GOOD GOVERNANCE CASE STUDY

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Top-Performing Hospitals in Patient Experience: Governance and Leadership

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Top-Performing Hospitals
in Patient Experience:
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This publication features brief case studies of three top-performing organizations using NRC Health's real-time feedback surveys. Each case describes the critical factors that have led to this success and highlights the key roles of the board and C-suite in achieving it. For more information on the board's role and best practices in improving patient experience, please see the companion white paper that features these case studies, *Patient Experience Is Quality* (Fall 2019).

Cedars-Sinai Medical Center

Background: Organization Profile

Cedars-Sinai Medical Center is a private, non-profit academic healthcare organization located in Los Angeles, California that offers a comprehensive array of inpatient and outpatient services. Cedars-Sinai's 5,500 physicians and nurses have more than 1 million patient service opportunities each year in over 40 locations. Cedars-Sinai is the top-ranked general acute care facility on the 2018 NRC Health list of most preferred hospitals in Los Angeles in their survey of the people of Los Angeles. Eighty-four (84) percent of patients responding to the CMS HCAHPS survey would recommend the facility for inpatient care.

Critical Success Factor: Alignment throughout the Organization

Cedars Sinai's ability to deliver a superior patient experience is driven by a conscious strategy to "connect the dots" across the organization. Efforts to manage and improve the patient experience do not exist in a silo at Cedars-Sinai, but rather are integrated and coordinated. Approved and supported by the board and CEO, this approach begins with an emphasis on patient experience in Cedar Sinai's mission, vision, and values. The alignment continues with patient experience being a priority in the development of the strategic plan and annual operating goals, and in Cedar-Sinai's compensation, performance evaluation, budgeting, management/leadership development, and training systems and processes. Important components of this integrated and aligned approach are detailed in the following paragraphs.

Core Part of Culture, Including Vision and Values

Since Cedar Sinai's founding, delivering high-quality care and "service" (the organization's term for the patient experience) has been an integral part of the culture. The mission, vision, and values statements all explicitly reference the importance of providing top-notch service, which is as much a priority as providing superior clinical quality. The mission statement emphasizes the importance of "providing excellent clinical and service quality and offering compassionate care." The strategic vision emphasizes the need to deliver excellent service and fully engage patients in their wellness and care, while the organization's values highlight the importance of physicians, nurses, and every staff member showing "respect and compassion" to patients. Those same values of demonstrating respect and compassion for everyone

who works at Cedars-Sinai receive the same emphasis. While most organizations use similar kinds of language, at Cedars-Sinai these words are very much a part of the history and culture of the organization. All new employees spend a significant part of their orientations learning about this history and culture.

Integration into Strategic Plan, Annual Operating Performance Goals, and Management Plan
Roughly 30 percent of Cedar-Sinai's performance goals relate to quality, and roughly 20 percent of the of these quality goals tie directly to patient experience or to employee engagement, which is foundational to the patient experience. The strategic plan details where the organization wants to be with respect to patient experience; the annual operating goals set specific targets on key patient experience metrics; and the management plan lays out specific strategies and tactics for reaching those goals.

> "Our interest in improving the patient experience is rooted in our history, mission, and culture, not in our finances. It's organizational pride and an expectation we put on ourselves that the patient should have the best experience possible, and that we can always make that experience better."
>
> —*Thomas Priselac, CEO*

Ongoing Performance Monitoring
Management teams within Cedars-Sinai continuously monitor performance on a large set of quality and patient experience measures. A few of these measures then become a part of a smaller dashboard monitored by the C-suite and the board. The dashboard generally includes a few high-level HCAHPS measures (such as overall hospital rating) along with other measures that rotate in and out, typically in areas where management has identified a significant opportunity for improvement. Past examples have included reducing evening noise levels on inpatient units and wait times in the emergency department. Dashboard indicators often come from specific measures within HCAHPS domains (e.g., nurse communication, doctor communication), but may also be identified through other surveys (such as those required by insurers) or from qualitative feedback from patients. Qualitative feedback includes incoming calls to the hospital and proactive follow-up calls made to every patient as part of Cedar-Sinai's active patient service recovery function. Separate from survey instruments, this qualitative feedback feeds into a repository for complaints and compliments, often uncovering systemic problems that need to be addressed.

