do" for all we aspire to be as a healthcare organization.

Top Three Motivating Factors Driving Organization's Patient Experience Efforts - US Hospitals



FIGURE 17

Motivating Factors Driving Organization's Patient Experience Efforts - Across Segments

DRIVERS	Non-US Hospitals		Long-Term Care		Practices	
	2015	2017	2015	2017	2015	2017
Leadership's desire to provide a better experience	73%	72%	59%	48%	44%	56%
Desire to provide better overall outcomes	57%	52%	56%	44%	44%	30%
Right thing to do	52%	38%				
Priority of your organization's Board	N/A	38%				
Becoming provider of choice/community reputation			65%	56%	33%	47%
Government-mandated measurements, i.e. HCAHPS			6%	40%	39%	30%



FIGURE 18
Top Four Factors by Rank

Drivers and Roadblocks

In examining trends (Figures 19-20) for what was driving experience performance and potentially inhibiting results, we again saw consistent answers across segments, specifically, all identifying "strong visible support from the top" as a top response. Along with this, there was an increasing acknowledgement that a formal PX leader and/or structure was a top driver as well, in fact, showing growth in almost all segments. Newly introduced in 2017, the choice of "positive organization culture" was offered to respondents and emerged as a top item of over a third of responses in all segments except Non-US Hospitals. This result was intriguing, especially taken in conjunction with the reputation response data from Non-US Hospitals we explored above. While reputation was less of a motivation and culture less of a driver in this segment, the cases we have explored in those settings reinforce that some of the leading and/or most improved performers in the Non-US Hospital segment are committed to those very things.

As for what stood in the way, the roadblocks for experience efforts, the results in 2017 remained steady from previous studies as well. They were also consistent across all segments with the top items including: competing organizational priorities, cultural resistance to change, PX leaders with diluted focus and lack of budget and resources. These data help us to gain greater clarity from our respondents on what we believe we need to achieve experience success. In many ways, as just one point embedded in a vast data set, this may be one of the clearest and most actionable discoveries in all responses. If we are to achieve experience success, we must have focus, committed leadership, support for change and the resources needed to move forward. These are not surprising points, yet they provide a clear choice for organizations committed to ensuring experience excellence.

Greatest Drivers and Roadblocks of an Organization's Patient Experience Efforts - US Hospitals

DRIVERS	US Hospitals		
	2013	2015	2017
Strong, Visible support "from the top"	62%	52%	48%
Formal PX structure or role	30%	35%	46% 
Positive organization culture	N/A	N/A	36% 
Formal process review & improvement focused on PX	44%	36%	33%
Having clinical managers clearly support PX measures		3%	3%


ROADBLOCKS	US Hospitals		
	2013	2015	2017
Other organization priorities reduce emphasis on PX	46%	49%	42%
Cultural resistance to doing many things differently	42%	46%	39% 
PX leaders are pulled in too many directions	48%	38%	34%
Caregiver (i.e. physician, nurse, etc.) burnout & stress	N/A	N/A	33%
Lack of sufficient budget or other necessary resources	26%	26%	28%

FIGURE 19
Percentage in Top Three

Greatest Drivers and Roadblocks of an Organization's Patient Experience Efforts - Across Segments

DRIVERS	Non-US Hospitals		Long-Term Care		Practices	
	2015	2017	2015	2017	2015	2017
	Formal PX leader and/or structure	40%	50%			25%
Formal patient and family advisors or advisory council(s)	N/A	47%				
Strong, visible support "from the top"	56%	46%	49%	38%	55%	57%
Clinical managers who visibly support experience efforts	26%	27%	41%	35%		
Formalized process improvement efforts			24%	38%	27%	32%
Positive organization culture			N/A	38%	N/A	45%

