



The State of Patient Experience 2021

Transforming the
Human Experience

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THE BERYL INSTITUTE

The Beryl Institute is a global community of over 55,000 healthcare professionals and experience champions committed to transforming the human experience in healthcare. As a pioneer and leader of the experience movement and patient experience profession for more than a decade, the Institute offers unparalleled access to unbiased research and proven practices, networking and professional development opportunities and a safe, neutral space to exchange ideas and learn from others.

We define the patient experience as the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care. We believe human experience is grounded in the experiences of patients & families, members of the healthcare workforce and the communities they serve.

RESEARCH PARTNER



About Service Management Group

SMG inspires experiences that improve people's lives. We are a catalyst for change—helping organizations generate new revenue, grow existing revenue, reduce churn and detractors, and drive operational efficiencies. Our unique software with a service (SwaS) model puts a dual focus on platform technology and professional services, making it easy for brands to activate insights based on customer, patient, and employee feedback. To learn more about our customer, employee, and brand experience management (XM) solutions, visit www.smg.com.

An Opportunity Revealed in the Midst of Crisis

Following a year like we have never experienced before, we continued a now decade-long tradition of asking the community about how their efforts to address, improve and elevate the patient experience continue to develop. Since 2011, we have watched a concept with deep roots in patients' rights and advocacy, service excellence and satisfaction establish itself as a profession. Reinforced by a formal body of knowledge and a growing foundation of evidence and research, patient experience is now a recognized field of practice supported by a diverse and rich community of professionals and clinicians, patients, family members and care partners who stood together in leading this growth. The state of patient experience is a story we have now been telling for over 10 years. But more so, it is a story each of you have been part of building.

As we closed the first report, *The State of Patient Experience 2011*, our last finding stated, "While tactical change is underway, there is not yet collective movement to address patient experience at the systemic level." The challenge this posed for all of us was a challenge to which we have risen. To end the 2011 report, I wrote:

[This finding] begs us to think systemically about how we address this issue, not only in our own facility, network or system, but also at the macro level about how we collectively contribute to improving patient experience overall. Our commitment at The Beryl Institute remains that by bringing together the community of practice (both at a national and international level) and providing the venues for not just learning, but interactions and sharing, we break down barriers to success and expose new paths to improvement. The patient experience does not belong to any one organization. Rather, it should be the commitment of everyone that touches healthcare.¹



This commitment of the many is what we have built together as a community, and it has served to provide support, insights and actions as we have grown over this decade. I believe it is this commitment to one another that has enabled us to traverse the crisis through which we all have been living. It is this commitment on which we are also building the future of healthcare.

In *The State of Patient Experience 2019*, we offered a call to action for the future of human experience that pushed us forward over the last two years and through this crisis towards an opportunity not only to move to the future but to truly transform the human experience in a more full and robust way than we could have even imagined then. In 2019, I wrote:

When we focus on what the human experience in healthcare truly is, we will align our quality and safety efforts to ensure the experience our patients and families expect and deserve. When we focus on what the human experience in healthcare truly is, we will see, as revealed in this study and in the trends it has shown us, that the experience we create for those that work in healthcare, those that serve healthcare, is integrally linked to our capacity to ensure the best in ALL outcomes for those served by healthcare.²

What the pandemic has revealed to us is that some of the very issues we alluded to in that 2019 exploration have been laid bare. We shared, “While not addressed in the 2019 data, it is clear that [a commitment to human experience] will also support our capacity to address social determinants and our efforts to expand access and address equity.”² We have seen in study after study over the last year the real and measured impact of the disparities that have been perpetuated in healthcare and the inequity in outcomes that have resulted.^{3,4} The data in 2021 show just how aware we are now that any commitment to human experience MUST be focused on equity in care itself.

We too have seen the real impact on the healthcare workforce, those dedicated individuals who we know have been carrying a heavy burden in their commitment to care for others. The sheer volume, but more so the many tragic scenarios the healthcare workforce faced in the last year

alone, revealed the stress we always knew existed but may not have always effectively addressed. A telling study revealed that while the healthcare workforce remained purposeful and positive, those feelings are being undercut by burnout, anxiousness and even anger.⁵

The realities of the moment we are in, grounded in what we knew just two years ago, reinforced a need to not just expand our commitment to the human experience at the heart of healthcare but to act to transform it. A recent article reinforced this idea, that the human experience itself must be inclusive of the patient experience at its core but also consider the experience of the workforce and the communities healthcare organizations serve. (Figure 1) It underlined this point found at the heart of the decade-long review of the state of patient experience itself, stating, “The human experience – encompassing patient, workforce and community experiences – is not a move away from the foundational definition of patient experience but rather the positive and natural expansion of it.”⁶

If we are to truly transform the human experience in healthcare by solidifying our core commitment to patient experience, recognizing and addressing the needs of our healthcare workforce and acting on the real opportunities to dismantle health disparities and ensure equity, then the state of patient experience must continue to be understood. In doing so, though, the commitment to understand must not be to just explore, but to nurture, to foster growth and to do what is needed to ensure excellence in experience, acting on the collective commitment we called for in 2011.

The global experience community has risen to the challenge. It has also acknowledged there are still hills to climb. In a commitment to human experience, we will excel at helping those we have long committed to care for by providing space for healing, ignite a return to purpose for those who show up to work in healthcare every day and break down the systemic issues in our communities that have led to inequitable outcomes. That is what the state of patient experience reveals. That even in the midst of crisis, we rise. That as a community, we stand strong.

In taking a moment to pause and reflect at a time when we have been unsure of what the next day would bring, we commit to act in ways that create a better, more equitable and human-centered experience for all. That is the opportunity revealed in the midst of crisis. It is one I know we are all ready to take on. And it is one, because of the state of patient experience itself, in which we will succeed, together.

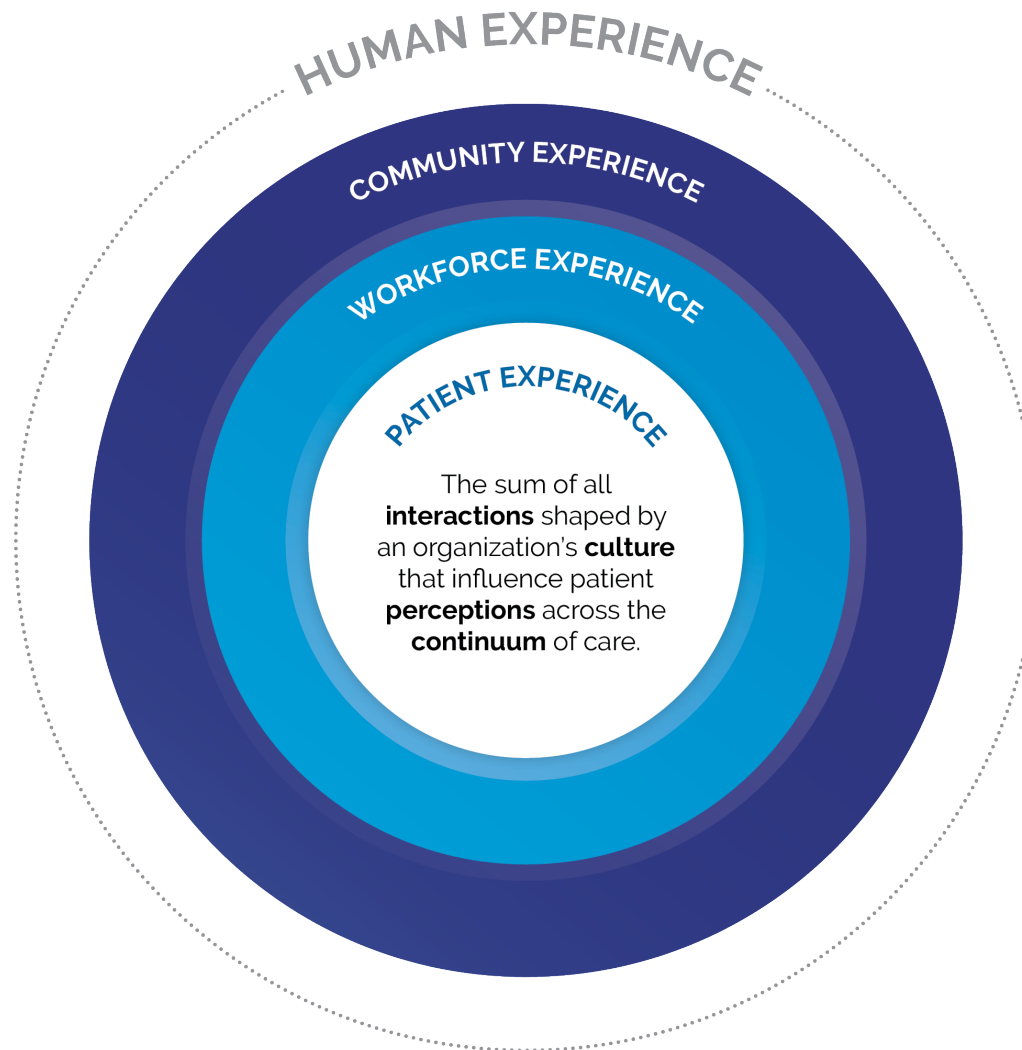


Figure 1. The Human Experience

The State of Patient Experience 2021

As we look at the data from our 2021 inquiry, key headlines emerge and critical trends are revealed. The information in this report is provided in a way to broadly inform you but also in a way you can grab hold of and use in pieces and parts to support your efforts, build your strategies, reinforce your business cases and underline your commitments. We will speak to the priorities and focus on experience, the evolution of experience structures and the impact that experience continues to have.

Methodology

The *2021 State of Patient Experience* is the sixth biennial study of patient experience. It was conducted via an online survey from January 26 to February 19, 2021 in conjunction with our research partner, Service Management Group. The survey was comprised of 75 questions, taking respondents just over 20 minutes on average to complete. Respondents represent 33 different countries. Seventy-five percent of respondents came from hospitals or hospital groups; the remaining 25 percent came from non-hospital organizations of which 5% reported as patient and family/consumer responses. Respondents' positions were varied with 34% reporting they were at a director level, 20% reporting from a C-Suite role, 20% from a provider perspective and 15% from a non-clinical team member. As this study is focused on understanding operational priorities and how people are executing on patient experience in their organizations, this sample provides a robust and diverse perspective for this purpose. Of note, to complement this biennial inquiry, The Beryl Institute maintains the quarterly PX Pulse⁷ in collaboration with Ipsos to more consistently seek the perspectives of patients, family members and the healthcare consumer at large on what remains important to them in a focus on patient experience.



Director



C-Suite



Healthcare Provider



Respondents represented organizations headquartered in 33 different countries.



