# Patient Experience Is Quality:

## *The Role of Healthcare Leaders in Improving Outcomes and Building Loyalty*

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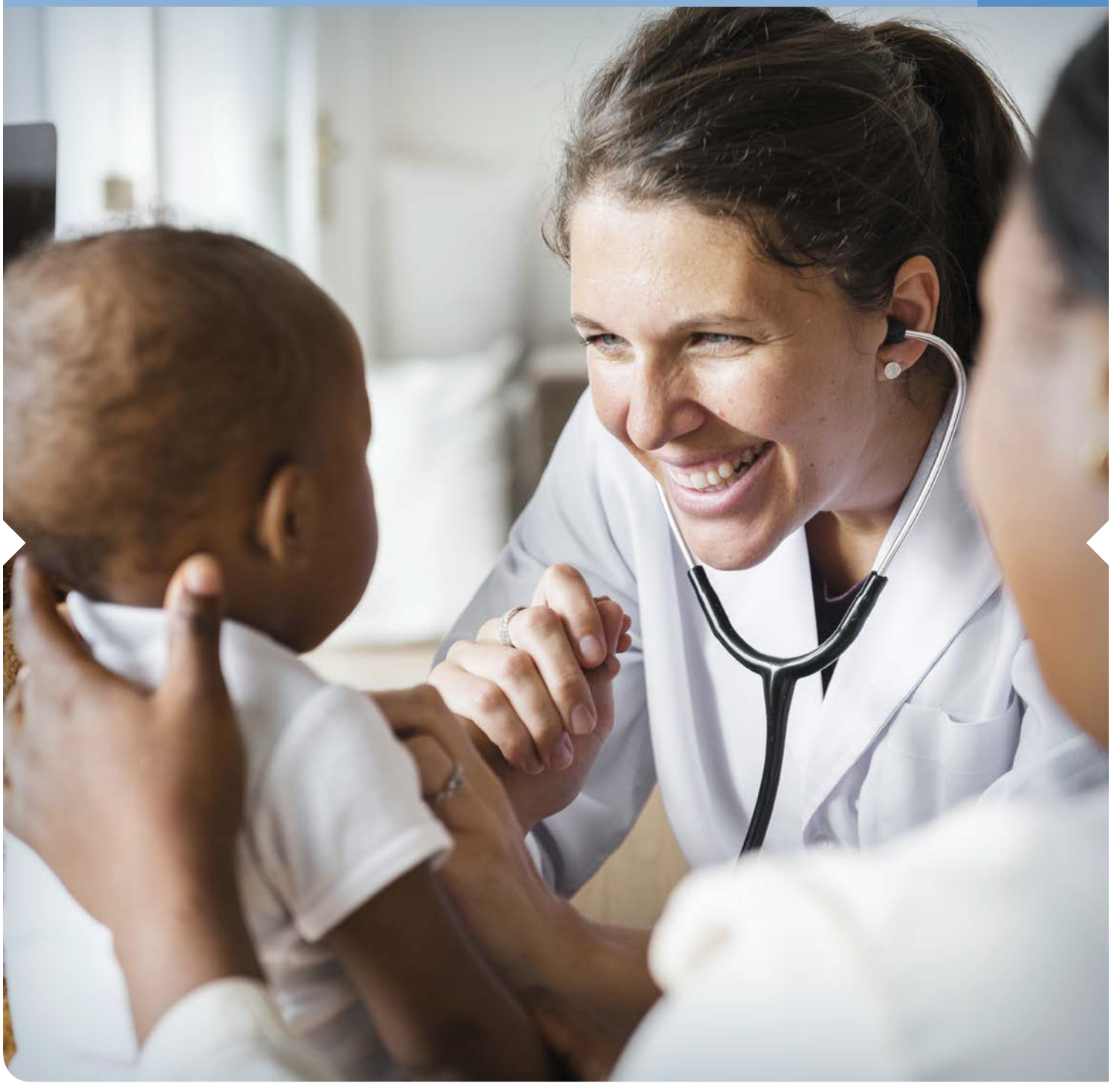

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# Executive Summary

Hospitals and health systems are increasingly focused on putting the culture, systems, and processes in place to consistently deliver a high-quality experience for patients and their family members. While the impetus for this attention often stems from government requirements to field patient satisfaction surveys (known as Hospital Consumer Assessment of Healthcare Provider and Systems or HCAHPS surveys), the benefits of doing so are substantial, both in terms of improved clinical outcomes and better long-term financial performance.

Boards and CEOs have critical roles to play in creating the right culture and environment, providing the right resources and infrastructure, and putting in place the right systems and processes necessary for their organizations to consistently provide a top-notch patient experience. This white paper describes five key strategies boards and CEOs can use to play those roles more effectively.

## Strategy 1: Understand the Nuances of Measuring Patient Experience (and the Implications for Your Organization)

Measuring patient experience is complicated. While boards and CEOs certainly have no need to dive into the details of various measurement systems and methodologies, they do need to understand some key lessons related to the nuances of patient experience measurement:

- Trust the validity of surveys in other languages.
- Recognize that measurement at the individual physician level can be problematic.
- Understand if your organization may be at a "structural" advantage or disadvantage; safety net hospitals and practices, larger hospitals, general acute care (i.e., non-specialty) hospitals, for-profit facilities, and hospitals in large metropolitan areas may be at a disadvantage, while specialty hospitals (including children's hospitals) may have an advantage.
- Don't use structural disadvantages as an excuse for poor performance.
- Recognize structural advantages and benchmark accordingly.
- Pay extra close attention to non-English speaking patients and other racial/ethnic minorities, as these individuals tend to rate their care more negatively.

## Strategy 2: Create a Culture Where Patient Experience Is a Top Priority

Hospitals and health systems will not consistently provide a good patient experience unless doing so is a top priority for the organization. Making patient experience a priority, moreover, is something that must come from the very top of the organization—the board and C-suite. One of the most visible ways to signal the importance of patient experience is to incorporate it directly into the mission, vision, and value statements of the organization.

## Strategy 3: Focus on Safety and Workforce Satisfaction and Engagement, Particularly Among Nurses

Positive patient experiences do not occur in a vacuum, but rather in environments where staff are highly engaged in their work and focused on providing safe, high-quality care. In fact, various analyses have found a positive relationship between three domains of safety culture—teamwork, adequate staffing, and organizational learning—and the likelihood of achieving top-box ratings on the nursing and global domains on the HCAHPS survey.[1] A study of 73 hospitals found a positive relationship between patient safety culture and patient experience. Specifically, hospitals where staff have more positive perceptions of the patient safety culture tend to have higher patient experience scores.[2]

## Strategy 4: Take Ownership over Patient Experience

It is important for boards and CEOs to "own" the issue of patient experience by talking about its importance regularly, modeling behaviors they want others to follow, and holding management and staff accountable for performance. Many forward-thinking boards take specific actions to make it clear how seriously the board and senior leaders take the issue of patient experience.

