



## The State of Patient Experience 2019

A Call to Action for  
the Future of  
Human Experience

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# THE BERYL INSTITUTE

The Beryl Institute is a global community that builds the capacity of organizations to elevate the human experience in healthcare and develops individuals who impact experience excellence. We believe human experience is grounded in the patient & family experience and integrates the experiences of healthcare staff and the communities they serve.

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.

## RESEARCH PARTNER



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# WHO WE MUST BE IN HEALTHCARE

The state of patient experience is about much more than what we do. It is about who we are and what we can become.<sup>1</sup>

I closed our reflections on the State of Patient Experience 2017 with those words and as we look to the future of patient experience, reflecting on what we have seen in the last two years, this idea remains central to the opportunity we have today. The conversation on experience has expanded to be about more than just something that healthcare does, to what healthcare is and will need to be.

This has called us to expand what some still see as only a unidirectional idea, that patient experience is something healthcare provides to others, to something multidimensional, where the human experience is called to the forefront in framing our decisions and actions in healthcare. We are now in a time of greater stress on the healthcare system. This has an impact on those who give and support the giving of care every day. We are also in a time where we must move beyond addressing only illness to tackling the issues of health and understand the social determinants and issues of access and equity that impact our ability to do so. In all this we have a rapidly expanding opportunity to elevate the experience conversation.

In introducing this broadening focus on the human experience as we closed the State of Patient Experience 2017, we offered, *"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."*<sup>1</sup> This idea of looking at experience as an integrated totality of experiences, of patients and family members, of staff, providers and caregivers, and of the communities in which healthcare serves calls us to look at experience with wider eyes and deeper intent.





It reinforces the very idea we have offered that experience in healthcare is a series of integrated efforts – bringing together patient, staff and community experiences and grounded in the realization that experience isn't just some measure of an outcome. It exists each and every day in how healthcare offers safe, quality, accessible, affordable, service-focused and outcomes driven care. In this now fifth iteration of the State of Patient Experience, we can say that this language of integration and of the human experience has taken hold. From the systems delivering care, to the policy makers influencing it, to organizations offering solutions to the market, there is now a clear and consistent message that what we once addressed as separate – be it the engagement of patients or the engagement of staff, or efforts to address quality, safety, service and more – in distinct and disconnected ways is no longer how we can move effectively towards the future of healthcare.

From the lens of the consumer, experience matters. It drives their healthcare choices and decisions and they see it as integrated themselves. Experience isn't a part of something we do or a pillar of our strategy in healthcare, it is who we are as healthcare organizations and who we must be. 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.

As an idea, the conversation has shifted and there is growing recognition of this new and needed reality. At the same time opportunities still exist to break old mindsets and rewire systems and processes to ensure that a focus on experience isn't seen as just something else we do in healthcare. The data shared in this year's study pushes us further in that direction and reveals further effort and movement towards this integrated lens, but data does not lead to action unless those of us in healthcare choose to act. This data can inform us, but the choice remains for healthcare organizations to unpack the bigger picture and plan their own paths forward.

The issues healthcare faces such as rising costs, growing needs, higher acuity and a shrinking workforce all are trends we will have to face. In the

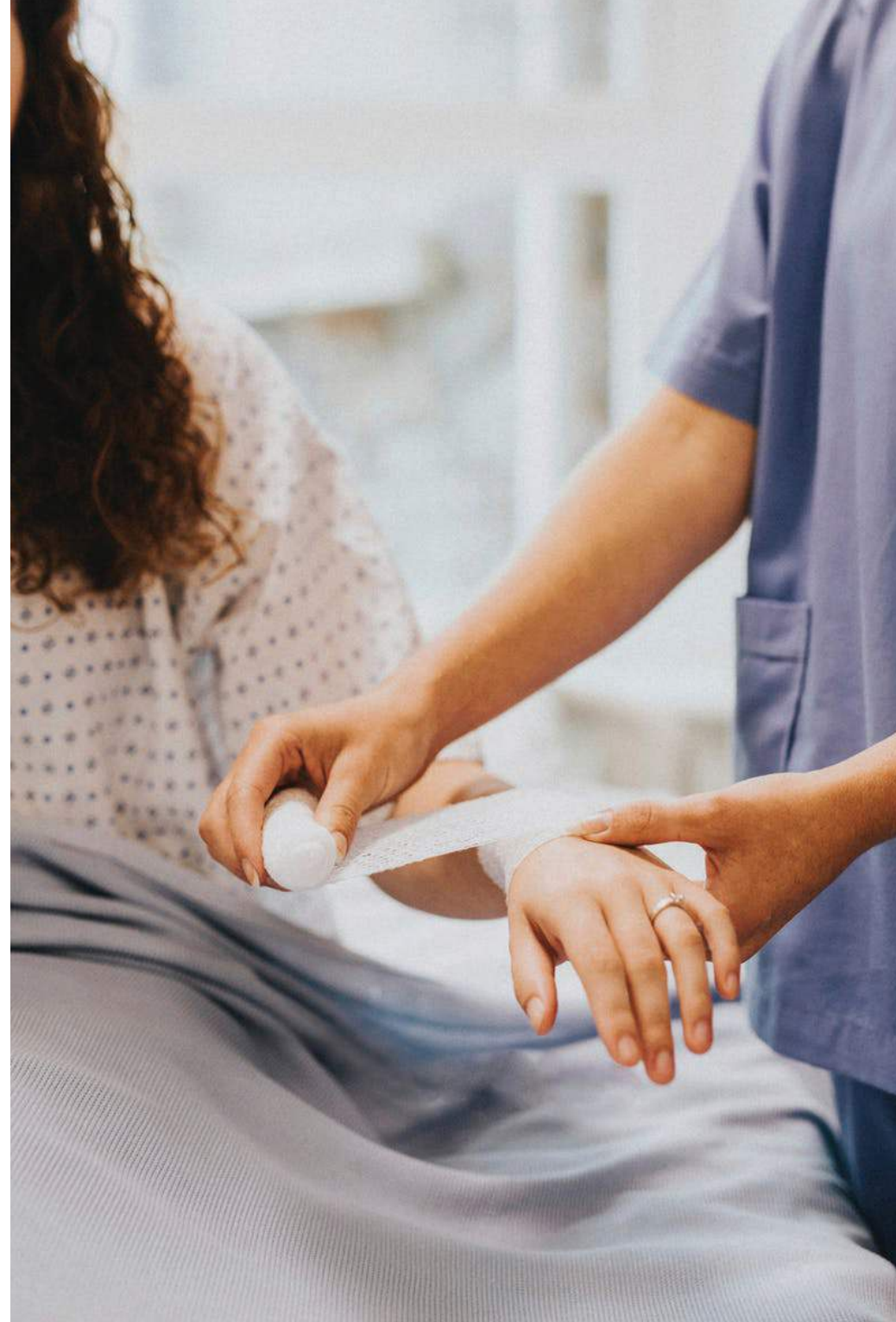
end, it is a focus on the experience we aspire to provide in quality, safe, accessible and affordable care and an environment of work that enlivens versus diminishes the joy and purpose of those who serve it that will lead us forward. The opportunity ahead with this data as a milestone calls for us to act instead with it as a stepping stone to what the future of human experience in healthcare will be.

# PURPOSE AND METHODOLOGY

Now in our fifth exploration of the State of Patient Experience, we have been able to see and reveal trends and changes, identify opportunities and elevate challenges, and all the while the purpose has remained true. In exploring the state of patient experience and the human experience in healthcare, we can understand, educate and inform ourselves as we look at both our individual and collective actions.

With the support of our research partner, SMG, an electronic survey was distributed globally for a period of just over four weeks, from mid-January to mid-February 2019. All data was reviewed and analyzed. The key findings are shared below. While all questions were open to all respondents and tend to be reported in that way, on some occasions a trend may be associated with a specific group, e.g., U.S.-based hospitals, and will be noted as such.

The study held consistent to its core questions and also continues to ask broader questions as we look at the totality of experience. Again, over 1,000 healthcare organization's voices were heard from 34 countries across six continents (one day we will get someone from Antarctica.). The top five countries crossed four continents and included the United States, Canada, Australia, Brazil and the United Kingdom. Just over 75% of this year's respondents came from health systems or individual hospitals. Just under 10% of responses came from Ambulatory, Outpatient, or Physician Practice groups which reveals an opportunity that still remains to expand the experience conversation into, and hear more from, these segments of the healthcare system.



# STATE OF PATIENT EXPERIENCE 2019

As we share this year's data, we look to provide practical and applicable segments that reveal trends, introduce new insights and explore how people are structuring their experience efforts. Through data headlines, applicable graphics, reflections on the findings and the implications they have, the analysis is designed to inform you for quick action and ensure you can find the information most relevant, most practical or most interesting to you.

By tracking the trends of experience over the last eight years, we are able to better understand where priorities are moving and what decisions are being made, where focus is growing and which ideas are fading. We ultimately look to provide you with insights and the ability to use these data as you reflect on your own practice or build your business case for what experience can be for your organization. What the data also reveals is that the idea of experience is both setting a more solid foundation at the same time it is expanding its reach to what it encompasses and what it should consider part of its reach.

In the last year The Beryl Institute introduced the Experience Framework to underline the truly integrated nature of the work in healthcare and its contribution to experience. The Framework, grounded in research from the Institute and the experiences of our community, offers a means to better codify, digest and access the information and resources that will support the community on our shared experience journey. The Framework is comprised of eight strategic lenses that represent the broad and integrated perspective needed to ensure a comprehensive focus on experience. (Figure 1)

While for the first time in this study we directly explore the importance of the elements of the framework, the lenses that comprise it also appear through the research in understanding the what and how of people's work on experience. We will begin our review looking at some of the interesting trends.

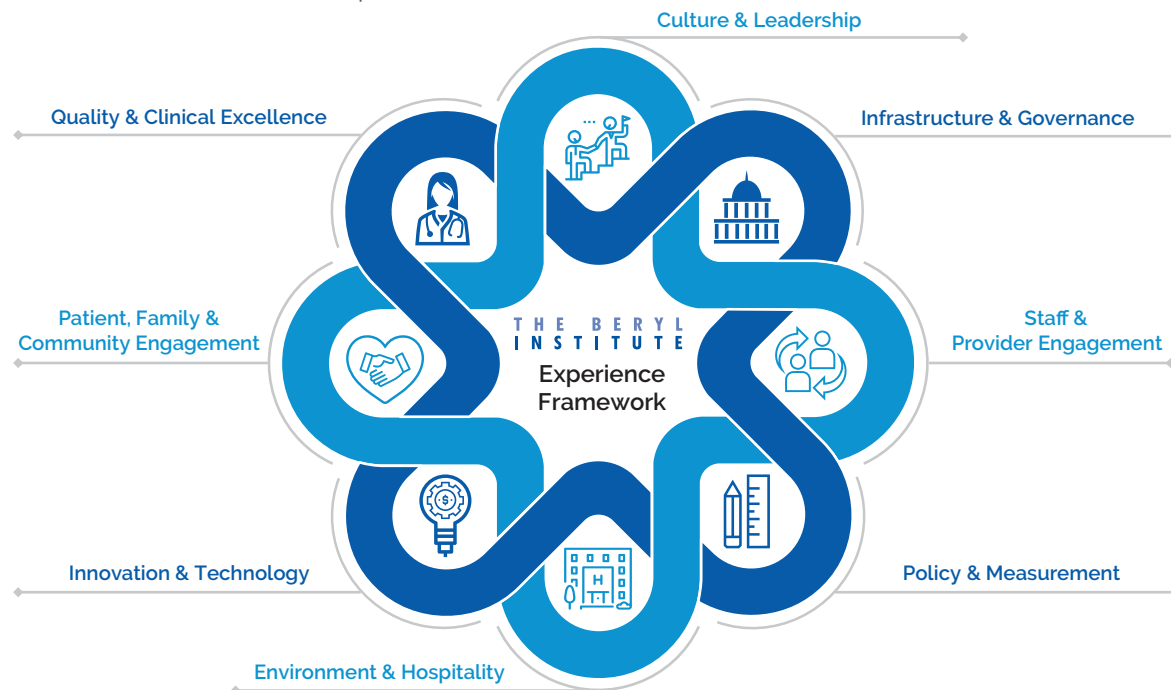


Figure 1.  
The Beryl Institute  
Experience Framework



# STATE OF PATIENT EXPERIENCE 2019 TRENDS

The trends in exploring the state of patient experience have shown a balance of consistency and progress, focus and expansion. They reinforce the critical and strategic role a full commitment to patient experience plays in healthcare and more so reveals the pulse of this growing field of practice and the speed in which it has evolved.

I closed our first state of patient experience paper in 2011 with a call to action in supporting one another and shared the foundational values on which we hope this movement and our community would build. I offered, "The patient experience does not belong to any one organization. Rather it should be the commitment of everyone. The data in this study shows us we are getting there. The challenge now is to remain focused on what we know we can accomplish together."<sup>2</sup>

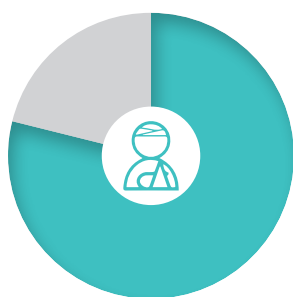
What is exciting about what the 2019 study reveals is that patient experience has not just grown, it has matured. It did not end up being another thing healthcare does, but rather it is establishing itself at the heart of what healthcare aspires to be. All this has been driven by community. A community that has and continues to bring together patient and family members, those who provide and support the giving of care and those who have introduced new products and resources to the market in support of experience excellence.

