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The State of
PATIENT EXPERIENCE
2017

Prepared in partnership with



Purpose & Methodology

- The overall purpose of this study was to determine what healthcare organizations are doing to **improve the Patient Experience (PX) across the continuum of care.**
- The Beryl Institute and Catalyst Healthcare Research collaborated on this important research initiative
- Online survey: Approximately 40 questions
- Survey period: Jan. 5 – Feb. 5, 2017

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Respondent Profile

- 1644 Total Respondents
 - US Hospitals : 944
 - Non-US Hospitals : 246
 - LTC : 64
 - Practices : 106
- 49 US states + DC represented in this study
- 26 Countries represented covering 6 continents
 - Top 5 outside US included Canada, United Kingdom, Australia, Brazil and S
- 36% of respondents were directors or managers
 - 17% were nurses, physicians, or other clinical team members
 - 11% were C-suite members or other senior leadership



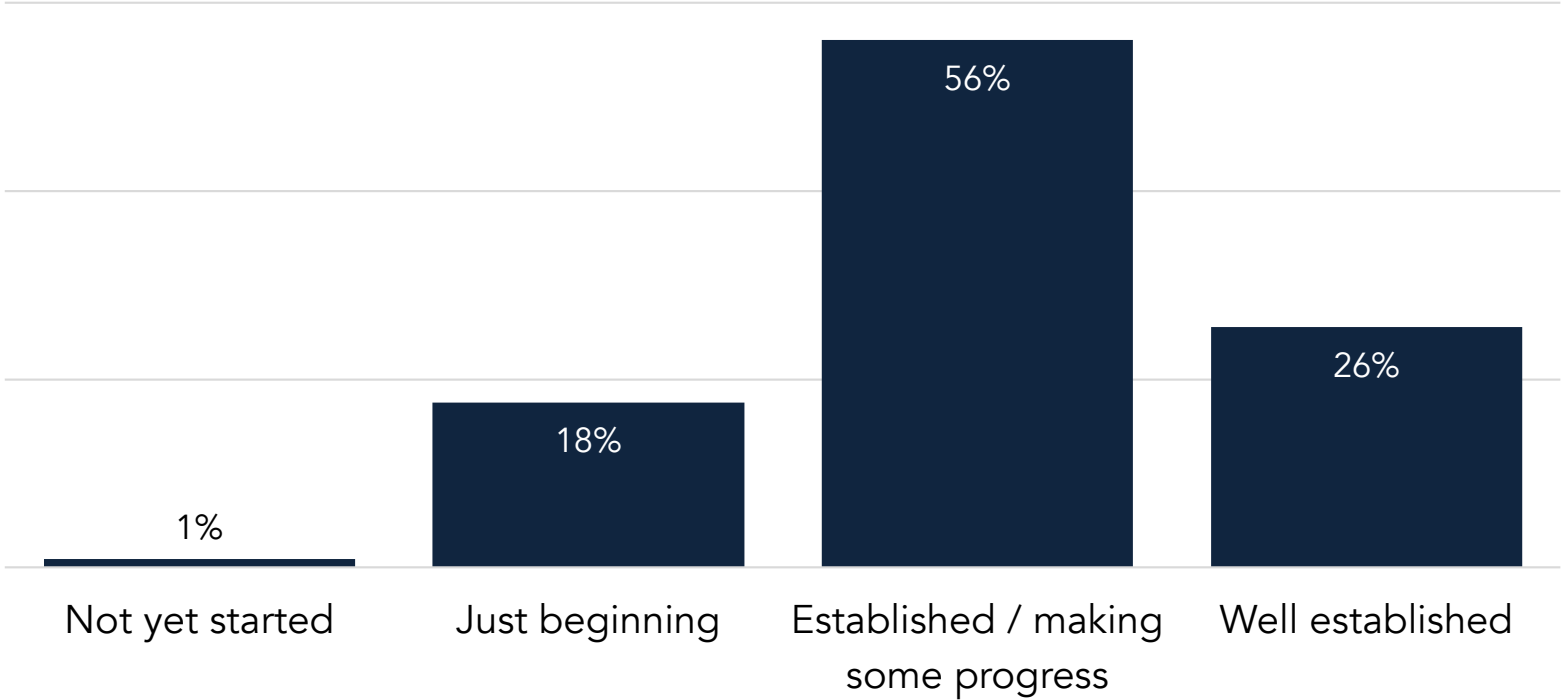
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STAGES & PRIORITIES

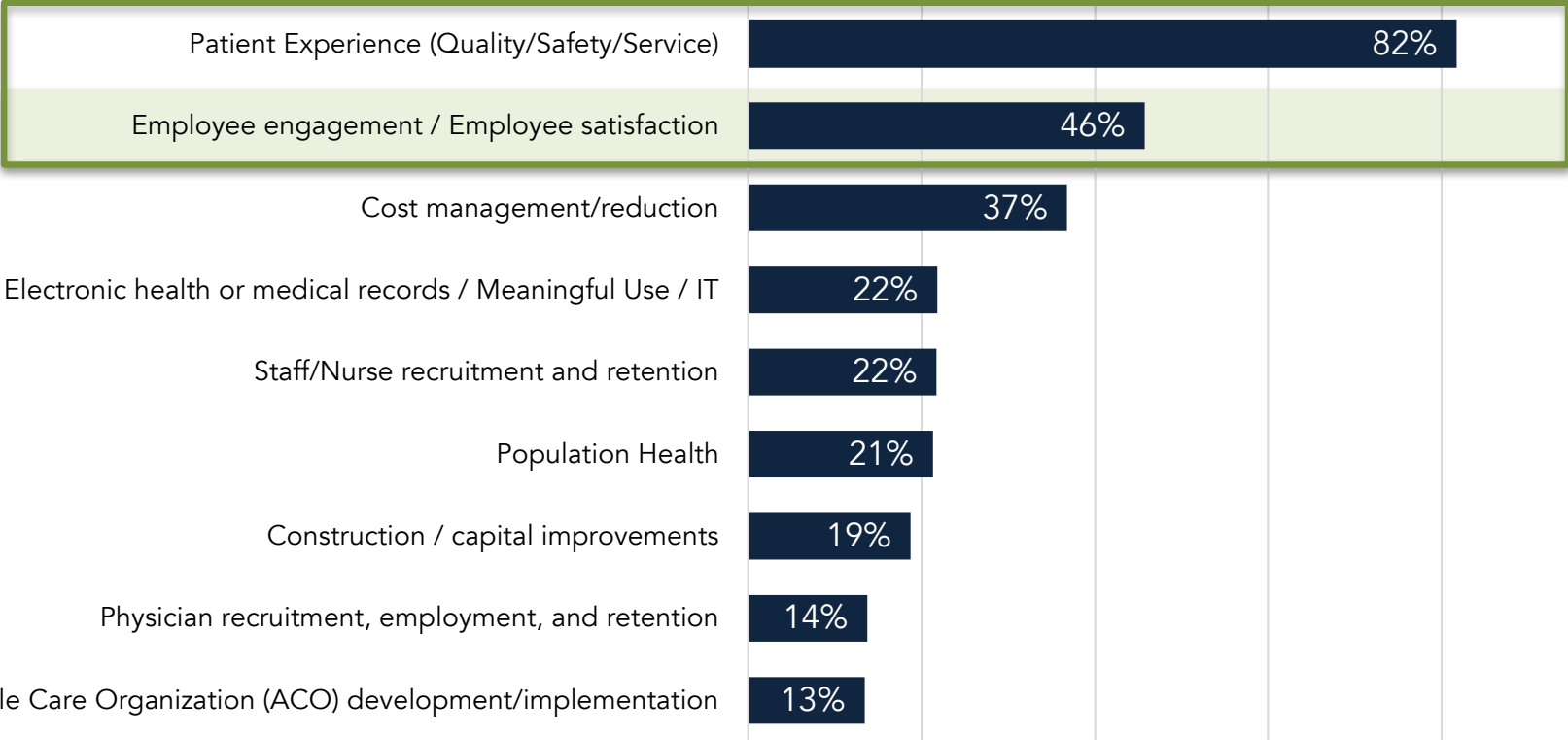
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The focus on PX is growing



■ All segments

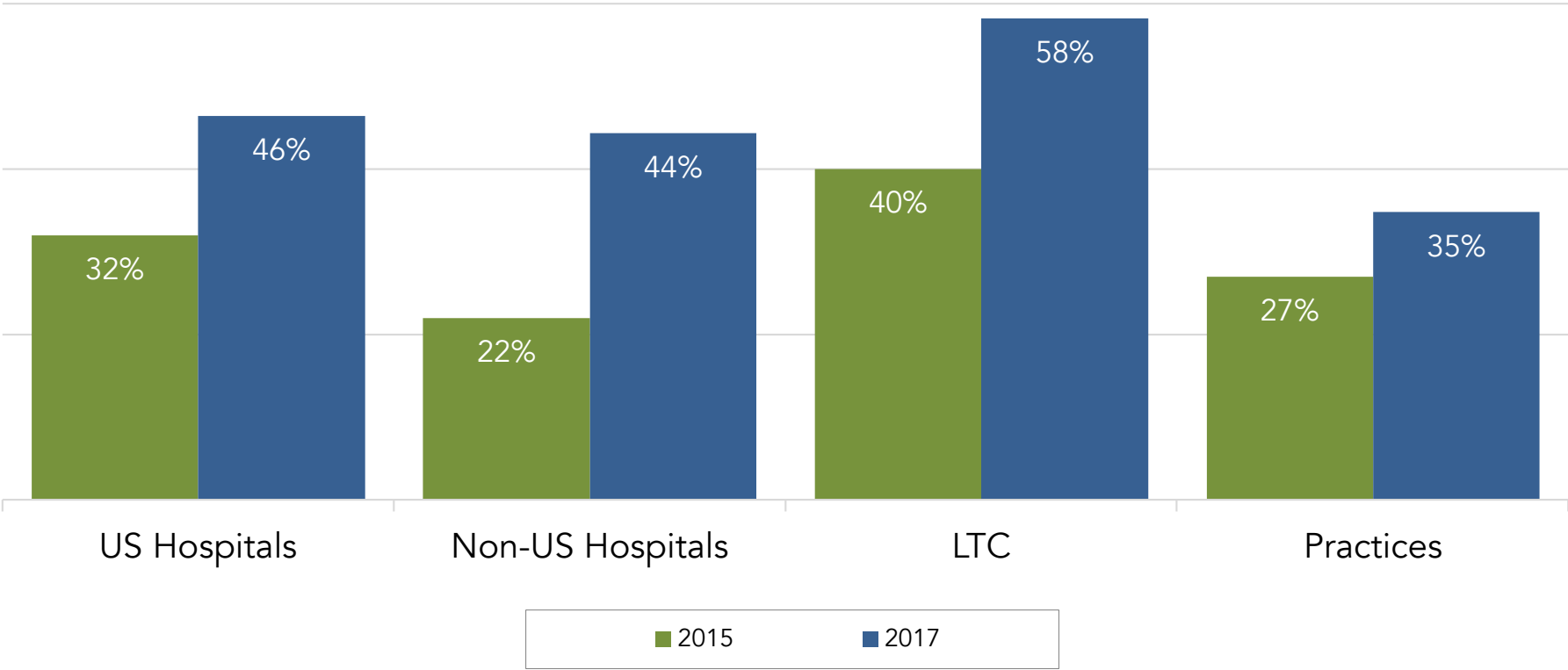
PX remains top focus, engagement leaps forward



■ All segments

Q: To understand where organizations are focusing their activities, efforts and actions, please review the items listed below and identify what you believe will be your organization's TOP 3 priorities for the next 3 years. Please select only the top three priorities. (n=1242)

