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From Signal to System: Experience Management Everywhere

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Executive Summary

Even the best organizations still struggle with access, workforce challenges, fragmented data, service failures, and competing priorities. Excellence does not mean those problems disappear.

What's different is how high-performing organizations move from signal to system—from knowing something to doing something—and build processes that are integral to how the organization does its work every day.

For this nSight, NRC Health compared 41 organizations, identified through strong patient-experience performance with 335 other partners. Across several different variables and samples, the clearest patterns of success weren't based on factors like broader platform access and usage, but rather a greater tendency to turn feedback into distributed action and repeatable workflows.

NRC Health also looked for patterns in what these organizations explicitly say they're trying to accomplish, the problems they're trying to solve, and, most importantly, what distinguishable things they do to drive excellence.

Our analysis revealed five interconnected dimensions of effective experience management which together form the foundation of what we're calling **Experience Management Everywhere**.

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Key Findings

- **ALIGN:** High-performing organizations were more likely to prioritize trust, loyalty, Human Understanding, and communication in their documented goals **(49% vs. 26%)** and have more documented executive-level engagement with their NRC Health account teams **(88% vs. 36%)**.
- **LISTEN:** High-performing organizations were more likely to extend beyond traditional patient-experience surveys to measures of consumer experience **(47% vs. 25%)**, board efficacy **(29% vs. 18%)**, online reputation **(70% vs. 51%)**, and targeted community research **(27% vs. 5%)**.
- **ACT:** High-performing organizations were more likely to close service alerts **(98% vs. 80%)**. They also closed more alerts per active user **(2.01 vs. 0.63)**, with more users participating in resolution **(21.4% vs. 12.5%)**.
- **BUILD:** **85%** of high-performing organizations delivered feedback directly to clinicians via clinician-summary subscriptions, compared with **57%** of other organizations. The median clinician-summary subscriptions per active user was **2.41 vs. 0.36**.
- **EVOLVE:** High-performing organizations were more likely to participate in co-design, testing, and shaping new capabilities, offering concrete examples of experimentation and willingness to drive change.

Note: The dimensions listed above should be understood as an organizing, interconnected framework for observed differences, not as a tested maturity sequence.

From Signal to System: Experience Management Everywhere

Experience Management Everywhere (EME) is an organization-wide commitment to understanding people and drawing upon that understanding to make care better. As such, it cannot live in a single department, and it's not the responsibility of a single team. It requires people throughout the organization to understand what matters, recognize when something needs attention, and have the means to do something about it.

Our analysis doesn't measure every aspect of the EME framework. Instead, it offers specific examples of how high-performing organizations appear to put parts of these responsibilities into practice.

	WHAT OUR ANALYSIS ILLUSTRATES	WHAT IT SHOULD MEAN ORGANIZATIONALLY
ALIGN	High-performing organizations more often explicitly name increasing trust, listening, and Human Understanding in their documented system goals (49% vs. 26%). They are also more likely to have engaged executives (88% vs 36%).	Everyone understands what the organization is trying to accomplish, why it matters, and how their work contributes. Senior leaders provide direction, resources, and accountability.
LISTEN	High-performing organizations have a broader listening footprint beyond PX through Consumer Experience, Board Governance, Online Reputation Management, and Community Insights.	Listening happens throughout the organization, across the entire relationship with patients, families, employees, and communities. Feedback informs decisions at every level.
ACT	High-performing organizations have more alerts closed per active user (2.01 vs. 0.63), with more people participating in resolution (21.4% vs. 12.5%).	People have the authority, resources, and responsibility to respond to what they learn, whether that means resolving an immediate concern or changing a larger process.
BUILD	High-performing organizations make greater use of clinician-summary subscriptions (85% vs. 57%), suggesting more systematic distribution of feedback.	The organization makes experience management part of everyday work through workflows, communication, training, accountability, recognition, and reinforcement.
EVOLVE	High-performing organizations participate in beta testing, pilots, product development, and experimentation, offering examples of willingness to change.	The organization continually evaluates what works, adapts its practices, develops its people, and remains willing to challenge its established ways of working.

Values represent organization-level medians or percentages among organizations with the relevant data. Sample sizes and definitions appear in *About This Data*.

EME Framework
(Experience Management Everywhere)



These responsibilities are interconnected, and organizations may enter this framework from different points. Listening may reveal a problem that requires new alignment. Action may expose a workflow issue that requires building a new process. What an organization learns may evolve how it listens.

ALIGN: What Are You Trying to Accomplish?

High-performing organizations set goals that include many of the same priorities most other healthcare organizations have: access, safety and quality, workforce stability, HCAHPS, service recovery, and growth.

