EXPERIENCE
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PART OF VOCERA

Differentiating on Human Experience

How Healthcare Organizations Drive Lasting Loyalty and Growth

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EXECUTIVE SUMMARY

Healthcare organizations that make innovation on the human experience of care their top strategic priority will be positioned to thrive during healthcare reform as they address issues such as quality, cost reduction and efficiency, complex reimbursement, advances in medical and information technology, and changing care delivery models. Care delivery today is uncoordinated, disconnected, and disheartening to patients, families, and the dedicated doctors, nurses, and staff members who have chosen to commit their lives to the healthcare profession.

Focusing on the human experience of care isn't just good healthcare, it's also good business. In addition to reimbursement models shifting from volume to value, emerging studies show that patients choose healthcare resources based on personal experience and recommendations. Positive patient experience also correlates to healthcare quality and safety, making the pursuit of excellence across experience and clinical quality a virtuous cycle of differentiation, loyalty, and growth.

Driving towards seamless patient journeys that restore human connection to healthcare is no small undertaking. To succeed, organizations must adopt a leadership and cultural infrastructure that integrates traditional approaches to efficiency and quality improvement with approaches that identify the gaps in the human experience, defining innovative care delivery models that drive organizational loyalty and growth. The five imperatives of this infrastructure include:

1. Develop strategy and infrastructure that align experience and outcomes.
2. Build a relationship-based culture.
3. Infuse the voice of patients and families into decision making.
4. Map the gaps in efficiency plus empathy and design solutions to humanize care.
5. Put science behind the human experience.

Rather than treating experience as a parallel initiative, separate from quality, safety, and performance improvement, aligning efforts returns healthcare teams to purpose and drives competitive differentiation.

Only a select few healthcare organizations are poised to lead and demonstrate for the nation how a focus on humanizing the patient and staff experience leads to improvement in outcomes and drives lasting loyalty and growth. These leaders recognize that the real work requires a long-term commitment to human experience as a top strategic priority, a clear authentic vision, and an appetite for risk. They will not be content to focus solely on their own organizations, but instead will seek out collaboration with other leaders and innovators to accelerate the discovery of transformative and transferable ideas.

Collectively, these leaders will disrupt the status quo and succeed not only in improving their own institutions, but by also impacting healthcare delivery across the country and the world. They will lead the charge in redefining the practice of medicine, driving better quality of care, more rewarding healthcare careers, and a more sustainable healthcare industry serving the needs of patients and families for years and decades to come.

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RESTORING HUMANITY TO HEALTHCARE

STORY 1: A patient arrives at 5:30 am for her surgery, as instructed. She hasn't eaten since the night before, and she's tired, hungry, and anxious about whether the surgery will leave her in pain or fail to resolve her symptoms. The receptionist shows up late, focuses on his computer and coffee, and finally hands the patient a stack of paperwork to fill out—paperwork that is duplicative of the pre-registration information the patient already took time to complete online. After hours of waiting without explanation, the patient is summarily whisked away from her loved ones, wheeled into a cold room, and asked to sign consent forms that detail all of the possible complications from surgery—including death—before undergoing anesthesia surrounded by strangers who talk more to each other than to her. Her family waits anxiously throughout her preparation, procedure, and recovery, with little information about her status or wellbeing. Her recovery is filled with uncertainty as she is visited by a parade of nurses, hospitalists, and specialists who fail to explain their connections to each other or describe her overall plan of care. At discharge, she's given a stack of papers and wheeled to the door, hoping she can remember all of the new medications she is taking and how to take care of herself at home.

STORY 2: A nurse has just finished a shift where he lost a patient with whom he had built a relationship over several years of providing care. He heads home to his family where he keeps to himself over dinner and heads to bed for a night of fitful sleep. The following morning he arrives for his third 12-hour shift of the week. Although the events of the previous day go unacknowledged by his colleagues, he is faced with the harsh reality when he logs into the electronic medical record and sees that the patient name is still on his list, waiting for final documentation. He steels himself to begin his shift, entering a patient room where he distractedly begins to prep a patient for a central line.

Stories like the two above happen every day and are viewed as normal. Why? Because the healthcare industry has systematically dehumanized the delivery of care. Disjointed communication, failure to engage patients, staff burnout, and siloed approaches to "improvement" put patient care and safety at risk. As the healthcare market becomes increasingly competitive, organizations that differentiate on human experience, creating lasting loyalty and connection with patients, physicians, and staff, will be the ones to grow market share and attract the best talent.

