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Transforming the Human Experience in Healthcare

The Human Experience Imperative: Practical insights for executives on organizational strategy, structure and impact

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About The Beryl Institute

The Beryl Institute is a global community of healthcare professionals and experience champions committed to transforming the human experience in healthcare. As a pioneer and leader of the experience movement and patient experience profession for more than a decade, the Institute offers unparalleled access to unbiased research and proven practices, networking and professional development opportunities and a safe, neutral space to exchange ideas and learn from others.

We define the patient experience as the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care. We believe human experience is grounded in the experiences of patients & families, members of the healthcare workforce and the communities they serve.

Why a Focus on Experience is Critical Today

Leaders today in healthcare organizations have come to see a real impact in the value of focusing on experience from better quality and safety outcomes[1] to higher profitability. One study shows organizations with higher experience outcomes realize margins almost 3 percentage points higher than those with lower experience performance.[2] Consumers have moved beyond choices driven simply by quality products, brand position or even basic customer service. They expect quality, they anticipate service, but they now assess organizations and make choices based on the experience they have.[3]

Today's healthcare consumers expect high quality and safe care and they actively engage in their healthcare to optimize their health and wellbeing. But they ultimately judge their care through the lens of their overall experience. They seek caring, personalized, thoughtful and relational connections where they are listened to, communicated with clearly and treated with respect, above any amenity they may be provided.[4,5]

Moving the focus away from healthcare as transactional to addressing the consumer's relationship with our people and systems is at the heart of the evolution of the healthcare experience itself. It is grounded in the core ideas that frame the definition of "patient experience": *the sum of all interactions, shaped by an organization's culture, that influence (patient) perceptions across the continuum of care*[6] (Figure 1). It is also found in the words of the modern Hippocratic Oath as written by Louis Lasagna, Academic Dean of the School of Medicine at Tufts University (in 1964), *"I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug. I will remember that I remain a member of society, with special obligations to all my fellow human beings."* It is at this intersection of the art and science of medicine where the compassion that underlies a commitment to experience is found.[7]

The interactions that people have in healthcare are driven by the culture of the organizations in which they receive or practice care. Experience is not solely focused on clinical encounters but crosses all touchpoints one has on their care journey. This means the experience of the healthcare workforce is equally important in the experience conversation. Workforce experience impacts both how patients, family members and care partners experience care[8] and the retention of staff in healthcare overall.[9] Both

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

which have significant financial implications for healthcare organizations as well.[10]

The bottom line is that people have an experience in healthcare in every encounter. It is up to an organization to decide whether they will strategically plan and consistently execute on the experiences they provide or simply leave them to chance. The latter choice is risky at best. In general, beyond positive financial impact, organizations that focus on experience see higher consumer loyalty and more engaged employees.[11]

Tactically, healthcare executives must seriously consider how they best administer their overall experience effort, including how experience is defined, where it fits into the organization's strategies, how it is staffed and where the responsible owner of the experience strategy is positioned in the organization. Executive leaders also need to consider what their experience effort will encompass, what it will focus on and how they will resource it. Ultimately, they need clarity and organizational alignment on what impact they expect to see as a result of an experience commitment.

With changing consumer expectations and the dynamic pressures facing healthcare systems globally, it is as important now as ever to define experience strategy and structure and understand intended outcomes and desired impact.

Ultimately, the relationships people have with and in healthcare are built on trust. Healthcare leaders can no longer leave this to chance. Organizations need to understand their consumers and design the experience they provide to remove variability and randomness that may negatively impact the consumer experience and their bottom line. This paper seeks to address just that, providing insights and ideas on how best to build and lead experience efforts forward.

"It has never been more important than now in the current healthcare environment to have a team focused on the 'sum of all interactions' that are occurring across healthcare organizations. Experience teams can provide invaluable intelligence and strategy to affect patient and workforce experiences that are in line with an organizations' mission and values. They can help leaders identify and implement plans to influence the choices patients and families make. They also can play a role in addressing the challenges in today's market to attract and retain talent. Addressing both fronts ultimately has a positive effect on the financial challenges facing healthcare organizations today. For those organizations who have not invested in an experience team, now is the time to consider one, and for those who already have a team in place, now is not the time to cut them. These decisions will directly impact how both patients and your workforce will choose to engage with you."

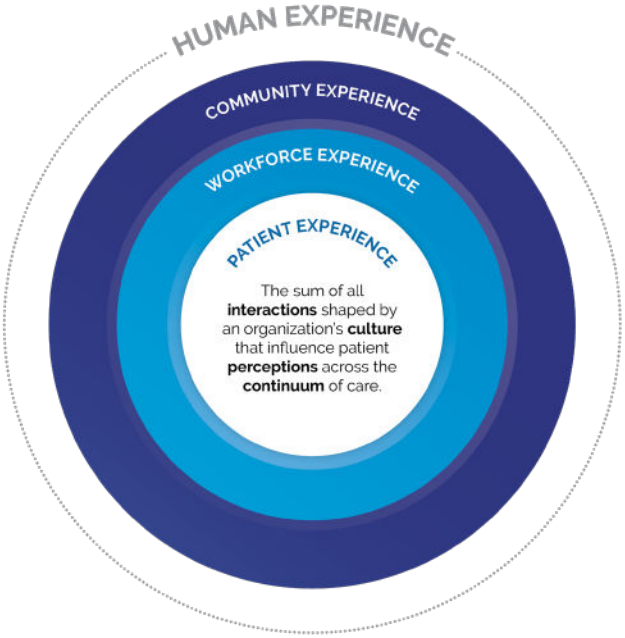
— Brian Carlson

An Expanded View – The Human Experience

"A human experience lens is a strong foundation on which to build any experience structure."