But high performers are far more likely to name higher trust, communication/listening, and Human Understanding as explicit destinations. Of the organizations with documented, codable goals, 49% of high-performing organizations referenced goals related to known key drivers of patient loyalty, compared with 26% of other organizations.

Leadership engagement may be another distinguishing characteristic. Nearly 88% of high-performing organizations had documented C-suite interactions with their NRC Health account team, compared with 36% of other organizations. While this may partly reflect differences in account documentation, it suggests that high-performing organizations are more likely to have engaged executive involvement in their experience-management efforts.

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Simply naming an outcome or having an executive take a meeting does not automatically create alignment. But high performers appeared more likely to have engaged leaders working to connect day-to-day activities with a clearly articulated improvement goal.

As an example, rounding itself is something leaders and staff do; trust is something they can create *by* rounding. Explicit alignment between the two can make the connection clearer and give stakeholders something to rally behind.



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LISTEN: Whose Voices Are You Missing?

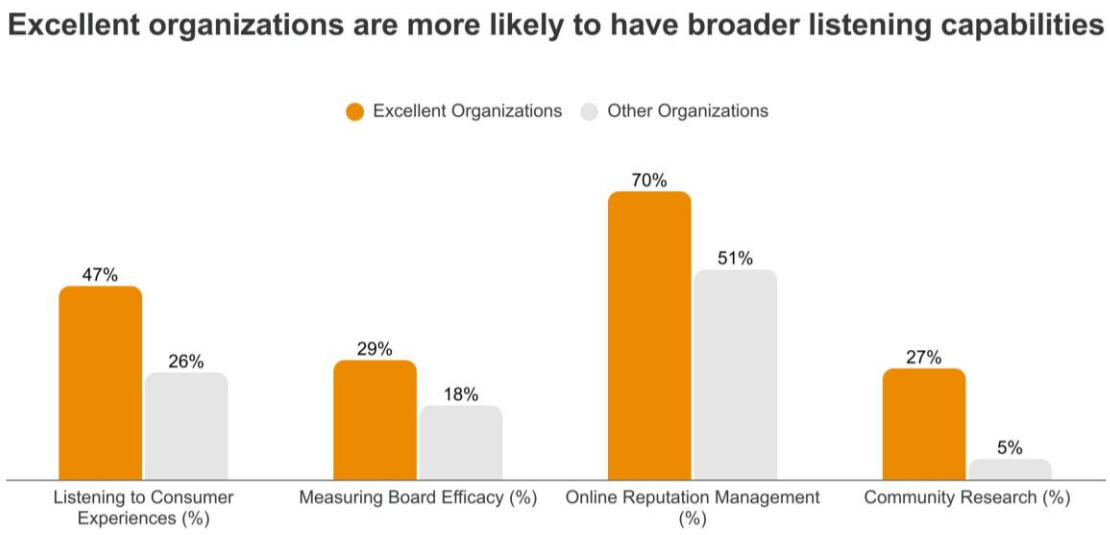
More than sending out surveys and compiling data, listening means paying attention to what patients experience before, during, and after care; what employees see every day; what consumers expect before they decide where to go; and what community members think about your organization.

High-performing organizations had a wider breadth of available listening capabilities, indicating that they were more likely to listen to consumer experiences (47% vs. 26%), measure board efficacy (29% vs. 18%), and manage their reputation online (70% vs. 51%).

NRC Health also found that 27% of high performers go beyond traditional PX measurements to gather data and insights from their communities through targeted research, compared with just 5% of other organizations.

One organization wanted to use "data and stories to listen more widely to their patients." Others described efforts to understand community perception, external market position, brand health, and trust.

While a post-visit survey can reveal a lot about an encounter, it might tell you nothing about what shapes a person's perception of an organization before and after care. High-performing organizations are more likely to have listening capabilities that extend beyond the four walls of the care setting (and beyond just patients).



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ACT: What Happens After You Learn Something?

