

HealthLeaders<sup>Media</sup>

# Patient Experience Leadership Survey

AN INDEPENDENT HEALTHLEADERS MEDIA SURVEY SPONSORED EXCLUSIVELY BY TOSHIBA

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# When It Comes to Patient Experience, Executives Are Enthusiastic, Ambivalent, and a Little Clueless

There's a gap between what senior healthcare executives say about the importance of patient experience and what they're actually doing to improve it. What's getting in the way? An absence of leadership and a lack of understanding about what, exactly, all this patient experience stuff is about. **BY GIENNA SHAW**

**The most striking data to come out of the 2009 HealthLeaders Media Patient Experience Survey:** Nearly 90% of the top-level healthcare executives said that patient experience is either their top priority (33.5%) or among their top five priorities (54.5%). And when we asked them about their priorities five years from now, even more made it their No. 1 pick. Forty-five percent predicted that patient experience would be a top priority in five years; another 50.5% said it would be in their top five.

The number of respondents who said patient experience would not be a priority at all in five years? Zero.

HealthLeaders Media recently conducted the survey of top healthcare executives at hospitals across the nation from small, medium, and large organizations. The more than 200 respondents included CEOs, CFOs, COOs, CNOs, and other C-suite executives. Respondents also included familiar director- and senior vice president-level titles (director of strategic marketing and research and senior vice president of operations, for example). But there were also titles that reflect the growing emphasis on the patient: senior VP of patient care, senior VP of patient experience, service excellence director, director of service and process improvement, senior director of patient and family experience, VP of organizational excellence—and many more with similar words and phrases.

## Good news, bad news

Sounds like good news for the patient experience movement, right? Well, maybe not.

“There is reason for great hope and some despair” in the survey, says Gary Adamson, chief experience officer of Starizon, an experience design consultancy in Keystone, CO.

You can't help but be impressed with the growing consciousness about the importance of the patient experience, he says. For example, he says, it's remarkable that 55% of respondents said the impact on patient experience is a major consideration in all decisions and that only 6.4% said they do not typically make decisions through a patient experience lens.

“That's a hopeful thing, and different than what would historically be the case about how leaders at healthcare organizations make decisions,” he said.

**“The CEO must make experience-capability building a nonnegotiable expectation for the organization.”**



But, he adds, there is a “huge gap” between what leaders are thinking and what they’re doing.

Take, for example, the one sure sign of commitment to any initiative: money.

We asked, “What is your current total annual budget for patient experience initiatives?” Most (46%) said they spent less than \$50,000. And 11% said they have no budget at all. Further, 25% of respondents said lack of funding or budgeting priority is their biggest stumbling block to adopting a patient experience strategy. Nearly 20% cited an abundance of higher—and presumably better-funded—priorities.

Of course many hospitals are doing more with less. “We do the best with what we have, which is not nearly enough, and although there is much room for improvement, we measure up to the major academic-affiliated and resource-heavy hospitals,” one respondent, the director of staff development at a midsized community hospital, said.

Money was not the only stumbling block. Another 16% said their organization lacks management consensus and alignment, while more than 14% said lack of overall game plan or actionable ideas was their biggest obstacle.

“I’m not sure what the actual budget/expenses associated with all of our patient experience activities are,” a service line manager at a healthcare system with more than 500 beds admitted. “Also, being such a large organization, there may indeed be other activities that I am not aware of, but thus lies the problem.” With no centralization or ownership by one group, everyone in the organization does his or her thing in his or her own area, with only certain functions centralized, such as satisfaction and quality measures.