Healthcare organizations cannot fully address the experience they provide without supporting the experience of those who show up to work and serve every day. It is clear that healthcare organizations are not simply isolated entities but part of larger systems. They are woven into, have an impact on and are influenced by the communities in which they operate.

This idea that experience transcends the patient/care partner encounter, yet remains centrally focused on it, is an important evolution of a broader commitment to experience excellence. This is a commitment to the human experience that rest firmly at the heart of healthcare itself. The human experience encompasses not just the patient experience at healthcare's core, but the workforce and community experiences that both drive and are impacted by it (Figure 2). These concepts are inextricably linked, and, while each requires specific types of actions and focus, their influence on one another is clear.



Leaders today know that the pursuit of the best human experience is a comprehensive effort that ultimately reflects (and predicts) their organization's quality, safety, culture, reputation, financial success and long-term viability. This premise is not new, as we have seen these ideas distinctly linked in the triple,[12] quadruple[13,14] and now quintuple aim.[15] What is needed is a commitment to go one step further. In a focus on human experience, patient, workforce and community commitments are united under an integrated strategy.[16] This is even more critical in a resource-constrained environment where the alignment of strategy and effective structure can help manage the difficult choices organizations face while exceeding expectations across the commitments they seek to keep. A human experience lens is a strong foundation on which to build any experience structure.

Why a Focus on Structure is a Key First Step

"A commitment to human experience is essential to excellence in healthcare, and a clear, defined strategy and associated structure is necessary to deliver on it with consistency."

This paper is not intended to suggest one model that every organization should follow. That is counter to the core values of an experience effort where you must meet people where they are, understand the context in which you operate, apply what truly matters and use the feedback you seek and receive to improve efforts. Therefore, there is not a one-size-fits-all in structure, but there is an essential and unwavering concept: A commitment to human experience is essential to excellence in healthcare, and a clear, defined strategy and associated structure is necessary to deliver on it with consistency.

The realities of how to structure experience provides a chance to explore a range of opportunities and considerations. Experience efforts in organizations large and small around the world may be championed by just one person or hundreds. The hope of this paper is that in exploring critical examples of what people are doing, you find the pieces and parts that will support your objectives, your organization's strategy and address the needs of those you care for and serve. More so, the intention is to underline that a commitment to experience (and the structure to support it) is essential to realizing the outcomes we seek in healthcare.

It would also be remiss if this work did not acknowledge the current moment in which healthcare finds itself globally. Resource constraints, financial challenges, workforce depletion and burnout are challenging healthcare from all angles. Decisions on experience strategy and how to structure an experience effort are significant and must not be taken lightly.

At the same time, there is a true cost-benefit conversation to be had on why a commitment to experience matters and why an investment in structure is important. In trying to responsibly manage resources, it is better to act with intent toward desired outcomes – clinical quality, financial viability, workforce engagement, equity, loyalty and reputation – versus leaving those outcomes to chance. It also requires a look at experience as something more than just a number from a survey or a scaled response. We discuss this further below. It is also important that in acknowledging the moment, the cost of inaction is also recognized and understood. The question now is "How will leaders react to this information, and in what ways will they decide to act?"

Methodology: How Considerations Were Determined

There has been an emerging and active conversation among members of The Beryl Institute's global community about how others are structuring their experience efforts. This was of particular interest to members of the Institute's Experience Leaders Circle (XLC), a group representing organizations with designated senior level experience leaders. Discussions within the XLC led to the design of a focused inquiry to explore the specifics of organization structure among member organizations.

Forty-two organizations (see Appendix 1 – Contributing Organizations) provided responses to a 50-item survey covering leadership roles, department range, intra-organization collaboration, engagement of patient and family advisors and more. It should be noted that the organizations included in the inquiry are organizations with a commitment to having an experience leader by their very inclusion in the XLC. This allows for insights into how organizations making that commitment are approaching this work, while still revealing a range of differences and considerations for readers to explore.

The organizations contributing were multi-hospital systems (55%), integrated or multinational delivery systems (36%), with some single hospital organizations (7%), and a managed care organization. Three of the contributors were based outside the United States. Most were not-for-profit and/or academic medical centers (95%). While four respondents had only one hospital, the group was distributed evenly from one hospital to organizations with well over 20 care locations (hospitals or other settings). The organizations ranged in size from 1,500 employees to more than 50,000 with around half representing organizations with 10,000 to 25,000 employees.

This paper will not provide a direct report on all the study findings. Rather, it will review the findings from the survey that were used to generate the strategic considerations that follow.

"While acknowledging all the amazing humans who work in healthcare, there is growing realization that current systems, processes, and structures are not equipped to take healthcare into a future of elevated compassionate and consistent healthcare experiences. The world and all the potential patients within it are begging for healthcare systems that are wired to deliver safe, quality care with love and human caring. Achieving this requires rethinking, retooling and restructuring how hospitals, health systems and other health entities structure, support and lead experience offices and teams. Experience professionals can fill the roles and lead a variety of functions and services that benefit from knowledge in hospitality, caring science and service recovery. In short, experience professionals supercharge healthcare with additional skills that can propel healthcare forward. Now is the time to invest in the human experience for those who work in and are served by healthcare organizations. This means investing in experience roles and structures that will help you achieve your objectives across the healthcare continuum."

— Julie Oehlert

Critical Considerations in Structuring Experience Efforts

"From training and resources, reinforcement to rewards, these organizations and others committed to experience excellence put the pieces in place to ensure consistency in their efforts and the results they seek."