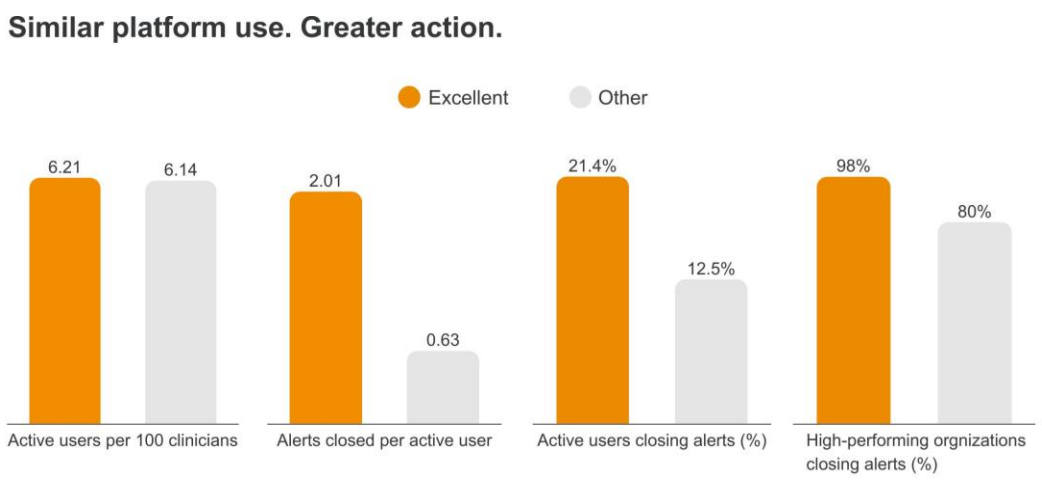
Action can mean many things, from addressing a concern at the bedside to fixing a recurring scheduling problem, improving communication, changing a process that repeatedly frustrates patients, or following up with patients when their care goes wrong.

High performers were more likely to close service alerts (98% vs. 80%) and closed 2.01 service alerts per active user compared with 0.63 among other organizations—more than three times as many. And the work was more widely distributed: 21.4% of active users participated in closing alerts, compared with 12.5% elsewhere.

This was achieved while platform participation was almost identical (at 6.2 vs. 6.1 active users per 100 clinicians), which means the difference is not in how many people access data, but in what users do with it.

Customer notes echoed this point. One organization wanted to move “from reactive to proactive service recovery.” Another emphasized “accountability and follow-through,” so improvement efforts wouldn’t stall between survey cycles.

Alert closure is just one form of action, and closing an alert doesn’t indicate that an underlying issue was resolved. Still, the distinction is difficult to ignore. The groups looked similar when NRC Health measured who accessed the data. They looked substantially different when documented follow-through was measured.



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What Excellence Is Not

Some of the most useful findings came from places where the groups didn't differ. High-performing organizations didn’t have meaningfully greater platform reach, nor did they simply have more adopted capabilities or more platform activity.

Similarly, normalized rounding volumes didn’t consistently highlight high-performing organizations. NRC Health research has shown that *the quality rounds may matter more* than their number.

Moreover, after accounting for available positive-comment volumes, the data showed that high-performing organizations *do* send more patient compliments to their employees (that’s a good thing), but the relationship to NPS® was messy when accounting for comment volumes, which requires more research.

Ultimately, these findings argue against a simple story that “more is better.” High-performing organizations weren’t just doing more things. The strongest differences between groups appeared in behaviors that purposefully moved actionable feedback through the organization toward channels of response and follow-through, often in connection with explicit system goals.

BUILD: Is Experience Management Part of the Daily Work?

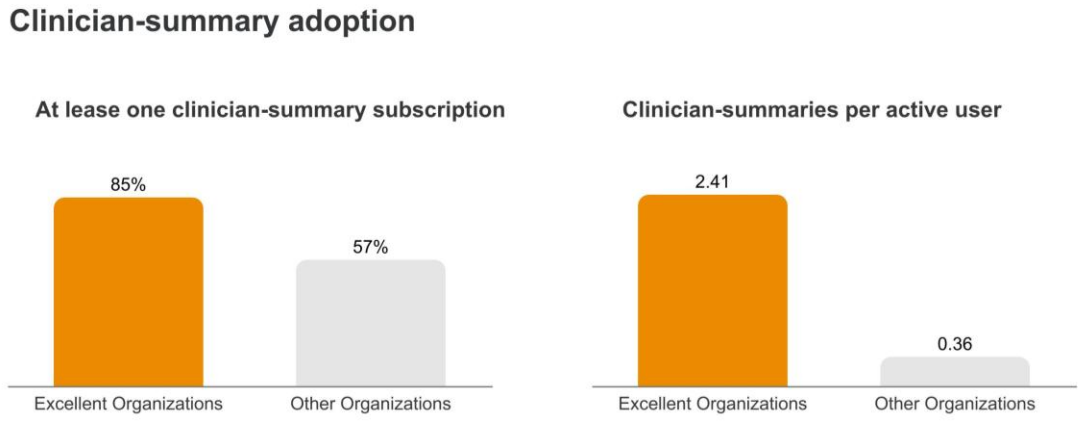
To be successful, an organization cannot depend on a handful of motivated people remembering to check dashboards, raise concerns, or share what they learn.