Unit- and Department-Specific Performance Reports

The leaders of each inpatient and outpatient unit and department receive regular reports documenting performance on key quantitative metrics and highlighting findings from qualitative feedback. The frequency of reporting varies, with most departments and units receiving information on a monthly basis.

Meaningful Compensation Tied to Patient Experience Performance

Every Cedars-Sinai employee has a role to play with respect to enhancing the patient experience, and the way an employee fulfills that role becomes an important part of every performance evaluation. At the management and C-suite level, the assessment will focus on how that individual's part of the organization has performed with respect to patient experience. For example, a nurse manager will be evaluated in part based on how his or her units perform on key patient experience metrics. The amount of money tied to patient experience can be substantial. Across the organization, overall variable compensation ranges from 15 percent of total compensation at the management level to 40 percent at the C-suite level. Performance with respect to quality generally accounts for one-quarter to one-third of variable compensation, with patient experience being roughly one-fifth of that amount. In other words, for a senior executive who makes $150,000 a year in base salary, variable compensation could increase that figure by $60,000, with performance related to quality in general potentially adding $15,000 to $20,000 and patient experience in particular adding $3,000 to $4,000.

Chief Experience Officer

In 2015, Cedars-Sinai senior executives decided to hire a dedicated chief experience officer to serve as a thought leader with respect to patient experience and to create "systemness" across the organization. By design, this individual does not head up a separate department, as the board and senior management did not want to create the impression that delivering superior service is "someone else's job." To that end, the chief experience officer reports to the executive vice presidents of hospital operations and the medical network. This individual interfaces with vendors that assess patient experience performance, serves as an internal champion with management and employees throughout the organization, identifies and tests new and innovative ideas, and engages in dialogue as part of the senior executive team about how the organization is doing and where it is headed with respect to improving patient experience.

Patient Advisory Councils

Cedars-Sinai makes liberal use of patient advisory councils. These department-specific councils use former patients to provide valuable, specific feedback on how to improve the patient experience.

Key Roles for the Board and C-Suite

In addition to approving and supporting the specific resources and initiatives described above, the board and C-suite play vital roles in creating the culture that allows Cedars-Sinai physicians and staff to deliver a top-notch patient experience and also hold them accountable for doing so by constantly monitoring performance against the aforementioned metrics.

Sharing Performance Data and Patient Stories

In their regular communications, the CEO and other members of senior management discuss the organization's performance on patient experience and regularly share particularly poignant patient stories—both good and bad—that highlight the importance of patient experience to the organization. For example, Cedars-Sinai has a robust translation service to serve its diverse patient population. Stories of how this service made a patient or family member more comfortable often get disseminated. These communications keep the issue top-of-mind for everyone at Cedars-Sinai.

Management and Senior Executive Walkarounds

Cedars-Sinai managers and senior leaders regularly conduct "walkarounds" in which they visit units and talk to patients and family members about their experiences at the hospital. These walkarounds serve as a powerful signal to the entire organization about the importance of the patient experience and also provide another vehicle for direct feedback, both positive and negative. The frequency of walkarounds varies, with nurse unit managers conducting them every day and senior executives, including the CEO, doing so periodically based on their schedules.

Close Oversight through Board Committee

The continuous quality improvement (CQI) committee of the board has overall responsibility for ongoing monitoring of performance versus established quality, safety, and patient experience metrics. Meeting four to six times a year, this committee does the "heavy lifting" with respect to oversight. CQI committee members can get quite granular in their reviews, often asking probing questions related to trends in performance on specific measures, such as evening noise levels on the units. The committee's role is to oversee the work of management, offer insights they may have from their own personal or professional experience but not tell them what to do or how to go about improving performance. Discussions focus on where the organization is today and where it would like to be in the future.

