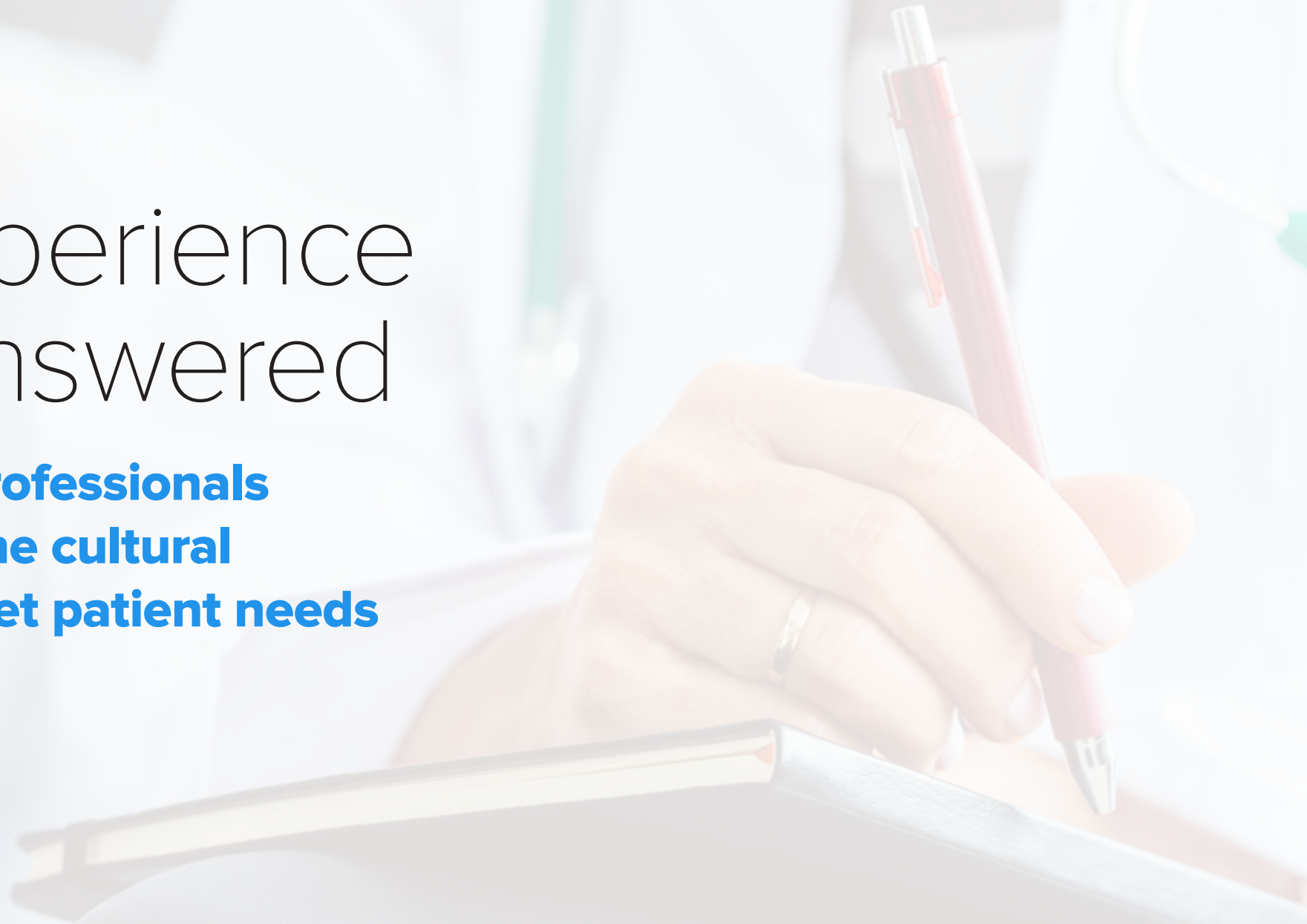




THE BERYL
INSTITUTE

3 patient experience questions answered

**What 1,500 healthcare professionals
revealed about shifting the cultural
mindset + evolving to meet patient needs**



What's inside

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What should you know about the patient experience today?

5 fundamentals

2

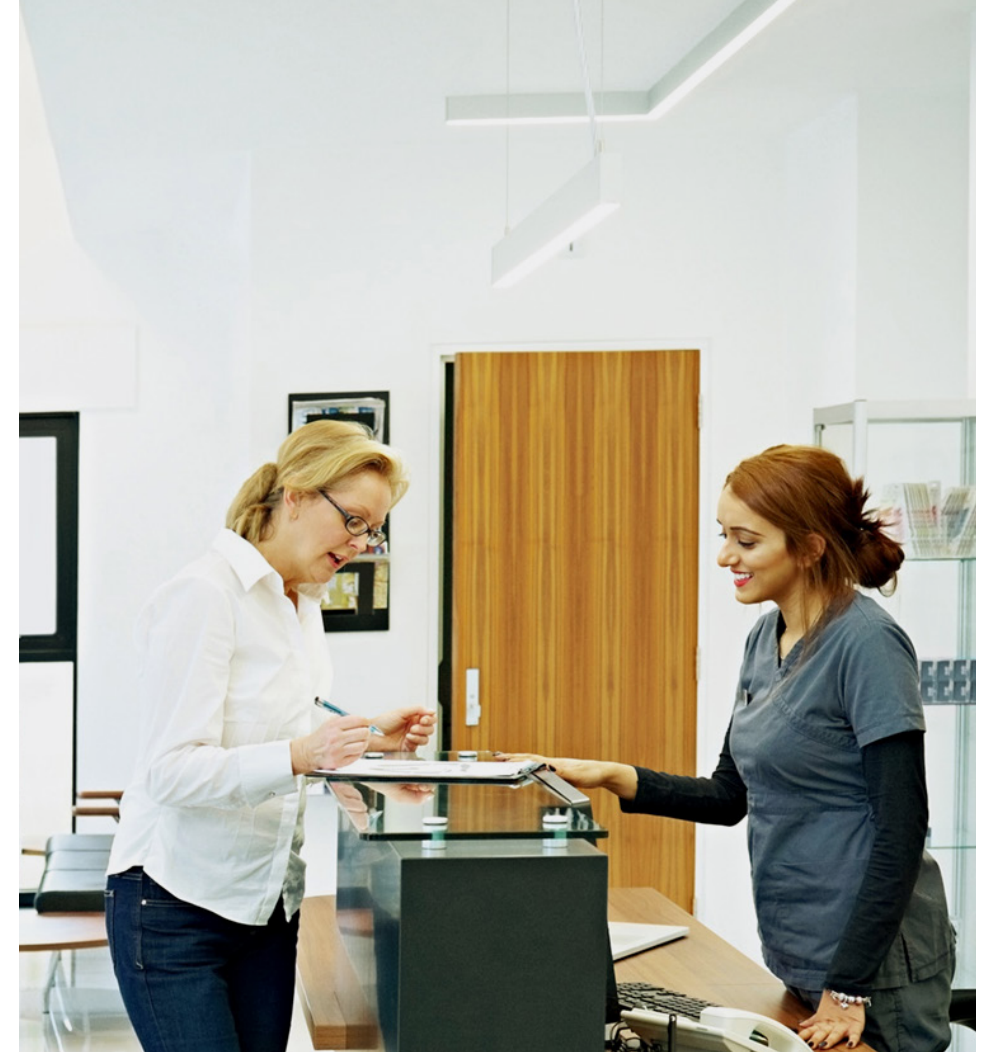
Are your patient experience efforts well established?