What the community has shared and achieved is revealed in the headlines, reflections and recommendations that follow. Each item provides an opportunity for understanding and improvement. They also offer the chance to acknowledge and celebrate the work that so many have taken on to ensure the state of patient experience in 2019 remains strong and growing.



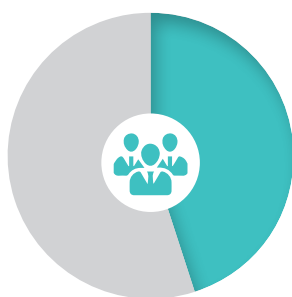
# Experience and Engagement remain top healthcare priorities, access now seen as important.

Please review the items listed below and identify what you believe will be your organization's TOP 3 priorities for the next 3 years.



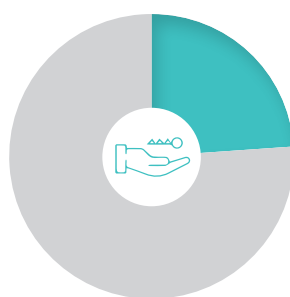
**79%**

**Patient Experience**



**45%**

**Employment Engagement**



**24%**

**Expanding Access**

NEW 2019



**24%**

**Cost Management**



**15%**

**Population Health**



**15%**

**Recruitment & Retention**

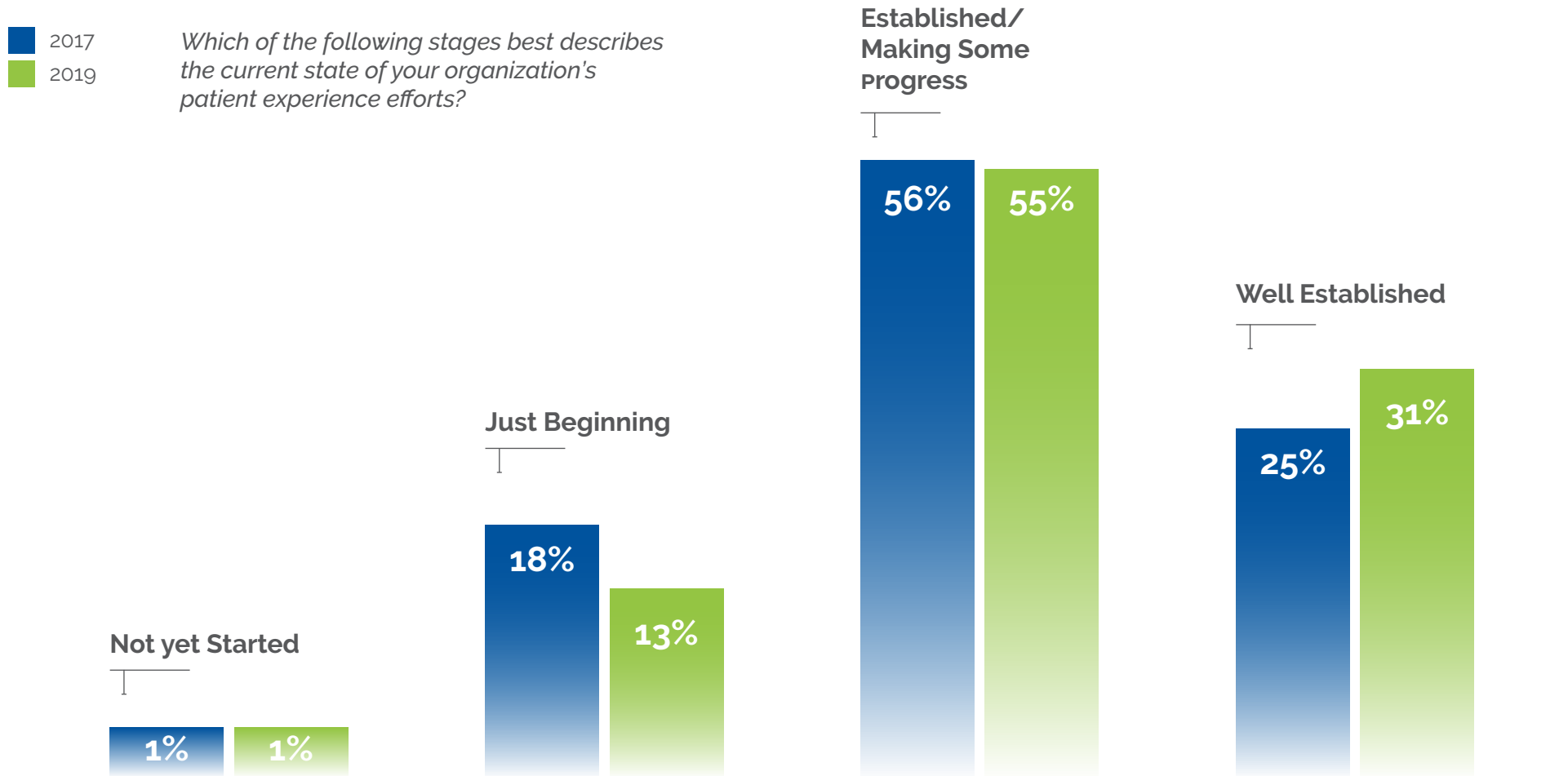
In asking all respondents to identify their top three priorities as an organization in the next three years, patient experience and employee engagement remain the top items identified from 2017. Of the top 5 in 2017, cost management, population health and recruitment & retention remain top priorities as well. A new choice added in 2019 was "expanding access" and it was selected as one of the top three items by almost a quarter of all respondents. This is a powerful statement that underlines broader healthcare conversations globally about access to care and equitable care.

In understanding healthcare as a societal endeavor, not simply a transactional one, the idea of getting people to the care they need is essential. As a question asked since the inception of this study, the top items remain

consistent, but with one emerging reflection. As we look at experience with a broadened and integrated view and we listen to what consumers of care deem to be part of their healthcare experience, we must recognize that all the items in these top six are essential elements in ensuring the best in experience for all serving in and served by healthcare. From the people who deliver care, their recruitment and engagement, to the awareness of cost, broader population based strategies and understanding of the communities served and the reality that we need to ensure people can access the care they need, all of these elements combine to provide a human experience in healthcare. We should not and must not address these as distinct but rather as woven together in our efforts to provide care. With this broadening focus we also see efforts to address patient experience maturing.



# Patient experience efforts continue to mature



For the first time in the study, we see a reduction in those “just beginning” in comparison with those who say their efforts are “well established”. While we must recognize that as a study on the state of patient experience those not starting may be less apt to participate, the significant increase in those who identify as having well established experience efforts tells us that experience now has staying power and is maturing. For most, progress continues and for those with a focused commitment to experience, they

are maintaining that focus over time. This does not explain how they are maintaining experience, which is something we look at below, but it does suggest that experience continues to weave itself into the fabric of healthcare. Interestingly enough, while increasing in how established experience it is, some of the core trends we have followed on the basic call to action for experience remains unmoved.

# Mandate and structure for experience remains steady

■ Definition

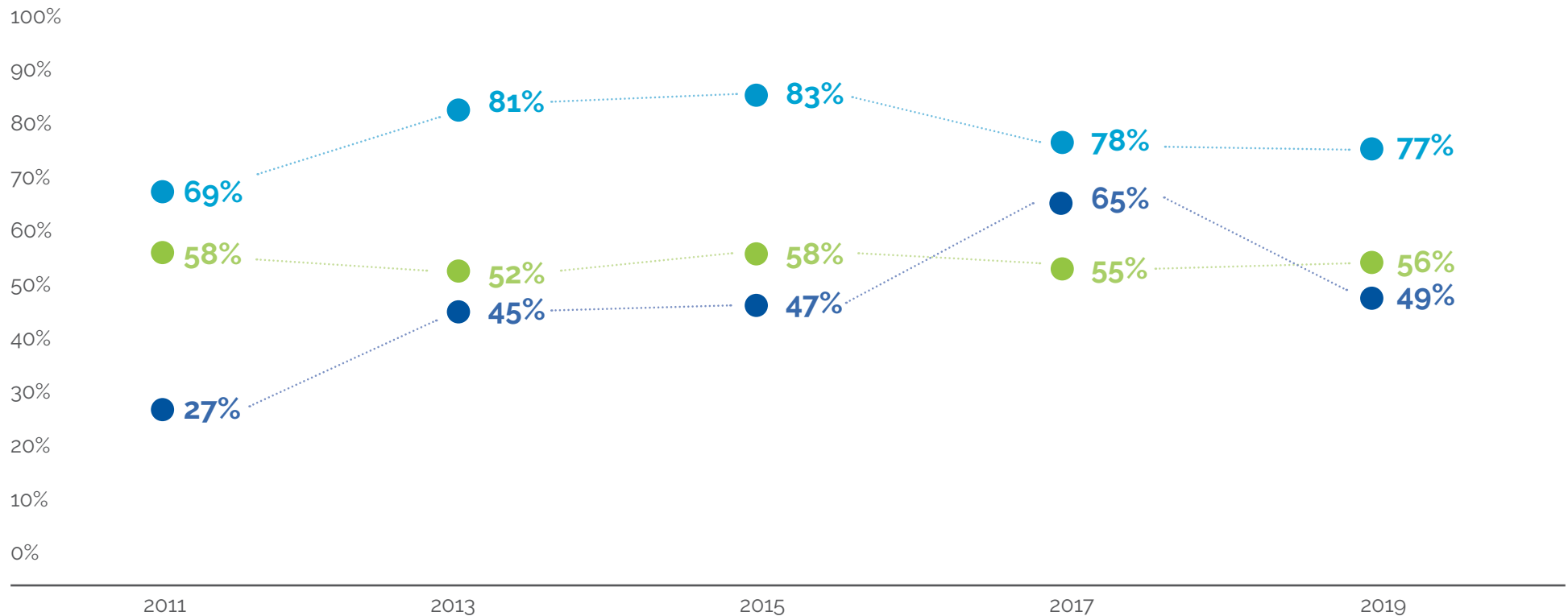
*Does your organization have a formal definition of "Patient Experience"?*

■ Structure

*Does your organization have a formal organizational structure to ensure specific actions are being taken to improve the Patient Experience?*

■ Mandate

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



From the inception of our State of Patient Experience inquiry, we have tracked three foundational questions: 1) use of formal definition, 2) existence of formal mandate and 3) establishment of formal structure. Of some interest was the outlier response to having a definition in 2017 which we believe was

influenced by much lower responses to the option "I don't know" than in 2019. In looking at this overall, the trend on having a formal definition slowly climbs upward while the responses for both mandate and structure in 2019 reflect the average response over the last eight years.

While the trends hold steady, they provide an interesting insight as the patient experience community matures. We find that as the sophistication and experience of practitioners and professionals have grown, so too have their expectations. In the early years what constituted success in structure or clarity in mandate seemed to be looser and broader, so while numbers look similar over time, the rigor in response has become greater. While over 75% of all organizations do have some sort of formal structure for experience, many more above that number address experience in informal ways. This reality makes sense in particular in smaller organizations with less resources or the ability to invest formally in experience efforts.

At the same time, lack of formal mandate does not mean lack of focus. This is reflected in comparing structure to mandate as well. As 77% of organizations report having a structure, while only 56% report having a mandate, that means that over 20% are acting with some direction outside of a "formal mandate". This is interesting, as it reflects the inconsistency with which organizations still tend to address the issue of experience and elevates an opportunity for greater aligned focus on experience as an essential strategic element in healthcare.

## Versions of the community definition of Patient Experience continue to be most widely used

While only half of respondents reported having a formal definition, we continue to believe that some formal definition - a statement of focus - gives an organization a true north towards which to proceed and reinforces a stated commitment to experience. Without a target, how does one know where to go? In looking at the open-ended responses from the organizations that identified themselves as having a formal definition, many of the key elements of their definition continue to include the core ideas and, in some cases, the adapted or full adopted version of The Beryl Institute's community definition.

The core idea in this definition, that experience happens at the point of interaction between two people and sometimes now supported by or through technology, remains essential to the experience conversation and reinforces the concept that in healthcare we are truly human beings caring for human beings. In addition, the continued story line in the state of patient experience over the last eight years is the growing focus on the kind of organizations we build to deliver on experience. The culture of these organizations is foundational to our ability to ensure the best in experience at all points of interaction across the continuum of care. And the ultimate measure remains the perceptions of those we serve - the patients and families that engage in healthcare every day.