Faced with the need to improve care quality and reduce costs, many health systems have implemented efficiency methodologies, such as Lean and Six Sigma,[1] and quality and safety checklists. When used effectively, these practices improve patient flow and can address quality and safety risks. However, they fail to address some of the greatest barriers to patient care including fragmented communication, broken relationships, unaddressed emotional needs and concerns, and physical barriers to receiving care. These gaps in the human experience are key drivers of sentinel events,[2] low patient engagement, and poor clinical quality.

The healthcare industry needs a new focus—a focus on the human experience as its highest objective. Under this model, safety, efficiency, and cost control are designed through the lens of building connection and communication as a means of engaging patients, families, physicians, and staff. This focus on human experience delivers seamless patient journeys at the highest quality with greatest value to patients, while also restoring joy to the practice of medicine. To achieve this goal, organizations must combine processes and methodologies that deliver highly efficient and effective care with systems and infrastructures that restore human connection and empathy, thus designing models of care that build patient loyalty and drive organizational growth.

Differentiating on Human Experience: Efficiency Plus Empathy

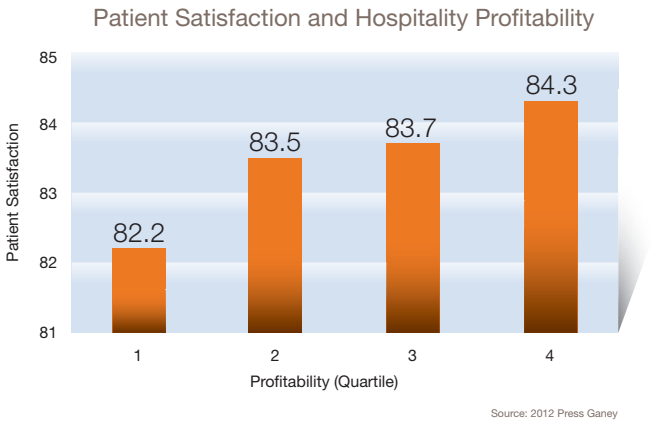
Quality, Safety, Flow

Emotion, Communication, Relationships

Loyalty and Growth

THE BUSINESS CASE FOR HUMAN EXPERIENCE

A growing body of research ties employee and patient experience to the "harder" metrics commonly pursued by health systems. In the groundbreaking 1994 Harvard Business Review Paper, "Putting the Service-Profit Chain To Work," James L. Heskett et al make the case, "Profit and growth are stimulated primarily by customer loyalty. Loyalty is a direct result of customer satisfaction. Satisfaction is largely influenced by the value of services provided to customers. Value is created by satisfied, loyal, and productive employees."[3]



Healthcare has long considered itself exempt from this equation. It is not. A 2012 analysis by Press Ganey shows that when hospitals are ranked by profitability and divided into quartiles, patient satisfaction scores increase as profitability increases.[4] And a Towers Watson study shows that, without exception, when employees feel more favorably about a hospital as a place to work, patients report higher levels of satisfaction.[5]

As the United States healthcare industry moves inexorably towards reforms aimed at boosting quality and controlling cost, and as information transparency reaches new heights, investing in innovations that create a seamless, consistent experience of care will drive:

Growth.

A 2007 McKinsey study shows that "Patient Experience" accounted for 41% of patients' decision making when choosing a hospital—equivalent to reputation and physician referrals combined.[6] In addition, 56% of patients said they would definitely request a particular hospital that is distinctive for patient experience, all other things being equal.[7] With information about hospital, health system, and even clinician experience widely accessible to patients via quality and experience comparison websites (e.g. Hospital Compare, Vitals.com, Angie's List, etc.) and social media platforms, a health system's ability to attract and retain patients will be increasingly dependent on patient experience.

Reimbursement.

Medicare's value-based purchasing (VBP) program is just the beginning of reimbursement shifts that are intended to drive value over volume.[8] Medicare has also introduced reimbursement penalties for excessive readmissions, as well as inpatient quality reporting requirements.[9] Together with meaningful use incentives designed to drive patient engagement, up to 10% of Medicare reimbursement will be tied to quality measures by 2017.[10] And Medicare isn't the only one making changes. In the state of Massachusetts, arguably the bellwether for health reform changes, Blue Cross Blue Shield of MA introduced its alternative quality contract (a shared risk model based on global payments and quality incentives) in 2009.[11] After results showed cost reductions from the program, nearly every state-based payer followed suit.[12] Combined with the Accountable Care Act (ACA) and private payers' push for new "patient-centered" care models around the country (Accountable Care Organizations, Patient-Centered Medical Homes, etc.), the shift to value over volume in payment structure has passed its tipping point. Under these new care and reimbursement models, a health system's success is dependent on its ability to engage patients and deliver high-quality, efficient care that meets patients' physical, emotional, and communication needs.[13]

Quality.