### Action 1: Structural Changes to Elevate Importance of Patient Experience

Pioneering organizations make visible, structural changes to elevate the importance of patient experience within the organization. Examples include:

- Direct reporting of the patient experience officer to the CEO
- Incentive compensation tied to patient experience
- Dedicated resources for the patient experience officer
- Giving the patient experience officer oversight over related functions

1 K. Abrahamson, Z. Hass, K. Morgan, B. Fulton, and R. Ramanujam, "The Relationship Between Nurse-Reported Safety Culture and the Patient Experience," *Journal of Nursing Administration,* Vol. 46, No. 12 (December 2016); pp. 662–668.

2 J. Sorra, K. Khanna, N. Dyer, R. Mardon, and T. Famolaro, "Exploring Relationships between Patient Safety Culture and Patients' Assessments of Hospital Care," *Journal of Nursing Administration,* Vol. 44, No. 10 (Suppl) (October 2014); pp. S45–53.

**Action 2: Direct Board and CEO Involvement in Monitoring and Oversight**

Boards and senior executives get directly involved in monitoring and overseeing patient experience through actions such as:

- Setting high-level goals and tracking progress toward them
- Monitoring (and sometimes involvement in) specific projects
- Conducting regular leader rounds
- Including patient stories at every board meeting

## Strategy 5: Consider Adoption of "Real-Time" Feedback Systems as Supplement to HCAHPS

Hospital and health system leaders should consider the use of "real-time" feedback systems designed to work as a supplement to mandatory HCAHPS surveys. Real-time systems tend to be short (10 questions or less), with patient contact occurring quickly (often within a day or two, when the experience is still fresh in the patient's mind), typically via interactive technology through phone, email, or text. Real-time feedback usually goes out to all patients rather than just a representative sample of them.

# The Growing Importance of Patient Experience to Hospitals and Health Systems

Boards and senior administrators of hospitals and health systems are increasingly focused on putting the culture, systems, and processes in place to consistently deliver a high-quality experience for patients and their family members. In many cases, this increased attention stems from outside forces, most notably Medicare's value-based purchasing (VBP) program that mandates the administration and reporting of results from patient experience surveys (namely the Hospital Consumer Assessment of Healthcare Providers and Systems or HCAHPS) and that puts a portion of reimbursement at risk, with payouts linked to HCAHPS scores.

The benefits of making patient experience a high priority, however, go well beyond fulfilling HCAHPS-related requirements and getting higher VBP payments. Doing so can lead to better clinical outcomes and long-term financial performance, as discussed below.

**The benefits of making patient experience a high priority, however, go well beyond fulfilling HCAHPS-related requirements and getting higher VBP payments. Doing so can lead to better clinical outcomes and long-term financial performance.**

## Better Outcomes

A growing body of evidence suggests that improving the patient experience leads to better clinical outcomes. For example:

- **Overall quality:** A systematic review of 55 studies found consistent, positive associations between patient experience, patient safety, and clinical effectiveness for a wide range of disease areas, settings, outcome measures, and study designs.[3] Similarly, a Deloitte study concluded that hospitals with higher patient experience scores have better scores on all 18 process-of-care quality measures and on some clinical outcome measures, especially those most visible and tangible to patients, such as emergency department (ED) wait times and readmissions. Patient experience scores related to communication with nurses and receiving relevant information related to discharge were found to have the strongest association with clinical quality scores.[4]
- **Surgical quality:** A study of 2,953 hospitals found that hospitals with higher satisfaction had better surgical quality, including shorter stays, lower mortality, and fewer readmissions.[5]
- **Readmissions**: A study of adult inpatients hospitalized for either acute myocardial infarction, heart failure, or pneumonia found that higher overall patient satisfaction and higher satisfaction with discharge planning were associated with lower 30-day readmission rates, even after adjusting for other aspects of clinical quality.[6] One recent NRC Health study showed that if patients had clinical issues or questions once at home, if their questions were resolved within 24 hours, those patients were 70 percent less likely to be readmitted.
- **Complication rates**: A 2011 study of 4,605 hospitals found a correlation between patient experience and complication rates, with a better experience being associated with higher quality.[7]

Studies from other countries have also found a positive correlation between patient experience and outcomes. For example, a study of over 10,000 patients in the United Kingdom undergoing any of three elective surgical procedures found a weak, positive association between patient experience and patient-reported outcomes, with the quality of communication and the level of trust in the doctor being most strongly associated with a better outcome.[8] Similarly, a study of over 7,700 general practices in England found a weak association between patient experience and quality, with the strongest being for measures of access to care, such as availability of urgent appointments, ability to book ahead, and ability to see one's preferred doctor.[9]

3 C. Doyle, L. Lennox, and D. Bell, "A Systematic Review of Evidence on the Links between Patient Experience and Clinical Safety and Effectiveness," *BMJ Open,* Vol. 3, No. e001570 (2013).

4 D. Betts and A. Balan-Cohen, *Value of Patient Experience: Hospitals with Higher Patient Experience Scores Have Higher Clinical Quality,* Deloitte Center for Health Solutions, 2017. Available at: www.deloitte.com/us/value-of-patient-experience.

5 T. C. Tsai, J. Orav, and A. K. Jha, "Patient Satisfaction and Quality of Surgical Care at U.S. Hospitals," *Annals of Surg*ery, Vol. 261, No. 1 (January 2015); pp. 2–8.

6 W. Boulding, S. W. Glickman, and M.P. Manary, et al., "Relationship Between Patient Satisfaction with Inpatient Care and Hospital Readmission Within 30 Days," *The American Journal of Managed Care,* Vol. 17, No. 1 (2011); pp. 41–48.

7 S. M. Stein, M. Day, and R. Karia, et al., "Patients' Perceptions of Care Are Associated with Quality of Hospital Care: A Survey of 4605 Hospitals," *American Journal of Medical Quality*, Vol. 30, No. 4 (2015); pp. 382–388.

8 N. Black, M. Varaganum, and A. Hutchings, "Relationship between Patient Reported Experience (PREMs) and Patient Reported Outcomes (PROMs) in Elective Surgery," *BMJ Quality & Safety*, Vol. 23, No. 7 (2014); pp. 534–542.

9 N. R. Llanwarne, G. A. Abel, and M. N. Elliott, et al., "Relationship between Clinical Quality and Patient Experience: Analysis of Data From the English Quality and Outcomes Framework and the National GP Patient Survey," *Annals of Family Medicine,* Vol. 11, No. 5 (September/October 2013); pp. 467–472.