5 characteristics of successful PX efforts

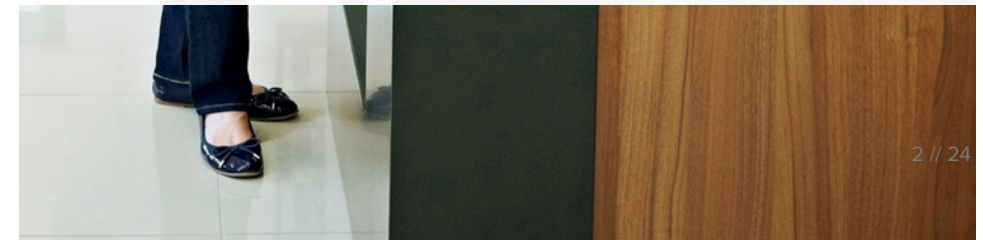
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How can a strong and unified approach to the patient experience impact the rest of your organization?

8 positive effects you should expect



Data source: The Beryl Institute
Wolf, Jason A. [2019 State of Patient Experience:
A call to Action for the Future of Human Experience]
(The Beryl Institute, 2019)



The state of the patient experience: **It's time to step up**—just knowing it exists is no longer enough

The healthcare industry is at a turning point. Forrester calls 2019 “a year of transition for healthcare delivery as a bevy of market forces will catalyze change.”¹ One of those market forces—having major impact on both staff satisfaction and patient outcomes—is the patient experience (PX).

The “retailization of healthcare” is not a revolutionary concept—and healthcare organizations (HCOs) that aren’t treating patients like customers are in danger of extinction. That’s why the PX industry is growing exponentially and 79% of health professionals name it a top priority.



But knowing it's important and **doing it right** are different things.

Because organizations with well-established PX efforts — the kind that promote strategic change throughout the entire business — experience far better business outcomes than organizations that stop at a regulatory approach. As stated in a recent Harvard Business Review article, “Top-down solutions alone can’t fix the system.”² Instead, HCOs need to change from the inside-out. It’s the only way to enact the type of improvements your business needs to evolve.

In this report we draw on insights shared by 1,500+ health professionals—digging in to the specific success factors of well-established PX efforts — so you can shift the cultural mindset in your organization to keep pace with patient expectations.

Methodology

How we got the data

Our team at SMG was commissioned by The Beryl Institute to field an online survey to more than 1,500 health professionals engaged with The Beryl Institute.

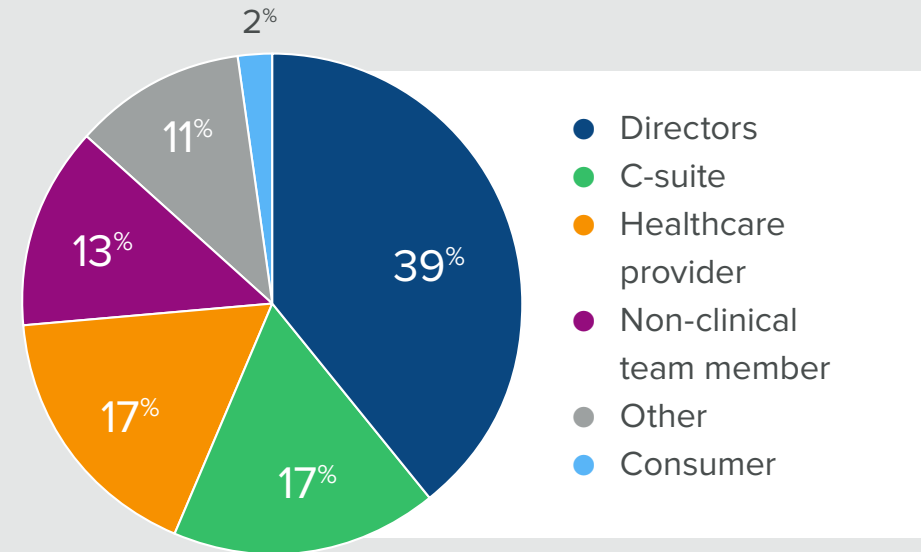
All data cited in this report is owned by: The Beryl Institute Wolf, Jason A. [2019 State of Patient Experience: A call to Action for the Future of Human Experience] (The Beryl Institute, 2019)



**T H E B E R Y L
I N S T I T U T E**

1,500

health professionals with c-suite, provider, and director titles from 34 different countries
(most common being United States, Canada, United Kingdom, Australia)



50%

Hospital groups or health systems

25%

Individual hospitals

25%

Physician practices/consultants/others

~40

Questions including closed and open-ended responses

2019

In field: Q1 2019
(5th bi-annual State of the Patient Experience Tracker)

12 Key takeaways



What should you know about the patient experience today?

5 fundamentals

The healthcare industry overwhelmingly recognizes PX as a critical imperative — 4 out of 5 cite it as a top priority in the next 3 years. But that near unanimity doesn't mean all healthcare professionals are on the same page about what PX is or who owns it.

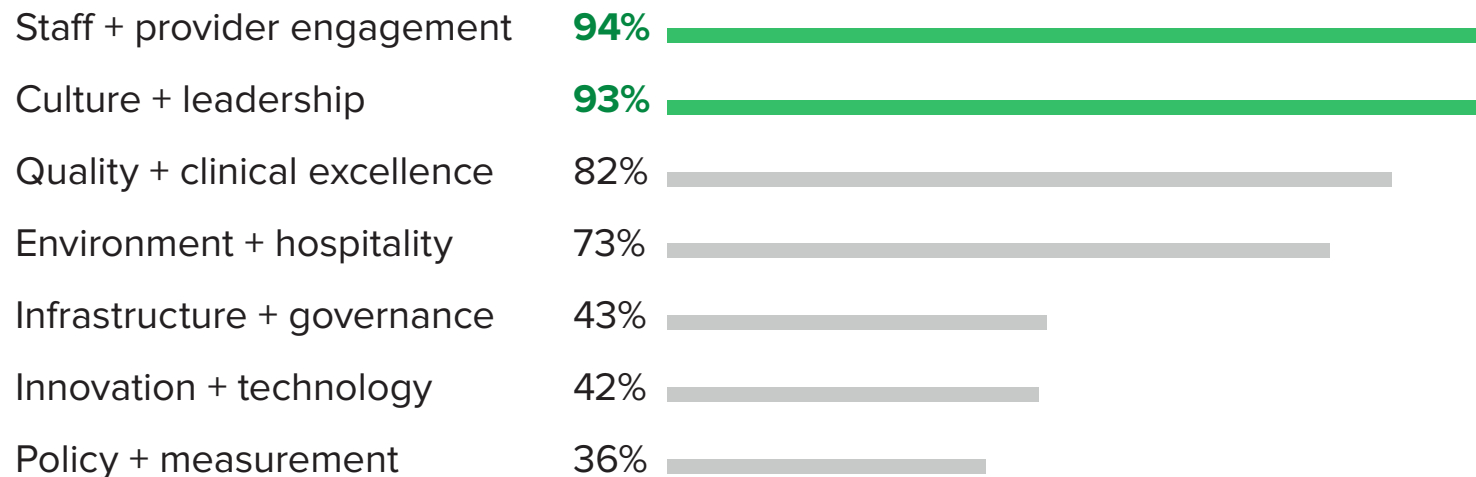
So we'll start by laying out some ground rules and definitions that will help you frame the data in this report and better understand how to act on it.