Employee engagement fastest growing priority



Q: To understand where organizations are focusing their activities, efforts and actions, please review the items listed below and identify what you believe will be your organization's TOP 3 priorities for the next 3 years. Please select only the top three priorities. (n=1242)

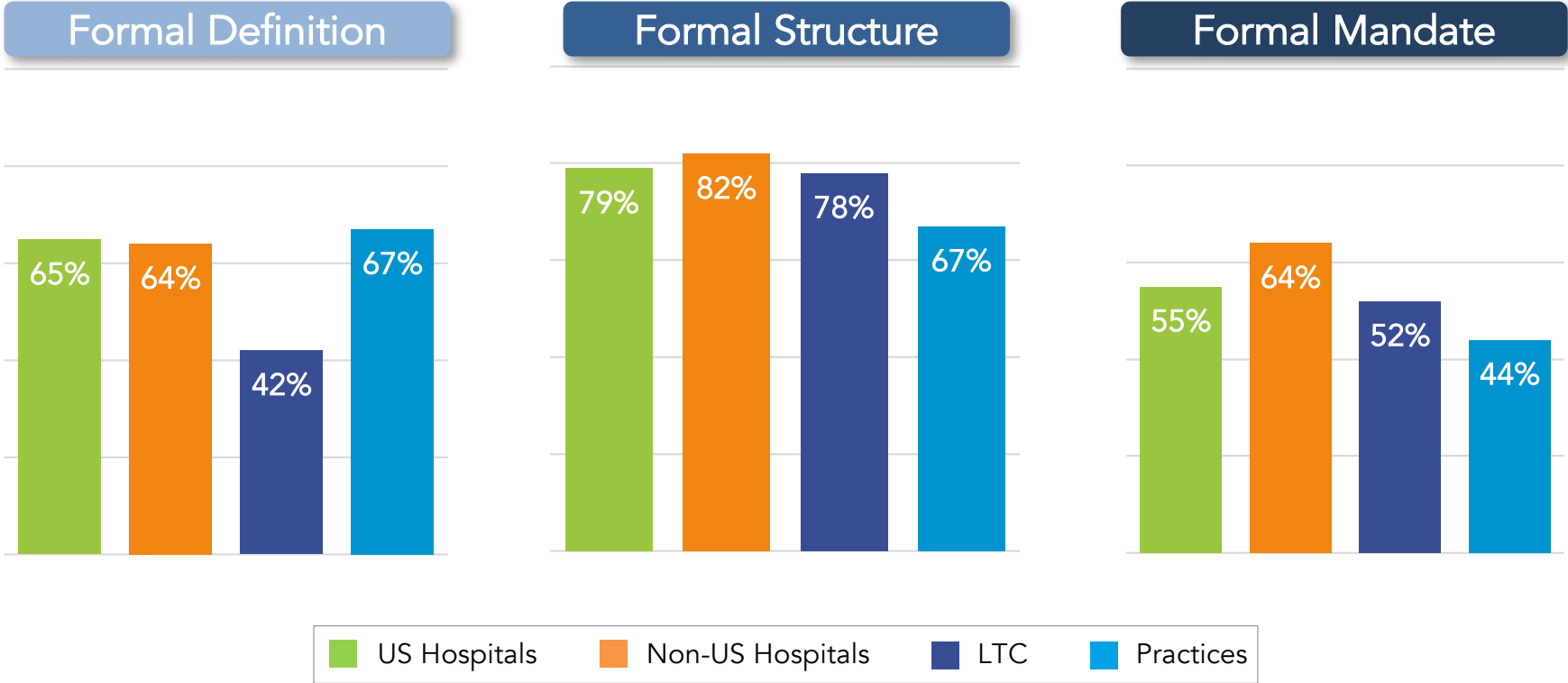
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DEFINING PATIENT EXPERIENCE

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Focus now on intention versus mandate



2017

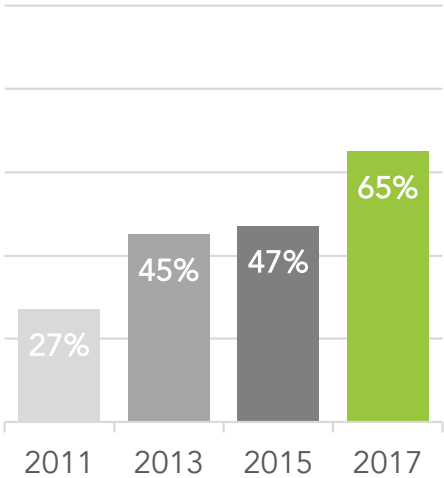
Q: Does your organization have a formal definition of "Patient and/or Resident Experience"? (n=888)

Q: Does your organization have a formal organizational structure to ensure specific actions are being taken to improve Patient Experience? (n=798)

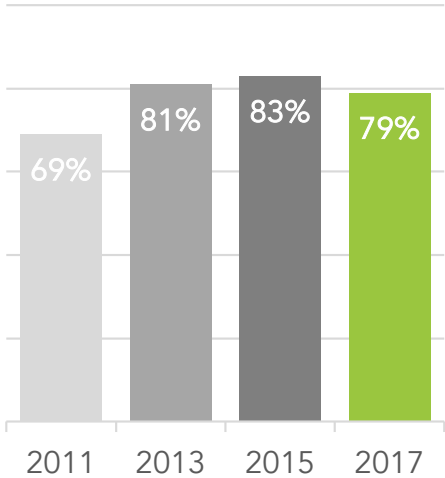
Q: Does your organization's Patient Experience effort have a formal mandate or mission? (n=819)

US Hospitals: Growth in Formal Definition

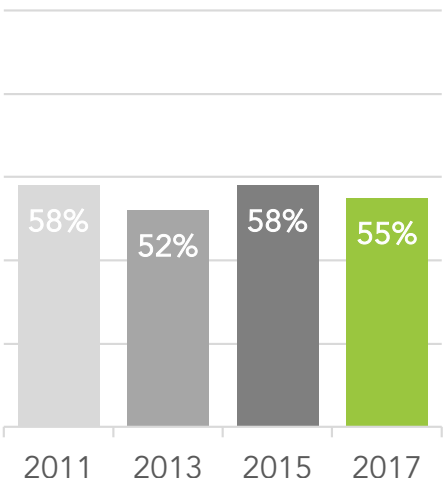
Formal Definition



Formal Structure



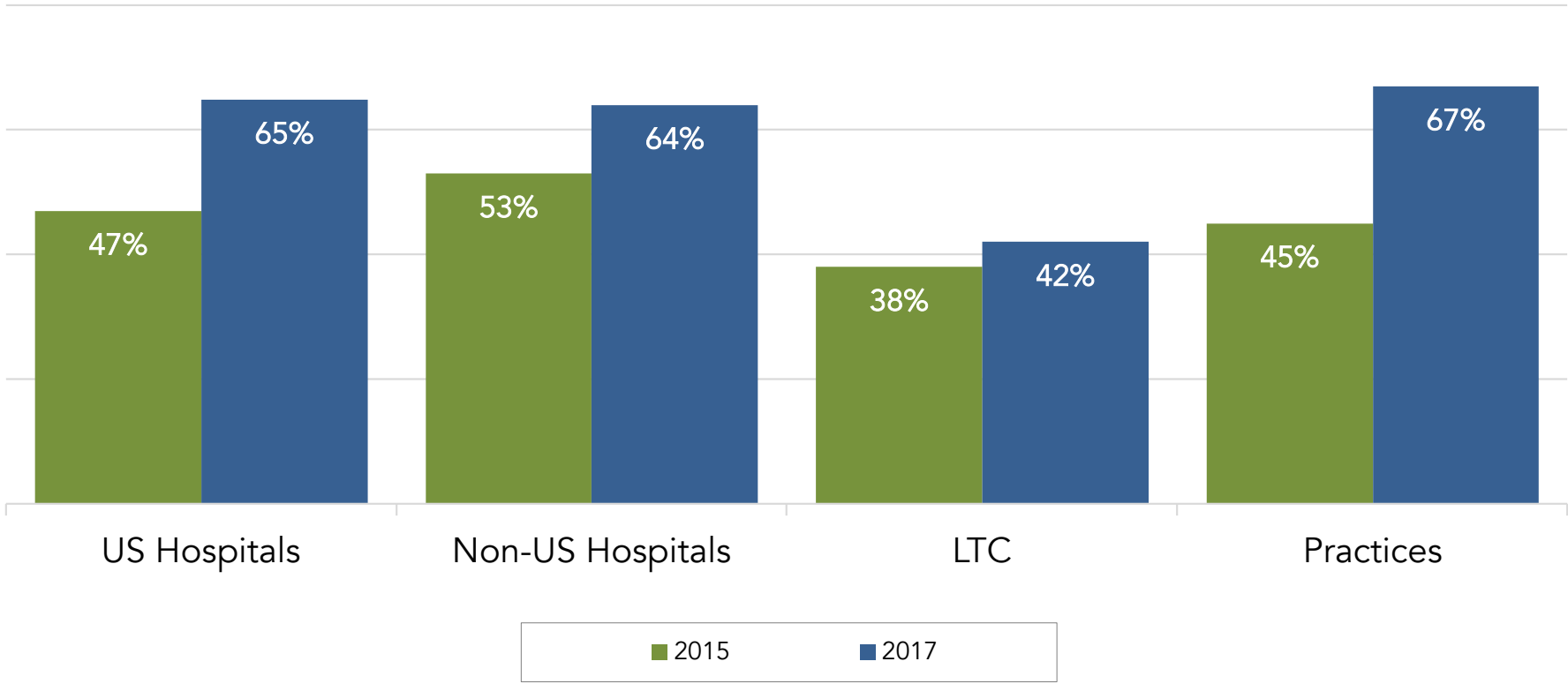
Formal Mandate



US Hospitals/Systems

Q: Does your organization have a formal definition of "Patient and/or Resident Experience"? (n=888)
 Q: Does your organization have a formal organizational structure to ensure specific actions are being taken to improve Patient Experience? (n=798)
 Q: Does your organization's Patient Experience effort have a formal mandate or mission? (n=819)

Definition of PX on the rise across continuum



The Beryl Institute's definition remains most cited

The sum of all **interactions**, shaped by an organization's **culture**, that influence patient **perceptions** across the **continuum** of care.