It is important to start with the premise that a discussion about experience structure is not just one about "boxes and lines," but rather it is a conversation on strategic intent. A commitment to experience is not a strategic afterthought or a plan for how to make an experience effort fit into strategy. It should be focused on the idea that experience is a driver of outcomes organizations seek to achieve (more on this below) and therefore, experience considerations need to be part of all strategic planning. This underlines the idea that there is not one model for all when it comes to experience. Healthcare organizations must make a strategic commitment to experience and build the processes and structure they need to succeed.

This is reinforced by those deeply committed to the experience they provide. Countless examples have been shared, such as Ritz Carlton's commitment to its guests, Zappos support of its customers, the encounter families have with Disney or the unique nature of shopping at Trader Joe's. The explicit commonality of these organizations is the tangible and clear appeal of the experience they provide and the underlying commitment they make to the people who work for them. What you do not see and what these organizations do not take for granted is the infrastructure of commitment and investment it takes strategically to deliver on the experience they look to provide. From training and resources, reinforcement to rewards, these organizations and others committed to experience excellence put the pieces in place to ensure consistency in their efforts and the results they seek. When we think of the core commitment of healthcare, there is no reason to do any less.

With that, some critical considerations follow:

An investment in experience leadership and structure is a must.

This is an affirmative statement to frame the considerations that follow. It is also important to acknowledge that the contributors to this inquiry come from organizations that exemplify this consideration by the nature of all having a senior experience leader in place.

Research trends from The Beryl Institute on the State of Patient Experience (PX)/ Human Experience (HX) since 2011[17] show that organizations more broadly continue to invest in experience leadership. In the most recent study, 63% of respondents reported having some level of experience leader in place. But an investment in a single leader who is given the full burden of experience outcomes is often not enough. In single experience leader organizations, the scope of what can be addressed is significantly limited and can lead to an experience effort or strategy focused on a singular goal.

The intention here is not to suggest there is something wrong if all an organization has is a single experience leader structure. This may be driven by strategic choice, budget constraints or organization size. But it is important to understand that organizations whose experience structure is limited must still find ways to effectively execute on experience strategy. A single person tasked with moving a single metric (or metrics) misses the larger strategic implications of an overall experience strategy.

"Experience structures need to be integrated in how an organization operates, and experience leaders must be fully engaged in strategy development."

It is also important to stress that the suggestion that leadership is a must, whether a single leader or one with a more extensive team, does not relieve others from the responsibility of delivering a positive experience. This is the premise in the statement *"the sum of all interactions."* Every touch point and every encounter one has with a healthcare organization matters. Therefore, every member of an organization from those at the point of care, to those supporting behind the scenes, to the senior-most leader, all must feel and act with a sense of ownership for the experience their organization provides.

In building further on the statement *"the sum of all interactions,"* an investment in experience needs to strategically focus on what it will take to ensure positive interactions. As interactions are driven by an organization's culture, the investment in what it takes to attract, develop, retain and maintain the well-being of good talent and a commitment to a strong positive culture are not actions or investments disparate from an overall experience strategy.

For this reason, experience structures need to be integrated in how an organization operates, and experience leaders must be fully engaged in strategy development. Their efforts impact not only how patients and care partners are engaged but also help set the cultural framework that supports a strong and positive culture of experience for both those receiving and those delivering care. This supports the need for experience leaders to have access to or presence in the C-suite.

An experience leader should reside in the C-suite (or have direct access to it).

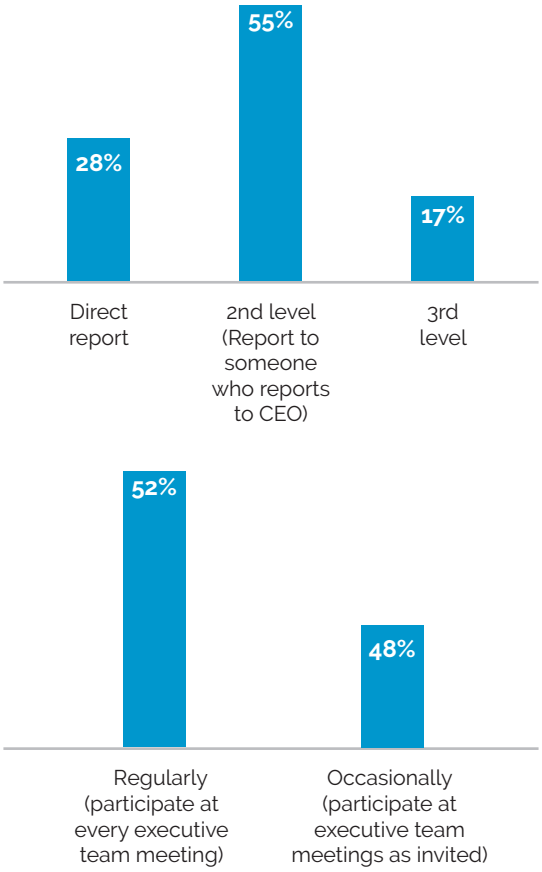
Starting with the end in mind and continuing the point from above, the individual who leads experience for an organization is not a figurehead position but an active leader who both ensures the voice of the patient/consumer is present in all organizational strategy and decisions and reinforces the importance of an integrated strategy that elevates the human experience overall. C-Suite presence is essential to avoid misaligning with other strategic efforts such as marketing, digital engagement, environmental decisions, training and employee/provider engagement and more. Experience is a through-line that must be connected to and considered in all distinct strategic discussions. For organizational success, experience leadership should be positioned with or have direct access to top executive levels.

While all organizations in the inquiry have a senior experience leader, there was some variation in what they were named. Fifteen contributors had some variation of the title Chief Experience Officer (36%), while seven had a variation on the title Chief Patient Experience Officer (17%). A slightly larger group, 11 (26%), had a variation of the title SVP or VP, Patient Experience.

