



The Journey to the Ideal Human Experience

How Healthcare Organizations Drive Sustainable Improvement
In Patient, Family, Physician, and Staff Experience

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Built on the imperatives for creating lasting loyalty and growth in healthcare outlined in:

Differentiating on Human Experience

EXECUTIVE SUMMARY

Leading edge healthcare organizations recognize that the only way to chart a course to long-term, sustainable growth is to differentiate based on the human experience they deliver to patients and families, and that they support for physicians and staff.¹ Differentiating on the human experience requires that organizations commit to five core imperatives:

- 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.

Embracing this vision and making human experience a top strategic priority are just the first step towards driving change. The journey to the ideal human experience takes time and commitment. We've identified four stages along the journey: Bystanders, Chasers, Performers, and Differentiators that are characterized by their organizational commitment to human experience excellence and their ability to execute on best practices and innovation.

Wherever your organization is on the journey, this paper defines concrete steps you can take to advance improvement and avoid common pitfalls as you work toward human experience differentiation.

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DIFFERENTIATING ON HUMAN EXPERIENCE TO DRIVE LASTING LOYALTY AND GROWTH

More than two decades of research has demonstrated that a focus on employee and customer experience enables organizations across industries to deliver on financial and other business outcomes.ⁱⁱ This link is equally strong in the healthcare industry, where a 2012 Towers Watson study and research by Ascension Healthcare show a direct correlation between employee experience and patient experience.ⁱⁱⁱ In addition, a 2012 study by Press Ganey shows that when hospitals are ranked by profitability and divided into quartiles, patient satisfaction scores increase as profitability increases.^{iv}

As a result, Healthcare organizations that want to drive lasting loyalty and growth can no longer afford to focus exclusively on checklists and process changes designed to deliver solely on quality and safety improvement. They must also persistently focus on enhancing the human experience. Market leaders are embracing a new approach to developing culture and delivering quality care that restores the human connection between patients and their caregivers, between healthcare professionals and their healing missions, and between healthcare systems and the communities they serve. As described in the Experience Innovation Network whitepaper, *Differentiating on Human Experience*, this focus on the human experience marries the traditional approaches of quality, safety, and process improvement (efficiency) with a relentless focus on building innovative care processes that allow patients, caregivers, and clinicians to connect and address the emotional, communication, and relationship needs (empathy). By linking these traditionally siloed approaches to innovation and improvement, organizations can deliver healthcare that is cost effective, clinically excellent, and focused on the humans at the center of every care interaction.

Differentiating on the Human Experience: Efficiency Plus Empathy



Organizations that commit to delivering the optimal human experience follow five core imperatives to drive differentiation and results:

- 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.

Following these imperatives result in a sustainable path to long-term differentiation that drives loyalty and growth.

HOW A FOCUS ON HUMAN EXPERIENCE DIFFERS FROM TRADITIONAL CARE

Improvement efforts are nothing new in healthcare. Hospitals and health systems have been pursuing change in the form of process improvement, quality and safety initiatives, and even service excellence for years – sometimes decades. Most initiatives don’t stick because they fail to tap into the higher calling of care teams, and they leave behind a legacy of initiative fatigue, burnout, and frustration.

Pursuing ideal human experience is markedly different from traditional care and traditional change efforts because it focuses on:

Restoring healthcare professionals to purpose.

Rather than harping only on productivity and staffing levels, leaders and managers focus on building physician and staff resiliency, removing obstacles, and engaging all physicians and staff in creating an ideal healing environment.

Building a deep understanding of patient and family needs.

Rather than pursuing their own ideals of patient care, organizations engage patients and families in all levels of decision making. Patient and family partners engage in focused projects with clear goals and timelines, and are present at all meetings where significant, strategic decision are made.

Innovating on core care models.

Rather than wrapping service excellence and service recovery around broken processes, physicians and staff are supported in innovating to build new care models that change core care delivery practices. The focus of these efforts is not just to strip out waste, but to embed communication, emotional support, and tools to support healing into standard work.