While the overall evidence suggests a tie between patient experience and outcomes, not all studies have found such a link, and hence organizational leaders cannot assume that efforts to improve the patient experience will automatically translate into better outcomes. For example, a study of 171 hospitals within the University HealthSystem Consortium found that, with the exception of low mortality rates, favorable surgical outcomes are not consistently associated with high HCAHPS scores.[10] Another study that reviewed the online ratings of 614 cardiac surgeons in five states found no relationship between patient ratings and risk-adjusted mortality rates.[11]

Importantly, one can conclude from the research that efforts to improve patient experience should be carried out intentionally as a central focus of a larger initiative to improve quality performance overall.

## Better Long-Term Financial Performance

Along with promoting better clinical outcomes, focusing on the patient experience also makes good long-term business sense for hospitals and health systems. A study by Deloitte found that hospitals with better patient experience scores tend to be more profitable. Those with "excellent" HCAHPS patient ratings between 2008 and 2014 had a net margin of 4.7 percent, on average, roughly 2.5 times the 1.8 percent margin for hospitals with "low" ratings. Deloitte found that this link remains even after controlling for other hospital characteristics that drive hospital performance.[12] Compared to other hospitals in the same market, a 10 percentage-point increase in the number of respondents giving a hospital a "top-box" (9 or 10 out of 10) rating is associated with an increase in net margin of 1.4 percent, as compared to hospitals receiving a "bottom-box" (0 to 6 out of 10) rating.[13]

By far, the biggest financial benefits from patient experience improvements stem from increases in market share rather than higher VBP payments. In fact, Deloitte estimates that only 7 percent of the increase in net margins is due to Medicare VBP incentive payments tied to patient experience.[14] Similarly, NRC Health modeled the finances of a hospital system with over 1,000 inpatient beds and approximately $1.3 billion in net patient revenues. For this system, a 1 percent increase in patient volume due to improvements in patient experience/loyalty yields roughly $13 million in incremental revenues, while a 5 percent increase yields over $66 million. An analysis of Medicare facility revenues from the same system found that only about $928,000 was "at risk" under the patient experience component of Medicare's VBP program. Data from other industries confirms the importance of customer loyalty and retention; Bain & Co., for example, found that a 5 percent increase in customer retention leads to a 25 percent increase in profits for financial service companies.[15]

### Patient Loyalty Matters to Hospital/Health System Finances

**Patient loyalty really matters for hospitals and health systems. The U.S. Census Bureau estimated in 2015 that a single patient is worth $1.4 million in incremental revenues to a hospital over his or her lifetime, while a family is worth $4.3 million.**

Finally, there is reason to believe that organizations that invest in improving the patient experience will see meaningful volume gains and hence realize the kinds of financial benefits outlined above. A survey of over 600 consumers found that they consider information reported by other patients about their experiences to be at least as important as hospital-reported information when choosing a hospital. They rely most on patient-reported information regarding physician expertise, wait times, and physician communication.[16] More importantly, organizations that have focused on improving the patient experience have seen sizable volume gains. For example:

- In 2015, **Sentara Health** began focusing on improving the patient experience as a strategy for turning around its money-losing urgent care centers. Using "real-time feedback" systems from NRC Health,[17] Sentara dramatically increased response rates to its surveys, which in turn enabled leaders to quickly identify and address major problems leading to dissatisfaction among customers. At its most basic level, this feedback identified a misalignment in culture as the fundamental problem, with the centers being focused primarily on keeping physicians and providers—not patients—happy.

10 G. D. Kennedy, S. E. Tevis, and K. C. Kent, "Is There a Relationship Between Patient Satisfaction and Favorable Outcomes?," *Annals of Surgery*, Vol. 260, No. 4 (October 2014); pp. 592–600.

11 K. Okike, T. K. Peter-Bibb, K. C. Xie, and O. N. Okike, "Association Between Physician Online Rating and Quality of Care," *Journal of Medical Internet Research,* Vol. 18, No. 12 (December 13, 20160; p. e324.

12 D. Betts, A. Balan-Cohen, and M. Shukla, et al., *The Value of Patient Experience: Hospitals with Better Patient-Reported Experience Perform Better Financially,* Deloitte Center for Health Solutions, 2016. Available at: www.deloitte.com/us/hospitals-patient-experience.

13 *Ibid.*

14 *Ibid.*

15 F. Reichheld, "Prescription for Cutting Costs," Bain & Co. Available at: www2.bain.com/Images/BB_Prescription_cutting_costs.pdf.

16 I. B. DeGroot, W. Ottwen, and J. Dijs-Elsinga, et al., "Choosing Between Hospitals: The Influence of the Experiences of Other Patients," *Medical Decision Making,* Vol. 32 (2012); pp. 764–778.

17 More information on NRC Health's real-time feedback solution can be found later in this report, and also at https://nrchealth.com/platform/real-time-feedback/.

In response, Sentara leaders refocused on the patient, putting in place a variety of new systems and processes to address concerns head-on. By the first quarter of 2016, patient volumes had jumped by 25 percent versus the same period a year earlier. Over the same time frame, patient experience scores increased by 6.5 percentage points. The financial impact was dramatic, with the urgent care centers finally turning a profit, erasing hundreds of thousands of dollars in annual losses.[18]

- Six years ago, in response to inconsistent, subpar patient experience scores (as compared to competing children's hospitals), **Dayton Children's Hospital** began a concerted effort to improve patient experience scores. The effort has been successful in boosting scores and in reducing variation across units and departments. These improvements, in turn, have led to a significant increase in patient volume. Operating in a market with no population growth, Dayton Children's has been gaining market share against its two competitors located approximately 60 miles away. Success has been driven primarily by convincing local residents to stop traveling to Cincinnati or Columbus for care.[19]

18 NRC Health, *Real-Time Feedback and Transparency Transform Urgent Care Centers* (case study), 2015. Available at https://nrchealth.com/wp-content/uploads/2017/05/Case-Study_Sentara-Medical-Group.pdf.

19 Interview with Deborah Feldman, CEO, Dayton Children's Hospital, July 24, 2019.

# Board and CEO Strategies for Improving Patient Experience

Hospital and health system boards and CEOs have critical roles to play in creating the right culture and environment, providing the right resources and infrastructure, and putting in place the right systems and processes necessary for their organizations to consistently provide a top-notch patient experience. This section lays out key strategies boards and CEOs can use to play those roles effectively.

## Strategy 1: Understand the Nuances and Implications of Measuring Patient Experience

Measuring patient experience is complicated. While boards and CEOs certainly have no need to dive into the details of various measurement systems and methodologies, they do need to understand some key lessons related to the nuances of patient experience measurement. This section provides a brief primer on the most important of these lessons.