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

- The Beryl Institute



# An integrated view of experience continues to be supported

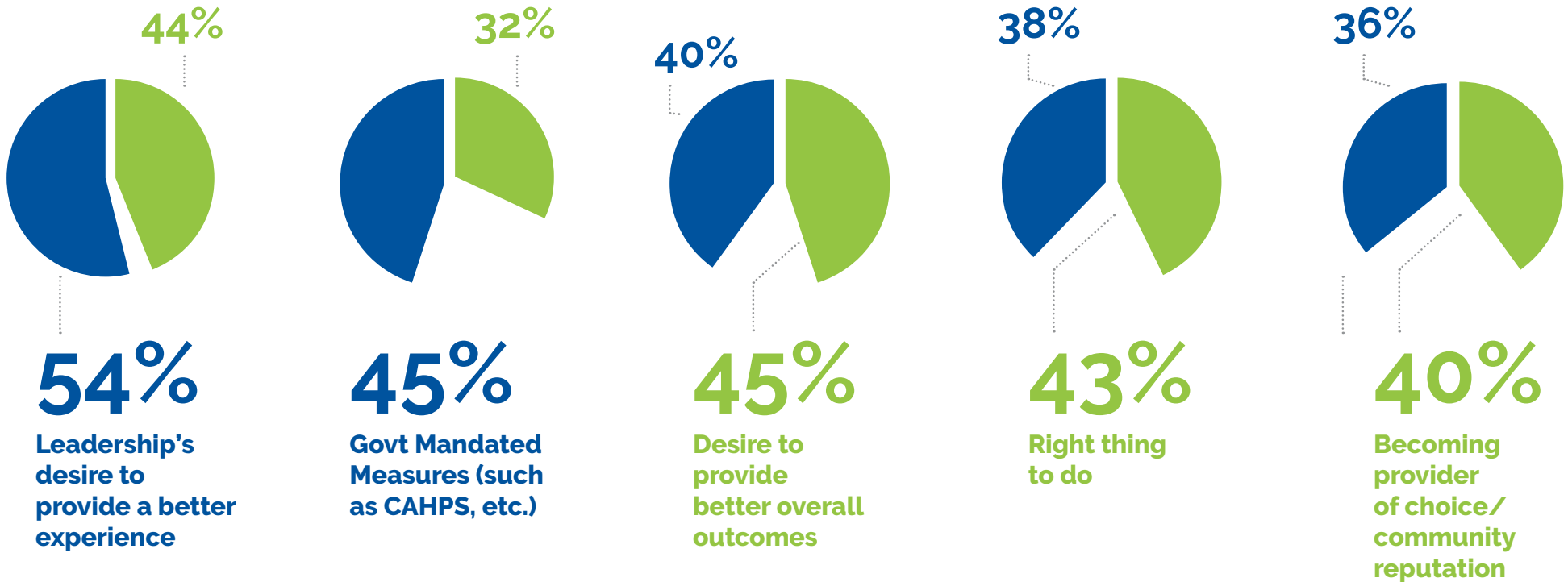
In expanding on the core elements of the definition, the respondents reinforced another essential consideration on the state of patient experience: that now more than ever, people are acknowledging the integrated nature of the healthcare experience. As we have long asserted, and both respondents here and consumers elsewhere have supported,<sup>3</sup> experience is much more than how satisfied people are with the delivery of care. It is the integrated encounters they have that shape the experience in healthcare. Safety, quality and service provided, the outcomes realized, and the costs incurred all matter and are seen as part of one experience. Nine out of ten respondents, and in most cases more, suggested that all of these elements comprise experience and are centered around and grounded in the engagement of not only patients and families, but of employees as well.



# Motivation for experience efforts returns to purpose

■ 2017  
■ 2019

*Please select the top three (3) factors that are driving your organization toward taking action on Patient Experience.*



In understanding what drives a focus on experience, we can begin to determine what is motivating and sustaining action. An interesting shift took place in this year's study in which leadership imperatives and government mandates gave way to a return to purpose. The largest increasing items when asking what factors are driving organizations to take action were focused on better outcomes, it's the right thing to do and becoming a provider of choice. These factors are also in line with the rapidly increasing

consumer lens that healthcare systems are now taking on. In a healthcare environment where consumer perspective and choice will continue to take on greater significance, healthcare organizations will need to focus on the outcomes they create for their patients, families, communities and consumers. And if they wish to be viable in the future, healthcare organizations across the continuum will need to ensure they are a place people want to (and do) choose for their care.

# Focused leadership remains greatest support, while diluted leadership the biggest roadblock

Which of the following have been most successful in supporting your organization's Patient Experience efforts? AND Which of the following have been the biggest roadblocks to supporting your organization's Patient Experience efforts? (both were select top 3)



+/- Change from 2017

In asking respondents what supports and impedes their experience efforts, the top items have been consistent over the last eight years. Where we have seen movement is the level at which people see these factors having an impact. As we look at the supports of experience efforts, the top items remain leadership and structure and, in fact, those two areas saw increased importance in 2019. In addition, engaged workforce also increased significantly as a support of experience outcomes.

There were also some interesting changes pertaining to items deemed roadblocks. While the items themselves were consistent from previous years, there were some significant shifts in their scores. Of note, and an

opportunity to address, is that people feel the fact that experience leaders are pulled in too many directions is a serious and growing roadblock. This is joined by a realization that multiple priorities dilute a commitment to experience efforts. One positive was that budget and resources dropped in significance as a roadblock. Still one-quarter of respondents see this as an issue, but that dropped by five percentage points since our last survey. The contrast of an increase in being pulled in too many directions, balanced by a reduction in the challenge of budget as an issue reflects the continued tension experience efforts face as they strive to be considered an essential strategy requiring a commitment of both people and other resources.



# Culture expands in importance to achieving positive experience efforts

■ 2017  
■ 2019

*Which of the following are most important for achieving a positive Patient Experience?  
Please select the top 3.*



In transitioning from supports and roadblocks to looking at what respondents believe are the most important items to achieving a positive experience, most items remained close to where they were scored in 2017. Of note was the continued and expanding recognition of the importance of organization culture in achieving experience excellence. The six-percentage point increase in the identification of culture as a key factor more than doubled any other change and signifies a growing recognition that the types of organizations we build in healthcare are the foundations for the experience provided.

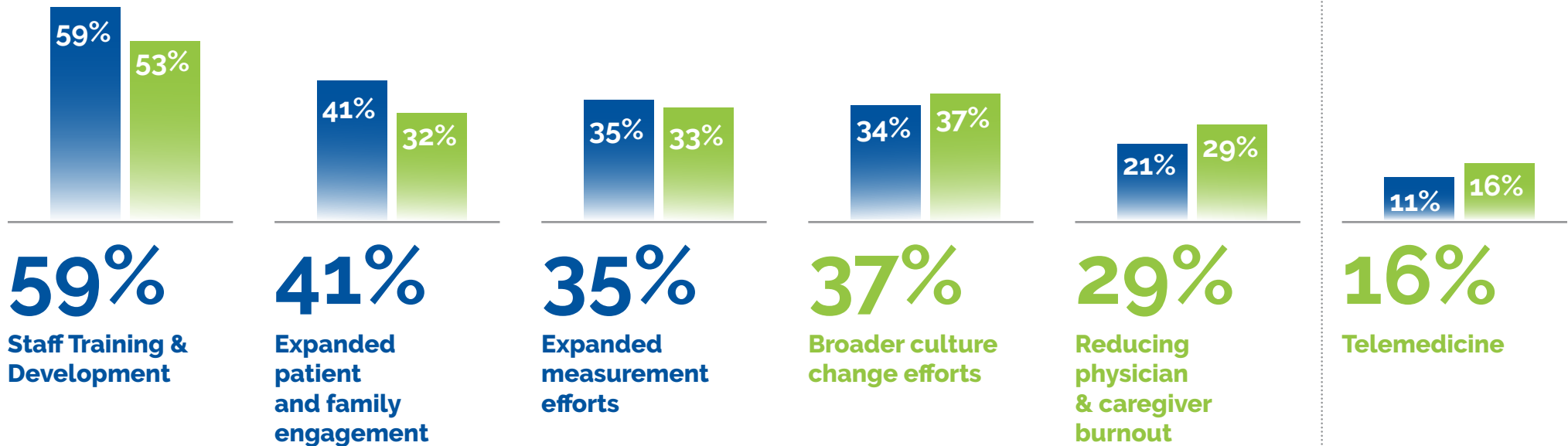
interaction that occurs in healthcare. It sets the expectations for how people behave and communicate, the choices they make and the actions they take. This was only further reinforced as consumers of care identified the most critical items driving their own positive experiences were the people factors they encounter, topped by being listened to, communicated to in a way that they can understand and being treated with courtesy and respect.<sup>3</sup> Culture provides the roots on which those efforts grow and flourish.

This is important to see in that culture has always been at the heart of the definition of patient experience. It is culture that lays the foundation for every

# A focus on addressing burnout and caring for those who give care is growing

■ 2017  
■ 2019

Identify the top three (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.



The focus on culture as an essential factor was further reinforced when asking respondents where they believed they would continue to invest over the next three years to advance their experience efforts. Culture slightly increased, but it was an item reflective of the opportunities that exist in building stronger healthcare cultures – that of physician and caregiver burnout – represented the greatest increase. The issue of strain and stress on healthcare’s workforce is not new, but it has been elevated in recent years as something endemic of a system that can be seen as caring more outwardly than inwardly.

As healthcare becomes more complex and patient volumes increase, demands rise, workforces are strained, and so does stress. This churn pulls people farther from the purpose of their work. These pressures are causing issues of fatigue and burnout leading to calls for resilience and other work to be elevated<sup>4</sup>. The challenge this poses is that burnout may not be the ultimate

issue, but rather it is the symptom of something bigger. A true and systemic focus on experience, and on building a culture that supports it, requires a commitment to both those who receive and deliver care. I would assert that a strategic focus on experience actually creates an opportunity for a return to purpose.<sup>5</sup> Connecting people to their work as an enlivening endeavor versus a task to be done may be a critical opportunity in tackling this challenge healthcare is facing.

Of interest as well was the second largest increasing item, which is the implementation of telemedicine. This touches on the other issue in healthcare, that how care is provided and the means by which interactions in healthcare are offered will continue to dynamically shift. Both experience strategy and people strategy will need to be ready and equipped to adjust to this new environment.

# Top areas of focus moving to employee engagement, communication and access



We have now tracked the question “What are your top three areas of focus of action for your organization’s current patient experience efforts?” over the five survey cycles and have seen an interesting and telling trend leading us to the most recent reported items today. From 2011 into 2013 when we saw responses reflective primarily of items associated to domains of the HCAHPS survey (collected in the United States) where noise, cleanliness, responsiveness were elevated, to 2015 into 2017 where the practices to

address improvement prevailed at a tactical level with training and rounding coming to the top. All the while over that period from 2015 to today, broader strategic concepts such as employee engagement and communication were slowly growing which leads to this year’s inquiry. The 2019 data reveal that employee engagement, communication, access and culture rose to the top. This evolution in thinking and practice from responsive to strategic, tactical to relational is significant in it shows how the thinking about patient



experience evolved. In this short eight-year period, we have moved in great leaps from something grounded in addressing survey responses to something that is fundamentally about the kinds of healthcare organizations and systems we want to be.

## What the Trends Tell Us

In all that the evolution of the state of patient experience reveals, it may be this fundamental shift from seeing experience as a reactive and even tangential practice to one that encompasses and integrates the fundamental strategic elements of organizational life in healthcare that is most significant. It speaks to a market and an industry that once thought, as a former colleague once claimed, "This experience thing is just a passing fad", to one that now sees the full strategic implications of this work.

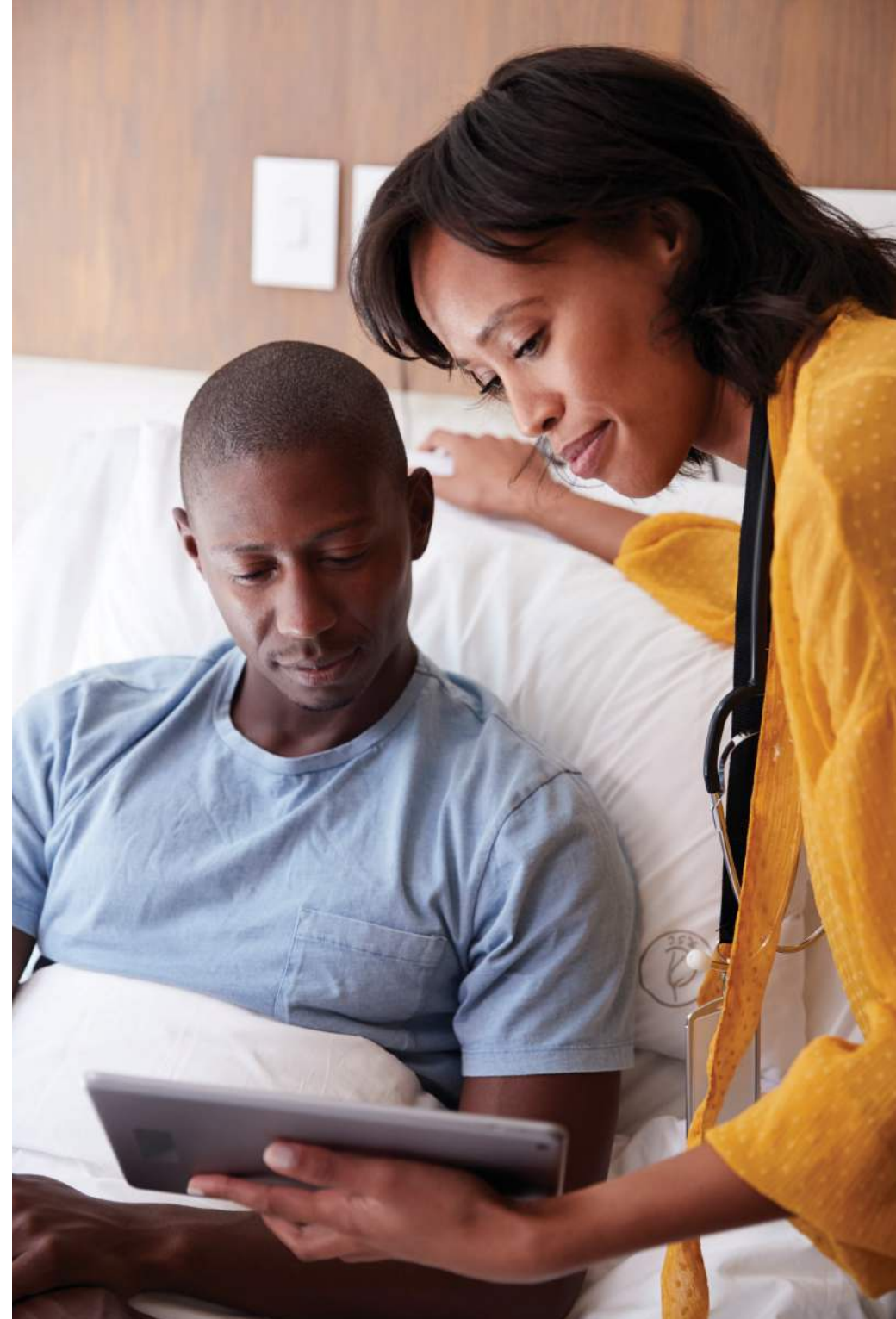
Some of this evolution has been driven by the persistence of leaders in healthcare who chose this profession for something bigger than the transactions it was built on. It is increasingly evident that leaders at all levels, in all segments of the care system and in all corners of the globe are relentless in applying practice, measuring outcomes, expanding thinking, reinforcing impact and elevating that human experience is the essence of healthcare. Their work is bolstered by a rapidly changing healthcare consumer who no longer simply engages in the healthcare they were told to, but rather are seeing healthcare as a choice. This awakening of consumerism in healthcare<sup>6</sup> in conjunction with the sudden and rapid appearance of new care settings, models and options have made former models increasingly obsolete in a marketplace where experience is now driving the stories people share, the choices they make and therefore the operational success for many healthcare organizations.