A 2008 study compared Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores with Hospital Quality Alliance (HQA) scores for acute myocardial infarction (AMI), congestive heart failure, pneumonia, and surgery. The HQA scores for hospitals in the highest quartile of HCAHPS ratings were, on average, about 2 to 4 percentage points higher than the HQA scores for hospitals in the lowest quartile of HCAHPS ratings (a statistically significant difference).[14] In a 2010 study looking at patient satisfaction and AMI, researchers found that "when [they] controlled for a hospital's overall guideline adherence score, higher hospital-level patient satisfaction scores were independently associated with lower hospital inpatient mortality rates."[15] With reimbursement, positioning in tiered networks, and patient choice increasingly dependent on outcomes (together with experience), health systems need to partner with patients through human connection to drive optimal healthcare and business outcomes.

Safety.

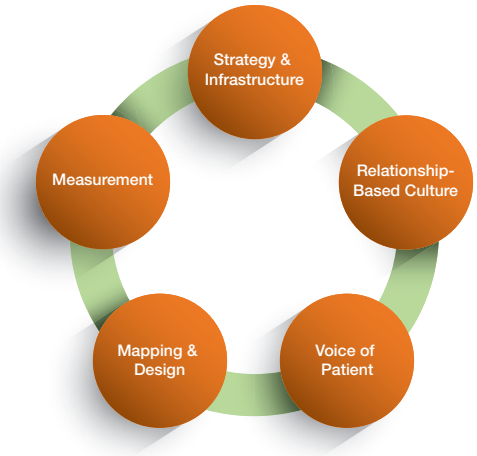
A 2008 study compared patient-reported service deficiencies with an independent chart review of adverse events and errors. Authors report, "The presence of any service quality deficiency more than doubled the odds of any adverse event, close call, or low risk error."[16] A 2010 study examining the relationship between HCAHPS scores and technical measures of safety from HQA found that "The overall rating of the hospital and willingness to recommend the hospital had strong relationships with technical performance in all medical conditions and surgical care." Specifically, infections were more frequent in hospitals with poor doctor communication and room cleanliness scores (-0.37 and -0.37;p<.001), and decubitus ulcer rates were lower in hospitals with high HCAHPS nurse communication and responsiveness scores (-0.34 and -0.35; p<.001;).[17] These studies cement the link between human experience and a safe, healing healthcare experience.

Employee Experience.

Towers Watson found that the more highly employees rated their hospital on questions such as "the organization sets high standards for integrity and compliance" and "I have the opportunity to enhance my skills and abilities," the more highly patients rated the experience at that hospital.[18] Ascension Health System's analysis of patient and employee Net Promoter® Scores shows a positive correlation between associate (employee) loyalty and patient loyalty, suggesting that well-cared for employees are more likely to treat patients with the care and compassion that lead to long-term system success.[19]

FIVE IMPERATIVES TO DRIVE DIFFERENTIATION

Differentiation and healthcare transformation require a focus on proactively improving the human experience and creating new standards of clinical care, not simply creating customer service or service recovery programs. Craig Albanese, M.D., MBA, Vice President of Quality and Performance Improvement at Stanford Children's Health, sees experience improvement as a core element of performance and quality improvement. He describes today's service recovery focus as, "Solving the problems we've created instead of avoiding them in the first place." He goes on to explain, "True service in healthcare is defined by high-quality, safe, empathetic and efficient delivery of care." Creating human experience differentiation moves from "service excellence" to the next level, integrating the philosophies and methodologies of service and clinical excellence to create new models of care delivery, new communication tools and technologies, and streamlined processes that put patients and caregivers at the center.



Based on our extensive work with hospitals, clinics, and health systems around the U.S. and Canada, we've developed five core imperatives that organizations must pursue to differentiate on human experience.