### Trust the Validity of Surveys in Other Languages

For the most part, the CAHPS survey versions that are available in various languages tend to be valid and can be used without concern. For example, a study examining the English and Spanish versions of the CAHPS® Cultural Competence survey found that, while some measurement bias did exist, that bias did not meaningfully influence any conclusions drawn about the average experiences of patients completing the different versions of the survey.[20] A separate study of the Arabic version of HCAHPS found it to be valid and reliable, with good internal consistency; the study recommended its use in Arab countries.[21]

### Measurement at the Individual Physician Level Can Be Problematic

Evaluating individual physician performance often cannot be done accurately, due in large part to difficulties in getting adequate sample size to make the data reliable. For example, a study of 1,141 adult patients who visited 56 physicians at an academic family medicine practice in California found that widely used methods for measuring patient experience at the level of the individual doctor may not account sufficiently for important patient characteristics, and that accounting for these characteristics accurately may require sample sizes too large for most practices to obtain.[22]

### Your Organization May Be at a "Structural" Advantage or Disadvantage

Certain types of organizations may face structural advantages or disadvantages related to performing well on patient experience measures when compared to other institutions. Safety net hospitals and practices, large facilities, and general acute care hospitals (vis-à-vis specialty facilities) may be disadvantaged:

- **Safety-net hospitals and practices:** A 2014 study found that safety-net hospitals were more likely than other hospitals to be penalized under Medicare's VBP program due to poorer performance on process and patient experience measures.[23] A study of 3,096 hospitals found that safety-net institutions had lower performance on nearly all measures of patient experience, with the greatest differences being in overall hospital rating, the provision of discharge information, and physician communication. Safety-net hospitals also improved more slowly.[24]
- **Large facilities:** Hospital size tends to affect patient satisfaction scores, with larger hospitals generally being at a disadvantage compared to smaller ones. Ratings for hospital cleanliness, waiting times for getting help, and physician communication all tend to be lower in larger facilities. That said, nurse communication tends to be rated more highly in larger hospitals, perhaps because larger facilities are more likely to have achieved a Magnet nursing designation.[25] (More information on the relationship between nursing and patient satisfaction can be found later in this white paper.)
- **Non-specialty hospitals**: A study of 188 specialty hospitals and 4,368 general medical hospitals found that specialty hospitals had higher overall patient satisfaction scores. After adjusting for higher response rates with specialty facilities, the gap narrowed, but remained statistically significant, at 8.7 percentage

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20 A. C. Carle and R. Weech-Maldanado, "Does the Consumer Assessment of Healthcare Providers and Systems Cultural Competence Survey Provide Equivalent Measurement across English and Spanish Versions?," *Medical Care,* Vol. 50, No. 9 (Suppl 2) (September 20102); pp. S37–S41.

21 M. R. Alanazi, A. Alamry, and K. Al-Surimi, "Validation and Adaptation of the Hospital Consumer Assessment of Healthcare Providers and Systems in Arabic Context: Evidence from Saudi Arabia," *Journal of Infection and Public Health,* Vol. 10, No. 6 (Nov–Dec 2017); pp. 861–865.

22 J. J. Fenton, A. Jerant, and R. L. Kravitz, et al., "Reliability of Physician-Level Measures of Patient Experience in Primary Care," *Journal of General Internal Medicine*, Vol. 32, No. 12 (2017); pp. 1323–1329.

23 M. Gilman, E. K. Adams, and J. M. Hockenberry, et al., "Safety-Net Hospitals More Likely Than Other Hospitals to Fare Poorly Under Medicare's Value-Based Purchasing," *Health Affairs,* Vol. 34, No. 3 (2015); pp. 398–405.

24 P. Chatterjee, K. E. Joynt, E. J. Oray, and A. K. Jha, "Patient Experience in Safety-Net Hospitals: Implications for Improving Care and Value-Based Purchasing," *Archives of Internal Medicine,* Vol. 172, No. 16 (2012); pp. 1204–1210.

25 D. C. McFarland, M. J. Shen, P. Parker, S. Meyerson, and R. F. Holcombe, "Does Hospital Size Affect Patient Satisfaction?," *Quality Management in Health Care,* Vol. 26, No. 4 (Oct/Dec 2017); pp. 205–209.

points. Similar results were found for each of the major subdomains of patient satisfaction.[26]

- **For-profit facilities and hospitals in large metropolitan areas:** A study found that not-for-profit status tends to have a positive impact on patient experience scores, while safety-net status and being located in a large metropolitan area has a negative impact.[27] Another study found that hospitals in large urban areas reported worse experiences than their peers in small urban areas, small towns, and isolated rural areas reported, particularly with respect to access to care. Racial/ethnic differences typically did not vary by geography.[28] Yet another study of over 3,900 hospitals found that large hospital size and being a non-English-speaking patient were the biggest predictors of unfavorable HCAHPS scores, while patient education levels and being white were the biggest predictors of a favorable score. These findings persisted even after any adjustments made by CMS.[29] (See below for more information about non-English-speaking patients.)

### Structural Disadvantages Are Not an Excuse for Poor Performance

The leaders of organizations with structural disadvantages should, to the extent possible, make sure that key stakeholders (e.g., payers, consumers, policymakers) understand how their performance compares to that of similar institutions, so as to avoid being penalized for things beyond their control. At the same time, these leaders must also dig deep to consider how they can overcome structural disadvantages. For example, the leaders of very large hospitals should examine what it is about the size of their facility that makes life difficult for patients, such as challenges related to parking and wayfinding. This information can be used to address identified problems, such as putting in place better signage.

### Recognize Structural Advantages and Benchmark Accordingly

The leaders of organizations with structural advantages should understand those advantages and benchmark their performance accordingly. For example, because specialty facilities, including children's hospitals, tend to score better on patient satisfaction/experience, comparisons should be made to like institutions to get a true sense of how the organization is performing. For this reason, Dayton Children's Hospital benchmarks its performance against other children's hospitals, not general acute care facilities.[30]

### Pay Attention to Non-English-Speaking Patients and Racial/Ethnic Minorities

The research clearly shows that non-English speaking patients and racial and ethnic minorities are more likely than their white and English-speaking counterparts to rate their care negatively. For example:

- **Non-English-speaking patients**: A study of nearly 5.5 million patients discharged from over 4,500 hospitals in 2014-2015 found that patients whose preferred language was something other than English almost always reported worse patient experiences, with the biggest differences being in care coordination. Interestingly, these differences persisted within racial/ethnic groups, suggesting that the primary driver was related to language rather than race/ethnicity.[31]
- **Racial and ethnic minorities**: A review of 41 peer-reviewed studies found that racial and ethnic minorities generally rate their hospital experience more negatively than do non-minorities, perhaps due to language barriers with doctors and nurses.[32] A study of 904 pediatric patients found that the parents of minority children reported 30 percent to 50 percent lower satisfaction across questions related to interpersonal communication and cultural competency, and reported lower satisfaction with nursing care in general. The study concluded that hospitals need to invest in training and other interventions to reduce disparities in how minority patients and their families perceive pediatric care.[33] A separate study of home health agencies also found that minority groups tend to be less satisfied with home health services.[34] A study of over 270,000 adult Medicaid beneficiaries found that, compared to whites, American Indians/Alaska

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26 Z. K. Siddiqui, A. W. Wu, N. Kurbanova, and R. Qayyum, "Comparison of Hospital Consumer Assessment of Healthcare Providers and Systems Patient Satisfaction Scores for Specialty Hospitals and General Medical Hospitals: Confounding Effect of Survey Response Rate," *Journal of Hospital Medicine,* Vol. 9, No. 9 (September 2014); pp. 590–593.