ROADBLOCKS	Non-US Hospitals		Long-Term Care		Practices	
	2015	2017	2015	2017	2015	2017
	Other organizational priorities reduce emphasis on PX	49%	46%	33%	35%	37%
Cultural resistance to doing things differently	42%	41%	28%	40%	43%	43%
Lack of sufficient budget or necessary resources	36%	41%	39%	26%	25%	29%
Leaders appointed to drive PX are pulled in too many directions	16%	27%			20%	32%
Caregiver (i.e. physician, nurse, etc.) burnout & stress			N/A	44%		

FIGURE 20
Percentage in Top Three
Top Four Factors by Rank

One additional option offered in 2017 was especially relevant in the responses from US Hospitals. For the first time the option of "caregiver burnout and stress" was offered to respondents. Its impact as a driver for experience performance made the top 5 roadblocks, ahead of resource constraints, and was a top issue for one-third of all survey participants. The reality of burnout and fatigue has been a rapidly expanding discussion in healthcare and one central to the idea of the broader human experience in healthcare. If we are unable to care for those providing care, how will we ever be effective in the provision of care itself. From our perspective, burnout comes from a number of places including workload and requirements, systemic constraints and a distance from the purpose that drove so many to choose healthcare as a profession. In all, these items represent systemic issues to be resolved and are issues not explored in this study. While directly addressing burnout will remain critical, this issue is but a symptom of the larger systemic issues that need to be addressed in healthcare.

This issue in many ways returns us to the data revealed about engagement above and the acknowledgement of the role that the people of healthcare play in driving the best in outcomes. This idea was supported in the follow-up question to drivers in asking the efforts critical to achieving positive patient experience. Over the years we have conducted this survey, the response "purposeful and visionary leadership" has led the responses. For the first time this year and across all segments, the response "highly engaged staff/employees" leapt to the top item by an average of over 25 percentage points. (Figures 21-22) This was closely followed across most segments by organization culture reinforcing a critical shift in the patient experience conversation overall.

That from an effort historically driven by mandates and leadership focus, a change is in play that recognizes the healthcare organizations you build are the ultimate driver of the experience you provide and therefore the outcomes you achieve. This is a powerful realization and a significant moment in the experience movement as it now weaves itself in the very fabric of organizational life as a way to be rather than a thing to do.

Most Important Factors in Achieving a Positive Patient Experience - US Hospitals

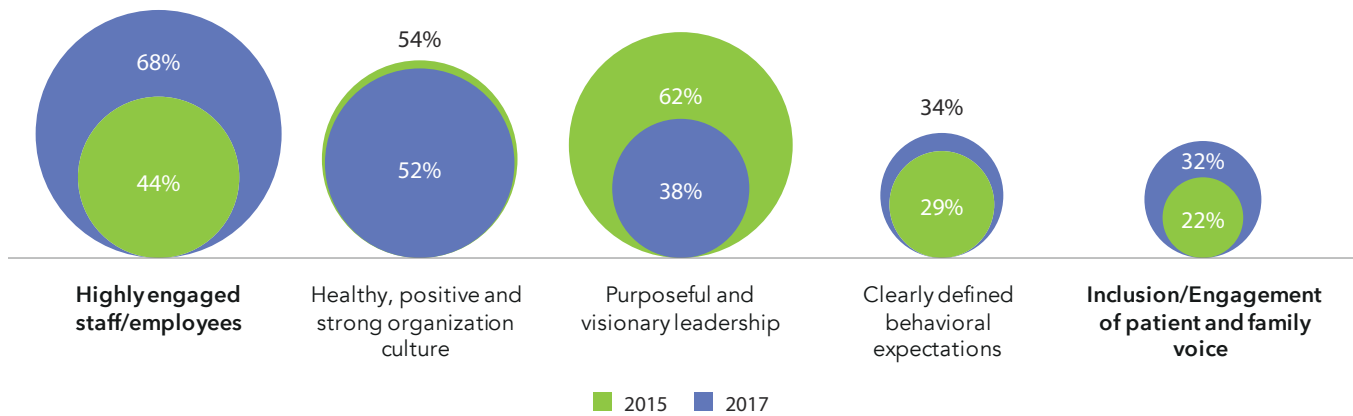


FIGURE 21
Percentage in Top Three

The healthcare organizations you build are the ultimate drivers of the experience you provide and therefore the outcomes you achieve.