1 Develop strategy and infrastructure that align experience and outcomes.

Treating quality, safety, process improvement, and experience as separate forces acting on the care environment creates organizational inefficiency and initiative fatigue. Organizations that differentiate on human experience make experience as important a strategic priority as traditional quality and safety efforts. They create a single project management hub that builds alignment across experience and process improvement, HR practices, and quality and safety initiatives. The establishment of a Chief Experience Officer (CXO)[20] or similar position allows the organization to exploit synergies and find efficiencies in data collection and improvement methodologies, and to streamline improvement efforts so frontline staff don't view "experience" as a flavor of the month. To succeed in leading the creation of new care delivery models, leaders in all areas must have strong clinical credibility and a willingness to work across traditional organizational barriers. This infrastructure will enable alignment of goals, data transparency, the creation of unit-level champions, and a centralized structure for developing proactive experience solutions.

Case Studies:

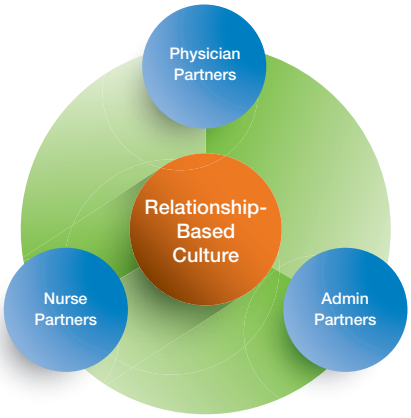
The University of Chicago Medicine (UCM) aligned its experience improvement efforts under veteran infection control leader Stephen Weber, M.D., who is Chief Medical Officer and Vice President for Clinical Effectiveness. Dr. Weber sees clear opportunities for the methods and data that each approach traditionally espouses to inform each other and build a new level of efficiency and insight. He explains, "The product that comes out of a Lean Kaizen when you remove traditional constraints from the staff is not that different from the experience mixed methods approach. Now you overlay that with quality data and you have a much bigger opportunity. Where the CDC's infection control guidelines only care about infection, the patient cares about pain management and healing. We can build an approach to address all of them." UCM achieved a 20% improvement in patients' willingness to recommend the facility over the course of 22 months.

Mission Health System has also positioned responsibility for both quality and patient experience under a single leadership structure. William Maples, M.D., Senior Vice President for Quality and Patient Experience, describes the challenge as follows: "Institutions have addressed patient experience, outcomes, and patient safety as separate buckets of work. In particular, patient experience and service are often discussed as scores from patient experience and HCAHPS surveys, rather than an opportunity to shape a culture that will support outcomes and safety. The end result is that patient experience, HCAHPS, outcomes metrics, and safety metrics have improved slightly and at a pace much slower than our patients deserve." By creating a skills based program focusing on communication, Mission's patient scores for *Overall Quality of Doctor's Communication* improved from 36% to 93%; *Overall Quality of Care* improved from 81% to 88 %; patients' perception of *Teamwork* improved from 74% to 95%; and patients' perception of *Safety* improved from 75% to 92% over the course of three years.

At **Stanford Children's Health**, members of the Office of Patient Experience are working with Process Improvement and Organizational Development teams to drive alignment of vision, priorities, and initiatives. Craig Albanese, M.D., MBA, Vice President of Quality and Process Improvement says, "I took our performance improvement group, which was siloed, and married it with our clinical quality, which was also siloed… as I got deeper into this work, I saw a gap. The missing element was taking care of the staff. If you don't take care of the staff, you risk losing empathy."

2 Build a relationship-based culture.

To deliver a differentiated human experience, a focus on building connection and relationships must be integrated into all aspects of an organization. Successful organizations foster a relationship-based culture in which care team members, patients, and families are viewed as valued members of the team and every member of the organization is empowered to deliver exceptional patient care. Organizational culture and communication among healthcare team members influences the quality of working relationships, job satisfaction, and has a profound impact on patient safety. Leaders advance this culture by creating and modeling shared leadership through partnership between physicians, nurses, and administration. This team culture requires executive commitment and a clear understanding of and dedication to organizational goals on the part of empowered frontline staff members.



Building a relationship-centered culture also includes investing in an environment that empowers healthcare workers and allows them to support each other, and where resources are effectively deployed to allow frontline leadership and innovation to shape and influence strategic priorities.