## The leadership gap

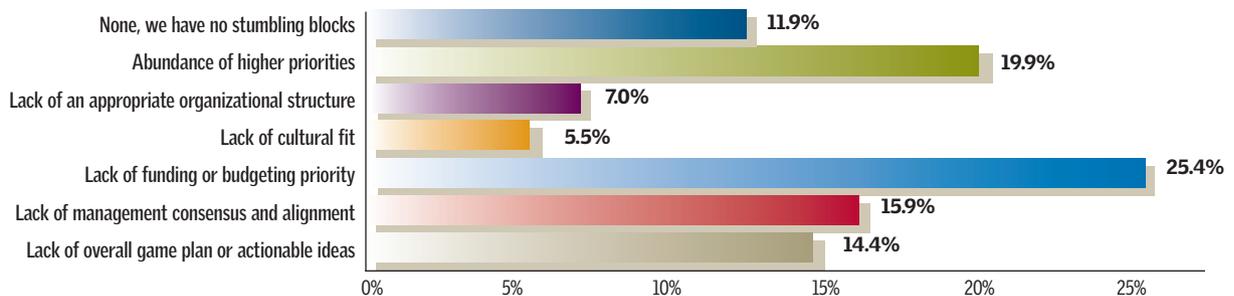
Which brings us to another potential pitfall in improving patient experience—a lack of clarity about who in the executive suite “owns” the primary responsibility for patient experience. The top response to that question was the CEO (24.5%). But the second runner-up was “no one” (20.5%). Of the roughly 18% who chose “other,” many wrote in “everyone.”

Even if the entire population of the hospital, from board members to volunteers, is ultimately responsible for the patient experience—as the “everyone” answers suggest—there must be someone who leads the charge. In other words, “no one” isn’t really an option, because it leads to the atmosphere described by that large-hospital service line director, who added: “This needs to be not just a grassroots effort, but needs to be championed by the CEO and all in the C-suite to really create steam.”

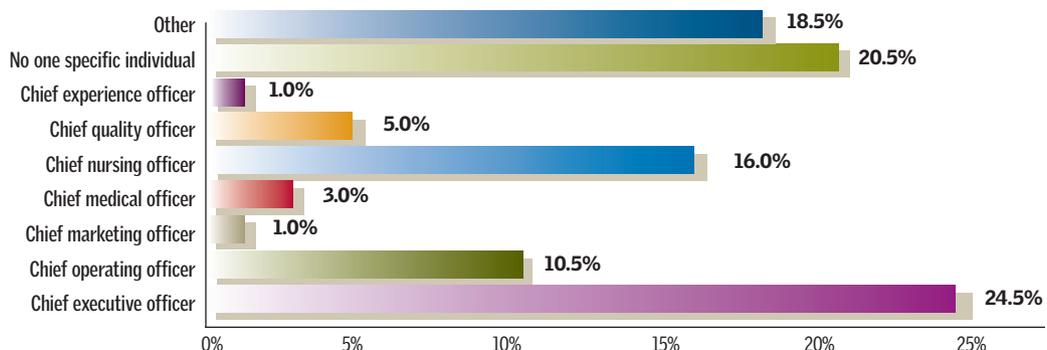
Some of our respondents agreed in their open-ended comments, saying that senior-level leaders play a big role in the success or failure of any patient experience improvement effort.

“The entire organization must have a clear goal that identifies experience deliverables as a core promise and internal expertise must be available for ongoing refinement and expansion of experience design capabilities,” said Diane Stover, vice president for marketing and innovation strategy at Memorial Hospital and Health System in South Bend, IN, which includes a 526-licensed-bed hospital. “This is not an area where external consultants can take a small group to identify strategies in hopes that the rest of the organization will get it. The CEO must make experience-capability building a nonnegotiable expectation for the organization.”

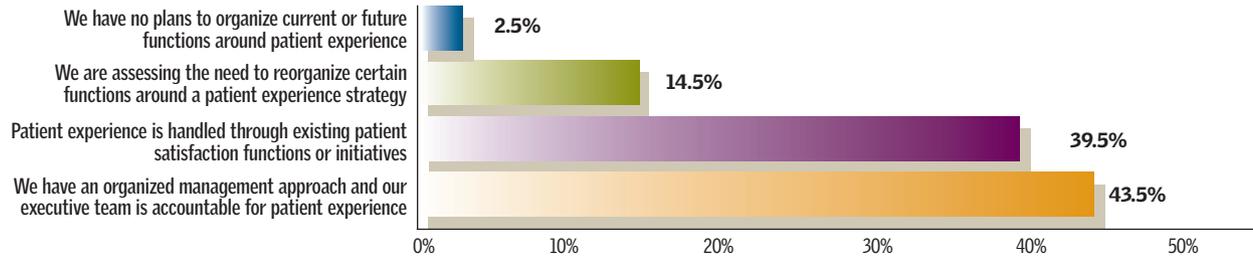
### What would you say is your biggest stumbling block to adopting more of a patient experience strategy?