Most Important Factors in Achieving a Positive Patient Experience - Across Segments

Factor	Non-US Hospitals		Long-Term Care		Practices	
	2015	2017	2015	2017	2015	2017
Highly engaged staff/employees	29%	59%	52%	79%	32%	62%
Inclusion/Engagement of patient and family voice	39%	53%				
Health, positive and strong organization culture	40%	47%	41%	67%	42%	62%
Purposeful and visionary leadership	61%	35%	56%	29%	70%	30%
Clearly defined behavioral expectations			15%	38%	23%	41%

FIGURE 22
Percentage in Top Three

This is represented in the trend revealed in the responses to the open-ended question "what are the top three areas of focus or action in your organizations patient experience effort?" (Figure 23) We have reported these results as a word cloud, and the responses to this question have evolved in our last three studies. In 2013, responses were still tied very much to actual domains being measured by surveys, specifically the HCAHPS survey, such as noise and some specific evidence-based practices in place to address them. In 2015, an evolution began in moving beyond just survey requirements to broader organizational focal points including thematic topics, such as service excellence or communication, while the survey now became one segment of the broader dialogue.

A dramatic shift occurred in 2017 in alignment with all we shared above. For the first time, the elements of the integrated view of patient experience emerge showing the linkages of quality and safety, with the practices around communication and rounding and elevating the acknowledgement of engagement of both employees and patients and families. This trend visually represents all we have seen in the data so far: that the broader implications for the kind of healthcare organizations we build will be reflective in how we provide for others and ultimately the experience we deliver. There is an unmistakable alignment emerging with this focus on people and organizations that is significant for healthcare overall. In many ways, it feels as if it is an effort at self-reflection and self-healing in an environment that could otherwise overrun all involved in it. This remains perhaps one of the biggest challenges and greatest opportunity for healthcare today.



FIGURE 23
Top Patient Experience Priorities

FOR CONSIDERATION: DRIVERS AND FOCUS



The data show us something significant: that experience is now something that emerges from the type of organization you are, not simply the strategies you implement. A commitment to experience success requires focus and resources. It also requires a commitment to the people who comprise healthcare organizations as a central strategy in any experience success. How are you building and sustaining an engaged workforce and positive culture? How are you using that commitment and engagement to reinforce sustained experience practices and efforts focused on the outcomes you aspire to achieve? These are not complicated or complex choices, but rather discernable and measurable decisions that will provide the best in experience for all engaged. The data help us see that this is no longer a nice thing to do but a strategic and fundamental reality if we hope to drive the greatest success.

MEASUREMENT AND IMPACT

As we continue to examine the measurement of patient experience efforts, this may remain the area of this work with the greatest room for innovation. Across all segments, surveying either via mandated or internal surveys, remains the top means for measurement. There has been little movement in the ranking of items or new efforts introduced with the exception of the opportunity for more real-time data collection, an increased effort at expanding the input of patient and family members and the tracking of social media. While the movement here has not been great, there does remain opportunities for looking at how to best use data and new ways in which to gather feedback. The idea of both understanding how you are performing and determining the means by which to track progress or measure impact will continue to be an opportunity in the market. (Figures 24-25)

Metrics Organizations are Using to Measure Overall Improvement in the Patient Experience - US Hospitals