Case Studies:

Maple Grove Hospital (MGH) is built on principles of respect, accountability, teamwork, communication, and pride. More than just buzzwords, the CEO, Andy Cochrane believes these values set his institution apart. He says, "It's not just that we have smart people who are good clinically. It's this notion that people can see a vision and we talk about behaviors that are different here from other places they've been." Cochrane and his team use these principles to define hiring, training, skills development, and the processes and practices adopted and reinforced within the hospital. Staff members express a willingness to support each other and have a commitment to their patients that is apparent even when stress is high. "We really enjoy coming to work here, so we're happy to welcome newcomers into the fold," said one post-partum nurse when describing why Maple Grove nurses don't fit the stereotype of "eating their young." MGH has seen profitably growth from 90 to 130 beds and 150 employees to more than 800 in the two-and-a-half years since it opened.[21]

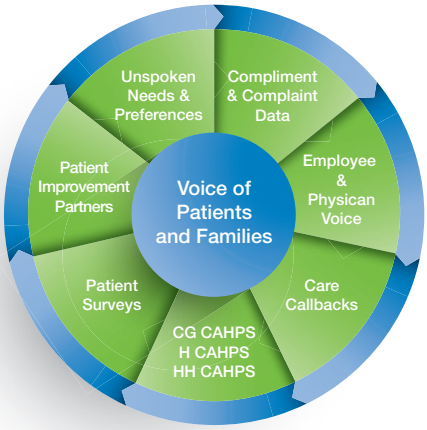
At **NorthShore University HealthSystem**, leaders train all new employees on what they call NorthShore Service Values—an experience excellence philosophy that sets parameters and aspirations for the way staff treat each other as well as the patients and family members they serve. NorthShore Highland Park Hospital President Jesse Hall says, "I tell new employees that every person working in the organization impacts the patient experience. It doesn't matter what department you work in—you will have an impact directly or indirectly on the patient experience."

Bronson Methodist Health Group credits much of its experience success and ability to move quickly and embrace new approaches to its culture. Nancy Radcliff, RN, Director of the Bronson Experience, says, "We talk about something we want to improve, and people identify themselves to support it. When we tap into a person's passion there's no sell—it's their honor."

Stanford Children's Health kicked off a Code Lavender™ program to help alleviate the daily stress and emotional exhaustion of staff caring for a high acuity pediatric patient population. When a stressful situation occurs, teams call a "Lavender Alert" and dispatch resources to provide emotional support to the care team. One physician said, "This is a hard job; if the emotional side isn't dealt with appropriately, walls go up to protect oneself." After the first six months of implementation in the pediatric ICU, the team reports substantial improvement in employee engagement and loyalty as well as a decline in the proportion of staff members reporting that they "do not feel supported" by the institution from 24% to less than 3%.

3 Infuse the voice of patients and families into decision making.

To build a culture and processes that support the human experience of care, leaders and frontline workers need to keep a close pulse on the voice of patients and family members, as well as those of physicians and staff. Listening to these voices requires more than simply deploying satisfaction surveys, which are only the beginning. Organizations must build the infrastructure to proactively capture patient and staff voice and feed it into all improvement and innovation processes. Feedback should be systematically analyzed to identify opportunities, celebrate progress, and identify change agents and potential mentors. Successful organizations integrate patients and families on project teams, collect ongoing patient and staff voice, include patients and families in leadership forums, and tap into social media and other emerging resources for added insight.



Case Studies:

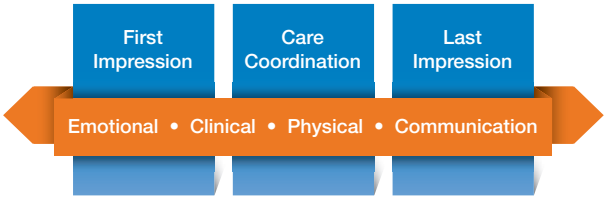
Ascension Health chose its experience data vendor in part because it enabled experience leaders to capture and play back the voices of actual patients describing their interactions with the system and associates. This process helps them reinforce purpose and meaning when associates get positive feedback, and it helps get the message across to associates who may be defensive about their current attitudes or practices in an indisputable way.

Ardent Health Services has devised a system to capture experience scores at the individual physician, nurse, and housekeeper levels for many staff members. This precise data not only supports one-on-one coaching, but also identifies shining stars who consistently deliver exceptional experience. Vice President Kevin Gwin says, “It’s a new way to manage the patient experience, and it allows us to highlight our best performers, to study what they do differently, and to celebrate them in internal and external marketing campaigns. We’re able to raise the visibility of the great work they’re doing.”

Maple Grove Hospital uses research and input from patients and family members to inform everything from the design of their lobbies (warm and intimate rather than grand and imposing) to the introduction of new technologies into the care process (patients are part of the evaluation team). Maple Grove also includes direct patient input in every executive and company meeting.