These trends also reveal a heightened level of awareness and a cautionary tale. That in the positive we see, there are still some who have not acted, and even for some that have, their focus on experience and resulting actions can be better described as something they "have" to do versus are committed to, meaning they are not necessarily inspired to tackle experience with consistency and purpose. The trends reveal we are at a significant inflection

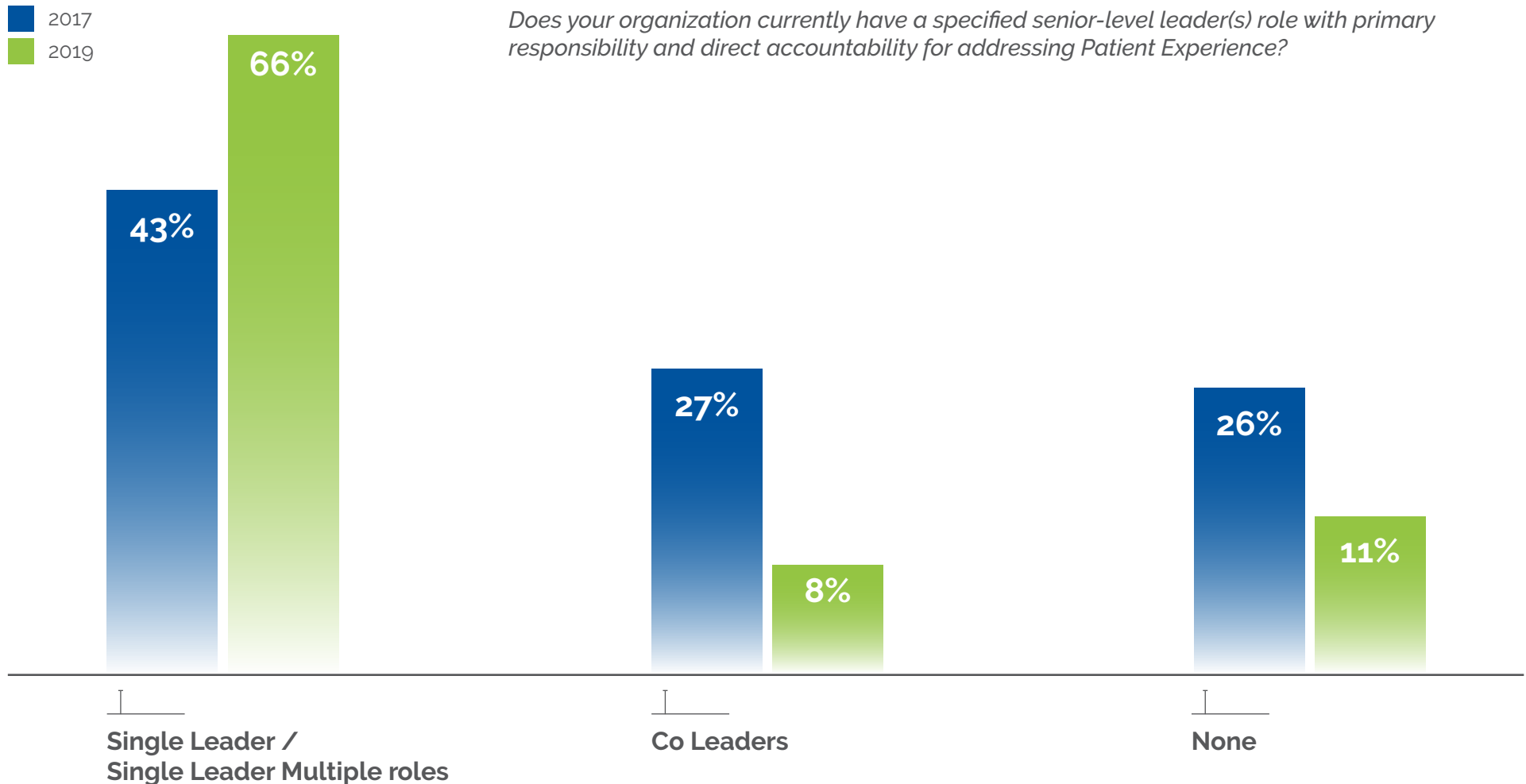
point where more have moved in the direction of experience than not, but still are also at a balancing point where the fulcrum driven by policy or other priorities could slip backwards. It is why these trends must be continued and supported with vigor to ensure the best in outcomes for all experiencing healthcare around the world.

# STRUCTURING EXPERIENCE EFFORTS

As part of our ongoing inquiry, we have explored not only the what's and why's of the growing focus on patient experience, but also how organizations have chosen to address the execution of experience from the perspective of structure and support. The data in 2019 on structure, much like the insights from the trends above, reveal growing focus with some opportunities for further clarity. The general understanding in exploring structure is that organizations are investing people and resources in this work and it is expanding in scope as well. With this there remains opportunities for further focus and continued support for all the elements that comprise an effective experience structure.



# Focus on a single patient experience leader increases



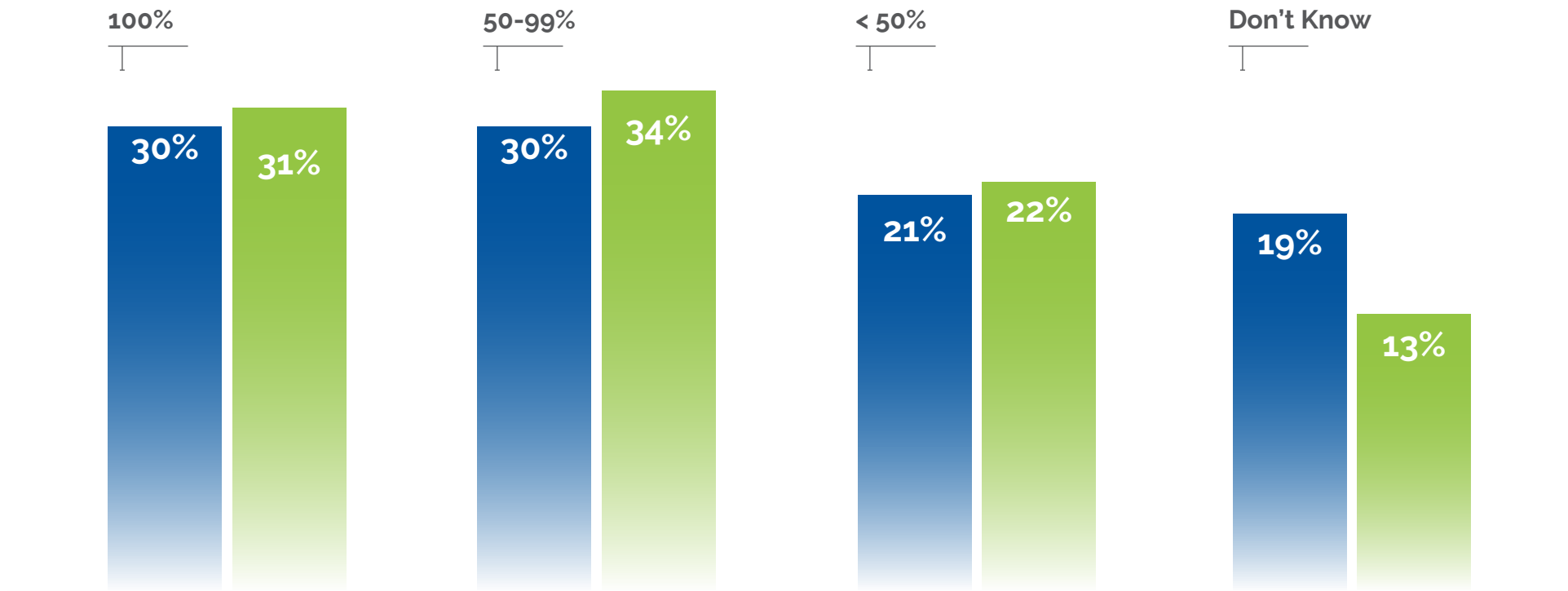
One of the greatest shifts we saw in the data this year was a larger commitment to a single leader, that is a dedicated individual leading the overall experience efforts of an organization. For a majority of organizations reporting having a dedicated leader, over 33% of all respondents in the study had someone serving as the Chief Patient Experience Officer or

equivalent role. The other half of those identifying their organization as having a dedicated leader said the experience role was combined with other responsibilities. A couple such examples seen recently are those who share the Chief Nursing Officer/Chief Experience Officer roles and those blending Chief HR Officer with their experience roles.

# Time commitment of PX Leaders slightly sharpening

■ 2017  
■ 2019

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

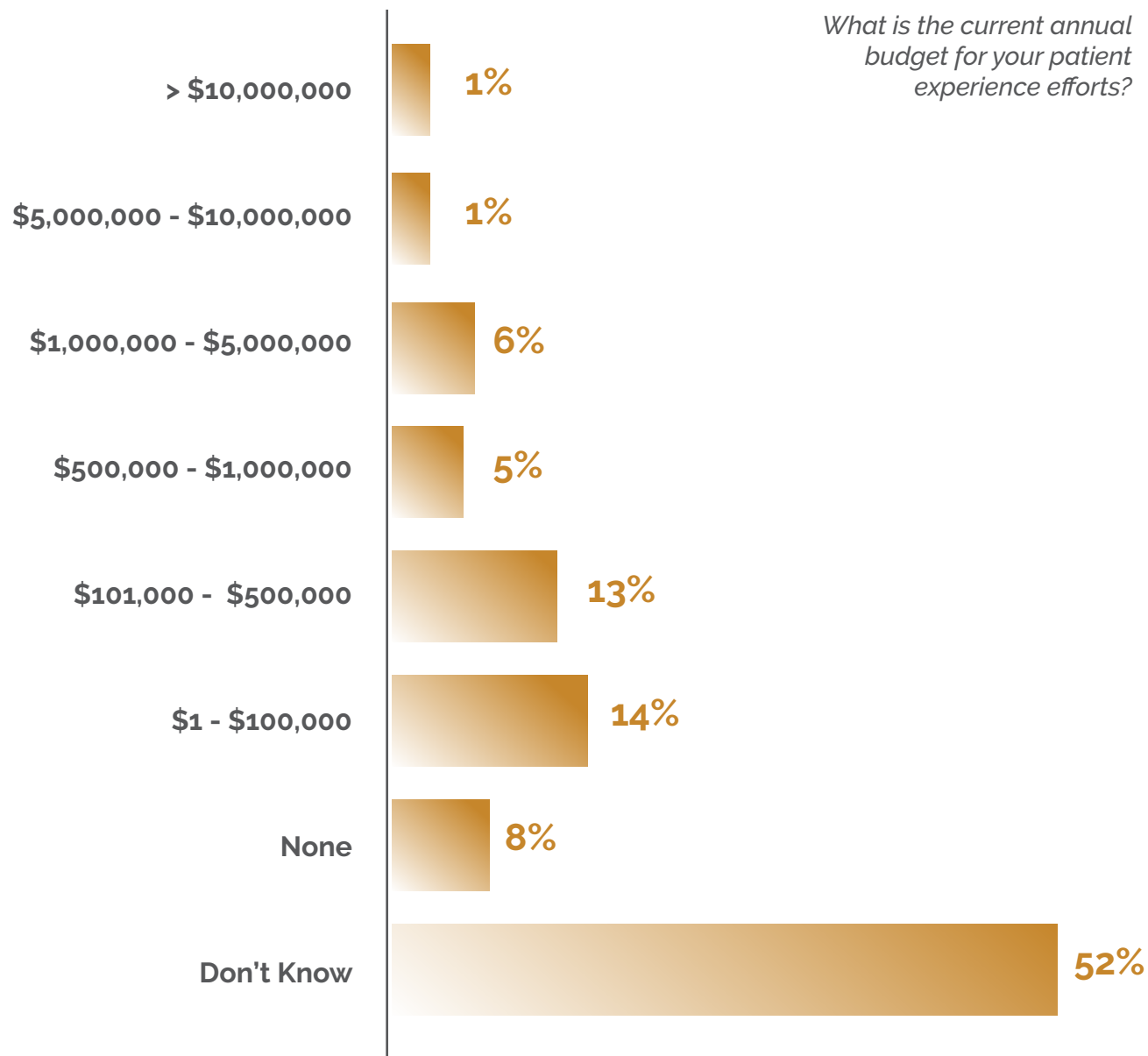


And yet while time commitment is sharpening, it continues to raise the issue that though organizations identify having a role fully committed to experience, only 31% of the respondents say that the individual is focusing on experience 100% of the time. The time commitment matches closely to the leadership responses above for those organizations with one leader

with a singular focus on experience (33%). These numbers continue to reveal an opportunity that if organizations are truly going to be committed to and recognize the integrated nature of this work, they need to establish a means to guarantee greater focus of time in order to achieve experience success.