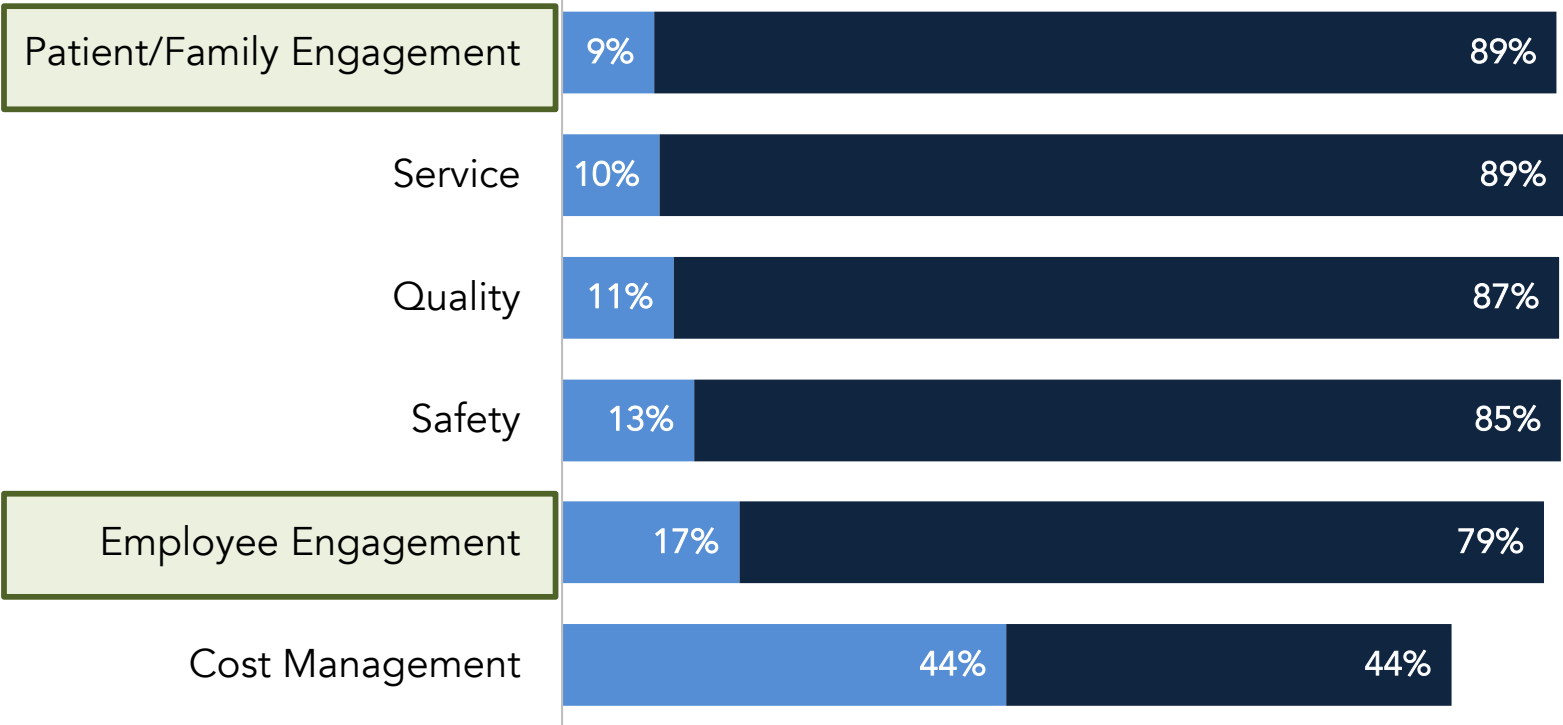
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■ All segments

An Integrated Perspective



Integrated view of PX supported AND expanded



■ Somewhat ■ To a great extent

■ All segments

An Expanded Perspective



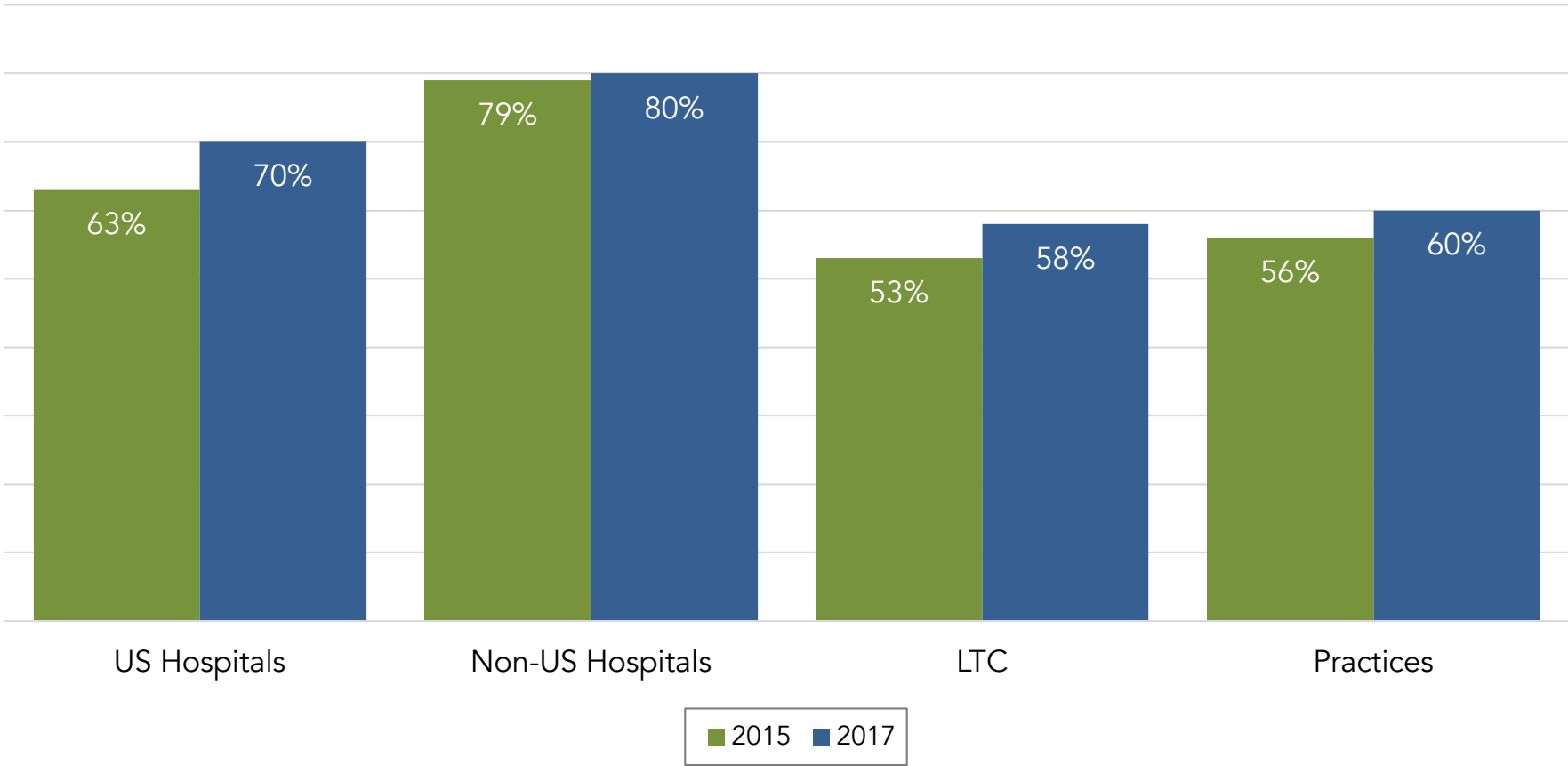
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PX LEADERSHIP & STRUCTURE

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PX leaders on the rise



Q: Does your organization currently have a specified senior-level leader(s) role with primary responsibility and direct accountability for addressing Patient Experience; i.e., a chief experience officer or equivalent? (n=1048)

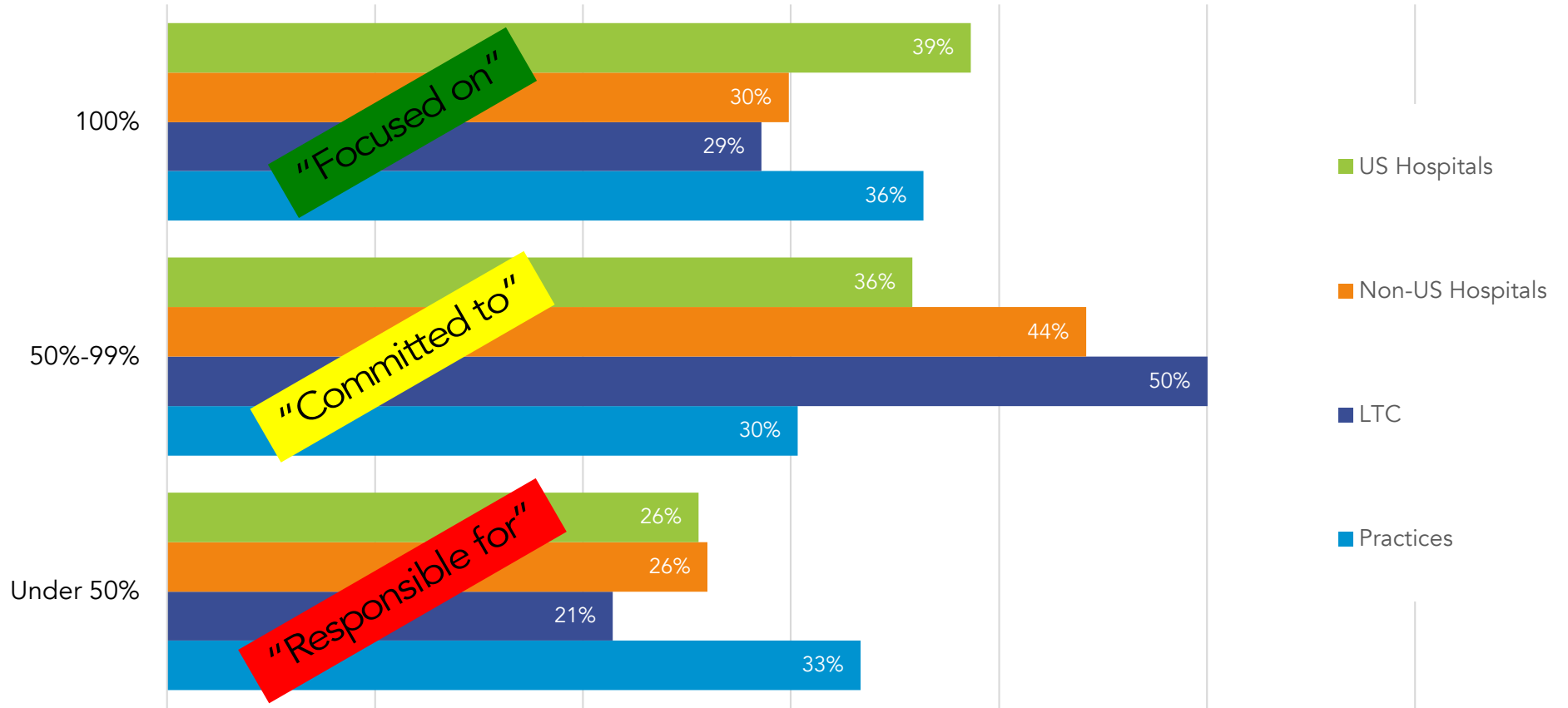
Senior PX leader role is growing

TITLE	2013	2015	2017
Experience Officer (CXO, Director, Manager, etc.)	22%	42%	58%
Chief Nursing Officer (or equivalent)	14%	15%	11%
Chief Executive Officer/Administrator/Executive Director	8%	4%	10%
Committee, Team, Work Group, or Multidisciplinary team	26%	14%	6%
Chief Operating Officer (or equivalent)	3%	4%	5%
Individual Doctor, Nurse, or other Clinical Staff member	3%	3%	2%
No one in particular	1%	3%	0%