In asking where senior experience leaders reside (with multiple replies allowed for dual reporting structures), 16 (38%) report directly to the CEO, while another 13 (31%) report to the COO. Six individuals (12%) have some reporting to safety/quality leaders, while five (12%) report to HR and four (10%) to the CNO.

Of interest is that most people (23 / 55%) noted reporting to someone who reports to the CEO. Seven (17%) said they are three levels away from the CEO in their organization. At the same time, 22 (52%) say, as senior experience leaders, they participate in regular Executive/C-Suite leadership meetings where experience strategy is discussed and developed, while 20 (48%) say they do so occasionally (Figure 4).

With this data and the conversation on where experience strategy must be developed and sustained, the consideration that experience leaders reside or have access to the C-Suite is fundamental. To be most effective, an experience leader should ultimately either report to the



chief executive or be no more than one level removed from the top executive. In taking an integrated view, experience leaders play a key role in creating, integrating and sustaining an organization's strategy. They must be in a position to most effectively do so.

An experience leader/office should drive both the development and execution of strategy and culture.

Building on the suggested placement of the experience leader at a senior organizational level, as noted above, it is critical that experience leaders are engaged directly with strategy and culture development. Returning to the definition of patient experience, it underlines that the experience provided in any organization is shaped by the culture it builds and sustains. While organizations can have "accidental" cultures, i.e., those that emerge due to a lack of planning and intention, an experience strategy should be built on a solid, clear and shared cultural commitment.

This calls for executive collaboration and strategic intent, as well as an elevation of the experience conversation still not seen in every organization. While not asked directly in this specific inquiry, it can be said that if organizations seek to make culture and experience a strategic priority, a commitment to experience needs to be a strategic anchor. This is not just about an actual role or its placement in the organization but also in how it is placed and supported in governance models. As finance and/or quality may have board level committees, the conversation on experience and culture must be elevated to that same level. The senior experience leader should be a champion for and accountable to this governance structure. In support of this idea in asking how experience leaders/offices are sharing data, about 25% of contributors offered they were currently reporting their data to their board in some capacity.

In the most recent State of PX/HX study, we asked all respondents about both board awareness and guidance and influence of experience efforts. While just under two-thirds of respondents (63%) said

"Improving survey scores, such as on mandated surveys, is not an experience strategy. It is simply an indicator that an experience strategy may have some impact."

their board was aware of their experience efforts, a majority (55%) reported minimal to no guidance and influence of the board at all.[17] This was clear for healthcare organizations that stated priorities garner attention, needed resources and larger strategic commitments. So elevating experience to this strategic level is critical. The senior experience leader should drive this. It also presents a critical opportunity to address the next consideration which becomes a sticking point for some boards as well: how to measure experience success.

An experience leader/office must address more than just metrics.

The measures of experience matter. Yet, all too often, the metrics collected from patient experience surveys are the only data considered in measuring experience. This is a narrow view of experience that leaves organizations at great risk of missing all that ultimately influences the experience they provide and the richness of other means of feedback. To be clear, patient survey data, such as the HCAHPS survey results for hospitals in the U.S., do not equal experience; they reflect a part of it.

Organizations should refrain, wherever possible, from equating experience solely with the collection and reporting of these metrics or other rankings or ratings. While these measures are important to track the effectiveness of a strategy, they should not constitute a strategy unto itself. Improving survey scores, such as on mandated surveys, is not an experience strategy. It is simply an indicator that an experience strategy may have some impact.

And relegating the role of experience in an organization to a single leader or experience office responsible for solely capturing and reporting scores misinforms the organization on what the true extent of experience is, all it encompasses and all that experience impacts. It minimizes "the sum of all interactions" to snapshots of distinct and potentially disparate moments in time.

At the same time, experience leaders and teams have a significant opportunity to champion innovative collection methods to capture and act on the voice of the patient/healthcare consumer. Opportunities for further digitization and personalization of experience, point of care and real-time feedback and other efforts are expanding as organizations seek the best way to measure experience success. Great efforts are underway, some driven within The Beryl Institute community itself, to find more functional, practical, actionable and comparable means to gauge experience success and identify where positive impacts are being made.

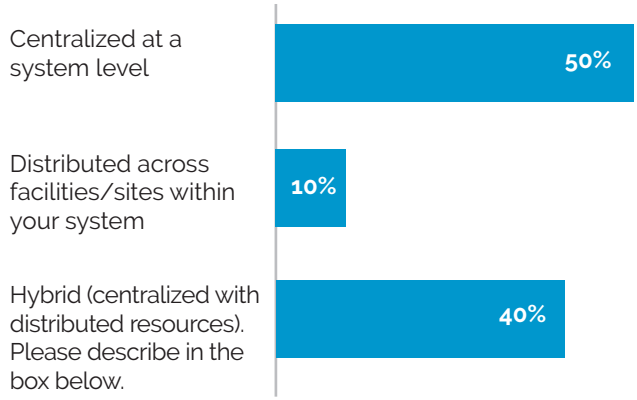
In terms of how metrics are being used and in what ways, just under two-thirds of contributors said they formally reported data monthly with a few replying weekly and a smaller number quarterly. Data sharing is occurring through multiple means, as noted with some of the data being reported at the board level. Distribution of data via reports is complemented by more interactive processes such as reporting at unit/department level meetings and at larger facility level town halls.