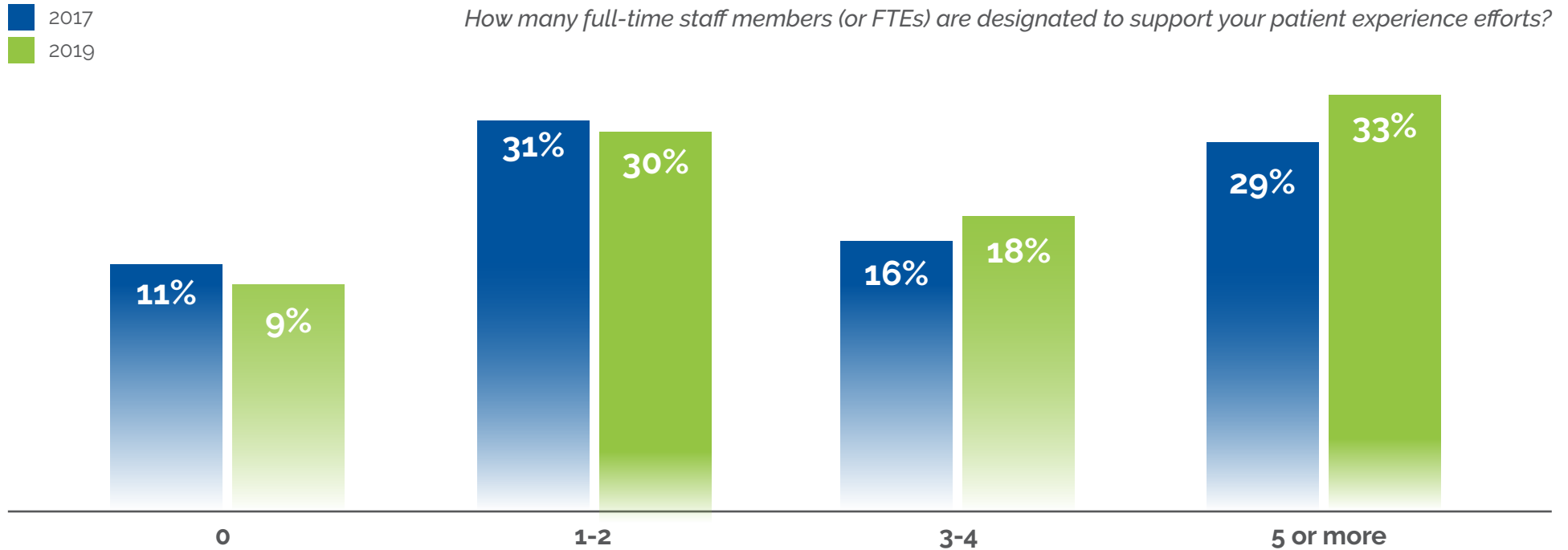
# Budget for experience efforts varies widely and remains mostly unknown

This scattered focus is further validated when asking about the actual budget in place for experience efforts. The range is broad with 13% of all respondents saying their experience budget is greater than \$500,000. Just under a quarter have a smaller budget of under \$500,000 and just shy of 10% identify having no budget at all. With that, the majority reported they do not know what their budget is. This elevates a critical opportunity that for as much as we are doing to elevate the importance of experience, we do not have a clear sense of the extent of investment in ensuring experience excellence. If there is a true strategic commitment to experience, we need to ensure greater clarity on what we are committed to invest in success.





# Size of experience teams continue to grow



At the same time that we see growth in leadership, but unclear budgets, we too are seeing an increase in the average staff size for patient experience efforts. While this may be driven by a number of reasons or realities such as the consolidation we are experiencing in healthcare, it definitively reflects the growing scope of what is encompassed by experience efforts. As leaders across healthcare are recognizing the breadth of what influences experience and what it takes to effectively build, lead and sustain experience efforts, it is clear in our data that there is a commitment to increasing the people needed to drive experience efforts. Based on the trends reported from our respondents, patient experience teams grew larger in size from three or more people and doubled that growth in the range of five or more people. Aligned with leadership growth, this indicates a recognition that this work is seen as critical and is receiving a greater commitment to investment.

In a smaller unpublished study conducted of experience leaders across The Beryl Institute community, we discovered that 70% of all experience teams led by senior experience leaders have teams of five or more reporting to them, with 35% actually reporting 10 or more people. This too is reflective of what we are seeing as experience efforts expand in scope. What was first a function focused primarily on scores, experience efforts continue to grow in strategic strength and reflect greater breadth than ever before as healthcare organizations realize the consumer implications they now face and the critical role experience plays in addressing that opportunity.

# Scope of experience work expanding and diversifying

To reinforce this point of expanding responsibility supporting the growth of experience efforts, our respondents revealed just how broad their experience efforts reached. Beyond the more traditional functions touching on measurement, patient and family advisors, service excellence and patient relations and advocacy, almost half of all respondents identified quality as now part of their experience structure. This is something we have long believed is essential in reflecting that experience isn't simply about satisfaction. More so, and as supported by the responses to the integrated view on experience, when you address experience from the lenses of those who seek care, quality and safety is not a distinct effort, but rather one central to their overall experience and in essence something they expect, rightly so, from healthcare today.

The breadth of experience efforts reached farther in this study to include not only ancillary services and other support efforts, such as environmental and food services, but also growing to include the people functions of an organization from training and organization development to human resource functions. Also, an expanding reach into other essential functions such as risk management, spiritual care, marketing and community relations and more reinforces how essential it is to look at experience as something more than the delayed outcomes revealed via a survey, to the practical day to day encounters healthcare organizations across the continuum have with those they care for and serve. All of the functional areas outlined in the data reported being part of experience efforts in at least a quarter or more of all organizations. In a world of tightening budgets, expanded requirements and stressors, alignment in addressing experience from an integrated perspective and ensuring coordination and connection between vital functions may very well serve as one of the strongest paths to quick and sustained success.

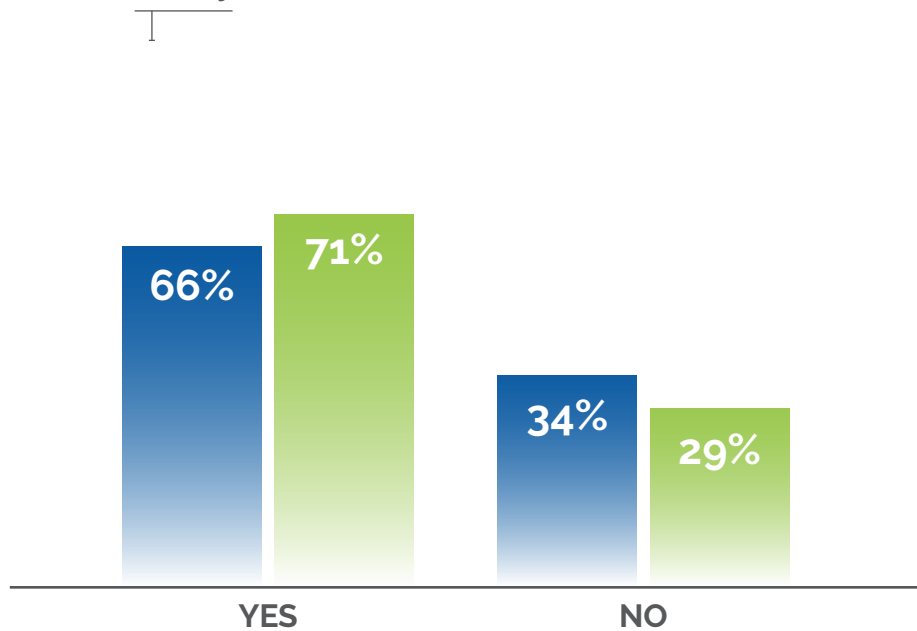
*Which of the following areas are included in your patient experience structure? (select all that apply)*

<b>66%</b>	<b>Patient Satisfaction Measurement</b>
<b>62%</b>	<b>Patient &amp; Family Advisors/Patient &amp; Family Advisory Councils</b>
<b>53%</b>	<b>Service Excellence</b>
<b>49%</b>	<b>Patient Relations</b>
<b>47%</b>	<b>Patient Advocacy</b>
<b>44%</b>	<b>Quality</b>
<b>38%</b>	<b>Measurement &amp; Analytics</b>
<b>38%</b>	<b>Training and Development</b>
<b>34%</b>	<b>Volunteer Services</b>
<b>30%</b>	<b>Ancillary Services</b>
<b>29%</b>	<b>Environment Services</b>
<b>29%</b>	<b>Food Services</b>
<b>29%</b>	<b>Risk Management</b>
<b>29%</b>	<b>Patient Access</b>
<b>29%</b>	<b>Interpreter/Language Services</b>
<b>26%</b>	<b>Community Relations</b>
<b>26%</b>	<b>Marketing</b>
<b>26%</b>	<b>Organizational Development</b>
<b>25%</b>	<b>Spiritual Care</b>
<b>24%</b>	<b>Human Resources</b>
<b>24%</b>	<b>Concierge Services</b>
<b>24%</b>	<b>Call Center Services</b>
<b>23%</b>	<b>Health Education</b>

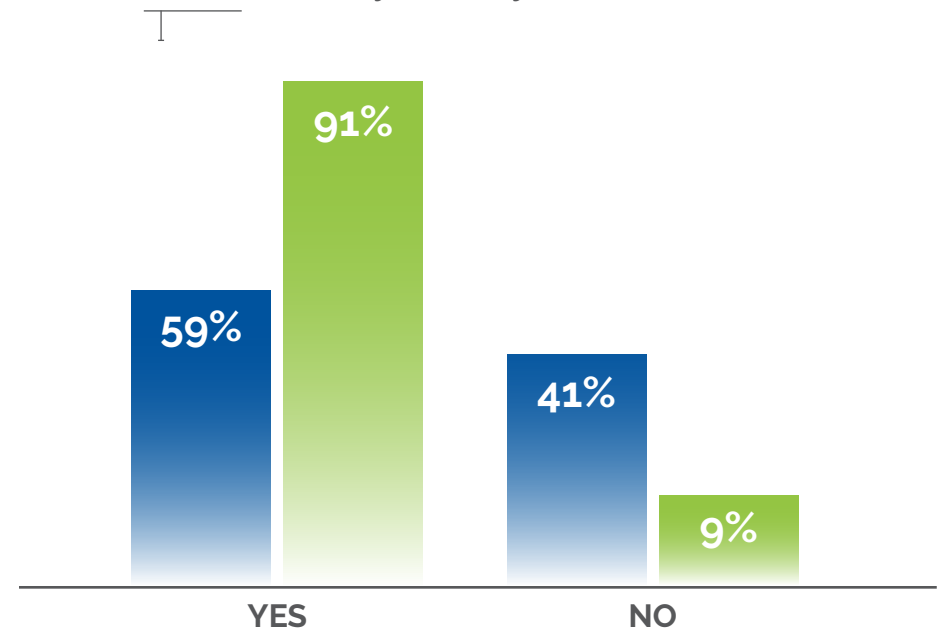
# Engagement of Patient and Family Advisors is growing

2017  
2019

Does your organization engage Patient & Family Advisors?



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



There remains a strong and positive trend in working to involve the voices of patients and families, an essential element of experience efforts. With now over 70% of organizations reporting using patient and family advisors (PFAs) in some capacity and 91% saying they have formal Patient and Family Advisory Councils (PFACs), the recognition of the value of including the patient voice has been solidified and perhaps some of the trepidation surrounding this key commitment as seen in the past has diminished.