27 O. Mazurenko, T. Collum, A. Ferdinand, and N. Menachemi, "Predictors of Hospital Patient Satisfaction as Measured by HCAHPS: A Systematic Review," *Journal of Healthcare Management,* Vol. 62, No. 4 (July/Aug 2017); pp. 272–283.

28 S. C. Martino, M. Mathews, and D. Agniel, et al., "National Racial/Ethnic and Geographic Disparities in Experience with Health Care among Adult Medicaid Beneficiaries," *Health Services Research,* Vol. 54 (2019); pp. 287–296.

29 D. C. McFarland, K. A. Ornstein, and R. F. Holcombe, "Demographic Factors and Hospital Size Predict Patient Satisfaction Variance: Implications for Hospital Value-Based Purchasing," *Journal of Hospital Medicine,* Vol. 10, No. 8 (August 2015); pp. 503–509.

30 Interview with Deborah Feldman, CEO, Dayton Children's Hospital, July 24, 2019.

31 D. D. Quigley, M. N. Elliott, and K. Hambarsoomian, et al., "Inpatient Care Experiences Differ by Preferred Language within Racial/Ethnic Groups," *Health Services Research,* Vol. 54 (2019); pp. 263–274.

32 Mazurenko, et al., July/August 2017.

33 N. Nagarajan, S. Rahman, and E. F. Boss, "Are There Racial Disparities in Family-Reported Experiences of Care in Inpatient Pediatrics?," *Clinical Pediatrics*, Vol. 56, No. 7 (2017); pp. 619–626.

34 L. M. Smith, W. L. Anderson, and A. Kenyon, et al., "Racial and Ethnic Disparities in Patients' Experience with Skilled Home Health Care Services," *Medical Care Research and Review*, Vol. 72, No. 6 (2015); pp. 756–774.

Natives and Asian/Pacific Islanders reported worse patient experiences, while black beneficiaries reported better experiences.[35]

## Strategy 2: Create a Culture Where Patient Experience Is a Top Priority

Hospitals and health systems will not consistently provide a good patient experience unless doing so is a top priority for the organization. In fact, a survey of 169 U.S. hospitals with a "top ranking" or "most improved" designation based on their December 2012 HCAHPS scores found that 77 percent reported that a commitment to the patient and family was a part of their culture and a key reason for their high performance.[36] In another survey, over half (53 percent) of patient experience officers noted that improving patient experience scores fell into the top-three list of priorities for the organization as a whole.[37]

Making patient experience a priority, moreover, is something that must come from the very top of the organization—the board and the C-suite. One of the most visible ways to signal the importance of patient experience is to incorporate it directly into the mission, vision, and value statements of the organization. This approach has been central to the success of several organizations, as illustrated below.

### Cleveland Clinic

In 2004, the new CEO heard the story of a former patient who decided not to seek care at The Cleveland Clinic (choosing Mayo Clinic instead) because he felt that Cleveland Clinic physicians were not empathetic. Taking that honest feedback to heart, the new CEO reflected on the statement, realized it was true, and then sought to change the culture of the organization. His initial actions were designed to send a strong signal to everyone in the organization about the importance of focusing on the patient experience. They included adopting a "patients first" philosophy as part of the mission/vision statement, hiring a C-suite-level chief experience officer (one of the first organizations in the nation to do so), and relabeling the organization's 43,000 employees as "caregivers" (even those who do not directly care for patients). Combined with a variety of front-line initiatives such as hourly nurse rounding and teaching physicians and caregivers how to communicate with (and apologize to) patients, these changes led to dramatic improvements in patient experience scores over a three-year period.[38]

### University of Utah Health System

Faced with rising complaints and mediocre HCAHPS scores, the University of Utah Health System began a seven-year journey in 2008 to change the culture of the organization to focus on patient experience. The first step was for the board and C-suite to call for new mission, vision, and values statements that incorporate the concepts of compassion, collaboration, innovation, responsibility, diversity, integrity, quality, and trust. The second step was to integrate these values into the hiring, retention, and promotion processes within the organization, with a focus on attracting and keeping physicians and staff capable of delivering an exceptional patient experience.[39]

### Dayton Children's Hospital

As part of the development of a new strategic plan known as *Destination 2020,* the board served as a driving force in focusing the organization on expanding its mission beyond serving 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 *Destination 2020.*[40]

### Cedars-Sinai Medical Center

Since Cedars-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 staff showing "respect and compassion" to patients. While most organizations use similar kinds of language, at Cedars-Sinai they are very much a part of the history and culture. All new employees spend a

35 Martino, et al., 2019.
36 Johns Hopkins Medicine, *Survey Reveals Best Practices That Lead to High Patient Ratings of Hospital Care* (press release), August 10, 2015.
37 Experience Innovation Network, *Experience Beyond Boundaries: The Next Generation CXO,* Vocera, 2015.
38 H. Larkin, "The Role of the Chief Experience Officer in Health Care, as Listener-in-Chief, Is Growing," *Hospitals and Health Networks*, American Hospital Association, November 1, 2012.
39 V. S. Lee, T. Miller, and C. Daniels, et al., "Creating the Exceptional Patient Experience in One Academic Health System," *Academic Medicine,* Vol. 91, No. 3 (March 2016); pp. 338–344.
40 Interview with Deborah Feldman, CEO, Dayton Children's Hospital, July 24, 2019.

significant part of their orientations learning about this history and culture.[41]

### Indiana University Health

IU Health's values highlight the importance of both listening to patients and family members and always showing them compassion. In 2016, IU Health took this a step further by developing a "promise" to patients to provide "the best care designed for you." This promise has provided further clarity about the importance of focusing on patient experience. It came out of wide-ranging discussions about how IU Health could distinguish itself from other organizations—discussions that explicitly rejected more traditional approaches that emphasize marketing, brand, and reputation. 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.[42]