Non-Clinical Team Member



Consumer



Other

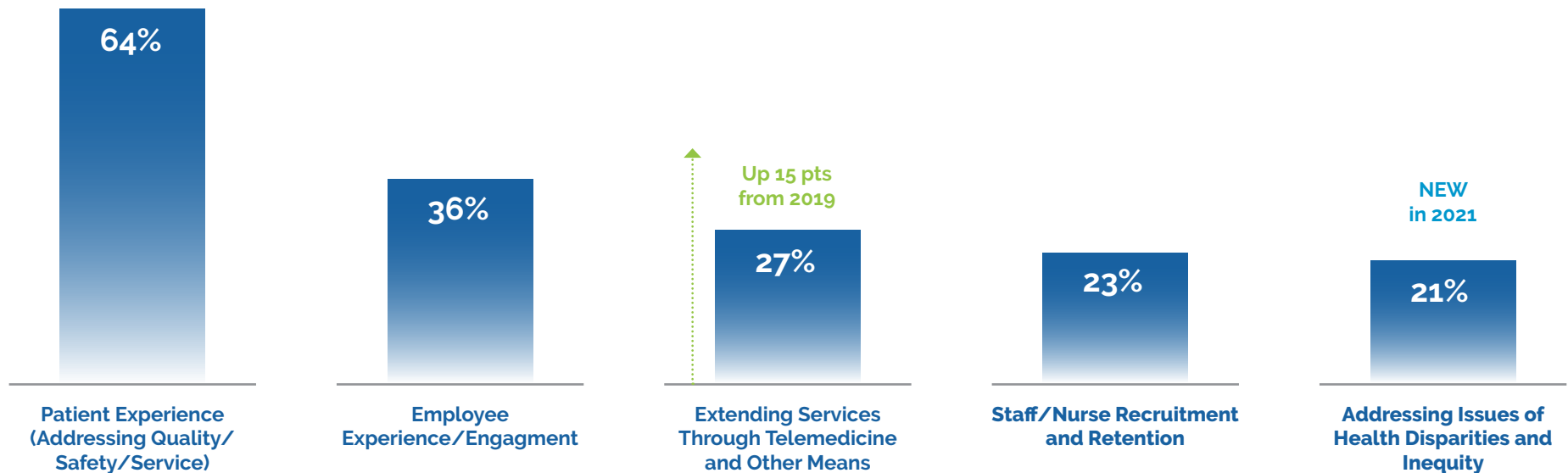
Priorities and Focus

Experience remains a top priority as telemedicine and addressing health disparities see rapid rise.

A commitment to the human experience is exemplified from the start, as we see top priorities lead with a focus on patient experience, a commitment to the healthcare workforce with a focus on employee experience, but also staff/nurse recruitment and retention showing up as a top priority. New to the data set in 2021 is a commitment to addressing health disparities and inequity, which immediately reported as a top five item. The complement of these three priorities underlines why a commitment to human experience is more than a concept. It is a reality that healthcare organizations around the

world are now actively working to address. The most rapidly rising priority, and one clearly catalyzed by the pandemic, was the extension of service via telemedicine. The response of healthcare in the last year to speed innovation and the implementation of services planned for longer-term roll-out was evident globally, and the future of telemedicine and other interactive clinical technologies will become an essential part of the experience conversation moving forward.

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



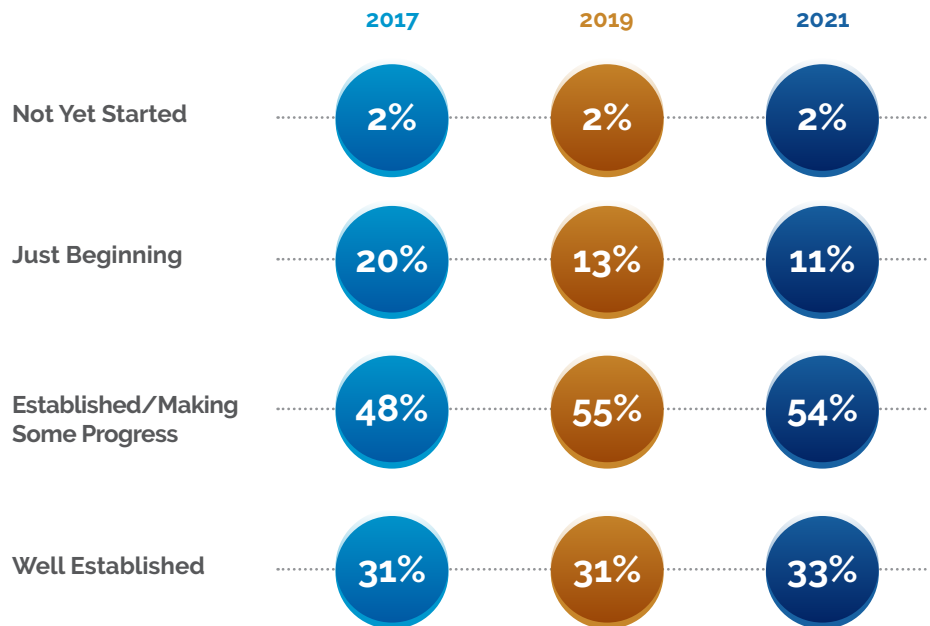
Experience efforts continue to mature, and a formal mandate for experience has never been higher.

The shifts at the edges of the maturity curve for experience efforts continue, as those saying they are just beginning experience efforts hits a low point (11%). While those with established programs remain relatively steady, we see a slight uptick in those reporting well-established experience programs (33%). For as much as we have seen progress in experience efforts in the last decade, it is evident that many organizations are still making a transition to a full commitment to experience.

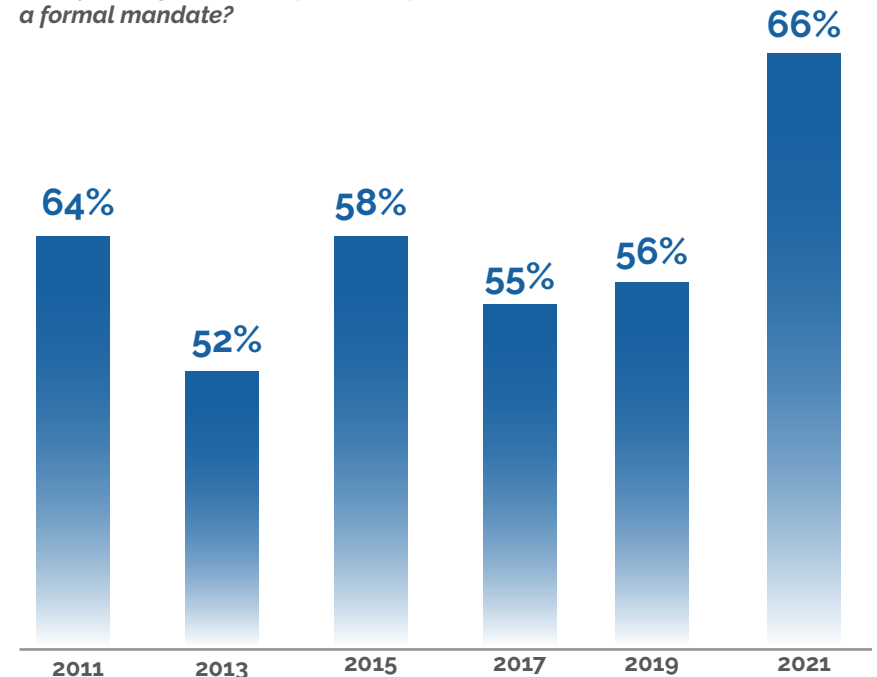
At the same time, for the first time we saw a significant rise in those reporting patient experience having a formal mandate in their organization. From the start of the study, just over half of respondents reported a clear mandate

for experience. In 2021, we saw a leap to two-thirds of respondents (66%) reporting a formal mandate. This is an interesting leading indicator to watch as we look at the evolution of experience programs in the years ahead but, as will be revealed later, also reflects on our capacity in healthcare to respond to the pandemic with a commitment to experience. The last year showed us in new ways the importance and need for human connection. It highlighted the true nature of healthcare being human beings caring for human beings with all its joy and pain. This bump truly reflects the time we are in but also the importance experience now has in our capacity to deliver the best overall outcomes.

Which of the following stages best describes the current state of your organization's patient experience efforts?



Does your organization's patient experience effort have a formal mandate?



Organizations continue to most often adopt or adapt the foundational definition of patient experience.

As organizations look to focus on patient experience, we continue to see them seeking to define it as well as taking action. Most respondents reflected using or adapting a version of The Beryl Institute's community definition of patient experience. In the open-ended responses, people reflected on the importance of the key components of the definition itself, that we must work to ensure the best in interactions, that organization culture matters, that experience is not only about what happens in a clinical encounter but what happens before and after, and that we must listen to and honor the voices of patients and families as real data on which to reflect, act and drive improvement and change. A definition of patient experience continues to be a north star for organizations looking to excel at experience overall.

Does your organization's Patient Experience effort have a formal mandate?

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

The Beryl Institute

Experience continues to be seen as an integrated effort, and experience outcomes are influenced by an integrated focus with expanded recognition of the role of technology, policy and structure.

Respondents reflected the growing recognition that a conversation on experience is not one simply about how satisfied someone is with their care or the results of a survey but a reflection of an integrated effort and coordinated action in a number of critical areas, from patient and family engagement to quality and safety, access to care and health equity. These key points of focus, while significant in their own standing, are also seen as encompassed by experience. The work healthcare organizations do in these areas must be synchronized and aligned to focus on the broader outcomes healthcare organizations seek to achieve, not as competing operational segments drawing resources from one another. It is the harmony and connection of these various efforts that undergirds the best in experience outcomes.