FUNDAMENTAL #1

All areas of the organization affect PX

Especially those connected to internal culture — like the voice of care providers, which is critical to do well in PX

Items influencing PX outcomes



Takeaway

You won't deliver an improved experience with a one-dimensional approach to PX. Instead, you need comprehensive measurement efforts that factor in all parts of your business.

FUNDAMENTAL #2

The patient experience isn't measured—or defined—consistently across healthcare

Takeaway

CAHPS is often a requirement, but organizations that stop there are selling themselves short of actionable data that can truly impact the patient experience.

*CAHPS: Consumer Assessment of Healthcare Providers and Systems
**HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems
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How one organization refers to PX measurement may be wildly different from another organization. Many are required to use CAHPS or HCAHPS (defined below) and stop there. Others fulfill their CAHPS requirement and layer additional PX measurements on top of it to round out their PX efforts—this includes surveying and more comprehensive programs. Here we've provided definitions that distinguish between the different types of PX measurement in play in the industry and discussed in this report.

CAHPS* / HCAHPS**	PX program	PX survey
Regulatory survey required by Centers for Medicare & Medicaid Services (CMS) to assess overall quality measures at hospitals; results influence CMS payments to hospitals	An end-to-end, real-time solution for listening to, interpreting, acting on, and maximizing patient experience feedback; other industries—and even some segments of healthcare—may refer to this as a VoC (voice of customer) program	Measurement tool for assessing the patient experience; one small piece of an organization's PX efforts

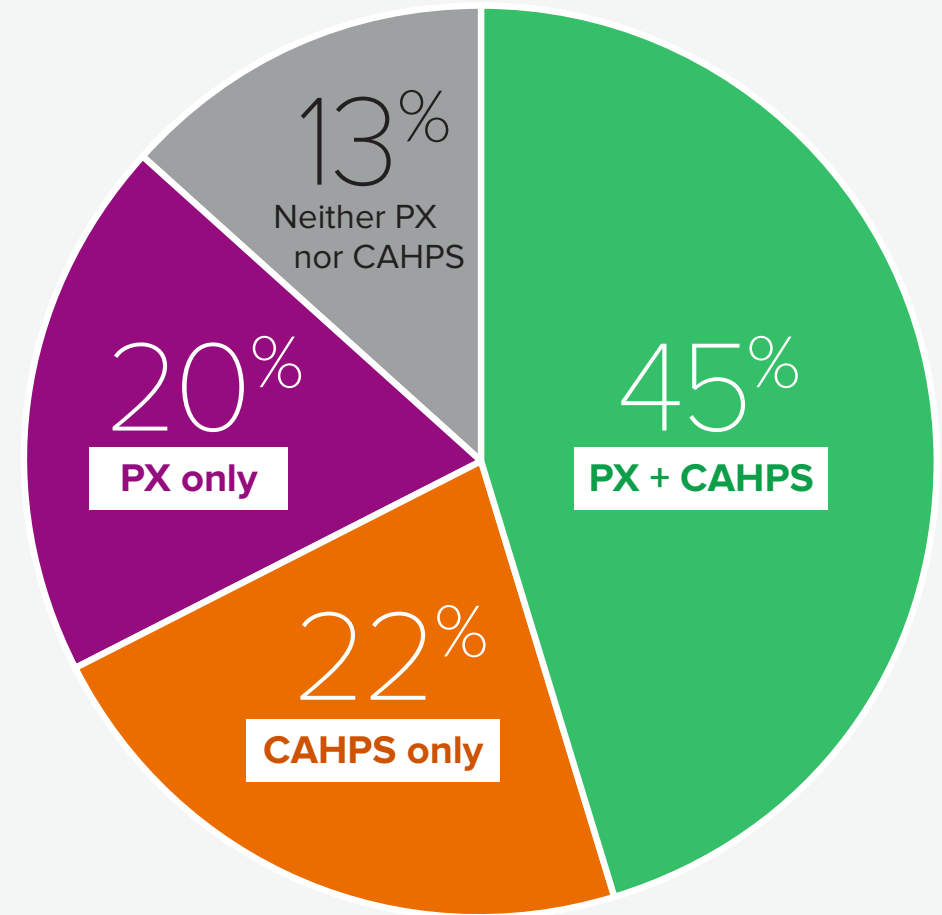
FUNDAMENTAL #3

There are key differences in how HCOs are measuring PX in 2019

Takeaway

Almost a quarter of organizations are relying solely on CAHPS to guide their PX efforts. To evolve, they need to define what they want to achieve and begin exploring a more comprehensive approach to PX.