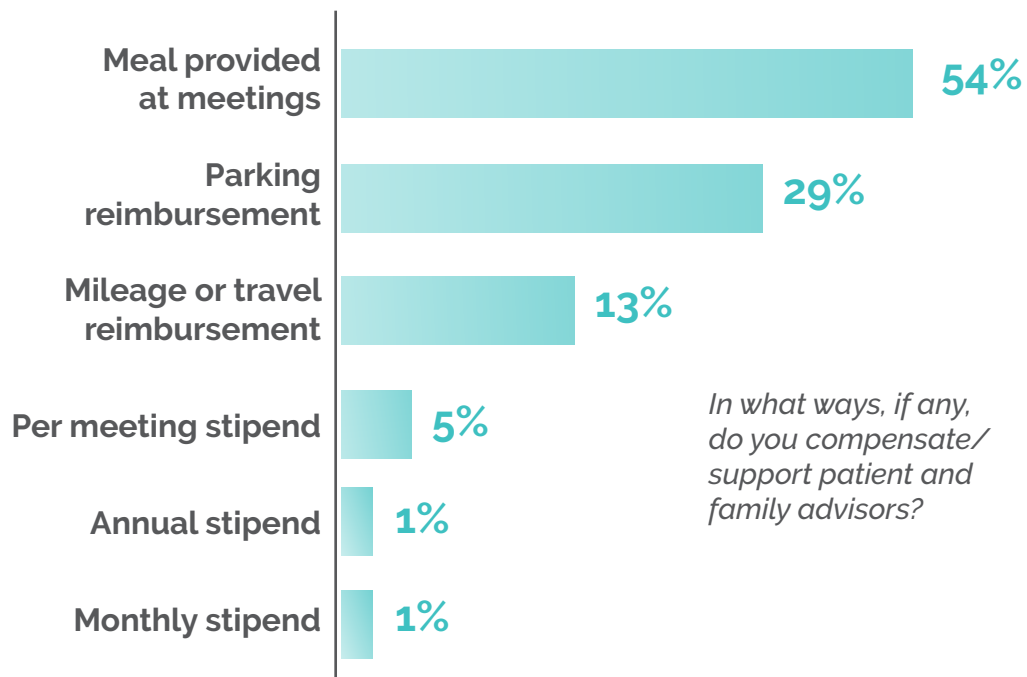
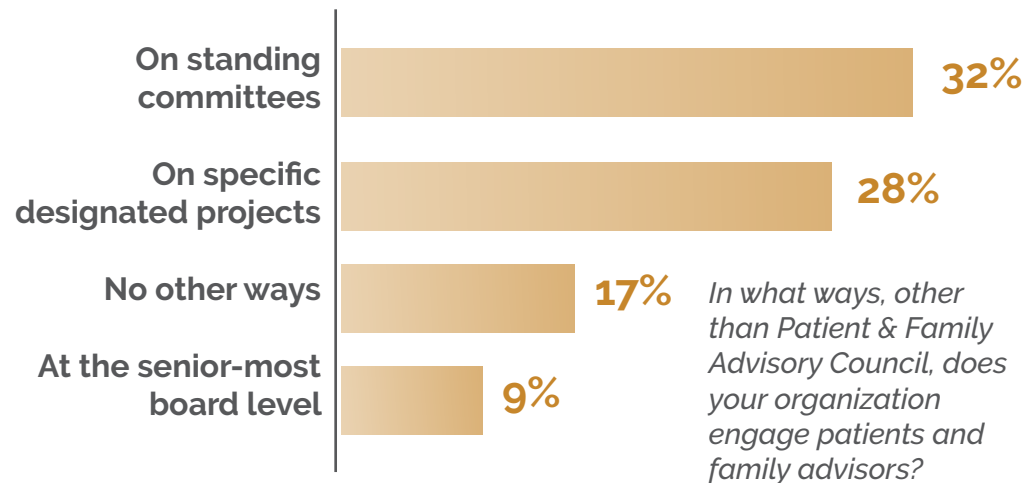
At the same time, we should be cautious to equate the existence of councils to the value they bring. With the pressures brought to bear in the market,

many organizations adopted councils in the past as a "have" to do, not necessarily a "want" to do. This has led more to a checking of the box for organizations to say, "we have one of those", versus working strategically to determine how to best engage patient and family voice in order to ensure best process, best actions and best outcomes. Organizations must remain diligent in ensuring the focus on engaging patient voice does not get diminished into an action for the sake of acting versus a commitment to action as a result of listening. So, while we are encouraged by the rapid growth, we remain cautiously optimistic about what actions will result from these reported efforts.

# Engagement of Patient and Family Advisors is expanding, but... compensation of Patient and Family Advisors remains minimal

The challenge on the effective engagement of PFAs may be no better reflected than in the responses shared in the following two questions: where are organizations engaging PFAs and how are they compensating them for their work? Outside of work in PFACs there is a broadening in the engagement of patient and family voice with growing trends of involving PFAs in ways beyond, or even instead of, formal councils. With over 30% of respondents reporting PFAs are engaged in more direct committee or project work, we see new realizations on the importance of (and actions to ensure) the contribution of patient and family voice. Especially significant is that almost 10% of organizations reported having patient and family voices at the board level which reflects an acknowledgement that healthcare's consumers can be valuable contributors in guiding the strategic direction of organizations.

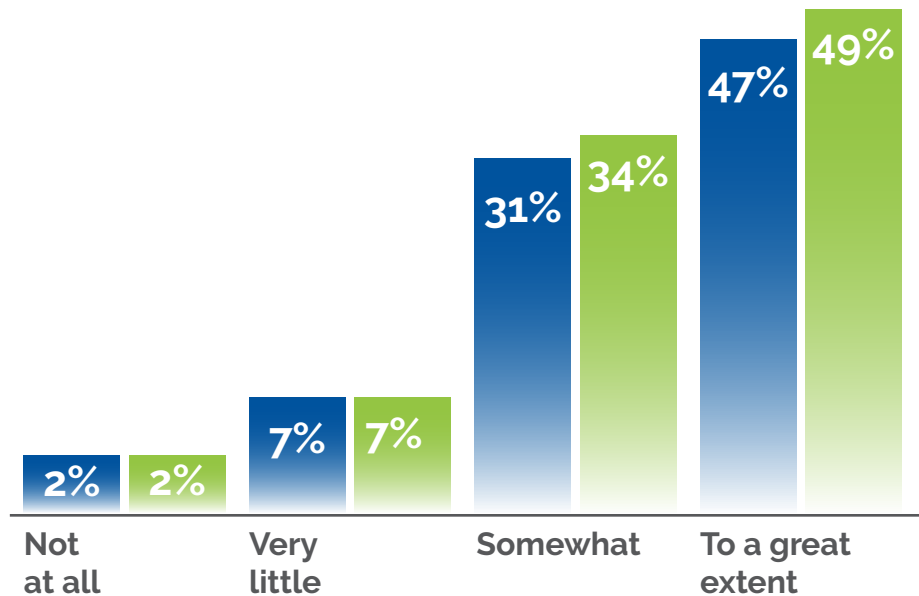
There is a concern revealed in the data as well. For all that is happening to elevate and engage the voices of patient and family members, little is being done to support them in this important, strategic organizational work. While staff and leadership are paid to participate in these efforts as part of their jobs, patients remain largely volunteers that are committed to and driven by something greater. Yet, at the same time they are bringing their insights and ideas, they are being minimally compensated beyond an acknowledgement and thank you in almost all cases. In fact, the data reveal that "compensation" for patient and family members remains largely meals, in just over 50% of instances, and reimbursements for expenses occurred to participate in less than 30% of instances. That would lead us to believe that for all organizations are asking for from these PFAs and despite their recognitions that this is an important part of their work, they still see these contributions as volunteer time. And while that is not an incorrect perception, there is a statement that it makes. Organizations can and must do better to show they value the input of PFAs and that the input they seek has tangible value as well.



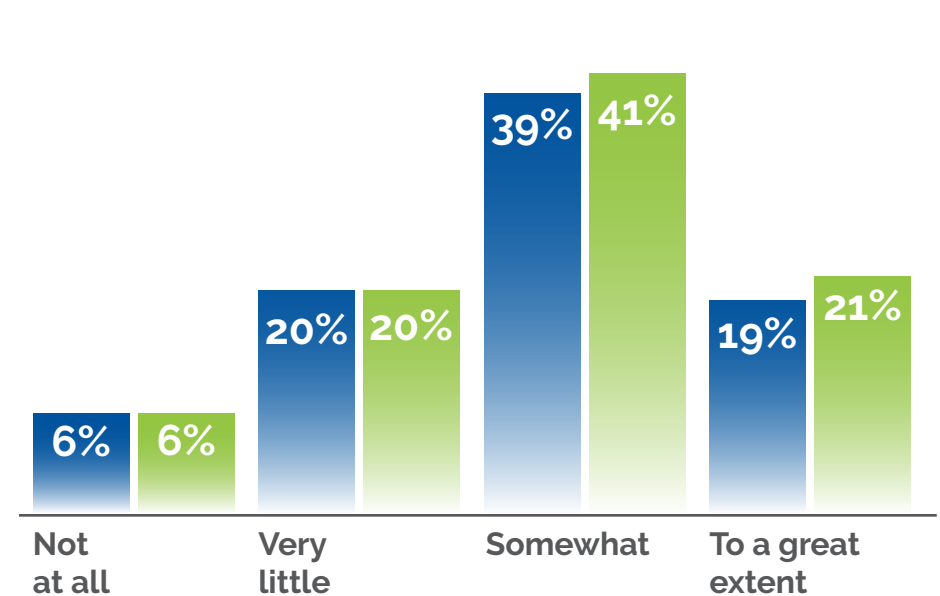
# Boards are increasing both their awareness of and influence on experience



To what extent is your organization's board **AWARE** of your patient experience efforts?



To what extent does your organization's board **GUIDE** or **INFLUENCE** your patient experience efforts?



While there was significant growth in the involvement of patient and family voice, the awareness of and influence of organizational boards only slightly increased since 2017. This is not of great concern in that board awareness including 'somewhat' and 'to a great extent' is 83%, with less than 10% reporting little to none at all. Awareness by boards represents something more than the conveyance of information. It signifies the focus of an organization to elevate this concept strategically to the board level.

It is also fair to say awareness and action are two different things, and when asked how much boards guide or influence experience efforts, the number of 'somewhat' and 'to a great extent' drops to 62% of respondents. This signifies that six in 10 organizations have a board that looks at experience not simply as reports to review or be aware of, but instead sees experience as an opportunity with strategic actions to take. With that, there are still more than 20% of organizations based on this interpretation that see experience as a governance report only.



This represents an opportunity that cannot be overlooked that ties us to much of the data revealed in this year's study. For as far as experience efforts have come, there are still places where experience is seen as important but not necessarily strategic. Yet, as we look at the changing healthcare landscape, growing consumer demands and a realization of all that experience encompasses, organizations and their boards must be mindful of their perspective and how they can and must guide experience strategy with both the interest of their organizations and those served by the organizations they govern. That is what consumers in healthcare are asking for more than ever.

## What the Structural Issues Reveal

As we look at the evolution of experience as a practice and a field, the numbers continue to show strengthening in both a commitment to leadership and the expansion of scope. At the same time, the data reveal there is opportunity to solidify focus and strategic commitments to what experience is and can be for healthcare organizations across the care continuum. While leadership is growing, focus remains diluted. While engagement of patient and family voice has increased, the means in which it is supported has yet to catch up. While boards have awareness of experience, there remains an opportunity to elevate its strategic importance and role as a potential differentiator in healthcare for many years to come. This is not to say we should not be excited by these trends, as they show there is a recognition of experience as something bigger than many believed even eight years ago. At the same time, it reinforces the need to ensure a strategic vision and line of sight to what is possible and then a commitment to action to ensure it is realized.

## EXPANDED INSIGHTS – A LOOK TO THE FUTURE OF EXPERIENCE MUST FOCUS ON TODAY

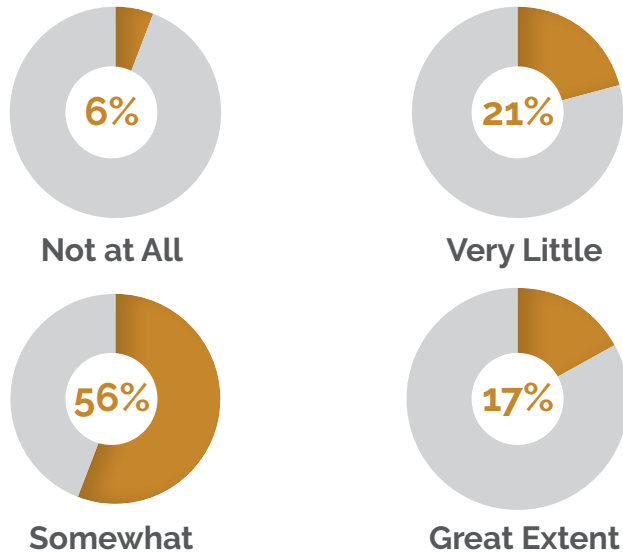
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In the 2019 Study we had to keep pace with how the market has been evolved and the evolution in thinking, practice and solutions that has and will influence experience efforts as we look to the future. These expanded insights are grounded in the realities that healthcare organizations are tackling today and the opportunities they are actively working to address. From technology and innovation to measurement and voice, from reinforcing impact to expanding the views of experience to ensure the most comprehensive approach are all part of a conversation not just on the future of experience but that of healthcare overall.



# Experience slow to enter the digital frontier

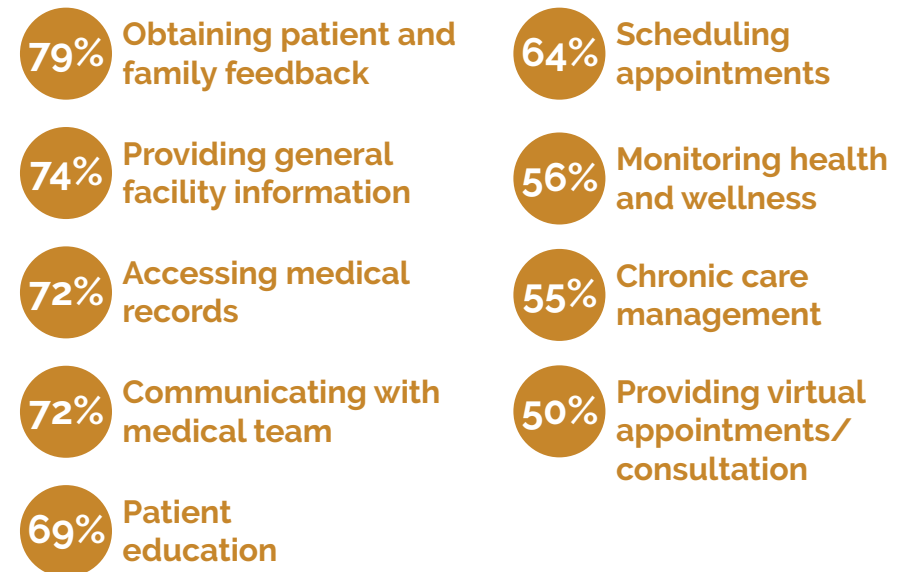
To what extent is your digital strategy connected to your patient experience efforts?