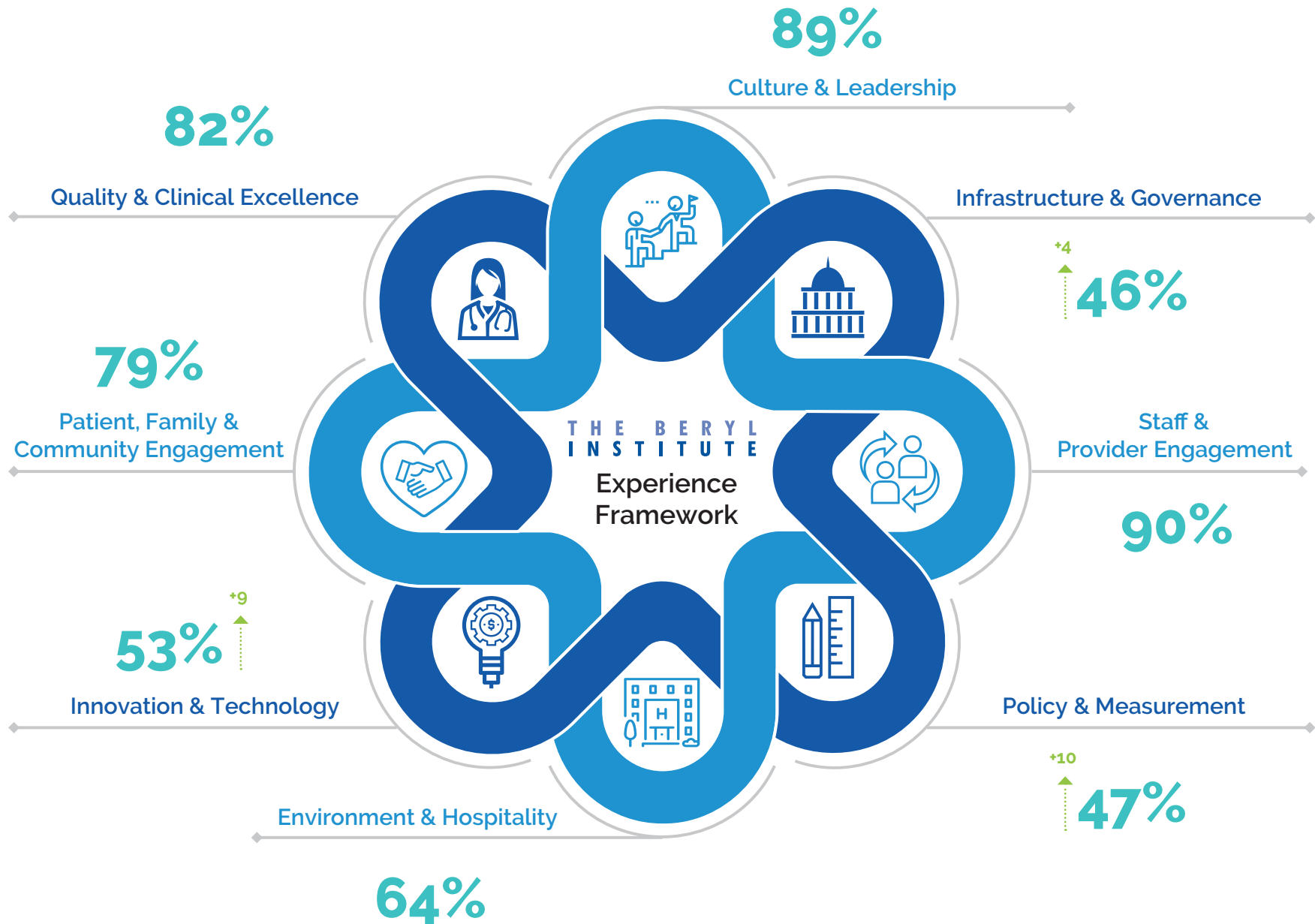
Our respondents also reinforced the foundational concepts provided in the Experience Framework. As a means to think strategically about all that influences experience and a visual means to show the connected nature of

all that we do in healthcare to ensure a positive experience, an integrated focus continues to be supported by the data. Of note, in the year of the pandemic we have seen the influence of specific areas, often seen as less connected to experience, rise in importance. The strategic lenses of the Experience Framework *Innovation & Technology, Policy & Measurement and Infrastructure & Governance* all saw large increases since our last survey. This reflects a great deal of what was learned during the pandemic about how technology can be used to positively impact experience, how the policies we enact also play a role and how we lead our organizations drives experience outcomes. The bottom line is this year's study reflects a clearly growing understanding of the integrated nature of experience, the actions this will require and the opportunities it will afford to improve.

To what extent should patient experience encompass each of the following? (% to a great extent)



To what extent do you believe the following influence patient experience outcomes? (to a great extent)

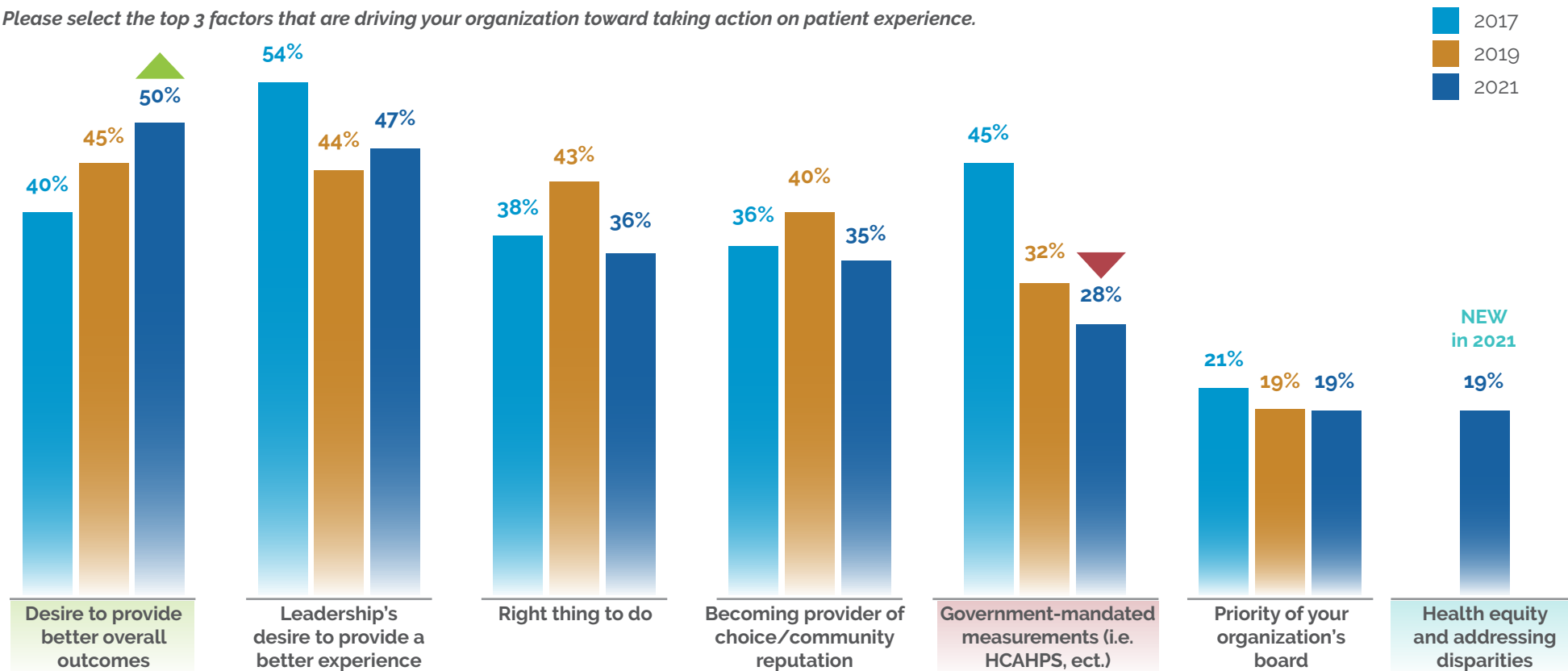


Experience efforts are increasingly driven by a desire to provide better outcomes and addressing health disparities is now an essential factor.

In seeking to understand what is driving people towards taking action on patient experience, the steadiest increase from previous studies is a "desire to provide better outcomes." This climb of 5% each survey period picks up from the recognition of the integrated nature of experience discussed above. It underlines a growing awareness and clear statement from healthcare organizations that a commitment to experience is a commitment to providing better OVERALL outcomes. This is countered by a dramatic fall in the influence of government mandated measurements (such as CAHPS in the United States). The idea of mandates as a motivator for action is clearly

diminishing, as organizations are realizing more strategic and significant implications for a focus on experience. One such item is a commitment to "health equity and addressing disparities," which was introduced as a new response in this year's study. It has already sprung to the top group of items as a driving factor. The key now will be to sustain a conversation on how we ensure equitable care as foundational to any positive experience. It will also be incumbent on us all not just to discuss but to act with unwavering focus on this critical reality.

Please select the top 3 factors that are driving your organization toward taking action on patient experience.



Top supports and roadblocks hold steady, while a focus on leadership and concerns for caregiver burnout rises.

Through the years, we have been exploring top supports and roadblocks and have not seen a great deal of movement in the top items, so it is the subtle shifts that garner attention. In this year's study, leadership continues to rise to the top in terms of driving support, but for the first time "having a formal patient experience leader and/or structure" tops the list of supports. As people have called for a greater commitment to experience, as reflected by the highest mandate for patient experience reported since we started this inquiry, and an increasing realization of the integrated nature of experience itself, this recognition that leadership is needed is a significant sign of progress for the experience movement.

At the same time, the implications of the moment in history we find ourselves also continues to be reflected in the data. The roadblock of "caregiver burnout and stress" jumped up the list and saw a five-point increase. This captures the other critical element we must speak to as we seek to transform the human experience in healthcare. This pandemic put great stress on our workforce and revealed vulnerabilities we knew existed well before. This item was still a top five roadblock in 2019 but has been exacerbated by the pandemic itself. The issue of our workforce well-being, too, is an issue that can no longer go unaddressed.

Which of the following, if any, have been most successful in supporting/biggest roadblocks to your organization's patient experience efforts? Please select the top 3.

SUPPORTS



ROADBLOCKS

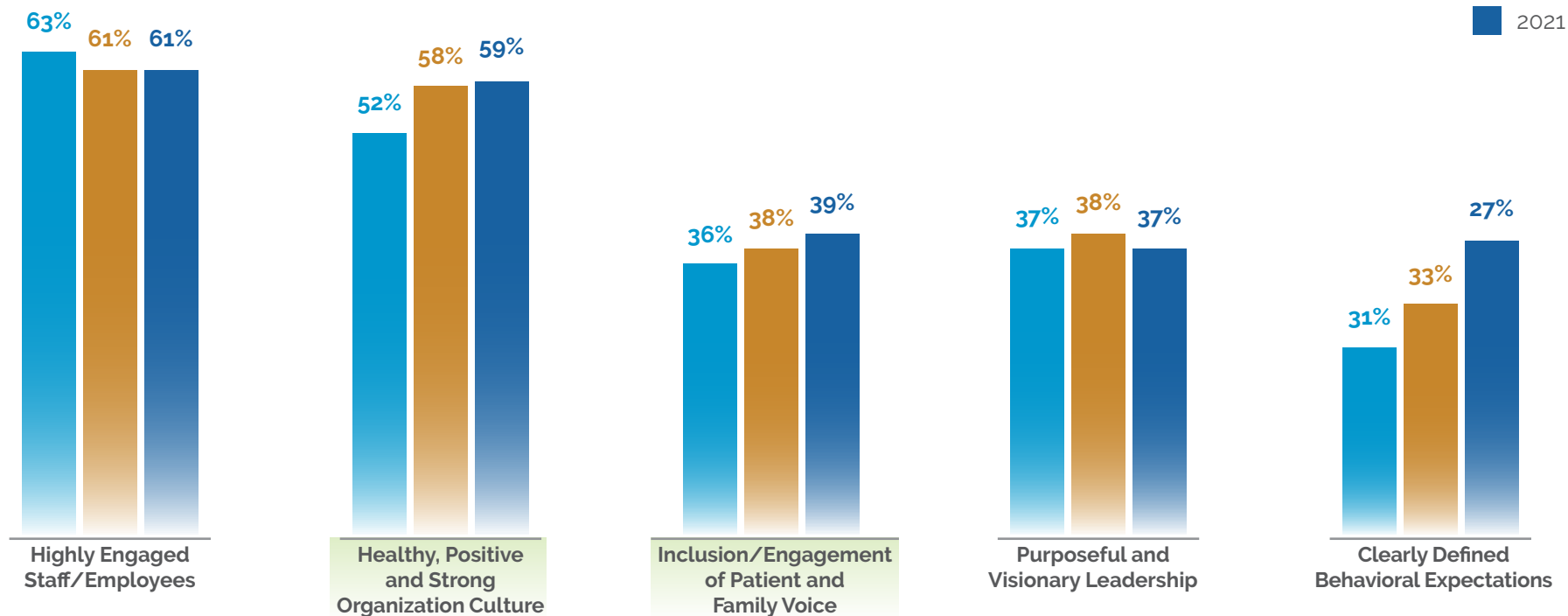


Engaged employees continue to top list, as culture and patient/family voice continue to grow in importance. The result: training remains a top investment, but a shifting focus sees a rise in telemedicine and a commitment to address health disparities.