How HCOs are measuring PX



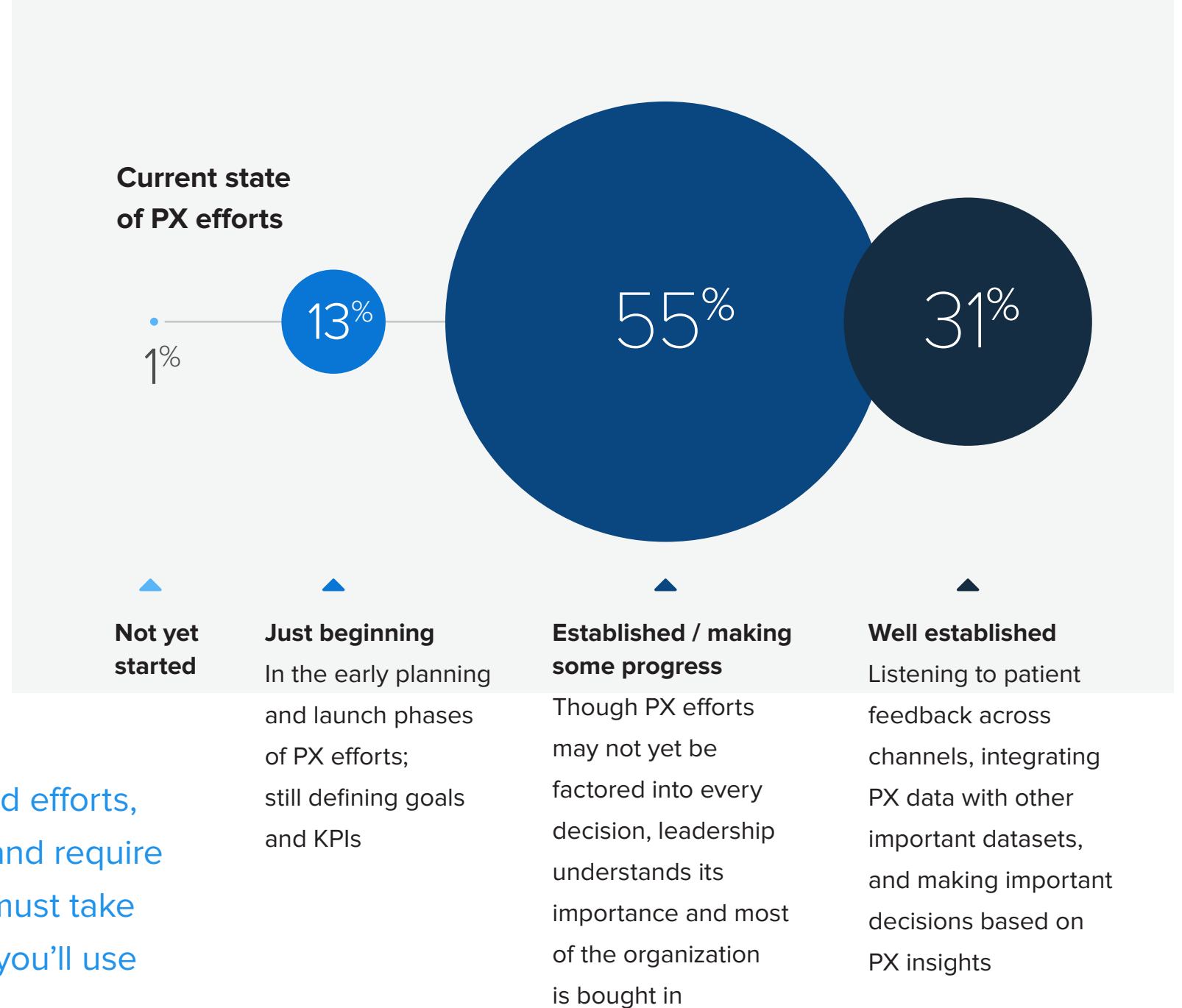
FUNDAMENTAL #4

Full-scale PX efforts are gaining traction

1 in 3 say their efforts are well established (compared to 1 in 4 in 2017)

Takeaway

Despite the uptick in well-established efforts, the majority are still in early stages and require focused attention. That means you must take time to define goals and the tactics you'll use to get there.



FUNDAMENTAL #5

Chief experience officers are the primary owners of PX

The next most common scenarios aren't well defined ("other" or "no one") and point to the differences present across the healthcare industry

Takeaway

As an emerging practice, PX has yet to find a permanent home in HCOs. While CXOs lead 40% of efforts—nearly a third of respondents indicate PX doesn't have defined ownership in their organizations.

Roles accountable for PX



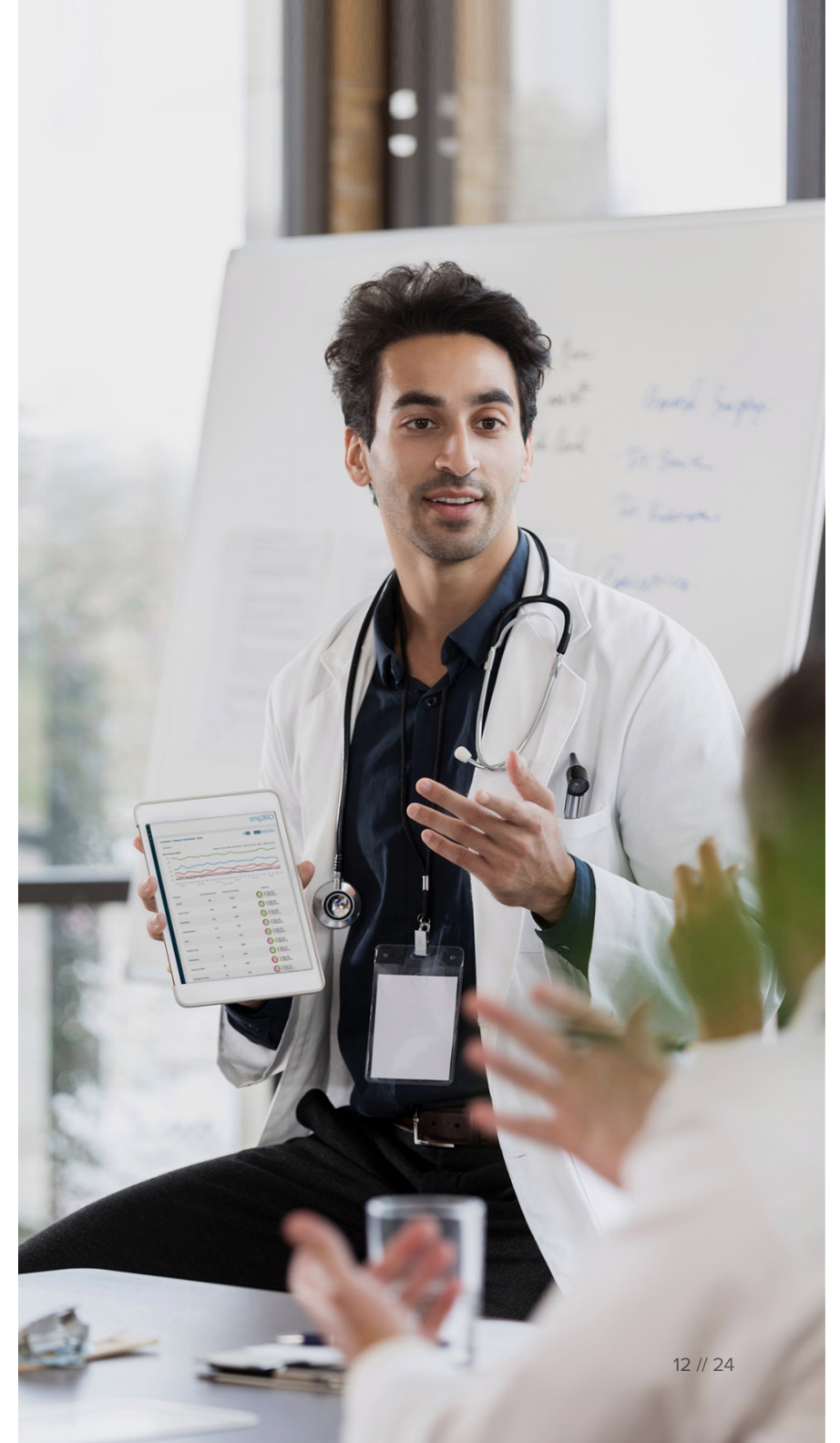
How does this compare to other industries?