To BUILD means creating the conditions for experience management to happen every day. Those conditions include clear responsibilities, staff development, communication, accountability, recognition, and leaders who remove obstacles instead of simply demanding better scores.

For example, 85% of high-performing organizations had at least one clinician-summary subscription compared with 57% for other organizations. This means that successful organizations are more likely to build processes that get feedback directly to clinicians. Typical high-performing organizations had 2.41 clinician-summaries per active user, versus 0.36 elsewhere.

Customer notes described efforts to build processes that make performance easier for leaders and employees to understand, put provider results onto scorecards, expand report subscriptions, and recognize teams for their good work.

A report subscription is an example and does not tell us whether someone opened the summary or changed their behavior because of it. What it does tell us is that feedback is configured organizationally to travel toward the people who can act on it. That is the shift in mindset that NRC Health sees: from having scattered pockets of disjointed information to building and supporting *listening and action* into the flow of daily work.



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EVOLVE: Are You Willing to Change?

Willingness to adapt may be one of the most important characteristics of any effective organization. In healthcare, that might mean redesigning a care process, changing how teams communicate, reconsidering a long-established practice, or finding better ways to attract, retain, and care for patients. Sometimes it means helping to develop something completely new.

Adaptability is difficult to measure directly. Instead, NRC Health looked for observable examples of organizations testing new ideas, experimenting with different approaches, and using what they learned to inform future decisions.

For example, although high performers made up just 11% of our sample, they accounted for 61% of co-design participants. Successful organizations were more likely to participate in the design and testing of NRC Health products such as nQuire Pro, Improvement Navigator, and

nGage. These organizations chose to devote staff time and resources to testing developing technologies, providing feedback, and helping improve the tools they use.

Customer notes described additional examples: piloting new approaches to rounding, exploring AI and digital tools, using learning communities to help facilities apply their data, and weighing pilot expansion against results and organizational readiness.

Innovation doesn't mean chasing every new technology, nor does being an early adopter make an organization a high performer. What an organization learns should simply have the potential to improve what it does operationally. That is the open-minded perspective that allows learning to influence the way high-performing care is delivered.

Five things healthcare leaders can do right now:

1. **Connect initiatives to outcomes.**
   If trust is the goal, make sure everyone, from the boardroom to the bedside, understands how their work contributes. Give staff the resources and authority to act, not just another target.
2. **Check your blind spots.**
   Look beyond PX. Consider the perspectives of families, employees, consumers, and communities, including what they tell you in their comment data.
3. **Measure the distance from insight to action.**
   Decide who takes responsibility whether concerns are addressed, how quickly action occurs, and whether underlying problems get resolved.
4. **Make experience everyone's work.**
   Put useful information into existing workflows. Support people with training, clear accountability, recognition, and time to do the work well.
5. **Make learning part of the system.**
   Test new approaches when the evidence warrants it. Keep what works, change what doesn't, and use what you learn to improve the next experience.

Excellence isn't simply about measuring more things, building more dashboards, or chasing new technologies. It's about whether acquired knowledge about patients, employees, consumers, markets, and communities actually changes how an organization works.

And getting data isn't the hard part anymore. The hard part is turning *what you know* into *what you do*—and, ultimately making that part of *who you are*.

About This Data

This analysis drew on information from 376 NRC Health partner organizations, combining patient-experience data, platform usage, service-recovery activity, feedback subscriptions, Salesforce product and account information, organizational goals, account notes, and rounding activity. NRC Health classified 41 organizations as high performing.

High-performing organizations: Top performers were defined as either award winners or organizations with more than 10,000 survey responses in at least four major service lines (outpatient, inpatient, emergency, and medical practice) and a system-wide LTR score either above 90% for organizations with fewer than 30 facilities, or an LTR score above 85% for those with more than 30 facilities.

Because some high-performing organizations were larger, NRC Health normalized activity measures where appropriate by number of active users, number of clinicians, number of survey responses, or available comment volume data. Organization-level medians were used to describe the typical organization, with pooled comparisons and alternative denominators providing additional checks. Platform data covered a rolling 12-week period through September 18, 2026.

Sample sizes vary by data source and measure. Salesforce analyses incorporated expanded account data, including documented organizational goals, product contracts, executive engagement, and operational priorities. Missing information was not interpreted as evidence that an organization lacked a capability or practice. Qualitative themes were coded using consistent criteria, including a distinction of patient trust and loyalty goals from references to trust in NRC Health's data or services.

Statistical comparisons were exploratory and used nonparametric or categorical tests where appropriate. This observational analysis identifies differences associated with high-performing organizations, not evidence of causation. Salesforce documentation is not a standardized research instrument, and rounding comparisons were considered exploratory because organizational coverage and denominators were not always equivalent.

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