Additional Oversight through Executive Committee and Full Board

CQI committee meeting minutes become part of the background materials for monthly meetings of the board executive committee and for quarterly full board meetings. As well, some aspect of the organization's quality related goals, performance, or function is an agenda item at each executive committee and board meeting. Patient experience serves as the topic from time to time. As with any other organizational performance indicator, any significant deviation from expected performance in quality and patient experience, were it to occur, would be a topic of

discussion. The quality and patient experience goals for the coming year and the year-end review of performance compared to goals, are part of the boards annual work schedule as is the case with all organizational performance indicators .

Indiana University Health

Background: Organization Profile

Indiana University (IU) Health offers a full range of primary care and specialty services for children and adults, including cancer, cardiovascular, neuroscience, orthopedics, pediatrics, and transplant services. IU Health has the largest network of physicians in Indiana, with more than 1,500 board-certified or board-eligible physicians and 1,100 advanced practice providers. Each year, IU Health's more than 30,000 team members serve patients in over 800 locations, handling more than 115,000 inpatient admissions, nearly 2.9 million outpatient visits, and over 109,000 surgery cases. The system's 16 hospitals collectively have approximately 2,700 available inpatient beds.

At least one IU Health hospital has consistently appeared on NRC Health's top-performing lists for adult or pediatric care since 2014. The IU Health board and senior leadership team decided that the organization needed to aim for better and more consistent performance across all locations. To that end, IU Health adopted system-wide net promoter score (NPS) in 2018 as its primary patient experience measure. Given this was a new measure and one not yet common in healthcare, the first-year goal was set to improve at a statistically significant rate. At the end of 2018 IU Health had significantly exceeded that goal and set a new goal in 2019 to reach top-decile performance within five years. IU Health's NPS was 74.71, while top-decile performance hovered around 80. The goal was to add a point to this figure (i.e., to reach 75.71) by the end of 2019, and then incrementally improve to 80 by 2023. By June 2019, IU Health had achieved a system-wide NPS of over 76, well above the full calendar-year 2019 goal.

Critical Success Factors

Key factors in improving the patient experience at IU Health include the following.

Integral Part of Culture

The importance of patient experience has been ingrained into the culture, as outlined below:
- **Part of values and foundational promise**: In 2016, IU Health launched a "promise" to patients to provide "the best care designed for you." This promise has provided clarity about what is important to patients throughout their experiences. The promise is one of four foundational pillars for IU Health; the other three relate to finances (affordability of care and operating income), people (IU Health team members), and clinical quality. The organization's values highlight how team members approach delivering on the promise through excellence, purpose, compassion, and teamwork.
- **Emphasis on entire care journey (not individual settings)**: After reviewing extensive consumer research, IU Health leaders realized that most patients do not think about how satisfied they are with an individual provider or care site. Rather,

they consider their experiences during an entire care journey, including not only visits to multiple care sites but also other in-person, telephone, online, and written contacts and communications with IU Health. These discussions led to the decision to adopt NPS as a measure of customer loyalty and to measure performance holistically across all care settings. They also led to the decision to stop using the term "satisfaction" and instead focus on delivering a great "experience" to patients.

- **Explicit mindset that patient experience is "everyone's job"**: Even after hiring of staff devoted to patient experience (explained below), system, regional, and site leaders have made a conscious effort to promote a mindset that views patient experience not as the responsibility of a team or department, but rather as the job of every team member. They make sure everyone understands his or her role in delivering that experience to patients.

Department Devoted to Patient Experience

In 2016, IU Health built a team to support this shift in mindset. They created a new position known as the "executive director of experience design." This individual oversees 10 full-time equivalent (FTE) employees who focus on developing tools and frameworks that make it easy for patients to provide feedback and for teams to receive and act on that feedback to improve experiences. In addition to these 10 FTEs, IU Health has eight full-time regional experience design leaders—one for each of six geographic areas, one for the physician practice covering central Indiana, and an additional leader who covers retail sites statewide, including laboratories, home care, hospice care, urgent care, and ambulatory surgery centers. These regional leaders utilize the tools and frameworks developed by the system team and support and coach front line leaders and teams. Whenever possible, teams discuss and work with patient advisors in developing programs and initiatives. They have also integrated with other teams, such as those working on quality/safety initiatives and new site design and construction, to ensure that the patient perspective is considered as part of the planning process. The executive director for experience design has a matrix reporting relationship, with direct lines both to the vice president of marketing and experience and the chief operating officer (COO).