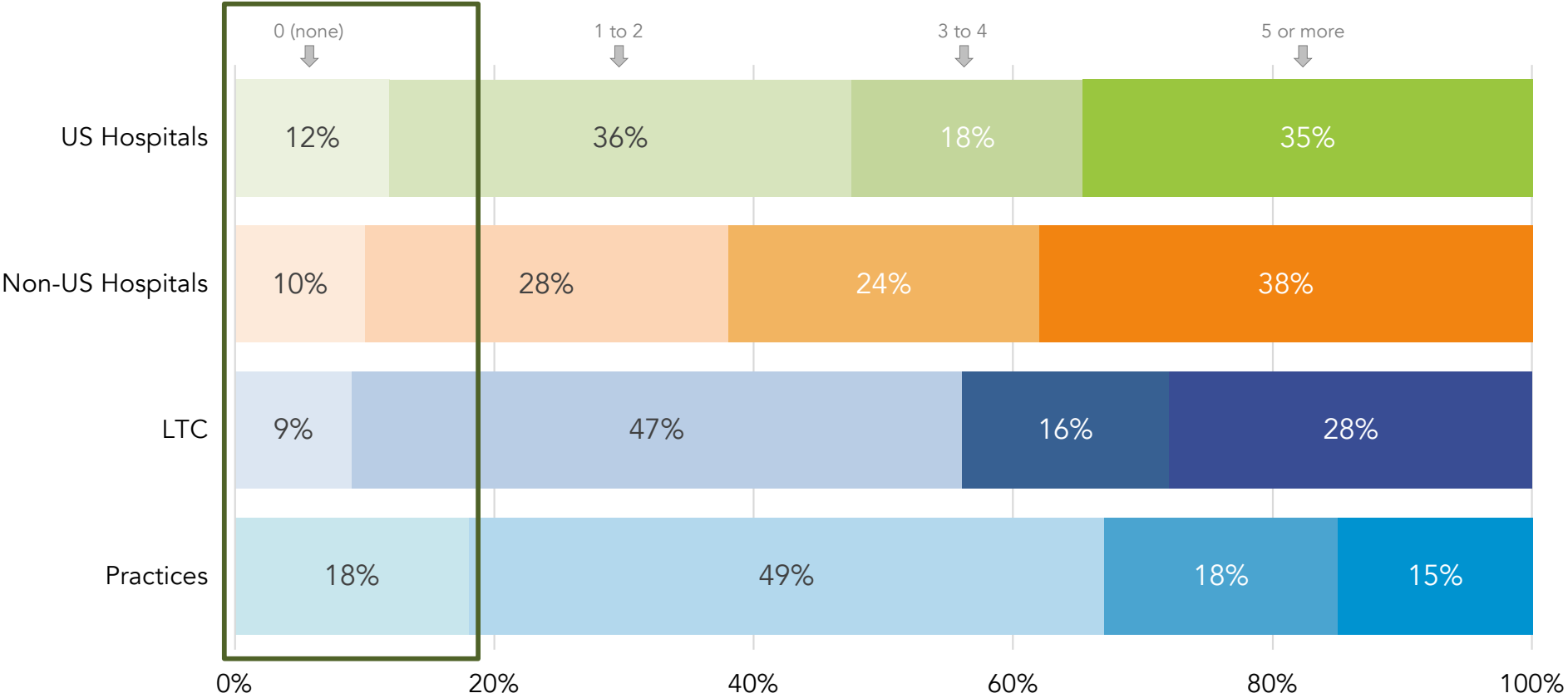


US Hospitals Only

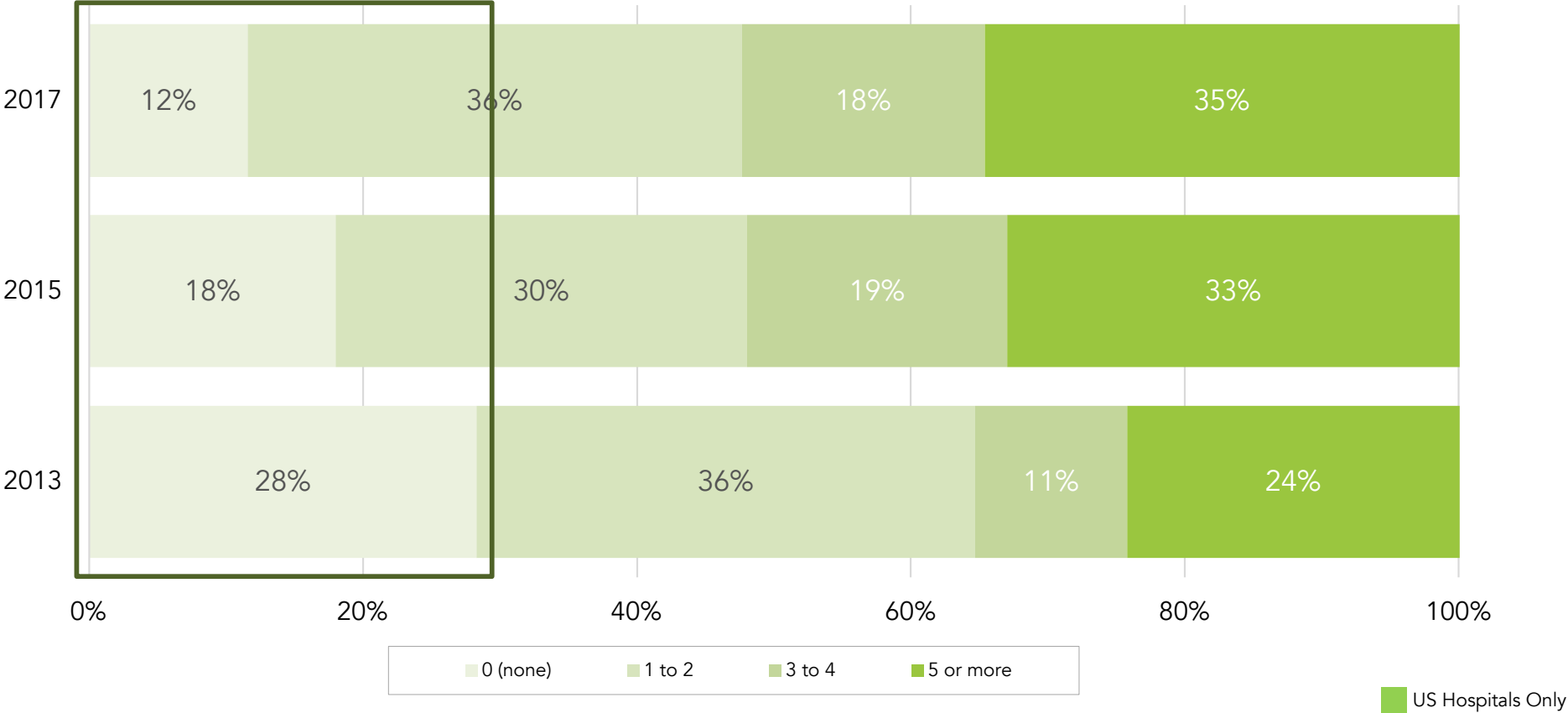
Focus of PX leaders remains diluted



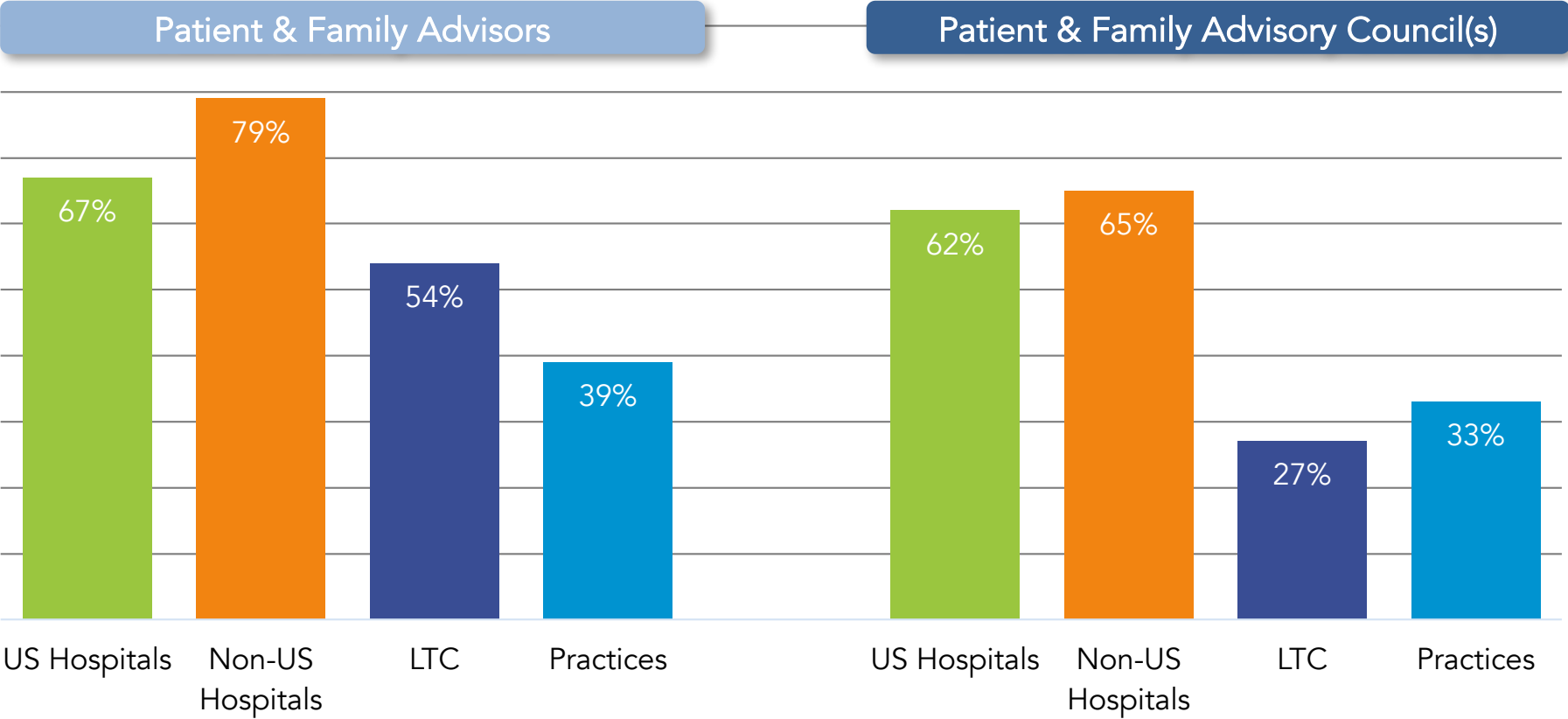
Consistent commitment to staffing PX



Investment in PX staff growing



PFA presence expanding

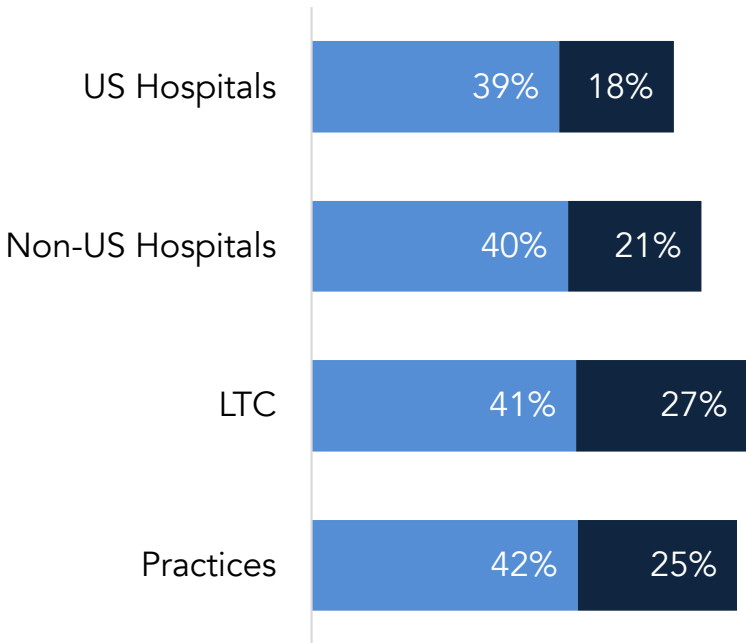
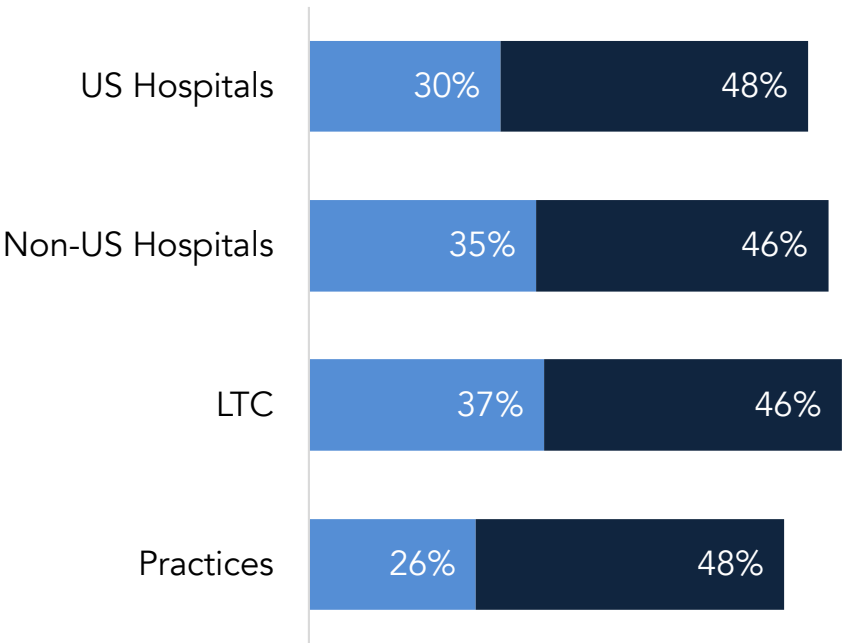