The process improvement team at **San Francisco General Hospital (SFGH) Urgent Care Center** recognized the opportunity to collect staff feedback on a regular basis and create a continuous improvement process to supplement more intensive Kaizen events. The team implemented a periodic Pulse Survey, based on a modified version of the Net Promoter® Score question. The qualitative feedback allows them to identify opportunities and source solution ideas, while the quantitative data allows them to track progress over time. Over the course of 1.5 years, staff willingness to recommend SFGH as a place to get care improved by 23%. Over the same period, patient satisfaction jumped from 3.75 to 4.39 on a five-point scale.

4 Map the gaps in efficiency plus empathy and design solutions to humanize care.



The most innovative ideas often come from within an organization. Toolkits, checklists, and protocols that are imposed from the outside or from distant leadership rarely take root. Instead, successful organizations engage and empower frontline workers in the creation of innovative new solutions that build upon evidence-based approaches. And because traditional process improvement approaches often fail to capture the gaps in the human experience, leading health systems integrate experience mapping with value-stream mapping and other non-service-focused improvement approaches. Rather than focusing exclusively on drivers of inefficiency, defects, and cycle time, experience mapping enables teams to document the barriers to care and obstacles to creating highly functioning teams by focusing on four key dimensions: emotional connection, physical comfort, patients' perception of clinical quality, and communication needs. Under this model, safety, efficiency, and cost control approaches are designed through the lens of building connection and communication as a means of engaging patients, families, physicians, and staff. In doing so, multidisciplinary teams can create innovative standards of care, or 'Always Events®' (the converse of never events), that restore human connection and empathy, thus building patient loyalty and driving organizational growth.

Case Studies:

At **Mission Hospital**, veteran Lean Master Black Belt and Manager of Performance Improvement, Dawn Burgard, helped lead a value stream mapping exercise that integrated a process to map gaps in communication, empathy, and patient perceptions of quality. At the conclusion of the exercise she said, "I have been doing Lean for years. Now that I have done it this way, I would never do it again without the Experience Observation."

OSF St. Joseph Medical Center undertook experience mapping to differentiate the experience in their birthing center. The team discovered opportunities to implement a birthing navigation program and create a patient 'wish list' to simplify the birth planning experience. But the deeper change came from holding physician/nurse professional development sessions and building a dyad nurse-physician leadership model. "The relationships that we have forged with our physicians have led to a change in our organization," said Deb Smith, Chief Nursing Officer. As a result, OSF's HCAHPS *Overall* score jumped from the 82nd to 96th percentile, and the birthing center increased its physician market share by 5% and patient volume by 26%. The dyad leadership model was so successful it was spread to all clinical service areas at the hospital.

Twin Rivers Regional Medical Center, part of the HMA system, undertook a design effort to improve the experience on one of their units. Doctors on the unit created Sacred Moments on Admission—a chance for clinical staff to connect with patients, address their immediate physical, emotional, and informational needs, and focus on the plan of care and patients' goals. Together with a "No Excuses Team," the Sacred Moments led to a 117% increase in patient top box hospital *Overall Rating* scores and significant improvements in financial performance and physician engagement.

Cullman Regional Medical Center knew that patients were struggling to remember their discharge instructions. Rather than crack down on nurses (who, they believed, were already doing well), Cullman sought out a technology solution. They helped design a discharge communication solution, which allows nurses to electronically record their verbal discharge instructions and include support materials (documents, images, videos, etc.) with no disruption to workflow. Patients, family members, and caregivers can access personalized instructions at any time using any device. The platform serves as a patient education tool and also as a means of training and documenting nurse performance. As a result of the implementation, Cullman reported a 15% decrease in readmissions, and HCAHPS discharge communication domains each increased by 63%.

5 Put science behind the human experience.

The greatest innovations in human experience address all aspects of healthcare organizational performance, not just patient satisfaction. Successful organizations develop analytical models and dashboards that link experience, outcomes (including quality and safety), and financial results. They also create transparency around data that drives action and further improvement throughout the organization. By studying the impact of the highest quality models of care, at the lowest cost, with a great experience, these organizations can set a new standard for the nation by defining the ideal human experience in healthcare.

Case Studies:

STANFORD UNIVERSITY MEDICAL CENTER

Stanford's Clinical Excellence Research Center (CERC) employs research fellows to scour academic medical literature and devise new research-based care models that will improve the human experience of care, drive better outcomes, and at the same time reduce costs by as much as 50%. Manali Patel, M.D. is currently engaging with cancer treatment centers to test a new late-stage cancer care model aimed at improving end-of-care decision making, easing the burden of accessing palliative and treatment-oriented medications, and reducing net cost of care by 30%.