Real-Time Surveys and Other Patient Feedback Mechanisms

Patient experience department staff worked with NRC Health to create short, real-time surveys that provide quick, in-depth, and actionable feedback from patients. To date, the organization has collected more than 700,000 such surveys. IU Health also created other mechanisms by which patients can provide online and telephone-based feedback to share thoughts and feelings related to their care journey. IU Health also continues to field all required CAHPS surveys.

Tools to Better Understand Patients

IU Health has adopted various tools that help the board, senior leadership, and front-line team members better understand how patients consume and experience care at IU Health. These include "empathy walks" that feature audio recordings from actual patients at various points along their care journey. The experience allows participants to walk "in the shoes" of a patient to get as close to a first-hand perspective as

possible about what it is like to be a patient at IU Health. (A more detailed description of how an empathy walk raised awareness for the board appears in the next section.) IU Health also adopted other tools that provide additional feedback, including care journey maps and patient observations.

Incentive Compensation Directly Tied to NPS Goals
IU Health's leader incentive program covers every team member at the front-line manager level and above. Performance on patient experience represents an important part of the scorecard used to calculate annual bonus payouts, which can range from 5 percent to 15 percent of base pay. For system-level executives, patient experience-related incentive compensation depends on how the organization as a whole performs with respect to NPS. For regional leaders, the payout is based 50 percent on regional performance and 50 percent on system-wide performance. For facility-level leaders, the payout is based on a combination of systemwide, regional, and local performance. For team members at the front lines of care, regular job appraisals and annual pay increases are driven in part by performance related to patient experience goals. In recognition of IU Health's success in meeting its 2018 performance goals (including NPS), the board approved an additional percentage contribution to 401(k) plans for all team members.

> "Leadership is incredibly important in igniting the evolution and cultural shift. Patient experience must be part of the conversations with the board, with senior leaders and front-line managers, and with all team members. Leaders need access to timely information to guide changes to create environments that offer the best experience for patients."
> —Michelle Janney, COO, and Jennifer Baron, Executive Director for Experience Design

Key Roles for Board and C-Suite

In addition to approving and supporting the specific resources and initiatives described above, the board and C-suite play vital roles in creating the culture that allows IU Health to deliver a top-notch patient experience and also hold them accountable for doing so by setting aggressive goals and monitoring progress in achieving them.

Self-Education and Raising Awareness

Several events and activities have helped to educate and raise awareness at the board and C-suite levels about the need to focus more intently on understanding and improving the patient experience:

- **Recruiting a board member to serve as catalyst:** In 2017, IU Health's CEO Dennis Murphy recruited former Institute for Healthcare Improvement President Maureen Bisognano to the IU Health system board. Recognizing IU Health's opportunity to innovate and improve, Mr. Murphy knew that Ms. Bisognano could be an effective champion and catalyst for such change. This year, she asked the full board and senior leadership team to read *Compassionomics: The Revolutionary Scientific Evidence That Caring Makes a Difference*.[1]
- **Empathy walk**: A senior leader at IU Health heard from a friend about the experience of visiting the World War II museum in New Orleans. At this museum, visitors receive a replica dog tag of an actual soldier and hear recordings throughout their visit that describe the experience of that soldier. In June 2018, the entire IU Health board went on an hour-long "empathy walk," which was modeled after the museum experience. The walk took place at an academic health center and the board was accompanied by leadership from that facility. Along the way, they heard recordings of first-hand accounts from four patients who focused on what they felt throughout their care journey, including any thoughts and anxieties they faced. By the end, board members had a very good sense of not only the need for improvement, but especially the importance of always understanding the patient and family perspective. This walk created significant momentum for a renewed investment in the patient experience. It served as a catalyst for the decision to set aggressive goals for improvement (as described below). A second empathy walk took place with senior leadership at another facility.
- **Patient experience stories at every board meeting**: Each board meeting features a story about an individual patient's experience at IU Health. Often told first-hand by a patient or family member, these stories serve as a regular reminder about the foundational promise and its link to the core mission of IU Health. These stories help to keep the board engaged and accountable for performance.