Restaurants and retailers identify a single person responsible for the customer experience (CX)—and they have a seat at the executive table. This individual may have other responsibilities, but they have a clear organizational structure in place to measure, assess, and take action on the customer experience.

PX efforts are growing in importance, but the approach + ownership remain varied

Over the last 8 years we've seen the language healthcare leaders use in association with PX shift dramatically—from very tactical terms like “discharge process” and “patient rounding” to more culture-focused terms like “communication,” “employee engagement,” and “transformation.”

It's clear a change in mindset is underway. At this point in the PX journey, healthcare leaders aren't just making the case for PX—they're now focused on how they can go beyond CAHPS and evolve their efforts to reach “well-established” status.





Are your patient experience efforts well established?

5 characteristics of successful PX efforts

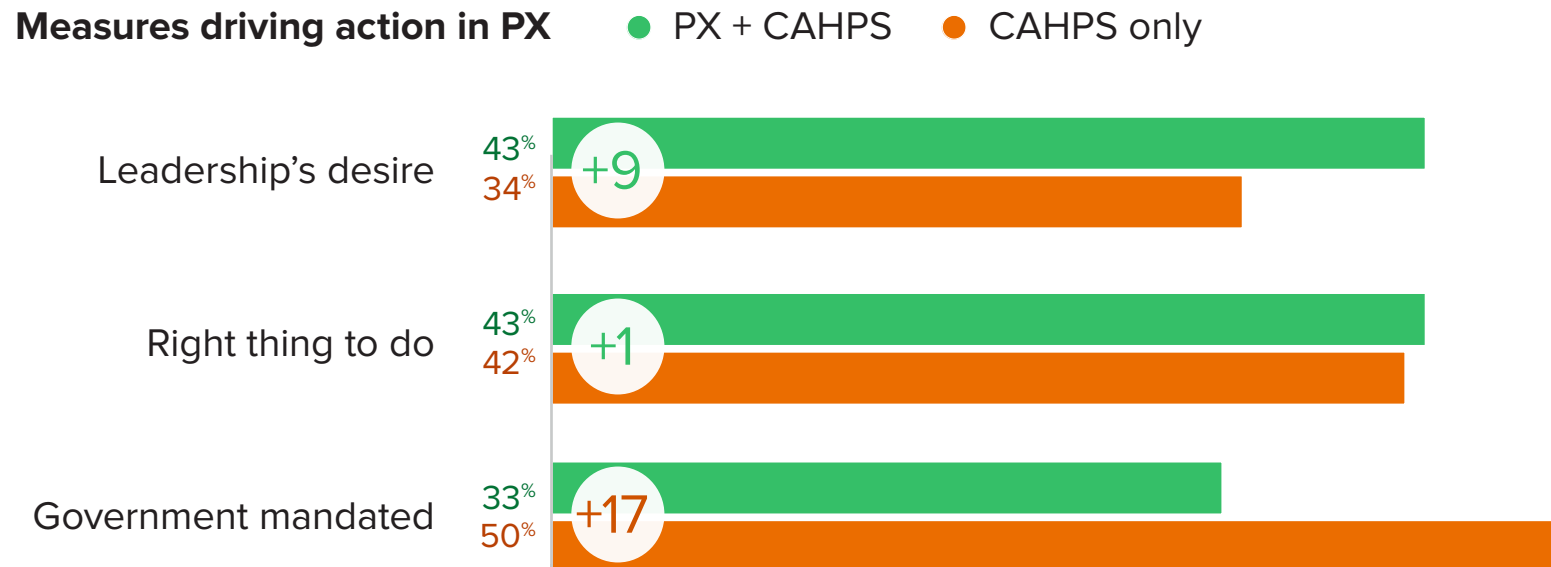
From working with hundreds of brands across diverse industries, it's apparent measurement alone will not improve the experience. Yet when PX efforts are well established, it means the organization has evolved from a check-the-box mindset (CAHPS only) to core strategic initiative (beyond CAHPS).

In this section we'll dive into the characteristics of top-notch PX efforts—the kind that move beyond CAHPS alone to transform your culture and improve business outcomes. While almost half of organizations are already taking a combined approach and layering further PX efforts on top of CAHPS, here we've pulled the data apart so you can see the differences between organizations using PX + CAHPS measurement vs. relying solely on CAHPS.

CHARACTERISTIC #1

HCOs that go beyond CAHPS are motivated by leadership and it being “the right thing to do”

In contrast, CAHPS-only HCOs are taking action because the government requires it



Takeaway

Advocacy for PX efforts needs to come from leadership. A CAHPS-only approach won't lead to the inside-out cultural shift that's required.

CHARACTERISTIC #2

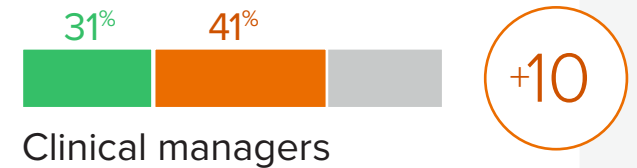
Across all PX efforts, successful support comes from leadership + formal structure

But organizations with PX measurements that go beyond CAHPS receive stronger support from the workforce than CAHPS-only organizations

Factors supporting PX efforts



- PX + CAHPS
- CAHPS only
- Other



Takeaway

Leadership needs to be involved, and the culture needs to support it. A single manager won't be able to successfully enact change.