While healthcare has pushed itself (at times with hesitation) into the age of technology, there have been vast ranges of recognition and effective adoption of new technology as a means for change.<sup>7</sup> This is especially relevant to experience where the applicability of technology has so often focused on essential items as engagement and measurement, record keeping and documentation. These are part of a larger experience ecosystem, and organizations must be aware of both how their current efforts plug in as well as determine where they need to go.

This was reinforced by the data shared in asking how connected digital efforts were to experience strategy and where organizations were choosing to focus. Less than 20% of respondents suggested this was happening 'to a great extent', while over half suggested just 'somewhat'. What was interesting in the data is it seems most of the application of digital tactics were the

Top uses of digital tactics (somewhat + great extent)



technological embodiments of essential functions of the care system. This is not surprising, but also reflects the stage where healthcare, technology and experience stand today. With the greatest digital efforts focused on garnering feedback, information sharing, and access to records, communication and education, the future facing use of technology was seen as beginning to appear as well. Hovering around the 50% mark, digital technology is now focused on monitoring wellness and care management, as well as more direct to consumer care experiences such as virtual consultations.

In a consumer world that is quickly becoming digital, expectations will rapidly and dramatically shift. The experiences people have elsewhere will become a comparative point for experiences in healthcare. And the savvy consumers across generations will take note and even make choices based on how they are engaged digitally in the very near future.

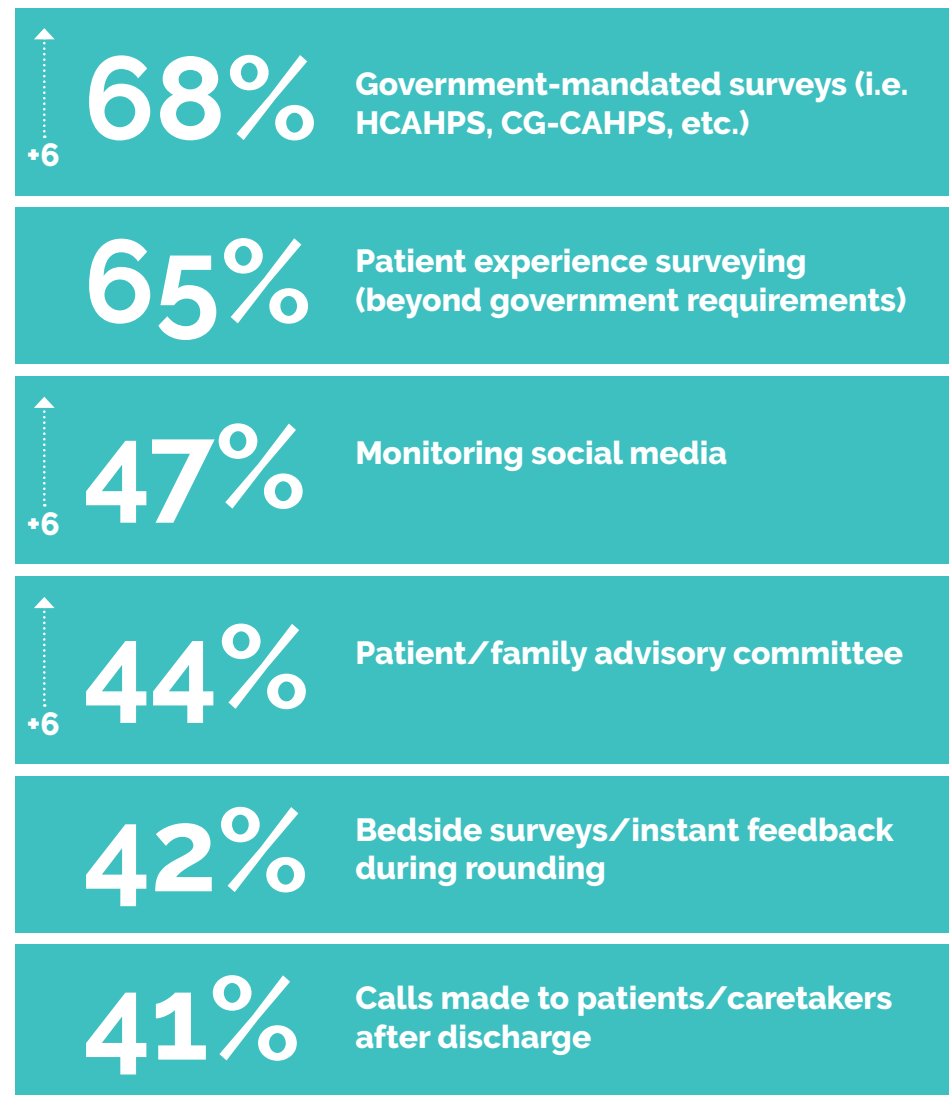
# While experience measurement goes back to basics, social media and patient & family voice on the rise

We remain interested in understanding how organizations are tracking their experience efforts in garnering feedback, one of the primary means for which organizations use technology today. In asking which metrics is your organization using to measure overall improvement in patient experience, the items remained primarily the same and largely unchanged with a few exceptions. The reliance of government mandated surveys crept back up and was still connected in importance to experience surveying in general. With this, I believe we are going to see new and innovative ways emerging quickly around surveying for actionable data across healthcare. This may occur sooner and more rapidly in outpatient and ambulatory environments as well as clinics and new retail care spaces as the influences of outside industry continue to seep into healthcare.

In addition, this question revealed two other points we should continue to watch. The first, and one related to the increase in the engagement of patient and family voice, is that the use of Patient and Family Advisory Councils (PFACs) increased 6 percentage points. Similarly, organizations are showing their social savvy, as almost 50% of respondents now report monitoring social media for feedback. The reality of a social and connected world cannot be avoided in healthcare at its peril. While those in healthcare are trained to be experts, the reality of what we accomplish may no longer be dictated by that expertise alone, but by the perceptions and the socially shared stories from those who received care.

The ability to create positive stories consistently may be an organization's greatest opportunity and muscle to build. In this new connected world when things happen in healthcare organizations, people everywhere will be privy to bedside views and instant reflections and reactions. These shared stories represent the perceptions of those who experience care, but they too become the social reality of what others hear and think about and therefore how they ultimately choose to engage with a healthcare organization.

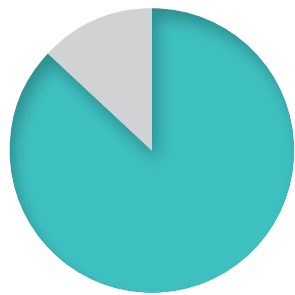
*Aside from tracking the success of individual improvement activities and/or actions, which metrics is your organization using to measure overall improvement in the Patient Experience? Please select all that apply.*



+/- Change from 2017

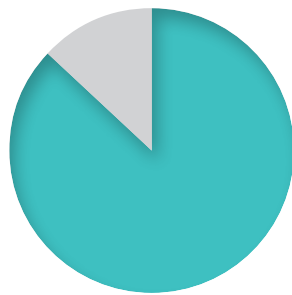
# Outcomes of a focus on experience expand

To what extent do you believe your existing Patient Experience efforts have a positive impact on each of the following? (Somewhat + Great Extent)



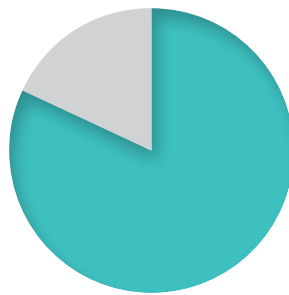
87%

Consumer  
Loyalty



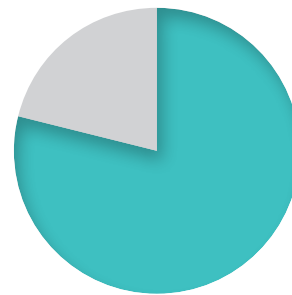
87%

Community  
Reputation



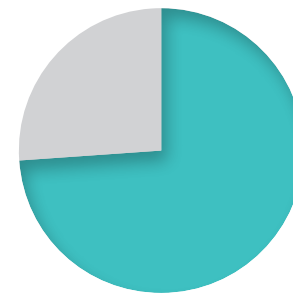
82%

Clinical  
Outcomes



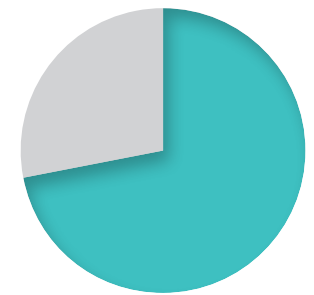
78%

Engagement  
& Retention



74%

New  
Customer  
Attraction



72%

Financial  
Outcomes

In looking beyond perceptions, we looked to explore what outcomes are positively impacted by experience efforts. Consistent with our suggestion that experience remains a central lever in driving the core outcomes we seek in healthcare – clinical and financial outcomes, consumer loyalty and community reputation<sup>8</sup> – there was consistent support from all respondents. They also introduced two new items that reflect the cyclical nature of experience efforts. Aside from reinforcing the core outcomes, respondents offered that experience impacts engagement and retention as well as new customer attraction.

Starting with the latter, the ability to attract new customers will become essential to the new and dynamic healthcare market rapidly emerging

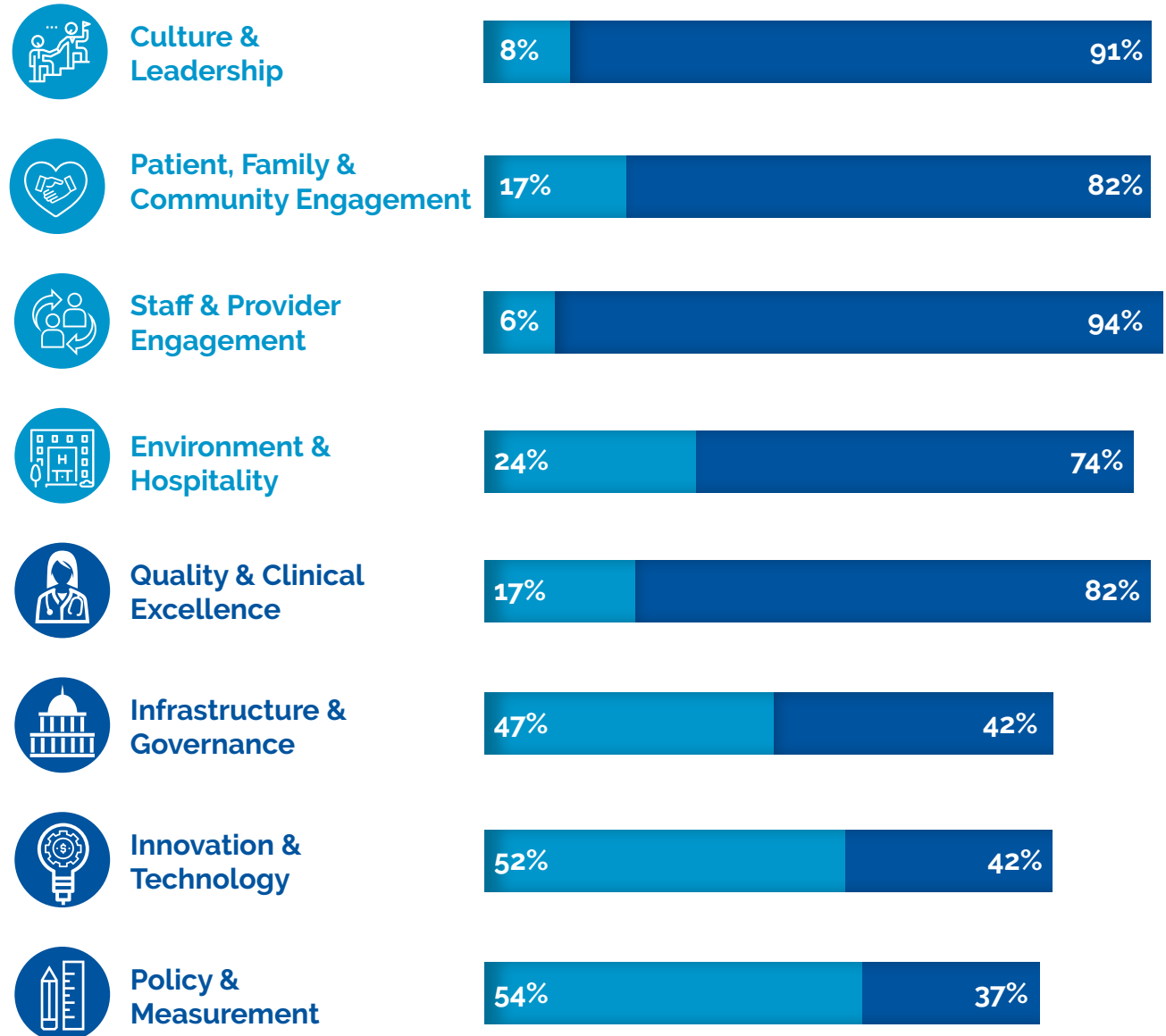
around us. In looking at engagement and retention, this is where the virtuous cycle of experience is reinforced. Many suggest it takes engaged and committed people in healthcare to ensure the best in experience for those who seek care. This supports the ideas shared in introducing the experience era<sup>5</sup> in which I offer that a focus on experience helps to create a reconnection to purpose – to the why people chose the work of healthcare in the first place. So, while more now than ever leaders acknowledge we need to ensure an engaged work force in order to deliver on positive experiences, it is in our commitment to a focus on experience in which people reconnect to purpose and find themselves engaged. This is where experience becomes a reinforcing commitment that can and will elevate healthcare.



