

Patient Experience: The New Heart of Healthcare Leadership

Jason A. Wolf, PhD, CPXP
President, The Beryl Institute
@jasonawolf | @berylinstitute

28 April 2017



Framing
PATIENT EXPERIENCE

Patient Experience Defined

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

- The Beryl Institute

An Integrated Perspective



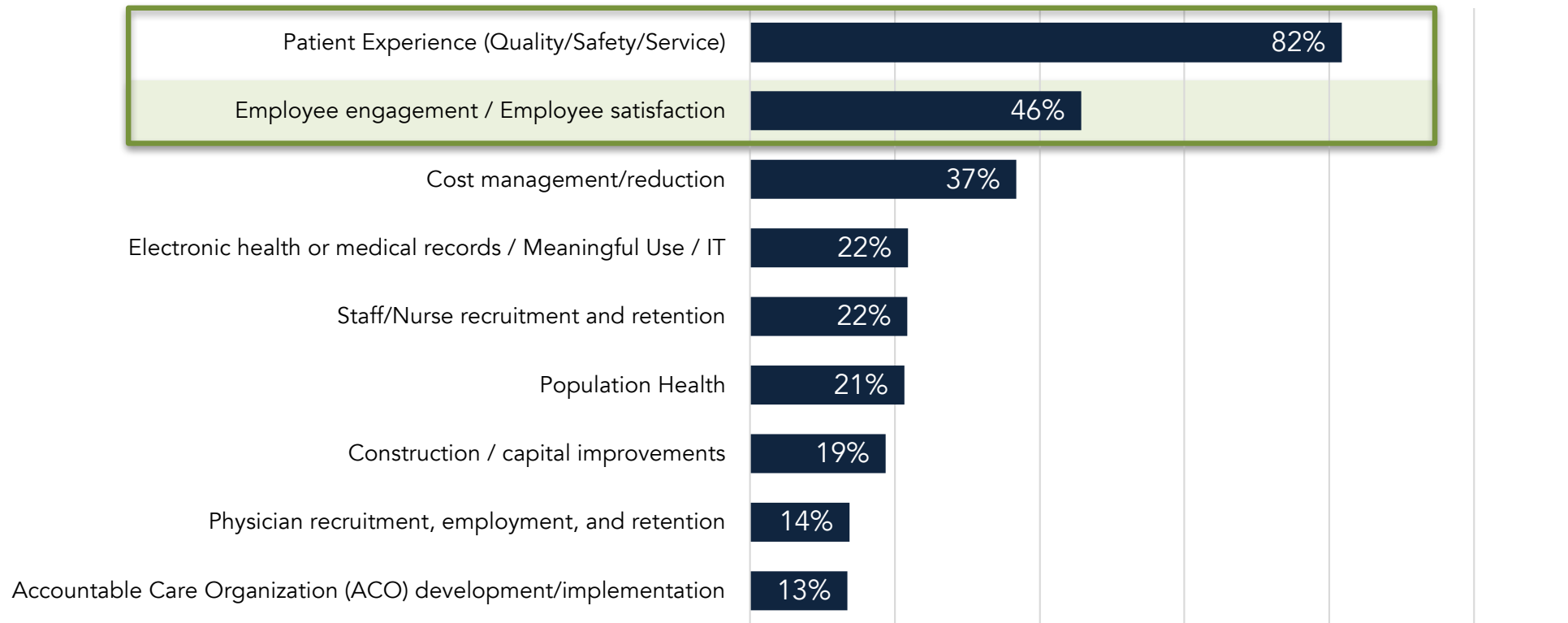
EXPERIENCE →



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

State of Patient Experience...
IMPLICATIONS FOR LEADERS

PX remains top focus, engagement leaps forward



■ All segments

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

Leadership & culture expands, while stress emerges

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

Leadership remains strong driver across segments

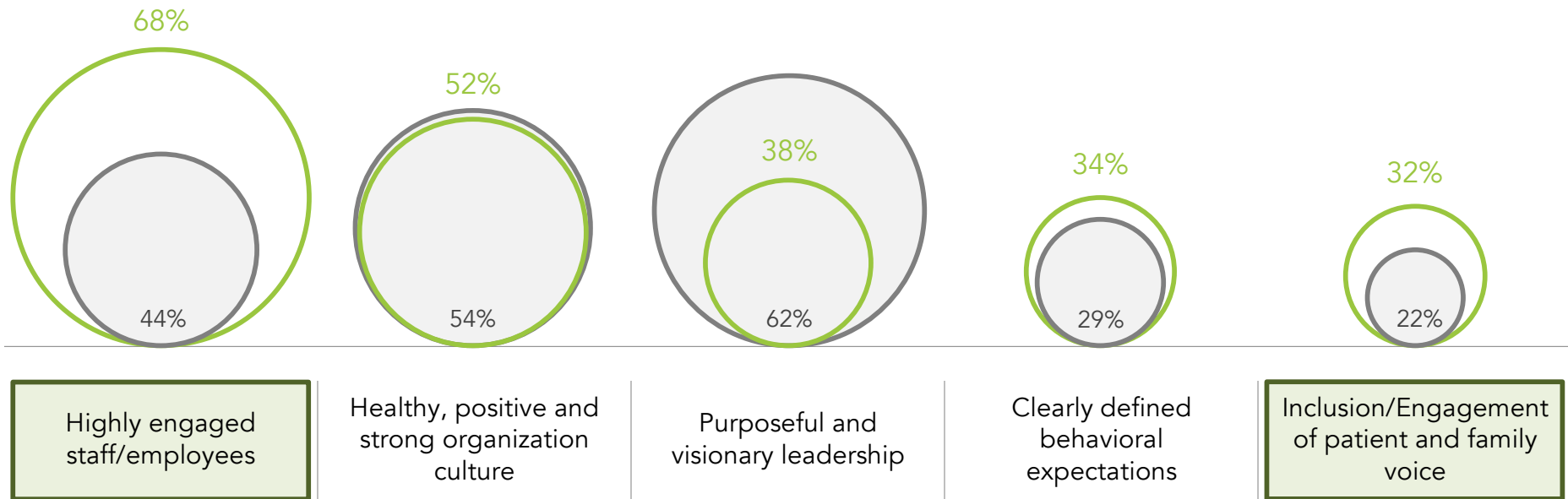
		Non-US Hospitals		LTC		Practices			
		2015	2017	2015	2017	2015	2017		
DRIVERS	Formal Patient Experience leader and/or structure	40%	50%	Strong, visible support "from the top"	49%	38%	Strong, visible support "from the top"	55%	57%
	Formal patient and family advisors or advisory council(s)	N/A	47%	Formalized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

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

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

Engagement leaps to top in achieving positive PX

■ US Hospitals 2017
■ US Hospitals 2015



Engaged staff now leads across segments

Non-US Hospitals

	2015	2017
Highly engaged staff/employees	29%	59%
Inclusion/Engagement of patient and family voice	39%	53%
Healthy, positive and strong organization culture	40%	47%
Purposeful and visionary leadership	61%	35%