Changing culture as well as process.

Rather than focusing on isolated initiatives, senior executives focus on creating a culture that values relationships and the development of meaningful human-to-human interactions.

	Traditional healthcare	Optimal Human Experience
Focus	Disease	Healing
Patients	Objects	Partners
Family/Friends	Bystanders	Incorporated
Culture	Hierarchical	Relationship-based
Communication	Fragmented	Connected
Quality	Defined by a task list	Defined by both outcomes and experience
Outcomes	Defined by the clinician / institution; focused on quantity of life	Defined by patient preferences; focused on quality of life
Service	Added as an initiative	Embraced as a core value
Improvement	Directed	Co-created
Measurement	Mandated surveys	Loyalty (staff and patient), outcomes

THE STAGES OF HUMAN EXPERIENCE DIFFERENTIATION

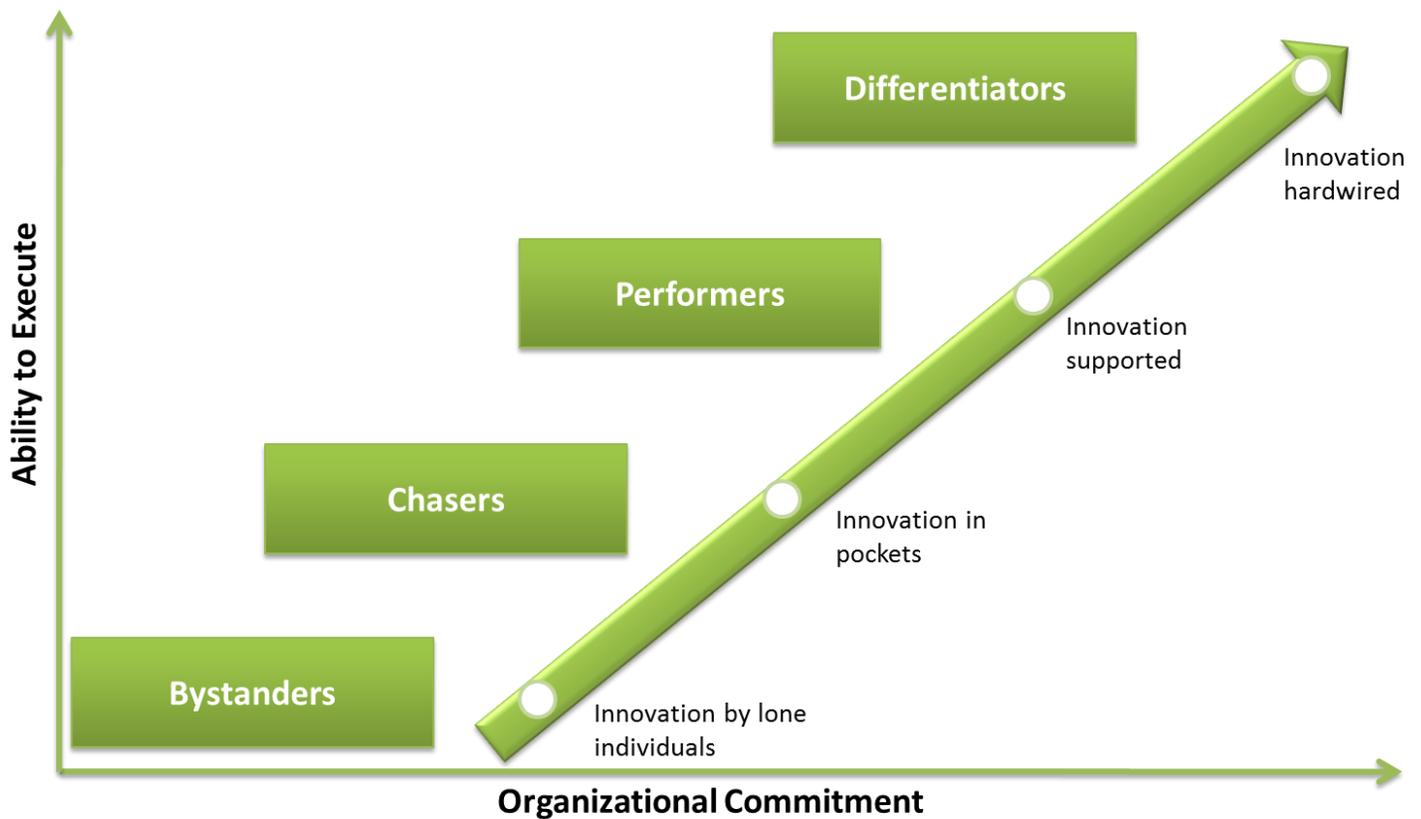
Excelling in Human Experience doesn't happen overnight. It requires a board- and c-suite-level commitment to changing organizational values, priorities, and investments. Many organizations won't succeed. Based on interviews with more than one hundred healthcare executives and in-depth analysis of highly functioning healthcare systems' data, we found that healthcare providers fall along a continuum of human experience engagement based on organizational commitment and ability to execute on experience excellence:

Bystanders – organizations that feel too resource constrained to pursue experience improvement.

Chasers – organizations that focus primarily on mandated patient satisfaction surveys and measures.

Performers – organizations that have implemented evidence-based improvement practices, but have not yet ingrained experience excellence into their culture.

Differentiators – organizations that routinely disrupt the status quo and have embedded human experience excellence into their culture, creating a track for continuous innovation and improvement.



Organizations at each stage along the journey show different characteristics and adopt different tactics and strategies to drive experience improvement. The table below outlines representative efforts and key differences at each performance level.

	Bystanders	Chasers	Performers	Differentiators
Success measures	Patient satisfaction survey (e.g. CAHPS - passive)	Patient satisfaction surveys and annual opinion surveys	Patient Satisfaction surveys, clinical outcomes, organizational engagement, employee pulse surveys	Patients and staff “willingness to recommend” (e.g. Net Promoter Score), clinical outcomes, patient satisfaction, patient stories
Common programs	Process improvement (focused on efficiency vs. experience)	<ul style="list-style-type: none"> • Scripting and ‘Service’ Training • Labeling “Discharge summary” in bright orange to boost survey recall 	<ul style="list-style-type: none"> • Multi-disciplinary rounding • Daily huddles • Communication training (beyond scripting) • Discharge calls 	<ul style="list-style-type: none"> • Relationship based culture (hiring, socializing, recognition) • Commitment to innovating based on voice of patient • Storytelling • Anticipatory service training vs. scripting and service recovery programs
Organizational engagement	None – though some lone individuals may champion	Top down	Top down, with unit-based tiger teams for implementation	Organic, with clear evangelism from c-suite and board
Experience improvement structure	None	Likely to have a service excellence leader or committee; limited clinical leadership	Likely to have an office of patient experience that includes clinical leadership.	Chief Experience Officer reporting to c-suite with a team and resources, quality/safety/ experience strategies aligned.
Patient and family voice	Patient surveys only	Patient surveys and a patient family council	Surveys, focus groups, department patient-family councils	Surveys, focus groups, patient-family participation in project teams, social media monitoring, unsolicited feedback collection, and tracking of personalized preferences and proactive data.
Employee voice	Not tracked	Employee opinion survey every 1-2 years	Employee opinion survey every 1-2 years and open forums for staff involvement in improvement	Pulse survey or other employee feedback tool employed on an ongoing basis and multidisciplinary design incubators to drive innovation

Bystanders: Experience By Accident

Bystanders believe experience is a nice-to-have. In some cases they feel they are doing just fine as is (often despite patient feedback to the contrary), or that it's impossible to deliver a positive patient experience given resource constraints. Many are overwhelmed by all of the changes and financial pressures in healthcare and, with few resources to apply to improvement, are likely to pursue cost reduction without attention to experience implications. They either have not bought into or are unaware of the growing body of evidence that ties experience improvement to both clinical and financial results.^v

Bystander hospitals and clinics still generate experiences for patients and staff, they just do it by accident instead of with a purposeful vision. With the spread of value-based purchasing, accountable care organizations, and market consolidation, Experience Bystanders will soon become an endangered species. It will no longer be possible to ignore the financial and quality implications of a sub-par patient experience.