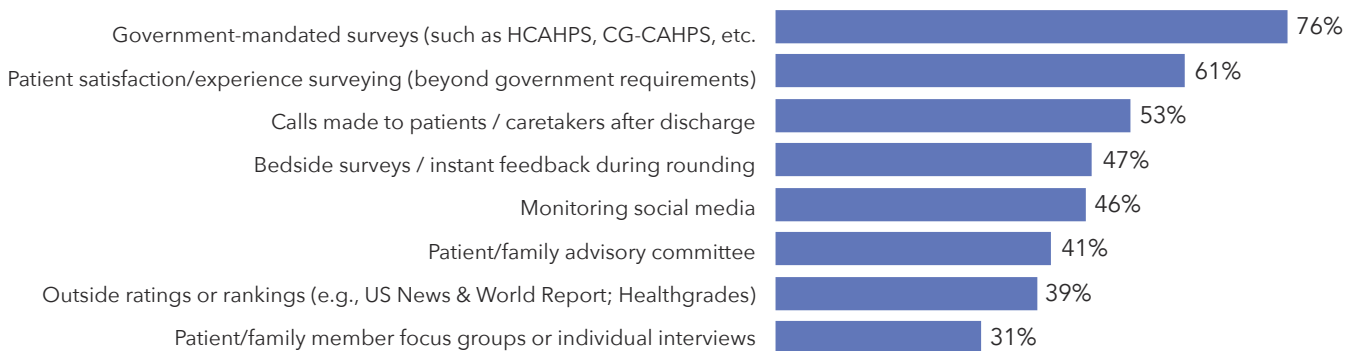


FIGURE 24

Metrics Organizations are Using to Measure Overall Improvement in the Patient Experience - Across Segments.

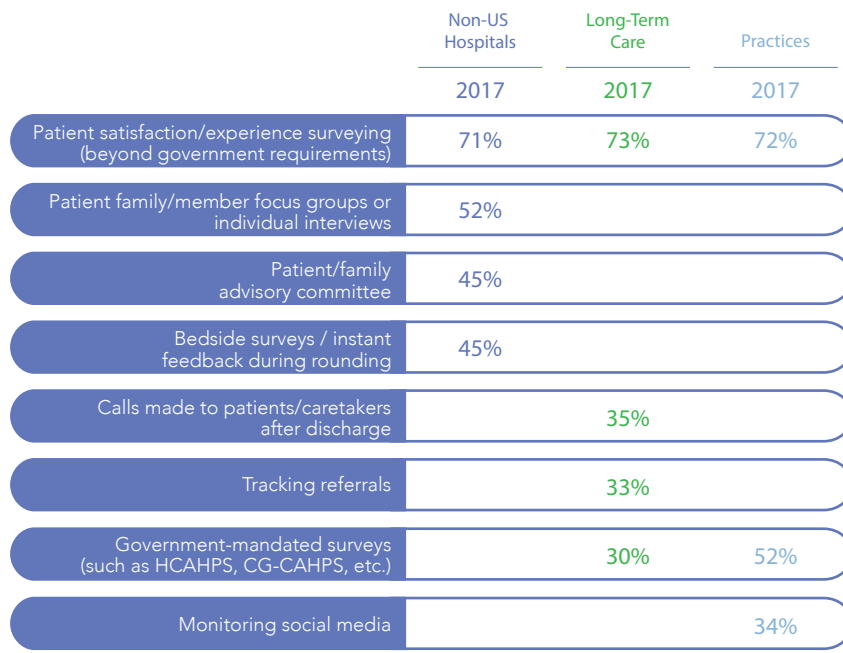


FIGURE 25
Top Four Factors by Rank

In terms of outcomes, based on research and observation we have come to believe a focus on experience is a primary and central means to achieve much, if not all, of what healthcare strives to achieve including clinical outcomes, financial results, consumer loyalty and community reputation.⁵ To this extent, in 2017 for the first time we asked respondents to identify the areas they believed a focus on experience would positively impact. (Figure 26) There was agreement in the data that experience impacted the items mentioned above and also had an expanded impact not included in that model. First, that a focus on experience addressed something central to healthcare: reducing patient and family anxiety. This has been reflected in many efforts identified to address suffering, engage with more compassion and empathy and ensure patients and families are engaged.