In asking what elements are most important in achieving a positive experience, “highly engaged staff/employees” continues to top the list, but a focus on “healthy culture” and “inclusion of patient and family voice” continue to make small gains. While culture has always been at the heart of the definition of patient experience since its introduction in 2010, the conversations on and commitment to culture have been steadily growing and have been no more apparent than during the pandemic itself. This, coupled with a growing realization that we must listen and engage those we serve, will continue to take dedication and commitment, as these hold a central part of any successful experience effort.

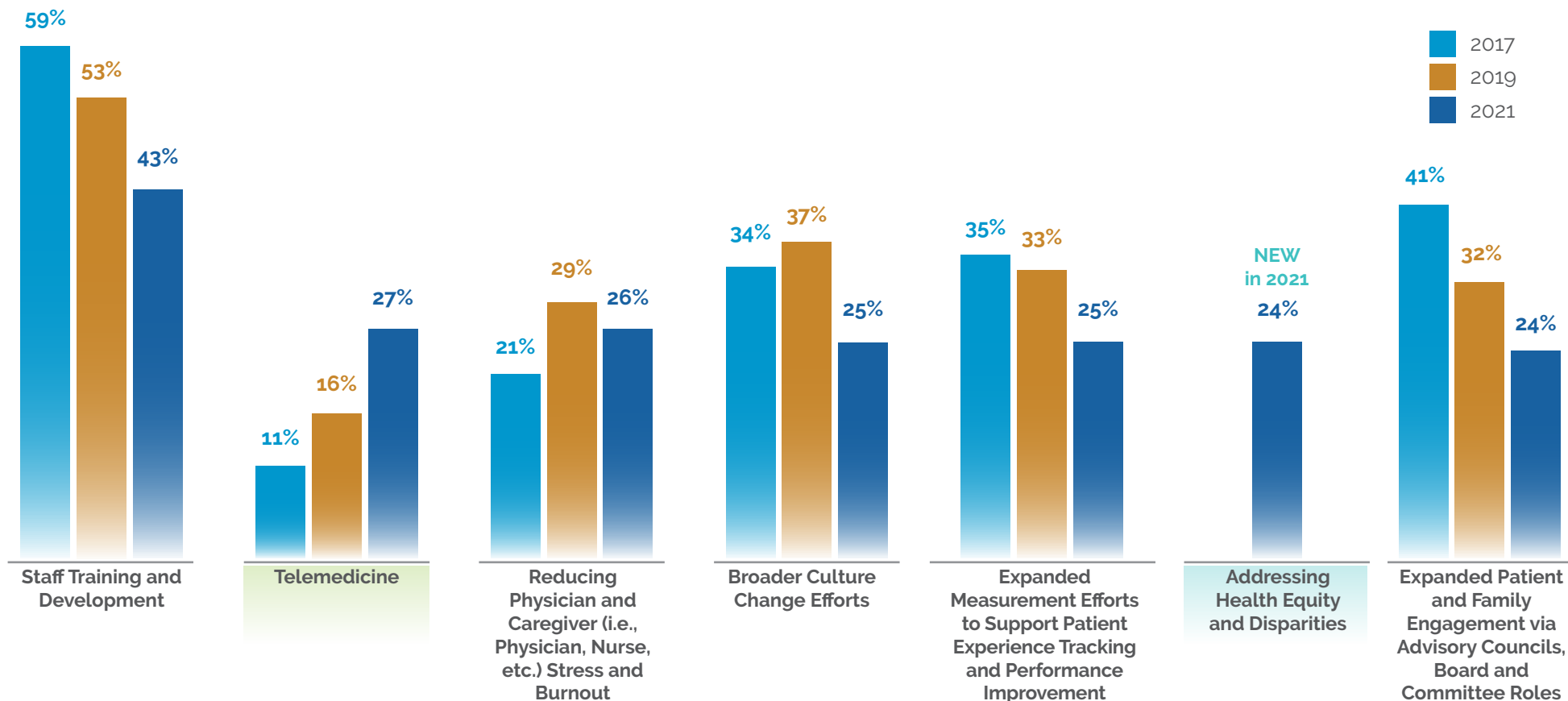
Of the following efforts, identify the top 3 items in which you expect your organization to invest, either as a new effort or with additional resources, over the next three years to advance patient experience improvements.

2017
2019
2021



This is why a commitment to “staff training” remains the top item of investment for organizations though has seen a steep decline in respondents' top three as new issues break the horizon. The pandemic's impact is seen clearly in the question on where people will invest in the next three years, as “telemedicine” saw a significant climb of over 10 points. Also, in introducing the response option of “addressing health equity and disparities” in this year's study, its immediate presence as a top priority reflects just how significant an issue and priority this is becoming for healthcare organizations.

Of the following efforts, identify the top 3 items in which you expect your organization to invest, either as a new effort or with additional resources, over the next three years to advance patient experience improvements.

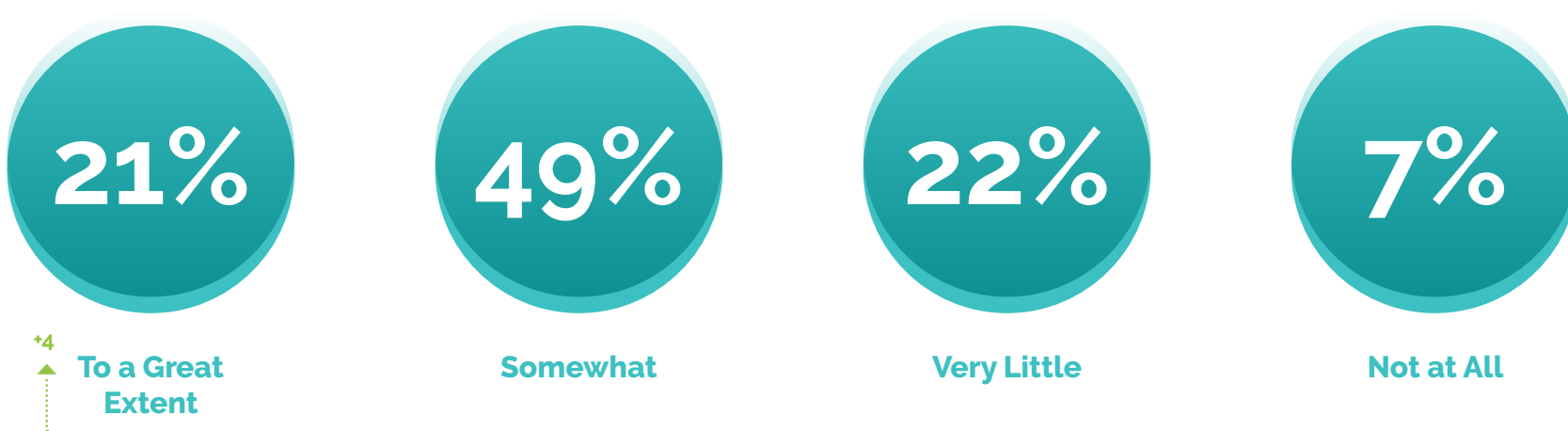


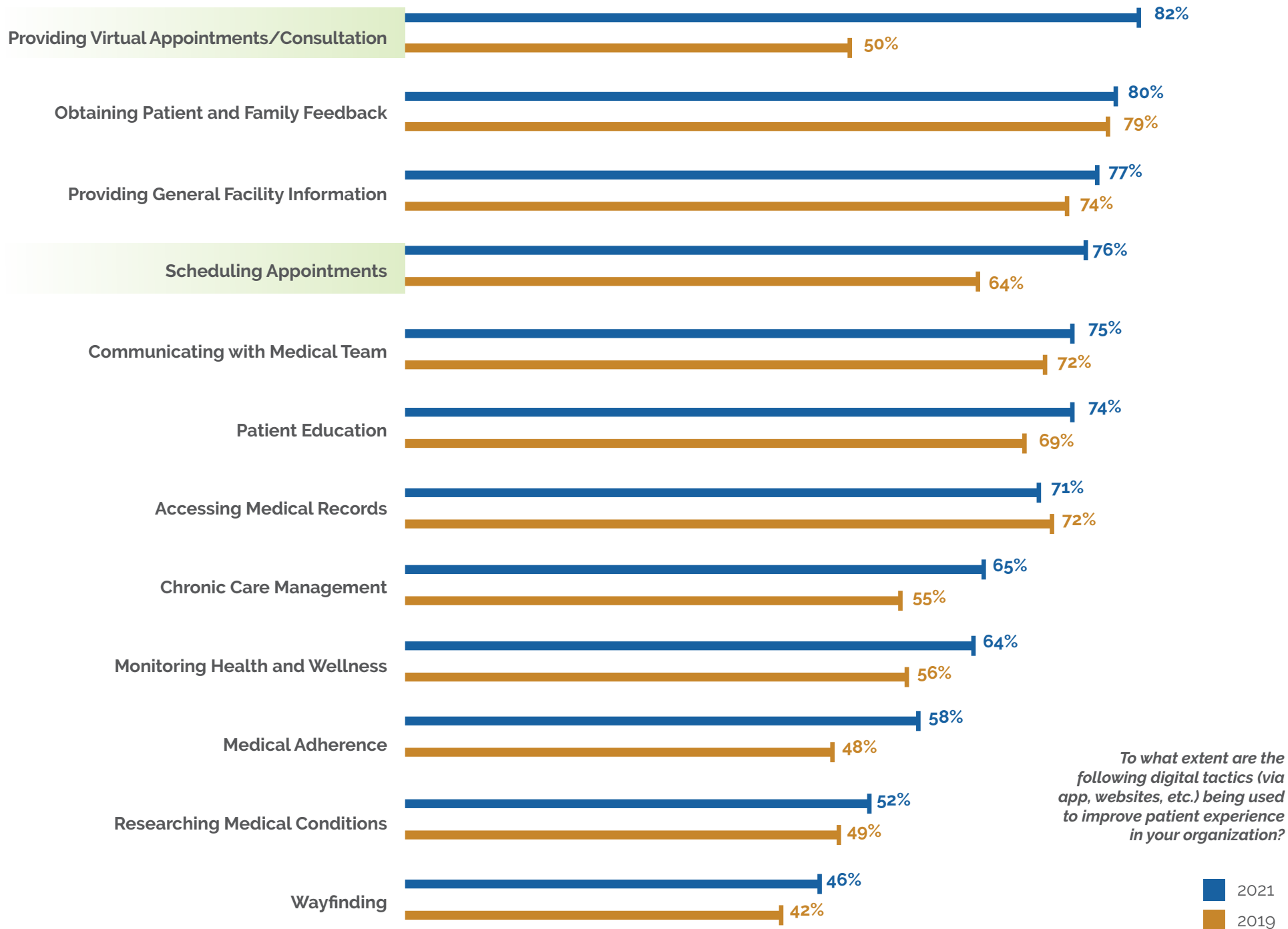
Digital strategy is increasingly focused on experience, while digital tactics are on the rise across the board with virtual appointments leading the way.