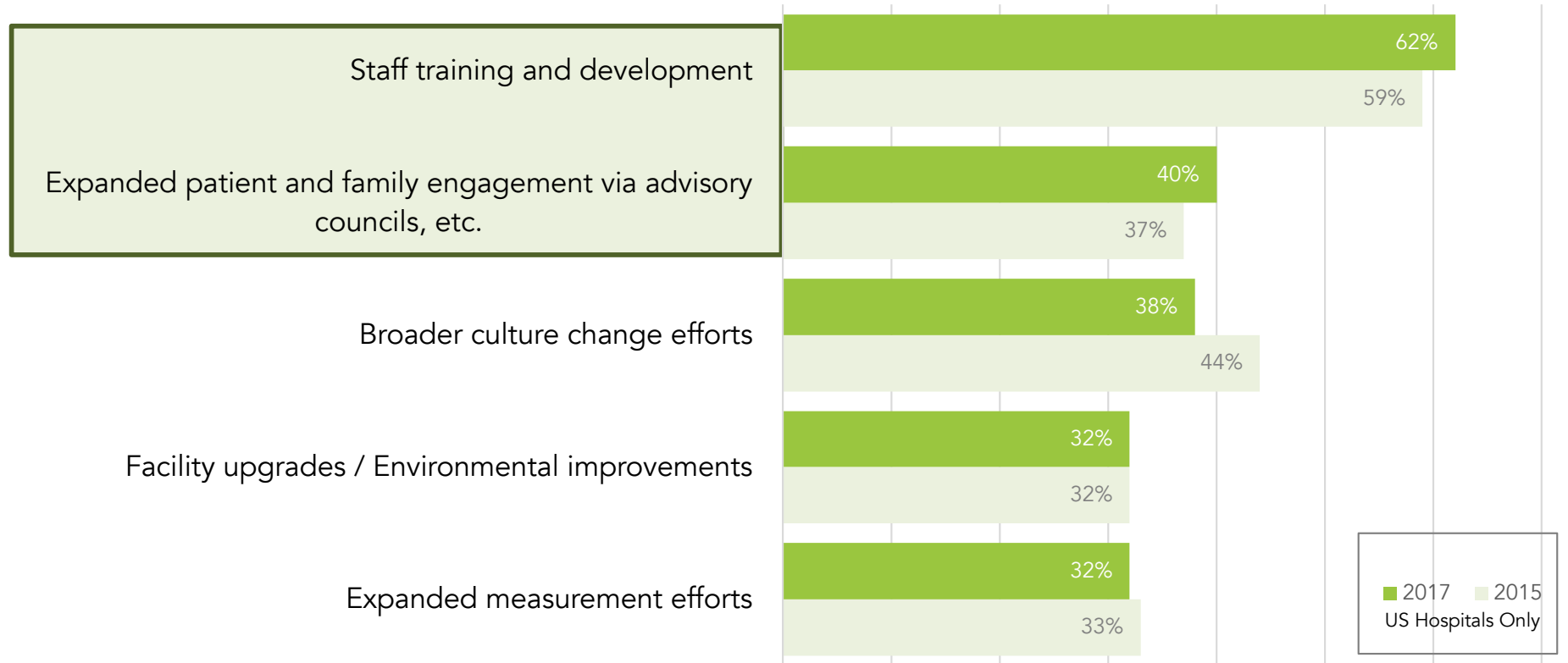
LTC

	2015	2017
Highly engaged staff/employees	52%	79%
Healthy, positive and strong organization culture	41%	67%
Clearly defined behavioral expectations	15%	38%
Purposeful and visionary leadership	56%	29%

Practices

	2015	2017
Highly engaged staff/employees	32%	62%
Healthy, positive and strong organization culture	42%	62%
Clearly defined behavioral expectations	23%	41%
Purposeful and visionary leadership	70%	30%

Investment led by training & patient and family engagement



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

Investment led by training & patient and family engagement

Non-US Hospitals		
	2015	2017
Staff training and development	54%	59%
Expanded patient/family engagement via advisory councils, etc.	56%	51%
Expanded measurement efforts	49%	45%
Broader culture change efforts	44%	30%

LTC		
	2015	2017
Staff training and development	67%	73%
Expanded measurement efforts	53%	41%
Expanded patient/family engagement via advisory councils, etc.	26%	32%
Broader culture change efforts	37%	27%

Practices		
	2015	2017
Staff training and development	39%	63%
Expanded patient/family engagement via advisory councils, etc.	28%	35%
Expanded measurement efforts	31%	33%
Marketing, PR, and/or Communication Efforts	25%	29%