Additional identified impacts of patient experience were the engagement of both employees and physicians.

This was an interesting discovery in that it reinforces the reality of the virtuous cyclical relationship a focus on experience affords versus a more linear cause and effect some might ascribe to it. In engaging people in their care and engaging the people who support care, we provide better experiences, which, in turn, reinforces and reengages those individuals. This is the power of momentum in experience efforts that moves beyond positioning this work as an initiative, strategic pillar or tactical plan. If organizations are willing to weave experience efforts into who they are as an organization, sustainability no longer becomes something to achieve, but, in fact, it is a result that is unavoidable.

Areas and Extent to which Patient Experience efforts are Believed to Have a Positive Impact

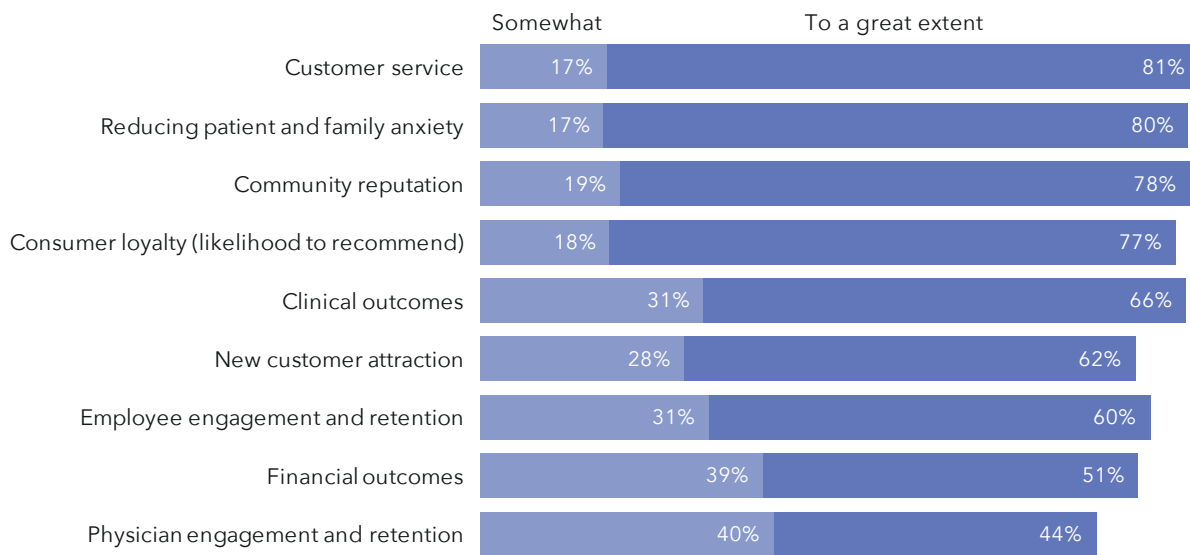


FIGURE 26

If organizations are willing to weave experience efforts into who they are as an organization, sustainability no longer becomes something to achieve, but, in fact, it is a result that is unavoidable.

This shift in how we look at experience is critical not just for the outcomes we believe it helps organizations realize, but also for the impact it has for those seeing themselves as consumers of care. Continuing the upward trends on the importance of experience, almost 90% of respondents said patient experience was important to them in healthcare and 75% said experience was and/or would be significant to them in their healthcare decision-making. (Figure 27) While consumers of care may not use terms such as patient experience that emanate from

healthcare itself, they have a growing awareness due to elevated policy conversations, tough decisions due to costs and a broader and expanding consumer mindset across industries that they have certain expectations and even demands on what they want to see from their healthcare. When consumers collectively find voice, it is something that does not diminish, and healthcare is in the midst of a consumer revolution that will push it to shift, rethink and transform in ways it may yet know.