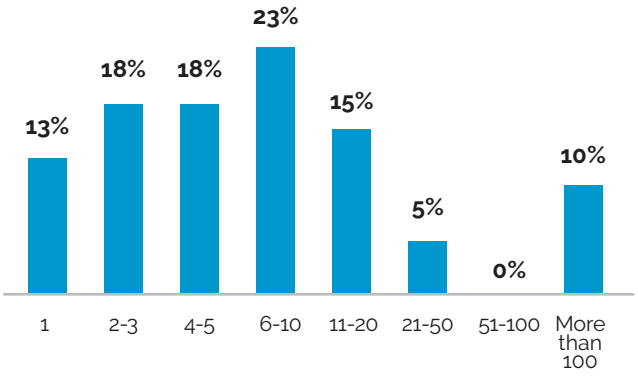
Understanding experience is about more than just the metrics is fundamental to broader strategic success. At the same time, without these measures, organizations would be hard pressed to capture the real impact that a commitment to experience can have. While the metrics are one means to do so, ensuring experience leaders and offices have broader operational accountability also provides an opportunity to show impact as well.

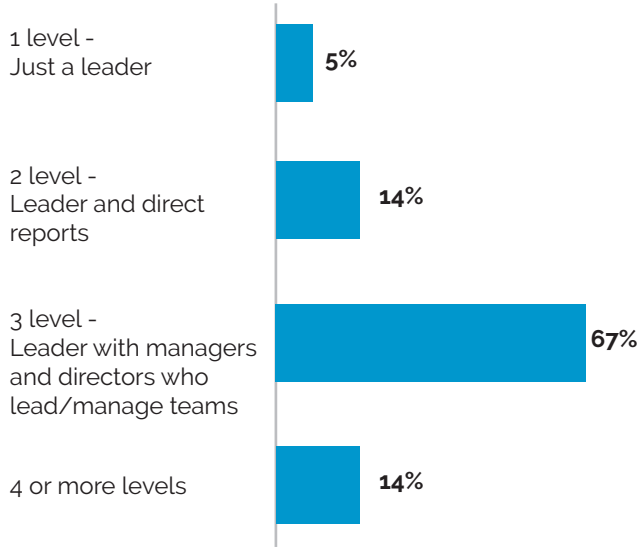
An experience leader/office must have operational accountability and reach.

This idea is at the heart of how organizations are structuring successful experience efforts. It builds on the key strategic considerations above to reinforce the essential elements needed for experience success. Key points include:

1. An experience office needs a defined team and budget. First, it is important to note that for







about two-thirds of our contributors, the name of their function is a variation of Office of Patient Experience, Patient Experience Department or just Patient Experience, while a few now have an organizational "branded" experience department, e.g., Veterans Experience Office or The Sharp Experience.

While half of the current structures shared are centralized at a system level, the other half have a variety of distributed models or hybrid models with both centralized (corporate resources) and local champions (Figure 5).

Experience offices in the sample had a great range of size in terms of people directly reporting to the senior experience leader, yet most offices had six or more people identified as directly responsible for patient experience who report to the senior experience leader (Figure 6). In exploring operational breadth below, this number rapidly expands.

Experience offices also have multiple operational layers. Two-thirds reported having three levels of leadership in their experience team (Figure 7). The budgets for these departments ranged widely. This inquiry also did not dig into specific details of all that was included in each organization's budget (e.g., some reported they included dollars for survey vendors while others noted they were not included.) Removing the unique and very large organizations from the mix, the average budget of departments in the contributing organizations was about five to six million dollars.

In looking at where roles reside, an important recommendation also emerges based on the response to the question, *"How many people have PX-related titles in your organization that report to other leaders?"* The response here had a broad range as well. While about 11 of the contributors said only one person reported elsewhere, another 20 noted at least two and up to more than a 100 for the larger systems. While it may not be possible in all larger structures, it is suggested that experience-related roles report to the senior experience leader when at all possible. The disconnect of roles could have an impact on consistency, strategic alignment, communication and the essential outcomes discussed herein – clinical quality, financial viability, equity, loyalty and reputation, including the bottom line.

2. Experience structures should encompass operational functions that can impact experience outcomes. Ensuring operational accountability guarantees the experience leader has regular influence on and input from operations. The scope and scale of what is included in experience functions is expanding

as well. In asking the question, *"What operational areas are part of your experience team/department? (Areas that report directly to the senior experience leader),"* contributors reflected a broad range of responsibility. The responses clustered into three groupings in terms of frequency across our contributors (Figure 8).

The first group clustered around the traditionally related experience functions, with 79% reporting some direct accountability over measurement, while 64% also reported accountability for patient and family advisor engagement and service excellence. The next core group clustered around the extended services that experience engages. They include Concierge Services and Volunteer Services, both at 45% of contributors, and Patient Advocacy and Language Services following at 43% and 38%, respectively. Measurement/analytics follows closely behind in just under a third of our contributors, and around 20% of our contributors reflected areas such as patient education, arts in medicine, call center services, community relations, spiritual care and training and development.

In looking at this list and seeing where the greatest engagement exists through an experience lens, it is noted how integrated experience can be and the value of an operational approach to achieve the best in experience outcomes. It also highlights the central components that seem to be an essential nucleus of any experience effort.

These results reinforce a central point of this paper, that there is not a one-size-fits-all model. At the same time, they reinforce a critical idea. Experience efforts are broad yet integrated. They have common footing but unique differences organization to organization. Yet they are all focused on one thing: ensuring the best in human experience for all who are cared for by and all who work in a healthcare organization. And in finding an approach that fits your organization, its culture and people will enable you to realize the outcomes you seek to achieve.

An experience leader/office serves the role of champion for human experience and boundary spanner.