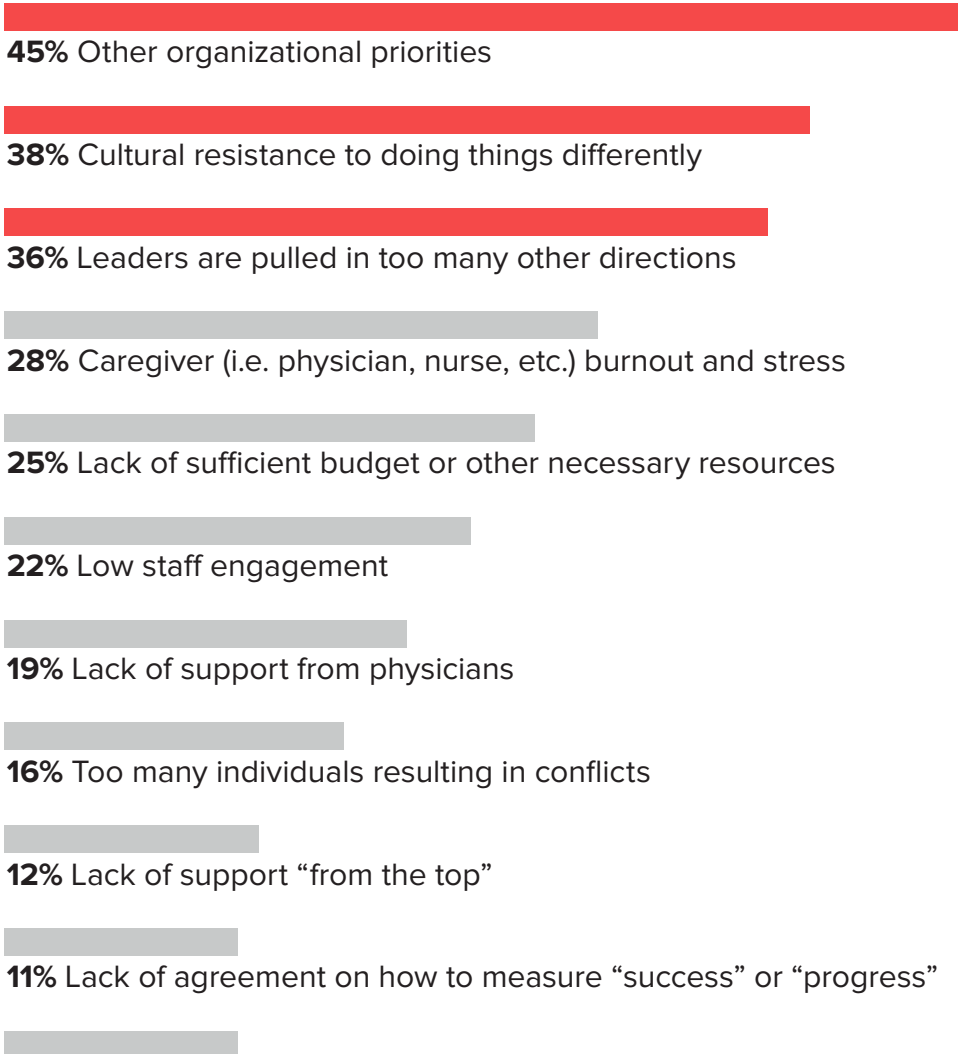
CHARACTERISTIC #3

When PX efforts *aren't* successful, it's largely due to a lack of focus

Takeaway

Though leaders know PX is important, it's too often just a small piece of someone's job and doesn't receive appropriate attention. Overcome this barrier by establishing a clear owner of PX and making sure the entire organization understands how a better patient experience means better patient outcomes.

Biggest roadblocks to PX efforts



45% Other organizational priorities

38% Cultural resistance to doing things differently

36% Leaders are pulled in too many other directions

28% Caregiver (i.e. physician, nurse, etc.) burnout and stress

25% Lack of sufficient budget or other necessary resources

22% Low staff engagement

19% Lack of support from physicians

16% Too many individuals resulting in conflicts

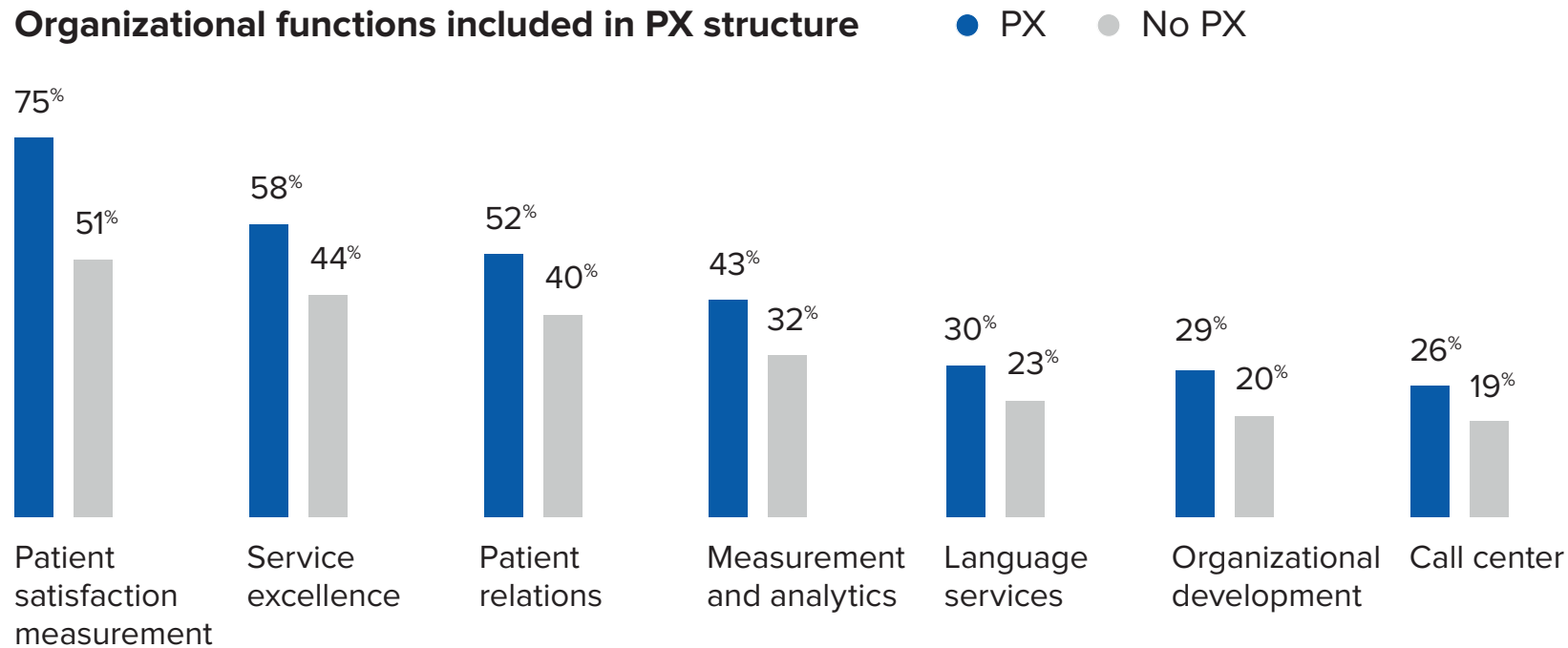
12% Lack of support "from the top"

11% Lack of agreement on how to measure "success" or "progress"

11% Lack of support from clinical managers

CHARACTERISTIC #4

HCOs with PX efforts in place are more likely to have more areas of the business involved in the effort



Takeaway

PX results will impact nearly all parts of your organization. To be successful, you need early cross-functional buy-in. That way you—and your entire organization—will be better equipped to take fast, business-changing action on the data.