The Consumer is Speaking: Patient Experience Matters

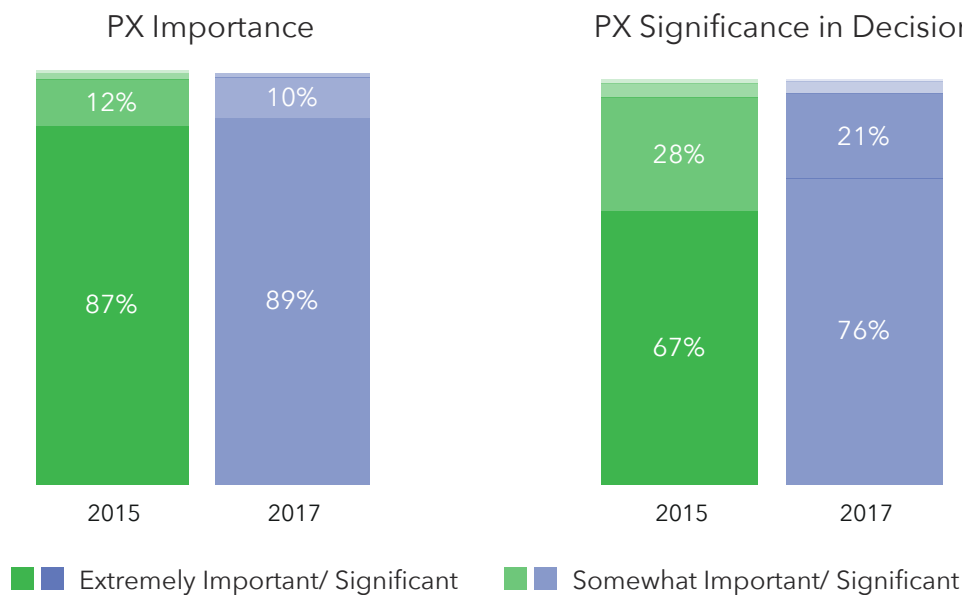


FIGURE 27

FOR CONSIDERATION: MEASUREMENT AND IMPACT

An opportunity for many remains in understanding and measuring the impact of patient experience beyond simple methods of feedback in surveys. Partly this shift in how we measure will depend on a shift in how we define and address experience overall. An integrated view as suggested above means our measures expand. With this view, quality and safety improvements, financial performance, loyalty measures and more can and must ultimately become part of measuring experience success. It will also mean we must consider linking internal measures such as the engagement of people and the assessment of culture as part of the experience conversation. This shift from a segment of work to be considered to a global construct that is both influenced by and impacts all we do will call for new ways to thinking and doing in this space. The data shows us that organizations are making this shift, and there are many now that have begun to change the very way they do business to ensure this new way of being takes hold. This is also reflected in what will be a shifting power structure in healthcare as choices take hold, pressures shift, new and creative options emerge and the idea of people as passive participants gives ways to people as active partners in care. This new world of healthcare can and must be grounded in this human experience. In doing so, it ensures a commitment to all healthcare looks to achieve.



PERSPECTIVE ON PROGRESS

Over the seven years we have conducted this biennial study, we have looked to gauge the perspective of how people are feeling about their progress on this work. We have asked "How do you feel about the progress (or lack of progress) your organization is making toward improving the Patient Experience?" The trend to this question has been interesting and informative. In our first three inquiries in 2011, 2013 and 2015, we saw a downward trend on this number. Specifically, in the US Hospital segment, this trend slipped respectively by year from 86% positive/very positive in 2011, to 71% in 2013, to 66% in 2015.

In our 2015 study I offered the following reflection:

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, and the results may not come as quickly as we'd like.¹

We maintain the perspective that as people got deeper into the work, the reality of what it takes to address experience got more complex, more significant and therefore more challenging. The feeling of progress wasn't indicative so much of disappointment as it was a reflection of reality. It is in this light that the 2017 data

provide an interesting and inspiring result. For the first time in the tracking of this question, we saw an upward trend. And in fact, while we have tracked the US Hospital segment over all four studies and the expanded segments across the last two, each segment reported an increase in positive perception from 2015 to 2017. Not only has the perspective on progress increased and returned to where it was in 2013 for US Hospitals, but also those reporting very positive results now surpasses both 2013 and 2015.