A critical point in seeing the diversity and range of operational accountability found under the experience leader showcases the true strategic role experience leaders play. An experience mission links patient voice to actions to outcome; it elevates cultural strategy as an experience influencer; it ensures governance is aware and invested; and it is one that commits to a broader focus on the human experience, elevating issues of equity and inclusion and the broader community impact healthcare organizations can have.

Experience leaders and the office they lead are champions for the broader human experience. No experience effort can be fully successful without this integrated focus. In asking contributors what areas their department was responsible for, less than half mentioned their department focused on patient experience efforts only, while just under a third reported a combination of patient and workforce experience (Figure 9).

Experience leaders/offices are boundary spanners in their organization. They help weave disparate functions together for those who seek and those who provide care. This reinforces their role as the strategic driver of the broader human experience itself. It ensures experience leaders/offices truly hold an organization-wide view versus that of a specific or focused function.

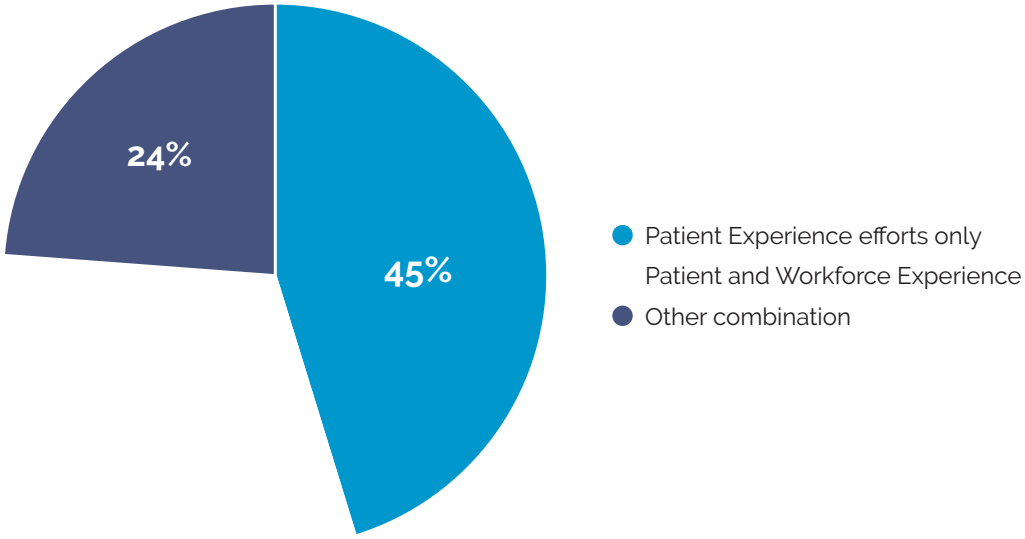
In the end, experience impacts – and is impacted by – all an organization does. This brings the critical considerations full circle, for if the experience leader is the primary integrator of essential functions driving the human experience, their very existence is a must.

Per the contributors, for all major segments on which the question was posed, "To what extent does the senior experience leader engage/partner with other strategic leaders in your organization/system?" a majority responded "To a great extent," in every case except one, Government Affairs. From engaging with diversity, equity and inclusion efforts to nursing and operations, marketing and communications to quality and human resources to learning and development, the role of the experience leader and their office is seen and positioned as the ultimate integrator of distinct functions under the broad and evolving concept of experience (Figure 10).

In the work of The Beryl Institute, it has long been shared that experience encompasses all the touch points one has on a healthcare journey, from before and after any specific clinical encounter and across all settings on the continuum of care. The recognition that an experience effort is what weaves these efforts together is a fundamental idea that cannot and must not be overlooked. It is why a strategic focus on experience isn't just a nice to do, or even just the right thing to do; it is truly the best thing to do in investing in a healthcare organization's purpose and future.

"Many organizations are now facing financial challenges, staffing and resource shortages, and increased demand in a competitive healthcare market. Now more than ever, the strategic work of an Office of Patient Experience and the position of the Chief Experience Officer is important to engineering the experience organizations are trying to create for patients and families and their workforce. This strategic role is necessary to hold true to the organization's commitment and to close the gap between brand promise and brand reality. Closing this gap builds trust, and all too often organizations underestimate the impact of consumer trust and loyalty to their bottom line. To address this, organizations must see patient experience as more than a "nice to have." It is a fundamental anchor in the longevity of an organization. Now is the time to lean into your patient experience leaders and team and focus on co-designing the experience so all who practice, work and receive care are aligned. This cannot be executed by a single individual alone but rather by an entire team with the right resources and technology to bring your brand to life. Only then will you realize the outcomes you seek."