## Strategy 3: Focus on Safety and Workforce Satisfaction and Engagement, Particularly Among Nurses

Positive patient experiences do not occur in a vacuum. Rather, they tend to occur in environments where staff members are highly engaged in their work and focused on providing safe, high-quality care. In fact, various analyses have found a positive relationship between three domains of safety culture—teamwork, adequate staffing, and organizational learning—and the likelihood of achieving top-box ratings on the nursing and global domains on the HCAHPS survey.[43] A study of 73 hospitals found a positive relationship between patient safety culture and patient experience. Specifically, hospitals where staff have more positive perceptions of the patient safety culture tend to have higher patient experience scores.[44] A similar study found correlations between three safety culture domains—teamwork, adequate staffing, and organizational learning—and patient experience scores.[45]

Similarly, high patient satisfaction scores tend to occur in facilities where nurses and other employees are highly satisfied. For example:

- **Nurse engagement (including Magnet status)**: A study of 40 nursing units across 20 hospitals found that patients who were cared for on units characterized by nurses as having adequate staff, good administrative support, and good relations between doctors and nurses were more than twice as likely as other patients to report high satisfaction with their care.[46] A study of over 2,000 hospitals found that having Magnet designation or being in the process of receiving such designation was associated with significantly higher scores on six of seven questions related to patient-reported satisfaction with care.[47] A separate study comparing a matched set of Magnet with and non-Magnet hospitals (212 of each) found that patients in Magnet facilities gave higher overall ratings, were more likely to recommend the hospital, and reported more positive care experiences with nurse communication.[48] Another study of 3,614 hospitals over a seven-year period showed positive associations between patient experience scores and both Magnet status and nurse staffing levels.[49]
- **Employee engagement**: Several studies have demonstrated a strong relationship between high employee engagement and higher quality and patient experience. In a Gallup study of 200 hospitals, the engagement level of nurses was found to be the number one variable correlating to mortality, and contributed significantly to an increase in HCAHPS scores.[50] The leaders of IU Health recognized this linkage and consequently have designated "team members" (i.e., employees) and patient experience as two of the organization's four foundational pillars.[51]
- **Physician engagement**: Interestingly, studies are mixed on the degree to which physician engagement is associated with a better patient experience.[52,53] That said, having a personal physician is important; for example, Medicare patients without a personal

41 Interview with Thomas Priselac, CEO, Cedars-Sinai Medical Center, July 17, 2019.
42 Interview with Michelle Janney, Executive Vice President and Chief Operating Officer, and Jennifer Baron, Executive Director for Experience Design, IU Health, August 8, 2019.
43 Abrahamson, et al., 2016.
44 Sorra, et al., 2014.
45 Abrahamson, et al., 2016.
46 D. C. Vahey, L. H. Aiken, D. M. Sloane, S. P. Clarke, D. Vargas, "Nurse Burnout and Patient Satisfaction," *Medical Care,* Vol. 42, No. 2 (Suppl) (February 2004); pp. II57–66.
47 S. A. Smith, "Magnet Hospitals: Higher Rates of Patient Satisfacton," *Policy, Politics, and Nursing Practice*, Vol. 15, No. 1–2 (February 2014); pp. 30–41.
48 A. W. Stimpfel, D. M. Sloane, M. D. McHugh, and L. H. Aiken, "Hospitals Known for Nursing Excellence Associated with Better Hospital Experience for Patients," *Health Services Research,* Vol. 51, No. 3 (June 2016); pp. 1120–1134.
49 J. Zhu, S. M. Dy, J. Wenzel, A. W. Wu, "Association of Magnet Status and Nurse Staffing with Improvements in Patient Experience with Hospital Care, 2008–2015," *Medical Care,* Vol. 56, No. 2 (February 2015); pp. 111–120.
50 Kevin Kruse, "The ROI of Employee Engagement in Hospitals," *Forbes,* February 26, 2015.
51 Interview with Michelle Janney, Executive Vice President and Chief Operating Officer, and Jennifer Baron, Executive Director for Experience Design, IU Health, August 8, 2019.
52 R. A. Scheepers, L. S. Lases, O. A. Arah, M. J. Heineman, and K. M. Lombarts, "Job Resources, Physician Work Engagement, and Patient Care Experience in an Academic Medical Setting," *Academic Medicine,* Vol. 92, No. 10 (October 2017); pp. 1472–1479.
53 M. Manary, R. Staelin, and K. Kosel, "Organizational Characteristics and Patient Experiences with Hospital Care: A Survey Study of Hospital Chief Patient Experience Officers," *American Journal of Medical Quality,* Vol. 30, No. 5 (2015); pp. 432–440.

physician report substantially poorer experiences on four key patient experience measures, even after adjusting for key demographic characteristics.[54]

Unfortunately, not all nurses and physicians are supportive of efforts to improve the patient experience. For example, a 2014 survey of chief patient experience officers at 143 VHA hospitals found that while most CEOs (81 percent) and boards (68 percent) viewed the patient experience as extremely important, in only a minority of institutions did nurses (34 percent) and physicians (15 percent) support such efforts. Not surprisingly, hospitals with more collaborative cultures had higher HCAHPS scores.[55]

## Example: Focusing on Employee and Physician Experience at Dayton Children's Hospital

**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.[56]**

## Strategy 4: Take Ownership over Patient Experience

It is important for boards and CEOs to "own" the issue of patient experience by talking about its importance regularly, modeling behaviors that they want others to follow, and holding everyone accountable for performance.[57] To that end, patient experience experts recommend that CEOs regularly participate in patient rounding, hold discussions with front-line employees, and otherwise spend time outside their offices on the front lines of care and service delivery.[58] Many forward-thinking boards take specific actions to make it clear how seriously the board and senior leaders take the issue of patient experience. These actions include structural changes to elevate the importance of patient experience in the organizational hierarchy and specific initiatives to keep patient experience issues "front and center" for both board members and CEOs, as outlined below.