BON SECOURS HEALTH SYSTEM

Bon Secours Health System created a nurse navigator program in its primary care medical group. The group runs daily discharge reports to see which of the group's patients have been recently discharged from a Bon Secours hospital. Navigators reach out to patients, assess their readmission risk, and handhold them through the process of getting access to appropriate medical resources. As a result of the program, the group has reduced 30-day all-cause readmissions to a level consistently below 2% and saved $2 million in six months. They also achieved patient engagement scores in the 97th percentile. By measuring financial, quality, and experience results, the group was able to gain access to the Medicare Shared Savings Program, get certified as a PCMH, and negotiate preferred rates with major insurers. As a result, the group has increased its revenue by more than $7 million.[22]

MISSION HEALTH

When William Maples, M.D. joined Mission Health System as Senior Vice President of Quality and Safety, he knew that lasting improvements in quality and safety would only come by bridging communication gaps and building a culture of transparency. He implemented a mandatory Communication in Health Training program for all physicians and staff. To show the impact of the program, Mission measured high satisfaction from training participants, significant and sustained improvement in key patient experience measures including doctors involving patients in decision making, doctors understanding and caring, and keeping patients informed. In addition, the organization reduced vent days and Propofol use in the ICU, as well as moving the system's risk adjusted mortality to a rate that places them above the top 16% in the country. Showing the impact across experience and outcomes helped Dr. Maples turn the training into an ongoing program for sustained improvement.

ACCELERATING EXPERIENCE INNOVATION

Not every healthcare organization will succeed in breaking from today's siloed, operational approach to experience improvement and succeed in building the organizational culture and capabilities to differentiate on human experience. It takes a significant commitment and a belief in the importance of the human experience of care as the key to improved clinical and financial results. Organizations must also be willing to consider the experience consequences of all decisions, from staffing and training to capital investments. Several key attributes will set apart those organizations that will be able to rise to the challenge from those who will eventually be left behind. These include:

A clear, authentic vision.

Driving differentiation requires unwavering leadership dedication to the task of creating and disseminating a clear vision of human experience excellence, and demonstrating a commitment to the vision through every decision. At Maple Grove Hospital, where the mantra is "together, delivering healthcare as it ought to be," Chief Executive Officer Andy Cochrane's top aim is to build a team that makes Maple Grove the ideal place to work and to seek care. "I'm accountable for the people who work for me, not just their decisions, but how they make those decisions and their behavior. There's no pointing fingers elsewhere…That's what drives our growth and makes our scores go to the top 5%." Leadership responsibility includes maintaining a laser-like focus on aligning investments with the vision—including staffing, technology, and capital investments.

Human experience as the top strategic priority.

Experience as an "initiative"—especially when overly focused on chasing scores—does more to fatigue than energize an already over-burdened staff. As with other strategic initiatives, creating the ideal human experience has to be highly visible, measured, tied to the organization's operating rhythms, and on the agenda for every member of the organization's leadership team and board of directors. Those demonstrating true commitment will make the investments and tradeoffs required to bring the right people into the organization, to move out those who are not a fit, and to ensure that all employees are able to achieve peak performance. For example, Select Medical's leadership team has committed the organization to pursuing experience excellence for patients, families, physicians, and staff. The team spent a year defining goals and priorities with input from frontline staff, then kicked off a new transformation program they call "The Select Medical Way" that addresses culture, governance, and values. Only organizations that hold themselves accountable for experience as they would quality will drive results.

Courage and appetite for risk.

Every organization has leaders and change agents who challenge the status quo to fix what is known to be broken and who do not allow fear of failure to be an obstacle. The challenge for leaders is to find, mentor, and protect these mavericks from the forces that try to stifle their innovative impulses. Marc Katz, M.D., Chief Medical Officer of Bon Secours Health System's Heart and Vascular Institute, was the first to adopt robotic heart surgery after FDA approval. Dr. Katz took the risk to lead in this field because he saw the impact in his patients' lives returning to normal activity in just days, rather than the weeks or months of recovery with traditional surgery. How was Dr. Katz able to buck the trend? In part because system Chief Operating Officer James Sherwood, had his back on the administrative side of the house. "I manage the wake behind the speedboat," jokes Mr. Sherwood. That allows Dr. Katz to keep pushing the envelope, finding new and better ways to serve his patients' needs.

A bias to action.