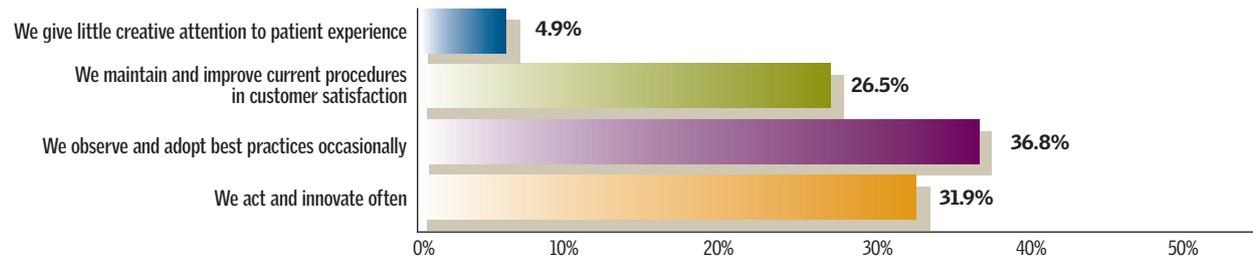
### In your executive suite, who “owns” the primary responsibility for patient experience?



**Which most closely approximates your organization’s structural response regarding patient experience initiatives?**



**How would you evaluate your institution’s level of innovation and creativity in patient experience initiatives?**



**Organizational structure**

While there may be some confusion about who’s in charge of the patient experience, most hospitals (43.5%) report they have an organized management approach to patient experience—and the executive team is held accountable for results. Another 39.5% said patient experience is handled through existing patient satisfaction functions or initiatives.

Meanwhile, only 1% said the job was a function of marketing, suggesting that patient experience is becoming a more strategic initiative. Indeed, the word “marketing” does not appear frequently among the respondents’ titles. Titles such as VP of planning and business development and director of strategic implementation were more common. We even heard from one “organizational change agent.”

“Experience staging is operational. You have to do things differently in the way you operate,” Adamson says. “I imagine the reason that number is so low is that healthcare leaders by and large don’t view marketing as an operational function, they view it as a communications function.”

**Innovation lacking**

Another concern, according to Adamson, is lack of innovation and seeming unwillingness on the part of healthcare leaders to learn new ways of providing an excellent experience.

About 32% of respondents said they “act and innovate often,” but most either “observe and adopt best practices occasionally” (37%) or “maintain and improve current procedures in customer satisfaction” (26%).

“We’re still kind of a self-referencing industry. We study ourselves,” Adamson says. “Especially in this experience area, healthcare people are going to have to study outside of their own industry” to succeed. He cited examples of businesses

such as Geek Squad, the computer repair service company whose technicians wear white shirts and skinny black ties and embrace their inner geeks.

Companies that have made major progress don’t just copy others’ work, but study what they do, take those principles, and use them to design something unique to their own organization and to their own customers.

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“The best advice is that in order for the experience to be powerful in an ongoing way and not just the program of the month or the year, it has to be real and genuine to the organization that is staging it,” he says. The experience must be as meaningful to the people who stage it as it is to those we’re staging it for, he adds.

Many open-ended responses echoed that thought.

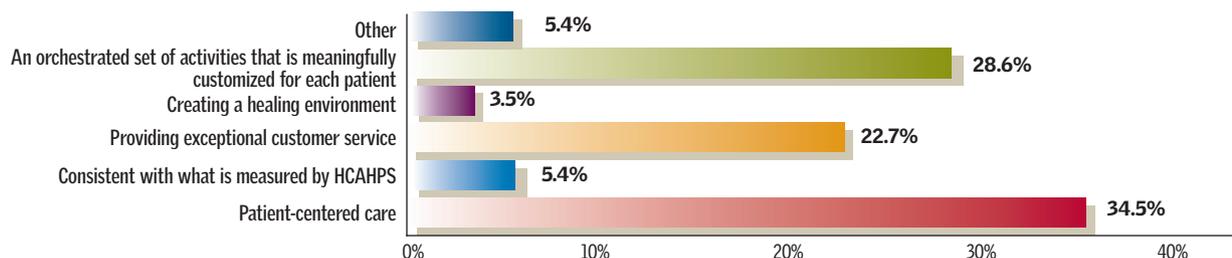
“It is a continual process to maintain quality and the values of competence, caring, and compassion,” wrote one senior executive at a small hospital.