While we see a rapid rise in telemedicine and other technologies driven in large part by the pandemic, we started exploring digital strategy and its connection to experience efforts in our 2019 study. Since that time, we find an increased integration of digital strategy in experience efforts with a four-point increase in organizations responding their digital strategy is connected to experience efforts "to a great extent." More so, as reflected in the rapid rise in investment in telemedicine, we find this further substantiated, as the top digital tactic now being employed to improve experience is "providing virtual appointments/consultation." Not only did this effort jump from ninth in 2019

to first in 2021, but it also leapt 32 points from 50% to 82% of respondents saying virtual appointments are being used to a great extent to improve patient experience. This reflection of the moment with a rapid increase in technology has also shown healthcare organizations how capable they are of innovating and implementing technology. What took months or years in the past happened in days and weeks at most. The catalyst of the pandemic will forever change the technology and digital conversation for healthcare organizations.

To what extent is your organization's digital strategy connected to your patient experience efforts?





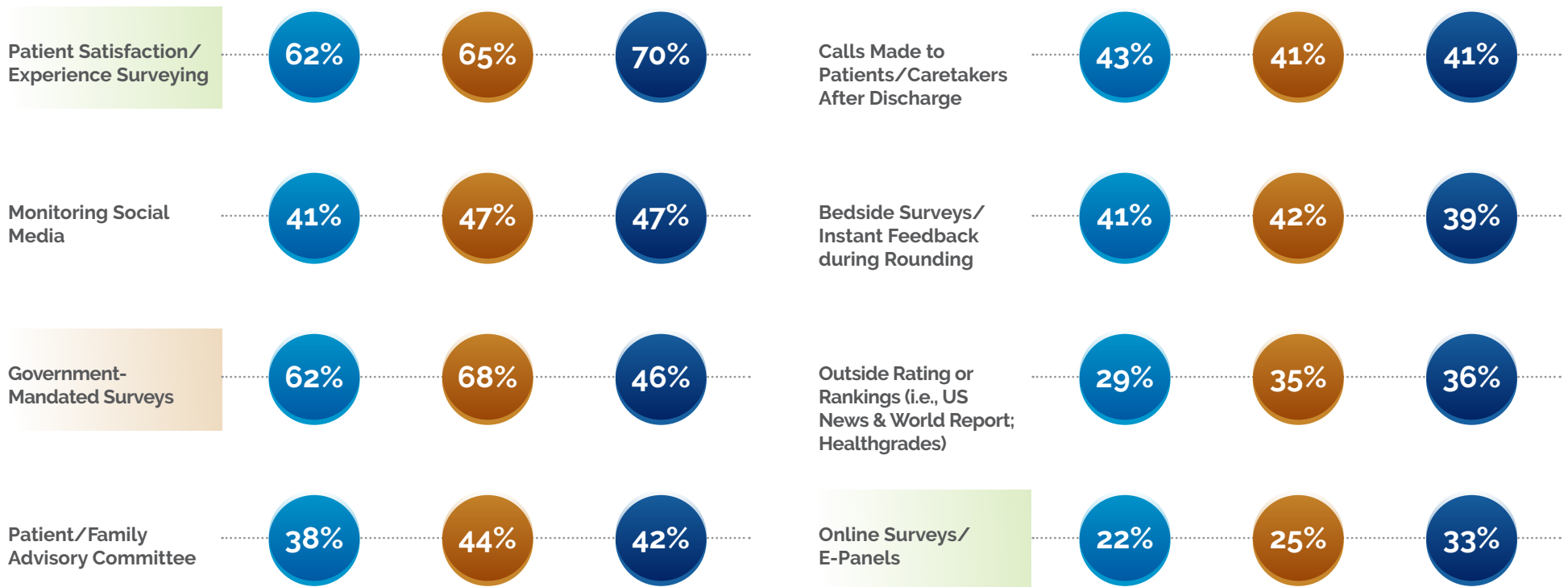
Experience measurement is evolving past mandates to gathering data that is timely and actionable.

As healthcare organizations work to innovate with technology, they too have turned to innovation in how they measure experience as well. The blunt instrument of mandated surveys took a significant plummet in 2021, dropping over 20 points and slipping from the top spot in metrics being used to measure improvement. The two areas seeing the greatest increase in the 2021 data are "patient experience surveying" and "online survey/e-panels."

This increase reflects a broader movement by healthcare organizations of looking for new, more timely and actionable data on which to identify and address improvement opportunities. It too suggests that a consumer experience mindset is seeping into healthcare as organizations look to exemplar efforts in non-healthcare industries to measure and act on the experiences they provide.

Aside from tracking the success of individual improvement activities and/or actions, which metrics is your organization using to measure overall improvement in the patient experience? (Select all that apply.)

2017 2019 2021



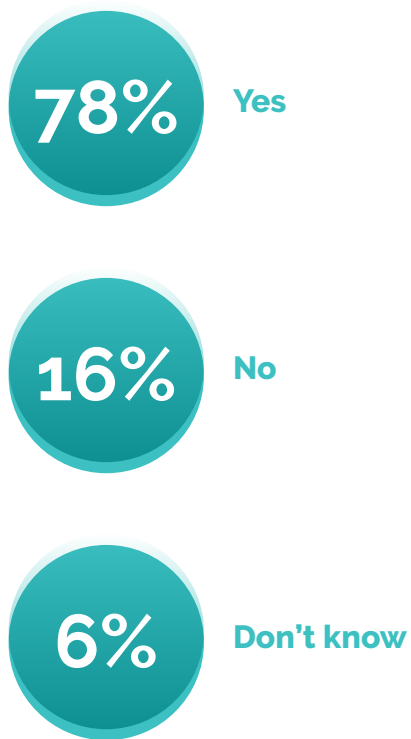
Revisiting Experience Structure

A commitment to experience structure and leadership remains steady...

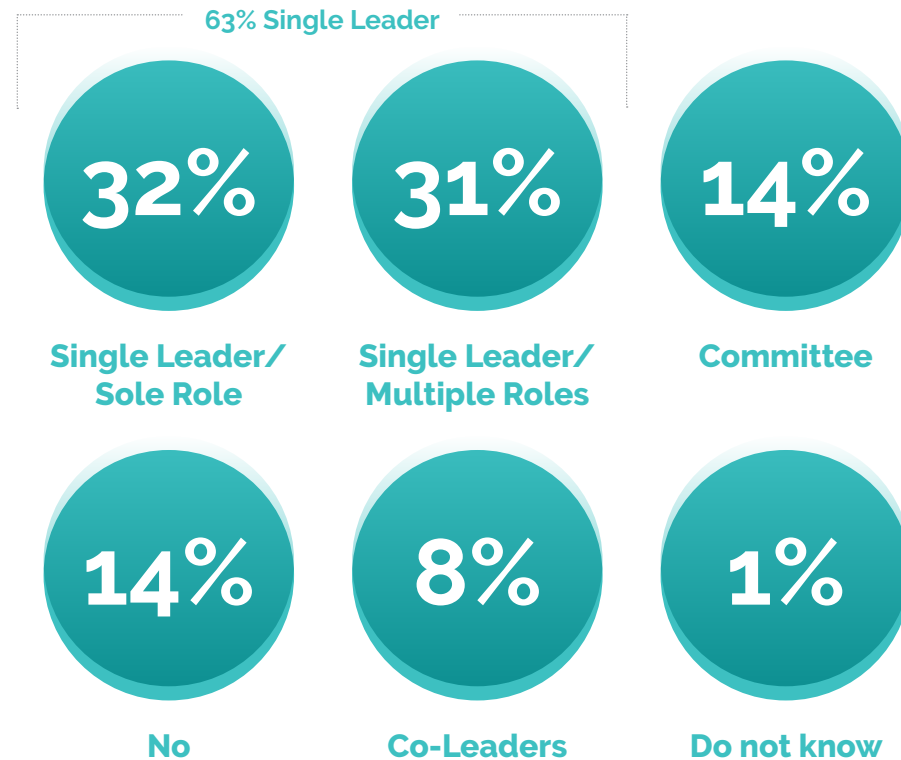
In looking at the strategic evolution of experience, we must also explore how it is being supported. A key element of this is both the structures and leaders put in place to execute on experience strategy. Seventy-eight percent of all respondents report having a formal structure for experience. This has been relatively consistent since the 2017 study. Similar organizations reporting having a single experience leader with at least partial accountability for

experience efforts sits at 63%, slightly off from the high of 66% reported in 2019 but a 50-point increase from our first study in 2011. In fact, in 2011, 42% of respondents reported a committee had primary responsibility for addressing patient experience. The number reporting that is just 14% today, reflecting a significant shift in the importance of experience strategically and the realization of the focused worked needed to ensure the best in experience.

Does your organization have a formal organizational structure to ensure specific actions are being taken to improve the patient experience?



Does your organization currently have a specified senior-level leader(s) with primary responsibility for addressing patient experience?



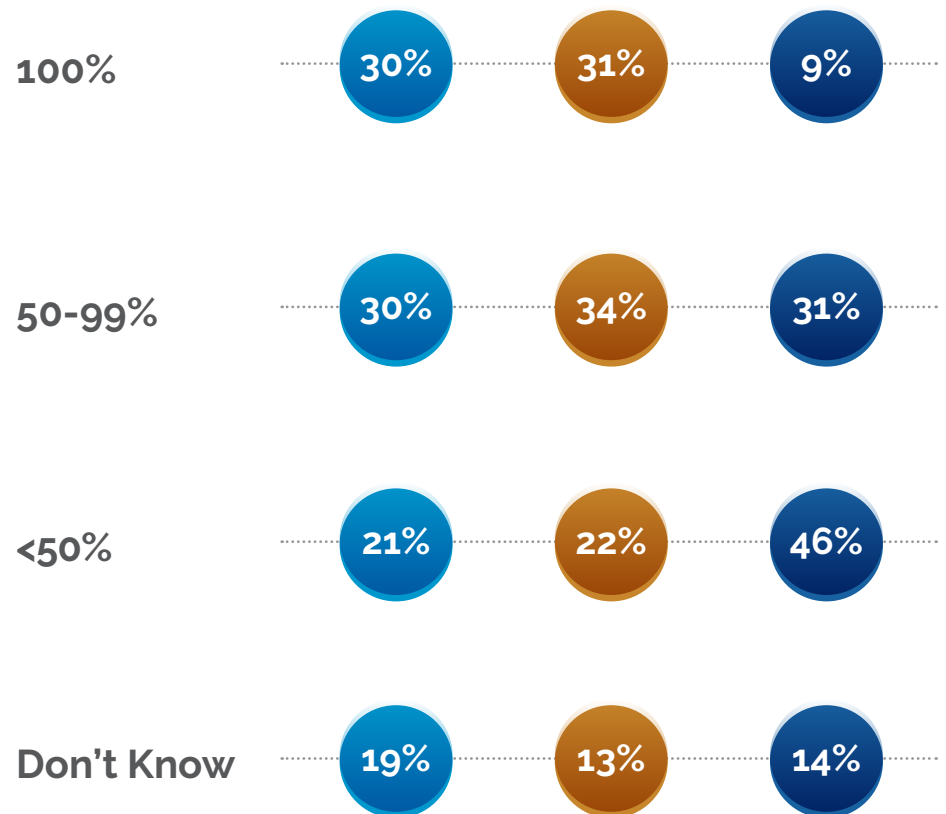
...yet the focus of experience leaders has been diluted.