CHARACTERISTIC #5

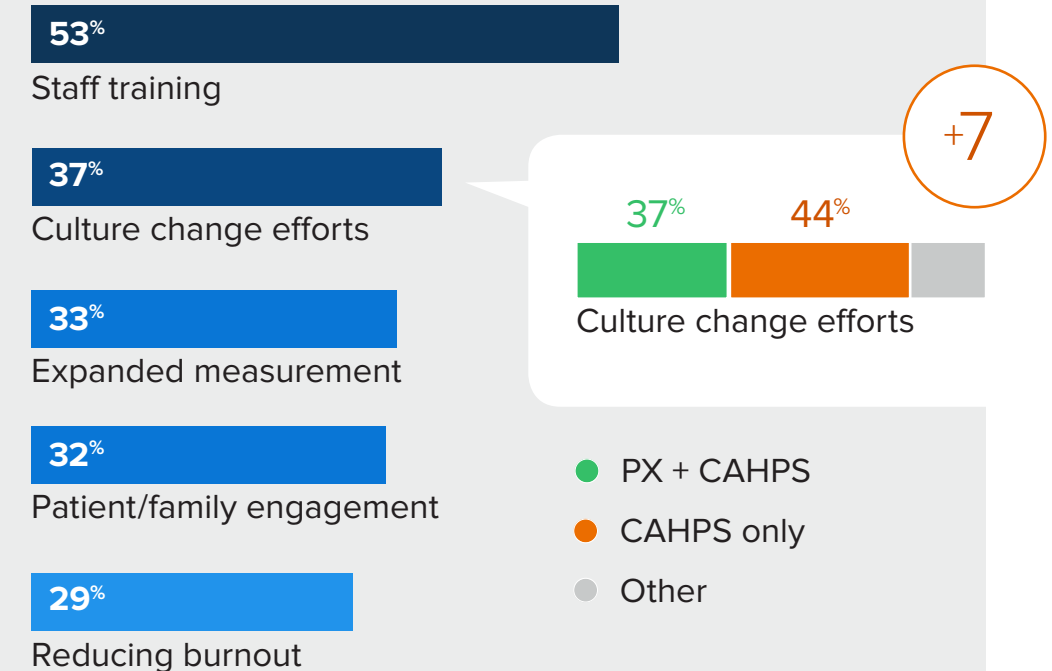
PX investments are largely focused on training, cultural change, + engagement

It may seem counterintuitive, but HCOs with PX measurement beyond CAHPS have already established a strong culture and have the luxury to be more innovative

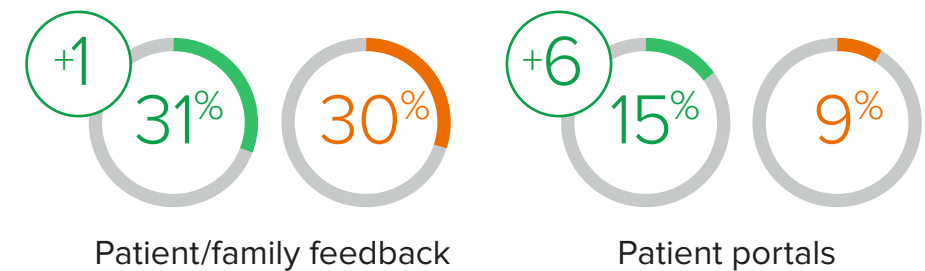
Takeaway

CAHPS-only HCOs are having to devote extra energy to culture changes, while those with PX measurement on top of CAHPS already have a PX-centric culture and are able to focus their time + investments in digital optimization for patients.

Top areas of investment to advance PX



Use of digital tactics to improve PX

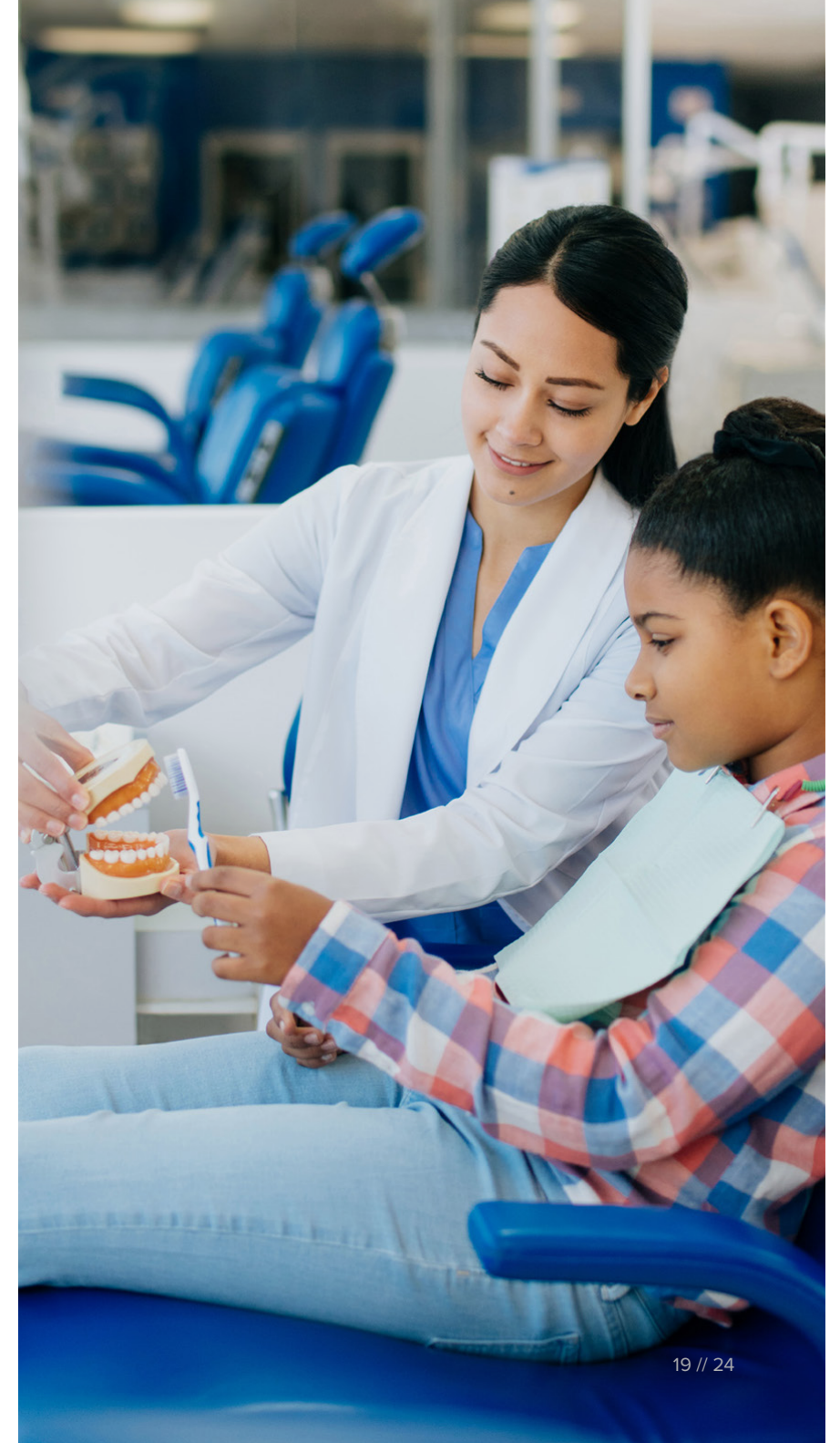


If you don't have the culture to become PX focused, no strategy will succeed

The gap is widening between organizations incorporating additional PX measurement alongside their CAHPS efforts compared to those who are only executing CAHPS.

One major difference? Those going beyond CAHPS have a culture that supports PX. It isn't just a lone initiative being pushed through by a single manager. Instead, leadership integrates the patient experience into every facet of the business. They live and breathe PX every day.

This kind of all-in approach comes with big-time benefits—for HCOs and patients.





How can a strong and unified approach to the patient experience impact the rest of your organization?