Chasers: Teaching to the Test

Chasers are focused firmly on whatever measures of experience are mandated or have a clear financial reward (currently HCAHPS or CG CAHPS surveys in the United States). While it can drive improvement in the short run, this approach will not stand the test of time because it:



Treats experience as an “initiative.” Rather than making advancing human experience a larger strategic aim, Chasers pursue solutions aimed at solving a specific issue – such as quiet at night. These are often mandated from above with little of the higher-level strategy, organizational commitment, or staff engagement that drive long term sustainability.

Creates a low-level “service excellence” team. Organizations that focus solely on mandated patient satisfaction survey improvement tend to create separate committees focused on improving service and

satisfaction that have little authority or accountability. These groups often struggle to win the hearts and mind of clinical staff – particularly physicians.

Fails to focus on care delivery. Chasers often focus their efforts on programs such as valet parking, food, and noise, but fail to address the gaps in the actual care experience. These elements can and should be considered as part of experience improvement, but they will not drive lasting differentiation in the healthcare market. Why? Because key driver analysis shows that cultural attributes such as compassion and communication have a bigger impact on long-term loyalty than non-clinical amenities.

Experience Chasers may achieve short term success, but the effort and investment they expend will not pay long-term dividends because they lack the commitment to experience throughout all levels of the organization. In fact, the addition of a new category of change– on top of quality, safety, and process improvement – will often lead to initiative fatigue eroding staff engagement and ultimately patient experience.

Performers: Foundations For Excellence

Performers have typically achieved a high level of “service excellence,” but they recognize that success requires a deeper level of transformation. They have made a strategic commitment to seek and implement solutions that improve both experience and clinical outcomes, but are still mastering the art of implementation and culture change. These organizations perform well on patient experience by:



Creating connections across quality, safety, and performance improvement.

Many health systems have a service excellence or experience improvement department – and also a process improvement department, and a quality and safety improvement department. Performers understand that all three require a similarly rigorous approach to measurement, improvement, and sustainability, and that in many cases you can solve for multiple aims without multiple improvement efforts. They create a central project management office to drive coordination and cooperation across all improvement areas.

Building a foundation of culture change. Performers understand the importance of culture in driving experience, and have clearly defined their strategy, begun to tie experience to leadership development, built infrastructure to support measurement and voice of the patient, and are working to drive accountability throughout the organization. Cultures don’t change on a dime, so performers may still have pockets of dissent or dysfunction. Rather than focusing on the naysayers, performers succeed by celebrating and rewarding champions.

Implementing known clinical and experience best practices.

Performers gravitate to organizational practices that are proven to have impact. Approaches such as leader rounds, care calls, daily huddles, and whiteboard communication are a standard part of how they operate.

*“I have 10% annual turnover.
Eventually the naysayers weed
themselves out.”*

-Amir Rubin, CEO
Stanford Hospital and Clinics

Experience Performers’ emphasis on building culture and integration of otherwise redundant infrastructure enables them to shift with market changes without losing their laser-like focus on the relationships, connections, and communication that drive long term results. The foundation they build enables them to embrace innovation and move towards market differentiation.

Differentiators: A Culture of Human Experience

Organizations that embed experience into their cultures become experience evangelists, innovators, and disruptors of the status quo. These leading-edge health systems pay as much attention to employee experience as they do to patient experience, knowing that only a strong, supported workforce can deliver the kind of experience that leads to outcomes, loyalty, and differentiation. Experience differentiators are characterized by:

Can-do cultures of excellence and support. Differentiators have cultures in which all employees are aligned behind a shared vision of clinical and experience excellence. These cultures are supported by mechanisms for reward,

recognition, and accountability that reinforce the core tenets of human experience. As importantly, Differentiators understand the importance of investing in programs to help physicians and staff develop and improve communication skills, connect with and support fellow staff members, prevent compassion fatigue and burnout, and build resiliency.