In tracking experience leaders' focus on experience in recent years, we see perhaps the greatest impact of the pandemic in this question, "What percent of the individual with primary responsibility's time is allocated to support patient experience efforts?" While this has held consistent over time in previous versions of this study, the data revealed a significant drop in those who have 100% commitment to experience alone, from 31% in 2019 to 9% today. This is coupled with a corresponding jump in those reporting less than 50% of time committed from 22% to 46%.

The conventional wisdom here is that for so many in healthcare, the pandemic pulled people in multiple and disparate directions, as healthcare organizations took an "all hands" approach to tackle the crisis. At the same time, there is a trend in experience leadership where some are taking on other responsibilities outside of the traditional efforts considered aligned with experience. This includes accountability for such areas as workforce experience, consumer engagement and more. This is a natural iteration of the experience role as we reinforce the truly integrated nature of experience. We believe as more people identify what has historically been seen as distinct from experience as part of overall experience efforts, we may see these percentages rebalance.

■ 2017 ■ 2019 ■ 2021

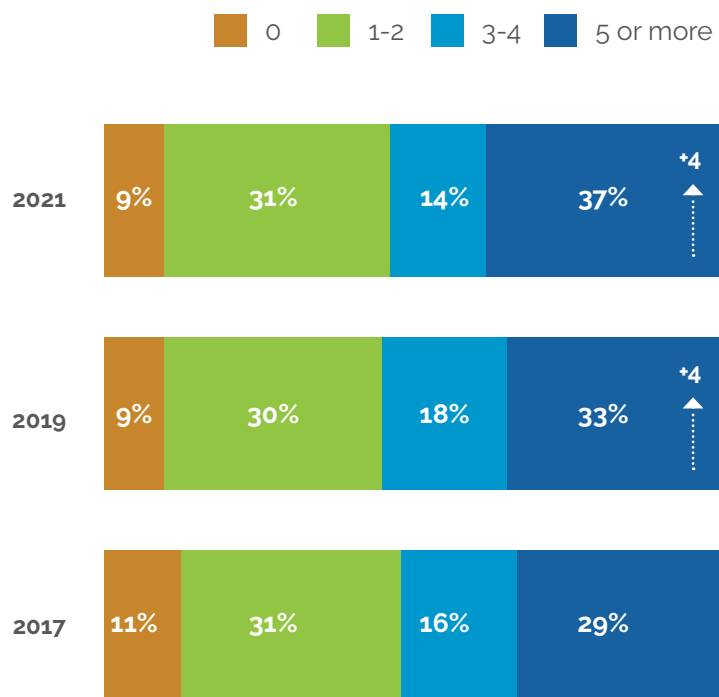
As far as you know, what percent of the individual with PRIMARY responsibility's time is allocated to support patient experience efforts?



Meanwhile, experience teams continue to grow and experience structures continue to diversify.

To the concluding point above that experience is expanding in scope, the data support this consideration. The growth trend of experience teams continues with a four-point increase in experience teams of five or more people. This could be related to both increased responsibility and/or scope. The increase in scope is reflected in the growing breadth of services falling under the purview of experience including things from the more “traditional” experience functions of measurement or advocacy to new items such as patient access, risk management and even human resources.

How many full-time staff members (or FTEs) are designated to support your patient experience efforts?



Which of the following areas are included in your patient experience structure? (Select all that apply.)

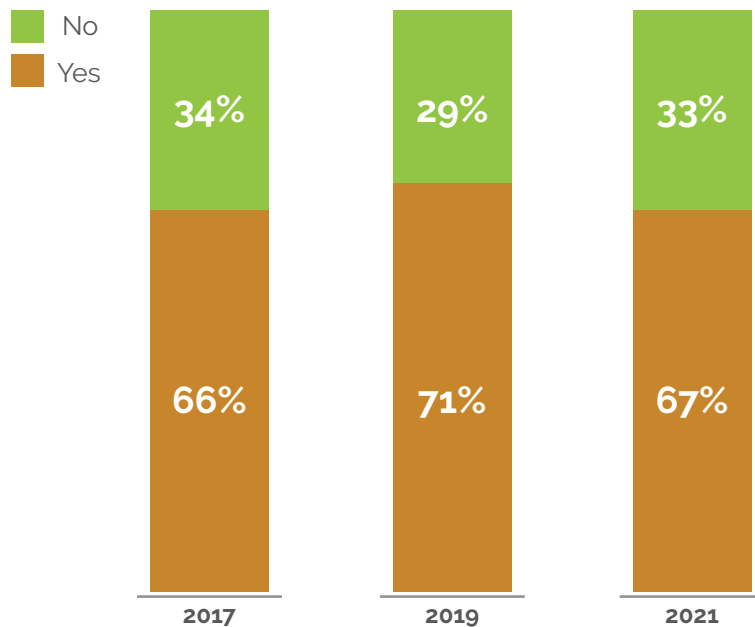
79%	Patient Experience
63%	Patient Satisfaction Measurement
55%	Patient & Family Advisor/Advisory Councils
50%	Patient Relations
49%	Service Excellence
44%	Quality
42%	Patient Advocacy
33%	Measurement & Analytics
32%	Volunteer Services
29%	Training & Development
29%	Ancillary Services
27%	Interpreter/Language Services
27%	Food Services
25%	Patient Access
25%	Risk Management
24%	Environmental Services
24%	Spiritual Care
23%	Marketing
22%	Health Education
22%	Call Center Services
21%	Community Relations
21%	Concierge Services
18%	Organizational Development
16%	Human Resources

While experience structures diversify, the engagement of patient-family advisors remains strong and expanding.

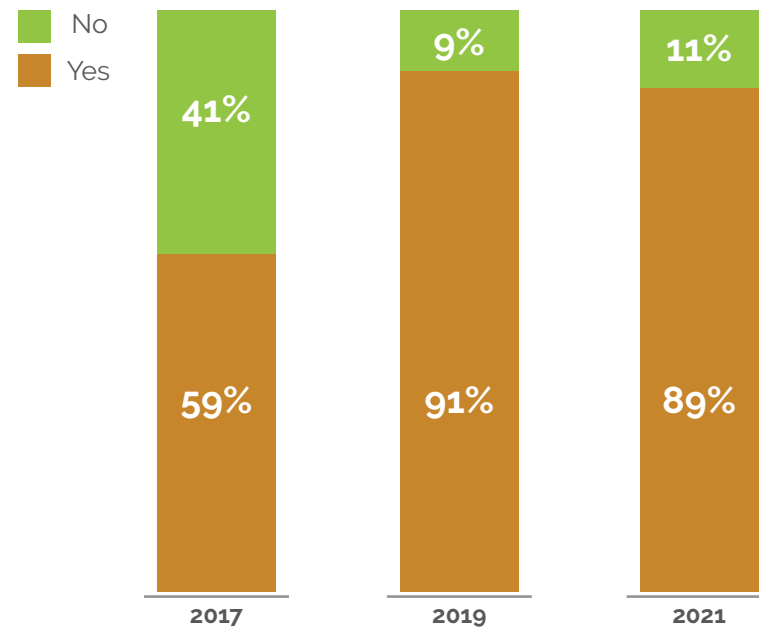
In 2021, around two-thirds of organizations continue to report engaging patient and family advisors (PFAs), consistent over the last 3 studies, while around 90% say they have formal patient and family advisory councils, relatively unchanged from 2019. Of note is the way in which people have engaged patient and family advisors. The use of PFAs has doubled on standing committees and specific project work as well as in board level engagement. PFAs are also being engaged in new and expanding ways, such as via virtual focus groups/e-panels and as social media ambassadors. At the same time, PFAs continue to be seen as a volunteer role with minimal

compensation occurring. More often, PFAs receive reimbursement for expenses such as parking and are provided meals during meetings. There is no longer a question that engaging PFAs is a strategic opportunity for organizations, but the question does remain, "What is prohibiting those organizations who respond 'no' to engaging patients, family members and care partners from taking that next step?" There is still work here to do in reinforcing the importance of understanding what matters to those we serve and acting on that knowledge.

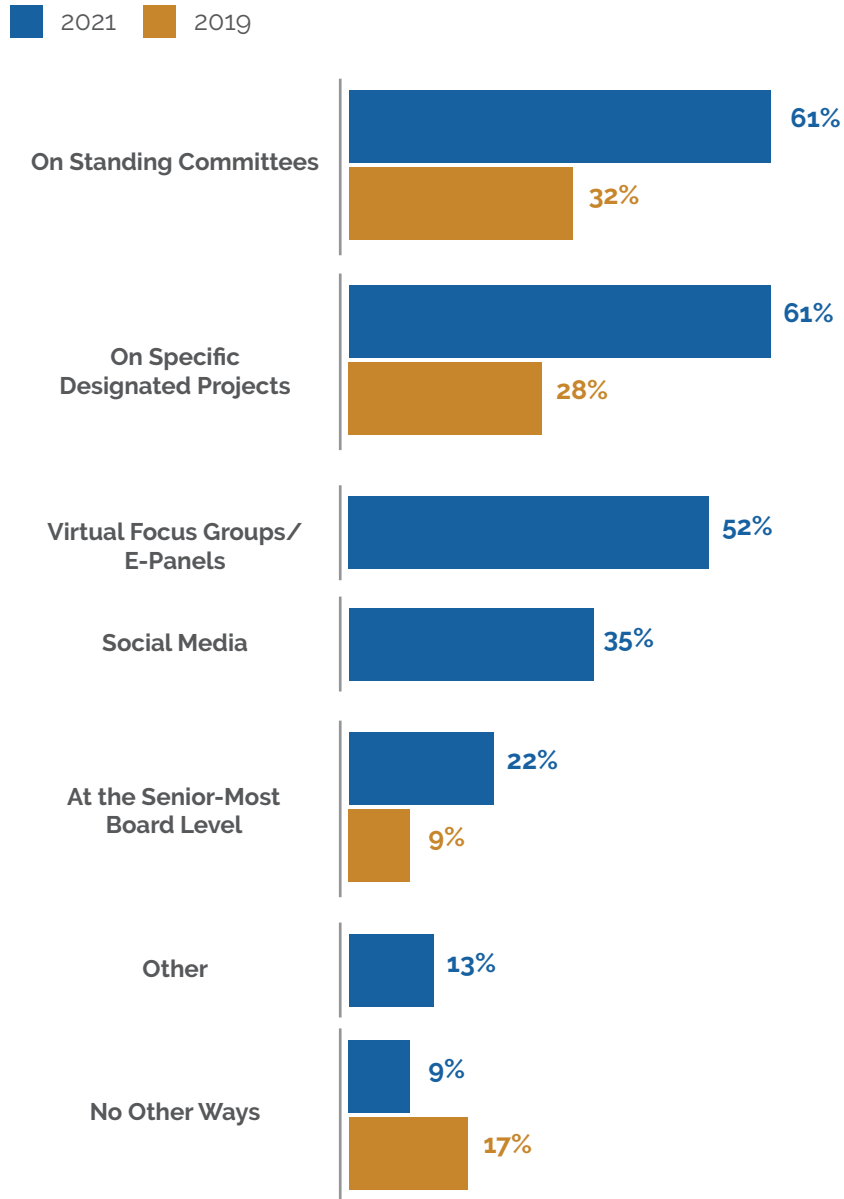
Does your organization engage Patient & Family Advisors?