Q: Does your organization engage Patient & Family Advisors? (n=973)
Q: Does your organization have a formal Patient & Family Advisory Council(s)? (n=971)

Boards are aware and engaging

Board Awareness

Board Guidance/Influence



■ Somewhat ■ To a great extent ■ All segments

Q: To what extent is your organization's board AWARE of your patient experience efforts? (n=972)

Q: To what extent does your organization's board GUIDE or INFLUENCE your patient experience efforts? (n=971)

PX structures are expanding

Functional Areas (Top 10 of 25)	% of Orgs Selecting (Avg)
Service Excellence	80%
Patient Advocacy/Relations	68%
Measurement/Analytics (Survey Management)	61%
Staff Training & Development	46%
Guest Services	29%
Interpreter/Language Services	27%
Volunteer Services	27%
Organizational Development	23%
Spiritual Care	23%
Concierge Services	19%



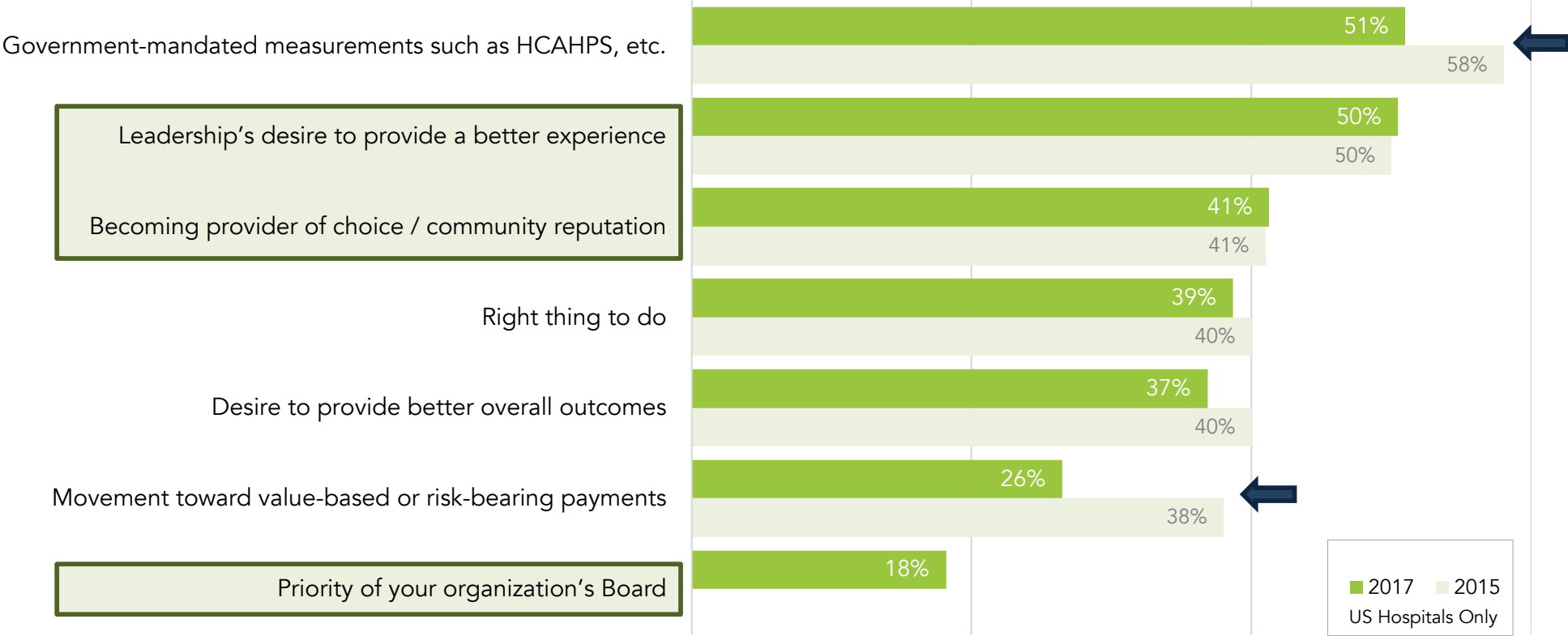
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DRIVERS & FOCUS

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Motivation moving beyond mandates



Motivation similar across segments

Non-US Hospitals

	2015	2017
Leadership's desire to provide a better experience	73%	72%
Desire to provide better overall outcomes	57%	52%
Right thing to do	52%	38%
Priority of your organization's Board	N/A	38%

LTC

	2015	2017
Becoming provider of choice / community reputation	65%	56%
Leadership's desire to provide a better experience	59%	48%
Desire to provide better overall outcomes	56%	44%
Government-mandated measurements such as HCAHPS, etc.	6%	40%

Practices

	2015	2017
Leadership's desire to provide a better experience	44%	56%
Becoming provider of choice / community reputation	33%	47%
Desire to provide better overall outcomes	44%	30%
Government-mandated measurements such as HCAHPS, etc.	39%	30%

Leadership & culture expands, while stress emerges

US Hospitals							
DRIVERS				ROADBLOCKS			
	2013	2015	2017		2013	2015	2017
Strong, visible support "from the top"	62%	52%	48%	Other org priorities reduce emphasis on PX	46%	49%	42%
Formal PX structure or role	30%	35%	46%	Cultural resistance to doing things differently	42%	46%	39%
Positive Organization Culture	na	na	36%	PX leaders are pulled in too many other directions	48%	38%	34%
Formal process review & improvement focused on PX	44%	36%	33%	Caregiver (i.e., physician, nurse, etc.) burnout & stress	na	na	33%
Having clinical mgrs visibly support PX efforts	55%	43%	31%	Lack of sufficient budget or resources	26%	26%	28%

Q: Which of the following, if any, have been most successful in supporting your organization's Patient Experience efforts? Please select the top three. (n=706)
 Q: Which of the following, if any, have been the biggest roadblocks to supporting your organization's Patient Experience efforts? Please select the top three. (n=697)

Leadership remains strong driver across segments

DRIVERS

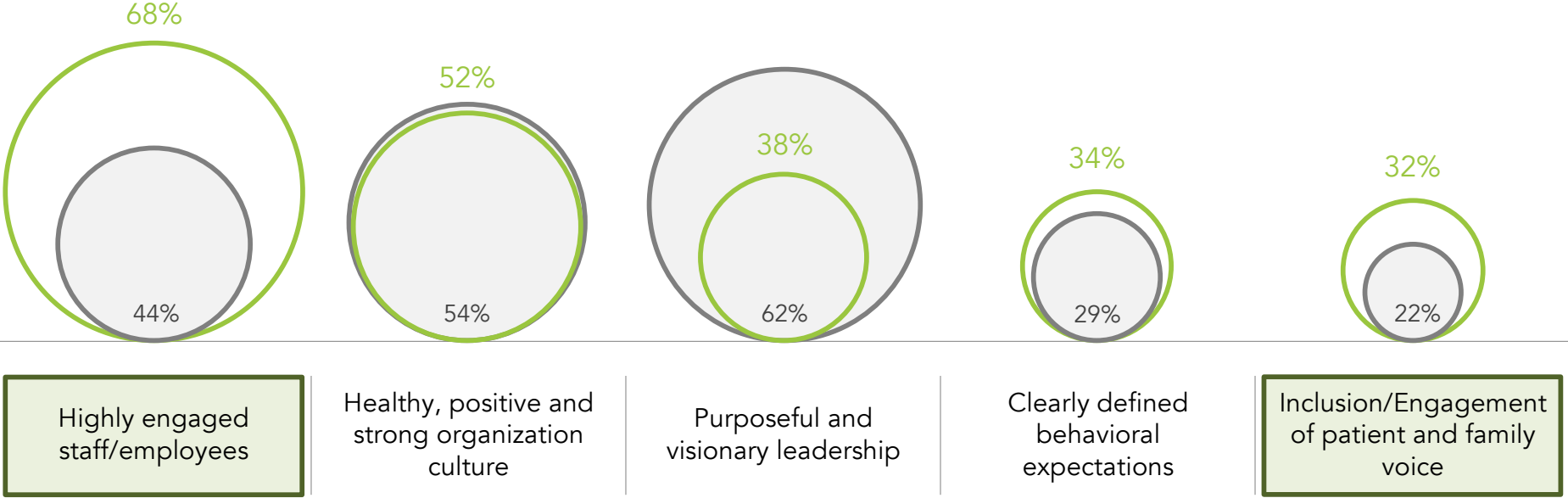
ROADBLOCKS

	Non-US Hospitals		LTC		Practices			
	2015	2017	2015	2017	2015	2017		
Formal Patient Experience leader and/or structure	40%	50%	Strong, visible support "from the top"	49%	38%	Strong, visible support "from the top"	55%	57%
Formal patient and family advisors or advisory council(s)	N/A	47%	Formalized process improvement efforts	24%	38%	Positive organization culture	N/A	45%
Strong, visible support "from the top"	56%	46%	Positive organization culture	N/A	38%	Formal Patient Experience leader and/or structure	25%	33%
Clinical managers who visibly support experience efforts	26%	27%	Clinical managers who visibly support experience efforts	41%	35%	Formalized process improvement efforts	27%	32%
Other organizational priorities reduce emphasis on patient experience	49%	46%	Caregiver (i.e. physician, nurse, etc.) burnout and stress	N/A	44%	Other organizational priorities reduce emphasis on patient experience	37%	44%
Cultural resistance to doing things differently	42%	41%	Cultural resistance to doing things differently	28%	40%	Cultural resistance to doing things differently	43%	43%
Lack of sufficient budget or other necessary resources	36%	41%	Other organizational priorities reduce emphasis on patient experience	33%	35%	Leaders appointed to drive patient experience pulled in too many other directions	20%	32%
Leaders appointed to drive patient experience are pulled in too many other directions	16%	27%	Lack of sufficient budget or other necessary resources	39%	26%	Lack of sufficient budget or other necessary resources	25%	29%

Q: Which of the following, if any, have been most successful in supporting your organization's Patient Experience efforts? Please select the top three. (n=287)
 Q: Which of the following, if any, have been the biggest roadblocks to supporting your organization's Patient Experience efforts? Please select the top three. (n=279)