Patient voice from the bedside to the board room. Differentiators engage frontline staff in experience mapping and improvement, as well as purposefully bringing patient and family experts to the table in the design of solutions. Differentiators engage patients and families in targeted improvement programs – purposeful engagements with clear goals and timeframes. These project-based patient and family partner programs keep patient voice fresh and focused, and create opportunities to identify and engage patients and families in high-profile events such as board and system-level meetings, space planning, and care delivery redesign.

Innovation in the human experience. Differentiators recognize that pursuing efficiency by driving the human connection out of the equation may save time in the short run, but it just contributes to more time spent downstream addressing issues that were missed up front. They seek innovation that both removes waste and delivers value to patients. Differentiators create continuous innovation infrastructure that facilitates the identification, prioritization, and implementation of human-centered improvements in care delivery. These innovation accelerators involve a wide-array of participants, celebrating input from all parts of the organization.

“We decide what we want to do. We do it. And then it is done.”

-Nancy Radcliff, RN
 Director of the Bronson Experience
 Bronson Healthcare

Differentiators continually raise the bar on the human experience in healthcare. Their ability to take the pulse of their staff, patients, science, and the marketplace enables them to pivot nimbly with market shifts and to define the future of healthcare delivery.

THE JOURNEY TO HUMAN EXPERIENCE DIFFERENTIATION

To move towards a more human healthcare experience, health system leaders need to start with an honest assessment of where they currently stand. The Experience Innovation Network’s Human Experience Differentiation self-test is a good starting place – apply it at the hospital, clinic, or service line level to see where you stand.

The Human Experience Differentiation Self-Test

	Commitment	Ability
Your Score:		
Scale:	Leadership	Imperatives
Bystanders	0-1	5-9
Chasers	0-2	10-13
Performers	3-4	14-17
Differentiators	4	18-20

ORGANIZATIONAL & LEADERSHIP COMMITMENT		
Instructions: Place a "1" in the score column for each statement that is true about your clinic, hospital, or health system.		
Executive leadership commitment and vision		
Our board and c-suite embrace experience as a top strategic priority.	1	
Organizational decision making consistently focuses on the needs of patients and families.	1	
Our leadership has dedicated financial and other resources to patient experience.	1	
We have senior (reporting to c-suite) staff members explicitly charged with experience improvement.	1	
Organizational Commitment Score:		
HUMAN EXPERIENCE IMPERATIVES (ABILITY TO EXECUTE)		
Instructions: Choose the statement that best represents the current state in your organization and place the corresponding number in the score column.		
1. Governance and Strategy: Develop a strategy and infrastructure that aligns experience and outcomes	Value	Score
Our organization has no staff members who are tasked with executing against a strategic plan for human experience improvement.	1	
Our organization has a stand-alone experience improvement committee that executes on tactics, but no clearly articulated, focused human experience strategy.	2	
We have a dedicated team executing on a strategic plan that integrates experience with quality, safety, and process improvement.	3	
As above, and everyone from board members to the frontline staff understands how their job relates to achieving our human experience strategy.	4	
2. Culture: Build a relationship-based culture	Value	Score
Staff and physicians are hired and rewarded based solely on technical expertise.	1	
Staff and physicians are hired and rewarded based on technical skills and cultural fit.	2	
teams.	3	
support.	4	
3. Patient voice: Infuse the voice of patients and families into decision making	Value	Score
Our organization does not collect patient experience data beyond mandated surveys.	1	
Our organization collects the mandated survey data, plus whatever helps with root cause. This data is used for benchmarking and experience improvement only.	2	
Our organization collects loyalty data and qualitative information in addition to any mandated survey data. We use this information to inform all improvement initiatives across the organization.	3	
As above, plus we invite patients to share their voice at all major meetings (board meetings, company meetings, etc.) and to inform all major initiatives.	4	
4. Improvement & Innovation: Map the gaps in efficiency plus empathy and design solutions that humanize care	Value	Score
We have no formal experience or process improvement approach that includes the voice of employees, physicians, patients and families.	1	
We do process mapping (e.g. Lean, Six Sigma) and implement known best practices.	2	
Our improvement approach includes concrete tools for identifying gaps in experience (communication, emotional needs, relationship) and engages front line staff in creating 'Always Events' or solutions that humanize care delivery.	3	
As above, plus we have an ongoing mechanism for soliciting, prioritizing, and acting on staff suggestions to improve and innovate around humanizing care delivery and patient, family, physician, and staff experience.	4	
5. Measurement: Put the science behind the human experience of care	Value	Score
We measure clinical outcomes and/or quality/safety data only.	1	
We measure outcomes/quality and mandated experience questions separately.	2	
We measure the impact of all changes in terms of experience, outcomes, and efficiency.	3	
As above, plus we measure the impact on staff satisfaction, loyalty, and well-being.	4	
Ability to Executy - total score (sum the individual scores from each imperative):		