“There really is no one example that is ‘it,’” said one small-hospital VP. “It is a cultural change across all departments and professions, from housekeepers to volunteers to doctors.”

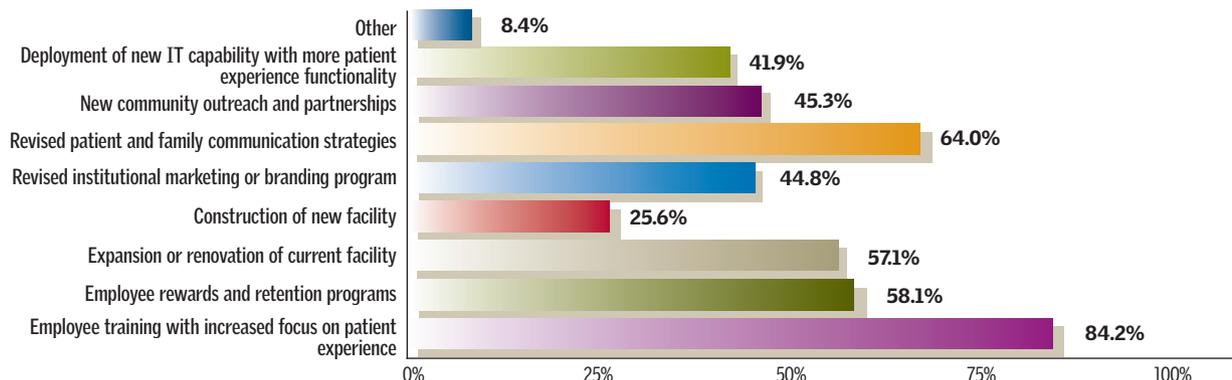
**Confusion common**

There are a lot of terms and phrases—consumer-driven care, patient-centered care, patient satisfaction—that have a peripheral

How do you define patient experience?



Please identify all the initiatives that are either currently under way or that you will be launching within the next year to support patient experience improvement. (Select all that apply.)



connection to patient experience, although they are not exactly the same. Our survey showed that there’s still some confusion when it comes to defining patient experience.

When we asked respondents to choose one definition of patient experience, most (34%) chose “patient-centered care.” The second most popular response (29%) was “an orchestrated set of activities that is meaningfully customized for each patient.” And 23% said it means “providing exceptional customer service.”

Not that there’s anything wrong with patient-centered care or exceptional customer service, but patient experience is a lot more than just an “amped-up version of service,” Adamson says. “They’re incremental and they won’t get the breakthrough that’s needed. We need something transformational, not incremental.”

The only way to transform the patient experience is to create an orchestrated set of activities that is meaningfully customized for each patient.

What’s next?

We asked survey respondents to tell us what patient experience initiatives are under way or about to be launched at their organizations.

The No. 1 answer by far was employee training (84%). In a similar vein, 58% said they’re using employee rewards and retention programs. That reflects what many say is the key ingredient to improving the patient experience: employees.

“I hear my share of complaints that escalate to the administrative level,” wrote the director of patient relations at an academic medical center. “I have also seen an increase

of patients and families calling with compliments. We initiated a systemwide customer excellence campaign last fall and we’re seeing a difference in how employees interact with our customers.”

“Excellent customer service skills are essential for all employees,” wrote the director of training and development at a large (500+ bed) hospital. “Patients have options for where to go for their care, and they will choose the place that treats them as an individual with respect for them as a person.”

Once again, Adamson says the focus on employees is good news and bad news. Leaders are starting to see the relationship between employee satisfaction and patient satisfaction. And employee training and other programs are a good start. But it’s not enough.

It’s easy to fall back on the simplified equation that happy employees make happy patients, he says. But, “It’s about a lot more than happiness.”

“While it is a hopeful thing that so many places are putting educational programs in place about some version of patient experience,” he says, the training will not be successful if it’s not supported. Healthcare organizations must commit to patient experience in both word and deed. And, like patient experience design, the work experience must also be designed as an intentional experience, he says.

“Training is good, but the real training happens in the real world of the organization,” he says. 

*Gienna Shaw is senior editor for marketing for HealthLeaders Media. She may be contacted at gshaw@healthleadersmedia.com.*



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