### Action 1: Structural Changes to Elevate Importance of Patient Experience

Pioneering organizations make visible, structural changes to elevate the importance of patient experience within the organization. Examples include the following:

- **Direct line to CEO**: Many organizations elevate the importance of patient experience by having the patient experience officer report directly to the CEO. A survey of over 100 patient experience officers found that 40 percent report directly to the hospital CEO.[59]
- **Incentive compensation tied to patient experience:** The same survey highlighted above found that between 60 percent and 70 percent of C-suite executives and service and clinical line leaders have some incentive compensation tied to patient experience (although only half of physicians do).[60] Another survey showed similar results, with nearly half (48 percent) of clinical C-suite executives and 41 percent of non-clinical C-suite executives having some of their compensation tied to patient experience scores. The case study organizations profiled later in this white paper—Cedars-Sinai Medical Center, Dayton Children's Hospital, and IU Health—have all used incentive compensation as a catalyst for improving patient experience scores.
- **Dedicated resources:** Organizations are also elevating the importance of patient experience by putting more resources into it, with chief experience officers having an average of 31 people report to them in 2017, up from 19 just two years earlier.[61] For example, in 2016, IU Health 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. In addition to these 10 FTEs, IU Health has seven full-time regional experience design leaders—one for each of six geographic areas and an additional leader who covers retail sites statewide. The Executive Director of Experience Design has a matrix reporting relationship, with direct lines both to the Executive Director of Quality and Safety and the COO. Prior to 2016, an individual with somewhat similar responsibilities was part of the marketing department.[62]

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54 G. R. Martsolf, M. N. Elliott, and A. M. Haviland, et al., "Care Experiences among Medicare Beneficiaries with and without a Personal Physician," *Medical Care,* Vol. 56 (2018); pp. 329–336.
55 Manary, et al., 2015.
56 Interview with Deborah Feldman, CEO, Dayton Children's Hospital, July 24, 2019.
57 B. Wynne, "Who Owns the Patient Experience?," NRC Health Blog, April 9, 2019. Available at https://nrchealth.com/who-owns-the-patient-experience/
58 K. Stone, "Four Insights Every Hospital CEO Should Know About Patient Experience," The Beryl Institute, April 14, 2017.
59 S. Heath, "Patient Satisfaction Becomes Critical Concern for Hospital," *Patient Engagement HIT,* May 4, 2016.
60 *Ibid*.
61 Beckers Hospital Review, "7 Findings on Leadership in Patient Experience—Top Priorities, Challenges and More," May 9, 2017. Available at: https://www.beckershospitalreview.com/quality/7-findings-on-leadership-in-patient-experience-top-priorities-challenges-and-more.html.
62 Interview with Michelle Janney, Executive Vice President and Chief Operating Officer, and Jennifer Baron, Executive Director for Experience Design, IU Health, August 8, 2019.

- **Charging patient experience officer with oversight over related functions:** A 2017 survey found that many chief experience officers also oversee important related functions and processes, such as performance improvement (54 percent), quality improvement (53 percent), and compliments and complaints management (52 percent).[63]

### Action 2: Direct Board and CEO Involvement in Monitoring and Oversight

Boards and senior executives can also get directly involved in monitoring and overseeing patient experience through actions such as the following:

- **Setting high-level goals and tracking progress toward them:** Boards and senior leaders need to use data to set high-level goals for improvement and continually monitor progress toward them. At each of the case-study institutions featured at the end of this white paper, the boards and C-suite executives set specific performance improvement targets and then actively monitor progress toward them, typically with the CEO and a quality subcommittee of the full board taking the lead in reviewing progress on a regular basis. The board of IU Health, for example, decided to set a very aggressive goal for performance on system-wide NPS, aiming for the top decile of all health systems.[64] Setting goals but then failing to monitor progress toward them can lead to sub-optimal performance. For example, the boards of two acute care hospitals in England regularly received in-depth quantitative and qualitative feedback from patients on their experiences. Yet both used the information only to set targets for improvement and to inform development of strategies and initiatives to achieve those targets. Neither received the kind of feedback necessary to assess the effectiveness of the initiatives or otherwise assure the quality of services, which led to little or no actual improvement.[65]
- **Monitoring (and sometimes involvement in) specific projects**: In a survey, nearly half of patient experience officers noted that their board monitors specific patient experience projects, with 10 percent of boards being involved implementing those projects.[66] Getting boards actively involved helps to ensure that patient experience becomes a priority throughout the organization. For example, surveys and interviews with board members of Australian hospitals found that organizations with highly active boards tend to have initiatives to improve patient experience at multiple levels throughout the organization (from the boardroom to the bedside). By contrast, those with less active boards have a more *ad hoc* approach, with no clear path for scaling up or systematizing the patient experience effort.[67] (It is important to make sure that any board involvement in implementation of patient experience projects should be limited in scope and for a necessary purpose, to ensure that board members don't overstep the bounds of their role in governance.)
- **Regular "walkarounds"**: A survey of 169 U.S. hospitals with a "top ranking" or "most improved" designation based on their December 2012 HCAHPS scores found that 62 percent used leader rounds in which hospital executives visit patients and staff to check on concerns or issues they may have.[68] IU Health has used "empathy walks" to build awareness among board members about the importance of prioritizing the patient experience. In June 2018, the entire IU Health board went on an hour-long empathy walk. 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 more importantly the need to always understand the patient and family perspective. This walk created significant momentum for a renewed investment in the patient experience and served as a catalyst for the decision to set aggressive goals for improvement. A second empathy walk later took place at another facility, and IU Health plans to continue using them in the future.[69] Virginia Mason board members and senior executives also regularly participate in patient rounds.[70]
- **Patient stories at every board meeting**: At Virginia Mason Medical Center, the board asks a patient or family member to share his or her story at every board meeting. The board is particularly interested in hearing from those with negative experiences, as they feel this approach helps stimulate improvement.[71] Similarly, Methodist Hospital in Houston and IU Health begin

63 Becker's Hospital Review, May 9, 2017.
64 Interview with Michelle Janney, Executive Vice President and Chief Operating Officer, and Jennifer Baron, Executive Director for Experience Design, IU Health, August 8, 2019.
65 R. Lee, J. I. Baeza, and N. J. Fulop, "The Use of Patient Feedback by Hospital Boards of Directors: A Qualitative Study of Two NHS Hospitals in England," *BMJ Quality & Safety,* Vol. 27 (2018); pp. 103–109.
66 Heath, 2016.
67 M. Bismark, S. Biggar, and C. Crock, et al., "The Role of Governing Boards in Improving Patient Experience: Attitude and Activities of Health Service Boards in Victoria, Australia," *Patient Experience Journal,* Vol. 1, No. 1 (April 2014); pp. 144–52.
68 Johns Hopkins Medicine, "Survey Reveals Best Practices that Lead to High Patient Ratings of Hospital Care" (press release), August 10, 2015.
69 Interview with Michelle Janney, Executive Vice President and Chief Operating Officer, and Jennifer Baron, Executive Director for Experience Design, IU Health, August 8, 2019.
70 G. S. Kaplan, "How Your Board Can Improve the Patient Experience," *NEJM Catalyst,* July 13, 2016. Available at: https://catalyst.nejm.org/board-can-improve-patient-experience/.
71 *Ibid.*

every board meeting by relaying a recent account of a patient's experience.[72,73] Dayton Children's Hospital has a "mission moment" at every board meeting that features a positive patient story; the moment serves as a reminder of why the hospital exists in the first place.[74]

