

Integrating the Patient Voice into Board Processes for Innovation and Exceptional Care

By Jennifer Volland, D.H.A., RN, MBB, CPHQ, NEA-BC, FACHE, NRC Health

Dr. Harvey and Jean Picker were healthcare disruptors who changed the way patient experience was viewed. It was a seismic paradigm shift for organizations to ask patients about their experiences and use that information to determine what mattered most. Their work advocated for the inclusion of the patient perspective into the design and delivery of health services. The Pickers coined the term “patient-centered care” and they have had an international influence on the healthcare industry.¹

While their work is widely respected, healthcare has missed the mark by not incorporating patient-centered care into all organizational layers. If survival is based on being a dominant market leader and attracting patients by bringing value, a board disconnected from the patient is a critical lapse resulting in missed opportunities and lost insights. This article explores ways to surmount these oversights.

Action 1: Assess How and Where You're Hearing the Patient Voice

Board members need to understand the end-user perspective—how patients want to receive care and whether community needs are being adequately represented and addressed. Yet many executives haven't re-evaluated how they view the patient experience.² It goes beyond looking at metrics to understanding how patient preferences tie back to the organizational direction and are being translated to care delivery.

When there is a disconnect between the board and patient it can impact success and potentially get the board moving away from what patients want. Healthcare services have increasingly shifted to the outpatient setting.³ However, many Millennials want self-scheduled appointments and their preferred visit is via an app.⁴ Just this one item changes the care delivery setting and allocation of resources. What consumers and patients articulate can

make a difference in the future-looking focus taken by the board.

Additionally, the board is concerned with protecting organizational financial health. Payment models are increasingly becoming based on the voice of the patient—including CMS incentive programs, designation programs, and federal grant opportunities.

The Hospital Inpatient Quality Reporting (IQR) Program pays hospitals for reporting specific quality measures. Hospital Compare is a national database that provides five-star ratings of hospital quality to the public using IQR data.⁵ It helps consumers know where to seek care and encourages hospital improvement by publishing information on an aggregated overall rating (comprised of up to 57 items), timely and effective care, complication and deaths, unplanned hospital deaths, use of medical imaging, and payment and value of care. These items can be impacted by the board's setting of expectations about creating a patient-centric culture and living it by example.

In one example, a Hospital Compare top-performer indoctrinated into its culture a clear understanding of compassionately responding to the patient/family voice as the most critical reason people come to work in addition to their daily tasks. Feedback is taken seriously. Each board meeting begins with a story shared by the patient. This helps the board stay connected to what is deemed important by patients. While any concerns are handled at an administrative level, reviewing high-level metrics and understanding the patient perspective is invaluable for comprehending how the mission is being translated through the metrics, to the front line, and by the patient. It also sets the tone and focus for the remainder of the meeting.

While the board helps set strategic goals aimed at quality and safety, it generally doesn't manage the operations

Key Board Takeaways

To ensure the patient perspective is effectively integrated into the board's work:

- Assess how the board is currently hearing the patient voice to achieve a full understanding of their view.
- Make sure the board quality committee is monitoring the right patient experience metrics, and is viewing current data.
- Consider adding patient representation to the quality committee.
- Have a clear governance charter so the board doesn't get too involved in operational details.
- Don't wait to change the system to be more patient-responsive and adaptive—this should be a priority now.

or work directly with employees. Some organizations have taken an extra step of adding patient representation to the board quality committee. Having this structure helps build accountability by ensuring patient experience metrics receive the time and attention deserved beyond just a “reviewed” stamp at general board meetings.

Action 2: Within the Quality Committee, Have Metrics, Alignment, and Data Agility

There are three strategic items a quality committee should be considering about its patient experience data:

- What are the most important items to be monitoring, and do we have metrics? Gaps occur without diligently asking those two questions. For example, at one hospital, patient satisfaction and employee engagement metrics were being monitored but provider engagement metrics were missing from the strategic plan. Subsequently, it wasn't included for review by the committee. This was an essential yet unmonitored metric given nationally high rates of provider burnout. When physicians are burned out they have difficulty making connections with patients, which can equate to dissatisfaction with their

1 “Father of Modern Patient Care,” *The Times*, October 28, 2006.

2 “Through the Eyes of the Patient: Looking beyond HCAHPS to Improve Patient Experience,” *Becker's Hospital Review*, October 19, 2016.

3 Jennifer Zaino, “Changing Priorities Shift Hospital Focus to Outpatient Strategies,” *Healthcare Finance*, August 25, 2014.

4 Scott Swonger, “Millennials and Healthcare: 5 Trends You Can't Afford to Ignore,” *Windham Professionals*, January 24, 2018.

5 CMS Hospital IQR Program Reference Checklist, FY 2020 Payment Determination, CY 2018 Reporting Period.

profession and turnover, reputational impact in the community, and ultimately lost dollars.

- Are we focused on increasing performance, building loyalty, or both? Similar appearing metrics can provide a very different focus. A Net Promoter Score or “would you recommend” question provides information about loyalty. How individuals rate a specific facility or provider focuses on performance. The metric must align with the strategy.
- How recent is the data? If the organization relies on mail surveying to obtain patient experience data, competitors are using next-day information. Decision making from stale data hinders being nimble and responsive to patient preference for direction setting.

Action 3: Know When the Board Is Wading Too Deep

While the board needs to understand the patient voice, caution must also be taken to avoid getting too far into

the details. Having a clear governance charter helps mitigate operational decision making by handing items to leadership while still holding them accountable for outcomes.

Since directors are selected based on specific areas of expertise or community standing, the board composition may not fully represent the entire population being served. Boards need to use discretion and judgement about their involvement and when the patient voice needs to be the appropriate source for decision making.

Action 4: Act with Urgency

Whether one believes healthcare’s needed changes will come by internal influences or external forces, when Millennials become CEOs, they will demand it as the largest generational cohort having grown up with technology. The entire healthcare model is redefined when individuals can Skype with a provider based on reputation and brand anywhere in the country for a low flat-fee or have a medical diagnosis

provided via their phone. Without changing the system to be more patient-responsive and adaptive, Millennials will redesign healthcare in a way that fits their own preferences.

Getting to an efficient healthcare system means understanding how patients want to engage with the organization and creating pathways where they can be a co-designer and participant. The patient views and preferences need to be represented at all levels in the organization when making decisions that impact them. Perhaps the best question to ask is: If all the work being done within the walls is about the patient, why wouldn’t you want their voice heard at the highest level possible? •

The Governance Institute thanks Jennifer Volland, D.H.A., RN, MBB, CPHQ, NEA-BC, FACHE, Vice President, Program Development at NRC Health, for contributing this article. She can be reached at jvolland@nrchealth.com.