Organizations that fall into the Bystander or Chaser categories must drive the strategic leadership commitment to experience excellence. These organizations will have to undertake some serious soul-searching to see if they have the will and the drive to move experience up in their strategic focus. Those that fall into the Performer category have the strategy, but need to deliver on more angles of culture and empowerment, while Differentiators have an opportunity to take risks and pursue innovations that will redefine the next generation of experience excellence.

Bystanders – Build the Business Case for Change

Bystanders won't change their organizational focus without a significant commitment from senior leadership. There may be a mismatch between the board and the c-suite (or unit versus corporate leadership), or an overall belief that experience is a nice-to-have that is not connected to outcomes or cost. For these organizations to move, leadership either needs an epiphany, or an overhaul. Change agents in these organizations should focus on building the business case for experience using the impact on outcomes, changing reimbursement, staffing and retention, and market share and patient loyalty models to help justify the expense that will come with shifting focus. If the problem is at the unit level, spend some time at the unit to see if the root cause is leadership, culture, or resources.

Elements of a Human Experience Business Case

- ✓ **Growth:** Patient experience accounts for 41% of patients' decision to choose a hospital.^a
- ✓ **Reimbursement:** Up to 10% of Medicare reimbursement will be tied to quality by 2017.^b
- ✓ **Quality:** Higher HCAHPS/satisfaction scores correlated with higher HQA scores and lower mortality.^c
- ✓ **Safety:** Higher HCAHPS scores correlated with technical performance in all medical conditions and surgical care.^d
- ✓ **Employee loyalty:** Employee experience and patient experience are closely connected.^e

Sources: ^aMcKinsey, 2007; ^bCenters for Medicare and Medicaid Services (CMS); ^cJha, AK et al, 2008, and Glickman, SW et al 2010; ^dTaylor, BB et al, 2008, and Thomas, I et al 2008; ^eTowers Watson, 2012, and Ascension Health (private correspondence).

Full references available in *Differentiating on Human Experience*.

Chasers – Assess Your Leadership Conviction

Like Bystanders, Chasers also typically lack a strategic commitment to making experience a top organizational priority. However, because Chasers have some organizational familiarity with experience improvement initiatives, leaders seeking to drive change in these organizations can use success stories from specific system-wide or unit-level service programs to sell the opportunity up the ladder or across other units. To make the step up to Performer, Chasers will need to focus on boosting leadership commitment, clearly communicating the goals and vision for experience improvement, and setting a long term strategic roadmap for improvement. Then they can apply their process improvement infrastructure and expertise to beef up the rest of their competency shortcomings.