## Strategy 5: Consider Adoption of "Real-Time" Feedback Systems as Supplement to CAHPS

Hospital and health systems leaders should consider the use of "real-time" feedback systems designed to work as a supplement to mandatory HCAHPS surveys. For organizations that do not use HCAHPS (such as children's hospitals), real-time surveys can become the primary mechanism for getting feedback from patients and family members. Real-time systems tend to be short (10 questions or less), with patient contact occurring quickly (often within a day or two, when the experience is still fresh in the patient's mind), typically via interactive technology through phone, email, or text. Real-time feedback usually goes out to all patients rather than just a representative sample of them. Examples of organizations that have used this approach successfully include the following:

- **Dayton Children's Hospital**: After not getting much traction early in its efforts to improve patient experience, 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*, a real-time 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 real-time complaints to a customer service director who responds as quickly as possible.[75]
- **IU Health**: Patient experience department staff worked with NRC Health to create short, real-time surveys that provide quick, in-depth, and actionable feedback from patients. Since early 2018, the organization has collected more than 500,000 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 fields all required HCAHPS surveys.[76]
- **Sentara Medical Group**: Sentara Medical Group used real-time surveys to dramatically increase the amount of feedback it receives from patients, going from 400 completed surveys a year to over 14,000. This feedback helped the group identify key issues that had to be addressed, leading to the financial turnaround highlighted earlier in the report.[77]
- **Harris Health System**: Harris Health System in Houston used real-time surveys to boost response rates by over 600 percent in the first year, from roughly 24,000 to over 146,000. This valuable feedback served as a catalyst for a culture change within the system, which in turn has led to major process changes (e.g., pre-visit physician-nurse huddles) and associated improvements in clinical outcomes (e.g., diabetes testing rates).[78]
- **East Tennessee Children's Hospital**: East Tennessee Children's Hospital used real-time feedback to quickly generate a significant amount of valuable patient feedback that in turn allowed it to identify and address patient concerns.[79]
- **Phoenix Children's Hospital**: Phoenix Children's Hospital used real-time feedback to increase response rates by 58 percent and the overall number of responses by over 800 percent (since all patients—not just a sample—received surveys). The hospital used this feedback to implement changes that led to an 8.5 percent gain in patients' overall rating of providers.[80]

Real-time surveys can also be used to build and manage patient advisory panels in a cost-effective manner. These panels can then provide regular feedback on issues of importance to an organization. For example, Cleveland-based MetroHealth System built robust patient advisory panels by taking advantage of a feature whereby patients are asked about their potential interest in participating after completing the survey questions. The approach resulted in the recruitment of 1,800 patients for various panels in one month, something that previously required three years of effort (and considerably more expense) through the use of in-house resources.[81]

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72 J. I. Merlino and A. Raman, "Understanding the Drivers of the Patient Experience," *Harvard Business Review*. September 17, 2013. Available at: https://hbr.org/2013/09/understanding-the-drivers-of-the-patient-experience.
73 Interview with Michelle Janney, Executive Vice President and Chief Operating Officer, and Jennifer Baron, Executive Director for Experience Design, IU Health August 8, 2019.
74 Interview with Deborah Feldman, CEO, Dayton Children's Hospital, July 24, 2019.
75 *Ibid.*
76 Interview with Michelle Janney, Executive Vice President and Chief Operating Officer, and Jennifer Baron, Executive Director of Experience Design, IU Health, August 8, 2019.
77 NRC Health, *Real-Time Feedback and Transparency Transform Urgent Care Centers* (case study), 2015.
78 M. Zare, D. Riddle, and J. Hay, *Houston Health System Uses Real-Time Data for Improvement* (case study), NRC Health, April 16, 2018.
79 NRC Health, *East Tennessee Children's Hospital Discovers Hidden Improvement Opportunities using Real-Time Feedback* (case study), January 2018.
80 NRC Health, *Using Real-Time Feedback and Transparency for Radical Hospital Transformation* (case study), June 20, 2017.
81 NRC Health, *Building a Robust and Engaged Patient Community Panel at MetroHealth* (Webinar), March 21, 2019.

## The Benefits of Tracking Net Promoter Score®

**Net Promoter Score® (NPS)[82] is a simple, single, easy-to-calculate measure for tracking customer loyalty. The score is calculated based on the following question: *How likely would you be to recommend this facility to your family and friends?* The scale runs from 0 (not at all likely) to 10 (extremely likely). NPS® is calculated by taking the percentage of respondents who answer 9 or 10 (people deemed to be "promoters" of the health system) and subtracting those who answer between 0 and 6 (known as "detractors"). Widely accepted in other industries, NPS explains 20 percent to 60 percent of the variation in organic growth rates. NPS leaders typically outgrow their competitors by a factor greater than two.[83] Many organizations inside and outside of the healthcare industry have adopted NPS as their primary metric for gauging customer/patient experience, including two organizations featured as case studies in this white paper: Dayton Children's Hospital and IU Health.[84,85]**

**Real-time surveys that measure NPS can help in identifying and quickly intervening with unhappy patients and family members. For example, at the University of Missouri Health Care in Columbia, any patient who answers the likeliness-to-recommend question with a 6 or lower is immediately triaged to receive a follow-up call by a nurse manager or service line leader. Each call seeks to learn more about the experience and how the hospital can improve service, as well as to build connections with patients that lead to better care and greater levels of engagement.[86]**

**Use of real-time surveys that track NPS can also lead to better clinical outcomes. At the University of Missouri Health Care, leaders found that promoters have better clinical outcomes than detractors, suggesting that strategies to identify and intervene with detractors have the potential to boost quality of care. Specifically, over a six-month period, promoters had fewer readmissions (7.2 percent versus 11.9 percent), fewer return ED visits (5.2 percent versus 12.9 percent), and higher care compliance (68.2 percent versus 52.0 percent).[87]**

82 Net Promoter, Net Promoter System, Net Promoter Score, NPS, and the NPS-related emoticons are registered trademarks of Bain & Company, Inc., Fred Reichheld and Satmetrix Systems, Inc.
83 More information can be found at www.netpromotersystem.com/about/how-is-nps-related-to-growth.aspx.
84 Interview with Deborah Feldman, CEO, Dayton Children's Hospital, July 24, 2019.
85 Interview with Michelle Janney, Executive Vice President and Chief Operating Officer, and Jennifer Baron, Executive Director of Experience Design, IU Health, August 8, 2019.
86 S. Jackson, "Five Ways Successful Health Systems Reinvent Customer Relationships," *Becker's Hospital Review,* October 2017.
87 NRC Health, *How to Use NPS in Healthcare: A Primer from MU Health Care's CXO,* August 8, 2019. Available at: https://nrchealth.com/how-to-use-nps-in-healthcare-a-primer-from-mu-health-cares-cxo/.

# Case Studies of Top-Performing Hospitals

This section 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.

## 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*.[88]

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

- **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.

**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.