— Jen Carron


24%
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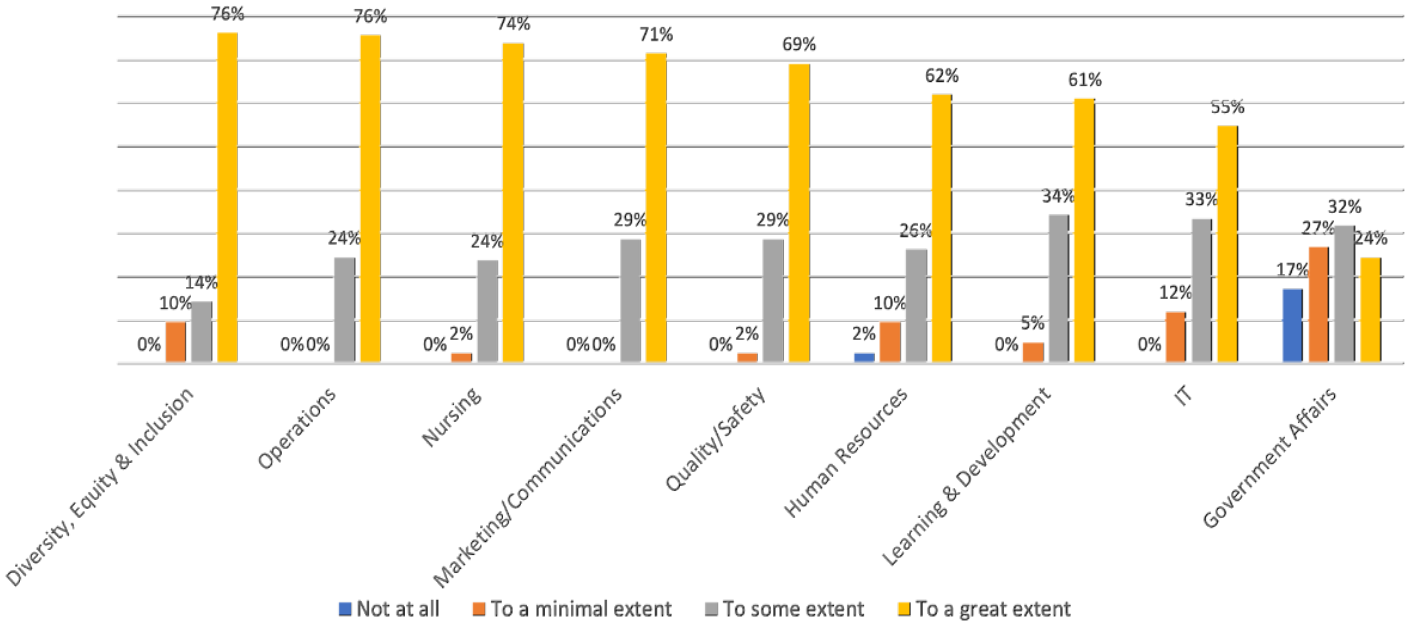
Patient Experience efforts only
Patient and Workforce Experience
Other combination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61%
0%
12%
33%
55%
17%
27%
32%
24%
Diversity, Equity & Inclusion
Operations
Nursing
Marketing/Communications
Quality/Safety
Human Resources
Learning & Development
IT
Government Affairs
Not at all
To a minimal extent
To some extent
To a great extent

The Impact of an Investment in Experience Structure

As explored above, an investment in experience, both in leadership and structure, is not solely driven around a number an organization hopes to achieve. Rather, it is and should be focused on the broader strategic implications that a commitment to experience has for healthcare. There remain greater opportunities to expand on the impact a commitment to experience truly has, but consistent data from our State of PX/HX Studies reveal that a commitment to experience is one of the only levers that can have an impact on the major outcomes healthcare organizations seek to achieve: clinical quality, financial viability, equity, consumer loyalty and community reputation.

The tangible impacts organizations can achieve with a commitment to experience excellence reinforce that while an investment in people and resources may be required, the return is exponentially greater. It is tempting in times when resources are tight to see experience as an additional cost to a healthcare organization. That perspective comes from those who may not yet see its strategic reach and therefore ask if a spend on experience is a worthwhile investment. It is also important to acknowledge that the central priority in healthcare remains providing the safest and highest quality care possible. The argument here is that a strategic focus on and a commitment to invest in experience ensures just that.

In considering the impact of an investment in experience leadership and structure, especially for organizations seeking to navigate challenging times and distinguish themselves as a care provider of choice, the following points not only lead to positive outcomes, but they also have measurable financial impact for healthcare organizations today.

1. **For Patients and Families.** Experience efforts foster relationships, improves loyalty and patient retention, and drives patient choice which improves trust, leads to growth, results in adherence to clinical treatment plans and drives better clinical outcomes.[1] What consumers of care expect is high-quality, safe care. What they seek are places that listen to them, communicate in ways they can understand, treat them with courtesy and respect and engage them as partners in their own care.[4]

2. **For the Healthcare Workforce.** Experience efforts, especially those explicitly committed to the human experience, help create positive work environments for those who show up to serve every day, where they are proud to contribute and have a personal sense of ownership and accountability to the experience they provide others – both patients and their peers. A commitment to experience creates an environment where people feel heard, respected and cared for by their organizations. It improves team experiences, fosters stronger teamwork and communication, helps tackle workplace aggression and mental health issues and leads to engagement and healing, versus burnout and resignation.[18] It fosters great places to work for both the attraction and retention of staff. This consistency in team experience and strength of culture also weighs on an organization's ability to provide good outcomes for patients.[19]

3. **Clinical Outcomes.** Experience efforts are by their nature focused on creating cultures of safety. They foster positive and transparent communication between team members and with patients and family members. Positive communication and effective handoffs impact safety.[20] Clear and understandable communication and the engagement of patients and care partners in care planning lead to greater opportunities for high quality outcomes.[21] These are not just actions taken solely through clinical checklists or driven simply by clinical improvement efforts. It takes an experience mindset and a structure behind it to ensure both a commitment to these ideas and the consistent execution of them.