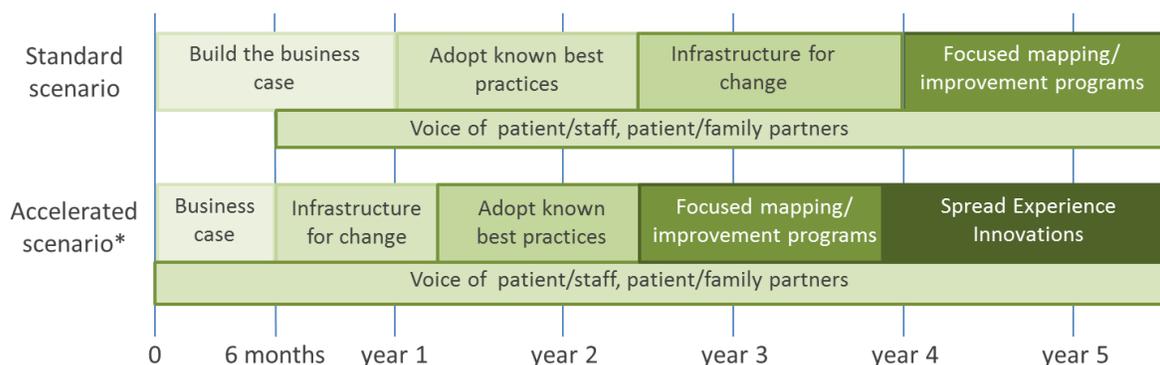
Sample Strategic Commitments & Results

Mission Health's "BIG(ER) Aim is to get each patient to the desired outcome, first without harm, also without waste and with an exceptional experience for the patient and family." *(Improved from 34th to 85th percentile in likelihood to recommend in 3 years.)*

University of Chicago Medicine's strategic plan goal: "Achieve the 75th percentile in Likelihood to Recommend by the end of FY14." *(Improved from 12th to 51st percentile in likelihood to recommend since 2013.)*

Stanford Medicine's mission was changed in 2011 to: "Healing humanity through science and compassion one patient at a time." *(Improved from 46th percentile rank in 2011 to 95th percentile rank in 2014.)*

Timeline for Bystanders and Chasers



*Requires early board- and C-suite-level buy in

Performers – Focus on Competency Shortcomings

Performers have a strong strategic commitment to the human experience, and a basic ability to execute on experience improvement. However, most still need to improve their relationship-based culture. Performers should pursue triad leadership models that align medical, nursing, and administrative partners and create standard processes to systematically map the gaps in the human experience and design new care models in partnership with patients, families, and frontline staff. Performers also will likely find they fall short on a few key organizational competencies, such as aligning quality, safety, process and experience improvement, or partnering with patients and families in strategic decision making, which should be the focus of their efforts to reach Differentiator status.

Building a Triad Leadership Model



Differentiators – Embrace Care Delivery Innovation

Having built the core competencies and organizational infrastructure to deliver on human experience, Differentiators are in a position to raise the bar, both by improving existing processes and by innovating new care delivery approaches that set them apart from the competition. Differentiators' greatest risk is loss of focus or becoming complacent which results in backsliding and erosion of culture. To combat this, they must maintain a clear process for continuous innovation. This can take many forms, depending on the abilities and culture of the organization. Academic medical centers, for example, tend to seek innovation from within – uncovering new procedures and technologies. Other organizations, especially those focused on serving the underserved, will be more successful with an open-innovation model, sourcing ideas from the outside and finding means to adapt them to their specific environments.

Differentiators can also learn from high-performing companies in other industries, adapting proven practices for experience improvement to the healthcare environment so that they may continue to disrupt the status quo, deliver results, and demonstrate to others the benefits of differentiating on human experience in healthcare.

Lessons From Out of Industry

The Apple Store: Breakdown Barriers

By tearing down the front desk and putting receptionists right in the waiting room, Golden Valley Health Centers helped one of its clinics boost patient satisfaction, despite long wait times.

Zappos: Bring Your Weird Self to Work

Maple Grove Hospital engaged employees from all over the hospital to create a video showing staff having fun and being goofy at work. Maple Grove's Overall Likelihood to Recommend scores are consistently above the 80th percentile. <http://youtu.be/10KV1M6bwyg>

Google: Have a Mindfulness Guru

Bronson Healthcare incorporated mindfulness training into its physician leadership curriculum.