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

PX focus: A return to purpose

2017



Patient Experience...
THE NEW HEART OF
HEALTHCARE LEADERSHIP

Looking Back to Look Forward



Doing TO



Doing FOR



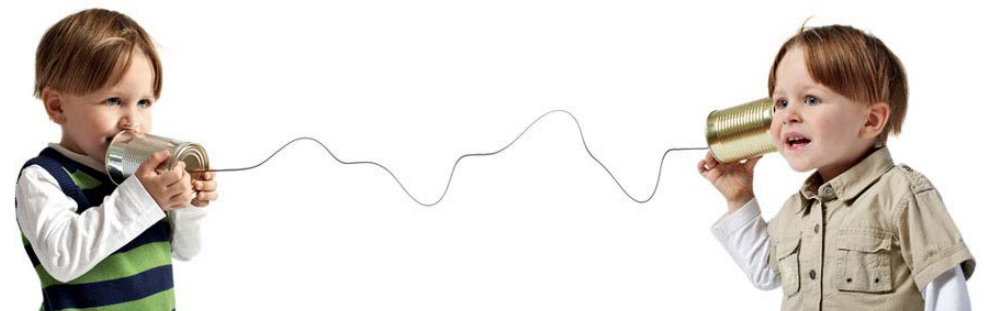
Doing WITH

A Shift in Focus

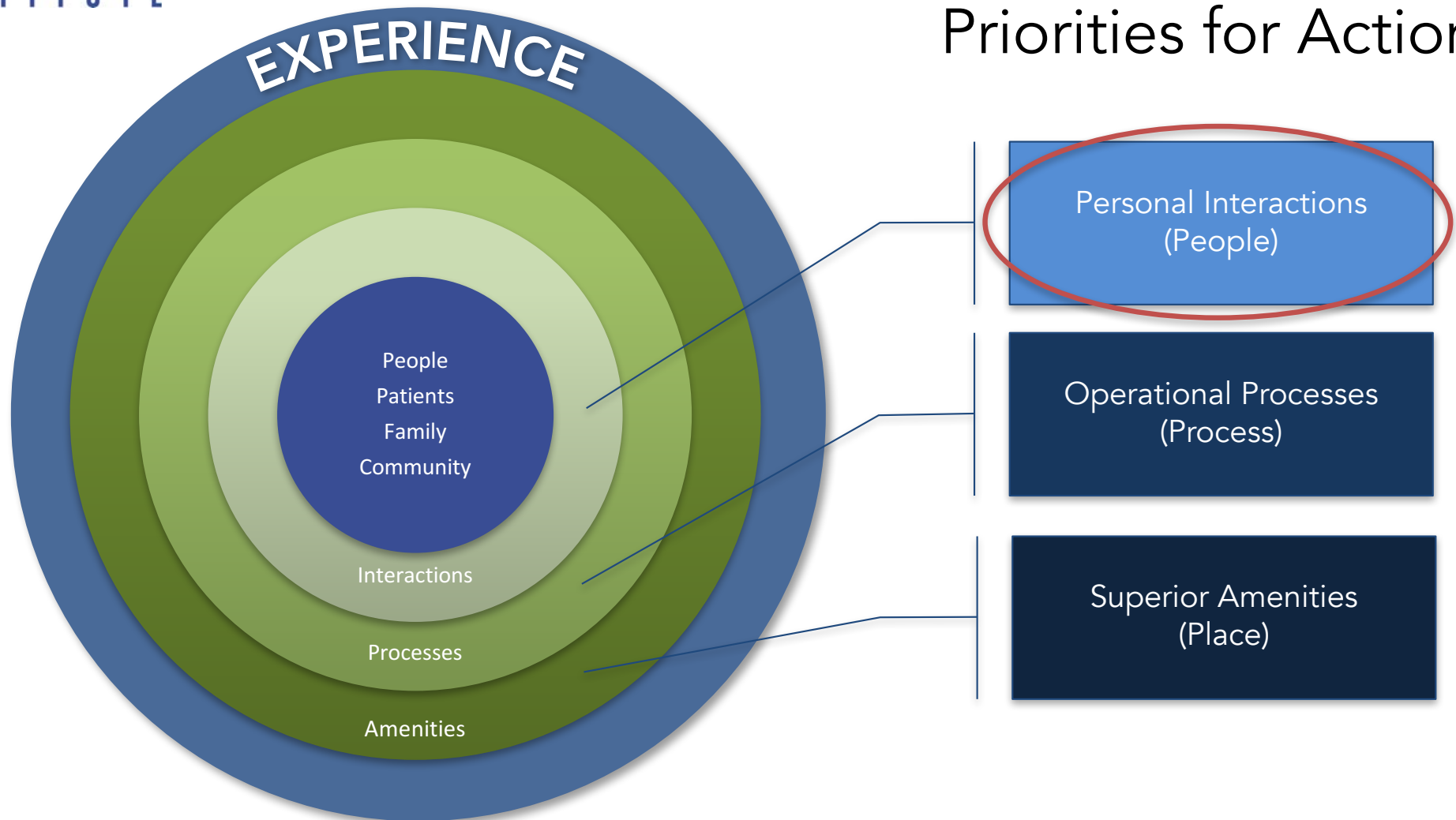
FROM
TRANSACTIONS



TO
INTERACTIONS



Priorities for Action



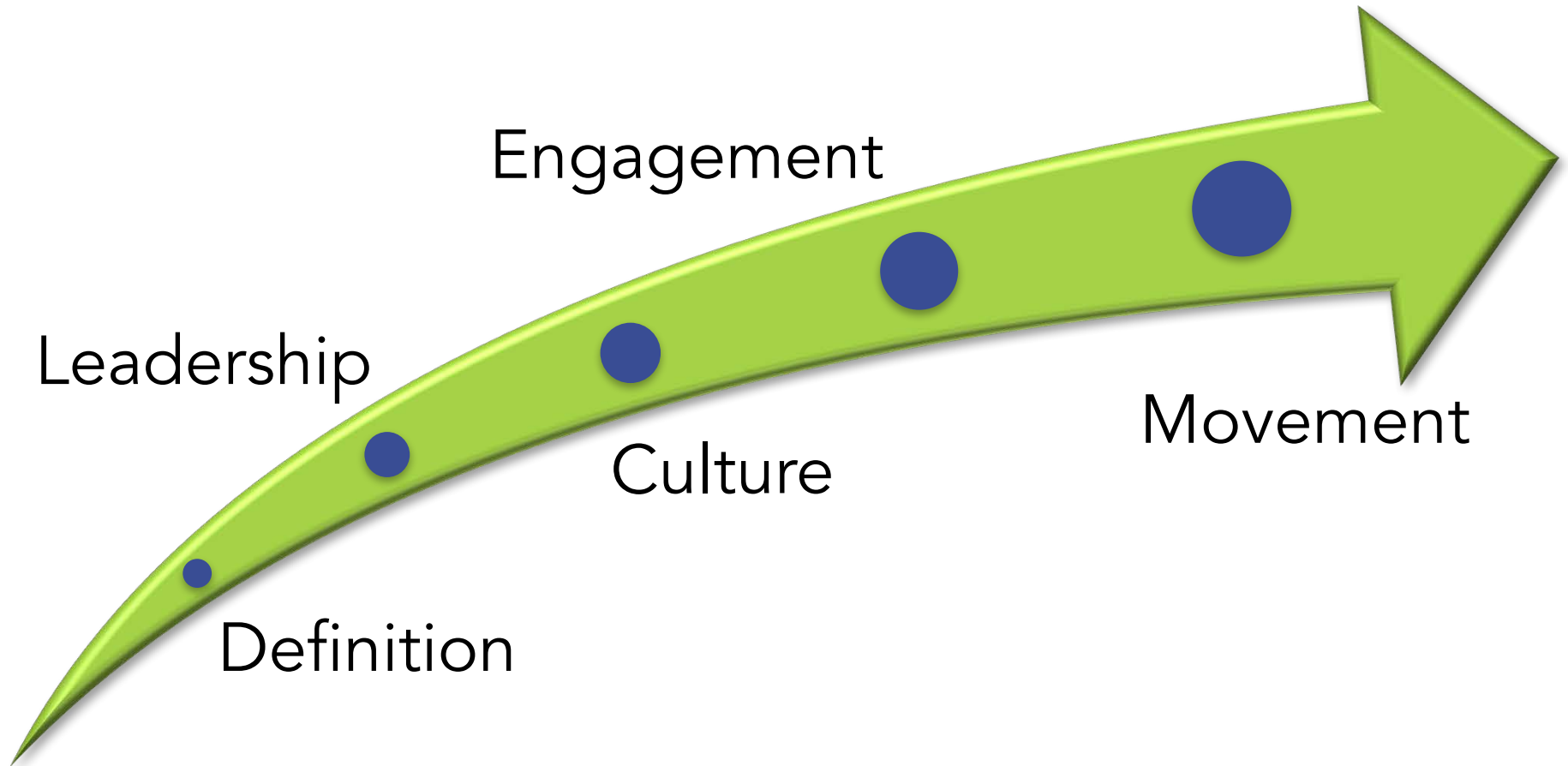


www.theberylinstitute.org

Chronic

N of ONE

5 Strategic Keys to PX Success



The Fundamentals Matter

Experience drives the **fundamental results we look to achieve.**

In healthcare that includes, in this order, clinical and financial outcomes, consumer loyalty, and community reputation.

Interactions are the **point where experience happens...**

and ideally positive interactions result in positive experiences.

Good choices are the seed of every positive interaction.

Culture serves as the lens through which good people make good choices.

Build **vibrant cultures...**

rooted in clear and shared purpose, framed by sound core principles and espoused values, and focused on understandable and actionable goals.