What does this mean? We believe time will tell us in what we see in terms of actions and effort, but it does indicate something significant – people now believe that progress is being made. And yes, while efforts to address patient experience will remain messy and even hard to wrap your arms around at times, people are seeing results. There is greater clarity on what can be achieved and what stands in the way, there is greater clarity on what helps drive results and what focus is of greatest value and there is greater clarity on the ultimate impact organizations can have on themselves, their people and those they serve.

This subtle but significant shift that represents the recognition of much of what we have aspired to support in our work at The Beryl Institute. Patient experience is not a tangential action or a slice of a strategic pie; rather, it is and is emerging as an actual field of practice with a community, a body of knowledge, an expanding base of research and evidence and a growing number of formally recognized professionals driving its charge. So, too, are we seeing leaders no longer addressing experience as a burden of mandate, but rather a central call to purpose. This shift is occurring on a global scale and is being driven by countless voices. With this, it is easy to understand why people's sense of progress is shifting in a positive direction.

There is greater clarity on what can be achieved and what stands in the way, there is greater clarity on what helps drive results and what focus is of greatest value and there is greater clarity on the ultimate impact organizations can have on themselves, their people and those they serve.

THE STATE OF EXPERIENCE IS STRONG AND THE MOVEMENT IS ON THE RISE

When we look at all we discovered, from what the data revealed to the considerations offered, we stand confident in declaring the state of patient experience is strong. We are bold enough to say that as the last seven years have brought a sense of thoughtful reflection seasoned with a dose of healthcare reality, the positive opportunities for those committed to experience may have never been greater. In looking at what we believe the data says to support this, we offer:

- Experience efforts are expanding and are now an integral part of the fabric of our healthcare efforts.
- Patient experience remains a top priority with a focus on employee engagement now seen as a central driver in experience efforts.
- Leadership and culture are now the significant motivators versus the historic focus on mandates and requirements, and there is a recognition of the impact that patient/family voice and caregiver engagement has on the work of healthcare.
- Patient experience itself continues to establish presence with the role of patient experience leaders, experience team size and the use of a formal definition on the rise.
- Patient experience is now being recognized as an integrated effort touching on much of what we do in healthcare and one that drives clear and measurable outcomes.

There are many more conclusions to be drawn in what we discovered, as well as perhaps questions raised to be explored. What we can say with certainty is that patient experience has now established itself as a fundamental part of the healthcare dialogue and will continue to look for ways to expand its impact in all that healthcare represents. As the movement grows, represented in not only the over 55,000 people worldwide engaged in The Beryl Institute community but also reflected in a rapidly growing vendor marketplace looking to offer services reaching well beyond the survey resources initially at the roots of this movement,⁶ we are just at the cusp of where innovation can lead us.

As we look to what an integrated perspective can afford in terms of opportunity, as we see more organizations linking quality, safety and service and ensuring patient, family and staff experience are connected, we will continue to see the evolution of the experience movement. As we see efforts to address this work at all touchpoints across the continuum expanding, from the establishment of the first role of Chief Experience Officer in long-term care to more comprehensive strategies in primary care, and we see efforts at integrating system-wide efforts under banners such as "one experience," we can say with confidence that the patient experience movement is on the rise. Patient experience is no longer something new, but rather it now has established commitments linked with an unwavering understanding that the work of patient experience itself is not something we achieve and declare done. Instead, we must acknowledge and act with the understanding that patient experience is a never ending effort driven by a commitment to ensure the best for all those we do and will care for and serve.