Engagement leaps to top in achieving positive PX

■ US Hospitals 2017
■ US Hospitals 2015



Highly engaged staff/employees

Healthy, positive and strong organization culture

Purposeful and visionary leadership

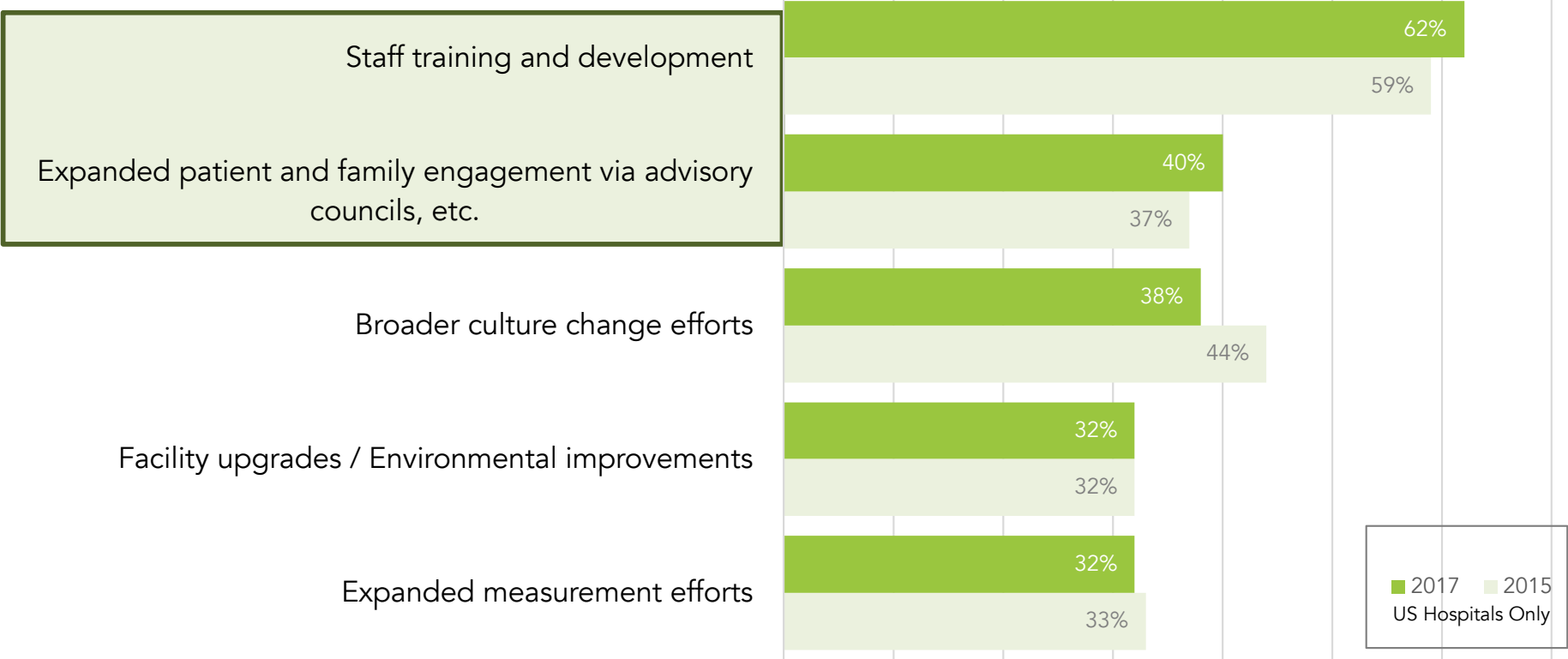
Clearly defined behavioral expectations

Inclusion/Engagement of patient and family voice

Engaged staff now leads across segments

	Non-US Hospitals		LTC		Practices	
	2015	2017	2015	2017	2015	2017
Highly engaged staff/employees	29%	59%	52%	79%	32%	62%
Inclusion/Engagement of patient and family voice	39%	53%	41%	67%	42%	62%
Healthy, positive and strong organization culture	40%	47%	15%	38%	23%	41%
Purposeful and visionary leadership	61%	35%	56%	29%	70%	30%

Investment led by training & patient and family engagement



Q: Of the following efforts, identify the top three items in which you expect your organization to invest, either as a new effort or with additional resources, over the next three years to advance Patient Experience improvements. (n=677)

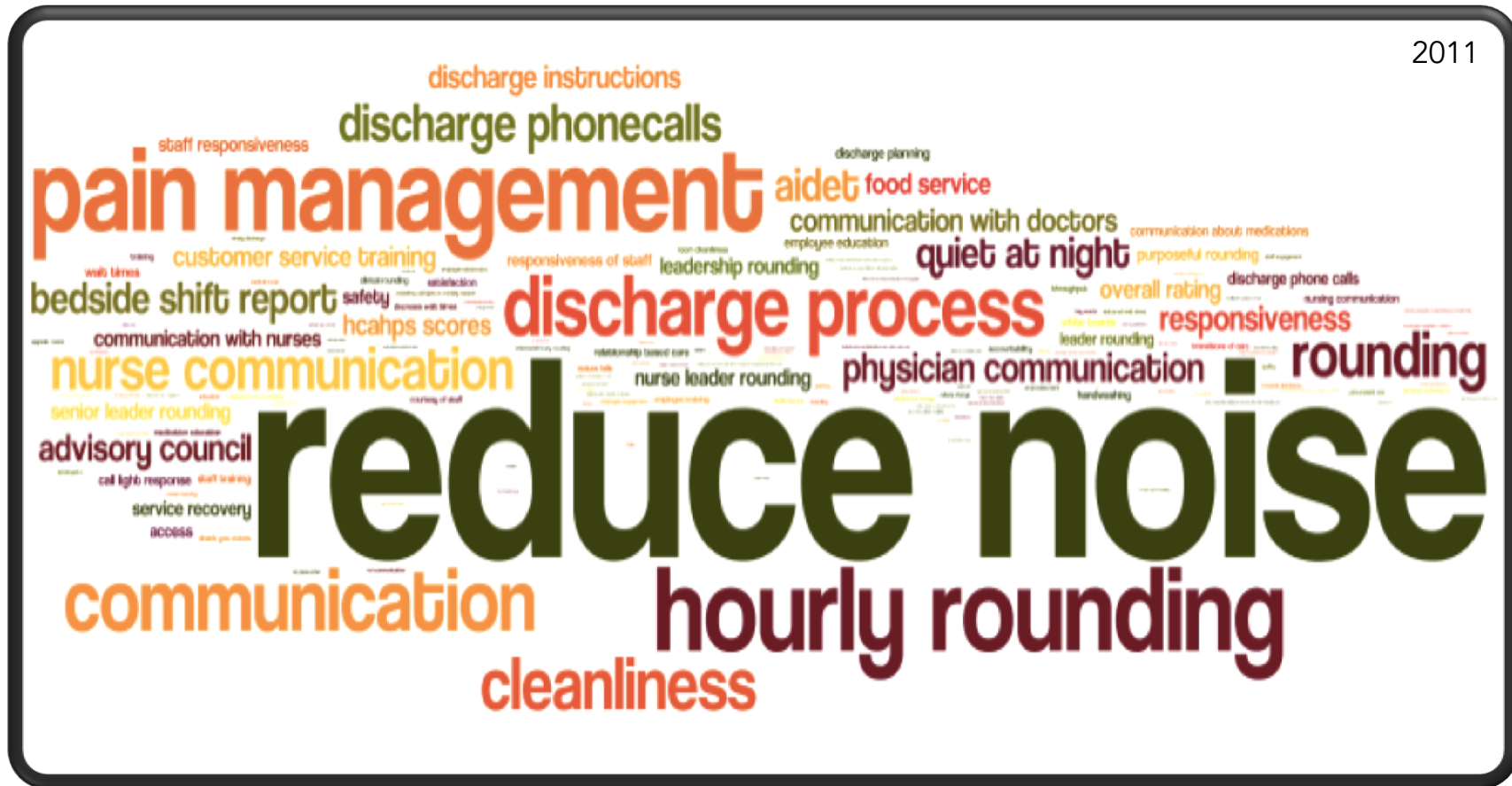
Investment led by training & patient and family engagement

	Non-US Hospitals		LTC		Practices	
	2015	2017	2015	2017	2015	2017
Staff training and development	54%	59%	67%	73%	39%	63%
Expanded patient/family engagement via advisory councils, etc.	56%	51%	53%	41%	28%	35%
Expanded measurement efforts	49%	45%	26%	32%	31%	33%
Broader culture change efforts	44%	30%	37%	27%	25%	29%

Q: Of the following efforts, identify the top three items in which you expect your organization to invest, either as a new effort or with additional resources, over the next three years to advance Patient Experience improvements. (n=276)

2011 Focus: Survey domains

2011



2015 Focus: Expanding view



2017 Focus: A return to purpose



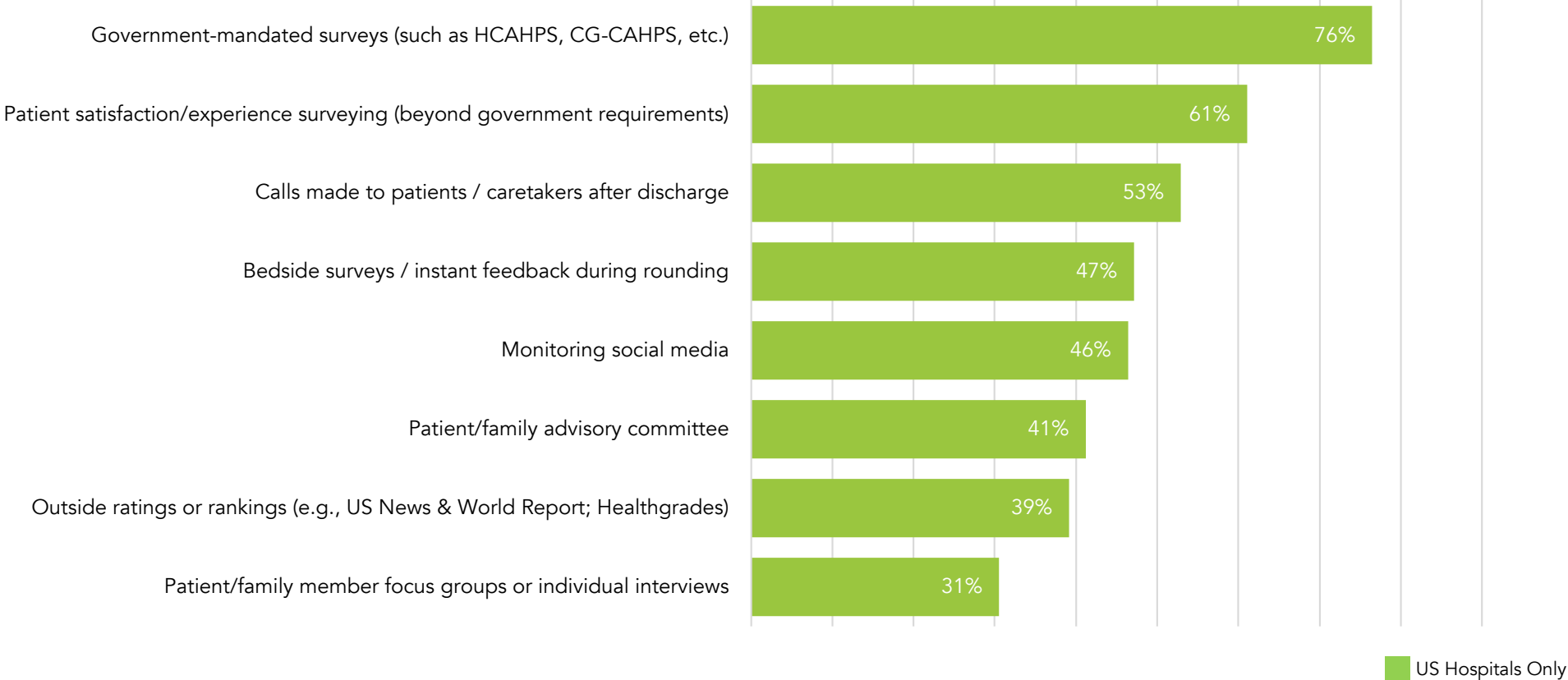
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MEASUREMENT & IMPACT