Mercedes Benz: Concierge Services for Staff

Annie Penn Hospital offered concierge services including dry cleaning, car wash, and other tasks that are hard to accomplish with a 12-hour shift schedule. Employee engagement scores reached the 99th percentile.

COMMON PITFALLS AND THEIR SOLUTIONS

As experience has risen on the healthcare agenda in recent years, organizations have often found themselves either struggling to make progress, backsliding after a period of improvement, or seeing wide variability in results. Research points to several pitfalls that lead to suboptimal experience results:

Pitfall #1: Treating experience as an initiative.

While 84% of healthcare executives claim patient experience is one of their top 3 strategic priorities, few have appointed executives to lead the work or allocated financial resources to driving improvement.^{vi} As a result, solutions are often seen by frontline staff as a series of initiatives with no broader strategy. Employees either fail to embrace these “flavor of the month” initiatives, or run out of energy chasing each new opportunity with no cohesive framework and value.

Solution: Appoint a C-level executive to lead experience. The experience leader needs organizational authority, budget and staff, and medical credibility to succeed.^{vii}

Pitfall #2: Failure to obtain physician and staff buy-in.

The most common reasons cited by organizations that feel they are not making progress toward an optimal human experience are competing priorities and lack of physician buy-in. Traditionally, experience improvement work has not been viewed as part of a complete clinical excellence strategy. As such, physicians have not been at the table as leaders in shaping experience strategy or gauging its clinical value. As a result, experience work is often tabled due to the perception that it competes with the more pressing demands of quality and safety improvement.

Solution: Town hall meetings and dyad leadership. Use town hall meetings to gather the physician and staff perspective on what works and what’s broken. Appoint dyad (nurse-physician) leaders for each clinic, department, or unit to drive ownership of mapping the gaps and designing solutions to the front lines.

Pitfall #3: Lack of alignment with quality and safety.

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

Solution: Create a central project management office. Create a single project management hub that builds alignment across experience and process improvement, HR practices, and quality and safety initiatives.

ABOUT THE AUTHORS

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.

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 healthcare 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.

ACKNOWLEDGEMENTS AND CONTRIBUTIONS

The Experience Innovation Network, part of Vocera, wishes to thank the following experts, thought leaders, and human experience practitioners for their generous insights and continued commitment to this work:

Kevin Gwin
Vice President Patient Experience
Ardent Health Services

Robert Henkel, FACHE
President and CEO
Ascension Health System

Peggy Kurusz, MBA
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Donna Katen-Bahensky, MS
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Endnotes

ⁱ For a more in-depth overview, see the Experience Innovation Network whitepaper, “Differentiating on Human Experience.”

ⁱⁱ Heskett, James L., Sasser, W. Earl Jr., and Schlesinger, Leonard A. *The Service Profit Chain: How Leading Companies Link Profit and Growth to Loyalty, Satisfaction, and Value*. The Free Press, New York, 1997.

ⁱⁱⁱ Source: Towers Watson, “When We’re Feeling Better, They’re Feeling Better: How Hospitals Can Impact Employee Behavior to Drive Better Care Outcomes,” March 2012.

^{iv} Source: Press Ganey, “Return on Investment: Increasing Profitability by Improving Patient Satisfaction”

^v Improved patient experience is correlated with higher healthcare quality, improved safety, stronger growth in revenue and market share, and improved employee experience. See the Experience Innovation Network whitepaper, “Differentiating on Human Experience for more details.

^{vi} Zeis, Michael, *Patient Experience and HCAHPS: Little Consensus on a Top Priority*, HEALTHLEADERS MEDIA, August 2012

^{vii} Source: M. Bridget Duffy, MD, “The Next Role in Healthcare: Physician as Chief Experience Officer.”

^{viii} Taylor BB et al. Do Medical Inpatients Who Report Poor Service Quality Experience More Adverse Events and Medical Errors? *Medical Care* 2008 Feb;46(2):224-228.