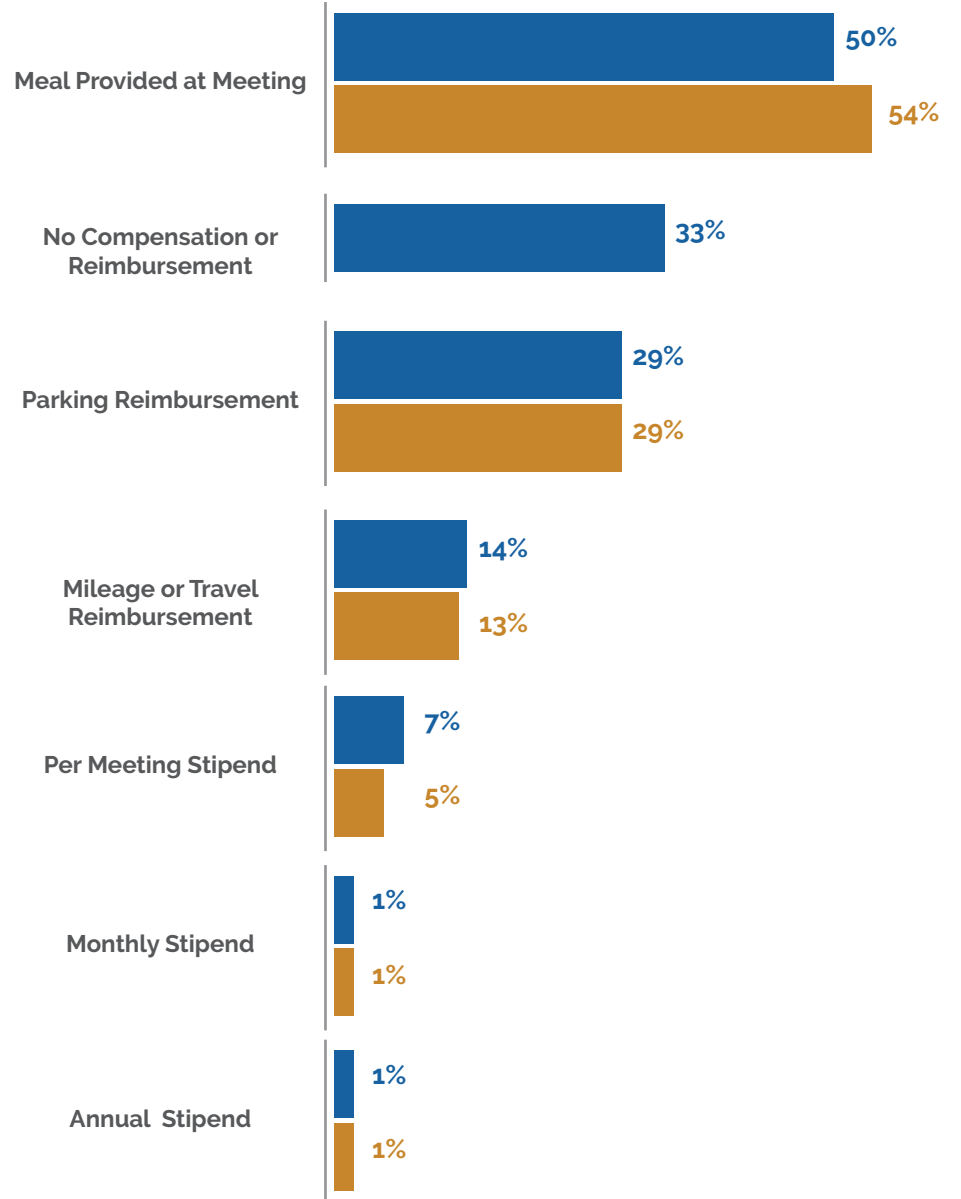
Does your organization have a formal Patient & Family Advisory Council(s)?



In what ways, other than Patient & Family Advisory Council, does your organization engage patients and family advisors?



In what ways, if any, do you compensate/support patient and family advisors?

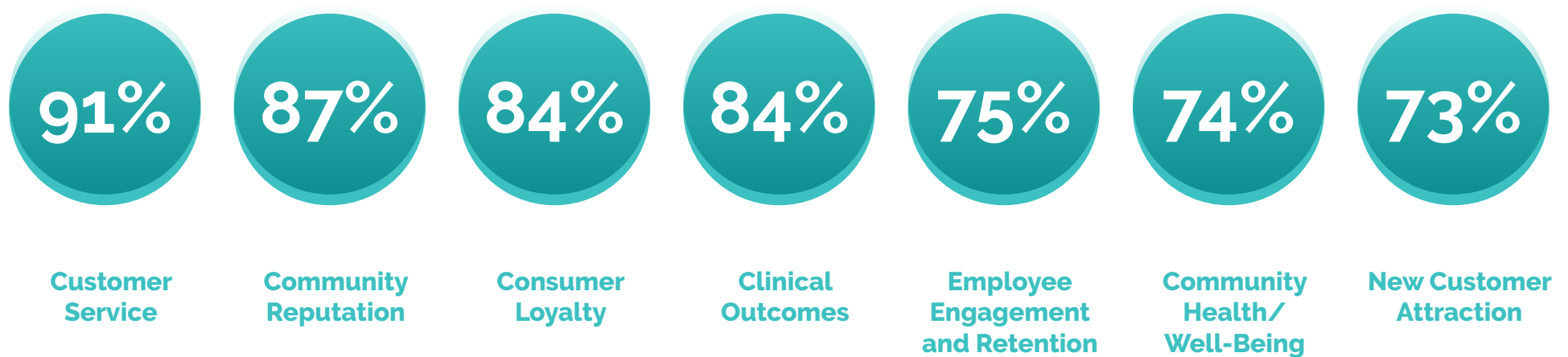


Impact & Perception

Impact of experience remains broad and growing.

In asking respondents what impact they believe a focus on experience has, the breadth continues to grow. From customer service to reputation, clinical outcomes to employee engagement, community health to attracting new customers, respondents continue to report an understanding that experience brings great value. The data reinforce that a focus on experience is no longer viewed as simply how happy someone is in a momentary encounter with a healthcare organization. Rather, it has an impact before, during and well after a healthcare encounter and therefore should be addressed with strategic and purposeful intent.

To what extent do you believe your existing patient experience efforts have a positive impact on each of the following? (% somewhat/to a great extent)

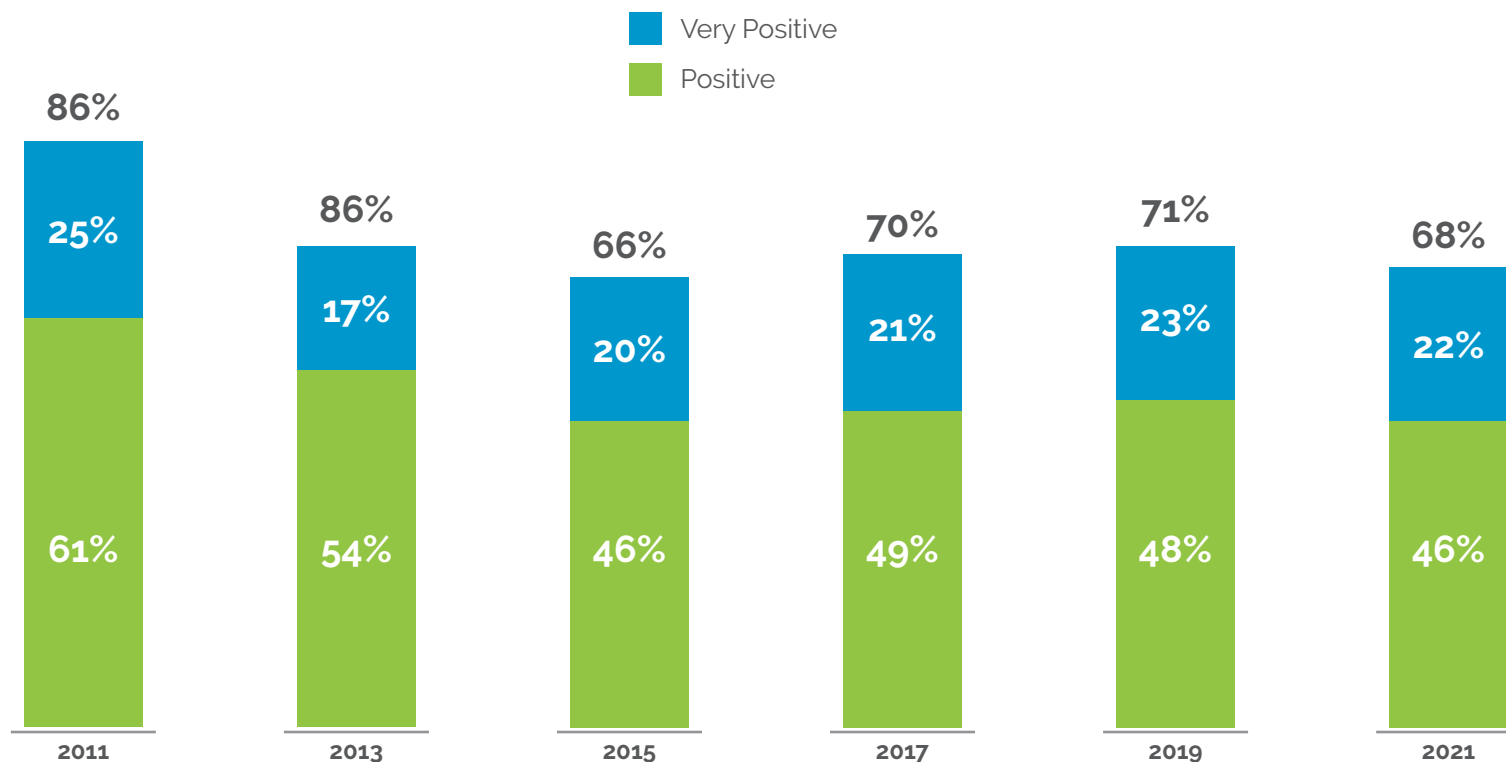


The positive perception of experience efforts has been sustained but the crisis softened growth.