4. **Expanding Equity.** A commitment to experience is also a commitment to expand and ensure equitable care. When there is a strategic commitment to the human experience, an organization is compelled to address both the implicit and explicit biases in healthcare that have led to measurable disparities and diminished outcomes. A commitment to

experience that does not consider the issue of equity may not be successful in addressing overall experience issues, as equitable care is essential for experience excellence. For example, it is known that minority voices are often underrepresented in survey data,[22] so if these measures are the only metrics used to understand experience, organizations may be acting on data that does not represent all served communities. Outside of the patient and community population, issues of diversity, equity, inclusion and belonging also impact the healthcare workforce. The underrepresentation of voices and minority caregivers leads to unintended consequences that can have direct bearing on health outcomes overall.[23]

5. **Consumer Loyalty.** Experience efforts create organizations people choose to return to for care. While it is clear there is an expense to attract new patients, the cost of losing patients due to poor experience can be substantially more. In one study, 43% of healthcare executives reported that patient leakage cost them at least 10% of their annual revenue, with one in five stating it cost more than 20%.24 Some of the most fundamental research in this area, such as with measures like Net Promoter Score, show they can predict and measure the impact an experience can have on future health care decisions. Consumer loyalty impacts consumer choice, clinical readmissions, quality outcomes, longitudinal care and the bottom line.[25] Consumerism in healthcare is no longer avoidable. People are making choices about their health and wellbeing based on how they are treated, and experience is a driver for healthcare decision-making in substantial ways. In the most recent edition of The Beryl Institute – Ipsos PX Pulse, 61% of those saying they had a positive experience say they would stay with their current provider, while 33% of those having a bad experience would seek care elsewhere.[5]

6. **Community Reputation and Trust.** Continuing from the last point above, experience efforts also play a significant role in what people say about an organization. In the Q3 2022 *PX Pulse* report, the other top item for those having positive or negative experiences after making a choice whether to stay or find a new care provider is that they share their experience with others. In fact, those having a poor experience are more likely to share their story with others (over 50% of the time).[5] Reputation and trust emerge from the relational aspects of care. In the same PX Pulse, the issue of trust was directly explored revealing that timely access to care and how I am treated by my care team were the top two builders of trust.[5] This is where experience efforts directly have an impact. Efforts such as brand promotion, advertising and even rankings or recognitions can only carry organizations so far. It is also critical to remember that all healthcare still is, in essence, community-based. This means that the experience provided, and the stories told as a result, may well be the most compelling driver of reputation for any healthcare organization.[26] And consumers are now seeking information directly from one another through social medial, online ratings and more.

7. **Financial Performance.** With an effective investment in experience leadership and structure, organizations create the opportunity to achieve the range of outcomes noted above. From the cost savings realized by process efficiencies and effectiveness, quality outcomes,[27] and staff attraction and retention in the face of turnover[28] to the upside financial impact of new patient attraction and consumer loyalty, an investment in experience is not simply about an investment in people who lead experience; it is an investment in the kind of organization you choose to be and the outcomes you seek to achieve. In healthcare, this is where the real impact is felt and offers many streams on which to focus, grow and sustain financial viability.

This leads back to the definition of experience from where we started: a focus on experience is about "the sum of all interactions." That "sum" has real implications on the outcomes people achieve and how people choose healthcare organizations, decide to stay with healthcare organizations and talk about them with others.

The Human Experience Imperative

Structuring experience efforts is not just an exercise in determining boxes and lines or building processes to improve a set of metrics. It is a strategic decision with broad reaching implications for healthcare organizations today. While healthcare has and will again find itself in moments like the present with constrained resources, an exhausted workforce, supply shortages and more, a decision to invest in experience provides a solid backstop to diminished returns.

Yes, tough choices must be made, but an investment in experience is one that can reap great rewards. The implications for action in committing to an experience leader and structure are evident. There is no one-size fits-all for every organization to ensure you will get the results realized by your peers.

These six considerations should be clear to any healthcare organization striving for experience excellence:

1. An investment in experience leadership and structure is a must.
2. An experience leader should reside in the C-Suite (or have direct access to it).
3. An experience leader/office should drive both the development and execution of strategy and culture.
4. An experience leader/office must address more than just metrics.
5. An experience leader/office must have operational accountability and reach.
6. An experience leader/office serves a role of boundary spanner and champion for human experience.

A commitment to experience is also a way to navigate tough times. It is a commitment to caring, an acknowledgement of support for the workforce; it is a reaffirmation of purpose and, perhaps for some, even healing. In the suggested frames above and the potential models shared, each organization will need to decide its path based on what it sees as strategic priorities and what it hopes to ultimately achieve. It is hoped all can agree that the benefits of an investment in experience efforts far outweigh the hard costs and the ripple effects of action to ensure experience excellence carry well beyond their tactical application.

The considerations here are meant to inform choice, but the choice to act is up to you as organizations and leaders. In the end, it may be safest to say that the communities served by healthcare organizations, the healthcare workforce who show up every day to drive its engines, and the patients and care partners ultimately served by healthcare organizations truly deserve no less. The imperative for a commitment to human experience is clear. How you get there is up to you.

"Structuring experience efforts is not just an exercise in determining boxes and lines or building processes to improve a set of metrics. It is a strategic decision with broad reaching implications. An investment in experience is one that can reap great rewards."

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APPENDIX 1 – Contributing Organizations

Adventist Health
Alfred Health
Atrium Health
Baystate Health
BJC HealthCare
Bumrungrad International
CareMax
Cedars-Sinai
CHRISTUS Health
City of Hope
Cone Health
Cook Children's Health Care System
Cook County Health
Dartmouth Health
ECU Health
El Camino Health
Essentia Health
Froedtert Health
Johns Hopkins Health System
JPS Health Network
Lehigh Valley Health Network
MaineHealth
Mayo Clinic
Memorial Hermann Health System
Methodist Health System
MU Health Care
Northwell
NewYork-Presbyterian
Sharp HealthCare
St. Luke's University Health Network
Stanford Health Care
The Royal Women's Hospital - Melbourne
Trinity Health
UAB Health System
UC Health
UCLA Health
UM St. Joseph Medical Center
UNC Health
University of Maryland Medical System Upper Chesapeake Health
University of Texas MD Anderson Cancer Center
Vanderbilt Health
Veterans Experience Office

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