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Surveys remain primary tracking method



Q: Aside from tracking the success of individual improvement activities and/or actions, which metrics is your organization using to measure overall improvement in the Patient Experience? Please select all that apply. (n=675)

Surveys remain primary tracking method

Non-US Hospitals	
	2017
Patient satisfaction / experience surveying (beyond gov't requirements)	71%
Patient/family member focus groups or individual interviews	52%
Patient/family advisory committee	45%
Bedside surveys / instant feedback during rounding	45%

LTC	
	2017
Patient satisfaction / experience surveying (beyond gov't requirements)	73%
Calls made to patients / caretakers after discharge	35%
Tracking referrals	33%
Government-mandated surveys (such as HCAHPS, CG-CAHPS, etc.)	30%

Practices	
	2017
Patient satisfaction / experience surveying (beyond gov't requirements)	72%
Government-mandated surveys (such as HCAHPS, CG-CAHPS, etc.)	52%
Monitoring social media	34%
Online surveys / E-Panels	33%

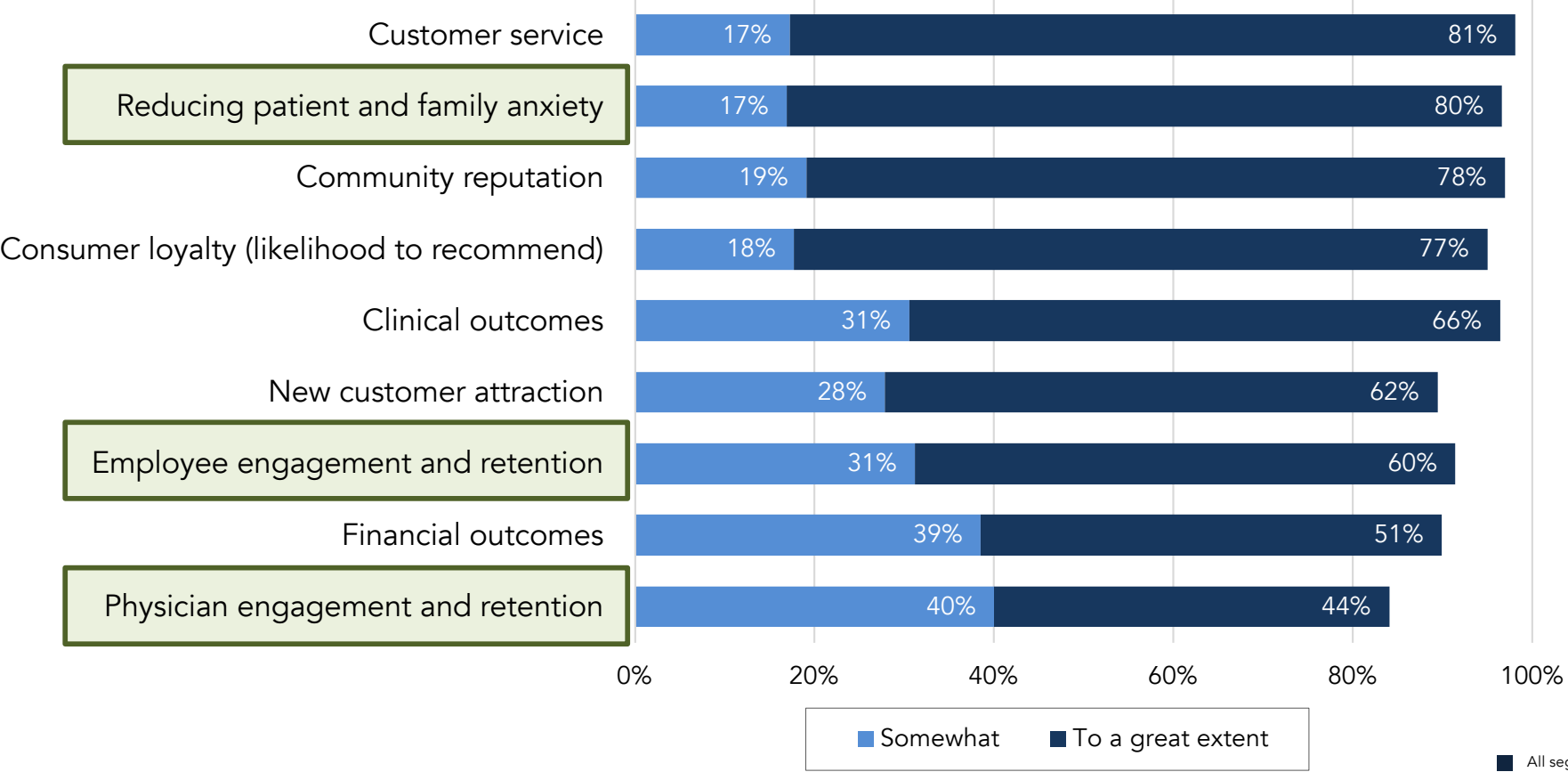
Q: Aside from tracking the success of individual improvement activities and/or actions, which metrics is your organization using to measure overall improvement in the Patient Experience? Please select all that apply. (n=271)

EXPERIENCE →



Wolf, Jason A. PhD (2016) "Patient experience: Driving outcomes at the heart of healthcare,"
Patient Experience Journal: Vol. 3: Iss. 1, Article 1.
Available at: <http://pxjournal.org/journal/vol3/iss1/1>

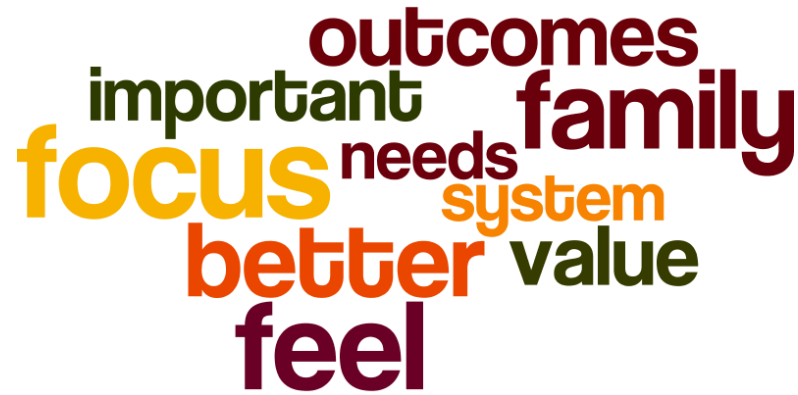
Impact of PX expands to human experience



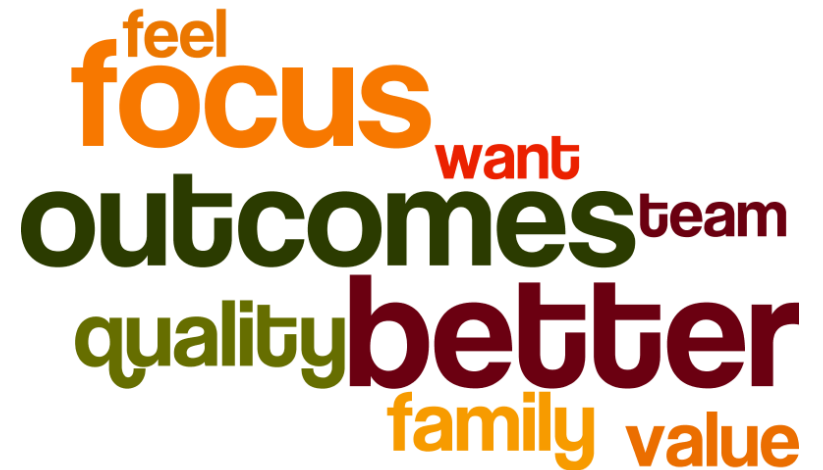
Q: To what extent do you believe Patient Experience efforts have a positive impact on each of the following? (n=927-936)