1   Stephen Trzeciak and Anthony Mazzarelli, Studer Group Publishing, May 10, 2019.

Aggressive Improvement Goals

As noted, the board decided in 2018 to set a very aggressive goal for improvement, which was to get IU Health to top-decile performance on systemwide NPS within five years. An outside consultant recommended against setting such an aggressive target, but the board insisted on doing so. (Prior to this time, performance targets in most other areas had been set at top-quartile performance.) Each year, the board approves an annual goal that is in line with the five-year target. This systemwide target then gets translated into specific goals at the region, facility, and site levels.

Close Performance Monitoring by Senior Leadership

The COO meets monthly with each regional president and quarterly with system leaders to review performance at the regional and site/facility level. Attendees come prepared to answer questions and engage in a focused, in-depth conversation about areas where performance is lagging. These gatherings also serve as an opportunity to share best practices from throughout the organization. Between meetings, regional- and site-level leaders receive performance reports and respond to questions from senior management as necessary. At any time, senior leaders can monitor current performance by looking at the "experience wall" located in an executive board room. Updated weekly, this brightly colored exhibit highlights NPS performance at the system and regional level.

Ongoing Board and Committee Oversight

Both the full board and the board quality and safety committee play active roles in monitoring progress toward the established patient experience goals:

- **Full board**: The full board receives a written report that summarizes progress in achieving the NPS goal in advance of each of its bimonthly meetings. The COO attends every board meeting to answer questions about the report. Several times a year (typically at every other full board meeting), the chief medical officer and CNO provide an oral briefing and lead an hour-long discussion with the full board on patient experience.
- **Quality and safety committee**: This committee meets the day before every board meeting, where members conduct a "deep dive" into reports that summarize patient experience performance at the system, regional, and facility levels.

Comparisons to Retail Companies in Other Industries

Drawing on their experiences in other industries, board members understand the importance of going beyond HCAHPS to monitor performance in settings that consumers visit more regularly. To that end, the board quality and safety committee pays special attention to performance in all care settings including non-inpatient "retail" settings such as physician offices and laboratories. The adoption of NPS as a measure has also allowed the board and senior leadership to compare IU Health performance to that of well-known, high-performing retail companies from other industries, including Amazon, Nordstrom, and Apple. This approach helps to provide perspective and context to the board and IU Health patients, who might not think to compare their experiences with a health system to those they have with companies in other industries.

Dayton Children's Hospital

Background: Organization Profile

Dayton Children's Hospital is a 200-bed hospital that provides comprehensive care to children in all major specialties. Each year, the hospital handles more than 7,200 admissions, 360,000 patient visits, and 100,000 emergency department (ED) visits. Unlike most children's hospitals, Dayton Children's operates in a highly competitive market, with two larger, well-known competitors within 60 and 75 minutes.

Approximately six years ago, Dayton Children's launched *Destination 2020*, a strategic roadmap that has four key pillars: providing an exceptional patient experience, offering the right services, integrating primary care physicians and specialists, and developing partnerships and alliances. The desire to improve the patient/family experience stemmed in part from quantitative and qualitative data suggesting that Dayton Children's lagged behind its competitors in this area and performed inconsistently across departments and units, with some providing an exceptional experience and others too often disappointing patients and family members.