Engage the **best people** to make up our organization,

people who are aligned with the **expected behaviors and attitudes** we believe best to deliver on our organizational commitments.



Guiding Principles for PX Excellence



Identify and support accountable leadership with committed time and focused intent to shape and guide experience strategy



Establish and reinforce a strong, vibrant and positive organizational culture and all it comprises



Develop a formal definition for what experience is to their organization



Implement a defined process for continuous patient and family input and engagement



Engage all voices in driving comprehensive, systemic and lasting solutions



Look beyond clinical experience of care to all interactions and touch points



Focus on alignment across all segments of the continuum and the spaces in between



Encompass both a focus on healing and a commitment to well-being

Healthcare's Moment

Policy
(Uncertainty)

Increasing Users
Accessing System

Shrinking Pool
of Clinicians

Consumer
Expectations

Financial
Constraints

Technology
Evolution

Expanded Access
Points

Will require our current healthcare models/systems to think, structure, and act in new ways.



Considerations for the Future of PX

Change in language from centeredness to collaboration and partnership

Shift in technology from internal processes to accessible, practical, and externally facing applications

Expansion of transparency to include greater understanding of healthcare

Freeing of data to enable more immediate and impactful decisions, actions, and results

Explosion in choice driven by a proliferation of potential points of care

Reframing of expectations driven by new and expanded points of comparison



Wolf, *Critical Considerations for the Future of Patient Experience*, Journal of Healthcare Management 62:1 January/February 2017 – Publication Pending

PATIENT EXPERIENCE WEEK



COMMUNITY FORUM REPORT

27 APRIL 2017

BENDAT CENTRE, WEMBLEY

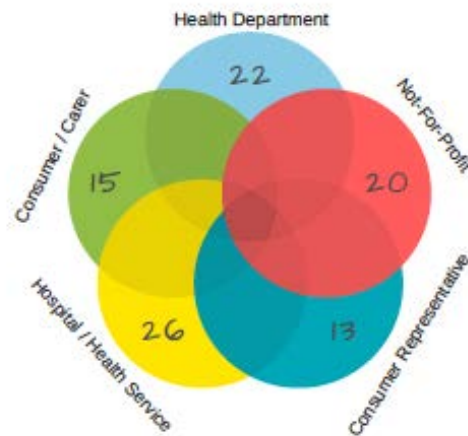


HEALTH CONSUMERS' COUNCIL
FOUR VOICES ON HEALTH

ABOUT THE FORUM

A diverse group of stakeholders gathered for the 2017 Patient Experience Forum to create a shared statement of patient experience improvement priorities by exploring the theme *What matters to you?*

WHO WAS THERE?



Shaun Nannup and Director General David Russell-Weisz



WORKSHOP SESSION

Participants worked in small groups to complete the sentence...

The thing that matters most to me about patient experience is ...

The key Priority Areas are below.

TRANSPARENCY

What is happening? Individually, at the service level, at the system level

PARTNERSHIP

Patients, consumers & carers included in decision making, service & system design

BEING HEARD

Being listened to, time for conversations and to asking questions, developing positive change from being heard

EQUITY

Avoiding stereotypes, respecting individuality and culture

SAFETY

That I and my carers feel that I'm safe, that I'm treated by competent clinicians, that I know my patients feel safe

CHOICE

I know the options and I'm empowered to make informed choices

PERSON CENTRED

That I feel like a person not a number, that a holistic and family focused approach is taken



Refelctions on Thursday

- **TRANSPARENCY** (What is happening? Individual > Service > System)
- **PARTNERSHIP** (Patients, consumers, carers included in decision making, service & system design)
- **BEING LISTENED TO** (Being listened to, time for conversations and to ask questions, developing positive change from being heard)
- **SAFETY** (That I and my carers feel safe, I'm treated by competent clinicians, that I know my patients feel safe)
- **EQUITY** (Avoiding stereotypes, respecting individuality and culture)
- **CHOICE** (I know the options and I'm empowered to make them)
- **PERSON & FAMILY FOCUSED** (That I feel like a person not a number, holistic approach, family focused)





www.theberylinstitute.org

We do not remember days,
we remember moments...

- Cesare Pavese

...and we CO-CREATE those moments!

Patient Experience: The New Heart of Healthcare Leadership

Jason A. Wolf, PhD, CPXP
President, The Beryl Institute
@jasonawolf | @berylinstitute

28 April 2017