A NEW VIEW: AN UNWAVERING COMMITMENT TO THE HUMAN EXPERIENCE IN HEALTHCARE

This broadening and inspiring state is revealed not only in this data, but also in the countless examples of practice now taking place around the world. We encourage you to listen, learn and share with others. As much as we, through The Beryl Institute, can work to provide examples of practice via *On the Road* articles, through case studies provided about leading practice or in research on the pages of *Patient Experience Journal*, there are countless other examples taking place every moment. Our opportunity in this effort is to ensure that each success is shared and made available for all those seeking to improve and positively impact the healthcare experience. This need not only be through connecting via our community, but in knowing what others in your own communities are doing, learning from colleagues and peers via any avenue available and ensuring others can learn from that too.

We have always maintained that in patient experience there are no major secrets, and with that, believe strongly that the differentiator is not in the private processes you create or the proprietary models an organization might produce. Rather, it is in the spirit of an open sharing of ideas through which all should play and in the distinction of a true commitment to execution through which you should compete. Experience will be and is already emerging as a key, if not the primary, differentiator in healthcare. The opportunity in front of each organization is how they will seize this moment.

For us at the Institute, part of this moment is to acknowledge that patient experience will forever be central to healthcare, but also as we learn from the community and from the very data in this year's study, the healthcare experience we speak to reaches beyond

patient experience itself. In an environment where we clearly base all work on human beings caring for human beings, we are ultimately addressing and impacting the human experience in our midst. For this reason, we believe at The Beryl Institute, as we remain committed to patient experience, we must address the reality of the human experience that is central to healthcare overall.

With this, and grounded in much of what this very study showed us, we have set a bold and fundamental desired impact for how we look to move into the years ahead. Our cause is simple, clear and true:

Changing healthcare by advancing an unwavering commitment to the human experience.

In doing this, we honor all the respondents of this study who have shared, all the work each of you are doing and the reality of the healthcare world we find ourselves collectively creating around the world. In a commitment to shift how healthcare works, we must dedicate ourselves to the broader human experience, honoring both the patient experience at its core and the experience of all driving and supporting healthcare's efforts every day. With that, we believe this commitment must be grounded on four key points:

- Understanding experience is defined as the sum of all interactions shaped by an organization's culture that influence patient perceptions across the continuum of care.
- Acknowledging experience (1) encompasses the critical elements of healthcare from quality, safety and service, to cost and population health issues that drive decisions, impact access and ensure equity

Experience will be and is already emerging as a key, if not the primary, differentiator in healthcare.
The opportunity in front of each organization is how they will seize this moment.

and (2) reaches beyond the clinical encounter to all interactions one has with the healthcare system.

- Recognizing that human experience reinforces the fundamental principle of partnership and is therefore inclusive of the experiences of those receiving and delivering care as well as all who support them.
- Reinforcing that focused action on experience drives positive clinical outcomes, strong financial results, clear consumer loyalty, solid community reputation and broad staff and patient/family engagement.

This commitment has been spurred by all we have seen in this work and is exemplified by not only what this study has shown us but also by all each member of the broader patient experience community has taught us. As we travel a journey to reinforce the critical role of the human experience in healthcare, all that we have learned in this year's study takes on even greater relevance.

We must strive for what we believe is important in these findings and then ensure we seek ways in each and every one of our organizations to apply these principles, practices, ideas and findings for the good of all engaged. This is not idealism, but rather a practical reflection on where we are and what we can achieve. The state of patient experience is about much more than what we have or will do, to what we are and what we can become. That is the inspiration we glean from those who contributed their voices in this year's study and the motivation we garner from working collectively as a community dedicated to the human experience in healthcare.

The state of patient experience is strong, your efforts and commitment are true and the possibilities of all we can accomplish as a result are yet to be realized. That makes this, perhaps, one of the most exciting times to be committed to this work. We look forward to traveling the next steps of this journey with each of you.

In a commitment to shift how healthcare works, we must dedicate ourselves to the broader human experience, honoring both the patient experience at its core and the experience of all driving and supporting healthcare's efforts every day.

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