Many good ideas languish due to lack of attention and action. But not at Naval Hospital Camp Lejeune. The Experience Innovation Network's co-founder, and current Chief Medical Officer of Vocera Communications, Bridget Duffy, M.D., spoke at the 2011 Military Health Conference where she challenged leaders with ten things that they should do on Monday to improve the experience in their health systems. On Tuesday, she received a call from then Commanding Officer, Captain Dan Zinder, M.D., saying, "I've done those things, now what?" Captain Zinder's successor is no different. After attending the Experience Innovation Network's CXO Roundtable in 2013, which showcased a number of innovations designed to improve the human experience of care, Captain David Lane, M.D., set up meetings with each of the innovation pioneers within a month to figure out how best to apply these innovations within the Naval Hospital, where he is now deploying six of them. This bias to action is not unique to the military, and it is essential for demonstrating commitment and creating sustainable experience differentiation.

PARTNERS ON THE JOURNEY

Going against the status quo can be lonely work. The medical industry traditionally defines excellent outcomes solely in terms of clinical measures and business results based on short-term financial effects. Experience leaders need a network of like-minded innovators who are successfully redefining the delivery of care with whom they can collaborate on developing big ideas, accelerating the adoption of new models of care, and measuring the impact of those models on experience, outcomes, and business results. The pioneers who invest to differentiate on human experience rather than chasing scores or making short-term financial decisions will reshape the healthcare landscape in the coming years and decades. These leaders know that innovation driven by co-creation and supported by culture cannot be easily replicated by outsiders, and so they do not hesitate to share their insights, work with other thought leaders, and showcase the impact of solutions that solve the core issues in healthcare. As a result, organizations that differentiate on human experience will ultimately transform the practice of medicine, reshape the national agenda, and set the pace for the nation, creating an impact that spreads well beyond the walls of their institutions. These leaders will transform and revolutionize the healthcare landscape for decades to come.

ABOUT THE AUTHORS

M. Bridget Duffy, M.D., is the Chief Medical Officer (CMO) of Vocera Communications, Inc. Prior to her appointment as CMO at Vocera, Dr. Duffy co-founded and served as Chief Executive Officer of ExperiaHealth, a company that assisted organizations in rapidly improving patient, family and staff experience through innovative solutions that restore the human connection to healthcare. ExperiaHealth was acquired by Vocera and now drives the company's thought leadership and research agenda as the Experience Innovation Network. Previously, Dr. Duffy served as Chief Experience Officer (CXO) of the Cleveland Clinic—the first position of its kind in the nation. Her work to lead the patient experience movement has earned her the honor of being named by HealthLeaders magazine as one of "20 People Who Make Healthcare Better" and one of the "Top 50 in Digital Health" by Rock Health. Dr. Duffy attended medical school at the University of Minnesota, and completed her residency in internal medicine at Abbott Northwestern Hospital in Minneapolis, Minnesota.

Kimberly Petty is the Managing Director of the Experience Innovation Network, where she utilizes her expertise in process improvement, innovation development, and customer loyalty to enable healthcare organizations to design innovations that improve the human experience. Kim co-founded ExperiaHealth which was acquired by Vocera Communications and now drives the company's thought leadership and research through the Experience Innovation Network. Previously, she spent more than nine years with General Electric where she lead customer NPS customer loyalty programs and healthcare consulting work as VP Customer Programs at GE's Healthcare Financial Services business. Kim's is a certified Lean Six Sigma Mater Black Belt and received her MBA from University of Chicago Booth School of Business.

Liz Boehm is the Director of the Experience Innovation Network where she brings a wealth of expertise on defining and implementing new innovations in healthcare experience, and helping hospitals and care providers create lasting value for patients and caregivers. She helps the Experience Innovation Network's clients create a competitive advantage via the sharing and adoption of practices and technologies that improve outcomes, create value for patients, and restore the human connection in healthcare. Liz joins the Experience Innovation Network from Forrester Research where she was a principal analyst serving customer experience professionals in the healthcare and life sciences industries. During Liz's 15 years at Forrester, she worked with the country's top hospitals, health insurers and life science firms to craft customer experience strategies and drive business value through improved customer engagement.

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ABOUT THE EXPERIENCE INNOVATION NETWORK

The Experience Innovation Network, supported by Vocera Communications and the Stanford Clinical Excellence Research Center, fosters partnerships across organizations to revolutionize healthcare experience and outcomes. Co-founded by Bridget Duffy, M.D., the first Chief Experience Officer in the nation, this network of healthcare pioneers is accelerating the discovery and adoption of innovations that restore the human connection in healthcare that ultimately improves clinical outcomes, increases patient and staff satisfaction, drives physician loyalty, and creates market differentiation in an uncertain healthcare environment.

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