# Lenses of experience framework influence experience outcomes

In understanding the virtuous cycle that a commitment to experience ignites, there is also a broadening of experience we see reflected in this data and discussed at the start of this paper. In introducing the experience framework above (Figure 1), I offered the importance that we expand our view of what experience is and what it encompasses. The ideas that experience was primarily about surveys just a short eight years ago have evolved into a clear and connected framework that reflects the true reach of experience as well as all that impacts the ability of an organization to positively address it. In asking respondents to reflect on the eight strategic lenses of the experience framework itself, they show great support for all the elements and their influence on experience. From the core ideas of culture and engagement we have seen throughout the data in this year's study to the recognition that quality and clinical excellence is essential, and the environment matters to experience outcomes, we are at the next jumping off point for the experience conversation. Even issues such as infrastructure, innovation and technology and policy all were seen as influencers, but their scores reveal an opportunity to reinforce the roles these items play in impacting the human experience in healthcare.

■ To a great extent ■ Somewhat



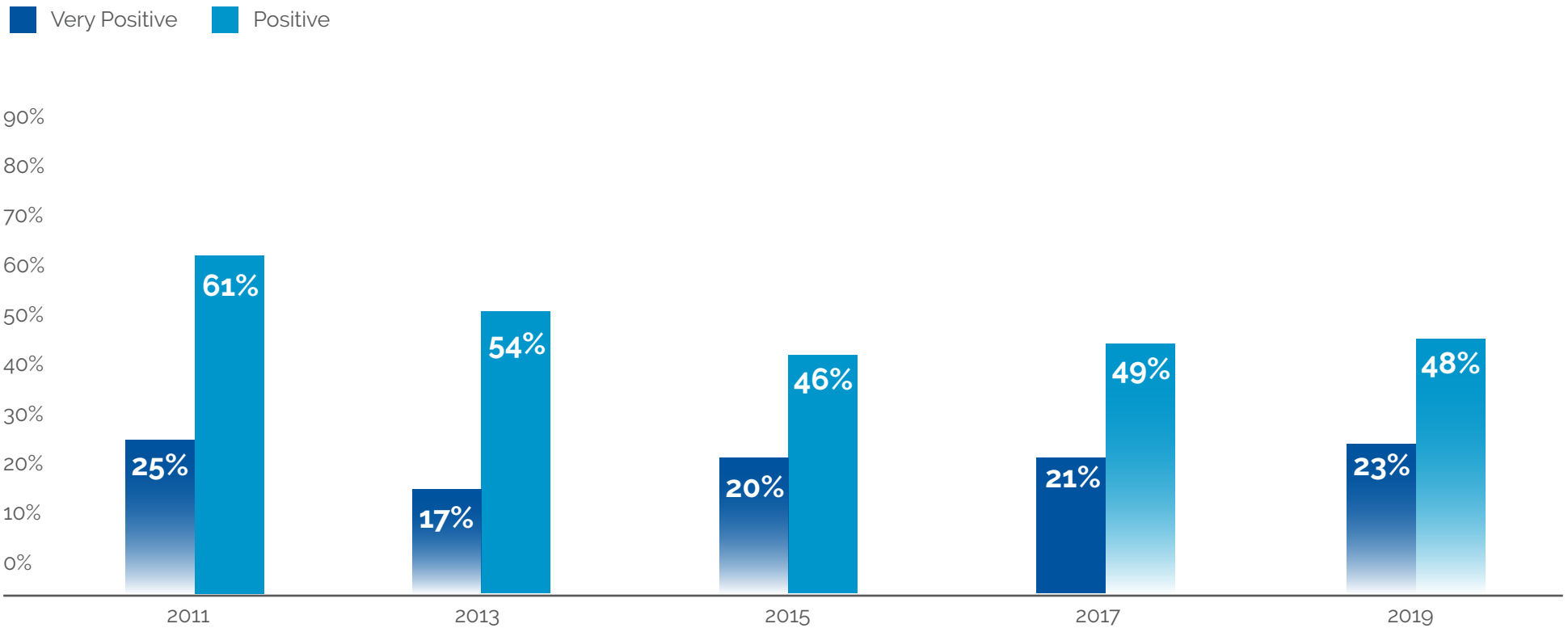
*To what extent do you believe the following influence patient experience outcomes?*

## Where New Insights Will Lead Us

Focusing on the future of patient experience, we find ourselves turning to our roots. In securing the fundamentals, we can effectively tackle technology and innovation and meet the demands of a savvier consumer; we can build the foundations of positive stories that people will tell about us and share with others. In committing to experience, we can achieve the outcomes we aspire to in healthcare and ensure that we tackle our organizational efforts from a broad, but integrated view. Ultimately, the opportunity revealed in these insights is grounded in all that has been learned in this inquiry over that last eight years. The evolution of experience has roots in its broader commitment to human experience. There is now an opportunity to reinforce that focus, sharpen our intent and broaden our perspective in order to care best for those who care and provide an unparalleled experience for those healthcare serves.



# CONSIDERATIONS FOR THE FUTURE OF THE EXPERIENCE MOVEMENT



As we look to the implications from this year's inquiry, we stop at one final point of data: How people feel about their progress in tackling the work of experience overall. This has perhaps been one of the most interesting points of data to follow since we first asked the question, "How do you feel about the progress (or lack of progress) your organization is making toward improving the patient experience?" What we saw in the initial years was a positive response as people were acknowledging some action was taking place. The data over time have shown that a focus on survey performance was enough to satisfy far more than a majority of those engaging in this work.

But it became quickly evident that the work of achieving experience excellence was not that easy, in fact it took work, commitment, resources and

consistency to achieve and sustain success. When that faltered, so too did the perception of progress. This was accompanied by the recognition that to best address experience, organizations needed to look well beyond just survey results to the complexities of organizational life and the kinds of organizations in place to address experience. This was recognized in the introduction of the definition of patient experience in 2010 where culture was moored at the center of what healthcare was and would be.<sup>9</sup> While this was a broadly accepted idea, the complexities of culture and the acknowledgment it played in our capacity to deliver on healthcare experience caused the perspective of progress to slip. The ability to tackle experience was seen, and rightly so, as something more than simply achieving positive survey results.

That is what is encouraging in the upward trend started in 2017 and slightly continued further in 2019. Healthcare organizations with a broadened perspective and richer experience in addressing patient experience fundamentally are acknowledging progress. In 2019 the 2nd largest number of people reported feeling very positive about progress and the level of positive and very positive results returned to levels of six years ago.

This is significant for that now with all we know about experience, and the complexities we acknowledge it brings, we believe progress is being made. And as the data in this year's study show, it is in our ability to ensure stronger leadership, greater involvement of patient and family voice and the engagement of our care teams, staff, physicians and others that will be essential in framing a positive future for patient experience. This comes from a willingness to see experience from an integrated perspective and is reinforced by the opportunities framed by looking at experience through the eight strategic lenses of the experience framework.

Ultimately, what has shifted this discussion in recent years has been a twofold dynamic. The first is the elevation in healthcare itself, that we are about human beings caring for human beings and therefore it is in our capacity to ensure the best in human experience that can and will achieve the best results. This is what called us at the Institute to reach for something bigger over two years ago in committing to changing healthcare by ensuring an unwavering commitment to human experience. At the same time, it has been unavoidable that the consumer dynamics of the last decade have fundamentally shifted the mindset of consumers and humanity. We would be remiss if we did not acknowledge it has and will continue to impact healthcare, both in what is expected from those that seek care and how new entrants into the healthcare space approach their work in disrupting decades old processes for how healthcare has operated.

In moving to the future of healthcare grounded in experience, this calls on us to recognize and act on a few fundamentals, many that have been essential to our focus at the Institute and some we have discovered in our constant work to improve the patient experience and elevate the human experience in healthcare.

- 1. Patient experience is not something healthcare does, it is who healthcare is.** It is when experience is simply seen as a thing to do, a box to check in a complex healthcare world, that its possibility is immediately weakened. Experience happens regardless of plan or process. It is who a healthcare organization is and how it is perceived by others. It is incumbent on all in healthcare to build organizations that realize that every action, every encounter and every interaction create an experience for all involved. The choice then becomes to consistently create moments that will ensure the experience is one we aspire to offer.
- 2. Patient experience is driven by all we do and, therefore, every effort must be approached with an integrated view of how it will impact the overall experience we provide.** This is the essence of the experience framework itself. It is in understanding that all the elements it includes, the eight strategic lenses, while often operated distinctly in healthcare, must be seen as one integrated set of actions in ensuring an aligned and effective effort to drive experience and therefore the outcomes we look to achieve.
- 3. To succeed externally, we must focus internally.** The ideas that culture matters or that how we treat those who work in an organization will impact the experience of those it serves are not new, yet healthcare leaders have been slow to turn this understanding to action. It is not an accident that the data from 2015 to today reveal a rapidly growing awareness of communication and employee engagement as the primary path to experience success. In fact, as revealed in the 2018 study *To Care is Human*, healthcare units who achieved high performance in experience all attested that after getting communication with patients and families down, the next critical element was to ensure the engagement, teamwork and well-being of those working in healthcare.<sup>10</sup> If organizations are not willing to work on themselves first, they will never ultimately achieve the experience success they seek.
- 4. A commitment to experience will not (and must not) ever end.** In hearing from many organizations over the length of the state of patient experience studies since 2011, one of the greatest issues raised is that of sustaining success. This raises an opportunity for all organizations to

consider. While many organizations initially related success to survey outcomes and percentile rank, they too seemed to feel that once they hit a certain level, they had achieved what they could. Many of those organizations assumed this achievement would continue; they shifted their focus or took their foot off the gas on their efforts. All of this led to diminished scores, questions of efforts, frustration and, even more significant, actions in changing staff or redesigning process. These organizations thought experience was something to be achieved. That presents a false consideration, as that idea means it is done, over, accomplished, but the need to ensure the best in experience never truly ends. It is about a relentless pursuit of excellence, about consistent delivery of intent and an unwavering commitment to the human experience at the heart of healthcare that will lead to the outcomes all aspire to realize.

These ideas frame what this year's data set show. Experience is continuing to grow as a movement, supports and roadblocks hold consistent and a return to purpose is revealed. Investment in leadership and people to address experience continues to expand and encompasses more and more functional areas, yet despite all that, great opportunities for commitment, focus and sustained action still exist.

The future of patient experience is perhaps at the most exciting moment in its arc of life and finds itself at a choice point for organizations to determine, as we strongly urge, that an integrated effort grounded in a commitment to human experience will lead to the outcomes healthcare is working toward every day. While not addressed in the 2019 data, it is clear that this will also support our capacity to address social determinants and our efforts to expand access and address equity. When we commit to the best in experience, human experience, these are not distinct new policies or directions, they are the very essence of experience excellence.



# OUR WORK CONTINUES

There is not a day now where we do not see another patient experience gathering emerge around the world or a new product or resource introduced to address the experience people have in healthcare. Healthcare organizations are well aware of the opportunities in front of them and at the same time are working to determine how to best rewire themselves to act and engage in this new, agile consumer facing world. Yet, there is still resistance, with beliefs rooted in the fundamentals of what healthcare was, to make people better. But the visionary leaders of today and the new entrants into the market will tell you that healthcare now is about ensuring people's health, not just addressing their illness.

The healthcare experience will be driven by what consumers of care seek and will be grounded in an accessibility of knowledge by those consumers that is already shifting the fundamental power dynamics. No longer are healthcare systems or doctors the keeper of all of healthcare's secrets. But they remain the human conduits that connect knowledge and compassion, communication and outcomes in a way that is meaningful for those encounters. If we only continue to address experience as something that happens when care is delivered, we too will fall short of what is needed and may very well miss where the market is going. This is where the work of the experience community must continue to evolve.

In understanding what healthcare encounters will look like now and into the near future, the ideas and elements that influence those experiences will be vital to consumer choice, system viability and the health of our communities and populations served. There is an exciting and vibrant future available to experience visionaries who learn to build on the fundamentals and design for the dynamic, agile and even unknown frontier we are entering.

That is why the work of experience is essential now more than ever and why, while so many are focused on guiding their own organizations in excelling at this work, it will be the gathering of these ideas in community, the sharing of insights, the pushing of boundaries and the collective commitment to dreaming about what is possible, that will drive greater change. We cannot

design for the future of experience on our own, but rather in thinking and creating together, we can move faster and smarter towards the new world healthcare will soon become.

That is why we continue to ask the questions in this study and look to you, the practitioner of health or promoter of wellness, the patient or family member whose lived experience frame the reality of all healthcare is and does, or the entrepreneur looking to push the practices of healthcare itself. That is the essence of what we have looked to build, support and sustain in our work at the Institute. And it is my request and call to action to you now.

It is one thing to read a report as a snapshot in time, but quite another to see it as a catalyst for your own contribution. The opportunity in coming together in the safe, collaborative environment we have worked to build is that we have the chance to help frame the future of healthcare together. So, join us, share your thoughts wildly and, yes, "steal" willingly from others. That is what brings us all together. For in the end, the state of patient experience is strong not simply due to practices or trends, but more so because of the unwavering commitment this global community has made to each other and to our larger opportunity together.

We will fundamentally change healthcare with an unwavering commitment to the human experience, and the continued evolution of the state of patient experience will act to both remind us of what we learned and inspire us for all we can yet achieve. It is a journey all the more worthwhile when travelled together. You are all the patient experience. Here is to those next steps and the exciting unknown that awaits just beyond the horizon.

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