Dayton Children's internal data suggest that the hospital has made significant improvements over the last several years. For the fiscal year ending in June 2019, Dayton Children's overall net promoter score (NPS) was 82, with July's rate coming in at 84. The surgery department has an NPS of roughly 90, while most ambulatory clinics score in the high 80s. While direct comparisons of NPS to earlier periods are not possible (because the hospital only recently adopted it as a metric), analyses of other metrics make it clear that overall patient experience scores have improved significantly in the last several years, while cross-unit and cross-department variation has fallen. During the same period, the hospital has seen a commensurate increase in patient volume. Operating in a market with no population growth, Dayton Children's is gaining market share against its two competitors, primarily by convincing local residents to stop traveling to Cincinnati or Columbus for care.

Critical Success Factors

Key factors in improving the patient experience at Dayton Children's are detailed below.

New Employee Orientations Focused on Patient Experience, Connection to Values

Every new hire goes through an orientation program known as *Above and Beyond.* These orientation sessions are built around the patient experience and generally feature the sharing of many patient stories. As part of the program, the CEO gives a 30-minute presentation on the importance of providing an exceptional patient experience and what that entails. The program is structured around the hospital's six values (safety, compassion, ownership, collaboration, innovation, value creation) and how each relates to the patient experience.

Concurrent Emphasis on Improving Employee and Physician Experience

With the board acting as a catalyst, Dayton Children's senior management concluded that improvements in patient experience could not occur without concurrent efforts to improve the experiences of physicians and employees. With support from an outside consultant, Dayton Children's put in place a variety of initiatives (e.g., regular rounding at the manager, director, and vice president levels; new vehicles for

employees and physicians to provide feedback; changes in recognition and reward systems) to make the hospital a better place to work and practice.

Vehicles to Ensure High-Quality, Fast Feedback

After not getting much traction or early improvement with *Destination 2020*, Dayton Children's leadership decided to switch data sources (from Press Ganey to NRC Health) and data collection methods, reducing survey length to improve response rates and switching from after-the-fact paper surveys to "real-time" phone-based surveys. This switch led to higher response rates and quicker, better feedback from patients and family members. The hospital also introduced the *Get Well Network*, an interactive in-room communication and entertainment system that, among other things, allows patients to answer the question of the day, recognize exceptional caregivers, and register complaints to a customer service director who then responds as soon as possible.

In-Depth Use of Analytics to Monitor Progress

Dayton Children's closely monitors every intervention, using unit-specific control charts to track patient experience survey results on a weekly basis. This analysis helps to identify both common cause and special case variation. Senior leaders use the data to monitor trends over time, being sure not to over-react to an individual piece of data or specific incident.

Regular Management Meetings to Create Accountability, Provide Support

The CEO chairs the *Destination Always* team, made up of vice presidents and directors of each inpatient unit and key departments, including surgery, ambulatory clinics, and the emergency department. The group initially met monthly and now meets every other month to review a dashboard of key metrics. Each leader presents his or her results to the group, discussing what has been implemented, any challenges that have arisen, and strategies for addressing them. These regular sessions create accountability and provide an opportunity for people to support each other by sharing best practices and advice.

Weekly, Unit-Specific Reports Reviewed by CEO

The CEO reviews control charts for each unit on a weekly basis. Unless something urgent shows up, discussion of these data is usually held until the next *Destination Always* team meeting. As appropriate, however, the CEO will follow up with questions or take other actions outside of these meetings.

Substantial Compensation Tied to Patient Experience

Every manager, director, and vice president has a set of performance goals that tie to the system's overall goals, with many of those goals either directly or indirectly being related to patient experience. Many of these individuals will have a unit- or department-specific NPS goal. At lower levels (e.g., managers), the goals may be tied to other measures that directly affect patient experience; for example, the manager of environmental services will have goals related to room turnover, which is critical to reducing the time that patients and families spend waiting to get settled into their rooms. While the amount of incentive compensation tied to patient

experience varies significantly across positions and job scope, some directors may have as much as 30 percent of their incentive compensation directly tied to it. In a recent change driven by the board chair, C-suite executives do not have any type of incentive compensation. However, roughly 20 percent to 30 percent of their goals are tied to patient experience (e.g., NPS), and their annual performance reviews and compensation increases depend heavily on meeting or exceeding those goals.