Since the start of our inquiry in 2011, we have been tracking how positive people feel about the progress of their experience efforts. Those reporting "very positive" was at its highest in our first year. This has come to represent the strong sense of positivity people reflected in that they were finally working to formally address experience. Since that time, especially on "very positive" scores, the numbers tempered but have seen a slow rise from one study to the next. The pandemic and the realities that have surrounded it have

softened that progress with 22% reporting very positive and 68% reporting a positive score. Considering the moment in which we found ourselves in which experience efforts were upended and organizations did anything and all they could to support patients and their teams, the relative consistency we see in these results provide a positive sign for what lies ahead for the focus and impact of experience.

At this point, how do you feel about the progress (or lack of progress) your organization is making toward improving the patient experience?



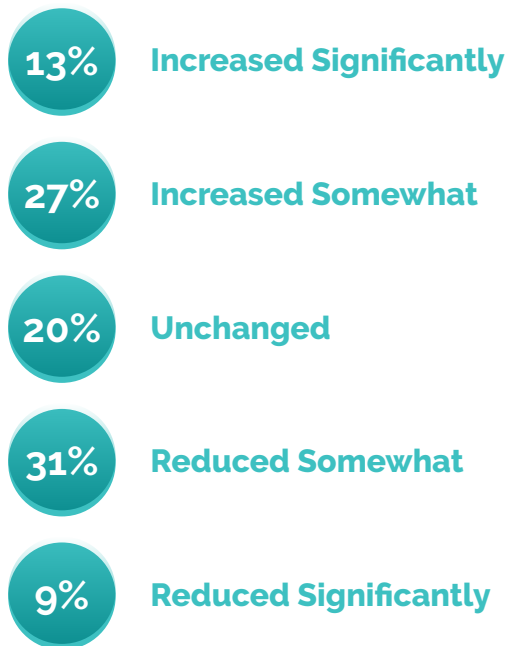
In the end, a focus on experience had organizations better prepared for the COVID-19 pandemic.

We can conclude the section above with a sense of hope due to the data revealed in the last questions we explore. In asking first how the pandemic changed their focus on experience, the response was relatively mixed. We found during the pandemic about 40% reduced their focus on experience, 40% increased their focus and 20% remained unchanged. Of note, in the subtleties of the data is that for almost 15% of all organizations during the pandemic said their focus on patient experience "increased significantly."

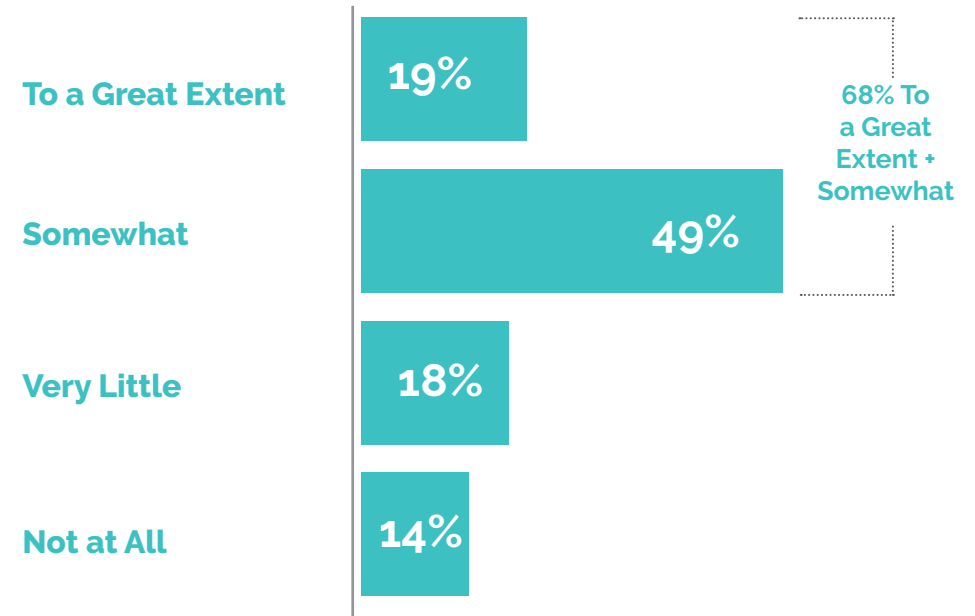
With this, perhaps the most telling point in our data and a sign for the future of experience we have ahead is found in the responses to the question on the impact of an organization's experience strategy in their ability to

address the COVID-19 crisis. Almost 68% of organizations reported that their experience commitment before the pandemic helped them traverse the crisis itself. This recognition of the value of a focus on experience sheds light on what is truly possible if we build and sustain a comprehensive commitment to experience. If one's experience efforts can lead a path through crisis, imagine what a true strategic commitment to experience and all it includes could contribute to in leading healthcare organizations to incredibly successful futures. The question now is, "Who will seize on this moment to take the lessons learned, insights gained and opportunities revealed and lead forward?" I hope all will, and I encourage all to rise to the challenge.

As a result of the COVID-19 pandemic, how has your organization's focus on patient experience changed?



To what extent has your current patient experience strategy impacted your ability to effectively address the COVID-19 crisis?



A Commitment to Transforming the Human Experience

As we reflect on the findings of our 6th biennial study, we remain inspired by all who have committed to traveling the experience journey. The evolution of experience from the tactical edges of healthcare to its strategic heart can be found in the data revealed, in the words shared and the actions expressed over a decade of progress. The recognition of the value and impact of experience is clear. The integrated and strategic nature of experience has proven to be a catalyst for positive change. This has all been spurred by a diverse, supportive and committed global community who continues to believe in the power of sharing and growing together.

This too has fostered the evolution of the view of experience itself, from one in its early roots of satisfaction and even in the early days of this study one

focused on measured tactics to a field of practice, grounded in evidence and integrated in construct. This evolution has expanded the conversation of experience over time to reveal the critical importance of the workforce experience to any successful experience endeavor and now to the acknowledgement that the community experience – of addressing access and equity, dismantling disparities and systemic racism are all integral to the human experience we are called to foster in healthcare.

This year's study reinforced that we cannot and must not stray from this reality and must also seize this opportunity. Our findings call on us to consider some key and critical actions as well. In doing so, we must:

- 1. Underline and act on the integrated nature of experience.**
- 2. Understand and engage in the opportunity to measure experience in new ways and act on what matters most.**
- 3. Focus on identifying and engaging innovation and technology as a critical element of ensuring excellence.**
- 4. Ensure any effort to achieve experience excellence is built on a foundation of equity and dismantles versus perpetuates the deep-rooted disparities still lingering in the foundation of healthcare itself.**
- 5. Reinforce that a commitment to experience has a positive and lasting impact and brings value to healthcare, both in supporting the viability of our healthcare system and the outcomes we seek to achieve, in times of calm and crisis.**

Lastly and perhaps most importantly, our study reinforces why now is the time for us to commit to transform the human experience in healthcare itself. The trajectory of growth in the experience movement, seasoned by our shared experience through a global pandemic and reinforced in the data we collected underline that now is the time for action. This led to a *Declaration for Human Experience* framed by the Institute community and grounded in the lessons learned in the historic year through which we all just lived.⁸

The *Declaration for Human Experience* recognizes what the voices of our respondents in this study revealed, that “our shared experience over the past year has shifted the foundation of healthcare forever, exposing systemic weaknesses and wounds that can no longer go untreated.” These are the very items the data suggest we must address. We too have seen the incredible efforts of healthcare professionals and organizations but know too this service and sacrifice has come at a heavy price. In the end, as our community called for a clear path to the future to be paved through the fog of the pandemic itself, the declaration too calls on all of us to shift our thinking and direction, to forge a new existence and commit to all we know the human experience in healthcare can and should be.

The declaration lays out four core commitments grounded in the fundamental idea we have long espoused at the Institute, that we are called to lead courageously with the understanding that we are, first and foremost, human beings caring for human beings. In answering this call, we commit to:

- Acknowledge and dismantle systemic racism and prejudice, tackle disparities and provide the highest-quality, most equitable care possible.
- Understand and act on the needs and vulnerabilities of the healthcare workforce to honor their commitment and reaffirm and reenergize their purpose.
- Recognize and maintain a focus on what matters most to patients, their family members and care partners to ensure unparalleled care and a commitment to health and well-being.
- Collaborate through shared learning within and between organizations, systems and the broader healthcare continuum to forge a bold new path to a more human-centered, equitable and effective healthcare system.

The core commitments are reflected in all the data the *State of Patient Experience 2021* study shares, that there is, and must be, a rising commitment to addressing equity and disparities, that the roadblock of workforce burnout and a clear commitment to building a healthy culture is essential and that we must forever sustain the voice of the patients, family members and care partners at the center of every experience. The commitment to working together is a fundamental tenet and value of our community, one which is reflected much more through our cooperative action than any words alone can frame.

The *State of Patient Experience 2021* provides a powerful culminating point of a decade of work. This study also serves as the cusp to a new era of what experience can and must be as we lead to the future of healthcare. We subtitled the *State of Patient Experience 2019* study, *A Call to Action for the Future of Human Experience*. That call to action was heard and the challenge accepted. But we can no longer only move forward with incremental steps. The work we are called to do now is transformational. The shared experience through which we all just lived pushed us to realize that for all engaged in or impacted by healthcare, we must do no less.

REFERENCES

1. Wolf, J. The State of Patient Experience in American Hospitals 2011. The Beryl Institute; 2011. <http://bit.ly/StateofPX2011>
2. Wolf, J. The State of Patient Experience in American Hospitals 2019: A Call to Action for the Future of Human Experience. The Beryl Institute; 2019. http://bit.ly/StateofPX_2019
3. Rubin-Miller L, Alban C, Artiga S, Sullivan S. COVID-19 Racial Disparities in Testing, Infection, Hospitalization, and Death: Analysis of Epic Patient Data. KFF. <https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-racial-disparities-testing-infection-hospitalization-death-analysis-epic-patient-data/>. Published September 16, 2020.
4. Reitsma MB, Claypool AL, Vargo J, et al. Racial/Ethnic Disparities In COVID-19 Exposure Risk, Testing, And Cases At The Subcounty Level In California. Health Affairs. 2021. doi:10.1377/hlthaff.2021.00098
5. Kirzinger A, Kearney A, Hamel L, Brodie M. KFF/The Washington Post Frontline Health Care Workers Survey. KFF. <https://www.kff.org/coronavirus-covid-19/poll-finding/kff-washington-post-health-care-workers/>. Published April 22, 2021.
6. Wolf J, Niederhauser V, Marshburn D, Lavela S. Reexamining "Defining Patient Experience": The human experience in healthcare. Patient Experience Journal. 2021;8(1):16-29.
7. The Beryl Institute - Ipsos PX Pulse. <https://www.theberylinstitute.org/page/PXPULSE>.
8. A Declaration for Human Experience - Transform HX. <https://transformhx.org/>.



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