8 positive effects you should expect

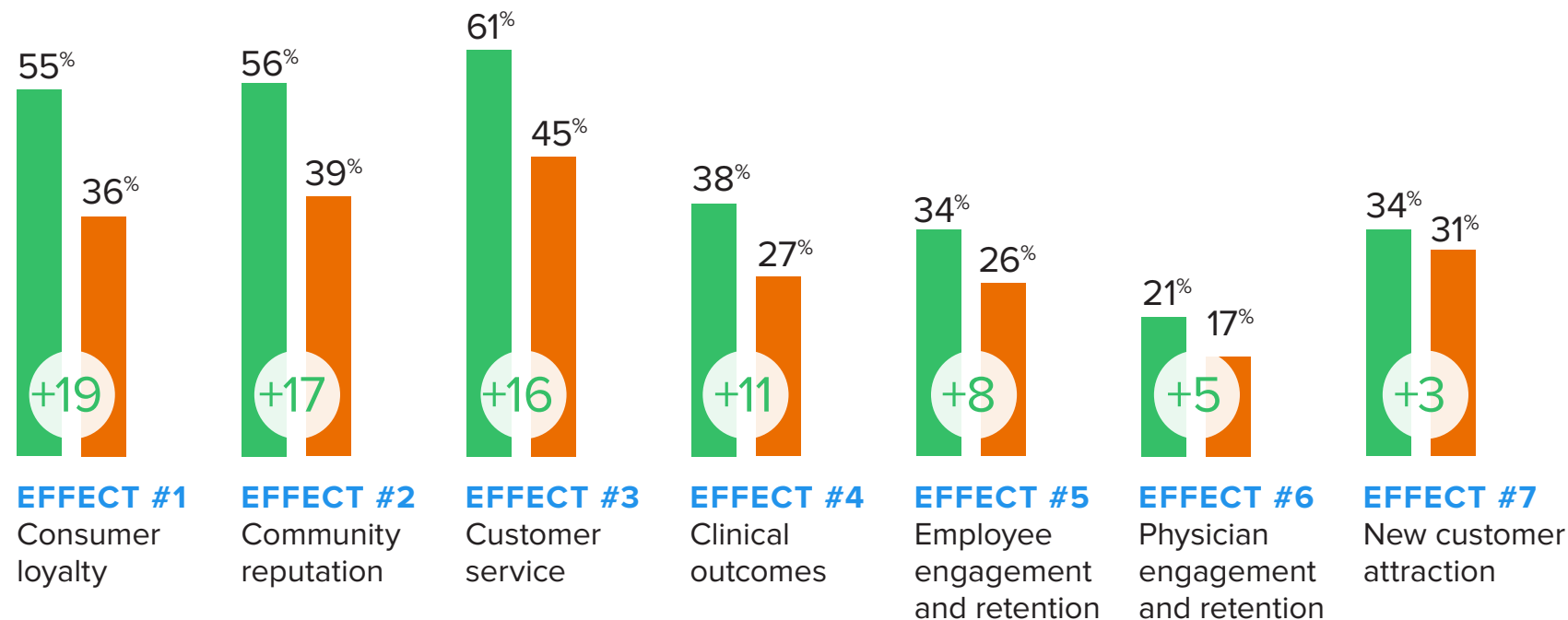
It's always easier to prioritize something when you know what can be gained from it. In the case of PX efforts, the positive impacts to culture, staff engagement, and reputation are clear.

In this section we'll spell out how well-established PX efforts go beyond the CAHPS requirement, helping providers meet their goals of better patient care and business outcomes.

Those with PX measurement that goes beyond CAHPS are significantly more likely to drive positive results — across 7 measures

Positive impacts of PX efforts

● PX + CAHPS ● CAHPS only



Takeaway

Adding additional PX measurement to existing CAHPS efforts will have a positive impact on all important measures—including staff engagement and patient outcomes.

Organizations with PX + CAHPS are making solid progress — and feel good about it

Sentiment related to PX progress

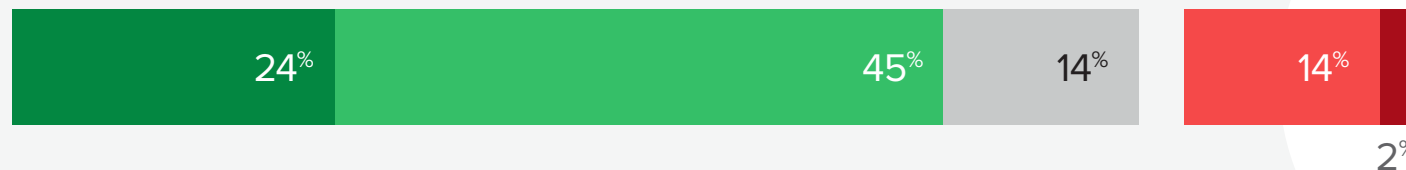
EFFECT #8

● Very positive ● Positive ● Neutral ● Negative ● Very negative

PX + CAHPS



CAHPS only



2x

Takeaway

A CAHPS-only environment is more than twice as likely to produce negative attitudes toward PX. In a time of transition for the healthcare industry, it's critical to shift the mindset: an unfavorable halo around PX will kill any attempts at cultural transformation.

Expect healthier outcomes, system-wide

While the market forces surrounding HCOs are complex and evolving, one thing is certain: organizations establishing and incorporating strong PX efforts into their already existing CAHPS work are on the right track to make significant improvements.

In their Top Trends for Healthcare Providers report, Forrester says “great patient experiences begin with great employee experiences, and [providers] will look to improve in this area over the next several years.”³ As you just saw in the data, this is true of HCOs that exceed their CAHPS requirement of measuring PX.



As healthcare systems grow more similar to the retail industry, the positive customer loyalty and customer service outcomes can't be ignored.

Change the way you do business

Here's a PX to-do list to get you on the right track:

- Name one person to be the lead for PX measurement and improvement. If possible, make this role a full-time, c-level position.
- Conduct interviews with a cross-section of managers and staff to take stock of specific + common PX pain points.
- Assemble a cross-functional team and jointly decide on up to 3 major PX improvement objectives.
- Identify key points along the entire patient journey that need measurement + improvement.
- Select a partner that will work with you to measure PX and provide real-time results in order to make progress on your objectives.
- Share results regularly + widely—especially patient stories drawn from survey comments and social media—to encourage positive change.
- Provide recognition, coaching, training, and support to departments and individuals that are critical to overall PX improvement.

If you've been solely relying on CAHPS to spur the cultural transformation your organization needs, it's time for a change. To learn how SMG can help, visit smg.com/contact-us.



About Service Management Group

SMG inspires experiences that improve people's lives. We are a catalyst for change, providing actionable customer, patient, and employee insights that boost loyalty and drive business outcomes. Our unique model puts a dual focus on platform technology and professional services—making it easier to collect, analyze, and share feedback and behavioral data across the enterprise. To learn more about our customer experience management, employee experience, and brand research solutions, visit www.smg.com.

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About The Beryl Institute

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