Value & benefit of focus on PX

Patient/Family



Provider



outcomes

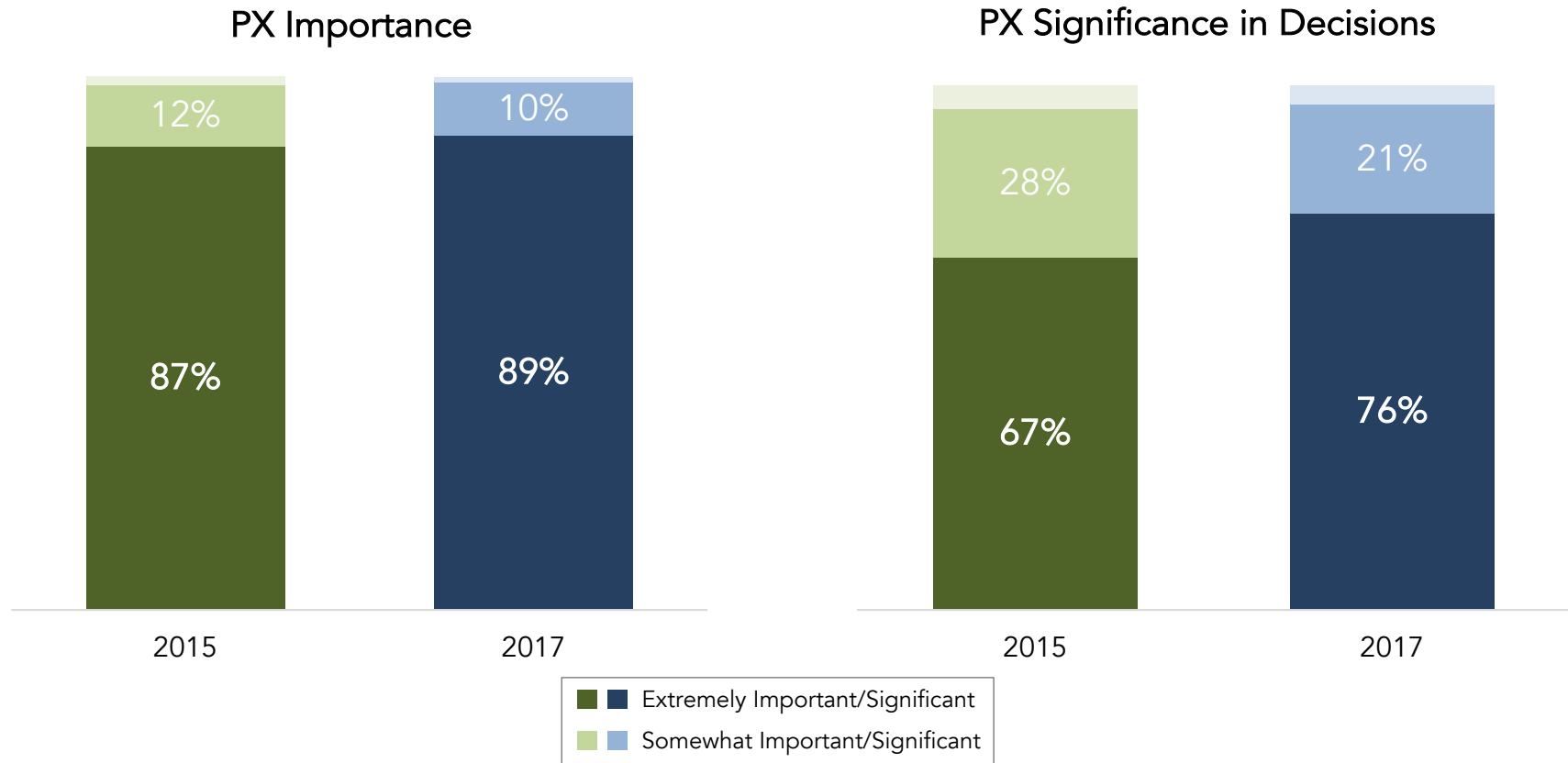
focus

family

better

value

The consumer maintains experience matters



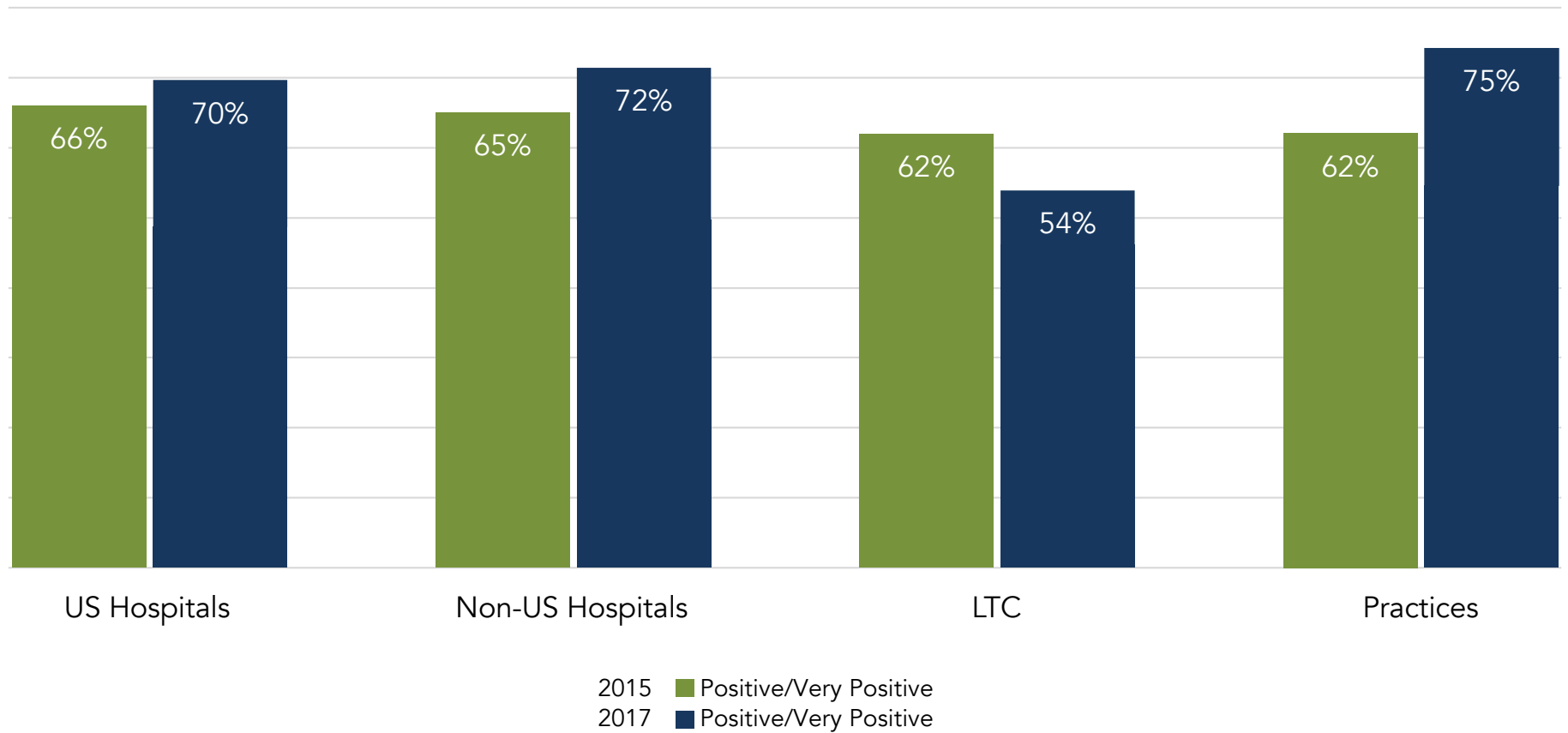
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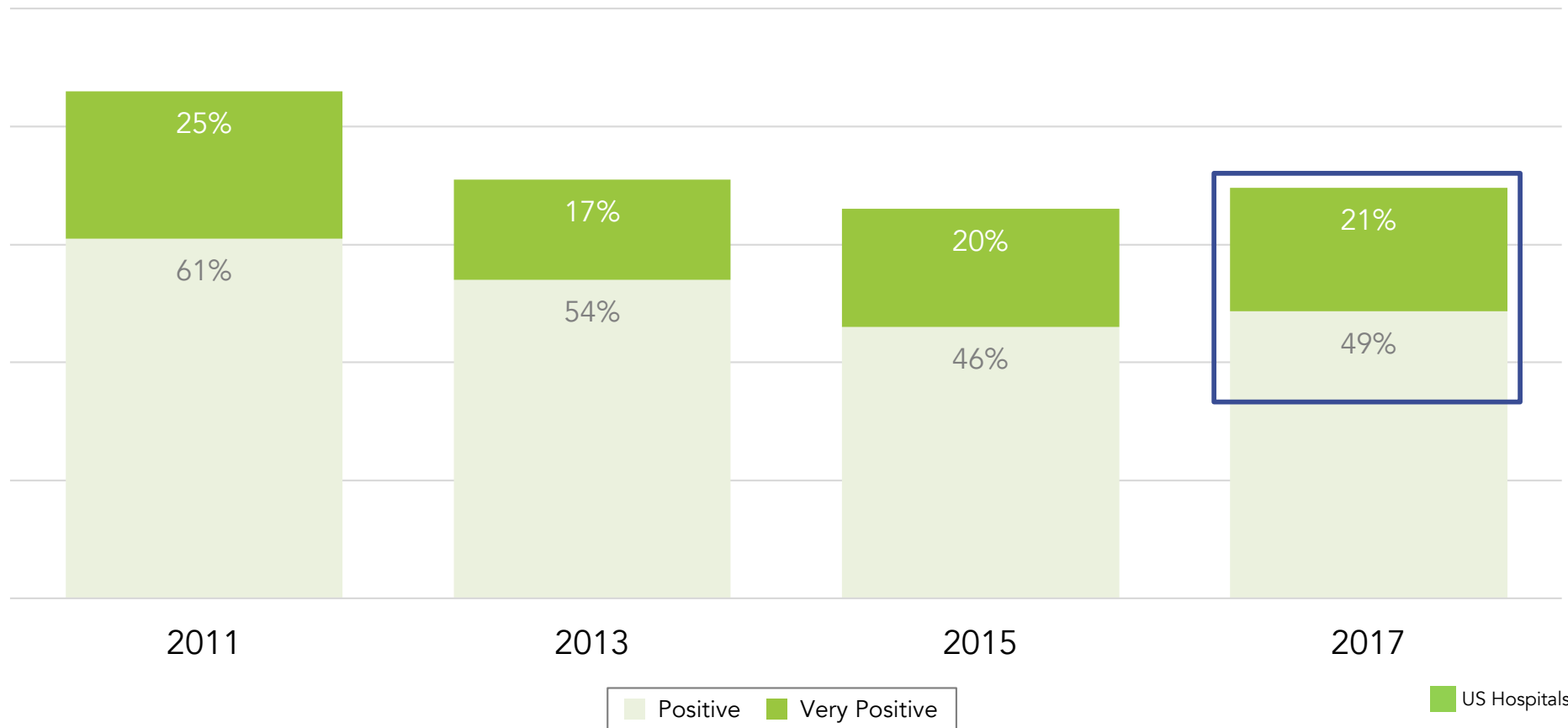
REFLECTING ON PROGRESS

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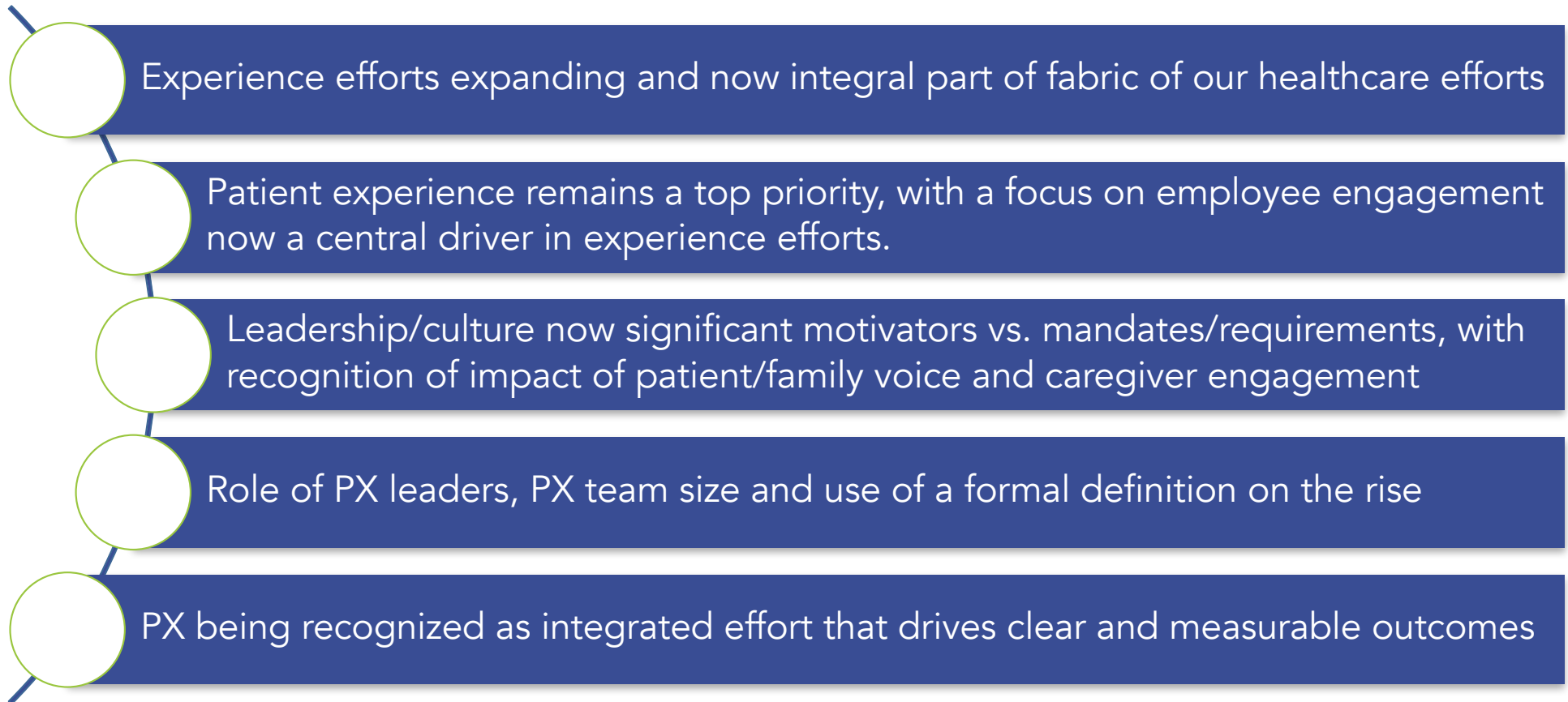
Perspective on progress on rise



Feelings on progress rising for first time



The State of Patient Experience is Strong

- 
- Experience efforts expanding and now integral part of fabric of our healthcare efforts
 - Patient experience remains a top priority, with a focus on employee engagement now a central driver in experience efforts.
 - Leadership/culture now significant motivators vs. mandates/requirements, with recognition of impact of patient/family voice and caregiver engagement
 - Role of PX leaders, PX team size and use of a formal definition on the rise
 - PX being recognized as integrated effort that drives clear and measurable outcomes



For more information or media inquiries please contact:

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<http://www.theberylinstitute.org/PXBENCHMARKING>