> "In developing Destination 2020, we thought about the fundamental question: 'why do we exist?' We decided our purpose was to give every child the ability to go to a 'great' children's hospital close to home. Then we thought about what makes a hospital 'great.' Most consumers assume that they will receive safe, high-quality care, so they judge us based on the experience they have. That means every single touchpoint matters."
> —*Deborah Feldman, CEO, Dayton Children's Hospital*

Creation of Chief Experience Officer and Department

Shortly after the development of *Destination 2020,* senior leaders decided to create the chief experience officer position. While this individual initially worked on her own, the decision was quickly made to hire a director and analytical staff to beef up her capabilities and reach. This department now plays a critical role in driving the quantitative analytics and reducing variation across departments and units.

Regular Sharing of Results and Stories

The CEO makes it a habit to regularly share patient experience scores and stories through various formal and informal communication channels. Three times a year, she hosts "game-changing performance sessions" where both NPS scores and patient experience anecdotes are shared. Each session starts with a story that generally touches on how an employee has gone above and beyond to improve a patient's experience. These sessions end with a "mission moment" that features a touching patient experience video. Patient experience stories are also shared via the hospital Intranet and social media platforms.

Key Roles for Board and C-Suite

In addition to approving and supporting the specific resources and initiatives described above, the board and C-suite play vital roles in creating the culture that allows Dayton Children's physicians and staff to deliver a top-notch patient experience and also hold them accountable for doing so by constantly monitoring performance against key performance metrics.

Board-Led Reshaping of Vision, Mission, and Strategic Roadmap

As part of the development of *Destination 2020,* the board served as a driving force in focusing the organization on expanding its mission beyond serving just sick

children to providing every child in the area with "great care, close to home." The board also challenged senior management to define what "great" means. Part of this discussion led to the realization that consumers assume that clinical quality and outcomes will be great, and instead decide where they want to receive care based on the experience they have (or expect to have) in the hospital. This discussion led to making patient/family experience—defined as every touchpoint—as one of the four key pillars for the initiative. The board continues to be a driving force in pushing the organization forward, having spearheaded the development of a new strategic roadmap that will build on the success of *Destination 2020*. As part of this discussion, the board took advantage of its expertise in the retail industry, challenging senior management to think about and better understand the various kinds of customers the hospital serves.

Mantra: "Always Exceptional"
The board-led discussions described above convinced senior leadership of the importance of providing consistency across units and departments so that patients and family members always have an exceptional experience. With experience in retail and other industries, the board emphasized the need to adopt the principles of high-reliability organizations, including hard-wiring certain "must-haves," such as the need to focus simultaneously on patient, employee, and physician engagement.

Adoption of NPS
As noted, several board members work in the retail industry and are quite familiar with NPS as a metric that can drive customer satisfaction and market share. These board members pushed for the adoption of NPS and a focus on customers who are promoters and detractors. They helped senior executives in transitioning to NPS, most notably with messaging to management and front-line staff who were used to traditional surveys that use the Likert scale.

Regular Monitoring through Board Quality and Safety Committee
The board's quality and safety committee meets six times a year, reviewing the hospital's progress in meeting NPS targets at each meeting. At roughly two of these meetings, the committee takes a "deep dive" into patient experience.

Quarterly Full Board Monitoring
The full board receives a quarterly report that summarizes the hospital's success in reaching all performance goals, including NPS. The full board also receives quarterly reports on other strategic priorities that relate to patient experience. For example, one of the hospital's goals is to provide "frictionless" digital and physical access to care and services. The board receives a separate report on that metric and on others that relate to patient experience, such as employee engagement.

"Mission Moments" at Every Board Meeting
Every board meeting includes a "mission moment" in which a patient experience story is shared. These positive anecdotes help to keep the board focused on patient experience and serve as a reminder to both the board and CEO of why the hospital exists in the first place.